# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>ABOUT THE HOSPITAL</td>
<td>3</td>
</tr>
<tr>
<td>THE COMMUNITY HEALTH NEEDS ASSESSMENT</td>
<td>5</td>
</tr>
<tr>
<td>Community Engagement and Transparency</td>
<td>5</td>
</tr>
<tr>
<td>Data Collection</td>
<td>5</td>
</tr>
<tr>
<td>ABOUT THE COMMUNITY</td>
<td>6</td>
</tr>
<tr>
<td>Demographics</td>
<td>6</td>
</tr>
<tr>
<td>COMMUNITY INPUT</td>
<td>7</td>
</tr>
<tr>
<td>Community Survey</td>
<td>7</td>
</tr>
<tr>
<td>Community Health Needs Assessment Steering Committee</td>
<td>9</td>
</tr>
<tr>
<td>Community Focus Group</td>
<td>10</td>
</tr>
<tr>
<td>RURAL HEALTH DISPARITIES</td>
<td>12</td>
</tr>
<tr>
<td>What Are the Causes of Rural Health Disparities</td>
<td>12</td>
</tr>
<tr>
<td>Access to Healthcare</td>
<td>12</td>
</tr>
<tr>
<td>Socioeconomic Status</td>
<td>13</td>
</tr>
<tr>
<td>Health Behaviors</td>
<td>13</td>
</tr>
<tr>
<td>The Unhealthiest State in the United States</td>
<td>13</td>
</tr>
<tr>
<td>Mississippi Is Number One</td>
<td>14</td>
</tr>
<tr>
<td>CAUSES OF DEATH</td>
<td>16</td>
</tr>
<tr>
<td>ACCIDENTAL DEATHS</td>
<td>17</td>
</tr>
<tr>
<td>HEART AND CANCER STATISTICS</td>
<td>18</td>
</tr>
<tr>
<td>2016 CHNA STRATEGIC ACTION RESPONSES</td>
<td>15</td>
</tr>
<tr>
<td>Health Disparities and Rankings</td>
<td>15</td>
</tr>
<tr>
<td>LEADING CAUSES OF DEATH 2014</td>
<td>17</td>
</tr>
<tr>
<td>ACCIDENTAL DEATHS 2014</td>
<td>18</td>
</tr>
<tr>
<td>2016 CHNA STRATEGIC ACTION RESPONSES</td>
<td>19</td>
</tr>
<tr>
<td>Accident Prevention</td>
<td>19</td>
</tr>
<tr>
<td>2019 CHNA Response – Healthy Lifestyles</td>
<td>19</td>
</tr>
<tr>
<td>2019 CHNA Response – Lifestyle Interventions</td>
<td>21</td>
</tr>
<tr>
<td>CHNA Collaborative Partners</td>
<td>22</td>
</tr>
<tr>
<td>RESPONDING TO THE COMMUNITY</td>
<td>24</td>
</tr>
<tr>
<td>Closing the Gap</td>
<td>24</td>
</tr>
<tr>
<td>Prioritization</td>
<td>24</td>
</tr>
<tr>
<td>Implementation Plans</td>
<td>25</td>
</tr>
<tr>
<td>THANK YOU</td>
<td>26</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>27</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

Jefferson Davis Community Hospital (JDCH) conducted a Community Health Needs Assessment (CHNA) between June 2019 and August 2019. This assessment meets all the new federal requirements of the Affordable Care Act (ACA) and the Internal Revenue Service (IRS) as acting compliance agent. The CHNA was approved by Forrest General Hospital Board of Trustees on September 24, 2019. In accordance with federal requirements, this report is made widely available to the public on our website at https://www.forresthealth.org/community-health-needs-assessment-/.

Jefferson Davis Community Hospital’s last community health needs assessment was conducted in 2016 and a response to those identified health needs is included. For the 2019 community health needs assessment, Jefferson Davis accessed secondary data regarding health in our nation, state and county provided by Horne LLP and shared that data with clinical and community groups as a catalyst for discussion. The following community health needs assessment includes the feedback from the community and experts within our area and took into account the health needs of vulnerable populations, including minorities, those with chronic illness, low-income populations, and medically underserved populations. The primary data gathered in correlation with the secondary data helped direct Jefferson Davis Community Hospital to its areas of focus for health needs in the community we serve. The CHNA will serve as a road map for community engagement by Jefferson Davis Community Hospital.

The health needs identified will be shared in detail via this document and an implementation strategy is also articulated so as to keep Jefferson Davis focused during the coming months. We sincerely appreciate being a part of our community and look forward to collaborating with community partners for a healthier Mississippi.

Alania Pendarvis Cedillo
Administrator
ABOUT THE HOSPITAL

JEFFERSON DAVIS COMMUNITY HOSPITAL

Jefferson Davis Community Hospital is proud to offer a four bed Level IV Trauma designated Emergency Department, Outpatient Ancillary Services, a Rural Health Clinic, a 55-bed nursing home and a 20-bed unit for inpatient and transitional (swing-bed) care of the residents of Jefferson Davis County and City of Prentiss. Alongside our capable Medical Staff, our 120 employees strive to provide world class treatment to everyone who walks through our doors.

A recent addition to our service lines, in partnership with Oschner Health System, includes a tele-stroke program. Our providers have a direct line to neurologists who can advise on the course of therapy for those exhibiting signs and symptoms of stroke or other neurological presentations.

We are also pleased to extend a wide range of Outpatient Services, to our community so they can access care at home. The Radiology Department is equipped with Computed Tomography (CT), Magnetic Resonance Imaging (MRI), digital imaging through X-Ray, and Echocardiograms. Nursing services is able to administer medication infusions and blood products. Through our partnership with MidSouth Rehab Service, Inc Jefferson Davis Community Hospital offers physical, occupation and speech therapy. Our Rural Health Clinic providers have lived and practiced in the area for many years, instilling and developing confidence from the local community. We offer financial assistance across our service lines and know we are a critical component for health in our service area.
We provide a nurturing environment through our transitional care (swing-bed) service. From our nursing staff to dietary department, we focus on getting our swing-bed patients back to their best self. Our status as a critical access hospital helps support our ability to provide this care close to home.

When you step in to our 55-bed nursing home, you know something is different! The atmosphere and the energy felt is nothing short of inspiring. Residents and staff alike are engaged, positive and thriving amidst the expert clinical care and opportunities for socialization. Our nursing home is an exceptional local offering for elder and transitional care.
THE COMMUNITY HEALTH NEEDS ASSESSMENT

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

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

COMMUNITY ENGAGEMENT AND TRANSPARENCY

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

DATA COLLECTION

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

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

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

<table>
<thead>
<tr>
<th>Secondary Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The United States Census Bureau</td>
</tr>
<tr>
<td>• Jefferson Davis Community Hospital Medical Records Department</td>
</tr>
<tr>
<td>• US Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>• Mississippi State Department of Health</td>
</tr>
<tr>
<td>• Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>• Mississippi Center for Obesity Research</td>
</tr>
<tr>
<td>• American Heart Association</td>
</tr>
<tr>
<td>• University of Mississippi Medical Center</td>
</tr>
<tr>
<td>• Trust for America’s Health</td>
</tr>
<tr>
<td>• Mississippi State Department of Health, Office of Health Data and Research</td>
</tr>
</tbody>
</table>
ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA

Primary: Jefferson Davis County

ABOUT THE SERVICE AREA

Jefferson Davis County is located in South Central Mississippi. The county seat is Prentiss. The county has a total area of 409.14 square miles, of which 408.44 square miles (or 99.83%) is land and 0.70 square miles is water.

PATIENT ORIGIN

The majority of the hospital’s patients come from within Jefferson Davis County with almost half coming from the town of Prentiss. The remainder of the patients are not concentrated in any one community. Lawrence County is the second leading area of patient origin.

POPULATION AND RACIAL MIX DATA*

<table>
<thead>
<tr>
<th>JEFFERSON DAVIS COUNTY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>11,639</td>
</tr>
<tr>
<td>Racial Mix</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>4,407</td>
</tr>
<tr>
<td>African American</td>
<td>7,175</td>
</tr>
<tr>
<td>Hispanic</td>
<td>39</td>
</tr>
<tr>
<td>Two or more races</td>
<td>18</td>
</tr>
<tr>
<td><strong>Median Household Income</strong></td>
<td><strong>$26,736</strong></td>
</tr>
</tbody>
</table>

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

COMMUNITY SURVEY

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

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

COMMUNITY HEALTH NEEDS ASSESSMENTS SURVEY
DUE BY JULY 31, 2019

Jefferson Davis Community Hospital is conducting a Community Health Needs Assessment and your input is very important to us. Help us learn more about the health needs in our community by filling out the following survey and leaving it at one of the registration desks. Thank you in advance for your input.

1. Have you used any health services offered at Jefferson Davis Community Hospital in the past 12 months?

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

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

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

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

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

P.O. Drawer 1288, 1102 Rose Street, Prentiss, MS 39474
601-792-4276
COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

HOSPITAL STEERING COMMITTEE
Alania Cedillo, Jefferson Davis Community Hospital Administrator
Lisa Berry, Jefferson Davis Community Hospital Director of Nursing
Judy Cole, Member of the Community
Hugh Dyess, Member of the Community
Lisa Gardner, Jefferson Davis Community Hospital Food Service Coordinator, Valley Foods
Wanda Hamilton, Jefferson Davis Community Hospital Extended Care Facility, Activities
Pam Johnson, Jefferson Davis Community Hospital Fitness Coordinator
Tanisha Jones, Jefferson Davis Community Hospital Director of Human Resources
Reggie Magee, Member of the Community
Katie Rush, Jefferson Davis Community Hospital Rural Health Clinic Nurse Practitioner
Shanell Williamson, Southeast Mississippi Rural Health Initiative
COMMUNITY FOCUS GROUP

A community focus group was held at Jefferson Davis Community Hospital on Thursday, August 1, 2019. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by a healthcare consultant from HORNE LLP of Ridgeland, Mississippi.

This focus group provided a deliberative venue for learning, trust-building, creative problem solving, and information gathering which ultimately served as a valuable resource for the CHNA Steering Committee as it developed the hospital’s health priorities for the next three years. Since the focus group was based on open communication and critical deliberation, it will hopefully lead to improved community relations, trust and collaborative partnerships as the hospital strives to improve the overall health of the community.
PARTICIPANTS IN THE COMMUNITY FORUM
Alania Cedillo, Jefferson Davis Community Hospital Administrator
Lisa Berry, Jefferson Davis Community Hospital Director of Nursing
Nealie Bryant, Jefferson Davis Community Hospital Infection Preventionist
Judy Cole, Member of the Community
Dr. Roy Evans, Regional Medical Clinic Provider
Lisa Gardner, Jefferson Davis Community Hospital Food Service Coordinator, Valley Foods
Casey Hamilton, Relay for Life Representative and Tobacco Coalition
Wanda Hamilton, Jefferson Davis Community Hospital Extended Care Facility, Activities
Pam Johnson, Jefferson Davis Community Hospital Fitness Coordinator
Tanisha Jones, Jefferson DavisCommunity Hospital Director of Human Resources
Dr. Dianne Moran, Prentiss Family Medicine Provider
Dr. Daniel Stevens, Jefferson Davis Community Hospital Emergency Room Provider
Shanell Williamson, Southeast Mississippi Rural Health Initiative
Derrick Mason, Consultant, HORNE LLP
Barry Plunkett, Consultant, HORNE LLP

INVITED BUT UNABLE TO ATTEND
The hospital made a deliberate effort to include in the Community Focus Group a diverse cross section of the community served. Those who were unable to attend the meeting on August 1, were made aware of the purpose of the gathering and the importance of the input from the businesses, civic groups, or population segments they represent. Open dialogue remains fluid with the hospital's administration and the Focus Group members.

Mr. Danny Quick, School Principal
Mrs. Carrie Hammond Walker, School Principal
Dr. Wissam Mechleb, Hattiesburg Clinic
Danny Dyess, Store Manager at Ramey’s
Lee Kemp, M.G. Dyess Company
Mark Fails, DFI Company
Joe Bullock, Chief of Police
Ron Strickland, Sheriff
Charley Dumas, Mayor
Bobby Rushing, Jefferson Davis Board of Supervisors
Sabrina Mason, Area Development President,
Wayne Bass, Fire Chief
Melynda Newsome, Weight Watcher Representative
Jenny Hall, member of the community
Jay Bass, MHP Trooper
Father Chinnappa Mark, St. Peter’s Catholic Church
Pastor Stanton Cheatham, White Sand Baptist Church,
Rev. Gerald Hudson, Holly Springs CME,
Greg Courtney, Courtney Farm Depot
Bobby Davis, member of the community
Michelle Mahaffey, JDH RCH Nurse Practitioner
Katie Rush, JDH RCH Nurse Practitioner
Reggie Magee, Community At Large
Hugh Dyess, Community At Large
RURAL HEALTH DISPARITIES

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

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

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

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

ACCESS TO HEALTHCARE

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Nonmetro Areas</th>
<th>Metro Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>193.5</td>
<td>161.7</td>
</tr>
<tr>
<td>Cancer</td>
<td>176.2</td>
<td>158.3</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>54.3</td>
<td>38.2</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>54.3</td>
<td>38.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>41.5</td>
<td>35.4</td>
</tr>
</tbody>
</table>


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

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

Being aware of this lifestyle disparity, the Steering Committee was diligent in addressing these chronic illnesses which lead to a disproportionate number of deaths. Also, the quality of life in our state is negatively impacted by these conditions that rob our citizens of the ability to enjoy good health daily.
Figure 4

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

- **South**: 20%
- **Midwest**: 16% *
- **Northeast**: 16% *
- **West**: 17% *

* Indicates a statistically significant difference from the South at p<.05 level.
Source: KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2014 Survey Results.

Figure 1

Census Regions and Divisions of the United States

CAUSES OF DEATH

Jefferson Davis County, MS Leading Causes of Death 2017
- Heart disease: 348.7
- Cancer: 282.8
- COPD / Emphysema: 97.2
- Stroke: 88.4
- Alzheimer’s disease: 70.7

Mississippi Leading Causes of Death 2017
- Heart disease: 265.9
- Cancer: 218.8
- COPD / Emphysema: 68.3
- Stroke: 57.5
- Alzheimer’s disease: 54.5

United States Leading Causes of Death 2016
- Heart disease: 196.6
- Cancer: 185.1
- COPD / Emphysema: 47.8
- Stroke: 44
- Alzheimer’s disease: 35.9
ACCIDENTAL DEATHS

Jefferson Davis County, MS Top 3 Accidental Deaths 2017

- Motor vehicle: 35.4
- Falls: 17.7
- Fires, flames and smoke: 8.8
- Other: 8.8

Rate per 100,000 Population

Mississippi Top 5 Accidental Deaths 2017

- Motor vehicle: 25.4
- Poisoning-drugs: 9.7
- Falls: 4.4
- Submersion, suffocation, and foreign bodies: 1.9
- Fires, flames and smoke: 10

Rate per 100,000 Population

United States Top 5 Accidental Deaths 2016

- Poisoning-solids, liquids & gases: 18.1
- Motor vehicle: 12.5
- Falls: 10.7
- Submersion, suffocation, and foreign bodies: 3.2
- Fires, flames and smoke: 0.8

Rate per 100,000 Population
HEART AND CANCER STATISTICS

Top 5 Types of Cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trachea, bronchus, and lung</td>
<td>88.4</td>
</tr>
<tr>
<td>Prostate</td>
<td>60.5</td>
</tr>
<tr>
<td>Colorectal</td>
<td>47.2</td>
</tr>
<tr>
<td>Pancreas</td>
<td>21.1</td>
</tr>
<tr>
<td>Liver and intrahepatic bile ducts</td>
<td>8.8</td>
</tr>
</tbody>
</table>

County/State: Jefferson Davis Mississippi

Top 6 Types of Heart Disease

<table>
<thead>
<tr>
<th>Heart Disease Type</th>
<th>Rate per 100,000 Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ischemic heart disease</td>
<td>106.1</td>
</tr>
<tr>
<td>Heart failure</td>
<td>61.9</td>
</tr>
<tr>
<td>Hypertensive heart disease with or without renal disease</td>
<td>44.2</td>
</tr>
<tr>
<td>Cardiac dysrhythmias</td>
<td>39.4</td>
</tr>
<tr>
<td>Diseases of pulmonary circulation</td>
<td>26.5</td>
</tr>
<tr>
<td>Congenital heart disease</td>
<td>6.7</td>
</tr>
</tbody>
</table>

County/State: Jefferson Davis Mississippi
2016 CHNA STRATEGIC ACTION RESPONSES

ACCIDENT PREVENTION

MISSISSIPPI SOIL CONSERVATION
JDCH participated in progressive agriculture safety day with focus on sun safety by hospital nursing services. (2017, 2018)

FALL PREVENTION
The Injury Prevention Initiative for the Year 2017 was fall prevention. JDCH participated in this initiative by providing items for distribution to the various facilities which included non-slip socks, keychain lights, flyers and brochures. These items were distributed to local clinics, IOP, ER waiting area, Swing bed patients, and local churches. (2017)

BURN PREVENTION
The Injury Prevention Initiative for the year 2019 is burn/fire prevention. JDCH along with SETCR (Southeast Trauma Care Region), are distributing educational materials on fire and burn prevention. We also distributed burn kits and First Aid Kits during National Hospital Week. (2019)

THE SETCR 2018 INJURY PREVENTION PROJECT
The SETCR along with JDCH chose Traumatic Brain Injury (TBI) as their Injury Prevention Project for 2018. The Trauma Care region distributed small brains with the inscription "If you have a brain - You need a helmet" to the participating facilities. JDCH redistributed these brains to the local medical clinics, JDCH ED and waiting room, Physical Therapy Dept., and most importantly the local Schools and Athletic Depts. It is the commitment of JDCH to keep our community members informed on hazardous behavior, safety awareness and actions in mechanism of injury prevention. (2018)

HEALTHY LIFESTYLES

JEFFERSON DAVIS COMMUNITY HOSPITAL RELAY FOR LIFE
JDCH participated in Relay for Life as a Silver Sponsor with a team that participated in raising money and awareness of cancer. (2017, 2018)

RUN FOR THE ROSES
JDCH provided a first aid station for participants in the 5K Run and Walk. (2017, 2018, 2019)

BREAST CANCER AWARENESS
JDCH participated and promoted breast cancer awareness. (2017, 2018)
RAILS TO TRAILS LONGLEAF TRACE BIRTHDAY CHALLENGE/ANNUAL BIKE RACE
JDCH participated in providing a first aid station for participants. (2017)

LOCAL SCHOOL HEALTH FAIRS
A representative from JDCH fitness center attended local schools’ health fairs and provided students with nutritional flyers promoting health eating habits. The fitness center director attended PCS jingle bell run/walk providing nutritional literature to participants and participated in the 5K Run. (2017)

KIDNEY DISEASE AWARENESS
JDCH personnel provided education on kidney disease awareness at the five-county child development center. (2017)

JEFFERSON DAVIS CO. CHAMBER PARTNERSHIP
JDCH staff participates in Chamber of Commerce Banquet. JDCH co-sponsored Successful Business Workshop promoting businesses and services offered. JDCH employee serves on the Board of Directors for the Chamber Partnership. Chamber Partnership hosted a luncheon concerning the consolidation of the Jefferson Davis County Schools and its athletic program. Several Hospital employees participated in this event. (2017, 2018, 2019)

ST. MARY COGIC HEALTH FAIR
JDCH Staff Physician participated in Health Fair at St. Mary Outreach Center. The physician checked blood pressures and provided a record for the patient and provided patient education in the form of handouts. (2017, 2018)

OKATOMA RIVER RUN
Director of Wellness Center participated in the Okatoma River Run 5k race. She volunteered to assist with the festivities and distributed nutritional flyers to the participants. (2018)

CHRISTMAS IN THE PARK
A JDCH Nurse Practitioner participated in the Christmas in the Park at Bassfield, MS in conjunction with the Christmas Parade. She provided blood pressure checks and distributed nutritional handouts. (2018)

SENIOR CITIZEN HEALTH FAIR
A JDCH Nurse Practitioner and staff LPN participated in the Prentiss Senior Citizen’s Center Health Fair. They offered Blood Sugar screenings to all participants. Approximately 40 people participated by having their blood glucose screened and information was available for a diabetic diet and healthy eating. Area schools also attended. Participants were provided with cups, band aids, and clinic information. Approximately 75 flyers were given to interested parties. The health fair showcased area
vendors such as transportation available for seniors, blood glucose checks, blood pressure screenings, and healthy diet choices and vendors with information on safety topics such as elder abuse, life alert and fall risk. Snacks and meals were available for the participants. (2018)

FORREST HEALTH FORWARD TOGETHER
FGH and the outlying facilities which included JDCH met on the campus of the University of Southern Mississippi for a day of fun, fellowship and awareness. Cancer Awareness was the primary importance to the group. Although October is Breast Cancer Awareness month, FGH focused on the many kinds of cancer. There was a basket with a rainbow of colored and multi-colored arm bands that corresponded with the different types of cancer. It was interesting as well as humbling to watch the people of many different ages, race, gender, religion, and etc., search for the band that represented their own cancer diagnosis or that of a family or friend. Participants were quick to realize cancer is no respecter of person and that this group offers much support to those making this tedious journey. (2018)

LIFESTYLE INTERVENTIONS

UNITY IN THE COMMUNITY
JDCH participated and sponsored a booth in the park for this event. (2018)

DISASTER DRILL
JDCH safety Director planned and organized a disaster drill. The exercise was a multi-agency drill involving ambulance service, physicians, police dept., sheriff dept., five county transportation service, and the Mayor of Prentiss. (2018, 2019)

CPR AND AED TRAINING
JDCH education director provided CPR/AED training to Stuart Timber Company employees and Jefferson Davis County outreach. (2017, 2019)

JEFFERSON DAVIS VO-TECH CENTER FOR ALLIED HEALTH STUDENTS
JDCH education director coordinated for allied Health Students and had the opportunity to observe various departments. Also, he provided cancer awareness literature to this group. JDCH nursing service provided BLS certification and TB Skin test certification for Allied Health Students. (2017, 2018)

HALLOWEEN
JDCH participated in the annual Halloween trunk-or-treat sponsored by the Jefferson Davis County Officials. The JDCH trunk was festively decorated and provided a place to pass out treats to the participating children. (2018)

LOCAL NEWSPAPER
JDCH weekly sponsored a devotional page in the newspaper. (2018)
TALK MISSISSIPPI RADIO
A JDCH representative participated in the Senior Citizen's Health Fair. (2018)

JEFFERSON DAVIS COUNTY HIGH SCHOOL
The Director of Physical Therapy Dept. and Education Director participated in the first annual College and Career Fair at the local high school. Local businesses as well as universities and junior colleges provided valuable information relating to college and career choices.

RHC
JDCH has participated in the JDC Schools District AIRS Literacy Program for the past six months. They provided age appropriate books for the children who come to the RHC. (Jan-June 2019)

VO TECH CENTER FOR JDC
JDCH participated in a community wide meeting at the JDC Vo-Tech to discuss ways to provide support and opportunities in the community on the importance of colorectal screenings in preventing colon cancer. (2019)

CHNA COLLABORATIVE PARTNERS

Progressive Agriculture Farm Safety Field Day
Jeff Davis Swcd | 601-792-8601 | Hope.daley@ms.nacd-net.net

Run for the Roses
Missy Jones | 601-792-5196 | Prentiss@townofprentiss.com | City Hall Prentiss, MS 39474

Okatoma River Run
1-888-652-8662 | 550 Walter Lott Rd. Seminary, MS 39479

Prentiss Headlight
Local Newspaper | 601-792-4221 | www.prentissheadlight.com

Senior Citizens Health Fair
601-792 8375

CPR/AED Training
Jessie Burns, Hospital Education Director | Jburns@jeffersondavisch.com

Stuart Timber, Inc
601-943-8184 | stuarttimber-inc@gmail.com | 80 Hunnicut Road, Carson, MS 39427
Local Schools of JDC
Prentiss Christian School | Prentisschristian.com | 601-792-8549
JDC Public School | www.jdcisd.com | P.O. Box 1197, Prentiss, MS 39474 | 601-792-2738

Relay For Life
Casey Hamilton | 601-757-9036

Five County Child Development Center
601-792-5191

Rails to Trails Birthday Challenge and Chamber Partnership
Chamber of Commerce | 601-792-5903

Jefferson Davis County VoTech Center
601-792-5005

St. Mary COGIC Health Fair
601-792-2181 | stmarynhcogic@gmail.com | P.O. Box 368, New Hebron, MS 39140

Jefferson Davis Co. Chamber Partnership
601-792-5903

Christmas in the Park
Bassfield Fire Department | 601-943-5600

Disaster Drill at Jefferson Davis Community Hospital
Robert Wambolt, Safety Director | 601-792-1229 | rwambolt@jeffersondavisch.com

The SETCR
Southeast Trauma Care Region | Gloria Smalley | 601-582-7827 | glorias@aaaambulance.net | P.O. Box 17889, Hattiesburg, MS 39404
RESPONDING TO THE COMMUNITY

CLOSING THE GAP

The Steering Committee, the Community Forum and the public survey provided supportive information for the statistical information gathered. The open discussions were consistent with the quantitative data. The most common needs mentioned by the community members were related to chronic diseases, health education, lifestyle improvement, access to care and accident prevention.

Cancer, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. Realizing that the Southern Lifestyle negatively contributes to many of these chronic diseases, community members saw a need for increased education and preventive care in order to narrow the path to chronic disease.

According to Don Wright from the Department of Health and Human Services, “About 5% or less of the U.S. budget on health care is spent on prevention”. Most of the rest is spent on treatment. Prevention can be cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Because of the Southern Lifestyle, education related to nutrition was emphasized because of the link between obesity and so many chronic health conditions. Another negative lifestyle habit in the South is the use of tobacco and other smoking products. This use is proven to be directly related to the number one cancer in the area, tracheal, bronchial, and lung. - Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socioeconomic groups.

PRIORITIZATION

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

JEFFERSON DAVIS COUNTY

- The county exceeds the state and the U.S. in rate of deaths from cancer.
- The county exceeds the state and the U.S. in rate of deaths from heart disease.
- The county exceeds the state and the U.S. in rate of deaths from lower respiratory diseases.
- The county exceeds the state and the U.S. in rate of deaths from accidents.

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

- All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- Reference was made to the content of the community input and the identified needs from those sources.
- Comparisons were made between the primary and secondary data and then compared to what was the common knowledge and experience of the clinical staff of the hospital.
- Based on what resources could be made available and what initiatives could have the most immediate and significant impact, the strategic initiatives were developed.
Jefferson Davis Community Hospital will continue to leverage valuable partnerships that currently exist and to identify opportunities for synergy within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA.

IMPLEMENTATION PLANS

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

The hospital is aware of many lifestyle issues that face citizens of Mississippi. Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our service area. Jefferson Davis Community Hospital will continue to undertake these significant initiatives over the next three years:

- **Healthy Lifestyles – Nutrition in Children**
  - Introduce Sunday school class nutrition curriculum and make available to faith-based organizations.
  - Work with local restaurants to identify “JDH Approved” menu items that are healthy

- **Prevention & Identification – Throat, Mouth and Lung Cancer**
  - Increase awareness of MS Quit Line for free nicotine patches & gum through social media, incorporation in health fairs
  - Work with local businesses to fund “smoker’s lung” demonstration kit for use in the community

- **Healthy Lifestyles – Medication Adherence**
  - Investigate and facilitate if found the addition of resources for lower prescription costs to annual community health fair
  - Visit local pharmacies and engage in conversation about being an access point for “copay cards”
  - Send letter to local pharmacists from local providers encouraging feedback when patients cannot afford medications
  - Facilitate communication between parents and coaches so that coaches know when a child has an issue and can re-enforce medication adherence.

- **Prevention & Identification – Motor Vehicle Accidents**
  - Bring attention to the “S” curves and Williamsburg areas as high fatality MVA sites through signage and “crash” demonstration
  - Facilitate inclusion of awareness in driver’s education curriculums at local high schools
  - Educate community about increased hazard in these areas during rain via social media
THANK YOU

We at Jefferson Davis Community Hospital, realize the importance of participating in a periodic Community Health Needs Assessment. We appreciate that this exercise is much more than a regulatory obligation. It is an opportunity to continue to be engaged with our community and involve the citizen we serve in creating a plan that will ensure a healthier community. This is definitely a collaborative effort.

Our sincere thanks go to all those who took part in this process. We are especially grateful to the members of the Forrest General Board of Trustees and the health system’s leadership. Through their guidance we are able to continue our mission in our wonderful rural community in Mississippi.

Our CHNA Steering Committee members and all those who participated in our Community Focus Group, either by their attendance at the Forum or by conversations, deserve a special thanks for their time, support and insight. Their input has been invaluable.

And last, but perhaps most importantly, to the general public who realizes their voice does matter. Thank you for completing our Community Health Survey, reading our latest Community Health Needs Assessment, and for supporting our mission of care in Jefferson Davis County.
REFERENCES


