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EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Highland Community Hospital (HCH) with a functioning tool to guide the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of Highland Community Hospital’s community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital’s collaborative partners in the community.

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP. The assessment was conducted in July and August 2019.

The main input was provided by previous patients, employees and community representatives. An opportunity to offer input was made available to the entire community through word of mouth plus a published and publicly available survey. Additional information came from public databases, reports, and publications by state and national agencies.

The response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years. In this report, we also discuss the health priorities that we will focus on over the next three years. The CHNA report is available on the hospital’s website www.highlandch.com or a printed copy may be obtained from the hospital’s administrative office.

We sincerely appreciate the opportunity to continue to be a part of this community. We look forward to working with you to improve the overall health of those we serve in Picayune and Pearl River County.

Bryan Maxie
Administrator
Highland Community Hospital
ABOUT THE HOSPITAL

HIGHLAND COMMUNITY HOSPITAL

Highland Community Hospital, a 49-bed, full-service facility serves as Pearl River County's only acute-care medical facility. Highland provides a variety of medical specialties and state-of-the-art technology to our community.

HCH is home to a wide range of services, delivered by expert physicians and nurses. These services include: Radiology/Imaging, Surgical, Medical Surgical Inpatient Care, Intensive Care Unit, Laboratory, Cardiac Services, Respiratory Services, Physical Therapy, Hospitalist Program, Swing Bed Program, Primary Care and Specialty Physician Clinics such as General and Laparoscopic Surgery and Hattiesburg Clinic’s Neurology, Cardiology, Ear Nose and Throat, Plastic Surgery, Dermatology and Spine along with Southern Bone and Joint’s Orthopedic Clinic. HCH also offers Women and Children's Services, Virtual Nursery, Emergency Department and Outpatient Services that include a wide range of infusion and injection therapies.

The Emergency Department is one of the main gateways to the hospital. It is conveniently located on the west side of the hospital. HCH's professional healthcare team provides efficient and effective care for every type of illness, injury and trauma. A nurse will screen patients based on their clinical symptoms and needs. Whether emergent or non-urgent, patients are seen by either a competent, caring physician or nurse practitioner to evaluate their specific needs and direct their personal plan of treatment. We offer Tele-stroke services through Ochsner as well as Tele-psych services through Pine Grove, Forrest General’s Behavioral Health Center.

As a member of the statewide trauma system and a member of the Forrest Health family, HCH is able to arrange for complex specialized care in an organized and timely manner. As a dedicated staff of emergency physicians, nurses and allied health care professionals, HCH’s medical team is trained and ready to respond to meet the unique needs of each patient.

HCH has been a trusted member of greater Pearl River community for over 50 years. The citizens depend on the hospital to not only provide for their needs when they are ill but turn to the hospital as a source of health and wellness information. With its convenient, state-of-the-art facility, HCH is taking the lead as the catalyst for better health and living for Pearl River County.
THE COMMUNITY HEALTH NEEDS ASSESSMENT

The CHNA defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Pearl River 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 CHNA. 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>• US Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>• Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>• American Heart Association</td>
</tr>
<tr>
<td>• Trust for America’s Health</td>
</tr>
<tr>
<td>• Highland Community Hospital Medical Records Department</td>
</tr>
<tr>
<td>• Mississippi State Department of Health</td>
</tr>
<tr>
<td>• Mississippi Center for Obesity Research</td>
</tr>
<tr>
<td>• University of Mississippi Medical Center</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: Pearl River County

ABOUT THE SERVICE AREA

Pearl River County is located in south Mississippi on the western border of the state, adjacent to the state of Louisiana. The county seat is Poplarville and Picayune is the county's largest city. The Picayune Micropolitan Statistical Area includes all of Pearl River County, and is a part of the New Orleans-Metairie-Hammond, LA-MS Combined Statistical Area. The county has a total area of 818.91 square miles of which 810.86 square miles (or 99.02%) is land and 8.05 square miles (or 0.98%) is water.

PATIENT ORIGIN

Approximately 91% of Medicare inpatients seen over the past twelve months reside in Pearl River County, with 53% coming from the town of Picayune. Of the patients from Pearl River County, 91% are from two cities/communities – Picayune and Carriere. Only 9% percent of Medicare Inpatients came from outside of Pearl River County. Of those from outside the county, 30% came from adjacent parishes in Louisiana. Although these figures represent only Medicare patients, their patient origin is indicative of all patients at Highland Community Hospital.

POPULATION AND RACIAL MIX DATA*

<table>
<thead>
<tr>
<th>PEARL RIVER COUNTY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>55,049</td>
</tr>
<tr>
<td>Racial Mix</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>45,111</td>
</tr>
<tr>
<td>African American</td>
<td>7,087</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,635</td>
</tr>
<tr>
<td>Other</td>
<td>1,216</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$44,734</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.
Community Health Needs Survey 2019

We are conducting a Community Health Needs Assessment and your input is important to us while we learn more about the health needs of our community. Please assist us in taking this short six-question survey.

Have you used any health services in the past 12 months?
- Yes
- No

Do you or a member of your family live with a chronic disease (examples: arthritis, asthma, diabetes, COPD)?
- Yes
- No

Where do you go when you are looking for information or education about topics related to health? (check all that apply)
- Consumer Health Websites such as WebMD
- Television
- A Trusted Friend
- Reference Books
- iPhone or Android Applications
- A Hospital Health Library
- A Healthcare Professional
- Social Media
- Community Group
- Other: ____________________________ (please specify)

If you could name a health or wellness program that would benefit the health of you or your family, what would it be?

________________________________________________________________________________________

________________________________________________________________________________________

Is there a health or wellness need that you are aware of in our area?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Please complete the attached survey and place in the survey box located in the main lobby of the hospital. Also, completed survey can be faxed to 601-358-9421 or emailed to mtoruno@highlandch.com. Thank you.
CHNA 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.

HCH’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

Bryan Maxie, Administrator, HCH
Katie Foulon, Director of Outpatient Services, Infection Prevention & Employee Health, HCH
Jill Frierson, Administrative Project Manager, HCH
Haley Hayes, Regional Pharmacy Director, HCH
Jaimie Hinson, Social Worker for PHRM/ISS Program, Mississippi State Department of Health
Chess Johnson, Social Worker, HCH
Lou Jones, Director of Clinical Outcomes, Quality & Patient Advocate, HCH
Jameye Martin, Chief Executive Officer, Manna Ministries
Jerel Myers, Supply Chain Manager, HCH
Melissa Olsen, Dietician, Valley Food Services
Mary Proby, Social Worker, Mississippi State Department of Health
Jonathan Trahan, FNP, HCH
James Turnage, Director of Radiology, HCH
Derek Turnage, Pearl River County Coroner
Suzanne Wilson, Chief Nursing Officer, HCH
COMMUNITY FOCUS GROUP

A community focus group was held at HCH on Tuesday, August 20, 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
Bryan Maxie, HCH Administrator
Bonnie Boyce, Secretary, Back Pack Buddies
Deena Brumun, HCH Director Emergency Services
Jennifer Courcelle, Regional Preventive Health Nurse, Mississippi State Department of Health
Katie Foulon, HCH Director of Outpatient Services, HCH Infection Prevention & Employee Health
Jill Frierson, HCH Administrative Project Manager
Haley Hayes, HCH Regional Pharmacy Director
Kevin Hedgepeth, HCH Director Acute Care Services
Alan Hickman, Pastor, Resurrection Life Church
Byron Hill, Local Manager, Mississippi Power
Chess Johnson, HCH Social Worker
Lou Jones, HCH Director of Clinical Outcomes, HCH Quality & Patient Advocate
Jamye Martin, Chief Executive Officer, Manna Ministries
Lana Martin, Child Nutrition Manager, Feeding the Gulf Coast
Jerel Myers, HCH Supply Chain Manager
Melissa Olsen, Dietician, Valley Food Services
Traci Spence, Alumni Coordinator, Pearl River Community College
Jan Sweet, Nursing Supervisor, Picayune School District
Jonathan Trahan, HCH FNP
James Turnage, HCH Director of Radiology
Derek Turnage, Pearl River County Coroner
Dawn Vosbein, Regional Director, MSU Extension
Carol Williams, President, Back Pack Buddies
Suzanne Wilson, HCH Chief Nursing Officer
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 20, 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.

Jerry Bounds, President, Commercial Safety Services
Jaimie Hinson, Social Worker for PHRM/ISS Program, Mississippi State Department of Health
Sonya Meyers, Early Head Start
Konya Miller, Asst. Superintendent, Poplarville School District
Mary Proby, Social Worker, Mississippi State Department of Health
Michelle Recatto, School Nurse, Poplarville School District
Deserie Richard, WIC Representative, Mississippi State Department of Health
Seth Stanley, Pastor, First Baptist Church of Picayune*
RURAL HEALTH DISPARITIES

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

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

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

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

ACCESS TO HEALTHCARE

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

- There are higher rates of uninsured individuals residing in rural or nonmetro counties compared to their counterparts in urban or metro counties, as reported by a 2018 CDC report “Health, United States, 2017: With Special Feature on Mortality.”

- Healthcare workforce shortages are prevalent throughout rural America. The 2014 National Center for Health Workforce Analysis report, “Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas,” found a greater representation of workers with less education and training living in rural areas and highlights data showing less than 8% of all physicians and surgeons choose to practice in rural settings.
- Specialty and subspecialty healthcare services are less likely to be available in rural areas and are less likely to include specialized and highly sophisticated or high-intensity care. This exacerbates problems for rural patients seeking specialized care who are faced with traveling significant distances for treatment.

- Reliable transportation to care can also be a barrier for rural residents due to long distances, poor road conditions, and the limited availability of public transportation options in rural areas. For more information on rural transportation programs and the impact on health of not having transport available in rural communities, see RHIhub's Transportation to Support Rural Healthcare topic guide.

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

**SOCIOECONOMIC STATUS**

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

**HEALTH BEHAVIORS**

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

Source: [http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regions.pdf](http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regions.pdf)
CAUSES OF DEATH

Pearl River County, MS Leading Causes of Death 2017
- Cancer: 276.8
- Heart disease: 286
- COPD / Emphysema: 112.2
- Stroke: 56.1
- Alzheimer’s disease: 54.3

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: 48
- Alzheimer’s disease: 35.9
ACCIDENTAL DEATHS

Pearl River County, MS Top 5 Accidental Deaths 2017

Mississippi Top 5 Accidental Deaths 2017

United States Top 5 Accidental Deaths 2016
HEART AND CANCER STATISTICS

Top 5 Types of Heart Disease

- Ischemic heart disease: 159.2
- Heart failure: 41.9
- Hypertensive heart disease with or without renal disease: 36.6
- Cardiac dysrhythmias: 23.5
- Cardiomyopathy: 18.1
- Other: 6.7

Top 5 Types of Cancer

- Trachea, bronchus, and lung: 85
- Female breast: 60.5
- Prostate: 28.5
- Colon/rectal: 25.3
- Pancreas: 27.1

County/State - Mississippi - Pearl River
2016 CHNA STRATEGIC ACTION RESPONSES
MENTAL HEALTH

MENTAL HEALTH FOR SENIORS

Target Population
Residents Primarily of Pearl River County ages 55 and over as well as residents of surrounding counties including Hancock and Lamar and St. Tammany Parish, Louisiana.

Goal, Desired Outcome
Our goal was to provide a safe environment for inpatient psychiatric care for elderly residents of the community we serve.

Process/Time Frame/Location
The Geriatric Psychiatric Unit was opened on October 1, 2013 with 3 beds. Seven more beds were opened at the end of the month. This unit was in the west wing of the third floor.

DEMENTIA AWARENESS RESPONSE TO PREVIOUS INITIATIVE

Goal/Desired Outcomes
Improved understanding of challenges/barriers faced by persons living with dementia.

Process/time Frame/Location
The Virtual Dementia Tour was located on the third floor, west wing in empty patient care rooms. The program consisted of Pre and Post-Test, an educational video, and a discussion led by a representative of MS Alzheimer’s Division of the MS Dept. of Mental Health, followed by the VDT.

Measure of Success
Our first Virtual Dementia Tour educational program was provided to the medical staff and community members on September 10, 2013 with 48 participants. There were educational VDT programs for the community from 2014 to 2018 located at area nursing homes and senior centers. The second VDT took place April 6, 2018 and was for staff of HCH with mandatory participation and saw 73 participants. There was a high number of HCH Staff participation; positive feedback from staff through questionnaires and verbal comments; and requests to provide more education. Second Wind Dreams provided this service free to the hospital as we assisted SWD in assimilating data and perfecting a new version of the VDT.

Cost/Funding/Human Resource-Other Resources
The VDT was funded by Second Wind Dreams. HCH and the collaborative partners provided volunteers to staff and work the VDT.

Collaborative Partners
Second Wind Dreams, Forrest General Home Care, Camellia Home Health, Picayune Rehab and Health Care.
Measure of Success
In lieu of our best efforts, the Geriatric Psychiatric Unit was closed October 17, 2017. This was mainly due to low census and difficulty placing patients at time of discharge from the Unit.

Collaborative Partners
Pine Grove Recovery Center

HEALTHFUL EATING AT HCH

Target Population
Hospital staff, patients, workers, visitors, guests and all members of the community.

Goal, Desired Outcome
The desired outcome is that the community becomes more educated in the areas of heart health and exercise and has the opportunity to make healthy food choices while at Highland Community Hospital.

Process/Time Frame/Location
- Displayed nutrition education on variety healthy eating topics in Highland Café.
- Increased the amount of fresh fruit available in Café.
- Provided wellness education to Meals on Wheels participants.
- Changed frying oil to eliminate trans fats.
- Changed cooking methods to include more baking and steaming.
- Dietitian participated in HCH Health Fair and other community education opportunities.

Measure of Success
- Health Fair attendance - 200-250 employees & family members were reached in 2016 and 2017.
- Children’s Safety Fair attendance – 150 - 200 children in 2016, 2017, 2019 were reached at attendance of this event
- 18-22 Meals on Wheels participants – Monday-Friday. Heart healthy diet/exercise information created and provided to Meals on Wheels participants from 2016 to current.
- Nutrition education display “Healthy Encounters” in Café – Café on average serves 1400 customers each month.
- Highland Café offers daily a fresh fruit bar at breakfast and lunch. Grab and go cups of fresh fruit available daily.
- Frying oil changed to have no Trans fat
- Two or more fresh steamed, sautéed, or baked vegetables offered daily at lunch
- Attend WRJW radio program annually to discuss healthy eating habits
  o Goal was not met
- Minimum of two speaking engagements annually
  o Goal was not met
Collaborative Partners

- WRJW Radio Station
- Taking Off Pounds Sensibly (TOPS)
- Highland Community Hospital
- Bridgeway Apartments-Developmental Assisted Living

PUTTIN ON THE PINK

Target Population
The program will focus on reducing disparities in breast healthcare among low-income, medically underserved, uninsured women and men in Pearl River County.

Goal, Desired Outcome
The program focuses on reducing disparities in breast healthcare among low-income, medically underserved, uninsured racial and ethnic minority women and men by providing high-quality, culturally competent outreach, education, screenings, and navigation services. Our goal was to provide education on Screening Breast Exams and Self-Breast Exams.

Process/Time Frame/Location
Create a speaker’s event to be held quarterly to educate the community on self-breast exams. This will include lectures/demonstrations and guest speakers. The goal is to reach 350 community members annually.

Measure of Success
- Over $59,368.00 was raised to fund these projects from 2016-2019.
- 21 free screening Mammograms were provided from 2016-2019.
- Starting in 2017 the foundation started offering coverage for Diagnostic Mammograms, Breast Ultrasounds, and Breast MRI’s.
- A transportation assistance program was instituted in 2015 to provide funds to cancer treatments.
  - 35 people have received assistance 2016-2019
- A prescription assistance program was instituted in 2016 to help offset the cost of medications.
  - 30 people have received assistance 2016-2019
- Puttin on the Pink hosted an annual Gala in 2017 and 2018 with over 200 in attendance the 2019 Gala is planned for October.
- Breast cancer awareness was brought to Pearl River County through the following:
  - Social Media Posts
  - Radio Talk shows (WJRW)
  - Newspaper articles
  - Speaking at local Civic clubs

Collaborative Partners
Manna Ministries, Highland Community Hospital, Access Radiology, Partners for Leadership of Pearl River County (local physicians and Pearl River Health Department)
DARE TO C.A.R.E.

Dare to C.A.R.E. – Free Vascular Screening Program
Heart disease is the leading cause of death in Pearl River County residents. Seeing a need to improve access and information on vascular disease to the public, Highland Community Hospital hosted Free Vascular Screening. (Dare to C.A.R.E.)

Target Population
The program focuses on reducing disparities in vascular disease among low-income, medically underserved, uninsured racial and ethnic minority men and women by providing high-quality, culturally competent outreach, education, and screenings.

Goal/Desired Outcomes
The programs goal is to educate the community on early detection of vascular disease and to prevent stroke or death caused by vascular disease.

Process/Time Frame/Location
Vascular surgeon attended Highlands Open house on November 18, 2017 at Highland Community Hospital to educate the community on vascular disease and discuss results of vascular screenings with community members.

Measure of Success
Provided 44 screenings/ educational encounters to underserved community members focused on the importance of early vascular disease. Of the 44 educational encounters 28 met screening criteria and participated in the free vascular screenings which included an Ultrasound of the Aorta and Carotid, Blood pressure, and Ankle Brachial indexes. The results were discussed by the physician with the community member immediately following the screening process.

Cost/Funding/Human Resource – Other Resources
1. Provided meals and drinks for 50 community members at lecture.
2. Provided one Ultrasound techs salary for four hours each.
3. Provide Ultrasound Equipment and space for Screenings.
4. Provided equipment and space necessary for screenings.

Collaborative Partners
Key partners include:
Highland Community Hospital, Forrest General Hospital, Hattiesburg Clinic, Local Physicians, civic groups, local churches, local radio station
RESPONDING TO THE COMMUNITY

CLOSING THE GAP

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

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease. Community input also focused on automobile accidents and the severe injuries and the deaths associated with MVAs. 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.

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. 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 Pearl River County:

PEARL RIVER 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:

- 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.
Highland 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. Highland 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. Highland Community Hospital will continue to undertake the following significant initiatives over the next three years.
CHNA STRATEGIC ACTION 2019

HEALTH AND WELLNESS INITIATIVES

CANCER AWARENESS

Cancer is the leading cause of death in Pearl River County. In an effort to improve access to breast health education and care, HCH will partner with Partners for Leadership of Pearl River County and continue to grow and enhance the Puttin on the Pink Foundation. The Puttin on the Pink Foundation’s Community Collaboration to Battle Breast Cancer, also known as the Mammogram Voucher Program (MVP) will be continued during this report period as well as financial assistance with diagnostic mammograms, ultra sounds, and MRI, and gas and prescription assistance for patients actively receiving treatment. HCH has purchased new 3D Mammography equipment and received their ACR Accreditation in an effort to increase availability and efficiency of the most up to date quality technology of screening options available to the community.

It has also been noted that Pearl River County has the highest rates of Trachea, Bronchus, and Lung Cancer. HCH and affiliated clinics in collaboration with Mana Ministries will be educating the community through various means on prevention of this disease such as smoking cessation programs in collaboration with the Tobacco Coalition, implementation of Low Dose CT Lung Scan Screening at affordable cost for patients meeting the criteria, health fairs, and social media.

Target Population
The program will focus on reducing disparities in wellness, prevention, and early detection of cancer among low-income, medically underserved, uninsured women and men in Pearl River County.

Goal/Desired Outcome
The program will provide free breast screenings to members of the community. The goal is to increase this by 15 percent annually over the next three years. The initiative will also address ways to are solve the challenges of transportation to the screenings for the underserved population.

Provide availability of technology at affordable cost for the early detection and screening of Trachea, Bronchus, and Lung Cancers. The goal is to implement the new technology and appropriate registry within the next year and begin offering the service with an anticipated utilization/growth of 3% per year.

Process/Time Frame/Location
HCH will continue to participate in and host community events to educate the community on self-breast exams. We will be hosting an Open House on November 16, 2019, that will include education on early detection, signs and symptoms, prevention, and importance of annual wellness exams related to breast, trachea, bronchus, and lung cancers. The goal is to reach 350 community members annually. In addition, we will provide high-quality, culturally competent outreach, education, screenings, and navigation services.
Measure of Success
Fifteen percent increase of those served, annually. Through educational events, reach more than 350 community members, annually.

Collaborative Partners
Potential key partners include:
Manna Ministries | Jameye Martin
HCH Providers | Jonathan Trahan
FNP, Pearl River Health Department | Jennifer Courcelle
Mississippi Power | Patient Navigator | Byron Hill
Tobacco Coalition | Brittany Johnson
Puttin on the Pink Foundation | James Turnage

YOUTH DRUG ABUSE AWARENESS

Pearl River County’s leading cause of Accidental Deaths is Poisoning—drugs with opioids being the number one contributor to this cause. Vaping of synthetic products has also become an increased issue within our youth and younger adult population due to the easy accessibility and is more socially acceptable.

Target Population
Pearl River County School Districts

Goal/Desired Outcome
The desired outcome is to increase awareness of the dangers of drug abuse as well as vaping the school age population.

Process/Time Frame/Location
Work with the school districts Resource Officers and School Nurses to assist in educational events and material annually during such events as D.A.R.E. and Red Ribbon Week.

Measure of Success
Positive feedback from the schools and community members.

Collaborative Partners
Potential key partners include:
Manna Ministries | Jameye Martin
Mississippi Department of Health | Jennifer Courcelle
Pearl River County School Districts | Jan Sweet, Michelle Ricotta & Alan Lumpkin
Pearl River Community College | Damon Carr, Carol Williams & Traci Spence
Tobacco Coalition | Brittany Johnson
REDUCING YOUTH HUNGER IN PEARL RIVER COUNTY

Our Community Health Needs Assessment Meeting brought to light an issue within our county regarding youth hunger which is not necessarily supported by statistical data that was available at this meeting. Youth hunger is viewed by community leaders and organizations as a very relevant issue within our county and can be a direct affect from our high rates of Opioid Drug Abuse and deaths due to accidental drug overdoses. HCH wants to assist these organizations within the community such as Mana Ministries, Back Pack Buddies, Angel Food Ministries, Brother’s Keepers, etc. with fundraising, education, advocacy, and awareness.

Target Population
We will focus on reducing and recognizing disparities among low-income and economically underserved youth in Pearl River County.

Goal/Desired Outcome
The desired outcome is to provide more assistance and recognition within the community of the available resources for the youth as well as to increase the recognition of these children in need within the communities.

Process/Time Frame/Location
- Coordinate and host a meeting with the various organizations within the community to facilitate networking and education of available resources for this population
- Develop a resource list to be publicized and shared in the community
- Assist in the development and implementation of healthier food options for these organizations
- Assist with fundraising and food donations
- Assist with Nutrition Education

Measure of Success
Community participation and positive feedback from the community and organizations

Collaborative Partners
Potential key partners include:
Manna Ministries | Jameye Martin
Backpack Buddies | Bonnie Boyce & Carol Williams
Valley Foods, Feeding the Gulf Coast-Child and Nutrition | Lana Martin
Pearl River County Districts | Jan Sweet, Michelle Riccoto & Konya Miller
Pearl River Community College, The Market | Carol Williams
Valley Foods | Melissa Olsen
RAISING UP STRONG FATHER’S

Based upon discussion at our Community Health Needs Assessment Meeting there is a strong belief from the community leaders that a large contributing factor to the issues discussed affecting the young people of our community is the lack of father figures leading and guiding their families.

Target Population
Adolescent to middle aged males in the community

Goal/Desired Outcome
The goal is to initiate a movement to begin classes or groups within the community and local churches to support, educate, and mentor young men to become strong fathers that can lead their families on the right path of life.

Process/Time Frame/Location
Meet with Alan Hickman and Donald Hart to designate them as the champions of this project within the community and plan our implementation.
Coordinate a meeting at HCH with all of the local pastors to express our mission and vision.
Support the local churches and leaders with the implementation to ensure sustainability.
Prepare and distribute short survey to measure needs and success.

Measure of Success
Positive feedback from the local churches and community members. Attendance numbers from the classes and meetings with feedback surveys from the attendees.

Collaborative Partners
Potential key partners include:
Pearl River County Supervisor | Donald Hart
Resurrection of Life Pastor | Alan Hickman
Local Churches

PEARL RIVER COUNTY RESOURCE LIST

Develop and publish a poster sized resource list of all available resources/organizations within the community that assist with mental, medical, socio-economic disparities such as drug rehabs, food banks, income based primary care clinics, etc.

Target Population
Pearl River County citizens.

Goal/Desired Outcome
The list will be routinely updated, distributed, and posted throughout the county in public areas such as Wal-Mart, grocery stores, schools, social media, county buildings, hospitals, county offices, etc.
Process/Time Frame/Location
Develop, publish, and distribute by year end and update annually.

Measure of Success
Positive feedback from the community and organizations.

Collaborative Partners
Potential key partners include:
Manna Ministries | Jamye Martin
Mississippi Department of Health | Jennifer Courcelle
Valley Foods | Melissa Olsen
Feeding the Gulf Coast- Child and Nutrition | Lana Martin
MSU Extension Office | Dawn Vosbein
Pearl River County School Districts | Jan Sweet, Michelle Riccoto, & Konya Miller
Pearl River Community College | Traci Spence & Carol Williams
THANK YOU

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

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 Pearl River County.
REFERENCES


