Scott County, Mississippi Community Health Needs Assessment

2017

Lackey Memorial Hospital

Forest, MS

Executive Summary

SNODGRASS RESEARCH GROUP

Contents

Introduction

The Patient Protection and Affordable Care Act of 2010 (PPACA), requires all *not-for-profit* hospitals to conduct a Community Health Needs Assessment (CHNA) to fully assess the current health needs of their community. A CHNA is the starting point of an on-going process designed to improve community health through a more tailored mechanism of community benefit planning. Although the process of conducting a CHNA is flexible, there are some requirements. According to the IRS, the CHNA must include input from citizens representing the broad interests of the community served by the hospital, including, for example, community leaders, representatives or members of medically underserved populations—including low income and minority populations, as well as populations with chronic disease needs. The CHNA must also include information from experts in public health, such as state health department officials. The results of a CHNA are to be used to develop an "Implementation Strategy" in which the hospital plans programs to target identified health needs. The resulting community programs are then to be carried out during the program implementation period, outcomes evaluated, and programs adjusted yearly, with repeated needs assessments, every third year.

To achieve the goals related to this assessment with an emphasis on objectivity, Snodgrass Research Group (SRG), an independent consulting firm, was contracted to conduct all aspects of the formal assessment process, including survey, analysis, and report writing. See Appendix A of the full report for further background and qualifications.

Project Goals

The primary goal of this project was to continue an ongoing, evidence-based process of identifying and prioritizing local community healthcare needs. The results of this assessment will establish the basis for planning appropriate community benefit programs (for the next three years) to address these identified needs. Additionally, this information will be made widely available so as to better inform community leaders and citizens of the health-related challenges faced by this community.

Community Health Needs Assessments tend to vary substantially in their methods, scope, and depth. Guidelines stated in the Patient Protection and Affordable Care Act of 2010 and subsequent guidance issued by the IRS, require that the assessment include "input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health." Best practices in health needs assessments generally include healthcare providers, patients/consumers, business leaders, as well as state and/or local health experts. To meet these guidelines, we employed several methods, both qualitative and quantitative.

Background Information and Project Goals: The first section of this report provides information about the purpose of this project and an overview of the methods and activities involved. Also presented is a snapshot of information about community benefit efforts that resulted from the hospital's 2013 needs assessment.

Secondary Data Report: This section of the report presents existing federal and state data (quantitative) Much of this data is aggregated by public health organizations. There is often a lag in the data sometimes as much as 2-3 years, depending on various parameters set by the agency that collects this data.

Primary Data Report: This section of the report presents new data collected directly from the community as part of this project. Three types of primary data were collected:

- A brief paper-based **health needs survey** designed to provide an objective/easily quantifiable measure of the perception of health needs, health behaviors, healthcare services, and effective health promotion. (quantitative/qualitative).
- **Key informant interviews** with individuals representing the broad interests of the community, including experts in public health (qualitative data)
- A **focus group** of individuals representing the underserved and/or vulnerable population groups in this community (qualitative data)

Conclusion and Priorities: The final section of the report summarizes conclusions and ends with a priority list of community health needs based on the data collected. Based on this information Lackey Memorial Hospital will develop an *implementation strategy* in which the health needs identified are further prioritized according to degree of need, capacity of the hospital to effectively address need, and the potential for partnerships with other organizations.

Community Defined

When assessing health needs of a community, the "community" must first be defined. Some hospitals, (e.g., specialty hospitals) may define their community in terms of groups of people or demographic categories. A Women's hospital, for instance would be primarily concerned with health issues facing women, and would thus focus a needs assessment accordingly. Community is more typically defined as a geographic service area for which, in most cases, the greatest concentration of patients served is in the county in which the hospital is located.

Lackey Memorial Hospital is located in the town of Forest, located in Scott County, MS. The town of Morton, in west Scott County is also home to a hospital (Scott Regional), and although the service areas of each hospital overlap, the primary patient mix for each facility is typically drawn from their own municipalities. Yet, because county-level health data is more reliable and accessible, for the purposes of this needs assessment, *Scott County* will be considered the "community" of focus.

Methods and Process

As noted in the Project Goals, this assessment employed a multi-method approach that included a review of existing population health data (*secondary data analysis*) paired with interview and survey data from the community *(primary data analysis*). The initial step in this community based participatory research was to conduct "Key Informant" Interviews. Key informants are individuals who are heavily involved with and knowledgeable about the community of focus. This includes community leaders in the public and private sector, as well as individuals with special expertise in healthcare. Information gathered through these interviews, paired with public health information, vital statistics, and economic data provide a very good snapshot of the community's health needs. To further augment our understanding of the needs of the underserved, two focus groups were held for the specific purpose of gathering

ideas about how to better serve those with the greatest health risk: low-income, elderly, minority, disabled, and children/youth populations. Additional primary data collection was conducted using a brief health needs survey given to every participant.

Secondary Data

Secondary data is existing information gathered from reliable sources such as the Centers for Disease Control, Mississippi Department of Health, US Census Bureau, etc. Data gathered directly from the community as part of this study is considered "primary data" and is presented later in this report.

Community Demographics

Social and Economic Data Snapshot	▪ On time High School Graduation Rate: 80.6% compared to 75.7% (MS) and 85% (US) ▪ Income Per Capita: $17,203 compared to $21,651 (MS) ▪ Percentage of Children in Poverty: 42.7% compared to 31.8% (MS) and 31.7% (US) ▪ Population below the Federal Poverty Level. 27.7 % compared to 22.5% (MS) and 15.4% (US) ▪ Population Receiving Medicaid: 36.1% compared to 28.5% (MS) and 21.2% (US) ▪ Total population with a disability: 20% compared to 16.4 % (MS) and 12.4% (US) ▪ Population Receiving SNAP Benefits: 24% compared to 22% (MS) and 15% (US) ▪ Population with No High School Diploma: 29% compared to 17.7% (MS) and 13.3% (US) ▪ Teen Births: /1000 females age 15-19: 86.1 compared to 59.4 (MS) and 36.6 (US) ▪ Unemployment Rate: 4.8% compared to 6.4% (MS) and 5.2% (US) ▪ Uninsured Adult Population Total: 27% compared to 19% (MS) and 13.2% (US) ▪ Population stating a "Lack of Social or Emotional Support": 23.6% compared to 24.4% (MS) and 20.7% (US) ▪ Percentage of population that is Hispanic: 10.77% compared to 2.9% (MS) and 17.13% (US) ▪ Percentage of population with limited English proficiency: 7% compared to 1.6% (MS) and 8.6% (US)

Table 2: Demographic Quickfacts

Source: U.S. Census Bureau: State and County Quick Facts People Quick Facts	Forest	Scott County	Mississippi
Population			
Population estimates, July 1, 2017, (V2017)	NA	NA	2,984,100
Population estimates, July 1, 2016, (V2016)	5,672	28,207	2,988,726
Population estimates base, April 1, 2010, (V2017)	NA	NA	2,968,103
Population estimates base, April 1, 2010, (V2016)	5,684	28,260	2,968,103
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	NA	NA	0.5%
Population, percent change - April 1, 2010 (estimates base) to July 1, 2016, (V2016)	-0.2%	-0.2%	0.7%
Population, Census, April 1, 2010	5,684	28,264	2,967,297
Age and Sex	**Forest**	**Scott County**	**Mississippi**
Persons under 5 years, percent, July 1, 2016, (V2016)	X	7.6%	6.3%
Persons under 5 years, percent, April 1, 2010	9.1%	8.1%	7.1%
Persons under 18 years, percent, July 1, 2016, (V2016)	X	26.6%	24.1%
Persons under 18 years, percent, April 1, 2010	28.7%	27.0%	25.5%
Persons 65 years and over, percent, July 1, 2016, (V2016)	N/A	14.3%	15.1%
Persons 65 years and over, percent, April 1, 2010	11.5%	12.4%	12.8%
Female persons, percent, July 1, 2016, (V2016)	X	51.3%	51.5%
Female persons, percent, April 1, 2010	50.7%	51.1%	51.4%
Race and Hispanic Origin	**Forest**	**Scott County**	**Mississippi**
White alone, percent, July 1, 2016, (V2016)(a)	X	58.0%	59.3%
Black or African American alone, percent, July 1, 2016, (V2016)(a)	X	38.9%	37.7%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)(a)	X	0.7%	0.6%
Asian alone, percent, July 1, 2016, (V2016)(a)	X	0.5%	1.1%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)(a)	X	0.5%	0.1%
Two or More Races, percent, July 1, 2016, (V2016)	X	1.3%	1.2%
Hispanic or Latino, percent, July 1, 2016, (V2016)(b)	X	11.1%	3.1%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	X	49.3%	56.9%
Population Characteristics	**Forest**	**Scott County**	**Mississippi**
Veterans, 2012-2016	215	1,172	180,251

Foreign born persons, percent, 2012-2016	16.9%	6.9%	2.3%
Housing	**Forest**	**Scott County**	**Mississippi**
Housing units, July 1, 2016, (V2016)	X	11,502	1,307,441
Housing units, April 1, 2010	2,135	11,470	1,274,719
Owner-occupied housing unit rate, 2012-2016	52.5%	72.2%	67.9%
Median value of owner-occupied housing units, 2012-2016	$69,100	$69,600	$105,700
Median selected monthly owner costs -with a mortgage, 2012-2016	$872	$949	$1,084
Median selected monthly owner costs -without a mortgage, 2012-2016	$305	$324	$342
Median gross rent, 2012-2016	$628	$628	$723
Building permits, 2016	X	7	6,886
Families & Living Arrangements	**Forest**	**Scott County**	**Mississippi**
Households, 2012-2016	2,105	9,848	1,098,803
Persons per household, 2012-2016	2.66	2.84	2.63
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	94.8%	87.4%	86.1%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	23.6%	10.0%	3.9%
Education	**Forest**	**Scott County**	**Mississippi**
High school graduate or higher, percent of persons age 25 years+, 2012-2016	66.6%	72.8%	83.0%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	12.2%	11.8%	21.0%
Health	**Forest**	**Scott County**	**Mississippi**
With a disability, under age 65 years, percent, 2012-2016	14.6%	16.6%	11.9%
Persons without health insurance, under age 65 years, percent	22.1% !	20.6% !	13.9% !
Economy	**Forest**	**Scott County**	**Mississippi**
In civilian labor force, total, percent of population age 16 years+, 2012-2016	52.8%	57.8%	57.4%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	48.1%	53.2%	53.6%
Total accommodation and food services sales, 2012 ($1,000)(c)	22,384	26,372	6,999,175
Total health care and social assistance receipts/revenue, 2012 ($1,000)(c)	11,114	D	16,630,587
Total manufacturers' shipments, 2012 ($1,000)(c)	949,804	D	66,441,608
Total merchant wholesaler sales, 2012 ($1,000)(c)	12,983	56,397	28,302,952
Total retail sales, 2012 ($1,000)(c)	154,890	243,762	37,053,190
Total retail sales per capita, 2012(c)	$27,126	$8,629	$12,413

Transportation	Forest	Scott County	Mississippi
Mean travel time to work (minutes), workers age 16 years+, 2012-2016	21.3	25.1	24.2
Income & Poverty	**Forest**	**Scott County**	**Mississippi**
Median household income (in 2016 dollars), 2012-2016	$30,717	$32,615	$40,528
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$17,007	$17,203	$21,651
Persons in poverty, percent	27.9% !	22.6% !	20.8% !
Total employer establishments, 2015	X	474	58,662[1]
Total employment, 2015	X	9,951	926,391[1]
Total annual payroll, 2015 ($1,000)	X	319,709	33,948,151[1]
Total employment, percent change, 2014-2015	X	0.1%	1.6%[1]
Total nonemployer establishments, 2015	X	1,564	211,955
All firms, 2012	571	1,818	235,454
Men-owned firms, 2012	202	881	125,079
Women-owned firms, 2012	238	710	89,159
Minority-owned firms, 2012	251	616	74,824
Nonminority-owned firms, 2012	278	1,141	155,094
Veteran-owned firms, 2012	55	205	26,789
Nonveteran-owned firms, 2012	462	1,520	198,566
Land area in square miles, 2010	13.08	609.19	46,923.27
FIPS Code	2825340	28123	28

Value Notes

1. Includes data not distributed by county.

! This geographic level of poverty and health estimates is not comparable to other geographic levels of these estimates

Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable. Click the Quick Info ⍰ icon to the left of each row in TABLE view to learn about sampling error.

The vintage year (e.g., V2017) refers to the final year of the series (2010 thru 2017). *Different vintage years of estimates are not comparable.*

Fact Notes

(a) Includes persons reporting only one race

(b) Hispanics may be of any race, so also are included in applicable race categories

(c) Economic Census - Puerto Rico data are not comparable to U.S. Economic Census data

Value Flags

- Either no or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest or upper interval of an open ended distribution.

D Suppressed to avoid disclosure of confidential information

F Fewer than 25 firms

F Footnote on this item in place of data

NA Not available

S Suppressed; does not meet publication standards

X Not applicable

Z Value greater than zero but less than half unit of measure shown

Source: U.S. Census Bureau: State and County Quick Facts, https://www.census.gov/quickfacts/fact/table/forestcitymississippi,scottcountymississippi,MS/PST045217#qf-flag-NA

QuickFacts data are derived from: Population Estimates, American Community Survey, Census of Population and Housing, Current Population Survey, Small Area Health Insurance Estimates, Small Area Income and Poverty Estimates, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits.

Primary Data Report: Survey

A paper survey was administered to all interview and focus group participants to add an additional degree of objectivity. The results of this survey are presented here.

Survey Results: Participant Data

Survey respondents' age ranged from 26 to 69 yrs., with an average age of participant age of 47.8 yrs. (n=19) Eight were male (42%), 11 were female (58%). All but three respondents live in Scott County; those that don't currently reside in Scott county are very familiar with the county as they have previously lived and/or currently work in Scott County.

Survey Table 1: Residency (County)

Are you a resident of Scott County?		
Answer Options	**Response Percent**	**Response Count**
Yes	84%	16
No	16%	3
answered question		19
skipped question		0

Survey Table 2: Residency (City)

Do you live within the Forest City Limits?		
Answer Options	**Response Percent**	**Response Count**
Yes	37%	7
No	63%	12
answered question		19
skipped question		0

Survey Table 3: Male/Female

Your Sex		
Answer Options	**Response Percent**	**Response Count**
Male	42%	8
Female	57%	11
answered question		19
skipped question		0

Survey Table 4: Children living in household

Are there any children or young adults under 18 currently living in your household?		
Answer Options	**Response Percent**	**Response Count**
Yes	60%	9
No	40%	6
answered question		15
skipped question		4

Survey Table 5: Educational Level

What is the highest level of education you have completed?			
Answer Options		**Response Percent**	**Response Count**
	less than 12 years	0%	0
	High School Graduate or GED	0%	0
	Some College	21%	4
	College Graduate (bachelor's degree)	47%	9
	Some Graduate Courses (masters level)	5%	1
	Post Graduate Degree (masters, doctorate, etc)	26%	5
answered question			19
skipped question			0

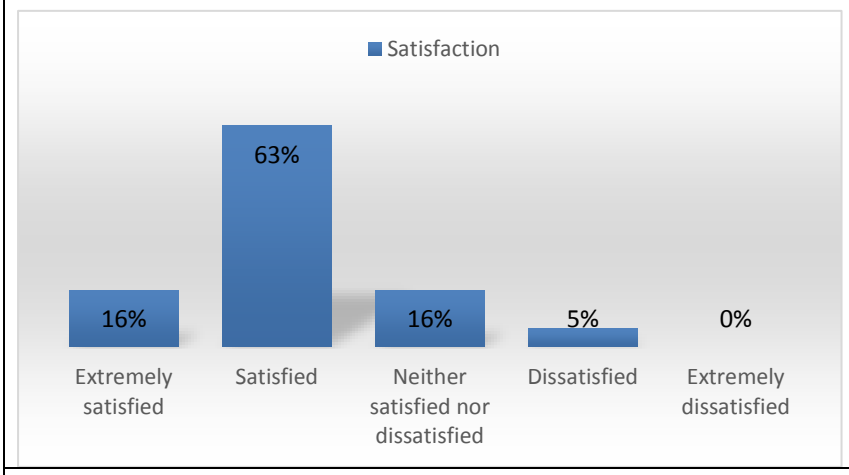
Survey Table 6: Familiarity with at-risk populations

In your occupation (or volunteer work), do you work with any of these populations		
Answer Options	**Response Percent**	**Response Count**
Children	74%	14
The Elderly	68%	13
Medically Underserved	84%	16
Individuals with "special needs"	74%	14
answered question		19
skipped question		0

Survey Results: Perception of Community Health and Services

Survey Figure 1: Level of Satisfaction with healthcare services

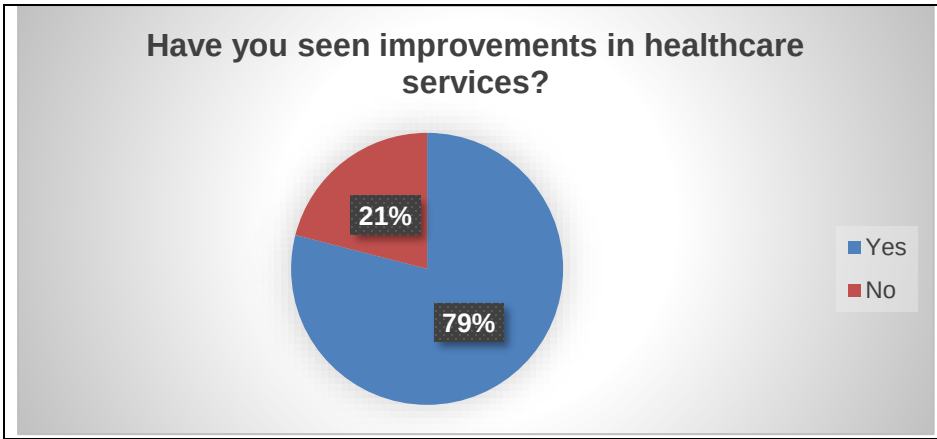
Overall satisfaction with Healthcare services was remarkably high. 15 of the 19 respondents reported being Satisfied or Extremely Satisfied with local healthcare services.



	%	Count
Extremely satisfied	16%	3
Satisfied	63%	12
Neither satisfied nor dissatisfied	16%	3
Dissatisfied	5%	1
Extremely dissatisfied	0%	0
Total	100%	19

Survey Figure 2: Improvements in healthcare services?

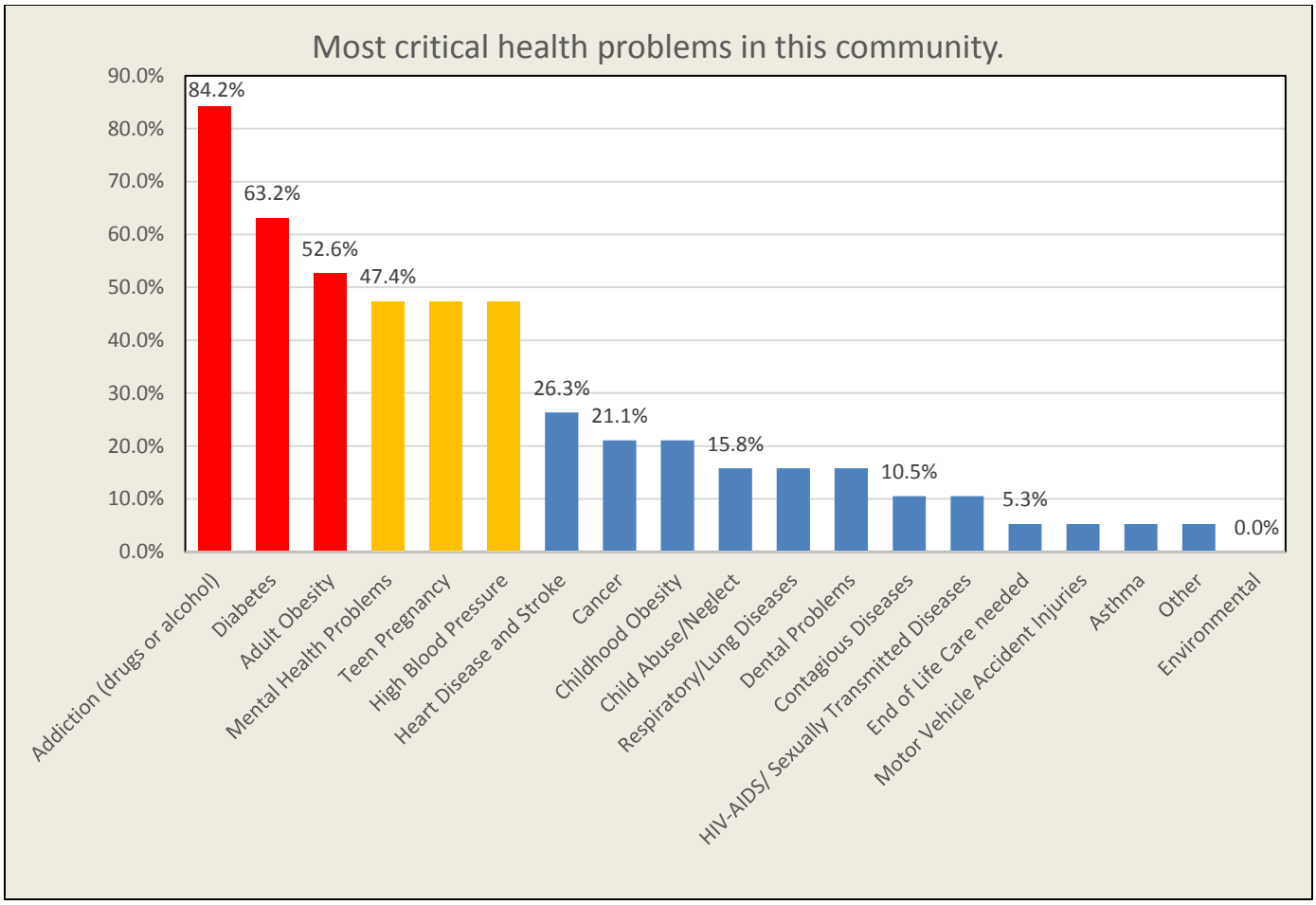
Q: In the past 5 years, have you seen improvements in healthcare services in the Scott County Area?



	%	Count
Yes	79%	15
No	21%	4

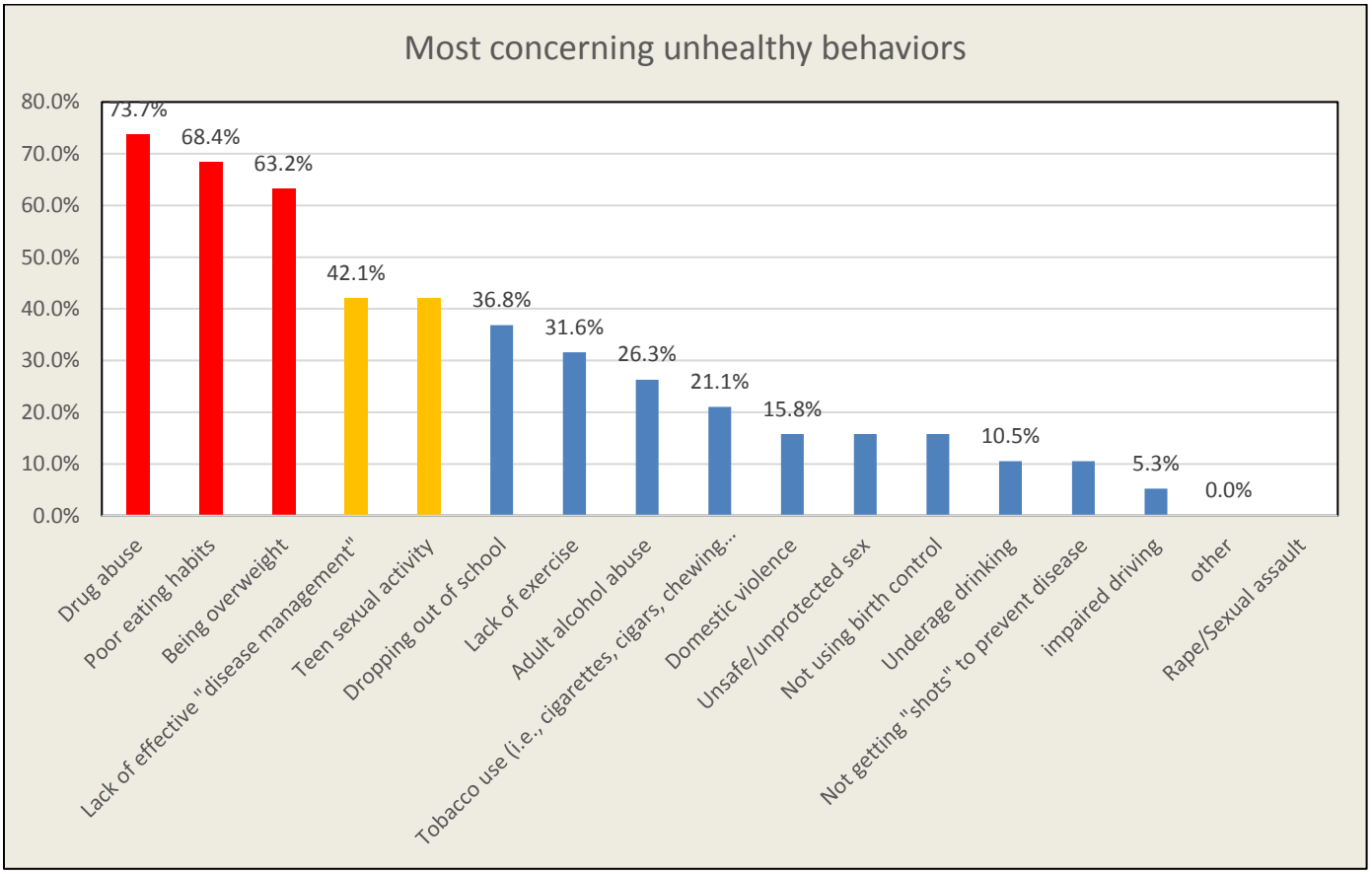
Survey Figure 3: Top health problems

Respondents were presented a list of 18 health problems and were asked to choose the top five they considered to be most critical. The most often identified problems (selected by over half of the respondents) were Addiction, Diabetes, and Adult Obesity. The next three highest ranking health problems (47% each) were Mental Health Problems, Teen Pregnancy, and High Blood Pressure.



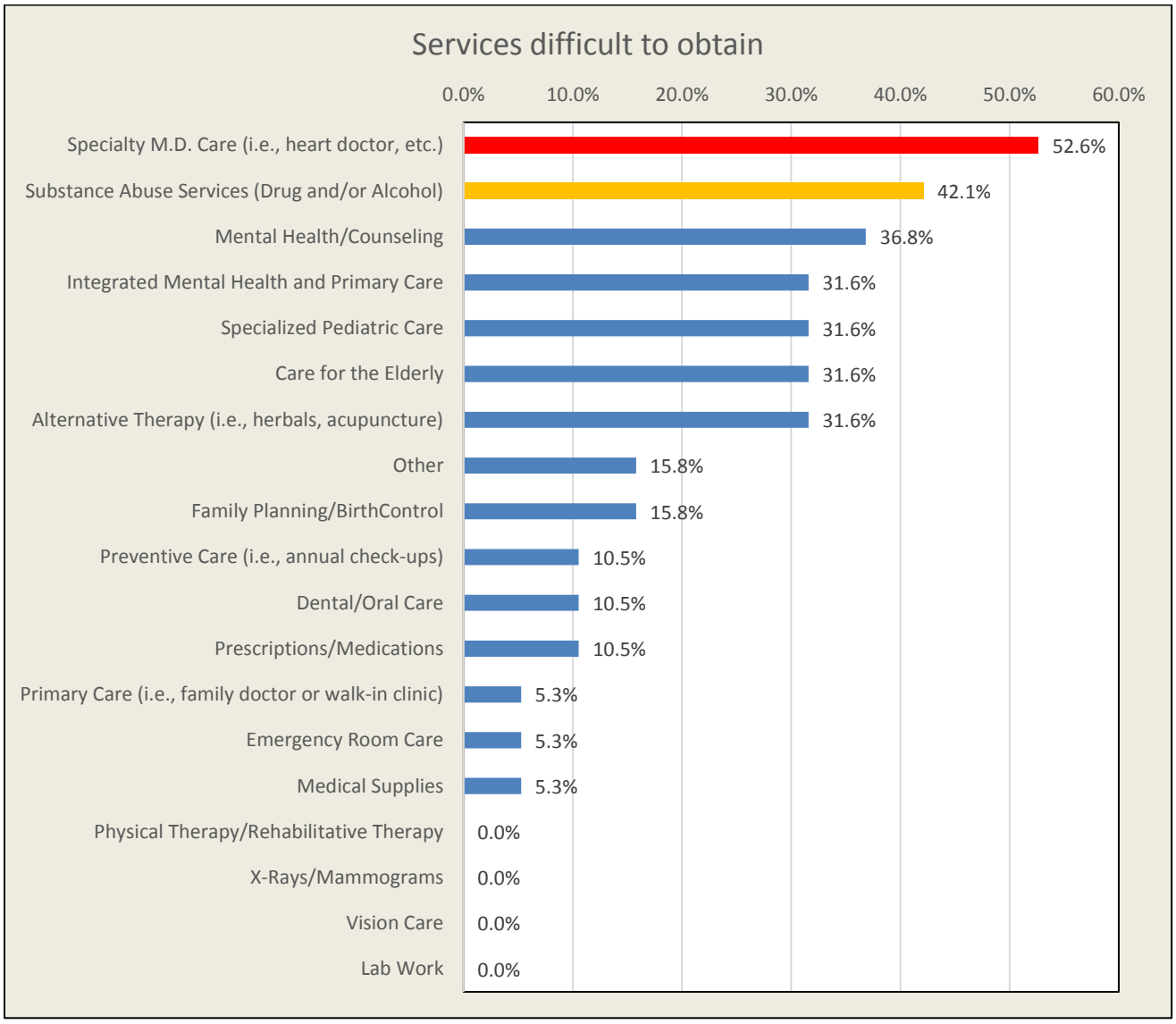
Survey Figure 4: Unhealthy behaviors of highest concern

As in the previous question, respondents were presented a list and asked to "check the top five" most concerning behaviors. Over half of the respondents selected Drug abuse, Poor Eating Habits, and Being Overweight as the most concerning unhealthy behaviors. These were followed by Teen Sexual Activity and Patients lacking effective disease management (i.e., following doctor's advice, taking meds, etc.), each being checked by 42% of the respondents.



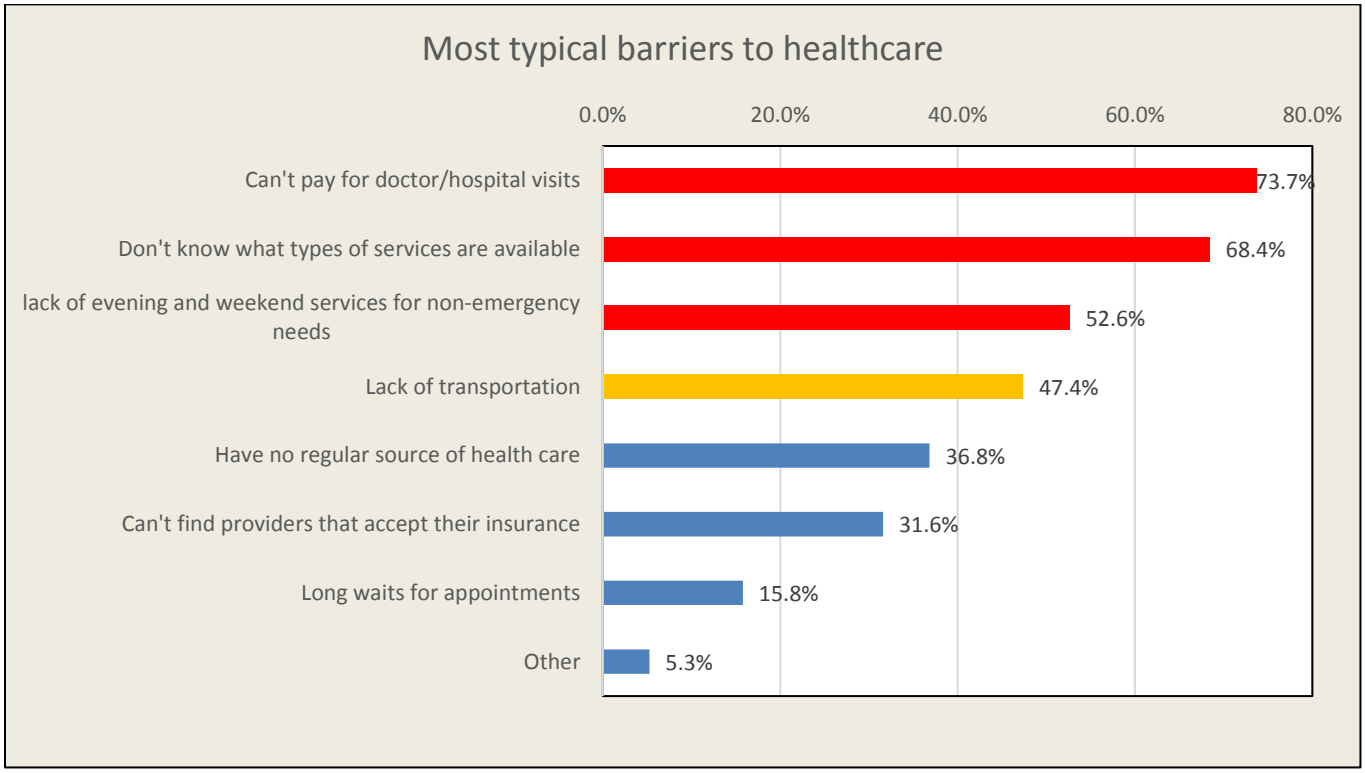
Survey Figure 5: Services difficult to obtain.

Respondents were asked to "check all that apply" as "difficult to obtain" from a list of healthcare services. Specialty Care was the most frequently checked with 53%. Substance Abuse Services was checked by 42% of respondents. No other services were checked by more than 40% of respondents. The degree of variance across respondents demonstrate a responding based not only on difficulty to obtain, but also perceived demand for the service. For example, there are no medical practices in Scott County using an "Integrated Care" approach, yet only six respondents checked this service. Even with an increase in the number of specialists available to the community (on a rotational basis), this category still ranked highest among all.



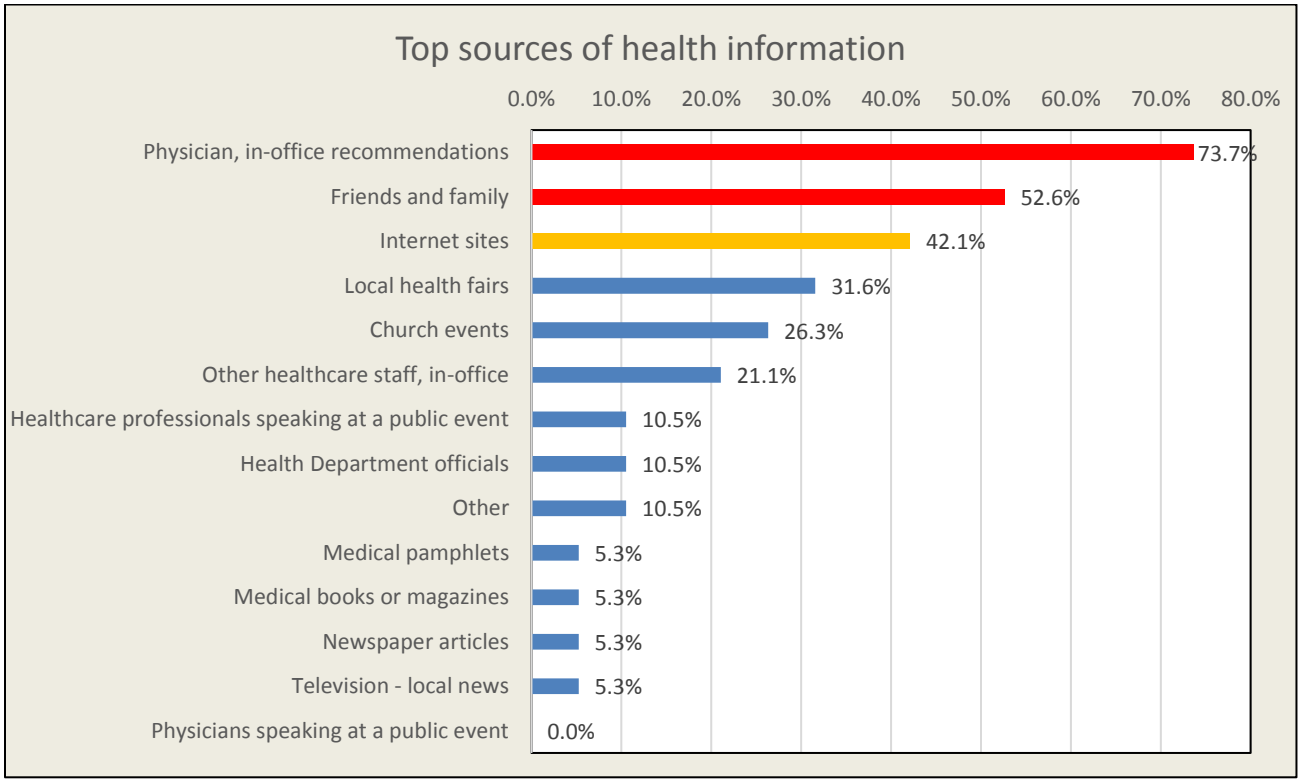
Survey Figure 6: Barriers to Health Care

Over fifty percent of the respondents chose the following as what they perceive as most typical barriers: “Can’t pay for doctor visits,” “Don’t know what types of services are available,” and “Lack of evening and weekend services for non-emergency needs.”



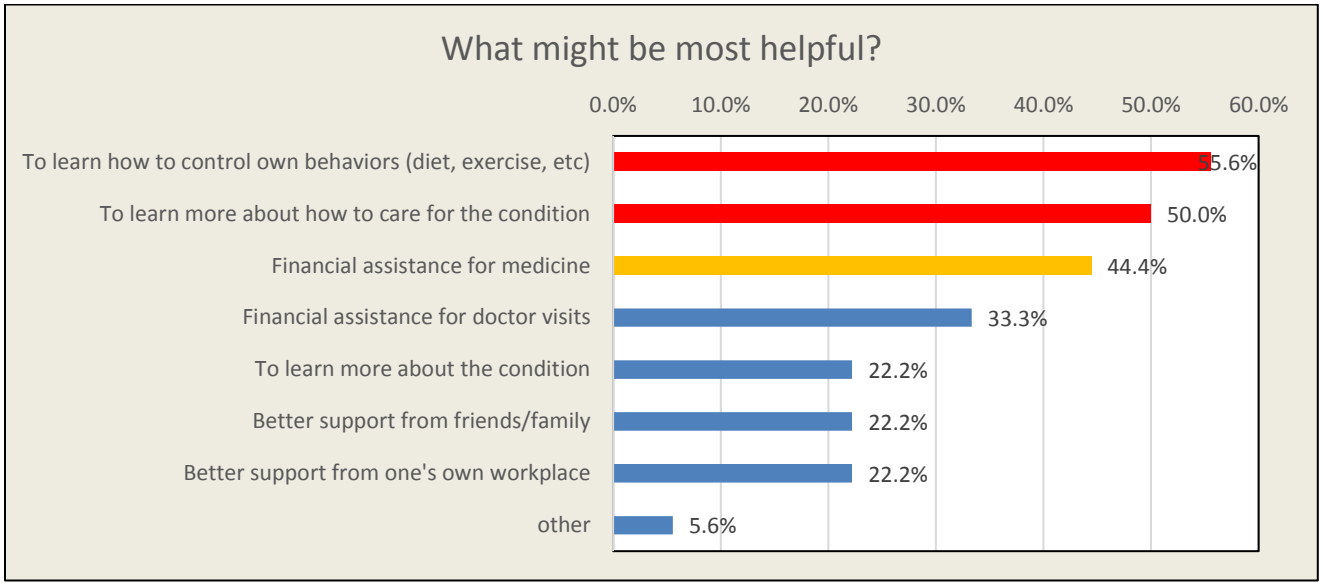
Survey Figure 7: Top three sources of health information

Respondents were asked the following: "For this community, what do you consider to be the top three choices of health information?" The top ranked source of health information was "Physician, in-office recommendations," checked by 74% of respondents. Fifty-three percent checked "Friends and Family." "Internet sites" was the third most popular, checked by 42% of respondents.



Survey Figure 8: What might be helpful?

For this item: "Think of someone you know (or yourself) who has a medical condition that is difficult to manage, please indicate what might be most helpful." Respondents were instructed to check all that apply. Self-control of behavior, Self-Care for the condition, and financial assistance for medicine were viewed as the top three needs for management of chronic conditions. This



Survey Table 7: What would vastly improve health?

Q: Complete this statement. "In my opinion the one thing that would vastly improve the health of the residents of this community is _____." (describe below)

Answers to this question are below. They are wide ranging, but echo the most of the same opinions discussed in the qualitative data section of this report that follows.

- *continuity of care among the providers*
- *availability of weekend services*
- *More physicians speaking at public events, church, etc.*
- *Help educate people on proper diet and exercise which can easily eliminate numerous health issues*
- *to learn how to take care of themselves.*
- *transportation*
- *greater concern*
- *Compliance, but also more health education and being made aware of available resources*
- *Education regarding their own health, given to them on their own level of understanding, along with consistent follow up.*
- *Provide OB care so that patients can easily access it and not have to use the emergency room for care or travel out of town for visits. Referrals within the community would also help.*
- *Prenatal care. For the population served, having to drive distances in order to complete prenatal visits is a deterrent. Patients would be more compliant with a local option. (I hope!)*
- *Knowledge. People need to know what kind of habits the follow. Nee to get healthy, More farmers markets, health fairs.*
- *Fathers in the home.*
- *Knowledge of availability. People need to know what's available.*
- *Knowledge - The residents I deal with on a daily basis have drug issues / substance abuse problems. Understanding if there are any underlying causes (such as mental health issues)*
- *Advanced education to younger children and their parents about healthy eating habits.*
- *After hours- evening and weekend options*
- *A new hospital*

Primary Data: Qualitative Studies

Key Informant Interviews

To gather important information and opinion about the health needs of the community, Key Informant Interviews were conducted with community leaders representing various organizations—each playing an important role in the community. These informants are well aware of healthcare issues facing those they serve.

Table 1. List of Key Informants

Key Informant	Position	Affiliation
Matt Alford	Real Estate Broker/Appraiser City Alderman, Volunteer	City of Forest Chamber of Commerce
Mohammad Sohaib Arain, M.D.	Pediatrician	Lackey Pediatric Clinic
Nancy Chambers	Mayor	City of Forest, MS
Robert H. Curry, M.D.	Regional Health Officer – Central Region	Mississippi Dept. of Health
Lorrie Clark	Nurse Manager	Center of Hope: a pregnancy resource center
Mark Gaddis	President, King Lumber Co.	King Lumber Company Lions Club, Chamber of Commerce
Gayle Harrel, D.O.	Physician, Chief of Staff	Community Health Clinic
Mike Lee	Sheriff	Scott County Sheriff's Dept.
Dianne McLaurin	Librarian	Forest Public Library, Healthy Hometown committee Chamber of Commerce Forest Community Arts
Stacey Mitchell	Outreach	Center of Hope: a pregnancy resource center
Anna Rhinewalt, R.N.	Nursing home admissions coordinator, clinic nurse	Lackey Convalescent Home

Kim Shoemaker	Principal	Forest High School
Dawn Sibley	Community Relations Director	Southern Care Hospice Previously: community care coordinator at Lackey

Method

Interviews were conducted across four days (December 11-14, 2017) in varied locations depending on availability of the interviewee. Each interview was structured similarly, and averaged 60 minutes. Questions were open-ended, and designed to capture the informants' perception and ranking of the most critical health challenges facing the community. To further benefit from the knowledge and expertise of the interviewees (several of whom have expertise in public health), we asked for their thoughts and opinions about the root causes of health problems, potential solutions to these problems, and barriers to achieving success in implementing programs to address areas of need. Careful notes were taken during the interviews and subsequently, these notes were transcribed, categorized thematically, and summarized.

Results of Interviews

Across all interviews, similar responses were noted regarding broad based health needs in this community and region. These "major themes" reflected much of what is known through state and national health databases. The interviews did, however, yield more interesting information. The informants' proposed causes of and solutions to health problems/needs varied according to their personal experience and the population they and their organization serve. The results of these interviews are summarized here:

Major Health Issues:

The first open-ended question posed to each respondent was "In general, what are the major health issues for this community?" Each respondent responded with up to five "issues" they deemed as critical to the community's health status. These issues were categorized and compared in terms of "number of mentions" (i.e., how many times was each issue mentioned across informants). The table below depicts the results of this tabulation.

Table 2. Greatest Health Needs

Greatest Health Needs	Number of Mentions
1. Obesity – Unhealthy Diet – Sedentary Lifestyle, - Including Children	11
2. Addiction – Alcohol and Drug	7
3. Diabetes	6
4. Lack of Exercise	5
5. Teen pregnancy - Single Mothers - Unskilled Parenting	5
Psychosocial problems (e.g., ADHD, anxiety, depression)	4
High Blood Pressure	3
Smoking and second hand smoke	3
HIV/STDs	1
Eldercare, Cost of Meds for elderly, Case Management Needs	3
Cancer	2
Lack of Preventive Care, Apathy, Lack of Health Education	1
Eldercare	1
Basic Sanitation – an issue for all rural areas	1
Asthma	1

- Lifestyle-Related Health Problems
    - Obesity
    - Diabetes
    - Lack of exercise/fitness
    - Drug and Alcohol abuse
- Children and Youth/Adolescent Issues
    - Teen Pregnancy

Potential Root Causes:

- **Lack of education** about the relevance and importance of preventive care and healthy lifestyles. There is also a lack of education about even the common chronic conditions, i.e., diabetes, high blood pressure, etc. Without knowledge about these conditions and the physiological processes involved, prevention is all but impossible.

- **Poverty**: Often, it was noted, that poverty plays a role in making it more difficult to afford healthcare services and especially medications. Low Income also tends to be associated with short term priorities. Preventive care/routine checkups are not typically viewed as one of these priorities. Lack of financial resources creates stress on individuals and families, which can exacerbate mental health problems along with elevating potential for domestic violence.

- **Cultural issues:** Culture plays a role that spans across income groups. Traditional southern foods tend to be high in fat and sugar, boosting overall caloric intake. The "family unit" was also brought into question. With hectic lifestyles being the norm, fast food drive through windows have supplanted cooking at home. Most of the causal blame for obesity was placed, simply, on the lack of concern amongst the population. In other words, it has become "normal" to be obese. Teen pregnancy was also noted to have become somewhat of a "norm" in Scott County.

- **School and family systems:** Children's "lifestyle-related" health issues, to a large extent, find their root cause in the home and school *systems* in which children live. The ongoing haste of the modern family was noted as was the increasing amount of time spent on electronic devices. Parents allow children to consume excessive "junk food" and feed them "fast food." Neither parents nor schools encourage enough physical activity (e.g., outdoor free play). Schools, over recent years, have limited access to free play and ceased requiring students to participate in PE classes, and/or sports. Each of these, along with excessive sedentary "screen time," have led to a youth obesity crisis that is sure to have significantly detrimental long-term health and economic outcomes.

Proposed Solutions/Programs:

- Encourage people to get check-ups. Make it more convenient and work with the business and industry to encourage their employees.
- Work to eliminate culturally based "fears" regarding medical treatment/preventive care.
- Create a means of effective health education for the populations at greatest risk.
- Work to create culture change so that health and "future health" becomes a higher priority.
- Create environments for recreation and fitness for children and adults.

- Encourage healthy menus at local restaurants
- Involve Churches in the education and marketing of healthy lifestyles as well as to serve as locations for screening for health problems
- Collaborate with the Department of Health regarding family planning programs

Barriers:

- Social norms change very slowly.
- Cultural lack of concern - Apathy
- Cost – will solutions be affordable?
- Language barriers among Hispanic population
- Illegal immigrants may not participate in programs or screenings if any information is being collected.

Focus Group

To extend the base of knowledge gleaned from key informant interviews, a focus group was held on the campus of Lackey Memorial Hospital on Thursday, December 13, 2017. Eight volunteer participants were invited. Two of the eight were unable to participate, however one submitted written input and is included in the table below. Participants were recruited by direct invitation based on their individual work with the underserved population, including the elderly, low-income, minority, and the very young.

Table 3 Focus Group Participants

Focus Group Participant	Affiliation	Position/Area of Special Knowledge
Trent Lott *	Lackey Memorial Hospital	Director of Pharmacy; Medication management, compliance, etc.
Joanne R. Jones	Banker	Knowledge of Community Cultural Diversity (family emigrated from the Philippines)
Katie Phillips	Medicomp Physical Therapy	Physical Therapy Director

Sheldon Thomas	Little Rock Missionary Baptist Church, City of Forest	Pastor of Primarily African American church, Supervisor for the City
Hugo Villegas	El Buen Baptist Church	Pastor, congregation primarily Hispanic
Tere Gomez-Villegas	El Buen Baptist Church and various organizations	Mother of two, community volunteer, frequent translator for Hispanic population
Ginger Wimberly, RN	Lackey Memorial Hospital	Director of Care Coordination. Chronic Disease Management, especially senior care.

*Unable to attend focus group. Submitted written input.

Method

The focus group was introduced to the facilitator, who explained that the goal of the project was to identify and prioritize local community healthcare needs and that the focus group was structured to provide key information to augment the survey and archival data pertaining to the health status of the community. Each participant introduced himself/herself to the facilitator and other participants. Several of the participants serve on the City's Healthy Hometown committee and are familiar with local health concerns of disadvantaged groups as well as the population, in general.

Specifically, the focus group was asked to consider:

1. Strengths and weaknesses of the community and its healthcare system;
2. Major health issues of the community, with special attention to children, elderly, low income, and minority groups
3. Recommendations and/or priorities

The bullet lists that follow summarize the consensus of the focus group.

Assets/Strengths

- The community is small enough so that people know each other
- The hospital is valued by the community
- Wide Range of services are now available in the community, including several specialty care physicians who see patients
- Multiple primary care clinics throughout the county.
- Highly skilled physicians in clinics who really take the time to talk to patients

- Emergency response from ambulance, fire dept., etc. is excellent.
- Scott County is a multicultural county and people get along fairly well. Recently, there has been more health related outreach to the Hispanic community.
- Multiple home health agencies.
- Transportation services for the elderly is more readily available than in the past, (although requires advance planning)

"We have a lot of healthcare services available to the community, the problem is that some people still don't know they're available"

Weaknesses / Areas needing Improvement regarding service availability

- Although more services are available, a new hospital is needed. (this was mentioned by several participants)
- After-hours and weekend clinic availability is needed
- More mental health services are needed, particularly for youth and the elderly.
- Children with issues like Dyslexia (psychoeducational needs) "fall through the cracks."
- Spaces for outdoor recreation and exercise aren't available
- More bilingual staff or translators are needed across healthcare facilities

At Risk Populations

- Obesity and physical inactivity: Nutritional problems in a large number of children. "It goes back to the parents. We need parents to provide the right kinds of dietary choices in the home and to limit the amount of TV and video games that children watch."
- "We need to educate parents on how to cook healthy and inexpensively"
- Children lack options for places to play. Even though this is a rural community, most children don't have access to outdoor activities.
- Schools don't require or encourage enough physical activity. The focus is on state testing and a lot of activities that could promote health aren't given attention.
- Although drug abuse and addiction is a problem across the population, it is very common in low-income communities and may have worse consequences.
- Children in low-income and even middle income working families often get sent to school when they're sick because parents don't want to miss a day of work and be penalized.
- Teen pregnancy: "There's no stigma surrounding it." Although that is good, the problem is that there's a sense of pride in being a young mother. "It's a new culture: baby showers, and all the attention seems to promote it." Young fathers are typically not involved in being involved. It's viewed as a "trophy" and young men are "collecting trophies" seeing how many women they can get pregnant. "We need a real culture change."

- Young mothers are lacking knowledge about caregiving and child development
- Elderly population suffers from several problems. Lack of in-home help for those living alone at an advanced age. Lack of financial resources to pay for medication and belief that meds can be cut to "stretch" them, or altogether skipped. Also, poor nutrition, especially for low income seniors.
- Low Income and Minority groups, especially those with limited education and/or foreign born are in need of health education that is presented at their level of understanding.

Consensus of Focus Group Priorities:

1. Obesity/Diabetes (lifestyle related)
    - Diet (educate)
    - Exercise/Play (educate and provide access)
2. Children's health
    - Lack of exercise and poor diet. Special attention to low income and Hispanic children
    - Basic nutrition education for parents and children
3. Teen pregnancy
    - Address cultural values (but with care)
    - Coordinate parent training for teen mothers *and* fathers
4. Health education and publicizing the availability of services and Chronic disease management.
    - Basic education about common diseases such as Diabetes.
    - Proper use of medications
    - Healthy lifestyle promotion
5. Assistance for the Elderly
    - Transportation, case management, meals, advice
6. Drug and Alcohol Abuse
    - Prevention programs

Conclusions from Qualitative data

Regarding the qualitative information gleaned from the Key Informant Interviews and the Focus Group, it was concluded that there was a high level of crossover between the concerns of each group. Concerns of this focus group were essentially the same as those found in the prior (2013) Community Health Needs Assessment.

The general consensus was that Scott County offers a reasonable, if not exceptional, array of quality health services, considering the size of its population. However, half of the participants stated without prompt, that Forest needs a new hospital facility.

Too many, within the populations with the greatest need, don't access the available services. It was hypothesized that many may not be aware of the services, or do not seek services for a variety of reasons. This is especially the case for preventive care. There are also fears of deportation among many within the Hispanic population. For all at-risk groups, more effective outreach will be required.

The need for significant behavior change within the population was the most obvious concern. The obesity/diabetes problem persists because of several reasons identified in the focus group and interviews: lack of exercise, poor nutritional choices, and inadequate understanding of health and disease processes. Not grasping the consequences of present behavior on one's future health was identified as a root cause of many health problems in Scott County.

Although helpful, significant improvements in health for this community will not be achieved by simple expansion of health services. The degree to which additional services offered may improve the community's health status will, in many cases, be mediated by the degree to which patient behavior (diet, exercise, and medical compliance) is better self-managed, and the degree to which the community is effectively educated.

Important Health Outcome Data

A comprehensive review of health outcomes is presented in the full report along with full explanations of data and references to data sources. Please see full report for more information.

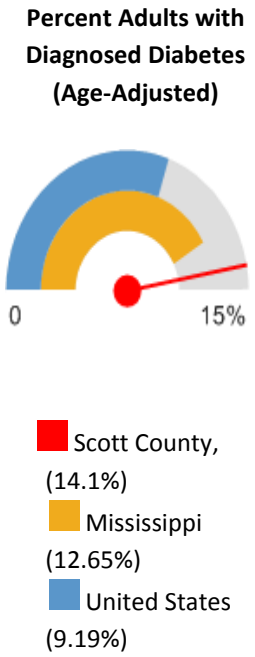
The most significant health problems, in terms of long term debilitation, and percentage of the population affected, are presented here.

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Scott County, MS	20,073	3,031	15.1	14.1%
Mississippi	2,170,213	295,533	13.62	12.65%
United States	236,919,508	23,685,417	10	9.19%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013.
Source geography: County

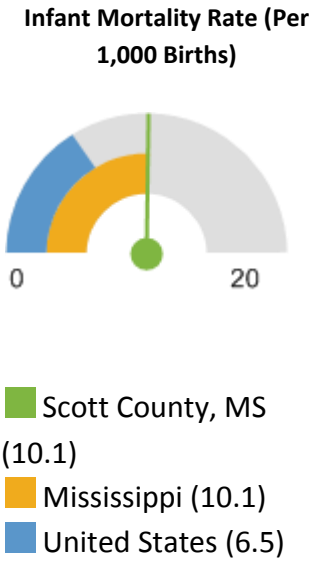


Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health. Although Scott County is on par with Mississippi average, both are significantly higher than the US average.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Scott County, MS	2,530	26	10.1
Mississippi	216,795	2,190	10.1
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0

Data Source: US Department of Health &Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-10. Source geography: County

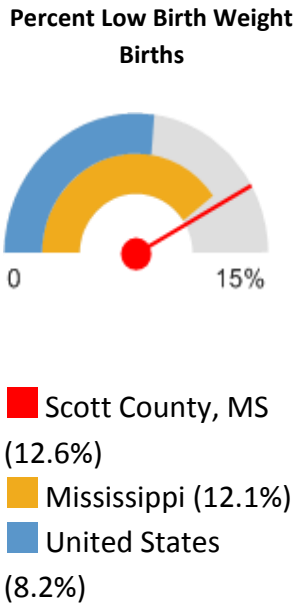


Low Birth Weight

This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Scott County, MS	3,570	450	12.6%
Mississippi	308,000	37,268	12.1%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%

Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source geography: County

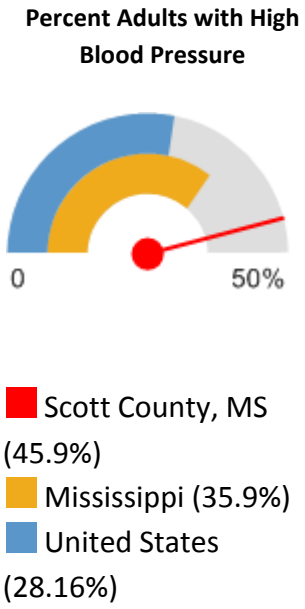


High Blood Pressure (Adult)

9,414, or 45.9% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Scott County, MS	20,510	9,414	45.9%
Mississippi	2,199,741	789,707	35.9%
United States	232,556,016	65,476,522	28.16%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



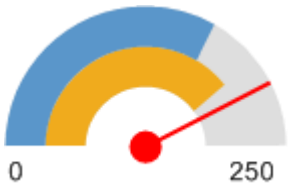
Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Scott County, MS	28,327	64	225.23	212.6
Mississippi	2,983,327	6,422	215.26	197.7
United States	313,836,267	581,919	185.42	166.3
HP 2020 Target				<= 160.6

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. Source geography: County

Cancer Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



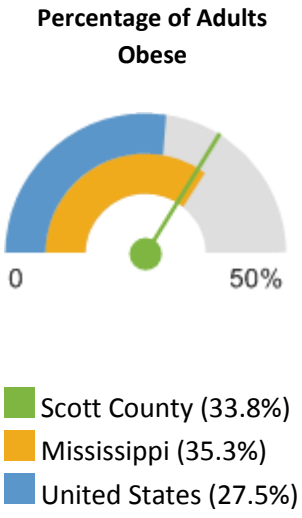
Scott County (212.6)
Mississippi (197.7)
United States (166.3)

Obesity

33.8% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Scott County, MS	20,074	6,765	33.8%
Mississippi	2,169,224	763,631	35.3%
United States	234,188,203	64,884,915	27.5%

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County

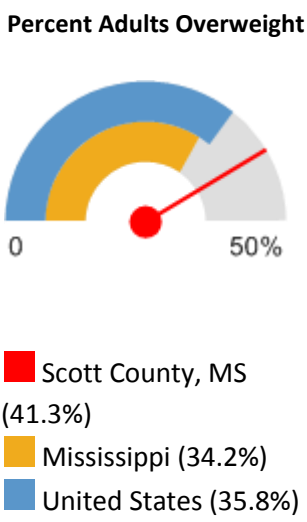


Overweight

41.3% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at rist for further health issues.

Report Area	Survey Population (Adults Age 18)	Total Adults Overweight	Percent Adults Overweight
Scott County, MS	19,222	7,943	41.3%
Mississippi	2,111,734	721,257	34.2%
United States	224,991,207	80,499,532	35.8%

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.
Source geography: County



Conclusion:

Summary remarks

In consideration of the information gathered through a variety of means, including existing state and federal data, Key Informant Interviews, and the community survey, a high level of consistency across data sources emerged.

According to the Mississippi Public Health Institute (www.mpsi.org), the top health priorities for the state of Mississippi are *Physical Activity*, *Nutrition*, *Environmental Health*, *Obesity, Diabetes, Teen Pregnancy, Infant Mortality,* and *Tobacco use.*

For Scott County, with the exception of *Environmental Health* and *Infant Mortality*, these priorities corresponded with health needs discovered through the key informant interviews and the focus group. These priorities were also cross-validated against secondary data with results confirming tobacco use and infant mortality as significant issues, though not environmental health. The following table summarizes the county, state, and national data for each of these domains.

Health Issue	Mississippi	Scott County	United States
Percent of adults with inadequate fruit and vegetable Consumption	82.9%	86.0%	75.86%
Percent of adults reporting no leisure time physical activity	32%	32.5%	22.47%
Obesity (Body Mass Index greater than 30)	35.31%	33.8%	27.19%
Percent of adults diagnosed with diabetes	12.52%	14.1%	9.09%
Percent of adults who regularly smoke cigarettes	23.4%	24.1%	18.08%
Teen Birth Rate (per 1,000 female age 15-19)	59.4	86.1	36.6
Infant Mortality Rate (per 1,000 births)	10.1	10.1	6.52

Health Priorities

In developing a priority list, *community opinion* about community health issues is hypothesized to be a critical component to facilitate "buy in" when community benefit implementation strategies are formulated.

It is also important to gauge the overall impact of various health issues, such as chronic illness, both economically and in terms of the number of people affected. In consideration of all data, the health needs that emerged were those that were most consistently found across all methods of inquiry. It is presumed, that if not addressed, these health problems will have a tremendously detrimental impact on the community. The resulting Health priorities are presented below.

The following health need priorities should be addressed. However, to fully address any one of these needs will require substantial time and resources. The Implementation strategy developed by Lackey Memorial Hospital as a result will reflect the hospital's capacity and resources available to address community health problems. Partnerships with other organizations will be necessary to effect the greatest change.

1. Obesity
2. Diabetes and Hypertension
3. Drug Use and Abuse
4. Teen Pregnancy
5. Poor Health Education
6. Poor Chronic Disease Management
7. Lack of support for some senior citizens
8. Mental Health needs of children and elderly