

# OCH Regional Medical Center

## CHNA Report

September 2019

*Approved by*  
OCH Board of Trustees, September 24, 2019



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## EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide OCH Regional Medical Center 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 OCH'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 of Ridgeland, Mississippi. The assessment was conducted in August and September of 2019.

Input was provided by previous patients, employees and community representatives through a focus group and anonymous surveys. Additional information came from public databases, reports, and publications by state and national agencies.

The implementation describes the programs and activities that will address these health priorities over the next three years. The CHNA report is available on the hospital's website [www.och.org](http://www.och.org) or a printed copy may be obtained from the hospital's administrative office.

We sincerely thank those who provided input for this assessment. We look forward to working closely with our community to help improve the overall health of those we serve.

James H. Jackson, Jr., CPA  
Administrator/CEO  
OCH Regional Medical Center





## ABOUT THE HOSPITAL

### OCH REGIONAL MEDICAL CENTER

Founded in 1973, OCH Regional Medical Center is a progressive, 96-bed, county-owned facility located in Starkville, Mississippi, home to Mississippi State University. OCH's primary service area is Oktibbeha County with secondary service areas covering six additional counties including Choctaw, Clay, Lowndes, Noxubee, Webster and Winston.

The hospital's 20 medical specialties include anesthesiology, breast disease, critical care, emergency medicine, family medicine, gastroenterology, general surgery, internal medicine, obstetrics and gynecology, ophthalmology, oral and maxillofacial surgery, orthopedic surgery, otolaryngology (ENT), pain management, pediatrics, plastic surgery, pulmonology, radiology, sleep medicine and urology. Patients also can receive care in sports medicine, physical therapy, speech therapy, occupational therapy, cardiac rehab and pulmonary wellness.



OCH operates 10 clinics: Center for Breast Health & Imaging, OCH Center for Sleep Medicine, OCH Family Health Clinic, OCH Orthopedic Center, OCH Medical Associates, Holliday Lung & Sleep Care, OCH Center for Pain Management, OCH Regional Wound Healing & Hyperbaric Center, OCH General Surgery Associates, and Parsons Family Medical Clinic in Ackerman. In addition, the hospital operates a free-standing fitness facility, cardiac rehabilitation, diabetes management, pulmonary wellness, and a rehabilitation department providing physical, occupational and speech therapy.

With more than 600 employees, OCH is the second largest employer in Oktibbeha County. Because of its local ownership, OCH invests its resources back into its facilities, its medical technology and equipment, and its communities in order to impact virtually every facet of life for the region's residents. Most recently in 2018, OCH was the first hospital in Northeast Mississippi to offer digital mammography.

Each year, OCH reaches thousands of residents in Oktibbeha County and the surrounding areas through community outreach programs, visits to schools and industries, support groups, health fairs and educational classes and training programs. OCH connects our services with the needs of area residents for one reason — to improve the health of our neighbors. We are committed to making our community a healthier place to live, now and into the future. That's the value of a community-focused hospital, like OCH Regional Medical Center.



# THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment defines opportunities for health care improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Oktibbeha 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.

### Secondary Data Sources

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

# 2016 CHNA STRATEGIC ACTION RESPONSES

## INITIATIVE 1: EDUCATE THE COMMUNITY ABOUT HEALTHY LIFESTYLES IN ORDER TO REDUCE THE PREVALENCE OF CHRONIC DISEASES

OCH utilizes mass media campaigns, host support groups and health fairs and partners with other organizations to educate the public about a healthy lifestyle and programs available to implement healthy changes.

### Target Population

Broad range: children, parents, industries, diabetics and pre-diabetics, people with a high stroke risk, caregivers, any individual attending community functions

### Goal/Desired Outcomes

To teach the community about preventative measures to reduce the number of those living with chronic diseases

### Process/Time Frame

On-going process

### Measure of Success

Attendance at scheduled events and feedback from the community. May also be measured through social media views

### Collaborative Partners

Elmarie Carr-Brooks with Emerson Family Resource Center, First Presbyterian Starkville Daycare, Dr. Peggy Rogers at Council of Community Organizations, Rose Coffey and City of Maben, Ada Williams, Kappa Alpha Psi, Patricia Winklepleck at PACCAR, Clark Beverage, Weavexx, Lignite Mining Company, Sudduth Elementary, Starkville Academy, and Mississippi State University, Juleigh Baker with MSU Health Promotions, MS Kidney Foundation, The MIND Center at UMMC

### Actions

- A. Mass media campaign was designed to include newspaper, magazines, website, radio, social media and billboards to educate a large and broad audience about a healthy lifestyle and local services available for routine screenings and check-ups.
- "Resolve to be Healthier" (Jan. – Feb. 2017/2018) and "A Healthy Family is a Happy Family" (Sept. 2017) campaigns to promote the OCH Family Health Clinic and educate the public about screenings available
  - "We're in this together" and "Wanna grow old together? Stay heart healthy!" ad campaigns to educate the public about the OCH Cardiac Rehab program and its benefits. (Feb. 2017/2018)
  - "A healthy life is..." campaign to promote women's health and the many services provided for women thru OCH and hospital-owned clinics (May 2017/2018)

- “Sugar Daddy, Stud Muffin, Rock Star & Hot Stuff” multi-media ad campaign focused on men’s health and spotlighted the many services provided for men thru OCH and hospital-owned clinics (June – Aug. 2017/2018)
  - “Older, Wiser, Healthier” campaign focused on senior health to spotlight the many services provided for seniors thru OCH and hospital-owned clinics. (Aug. – Sept. 2017/2018)
  - “Stick to Managing Your Diabetes” to educate the public about the Center for Diabetes Management, as well as to promote the Diabetes Health & Awareness Fair (November 2017/2018)
  - “Get to Know” and “Your Go-To Doctor” introduced a new internal medicine physician and family medicine physician at OCH Medical Associates (Nov./Dec. 2018)
  - “Here for You. Close to Home.” A listing all of OCH’s specialties available (Dec. 2018)
  - “New Year/New You” and “What are you weighting for” promoted the Wellness Connection and nutrition services (January 2019)
  - “Close to Home. Close to Your Heart.” Educated the public about OCH Cardiac Rehab (Feb. 2019)
  - “She’s my go-to doctor!” promoted internal medicine and wellness screenings and regular check-ups with Dr. Mercedes Terrell (Feb./March 2019)
  - “Happiness is Health!” and “School’s Out for Summer” promoted family medicine with Dr. Black and encouraged the community to receive wellness exams and have a primary care provider. (March 2019 – June 2019)
  - “Back to School Vaccinations Easy as 1-2-3!” – encouraged parents to vaccinate their children (July/August 2019)
- B. Lunch-and-Learns – These free one-hour lunch-and-learns promote a healthy lifestyle and educate the attendees about the resources available in their community.
- “Women’s Health and Physical Therapy” – led by an OCH Physical Therapist who educates women on how physical therapy can help manage musculoskeletal conditions common to women (Oct. 18, 2016)
    - “Put Your Best Fork Forward” – how to make healthy, practical dietary changes when cooking (March 23, 2017)
    - “Go Red for Women” - learned about risk factors and the importance of making healthy choices (Feb. 15, 2018)
    - “Find Your Flavor” – explored different flavors and combinations to introduce healthy foods (March 18, 2019)
    - “Tired, Worn Out” – led by Dr. Kenneth Thomas on complete health for men and women (March 3, April 7 & May 19, 2017)
    - “Breastfeeding Mothers Reunion, Advocate and Resource Fair” provided support to mothers in the vital stage of infant feeding (Aug. 2017, 2018 & 2019)
- C. Community Events – OCH participated in the events below by providing blood pressure checks and educational materials about prevention and screenings, signs and symptoms of chronic illnesses and living a healthy lifestyle through proper nutrition and exercise.
- Starkville Day at J.L. King Park (Oct. 7, 2017 & Oct. 13, 2018)
  - Back to School Bash – Starkville Sportsplex (July 29, 2017/July 28, 2018/July 27, 2019)
  - Healthy & Fit on the Go at First Presbyterian of Starkville (April 27, 2017/April 20, 2018/April 26, 2019)



- Council of Community Organizations Health Resource Fair (April 27, 2017/April 20, 2018/April 26, 2019)
  - Community Action Day in McKee Park (May 26, 2017 & May 25, 2018)
  - Step Up for Kids at Mabon Community Park (August 26, 2017)
  - Dancing in the Park at McKee Park (July 27, 2019)
  - Kappa Alpha Psi Health Fair at The Mill (Sept. 22, 2017)
  - PACCAR Employee Health Fair (Oct. 7, 2017 & Sept. 22, 2018)
  - Weavexx Employee Health Fair (Sept. 15, 2017)
  - Walk at Lunch Day in the MSU Research Park (April 26, 2017/April 25, 2018/April 24, 2019)
  - MSU Faculty Orientation (August 14, 2018 & August 13, 2019)
  - MSU Breast Cancer Awareness Dawg Walk (Oct. 11, 2017 & Oct. 4, 2018)
  - Junior Auxiliary Safety Town (Sept. 25, 26, 2017 & Sept. 24, 25, 2018)
  - Health Expo at Starkville Sportsplex (June 5, 2017)
  - Provided CPR and first aid training for the Millsaps Health Occupation students at Starkville High School (Sept. 6, 2017 & Oct. 9, 2018)
  - Veterans Health Summit (Oct. 11, 2018)
  - Relay for Life – annual sponsor and team for Oktibbeha County chapter of Relay for Life – held fundraisers for the American Cancer Society and brought awareness to regular screenings to detect cancer early
  - Think Pink MSU Football, Soccer, Volleyball and Basketball Games – We sponsored these games and handed out information about the Center for Breast Health & Imaging and screenings and self-exams. Early detection saves lives!
- D. Support Groups – ads ran in the local paper and flyers were distributed to clinics, mailed to former attendees, and posted to social media to encourage people to attend
- Diabetes Support Group – meetings held 2<sup>nd</sup> Tuesday of each month focusing on how to eat healthy during the holidays, making the most of your doctor visits, diabetic complications and prevention (2017, 2018 & 2019)
  - Stroke Support Group – hosted meetings every other month (Jan., March, May, July, Sept. & Nov.) focusing on support for the patient and caregiver, as well as preventative measures such as smoking cessation and a healthy diet. (2017, 2018 & 2019)
  - Mother-to-Mother Support Group – meetings held 2<sup>nd</sup> Tuesday of each month for new and expectant mothers, focused on nutrition, safe sleep habits, breastfeeding, etc. (2017, 2018 & 2019)
  - Cancer Support Group – While this is not an OCH-sponsored group, OCH has provided a meeting room and physicians, therapists and trainers to speak at monthly meetings. (2017, 2018 & 2019)
- E. OCH Health Fairs & Events – OCH health fairs and events focused on different topics to promote a healthy lifestyle and educate the community and programs and services available to them through the hospital and other local organizations.
- OCH Health Fair – Free blood pressure checks, information about OCH clinics, programs and services, as well as representatives from other agencies such as Mississippi Kidney Foundation that provided free kidney disease screenings (May 10, 2017/May 8, 2018/May

13, 2019) Special Beginnings Maternity & Infant Fair – Information about childbirth, breastfeeding, diet & nutrition, pre- and post-natal exercise and much more! (June 3, 2017/June 2, 2018/June 1, 2019)

- Diabetes Health & Awareness Fair – diabetes-related information and screenings, as well as healthy cooking demos (Nov. 16, 2017)
- The Stomp Squad – New class to promote fitness with children 7–13 (started Feb. 11, 2017)
- Wellness Wednesdays – During March 2017, the OCH cafeteria held cooking demos and samples of healthy dishes. OCH Dietitians answered nutrition questions from participants.
- Hosted American Lung Association's Asthma Educator Institute to help teachers learn how to best care for students with asthma (July 20/21, 2017)

**F. Identified opportunities to address chronic illness in community settings.**

- Worked with Mississippi Lignite Mining Company in Ackerman to provide a wellness program to employees, including information heart health, CPR/first aid training, nutrition and diabetes education and physical fitness
- Provided wellness screenings for Clark Beverage with 40+ employees participating and receiving annual wellness screenings
- Visited schools to discuss nutrition and healthy habits with Kindergartners
- Led programs throughout the year at local assisted living facilities, nursing homes, and civic group meetings focusing on diabetes and heart health education

**G. OCH provided programs and Services that address chronic diseases**

- Pulmonary Wellness Program – This was a supervised education and exercise program for patients with chronic pulmonary diseases, including asthma, emphysema, chronic bronchitis, “COPD,” or any other disease labeled an interstitial lung disease. The purpose of the program was to improve overall health so that the participant may enjoy life as much as possible within the limits of the medical condition.
- Diabetes Self-Management Training – This is an on-going program led by a registered dietitian/certified diabetes educator with visits from other healthcare professionals such as a pharmacist. This program helps patients better understand the disease process by educating them on nutrition, exercise & fitness, foot care, managing medications, blood glucose monitoring, lowering risk of acute and chronic complications, and detecting and treating acute and chronic complications
- Metabolic Testing – This machine is used to measure energy expenditure to determine exactly how many calories a person should consume on a daily basis. This has been beneficial for patients who are in one-on-one nutrition counseling to teach them about their dietary needs.
- Reversible Obstructive Airway Disease (ROAD) Program - Through the ROAD program, hospitalized COPD patients received individualized treatment plans, one-on-one education, specialty-care referrals, pulmonary rehabilitation and day-time access to a respiratory therapist who has been specially trained in COPD case management. The goal was to prevent acute exacerbations – episodes when symptoms rapidly get worse, often leading to emergency department visits and hospital stays.

## **INITIATIVE 2: INCREASE ACCESS TO PRIMARY CARE PROVIDERS AND INCREASE COMMUNITY AND SERVICE AREA AWARENESS OF AVAILABLE RESOURCES**

### **Target Population**

Adults, specifically those who are living at or below the poverty level

### **Goal/Desired Outcomes**

To recruit more primary care providers to the area and make preventative screenings and education accessible to vulnerable members of the community

### **Process/Time Frame**

On-going process that will make use of previously established community events

### **Measure of Success**

Success will be based on primary care physicians joining the OCH Medical Staff and the number of screenings provided.

### **Collaborative Partners**

ElmarieCarr-Brooks with Emerson Family Resource Center, Dr. Peggy Rogers with Council of Community Organizations, Allison Buehler with J.L. King Center, local churches, Rose Coffey, City of Maben

### **Actions**

- A. From 2016 – 2019, five additional primary care providers joined the OCH Medical Staff
  - Ava Stegall, DO – Family Medicine
  - Josh Black, MD – Family Medicine
  - Emily Landrum, MD – Family Medicine
  - Mercedes Terrell, MD – Internal Medicine
  - Angela Payne, MD – Family Medicine
- B. Visited area clinics, hospitals, businesses and organizations to distribute information on screenings and free programs offered, as well as to provide information about new physicians to the area
- C. Free flu clinic at the hospital for the community on a first-come, first-served basis (Oct. 14, 2017/Oct. 20, 2018)
- D. Ready, Set, Baby Class – After identifying the need for education on preventative care for expectant and new mothers living at or below the poverty rate, the OCH Perinatal Educator orchestrated the implementation of the Ready, Set, Baby program in 2018. One of the goals of this class is to increase the breastfeeding rate of women in rural communities, and in return, improve the health of the future population. (Held at OCH Community Room every third Tuesday from 10:30am-Noon & 5:30pm-7pm.)

- E. Promoted on social media and newspaper the Center for Breast Health & Imaging's participation in the Mississippi Early Detection Program, offering free screening services for un- and underinsured women between the ages of 40 and 64.
- F. Free physicals at OCH Rehab Services – OCH athletic trainers, physicians and employee volunteers provided free physicals to area high school athletes (April 22, 2017/April 28, 2018/April 27, 2019)
- G. Saturday Morning Clinic - OCH athletic trainers and orthopedic surgeons volunteered their time to provide free Saturday morning clinics free of charge to area high school athletes after Friday night football games. Further diagnostic testing that is required such as x-rays or MRIs are billed to the patient's insurance.
- H. Joined Myriad Health Alliance in January 2019 to improve the quality of care and reduce the total annual cost of care provided to Medicare recipients. Patients with two or more chronic conditions are connected with a population health nurse who educates them about their disease, helps with their diets and also ensures they're taking their medications as prescribed. These patients are also given 24/7 access to a nursing line.
- I. Collaborated with local organizations to provide screenings in community centers in underserved areas
  - J.L. King Center
  - COCO Center
  - Starkville Sportsplex
  - Maben Day in the Park
  - Various Churches
- J. Contract for outstation eligibility worker to assist in processing applications and providing CHIP/Medicaid outreach
- K. OCH Lactation Clinic in affiliation with the Mississippi State Department of Health/WIC program. This free support service for mothers and infants provides access to lactation consultations by appointment for WIC and non-WIC clients.
- L. Cradle Call Hotline – Available 24/7, parents can call with questions about their newborn up to one month of age. After one month, questions concerning newborns are directed to the emergency room.
- M. Mother to Mother Support Group - Designed to support expectant, breastfeeding and new mothers as they care for the new addition to their families. This free, monthly support group, which is led by an international board-certified lactation consultant and perinatal educator, focuses on working while breastfeeding, family nutrition, finding the best daycare, car seat safety and much more. (Second Tuesday of each month from 5:30 – 6:30 p.m.)
- N. Sports Medicine Concussion Management Program – In 2017, the OCH Athletic Trainers attained the NeuroLogix C3 Logix concussion management system. At the beginning of each





football season, an athlete is given a series of tests to establish a baseline. Then, in the event of an injury, these same tests are administered and used to determine the extent of the injury. The system is able to compile and analyze data over time that creates comparison visualizations to help physicians and trainers determine the most appropriate treatment plan and timeline for the athlete to resume activity and safely return to play.

- O. Daddy Boot Camp – This free workshop launched in 2019 and was designed to empower fathers-to-be in their new role. The basic training covers feeding, diapering, swaddling and bathing your baby, ways to soothe a fussy baby and support your breastfeeding partner. Participants are also taught safety information from the American Academy of Pediatrics and have the chance to visit with veteran dads about their experiences. (July 20, 2019 and September 28, 2019)



## INITIATIVE 3: REDUCE PREVALENCE OF OBESITY AMONG COMMUNITY THROUGH PROMOTION OF HEALTHY EATING AND PHYSICAL ACTIVITY

### Target Population

Children to adults

### Goal/Desired Outcomes

To recruit more primary care providers to the area and make preventative screenings and education accessible to vulnerable members of the community

### Process/Time Frame

On-going process

### Measure of Success

Success will be based on number of people reached.

### Collaborative Partners

Emerson Family Resource Center, Council of Community Organizations, J.L. King Center, local churches, and the City of Maben

### Actions

- A. Mass media campaign educated a large and broad audience
  - “Current gym just not working out?” (Jan. 2017) “Your Resolution Solution” (January 2018/2019) and “Still not quite ready to face summer?” (May and June 2017)
  - Joining special ads encouraged people to join the gym (January, July and November)
  - “Fit to be a kid” ads promoted OCH Wellness Connection’s programs for children including the kid fitness program, kids’ camp, swim lessons and individualized exercise sessions (May – July 2017/2018)
  - “Chances for Successful Weight Loss Starting to Look Slim” ad campaign that educated the public about the OCH Weight Management Program (January 2017)
  - “The Stomp Squad” promoted new class for students 7 – 13 years old on Saturdays (Jan. and Feb. 2017)
- B. Explored collaboration with local primary care providers to advertise “Healthy You Clinic” to which providers could refer patients with appropriate health care coverage for exercise and nutrition counseling for which independently run clinics may not have the resources to develop and implement
- C. Sponsored and participated in health fairs for adults and children with height, weight, and BP screens with health information provided at children’s level



- Sponsored Junior Auxiliary of Starkville and partnered with the organization's Head to Toe Health & Wellness Fair for children and their families in 2016(Annual Sponsorship)
  - Participated in the Sudduth Elementary Kids Fair by offering blood pressure checks for children and adults and educational materials on nutrition and a healthy life style, and fun fitness led by a Wellness Connection fitness instructor (Feb. 25, 2017)
  - Provided blood pressure screenings and information on healthy eating and sugar in drinks, hand hygiene demonstration and additional educational materials for children and parents at First Presbyterian Childcare's health fair (April 27, 2017)
  - Took part in additional health fairs and activities in the community such as "Day in the Park" and "Walk to School Day" (April 14, 2017)
  - Wellness Connection personal trainers regularly visited schools, businesses and Mississippi State to lead exercise programs
- D. Explored ways to increase the visibility of Wellness Connection & services offered in the community and surrounding area
- Newspaper and social media coverage about new equipment in Wellness Connection (June 20, 2017)
  - "Just a Heads Up" campaign educated the public about the advance system used by OCH Rehab Services to screen for concussions (Aug. 2017)
  - "OCH is..." campaign highlighted Wellness Connection, among other programs and services (Sept. & Oct. 2017)
- E. Discussed feasibility of implementing school-based clinic staffed with nurse practitioners and nurses to provide screenings/well-child checks/EPSDT visits and sick visits for students and school staff of Starkville/Oktibbeha Co. to reduce absenteeism and increase the frequency of child well-visits. This option is being discussed with the Starkville Oktibbeha Consolidated School District. Discussions are underway in 2019 with the Starkville Oktibbeha Consolidated School District Superintendent, Dr. Eddie Peasant and his staff.
- F. Lighten Up! Competition – One of the first places we started to address the obesity and nutrition issue was internally with our own employees with a "Lighten Up" competition in the last quarter of 2016. We utilized OCH registered dietitians, Nicky Yeatman and Emily Waters, and fitness coach, Elaine Schimpf to kick the program off with weighing and measuring employees who participated. Participants were coached throughout the program on exercise, caloric intake, and healthy snacks and meals.
- G. Wellness programs for children at the OCH Wellness Connection – Change so many times starts with our children! So we developed a "Kids Fitness Flyer" to promote all of the new and existing classes available for children at the Wellness to show them exercise is fun and good for your body. All classes at the Wellness Connection are led by well-trained fitness instructors. All of our staff members have degrees in exercise science or a related field and hold certification from organizations such as the Aerobic Fitness Association of America, American College of Sports Medicine and IDEA Health & Fitness Association.
- Kids fitness program - designed to engage children 7 – 13 years of age and incorporates fun activities such as kickboxing, swimming, sports conditioning, circuit training and even making healthy snacks to improve endurance, strength, coordination, flexibility and overall well-

being. Classes were available for members and non-members children and offered at a nominal fee. (Feb. & March 2017/2018/2019)

- Kids Camp - offered twice during the summer. This Monday through Thursday day camp is packed with games, swimming, relay races and other types of interactive exercises to show kids how much fun it is to be active! (June and July 2017/2018/2019)
- Group and Individual Swim Lessons - available for all ages and levels. Designed to be fun while emphasizing proper technique and water safety.
- Family Swim – Every Saturday for two hours Wellness Connection members can bring their children or grandchildren to swim. This was designed to encourage to get families active together!
- Parent and Tot Classes - provide an opportunity for parents and toddlers to get moving together in a playful exercise class with fun music. There isn't a minimum age for children; the only requirement is that an infant be able to hold head up by himself.
- Individualized Exercise Sessions – This was designed for children ages 8 – 14 in need of one-on-one exercise instruction. These sessions are only offered for kids with a physician referral and are restricted to specific times.





# ABOUT THE COMMUNITY

## DEMOGRAPHICS

### SERVICE AREA

Primary: Oktibbeha County

### ABOUT THE SERVICE AREA

Oktibbeha County is located in East Central Mississippi. The county seat is Starkville. According to the Census Bureau the county has a total area of 462 square miles, of which 458 square miles (or 99.2%) is land and 3.7 square miles (or 0.8%) is water.

### PATIENT ORIGIN

Per CMS, the majority of the hospital's inpatients (61%) come from within Oktibbeha County with 93% of those coming from the town of Starkville. Another 31% of the hospital's inpatients come from surrounding counties. And the remainder of the patients are from other parts of the state or out of state.



### POPULATION AND RACIAL MIX DATA\*

OKTIBBEHA COUNTY		
Population	49,392	
Racial Mix	White	28,090
	African American	18,304
	Hispanic	813
	Asian	1,449
	Other	736
Median Household Income	\$37,348	

\* 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 survey distributed in churches and throughout the community. The data collected from the survey was part of the input used by the Steering Committee in establishing priorities.





**OCH cares about you and we want to make sure we are doing our best to meet your health care needs. Please take a few minutes to complete the survey below.**

**1. What is needed to improve the health of your family and neighbors?  
(Circle all that apply)**

Healthier food  
Job opportunities  
Mental health services  
Recreation facilities  
Transportation  
Wellness services  
Specialty physicians  
Safe places to walk/play  
Substance abuse rehabilitation services  
I don't know  
Other (please specify) \_\_\_\_\_

**2. Where do you and your family get most of your health information?  
(Circle all that apply)**

Family or friends  
Newspaper/Magazines  
Library  
Internet  
Doctor/health professional  
Television  
Hospital  
Health department  
Radio  
Religious organization  
School  
Other (please specify) \_\_\_\_\_

**3. Have you had a routine physical exam in the past two years?**

Yes  
No

**4. Which of the following preventive procedures have you had in the past 12 months? (Circle all that apply)**

Mammogram (if woman)  
Pap smear (if woman)  
Prostate cancer screening (if man)  
Flu shot  
Colon/rectal exam  
Blood pressure check  
Blood sugar check  
Skin cancer screening  
Cholesterol screening  
Vision screening  
Hearing screening  
Cardiovascular screening  
Bone density test  
Dental cleaning/X-rays  
Physical exam  
None of the above

**5. Circle the most accurate statement regarding health insurance.**

I am on Medicare.  
I am on Medicaid.  
I have insurance through my employer.  
I pay for insurance through the exchange system.  
I do not currently have insurance.  
No, but I did at an earlier time/previous job

**6. How would you describe your overall health?**

Excellent  
Very Good  
Fair  
Poor

**7. Please select the top three health challenges you face.**

Cancer  
Diabetes  
Overweight/obesity  
Lung disease  
High blood pressure  
Stroke  
Heart disease  
Joint pain or back pain  
Mental health issues  
Alcohol overuse  
Drug addiction  
I do not have any health challenges  
Other (please specify) \_\_\_\_\_

**8. Where do you go for routine health care?**

Physician's office  
Health department  
Emergency room  
Urgent care clinic  
Other clinic  
I do not receive routine health care  
I would not seek health care  
Other (please specify) \_\_\_\_\_

**9. Where would you go for emergency medical services if you were able to take yourself?**

Emergency Room  
Urgent Care Clinic  
Physician's Office  
Health Department  
Other Clinic  
I would not seek health care  
Other (please specify) \_\_\_\_\_

**10. Are there any issues that prevent you from accessing care? (Circle all that apply.)**

Cultural/religious beliefs  
 Don't know how to find doctors  
 Don't understand the need to see a doctor  
 Fear (e.g., not ready to face/discuss health problem)  
 Lack of availability of doctors  
 Language barriers  
 No insurance and unable to pay for the care  
 Unable to pay co-pays/deductibles  
 Transportation  
 Other (please specify) \_\_\_\_\_

**11. What health issues do you need education about? (Please circle up to five.)**

Blood pressure  
 Cancer  
 Cholesterol  
 Dental screenings  
 Diabetes  
 Disease outbreak prevention  
 Drug and alcohol abuse  
 Eating disorders  
 Emergency preparedness  
 Exercise/physical activity  
 Falls prevention in the elderly  
 Heart disease  
 HIV/AIDS & STDs  
 Routine well checkups  
 Mental health/depression  
 Nutrition  
 Prenatal care  
 Suicide prevention  
 Vaccination/immunizations  
 Quit smoking  
 Other (please specify) \_\_\_\_\_

**12. What additional health services need to be offered to meet health challenges in your community?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**13. Please circle all statements below that apply to you.**

I exercise at least three times per week.  
 I eat at least five servings of fruits and vegetables each day.  
 I eat fast food more than once per week.  
 I smoke cigarettes.  
 I chew tobacco.  
 I use illegal drugs.  
 I abuse or overuse prescription drugs.  
 I have more than four alcoholic drinks (if female) or five (if male) per day.  
 I use sunscreen or protective clothing for planned time in the sun.  
 I receive a flu shot each year.  
 I have access to a wellness program through my employer.  
 None of the above apply to me.

**14. Do you have a Primary Care provider? (Family Practice / Internal Medicine / Nurse Practitioner / Physician's Assistant).**

Yes  
 No

**15. How can OCH Regional Medical Center better meet your health care needs?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**The following questions are optional but your answers will help give us a better understanding of our community.**

**16. What is your gender?**

Female  
 Male  
 Other (please specify) \_\_\_\_\_

**17. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 11363)**

\_\_\_\_\_

**18. What is your age?**

\_\_\_\_\_

**19. What is your racial/ethnic identification? (check all with which you identify)**

White/Caucasian  
 Black/African American  
 Native American  
 Asian  
 Hispanic  
 Multi-racial  
 Other (please specify) \_\_\_\_\_



## COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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



### HOSPITAL STEERING COMMITTEE

Jim Jackson, OCH Administrator/CEO  
Mike Andrews, OCH Chief Operating Officer  
Dr. David Buys, MSU Food Science Nutrition Health Promotions Professor  
Eileen Carr-Tabb, Special Projects Officer, MS State Department of Health  
Mary Kathryn Kight, OCH Marketing/Public Relations  
Russ Lyle, OCH Director of Revenue Management, Professional Services  
Yolanda Pruitt, Golden Triangle Director, MS Tobacco Free Coalition  
Kim Roberts, Quality Improvement Advisor, Atom Alliance  
Susan Russell, OCH Chief Financial Officer  
Dr. Todd Smith, OCH Chief Medical Officer  
Dr. Mercedes Terrell, Internal Medicine Physician, OCH Medical Associates

## COMMUNITY FOCUS GROUP

A community focus group was held at OCH Regional Medical Center on Wednesday, August 28, 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.

The hospital steering committee attended the focus group session but did not participate in the discussion. The committee attended the meeting to be able to hear and observed firsthand the thoughts and concerns of the focus group's attendees and the population segment they represent.

## **PARTICIPANTS IN THE COMMUNITY FORUM**

Iwei Chu, MSU Research Engineer  
Dr. Kenya Cistrunk, MSU Sociology Asst. Prof.  
BJ Cogle, Pharmacist/Owner, BJ's Family Pharmacy  
Bill Daniel, Community Advisory Board  
Emily Garrard, County Administrator  
Yulanda Haddix, NAACP President  
Nancy Hargrove, Community Advisory Board  
Sam McLemore, Local Farmer - Bountiful Harvest  
Dr. Debra Prince, Boys & Girls Club Board Member  
Lynn Spruil, Starkville Mayor  
Wade Stewart, Mississippi HomeCare  
Katrina Sunivelle, Contact Helpline  
Dr. Cheyenne Trussell, SOCSO Athletic Director  
Cindy Walker, Community Advisory Board  
Paige Watson, JA President/The Partnership  
Dr. Ed Williams, Community Advisory Board  
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 28 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.

Martesa Bishop-Flowers, Community Advisory Board  
Jimmie Faye McCarty, MSDH Early Intervention District Coord.  
Paul Lockett, Business Owner/ITS  
Jeremy Nicholas, Starkville Academy Headmaster  
David Nichols, Retired (former plant manager)  
Courtney Nickels, FNP, Co-Owner State Urgent Care  
Dr. Steve Parvin, Retired OCH Breast Surgeon  
Andrelyn Patrick, MSU Child Dev. Center Manager  
Dr. Eddie Peasant, SOCSO Superintendent  
Dr. Katrina Poe, MSU Student Health Center  
Chris Pulliam, MSU Architect Administrator  
Dr. Brihmadebam, Retired OCH Anesthesiologist  
Dr. David Shaw, MSU Office of the Provost  
Mary Smith, Community Advisory Board  
Jamila Taylor, MSU Extension Office

## RURAL HEALTH DISPARITIES

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

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

### WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

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

### ACCESS TO HEALTHCARE

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

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



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

## SOCIOECONOMIC STATUS

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

## HEALTH BEHAVIORS

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

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

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

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

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

## THE UNHEALTHIEST STATE IN THE UNITED STATES

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

## MISSISSIPPI IS NUMBER ONE

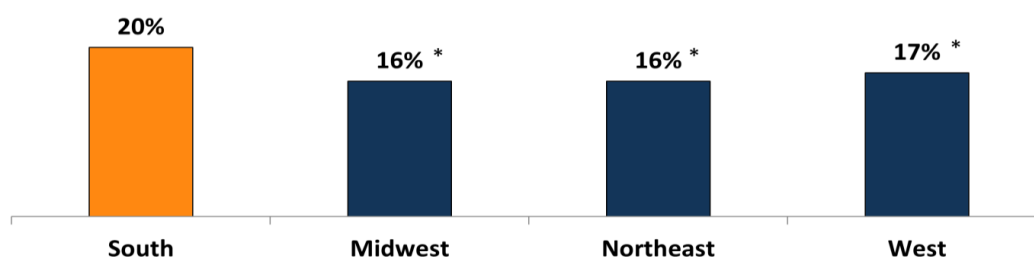
Unfortunately, that is not a ranking that we as a state can be proud. Along with having among the highest rates of cardiovascular disease, smoking, and obesity in America, the Magnolia State unfortunately touts the nation's largest percentage (25 percent) of youths living in poverty. All of these factors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

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



Figure 4

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



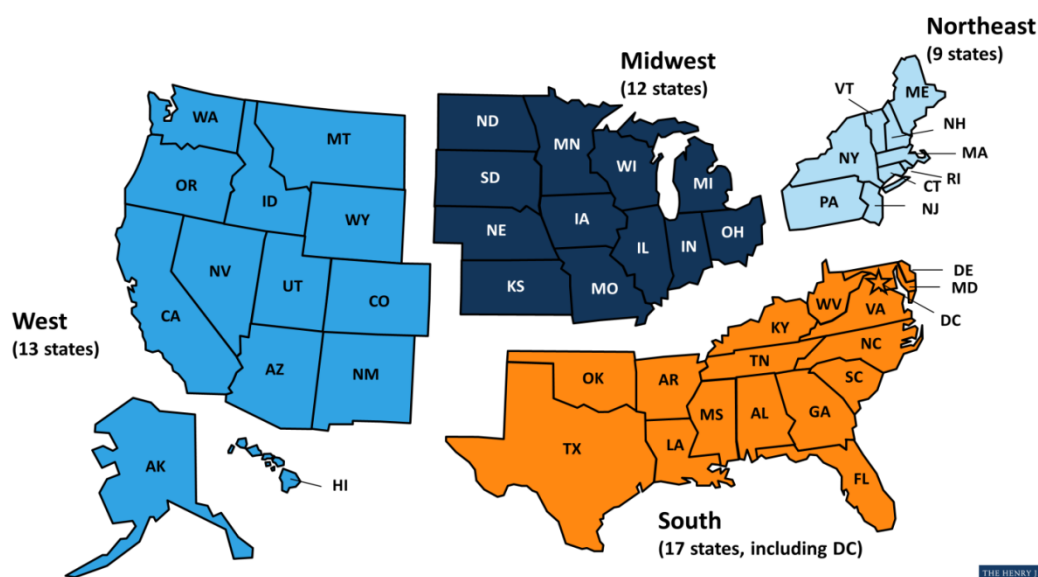
\* Indicates a statistically significant difference from the South at  $p < .05$  level.

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



Figure 1

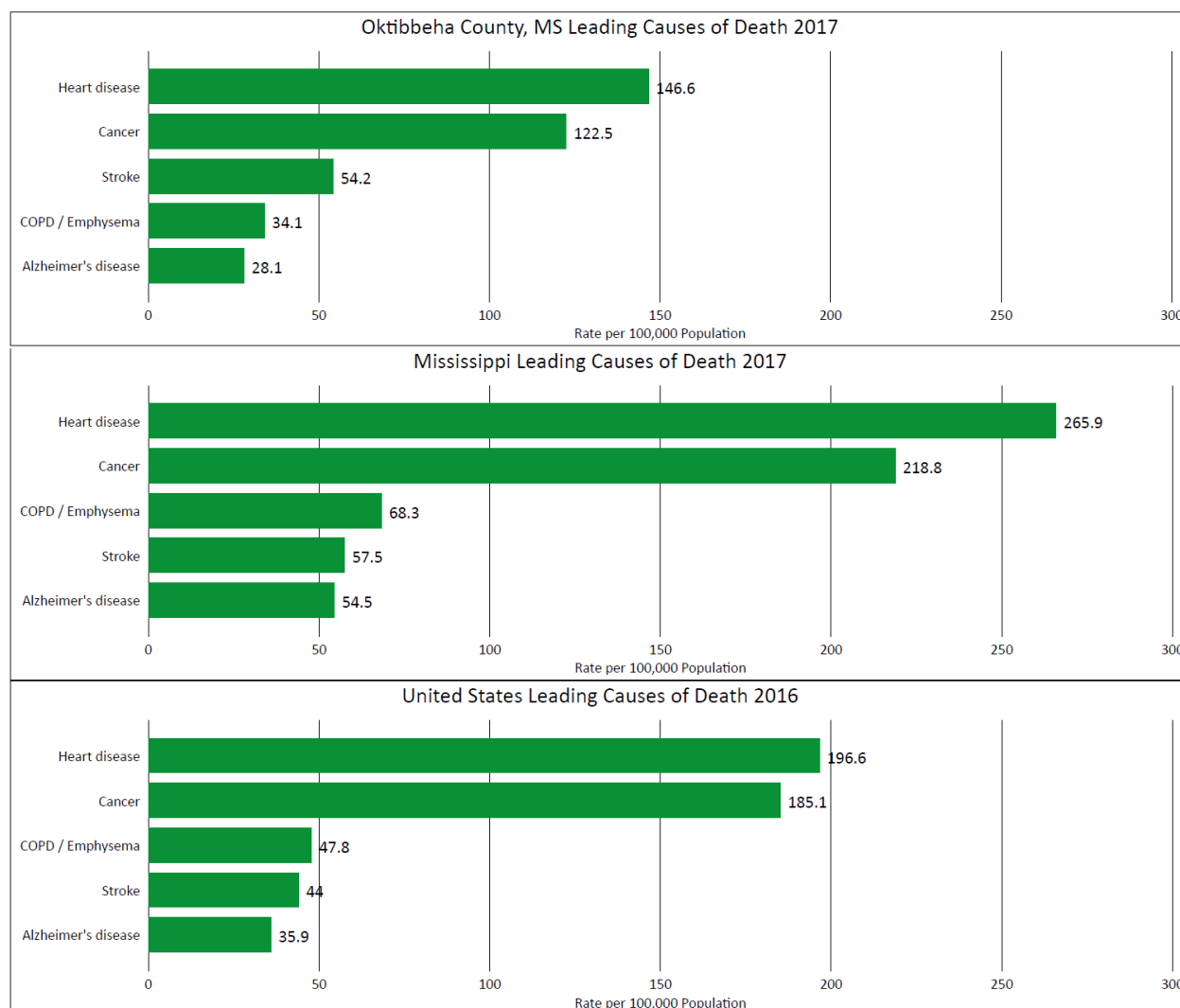
## Census Regions and Divisions of the United States



Source: [http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us\\_regdiv.pdf](http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf)

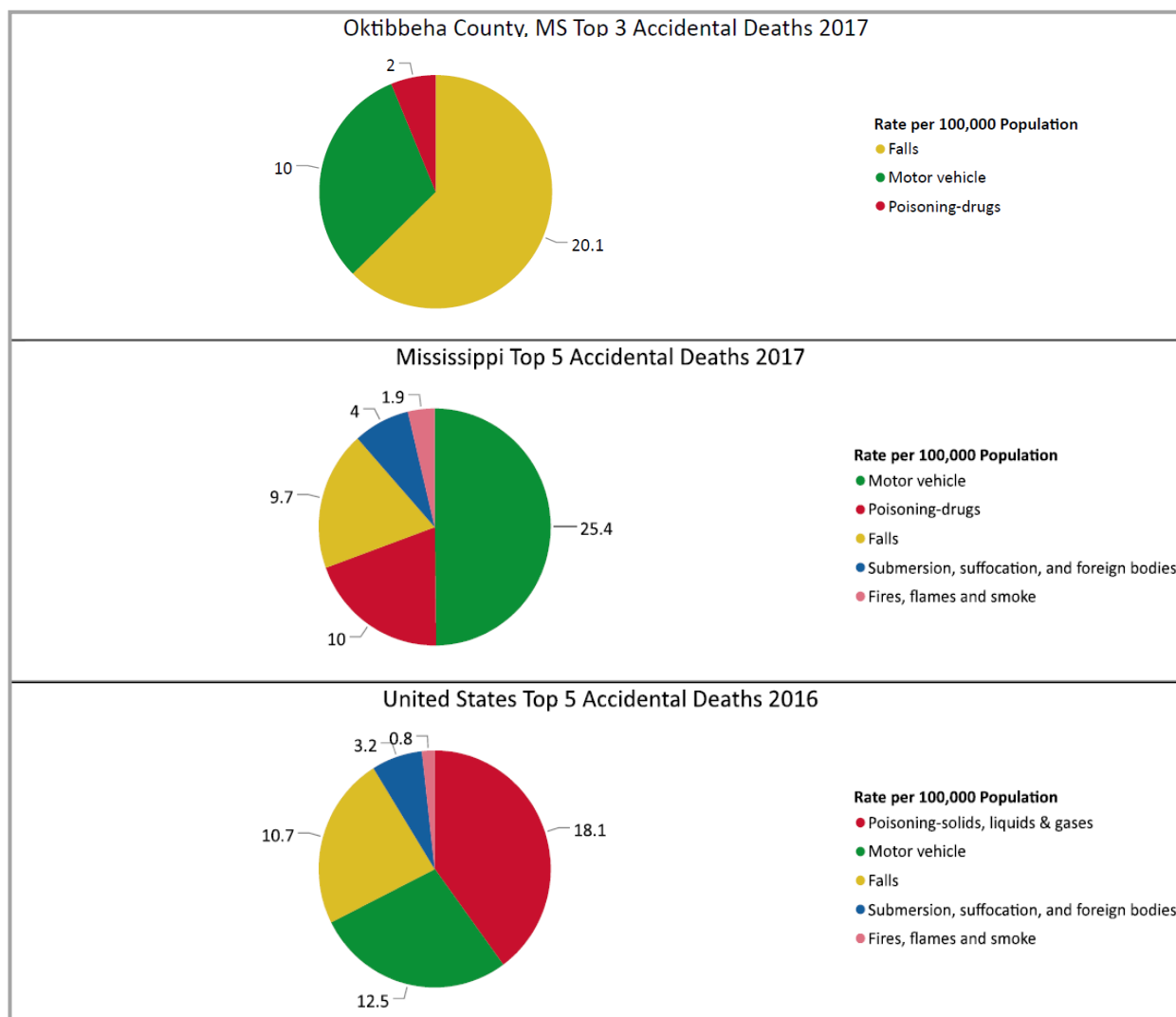


## CAUSES OF DEATH



**Note:** The statistics for leading causes of death in Oktibbeha County includes the entire population of the county of approximately 49,000 people. Of those 49,000, half are under the age of 25. This is due to Mississippi State University's campus being in Starkville, MS the county seat of Oktibbeha county. The influx of 18-25-year-olds in the county attending the university impact the statistical outcomes for these disease types. If this segment is removed from the population the county's leading causes of death rates per 100,000 population are in-line with other rural counties in the state of Mississippi. The steering committee is aware of these findings and took them into consideration as they discussed the health issues facing the community OCH Regional Medical Center serves.

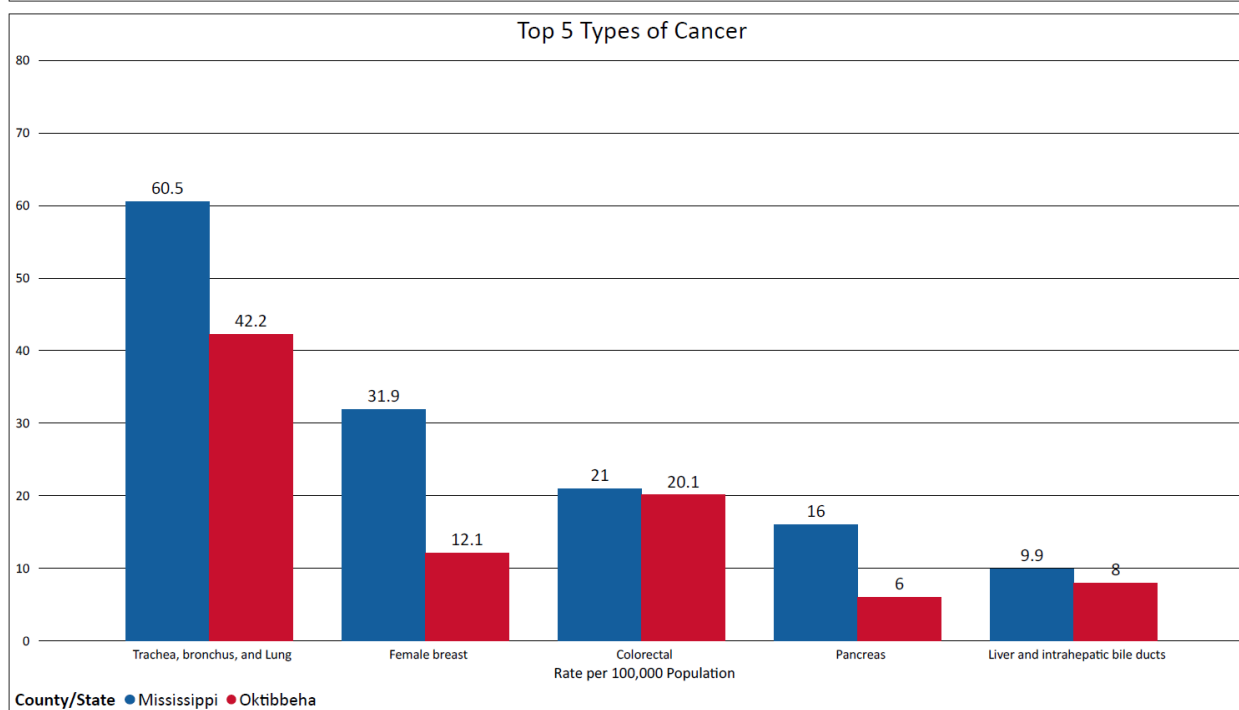
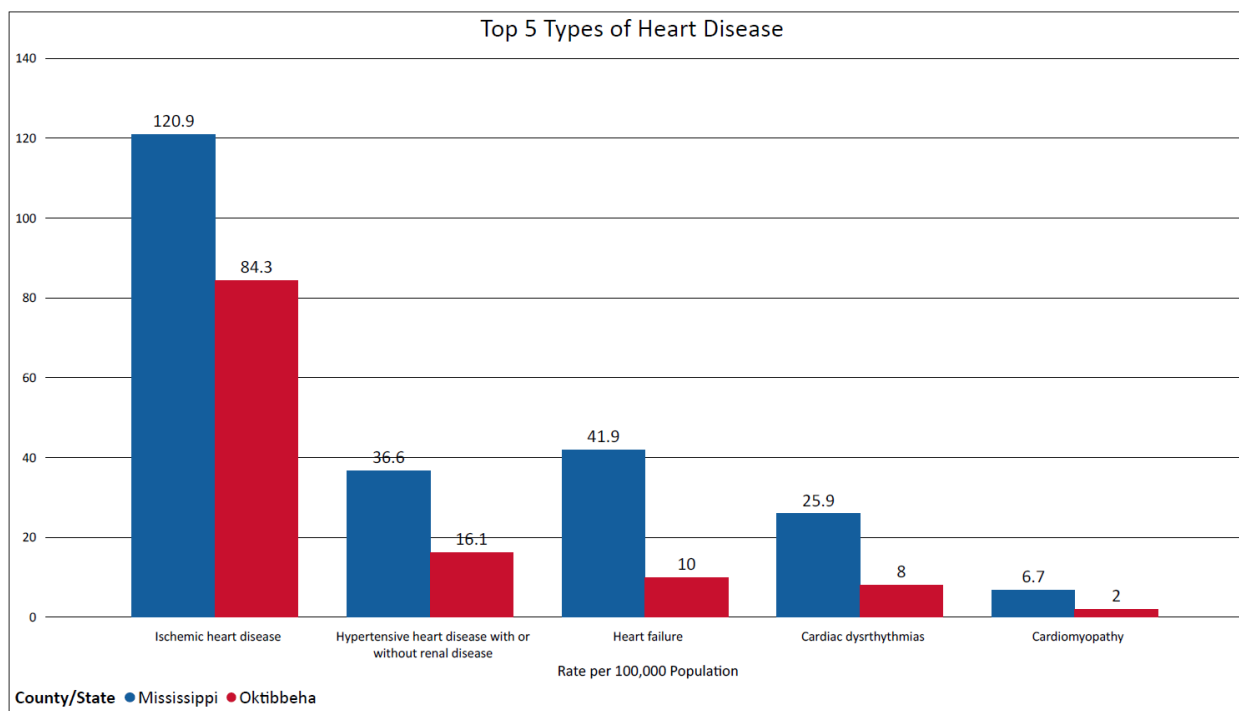
## ACCIDENTAL DEATHS



After discussions with the Oktibbeha County Coroner, the steering committee felt that the number of accidental deaths by falls was an outlier and did not warrant a healthcare initiative of its own. The hospital will plan to educate the elderly community about fall prevention.



## HEART AND CANCER STATISTICS



# RESPONDING TO THE COMMUNITY

## CLOSING THE GAP

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

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

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

## PRIORITIZATION

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

### OKTIBBEHA COUNTY

- The county does not exceed the state or the U.S. in rate of deaths from cancer.
- The county does not exceed the state or the U.S. in rate of deaths from heart disease.
- The county does not exceed the state or the U.S. in rate of deaths from lower respiratory diseases.
- The county does not exceed the state or the U.S. in rate of deaths from accidents.

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

- All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- Reference was made to the content of the community input and the identified needs from those sources.
- Comparisons were made between the primary and secondary data and then compared to what was the common knowledge and experience of the clinical staff of the hospital.
- Based on what resources could be made available and what initiatives could have the most immediate and significant impact, the strategic initiatives were developed.

OCH Regional Medical Center 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. OCH Regional Medical Center 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. OCH Regional Medical Center will continue to undertake these three significant initiatives over the next three years:

**INITIATIVE 1:** Act as a conduit to identify community resource partners to create a dialogue among those partners in order to address social determinants of health; such as transportation, behavioral health, activities for children and food resources.

**INITIATIVE 2:** Educate those living in the rural areas of the county about available resources and help make those resources available to them in an effort to promote healthy lifestyles and to reduce health disparities.

**INITIATIVE 3:** Increase knowledge about healthy behaviors to reduce the prevalence of chronic diseases which are a result of an unhealthy lifestyle.

The CHNA Steering Committee will create an implementation plan which will address how each of these three health initiatives will become strategic activities for the hospital. The plan will outline the specific activities and events, along with the community collaborative partners that will work together to create a healthier Oktibbeha County. When the implementation plan is complete, it will be approved by the OCH Board of Trustees.



## THANK YOU

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

Our sincere thanks go to all those who took part in this process. Our CHNA Steering Committee members and all those who participated in our community focus group, either by their attendance at the focus group 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 realize 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 Oktibbeha County.



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