

2013

WINSTON MEDICAL CENTER
COMMUNITY HEALTH NEEDS
ASSESSMENT



Louisville, Mississippi

TABLE OF CONTENTS

Executive Summary.....	3
About the Hospital.....	4
The Community Health Needs Assessment	6
Community Health Needs Assessment Steering Committee	6
Community Engagement and Transparency	7
Data Collection	7
Community Forum	8
Input from the Community	9
About the Community	11
Demographics	12
Patient Origin	12
Service Area	12
Characteristics of the Health of the Southern Rural Community.....	13
Obesity in Mississippi.....	13
Heart Disease and Stroke in Mississippi	15
Lifestyle and Disease.....	16
Closing the Gap	19
Prioritization	19
Implementation Plans.....	20
CHNA Strategic Actions.....	21

EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Winston Medical Center with a functioning tool to guide our organization as it works to improve the health of the community it serves. The information gathered during this process will be incorporated into the Medical Center's strategic plan. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of Winston Medical Center's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital's collaborative partners in the community.

The assessment was performed and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP. The assessment was conducted in October and November, 2013.

The main input was provided by previous patients, employees, and community representatives. An opportunity to offer input was made available to the entire community through word of mouth, announcements on the local radio station, radio talk shows, presentations to civic groups and paid public notices. 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.winstoncountymedical.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.

Lee McCall, CEO
Winston Medical Center

ABOUT THE HOSPITAL



Winston Medical Center is a full-service facility that serves as Winston County's only hospital offering 24/7 emergency room care, inpatient hospital care, inpatient geriatric psychiatric care, long-term care and a wide range of outpatient services. Winston Medical Center owns and operates Winston Medical Clinic, LLC which offers clinic services to our community in Louisville and Noxapater, MS

Winston Medical Center has been serving the community's health care needs since 1958. Established under the name of Winston County Community Hospital, the facility replaced the Louisville Hospital which was located in downtown Louisville. With the use of Hill-Burton, state and local funds, the hospital began accepting patients on Oct 1, 1958.

Mission: To improve the quality of life to citizens in Winston County and surrounding communities

Vision: To be the healthcare provider of choice

Values: Performance, Accountability, Service, Stewardship, Integrity, and Teamwork

Historical time line

- In 1958, began operation under the name Winston County Community Hospital.
- In 1972, a 40 bed Skilled Nursing Home was constructed and began accepting patients. It was constructed utilizing state and local funds.
- In 1981, the new 65 bed hospital was constructed and began accepting patients.
- In 1983, the old 49-bed hospital was renovated and converted into nursing home beds, bringing the total number of nursing home beds to 82. Since 1983, additions to the nursing home have been made, bringing the total number of beds to 120.
- In 1994, Winston County Medical Foundation, a 501(c)3 not for profit, leased the medical center from Winston County and began conducting business as Winston Medical Center.
- In 1995, a new addition to the radiology department added a Helical CAT Scanner to the services at WMC.

ABOUT THE HOSPITAL (continued)

- In 1999, a major renovation focused on the expansion of the emergency department and several ancillary departments. The 6000 sq. ft. addition included a new emergency department, a large outpatient center, new lobby, expanded laboratory services, respiratory services, and endoscopy services. In addition to the expansion, the old emergency area was completely remodeled, adding an additional 4 trauma beds.
- In 2013, a major renovation was conducted in the nursing home. It focused on modernizing the facility, adding a new wing to relocate existing rooms, adding a large dining area and expanding the outdoor recreational space for residents.

Winston Medical Center currently operates 27 acute hospital beds, a 14 inpatient geriatric psychiatric beds, a 120 bed long term care facility, a 24/7 Emergency Department, and two rural health clinics. To find out more about the comprehensive medical services for inpatient, outpatient, and long-term care at Winston Medical Center, please visit our website at www.winstonmedical.org.



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 Winston County.

Non-profit hospitals are required to conduct a community health needs assessment. These collaborative studies help health care providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

Winston Medical Center embraced this opportunity to listen carefully to those we serve and to utilize this input as a complementary activity to our strategic planning process.

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

The hospital's administrator developed a Hospital Assessment Steering Committee (the "Assessment Team"). The Assessment Team 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 Assessment Team will generate, prioritize, and select approaches to address community health needs. The appointed team members are listed below. Other members may serve on the Assessment Team as the work progresses.

Lee McCall, CEO
Paul Black, CFO
Nellie Darden, RN
Hugh Gay, Turning Point
Robert Higginbotham, Director of Radiology
Nancy Jordan, Nurse Practitioner

Lacey Vowell, Nursing Home Admin
Brandi Krajewski, Marketing Director
Angelee Mayo, WMC Dietitian
Elaine Porter, Purchasing Dept
Beverly Terry, Director of Nurses
Kathryn Taylor, Office Manager of WMC Clinic-Main Campus



COMMUNITY ENGAGEMENT AND TRANSPARENCY

We are pleased to share with our community the results of the Community Health Needs Assessment. The following pages highlight 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.



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: Primary data is that which is collected by the assessment team. It is data collected through conversations, telephone interviews, focus groups and community forums. This data was collected directly from the community and is the most current information available.

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

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

COMMUNITY FORUM

The following announcement/invitation was published in the *Winston County Journal* on October 9, 2013.



Community Health Planning Initiative

You are cordially invited to participate in a Community Forum to discuss the health needs of Winston County. We encourage participation in this forum and assisting Winston Medical Center in identifying and developing plans of action to address the healthcare needs of our community.

We look forward to seeing you there!

When:

October 15, 2013

5:30 – 6:30

Lake Tiak O'Khata

Light refreshments and Hors d'oeuvres served

INPUT FROM THE COMMUNITY

Through internal conversations at the hospital, one-on-one interviews with community leaders, dialogue with county representatives of the Mississippi State Department of Health, and the Assessment Team, much information was gathered which was influential in the development of the hospital's implementation plan. In addition, two of the most valuable data gathering opportunities were a Community Focus Group and a Community Forum.

The Community Forum and the Community Focus Group were greatly successful and well attended. The two events were held on the same evening. The Focus Group members, as well as members of the Assessment Team, attended the Community Forum and heard first-hand the concerns expressed by the community members.

Immediately following The Forum, the Focus Group met with the Assessment Team and prioritized the concerns they had heard earlier in the evening. Members of the Focus Group who had additional insight into the issues discussed earlier, and then offered their input to this important discussion.

The following day, the Assessment Team met to begin identifying health needs of the community and finding methods of connecting them to appropriate resources.

The participants in the Community Focus Group were:

Brandy Blanton, School Nurse
Frank Cooper, Community Leader
Dr. Paul Darby, Community Leader
Martha Dawn Parks, Community Leader
Jean Harper, Community Leader
Janice Hopkins, School Official with NAACP
Marcus Kincaid, Community Leader
Joseph McCain, Editor of Winston County Journal
Benjamin Pittman, Pastor
Juliette Reese, Mental Health
Mary Tabor, Pharmacist
Gloria Turnipseed, Board of Supervisors
Twyla Weeks, Assisted Living Owner

INPUT FROM THE COMMUNITY (continued)

The participants in the Community Forum and Focus meetings held at Lake Tiak-O'Khata were engaged and informative. The ideas from the evening's discussions, along with the compilation of data, provided the Assessment Team the knowledge base on which to build a plan to address many of the health needs of the community.

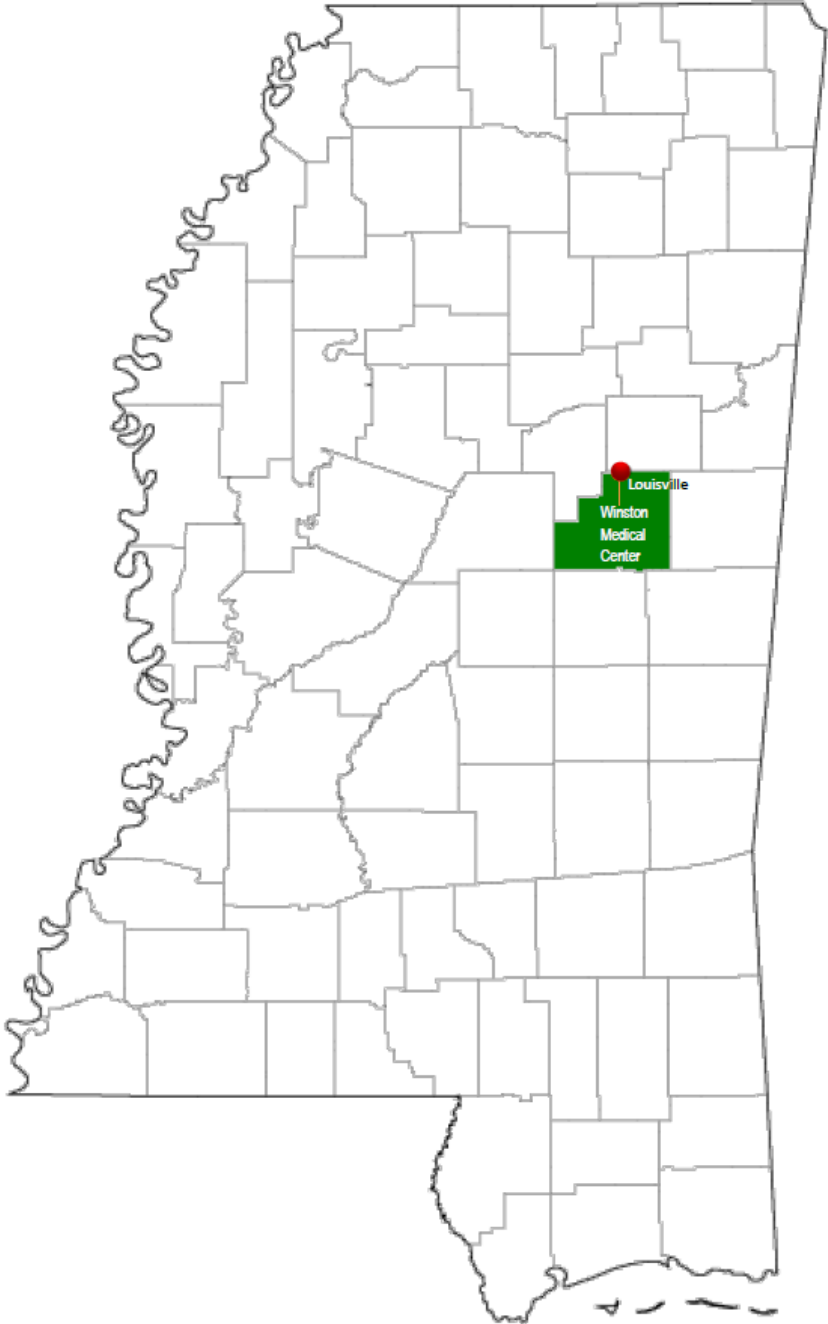


There were health needs identified that can be addressed and met by the hospital, and others that must be referred to other local organizations or health agencies. Several health improvement opportunities were identified where the hospital will try to act as a community catalyst for action, but are not part of the hospital's implementation plan.

ABOUT THE COMMUNITY

Winston County is located in east central Mississippi. As of the 2010 census, the population was 19,198. The county seat is Louisville. The county has a total area of 610.11 square miles, of which 606.97 square miles (or 99.49%) is land and 3.14 square miles (or 0.51%) is water.

WINSTON COUNTY, MISSISSIPPI



DEMOGRAPHICS

At the 2010 census, there were 19,198 people. According to 2012 estimates, the population had decreased by 0.9% to 19,029. There were 7,578 households and 5,471 families residing in the county. The population density was 33 per square mile. There were 8,472 housing units at an average density of 14 per square mile. The estimated racial makeup of the county in 2012 was 51.9% White, 46.0% Black or African American, 1.1% Native American, 0.2% Asian, and 1.0% of the population were Hispanic or Latino.

There were 7,578 households of which 33.50% had children under the age of 18 living with them, 49.90% were married couples living together, 18.10% had a female householder with no husband present, and 27.80% were non-families. Approximately 25.20% of all households were made up of individuals and 12.50% had someone living alone who was 65 years of age or older. The average household size was 2.59 and the average family size was 3.09.

Approximately 24.40% of the population was under the age of 18, 9.20% from ages 18 to 24, 26.10% from 25 to 44, 22.50% from 45 to 64, and 17.3% who were 65 years of age or older (Mississippi 65+ population is 13.5%). The median age was 36 years. For every 100 females there were 93.70 males. For every 100 females age 18 and over, there were 88.30 males.

The median household income was \$28,256, and the median family income was \$33,602. Males had a median income of \$28,665 versus \$18,210 for females. The per capita income for the county was \$14,548. About 19.40% of families and 22.8% of the population were below the poverty line (Mississippi was 21.6%), including 32.90% of those under age 18 and 18.90% of those age 65 or over.

PATIENT ORIGIN

Approximately 90% of the inpatients seen over the past twelve months reside in Winston County, Mississippi. Ninety three percent of all the patients seen from Winston County reside in the Louisville area. The majority of the other 10% of the patient population resides in the adjacent Mississippi Counties.

SERVICE AREA

Since almost 90% of all patients discharged in 2012 reside in Winston County and 92% of those patients reside in Louisville, the primary service area for this report will be considered Winston County with concentration of that targeted patient population centered in Louisville.

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

All rural areas in the U.S. are unique with extensive geographic and economic variations. When compared to urban populations however, rural populations are often characterized as: being older and less educated; more likely to be covered by public health insurance; having higher rates of poverty, chronic disease, suicide, deaths from unintentional injuries and motor vehicle accidents; having no or little access to transportation; and having limited economic diversity. All of these issues create challenges and opportunities to improve the health of those living in the rural South and they play a role in understanding some of the underlying causes associated with issues related to the rural health workforce, health services, and special populations. These unique population and health issues were taken into consideration as the Assessment Team evaluated health and wellness opportunities to address. Some can be approached through initiatives of the Medical Center and others will best be approached through a cooperative effort with local government, state agencies, churches, and volunteer programs.

OBESITY IN MISSISSIPPI

The cost to the state of Mississippi due to obesity in terms of our heart health, quality of life, healthcare costs and life spans is astronomical. Obesity contributes to heart disease, stroke, diabetes and a myriad of orthopedic conditions.

Over the past few decades, obesity has become a serious health care issue in the United States. The obesity rate for adults was 13 percent in 1962, it now stands at over two and half times that. Today, 17 percent of children are obese.

As a health condition, it costs the country nearly \$150 billion every year. But obesity is not just a health condition anymore, at least according to the American Medical Association. The nation's largest group of doctors voted in June 2013 to classify obesity as a disease.

Obesity has become the most important threat to the health of Mississippians and if left unchecked will overwhelm our healthcare system. Without action, what is now a ripple effect of negative health consequences will become a tidal wave of disease, disability and premature death.

Obesity predisposes us to a whole host of chronic diseases and it produces a ripple effect of negative health consequences: hypertension, heart disease, stroke, kidney disease, neurodegenerative disease, diabetes and even cancer. These conditions kill many Mississippians each year, and at a minimum, rob us of our quality of life.

OBESITY IN MISSISSIPPI (continued)

Obesity is harming Mississippi's children. Mississippi has the highest rate of childhood obesity in the nation. Nearly half of Mississippi children are overweight or obese. Children as young as eight years old are being treated for Type II diabetes and high cholesterol. This situation creates an environment where our children will be sicker and die younger than their parents.

However, the obesity rate for Mississippi's children has stabilized, but the same cannot be said of adults. A recent study shows that by 2030, 67 percent of Mississippi's adults are projected to be obese.

Adult Overweight and Obesity

Among Mississippi's adults age 18 and over

- 67.9% were overweight, with a Body Mass Index of 25 or greater
- 34.0% were obese, with a Body Mass Index of 30 or greater

Adolescent Overweight and Obesity

Among Mississippi's adolescents in grades 9 through 12

- 16.5% were overweight (85th and 95th percentiles for BMI by age and sex)
- 18.3% were obese (95th percentile BMI by age and sex)

Child Overweight and Obesity

Among Mississippi's children aged 2 years to less than 5 years

- 14.9% were overweight (85th to 95th percentile BMI-for-Age)
- 13.7% were obese (95th percentile BMI-for-Age)

Overweight and obesity are prevalent among all races, all adult age groups and both genders in Mississippi. National data suggests that overweight in children is pervasive and it has nearly doubled in the last 30 years.

Overweight and obesity increase the risk of developing coronary heart disease, hypertension, high cholesterol, Type 2 diabetes, and stroke. The relationship between increasing BMI above 25 has been shown to be especially strong for hypertension and Type 2 diabetes (JAMA 1999). Obesity is clearly an independent risk factor for coronary heart disease. For persons with a BMI of 30 or more, mortality from cardiovascular disease is increased by 50-100 percent.

OBESITY IN MISSISSIPPI (continued)

Weight loss in overweight and obese adults has been shown to reduce blood pressure levels, improve cholesterol levels, and lower blood glucose levels in those with Type 2 diabetes.

Dietary factors contribute substantially to the burden of cardiovascular disease (CVD) in the nation and in Mississippi. Food and nutrient consumption patterns affect multiple CVD risk factors including high blood cholesterol, hypertension, diabetes, and obesity. Excessive calorie intake coupled with physical inactivity leads to obesity. Excessive total fat, saturated fat, and cholesterol intake can raise blood cholesterol levels; and a high sodium intake can aggravate hypertension in susceptible persons. Finally, inadequate consumption of fresh fruits, vegetables, and whole grains reduces intake of fiber, potassium and numerous vitamins and minerals associated with reduced risk of heart disease.

HEART DISEASE AND STROKE IN MISSISSIPPI

Mississippi has the highest death rate from cardiovascular disease in the country. Heart disease is the No. 1 killer in Mississippi and in Winston County. In 2010, 7,542 people in Mississippi died of heart disease. Unfortunately, CVD kills more Mississippians than all forms of cancer combined.

Stroke is the No. 5 killer in Mississippi. In Mississippi, 1,520 people died of stroke in 2010.

Heart Disease and Stroke Risk Factors in Mississippi

<u>In Mississippi</u>	<u>In America</u>
26.0% Adults are current smokers	21.1%
40.0% Adults participate in 150+ min of aerobic physical activity per week	51.6%
68.9% Adults who are overweight or obese	63.5%
5.4% Adults who have been told that they have had a heart attack	4.4%
4.0% Adults who have been told that they have had a stroke	2.9%
4.6% Adults told that they have angina or coronary heart disease	4.1%
69.3% Population of adults (18-64) with some kind of health care coverage	78.9%
15.8% High school Students who are obese	13.1%

Disability and death from CVD are related to a number of modifiable risk factors, including high blood pressure, high blood cholesterol, smoking, lack of regular physical activity, diabetes, and being overweight. While it affects persons of all ages in Mississippi, CVD is the leading cause of death for persons age 75 and over.

Seventy-three percent of the population ages 60 to 79 have CVD compared to 40 percent of the population ages 40 to 59 (American Heart Association, 2010).

HEART DISEASE AND STROKE IN MISSISSIPPI (continued)

The No.5 killer in Mississippi is stroke, another disease greatly impacted by lifestyle. Hypertension, obesity, smoking and lack of exercise are typically associated with the health status of the stroke victim. Unfortunately, these lifestyle habits are prevalent in Winston County and the rural South in general.

There are nine areas of lifestyle and disease related problems that are significant factors in the higher levels of heart disease and stroke in Mississippi. They are:

Physical Inactivity	Obesity
Improper Nutrition	Abnormal Cholesterol
Tobacco Use	Diabetes
Socio-cultural Factors	Acute Event
Hypertension	

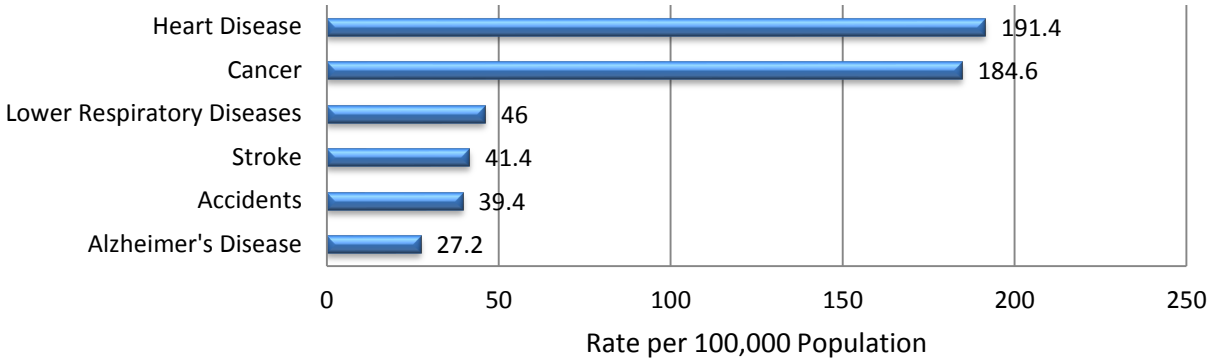
LIFESTYLE AND DISEASE

Lifestyle diseases are illnesses that potentially can be prevented by changes in diet, environment, physical activity and other lifestyle factors. These are diseases such as: heart disease, stroke, obesity, diabetes and some types of cancer.

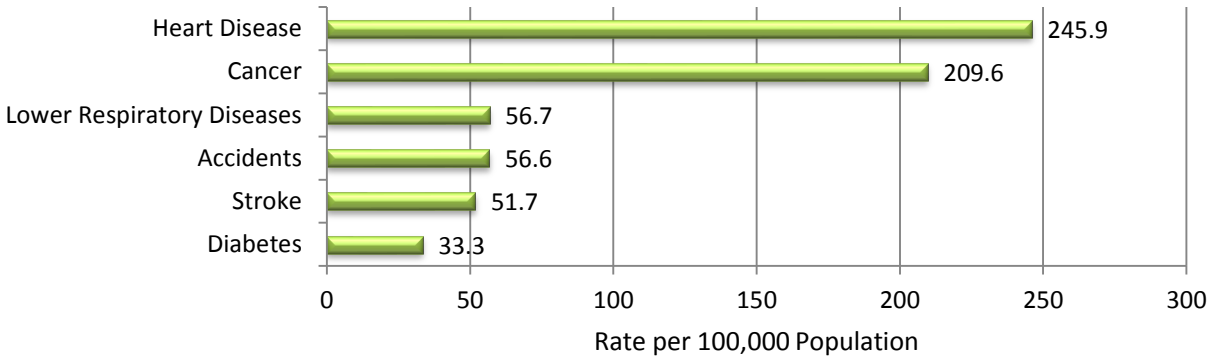
In Winston County, the three major diseases that result in the top six causes of deaths are lifestyle diseases. They are heart disease, cancer and diabetes. Accidents, although not a disease, can be lifestyle related, especially motor vehicle accidents. Accidents are the fourth largest cause of death in the County.

This is why the CHNA Assessment Team has chosen to address several educational and lifestyle initiatives to assist in lowering the incidence of these diseases. The initiatives are outlined later in the report under the strategic actions section.

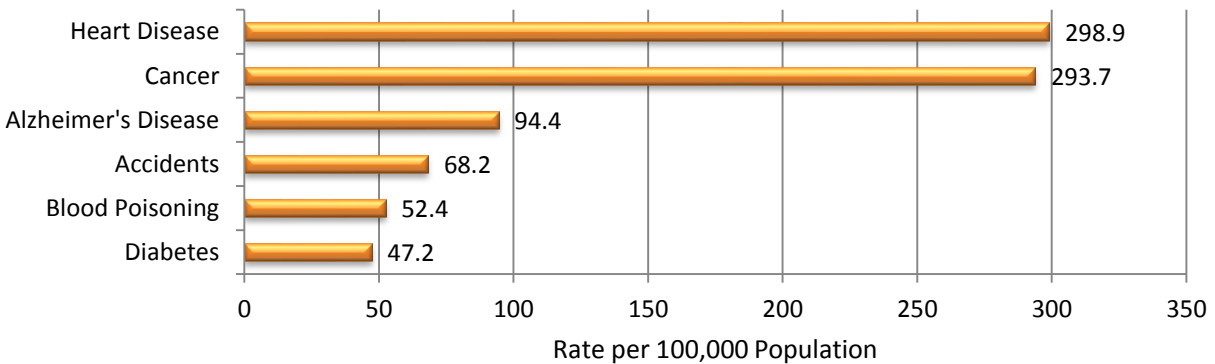
United States Leading Causes of Death 2011



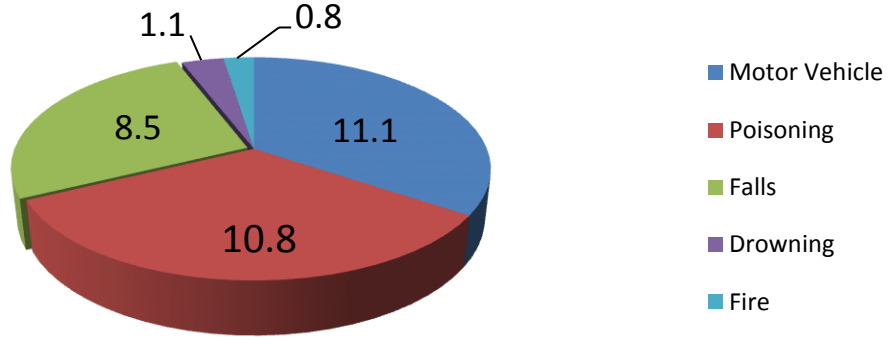
Mississippi Leading Causes of Death 2011



Winston County, MS Leading Causes of Death 2011

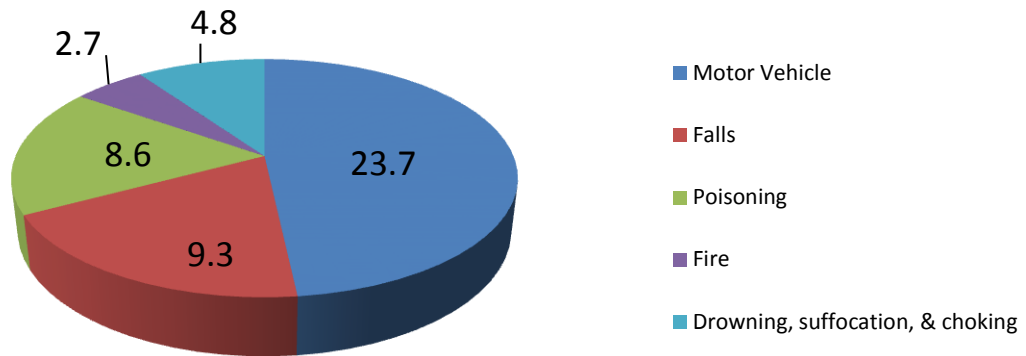


U. S. Accidental Deaths 2011



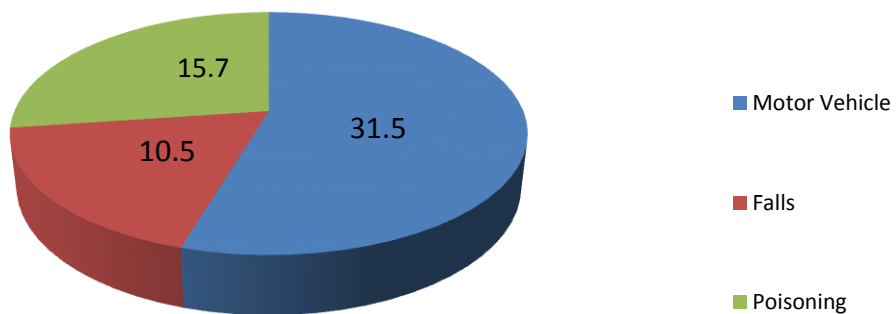
Rate per 100,000 Population

MS Accidental Deaths 2011



Rate per 100,000 Population

Winston County Accidental Deaths 2011



Rate per 100,000 Population

CLOSING THE GAP

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

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease. Prevention is very cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Education related to nutrition was emphasized because of the link between obesity and so many chronic health conditions. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socioeconomic groups.

PRIORITIZATION

The Assessment Team understood the facts the primary and secondary data communicated in reference to the health of the citizens of the primary service area of Winston County.

- The County exceeds the U.S. and State in rate of deaths from heart disease.
- The County exceeds the U.S. and State in rate of death from cancer.
- The County exceeds the U.S. and State in rate of deaths from accidents.
- The County significantly exceeds the U.S. and State in rate of deaths from Alzheimer's.

A smaller non-urban hospital cannot provide the same level of care in the treatment of chronic disease as a larger acute care hospital. The local community hospital can, however, work in concert with acute care hospitals to assist patients in their access to an acute care delivery system.

Winston Medical Center can be the catalyst for community health education, prevention, and enhancement of community wellness activities. It can be invaluable in providing its community with the health resources for making wiser health and lifestyle decisions, thus being the major player in disease prevention.

PRIORITIZATION (continued)

The Assessment Team 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.

Six strategic actions that will address major health issues of the county were developed. The strategies will seek 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. Winston Medical Center is proud to have been the catalyst in this effort. However, to address some of the needs identified will require expertise and financial resources far beyond what a small community hospital can provide.

Many of the lifestyle habits of residents of rural southern states negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our county. Winston Medical Center has identified six significant initiatives it will undertake over the next three years. These collaborative projects should help improve the health and overall quality of life in our community. Each project is described in detail in the following section of this report.

There are other health and wellness opportunities identified during the research portion of the CHNA. These possibilities will be considered as we develop our strategic action plans over the next three years.



CHNA Strategic Action:

ALZHEIMER'S AWARENESS, EDUCATION, AND SUPPORT IN WINSTON COUNTY

According to the Mississippi State Department of Health, since 2003 Alzheimer's disease continues to be the 4th leading cause of death in Winston County. Alzheimer's has accounted for an average of 18 deaths per year over the last 5 years, which is an increase from an average of 14 over the last 10 years. This determination of cause of death is made by either the patient's physician or the Winston County Coroner and is based on information from the patient's medical chart, or history that is obtained from the family at the time of death.

Target Population: The population most affected by Alzheimer's disease is older adults in the 65 and older age range, and would be the target population for early detection and education. However the caregivers, which are the target population for education and support, range widely from 20 years of age and above, as the caregivers can be anyone from grandchildren to spouses.

Goal/Desired Outcomes: WMC's goal is to partner with the established Alzheimer's support group and assist that group to grow and spread. We plan to offer our services of providing various presentations regarding general facts about Dementia, treatment, prognosis, and managing behaviors associated with it, along with information obtained from the Alzheimer's Association. To grow the group, we plan to involve churches in the community by offering them information on the support group and encouraging each pastor to encourage anyone in his congregation that is dealing with Dementia to take advantage of this resource. We would also like to advertise the group via our current radio spots, Facebook, and Website (Virtual Wellness Center). After establishing WMC with this group and hopefully growing this group, we plan to be able to better assess the true needs of the caregivers in our community and work to provide a service that is tailored to meet their needs and offer resources to their advantage. In time, this group could be moved to WMC, which would provide a neutral location and establish WMC as an integral part of this resource.

ALZHEIMER'S AWARENESS, EDUCATION, AND SUPPORT IN WINSTON COUNTY (continued)

Process/Time Frame/Location: The Alzheimer's Support Group has been suspended until the end of the year due to the Holidays. We will plan to get involved with this in January when the group begins meeting again at First Presbyterian Church. We would like to transition this group to WMC so that it can be a service offered by WMC, which would allow ease of resource utilization from WMC, and establish a neutral place to meet. By the end of 2014, WMC should be established well enough with this service to begin determining caregiver needs and what resources are available to help meet those needs.

Measure of Success: Growth of the group and participation of community members.

Cost/Funding/Human Resource – Other Resources: Some information can be obtained through the Alzheimer's Association. The only other expenses would be printed information, advertising, man hours, and refreshments (if the group is moved to WMC).

Collaborative Partners: Local Alzheimer's Support Group, First Presbyterian Church, Alzheimer's Association, and other local churches in the community.

CHNA Strategic Action:

HUNTING ACCIDENT PREVENTION IN WINSTON COUNTY



This strategic action will be implemented in combination with MVA accident prevention to help decrease the number of accidental deaths in Winston County. This is currently the 3rd leading cause of death in Winston County.

Target Population: Our target population would be youth to older adults, with the emphasis being on our youth.

Goal/Desired Outcomes: Through education of standard safety practices for hunting in general, as well as tree stand use, and provision of Hunter Education Classes, decrease the number of hunting accidents/deaths in Winston County.

Process/Time Frame/Location: Contacts will be made in regarding obtaining information about licensing, etc. by the end of 2013. In 2014, we would like to work towards getting someone licensed to teach the Hunter's Education Class and secure our venue for teaching classes. We would like for this class to be a service offered by WMC and can be provided at WMC periodically, as well as joining with local schools to provide this class at their facilities if desired. Currently only one school in Winston County provides this class and it is not currently provided to the general public.

Measure of Success: Measurable decrease in the amount of injuries/deaths associated with hunting accidents. Increase in the number of hunting licenses obtained and participation in Hunter's Education Class (youth and Adult).

Cost/Funding/Human Resource – Other Resources:

Cost: Certification of someone to provide the Hunter's Education Class.

Funding: Central Mississippi Trauma Region, YPI Grants from MS Dept. of Wildlife Fisheries and Parks, and Super Fund Funds from the National Wild Turkey Federation.

Collaborative Partners: Mississippi Dept. of Wildlife Fisheries and Parks, National Wild Turkey Federation, Central Mississippi Trauma Region, and local schools.

CHNA Strategic Action:

PHYSICIAN RECRUITMENT

During the Community Forum and Focus Group session, it was mentioned several times that our community needs more physicians and increased access to primary care.

Target Population

Winston County and Surrounding Communities

PHYSICIAN REQUIREMENTS – WINSTON MEDICAL CENTER

WMC defines its core medical service market in the zip codes 39339 and 39346 in Winston County.

In addition, physicians at WMC provide care for patients in the surrounding three zip codes (39341, 39108, 39350), which include an additional 35,000 people.

WMC's catchment area includes all of Winston County, approximately 10,000 in zip codes 39341 (east) and 39108 (west) and approximately 5,000 in 39350 (south).

WMC reports that it currently has a limited number of FTE physicians in its service area, the majority of which are primary care. The list below indicates current physician supply in the hospital's service area.

Current Physician Supply in Winston Medical Center's Service Area

Family practice	7 FTEs (3 family physicians, 5 nurse practitioners)
Obstetrics/gynecology	.20 FTE
General surgery	.20 FTE
Cardiology	.05 FTE
Pain management	.05 FTE
Nephrology	.20 FTE
Psychiatry	.60 FTE

PHYSICIAN RECRUITMENT (continued)

A physician economic model was used to determine that this population could support approximately 50 physicians per 100,000 population, which in WMC's service area is 15 physicians and physician equivalents, such as nurse practitioners (NPs) and physician assistants (PAs) (generally counted as 0.80 physician FTEs). Of these 15, nine physicians would service the core area of Winston and another six physicians would serve the rest of the catchment population. At least half would be primary care providers, mainly family physicians.

In Mississippi overall, there are 153 patient care physicians per 100,000 population, of whom 12 are pediatricians and six are obstetrician/gynecologists. Adjusting for the smaller overall density of physicians in the WMC area, this suggests that, among the 15 physicians who could potentially serve the defined area, the potential exists for one pediatrician and for a 0.50 FTE obstetrician gynecologist.

CONCLUSION

This information offers a baseline of the number and types of physicians the WMC service area can support. Local conditions, including the age and career plans of current medical staff, population trends, and related factors must also be considered.

The Model takes note of the small population and low population density of WMC's service area. Based on comparisons with similar areas, the Model indicates that WMC's service area can support as many as 15 physicians, either full-time, as NPs or PAs (at 80% of a physician FTE) or as part-time physicians. Approximately half would be expected to be primary care physicians, principally family physicians, but there is also capacity for one pediatrician and a 0.50 FTE obstetrician/gynecologist, a 0.50 FTE general surgeon and lesser time commitments in cardiology, orthopedic surgery and other major specialties, either within the service area or upon referral to centers out of the area. Physician capacity in WMC's service area is indicated below.

Demand-Based Physician Capacity in Winston Medical Center's Service Area

Primary care	8 to 9 FTEs, to include 1 FTE pediatrician and .50 FTE obstetrician/gynecologist
General surgery	.50 FTE
All other	6 to 7 FTEs spread over all other major specialties with time commitments of less than .50 FTE

PHYSICIAN RECRUITMENT (continued)

Goal/Desired Outcomes

- Recruit 3 Primary Care Physicians.
- Open 3 Rural Health Clinics.
- Recruit 2 – 3 Nurse Practitioners.
- WMC currently has 3 existing primary care physicians that are reaching the retirement age. As those physicians draw closer to retirement, the goal would be to recruit a replacement physician for each physician who retires.
- The goal is to have 5 to 6 primary care physicians in Winston County.
- WMC is developing an affiliation with University of Mississippi Medical Center in Jackson, MS. WMC will be able to provide access to specialists through Telemedicine. The initial programs that will be offered are Tele-Stroke and Tele-Cardiology.

Process/Time Frame/Location

- WMC is actively recruiting for primary care providers. There are two primary care physicians in residency that have been retained with one beginning his practice in the summer of 2014 and the other in 2016. WMC has engaged two recruiting firms for additional primary care candidate searches.

Measure of Success

- Two (2) additional primary care physicians to start practice in 2015.
- WMC to have 3 clinic locations open by 2015.
 - Winston Medical Clinic, Main Campus: acquired and open as of July 1, 2013
 - Winston Medical Clinic, Noxapater: to be opened December 2013
 - Winston Medical Clinic, Highway 25 Bypass: to be opened by 2015
- Additional nurse practitioners will be hired on an as-need basis.

PHYSICIAN RECRUITMENT (continued)

Cost/Funding/Human Resource – Other Resources

- Approximate cost per physician in the first year (includes salary, recruitment fees, sign on bonus, student loan reimbursement and any incidentals) \$500,000.
- Expansion of Winston Medical Clinic, Main Campus (needed to accommodate additional physician and nurse practitioner): \$650,000.
- Opening cost of Winston Medical Clinic, Noxapater (construction, furnishings, etc): \$400,000.
- Opening cost estimated of Winston Medical Clinic, Hwy 25: \$750,000.
- 5 jobs to be created at the Noxapater Clinic, 5 jobs at the Hwy 25 location, and 5 jobs at the Main Clinic location.
- UMC Tele-Health Services fees will be around \$30,000 for Tele-Stroke and Tele-Cardiology.
- Outpatient Surgery Center construction is estimated at six million.

Collaborative Partners

- University of MS Medical Center.
- Winston County.
- Winston Medical Center Medical Staff.



CHNA Strategic Action:

GET THE COUNTY WALKING

WMC will promote exercise as a means of a healthier lifestyle for our community by advocating use of available walking trails in the county and exploring the possibility of our own walking track on campus.

Target Population

This program will focus on reaching the entire county. It is our goal to make sure our employees have a great place to exercise and encourage all Winston County residents to utilize available walking trails close to their home or work.



Goal/Desired Outcomes

The program's goal is to educate about the importance of exercise and encourage wellness activities for all Winston County residents.

Process/Time Frame/Location

WMC will utilize our "Wellness for Winston" logo and incorporate a "Walking in Winston" component to complement each other. Educational events will be recorded and made available on our website and via our Facebook page for the community to be reminded of all

GET THE COUNTY WALKING (continued)

the local areas that are available as walking trails. We also hope to build partnerships with local industries to include information on paycheck stubs about the importance of daily exercise. We plan to have someone on our campus head up a walking group for our employees. We also want to utilize advertising in the local newspaper and on the local radio station to promote walking at all of our areas walking trails.

Measure of Success

WMC plans to measure success by documenting the number of times our website educational video is viewed, and by the number of industries willing to partner with us in providing information to their employees. We will also measure the number of our employees who participate in our walking group.

Cost/Funding/Human Resource

There will be costs involved in the monthly educational event that will be recorded and shared via our website and Facebook page. There will be some human resources needed to get these projects done. We will need advertising money to run ads via newspaper and radio to help promote "Walking in Winston". We will also need funds to have displays built and informational flyers put into local grocery stores. In our long range planning, we will need funds to provide both an indoor and outdoor walking track within our actual Wellness Center.

Collaborative Partners

Key partners we hope to include are the local industries.

CHNA Strategic Action:

HEALTHIER YOUTH THROUGH NUTRITION AND EXERCISE

WMC wants to inspire the youth in our County to engage in healthier lifestyles through nutrition and exercise. In order to promote healthier lifestyle choices, WMC wants to ensure that the young people in our community are educated and given role models to teach them proper nutrition and exercise so that the current causes of death can be decreased as this younger population ages.

Target Population

This program will focus on reaching all young people to help prepare for a healthier future for Winston County residents.

Goal/Desired Outcomes

The program's goal is to educate and provide good examples about the importance of nutrition and exercise to promote wellness for the youth of Winston County.

Process/Time Frame/Location

WMC will utilize our "Wellness for Winston" logo and incorporate partnerships with current youth programs. Educational events will be recorded and made available on our website and via our Facebook page for the community to help parents be as informed as possible about healthy diet and exercise for the entire family. We hope to build partnerships with local youth programs to help ensure that healthy snacks are provided at various sporting events. We would like to promote play and exercise as a healthy activity for families. Utilizing the items identified in our Wellness Center Plan and Get the County Walking Plan, we want to clearly target areas of those programs to provide fun and appealing options that will encourage our youth to choose a healthful lifestyle.

Measure of Success

WMC plans to measure success by documenting the number of times our website educational video is viewed, and by the number of current youth programs that will partner with us in an active way. We will also measure the number of flyers taken from our displays at local grocery stores.

HEALTHIER YOUTH THROUGH NUTRITION AND EXERCISE (continued)

Cost/Funding/Human Resource

There will be costs involved in the monthly educational event that will be recorded and shared via our website and Facebook page. There will be some human resources needed to get these projects done. We will need advertising money to run ads via newspaper and radio to help promote active family activities. We will also need funds to have displays built and informational flyers put into local grocery stores. In the long range plans, we will need funds to have youth activities planned and promoted at our Wellness Center.

Collaborative Partners

Key partners we hope to include are local youth programs, local industries and local grocery stores.



CHNA Strategic Action:

WELLNESS CENTER

WMC will initially promote a virtual wellness center with future plans to operate a Wellness Center that provides a wide variety of education and resources for healthy lifestyles in our County.

Target Population

This program will focus on reaching the entire county. It is our goal to make sure our employees are educated and know the available resources so that they can help us effectively communicate with Winston County residents about new programs that are offered.

Goal/Desired Outcomes

The goal is to provide education and access to healthy lifestyle opportunities along with promoting wellness for all of Winston County.

Process/Time Frame/Location

WMC will incorporate under the umbrella of “Wellness for Winston” a strategic plan for:

- 1) Get the County Walking
- 2) Healthier Youth through Nutrition and Exercise.

WMC will continue to host our annual Health Fair to provide screenings and promote healthy lifestyle choices. We will also plan to start in early 2014, a monthly educational event on our campus which will include an opportunity for weigh in and BMI measurements. These educational events will be recorded and made available on our website and Facebook page for the community. We plan to pursue a partnership with our local grocery stores and provide healthy choice food lists in a prominently displayed area of those stores. We also hope to build partnerships with local industries to include information on paycheck stubs about the opportunities we plan to make available to our county.

Measure of Success

WMC intends on measuring success by documenting the number of attendees at the annual health fair, a monthly count of the number of times our website educational video is viewed, and by the number of flyers taken from displays in local grocery stores. In addition, we will measure success by the number of industries willing to partner with us in providing information to their employees.

WELLNESS CENTER (continued)

Cost/Funding/Human Resource

Initially, our costs will include funds needed for the annual Health Fair and the monthly educational event that will be produced on WMC's website and Facebook page. There will be some human resources needed to get these projects done. We will also need funds to have displays built and informational flyers put into local grocery stores. In our long range planning, we want to obtain funding for buying or constructing a permanent Wellness Center. Our long term goal is to provide education and resources under our "Wellness for Winston" umbrella for obesity, diabetes, cancer, Alzheimer's, senior activities, drug and alcohol abuse along with sexual and domestic abuse help.



Collaborative Partners

Key partners WMC hopes to include are the local grocery stores and local industries. Our partners will also include the City of Louisville, Town of Noxapater, Community of Naniah Waiya, and the Winston County Board of Supervisors.