



# WINSTON MEDICAL CENTER CHINA REPORT

DECEMBER 2016

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## EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Winston 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 Winston Medical Center's (WMC) 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 September, October, and November 2016.

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



The response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years. Because our community was the victim of a devastating storm in April 2014, we had to refocus our immediate and daily priorities. The powerful tornado rendered our hospital facilities unusable. Therefore, many of our initiatives were put on hold while we operated in emergency mode as we regrouped to bring quality healthcare to our service area in temporary facilities. For more details on the tornado and the impact on Winston Medical Center and our community, please visit our website.

In this report, we also discuss the health priorities that we will focus on over the next three years. The CHNA report is available on the hospital's website, [www.winstonmedical.org](http://www.winstonmedical.org) or a printed copy may be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to be a part of this community. Our hospital is rebuilding to be even better and to serve our community in many new ways. Your opinions matter. Your input and support over the past few years, as we have been rebuilding, have been extremely valuable and reaffirming. We look forward to working with you to improve the overall health of those we serve.

Paul Black, CEO  
Winston Medical Center

# ABOUT THE HOSPITAL

## 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

## WINSTON MEDICAL CENTER

Winston Medical Center, a full-service facility, serves as Winston County's only acute-care medical facility. It provides a wide range of medical services and state-of-the-art technology to our community. Winston Medical Center has been serving the community's healthcare needs since 1958. Established under the name of Winston County Community Hospital, the East Main facility replaced the Louisville Hospital located in downtown Louisville. With the use of Hill-Burton, state and local funds, the hospital began accepting patients on Oct 1, 1958. 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.

However, in April of 2014, a devastating tornado ripped through Winston County destroying much of the hospital complex and ancillary buildings at the East Main facility. This major storm rendered the hospital buildings unsafe and nonfunctional.



On April 1, 2015, a transitional hospital opened its doors which marked a milestone in the community's recovery from the major life disruption of the tornado. The transitional hospital replaced the tent-based temporary hospital that was in use since the disaster.

The transitional hospital was constructed by Michigan-based Johnson Portables, a company that specializes in medium-term medical facilities for disaster relief.

The interim facility, which is located at 923 S. Church Avenue, is scheduled to be operational until May 1, 2017 when Winston Medical Center will begin seeing patients in the rebuilt facility on the site of the original hospital on East Main.

Currently, most of the previous critical health services have been restored, including ER services, mammography, and CT scans, etc. Two important services currently functional are:



- The Turning Point, an inpatient mental health program, which addresses the emotional and behavioral needs of adults 55 and older. Through a combination of therapies, education, and medication evaluation, Turning Point encourages patients to regain as much independence as they can and lead the fullest life possible.
- Winston Medical Center Swing Bed Unit, which provides skilled care for persons who require ongoing hospital care as they transition from acute care to their own home. This allows a person to transfer to Winston Medical Center Hospital where they can be closer to their home, family and friends.

In addition, Winston Medical Center has four clinics that are operating and a long term care facility. A list of current available services can be found on the website [www.winstonmedical.org](http://www.winstonmedical.org).



# COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Winston 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. During this period of “reconstruction” in our community and county, this exercise in collaborating and listening has been especially helpful and healing.

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 HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

Paul Black, *CEO*

Kevin Adams, *Dietary Director*

Nellie Darden, *RN*

Debbie Fryery, *Director of Clinic Operations*

Hugh Gay, *Director of Turning Point*

Robert Higginbotham, *Director of Radiology*

Octavious Ivy, *COO*

Koon, *Director of Nurses*

Brandi Krajewski, *Marketing Director*

Heather Ming, *Purchasing Director*

Emily Perkins, *Nurse Practitioner*

Lacey Vowell, *Nursing Home Administrator*

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## COMMUNITY INPUT



### COMMUNITY FOCUS GROUP

A community focus group was held at Winston Medical Center on Wednesday, September 14, 2016. 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.

Michael Ard, MD\*

Mike Childs, *Pastor of First United Methodist Church\**

Mike Dowd, *Local Pastor, Winston Strong Coordinator*

Will Hill, *Mayor*

Dustin Gentry, MD\*

Adam Levin, *Community Consoling Services*

Faye Lynn, *Winston County Health Department*

Anthony McIntosh, *Pastor*

Luke Parks, *President of Board of Supervisors*

Rex Rousanville, *Quality Hospice Owner*

\* *Unable to attend*

# ABOUT THE COMMUNITY

## WINSTON COUNTY

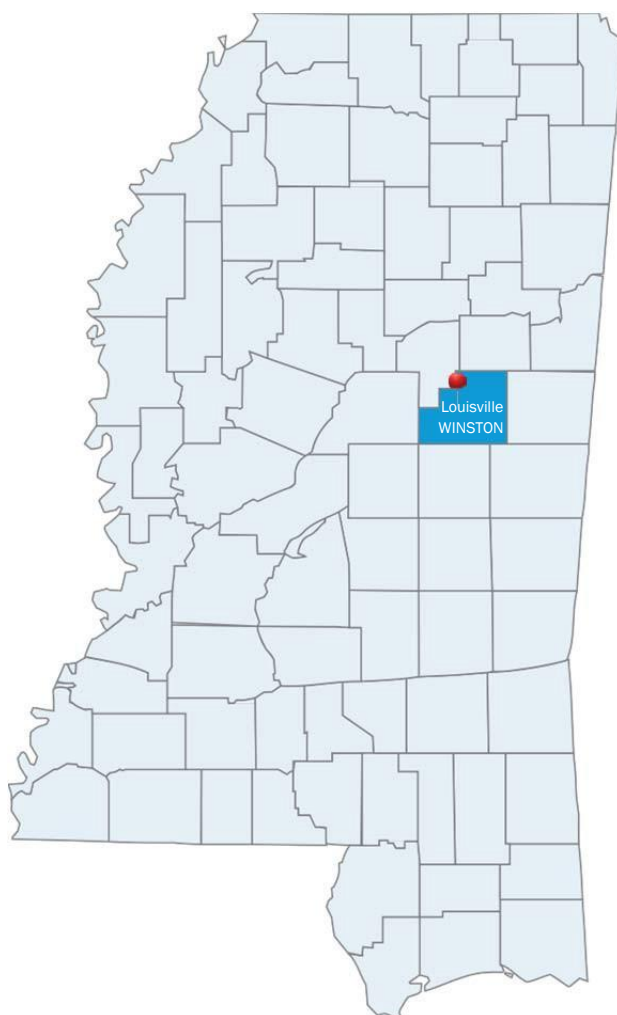
Winston County is located in central Mississippi, bordered by Noxubee County on the east and Attala County on the west. The county seat is Louisville, which is also the largest city. The county has a total area of 610.11 square miles of which 606.97 square miles (or 99.48%) is land and 3.14 square miles (or 0.52%) is water. There are two incorporated communities: Louisville and Noxapater. In addition there are two unincorporated communities. Winston County is a predominantly rural county.

## DEMOGRAPHICS

As of the census of 2015, the population of Winston County was 18,317, which is a decrease of 4.6% since 2010. The largest city is Louisville with a population of 6,314. The majority of the county's residents live in rural areas of the county. Per the 2010 census, there were approximately 7,658 households, which is comprised of 69.4% married couples living together, 17.7% female householder with no husband present, and 30.6% non-families. The average household size was 2.40 and the average family size was 3.06.

In the county the population was spread out with 23.7% under the age of 18, 58.3% from 18 to 64, and 18.0% who were 65 years of age or older. The state percentage of people over 65 is 14.7%. The median age was 41.5 years, 5 years higher than the state's. The racial makeup of the county was 51.2% White, 46.5% Black, and 2.3% other races.

The median household income was \$33,969 in the county. The state's median household income was \$39,464. About 26.3% of families and 30.3% of the population were below the poverty line, including 18.0% of those under age 18 and 4.5% of those age 65 or over. The state percentage was 21.5%.





## PATIENT ORIGIN

Approximately 82.9% of the 281 inpatients seen over the past twelve months reside in Winston County, Mississippi. Sixty-five percent of all patients seen reside in Louisville. An additional 5.7% of all patients reside in border counties: Oktibbeha, Noxubee, Neshoba, Kemper, Choctaw, and Attala. The remaining patient population (11.4%) represents a variety of locations outside the primary service area.

## SERVICE AREA

Since 82.9% of inpatients reside in Winston County and 70.8% of those patients reside in two communities, the primary service area is considered Winston County with concentration of the 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 little or no 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 Steering Committee evaluated health and wellness opportunities to address. Some can be approached through initiatives of the hospital and others will best be approached through a cooperative effort of local government, state agencies, churches, volunteer programs and the hospital.



## 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 (Coakley, Must, Spadano, 1999).

Over the past few decades, obesity has become a serious healthcare 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 greatest 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.

The uncontrolled epidemic of obesity is wreaking havoc on our state. One out of every three adults in Mississippi is considered obese. Obesity predisposes 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 contribute to the death of many Mississippians each year and, at a minimum, decrease our quality of life.

Obesity is hurting Mississippi's economy. An obese person generates 40 percent more in medical costs per year than a non-obese person. In 2008, Mississippi spent \$925 million in healthcare costs directly related to obesity. If the trend continues, obesity-related healthcare costs will be \$3.9 billion by 2018. Obese adults miss work more often than other workers, impacting productivity. As a result, obesity hurts Mississippi's business competitiveness and ability to attract new industry.

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 2 diabetes and high cholesterol. This was unheard of just a decade ago. The idea that children will be sick and die younger than their parents is not acceptable.

While the obesity rate for Mississippi's children has stabilized, 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.

## HEART DISEASE AND STROKE IN MISSISSIPPI

Mississippi has the highest death rate from cardiovascular disease (CVD) in the country and heart disease is the No. 1 killer in Mississippi. In 2014, 7,539 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, 1,587 people died of stroke in 2014.

## HEART DISEASE AND STROKE RISK FACTORS IN MISSISSIPPI

In Mississippi		In America
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 who have been told that they have angina or coronary heart disease	4.1%
69.3%	Population of adults (18-64) who have some kind of healthcare 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 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 (Older Americans & Cardiovascular Diseases, 2016).

The No. 5 killer in Mississippi and the No. 4 killer in Winston County 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 the rural south.

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

## LIFESTYLE AND DISEASE

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

In Winston County, the three major diseases that result in the most deaths are lifestyle diseases. They are heart disease, cancer and stroke.

This is why the CHNA Committee has chosen to address educational and lifestyle initiatives to assist in lowering the incidence of these diseases. The initiatives are outlined later in the report under the implementation plan.

## RURAL HEALTH DISPARITIES

Although the term *disparities* is often interpreted to mean racial or ethnic disparities, many dimensions of disparity exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. *Healthy People 2020*, a federal project of the Office of Disease Prevention and Health Promotion, strives to improve the health of all groups.

*Healthy People 2020* defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion.”

Over the years, efforts to eliminate disparities and achieve health equity have focused primarily on diseases or illnesses and on healthcare services. However, the absence of disease does not automatically equate to good health.

Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as *determinants of health*.

For all Americans, other influences on health include the availability of and access to:

- High-quality education
- Decent and safe housing
- Culturally sensitive healthcare providers
- Clean water and non-polluted air
- Nutritious food
- Affordable, reliable public transportation
- Health insurance

According to an article published in December, 2014, by *Business Insider*, for the third year in a row, America's Health Rankings, an annual accounting of Americans' health, has found that Mississippi is the least healthy state in the US (Friedman, L., 2014).

Since the rankings began in 1990, Mississippi – which has high rates of obesity and diabetes, low availability of primary care, and high incidence of infectious disease – has always ranked among the bottom three. Hawaii – which has low rates of obesity, smoking, cancer deaths, and preventable hospitalizations – has always been among the top six.

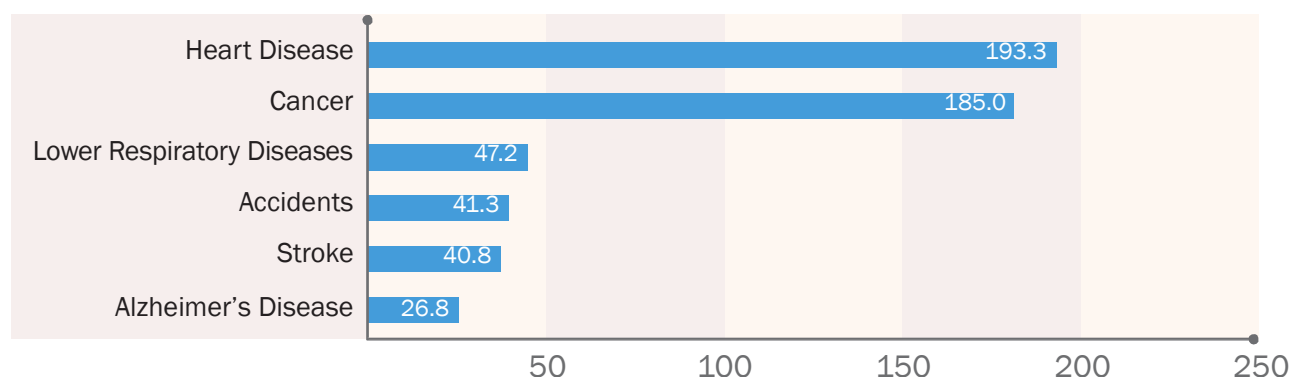
The rankings are funded by the United Health Foundation and are based on data from the Centers for Disease Control and Prevention, the American Medical Association, the Census Bureau, and other sources. They take into account 27 distinct measures including rates of smoking, obesity, drug deaths, education, violent crime, pollution, childhood poverty, infectious disease, and infant mortality.

Overall, the rankings showed progress in some areas and not in others. The 2014 analysis found increases from the previous year in obesity and physical inactivity and decreases in infant mortality and smoking rates.

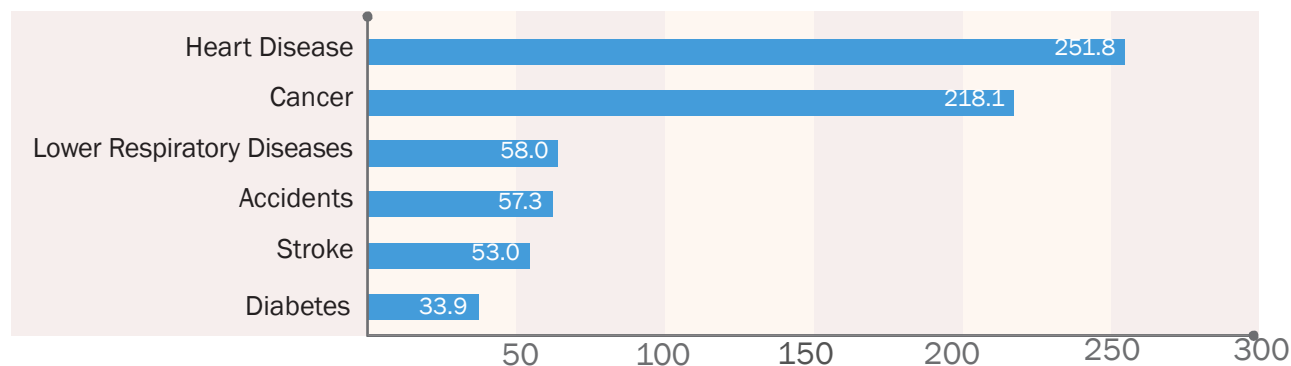
In the past 25 years, there have been some notable changes. Since 1990, there have been major reductions in infant mortality (down 41%), death from heart disease (down 38%), and premature death (down 20%). In 1990, 29.5% of Americans smoked; in 2014, 19% smoke, though smoking remains “the leading cause of preventable death in the country,” a press release noted. Unfortunately, in that same time period, rates of diabetes and obesity have more than doubled. There has also been an 8% decline in cancer mortality since its peak in 1996. Cancer is the second leading cause of death in the US (heart disease is number one), and 2014 saw an estimated 1.6 million new diagnoses.

# LEADING CAUSES OF DEATH 2014\*

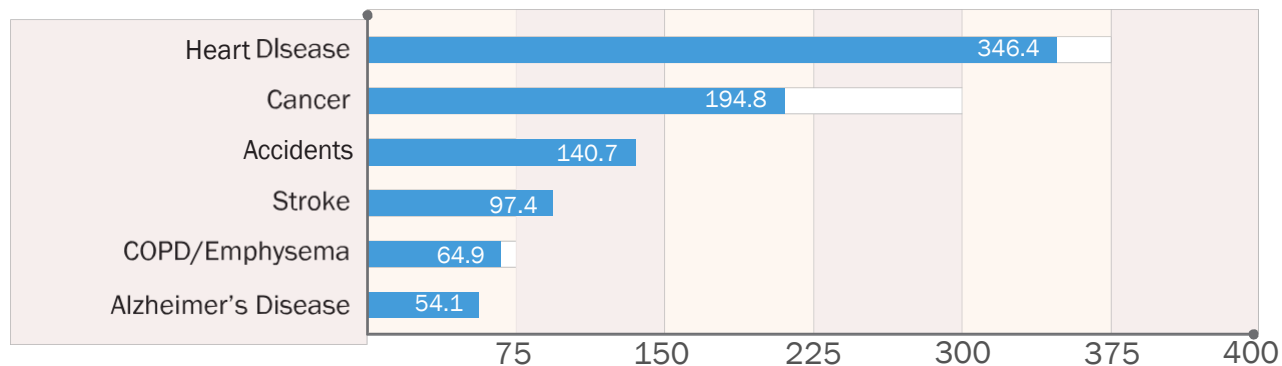
## UNITED STATES (2013)



## MISSISSIPPI



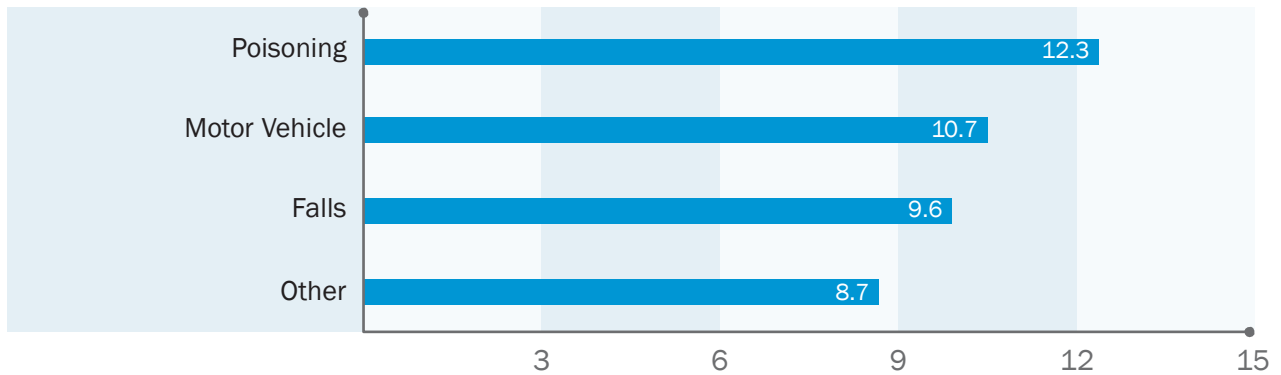
## WINSTON COUNTY, MISSISSIPPI



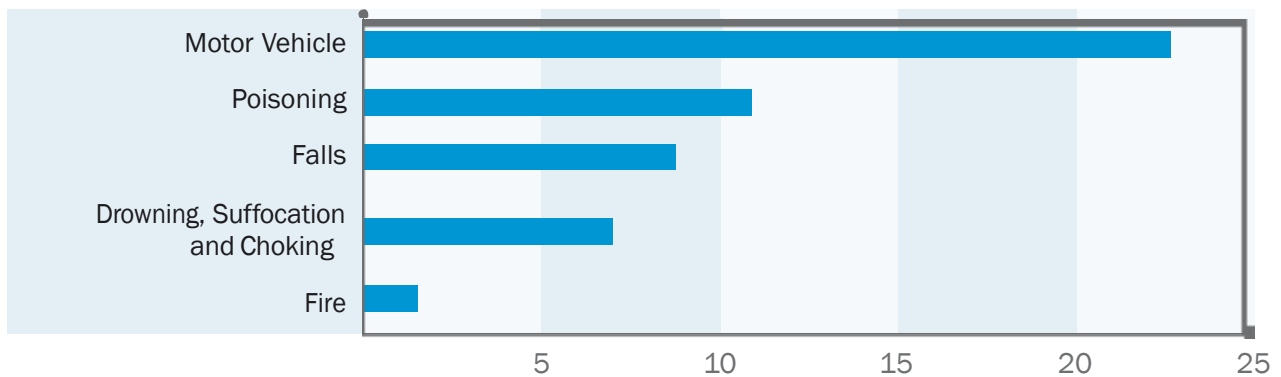
\* Rate per 100,000 Population

# ACCIDENTAL DEATHS 2014\*

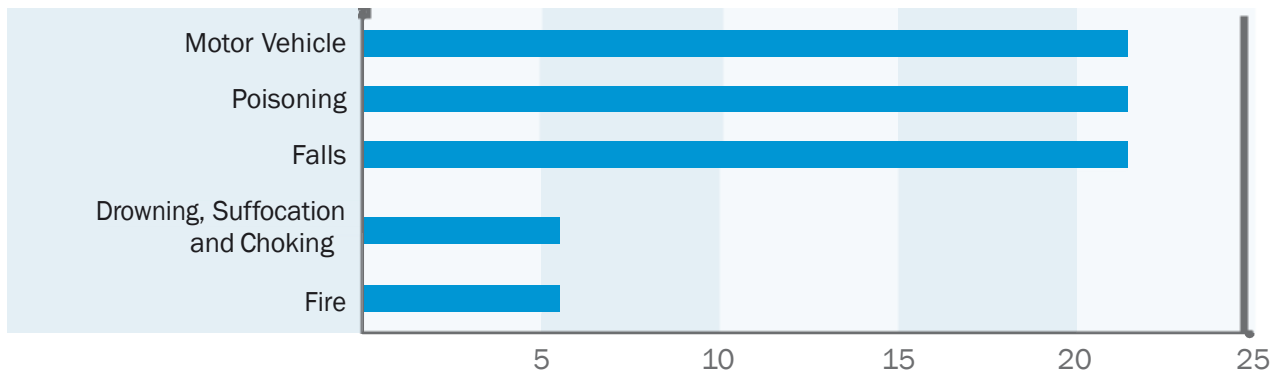
## UNITED STATES (2013)



## MISSISSIPPI



## WINSTON COUNTY, MISSISSIPPI



\* Rate per 100,000 Population



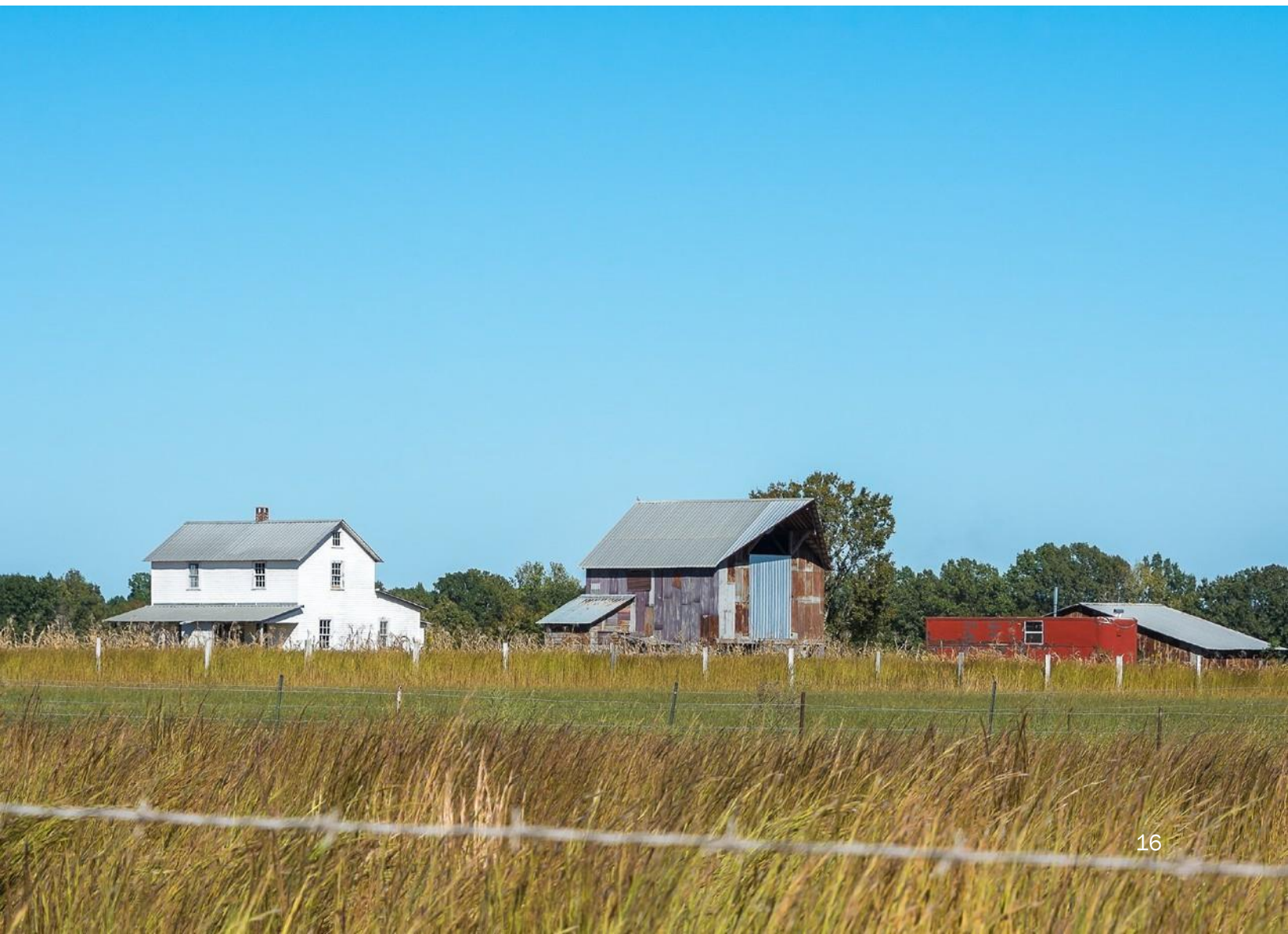
# CHNA STRATEGIC ACTION RESPONSE

## STRATEGIC ACTION RESPONSES

Access, affordable care, a lack of knowledge about healthy lifestyles and the relationship to chronic diseases, plus a lack of awareness of available health and wellness services contribute to a wide range of healthcare needs among rural communities in Mississippi.

At the conclusion of the 2013 Community Health Needs Assessment conducted by Winston Medical Center, the CHNA Steering Committee identified critical areas of health needs for the people in our service areas. The group's vision was to improve population health in the area by addressing gaps that prevent access to quality, integrated healthcare and improving access to resources that support a healthy lifestyle.

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, Winston Medical Center implemented the following strategies to positively impact and measure community health improvement:



# CHNA STRATEGIC ACTION RESPONSE

## ALZHEIMER'S AWARENESS, EDUCATION AND SUPPORT

According to the Mississippi State Department of Health, Alzheimer's disease continues to be the 4th leading cause of death in Winston County since 2003. 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 mostly affected by Alzheimer's disease is older adults in the 65 and older age range, and was the target population for early detection and education. However, the caregiver, which was the target population for education and support, ranged widely from 20 years of age and above. Caregivers can be anyone from grandchildren to spouses.

### GOAL, DESIRED OUTCOME

Our goal was to establish an Alzheimer's support group and assist that group to grow and spread. We offered our services by 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 involved churches in the community by offering them information on the support group and encouraging each pastor to encourage anyone in the congregation that is dealing with Dementia to take advantage of this resource. We also advertised the group via our current radio spots, Facebook, and website (Virtual Wellness Center). After establishing the Alzheimer's support 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 that they can take advantage of.

### PROCESS, TIME FRAME AND LOCATION

By the summer of 2017, WINSTON MEDICAL CENTER 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 AND HUMAN RESOURCE**

Some information can be obtained through the Alzheimer's Association. The only other expenses would be printed information, advertising, man hours and refreshments.

### **COLLABORATIVE PARTNERS**

Local Alzheimer's Support Group, Alzheimer's Association, and local churches in the community.

## COMMUNITY WELLNESS

In the spring of 2014 (April) Winston Medical Center was hit with a F4 tornado which destroyed the hospital. Care was continued to patients of Winston County and surrounding areas by means of utilizing tents and mobile units for a hospital. With this interruption, the action plan for wellness wasn't implemented in 2014.

In the fall of 2015, a Health Fair was conducted, sponsored by Winston Medical Center. The tent and mobile units had to be transitioned to a Transitional Facility with all services available. The Health Fair was held with great success. The following was made available to residents and surrounding areas:

1. Blood glucose and lipid profiles (free to everyone).
2. Influenza vaccinations free to Medicare recipients and at a reduced rate of \$15 to everyone.
3. Dietary participated by supplying heart healthy snacks and recipes. Also, sample diabetic menus and recipes were offered.



# CHNA STRATEGIC ACTION RESPONSE

## HEALTHIER YOUTH THROUGH NUTRITION AND EXERCISE

Winston Medical Center wants to inspire the community of Winston County to engage in healthier food choices and lifestyle changes through nutrition, education and exercise. WMC wants to ensure that the community is educated and given the proper tools to teach them proper nutrition in an effort to decrease obesity and the causes of death related to it.

### TARGET POPULATION

Our Program focused on reaching the youth and at risk population of Winston County.

### GOAL, DESIRED OUTCOME

The program's goal was to educate, inspire and provide good examples about the importance of nutrition and exercise to promote wellness in Winston County.

### PROCESS, TIME FRAME AND LOCATION

WMC developed partnerships with the school system and the MSU Extension Service. Going forward, we hope to build partnerships with the local youth programs to provide healthy snack options for sporting events and after school activities. We would like to promote play and exercise activities for families. Utilizing the items 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 healthier lifestyle.

### MEASURE OF SUCCESS

Winston Medical Center plans to measure success by the number of youth programs that partner with us in an active way. We will also measure the number of materials handed out at the various programs within our community.

### COST, FUNDING AND HUMAN RESOURCE

There will be costs involved with the printing and costs of materials. 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 activities. We will also need funds to have displays built and information flyers put into local stores. In the long range plans, we will need funds to have youth activities planned and promoted in the community.

### COLLABORATIVE PARTNERS

Key partners we hope to include are the Louisville school system, local grocery stores and youth programs plus the MSU Extension Service.

# CHNA STRATEGIC ACTION RESPONSE

## **SAFETY: DISTRACTED DRIVING**

In the Fall of 2014, Winston Medical Center had a community event with focus on safety – Distracted Driving:

- Winston Medical Center employees participated.
- We partnered with the Central Mississippi Trauma Region and local restaurants – Lake Tiak-O’ Khata, Market Café, Little Caesars Pizza and Hardees, with permission from Louisville Police Department.
- WMC employees, dressed in bright yellow safety shirts, were strategically placed in parking lots or near the participating restaurants. Participants stopped cars entering these establishments.
- If the driver and passengers were buckled with seat belts, child safety seats were being correctly used, and the driver was not on their cell phone, they were awarded a \$10 gift card to one of the participating restaurants.
- Using this as a “positive” to reward those drivers who were not distracted.
- Drivers that were distracted or not using seat belts, were presented a “safety card” with a positive encouragement to please buckle up, use seat belts and child safety seats and not to be distracted by cell phone use while driving.

## **SAFETY: TREE STAND AND HUNTING SAFETY**

In the Fall of 2015, WMC had a community event with focus on safety – Tree Stand and Hunting Safety:

- Partnered with the National Wild Turkey Federation (NWTF), Mississippi Department of Wildlife, Fisheries, and Parks (MDWFP), Tree Stand Manufacturer’s Association (TMA), Legion State Park, The Central Mississippi Trauma Region and Grace Christian School.
- Hosted three different educational events.
- One at Legion State Park in Louisville, Mississippi with instruction on Tree Stand Safety. A video was presented along with “hands-on” participation and instruction in tree stand safety.
- Presented by TMA, MDWFP and NWTF.
- Meals were provided and door prizes awarded.
- Two educational events were offered at Grace Christian School:
  - Hunters Education Class – Presented by MDWFP.
  - Tree Stand Safety – Video and Hands-on active participation by Grace Christian School’s 5<sup>th</sup> and 6<sup>th</sup> grade students. Presented by NWTF, TMA and MDWFP.

# CHNA STRATEGIC ACTION RESPONSE

## PHYSICIAN RECRUITMENT

During the 2013 Community Forum and Focus Group session, it was determined our community needs more physicians and increased access to primary care.

### MEASURE OF SUCCESS

Throughout the past three years, WMC has taken the following measures to gain new providers to service the community:

In 2014, after WMC was destroyed by an EF-4 tornado, emphasis was placed on relocating the current providers to allow them to continue to provide care to the community.

WMC has added two additional rural family medical clinics to our location sites. WMC opened Winston Medical Clinic- Main Street campus located at 106 W Main Street, Louisville, MS, and have a clinic in the Louisville Municipal School District to serve all students and facility of LMSD.

In the recruitment of new physicians, Dr. Dustin Gentry, a family medical doctor was added to the staff of Winston Medical Center in 2014.

WMC plans to continue to takes steps in the recruitment of new physicians to include family medical physicians as well as finding physicians who can rotate specialty services to service our area such as cardiology, orthopedic, urology and other specialty services.

We have maintained 3 family medical physicians on the staff of WMC since the last community assessment was completed. We have added Family Nurse Practitioners to the staff and currently employee seven Family Nurse Practitioners who are working in the clinics providing care to the community.

The goal of physician recruitment will continue as part of our 2017 CHNA.

## CLOSING THE GAP

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

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and healthcare 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 and physical activity was emphasized because of the link between obesity and so many chronic health conditions. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socioeconomic groups.





## PRIORITIZATION

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

- The County exceeds the State and the U.S. in rate of deaths from heart disease. Winston County's deaths from heart disease are over 1.5 times greater than that of the State and 1.75 times greater than that of the U.S.
- The County exceeds the U.S. in rate of deaths from cancer.
- The County exceeds the State and the U.S. in rate of deaths from accidents. The County's deaths from accidents are almost three times that of the State and almost 3.5 times that of the U.S.

The community hospital can be the catalyst for community health education, prevention, and enhancement of community wellness activities. The local hospital can be invaluable in providing a community with the health resources for making wiser health and lifestyle decisions, thus being the major player in disease prevention.

The CHNA 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 any recurring themes within the identified needs.
- References were 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.

Implementation strategies that will address five major health issues will be developed. The strategies will seek to 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 re-examined throughout the implementation period.

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 community hospital can provide.

## RESPONDING TO THE COMMUNITY

The hospital is aware of many lifestyle issues that face citizens of a rural southern state. 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 county. Winston Medical Center has identified five 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. The many health and wellness opportunities identified during the research portion of the CHNA will be considered as we develop our strategic action plans. Since the tornado of April, 2014 completely disrupted the operations and plans of the hospital, the health and wellness initiatives identified three years ago are going to continue as priorities for the next three years.



# HEALTH AND WELLNESS INITIATIVES

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

According to the most recent statistics from the Mississippi State Department of Health, Alzheimer's disease is the 6th 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 mostly 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 caregiver, which is 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

Our goal would be 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 that they can take advantage of. 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.

### COLLABORATIVE PARTNERS

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

# HEALTH AND WELLNESS INITIATIVES

## 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 continues to be the 3rd leading cause of death in Winston County.

### TARGET POPULATION

Our target population would be youth to older adults, with the primary 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

### 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).

### COLLABORATIVE PARTNERS

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

# HEALTH AND WELLNESS INITIATIVES

## PHYSICIAN RECRUITMENT

During the Community Focus Group session, and based on a professional medical staff and needs assessment it has been determined that there is a shortage of physicians in Winston County. Prior to the tornado, significant progress was made in the area of physician recruitment. As the new facility approaches completion, additional physicians will be needed. Physician recruitment will continue to be a priority.

## TARGET POPULATION

Winston County and Surrounding Communities

## PHYSICIAN REQUIREMENTS – WINSTON MEDICAL CENTER

Winston Medical Center defines its core medical service areas as the zip codes 39339 and 39346, which include the communities of Louisville and Noxapater. The combined population of this area is 18,000. In addition, physicians at Winston Medical Center provide care for some patients in the surrounding three Zip codes (39341, 39108, 39350), which include another 35,000 people.

Assuming that the Winston Medical Center’s catchment area includes all 18,000 of the patients in Louisville and Noxapater, most of the 10,000 in zip code 39341 (east) and 39108 (west) and another 5,000 in 39350 (south), which comprise the northern and probably the poorest part of Philadelphia, the entire service population is about 30,000. While this area is skewed toward poverty, it includes higher- income populations as well. Most patients reside 50-100 miles from the Jackson medical service area to the southwest and the Tuscaloosa service area to the northeast.

Winston Medical Center reports that it currently has a limited number of FTE physicians in its service area, restricted to 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	12.2 FTE (5 family physicians, 9 nurse practitioners)
General surgery	.20 FTE
Psychiatry	.60 FTE

Based on the Model, this population could support approximately 50 physicians per 100,000 population, which in Winston Medical Center'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, 9 physicians would service the core area of Winston and another 6 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 6 are obstetrician/gynecologists. Adjusting for the smaller overall density of physicians in the Winston Medical Center 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 Winston Medical Center 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 Winston Medical Center's service area. Based on comparisons with similar areas, the Model indicates that Winston Medical Center'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 Winston Medical Center'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

## GOAL/DESIRED OUTCOMES

- Recruit 3 primary care physicians, not including the physicians already practicing.
- WMC currently has 3 existing primary care physicians that are reaching the retirement age. As those physicians draw nearer retirement, recruit a replacement physician for each FTE represented.
- The goal is to have 5 to 6 primary care physicians in Winston County.
- WMC is developing an affiliation with UMMC in Jackson. We will be able to provide access to specialists via Telemedicine. The initial programs to be offered are Tele-Stroke and Tele-Cardiology.

## PROCESS/TIME FRAME/LOCATION

WMC has retained 2 recruiting firms for a primary care candidate search.

## COLLABORATIVE PARTNERS

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

## GET THE COUNTY WALKING

Heart disease is the leading cause of death in Winston County, in fact it is the leading cause of death in Mississippi and the United States. Mississippi has diabetes as its 6th leading cause of death. Seeing a need to promote exercise as a means of a healthier lifestyle for our community, Winston Medical Center will promote all of the area's available walking trails and pursue 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 of 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

We 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 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

We plan 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.

### COLLABORATIVE PARTNERS

Key partners we hope to include are the local industries, churches and the city.



## HEALTHIER YOUTH THROUGH NUTRITION AND EXERCISE

### 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. We, also, hope to help young people understand the direct relationship between lifestyle and many chronic diseases that are prevalent in the rural South.

### PROCESS/TIME FRAME/LOCATION

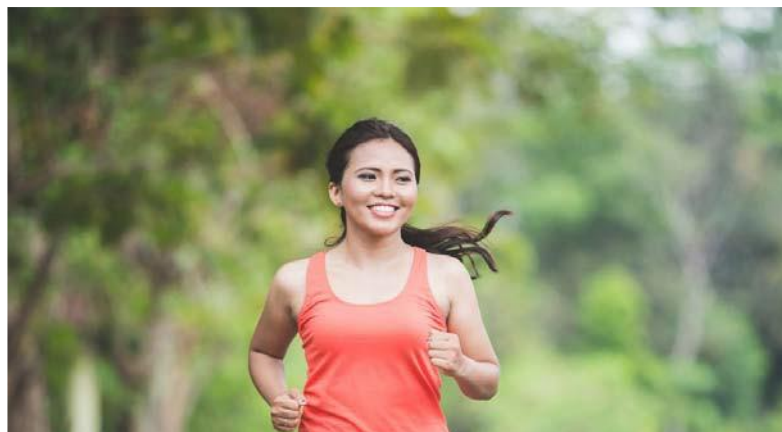
We will utilize our "Wellness for Winston" logo and incorporate partnerships with current youth programs. Educational events will be recorded and made available on our website and via our Facebook page for the community to help parents be as informed as possible about healthy diet and exercise for the entire family. We also 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 healthy lifestyle.

### MEASURE OF SUCCESS

We plan to measure success by a 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.

### COLLABORATIVE PARTNERS

Key partners we hope to include are area schools, local youth programs, local industries, local grocery stores and MSU Extension Service.



# THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Winston Medical Center is proud to be coming back stronger to even better serve our community. As always, through our commitment to compassionate and mission-focused healthcare, we are honored to work closely with our collaborative partners in our community to provide outstanding healthcare and create a healthier world for the residents of Winston County and surrounding area. Dedication to our values of performance, accountability, service, stewardship, integrity and teamwork has allowed us to continue, during these challenging months, to proudly serve our community.

Thanks to each of you who provided valuable insight into this report. Your participation in the data gathering, discussions and decision making process helped make this a true community effort which will better serve all segments of our population.

## REFERENCES

2007 Census Publications State and County Profiles Mississippi. (2007). *USDA Census of Agriculture*. Nov. 2016. Retrieved from:  
[https://www.agcensus.usda.gov/Publications/2007/Online\\_Highlights/County\\_Profiles/Mississippi](https://www.agcensus.usda.gov/Publications/2007/Online_Highlights/County_Profiles/Mississippi)

Community Facts, United States Population. (2010). *United States Census Bureau American FactFinder*. Nov. 2016. Retrieved from:  
[http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

Friedman, L.F. (2014, December 10). These are the Unhealthiest States in the US. *Business Insider*. Nov. 2016. Retrieved from:  
[www.businessinsider.com/americas-health-rankings-2014-2014-12](http://www.businessinsider.com/americas-health-rankings-2014-2014-12)

Generated Statistical Table -MSTAHRS. (2016). Winston, Cause of Death. Nov. 2016. Retrieved from:  
<http://mstahrs.msdc.ms.gov/table/morttable1.php?level=0&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=1&cnty%5B%5D=79&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&grp%5B%5D=11&grp%5B%5D=12&grp%5B%5D=13&grp%5B%5D=14&grp%5B%5D=24&grp%5B%5D=15&grp%5B%5D=16&grp%5B%5D=17&grp%5B%5D=18&grp%5B%5D=19&grp%5B%5D=20&grp%5B%5D=21&grp%5B%5D=22&grp%5B%5D=23&geom=3&standard=2>

Generated Statistical Table-MSTAHRS, Winston, Unintentional Injury. (2016). Nov. 2016. Retrieved from:  
<http://mstahrs.msdc.ms.gov/table/morttable1.php?level=4&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=1&cnty%5B%5D=79&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&geom=3&standard=2>

Generated Statistical Table-MSTAHRS, Mississippi, Unintentional Injury. (2016). Nov. 2016. Retrieved from:  
<http://mstahrs.msdc.ms.gov/table/morttable1.php?level=4&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=0&cnty%5B%5D=99&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&geom=3&standard=2>

Generated Statistical Table-MSTAHRS, Mississippi, Cause of Death. (2016). Nov. 2016. Retrieved from: <http://mstahrs.msdh.ms.gov/table/morttable1.php?level=0&rw=7&cl=0&race=6&sex=2&agep=15&eth=2&yer%5B%5D=2014&geography=0&cnty%5B%5D=99&delta1=0&grp%5B%5D=0&grp%5B%5D=1&grp%5B%5D=2&grp%5B%5D=3&grp%5B%5D=4&grp%5B%5D=5&grp%5B%5D=6&grp%5B%5D=7&grp%5B%5D=8&grp%5B%5D=9&grp%5B%5D=10&grp%5B%5D=11&grp%5B%5D=12&grp%5B%5D=13&grp%5B%5D=14&grp%5B%5D=24&grp%5B%5D=15&grp%5B%5D=16&grp%5B%5D=17&grp%5B%5D=18&grp%5B%5D=19&grp%5B%5D=20&grp%5B%5D=21&grp%5B%5D=22&grp%5B%5D=23&geom=3&standard=2>

Heron, Melonie, Ph. D. "National Vital Statistics Reports" *Cdc.gov*, 30 June 2016. Nov. 2016. Retrieved from: [https://www.researchgate.net/publication/298707680\\_Deaths\\_Leading\\_causes\\_for\\_2013](https://www.researchgate.net/publication/298707680_Deaths_Leading_causes_for_2013)

Coakley, E., Must, A., Spadano, J. (1999, October 27). The Disease Burden Associated with Overweight and Obesity. *The Jama Network*

Older Americans & Cardiovascular Diseases. (2016). American Heart Association Statistical Fact Sheet 2016 Update. Nov. 2016. Retrieved from: [https://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_483970.pdf](https://www.heart.org/idc/groups/heart-public/@wcm/@sop/@smd/documents/downloadable/ucm_483970.pdf)

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