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EXECUTIVE SUMMARY

Winston Medical Center completes a community health needs assessment every three years. It is through this work that we identify the unmet needs in the community and strategically plan how we can best address those needs. The purpose of this Community Health Needs Assessment (CHNA) report is to provide Winston Medical Center with a functioning tool to guide the medical facility 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 assessment was performed and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP.

The information, in this report, came from a Focus Group of individuals in the community, public databases, reports, and publications by state and national agencies.

The response section of this report describes how the medical facility and its collaborative partners worked together to address identified health needs in our community during the past three years. 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 medical facility’s collaborative partners in the community. 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 Winston Medical Center’s website, 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. Your opinions matter. As you read this report, please think about how to help us improve health and medical services in our area. We all live in, work in, and enjoy this wonderful community together. Winston Medical Center is committed to extending care beyond our bricks and mortar. We are committed to meeting the health care needs of the broader community. Together, we can make our community healthier for every one of us and fulfill our mission. We look forward to working with you to improve the overall health of those we serve.

Paul Black, CEO
Winston Medical Center
ABOUT THE MEDICAL FACILITY

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 medical facility 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, on April 28, 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 May 19, 2014, Winston Medical Center resumed somewhat normal operations in a temporary facility provided by the Mississippi Department of Health through the Federal Emergency Management Agency.

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

The transitional facility was constructed by Michigan-based Johnson Portables, a company that specializes in medium-term medical facilities for disaster relief. In addition, the interim facility, was located at 923 South Church Avenue, and was utilized until April 2017.

On April 28, 2017, exactly three years from the date of the tornado, Winston Medical Center held a Ribbon Cutting and Open House Celebration for the new state-of-the-art medical facility in its previous location on East Main Street in Louisville, Mississippi. Winston Medical Center began operation in its fully functional 14 acute and observation hospital bed facility with a 24/7 Emergency Department, 10 bed Geri-psychiatric unit and health clinic on May 1, 2017.
THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Winston County. It also provides an opportunity for the medical facility to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens.

The federal government now requires that non-profit medical facilities conduct a community health assessment. These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

COMMUNITY ENGAGEMENT AND TRANSPARENCY

We are pleased to share with our community the results of our Community Health Needs Assessment. The following pages offer a review of the strategic activities we have undertaken over the last three years as we responded to specific health needs, we identified in our community. The report also highlights the updated key findings of the assessment. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Mississippi community. Also, review our activities that were in response to the needs identified in 2016. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

DATA COLLECTION

Primary and secondary data was gathered, reviewed, and analyzed so that the most accurate information was available in determining the community’s health needs and appropriate implementation process.

Primary Data: collected by the assessment team directly from the community through conversations, telephone interviews, focus groups and community forums; the most current information available.

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

<table>
<thead>
<tr>
<th>Secondary Data Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The United States Census Bureau</td>
</tr>
<tr>
<td>• US Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>• Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>• American Heart Association</td>
</tr>
<tr>
<td>• Trust for America’s Health</td>
</tr>
<tr>
<td>• Winston Medical Center Medical Records Department</td>
</tr>
<tr>
<td>• Mississippi State Department of Health</td>
</tr>
<tr>
<td>• Mississippi Center for Obesity Research</td>
</tr>
<tr>
<td>• University of Mississippi Medical Center</td>
</tr>
<tr>
<td>• Mississippi State Department of Health, Office of Health Data and Research</td>
</tr>
</tbody>
</table>
ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA
Primary: Winston County

ABOUT THE SERVICE AREA
Winston County is located in the center of the state near the eastern border. The county seat is Louisville.

The county has a total area of 610 square miles, of which 607 square miles (or 99.5%) is land and 2.8 square miles (or 0.5%) is water. *

PATIENT ORIGIN

Per 2018 Medicare Inpatient claims data, approximately 87.46% of Medicare inpatient cases reside in Winston County. Almost 90% of those patients in Winston County (78.75% of the total Medicare inpatient cases) reside in Louisville. The remaining 10% of those patients in Winston County (8.71% of the total Medicare inpatient cases) reside in Noxapater. The remaining population represents a variety of locations outside of the primary service area, mostly from surrounding counties.

POPULATION AND RACIAL MIX DATA*

<table>
<thead>
<tr>
<th>WINSTON COUNTY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>18,482</td>
</tr>
<tr>
<td>Racial Mix</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>9,304</td>
</tr>
<tr>
<td>African American</td>
<td>8,690</td>
</tr>
<tr>
<td>American Indian</td>
<td>230</td>
</tr>
<tr>
<td>Hispanic</td>
<td>215</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$33,313</td>
</tr>
</tbody>
</table>

*U.S. Census. Quick Facts Winston Count
COMMUNITY INPUT

COMMUNITY SURVEY

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. One of the most important sources is to seek input directly from those we serve.

A community survey was developed by the medical facility. Members of the general public were encouraged to participate in the online survey. The data collected from the survey was part of the input used by the Steering Committee in establishing priorities.

Community Survey

1. Have you used any health services offered at Winston Medical Center in the past 12 months?

2. Do you or a member of your family live with a chronic disease?

3. Where do you go when you are seeking information or education on health-related topics?

4. If you could name a health or wellness program that would benefit your health or your family's health, what would it be?

5. Is there a health or wellness need in Winston County that you are aware of?

6. Please list any other information or comments that you would like to share.
COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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

MEDICAL FACILITY STEERING COMMITTEE
Paul Black – CEO
Nellie Darden – RN
Wesley Donald – Dietician
Debbie Fryery – Clinic Director
Hugh Gay – Turning Point DON
Heather Gilmer – FNP
Tracy Gregory – MSU Extension Service
Robert Higginbotham – Radiology Director
Tibby Koon – DON
Brandi Krajewski – Marketing/PR Director
Lynn McCarthy – Mississippi Tobacco Free Coalition
Heather Ming – Purchasing Director
Matt Woodward – Controller
COMMUNITY FOCUS GROUP

A community focus group was held at Winston Medical Center on November 5, 2019. The participants in the group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the medical facility. These participants contributed to a structured discussion which was impartially facilitated by healthcare consultants 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 facility’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 medical facility strives to improve the overall health of the community.
PARTICIPANTS IN THE COMMUNITY FOCUS GROUP
Paul Black – CEO
Melissa Allman – ECCC Workforce Coordinator
Mike Childs – Pastor
Nellie Darden – RN Supervisor
Wesley Donald – WMC Dietician
Mike Dowd – Pastor/Lions Club of Louisville
Debbie Fryer – Director of Clinic
Hugh Gay – Turning Point
Heather Gilmer – FNP
Edward Gladney – Assistant Chief of Police
Tracy Gregory – MSU Extension Service
Carolyn Hampton – NAACP
Robert Higginbotham – Director of Radiology
Janice Hopkins – Diabetes Coalition
Tibby Koon – DON
Brandi Krajewski – Marketing/PR Director
Felicia Mays – 911 Director
Lynn McCarthy – Tobacco Coalition
Anthony McIntosh – Pastor
Kathy Sinclair – Pilot Club
Brian Tennant – Taylor Machine Works
Lacey Vowell – Admin-Senior Care
Matt Woodward – Controller
Derrick Mason – Consultant, HORNE LLP
Barry Plunkett – Consultant, HORNE LLP

INVITED BUT UNABLE TO ATTEND
The medical facility made a deliberate effort to include in the Community Focus Group a diverse cross section of the community served. Those who were unable to attend the meeting on November 5, were made aware of the purpose of the gathering and the importance of the input from the businesses, civic groups, or population segments they represent. Open dialogue remains fluid with the medical facilit’s administration and the Focus Group members.

Scott Gregory – Coroner
Randy Grierson – Superintendent
Will Hill – Mayor
Sean Holdiness – Chief of Police
Brenda Johnson – LMSD Board Member
Jason Pugh – Sheriff
RURAL HEALTH DISPARITIES

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

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

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

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

ACCESS TO HEALTHCARE

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

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

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

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

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

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Nonmetro Areas</th>
<th>Metro Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>193.5</td>
<td>161.7</td>
</tr>
<tr>
<td>Cancer</td>
<td>176.2</td>
<td>158.3</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>54.3</td>
<td>38.2</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>54.3</td>
<td>38.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>41.5</td>
<td>35.4</td>
</tr>
</tbody>
</table>


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

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

Being aware of this lifestyle disparity, the Steering Committee was diligent in addressing these chronic illnesses which lead to a disproportionate number of deaths. Also, the quality of life in our state is negatively impacted by these conditions that rob our citizens of the ability to enjoy good health daily.
Figure 4
Percent of Adults Reporting Fair or Poor Health Status by Region, 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>20%</td>
</tr>
<tr>
<td>Midwest</td>
<td>16% *</td>
</tr>
<tr>
<td>Northeast</td>
<td>16% *</td>
</tr>
<tr>
<td>West</td>
<td>17% *</td>
</tr>
</tbody>
</table>

* Indicates a statistically significant difference from the South at p<0.05 level.
Source: CDC/NCHS analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2014 Survey Results.

Figure 1
Census Regions and Divisions of the United States

CAUSES OF DEATH

Winston County, MS Leading Causes of Death 2017

Mississippi Leading Causes of Death 2017

United States Leading Causes of Death 2016
ACCIDENTAL DEATHS

Winston County, MS Top Accidental Deaths 2017

Rate per 100,000 Population
- Motor vehicle
- Falls
- All Other Unintentional Injuries
- Other accidents
- Poisoning-drugs

Mississippi Top 5 Accidental Deaths 2017

Rate per 100,000 Population
- Motor vehicle
- Poisoning-drugs
- Falls
- Submersion, suffocation, and foreign bodies
- Fires, flames and smoke

United States Top 5 Accidental Deaths 2016

Rate per 100,000 Population
- Poisoning-solids, liquids & gases
- Motor vehicle
- Falls
- Submersion, suffocation, and foreign bodies
- Fires, flames and smoke
HEART AND CANCER STATISTICS

Top 5 Types of Heart Disease

- Ischemic heart disease: 191.8
- Heart failure: 41.9
- Hypertensive heart disease with or without renal disease: 54.8
- Cardiac dysrhythmias: 36.6
- Diseases of pulmonary circulation: 49.3

Rate per 100,000 Population

Top 5 Types of Cancer

- Trachea, bronchus, and lung: 60.5
- Female breast: 64.8
- Colorectal: 31.9
- Liver and intrahepatic bile ducts: 21
- Kidney and other unspecified urinary organs: 11

Rate per 100,000 Population

County/State: Mississippi • Winston
2016 CHNA STRATEGIC ACTION RESPONSES

INITIATIVE 1: ALZHEIMER’S AWARENESS, EDUCATION, AND SUPPORT

According to the Mississippi State Department of Health, Alzheimer’s disease is the 3rd leading cause of death in Winston County. Alzheimer’s has accounted for 40 deaths in 2017 alone. This declaration 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 adults 65 years and older and was the target population for early detection and education. However, caregivers, which was the target population for education and support, ranged 20 years and older, with most participation from spouses of similar age as the patient.

GOAL/DESIRED OUTCOMES
Winston Medical Center’s goal was to establish an Alzheimer’s support group and assist that group to grow and hopefully spread to church groups or other organizations. The desired outcome was to have an Alzheimer’s Support Group that met routinely, maintained attendance, and provided needed information to the target population.

PROCESS/TIME FRAME/LOCATION
An Alzheimer’s Support Group was offered to the general public in Winston County on a monthly basis in conjunction with the First Presbyterian Church of Louisville. It was offered on a monthly basis until the attendance declined and it was ultimately suspended until it could be revisited after the new medical center was completed and fully operational.

MEASURE OF SUCCESS
Initially, the Alzheimer’s Support Group had a maximum attendance of approximately 18 participants in the first few meetings. Unfortunately, some of the key members and other attendees were not able to continue working with the program due to their spouse’s battle with the disease. Eventually, the group size decreased to less than 5 and was ultimately suspended.

COST/FUNDING/HUMAN RESOURCE – OTHER RESOURCES
Information was obtained through the Alzheimer’s Association and WMC. The location was furnished by First Presbyterian Church of Louisville. Refreshments were provided by members and volunteers.

COLLABORATIVE PARTNERS
Local Alzheimer’s Support Group Members, Alzheimer’s Association, and First Presbyterian Church of Louisville.
INITIATIVE 2: ACCIDENT PREVENTION

GOAL/DESIRED OUTCOMES
Improve hunting safety, health, and quality of life in the community while also educating the community with an emphasis on ATV, fire, and grain bin/silo-farming.

ACTION
Winston Medical Center hosted a Community Safety Event on May 28, 2019 from 3:00 p.m.– 7:00 p.m. in Legion State Park.

Safety Items Included
- ATV (presented by Mississippi State Extension Service)
- Fire Safety (Louisville Fire Dept.)
- Fire Wise (Miss State University (MSU) Extension Service-Winston County Board Supervisors)
- Boating (presented by MDWFP)
- Grain Silo (presented by Miss Farm Bureau Federation)
- Sun Safety (Miss State Extension Service)

Notes
- In 2018, Winston County had three fatalities from ATV accidents.
- This event was modestly attended. Attendees had ample time and attention from trainers for personal attention and instruction.
- MSU Extension Service handed out free ATV helmets provided by the Brain Injury Institute of Mississippi.
- Mississippi Farm Bureau gave a presentation on Grain Bin Safety and Rescue techniques and new equipment that is available.
- Sun (Sunburn) Safety Instruction was a new and welcomed addition.

MEASURE OF SUCCESS
There has been no reported ATV, boating, or grain silo fatalities to date in 2019 – since this community safety program was in initiated.

COLLABORATIVE PARTNERS
Mississippi Department of Wildlife, Fisheries, and Parks (MDWFP), Legion State Park, National Wild Turkey Federation (NWTF), Central Mississippi Trauma Region, Mississippi State Extension Service, Winston County Board of Supervisors, Farm Bureau Federation, and Louisville Fire Department served as collaborative partners.
INITIATIVE 3: INCREASE PHYSICIAN RECRUITMENT

GOAL/DESIREDS OUTCOMES
During the 2016 Community Forum and Focus Group session, it was determined the community needs more physicians and other providers that increase access to primary care. The medical facility had previously made efforts to increase physicians and providers over the past three years and plans to continue into 2020. Going forward, Winston Medical Center (WMC) plans to take steps to recruit new physicians especially family medicine physicians.

MEASURE OF SUCCESS
In the recruitment of new physicians, Dr. Adam Byrd, a Dermatology/Internal Medicine physician was added to the Medical Staff of WMC in 2017. Two recruitment agreements were executed, one in 2017 and one in 2018, with individuals in medical school who are expected to come to Winston County to practice medicine when they graduate in 2023 and 2024.

WMC currently has four physicians on staff since the last community assessment was completed. We have added a Family Nurse Practitioner and currently employ eight Family Nurse Practitioners who are working in the clinics providing care to the community.
INITIATIVE 4: 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. Diabetes is the 6th leading cause of death in Mississippi. Seeing a need to promote exercise as a means of a healthier lifestyle for the community, Winston Medical Center (WMC) will promote the use of all the area’s available walking trails and pursue their own walking track on campus.

TARGET POPULATION
This program focused on reaching the entire county. It is the goal of WMC to make sure their employees have a great place to exercise and we encouraged all Winston County residents to utilize the available walking trails close to their home or work.

GOAL/DESIRED OUTCOMES
The program’s goal was to educate the community on the importance of exercise and encourage wellness activities for all Winston County residents.

PROCESS/TIME FRAME/LOCATION
WMC decided to utilize its new WMC logo for all marketing. Educational videos on nutrition were made available on its website as well as various educational links about nutrition, healthy living and exercise. This was made available via WMC social media. WMC also placed various advertisements in the local newspaper that discussed healthier lifestyles.

The medical facility increased awareness and opportunities for employees, families and individuals to walk by creating a quarter-mile walking track on the new campus. This walking trail is lit for afterhours use. WMC increased awareness of this trail via social media. With the 2016 CHNA, WMC decided that the walking track was a priority in the area of heart disease and obesity being two factors that were a problem for the community.

MEASURE OF SUCCESS
Winston Medical Center collaborated each year with the Winston County Chamber and Junior Auxiliary of Louisville to host a 5K run at the annual Red Hills Art Festival held each May. Each year, there are typically around 50 participants from various age groups. Winston Therapy Services employees worked the event and provided information to participants. WMC also worked with Dean Park in helping bring awareness of the park and assisted in clean-up days to beautify the park so that others could enjoy it. On April 23, 2016, WMC hosted a 5K for the American Cancer Society. WMC posted videos about the new walking track on their Facebook page. There were 2,573 individuals reached, 625 engagements, 1,100 views, and 11 shares. Bringing awareness to the new walking track will continue to be a goal in the 2019 CHNA.

COLLABORATIVE PARTNERS
Key partners were American Cancer Society, Junior Auxiliary of Louisville, and Dean Park Affiliates.
INITIATIVE 5: ENCOURAGE HEALTHIER YOUTH THROUGH NUTRITION AND EXERCISE

TARGET POPULATION
This program focused on reaching all young people to help prepare for a healthier future for Winston County residents.

GOAL/DESIRED OUTCOMES
The program’s goal was to educate and provide good examples about the importance of nutrition and exercise to promote wellness for the youth of Winston County. Winston Medical Center (WMC) also hopes 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
WMC did not utilize its “Wellness for Winston” logo. WMC decided to brand this effort with their current WMC logo versus creating a new one. WMC wanted individuals to realize that the medical facility is here to help educate and encourage along with being directly linked to that effort in the public’s eye. An educational video was made available on its website and via its Facebook and YouTube for the community to be as informed as possible about healthy diet and exercise for the entire family.
WMC also provided healthy snacks to local schools to demonstrate healthy options. This was done to show their presence in the school system to provide educational information and snacks. WMC also built partnerships with local youth programs such as softball and baseball teams. WMC sponsored two teams each year. WMC also promoted its walking track as a family atmosphere place to come and exercise.

MEASURE OF SUCCESS

WMC measured success by documenting the number of times its website’s educational video was viewed and shared on Facebook and YouTube. Facebook had over 2000 views and 46 shares. YouTube had 46 views. WMC sponsored youth programs annually throughout the Winston County Youth Association. WMC also measured success by having a booth with nutritional information given out during WMC’s Health Fairs and over 200 flyers with nutritional content was given out.

COLLABORATIVE PARTNERS

Key partners were area schools and local youth programs.
RESPONDING TO THE COMMUNITY

CLOSING THE GAP

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

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and the healthcare professionals. Members saw a need for increased education and preventive care in order to eliminate the path to chronic disease. There was much discussion about creating a more nurturing and healthful environment for the young people in the area, especially those who come from low income households. In addition, there was much discussion about the mental health challenges that the community faces. It is not only a health issue but a social and economic issue that must be addressed as a community, not just by the medical facility. However, the facility will continue to share the expressed concerns with the appropriate agencies and civic officials.

Prevention is very cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socio-economic groups.

PRIORITIZATION

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of the primary focus area of Winston County.

IMPLEMENTATION PLANS

To be successful in creating a true sense of health in the 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 the local community medical facility can provide by itself.

Poor lifestyle habits negatively impact the health of the community and are major contributors to several of the leading causes of death in this service area. Winston Medical Center has identified three significant initiatives it will undertake over the next three years. Each of these initiatives has multiple components. These collaborative projects should help improve the health and overall quality of life in Winston County. Each project is described 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 year.
2019 STRATEGIC ACTION INITIATIVES

INITIATIVE 1: IMPROVING THE SOUTHERNER LIFESTYLE WITH EDUCATION, AWARENESS, AND SCREENINGS

Winston Medical Center would like to educate the community about living a healthy lifestyle through events, lunch and learns and other communications that provide fun, easily implemented information. The medical facility is passionate about encouraging proper nutrition and providing awareness of healthier alternatives to the high fat southern diet.

Winston Medical Center will provide education on overall wellness including exercise, nutrition, and stress management to a racially and economically diverse community and will teach the same audiences how to implement this information with the resources available to them. Screenings will be made available throughout the county, specifically for those chronic diseases that are frequently related to lifestyle.

INITIATIVE 2: WORKING WITH THE COMMUNITY TO CREATE A RESOURCE GUIDE

Develop and publish a resource list of all available resources/organizations within the community that assist with mental, medical, socio-economic disparities such as drug rehabs, food banks, income based primary care clinics, etc. The list will be routinely updated, distributed, and posted throughout the county in public areas and high traffic businesses.

INITIATIVE 3: ALZHEIMER'S AWARENESS AND EDUCATION; EMPHASIZING TAKING THE RESOURCES TO THE PEOPLE

Over the past six years, Alzheimer’s disease continues to be one of the five leading causes of deaths in Winston County. In 2017, it was the county’s third leading cause of death. 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. In addition, the caregiver, which can be anyone from grandchildren to spouses, will be the focus of education and support efforts.
THANK YOU

This comprehensive assessment will allow Winston Medical Center to better understand the needs and concerns of the community. Winston Medical Center is pleased to share with you the 2019 Community Health Needs Assessment. Since beginning in 2014, the Collaborative has been committed to improving the lives and health of people living in this community. This report is a tangible representation of the continued commitment to that goal. Winston Medical Center (WMC) is proud to be the provider of choice in Winston and surrounding counties. As always, through the commitment to compassionate and mission-focused healthcare, WMC is honored to work closely with its collaborative partners in the community to provide outstanding healthcare and create a healthier world for the residents of Winston County and the surrounding area. Dedication to the values of performance, accountability, service, stewardship, integrity and teamwork has allowed WMC to continue to grow and proudly serve the 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 the population. This wealth of qualitative data allowed WMC to fulfill their commitment to the community by prioritizing their needs in the assessment. The implementation plan that will be developed from this assessment is the roadmap to improving the health of those living in the community. The Collaborative would like to thank everyone who was involved in development of this assessment. They would also like to thank you for reading this report, and your interest and commitment to improving the health of Winston and surrounding counties.
REFERENCES


