

*Community Health Needs Assessment
2016*

**Sharkey-Issaquena
Community Hospital**

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA as well as a description of needs that are not being addressed with the reasons why such needs are not being addressed.

The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document Sharkey-Issaquena Community Hospital's (Hospital or Sharkey-Issaquena) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ending December 30, 2014 through December 30, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and hospital data.
- ✓ Obtaining community input through a combination of interviews and surveys of key stakeholders who represent a) persons with specialized knowledge in public health, b) populations of need or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2016. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by the Hospital and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted in December 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Sharkey-Issaquena's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Sharkey-Issaquena's current strategies and programs.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by the Center for Disease Control and Prevention (Community Health Status Indicators) as well as countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- Community input was provided through surveys and interviews with 3 key stakeholders. Results and findings are described in the *Key Stakeholder Community Input* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to the community.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

Sharkey-Issaquena Community Hospital is a 19 bed, short-term acute care hospital located in Rolling Fork, Mississippi in the county of Sharkey. The Hospital serves both Sharkey and Issaquena Counties in Mississippi.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ending December 31, 2014 through December 31, 2016, focused on priorities to address identified health needs from the 2013 CHNA. Based on the Hospital's most recent evaluation, the Hospital has made significant progress in meeting their goals and strategies outlined in their prior Implementation Strategy as reported below.

Summary of 3-year Results – 2014 – 2016 Implementation Strategy

The Hospital employs a community health worker who oversees outreach efforts in the community. The community health worker coordinates health education classes, health screenings and other efforts to educate the community on healthy behaviors and preventative health. Below is a summary of these events for the calendar year ending December 31, 2016.

<u>Description</u>	<u>Number of persons served</u>
Blood Pressures	1,018
Glucose	879
BMI	274
Physician Referrals	21
Follow Ups	21
Nutrition Classes	2
Oral Health Classes	3
Hearing & Vision Screenings	89
Lice Screenings	89
Abstinence	160
Pharmacy Assistance Program for uninsured	43
Marketing for Projects/Health Network/Health Fairs	410,000 (estimate)

In addition, the hospital, through the community health worker, coordinates and serves as the administrator for Sharkey-Issaquena Health Network which is a health coalition in the community made up of members representing the hospital, the health department, schools, employers and organizations focused on improving health in the community. The Sharkey Issaquena Health Network meets monthly, working with the healthcare community as well as the general community to establish health awareness, promoting health fairs and sponsoring various state funded events such as Bodywalk, Walk-a-Weigh program, SIHN Pharmacy Assistance a program and the Fire Safety House.

In August, 2016, the community health worker became certified to provide referrals to primary care providers. When persons who participate in various screenings or health fairs require primary care as a result of their results of tests or screenings, the community health worker provides a referral to a primary care provider and forwards relevant health information to the provider in advance of the appointment in an effort to improve access to primary care.

In an effort to provide opportunities for physical activity in the community, the Hospital provides a fitness center to its employees as well as the community at low monthly rates. The Hospital routinely provides gift certificates to the fitness center to be given away through various community events in order to promote the fitness center. The Hospital also developed a walking trail on its property in 2010, which is utilized by the community. Both the fitness center and the walking trail are utilized in conjunction with the Walk-a-Weigh program offered by the Hospital.

Summary of Findings – 2016 Tax Year CHNA

Health needs were identified based on information gathered and analyzed through the 2016 CHNA conducted by the Hospital. These identified community health needs are discussed in greater detail later in this report and the prioritized listing is available at *Exhibit 24*.

Based on the prioritization process, the following significant needs were identified:

- Poverty/children in poverty
- Healthy behaviors/lifestyle choices
- Adult obesity
- Uninsured/underinsured
- High cost of health care
- Access to primary care physicians/retention of qualified staff
- Limited access to healthy foods
- Diabetes
- Lack of health knowledge/education
- High blood pressure
- Transportation
- Shortage of mental health services/providers
- Physical inactivity/access to recreational facilities
- Adult smoking

These needs have been prioritized based on information gathered through the CHNA and the prioritization process is discussed in greater detail later in this report.

Community Served by the Hospital

The Hospital is located in Rolling Fork, Mississippi, in Sharkey County. Rolling Fork is the county seat of Sharkey County and is located in the Deep Delta of Mississippi off of Highway 61. The Hospital also serves residents of neighboring Issaquena County.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing Hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

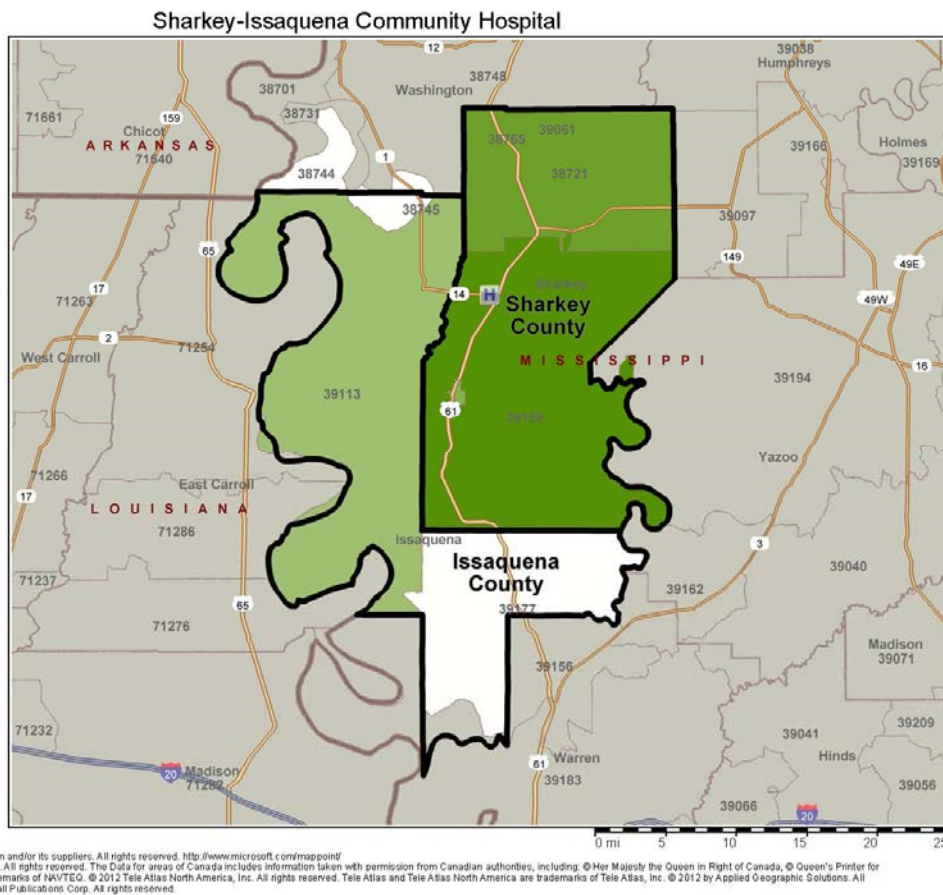
Based on the patient origin of acute care inpatient discharges, management has identified Sharkey and Issaquena Counties as the defined CHNA community. The CHNA Community represents approximately 75% of the inpatient discharges. The CHNA will utilize data and input from these counties to analyze health needs for the community.

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Hospital’s community by showing the community zip codes shaded by number of inpatient discharges. The map below displays the Hospital’s geographic relationship to the community, as well as significant roads and highways. The areas shaded darker green have the highest number of discharges.

Exhibit 1



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the CHNA community. It also provides the breakout of the CHNA community between the male and female population, age distribution, race/ethnicity and the Hispanic population.

**Exhibit 2
Demographic Snapshot**

DEMOGRAPHIC CHARACTERISTICS									
	Total Population						Sharkey County	Issaquena County	
Sharkey County	4,898								
Issaquena County	1,279								
Mississippi	2,984,345					Total Male Population	2,185	806	
United States	314,107,083					Total Female Population	2,713	473	

POPULATION DISTRIBUTION									
Age Group	Age Distribution					Percent			
	Sharkey County	Percent of Total	Issaquena County	Percent of Total	Mississippi	of Total Mississippi	United States	of Total US	
0 - 4	321	6.55%	77	6.02%	201,453	6.75%	19,973,712	6.36%	
5 - 17	923	18.84%	117	9.15%	541,846	18.16%	53,803,944	17.13%	
18 - 24	435	8.88%	132	10.32%	311,455	10.44%	31,273,296	9.96%	
25 - 34	539	11.00%	258	20.17%	387,219	12.98%	42,310,184	13.47%	
35 - 44	573	11.70%	122	9.54%	373,041	12.50%	40,723,040	12.96%	
45 - 54	668	13.64%	192	15.01%	402,804	13.50%	44,248,184	14.09%	
55 - 64	738	15.07%	156	12.20%	363,359	12.18%	38,596,760	12.29%	
65+	701	14.31%	225	17.59%	403,168	13.51%	43,177,963	13.75%	
Total	4,898	100.00%	1,279	100.00%	2,984,345	100.00%	314,107,083	100.00%	

RACE/ETHNICITY									
Race/Ethnicity	Race/Ethnicity Distribution					Percent			
	Sharkey County	Percent of Total	Issaquena County	Percent of Total	Mississippi	of Total Mississippi	United States	of Total US	
White Non-Hispanic	1,379	28.15%	423	33.07%	1,718,713	57.59%	197,159,488	62.77%	
Hispanic	48	0.98%	1	0.08%	84,073	2.82%	53,070,096	16.90%	
Black Non-Hispanic	3,447	70.38%	855	66.85%	1,109,239	37.17%	38,460,597	12.24%	
Asian & Pacific Island Non-Hispanic	24	0.49%	-	0.00%	28,307	0.95%	16,029,364	5.10%	
All Others	-	0.00%	-	0.00%	44,013	1.47%	9,387,538	2.99%	
Total	4,898	100.00%	1,279	100.00%	2,984,345	100.00%	314,107,083	100.00%	

Source: Community Commons (ACS 2010-2014 data sets)

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. The population of the CHNA community by race and illustrates different categories of race such as, white, black, Asian, other and multiple races. Hispanics make up less than 1% of the population in both Sharkey and Issaquena counties, while Black Non-Hispanics make up approximately 70% and 67% of the community in Sharkey and Issaquena counties, respectively.

Exhibit 3 reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban. This table could help to understand why transportation may or may not be considered a need within the community, especially within the rural and outlying populations.

Exhibit 3

County	Percent Urban	Percent Rural
CHNA Community	0.00%	100.00%
Issaquena County, MS	0.00%	100.00%
Sharkey County, MS	0.00%	100.00%
MISSISSIPPI	49.35%	50.65%
UNITED STATES	80.89%	19.11%

Source: Community Commons (2010)

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes household per capita income, unemployment rates, poverty, uninsured population and educational attainment for the CHNA community. These standard measures will be used to compare the socioeconomic status of the community to the state of Mississippi and the United States.

Income and Employment

Exhibit 4 presents the per capita income for the CHNA community. This includes all reported income from wages and salaries, as well as income from self-employment, interest or dividends, public assistance, retirement and other sources. The per capita income in this exhibit is the average (mean) income computed for every man, woman and child in the specified area. The CHNA community's per capita income is below the state of Mississippi and the United States. Both counties within the CHNA community have a per capita income well below Mississippi and the United States.

Exhibit 4

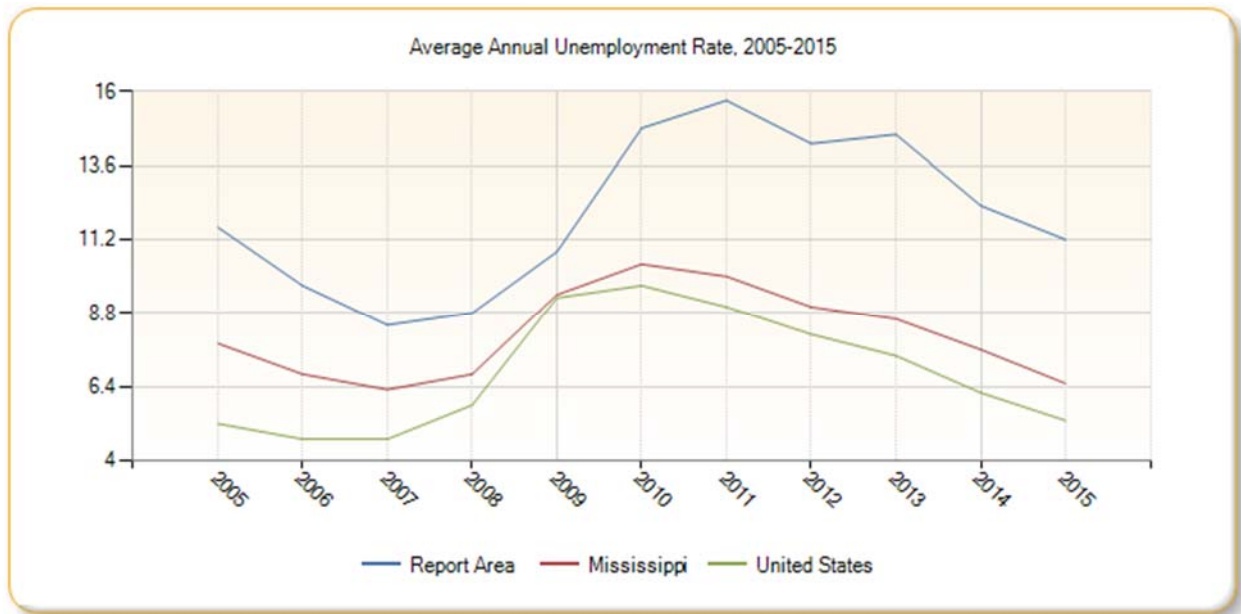
County	Total Population	Total Income (\$)	Per Capita Income (\$)
CHNA Community	6,177	\$95,014,004	\$15,381
Issaquena County, MS	1,279	\$18,606,900	\$14,548
Sharkey County, MS	4,898	\$76,407,104	\$15,599
MISSISSIPPI	2,984,345	\$62,538,600,448	\$20,955
UNITED STATES	314,107,072	\$ 8,969,237,037,056	\$ 28,554

Source: Community Commons (2010 – 2014)

Unemployment Rate

Exhibit 5 presents the average annual unemployment rate from 2005 through 2015 for the community defined as the community, as well as the trend for Mississippi and the United States. On average, the unemployment rates for the community are higher than both the United States and the state of Mississippi. A decrease in the unemployment rate has been the trend since 2011.

Exhibit 5



Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 - September. Source geography: County

Poverty

Exhibit 6 presents the percentage of total population below 100% Federal Poverty Level (FPL). Poverty is a key driver of health status and is relevant because poverty creates barriers to access, including health services, healthy food choices and other factors that contribute to poor health. The CHNA community’s poverty rate is greater than the state poverty rate and the national rate. Sharkey County has the highest poverty rate of 32.24% when compared to Mississippi and the United States.

Exhibit 6

County	Total Population	Population in Poverty	Percent Population in Poverty
CHNA Community	5,778	1,856	32.12%
Issaquena County, MS	995	314	31.56%
Sharkey County, MS	4,783	1,542	32.24%
MISSISSIPPI	2,887,236	653,726	22.64%
UNITED STATES	306,226,400	47,755,608	15.59%

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract
Note: Total population for poverty status was determined at the household level.

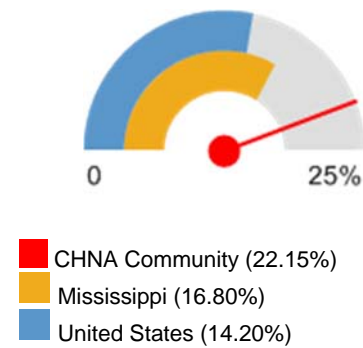
Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. *Exhibit 7* shows almost 1,300 persons are uninsured in the CHNA community based on 5-year estimates produced by the U.S. Census Bureau, 2010-2014 American Community Survey. However, the 2016 uninsured rate is estimated to be 17% for Issaquena County and 20% for Sharkey County, per www.enrollamerica.org, which indicates the uninsured population has decreased by an additional 150 persons, since 2014, in the CHNA Community; primarily the result of the Affordable Care Act. The table below shows of the two counties, Sharkey County has the highest percentage of uninsured.

Exhibit 7

County	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
CHNA Community	5,780	1,280	22.15%
Issaquena County, MS	996	209	20.98%
Sharkey County, MS	4,784	1,071	22.39%
MISSISSIPPI	2,916,635	489,849	16.80%
UNITED STATES	309,082,272	43,878,140	14.20%

Percent Uninsured Population



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

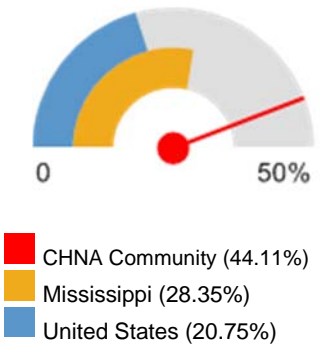
Medicaid

The Medicaid indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This is relevant because it assesses vulnerable populations, which are more likely to have multiple health access, health status and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment. *Exhibit 8* shows CHNA Community as a whole and Issaquena and Sharkey counties rank unfavorably compared to the state of Mississippi and the United States.

Exhibit 8

County	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
CHNA Community	5,780	4,500	1,985	44.11%
Issaquena County, MS	996	787	396	50.32%
Sharkey County, MS	4,784	3,713	1,589	42.80%
MISSISSIPPI	2,916,635	2,426,786	688,008	28.35%
UNITED STATES	309,082,272	265,204,128	55,035,660	20.75%

Percent of Insured Population Receiving Medicaid



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

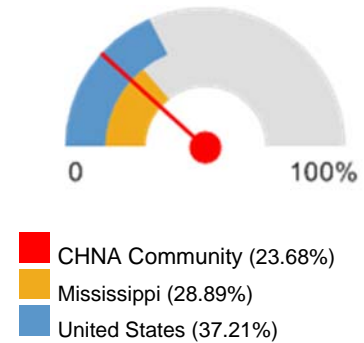
Education

Exhibit 9 presents the population with an Associate’s degree or higher in CHNA Community versus Mississippi and the United States.

Exhibit 9

County	Total Population Age 25	Population Age 25 with Associate’s Degree or Higher	Percent Population Age 25 with Associate’s Degree or Higher
CHNA Community	4,172	988	23.68%
Issaquena County, MS	953	127	13.33%
Sharkey County, MS	3,219	861	26.75%
MISSISSIPPI	1,929,591	557,457	28.89%
UNITED STATES	209,056,128	77,786,232	37.21%

Percent Population Age 25 With Associate’s Degree or Higher



Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community, as well as all two counties, obtaining an associate’s degree or higher is below the state and national percentages.

Physical Environment of the Community

A community’s health is also affected by the physical environment. A safe, clean environment that provides access to healthy food and recreational opportunities is important to maintaining and improving community health. This section will touch on a few of the elements that relate to some needs mentioned throughout the report.

Grocery Store Access

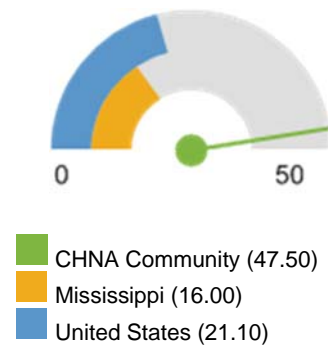
Exhibit 10 reports the number of grocery stores per 100,000-population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food, such as canned and frozen foods, fresh fruits and vegetables and fresh and prepared meats, such as fish and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Exhibit 10

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	6,322	3	47.50
Issaquena County, MS	1,406	0	0.00
Sharkey County, MS	4,916	3	61.03
MISSISSIPPI	2,967,297	474	16.00
UNITED STATES	312,732,537	66,975	21.10

Data Source: U.S. Census Bureau, County Business Patterns. Additional data analysis by CARES. 2014. Source geography: County

Grocery Stores, Rate (Per 100,000 Population)



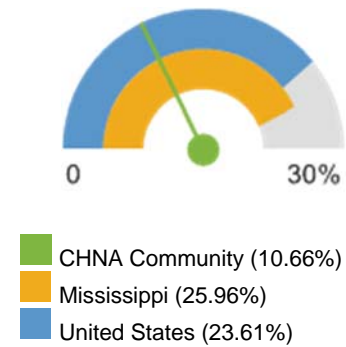
Food Access/Food Deserts

This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery stores. The information in *Exhibit 11* below is relevant because it highlights populations and geographies facing food insecurity. CHNA Community as a whole along with Sharkey County have a population with high food access when compared to Mississippi and the United States. Issaquena County has a population with lower food access than both the state rate.

Exhibit 11

Exhibit 11	Total Population	Population With Low Food Access	Percent Population With Low Food Access
CHNA Community	6,322	674	10.66%
Issaquena County, MS	1,406	351	24.96%
Sharkey County, MS	4,916	323	6.57%
MISSISSIPPI	2,967,297	770,317	25.96%
UNITED STATES	308,745,538	72,905,540	23.61%

Percent Population With Low Food Access



Data Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2010. Source geography: Tract

Recreation and Fitness Facility Access

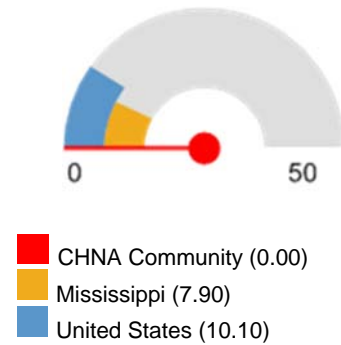
This indicator reports the number per 100,000-population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. It is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors. *Exhibit 12* shows that CHNA Community has fewer fitness establishments available to the residents of the community than Mississippi as a whole.

Exhibit 12

County	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
CHNA Community	6,322	0	0.00
Issaquena County, MS	1,406	0	0.00
Sharkey County, MS	4,916	0	0.00
MISSISSIPPI	2,967,297	233	7.90
UNITED STATES	312,732,537	31,715	10.10

Data Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2014. Source geography: County

Recreation and Fitness Facilities, Rate (Per 100,000 Population)



The trend graph below (*Exhibit 13*) shows the percentage of adults who are physically inactive by year for the community and compared to Mississippi and the United States. From 2006 through 2009, the CHNA community percentage of adults who are physically inactive was on the decline but was higher than both the state of Mississippi and the United States. The trend has been peaked in 2006 community hit an inactivity rate of 36.87%. The latest data (2013) shows that the community still has a higher percentage of physically inactive adults than the state of Mississippi and the United States.

Exhibit 13



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

Clinical Care of the Community

A lack of access to care presents barriers to good health. The supply and accessibility of facilities and physicians, the rate of uninsured, financial hardship, transportation barriers, cultural competency and coverage limitations affect access.

Rates of morbidity, mortality and emergency hospitalizations can be reduced if community residents access services such as health screenings, routine tests and vaccinations. Prevention indicators can call attention to a lack of access or knowledge regarding one or more health issues and can inform program interventions.

Access to Primary Care

Exhibit 14 shows the number of primary care physicians per 100,000-population. Doctors classified as “primary care physicians” by the American Medical Association include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

The data reported below is from 2014. During 2016, additional provider clinics have opened in the CHNA Community through the Mississippi Delta Health Collaborative which have provided additional access to primary care.

Exhibit 14

County	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
CHNA Community	6,044	3	49.60
Issaquena County, MS	1,397	0	0.00
Sharkey County, MS	4,647	3	64.56
MISSISSIPPI	2,994,079	1,757	58.70
UNITED STATES	318,857,056	279,871	87.80

Data Source: US Department of Health Human Services, Health Resources and Services Administration, Area Health Resource File. 2014.. Source geography: County

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. As *Exhibit 15* below shows, the entire CHNA Community is considered a health professional shortage area.

Exhibit 15

County	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
CHNA Community	6,322	6,322	100.00%
Issaquena County, MS	1,406	1,406	100.00%
Sharkey County, MS	4,916	4,916	100.00%
Mississippi	2,967,297	2,591,080	87.32%
United States	308,745,538	102,289,607	33.13%

Data Source: U.S. Department of Health Human Services, Health Resources and Services Administration, Health Professional Shortage Areas. April 2016. Source geography: HPSA

Preventable Hospital Events

Exhibit 16 reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes and other conditions, which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return on investment” from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.

Exhibit 16

County	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
CHNA Community	777	61	79.5
Issaquena County, MS	114	N/A	N/A
Sharkey County, MS	663	61	93.2
Mississippi	336,811	26,426	78.5
United States	58,209,898	3,448,111	59.20

*Data Source: Dartmouth College Institute for Health Policy Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County
Note: Information reported above is unavailable at the zip code level.*

Health Status of the Community

This section of the assessment reviews the health status of the CHNA community and its residents. As in the previous section, comparisons are provided with the state of Mississippi and the United States. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the CHNA community will enable the Hospital to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle/Behavior	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury, and mortality is defined as the incidence of death. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death and Health Outcomes

Exhibit 17 reflects the leading causes of death for the community and compares the age-adjusted rates to the state of Mississippi and the United States.

Exhibit 17

Selected Causes of Resident Deaths	Age-Adjusted Death Rate per 100,000 Population		
	CHNA Community	Mississippi	United States
Cancer	193.90	197.70	166.30
Heart Disease	282.30	238.30	171.80
Unintentional Injury	96.20	56.20	39.20

Source: Community Commons 2010-2014

The table above shows leading causes of death within CHNA Community as compared to the state of Mississippi and the United States. The age-adjusted rate is shown per 100,000 residents. The rates in green represent CHNA Community and corresponding leading causes of death that are less than the state rates. As the table indicates, all of the leading causes of death above are greater than the Mississippi rates except cancer.

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make the community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.* 1 or 2, are considered to be the “healthiest”. Counties are ranked relative to the health of other counties in the same state based on health outcomes and factors, clinical care, economic status and the physical environment.

A number of different health factors shape a community’s health outcomes. The County Health Rankings model includes four types of health factors: health behaviors, clinical care, social and economic and the physical environment. As can be seen from the chart below, all rankings within each area has increased with the exception of Social and Economic factors and Physical Environment for Sharkey County.

Issaquena County Indicators	2012	2015
Health Outcomes	N/A	66
Mortality	N/A	50
Morbidity	N/A	76
Health Factors	N/A	78
Health Behaviors	N/A	69
Clinical Care	N/A	77
Social and Economic Factors	N/A	81
Physical Environment	N/A	7

Sharkey County Indicators	2012	2015
Health Outcomes	47	79
Mortality	76	81
Morbidity	5	70
Health Factors	72	67
Health Behaviors	62	73
Clinical Care	51	65
Social and Economic Factors	68	64
Physical Environment	80	53

Source: countyhealthrankings.org
*Out of 81 counties in 2012 and 82 counties in 2015.

The following *Exhibits 18.1* and *18.2* include the 2012 and 2015 indicators reported by County Health Rankings for CHNA Community. The health indicators that are unfavorable when compared to the Mississippi rates are shaded in gray.

**Exhibit 18.1
County Health Rankings – Health Outcomes**

	Issaquena County 2012***	Issaquena County 2015***	Sharkey County 2012***	Sharkey County 2015***	Mississippi 2015	Top U.S. Performers 2015
<i>Mortality</i>	*	N/A	50	76	81	
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	N/A	N/A	14,489	15,500	10,100	5,200
<i>Morbidity</i>	*	N/A	76	5	70	
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	N/A	28%	17%	29%	21%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	N/A	4.8	2.4	4.9	4.0	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	N/A	4.3	1.7	4.5	4.3	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	16.8%	19.0%	13.7%	13.0%	12.0%	6.0%

* Rank out of 81 Mississippi counties in 2012 and 82 counties in 2015

** 90th percentile, i.e., only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016, respectfully

^ Data should not be compared between years due to changes in definition and/or methods

Source: *Countyhealthrankings.org*

**Exhibit 18.2
County Health Rankings – Health Factors**

	Issaquena County 2012***	Issaquena County 2015***	Sharkey County 2012***	Sharkey County 2015***	Mississippi 2015	Top Performers 2015**
Health Behaviors	*	N/A	69	62	73	
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	N/A	25.0%	N/A	24.0%	23.0%	14.0%
Adult obesity – Percent of adults that report a BMI >= 30	37.0%	37.0%	40.0%	41.0%	35.0%	25.0%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10	N/A	3.0	N/A	4.7	5.5	8.3
Physical inactivity – Percent of adults age 20 and over reporting no leisure time physical activity	34.0%	35.0%	36.0%	38.0%	33.0%	20.0%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical	N/A	8.0%	N/A	4.0%	57.0%	91.0%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	N/A	13.0%	N/A	10.0%	14.0%	12.0%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	N/A	20.0%	N/A	11.0%	24.0%	14.0%
Sexually transmitted infections – Chlamydia rate per 100K population	782.0	577.2	875.0	1,062.7	585.1	134.1
Teen birth rate – Per 1,000 female population, ages 15-19	65.0	68.0	90.0	92.0	56.0	19.0
Clinical Care	*	N/A	77	51	65	
Uninsured adults – Percent of population under age 65 without health insurance	25.0%	22.0%	21.0%	20.0%	20.0%	11%
Primary care physicians – Ratio of population to primary care physicians	1,400:1	1,400:1	2,440:1	2,350:1	1,860:1	1,040:1
Dentists – Ratio of population to dentists	1,400:1	1,400:1	N/A	N/A	2,280:1	1,340:1
Mental health providers – Ratio of population to mental health providers	N/A	N/A	N/A	N/A	830:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	N/A	N/A	116.0	100.0	74.0	38.0
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	87.0%	71.0%	85.0%	81.0%	84.0%	90.0%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	76.5%	N/A	42.6%	45.0%	57.0%	71.0%

**Exhibit 18.2
County Health Rankings – Health Factors (cont.)**

	Issaquena County 2012***	Issaquena County 2015***	Sharkey County 2012***	Sharkey County 2015***	Mississippi 2015	Top Performers 2015**
Social and Economic Factors	*	N/A	81	68	64	
High school graduation – Percent of ninth grade cohort that graduates in 4 years	N/A	N/A	66.0%	73.0%	76.0%	93.0%
Some college – Percent of adults aged 25-44 years with some post-secondary education	29.2%	36.0%	45.1%	56.0%	58.0%	72.0%
Unemployment – Percent of population age 16+ unemployed but seeking work	17.1%	18.4%	13.1%	11.7%	7.8%	3.5%
Children in poverty – Percent of children under age 18 in poverty	54.0%	48.0%	52.0%	54.0%	31.0%	13.0%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	N/A	5.2	N/A	4.1	5.3	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	47.0%	49.0%	69.0%	71.0%	45.0%	21%
Social associations – Number of membership associations per 10,000 population	N/A	7.2	N/A	21.2	12.3	22.1
Violent crime rate – Violent crime rate per 100,000 population (age-adjusted)	N/A	N/A	72.0	72.0	267.0	59.0
Injury deaths – Number of deaths due to injury per 100,000 population	N/A	N/A	N/A	123.0	81.0	51.0
Physical Environment	*	N/A	7	80	53	
Air pollution-particulate matter days – Average daily measure of fine particulate matter in micrograms per cubic meter	12.2	12.1	12.3	12.2	12.2	9.5
Severe housing problems – Percentage of household with at least one of four housing problems: overcrowding, high housing costs or lack of kitchen or plumbing facilities	N/A	13.0%	N/A	20.0%	17.0%	9.0%
Driving alone to work – Percentage of the workforce that drives alone to work	N/A	71.0%	N/A	79.0%	84.0%	71.0%
Long commute, driving alone – Among workers who commute in their car alone, the percentage that commute	N/A	38.0%	N/A	25.0%	31.0%	15.0%

* Rank out of 81 Mississippi counties in 2012 and 82 counties in 2015

** 90th percentile, i.e., only 10% are better

*** Data for 2012 and 2015 was pulled in 2013 and 2016, respectfully

Note: N/A indicates unreliable or missing data

^ Data should not be compared between years due to changes in definition and/or methods

Source: Countyhealthrankings.org

Community Health Status Indicators

The Community Health Status Indicators (CHSI) Project of the U.S. Department of Health and Human Services compares many health status and access indicators to both the median rates in the United States and to rates in “peer counties” across the United States. Counties are considered “peers” if they share common characteristics such as population size, poverty rate, average age, and population density.

The CHNA Community has multiple designated “peer” counties throughout the US, including Zapata, Culberson and La Salle Counties in Texas, Sumter County in Alabama and Noxubee and Jefferson Counties in Mississippi. *Exhibits 19.1 and 19.2* provides a summary comparison of how Issaquena and Sharkey counties compare with peer counties on the full set of primary indicators. Peer county values for each indicator were ranked and then divided into quartiles.

Exhibit 19.1 Issaquena County, Mississippi			
	Most Favorable Quartile	Middle Two Quartiles	Least Favorable Quartile
Mortality	<ul style="list-style-type: none"> Male life expectancy 	<ul style="list-style-type: none"> Cancer Deaths Female life expectancy 	
Morbidity	<ul style="list-style-type: none"> Syphilis 	<ul style="list-style-type: none"> Cancer Preterm births 	<ul style="list-style-type: none"> Gonorrhea
Health Care Access and Quality		<ul style="list-style-type: none"> Uninsured 	<ul style="list-style-type: none"> Primary Care Provider Access
Health Behaviors		<ul style="list-style-type: none"> Teen births 	
Social Factors		<ul style="list-style-type: none"> Children in single-parent households 	<ul style="list-style-type: none"> High Housing Costs Poverty Unemployment
Physical Environment		<ul style="list-style-type: none"> Annual average PM2.5 concentration Living near highways 	<ul style="list-style-type: none"> Access to parks Housing stress Limited access to healthy food

Exhibit 19.2 Sharkey County, Mississippi			
	Most Favorable Quartile	Middle Two Quartiles	Least Favorable Quartile
Mortality		<ul style="list-style-type: none"> • Cancer Deaths • Chronic lower respiratory disease (CLDR) deaths • Coronary heart disease deaths • Female life expectancy • Stroke Deaths • Unintentional injury (including motor vehicle) 	<ul style="list-style-type: none"> • Diabetes deaths • Male life expectancy
Morbidity	<ul style="list-style-type: none"> • Adult overall health status • Syphilis 	<ul style="list-style-type: none"> • Adult Diabetes • Adult Obesity • Preterm births 	<ul style="list-style-type: none"> • Cancer • Gonorrhea
Health Care Access and Quality	<ul style="list-style-type: none"> • Older adult preventable hospitalization 	<ul style="list-style-type: none"> • Primary Care Provider Access • Uninsured 	
Health Behaviors			<ul style="list-style-type: none"> • Adult smoking • Teen births
Social Factors	<ul style="list-style-type: none"> • Violent Crime 	<ul style="list-style-type: none"> • High Housing Costs • Unemployment 	<ul style="list-style-type: none"> • Children in single-parent households • On time high school graduation • Poverty
Physical Environment		<ul style="list-style-type: none"> • Access to parks • Annual average PM2.5 concentration • Limited access to healthy food 	<ul style="list-style-type: none"> • Housing stress • Living near highways

The following exhibits show a more detailed view of certain health outcomes and factors. The percentages for CHNA Community are compared to the state of Mississippi and the United States.

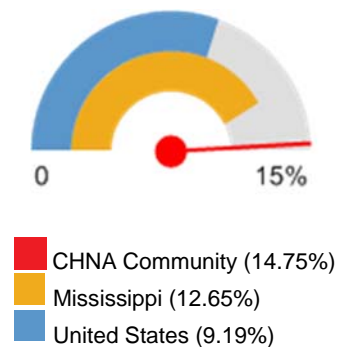
Diabetes (Adult)

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

Exhibit 20

County	Total Population Age 20	Population With Diagnosed Diabetes	Population With Diagnosed Diabetes, Crude Rate	Population With Diagnosed Diabetes, Age-Adjusted Rate
CHNA Community	4,540	758	16.70	14.75%
Issaquena County, MS	1,142	177	15.50	14.60%
Sharkey County, MS	3,398	581	17.10	14.80%
Mississippi	2,170,213	295,533	13.62	12.65%
United States	236,919,508	23,685,417	10.00	9.19%

Percent Adults With Diagnosed Diabetes (Age-Adjusted)



*Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013. Source geography: County
Note: Information reported above is unavailable at the zip code level.*

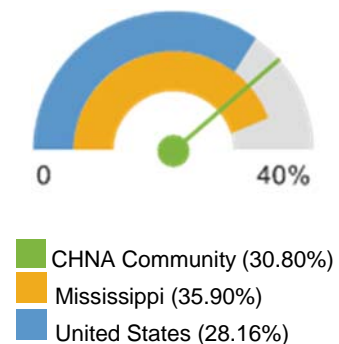
High Blood Pressure (Adult)

Per Exhibit 21 below, 1,073, or 30.80%, of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension. The community percentage of high blood pressure among adults is less than the percentage of Mississippi.

Exhibit 21

County	Total Population (Age 18)	Total Adults With High Blood Pressure	Percent Adults With High Blood Pressure
CHNA Community	4,898	1,073	30.80%
Issaquena County, MS	1,414	N/A	N/A
Sharkey County, MS	3,484	1,073	30.80%
Mississippi	2,199,741	789,707	35.90%
United States	232,556,016	65,476,522	28.16%

Percent Adults With High Blood Pressure



*Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-12. Source geography: County
Note: Information reported above is unavailable at the zip code level.*

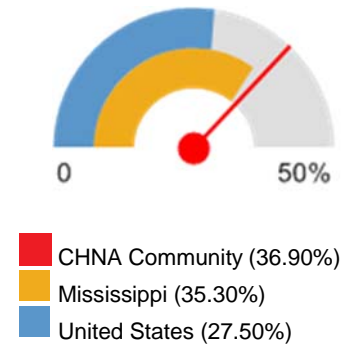
Obesity

Of adults aged 20 and older, 36.9% self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the Community per *Exhibit 22*. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The CHNA community has a BMI percentage higher than the state and national rates.

Exhibit 22

County	Total Population Age 20	Adults With BMI > 30.0 (Obese)	Percent Adults With BMI > 30.0 (Obese)
CHNA Community	4,535	1,665	36.90%
Issaquena County, MS	1,140	392	34.40%
Sharkey County, MS	3,395	1,273	37.70%
Mississippi	2,169,224	763,631	35.30%
United States	234,188,203	64,884,915	27.50%

Percent Adults With BMI > 30.0 (Obese)



Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion 2013. Source geography: County
Note: Information reported above is unavailable at the zip code level.

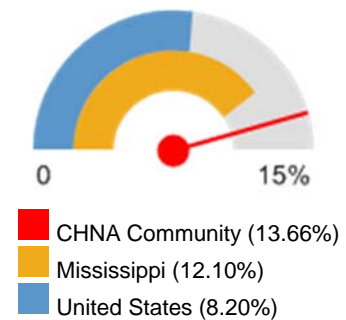
Low Birth Weight

Exhibit 23 reports the percentage of total births that are low birth weight (under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Exhibit 23

County	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
CHNA Community	798	109	13.66%
Issaquena County, MS	119	21	18.00%
Sharkey County, MS	679	88	13.00%
Mississippi	308,000	37,268	12.10%
United States	29,300,495	2,402,641	8.20%
HP 2020 Target			<= 7.80%

Percent Low Birth Weight Births



Data Source: U.S. Department of Health Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER 2006-12. Source geography: County
Note: Information reported above is unavailable at the zip code level.

Community Input

Key Stakeholder Input

Obtaining input from key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of the county's health status and unmet needs. This input is intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Methodology

Telephone interviews were conducted with 3 representing the CHNA Community, including the Sharkey County Health Department, the Sharkey County Human Services Department and the community health worker. These stakeholders were determined based on a) their specialized knowledge or expertise in public health, b) their involvement with underserved and minority populations or c) their affiliation with local government, schools and industry. The telephone interviews consisted of 14 questions. Please refer to *Appendix D* for a copy of the interview instrument.

The stakeholders provided input on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues

The results and key themes identified by the stakeholders are below.

Key Stakeholder Results

➤ Health and Quality of Life

- Quality of life for residents of Sharkey & Issaquena Counties has slightly improved over the past few years.
- There are doctors' offices and a hospital for residents within the community, giving easier access to see a healthcare professional.
- A walking track at the hospital along with a fitness center allows residents to make physical activity part of their daily routine.
- The aging of the population will continue to create challenges for the community.

➤ Access

- Access to healthcare services has improved since the last CHNA due to more health services being offered in the community, for example there is now a dental office within the county.

- Stigmas with mental health and people receiving mental health services creates barriers, therefore treatment is not sought out.
- Public transportation continues to be a challenge for the area. There aren't enough pick-up points and residents in the more rural areas don't have any options.
- A physical therapy/rehabilitation office is located in the community which allows greater access to the population, especially those with a knee or hip replacement.
- Many residents have insurance due to the ACA, however the inability to afford their co-pays and/or deductibles keeps individuals from seeking healthcare services.
- Health fairs are put on throughout the year at different locations, which gives individuals opportunities to seek information about services offered within the community.

➤ **Critical Health and Quality of Life Issues**

- Increased community education is needed on topics such as balanced nutrition, mental health, diabetes and other health-related topics. Also, increased education on what services are available to residents would be beneficial.
- Health eating behaviors and wellness checks need to happen more frequently.
- Access to mental health care continues to be a challenge.
- Recruitment and retention of health care providers for the community is challenging.

Health Issues of Vulnerable Populations

According to Dignity Health's Community Need Index (see *Appendices*), the Hospital's community has a moderate level of need. The CNI score is an average of five different barrier scores that measure socioeconomic indicators of each community (income, cultural, education, insurance and housing). The median CNI score for CHNA Community is 4.8. All four zip codes within the CNHA community have a CNI score of 4.8. The four zip codes are 39054 – Cary, 39159 – Rolling Fork, 39113 – Mayersville, and 38721 – Anguilla.

Based on information obtained through key stakeholder interviews, the following populations are considered to be vulnerable or underserved in the community and the identified needs are listed:

- Uninsured /Working Poor Population/Homeless
 - Limited income
 - High cost of health care prevents needs from being met
 - Transportation
 - Lack of health knowledge regarding how to navigate and access services
- African-American population
 - Limited income
 - Transportation
- Elderly
 - Fixed/limited incomes
 - Lack of health knowledge regarding how to navigate and access services

Information Gaps

This assessment was designed to provide a comprehensive and broad picture of the health in the overall community served by the Hospital; however, there may be a number of medical conditions that are not specifically addressed in this report due to various factors, including but not limited to, publically available information or limited community input.

In addition, certain population groups might not be identifiable or might not be represented in numbers sufficient for independent analysis. Examples include homeless, institutionalized persons, undocumented residents and members of certain ethnic groups who do not speak English or Spanish. Efforts were made to obtain input from these specific populations through key stakeholder interviews.

Prioritization of Identified Health Needs

Priority setting is a required step in the community benefit planning process. The IRS regulations indicate that the CHNA must provide a prioritized description of the community health needs identified through the CHNA and include a description of the process and criteria used in prioritizing the health needs.

Using findings obtained through the collection of primary and secondary data, the Hospital completed an analysis of these inputs (see *Appendices*) to identify community health needs. The following data was analyzed to identify health needs for the community:

Leading Causes of Death

Leading causes of death for the community and the death rates for the leading causes of death for each county within the Hospital's CHNA community were compared to U.S. adjusted death rates. Causes of death in which the county rate compared unfavorably to the U.S. adjusted death rate resulted in a health need for the Hospital's CHNA community.

Health Outcomes and Factors

An analysis of the County Health Rankings health outcomes and factors data was prepared for each county within Sharkey-Issaquena's CHNA community. County rates and measurements for health behaviors, clinical care, social and economic factors and the physical environment were compared to state benchmarks. County rankings in which the county rate compared unfavorably (by greater than 30% of the national benchmark) resulted in an identified health need.

The indicators falling within the least favorable quartile from the Community Health Status Indicators (CHSI) resulted in an identified health need.

Primary Data

Health needs identified through key informant interviews were included as health needs. Needs for vulnerable populations were separately reported on the analysis in order to facilitate the prioritization process.

Health Needs of Vulnerable Populations

Health needs of vulnerable populations were included for ranking purposes.

To facilitate prioritization of identified health needs, a ranking process was used. Health needs were ranked based on the following five factors. Each factor received a score between 0 and 5.

- 1) **How many people are affected by the issue or size of the issue?** For this factor, ratings were based on the percentage of the community who are impacted by the identified need. The following scale was utilized: >25% of the community= 5; >15% and <25%=4; >10% and <15%=3; >5% and <10%=2 and <5%=1.
- 2) **What are the consequences of not addressing this problem?** Identified health needs which have a high death rate or have a high impact on chronic diseases received a higher rating.
- 3) **The impact of the problem on vulnerable populations.** Needs identified which pertained to vulnerable populations were rated for this factor.
- 4) **How important the problem is to the community.** Needs identified through community interviews and/or focus groups were rated for this factor.
- 5) **Prevalence of common themes.** The rating for this factor was determined by how many sources of data (leading causes of death, health outcomes and factors and primary data) identified the need.

Each need was ranked based on the five prioritization metrics. As a result, the following summary list of needs was identified:

**Exhibit 24
Prioritization of Health Needs**

	How Many People Are Affected by the Issue?	What Are the Consequences of Not Addressing This Problem?	What is the Impact on Vulnerable Populations?	How Important is it to the Community?	How Many Sources Identified the Need?	Total Score *
Poverty/Children in Poverty	5	4	5	4	4	22
Healthy Behaviors/Lifestyle Changes	5	4	5	5	2	21
Adult Obesity	5	5	3	5	3	21
Uninsured/Underinsured	5	3	5	4	3	20
High Cost of Health Care	5	3	5	5	2	20
Access to Primary Care Physicians/Retention of Qualified Staff	4	4	5	4	3	20
Limited Access to Healthy Foods	4	4	4	3	4	19
Diabetes	3	5	3	5	2	18
Lack of Health Knowledge/Education	4	4	4	4	2	18
High Blood Pressure	5	5	3	3	2	18
Transportation	4	3	5	3	2	17
Shortage of Mental Health Services	4	4	3	4	2	17
Physical Inactivity/Access to Recreational Facilities	5	4	3	3	2	17
Adult Smoking	5	4	3	2	2	16
Preventable Hospital Stays	5	3	3	0	1	12
Safe/Affordable Housing	2	4	2	1	2	11
Children in Single-Parent Households	4	3	2	0	1	10
Heart Disease	3	4	2	0	1	10
Alcohol Impaired Driving Deaths	3	3	1	0	1	8
Teen Birth Rate	1	2	2	0	1	6
Cancer	1	2	2	0	1	6
Sexually Transmitted Infections	1	2	1	0	1	5
Unintentional injury	1	1	1	0	1	4

*Highest potential score = 25

Management's Prioritization Process

For the health needs prioritization process, the Hospital engaged the leadership team to review the most significant health needs reported in the prior CHNA, as well as in *Exhibit 24*, using the following criteria:

- ✓ Current area of Hospital focus
- ✓ Established relationships with community partners to address the health need
- ✓ Organizational capacity and existing infrastructure to address the health need

This data was reviewed to identify health issues of uninsured persons, low-income persons and minority groups, and the community as a whole. As a result of the analysis described above, the following health needs were identified as the most significant health needs for the community:

- Poverty/children in poverty
- Healthy behaviors/lifestyle choices
- Adult obesity
- Uninsured/underinsured
- High cost of health care
- Access to primary care physicians/retention of qualified staff
- Limited access to healthy foods
- Diabetes
- Lack of health knowledge/education
- High blood pressure
- Transportation
- Shortage of mental health services/providers
- Physical inactivity/access to recreational facilities
- Adult smoking

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Resources Available to Address Significant Health Needs

Health Care Resources

The availability of health care resources is a critical component to the health of a county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

The Hospital has 19 acute beds. Residents of the community can also take advantage of services provided by other hospitals outside CHNA Community, as well as services offered by other facilities and providers. *Exhibit 25* summarizes hospitals available to the residents of CHNA Community within 30 miles of the Hospital.

Exhibit 25

Hospital	Address	County
East Carroll Parish Hospital	336 North Hood Street, Lake Providence, LA 71254	East Carroll Parish
Chicot Memorial Hospital	2729 Highway 65 and 82 South, Lake Village, AR 71653	Chicot
King’s Daughters Hospital	823 Grand Avenue, Yazoo City, MS 39194	Yazoo
West Carroll Memorial Hospital	706 Ross Street, Oak Grove, LA 71263	West Carroll Parish

Source: US Hospital Finder

Other Health Care Facilities

Short-term acute care Hospital services are not the only health services available to members of the Hospital’s community. *Exhibit 26* provides a listing of community health centers the Hospital’s community.

Exhibit 26

Health Care Facility	Facility Type	Address	County
Rolling Fork Satellite	Federally Qualified Health Center	20400 Highway 61, Rolling Fork, MS 39159	Sharkey
Mayersville Satellite	Federally Qualified Health Center	115 Court Street, Mayersville, MS 39113	Issaquena
Hollandale Satellite	Federally Qualified Health Center	100 E Washington Street, Hollandale, MS 38748	Washington
Jackson Clinic	Rural Health Clinic	29 South Fourth Street, Rolling Fork, MS 39159	Sharkey
Andrew George, MD	Rural Health Clinic	25 South Fourth Street, Rolling Fork, MS 39159	Sharkey

Source: CMS.gov, Health Resources & Services Administration (HRSA)

Health Departments

The Hospital’s CHNA community has one county health department located within it: Sharkey-Issaquena County Health Department.

The Sharkey-Issaquena County Health Department is located in Rolling Fork Mississippi. The Health Department offers services including family planning, diabetes control, early intervention, immunizations, and social work services, among others.

APPENDICES

**APPENDIX A
ANALYSIS OF DATA**

**Sharkey-Issaquena Community Hospital
Analysis of CHNA Data**

Analysis of Health Status-Leading Causes of Death

	(A)		(B)		
	U.S. Age- Adjusted Rate	10% of U.S. Age- Adjusted Rate	County Rate	County Rate Less U.S. Age- Adjusted Rate	If (B)>(A), then "Health Need"
Sharkey County					
Cancer	166.3	16.6	193.9	27.6	Health Need
Heart Disease	171.8	17.2	282.3	110.5	Health Need
Unintentional Injury	39.2	3.9	96.2	57.0	Health Need

***The age-adjusted rate is shown per 100,000 residents. Please refer to Exhibit 18 for more information.
No data available for Issaquena County

Analysis of Health Outcomes and Factors - County Health Rankings

	(A)		(B)		
	National Benchmark	30% of National Benchmark	County Rate	County Rate Less National Benchmark	If (B)>(A), then "Health Need"
Issaquena County, MS					
Adult Smoking	14.0%	4.2%	25.0%	11.0%	Health Need
Adult Obesity	25.0%	7.5%	37.0%	12.0%	Health Need
Food Environment Index	8.3	2	3.0	5	Health Need
Physical Inactivity	20.0%	6.0%	35.0%	15.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	8.0%	83.0%	Health Need
Excessive Drinking	12.0%	3.6%	13.0%	-1.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	20.0%	6%	Health Need
Sexually Transmitted Infections	134	40	577	443	Health Need
Teen Birth Rate	19	6	68	49	Health Need
Uninsured	11.0%	3.3%	22.0%	11.0%	Health Need
Primary Care Physicians	1,040	312	1,400	360	Health Need
Dentists	1,340	402	1,400	60	
Mental Health Providers	370	111	N/A		
Preventable Hospital Stays	38	11	N/A		
Diabetic Screen Rate	90.0%	27.0%	71.0%	19.0%	
Mammography Screening	71.0%	21.3%	N/A		
Violent Crime Rate	59	18	N/A		
Children in Poverty	13.0%	3.9%	48.0%	35.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	49.0%	28.0%	Health Need
Severe Housing Problems	9.0%	2.7%	13.0%	4.0%	Health Need
Sharkey County, MS					
Adult Smoking	14.0%	4.2%	24.0%	10.0%	Health Need
Adult Obesity	25.0%	7.5%	41.0%	16.0%	Health Need
Food Environment Index	8.3	2	4.7	4	Health Need
Physical Inactivity	20.0%	6.0%	38.0%	18.0%	Health Need
Access to Exercise Opportunities	91.0%	27.3%	4.0%	87.0%	Health Need
Excessive Drinking	12.0%	3.6%	10.0%	2.0%	
Alcohol-Impaired Driving Deaths	14.0%	4.2%	11.0%	-3%	
Sexually Transmitted Infections	134	40	1063	929	Health Need
Teen Birth Rate	19	6	92	73	Health Need
Uninsured	11.0%	3.3%	20.0%	9.0%	Health Need
Primary Care Physicians	1,040	312	3,250	2210	Health Need
Dentists	1,340	402	N/A		
Mental Health Providers	370	111	N/A		
Preventable Hospital Stays	38	11	100	62	Health Need
Diabetic Screen Rate	90.0%	27.0%	81.0%	9.0%	
Mammography Screening	71.0%	21.3%	45.0%	26.0%	Health Need
Violent Crime Rate	59	18	72	13	
Children in Poverty	13.0%	3.9%	54.0%	41.0%	Health Need
Children in Single-Parent Households	21.0%	6.3%	71.0%	50.0%	Health Need
Severe Housing Problems	9.0%	2.7%	20.0%	11.0%	Health Need

* From County Health Rankings

Analysis of Health Outcomes and Factors - Community Health Status Indicators

Least Favorable - Issaquena

Sexually Transmitted Infections
Lack of Primary Care
High Housing Costs
Poverty
Unemployment
Access to Parks
Housing Stress
Limited access to healthy food

Least Favorable - Sharkey

Adult diabetes
Male Life Expectancy
Cancer
Sexually Transmitted Infections
Adult Smoking
Teen Births
Children in Single-Parent households
On time high school graduation
Poverty
Housing stress
Living near highways

* From Community Health Status Indicators

Analysis of Primary Data – Key Stakeholder Input

Diabetes
Unhealthy Eating/Food Insecurity
Lack of Mental Health Services/Mental Health Conditions
Uninsured
Cost of Health Care
Poverty
Transportation
Retention of qualified staff

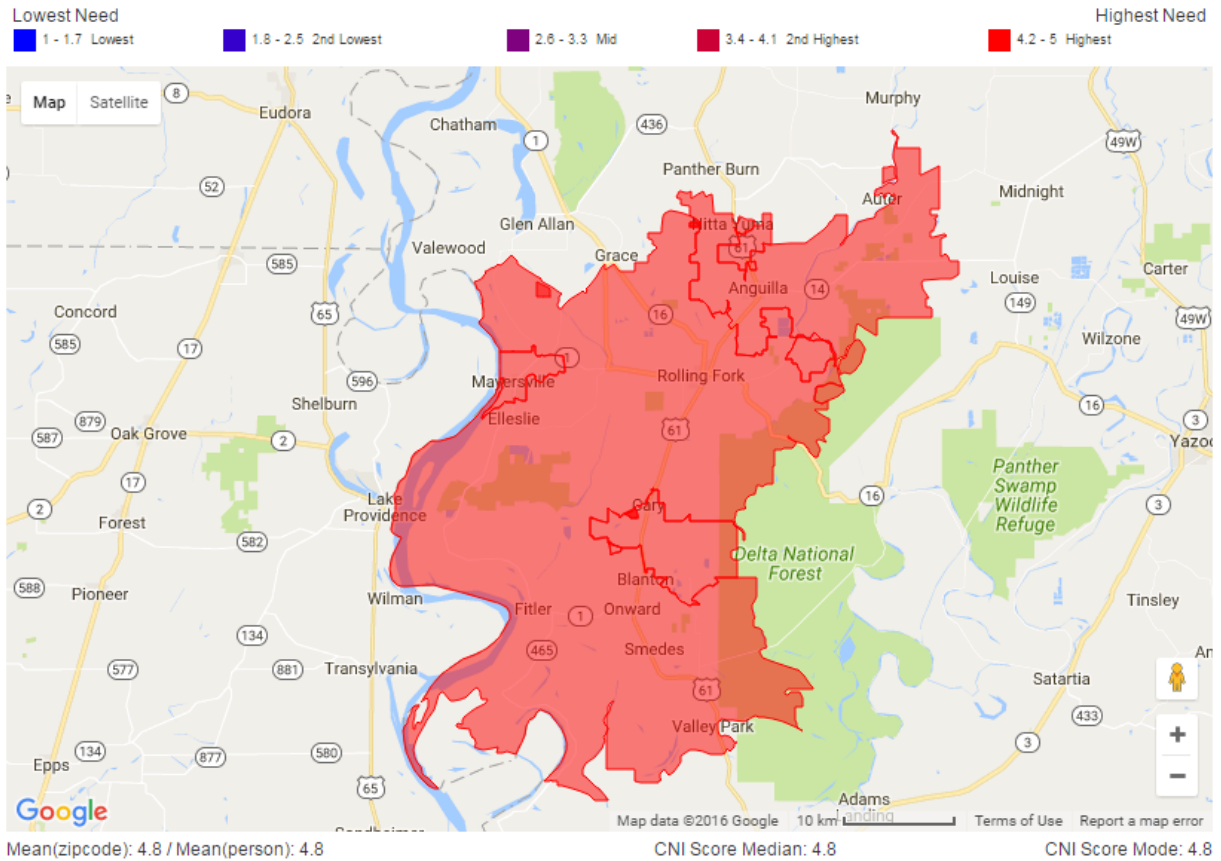
***Issues of Uninsured Persons, Low-Income Persons
and Minority/Vulnerable Populations***

Population	Issues
Uninsured/Working Poor Population	Limited income High cost of health care prevents needs from being met Transportation Lack of health knowledge regarding how to navigate and access services
African-American Population	Limited income Transportation
Elderly	Limited income Lack of health knowledge regarding how to navigate and access services

**APPENDIX B
SOURCES**

Discharges by Zip Code	Hospital	2015
Population Estimates	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2010 - 2014
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2010 - 2014
Medicaid	Community Commons via American Community Survey http://www.communitycommons.org/	2010 - 2014
Education	Community Commons via American Community Survey http://www.org/	2010 - 2014
Physical Environment - Grocery Store Access	Community Commons via US Census Bureau, County Business Patterns http://www.org/	2014
Physical Environment - Food Access/Food Deserts	Community Commons via US Department of Agriculture http://www.communitycommons.org/	2010
Physical Environment - Recreation and Fitness Facilities	Community Commons via US Census Bureau, County Business Patterns http://www.communitycommons.org/	2014
Physical Environment - Physically Inactive	Community Commons via US Centers for Disease Control and Prevention http://www.org/	2012
Clinical Care - Access to Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2013
Clinical Care - Lack of a Consistent Source of Primary Care	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2011 - 2012
Clinical Care - Population Living in a Health Professional Shortage Area	Community Commons via US Department of Health & Human Services http://www.communitycommons.org/	2015
Clinical Care - Preventable Hospital Events	Community Commons via Dartmouth College Institute for Health Policy & Clinical Practice http://www.communitycommons.org/	2012
Leading Causes of Death	Community Commons via CDC national Vital Statistics System http://www.communitycommons.org/	2010 - 2014
Health Outcomes and Factors	County Health Rankings http://www.countyhealthrankings.org/ Community Commons http://www.communitycommons.org/ & Community Health Status Indicators http://www.cdc.gov/communityhealth	2015 & 2009-2013
Health Care Resources	Community Commons, CMS.gov, HRSA, https://tx-hidalgocounty.civicplus.com/index.aspx?nid=1032	

**APPENDIX C
DIGNITY HEALTH COMMUNITY NEED INDEX
(CNI) REPORT**



Zip Code	CNI Score	Population	City	County	State
39054	4.8	287	Cary	Sharkey	Mississippi
39159	4.8	3131	Rolling Fork	Sharkey	Mississippi
39113	4.8	971	Mayersville	Issaquena	Mississippi
38721	4.6	1396	Anguilla	Sharkey	Mississippi

APPENDIX D
KEY STAKEHOLDER INTERVIEW PROTOCOL

**KEY STAKEHOLDER INTERVIEW QUESTIONS-SHARKEY
ISSAQUENA COMMUNITY HOSPITAL**

1. In general, how would you rate health and quality of life in Sharkey/Issaquena County?
2. In your opinion, has health and quality of life in Sharkey/Issaquena County improved/declined /stayed the same over the past few years?
3. Why do you think it has (based on answer from previous question: Improved/declined/stayed the same)?
4. What other factors have contributed to the health and quality of life [improving, declining or staying the same] (based on answer to question 2:
5. What barriers, if any, exist to improving health and quality of life in Sharkey/Issaquena County?
6. In your opinion, what are the most critical health and quality of life issues in Sharkey/Issaquena County?
7. What needs to be done to address these issues?
8. Do you think access to Health Services has improved over the last 3 years?
9. In your opinion, what is the reason why people are not able to access health services (medical, dental, mental health)? Please describe the challenges that keep individuals from seeking health care services?
 - Lack of Health Insurance
 - Inability to afford co-pays and/or deductibles
 - Transportation
 - Physicians refuse to take insurance or Medicaid
 - People don't know how to find a doctor.
 - Fear
 - Too long to wait for an appointment
 - Inconvenient hours/locations
 - Other
10. Please provide your thoughts on how well the community participates and takes ownership in personal wellness and healthy living? Physical activity and exercise?
11. Please describe your familiarity and/or perceptions regarding available local health resources and services?

12. Are there any specialists (physicians) which are needed in the community? If so, what specialties are needed?

13. What groups of people in the community do you believe have the most serious unmet health care needs? Are there persons or groups of persons in the community whos health and quality of life is not as good as others? Who are these people? Describe the causes? What should be done to address the needs of these persons?

14. What is the most important issue that the hospital should address in the next 3-5 years?