



Community Health Needs Assessment Yazoo County, Mississippi

Published August 1, 2016

Table of Contents

- I. Introduction and Purpose
- II. About Baptist Medical Center Yazoo
- III. About Mississippi Baptist Health System
- IV. About Yazoo County
- V. Executive Summary
- VI. Oversight
- VII. Methodology
 - A. Study Steps
 - B. Information Gaps
- VIII. Quantitative Analysis
 - A. Community Demographics
 - 1. Population
 - 2. Gender
 - 3. Age
 - 4. Racial Demographics
 - 5. Poverty and Unemployment
 - 6. Health Status
 - a) Mortality
 - b) Causes of Death
 - c) Infant Mortality/Low Birth Weight
 - d) Incidence and Prevalence of Cancer
 - B. Availability of Health Care Services
 - 1. Physicians and Primary Care Providers
 - 2. Inpatient Rehabilitation Services / Swingbed
 - 3. Emergency Care
 - 4. Outpatient

- 5. Long-term Care
- 6. Mental Health
- 7. Home Health Care and Hospice
- 8. Medical Transportation
- 9. Other Community-based Health Services
- C. Public Health Funding
- IX. Qualitative Analysis
 - A. Data Gathering / Survey Tools
 - Survey Participation/Access to Survey
 - Outreach to Underserved Populations and Minorities
 - B. Soliciting Participation
 - C. Participation Results
- X. Survey Results
 - A. About the Survey Respondents
 - B. Perception of Health Status and Healthy Lifestyles
 - C. Awareness of Local Health Offerings
 - D. Health Challenges
 - E. Access and Barriers to Health Care Services
- XI. Summary of Findings and Conclusions
- XII. Appendix A – CHNA Survey Instrument
- XIII. Appendix B – Focus Group Presentation
- XIV. Appendix C – Survey Results
- XV. Appendix D – Improvement Opportunities and Action Plan
- XVI. Appendix E – Supplemental Documents
- XVII. CHNA Addendum

I. Introduction and Purpose

Healthy communities require reliable and convenient access to high-quality healthcare services. Yazoo County, Mississippi is a great place to live and work. Like all communities, Yazoo County has unique opportunities and challenges when it comes to meeting the healthcare needs of our citizens. Yazoo County enjoys a brand new hospital facility which opened in 2015 and is located in Yazoo City, the county seat. We have an excellent complement of well-qualified primary care providers including physicians, dentists and nurse practitioners. Our relative proximity to the Jackson metro area offers better access to specialty services and more tertiary hospital services than many similar communities enjoy. The county also offers a fairly wide array of outpatient diagnostic and therapeutic services.

As a rural community in one of the poorest states in the nation, Yazoo County faces unique challenges when it comes to meeting the health care needs of its citizens. Some of these include an older population; higher incidence of certain preventable health conditions like heart disease, diabetes, cancer and obesity; and limited availability of specialty care within the community.

The purpose of this assessment is to gather information required to produce change beneficial to the community's overall health. For this project, multiple perspectives on health needs may lead to re-conceptualizing problems or a prospective interventions, or may indicate the advisability of continuing current programs and services, adding new ones and/or changing or discontinuing services which are duplicative, unnecessary or unsustainable.

II. About Baptist Medical Center Yazoo

Baptist Medical Center Yazoo is a general acute care hospital located in Yazoo City, Yazoo County, Mississippi. Formerly Yazoo Memorial Hospital and founded in 1949, Baptist Medical Center Yazoo is currently a 25 bed critical access hospital (CAH) offering professional and compassionate health care to our community. At Baptist Yazoo, we believe our community deserves quality health care close to home.

Baptist Yazoo offers acute care and swing bed services, a 24-hour emergency department as well as routine laboratory services and diagnostic imaging to include routine x-ray, CT, MRI, nuclear medicine, vascular ultrasound and echocardiography. Additionally, the facility

provides an array of outpatient services including wound care, podiatry, endoscopy, cardiology, diabetic foot care, and general surgery evaluation.

Baptist Yazoo also offers primary care (defined here as family medicine, pediatrics and preventive medicine) services from 3 clinic locations, all of which are located within the hospital's primary service area which is defined as Yazoo County.

III. About Mississippi Baptist Health System

Baptist Health Systems is the parent company of Baptist Medical Center, The Mississippi Hospital for Restorative Care, Baptist Medical Center Attala, Baptist Medical Center Yazoo, Baptist Medical Center Yazoo and a number of related healthcare services and programs. From its beginnings in 1908 as Jackson's first hospital, Baptist has continuously provided quality, compassionate, Christian-based medical care. A 15-member Board of Trustees, consisting of local business leaders, physicians and clergy, governs Baptist. Our medical staff includes approximately 450 board certified physicians representing more than 50 medical specialties.

IV. About Yazoo County

According to the Yazoo County Chamber of Commerce, Yazoo County is the largest county by land mass in the state. It is named for the Yazoo River, whose name, legend has it, comes from an Indian word meaning "River of Death." Yazoo County is included in the Jackson-Vicksburg-Brookhaven, MS Combined Statistical Area. It is located in the Mississippi Delta region. Farming and lumber are the predominant industries.

The area which is now Yazoo County was acquired by the State of Mississippi from the Choctaw Indians in 1820. Yazoo County was established on January 21, 1823. It was the 19th county established in the State of Mississippi, and remains the largest in area. The first county seat was at Beatties Bluff. In 1829, the county seat was moved to Benton. In 1849 the county seat was moved once again, to Yazoo City where it remains. Yazoo County was a battlefield in 1863 and 1864 during the American Civil War. The famous railroad disaster which killed engineer Casey Jones took place in Yazoo County, just north of Vaughan, in 1900. The Great Mississippi Flood of 1927 did much damage in Yazoo County.

2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan



As of the 2010 United States Census, there were 28,065 people residing in the county. 57.1% were Black or African American, 40.0% White, 0.4% Asian, 0.3% Native American, 0.7% of some other race and 1.5% of two or more races. 4.6% were Hispanic or Latino (of any race).

For purposes of healthcare, Yazoo County is deemed rural qualifying for both the Centers for Medicare (CMS) Rural Health Clinics and Federal Office of Rural Health Policy Grant programs as well as the Mississippi State Rural Health Plan. (See Appendix E - Supplements)

A more detailed description of the hospital services area is provided in Section XI of this report.

V. Executive Summary –

Yazoo County is a vibrant and diverse rural community located in central Mississippi. Medical Center Yazoo (BMCY) recognizes that rural communities have unique challenges in meeting health needs, and is committed to serving the citizens of this community by engaging the local community and leveraging the community's resources with those of Mississippi Baptist Health System to provide improvements in the health and longevity of the citizens we serve. BMCY recognizes that truly measurable and sustainable improvements to the overall health of the community requires a partnership of all key stakeholders including the local hospital, elected and lay civic leaders, Mississippi Baptist Health System as we assist and encourage local citizens to assume greater responsibility for managing their health, living healthy lifestyles and making better healthcare decisions. We are also committed to provide resources dedicated to this goal within the limits of the community and its various stakeholders, to be good stewards of the resources with which we are entrusted and to leverage those resources for maximum health impact.

BMCY has conducted this Community Health Needs Assessment for the purposes of identifying opportunities to improve health and services within the community. The survey was made available to all members of the community with efforts to reach diverse and underserved groups in order to ensure their needs were considered and addressed. Numerous strengths were identified as well as opportunities to either offer new services or expand existing ones.

Results of this survey will be used by leaders and stakeholders to develop action plans designed to address the needs identified.

VI. Oversight

This study was commissioned by the Baptist Medical Center Yazoo Board of Trustees. Development and implementation of the study was delegated to the Hospital Chief Executive Officer, Sean Johnson.

VII. Methodology

Baptist Medical Center Yazoo employed a multi-stepped approach to gathering information and soliciting feedback from publically available data, internal data sources and public opinion.

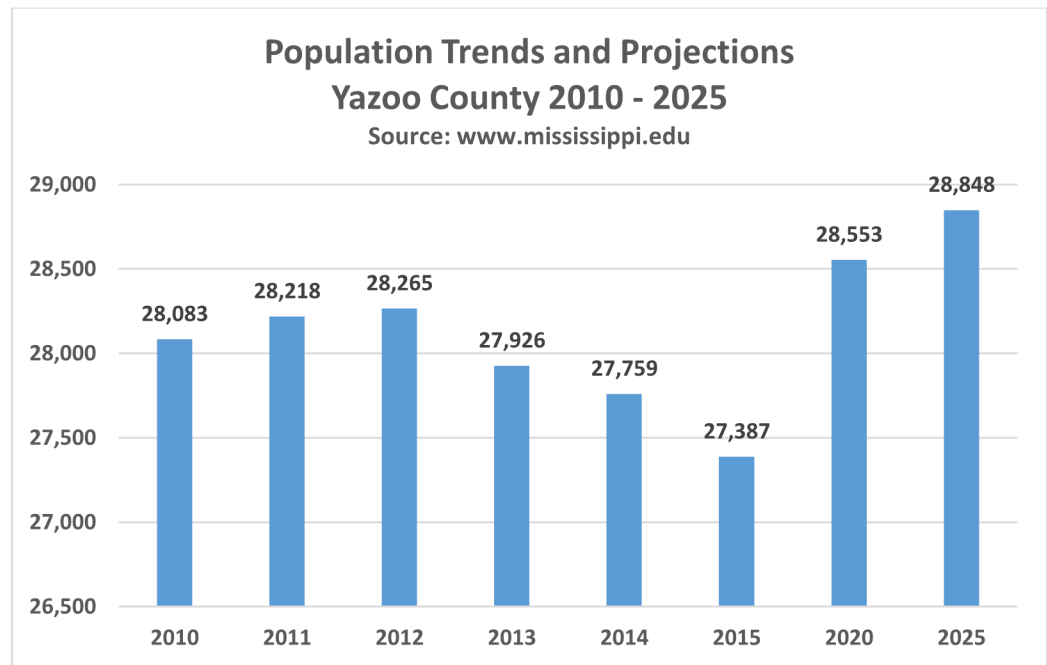
- A.** Steps of the process included:
 1. Identification of the Community Served
 2. Collection and Review of Demographic and Community Data
 3. Development of a Survey Tool
 4. Invitation for Community Member to Participate in Survey
 5. Analysis of Survey Findings
 6. Development of a Mitigation Plan to Address Key Issues

- B.** Information Gaps – Baptist Medical Center Yazoo made efforts to obtain the best and most timely information available for purposes of this study. Certain limitations are inherent in this type of analysis due to a number of factors including, but not limited to: availability of data, timeliness of data and limitations of sample size as well as personal biases of participants who chose to participate in the study.

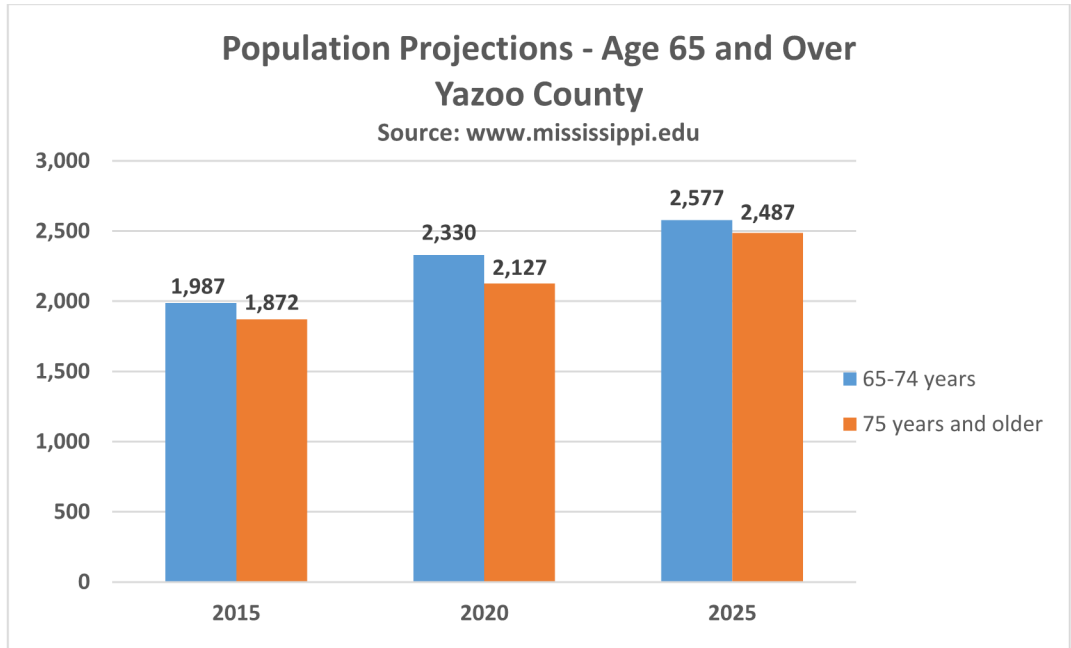
VIII. Quantitative Analysis

A. Community Demographics

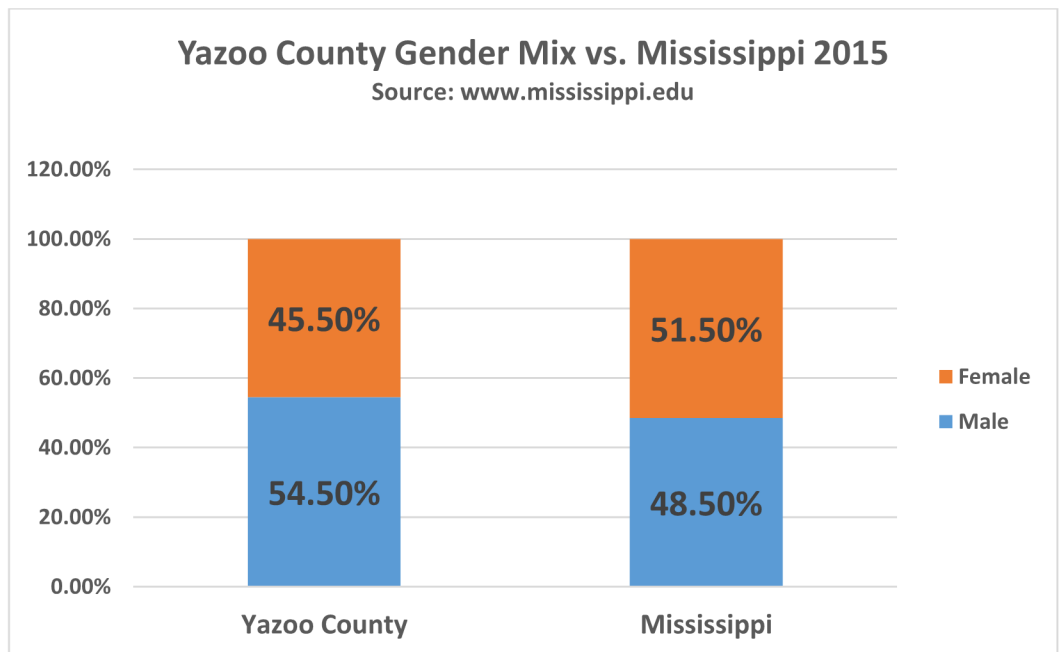
1. Population – As of the 2010 U.S. Census, the total population of Yazoo County, Mississippi was 28,083. The population is projected to decrease slightly over the next 20 years with modest increases expected for the out years 2020 and 2025.



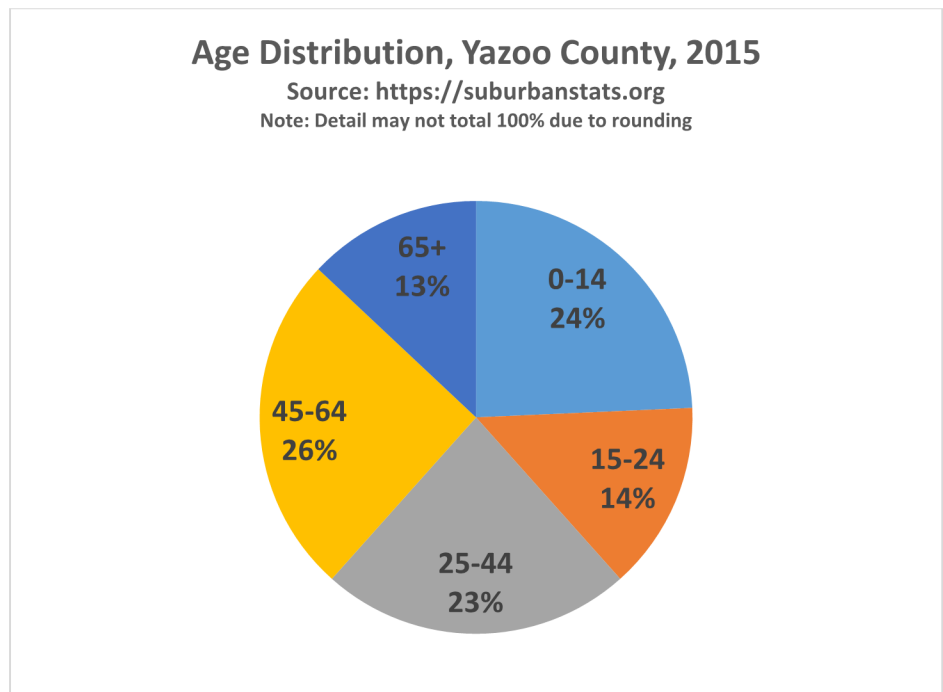
Statistical projections show the number of senior adult population (defined as 65 years or older) increasing steadily between 2015 and 2025.



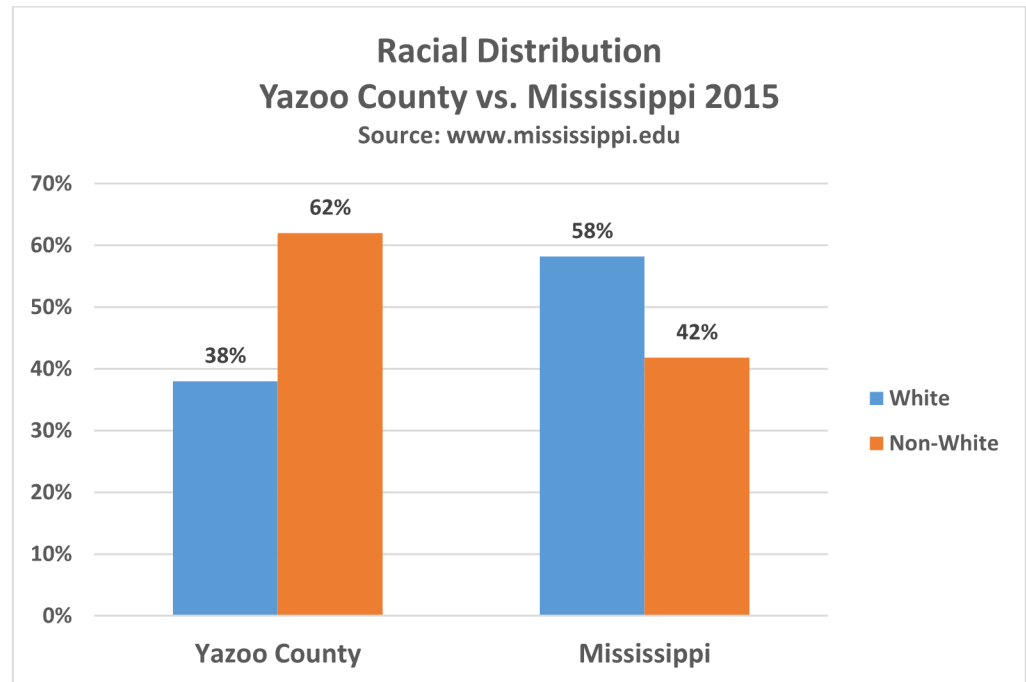
- Gender – The gender composition of Yazoo County is estimated to be slightly more male (54.5%) than female (45.5%). This varies from the state which is estimated to be slightly more female than male.



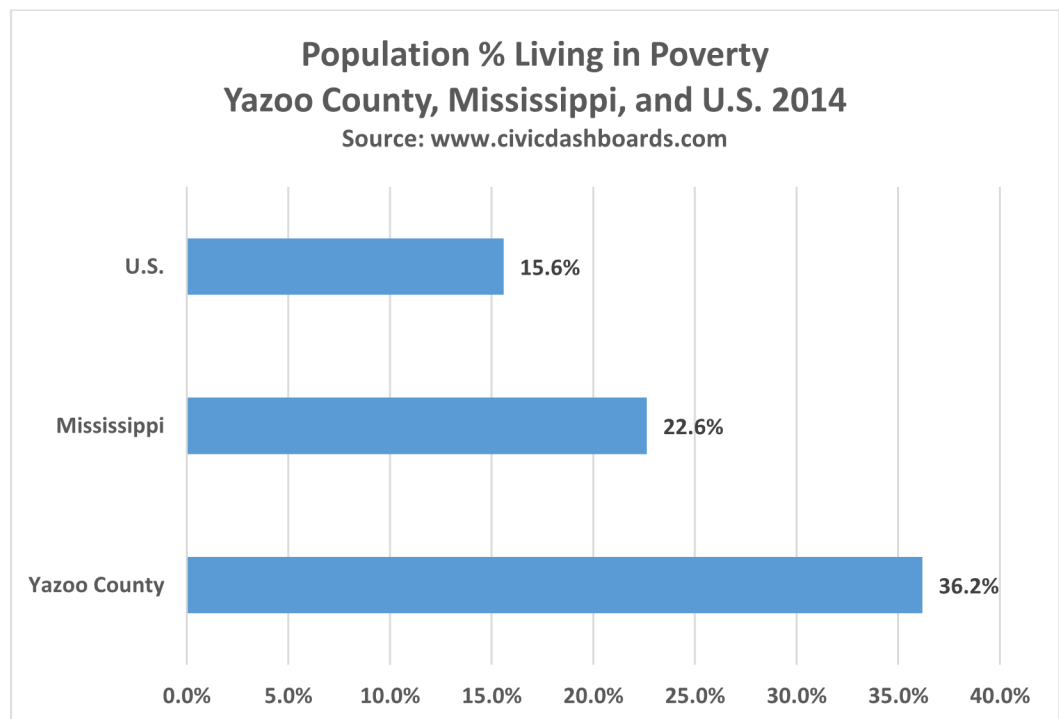
- Age – It should be noted that, while the State of Mississippi the over-65 population for Yazoo County to be 18% in 2015, data from suburbanstats.org has this number slightly lower at 13%. This is statistically significant, but not overly burdensome to the purpose and conclusions of this study. For purposes of planning, we can assume the number of over-65 population will remain fairly constant to slightly increasing.



4. Racial Demographics – The racial demographics of Yazoo County vary significantly from the state overall. It is estimated that the county population is 62 percent non-white compared to 42 percent for the state at-large.

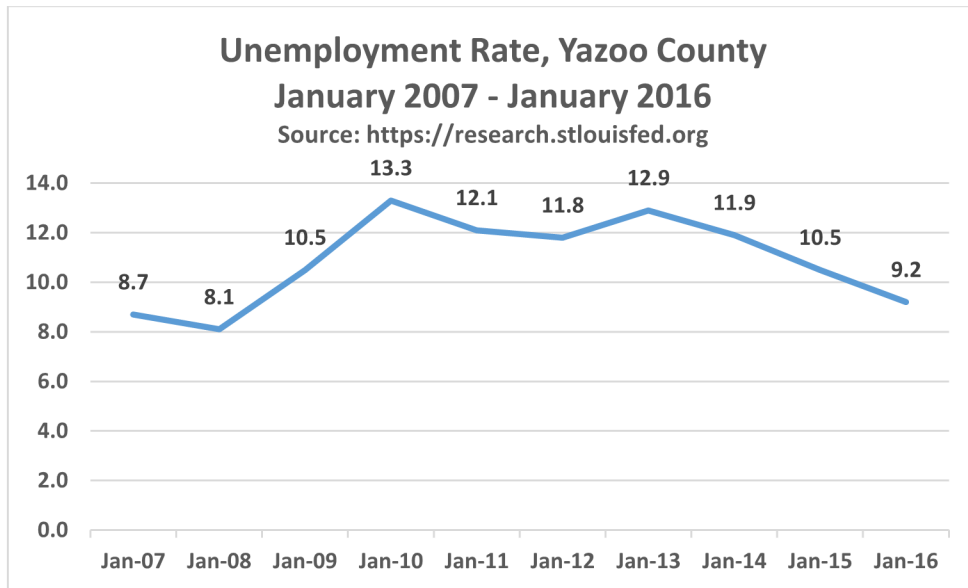


5. Poverty and Unemployment – The relationships between poverty and healthcare have been well documented. Research from the Morgridge Center for Public Service at the University of Wisconsin – Madison found in their study Poverty Fact Sheet: Poor and in Poor Health that (Appendix E – Supplemental) “In the United States, discussion about how to improve health often turns to either access to care or health behaviors like smoking or diet. These things matter, but there are also many social and economic factors that compromise health and impair the ability to make healthful choices in the first place that should be considered.” Beyond access to care, their study found that factors limiting access to health information and access to nutritious food also impact an individual’s prospects for healthy living beginning in childhood and progressing with age.

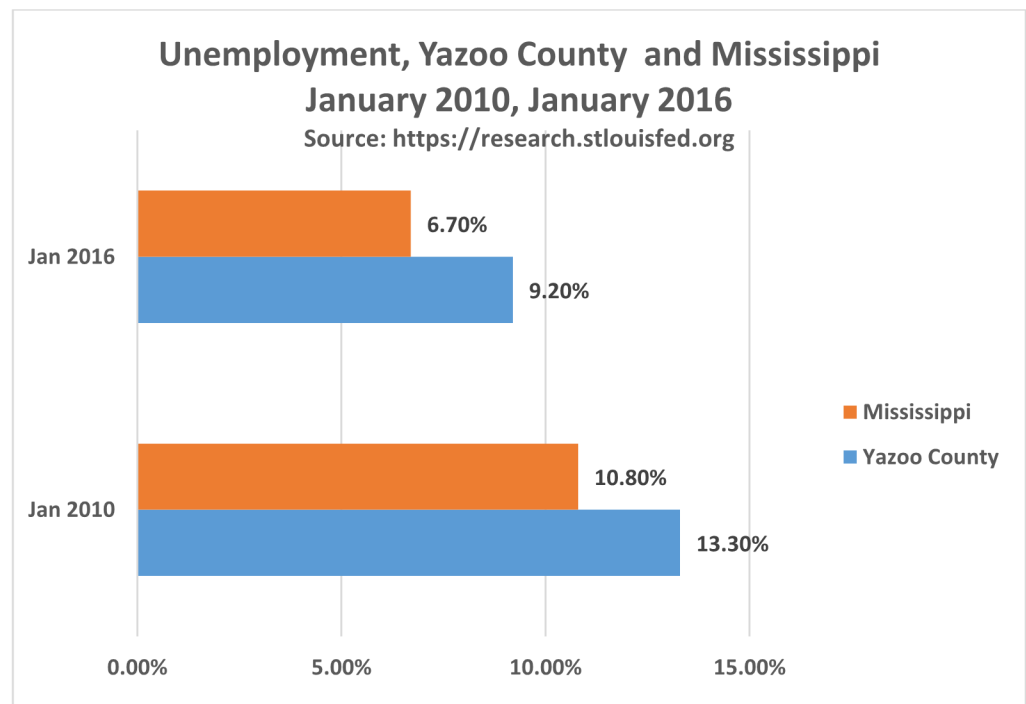


It is estimated that over 36.2% of Yazoo County’s population meets the definition of “living in poverty.” This compares to 22.6% for the state of Mississippi and more than 12 percentage points above the national average of 15.6%.

Unemployment – Yazoo County saw improvement in unemployment statistics over the course of the national recovery from what has been termed “The Great Recession” of the past decade by policy makers.

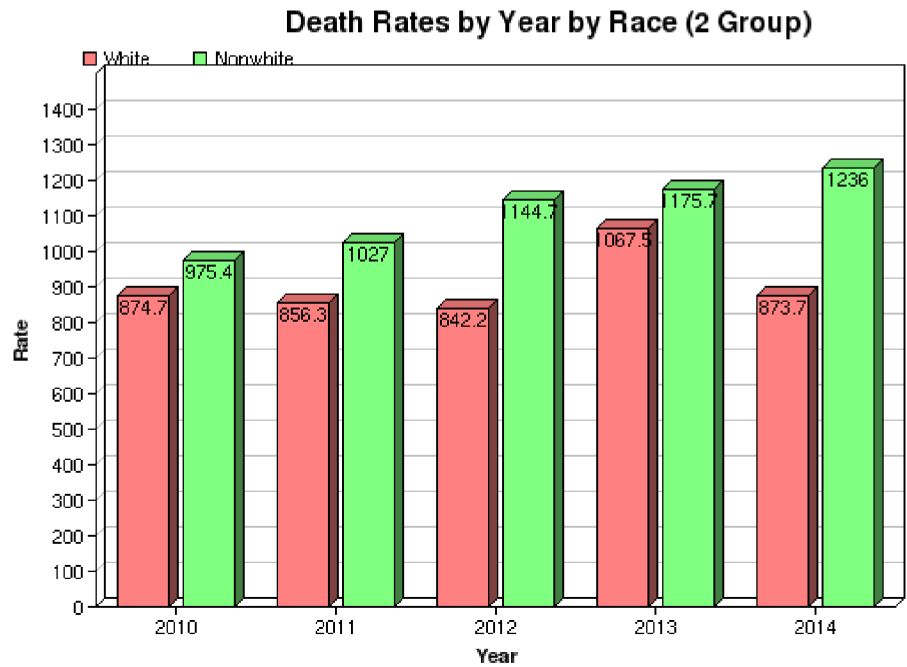


Yazoo County’s recovery has been consistent with Mississippi but remains higher than the state-wide number. In 2010, Yazoo County’s unemployment rate (13.3%) was slightly lower than the state average of 10.8%. As of 2016, that number is slightly lower at 6.7% compared to a state average of 6.7%.



6. Health Status

- a) Mortality – Age-adjusted mortality rates for Yazoo County are at relative parity for whites and non-whites.



Source: Mississippi Department of Health/MSHAHRS System

Major causes of death in age-adjusted frequency are: heart disease, cancer, other/nonspecified conditions, diabetes, stroke and hypertension, injury and COPD.

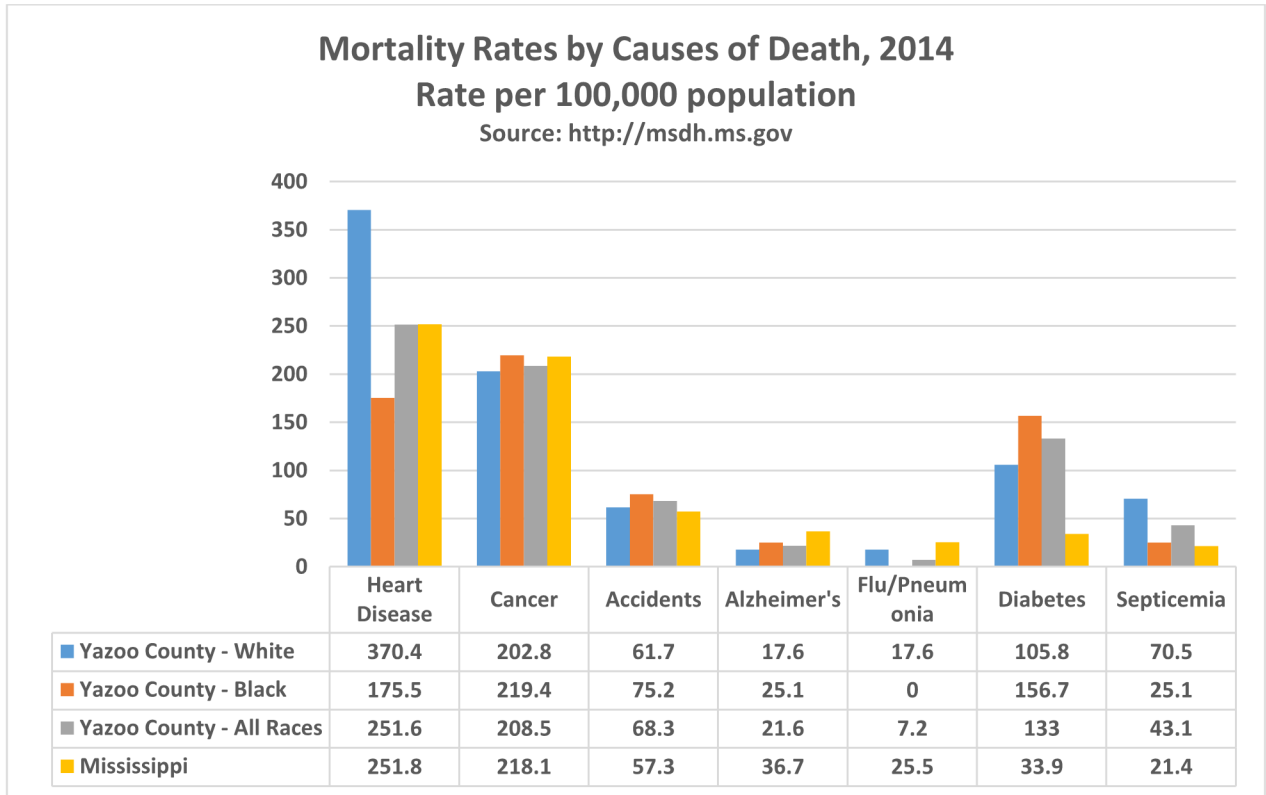
2016 Community Health Needs Assessment
 Opportunities for Improvement and Action Plan



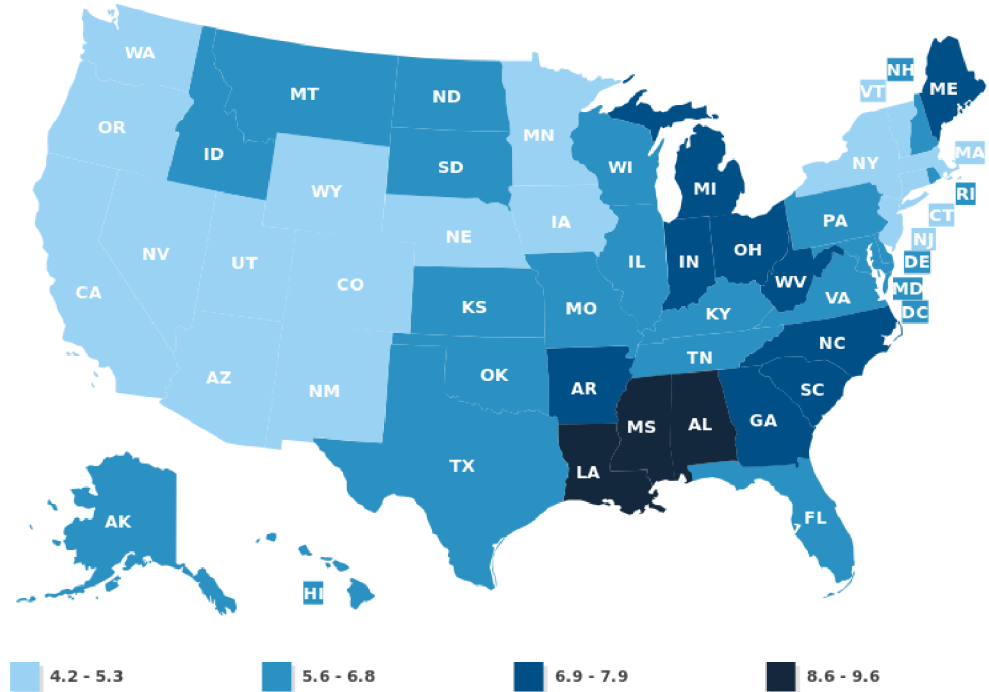
Yazoo County Mississippi
 Death Rates by Cause of Death 2010-2014

Cause	Number	Rate
Heart disease	303	212.8
Malignant Neoplasms (cancer)	297	208.7
Other diseases and conditions	196	138.0
Diabetes mellitus	138	96.3
Cerebrovascular diseases (Stroke)	108	76.1
Unintentional Injury	82	57.9
Chronic obstructive pulmonary disease (COPD) / Emphysema	65	46.7
Alzheimer's disease	39	28.0
Septicemia	35	24.6
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)	33	23.0
Pneumonia & influenza	21	15.1
Hypertension	18	12.9
HIV/AIDS	18	12.8
Chronic Liver disease & cirrhosis	16	10.9
Homicide and legal intervention - >	15	10.0
Suicide	12	8.5
Certain conditions originating in perinatal period	9	6.4
Other external causes	7	5.1
Other Infections and parasites	7	4.4
Ulcer of stomach and duodenum	2	1.5
Birth defects	2	1.4
Atherosclerosis	1	0.8
Tuberculosis	0	0.0
Syphilis	0	0.0
Maternal causes	0	0.0
Total	1,424	1001.8
Source: MS Dept of Health MSHTARS		

- b) Causes of Death – For all racial groups, heart disease and cancer account for a disproportionate number of deaths, particularly among the Caucasian population.



- c) Infant Mortality/Low Birth Weight – Mississippi continues to lead the country in infant mortality and low-birth-weight babies.



Infant mortality, likewise remains high according to 2013 data from the Kaiser Family Foundation:

Infant Mortality for the Southern U.S.	
Location	Infant Deaths per 1,000 Live Births
United States	6
Alabama	8.6
Arkansas	7.9
Georgia	7
Louisiana	8.7
Mississippi	9.6
Source: Kaiser Family Foundation 2013	

- d) Cancer Incidence – Incidence of cancer of all types is higher for Yazoo County than the state-side average.

Cancer Rates for Yazoo County Mississippi

Source: Mississippi Cancer Registry

Year		2009	2010	2011	2012	2013	2009-2013
Population at Risk		23790	23779	23305	23253	23309	117436
Total Cases		118	113	115	134	141	621
Crude Rate		496.01	475.21	493.46	576.27	604.92	528.8
Age-Adjusted Rate		483.18	454.92	443.07	535.91	537.09	492.22
95% Confidence Interval	Lower	399.22	374.05	364.89	447.49	450.71	453.76
	Upper	579.67	548.26	533.49	636.89	635.65	533.12
Statewide Age-Adjusted Rate		482.23	485.81	474.56	465.32	459.95	473.37
Statewide 95% Confidence Interval	Lower	474.46	478.07	466.96	457.86	452.6	469.97
	Upper	490.1	493.64	482.25	472.88	467.39	476.78

B. Availability of Health Care Services

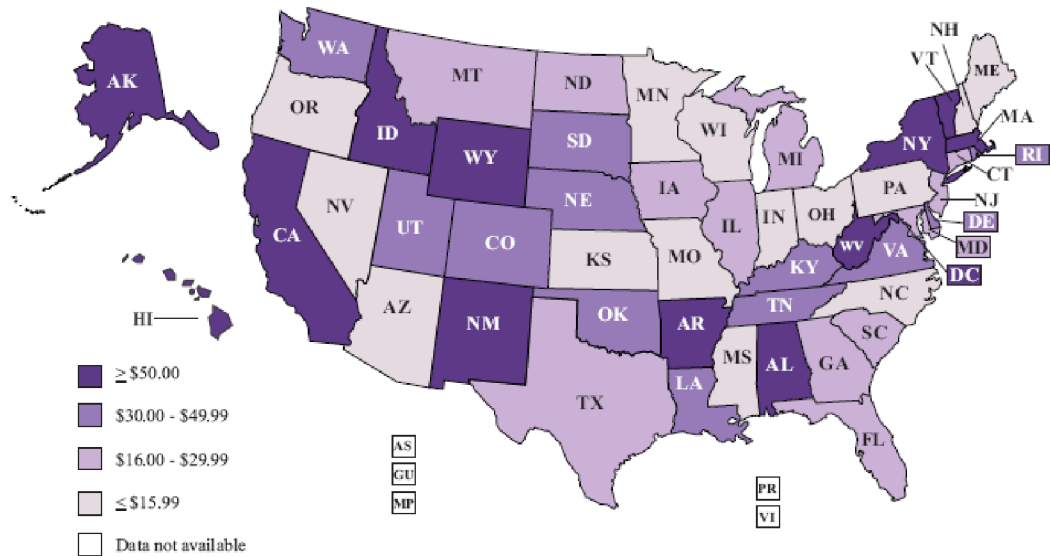
1. Physicians and Primary Care Providers – There are three full-time primary care (family and internal medicine) physicians practicing in Yazoo County. Additionally, there are 4 full-time nurse practitioners providing a combination of adult and pediatric services. Of the 5 practice locations in Yazoo County, none provides extended-hours care. There are currently no primary care services available after 6 p.m. Monday – Friday and none on weekends. During these times, patients often utilize the hospital emergency department for needed services. Others may delay seeking care and/or travel to neighboring counties offering “urgent care” walk-in clinics.
2. Inpatient Rehabilitation Services / Swingbed – Baptist Medical Center Yazoo also offers sub-acute care services focused on care immediately following an acute condition, such as a serious illness or surgery that required hospitalization. Qualified patients need only follow-up care such that patient no longer medically needs to remain in the hospital for high-tech monitoring or complex diagnostic procedures. But, the patient is still not appropriate or ready for home-based care or recovery. The goal of the swing bed program is to return the patient to a permanent living situation as soon as possible. Although the patient under the swing bed program is in the hospital, the emphasis is on moving the patient to home or other living situation. Any of BMCL’s 25 beds, if available, may be used for this purpose on a given day such that the total hospital census never exceeds 25 total patients. Swingbed stays generally average about 10 days.
3. Emergency Care – Baptist Medical Center Yazoo offers the only hospital-based emergency services in Yazoo County. The BMCY Emergency Department operates 24 hours, seven days per week and is staffed by a qualified provider at all times. BMCL participates in the Mississippi state-wide trauma system as a level IV provider. Level IV trauma centers are generally licensed, small rural facilities with a commitment to the resuscitation of the trauma patient and written transfer protocols in place to assure those patients who require a higher level of care are appropriately transferred. These facilities may be staffed by a physician, or a licensed midlevel practitioner (i.e. advanced practice nurse). Major trauma patients are stabilized and transferred to facilities offering higher levels of care. This categorization does not contemplate that Level IV hospitals will have resources available for emergency surgery for the trauma patient.

4. Outpatient Services - Baptist Medical Center Yazoo offers a fairly extensive array of diagnostic and therapeutic services. These include:
 - Laboratory services include routine testing on-site such as chemistry and blood bank services plus a wide array of bedside or “point of care” testing. The lab is CLIA certified. Testing for non-routine, non-urgent testing is collected on-site and transported to reference laboratories via courier.
 - Diagnostic Imaging - BMCY offers routine x-rays, CT services, diagnostic mammography, nuclear medicine and ultrasound services. Mammography, nuclear and ultrasound services are provided Monday – Friday during regular business hours. MRI services are provided twice per week via a mobile service available on the hospital campus.
 - The hospital provides outpatient physical therapy services.
 - BMCY also offers outpatient respiratory services as well as EKGs, cardiac stress testing and pulmonary function testing.
 - In addition to the above diagnostic services, BMCY offers outpatient treatment in the areas of gastroenterology/GI lab, podiatry/foot care and wound care.

5. Long-term Care – Yazoo County is home to two nursing facilities (nursing homes) which offer an array of short and long-term care services. In addition to domiciliary care, they offer skilled services such as: licensed nursing care, physical therapy, speech therapy, occupational therapy, stroke rehabilitation, balance management, IV therapy, diabetes management, pain management, continence management, dialysis care and wound care. Only one of the two facilities qualifies as a skilled nursing facility accepting Medicare and Medicaid patients. There are two additional facilities in the community which qualify as “assisted living” homes.

6. Mental Health – There are no inpatient mental health care services provided in Yazoo County. There are two providers of outpatient mental health services in Yazoo County: Warren-Yazoo Community Mental Health Center which provides services to all age groups.
7. Home Health Care and Hospice – There are several providers of home health services with offices located in Yazoo County and two dedicated outpatient hospice programs. There is no inpatient hospice service available in the community; however, BMCY will occasionally accept inpatient hospice patients upon request.
8. Medical Transportation – Ground ambulance transportation for Yazoo County is provided by AMR, Inc., which provides transport for emergency and trauma care as well as routine scheduled medical transportation. Medical control for the ambulance service is provided through the University of Mississippi Medical Center (UMMC), which operates the only Level I trauma service in the state. Emergency air transport services are provided primarily by AirCare from UMMC; although, other providers may occasionally transport based on specific patient needs and/or availability of equipment. BMCL provides support for air transport for truly emergent cases; however, the hospital does not provide a helipad. Instead, a local parking lot used requiring the temporary closure of a public street when the helicopter is landing. Local police assist with this effort. Air travel times between Yazoo City and UMMC is approximately 12 minutes under ideal conditions. There is very limited non-ambulance health care transportation available in the county. Medicaid transportation is available on a limited basis, but there are frequent scheduling difficulties.
9. Other Community-based Health Services – In addition to the above listed services, Yazoo County provides: 1 outpatient physical rehabilitation service (PT, OT, Speech) 4 dentists, 2 opticians, 1 chiropractor. There are six pharmacies located in the county, most in the city Yazoo City. None of them offer 24-hour services. The pharmacy service available after 9:00 p.m. is located in Jackson, about an hour away. There is 1 outpatient dialysis center in the county. Baptist Medical Center does not accept acute patients requiring dialysis services; although, we do occasionally take swingbed patients requiring dialysis, assuming they can be safely transported by standard vehicle to receive those services.

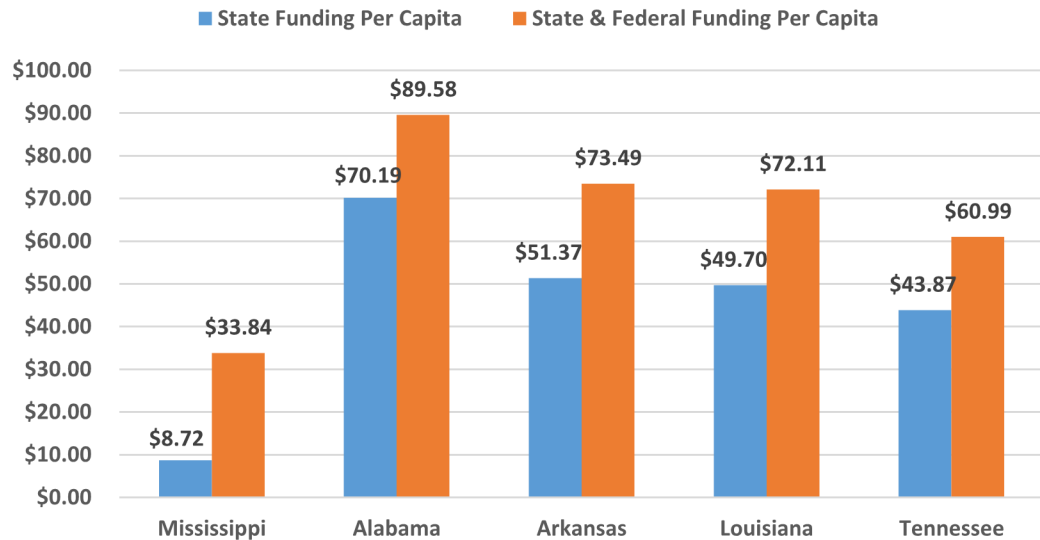
- C. Public Health Funding – In spite of ranking 1st among the fifty states for poverty and 8th for uninsured, Mississippi still ranks among the lowest states for public health spending per capita at less than \$15.99/day according to data provided by the National Conference of State Legislatures.



Even when compared to other states in our region, Mississippi falls far short of our relative peers.

**Public Health Funding Per Capita
FY2011 - FY2012**

Source: <http://www.mspha.org> and <http://healthyamericans.org>



These numbers represent the stark reality of the health care challenges facing Mississippians.

Impact of the Affordable Care Act – In a December 2014 *POLITICO* article entitled “Mississippi Burned, How the Poorest, Sickest State Got Left Behind by Obamacare,” (See Appendix E – Supplements) author Sarah Varney wrote,

“The first year of the Affordable Care Act was, by almost every measure, an unmitigated disaster in Mississippi. In a state stricken by diabetes, heart disease, obesity and the highest mortality rate in the nation, President Barack Obama’s landmark health care law has barely registered, leaving the country’s poorest and most segregated state trapped in a severe and intractable health care crisis.

“There are wide swaths of Mississippi where the Affordable Care Act is not a reality,” Conner Reeves, who led Obamacare enrollment at the University of Mississippi Medical Center, told me when we met in the state capital of Jackson. Of the nearly 300,000 people who could have gained coverage in Mississippi in the first year of enrollment, just 61,494—some

20 percent—did so. When all was said and done, Mississippi would be the only state in the union where the percentage of uninsured residents has gone up, not down.”

As of this publication, there is only 1 plan in Mississippi offering coverage under the “Patient Protection and Affordable Care Act” also known as “Obamacare.” And, there are currently no providers in Yazoo County accepting patient under this plan.

IX. Qualitative Analysis

Baptist Medical Center Yazoo conducted a Community Health Needs Survey to assist leaders in:

1. Ascertaining views of the community related to perceived health, healthcare and the quality and accessibility to related services,
 2. Identifying gaps in service, and
 3. Formulating plans to address these shortcomings within the resources available to the organization.
- A. Data Gathering / Survey Tools – A survey tool was developed based those data points felt to be most significant in determining the public’s perceptions related to participants perceptions and experiences related to 1) their overall health 2) awareness of available services and 3) perceived needs for new and additional health services within the community. The survey was limited to 25 questions in order to maximize interest in participation. A Copy of the survey instrument is provided in Appendix A

Survey Participation / Access to Survey – Baptist Medical Center Yazoo made every attempt to solicit feedback from anyone in the community who wished to participate. The online survey was distributed via email, website, social media, local Main Street/Chamber, and other means of electronic communication. Instructions for accessing the online survey were distributed in highly trafficked areas by patients and visitors throughout clinics, Baptist Medical Center Yazoo, local civic and community meetings, local library with free online access is available, local businesses as well as other local media outlets.

A hardcopy survey was also made available to receive a diverse response in order to not exclude those who might not have internet access. Paper surveys were distributed at local civic and community meetings and events, local businesses, Baptist Medical Center Yazoo lobby and clinics. The completed hardcopy surveys were collected and entered to the online data for analysis.

Focus Group Methodology - A critical component in gathering relevant community health needs data is conducting focus group interviews with community members who are interested in and represent the broader interests of the community, including those with special knowledge of or expertise in public health. A copy of the Focus Group Presentation is provided in Appendix B.

Two focus groups were conducted inviting participants across Yazoo County to attend. Information regarding the focus group that included the date, time, and location was disseminated by email, newspaper, the local Main Street Chamber, and local civic organization and community meetings. A series of questions were presented to the focus group serving as a guide for the meeting in which the attendees were asked to share their responses. The responses were in turn documented by a designated scribe.

- B.** Soliciting Participation - In order to maximize participation, the hospital conducted focus groups with various civic groups and organizations. Outreach was provided via the hospital website, social media, print and radio announcements, local civic organizations and major employers as well as internal hospital resources (employees and volunteers). A full list of outreach efforts is provided in Appendix B.
- C.** Participation Results – In all, 122 individuals participated in the survey either through one of our public forums or via the internet survey tool.

X. Survey Results

- A. About the Survey Respondents – In total, 122 individuals from the community participated in the survey. There was a wide representation of age groups as follows:

Age Range of Survey Respondents	
18 to 24	4.10%
25 to 34	20.49%
35 to 44	19.67%
45 to 54	21.31%
55 to 64	25.41%
65 to 74	7.38%
75 or older	1.64%

Eighty-one percent of the participants were female. While this number differs from the overall population statistics (roughly equal male-to-female population) it is consistent with the U.S. Department of Labor’s published that women make 80% of the healthcare decisions for the family.

There was diverse ethnic representation in the responses with 72.7% identifying as Caucasian and 23.97% African-American. Numerous attempts were made to engage all ethnicities in the survey; however, no Hispanic or American Indians participated in the survey.

A diversity of educational levels were represented with college-educated adults making up the largest group of respondents at 63.03%. 79.51% reported being employed full-time. 7.38% were retired. There were no participants with less than a high school diploma. All income ranges were represented; although, 14.05% preferred not to respond to the question.

Income Range of Survey Respondents	
0 - \$24,999	16.5%
\$25,000 - \$49,999	25.6%
\$50,000 – \$74,999	9.1%
\$75,000 - \$99,999	16.5%
\$100,000 or more	18.2%
Prefer not to answer	14.0%

Over half of the survey respondents reported having some number of children living in their home below the age of eighteen.

When asked about insurance coverage, 88.03% of respondents said they have “commercial health insurance.” 7.69% had Medicare. 1.712% had Medicaid, 2.56% said they had no coverage at all.

- B. Perception of Health Status and Healthy Lifestyles – Over 90 percent of respondents reporting perceiving their general health as “good” to “excellent” with the largest percentage (45.4%) choosing the rating of “good.”

Personal Health Choices and Behavior	
I exercise at least 3 times a per week	34.4%
I eat at least 5 servings of fruits and vegetables each day.	23.8%
I eat fast food more than once per week	43.4%
I smoke cigarettes	10.7%
I chew tobacco	0.0%
I use illegal drugs	0.0%
I abuse or overuse prescription drugs	0.0%
I consume more than 4 alcoholic drinks per day	0.8%
I use sunscreen or protective clothing for planned time in the sun	46.7%
I receive a flu shot each year	77.0%
I have access to a wellness program through my employer	57.4%
None of the above apply to me	2.5%

Many respondents acknowledged practicing healthy activities and lifestyle choices: 77% receive a flu shot annually. 57% report having access to a wellness program and 34.43% reported exercising at least 3 times per week. Sunscreen use was also high at 46.7%. Unsurprisingly, 43.4% report eating “fast food” at least once per week and 10.6% reported using cigarettes.

Of the respondents, almost all (98%) reported at least 1 preventive health measure taken in the past 12 months. The most common were blood pressure checks (78.5%), flu shots (74.3%), dental cleanings w/ x-rays (56.2%) and pap smears (women) at 53.72. 44.6% reported having an annual physical exam.

- C. Awareness of Local Health Offerings – Of 11 various health services offered by Baptist Medical Center Yazoo, only 4 had at least a 50% awareness rating with survey respondents. The highest was “family medicine” with over 80.8% of respondents indicating awareness that these services were available. 78.8 were aware of the “wound care” services (although this question might have been interpreted by some as episodic care provided in the emergency department or primary clinic related to an acute injury). The lowest rated awareness scores were podiatry and women’s health.
- D. Health Challenges – Survey respondents were provided with a list of 13 health challenges (including a choice of “no health challenges” and “other”) and asked to select the top 3 affecting them personally. 26% of respondents denied having health challenges. The most frequently listed challenges were joint/back pain (42.9%), overweight/obesity (41.3%) and high blood pressure (33.03%).
- E. Access and Barriers to Health Care Services – When asked “Where do you go for routine healthcare?” 103 respondents (88.79%) listed “physician office.” 6.03% said they do not receive routine healthcare. 1.72% listed the health department, and less than 1% cited the emergency department. 82.8% responded affirmatively that they had someone they considered to be their “personal doctor.”

91% of respondents said they are able to “visit a doctor when needed,” and 81.36% of respondents reported seeing a doctor within the past year. 65.5% said they receive their healthcare services in Yazoo County. For those respondents who say they cannot see a physician when needed 20% said they “cannot afford it.” 16.67% listed appointment availability as a barrier and another 3.3% cited “cannot take time off from work.”

When asked if they had changed doctors within the past 12 months, 86% have not. 4.5% said they were dissatisfied with their provider. 2.7% have moved or retired and had changed due to a change in health care coverage. 3.2% were dissatisfied with their prior provider and 2.4% said their provider had retired. Only 1% listed change in coverage as a key driver.

When asked about distance and travel time to a provider, 87% rated travel and convenience as “good,” “very good” or “excellent” with “excellent” being the most frequently cited response at 35.9%.

For emergency care, 17% of respondents said they had visited the emergency room at least once within the past year.

When asked, “What might prevent you from seeing a doctor if you were sick, injured or needed some type of health care?” 66 respondents (55%) said nothing would prevent them from seeking care. 27.5% cited “cost.” “Difficulty in getting an appointment (15%) and “convenient hours” (14.17%) were also cited frequently.

What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.		
Answer Options	Response Percent	Response Count
a. Cost	27.5%	33
b. Frightened of the procedure	6.7%	8
c. Worried they might find something wrong	12.5%	15
d. Cannot get time off from work	5.8%	7
e. Hours not convenient	14.2%	17
f. Difficult to get appointment	15.0%	18
g. Do not trust or believe doctors	2.5%	3
h. No transportation or difficult to find transportation	0.8%	1

XII. Summary of Findings and Conclusions

Based on the findings of both the quantitative and qualitative data gathered, Baptist Medical Center Yazoo has identified gaps in healthcare services within the community. While acknowledging its important role in meeting the healthcare needs of the community, BMCL also recognizes that truly “moving the needle” on healthcare for the community (i.e. improving the overall health of the community) implies shared responsibility and coordination of resources on the part of all stakeholders including the hospital, other healthcare providers, elected and non-elected officials as well the citizens, who are the ultimate consumers of healthcare services.

In analysis of both the quantitative and qualitative data gathered, Baptist Medical Center Yazoo identified opportunities to expand or improve services in three broad categories. These included: At-Risk Populations, Disease-Specific Needs and areas of Social Concern that impact the community’s short-term and long-health.

The recommendations and action plans which follow in Appendix D are grouped into four types in interventions:

1. Education – Those activities and resources that BMCL can provide, both internally and externally to assist individuals and/or partner organizations in addressing health-related issues.
2. Advocacy – Opportunities to engage with officials (both elected and appointed) who make or administer policies which directly or indirectly impact the health of the community.
3. Partnerships – BMCL will seek to work collaboratively with individuals, stakeholders, and outside organizations toward the overall goal of improving community health.
4. Provision of Services – Those services which BMCL plans to provide directly and independently to patients

A plan will be developed to address each gap in services or opportunity to provide new or expanded service with recommendations in one or more of these categories. The plan will be approved by the Board of Trustees and updated annually.

APPENDIX A
SURVEY INSTRUMENT

Community Health

Your participation in this survey is vital to the goals of Baptist Medical Center Yazoo meeting the needs of the residents of Yazoo County. You may choose for your participation to be anonymous or you may choose to include your name and contact information. We appreciate your time and interest in Yazoo County's health needs.

*** 1. What is your age?**

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

*** 2. In general, how would you rate your overall health?**

- Excellent
- Very good
- Good
- Fair
- Poor

*** 3. Where do you go for your routine healthcare?**

- Physician's office
- Health Department
- Emergency Room
- Urgent Care Clinic
- I do not receive routine healthcare

Other (please specify)

*** 4. Are you able to visit a doctor when needed?**

Yes

No

5. If you answered NO to question 4, please check all that apply.

a. No appointment available

b. Cannot afford it

c. Cannot take time off from work

d. No transportation

e. No specialist in my community for my condition

Not applicable

Other (please specify)

*** 6. What type of healthcare coverage do you have?**

a. Medicare

b. Medicaid

c. Commercial health insurance

d. No healthcare coverage

Other (please specify)

*** 7. Please select the top 3 health challenges you face**

- Cancer
- Diabetes
- Overweight/obesity
- Lung disease
- High blood pressure
- Stroke
- Heart Disease
- Joint Pain or back pain
- Mental health issues
- Alcohol overuse
- Drug addiction
- I do not have any health challenges

Other (please specify)

*** 8. Do you have one person you think of as your personal doctor or health care provider?**

- a. Yes
- b. NO

*** 9. Do you receive your healthcare services in Yazoo County?**

- Yes
- No

*** 10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?**

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor
- f. Don't have a usual place
- g. Don't know

*** 11. If you have changed doctors within the last 12 months, why did you change doctors?**

- a. Have not changed doctors
- b. Changed residence or moved
- c. Changed jobs
- d. Changed health care coverage
- e. Provider moved or retired
- f. Dissatisfied with former provider or liked new provider better
- g. Former provider no longer reimbursed by my health care coverage
- h. Owed money to former provider
- i. Medical care needs changed

Other (please specify)

*** 12. What is your 5 digit zip code?**

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

- a. I exercise at least 3 times a per week
- b. I eat at least 5 servings of fruits and vegetables each day.
- c. I eat fast food more than once per week
- d. I smoke cigarettes
- e. I chew tobacco
- f. I use illegal drugs
- g. I abuse or overuse prescription drugs
- h. I consume more than 4 alcoholic drinks per day
- i. I use sunscreen or protective clothing for planned time in the sun
- j. I receive a flu shot each year
- k. I have access to a wellness program through my employer
- l. None of the above apply to me

*** 14. Which of the following preventive procedures have you had in the past 12 months? select all that apply**

- a. Mammogram
- b. Pap smear
- c. Prostate cancer screening
- d. Flu Shot
- e. Colon/rectal exam
- f. Blood pressure check
- g. Blood sugar check
- h. Skin cancer screening
- i. Cholesterol screening
- j. Vision screening
- k. Hearing screening
- l. Cardiovascular screening
- m. Bone density test
- n. Dental cleaning/x-rays
- o. Physical exam
- p. None of the above

*** 15. What is your gender?**

Female

Male

*** 16. What is your race?**

a. African American

b. Caucasian

c. Asian

d. American Indian

e. Hispanic

Other (please specify)

*** 17. How long has it been since you last visited a doctor for a routine checkup?**

a. Less than a year ago

b. 1 – 2 years ago

c. 2 – 5 years ago

d. 5 or more years

e. Never

*** 18. How many times have you visited the Emergency Department in the past year?**

a. 0 times

b. 1 – 2 times

c. More than 2 times

d. Don't know

*** 19. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.**

- a. Cost
- b. Frightened of the procedure
- c. Worried they might find something wrong
- d. Cannot get time off from work
- e. Hours not convenient
- f. Difficult to get appointment
- g. Do not trust or believe doctors
- h. No transportation or difficult to find transportation
- Nothing would prevent me from seeing a doctor at this time

Other (please specify)

20. How many children live in your household who are . . .

Less than 5 years old

5 to 12 years old

13 to 17 years old

*** 21. What is your current employment status?**

- a. Employed full-time
- b. Employed part-time
- c. Student
- d. Homemaker
- e. Unemployed
- f. Retired
- g. Disabled

*** 22. What is your household income range?**

- 0 - \$24,999
- b. \$25,000 - \$49,999
- c. \$50,000 – \$74,999
- d. \$75,000 - \$99,999
- e. \$100,000 or more
- f. Prefer not to answer

*** 23. What is the highest level of education you have completed?**

- a. Some high school
- b. High school graduate
- c. Some college
- d. College graduate

Other (please specify)

*** 24. What services are you aware are provided at BMC Yazoo? (select all that apply)**

- a. Podiatry
- b. Wound Care
- c. Diabetic Foot Care
- d. Cardiology
- e. Endoscopy
- f. General Surgery Evaluation
- g. Women's Health/Prenatal Care
- h. Family Medicine
- i. Pediatrics
- j. Bone Density testing
- k. Mammograms

Other (please specify)

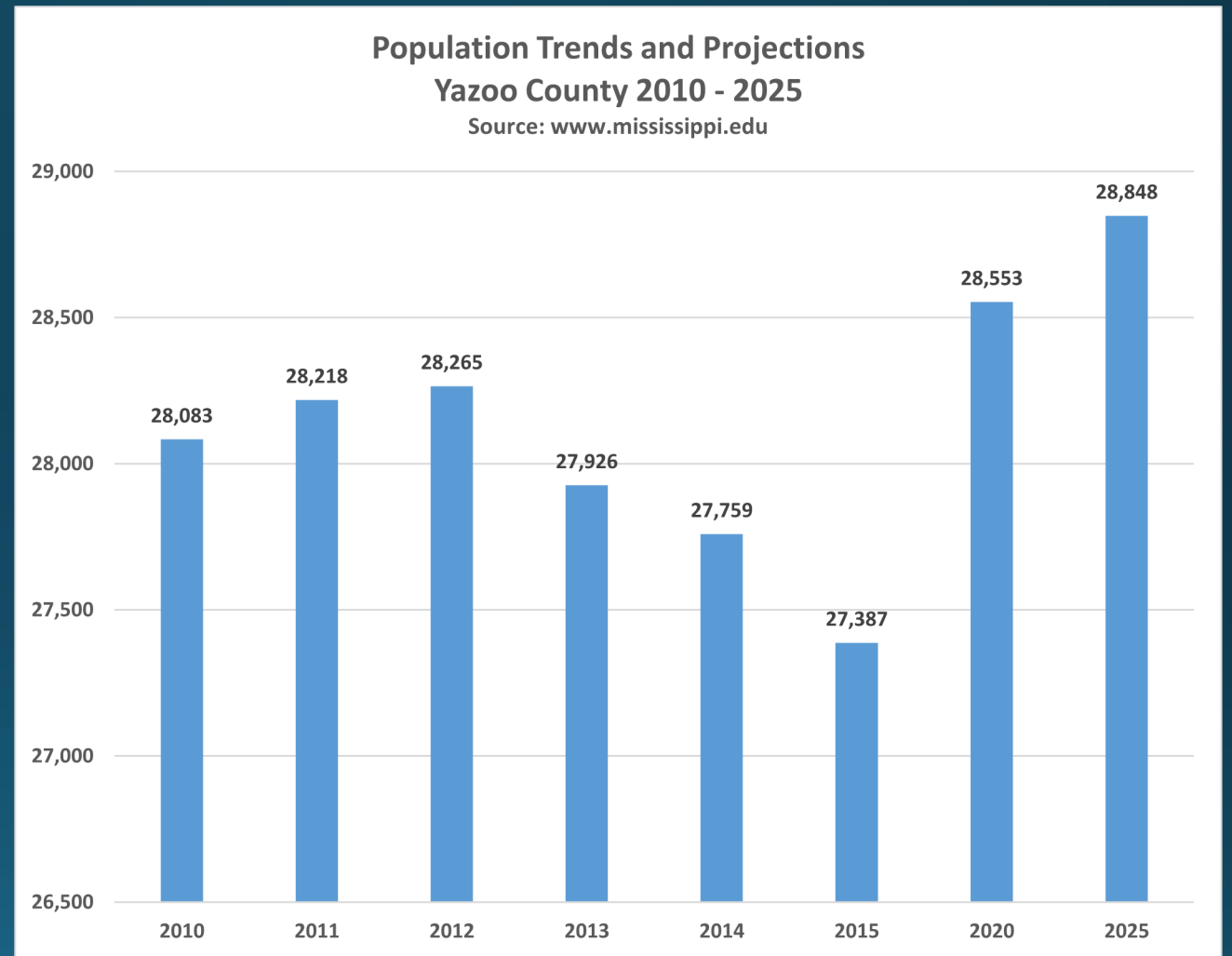
25. How can Baptist Medical Center Yazoo better meet the health needs of Yazoo County?

**26. List your phone number and/or email address if you would like to be entered in the drawing.
This is optional?**

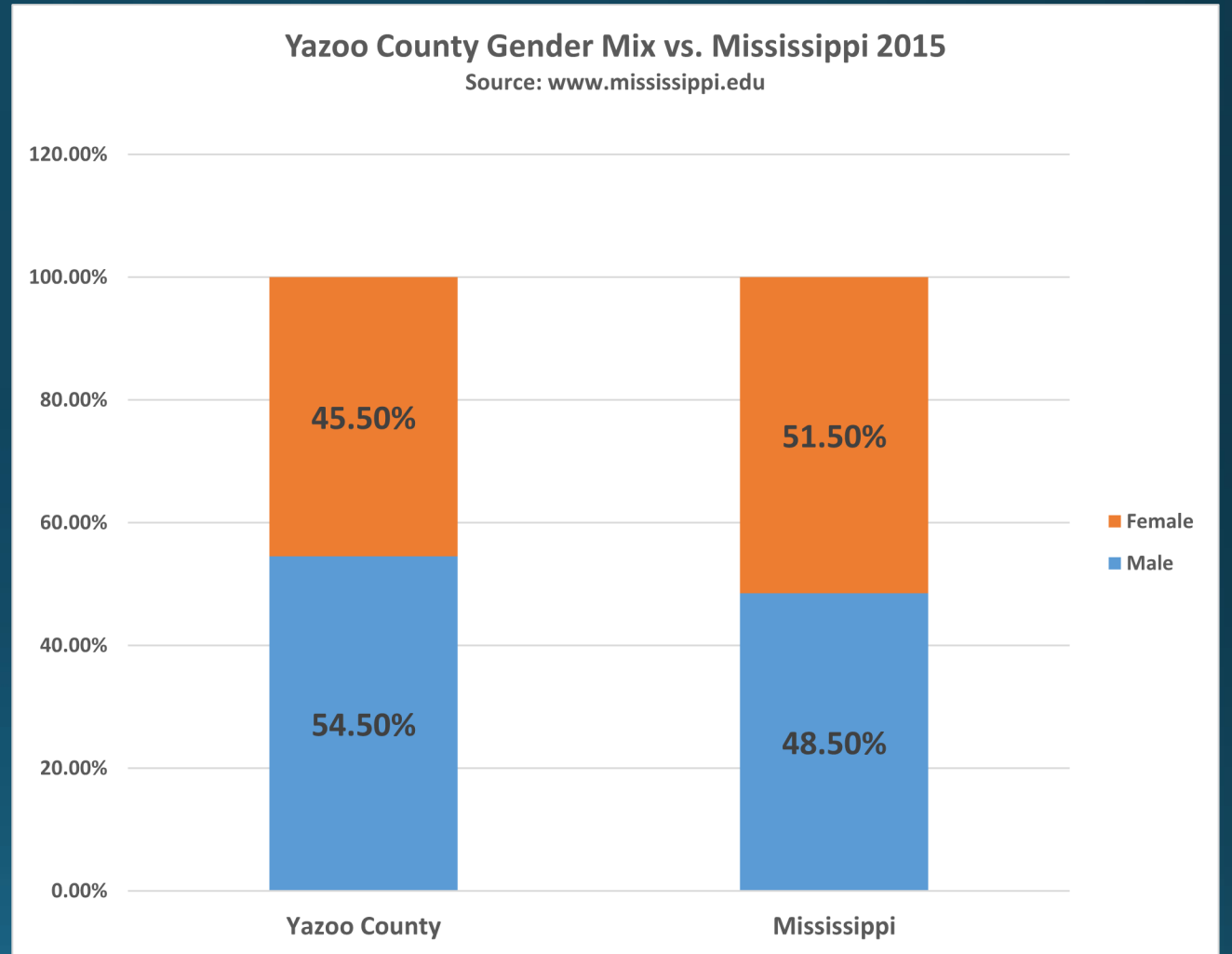
APPENDIX B
FOCUS GROUP PRESENTATION

Community Health Needs Assessment

Population



Gender

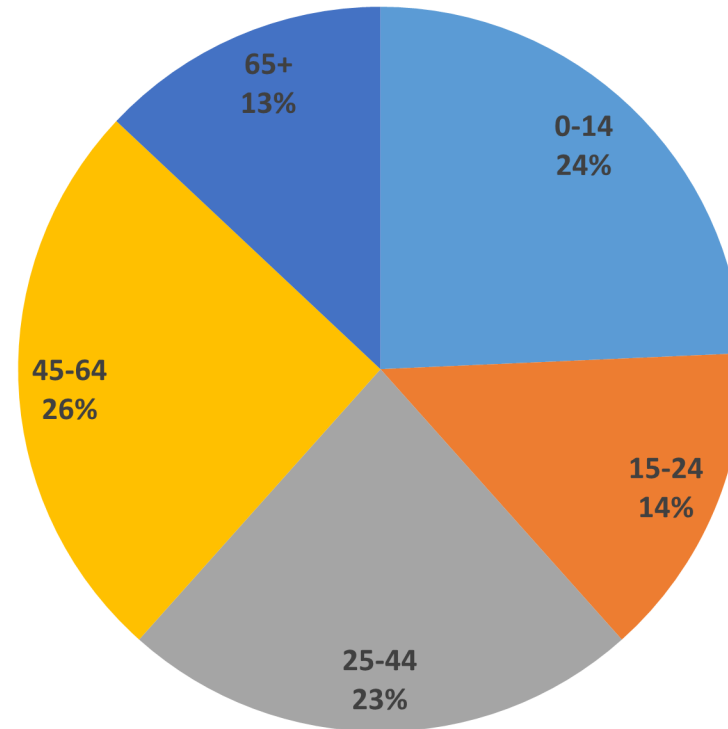


Age

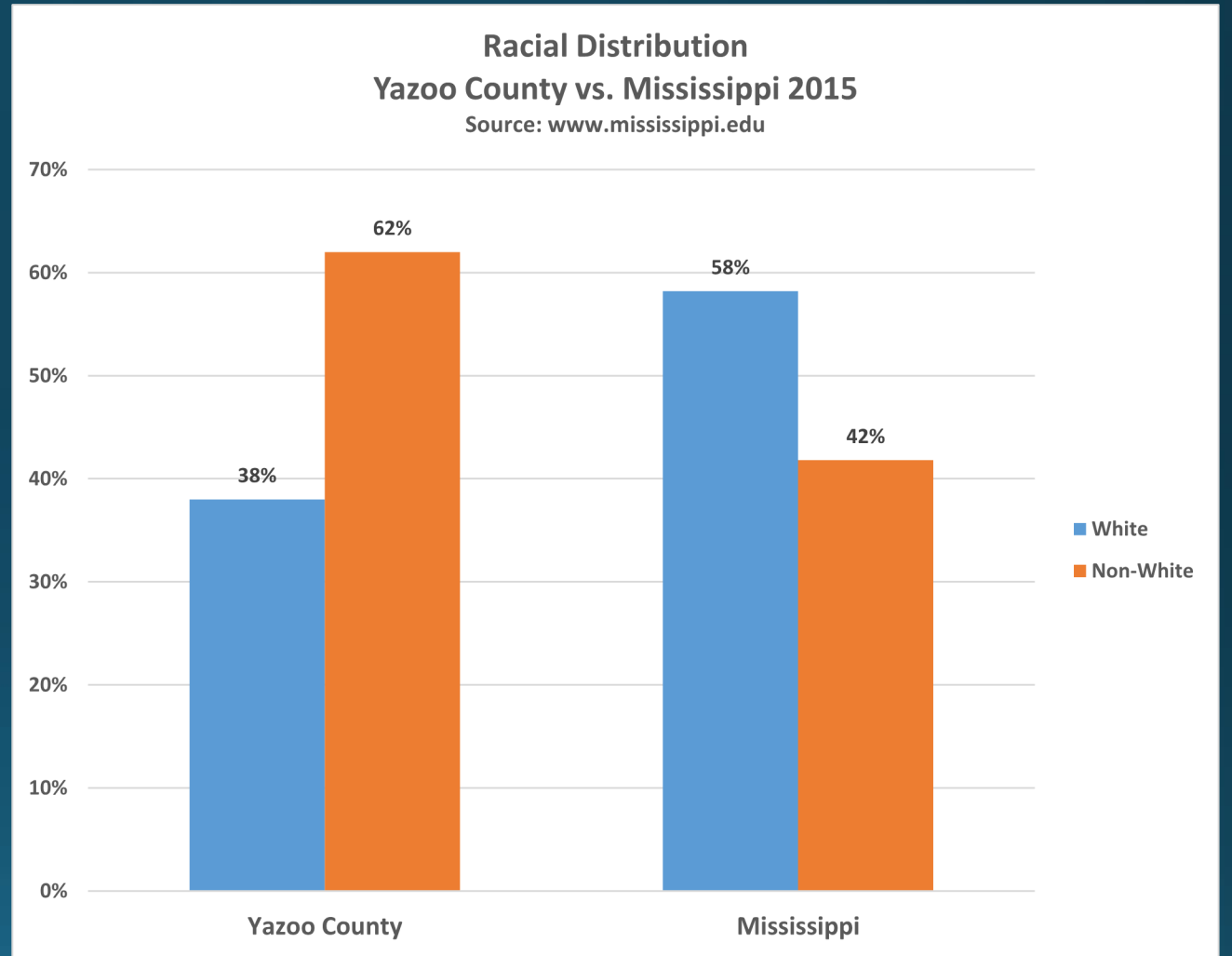
Age Distribution, Yazoo County, 2015

Source: <https://suburbanstats.org>

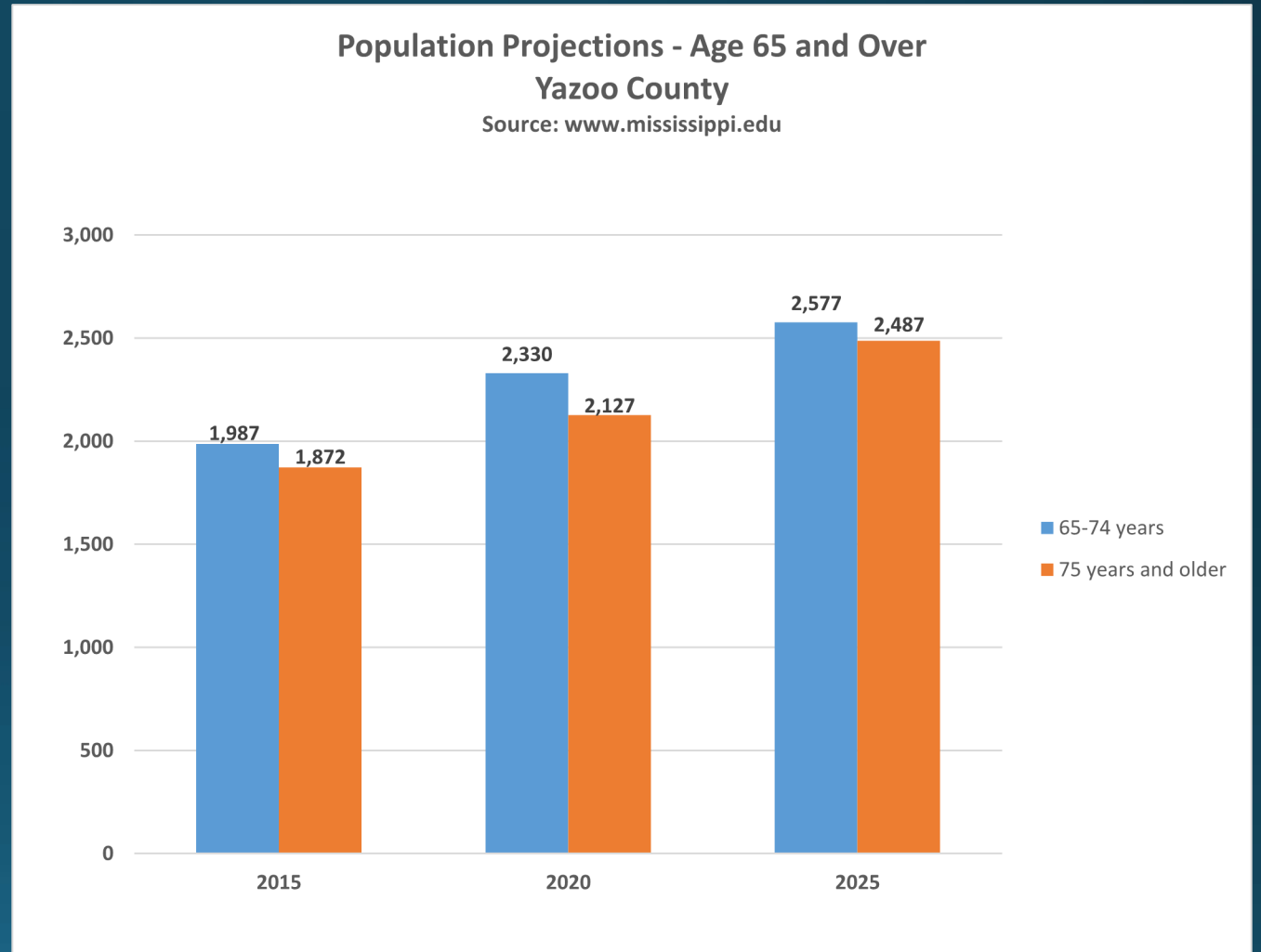
Note: Detail may not total 100% due to rounding



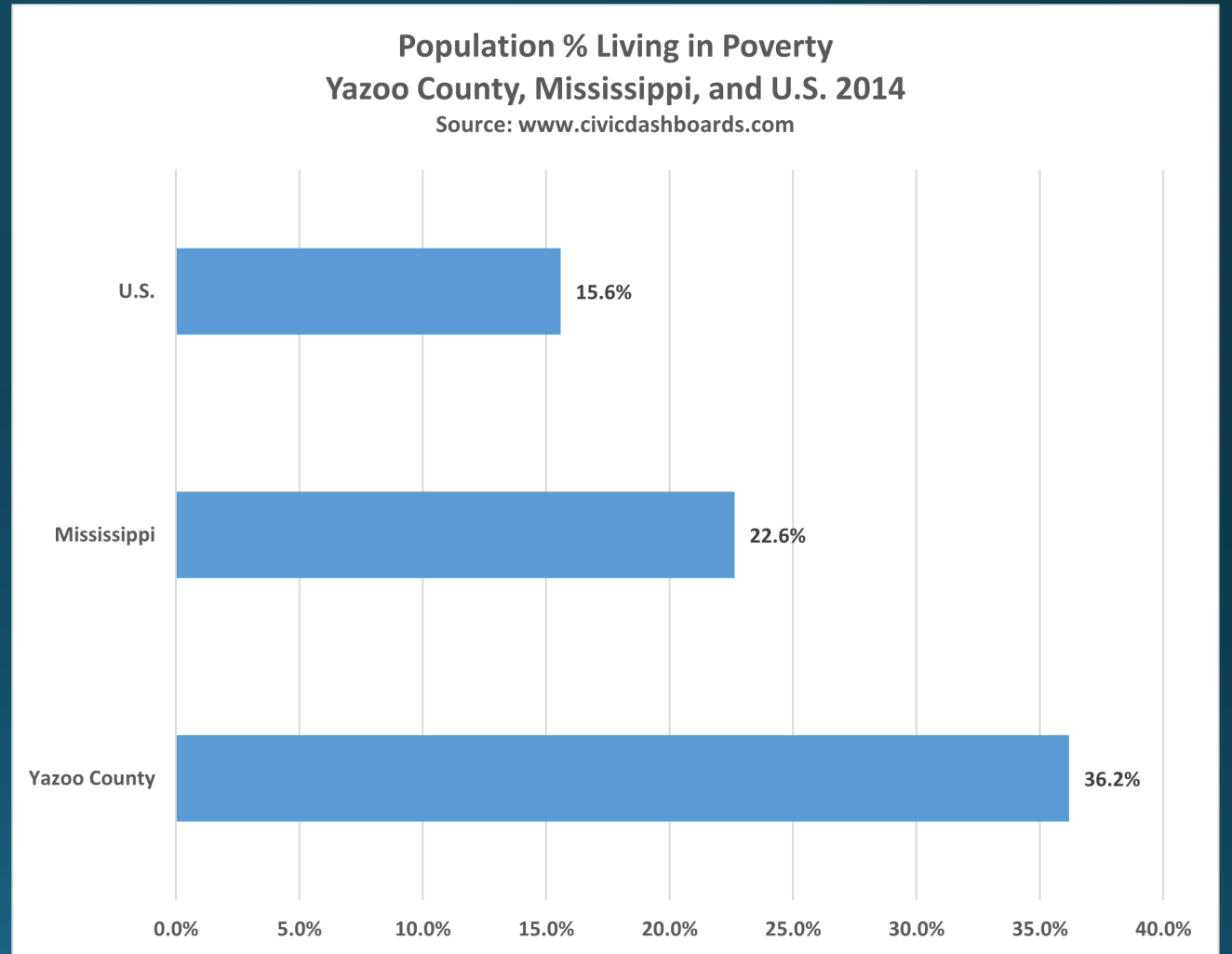
Racial Make-up



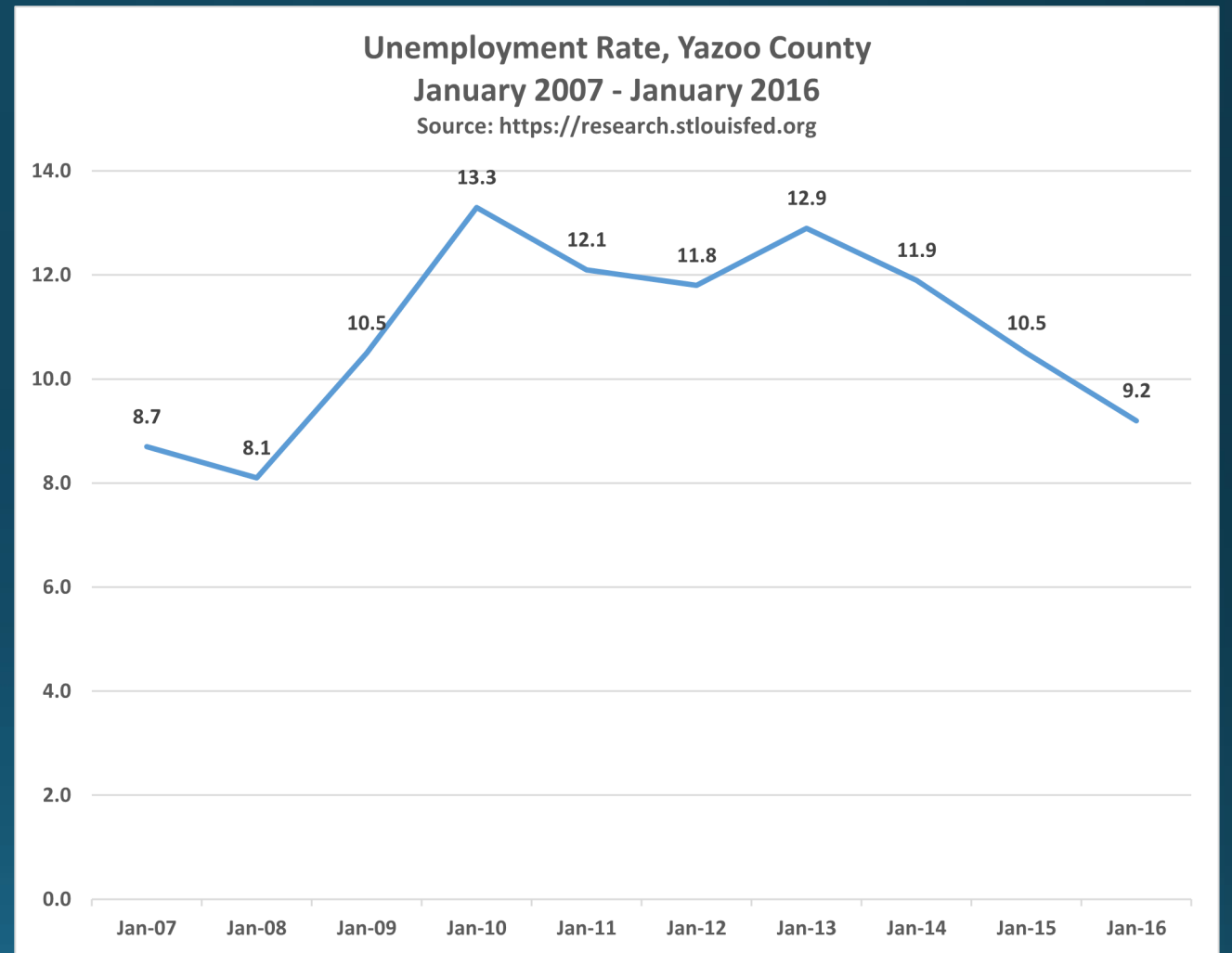
Population



Poverty



Unemployment Leake County Trend

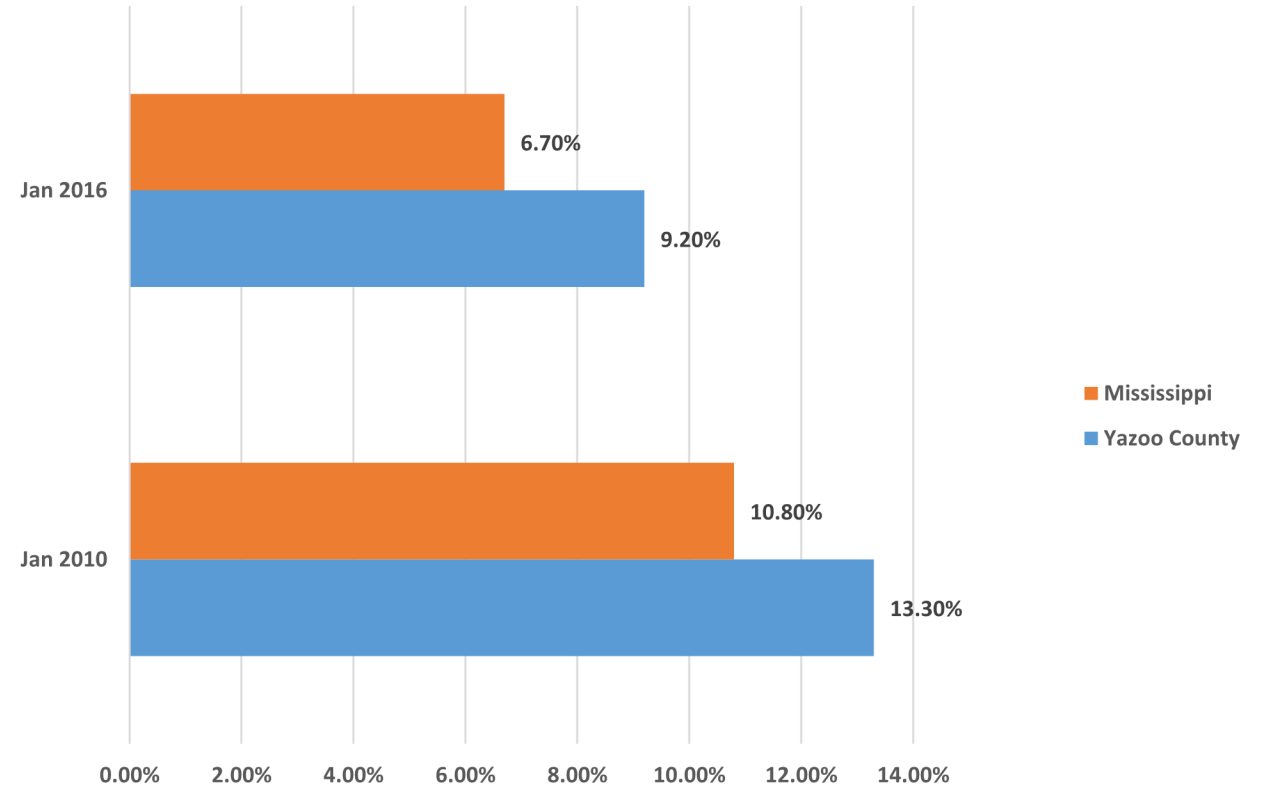


Unemployment Compared to State

Unemployment, Yazoo County and Mississippi

January 2010, January 2016

Source: <https://research.stlouisfed.org>

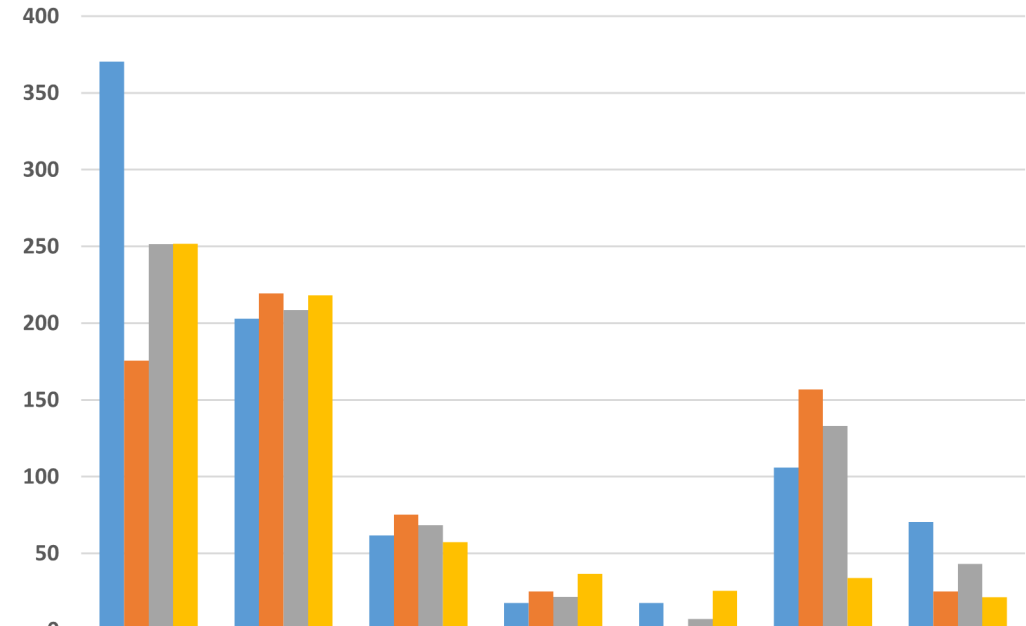


Mortality Causes of Death

Mortality Rates by Causes of Death, 2014

Rate per 100,000 population

Source: <http://msdh.ms.gov>



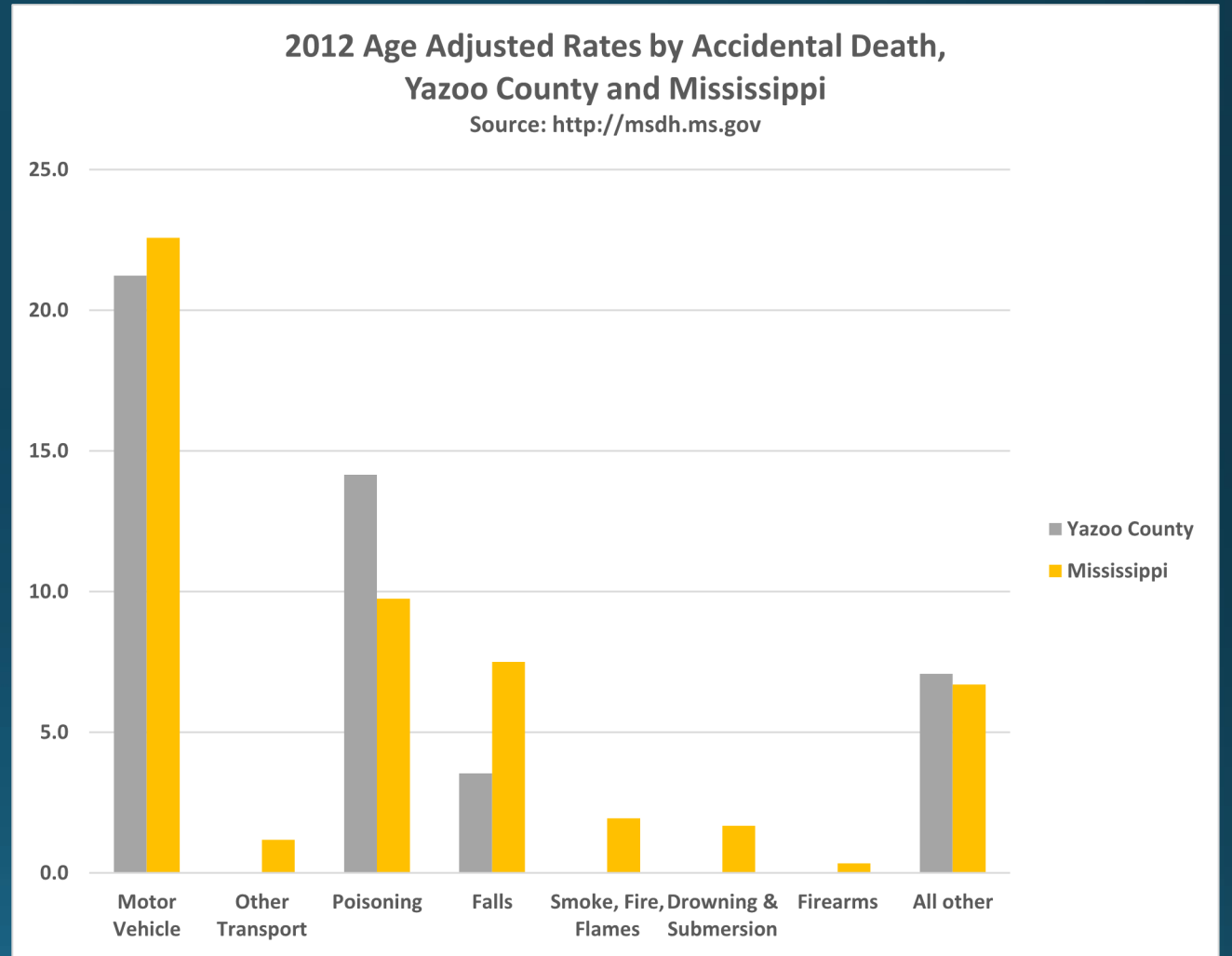
	Heart Disease	Cancer	Accidents	Alzheimer's	Flu/Pneumonia	Diabetes	Septicemia
■ Yazoo County - White	370.4	202.8	61.7	17.6	17.6	105.8	70.5
■ Yazoo County - Black	175.5	219.4	75.2	25.1	0	156.7	25.1
■ Yazoo County - All Races	251.6	208.5	68.3	21.6	7.2	133	43.1
■ Mississippi	251.8	218.1	57.3	36.7	25.5	33.9	21.4

Mortality Causes of Death

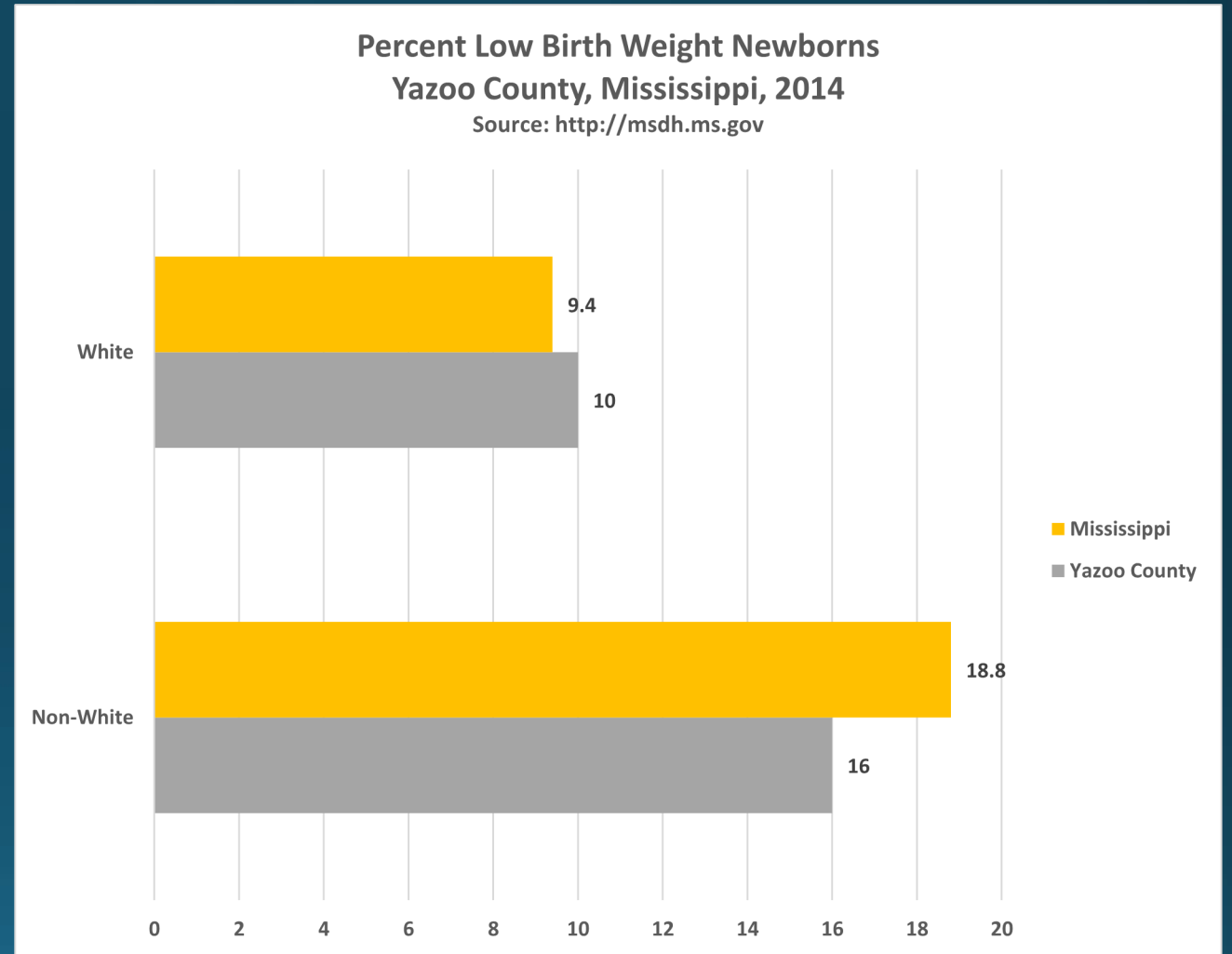
Table 1 - Mortality Rates - Age Adjusted Causes of Death (Rate per 100,000)			
Indicator	Yazoo County	Mississippi	U.S.
Heart Disease - Overall	251.6	251.8	167.0
Heart Disease - White	370.4	288.5	
Heart Disease - Black	175.5	208.1	
Cancer-Overall	208.5	218.1	161.2
Cancer - White	202.8	245.7	
Cancer - Black	219.4	186.8	
Diabetes - Overall	133.0	33.9	21.0
Diabetes - White	105.8	28.5	
Diabetes - Black	156.7	44.2	

Source: <http://msdh.ms.gov>

Accidental Death



Low-Weight Births



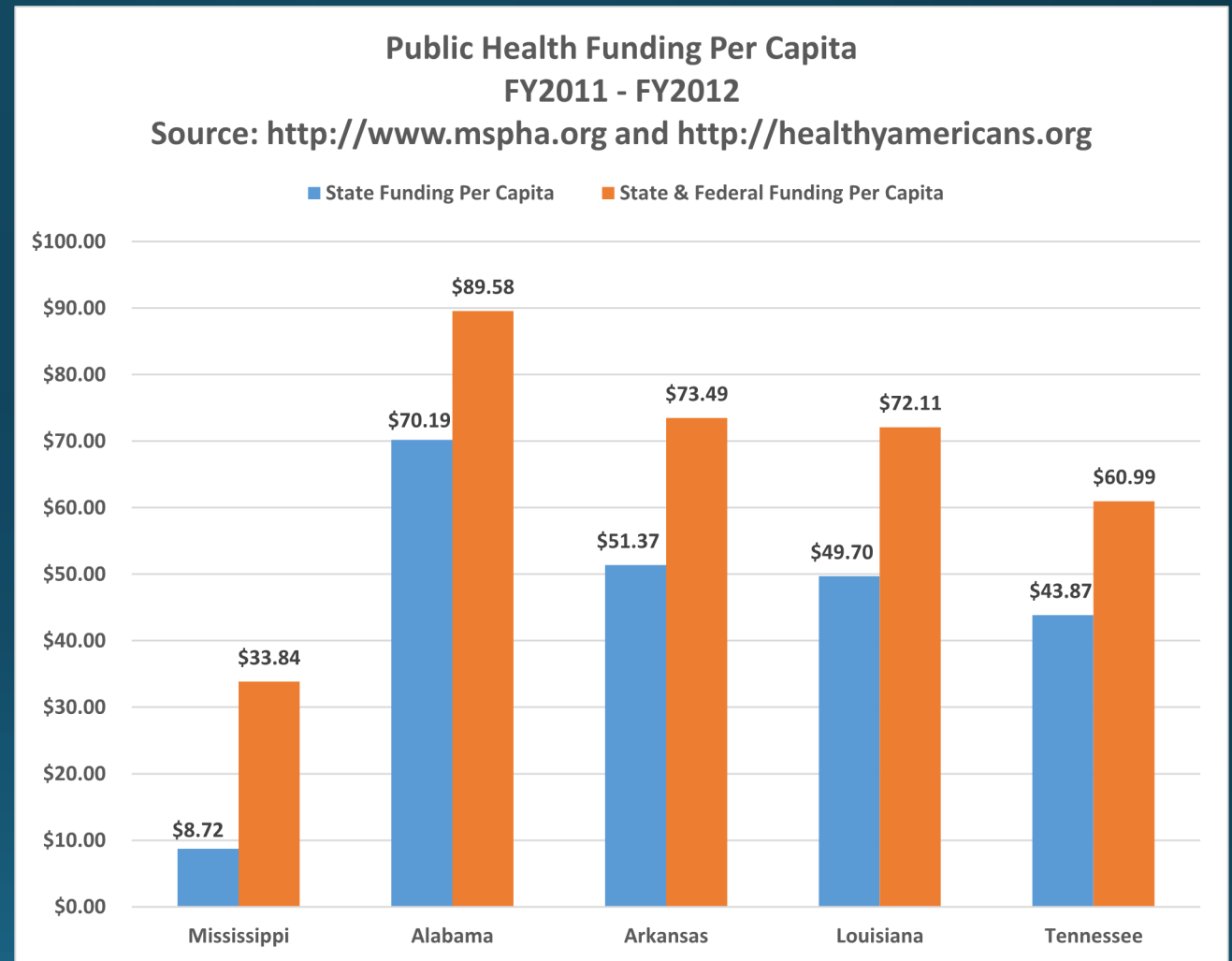
Infant Mortality

2012 Mississippi Infant Mortality Rates (deaths per 1,000 live births)			
Category	Overall State Rate	White Rate	Black Rate
Total Infant Mortality (age under 1 year)	8.8	5.4	12.4
Neonatal Mortality (age under 28 days)	5.5	3.2	7.9
Post-neonatal mortality (age 28 days to 1 year)	3.3	2.2	4.6

Hospital Bed Capacity

General Hospital Service Area 5					
Source: MS DOH Proposed State Health Plan - 2015					
Facilities	Licensed Beds	Abeyance Beds	Average Daily Census	Occupancy Rate	Average Length of Stay
Baptist Medical Center Leake	25	0	6.03	24.12	3.39
Central Mississippi Medical Center	415	0	74.74	18.01	4.73
Claiborne County Hospital	32	0	10.38	32.44	5.83
Crossgates River Oaks Hospital	149	0	54.49	36.57	5.61
Hardy Wilson Memorial Hospital	25	10	15.28	61.13	7.24
Holmes County Hospital and Clinics	25	10	1.87	7.46	2.07
King's Daughters Hospital-Yazoo City	25	0	8.63	34.53	3.80
Madison River Oaks Medical Center	67	0	16.96	25.31	3.21
Magee General Hospital	64	0	16.75	26.16	4.27
Mississippi Baptist Medical Center	541	0	292.78	54.12	5.52
Baptist Medical Center Attala	35	36	16.48	47.08	4.73
Patients' Choice Medical Center of Smith County	29	0	6.28	21.66	14.61
River Oaks Hospital	160	0	56.76	35.48	3.63
River Region Health System	261	0	106.13	40.66	5.30
S.E. Lackey Critical Access Hospital	35	0	23.48	67.08	4.99
Scott Regional Hospital	25	0	5.18	20.71	3.29
Sharkey - Issaquena Community Hospital	29	0	7.52	25.94	5.01
Simpson General Hospital	35	0	10.57	30.21	5.76
St. Dominic-Jackson Memorial Hospital	417	0	311.93	74.80	4.20
University Hospital & Health System	664	0	455.75	68.64	6.16
Woman's Hospital at River Oaks	109	0	17.16	15.75	3.36
General Hospital Service Area 5	3,167	56	1,515.17	47.84	5.02

Public Health Funding





**Baptist Medical Center Yazoo
CHNA Community Outreach | June 1, 2016 – June 30, 2016
Total Survey Responses: 122**

Outlets Utilized:

- Website
- Email
- Social media
- Baptist Medical Center Yazoo (Administration, ED, Lobby, Information Desk)
- Baptist Medical Clinic | Primary Care
- Baptist Medical Clinic | Yazoo Family Doctors
- Baptist Medical Clinic | Yazoo
- The Yazoo Herald
- Belzoni Banner
- B.S. Ricks Memorial Library
- Yazoo County Sheriff's Annual TRIAD Meeting / Senior Day (06/10/16; ~150 attendees)
- Yazoo City Rotary Club Meeting (06/15/16; 23 attendees)
- Yazoo County Health Network Meeting (06/15/16; 19 attendees)
- Oasis Health & Rehab Health Fair (06/15/16; ~60 attendees)
- CHNA Community Focus Group (06/21/16; 12 attendees)

Survey Methodology:

The online survey was distributed via email, website, social media, the local Chamber, and other means of electronic communication. Instructions for accessing the online survey were distributed in areas highly trafficked by patients and visitors throughout the medical center, clinics, community health fairs, local civic organization and community meetings, the local public library where free online access is available to the public, as well as through local media outlets.

A paper copy of the survey was also distributed to allow for income diversity among responders. These paper surveys were distributed in local civic organization and community meetings. These results were collected and added to the online survey for data analysis by hospital personnel.

Focus Group Methodology:

A critical component in gathering relevant community health needs data is conducting focus group interviews with community members who are interested in



and represent the broader interests of the community, including those with special knowledge of or expertise in public health.

One focus group was conducted inviting participants across Yazoo County to attend. Information regarding the focus group that included the date, time, and location was disseminated by email, newspaper, and through local civic organization and community meetings. The focus group consisted of community members from various sectors, including education, media, faith-based organizations, healthcare, and nonprofits. We also sought input from people representing both urban and rural areas in the focus group to get a better picture of the unique healthcare needs and barriers the community faces. A series of questions were presented to the focus group serving as a guide for the meeting in which the attendees were asked to share their responses. The responses were in turn documented by a designated scribe.

Caitlin Hayden
CAH Community Relations Representative
Mississippi Baptist Health Systems
601-968-1256
Prepared: 07/01/2016

Community Health Survey/Yazoo

Q25 How can Baptist Medical Center Yazoo better meet the health needs of Yazoo County?

Answered: 62 Skipped: 60

#	Responses	Date
1	Lower Cost and wait time	6/28/2016 4:39 PM
2	Wellness clinics	6/28/2016 8:01 AM
3	no comment	6/28/2016 5:28 AM
4	Make all basic medical needs accessible.	6/27/2016 8:10 PM
5	By making the public aware of their services.	6/26/2016 8:24 PM
6	I think BMCY meets the needs of Yazoo very well.	6/24/2016 6:48 PM
7	More awareness of services available in Yazoo City. The importance of having a local hospital.	6/21/2016 7:43 PM
8	Have more after-hours clinic services	6/21/2016 7:39 PM
9	need to get an after hours center and weekend center in Belzoni, ms. Our hospital & emergency room has been closed for 3-years.	6/18/2016 4:26 PM
10	Upgrade facility, expand staffing, and improve wait time #26-ladydivachасыtу@yahoo.com-662-571-8046 please enter info for drawing	6/17/2016 8:11 AM
11	Friendlier and faster service from the staff in the ER would be a great start	6/16/2016 6:41 AM
12	Get some more doctors in this town who will care for the needs of the people on a regular basis! We need doctors who will admit people to the local hospital rather than sending them to Jackson or turning them over to the hospitalists. We need good old fashioned "family physicians" who see patients on a regular basis, rather than "specialists" who are available on a once-a-week or once-a-month basis. This will aid with folks having to enter the hospital through the emergency room or just going on to one of the Jackson doctors or specialists. We need less wait time in the emergency room for those who do need emergency care.	6/15/2016 4:43 PM
13	new facility, lower cost	6/15/2016 3:53 PM
14	build a new facility	6/15/2016 1:13 PM
15	e.r. needs to be quicker getting patients checked in and in back to see dr. need to make really sick or injured patients a priority. need to have e.r. for pediatrics as well as adults.	6/15/2016 9:57 AM
16	Advertise more about their services because citizens think they have to travel out of town for the services listed above.	6/15/2016 9:06 AM
17	Occasional ads in herald showing which type of drs come to yazoo hosp from out of town and when	6/14/2016 4:45 PM
18	keep doing what you doing	6/14/2016 8:58 AM
19	work to overcome the reputation the previous hospital had. B	6/13/2016 9:14 PM
20	A newer facility would be great	6/13/2016 7:55 PM
21	I would love to see an OB GYN service. I believe more local residents would be more active in seeking female related health concerns if it's just within reach, or simply avail of a papsmear procedure done, or consistent pre natal care for OB patients.	6/11/2016 8:43 PM
22	Make the ER more efficient. I have set in the waiting room for hours without anyone else being there. Many have the same complaint.	6/10/2016 9:00 AM
23	More Doctors and special.	6/10/2016 8:00 AM

Community Health Survey/Yazoo

24	I think the clinic is a good start. But you need to make sure it's open the hours that the sign says and not closing early. Also, every employee at the hospital needs to treat the public with kindness and respect no matter what color their skin, whether they can pay, how they smell, etc. This especially applies to the emergency room where the poorest are seen. You need to work on the wait time in the emergency room and you need more doctors there. Last but not least, this is for every doctor in Yazoo hospital and non-hospital. We are your patients. We don't expect you to bubble over when see us outside the hospital or your office. But it's not going to kill you to speak to just say hello Mr. or Ms So and So.	6/9/2016 4:58 PM
25	a shorter er and clinic wait	6/9/2016 4:23 PM
26	Lower cost on procedures.	6/9/2016 4:22 PM
27	We need more doctors in Yazoo City.	6/9/2016 11:53 AM
28	The primary clinic is great because it offers access to health care during hours that my regular doctor is unavailable. It could probably even be expanded. One of our community's biggest shortcomings when it comes to healthcare is access to a doctor for non-emergency care after hours and on weekends. The primary care clinic helps with this and is a great service to our community, but it seems to be overwhelmed at times with the number of patients. Another issue I have with it is that when I visit my regular doctor my insurance takes care of nearly all the costs. When we visit the primary care clinic at the hospital we always have more out of pocket expenses. I don't understand why, but it's always the case. That makes us reluctant to go unless it's absolutely necessary, which really means we're not going unless one of our children is ill.	6/9/2016 9:57 AM
29	Upgrade all equipments.	6/9/2016 3:51 AM
30	More MD staff	6/9/2016 1:24 AM
31	Provide more specialty services more often Family drives to Jackson for Pediatrician, woman's health, grandparents chemo, etc... Would love to see an after hours clinic (longer hours), know clinic at hospital has extended some hour but still would be nice to have more options and longer hours.	6/8/2016 6:19 PM
32	we need to have a doctor that specializes in cardiology here at BMCY	6/8/2016 5:05 PM
33	I don't know but I've heard that you do not have good doctors.	6/8/2016 4:09 PM
34	An after hours/24 hour clinic would be a major improvement or even a fast track in the ER because people are constantly abusing the ER as a primary clinic.	6/8/2016 1:28 PM
35	Unknown	6/8/2016 1:03 PM
36	More emergency care	6/8/2016 12:00 PM
37	Emergency room needs to not be a party center in the waiting room.	6/8/2016 9:47 AM
38	Quicker time with physician seeing patients after triage. Have had to sit 2hrs or more when there are only 2-3 people in the ED. Drs not assess quickly when patients are placed in a room and take too long to relay information to patients.	6/7/2016 3:51 PM
39	More experinced Doctor in the emergency room	6/7/2016 3:47 PM
40	more providers	6/7/2016 3:44 PM
41	better staff just in some areas, update building very outdated, Better after hours clinic	6/7/2016 3:40 PM
42	Baptist is doing a very good job meeting our needs.	6/7/2016 2:33 PM
43	I do not know of anything specifically.	6/7/2016 2:01 PM
44	BMCY could better meet the health needs of Yazoo County by getting out at more events and doing more for the community such as blood pressure checks, providing more information, and maybe even having a diatician talk with people about how to become healthier.	6/7/2016 1:25 PM
45	At this point the need for Mental Health Care is most needed as the monies allocated for Mental Health has been decimated in the past two years, and we have those need this care	6/7/2016 1:06 PM
46	promote our discount for self pay patients and help reduce the number of non emergent patients who come to the ER.	6/7/2016 12:28 PM
47	Baptist Medical Center can better meet the needs of Yazoo City by expanding its network of physicians/specialist to other surrounding northern counties.	6/7/2016 12:08 PM
48	ear,nose and throat Dr./ Skin Dr./female Dr./pediatric Dr.	6/7/2016 11:43 AM
49	Would like to have a Dermatologist located locally. There are none in Yazoo City that I am aware of.	6/7/2016 11:24 AM
50	Open an Inpatient acute care psychiatric unit. The clinic has been a tremendous asset and has decreased non-emergent care in the ER therefore decreasing wait time in the ER for true emergencies.	6/7/2016 10:42 AM

Community Health Survey/Yazoo

51	The medical staff at Baptist Hospital need more training and should demonstrate a higher degree of competency.	6/7/2016 10:41 AM
52	The hospital is very convenient and always takes care of my health care needs or provides access to Baptist Jackson or any healthcare provider I may choose to see when needed	6/7/2016 10:33 AM
53	Keep establishing a better reputation.	6/7/2016 10:15 AM
54	Get more doctors not only in the hospital, but in the Yazoo County area as well that specialize in different areas of medicine.	6/7/2016 10:11 AM
55	OFFER MORE SERVICES, UPDATE EQUIPMENT, PROVIDE QUALITY SERVICE, IMPROVE CUSTOMER SERVICE	6/7/2016 9:36 AM
56	Offer later clinic hours and more physician coverage. Many times I have to come or bring my children there, I have been turned away because the clinic was not accepting anymore patients. Most of the time it is only around 2:00 pm.	6/7/2016 9:25 AM
57	I think we have a very good ER Dept and Nursing staff, people don't understand why they seem to be in the ER so long. They don't realized it takes time for test results to come back. My family has used the ER and the hospital several time and we were never disappointed.	6/7/2016 9:13 AM
58	Have more doctors on staff.	6/7/2016 9:07 AM
59	additional care givers/providers offer / publicize Diabetic Care Clinic offer podiatry services to inpatients / outpatients offer neurology clinic	6/7/2016 9:05 AM
60	More local doctors with privileges at the Yazoo hospital.	6/7/2016 8:58 AM
61	I think having more services at our hospital would help our community because many people aren't able to go to Jackson or out of town, many do not have the way to get there.	6/7/2016 8:45 AM
62	need more specialty services	6/7/2016 8:41 AM

APPENDIX C
SURVEY RESULTS

Community Health Survey/Yazoo

Wednesday, July 06, 2016

122

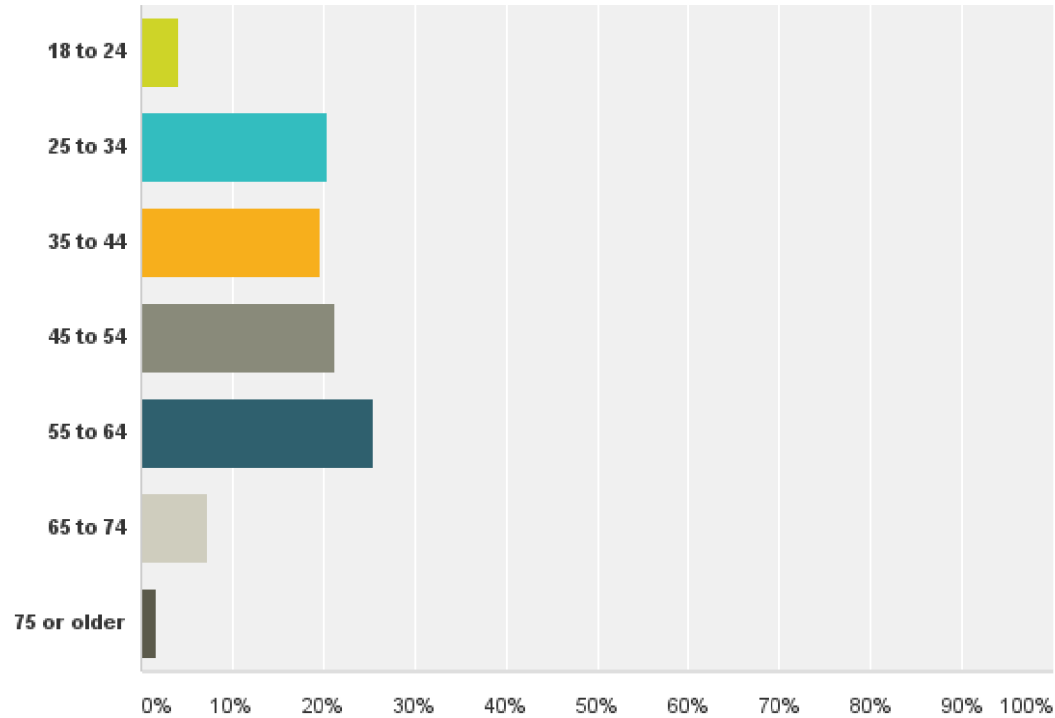
Total Responses

Date Created: Wednesday, June 01, 2016

Complete Responses: 122

Q1: What is your age?

Answered: 122 Skipped: 0



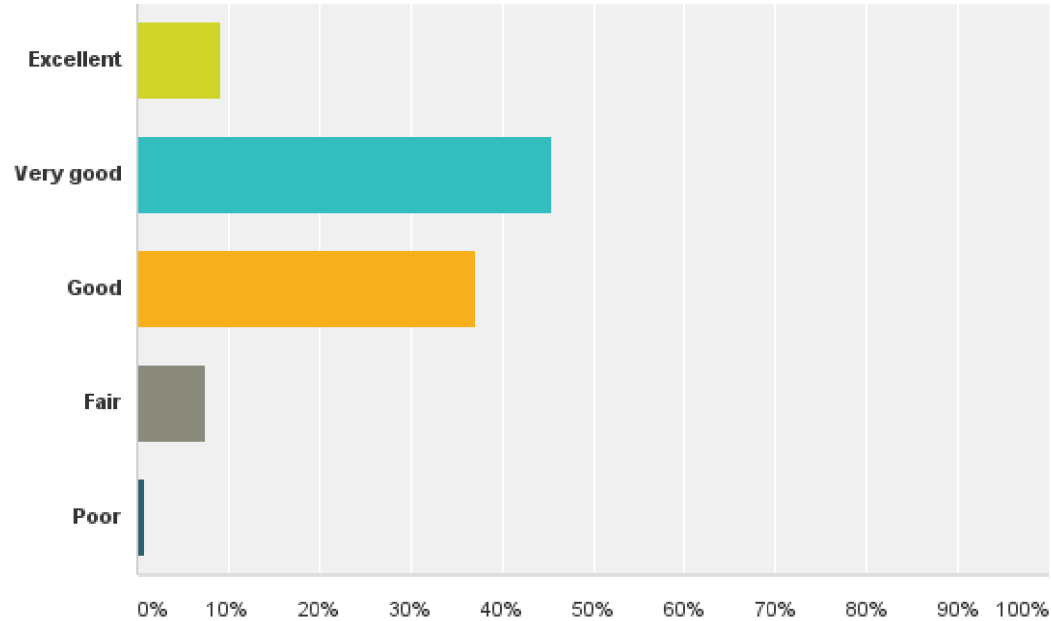
Q1: What is your age?

Answered: 122 Skipped: 0

Answer Choices	Responses	
18 to 24	4.10%	5
25 to 34	20.49%	25
35 to 44	19.67%	24
45 to 54	21.31%	26
55 to 64	25.41%	31
65 to 74	7.38%	9
75 or older	1.64%	2
Total		122

Q2: In general, how would you rate your overall health?

Answered: 121 Skipped: 1



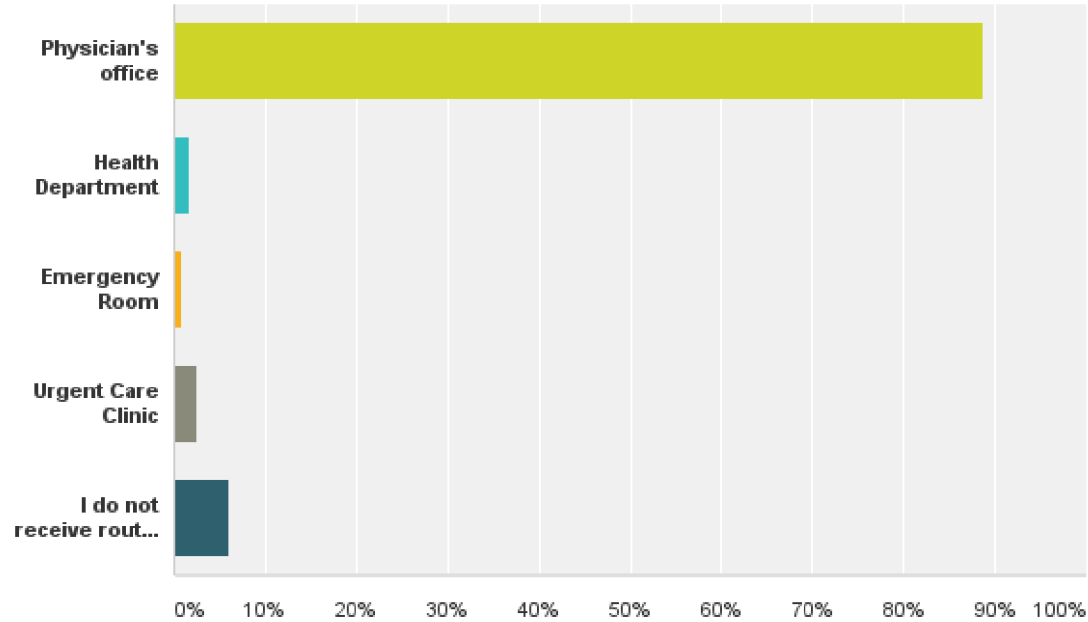
Q2: In general, how would you rate your overall health?

Answered: 121 Skipped: 1

Answer Choices	Responses	
Excellent	9.09%	11
Very good	45.45%	55
Good	37.19%	45
Fair	7.44%	9
Poor	0.83%	1
Total		121

Q3: Where do you go for your routine healthcare?

Answered: 116 Skipped: 6



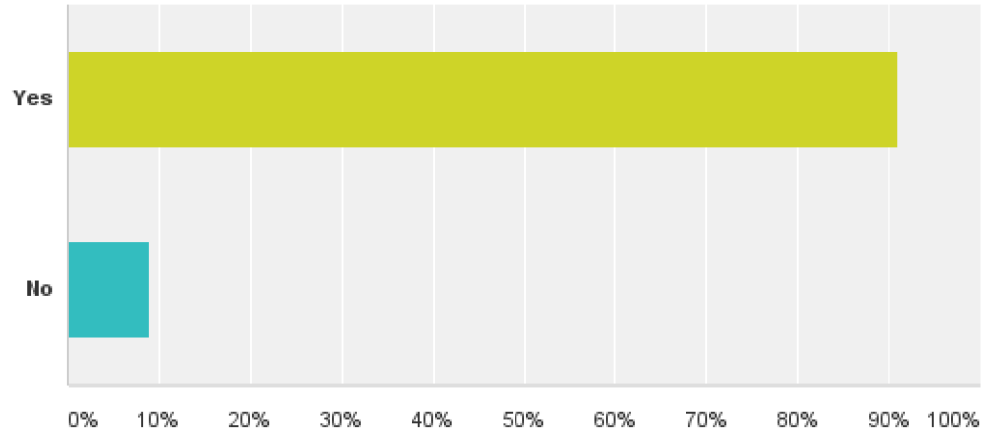
Q3: Where do you go for your routine healthcare?

Answered: 116 Skipped: 6

Answer Choices	Responses
Physician's office	88.79% 103
Health Department	1.72% 2
Emergency Room	0.86% 1
Urgent Care Clinic	2.59% 3
I do not receive routine healthcare	6.03% 7
Total	116

Q4: Are you able to visit a doctor when needed?

Answered: 122 Skipped: 0



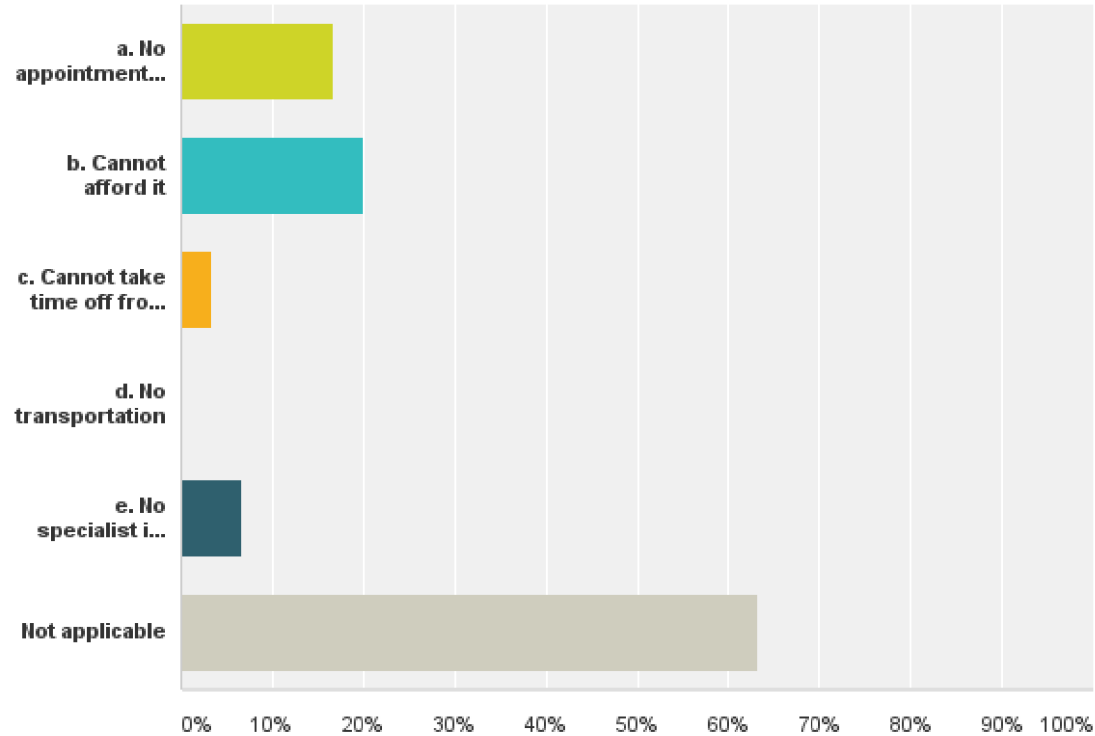
Q4: Are you able to visit a doctor when needed?

Answered: 122 Skipped: 0

Answer Choices	Responses
Yes	90.98% 111
No	9.02% 11
Total	122

Q5: If you answered NO to question 4, please check all that apply.

Answered: 30 Skipped: 92



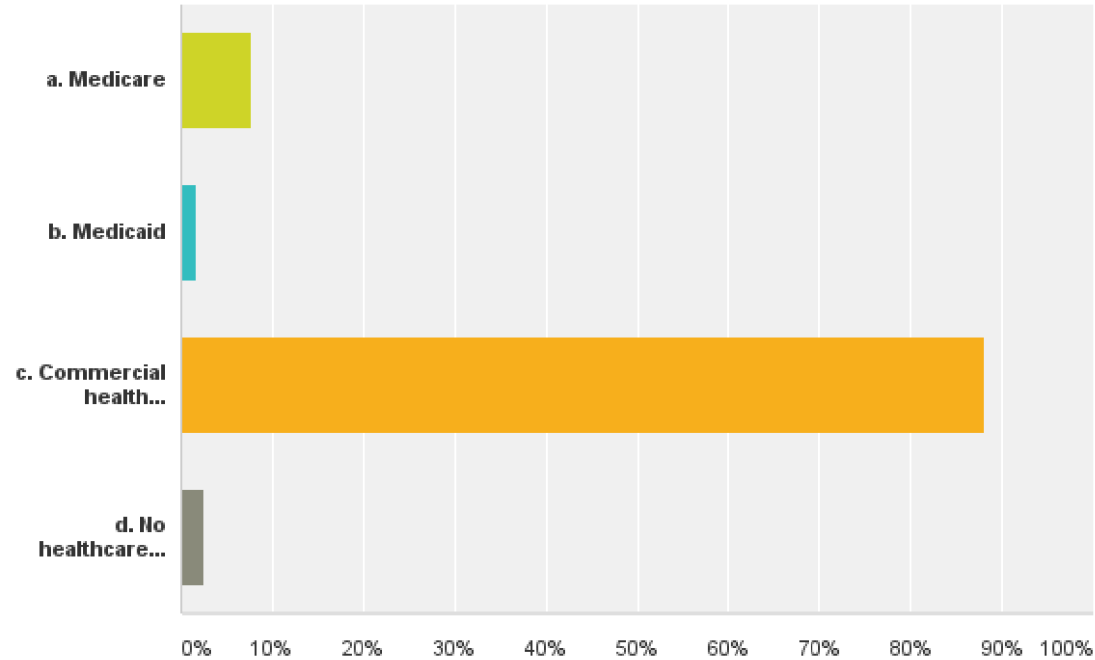
Q5: If you answered NO to question 4, please check all that apply.

Answered: 30 Skipped: 92

Answer Choices	Responses	
a. No appointment available	16.67%	5
b. Cannot afford it	20.00%	6
c. Cannot take time off from work	3.33%	1
d. No transportation	0.00%	0
e. No specialist in my community for my condition	6.67%	2
Not applicable	63.33%	19
Total Respondents: 30		

Q6: What type of healthcare coverage do you have?

Answered: 117 Skipped: 5



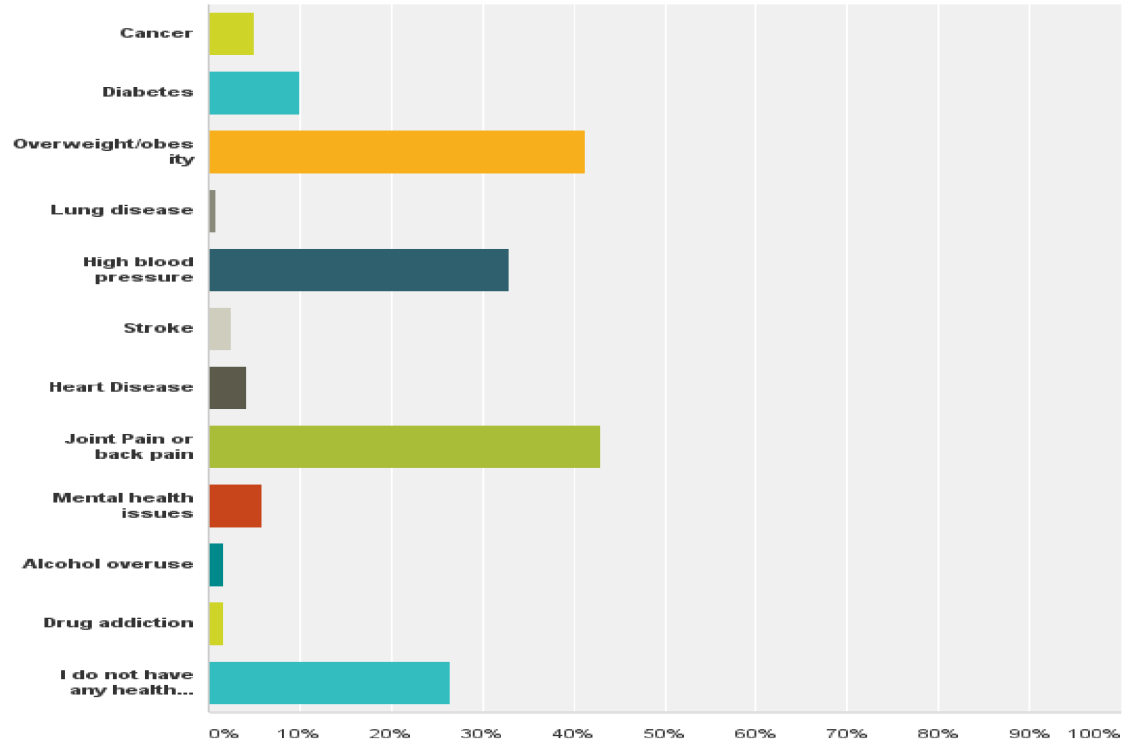
Q6: What type of healthcare coverage do you have?

Answered: 117 Skipped: 5

Answer Choices	Responses	
a. Medicare	7.69%	9
b. Medicaid	1.71%	2
c. Commercial health insurance	88.03%	103
d. No healthcare coverage	2.56%	3
Total		117

Q7: Please select the top 3 health challenges you face

Answered: 121 Skipped: 1



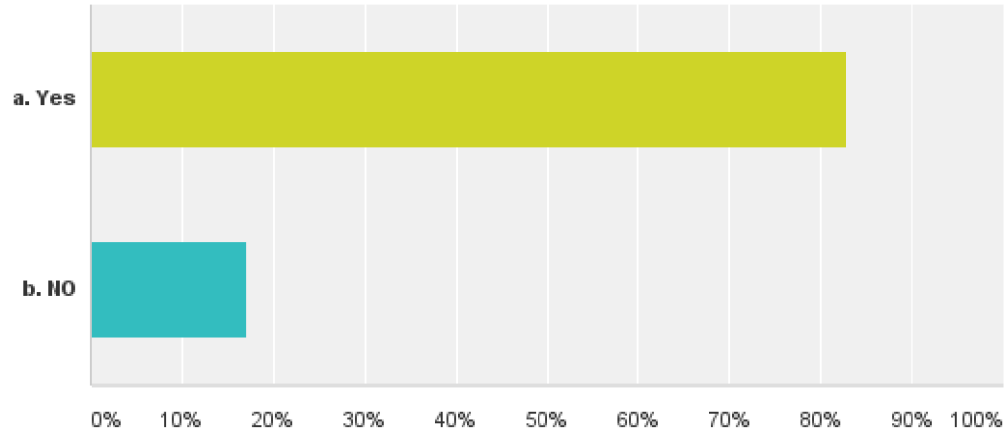
Q7: Please select the top 3 health challenges you face

Answered: 121 Skipped: 1

Answer Choices	Responses	
Cancer	4.96%	6
Diabetes	9.92%	12
Overweight/obesity	41.32%	50
Lung disease	0.83%	1
High blood pressure	33.06%	40
Stroke	2.48%	3
Heart Disease	4.13%	5
Joint Pain or back pain	42.98%	52
Mental health issues	5.79%	7
Alcohol overuse	1.65%	2
Drug addiction	1.65%	2
I do not have any health challenges	26.45%	32
Total Respondents: 121		

Q8: Do you have one person you think of as your personal doctor or health care provider?

Answered: 122 Skipped: 0



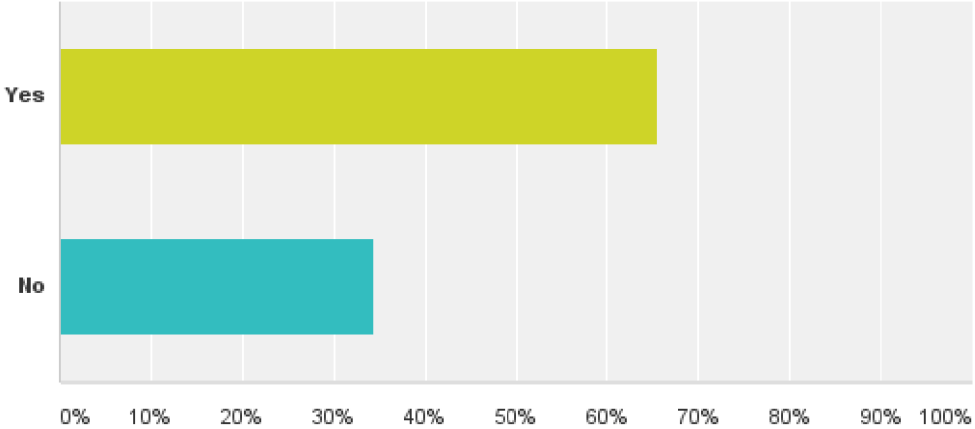
Q8: Do you have one person you think of as your personal doctor or health care provider?

Answered: 122 Skipped: 0

Answer Choices	Responses
a. Yes	82.79% 101
b. NO	17.21% 21
Total	122

Q9: Do you receive your healthcare services in Yazoo County?

Answered: 122 Skipped: 0



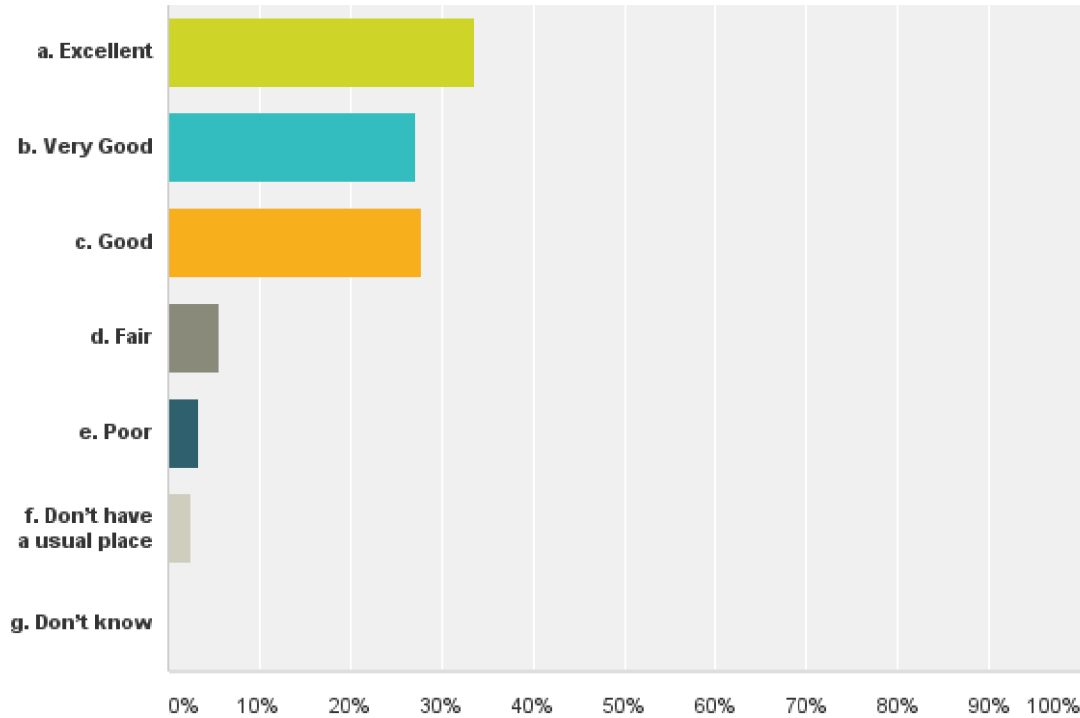
Q9: Do you receive your healthcare services in Yazoo County?

Answered: 122 Skipped: 0

Answer Choices	Responses
Yes	65.57% 80
No	34.43% 42
Total	122

Q10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?

Answered: 122 Skipped: 0



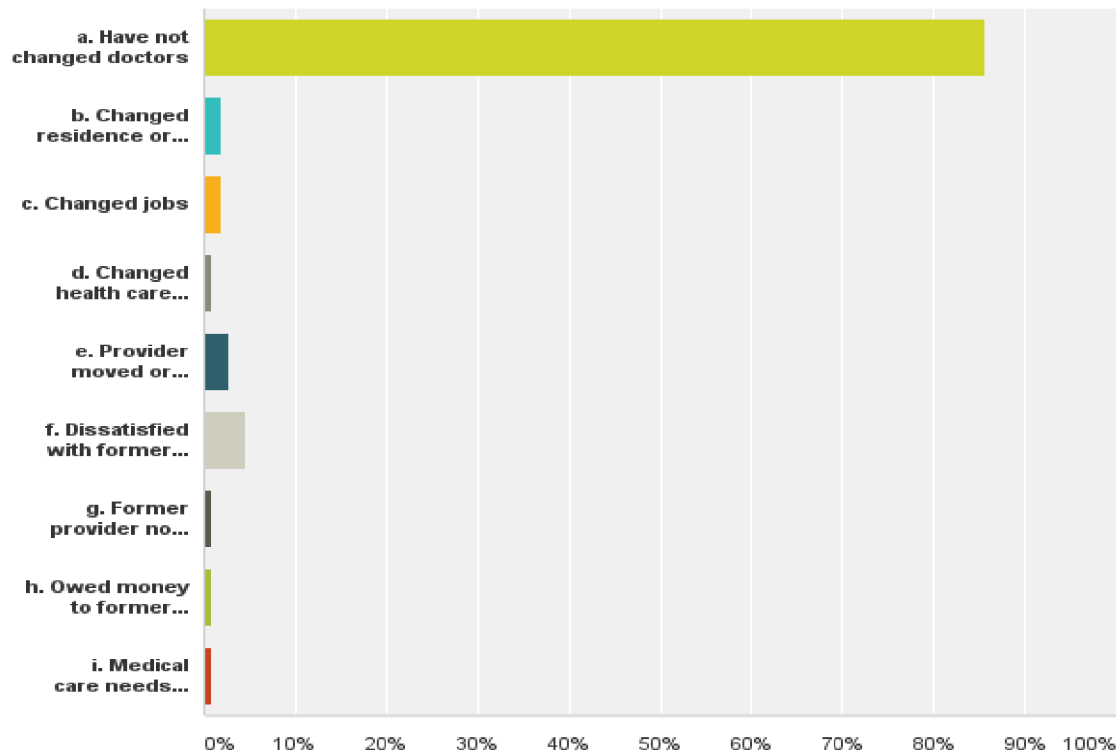
Q10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?

Answered: 122 Skipped: 0

Answer Choices	Responses	
a. Excellent	33.61%	41
b. Very Good	27.05%	33
c. Good	27.87%	34
d. Fair	5.74%	7
e. Poor	3.28%	4
f. Don't have a usual place	2.46%	3
g. Don't know	0.00%	0
Total		122

Q11: If you have changed doctors within the last 12 months, why did you change doctors?

Answered: 111 Skipped: 11



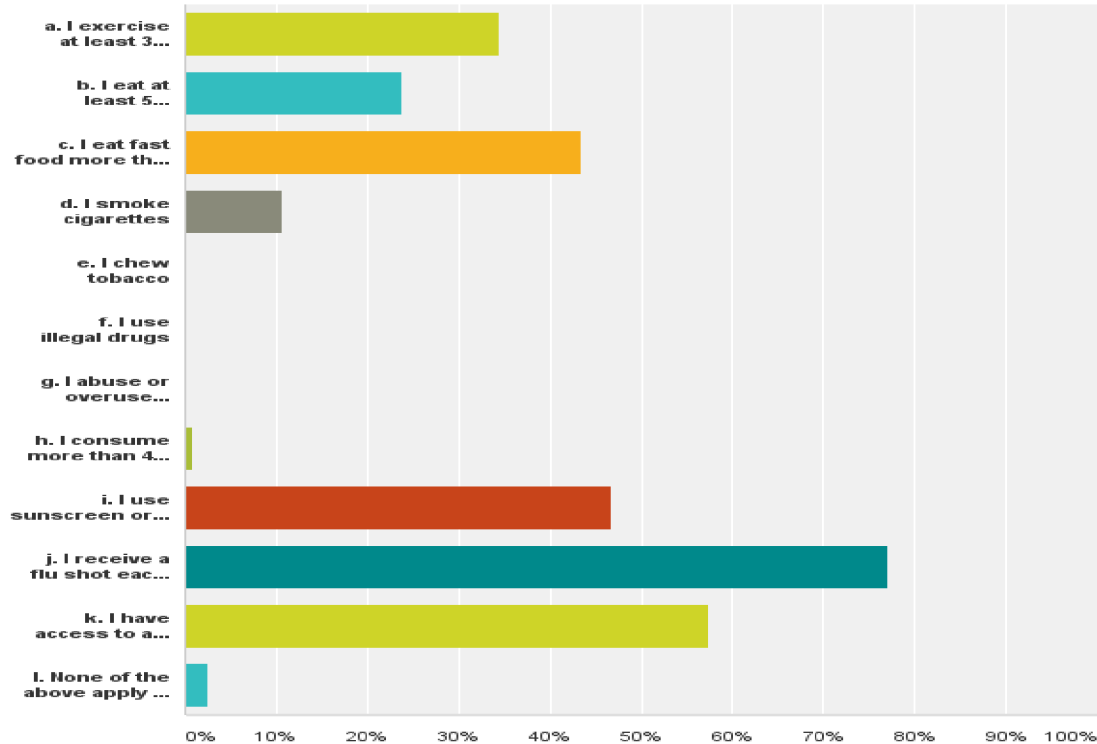
Q11: If you have changed doctors within the last 12 months, why did you change doctors?

Answered: 111 Skipped: 11

Answer Choices	Responses	
a. Have not changed doctors	85.59%	95
b. Changed residence or moved	1.80%	2
c. Changed jobs	1.80%	2
d. Changed health care coverage	0.90%	1
e. Provider moved or retired	2.70%	3
f. Dissatisfied with former provider or liked new provider better	4.50%	5
g. Former provider no longer reimbursed by my health care coverage	0.90%	1
h. Owed money to former provider	0.90%	1
i. Medical care needs changed	0.90%	1
Total		111

Q13: Please select all statements below that apply to you.

Answered: 122 Skipped: 0



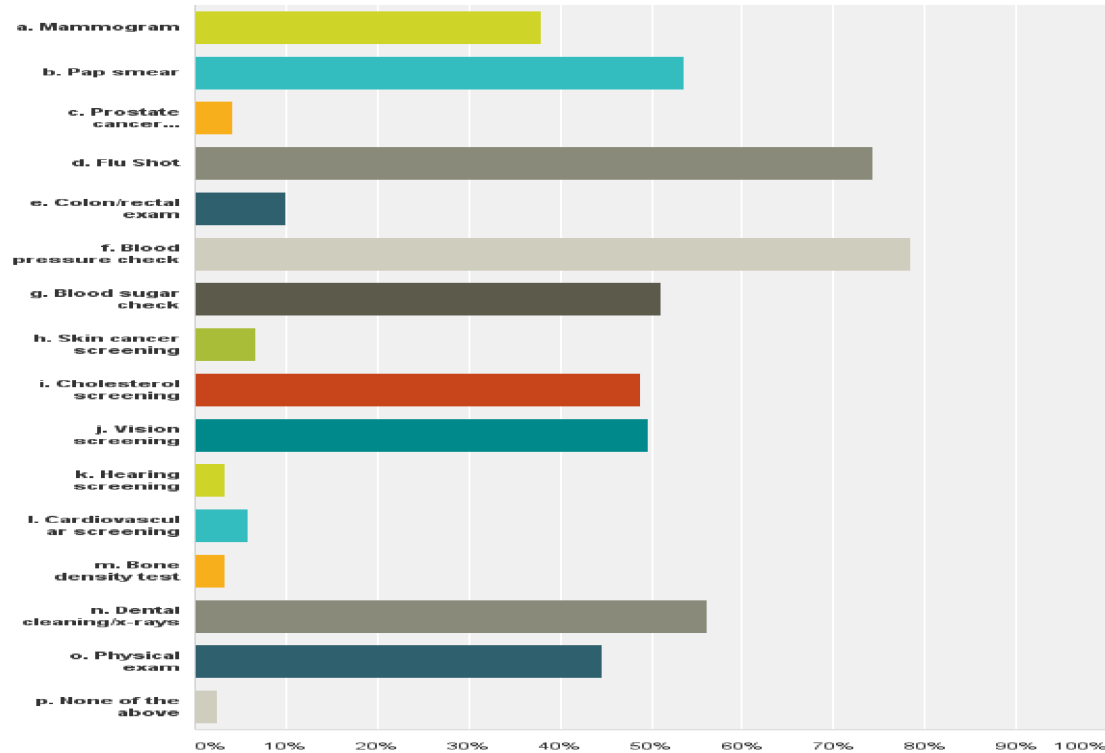
Q13: Please select all statements below that apply to you.

Answered: 122 Skipped: 0

Answer Choices	Responses	
a. I exercise at least 3 times a per week	34.43%	42
b. I eat at least 5 servings of fruits and vegetables each day.	23.77%	29
c. I eat fast food more than once per week	43.44%	53
d. I smoke cigarettes	10.66%	13
e. I chew tobacco	0.00%	0
f. I use illegal drugs	0.00%	0
g. I abuse or overuse prescription drugs	0.00%	0
h. I consume more than 4 alcoholic drinks per day	0.82%	1
i. I use sunscreen or protective clothing for planned time in the sun	46.72%	57
j. I receive a flu shot each year	77.05%	94
k. I have access to a wellness program through my employer	57.38%	70
l. None of the above apply to me	2.46%	3
Total Respondents: 122		

Q14: Which of the following preventive procedures have you had in the past 12 months? select all that apply

Answered: 121 Skipped: 1



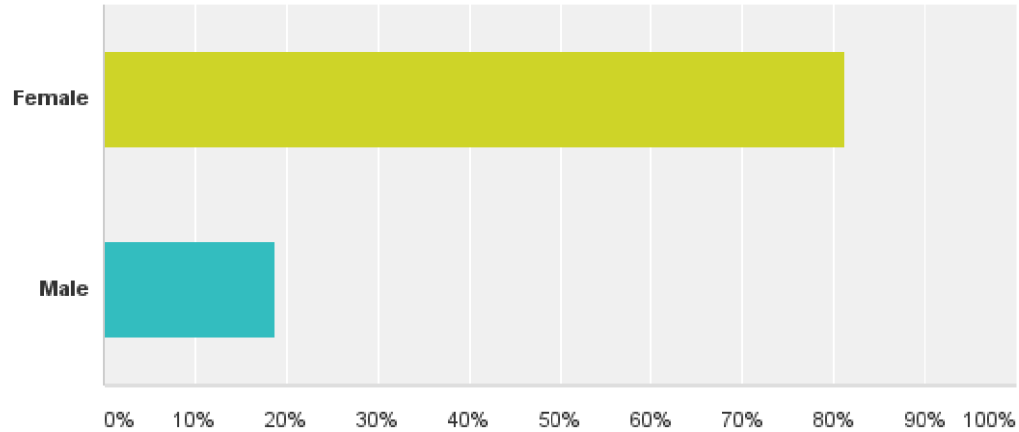
Q14: Which of the following preventive procedures have you had in the past 12 months? select all that apply

Answered: 121 Skipped: 1

Answer Choices	Responses	
a. Mammogram	38.02%	46
b. Pap smear	53.72%	65
c. Prostate cancer screening	4.13%	5
d. Flu Shot	74.38%	90
e. Colon/rectal exam	9.92%	12
f. Blood pressure check	78.51%	95
g. Blood sugar check	51.24%	62
h. Skin cancer screening	6.61%	8
i. Cholesterol screening	48.76%	59
j. Vision screening	49.59%	60
k. Hearing screening	3.31%	4
l. Cardiovascular screening	5.79%	7
m. Bone density test	3.31%	4
n. Dental cleaning/x-rays	56.20%	68
o. Physical exam	44.63%	54
p. None of the above	2.48%	3
Total Respondents: 121		

Q15: What is your gender?

Answered: 122 Skipped: 0



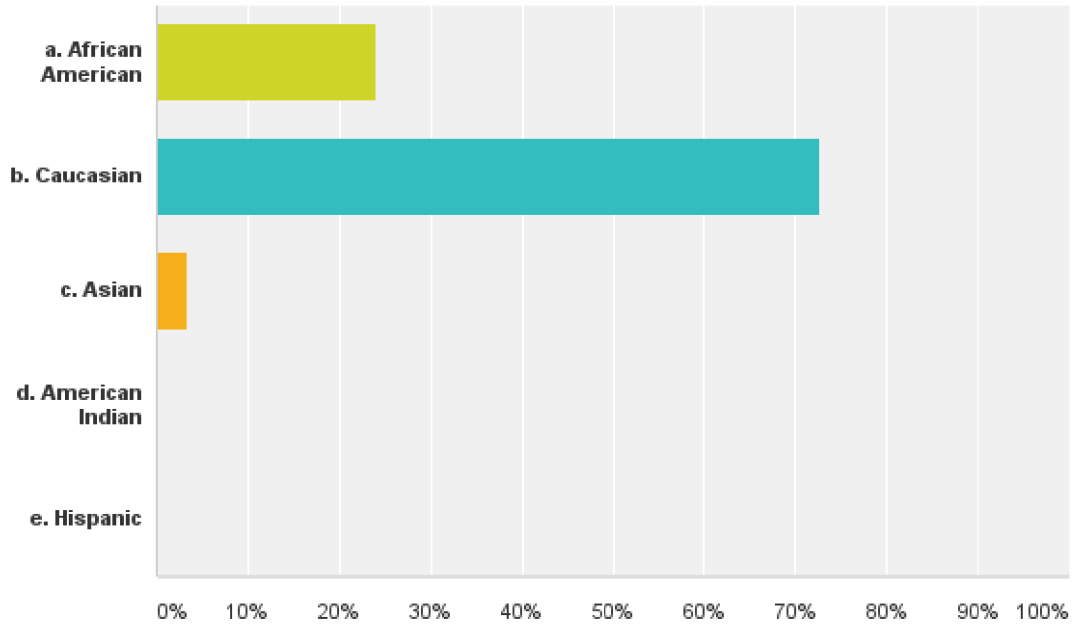
Q15: What is your gender?

Answered: 122 Skipped: 0

Answer Choices	Responses
Female	81.15% 99
Male	18.85% 23
Total	122

Q16: What is your race?

Answered: 121 Skipped: 1



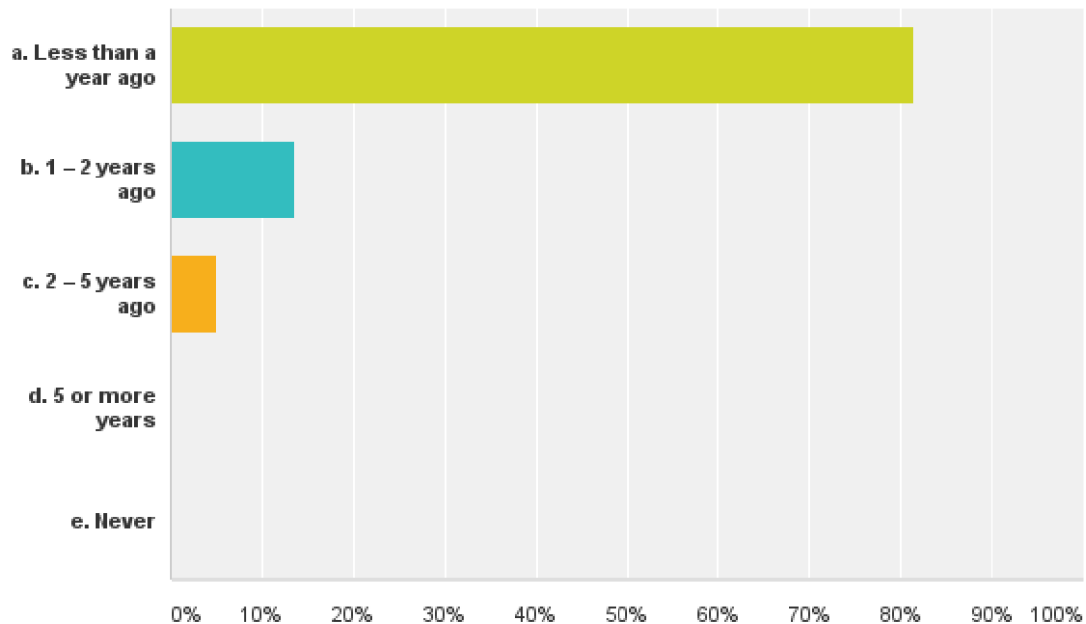
Q16: What is your race?

Answered: 121 Skipped: 1

Answer Choices	Responses
a. African American	23.97% 29
b. Caucasian	72.73% 88
c. Asian	3.31% 4
d. American Indian	0.00% 0
e. Hispanic	0.00% 0
Total	121

Q17: How long has it been since you last visited a doctor for a routine checkup?

Answered: 118 Skipped: 4



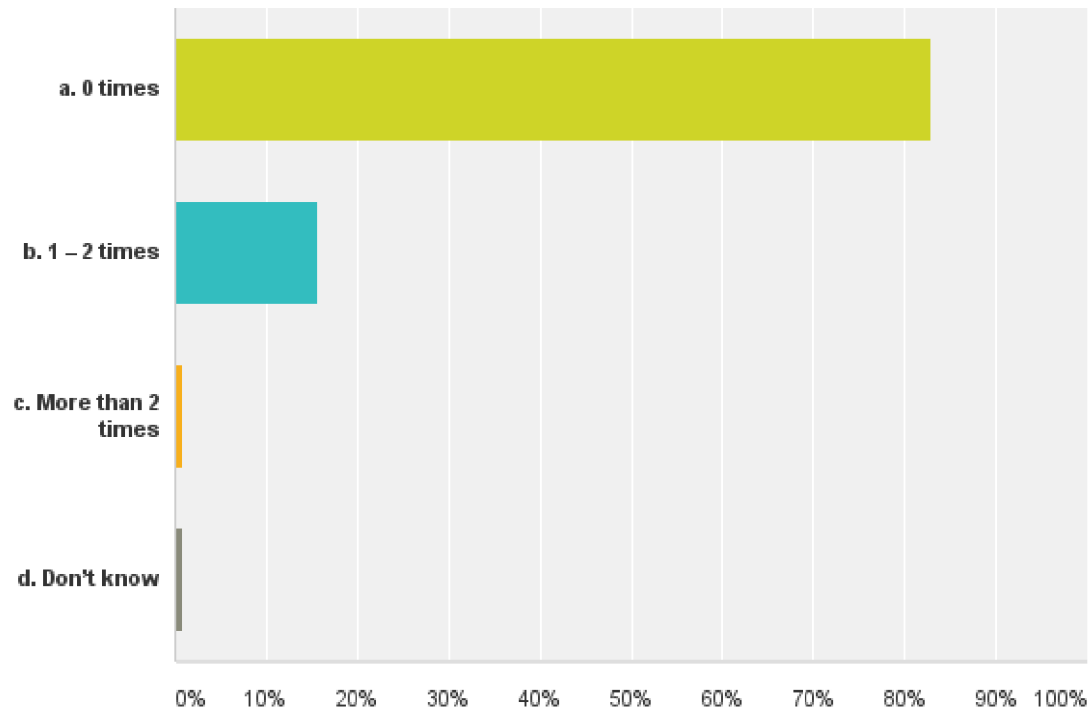
Q17: How long has it been since you last visited a doctor for a routine checkup?

Answered: 118 Skipped: 4

Answer Choices	Responses
a. Less than a year ago	81.36% 96
b. 1 – 2 years ago	13.56% 16
c. 2 – 5 years ago	5.08% 6
d. 5 or more years	0.00% 0
e. Never	0.00% 0
Total	118

Q18: How many times have you visited the Emergency Department in the past year?

Answered: 122 Skipped: 0



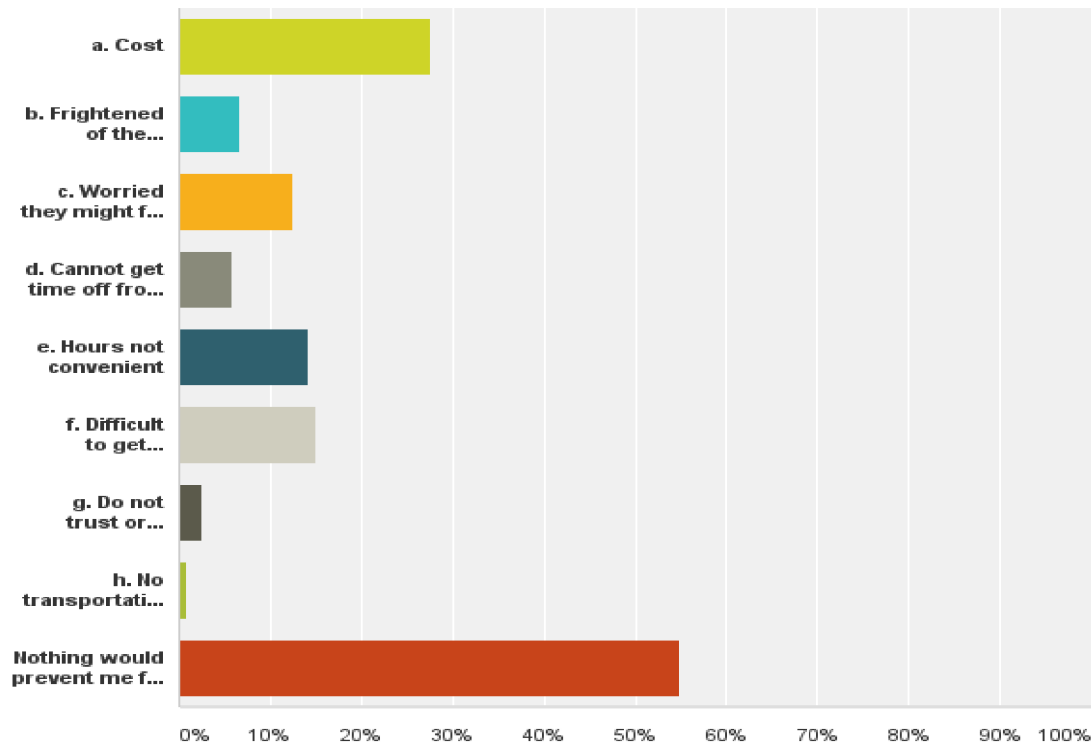
Q18: How many times have you visited the Emergency Department in the past year?

Answered: 122 Skipped: 0

Answer Choices	Responses
a. 0 times	82.79% 101
b. 1 – 2 times	15.57% 19
c. More than 2 times	0.82% 1
d. Don't know	0.82% 1
Total	122

Q19: What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.

Answered: 120 Skipped: 2



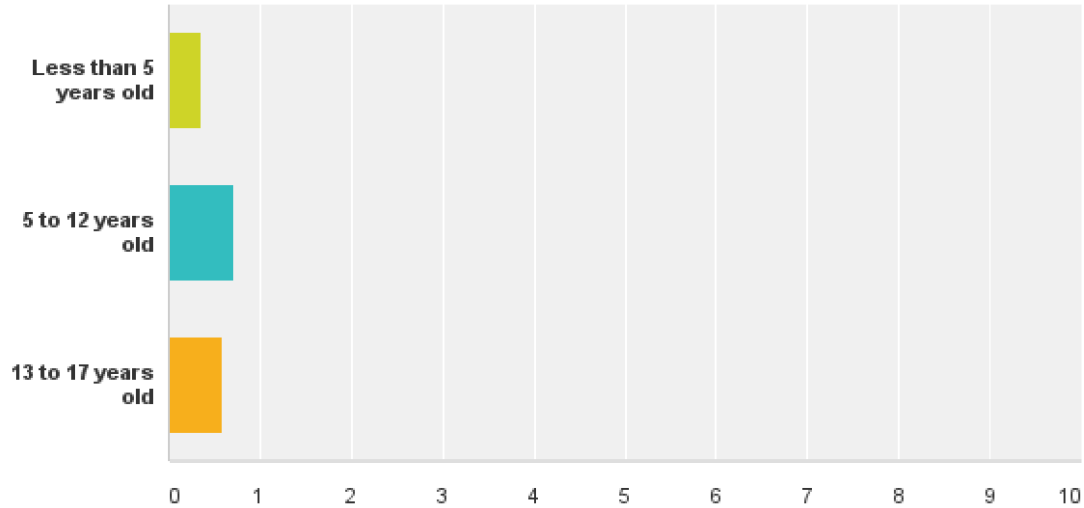
Q19: What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.

Answered: 120 Skipped: 2

Answer Choices	Responses	
a. Cost	27.50%	33
b. Frightened of the procedure	6.67%	8
c. Worried they might find something wrong	12.50%	15
d. Cannot get time off from work	5.83%	7
e. Hours not convenient	14.17%	17
f. Difficult to get appointment	15.00%	18
g. Do not trust or believe doctors	2.50%	3
h. No transportation or difficult to find transportation	0.83%	1
Nothing would prevent me from seeing a doctor at this time	55.00%	66
Total Respondents: 120		

Q20: How many children live in your household who are . . .

Answered: 98 Skipped: 24



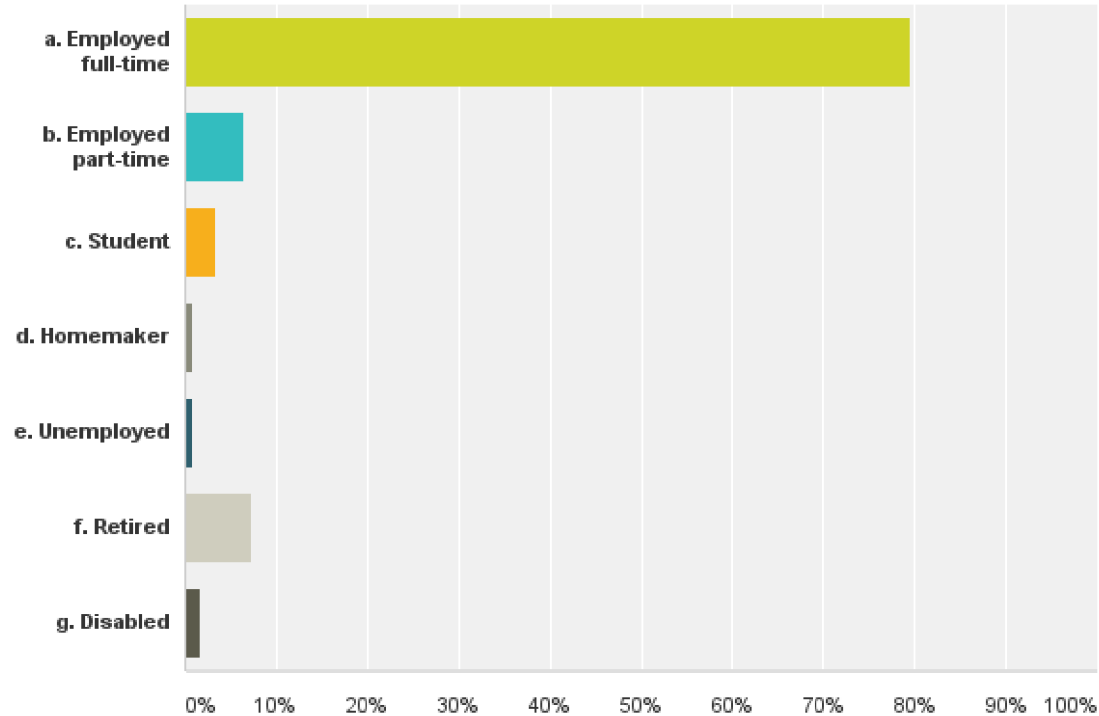
Q20: How many children live in your household who are . . .

Answered: 98 Skipped: 24

Answer Choices	Average Number	Total Number	Responses
Less than 5 years old	0	27	77
5 to 12 years old	1	58	81
13 to 17 years old	1	43	74
Total Respondents: 98			

Q21: What is your current employment status?

Answered: 122 Skipped: 0



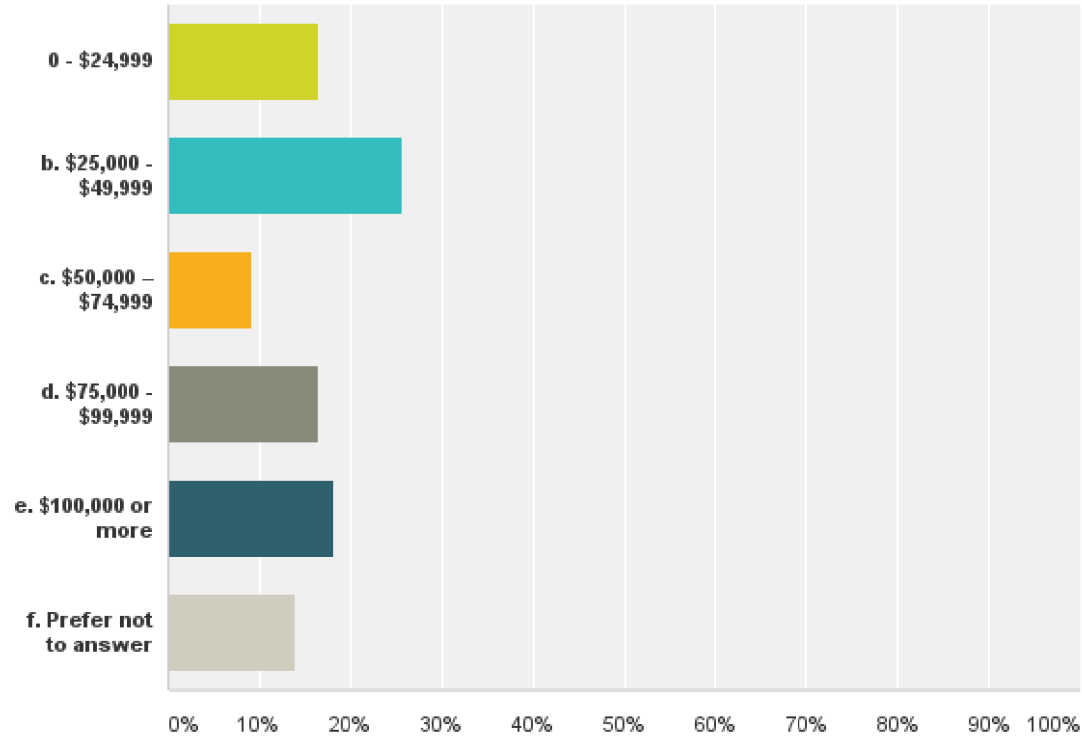
Q21: What is your current employment status?

Answered: 122 Skipped: 0

Answer Choices	Responses
a. Employed full-time	79.51% 97
b. Employed part-time	6.56% 8
c. Student	3.28% 4
d. Homemaker	0.82% 1
e. Unemployed	0.82% 1
f. Retired	7.38% 9
g. Disabled	1.64% 2
Total	122

Q22: What is your household income range?

Answered: 121 Skipped: 1



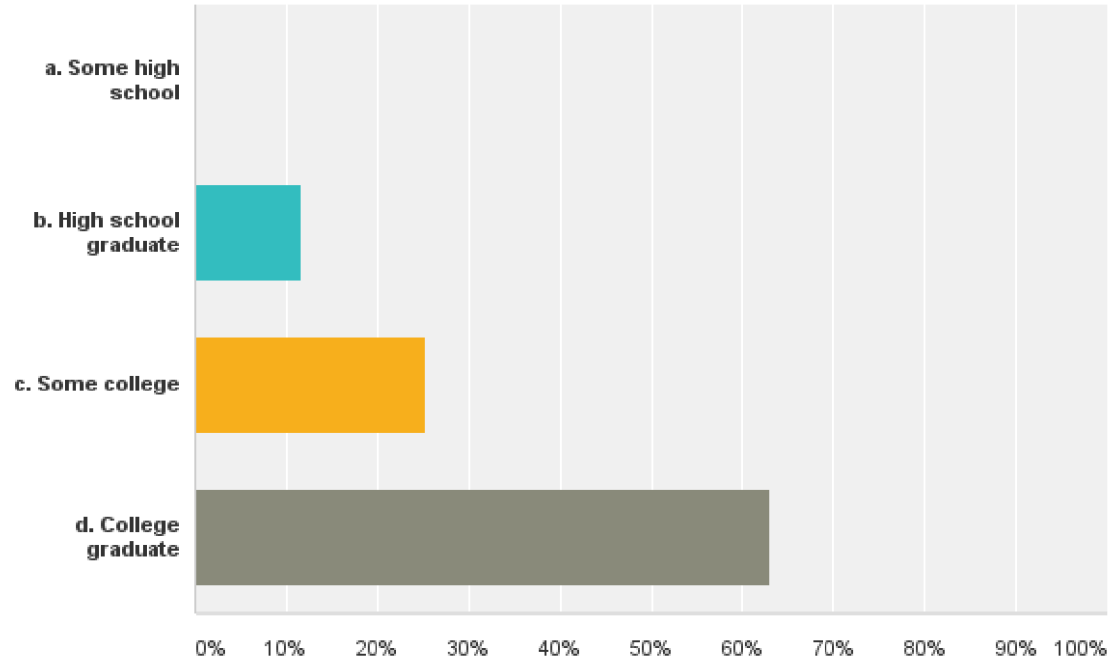
Q22: What is your household income range?

Answered: 121 Skipped: 1

Answer Choices	Responses
0 - \$24,999	16.53% 20
b. \$25,000 - \$49,999	25.62% 31
c. \$50,000 – \$74,999	9.09% 11
d. \$75,000 - \$99,999	16.53% 20
e. \$100,000 or more	18.18% 22
f. Prefer not to answer	14.05% 17
Total	121

Q23: What is the highest level of education you have completed?

Answered: 119 Skipped: 3



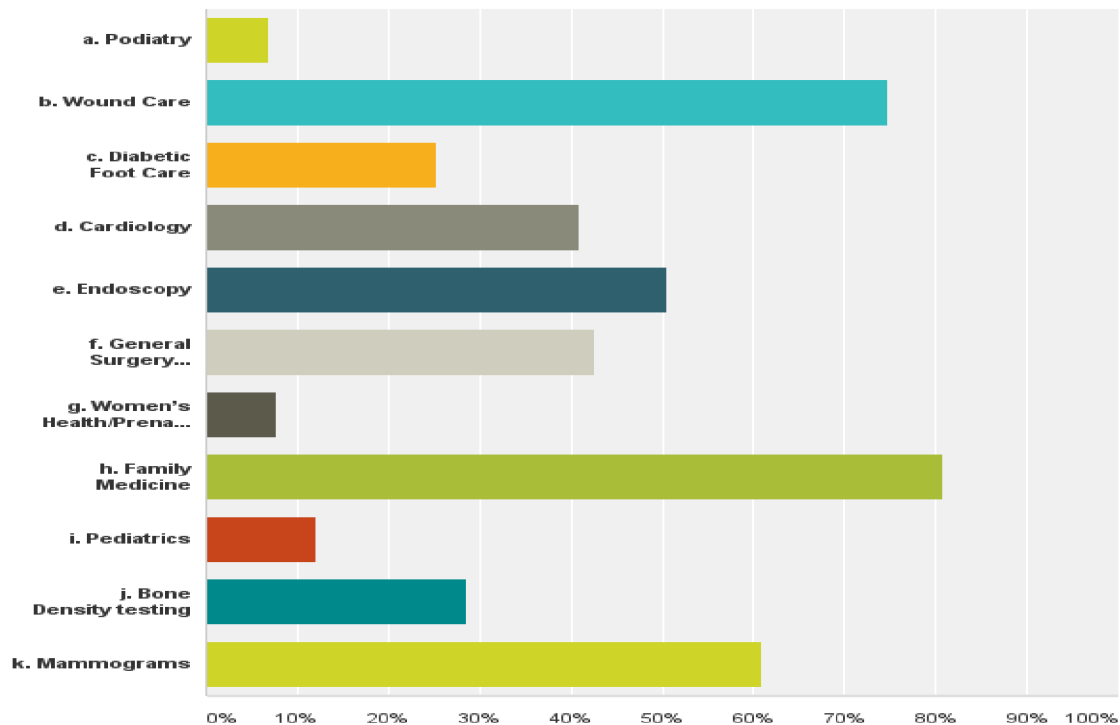
Q23: What is the highest level of education you have completed?

Answered: 119 Skipped: 3

Answer Choices	Responses	
a. Some high school	0.00%	0
b. High school graduate	11.76%	14
c. Some college	25.21%	30
d. College graduate	63.03%	75
Total		119

Q24: What services are you aware are provided at BMC Yazoo? (select all that apply)

Answered: 115 Skipped: 7



Q24: What services are you aware are provided at BMC Yazoo? (select all that apply)

Answered: 115 Skipped: 7

Answer Choices	Responses	
a. Podiatry	6.96%	8
b. Wound Care	74.78%	86
c. Diabetic Foot Care	25.22%	29
d. Cardiology	40.87%	47
e. Endoscopy	50.43%	58
f. General Surgery Evaluation	42.61%	49
g. Women's Health/Prenatal Care	7.83%	9
h. Family Medicine	80.87%	93
i. Pediatrics	12.17%	14
j. Bone Density testing	28.70%	33
k. Mammograms	60.87%	70
Total Respondents: 115		

APPENDIX D
OPPORTUNITIES FOR IMPROVEMENT
AND IMPLEMENTATION STRATEGY

2016 Community Health Needs Assessment
 Opportunities for Improvement and Action Plan



A. At-Risk Populations - Children / Pediatrics

Educate	Advocate	Collaborate	Provide
	Promote Medicaid expansion alternatives to MS legislature.	<p>Work with Yazoo County Board of Education to develop grade-specific health education goals and resources.</p> <p>Partner with school nurses to develop a strategic plan and/or provide materials related to age-specific health concerns.</p>	<p>Provide access to all Yazoo County K-6 Teachers with Access to GoNoodle education resources</p> <p>Provide instructors to area schools on health-related matters.</p>

B. At-Risk Populations – Senior Adults / Geriatric

Educate	Advocate	Collaborate	Provide
Host public educational meetings (at least semiannually) on health topics of interest to senior adults.	Support critical-access status for rural facilities as the primary means to the continuation of vital health services to rural communities.	Host and annual meeting with administrators for area homes for the aged (nursing homes and assisted living facilities) to identify key health service needs for their residents.	Expand and promote BMCY’s Hospital Auxiliary/Volunteer Program as a key point of contact with the senior-adult population.

C. At-Risk Populations - Women

Educate	Advocate	Collaborate	Provide
	Advocate state elected officials for expansion of Medicaid		

2016 Community Health Needs Assessment
Opportunities for Improvement and Action Plan



D. Disease/Condition-Specific – Accidental Injury / Trauma

Educate	Advocate	Collaborate	Provide
Provide, at least annually, public information related to injury prevention and treatment.	Support additional funding of the state-wide trauma system.	Participate in the MS state-wide trauma system as a level and the Central Trauma Region as a means to continually improve trauma services to citizens of Yazoo County.	Facilitate timely and appropriate transfer of Emergency patients area tertiary referral hospitals through review and analysis of performance metrics

E. Disease/Condition-Specific – Cancer

Educate	Advocate	Collaborate	Provide
Continue to sponsor annual “Pink Affair” in Yazoo City as a means to raise awareness of breast cancer.	Advocate State elected officials for Medicaid expansion.	Participate / sponsor in MS Baptist Health Foundation’s Cycle for a Cure event annually.	Expand GI screenings for colorectal cancer.

F. Disease/Condition-Specific – COPD / Pulmonary

Educate	Advocate	Collaborate	Provide
Conduct in-services annually to local employers such as CF Industries regarding vaccinations		Provide flu shots free or at reduced cost to area employers.	Promote flu vaccination in all our BMCY Rural Health Clinics. Continue requirement for all eligible employees to receive annual flu vaccination as a condition of employment.

G. Disease/Condition-Specific – Diabetes

Educate	Advocate	Collaborate	Provide
Provide glucose screenings at area health fairs and local church programs free of charge.		Work with area schools to provide information on nutrition, exercise and healthy lifestyles to students on a grade-appropriate basis	Provide access to an endocrine specialist at a weekly basis on the BMCY campus

2016 Community Health Needs Assessment
Opportunities for Improvement and Action Plan



H. Disease/Condition-Specific – Stroke/CVA

Educate	Advocate	Collaborate	Provide
Provide public education, at least annually on stroke awareness, signs of stroke and early intervention “golden hour.”	Advocate for increased funding for the state-wide stroke network.	Participate in the state-wide stroke network as a primary stroke hospital.	Provide “golden hour” interventions on a 24-hour basis including CT with STAT interpretation and thrombolytic therapy available on-site

I. Heart Disease

Educate	Advocate	Collaborate	Provide
	Advocate state elected officials for ongoing support of the MS STEMI network.	<p>Provide basic CPR instruction at all area high school for juniors and seniors in collaboration with state-wide graduation requirements.</p> <p>Partner with Baptist Health Foundation and American Heart Association to underwrite/provide CPR training materials including demonstration dummies for area high schools.</p>	<p>Expand services to provide access to a board-certified cardiologist at an on-site clinic at BMCY campus of a weekly basis (currently twice a month)</p> <p>All employees to receive on-site CPR certification.</p> <p>Provide ACLS certification for nursing staff</p>

J. Disease/Condition-Specific - Hypertension / Blood Pressure

Educate	Advocate	Collaborate	Provide
			Provide free blood pressure checks via hospital ED, rural health clinics as well as areas health fairs.

K. Disease/Condition-Specific – Mental Health

Educate	Advocate	Collaborate	Provide
	Actively advocate state elected officials	Work with Warren Yazoo Mental Health Center to serve the needs to this local population.	Provide outpatient geripsych services to Yazoo County

2016 Community Health Needs Assessment
 Opportunities for Improvement and Action Plan



L. Social Challenges Affecting Health – Poverty

Educate	Advocate	Collaborate	Provide
Educate the public regarding BMCY's charity care program	Advocate for some form of expansion of Medicaid or other expanded coverage for the poor.	Utilize HPE Presumptive eligibility Program to assist those who may qualify for Medicaid.	Provide services upon ER registration and clinic registration with credentialed personnel.

APPENDIX E
SUPPLEMENTAL INFORMATION

The Atlantic

Why Are There So Few Doctors in Rural America?

The rugged lifestyle has its appeal, just not for physicians.



The Adult Education Center building in Bethel, Alaska, in 1987. The town has modernized considerably since then. Rob Stapleton/AP

The airport in Bethel, Alaska, population 6,080, consists of one room with a concrete floor and a single baggage carousel. Rather than suitcases and duffles, though, it spins forth cardboard boxes scribbled with names and large plastic containers held together with duct-tape. I watched as one sturdy woman wrestled a Rubbermaid bin filled with tampons onto her luggage cart.

Alaska may have an overabundance of wildlife, natural beauty, and stick-to-itiveness, but it sorely lacks basic infrastructure. In small towns like Bethel, gasoline costs \$6 to \$8 a gallon, and there are few roads available to get consumer goods out of urban centers and into the shops that dot the grassy steppe. At the Swanson's grocery store in town, a can of Folger's coffee runs \$18.55, a gallon of apple cider goes for over \$20, and a box of Bisquick for \$12. Locals have few options other than to make the occasional journey to Anchorage, where they grab up basics and check their stockpiles as luggage.

Plenty of people from the "lower 48" have moved to Bethel for its rugged charm and unparalleled salmon fishing. But many others, the hyper-educated in particular, find the quirks of remote Alaskan life too daunting. Much of rural Alaska, like much of the rest of the rural U.S., faces a severe shortage of doctors and dentists.

"The situation in Alaska is unique because the population is so sparse, but it's not that much different than the rest of frontier America," said Jay Butler, director of community health services for the Alaska Native Tribal Health Consortium in Anchorage. "I grew up in North Carolina, and I see [that] the small towns that used to have hospitals; many of those towns don't have hospitals anymore."

There are about 6,000 federally designated areas with a shortage of primary care doctors in the U.S., and 4,000 with a shortage of dentists. Rural areas have about 68 primary care doctors per 100,000 people, compared with 84 in urban centers. Put another way, about a fifth of Americans live in rural areas, but barely a tenth of physicians practice there.

A few stopgap measures have aimed to fix the problem, at least temporarily. The National Health Service Corps offers scholarships to students who train as primary care doctors, as long as they agree to serve for a year in a designated shortage area. The Affordable Care Act also created new grants for programs that train doctors who will work in rural locations. Kansas, which has five counties with no doctors at all, recently opened a medical school geared entirely toward rural medicine.

Still, it will take thousands more dentists and doctors to alleviate the current shortfalls. Alaska alone needs to add 60 new physicians each year.

The day I left Bethel, a suicidal man ran at two police officers with a baseball bat, hoping the officers would shoot him dead. One officer fired at the man's chest, puncturing a lung. He had to be airlifted to a medical center in Anchorage, an hour's flight away.

When it comes to getting newly minted doctors into far-flung communities, the economics of healthcare work less like the free market and more like a complicated medieval bazaar.

The breakdown starts with medical education: There are too few applicants from rural areas applying to medical school, as Howard Rabinowitz, professor of family medicine at Thomas Jefferson University's Medical College, told CNN. And about half of the ones who do come from the countryside don't wish to return there after they graduate.

Medical students with country roots are more likely to return to the farm to open up their practices, but some studies suggest rural students are less likely to go to college in the first place. Residents practice near where they train, but many of the nation's most prestigious medical schools are in big cities—and they are less likely to enroll rural students.

After eight grueling years of school and with hundreds of thousands in student loan debt, many doctors are reluctant to give up a city's creature comforts for a more hardscrabble existence.

"Providers may graduate from a big school, and they realize they like the ballet."

A recent poll by Sermo, a social network for doctors, found that a lack of cultural opportunities topped the list of reasons it was hard to recruit rural physicians.

"[Providers] may graduate from a big school, and they realize they like the ballet," said Lyle McClellan, a dentist in Hillsboro, Oregon. "They don't necessarily want to go out on the tundra."

Bethel seems like Brooklyn compared with some of Alaska's smaller villages, where the traditional ways might take an outsider some getting used to. Three-quarters of the villages in the region are not connected by roads to a city with a hospital. One woman who lives in Unalakleet, a town of 650 just below the Arctic Circle, told me that popular pastimes include riding snow machines and hunting walruses. The 1,000-person community of Hooper Bay, on Alaska's west coast, is fiercely beautiful, but about a third of residents lack jobs and most rely on subsistence hunting and gathering. The local diversions include a video rental place, a youth rec center, and the gathering of "mousefood"—a delicacy that consists of root particles that villagers dig up from underground vole burrows.

Christian Rubio, Sermo's community director, says "it's not just the highbrow ballet stuff" that contributes to physicians' reluctance to move out to the bush.

"It might be the lack of diversity of food options," he said. "One rural doctor said he goes once a month with his wife to a big city to get food and go to movies and just get out."

Though some country doctors cite unusual perks—high schools with just 50 students in each grade, for example—others say they've faced prejudice in small towns.

Rubio said one gay psychiatrist responded that, while she liked the closeness she had with her rural patients, she also experienced homophobia. Another pediatrician said he moved back to the city after his small town's school principal prohibited his son from being on the cheerleading squad.

Even if they do hear the call of the wild, providers might find that there aren't enough patients to support a private practice. People in some rural regions are more likely to use Medicaid, the government health insurance program for the poor, which does not reimburse doctors for medical services as much as private insurance does.

What's more, doctors working in the hinterlands face geographic struggles that a Dupont Circle dermatologist can't fathom. In Alaska's villages, community health aides work out of single-room clinics, relying on shaky phone and Internet connections for back-up. Many Native Alaskans speak rare tribal tongues as their first language. Overt

complaining is not customary among some of the tribes, making it difficult for doctors to understand their symptoms. Transfers of patients to specialists or emergency rooms depend on the schedules of rickety charter planes, which often get "weathered up," or prevented from flying because of rain, snow, or some combination of the two.

Butler, from the Tribal Health Consortium, was once working out of a clinic on St. Lawrence Island, which floats just below the Bering Strait. One morning, there was a knock at the door and a local resident brought in a 14-year-old with a massive facial wound and cerebrospinal fluid pouring out of his nose. After the boy was stabilized, a blizzard rolled in, and Butler and the health aide spent the next six hours waiting for the weather to clear before a plane could come collect him.

And of course, having one doctor in a village means that doctor never gets a day off. "Country doctors doing family practice is kind of a 24/7 job," Dave Jones, board president of the California State Rural Health Association, told the [California Health Report](#). Doctors told Sermo that many country colleagues get burned out quickly, and some eventually come to resent most of their patients.

I asked several healthcare workers whether they'd be willing to move to Bethel. One Kansan dental hygienist said she wouldn't want to relocate this late in her career. A female dentist said she couldn't do her work in such a place because she has a faculty job.

Ji Choi, a dentist in Seattle who grew up in a small town, said he would consider moving to Bethel. His more cosmopolitan wife, though, probably not so much. "She needs her Barnes and Noble," he said.

"Sometimes dentists show up [in a rural area], and the wife hates it," McClellan said. "They'll stay a year and end up leaving. What's more common is for dentists to think they'll earn enough to travel to far-off places, but they don't necessarily want to live there."

Choi points out that dentists who are saddled with loans when they graduate might take jobs in clinics for underserved or needy populations because many such programs offer loan forgiveness plans. But after a few years, most move on.

"To stick with it, they really have to have the heart for it," Choi said. "And that has to come from within."

Hospitals and Health Networks

Rural physician shortage demands innovative solutions

January 21, 2016

A March 2015 [report](#) by the Association of American Medical Colleges projects that the United States will face a shortfall of 46,000 to 90,000 physicians by 2025. The physician shortage remains especially problematic in rural areas, where more than 20 percent of the U.S. population resides but only 10 percent of physicians practice, according to a position paper by the American Academy of Family Physicians (AAFP).

For a number of reasons, many rural hospitals and clinics struggle to recruit and retain primary care and emergency physicians, internal medicine subspecialists such as oncologists and interventional cardiologists, and surgeons in various specialties.

More and more traditional country doctors are retiring or leaving private practice for other opportunities, overwhelmed by new government regulations in the wake of the Affordable Care Act, performance-based reimbursement policies and increasingly stringent requirements for maintaining board certification and licensure.

At the same time, most physicians attend medical school and serve residencies in comparatively urban locales, where they become accustomed to city conveniences, a selection of restaurants and retail stores, and various cultural attractions and sporting events, according to an August 2015 article in *The Atlantic* titled "[Why Are There So Few Doctors in Rural America?](#)" As a result, most new medical graduates prefer to live in larger communities.

How then can rural communities attract and retain physicians? Because doctors who grow up in or train in small country towns are more likely than other physicians to practice in such communities, medical schools have embraced a number of strategies that attempt to leverage these trends. For example, several new colleges of medicine, including osteopathic medical schools, prioritize recruiting students from health professional shortage areas. And some established medical schools have rural medicine tracks that include preceptorships, clerkships and graduate medical education positions or rotations in medically underserved communities.

But the long-range solutions championed by academic medicine do not address rural hospitals' immediate needs or take into account the practice inclinations of today's physicians, says Bob Johnson, MD, the CEO of Remedy Medical Services, a multispecialty group practice based in Eau Claire, Wisconsin, that deploys its physicians to hospitals and clinics in the Midwest.

During his 10 years running Remedy Medical Services, Johnson discovered that while most physicians may not want to plant roots in remote rural towns, many will enthusiastically do shift work in such communities for a defined period of time. "I have doctors who commute from as far as California and Florida because they love this kind of work," he says. "They work for four days on and eight days off." Under contract with hospitals, the group practice pays doctors' travel expenses and provides housing in rented homes.

"What we've tried to solve with Remedy Medical Services is how to get doctors to go where no one wants to live," says Johnson, a board-certified family physician.

Allure of adaptability

The demand by physicians, especially the young or semi-retired, for flexible, variable-length assignments also explains the rapid rise of locum tenens staffing agencies. Citing a survey by Staff Care, a locum tenens firm in the Dallas area, the October issue of *Family Practice News* reports that 87 percent of residents were open to "test driving various practice styles and geographic locations by working temporary assignments post residency." In addition, 15 percent of the survey participants said they wanted their first job after residency to be part time, defined as 30 hours per week or less.

The problem with locum tenens agencies, however, is that they charge hospitals and other health care organizations high fees for their services, contends Johnson. He experienced this firsthand when Remedy Medical Services turned to such an agency to find a doctor in a pinch to replace one who got sick. "I went to a locum tenens agency, which charged me more than I could bill the hospital for my services," he recalls.

Alternative to employment

In the current high-pressure regulatory compliance environment, hospitals increasingly employ physicians. The number of hospital-employed primary care physicians doubled from 10 percent in 2013 to 20 percent in 2014, according to a survey by Jackson Healthcare, a staffing

agency based in Alpharetta, Georgia. And nearly 40 percent of the AAFP's members are hospital employed.

Still, studies indicate that the vast majority of medical graduates do not want to be employees, Johnson contends. While they may not want to assume the risks of starting a private practice, many doctors would like to be independent contractors, working when and where they want to, he says.

This realization led Johnson to start a new venture, [Remedy Direct](#), a membership-based online service that helps physicians become independent contractors and connects them with hospitals needing their services. By eliminating the need for an intermediary locum tenens agency, hospitals can slash their costs while physicians can make more money, he says.

“The beauty of this [approach] is that hospitals can save a significant amount of money,” Johnson insists. “And doctors will be directed to the places they want to work.”

Physicians pay a \$79 monthly membership fee to join Remedy Direct, while hospitals pay a one-time \$1,500 fee. Member hospitals can post as many positions as they want on the website. Besides access to these listings, physicians receive the resources they need to become and remain sole proprietors—for example, information and selected vendors that will help the doctor set up as an S corporation or LLC, acquire medical liability insurance, and obtain banking services and lines of credit.

Using Remedy Direct, physicians can establish short-term or long-term relationships with hospitals anywhere in the country.

“There is a rebellion going on in medicine,” observes Johnson. “[Doctors] desire flexibility when it comes to where, when and how much they work. Remedy Direct is a win-win model that enables independent physicians to take charge of their destinies while reducing health care costs.”

National Rural Health Association

What's Different about Rural Health Care?

The obstacles faced by health care providers and patients in rural areas are vastly different than those in urban areas. Rural Americans face a unique combination of factors that create disparities in health care not found in urban areas. Economic factors, cultural and social differences, educational shortcomings, lack of recognition by legislators and the sheer isolation of living in remote rural areas all conspire to impede rural Americans in their struggle to lead a normal, healthy life. Some of these factors, and their effects, are listed below.

- **Only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in these areas.** **
- Rural residents are less likely to have employer-provided health care coverage or prescription drug coverage, and the rural poor are less likely to be covered by Medicaid benefits than their urban counterparts.
- **Although only one-third of all motor vehicle accidents occur in rural areas, two-thirds of the deaths attributed to these accidents occur on rural roads.****
- Rural residents are nearly twice as likely to die from unintentional injuries other than motor vehical accidents than are urban residents. Rural residents are also at a significantly higher risk of death by gunshot than urban residents.
- **Rural residents tend to be poorer.** On the average, per capita income is \$7,417 lower than in urban areas, and rural Americans are more likely to live below the poverty level. The disparity in incomes is even greater for minorities living in rural areas. Nearly 24% of rural children live in poverty.
- **People who live in rural America rely more heavily on the federal Food Stamp Program,** according to The Carsey Institute at the University of New Hampshire. The Institute's analysis found that while 22 percent of Americans lived in rural areas in 2001, a full 31 percent of the nation's food stamp beneficiaries lived there. In all, 4.6 million rural residents received food stamp benefits in 2001, the analysis found.
- There are 2,157 Health Professional Shortage Areas (HPSA's) in rural and frontier areas of all states and US territories compared to 910 in urban areas.**
- **Abuse of alcohol and use of smokeless tobacco is a significant problem among rural youth.** The rate of DUI arrests is significantly greater in non-urban counties. Forty percent of rural 12th graders reported using alcohol while driving compared to 25% of their urban counterparts. Rural eighth graders are twice as likely to smoke cigarettes (26.1% versus 12.7% in large metro areas.) **
- Anywhere from 57 to 90 percent of first responders in rural areas are volunteers. **
- **There are 60 dentists per 100,000 population in urban areas versus 40 per 100,000 in rural areas****
- Cerebrovascular disease was reportedly 1.45 higher in non-Metropolitan Statistical Areas (MSAs) than in MSAs.**
- **Hypertension was also higher in rural than urban areas (101.3 per 1,000 individuals in MSAs and 128.8 per 1,000 individuals in non-MSAs.)****

- Twenty percent of nonmetropolitan counties lack mental health services versus five percent of metropolitan counties. In 1999, 87 percent of the 1,669 Mental Health Professional Shortage Areas in the United States were in non-metropolitan counties and home to over 30 million people **
- **The suicide rate among rural men is significantly higher than in urban areas, particularly among adult men and children.** The suicide rate among rural women is escalating rapidly and is approaching that of men. **
- Medicare payments to rural hospitals and physicians are dramatically less than those to their urban counterparts for equivalent services. This correlates closely with the fact that more than 470 rural hospitals have closed in the past 25 years.
- **Medicare patients with acute myocardial infarction (AMI) who were treated in rural hospitals were less likely than those treated in urban hospitals to receive recommended treatments** and had significantly higher adjusted 30-day post AMI death rates from all causes than those in urban hospitals. ***
- Rural residents have greater transportation difficulties reaching health care providers, often travelling great distances to reach a doctor or hospital.
- **Death and serious injury accidents account for 60 percent of total rural accidents versus only 48 percent of urban.** One reason for this increased rate of morbidity and mortality is that in rural areas, prolonged delays can occur between a crash, the call for EMS, and the arrival of an EMS provider. Many of these delays are related to increased travel distances in rural areas and personnel distribution across the response area. National average response times from motor vehicle accident to EMS arrival in rural areas was 18 minutes, or eight minutes greater than in urban areas. **

A National Rural Health Snapshot	Rural	Urban
Percentage of USA Population**	nearly 25%	75% +
Percentage of USA Physicians**	10%	90%
Num. of Specialists per 100,000 population**	40.1	134.1
Population aged 65 and older	18%	15%
Population below the poverty level	14%	11%
Average per capita income	\$19K	\$26K
Population who are non-Hispanic Whites	83%	69%
Adults who describe health status as fair/poor	28%	21%
Adolescents (Aged 12-17) who smoke	19%	11%
Male death rate per 100,000 (Ages 1-24)	80	60
Female death rate per 100,000 (Ages 1-24)	40	30

Population covered by private insurance	64%	69%
Population who are Medicare beneficiaries	23%	20%
Medicare beneficiaries without drug coverage	45%	31%
Medicare spends per capita compared to USA average	85%	106%
Medicare hospital payment-to-cost ratio	90%	100%
Percentage of poor covered by Medicaid	45%	49%
<p>Statistics used with permission from "Eye on Health" by the Rural Wisconsin Health Cooperative, from an article entitled "Rural Health Can Lead the Way," by former NRHA President, Tim Size; Executive Director of the Rural Wisconsin Health Cooperative</p>		

The National Rural Health Association strongly recommends that definitions of rural be specific to the purposes of the programs in which they are used and that these are referred to as programmatic designations and not as definitions. Programs targeting rural communities, rural providers, and rural residents do so for particular reasons, and those reasons should be the guidance for selecting the criteria for a programmatic designation (from among various criteria and existing definitions, each with its own statistical validity). This will ensure that a designation is appropriate for a specific program while limiting the possibilities that other unrelated programs adopt a definition, which is not created to fit that program.

Sources:

**Rural Healthy People 2010—"Healthy People 2010: A Companion Document for Rural Areas," is a project funded with grant support from the federal Office of Rural Health Policy. The full document is available for download at the following site:

<http://srph.tamhsc.edu/centers/rhp2010/Volume1.pdf>

***WWAMI Rural Health Research Center study, funded by the Federal Office of Rural Health Policy, described in:

Baldwin L-M, MacLehouse RF, Hart LG, Beaver SK, Every N, Chan L: Quality of care for acute myocardial infarction in rural and urban U.S. hospitals. Journal of Rural Health 2004;20(2):99-108.

For more information on WWAMI projects and publications, visit

<http://depts.washington.edu/uwrhrc/index.php>

Rural Health in the United States - 1999

Thomas C. Ricketts III, Editor

Oxford University Press

Health, United States, 2001 Urban and Rural Chartbook..., - 2001 Centers For Disease Control

Rural Information Center Health Service (RICHS) Web site

<http://www.nal.usda.gov/ric/>

XVII. CHNA Addendum



ADDENDUM

**Addendum to Community Health Needs Assessment
Baptist Medical Center Yazoo
January 25, 2018**

In May 2017, the Baptist Memorial Health Care Corporation of Memphis, TN (BMHCC) acquired a controlling interest in Baptist Medical Center Yazoo (BMCY). As part of a system-wide review of CHNA documentation, issues that required additional clarification and/or documentation were identified and corrected to ensure compliance with all §501(r) requirements.

CHNA and CHNA-IS Approval

The BMCY Board of Trustees originally reviewed and approved the CHNA documentation on August 4, 2016. The system-wide audit identified minor clerical errors in the CHNA data analysis of the survey demographics. Also, Board approval did not specifically detail the approval of both documents. Consequently, the corrected CHNA, the CHNA-IS, the 2017 IS update and this addendum were resubmitted to the Board on January 25, 2018 for approval.

Other Clarifications

This addendum contains issues identified that were not detailed in the original CHNA. Additional details and descriptions are added below for clarification and to ensure BMCY is compliant with all §501(r) requirements.

1. Details of Community Participation and Survey Responders

Outlets utilized for solicitation of community participation:

- Website
- Email
- Social media
- Baptist Medical Center Yazoo (Administration, ED, Lobby, Information Desk)
- Baptist Medical Clinic | Primary Care
- Baptist Medical Clinic | Yazoo Family Doctors
- Baptist Medical Clinic | Yazoo
- The Yazoo Herald
- Belzoni Banner
- B.S. Ricks Memorial Library
- Yazoo County Sheriff's Annual TRIAD Meeting / Senior Day (06/10/16; ~150 attendees)
- Yazoo City Rotary Club Meeting (06/15/16; 23 attendees)
- Yazoo County Health Network Meeting (06/15/16; 19 attendees)
- Oasis Health & Rehab Health Fair (06/15/16; ~60 attendees)
- CHNA Community Focus Group (06/21/16; 12 attendees)

Addendum to Community Health Needs Assessment

Baptist Medical Center Yazoo

January 25, 2018

Page 2 of 4

Survey Methodology:

The online survey was widely distributed via email, hospital website, social media, local Main Street/Chamber, and other means of electronic communication. Instructions for accessing the online survey were distributed in areas highly trafficked by patients and visitors throughout clinics, Baptist Medical Center Yazoo, local civic and community meetings, local library where free online access is available, local businesses as well as other local media outlets.

A hardcopy survey was also made available to ensure opportunities for a diverse participation. Paper surveys were distributed at local civic and community meetings and events, local businesses, Baptist Medical Center Yazoo main lobby and clinics. The completed hardcopy surveys were collected and entered to the online data for analysis.

Focus Group Methodology:

A critical component in gathering relevant community health needs data involves conducting focus group interviews with community members who are interested in and represent the broader interests of the community, including those with special knowledge of or expertise in public health. Additional input was solicited from the following organizations representing “key informants, with specific information relate to public health and or rural health as well as organizations representing minorities and the traditionally underserved”:

- Warren Yazoo Mental Health, April Ward, RN*
- Community Representative, local Home Health, Beth Tarver
- MS Dept. of Health, H Caryn Womack, Health Educator*
- Yazoo Co Human Resources/Elderly, Glenda Fisher, Director *
- Sta-Home Health, Jeff Sanders, Office Mgr
- Acadian Life Alert System, Josh Creed, Sales Rep
- Mississippi Home Care, Lori McGraw, RN
- AMR, Mary Kotev, Ambulance Service
- Mississippi Home Care, Michelle Davis, Office Manager
- Mississippi Home Care, Michelle Perritt, RN
- MSDH Yazoo Health Dept., Pattie Brown, RN*
- Baptist Yazoo Hospital, Rhonda Carpenter, RN, Case Manager
- Tobacco Free MS, Rochelle Culp, Project Director*
- Sharkey Issaquena Hospital, Susan Perry, Marketer,
- Warren Yazoo Mental Health, Tiffany Cohea, Representative*
- Continue Care, Tina Davis, Hospice Coordinator,
- Yazoo Juvenile Detention Center, Valerie Rollins, LPN*
- Warren Yazoo Mental Health, Millicent Ledbetter, Director*
- Kelly Ward, local home health RN
- MSDH, CHES Tameka Walls, Representative*
- Federal Prison, Yazoo, Melissia Standley, Communiy Liaison

Addendum to Community Health Needs Assessment

Baptist Medical Center Yazoo

January 25, 2018

Page 3 of 4

- AMR (Ambulance Service), Diane Sampson, Paramedic
- Mutual Credit Union – Yazoo, Diane Copes, Manager
- Warrant Yazoo Social Worker, Gloria Owens, (also LifeSavers Program)*
- Baptist Yazoo, Dennis Moulder (Disaster Preparedness and Hospital Security)
- Brown and Company local hospice, Kelly Stoker
- Yazoo Extension Service, Brenda Sue Milner, Secretary*
- Yazoo 4-H Leader/Extension Services, Katrina Owens, Director*
- St. Dominic Hospital, Leah Smith, marketer/educator
- Baptist Yazoo, Holly Estes, Program Director for Mental Health*
- Baptist Yazoo, Leigh Ann Roden, LPN, Community Educator
- Dept. of Health, Yazoo, Kristen Bradshaw, Nurse*
- Continue Care Home Health, Debbie Davis, RN,
- Our Time Adult Day Care Services, Bentonia Monica Tobias, Owner*
- WIC program, Patricia Jones, local director*
- Hospice Organization, Rhonda Brown, Marketer
- Dr. Larry Cruel, DPM, Clinic in Yazoo
- Dr. Larry Cruel clinic, Angelia Hogue, Office Manager
- MSHD CHES, Veronica Mitchell, Program Representative*
- MS Coalition Against Domestic Violence, Paula Granger, Area Director*
- Humphries Co Health Network, Solola Dulaney, President*
- Yazoo County Extension Service, Ann W. Twiner, Economist*
- Yazoo Health & Rehab, M. Belk, Case Manger
- Yazoo Health & Rehab, Ashley Jones, Representative
- Families First Program, P. Ross, MS Community Education *
- Baptist Yazoo, BeLinda Sanders, Administrative Assistant
- Sta-Home Health, Cindy King, RN
- Martha Coker / Methodist Green Houses, Shirley Harris, Activities Director
- KareInHome Home Health, Dominique Ramsey, Social Worker *
- Sharkey Issquena Hospital, and Health Network, Jowilla Secoy,
- Humana, Nell Jackson, Marketer,
- ASH-LTACH, Debbie Lewis,
- MS Baptist Health System, Caitlin Hayden, Community Representative
- AMR (Ambulance), Chandra Myles
- Mississippi Home Care, Sha Whitworth, RN,
- GA Carmichael Health Center (FQHC), Miranda Alexander, Social Worker*

*Indicates individual with specific knowledge in areas of public health.

Caitlin Hayden
CAH Community Relations Representative
Mississippi Baptist Health Systems
601-968-1256

Addendum to Community Health Needs Assessment

Baptist Medical Center Yazoo

January 25, 2018

Page 4 of 4

2. *Needs Identified but Not Addressed*

Baptist Medical Center Yazoo is classified as a critical access hospital by the Centers for Medicare and Medicaid Services. By definition, it offers a limited array of services in a rural community. Given limited resources, we are unable to address each of the health needs that exist within our community and/or those needs identified in our survey. Needs were prioritized to facilitate the efficient and effective utilization of available resources. Some needs identified in our CHNA report may not have been addressed in our Implementation Strategy due to a lack of human or financial resources or expertise in a specific field or discipline. In some cases, those needs are already being addressed by community partners, programs and/or initiatives.

3. *Annual Updates*

The last paragraph of BMCY's 2016-2018 CHNA states that the plan will be approved by the organization's Board of Directors and updated annually. The original CHNA and Implementation Strategy were approved by the appropriate board on August 4, 2016.

Following the merger with BMHCC, senior managers provided additional education and guidance on the IRS §501 requirements in January 2018 at which time BMHCC senior management recommended, that since annual updates are not a requirement under the regulations, that the BMCY Board of Directors consider suspending this provision for the remainder of the CHNA cycle. The newly-integrated senior management team has already commenced the planning phase for the next round of Community Health Needs Assessments for all facilities in our system.