



Community Health Needs Assessment  
Attala County, Mississippi

Published August 1, 2016

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## 2016 Community Health Needs Assessment

### I. Introduction and Purpose

Healthy communities require reliable and convenient access to high-quality healthcare services. Attala County, Mississippi is a great place to live and work. Like all communities, Attala County has unique opportunities and challenges when it comes to meeting the healthcare needs of our citizens. Attala County's 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, Attala 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 Attala

Baptist Medical Center Attala is a general acute care hospital located in Kosciusko, Attala County, Mississippi. April 9, 1938 announcing the opening of the new Attala County Hospital on the corner of Bell and East Adams streets in Kosciusko. A framed state license from the Mississippi Hospital Commission noted the name change from Kosciusko – Attala County Hospital to Montfort Jones Memorial Hospital on August 20, 1938. Prominent Doctor in Kosciusko and Attala County, MS. The Attala County Hospital in Kosciusko was renamed "Montfort Jones Memorial Hospital" in honor of his memory.

Montfort Jones Memorial Hospital was acquired by Mississippi Baptist Health Systems on June 1, 2015 and has since operated under the name Baptist Medical Center Attala (BMCA). BMCA is licensed by the MS State Department of Health as a 25 bed hospital and is

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accredited by DNV, one of several agencies in the country that verify hospitals are meeting Medicare's regulatory requirement. BMCA is the only provider of acute and emergency healthcare services in Attala County.

Services offered at BMCA include Inpatient, Observation, and Swing Bed, Emergency Services, Medical Clinic and a wide array of Outpatient Services including X-Ray, CT, Mammography, Ultrasound, Nuclear Medicine, EKG, EEG, Infusion Therapy, and Laboratory. BMCA's medical staff includes Family Medicine, Pediatrics, Internal Medicine/Pediatrics, and visiting specialist practicing General Surgery, Gastroenterology, Urology, Wound Care, Podiatry, and Plastic Surgery.

Baptist Attala also offers primary care services from a newly established provider-based rural health clinic located on the main hospital campus and immediately adjacent to the Emergency Department. All of Baptist Medical Center Attala's (BMCA) services are located within the hospital's primary service area which is defined as Attala 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 Leake, 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 Attala County

As of the 2010 United States Census, there were 19,564 people residing in the county. 56.2% were White, 42.0% Black or African American, 0.3% Asian, 0.2% Native American, 0.7% of some other race and 0.6% of two or more races. 1.7% were Hispanic or Latino.

For the same period, there were 19,661 people, 7,567 households, and 5,380 families residing in the county. The population density was 27 people per square mile. There were 8,639 housing units at an average density of 12 per square mile. The racial makeup of the county was 58.34% White, 40.00% Black or African American, 0.17% Native American,

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0.27% Asian, 0.65% from other races, and 0.57% from two or more races. 1.42% of the population were Hispanic or Latino of any race.

Kosciusko, Attala County's largest city, has an estimated population of 7,187, roughly 40% of the county's residents.

There were 7,567 households out of which 32.10% had children under the age of 18 living with them, 50.30% were married couples living together, 16.70% had a female householder with no husband present, and 28.90% were non-families. 26.40% of all households were made up of individuals and 14.50% had someone living alone who was 65 years of age or older. The average household size was 2.55 and the average family size was 3.07.

In the county the population was spread out with 25.90% under the age of 18, 9.20% from 18 to 24, 25.20% from 25 to 44, 22.40% from 45 to 64, and 17.30% who were 65 years of age or older. The median age was 37 years. For every 100 females there were 91.50 males. For every 100 females age 18 and over, there were 86.70 males.

The median income for a household in the county was \$24,794, and the median income for a family was \$30,796. Males had a median income of \$26,180 versus \$17,394 for females. The per capita income for the county was \$13,782. About 18.30% of families and 21.80% of the population were below the poverty line, including 28.60% of those under age 18 and 21.40% of those age 65 or over.

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

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

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### V. Executive Summary –

Attala County is a vibrant and diverse rural community located in central Mississippi. Baptist Medical Center Attala (BMCA) 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. BMCA recognizes that truly measurable and sustainable improvements to the overall health of the community require a partnership of all key stakeholders including the local hospital, physicians and other healthcare providers, elected and lay civic leaders and 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 community health impact.

BMCA 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 Attala Board of Trustees. Members include Tim Cook, Chairman; William Grete, Bobbi Ware, Bill Thompson, Dr. Mike Maples, Dr. Tim Alford, Dr. Thomas Carter, and Daniel Teague

Development and implementation of the study was delegated to the Hospital Chief Executive Officer, John Dawson. Demographic and other data was collected by staff at BMCA as well as MS Baptist Health System and Trilogy Health.

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### VII. Methodology

Baptist Medical Center Attala 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 Attala 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.

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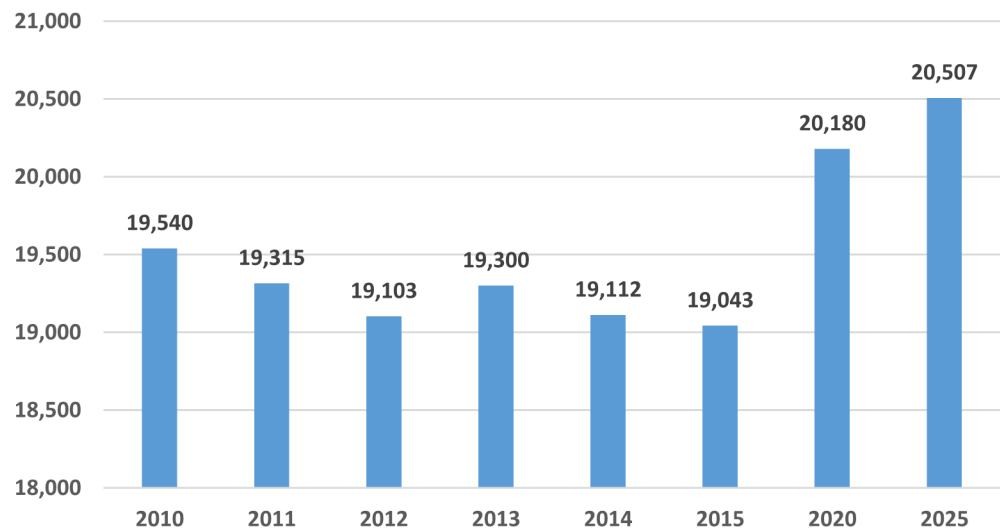
VIII. Quantitative Analysis

A. Community Demographics

1. Population – As of the 2010 U.S. Census, the total population of Attala County, Mississippi was 19,540. The county has seen a fairly steady, if incremental decline in population over the past few years; however, official census projections show increases to above 20,000 for the out-years of 2020 and 2025

**Population Trends and Projections  
Attala County 2010 - 2025**

Source: [www.mississippi.edu](http://www.mississippi.edu)



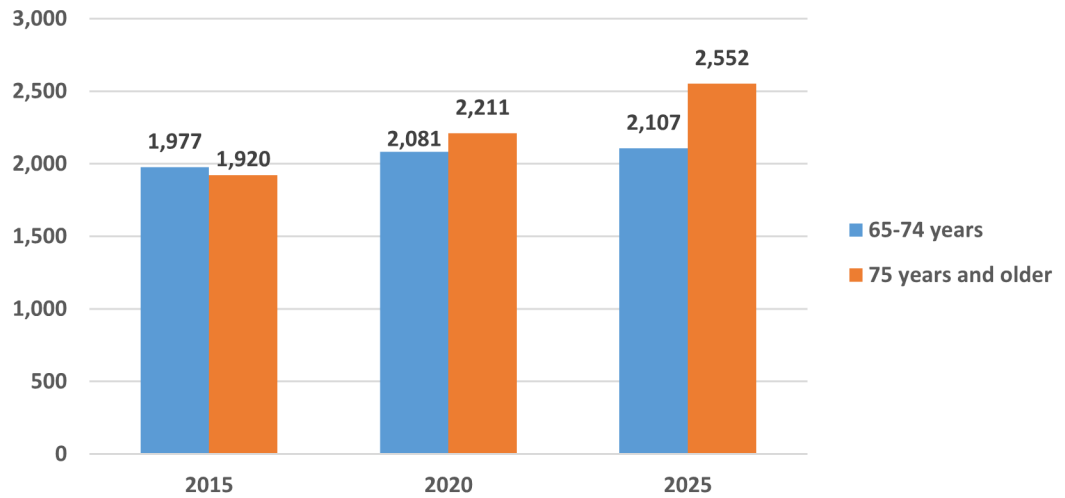
It is interesting to note the projected increases in population in spite of fairly consistent population decreases in recent historical population data, perhaps indicating that population projections inaccurately projected population increases for Attala County that have not been realized.



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**Population Projections - Age 65 and Over  
 Attala County**

Source: [www.mississippi.edu](http://www.mississippi.edu)



Statistical projections keep the percentage of senior adult population (defined as 65 years or older) at a relatively constant level with a fairly sizeable increase in the over-75 population occurring by 2025. Studies relating chronic disease to longevity have been well documented and do not bear reiteration here. It is a largely accepted truth that as individuals live longer, management of chronic conditions (e.g. diabetes, heart/blood pressure, memory, arthritis etc.) require proportionately more health resources compared to the younger population. Therefore, it is reasonable to conclude that with an aging population, the need for health care services for Attala County will continue to grow.

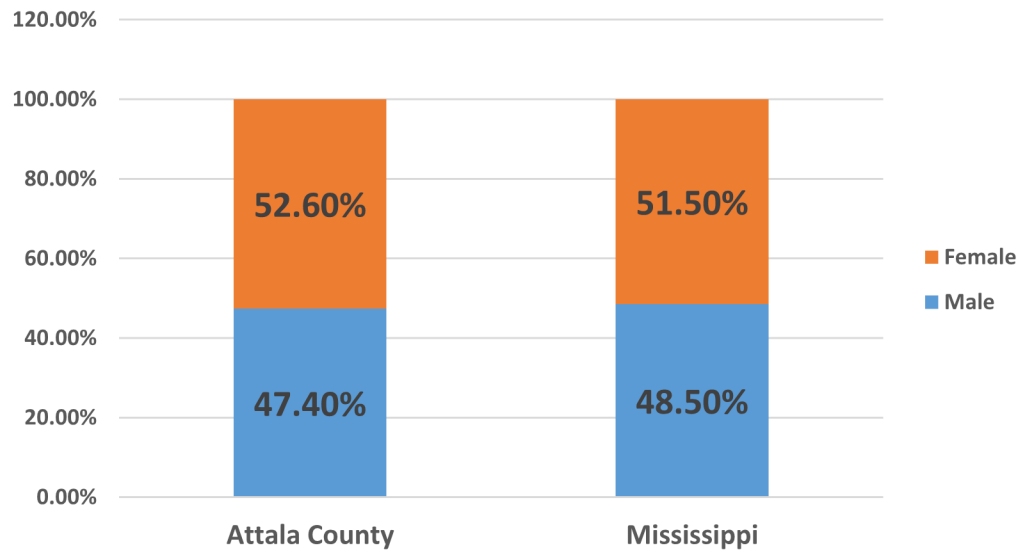


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2. Gender – The gender composition of Attala County is estimated to be on par with the State of Mississippi with slightly more females (52.6%) than males (47.4%).

### Attala County Gender Mix vs. Mississippi 2015

Source: [www.mississippi.edu](http://www.mississippi.edu)



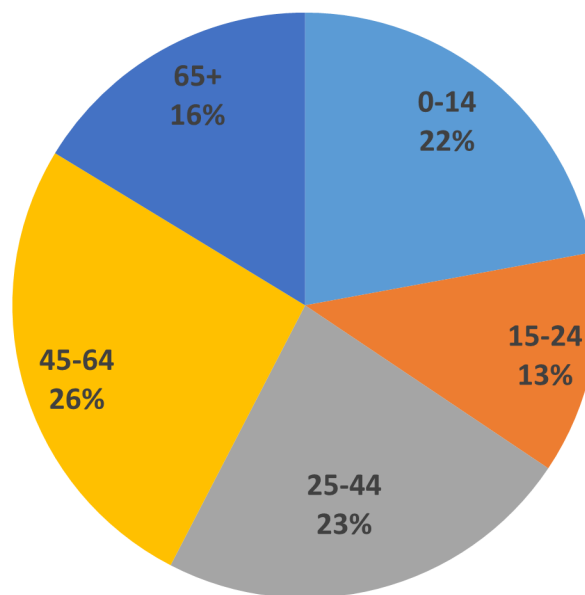
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3. Age – Comparing the Attala estimated population over 65 (below) the 2015 census estimate for total population of 19,043 would place just over 20% of Attala County residents in the over-54 age group. This compares to 14% for the state at-large, a significant difference.

### Age Distribution, Attala County, 2015

Source: <https://suburbanstats.org>

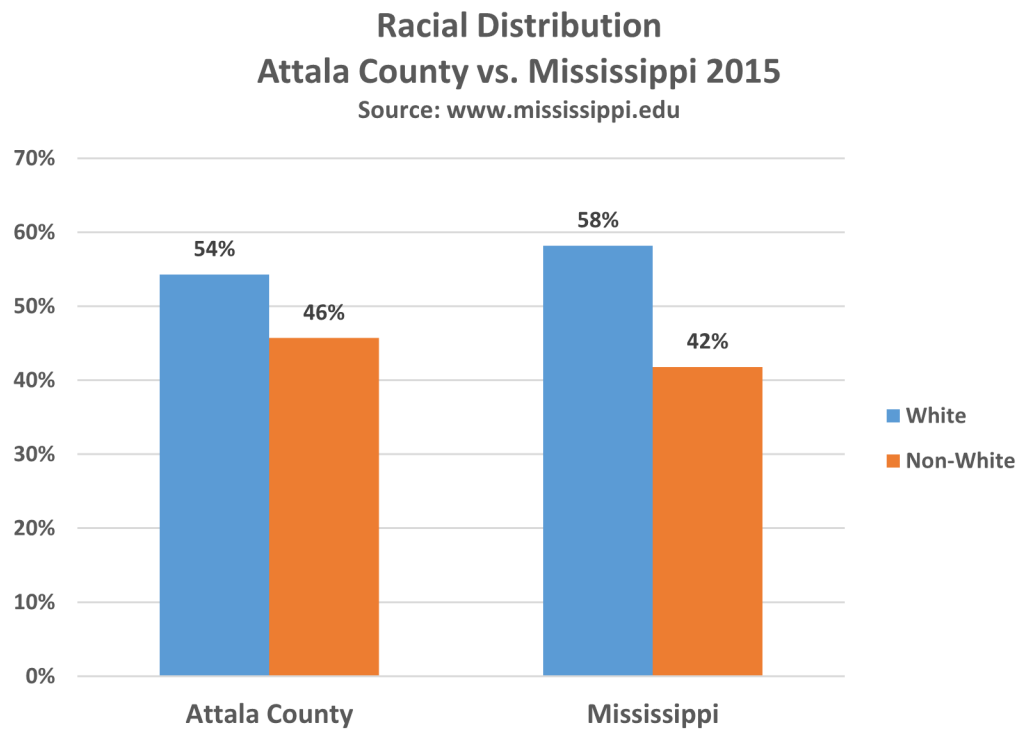
Note: Detail may not total 100% due to rounding



4. Given the higher needs for access to care noted for older Americans, it stands to reason that Attala County has a higher per-capita need for health-related services than the state on average. The closest tertiary care for most residents to Attala County is located in the Jackson metropolitan area, which is approximately 70 miles or 1.5 hours drive time.

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5. Racial Demographics – The racial demographics of Attala County vary only slightly from the state overall. It is estimated that the county population is 54% Caucasian compared to 58% for the state; 46 percent non-white compared to 42 percent for the state at-large.

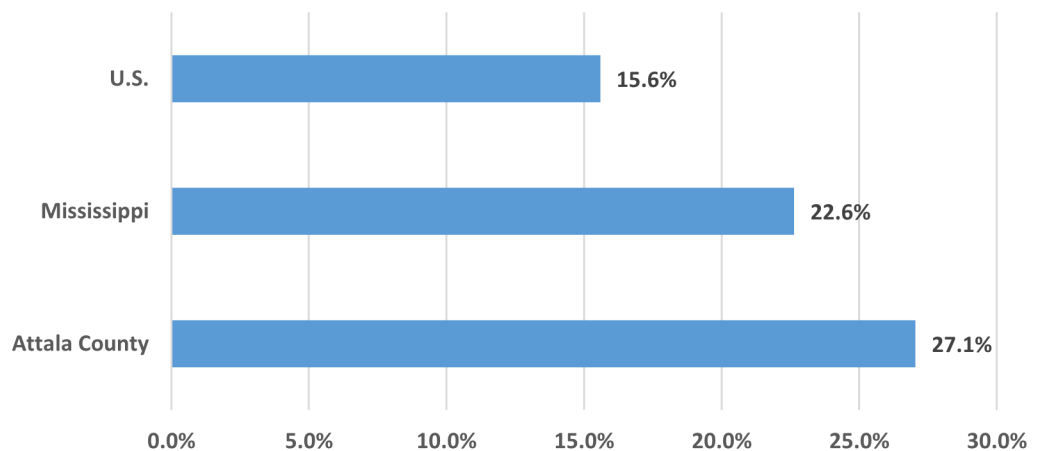


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- Poverty and Unemployment – The relationships between poverty and healthcare have been well documented. Research from the Morgridge Center for Public Service at the University of Wisconsin – Madison found in their study Poverty Fact Sheet: Poor and 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.

### Population % Living in Poverty Attala County, Mississippi, and U.S. 2014

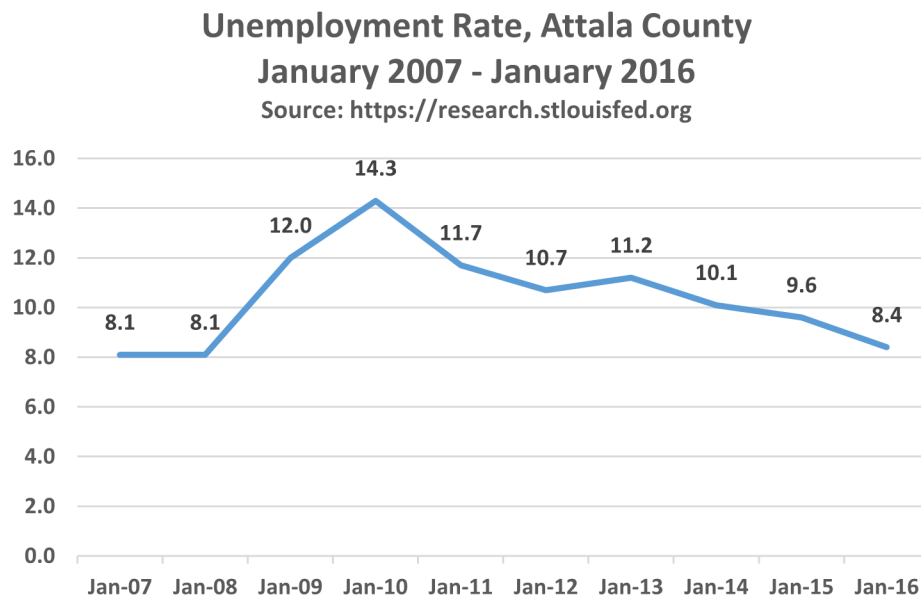
Source: [www.cividdashboards.com](http://www.cividdashboards.com)



It is estimated that over 27% of Attala 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%.

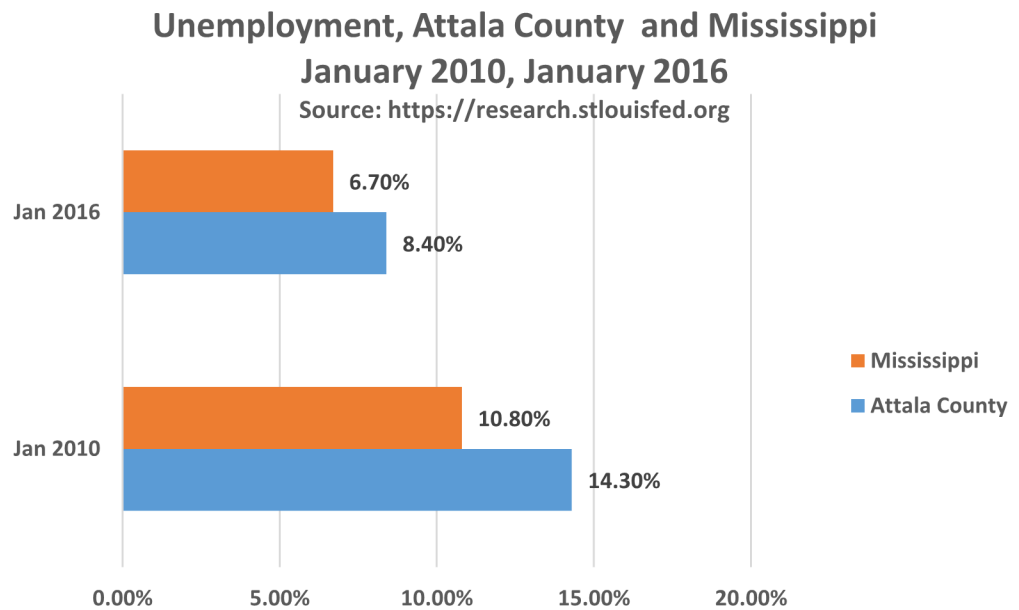
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Unemployment – Attala County has seen improvement in unemployment statistics over the course of the national recovery from what has been termed “The Great Recession” of the past decade by policy makers.



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While significant improvement has been noted, Attala County's recovery has been slightly less robust than the state. In 2010, Attala County's unemployment rate (10.2%) was slightly lower than the state average of 10.8%. As of 2016, that number is slightly higher at 8.48% compared to a state average of 6.7%.

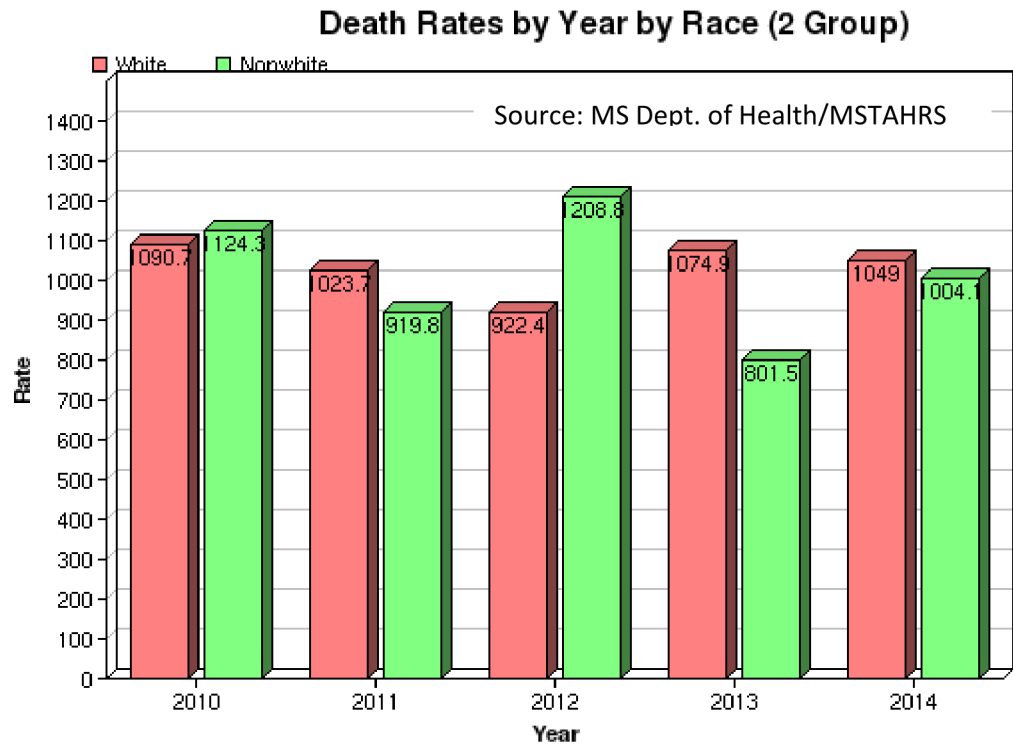


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### 7. Health Status

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

Source  
MASHTARS  
Database



Major causes of death in age-adjusted frequency are: heart disease, cancer, other/nonspecified conditions, injury, COPD, stroke and hypertension. Interestingly, Attala County lists “Alzheimer’s” as the fourth leading cause of death for the county compared to its 16<sup>th</sup> ranking for the state.

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### Attala County Mississippi Death Rates by Cause of Death 2010-2014 Per 100,000 Population

| Cause  | Number      | Rate          |
|--|-------------|---------------|
| Heart disease  | 309         | 231.8         |
| Malignant Neoplasms (cancer)                                 | 268         | 203.8         |
| Other diseases and conditions                                | 271         | 203.6         |
| Alzheimer's disease  | 108         | 75.4          |
| Unintentional Injury   | 52          | 52.4          |
| Cerebrovascular diseases (Stroke)                            | 67          | 49            |
| Chronic obstructive pulmonary disease (COPD) / Emphysema     | 58          | 41.2          |
| Diabetes mellitus  | 48          | 38.7          |
| Pneumonia & influenza  | 40          | 29.4          |
| Nephritis, nephrotic syndrome and nephrosis (Kidney disease) | 30          | 24.1          |
| Septicemia   | 31          | 23.2          |
| Hypertension   | 17          | 12.3          |
| Other Infections and parasites                               | 14          | 11.8          |
| Homicide and legal intervention                              | 10          | 11.6          |
| HIV/AIDS   | 6           | 6.9           |
| Suicide ->   | 5           | 6.1           |
| Certain conditions originating in perinatal period           | 6           | 6             |
| Chronic Liver disease & cirrhosis                            | 6           | 4.9           |
| Birth defects  | 4           | 3.6           |
| Other external causes  | 3           | 3.2           |
| Maternal causes  | 1           | 1.2           |
| Syphilis   | 1           | 0.7           |
| Ulcer of stomach and duodenum                                | 1           | 0.7           |
| Atherosclerosis  | 0           | 0             |
| Tuberculosis   | 0           | 0             |
| <b>Total</b>   | <b>1356</b> | <b>1041.7</b> |

Source: MS Dept. of Health / MSHTAR

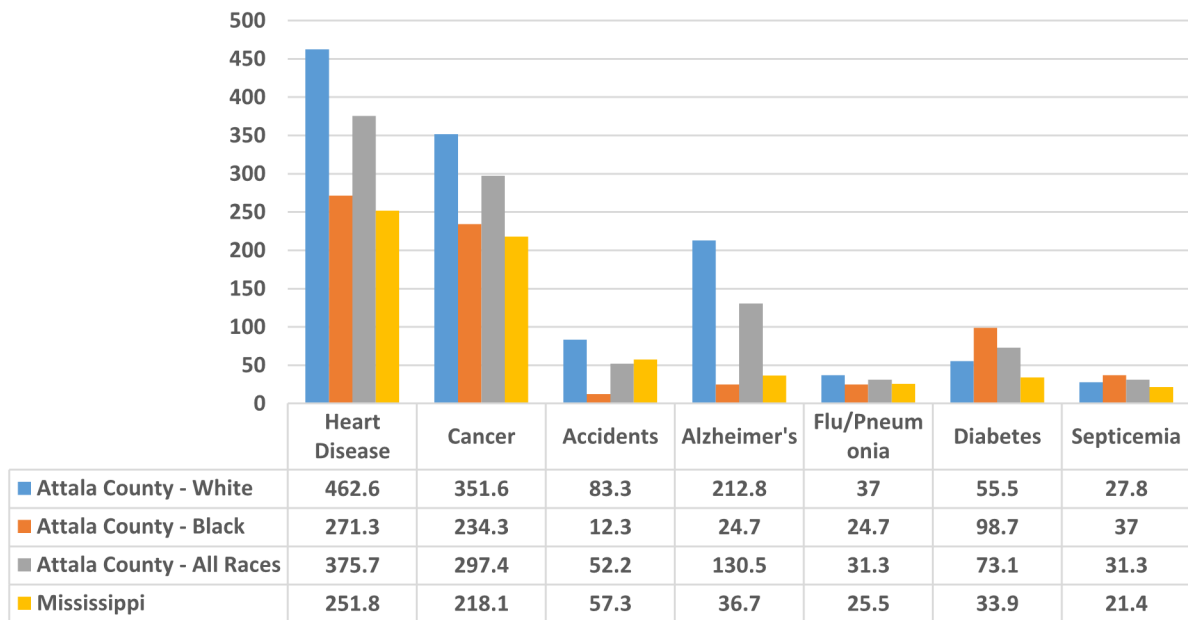


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- b) Causes of Death – For all racial groups, heart disease and cancer account for a disproportionate number of deaths, particularly among the Caucasian population. As noted earlier, the Alzheimer’s death rate for Caucasian residents of Attala County is 212.8 vs 36.7 for the state of Mississippi. For all races the number is still surprisingly high at 130.5 per 100,000 population.

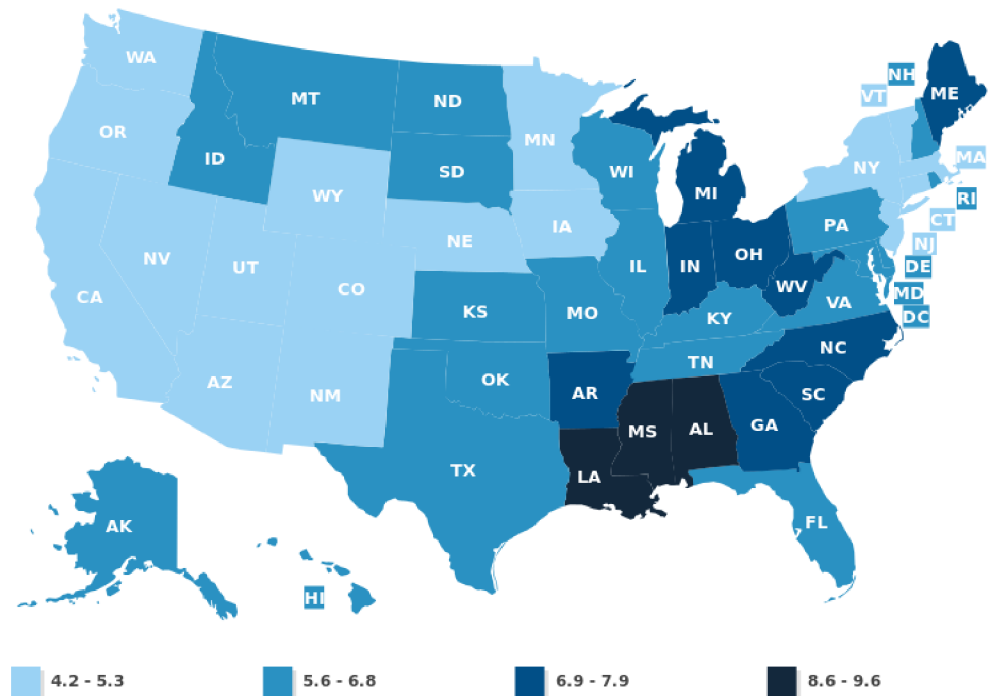
### Mortality Rates by Causes of Death, 2014 Rate per 100,000 population

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



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- 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:

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| <b>Table 1 - Mortality Rates - Age Adjusted Causes of Death (Rate per 100,000)</b> |                      |                    |              |
|--|----------------------|--------------------|--------------|
| <b>Indicator</b>   | <b>Attala County</b> | <b>Mississippi</b> | <b>U.S.</b>  |
| <b>Heart Disease - Overall</b>   | <b>375.7</b>         | <b>251.8</b>       | <b>167.0</b> |
| Heart Disease - White  | 462.6                | 288.5              |              |
| Heart Disease - Black  | 271.3                | 208.1              |              |
| <b>Cancer-Overall</b>  |                      |                    |              |
| <b>Cancer - Overall</b>  | <b>297.4</b>         | <b>218.1</b>       | <b>161.2</b> |
| Cancer - White   | 351.6                | 245.7              |              |
| Cancer - Black   | 234.3                | 186.8              |              |
| <b>Diabetes - Overall</b>  |                      |                    |              |
| <b>Diabetes - Overall</b>  | <b>73.1</b>          | <b>33.9</b>        | <b>21.0</b>  |
| Diabetes - White   | 55.5                 | 28.5               |              |
| Diabetes - Black   | 98.7                 | 44.2               |              |

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

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

### Cancer Rates for Attala County Mississippi

Source: Mississippi Cancer Registry

| <b>Year</b>                              | <b>2009</b>  | <b>2010</b> | <b>2011</b> | <b>2012</b> | <b>2013</b> | <b>2009-2013</b> |        |
|--|--------------|-------------|-------------|-------------|-------------|------------------|--------|
| <b>Population at Risk</b>                | 19611        | 19559       | 19332       | 19123       | 19338       | 96963            |        |
| <b>Total Cases</b>                       | 107          | 109         | 98          | 114         | 98          | 526              |        |
| <b>Crude Rate</b>                        | 545.61       | 557.29      | 506.93      | 596.14      | 506.77      | 542.47           |        |
| <b>Age-Adjusted Rate</b>                 | 429.33       | 456.44      | 389.89      | 461.52      | 375.01      | 422.9            |        |
| <b>95% Confidence Interval</b>           | <b>Lower</b> | 349.87      | 372.35      | 315.23      | 378.52      | 302.41           | 386.58 |
|  | <b>Upper</b> | 522.37      | 554.53      | 478.09      | 558.41      | 461.09           | 461.89 |
| <b>Statewide Age-Adjusted Rate</b>       | 482.23       | 485.81      | 474.56      | 465.32      | 459.95      | 473.37           |        |
| <b>Statewide 95% Confidence Interval</b> | <b>Lower</b> | 474.46      | 478.07      | 466.96      | 457.86      | 452.6            | 469.97 |
|  | <b>Upper</b> | 490.1       | 493.64      | 482.25      | 472.88      | 467.39           | 476.78 |

**Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population**

Data accessed July 22, 2016. Based on data released March 2016.

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### B. Availability of Health Care Services

1. Baptist Medical Center Attala (BMCA) is the only hospital in Attala County. BMCA, a 25 bed hospital, provides 5 types or level of care and services: inpatient admissions averaging 4 days or less; Swingbed; Observation; Emergency Care; and, Outpatient diagnostic and treatment services. Those levels of care and services are described in more detail below.
2. Inpatient Care is provided to patients whose condition warrants placement in the hospital for several days of diagnosis and treatment. Inpatients are cared for by the BMCA hospitalist and typically stay in the hospital 4 days or less.
3. Swingbed/ Inpatient Rehabilitation Services are offered at Baptist Medical Center Attala. This service 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 and 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.
4. Observation services are provided in the inpatient setting when a physician needs some time to make a definitive diagnosis of a patient's condition and determine a plan of care. Observation placements can be made to any the hospital's 25 beds based on availability. Patients in observation are typically discharge or converted to inpatient status within 48 hours.
5. The Emergency Care provided at Baptist Medical Center Attala offers the only hospital-based emergency service in Attala County. The BMCA Emergency Department operates 24 hours, seven days per week and is staffed by a qualified provider at all times. BMCA 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

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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. BMCA also participates in a telemedicine program that also remote access to neurologist who can assess potential stroke patients in real time to determine the appropriateness of administering an anti-thrombolytic drug at BMCA. Stroke patients receiving anti-thrombolytic are transferred to a higher level of care.

6. Outpatient Services offered by Baptist Medical Center Attala include:
  - a) 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.
  - b) Diagnostic Imaging – BMCA offers routine x-rays, CT services, diagnostic mammography, nuclear medicine and ultrasound services.
  - c) BMCA also offers outpatient respiratory services as well as EKGs, cardiac stress testing and pulmonary function testing.
7. In addition to the above diagnostic services, BMCA offers outpatient treatment in the areas of outpatient surgery, gastroenterology/GI lab, podiatry/foot care and wound care. Several medical and surgical subspecialists provide patient consults and office visits through arrangement with the hospital on a regular basis as well. These include: general surgery and urology services.
8. Ambulatory Infusion services are provided to patients needing periodic and/or long-term injectable or intravenous (IV) medications, as well as blood transfusions.
9. Outpatient services are also offered at Kosciusko Medical Clinic. The outpatient imaging services provided through the clinic largely mirror those at BMCA. The clinic offers MRI services, but does not offer 5 day per week nuclear medicine services.
10. Other healthcare resource available in Attala County are shown on the following pages.

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### HEALTH DEPARTMENTS

Attala County Health Department &  
Home Care Agency  
999 Dr. M. L. King Dr  
Kosciusko, MS 39090  
601-289-5141

### DENTISTS

Autumn Ridge Dental  
101 Ridgewood Circle  
Kosciusko, MS 39090  
601-289-7076

Dr. William M. Meyers  
500 Veterans Mem Dr.  
Kosciusko, MS 39090  
662-289-4781

Dr. Don E. Smith  
300 W Adams St  
Kosciusko, MS 39090  
662-289-2570

### DIALYSIS AND RENAL CARE

Fresenius Kidney Care  
107 Ridgewood Circle  
Kosciusko, MS 39090  
662-289-3000

### HOME CARE AGENCIES & HOSPICE

Gentiva Health Services  
212 Hwy 12 W  
Kosciusko, MS 39090  
662-289-5532

Gentiva Hospice  
115-A Hwy 12 West  
Starkville, MS 39759  
662-615-1519

Halcyon Hospice  
4311 Lakeland Dr.  
Flowood, MS 39232  
601-656-7411

Home Care Hospice  
16482 Hwy 12  
Walnut Grove, MS 39189  
601-625-7840

Mississippi Home Care  
340 Hwy 12 W  
Kosciusko, MS 39090  
662-289-0311

Pax Hospice  
359 Towne Center Blvd. Ste 200  
Jackson, MS 39206

Quality Hospice Care  
340 Byrd Ave.  
Philadelphia, MS 39350  
601-656-5252

Sta-Home  
340 Hwy 12 W  
Kosciusko, MS 39090  
662-289-7059

Sta-Home Hospice  
406 Biarwood Dr. Ste 200  
Jackson, MS 39206  
601-656-5459

### MENTAL HEALTH

Life Help Mental Health Center  
314 S Huntington St  
Kosciusko, MS 39090  
662-289-4735

### PHYSICIANS & PRIMARY CARE

Baptist Medical Clinic Kosciusko  
220 Hwy 12 W  
Kosciusko, MS 39090  
7662-290-xxxxxx

Kosciusko Medical Clinic  
332 Hwy 12 W  
Kosciusko, MS 39090  
662-289-1800

Kosy Direct Care  
332 Hwy 12 W  
Kosciusko, MS 39090  
662-633-4443

Trace Medical Clinic  
530 Veterans Mem Dr.  
601-289-9155

VA Community Based Outpatient  
Clinic  
405 W Adams St  
Kosciusko, MS 39090  
662-289-2880

### LONG TERM CARE

Attala County Nursing Center  
326 Hwy 12 W  
Kosciusko, MS  
601-289-1284

State Veterans Home  
310 Autumn Ridge road  
Kosciusko, MS  
310 601-289-7809

## 2016 Community Health Needs Assessment

### OPTOMETRY

Routt Eye Clinic  
107 S N Huntington St  
601-289-4131

Thomas Vision  
59 Veterans Memorial Dr.  
Kosciusko, MS 39090  
601-289-1067

### PERSONAL CARE HOMES

Atwood Personal Care Home  
328 Goodman St  
Kosciusko, MS 39090  
601-289-2547

### PHARMACY

CVS  
160 Hwy 12 W  
Kosciusko, MS  
601-289-1963

Boyd's Drug Store  
101 W Jefferson St  
Kosciusko, MS 39090  
662-289-2211

Fred's  
340 Hwy 12 W  
601-289-5991

Pickle's Drug Store  
100 N Jackson St  
Kosciusko, MS 39090  
662-289-1112

Sullivan's Discount Drugs  
109 Northside Shopping Center  
Kosciusko, MS 39090  
601-289-3234

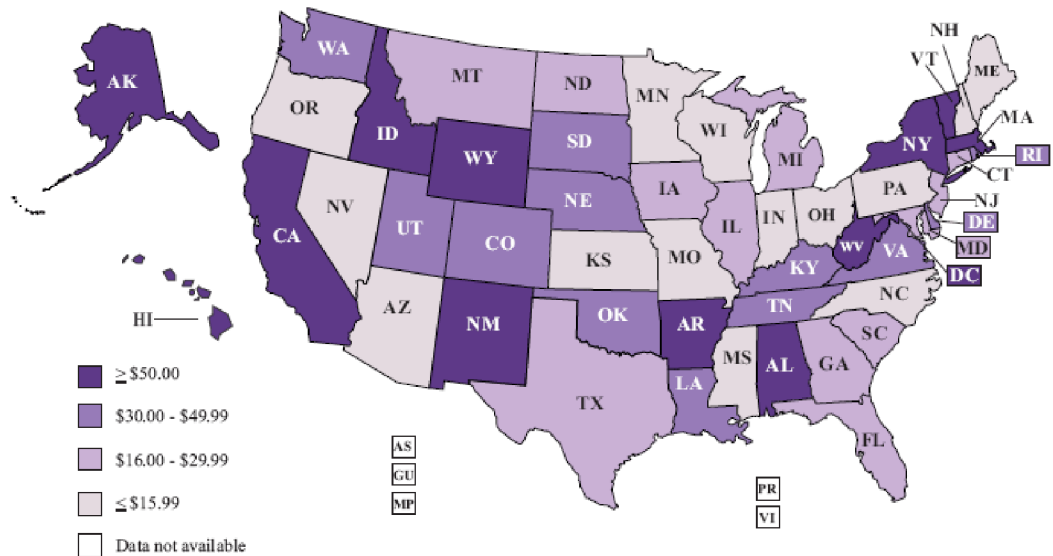
Walmart  
220 Veterans Memorial  
Kosciusko, MS  
601-289-5095

### TRANSPORTATION

L&M Transportation  
2063 Attala Road 5022  
Kosciusko, MS 39090  
662-289-5103

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

- C. Public Health Funding – In spite of ranking 1<sup>st</sup> among the fifty states for poverty and 8<sup>th</sup> 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.



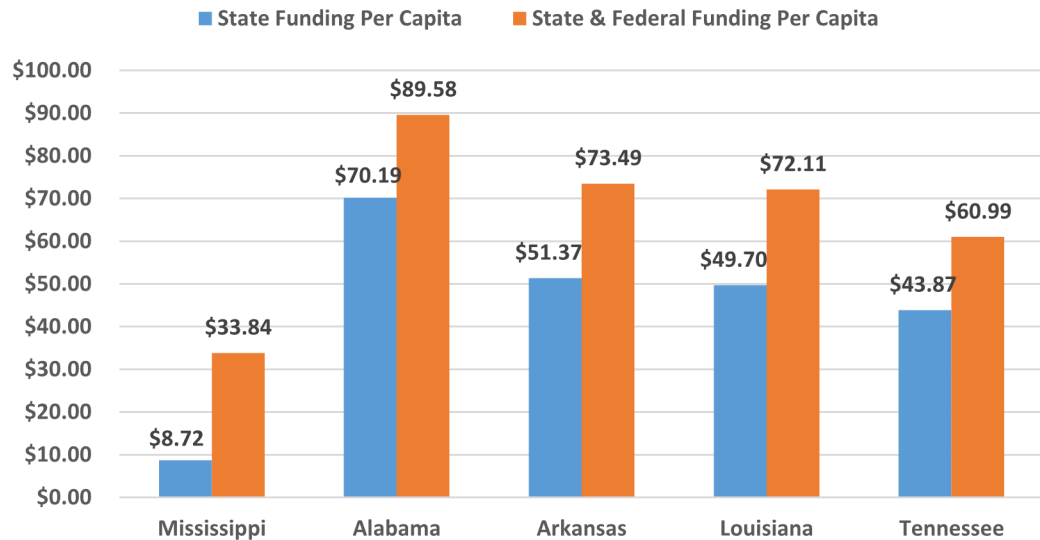
Even when compared to other states in our region, Mississippi falls far short of our relative peers.



## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

### 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

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

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 Attala County accepting patient under this plan.

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

### IX. Qualitative Analysis

Baptist Medical Center Attala 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 Attala 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 Attala, 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 Attala lobby and clinics. The completed hardcopy surveys were collected and entered to the online data for analysis.

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

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 Attala 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, 182 individuals participated in the survey either through one of our public forums or via the internet survey tool.

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

### X. Survey Results

- A. About the Survey Respondents – In total, 182 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                        | 5.5%  |
| 25 to 34                        | 12.6% |
| 35 to 44                        | 17.6% |
| 45 to 54                        | 23.1% |
| 55 to 64                        | 22.0% |
| 65 to 74                        | 15.4% |
| 75 or older                     | 3.8%  |

Sixty-eight percent of the participants were female. While this number differs from the overall population statistics (roughly equal male-to-female population) it is not inconsistent with the U.S. Department of Labor’s published that women make 80% of the healthcare decisions for the family.

There was fairly diverse ethnic representation in the responses with 88% identifying as Caucasian and 12% African-American. Numerous attempts were made to engage all ethnicities in the survey; however, there was no Hispanic and American Indian participation in the survey.

All educational levels were fairly well represented with college-educated adults making up the largest group of respondents at 53.6%. 68.5% reported being employed full-time. 13.8% were retired. All income ranges were represented; although, 17.1% preferring not to respond to the question.

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

| Income Range of Survey Respondents |       |
|------------------------------------|-------|
| 0 - \$24,999                       | 11.6% |
| \$25,000 - \$49,999                | 21.0% |
| \$50,000 – \$74,999                | 16.6% |
| \$75,000 - \$99,999                | 13.8% |
| \$100,000 or more                  | 19.9% |
| Prefer not to answer               | 17.1% |

Well over half of the survey respondents (66%) reported having some number of children living in their home below the age of eighteen.

When asked about insurance coverage, 70.5% of respondents said they have “commercial health insurance.” 20.5% had Medicare. 2.8% had Medicaid and 6.3% said they had no insurance coverage at all, and 6 individuals opted not to provide a response.

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

- B. Perception of Health Status and Healthy Lifestyles – Over 85 percent of respondents reporting perceiving their general health as “good” to “excellent” with the largest percentage (43.4%) choosing the rating of “good.”

Many respondents acknowledged practicing healthy activities and lifestyle choices: 66.5% receive a flu shot annually. 39% report having access to a wellness program and 36.3% reported exercising at least 3 times per week. Sunscreen use was also high at 41.2%. Unsurprisingly, 51.1% report eating “fast food” at least once per week and 12.1% reported using cigarettes.

| Personal Health Choices and Behavior                               |       |
|--|-------|
| I exercise at least 3 times a per week                             | 36.3% |
| I eat at least 5 servings of fruits and vegetables each day.       | 17.0% |
| I eat fast food more than once per week                            | 51.1% |
| I smoke cigarettes   | 12.1% |
| I chew tobacco   | 3.8%  |
| I use illegal drugs  | 0.0%  |
| I abuse or overuse prescription drugs                              | 0.0%  |
| I consume more than 4 alcoholic drinks per day                     | 1.1%  |
| I use sunscreen or protective clothing for planned time in the sun | 41.2% |
| I receive a flu shot each year                                     | 66.5% |
| I have access to a wellness program through my employer            | 39.0% |
| None of the above apply to me                                      | 3.8%  |

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

Of the respondents, almost all (90%) reported at least 1 preventive health measure taken in the past 12 months. The most common were blood pressure checks (79%), flu shots (66.3%), blood sugar checks (51.4%) and cholesterol screenings (48.6). 42% reported having an annual physical exam.

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

| <b>Answer Options</b>        | <b>Response<br/>Percent</b> | <b>Response<br/>Count</b> |
|------------------------------|-----------------------------|---------------------------|
| a. Mammogram                 | 33.1%                       | 60                        |
| b. Pap smear                 | 30.4%                       | 55                        |
| c. Prostate cancer screening | 10.5%                       | 19                        |
| d. Flu Shot                  | 66.3%                       | 120                       |
| e. Colon/rectal exam         | 13.8%                       | 25                        |
| f. Blood pressure check      | 79.0%                       | 143                       |
| g. Blood sugar check         | 51.4%                       | 93                        |
| h. Skin cancer screening     | 9.4%                        | 17                        |
| i. Cholesterol screening     | 48.6%                       | 88                        |
| j. Vision screening          | 40.9%                       | 74                        |
| k. Hearing screening         | 5.0%                        | 9                         |
| l. Cardiovascular screening  | 13.8%                       | 25                        |
| m. Bone density test         | 4.4%                        | 8                         |
| n. Dental cleaning/x-rays    | 40.3%                       | 73                        |
| o. Physical exam             | 42.0%                       | 76                        |
| p. None of the above         | 9.9%                        | 18                        |
|                              | <i>answered question</i>    | <b>181</b>                |
|                              | <i>skipped question</i>     | <b>1</b>                  |



## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

- C. Awareness of Local Health Offerings – Of 11 various health services offered by Baptist Medical Center Attala, only 3 had at least a 50% awareness rating with survey respondents. The highest was “family medicine” with 69% of respondents indicating awareness that these services were available. 60.2 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, diabetic foot care and pediatrics
- 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. 24.3% percent of respondents denied having health challenges, the most frequently listed challenges were joint pain (44.1%), overweight/obesity (43.5%), high blood pressure (38.4%), and diabetes (19.8%).

### Please select the top 3 health challenges you face

| Answer Options                      | Response Percent         | Response Count |
|-------------------------------------|--------------------------|----------------|
| Cancer                              | 8.5%                     | 15             |
| Diabetes                            | 19.8%                    | 35             |
| Overweight/obesity                  | 43.5%                    | 77             |
| Lung disease                        | 4.0%                     | 7              |
| High blood pressure                 | 38.4%                    | 68             |
| Stroke                              | 3.4%                     | 6              |
| Heart Disease                       | 11.3%                    | 20             |
| Joint Pain or back pain             | 44.1%                    | 78             |
| Mental health issues                | 2.3%                     | 4              |
| Alcohol overuse                     | 0.0%                     | 0              |
| Drug addiction                      | 0.0%                     | 0              |
| I do not have any health challenges | 24.3%                    | 43             |
| Other (please specify)              |                          | 9              |
|                                     | <i>answered question</i> | <b>177</b>     |
|                                     | <i>skipped question</i>  | <b>5</b>       |

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

- E. Access and Barriers to Health Care Services – When asked “Where do you go for routine healthcare?”, 221 respondents (90.6%) listed “physician office.” 4.5% said they do not receive routine healthcare. 1.6% listed the health department, and less than 1% cited the emergency department. 85.5% 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 71.6% of respondents reported seeing a doctor within the past year. 87.3% said they receive their healthcare services in Attala County. For those respondents who say they cannot see a physician when needed 22% said they “cannot afford it.” 8.9% could not take time off work, and only 6.7% listed appointment availability as a barrier. 6.7% listed “subspecialty unavailable” and 4.4% could not find transportation.

When asked if they had changed doctors within the past 12 months, 73% have not. The largest percentage who have changed providers (12.5%) listed “provider moved or retired” as the reason.

When asked about distance and travel time to a provider, almost 90% rated travel and convenience as “good,” “very good” or “excellent” with “excellent” being the most frequently cited response at 35.9%.

For emergency care, 22.2% of respondents said they had visited the emergency room at least once within the past year.

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

When asked, “What might prevent you from seeing a doctor if you were sick, injured or needed some type of health care?” 102 respondents (57.3%) said nothing would prevent them from seeking care. 31% cited “cost,” and almost 10% cited “difficulty in getting an appointment.” “Time off of work,” “convenient hours” and “lack of appointment times” were also cited but far less frequency.

| 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   | 30.9%            | 55             |
| b. Frightened of the procedure  | 5.6%             | 10             |
| c. Worried they might find something wrong  | 6.7%             | 12             |
| d. Cannot get time off from work  | 6.7%             | 12             |
| e. Hours not convenient   | 6.2%             | 11             |
| f. Difficult to get appointment   | 9.6%             | 17             |
| g. Do not trust or believe doctors  | 1.1%             | 2              |
| h. No transportation or difficult to find transportation  | 3.9%             | 7              |
| Nothing would prevent me from seeing a doctor at this time  | 57.3%            | 102            |
| Other (please specify)  |                  | 5              |

## 2016 Community Health Needs Assessment Opportunities for Improvement and Action Plan

### XI. Summary of Findings and Conclusions

Based on the findings of both the quantitative and qualitative data gathered, Baptist Medical Center Attala has identified gaps in healthcare services within the community. While acknowledging its important role in meeting the healthcare needs of the community, BMCA 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 Attala 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 BMCA 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 – BMCA 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 BMCA 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 Survey/Attala

## Community Health

Your participation in this survey is vital to the goals of Baptist Medical Center Attala meeting the needs of the residents of Attala 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 Attala 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 Attala 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 Attala? (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 Attala better meet the health needs of Attala County?**

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

**This is optional?**

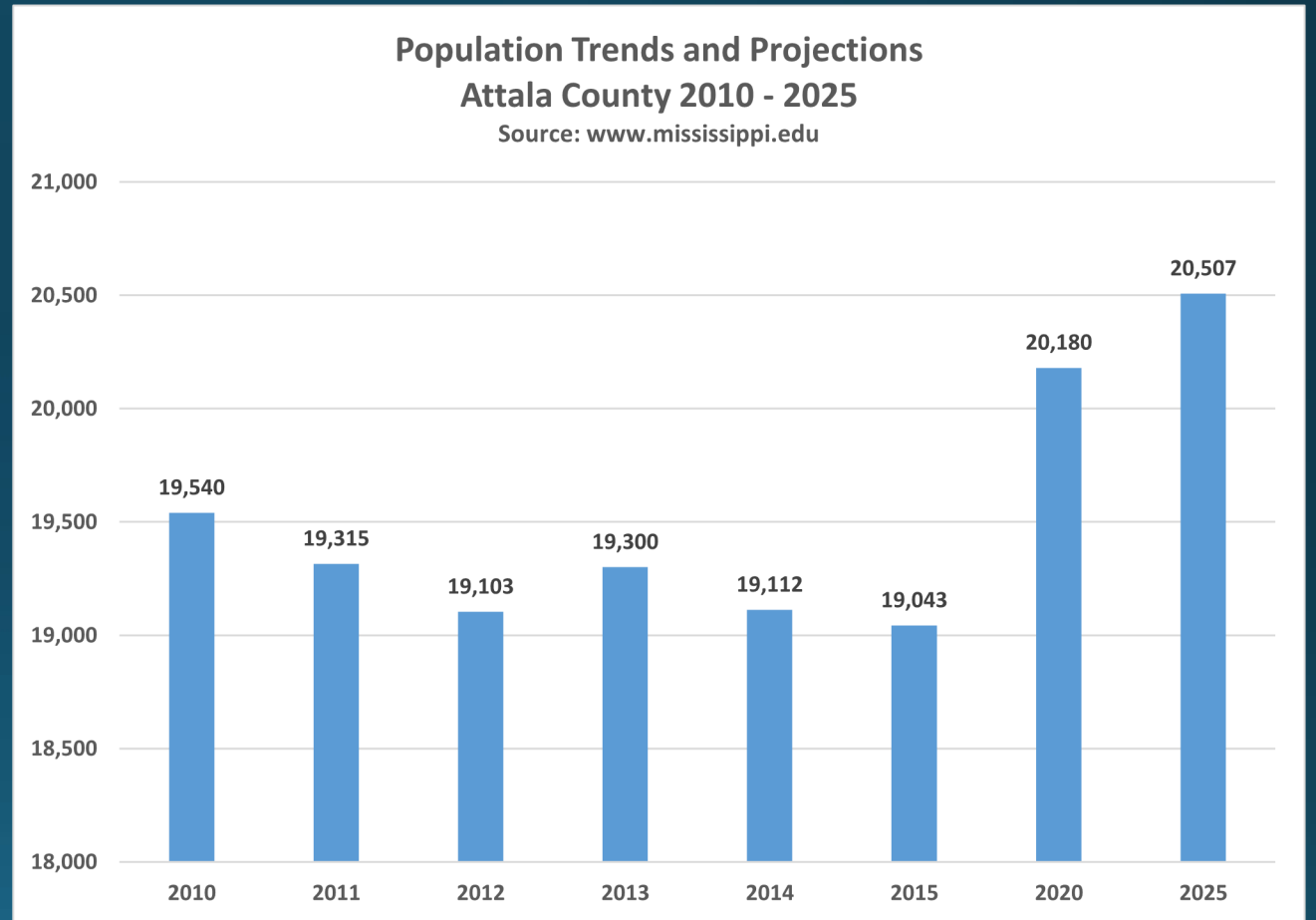
APPENDIX B  
FOCUS GROUP PRESENTATION

# Community Health Needs Assessment

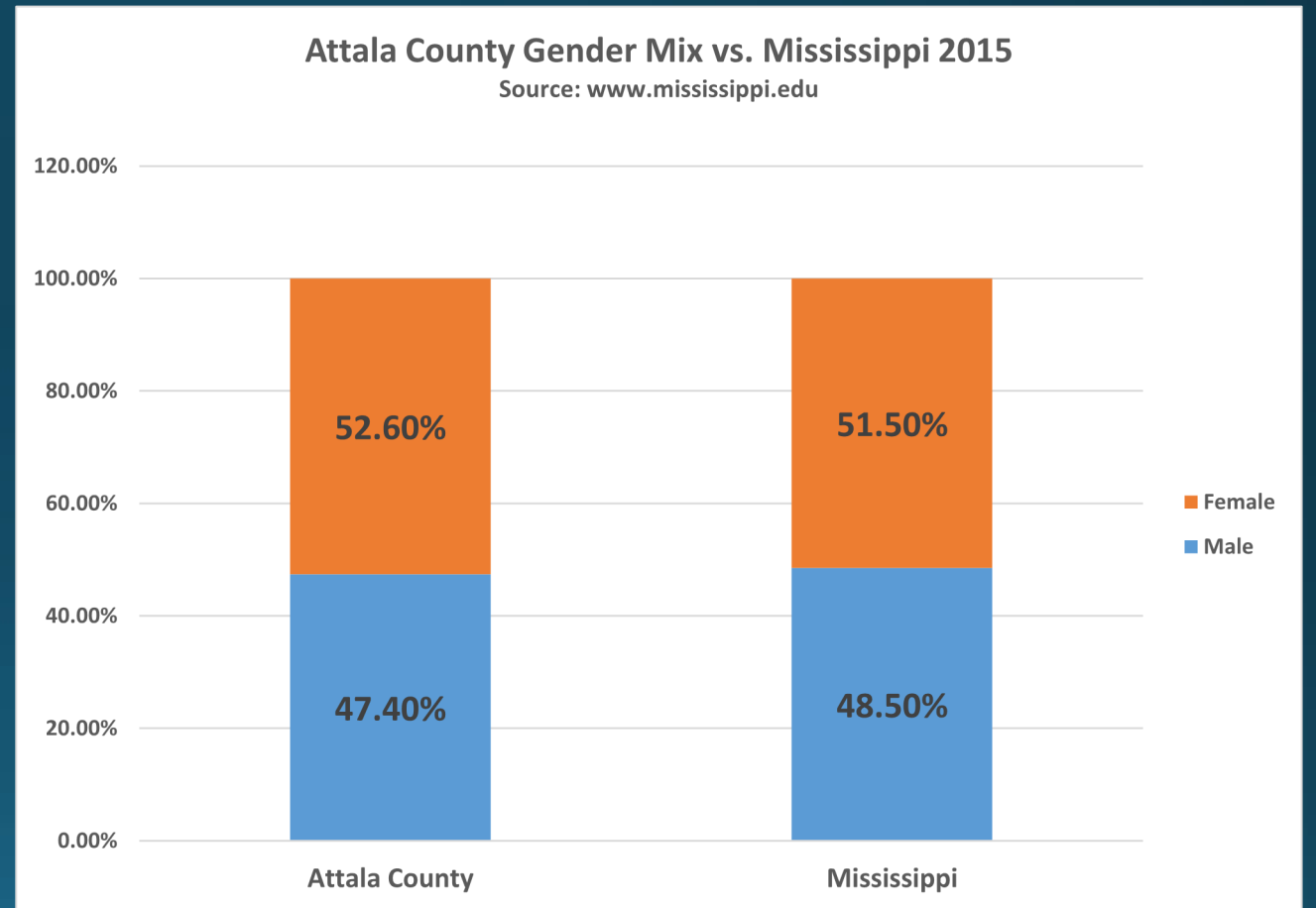




# Population



# Gender

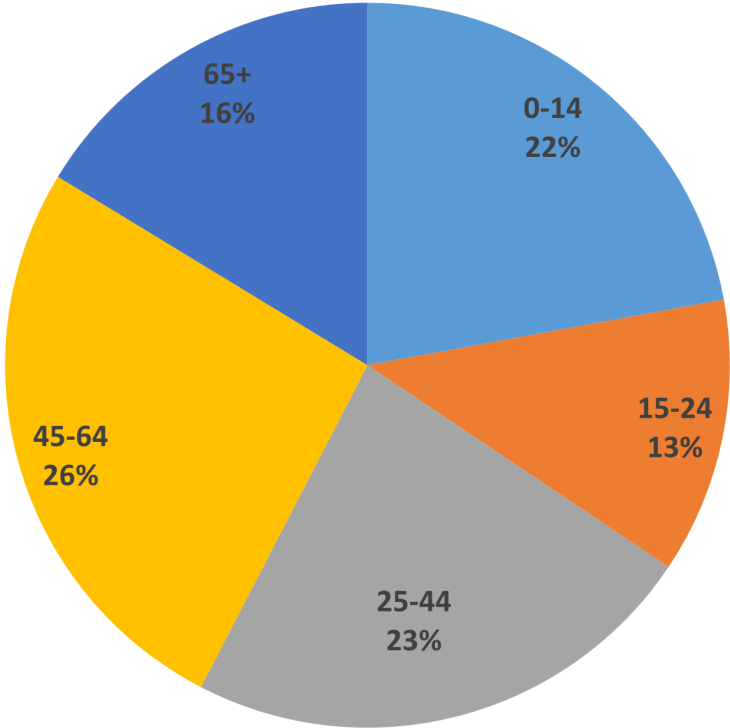


# Age

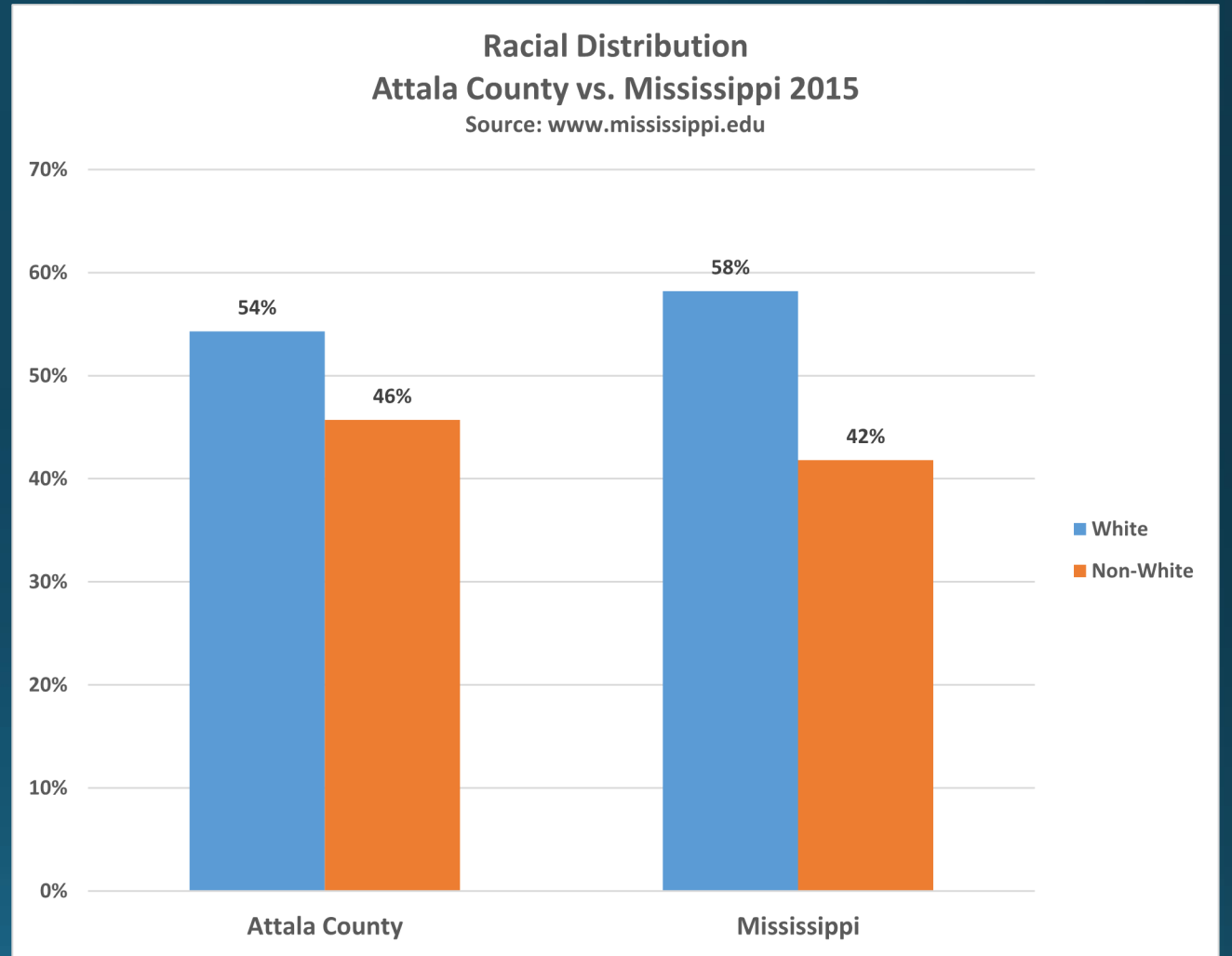
Age Distribution, Attala County, 2015

Source: <https://suburbanstats.org>

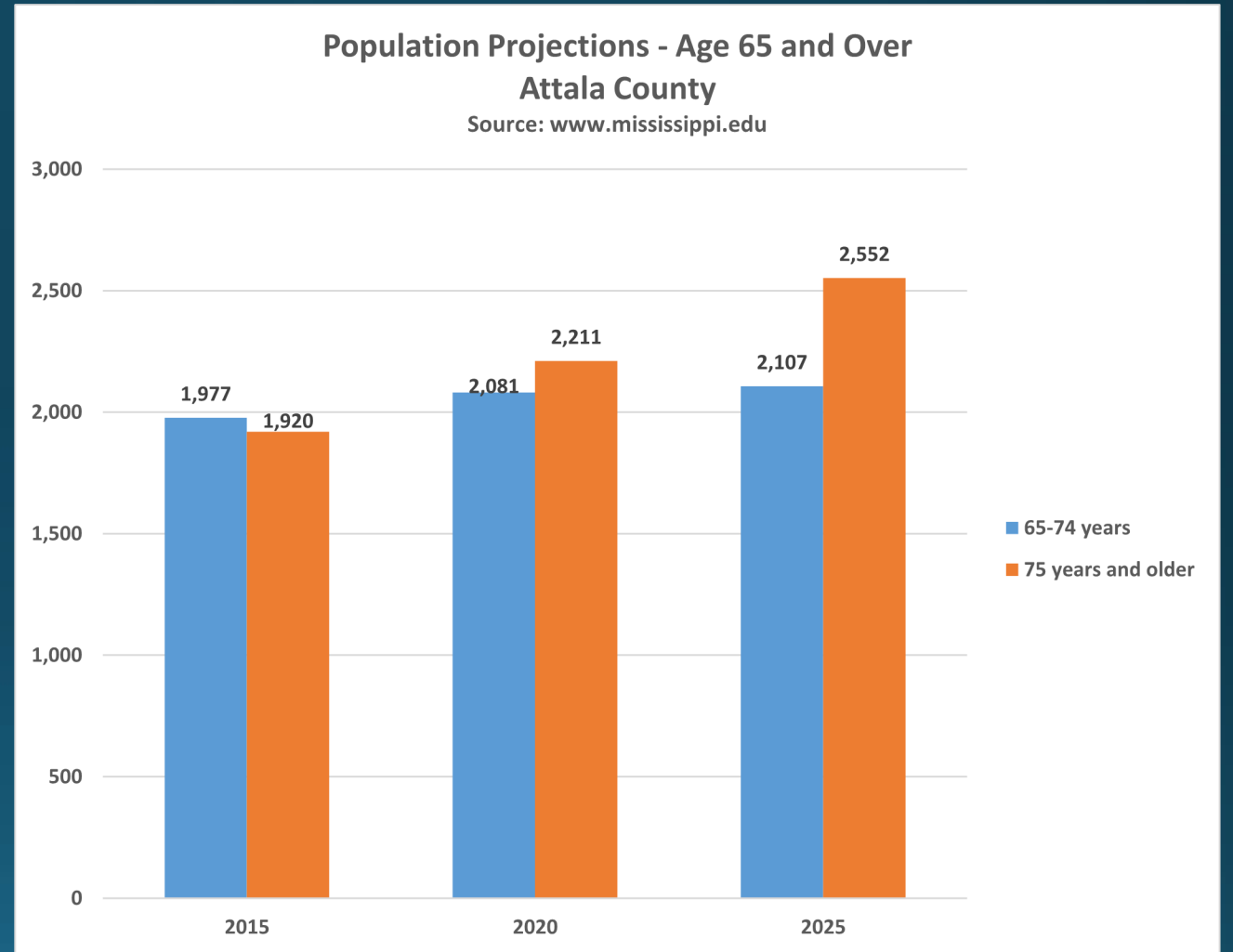
Note: Detail may not total 100% due to rounding



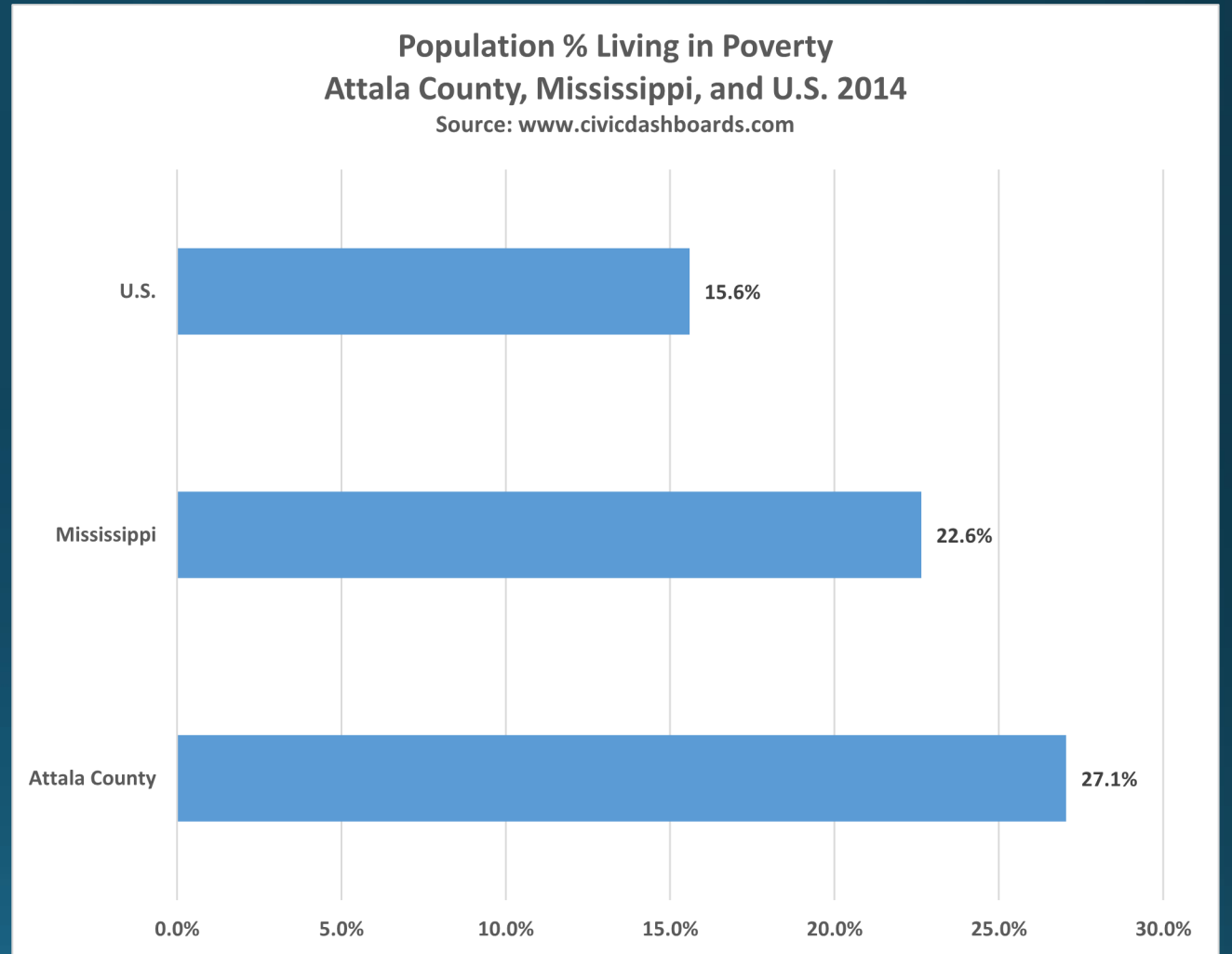
# Racial Make-up



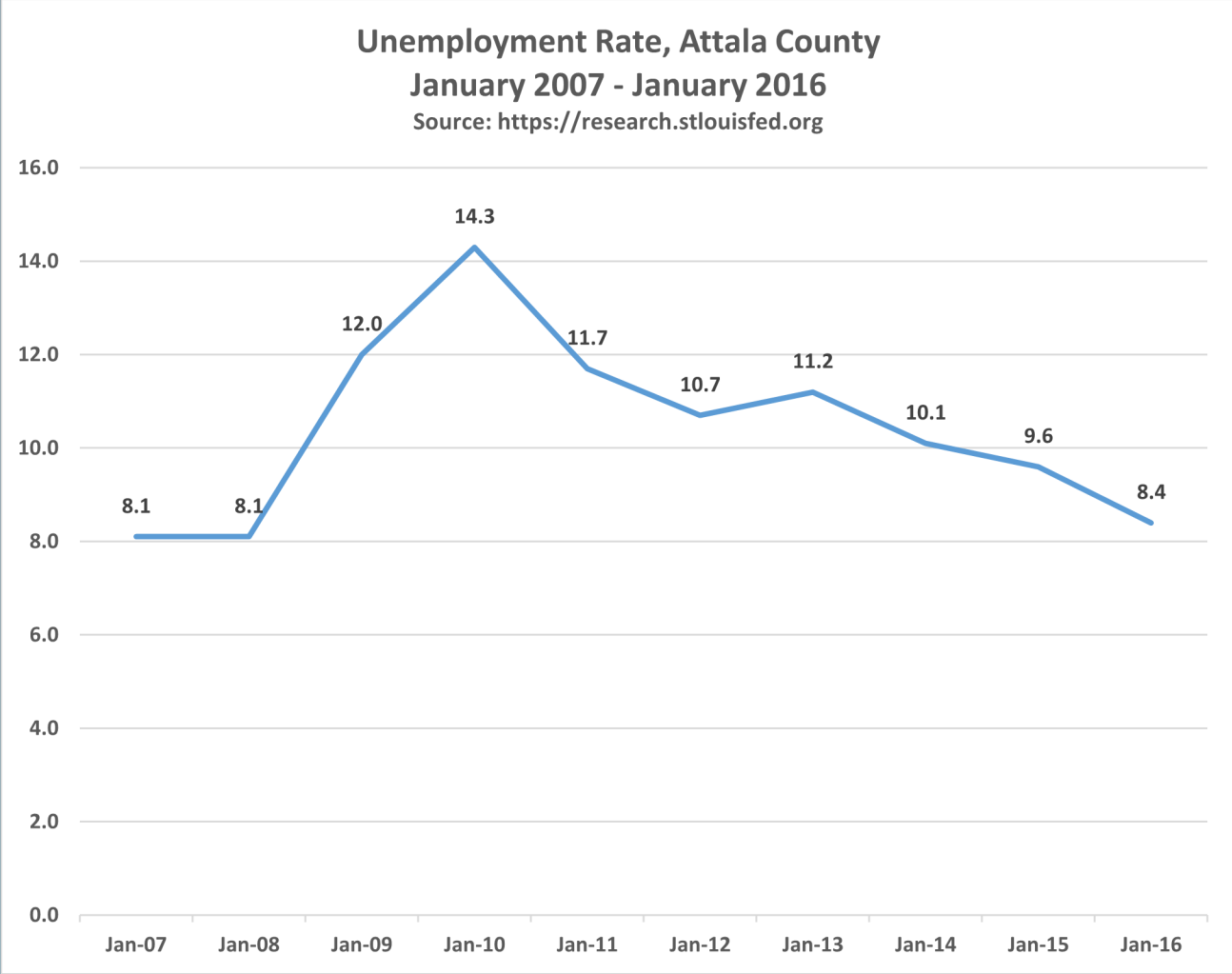
# Population



# Poverty



# Unemployment Attala County Trend

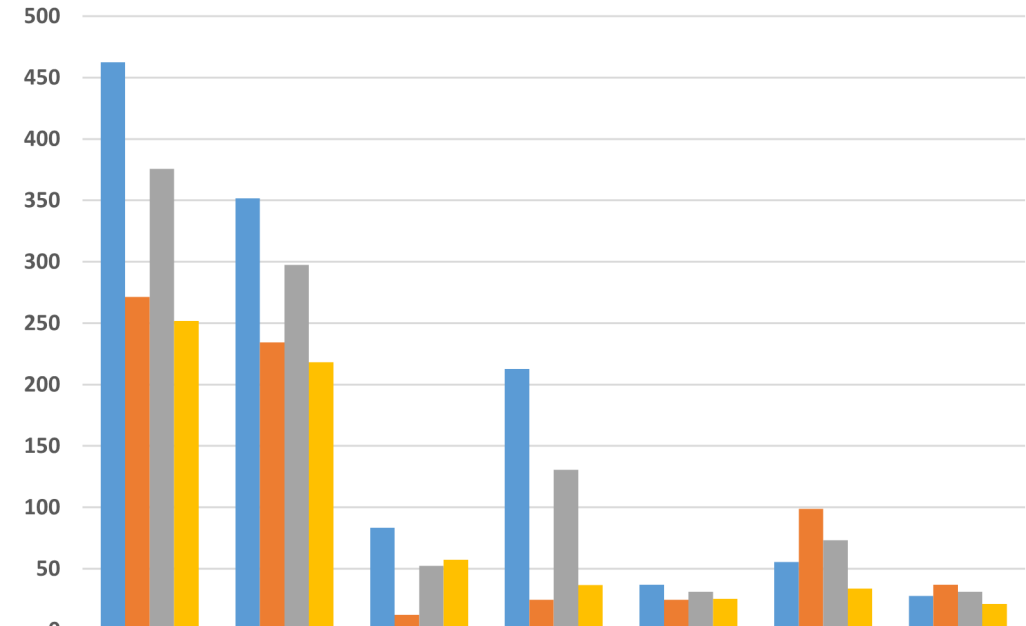


# Mortality Causes of Death

Mortality Rates by Causes of Death, 2014

Rate per 100,000 population

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



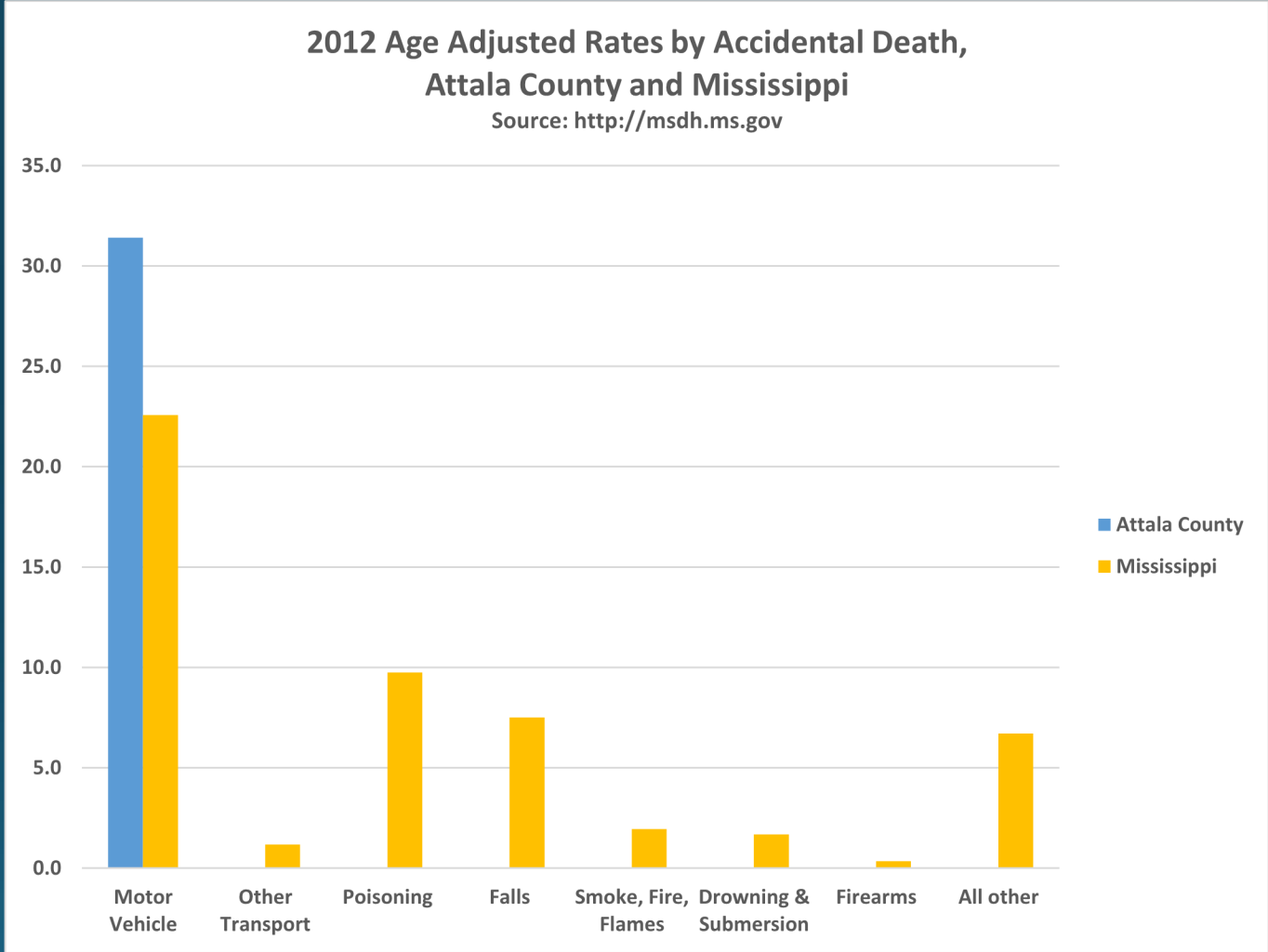
|                           | Heart Disease | Cancer | Accidents | Alzheimer's | Flu/Pneumonia | Diabetes | Septicemia |
|---------------------------|---------------|--------|-----------|-------------|---------------|----------|------------|
| Attala County - White     | 462.6         | 351.6  | 83.3      | 212.8       | 37            | 55.5     | 27.8       |
| Attala County - Black     | 271.3         | 234.3  | 12.3      | 24.7        | 24.7          | 98.7     | 37         |
| Attala County - All Races | 375.7         | 297.4  | 52.2      | 130.5       | 31.3          | 73.1     | 31.3       |
| Mississippi               | 251.8         | 218.1  | 57.3      | 36.7        | 25.5          | 33.9     | 21.4       |



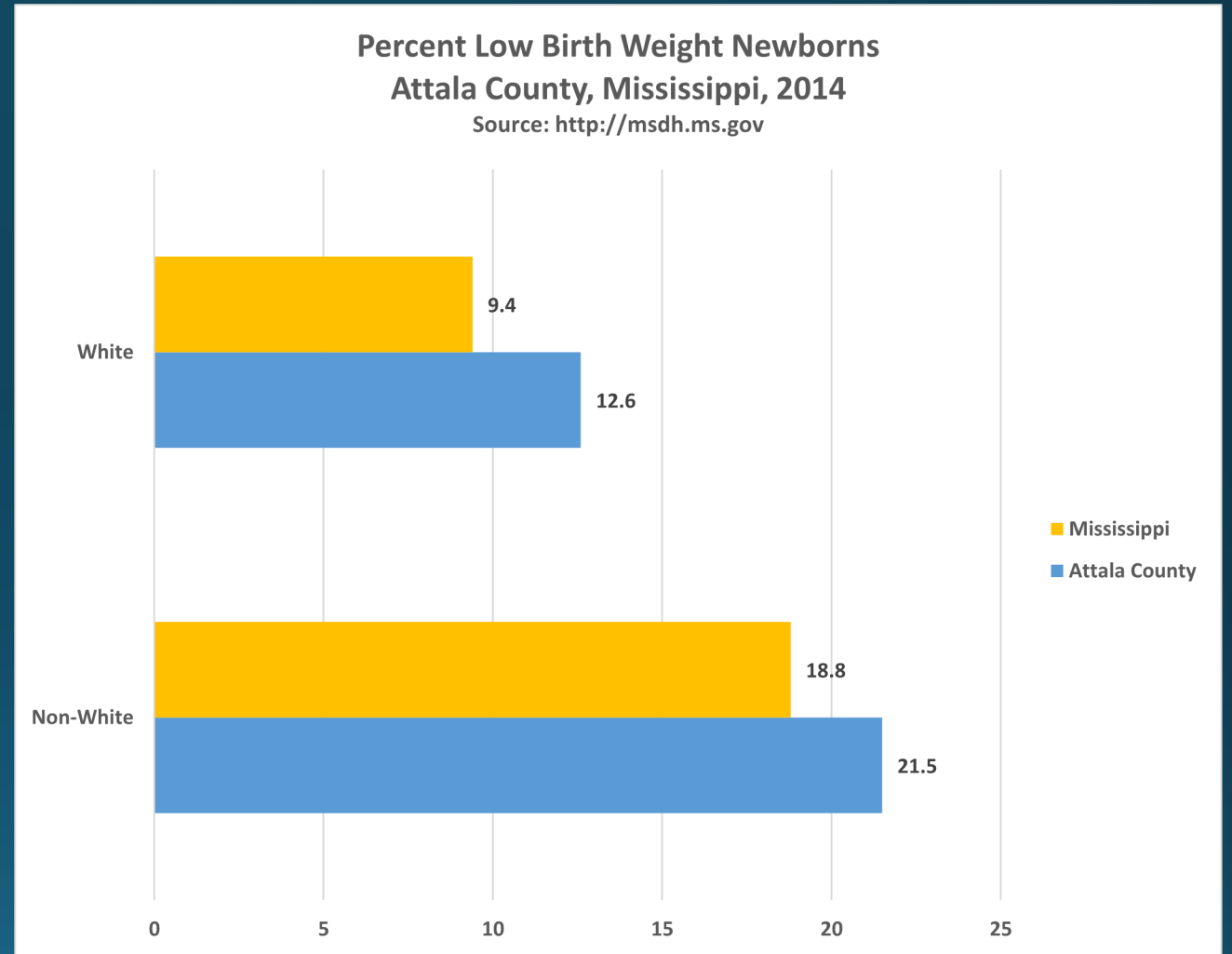
# Mortality Causes of Death

| <b>Table 1 - Mortality Rates - Age Adjusted Causes of Death (Rate per 100,000)</b> |                      |                    |              |
|--|----------------------|--------------------|--------------|
| <b>Indicator</b>   | <b>Attala County</b> | <b>Mississippi</b> | <b>U.S.</b>  |
| <b>Heart Disease - Overall</b>   | <b>375.7</b>         | <b>251.8</b>       | <b>167.0</b> |
| Heart Disease - White  | 462.6                | 288.5              |              |
| Heart Disease - Black  | 271.3                | 208.1              |              |
|  |                      |                    |              |
| <b>Cancer-Overall</b>  | <b>297.4</b>         | <b>218.1</b>       | <b>161.2</b> |
| Cancer - White   | 351.6                | 245.7              |              |
| Cancer - Black   | 234.3                | 186.8              |              |
|  |                      |                    |              |
| <b>Diabetes - Overall</b>  | <b>73.1</b>          | <b>33.9</b>        | <b>21.0</b>  |
| Diabetes - White   | 55.5                 | 28.5               |              |
| Diabetes - Black   | 98.7                 | 44.2               |              |
| Source: <a href="http://msdh.ms.gov">http://msdh.ms.gov</a>                        |                      |                    |              |

# Accidental Death



# Low-Weight Births



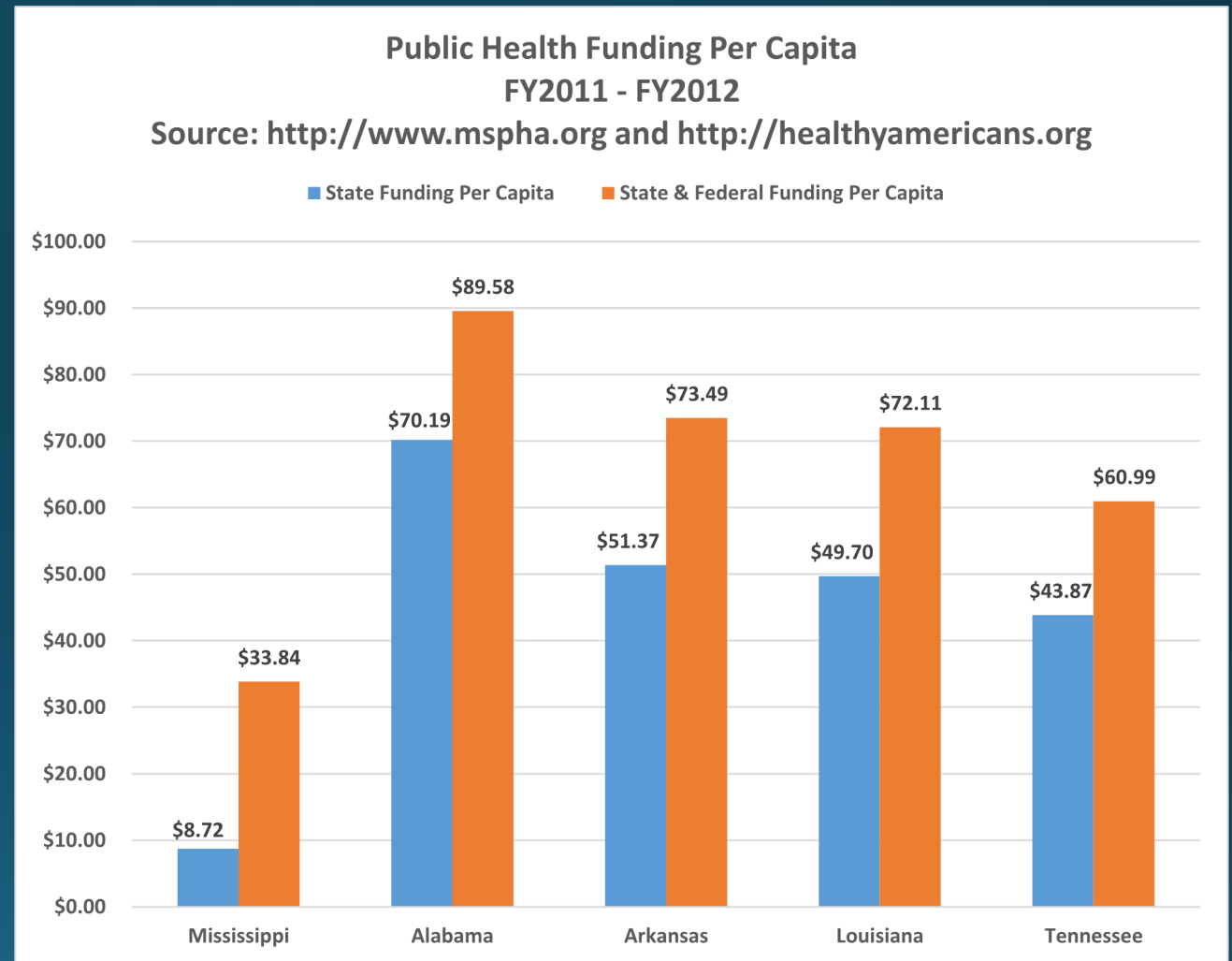
# Infant Mortality

| 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                   |
| <b>Baptist Medical Center Attala</b>             | <b>35</b>     | <b>36</b>     | <b>16.48</b>         | <b>47.08</b>   | <b>4.73</b>            |
| 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                   |
| <b>General Hospital Service Area 5</b>           | <b>3,167</b>  | <b>56</b>     | <b>1,515.17</b>      | <b>47.84</b>   | <b>5.02</b>            |

# Public Health Funding



APPENDIX C  
SURVEY RESULTS

# Community Health Survey/Attala

Friday, July 08, 2016



# 182

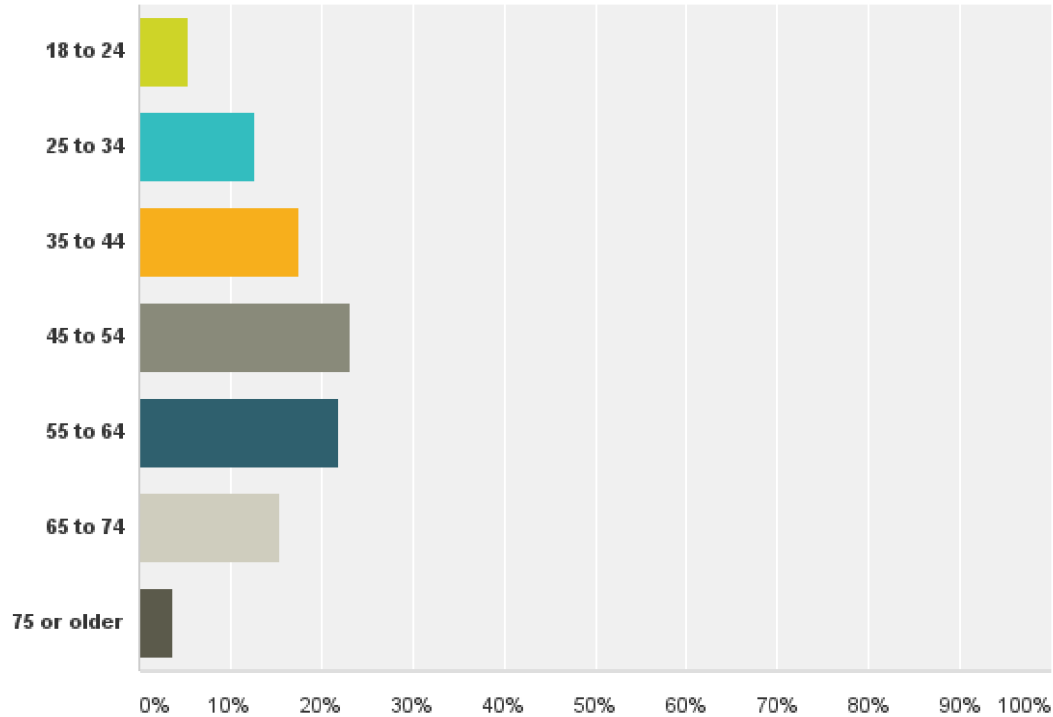
**Total Responses**

Date Created: Wednesday, June 01, 2016

Complete Responses: 182

# Q1: What is your age?

Answered: 182 Skipped: 0



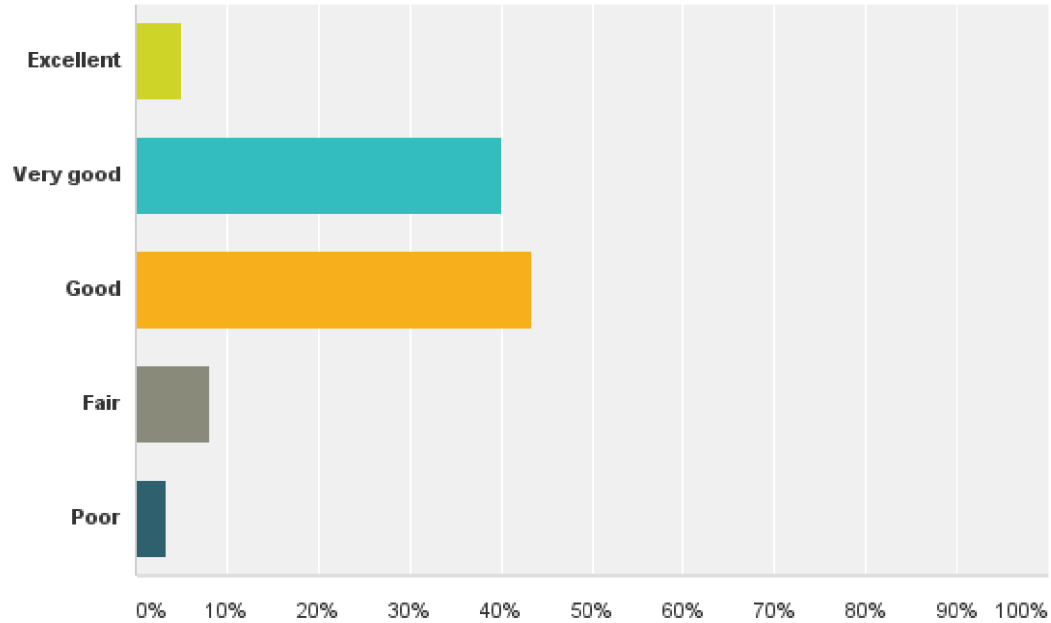
# Q1: What is your age?

Answered: 182 Skipped: 0

| Answer Choices | Responses  |
|----------------|------------|
| 18 to 24       | 5.49% 10   |
| 25 to 34       | 12.64% 23  |
| 35 to 44       | 17.58% 32  |
| 45 to 54       | 23.08% 42  |
| 55 to 64       | 21.98% 40  |
| 65 to 74       | 15.38% 28  |
| 75 or older    | 3.85% 7    |
| <b>Total</b>   | <b>182</b> |

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

Answered: 182 Skipped: 0



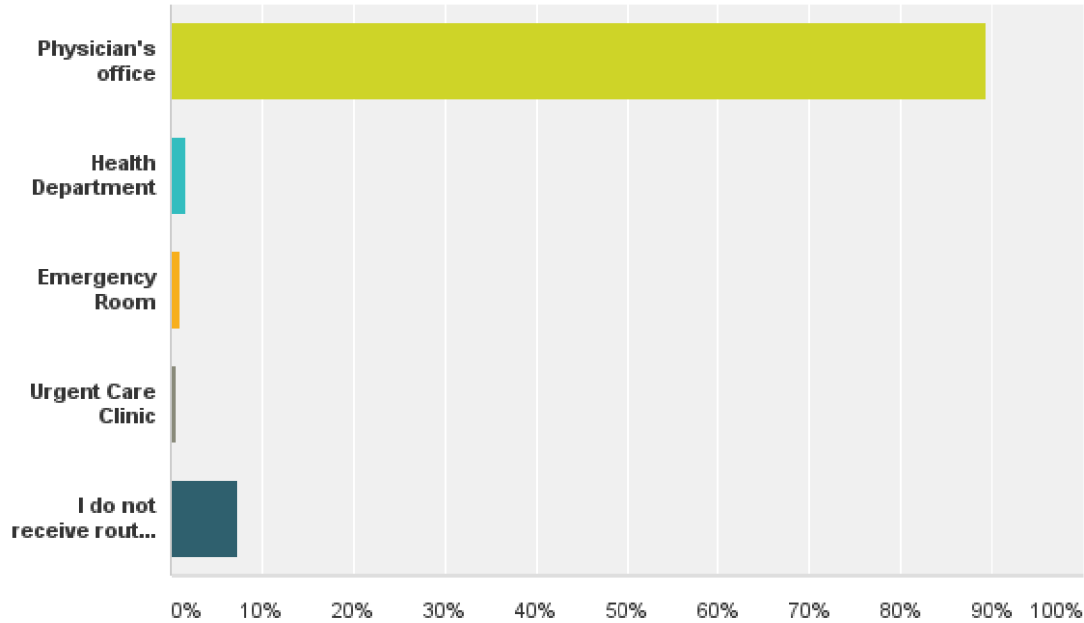
## Q2: In general, how would you rate your overall health?

Answered: 182 Skipped: 0

| Answer Choices | Responses |            |
|----------------|-----------|------------|
| Excellent      | 4.95%     | 9          |
| Very good      | 40.11%    | 73         |
| Good           | 43.41%    | 79         |
| Fair           | 8.24%     | 15         |
| Poor           | 3.30%     | 6          |
| <b>Total</b>   |           | <b>182</b> |

# Q3: Where do you go for your routine healthcare?

Answered: 180 Skipped: 2



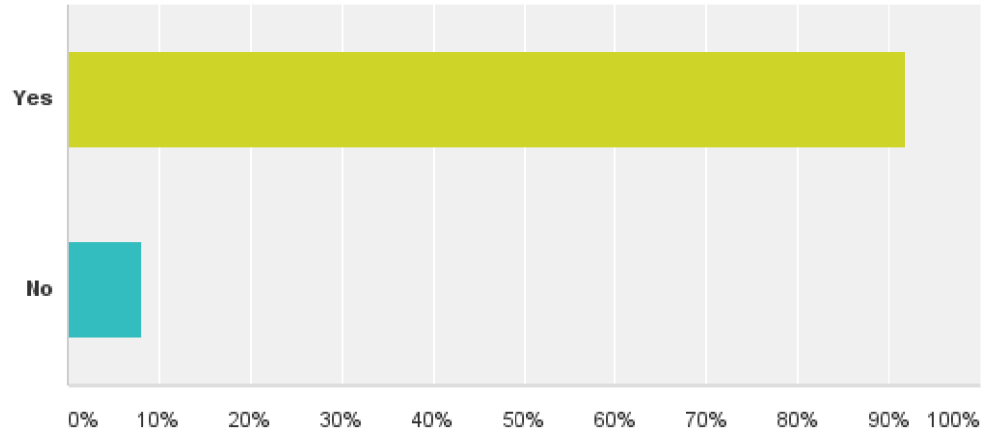
### Q3: Where do you go for your routine healthcare?

Answered: 180 Skipped: 2

| Answer Choices                      | Responses  |
|-------------------------------------|------------|
| Physician's office                  | 89.44% 161 |
| Health Department                   | 1.67% 3    |
| Emergency Room                      | 1.11% 2    |
| Urgent Care Clinic                  | 0.56% 1    |
| I do not receive routine healthcare | 7.22% 13   |
| <b>Total</b>                        | <b>180</b> |

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

Answered: 182 Skipped: 0





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

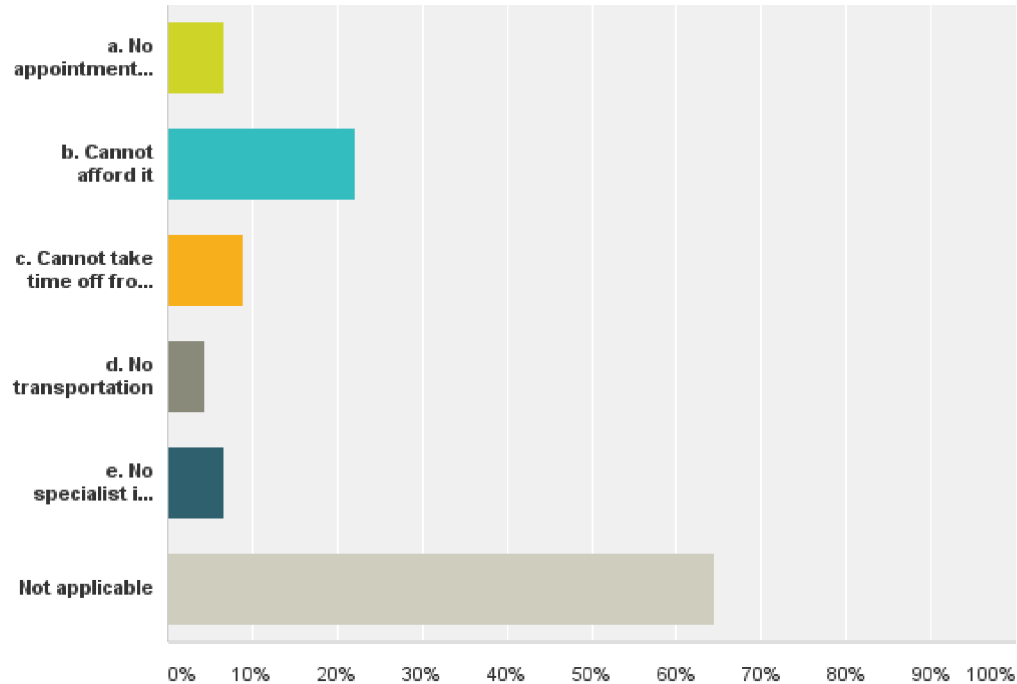
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Answered: 182 Skipped: 0

| Answer Choices | Responses  |
|----------------|------------|
| Yes            | 91.76% 167 |
| No             | 8.24% 15   |
| <b>Total</b>   | <b>182</b> |

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

Answered: 45 Skipped: 137



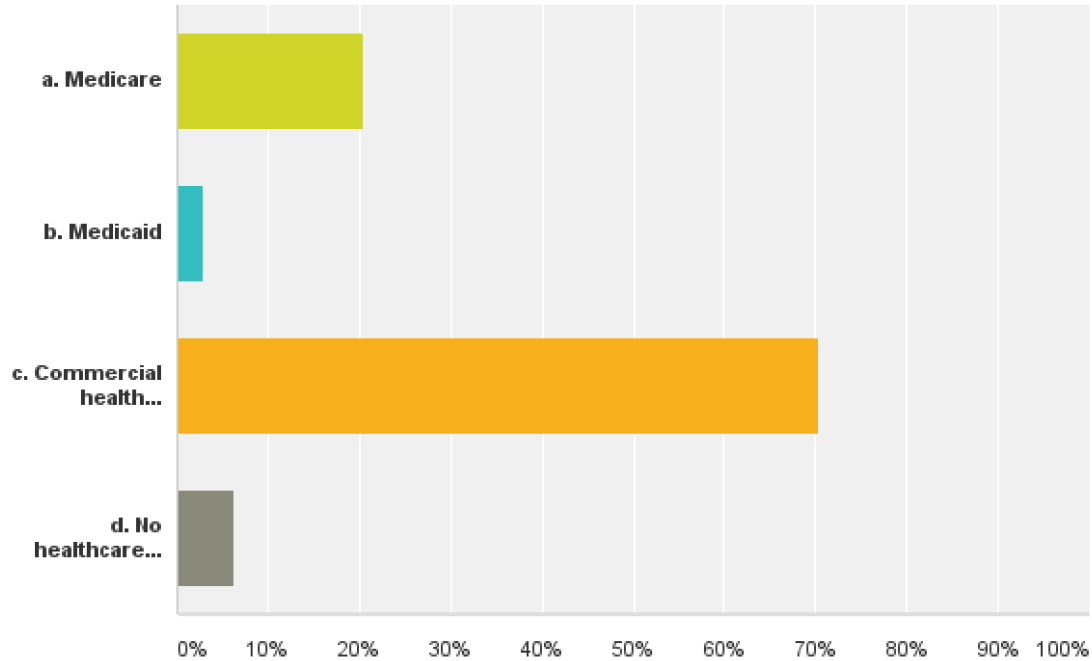
## Q5: If you answered NO to question 4, please check all that apply.

Answered: 45 Skipped: 137

| Answer Choices                                    | Responses |    |
|---|-----------|----|
| a. No appointment available                       | 6.67%     | 3  |
| b. Cannot afford it                               | 22.22%    | 10 |
| c. Cannot take time off from work                 | 8.89%     | 4  |
| d. No transportation                              | 4.44%     | 2  |
| e. No specialist in my community for my condition | 6.67%     | 3  |
| Not applicable                                    | 64.44%    | 29 |
| <b>Total Respondents: 45</b>                      |           |    |

## Q6: What type of healthcare coverage do you have?

Answered: 176 Skipped: 6



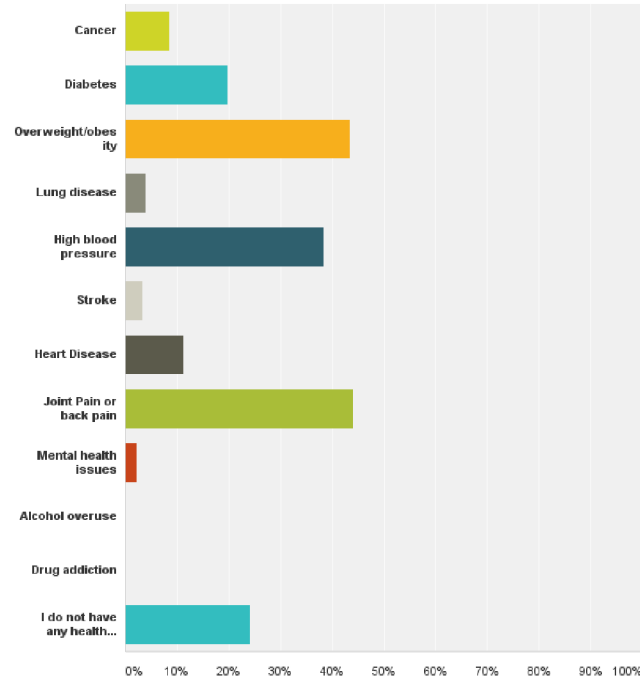
## Q6: What type of healthcare coverage do you have?

Answered: 176 Skipped: 6

| Answer Choices                 | Responses |            |
|--------------------------------|-----------|------------|
| a. Medicare                    | 20.45%    | 36         |
| b. Medicaid                    | 2.84%     | 5          |
| c. Commercial health insurance | 70.45%    | 124        |
| d. No healthcare coverage      | 6.25%     | 11         |
| <b>Total</b>                   |           | <b>176</b> |

# Q7: Please select the top 3 health challenges you face

Answered: 177 Skipped: 5



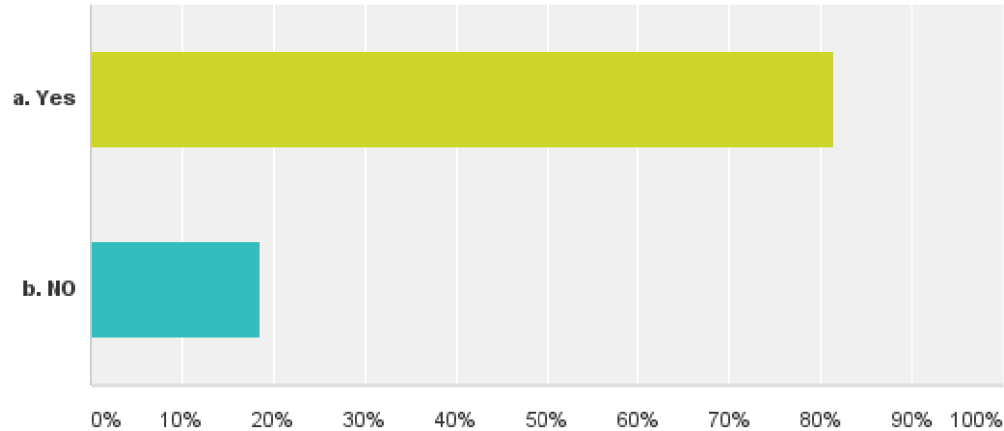
## Q7: Please select the top 3 health challenges you face

Answered: 177 Skipped: 5

| Answer Choices                      | Responses |    |
|-------------------------------------|-----------|----|
| Cancer                              | 8.47%     | 15 |
| Diabetes                            | 19.77%    | 35 |
| Overweight/obesity                  | 43.50%    | 77 |
| Lung disease                        | 3.95%     | 7  |
| High blood pressure                 | 38.42%    | 68 |
| Stroke                              | 3.39%     | 6  |
| Heart Disease                       | 11.30%    | 20 |
| Joint Pain or back pain             | 44.07%    | 78 |
| Mental health issues                | 2.26%     | 4  |
| Alcohol overuse                     | 0.00%     | 0  |
| Drug addiction                      | 0.00%     | 0  |
| I do not have any health challenges | 24.29%    | 43 |
| <b>Total Respondents: 177</b>       |           |    |

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

Answered: 182 Skipped: 0





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

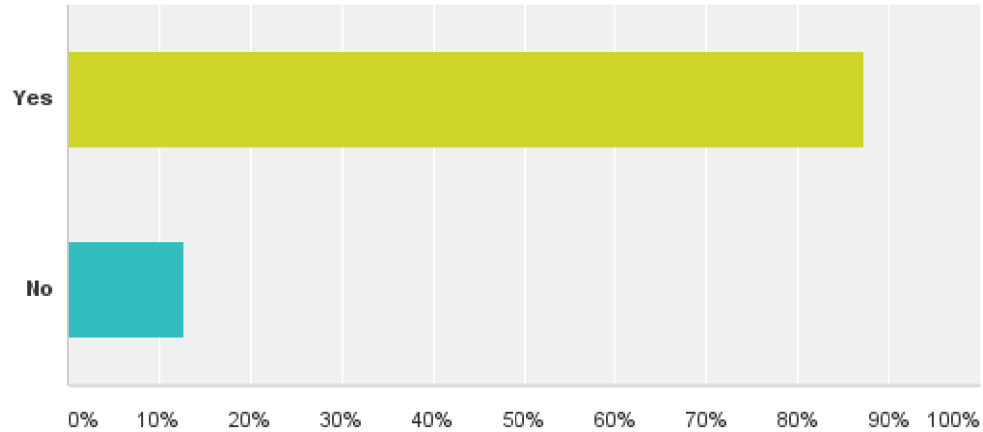
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Answered: 182 Skipped: 0

| Answer Choices | Responses  |
|----------------|------------|
| a. Yes         | 81.32% 148 |
| b. NO          | 18.68% 34  |
| <b>Total</b>   | <b>182</b> |

## Q9: Do you receive your healthcare services in Attala County?

Answered: 182 Skipped: 0



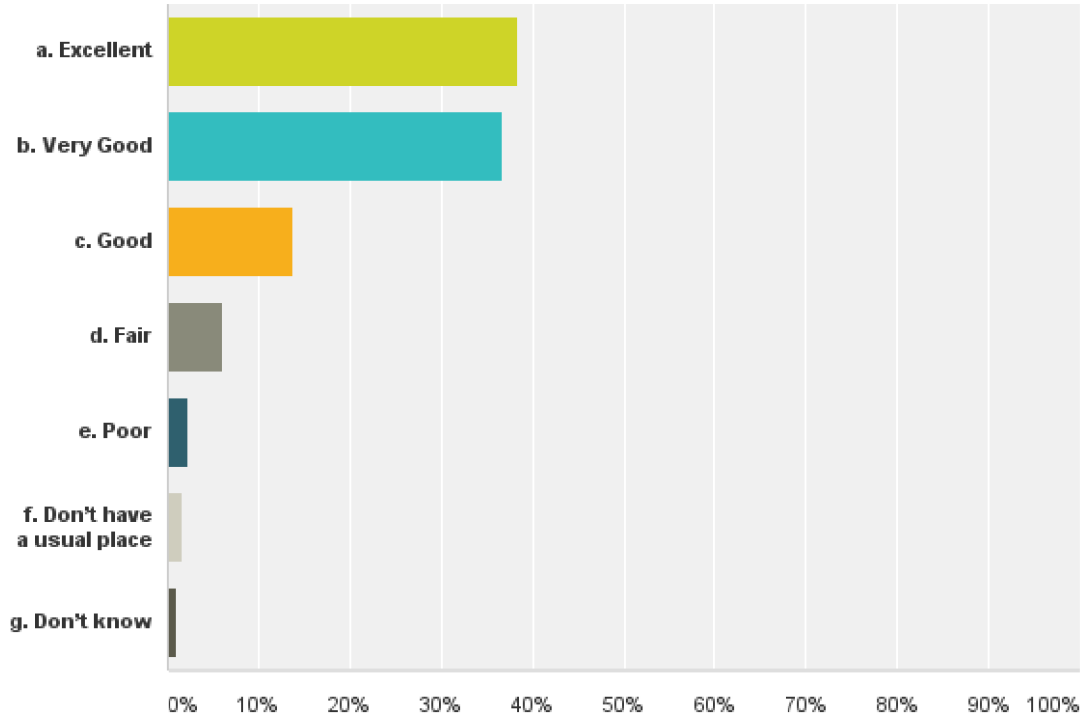
## Q9: Do you receive your healthcare services in Attala County?

Answered: 182 Skipped: 0

| Answer Choices | Responses  |
|----------------|------------|
| Yes            | 87.36% 159 |
| No             | 12.64% 23  |
| <b>Total</b>   | <b>182</b> |

# 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: 182 Skipped: 0



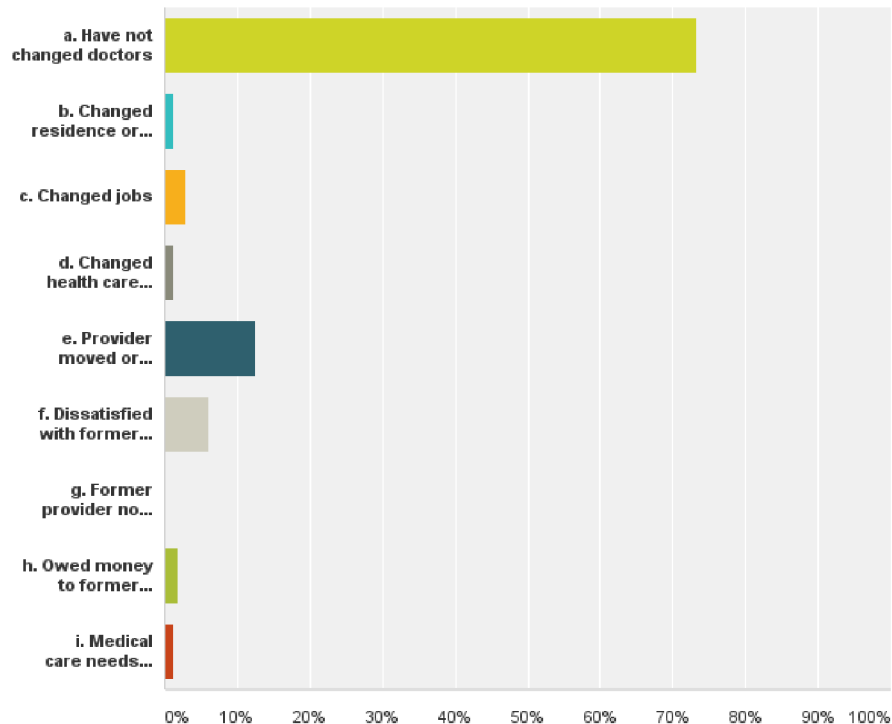
## Q10. Thinking of the distance or time you travel to get to your doctor's office you most often visit, how would you rate the convenience of the location?

Answered: 182 Skipped: 0

| Answer Choices              | Responses  |
|-----------------------------|------------|
| a. Excellent                | 38.46% 70  |
| b. Very Good                | 36.81% 67  |
| c. Good                     | 13.74% 25  |
| d. Fair                     | 6.04% 11   |
| e. Poor                     | 2.20% 4    |
| f. Don't have a usual place | 1.65% 3    |
| g. Don't know               | 1.10% 2    |
| <b>Total</b>                | <b>182</b> |

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

Answered: 168 Skipped: 14



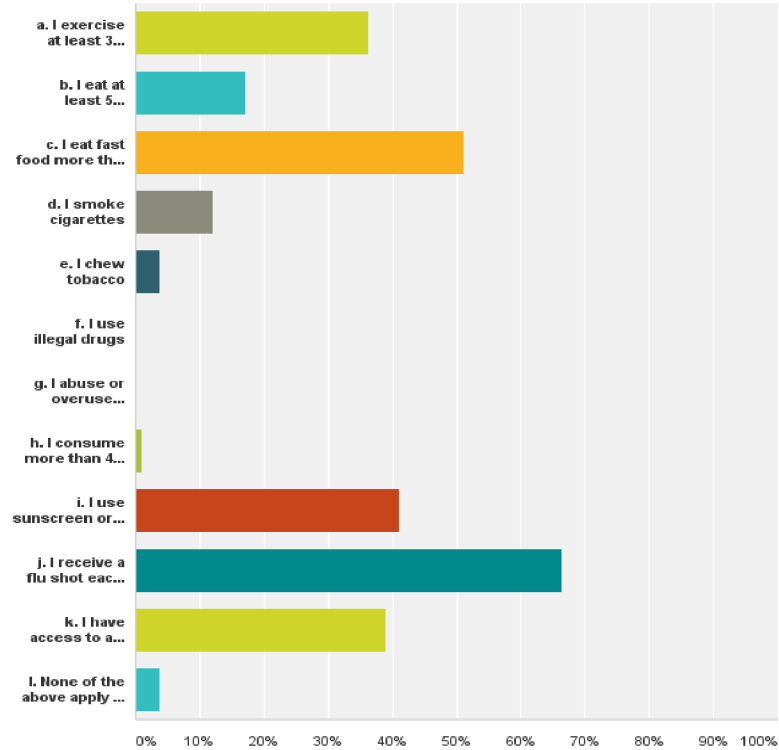
# Q11: If you have changed doctors within the last 12 months, why did you change doctors?

Answered: 168 Skipped: 14

| Answer Choices   | Responses     |            |
|--|---------------|------------|
| a. Have not changed doctors  | <b>73.21%</b> | 123        |
| b. Changed residence or moved                                      | <b>1.19%</b>  | 2          |
| c. Changed jobs  | <b>2.98%</b>  | 5          |
| d. Changed health care coverage                                    | <b>1.19%</b>  | 2          |
| e. Provider moved or retired                                       | <b>12.50%</b> | 21         |
| f. Dissatisfied with former provider or liked new provider better  | <b>5.95%</b>  | 10         |
| g. Former provider no longer reimbursed by my health care coverage | <b>0.00%</b>  | 0          |
| h. Owed money to former provider                                   | <b>1.79%</b>  | 3          |
| i. Medical care needs changed                                      | <b>1.19%</b>  | 2          |
| <b>Total</b>   |               | <b>168</b> |

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

Answered: 182 Skipped: 0





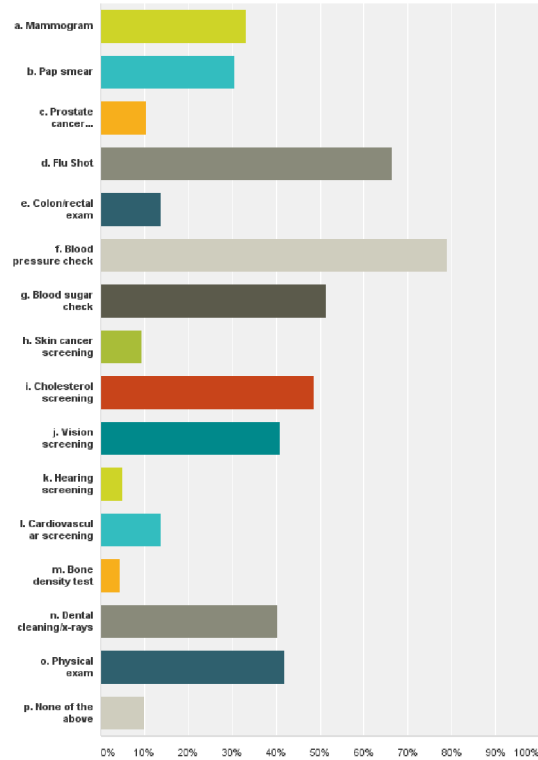
## Q13: Please select all statements below that apply to you.

Answered: 182 Skipped: 0

| Answer Choices  | Responses |     |
|---|-----------|-----|
| a. I exercise at least 3 times a per week                             | 36.26%    | 66  |
| b. I eat at least 5 servings of fruits and vegetables each day.       | 17.03%    | 31  |
| c. I eat fast food more than once per week                            | 51.10%    | 93  |
| d. I smoke cigarettes   | 12.09%    | 22  |
| e. I chew tobacco   | 3.85%     | 7   |
| 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                     | 1.10%     | 2   |
| i. I use sunscreen or protective clothing for planned time in the sun | 41.21%    | 75  |
| j. I receive a flu shot each year                                     | 66.48%    | 121 |
| k. I have access to a wellness program through my employer            | 39.01%    | 71  |
| l. None of the above apply to me                                      | 3.85%     | 7   |
| <b>Total Respondents: 182</b>   |           |     |

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

Answered: 181 Skipped: 1



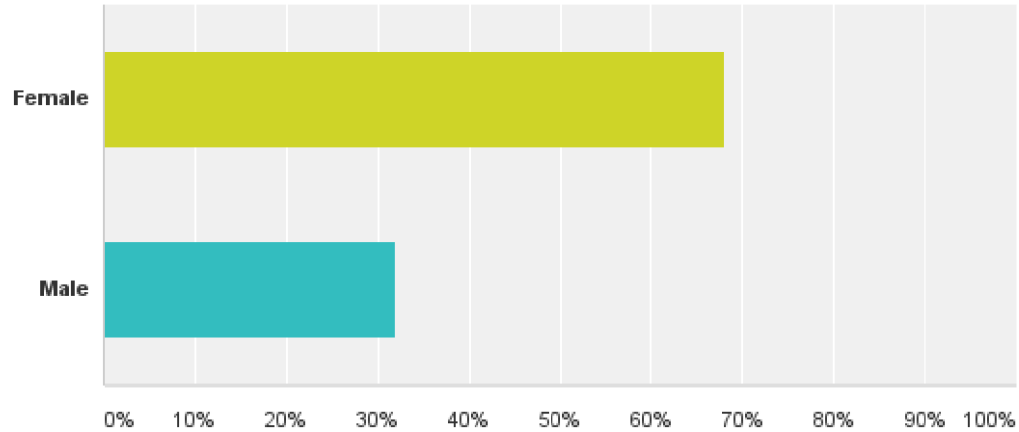
# Q14: Which of the following preventive procedures have you had in the past 12 months? select all that apply

Answered: 181 Skipped: 1

| Answer Choices                | Responses |     |
|-------------------------------|-----------|-----|
| a. Mammogram                  | 33.15%    | 60  |
| b. Pap smear                  | 30.39%    | 55  |
| c. Prostate cancer screening  | 10.50%    | 19  |
| d. Flu Shot                   | 66.30%    | 120 |
| e. Colon/rectal exam          | 13.81%    | 25  |
| f. Blood pressure check       | 79.01%    | 143 |
| g. Blood sugar check          | 51.38%    | 93  |
| h. Skin cancer screening      | 9.39%     | 17  |
| i. Cholesterol screening      | 48.62%    | 88  |
| j. Vision screening           | 40.88%    | 74  |
| k. Hearing screening          | 4.97%     | 9   |
| l. Cardiovascular screening   | 13.81%    | 25  |
| m. Bone density test          | 4.42%     | 8   |
| n. Dental cleaning/x-rays     | 40.33%    | 73  |
| o. Physical exam              | 41.99%    | 76  |
| p. None of the above          | 9.94%     | 18  |
| <b>Total Respondents: 181</b> |           |     |

## Q15: What is your gender?

Answered: 181 Skipped: 1



## Q15: What is your gender?

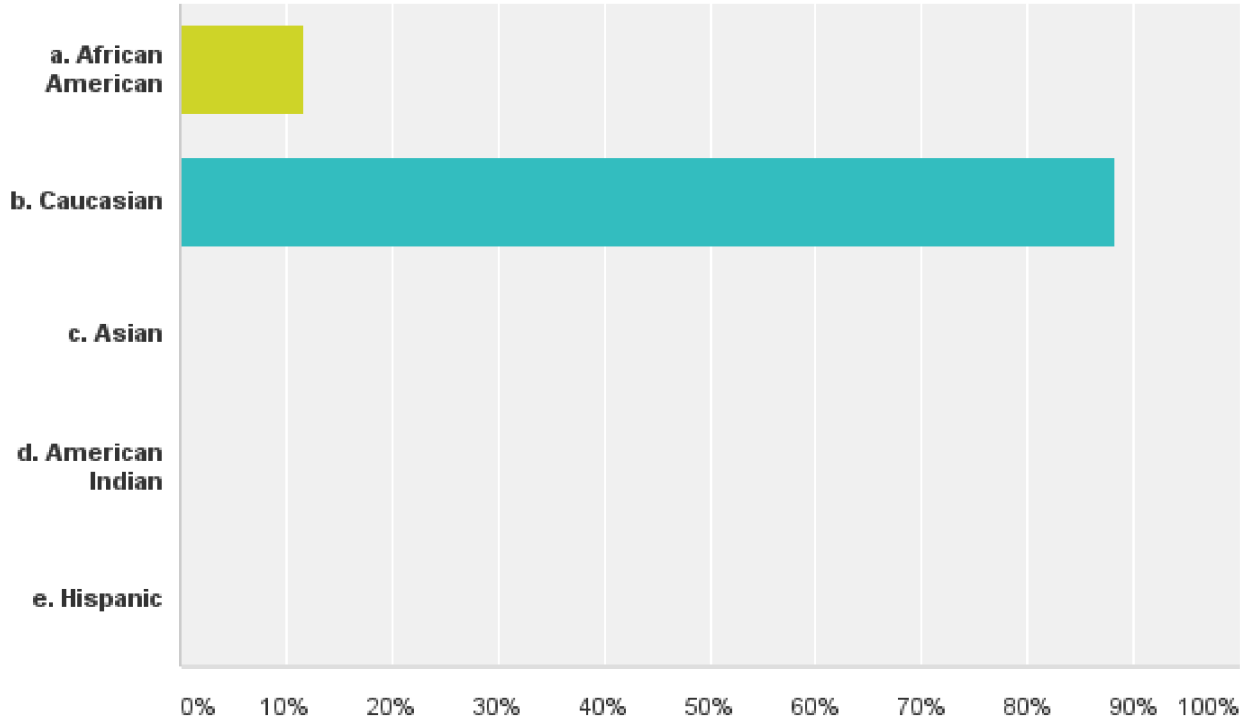
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Answered: 181 Skipped: 1

| Answer Choices | Responses  |
|----------------|------------|
| Female         | 67.96% 123 |
| Male           | 32.04% 58  |
| <b>Total</b>   | <b>181</b> |

## Q16: What is your race?

Answered: 181 Skipped: 1



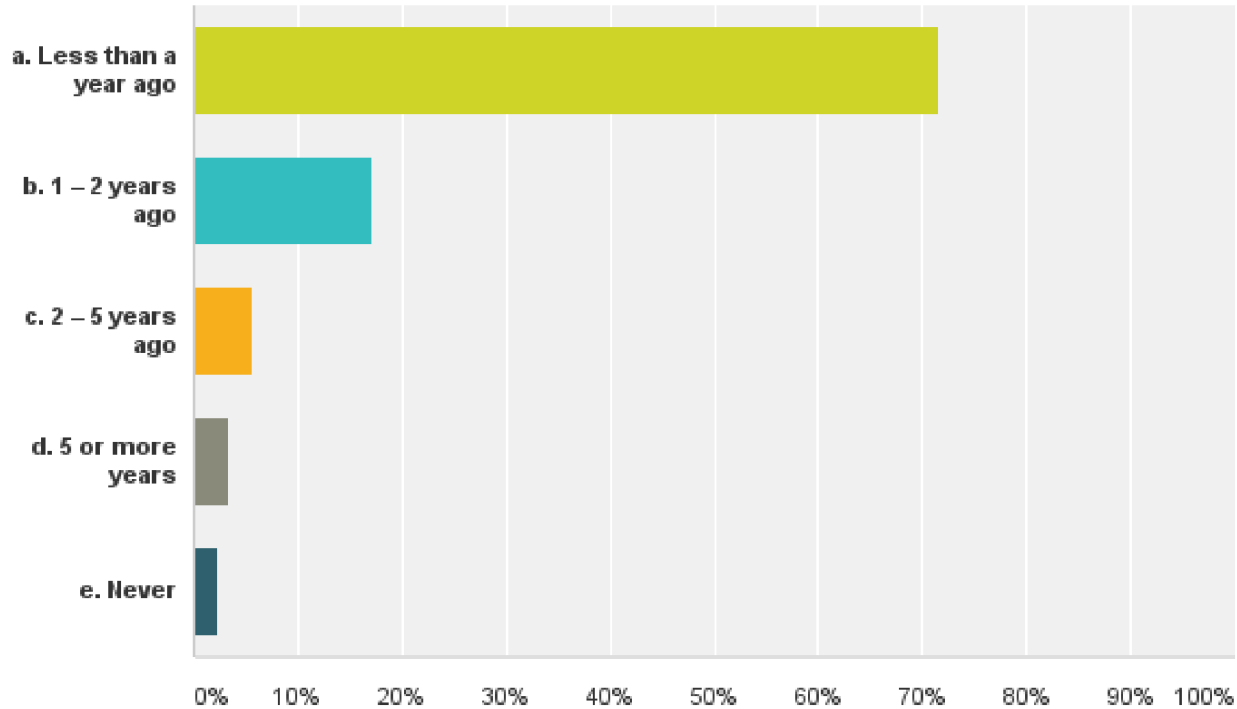
## Q16: What is your race?

Answered: 181 Skipped: 1

| Answer Choices      | Responses  |
|---------------------|------------|
| a. African American | 11.60% 21  |
| b. Caucasian        | 88.40% 160 |
| c. Asian            | 0.00% 0    |
| d. American Indian  | 0.00% 0    |
| e. Hispanic         | 0.00% 0    |
| <b>Total</b>        | <b>181</b> |

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

Answered: 180 Skipped: 2





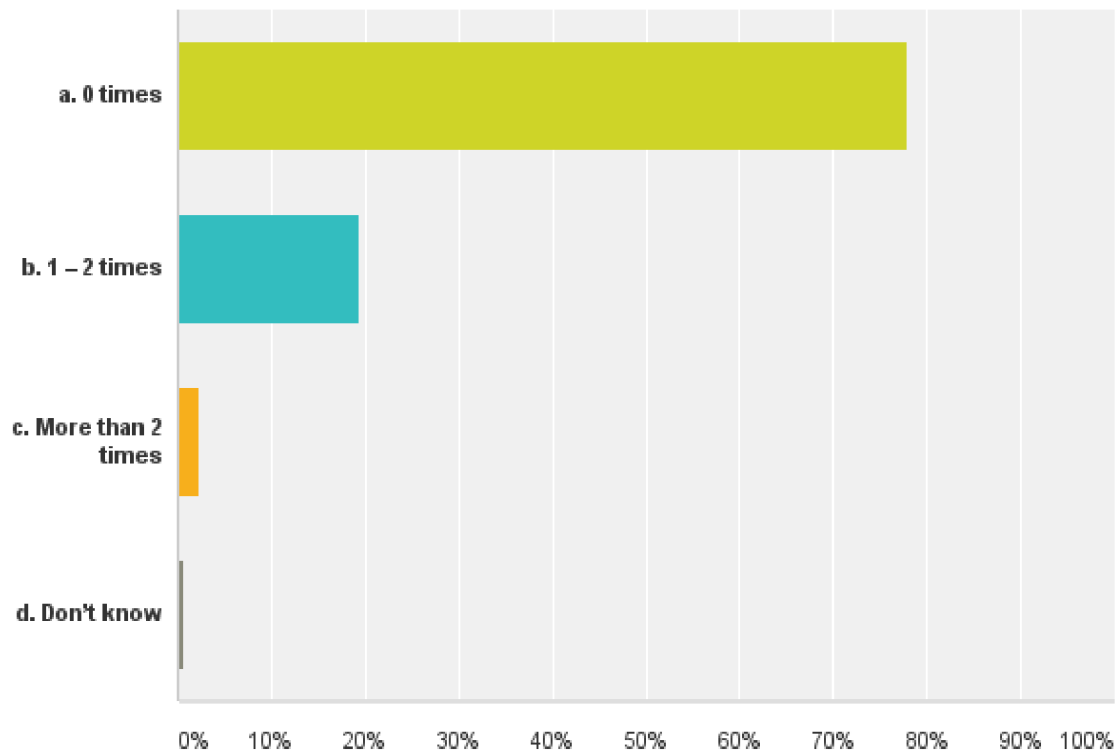
# Q17: How long has it been since you last visited a doctor for a routine checkup?

Answered: 180 Skipped: 2

| Answer Choices          | Responses  |
|-------------------------|------------|
| a. Less than a year ago | 71.67% 129 |
| b. 1 – 2 years ago      | 17.22% 31  |
| c. 2 – 5 years ago      | 5.56% 10   |
| d. 5 or more years      | 3.33% 6    |
| e. Never                | 2.22% 4    |
| <b>Total</b>            | <b>180</b> |

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

Answered: 180 Skipped: 2



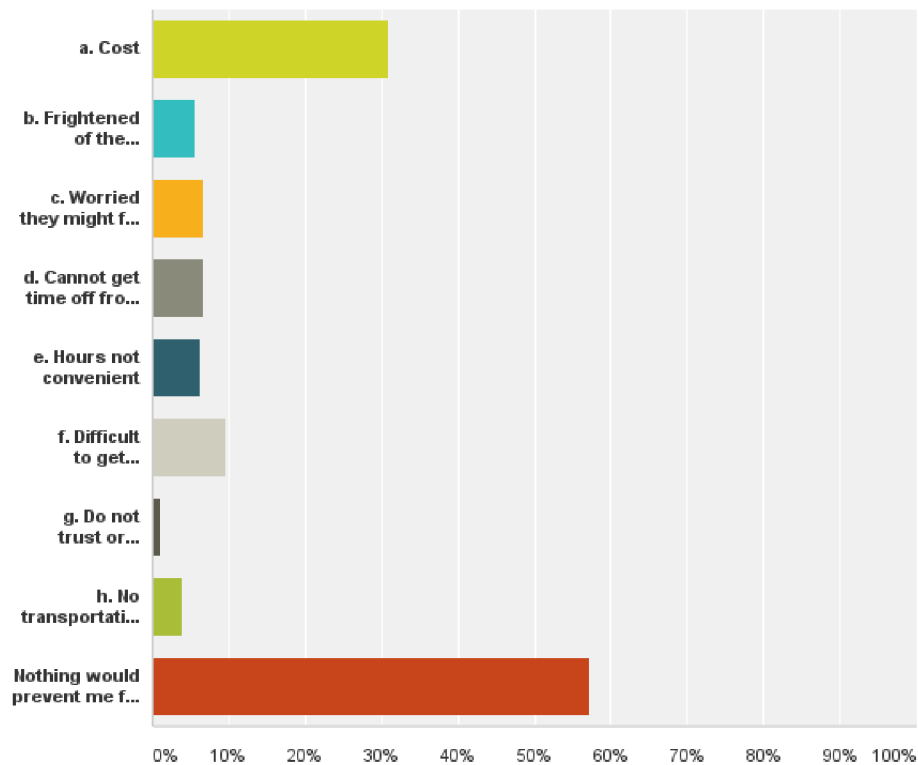
## Q18: How many times have you visited the Emergency Department in the past year?

Answered: 180 Skipped: 2

| Answer Choices       | Responses         |
|----------------------|-------------------|
| a. 0 times           | <b>77.78%</b> 140 |
| b. 1 – 2 times       | <b>19.44%</b> 35  |
| c. More than 2 times | <b>2.22%</b> 4    |
| d. Don't know        | <b>0.56%</b> 1    |
| <b>Total</b>         | <b>180</b>        |

# 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: 178 Skipped: 4



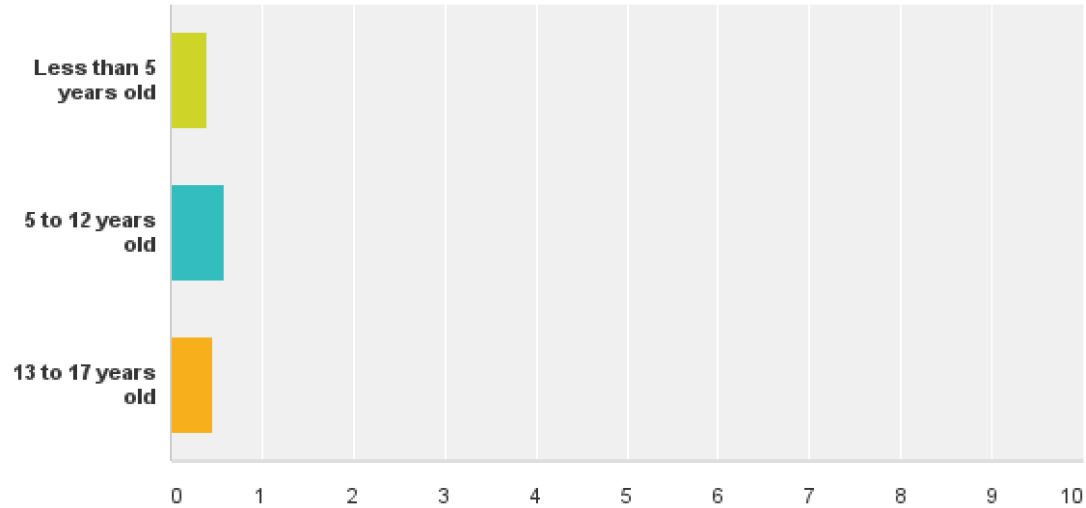
## Q19: What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? Select all that apply.

Answered: 178 Skipped: 4

| Answer Choices   | Responses  |
|--|------------|
| a. Cost  | 30.90% 55  |
| b. Frightened of the procedure                             | 5.62% 10   |
| c. Worried they might find something wrong                 | 6.74% 12   |
| d. Cannot get time off from work                           | 6.74% 12   |
| e. Hours not convenient                                    | 6.18% 11   |
| f. Difficult to get appointment                            | 9.55% 17   |
| g. Do not trust or believe doctors                         | 1.12% 2    |
| h. No transportation or difficult to find transportation   | 3.93% 7    |
| Nothing would prevent me from seeing a doctor at this time | 57.30% 102 |
| <b>Total Respondents: 178</b>                              |            |

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

Answered: 120 Skipped: 62



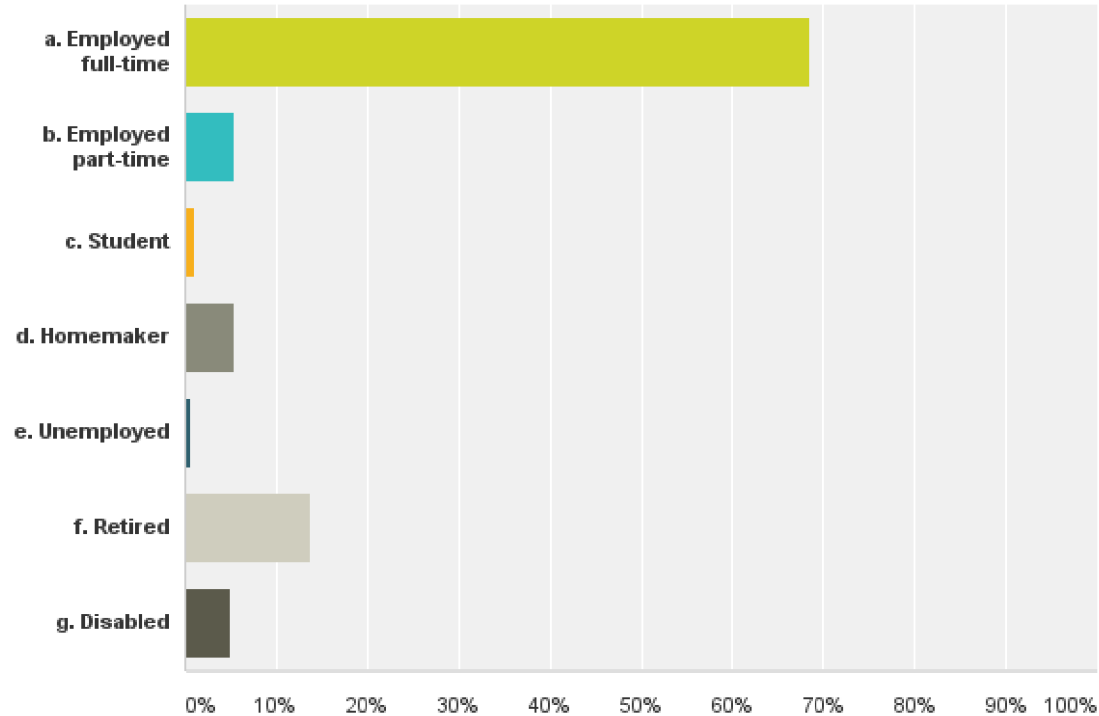
## Q20: How many children live in your household who are . . .

Answered: 120 Skipped: 62

| Answer Choices                | Average Number | Total Number | Responses |
|-------------------------------|----------------|--------------|-----------|
| Less than 5 years old         | 0              | 39           | 96        |
| 5 to 12 years old             | 1              | 58           | 98        |
| 13 to 17 years old            | 0              | 40           | 89        |
| <b>Total Respondents: 120</b> |                |              |           |

## Q21: What is your current employment status?

Answered: 181 Skipped: 1





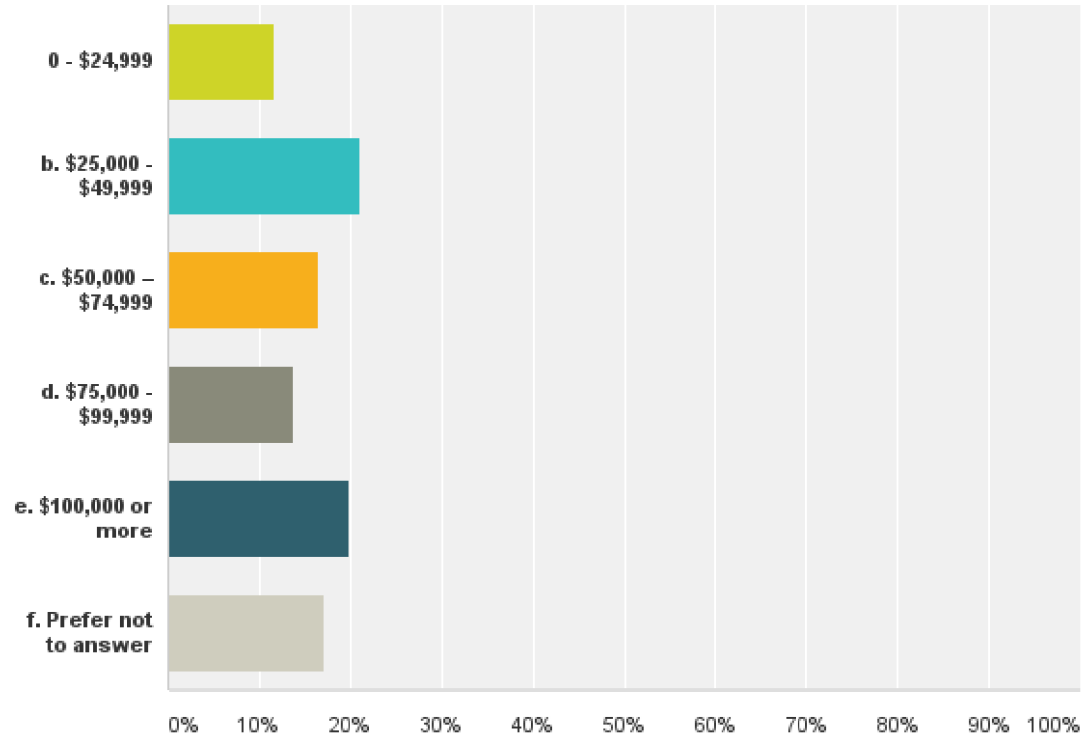
## Q21: What is your current employment status?

Answered: 181 Skipped: 1

| Answer Choices        | Responses |            |
|-----------------------|-----------|------------|
| a. Employed full-time | 68.51%    | 124        |
| b. Employed part-time | 5.52%     | 10         |
| c. Student            | 1.10%     | 2          |
| d. Homemaker          | 5.52%     | 10         |
| e. Unemployed         | 0.55%     | 1          |
| f. Retired            | 13.81%    | 25         |
| g. Disabled           | 4.97%     | 9          |
| <b>Total</b>          |           | <b>181</b> |

## Q22: What is your household income range?

Answered: 181 Skipped: 1



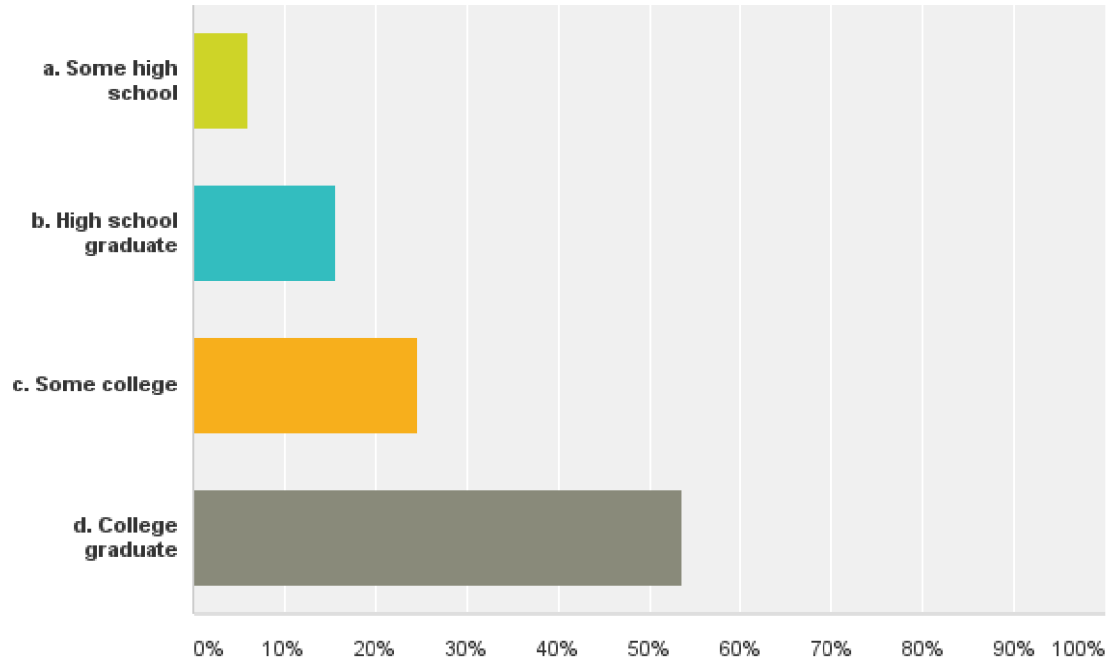
## Q22: What is your household income range?

Answered: 181 Skipped: 1

| Answer Choices          | Responses |            |
|-------------------------|-----------|------------|
| 0 - \$24,999            | 11.60%    | 21         |
| b. \$25,000 - \$49,999  | 20.99%    | 38         |
| c. \$50,000 – \$74,999  | 16.57%    | 30         |
| d. \$75,000 - \$99,999  | 13.81%    | 25         |
| e. \$100,000 or more    | 19.89%    | 36         |
| f. Prefer not to answer | 17.13%    | 31         |
| <b>Total</b>            |           | <b>181</b> |

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

Answered: 179 Skipped: 3



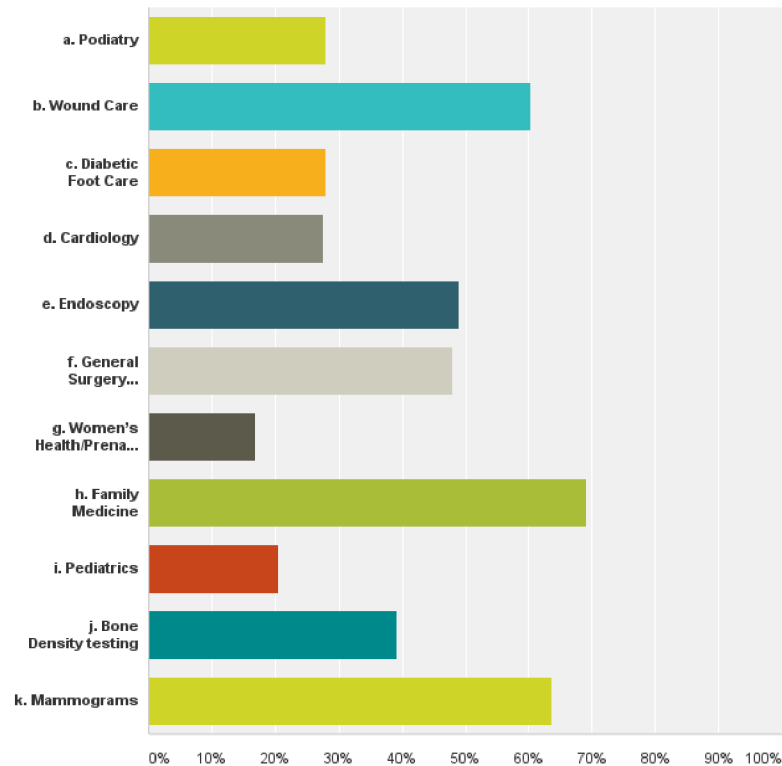
## Q23: What is the highest level of education you have completed?

Answered: 179 Skipped: 3

| Answer Choices          | Responses  |
|-------------------------|------------|
| a. Some high school     | 6.15% 11   |
| b. High school graduate | 15.64% 28  |
| c. Some college         | 24.58% 44  |
| d. College graduate     | 53.63% 96  |
| <b>Total</b>            | <b>179</b> |

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

Answered: 171 Skipped: 11



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

Answered: 171 Skipped: 11

| Answer Choices                  | Responses |     |
|---------------------------------|-----------|-----|
| a. Podiatry                     | 28.07%    | 48  |
| b. Wound Care                   | 60.23%    | 103 |
| c. Diabetic Foot Care           | 28.07%    | 48  |
| d. Cardiology                   | 27.49%    | 47  |
| e. Endoscopy                    | 49.12%    | 84  |
| f. General Surgery Evaluation   | 47.95%    | 82  |
| g. Women's Health/Prenatal Care | 16.96%    | 29  |
| h. Family Medicine              | 69.01%    | 118 |
| i. Pediatrics                   | 20.47%    | 35  |
| j. Bone Density testing         | 39.18%    | 67  |
| k. Mammograms                   | 63.74%    | 109 |
| <b>Total Respondents: 171</b>   |           |     |

Community Health Survey/Attala

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

Answered: 92 Skipped: 90

| #  | Responses   | Date              |
|----|---|-------------------|
| 1  | Providing more wellness programs that are cost affordable to the low-income communities.  | 7/3/2016 1:48 PM  |
| 2  | For me have someone call me at 662-582-6788 so I can find a dr. at Baptist Attala for my med healthcare instead of driving 1.6 hrs.   | 7/1/2016 9:39 AM  |
| 3  | By bringing in some more Baptist Healthcare Physicians (specialists)  | 6/30/2016 4:34 PM |
| 4  | Would like to see delivery of babies so our mothers don't have to travel out of town. Any services that would cut down on trips out of town. Orthopedic, eye surgery, radiation, chemotherapy, OB/Gyn, ENT  | 6/30/2016 4:25 PM |
| 5  | We need more specialist   | 6/29/2016 8:38 PM |
| 6  | Special test - not to have to go to Jackson for so much test make it affordable to folks like us. Heart, ortho, eyes, general surgeon   | 6/29/2016 4:15 PM |
| 7  | Grants etc. to help poorer people to have affordable healthcare. Staff more up-to-date on what is available and ready to spread the word or get you to someone who knows instead just answering the phone with I just don't know. If they not informed they just don't need to answer the phone. ER very slow when you have to go for non-emergencies.  | 6/29/2016 4:13 PM |
| 8  | Bring specialist here; Programs to help the indigent provided for uninsured; Full-time surgeon and surgeries performed at this hospital. 3.5 years ago my husband had a brain tumor removed. At that time Dr. Cullum was coming to Kos. Med. Clinic. That was tremendous help for us not having to drive him to Jackson afterwards. We have no children and really difficult to get anyone to ride along and help you. Needs: ortho, neuro, eyes, general surgeon Advertising as to what is available there and someone knowledgeable enough to inform the public. Kosciusko has plenty of medical phy - we need specialists. | 6/29/2016 4:09 PM |
| 9  | Have more staff to cut down on waiting time!  | 6/29/2016 4:02 PM |
| 10 | Specialized testing; full-time surgeon  | 6/29/2016 4:00 PM |
| 11 | I had a heart attack 2 yrs ago. Would have been great to have care closer. I went to Meridian.  | 6/29/2016 3:58 PM |
| 12 | I am good but things for older citizens would be wonderful  | 6/29/2016 3:56 PM |
| 13 | I would love to see Attala County (Kosciusko) be a great healthcare area. I can tell already good start. Ortho would be great. Thank you all.   | 6/29/2016 3:54 PM |
| 14 | Anything that would benefit our area and others. Trips to big cities are very hard on most people when you cannot drive yourself. You may have a fine good auto but getting someone that's available to drive you is not easy. Most folks we know can drive themselves to Kosciusko but not to Jackson etc. Thank you.  | 6/29/2016 3:51 PM |
| 15 | Just keep improving. Attala is a great area for a lot more healthcare possibilities. The Braswell once had a great surgery suite (Montfort Jones) there - They did tons of cataract surgeries and a number of other eye surgeries - That would be great to have again. I can see greatness out of Montfort Jones (Baptist). It could cover Holmes-Winston- just areas all around us the need is great. The Baptist has enough physicians to cover Attala and make it a small version of Jackson - Go for it.  | 6/29/2016 2:18 PM |
| 16 | More specialist & surgeons. More programs for the uninsured. More training for your employees. I called twice this week with general questions and I was so put out with attitude and not willing to offer any help. I ask if you all had a cardiologist here operator put me to outpatient and young lady said no we don't - she didn't ask if I was needing one right then - was I sick - Did not tell me of any at Jxn Hospital - Just didn't offer anything. Good luck hope this helps all of us to be better toward others.  | 6/29/2016 2:12 PM |
| 17 | Educational Seminars  | 6/29/2016 2:07 PM |
| 18 | Make the county more aware of the services provided. Excellent hospital so we need to use it.   | 6/29/2016 6:00 AM |
| 19 | Don't know.   | 6/28/2016 9:16 PM |
| 20 | Provide affordable, dependable care that is convenient to customers   | 6/28/2016 8:34 PM |



## Community Health Survey/Attala

|    |  |                    |
|----|--|--------------------|
| 21 | Better patient care for patients in the hospital. Labs need to provide better services. Lost specimens or specimens that never get sent off.   | 6/28/2016 1:17 PM  |
| 22 | lower medical care rates. f Free rx  | 6/28/2016 11:08 AM |
| 23 | Love the new services that you offer and renovated facility!   | 6/27/2016 3:57 PM  |
| 24 | Need to start  | 6/26/2016 12:20 PM |
| 25 | Offer financial assistance to help patience to pay there bill.   | 6/26/2016 10:07 AM |
| 26 | I am wanting to possibly come to Kosciusko to see if I like BMC Attala, but I have a good relationship with who I am currently seeing at BMC Leake. They have been good to me over the past couple of years and when I started going there, there was not a BMC Attala. Even though I am in the zip code of BMC Attala, the distance is the same for me to go to either one. | 6/24/2016 8:06 AM  |
| 27 | They okay in my book   | 6/23/2016 11:22 PM |
| 28 | Have more specialists that come to the local clinic.   | 6/23/2016 8:10 PM  |
| 29 | cost reduction   | 6/23/2016 3:52 PM  |
| 30 | Keep up the good work  | 6/23/2016 10:04 AM |
| 31 | Offer more services & specialists (i.e. cardiology specialist, womens health services)   | 6/22/2016 12:28 PM |
| 32 | More doctors   | 6/22/2016 11:05 AM |
| 33 | Bring more specialists to Attala   | 6/22/2016 11:03 AM |
| 34 | Continue to build rapport with the county  | 6/22/2016 10:44 AM |
| 35 | Expand hours   | 6/22/2016 10:39 AM |
| 36 | urgent care clinic open on weekends, obstetrics and gynecology   | 6/22/2016 9:39 AM  |
| 37 | Advertising services available to public.  | 6/21/2016 3:11 PM  |
| 38 | I think they are doing a good job  | 6/20/2016 8:47 AM  |
| 39 | N/a  | 6/20/2016 2:01 AM  |
| 40 | I think BMC Attala does an excellent job of servicing Attala county  | 6/19/2016 4:38 PM  |
| 41 | O  | 6/17/2016 10:01 PM |
| 42 | Continuity of care - I would like to see the same health care provider each time I need to. There is generally, in the Attala County area, a lack of continuity of care.   | 6/17/2016 9:35 AM  |
| 43 | by bringing more specialist to the county so people will not have to drive to Jackson to see one   | 6/16/2016 7:31 PM  |
| 44 | By providing faster emergency care and prompt referrals when necessary.  | 6/16/2016 4:50 PM  |
| 45 | HOLD A WELLNESS CHECK DAY AT THE HOSPITAL FOR PEOPLE IN THE COMMUNITY TO CHECK BLOOD PRESSURES, ETC.   | 6/16/2016 12:47 PM |
| 46 | Continue to grow and provide services that meets the needs of the county   | 6/16/2016 9:49 AM  |
| 47 | I think the Survey and supplying the info will better meet the needs of Attala County.   | 6/16/2016 8:56 AM  |
| 48 | Advertise that the clinic stays open later than all other clinics. Let the local public know that the clinic caters to people that work.   | 6/15/2016 8:58 PM  |
| 49 | Deliver babies at the hospital   | 6/15/2016 1:19 PM  |
| 50 | Not sure   | 6/15/2016 10:43 AM |
| 51 | Keep advertising what services Baptist offers.   | 6/15/2016 10:24 AM |
| 52 | be more pro-active in the community promoting healthy food choices and excercise routines/alternatives.  | 6/15/2016 9:14 AM  |
| 53 | I think Baptist Medical Center Attala is doing an excellent job at meeting the health needs of Attala County.  | 6/15/2016 4:07 AM  |
| 54 | Help with aging parents. Endocrinologist   | 6/14/2016 10:56 PM |
| 55 | Provide more care locally by physicians that are specialists so that travel by patients to out of town clinics won't be required.  | 6/14/2016 9:06 PM  |
| 56 | Make people feel comfortable going there and not scared they will get worse if they do   | 6/14/2016 5:42 PM  |

## Community Health Survey/Attala

|    |   |                    |
|----|---|--------------------|
| 57 | Baby delivery   | 6/14/2016 4:57 PM  |
| 58 | Need new doctors brought in that are not associated with the Kosciusko Medical Clinic.  | 6/14/2016 3:09 PM  |
| 59 | Have more specialty services such as cardiology, neurology, nephrology, pulmonologist. OB/GYN   | 6/14/2016 2:32 PM  |
| 60 | Provide more care locally by physicians that are specialists so that travel by patients to out of town clinics won't be required.   | 6/14/2016 2:22 PM  |
| 61 | Doing great so far, maybe could bring in specialized physicians on specific days to meet the community needs rather than them having to drive to jxn. i think BMC-A is doing a great job :-)  | 6/14/2016 1:41 PM  |
| 62 | Water therapy for joint pain, surgery recovery and arthritis.   | 6/14/2016 1:29 PM  |
| 63 | after hours weekend clinic  | 6/14/2016 1:24 PM  |
| 64 | First and foremost I am healthcare professional and I am a resident of Attala county. I've worked in my career choice in this county for up until this last year. I chose to take my career to somewhere else simply because of this. Baptist Attala is the single worst hospital I've ever seen in my career. I've never seen a hospital pick up a phone to transfer to a patient before ever laying eyes on them. The doctors on staff do nothing more than come to work to write transfer orders all day. I find every member of the emergency room doctor staff to be very incompetent with the exception of Dr Brady Richardson. I would not recommend Baptist Attala to any member of my family or friends because I know Baptist Attalas main goal is not to take care of its citizens or to keep business in this town its goal is to send it elsewhere. I feel Baptist Attala can better serve the citizens of Attala county and myself by getting better doctors who aren't concerned with just getting liability off their back on staff than the ones present. Until any of that changes I'll be taking my family to OCH in Starkville or Merit Madison in Canton. Thank you  | 6/14/2016 11:49 AM |
| 65 | specialist traveling for seniors is a hardship--surgeons this is the time to go forward in a big way-perfect setting go for it  | 6/14/2016 9:17 AM  |
| 66 | More preventative care  | 6/13/2016 11:20 PM |
| 67 | ICU re-opening.   | 6/13/2016 11:01 PM |
| 68 | Make the public more aware of the rural health care clinic.   | 6/13/2016 8:44 PM  |
| 69 | Please add endoscopy to list of services as well as cystoscopy.   | 6/13/2016 5:30 PM  |
| 70 | Offering affordable health insurance that covers routine check ups, and more knowledgeable doctors that can properly diagnose patients instead of them having to be referred to Jackson.  | 6/13/2016 1:41 PM  |
| 71 | everything is good  | 6/12/2016 5:16 PM  |
| 72 | My father has had to go to the ER twice since Baptist took over and both times his diagnosis was figured out fairly quickly. I think the doctors and nurses are doing a good job.   | 6/10/2016 8:07 AM  |
| 73 | BMCA could help meet the health needs of Attala County (1) by having regular, monthly or bimonthly community education programs on timely topics, not just on specific health issues or topics but on wellness issues, broadly defined. Examples might be: Basic Yoga for Flexibility; Zika and West Nile (Mosquito Borne Diseases in MS): Aging in Place; Using the Internet Wisely for Medical Concerns; Cologuard: Pros and Cons (I noticed that you do not include this as an option in your recent health newsletter); Update on Recommended Screenings and Vaccinations for Adults; Vegans, Vegetarians & Weekend Only Meat Eaters; Intermittant Fasting: What's the Buzz; Senior Day in the Walking Park; Protecting Yourself on the Internet, etc. (2) By coming up with some way (small van?) to provide medical transportation for seniors and those who can't drive for whatever reason (3) By prodding the city of Kosciusko to take seriously the issue of quality of daily life for all its residents instead of focusing primarily on attracting one time tourists, for example by prodding City and County leaders into giving a serious look at the community through the lens of those wanting to possible age in place--a step some progressive communities in MS are already taking, but NOT Kosciusko. (4) By publicizing your services better (5) By writing a weekly health column for the local newspaper. For example, what to do if bitten by a snake, tick, or spider. | 6/9/2016 7:46 PM   |
| 74 | Advertise services  | 6/9/2016 5:41 PM   |
| 75 | Continue providing the best care possible to the patients.  | 6/9/2016 6:42 AM   |
| 76 | pleased with the needs that are offered now   | 6/8/2016 8:03 PM   |
| 77 | Have a site of the insurance we do or do not accept. Sitting in a bed is a little late to tell the patient that we do not accept their insurance. Get a triage nurse in the ER to see patients before seeing the admit clerk. Clerks are not allowed to ask for insurance before the patient is sent to the back. Have nurses not act as if they are tired of having you hit the call button. Have an event where the docs meet the public that they are serving. Have employees with good attitudes about being at work, myself included. I do my best to show what I want to see. Continue this open opportunity to give feedback. Thanks!  | 6/8/2016 2:30 PM   |
| 78 | n/a   | 6/8/2016 8:46 AM   |

## Community Health Survey/Attala

|    |  |                   |
|----|--|-------------------|
| 79 | I think Baptist Hospital needs to centralize ancillary health care services. For example, setting up speciality services like eye care and pharmacy would allow the facility to function more like a "medical complex" and would keep cash flow returning to the institution instead of outside referrals. Also, there are a number of people within my own family whose health is declined and have used physical therapy on a number of occasion Aquatherapy has been very beneficial to them. Three of my family members travel to Canton to do aquatherapy there. I am sure others would benefit from this service. Could Baptist Attala utilize/renovate current properties to incorporate this unique, and unoffered service to Kosciusko residents? | 6/8/2016 8:39 AM  |
| 80 | Advertisement  | 6/8/2016 8:21 AM  |
| 81 | Due to short time period of living in the community, I am unable to give an accurate answer to this question.  | 6/8/2016 6:12 AM  |
| 82 | Don't know of anything, but so thankful they are apart of our community.   | 6/7/2016 4:50 PM  |
| 83 | Become more involved in the wellness of our area, i.e. establish a wellness/fitness center and specifically a swimming pool for therapy.   | 6/7/2016 4:46 PM  |
| 84 | They should start delivering babies here again.  | 6/7/2016 1:01 PM  |
| 85 | more services for women i.e. OB/GYN  | 6/7/2016 10:03 AM |
| 86 | Specialist Physicians - ENT, Dermatology, GI, Neurology, Oncologist, Sports Medicine, Spinal Specialties.  | 6/7/2016 9:48 AM  |
| 87 | Provide physicians for many more services that could be provide at the facility, such as ortho, cancer, and pre-natal follow-ups.  | 6/7/2016 9:19 AM  |
| 88 | I would like to see Baptist bring their nutrition program to Attala because obesity has so much to do with the health issues in this community.  | 6/7/2016 9:06 AM  |
| 89 | Senior Citizen care  | 6/7/2016 8:58 AM  |
| 90 | We have recently lost our prenatal provider that traveled from Starkville. It would be very beneficial to have a "women's clinic", even part time, to provide prenatal care. Residents have to drive at a minimum, 1 hour to receive any type of OB/GYN services.  | 6/7/2016 8:43 AM  |
| 91 | More/better physicians   | 6/7/2016 8:41 AM  |
| 92 | change the towns perception of the new administrator.  | 6/3/2016 3:16 AM  |

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                         | Participate  |
|---|--|-------------------------------------|--|
| Distribute vaccination schedule information at the Baptist Medical Clinic - BMC-Kosciusko (BMC-K) | Encourage local legislators to continue CHIP program and promote expansion alternatives. | Submit vaccination data to the MSDH | -Provide newborn and early childhood vaccinations in BMC-Kosciusko.<br>-Participate in Medicaid Childhood Risk Assessment Program.<br>-Consider sponsoring Young Mothers Support Group |

B. At-Risk Populations - Men

| Educate   | Advocate | Collaborate                                | Participate  |
|---|----------|--|--|
| -Promote Prostate Screening during Prostate Cancer Awareness Month through educational seminars.<br>-Sponsor Men's Health Day focusing on Cholesterol, Hypertension, and Back pain. |          | -Provide prostate screenings in community. | -Provide flat fee PSA screening test.<br>-Recruit Urologist to BMCA satellite clinics. |

C. At-Risk Populations – Senior Adults / Geriatric

| Educate                                 | Advocate   | Collaborate | Participate  |
|---|--|-------------|--|
| -Provide Fall Risk Mitigation Seminars. | Promote AHA's Save Rural Hospitals agenda to Federal Legislators |             | -Offer Fall Risk Assessment and Balance Training in Rehab Services.<br>-Continue to provide weekly exercise class for Seniors.<br>-Continue to sponsor Senior Day at Central MS Fair |

2016 Community Health Needs Assessment  
Opportunities for Improvement and Action Plan



D. At-Risk Populations - Women

| Educate  | Advocate                                 | Collaborate  | Participate   |
|--|--|--|---|
| Provide Seminar on Teenage Sexual Health issues. | Encourage Legislators to expand Medicaid | With local high schools and Boys and Girls Club to provide Teenage Sexual Health Education | <ul style="list-style-type: none"> <li>-Provide Women’s Health Nurse Practitioner 2 days a week in BMC-Kosciusko.</li> <li>-Promote HPV vaccination in BMC-Kosciusko.</li> <li>-Continue to participate in MSDH Breast and Cervical Cancer Program to provide free Mammograms and Ultrasounds.</li> </ul> |

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

| Educate   | Advocate   | Collaborate  | Participate   |
|---|--|--|---|
| Provide seat belt use education to high school students | Encourage local MS Legislators to continue and increase funding for the Trauma Fund. | <ul style="list-style-type: none"> <li>-Collaborate with KPD &amp; MHP to provide seat belt education in high schools.</li> <li>-Collaborate with Central MS Trauma District to improve Trauma Services and education of providers.</li> <li>-Provide trauma data to MSDH Trauma Registry</li> </ul> | <ul style="list-style-type: none"> <li>-Sponsor attendance at ATLS Training for staff.</li> <li>-Continue participation in MSDH Trauma Program to improve Trauma services and provide trauma education to nurses and physicians.</li> </ul> |

F. Disease/Condition-Specific – Alzheimer’s/Memory Disorders

| Educate   | Advocate | Collaborate                                       | Participate   |
|---|----------|---|---|
| Have representative of MS Alzheimer’s Association speak at Community Meeting. |          | -Collaborate with Stepping Stones and Life Steps. | <ul style="list-style-type: none"> <li>-Add mini Mental Health Screening Exam to Senior Day Screenings.</li> <li>-Provide Geri-psych O/P care to early stage Alzheimer patients in IOP.</li> <li>-Evaluate feasibility of an Alzheimer’s Memory Care Unit.</li> </ul> |

2016 Community Health Needs Assessment  
Opportunities for Improvement and Action Plan



G. Disease/Condition-Specific – Cancer

| Educate   | Advocate | Collaborate   | Participate  |
|---|----------|---|--|
| -Sponsor Seminars on Breast and Colon Cancer during designated awareness month. |          | -Continue participation in Susan G. Komen to provide screening mammograms to patients without insurance.<br>-Collaborate with MS Chapter of ACS to provide awareness and early detection education. | -Evaluate sponsorship of local ACS Road to Recovery Program.<br>-Consider families with cancer support group.<br>-Continue to provide cancer screening services.<br>-Participate in National Colon Cancer Awareness programs.<br>-Offer free Guaic Kits during Colon Cancer Awareness activities |

H. Disease/Condition-Specific – COPD / Pulmonary

| Educate   | Advocate | Collaborate  | Participate   |
|---|----------|--|---|
| Provide educational materials on COPD and resources to assist with smoking cessation. |          | -Collaborate with MSDH and Atom Alliance/Stop Smoking MS to promote tobacco cessation. | -Recruit Pulmonologist to hold clinic and perform bronchoscopes at BMCA.<br>-Investigate “at home” remote sleep lab testing.<br>-Evaluate BMC-Kosciusko participation in Medicare Chronic Disease Management Program. |

I. Disease/Condition-Specific – Diabetes

| Educate   | Advocate | Collaborate   | Participate   |
|---|----------|---|---|
| -Distribute informative brochures on Diabetes at Health Fairs and in BMC-Kosciusko.<br>-Evaluate adding Certified Diabetes Nurse Educator to staff. |          | Collaborate with area churches to provide glucose screenings to high risk groups. | -Evaluate BMC-Kosciusko participation in Medicare Chronic Disease Management program.<br>-Provide Glucose Screenings at Health Fairs.<br>-Continue to provide specialty care needed by diabetes-Podiatry and Wound Care.<br>-Recruit Endocrinologist to provide clinic at BMCA. |

2016 Community Health Needs Assessment  
Opportunities for Improvement and Action Plan



J. Disease/Condition-Specific – Stroke/CVA

| Educate  | Advocate  | Collaborate   | Participate  |
|--|---|---|--|
| Provide community education on the early warning signs of stroke and importance of early intervention during Stroke Awareness Month in Lunch and Learn Sessions. | Encourage MS Legislature to increase funding for State Stroke Network | Collaborate with Neurology Specialist to provide Stroke Telemedicine Access | -Continue to provide Stroke Telemedicine access in the ER.<br>-Evaluate participation in the Stroke Alliances Early Wake Up Treatment program. |

K. Disease/Condition-Specific Heart Disease

| Educate   | Advocate   | Collaborate   | Participate   |
|---|--|---|---|
| Provide educational materials at the BMC-Kosciusko. | Encourage MS legislature to increase funding for the MS STEMI Network. | Collaborate with Baptist Heart and AHA as described in Participate section. | -Evaluate BMC-Kosciusko participation in Medicare Chronic Disease Management Program.<br>-Evaluate providing Cardiology Telemedicine Clinic at BMCA.<br>-Continue to serve as an AHA CPR and ACLS education site. |

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

| Educate  | Advocate | Collaborate   | Participate   |
|--|----------|---|---|
| Provide educational materials at the BMC Kosciusko |          | Collaborate with Baptist Heart and AHA as described in Participate section. | -Evaluate providing Cardiology Telemedicine Clinic at BMCA.<br>-Continue to serve as an AHA CPR and ACLS education site.<br>-Offer blood pressure screening at health fairs and in public settings like Walmart.<br>-Evaluate BMC-Kosciusko participation in Medicare Chronic Disease Management Program. |



2016 Community Health Needs Assessment  
Opportunities for Improvement and Action Plan



M. Disease/Condition-Specific – Kidney/Urinary Disease

| Educate  | Advocate | Collaborate   | Participate   |
|--|----------|---|---|
| Provide educational materials on link between HBP and Kidney disease at BMC-Kosciusko. |          | -Continue active participation in MORA<br>-Continue participation in HEN CAUTI reduction. | -Continue to provide diagnostic urology procedures.<br>-Evaluate BMC-Kosciusko participation in Medicare Chronic Disease Management Program |

N. Disease/Condition-Specific – Mental Health

| Educate | Advocate  | Collaborate  | Participate   |
|---------|---|--|---|
|         | Lobby local legislators to increase funding to local Mental Health District | -Collaborate with Baptist Community Hospital for referral of patients to BMC-Kosciusko Tele Psychiatry Service.<br>-Collaborate with local Mental Health District’s Life Steps to identify patients for referral to Tele Psychiatry at BMC-Kosciusko.<br>-Collaborate with Tele Psychiatry provider to facilitate acute psychiatric referrals transferred from ER. | -Re-open the IOP at BMCA.<br>-Provide Tele Psychiatry Service through BMC-Kosciusko<br>-Evaluate providing LSCW counseling at BMCA-Kosciusko. |

O. Disease/Condition-Specific – Pneumonia and Influenza

| Educate | Advocate | Collaborate  | Participate  |
|---------|----------|--|--|
|         |          | Collaborate with the community to provide flu and pneumococcal vaccination to employees, schools, civic organizations. | _Offer on-site Flu and Pneumonia vaccine to Business & Industry and Community Groups.<br>-Submit vaccination data to MSDH. |

2016 Community Health Needs Assessment  
Opportunities for Improvement and Action Plan



**P. Social Challenges Affecting Health - Access to Care**

| Educate   | Advocate  | Collaborate  | Participate  |
|---|---|--|--|
| Promote use of low-cost BMC-Kosciusko through marketing and outreach efforts.<br>-Continue and expand BMC-Kosciusko extended hours. | Ask MS Legislature to support funding the Rural Scholars Program.<br>Encourage MHA and MSMA to support relaxing rules on NP Independent Practice. | Collaborate with MS Rural Scholars Program to increase awareness of the program in Attala County High Schools. | -Evaluate using IOP drivers and van to transport patients with transportation to BMC-Kosciusko.<br>-Continue efforts to provide more specialty services locally. |

**Q. Social Challenges Affecting Health - Employment**

| Educate   | Advocate | Collaborate  | Participate   |
|---|----------|--|---|
| Collaborate with High School guidance counselors to make students aware of healthcare career opportunities.<br>Collaborate with Holmes Community and other community colleges to provide clinical training. |          | Collaborate with High School guidance counselors to make students aware of healthcare career opportunities.<br>-Collaborate with Holmes Community and other community colleges to provide clinical training. | Continue Tuition Reimbursement program for RN's and select allied Health Professionals. |

**R. Social Challenges Affecting Health - Nutrition**

| Educate                                  | Advocate | Collaborate   | Participate  |
|--|----------|---|--|
| See Collaborate and Participate sections |          | In Collaboration with Valley →<br><br>In Collaboration with Fresenius Dialysis→ | Provide Class on Low Sodium Diets for Hypertensive patients.<br><br>Provide Class on Kidney Dialysis diets |

2016 Community Health Needs Assessment  
 Opportunities for Improvement and Action Plan



S. Social Challenges Affecting Health – Poverty

| Educate   | Advocate  | Collaborate  | Participate  |
|---|---|--|--|
| Educate community on BMCA's charity care program. | Encourage local MS Legislators to re-consider Medicaid Expansion. | Collaborate with Schumacher Clinical Group (ERPs) to encourage use of BMC-Kosciusko to patients who use ER for primary care. | -Encourage use of BMC-Kosciusko to patients who use ER for primary care. |

APPENDIX E  
SUPPLEMENTAL INFORMATION

LETTER FROM MISSISSIPPI

## **Mississippi, Burned**

How the poorest, sickest state got left behind by Obamacare.

By SARAH VARNEY |



Jon Lowenstein/NOOR

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**T**HE LUNCH RUSH AT TOM'S ON MAIN IN YAZOO CITY HAD COME TO A close, and the waitresses, after clearing away plates of shrimp and cheese grits, seasoned turnip greens and pitchers of sweet tea, were retreating to the counter to cash out and count their tips. Wylene Gary was at the register ringing up the last of the \$6.95 lunchtime specials as we chatted about her job, a modest low-paying one of the sort all too common in Mississippi, America's most down-and-out state, where a full 20 percent of the population doesn't graduate from high school, 22 percent lives in poverty—and even more than that, a quarter of the state, goes without health care coverage.

Gary didn't have health insurance either, not that she hadn't tried. When the Affordable Care Act mandated that Americans buy coverage, she didn't want to be a lawbreaker: She had gone online to the federal government's new website, signed up and paid her first monthly premium of \$129. But when her new insurance card arrived in the mail, she was flabbergasted.

"It said \$6,000 deductible and 40 percent co-pay," Gary told me, her timid drawl giving way to strident dismay. Confused, she called to speak to a representative for the insurer Magnolia Health. "You tellin' me if I get a hospital bill for \$100,000, I gotta pay \$40,000?" Gary recounted. "And she said, 'Yes, ma'am.'"

Never mind that the Magnolia worker was wrong—Gary's out-of-pocket costs were legally capped at \$6,300. She figured that with a hospital bill that high, she would have to file bankruptcy anyway. So really, she thought, what was the point?

"This ain't worth a tooth," she said.

She canceled her coverage .

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ADVERTISING

## Replay

**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.

Why has the law been such a flop in a state that had so much to gain from it? When I traveled across Mississippi this summer, from Delta towns to the Tennessee border to the Piney Woods to the Gulf Coast, what I found was a series of cascading problems: bumbling errors and misinformation; ignorance and disorganization; a haunting racial divide; and, above all, the unyielding ideological imperative of conservative politics. This, I found, was a story about the Tea Party and its influence over a state Republican Party in transition, where a public feud between Governor Phil Bryant and the elected insurance commissioner forced the state to shut down its own insurance marketplace, even as the Obama administration in Washington refused to step into the fray. By the time the federal government offered the required coverage on its balky HealthCare.gov website, 70 percent of Mississippians confessed they knew almost nothing about it. "We would talk to people

who say, ‘I don’t want anything about Obamacare. I want the Affordable Care Act,’” remembered Tineciaa Harris, one of the so-called navigators trained to help Mississippians sign up for health care. “And we’d have to explain to them that it’s the same thing.”

Even the law’s vaunted Medicaid expansion, meant to assist those too poor to qualify for subsidized private insurance, was no help after the U.S. Supreme Court ruled that states could opt out. Bryant made it clear Mississippi would not participate, leaving 138,000 low-income residents, the majority of whom are black, with no insurance options at all. And while the politics of Obamacare became increasingly toxic, the state’s already financially strapped rural hospitals faced a new crisis from the law’s failure to take hold: They had been banking on newly insured patients to replace the federal support for hospitals serving the uninsured, which was set to taper off as people gained coverage. Now, instead of more people getting more care in Mississippi, in many cases, they would get less.

“We work hard at being last,” said Roy Mitchell, the beleaguered executive director of the Mississippi Health Advocacy Program, when we met in Jackson. “Even a dog knows the difference between being tripped over and being kicked.”

In fact, it’s hard to find a list where Mississippi doesn’t rank last: **Life expectancy. Per capita income. Children’s literacy.** “Mississippi’s people do not fare well,” wrote Willie Morris, a seventh-generation native son who grew up in Yazoo City, once a bustling trading center perched on the southern edge of the cotton-rich Delta. Today, nearly half of Yazoo City’s residents live in poverty; its people, like the Delta’s vast swamps, have largely been drained away, along with the farming and factory jobs that used to support them. In a state with a population that is still half rural, signs of impoverishment are everywhere: irrepressible kudzu vines pressing into the glass door of an abandoned building; tipsy wooden shacks that look neglected and forlorn are instead occupied with life. “The Depression, in fact, was not a noticeable phenomenon in the poorest state in the Union,” Eudora Welty wrote of Mississippi in the 1930s. It remains the poorest state today.

None of which bodes well for health coverage in Mississippi. Small businesses that dominate the economy typically don’t offer health insurance, and Mississippi’s public health program for the poor is one of the most restrictive in the nation. Able-bodied adults without dependent children can’t sign up for Medicaid in Mississippi, no matter how little they earn, and only parents who earn less than 23 percent of the federal poverty level—some \$384 a month for a family of three—can enroll. As a result, one in four adult Mississippians goes without health coverage. For African-Americans, the numbers are even



worse: **One in three** adults is uninsured.

It is difficult to untangle the state's dismal health from its past. For African-Americans, even going to a doctor can be a fraught historical act in Mississippi. There are the practical reasons that come from being poor and uninsured, but there is also a toxic legacy: the Jim Crow laws of living memory that barred blacks from most doctors' offices, the widespread practice of sterilizing black women as a form of birth control, a practice so common it became known as "Mississippi appendectomies." Perhaps it's no surprise then that Mississippians today are **less likely** than the rest of the country to seek primary care for chronic conditions and more likely to turn to hospitals when those ailments become more serious and expensive.

Gruesome ends await.

Mississippi has the highest rate of **leg amputations** in America and one of the lowest rates of **hemoglobin H1c testing**, used to monitor and prevent diabetes complications. Amputations on **African-Americans** are even more startling: 4.41 per 1,000 Medicare enrollees versus 0.92 for non-blacks. The state also has high **breast cancer** death rates, even though it has low breast cancer incidence rates. The cancer often isn't detected until it's too late.

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**Mississippians are all too familiar** with the dirge of bleak statistics. During my travels, I often heard, "*We know what the rest of the country thinks of us.*" It would become a point of pride, then, that in 2007, Mississippi actually appeared to be leading a health race it wanted to win. That fall, a full year before Obama's election to the White House put national health care reform on the agenda, the governor, Haley Barbour, called up the newly elected state insurance commissioner, Mike Chaney, a Vietnam vet from Vicksburg. The two Republicans had been friends since college; Chaney had been the rush chairman for Sigma Alpha Epsilon at Mississippi State University when Barbour pledged the fraternity. Now, the governor had an assignment for his old friend.

"He said, 'Chaney, I want you to get involved in something that the Heritage Foundation had talked about,'" Chaney, 70, recalled when I spoke to him at his Jackson office in June. Barbour, a folksy titan who had returned to rule over Mississippi politics after a successful

career as a Washington superlobbyist and national Republican Party chairman, had enraged advocates for the poor with a series of stringent new restrictions on Medicaid.

**Bottom Line:** 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.

## Poverty and Poor Health

Research has shown a link between poverty and poor health. People with more income tend to be healthier and live longer. What explains the connection? Many factors.

For one, lack of care. We know that 18.5% of the U.S. non-elderly population does not have health insurance, with low-income families especially vulnerable to being uninsured.

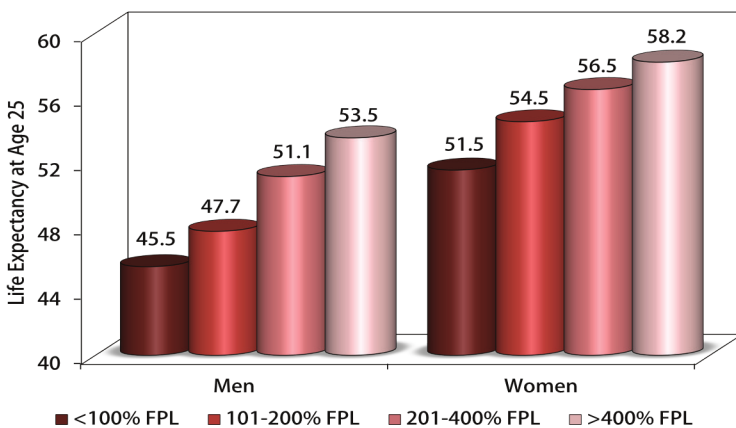
Nearly 70% of the uninsured population is poor or near-poor. The uninsured tend to forego preventative care and to wait until an illness is severe before seeking medical care.

The proportion of poor children not receiving any health care in a given year is twice that of higher-income children.

Another reason poverty affects health is that it often exposes people to unfavorable living and workplace conditions, stress, and pollution that affect health across the life course, starting in utero.

Brain science and developmental psychology studies suggest that the negative effects of early childhood poverty, from prenatal to age 5, might be especially harmful and long lasting. This is likely because the brain grows and changes rapidly during the first few years of life.

**Projected Life Expectancy at Age 25 by Income**



**Notes:** This chart indicates the number of years beyond age 25 that adults in different income groups can expect to live by their family income (% of federal poverty level or FPL). FPL is the income threshold at which an individual or family is considered poor. In 2012, it was \$23,492 for a family of four.

**Source:** National Longitudinal Mortality Study, 1988–1998.

## Key Points

- Education, occupation, income, and assets—socioeconomic status or SES—are major determinants of health.
- Children are especially vulnerable to the negative health effects of poverty.
- Birth to age 5 is critical for development; just a few years of poverty may negatively affect a child’s life course.
- The U.S. has higher rates of child poverty than many other countries. In 2012, 22% of children in the U.S. were poor.
- As family income increases, the number of families reporting poor health decreases.
- Many health insurance consumers face limited options, high costs, and incomplete coverage.
- Some 32 million Americans will receive health insurance coverage if the Affordable Care Act is fully implemented as originally designed.

## U.S. Health Care

The U.S. health care system includes private, employer-based coverage, and public coverage. In 2011, more than a hundred million low-income, disabled, and elderly beneficiaries were served by Medicaid and/or Medicare.

In addition, another 23 million people were covered by the Veterans Administration, Indian Health Service, and state and local subsidies for hospitals and community health centers.

In the U.S., we spend more money per capita on health care than similar nations, health insurance costs more, and many people are uninsured or underinsured.

The majority of countries that have much smaller uninsured populations have some sort of nationalized health insurance.

However, the United States is unique in that most insured people have private insurance. About three-quarters of those insured have private plans, and two-thirds of them receive insurance from their employers.

Since 2000 there has been a steady decrease in employer-based health insurance coverage.

Declining insurance coverage, rising costs, and health expenditures—which account for 16% of GDP—helped set the stage for health reform.

The Affordable Care Act (ACA) seeks to decrease the number of uninsured citizens and legal immigrants, while reducing costs for those insured and reforming private health insurance market regulations.

The ACA is a federal law that is expected to transform public and private health insurance coverage, operation of health care markets, affordability and accessibility of insurance, and financing of medical care.

“The most promising aspect of the Affordable Care Act is its potential to reduce disparities in health, and in the long run to reduce disparities in health and earnings potential.”

—Barbara Wolfe

## Access to Care Isn't the Only Answer

Many times discussions about the health of a nation begin with how to improve health behaviors (reducing smoking, healthful eating, exercise) or how to increase access to health care in order to reduce the percentage of uninsured citizens. However, many other factors contribute significantly to health and they are important to note.

Material factors like unhealthy housing, unemployment, and food insecurity all affect one's health.

The amount of exposure one has to pollution and other biohazards can also lead to poor health.

Increased stress and social isolation can lead to conditions like heart disease and asthma.

People that are poor or near poor are usually most susceptible to the material factors and psychosocial conditions that lead to poor health.

“While access to medical care is important to health, there are many social factors that produce poor health in the first place.”  
—Stephanie Robert

## SES and Health

Multiple measures of socioeconomic status (SES) are independently associated with health:

- Education, income, assets, and occupation have independent and compounding effects over the life course; and
- Race and SES affect health in overlapping *and* independent effects.

SES differences in health exist for almost all health measures.

SES differences in health exist across all nations and across time.

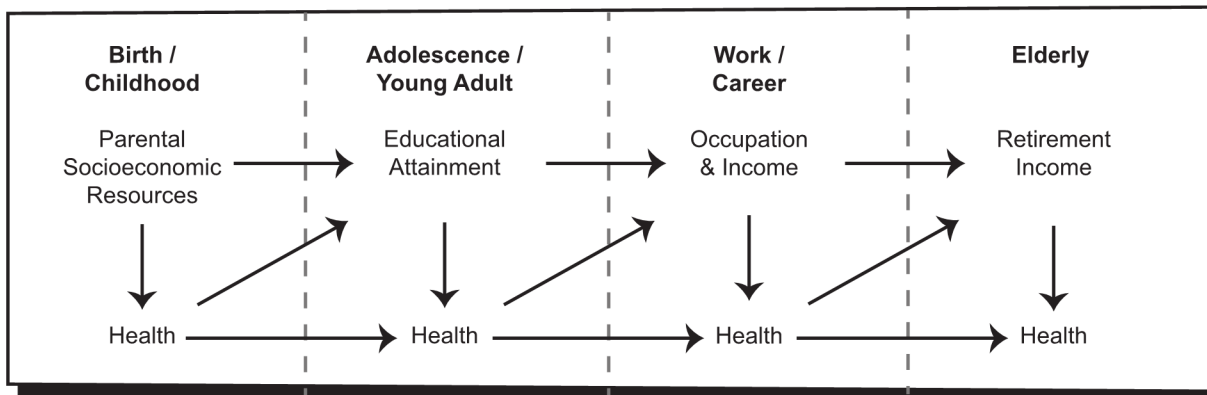
People with higher incomes have health problems too, of course; however, those at the bottom suffer disproportionately poor health.

SES in childhood affects adult health, regardless of adult SES.

Socioeconomic status exposes one to psychosocial and material conditions that affect the life course, making SES an important determinant of health.

Although the connection between SES and health is well established, how SES affects health remains largely undiscovered.

### How SES and Health Affect Each Other over Time



Source: Stephanie Robert, 2012, “Social Policy Is Health Policy.”

## Social Policy as Health Policy

There are many social policies that researchers suggest may help reduce health disparities, such as:

- Raising the economic status of the poor through increasing the minimum wage and extending the Earned Income Tax Credit, which supports work by providing refundable tax credits to low-wage workers;
- Strengthening individuals through nutritional interventions, supports to manage stress, and programs to reduce smoking;
- Providing access to safe, high-quality child care to enable parents to work;
- Increasing the availability of training and employment programs for adults;
- Reinforcing the social safety net by providing more aid to jobless workers and more benefits to the poor; and
- Improving access to essential facilities and services to ensure adequate and secure housing, improve infrastructure, and reduce pollution.

This fact sheet was prepared by Dan Simon.

For a list of the sources used for this brief and further reading, visit [www.irp.wisc.edu/publications/factsheets.htm](http://www.irp.wisc.edu/publications/factsheets.htm).

To get involved (if you're not already), see <http://www.morgridge.wisc.edu>.

## Sources

Blumberg, Linda J. 2012. "The Affordable Care Act: What Does It Do for Low-Income Families?" Fast Focus 15-2012. Available at <http://www.irp.wisc.edu/publications/fastfocus/pdfs/FF15-2012.pdf>.

Magnuson, Katherine. 2013. "Reducing the Effects of Poverty through Early Childhood Interventions." Fast Focus 17-2013. Available at <http://www.irp.wisc.edu/publications/fastfocus/pdfs/FF17-2013.pdf>.

Robert, Stephanie. 2012. Social Policy Is Health Policy: The Importance of Non-Medical Determinants of Health. [Slide presentation.] Institute for Research on Poverty lecture to Morgridge Badger Volunteers. University of Wisconsin–Madison.

Wolfe, Barbara. 2011. Poverty and Poor Health: Can Health Care Reform Break the Link? [Streaming video.] Institute for Research on Poverty Lampman Memorial Lecture. University of Wisconsin–Madison. Streaming video available at <http://www.irp.wisc.edu/newsevents/other/lampman/media/2011/LampmanVideo2011.htm>. (A slide presentation of the lecture is available at <http://www.irp.wisc.edu/newsevents/other/lampman/2011-Lampman-Wolfe.pdf>.)

Wolfe, Barbara. 2011–2012. "Poverty and Poor Health: Can Health Care Reform Narrow the Rich-Poor Gap?" Focus 28(2): 25–30. Available at <http://www.irp.wisc.edu/publications/focus/pdfs/foc282f.pdf>.

Wolfe, Barbara, William Evans, and Teresa E. Seeman, editors. 2012. *The Biological Consequences of Socioeconomic Inequalities*. New York: Russell Sage Foundation.



# 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.

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### 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/>

**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."

ADDENDUM TO  
2016 COMMUNITY HEALTH NEEDS ASSESSMENT  
**February 22, 2018**



**Addendum to Community Health Needs Assessment  
Baptist Medical Center Attala  
February 22, 2018**

In May 2017, the Baptist Memorial Health Care Corporation of Memphis, TN (BMHCC) acquired a controlling interest in Baptist Medical Center Attala (BMCA). As part of the January 2018 system-wide review of CHNA documentation, issues identified requiring additional clarification and/or documentation were corrected to ensure compliance with all §501(r) requirements. The following addendum to BMCA's 2016 Community Health Needs Assessment was prepared to present this additional information. This addendum was approved BMCA Board of Directors on February 22, 2018.

**Additional Clarifications**

Additional details and descriptions are included below.

**1. Details of Community Participation and Survey Methodology**

*Outlets utilized for solicitation of community participation:*

- Website
- Email
- Social media
- Baptist Medical Center Attala (Administration, ED, Cafeteria, Lobby, Information Desk)
- Baptist Medical Clinic | Kosciusko
- Kosciusko Attala Partnership
- Breezy News
- The Star-Herald
- Choctaw Plaindealer
- Attala County Library
- Friends of Attala County Library Meeting (06/14/16; 16 attendees)
- Kosciusko Lions Club Meeting (06/14/16)
- Kosciusko Rotary Club Meeting (06/20/16; 17 attendees)
- CHNA Community Focus Group (06/28/16; 11 attendees)

*Survey Methodology:*

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

Printed copies of the survey were 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 Attala main lobby and clinics. The completed hardcopy surveys were collected and entered to the online data

for analysis along with those which were directly submitted by participants to create a universal data set.

*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 and individuals representing key informants, with specific information related to public health and or rural health as well as organizations representing minorities and the traditionally underserved:

- Attala County Public Library - Vickie George, Assistant Librarian
- Attala County Public Library - Eloise William, Librarian (retired)
- Baptist Attala Primary Care - Linda Woods, Administrator\*
- Baptist Attala - John Dawson, Chief Executive Officer
- Baptist Attala - Susan Parkerson, Administrative Assistant
- Baptist Attala - Teanna Leflore, Director of Human Resources
- Beverly Johnson
- MS Baptist Health System - Diane Martin, Corporate Communications
- Physician - Brenda Harmon, MD\*
- Sharon Burchfield

\*Indicates individuals with specific knowledge or expertise in public health

The focus group was open to the public and specifically designed to include participants from across Attala County who may not be represented by a particular group or organization. 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 and timely articles 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.

## **2. Needs Identified, Not Addressed**

BMCA 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 all of the needs identified by 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, inadequate expertise in a specific field or discipline and/or needs that are already being addressed by our community partners, programs and/or initiatives.

### **3. Annual Updates**

The last paragraph of BMCA's 2016-2018 CHNA states the [IS] plan will be updated annually and that update will be approved by the organization's Board of Directors. The original CHNA and Implementation Strategy were approved by the appropriate board on August 25, 2016. As CHNA annual updates are not a requirement under the IRS §501(r) guidelines and the newly-integrated senior management team has already commenced the planning phase for the next round of Community Health Needs Assessments for all hospitals in our system, it was recommended that the BMCA Board of Directors consider suspending the annual update expectation for the remainder of the previous CHNA cycle.