

**South Sunflower County Hospital**  
**Community Health Needs Assessment**

**2016**

**Overview**

South Sunflower County Hospital (SSCH) is a rural, not-for-profit hospital located in Indianola, Mississippi. SSCH owns 2 Rural Family Practice clinics and a Surgical Clinic; Indianola Family Medical Group, Delta Primary Care, and Delta Surgical. Owned and operated by SSCH, these clinics, offer a comprehensive range of services from general surgical care to after-hour care and weekend availability. SSCH employs over 300 people from Indianola and surrounding areas; and has a total economic impact of \$45,794,687.

The Medical Staff consists of 6 Family Practitioners who staff the Indianola Family Medical Group Clinic and round on patients at the hospital. SSCH also employs numerous Nurse Practitioners who represent a variety of specialties. The hospital contracts with Correct Care for ED physicians who staff the Emergency Department on holidays, weeknights and weekends.

Licensed for 49 beds, SSCH provides a wide range of services to include acute care, high-acuity/telemetry, swing bed, outpatient surgery and maternity/delivery services, as well as physical, occupational, and speech therapy.

Annually, SSCH has approximately 1,392 discharges, and over 11,000 Emergency Department visits. During the last fiscal year, SSCH provided over \$117,392 in charity care to the citizens of Sunflower County and the surrounding communities, and incurred an additional estimated \$3,800,000 in uncompensated care.

**Community**

SSCH's primary service area is Sunflower County, with a population of 27,005 as of July 1, 2015 (US Census Bureau). SSCH serves a community that is unique to other parts of the country, and even to other parts of Mississippi. Due to changes in agriculture and factory-based production, the entire Mississippi Delta is seeing a large out-migration of its population. Sunflower County has lost 8.3% of its population since April 2010 (US Census Bureau). A review of the demographics of the area show that the median household income is below state and national averages at \$27,941, with 34.8% of the population living below the poverty level (US Census Bureau).

As in most rural areas of Mississippi, Sunflower County is home to vulnerable populations. In addition to the large number of citizens living below the poverty level, 30.7% of this population

has less than a high school education. Pressing community health needs exist that will be further described in this document.

## **Methodology**

SSCH identifies unmet needs in our community in a variety of ways. We utilize technology, in the forms of online data and data provided by the Mississippi Hospital Association as a part of our membership. We also partner with other healthcare entities in our area to obtain information regarding community needs and how they can be met. Many different representatives from Delta Health Alliance, Indianola Promise Community, Life Help, and Healthy Homes Mississippi were contacted for input on our community's patients and their needs. Henley Harrell, Infection Control Nurse at SSCH, was consulted regarding public health issues in the community. According to Harrell, there has been a recent "outbreak status" issued in light of several confirmed cases of the measles in Shelby County, Tennessee; which is less than a 3-hour drive from the facility. This in addition to the newly-discovered Zika virus is on the radar of public health concerns for our community.

## **Community Needs Index and Other Data**

The Community Need Index identifies the severity of health disparities for every zip code in the United States. According to the Community Need Index, Sunflower County ranks at the highest need level (5.0) for socioeconomic indicators/barriers to health care that are known to contribute to health disparities related to income, education, culture/language, insurance and housing (Community Need Index 2016). Mississippi also ranks 49<sup>th</sup> in health disparities overall (America's Health Rankings).

## **Findings**

### *Access to Care*

Despite the provisions for Medicaid expansion afforded by the Affordable Care Act, Mississippi chose not to expand the Medicaid program to 138% of the poverty level. In light of that as well as ongoing problems with the Affordable Care Act's exchanges, many residents are still without any type of health insurance. Barriers such as lack of health insurance and the high cost of medical care decrease access and lead to unmet health needs, including delays in receiving appropriate care, inability to get preventative services and potentially preventable hospitalizations. Increasing mortality and morbidity are a result of this. Approximately 14% of Sunflower County residents are without health coverage. 18% of those are ages 19-64, and 5% are children.

### *Disease Incidence and Prevalence*

### *Cancer*

Cancer incidence and mortality rates for all cancers have been declining due to advances in research, detection, and treatment; however, the rates in Sunflower County are still high. This reveals some of the disparities of care in our community. For example, while approximately the same number of Caucasian and African Americans are diagnosed with cancer each year, more African Americans (2.4%) die annually from cancer than Caucasians (2.1%). The mammography rate in Sunflower County among Medicare beneficiaries is 46%. While the incidence of colorectal cancer mortality rates for men and women of both races show a downward trend in Mississippi, the incidence of colorectal cancer in Caucasians and African Americans in Sunflower County is slightly higher than the state average. Lung cancer rates are consistent with the state averages for both men and women of both races (MS State Department of Health).

### *Cardiovascular Disease*

An estimated 37% of people die of cardiovascular disease (CVD), particularly heart attacks and strokes every year in Sunflower County. A substantial number of these deaths can be attributed to tobacco smoking, which increases the risk of dying from coronary heart disease and cerebrovascular disease 2-3 fold. Physical inactivity and unhealthy diets are other main risk factors which increase the risk of cardiovascular disease. In Mississippi, cardiovascular disease is the leading cause of death, accounting for 34% of all deaths. The prevalence of CVD risk may be reduced by risk factor modification; including smoking cessation, blood pressure control, eating a healthy diet, and lowering blood cholesterol levels. Currently three-fourths of Mississippians have at least one CVD risk factor (MS State Department of Health).

### *Diabetes*

Sunflower County residents have a high incident rate of diabetes. An estimated 12% of people die yearly from diabetes and its complications in Sunflower County; as opposed to 2% for the State. 15% of Adults in Sunflower County are diagnosed with diabetes yearly. Diabetes lowers life expectancy and increases the risk of heart and kidney disease. Diabetes is also the leading cause of lower extremity amputations and adult-onset blindness. Sunflower County resident's lack of access to health care, poor nutrition and non-compliance are a few reasons that can be linked to their rising numbers.

In 2010, Mississippi ranked the 2<sup>nd</sup> highest in the U.S. for overall diabetes prevalence, with over 270,000 adult Mississippians having Type 2 Diabetes. African Americans are more likely to be diagnosed with diabetes. One in four African American women over the age of 55 has diabetes. In Sunflower County, African Americans have an 18% mortality rate from diabetes, whereas Caucasians have a 5% mortality rate (MS State Department of Health).

### *Infant Mortality*

Mississippi infant mortality rate remains at a high rate of 9.4/1000 live births, with a rise in unexplained and sleep related deaths including sudden infant death syndrome (SIDS) and accidental suffocations associated with unsafe sleep environments. The rate of SIDS in Mississippi is 27% higher among nonwhites (MS State Department of Health). The overall teenage (15-19 years old) pregnancy rate is higher in Sunflower County at 7% compared to the overall state rate. Babies born to teenage mothers tend to have a higher risk of infant mortality. The number of infant deaths in Sunflower County averaged around 20 from 1998-2007 (Office of Vital Records/ MS Department of Health). SSCH has partnered with Tougaloo College/ Delta Health Partners Healthy Start Initiative to help our communities decrease infant mortality rates. This project began working in the Mississippi Delta in 1999.

SSCH has also been working since 2015 with the Baby Friendly Hospital Initiative (BFHI) to become a designated facility. BFHI is a global initiative of the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), which encourages and recognizes the hospitals that offer an optimal level of care for infant feeding and mother/baby bonding. BFHI provides mothers and babies with the early support needed for successful breastfeeding and a foundation for a healthy nation.

## **Response to Findings**

### ***Identified Needs***

Strategic planning consisted of evaluating potential priority areas using the following criteria:

- Are a significant number of Sunflower County residents affected by this issue?
- What is the level of public concern or awareness regarding the issue?
- Does this issue contribute to early mortality?
- Are there disparities in care associated with this issue?
- Is there a way to quantify accomplishment related to activities regarding the issue?
- Do we have the clinical resources, either in-house or in the community to address the issue?

The following focus areas were felt to be of top-priority:

- Diabetes
- Cardiovascular Disease
- Infant Mortality

### ***Community Benefit Plan***

The South Sunflower County Hospital Community Benefit Plan is outlined in the attached summary. This document is based on the Community Health Needs Assessment completed in

2016. This summary is a living document that will undergo changes as we evaluate current processes and implement new ones that focus on one or more of the focus areas.