



**Community Health
Needs Assessment
for
St. Dominic-Jackson
Memorial Hospital
2016–2018**

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Executive Summary

St. Dominic-Jackson Memorial Hospital (St. Dominic Hospital), a 535-bed acute care facility in Jackson, Mississippi, traces its history to 1946, when the Dominican Sisters of Springfield, Ill., purchased the Jackson Infirmery in the center of the city. The infirmery was the foundation for a health system that today includes the acute care hospital, a continuing care community, and a full range of outpatient and community services. St. Dominic Hospital employees contribute to community member welfare not only through the provision of health services but also via voluntary community service and by employee funded charitable contributions to many local organizations in need.

St. Dominic Health Services, Inc. (St. Dominic Health Services or SDHS) sponsored by the Dominican Sisters, is the parent organization operating St. Dominic Hospital as well as St. Catherine's Village and St. Dominic Madison Health Services, Inc. In addition, St. Dominic Health Services operates Community Health Services -St. Dominic, Inc., which incorporates the outreach services of The Club at St. Dominic's, New Directions for Over 55, St. Dominic Community Health Clinic, and the Care-A-Van screening program. As a whole, all of the services, entities and hospital are collectively referred to as St. Dominic's.

St. Dominic's seeks to fulfill its mission by establishing community and performing service in the name of Jesus Christ. That means giving of time, talents, and resources to make our communities better places to live. The St. Dominic's family of caregivers not only serves patients, but also contributes to an atmosphere of care and compassion for those outside the hospital's walls. St. Dominic's strives to not only provide care for the sick but also to offer education and wellness services to the community in order to improve the health status and eliminate risk factors for more serious health problems. How St. Dominic's carries out this mission to our broader Mississippi community is described in the Community Benefit Report.

The tax code requires all U.S. not-for-profit hospitals to complete a Community Health Needs Assessment (CHNA) every three years. The purpose of the CHNA is to help identify prioritized community needs that can confirm and/or help focus hospital outreach programs. CHNAs are required to contain the following components:

- Definition of the market served
- Methodology to collect a comprehensive list of community needs from people representing a broad range of community interests – especially those of underserved populations
- A prioritized list of community health needs and a description of the methodology used to prioritize them
- Description of the community resources potentially available to address significant health needs as identified in the CHNA.

In order to complete the CHNA, St. Dominic's worked with Crescendo Consulting Group – a national leader in CHNA research. Crescendo has conducted community research and needs analysis work since the early 1990's, and has developed some highly focused approaches to implementing CHNA projects that lead to clear, actionable results.

Background

St. Dominic's understands that fulfilling its mission by establishing community and performing service in the name of Jesus Christ means giving of time, talents, and resources to make communities better places to live. The St. Dominic's family of caregivers not only serves patients, but also contributes to an atmosphere of care and compassion for those outside the hospital's walls. St. Dominic's strives to not only provide care for the sick but also to offer education and wellness services in order to improve the health status of the community and eliminate risk factors for more serious health problems.

Every three years St. Dominic's conducts an assessment of the wellness and needs of community members, as well as of the available resources to fulfill their needs. The resulting document is known as the Community Health Needs Assessment and is used as a blueprint over the succeeding years to develop or support programs and services aimed at fulfilling the identified needs.

Signs of Excellence

St. Dominic's commitment to its patients is illustrated through:

- Consistently high patient satisfaction scores
- Ongoing clinical performance initiatives
- Excellent medical outcomes
- National designations and awards

Despite these outward signs of excellence, St. Dominic's chooses to focus on the patient, extending a level of compassion, care and service that meets changing healthcare trends.

The Calling

Every human life is a sacred gift from God. At St. Dominic's, the team of caregivers view each individual as special – to be treated with the utmost respect. No matter the phase of life, St. Dominic's goal is to provide patients with exceptional care for all aspects of the human existence – body, mind and spirit. St. Dominic's strives to not only provide care for the sick but also offer education and wellness services in order to improve the health status of the community and eliminate risk factors for more serious health problems.

God has called the Dominican Sisters to administer compassion and health care in His name to the people of Mississippi. St. Dominic's fulfills this mission through advanced medical services in a state-of-the-art hospital and outpatient center, through caring for older adults in a continuing care retirement facility, through primary and urgent care services, and into the community through a number of wellness and outreach programs.

The Organization

As noted in the Executive Summary, St. Dominic Health Services, sponsored by the Dominican Sisters of Springfield, Illinois, is the parent organization operating St. Dominic-Jackson Memorial Hospital, St. Catherine's Village, Inc., St. Dominic Madison Health Services, Inc. and Community Health Services–St. Dominic, Inc., which incorporates the outreach services of The Club at St. Dominic's, New Directions for Over 55, St. Dominic Community Health Clinic, Madison School Nurse Program and the Care-A-Van screening program.

The Mission

St. Dominic's recognizes its basic participation in the mission of the Church which involves two main ministries: Education and Health Care. Three activities – Communicating a Christian Message, Establishing Community, and Performing Service – express St. Dominic's mission of Christian healing.

The Outreach

St. Dominic's mission is to establish community and perform service in the name of Jesus Christ. To St. Dominic's, that means giving of our time, talents and resources to make the community a better place to live. St. Dominic's family of caregivers not only serves its patients, but also contributes to an atmosphere of care and compassion for those outside the hospital walls. Examples of some of these outreach efforts are shown below.

Care-A-Van Outreach Program

One way that St. Dominic's reaches beyond its hospital walls and into the community is through its Care-A-Van outreach program. With health prevention as its focus, this 42-foot mobile screening bus travels throughout Central Mississippi conducting both screenings and education programs for school-age children and the elderly. Each year the Care-A-Van program records over 12,000 direct contacts with children and senior adults at risk for health problems. These contacts represent over 2,000 hours of service from the Care-A-Van staff and volunteers.

St. Dominic Community Health Clinic

In the mid-1990s, St. Dominic's recognized the need to provide healthcare services for the homeless and working poor of Jackson's inner city. Through close ties with Stewpot Community Services and the Central Urban Ministry Center, St. Dominic's Community Clinic was established to serve those who cannot afford basic medical care. In addition to primary health care services, the clinic

provides a variety of educational programs for children, adolescents and adults in an effort to promote disease prevention and safety among these segments of the population.

New Directions for Over 55

Realizing the population as a whole is aging, St. Dominic's created a wellness program to meet the unique needs of mature adults. Built on the premises that social interaction, enrichment opportunities and wellness education help promote healthy, active lifestyles among seniors, *New Directions for Over 55* brings all these and numerous benefits together in a membership-based program.

The Club at St. Dominic's

In the early 1980s, St. Dominic's began offering the general public and the corporate community a resource that focused on health prevention and total wellness. Today, The Club at St. Dominic's operates a leading fitness and wellness facility for individuals and families, St. Dominic's employees and local businesses wanting to improve the health of their workforce.

Madison School Nurse Program

Since its launch in 2008, St. Dominic's Madison School Nurse Program has provided school nurses to the elementary and middle schools in the Madison County School District. The program expanded in 2014 to provide an outreach program to Velma Jackson High School.

Response to the 2013–2015 Community Health Needs Assessment and the Changing Healthcare Environment

Activities in Response to Prioritized Needs

The 2013–2015 St. Dominic Hospital CHNA identified three leading community needs; the highest priority ones were obesity, behavioral / mental health related needs, and heart disease. Based on the 2013–2015 assessment activities, the hospital enacted specific programs designed to impact the needs. The hospital developed implementation plan activities for the top three needs which also impact access to care and several related needs. Activities enacted as a result of the 2013–2015 CHNA and Implementation Plan include the following:

CHNA Need Category	Initiative Year
2013 Initiatives	
Obesity and heart disease	St. Dominic Hospital began construction on a new family medicine clinic in Brandon. The clinic opened in 2014. St. Dominic's initiated a direct mail campaign to raise awareness of clinic locations to the community.
Obesity and heart disease	Three spoke hospitals were added to the tele-stroke program: Montfort Jones Memorial Hospital in Kosciusko, Bolivar Medical Center in Cleveland and King's Daughters Medical Center in Brookhaven. St. Dominic's stroke coordinator also provided stroke education to several businesses and groups throughout the year, including the State Capitol, and St. Dominic's New Directions for Over 55 in Pearl. Additional community education regarding obesity and healthy living was provided in several area community sites and employers such as the Community Center, Levis Strauss, Jackson Rotary Club, and the Bolton Library.
Obesity and heart disease	St. Dominic Hospital added ankle brachial index and a calcium scoring to the healthy heart program tests. Participants in 2012 totaled 327, and in 2013 the numbers rose to 480.
Obesity and heart disease	The hospital partnered with local employers to offer on-site heart and skin cancer screenings. This new outreach program conducted 965 screenings (including more than 100 skin cancer screenings) in 2013.
Mental health needs	St. Dominic's Completed work and opened a new 77-bed, two-story, 78,000 square foot facility dedicated to the treatment of mental and behavioral illnesses including a new unit for geriatric patients.

CHNA Need Category	Initiative Year
2014 Initiatives	
Obesity and heart disease	St. Dominic Hospital celebrated the 40th anniversary of the Mississippi Heart and Vascular Institute by holding heart educational events throughout the month of February.
Obesity and heart disease	The hospital added Southwest Mississippi Regional Medical Center in McComb as an additional hospital to the tele-stroke program (making four hospitals in total).
Obesity and heart disease	The number of participants in the Healthy Heart screening program increased from 480 in 2013 to 908 in 2014.
Obesity and heart disease	St. Dominic Hospital hosted a Go Red for Women Premier Party in partnership with the American Heart Association. The 2014 event provided a casual Q&A with a panel of experts; registrations increased by over 50 percent compared to 2013. In addition, St. Dominic's sponsored the main Go Red for Women event. In total, nearly 600 women were instructed on the dangers and signs of heart disease in women.
Mental health needs	St. Dominic Hospital continued to support the operations of the Community Health Clinic which provides primary care and a referral access point to services, including mental health, for the medically uninsured, homeless or working poor of Jackson.

Summary of 2016-2018 Prioritized Community Needs

Several methodologies were combined to develop a comprehensive and prioritized list of 2016-2018 community needs. A summary table of the top identified community needs is shown below with methodological details and processes described in a later [section](#).

Prioritized Community Needs

Rank	Health Need
1	Access to care – affordable healthcare, prescriptions, and related services; transportation to healthcare appointments; and, integration of care between providers
2	Behavioral health or mental health – Access, early detection, and intervention
3	Chronic disease care and screening – especially for heart disease, cancer, diabetes, stroke, and obesity
4	HIV prevention and treatment
5	Managing the expected growth in senior health services – Having enough physicians and other healthcare providers to serve a growing need

Community Health Needs Assessment Participants

St. Dominic Hospital reached out to an expansive and highly diverse group of individuals to participate in its CHNA leadership team and to contribute insight from community service organizations. Each member provided project insight, feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. These individuals had a breadth of community health vision, knowledge, and power to impact the well-being of the service area.

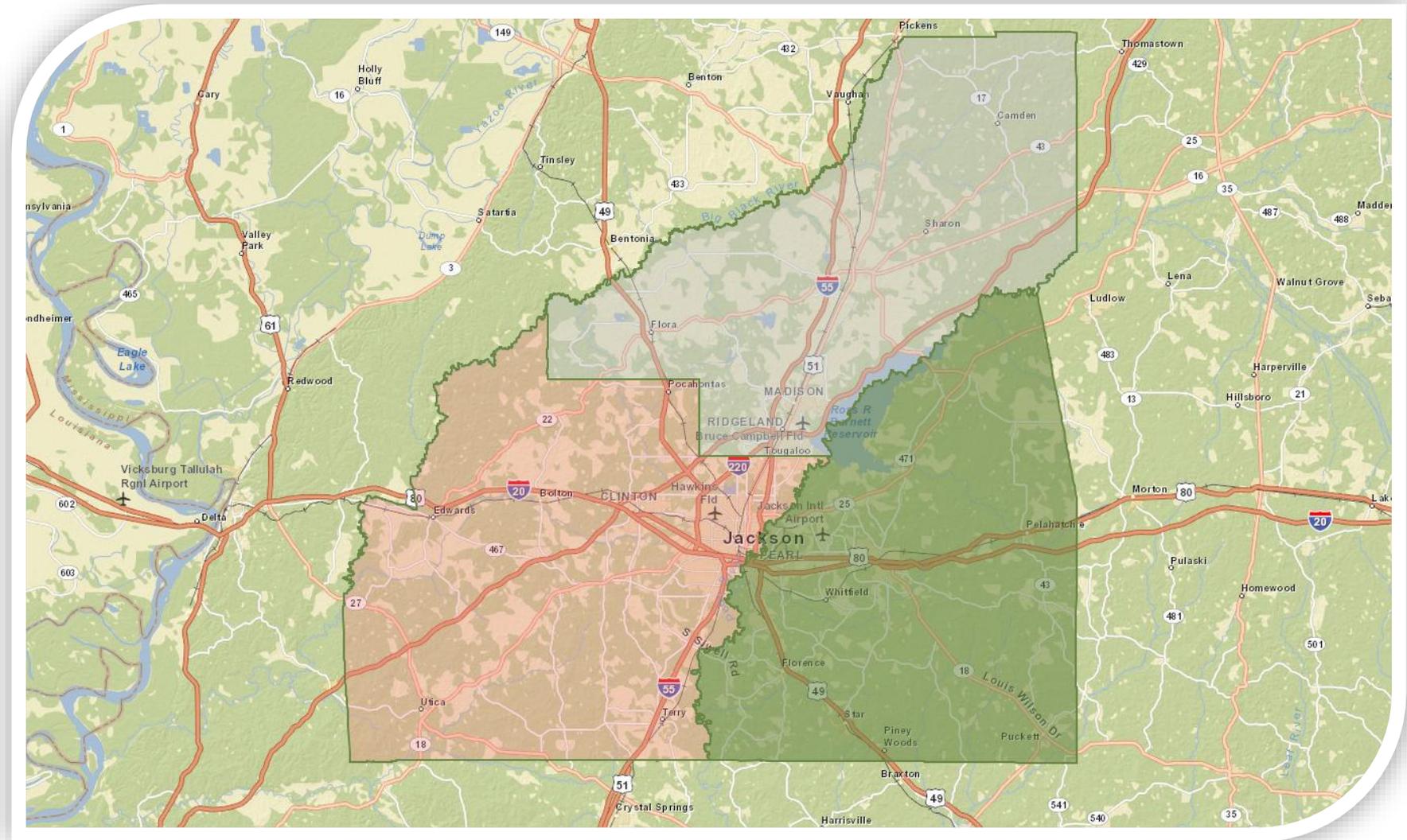
The CHNA leadership team included the following members:

Name	Organization	Participant Group
Dorothy Balser	About Catholic Charities – Parish Based Ministry	Community Service Provider
Karen Stewart	Bethany Christian Service	Community Service Provider
Tina Taylor	Boys and Girls Club	Community Service Provider
Ike Haynes	Canton Public Schools	Community Service Provider
Linda Raff	Catholic Charities	Community Service Provider
Nadia Baker	Catholic Charities – Rape Crisis Center	Community Service Provider
Barbara Beavers	Center for Pregnancy Choices	Community Service Provider
Gwen Moore	City of Jackson, Human and Cultural Services	Community Service Provider
Laurie Lawson	Clinton Community Christian Corporation	Community Service Provider
Kimberley Massey	DREAM Teen Outreach Program	Community Service Provider
Rex Baker	Gateway Rescue Mission	Community Service Provider
Dave Hollingsworth	Goodwill Industries	Community Service Provider
Gray Wiggers	Goodwill Industries	Community Service Provider
Willie Mae Berry	Hinds Behavioral Mental Health Services	Community Service Provider
Mahalia Wright	Jackson Medical Mall Foundation	Community Service Provider
Dr. Cedric Gray	Jackson Public School System	Community Service Provider
Kristi Hendrix	Mid-Town Partners	Community Service Provider
Beth Orlansky	Mississippi Center for Justice	Community Service Provider
Linda West	Mississippi Families for Kids	Community Service Provider
Dr. Charles Beady	Mississippi Food Network	Community Service Provider
Bud Bratley	Mustard Seed	Community Service Provider
Jenny Crutchfield	National Council on Alcoholism and Drug Dependence	Community Service Provider
James Turner, Sr.	Neighborhood Christian Center	Community Service Provider

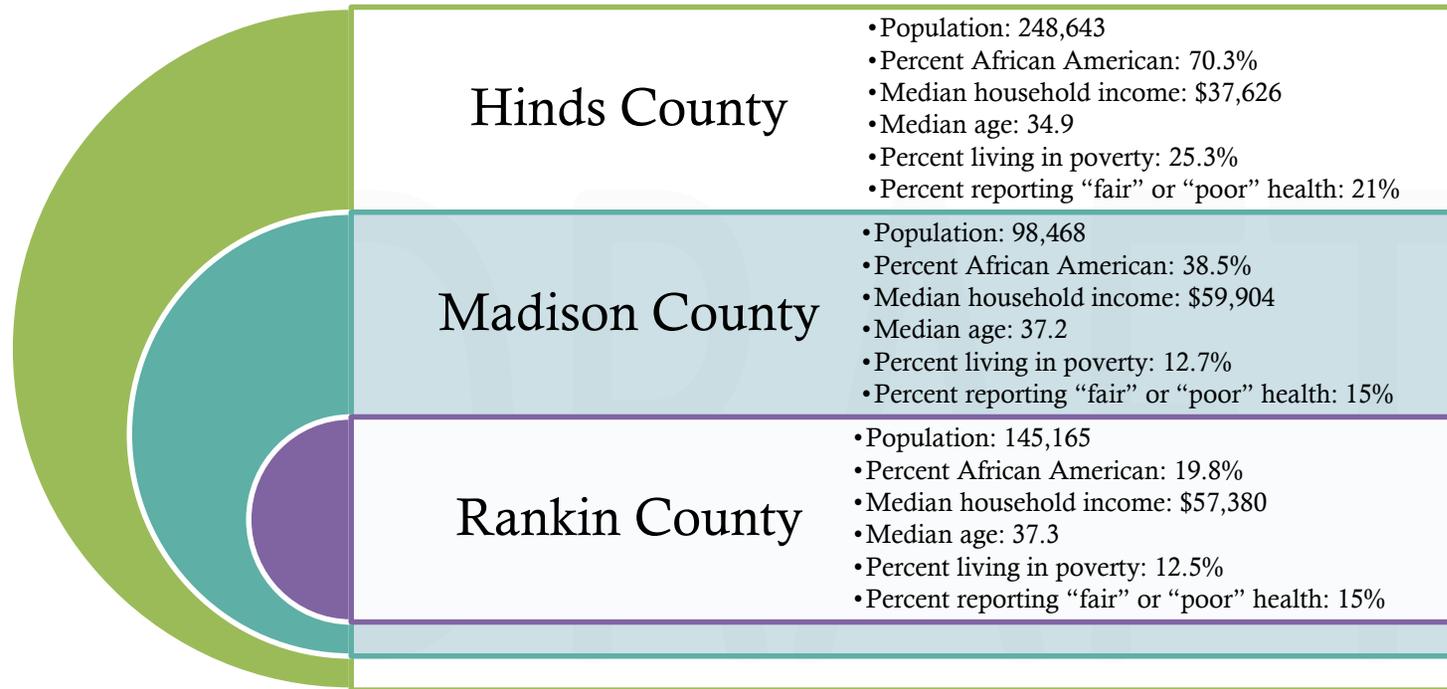
Name	Organization	Participant Group
Amber May	Operation Shoestring	Community Service Provider
Corrie Cockrell	Southern Poverty Law Center	Community Service Provider
Mary Thompson	Stewpot Ministries	Community Service Provider
Yolanda Kirkland	Stewpot Ministries	Community Service Provider
Sandy Middleton	The Center for Violence Prevention	Community Service Provider
Jed Oppenheim	United Way of the Capital Area	Community Service Provider
Phillip Massey	Urban Rehab, Inc.	Community Service Provider
Cathy Funches	City of Jackson	Leadership Team
Joe Haynes	Community Representative	Leadership Team
Rev. Dr. Martha Alexander	Community Representative	Leadership Team
Buddy Graham	Fondren Renaissance Foundation	Leadership Team
Mary Jo McAnnally	Fondren Renaissance Foundation	Leadership Team
Marilyn Tinnin	Metro Christian Living (magazine)	Leadership Team
Robert Langford	Operation Shoestring	Leadership Team
Bill Scruggs	St. Dominic Hospital	Leadership Team
David Andy North	St. Dominic Hospital	Leadership Team
Deidra Bell	St. Dominic Hospital	Leadership Team
Fritz Katzenmeyer	St. Dominic Hospital	Leadership Team
Janice Knight	St. Dominic Hospital	Leadership Team
Jennifer Sinclair	St. Dominic Hospital	Leadership Team
Sister Dorothea	St. Dominic Hospital	Leadership Team
Sister Karina	St. Dominic Hospital	Leadership Team
Sister Trinita	St. Dominic Hospital	Leadership Team
Trace Swartzfager	St. Dominic Hospital	Leadership Team
Carol Burger	United Way of the Capital Area	Leadership Team

Description of the Community Served

St. Dominic Hospital is a 535-bed acute care facility serving the Hinds, Madison, and Rankin tri-county area of Mississippi.



The Hinds, Madison, Rankin tri-county area includes nearly 500,000 people and reflects high level of racial, economic, and health status diversity.



- Hinds County includes over half of the service area population. The county’s racial make-up is predominantly (70.3%) African American. In addition, residents have a much lower median household income and a higher percentage who indicate that they have a poor or fair health status. These two indicators often correlate with a higher level of community health needs.
- Madison County residents tend to have higher household income and better health status compared to Hinds County. The county is racially diverse, with nearly 40% of its residents being African American.
- Rankin County is the least racially diverse county in the St. Dominic service area, as only one of five residents (19.8%) are African American. Rankin and Madison Counties have approximately half the percentage of people living in poverty as does Hinds County (12% compared to 25%).

Assessment Methodology

The St. Dominic Hospital CHNA methodology includes a combination of quantitative and qualitative research methods designed to evaluate perspectives and opinions of area stakeholders and healthcare consumers – especially those from underserved populations. The methodology that was used helped prioritize the needs and establish a basis for continued community engagement – in addition to simply developing a broad, community-based list of needs.

The major sections of the methodology include the following:

- Strategic secondary research
- Qualitative discussion groups with St. Dominic Hospital leaders, Leadership Team members, other community service providers, and healthcare consumers in the primary service area (PSA)
- Feedback from brief surveys conducted through the area “211” service
- Community surveys
- Needs prioritization using a modified Delphi Method. The Delphi Method was pioneered by the RAND Corporation. It is a quantitative and qualitative survey method used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions.

Each of these components of the CHNA methodology is described in the following sections.

Strategic secondary research. This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures. The “demographics and key indicators” table is shown below while others follow or are included in the appendices of this report.

<i>Data Source Examples</i>	<i>Data Goal</i>
<ul style="list-style-type: none"> • Demographic Data <ul style="list-style-type: none"> ○ U.S. Census Bureau ○ U.S. Centers for Disease Control and Prevention ○ Mississippi State Department of Health • Health Risk Behavior Data from the U.S. Centers for Disease Control and Prevention <ul style="list-style-type: none"> ○ Behavioral Risk Factor Surveillance System Survey (BRFSS) ○ Robert Wood Johnson Foundation • Existing materials from St. Dominic Hospital and other organizations • Health profile and incidence data from State of Mississippi, Division of Public Health and others • Birth and Death Statistics • Chronic disease data from the Cancer Registry and others 	<p>Strategic secondary research data goals include properly framing the service area in terms of lifestyle, demographic factors, and general health trends, and to better understand previous research conducted for the hospital.</p> <p>In addition, goals include developing a better understanding of community health, morbidity and mortality data, key health-related factors that impact the PSA, and disease-based incidence levels that exceed Mississippi or national averages.</p>

Qualitative discussion groups with St. Dominic Hospital leaders, Leadership Team members, other community service providers, and healthcare consumers in the primary service area (PSA). The discussion groups represent a span of healthcare consumers in the PSA. Although not all groups were represented at each meeting, information and insights were gathered either from their direct participation in a group setting or electronically.

Data Source Examples

As noted in the list shown earlier, the Leadership Team members represented a breadth of community groups – especially those serving at-risk populations.

Data Goal

Discussion group goals involve creating a broad list of community health needs. A thorough review of the research includes extensive input from community group participants, all in an effort to “cast a broad net” to secure opinions from across the service area, especially among the underserved.

Feedback from brief surveys conducted through the area “211” service. As an interesting and unique aspect of the St. Dominic Hospital CHNA came from a leadership team member who was able to include a brief survey of community needs into the call response offered by 211 (not to be confused with 911) operators. The activity provided the ability of the research to engage a broader spectrum of service area residents.

Data Source Examples

The Mississippi 211 questions included in the survey are shown below:

- **What healthcare issues most commonly cause people you know to see a medical, mental health, dental service, or other healthcare provider?**
- **If you think back over the past two years, has there been any medical, mental health, or dental service that you have NOT received even though you needed it?**
- **[If you have NOT received services for some reason ...] Why were services not rendered?**

Data Goal

The 211 surveys provide an additional arena in which to solicit insight from area healthcare consumers (or potential consumers) regarding community health needs. The research is a unique initiative and augments the process of gathering opinions across the service area, especially among the underserved.

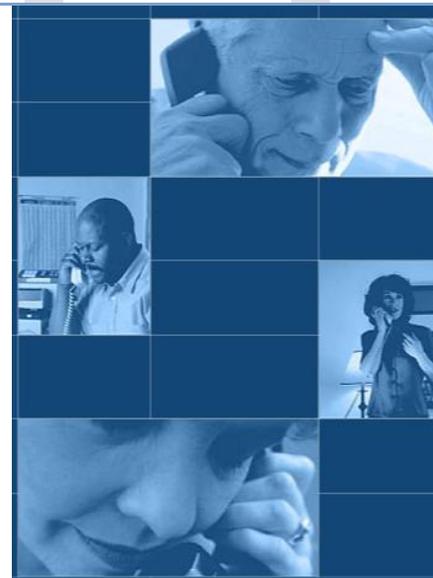


Mississippi 211 Responses

What healthcare issues most commonly cause people you know to see a medical, mental health, dental service, or other healthcare provider?	
Healthcare Issues	Frequency
Preventive medical care services	24%
Diabetes care and management	14%
Dental care (adults and children)	13%
Heart Disease care and management	9%
Women's healthcare and management	9%
Behavioral health counseling	6%
Cancer care and management	5%
All others	20%
Total	100%

Why were services not rendered?	
Reason	Frequency
No Insurance/ Cannot afford to see doctor	70%
Cannot afford medication	15%
Could not get an appointment	5%
Could not see primary care doctor	5%
No time available	5%
Total	100%

If you think back over the past two years, has there been any medical, mental health, or dental service that you have NOT received even though you needed it?	
Services Needed	Frequency
None	43%
Dental	28%
Medical	20%
Mental Health	9%
Total	100%



Source: MS211©

Community surveys. A large sample (n=300) telephone survey was done among adults (age 18+) in the primary service area in June 2015. The survey included equal representation of all three counties, a large (40%) representation of African Americans, and a diverse mix of economic strata and educational attainment levels. Sample design details are listed below.

Total Sample:

300 total respondents who had a primary residence in St. Dominic Hospital’s PSA – 100 in each of Hinds, Madison, and Rankin Counties. The sample size yields a total margin of error +/- 5.65%, at the 95% confidence interval.

Survey Instrument

The questionnaire included 26 closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. Research suggests that individuals sharing many of the demographic characteristics of the target population may provide socially desirable responses, and thus compromise the validity of the items. Special care was exercised to minimize the amount of this non-sampling error by a careful assessment design effects (e.g., question order, question wording, response alternatives).

Telephone Data Collection

Trained telephone interviewers conducted interviews. Crescendo provided training in using the survey instrument and randomly audited surveys as they were conducted to ensure quality. The telephone interviewing procedures included:

- *Random digit dialing* techniques were employed to reach area households with telephones and cell phones, including those with unlisted or unpublished numbers. Interviews were completed with an adult over age 18.
- Up to *three callbacks* were made to complete an interview before substituting another name.

Multivariate Data Analysis, Information Synthesis, and Summary Report Creation

Crescendo analyzed response data and developed tables and graphs that illuminate the results. The survey, accompanying frequency tables and cross tabulations are contained in the Appendices. Data were analyzed using SPSS statistical software and Excel database functions.

Data Source Examples	Data Goal
<p>The survey was conducted among residents of Hinds, Madison, and Rankin Counties.</p>	<p>The goal of the surveys was to further engage healthcare consumers – especially those who may be higher-risk for health care services. The results of the surveys were integrated with the data-driven secondary research, qualitative interviews and group discussions, and other research to help form the comprehensive list of community health needs.</p>

Based on the breadth of quantitative and qualitative research techniques described above, an extensive list of 46 community needs was identified. As per the requirements of the Affordable Care Act, and with a desire to best fulfill the needs of the community with the resources and services available to the St. Dominic Hospital, a prioritized list was created. The methodology used to create the list is described below.

Needs prioritization using a modified Delphi process. *The Delphi Method was pioneered by the RAND Corporation. It is a quantitative and qualitative survey method that is used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions.*

In this phase of the prioritization research, Leadership Group members rated health initiatives and provided qualitative feedback. The modified Delphi method included three steps.

- Leadership team members were asked to complete a survey in which they were to quantitatively and qualitatively evaluate each of the 46 community needs identified in earlier research and to submit responses to Crescendo. Participants were also asked to provide feedback regarding the rationale for the rating.
- Crescendo rank-ordered the needs based on the average score and aggregated the qualitative comments.
- The results were sent to leadership team members in the form of a second survey. The second survey included the same list of 46 needs, as well as the group ranking from the previous survey and qualitative comments. Leadership team members re-rated the needs based on opinions and the insights of others as expressed in the list of aggregated comments. Team members submitted responses to Crescendo.

Data Source Examples

Crescendo worked with St. Dominic Hospital to implement a modified Delphi process as described above.

Detailed descriptions of the top prioritized needs are shown later in the report. The full list of 46 needs is included in Appendix B of this report.

Data Goal

The goal of the modified Delphi process was to prioritize the community health needs and to build consensus among the Leadership Group.

Key Demographic and Economic Indicators

Population, age, and disability status tend to drive the need for healthcare services while income, education, and poverty level highly correlate to them. The following analysis of demographic factors such as these highlights the growing need for healthcare services in the area, as well as identifies structural causes of health care service usage.

“This is a wonderful area. There are a lot of healthcare challenges, but I think that we are making progress. Most importantly, there are a lot of people who have worked diligently together to improve the lives of everyone.”

– Leadership team member

As identified in the most recent 2010 U.S. Census, service area residents tend to have several characteristics that heighten the urgency of developing a clear, proactive approach to meeting the health needs in the service area. Relative to the current status and compared to key national and state of Mississippi averages, the service area has the following characteristics:

- A lower median age among African American residents and a higher median age among white residents
- Lower median household incomes
- A lower degree of educational attainment
- Higher disability rates

The following demographic tables and discussion present key data reflecting these summary points and highlight the impact on community needs and the prioritization of issues.

Population

The St. Dominic Hospital service area population is evenly split between the more urban Jackson (city) / Hinds County and the more suburban counties (Madison and Rankin, combined) indicating that accompanying health service needs may be present in a wide geographic area.

Service Area List of Cities and Towns ¹					
Hinds County		Madison County		Rankin County	
Town / City	Population	Town / City	Population	Town / City	Population
Byram	7,386	Canton	13,218	Brandon	22,498
Clinton	25,216	Madison	16,930	Florence	4,141
Raymond	1,664	Ridgeland	24,258	Flowood	8,391
Jackson	175,437	Flora	1,897	Pearl	26,262
		Sharon	1,406	Richland	7,033
				Whitfield	989
				Pelahatchie	1,362
				Puckett	322
All others / Unincorporated	38,940	All others / Unincorporated	40,759	All others / Unincorporated	74,167
TOTAL	248,643	TOTAL	98,468	TOTAL	145,165
Growth (%) since 2000	-0.8%		31.2%		25.1%
Projected growth (%), 2010-2025²	1.8%		27.5%		20.7%

- The population in the primary service area of Hinds, Madison and Rankin counties is approximately 494,000 people
- Madison and especially Rankin Counties have many residents living in unincorporated areas.
- The Hinds County population is flat while growth rates in Madison and Rankin Counties exceed 25% in the decade 2000–2010 and are expected to continue strong growth through 2025.

¹ U.S. Census Bureau, Centers for Disease Control and Prevention Unless otherwise noted data from Census Population Estimates 2012; Mississippi State Department of Public Health, 2015

² Center for Policy Research and Planning, Mississippi Institutions of Higher Learning, February 2012.

<http://www.mississippi.edu/urc/downloads/PopProjections/PopulationProjections.pdf>

Median Age and Gender

The large difference between the median ages of African American and white community members indicates that programs designed to meet the needs of particular age groups may also benefit from an additional focus on cultural issues or other factors present in different racial groups.

- The median age of whites in Hinds County is 45% higher than that of African Americans
- Similar, though slightly smaller, differences are present in Madison and Rankin Counties.
- The Hinds County median age is below the Mississippi average while Madison and Rankin Counties are about equal to it. Median ages in all three counties are below the U.S. median of 37.7 years.³
- Hinds County has the highest median age of the three counties in the St. Dominic service area, and (as previously noted), is expected to age more rapidly than Madison and Rankin Counties through 2025.
- Even though Hinds County is expected to age more rapidly than Madison and Rankin Counties, as shown in the table on the next page, and Hinds County is predominantly (70%) African American, the number of seniors is equally split between African Americans and whites (see right).
- Each service area county is comprised of approximately 48% male and 52% female. See the Appendices C and J for detailed tables.

Median Age by County by Race			
County / State	Total	African American	White
Mississippi	37.1	31.7	40.4
Hinds	34.9	30.8	45.0
Madison	37.2	31.0	41.3
Rankin	37.3	33.8	38.2

Population 65 Years and Over by County by Race		
County	White	African American
Hinds	14,101	13,284
Madison	8,082	2,881
Rankin	15,545	2,041

³ U.S. Census Bureau, 2015.

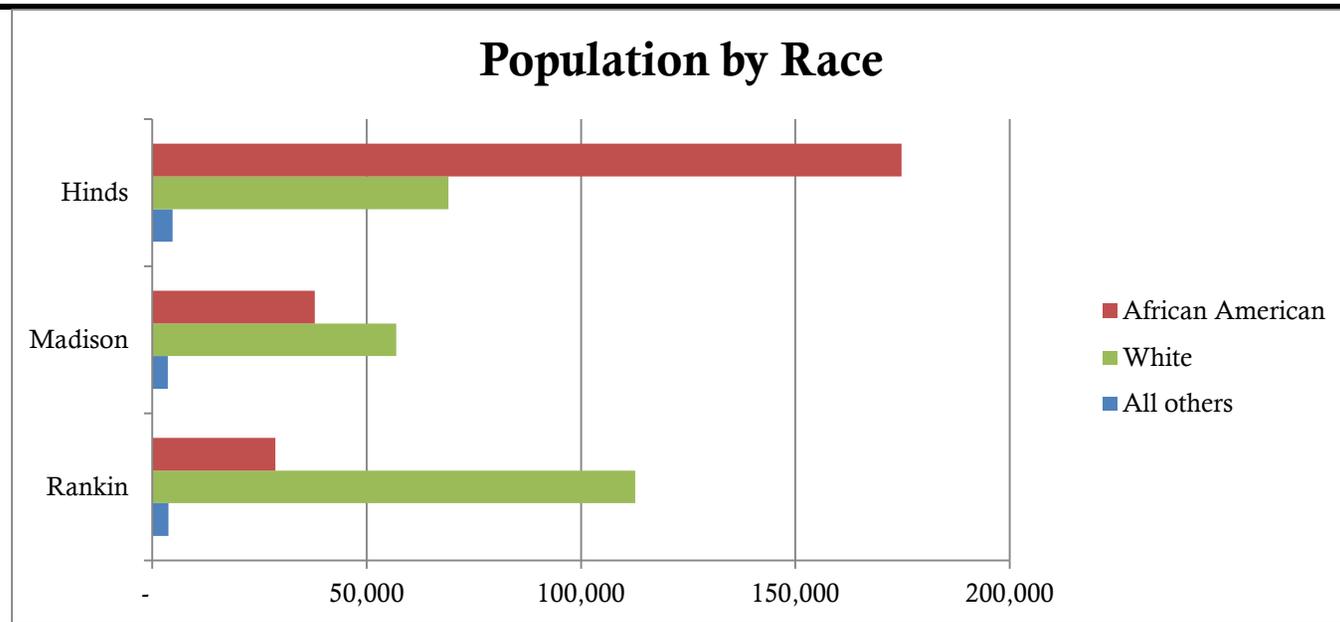
Ethnicity / Race

A large portion of the service area population (half of African Americans and approximately one-third of whites) is under 30 years of age indicating that pediatric services and “young family”-oriented services may be needed.

Population Percentages by County by Race by Age Group								
Age Group	Total		Hinds		Madison		Rankin	
	African American	White						
Under 18	29.3%	21.9%	29.4%	17.7%	30.1%	23.3%	27.4%	23.7%
18 to 29	20.2%	14.1%	20.6%	15.7%	19.1%	12.3%	18.6%	14.0%
30 to 44	20.3%	19.9%	19.6%	16.8%	20.8%	19.5%	24.4%	21.9%
45 to 64	22.7%	28.4%	22.8%	29.5%	22.3%	30.6%	22.5%	26.6%
65 and older	7.6%	15.8%	7.6%	20.4%	7.6%	14.2%	7.1%	13.8%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

- According to the U.S. Census Bureau, 2015 estimates, the population in the primary service area of Hinds, Madison and Rankin counties is approximately 492,000 people. Reflective of statewide demographics, nearly a quarter of all residents in these areas are under 18 years of age. The percent of those 65 and over is lower than the statewide representation of the senior citizen population.
- In the aggregated service area, approximately one in four residents are under age 18. In Madison County, slightly more than three of ten (30.1%) African Americans is under age 18.
- Approximately one of five service area residents are in the 18 to 29 age group.
- Rankin County has more similar age distribution patterns between African Americans and whites than Madison or Hinds Counties.
- In Hinds County, more than 20% of whites are over age 65. As noted earlier, Hinds County has approximately equal numbers of white and African American seniors.
- About three of ten whites in each county are between 45 and 64 years old – typically, in large part the “Baby Boomer” group characterized by the presence of older/fewer children at home, more active lifestyles and more positive health profiles than seniors.
- Fewer than one in 12 African Americans are age 65 or older.

The population is highly diverse along racial characteristics – reflecting the rich cultural qualities and demographic variations of the region. Given the differences, analysis of the needs (and development of programs to address the needs) may benefit from consideration of cultural nuances.



“Good health is good health – it doesn’t matter what color you are. For African American, white, and other races, St. Dominic’s is someplace you can rely on.”
... Research participant

County	African American	White	All others	Total
Hinds	174,796	69,123	4,724	248,643
Madison	37,910	56,915	3,643	98,468
Rankin	28,743	112,648	3,774	145,165

U.S. Census Bureau, 2013.

- Rankin County is predominantly white (about 80%), Hinds County is predominantly African American (70%), and Madison County has the highest degree of racial mix (African American, approximately 40%, white approximately 60%).
- The table of the following page includes a full listing of racial group representations in the county populations.

Population Estimate 2013 by Race

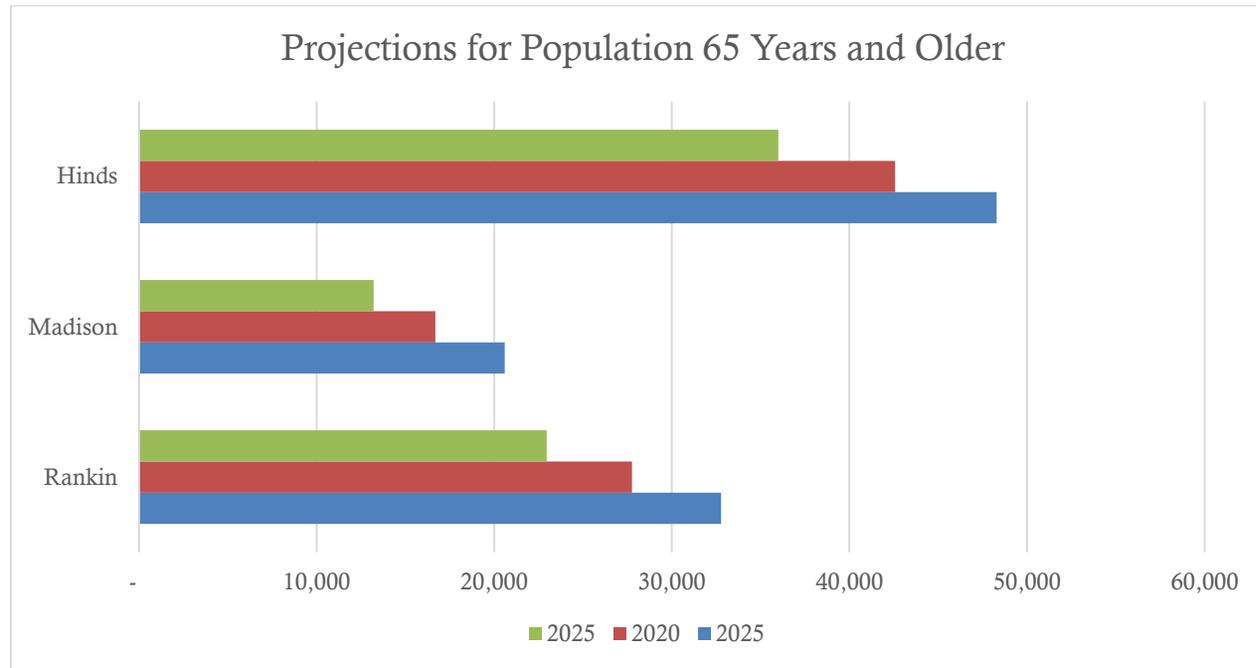


	Hinds County	Rankin County	Madison County
■ Hispanic or Latino, percent, 2013 (b)	1.60%	2.60%	2.90%
■ Two or More Races, percent, 2013	0.90%	1.00%	0.80%
■ Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0	0.10%	0.10%
■ Asian alone, percent, 2013 (a)	0.80%	1.20%	2.30%
■ American Indian and Alaska Native alone, percent, 2013 (a)	0.20%	0.20%	0.40%
■ Black or African American alone, percent, 2013 (a)	70.30%	19.80%	38.50%
■ White alone, percent, 2013 (a)	27.80%	77.60%	57.80%

(a) Includes persons reporting only one race; (b) Hispanics may be of any race and are included in applicable race counts; People QuickFacts <http://quickfacts.census.gov/>

Projection for Population 65 Years and Older

While the large majority of the service area population represents those between the ages of 18 and 64 years, the population is aging as depicted in the projections below from the Mississippi Institutes of Higher Learning. Aging populations have more significant health needs.



Source: Mississippi Institutes of Higher Learning, 2015-2025 Projections

“We are all getting older; it’s nice to know that St. Dominic’s is nearby. I hope that I don’t need to visit very often, but when I do, I know I’ll be in good hands.”

... Research participant

- The data suggest that the health needs of seniors will more than double in Madison County and increase by approximately 50% in Hinds and Rankin Counties.
- Aggregately, St. Dominic’s service area needs to be ready to provide care to approximately 100,000 seniors within ten years – a nearly 50% increase from 2015.
- Even though the overall population of Hinds County is expected to be stable through 2025, the number and percentage of seniors will substantially grow.

Educational Attainment

Educational attainment is highly correlated to income and health needs. Typically, those with more advanced education and higher household incomes tend to exhibit healthier lifestyles and lower health service needs. In St. Dominic's service area, there is an educationally diverse population based on county.

Educational Attainment by County and by Race						
Educational Attainment	Grand total	Hinds	Madison	Rankin	African American	White
Less than 9th grade	3.8%	4.3%	4.0%	2.8%	5.2%	2.3%
9th to 12th grade, no diploma	8.8%	10.5%	6.6%	7.4%	13.6%	4.9%
High school graduate (includes equiv.)	24.3%	24.9%	15.0%	29.3%	26.9%	22.7%
Some college, no degree	23.6%	25.4%	20.2%	22.8%	24.5%	21.7%
Associate's degree	8.0%	7.6%	6.9%	9.2%	8.0%	8.2%
Bachelor's degree	19.1%	16.1%	27.0%	18.6%	12.6%	24.5%
Graduate or professional degree	12.6%	11.2%	20.2%	10.0%	9.2%	15.7%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census Bureau, 2011–2013 Three-Year American Community Survey

- More than one in three (37%) of the aggregated service area attained only a high school diploma or less.
- Nearly half (47%) of people in Madison County over 25 years of age have a Bachelor's Degree or higher compared with 27% in Hinds County and 29% in Rankin County.
- Based on race, a much higher percentage of whites than African Americans earned a Bachelor's Degree or higher, 37% compared to 22%.
- Fewer than one in ten whites (7%) do not have a high school diploma compared with 19% of African Americans.

As noted earlier, African Americans are less likely to attain higher education compared to whites. Further analysis shows that within the African American population, males are much less likely to have some college experience or earn an Associate’s Degree or higher, 43% compared to 59% of females (in Hinds County, as shown below).

Educational Attainment by Gender and by Race – Hinds County							
Educational Attainment	ALL	African American			White		
		Total	Male	Female	Total	Male	Female
Less than 9th grade	4.3%	5.1%	6.5%	3.9%	3.2%	4.4%	2.1%
9th to 12th grade, no diploma	10.5%	14.4%	16.6%	12.6%	4.4%	5.1%	3.6%
High school graduate (includes equiv.)	24.9%	28.6%	33.9%	24.4%	20.5%	17.1%	23.6%
Some college, no degree	25.4%	24.9%	22.8%	26.5%	22.1%	22.8%	21.5%
Associate's degree	7.6%	7.3%	5.3%	8.9%	7.9%	7.3%	8.4%
Bachelor's degree	16.1%	12.1%	10.3%	13.6%	24.1%	24.6%	23.5%
Graduate or professional degree	11.2%	7.7%	4.7%	10.0%	18.0%	18.8%	17.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census Bureau, 2011–2013 Three-Year American Community Survey

- In Hinds County, white males and females exhibit similar educational attainment levels with slightly over 40% of people over 25 years old having earned a Bachelor’s Degree or higher.
- Approximately one in five (20%) African Americans in Hinds County have earned a Bachelor’s Degree or higher. Females (24%) are more likely than males (15%) to have attained this level of education.

In Madison County, educational attainment levels are higher than Hinds County – regardless of race or gender.

Educational Attainment by Gender and by Race – Madison County							
Educational Attainment	ALL	African American			White		
		Total	Male	Female	Total	Male	Female
Less than 9th grade	4.0%	6.5%	12.2%	2.0%	1.1%	0.9%	1.2%
9th to 12th grade, no diploma	6.6%	13.8%	8.6%	17.9%	2.4%	2.8%	2.0%
High school graduate (includes equiv.)	15.0%	19.0%	24.0%	14.9%	11.8%	11.3%	12.4%
Some college, no degree	20.2%	22.5%	28.6%	17.6%	19.2%	18.2%	20.0%
Associate's degree	6.9%	9.4%	6.9%	11.4%	6.9%	5.1%	8.5%
Bachelor's degree	27.0%	13.6%	7.4%	18.6%	35.8%	36.4%	35.1%
Graduate or professional degree	20.2%	15.2%	12.4%	17.5%	22.9%	25.3%	20.7%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census Bureau, 2011–2013 Three-Year American Community Survey

- A higher percentage of African Americans have earned a Bachelor's Degree or higher in Madison County (29%) than in Hinds County (20%).
- More African American males (as a percentage) have earned a Bachelor's Degree or higher in Madison County (20%) than in Hinds County (15%).
- More than one of three (36%) of African American females have earned a Bachelor's Degree or higher.
- Nearly three of five (59%) whites in Madison County have earned a Bachelor's Degree or higher – with males being somewhat more likely to do so, 62% compared with 56%.

Educational attainment levels in Rankin County resemble that of Madison County; they are somewhat lower than Madison County but higher than Hinds County.

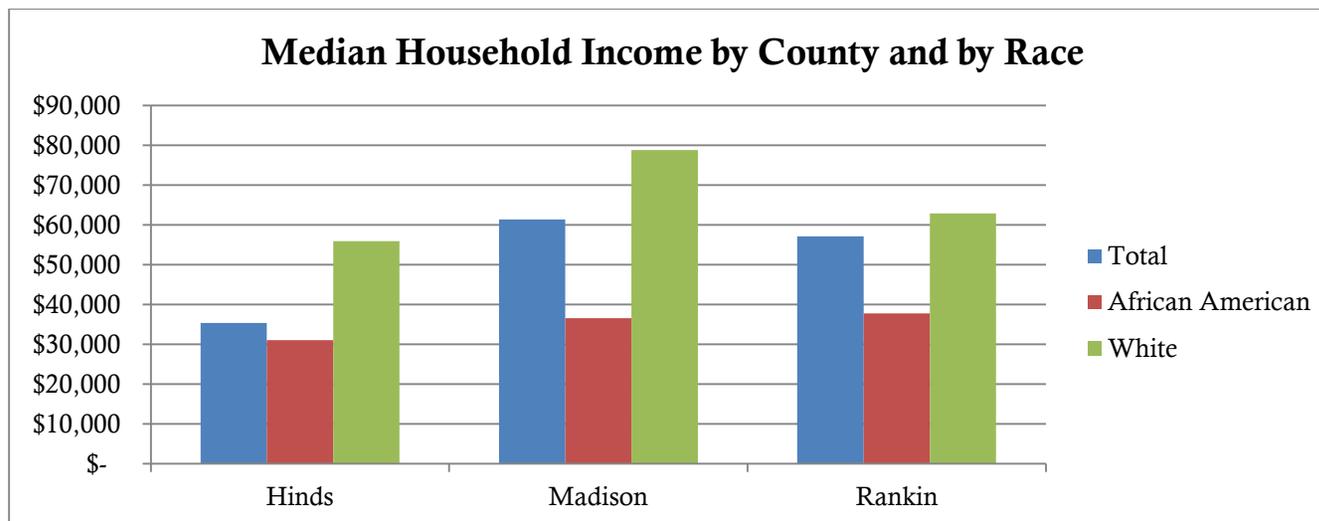
Educational Attainment by Gender and by Race – Rankin County							
Educational Attainment	ALL	African American			White		
		Total	Male	Female	Total	Male	Female
Less than 9th grade	2.8%	4.5%	4.8%	4.2%	2.4%	2.3%	2.4%
9th to 12th grade, no diploma	7.4%	9.1%	11.4%	7.2%	6.6%	8.9%	4.6%
High school graduate (includes equiv.)	29.2%	27.6%	34.4%	22.0%	29.6%	29.0%	30.2%
Some college, no degree	22.8%	24.6%	20.8%	27.7%	22.7%	23.4%	22.1%
Associate's degree	9.2%	10.1%	9.8%	10.4%	9.1%	6.6%	11.3%
Bachelor's degree	18.6%	13.9%	8.5%	18.4%	19.0%	19.5%	18.6%
Graduate or professional degree	10.0%	10.2%	10.3%	10.1%	10.6%	10.3%	10.8%
TOTAL	100.0	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Source: U.S. Census Bureau, 2011–2013 Three-Year American Community Survey

- One in four (24%) of African Americans 25 years old or older has earned a Bachelor’s Degree or Higher.
- As in other counties, African American females are more likely than males to have earned a Bachelor’s Degree or Higher.
- Approximately the same percentage of white and African American females have earned a Bachelor’s Degree or Higher (29%).
- Given the correlation between education levels and income (see graph in Appendix H), and the relationship between income and health status, St. Dominic’s service area needs are likely to be much greater in Hinds County – regardless of other factors.

Household Income

One of the biggest challenges facing the region is economic stress – the median income ranges from \$37,626 in Hinds County to \$59,904 in Madison County. For comparison, the U.S. median household income is \$52,176.



“A lot of what we see here around Jackson [i.e., health issues] stem from poverty and poor education. The more we can build the economy, the more we can start to improve people’s health. It will take a while though!”

... Research participant

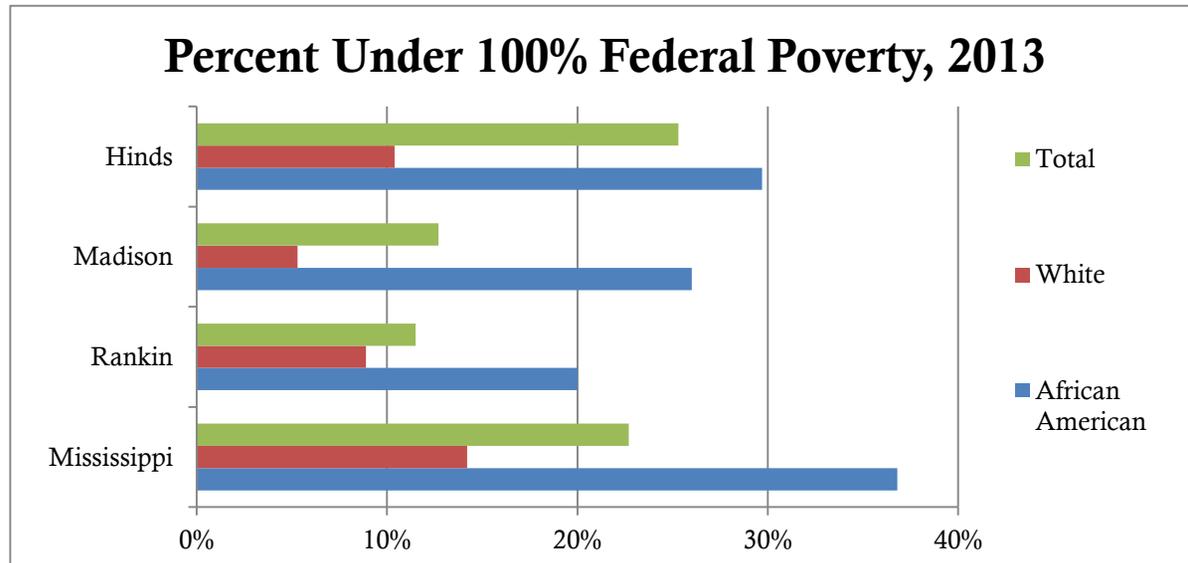
	Hinds	Madison	Rankin
Total	\$37,626	\$59,904	\$57,380
African American	\$31,035	\$36,599	\$37,758
White	\$55,905	\$78,790	\$62,866

Source: U.S. Census Bureau, 2011–2013 Three-Year American Community Survey

- There is a large income disparity between racial groups. On average, African American households earn approximately 60% of the amount earned in white households.
- Notable differences in the household composition may impact part of the household income variance. For example, in Hinds County, the median household income for married households is \$69,526 – more than three times higher than among unmarried households (single people and others living together outside of marriage). In Hinds County, 51% of whites are married and 27% have never been married. Among African Americans, the opposite is true, as 51% have never been married and 27% are married, according to the U.S. Census Bureau. The difference in household characteristics is correlated to household income variations.

Poverty

There is widespread poverty in the service area (especially Hinds County). The social determinants of health among impoverished populations, such as access to adequate housing, food, transportation and employment, are known risk factors for poor health outcomes. Note, too, that the poverty rates for African Americans and for whites are lower in the service area than in Mississippi as a whole.



County / State	African American	White	Total
Hinds	29.7%	10.4%	25.3%
Madison	26.0%	5.3%	12.7%
Rankin	20.0%	8.9%	11.5%
Mississippi	36.8%	14.2%	22.7%

People QuickFacts <http://quickfacts.census.gov/>

- Hinds County has a percentage of the population living in poverty that is almost twice that of Madison and Rankin counties and exceeds the state-wide level. Such severe poverty is indicative of high levels of other social needs such as housing, food, transportation and employment that may impact health outcomes and other needs of the population.
- African American poverty rates are far higher than that of whites. For example, in Madison County, nearly five times as many African Americans live in poverty as do whites. There are large (though not as large) differences in Rankin and Hinds Counties.

“Wouldn’t it be great to see people in our area get out from poverty, live a happy life, and be blessed?”

... Research participant

Disability Status

Disability rates have a direct correlation to healthcare service use. Nearly one in seven Hinds and Rankin County residents has a known disability– below the Mississippi state average 16.4% but above the U.S. average. All measured types of disabilities are higher than the State average.

Disability Type	Hinds	Madison	Rankin
Any disability	13.2%	10.0%	13.2%
With a hearing difficulty	2.4%	2.5%	3.7%
With a vision difficulty	2.6%	1.7%	3.0%
With a cognitive difficulty	5.1%	3.8%	5.1%
With an ambulatory difficulty	8.0%	6.3%	7.4%
With a self-care difficulty	3.2%	3.0%	2.5%
With an independent living difficulty	5.2%	3.8%	4.0%

Source: U.S. Census Department, American FactFinder, 2010.

Demographics Summary

The service area comprises an ethnically diverse, economically polarized population with some sectors that have financial means and educational levels well above others. The high number of disabled people, along with large numbers seniors and economically challenged populations, highlights the benefit of making a prioritized list of health needs to address community issues. There is a strong sense of community engagement and a core of people eager to work together to capitalize on community strengths. Many individuals included in the research indicate that leadership from an organization such as St. Dominic’s could help overcome some of the structural challenges presented by the changing demographics and benefit the community.

- Gender is equally distributed among the St. Dominic’s catchment area population and the vast majority of the population is between the ages of 18 and 65 years. The population of seniors is rising quickly.
- Hinds County is predominately African American and struggles from economic related factors (e.g., education levels, household income, etc.) that tend to be highly correlated with populations at higher-risk for health care services.
- The percentage of the population living in poverty in Hinds County is higher than that of Madison, Rankin, and several the other counties to the north and south of Hinds County (and compared to Mississippi as a whole).

Health Status Variables

Health Status Indicators⁴

Hinds County has somewhat higher local rates of diabetes, HIV, infant mortality and food insecurity⁵ than many other counties and Mississippi overall. The table below shows key related statistics for service area counties, as well as several others in the region. All “rate” measures indicate the number of occurrences per 100,000 people.

County	Diabetes	HIV prevalence rate		Premature age-adjusted mortality	Infant mortality	Child mortality		Food insecurity		Drug poisoning deaths		
	% Diabetic	HIV cases	HIV rate	Total deaths	Age-adjusted mortality	Infant mortality rate	Total deaths	Child mortality rate	% Food insecure	Limited access	Drug poisoning deaths	Drug poisoning mortality rate
Mississippi	13	8,213	338	44,471	490.4	10.4	2,800	92.2	21	10	2,085	10
Hinds	14	2,173	1,091	3,213	469.0	12.6	243	92.0	25	11	78	5
Madison	12	195	253	1,288	487.5	10.2	58	57.2	17	6	34	5
Rankin	12	499	430	1,624	380.4	8.1	113	80.3	13	8	117	12
Attala	15	40	250	349	534.8	10.7	22	108.1	24	5		
Copiah	14	92	383	476	510.8	12.1	30	101.0	22	16	17	8
Holmes	16	56	372	371	657.7	11.8	31	135.0	35	20		
Leake	15	32	167	395	568.0	12.8	24	82.9	22	6		
Lincoln	14	43	151	560	509.3	8.9	41	113.2	19	11	16	7

4

Diabetes	National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes Translation	2010
HIV prevalence rate	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2010
Premature age-adjusted mortality	CDC WONDER mortality data	2008–2010
Infant mortality	Health Indicators Warehouse	2002–2008
Drug poisoning deaths	CDC WONDER mortality data	2004–2010
Food insecurity	Map the Meal Gap	2011
Limited access to healthy foods	USDA Food Environment Atlas	2012

⁵ Food insecurity is the most broadly-used measure of food deprivation in the United States. The USDA defines food insecurity as meaning “consistent access to adequate food is limited by a lack of money and other resources at times during the year.”

Health Outcomes

The following table provides an overview of the key service area counties for St. Dominic's and the associated health outcomes as compiled by the Robert Wood Johnson Foundation County Health Rankings. Hinds County again demonstrates moderate to significant disparity from statewide findings in areas of low birth weight, inactivity, sexually transmitted infections, access to mental health providers, high school graduation rates, percentage of children in poverty and single parent households.

Health Outcomes	Hinds	Madison	Rankin	Mississippi
Premature death (Years of potential life lost before age 75 per 100,000 population)	10,090	8,633	8,004	10,214
Poor or fair health	21%	15%	15%	22%
Poor physical health days	3.4	3	3.2	4.1
Poor mental health days	4	2.7	3.5	4.1
Low birth weight	15.80%	11.30%	10.50%	12.10%
Health Behaviors				
Adult smoking	21%	14%	20%	23%
Adult obesity	37%	32%	34%	36%
Food environment index	5.1	7.2	7.8	6
Physical inactivity	35%	28%	30%	33%
Access to exercise opportunities	66%	53%	56%	46%
Excessive drinking	14%	15%	13%	12%
Alcohol-impaired driving deaths	24%	8%	25%	19%
Sexually transmitted infections (chlamydia per 100,000 per year)	1,185	546	301	712
Teen births (per 100,000 per year)	58	38	45	61
Clinical Care				
Uninsured	20%	15%	16%	21%
Primary care physicians	1,313:1	850:01:00	1,437:1	1,900:1
Dentists	1,195:1	1,614:1	1,792:1	2,394:1
Mental health providers	685:1	1,186:1	1,357:1	1,183:1

Health Outcomes	Hinds	Madison	Rankin	Mississippi
Preventable hospital stays	70	68	88	86
Diabetic screening	81%	82%	87%	82%
Mammography screening	61%	67%	65%	57%
Social and Economic Factors				
High school graduation	69%	82%	83%	75%
Some college	63%	77%	68%	57%
Unemployment	8.40%	6.50%	5.70%	9.20%
Children in poverty	39%	20%	18%	34%
Inadequate social support	29%	17%	17%	25%
Children in single-parent households	58%	32%	30%	45%
Violent crime (reported violent crime offenses per 100,000 pop.)	732	142	116	267
Injury deaths (deaths due to injury per 100,000 pop.)	69	62	72	84
Physical Environment				
Air pollution - particulate matter	11.8	12.3	12.1	12.2
Drinking water violations	6%	1%	18%	9%
Severe housing problems	20%	15%	12%	17%
Driving alone to work	84%	87%	86%	83%
Long commute - driving alone	25%	27%	36%	30%

<http://www.countyhealthrankings.org/>

Leading Causes of Death

The deaths that occur in the St. Dominic's service area mirror causes of death reported statewide; heart disease and cancer are the most common causes.

Combined Service Area (weighted average by county population)	Rate per 100,000 ⁶			Percent change in the rate 2004–2013*		
	African American	White	Total	African American	White	Total
Heart disease	170.7	249.8	245.5	-14.7%	-17.9%	-16.3%
Cancer	158.4	234.9	186.3	-5.0%	11.2%	3.0%
Diabetes	34.6	24.7	15.4	88.8%	115.1%	101.9%
COPD / Emphysema	36.2	57.4	43.8	-11.7%	9.0%	-1.4%
Influenza	11.5	26.1	15.7	-15.8%	16.6%	0.3%
Cerebrovascular disease	16.0	67.7	33.4	-12.0%	27.6%	7.7%
Septicemia	9.1	34.0	16.9	23.9%	20.3%	22.1%
Kidney disease	18.2	16.8	19.8	-28.1%	4.2%	-12.0%
Alzheimer's disease	16.1	20.1	15.4	4.6%	7.0%	5.8%

Source: Mississippi State Department of Health, Mississippi Statistically Automated Health Resource System, <http://mstahrs.msdh.ms.gov/forms/morttable.html>, 2015.

- Heart disease rates have been reduced over the last decade among African American and white populations.
- Deaths due to diabetes and Alzheimer's have increased sharply since 2004.

⁶ 2011-2013 Average.

Leading Causes of Death by Race and County

Hinds County	2004–2006 Avg.	2011–2013 Avg.	2004–2006 Avg.	2011–2013 Avg.	2004–2006 Avg.	2011–2013 Avg.	Percent change in the rate 2004–2013 (%)		
	African American	African American	White	White	Total	Total	African American	White	Total
Heart disease	211.3	180.8	344.3	285.6	249.0	210.5	-14.4%	90.4%	69.1%
Cancer	129.8	141.7	189.9	249.0	146.8	172.1	9.2%	34.0%	28.9%
Diabetes	17.6	34.6	10.8	24.4	15.7	31.7	96.6%	-68.9%	-35.2%
COPD/Emphysema	36.7	39.4	57.5	69.3	42.6	47.9	7.4%	45.7%	37.9%
Influenza	12.3	12.6	29.6	31.5	17.2	18.0	2.4%	135.2%	108.2%
Cerebrovascular disease	15.4	15.1	58.6	72.9	27.6	31.4	-2.0%	289.2%	230.0%
Septicemia	9.3	10.0	29.7	42.0	15.0	19.1	8.3%	195.7%	157.6%
Kidney disease	19.1	19.5	15.6	17.1	18.1	18.8	2.3%	-20.3%	-15.7%
Alzheimer's disease	17.0	17.8	27.5	27.2	20.0	20.5	4.5%	54.3%	44.2%

Madison County	2004–2006 Avg.	2011– 2013 Avg.	2004–2006 Avg.	2011–2013 Avg.	2004–2006 Avg.	2011–2013 Avg.	Rate Change (%)		
	African American	African American	White	White	Total	Total	African American	White	Total
Heart disease	213.7	143.1	293.1	237.0	261.3	199.4	-33.0%	104.9%	76.8%
Cancer	380.6	255.7	389.1	285.3	385.7	273.5	-32.8%	52.2%	34.9%
Diabetes	33.5	41.2	14.3	32.0	22.0	35.7	23.0%	-65.3%	-47.4%
COPD/Emphysema	48.3	38.7	76.0	63.1	64.9	53.3	-19.9%	96.2%	72.6%
Influenza	11.5	10.5	21.8	26.2	17.6	19.9	-8.1%	106.6%	83.3%
Cerebrovascular disease	28.2	29.9	64.1	67.1	49.8	52.2	5.9%	114.7%	92.6%
Septicemia	7.3	9.6	53.8	48.4	35.2	32.9	32.0%	458.8%	372.0%
Kidney disease	46.3	24.6	22.3	21.5	31.9	22.7	-46.9%	-9.2%	-16.9%
Alzheimer's disease	11.4	16.6	10.5	15.7	10.8	16.1	46.3%	-36.9%	-20.0%

Rankin County	2004–2006	2011–2013	2004–2006	2011–2013	2004–2006	2011–2013	Rate Change (%)		
	Avg.	Avg.	Avg.	Avg.	Avg.	Avg.	African American	White	Total
	African American	African American	White	White	Total	Total	African American	White	Total
Heart disease	172.0	172.1	243.3	197.3	228.8	192.2	0.1%	41.4%	33.0%
Cancer	85.2	121.1	127.2	176.6	118.7	165.3	42.0%	5.1%	12.6%
Diabetes	9.3	30.2	10.8	20.1	10.5	22.2	224.7%	-64.3%	-5.6%
COPD/Emphysema	43.5	29.1	28.5	33.1	31.6	32.3	-33.1%	-1.9%	-8.3%
Influenza	17.7	10.4	10.5	16.8	11.9	15.5	-40.9%	0.3%	-8.1%
Cerebrovascular disease	16.2	8.1	36.1	59.4	32.0	49.0	-49.7%	343.9%	263.9%
Septicemia	4.0	7.0	8.6	10.6	7.6	9.9	76.5%	22.4%	33.4%
Kidney disease	21.8	11.7	12.7	13.0	14.6	12.7	-46.6%	9.1%	-2.2%
Alzheimer's disease	15.3	12.8	9.4	10.9	10.6	11.3	-16.2%	-26.3%	-24.2%

Health Status Summary

- The overall health of residents in the primary services area of St. Dominic’s is reflective of the demographics and socio-economic disparities of the larger region with high rates of arthritis, cardiovascular disease, diabetes and cancer.
- The area has a high level of obesity and inactivity.
- Access to physicians and dental providers is relatively good.
- Reports of poor health and sick days are a bit lower than statewide rates.
- Due to its number of hospice facilities, Madison County experiences a more than double age adjusted rate of death from cancer than other surrounding counties and statewide rates.
- Accidental death rates are low with the exception of motor vehicle and fall injury deaths.

Community Survey

St. Dominic Hospital and Crescendo conducted a telephone-based community survey in order to collect direct consumer opinions regarding community needs. The survey was administered to randomly selected individuals in the St. Dominic Hospital service area – Hinds, Madison, and Rankin Counties. Respondent profiles (N=300) include the following:

- Half (50%) say that they have a chronic condition that requires regular care from a clinician.
- Lower income, often underserved populations with household incomes less than \$50,000 per year, comprise more than one-half of the sample size. The median household income of respondents is about \$50,000 – slightly higher than the three-county area income of \$46,946, according to the U.S. Census Bureau.

Community Survey Income and Poverty Profile	
Household Income Range	Percent of Respondents
Less than \$20,000	23.6
\$20,000 to \$34,999	15.5
\$35,000 to \$49,999	10.0
\$50,000 to \$64,999	10.9
\$65,000 to \$79,999	13.2
\$80,000 to \$94,999	8.6
\$95,000 or more	18.2
Above 100% Federal Poverty Level	71.7
Below 100% Federal Poverty Level	28.3

- The racial composition of the survey respondents is close to the three county census data which show that 49% of the combined Hinds, Madison, and Rankin Counties population is African American and 48% is white.

Community Survey Race Characteristics		
Race	Number of Respondents	Percent of Respondents
White	171	57.0
African American / Black	120	40.0
Hispanic	2	.7
Two or more races	2	.7
Other	5	1.7
Total	300	100.0

- Survey respondents are equally represented in the three counties.

Respondent Geography		
County of Residence	Number of Respondents	Percent of Respondents
Hinds	100	33.3
Madison	100	33.3
Rankin	100	33.3
Total	300	100.0

Secondary research and early project interviews with community leaders identified 26 needs to be evaluated in the Community Survey. Community members were asked to evaluate a list of the 28 needs. The responses are similar in many ways to the results of leadership interviews, data analysis, and other methods used in this assessment. A summary of the ranking is shown below.

Community Survey Results	
Community Health Need	Community Rating
Affordable prescription drugs	1
Affordable medical care	2
Obesity education and care	3
Affordable dental services for adults	4
Counseling or intervention services to deal with home violence	5
Senior health services	6
Support groups for people suffering from depression or anxiety	7
Inpatient hospital care for people with mental health issues	8
Exercise and nutrition programs for children	9
Diabetes care and education	10
Affordable dental services for children	11
Mental health care or counseling	12
Drug and alcohol education and early intervention	13
Other youth-oriented programs (wellness, mentoring, lifestyle and goal setting, etc.)	14
Services that provide transportation to medical appointments and the pharmacy	15

Community Survey Results	
Community Health Need	Community Rating
Exercise and nutrition programs for adults and seniors	16
Doctors that provide specialized care for cancer, diabetes, asthma, and other conditions	17
Care for heart disease or heart conditions	18
Drug and alcohol abuse treatment	19
Home health services such as visiting nurses or other in-home care	20
Doctors that provide routine medical care (family doctor, pediatrician, primary care)	21
Multi-lingual health services	22
Preventive health services, such as flu shots, mammograms, and other screenings	23
Smoking or tobacco prevention and education	24
Hospice or end-of-life care	25
Inpatient hospital care for people with medical issues	26
Migrant health services	27
Pain management	28

- **Similar in many ways to the results of leadership interviews and secondary data analysis, the community survey data indicate access to care, chronic disease (obesity, diabetes), behavioral health, substance abuse and in-home violence are leading community priorities.**

Health Issues Evaluated in the Modified Delphi Method

Through leadership team discussions, healthcare consumer surveys, interviews with other community stakeholders, and secondary research, 45 community health needs were identified. In order to develop a ranked list, leadership team members were asked to rate each of the needs on a 5-point scale (with 1 = the greatest need). The community needs which were evaluated, are contained in the table below in alphabetical order. A **prioritized** list of needs – the results of the research – is shown afterwards.

Health Issues Evaluated in the Modified Delphi Method	
Community Needs Listed Alphabetically	
Autism spectrum and other learning disabilities - early detection and services	
Availability of affordable healthcare, prescriptions, and related services	
Awareness between community service providers regarding the breadth of services available (i.e., so that providers can effectively refer clients/patients to other service providers in the community)	
Behavioral health or mental health – access (availability of providers – inpatient, outpatient, partial)	
Behavioral health or mental health – early detection, intervention, and support groups	
Cancer screening and other preventive care/education	
Cancer treatment and disease management	
Cholesterol screening and education	
Chronic disease screenings – broad spectrum (hypertension, cancer, heart disease, stroke)	
Continuity of care – Coordination of care between provider organizations	
Counseling or intervention services to deal with home violence	
Dementia spectrum issues such as Alzheimer’s, Lewy Body Dementia and others	
Dental health services for children and adults	

Health Issues Evaluated in the Modified Delphi Method

Community Needs Listed Alphabetically

Diabetes care and education; including dialysis

Drug abuse of prescription drugs

Drug and alcohol abuse early detection and treatment

End of life issues (including palliative care)

Environmental issues – air quality, lead exposure/poisoning, waterborne contaminants

Home health services such as visiting nurses or other in-home care

Homeless services (healthcare for the homeless)

Hypertension prevention services

Insurance coverage rates – counseling and availability

Mammography screenings

Managing the expected growth in senior health services; that is, having enough physicians and other healthcare providers to serve a growing number of seniors.

Migrant health services

Obesity education and services

Nutrition/exercise education and services

Pain management services

Parenting classes

Public information regarding available community health services - the need for a central repository and reference for local services

Health Issues Evaluated in the Modified Delphi Method

Community Needs Listed Alphabetically

Respiratory health/pulmonology education and services/air quality
Rheumatology and other arthritis services
Senior health services
Services – Additional: asthma care
Services – Additional: cardiac care
Services – Additional: diabetes care (in addition to education and dialysis)
Smoking cessation services
Stroke prevention and education
Support groups for patients and families with diabetes
Support groups for patients and families with heart disease
Support groups for patients and families with other chronic diseases
Transportation to/from healthcare service providers
Vocational rehabilitation
Wellness initiatives for children and the individual's ability to maintain a healthy lifestyle
Women's health - comprehensive gynecology and reproductive care for women in all stages of life

The Prioritized List of Needs

The Delphi Method is a quantitative and qualitative survey method that is used to collect, distill, and reach prioritized consensus around creative ideas and/or qualitative issues and questions. Delphi process results are combined with the secondary data analyses and executive interviews to develop a prioritized list of community health needs. In this phase of the prioritization research, leadership team members rated health initiatives and provided qualitative feedback. The modified Delphi method included three steps.

- Leadership team members were asked to complete a survey in which 46 community needs were quantitatively and qualitatively evaluated. Responses were submitted to Crescendo (shown in the table above). Respondents also provided qualitative feedback regarding the rationale for the rating.
- Crescendo rank-ordered the needs based on the average score and aggregated the qualitative comments.
- The results were sent to leadership team members in the form of a second survey. The second survey included the same list of 46 needs, as well as the group ranking from the previous survey and qualitative comments. Leadership team members re-rated the needs based on personal opinions and the insights of others as expressed in the list of aggregated comments. Group members submitted responses to Crescendo.

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The prioritized list of community needs fall into five categories: access to care, behavioral health, chronic disease management, HIV / AIDS, and senior services. The list of the top needs is shown below. A full list of the prioritized needs is included in Appendix B.

Prioritized Community Needs

Rank	Health Need
1	Access to care – affordable healthcare, prescriptions, and related services; transportation to healthcare appointments; and, integration of care between providers
2	Behavioral health or mental health – Access, early detection, and intervention
3	Chronic disease care and screening – especially for heart disease, cancer, diabetes, stroke, and obesity
4	HIV prevention and treatment
5	Managing the expected growth in senior health services – Having enough physicians and other healthcare providers to serve a growing need

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Implementation Strategy Considerations

As noted above, the Community Leadership members (with the guidance and support of Deidra Bell, Executive Vice President and CFO, St. Dominic Health Services) indicated that ongoing strategies which address high priority community health issues effectively encourage continued engagement of diverse community leaders while simultaneously addressing several needs identified in the CHNA. There is particular interest in global strategies and initiatives that do the following:

- Continue successful programs currently in operation, e.g. obesity, heart disease, and mental health programs.
- Evaluate and (if appropriate) develop new or modified programs to address needs identified in the 2015 CHNA – especially those that target sub-populations in the highest risk sections of the service area.
- Consider programs designed to strengthen the family unit and encourage healthy lifestyles. This may include continuing and/or increased partnership with faith-based groups.

These *broad-based implementation strategies address many of the prioritized community health needs*, including but not limited to the following:

- Improving access to care, which includes behavioral health and substance abuse services.
- Providing education, communications, and enhanced information exchange.
- Addressing chronic diseases and related issues.
- Supporting obesity, wellness, and preventive services.
- Engaging integrated care, where possible?

Implementation strategies will be developed and communicated under separate cover. The document will identify which community needs the hospital will not address (and state why not) and the ones that it will address (and strategies for doing so).

Appendices

This document contains the following appendices:

Appendix A: Community Health Needs Assessment Survey

Appendix B: List of Prioritized Community Needs

Appendix C: Education and Race and Gender by County

Appendix D: Focus Group Moderator's Guides

Appendix E: Focus Group Presentation

Appendix F: Existing Healthcare Resources and Facilities

Appendix G: Organizations represented in Community Service Focus Groups

Appendix H: Education and Income Time Series

Appendix I: Household Income Categories by County

Appendix J: Gender and Age

Appendix K: Community Survey Frequency Tables

Appendix L: Age Adjusted Rates of Cancer Causes of Death by Cancer Type 2013

Appendix M: Community Resource Guide

Appendix A: Community Health Needs Assessment Survey

St. Dominic-Jackson Memorial Hospital Community Health Needs Assessment Survey, 2015

Hello, my name is _____. We are conducting a **community healthcare services** needs assessment in your area. We would like to get your opinions about a few important topics so that we can better understand community needs in terms of healthcare services and your number was selected at random.

May I speak to the youngest (male/female) 18 years old or older who is home at this time?

S1. Are you 18 years old or older?

1. YES (continue)
2. NO (re-screen before terminating)
3. DON'T KNOW/REFUSED (re-screen before terminating)

Community Healthcare Services Needs

Q1. Next, I will read you a list of **healthcare services** or things that impact ability of people to access services. For each one I read, please tell me if this healthcare service is much more needed, some more needed, or we have enough and no more of it is needed.

1. MUCH More Needed
2. SOME More Needed
3. We Have Enough - No More Needed
4. (Don't know/Refused)

[ROTATE LIST]

1. Affordable Dental services for adults
2. Affordable Dental services for children
3. Affordable medical care
4. Affordable prescription drugs
5. Care for heart disease or heart conditions
6. Counseling or intervention services to deal with home violence
7. Diabetes care and education
8. Doctors that provide routine medical care (family doctor, pediatrician, primary care)
9. Doctors that provide specialized care for cancer, diabetes, asthma, and other conditions
10. Drug and alcohol abuse treatment
11. Drug and alcohol education and early intervention
12. Exercise and nutrition programs for adults and seniors
13. Exercise and nutrition programs for children
14. Home health services such as visiting nurses or other in-home care
15. Hospice or end-of-life care
16. Inpatient hospital care for people with medical issues
17. Inpatient hospital care for people with mental health issues
18. Mental health care or counseling
19. Migrant health services
20. Multi-lingual health services
21. Obesity education and care
22. Other youth-oriented programs (wellness, mentoring, lifestyle and goal setting, etc.)
23. Pain management
24. Preventive health services, such as flu shots, mammograms, and other screenings

25. Senior health services
26. Services that provide transportation to medical appointments and the pharmacy
27. Smoking or tobacco prevention and education
28. Support groups for people suffering from for depression or anxiety

Most Important Community Healthcare Services Needs

Q2. What are the three greatest community healthcare services needs? This can include anything I mentioned in the previous question or any other healthcare services needs that come to mind.
(ACCEPT UP TO THREE RESPONSES)

DEMOGRAPHICS

So that we can better understand the community needs, please answer a few questions about yourself.

D1. GENDER (by observation)

- Male
- Female

D2. In what year you were you born?

[ENTER 4 DIGIT YEAR OF BIRTH] [CODE REFUSED=9999] RANGE: 1910 - 1997

D2A. [IF REFUSED in D2] Could you please tell me if your age is between 18 to 44, 45 to 64 or are you 65 or older?

1. 18-44
2. 45-64
3. 65 and older
4. (Refused)

AGE: D2 & D2A

1. 18-44
2. 45-64
3. 65 and older
4. (Refused)

D3. And to ensure that we have a representative sample, what is your race or ethnicity? Are you White, African American or Black, Asian, Hispanic or something else?

[CODE ALL MENTIONS]

1. White
2. African American / Black
3. Asian
4. Hispanic
5. (VOL) Two or more race/ethnicities
6. Other (specify)
7. (Don't know/Refused)

D4. Including yourself, how many people are in your household? Please count yourself, anyone who lives with you, plus any fulltime students who may or may not live away at school. Range: 1-8 [CODE DK/REFUSE=99 and must terminate]

D5. Is your total household income more than [insert from table below based from household size]?

1. Yes
2. No

3. (Don't know/Refused) - terminate
{ENTER INCOME LIMIT FROM TABLE BELOW, BASED ON HOUSEHOLD SIZE}

Household Size	Max Annual Income
1	\$12,000
2	\$16,000
3	\$20,000
4	\$24,000
5	\$28,000
6	\$33,000
7	\$37,000
8	\$41,000

D6. What was your total annual household income last year?

(READ LIST ONLY AS NEEDED) Was it...?

1. Less than \$20,000
2. \$20,000 to \$34,999
3. \$35,000 to \$49,999
4. \$50,000 to \$64,999
5. \$65,000 to \$79,999
6. \$80,000 to \$94,999
7. Over \$95,000
8. (DON'T KNOW/REFUSED)

D7. In general, how would you describe your health? Would you say it is excellent, very good, good, Fair or poor?

1. EXCELLENT
2. VERY GOOD
3. GOOD
4. FAIR
5. POOR
6. (DON'T KNOW/REFUSED)

D8. Have you ever been diagnosed or told by a healthcare professional that you have a health condition that requires ongoing care?

(EXAMPLE: diabetes, asthma, heart disease, high cholesterol, etc.)

1. YES
2. NO
3. (DON'T KNOW/REFUSED)

Those are all the questions. Thank you for your time and participation. Have a good evening!

Appendix B: List of Prioritized Community Needs

Prioritization of Community Needs – Final List
Availability of affordable healthcare, prescriptions, and related services
Behavioral health or mental health - early detection and intervention
Behavioral health or mental health - access (availability of providers – inpatient, outpatient, partial)
Chronic disease screenings - broad spectrum (hypertension, cancer, heart disease, stroke)
Obesity education and services
Heart disease care and management
Diabetes care and education, including dialysis
Cancer care screening
HIV prevention and treatment
Managing the expected growth in senior health services; that is, having enough physicians and other healthcare providers to serve a growing number of seniors.
Awareness between community service providers regarding the breadth of services available (i.e., so that providers can effectively refer clients/patients to other service providers in the community)
Transportation to/from healthcare service providers
Continuity of care – coordination of care between provider organizations
Drug and alcohol abuse early detection and treatment
Nutrition/exercise education and services
Hypertension prevention services
Insurance coverage rates – counseling and availability
Dental health services for children and adults
Public information regarding available community health services - the need for a central repository and reference for local services
Cancer screening and other preventive care / education
Cancer treatment and disease management
Counseling or intervention services to deal with home violence
Dementia spectrum issues such as Alzheimer's, Lewy Body Dementia, and others
Drug abuse of prescription drugs
Parenting classes
Stroke prevention and education
Home health services such as visiting nurses or other in-home care
Homeless services (healthcare for the homeless)
Senior health services
Environmental issues - air quality, lead exposure/poisoning, waterborne contaminants
Wellness initiatives for children and the individual's ability to maintain a healthy lifestyle
Cholesterol screening and education

End of life issues (including palliative care)
Mammography screenings
Women's health– comprehensive gynecology and reproductive care for women in all stages of life
Services–additional diabetes care services
Migrant health services
Rheumatology and other arthritis services
Smoking cessation services
Support groups for patients and families suffering from depression or anxiety
Autism spectrum and other learning disabilities - early detection and services
Vocational rehabilitation
Services - Additional cardiac care services
Support groups for patients and families with diabetes
Support groups for patients and families with heart disease
Support groups for patients and families with other chronic diseases
Respiratory health/pulmonology education and services/air quality
Services–additional asthma care services
Pain management services

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Appendix C: Education and Race and Gender by County

Hinds County							
Educational Attainment	ALL	African American			White		
		Total	Male	Female	Total	Male	Female
Less than 9th grade	4.3%	5.1%	6.5%	3.9%	3.2%	4.4%	2.1%
9th to 12th grade, no diploma	10.5%	14.4%	16.6%	12.6%	4.4%	5.1%	3.6%
High school graduate (includes equiv.)	24.9%	28.6%	33.9%	24.4%	20.5%	17.1%	23.6%
Some college, no degree	25.4%	24.9%	22.8%	26.5%	22.1%	22.8%	21.5%
Associate's degree	7.6%	7.3%	5.3%	8.9%	7.9%	7.3%	8.4%
Bachelor's degree	16.1%	12.1%	10.3%	13.6%	24.1%	24.6%	23.5%
Graduate or professional degree	11.2%	7.7%	4.7%	10.0%	18.0%	18.8%	17.2%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Madison County							
Educational Attainment	ALL	African American			White		
		Total	Male	Female	Total	Male	Female
Less than 9th grade	4.0%	6.5%	12.2%	2.0%	1.1%	0.9%	1.2%
9th to 12th grade, no diploma	6.6%	13.8%	8.6%	17.9%	2.4%	2.8%	2.0%
High school graduate (includes equiv.)	15.0%	19.0%	24.0%	14.9%	11.8%	11.3%	12.4%
Some college, no degree	20.2%	22.5%	28.6%	17.6%	19.2%	18.2%	20.0%
Associate's degree	6.9%	9.4%	6.9%	11.4%	6.9%	5.1%	8.5%
Bachelor's degree	27.0%	13.6%	7.4%	18.6%	35.8%	36.4%	35.1%
Graduate or professional degree	20.2%	15.2%	12.4%	17.5%	22.9%	25.3%	20.7%
TOTAL	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Rankin County							
Educational Attainment	ALL	African American			White		
		Total	Male	Female	Total	Male	Female
Less than 9th grade	2.8%	4.5%	4.8%	4.2%	2.4%	2.3%	2.4%
9th to 12th grade, no diploma	7.4%	9.1%	11.4%	7.2%	6.6%	8.9%	4.6%
High school graduate (includes equiv.)	29.2%	27.6%	34.4%	22.0%	29.6%	29.0%	30.2%
Some college, no degree	22.8%	24.6%	20.8%	27.7%	22.7%	23.4%	22.1%
Associate's degree	9.2%	10.1%	9.8%	10.4%	9.1%	6.6%	11.3%
Bachelor's degree	18.6%	13.9%	8.5%	18.4%	19.0%	19.5%	18.6%
Graduate or professional degree	10.0%	10.2%	10.3%	10.1%	10.6%	10.3%	10.8%
TOTAL	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%



**St. Dominic-Jackson Memorial Hospital
Community Health Needs Assessment**

**Healthcare Consumer
Focus Group Discussion Guide**

{DATE}

Focus Group Discussion Guide

Introduction

- *Welcome participants and introduce yourself.* Good evening. I'm _____. Thank you for taking the time to join us for this important discussion.
- *Explain the general purpose of the discussion.* As you were told in the recruiting process, the purpose of the discussion is to learn more about community health-related needs and currently available resources, and to collect your insights regarding service gaps, and ways to better meet needs.
- *Explain the necessity for note-taking, audiotaping and confidentiality.* The session is being audiotaped for future reference. I will be taking notes for a summary of the session which will indicate the themes that emerged. However, specific comments and experiences will not be attributed to any one individual in the summary report. Please consider what you hear here to be confidential.
- *Describe logistics.* The restrooms are located _____. There will be a break approximately half way through the discussion. Your total time here should not last more than two hours.
- *Seek participants' honest thoughts and opinions.* Frank opinions are the key to this process. There is no right or wrong answers to questions I'm going to ask. I'd like to hear from each of you and learn more about your opinions, both positive and negative.
- *Describe protocol for those who have not been to a group before.* We would like the discussion to be informal, so there's no need to wait for us to call on you to respond. In fact, I'd encourage you to respond directly to the comments other people make. If you don't understand a question, please let me know. We are here to ask questions, listen, and make sure everyone* has a chance to share.
- *Questions?* Do you have any questions for me before we start?

CURRENT INVOLVEMENT AND EXPERIENCE IN THE COMMUNITY

1. To start with, let's take a minute to introduce ourselves around the table. Please tell us your name and a little about yourself.
 - PROBES: What was your role in the community activities listed?
 - What was the outcome of your efforts?
2. You all represent a wide variety of communities and activities. Let's think about the framework for a minute and define "community health." What does the phrase mean in terms of objectives and services – "how wide do we cast the net"? [DEVELOP WHITE BOARD LISTS]
 - PROBES: Types of issues (disease management, behavioral health, social services, etc.), target groups, or individuals?
3. I'd like to quickly go around the room. In **your particular community**, what are the biggest community issues that people face?

* Please note: We will not address every issue with every person or even every group, but we will cover the subject areas as they arise. Also, specific topics may be emphasized for specific user insight.

CURRENT NEEDS

4. Next, I'd like to talk about the most **critical community health** needs and their impact – particularly as they relate to activities where St. Dominic Hospital may be able to contribute. Based on what you've said so far, you've mentioned three broad categories of needs: disease management / general healthcare, behavioral health, and social services. [I WILL MODIFY THIS LIST BASED ON ACTUAL RESPONSES.] Let's take them one at a time.
 - Disease management and general healthcare (e.g., diabetes, cancer, cardio-vascular disease, hypertension, infectious disease, Alzheimer's', wellness initiatives, etc.)
 1. PROBE: What are the more important issues in the community?
 2. [FOR EACH] How well are they met? Who currently provides the services?
 - Behavioral health (e.g., responses to stress, domestic violence, risky behaviors, general clinical MH issues, etc.)
 1. PROBE: What are the more important issues in the community?
 2. [FOR ONE'S POTENTIALLY WITHIN St. Dominic Hospital's PURVIEW] How well are they met? Who currently provides the services?
 - Social services (e.g., D&A abuse, homelessness, youth-oriented programs, elder care, smoking cessation, etc.).
 1. PROBE: What are the more important issues in the community?
 2. [FOR ONE'S POTENTIALLY WITHIN St. Dominic Hospital's PURVIEW] How well are they met? Who currently provides the services?

GAPS

5. [IF NOT CLEAR FROM EARLIER DISCUSSIONS] Which of the issues that you mentioned affect the largest numbers of people?
6. Given the community health needs that we've discussed, describe the gap between the community need and the services available to meet the need. [WE WILL REVIEW MAJOR ONES AS NOTED IN PRIOR SECTION.]
 - Where should we be more vigilant?
7. Over the next three to five years, what community health needs do you expect to grow fastest?

ADDRESSING GAPS

Now I would like to speak a little about the ways to better meet community health needs, as well as the role of St. Dominic Hospital.

8. What are the critical challenges to better serving the target populations?
 - PROBE: Where are the overlaps between organizations?
9. ["SILOS" vs "COOPERATIVE EFFORTS" ISSUE] You've done a good job naming community health needs, available resources, and gaps. You also just mentioned that – generally speaking – efficient use of resources and clarity of focus, [AND OTHER THINGS AS LISTED] are important. Is it helpful for groups to work cooperatively on projects or better if they work independently? Why or why not? What is the key to being able to work collaboratively?
10. Regarding the needs and gaps that we've discussed, where do you think St. Dominic Hospital could make an impact? Why? How?
11. If there was ONE project that St. Dominic Hospital wanted to develop, what would be your first choice?

- PROBE: Why? What do you think that St. Dominic Hospital could bring to the table?
 - Is this a short-term project or a long-term project?
12. Are there any other community health objectives that are unique to this area? If so, what are they and why are they unique?
13. Each area has tremendous strengths and some unique abilities. What are some of the things that make your neighborhood, community, or city unique and strong? Is there anything about the area that makes it easier or more difficult to meet community health needs compared to other places?
14. Can we assume that different population segments have different health needs?
1. Children
 2. Young adults
 3. Middle aged adults
 4. Seniors
- What do you think would be the greatest needs for each of the following population groups?
 - Why?
 - Is it a growing issue?
 - PROBE: How do you think that they can be reached?
15. Can we take a few minutes and build a list of Community Resources that we may want to contact as we move forward with the project?

Closing

16. Finally, if there was one thing that you could change with COMMUNITY HEALTH IN the area, what would it be?

Thank you very much again for your time and thoughtful responses to our questions.

Appendix E: Focus Group Presentation

[Double click on the graphic below in order to view the entire presentation.]



Community Health Needs Assessment

Leadership Meeting
April 2, 2015

AFT

crescendo
CONSULTING GROUP, LLC



Appendix F: Existing Healthcare Resources and Facilities

Residential Care Alternatives - St. Dominic Hospital's Service Area

County	Facilities				Beds				
	Total	Nursing Homes	Assisted Living Facilities	Residential Care Homes	Total	Nursing Homes	Assisted Living Facilities	Residential Care Homes	
Hinds	41	15	10		16	2,177	1,563	392	222
Madison	13	5	6		2	897	455	341	101
Rankin	18	10	6		2	1,367	937	422	8

Beds per 100,000 Population

County	Population	Nursing Homes	Assisted Living Facilities	Residential Care Homes
Hinds	248,643	629	158	89
Madison	98,468	462	346	103
Rankin	145,165	645	291	6

**Citation: MISSISSIPPI STATE DEPARTMENT OF HEALTH, 2015.
Health Facilities Licensure and Certification**

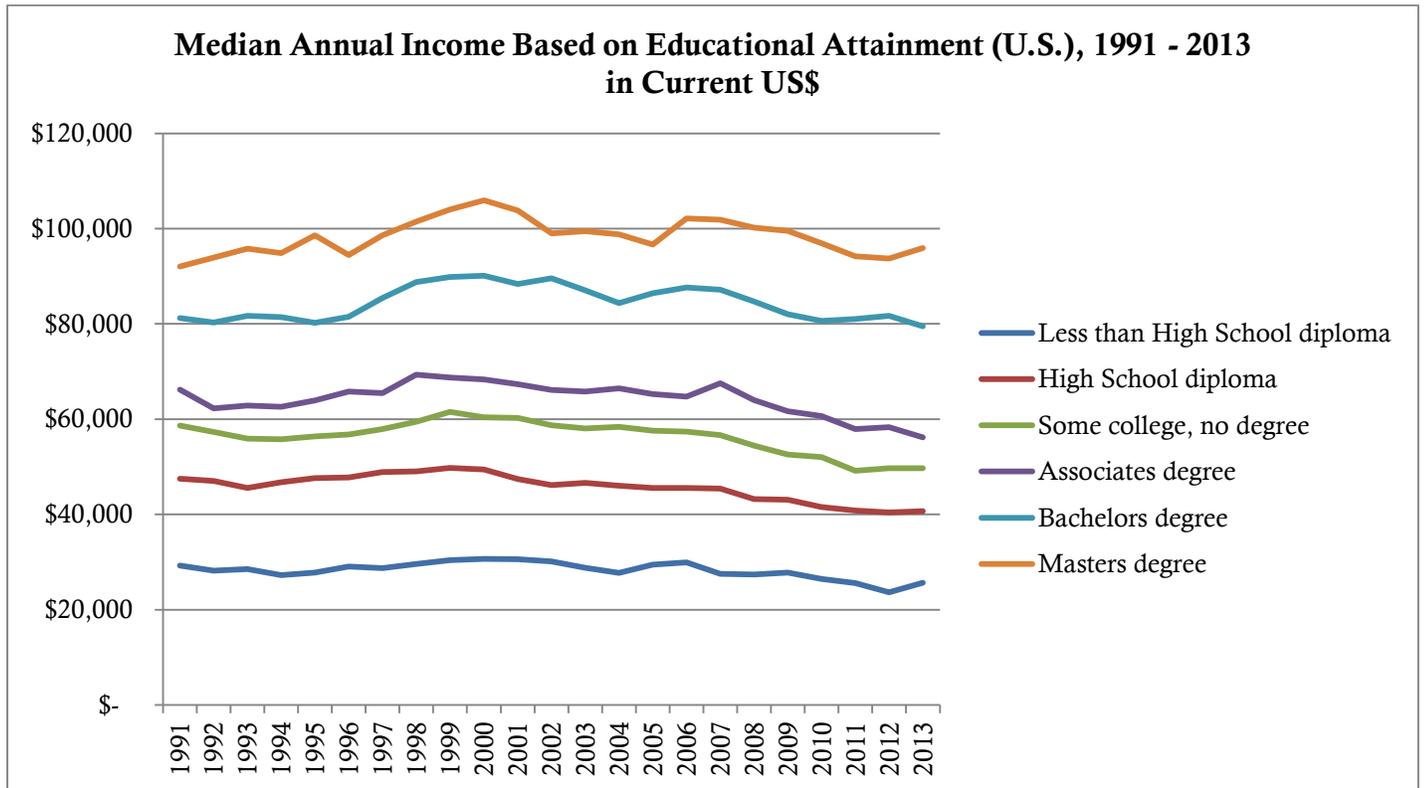
Appendix G: Organizations represented in Community Service Focus Groups

A sample of the community groups who were contacted in the research include:

St. Dominic Hospital
About Catholic Charities - Parish Based Ministry
Bethany Christian Services
Boys & Girls Club
Catholic Charities – Rape Crisis Center
Catholic Charities Jackson
Center for Pregnancy Choices
City of Jackson Human & Cultural Services
Clinton Community Christian Corp.
DREAM Teen Outreach Program
Gateway Rescue Mission
Goodwill
Hinds Behavioral Mental Health Services
Jackson Medical Mall Foundation
Mid-Town Partners
Mississippi Center for Justice
Mississippi Families for Kids
Mississippi Food Network
Mustard Seed
National Council on Alcoholism & Drug Dependence
Neighborhood Christian Center
Operation Shoestring
Southern Poverty Law Center
Stewpot Community Services
Stewpot Ministries
Superintendent Canton Public Schools
Superintendent Jackson Public School System
The Center for Violence Prevention
United Way of the Capital Area
Urban Rehab Inc.

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Appendix H: Education and Income Time Series



Appendix I: Household Income Categories by County

Percent of Households	Hinds	Madison	Rankin
Less than \$10,000	13.90%	6.90%	4.50%
\$10,000 to \$14,999	7.40%	4.50%	4.00%
\$15,000 to \$24,999	15.00%	9.30%	9.90%
\$25,000 to \$34,999	13.30%	7.60%	11.50%
\$35,000 to \$49,999	13.90%	12.40%	14.30%
\$50,000 to \$74,999	15.20%	18.90%	19.60%
\$75,000 to \$99,999	9.40%	12.10%	13.30%
\$100,000 to \$149,999	7.60%	14.20%	15.50%
\$150,000 to \$199,999	2.10%	4.90%	4.40%
\$200,000 or more	2.20%	9.20%	3.10%

Appendix J: Gender and Age

Gender by County			
County	Population	Male (%)	Female (%)
Hinds	248,643	47.1	52.9
Madison	98,468	47.9	52.1
Rankin	145,165	48.3	51.7

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Appendix K: Community Survey Frequency Tables

St. Dominic Hospital

Community Health Needs Assessment

Frequency Table

Q1 Doctors that provide routine medical care (family doctor, pediatrician, primary care)

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	119	39.7	40.6	40.6
Some more needed	82	27.3	28.0	68.6
No more needed	92	30.7	31.4	100.0
Total	293	97.7	100.0	
Do not know	7	2.3		
Total	300	100.0		

Q2 Doctors that provide specialized care for cancer, diabetes, asthma, and other conditions

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	126	42.0	44.4	44.4
Some more needed	78	26.0	27.5	71.8
No more needed	80	26.7	28.2	100.0
Total	284	94.7	100.0	
Do not know	16	5.3		
Total	300	100.0		

Q3 Diabetes care and education

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	139	46.3	49.5	49.5
Some more needed	74	24.7	26.3	75.8
No more needed	68	22.7	24.2	100.0
Total	281	93.7	100.0	
Do not know	19	6.3		
Total	300	100.0		

Q4 Drug and alcohol abuse treatment

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	121	40.3	43.4	43.4
Some more needed	75	25.0	26.9	70.3
No more needed	83	27.7	29.7	100.0
Total	279	93.0	100.0	
Do not know	21	7.0		
Total	300	100.0		

Q5 Drug and alcohol education and early intervention

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	137	45.7	48.8	48.8
Some more needed	73	24.3	26.0	74.7
No more needed	71	23.7	25.3	100.0
Total	281	93.7	100.0	
Do not know	19	6.3		
Total	300	100.0		

Q6 Counseling or intervention services to deal with home violence

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	139	46.3	53.5	53.5
Some more needed	68	22.7	26.2	79.6
No more needed	53	17.7	20.4	100.0
Total	260	86.7	100.0	
Do not know	40	13.3		
Total	300	100.0		

Q7 Home health services such as Visiting Nurses or other in-home care

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	121	40.3	41.6	41.6
Some more needed	79	26.3	27.1	68.7
No more needed	91	30.3	31.3	100.0
Total	291	97.0	100.0	
Do not know	9	3.0		
Total	300	100.0		

Q8 Hospice or end-of-life care

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	102	34.0	37.1	37.1
Some more needed	79	26.3	28.7	65.8
No more needed	94	31.3	34.2	100.0
Total	275	91.7	100.0	
Do not know	25	8.3		
Total	300	100.0		

Q9 Affordable Dental services for children

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	137	45.7	49.5	49.5
Some more needed	71	23.7	25.6	75.1
No more needed	69	23.0	24.9	100.0
Total	277	92.3	100.0	
Do not know	23	7.7		
Total	300	100.0		

Q10 Affordable Dental services for adults

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	164	54.7	56.0	56.0
Some more needed	66	22.0	22.5	78.5
No more needed	63	21.0	21.5	100.0
Total	293	97.7	100.0	
Do not know	7	2.3		
Total	300	100.0		

Q11 Inpatient hospital care for people with mental health issues

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	139	46.3	50.7	50.7
Some more needed	68	22.7	24.8	75.5
No more needed	67	22.3	24.5	100.0
Total	274	91.3	100.0	
Do not know	26	8.7		
Total	300	100.0		

Q12 Inpatient hospital care for people with medical issues

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	103	34.3	36.5	36.5
Some more needed	83	27.7	29.4	66.0
No more needed	96	32.0	34.0	100.0
Total	282	94.0	100.0	
Do not know	18	6.0		
Total	300	100.0		

Q13 Obesity education and care

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	170	56.7	58.8	58.8
Some more needed	60	20.0	20.8	79.6
No more needed	59	19.7	20.4	100.0
Total	289	96.3	100.0	
Do not know	11	3.7		
Total	300	100.0		

Q14 Care for heart disease or heart conditions

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	124	41.3	44.6	44.6
Some more needed	72	24.0	25.9	70.5
No more needed	82	27.3	29.5	100.0
Total	278	92.7	100.0	
Do not know	22	7.3		
Total	300	100.0		

Q15 Affordable medical care

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	172	57.3	58.5	58.5
Some more needed	69	23.0	23.5	82.0
No more needed	53	17.7	18.0	100.0
Total	294	98.0	100.0	
Do not know	6	2.0		
Total	300	100.0		

Q16 Migrant health services

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	71	23.7	33.0	33.0
Some more needed	68	22.7	31.6	64.7
No more needed	76	25.3	35.3	100.0
Total	215	71.7	100.0	
Do not know	85	28.3		
Total	300	100.0		

Q17 Multi-lingual health services

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	96	32.0	38.4	38.4
Some more needed	75	25.0	30.0	68.4
No more needed	79	26.3	31.6	100.0
Total	250	83.3	100.0	
Do not know	50	16.7		
Total	300	100.0		

Q18 Mental health care or counseling

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	135	45.0	47.2	47.2
Some more needed	86	28.7	30.1	77.3
No more needed	65	21.7	22.7	100.0
Total	286	95.3	100.0	
Do not know	14	4.7		
Total	300	100.0		

Q19 Support groups for people suffering from for depression or anxiety

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	129	43.0	47.8	47.8
Some more needed	88	29.3	32.6	80.4
No more needed	53	17.7	19.6	100.0
Total	270	90.0	100.0	
Do not know	30	10.0		
Total	300	100.0		

Q20 Pain management

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	89	29.7	32.1	32.1
Some more needed	88	29.3	31.8	63.9
No more needed	100	33.3	36.1	100.0
Total	277	92.3	100.0	
Do not know	23	7.7		
Total	300	100.0		

Q21 Preventive health services, such as flu shots, mammograms, and other screenings

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	115	38.3	39.1	39.1
Some more needed	80	26.7	27.2	66.3
No more needed	99	33.0	33.7	100.0
Total	294	98.0	100.0	
Do not know	6	2.0		
Total	300	100.0		

Q22 Affordable prescription drugs

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	184	61.3	62.6	62.6
Some more needed	49	16.3	16.7	79.3
No more needed	61	20.3	20.7	100.0
Total	294	98.0	100.0	
Do not know	6	2.0		
Total	300	100.0		

Q23 Services that provide transportation to medical appointments and the pharmacy

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	130	43.3	46.8	46.8
Some more needed	74	24.7	26.6	73.4
No more needed	74	24.7	26.6	100.0
Total	278	92.7	100.0	
Do not know	22	7.3		
Total	300	100.0		

Q24 Senior health services

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	152	50.7	53.7	53.7
Some more needed	66	22.0	23.3	77.0
No more needed	65	21.7	23.0	100.0
Total	283	94.3	100.0	
Do not know	17	5.7		
Total	300	100.0		

Q25 Exercise and nutrition programs for children

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	144	48.0	50.0	50.0
Some more needed	73	24.3	25.3	75.3
No more needed	71	23.7	24.7	100.0
Total	288	96.0	100.0	
Do not know	12	4.0		
Total	300	100.0		

Q26 Other youth-oriented programs (example: wellness, mentoring, lifestyle and goal setting, etc.)

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	128	42.7	46.2	46.2
Some more needed	82	27.3	29.6	75.8
No more needed	67	22.3	24.2	100.0
Total	277	92.3	100.0	
Do not know	23	7.7		
Total	300	100.0		

Q27 Exercise and nutrition programs for adults and seniors

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	133	44.3	46.2	46.2
Some more needed	80	26.7	27.8	74.0
No more needed	75	25.0	26.0	100.0
Total	288	96.0	100.0	
Do not know	12	4.0		
Total	300	100.0		

Q28 Smoking or tobacco prevention and education

	Frequency	Percent	Net Percent	Cumulative Percent
Much more needed	113	37.7	39.6	39.6
Some more needed	74	24.7	26.0	65.6
No more needed	98	32.7	34.4	100.0
Total	285	95.0	100.0	
Do not know	15	5.0		
Total	300	100.0		

Gender

	Frequency	Percent	Net Percent	Cumulative Percent
Male	126	42.0	42.0	42.0
Female	174	58.0	58.0	100.0
Total	300	100.0	100.0	

Ethnicity

	Frequency	Percent	Net Percent	Cumulative Percent
White	171	57.0	57.0	57.0
African American / Black	120	40.0	40.0	97.0
Hispanic	2	.7	.7	97.7
Two or more races	2	.7	.7	98.3
Other	5	1.7	1.7	100.0
Total	300	100.0	100.0	

Household Income Less than 100% Federal Poverty Level

	Frequency	Percent	Net Percent	Cumulative Percent
Above 100% Federal Poverty Level	215	71.7	71.7	71.7
Below 100% Federal Poverty Level	85	28.3	28.3	100.0
Total	300	100.0	100.0	

What was your total annual household income last year?

	Frequency	Percent	Net Percent	Cumulative Percent
Less than \$20,000	52	17.3	23.6	23.6
\$20,000 to \$34,999	34	11.3	15.5	39.1
\$35,000 to \$49,999	22	7.3	10.0	49.1
\$50,000 to \$64,999	24	8.0	10.9	60.0
\$65,000 to \$79,999	29	9.7	13.2	73.2
\$80,000 to \$94,999	19	6.3	8.6	81.8
\$95,000 or more	40	13.3	18.2	100.0
Total	220	73.3	100.0	
No response	80	26.7		
Total	300	100.0		

In general, how would you describe your health? Would you say it is excellent, very good, good, Fair or poor?

	Frequency	Percent	Net Percent	Cumulative Percent
Excellent	35	11.7	11.7	11.7
Very good	88	29.3	29.5	41.3
Good	103	34.3	34.6	75.8
Fair	58	19.3	19.5	95.3
Poor	14	4.7	4.7	100.0
Total	298	99.3	100.0	
No response	2	.7		
Total	300	100.0		

Have you ever been diagnosed or told by a healthcare professional that you have a health condition that requires ongoing care?

	Frequency	Percent	Net Percent	Cumulative Percent
Yes	149	49.7	49.8	49.8
No	150	50.0	50.2	100.0
Total	299	99.7	100.0	
No response	1	.3		
Total	300	100.0		

County

	Frequency	Percent	Net Percent	Cumulative Percent
Madison	100	33.3	33.3	33.3
Hinds	100	33.3	33.3	66.7
Rankin	100	33.3	33.3	100.0
Total	300	100.0	100.0	

Age Group

	Frequency	Percent	Net Percent	Cumulative Percent
18 to 44	77	25.7	25.7	25.7
45 to 64	122	40.7	40.7	66.3
65 or older	101	33.7	33.7	100.0
Total	300	100.0	100.0	

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Appendix L: Age Adjusted Rates of Cancer Causes of Death by Cancer Type 2013

Cancer Type	Hinds	Madison	Rankin	Mississippi
Colorectal	17.7	25.6	*	18.8
Trachea, bronchus, lung	55.2	79.2	42.7	58.6
Female Breast	24.6	35.1	*	23.3
* unable to quantify- less than 20 events				

Mississippi Statistically Automated Health Resource System (MSTAHRS) <http://mstahrs.msdh.ms.gov/>

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Appendix M: Community Resource Guide

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Alcohol and Drug Dependency / Mental Health	
New Visions at CMMC (only detox)	601-376-2166
Harbor House (inpatient facility about 1,600 for 6 weeks)	601-371-7335
New Roads	601-939-0007
Country Oaks (resident facility about 1600 for 6 weeks)	601-922-0802
COPAC	601-829-2500
AA Crisis Line	601-982-0081
Yana	601-982-9279
Alliance (Meridian)	877-853-3094
Billy Brumfield	601-948-2864
Brentwood	601-936-2024
Catholic Charities Born Free (pregnant)	601-922-0026
Warren Yazoo	601-634-0181
Pine Grove	800-821-7339
Isaiah House	601-346-4445
Friendship Connection	601-373-1533
My Father's House of Freedom	601-354-0950
New Life for Women	601-355-2195
Bridge to Recovery	601-977-9353
Adult Day Care Centers	
Baptist Adult Day Health Center, Clinton MS	601-926-1222
Baptist Adult Day Health Center, Jackson MS	601-956-7794
AIDS/HIV	
Aids Clinic	601-984-4155
UMMC	601-815-3396
AHF Health Center	601-368-3440

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Domestic Violence Shelters	
Angel Wings Outreach Center, Mendenhall MS	601-847-5802
Catholic Charities	601-366-0222
Center for Violence Prevention	800-266-4198
Haven House, Vicksburg MS	601-638-0555
Rape Crisis	
Center for Violence Prevention	601-366-0222
Rape Crisis Center (Crisis Line)	601-982-7273
Rape Crisis Center (counseling)	601-366-0750
Clinics	
Jackson Medical Mall Clinic (UMC)	601-709-5140
St. Dominic Street Clinic	601-944-0091
Jackson Free Clinic	601-355-5161
EJ Ivory Clinic	601-914-1789
Hospitals	
Batson Children's Hospital , Jackson MS	601-815-2005
Brentwood Behavioral health, Flowood MS	601-936-2024
CMMC, Jackson MS	601-376-1000
Crossgates River Oaks, Brandon MS	601-825-2811
Madison River Oaks, Madison MS	601-855-4000
Ms. Baptist Med Center, Jackson MS	601-968-1000
Ms. Hospital for Restorative Care, Jackson MS	601-968-1042
MMRC, Jackson MS	601-981-2611
Mississippi State Hospital, Whitfield	601-351-8000
Regency Hospital, Jackson MS	601-364-6200

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
River Oaks Hospital, Flowood MS	601-932-1030
Select Specialty Hospital, Jackson MS	601-899-3011
St. Dominic Hospital, Jackson MS	601-200-2000
UMMC, Jackson MS	601-984-1000
Miscellaneous Resources	
American Cancer Society	601-321-5500
American Red Cross	601-353-5442
Jackson Medicaid Office	601-978-2399
DHS Reporting	800-222-8000
Hinds Co Human Resources Hope House (cancer patients)	601-9233950
Hope House (Cancer patients)	601-981-1260
LIFE of MS	601-696-4009
Contact Crisis Line	601-713-4357
United Way of the Capital Area	601-360-0450
Vocational Rehabilitation	601-853-5100
Utility Assistance	
Calvary Baptist Church	601-354-1300
Clinton Com Christian	601-924-9436
Cornerstone Church	601-371-3323
Gateway	601-353-5864
Good Samaritan	601-355-6276
Hinds County Human Resources	601-923-3950
Lighthouse Ministries	601-969-1966
New Dimensions	601-969-9856
Rankin County Human Resources	601-825-1309
Salvation Army	601-982-4881

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Food Resources	
Calvary Baptist Church	601-354-1300
Community Food Bank	601-353-2759
Cornerstone Church	601-371-3323
Families in Crisis	601-355-2535
First Baptist Jackson	601-949-1924
Food Share	601-982-3430
Galloway Methodist Grace Place (hot meal)	601-353-9691
Genesis House	601-354-3663
Good Samaritan Center	601-355-6276
High Impact Program	601-979-4100
Iona House	601-853-0205
Madison Counties Allied Against Poverty	601-859-8666
Madison County Stewpot	601-859-9211
MS Food Network	601-353-7286
Neighborhood Christian Center	601-354-8855
Operation Shoestring	601-353-6335
Salvation Army	601-982-4881
St. Andrews (hot meal)	601-354-1535
St Matthew's Methodist	601-856-9581
Stewpot (hot meal)	601-353-2759
Meals on Wheels (Rankin)	601-683-2401
Counseling	
Bridge to Recovery(Ridgeland MS)	601-977-9353
Catholic Charities Solomon Counseling Center, Jackson MS	601-326-3719
Crossroads Counseling, Clinton MS	601-351-9877
Hinds Behavioral Health Services	601-321-2400
Imagine Behavioral Health, Jackson MS	601-982-5376
Metro Counseling	601-353-0502

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Summit Counseling	601-939-5993
Reformed Theological Seminary, Jackson Ms	601-923-1600
Region 8 Behavioral Health, Brandon Ms	601-825-8800
Shepherd's Staff Counseling	601-664-0455
Three Oaks Behavioral Health	601-991-3080
Shelters	
Winguard House (male & female must work) 1279 N. West Street 39202	601-906-1976
Billy Brumfield (Males only) 1244 Gallatin St 39203	601-948-2864
Flowers House (women & children only) 355 Livingston St 39202	601-949-9262
Gateway (males) 328 S Gallatin St 39203	
Matt's House (females 343 Adelle Street 39202	601-948-2873
Salvation Army (males & females) 110 Presto Lane 39206	601-982-4881
God's Homeless Haven (adults) 3559 Exchange St. 39212	601-720-5078
Day Shelters	
Opportunity Center 350 Capers Ave	601-351-8551
Grace Place Gallaway UMC 305 N Congress St (8:30-11:30 hot meal)	601-353-9691
Geri Psych	
Central Mississippi Medical Center	601-376-2650
Crossgates River Oaks	601-825-2811
Baptist Hospital	601-968-1051
St. Dominic-Intake	601-200-3090
Legal Resources	
ACLU of MS	601-355-6464
MS Volunteer Lawyers Project	601-960-9572

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
MS Center for Legal Services	601-948-6752
Adolescent Psychiatric Services	
Brentwood	601-936-2024
Alliance (Meridian)	601-483-6211
Pine Grove	601-519-1535
Pine Grove (at Night)	800-821-7339
Diamond Grove (Louisville)	888-349-6884
Memorial (Gulfport)	800-831-1700
Parkwood (Olive Branch)	800-477-3422
Charter (Lakeside-Memphis)	800-232-5253
St Francis (Memphis phone# is for Jackson area rep)	662-292-0055
Crossroads (Alexandria LA)	800-737-3808
Oak Circle MS State Hospital (Commitments only)	601-351-8000
Assisted Living Facilities	
Admiral Retirement Center, Jackson MS	601-948-4161
Belmont Gardens, Vicksburg, MS	601-636-8006
Chateau Ridgeland, Ridgeland MS	601-977-9471
Harmony Court Assisted Living, Jackson MS	769-251-2098
Heritage House of Castlewoods, Brandon MS	601-919-1208
Hope House of Hospitality, Jackson MS	601-981-1260
Paradise Cove Assisted Living, Jackson MS	769-251-5207
Peach Tree Village, Brandon MS	601-933-1100
Ridgeland Point Assisted Living, Ridgeland MS	601-957-0727
Riggs Manor Retirement, Raymond MS	601-857-5011
St. Catherine's Village, Madison MS	601-856-0125
The Blake of Township, Ridgeland MS	601-500-7955
The Oaks at Trace Points, Clinton MS	601-926-1188

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
The Orchard, Ridgeland MS	601-856-2205
Trace Pointe, Clinton MS	601-926-1224
Villa South, Florence MS	601-845-1888
Home Health Agencies	
Amedisys	601-420-2056
Camellia	601-939-6428
Deaconess	601-933-4903
Gentiva	601-362-7801
Mid-Delta-Madison County Only	601-855-2400
Mississippi Home Care	601-352-5063
Sta-Home Health	601-961-4367
Hospice Agencies	
Alpha Healthcare and Hospice, LLC, Jackson MS	601-977-1198
Camellia Hospice, Flowood MS	601-932-9066
Compassionate Hospice Care, Jackson MS	601-923-8070
Cornerstone Palliative and Hospice, Clinton MS	601-925-0080
Gentiva Hospice, Jackson MS	601-983-3193
Holistic Care Hospice, Jackson MS	601-346-7737
Hospice Advantage, Jackson MS	601-956-9755
Hospice Care at Home, Jackson MS	601-713-0061
Hospice Ministries-Home, Ridgeland MS	601-898-1053
Kare-In-Home Hospice, Ridgeland MS	601-605-3881
Mid Delta Hospice, Canton MS	601-855-2400
Miracle Care Hospice, Jackson MS	601-982-1909
North Lion Hospice & Palliative Care, Jackson MS	601-321-8812
Our Family Home Hospice, Jackson MS	601-362-1712
Pax Hospice, Ridgeland MS	601-991-3840

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Physician Hospice, Jackson MS	601-949-8900
Serenity Premier Hospice, Jackson/Vicksburg MS	601-968-9162
South West Hospice Care, Byram MS	769-524-3974
Southern Care, Clinton MS	601-924-8285
Sta-Home Hospice, Jackson MS	601-961-4367
Private Nursing /Sitter Services	
Amada Senior Care, Jackson MS	601-864-3752
AT Home and Personal Care, Byram MS	601-201-3421
Alpha Healthcare and Nursing, LLC	601-977-1198
Always There Senior Care, Brandon MS	601-260-1081
Caring Senior Service, Jackson MS	601-368-8467
Comfort Keepers, Jackson MS	601-206-1234
Compassionate Sitter Services, Jackson MS	601-291-0761
Covenant Caregivers, Madison MS	601-856-5660
F and S Sitters Ministry, Jackson MS	800-314-9278
Home Instead, Clinton MS	601-926-1181
Keba Care, Jackson MS	601-982-1762
Loving Hands, Jackson MS	601-213-2573
Service, Jackson MS	601-213-2573
Marie Care, Jackson MS	601-497-4861
Metro East Healthcare Service, Jackson MS	601-317-0563
Nurse Stat, Jackson MS	601-991-2202
Continued Private Nursing/Sitter Services	
Orchard Care Inc., Ridgeland MS	601-856-2205
Oxford Healthcare, Jackson MS	601-982-7311
Patricia Sitters, Jackson MS	601-924-7268
Pro Nursing Clinton, Clinton MS	866-924-7062
Professional Private Duty Nursing, Jackson MS	601-982-4700

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Senior Home Care, Madison MS	601-573-7970
Sitters LLC, Ridgeland MS	601-981-3661
Southern Health Care, Jackson MS	601-933-0037
T and L Sitter, LLC, Jackson MS	601-366-1911
Jackson Area Skilled Nursing Facilities	
Belhaven Nursing Home, Jackson MS	601-355-0763
Brandon Court Nursing Home, Brandon MS	601-664-2259
Brandon Nursing & Rehab Center, Brandon MS	601-664-2259
Briar Hill Rest Home, Florence MS	601-939-6371
Chadwick Nursing & Rehab Center, Jackson MS	601-372-0231
Clinton HealthCare, Clinton MS	601-924-2996
Community Nursing Home, Inc., Jackson MS	601-355-0617
Compere's Nursing Home, Jackson MS	601-948-6531
Cottage Grove Nursing Home, Jackson MS	601-366-6461
Forest Hill Nursing Center, Jackson MS	601-372-0141
Highland Home, Ridgeland MS	601-853-0415
Hinds County Nursing & Rehab Center, Jackson MS	601-362-5394
Jaquith/MS State Hospital, Whitfield MS	601-351-8051
Lakeland Nursing & Rehab Center, Jackson MS	601-982-5505
Madison County Nursing Home, Canton MS	601-855-5790
Magnolia Nursing Home, Jackson MS	601-366-1712
Manhattan Nursing & Rehab Center, Jackson MS	601-982-7421
Methodist Specialty Care Center, Jackson MS	601-420-7760
Nichols Center, formerly known The Home Place/Bond Home, Madison MS	601-853-4343
Pleasant Hills Community Living Center, Jackson MS	601-371-1700
Siena Center, Madison MS	601-856-0125
The Arbor, Ridgeland MS	601-856-2205
Trinity Mission Health & Rehab of Clinton, LLC, Clinton MS	601-924-7043
VA State Home, Jackson MS	601-353-6142

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Willow Creek Retirement Center, Jackson MS	601-863-4201
Wisteria Gardens, Pearl MS	601-988-6800
Transportation Services	
AMR Ambulance and W/C Van	601-982-7911
Madison Transit Citizens Services	601-855-5710
Medicaid Transport (MTM)	866-331-6004
Deaf Interpreter Services	
Deaf Links	601-941-8384
	601-941-8145
Jackson Life Signs	601-940-2526
Low Income Housing	
Housing Authority	601-373-7040
Jackson Housing Authority	601-362-0885
Jackson Metro Housing Partnership Inc.	601-969-1895
US Department of Housing and Urban Development	601-965-4757
Jackson Area Cancer Support Groups	
St. Dominic Cancer Support Group	601-200-3070
Prostate Cancer Support Group	601-200-3070
Breast Cancer Support Group	601-376-1748
Gyn. Cancer Support Group	601-948-6262
Breast Cancer Support Group	601-948-6262
Angels of Triumph Cancer Support Group	
Other Jackson Area Support Groups	
St. Dominic Caregivers Support Group	601-200-6768
First Baptist Church of Jackson	601-949-1949

Community Resources for Hinds, Madison and Rankin Counties

Organization	Telephone Number
Brain Injury Support Group	601-981-1021
Stroke Support Group	601-200-3699

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