2024

Community

HEALTH NEEDS ASSESSMENT

St. Dominic Hospital


St. Dominic's
ST. DOMINIC HEALTH SERVICES

ST. DOMINIC HOSPITAL

Community HEALTH NEEDS ASSESSMENT

Since 1946, the Dominican Sisters of Springfield, Illinois, have provided health care to the people of Jackson and central Mississippi through the services provided at St. Dominic-Jackson Memorial Hospital — now one of the state's largest not-for-profit hospitals and Mississippi's only Catholic healthcare facility.

The hospital is licensed for 571 beds and is Mississippi's first Comprehensive Stroke Center certified by The Joint Commission. St. Dominic's is the leading cardiovascular provider in the state. For 50+ years, the Mississippi Heart and Vascular Institute, through its exceptional team of skilled physicians and staff, has served the community and developed a health and wellness center of excellence for interventional cardiovascular medicine. In addition to stroke and cardiac services, major service lines include:

- Comprehensive Cancer Program
- Women's Services
- Orthopedic Services
- St. Dominic Hospital Ambulatory Surgery Center

Today, St. Dominic's is a multi-faceted ministry, which includes St. Catherine's Village (continuum of care retirement community), the Sister Trinita Community Health Clinic (a free clinic), St. Dominic Medical Associates primary and specialty clinics, the fitness center at St. Dominic's, and the Care-A-Van (mobile screenings).

On July 1, 2019, St. Dominic's became part of the Franciscan Missionaries of Our Lady Health System (FMOLHS), Baton Rouge, Louisiana.

Assessing health needs and developing appropriate plans through a Community Health Needs Assessment (CHNA) to address those needs are essential steps in improving and sustaining a community's health and well-being. To do so, the community must be defined, the needs must be identified, and the process for moving forward must be outlined. Strategies incorporate multiple community-based organizations that can collaborate utilizing available resources to generate effective, positive impacts for the community. The St. Dominic Hospital CHNA will help guide its community benefit planning and the development of implementation strategies to address Priority Areas. St. Dominic's CHNA research spotlighted health disparities and social determinants of health, needs of vulnerable populations, and service gaps. The CHNA fulfills the requirements of Internal Revenue Code section 501(r)(3) to conduct a CHNA to determine if the services and programs provided as part of St. Dominic's non-profit status appropriately address the needs of the people it is privileged to serve, but it is not simply a response to the ACA requirement. This CHNA represents St. Dominic's commitment to addressing the needs of our community/service area. Service, Reverence and Love for All of Life, Joyfulness of Spirit, Humility, and Justice are St. Dominic's Core Values as an organization, and the outcomes of the implementation strategies will help ensure the people of this region are served with appropriate, high-quality care.

Most services provided by St. Dominic's are provided to residents in Hinds, Madison and Rankin Counties, which is the area (supported by demographic and survey data) that St. Dominic's defines as its community. St. Dominic's provides important local services, such as the Mississippi Heart and Vascular Institute, the St. Dominic Comprehensive Stroke Center, the St. Dominic Comprehensive Cancer Program and Women's Services, including the Maternal & Newborn Care Center. Other important community outreach programs include the Sister Trinita Community Health Clinic housed within Stewpot Community Services (a men's shelter, clothing closet and community kitchen) serving primarily the homeless population, anticipated opening of the St. Vincent de Paul Pharmacy in early 2025 and region-wide health screenings offered through the Care-A-Van.

OUR MINISTRY

St. Dominic's does not define its community to exclude medically underserved, low-income or minority populations. When determining how to define its community/service area for the purposes of this assessment, St. Dominic's considered all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under its financial assistance policy.

OUR VISION

To make a significant difference in our communities through Catholic health services

OUR MISSION

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a *Spirit of Healing* – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

OUR CORE VALUES

SERVICE: The privilege of reaching out to meet the needs of others.
REVERENCE AND LOVE FOR ALL OF LIFE: Acknowledging that all of life is a gift from God.
JOYFULNESS OF SPIRIT: An awareness of being blessed by God in all things.
HUMILITY: Being authentic in serving as an instrument of God.
JUSTICE: Striving for equity and fairness in all relationships with special concern for those most in need.

CONSULTANTS

St. Dominic's received feedback from internal and external community stakeholders to write the 2024 CHNA and its related implementation strategy; however, outside firm KPMG, LLP, also contributed.

KPMG

St. Dominic's worked with KPMG LLP, an audit, tax, and advisory firm, to assess the CHNA and implementation strategies to determine whether they meet the requirements of Internal Revenue Code section 501(r)(3). KPMG is the U.S. member firm of KPMG International Cooperative ("KPMG International") and is a global network of professional firms providing audit, tax, and advisory services. Operating in 155 countries with more than 162,000 employees working in member firms around the world, KPMG delivers a globally consistent set of multidisciplinary services based on deep industry knowledge.

Their industry focus helps KPMG professionals develop a deeper understanding of clients' businesses and the insight, skills, and resources required to address industry-specific issues and opportunities. KPMG is committed to providing high-quality, professional services in an ethical manner to entities that are listed on capital markets around the globe. Their Transparency Report articulates the steps they take to uphold their professional responsibilities and describes the firm's structure, governance, and approach to quality control. To learn more about KPMG and to view the report, visit www.KPMG.com.

THE CHNA APPROACH: DATA AND SOURCES

Input from community stakeholders, including community partners and healthcare providers providing care to vulnerable populations and those with knowledge of the specific needs and existing resources of the community, was obtained in late spring / early summer 2024 via SurveyMonkey. Needs were also identified through collection of statistical data from the *U.S. Census Bureau* website and compared to the community's input. The resulting data was used to identify the Community Needs. The data was deemed sufficient, and there were no information gaps identified during the collection and analysis process.

The tri-county area considered to be the St. Dominic's community based on patient data pertaining to where most patients originate from is Hinds County, Madison County, and Rankin County. A total of 30.09% of patients originate from Hinds County, 16.94% from Madison, and 19.08% from Rankin.[1] According to the U.S. Census Bureau, Hinds County contains 214,870 residents, Madison County contains 112,511 residents and Rankin County contains 160,417 residents.

[1] *Based on data from Fiscal Year 2024, July 1, 2023, to June 30, 2024*

DEMOGRAPHIC DATA: 2020 U.S. CENSUS BUREAU

	HINDS COUNTY	MADISON COUNTY	RANKIN COUNTY
AGE AND SEX			
Persons under 5 years, percent	6.1%	6.0%	5.4%
Persons under 18 years, percent	23.3%	23.9%	22.1%
Persons 65 years and over, percent	16.9%	16.0%	17.2%
Female persons, percent	53.4%	52.2%	51.7%
RACE AND HISPANIC ORIGIN			
White alone, percent	24.8%	57.2%	73.7%
Black or African American alone, percent	73.3%	38.3%	23.2%
American Indian and Alaska Native alone, percent	0.1%	0.3%	0.2%
Asian alone, percent	0.8%	3.0%	1.5%
Native Hawaiian and Other Pacific Islander alone, percent	-	0.1%	0.1%
Two or More Races, percent	1.0%	1.1%	1.3%
Hispanic or Latino, percent	2.2%	3.8%	3.3%
White alone, not Hispanic or Latino present	23.0%	54.3%	70.9%
POPULATION CHARACTERISTICS			
Veterans, 2018-2022	9840	4126	8777
Foreign born persons, percent, 2018-2022	1.6%	4.2%	2.6%

STATE OF THE STATE: ANNUAL MISSISSIPPI HEALTH DISPARITIES & INEQUITIES REPORT, JULY 2023

SUMMARY OF HEALTH DISPARITIES BY RACE-ETHNICITY

BLACK POPULATION

Compared to Mississippi's white population, the state's black population has a higher mortality rate due to a variety of factors, including heart disease, hypertension, stroke, diabetes, renal disease, COVID-19, AIDS, cancer (all sites), digestive system cancer, pancreatic cancer, breast cancer, prostate cancer, septicemia and homicide. This population has the higher prevalence of obesity, diabetes, current asthma, HIV, AIDS and permanent teeth extractions. Mississippi's black population also has a higher incidence rate for digestive system cancer, colon and rectum cancer, and prostate cancer, as well as higher rates for HIV incidence and AIDS classification.

Furthermore, Mississippi's black population ranked lower for proportion of adults reporting any amount of exercise over the past month, visiting a dentist in the past year, proportion of adults age 65+ receiving a pneumonia vaccination and proportion of adults age 65+ receiving an influenza shot within the past year. Mississippi's black population is also more uninsured.

WHITE POPULATION

Compared to Mississippi's black population, the state's white population has a higher prevalence of coronary heart disease, myocardial infarctions, renal disease (high in black residents), skin cancer, cancer that is not skin cancer and overweight adults. This population also has higher mortality rates due to COPD/ emphysema, chronic liver disease and cirrhosis, Alzheimer's disease, unintentional injury and suicide.

SUMMARY OF HEALTH DISPARITIES BY GENDER

WOMEN

Compared to Mississippi's adult men, adult Mississippi women had a higher prevalence of obesity, renal disease, current asthma and lifetime asthma. Compared to men, Mississippi women had a lower prevalence of reporting any amount of exercise over the past month. Women also had a higher mortality rate for Alzheimer's disease.

MEN

Compared to Mississippi's adult women, adult Mississippi men had significantly higher mortality rates due to heart disease, hypertension, stroke, diabetes, renal disease, COVID-19, pneumonia & influenza, COPD/emphysema, AIDS, septicemia, chronic liver disease and cirrhosis, cancer (all sites), digestive system cancer, colon and rectum cancer, pancreatic cancer, lung cancer, unintentional injury, homicide and suicide.

This population also had a significantly higher prevalence of coronary heart disease, myocardial infarctions, overweight individuals, HIV, AIDS and current smoking. This population also demonstrated a higher incidence of HIV and AIDS, as well as incidence rates for total invasive cancer, digestive systems cancer, colon and rectum cancer, and lung cancer. In comparison to Mississippi women, fewer Mississippi men reported visiting a dentist in the past year. Mississippi's men are also more uninsured in comparison to women.

SUMMARY OF HEALTH DISPARITIES BY EDUCATION

Those with no high school education had the highest prevalence of coronary heart disease, stroke, myocardial infarction, diabetes, renal disease, current asthma, lifetime asthma, cancer that is not skin cancer, any permanent teeth extracted and current smoking. Those in this education bracket also ranked lowest in the prevalence of those reporting any amount of exercise over the past month, those visiting a dentist within the past year for any reason, the proportion of age 65+ receiving a pneumonia vaccination, the proportion of adults age 65+ receiving an influenza shot within the past year and those with any form of healthcare coverage. The prevalence of obesity among Mississippi adults with less than a high school degree, a high school degree or some college was higher than that of those who had completed a bachelor's degree.

SUMMARY OF HEALTH DISPARITIES BY ANNUAL HOUSEHOLD INCOME

Those earning less than $35,000 in annual household income had the highest prevalence of obesity, myocardial infarction and renal disease. Those earning less than $25,000 in annual household income had the highest prevalence of current asthma, lifetime asthma and current childhood asthma. Those earning less than $15,000 in annual household income had the highest prevalence of: coronary heart disease, stroke, diabetes, permanent teeth extractions and current smokers. Those earning less than $15,000 in annual household income also ranked lowest in the prevalence of individuals reporting any amount of exercise over the past month and individuals visiting a dentist in the past year for any reason. Those earning $35,000 or more in annual household income were more overweight than those with a lower annual household income. Among adults earning less than $35,000, there was a lower proportion of age 65+ receiving a pneumonia vaccination, of adults age 65+ receiving an influenza shot within the past year and of individuals covered by any form of health care.

SUMMARY OF HEALTH DISPARITIES BY RURAL/URBAN STATUS

Mississippi adults living in rural counties had a higher prevalence of coronary heart disease, myocardial infarction, obesity, diabetes, renal disease and any permanent teeth extracted than those living in urban

counties. Mississippi adults living in rural counties were also lower ranked in prevalence of individuals reporting any amount of exercise over the past month, individuals visiting a dentist in the past year for any reason and proportion of age 65+ receiving a pneumonia vaccination.

MAJOR SOURCES OF HEALTH DISPARITIES

PERSONS LIVING IN POVERTY

According to the U.S. Census, Mississippi has one of the highest percentages of people living in poverty. In 2019, 20.3% of the people in Mississippi were living in poverty. Within Mississippi, there were large racial disparities. Black Mississippians were more than twice as likely (31.6%) than white Mississippians (12.8%) to live in poverty.

MEDIAN HOUSEHOLD INCOME

According to the U.S. Census, Mississippi also had one of the lowest median household incomes ($49,111). There are substantial racial disparities. The median household income for black Mississippians ($36,792) is slightly more than half of that for white Mississippians ($65,012).

EDUCATION

In 2019, Mississippi had one of the lowest high school graduation rates in the U.S. Within Mississippi, there are also racial disparities in educational attainment. Black adults are slightly more likely not to finish high school (17.4%) than white adults (14.2%). Black adults are also less likely to complete a bachelor's degree (12.0%) than white adults (19.9%). In 2017, all the state's "F"-rated school districts are majority-black, whereas the vast majority of "A"-rated schools are at least 70 percent white.

RURAL POPULATION

More than half of Mississippians (51.2%) live in rural areas, and only three other states have a higher proportion of people living in rural areas. "More than half of our doctors practice in four urban areas and all or part of our 82 counties are medically underserved. The rural nature of our state contributes to an uneven distribution of health care resources and impacts the level of health of our residents."[2]

MISSISSIPPI HEALTH OUTCOMES AND HEALTH FACTORS

According to the 2020 County Health Rankings Report, "To understand the health outcomes in a community, we measure both length and quality of life by county within Mississippi." Length of life refers to premature death, which is defined as years of potential life lost before age 75. Quality of life is defined as a combination of self-reported health status and percent of low birthweight newborns. Health factors are behaviors, such as tobacco use, diet and exercise, alcohol and drug use, and sexual activity. They are also clinical care, which includes access to care and quality of care, as well as social and economic factors, such as education, employment and income, community safety, and family and social support. Additionally, health factors can be a person's physical environment, which means air and water quality and access to housing and transportation.

[2] *State of the State: Annual Mississippi Health Disparities & Inequities Report, July 2023*

MEASURE	DESCRIPTION	U.S.	MS	MS MINIMUM	MS MAXIMUM
HEALTH OUTCOMES					
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjustment)	6,900	10,400	7,000	17,600
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.0	5.0	3.9	5.6
Low birth-weight	Percentage of live births with low birthweight (<2,500 grams)	8%	12%	8%	24%
Poor or fair health	Percentage of adults reporting fair or poor health (age-adjusted)	17%	24%	17%	38%
HEALTH BEHAVIORS					
Adult obesity	Percentage of the adult population (age 20 and older) who report a body mass index (BMI) greater than or equal to 30 kg/m2	29%	37%	27%	54%
Adult smoking	Percentage of adults who are current smokers	17%	22%	15%	28%
Food environment index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	7.6	4.0	1.5	8.2
Access to exercise opportunities	Percentage of population with adequate access to locations for physical activity	84%	54%	0%	81%
Sexually transmitted infections	Number of newly diagnosed chlamydia cases per 100,000 population	524.6	708.7	255.9	1895.5
CLINICAL CARE					
Uninsured	Percentage of population under age 65 without health insurance	10%	14%	10%	20%
Primary care providers	Ratio of population to primary care providers	1330:1	1890:1	1340:0	730:1
Mental health providers	Ratio of population to mental health providers	400:1	630:1	14470:1	170:1

MEASURE	DESCRIPTION	U.S.	MS	MS MINIMUM	MS MAXIMUM
SOCIAL & ECONOMIC FACTORS					
High school graduation	Percentage of ninth-grade cohort that graduates in four years	85%	83%	72%	93%
Some college	Percentage of adults ages 25-44 with some post-secondary education	66%	60%	29%	78%
Unemployment	Percentage of population ages 16 and older unemployed but seeking work	3.9%	4.8%	3.4%	13.3%
Violent crime	Number of reported violent crime offenses per 100,000 population	386	279	26	755
PHYSICAL ENVIRONMENT					
Severe housing problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	18%	16%	9%	25%
Air pollution – particulate matter	Average daily density of fine particulate matter in micro-grams per cubic meter (PM2.5)	8.6	9.9	8.7	10.7

BIRTH DATA[3]

MISSISSIPPI BIRTH DATA 2022	STATE
Percent of Births to Unmarried Mothers	54.3
Cesarean Delivery Rate	38.5
Preterm Birth Rate	14.8
Low Birthweight Rate	12.7

[3] *Retrieved online September 17, 2024, at https://www.cdc.gov/nchs/pressroom/states/mississippi/ms.htm*

KEY HEALTH INDICATORS[4]	
MISSISSIPPI BIRTH DATA 2022	**STATE**
Fertility Rate	59.7 (births per 1,000 women 15-44 years of age)
Teen Birth Rate	26.4 (births per 1,000 females 15-19 years of age)
Infant Mortality Rate	9.11 (infant deaths per 1,000 live births)
Life Expectancy (at birth)	71.9 years (2020)
Marriage Rate	5.9 (marriages per 1,000)
Divorce Rate	3.0 (divorces per 1,000)
Leading Cause of Death	Heart Disease
Drug Overdose Death Rate	27.6 (per 100,000)[5]
Firearm Injury Rate	29.6 (per 100,000)
Homicide Rate	20.7 (per 100,000)

WOMEN'S HEALTH

According to Healthdata.org[6], "The Institute for Health Metrics and Evaluation (IHME) at the University of Washington analyzed the performance of all 3,142 U.S. counties or county-equivalents in terms of life expectancy at birth, mortality rates for select causes, alcohol use, smoking prevalence, obesity prevalence and recommended physical activity using novel small area estimation techniques and the most up-to-date county-level information." Following are the results of this analysis.

[4] *Ibid.*
[5] *Death rates are age-adjusted.*
[6] *Retrieved online September 17, 2024, at https://www.healthdata.org/sites/default/files/files/county_profiles/US/2015/County_Report_Hinds_County_Mississippi.pdf*

HEALTH METRIC	FEMALE RATE (HINDS COUNTY)	FEMALE RATE (MISSISSIPPI)	FEMALE RATE (NATIONAL)
Life Expectancy	79.3 years	77.9 years	81.5 years
All-Cause Mortality	741.1 per 100,000	854.6 per 100,000	667.8 per 100,000
Ischemic Heart Disease	130.6 per 100,000	174.7 per 100,000	124.9 per 100,000
Cerebrovascular Disease (Stroke)	51.6 per 100,000	56.9 per 100,000	47.4 per 100,000
Tracheal, Bronchus and Lung Cancer	34.4 per 100,000	51.6 per 100,000	43.8 per 100,000
Breast Cancer	30.8 per 100,000	31.0 per 100,000	25.9 per 100,000
Malignant Skin Melanoma	1.1 per 100,000	1.6 per 100,000	1.9 per 100,000
Diabetes, Urogenital, Blood and Endocrine Diseases	60.0 per 100,000	71.3 per 100,000	49.6 per 100,000
Self-Harm and Interpersonal Violence	12.2 per 100,000	11.8 per 100,000	9.0 per 100,000
Transport Injuries	11.9 per 100,000	17.7 per 100,000	8.1 per 100,000
Mental and Substance Use Disorders	3.9 per 100,000	8.2 per 100,000	8.2 per 100,000
Cirrhosis and Chronic Liver Diseases	10.8 per 100,000	14.0 per 100,000	11.8 per 100,000
Heavy Drinking	4.5%	3.8%	6.7%
Binge Drinking	9.4%	7.5%	12.4%
Smoking	17.8%	21.1%	17.9%
Obesity	47.7%	44.5%	36.1%
Recommended Physical Activity	38.4%	39.7%	52.6%

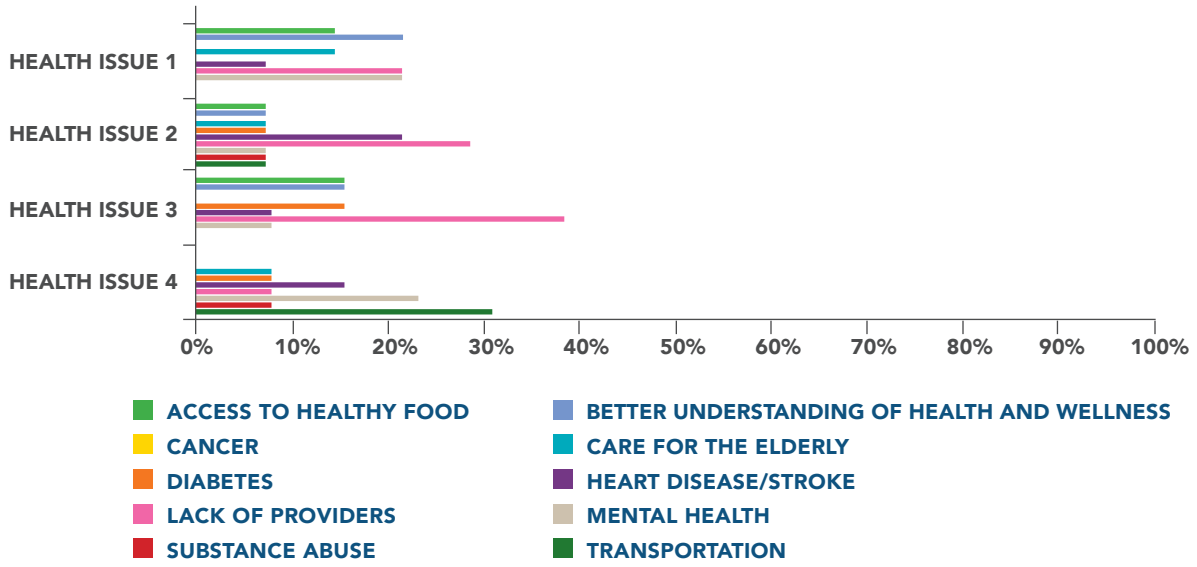
AREAS OF NEED

Following the results of the SurveyMonkey survey (181 received in total, including surveys from medically underserved, low-income, minority populations, such as the Hispanic population which was targeted specifically with ads translated into Spanish featuring a QR code in Mississippi Catholic and La Noticia and interviews conducted in summer 2024, the internal and external stakeholders had an opportunity to review the results to provide targeted feedback about Significant Needs and possible Priority Areas. These discussions further highlighted problems with social determinants of health facing tri-county area residents, such as difficulty with transportation and barriers to accessing mental and substance abuse care. Access to adequate women's health care and care for homeless individuals continue to remain a top priority as well.

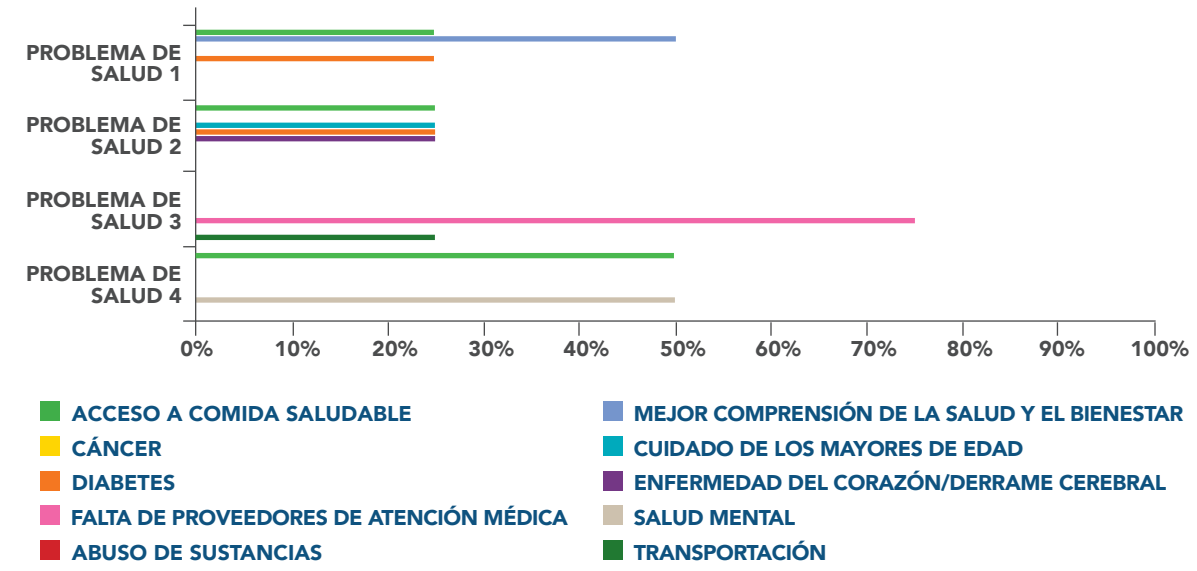
SURVEY RESULTS

Community (including an ad targeted at the Hispanic community)

Q3: Here are several health issues in our region. Please rank the four you think are most important.

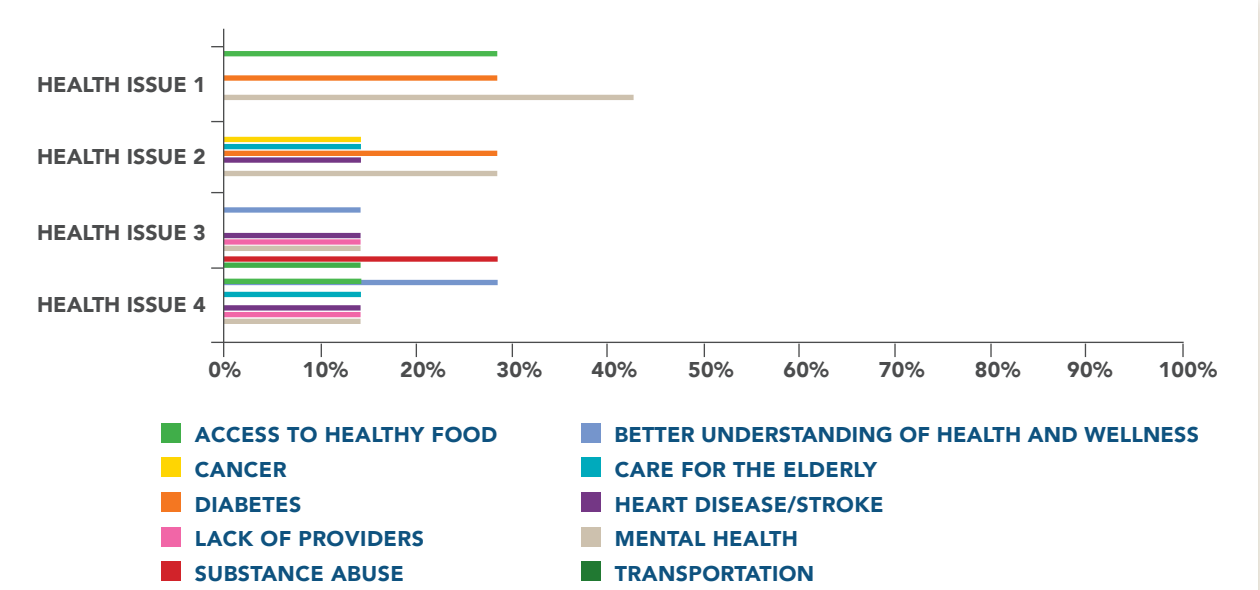


Q7: Hay varios problemas de salud en nuestra area. Por favor clasifica las cuatro que crees que son mas importantes.



External Stakeholders

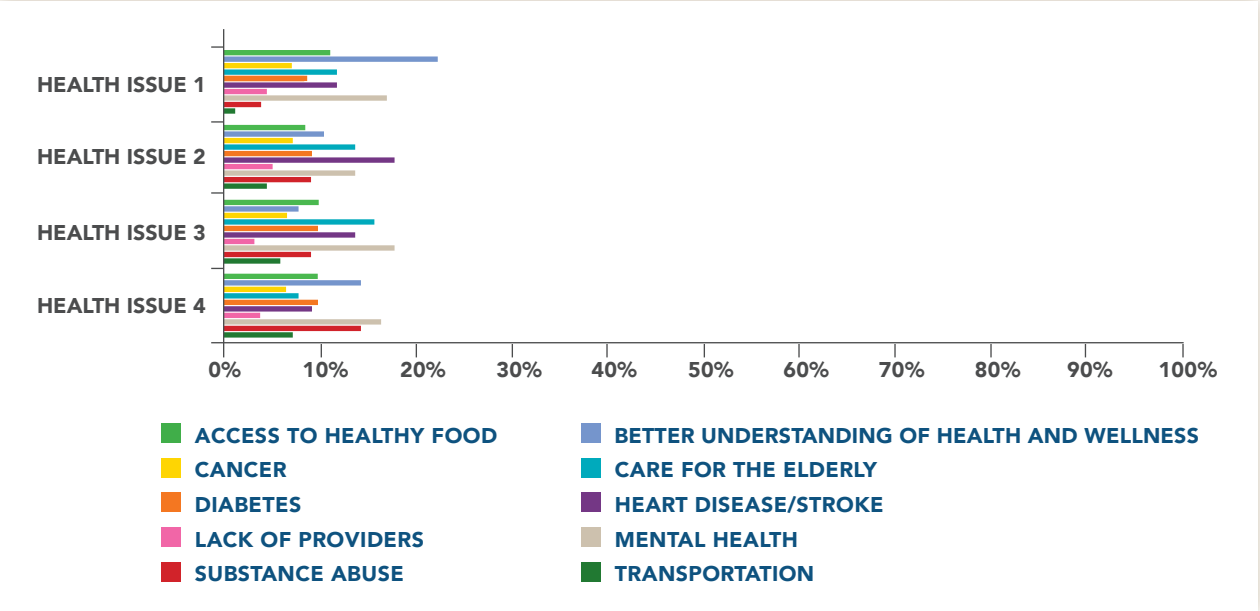
Q2: Here are several health issues in our region. Please rank the four you think are most important.



Internal Stakeholders, Team Members, Board Members, Physicians

Q2: Here are several health issues in our region. Please rank the four you think are most important.

Answered: 152 Skipped: 0



In preparing this CHNA, St. Dominic's interviewed Brianna McField, MPh, Community Health Director for the Mississippi Department of Health, and Angelique Rawls, Executive Vice President, Greater Jackson Chamber Partnership. Ms. McField's position specifically represents underserved, low-income, minority populations on a full-time basis. Each of the interviewees echoed much of the feedback received regarding patients' struggles with social determinants of health, such as poverty and access to care. Responses were very in line with what survey respondents had indicated: people need access to

care that they can trust and access to care that they feel they can afford and understand. Additionally, the responses took non-traditional approaches. Rather than simply reducing costs and adding providers, solutions ranged from the addition of community health workers and reduction of systemic racism to community gardens and increased volunteerism presence from St. Dominic's staff.

Written comments regarding the previous CHNA and implementation plan were welcome to be submitted by contacting Administration at (601) 200-2000 or emailing Susan.Dickey@fmolhs.org; however, at the time of publication of the 2024 St. Dominic's CHNA, no comments or feedback had been received. Considering all data analysis, stakeholder discussions and surveys results, St. Dominic's determined the top community needs to be (in priority order):

- Mental health
- Better understanding of health and wellness
- Heart disease and stroke
- Care for the elderly
- Women's health
- Access to healthy food
- Lack of providers
- Transportation

For the purposes of the 2024 CHNA St. Dominic's has chosen to focus its efforts on two community needs: Access to Care and Women's Health. Work will take place to address the other Significant Needs in the community, including work done at St. Dominic's. For example, St. Dominic's is actively involved in work with the homeless population through its relationship with Stewpot Community Services. However, the other significant needs were not chosen as the Priority Areas due to a lack of immediate resources to make a significant impact in those areas or substantial work that is already taking place in those areas. If this reality changes during the three-year measurement period for the CHNA, St. Dominic's will modify its implementation plan to include goals related to those needs as well. St. Dominic's action steps to address the chosen Priority Areas will be detailed in the related Implementation Plan. St. Dominic's will contribute financial and human resources that will be captured with amounts attached and reported on a regular basis at both the local and FMOLHS levels for community benefit accountability monitoring through Lyon Software's CBISA online database reports.

COMMUNITY RESOURCES AVAILABLE TO HELP ADDRESS PRIORITY AREAS

BankPlus
Belhaven University
Care-A-Van
Catholic Charities, Inc.
City of Jackson
Greater Jackson Chamber Partnership
Hinds Community College
Jackson Public Schools
Junior League of Jackson
Mississippi College
Mississippi Food Network
Mississippi State Department of Health
Mission Mississippi
Operation Shoestring
Stewpot Community Services
United Way
University of Mississippi Medical Center

PREVIOUS COMMUNITY HEALTH NEEDS ASSESSMENT

A CHNA was conducted by St. Dominic's in 2021. At that time, the top Priority Areas identified were:

- Homelessness
- Crisis care programs for mental health
- Affordable healthcare services for people or families with low income
- Domestic violence resources
- Housing for all incomes/ages
- Counseling services for depression or anxiety
- Job readiness
- Post-addictions treatment support programs
- Counseling services for adolescents / children
- Prescription assistance

Among the many activities St. Dominic's has engaged in during the three-year measurement period for the 2021 CHNA, the organization has addressed the Priority Area of prescription assistance by partnering with St. Vincent de Paul Pharmacy to open a location in Jackson in an area where vulnerable populations can easily access services. St. Dominic's will provide the location free of charge to the pharmacy, which is anticipated to open in fall 2024. St. Dominic's senior program was active during the three-year monitoring program educating seniors about health issues, offering health classes and screenings, and providing opportunities for communal meals and group activities to keep seniors active and living independently. The Care-A-Van continues to offer health screenings throughout the region to both the broader community and groups living in poverty who do not otherwise have access to health screenings or a way to get to them. St. Dominic's partners on an ongoing basis with Stewpot Community Services to address the health needs of the homeless population through provision of free healthcare services.

Paper copies of this CHNA are available for public inspection upon request and without charge at St. Dominic's. Digital copies are available at stdom.com. Search using the words "Community Health Needs Assessment" or "CHNA." Comments and other feedback about this CHNA can be provided to St. Dominic's by contacting Administration at (601) 200-2000 or emailing Susan.Dickey@fmolhs.org.

NEXT STEPS

St. Dominic's will continue dialogue with collaborators and community members to develop an implementation plan for strategies and programs to address the identified Priority Areas. Existing programs will continue to be monitored for effectiveness and developed, as needed.


Mark

St. Dominic Hospital

ST. DOMINIC HOSPITAL | 969 LAKELAND DRIVE | JACKSON, MS | **FMOLHS.ORG**