St. Dominic's

A Ministry of the Franciscan Missionaries of Our Lady Health System

2021-24 Community Health Needs Assessment

With Implementation Plan

July 8, 2021

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Contents

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Introduction

Organizational History

Since 1946 the Dominican Sisters of Springfield, Illinois, have provided health care to the people of Central Mississippi. Beginning with the purchase of a rundown facility in downtown Jackson, St. Dominic's grew into a multi-faceted health care ministry that brings a healing touch to thousands of lives every year. St. Dominic's is Mississippi's only comprehensive Catholic health care ministry.

The hospital relocated to the Lakeland Drive site in 1954. That original building is now the North Wing of the South Campus. Over the years the ministry expanded to include medical office buildings, primary and specialty clinics, a free-standing behavioral health facility, and cancer center.

Today, as part of Franciscan Missionaries of Our Lady Health System, St. Dominic's Hospital employs over 3,200 team members. The hospital is licensed for 570 beds and is Mississippi's only Joint Commission certified Comprehensive Stroke Center. St. Dominic's is a leading cardiovascular provider in the state of Mississippi. St. Dominic's 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. Other specialized services include the Neuroscience Center, Comprehensive Cancer Center, Behavioral Health Services, Women's Services, and Orthopedic Services.

St. Dominic's is a family of services bringing the healing of Christ to those most in need. In addition to the hospital, St. Dominic's includes St. Catherine's Village, a continuing care retirement community; St. Dominic Health Services Foundation; and Community Health Services. Within these organizations a wide variety of programs exist including a Community Health Clinic for the poor and underserved, St. Dominic Medical Associates and MEA Clinics (physician network), New Directions for Over 55, The Club at St. Dominic's fitness center, and the Care-A-Van mobile screening unit.

On July 1, 2019, St. Dominic Health Services became part of the Franciscan Missionaries of Our Lady Health System (FMOLHS), Baton Rouge, Louisiana. The system has seven other hospitals and dozens of ambulatory facilities. It is the second largest subsidiary within FMOLHS. The Dominican Sisters determined that becoming part of a larger system was the best way to continue serving the people of Mississippi for years to come. The transition involved not only operations, but the adoption of the FMOLHS mission and core values. Turning to the example of St. Dominic and St. Francis, we choose "Companions of the Journey" for our transition theme. According to a story handed on in the Dominican and Franciscan orders, the two saints met in Rome near the beginning of 1216. Both founders were part of a renewal of the church. Dominic is reported to have said, "You are my companion. We will work together, supporting one another toward the same end, and no one will prevail against us."

Methodology, Purpose, and Data Limitations

Community Health Needs Assessment Participants and Purpose

St. Dominic's reached out to a group of individuals to participate in its Community Health Needs Assessment (CHNA) to contribute insights from patients, community service organizations, and staff. Each person provided project feedback regarding perceptions of area health needs, data evaluation, and other guidance during the CHNA process. The individuals had a breadth of community health vision, knowledge, and leadership to impact the well-being of the service area.

Section 9007(a) of the Affordable Care Act (March 2010) requires that all non-profit hospitals and health systems to complete a Community Health Needs Assessment every three years. The purpose of the St. Dominic's CHNA is to identify and prioritize community needs. In doing so, it will also provide a solid technical platform to analyze population health at a sub-county level (based on the actual service area), finely tune outreach activities, highlight opportunities for collaboration, strengthen the existing community health activities, and meet IRS regulations.

The practical purpose is this: the CHNA provides a data- and research-based foundation from which to develop and drive hospital activities that impact the most people, address the most urgent needs, and otherwise respond to the highest priority needs within the hospital's purview.

Methodology Components

The 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.** This type of research includes a thorough analysis of previously published materials that provide insight regarding the community profile and health-related measures.

- **Qualitative Interviews and Discussion Groups.** This form of primary research includes discussion groups and interviews with hospital leadership, other community service providers, and healthcare consumers who represent a span of healthcare consumers in the service area.

- **Community Survey.** Crescendo conducted an online survey with more than 84 community members. Survey results and analysis can be found in this report. The survey instrument is contained in the appendices.

- **A Needs Prioritization Process.** Following the secondary research, qualitative interviews, focus group discussions, and community survey, a list of 26 community health issues was generated. Project leadership group members participated in a needs prioritization meeting where top needs were discussed, along with St. Dominic's locus of control for each item. The discussions allowed a formation of prioritized needs and an analysis that was used to facilitate the Implementation Plan.

Data Limitations

In general, the secondary data utilizes the most current data sets available. The dramatic changes in 2020 and 2021 due to the COVID-19 pandemic may have impacted some of the traditional projection tools, source data, and data collection methods. For example, the American Community Survey (ACS) which provides detailed population and housing information revised its messaging, altered their mailout strategy, and made sampling adjustments to accommodate the National Processing Center's staffing limitations.[1] Where relevant, the impacts or new data due to the COVID-19 pandemic are noted.

In addition, in-person interviews and focus group discussions were conducted only by telephone or in a virtual setting. The decision to may have impacted some of traditional in-person dynamics.

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[1] See U.S. Census Bureau: https://www2.census.gov/ces/wp/2021/CES-WP-21-02.pdf

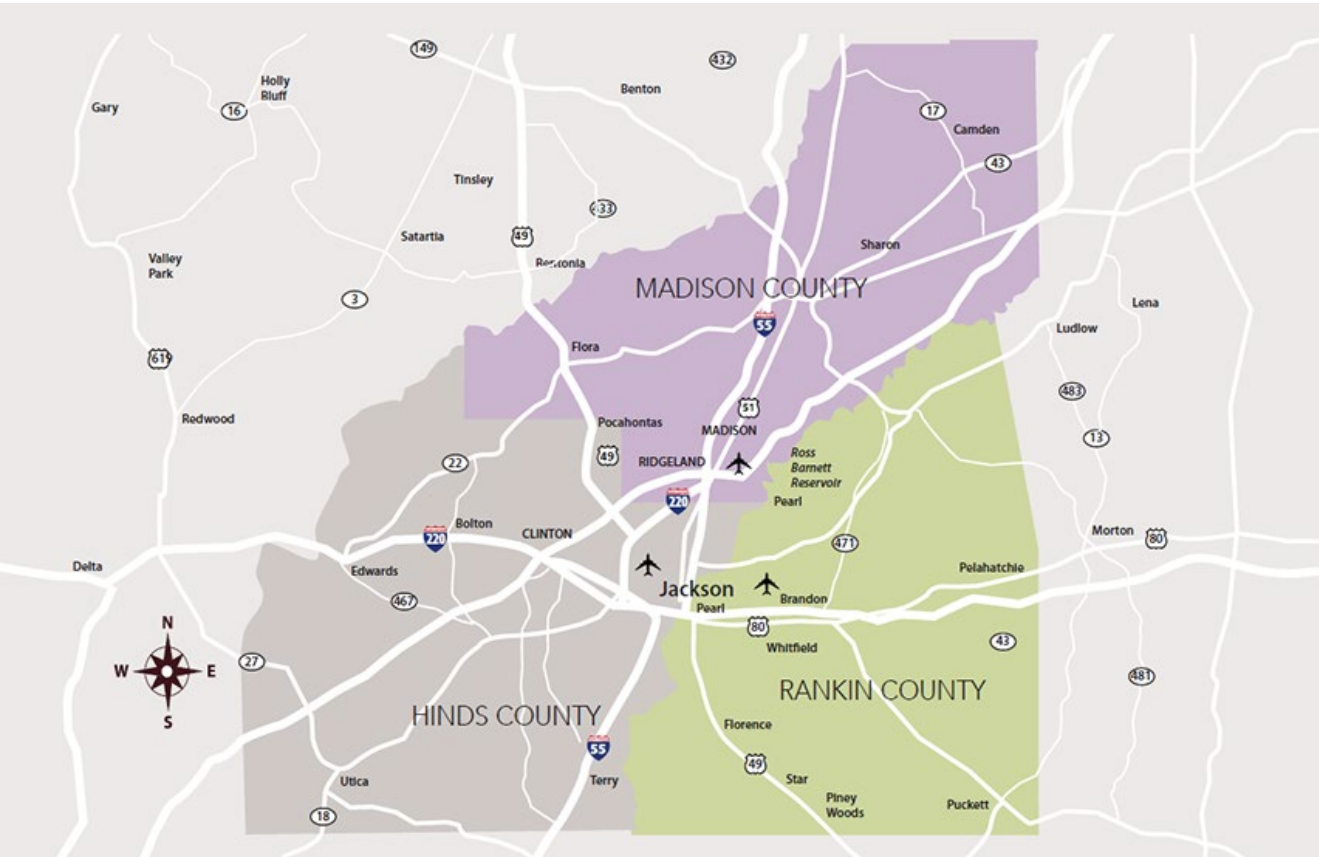# Data Overview of Communities Served

Area Description and Map

St. Dominic's a 570-bed acute care facility serving the geographically diverse Jackson market in the Madison, Hinds, and Rankin tri-county region of Mississippi. The service area is comprised of 493,383 residents[2].

Exhibit 1: Service Area Map

SOURCE: St. Dominic's

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[2] SOURCE: American Community Survey, 2019 5-Year Estimates

The Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of community health need. The SVI was developed by the U.S. Centers for Disease Control and Prevention as a metric for analyzing population data to identify vulnerable populations based on measures that include Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. The SVI may be used to rank overall population wellbeing and mobility relative to County and State averages. It can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies (e.g., pandemics).

Exhibit 2: Social Vulnerability Index, 2019 (With 2010 Change Rates for Comparison where change is greater than 10%).

Measure	U.S.	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area[3]
Population	328,239,523	2,976,149	231,840	106,272	155,271	493,383
Percent Living in Poverty	12.3%↑	19.6%↑	18.9%	8.7%	11.6%↑	14.4%↑
Unemployed[4]	6.3%↑	6.4%↑	6.7%	4.4%↑	3.7%↑	5.3%
Median Household Income	$65,712↑	$45,792↑	$44,964↑	$ 68,171	$67,012↑	$56,901↑
Age 65+	15.6%	15.4%	13.6%	12.8%	14.7%	13.7%
Age 17 or Younger	22.6%	23.9%	24.5%	25.2%	23.5%	24.4%
Household with Disability	12.6%	16.4%	12.7%	9.8%	12.5%	12.0%
Single Parent Households	29.0%	34.1%	41.2%	30.8%	29.4%	35.2%
Ethnic Minority	40.0%	43.7%	76.2%	45.0%	27.1%	54.0%
Do not Speak English	16.2%	2.8%	1.8%	5.2%	3.5%	3.1%
Mobile Homes	6.2%	15.1%	4.0%	4.2%	15.1%	7.5%
No Vehicle	4.30%	2.10%	2.70%	0.90%	0.60%	1.7%

SOURCE: American Community Survey, 2019 and 2017 5-Year Estimates.
https://data.census.gov/cedsci/table?q=commute&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST1Y2019.S0801&moe=false&hidePreview=true

Notable SVI characteristics are seen in Exhibit 2 for Hinds, Rankin, and Madison Counties along with the aggregated St. Dominic's Service Area, compared with state and national averages. Data in this table comes from the 2019 American Community Survey 5-Year Estimates, with trends and changes noted by arrows ↑↓. An upward arrow (↑) indicates an increase of more than 10% from the 2010 American Community Survey 5-Year estimate, a downward arrow (↓) indicates a decrease of more than 10%. If no arrow is present, there is no identified change from 2010.

The changes seen in this table suggest:

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[3] Service Area Averages are weighted by County population.

[4] December 2020 Unemployment Rates. Unemployment rates have spiked from December 2019, but over a 10-year span have not changed drastically. SOURCE: Bureau of Labor Statistics.

- Median income in the St. Dominic's Service Area ($56,901) rose over the past 10 years and is higher than the Mississippi average ($45,792).

- Madison ($68,171) and Rankin ($67,012) counties average much higher incomes than Hinds County ($44,964) a disparity between the three counties that is reflected in other outcomes measures throughout the report.

- More than half (54.0%) of St. Dominic's Service Area residents identify as an ethnic minority.

- Approximately one in three (35.2%) households are single-parent households. Single-Parent Households may indicate a vulnerable population, which may experience a lack of childcare options and/or a single source of income.

The Opportunity Atlas

The Opportunity Atlas further illustrates the needs and disparities of the St. Dominic's service area. The Opportunity Atlas analyzes census data and tax returns to track economic and social mobility among individuals born in distinct geographic regions.

Exhibit 3: The Opportunity Atlas
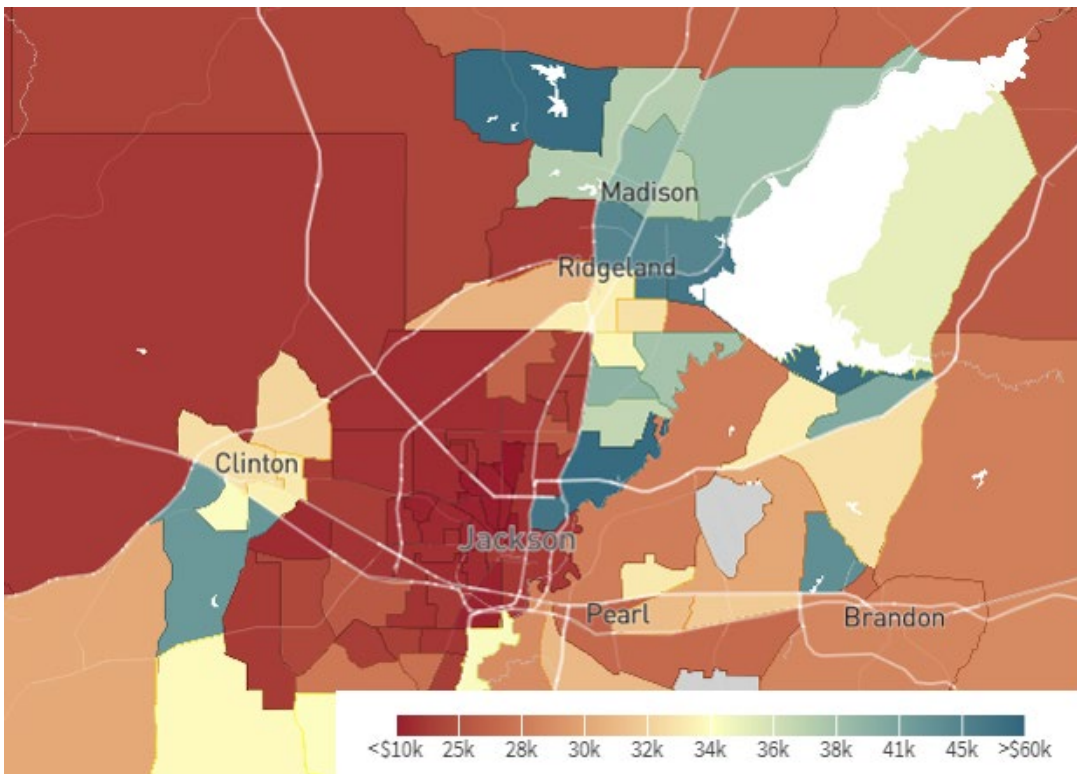
SOURCE: Opportunity Atlas.

In Exhibit 3 above, the blue color represents higher income "opportunity" for children raised in a respective area, while orange and red indicate lower income "opportunity." However, it should be noted that some blue shaded areas represent areas of swampland and little populous – i.e., the area east of downtown Jackson. Overall, much of west Jackson is impoverished.

Service Area Demographics
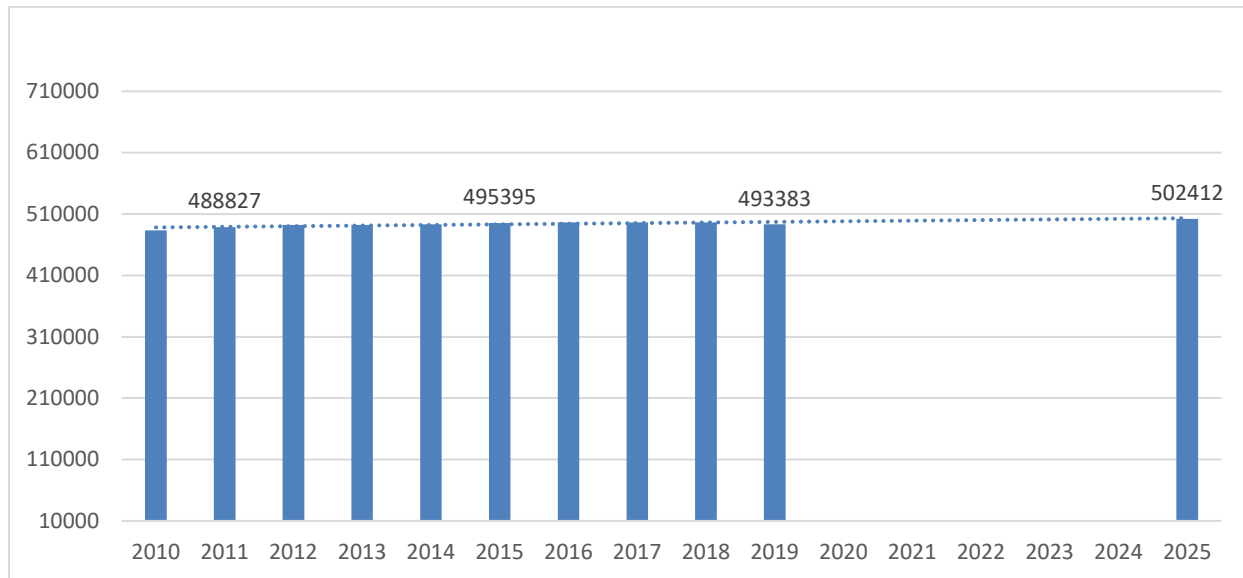
SOURCE: American Community Survey, 2010-2019 5 Year Estimates, ESRI Data.

- The Jackson market is expected to continue its incremental growth by approximately 2% (annual rate) over the next 5 years.
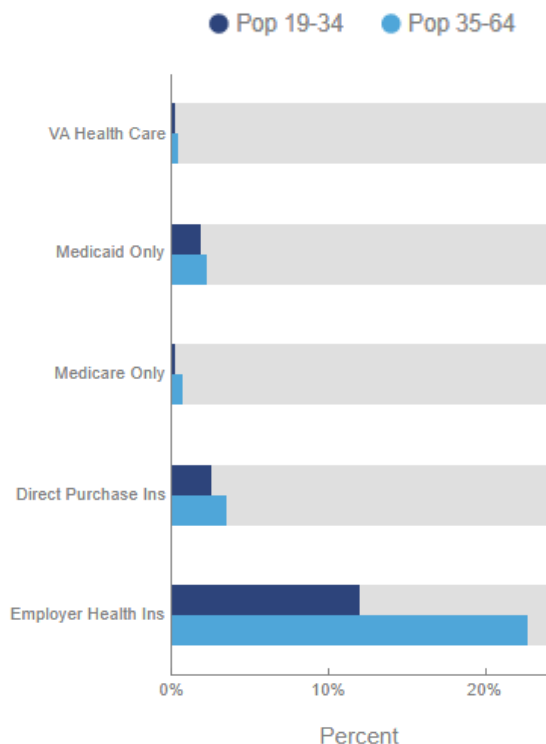
> THE PROJECTED POPULATION INCREASES OVER THE NEXT SEVERAL YEARS ARE ANTICIPATED TO HAVE AN IMPACT ON INSURANCE COVERAGE AND HEALTH CARE EXPENDITURES.

SOURCE: ESRI Data, 2019.

Exhibit 6: Health Care Expenditures Per Capita, Jackson Market

$3,397
Annual Health Insurance
Expenditures

$1,854
Medical Care
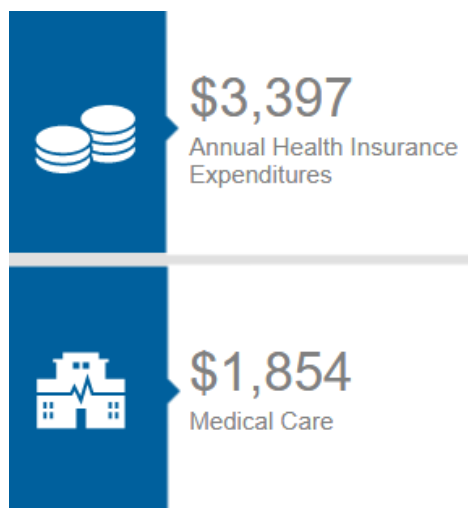
SOURCE: ESRI Data

Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population. As seen in Exhibit 7, St. Dominic's service area includes substantial medically underserved areas.

Exhibit 7: Medically Underserved Areas, Jackson Market
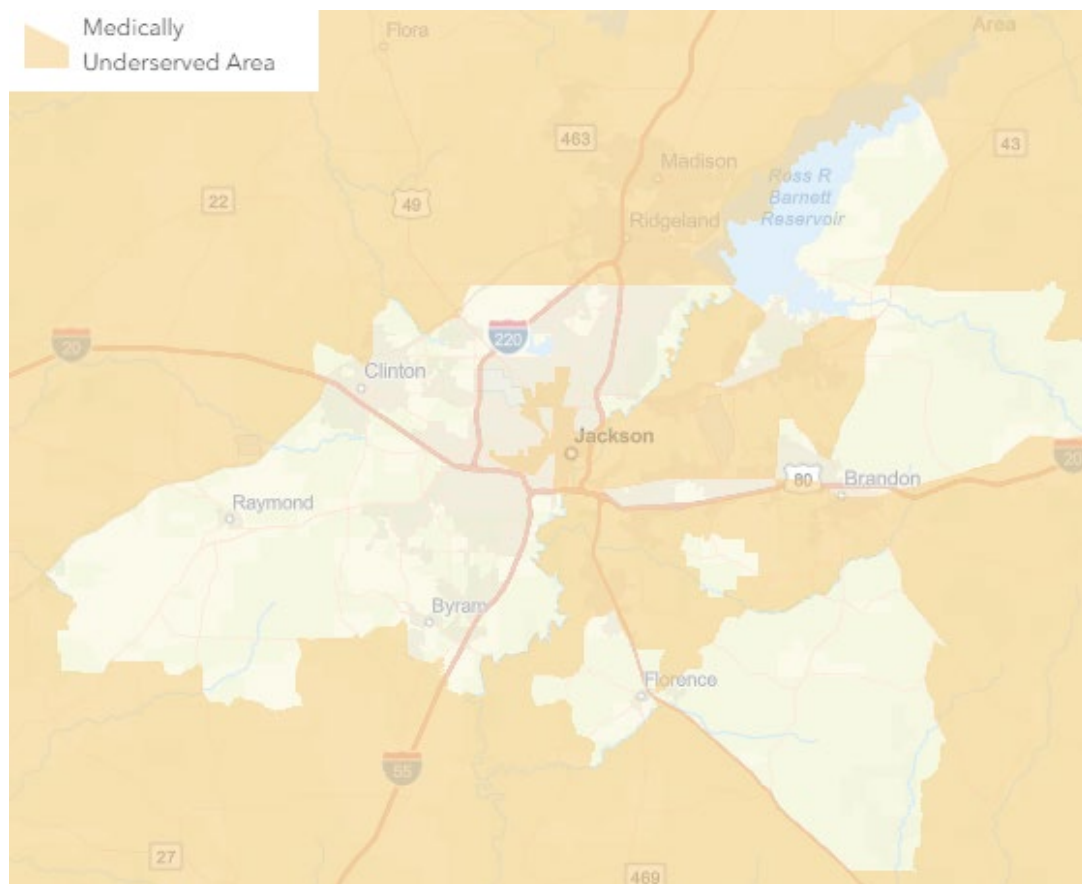
SOURCE: Health Resources and Services Administration, https://data.hrsa.gov/maps/map-tool/

Recap of 2019-2021 Community Health Needs

In 2018, St. Dominic's Community Health Needs Assessment identified the following areas of need:

Prioritized Community Needs	
Rank	Health Need
1	**Access to Affordable Healthcare** • Insurance coverage / co-pays / deductible • Rx assistance • People with existing challenges of access to care (e.g., disabilities, low-income individuals and families, etc.) • People requiring behavioral health and medical / physical healthcare services (i.e., integrated care) • Seniors - especially those with chronic conditions and those with co-morbid behavioral health and medical / physical health issues • Services for families facing homelessness
2	**Mental Health and Substance Abuse** • MH and SA crisis services for adults • MH counselling for adults • Counselling for children & adolescents with mental illness or substance use issues • Medication Assisted Treatment (MAT) programs • Community Opioid strategies • Post addiction support • Endocarditis in the inpatient setting
3	**Lifestyle-related Conditions** • Heart / cardiovascular health • Obesity • Diabetes • HIV/AIDS and other STDs • Food security

The top areas of need for the 2021-24 Community Health Needs Assessment are found on page 11. The overall assessment noted the previously identified needs to track community progress and identify emerging trends.

Qualitative Research Summary

Overview

The Qualitative primary research stage included stakeholder interviews and focus group discussions across the community. There were 15 one-on-one interviews that lasted approximately 30 minutes in length, although some community members chose to share a great deal of information and exceeded 30 minutes. The interviews provided the opportunity to have in-depth discussions about community social, health and service issues with individuals able to provide insight regarding health services and access needs.

In addition, there were four focus group discussions (held via Zoom) used a similar interview guide (see Appendix) that covered the participants' broad perceptions of community needs. The "focus" groups enabled the participants to highlight areas of consensus as to what they see as the biggest community health needs facing the community.

In total across both qualitative research styles over 40 individuals provided input from the following segments:

- Hospital Executive Leadership
- Health care service providers
- Community service organizations
- Health care consumers
- Faith based organizations
- Social service providers

| Qualitative Themes |
| Needs & Action Areas |
| Illustrative Observations |
| Potential Interveentions (for IP) |
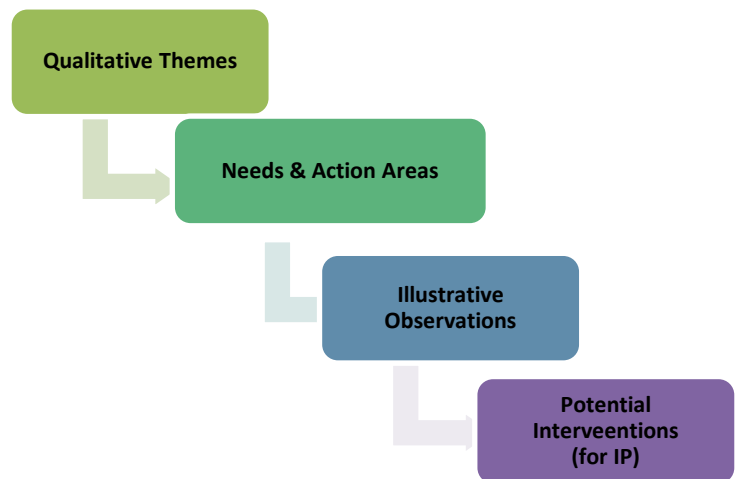
The combination of qualitative individual interviews and focus the group discussions resulted in a consensus of several top areas of need that can be described as Qualitative Themes**.** Each of these themes cuts across and impact the subsequent Needs & Action Areas. The themes are identified below with a short explanation.

The Needs & Action Areas include an overview of the subject and utilize de-identified Illustrative Observations in italic**s** which are representative of respondents' consensus perspectives. In many cases they highlight examples of Potential Interventions for the Implementation Plan (IP).

Qualitative Discussion Themes

The St. Dominic Hospital Service Area varies markedly in its different regions. Those who reside in the Jackson area tended to report easier access to care, and limited transportation issues. Those in more rural areas were more likely to lament a dearth of care providers.

St. Dominic Hospital is well thought-of and considered a community leader. When sharing their personal experiences with St. Dominic, service providers and community members tended to convey a positive message. Constructive criticism centered on expanding already effective services or adding new service lines.

Improved Community Health will be most likely achieved through a holistic approach. The top action areas and observations (outlined below) are interwoven with one another. For instance – Increased access to services, identified as a top need, will improve preventive care numbers (another top need.) These can have a positive downstream effect to improve the rates of metabolic disease management (yet another top need).

The following table illustrates the way qualitative discussion yielded eight core areas of need. The following illustration shows the core areas of need in alphabetical order (not prioritized)

- Access to Affordable Services
- Behavioral Health
- Care for Seniors
- Communications and Health Education
- Impacts of the COVID-19 Pandemic
- Metabolic Disease Management
- Preventive Care
- Utilization of Telehealth

These top areas of need are presented in full in the following pages.

Action Areas and Observations

Key action areas and primary observations that are representative of respondents' consensus perspectives from the interviews are included *in italics* below.

Access to Affordable Services

Access remains a core issue in the St. Dominic Hospital Service area. Access to insurance and transportation were common themes in conversations with project stakeholders and focus group participants. Many residents reported the difficulty of navigating the multiple steps required to obtain care, especially in cases where there is no insurance coverage.

A large barrier is cost, especially for individuals who may not meet the requirements for services like Medicare or Medicaid, but do not have the means to pay for other forms of insurance. St. Dominic's consumers reported generally positive experiences using hospital services, but portions of the hospital service area go unserved due to lack of access. The following are representative of respondents' consensus observations.

- *If you don't have access to insurance, you essentially don't have access to care.*

- *It can depend where in the service area a person is located. Some people live right nearby services, some people live 30 miles away without access to transportation.*

- *More community health workers are needed.*

- *Transportation is okay – but still not great. Locally we have buses, but not out into rural areas.*

- *Mississippi is not a Medicare expansion state, we're trying to change this. We got over 300 signatures of clergy throughout the state to increase coverage to post-partum moms. The hospital association (St. Dominic's is a member) offered to pay the special tax to pay the 10% incremental tax.*

- *(There is) a lack of advocacy. Patient navigation is huge.*

- *It has been difficult to connect with the hospital recently, and I do think that's because of turnover.*

Behavioral Health

Behavioral Health was reported to be a rising need in the Service Area, where impacts of the COVID-19 pandemic such as increased social isolation (especially among youth and seniors) and economic insecurity have exacerbated underlying issues. Secondary data revealed that depression rates in the St. Dominic's Hospital Service Area Counties have slowly increased over the past few years. It is estimated these numbers will have risen again during the COVID-19 pandemic. A CDC study in June 2020 found 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%).[5] Community members described the need for increased access to behavioral health care, but also noted that stigma persists in this area, leaving some individuals unable or unwilling to seek treatment. Stakeholders also noted cultural differences as a factor for some populations, where mental health treatment is generally not common.

The following are representative of respondents' consensus observations about Behavioral Health.

- *Integration of Behavioral Health and medical services is an urgent need. More partnerships between hospitals are needed to meet these needs. If we do not address this, our emergency departments will continue filling up and I think we will see crime increase.*

- *Mental Health and Substance Use Disorders are not managed as well as they could be. Capacity is a major, ongoing issue. We suffer from lack of solid follow-up execution.*

- *We have a new psychiatrist, but outpatient work is lacking.*

- *We are seeing an increase in teen suicide - I think that is preventable.*

- *I think some people are scared to ask; I think there is still a stigma when it comes to accessing some of these services.*

Care for Seniors

When asked to identify any particularly vulnerable populations in the area, many stakeholders mentioned seniors. Their needs, especially those with chronic conditions and those with co-morbid behavioral health and medical issues, made them especially vulnerable to the COVID-19 pandemic, and their social needs, often overlooked, were exacerbated. The need for long-term care was also brought up, with some seniors in long-term care lamenting how not all of their peers enjoyed such security.

- *Transportation, education, advocacy, home care.*

- *We focus a lot on the social determinants of health, which includes housing. I know one of our patients applied for housing assistance 3.5 years ago, and just got word they are available for assistance.*

- *Going through the pandemic - you hear our seniors, it is evident they relied on us to provide a community, and to provide an active lifestyle to them.*

- *I think there can be more programs for seniors. I would invest a great deal of money and resources to make elder care more affordable.*

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[5] Centers for Disease Control, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

Communications and Health Education

When stakeholders were asked if community members knew about the existing structures in place to assist them with care, opinions were mixed. Some felt that the information was out there, and word of mouth communication was strong. Others reported having a friend or family member who does not know where to turn when they needed a ride to an appointment or how to ask follow-up questions with their doctor. All agreed that increasing health literacy and educating the community on areas like mental health stigma and COVID-19 vaccines was important.

- *We need improved communitywide education around COVID protocols, vaccinations, general health care system navigation.*

- *Improving education around transitions of care - warm handoffs - is a big problem. 30-day readmissions skyrocket when poor handling occurs.*

- *A long-term project is to improve education. We currently have two systems: Public schools in poor tax base areas, mostly attended by minority students and wealthier counties with better schools. Without better education, we cannot provide a workforce to incentive business to move in and help break the cycle of poverty.*

- *A lot of new parents do not have the knowledge or resources to provide safe sleep for infants - on their back, a firm surface. We see preventable deaths occurring. Also, a lot of mortalities are motor vehicle accident related, which is related to unsafe or inexperienced driving.*

- *If a doctor said I need an MRI, what's an MRI, where do I get an MRI? And I think just about myself, sometimes I don't know everything, and I must go to our library. What are general community members doing?*

- *A lot of times people must leave their local community to get care, this leads to a lack of trust.*

- *I am not fully aware of healthcare collaboration between the hospital and the schools and greater community.*

Impacts of the COVID-19 Pandemic

The COVID-19 pandemic has impacted the lives of all residents in the St. Dominic Hospital service area, some communities more than others. Service providers report decreasing the amounts of care they could provide, and in some cases needing to eliminate some services. However, many community members reported a feeling of community compassion and resolve in the face of difficulty, with food pantries remaining overstocked, and friends and neighbors helping one another. The physical impact of the virus touched many, as did the mental health toll. Moving community events to Zoom or other technology platforms was reported to be an inferior substitute, and the lack of time in-person in schools stole precious time from young people. One stakeholder noted, *"Parents are feeling stressed and anxious, and we know kids are like sponges – they are inheriting that."*

- *Socialization has been cut off, that is impacting everyone negatively. I think children are suffering from not able to be in schools. Kids see everything, they are inheriting the anxieties of their parents in the uncertain landscape.*

- *There are not any NEW needs; they are all just more ACUTE.*

- *Vulnerable or marginalized communities have been impacted greatly. African American and Hispanic communities saw the worst COVID rates. Sometimes these communities are reticent to seek care – there may be cultural barriers and fears, there is suspicion around the vaccine.*

- *We saw a huge spike in sexual assault right before the shutdown, people calling asking about the need for shelter. Then, during the shutdown, our numbers dropped, because people were stuck at home with their abusers. But now, we are seeing the numbers increase again.*

- *We see a lot of drug use, we see teen pregnancy, abuse, other Adverse Childhood Experiences (ACES).*

Metabolic Disease Management

The state of physical, population health in Mississippi was lamented by many in qualitative discussions. It was described several times as a holistic issue, where community, nutrition, and access to exercise were as important as medication or doctor's visits. For some this is still seen as a product of social isolation and poverty, where health education must improve and access to services increased.

- *Diabetes, hypertension, heart disease. Those are never out of fashion here. They need addressing.*

- *Overall, it is heart health. It is important for all Mississippian's. The big needs are around hypertension, obesity, congestive heart failure.*

- *The heart clinic does a great job. Heart disease is such a big issue here. Jackson has continued to have a challenging time with this.*

- *Nutrition is an important key to this, but there is unequal access to that.*

- *Creating an active community, I think about access to healthy food, access to your provider. It is holistic.*

Preventive Care

Stakeholders often noted Mississippi's high rates of physical health problems – obesity, diabetes, and heart disease. Many suggested a key component to improve community health must include expanding the population who regularly visits to primary care physicians and community health clinics. Reasons for individuals not seeking preventive care and regular check-ups were access to insurance, transportation, and a lack of community health advocates.

- *Preventive services are being skipped, barriers to care negatively impacting marginalized communities. We are seeing people show up way later than they should be. Once they get here, everyone is sicker.*

- *People are overusing the Emergency Department as their Primary Care site. We need to improve access to care and clinics for indigent care.*

- *Increasing care coordination and case management can help us provide more preventive services.*

- *I would like to see an investment in home health and transitions of care.*

- *More than half of births in Mississippi are covered by Medicaid; I think about the time frame they can get an application approved to get to their first prenatal visit. Those times can lag and then people aren't getting in to see their doctors early.*

- *Our Hispanic population has limited access to Primary Care. Not every area has a community health center. Especially undocumented.*

Utilization of Telehealth

The "telehealth" topic divided the "virtual" focus group room participants. One community member reported feeling much freer to attend medical visits remotely, and another service provider cited missed appointments being down. However, for others, telehealth is not a proper substitute for in-person visits, where technology barriers still exist and reaching broad populations in an effective manner needs to be refined.

- *Telehealth is a huge opportunity to add incremental volume to the hospital while increase access to highly vulnerable populations.*

- *Telehealth reimbursement is growing but broadband can be spotty outside of Jackson.*

- *We need more technology support for virtual visits. Virtual social care, virtual medical care.*

- *We need to understand who will benefit from telehealth and who may not. It works better for some but is maybe less helpful for others.*

Community Survey

A community wide survey was conducted in the primary service area. The survey included representation from all three counties, with respondents completing the survey instrument online or in person via hard copy.

Total Sample

Eighty-four (84) total respondents had a primary residence in St. Dominic Hospital's Primary Service Area (PSA) – the sample sizes reflecting differing populations by county. The sample size yields a total margin of error +/- 11%, at the 95% confidence interval.

Survey Instrument

The questionnaire, offered in both Spanish and English, included 41 closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. The responses were tabulated using SPSS (Statistical Package for the Social Sciences) and can be used to help provide directional support for the prioritized set of community health needs.[6]

Survey Data Collection

St. Dominic Hospital facilitated survey advertising via internal and external communications lists and social media. Additionally, to reach populations who may not have access to an internet-based survey tool, hard copy surveys were disseminated around local community service sites and collected for analyzation.

Top Needs
The top five community needs as identified by the survey were:

1. **Homelessness**
2. **Crisis care programs for mental health**
3. **Affordable healthcare services for people or families with low income**
4. **Prescription assistance**
5. **Domestic violence resources**

For a thorough analysis of survey results, please see below:

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[6] 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).
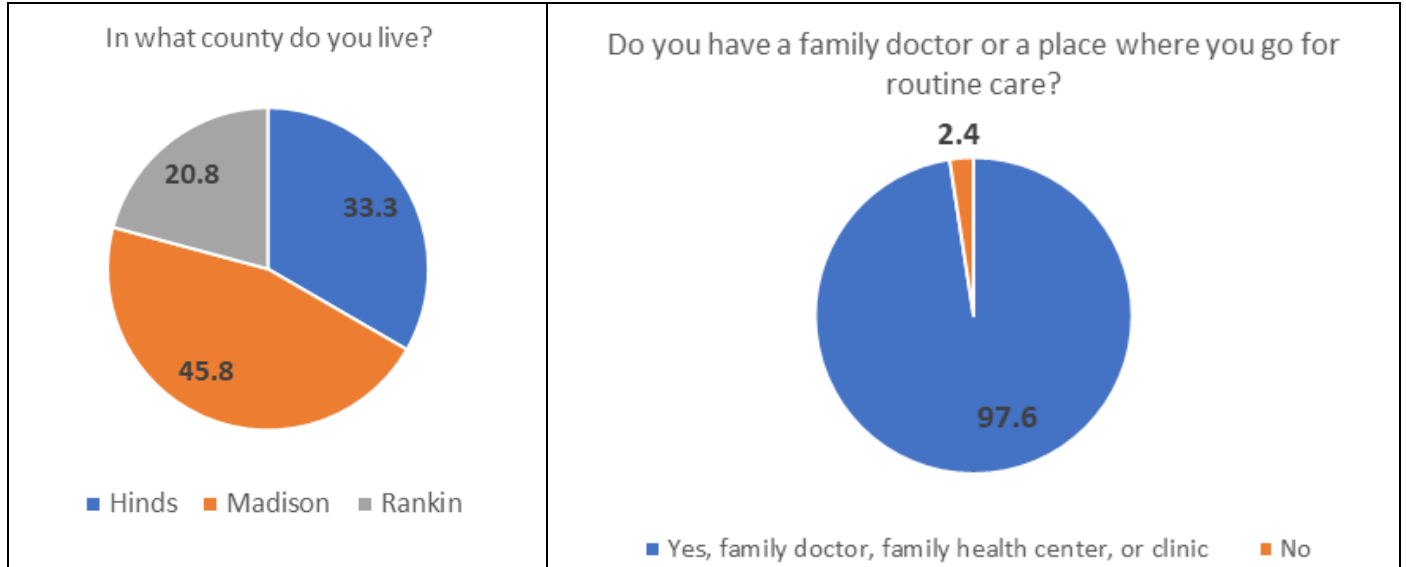
Community Needs Ranked by Community Response Categories
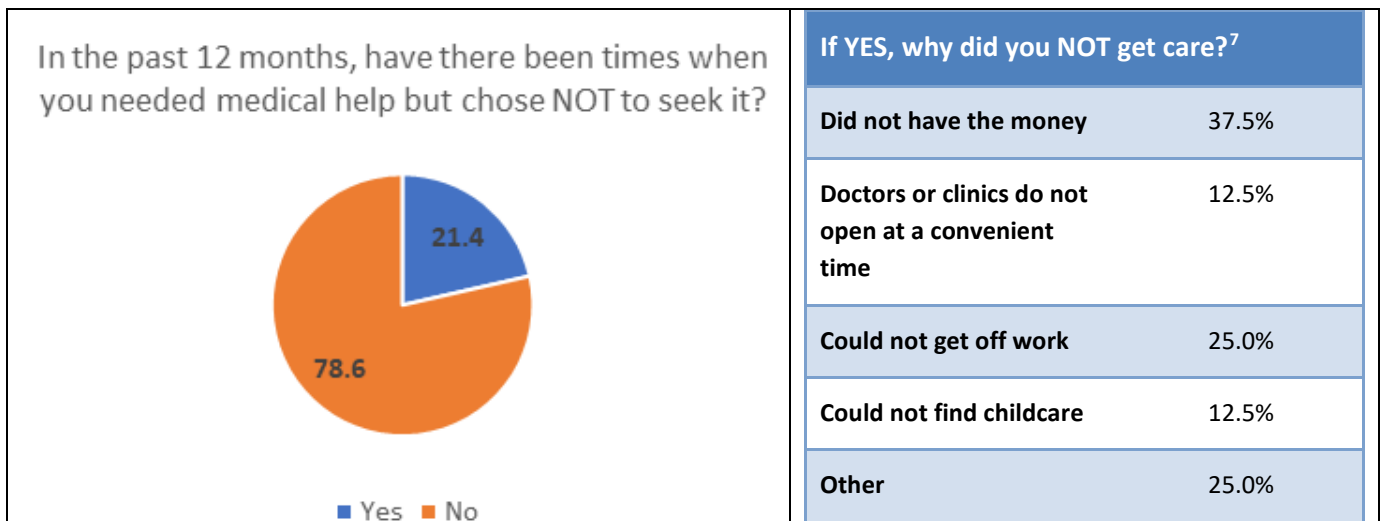
Exhibit 8: Community Survey Ranking of Top Needs

Rank	Need	Percent Saying "Much more focus needed"	Percent Saying, "Much or Somewhat More Focus Needed"	Average Score
1	Homelessness	86.7	96.7	2.83
2	Crisis care programs for mental health	82.8	100.0	2.83
3	Affordable healthcare services for people or families with low income	80.0	96.7	2.77
4	Prescription assistance	72.4	100.0	2.72
5	Domestic Violence Resources	70.0	100.0	2.70
6	Early intervention for substance use disorders	71.4	96.4	2.68
7	Post-addictions treatment support programs	66.7	96.7	2.63
8	Medical Assisted Treatment (MAT) for opioid addiction	66.7	96.7	2.63
9	Job readiness	60.0	96.7	2.57
10	Long-term care or dementia care	62.1	93.1	2.55
11	Counseling services for adolescents / children	53.3	100.0	2.53
12	Caring for aging parents and resources to help	50.0	100.0	2.50
13	Programs for diabetes and/or obesity	53.3	96.7	2.50
14	Affordable quality childcare	53.3	96.7	2.50
15	Counseling services for depression or anxiety	48.4	100.0	2.48
16	Specialty care services (for things such as cardiology, cancer care, and dermatology)	46.4	96.4	2.43
17	Transportation services for people needing to go to doctor's appointments or the hospital	42.3	100.0	2.42
18	Secure sources for affordable, nutritious food	51.6	90.3	2.42
19	Transportation	48.3	93.1	2.41
20	Parenting classes	32.1	92.9	2.25
21	Heart health or cardiovascular health	34.5	89.7	2.24
22	Dental	37.9	86.2	2.24
23	Primary care services (such as a family doctor or other provider of routine care)	32.3	71.0	2.03
24	HIV / AIDS testing	20.0	80.0	2.00
25	Emergency care and trauma services	25.0	71.9	1.97

The community survey included a reasonably good representation of people living in each of the three St. Dominic's service area counties. Note also that most people (97.6%) have a family doctor or a place where they go for routine care.

Exhibit 9a & 9b: Community Survey Participants and Access To Care

In what county do you live?

20.8 / 33.3 / 45.8

■ Hinds ■ Madison ■ Rankin

Do you have a family doctor or a place where you go for routine care?

2.4 / 97.6

■ Yes, family doctor, family health center, or clinic ■ No

- The community survey included a reasonably good representation of people living in each of the three St. Dominic's service area counties.
- More than 20% of respondents needed medical care, but chose not to seek it in the past year.

In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?

21.4 / 78.6

■ Yes ■ No

If YES, why did you NOT get care?[7]	
Did not have the money	37.5%
Doctors or clinics do not open at a convenient time	12.5%
Could not get off work	25.0%
Could not find childcare	12.5%
Other	25.0%

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[7] Multiple Responses Allowed

Exhibit 10: Community Survey - Impacts of COVID

Since COVID, which of the following are the top issues with which people struggle?	
Finding a job	24.1%
Getting a vaccine	13.8%
Follow-up pulmonary therapy	13.8%
Secure food sources	20.7%
Anxiety or depression	89.7%

- Anxiety and depression due to COVID-19 has impacted the Jackson Market greatly, with nearly 90% of survey respondents indicating anxiety or depression as a COVID-19 related challenge.
- The second most common issue was identified to be finding a job.

Exhibit 11: Community Survey - Sources of Health Information

What sources do you normally use to find out about healthcare providers, hospitals, your own health, or to monitor your own health?	
Social media	13.8%
A hospital's website	37.9%
Medical websites such as WebMD or Mayo Clinic	51.7%
Television	6.9%
A physician or other healthcare worker	72.4%
Friends and relatives	55.2%

- When it comes to discovering healthcare information, Physician's and Healthcare workers are the most common form of knowledge, followed by word of mouth (friends and relatives).

Hospital Service-Use Data

As part of the Community Health Needs Assessment, St. Dominic's provided de-identified hospital discharge data for analysis. Over 138,000 records were examined with a number of variables including Patient Type, Current Procedural Terminology (CPT) billing code, Diagnostic related Group (DRG) code, and Zip Code.

Overall, the hospital services used by St. Dominic's patients reflect the broad range of integrated services that are provided. The following tables illustrate total encounters (not unique patient visits.)

Patient Service Use (January 1, 2020, to December 31, 2020)

Rank	Patient Service Type	Number of Encounters	Percent of All Encounters	Concentration of CPT Codes **
1	Outpatient	55,913	40.4%	59.6%
2	Recurring	21,235	15.3%	80.8%
3	Inpatient	20,503	14.8%	75.2%
4	Emergency	19,920	14.4%	83.1%
5	Observation	7,084	5.1%	88.3%
6	Outpatient in a Bed	5,109	3.7%	76.7%
7	Day Surgery	4,938	3.6%	45.2%
8	BHS	3,195	2.3%	97.1%
9	DPU	499	0.4%	98.6%
10	Hospice	45	0.0%	100.0%

** Concentration of CPT Codes: The percentage of total encounters represented among the 25 most common CPT codes among each Patient Service Type.

- Outpatient service use reflects the wide range of services offered by St. Dominic's and used by local residents. Although Outpatient services comprise more than 40% of encounters (40.4%), the range of services provided is very broad, as only approximately 60% of services are represented among the most common 25 CPT codes.

- BHS, DPU, and Hospice services are highly concentrated among a few specific CPT noted services.

- St. Dominic's draws patients from a wide geographic range.

- Patients using St. Dominic's Hospital services travel an average of approximately 14 miles for care.

Patient Home Zip Codes - All Encounters

Rank	Zip Code	Encounters	Miles to St. Dominic's Hospital
1	39206	1,961	4.3
2	39209	1,653	17.6
3	39213	1,589	7.9
4	39212	1,414	11.8
5	39211	1,327	4.4
6	39208	1,224	12.7
7	39047	1,192	16.9
8	39110	1,187	14.0
9	39042	1,183	21.7
10	39046	1,141	28.0

- It is interesting to note that a few of the Jackson zip codes (for example 39020, 39203, and 39204) are not among the top 10 most common patient zip codes – though, most are included in the next set of most common zip codes.

- As shown above, the most common three zip codes of patients using inpatient services reflect patients travel an average of over 20 miles for care.

Conclusions and Needs Prioritization

The secondary and primary research techniques generated an extensive list of community health needs, service gaps, barriers to healthcare, and recommendations to address them. In order to synthesize material and create consensus among St. Dominic's leaders and other key stakeholders regarding the recommendations, St. Dominic's utilized the following prioritization approach.

Prioritizing the community needs involved two steps, or "rounds." The first utilized the community survey, which was disseminated electronically and with hard copies to the community at large, to identify approximately 25 community needs.

The second round was a survey of the community needs results to be prioritized by the Leadership Group and Community Insight Group members and other key stakeholders. The top 10 prioritized results are as follows:

1. **Homelessness**
2. **Crisis care programs for mental health**
3. **Affordable healthcare services for people or families with low income**
4. **Domestic Violence Resources**
5. **Housing for all incomes/ages**
6. **Counseling services for depression or anxiety**
7. **Job readiness**
8. **Post-addictions treatment support programs**
9. **Counseling services for adolescents / children**
10. **Prescription assistance**

This prioritization process was an integral piece to the St. Dominic's Implementation plan, presented in the following report section.

Implementation Strategy Considerations

To identify which needs outlined in Community Health Needs Assessment would be addressed by St. Dominic's and how goals would be accomplished, the Implantation Plan process set out to:

- Conduct in-depth discussions with the St. Dominic's Project Leadership team to review the needs list and identify ones generally outside of St. Dominic's purview to impact.

- Develop a matrix that identified existing programs or activities that positively impact one or more of the 26 identified, prioritized community needs.

- Work with the Project Leadership team to define for each of the 26 needs the "degree of control that St. Dominic's has to enact change" and a "potential timeline on which positive change could reasonably be made to address the need".

- Create a summary tool that addresses the project requirements including clear recognition of activities within the hospital's purview to address and (if so), how the hospital can best address the need.

After careful consideration, St. Dominic's plans to directly address the following areas of need in the following time frame:

Within One-Year

- Primary Care Services
- HIV/AIDS Testing

Within Two to Three-Years

- Crisis care programs for mental health
- Counseling services for depression and anxiety
- Post-addictions treatment support programs
- Medical Assisted Treatment (MAT) for opioid addiction
- Transportation

Note that St. Dominic's will continue to address a broad range of prioritized community needs (e.g., affordable healthcare services for people or families with low income and services for people experiencing homelessness), as well as respond to urgent or emerging needs, if they arise, similar to the way St. Dominic's responded to the community needs of the COVID-19 pandemic. For a full overview of St. Dominic's Implementation Plan, see the Appendix.

Appendices

Appendix A: Secondary Data by Analysis Areas

The following appendix section provides a summary of secondary data collected to support the St. Dominic's Community Health Needs Assessment. The major sections / domains include the following:

Demographics

Population Profile

Housing and Household Characteristics

Social and Economic Factors

Household Income and Poverty

Health Status Profile

Mental Health Status Profile

Additional Mortality Data

Demographics

The St. Dominic's service area is distinct from state and national averages in its relatively high percentage of Black or African American population, better than state average educational attainment, and a low unemployment rate. However, poverty levels are on the rise, even as median incomes increase.

Exhibit 1: Select Social Vulnerability Index Measures

Social Vulnerability Index, 2019 (With 2010 Change Rates for Comparison where change is greater than 10%).

Measure	United Sates	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Population	328,239,523	2,976,149	231,840	106,272	155,271	493,383
Median Age	38.5	38.3	35.8	37.1	38.2	37.0
Median Household Income	$65,712↑	$45,792↑	$44,964↑	$ 68,171	$67,012↑	$60,049↑
Percent Living in Poverty	12.3%↑	19.6%↑	18.9%	8.7%	11.6%↑	13.1%↑
Ethnicity						
% White	60.0%	56.3%	23.8%	55.0%	72.9%	50.6%
% African American	12.4%	37.8%	72.8%	37.9%	21.6%	44.1%
% Hispanic or Latino	18.4%	3.0%	1.6%	3.1%↑	2.8%↑	2.5%
%Asian or Pacific Islander	5.6%	1.0%	0.8%	2.8%↑	1.2%	1.6%
%Two or More Races	2.5%	1.3%↑	0.6%	1.1%↑	1.2%↑	1.0%↑
No High School Diploma	11.4%	14.7%	11.9%	8.7%	10.2%↑	10.3%
Percent 16+ Unemployed	6.3%↑	6.2%↑	6.7%	4.4%↑	3.7%↑	4.9%

SOURCE: American Community Survey, 2019 and 2017 5-Year Estimates.

Population Profile

Exhibit 2: Population by Age

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Age 17 or Younger	22.6%	23.9%	24.5%	25.2%	23.5%	24.3%
Age 65+	15.6%	15.4%	13.6%	12.8%	14.7%	13.8%
5 to 9 years	6.2%	6.6%	6.6%	7.4%	6.1%	6.6%
10 to 14 years	6.4%	6.9%	7.2%	7.1%	7.1%	7.1%
15 to 19 years	6.5%	7.1%	7.5%	6.9%	6.3%	7.0%
20 to 24 years	6.8%	7.0%	7.9%	6.3%	5.6%	6.8%
25 to 34 years	13.9%	13.0%	14.5%	12.9%	14.1%	14.0%
35 to 44 years	12.6%	12.4%	12.0%	13.8%	14.3%	13.1%
45 to 54 years	13.0%	12.5%	11.7%	13.5%	13.3%	12.6%
55 to 59 years	6.7%	6.6%	6.6%	6.9%	6.5%	6.6%
60 to 64 years	6.2%	6.2%	5.9%	6.2%	5.8%	5.9%
65 to 74 years	9.1%	9.2%	8.1%	8.2%	8.8%	8.3%
75 to 84 years	4.6%	4.6%	3.7%	3.1%	4.4%	3.8%
85 years and over	1.9%	1.7%	1.8%	1.6%	1.5%	1.7%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=commute&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST1Y2019.S0801&moe=false&hidePreview=true

- The St. Dominic's Service Area has a slightly lower percentage of seniors (Age 65+) than the state average.
- One in every four people (24.4%) in the St. Dominic's Service Area is a child (Age 17 or Younger).

Exhibit 3: Population by Gender

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Male	49.2%	48.5%	46.6%	47.8%	48.2%	47.4%
Female	50.8%	51.5%	53.4%	52.2%	51.8%	52.6%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=commute&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST1Y2019.S0801&moe=false&hidePreview=true

- There are more females (52.6%) than males (47.4%) in the St. Dominic's Hospital Service Area, a slightly higher rate than the state and national averages.

Exhibit 4: Population by Race/Ethnicity

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
White	60.7%	56.6%	24.5%	55.3%	73.9%	46.7%
Black or African American	12.3%	37.6%	72.3%	37.9%	20.7%	48.7%
American Indian or Alaska Native	0.7%	0.4%	0.1%	0.2%	0.1%	0.1%
Asian	5.5%	1.0%	0.8%	2.6%	1.2%	1.3%
Native Hawaiian or Pacific Islander	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%
Other	0.2%	0.1%	0.2%	0.2%	0.1%	0.2%
Hispanic or Latino	18.0%	3.1%	1.5%	3.0%	2.8%	2.2%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=commute&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST1Y2019.S0801&moe=false&hidePreview=true

- In the St. Dominic's Service Area, 48.7% of the population identifies as Black or African American, a higher rate than the Mississippi average (37.6%).
- Hinds County has a higher rate of African American population (72.3%) than Madison (37.9%) and Rankin (20.7%) counties.

Exhibit 5: Language Spoken

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Speak Only English	83.8%	97.2%	98.2%	94.8%	96.5%	96.9%
Speak Language Other than English	16.2%	2.8%	1.8%	5.2%	3.5%	3.1%
Speak Spanish	9.5%	1.5%	0.7%	1.0%	2.0%	1.2%
Speak Other Language	6.7%	1.4%	1.0%	4.1%	1.5%	1.8%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=language&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST1Y2019.S1601&moe=false&hidePreview=false

- The St. Dominic's Service Area and the state of Mississippi average lower percentages of individuals who do not speak English than the national average.

Housing and Household Characteristics

Exhibit 6: Housing Characteristics

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Median Home Value	$217,500	$119,000	$118,600	$219,700	$162,500	$154,192
Average Monthly Rent	$1,062	$780	$869	$940	$983	$920
Vacancy Rate	12.10%	16.50%	15.00%	8.30%	7.60%	11.2%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=housing&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSDP5Y2019.DP04&moe=false&hidePreview=true

- The median home values in the St. Dominic's Service Area are higher than the state average, and lower than the national average. Note that there is large variation between counties!
- While monthly rents are slightly higher in the Service Area the state average, vacancy rates are lower, meaning it may be difficult for some individuals to move.

Exhibit 7: Households and Families by Type

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Single Parent HH	29.0%	34.1%	41.2%	30.8%	29.4%	35.2%
Single Parent HH, Female Householder	27.7%	32.9%	40.5%	29.6%	28.1%	34.2%
Single Parent HH, Male Householder	1.3%	1.2%	0.7%	1.2%	1.3%	1.0%
Living Alone	15.4%	16.1%	17.8%	15.1%	15.4%	16.5%
65+ Living Alone	7.5%	7.8%	7.0%	5.8%	7.9%	7.0%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=households%20and%20families&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSDP5Y2019.DP02&moe=false&hidePreview=true

- Approximately one in three households in the Service Area (and two of five, 41.2% in Hinds County) are single-parent households. As noted in the Social Vulnerability Index, Single-Parent

Households may indicate a vulnerable population, which may experience a lack of childcare options and/or a single source of income

Exhibit 8: Disability by Type

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Any type	12.60%	16.40%	12.70%	9.80%	12.50%	12.0%
With a hearing difficulty	3.6%	4.1%	2.3%	2.2%	3.2%	2.6%
With a vision difficulty	2.3%	3.6%	2.4%	1.9%	2.2%	2.2%
With a cognitive difficulty	5.1%	6.7%	5.4%	3.7%	5.2%	5.0%
With an ambulatory difficulty	6.9%	10.0%	7.9%	5.4%	7.3%	7.2%
With a self-care difficulty	2.6%	3.7%	3.4%	2.1%	3.3%	3.1%
With an independent living difficulty	5.8%	8.2%	7.0%	4.8%	6.1%	6.2%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=disability&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S1810&moe=false&hidePreview=false

- The most common forms of disability in the St. Dominic's Service Area are ambulatory difficulty (7.2%) and independent living difficulty (6.2%.) – conditions more common among seniors.
- The Service Area averages lower overall rates of disability than the state average.

Exhibit 9: Disability Status by Age

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Under 5 years	0.7%	0.7%	0.4%	1.2%	0.6%	0.6%
5 to 17 years	5.5%	6.4%	5.2%	3.9%	5.9%	5.1%
18 to 34 years	6.3%	7.9%	4.8%	5.8%	6.1%	5.4%
35 to 64 years	12.6%	18.8%	15.1%	9.3%	12.5%	13.0%
65 to 74 years	24.8%	32.5%	26.5%	19.8%	25.9%	24.9%
75 years and over	48.4%	54.8%	53.2%	52.3%	49.9%	52.0%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=disability&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y
2019.S1810&moe=false&hidePreview=false

- The age groups experiencing the highest rates of disability in the St. Dominic's Service Area are seniors aged 65-74 (24.9%) and seniors aged 75 and over (52.0%).
- Around 5% (5.1%) of school aged children in the Service Area experience some form of disability.

Social and Economic Factors

Exhibit 10: Education – Highest Level Reached

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Less than High School graduate	5.1%	5.1%	3.9%	2.6%	3.0%	3.3%
High school graduate (includes equivalency)	27.0%	30.4%	25.0%	17.0%	26.7%	23.8%
Some college, no degree	20.4%	22.3%	24.5%	17.4%	22.9%	22.5%
Associate degree	8.5%	9.8%	9.0%	8.9%	10.9%	9.6%
Bachelor's degree or Higher	19.8%	13.7%	17.0%	28.8%	18.7%	20.1%
Graduate or professional degree	12.4%	8.4%	12.0%	19.6%	10.4%	13.1%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=education&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S1501&moe=false&hidePreview=true

- Educational attainment is typically a strong indicator of future economic status. The Bureau of Labor Statistics estimates Americans with a graduate or professional degree earn three times more than individuals without a high school diploma.[8]
- Education outcomes are stronger in the St. Dominic's Hospital Service Area than the state average.
- Education outcomes are strongest in Madison County, which is also where median incomes are highest.

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[8] US Bureau of Labor Statistics. https://www.bls.gov/careeroutlook/2016/data-on-display/education-matters.htm#:~:text=According%20to%20data%20from%20the,decreases%20as%20educational%20attainment%20rises.&text=That's%20more%20than%20triple%20the,than%20a%20high%20school%20diploma.

Exhibit 11: Education – High School Graduation Rates, by Ethnicity

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
White	92.9%	88.1%	94.0%	97.1%	92.6%	94.2%
Black or African American	86.0%	79.7%	85.4%	85.5%	80.2%	83.8%
Hispanic or Latino	68.7%	64.7%	67.4%	55.3%	60.3%	62.6%
Asian	87.1%	82.2%	77.5%	85.9%	94.1%	84.5%
American Indian or Alaska Native	80.3%	75.6%	86.3%	86.6%	77.0%	83.4%
Other	62.7%	52.8%	62.9%	41.6%	42.1%	51.8%

SOURCE: ACS, 2019 5-Year Estimates.
https://data.census.gov/cedsci/table?q=education&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S1501&moe=false&hidePreview=true

- Students identifying as "white" or "Asian" have the highest rate of High School completion in all comparative regions, with students who identify as Hispanic or Latino average the lowest.

Exhibit 12: Unemployment

	United States	Mississippi	Jackson Metropolitan Area
December 2019	3.6%	5.5%	4.5%
December 2020	6.7%	6.4%	5.4%

SOURCE: Bureau of Labor Statistics. https://www.bls.gov/eag/eag.ms.htm

- Unemployment has risen in the Jackson Metropolitan Area from December 2019 to December 2020, though rates have not increased as dramatically compared to national numbers.
- The number of residents of the Jackson Metropolitan Area who are currently unemployed is 14,438.

Exhibit 13: Unemployment, Jackson Metropolitan Area, 2010-2020 (Unemployment Rate as Percent)
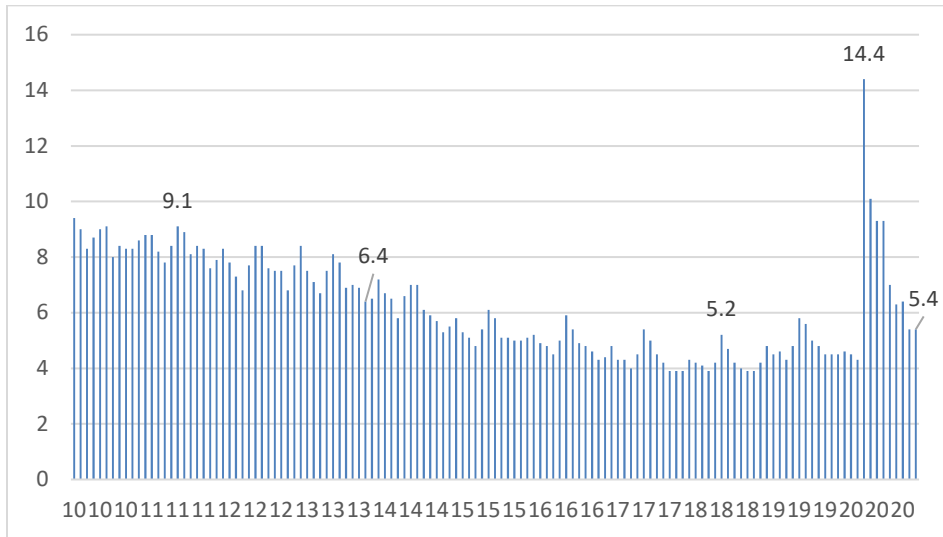
SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=disability&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S1810&moe=false&hidePreview=false

- Unemployment in the Jackson Market was on a steady decline from 2010 to 2019, prior to the COVID-19 pandemic.
- Unemployment peaked in April 2020 (14.4%) and has been declining since then.

- Educational Services, Health Care, and Social Assistance are the most common industry sectors in the St. Dominic's Service Area. Agriculture, Forestry, Fishing, Hunting and Mining is the least common industry type (Table 14 on next page).
- In the St. Dominic's Service Area, fewer people work in manufacturing jobs (8.8%) than the Mississippi average (13.4%), and more work in Finance, Insurance, and Real Estate sectors (6.3%) than the Mississippi average (Table 14 on next page).

Exhibit 14: Employment by Industry Type

Label	U.S.	%	Mississippi	%	Hinds Co	%	Madison Co.	%	Rankin Co.	%	Service Area %
Civilian employed population 16 years +	154,842,185		1,235,224		104,928		52,872		74,371		
Agriculture, forestry, fishing and hunting, and mining:	2,743,687	1.8%	30,604	2.5%	603	0.6%	437	0.8%	702	0.9%	0.7%
Construction	10,207,602	6.6%	82,001	6.6%	5,231	5.0%	2,426	4.6%	5,584	7.5%	5.7%
Manufacturing	15,651,460	10.1%	164,953	13.4%	8,115	7.7%	6,228	11.8%	6,267	8.4%	8.8%
Wholesale trade	4,016,566	2.6%	30,746	2.5%	2,431	2.3%	1,742	3.3%	2,125	2.9%	2.7%
Retail trade	17,267,009	11.2%	141,215	11.4%	11,908	11.3%	5,056	9.6%	7,200	9.7%	10.4%
Transportation and warehousing, and utilities:	83,05,602	5.4%	77,109	6.2%	6,127	5.8%	2,550	4.8%	4,216	5.7%	5.6%
Information	3,114,222	2.0%	14,942	1.2%	1,883	1.8%	1,361	2.6%	1,235	1.7%	1.9%
Finance and insurance, and real estate and rental and leasing:	10,151,206	6.6%	56,874	4.6%	5,205	5.0%	4,056	7.7%	5,421	7.3%	6.3%
Professional, scientific, and management, and administrative and waste management services:	17,924,655	11.6%	84,234	6.8%	9,201	8.8%	5,419	10.2%	6,730	9.0%	9.2%
Educational services, and health care and social assistance:	35,840,954	23.1%	308,618	25.0%	29,733	28.3%	14,752	27.9%	19,173	25.8%	27.4%
Arts, entertainment, and recreation, and accommodation and food services:	1,4962,299	9.7%	119,594	9.7%	10,917	10.4%	3,556	6.7%	6,494	8.7%	9.1%
Other services, except public administration	7,522,777	4.9%	58,266	4.7%	5,512	5.3%	2,056	3.9%	4,589	6.2%	5.3%
Public administration	7,134,146	4.6%	66,068	5.3%	8,062	7.7%	3,233	6.1%	4,635	6.2%	6.9%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=industry&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S2403&moe=false&hidePreview=true

Employment by Industry Type (see Exhibit 14 above)

Household Income and Poverty

Exhibit 15: Household Income by Race/Ethnicity

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Median Household income	$65,712	$45,792	$44,964	$ 68,171	$67,012	$56,901
White	$66,536	$55,957	$67,253	$95,633	$69,595	$74,103
Black or African American	$41,935	$30,714	$38,727	$47,220	$52,539	$44,903
American Indian or Alaska Native	$43,825	$32,510	$16,350	ND	$63,359	ND
Asian	$88,204	$59,529	$48,795	$95,579	$79,583	$68,561
Native Hawaiian or Pacific Islander	$63,613	$27,391	ND	ND	ND	ND
Other	$49,221	$42,284	ND	$55,347	$44,775	ND
Hispanic or Latino	$51,811	$43,929	$33,090	$69,583	$60,202	$49,483

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=income&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S1903&moe=false&hidePreview=true

- Individuals who are Black or African American, a large population of the St. Dominic's Service Area, have an average median income of ($44,903) – notably lower than the Service Area average ($56,901.)
- White households in the St. Dominic's Service Area average a median income of $74,103.
- The population of those identifying as American Indian or Alaska Native and Other was too small to provide a median income estimation, but comparative data shows most non-white populations (except for individuals identifying as Asian) in the St. Dominic's service area experience poorer incomes than white households.

Exhibit 16: Poverty by Race/Ethnicity

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
White	9.6%	12.5%	9.8%	4.2%	7.0%	7.7%
Black or African American	23.0%	31.6%	24.8%	16.7%	12.5%	19.2%
American Indian or Alaska Native	24.9%	33.5%	33.9%	20.4%	14.6%	24.9%
Asian	10.9%	13.3%	24.7%	4.1%	5.4%	14.2%
Native Hawaiian or Pacific Islander	17.5%	22.1%	ND	ND	ND	
Other	21.0%	27.6%	38.0%	20.0%	15.3%	27.0%
Hispanic or Latino	19.6%	24.9%	27.3%	23.7%	13.7%	22.2%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=poverty&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S1701&moe=false&hidePreview=true

- Most non-white populations experience poverty at a much higher rate than individuals who are white in the St. Dominic's Service Area, including those who identify as Asian (primarily in Hinds County), even though those who identify as Asian have the highest median incomes.
- Nearly one in five (19.2%) Black or African Americans in the Service Area lives in poverty. One of four (24.7%) Black or African Americans in Hinds County lives in poverty.

Exhibit 17: Commute and Transportation

|	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Mean Travel Time to Work (Minutes)	26.9	24.8	23.3	22.4	25.4	23.8
Use Public Transit	5.0%	0.3%	0.5%	0.3%	0.0%	0.3%
Drive Alone	76.3%	85.1%	84.4%	85.3%	87.5%	85.6%
No Vehicle	4.3%	2.1%	2.7%	0.9%	0.6%	1.7%

SOURCE: ACS, 2019 5-Year Estimates.

https://data.census.gov/cedsci/table?q=commute&g=0100000US_0400000US28_0500000US28049,28089,28121&tid=ACSST5Y2019.S0801&moe=false&hidePreview=true

- Very few (0.3%) Service Area residents use public transit to commute to work, a lower number than the national average (5.0%).
- The St. Dominic's Service Area commute times are similar to the state and national average.

Health Status Profile

Exhibit 18: Mortality Rates[9], 2019
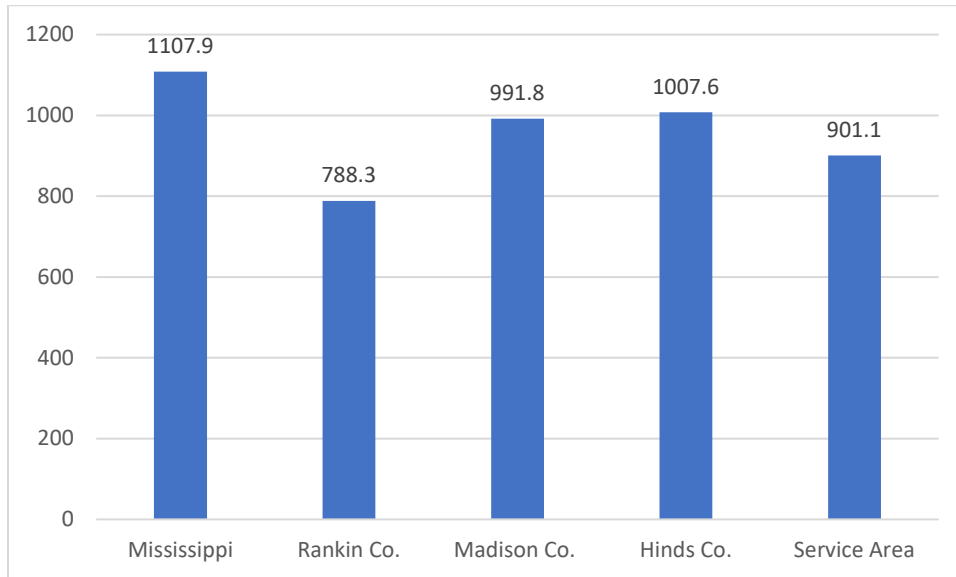
SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

- Of the three St. Dominic's Service Area counties, Hinds County experienced the highest rate of mortality (1007.6). Rankin County (788.3) experienced the lowest.

Exhibit 19: Mortality Rate by Race[10], 2019

	Mississippi	Rankin Co.	Madison Co.	Hinds Co.	Service Area
White	1259.7	868	1175.7	1476	1,125.6
Black	935.30	591.6	808.7	862.4	723.6
Other	329.4	177.0	154.9	383	237.1
All Races	1107.9	788.3	991.8	1007.6	901.1

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

- In Mississippi, individuals who are Black or African American experienced the greatest rates of mortality (1,016.7).

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[9] Rate per 100,000 Population

[10] Rate per 100,000 Population

Exhibit 20: Leading Causes of Death[11]

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Heart Disease	165.0	268.6	232.9	210.8	169.4	208.2
Cancer	152.5	221.3	196.3	251.2	157.1	195.8
Stroke	37.6	62.2	89.3	61.2	38.6	67.3
Accidents	49.4	63.5	52.6	32.0	45.1	45.8
Alzheimer's disease	31.0	55.9	49.2	82.8	44.4	54.9
Chronic Lower Respiratory Disease	40.9	69.9	45.3	48.9	51.5	48.0
Diabetes	21.5	38.9	37.1	48.9	24.5	35.7
Cirrhosis	10.9	15.3	9.9	6.6	7.7	8.5
Septicemia	10.6	13.7	20.3	14.1	9.0	15.4
Suicide	14.0	14.6	12.5	12.2	13.5	12.8

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

- Heart Disease is the leading cause of death in the St. Dominic's Service Area.
- Causes of death that are higher than both state and national averages are stroke and septicemia.
- For a comprehensive trendline of leading causes of death over the past 10 years, see the Appendix.

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[11] Deaths per 100,000 population.

*Exhibit 21: Chronic Disease Summary*

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Heart Disease	4.4%	4.8%	3.2%	3.1%	4.1%	3.5%
High Blood Pressure	28.2%	35.9%	35.5%	27.2%	30.4%	32.1%
Asthma	13.4%	12.0%	11.4%	8.2%	8.9%	9.9%
Diabetes	9.5%	13.3%	12.6%	8.3%	10.6%	11.0%

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.

- The St. Dominic's Service area averages lower rates of chronic disease incidence than the state average.
- Diabetes and high blood pressure are more common in Mississippi than the national average, and the St. Dominic's Service Area averages similar (but slightly lower) rates.

Mental Health Status Profile

Exhibit 22: Depression Rates (Percent of Population), 2011-2018
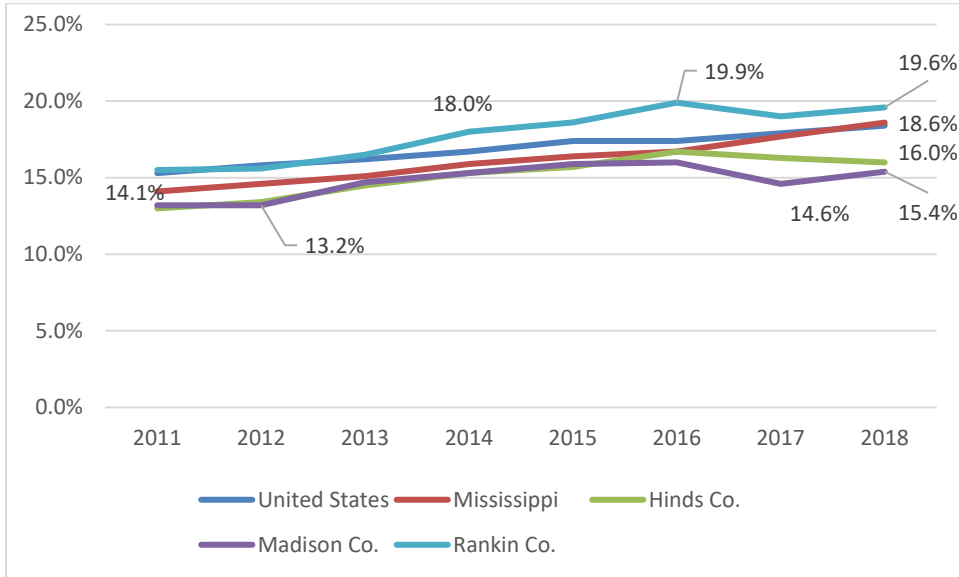
SOURCE: Centers for Medicare and Medicaid Services, CMS Geographic Variation Public Use File.

- Depression Rates in the St. Dominic's Service Area Counties have slowly increased over the past few years. It is estimated these numbers will have risen again during the COVID-19 pandemic. A CDC study in June 2020 found 40.9% of respondents reported at least one adverse mental or behavioral health condition, including symptoms of anxiety disorder or depressive disorder (30.9%).[12]

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[12] Centers for Disease Control, Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic. https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm

Exhibit 23: Health Status

	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Poor or Fair Health	24%	21%	17%	17%	18.9%
Poor Physical Health Days	4.8	4.1	3.6	3.8	3.9
Poor Mental Health Days	5.0	4.6	3.9	3.9	4.2

SOURCE: County Health Rankings, https://www.cdc.gov/500cities

- Service Area residents experience fewer poor mental health days per month (4.2) than the Mississippi average (5.0). Self-reported health status is a general measure of health-related quality of life (HRQoL) in a population. Measuring HRQoL helps characterize the burden of disabilities and chronic diseases in a population.[13]

Exhibit 24: Suicide Rates[14]

	Mississippi	Rankin Co.	Hinds Co.	Madison Co.	Service Area
2019	14.6	13.5	12.5	12.2	12.9

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

- Suicide rates on the St. Dominic's Service area are slightly lower than the Mississippi average.

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[13] County Health Rankings. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/poor-mental-health-days

[14] The age adjusted suicide rates from Community Commons Centers from Medicare and Medicaid Services are similar but not exact to the suicide rate numbers from the statewide "Leading Cause of Death" count. Number of deaths per 100,000 population.
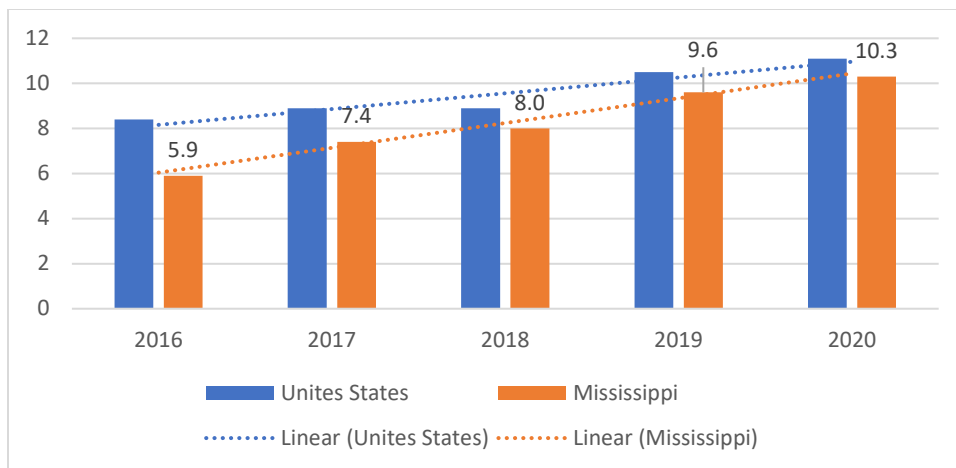
Exhibit 25: Suicide Rates, 2011-2019[15]

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php
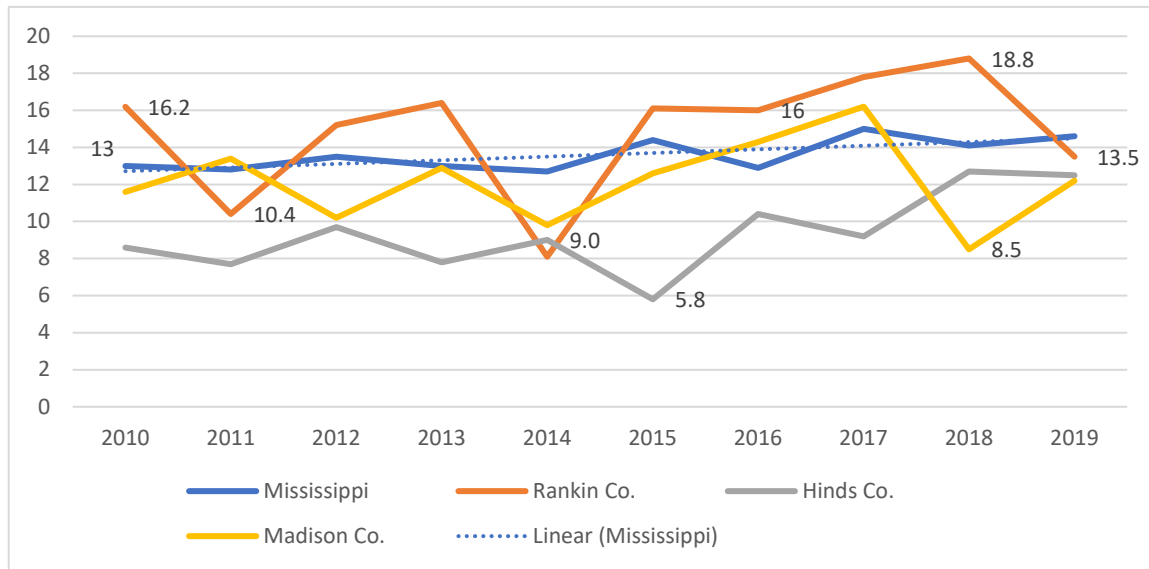
- Suicide rates have fluctuated over the past 10 years, but the overall statewide trend is slightly up.

Exhibit 26: Youth Suicide Rates, 2016-2020[16]

SOURCE: United Health Foundation, America's Health Rankings

- Youth suicide is on the rise in both the United States and Mississippi.

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[15] The age adjusted suicide rates from Community Commons Centers from Medicare and Medicaid Services are similar but not exact to the suicide rate numbers from the statewide "Leading Cause of Death" count. Number of deaths per 100,000 population.

[16] Number of deaths by suicide per 100,000 adolescents ages 15-19

Risk and Access to Care Measures

Exhibit 27: Physical Health Indicators

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Adults who are Obese	29.5%	39.0%	40.5%	36.7%	38.1%	38.9%
Current Smokers	18.1%	23.4%	21.0%	13.3%	20.1%	19.1%
Physical Inactivity	22.1%	29.6%	30.1%	22.1%	27.8%	27.7%

SOURCE: Community Commons, Centers for Medicare and Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF

- Service area residents have slightly better average rates of physical inactivity than the state average, and worse rates than the national average. Physical activity may play an important role in the management of mild-to-moderate mental health conditions, especially depression and anxiety.[17]

Exhibit 28: Healthcare Providers per 100,000 Population

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Primary Care Physicians	95.5	52.9	78.8	131.9	64.1	85.6
Mental Health Providers	202.8	161.2	289.3	157.2	124.8	209.1
Dentists	65.6	44.7	90.2	64.8	61.1	75.6

Source: US Department of Health & Human Services, Health Resources and Services Administration.

- The St. Dominic's Service Area has better rates of primary care physicians, mental health providers, and dentists than the Mississippi average.

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[17] Paluska, Schwenk. "Physical Activity and Mental Health." https://link.springer.com/article/10.2165/00007256-200029030-00003

Exhibit 29: Maternal and Child Health

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Teen Birth Rate[18]	36.6	59.4	54.8	36.8	44.4	47.6
Low Birth Weight	8.20%	12.10%	15.80%	11.50%	10.40%	13.2%
Infant Mortality[19]	6.5	10.1	11.3	7.6	7.4	9.3

SOURCE: Community Commons, Centers for Medicare and Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF CDC, National Center for Health Statistics,

- The teen birth rate in the Service Area is greater than the national average, and lower than the state average.
- Low birth weights are more common in the St. Dominic's Service Area (specifically, Hinds County) than the state or national average.

Exhibit 30: Insurance Status

	United States	Mississippi	Hinds Co.	Madison Co.	Rankin Co.	Service Area
Uninsured Population	8.8%	12.3%	16.9%	6.8%	9.3%	12.3%
Male (Uninsured)	9.8%	13.6%	14.2%	6.3%	10.9%	11.5%
Female (Uninsured)	7.9%	11.1%	10.8%	7.4%	7.9%	9.2%
Uninsured Seniors	0.8%	0.4%	0.4%	0.7%	0.2%	0.4%
Uninsured Children	5.1%	4.6%	3.9%	4.4%	4.2%	4.1%

SOURCE: Community Commons, Centers for Medicare and Medicaid Services, https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/GV_PUF

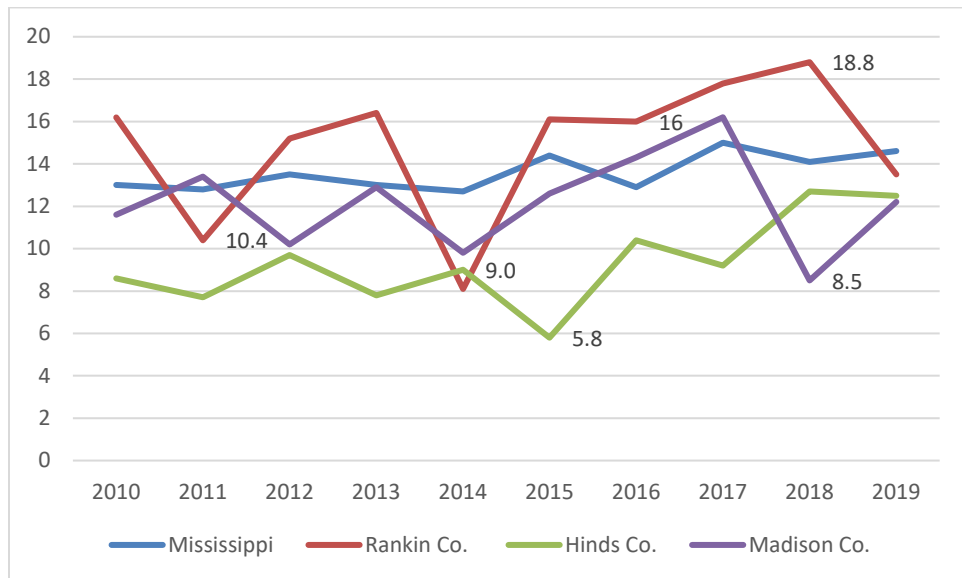- The rates of individuals without insurance in the St. Dominic's Service Area similar to state and national averages.

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[18] Per 1,000 women age 15-19

[19] Deaths per 1,000 live births
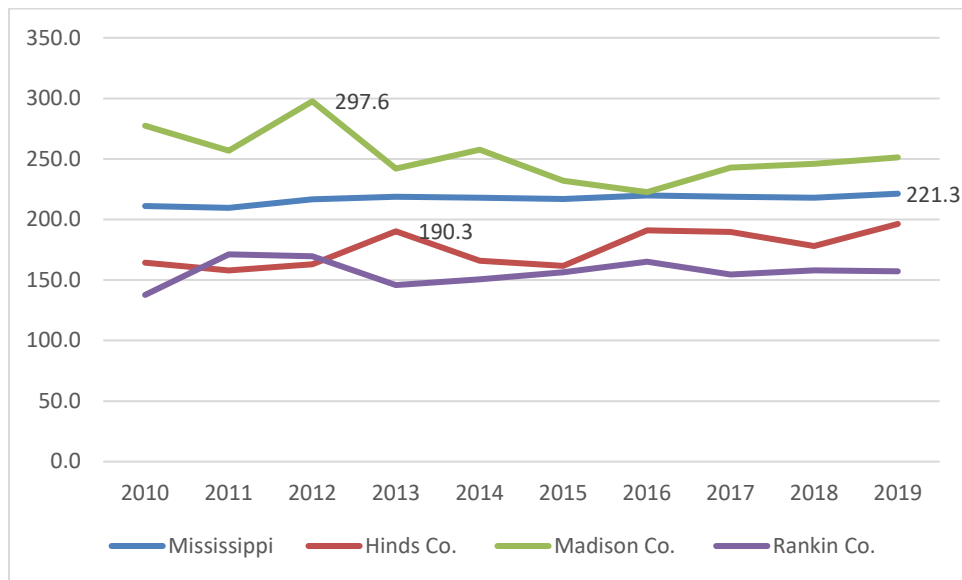
Additional Mortality Data

Mortality by Type, 2010 – 2019
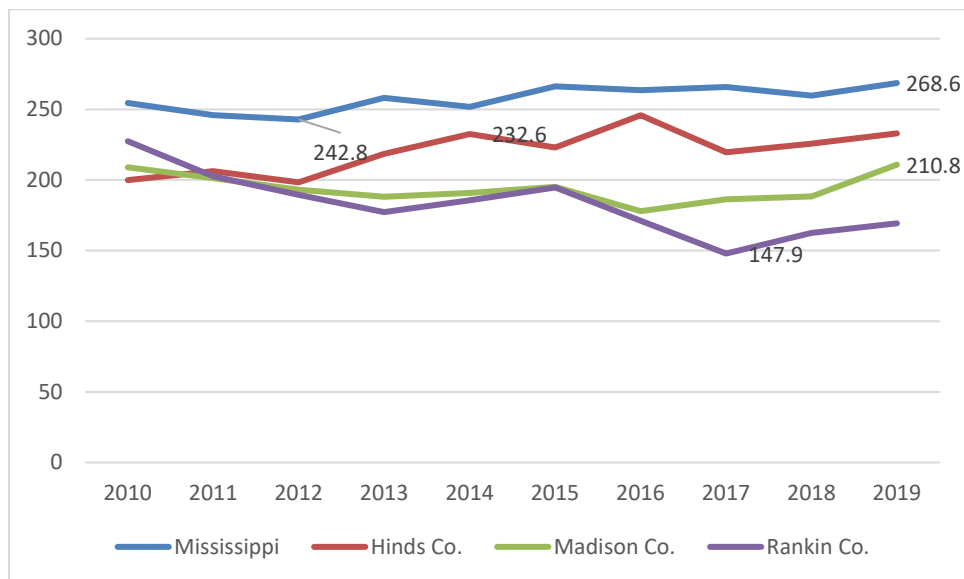
Exhibit 31: Suicide Mortality, 2010-2019
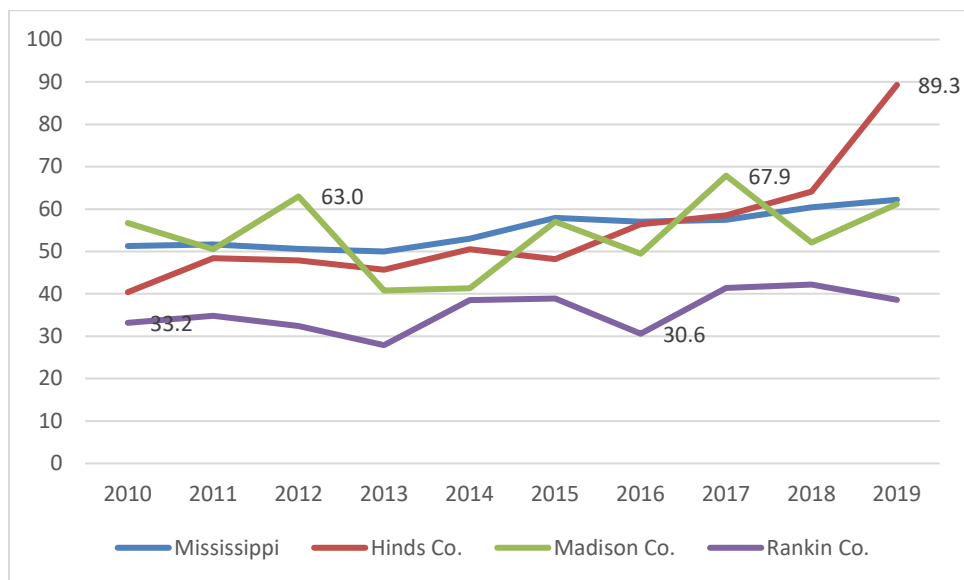

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

Exhibit 32: Cancer Mortality, 2010-2019

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

Exhibit 33: Heart Disease Mortality, 2010-2019

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

Exhibit 34: Stroke Mortality, 2010-2019

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

Exhibit 35: Diabetes Mortality, 2010-2019

Mississippi, Hinds Co., Madison Co., Rankin Co.

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php
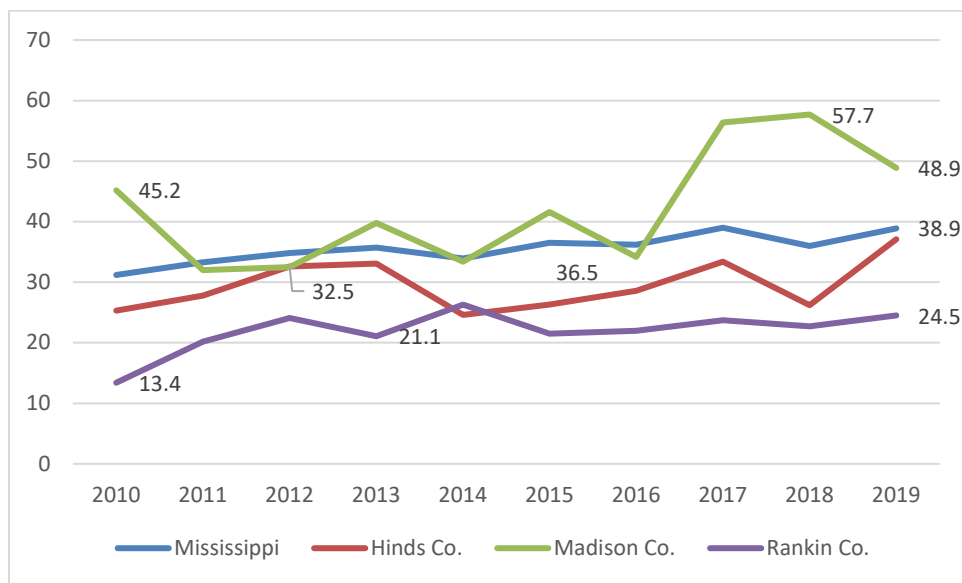
Exhibit 36: Accidents Mortality, 2010-2019
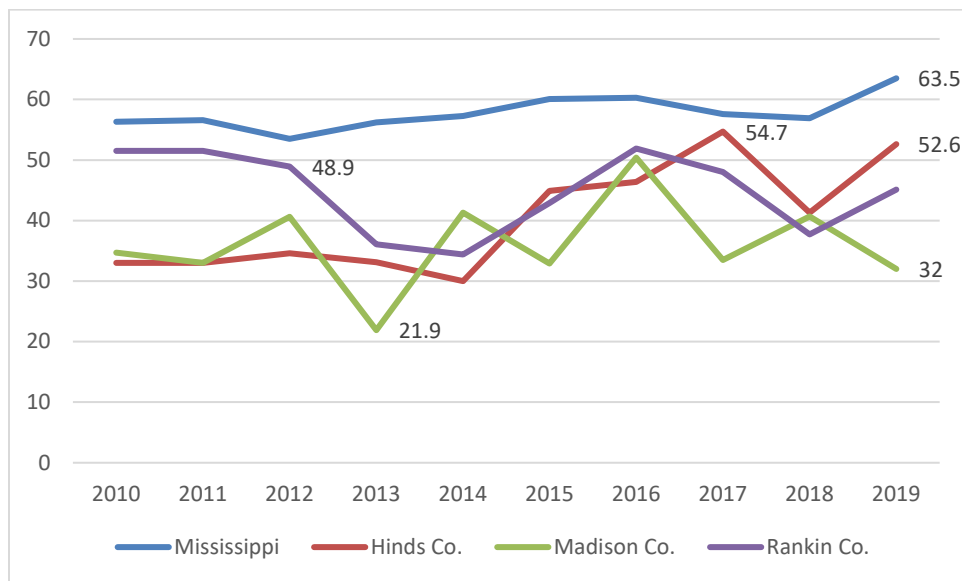
Mississippi, Hinds Co., Madison Co., Rankin Co.

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php
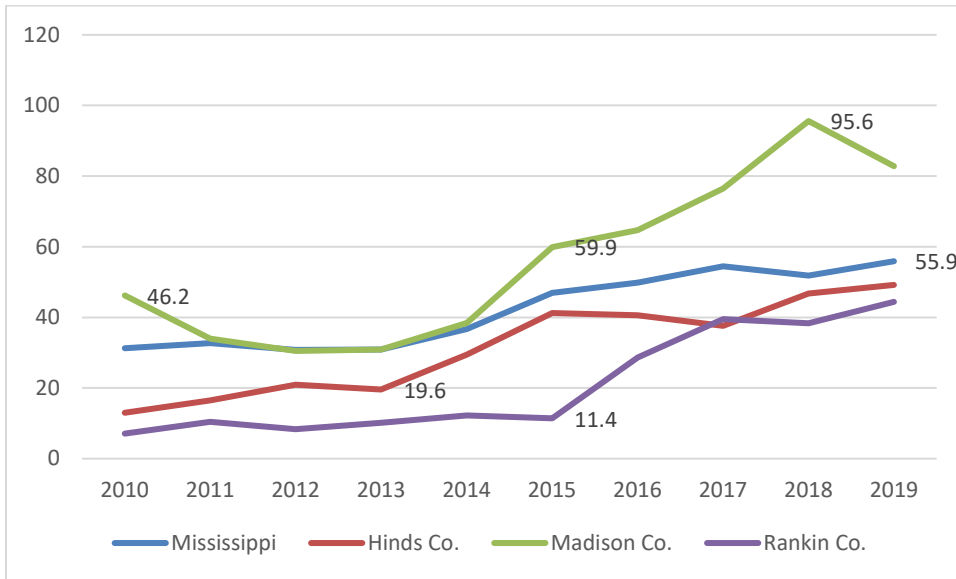
Exhibit 38: Cirrhosis Mortality, 2010-2019

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php
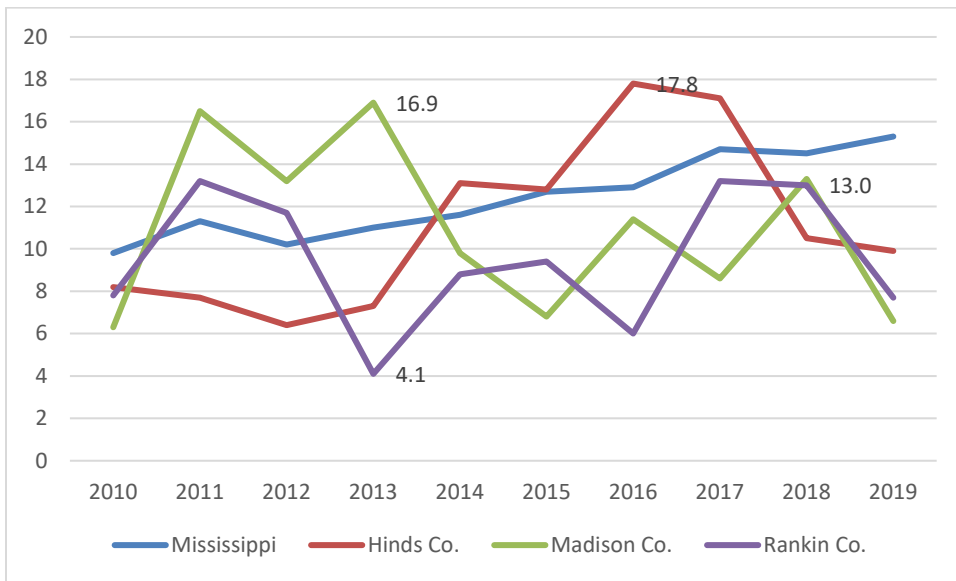
Exhibit 39: Chronic Lower Respiratory Mortality, 2010-2019

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php
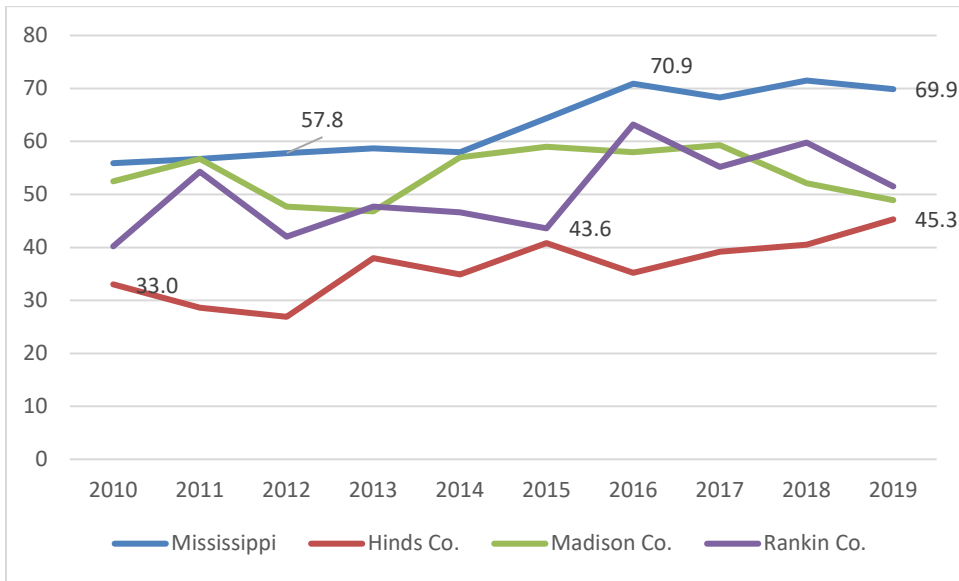
Exhibit 40: Septicemia Mortality, 2010-2019

SOURCE: Mississippi State Department of Health, https://mstahrs.msdh.ms.gov/table/morttable2.php
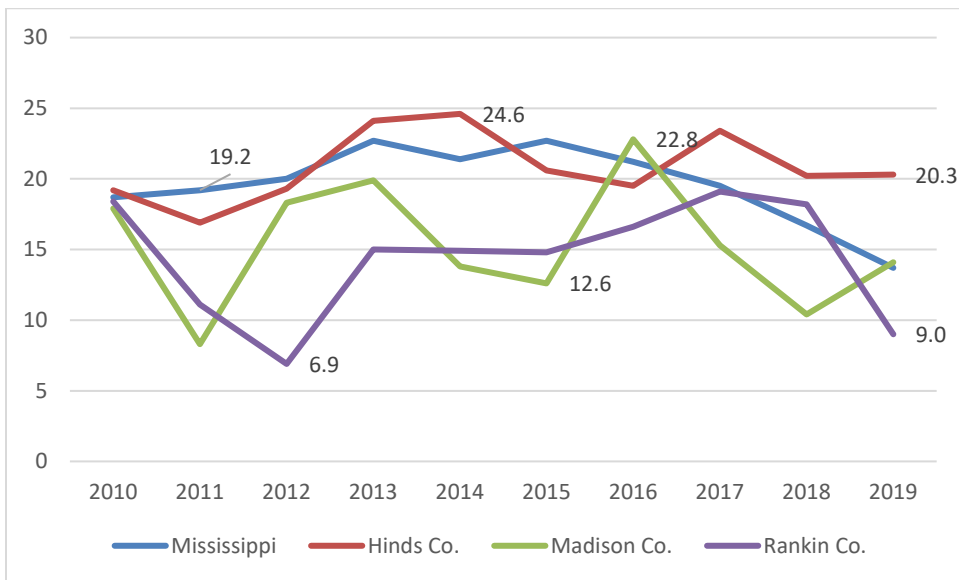
Appendix B: Implementation Plan

The following document will serve as a guide for St. Dominic's to positively impact the lives of its clients in the Jackson market.

Community Health Needs Assessment

Implementation Plan

June 2021

Background - Compliance

▸ The Community Health Needs Assessment (CHNA) and the Implementation Plan (IP) are required by federal agencies. Specifically, the Affordable Care Act of 2010 requires all U.S. not-for-profit hospitals to complete a CHNA and IP every three years.

▸ In 2021, St. Dominic's worked with community service leaders, underserved populations, and others to complete its CHNA and identify 26 community health-related needs, or service gaps.

▸ St. Dominic's prioritized the list using qualitative and quantitative approaches.

▸ The following IP indicates which of the prioritized needs the health system will address (and how) and which ones it will not address (and why not).

Requirements

The CHNA and the IP are separate but linked requirements.

▶ CHNA Requirements
- – Define the community served by St. Dominic's
- – Describe the quantitative and qualitative methodology used to identify and prioritize community needs
- – Include a comprehensive list of community health or health-related resources
- – List the activities conducted since the prior CHNA conducted in order to address the identified needs
- – Prioritize the list of community health needs to be included in the Implementation Plan

▶ Implementation Plan (IP) Requirements
- – Identify which community needs the hospital will address (and how)
- – Identify which community needs the hospital will not address (and why not)

This document summarizes the IP results.

IP Approach

▶ Implementation Plan activities (i.e., actions taken to identify which community health needs will be addressed (and how) included the following:

- Conducting in-depth discussions with the St. Dominic's Project Leadership team to review the needs list and identify ones generally outside of St. Dominic's purview to impact

- Developing a matrix that identified existing programs or activities that positively impact one or more of the 26 identified, prioritized community needs

- Working with the Project Leadership team to define for each of the 34 needs the "degree of control that St. Dominic's has to enact change" and a "potential timeline on which positive change could reasonably be made to address the need"

- Creating this summary document that addresses the project requirements including clear recognition of activities within the hospital's purview to address and (if so), how the hospital can best address the need

The full list of 26 community needs considered during prioritization (from the CHNA) is included on the next slide.

The Total List of Identified Needs

1. Homelessness
2. Crisis care programs for mental health
3. Affordable healthcare services for people or families with low income
4. Domestic Violence Resources
5. Housing for all incomes/ages
6. Counseling services for depression or anxiety
7. Job readiness
8. Post-addictions treatment support programs
9. Counseling services for adolescents / children
10. Prescription assistance
11. Medical Assisted Treatment (MAT) for opioid addiction
12. Long-term care or dementia care
13. Early intervention for substance use disorders
14. Programs for diabetes and/or obesity
15. Programs for diabetes and/or obesity
16. Affordable quality childcare
17. Caring for aging parents and resources to help
18. Secure sources for affordable, nutritious food
19. Transportation
20. Specialty care services (for things such as cardiology, cancer care, and dermatology)
21. Heart health or cardiovascular health
22. Dental
23. Primary care services (such as a family doctor or other provider of routine care)
24. Parenting classes
25. Emergency care and trauma services
26. Transportation services for people needing to go to doctor's appointments or the hospital
27. HIV AIDS testing

Evaluation Criteria and Definitions

St. Dominic's has a long-standing commitment to the community on every level. As such, through existing or new programs, the hospital expects to be able to address – to some degree – approximately 77% of the 26 identified needs.

▶ The degree to which the hospital can address the needs is based on the following criteria:
  - The CHNA-based priority of the need
  - Resources within an existing program or initiative which can be deployed
  - Opportunities for collaboration with community partners
  - The degree to which the need is within the hospital's purview to address

Categorization of the 26 Community Needs Identified in the CHNA

▶ For each of the 26 needs, St. Dominic's examined its current programs, outreach efforts, and collaborations, and they considered new initiatives such that each of the 26 needs were assigned to one of the following categories:

  – Needs that St. Dominic's will not address

  – Needs St. Dominic's is addressing through existing programs and activities: The hospital is already actively providing services to address the community health need

  – Needs for which St. Dominic's will enhance existing programs or establish new ones: The hospital has current activities that may be able to be modified or expanded to address the community health need; or newly created activities or initiatives may be required to do so

▶ The following pages show IP SUMMARY results – "needs that the hospital will address (and how) and which ones it will not address (and why not)" – by category, i.e., the three primary categories noted above plus the "Other community-based programs" category.

▶ For easy reference, IP Details are provided in the appendices of the CHNA report.

Needs that St. Dominic's Will Not Address

▶ The following needs will not be addressed by St. Dominic's, as they are outside of the Health System's purview – apart from the normal provision of inpatient and outpatient medical care services.

▶ For each need in the table below, the "Rank" refers to the results of the CHNA ranking / prioritization of community needs.

Rank	Need
1	Homelessness
5	Housing
9	Counseling for adolescents and children
15	Affordable childcare
17	Nutritious food
23	Parenting Classes

Needs St. Dominic's is Addressing Through Existing Programs and Activities

Program "key" or "legend."

▶ Below is a list of existing St. Dominic's programs and activities impacting some of the prioritized St. Dominic's service area needs.

▶ The following pages show the "Needs that St. Dominic's will address by continuing existing programs and activities."

▶ Following each need is a number(s) referencing the table below (e.g., "1" = Care-A-Van). In some cases, there are multiple existing programs in place to address the top priority needs

1 Care-A-Van	6 ND Education Programs	11 IP Geri-Psych
2 Healthy Heart	7 ND Senior Fest	12 Community Clinic
3 Tele-Psych	8 Club at St. Dominic's	
4 Clinical Outreach	9 Comprehensive Stroke Center	
5 ND Fitness Programs	10 MS Heart and Vascular	

Needs St. Dominic's is Addressing Through Existing Programs and Activities – CHNA Prioritized Rank 1- 8

*Note that there may be multiple existing programs in place to address top priority needs

▸ **(Rank 3**) Affordable healthcare services for people or families with low income – *Programs 1, 8, and 12*

▸ **(Rank 4)** Domestic Violence Resources – *Program 12*

1 Care-A-Van	6 ND Education Programs	11 IP Geri-Psych
2 Healthy Heart	7 ND Senior Fest	12 Community Clinic
3 Tele-Psych	8 Club at St. Dominic's	
4 Clinical Outreach	9 Comprehensive Stroke Center	
5 ND Fitness Programs	10 MS Heart and Vascular	

Needs St. Dominic's is Addressing Through Existing Programs and Activities – CHNA Prioritized Rank 9- 16

*Note there may be multiple existing programs in place to address top priority needs

- ▶ **(Rank 10)** Prescription Assistance – *Program 12*
- ▶ **(Rank 14)** Programs for diabetes and/or obesity– *Programs 1, 2, 5, 6, and 7*
- ▶ **(Rank 16)** Caring for aging parents and resources to help– *Program 6*

1 Care-A-Van	6 ND Education Programs	11 IP Geri-Psych
2 Healthy Heart	7 ND Senior Fest	12 Community Clinic
3 Tele-Psych	8 Club at St. Dominic's	
4 Clinical Outreach	9 Comprehensive Stroke Center	
5 ND Fitness Programs	10 MS Heart and Vascular	

Needs St. Dominic's is Addressing Through Existing Programs and Activities – CHNA Prioritized Rank 17- 26

Note there may be multiple existing programs in place to address top priority needs

▸ (**Rank 19**) Specialty care services for things such as cardiology, cancer care, and dermatology – *Programs 2, 3, 4, 9, 10, and 11*

▸ (**Rank 20**) Heart health or cardiovascular health – *Programs 1, 2, 5, 6, 7, and 10*

▸ (**Rank 22**) Primary care services such as a family doctor or other provider of routine care – *Program 12*

1 Care-A-Van	6 ND Education Programs	11 IP Geri-Psych
2 Healthy Heart	7 ND Senior Fest	12 Community Clinic
3 Tele-Psych	8 Club at St. Dominic's	
4 Clinical Outreach	9 Comprehensive Stroke Center	
5 ND Fitness Programs	10 MS Heart and Vascular	

Identifying Needs for Which St. Dominic's will Enhance Existing Programs or Establish New Ones

▶ St. Dominic's Project Leadership team members reviewed each of the needs for which St. Dominic's has, or may establish, programs to address on two scales:

  – The degree of local control (i.e., the amount of influence St. Dominic's may possess to affect needs).

  – Timeline (i.e., the expected amount of time it would take to impact the need)

▶ Based on the analysis, St. Dominic's identified a highly focused list of program focus areas that does the following:

  – (1) addresses the highest priority needs,

  – (2) are within St. Dominic's ability to control, and,

  – (3) are expected to provide positive impact in the "1-year," "two to three-year," and "four years or longer" time frames.

▶ Results are shown on the next slide.

Needs Addressed By Enhancing Existing Programs or Establish New Ones

▶ "Within 1 Year"
   High priority need focus areas
   – Primary care services – Rank: 22
   – HIV/AIDS testing – Rank: 26

Needs Addressed By Enhancing Existing Programs or Establish New Ones

In the "Two to Three-Year" Timeline, Focus is on Substance Use and Transportation

▶ "Two to three-year timeline for positive impact"
   High priority need focus areas
   - Crisis care programs for mental health – Rank 2
   - Counseling services for depression or anxiety – Rank 6
   - Post-addictions treatment support programs – Rank 8
   - Medical Assisted Treatment (MAT) for opioid addiction – Rank: 11
   - Transportation – Rank: 18

Summary: Focus Areas and Needs by Time Frame

▶ **"Within One-Year" Impact Expectation – Focus areas include:**
   – Primary care services
   – HIV/AIDS Testing

▶ **"Two to Three-Year" Impact Expectation – Focus areas include:**
   – Crisis care programs for mental health
   – Counseling services for depression or anxiety
   – Post-addictions treatment support programs
   – Medical Assisted Treatment (MAT) for opioid addiction
   – Transportation

▶ Note that St. Dominic's will continue to address a broad range of prioritized community needs, as well as respond to urgent or emerging needs, if they arise.

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Appendix C: Community Survey Instrument

St. Dominic's Health Services

Community Health Needs Assessment

Community Survey

Introduction and Objectives

We are conducting a very brief survey on behalf of St. Dominic's. The purpose is to better understand your perceptions of health needs and services in the area.

We have just a few short questions and would really value your input. The survey will take about 8 to 10 minutes, and your comments will be kept confidential.

Thank you for being willing to share your thoughts!

1. **Do you have a family doctor, or a place where you go for care?**
   o Yes, family doctor, family health center, or clinic
   o Yes, emergency room, or walk-in urgent care
   o No
   o Other (specify) _____

2. **In the past 12 months, have there been times when you needed medical help but chose NOT to seek it?**
   o Yes
   o No

3. **If YES, why did you NOT get care?**
   o Doctor might not know my language; difficult to communicate
   o Did not have the money
   o No doctors or clinics near me; too far away
   o Had no transportation to get to the doctor or clinic
   o Doctors or clinics do not open at a convenient time
   o Could not get off work
   o Could not find childcare
   o Other (please specify)

4. **How familiar are you with St. Dominic's?**
   o Very familiar
   o Somewhat familiar
   o Not very familiar
   o I am employed or affiliated with St. Dominic's

A healthy community can include different things such as the availability of healthcare services or behavioral health services. A healthy community many also include social, economic factors, environmental factors, or lifestyle topics such as obesity, smoking, substance abuse, and healthy living issues.

5. **Thinking broadly about health – mental, physical, or spiritual - when you hear a "healthy community" or "improving community health" what is the first thing that comes to mind?**
    OPEN ENDED:

The next few questions ask you about some issues in several areas. Please rate them on a 1 to 3 scale -- where 1 means that No More Focus is needed, 2 means Somewhat More Focus Needed, and 3 means Much More Focus Needed.

6. **Which of the following social or medical issues do you feel need more focus by the community?**
    (Circle your answers)

CATEGORY	NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Do not know
Social, Economic, and Physical Environment Issues	Transportation services for people needing to go to doctor's appointments or the hospital	1	2	3	DK
	Secure sources for affordable, nutritious food	1	2	3	DK
	Affordable Quality Child Care	1	2	3	DK
	Transportation	1	2	3	DK
	Homelessness	1	2	3	DK
	Housing for all incomes/ages	1	2	3	DK
	Domestic Violence Resources	1	2	3	DK
	Job Readiness	1	2	3	DK
Medical / Health Issues	Primary Care Services (services (such as a family doctor or other provider of routine care)	1	2	3	DK
	Emergency Care and Trauma Services	1	2	3	DK
	Dental				
	Specialty Services, for example - cardiology - cancer care - dermatologists	1	2	3	DK
	Long Term Care or Dementia Care	1	2	3	DK
	Affordable healthcare services for people or families with low income	1	2	3	DK
	Prescription Assistance	1	2	3	DK

7. **Which of the following mental health or behavioral issues do you feel need more focus by the community?** (Circle your answers)

CATEGORY	NEEDS	No More Focus Needed (1)	Somewhat More Focus Needed (2)	Much More Focus Needed (3)	Do not know
Mental health and Substance Use Disorders	Counseling services for Depression or Anxiety	1	2	3	DK
	Counselling Services for adolescents / children	1	2	3	DK
	Early intervention for Substance use disorders	1	2	3	DK
	Medical Assisted Treatment for Opioid Addiction; suboxone	1	2	3	DK
	Post- Addictions Treatment Support Programs	1	2	3	DK
	Crisis Care Programs for mental health	1	2	3	DK
Lifestyle & Behaviors	Programs for Diabetes and/or Obesity	1	2	3	DK
	Caring for aging parents and resources to help	1	2	3	DK
	Parenting Classes	1	2	3	DK
	HIV AIDS Testing	1	2	3	DK
	Heart Health or Cardiovascular Health	1	2	3	DK

8. **Of all the issues, what do you think are the top one or two greatest health issues in the community?**
   OPEN ENDED:

9. **Since COVID, which of the following are the top issues with which people struggle?** (Please select two or three)
   o Finding a job
   o Getting a vaccine
   o Follow-up pulmonary therapy
   o Secure food sources
   o Anxiety or depression
   o Other _____

10. **Which of the following sources do you normally use to find out about healthcare providers, hospitals, your own health or to monitor your own health?** (Select all that apply)

- o **Healthcare.gov**
- o **A physician or other healthcare worker**
- o **Social media**
- o **A hospital's website**
- o **Medical websites such as WebMD or Mayo Clinic**
- o **Friends and relatives**
- o **Television**

The following are a few demographic questions that help us groups the responses later.

11. **In what year were you born?**
OPEN ENDED:

12. **In what county do you live?**
OPEN ENDED

13. **What is the highest grade or year in school you completed?**

(CHECK ONE)
- o Less than high school
- o Graduated high school
- o Some college or vocational training
- o Graduated college (4-year bachelor's degree)
- o Completed Graduate or Professional school (Masters, PhD, Lawyer)

14. **What is your race?**
(CHECK ALL THAT APPLY)
- o African American
- o American Indian
- o Asian
- o Caucasian
- o Hispanic
- o Mixed Race
- o Other

15. **Which of the following ranges best describes your total annual household income last year?**
    (CHECK ONE)
    o   Less than $25,000
    o $25,000 to $50,000
    o $50,000 to $75,999
    o $75,000 to $100,000
    o $100,000 or more

16. **Gender: How do you identify?**
    o   Male
    o   Female
    o   Non-binary/Other
    o   _____

THIS COMPLETES THE STUDY – THANK YOU FOR YOUR PARTICIPATION!!