Jefferson Davis Community Hospital

CHNA Report

CHNA Report and Implementation Plan

Approved September 23, 2025



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Executive Summary

Jefferson Davis Community Hospital conducted a Community Health Needs Assessment ("CHNA") between March 2025 and May 2025. This assessment meets the federal requirements of the Affordable Care Act ("ACA") and the Internal Revenue Service ("IRS") as the acting compliance agency.

Our previous CHNA was conducted in 2022, and this report includes a summary of our responses to the needs identified at that time. For the 2025 CHNA, Jefferson Davis Community Hospital gathered secondary health data at the national, state, and county levels provided by HORNE and used this information to guide discussions with clinical experts and community groups. Input was collected from a diverse range of voices, including vulnerable populations such as minorities, individuals with chronic illnesses, socioeconomically challenged, and the medically underserved. Primary data collected in conjunction with these findings helped identify our hospital's priority health focus areas.

The CHNA will serve as a guiding framework for Jefferson Davis Community Hospital's community outreach and engagement strategies. The health needs identified are detailed in this document, along with a clearly defined implementation strategy that will guide our efforts in the next three years.

Jefferson Davis Community Hospital recognizes that improving health outcomes requires more than just clinical care. Health literacy, the ability to understand and use health information is a crucial component of empowering individuals to make informed health decisions. To address this, the hospital has launched a series of community health education initiatives. These include workshops on chronic disease management, preventive screenings, nutrition, and maternal and child health. Educational materials are designed to be accessible and culturally appropriate, and outreach efforts will include partnerships with local schools, churches, and civic organizations. Through these efforts, we aim to reduce barriers to care and promote a healthier, more informed community.

We are proud to serve the residents of Jefferson Davis County and are committed to building stronger partnerships with community organizations, leaders, and residents to address the region's most pressing health concerns. Together, we look forward to creating a healthier county.

Tomaz McCarty, MPH
Administrator
Jefferson Davis Community Hospital

About the Hospital

Jefferson Davis Community Hospital

Jefferson Davis Community Hospital is proud to serve the residents of Jefferson Davis County and the City of Prentiss with a comprehensive range of healthcare services. Our facility includes a four-bed Level IV Trauma-designated Emergency Department, a 25-bed inpatient and transitional (swing-bed) unit, a Rural Health Clinic, a 55-bed long-term care nursing home, and an array of outpatient ancillary services. With approximately 120 dedicated employees and a skilled medical staff, we are committed to delivering high-quality, compassionate care to every patient who walks through our doors.



One of our most impactful recent enhancements is the implementation of a tele-stroke program in partnership with Sevaro Tele-Stroke Services. This program gives our providers immediate access to neurologists, allowing for rapid assessment and treatment recommendations for patients presenting with stroke symptoms.

We also offer a broad scope of Outpatient Services to ensure our community members can receive care close to home. Our Radiology Department is equipped with advanced imaging technologies including CT, digital X-rays, Nuclear Stress Testing, Echocardiograms, and Bone Densitometry (DEXA). We've expanded our imaging capabilities to include CT Angiography (CTA) of the head and neck. In addition, our nursing team is trained to administer medication infusions and blood products.

Through a strong partnership with MidSouth Rehab Services, Inc., we provide access to physical, occupational, and speech therapy services. Our Rural Health Clinic is staffed by providers who have long-standing ties to the community, fostering trusted relationships with patients. We are proud to offer financial assistance across all service lines, emphasizing our role as an essential healthcare provider in the region.

About the Hospital, Continued

Our transitional care (swing-bed) program offers a healing environment focused on rehabilitation and recovery. From nursing care to nutrition support, our interdisciplinary team works together to help patients return to their highest level of independence. As a Critical Access Hospital, we are uniquely positioned to offer this level of care locally.

The moment you enter our 55-bed nursing home, you'll notice the difference. The atmosphere is warm and uplifting, with residents and staff actively engaged in a vibrant and supportive environment. With a strong emphasis on expert clinical care and opportunities for meaningful social interaction, our nursing home is a valuable resource for both long-term and transitional elder care in our community.

The Community Health Needs Assessment

The Community Health Needs Assessment ("CHNA") defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Jefferson Davis county. It also provides an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens.

The federal government now requires that nonprofit hospitals conduct a community health assessment. These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents. CHNAs can be powerful tools with the potential to be catalysts for outstanding community change.

Increasing Health Equity

Health Equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Progress toward achieving health equity can be measured by reducing health disparities. Health disparities are particular health differences closely linked with economic, social, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced obstacles to health based on their race or ethnicity, religion, socioeconomic status, gender identity, sexual orientation, age, and other personal characteristics which might create more challenging access to healthcare.

Looking closely at all aspects of our communities' overall health, allows Jefferson Davis Community Hospital and its collaborative partners to focus on the root causes that are perpetuating the differences which contribute to struggles in ensuring health equity. By identifying the conditions, practices, and policies that allow the continuation of these differences in health outcomes, we can better identify the changes needed to create a healthier community for all our citizens.

Community Engagement and Transparency

We are pleased to share with our community the results of our CHNA. The following pages offer a review of the strategic activities we have undertaken over the last three years, as we responded to specific health needs we identified in our community. Although the major impact of the COVID-19 pandemic is behind us, it has taken extra effort and time to regain the momentum in creating a mentality of health and wellness education and prevention.

The report also highlights the updated key findings of the assessment. We hope you will take time to review the health needs of our community as the findings impact every citizen of our rural Mississippi community. Also, review our activities that were in response to the needs identified in 2022.

The Community Health Needs Assessment, Continued

Data Collection

Primary and secondary data was gathered, reviewed, and analyzed so that the most accurate information was available in determining the community's health needs and appropriate implementation process.

Primary Data**:** collected by the assessment team directly from the community through conversations, telephone interviews, focus groups and community forums; the most current information available.

Secondary Data**:** collected from sources outside the community and from sources other than the assessment team; information that has already been collected, collated, and analyzed; provides an accurate look at the overall status of the community.

Secondary Data Sources

- The United States Census Bureau
- U.S. Department of Health and Human Services
- Centers for Disease Control and Prevention
- American Heart Association
- Hospital Medical Records Department
- Mississippi State Department of Health
- ESRI Demographic Research
- Mississippi State Department of Health, Office of Health Data and Research

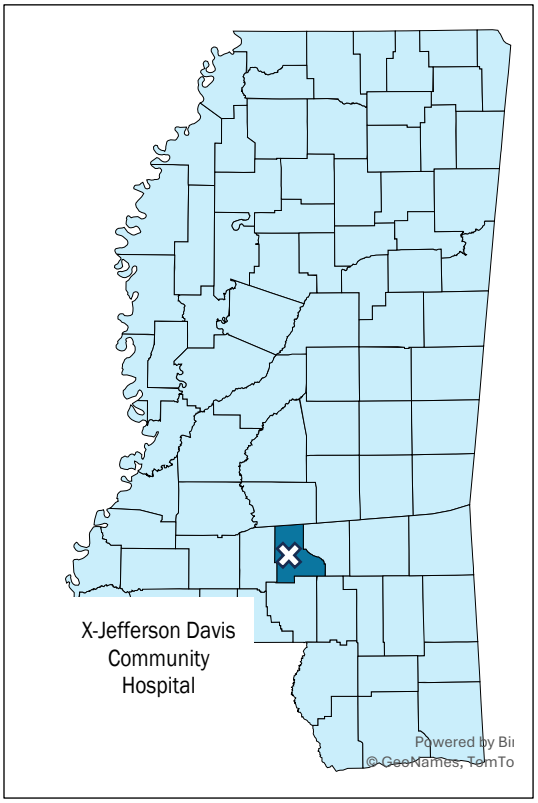
About The Community

Service Area

Primary: Jefferson Davis County

The County

Jefferson Davis County is located in the southern part of the state. It is only one county north of Louisiana. The rural county has a total area of 409 square miles (of which 408 square miles is land and 0.7 square miles (0.2 percent) is water).



Towns

Bassfield

Prentiss (County Seat)

About the Community, Continued

Demographics

Jefferson Davis County 2024

Population:	10,918
Racial Mix:	
White	38.0%
African American	59.0%
Native American	0.4%
Asian	0.3%
Other	2.3%
Hispanic	1.0%
Non-Hispanic	99.0%

Jefferson Davis County 2022

Population:	11,321
Racial Mix:	
White	38.5%
African American	58.7%
Native American	0.1%
Asian	0.2%
Other	2.5%
Hispanic	1.9%
Non-Hispanic	98.1%

Jefferson Davis County		
Population		**10,918**
Racial Mix	White	**4,192**
	African American	**6,389**
	Hispanic	**111**
	Asian	**17**
	American Indian	**11**
	Pacific Islander	**0**
	2 or more	**263**
	Other	**46**
Median Household Income		**39,469**

	Mississippi	Jefferson Davis County	United States
Median Age	39.6	45.5	38.9
Median Household Income	$55,017	$39,469	$77,540
Poverty Level	19.4%	23.0%	11.5%

About the Community, Continued

More about the Residents of Jefferson Davis County

Percent of residents without access to broadband:	13%
Households receiving food stamps/SNAP:	929
Households with 1+ persons with a disability:	1,812
Households without a vehicle:	204
Percent of unemployment as of 11/2024 ** :	3%
Percent living alone:	33%

SOURCES ** US Bureau of Labor Statistics Source: U.S. Census Bureau, 2020 Source: U.S. Census Bureau, American Community Source: ESRI Community Profile

Population:	10,918
Percent of adults that report fair to poor health	26.40%
Adults who didn't finish high school	14.51%
Obesity prevalence	44.00%
Diabetes prevalence	15.30%
Excessive drinking	11.27%
Smoking	22.60%
Life expectancy	70.02
Percent of households with at least 1-4 housing problems (overcrowding, high costs, lack of kitchen/plumbing)	20.48%

Sources: U.S. Census Bureau, American Community University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps. National Findings Report 2024. www.countyhealthrankings.org

Community Input

Community health needs were identified through the collection and analysis of data from a variety of quantitative and qualitative sources. Using multiple sources is essential to ensure the assessment reflects a comprehensive range of facts, trends, and community perspectives. This multifaceted approach helps identify the most pressing health priorities. Among these sources, one of the most valuable is direct input from the individuals and communities we serve.

To gather community input, the hospital developed and distributed an online survey. Members of the general public were invited to participate, with the survey promoted across multiple channels to ensure broad reach. Unfortunately, there was not sufficient survey response to give additional insight into community health needs.

Jefferson Davis Community Hospital did host multiple in-person forums with a Steering Committee and Community Focus Groups. These groups comprised of hospital leadership, healthcare providers and community leaders who gave a 360-degree view of the unique community health challenges and opportunities for Jefferson Davis county.



Community Input, Continued

Community Health Needs Assessment Steering Committee

Janice Bridges – Community at Large

Nealie Bryant – Infection Control, JDCH

Chuck Carter – AAA

Susan Daley – JDCH ECF Social Services

Dr. Roy Evans - JDCH ECF

Kara Harris – Executive Secretary

Kevin Heurtin – AAA

Patricia Magee – Data Specialist

Tomaz McCarty – JDCH Administrator

Dr. Laura Jackson Miller – Prentiss Family Practice Clinic

Jocelyn Ragsdale – JDCH EMA Director

Dr. Daniel Stevens – JDCH ER Director

Leslie Walker – JDCH Pharmacy



Community Input, Continued

Participants in the CHNA Focus Group

Wayne Bass (Invited) Fire Chief	**Terry King (Invited)** Prentiss Christian School, High School Principal
Demarrio Booth (Invited) Board of Supervisors Representative	**Angie Ladner (Invited)** Mayor of Bassfield
Janice Bridges (Invited) Community at Large	**Patricia Magee (Attended)** JDCH Data Specialist
Joe Bullock (Invited) Chief of Police	**Reggie Magee (Invited)** Community at Large
Pastor Stanton Cheatham (Invited) White Sand Baptist Church	**Michelle Mahaffey, FNP (Invited)** JDCH RHC
Charley Dumas (Invited) Mayor of Prentiss	**Father Chinnappa Mark** St. Peter's Catholic Church
Danny Dyess (Invited) Ramey's Store Manager	**Janice Martin (Invited)** Jefferson Davis School Representative
Mark Fails (Invited) DFI Company	**Sabrina Mason (Invited)** Chamber of Commerce President



Lisa Gardner (Invited) JDCH Food Service Coordinator	**Tomaz McCarty (Attended)** JDCH Administrator
Kara Harris (Attended) Executive Secretary	**Lisa McPhail (Invited)** JDCH Director of Nursing
Ike Haynes (Invited) Jefferson Davis County Superintendent of Education	**Dr. Flavol Rester (Invited)** Prentiss Christian School, Elementary Principal
Corky Holliman (Invited) Board of Supervisors Representative	**Ron Strickland (Invited)** Sheriff
Rev. Gerald Hudson (Invited) Holly Springs CME	**Rev. Kevin Walker (Invited)** Prentiss Christian School, Head of School
Pam Johnson (Attended) JDCH Fitness Coordinator	**Leslie Walker (Attended)** JDCH Pharmacy
Lee Kemp (Invited) M. G. Dyess Company	**Melissa White (Attended)** HDCH Case Management
Dora Keyes (Attended) JDCH HIM	**Shanelle Williamson (Invited)** Community at Large

Social Determinants of Health

Social Determinates of Health: Definition and Impact

The concept of social determinants of health ("SDOH") refers to the broad range of nonmedical factors that significantly influence individual and community health outcomes. According to the World Health Organization, SDOH are "the conditions in which people are born, grow, live, work and age," encompassing a vast array of influences that extend well beyond clinical care. These determinants are typically grouped into six domains:

- **Economic Stability**: Employment, income, expenses, medical bills, and financial support.
- **Neighborhood and Physical Environment**: Housing, transportation, safety, parks, playgrounds, walkability, and geography.
- **Education**: Literacy, language, early childhood education, vocational training, and higher education.
- **Nutrition**: Hunger and access to healthy food options.
- **Community and Social Context**: Social integration, support systems, community engagement, discrimination, and stress.
- **Healthcare Access**: Health coverage, provider availability, cultural competency, and quality of care.

These social determinants have a measurable impact on both medical outcomes and the total cost of care. For example, food insecurity alone is associated with approximately $155 billion in annual healthcare costs in the U.S., and nearly 80 percent of emergency department visits by homeless patients are preventable with reliable access to primary care. Research indicates that 60 percent of a patient's overall health is shaped by SDOH and individual behavior, compared to 30 percent by genetics and only 10 percent by the care they receive.

The Role of Jefferson Davis Community Hospital: Convener and Organizer

Hospitals are uniquely positioned to serve as conveners and organizers of community-wide efforts to address SDOH. While addressing these determinants often extends beyond the traditional scope of medical care, hospitals encounter the consequences of unaddressed social needs daily. As such, they have both a vested interest and a responsibility to lead collaborative initiatives that drive meaningful change.

Social Determinants of Health, Continued

Five Critical Steps for Hospital-Led SDOH Initiatives:

1. **Articulate the Hospital's Unique Role**

   Hospitals must clearly define their role in collaboratively tackling SDOH. This involves understanding their "impact advantage"—the specific resources, relationships, and expertise that position them to drive change—and communicating this role to partners and stakeholders.

2. **Leverage Community Partnerships**

   Effective SDOH interventions require collaboration with a diverse range of stakeholders, including community-based organizations, public health agencies, payers, and local government.

3. **Address Root Causes, Not Just Symptoms**

   Successful strategies go beyond addressing the immediate consequences of social needs (such as providing transportation or food) and instead target the underlying causes, like poverty, housing instability, and systemic inequities. This requires engaging directly with affected populations to understand their lived experiences and priorities.

4. **Prioritize Trust-Building with Patients and Communities**

   There is often deep mistrust between marginalized populations and the healthcare system, rooted in historical discrimination and inequity. Hospitals must prioritize earning trust by involving patients in program design, ensuring cultural competence, and demonstrating sustained commitment to community well-being.

5. **Integrate SDOH Efforts Across the Organization**

   Addressing SDOH is not solely the responsibility of community outreach teams; it must be embedded from the C-suite to the front lines. Hospital leadership will champion SDOH as a strategic priority, while clinical and nonclinical staff are empowered to identify social needs and connect patients with appropriate resources.

6. Hospitals can act as conveners, bringing these groups together to align efforts, share data and coordinate resources.

Overview of Social Determinants of Health for Jefferson Davis Community Hospital Population

The social determinants of health ("SDOH") for Jefferson Davis Hospital shaped by the demographic characteristics of the focus group participants and core insights from the 2025 Community Health Needs Assessment (CHNA) survey. The following assessment, modeled after the FG document's format, outlines primary SDOH categories, main issues identified, and their potential impact on health outcomes for Jefferson Davis's patient population.

Social Determinants of Health, Continued

Summary Table: Key SDOH for the JDCH Population

Determinant Type	Main Issues Identified (Jefferson Davis Community Hospital 2025)	Impact on Health Outcomes
Economic Stability	➢ Community feedback indicates concerns about insurance coverage	➢ Potential delayed or avoided medical care due to coverage gaps
Access To Healthcare	➢ Difficulty: Availability of healthcare providers ➢ Cultural barriers present ➢ Insurance issues ➢ Need for more preventive services ➢ Good annual check-up adherence; ease of access not fully assessed.	➢ Reduced preventive care utilization ➢ Chronic care management challenges ➢ Delayed treatment for avoidable conditions
Neighborhood/ Environment	➢ Rural context; environmental factors (e.g., pollution) cited as a challenge ➢ Limited exercise facilities presumed due to obesity and inactivity concerns	➢ Lower physical activity rates ➢ Higher obesity and chronic disease risk
Education/ Health Literacy	➢ Priority: Increased community health education ➢ Respondent had regular screenings and described diet as "somewhat healthy"	➢ Enhanced education may promote earlier detection and improved self-management of chronic illnesses
Social/ Community Context	➢ Community relies on social media, websites, church, neighbors, and television for health information ➢ Cultural barriers noted ➢ Representation from schools, mayor's office, emergency services in engagement efforts	➢ Mixed health literacy and awareness ➢ Navigation challenges for underserved subgroups
Health Behaviors	➢ Occasional physical activity ➢ Somewhat healthy diet ➢ No tobacco or alcohol reported ➢ Stress reported as "rarely" experienced	➢ Variable chronic disease and mental health burden

Social Determinants of Health, Continued

Additional Community Health Highlights

- Chronic diseases, mental health issues, substance abuse, obesity, and environmental factors are all cited as significant health challenges in the Jefferson Davis community.
- Improvements desired: Enhanced mental health services and more community health education.

Demographic Insights

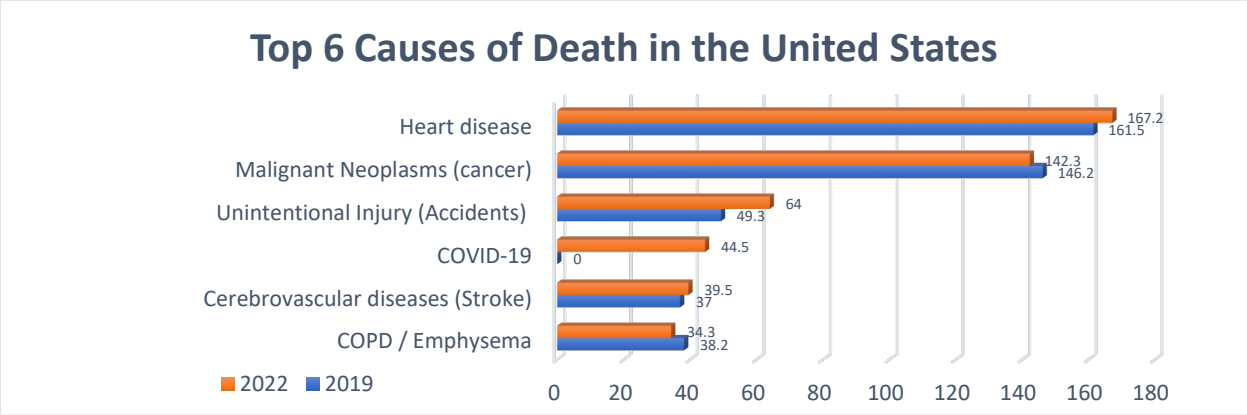
- Key community stakeholders involved in planning include school administrators, local government officials, pharmacy, hospital leaders, and public safety representatives. This diversity suggests ongoing efforts to address SDOH through collaborative, multi-sectoral strategies.

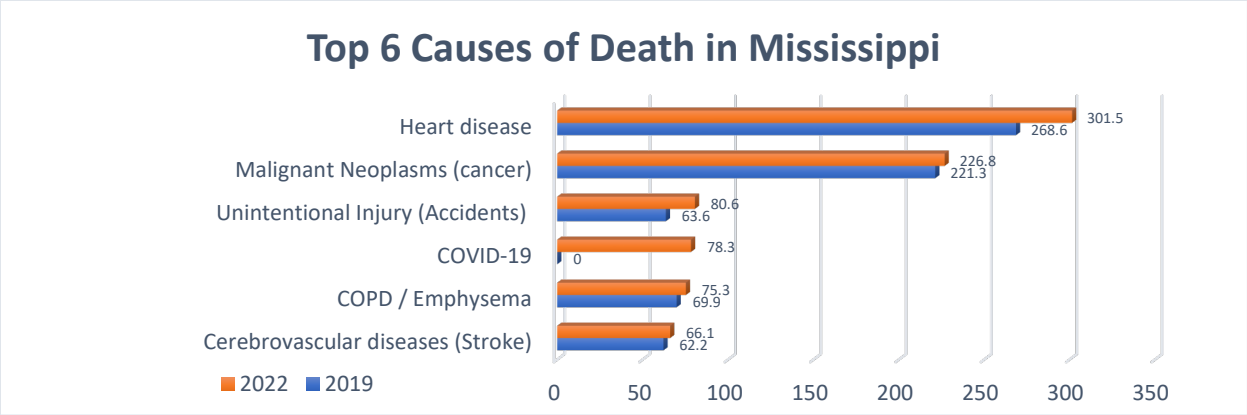
Conclusion

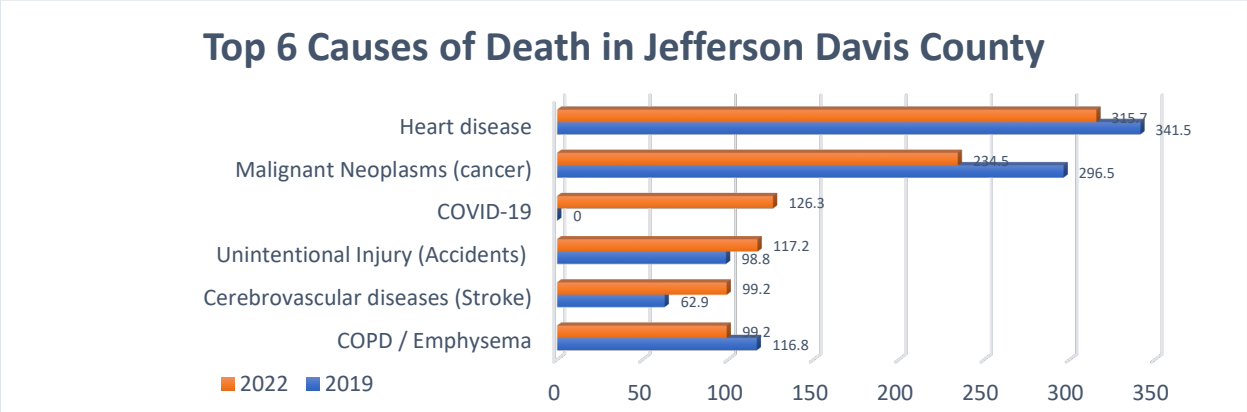
Jefferson Davis Community Hospital is positioned at the intersection of persistent economic, healthcare access, educational, and behavioral health challenges typical of rural communities. While the sample size in the available survey data is limited, the qualitative and quantitative findings together underscore the necessity for strengthened provider availability, increased preventive services, targeted health education, and culturally sensitive care

Causes of Death Analytics

Cause of Death Comparison (based on per 100,000)







Causes of Death Analytics, Continued

Heart Disease, Cancer, and Accidental Deaths Breakdown

(based on per 100,000)

Heart Disease

Death Rate:	315.7
Ischemic heart disease	51.41%
Hypertensive heart disease with or without renal disease	14.29%
Heart failure	14.29%
Cardiac dysrhythmias	8.58%
Ill-defined heart diseases	8.58%
Ill-defined heart diseases	2.85%

Cancer

Death Rate:	234.5
Trachea, bronchus, and lung	19.23%
Stomach	7.68%
Colorectal	7.68%
Prostate	7.68%
Brain	7.68%
Uterus, part unspecified	7.33%
Liver and intrahepatic bile ducts	3.84%
Pancreas	3.84%
Bladder	3.84%
All other cancers	34.63%

Accidental

Death Rate:	117.2
Motor vehicle	46.16%
Poisoning-drugs	23.12%
Submersion, suffocation, and foreign bodies	7.68%
All other unintentional injuries	7.68%
Other accidents	15.36%

2022 Needs

Our Response to the 2022 Needs

2022 Strategic Action Responses

Initiative 1: Breast Cancer Education, Awareness, and Screenings Through Community Partnerships

Target Population: All Women, Ages 18+

Goal/Desired Outcomes

- Increase awareness of breast cancer risk factors and symptoms.
- Make preventative education and screening services accessible to women in underserved communities.

Process/Time Frame/Location

- Ongoing initiative utilizing existing community health events.
    - Leverages Jefferson Davis Community Hospital Annual Health Fair and other outreach opportunities.
    - Distribute educational materials and connect screening services to participants.

Actions Taken:

- Collaborated with local health organizations to create comprehensive educational materials that highlight breast cancer symptoms and risk factors.
- Set up informational booths at the Jefferson Davis Community Hospital Annual Health Fair, where medical professionals provided informational material.
- Implemented a referral system to connect women with local screening services, ensuring that no participant left without having access to necessary care.

Measure of Success

- Number of women receiving breast cancer screenings.
- Increased knowledge of symptoms and risk factors through community surveys.
- Community participation and feedback from events.

Cost/Funding/Human Resource – Other Resources

- Utilizes internal staff and volunteers for outreach and education.
- Printed educational materials provided through partnerships with local health organizations.
- Costs vary based on staffing, collateral printing, and screening service fees.

Our Response to the 2022 Needs, Continued

Collaborative Partners

- Marion General Hospital
- Jefferson Davis County Chamber of Commerce
- Jefferson Davis Community Hospital

Initiative 2: Preventing Injury Through Community Education

Target Population: Males and Females, Ages 16–50

Goal/Desired Outcomes

- Decrease the number of patients injured in ATV and motor vehicle crashes.
- Promote safe riding behaviors, helmet use, and seatbelt compliance among community members.

Process/Time Frame/Location

- Ongoing educational process through community health events.
- Partner with ATV RiderCourse to enhance safe riding skills.
- Focus on responsible riding and awareness campaigns.

Actions Taken:

- Organized workshops and safety demonstrations in collaboration with the ATV RiderCourse, where participants practiced safe riding techniques and learned about the importance of protective gear.
- Distributed educational flyers in local schools and community centers that emphasized the risks associated with unsafe riding behaviors.
- Conducted follow-up surveys post-events to assess knowledge retention and behavior changes in participants regarding helmet and seatbelt usage.

Measure of Success

- Review trauma registry trends to assess injury reduction.
- Increased attendance at educational events.
- Positive feedback and increased usage of helmets and protective gear.

Cost/Funding/Human Resource – Other Resources

- Trauma staff use existing channels and collaborate with safety coordinators.
- Educational materials provided by ATV RiderCourse help minimize costs.
- Staff time investment varies depending on event size and outreach efforts.

Collaborative Partners

- Local schools
- Jefferson Davis County Safety Coordinator
- ATV Safety Institute (ASI)

Our Response to the 2022 Needs, Continued

Initiative 3: Lifestyle Improvement

Target Population: Men and Women, Ages 18–65, in Jefferson Davis County

Goal/Desired Outcomes

- Educate the community on nutrition, exercise, and stress reduction techniques.
- Provide realistic, actionable wellness tools to promote healthy living.
- Encourage sustained healthy lifestyles tailored to available community resources.

Process/Time Frame

- Ongoing initiative with regular events and community outreach.
- Includes 'Lunch and Learn' sessions and participation in community fairs.
- Key health guidance focuses on fruit and vegetable intake, exercise goals, and cholesterol checks.

Actions Taken:

- Partnered with local gyms and wellness centers to offer fitness classes to encourage community members to engage in physical activity.
- Distributed wellness toolkits at community fairs, which included resources for meal planning and stress management techniques.

Measure of Success

- Track event attendance as a measure of community engagement.
- Collect survey feedback to assess awareness and satisfaction.
- Improved community understanding and access to wellness resources.

Cost/Funding/Human Resource – Other Resources

- Leverage internal staff and partnerships with local schools for resource sharing.
- Costs associated with events and materials vary based on participation and resource needs.

Collaborative Partners

- Jefferson Davis County Schools
- Jefferson Davis Community Hospital Fitness Center
- SEMRHI

Our Response to the 2022 Needs, Continued

Initiative 4: Prevention & Identification – Throat, Mouth, and Lung Cancer

Target Populations: Males and Females, Ages 10–35 in Jefferson Davis County

Goal/Desired Outcomes

- Educate youth on cancer risks associated with tobacco and vaping.
- Promote behavior changes to reduce the prevalence of these cancers.
- Encourage early screening and provide cessation resources.

Process/Time Frame/Location

- Ongoing outreach through schools and community events.
- Engage in flyer distribution, student assemblies, and youth-focused educational programs.

Actions Taken:

- Implemented educational assemblies in local schools where health professionals discussed the dangers of tobacco and vaping, using engaging multimedia presentations.
- Distributed informative flyers and cessation resources to students, encouraging them to seek help if they were struggling with tobacco use.

Measure of Success

- Measure awareness through surveys and attendance at outreach events.
- Track tobacco use within target groups to evaluate program effectiveness.
- Encourage school participation in tobacco-free initiatives.

Cost/Funding/Human Resource – Other Resources

- Collaborate with school partnerships for educational outreach.
- Costs vary based on staff time and event size; utilize printed materials for education.

Collaborative Partners

- Local school officials
- SEMRHI

2025 Needs

Responding to Our Community

2025 Strategic Initiatives

Jefferson Davis Community Hospital ("JDCH") is committed to improving the health and well-being of Jefferson Davis County residents. Based on community feedback and identified needs, JDCH will focus on the following initiatives in 2025:

Initiative 1: Preventing Injury Through Community Education

Recognizing its role as the area's Level IV Trauma Center, JDCH is dedicated to reducing trauma-related morbidity and mortality within the community. By leveraging data from the trauma registry, JDCH will target specific injury patterns and risk factors to develop effective prevention strategies.

Target Population: Individuals aged 16-50 in Jefferson Davis County (males and females).

Goal/Desired Outcomes: Decrease the overall number of patients injured in motor vehicle crashes and increase seatbelt usage rates.

Process/Timeframe: Ongoing program over the next three years.

Measure of Success: Track data trends (injury rates, seatbelt use), gather community feedback, and monitor attendance at educational events.

Cost/Funding/Resources: Trauma registry staff will utilize existing hospital marketing channels at no additional cost. Staff time for community events will vary.

Collaborative Partners: Local schools and Jefferson Davis County Safety Coordinator.

Initiative 2: Lifestyle Improvement

JDCH recognizes the community's strong interest in practical information about nutrition, exercise, and weight management beyond surgical interventions. As a health and wellness advocate, the hospital aims to empower residents to adopt healthier lifestyles through accessible and engaging programs.

Target Population: Men and women aged 18-65 in Jefferson Davis County.

Goal/Desired Outcomes: Provide education on comprehensive wellness topics including exercise, nutrition, and stress management to a diverse community, with a focus on implementing these strategies using available resources.

Process/Timeframe: Ongoing program over the next three years.

Measure of Success: Track attendance at scheduled events and gather community feedback.

Responding to Our Community, Continued

Cost/Funding/Resources: JDCH will leverage existing partnerships and hospital resources. Costs will depend on staffing requirements and printed materials.

Collaborative Partners: Public school dieticians, Jefferson Davis Community Hospital fitness center, SEMRHI.

Initiative 3: Prevention & Identification – Throat, Mouth, Lung, Cancer

JDCH acknowledges the growing concerns surrounding tobacco use, including vaping, smoking, and smokeless tobacco. The hospital is committed to educating the community about the associated risks and reducing the incidence of tobacco-related cancers.

Target Population: Males and females aged 10-35 in Jefferson Davis County.

Goal/Desired Outcomes: Educate individuals about the risks associated with tobacco use, increasing perceived susceptibility to encourage behavioral changes.

Process/Timeframe: Ongoing program over the next three years.

Measure of Success: Track attendance at scheduled events and gather community feedback.

Cost/Funding/Resources: JDCH will utilize established events and internal resources. Costs will depend on staffing requirements and printed materials.

Collaborative Partners: Local school officials, SEMRHI.

Initiative 4: Enhancing Health Literacy

Recognizing that many community members struggle to understand and use health information, JDCH will implement programs to improve health literacy. This initiative aims to empower residents to make informed decisions about their health and access the care they need.

Target Population: Adults (18+) in Jefferson Davis County with a focus on underserved populations, seniors, and individuals with limited English proficiency.

Goal/Desired Outcomes: Increase the percentage of community members who can accurately understand health information, navigate the healthcare system, and adhere to medical instructions. Improve self-management of chronic conditions.

Process/Timeframe: Ongoing program. JDCH will offer workshops, create easy-to-understand educational materials (print and digital), and partner with community organizations to provide health literacy training.

Responding to Our Community, Continued

Measure of Success: Conduct pre- and post-tests to assess knowledge gains from health literacy workshops. Track the distribution and usage of educational materials. Gather feedback on the clarity and usefulness of materials and programs. Monitor patient outcomes related to chronic disease management (e.g., HbA1c levels in diabetic patients).

Cost/Funding/Resources: Seek grant funding for program development and implementation. Utilize hospital staff expertise (nurses, educators). Partner with local libraries, community centers, and faith-based organizations to provide free or low-cost training.

Collaborative Partners: Faith-based organizations, local health clinics

Thank You

This comprehensive assessment provides valuable insight into the health needs and priorities of our community. Jefferson Davis Community Hospital is proud to be a part of the Forrest Health System, where we embrace the belief that we are truly "*our brother's keeper.*" Guided by this principle and our commitment to compassionate, mission-driven care, we are honored to work alongside our community partners to deliver exceptional healthcare and promote a healthier future for the residents of Jefferson Davis County and the surrounding areas.

We extend our heartfelt gratitude to everyone who contributed to this important process. We are especially thankful for the unwavering support of the Forrest General Hospital Board of Trustees and the leadership team of the health system. Their direction enables us to continue fulfilling our mission of service in our rural Mississippi community.

Special thanks are also due to the members of our CHNA Steering Committee and to all who participated in our Community Focus Group, whether through forum attendance or one-on-one conversations. Your time, feedback, and perspectives have been instrumental to this effort.

Most importantly, we thank the members of the public who took the time to complete our Community Health Survey, review our latest Community Health Needs Assessment, and stand behind our mission. Your voice truly matters and your support empowers us to continue advancing healthcare for all in Jefferson Davis County.

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