

Are You In Need Of Assistance?

Urban vs. Rural

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Site Location: Jackson-Hinds Comprehensive Health Center

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Introduction

Background of Jackson-Hinds Comprehensive Health Center

Jackson-Hinds Comprehensive Health Center was first established in 1970 as a non-profit community health center. It originally began in a classroom in a local church, Cade Chapel, and also some activities were held in a bus. Over the years, the Jackson-Hinds organization has experienced tremendous growth. Currently the Jackson-Hinds organization operates 15 clinical sites in 3 Mississippi counties, including 5 land-locked school-based clinics. Services are also provided to several other schools via a Mobile Medical and Dental Unit. Jackson-Hinds has clinics operating in: Hazlehurst, MS, Vicksburg, MS, Utica, MS, and a site on the campus of Tougaloo College, as well as four Jackson locations. Within the city of Jackson, Jackson-Hinds operates a facility for homeless individuals, and they also partner with the University of Mississippi Medical Center via the operation of 3 (three) Continuity of Care Clinics within the Jackson Medical Mall. The pediatric, internal medicine, and obstetric and gynecology residents complete their continuity of care practice at the Jackson Medical Mall and the Jackson-Hinds staff serve as preceptors. This partnership between Jackson-Hinds and UMMC was first recognized in 2010, and is one of the first of this kind in the country. Jackson-Hinds also operates an elderly housing complex that is available for elderly individuals on a low-income basis or those who are disabled. Today, Jackson-Hinds is one of the few federally qualified health centers that own and operate a homeless clinic and an elderly housing complex within Mississippi. However, the Jackson-Hinds organization is not static; two additional facilities are underway in Edwards and Jackson, Mississippi.

While the services that Jackson-Hinds provides to its patients have changed over the years, their goal is still the same, to serve the uninsured and underinsured by providing “quality

comprehensive primary and preventive health care and social services to the communities” they serve (<http://www.jackson-hinds.com/>). As stated by Dr. Jasmin Chapman, CEO at Jackson-Hinds Comprehensive Health Center, the clinic began by providing more social assistance to help understand their patients’ environment, such as digging wells (Chapman, Jasmin). Today, their services include:

- Adult Medicine
- Pediatrics
- X-Ray
- Pharmacy
- Laboratory
- Medicaid Screening
- Obstetrics & Gynecology
- Optometry
- Dentistry
- Transportation
- WIC Certification
- Social Services
- Alex Waites Elderly Housing Complex

As Ms. Alice Emmanuel, the Director of Social Work at Jackson-Hinds states, “I [would] shudder to think what would happen to this community if Jackson-Hinds wasn’t here... Without places like Jackson-Hinds you would have a whole lot of dead folk” (Emmanuel, Alice).

Project Development

After viewing a video online by Ms. Rebecca Onie, “What if our healthcare system kept us healthy?” (Onie, Rebecca) and speaking with Dr. Chapman, I wanted to provide the health center with additional material they could utilize in order to be of further assistance to their patients. As we take a look around at our communities, we are still able to see health disparities all around us. For instance, according to the Mississippi State Medical Association 2012 Public Health Report Card, Mississippi ranks first in adult obesity, second in hypertension and adults with no physical activity over the last month, third in diabetes and cancer mortality, and fourth in tobacco use among adults, just to name a few (Mississippi State Medical Association). Items that could contribute to the continual health status of Mississippians could be related to a lack of access to healthy foods, proper housing, electricity, clothing, education, employment, and the list could go on. According to the U.S. Census from 2000, in Hinds County alone there is a known poverty status of 241,595 individuals, with 142,334 of those being within the 200% and above poverty level. This is considering the population in Hinds County reported as 245,285 as of 2010 (HRSA Data Warehouse). While shadowing various providers, I was able to notice that each provider does not always have adequate time with every visit to assess the patient’s home status in order to understand, for example, why the patient is not responding to the blood pressure medications or why their blood glucose levels are still not under control. Therefore, I feel if we can find ways to fill in those gaps in healthcare, we can know when to get patients the help they may need, and hopefully before it begins to affect their health.

Intervention

Methods

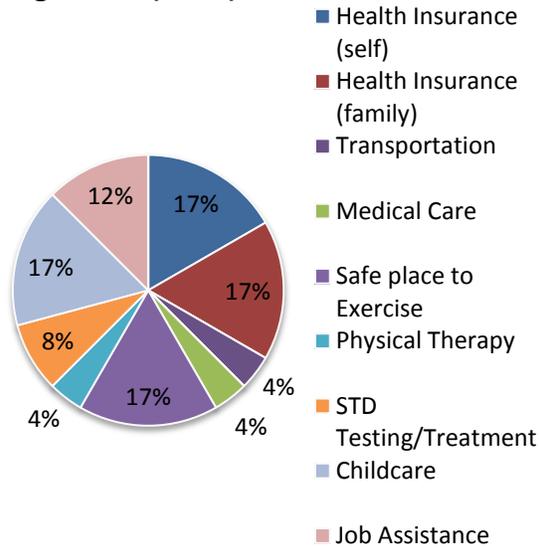
In order to understand what areas the Jackson-Hinds community needs assistance with, I developed a survey, with the guidance of my mentors, which covered a variety of areas in which patients may lack resources. Upon approval by Dr. Jasmin Chapman, the surveys were distributed to both the main clinic and the clinic in Utica, MS. These two sites were chosen in order to compare the needs of urban and rural communities that Jackson-Hinds serves. At the main site, surveys were given to those operating the front desk in the following departments: OB/GYN, Adult Medicine, Pediatrics, Dentistry, and Optometry. In Utica, surveys were passed out individually in the waiting rooms and the patient rooms, as well as, given to the Social Worker, WIC Department, and the front desk.

While the survey was done to assess the needs of the population, a resource directory was assembled in order to help fill the gaps contributing to a patient's health status. A partnership was established with Operation Shoestring, thanks to the help of Ms. Rolanda Alexander, Promise Zone Coordinator at Operation Shoestring. Ms. Alexander was currently working to increase the amount of resources available in their directory, and agreed to partner with Jackson-Hinds for both establishments to benefit. Since their current directory lacked in a significant amount of the resources I wished to add, there was very little overlap in our work.

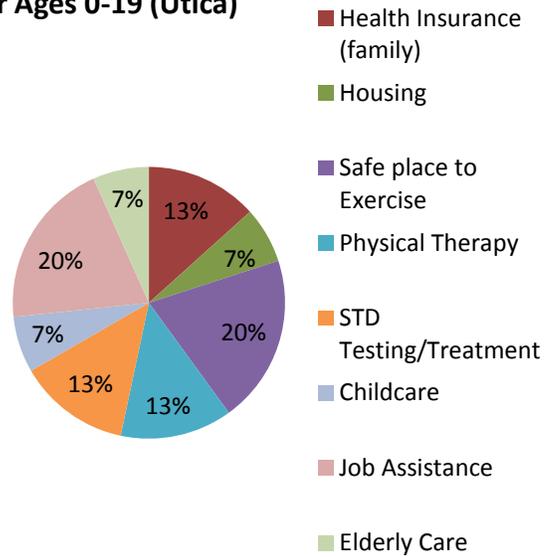
Results

After obtaining 92 surveys from the main clinic and 39 from the Utica clinic, the graphs below illustrate the results that were obtained.

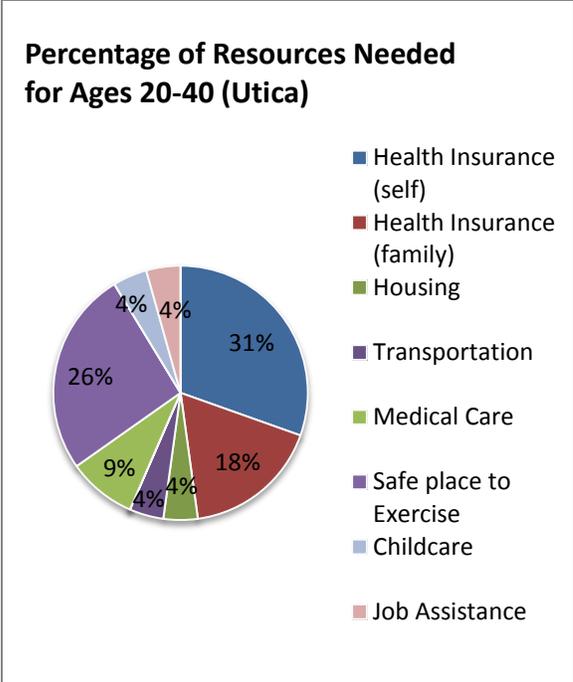
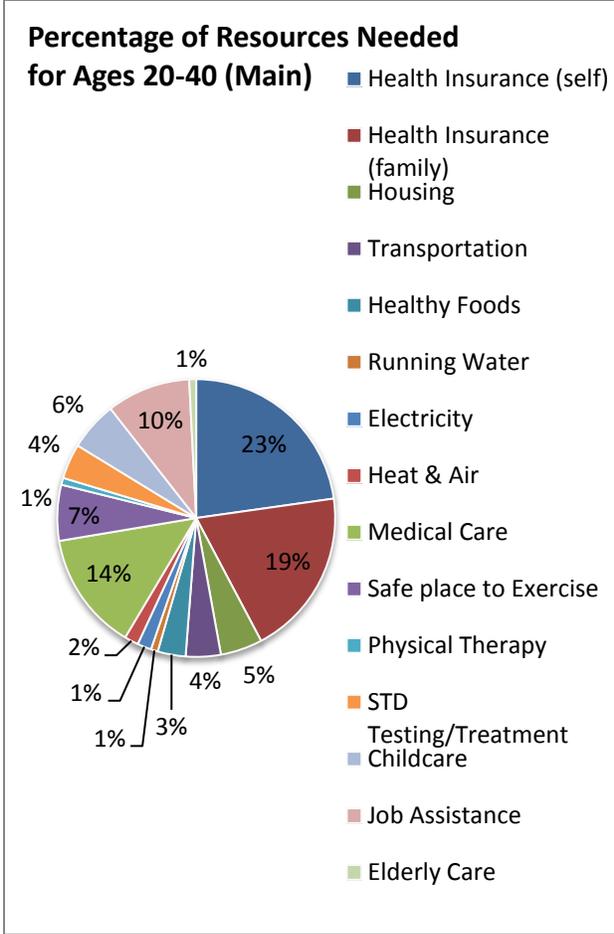
Percentage of Resources Needed for Ages 0-19 (Main)



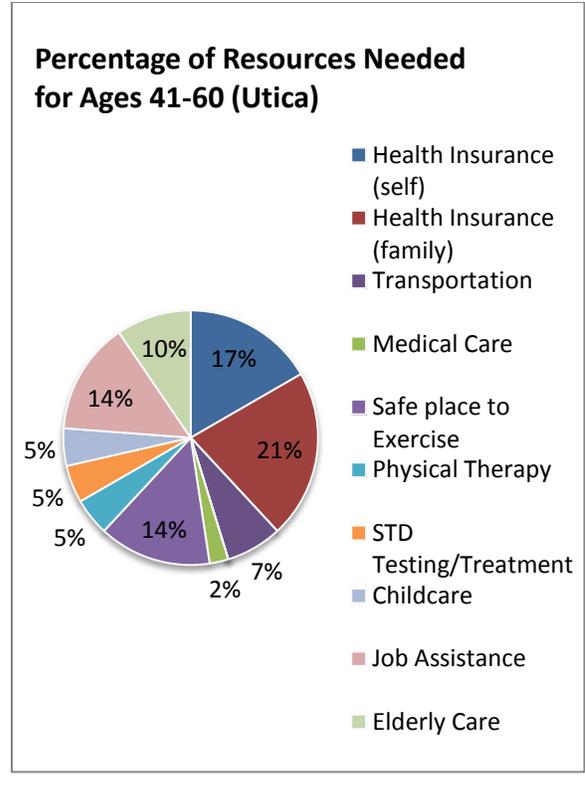
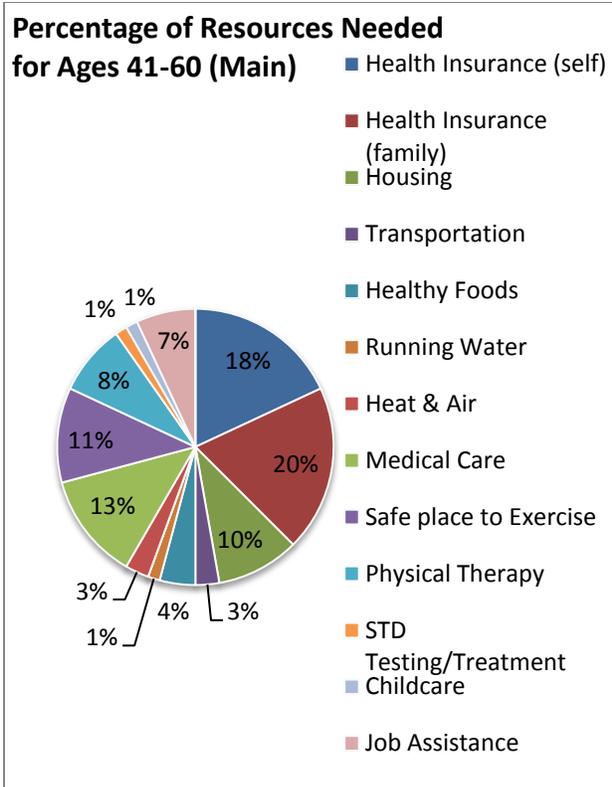
Percentage of Resources Needed for Ages 0-19 (Utica)



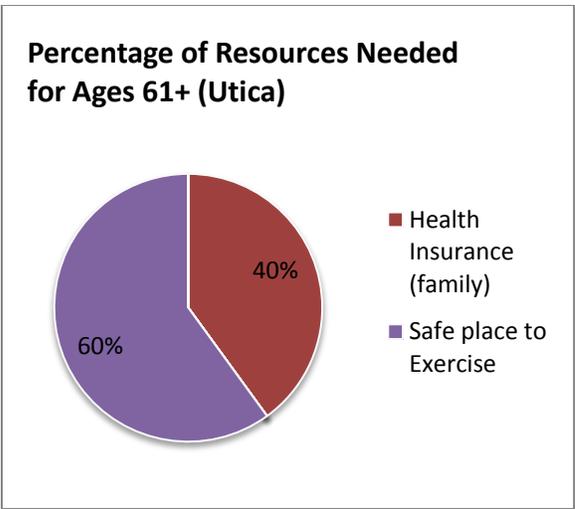
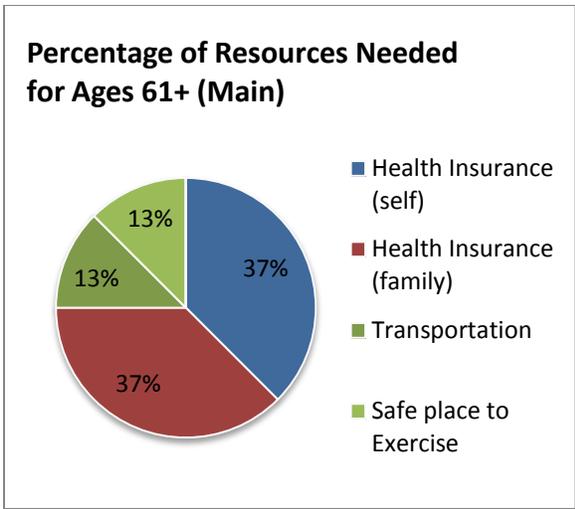
When comparing ages 0 to 19 from both locations, there were similar needs among the communities; such as, safe locations to exercise, physical therapy, STD testing and treatment, childcare, and job assistance. However, most of these (except childcare) have a greater need in the rural Utica environment.



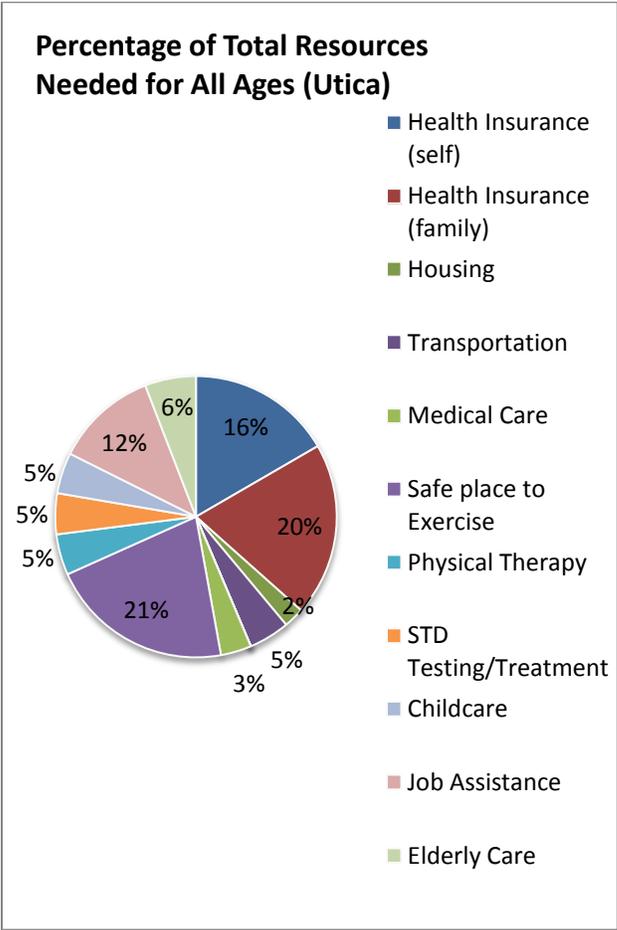
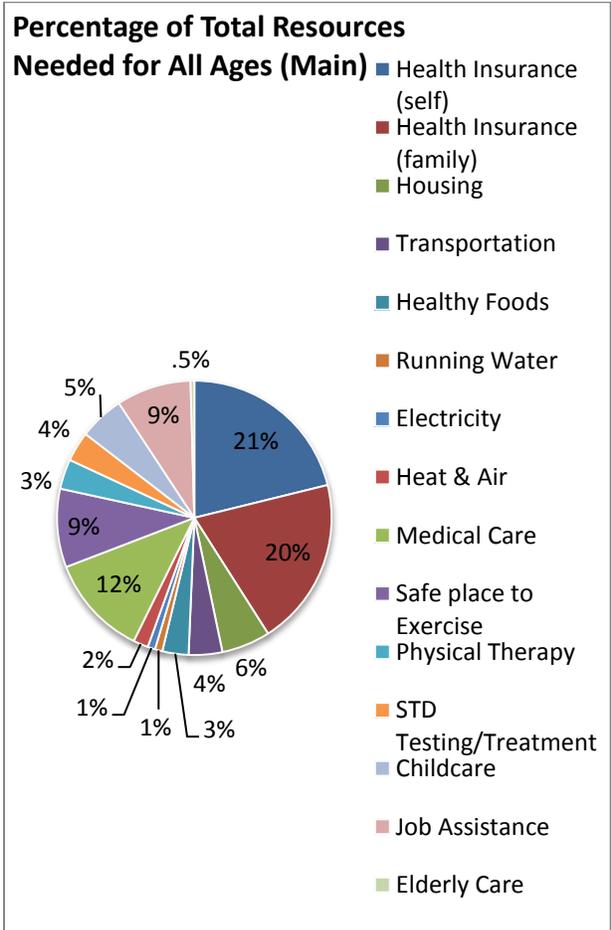
A variety of resources were reported for ages 20 to 40 that patients may need assistance with. In Utica, one of the largest needs was a safe location for patients to be able to exercise (26%). While several of the resources overlapped between the two clinics, the main site also showed a small percentage among those surveyed in this age bracket that may lack in access to basic life necessities; such as, healthy food, running water, electricity, and heat and air.



Looking at ages 41 to 60, there are still a number of resources that overlap between the populations. Most of these resources still show a greater need in Utica, except for physical therapy and adequate medical care. At the main site there was also a 10% need of adequate housing; as well as, a smaller need for a few basic life necessities (healthy food, running water, and access to heat and air).



For ages 61 and up, their main lack of resources included transportation and a safe location to exercise.



The above two graphs show the results from the 92 surveys passed out at the main clinic and the 39 that were completed at the Utica clinic.

Conclusion

Discussion

When reviewing the results that were obtained from those surveyed, there are still gaps just within the basic necessities of life of the patients seen at Jackson-Hinds Comprehensive Health Center alone. For the most part, the needs of both the urban and rural populations that were surveyed are very similar. As most would expect, the lack of resources are seen greater in the rural community. While the need for transportation was seen slightly higher at the Utica clinic compared to the main clinic, it was surprising to find that only 5% of those surveyed in Utica reported it as a resource they lacked. These results seemed significant and should be looked into further, especially since many of the providers and leaders at Jackson-Hinds believed transportation was one of the top resources their patients lacked access to.

On the other hand, there were a couple of needs that were either not noted as a resource the rural population lacked, or the need was seen greater in the urban community. For instance, housing and adequate medical care are resources lacking in both communities, but both of these were seen as a greater need at the main site. Also, access to healthy foods, running water, electricity, and heat and air, were resources only reported at the main clinic.

When comparing the top five disparities seen at both the main clinic and the Utica clinic, there are a few items to note. First, at the main clinic, under the need of both self and family health insurance was the need of access to adequate medical care. When reviewing my results, the lack of this resource in the urban population seemed odd considering the number of healthcare

facilities in the Jackson area. In order to better understand why the patients feel they do not have access to the medical care they need, I would like to have seen my survey modified in order to allow the patients to explain why that answer was chosen. This recommendation to modify the survey came after a discussion with Dr. Debra Rice, Director of Adult Medicine at Jackson-Hinds. Second, the top disparity seen in Utica was a safe location for the patients to exercise. This information may become useful to Jackson-Hinds since most of the old Utica facility is currently vacant, as the organization tries to find the best use of the facility for the Utica community.

Final Recommendations

While my project has been completed, I hope that the information I have gathered and the resources that were collected will be utilized to the advantage of Jackson-Hinds Comprehensive Health Center and the patients that they serve. I recommend that the current survey is modified in order to follow up on why a patient believes they do not have access to adequate medical care. After speaking with one of the Information Technology employees at Jackson-Hinds, I believe the survey could be easily tagged in a patient's chart in order to notify a social worker or provider of the current lack in resources a patient may be experiencing. This may assist the providers and staff at Jackson-Hinds as they continue providing complete and comprehensive healthcare to their patients. Also, I would like to see the resource directory expanded to include all three counties that Jackson-Hinds serves (Hinds, Warren, and Copiah).

Lessons Learned

Through this experience that General Electric graciously funded, I have learned many valuable lessons to carry me through my medical career. While in medical school, each and every student

is taught how to diagnose and treat their patients. However, you are not really shown how to manage a clinic. This summer provided me with a jumpstart into the world of both medicine and management. It showed me how to have the best of both worlds, while still having the enjoyment of providing quality healthcare to my future patients. Through my independent project and with shadowing a few key providers, I was able to see the importance of knowing the whole individual. While that may not be possible in one patient visit, I must know how to navigate my way around the patient's life and ask the right questions in order to provide complete and accurate care that my patients will one day need.

Thanks and Acknowledgments

First, I would like to thank General Electric and National Medical Fellowships for their sponsorship and development of the 2012 Primary Care Leadership Program. Second, to Jackson-Hinds Comprehensive Health Center in the assistance they provided me this summer. Thank you for allowing me to learn from all of the providers and staff on what it truly takes to operate a Community Health Center. Also, a special thanks to Dr. Chapman, Dr. Assad, and Dr. Tonore, my advisors, for helping me along the way and providing feedback to improve my project. Third, Ms. Rolanda Alexander with Operation Shoestring for providing me access to the directory they have begun. Fourth, Carolita Heritage, Caroline Price, and Hal Flowers, other PCLP Scholars placed at Jackson-Hinds, for their help throughout the summer. Finally, to all the wonderful organizations and individuals who gave up your valuable time to educate me on the resources you are able to provide to the Hinds County Community.

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