

An Assessment of Community Health Needs in Edwards, MS

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Introduction and Background

Central Mississippi Civil Improvement Association, Inc. is the official name of Jackson-Hinds Comprehensive Health Centers© (JHCHC). It was incorporated in 1970 and is the largest Community Health Center in the state of Mississippi. As one of only two federally qualified health centers in MS, it provides medical and social services to underserved communities. As of this writing, JHCHC has 15 locations in three counties, including sites in Jackson, Vicksburg, Utica, and Hazlehurst. Several new clinics are in the construction or concept phases. Construction is ongoing at a new clinic on Woodrow Wilson Avenue in Jackson, MS, and sometime later in this year, an old BancorpSouth© building will be converted into a Jackson-Hinds building.

Given this situation, Dr. Jasmin Chapman, the Chief-Executive-Officer (CEO) of Jackson-Hinds, said they needed someone to go to Edwards and do an investigation of their health needs. After some consideration, I felt that this project would enable me to get involved hands-on in a community. I could also do a project that would directly help Jackson-Hinds as well as the people of Edwards. So I told Dr. Jasmin Chapman after several days that my Primary Care Leadership Program (PCLP) project would be “An Assessment of Community Health Needs in Edwards, MS.”

Before describes the survey used or the results of the project, some historical and biographical context of Edwards, MS, and of Jackson-Hinds Comprehensive Health Center are necessary, as is a description of how these two entities came into contact. Edwards is a city in the west-central portion of Hinds County in MS with a population of 1034¹. The town is quiet and quaint. Railroad tracks run right by the Town Hall and under an iconic, sharply-

arched bridge. There is a school, a Neighborhood Center, a post-office, Police Station, an auto repair shop, a library, a grocery store, several restaurants, and a number of churches. But unfortunately, like many of the towns in Mississippi, Edwards is part of a county that has experienced between a 0.1-20.0% decrease in population size between 2000 and 2010².

Demographically, Edwards looks different from the rest of MS in a number of ways. For one thing, the population's mean age is 40.3, compared to the MS mean of 36.5³. Where MS has a white population of 59.1 % and a black population of 37.0%, Edwards is 82.7% black and 15.5% white³. In terms of householders, female householders with no husband present make up 31.3% of the households in Edwards, compared with just 18.5% in the state³. Educationally, Edwards has a higher percentage of children in school from grades 1-8 (60.5% vs. 41.8%), but less in high school (12.3% vs. 21.4%) and less in college (13.6% vs. 24.5%)⁴. These differences affirm the fact that health data specific to Edwards should be obtained in order to serve the unique needs of that community.

Jackson-Hinds Comprehensive Health Center took this opportunity in early 2012. The company has been growing since the 1970s when it was incorporated. What started as a several-person operation serving Mississippians out of a blue bus and a feed shed in Utica has now become a \$16 million per year operation. JHCHC now has over 180 employees at 15 locations: the Dr. James Anderson Health Facility (the "main site"), the South Jackson clinic, the Ethel James Ivory Homeless Clinic (Jackson), the Utica Clinic, the Vicksburg-Warren Family Health Clinic, the Copiah Comprehensive Health Complex, the Tougaloo Clinic, two mobile units, and five school-based clinics (Bolton-Edwards Elementary School, Van Winkle Elementary School, Isabel Elementary School, Utica Elementary School, and Jim Hill High School). Jackson-Hinds last year served 144,000 patient visits.

Jackson-Hinds Comprehensive Health Center is still expanding. Board Chair Frank Crump Jr. spoke of expansion as filling a need in the communities and of fulfilling Jackson-

Hinds' mission of serving the people. This year, construction began on a new clinic on Woodrow Wilson Drive in Jackson. The Edwards clinic will be the next focus. When BancorpSouth learned that its Edward branch must close, Mr. Tommy Darnell, the President of the Hinds County Division of BancorpSouth, knew about Jackson-Hinds and about the kind of services that it offered. He contacted them about a deal and BancorpSouth sold the building for well below the asking-price. Mr. Michael Booker, the President of the Clinton BancorpSouth, said that the transaction was about more than finances. For him, and for Mr. Darnell, it was about being a leader in the community. He described how once a town has healthcare, the health of its people improves, and once that happens, the community could grow. He hopes that the Edwards clinic will bring with it a new economic vitality.

Methods

The method used to conduct this project was a paper survey. The survey had 7 total questions. Six of them were open-ended questions, and one was a multiple-choice question (Appendix 1). To determine how best to distribute and collect the surveys, I met with the Mayor of Edwards, R.L. Perkins and with Chief of Police Louis Johnson on June 26, 2012. This meeting was set up by Dr. Jasmin Chapman and was also attended by fellow PCLP participants Carolita Heritage, Caroline Price, and Kristie Alvarez. Chief Johnson suggested first that we take the surveys to the Edwards Neighborhood Center, or "Senior Citizens." His sister Vivian Johnson, the Director of the Center, met us there. I explained my project and she was willing to pass them out to any Edwards residents who came to the Center. About 80 surveys were acquired this way.

Chief Johnson also took surveys to give to the boys on a basketball team he coached in Edwards. He instructed the boys to take them to their families and neighbors and then bring the completed surveys back. About 20 surveys were returned. Finally, I met Mrs. Kheedra Mixon, who with her husband owned the Edwards Fish Market. I explained to her

my project, and she also agreed to give the surveys to her customers. The remaining dozen or so surveys were completed using this method.

In total, 113 surveys were returned. One survey, however, was illegible, so the grand total was 112 completed surveys. The U.S. Census Bureau's 2010 Data show that Edwards has a population of 1034 people¹. This means that 10.8% of the population was surveyed.

The data analysis of the survey responses make several assumptions, the validity of which are discussed below. The first assumption is that only residents of Edwards, MS completed this survey. Although there was no question to verify this, those who distributed the surveys were requested only to give them to residents. The second assumption is that the responders only filled out one questionnaire. As the surveys were all unique, this assumption should be considered valid. The final assumption, if conclusions about the health of Edwards are to be drawn from these surveys are to be considered valid, is that the survey responders were representative of Edwards in terms of demographics and in terms of health status.

This final assumption is the trickiest but may be still considered valid. The majority of the surveys were completed at the Edwards Neighborhood Center. The fact that residents nickname it "Senior Citizens" suggests, and somewhat correctly, that it is a center for mainly elderly folks. The age range varied when I visited twice from around 30 to at least 80, but the majority of the people there were elderly. This means that the majority of those surveyed at that site were probably older. It must be taken into account, however, that the Edwards population as a whole is 4 years older than the MS population. In addition, the surveys returned by the boys on Chief Johnson's basketball team were probably from younger families, and so may have offset any skew that the Neighborhood Center surveys created. Nevertheless, the specific groups of people surveyed must be held in mind in assessing the results of this survey.

Results

Question 1

The first question of the survey asked, “When was your last doctors visit?” In terms of categorizing the responses, they were divided into five categories: “less than one month,” “between one month and six months,” “between six months and a year,” “between one and two years,” and “greater than two years.” For consistency, several rules were put in place for categorizing non-specific responses. If only a month was given, the 15th of that month was counted. If the response said “Five weeks ago,” the date used was exactly five weeks from the day that survey was collected from Edwards. If only a year was given, the 15th of June for that year was counted. To present the data, the categories were further simplified. Because the responses beyond six months were so few, these three categories (6 mo.-1 year, 1-2 years, and >2 years) were condensed into a single “Great than six months” category.

The final pie chart of this data can be found in Appendix 2 as Chart 1. The total number of responses was 110. The percentage of responses for “Less than one month” was 33%; “One month-Six months” was 48%; and “Greater than six months” was 19%. This means that 81% of responders had visited a physician in the past six months. The main conclusion that can be drawn here is that the population survey, and the Edwards population if the assumptions discussed above are considered valid, has regular health needs. The majority of the population visits doctors regularly (assuming no seasonal effect) and will benefit greatly from having a nearby clinic. Jackson-Hinds will also benefit, as these responders will, if they go to the Edwards clinic, provide a consistent patient population.

Question 2

The second question of the survey asked, “What was the reason for that visit?” The number of responses was again 110. The division of categories for this question was a bit more difficult. Initially, the categories were “check-up/physical,” “cold/infection/‘sick’

(including sinus problems and allergies), “hypertension/high blood pressure,” “pain (foot, hip, back, headache),” “eye,” “dental,” “other,” and “child care.” Because “child care” had so few responses, however, this category was added to “other.”

The large majority of the responses were primary care needs, as can be seen in Chart 2 of Appendix 2. “Checkup/physical” accounted for a full third of the responses. “Cold/infection/”sick” accounted for 17%, as did “pain.” “Hypertension” is a common medical problem in Mississippi, and the South in general, and accounted for 11% of responses. The “other” category, which was 14% of responses, included diverse responses like “cardiologist,” “AIDS,” “sickle cell,” and “Diabetes.” And mentioned above, child-care and obstetric responses were included in “other” as well.

If the Jackson-Hinds Edwards clinic offered only primary care, this would cover 78% of the responders’ needs, not including any responses from the “other” category. This led to a recommendation to Jackson-Hinds that if they were to offer a specialty service, perhaps dental and eye services would be most utilized.

Question 3

“Where did you go for that visit?” was the third question, n=111. This question featured a wide range of responses. Initially, the categories were “Central Mississippi Medical Center (CMMC),” “River Region Hospital,” “Jackson-Hinds Utica Clinic,” “University of Mississippi Medical Center (UMMC),” “Jackson-Hinds Main Clinic (JHCHC),” “Emergency Room,” “Jackson-Hinds Medical Mall Clinic,” “Other/not specified,” “Bolton Clinic,” and “Dr. Landrum.” “Emergency Room” was included in “Other/not specified” for the final analysis. This left the nine health centers or providers with the most responses and the “Other/not specified” category.

Chart 3 of Appendix 2 shows the frequency graph of the responses to this question. For each of the nine health centers, clinics, and providers, the response frequency was

between 6 and 13 responses, with the modes being 7 and 13 (two categories each). The “Other/not specified” category included 37 responses. While this categorization is certainly imperfect, none of the individual clinics comprising that category had frequencies of 6 or more. Additionally, 10 of these responses were “Jackson,” which eluded accurate categorization, while others were as varied as “MEA (Medical Clinic),” “jail,” and “Wal-Mart,” in addition to specific providers.

These responses were telling in a number of ways. One of the first trends is that 29% of these patients are already going to Jackson-Hinds’ clinics: in Jackson (Medical Mall and Main Site) and in Utica. These patients will benefit from having their same healthcare provider in their own city. However, this will not be a pool of new patients for Jackson-Hinds. A second trend is that patients are going to a wide geographic area for their healthcare. CMMC is in Raymond, UMMC is in Jackson, the Bolton Clinic is in Bolton, MS, and River Region Hospital is in Vicksburg. While none of these locations is more than an hour away from Edwards, these patients may be better served by a clinic that is mere minutes from their homes.

Question 4

The fourth question, “What are the main health problems you have (if any)?” had a total of 138 responses. This is greater than the total number of surveys because if multiple health problems were listed, as they were for several dozen surveys, all health problems were counted separately. Originally, twelve categories were included: “high blood pressure,” “eyes,” “dental,” “aches/pains (including nerve problems),” “Diabetes,” “Acid Reflux/gastrointestinal maladies,” “Sinuses/allergies/respiratory problems,” “none,” “other,” “cholesterol,” “heart,” and “kidneys.” Twelve categories was not an effective way to show the main health concerns, however, so these categories were combined for a more interpretable analysis. “Eyes” and “dental” were combined. “Heart” problems were

combined with “High blood pressure” and “Diabetes” and “Kidney” problems were grouped as well. “Acid Reflux/gastrointestinal maladies” and “Sinuses/allergies/respiratory problems” were also combined into a “GI/Respiratory” category.

A pie chart showing the percentages for each of these seven categories can be seen as Chart 4, Appendix 2. The main trends seen here are that 11% of responders had Diabetes or kidney concerns, while 29% had hypertension or circulatory problems (including heart). These two medical issues are a large proportion of Mississippi’s medical problems, and their representation here reflects that. Eye and Dental concerns were 6% here. Greater than one-fifth of responders (22%) reported they had no main health problems. These are probably the same responders whose most recent doctor visit was for a checkup or physical.

Question 5

The fifth question had a total of 109 responses and asked, “What health services would you like the new Jackson-Hinds Health Center to offer?” The original categories were “general,” “child care,” “elderly care,” “checkup,” “Women’s Health,” “eyes,” “dental,” and “other.” These categories were eventually consolidated into five categories: “child care,” “elderly care,” and “Women’s Health” were grouped into a “Special Population” category; “general” and “checkup” were also combined.

A pie chart showing the results is shown as Chart 5, Appendix 2. Somewhat surprisingly, more than one in five responders wanted eye or dental services (22%). This strengthens the assertion that if the Edwards clinic offers more than just primary care, eye and dental services may be most beneficial. “Special population” was 6% and, as indicated above, included such specialty services as pediatrics, geriatrics, and obstetrics/gynecology.

The large major of responders (54%) either wanted checkup services or general services. Many of the “General” responses were somewhat poignant: “presence in

community," "anything possible," "medicine," "close access," "what ever they can provide," "everything you can," and "something." These responses suggested that if there is not a desperate need for accessible, affordable care in Edwards, there is at least a strong desire for it.

Question 6

The sixth question was multiple-choice asked, "Are you able to visit a doctor when you need to?" The response options were "always," "sometimes," "rarely," or "never." A total of responses were 111. The frequencies of responses are seen in Chart 6, Appendix 2. A large percentage, 83%, of responders reported that they could always or sometimes access healthcare when they needed to. This indicates that when healthcare access is not affordable or convenient, people will still find a way to obtain it.

Question 7

The final question was ""If you answered Rarely or Never to #6, please explain why." There were only 19 total responses to this question, as only 17% of the 111 responders to Question 6 were either rarely or never able to visit a doctor when needed. It is worth noting the inhibiting factors for those 19 responders. The most frequent responses were "no transportation" and "no money/no insurance." Fortunately, these are two problems that the Jackson-Hinds Edwards clinic will expressly solve. Its location is right in the middle of Edwards, within reach of its residents, and payment for services is on a sliding scale, which will accommodate those patients with limited funds or without insurance.

Conclusions

A number of trends can be noted from the results of these surveys. Most responders reported that they had seen a doctor in the past six months, indicating that their health needs are regular. The new clinic in Edwards will benefit these responders, as well as Jackson-Hinds Comprehensive Health Center. While most of their reported concerns were

primary care needs, dental and eye services might also be utilized. Responders reported visiting a physician in locations such as Jackson, Raymond, Clinton, Bolton, and Vicksburg, so an Edwards clinic will be a closer healthcare provider. This is especially important because the majority of the 19 responders who could rarely or never access healthcare were limited by transportation. The services desired also largely featured dental and eye care, but for most, general and checkup services were requested. Finally, Edwards responders were generally able to access healthcare when they needed to: a testament to the essential nature of medical services and the lengths people will go to get them.

Acknowledgements

This project could not have been completed without help from many sources. General Electric generously funded this program and, together with National Medical Fellowships and specifically the Primary Care Leadership Program, their powerful vision and the strength of their structure are enabling budding healthcare professions opportunities to engage with Community Health Centers to create change in healthcare delivery to the underserved.

The people at Jackson-Hinds deserve more thanks than I can give. This project was only a part, albeit a large one, of my PCLP experience. The opportunities I was provided at Jackson-Hinds were both clinical and administrative, and there are many people to thank. Dr. Jasmin Chapman is a model leader, and her time and continued support throughout the program was essential. Dr. Lynda Assad, the Medical Director and a Pediatrician, was consistently available for help on my project and throughout the program. Her helpful suggestions on my presentation and her clinical mentorship are much appreciated. Mrs. Addie Mason helped review my survey, and Mr. Justin Smith, Mrs. Sandra Gray, Mrs. Wansley, and Mrs. Jennifer all made me feel at home at Jackson-Hinds.

Among my administrative experiences was attending a Board Meeting as well as numerous administrative meetings and hearing the Mayor of Jackson speak. Clinicians such as Dr. Jackson, Dr. Walker-McNair, Dr. Pamela Watson-McGee, Dr. Hutchins, Dr. Ward, Dr. Assad, and Dr. Noble Attipoe generously gave their time and knowledge. I'd be remiss without thanking Caroline Price, Carolita Heritage, and Kristie Alvarez for helping me distribute surveys and for making the program more enjoyable. And of course, Dr. David Norris, my clinical mentor, deserves many thanks for his support and his encouragement.

Finally, I'd like to thank all the people of Edwards who so warmly welcomed me to their community and helped with this project. Kheedra Mixon and Vivian Johnson, and especially Mayor R.L. Perkins and Chief of Police Louis Johnson were all critical to its completion. All of these people and organizations taught me so much about the interconnectedness of a community and its healthcare provider, and my experience could not have been the same without them.

Appendix 1



1. **When was your last doctor's visit?**

2. **What was the reason for that visit?**

3. **Where did you go for that visit?**

4. **What are the main health problems you have (if any)?**

5. **What health services would you like the new Jackson-Hinds Health Center to offer?**

6. **Are you able to visit a doctor when you need to?**

___ Always ___ Sometimes ___ Rarely ___ Never

7. **If you answered Rarely or Never to #6, please explain why.**

Thank you for your time. Your answers to these questions will help Jackson-Hinds as it sets up the new Edwards Health Center.

Appendix 2

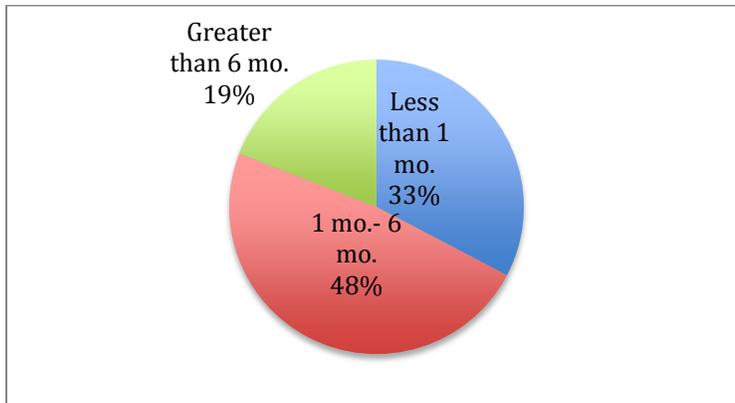


Chart 1. Responses to Question 1: "When was your last doctor's visit?"

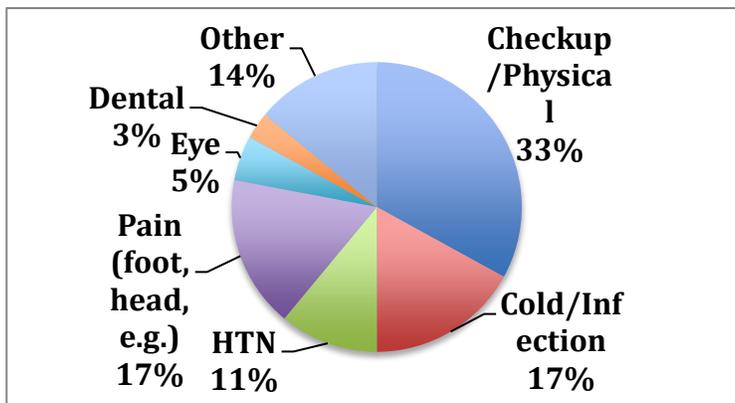


Chart 2. Responses to Question 2: "What was the reason for that visit?"

Response Frequency

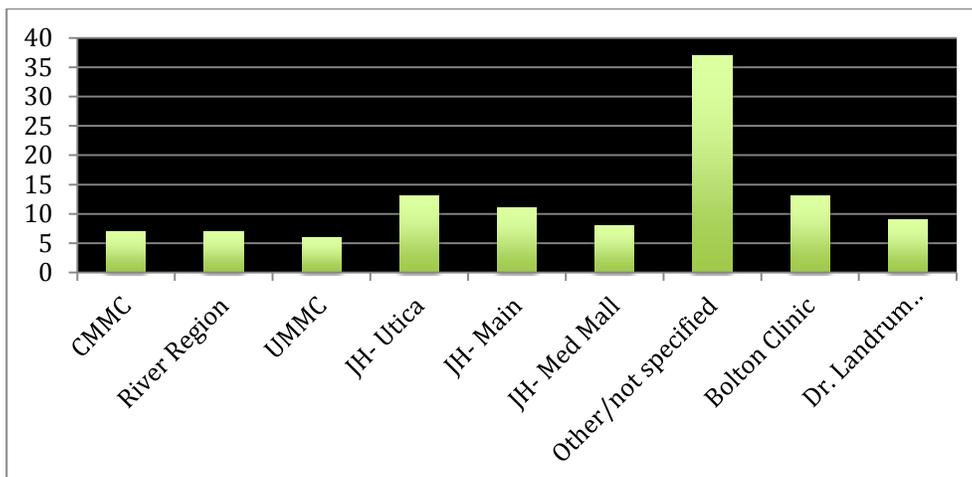


Chart 3. Responses to Question 3: "Where did you go for that visit?"

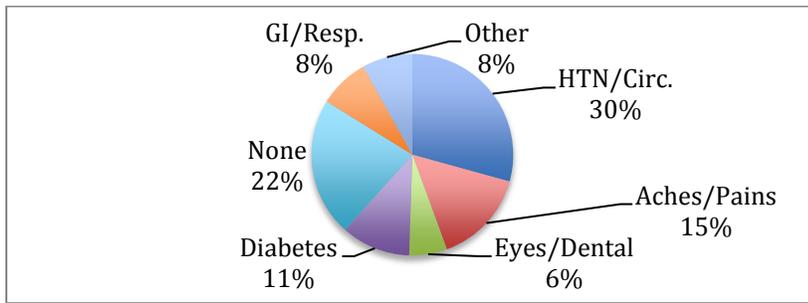


Chart 4. Responses to Question 4: "What are your main health problems (if any)?"

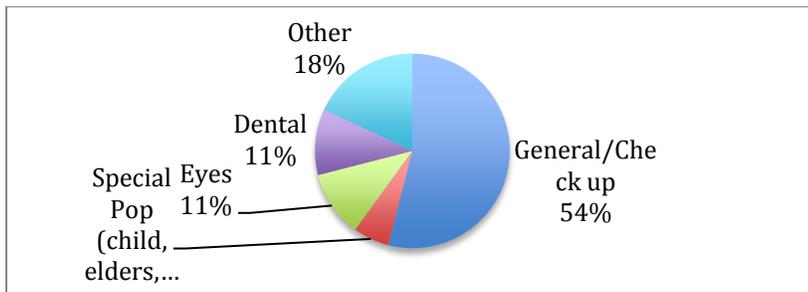


Chart 5. Responses to Question 5: "What services would you like the new Jackson-Hinds Health Center to offer?"

Response Frequency

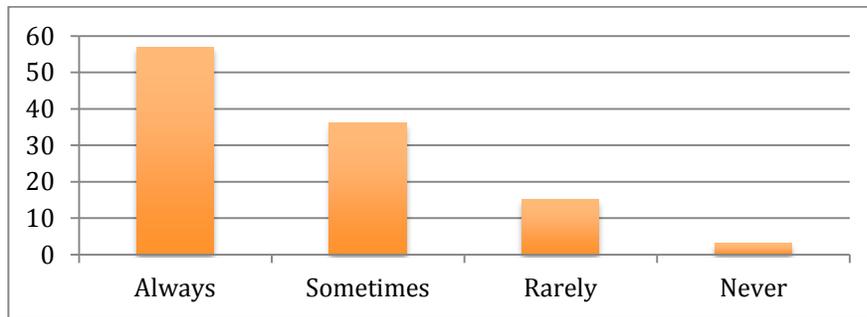


Chart 6. Responses to Question 6 (multiple-choice): "Are you able to visit a doctor when you need to?"

Response Frequency

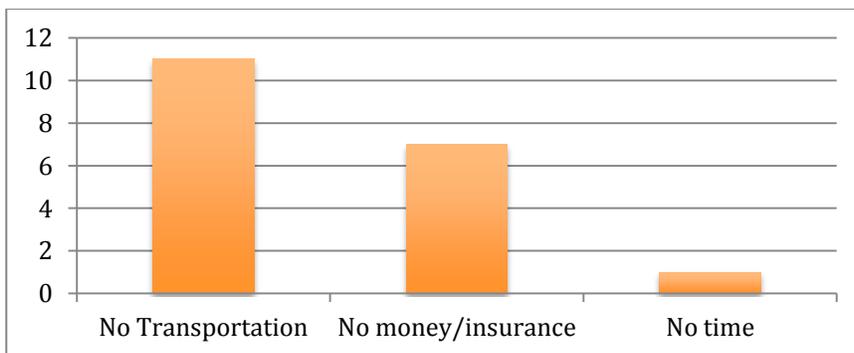


Chart 7. Responses to Question 7: "If you answered Rarely or Never to #6, please explain why."

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