



KING'S DAUGHTERS
MEDICAL CENTER

King's Daughters Medical Center

Lincoln County, Mississippi

2024

Community Health Needs Assessment

Approved by Board: August 27th, 2024



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Executive Summary

King's Daughters Medical Center ("KDMC" or the "Hospital") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital and a description of how the community was determined;
- 2) a description of the process and methods used to conduct the CHNA;
- 3) a description of how the Hospital solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2021 CHNA Assessment and Implementation Strategy efforts;
- 5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and
- 6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2024.

The Significant Health Needs in Lincoln County identified by this assessment are:

- Affordable Healthcare Services
- Management of Chronic Diseases: Diabetes, Heart Disease, Cancer, Stroke, Kidney Disease
- Access to Mental Healthcare
- Health Prevention and Education: Prevention services, Obesity

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Organizational Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

1 

Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 

Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 

Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4 

Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

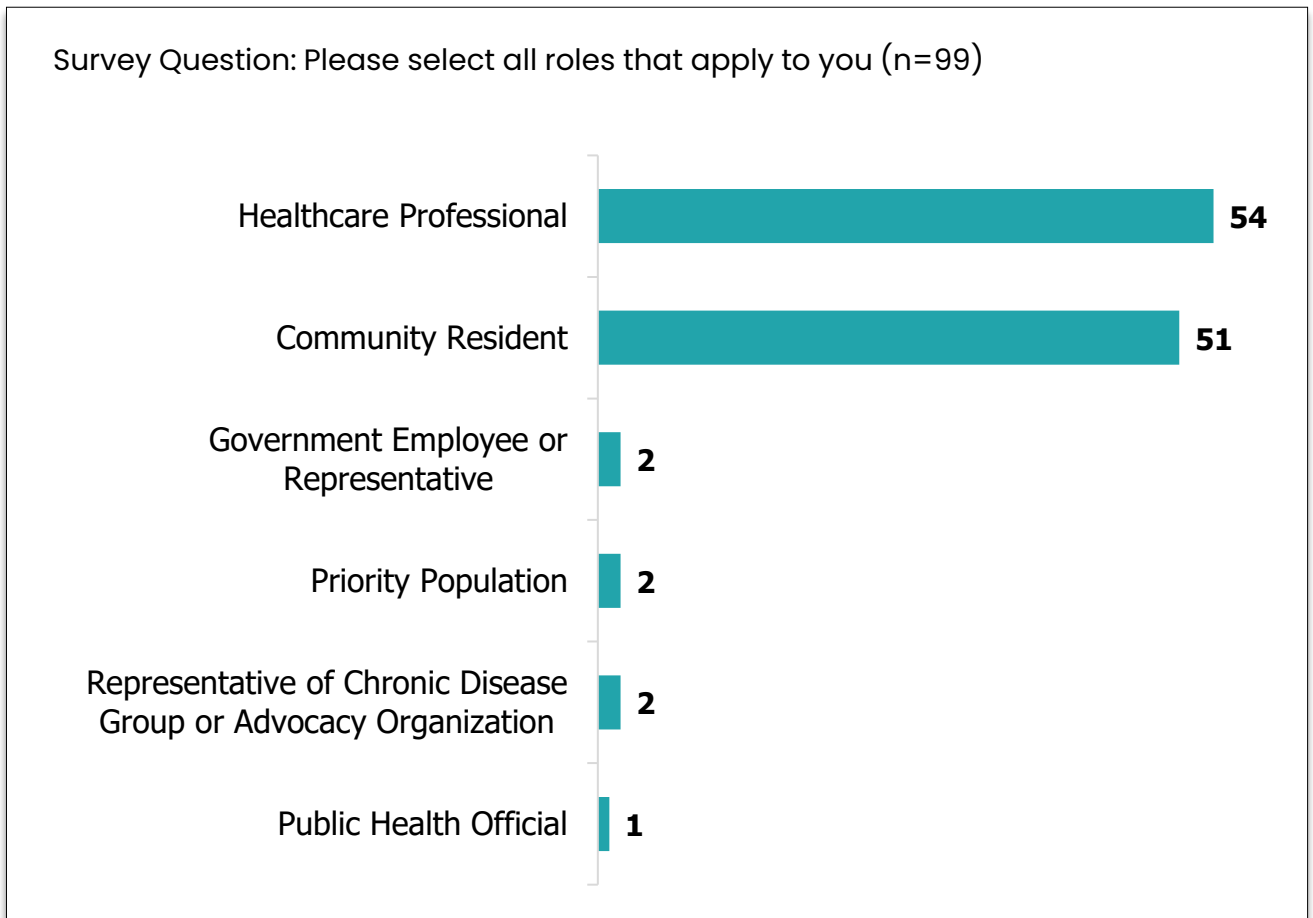
All data sources are detailed in the appendix of this report with the majority of the data used for this assessment coming from:

- County Health Rankings 2024 Report
- Centers for Medicare & Medicaid Services - CMS
- Centers for Disease Control and Prevention – CDC
- Mississippi State Department of Health

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's economic, racial, and geographically diverse population. One hundred (100) survey responses from community members were gathered in April 2024, a 41% increase in responses compared to the 2021 community survey.

Community Input

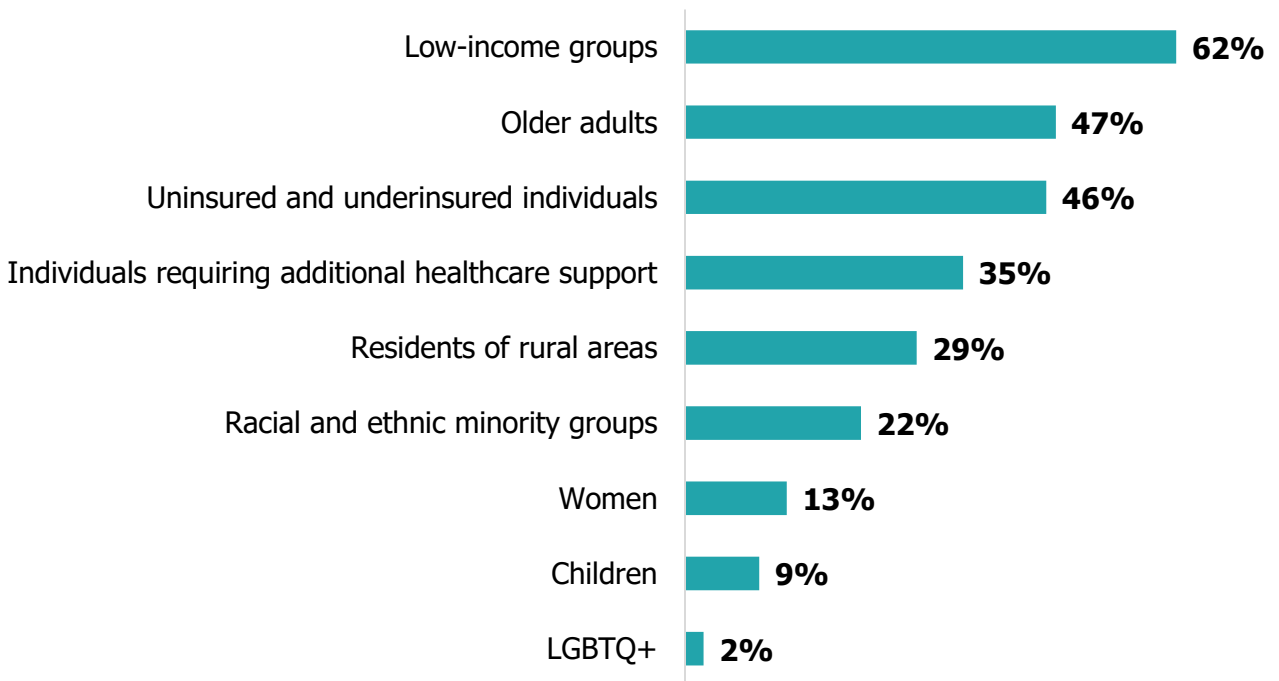
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults, and un/underinsured individuals.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Affordable
Healthcare

Lack of
Transportation

Access to Local
Providers

Input on 2021 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2024 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by KDMC since the 2021 CHNA and Implementation Plan were conducted. These comments informed the development of the 2024 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2021 CHNA are listed below with a selection of survey responses.



Healthcare Disparities



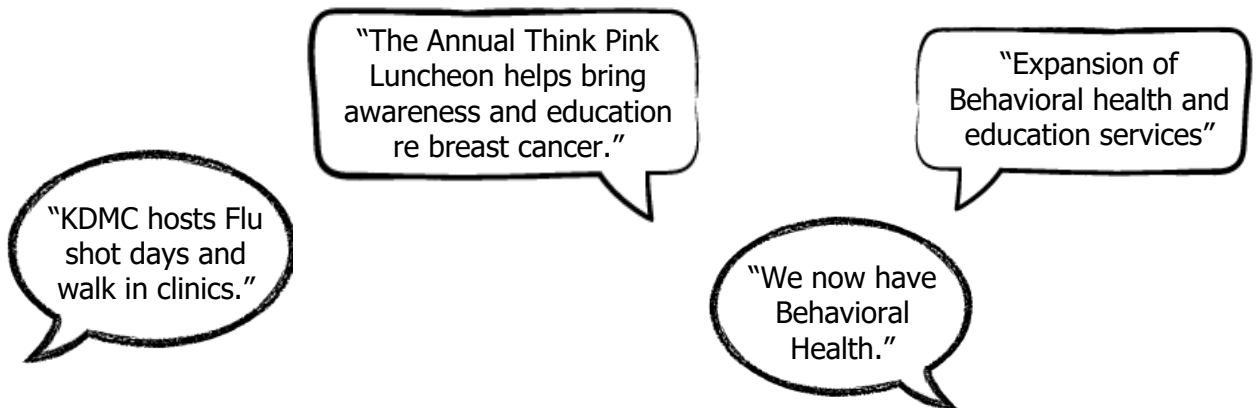
Drug/Substance Abuse



Education & Prevention



Behavioral Health/Suicide



Impact of Actions to Address the 2021 Significant Health Needs

- Implementation of the Chronic Care Management Program
- Implementation of Remote Patient Monitoring
- Expansion of the Behavioral Wellness Center to increase access to providers and services
- Continued growth in services and programs to provide access to care close to home

Community Served

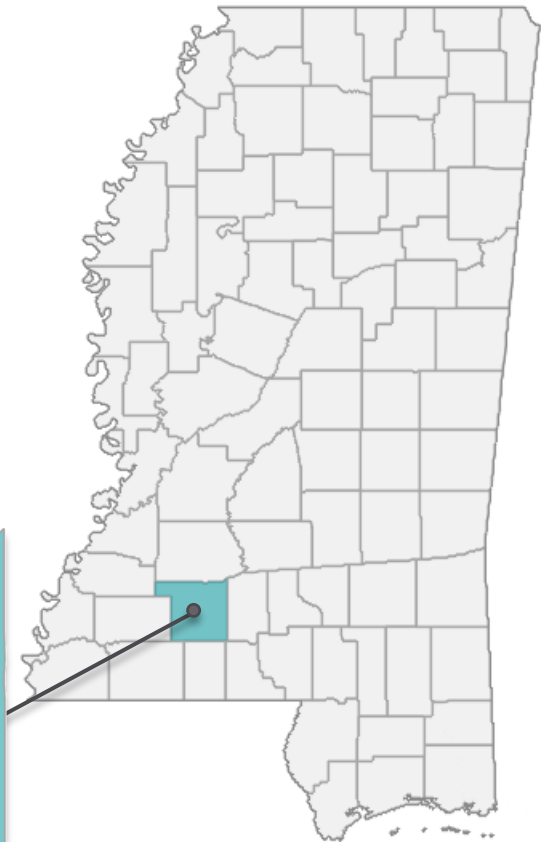
For the purpose of this study, the service area is defined as Lincoln County in Mississippi. The data presented in this report uses this county-based service area to present population health data wherever possible. KDMC is located in central Lincoln County with 50% of the Hospital's inpatient discharges coming from this area in 2022.

Service Area

Lincoln County, Mississippi

Total Population: **34,717**

ZIP	City
39601	Brookhaven
39629	Bogue Chitto
39662	Ruth



Source: County Health Rankings 2024 Report

Service Area Demographics

	Lincoln County	Mississippi
Demographics		
Total Population	34,717	2,940,057
Age		
Below 18 Years of Age	23%	23%
Ages 19 to 64	59%	60%
65 and Older	18%	17%
Race & Ethnicity		
Non-Hispanic White	67%	56%
Non-Hispanic Black	29%	37%
American Indian or Alaska Native	0%	1%
Asian	1%	1%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	1%	4%
Gender		
Female	52%	51%
Male	48%	49%
Geography		
Rural	71%	54%
Urban*	29%	46%
Income		
Median Household Income	\$48,596	\$52,788

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units
Source: County Health Rankings 2024 Report*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



100 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



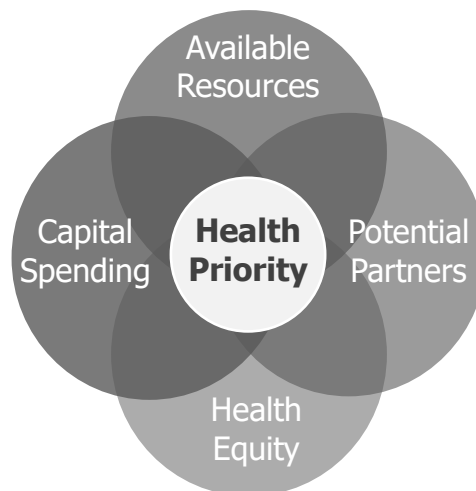
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

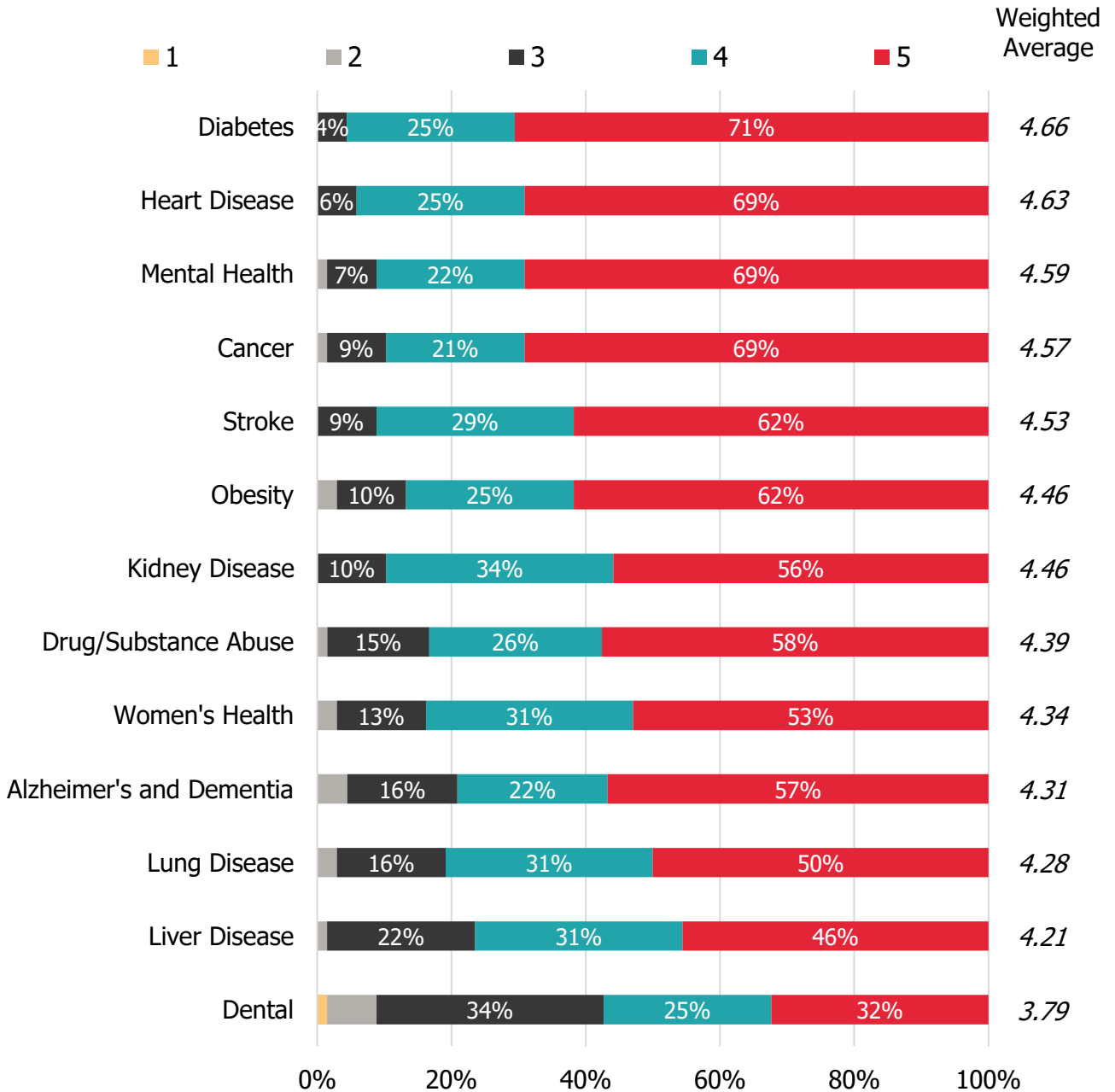
The health priority ranking process included an evaluation of health factors, community factors, and personal factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

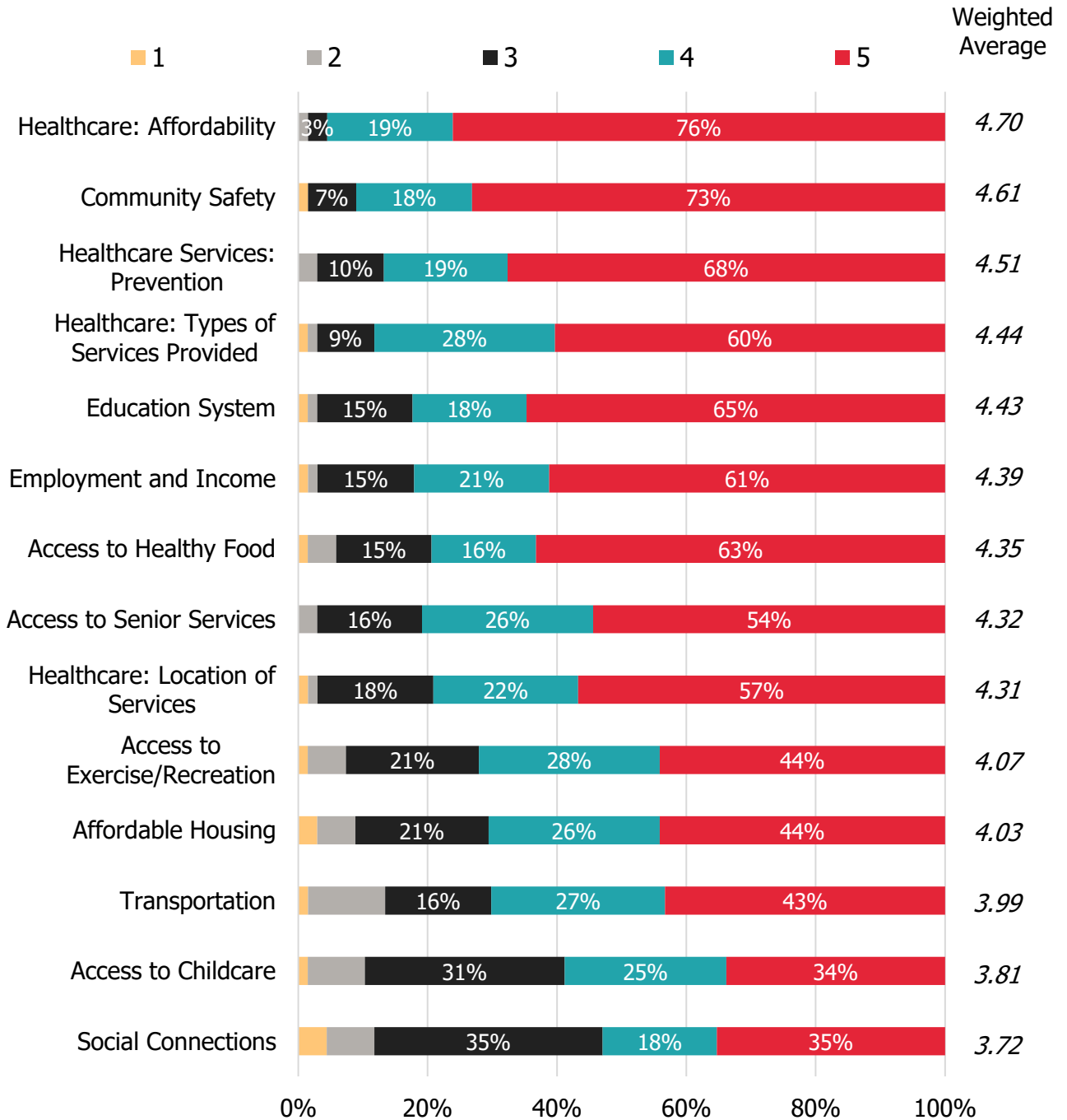
Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).



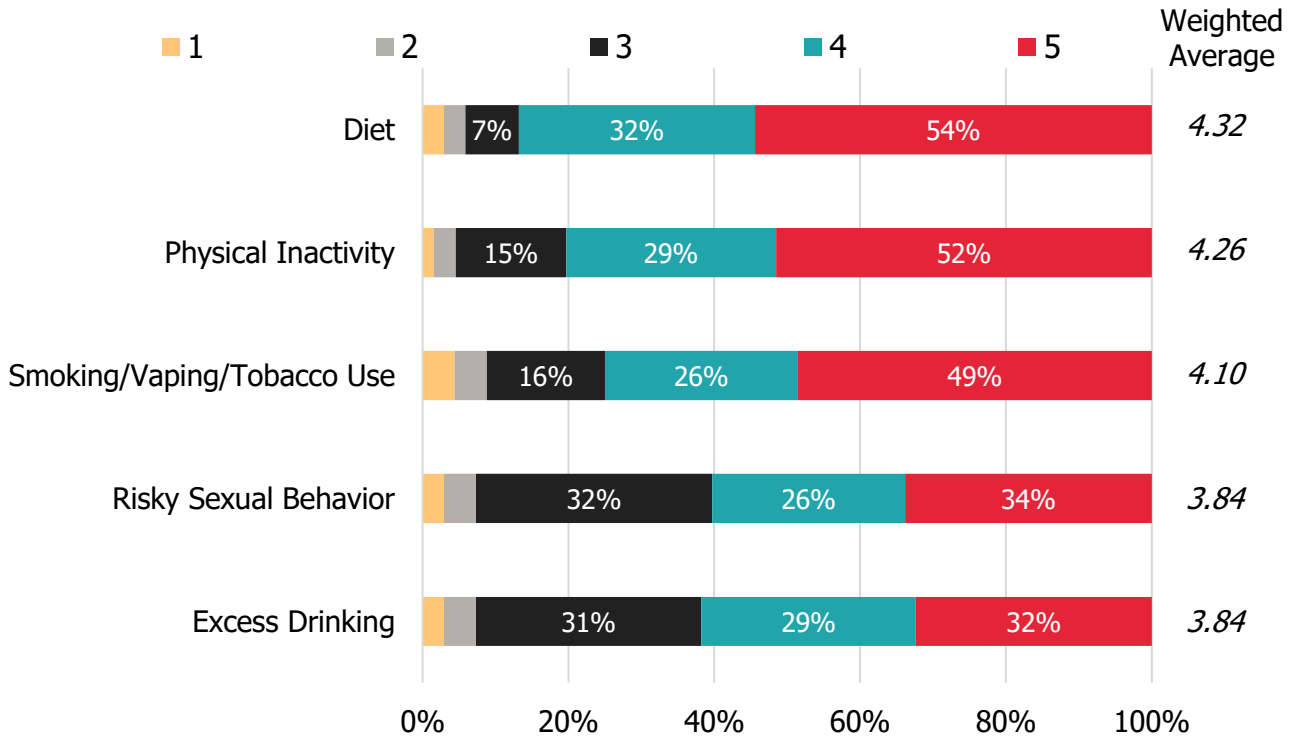
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).



Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Healthcare: Affordability	4.7	96%
Diabetes	4.7	96%
Heart Disease	4.6	94%
Community Safety	4.6	91%
Mental Health	4.6	91%
Cancer	4.6	90%
Stroke	4.5	91%
Healthcare Services: Prevention	4.5	87%
Kidney Disease	4.5	90%
Obesity	4.5	87%
Healthcare: Types of Services Provided	4.4	88%
Education System	4.4	82%
Drug/Substance Abuse	4.4	83%
Employment and Income	4.4	82%
Access to Healthy Food	4.4	79%
Women's Health	4.3	84%
Access to Senior Services	4.3	81%
Diet	4.3	87%
Alzheimer's and Dementia	4.3	79%
Healthcare: Location of Services	4.3	79%
Lung Disease	4.3	81%
Physical Inactivity	4.3	80%
Liver Disease	4.2	76%
Smoking/Vaping/Tobacco Use	4.1	75%
Access to Exercise/Recreation	4.1	72%
Affordable Housing	4.0	71%
Transportation	4.0	70%
Excess Drinking	3.8	62%
Risky Sexual Behavior	3.8	60%
Access to Childcare	3.8	59%
Dental	3.8	57%
Social Connections	3.7	53%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Lincoln County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available.

Behavioral Health

Mental Health

Mental health was identified as a top health priority with 91% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Lincoln County is 12.7 which is lower than the Mississippi average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Lincoln County	Mississippi
Suicide Mortality Rate per 100,000 (2021)	12.7	16.2
Poor Mental Health Days past 30 days (2021)	5.0	4.7
Population per 1 Mental Health Provider (2023)	755:1	463:1

Source: CDC Final Deaths, County Health Rankings 2024 Report

Drug, Substance, and Alcohol Use

Eighty-three percent of survey respondents rated drug/substance abuse as an important factor to address in the community. Additionally, 62% of respondents think excessive drinking and 75% think that smoking and tobacco use are major issues in the community.

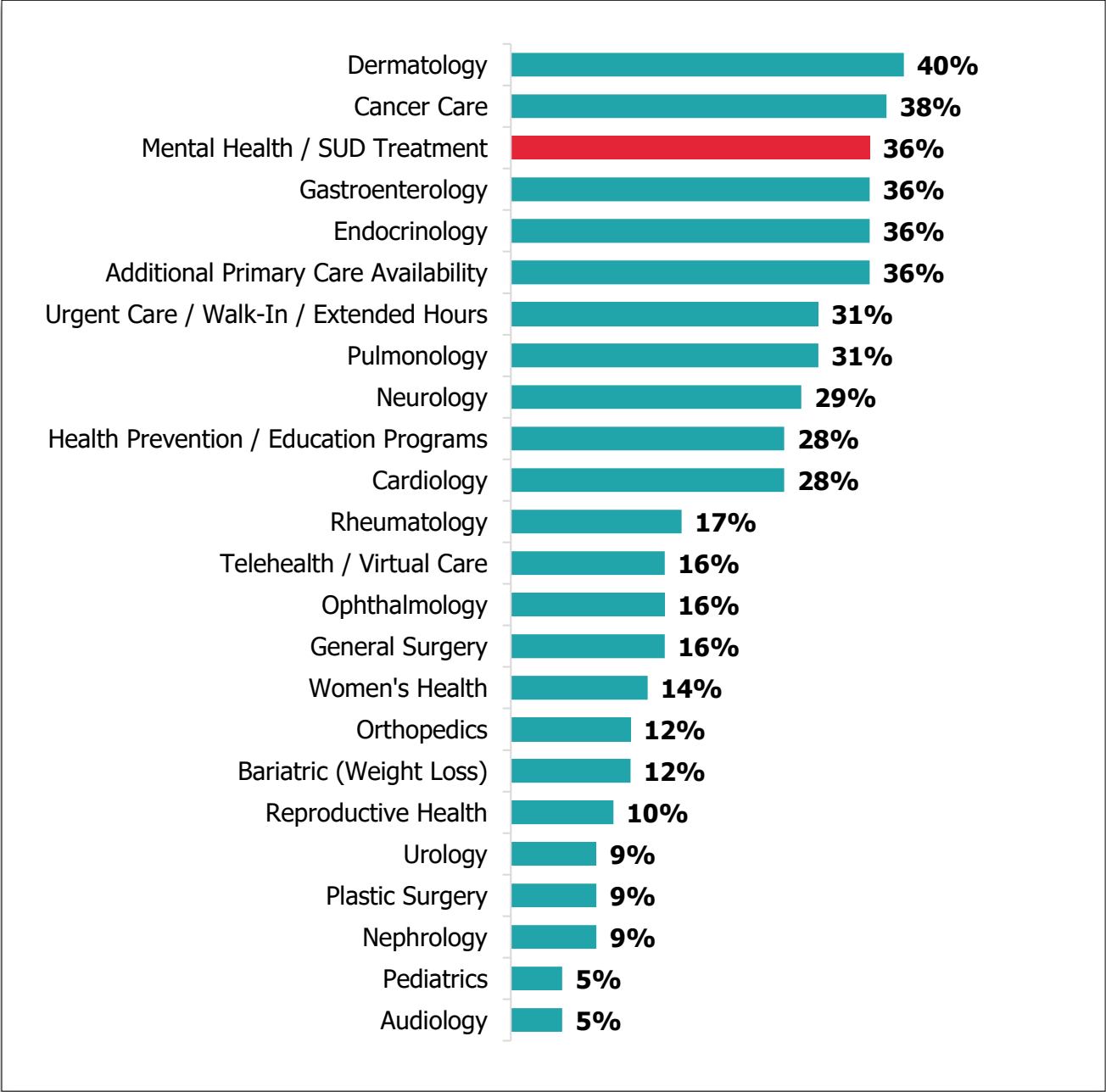
Lincoln County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is lower than Mississippi's (14% and 16% respectively) though its smoking rate is the same as the state's (20%).

	Lincoln County	Mississippi
Drug-Related Overdose Deaths per 100,000 (2020-2022)	18.4	19.9
Excessive Drinking (2021)	14%	16%
Alcohol-Impaired Driving Deaths (2017-2021)	13%	19%
Adult Smoking (2021)	20%	20%

Source: County Health Rankings 2024 Report

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Thirty-six percent (36%) of survey respondents said they would like to see more mental health and substance use disorder (SUD) treatment available in Lincoln County.

Survey Question: What additional services/offerings would you like to see available in Lincoln County? (select all that apply)



Chronic Diseases

Cancer

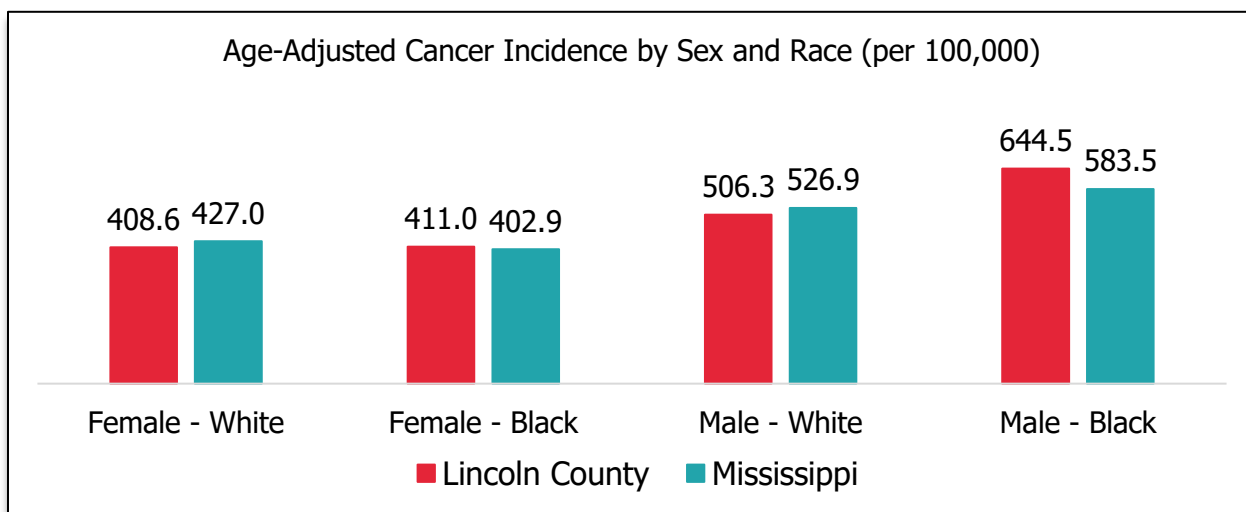
Cancer was identified as a community health issue in Lincoln County with 90% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Lincoln County (CDC Final Deaths). Additionally, 38% of survey respondents said they would like to see additional access to cancer care in Lincoln County.

Lincoln County has a lower incidence of cancer but sees a higher cancer mortality rate than the state overall. In both Lincoln County and Mississippi, men have a higher incidence of cancer than women, and Black men have an incidence rate that is 27% higher than that of White men in the county.

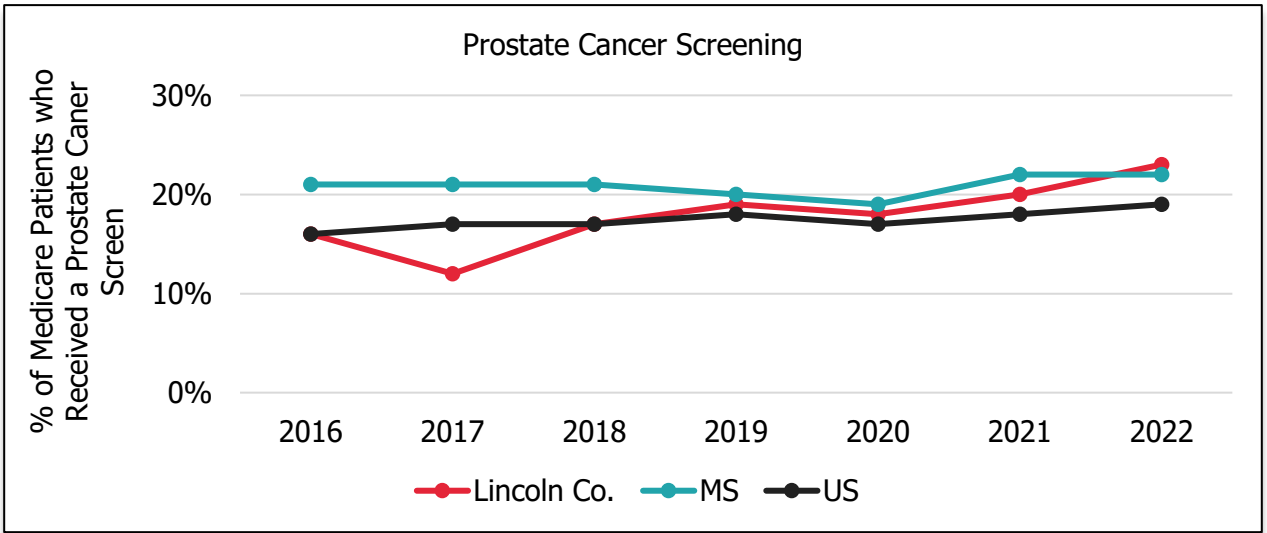
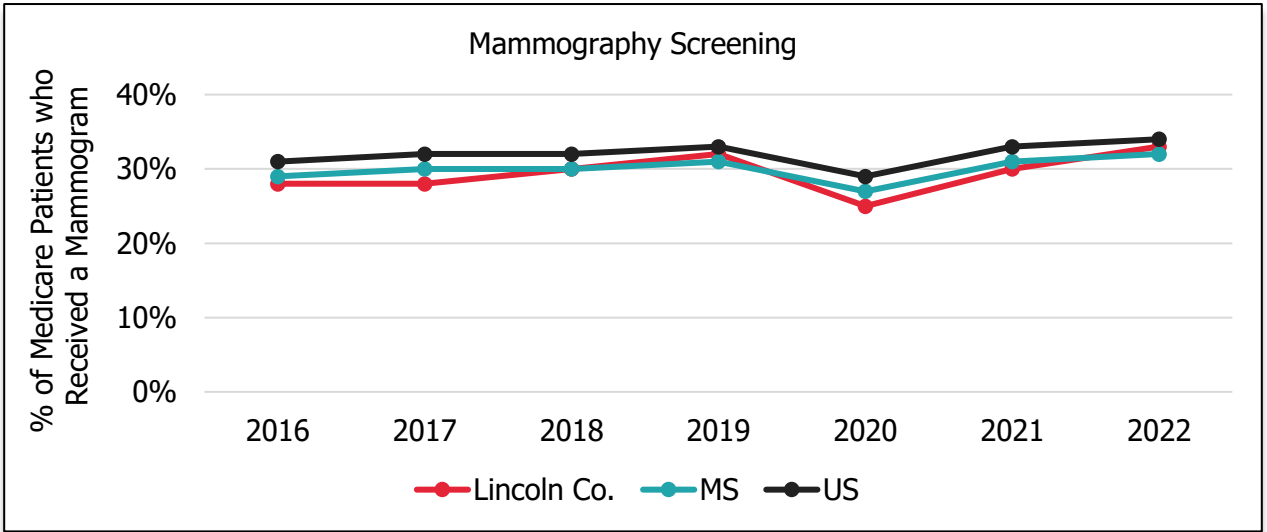
Rates of Medicare enrollees (women age 65+) who have received a mammogram in the past year are similar in Lincoln County compared to Mississippi, and rates have remained relatively stable over the past decade with a dip downward during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Lincoln County has had a slightly higher prostate cancer screening rate in the past year compared to both the state and the US.

	Lincoln County	Mississippi
Cancer Incidence Rate Age-Adjusted per 100,000 (2016-2020)	451.8	465.4
Cancer Mortality Rate per 100,000 (2021)	208.2	181.9

Source: CDC, National Cancer Institute



Source: National Cancer Institute

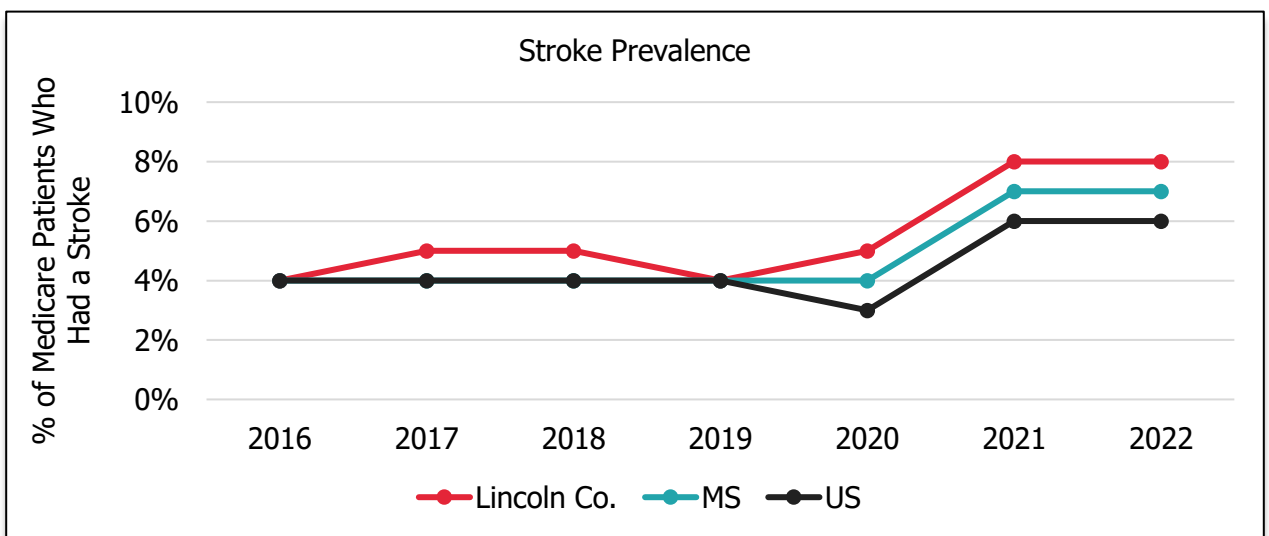
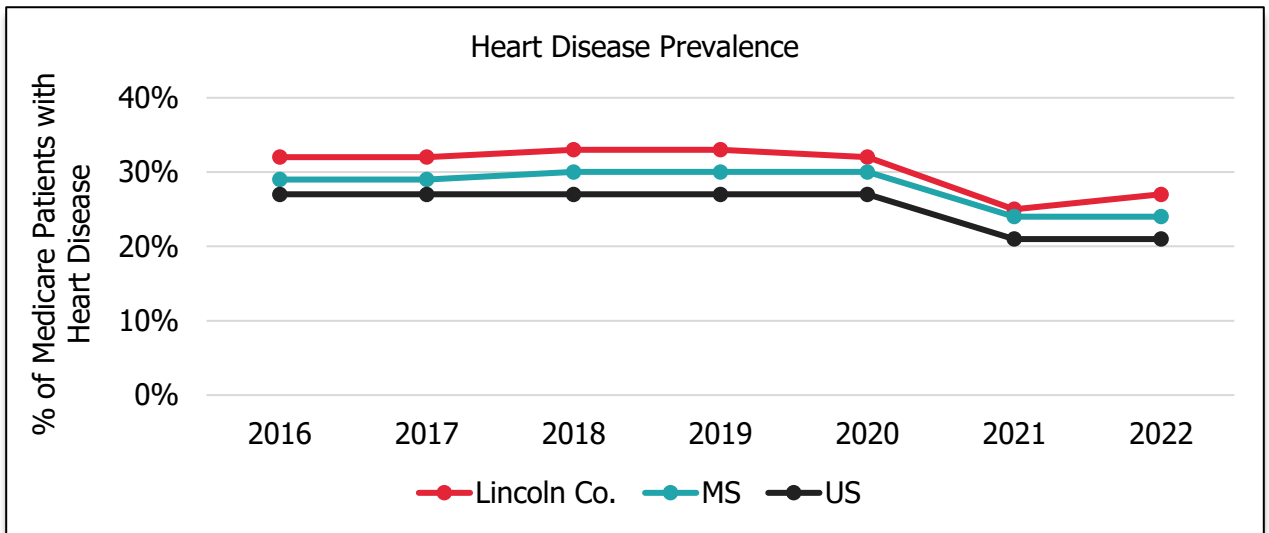


Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Lincoln County and the county has a higher mortality rate than the state (265.0 compared to 255.2 *per 100,000* respectively). Stroke is the 4th leading cause of death in Lincoln County and sees a similar mortality rate as the state (61.6 compared to 57.8 *per 100,000* respectively) (CDC Final Deaths).

In the Medicare population, Lincoln County has a higher prevalence of both heart disease and stroke than Mississippi. Additionally, it is important to evaluate health disparities in the community for cardiovascular health outcomes, as racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).

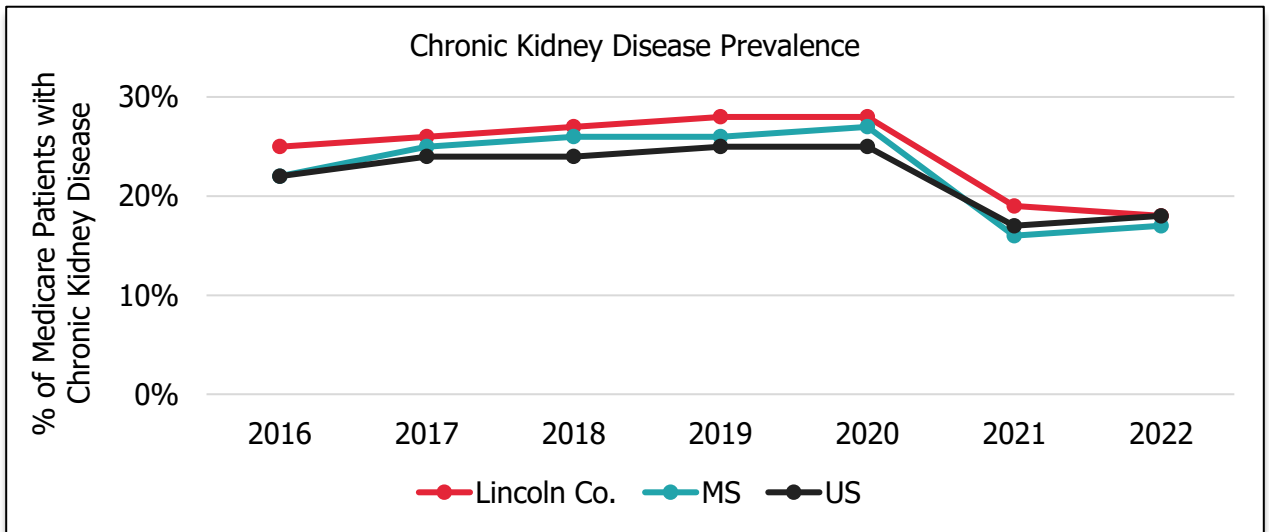


Note: There was a change in the algorithm of reported data in 2021

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Kidney Disease

Ninety percent of community survey respondents said that kidney disease is an important health issue to address in Lincoln County. The kidney disease mortality rate is higher in the county compared to the state (28.2 compared to 21.4 *per 100,000* respectively) (CDC Final Deaths). In the Medicare population, Lincoln County sees a similar prevalence of kidney disease to both Mississippi and the US.



Note: There was a change in the algorithm of reported data in 2021

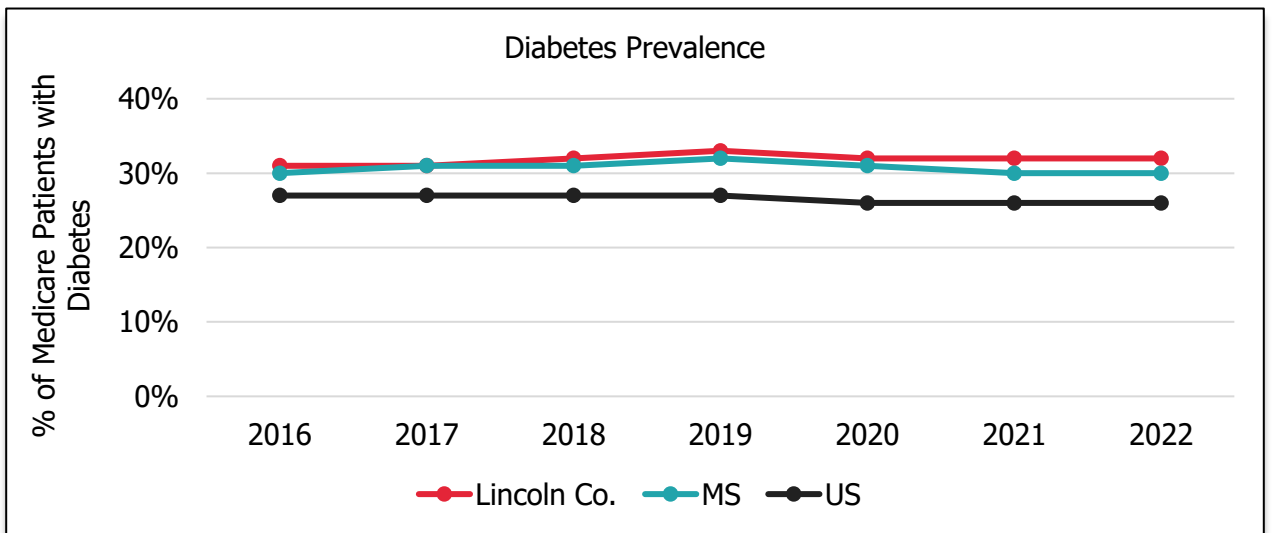
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Lincoln County is lower than Mississippi though the county sees a diabetes mortality rate higher than the state (CDC Final Deaths). When evaluating the Medicare population, Lincoln County has a slightly higher prevalence of diabetes compared to the state though rates have remained stable over the past decade.

	Lincoln County	Mississippi
Diabetes Mortality Rate per 100,000 (2021)	48.1	42.1
Diabetes Prevalence (2021)	12%	14%

Source: CDC Final Deaths, County Health Rankings 2024 Report



Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Lincoln County, adults have higher rates of obesity than in Mississippi on average. Additionally, the county sees higher rates of physical inactivity than the state as well as lower rates of access to exercise opportunities (proximity to a park or recreation facility). Obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development and other chronic diseases (American Diabetes Association).

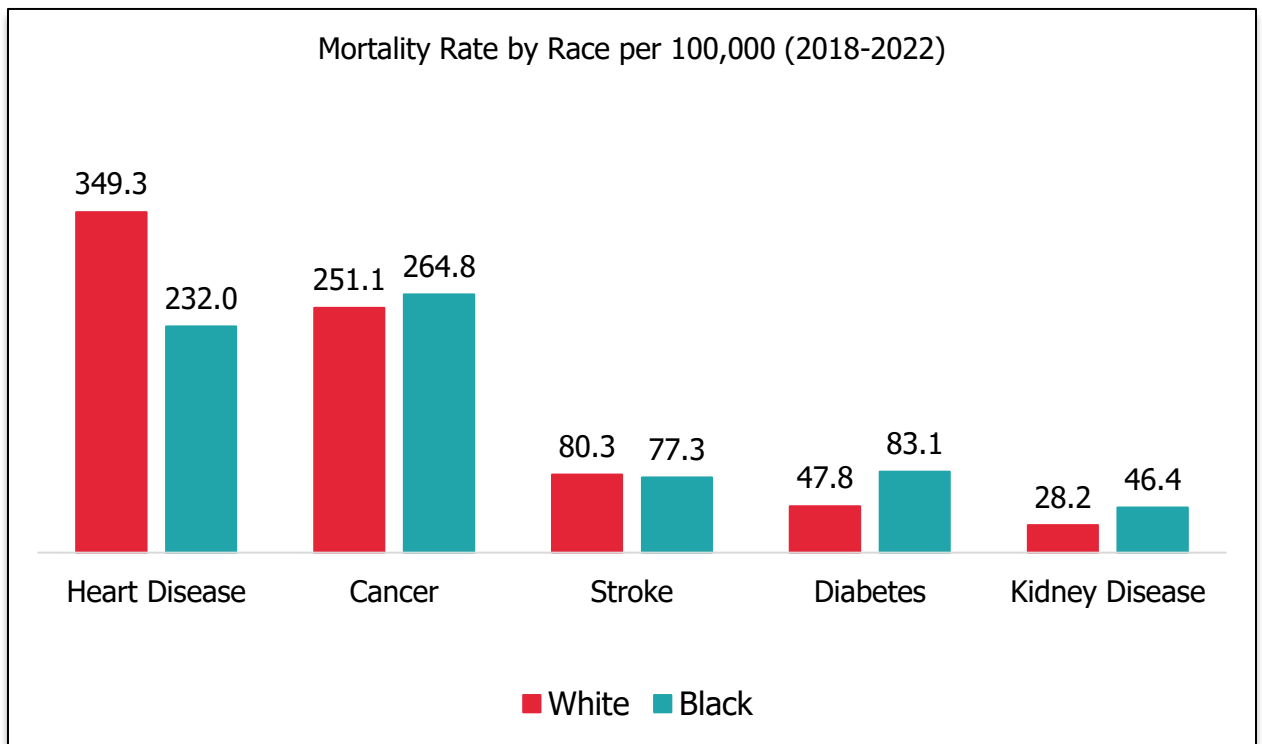
	Lincoln County	Mississippi
Adult Obesity (2021)	42%	39%
Limited Access to Healthy Foods (2019)	7%	11%
Physical Inactivity (2021)	31%	30%
Access to Exercise Opportunities (2023)	46%	58%

Source: County Health Rankings 2024 Report

Disparities in Chronic Disease

Evaluating health disparities is important for identifying inequities in health outcomes among different population groups. This understanding helps to inform targeted interventions, allocate resources effectively, and ensure all individuals have equitable access to prevention, diagnosis, and treatment services.

Evaluating mortality rates across different chronic diseases shows disparities between White and Black residents in Lincoln County. White residents have significantly higher rates of heart disease mortality compared to black residents. Alternatively, Black residents in Lincoln County have higher rates of cancer, diabetes, and kidney disease mortality.



Source: Mississippi State Department of Health

Healthcare Access

Access & Affordability

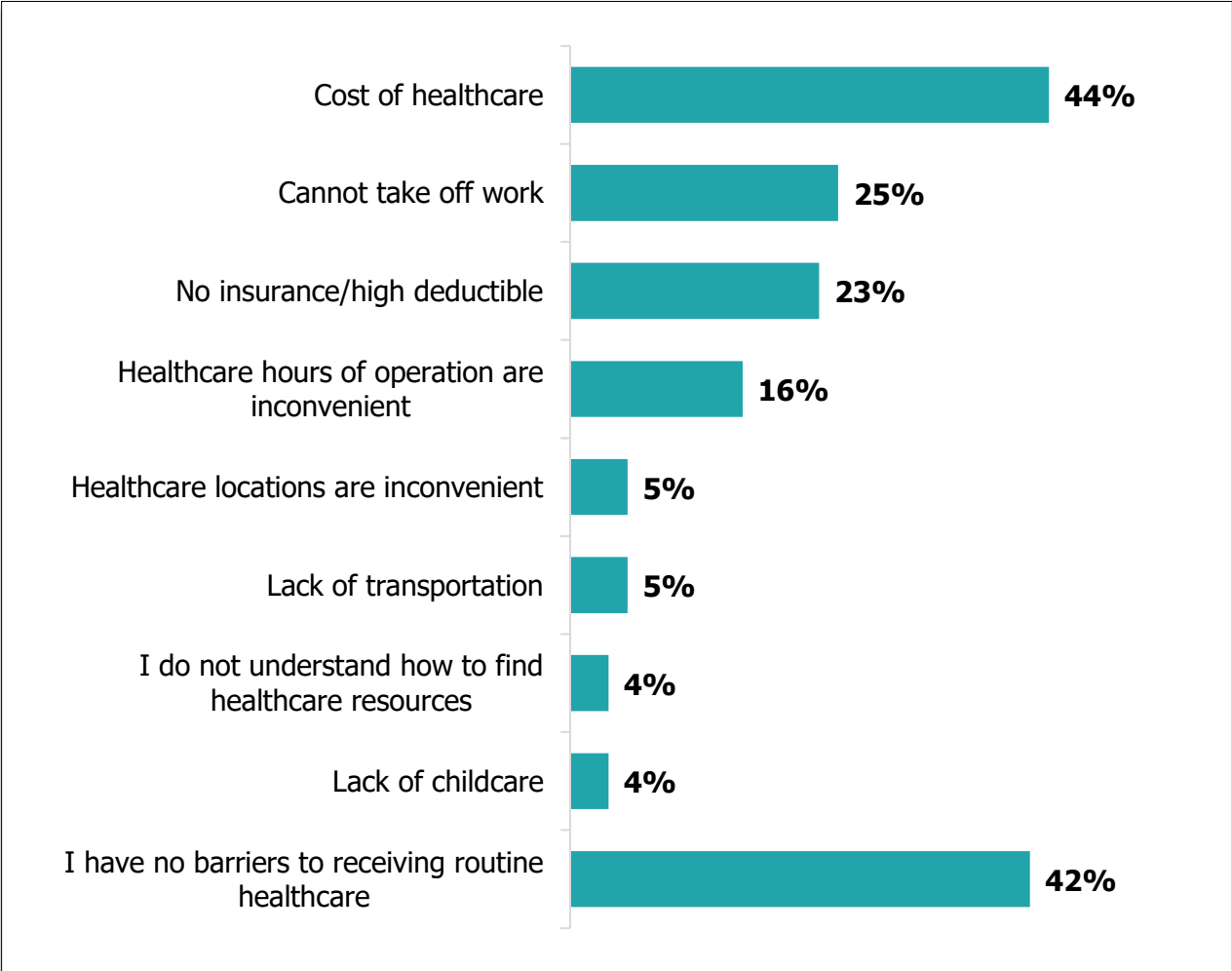
Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. In the community survey, 36% of respondents said they would like to see additional primary care availability in the county. Lincoln County has a lower household income than the Mississippi average and also has a higher uninsured population than the state. Additionally, Lincoln County has less access to primary care physicians, mental health providers, and dentists as shown in the following provider ratios and health professional shortage areas (HPSA).

	Lincoln County	Mississippi
Uninsured Population (2021)	15%	14%
Median Household Income (2022)	\$48,596	\$52,788
Population per 1 Primary Care Physician (2021)	2,496:1	1,875:1
Population per 1 Dentist (2022)	2,314:1	1,939:1

Source: County Health Rankings 2024 Report

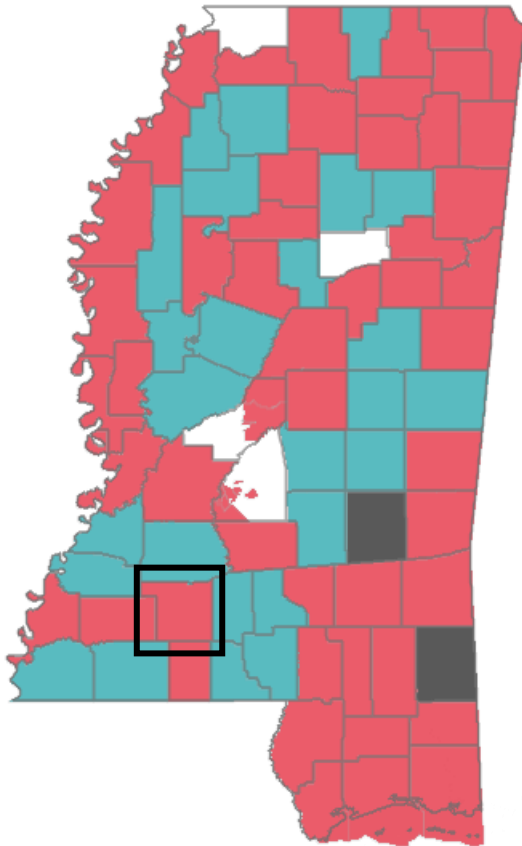
When survey respondents were asked about their barriers to care, affordability of healthcare was the top barrier with 44% saying the cost of healthcare is a barrier and 23% saying no insurance/high deductible is a barrier to care.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

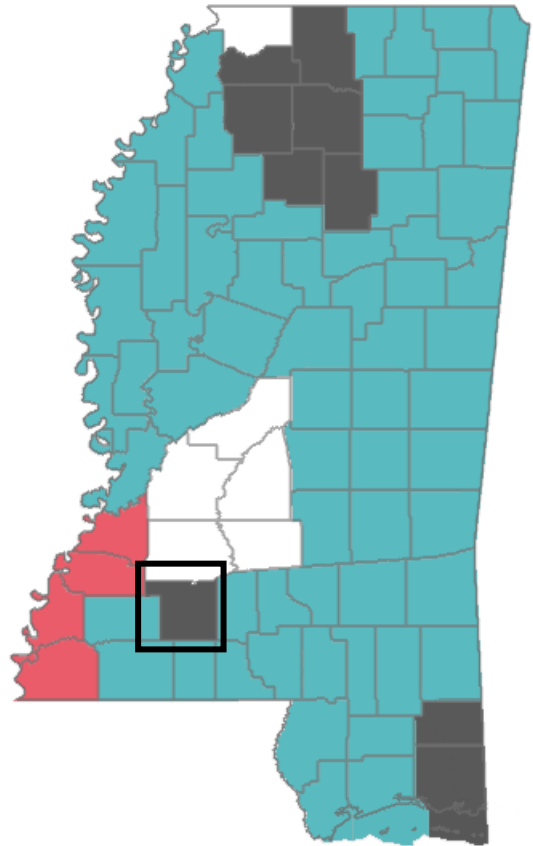


Mississippi Health Professional Shortage Areas (HPSA)

Primary Care



Mental Health



HPSA Population: *a shortage of services for a specific population subset within an established geographic area*



Geographic HPSA: *a shortage of services for the entire population within an established geographic area*



High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

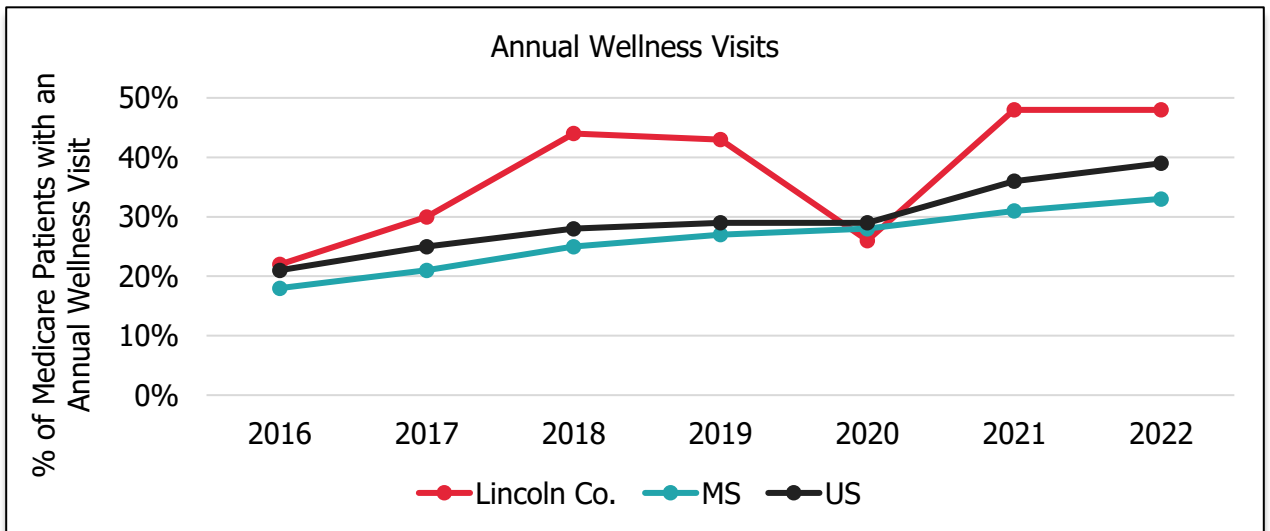
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 28% of respondents said they would like to see additional health prevention and education programs available in the community.

Lincoln County has lower annual mammography screening than the state though it has higher flu vaccine adherence and also sees lower rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions) compared to the state. The rate of annual wellness visits in the Medicare population is higher in Lincoln County than in the state with rates dipping in 2020.

	Lincoln County	Mississippi
Preventable Hospital Stays per 100,000 (2021)	2,498	3,423
Mammography Screening (2021)	35%	40%
Flu Vaccination (2021)	44%	40%

Source: County Health Rankings 2024 Report



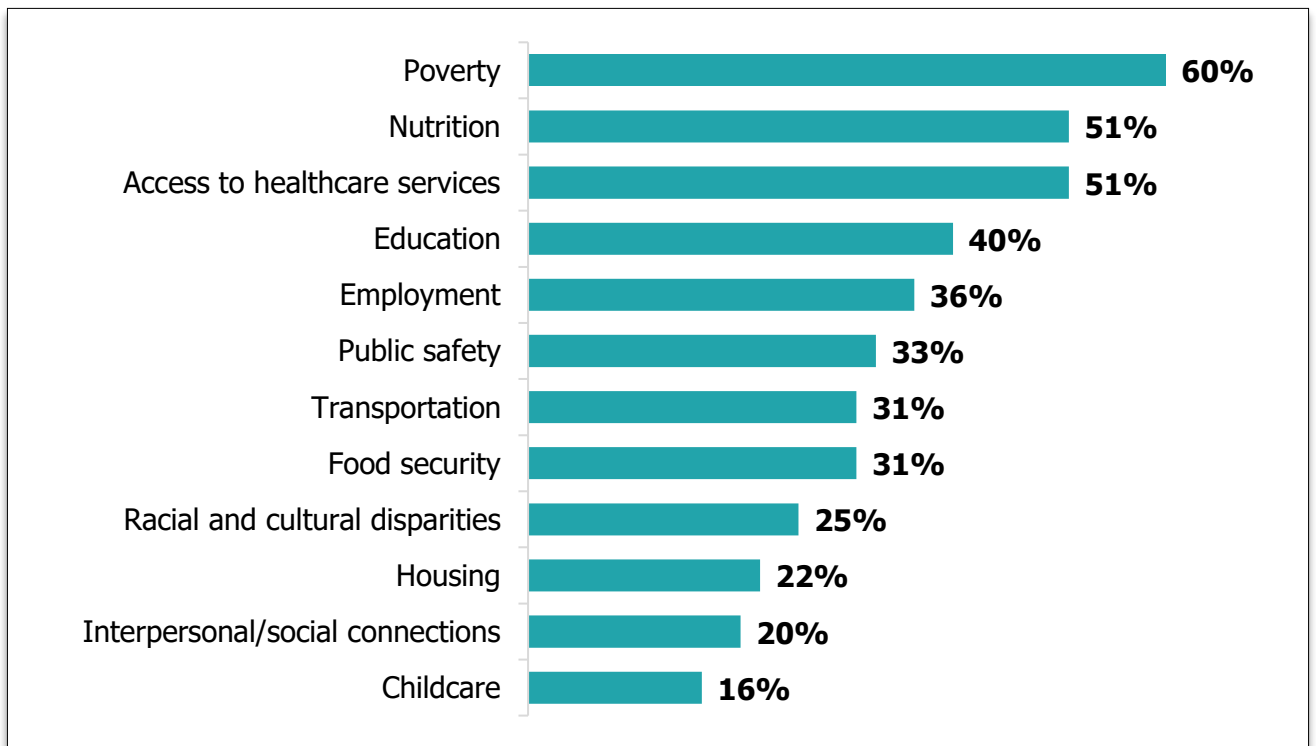
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Social Determinants of Health

Social determinants of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social determinants of health (SDoH) that negatively impact the health of people in Lincoln County. The top SDoH identified was poverty with 60% of survey respondents identifying it as negatively impacting the health of the community followed by nutrition, access to healthcare services, and education.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). More Lincoln County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 13% of Lincoln County residents spend 50% or more of their household income on housing.

	Lincoln County	Mississippi
Severe Housing Problems (2016-2020)	17%	14%
Severe Housing Cost Burden (2018-2022)	13%	13%
Broadband Access (2018-2022)	80%	80%

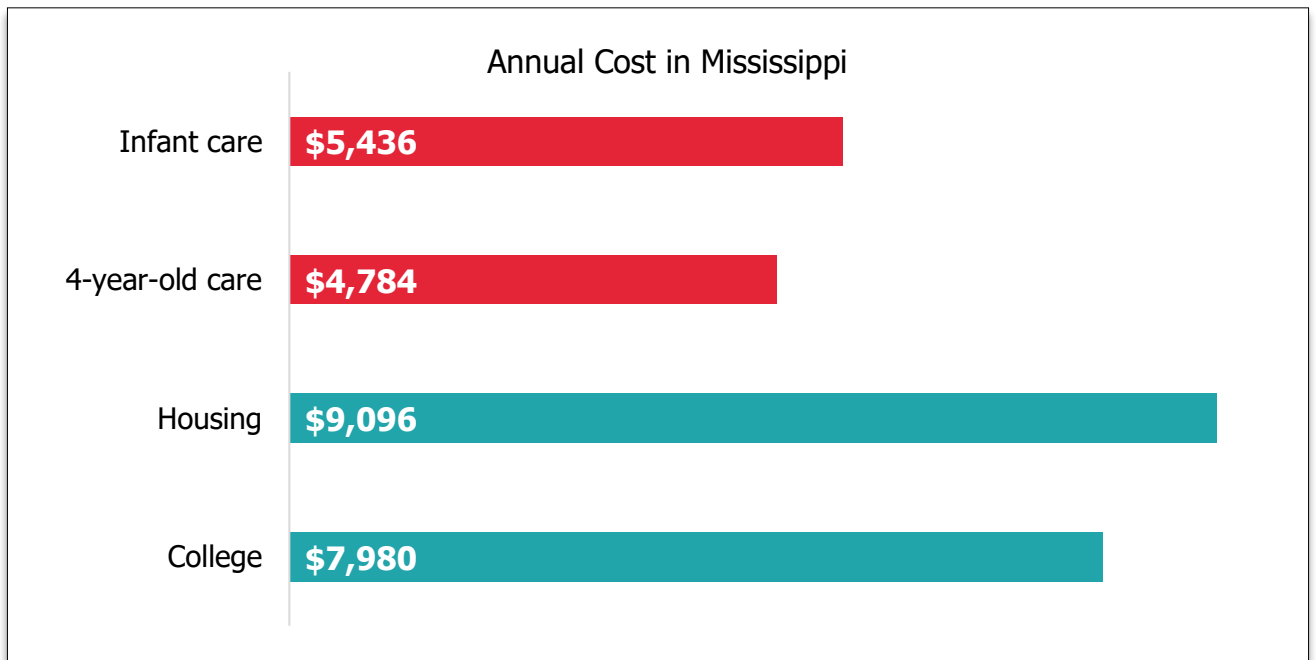
Source: County Health Rankings 2024 Report

Access to Childcare

The average yearly cost of infant care in Mississippi is \$5,436. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income (Economic Policy Institute). In Lincoln County, 17% of household income is required for childcare expenses and there are 6 childcare centers for every 1,000 children under age 5 in the county.

	Lincoln County	Mississippi
Children in Single-Parent Households (2018-2022)	30%	36%
Child Care Cost Burden - % of HHI used for childcare (2023)	17%	17%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	6	6

Source: County Health Rankings 2024 Report



Source: Economic Policy Institute (2020)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Lincoln County	Mississippi
High School Completion (2018-2022)	87%	86%
Some College – includes those who had and had not attained degrees (2023)	61%	62%
Unemployment (2023)	3%	3%
Children in Poverty (2022)	28%	26%

Source: County Health Rankings 2024 Report, U.S. Bureau of Labor Statistics

Community Safety

Community safety is crucial for the health of communities because it fosters a sense of security and well-being, reducing stress and anxiety among residents. Poor community safety can lead to negative health outcomes like depression, pre-term births, and low birthweight babies. Additionally, community safety can impact someone's ability to develop social relationships, participate in outdoor activities, and access healthy foods (Robert Wood Johnson Foundation).

	Lincoln County	Mississippi
Injury Deaths per 100,000 (2017-2021)	107.2	99.9
Firearm Fatalities per 100,000 (2017-2021)	36	26
Low Birthweight (2016-2022)	11%	12%

Source: County Health Rankings 2024 Report

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
			
Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Hospital could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Healthcare: Affordability	✓	✓	✓	✓
Diabetes	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Community Safety	✓	✓		✓
Mental Health	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Stroke	✓	✓	✓	✓
Healthcare Services: Prevention		✓	✓	✓
Kidney Disease	✓	✓	✓	✓
Obesity	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

The Hospital determined that the action plan to address the identified significant health needs will be organized into key groups to adequately address the health needs with available time and resources. Note that though community safety was identified as a significant issue impacting health in the community, the Hospital has not outlined a plan to address this need as the Lincoln County Sheriff's Office and Brookhaven Police Department are working to addressing this need.

Affordable Healthcare Services

Goal: Reduce cost barriers and enhance access to care by connecting patients to financial assistance services and programs locally.

Management of Chronic Diseases

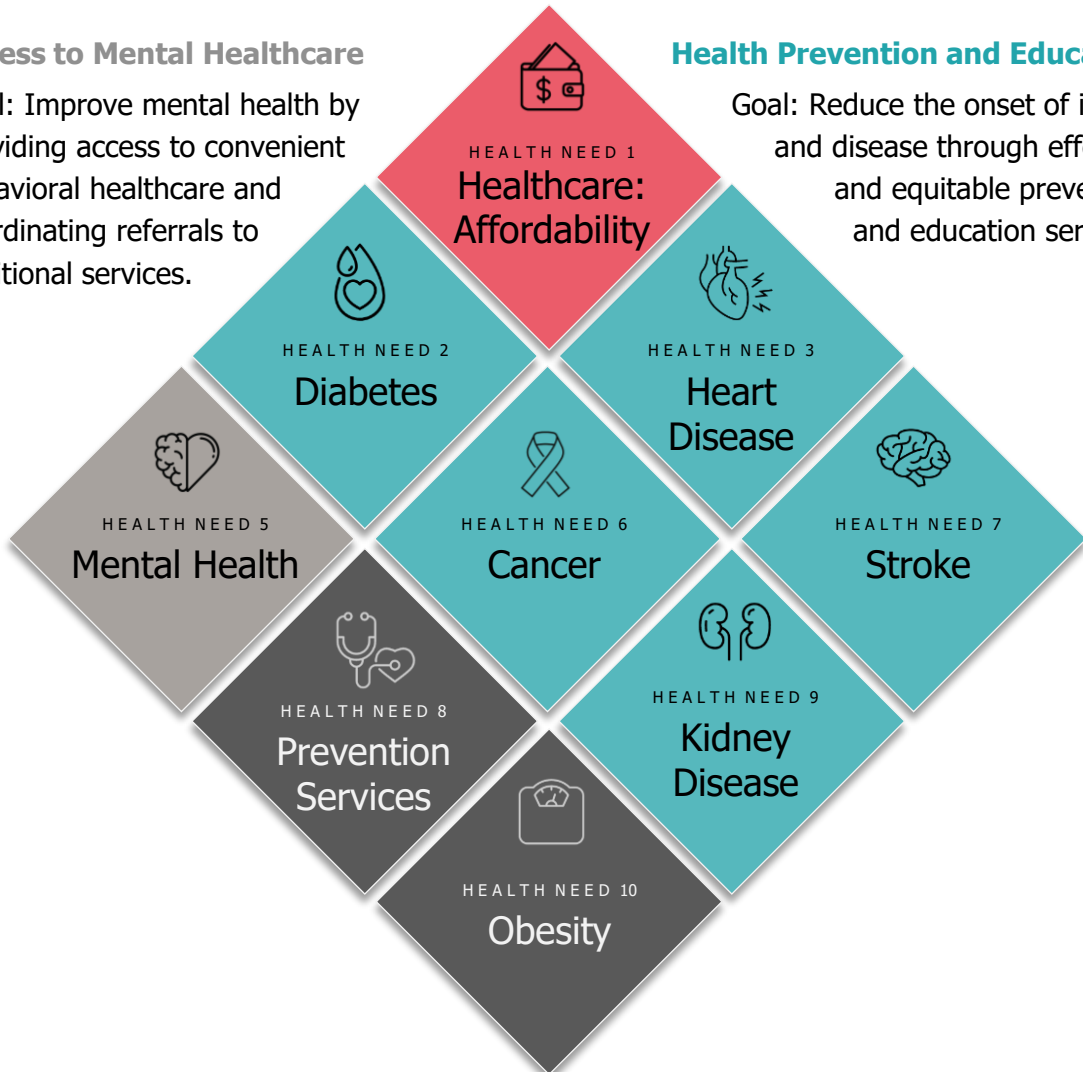
Goal: Improve health outcomes and reduce disparities through the availability of high-quality healthcare services in the community.

Access to Mental Healthcare

Goal: Improve mental health by providing access to convenient behavioral healthcare and coordinating referrals to additional services.

Health Prevention and Education

Goal: Reduce the onset of illness and disease through effective and equitable prevention and education services.



Affordable Healthcare Services

KDMC Services and Programs Committed to Respond to This Need

- A range of specialty care services, lab, and imaging available locally to limit patients' need to travel far for care
- Off-site health clinics provide increased access to patients close to home
- Onsite retail pharmacy allows patients to receive their discharge prescriptions before leaving the hospital to limit transportation and travel costs
- Financial Assistance Program provides discounted pricing to low-income patients
- Financial Counselors are available to assist patients in applying for insurance and identifying additional resources
- Care Coordination services assist patients in finding needed resources upon discharge like financial assistance and transportation

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce cost barriers and enhance access to care by connecting patients to financial assistance services and programs locally.

- Increase community education and literacy around health insurance options including Medicare plans
- Continue to advocate for state policies to increase access to health insurance coverage for low-income individuals
- Connect patients to community resources that address barriers to care including transportation, education, and income

Impact of Actions and Access to Resources

- Increase community knowledge and health literacy around health insurance plans and financial assistance resources
- Reduce cost barriers to care through convenient clinic locations and access to specialty services locally

Other Local Organizations Available to Respond to This Need

- Mississippi Department of Human Services (<https://www.mdhs.ms.gov/>)

Management of Chronic Diseases

Diabetes, Heart Disease, Cancer, Stroke, Kidney Disease

KDMC Services and Programs Committed to Respond to This Need

- Primary Care Clinic provides access to individualized services, health education, chronic disease management, and diabetic treatment and education
- Specialty care services available locally including cancer care, cardiology, urology, cardiopulmonary, and more
- Advanced and comprehensive imaging including CT scan, MRI, mammography, nuclear medicine, bone density scan, and more
- Infusion Clinic offers outpatient antibiotic and biologic drug infusions
- Healthy Heart Program provides low-cost CT and calcium screening
- Chronic Care Management Program helps patients optimize their health through care planning, coordination, and connection to resources
- Remote Patient Monitoring Program allows patients to continuously monitor their health status and work with their providers to develop individualized care plans

Goals and Future Actions to Address this Significant Health Need

Goal: Improve health outcomes and reduce disparities through the availability of high-quality healthcare services in the community.

- Evaluate additional opportunities to expand access to primary care and specialty care services throughout the region
- Identify and utilize new technologies to enhance the quality of screening and treatment services

Impact of Actions and Access to Resources

- Reduce mortality rates for common chronic conditions including heart disease, cancer, diabetes, stroke, and kidney disease
- Reduce disparities in health outcomes for racial and ethnic minority groups and residents of rural areas through care coordination and connection to resources
- Increase access to care through multiple clinic locations and the expansion of specialty service offerings

Other Local Organizations Available to Respond to This Need

- Brookhaven Health and Wellness Medical Clinic (<https://www.bcwh.co/>)
- Family Healthcare Clinic (<http://familyhealthcareclinic.com/>)
- Lincoln County Health Department

Access to Mental Healthcare

KDMC Services and Programs Committed to Respond to This Need

- Behavioral Wellness Center provides access to three nurse practitioners and one therapist onsite
- Services include specialized therapies, referrals for therapy services, and medication management
- Telepsychiatry available for patients to connect with a psychiatrist
- Partnership with Region 8 Mental Health to provide access to mental health treatment, case management, education, and consultation
- PHQ9 depression screenings are administered for all Medicare Annual Wellness visits
- Emergency department available for patients in mental health crisis and then connected to appropriate resources
- Safe prescription drug drop-off location at the Hospital

Goals and Future Actions to Address this Significant Health Need

Goal: Improve mental health by providing access to convenient behavioral healthcare and coordinating referrals to additional services.

- Continuously expand access to providers and programs in the Behavioral Wellness Center
- Evaluate opportunities to expand mental health resources for employees
- Assess feasibility of expanding PHQ9 depression screening for all clinic visits

Impact of Actions and Access to Resources

- Increase access to behavioral health providers and services locally
- Improve behavioral health outcomes including reduced suicides and poor mental health days
- Address health disparities through affordable access to care and care coordination

Other Local Organizations Available to Respond to This Need

- Region 8 Mental Health (<https://region8mhs.org/>)

Health Prevention and Education

Healthcare: Prevention Services, Obesity

KDMC Services and Programs Committed to Respond to This Need

- Accredited Diabetes Education Program with free diabetic education classes
- Community Educator who provides a range of educational classes including CPR, first aid, health fairs, and more
- Onsite Case Managers provide education and access to screening services
- Workforce Wellness is a free occupational health and wellness program that provides prevention and screening services for local employers
- KDMC Fitness and Performance Centers promote healthy living through access to affordable individual and group fitness programs and strength, conditioning, and recovery services for local athletes
- Mommy University provides one-on-one education classes for free to soon-to-be moms
- American Cancer Society Freshstart Smoking Cessation Classes offered for free
- Free weight loss program offers guidance for successful and affordable weight management

Goals and Future Actions to Address this Significant Health Need

Goal: Reduce the onset of illness and disease through effective and equitable prevention and education services.

- Explore additional community programming such as health fairs and affordable screenings to promote the prevention and early detection of chronic diseases
- Identify outreach strategies to engage medically underserved communities in hospital provided education and screening services
- Expand diabetes education program to increase access to free support and education services

Impact of Actions and Access to Resources

- Improve health behaviors including healthy eating, exercise, and smoking cessation
- Decrease onset and prevalence of chronic diseases
- Address disparities in health status among medically underserved populations

Other Local Organizations Available to Respond to This Need

- Lincoln County Health Department
- Brookhaven Parks and Recreation Department (<http://www.brookhavenrecreation.com/>)

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Mississippi's Top 15 Leading Causes of Death are listed in the tables below in Lincoln County's rank order. Lincoln County's mortality rates are compared to the Mississippi state average, and whether the death rate was higher (red), or lower (green) compared to the U.S. average.

	Lincoln County	Mississippi	U.S
Heart Disease	265.0	255.2	173.8
Cancer	208.2	181.9	146.6
Lung	74.8	59.2	34.7
Stroke	61.6	57.8	41.1
Accidents	60.8	81.2	64.7
Diabetes	48.1	42.1	25.4
Flu - Pneumonia	35.5	20.0	10.5
Kidney	28.2	21.4	13.6
Hypertension	24.8	20.4	10.7
Alzheimer's	24.7	52.9	31.0
Blood Poisoning	14.7	10.7	10.2
Homicide	13.1	23.7	8.2
Suicide	12.7	16.2	14.1
Parkinson's	9.9	11.1	9.8
Liver	7.9	18.0	14.5

Source: worldlifeexpectancy.com, CDC (2021)

County Health Rankings

Source: www.countyhealthrankings.org

	Lincoln	Mississippi	Top US Performers	US Overall
Length of Life				
Premature Death*	● 13,555	12,697	6,000	8,000
Life Expectancy*	● 71	73	81	79
Quality of Life				
Poor or Fair Health	● 21%	21%	13%	14%
Poor Physical Health Days	● 4.0	3.7	3.1	3.3
Poor Mental Health Days	● 5.0	4.7	4.4	4.8
Low Birthweight*	● 11%	12%	6%	8%
Health Behaviors				
Adult Smoking	● 20%	20%	14%	15%
Adult Obesity	● 42%	39%	32%	34%
Limited Access to Healthy Foods	● 7%	11%	17%	12%
Physical Inactivity	● 31%	30%	20%	23%
Access to Exercise Opportunities	● 46%	58%	90%	84%
Excessive Drinking	● 14%	16%	13%	18%
Alcohol-Impaired Driving Deaths	● 13%	19%	10%	26%
Drug Overdose Deaths*	● 18.4	19.9	42	23
Sexually Transmitted Infections*	● 578	750	152	496
Teen Births (per 1,000 females ages 15-19)	● 32	29	9	17
Clinical Care				
Uninsured	● 15%	14%	6%	10%
Primary Care Physicians	2496:1	1875:1	1,030:1	1,330:1
Dentists	2314:1	1939:1	1,180:1	1,360:1
Mental Health Providers	755:1	463:1	230:1	320:1
Preventable Hospital Stays*	● 2,498	3,423	1,558	2,681
Mammography Screening	● 35%	40%	52%	43%
Flu Vaccinations	● 44%	40%	53%	46%
Social & Economic Factors				
High School Completion	● 87%	86%	94%	89%
Some College	● 61%	62%	74%	68%
Unemployment	● 4%	4%	2%	4%
Children in Poverty	● 28%	26%	10%	16%
Children in Single-Parent Households	● 30%	36%	13%	25%
Injury Deaths*	● 107.2	99.9	64	80
Child Care Cost Burden (% of HHI used for childcare)	● 17%	17%	36%	27%
Child Care Centers (per 1,000 under age 5)	● 6	6	13	7
Physical Environment				
Severe Housing Problems	● 17%	14%	8%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 29%	34%	17%	36%
Severe Housing Cost Burden (50% or more of HHI)	● 13%	13%	15%	14%
Broadband Access	● 80%	80%	90%	87%

*Per 100,000 Population

Key (Legend)

- Better than MS
- Same as MS
- Worse than MS

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

- 1) **Public Health Official** – Persons with special knowledge of or expertise in public health
- 2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations
- 3) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health
- 4) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 5) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 7) **Other** (please specify)

Data Sources

Website or Data Source	Data Element	Date Accessed	Data Date
Syntellis, ESRI	Assess characteristics of the primary service area, at a ZIP code level; and, to access population size, trends and socio-economic characteristics	June 2024	2023
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state	June 2024	2013-2022
CDC Final Deaths	15 top causes of death	June 2024	2021
Bureau of Labor Statistics	Unemployment rates	June 2024	2022
Mississippi State Department of Health	Mortality rates by race/ethnicity	June 2024	2022
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	June 2024	2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	June 2024	2022
American Diabetes Association	Type 2 diabetes risk factors	June 2024	2005
Centers for Disease Control and Prevention – CDC	Racial and ethnic disparities in heart disease	June 2024	2019
Human Resources & Services Administration – data.hrsa.gov	HPSA designated areas	June 2024	2023
Center for Housing Policy	Impacts of affordable housing on health	June 2024	2015
Economic Policy Institute	Childcare costs	June 2024	2020
Health Affairs: Leigh, Du	Effects of low wages on health	June 2024	2022

Survey Results

Based on 100 survey responses gathered between March and April 2024.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Healthcare Professional	54.6%	54
Community Resident	51.5%	51
Government Employee or Representative	2.0%	2
Representative of Chronic Disease Group	2.0%	2
Priority Population	2.0%	2
Public Health Official	1.0%	1
	Answered	99
	Skipped	1

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	90.0%	90
Black or African American	9.0%	9
Hispanic or Latino	1.0%	1
Asian or Asian American	0.0%	0
American Indian or Alaska Native	0.0%	0
Native Hawaiian or other Pacific Islander	0.0%	0
Other (please specify)	0.0%	0
	Answered	100
	Skipped	0

Q3: Age group

Answer Choices	Responses	
18-24	3.0%	3
25-34	20.0%	20
35-44	21.0%	21
45-54	21.0%	21
55-64	18.0%	18
65+	17.0%	17
	Answered	100
	Skipped	0

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
39601	55.8%	53
39191	21.1%	20
39648	4.2%	4
39654	4.2%	4
39629	4.2%	4
39666	2.1%	2
39641	2.1%	2
39665	1.1%	1
39192	1.1%	1
39083	1.1%	1
39667	1.1%	1
39661	1.1%	1
39647	1.1%	1
	Answered	95
	Skipped	5

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	62.4%	53
Older adults	47.1%	40
Uninsured and underinsured individuals	45.9%	39
Individuals requiring additional healthcare support	35.3%	30
Residents of rural areas	29.4%	25
Racial and ethnic minority groups	22.4%	19
Women	12.9%	11
Children	9.4%	8
LGBTQ+	2.4%	2
	Answered	85
	Skipped	15

What do you believe to be some of the needs of the groups selected above?

- Insurance issues, Hypertension, Heart disease
- Nobody listens to us. Black women are so unseen.
- Cost, access. Community support
- Heart health screening
- Better insurance, more insurance acceptance
- Diabetes
- Doctors that accept Medicare.
- General Practitioner
- Fewer doctors and rushed appointments with not enough time to spend with patients.
- Nutrition education, Disease Prevention, Exercise
- Medication assistance
- No insurance
- Financial needs and lack of education on healthcare/illnesses
- Middle class citizens who have Insurance but delay care due to increasing costs of deductibles, copays, etc.
- Access to affordable health insurance, access to local health providers.
- Lack of faster appointments due to limited primary care. Lack of specialist in the area. Copay costs. Lack of transportation services.

- Lack of prescription coverage requiring people to choose food over medications
- Elderly care
- Transportation, Underinsured need financial assistance.
- We need more specialty Doctors in area traveling to Hattiesburg and Jackson is difficult on older people.
- They need to have insurance classes on Medicare.
- Individuals not having access to transportation, the financial means to travel out of town for appointments with specialists, and the inability to afford a PCA.
- Transportation issues and paying for medical bills

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Diabetes	0	0	3	17	48	68	4.66
Heart Disease	0	0	4	17	47	68	4.63
Mental Health	0	1	5	15	47	68	4.59
Cancer	0	1	6	14	47	68	4.57
Stroke	0	0	6	20	42	68	4.53
Kidney Disease	0	0	7	23	38	68	4.46
Obesity	0	2	7	17	42	68	4.46
Drug/Substance Abuse	0	1	10	17	38	66	4.39
Women's Health	0	2	9	21	36	68	4.34
Alzheimer's and Dementia	0	3	11	15	38	67	4.31
Lung Disease	0	2	11	21	34	68	4.28
Liver Disease	0	1	15	21	31	68	4.21
Dental	1	5	23	17	22	68	3.79
Other (please specify)						4	
						Answered	68
						Skipped	32

Comments:

- Education
- Diabetes
- Early Prevention for all of the above
- Arthritis

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Healthcare: Affordability	0	1	2	13	51	67	4.70
Community Safety	1	0	5	12	49	67	4.61
Healthcare Services: Prevention	0	2	7	13	46	68	4.51
Healthcare: Types of Services Provided	1	1	6	19	41	68	4.44
Education System	1	1	10	12	44	68	4.43
Employment and Income	1	1	10	14	41	67	4.39
Access to Healthy Food	1	3	10	11	43	68	4.35
Access to Senior Services	0	2	11	18	37	68	4.32
Healthcare: Location of Services	1	1	12	15	38	67	4.31
Access to Exercise/Recreation	1	4	14	19	30	68	4.07
Affordable Housing	2	4	14	18	30	68	4.03
Transportation	1	8	11	18	29	67	3.99
Access to Childcare	1	6	21	17	23	68	3.81
Social Connections	3	5	24	12	24	68	3.72
Other (please specify)						2	
						Answered	68
						Skipped	32

Comments:

- Diabetes
- We need our own transportation to go get our patients at KDMC

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Diet	2	2	5	22	37	68	4.32
Physical Inactivity	1	2	10	19	34	66	4.26
Smoking/Vaping/Tobacco Use	3	3	11	18	33	68	4.10
Excess Drinking	2	3	21	20	22	68	3.84
Risky Sexual Behavior	2	3	22	18	23	68	3.84
Other (please specify)						0	
						Answered	68
						Skipped	32

Q9: Please provide feedback on any actions you've seen taken by King's Daughters Medical Center to address the 2021 significant health needs in your community and what additional actions you would like to see.

- Expansion of Behavioral health and education services
- Community support in trying time often due to community they are serving with so much violence and working with law enforcement. Support the departments even at time of short staffing and at times while staff " jump" from job to job KDMC worked for a positive work place.
- Gastrointestinal suite
- We need more Diabetes care. Just because we live in a rural area I shouldn't have to go to Jackson for anything related to Diabetes care.
- We now have Behavioral Health
- It does seem as if more people have been hired to address shortages. However, the lack of specialists in our local area pushes residents to go to Jackson for services where we do not feel it is safe to go. Also, there are a lot of NP's, but not enough doctors. It seems appointments now are rushed and it's impossible to receive adequate care in the short appt time.
- Continue to provide outside physicians to treat at local locations making access easier. Offer reasonably priced mini evaluations on heart, etc.
- More Doctors coming to our community More nurses coming to our communities More Doctor offices coming to our community

- Need a transportation system, Need home healthcare, Need urgent care clinic, Need to relocate behavior wellness center, Need access to more local specialist
- The Annual Think Pink Luncheon helps bring awareness and education re breast cancer, but now seems to reach smaller groups since moving from the FUMC venue. I noticed a video of various KDMC physicians while at a Dr's office recently, but didn't watch it due to signing forms and being called back almost immediately. Short wait time is a huge plus! I've seen promos on the KDMC Fb page re diabetes and nutrition classes. It is difficult for most residents to find time to attend informative noon and evening meetings... and for those who work, it's nearly impossible. Caregivers need a strong, informative and encouraging support group, but being a caregiver is a 24/7/365 job. I don't think most realize the number of careaivers (the majority being family members) we have in Lincoln County. To better educate our community, maybe KDMC could develop and extensively promote through KDMC, the Chamber, and local government social media 20 minute easily accessible videos on various topics that includes a Q&A section with prepared questions (questions the general public would ask). I'm sure those would be shared and populate throughout social media platforms. To make it more personal, use relatable physicians and have the script seem more like a conversation between the physician and the viewer. It seems we need a pulmonologist and a rheumatologist in Brookhaven. Could KDMC partner with those specialists as we did with Jackson Heart?
- Flu shot days, Walk in clinics
- More in prevention. Diabetes management
- I would like a clinic open for 24 hours and longer hours on Sundays. I would like to see transportation available for the elderly for medical concerns.

Q10: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Poverty	60.0%	33
Access to healthcare services	50.9%	28
Nutrition	50.9%	28
Education	40.0%	22
Employment	36.4%	20
Public safety	32.7%	18
Food security	30.9%	17
Transportation	30.9%	17
Racial and cultural disparities	25.5%	14
Housing	21.8%	12
Interpersonal/social connections	20.0%	11
Childcare	16.4%	9
Other (please specify)	1.8%	1
	Answered	55
	Skipped	45

Comments:

- None of the above

Q11: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
Cost of healthcare	43.9%	25
I have no barriers to receiving routine healthcare	42.1%	24
Cannot take off work	24.6%	14
No insurance/high deductible	22.8%	13
Healthcare hours of operation are inconvenient	15.8%	9
Lack of transportation	5.3%	3
Healthcare locations are inconvenient	5.3%	3
Lack of childcare	3.5%	2
I do not understand how to find healthcare resources	3.5%	2
Other (please specify)	5.3%	3
	Answered	57
	Skipped	43

Comments

- Not taking insurance card or my deductible is to high
- In network insurance availability

Q12: What additional services / offerings would you like to see available in Lincoln County? (select all that apply)

Answer Choices	Responses	
Dermatology	39.7%	23
Cancer Care	37.9%	22
Additional Primary Care Availability	36.2%	21
Endocrinology	36.2%	21
Gastroenterology	36.2%	21
Mental Health / Substance Abuse Treatment	36.2%	21
Pulmonology	31.0%	18
Urgent Care / Walk-In / Extended Hours	31.0%	18
Neurology	29.3%	17
Cardiology	27.6%	16
Health Prevention / Education Programs	27.6%	16
Rheumatology	17.2%	10
General Surgery	15.5%	9
Ophthalmology	15.5%	9
Telehealth / Virtual Care	15.5%	9
Women's Health	13.8%	8
Bariatric (Weight Loss)	12.1%	7
Orthopedics	12.1%	7
Reproductive Health	10.3%	6
Nephrology	8.6%	5
Plastic Surgery	8.6%	5
Urology	8.6%	5
Audiology	5.2%	3
Pediatrics	5.2%	3
Other (please specify)	10.3%	6
	Answered	58
	Skipped	42

Comments

- Financial help
- More prevention services
- More services for children with Autism.
- Outreach for homeless and homebound population
- Vascular

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Health Care Provider	86.2%	50
Website/Internet	37.9%	22
Family or Friends	25.9%	15
Hospital	22.4%	13
Workplace	22.4%	13
Social Media	15.5%	9
Word of Mouth	6.9%	4
Newspaper/Magazine	5.2%	3
Television	5.2%	3
School/College	1.7%	1
Radio	0.0%	0
Other (please specify)	5.2%	3
	Answered	58
	Skipped	42

Comments:

- Friends
- Fellow patients.
- Professional resources