


# Simpson General Hospital

## Community Health Needs Assessment Report

December 2021

*Approved by Simpson General  
Hospital Board of Trustees*



SIMPSON  
GENERAL



**CRI** CARR  
RIGGS &  
INGRAM  
CPAs and Advisors

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## **EXECUTIVE SUMMARY**

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Simpson General Hospital (SGH) with a functioning tool to guide the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of Simpson General Hospital's community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital's collaborative partners in the community.

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from Carr, Riggs, & Ingram LLC, a top accounting firm based in Jackson, MS. The assessment was conducted July - October 2021.

The main input was provided by previous patients, employees, and community representatives. An opportunity to offer input was made available to the entire community through word of mouth, plus a published and publicly available survey. Additional information came from public databases, reports, and publications by state and national agencies. An important opportunity for public input occurred when the hospital hosted a Community Forum Group where great discussion was held regarding the overall health of our community and available community resources.

The opening section of this report will be about SGH. It will provide the community with an informative overview about the hospital along with an explanation of the services available at SGH.

The response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years including the difficulties encountered serving the community because of the COVID-19 pandemic under the Public Health Emergency. In this report, we also discuss demographics of the community, feedback from the community, leading causes of death for Simpson county, and the health priorities that we will focus on over the next three years. The CHNA report is available on the hospital's website <https://simpsongeneral.com/general-information/> or a printed copy may be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to continue to be a part of this community. We look forward to working with you to improve the overall health of those we serve.

Gregg Gibbes  
Chief Executive Officer  
Simpson General Hospital



## ABOUT THE HOSPITAL

Simpson General Hospital is a Private Non-profit, Critical Access Hospital located in Mendenhall, Mississippi. Simpson General Hospital is licensed for 25 Acute Care/Swing beds and 10 Geriatric Psychiatric beds. The hospital was built in 1957 and operated as a county-owned facility. However, in 2006, the Simpson County Board of Supervisors voted to close or sell the hospital. Citizens within the community formed a private/non-profit group and purchased the hospital with a loan from the United States Department of Agriculture (USDA). The hospital then began operating under the umbrella of Simpson Community Healthcare, Inc. The Board of Trustees, made up of nine Community Leaders, is responsible for hospital operations. In July of 2020, the board entered into an administrative services agreement with Covington County Hospital. Under the agreement, Simpson General's hospital administrative leadership would be provided by Covington County Hospital's Chief Executive Officer. The agreement is part of a collaborative effort among the two rural hospitals to share and benefit from best practices to achieve long-term sustainability while maintaining independence. It also opens the door to future collaborative ventures that would benefit the citizens of both Simpson and Covington County. Simpson General offers the following services in our main hospital along with three clinics:

**Acute Care:** Simpson General Hospital provides care to a wide variety of patients in our 25-bed critical access facility. Advanced technology and a highly trained staff are ready to meet the medical needs of our patients. Our staff provides care to all patients both during their hospital stay and through discharge planning to make their transition home easier for both patients and their families. Currently, we are also caring for Covid-19 patients in our Covid Unit, which is a separate area of the hospital designated for these patients. Respite and inpatient hospice services are available if admission criteria are met.

**Swing Bed/Rehab:** Simpson General Hospital takes pride in providing exceptional post-acute care services to those who may need rehabilitation prior to returning home. The SGH Swing Bed program provides 24-hour, in-hospital, skilled nursing care services plus the benefit of rehabilitation therapies, to help patients, reach an optimal level of functioning. Our Swing Bed therapy services are available six days a week, and we offer physical, occupational, and speech rehabilitation therapy. In addition, we provide resident, family, and caregiver education and coordinated discharge planning. To qualify for the Swing Bed program, the patient must have had a consecutive three-day acute level care hospital stay within the past 30 days. In addition, the patient must have a need for some form of skilled nursing service or skilled rehabilitation service that can be provided by this facility.

**Inpatient Geriatric/Psych:** At Simpson General Hospital, we provide individualized geriatric care in a warm, supportive atmosphere. The first step is a thorough evaluation to help determine what is causing any behavioral or mental changes, along with an exam to check for underlying medical issues. Our staff works with the patient and family, along with other health professionals, to develop a course of treatment that best meets the needs of the individual. Treatment includes meetings with psychiatrists and/or group therapy to assist with emotional, mental, physical, and medication needs. Our nurses, psychiatrists, trained counselors, and social workers will help with all aspects of the patient's life.

## Simpson General Hospital Community Health Needs Assessment

To ensure superior access and care, we offer:

- A free confidential initial consultation to determine the appropriate level of care.
- Assistance locating the least restrictive environment that can help meet the individual's needs.
- Management of patient's secondary medical needs.
- A history of satisfied patients and families.

**24-Hour Emergency Department:** Simpson General Hospital Emergency Department is ready to meet your needs. We are open 24 hours a day, seven days a week, 365 days of the year.

We are staffed by highly qualified physicians, nurse practitioners, and other nursing staff who are committed to quality care. Simpson General is also proud to be a participant in TeleMed. At SGH, we realize that patients and families want their needs taken care of as quickly as possible, that's why we offer excellent and efficient care.

**X-Ray, Ultrasound, and CT:** All our exams are performed by Registered Radiologic Technologists and Registered Diagnostic Medical Sonographers. The Radiology Department at Simpson General Hospital offers:

- General X-ray exams
- Outpatient MRI exams
- Computed Tomography (CT) exams
- General Ultrasound exams (abdominal, OB/GYN,)
- Echocardiograms (EKG)
- Vascular exams (Carotid Doppler and Lower Extremity Doppler)

**Laboratory:** Simpson General Hospital provides quality laboratory services performed by skilled clinical laboratory personnel. Our laboratory offers a wide range of testing and services, including:

- Clinical Chemistry – general chemistry panels, lipid panel, thyroid testing, testosterone, cardiac markers, PSA, vitamin D, anemia panel, microalbumin and hemoglobin A1c for diabetes management, therapeutic drug monitoring
- Hematology – complete blood counts (CBC), ESR
- Serology – influenza A & B, strep, mono, h pylori, RSV, pregnancy tests
- Coagulation – prothrombin time/INR for Coumadin monitoring, PTT, D-Dimers
- Urinalysis – with microscopic examination
- Immunohematology – type and screen, and crossmatch compatible donor units for transfusion
- Substance abuse testing – pre-employment, post-accident, general screening
- Covid-19 Testing – rapid antigen and molecular-based testing

**Respiratory Therapy:** The Respiratory Care Department at Simpson General Hospital provides a full range of respiratory care, including:

- Pulmonary function tests
- EKG's
- Acute respiratory care
- Oxygen (inpatient and home qualifying test)
- Maintenance of pulmonary conditions such as COPD
- Ventilator management
- BiPAP management

In addition, we support SGH's emergency services through drawing arterial blood gas and providing certified neonatal resuscitation, acute cardiac life support, and pediatric acute life support.

## Simpson General Hospital Community Health Needs Assessment

**Physical, Occupational, and Speech Therapy:** Our outpatient therapy services provide expert treatment for patients of all ages. Our services include:

- Physical Therapy – helps restore and maintain maximum movement and functional ability. It can improve the patient’s mobility, balance, range of motion, and physical strength.
- Occupational Therapy – is focused on improving and maintaining quality of life, and it can help people adapt to life change and improve their functional abilities. Occupational therapists can provide training and guidance on self-care skills such as bathing, dressing, feeding, and grooming.
- Speech Therapy – helps with all aspects of communication, including listening, reading, writing, and language interpretation. Speech therapists can also assist with chewing and swallowing problems.

Our outpatient therapy services are commonly used to treat people with joint pain, spinal cord injuries, strokes, back/neck pain, sports injuries, and developmental delays. We also see patients who have experienced joint replacement surgery, motor vehicle accidents, or worker’s comp injuries.

**Outpatient Behavioral Health:** Simpson General Hospital’s Behavioral Health Department offers an intensive outpatient day treatment program for patients with a psychiatric diagnosis that requires fewer than 12 hours of therapy per week. Patients with psychiatric and emotional stress disorders can benefit from this less restrictive environment. Our staff consists of a psychiatrist, social worker, and nurse who provide treatment and monitor patient status on an ongoing basis.

Therapy and treatment plans are individually developed for each patient and may include:

- Group Therapy
- Individual Therapy
- Family Therapy
- Activity Therapy
- Nurse Education

Our intensive behavioral health program provides structural therapy three days a week, allowing patients to maintain their daily routines and live at home. This level of care is especially beneficial as an interim step from inpatient care to home living.

**Partial Hospitalization Program:** The Partial Hospitalization Program (PHP) at Simpson General Hospital is a comprehensive, short-term outpatient program that provides support and treatment for adults facing emotional or mental difficulties, as well as those who have substance abuse problems. PHP offers an effective transition from hospitalization and an alternative to inpatient care for depression and conditions related to the aging process.

**Clinics:** Simpson General Hospital provides experienced, compassionate, quality care through our network of conveniently located clinics. Helping you maintain good health and wellness throughout your life is our primary mission. Family care services at our three clinics include:

- Primary care for the whole family
- Treatment of acute and chronic symptoms and illness
- General health screening
- School/Sports physicals
- DOT testing
- Adult immunization
- Telehealth appointments

## THE COMMUNITY HEALTH NEEDS ASSESSMENT

### Background

The federal government now requires that non-profit hospitals conduct a Community Health Needs Assessment (CHNA) once every three years. The full report must contain both an assessment of the community, and an implementation strategy to address the needs recognized in the assessment. There are specific guidelines and dates set forth by the IRS that the organization must follow that includes: making the report available to the public, posting the board approved report to the hospital's website by the fiscal year end of the year the report is due, and be reported on the hospital's IRS Form 990. Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, Simpson General Hospital's CHNA is due to be completed and board approved by their fiscal year end of December 31, 2021.

Figure 1 - Flyer for Community Blood Drive at SGH

### Community Engagement

These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit residents. The Community Health Needs Assessment can also define opportunities for healthcare improvement, create a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Simpson County. It also provides an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens. An example of our community engagement is through partnering with Mississippi Blood Services conducting blood drives at the hospital that ensures this vital resource is available to save a life when needed.



**SIMPSON GENERAL HOSPITAL**  
**Blood Drive**



**THURSDAY** | **11 AM - 5 PM** | **MBS**  
**April 8th** | **Donor Coach**

**DONORS WILL RECEIVE A \$15 VISA CARD!**

  
**MISSISSIPPI BLOOD SERVICES**

 You can now complete the donor history portion before your donation! (Must be completed same day.) Scan the QR code or visit [msblood.com](http://msblood.com)  
MBS suggests all donors eat at least four hours within giving blood and drink plenty of fluids prior to and after making a donation. (888) 90-BLOOD / [www.msblood.com](http://www.msblood.com)  
**Follow us on Facebook, Instagram & Twitter**





Figure 2 - Photo of SGH sign at entrance of hospital

### Transparency

We are pleased to share with our community the results of our Community Health Needs Assessment. The following pages offer a review of the community we serve, strategic activities we have undertaken, over the last three years (2019-2021), how we responded to specific health needs such as the COVID-19 pandemic, and our health initiatives for the next three years (2022-2024). We hope you will take time to review the health needs of our community as the findings impact each citizen of our rural Mississippi community. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

### Data Collection

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

Primary Data: collected by the assessment team directly from the community through conversations, focus groups, community surveys; the most current information available.

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

## **RESPONSE TO HEALTH STRATEGIES FROM 2018 CHNA**

**Health Strategies from the 2018 CHNA Implementation Strategy include the following:**

- 1) Strengthen overall health knowledge and awareness of services in the community, especially among low income and elderly groups.
- 2) Address Lifestyle-Related Health Problems and subsequent Chronic Disease Management through education and cultural change. Focusing on:
  - a. Obesity
  - b. Diabetes
  - c. Hypertension
- 3) Educate the community about the correlation between certain pulmonary disease and poor lifestyle choices. Initiate an aggressive prevention program including screening and vaccinations. The emphasis for this priority will be on:
  - a. COPD/Emphysema
  - b. Pneumonia
  - c. Influenza
- 4) Investigate ways to assist patients in becoming more prescription compliant.
  - a. Medication Education
  - b. Prescription Affordability (including Insurance Coverage Awareness)
  - c. Accessibility (including Transportation Options)

The following information is in response to the above stated goals/strategies. The description of action items below serves as examples of how SGH served its community through utilization of the CHNA. These responses are highlights of how SGH responded to needs within the community and is not meant to be all inclusive.

### **Strategy #1**

- Updated and distributed copies of community services located in our area. Placed copies at Health Department, pharmacies, SGH clinics and hospital, SGH website and social media.
- Made a Flyer to be distributed to the lower income areas and at the health department. Flyer has a QR code that people can scan with their phones and the community services will come populate with general information.
- We have also produced flyers of the services the Hospital provides. These are handed out to patients that are admitted to the hospital and are provided at our SGH Clinics

### **Strategy #2**

- Educating public through Social Media. Attended Braxton Fire Department Fundraiser to take blood pressures, Accu-checks, and administer Covid-19 Vaccines.
- Created new Intensive outpatient program flyers, Partial hospitalization Program Flyers, and Senior Care Flyers
- Attended Health Fair at Simpson Central and Puckett Schools in 2019

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**Community Health Needs Assessment**

**Strategy #3**

- March 2020 Needs of the community changed for COVID-19. Advertisements for the newspaper, social media, billboards, digital ads, interviews with Mageenews.com. Information posted of our website. Going into the community to give vaccines (Mendenhall in May), Going into the public schools to administer covid-19 vaccines. Opening up a drive thru clinic to take care of Covid testing and vaccinations. Offering covid antibody testing and Regen-Cov infusions as outpatient at the SGH Hospital. The Hospital was recognized as a COVID-19 Center of Excellence by the Mississippi State Department of Health.
- Advertisements for Flu testing and Vaccines in our clinics were placed in Local newspaper, Billboards, and ads were added to our Website.
- SGH is also participating in the Adopt a School Program from the State where we will adopt schools in our and neighboring counties to give the Pfizer vaccines to students with consent from parents. We have administered vaccines to students at Simpson County Academy and we are also working with Simpson County public schools.

**Strategy #4**

- SGH Hospital provides information about any prescription prescribed for patient at discharge. The material usually provides information about the Drug( Example: effects and side effects) and how it should be taken.
- SGH also offers telemedicine visits for patients to renew their prescriptions that are unable to get transportation to our clinics.
- The Hospital and clinics offer a sliding scale to uninsured patients to help with the cost of Hospital stays(which include patient medication prescribed b our physicians). It is more of a financial benefit for the patients that qualify.
- SGH takes part in the 340 B Drug Pricing Program of the Public Health Service Act. We Partner with our Local Pharmacies.(McGuffee's Drugs and Service Rexall Drugs) we have applications for the patients to fill out to see if they qualify.

Figure 3 - News release of SGH being named a COVID-19 Center of Excellence





## Simpson General Hospital Community Health Needs Assessment

### Public Health Emergency – COVID-19

SGH dedicated many hours to the health strategies noted above in a continuous effort to better serve the health needs of the community. However, achieving some of their goals for these strategies came to a screeching halt in the spring of 2020 as the first wave of reported COVID-19 patients started seeking treatment from providers everywhere. SGH had already begun preparing their staff and community to combat the virus to reduce the impact it had on the community. As these events unfolded no one could predict just how long the pandemic would last, but as of this writing SGH is combatting the fourth wave of the pandemic as COVID cases surged to all-time highs during the summer of 2021. It had been 18 long months since the onset. An anxious and scared community had leaned on the hospital more than ever for help. During these times, SGH and its staff became the definition of an American Hero and stood strong never wavering no matter how adverse the circumstances were. One could never put into words all the sacrifices made, battles won and loss, or hours devoted to keeping the community safe; but to give a sense of the magnitude of effort on display by SGH the following is a small fraction of their endless response to the pandemic commonly referred to as COVID-19. It should be noted that these efforts also led SGH to being named a COVID-19 Center of Excellence.

### Efforts to combat the Public Health Emergency – COVID-19

- Three clinics offered COVID-19/Flu rapid testing
- Administered COVID-19 vaccines to eligible members of the community
- Served as a referral location for COVID-19 monoclonal antibody treatment (a therapeutic infusion to reduce the severity of the disease)
- Addressed disparities in vaccination access in the community
- Offered COVID booster vaccines to eligible community members
- Opened a drive-thru clinic to serve those needing COVID testing and vaccinations
- Purchased a van to help serve the community in a variety of ways
- Used social media platforms to get educational information out to the community related to COVID-19 symptoms, testing sites, best practices, etc.
- Went out to the local schools to give out vaccines to students who were wanting the vaccine; required parent approval

Figure 4 - Photo of SGH new van to aid in serving the community



## ABOUT THE COMMUNITY

### Service Area:

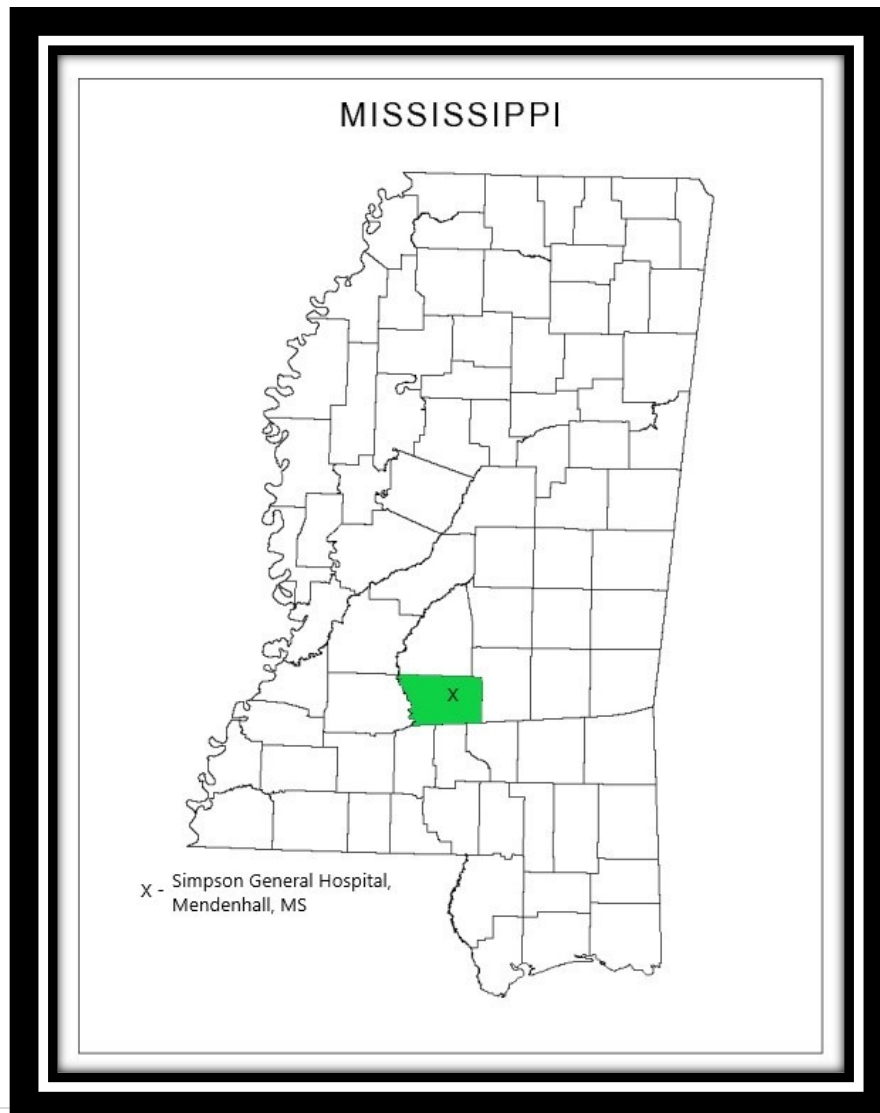
**Primary:** Simpson County

**Secondary:** Covington, Rankin, and Smith counties

### Geography of the Primary Service Area:

Simpson County is in the southern half of Mississippi about midway between the Mississippi River and the Alabama state line. The county seat is Mendenhall. According to the U.S. Census Bureau, the county has a total area of 590.3 square miles, of which 589 square miles (or 99.8%) is land and 1.3 square miles (or 0.2%) is water. It is the 34th largest county in Mississippi by area. Simpson County is bordered by Copiah County, MS; Jefferson Davis County, MS; Smith County, MS; Lawrence County, MS; Rankin County, MS; Covington County, MS; and Hinds County, MS.

Figure 5 - Map of the location of SGH



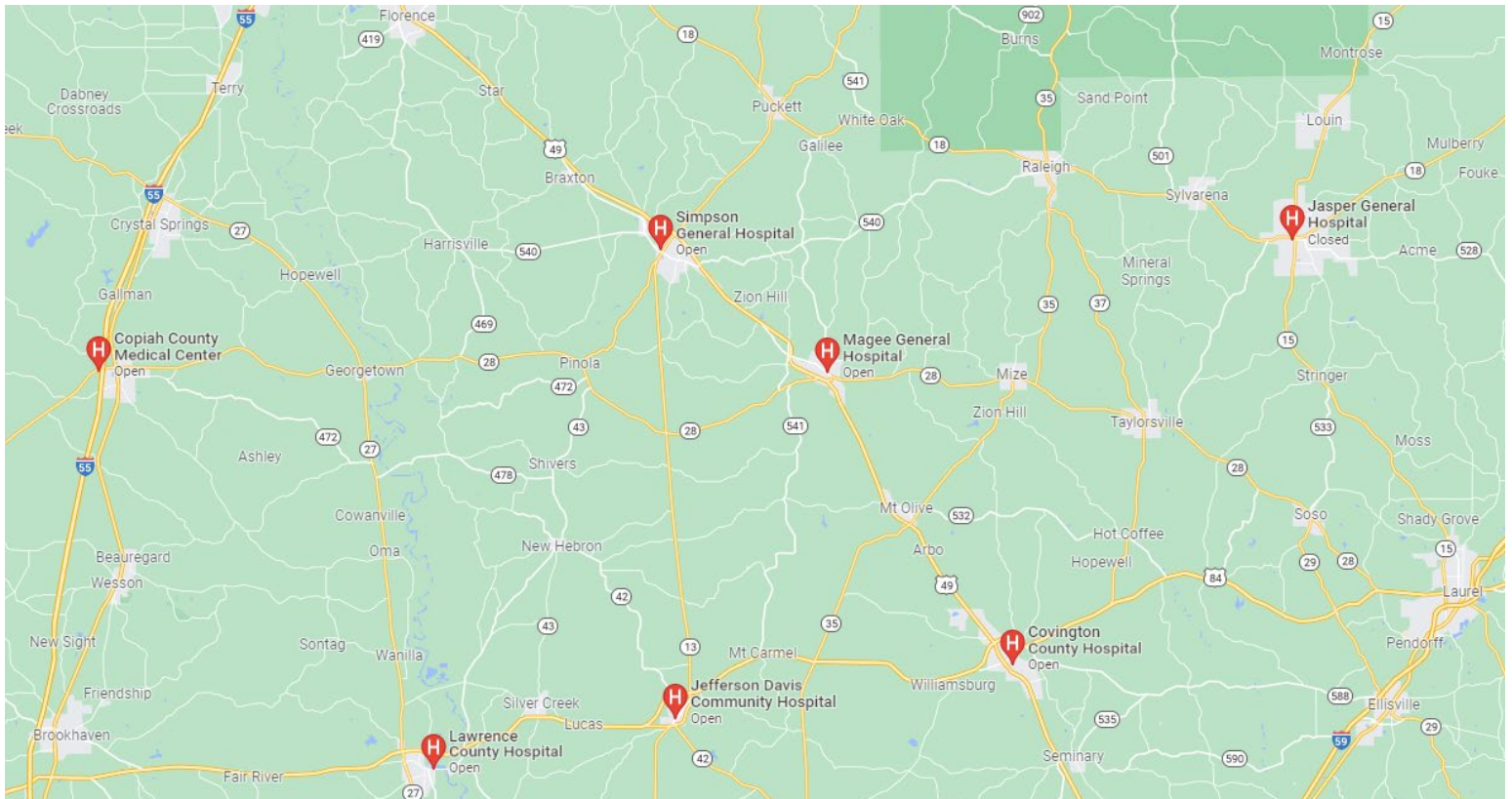


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**Community Health Needs Assessment**

**Healthcare Providers in the Area:**

- Simpson General Hospital
- Magee General Hospital
- Covington County Hospital
- Jefferson Davis Community Hospital
- Jasper General Hospital
- Lawrence County Hospital
- Copiah County Medical Center
- Forrest General Hospital
- Wesley Medical Center
- South Central Regional Medical Center

Figure 6 - Map listing the providers within the service area of SGH



## HEALTH OUTCOMES, DEMOGRAPHICS, & DISEASE INCIDENCE RATES

### Mississippi Health Outcomes:

Understanding the makeup of the community being served will continue to gain importance as healthcare providers see reimbursement continue to shift and place emphasis on value-based care and population health. For SGH to adapt to these changes, they will have to place greater emphasis and focus on preventive medicine treatment plans that focus more on population health, and with this change having a deeper understanding of the patient population will be crucial. In this section, health outcomes will be addressed from a national and state perspective to give further support on identifying what impacts SGH service area the most and the effects it can have on the health of the population. SGH will want to understand these dynamics when exploring the importance of a particular service line to add or remove from the hospital's current offerings.

According to the County Health Rankings and Roadmaps program, health outcomes represent how healthy a state, county, or community is right now. They reflect the physical and mental well-being of residents within a community through measures representing not only the length of life but quality of life as well. Health Outcomes are influenced by the many factors that influence health, from the quality of medical care received to the availability of good jobs, clean water, and affordable housing. These health factors are influenced by programs and policies in place at the local, state, and federal levels. By looking at data related to Health Outcomes, we can get a glimpse at whether healthcare delivery systems and health improvement programs in a state, county, or community are working. There are significant differences in health outcomes according to where we live, how much money we make, our race and ethnicity, and other characteristics. It is important to dig into the data to understand where and why health outcomes differ across an area, how a variety of health factors combine to influence these outcomes, and how our policies and programs are supporting—or restricting—opportunities for health for all.

Figure 7 - Photo of COVID-19 vaccination site



**Simpson General Hospital**  
**Community Health Needs Assessment**

According to the America's Health Ranking annual report put out by the United Health Foundation, the state of Mississippi has the following health rankings compared to the rest of the United States.

Mississippi



# Mississippi

State Health Department Website: [msdh.ms.gov](http://msdh.ms.gov)

## Summary

### Strengths:

- Low prevalence of excessive drinking
- Low racial gap in high school graduation
- Low residential segregation

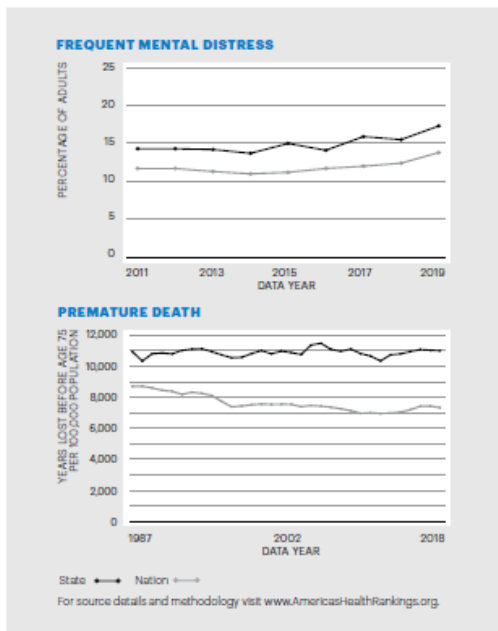
### Challenges:

- High economic hardship index score
- Low prevalence of exercise
- High premature death rate

### Highlights:

<p><b>FOOD INSECURITY</b></p> <p>▼24% between 2013-2015 and 2016-2018 from 20.8% to 15.9% of households</p>	<p><b>HIGH SCHOOL GRADUATION RACIAL GAP</b></p> <p>▲12% between 2017 and 2018 from 7.8 to 8.7 percentage points</p>
<p><b>ADULTS WHO AVOIDED CARE DUE TO COST</b></p> <p>▼26% between 2011 and 2019 from 23.3% to 17.2%</p>	<p><b>LOW BIRTHWEIGHT</b></p> <p>▲26% between 1991 and 2018 from 9.6% to 12.1% of live births</p>
<p><b>HIGH-SPEED INTERNET</b></p> <p>▲23% between 2015 and 2018 from 65.6% to 80.6% of households</p>	<p><b>FREQUENT MENTAL DISTRESS</b></p> <p>▲26% between 2014 and 2019 from 13.7% to 17.3% of adults</p>

## Trends



## Economic Hardship Index

The economic hardship index compares financial strain between states. It combines six population-level social and economic measures to provide a more complete picture of the difficulties faced by communities than a single measure could provide.

Measure	State Value
Crowded Housing (units with more than one person/room)	2.6%
Dependency (ages 0-17 or ages 65+)	39.8%
Education (ages 25+ without a high school diploma)	14.7%
Per Capita Income	\$25,301
Poverty (households below the poverty level)	18.9%
Unemployment (ages 16-64)	6.8%

## Multiple Chronic Conditions

Chronic conditions are medical conditions that last more than a year, require ongoing medical attention and/or limit activities of daily living. Adults with multiple chronic conditions represent one of the highest-need segments of the population.

Measure	State Value
Arthritis	28.9%
Asthma	9.9%
Cancer (excluding skin)	6.6%
Cardiovascular Disease	11.3%
Chronic Kidney Disease	2.9%
Chronic Obstructive Pulmonary Disease	9.4%
Depression	20.6%
Diabetes	14.8%



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**Measures**

Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

		Rating	Value	Rank	Healthiest State
<b>SOCIAL &amp; ECONOMIC FACTORS</b>		<b>+</b>	<b>-0.674</b>	<b>47</b>	<b>0.965</b>
<b>Community and Family Safety</b>	Occupational Fatalities (deaths per 100,000 workers)	+	8.5	47	2.9
	Public Health Funding (dollars per person)	+++	\$87	29	\$289
	Violent Crime (offenses per 100,000 population)	++++	278	14	115
<b>Economic Resources</b>	Economic Hardship Index (index from 1-100)	+	100	50	1
	Food Insecurity (% of households)	+	15.9	49	7.8
	Income Inequality (80-20 ratio)	+	5.37	48	3.70
<b>Education</b>	High School Graduation (% of students)	++	84.0	32	91.4
	High School Graduation Racial Gap (percentage point difference)	++++	8.7	7	3.9
<b>Social Support and Engagement</b>	Adverse Childhood Experiences (% of children ages 0-17)	++	18.2	40	8.9
	High-speed Internet (% of households)	+	80.6	49	92.9
	Residential Segregation (index from 0-100)	++++	48	7	42
	Volunteerism (% of adults)	+	23.8	49	51.0
	Voter Participation — Midterm (% of U.S. citizens)	+++	54.2	21	65.6
<b>PHYSICAL ENVIRONMENT</b>		<b>+</b>	<b>-0.246</b>	<b>47</b>	<b>0.816</b>
<b>Air and Water Quality</b>	Air Pollution (micrograms of fine particles per cubic meter)	++	7.8	31	4.1
	Drinking Water Violations (% of community water systems)	+	5.5	49	0.0
	Non-smoking Regulation (% of population)*	++	31.1	34	100.0
	Risk-screening Environmental Indicator Score (unitless score)	++++	2,102,778	18	317
	Water Fluoridation (% of population served)	++	60.7	35	99.8
<b>Climate Change</b>	Climate Change Policies (number of four policies)*	++	0	36	4
	Transportation Energy Use (trillions of BTUs per 100,000 population)*	+	14.2	46	5.8
<b>Housing and Transit</b>	Drive Alone to Work (% of workers)	+	84.8	49	52.8
	Housing With Lead Risk (% of housing stock)	++++	11.0	10	5.2
	Severe Housing Problems (% of occupied housing units)	+++	15.4	29	11.2
<b>CLINICAL CARE</b>		<b>+</b>	<b>-1.100</b>	<b>49</b>	<b>1.443</b>
<b>Access to Care</b>	Avoided Care Due to Cost (% of adults)	+	17.2	47	8.2
	Providers				
	Dental Providers (number per 100,000 population)	+	43.2	47	90.6
	Mental Health Providers (number per 100,000 population)	+	173.0	42	666.4
	Primary Care Providers (number per 100,000 population)	++	232.3	33	362.8
Uninsured (% of population)	+	13.0	46	3.0	
<b>Preventive Clinical Services</b>	Colorectal Cancer Screening (% of adults ages 50-75)	+	62.6	46	77.1
	Dental Visit (% of adults)	+	54.1	50	76.5
	Immunizations				
	Childhood Immunizations (% by age 35 months)	++++	80.0	11	86.6
Flu Vaccination (% adults)	+	39.4	41	50.5	
HPV Vaccination (% of adolescents ages 13-17)	+	30.5	50	78.9	
<b>Quality of Care</b>	Dedicated Health Care Provider (% of adults)	++	73.6	38	88.4
	Preventable Hospitalizations (discharges per 100,000 Medicare enrollees)	+	5,628	49	1,971
<b>BEHAVIORS</b>		<b>+</b>	<b>-1.375</b>	<b>49</b>	<b>1.072</b>
<b>Sleep Health</b>	Insufficient Sleep (% of adults)	++	37.1	35	28.7
<b>Nutrition and Physical Activity</b>	Exercise (% of adults)	+	15.7	48	28.5
	Fruit and Vegetable Consumption (% of adults)	+	6.3	42	14.1
	Physical Inactivity (% of adults)	+	37.7	50	18.5
<b>Sexual Health</b>	Chlamydia (cases per 100,000 population)	+	740.1	48	198.2
	High-risk HIV Behaviors (% of adults)	++	6.7	35	4.5
	Teen Births (births per 1,000 females ages 15-19)	+	27.8	49	7.2
<b>Tobacco Use</b>	E-cigarette Use (% of adults)*		5.6%		4.3
	Smoking (% of adults)	+	20.4	46	7.9
<b>ALL DETERMINANTS</b>		<b>+</b>	<b>-0.889</b>	<b>49</b>	<b>0.865</b>
<b>HEALTH OUTCOMES</b>		<b>+</b>	<b>-0.975</b>	<b>49</b>	<b>0.846</b>
<b>Behavioral Health</b>	Depression (% of adults)*	++	20.6	32	11.8
	Excessive Drinking (% of adults)	++++	14.6	5	12.0
	Frequent Mental Distress (% of adults)	+	17.3	46	10.6
	Non-medical Drug Use (% of adults)	++	12.9	36	6.4
<b>Mortality</b>	Drug Deaths (deaths per 100,000 population)*	++++	10.6	5	6.8
	Premature Death (years lost before age 75 per 100,000 population)	+	11,011	49	5,648
	Premature Death Racial Inequality (ratio)	+++	1.5	27	1.0
	Suicide (deaths per 100,000 population)*	++++	14.2	12	8.6
<b>Physical Health</b>	Frequent Physical Distress (% of adults)	++	14.0	40	9.3
	Low Birthweight (% of live births)	+	12.1	50	5.9
	Low Birthweight Racial Gap (percentage point difference)	+	8.4	47	2.4
	Multiple Chronic Conditions (% of adults)	+	13.2	44	6.4
	Risk Factors				
	High Blood Pressure (% of adults)*	+	43.6	49	25.8
	High Cholesterol (% of adults)*	+	36.8	45	28.1
Obesity (% of adults)	+	40.8	50	23.8	
<b>OVERALL</b>			<b>-0.915</b>	<b>—</b>	<b>0.723</b>

\* Measure not included in overall score. For measure definitions, source details and methodology, visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).  
 --Indicates data missing or suppressed.

**Simpson General Hospital**  
**Community Health Needs Assessment**

Health outcomes for the senior population per the America's Health Ranking annual report by United Health Foundation.

**Mississippi**



# Mississippi

State Health Department Website: [msdh.ms.gov](http://msdh.ms.gov)

## Summary

### Strengths:

- Low prevalence of excessive drinking
- High flu vaccination coverage
- Low violent crime rate

### Challenges:

- High percentage of seniors living in poverty
- High early death rate
- Low prevalence of exercise

### Highlights:

#### SNAP REACH

▼14% in the past four years from 67.6 to 57.9 participants per 100 adults ages 60+ in poverty

#### ABLE-BODIED SENIORS

▲12% since 2013 from 54.0% to 60.4% of adults ages 65+

#### FOOD INSECURITY

▼27% in the past two years from 24.3% to 17.7% of adults ages 60+

#### FREQUENT MENTAL DISTRESS

▲32% in the past four years from 7.4% to 9.8% of adults ages 65+

#### FLU VACCINATION

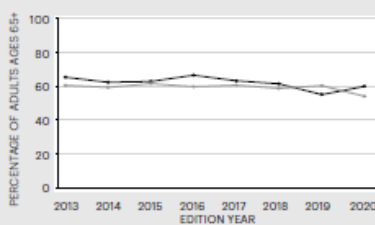
▼8% since 2013 from 65.4% to 60.0% of adults ages 65+

#### FALLS

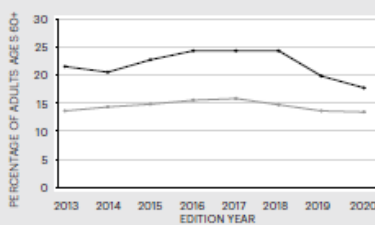
▼10% in the past two years from 31.5% to 28.2% of adults ages 65+

## Trends

### FLU VACCINATION



### FOOD INSECURITY



State — Nation

For source details and methodology visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

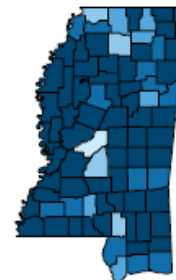
## Risk of Social Isolation

Social isolation, defined as an absence of meaningful social relationships, can negatively impact physical health and mental well-being of seniors. The risk of social isolation measure can be used by states to identify counties in greater need of interventions that alleviate isolation and loneliness in older adults.

### Risk of Social Isolation by County

- <- 18th
- 19th to 38th
- 39th to 57th
- 58th to 77th
- >= 78th

Percentile of the mean z-scores for six risk factors in adults ages 65 and older, relative to all U.S. counties



### Risk Factors Among Adults Ages 65+

Risk Factor	State Value (%)
Disability	42.1
Divorced, Separated or Widowed	42.6
Independent Living Difficulty	18.8
Live Alone	11.3
Never Married	4.8
Poverty	12.7

Source: U.S. Census Bureau, American Community Survey, 2014-2018



# Simpson General Hospital

## Community Health Needs Assessment

### Measures

Rating	Rank
+++++	1-10
++++	11-20
+++	21-30
++	31-40
+	41-50

	Rating	2020 Value	2020 Rank	No. 1 State
<b>BEHAVIORS*</b>	<b>+</b>	<b>-0.729</b>	<b>45</b>	<b>1,050</b>
<b>Insufficient Sleep</b> (% of adults ages 65+)	++	28.0	37	20.9
<b>Physical Activity and Nutrition*</b>	+	-1.532	48	1,393
Exercise (% of adults ages 65+)	+	10.9	50	24.5
Physical Inactivity (% of adults ages 65+ in fair or better health)	+	37.1	47	20.3
Fruit Consumption (% of adults ages 65+)	+	27.6	44	42.2
Vegetable Consumption (% of adults ages 65+)	++	11.4	39	19.6
<b>Substance Use*</b>	++++	0.192	13	1,912
Excessive Drinking (% of adults ages 65+)	+++++	3.9	3	3.6
Smoking (% of adults ages 65+)	+	11.1	43	5.5
<b>SOCIAL &amp; ECONOMIC FACTORS*</b>	<b>+</b>	<b>-0.965</b>	<b>48</b>	<b>1,110</b>
<b>Household Economics*</b>	+	-1.428	49	1,398
Food Insecurity (% of adults ages 60+)	+	17.7	45	6.6
Poverty (% of adults ages 65+)	+	12.4	48	5.5
SNAP Reach (participants per 100 adults ages 60+ living in poverty)	++	57.9	36	100.0
<b>Social Support and Engagement*</b>	+	-0.859	50	1,425
Community Support Expenditure (dollars per adult ages 60+)	++	\$25	39	\$265
Low-care Nursing Home Residents (% of residents)	++	11.8	34	2.1
Risk of Social Isolation (percentile of mean z-scores for risk factors in adults 65+)	+	97	50	1
Volunteerism (% of adults ages 65+)	+	20.2	48	44.6
Voter Turnout (% of citizens ages 65+)	+++	65.8	26	78.9
<b>Violent Crime</b> (offenses per 100,000 population)	++++	234	13	112
<b>PHYSICAL ENVIRONMENT*</b>	<b>+</b>	<b>-0.286</b>	<b>45</b>	<b>1,272</b>
<b>Air and Water Quality*</b>	+	-0.507	48	1,110
Air Pollution (micrograms of fine particles per cubic meter)	+++	7.7	30	4.4
Non-smoking Regulation (% of population)	++	31.1	34	100.0
Drinking Water Violations (% of community water systems)	+	6.7	45	0.0
<b>Severe Housing Problems</b> (% of occupied housing units)	+++	15.8	29	11.2
<b>CLINICAL CARE*</b>	<b>+</b>	<b>-0.830</b>	<b>50</b>	<b>0,795</b>
<b>Access to Care*</b>	+	-0.808	46	1,524
Avoided Care Due to Cost (% of adults ages 65+)	++	6.1	40	2.8
Dedicated Health Care Provider (% of adults ages 65+)	+++	93.6	27	96.6
Geriatricians (number per 100,000 adults ages 65+)	+	6.7	45	26.9
Home Health Care Workers (number per 1,000 adults ages 65+ with a disability)	+	72	46	398
<b>Preventive Clinical Services*</b>	+	-1.092	48	0,850
Cancer Screenings (% of seniors)	+	67.3	45	81.1
Immunizations*	+	-0.753	45	1,220
Flu Vaccination (% of adults ages 65+)	++++	60.0	6	65.6
Pneumonia Vaccination (% of adults ages 65+)	+	68.7	42	78.6
Shingles Vaccination (% of adults ages 65+)	+	29.2	50	55.9
<b>Quality of Care*</b>	+	-0.618	47	1,465
Hospice Care (% of Medicare decedents)	++	44.5	40	59.4
Hospital Readmissions (% of hospitalized Medicare enrollees ages 65-74)	+++	16.0	23	14.0
Nursing Home Quality (% of 4- or 5-star beds)	++	44.9	34	67.9
Preventable Hospitalizations (discharges per 100,000 Medicare enrollees ages 65-74)	+	3,770	48	1,128
<b>ALL DETERMINANTS*</b>	<b>+</b>	<b>-0.778</b>	<b>49</b>	<b>0,847</b>
<b>HEALTH OUTCOMES*</b>	<b>+</b>	<b>-1.250</b>	<b>47</b>	<b>1,183</b>
<b>Health Status*</b>	+	-1.698	49	1,543
Able-bodied (% of adults ages 65+)	+	60.4	45	70.6
Frequent Mental Distress (% of adults ages 65+)	+	9.8	45	4.6
Frequent Physical Distress (% of adults ages 65+)	+	22.2	49	13.2
High Health Status (% of adults ages 65+)	+	28.8	50	52.6
<b>Injury and Illness*</b>	+	-0.812	45	1,660
Falls (% of adults ages 65+)	++	28.2	31	20.0
Multiple Chronic Conditions, 4+ (% Medicare enrollees ages 65+)	+	42.6	43	23.6
Obesity (% of adults ages 65+)	+	32.8	46	17.4
Teeth Extractions (% of adults ages 65+)	+	23.0	48	6.2
<b>Mortality*</b>	+	-1.228	45	1,098
Early Death (deaths per 100,000 adults ages 65-74)	+	2,486	50	1,419
Suicide (deaths per 100,000 adults ages 65+)	+++	17.4	26	9.4
<b>OVERALL*</b>	<b>+</b>	<b>-0.896</b>	<b>—</b>	<b>0,868</b>

\* Value Indicates z-score. Negative scores are below U.S. value, positive scores are above U.S. value. Years reflect edition year, not data source year. For measure definitions, including data sources and years, visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

—Indicates data suppressed.

AMERICA'S HEALTH RANKINGS® SENIOR DATA 2020 UPDATE [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

**Simpson General Hospital**  
**Community Health Needs Assessment**

Health outcomes for women and children per the America’s Health Ranking annual report by United Health Foundation.

**Mississippi**

# Mississippi

State Health Department Website: [msdh.ms.gov](http://msdh.ms.gov)



## Summary

### Strengths:

- Low prevalence of excessive drinking among women
- High prevalence of cervical cancer screening
- Low residential segregation

### Challenges:

- High percentage of children in poverty
- High mortality rate among women ages 20-44
- Low prevalence of food sufficiency among children

### Highlights:

#### FOOD INSECURITY

**▼28%** In the past four years from 22.0% to 15.9% of households

#### DEDICATED HEALTH CARE PROVIDER

**▼8%** In the past two years from 75.0% to 68.8% of women ages 18-44

#### EARLY CHILDHOOD EDUCATION ENROLLMENT

**▼9%** In the past two years from 54.0% to 49.1% of children ages 3-4

#### INFANT MORTALITY

**▼6%** In the past four years from 9.3 to 8.7 deaths per 1,000 live births

## Women

Measures	Rating	2020 Value	2020 Rank	No. 1 State
<b>SOCIAL &amp; ECONOMIC FACTORS</b>	<b>+</b>	<b>-1.002</b>	<b>47</b>	<b>1.216</b>
<b>Community and Family Safety</b>				
Intimate Partner Violence Before Pregnancy*		4.0%		1.8%
Violent Crime	+++	234	13	112
<b>Economic Resources</b>				
Concentrated Disadvantage	+	45.4%	50	2.1%
Food Insecurity — Household	+	15.9%	49	7.8%
Gender Pay Gap*	+	74.8%	43	87.8%
Poverty	+	24.7%	50	10.4%
Unemployment	+	5.0%	49	2.2%
<b>Education</b>				
College Graduate	+	25.4%	48	50.3%
<b>Social Support and Engagement</b>				
Residential Segregation	++++	48	7	42
Voter Participation — Midterm	+++	55.9%	20	67.7%
<b>PHYSICAL ENVIRONMENT</b>	<b>+</b>	<b>-0.343</b>	<b>48</b>	<b>0.751</b>
<b>Air and Water Quality</b>				
Air Pollution	+++	77	30	4.4
Drinking Water Violations	+	5.5%	49	0.0%
Household Smoke	+	19.9%	42	61%
Risk-screening Environmental Indicators Risk Score	++++	2,102,778	18	317
Water Fluoridation	++	61.0%	35	99.9%
<b>Climate Change*</b>				
Climate Change Policies*	++	0	37	4
Transportation Energy Use*	+	14.2	46	5.8
<b>Housing and Transportation</b>				
Drive Alone to Work — Women	+	85.6%	49	50.9%
Housing With Lead Risk	++++	10.7%	8	5.2%
Severe Housing Problems	+++	15.8%	29	11.2%

## Children

Measures	Rating	2020 Value	2020 Rank	No. 1 State
<b>SOCIAL &amp; ECONOMIC FACTORS</b>	<b>+</b>	<b>-0.714</b>	<b>48</b>	<b>1.027</b>
<b>Community and Family Safety</b>				
Child Victimization*	++	14.2	36	1.8
<b>Economic Resources</b>				
Children in Poverty	+	27.8%	50	9.5%
Children in Poverty Racial Gap	+	30.2	46	0.0
High-speed Internet	+	89.1%	48	97.1%
Students Experiencing Homelessness	+++	2.1%	22	0.8%
WIC Coverage	++++	51.0%	11	61.4%
<b>Education</b>				
Early Childhood Education	++++	49.1%	13	67.0%
Fourth Grade Reading Proficiency	++	31.5%	40	45.4%
High School Graduation	++	84.0%	32	91.4%
High School Graduation Racial Gap	++++	8.7	7	3.9
<b>Social Support and Engagement</b>				
Adverse Childhood Experiences	++	18.2%	40	8.9%
Foster Care Instability	+++	14.8%	25	9.4%
Neighborhood Amenities	+	16.2%	50	55.9%
Reading, Singing or Storytelling	+	43.7%	50	69.4%

AMERICA'S HEALTH RANKINGS\* HEALTH OF WOMEN AND CHILDREN DATA 2020 UPDATE [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org)

**Simpson General Hospital**  
**Community Health Needs Assessment**

**Women**

Measures	Rating	2020 Value	2020 Rank	No. 1 State
<b>CLINICAL CARE</b>	<b>+</b>	<b>-0.731</b>	<b>47</b>	<b>1.382</b>
<b>Access to Care</b>				
Adequate Prenatal Care	++++	80.9%	11	90.9%
Avoided Care Due to Cost	+	26.6%	50	9.2%
Publicly-funded Women's Health Services	+++	2.3%	30	66%
Uninsured	+	19.2%	46	3.5%
Women's Health Providers	+	32.1	48	98.0
<b>Preventive Clinical Care</b>				
Cervical Cancer Screening	++++	86.9%	1	86.9%
Dental Visit	+	59.3%	49	78.1%
Flu Vaccination	+	25.0%	47	41.3%
Postpartum Visit*		88.3%		95.5%
Well-woman Visit	++	67.8%	33	79.4%
<b>Quality of Care</b>				
Dedicated Health Care Provider	+	68.8%	41	86.7%
Low-risk Cesarean Delivery	+	31.2%	50	16.7%
mPINC	++	73	40	96
<b>BEHAVIORS</b>	<b>+</b>	<b>-0.971</b>	<b>48</b>	<b>1.341</b>
<b>Nutrition and Physical Activity</b>				
Exercise	+	16.1%	48	29.1%
Fruit and Vegetable Consumption	+	9.5%	43	21.1%
Physical Inactivity	+	29.5%	50	14.8%
<b>Sexual Health</b>				
Chlamydia	+	2,529.1	48	724.3
High-risk HIV Behaviors	+++	8.7%	15	6.2%
Unintended Pregnancy*		44.6%		21.7%
<b>Sleep Health</b>				
Insufficient Sleep	++	37.5%	32	27.3%
<b>Tobacco Use</b>				
E-cigarette Use*	+++	5.9%	25	3.0%
Smoking	+	21.7%	43	7.0%
Smoking During Pregnancy	+++	8.9%	29	1.3%
<b>HEALTH OUTCOMES</b>	<b>+</b>	<b>-0.829</b>	<b>42</b>	<b>0.891</b>
<b>Behavioral Health</b>				
Excessive Drinking	++++	11.7%	1	11.7%
Frequent Mental Distress	++	19.5%	32	11.1%
Illicit Drug Use	+++	6.8%	14	5.2%
Postpartum Depression*		23.5%		9.7%
<b>Mortality</b>				
Drug Deaths*	++++	12.0	9	6.9
Maternal Mortality*		—		11.7
Mortality Rate	+	154.9	49	66.9
<b>Physical Health</b>				
Frequent Physical Distress	++	9.6%	35	6.6%
High Blood Pressure	+	18.3%	49	6.6%
High Health Status*	+	50.6%	45	62.0%
Multiple Chronic Conditions	+	6.5%	43	2.2%
Obesity	+	40.3%	49	21.3%
<b>OVERALL — WOMEN</b>	<b>+</b>	<b>-0.846</b>	<b>48</b>	<b>0.828</b>

\* Measure not included in overall score.

—Indicates data missing or suppressed.

Notes: Model category and overall values are presented as a weighted z-score of the included measures. Negative scores are below U.S. value, positive scores are above U.S. value. Years reflect edition year, not data source year. For measure definitions, including data sources and years, visit [www.AmericasHealthRankings.org](http://www.AmericasHealthRankings.org).

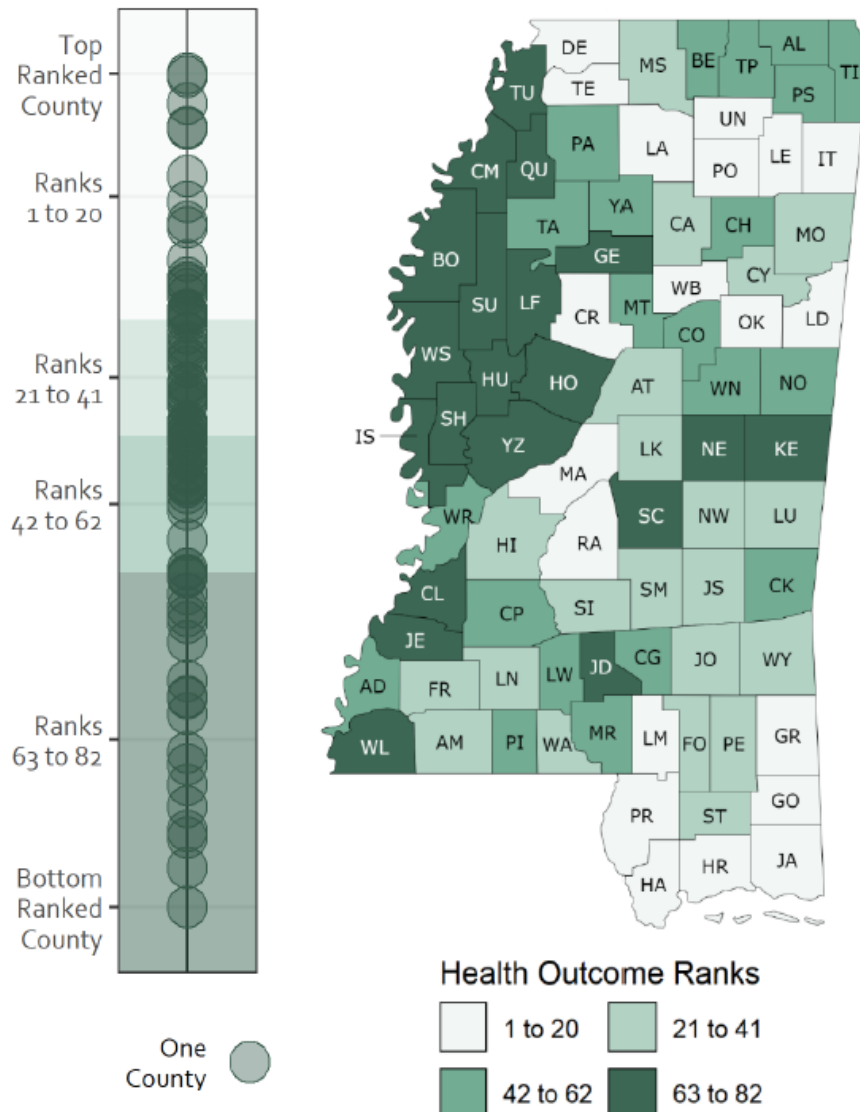
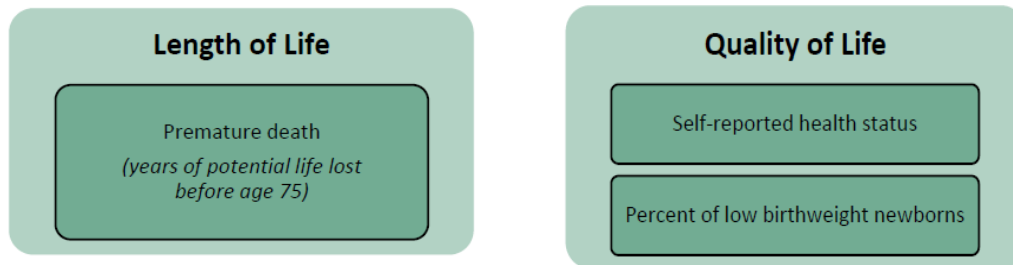
**Children**

Measures	Rating	2020 Value	2020 Rank	No. 1 State
<b>CLINICAL CARE</b>	<b>+</b>	<b>-0.496</b>	<b>42</b>	<b>1.607</b>
<b>Access to Care</b>				
ADD/ADHD Treatment	++++	5.7%	2	5.8%
Pediatricians	+	62.2	44	201.5
Uninsured	+++	4.7%	26	1.2%
<b>Preventive Clinical Care</b>				
Childhood Immunizations	+	70.2%	45	85.9%
HPV Vaccination	+	32.6%	50	78.1%
Preventive Dental Care	+	77.1%	41	88.4%
Well-child Visit	+	78.0%	45	90.7%
<b>Quality of Care</b>				
Adequate Insurance	++++	70.6%	10	81.3%
Developmental Screening	+	28.0%	47	62.6%
Medical Home	++	46.3%	40	59.2%
<b>BEHAVIORS</b>	<b>+</b>	<b>-1.422</b>	<b>50</b>	<b>0.949</b>
<b>Nutrition and Physical Activity</b>				
Breastfed	+	13.0%	50	42.1%
Food Sufficiency	+	56.7%	50	78.3%
Physical Activity	+++	24.7%	15	32.4%
Soda Consumption — Youth*		17.3%		5.5%
<b>Sexual Health — Youth</b>				
Dual Contraceptive Nonuse*		91.6%		79.2%
Teen Births	+	27.8	49	7.2
<b>Sleep Health</b>				
Adequate Sleep	+	50.5%	50	74.9%
Sleep Position*		72.2%		89.0%
<b>Tobacco Use — Youth</b>				
Electronic Vapor Product Use*		21.4%		9.7%
Tobacco Use	+	7.1%	41	2.3%
<b>HEALTH OUTCOMES</b>	<b>+</b>	<b>-0.944</b>	<b>50</b>	<b>0.911</b>
<b>Behavioral Health</b>				
Alcohol Use — Youth	+++	9.5%	25	3.3%
Anxiety	++++	6.6%	5	4.4%
Depression	+++	3.4%	15	1.5%
Flourishing	+	69.0%	42	77.8%
Illicit Drug Use — Youth	++++	6.1%	6	5.1%
<b>Mortality</b>				
Child Mortality	+	40.6	48	16.0
Infant Mortality	+	8.7	50	3.8
Teen Suicide*	+++	10.3	15	5.0
<b>Physical Health</b>				
Asthma	+	10.6%	50	4.3%
High Health Status*	+	85.9%	50	94.7%
Low Birthweight	+	12.1%	50	5.9%
Low Birthweight Racial Gap	+	8.4	47	2.4
Overweight or Obesity — Youth	+	37.7%	49	22.4%
<b>OVERALL — CHILDREN</b>	<b>+</b>	<b>-0.843</b>	<b>50</b>	<b>0.664</b>
<b>OVERALL — WOMEN AND CHILDREN</b>	<b>+</b>	<b>-0.834</b>	<b>—</b>	<b>0.651</b>

**Simpson General Hospital**  
**Community Health Needs Assessment**

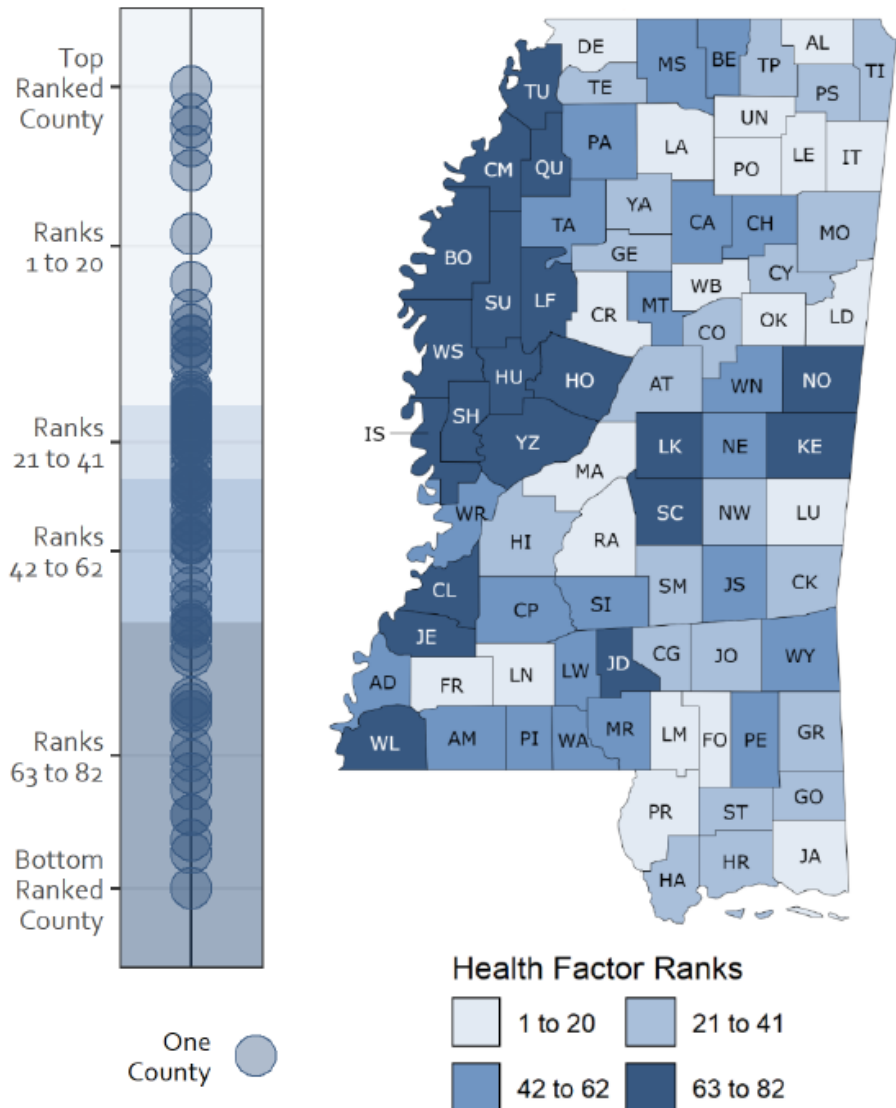
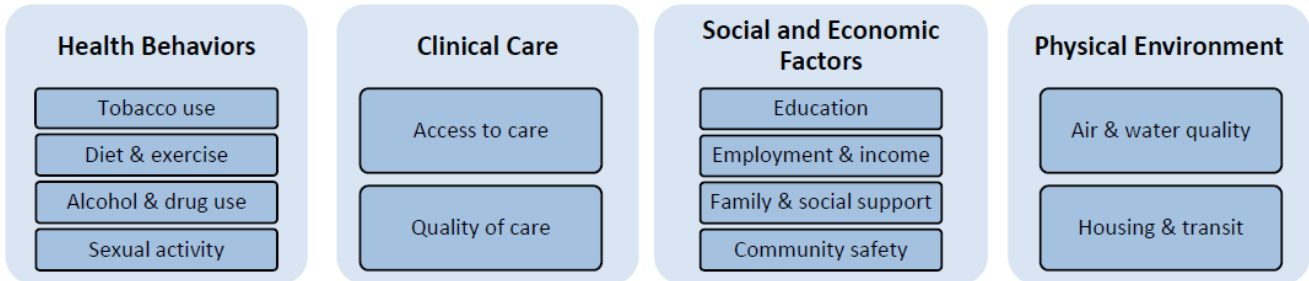
The Robert Wood Johnson Foundation supports programs across the United States, and one of those programs, in collaboration with the University of Wisconsin Population Health Institute, is County Health Rankings & Roadmaps which focuses on “Building a Culture of Health, County by County”. The program ranks each county within a state to help illustrate where each county compares to other counties within the state by asking what is keeping people healthy or making them sick within the community.

For 2020, Simpson county ranked 32<sup>nd</sup> for health outcomes which is measured by both length and quality of life.



**Simpson General Hospital**  
**Community Health Needs Assessment**

For 2020, Simpson county ranked 46<sup>th</sup> for health factors which represent things that can change to improve the health in the community. Health factors in the study are broken into four measurable categories: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment.





## **Population:**

Simpson County has a total population of 26,888 citizens, while the state of Mississippi has a total population of 2,984,418. Over the past decade, Simpson County has seen a slow decline in the population growth rate of -1.89% over a 5-year trend. In comparison, the state of Mississippi has been flat in its population growth rate while the United States saw an increase of 6.3% respectively.

## **Demographics:**

What does the term demographics mean and why is it important to SGH? Demographics are the statistical characteristics of human populations used to identify markets. Understanding the statistical characteristics of SGH service area is important because depending on the demographic makeup of the community being served a direct correlation to the types of diseases and health issues that can impact the patient population can be ascertained. Collecting this type of data can be very informative because often the demographics of a patient have an impact on the treatment plan. The American Medical Association echoes this sentiment in their article on how to “Improve health equity by collecting patient demographic data”, by mentioning that “collecting demographic data can help improve the quality of care for all patients because it helps practices: 1) Identify and address differences in care for specific populations, 2) Distinguish which populations do not achieve optimal interventions, 3) Assess whether the practice is delivering culturally competent care, and 4) Develops additional patient-centered services”.

For the purposes of this report, an analysis of the service area determined by SGH was conducted and compared to the service area determined by Stark law. After analyzing patient data and market share in the service area of SGH it was determined that over 75% of the current market share derived from Simpson county. The other surrounding counties in the SGH secondary service area made up less than 25% of the current market share. Therefore, for the purpose of analyzing demographics this report will focus on Simpson county.

The graphs that follow will focus on the following demographics for Simpson county.

- Age
- Race
- Sex
- Households by type
- Educational Attainment
- Disability status
- Income and benefits
- Health insurance coverage

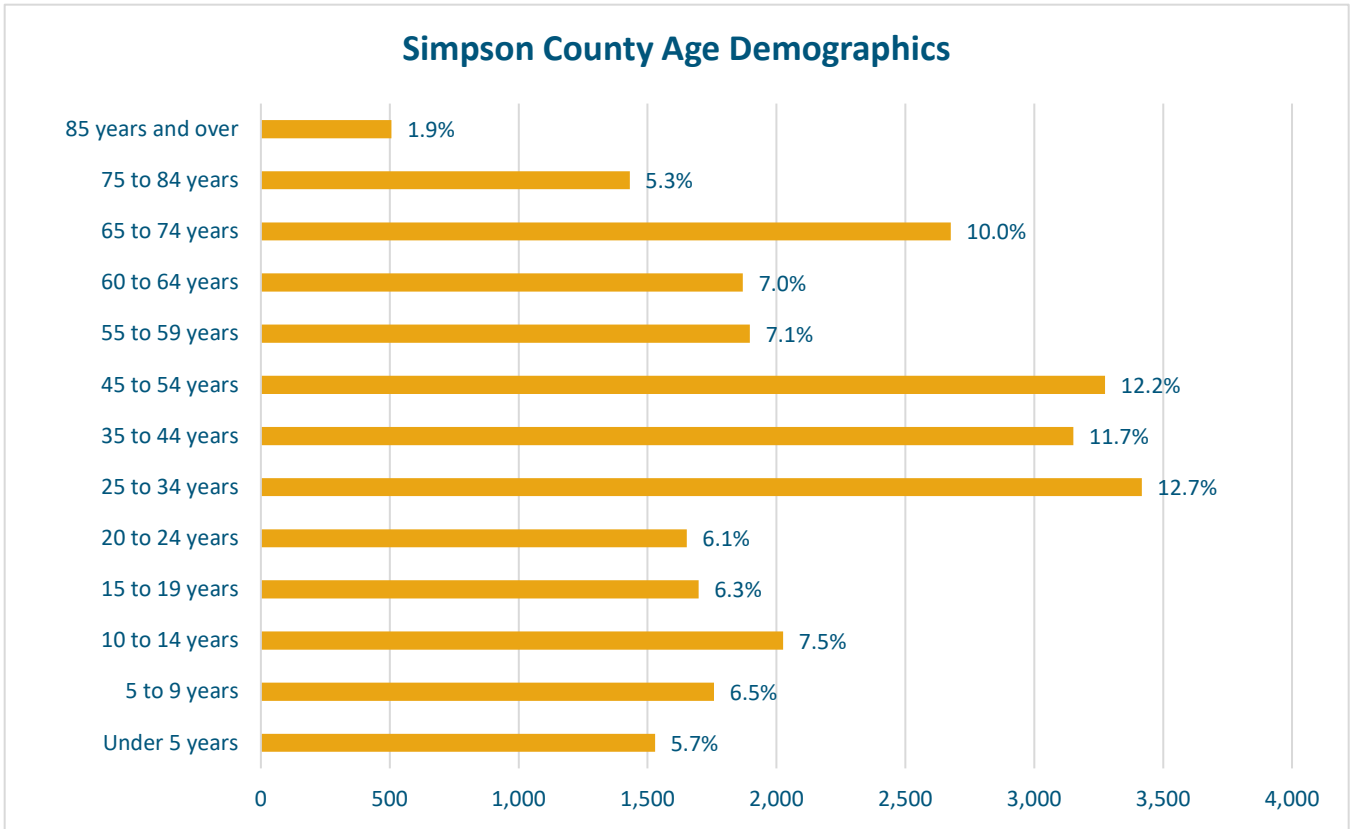
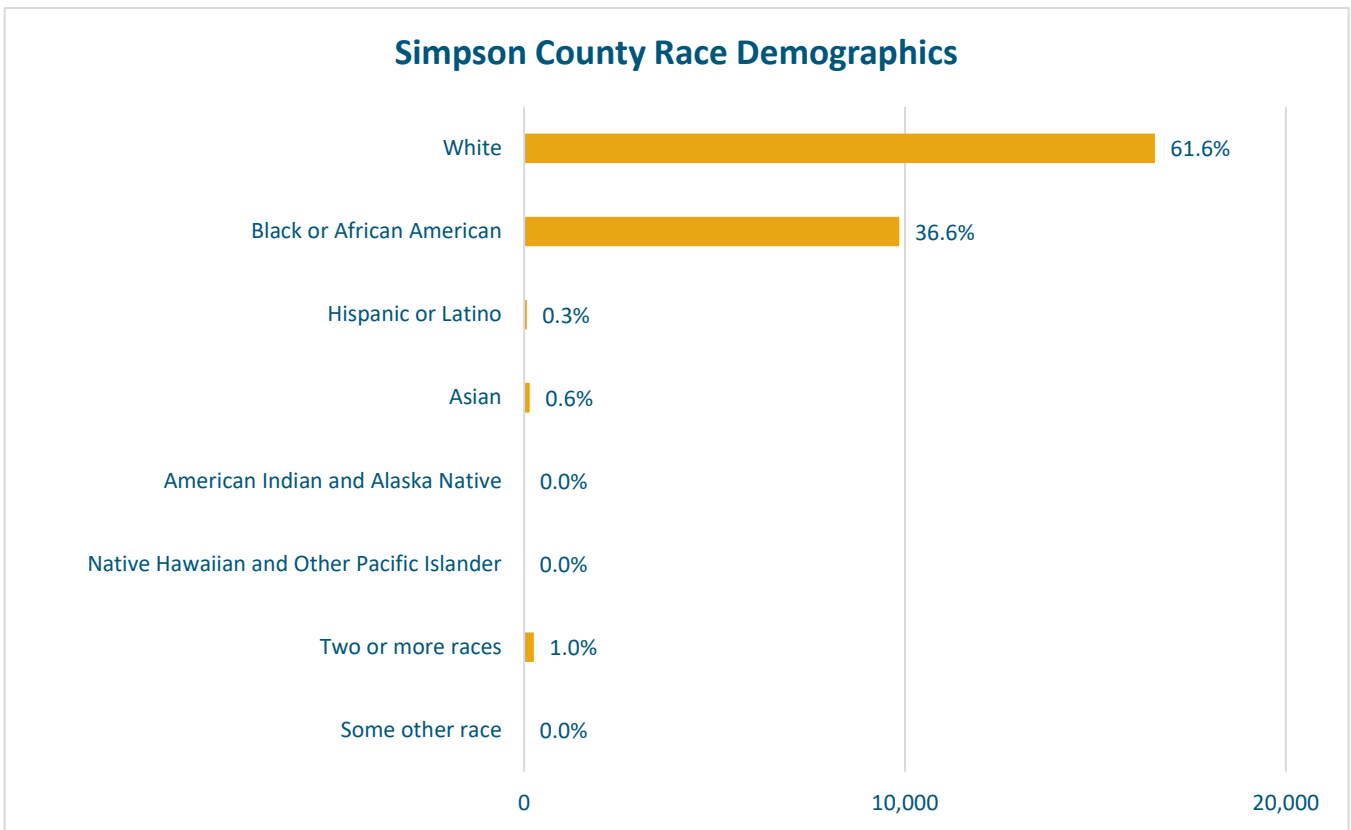


Figure 8 - Age Range Simpson County per U.S. Census Bureau  
 Figure 9 - Racial Mix Simpson County per U.S. Census Bureau



### Simpson County Sex Demographics (Total)

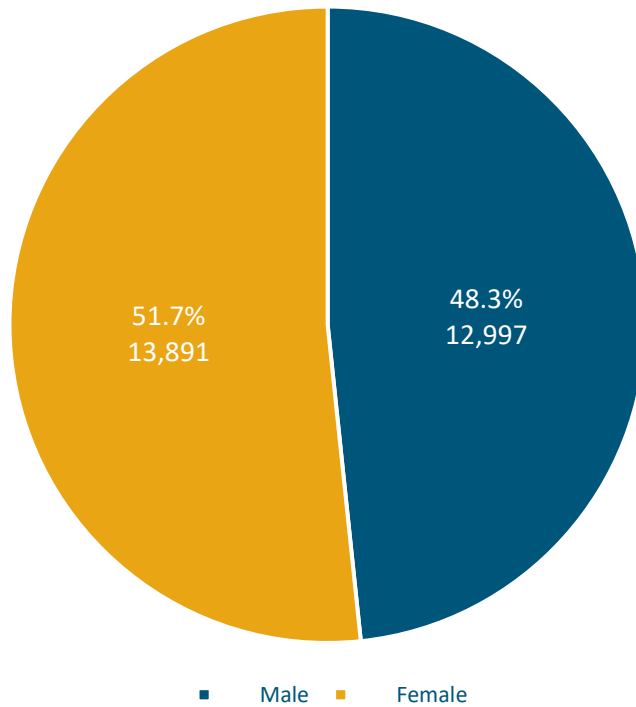
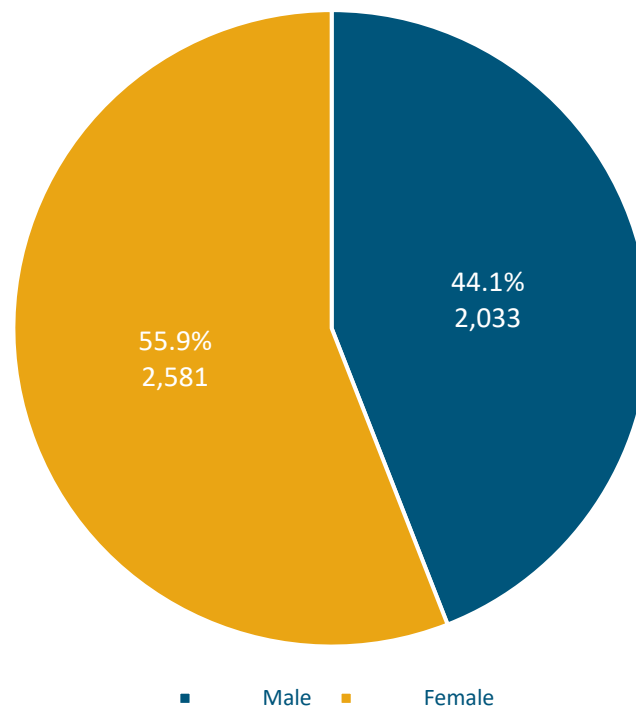


Figure 10 - Sex Breakout All Ages Simpson County per U.S. Census Bureau  
Figure 11 - Sex Breakout Over Age 65 Simpson County per U.S. Census Bureau

### Simpson County Sex Demographics (Over 65)



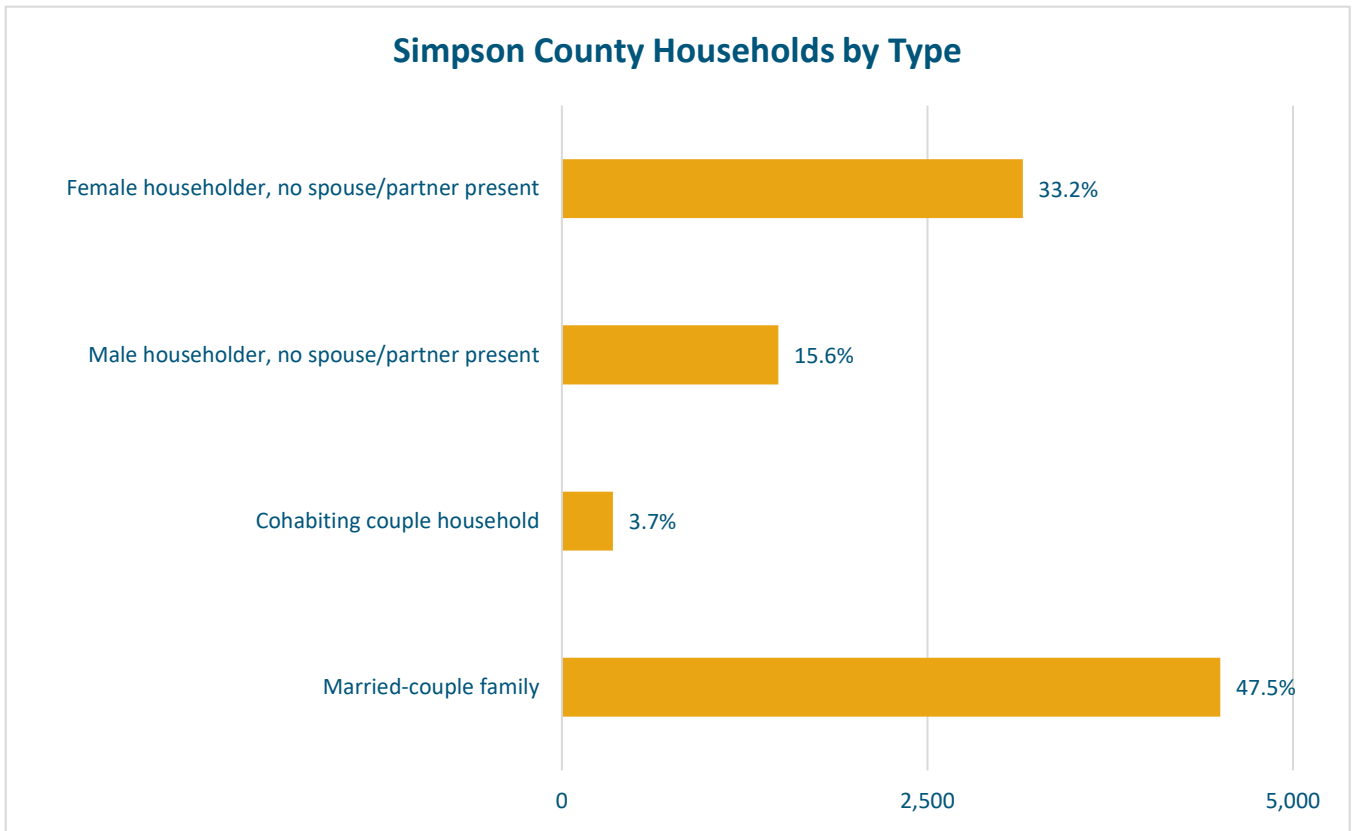
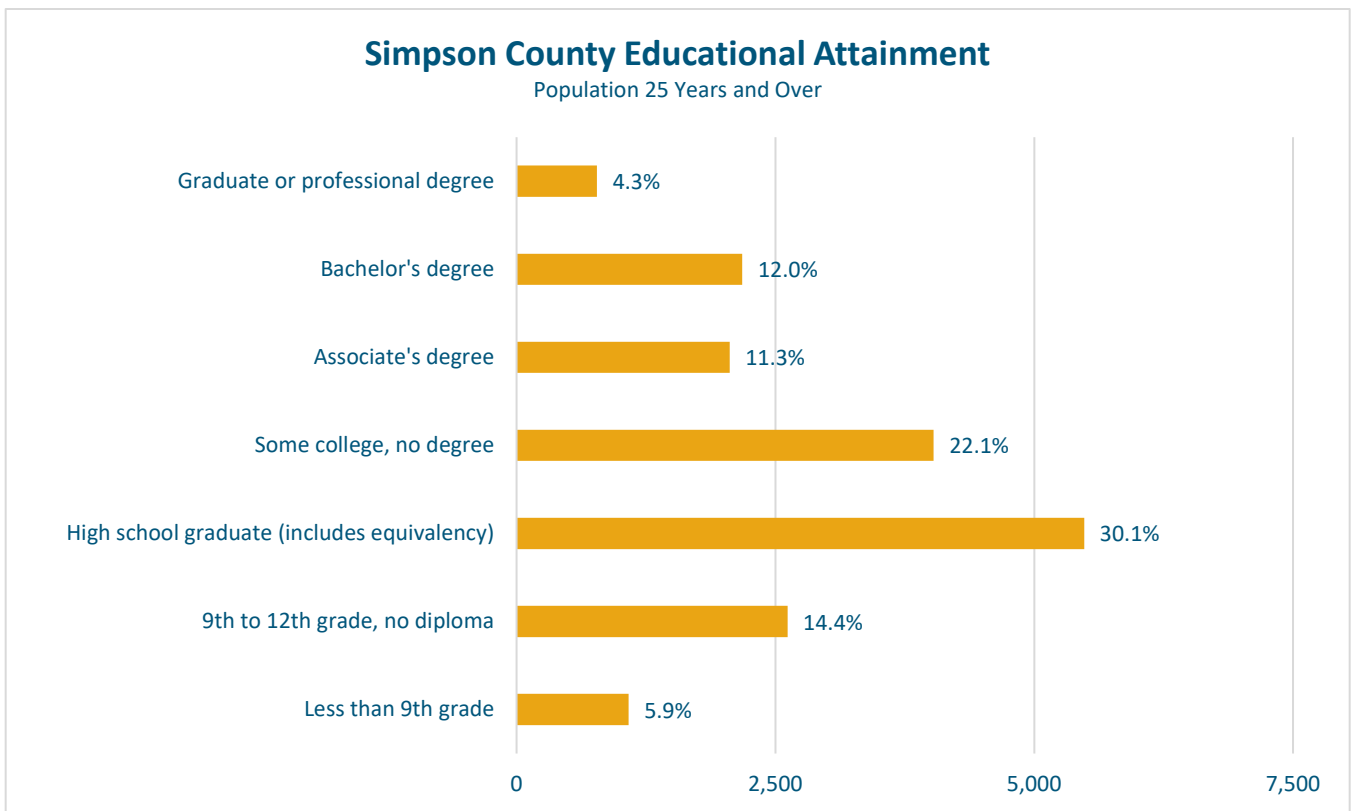


Figure 12 - Breakout of Households for Simpson County per U.S. Census Bureau  
 Figure 13 - Educational Levels in Simpson County per U.S. Census Bureau





## Population with a Disability:

### What is a disability?

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).<sup>1</sup>

Individuals with a disability will face many obstacles during their lifetime. They are also more likely to have other medical issues, increased difficulty in accessing care, and will incur higher healthcare costs.

Disability impacts all of us, and each of us may experience a disability in our lifetime. The Centers for Disease Control and Prevention’s National Center on Birth Defects and Development Disabilities has developed a Factsheet demonstrating how “Disability Impacts ALL of US” (Figure 17).<sup>2</sup>

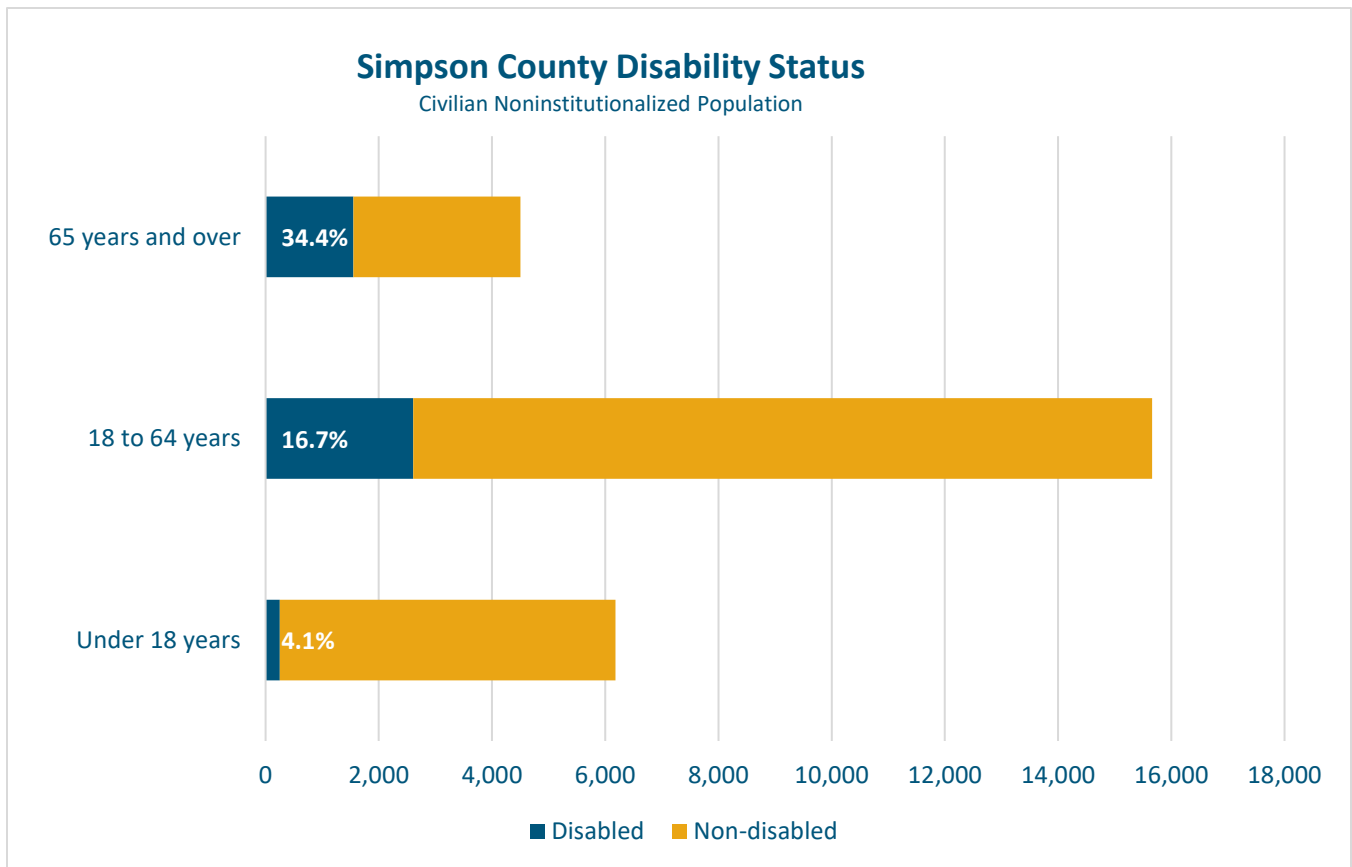
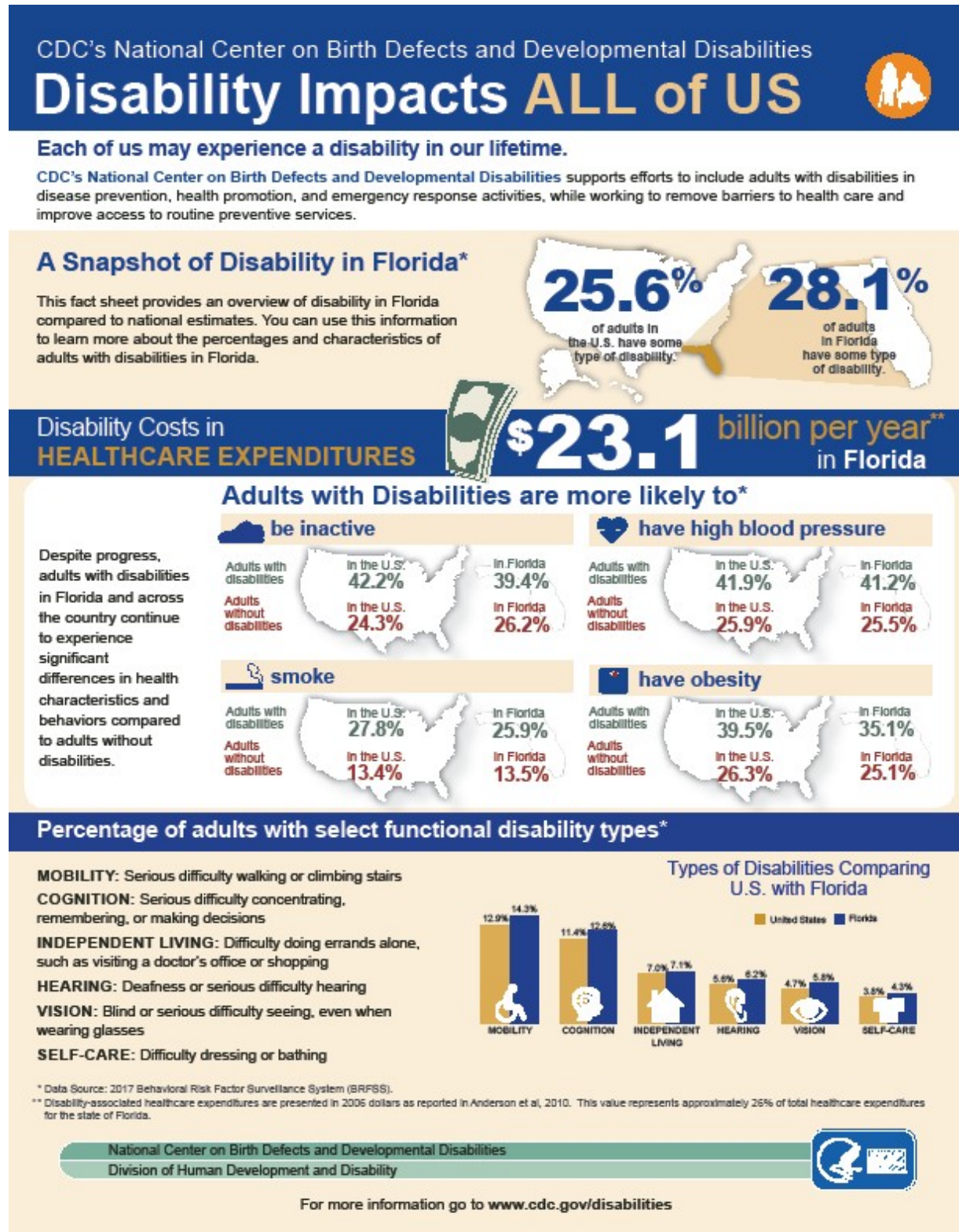


Figure 14 - Disability Status for Simpson County per U.S. Census Bureau

<sup>1</sup> U.S. Centers for Disease Control and Prevention. (2020, November 16). Disability and Health Overview. Retrieved from CDC.gov: [www.cdc.gov/ncbddd/disabilityandhealth/disability.html](http://www.cdc.gov/ncbddd/disabilityandhealth/disability.html)

<sup>2</sup> U.S. Centers for Disease Control and Prevention. (2020, November 16). Disability Impacts All of Us – Factsheet. Retrieved from CDC.gov: [www.cdc.gov/ncbddd/disabilityandhealth/impacts/florida.html](http://www.cdc.gov/ncbddd/disabilityandhealth/impacts/florida.html)

Figure 15 - Disability Impacts ALL of US – CDC’s National Center on Birth Defects and Developmental Disabilities – Factsheet



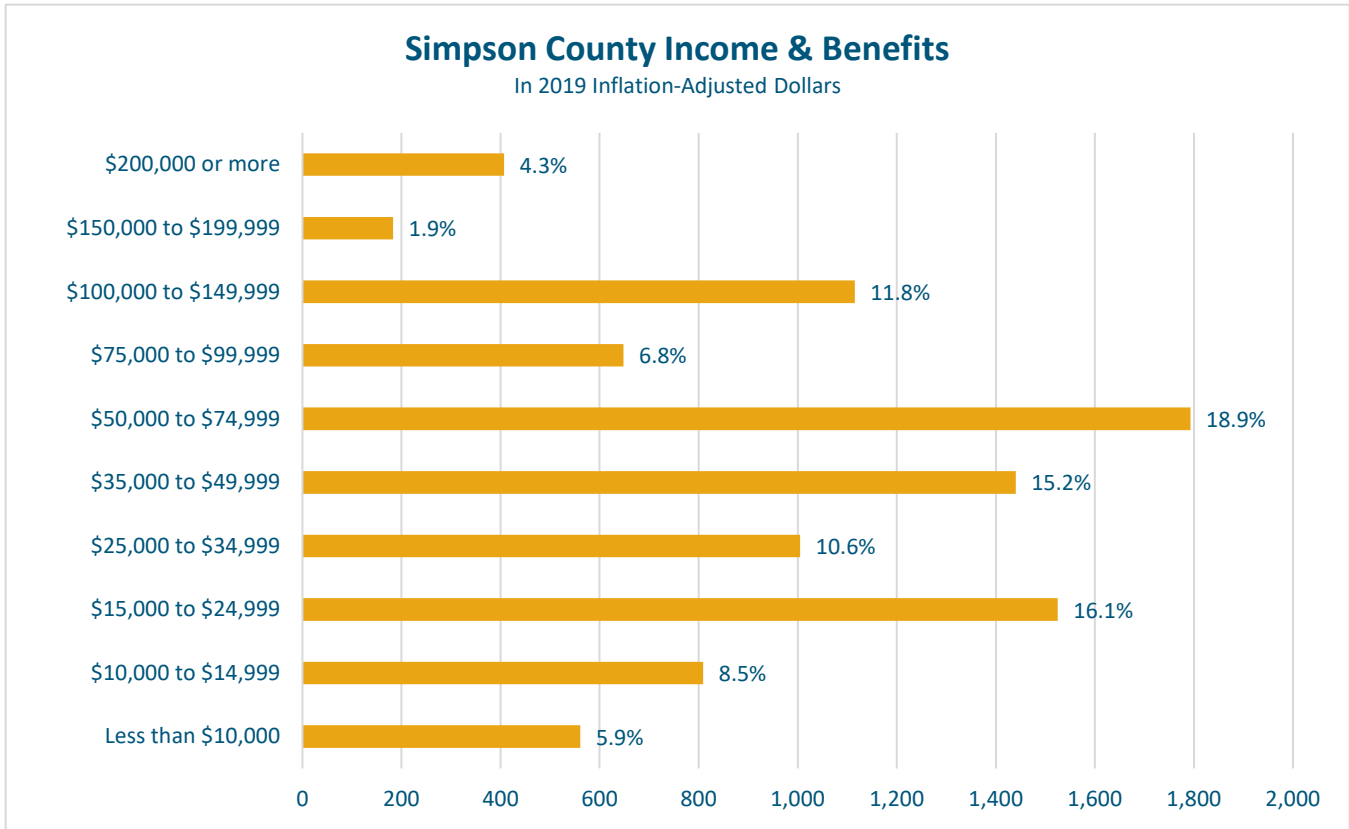
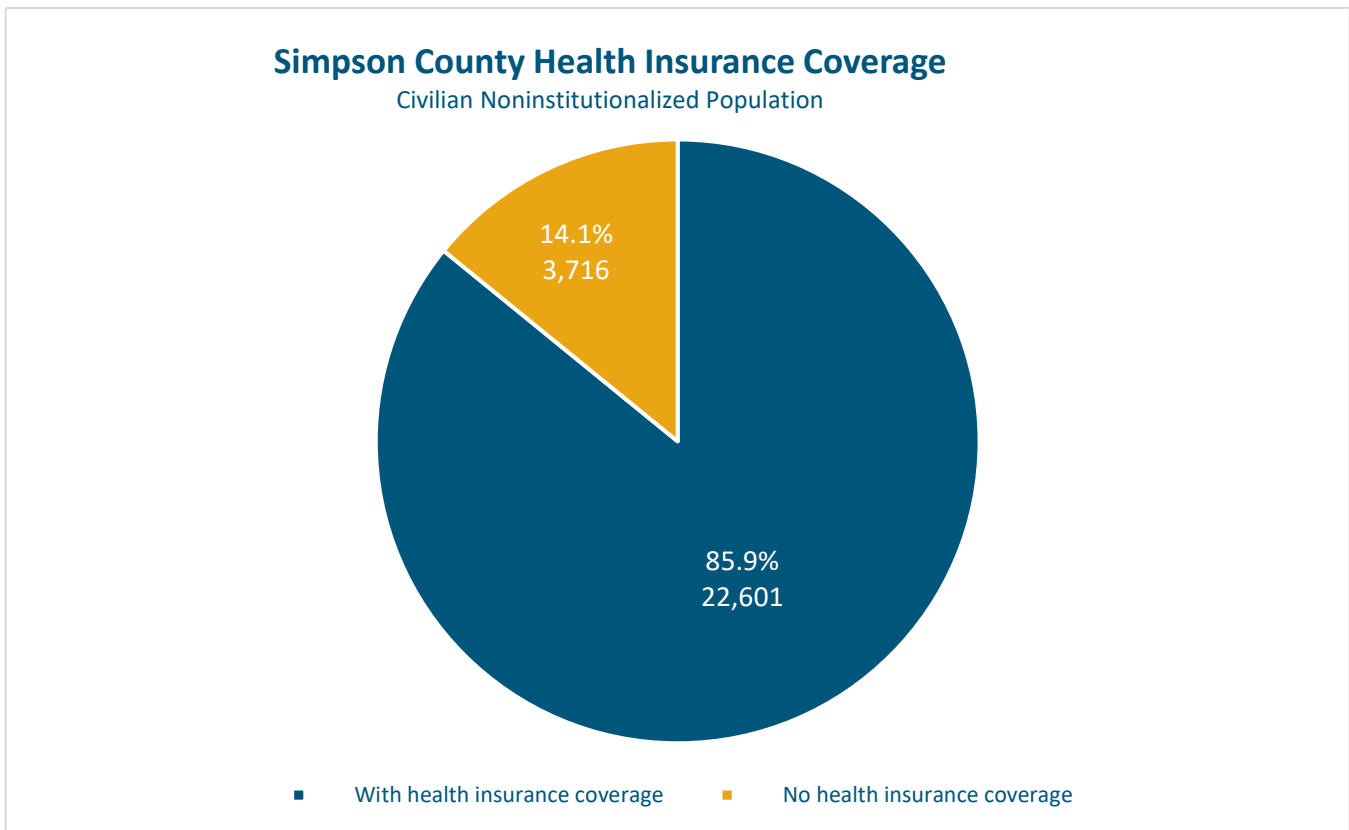


Figure 16 - Income levels for Simpson County per U.S. Census Bureau  
 Figure 17 - Health Insurance Coverage for Simpson County per U.S. Census Bureau



## INPUT FROM THE COMMUNITY

### Community Survey:

Simpson General wanted to better understand the health status of Simpson County through the mindset of the community. As a result, an online community survey was developed by the hospital. Members of the general public were encouraged by the hospital to participate in the online survey. The data collected from the survey was given consideration and used by the Steering Committee in establishing the top health priorities for Simpson General to focus on over the next three years.

Disclaimer regarding the community survey: Of the members of the community that responded to the survey not all the respondents answered every question on the survey. In charts and analysis that follow, the calculations are based on the number of respondents that answered that specific question versus that total number of respondents that took the survey.

Figure 18 - The Association for Community Health Improvement's Community Health Assessment Toolkit Nine-step Pathway – Sponsored by Centers for Disease Control and Prevention

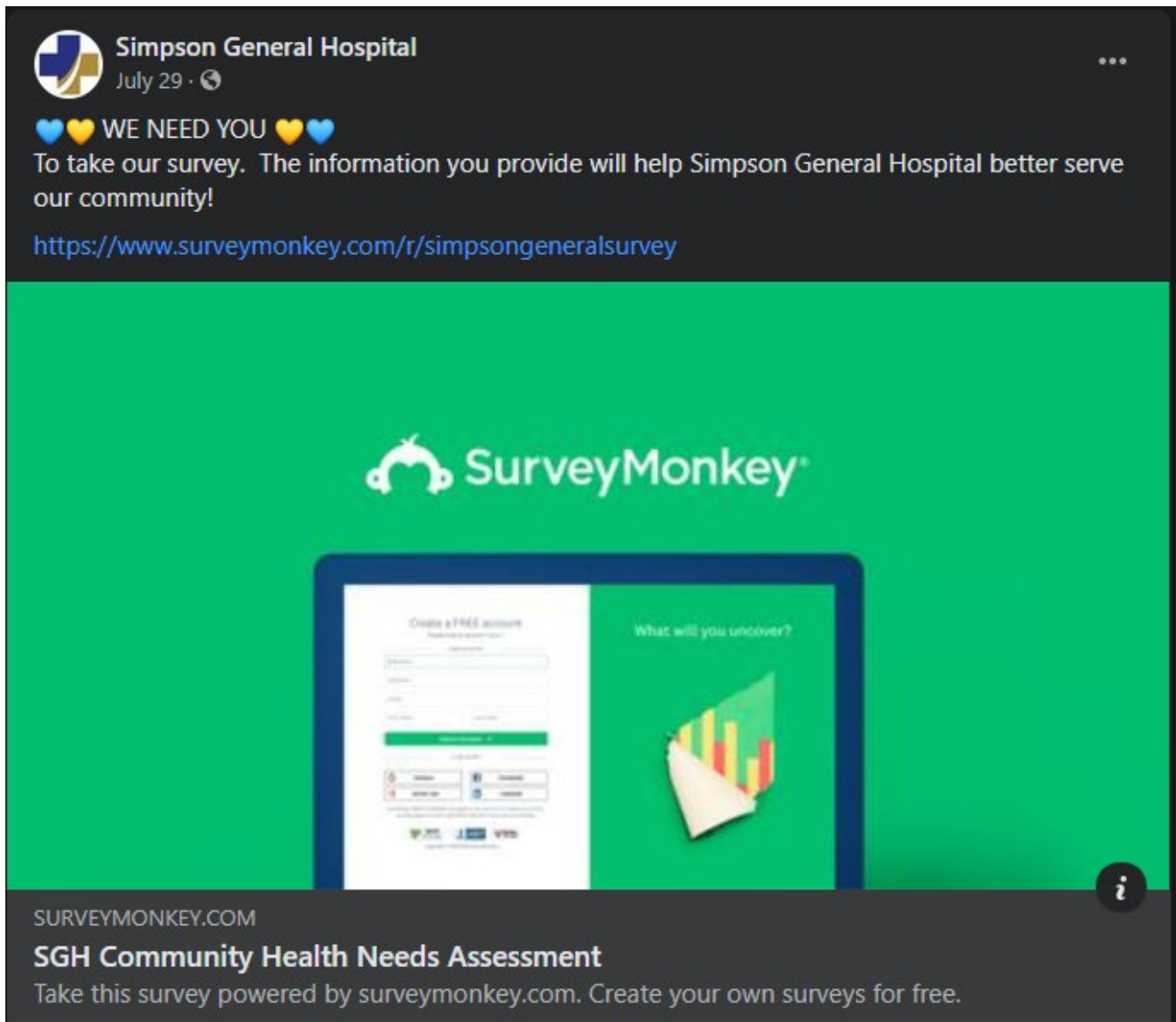




## Results of the Community Survey:

The graphs on the pages that follow show the results from respondents who took the online community survey. SGH would like to thank all participants who took the time to respond to the survey, and by providing insight on different aspects of health within our community.

Figure 19 - Photo of SGH online survey requesting feedback





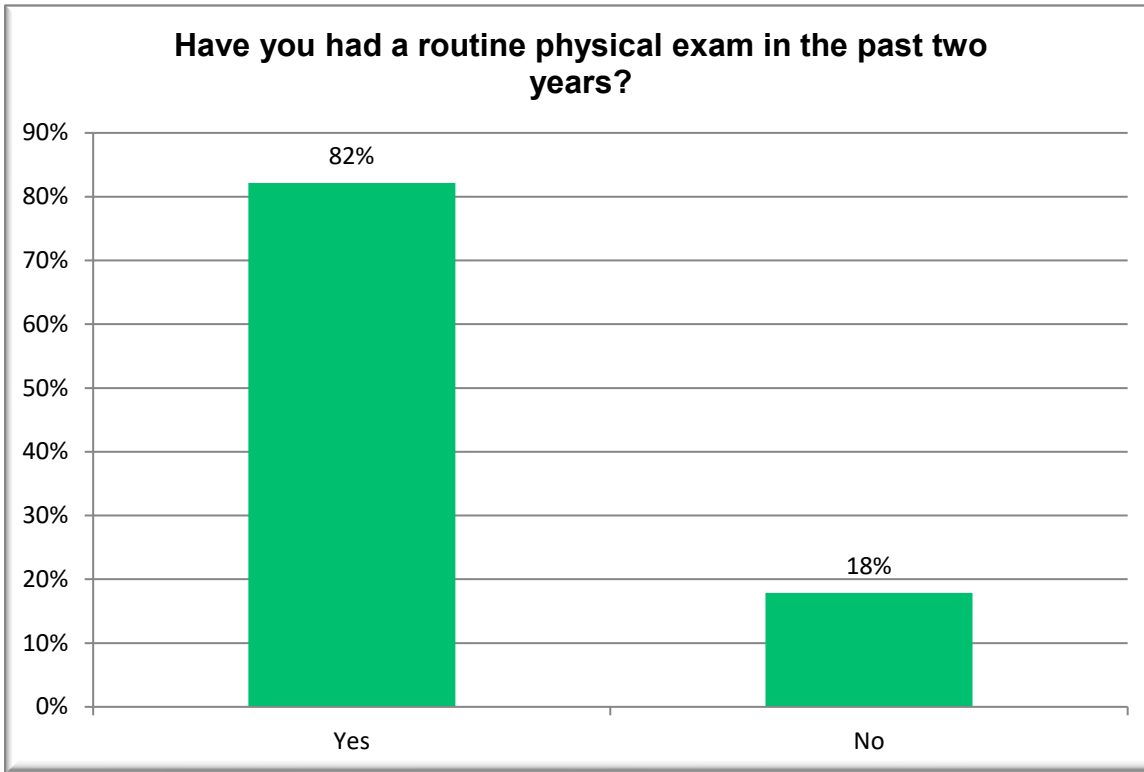
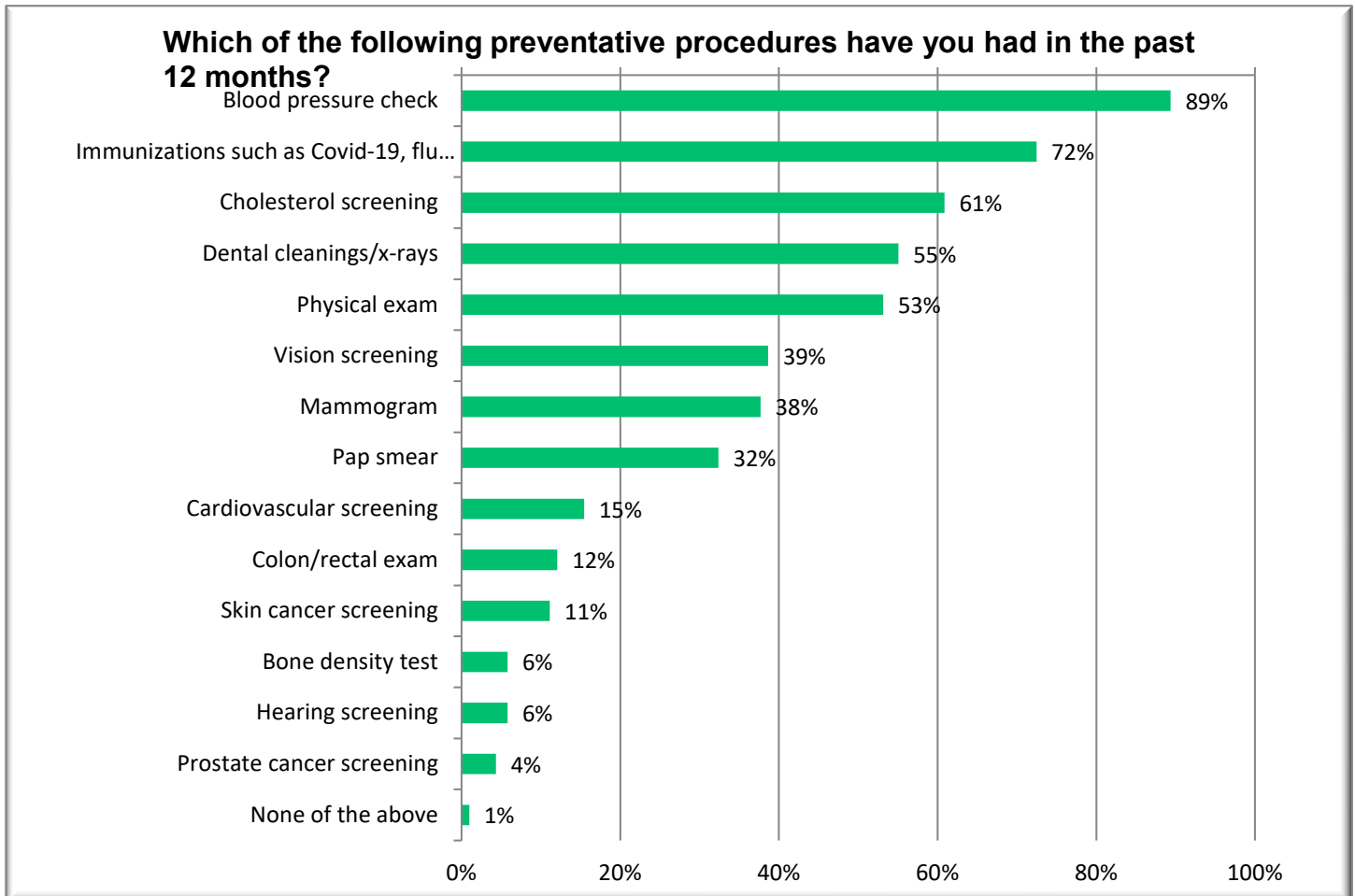


Figure 20 - Community Survey Question (CSQ) – Have you had a routine physical exam in the past two years?

Figure 21 - CSQ – Which of the following preventative procedures have you had in the past 12 months?



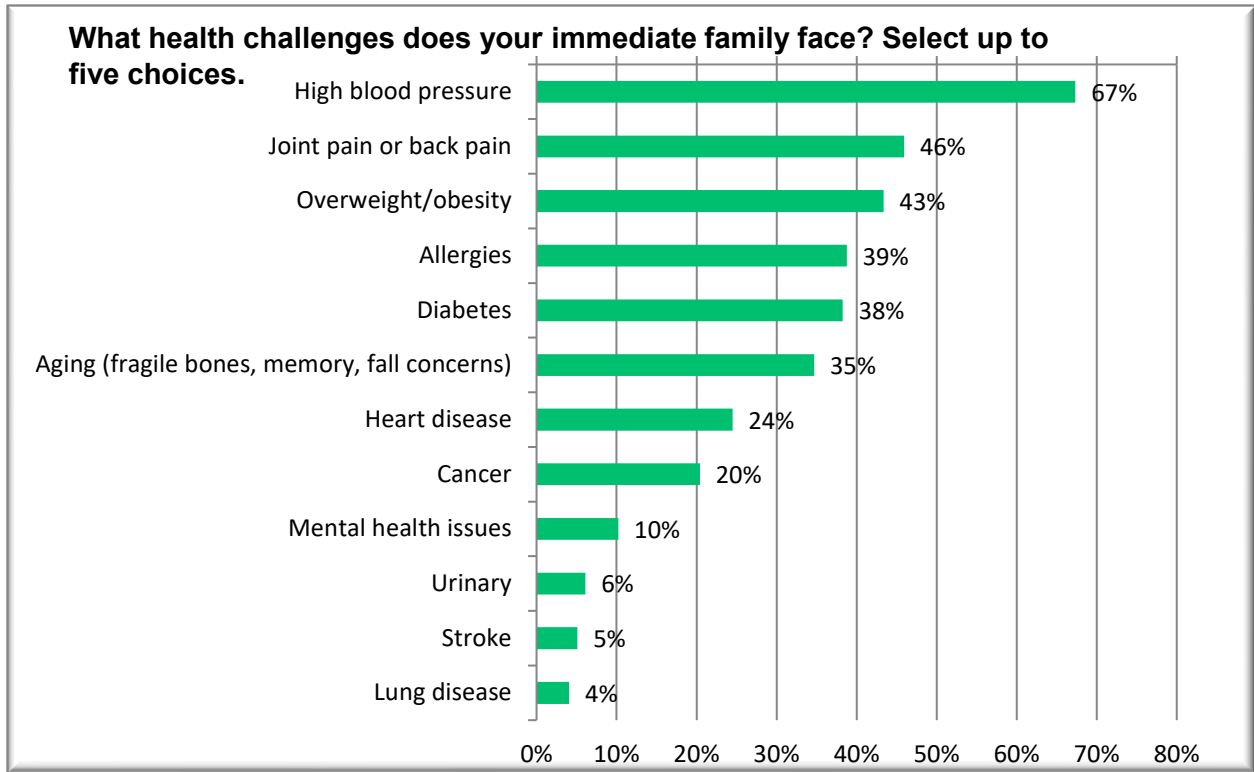
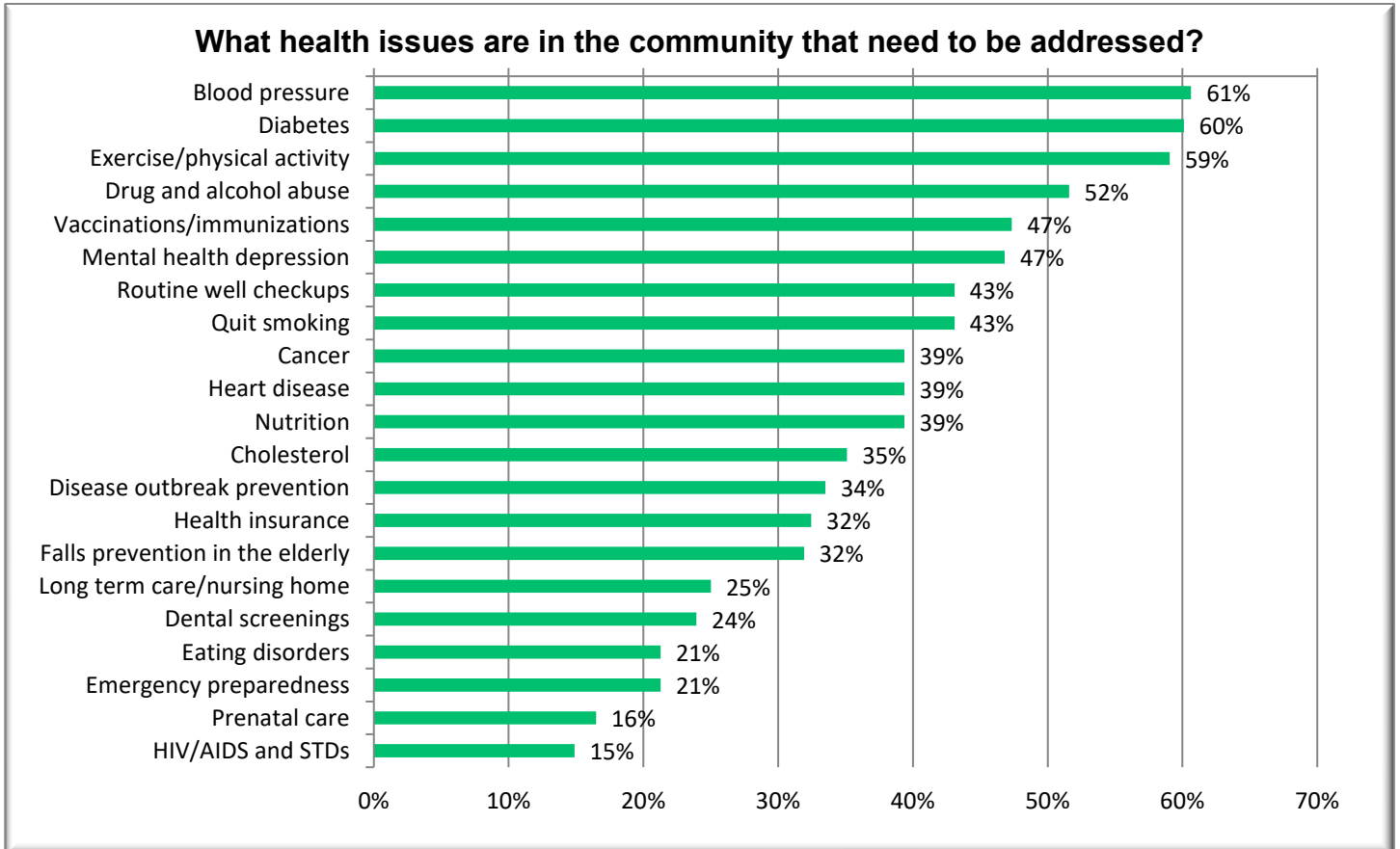


Figure 22 - CSQ - What health challenges do your immediate family face? Select up to five choices.

Figure 23 - CSQ - What health issues are in the community that need to be addressed?



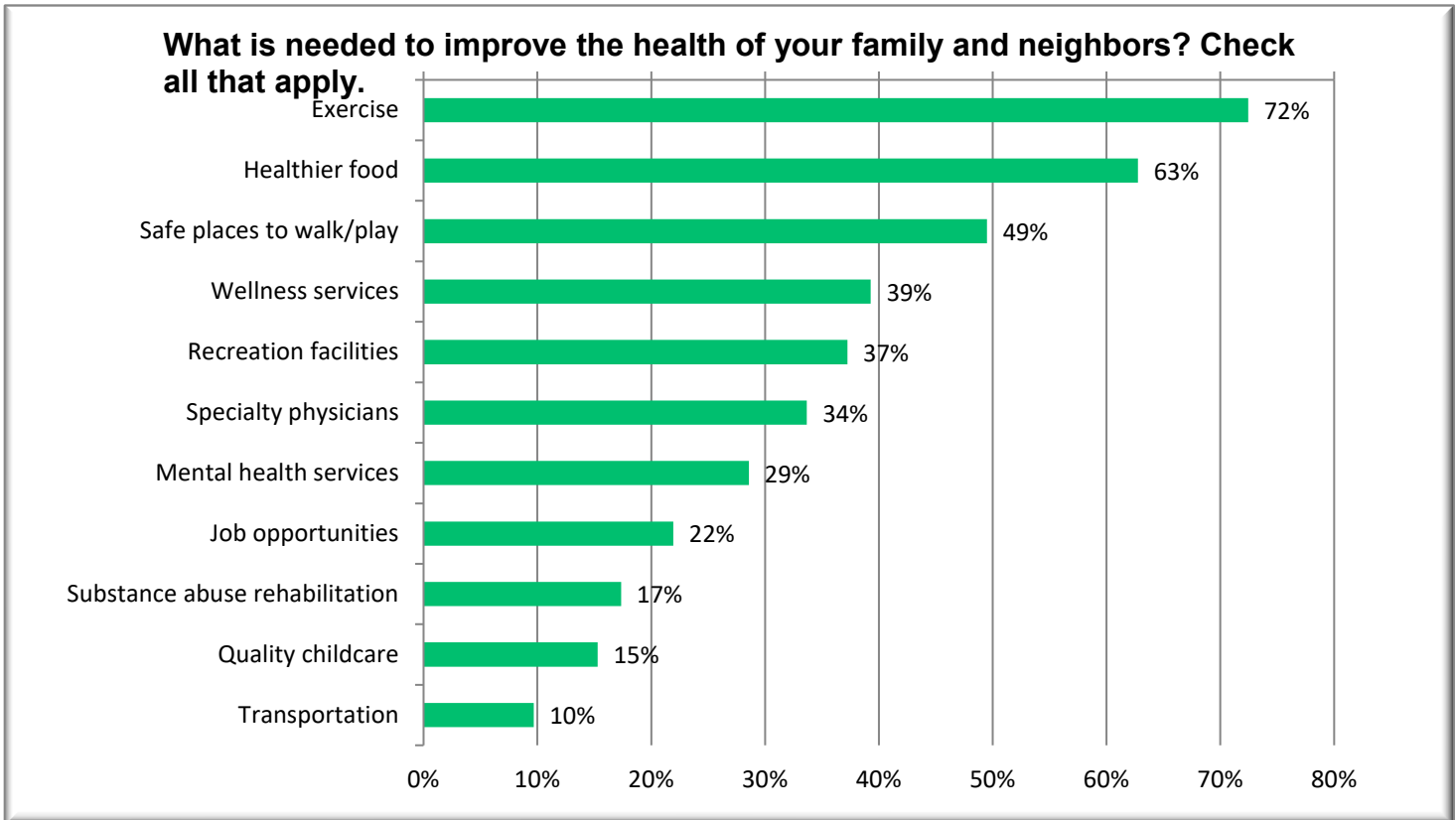
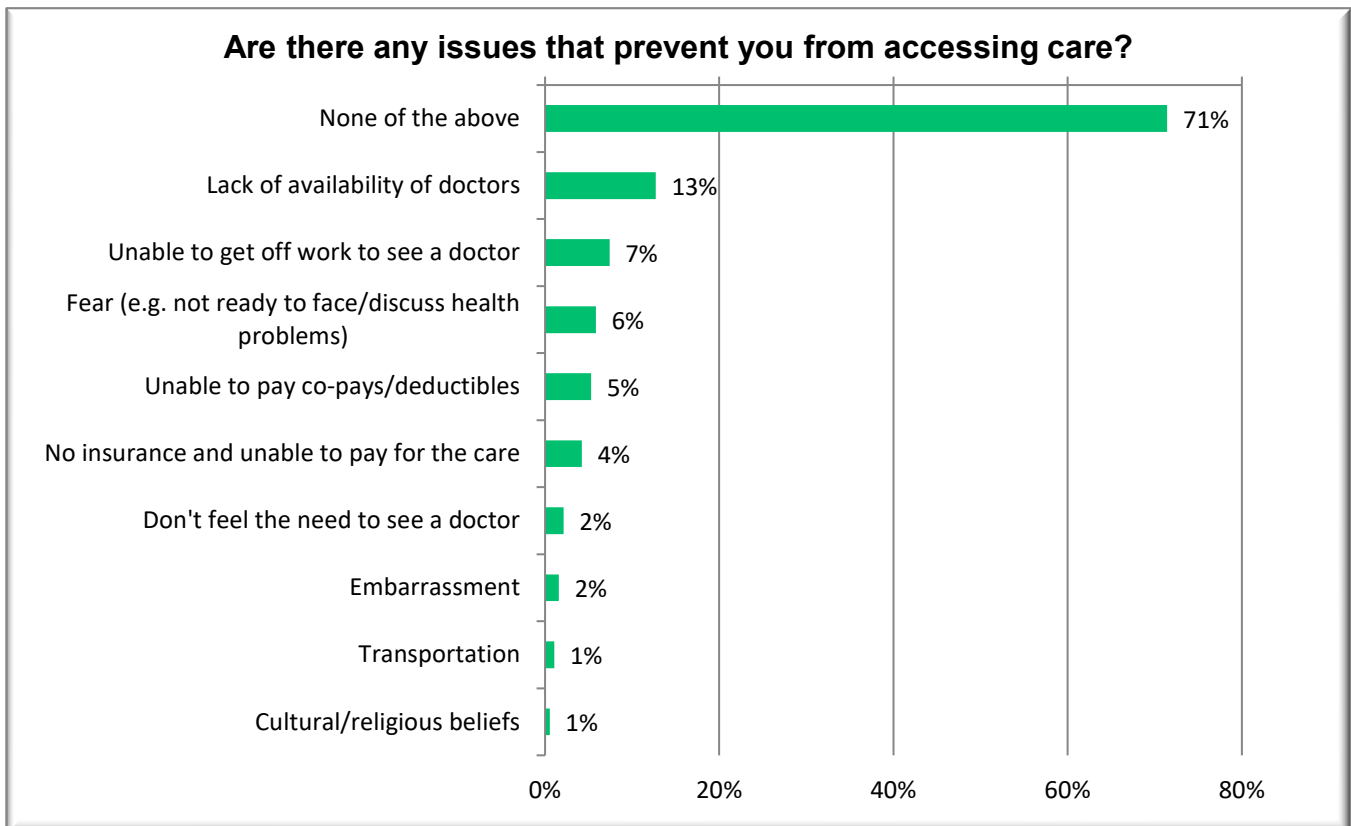


Figure 24 - CSQ - What is needed to improve the health of your family and neighbors? Check all that apply.  
 Figure 25 - CSQ - Are there any issues that prevent you from accessing care?



**Simpson General Hospital**  
**Community Health Needs Assessment**

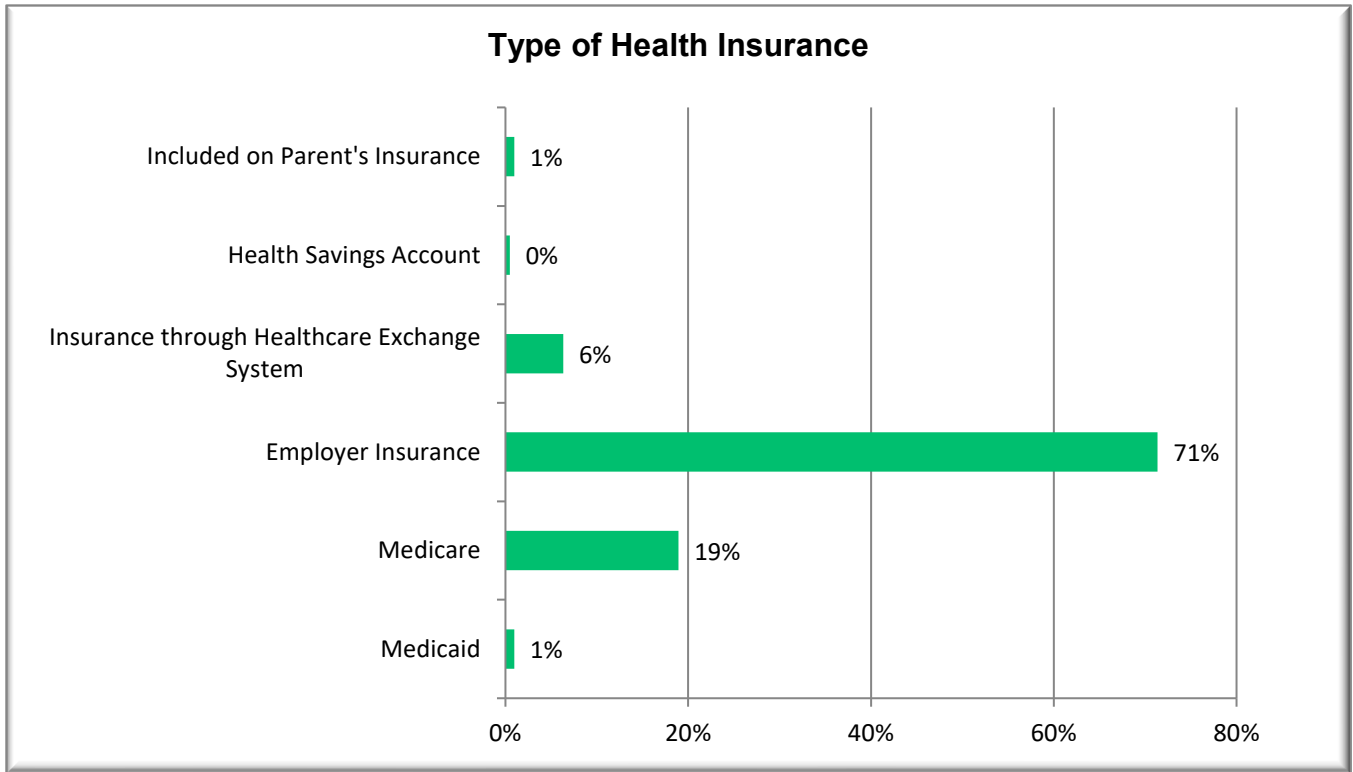
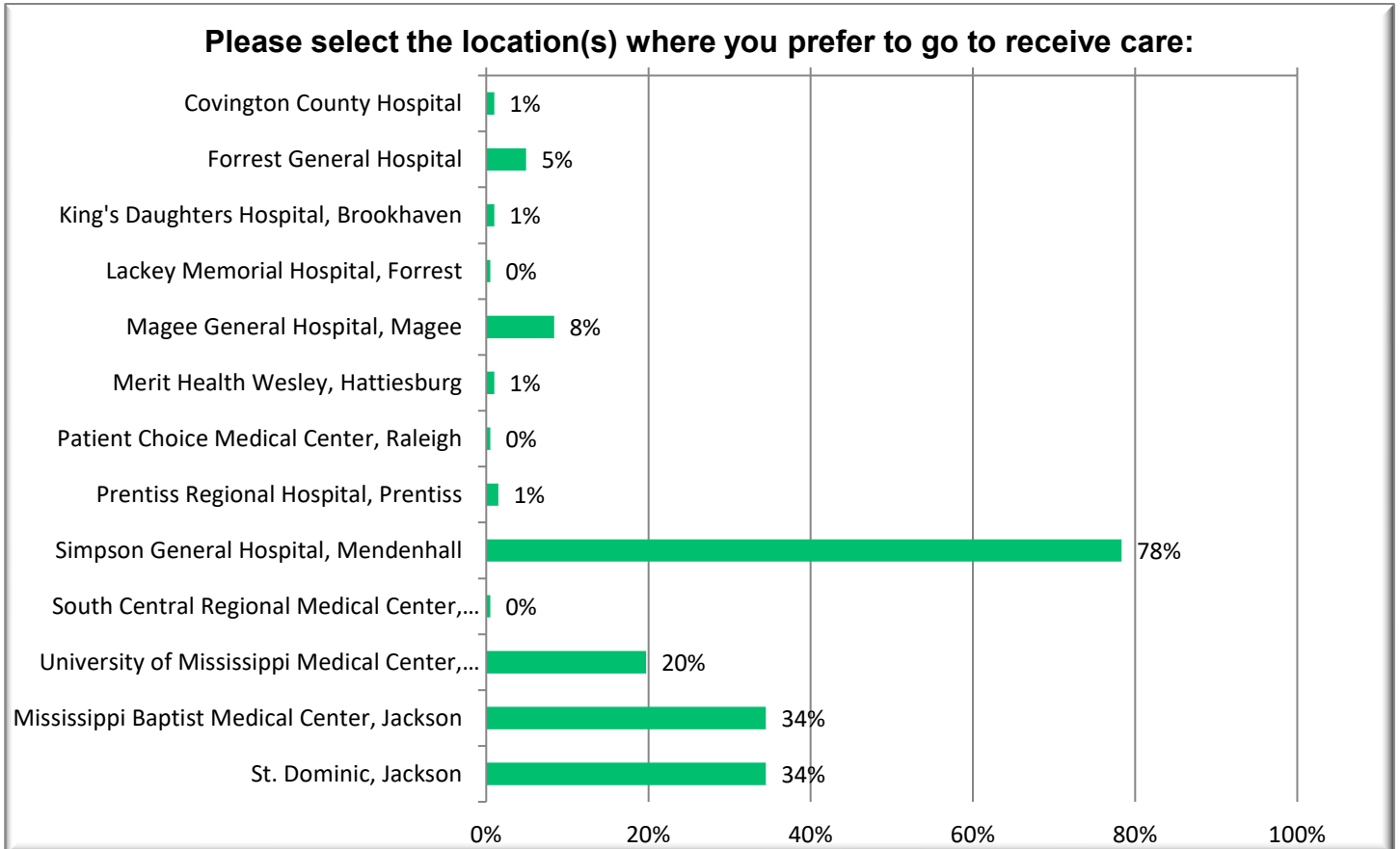


Figure 26 - CSQ - Select the most accurate statement regarding your health insurance.  
 Figure 27 - CSQ - Please select the location(s) where you prefer to go to receive care.



**Simpson General Hospital**  
**Community Health Needs Assessment**

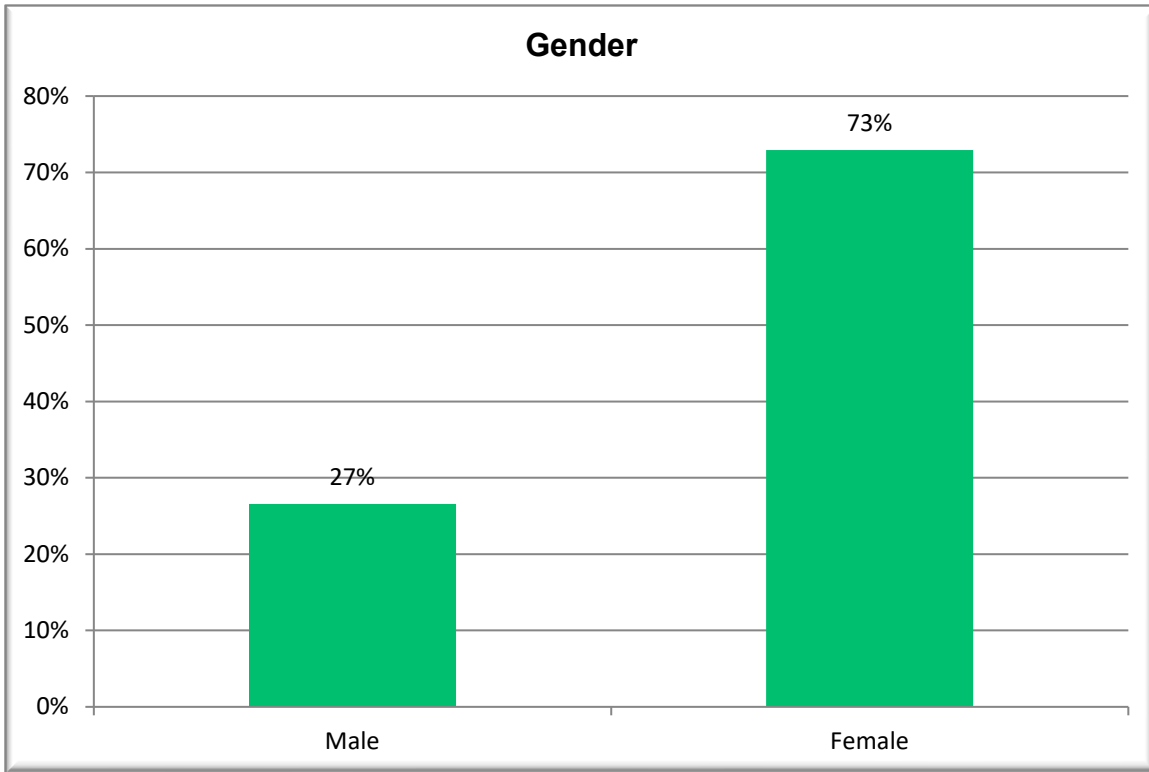
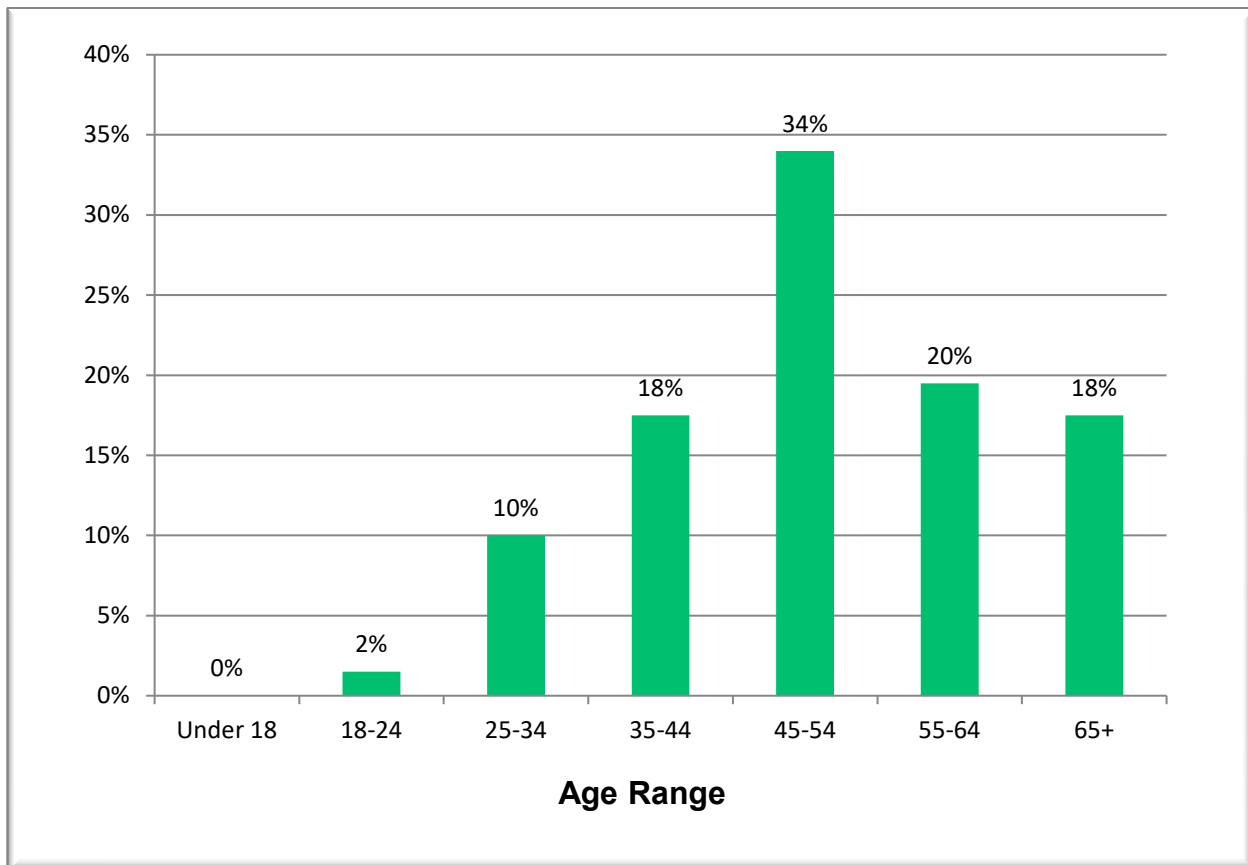


Figure 28 - CSQ – Gender of participant  
Figure 29 - CSQ - Age of Participant





**Simpson General Hospital**  
**Community Health Needs Assessment**

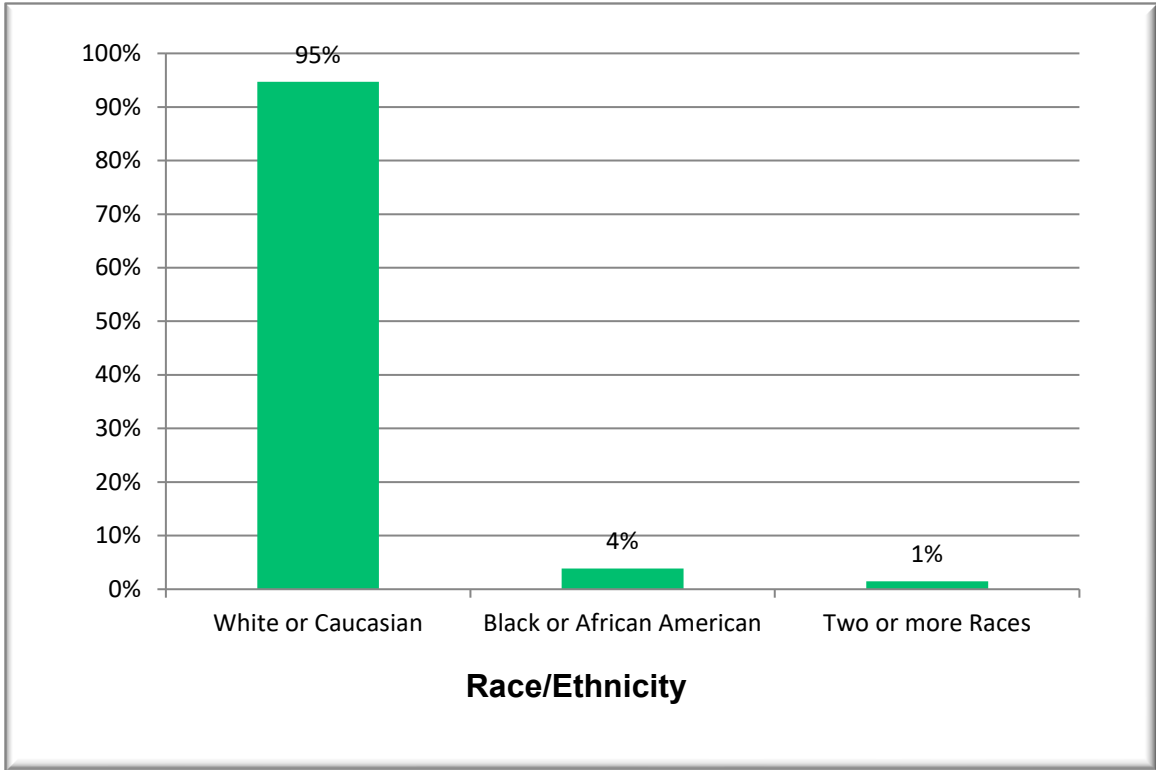
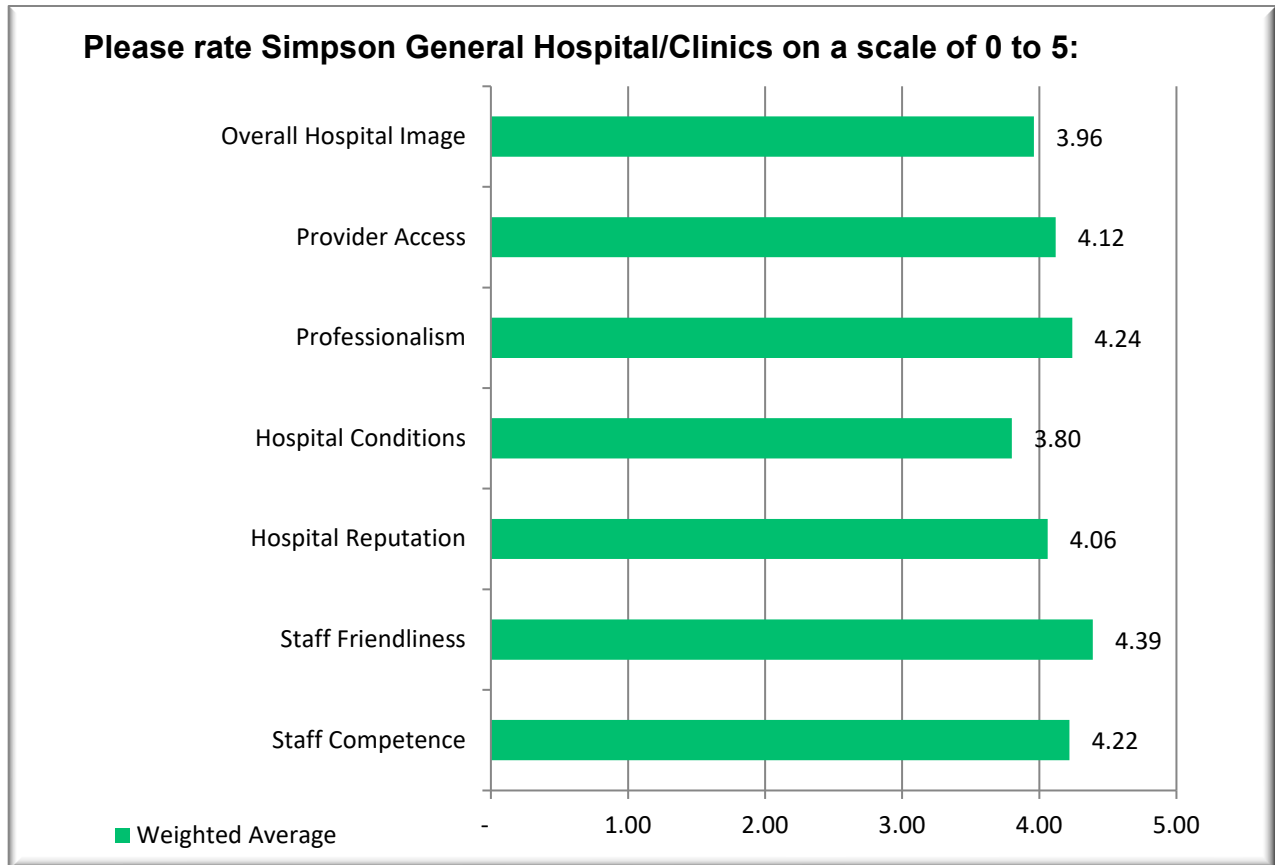


Figure 30 - CSQ – Race/Ethnicity: What is your racial/ethnic identification?  
 Figure 31 - CSQ - Please rate Simpson General Hospital/Clinics:



**Simpson General Hospital**  
**Community Health Needs Assessment**

The following question from the community survey respondents were able to fill in the answer. The answers were summarized with the top ones listed below.

CSQ – What additional health services need to be offered to meet health challenges in our community?

- Women’s health such as prenatal and OBGYN
- Educational resources
- Health and Wellness – place to exercise with nutrition resources
- Mental health services
- Specialty Doctors – GI, Cardiac, Ortho
- Preventive screening services
- Transportation services for elderly and underprivileged

Figure 32 - General photo



**Simpson General Hospital**  
**Community Health Needs Assessment**

**Community Focus Group:**

Focus groups present an important component in soliciting information from the community about the health status of Simpson County. SGH hosted a focus group inviting different members of the community to participate in discussing the health of Simpson County. However, due to the Public Health Emergency (PHE) due to COVID-19 SGH had to be cognizant of safety protocols related to indoor gatherings. Per recommendations by the Centers for Disease Control and Prevention (CDC), fewer participants than in previous years were invited to ensure SGH could meet guidelines set forth that included 6 feet of spacing between individuals. SGH realizes that the PHE and COVID-19 was stressful to everyone and would like to extend a heartfelt “Thank You!” to the members of the community listed below that attended the focus group to offer their feedback.

- Todd Booth, Mendenhall Mayor
- John Henry Berry, D’Lo Mayor
- Michael Arinder, Braxton Mayor
- Pam Coward, Braxton Town Clerk
- Candy McCullum, Mendenhall Police Chief
- Paul Mullins, Sheriff of Simpson County
- Dewayne Middleton, Co-Lin Community College
- Josh Pierce, Mendenhall Area Chamber of Commerce
- Marsha Bratcher, Simpson County News
- Donny Caughman, Economic Development Foundation
- Candace Mullins, Simpson County Health Department

Figure 33 - Photo of Focus Group Participant





## **Community Health Needs Assessment Steering Committee:**

The committee is responsible for the oversight, design, and implementation of the CHNA. It will continue to collect information, establish community relationships, and oversee the budget and funding sources. Adhering to an agreed upon timeline, the committee will generate, prioritize, and select approaches to address community health needs.

The hospital's administrator selected Cemper Scott whom in turn developed a hospital steering committee. The appointed members are listed below. Other members may serve on the steering committee as the committee's work progresses.

### **Committee Members:**

- Cemper Scott, SGH Community Relations
- Shana Lane, Risk Manager at SGH
- Susan Jenkins, DON at SGH
- Gwen Williams, Administrative Assistant at SGH
- Hal Herrington, PT Therapy Department at SGH
- Paul Munn, NP at SGH Clinic
- David Massey, SGH Board President
- Matthew Windham, SGH HR Director
- Sharon Burnham, SGH ER Director
- Hope Berry, LPN, Instructor at Copiah-Lincoln Community College
- Candace Mullins, RN, MS Department of Health Simpson County

Figure 34 - Simpson General Hospital emblem



## **Top Health Issues Facing the Community:**

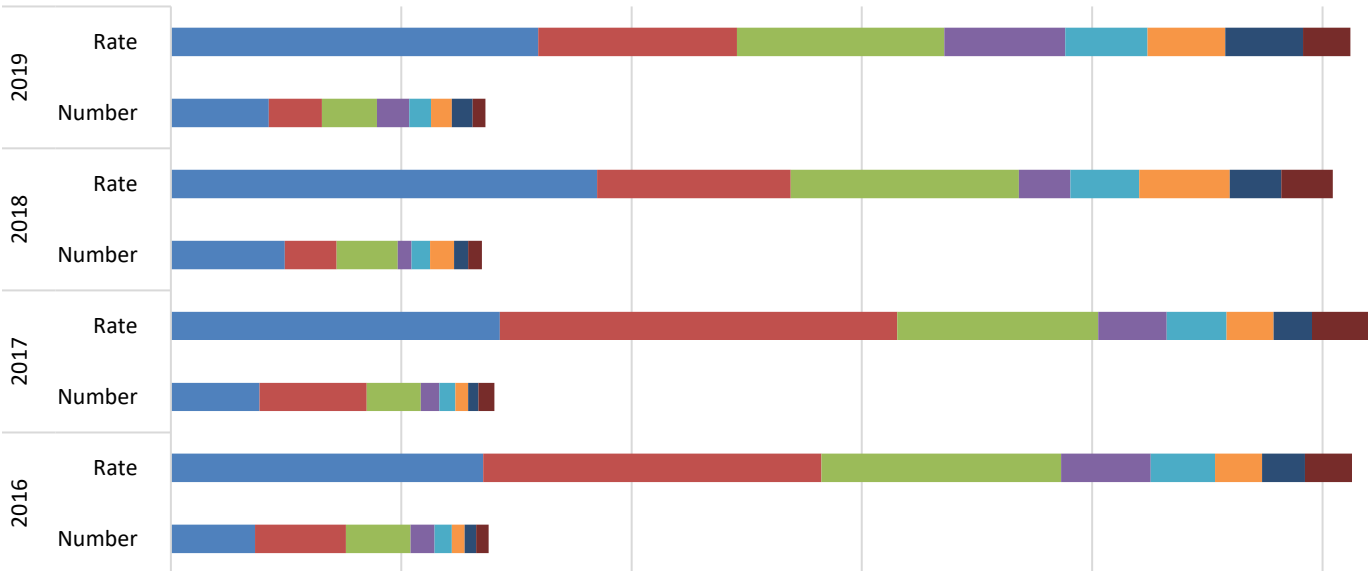
Per the Centers for Disease Control and Prevention, incidence refers to the occurrence of new cases of disease or injury in a population over a specified period and incidence rate is a measure of incidence that incorporates time directly into the denominator. Thus, the incidence rate is a measure of disease that allows us to determine a person's probability of being diagnosed with a disease during a given period. In other words, incidence is the number of newly diagnosed cases of a disease and incidence rate is the number of new cases of a disease divided by the number of persons at risk for the disease. It is customary to use rates of per 100,000 population for deaths to make the rate comparable with counties that may have more or less than 100,000 residents. An example of how a disease's incidence rate is calculated: if over the course of a designated time period 85 residents within Simpson County with a population of 26,888 were diagnosed with heart disease whom did not have heart disease at the beginning of the designated time period, then the study would show the incidence rate of heart disease in this population was 316.13  $((85/26,888)*100,000)$  meaning 316 individuals per 100,000 residents would have heart disease in this or a similar population during the designated time frame.

The table series will contain a significant amount of data from the SGH service area to assist SGH leadership team in identifying disease types that have the greatest impact on the patient population. This information will lend support to SGH leadership team in developing health strategies to focus on over the next three years by detailing the disease types within the community and validating if there is a need for the proposed strategy. The information contained in the data sets were pulled from the records of the Mississippi State Department of Health (MSDH), and the categories of data are determined by MSDH. Due to the length of some of the data sets, this report will list the top events of a given query of data presented with any additional data available upon request. Each data set query will be described in each chart's title to give the reader an understanding of what is included in the data set of each chart.

The charts will include information from different scenarios to demonstrate how the disease process impacts the patient population. By understanding how a disease affects variants in the population SGH will be able to identify which segments of the community to focus specific strategies towards. The charts will look at the population, impacts between race, impacts between sex, and impacts on different age groups in Simpson County.



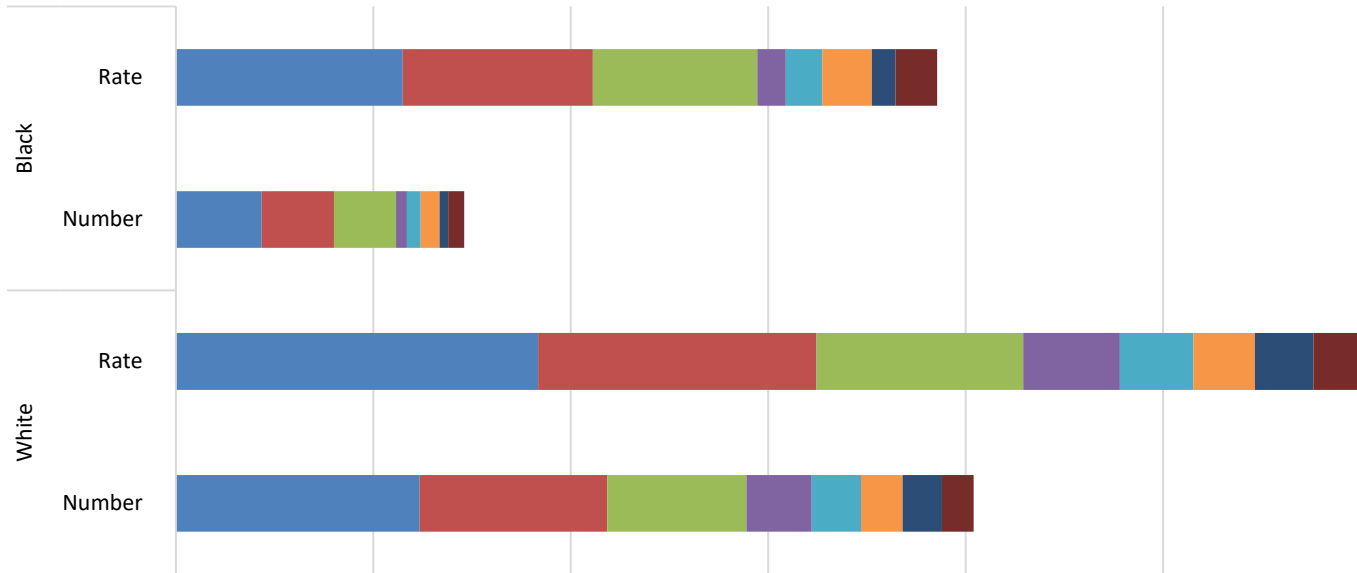
**Simpson County Top 8 Categories of Disease Incidence Rates includes All Race, All Sex, All Ages**



	2016		2017		2018		2019	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Heart disease	73	271.3	77	285.7	99	370	85	318.9
Other diseases and conditions	79	293.5	93	345.1	45	168.2	46	172.6
Malignant Neoplasms (cancer)	56	208.1	47	174.4	53	198.1	48	180.1
Chronic obstructive pulmonary disease (COPD) / Emphysema	21	78	16	59.4	12	44.8	28	105
Pneumonia & influenza	15	55.7	14	52	16	59.8	19	71.3
Unintentional Injury	11	40.9	11	40.8	21	78.5	18	67.5
Alzheimer's disease	10	37.2	9	33.4	12	44.8	18	67.5
Cerebrovascular diseases (Stroke)	11	40.9	14	52	12	44.8	11	41.3

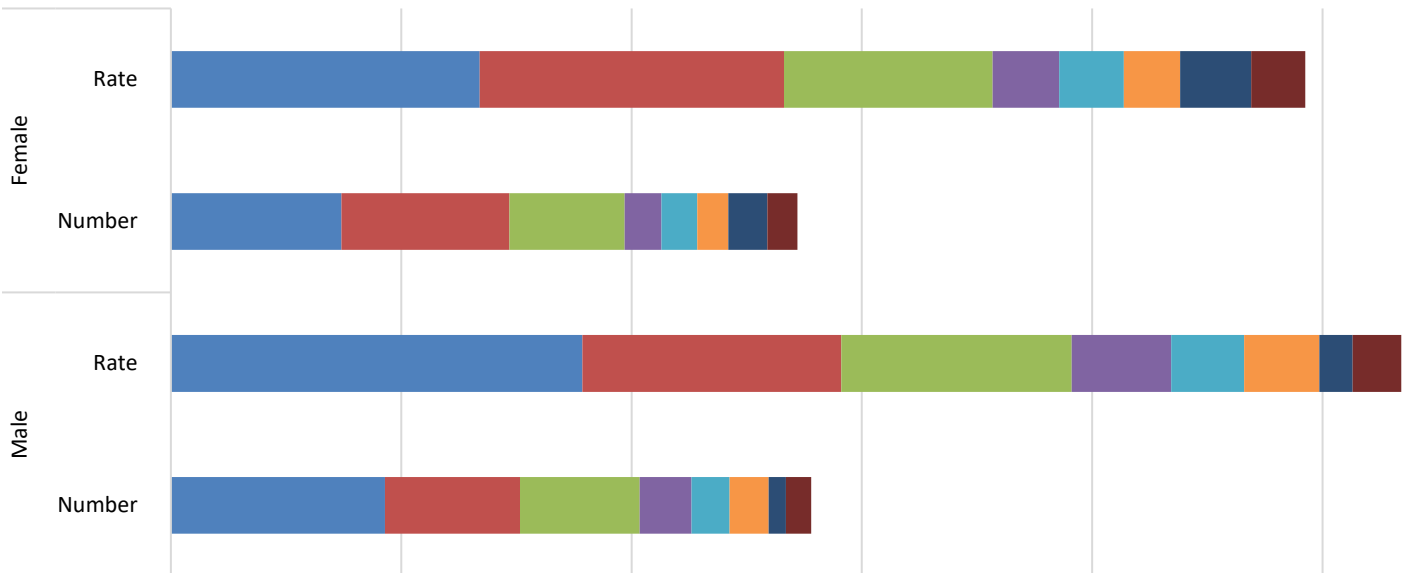
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**Community Health Needs Assessment**

Simpson County Top 8 Categories of Disease Incidence Rates by Race includes All Sex, All Ages



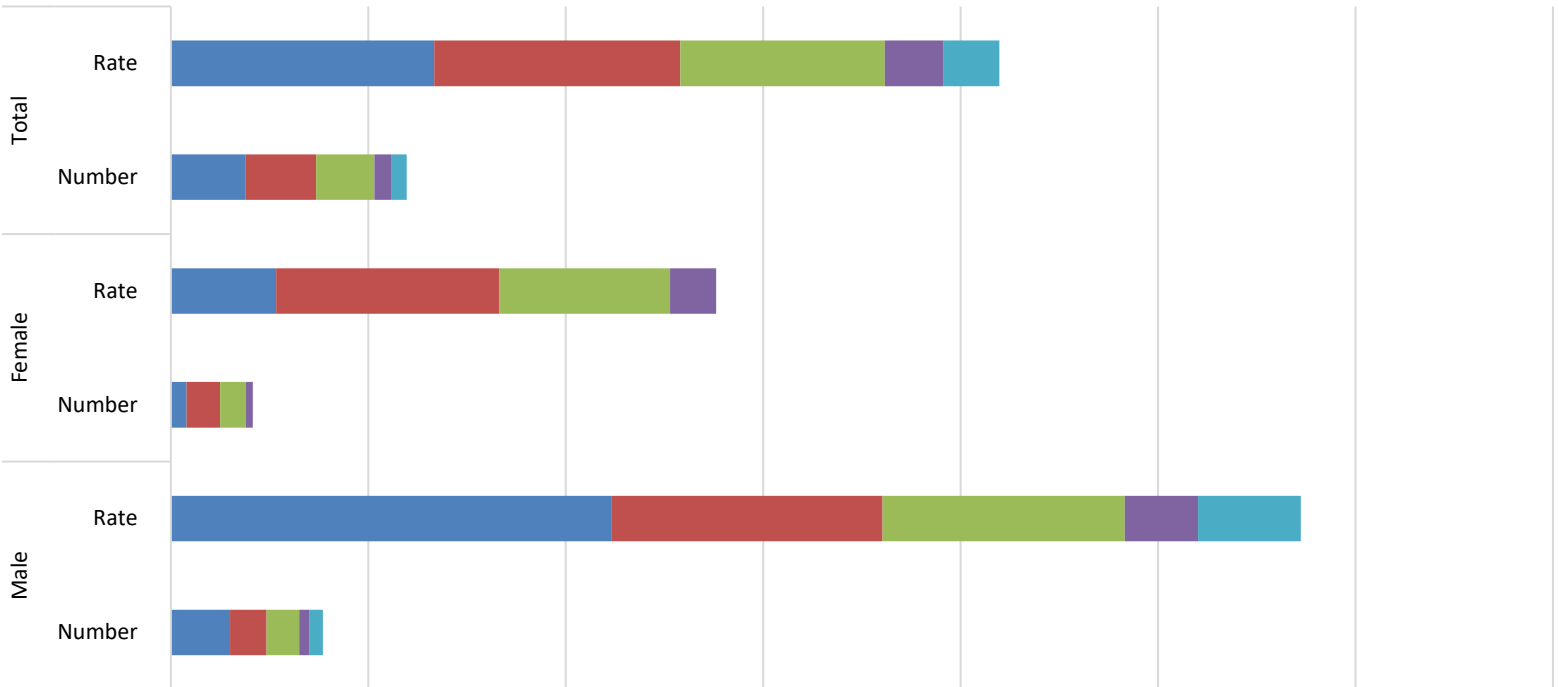
	White		Black	
	Number	Rate	Number	Rate
Heart disease	247	366.8	87	229.7
Other diseases and conditions	190	282.2	73	192.8
Malignant Neoplasms (cancer)	141	209.4	63	166.4
Chronic obstructive pulmonary disease (COPD) / Emphysema	66	98	11	29
Pneumonia & influenza	50	74.3	14	37
Unintentional Injury	42	62.4	19	50.2
Alzheimer's disease	40	59.4	9	23.8
Cerebrovascular diseases (Stroke)	32	47.5	16	42.3

Simpson County Top 8 Categories of Disease Incidence Rates by Sex includes All Race, All Ages



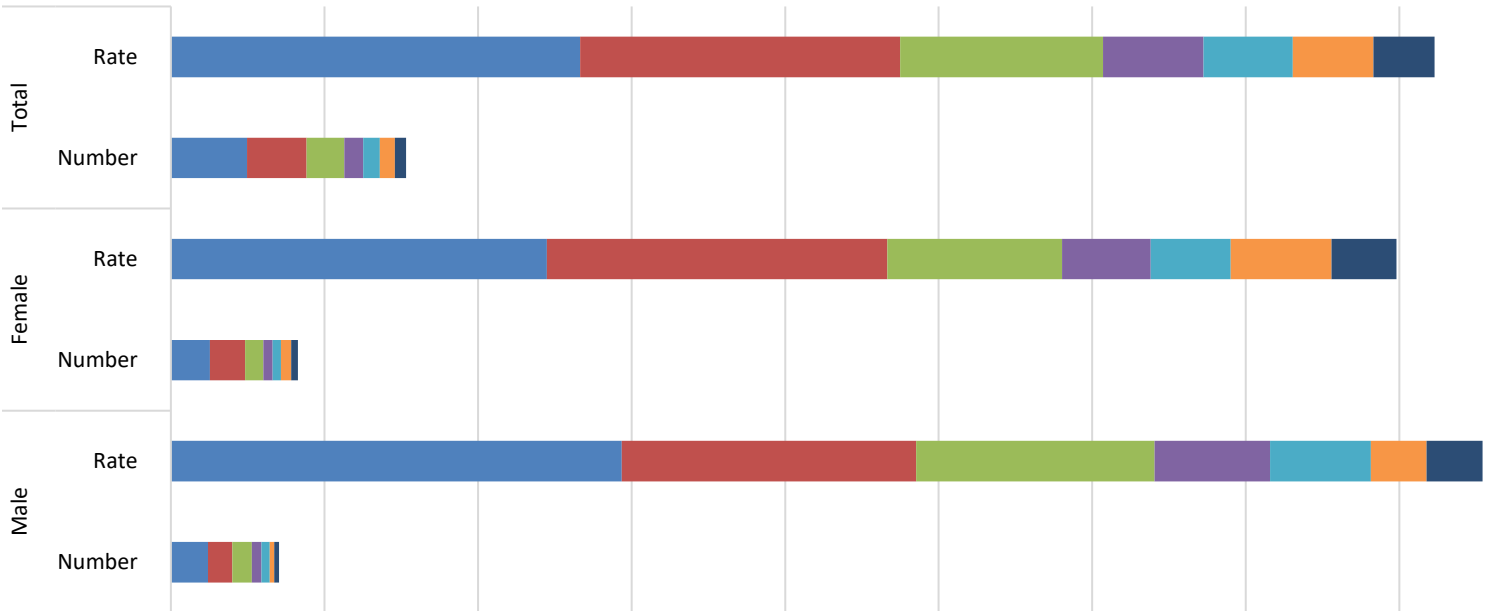
	Male		Female	
	Number	Rate	Number	Rate
Heart disease	186	357.4	148	268
Other diseases and conditions	117	224.8	146	264.4
Malignant Neoplasms (cancer)	104	199.8	100	181.1
Chronic obstructive pulmonary disease (COPD) / Emphysema	45	86.5	32	57.9
Pneumonia & influenza	33	63.4	31	56.1
Unintentional Injury	34	65.3	27	48.9
Alzheimer's disease	15	28.8	34	61.6
Cerebrovascular diseases (Stroke)	22	42.3	26	47.1

**Simpson County Top 5 Categories of Disease Incidence Rates by Age Group 45-64 & Sex includes All Race**



	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Heart disease	60	446	16	106.5	76	266.8
Malignant Neoplasms (cancer)	37	275	34	226.2	71	249.3
Other diseases and conditions	33	245.3	26	173	59	207.1
Unintentional Injury	10	74.3	7	46.6	17	59.7
Chronic obstructive pulmonary disease (COPD) / Emphysema	14	104.1	0	0	16	56.2

**Simpson County Top 7 Categories of Disease Incidence Rates by Age Group 65-Up & Sex includes All Race**



	Male		Female		Total	
	Number	Rate	Number	Rate	Number	Rate
Heart disease	121	1,468.10	127	1,224.20	248	1,332.20
Other diseases and conditions	79	958.50	115	1,108.50	194	1,042.10
Malignant Neoplasms (cancer)	64	776.50	59	568.70	123	660.70
Chronic obstructive pulmonary disease (COPD) / Emphysema	31	376.10	30	289.20	61	327.70
Pneumonia & influenza	27	327.60	27	260.30	54	290.10
Alzheimer's disease	15	182.00	34	327.70	49	263.20
Cerebrovascular diseases (Stroke)	15	182.00	22	212.10	37	198.80



### **Top Health Issues Identified by Community:**

Simpson General Hospital through conversations with community members and distribution of an online survey throughout Simpson County gave residents an opportunity to voice their opinions on the health status and health needs of Simpson County. Below is a summary of the top health issues identified by community members:

1. COVID-19
2. Heart Disease & Hypertension
3. Diabetes
4. Mental Health Issues
5. Obesity
6. Cancer
7. Increase in number of specialty physicians

### **Thank You section:**

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Simpson General Hospital is proud to serve our community. As always, through our commitment to compassionate and mission-focused healthcare, we are honored to work closely with our collaborative partners in our community to provide outstanding healthcare and create a healthier world for the residents of Simpson County and the surrounding area. Dedication to our values of performance, accountability, service, stewardship, integrity, and teamwork has allowed us to continue to proudly serve our community.

Thanks to each of you who provided valuable insight into this report. Your participation in the data gathering, discussions, and decision-making process helped make this a true community effort which will better serve all segments of our population.



# 2021 Community Health Needs Assessment: Implementation Strategy



## **Implementation Strategies:**

After reviewing the quantitative data, as well as the top health issues identified through conversations with community members and community surveys, SGH determined which issues would become the priority issues to be addressed over the next three years as part of the Community Health Implementation Plan. SGH considered each of the top health priorities identified by the community, however SGH does not have the resources to address all the priorities the community identified over the next three years. But SGH does want the community to know that they are going to develop strategies to address the other health priorities noted from the community. In fact, regarding the community priority of needing more specialists SGH has recently expanded their women's health services at SGH clinic by offering prenatal OB services to Simpson county. In addition, when discussing the need for adding specialties SGH recognizes this as a need, however it is important for the community to understand the number of resources it takes to add these specialties. While SGH will always strive to bring the best care to the citizens of Simpson county the hospital will have to be strategic in any change of services due to the impact on hospital resources. For the current plan, SGH has outlined the following strategies for the next three years, however, due to the difficulties placed upon the health system from COVID-19 and the limitations this pandemic has placed on community interaction the strategies below were developed with the mindsight that SGH may have to change/adapt each strategy. SGH focus is to keep the community safe and informed while always striving to enhance the level of care delivered to their community. The initial health strategies are as follows:

1. COVID-19 and its impact on the health and well-being of the community
  - a. Continue to address the Covid needs through Adopt a School Program, Community Events, educational materials, social media, digital ads, billboards, website, local newspaper and Mageenews.com etc.
  - b. Continue to protect the community through delivery of care services
2. Chronic Heart Disease Prevention (focusing on Diabetes and hypertension)
  - a. Continue educational campaigns utilizing social media, Facebook messages, website, monthly newsletter, etc.
  - b. Work with Community partner/affiliates (such as the health department) as a change agent for these health-related illnesses through health fairs, education, etc.
3. Substance Abuse and Mental Health Awareness
  - a. Continue educational campaigns utilizing social media, Facebook messages, website, monthly newsletter, etc.
  - b. Inform public of services offered
  - c. Work with local law enforcement by educating them on best practices in crisis situations
4. Increase awareness of services and brand
  - a. Inform community of services offered at hospital
  - b. Advertise any new service offerings such as women's services
  - c. Brand awareness
5. Strategic consideration to address construction and renovation needs of facilities.
  - a. Develop a master facility plan to address aging plant and infrastructure.
  - b. Explore possibility of building a replacement ER/Radiology/Lab facility.
  - c. Identify areas of old hospital for potential renovation.
  - d. Improve community image through investment in facility upgrades.