



**SIMPSON GENERAL
HOSPITAL**
COMMUNITY HEALTH NEEDS
ASSESSMENT
2018

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EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Simpson General Hospital 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's community health improvement initiatives and implementation strategies based upon the identified health priorities. 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 will be developed by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP. The assessment was conducted in October and November 2018.

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. 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 an open Community Forum Group where great discussion was held regarding the overall health of our community and available community resources.

In this report, which has been approved and supported by our Board of Trustees, we discuss the health priorities that we will focus on over the coming years. The CHNA report is available on the hospital's website <http://www.simpsongeneral.com>, 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 in Simpson County.

David Welch, CEO
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 Directors, made up of nine Community Leaders, is responsible for hospital operations.

Simpson General Hospital is one of two hospitals operating in this county. Two full time Physicians and four Nurse Practitioners provide medical care to patients in one of our three rural health clinics, Emergency Department, Inpatient and Outpatient Services. Simpson General Hospital provides health services to a population of approximately 12,000 in Northern and Western Simpson County as well as surrounding areas.

ABOUT THE HOSPITAL

Simpson General Hospital offers coverage in clinical service areas such as:

- Acute Care
- Swingbed/Rehab
- Inpatient Geriatric/ Psych
- 24-Hour Emergency Department
- X-ray, Ultrasound, CT
- Laboratory
- Respiratory Therapy
- EKG & PFT
- Physical, Occupational, & Speech Therapy
- Intensive Outpatient Program
- Partial Hospitalization Program



THE COMMUNITY HEALTH NEEDS ASSESSMENT

In response to federal requirements for not-for-profit hospitals, as mandated by the Patient Protection and Affordable Care Act of 2010 (PPACA), Simpson General Hospital contracted Snodgrass Research Group (See Appendix A for further background and qualifications), to conduct a comprehensive assessment of the healthcare needs of the Simpson County, Mississippi health service region.

The Community Health Needs Assessment defines opportunities for healthcare improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of 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.

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

For the current CHNA, a Steering Committee was established. The Steering 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 appointed members are listed below. Other members may serve on the Steering Committee as its work progresses.

David Welch	CEO of SGH
Shana Lane, RN	RISK Manager, ICP at SGH
Sandra Lott	Family Nurse Practitioner at SGH Medical Clinic
Terry Tutor	Simpson County Coroner
Candace Mullins, RN	MS Department of Health, Simpson County
Hope Berry, RN, LPN	Instructor at Copiah-Lincoln Community College



THE COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY ENGAGEMENT AND 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 health priorities we believe will be the best to respond to specific health needs we identified in our community. The report also highlights the updated key findings of the assessment. We hope you will take time to review the health needs of our community as the findings impact each and every citizen of our rural Mississippi community, and also, to review our action plan that has been formed in response to the needs identified in the 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: Primary data is data which is collected by the assessment team through conversations, telephone interviews, focus groups and community forums. This data was collected directly from the community and is the most current information available.

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

Secondary data sources included:

- The United States Census Bureau
- Mississippi State Department of Health
- Centers for Disease Control and Prevention
- US Department of Health & Human Services
- Simpson General Hospital Records Department
- American Heart Association
- Trust for America's Health
- Mississippi State Department of Health, Office of Health Data and Research
- Mississippi Center for Obesity Research, University of Mississippi Medical Center

COMMUNITY INPUT

COMMUNITY FOCUS GROUP

A Community Focus Group was held at Simpson General Hospital on Tuesday, November 13, 2018. The participants that were invited were recognized by the Steering Committee as leaders of the Simpson County community. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. These participants contributed to a structured discussion which was impartially facilitated by a healthcare consultant from HORNE LLP of Ridgeland, Mississippi.



This Community Focus Group provided a deliberative venue for learning, trust-building, creative problem solving, and information gathering which ultimately served as a valuable resource for the CHNA Steering Committee as it developed the hospital's health priorities for the coming years. Since the focus group was based on open communication and critical deliberation, it will hopefully lead to improved community relations, trust and collaborative partnerships as the hospital strives to improve the overall health of the community.

Below is a list of community members who were able to give their input to the Steering Committee:

Alexander "Candy" McCullum	Chief of Police at Mendenhall
Rev. Arthur Milton*	Local Pastor
Ashlee Robinson	Community Nurse at Boswell Rehabilitation Center
David Massey	SGH Board of Director Chair
Dewayne Middleton	SGH Board Member/Vice President of Co-Lin Community College
Greg Paes*	Superintendent of Education at Simpson County School District
Joanna Maddox	Child Nutrition Director of Simpson County School District
Josh Pierce	Owner of McGuffee Drugs/Pharmacist at SGH
Patti Neely	SGH Volunteer President
Romonica Feazell*	Principal of Mendenhall High School
Teresa Windham*	Chief Nursing Officer at Boswell Rehabilitation Center
Todd Booth	Mayor of the City of Mendenhall

**Community members who were invited but were unable to attend.*

COMMUNITY INPUT

INPUT FROM THE COMMUNITY

Through internal conversations at the hospital, one-on-one interviews with community leaders, and a hospital focus group, much information was gathered that was influential as the CHNA Steering Committee developed the hospital's implementation plan.

There were health needs identified that can be addressed and met by the hospital and others which must be referred to other local organizations or health agencies. Several health improvement opportunities were identified where the hospital will try to act as a community catalyst for action but are not part of the hospital's implementation plan.

The community felt that the adult population of the county was the segment that had the greatest health risks in regard to lifestyle impacted diseases such as heart disease, cancer, COPD/emphysema, pneumonia/influenza, and stroke.

Poor nutritional habits are prevalent in the south, especially in rural communities. Therefore, it was felt that the communities in the service area could benefit from educational opportunities emphasizing healthy eating.

Suggestions included:

- Coordinating group-led health education classes with the local churches, school systems and other local health agencies
- Having more visible health and wellness activities in various locations throughout the county
- Creating a culture of community health and responsibility
- Developing an initiative with all county health providers to empower the community to take individual ownership in his or her health.

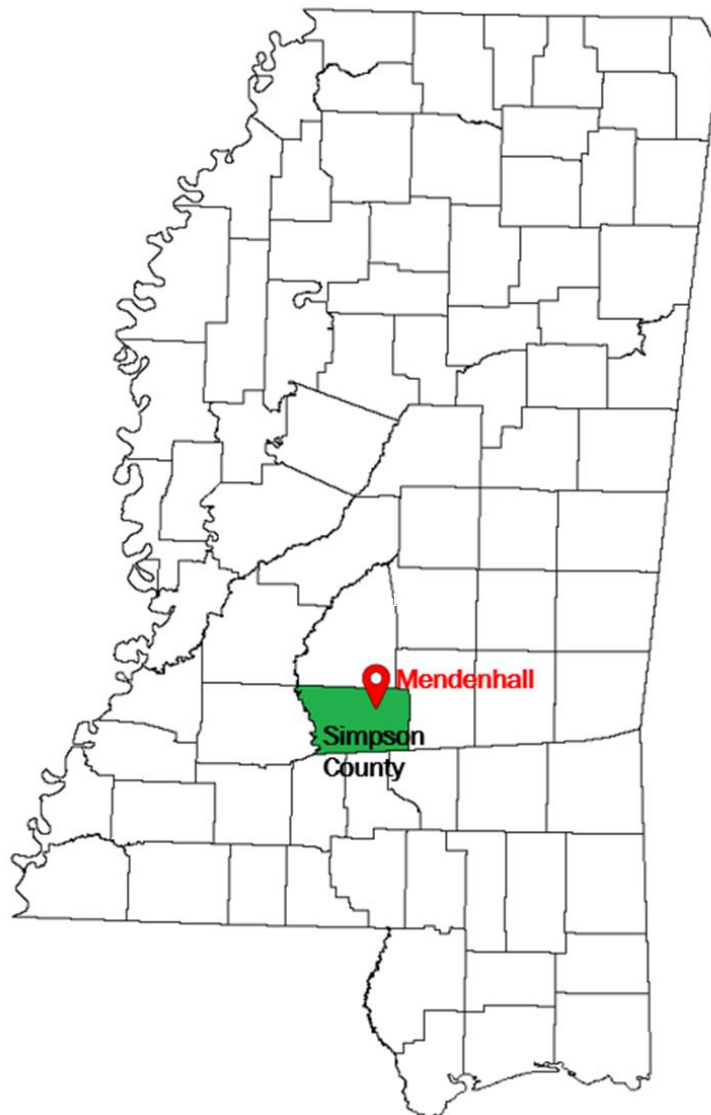


ABOUT THE COMMUNITY

Simpson County is located in the central part of Mississippi. As of the 2010 census, the population was 27,503. Its county seat is Mendenhall. The county was named for Josiah Simpson, a former Pennsylvanian, educated at Princeton. He later lived at Green Hill, near Natchez, and became a territorial judge of Mississippi and served as a member of the Constitutional Convention of 1917. Simpson shares its county borders with the following counties: Rankin, Smith, Covington, Jefferson Davis, Lawrence, and Copiah. Its western border, shared with Copiah County, is formed by the Pearl River.

According to the U.S. Census Bureau, the county has a total area of 590.3 square miles, of which 589 square miles is land and 1.3 square miles (0.2%) is water.

SIMPSON COUNTY, MISSISSIPPI



ABOUT THE COMMUNITY

DEMOGRAPHICS

In 2016 there were 27,279 people, 10,330 households, and 7,313 families residing in the county. The population density was 46.7 people per square mile. The racial makeup of the county was 62.8% White, 35.1% Black or African American, 0.2% Native American, 0.3% Asian, 0.1% Pacific Islander, 0.7% from other races, and 0.8% from two or more races. 1.4% of the population was Hispanic or Latino of any race.

There were 10,330 households out of which 35.7% had children under the age of 18 living with them, 21.2% were married couples living together, 11.5% had a female householder with no husband present, and 29.2% were non-families. 25.9% of all households were made up of individuals and 13.3% had someone living alone who was 65 years of age or older. The average household size was 2.60 and the average family size was 3.12.

In the county, the population was spread out with 25.3% under the age of 18, 8.5% from 18 to 24, 24.4% from 25 to 44, 26.3% from 45 to 64, and 15.5% who were 65 years of age or older. The median age was 37.9 years. For every 100 females there were 95.2 males. For every 100 females age 18 and over, there were 91.2 males.

The median income for a household in the county was \$37,285, and the median income for a family was \$42,089. The per capita income for the county was \$18,495. About 20.0% of families and 27.4% of the population were below the poverty line, including 38.8% of those under age 18 and 21.2% of those ages 65 or over.



ABOUT THE COMMUNITY

PATIENT ORIGIN/SERVICE AREA

Approximately 66.9% of the patients seen during calendar year 2017 reside in Simpson County, Mississippi. Of these patients, 47.5% reside in the county seat, Mendenhall, Mississippi. The Magee area houses the next largest percentage of Simpson General Hospital's patients, which is 29.0%. The remaining 23.5% are split between D'Lo, Braxton, and Harrisville areas. The remaining 33.1% of the patient population represents bordering county communities as well as a variety of locations outside of the primary and secondary service areas.



CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

All rural areas in the U.S. are unique with extensive geographic and economic variations. When compared to urban populations however, rural populations are often characterized as being older and less educated; more likely to be covered by public health insurance; having higher rates of poverty, chronic disease, suicide, deaths from unintentional injuries and motor vehicle accidents; having little or no access to transportation; and having limited economic diversity. All of these issues create challenges and opportunities to improve the health of those living in the rural South, and they play a role in understanding some of the underlying causes associated with issues related to the rural health workforce, health services, and special populations. These unique population and health issues were taken into consideration as the Steering Committee evaluated health and wellness opportunities to address. Some can be approached through initiatives of the hospital and others will best be approached through a cooperative effort of local government, state agencies, churches, volunteer programs and the hospital.



CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

HEART DISEASE AND STROKE IN MISSISSIPPI

Mississippi has the highest death rate from cardiovascular disease (CVD) in the country and heart disease is the No. 1 killer in Mississippi. In 2016, 7,876 people in Mississippi died of heart disease. Unfortunately, CVD kills more Mississippians than all forms of cancer combined.

Stroke is the No. 5 killer in Mississippi. In Mississippi, 1,705 people died of stroke in 2016.

Heart Disease and Stroke Risk Factors in Mississippi

In Mississippi	In America
26.0% Adults are current smokers	21.1%
40.0% Adults participate in 150+ min of aerobic physical activity per week	51.6%
68.9% Adults who are overweight or obese (Up from the last CHNA)	63.5%
5.4% Adults who have been told they have had a heart attack	4.4%
4.0% Adults who have been told they have had a stroke	2.9%
4.6% Adults who have been told they have angina or coronary heart disease	4.1%
69.3% Population of adults (18-64) who have some kind of health care coverage	78.9%
15.8% High school students who are obese	13.0%

Disability and death from CVD are related to a number of modifiable risk factors, including high blood pressure, high blood cholesterol, smoking, lack of regular physical activity, diabetes, and being overweight. While it affects persons of all ages in Mississippi, CVD is the leading cause of death for persons age 75 and over.

Seventy-three percent of the population ages 60 to 79 have CVD compared to 40 percent of the population ages 40 to 59 (Older Americans & Cardiovascular Diseases, 2016).

The No. 5 killer in Mississippi and the No. 6 killer in Simpson County is stroke, another disease greatly impacted by lifestyle. Hypertension, obesity, smoking and lack of exercise are typically associated with the health status of the stroke victim. Unfortunately, these lifestyle habits are prevalent in the rural south.

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

There are nine areas of lifestyle and disease related problems that are significant factors in the higher levels of heart disease and stroke in Mississippi. They are:

- Physical Inactivity
- Obesity
- Improper Nutrition
- Abnormal Cholesterol
- Tobacco Use
- Diabetes
- Socio-cultural Factors
- Acute Event
- Hypertension

LIFESTYLE AND DISEASE

Modified lifestyle diseases are illnesses that can potentially be prevented by changes in diet, environment, physical activity and other lifestyle factors. These diseases include heart disease, stroke, obesity, diabetes and some types of cancer.

In Simpson County, the three major diseases that result in the most deaths are lifestyle diseases. They are heart disease, cancer and COPD/emphysema. In addition, stroke and diabetes are two major disease entities in the county.

This is why the CHNA Steering Committee has chosen to address educational and lifestyle initiatives to assist in lowering the incidence of these diseases. The initiatives are outlined later in the report under the implementation plan.



CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

RURAL HEALTH DISPARITIES

Although the term *disparity* is often interpreted to mean racial or ethnic disparities, many dimensions of disparities exist in the United States, particularly in health. If a health outcome is seen to a greater or lesser extent between populations, there is disparity. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health. It is important to recognize the impact that social determinants have on health outcomes of specific populations. *Healthy People 2020*, a federal project of the Office of Disease Prevention and Health Promotion, strives to improve the health of all groups.

Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Over the years, efforts to eliminate disparities and achieve health equity have focused primarily on diseases or illnesses and on health care services. However, the absence of disease does not automatically equate to good health.

Powerful, complex relationships exist between health and biology, genetics, and individual behavior, and between health and health services, socioeconomic status, the physical environment, discrimination, racism, literacy levels, and legislative policies. These factors, which influence an individual's or population's health, are known as *determinants of health*.

For all Americans, other influences on health include the availability of and access to:

- High-quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water and non-polluted air

CHARACTERISTICS OF THE HEALTH OF THE SOUTHERN RURAL COMMUNITY

According to an article published in December 2014, by Business Insider (Friedman, L., 2014), for the third year in a row, America's Health Rankings, an annual accounting of Americans' health, has found that Mississippi is the least healthy state in the US.

Since the rankings began in 1990, Mississippi – which has high rates of obesity and diabetes, low availability of primary care, and high incidence of infectious disease – has always ranked among the bottom three.

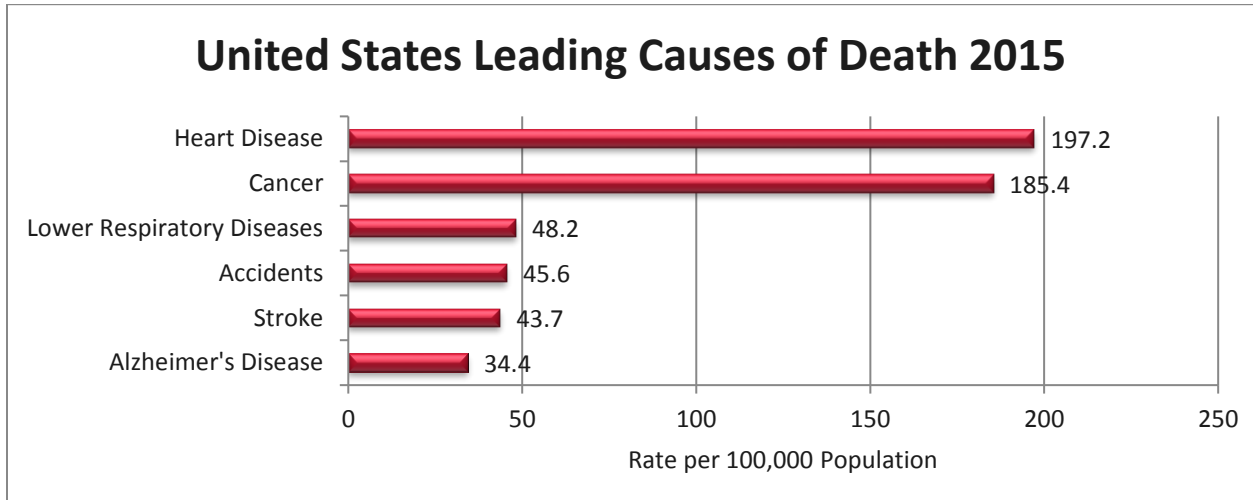
The rankings are funded by the United Health Foundation and are based on data from the Centers for Disease Control and Prevention, the American Medical Association, the Census Bureau, and other sources. They take into account 27 distinct measures including rates of smoking, obesity, drug deaths, education, violent crime, pollution, childhood poverty, infectious disease, and infant mortality.

Overall, the rankings showed progress in some areas and not in others. The 2014 analysis found increases from the previous year in obesity and physical inactivity and decreases in infant mortality and smoking rates.

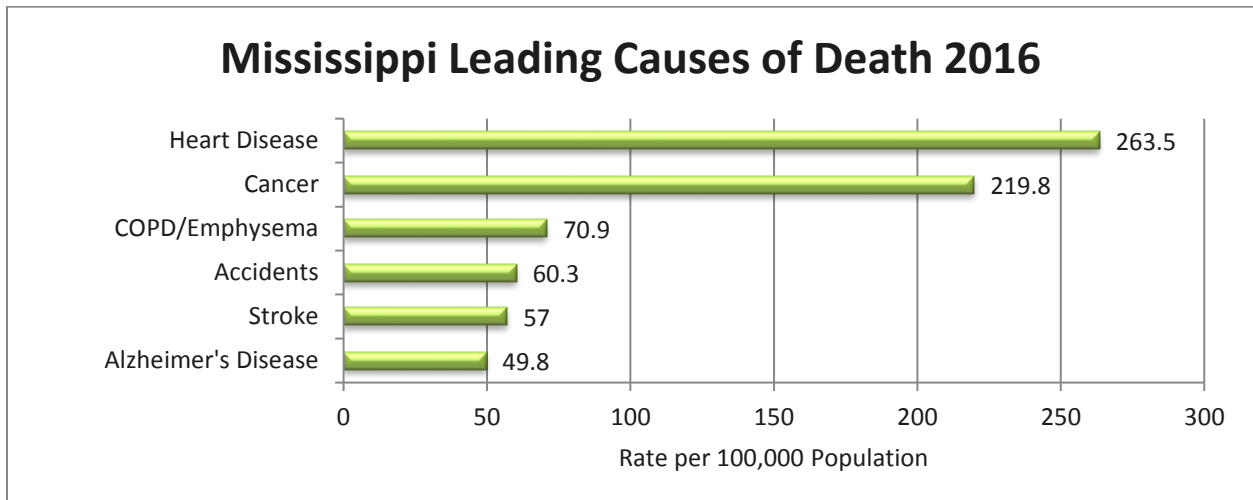
In the past 25 years, there have been some notable changes. Since 1990, there have been major reductions in infant mortality (down 41%), death from heart disease (down 38%), and premature death (down 20%). In 1990, 29.5% of Americans smoked; in 2014, 19% smoked, though smoking remains "the leading cause of preventable death in the country," a press release noted. Unfortunately, in that same time period, rates of diabetes and obesity have more than doubled.

There has also been an 8% decline in cancer mortality since its peak in 1996. Cancer is the second leading cause of death in the US, and 2014 saw an estimated 1.6 million new diagnoses.

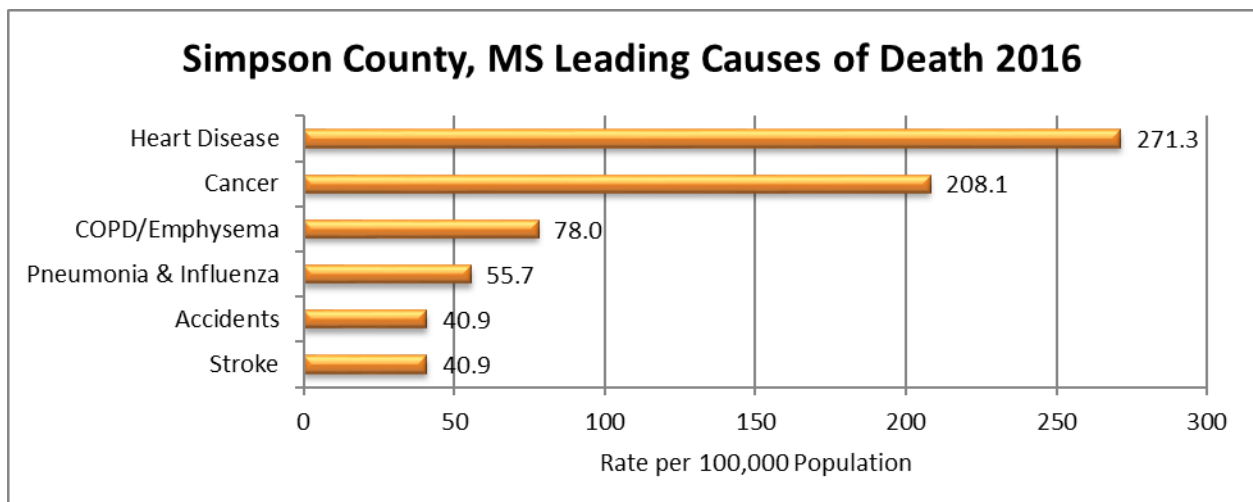




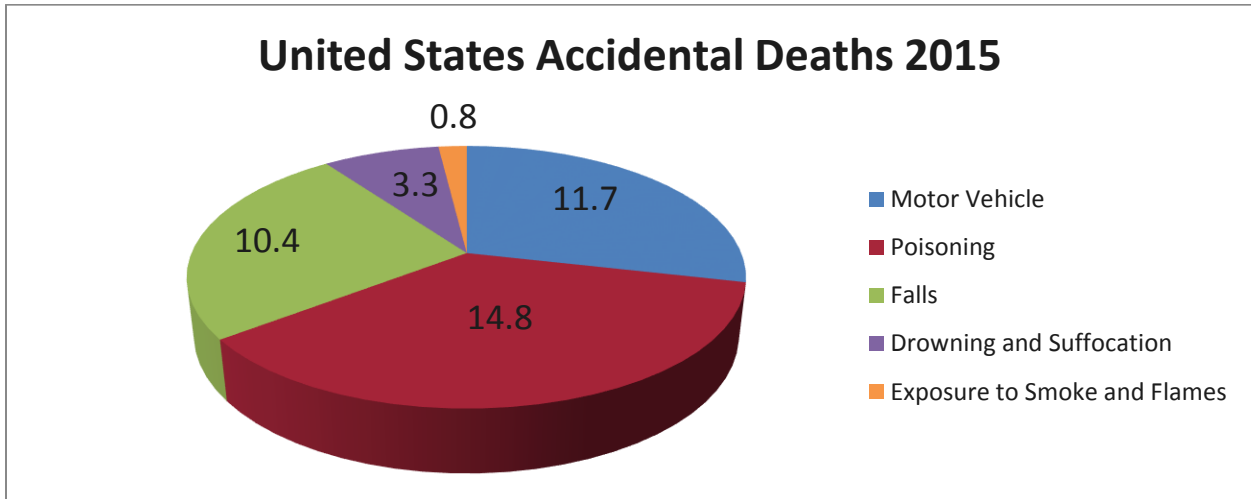
(Heron, M., 2016)



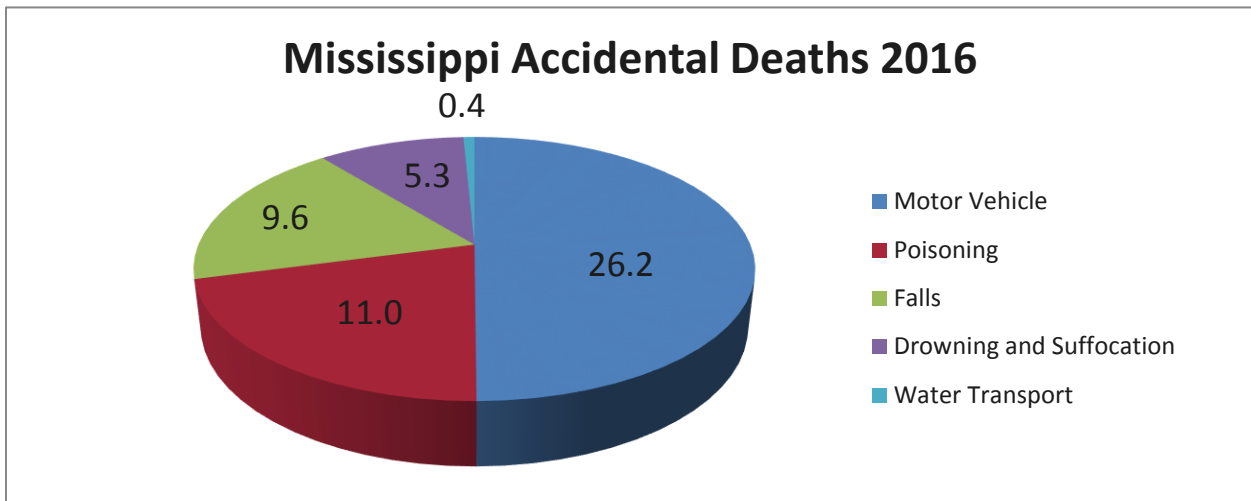
(Generated Statistical Table-MSTAHRs, Mississippi, Cause of Death, 2016)



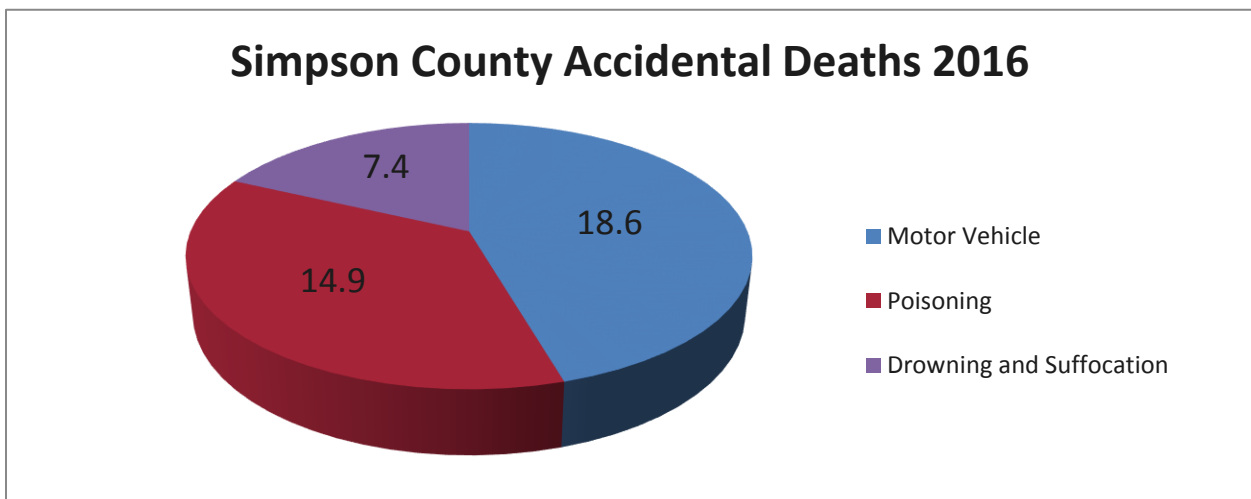
(Generated Statistical Table -MSTAHRs. Simpson, Cause of Death, 2016)



(Heron, M., 2016)



(Generated Statistical Table-MSTAHRs, Mississippi, Unintentional Injury, 2016)



(Generated Statistical Table-MSTAHRs, Simpson, Unintentional Injury, 2016)

CHNA STRATEGIC ACTION RESPONSES

2013 PRIORITIES FOR SIMPSON GENERAL HOSPITAL

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. Create effective programs to address (i.e., lower) Teen Pregnancy and improve Pre/Postnatal Care.
4. Continue to expand available services if sustainable.

STRATEGIC ACTION RESPONSES

Access, affordable care, a lack of knowledge about healthy lifestyles and the relationship to chronic diseases, plus a lack of awareness of available health and wellness services contribute to a wide range of healthcare needs among rural communities in Mississippi.

At the conclusion of the 2013 Community Health Needs Assessment conducted by Simpson General Hospital, the CHNA Steering Committee identified critical areas of health needs for the people in our service areas. The group's vision was to improve population health in the area by addressing gaps that prevent access to quality, integrated healthcare and improving access to resources that support a healthy lifestyle.

In support of the Community Health Needs Assessment, and ongoing community benefit initiatives, Simpson General Hospital addressed their identified priorities with the following activities.

Comprehensive health fairs were held in 2015 in the communities of Harrisville and Braxton. In addition to lifestyle educational material and stroke awareness and prevention material being made available, screenings for blood pressure and glucose were conducted.

In 2017, the hospital partnered with Co-Lin Community College to present a Halloween Health Fair. Lifestyle education was provided along with screenings for blood pressure and glucose. Eighty people participated in the event.

STRATEGIC ACTION RESPONSES (continued)

To promote exercise and healthier living, the hospital, through its clinic in Puckett, MS, sponsored a softball team in the 7–8-year-old division. This sponsorship has been continuous since 2015.

In an effort to increase community awareness about exercise and active healthier living, the hospital sponsored a tennis tournament. The event was geared towards men and women of all ages. The proceeds of the tournament benefited the ALS foundation.

Realizing that a healthy work place and work force are essential for a hospital when taking a leadership role in creating a healthier community, an employee fitness awareness program was initiated in the first quarter of 2018. The Step Challenge was designed to encourage employees to participant in a walking exercise program. To foster enthusiasm in the program, individual results of the Top Ten Steppers were posted each week.

Being aware of the high instance of influenza in Simpson County, the hospital developed a program to overcome two major obstacles for residents receiving immunizations – affordability and accessibility. Clinical teams from the hospital went to various places of employment throughout the county and provided flu shots to workers.



RESPONDING TO THE COMMUNITY

CLOSING THE GAP

The information gathered from the community was very uniform and was also consistent with the quantitative data. The most common needs mentioned by the community members were related to chronic diseases, health education, lifestyle improvement and access to emergency care.

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease.

Prevention is very cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Education related to nutrition was emphasized because of the link between obesity and so many chronic health conditions. Other community health needs that were expressed included a need for increased health literacy, and decreased health disparities among socioeconomic and racial groups.

PRIORITIZATION

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of primarily Simpson County:

- The County exceeds the State and U.S. in rate of deaths from heart disease.
- The County exceeds the U.S. in rate of deaths from cancer but not the State.
- The County exceeds the State and U.S. in rate of deaths from COPD/emphysema.
- The County exceeds the State and U.S. in rate of deaths from pneumonia and influenza.
- The State and U.S. exceed the County in rate of deaths from accidents.
- The State and U.S. exceed the County in rate of deaths from strokes.

A small rural hospital faces challenges when treating some chronic diseases. These hospitals can, however, work with tertiary hospitals to assist patients in their access to an appropriate care center.

The Simpson General Hospital can be the catalyst for community health education, prevention, and enhancement of community wellness activities. We can be invaluable in providing our community with the health resources for making wiser health and lifestyle decisions, thus being a major player in disease prevention.

RESPONDING TO THE COMMUNITY

PRIORITIZATION (continued)

The Steering Committee used the following process to prioritize the identified needs that the hospital would use when establishing priorities to help close the gap:

- All the findings and data were read and analyzed for needs and recurring themes within the identified needs.
- Reference was made to the content of the community input and the identified needs from those sources.
- Comparisons were made between the primary and secondary data and then compared to what was the common knowledge and experience of the clinical staff of the hospital.
- Based on what resources could be made available and what initiatives could have the most immediate and significant impact, the strategic initiatives will be developed by the CHNA Steering Committee.

Health Priorities will address six major issues identified within Simpson County. They are heart disease, diabetes, cancer, poor nutrition, pulmonary diseases, and prescription accessibility/affordability issue. The priorities will allow Simpson General Hospital to leverage valuable partnerships that currently exist and to identify opportunities for synergy within the community. The outcomes and results of these interventions will be followed and reexamined in preparation for the next CHNA.

IMPLEMENTATION PLANS

To be successful in creating a true sense of health in our community, it will be necessary to have collaborative partnerships which will bring together all of the care providers, the citizens, governments, plus business and industry, around an effective plan. Many needs have been identified through this process. Simpson General Hospital is proud to have been the catalyst in this effort. However, addressing some of the needs identified will require expertise and financial resources far beyond what a small rural hospital can provide.

However, addressing some of the needs identified will require expertise and financial resources far beyond what a small rural hospital can provide. Two such needs are the reduction in injuries and death from motor vehicle accidents and the reduction in tobacco use, specifically smoking, which has been proven to contribute to cancers and other respiratory diseases. Education and appropriate intervention are important to both of these issues. These needs will be shared with the local law enforcement agencies and The Mississippi Department of Health in an effort to encourage their participation in a programmatic approach to these two deadly issues.

RESPONDING TO THE COMMUNITY

IMPLEMENTATION PLANS (continued)

The hospital is aware of many lifestyle issues that face citizens of a rural southern state. Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our county. Simpson General Hospital has identified five significant initiatives it will undertake over the coming years. These collaborative projects should help improve the health and overall quality of life in our community.

There are other health and wellness opportunities identified during the research portion of the CHNA. These possibilities will be considered as we develop our strategic action plans over the coming years.



HEALTH AND WELLNESS PRIORITIES

Over the coming years, Simpson General Hospital, in concert with its many community partners will focus its energy in these four areas:

- Strengthen overall health knowledge and awareness of services in the community, especially among low income and elderly groups.
- Address Lifestyle-Related Health Problems and subsequent Chronic Disease Management through education and cultural change. Focusing on:
 - Obesity
 - Diabetes
 - Hypertension
- 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:
 - COPD/Emphysema
 - Pneumonia
 - Influenza
- Investigate ways to assist patients in becoming more prescription compliant.
 - Medication Education
 - Prescription Affordability (including Insurance Coverage Awareness)
 - Accessibility (including Transportation Options)

THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Simpson General Hospital is proud to be the leadership that advances the health of the community served by providing value-centered, excellent care. As always, through this 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 surrounding area.

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



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