



SIMPSON GENERAL HOSPITAL

# COMMUNITY HEALTH NEEDS ASSESSMENT

2024



Prepared By  
Carr, Riggs &  
Ingram

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# Our Commitment to Community Health

## Message From Our President and CEO

At Simpson General Hospital, we are profoundly dedicated to improving health and advancing equity in our surrounding communities, extending our passion far beyond our physical facilities. This commitment is particularly evident in our Community Health Needs Assessment, where we join forces with community stakeholders to tackle the unmet needs of our region's most vulnerable and underserved populations. Together, we have achieved remarkable progress in breaking down barriers to care and providing essential support, empowering individuals and families to embrace their healthiest lives.

We genuinely cherish the opportunity to be woven into the fabric of this community, and your voices resonate deeply with us. As you explore this report, we invite you to reflect on how you can contribute to enhancing health and medical services in our area. We all share this beautiful community—living, working, and enjoying it together. United, we can foster a healthier environment for everyone and fulfill our mission. We eagerly anticipate collaborating with you to uplift the overall health of those we serve.

**Gregg Gibbes**  
**President and CEO**

## About Us

Simpson General Hospital (SGH) is a Private not-for-profit, Critical Access Hospital located in Mendenhall, Mississippi. The hospital is equipped with 25 acute care/swing beds, 10 geriatric psychiatric beds, and multiple clinic locations. Established in 1957 as a county-owned facility, it faced closure in 2006 when the Simpson County Board of Supervisors decided to sell or close it. A



community-led non-profit group purchased the hospital with a USDA loan, and it now operates under Simpson Community Healthcare, Inc. Governed by a nine-member board of community leaders, the hospital entered into an administrative services agreement with South Central Regional Medical Center in July 2023. This agreement allows South Central's Chief Executive Officer to oversee Simpson General's administration, facilitating collaboration and sharing of best practices between the two hospitals to ensure sustainability and open the door for future joint ventures.

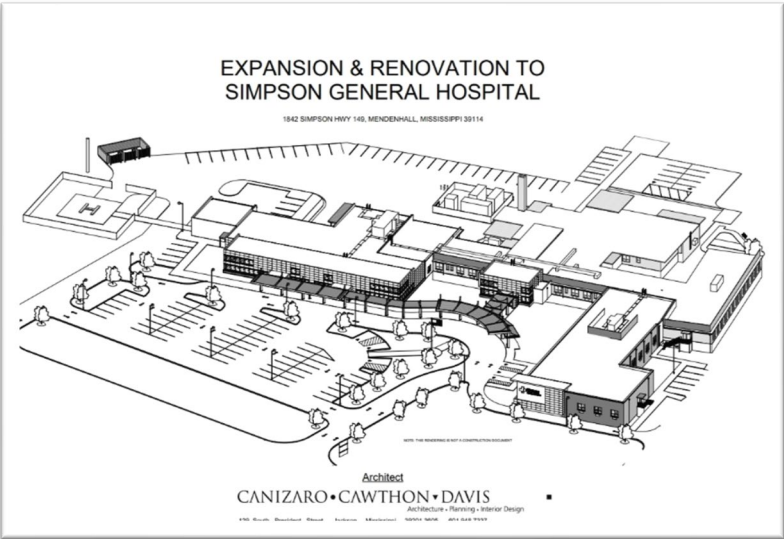
Through our main hospital and clinics, Simpson General Hospital offers the following services:

- Acute Care
- Swing Bed/Rehab
- Inpatient Geriatric/Psych
- 24-Hour Emergency Care
- X-Ray, Ultrasound, and CT
  - 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
  - Clinical Chemistry
  - Hematology
  - Serology
  - Coagulation
  - Urinalysis
  - Immunohematology
  - Substance abuse testing
  - Covid-19 Testing
- Respiratory Therapy
  - 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
- Physical, Occupational, and Speech Therapy
- Outpatient Behavioral Health
- Partial Hospitalization Program
- Clinics
  - 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



At Simpson General Hospital, we are devoted to meeting the needs of our community by continually providing high quality healthcare and life enhancement services. Our staff emphasizes personalized care, seeks to develop innovative approaches to healthcare delivery, and utilizes the latest technology to nature our compassionate workplace culture and tradition of caring for our community. For the betterment of our community’s healthcare, Simpson General hired Matthew “Zip” Windham as Administrative Director in 2023. Matthew was born and raised in Simpson County, and over the last 20 years, he and his family have made evident their passion for the betterment of healthcare within Simpson County.

In line with our commitment to managing human and financial resources with professionalism and prudence, Simpson General announced plans to renovate and expand our hospital. The initial phase of the project includes the renovation of a 6,200-square-foot area including an inpatient senior adult care unit, new space for inpatient care, and the relocation of several clinical support departments to streamline ancillary support services. This project will create an enhanced facility layout, improving inpatient, outpatient, and visitor experiences.



To improve access to high quality and comprehensive healthcare within our community, SGH's Drive-Thru clinic has evolved into a full-service clinic with three exam rooms in addition to the drive-thru. Furthermore, as a part of our commitment to continued improvement in staff and community education and to improving the overall health of our community, SGH now offers dry needling services to treat pain and movement impairments, offers behavioral health services for seniors, and has become home to the first Safe Haven Baby Box at a Mississippi hospital. At Simpson General, we value our patients and are proud to serve this community. We hope you feel valued and respected each time you enter one of our facilities.



Simpson General Hospital completes a community health needs assessment (CHNA) every three years. Through this work, we are able to identify the unmet needs within the community and strategically plan how we can best address those needs. The purpose of this CHNA report is to provide Simpson General Hospital with a functional tool to guide us as we work to improve the health of the community we serve and adhere to our mission: helping you maintain good health and wellness throughout your life.

# 2024 CHNA Executive Summary

## CHNA Leadership

The 2024 CHNA was supervised by a steering committee comprising representatives from SGH, with input from community stakeholders. These individuals acted as liaisons between the hospital and the communities it serves.

### CHNA Steering Committee Members:

- Matthew “Zip” Windham – Administrative Director
- Shana Lane – Risk Management/Quality/Compliance Director
- Susan Jenkins – Director of Nursing
- Cemper Scott – Community Relations Coordinator
- Chip Holbrook, MD – Medical Director
- Shelly Riley - Controller
- Mike Williamson – Physical Therapy Director
- Natalie Carter - Pharmacist
- Gwen Williams – Administrative Assistant
- Delaney Wallace, RN – Emergency Department Nurse

## Our Research Partner

SGH had assistance in conducting the CHNA from Carr, Riggs & Ingram (CRI). Stretching from New Mexico to North Carolina, CRI is a nationally ranked full-service accounting and advisory firm among the top 25, offering innovative tax, accounting, audit, consulting, and advisory services to more than 100,000 clients in the U.S., Canada, Mexico, Puerto Rico, and overseas military installations.



From traditional accounting services to cutting-edge business support, technology resources, and assurance offerings, CRI’s breadth and depth of expertise have helped our clients in over 20 industries transition from compliance to competitive advantage for more than 25 years.

CRI's Healthcare Advisory team serves hundreds of hospitals and health systems across the South in various capacities, including independent financial statement audits, cost reporting, value-added reimbursement engagements, and nearly everything in between. We collaborate with and support numerous hospital associations and advocacy groups to contribute to the success of hospitals and health systems throughout our firm's expansive footprint. CRI's Healthcare Advisory offers the following services to our clients:

- Accounting
- Agreed Upon Procedures (AUPs)
- Audit and Single Audit
- Compilation
- Cost Reporting
- Cybersecurity
- DSH and Supplemental Payment Programs (Medicare and Medicaid)
- Employee Benefit Plans
- Fraud & Forensics
- HIPAA & IT Risk Assessment
- HITRUST Certification



- Review
- Strategic Advisory Services, **including CHNAs for dozens of hospitals and health systems**
- Transaction Advisory Services
- Valuations

As we look to the horizon, we at CRI are poised to redefine what's possible, and we invite our clients, old and new, to join us in shaping the future. Learn more about our work at [www.cricpa.com](http://www.cricpa.com).

## Methodology and Community Engagement

The 2024 CHNA utilized quantitative research and community discussions to identify health trends and disparities in Simpson County. By analyzing statistical health indicators and gathering input from community stakeholders, priority areas were established. These findings will inform healthcare services, health improvement initiatives, and serve as a resource for various health and social service programs.

Community engagement was central to the 2024 CHNA. Input was gathered from individuals representing the community's diverse interests, including underserved, low-income, and minority populations. They shared perspectives on health trends, information on existing community resources, and insights into service delivery gaps that contribute to health disparities and inequities.

The following research methods were used to determine community health needs:

- Statistical analysis of demographic, socioeconomic, and health indicators
- An online Community Health Needs Assessment disseminated to the community to solicit information about local health needs and opportunities for improvement
- A focus group meeting with key community members to gain a better understanding of preferences and barriers to healthcare access

### CHNA Focus Group Members:

- Todd Booth, Mendenhall Mayor
- Paul Mullins, Simpson County Sheriff
- Pat Brown, Simpson County Development Foundation
- Ashley Shivers, NP at Puckett Medical Clinic
- Jana Childress Miller, City of Mendenhall Alderwoman
- Paul Munn, NP at SGH Medical Clinic
- Price Wallace, House Representative
- Vickie Everett, Mendenhall Mayoral Health Council
- Andy Berry, State Senator
- David Massey, SGH Board Chairman
- Tammy Layton, MS State University Nutrition Educator
- Kirtra Christy, Simpson County Health Department

## Community Health Priorities

To promote health equity, it is crucial to allocate resources and efforts towards the most pressing health needs within the community. With input from community partners and an assessment of the hospital's strengths and resources, the leadership at SGH has identified the following community health priorities to focus on in the 2024-2027 Community Health Implementation Plan:

1. Substance Abuse and Mental Health
2. Brand/Services Awareness
3. Chronic Diseases (Diabetes, Heart Disease, and Cancer)
4. Expansion plans for infrastructure and services

## Board Approval

Section 501(r)(3)(A) requires tax-exempt hospitals to conduct a CHNA every three years with the communities they serve. The hospitals then must develop an implementation strategy to meet the needs identified through the CHNA.

The Internal Revenue Service outlines the steps a hospital must complete in order to conduct a CHNA:

1. Define the community it serves.
2. Assess the health needs of that community.
3. In assessing the community's health needs, solicit and take into account input received from persons who represent the broad interests of that community, including those with special knowledge of or expertise in public health.
4. Document the CHNA in a written report (CHNA report) that is adopted for the hospital facility by an authorized body of the hospital facility.
5. Make the CHNA report widely available to the public.

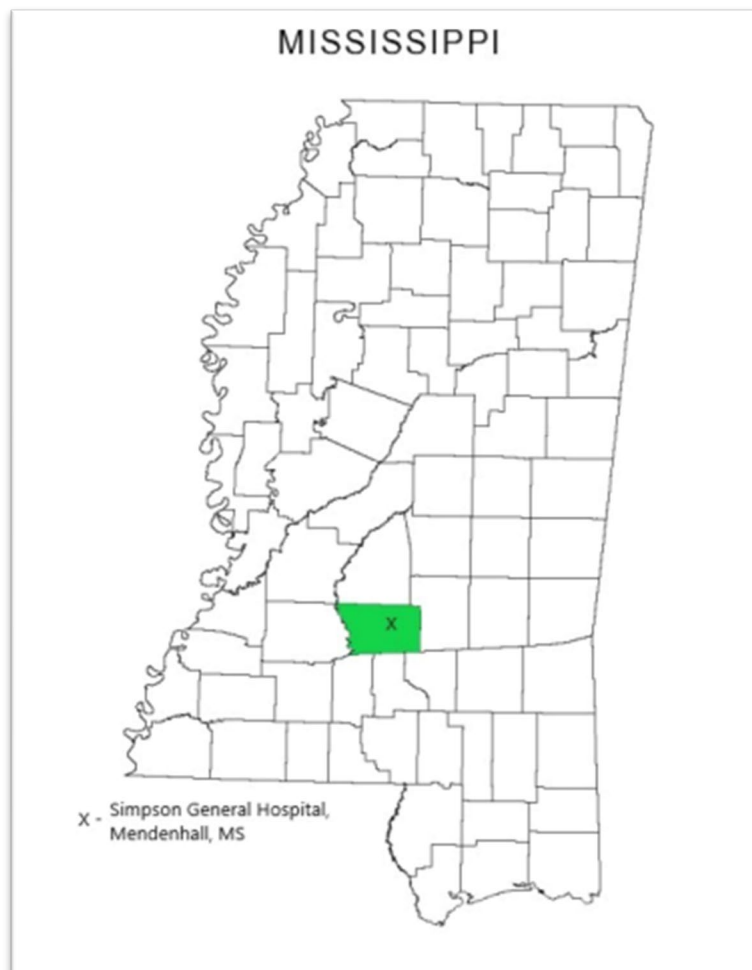
Failure to comply with these guidelines could result in a fine by the IRS of \$50,000, and the possibility of losing the organization's tax-exempt status. Based on these guidelines, SGH's CHNA report would be due to be completed and board approved by their fiscal year end of December 31, 2024.

The 2024 CHNA report and Community Health Improvement Plan (CHIP) were presented to the SGH's Board of Directors and received approval on October 29, 2024. Following the Board's endorsement, both the CHNA and CHIP reports have been made accessible electronically on SGH's website ([www.simpsongeneral.com](http://www.simpsongeneral.com)). Additionally, a printed copy can be obtained from the hospital's administrative office.

## Primary Service Area Description

Simpson General Hospital's primary service area is Simpson County, Mississippi. Simpson County, Mississippi has 589.2 square miles of land area and is the 34th largest county in Mississippi by total area. Simpson County, Mississippi is bordered by Lawrence County, MS, Copiah County, MS, Jefferson Davis County, MS, Rankin County, MS, Smith County, MS, Covington County, MS, and Hinds County, MS. These surrounding counties serve as Simpson General Hospital's secondary service area.

Simpson County, established in 1842 and named after early Mississippi politician Josiah Simpson, is located in south-central Mississippi with Mendenhall as its county seat and other communities including Magee, D'Lo, and Braxton. Initially, the county's agricultural output was low, but as the community grew, its agricultural success also improved. By 1880, it had grown to 8,008 residents, with 85% of farms operated by owners focusing more on livestock. By 1930, Simpson County had 20,000 residents, with half of its farms run by tenants and a burgeoning timber industry. The county's population remained stable through the mid-20th century, and by 1960, agricultural workers outnumbered industrial workers. In 2024, Simpson's economy is primarily rooted in the education, healthcare, and industrial services, but agriculture remains a cornerstone of the community's history.



# Social Determinates of Health

## Background

Social determinants of health (SDOH) refer to the conditions in the places where people are born, live, learn, work, play, worship, and grow older that influence their health, daily functioning, and overall quality of life. These factors and systems affect everyday life, including economic policies, social norms, and political structures. In simpler terms, these are the areas where investing resources and focusing on public health can make a significant difference.

SDOH can be grouped into 5 domains:

1. Economic stability
2. Education access and quality
3. Health care access and quality
4. Neighborhood and built environment
5. Social and community context

Addressing disparities in SDOH accelerates the path toward health equity, ensuring that everyone has the opportunity to achieve their optimal level of health. Research indicates that SDOH influence health more significantly than genetic factors or access to healthcare. The impacts of SDOH are extensive and deeply embedded in our society, resulting in unequal access to a variety of social and economic resources, such as housing, education, income, and employment. These inequalities elevate the risk of poor health for individuals.

Promoting healthy choices alone will not address the health disparities caused by SDOH. Instead, public health organizations, along with their partners in sectors such as education, transportation, and housing, need to collaborate to create social, physical, and economic conditions that enable all individuals to attain good health and well-being.



## Understanding Health Equity

### Area Deprivation Index

Living in disadvantaged neighborhoods is associated with health issues such as higher rates of diabetes and heart disease, increased use of health services, and reduced lifespans. Health initiatives that overlook neighborhood disadvantages may prove ineffective.

The Area Deprivation Index (ADI), developed by the Health Resources and Services Administration (HRSA) more than thirty years ago, has been refined by Amy Kind, MD, PhD, and her team at the University of Wisconsin-Madison. This index ranks neighborhoods based on socioeconomic disadvantage, considering factors such as income, education, employment, and housing quality, and aids in healthcare delivery and policy formulation for the most challenged areas.

ADI scores from within this state alone are ranked from lowest to highest, then divided into deciles with 1 being the least disadvantaged block groups and 10 being the most disadvantaged block groups. **Simpson County's 2022 ADI Score was 6.46, indicating that the neighborhoods in Simpson County are slightly more disadvantaged than usual, but the discrepancy is not significant.**

Area Deprivation Index (ADI) 2022

	Simpson County, MS
Overall	6.46

## Social Vulnerability Index

Social vulnerability refers to the social and economic factors that make certain communities more susceptible to difficulties during public health emergencies and other challenging situations that can result in illness or injury. Issues such as poverty, limited access to transportation, and overcrowded housing can diminish a community's capacity to cope with and adapt to these public health challenges.

The CDC/ATSDR Social Vulnerability Index (SVI) is a tool that helps identify communities that may be at risk and in need of assistance before, during, or after disasters. It includes data and maps that display various factors related to social vulnerability. These factors are organized into four main themes, which are subsequently combined to yield an overall score of social vulnerability for each community.

SVI is a percentile ranking with possible scores ranging from 0 (indicating the lowest vulnerability) to 1 (indicating the highest vulnerability). **Simpson County's overall SVI was 0.2963, which indicates a low to medium level of vulnerability. All sub-indicators fall below "low to medium," except for household characteristics, which indicate a medium to high level of vulnerability (0.5185).** The following elements comprise this sub-indicator:

- Individuals aged 65 and older
- Individuals aged 17 and younger
- Civilians with a disability
- Single-parent households
- Proficiency in the English language

### Social Vulnerability Index (SVI) 2022

	Simpson County, MS
<b>Overall</b>	<b>0.2963</b>
Socioeconomic Status	0.4198
Household Characteristics	0.5185
Racial and Ethnic Minority Status	0.3951
Housing Type/Transportation	0.1111

## Distressed Communities Index

The Distressed Communities Index (DCI) highlights significant disparities in economic health across various communities in the U.S. Utilizing seven socioeconomic characteristics from the latest Census data, areas are categorized into five groups based on their well-being: prosperous, comfortable, mid-tier, at risk, and distressed.

This index is equivalent to percentiles, allowing us to examine the inequalities both within and among different cities and states. Distress Scores range from 0 (most prosperous) to 100 (most distressed). **Simpson County, Mississippi is distressed with a distress score of 83 and ranks 51 out of 82 counties in Mississippi.**

### Distressed Communities Index (DCI) 2024

	Simpson County, MS
<b>Overall</b>	<b>83.00</b>
No high school diploma	20.6%
Poverty rate	19.2%
Adults not working	32.8%
Housing vacancy rate	19.6%
Median income ratio	89.3%
Change in employment	-5.2%
Change in establishments	3.5%

## Vizient Vulnerability Index

The Vizient Vulnerability Index (VVI) serves to identify the social needs and challenges that pertain to the accessibility of healthcare services within diverse neighborhoods, which may influence an individual's overall health. The data derived from the VVI file empowers users to address nine distinct domains of vulnerability, encompassing all five categories of SDOH.

VVI scores span from -3.000, denoting a lower degree of vulnerability, to 3.000, indicating a higher degree of vulnerability. An overall vulnerability score that exceeds 1 signifies an area classified as "high vulnerability," thereby indicating that these neighborhoods face challenges that are considerably more serious than the national average.

The overall VVI score for Simpson County is 0.708, which signifies that the county is on the cusp of high vulnerability. The sub-indicator in which Simpson County exhibited the greatest degree of vulnerability is Neighborhood Resources, with a score of 1.407. The following elements comprise this sub-indicator:

- Lack of access to parks
- Existence of food deserts
- Availability of broadband services and corresponding household broadband subscriptions
- Sales of alcoholic beverages
- Dispensing of opioid medications

**Vizient Vulnerability Index (VVI) 2020**

	Simpson County, MS
<b>Overall</b>	<b>0.708</b>
Economic	0.847
Education	0.748
Health Care Access	0.671
Neighborhood	1.407
Housing	-0.548
Clean Environment	-0.819
Social	0.320
Transportation	-0.265
Public Safety	-1.784

## Priority Health Needs

As illustrated in the previous section, Simpson County has several areas of vulnerability and socioeconomic challenges that we need to consider. However, it is important to focus our resources and activities on the most pressing health needs in our community. To decide which issues to prioritize in the next three years, SGH collected input from community partners and stakeholders to identify three key health needs. Based on this feedback, SGH will direct its efforts towards these priorities for 2024-2027:

1. Substance Abuse and Mental Health
2. Brand/Services Awareness
3. Chronic Diseases (Diabetes, Heart Disease, and Cancer)
4. Expansion plans for infrastructure and services

Strategies to address the priority areas will reflect community population trends and stakeholder feedback, as highlighted in the following subsections.

### Community Overview and Trends

While SGH serves several counties in southeast Mississippi, its primary focus is on the Simpson County community. The demographic, socioeconomic, and public health trends in Simpson County closely mirror those across the state, indicating that residents in neighboring counties are likely facing similar challenges to those encountered in Simpson County.

The 2022 Census indicates that Simpson County has a population of 25,889, reflecting a decrease of nearly 6.0% since 2012. A similar, though far less pronounced, trend is observed in Mississippi's overall population. Almost two-thirds of Simpson County's residents are White; however, it is important to note that the county's multiracial population has seen significant growth over the past decade, with some groups doubling or even tripling since 2012.

Simpson County is characterized by a growing older population, with 18.2% of its residents aged 65 and older, surpassing the national average of 16.5%. This age group has increased by 21.4% since 2012, primarily driven by the aging baby boomer generation. In contrast, the younger population has decreased by 15.4%, although it's noteworthy that one in four residents of Simpson County is under 18. This demographic landscape presents a challenge for healthcare providers to balance responsive care for the elderly with a preventive approach for the younger population.

Almost one in five residents of Simpson County lives in poverty, compared to one in eight nationwide. Furthermore, approximately one in five individuals in Simpson County faces food insecurity. This challenge is not limited to Simpson County; it reflects a wider crisis throughout the southern United States, where food insecurity is often associated with poverty levels. However, there are positive developments within the county: over the past decade, Simpson County has experienced a reduction of about 5.2% in the poverty rate, including a notable 10.4% decrease in the number of children living in poverty.

Residents of Simpson County are more likely to own their homes compared to those in other regions. Approximately four out of five residents live in owner-occupied housing, which is higher



than both state and national averages. The county has a lower percentage of renters than both state and national figures; however, it is noteworthy that over half of these renter's face cost burdens, meaning their rent consumes more than 30% of their household income. Furthermore, Simpson County residents are slightly less likely than their peers in Mississippi and across the nation to have access to internet subscriptions, highlighting ongoing disparities in access to essential services.

## Priority #1: Substance Abuse and Mental Health

Mortality data for Simpson County in 2022 was sourced from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. Unintentional injury ranked fifth; however, we chose to exclude it as a primary cause of death to concentrate on areas where our medical center can make a more significant impact. Unintentional injuries encompass various sub-causes that we believe we have limited ability to influence, such as railway accidents, animal-related incidents, and allergic reactions. While overdoses are classified under unintentional injury in the "poisoning-drugs" subcategory, this category also includes poisonings related to non-narcotics and hallucinogens.

After analyzing responses from our community health needs assessment survey and engaging in discussions with key stakeholders from disadvantaged areas, SGH determined that drug abuse is a critical health concern in our community, despite the data not clearly indicating this due to sub-category limitations. When asked to describe the primary health challenges that need to be addressed in their community, 1 in 5 survey respondents indicated drug abuse, emphasizing the severity of this issue. SGH is committed to providing our community members with the treatment they need and will be partnering with local representatives, EMS services, and starting an online campaign to ensure that proper awareness is raised for substance abuse.

Our community survey also provided every-opening statistics related to mental health. When asked to describe the primary health challenges within their community, 43.59% of responses stated mental health issues, such as Anxiety, Depression, and ADHD. Furthermore, 1 in 10 residents reported "Poor" or "Very Poor" mental health, and over 25% cited unfavorable access to mental health resources. SGH provides residents with mental health services; however, these survey results indicate that residents may not be aware of these services. This creates an essential opportunity for SGH to educate community members about the services we offer, promote good mental health, raise awareness of mental health challenges our residents could be facing, and continuously improve in our service to our community.



## Priority #2: Brand/Services Awareness

As elaborated in the “Health Risk Factors and Chronic Diseases” section, the five leading causes of death in Simpson County are predominantly preventable. The risk of many of these diseases can be significantly lowered through healthier lifestyle choices. By adopting habits such as quitting smoking, limiting alcohol consumption, and engaging in regular physical activity, individuals can effectively address key risk factors associated with these diseases. At SGH, we are committed to providing our community members with the resources they need to make healthier choices and focus on disease prevention. However, we must acknowledge that many individuals in our community may not be aware of the resources available to them.

For example, in our community survey, 1 in 4 residents described access to mental health services as “Poor” or “Very Poor.” SGH, however, provides mental health services and recognizes how crucial it is that our residents are better informed about the services offered to them.

In response, SGH is wholeheartedly prioritizing community awareness and education. Our approach will focus on both identifying risk factors and promoting the essential services we offer through engaging health fairs, participation in community events, and a greater distribution of educational materials.



### Priority #3: Chronic Diseases (Diabetes, Heart Disease, and Cancer)

Heart disease is the leading cause of death in Simpson County, a concerning reality that mirrors the crisis in Mississippi and nationwide, highlighting the urgency of this widespread issue. Ischemic heart disease, a largely preventable condition, sadly accounts for a substantial portion of these fatalities. This situation represents a crucial opportunity for the medical center to take action, implement preventive measures, and significantly enhance health outcomes for the residents of Simpson County.

Cancer is the second leading cause of death in Simpson County. Although some risk factors are beyond our control, embracing healthier lifestyle choices can greatly lower the risk of many common cancers. For this reason, SGH is dedicated to formulating strategies for the prevention of specific types of cancer. SGH will particularly focus on educating the community about cancers of the trachea, bronchus, lung, prostate, pancreas, liver, and intrahepatic bile ducts, as these types of cancer are the most devastating within our community.

Diabetes is another significant concern in our community, ranking as the 10th leading cause of death in Simpson County. While it may not pose as great a threat as heart disease or cancer, it remains essential for our medical center to keep community members informed about screening

options and effective lifestyle changes they can make to lower their risk of developing these conditions.

The risk factors linked to diabetes overlap with those for heart disease, cancer, and many other chronic diseases, particularly smoking, lack of physical activity, high blood pressure, and high cholesterol. Nearly half of Simpson County residents have high blood pressure, one in three have high cholesterol, and one in five are current smokers. As these controllable risk factors are linked with a multitude of chronic diseases, SGH aims to target chronic disease within our community by educating our residents about controllable risk factors, equipping them with the information they need to reduce their risk of developing a chronic disease.



#### Priority #4: Expansion plans for infrastructure and services

The Canizaro-Cawthon-Davis Architect Group has developed a master facility plan for new construction and remodeling in designated areas. This comprehensive plan includes the addition of a new ER/Radiology/Lab/Respiratory/Outpatient Building, an updated acute care patient wing, a gift shop, a larger and modernized lobby, and expanded parking facilities. Additionally, the existing facility will undergo significant renovations, incorporating new Geriatric-Psych rooms, larger activity spaces, an expanded pharmacy, an enhanced administration area, and a conference room equipped with updated furnishings and technology.

We are currently exploring various financing options, including grants, new market tax credits, and USDA loan opportunities. Much of the existing facility and infrastructure dates back to 1958, and this modernization initiative will position the hospital and the community for continued success over the next 65 years.

**A complete summary of the CHNA data findings for the SGH service area, along with state and national comparisons, follows in the next sections.**

# Service Area Population Trends

## Demographics

Simpson County has a total population of 25,889 citizens, while the state of Mississippi has a total population of 2,958,846. The overall population for both Simpson County and Mississippi has seen a very minimal decrease in the population growth rate at 5.78% and 0.3% respectively. In comparison, the United States saw an increase of approximately 7.1%.

**2022 Total Population**

	Total Population	% Change Since 2012
Simpson County	25,889	-5.78%
Mississippi	2,958,846	-0.30%
United States	331,097,593	7.10%

Census data shows that racial diversity in Simpson County is comparable with that found in Mississippi. In Simpson County, 61.4% of the population is white; this stat is 59.6% for the state of Mississippi. It is worth mentioning that Simpson County's level of racial diversity is slightly more in line with the national average of 65.9%. On the other hand, Simpson County has a lower level of ethnic diversity than the state, with 2.0% of residents identifying as Hispanic or Latino, as opposed to the state average of 3.3%.

When compared to the 2012 5-Year Estimates, all three - Simpson County, Mississippi, and the nation - have experienced slight decreases in their White populations, ranging from -4.0% to -9.0%. Population growth in Simpson County occurred exclusively among non-White residents. Notable decreases include a slight decrease in the Black or African American and Asian populations, as well as a significant decrease of 45.21% in the American Indian and Alaskan Native population. The most significant growth in Simpson County's racial and ethnic groups is seen among the Native Hawaiian and Pacific Islander and Hispanic populations, as well as among individuals who identify as two or more races. Each of these groups had population growth rates over 300%.

**2022 Population by Race and Ethnicity**

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Simpson County	61.40%	35.10%	0.20%	0.60%	0.40%	0.40%	1.90%	2.00%
Mississippi	59.60%	37.20%	0.40%	1.00%	0.00%	1.40%	2.90%	3.30%
United States	65.90%	12.50%	0.80%	5.80%	0.20%	6.00%	8.80%	18.70%

### Population Change by Race and Ethnicity, 2012 to 2022

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Simpson County	-8.6%	-6.1%	-45.2%	-6.3%	1140000000.0%	47.4%	361.5%	660.0%
Mississippi	-4.7%	0.0%	-4.2%	10.0%	247.8%	76.6%	160.3%	23.5%
United States	-4.9%	6.3%	10.2%	28.6%	21.5%	35.1%	251.3%	22.2%

Simpson County’s census data shows that the county’s population is 48.3% male and 51.7% female. This hardly differs from the state average of 48.5% male and 51.5% female (Figure 9). Simpson County has a median age of 40.4 years, which is slightly older than the state’s median age of 38.9 years. As one would expect, Simpson County’s population mix is in line with the state of Mississippi in all age categories. Roughly half of residents in Simpson County’s residents are below 18 years old (23.7%) or over 65 years old (18.2%). This demographic composition requires healthcare providers to achieve a balance between reactive care for the aging population and preventative care for the younger population. This creates an exciting opportunity for Simpson General Hospital to focus on preventative care to foster long term benefits within the community.

Simpson County has a larger population of individuals aged 65 and older than Mississippi and the United States, and this population has been steadily increasing for the last 5 years. This trend takes place statewide and nationwide, despite Mississippi and the U.S. having lower 65+ populations.

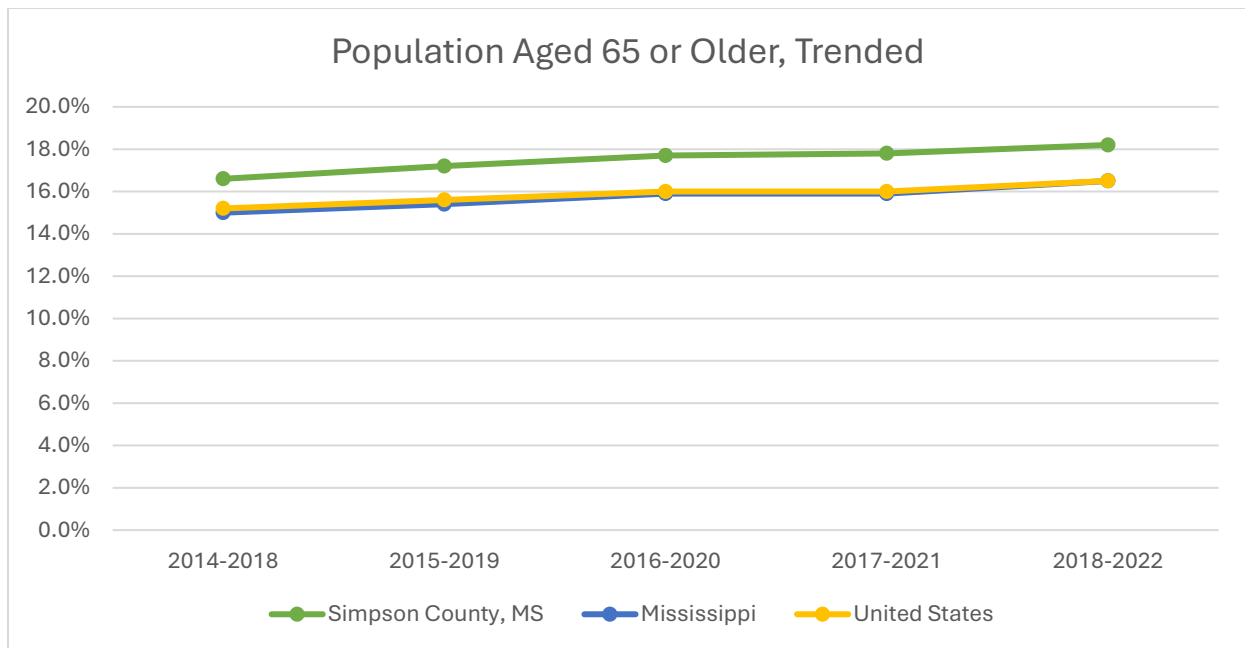
Over the last decade, there has been a notable increase in the population of individuals aged 65 and older in Simpson County, Mississippi, and across the United States. This trend can largely be attributed to the aging of the baby boomer generation. Alternatively, there has been a decline in the population under 18 years of age for all three. The rise in the older demographic in Simpson County, though significant, is less pronounced than the national trend, (21.4% compared to 34.6%), as is the decrease in the younger population in Simpson County compared to that of the nation (-15.4% versus -1%).

### 2018-2022 Population by Age

	Under 18	18-24	25-34	35-44	45-54	55-64	65+ years	Median Age
Simpson County	23.7%	8.1%	11.7%	11.9%	12.5%	13.9%	18.2%	37.7
Mississippi	23.4%	10.1%	12.6%	12.5%	12.1%	12.8%	16.5%	38.1
United States	22.1%	9.4%	13.7%	12.9%	12.4%	12.9%	16.5%	38.5

### Population Change by Age, 2012 to 2022

	Under 18	18-24	25-34	35-44	45-54	55-64	65 years	Median Age
Simpson County, MS	-15.4%	-12.1%	-6.2%	-8.2%	-16.3%	2.7%	21.4%	6.0%
Mississippi	-8.3%	-3.2%	-2.5%	-1.8%	-13.2%	8.6%	27.1%	5.8%
United States	-1.0%	1.5%	10.2%	3.8%	-8.0%	16.3%	34.6%	3.5%



## Income and Work

The median household income in Simpson County is slightly lower than that of the state of Mississippi; however, Simpson County has a lower percentage of people living in poverty in all categories except older adults (age 65+). Simpson County also has a lower percentage of unemployed individuals than Mississippi, which could be related to the county’s lower percentage of individuals in poverty. Overall, 17.1% of all people in Simpson County live in poverty compared to 19.2% of all people in the state of Mississippi. The age group with the highest percentage of poverty in Simpson County is children: 22.8% for Simpson County; 26.8% for Mississippi. A 5-year trend indicates poverty within Simpson County has been declining over the past 5 years, causing poverty to now be less prevalent in Simpson County than within the state of Mississippi as a whole.

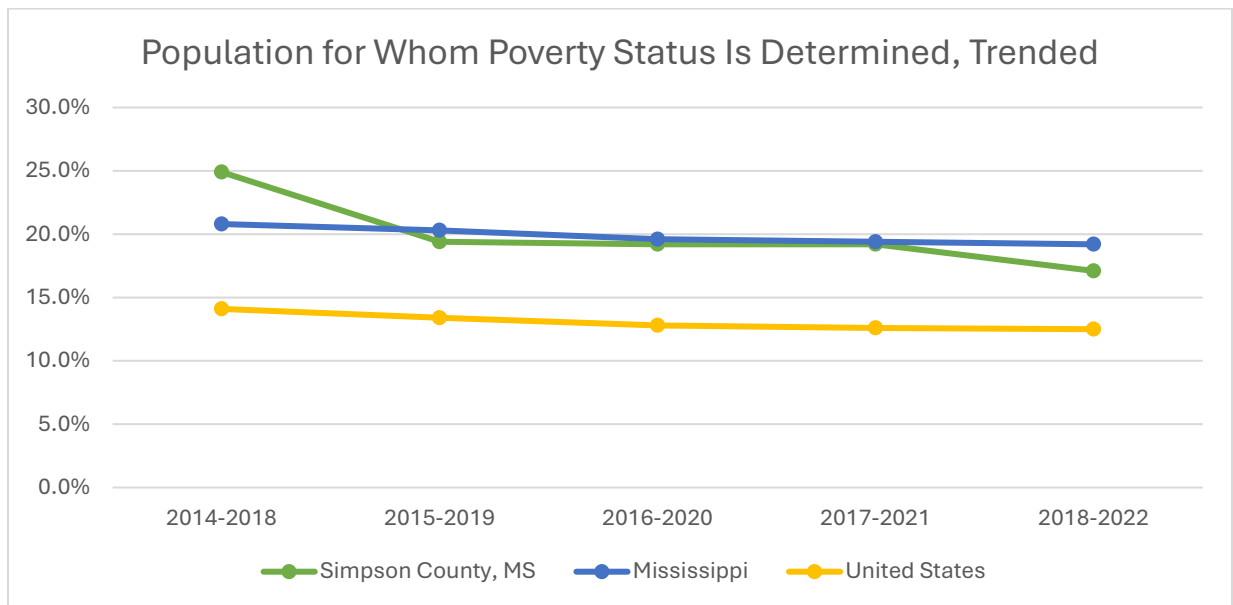
It is important to note that non-White and Hispanic individuals in Simpson County are more than twice as likely to be in poverty, whereas only 11.2% of White residents are in poverty. Similar disparities among racial groups exist across the state and nation, but they are not as pronounced as those observed in Simpson County. In fact, 100% of Simpson County residents identifying as Native Hawaiian and Pacific Islander or as Some Other Race are living in poverty.

### Economic Indicators

	Simpson County	Mississippi	United States
<b>Income and Poverty (2018-2022)</b>			
Median household income	50,867	52,985	75,149
People in poverty	17.10%	19.20%	12.50%
Children in poverty	22.80%	26.80%	16.70%
Older adults (65+) in poverty	15.80%	13.40%	10.00%
<b>Unemployment</b>			
2008 - 2012	11.40%	10.60%	9.30%
2018 - 2022	6.00%	6.40%	5.30%

### 2018-2022 People in Poverty by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Simpson County	11.2%	27.2%	0.0%	0.0%	100.0%	100.0%	1.7%	34.3%
Mississippi	11.9%	30.0%	31.8%	13.3%	33.2%	25.8%	21.6%	24.4%
United States	10.1%	21.5%	22.6%	10.1%	17.0%	18.6%	14.8%	17.2%





## Food Insecurity

After the onset of economic challenges due to the COVID-19 pandemic, there was a significant increase in federal and local support programs. This helped stabilize or reduce food insecurity rates for a period of two years. However, as pandemic-related assistance programs ended and household expenses, including food costs, rose, food insecurity levels have subsequently increased.

When looking at 2021, it is evident that Simpson County, Mississippi, and the United States all experienced their lowest food insecurity percentage in a five-year period thanks to federal and local support programs. However, all three entities are now facing their highest food insecurity percentage since 2018 due to the expiration of these programs after a two-year window. Alarming, almost 1 in 5 residents in Simpson County are experiencing food insecurity. It is important to note that this issue is not exclusive to Simpson County, but rather a larger problem in the southern United States where food insecurity is closely tied to poverty levels. According to national data from the USDA, individual food insecurity rates are highest in the South (15.6% compared to 13.0% in the Midwest, 11.7% in the West, and 11.7% in the Northeast).

**2018-2022 Food Insecurity**

	Simpson County	Mississippi	United States
<b>Food Insecurity among the Overall Population</b>			
2022	17.6%	18.8%	13.5%
2021	15.5%	16.3%	10.4%
2020	15.8%	16.2%	11.8%
2019	16.9%	18.5%	10.9%
2018	18.5%	18.7%	11.5%
<b>Food Insecurity among the Child Population</b>			
2022	21.4%	23.6%	18.5%
2021	18.0%	18.8%	12.8%
2020	20.8%	20.4%	16.1%
2019	20.5%	22.4%	14.6%
2018	24.0%	23.0%	15.2%

## Education

Comparing Simpson County to Mississippi, the educational attainment is fairly similar through associate's degree data, but Simpson County lags behind in terms of bachelor's degrees or higher (16.5% compared to Mississippi's 23.8%). Nonetheless, both areas fall behind the national average in higher education and consequently have higher percentages of the population with an educational attainment below a high school graduate level or equivalency.

In all three areas, individuals who are not of White or Asian descent face a higher educational disparity compared to White and Asian residents. It should be noted that Simpson County has an

extremely high percentage of Native Hawaiian and Pacific Islander residents with a bachelor’s degree or higher (100%, compared to 30.7% in Mississippi and 18.7% in the United States). While all three areas experience these educational barriers, the contrast is more pronounced in Simpson County. Aside from residents identifying as Native Hawaiian and Pacific Islander or Asian, each racial and ethnic group in Simpson County faces an educational disparity when compared to the state and nation.

### 2018-2022 Educational Attainment

	Less than 9th grade	9th to 12th grade, no diploma	High school graduate (includes equivalency)	Some college, no degree	Associate's degree	Bachelor's degree	Graduate or professional degree
Simpson County	5.8%	14.1%	32.7%	19.5%	11.5%	11.6%	4.9%
Mississippi	4.6%	9.1%	29.8%	21.9%	10.6%	14.5%	9.3%
United States	4.7%	6.1%	26.4%	19.7%	8.7%	20.9%	13.4%

### 2018-2022 Population with a Bachelor’s Degree or Higher by Race and Ethnicity

	White	Black or African American	American Indian and Alaska Native	Asian	Native Hawaiian and Other Pacific Islander	Some Other Race	Two or More Races	Hispanic or Latino (of any race)
Simpson County	17.3%	13.9%	0.0%	61.7%	100.0%	0.0%	10.4%	7.5%
Mississippi	27.5%	17.5%	9.8%	45.8%	30.7%	16.0%	22.5%	16.0%
United States	36.5%	24.0%	15.8%	56.3%	18.7%	14.8%	28.3%	19.1%

## Housing

Residents of Simpson County demonstrate a higher rate of homeownership compared to both state and national averages, with approximately 4 in 5 residents residing in owner-occupied housing. Additionally, homeowners in Simpson County experience lower monthly ownership costs, leading to a reduced proportion of Simpson classified as cost burdened. In comparison to the state and national figures, a smaller percentage of Simpson County residents inhabit rental properties. While these renters benefit from lower monthly rents relative to similar demographics elsewhere, it is noteworthy that over half of renters in Simpson County are considered cost burdened.

### 2018 - 2022 Housing Indicators

	Owners			Renters		
	Occupied Units	Median Monthly Owner Costs	Cost-Burdened*	Occupied Units	Median Rent	Cost-Burdened*
Simpson County	81.5%	1,160	28.2%	18.5%	793	54.0%
Mississippi	69.2%	1,311	25.9%	30.8%	896	50.3%
United States	64.8%	1,828	27.3%	35.2%	1,268	49.9%

\* Residents whose monthly housing costs exceed 30% of their household income are considered cost burdened.

Although lead has been banned from paint intended for residential purposes in the United States since 1978, older houses with lead paint still exist. These homes can expose children to lead, which can damage their kidneys, blood, and brains; at high levels, lead exposure can lead to coma, seizures, and even death. Children of minority races or ethnicities and those from low-income families are much more likely to be exposed to lead in their homes. Analyzing data from 2018 to 2022, Simpson County's percentage of housing built before 1980 is slightly lower than the national average but slightly higher than that of the state.

### 2018-2022 Housing by Year Built

	Before 1980	1980 to 1989	1990 to 1999	2000 to 2009	2010 to 2019	2020 or later
Simpson County	44.9%	12.4%	16.2%	14.2%	12.2%	0.1%
Mississippi	43.0%	14.2%	16.5%	16.7%	9.2%	0.4%
United States	51.3%	13.2%	13.2%	13.5%	8.2%	0.6%

Individuals living in low-income neighborhoods and older homes throughout the United States often face challenges related to allergens, dampness, and mold. It is estimated that dampness and mold in these residences contribute to approximately 21% of current asthma cases. Excess moisture creates an optimal environment for the proliferation of dust mites and mold, which can also lead to infestations of cockroaches, rats, and mice. These pests produce allergens that can worsen asthma and other respiratory problems. The percentage of adults currently diagnosed with asthma in Simpson County and Mississippi is slightly higher than that of the United States, but the difference is not significant.

### 2021 Current Asthma among Adults, Age-Adjusted

Simpson County	Mississippi	United States
10.8%	10.0%	7.7%

The majority of adults in the United States use the internet; however, a significant number do not have access to broadband services at home. There are notable disparities in broadband access based on factors such as race or ethnicity, age, geographic location, education, and income. With an increasing number of hospitals and health systems adopting internet-based communication

and healthcare tools, it is essential to implement strategies that enhance broadband internet access in order to improve health outcomes. While the percentage of residents with access to a computer in Simpson County is within 5 percentage points of that in Mississippi and within 10 percentage points of the nation, 1 in 4 residents in Simpson County lacks broadband access, compared to 1 in 5 in Mississippi and 1 in 9 in the nation.

**2018 - 2022 Households with Digital Access**

	With a computer	With an Internet subscription
Simpson County	87.5%	73.1%
Mississippi	90.0%	80.0%
United States	94.0%	88.3%

# A Closer Look at Health Statistics

## Access to Healthcare

Access to preventive health care can prevent both disease and early death. 3 in 4 residents in Simpson County have seen a doctor in the past year; however, many older adults are behind on crucial preventive services, including flu shots, PPV shots, colorectal cancer screenings, and mammograms. Oral diseases, which affect millions and can be linked to conditions like diabetes and heart disease, also plague the population. Regular dental visits can prevent these issues, yet half of Simpson County's residents have not seen a dentist in the last year. This trend reflects a broader national health concern, not just a local one.

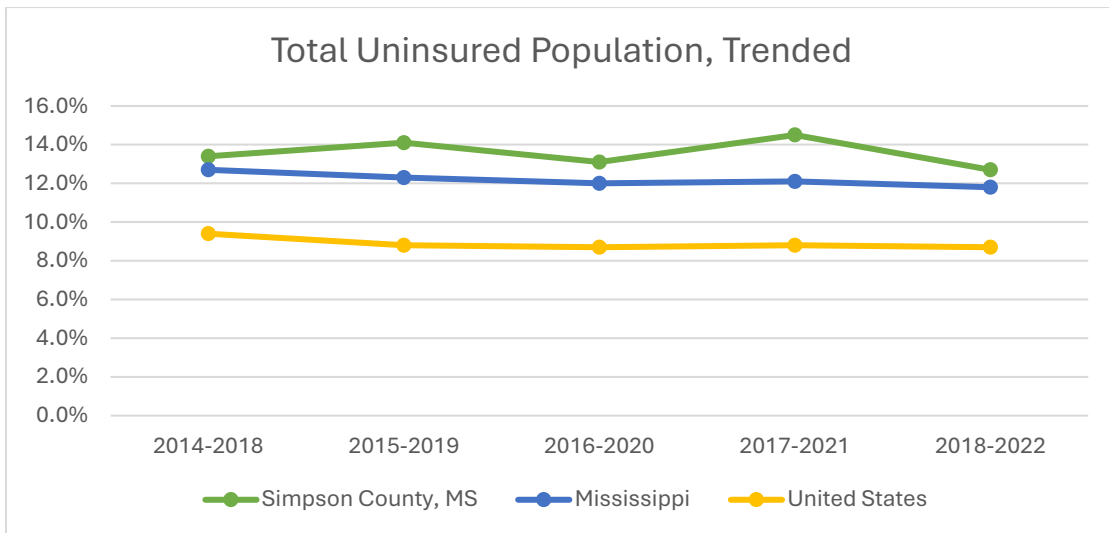
**Rates of Preventative Healthcare Visits in the Past Year, Age-Adjusted**

	Visits to Doctor	Visits to Dentist
Simpson County, MS	77.3%	50.8%
Mississippi	78.1%	58.3%

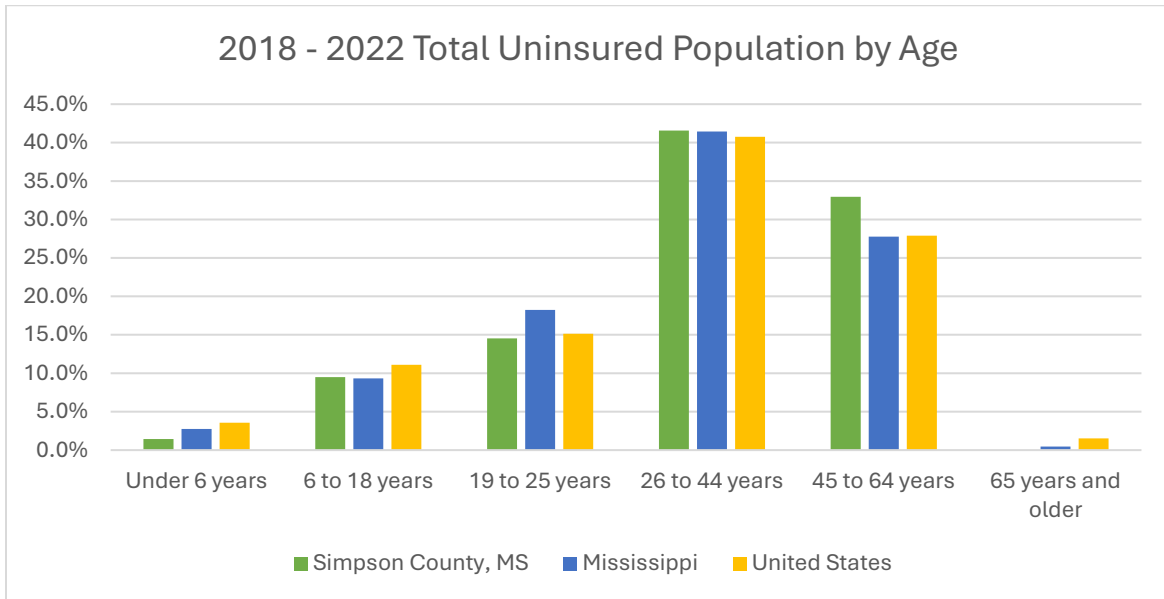
**2020 Adults Aged 65+ Current on Essential Preventive Services**

	Men	Women
Simpson County, MS	44.5%	33.2%
Mississippi	64.3%	67.5%

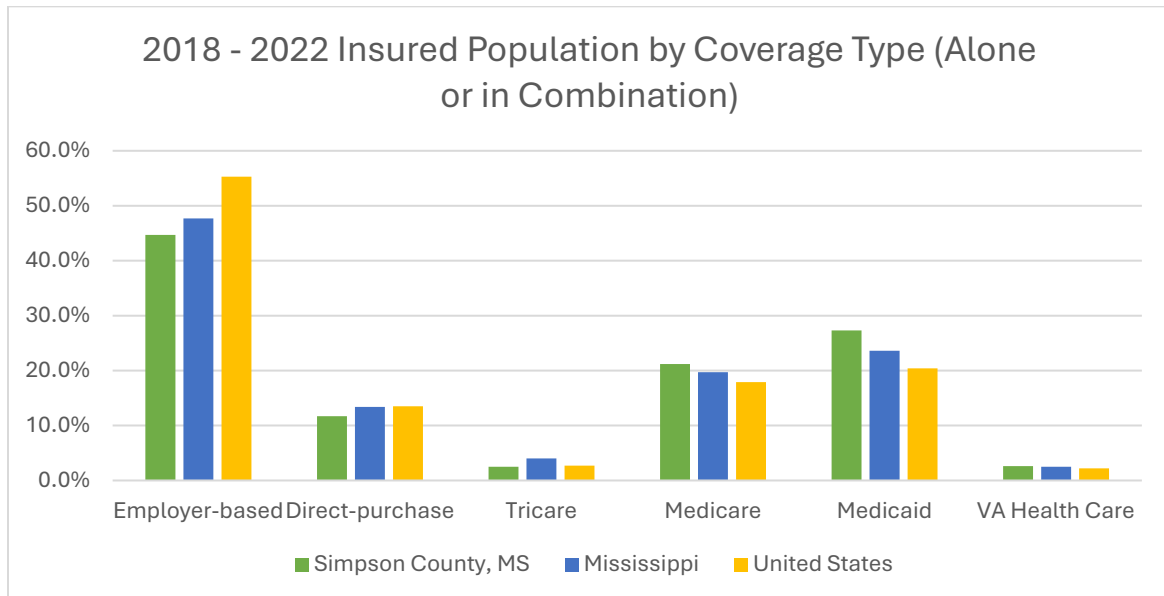
Without health insurance, individuals are less likely to have a regular healthcare provider and are more likely to skip routine care, thereby heightening their risk for serious health issues. Simpson County's uninsured rate has fluctuated between 13% and 14% from 2015 to 2019. While Mississippi's unemployment rate has gradually decreased since 2014, Simpson County's unemployment rate continues to remain above Mississippi's.



Approximately 40% of the uninsured population in Simpson County falls within the age range of 26 to 44, which is comparable with both state and national averages. Conversely, the uninsured rates among residents aged 45 to 64 are higher than the corresponding state and national rates.



In Simpson County, nearly half of the insured population relies on employer-based insurance, while the remaining insured individuals primarily utilize Medicare (21.2%) and Medicaid (27.3%). In alignment with age and socioeconomic factors, the rates of Medicare and Medicaid in this county exceed those of both the state (19.7% and 23.6%) and the nation (17.9% and 20.4%).

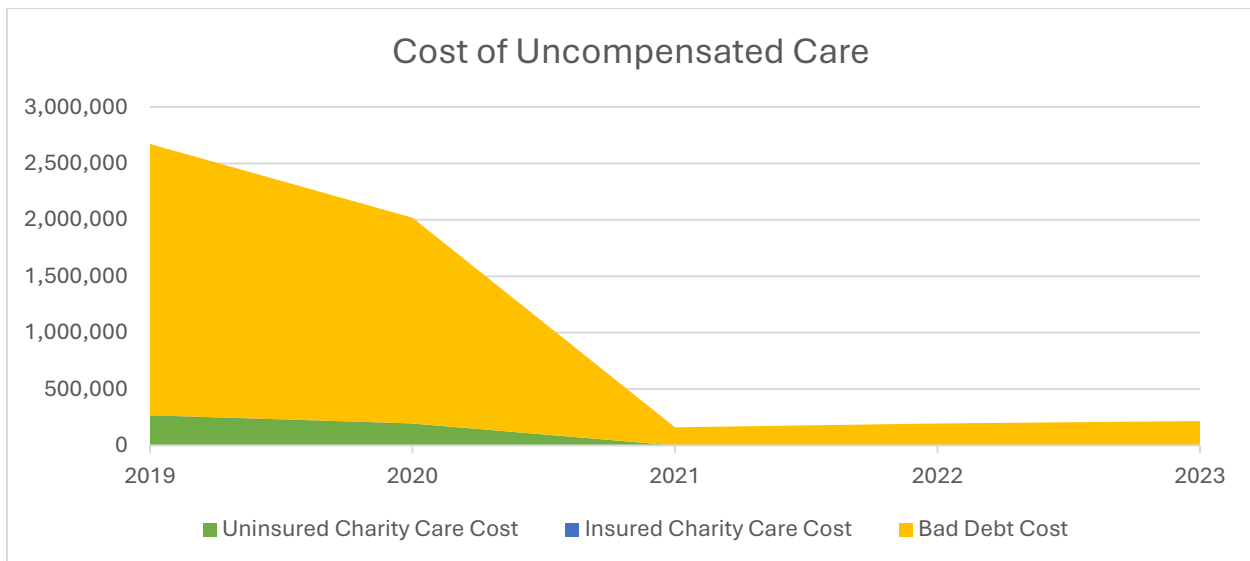


## Uncompensated Care Cost

Uncompensated care is an overall measure of hospital care provided for which no payment was received from the patient or insurer. It is the sum of a hospital's bad debt and the financial assistance it provides. Financial assistance includes care for which hospitals never expected to be reimbursed and care provided at a reduced cost for those in need. A hospital incurs bad debt when it cannot obtain reimbursement for care provided; this happens when patients are unable to pay their bills, but do not apply for financial assistance, or are unwilling to pay their bills.

Uncompensated care excludes other unfunded costs of care, such as underpayment from Medicaid and Medicare. **Over the past five fiscal years, SGH has incurred over five million dollars in uncompensated care costs for services provided without payment from either the patient or the insurer.**

According to SGH's Financial Assistance Policy (FAP), patients may be eligible for partial or full financial assistance for emergency care and medically necessary services. For patients whose annual family incomes are less than 250% of the Federal Poverty Guidelines, a discount ranging from 46% to 100% of the Amounts Generally Billed (AGB) may be offered in writing to the patient. Patients with annual family incomes exceeding 250% of the Federal Poverty Guidelines will be considered on a case-by-case basis. **Over the past five fiscal years, SGH has incurred approximately half a million dollars in charity care costs, with 100% of these costs relating to uninsured patients.**



# Health Risk Factors and Chronic Diseases

Mortality data for Simpson County in 2022 was obtained from the Mississippi State Department of Health, Office of Vital Records and Public Health Statistics. After excluding "Other diseases and conditions" (Rank 3) and "Unintentional injury" (Rank 5), we have identified the following five primary causes as our focus areas:

1. Heart Disease
2. Cancer
3. COVID-19
4. COPD / Emphysema
5. Alzheimer’s

## Heart Disease

Heart disease is the leading cause of death in Simpson County, Mississippi, and across the United States. Various health conditions, along with lifestyle choices, age, and family history, can increase your risk. While some factors, such as age and family history, are unavoidable, you can manage controllable risks. The CDC reports that about 47% of Americans have at least one of the three controllable risk factors for heart disease. Notably, ischemic heart disease, the leading sub-cause of death, is largely preventable.

Comparing Simpson County to Mississippi, both show similar percentages of residents with risk factors. Notably, Mississippi ranks second nationally for heart disease-related deaths. In Simpson County, nearly half of residents have high blood pressure, one in three have high cholesterol, and one in five are current smokers.

**2021 Age-Adjusted Heart Disease Risk Factors**

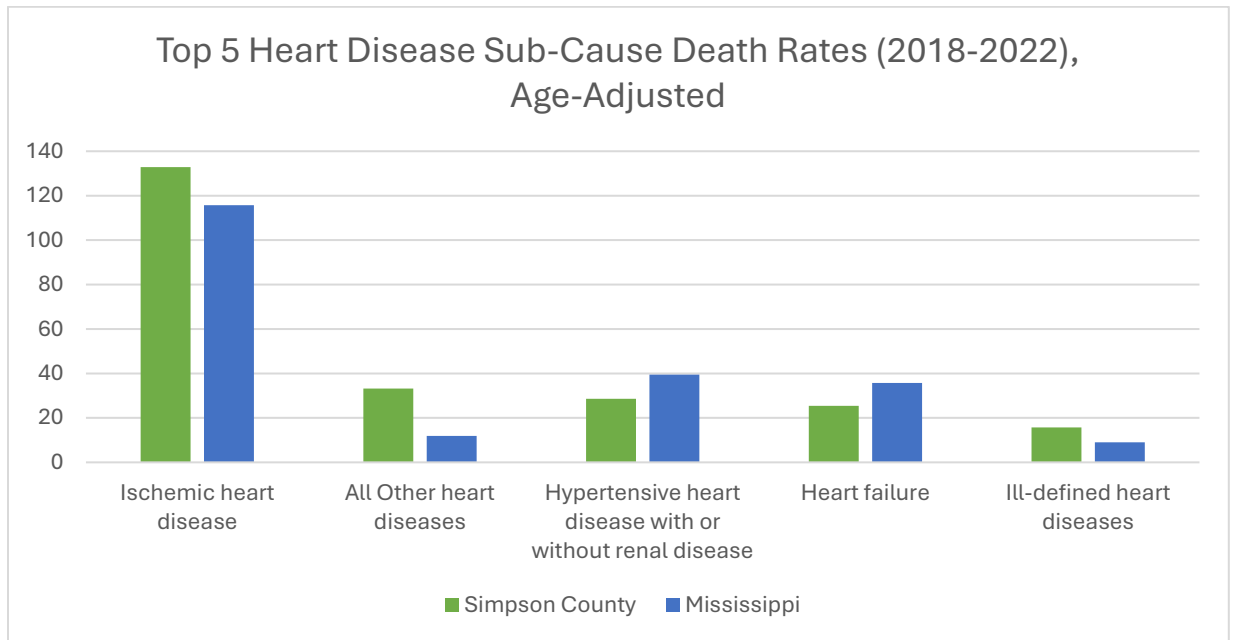
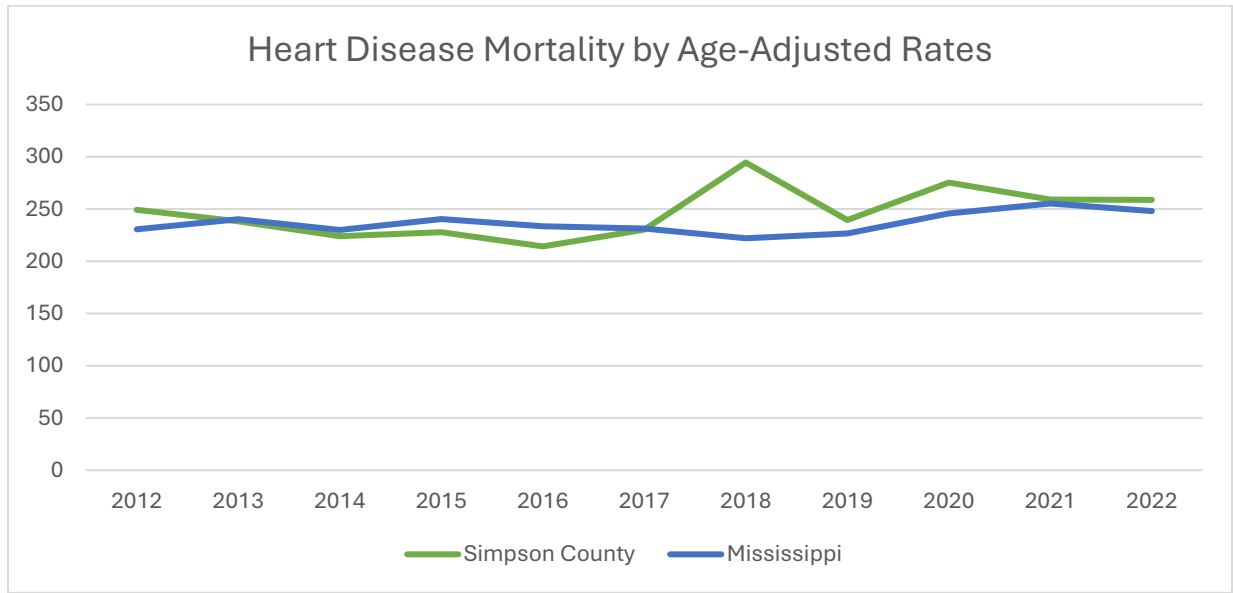
	High blood pressure	High cholesterol	Smoking
Simpson County, MS	40.7%	32.1%	22.0%
Mississippi	40.2%	33.0%	19.9%

Heart disease is the leading cause of death among most racial and ethnic groups in the United States. Statewide data conveys that Black or African American individuals account for 39.8% of total heart disease deaths, compared to 34.5% for White individuals. In Simpson County, the distribution of heart disease-related deaths is relatively equal between the two groups (42.9% Black or African American vs. 43.1% White). Since 2018, there has been an upward trend in heart disease mortality in both Simpson County and the state; however, data from 2022 indicates that these numbers may be declining.



### Heart Disease Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Simpson County, MS	267.4	266.3	37.6	49.3
Mississippi	228.4	263.3	93.9	76.2



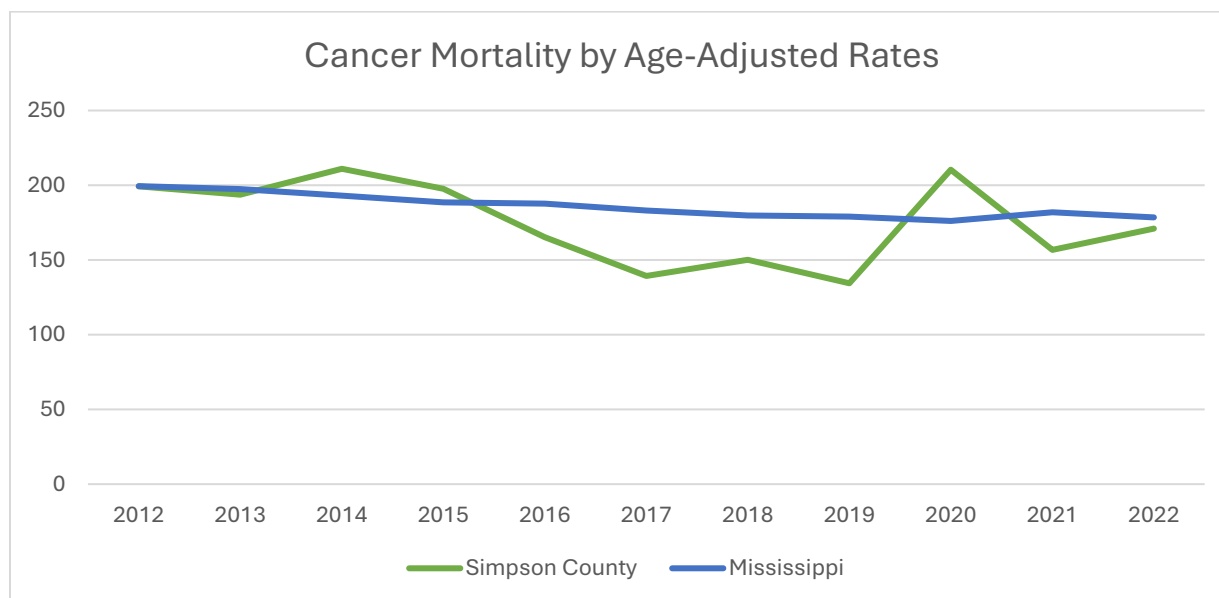
## Cancer

Cancer is the second leading cause of death in Simpson County and the United States and is the third leading cause of death in Mississippi. Recognized risk factors include alcohol consumption, family history, HPV, obesity, and tobacco use. While some risk factors cannot be altered, adopting healthier lifestyle choices can reduce the risk of many common cancers.

In the past decade, the age-adjusted rate of cancer deaths in Mississippi has generally decreased, despite some fluctuations in 2015 and 2019. Up to 2019, Simpson County's rates were slightly below the state average, but the county saw a large spike in 2020 and decreased back below Mississippi in 2022. Black or African American residents in Mississippi have a higher risk of cancer-related mortality compared to other racial groups. However, in Simpson County, cancer death rates are higher among White individuals than Black or African American individuals.

**Cancer Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted**

	White	Black or African American	Other	Hispanic or Latino (of any race)
Simpson County, MS	169.4	163.5	77.2	0
Mississippi	173.3	197.4	69.2	61.1

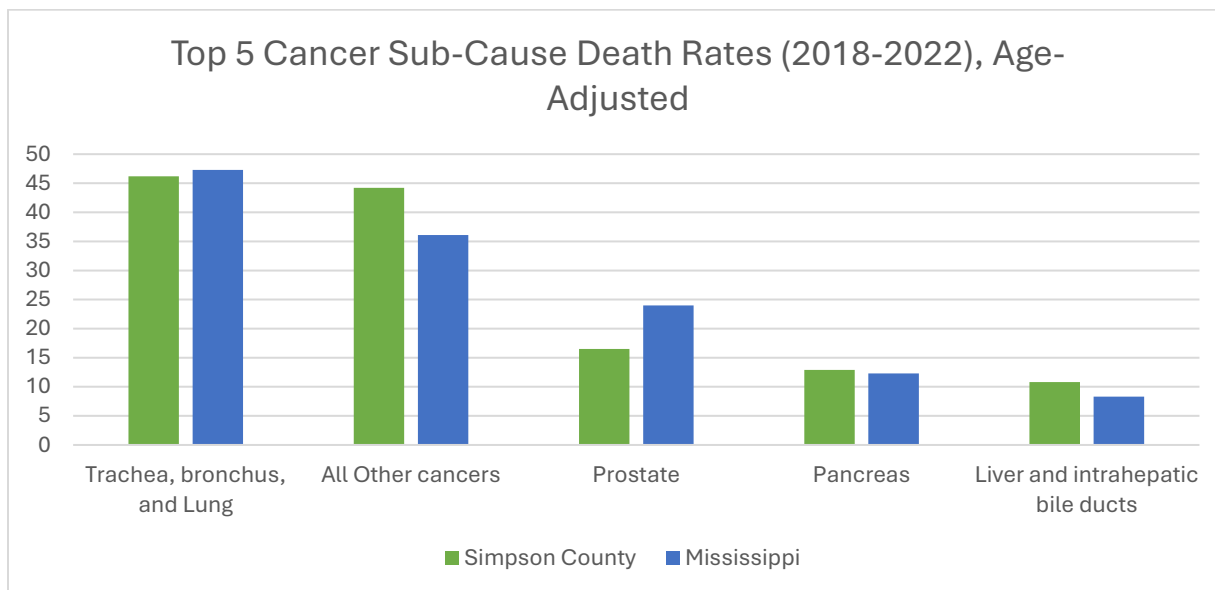


Trachea, bronchus, and lung cancer are the leading causes of cancer-related deaths in Simpson County, despite being highly preventable. According to the CDC, cigarette smoking contributes to approximately 80% to 90% of lung cancer deaths nationwide. Notably, one in five residents of Simpson County is a current smoker. The best way to reduce the risk of lung cancer is to avoid starting to smoke or to quit if you currently smoke.

Prostate cancer is the third leading cause of cancer deaths in Simpson County. All men can develop it, but older men, Black or African American men, and those with a family history are at greater risk. If you're concerned about your risk for prostate cancer, consult your doctor regarding screening options.

The fourth leading cause of cancer deaths in Simpson County is pancreatic cancer. Pancreatic cancer has the highest mortality rate of all major cancers. You can reduce your risk by maintaining a healthy body weight, being physically active, avoiding or quitting smoking, and limiting your intake of alcohol and red or processed meats.

The fifth leading cause of cancer deaths in Simpson County is liver and intrahepatic bile duct cancer. You can reduce your risk by maintaining a healthy weight and being physically active, getting vaccinated for hepatitis B, testing for hepatitis C and seeking treatment if positive, avoiding or quitting smoking, and limiting alcohol intake.



## COVID-19

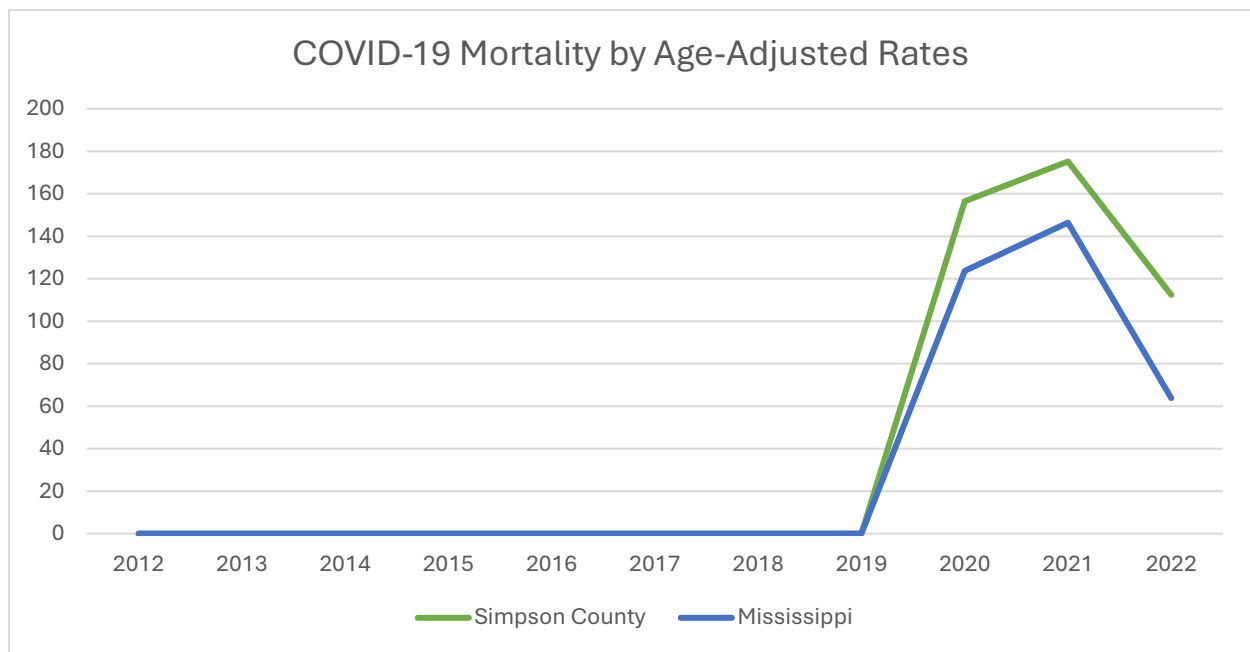
COVID-19 is the fourth leading cause of death in Simpson County and the fifth leading cause of death in Mississippi. Older adults are at the highest risk of developing a severe case of COVID-19, as over 81% of COVID-19 deaths occur in people 65 and older. Individuals who are immunocompromised or who have underlying medical conditions, such as diabetes, heart conditions, HIV, cancer, chronic lung disease, and a number of other conditions, are more likely to get very sick from COVID-19. Although developing a severe case of COVID-19 may be unavoidable due to underlying conditions, individuals can reduce their risk of getting very sick by working to prevent underlying conditions or by preventing the contraction of COVID-19 through vaccination, good hygiene practices, social distancing, and wearing a mask.

The onset of the COVID-19 pandemic created an alarming mortality rate spike in 2020, as the disease was non-existent and, therefore, did not have a mortality rate prior to 2019. Following

2021, Simpson County and Mississippi have seen a dramatic decrease in COVID-19 related deaths, following the nationwide trend. Data suggests that the COVID-19 mortality rate will continue to decline.

### COVID-19 Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted

	White	Black or African American	Other	Hispanic or Latino (of any race)
Simpson County, MS	87	92	37.6	49.3
Mississippi	58.1	85.9	58.7	42.3



## COPD / Emphysema

COPD is the sixth leading cause of death in Simpson County and a significant cause of mortality both statewide and nationwide. Those who smoke or have smoked are at a higher risk of developing COPD, as smoking is the primary cause. The best prevention is to avoid smoking entirely. For smokers already diagnosed with COPD, quitting smoking is the most crucial step in their treatment.

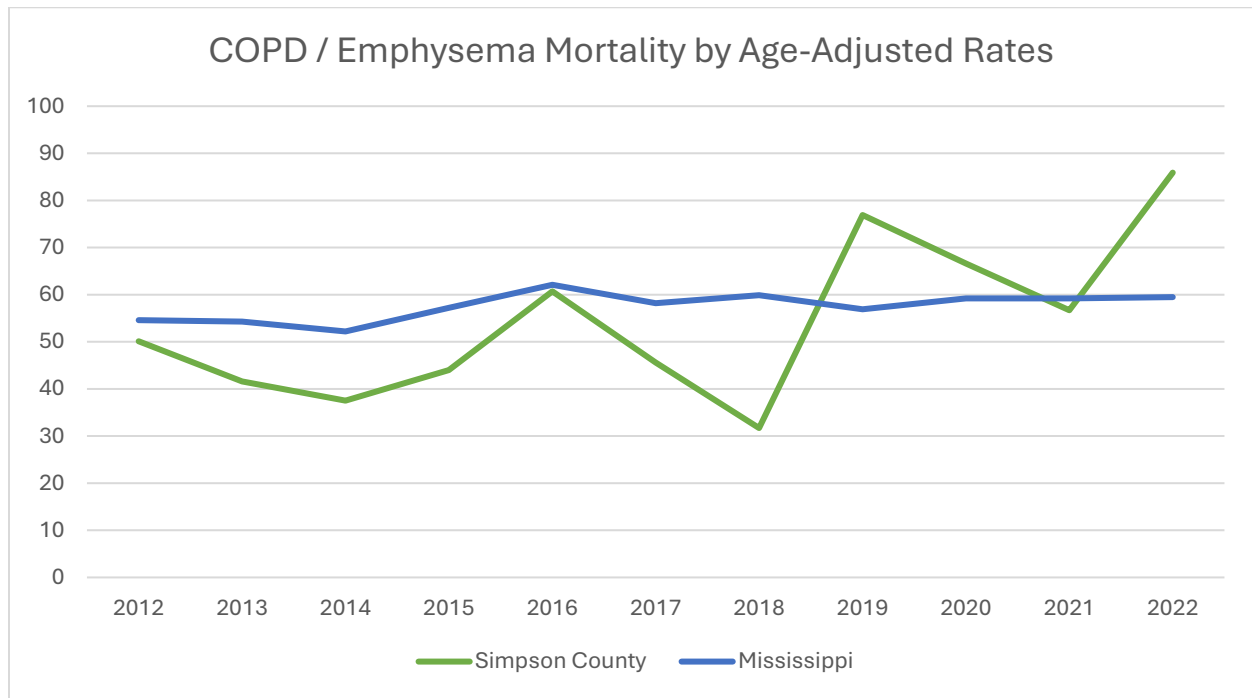
COPD mortality rates in Mississippi have been stable over the past decade; however, in Simpson County, they have fluctuated significantly, with a sharp rise from 2021 to 2022. By 2022, COPD mortality rates in Simpson County exceeded the state average by almost 50%.

**2022 Percentage of Residents with COPD, Age-Adjusted**

	Total Population
Simpson County, MS	8.2%
Mississippi	9.7%

**COPD / Emphysema Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted**

	White	Black or African American	Other	Hispanic or Latino (of any race)
Simpson County, MS	77.3	31.1	0	0
Mississippi	68.1	37.7	12.7	13.3



## Alzheimer’s

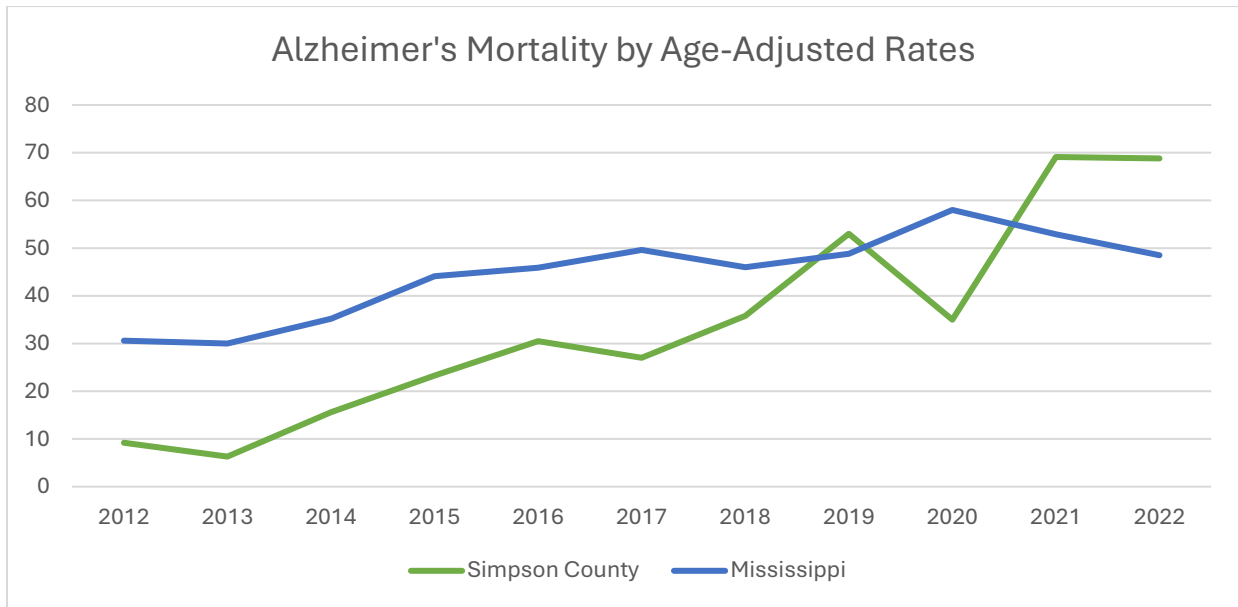
Alzheimer's disease is the 7th leading cause of death in Simpson County and is a prevalent cause of death across Mississippi and the United States. Recognized risk reduction strategies include managing high blood pressure, maintaining a healthy weight and being physically active, quitting smoking, avoiding excessive drinking, treating hearing loss, and prioritizing sleep. Some Alzheimer's risk may be unavoidable, such as genetic or age-related risk, but implementing healthier lifestyle choices can reduce the risk of developing the disease.

Over the last decade, Alzheimer’s mortality rates have been steadily increasing in Mississippi. The state saw a slight decline from 2020-2022, suggesting that rates may continue to decline. Simpson County has also experienced an overall increase in Alzheimer’s related mortality, but with more

fluctuation and a more drastic overall mortality increase. Simpson County saw a significant decrease in Alzheimer’s related mortality in 2020, but this rate almost doubled the following year and has remained at an unprecedented, high level.

**Alzheimer's Death Rates (2018-2022) by Race and Ethnicity, Age-Adjusted**

	White	Black or African American	Other	Hispanic or Latino (of any race)
Simpson County, MS	56	45	0	0
Mississippi	53.9	44.7	10.3	13.1



# Community Health Needs Assessment

## Background and Distribution

An online Community Health Needs Assessment survey was made available to residents and employees in Simpson County and the surrounding counties for the months of August and September in 2024. The survey was predominantly advertised through social media, word of mouth, and local newspapers.

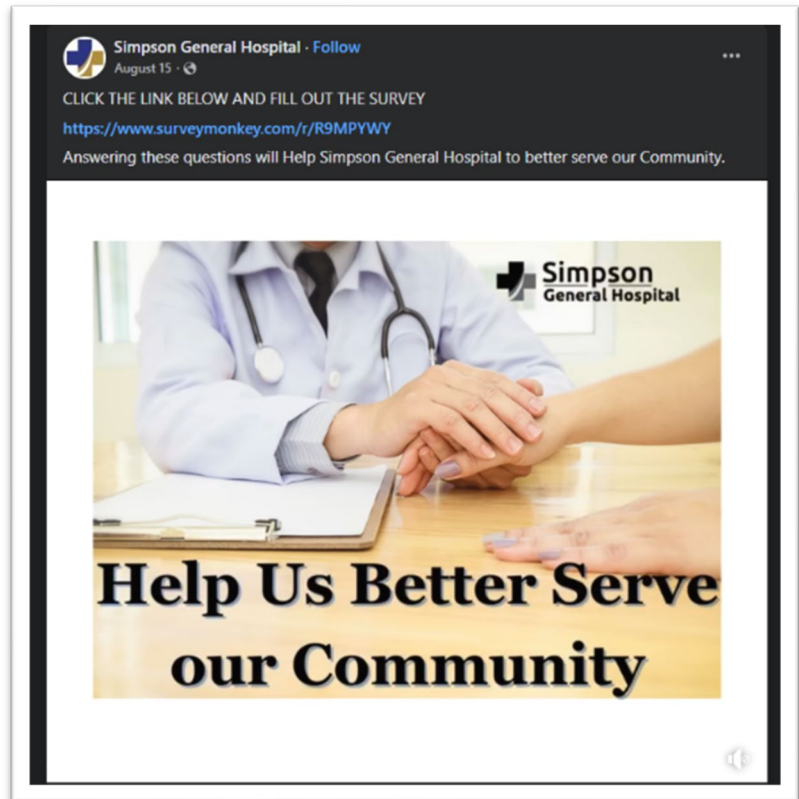
SGH analyzed survey feedback and utilized results to guide our initiatives and pinpoint which health priorities would be the most beneficial to our community.

Moreover, SGH's held focus groups with key community members to deepen our understanding of our community's health needs. The feedback provided by these focus groups aided our team in determining how SGH could shape our health plan to best serve our community and address prevalent health concerns.

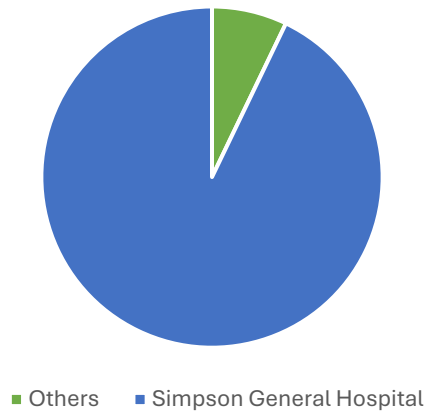
## Survey Findings

The following are examples of the types of questions asked in the community survey.

Respondents were asked to share their preferred healthcare service providers in the area. 92.86% of respondents indicated Simpson General Hospital as their primary healthcare provider, emphasizing SGH's significant role in contributing to the health of the overall community. We care deeply about our community members and are dedicated to providing them with high quality care that is tailored to their needs.



Please select the location(s) you prefer to go to when receiving healthcare services.

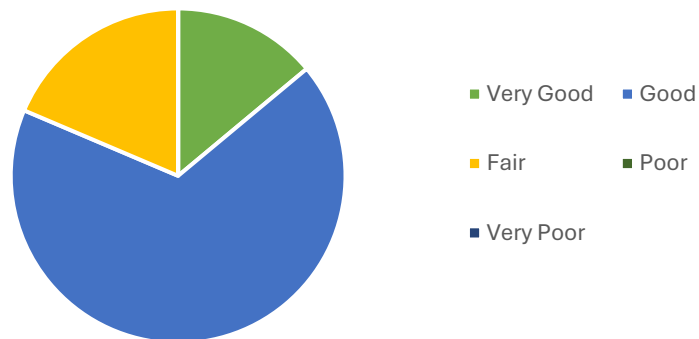


When asked to rate their overall health, a remarkable four in five survey respondents described it as "Good" or "Very Good," with no residents indicating poor overall health. In contrast, however, roughly one in ten felt compelled to describe their mental or emotional health as "Poor" or "Very Poor."

Additionally, it is worth noting that when asked to rate their access to quality medical care within the Simpson County region, 80.49% of residents indicated "Good" or "Very Good" access to quality care. When asked to rate their access to quality mental health care, less than 50% of residents indicated "Good" or "Very Good" access, with 1 in 4 describing access to mental health resources as "Poor" or "Very Poor."

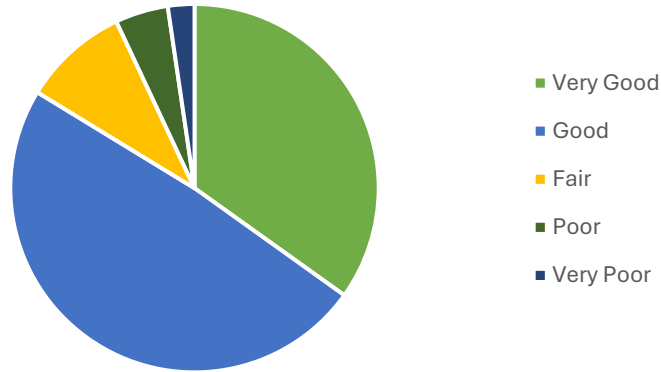
The combination of poor individual mental health and the perception of unfavorable access to quality mental health care within our community creates an opportunity for SGH to focus on improving mental health and access to mental health care for our residents.

How would you rate your overall PHYSICAL health?





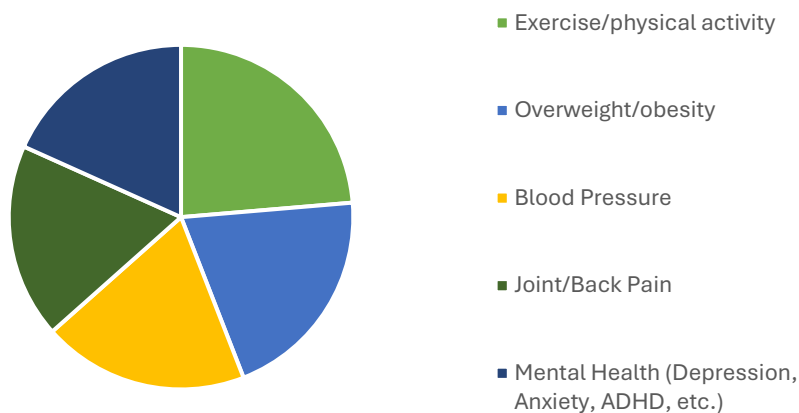
In general, how would you rate your overall MENTAL or EMOTIONAL health?



When asked to describe widespread health challenges within our community, the three most frequent responses were lack of physical activity, obesity, and high blood pressure. These health challenges are controllable risk factors for the leading causes of death in Simpson County, most prevalently contributing to the development of heart disease and Alzheimer’s. These survey responses indicate the alignment of SGH’s health priorities with those of our community members.

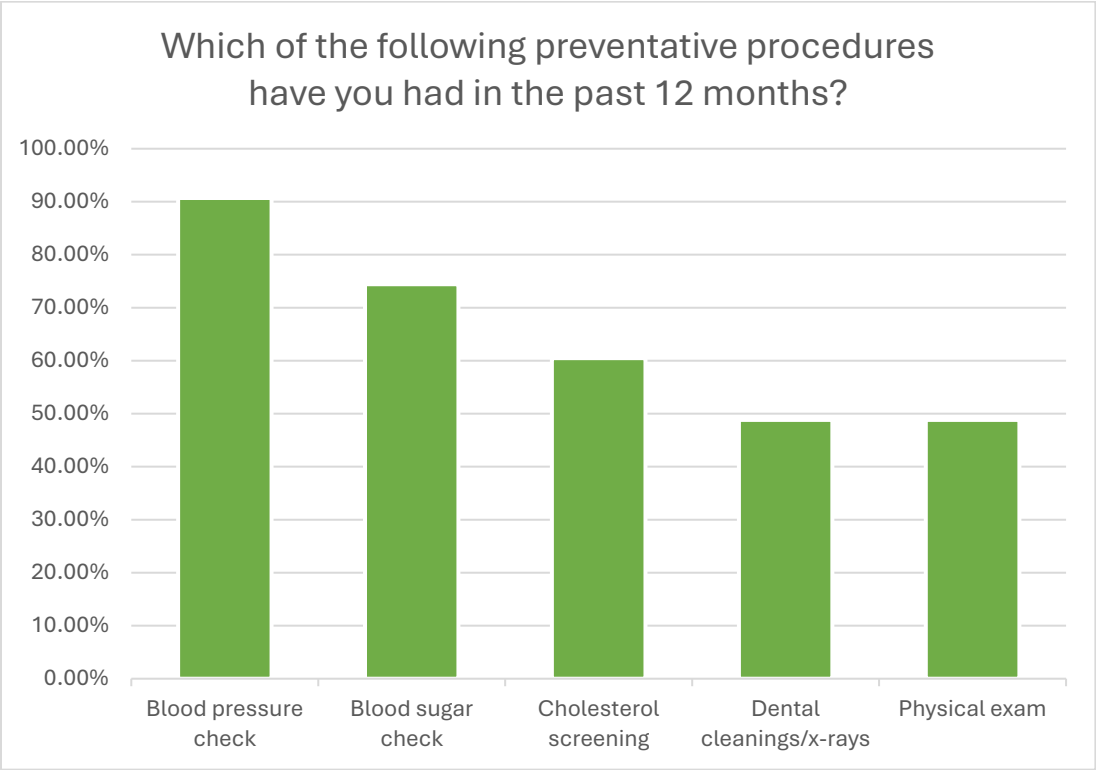
Furthermore, it should be noted that mental health concerns were among the primary health challenges indicated by our community members. These responses are consistent with the aforementioned survey data indicating the need for improved access to quality mental health resources within our community.

What health challenges need to be addressed in your community?



Respondents were also asked to share which, if any, preventative procedures they have had in the last year. Of the top 5 procedures mentioned, blood pressure checks were by far the most common with 90.7% of respondents indicating having had a blood pressure check. As high blood pressure is a controllable risk factor for heart disease, COPD, and Alzheimer’s—three of the five leading causes of death in Simpson County—the high volume of blood pressure checks among our community members reiterates our residents’ and our hospital’s commitment to addressing the most pressing health needs in our community.

Notably, the least common preventative procedure indicated by our community members was prostate cancer screening, as only 2.33% of residents indicated having had a prostate cancer screening in the last 12 months. This statistic is particularly troubling because prostate cancer is the third leading cause of cancer deaths among Simpson County residents. The lack of prostate cancer screenings among Simpson County residents highlights the importance of continuous health education within our community, whether that education takes place at a health fair, through advertisements, or during a regular doctor visit.



# 2021 Community Health Improvement Plan Progress

## Priority #1: COVID-19 and its impact on the health and well-being of the community

### Plan of Action

1. Continue to address the COVID needs of the community through Adopt a School Program, Community Events, educational materials, social media, digital ads, billboards, website, local newspaper and Mageenews.com etc.
2. Continue to protect the community through delivery of care services

### Response to Stated Strategies

We have administered flu vaccines each year to local state employees on-site at the Mendenhall schools, Simpson Central School, and the Simpson County School District office. Additionally, SGH donated over 2500 N-95 masks to the Simpson County School system.

Sports physicals were provided to the Mendenhall High School athletes at no-costs.

Flu vaccines were provided at multiple Health Fairs partnering with the Mendenhall Mayoral Health Council and Copiah-Lincoln Community College Simpson County Campus.

In 2022, we still provided Covid vaccines and booster for Pfizer and Moderna in all four clinics. We posted information on social media on how to order free home covid-19 tests, promoted Covid vaccines availability by making an appointment or visiting our Drive-Thru clinic, and made the public aware that Covid vaccine costs were no longer covered at 100% by HRSA. Advertisements for Flu and Covid testing, and vaccination were in the local newspaper and social media including sharing posts from the Mississippi State Department of Health. We continue to provide inpatient treatment for Covid positive patients in negative pressure rooms and isolation rooms.

SGH was recognized as one of the Community Partners of the Year in 2022 by the Simpson County Development Foundation for its efforts in protecting and caring for the community during the Covid-19 pandemic.



## Priority #2: Chronic Heart Disease Prevention (focusing on Diabetes and hypertension)

### Plan of Action

1. Continue educational campaigns utilizing social media, Facebook messages, website, monthly newsletter, etc.
2. Work with Community partner/affiliates (such as the health department) as a change agent for these health-related illnesses through health fairs, education, etc.

### Response to Stated Strategies

We participated in multiple health fairs partnering with the Mendenhall Mayoral Health Council and Copiah-Lincoln Community College providing blood pressure checks and offering to schedule appointments with our clinic providers.

We post on social media regarding American Health Month, wear Red on February 3 for heart disease, and educate our followers about how to get a healthier heart.

SGH was recognized by the MS State Department of Health with a Certificate of Appreciation for participating in the National Influenza Surveillance Systems for the 2022-2203 Influenza season.

SGH sponsored and participated as the biggest team in multiple local 5K Runs/Walks & Kids Fun Run to promote healthy lifestyles alongside the Mendenhall Mayoral Health Council.



## Priority #3: Substance Abuse and Mental Health Awareness

### Plan of Action

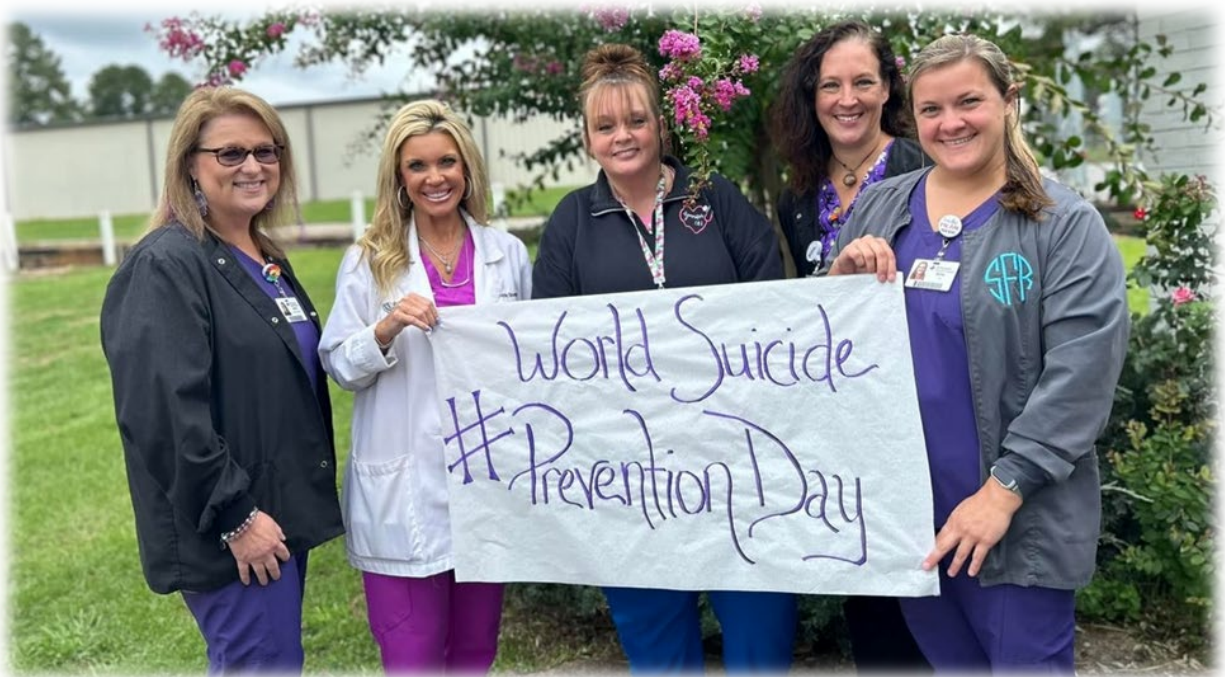
1. Continue educational campaigns utilizing social media, Facebook messages, website, monthly newsletter, etc.
2. Inform public of services offered
3. Work with local law enforcement by educating them on best practices in crisis situations

### Response to Stated Strategies

SGH has shared social media posts regarding mental health awareness, music therapy, world suicide prevention day (staff wore purple also), warning signs of mental health issues. The hospital conducted a mental health awareness month activity for staff and visitors.

We added a billboard on the main highway advertising inpatient and outpatient behavioral health services. Additionally, IOP/PHP brochures are provided at local health fairs and to referral sources during on-site marketing visits.

We partnered with local law enforcement to complete an Active Shooter Drill and enacted the Mass Casualty Event protocols with law enforcement for the local bridge collapse tragedy.



## Priority #4: Increase awareness of services and brand

### Plan of Action

1. Inform community of services offered at hospital
2. Advertise any new service offerings such as women's services
3. Brand awareness

### Response to Stated Strategies

SGH won the Maggie Award for Outdoor Transit/Billboard, "Stay Seated and Be Treated", from the MHA Society for Marketing and Public Relations.

Our facility has been advertising in the newspaper, MageeNews.com, and social media regarding new services such as women's services and general updates such as new telemetry monitors, new x-ray equipment, new ultrasound machine, new conference room, training center, offices, and new van to provide services to the community. New services such as the Safe Haven Baby Box installed—the first of its kind in a hospital in the state of Mississippi. New Dry Needling services are offered through the Physical Therapy department and are being advertised. Additionally, several patient testimonials and appreciation posts shared on social media.

Our hospital now has a presence on the local Lions Club to discuss services offered and provide networking opportunities, presence on the state-owned facility Boswell's Friends and Family group, a staff member elected to Copiah-Lincoln community college's foundation board, presence on the Simpson County Development Foundation, and attendance to multiple strategic 5-year planning meetings with the Simpson County School District.

Veterans, through the VA community Care Network, can see providers locally at SGH for their care rather than traveling several miles from home to the VA Medical Center.

## Priority #5: Strategic consideration to address construction and renovation needs of facilities

1. Develop a master facility plan to address aging plant and infrastructure
2. Explore possibility of building a replacement ER/Radiology/Lab facility
3. Identify areas of old hospital for potential renovation
4. Improve community image through investment in facility upgrades

### Response to Stated Strategies

A master facility plan for new construction and remodeling in certain areas has been designed by the Canizaro-Cawthon-Davis Architect Group. This plan features a new ER, Radiology, Lab, Respiratory, OP Building, acute care patient wing, gift shop, larger/updated lobby, and new parking lots. The rest of the facility will also be remodeled. The remodel includes new Geriatric-Psych rooms, larger activity rooms, larger pharmacy, larger administration area, and conference room with many new furniture/fixtures and equipment throughout the facility. We are discussing financing options through multiple avenues such as grants, new market tax credits, and USDA loan options.



# **COMMUNITY HEALTH IMPROVEMENT PLAN 2024-2027**

# 2024-2027 Community Health Improvement Plan

## Priority #1: Substance Abuse and Mental Health

### Plan of Action

1. Continue campaigns using social media, newspapers, and billboards to raise awareness of substance abuse and mental health challenges and promote treatment resources.
2. Coordinate with EMS Services to ensure patients are receiving quality care in a timely manner.
3. Assist with training and education as needed with local law enforcement on best practices in crisis situations.
4. Meet with local representatives to coordinate available services and raise awareness among community leaders of the substance abuse and mental health challenges faced by residents within our community.

## Priority #2: Branding and Hospital Services Awareness

### Plan of Action

1. Promote ancillary services available, as well as SGH's Baby Box & Crisis Pregnancy Center.
2. Improve awareness of our Swingbed & Geri-Psych services.
3. Inform community members about resources available at our clinics.
4. Educate our residents about the outpatient services we offer.
5. Continue our outreach in the community building relationships and trust that we are the provider of choice for our community.

## Priority #3: Chronic Diseases (with focus on Diabetes, Heart Disease, and Cancer)

### Plan of Action

1. Improve residents' understanding of controllable risk factors, such as high blood pressure, smoking, high cholesterol, and lack of physical activity, so they know what steps to take to decrease their risk.
2. Continue educational campaigns using social media, our website, monthly newsletter, and newspapers.
3. Continue to collaborate with community partners and affiliates, like the health department, to serve as a catalyst for addressing health-related issues through initiatives like health fairs and community education programs.
4. Explore new ideas for education outreach such as lunch and learns, meetings at senior center events, and working with church leaders on ways to educate the community.



## Priority #4: Expansion Plans for infrastructure and hospital services

### Plan of Action

1. Apply to be awarded a grant distribution to help fund our construction efforts.
2. Have a Multi-Facility Survey Report conducted by the Mississippi Department of Archives and History.
3. Pursue new market tax credits as an option for helping to fund new construction.
4. Work with lenders to obtain any additional funding needed for construction.
5. Utilize the bidding process to solidify the terms of our construction project.

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