Walthall General Hospital

CHNA Report

September 2019

Approved by
The Forrest General Hospital Board of Directors
September 24, 2019
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EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Walthall General Hospital (WGH) 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 WGH’s community health improvement initiatives and implementation strategies. This is a report that may be used by many of the hospital’s collaborative partners in the community. Therefore, WGH conducted a CHNA between June 2019 and August 2019.

The assessment was performed, and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP of Ridgeland, Mississippi. This assessment meets all the mandated federal requirements of the Affordable Care Act (ACA) and the Internal Revenue Service (IRS) as acting compliance agent. The CHNA was approved by Forrest General Hospital Board of Trustees on September 24, 2019. In accordance with federal requirements, this report is made widely available to the public on our website at https://www.forresthealth.org/community-health-needs-assessment-/.

In this report, we discuss the health priorities that we will focus on over the next three years based on the 2019 CHNA. The CHNA report is available on the hospital’s website www.walthallgeneral.org or a printed copy may be obtained from the hospital’s administrative office. The main input was provided by previous patients, employees and community representatives. An opportunity to offer input was made available to the entire community through word of mouth plus a published and publicly available survey. Additional information came from public databases, reports, and publications by state and national agencies.

WGH’s last community health needs assessment was conducted in 2016 and the response section of this report describes how the hospital and its collaborative partners worked together to address identified health needs in our community during the past three years.

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 Tylertown and Walthall County.

Tadren Kennedy, Administrator
Walthall General Hospital
ABOUT THE HOSPITAL

WALTHALL GENERAL HOSPITAL

Serving as Walthall County's only medical facility, Walthall General Hospital is a community healthcare facility. Currently operating 25 beds, Walthall General Hospital provides a wide range of medical services and technology to our community including emergency care, medicine, imaging and radiology, rehabilitation services, respiratory therapy, and swing bed services. These services are delivered by expert physicians and nurses at Walthall General Hospital. Through a management arrangement with Forrest General Hospital in Hattiesburg, Mississippi, Walthall General Hospital has access to a variety of medical specialties and expert medical professionals when needed. Walthall General's professional healthcare team provides efficient and effective care.

The Emergency Department a classified Level IV Emergency Department and Trauma Center is one of the main gateways to the hospital. It is conveniently located on the East side of the hospital and is easily accessible to vehicular traffic. Patients are checked in upon arrival and a nurse screens patient based on their clinical symptoms and needs.

Whether emergent or non-urgent, patients are seen by a competent, caring physician to evaluate their specific needs and direct their personal plan of treatment.

As a member of the statewide trauma system and a partner of Forrest General Hospital, Walthall General Hospital is able to arrange for complex specialized care in an organized and timely manner.

Walthall Rural Health Clinic is located at 200 Hospital Drive. Services provided include medical emergency procedures as a first response to common life-threatening injuries and acute illness, along with routine health care maintenance, minor surgical procedures, administrative health care examinations, diagnostic and therapeutic services and other primary care treatment.
THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment defines opportunities for health care 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 Walthall 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.

The federal government now requires that non-profit hospitals conduct a community health assessment. These collaborative studies help healthcare providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

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 strategic activities we have undertaken, over the last three years, as we responded 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. Also, review our activities that were in response to the needs identified in 2016. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

DATA COLLECTION

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

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

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

<table>
<thead>
<tr>
<th>Secondary Data Sources</th>
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</tr>
</thead>
<tbody>
<tr>
<td>The United States Census Bureau</td>
<td>Walthall General Hospital Medical Records Department</td>
</tr>
<tr>
<td>US Department of Health &amp; Human Services</td>
<td>Mississippi State Department of Health</td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention</td>
<td>Mississippi Center for Obesity Research</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>University of Mississippi Medical Center</td>
</tr>
<tr>
<td>Trust for America’s Health</td>
<td>Mississippi State Department of Health, Office of Health Data and Research</td>
</tr>
</tbody>
</table>
ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA
Primary: Walthall County

ABOUT THE SERVICE AREA
Walthall County is located in Southwest Mississippi. Its southern boundary borders Louisiana. The county seat is Tylertown. The county has a total area of 404.41 square miles, of which 403.94 square miles (or 99.89%) is land and 0.46 square miles (or 0.11%) is water. It is the smallest county in Mississippi in land area.

PATIENT ORIGIN
Approximately 82% of Medicare inpatients seen over the past twelve months reside in Walthall County, with the majority coming from Tylertown, the county seat. An additional 10% of inpatients resided in Lawrence county adjacent to Walthall. Another 6% of inpatients reside in other neighboring counties, and 3% resided in areas outside of these counties.

POPULATION AND RACIAL MIX DATA*

<table>
<thead>
<tr>
<th>WALTHALL COUNTY</th>
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</thead>
<tbody>
<tr>
<td><strong>Population</strong></td>
</tr>
<tr>
<td><strong>Racial Mix</strong></td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>African American</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>Median Household Income</strong></td>
</tr>
</tbody>
</table>

* Sources: U.S. Census Bureau, 2017 estimates and U.S. Census Bureau, 2013-2017 American Community Survey
COMMUNITY INPUT

COMMUNITY SURVEY

Community health needs were identified by collecting and analyzing data and information from multiple quantitative and qualitative sources. Considering information from a variety of sources is important when assessing community health needs, to ensure the assessment captures a wide range of facts and perspectives and to assist in identifying the highest-priority health needs. One of the most important sources is to seek input directly from those we serve.

A community survey was developed by the hospital. Members of the general public were encouraged to participate in the online survey. The data collected from the survey was part of the input used by the Steering Committee in establishing priorities.
COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY

Due By July 31, 2019

WALTHALL GENERAL HOSPITAL is conducting a Community Health Needs Assessment and your input is very important to us. Help us learn more about the health needs in our community by filling out the following survey and leaving at one of the registration desks. Thank you in advance for your input.

1. Have you used any health services offered at Walthall General Hospital in the past 12 months?

2. Do you or a member of your family live with a chronic disease? If so what disease?

3. Where do you go when you are seeking information or education on health related topics?

4. If you could name a health or wellness program that would benefit your health or your family’s health, what would it be?

5. Is there a health or wellness need in Walthall County that you are aware of?

6. Please list any other information or comments that you would like to share.
COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

The hospital’s administrator developed a hospital steering committee. The appointed members are listed below. Other members may serve on the steering committee as the committee’s work progresses.

HOSPITAL STEERING COMMITTEE
Tadren Kennedy – Walthall General Hospital, Administrator
Dr. Carla Armstrong – Walthall General Hospital, Emergency Room Physician
Sheila Brock, RN – Walthall General Hospital, Emergency Room RN and Education Coordinator
Sherry Brown - Walthall General Hospital, Purchasing
Allyson Daughdrill – Valley Food Services, Dietician
Thomas Dozier – Local Business Owner, Cardio World
Shannon Hartzog – Walthall General Hospital, Director of Nursing
Carol Hobgood – WGH Rural Health Clinic, Nurse Practitioner
Georgia Johnson – Valley Food Services, Director
Julie McDonald – Walthall General Hospital, Administrative Assistant
Gail Ratcliff – Forrest General Hospital, Home Health
COMMUNITY FOCUS GROUP

A community focus group was held at Walthall General Hospital on Tuesday, August 13, 2019. The participants in the group were carefully selected because they each represented a specific segment of the populations served. 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 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 Committees as it developed the hospital’s health priorities for the next three 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.
PARTICIPANTS IN THE COMMUNITY FORUM

Tadren Kennedy – Walthall General Hospital, Administrator
Allyson Daughdrill – Valley Food Services, Dietician
Carolyn Horn – Tylertown Farmer’s Market, Manager
Casey Hamilton – Mississippi Tobacco Free Coalition
DeMatt Harkins – MS Department of Health
Derick Thomas – Local Pastor
Joel Hinson – Walthall County Food Pantry
Julie McDonald – Walthall General Hospital, Administrative Assistant
Karin Thurman – MS Department of Health
Katherine Richardson – MS Department of Health
Madeline England – Community Health Director, MS Department of Health
Patty Hinson – Walthall County Food Pantry
Thomas Dozier – Local Business Owner, Cardio World
Tina Ginn – RN, Walthall County School District
Winston Fortenberry – Walthall County Offices of Veteran Services
Derrick Mason, Consultant, HORNE LLP
Barry Plunkett, Consultant, HORNE LLP

INVITED BUT UNABLE TO ATTEND

Sheriff Kyle Breeland – Walthall County Sheriff’s Department
Wade Carney – Walthall County Superintendent of Education
William Franklin – Southwest MS Opportunity
Pastor Knight – Tylertown Baptist Church
Bishop Smith – Tylertown First Baptist Church
Reverend Yoo – Tylertown Methodist Church
RURAL HEALTH DISPARITIES

Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to healthcare specialists and subspecialists, and limited job opportunities. This inequality is intensified as rural residents are less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid.

Federal and state agencies, membership organizations, and foundations are working to reduce these disparities and improve the health and overall well-being of rural Americans. Some organizations provide funding, information, and technical assistance to be used at the state, regional, and local level, while others work with policymakers to help them understand the issues affecting population health and healthcare in rural America.

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

The origins of health disparities in rural America are numerous and vary by region. Some frequently cited factors underlying rural health disparities include healthcare access, socioeconomic status, health-related behaviors, and chronic conditions.

ACCESS TO HEALTHCARE

Rural populations can experience many barriers to healthcare access, which can contribute to health disparities. A 2019 JAMA Internal Medicine article, “Association of Primary Care Physician Supply with Population Mortality in the United States, 2005-2015,” found lower mortality was associated with an increase of 10 primary care physicians per 100,000 population. The following factors create challenges or barriers to accessing healthcare services for rural Americans:

- There are higher rates of uninsured individuals residing in rural or nonmetro counties compared to their counterparts in urban or metro counties, as reported by a 2018 CDC report “Health, United States, 2017: With Special Feature on Mortality.”

- Healthcare workforce shortages are prevalent throughout rural America. The 2014 National Center for Health Workforce Analysis report, “Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas,” found a greater representation of workers
with less education and training living in rural areas and highlights data showing less than 8% of all physicians and surgeons choose to practice in rural settings.

- **Specialty and subspecialty healthcare** services are less likely to be available in rural areas and are less likely to include specialized and highly sophisticated or high-intensity care. This exacerbates problems for rural patients seeking specialized care who are faced with traveling significant distances for treatment.

- **Reliable transportation to care** can also be a barrier for rural residents due to long distances, poor road conditions, and the limited availability of public transportation options in rural areas. For more information on rural transportation programs and the impact on health of not having transport available in rural communities, see RHIhub's Transportation to Support Rural Healthcare topic guide.

- For additional information regarding healthcare access in rural areas and other barriers rural populations face related to access to care, see RHIhub's “Healthcare Access in Rural Communities” topic guide.

**SOCIOECONOMIC STATUS**

According to a 2014 Kaiser Commission on Medicaid and the Uninsured issue brief, “The Affordable Care Act and Insurance Coverage in Rural Areas,” rural populations have higher rates of low to moderate income, are less likely to have employer-sponsored health insurance coverage and are more likely to be a beneficiary of Medicaid or another form of public health insurance. The brief found that rural residents are more likely to be unemployed, have less post-secondary education, and have lower median household incomes compared to urban residents.

**HEALTH BEHAVIORS**

Whether or not populations adopt positive health behaviors can have an impact on the rates of disparities in their health status and mortality. A 2017 CDC MMWR, “Health-Related Behaviors by Urban-Rural County Classification — United States, 2013,” examined the prevalence of 5 key health-related behaviors by urban-rural status. Urban residents were more likely to report 4 or 5 of the positive health behaviors.

With all-cause mortality rates higher in rural areas, it is no surprise that mortality related to certain causes are also higher in rural areas. The table below compares several cause-specific mortality rates for rural and urban counties.
Age-Adjusted Death Rates for the Five Leading Causes of Death per 100,000 Population: United States, 2014

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Nonmetro Areas</th>
<th>Metro Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>193.5</td>
<td>161.7</td>
</tr>
<tr>
<td>Cancer</td>
<td>176.2</td>
<td>158.3</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>54.3</td>
<td>38.2</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>54.3</td>
<td>38.0</td>
</tr>
<tr>
<td>Stroke</td>
<td>41.5</td>
<td>35.4</td>
</tr>
</tbody>
</table>


THE UNHEALTHIEST STATE IN THE UNITED STATES

A list of the top ten unhealthiest states was created. It is based on data compiled by the American Public Health Association and the United Health Foundation, which rank U.S. states on their per-capita rates of obesity, child poverty, smoking, cancer-related deaths, cardiovascular disease, and other risk factors. Read on to see how your state ranks.

MISSISSIPPI IS NUMBER ONE

Unfortunately, that is not a ranking that we as a state can be proud. Along with having among the highest rates of cardiovascular disease, smoking, and obesity in America, the Magnolia State unfortunately touts the nation’s largest percentage (25 percent) of youths living in poverty. All of these factors combined to put Mississippi at the number-one spot fighting an uphill battle against obesity, cancer, and cardiovascular-related deaths.

Being aware of this lifestyle disparity, the Steering Committee was diligent in addressing these chronic illnesses which lead to a disproportionate number of deaths. Also, the quality of life in our state is negatively impacted by these conditions that rob our citizens of the ability to enjoy good health daily.
Figure 4

Percent of Adults Reporting Fair or Poor Health Status by Region, 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>South</td>
<td>20%</td>
</tr>
<tr>
<td>Midwest</td>
<td>16%*</td>
</tr>
<tr>
<td>Northeast</td>
<td>16%*</td>
</tr>
<tr>
<td>West</td>
<td>17%*</td>
</tr>
</tbody>
</table>

* Indicates a statistically significant difference from the South at p<.05 level.
Source: KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2014 Survey Results.

Figure 1

Census Regions and Divisions of the United States

Source: http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_region.pdf
CAUSES OF DEATH

Walthall County, MS Leading Causes of Death 2017

- Heart disease: 296.6
- Cancer: 262.1
- COPD / Emphysema: 110.4
- Alzheimer's disease: 69
- Stroke: 55.2

Mississippi Leading Causes of Death 2017

- Heart disease: 285.9
- Cancer: 218.8
- COPD / Emphysema: 68.3
- Stroke: 57.5
- Alzheimer's disease: 54.5

United States Leading Causes of Death 2016

- Heart disease: 196.6
- Cancer: 185.1
- COPD / Emphysema: 47.8
- Stroke: 44
- Alzheimer's disease: 35.9
ACCIDENTAL DEATHS

Walthall County, MS Top 3 Accidental Deaths 2017

Mississippi Top 5 Accidental Deaths 2017

United States Top 5 Accidental Deaths 2016
HEART AND CANCER STATISTICS

Top 5 Types of Heart Disease

- Ischemic heart disease: 120.9
- Heart failure: 41.9
- Hypertensive heart disease with or without renal disease: 62.1
- Cardiac dysrhythmias: 36.6
- Condonymopathy: 6.7

Rate per 100,000 Population

Top 5 Types of Cancer

- Trachea, bronchus, and Lung: 60.5
- Female breast: 31.9
- Colon rectal: 21
- Prostate: 25.8
- Pancreas: 16

Rate per 100,000 Population

County/State: Mississippi, Walthall
2016 CHNA STRATEGIC ACTION RESPONSES

SCHOOL AGE YOUTH DIETS

WGH established school age youth diet education as an initiative based on the 2016 CHNA. Hospital education staff went to the Tylertown public school nursing staff and Salem attendance center to provide healthy lifestyle information and education to students in 7th to 12th grade. Walthall general nurse education visited the two schools once each quarter in 2017 & 2018 to educate on healthy diet choices during school hours and meals away from school. Significant emphasis was placed on having a well-balanced breakfast with a protein, carb, and fat source as the first meal of the day before class. Additional emphasis was placed on limiting highly processed snack foods and sugary beverages that lead to adverse long-term effects on physical & mental health. Students were very receptive and asked questions freely. Hospital staff also provided nutrition information at a tent to kids trick or treating during Halloween in 2017 and 2018.

DIABETES AND OBESITY AWARENESS

WGH established diabetes and obesity awareness as an initiative after the 2016 CHNA. Hospital nursing & education staff coordinated to target the elderly with Diabetes and HBP due to the high number of people living in Walthall County that have these 2 common diseases. In order to be consistent with this vast number of people we decided to visit the Armory quarterly. The Local Armory feeds some of the elderly lunch on a daily basis.

Two RN’s plus a Registered Dietician went quarterly between fall 2016 and winter 2018. We monitored BP and BS on everyone that wanted to participate in the activity. We gave instructions, both verbally and written on both HBP and diabetes with ways and means to monitor and control these diseases.

Instructions were provided on managing HBP: what HBP is and what readings are normal, importance of correctly taking your medications, report headaches not relived by medication, nosebleeds, ringing in your ears, lightheadedness and fluttering in your chest to your MD. If any sudden symptoms such as weakness, numbness of face, arms and legs, confusion, trouble speaking or understanding, trouble seeing in one or both eyes, trouble walking, or loss of balance or coordination, patients were advised to call their MD, immediately.

Instructions were provided on diabetic care and control: what diabetes is, what is a normal blood glucose reading, importance of takings medications and adhering to diet properly, important health practices regarding management of diabetes, signs and symptoms of unstable BG and what actions to prevent and treat the disease.

Overall, the results were improved blood pressure and diabetic control each year. We have a total of 10-18 community members that were in the program from 2016-2018. We had an 88% improvement in blood pressure readings and an 85% improvement in Blood Glucose level readings.
MOTOR VEHICLE ACCIDENTS

It was identified that motor vehicle accidents were a growing concern during the 2016 CHNA. Therefore, Walthall General Hospital established motor vehicle accident awareness & safety as an CHNA initiative. Hospital staff handed out motor vehicle safety information pamphlets at Walthall Hospital Dairy Festival. Topics included: on safe driving, not driving will intoxicated, and not texting and driving while traveling anywhere. For attendees at the annual Tylertown Christmas in the Park attraction, in December 2016, 2017, and 2018, hospital staff handed out pamphlets on safety regarding motor vehicle operation. Christmas in the park averages 30,000 visitors each year, during the 25-day period. These pamphlets addressed topics from seatbelt safety, infant car seat usage and distracted driving.

This information was also distributed at the annual Walthall County Dairy Festival which takes place the 1st Saturday of June. In 2017 & 2018 the Hospital set up a booth to distribute the safety information to all attendees and to have open discussion on the importance of motor vehicle safety and resisting texting and driving. There were 20,000 to 21,000 visitors at the Dairy Festival in 2017 and 2018. We were able to reach different age groups of people within the driving age population.
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 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. Community input also focused on automobile accidents and the severe injuries and the deaths associated with MVAs. Another negative lifestyle habit in the South is the use of tobacco and other smoking products. This use is proven to be directly related to the number one cancer in the area, tracheal, bronchial, and lung.

According to Don Wright from the Department of Health and Human Services, “About 5% or less of the U.S. budget on health care is spent on prevention”. Most of the rest is spent on treatment. Prevention can be cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Because of the Southern Lifestyle, 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 groups.

PRIORITIZATION

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

WALTHALL COUNTY

- The county exceeds the state and the U.S. in rate of deaths from cancer.
- The county exceeds the state and the U.S. in rate of deaths from heart disease.
- The county exceeds the state and the U.S. in rate of deaths from lower respiratory diseases.
- The county does not exceed the state and the U.S. in rate of deaths from accidents.

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

- 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 were developed.
Walthall General Hospital will continue 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

After the 2019 CHNA focus group, the Walthall General Hospital CHNA Steering Committee identified 3 initiatives to focus on as areas of need for the community. The CHNA Steering Committee will create an implementation plan which will address how each of these three health initiatives will become strategic activities for the hospital. The plan will outline the specific activities and events, along with the community collaborative partners that will work together to create a healthier Walthall County. When the implementation plan is complete, it will be approved by the Forrest Health Services Board of Directors.

2019 HEALTH INITIATIVES

1. **Nutrition** – Educating the community, targeting the food bank and farmers market. The Tylertown Farmers market is open every Tuesday and hundreds of community residents attend. This is a great location for partnership to distribute balanced nutrition and healthy eating lifestyle information.

2. **Smoking Cessation** – Targeting tobacco smokers and young adults. Young adults who participate in the current synthetic tobacco E-cigarette and vaping trend will be the focus of these activities.

3. **Elderly Health Resources** – Budgeted nutritional information and educational resources for seniors. We will develop a Community Resource List and distribute information needed for senior services in the county. Many community residents do not know where to go or have contact information about health services in the county. Times of service, location, eligibility and services offered will be part of the information provided. There is currently no single listing or document available. The hospital will proudly provide this needed resource to the community.
THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Walthall General Hospital is proud to be part of the Forrest Health System where we truly believe we are “our brother’s keeper.” 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 Walthall County and surrounding areas.

Our sincere thanks go to all those who took part in this process. We are especially grateful to the members of the Forrest General Board of Trustees and the health system’s leadership. Through their guidance we are able to continue our mission in our wonderful rural community in Mississippi.

Our CHNA Steering Committee members and all those who participated in our Community Focus Group, either by their attendance at the Forum or by conversations, deserve a special thanks for their time, support and insight. Their input has been invaluable.

And last, but perhaps most importantly, to the general public who realizes their voice does matter. Thank you for completing our Community Health Survey, reading our latest Community Health Needs Assessment, and for supporting our mission of care in Walthall County.
REFERENCES


