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EXECUTIVE SUMMARY

Marion General Hospital (MGH) conducted a Community Health Needs Assessment (CHNA) between June 2019 and August 2019. This assessment meets all of the new 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/.

Marion General Hospital’s last community health needs assessment was conducted in 2016 and a response to those identified health needs is included. For the 2019 community health needs assessment, Marion General accessed secondary data regarding health in our nation, state and county provided by Horne LLP and shared that data with clinical and community groups as a catalyst for discussion. The following community health needs assessment includes the feedback from the community and experts within our area and took into account the health needs of vulnerable populations, including minorities, those with chronic illness, low-income populations, and medically underserved populations. The primary data gathered in correlation with the secondary data helped direct Marion General Hospital to its areas of focus for health needs in the community we serve. The CHNA will serve as a road map for community engagement by Marion General Hospital.

The health needs identified will be shared in detail via this document and an implementation strategy is also articulated so as to keep Marion General focused during the coming months. We sincerely appreciate being a part of our community and look forward to collaborating with community partners for a healthier Mississippi.

Alania Pendarvis Cedillo
Administrator
ABOUT THE HOSPITAL

MARION GENERAL HOSPITAL

Marion General Hospital is proud to offer a 10 bed Level IV Trauma designated Emergency Department, Outpatient Ancillary Services, a Rural Health Clinic and a 49-bed unit for inpatient and transitional (swing-bed) care of the residents of Marion County and City of Columbia. Alongside our capable Medical Staff, our 130 employees strive to provide world class treatment to everyone who walks through our doors.

A recent addition to our service lines, in partnership with Oschner Health System, includes a tele-stroke program. Our providers have a direct line to neurologists who can advise on the course of therapy for those exhibiting signs and symptoms of stroke or other neurological presentations.

We are also pleased to extend a wide range of Outpatient Services, to our community so they can access care at home. The Radiology Department is equipped with Computed Tomography (CT), Magnetic Resonance Imaging (MRI), digital imaging through X-Ray, Nuclear Stress Testing and Echocardiograms. Our Respiratory Department offers Pulmonary Function Testing (PFT), Electroencephalograms (EEG) and Electrocardiograms (EKG). Nursing services is able to administer medication infusions and blood products. Through our partnership with MidSouth Rehab Service, Inc Marion General Hospital offers physical, occupation and speech therapy. Our Rural Health Clinic providers are genuine in their love of patients and back that up with clinical expertise. We offer financial assistance across our service lines and know we are a critical component for health in our service area.

We provide an exceptional transitional care (swing-bed) service to our community. From our nursing staff to dietary department, we focus on getting our swing-bed patients back to their best self. We offer swing-bed therapy seven days a week to ensure patients do not lose momentum over a weekend, gain as much independence as possible quickly and go home as soon as possible.
Marion General Hospital participates in the Centers for Medicare & Medicaid Services (CMS) Rural Community Hospital Demonstration project. “The goal of the program was to test the feasibility and advisability of an alternative reimbursement model for small rural hospitals that are too large to be Critical Access Hospitals.” (https://innovation.cms.gov/initiatives/rural-community-hospital/) Marion General Hospital is one of 28 hospitals in the United States participating in this demonstration project. We are honored to have been selected.
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 Marion 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>
</tr>
</thead>
<tbody>
<tr>
<td>• The United States Census Bureau</td>
</tr>
<tr>
<td>• US Department of Health &amp; Human Services</td>
</tr>
<tr>
<td>• Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>• American Heart Association</td>
</tr>
<tr>
<td>• Trust for America’s Health</td>
</tr>
<tr>
<td>• Marion General Hospital Medical Records Department</td>
</tr>
<tr>
<td>• Mississippi State Department of Health</td>
</tr>
<tr>
<td>• Mississippi Center for Obesity Research</td>
</tr>
<tr>
<td>• University of Mississippi Medical Center</td>
</tr>
<tr>
<td>• Mississippi State Department of Health, Office of Health Data and Research</td>
</tr>
</tbody>
</table>
ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA

Primary: Marion County

ABOUT THE SERVICE AREA

Marion County is located in south central Mississippi on the southern land border of the state. The County shares its southern border with the State of Louisiana. According to the 2010 census, the county has a total area of 548.58 square miles, of which 542.34 square miles (or 98.86%) is land and 6.24 square miles (or 1.14%) is water.

POPULATION AND RACIAL MIX DATA*

<table>
<thead>
<tr>
<th>MARION COUNTY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>25,466</td>
</tr>
<tr>
<td>Racial Mix</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>16,551</td>
</tr>
<tr>
<td>African American</td>
<td>8,179</td>
</tr>
<tr>
<td>Hispanic</td>
<td>379</td>
</tr>
<tr>
<td>Other</td>
<td>357</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$30,998</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 ASSESSMENTS SURVEY
DUE BY JULY 31, 2019

Marion 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 it at one of the registration desks. Thank you in advance for your input.

1. Have you used any health services offered at Marion 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 Marion County that you are aware of?

6. Please list any other information or comments that you would like to share.

P.O. Box 630 • Columbia, MS, 39429-0630
1560 Sumrall Road • Columbia, MS, 39429-6303 601-736-6303
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
Alania Cedillo, Marion General Hospital Administrator
Lorenzo Amador, EMT
Hershell Anderson, Member of the Community
Stephanie Guidroz, MGH Human Resources Coordinator
Cora Johnson, RN, MS State Dept. of Health
Cora Johnson, Valley Food Services
Versie Lee, Reverend
Laura Miley, MGH Director of Nursing
Doyce Ross, Community At Large
Jackie Stuckey, MGH RHC Nurse Practitioner
COMMUNITY FOCUS GROUP

A community focus group was held at Marion General Hospital on Friday, August 2, 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 Committee 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
Alania Cedillo, Marion General Community Hospital Administrator
Wendy Bracey, Superintendent of Marion County Schools
Morgan Buffington, MGH Marketing
Ashley Clark, Columbian Progress
Rev. Darel Daniels, Pastor of Improve Baptist Church
Randy Dyess, Member of Marion City Board of Supervisors
Stephanie Guidroz, HR, MGH
Rev. Antonio Johnson, Local Pastor
Cora Johnson, RN, MS State Dept. of Health
Ginny Kemp, Columbia Academy
Rev. Versie Lee, Member of the Community
Shannon Loftin, NP, Columbia Family Clinic
Father Martin Gillespy, Holy Trinity Catholic Church
Laura Miley, DON, MGH
Loren Monk, Columbia Schools
Calvin Newsom, Pastor and Member of Marion City Board of Supervisors
Anthony Peyton, Champion’s Way
James Rhoden, Marion County Youth Court
Jamie Singley, Marion County Sheriff’s Office
Sean Speakman, Church on Main
Lisa Stringer, 10th Chancery Court District
Dewayne Stuckey, Member of the Community
Jackie Stuckey, NP, MGH RHC
Dr. Darin Tubb, Woodlawn Preparatory School
Tiffany Verucchi, New Hope Christian School
Lori Watts, MCDP
Derrick Mason, Consultant, HORNE LLP
Barry Plunkett, Consultant, HORNE LLP

INVITED BUT UNABLE TO ATTEND
Rowena, The Chemist (a health store and pharmacy)
Cornelia, First Baptist Church
Lorenza Amador, EMT
Hershel Anderson, Member of the Community
David Broome, Ramey’s Foods
Michael Kelly, Chief of Police of the City of Columbia
Mike Lowery, Wal-Mart
Justin McKenzie, Mayor of the City of Columbia
Jim Rhoden, Attorney
Doyce Ross, Steering Committee
Mona Swayze, Branch Manager of Col/Marion Co. Public Library
RURAL HEALTH DISPARITIES

Rural Americans are a population that experience 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>Non-metro 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

* 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

CAUSES OF DEATH

Marion County, MS Leading Causes of Death 2017

- Heart disease: 351
- Cancer: 259.3
- Alzheimer’s disease: 79.8
- Stroke: 79.8
- COPD / Emphysema: 55.8

Mississippi Leading Causes of Death 2017

- Heart disease: 265.9
- 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

Marion County, MS Top 5 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: 139.6
- Heart failure: 47.9
- Cardiac dysrhythmias: 41.9
- Diseases of pulmonary circulation: 25.9
- Cardiomyopathy: 16

Rate per 100,000 Population

Top 5 Types of Cancer

- Trachea, bronchus, and lung: 71.8
- Prostate: 41.2
- Female breast: 25.8
- Colorectal: 30.9
- Pancreas: 31.9

Rate per 100,000 Population

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

ACCIDENT PREVENTION

BLESSING OF THE HUNT
MGH shared handouts with attendees about hospital services provided, displayed a poster about ATV safety, and held a free safety helmet giveaway. (2017, 2018)

MEAL PROGRAM
MGH provided nutritious meals to Columbia High Football team. (2017, 2018, 2019)

GATOR FEST
MGH served as a sponsor for the Columbia AMBUCS, who operates to create mobility and independence for people with disabilities. (2017, 2019)

CPR
A MGH employee provided CPR training to local daycare workers.

SCHOOL SAFETY CLASSES
Safety classes were provided by MGH for kindergarten students and school children that included: seat belt safety, proper handwashing, car seat safety, germ prevention, coloring pages, and med planner. (2017, 2018, 2019)

OPEN WINGS OF OUTREACH CARE – BACK TO SCHOOL BASH
MGH provided demonstrations to 150-200 people at the Open Wings of Outreach Care – Back to School Bash which consisted of: how to spot the universal sign for choking and Heimlich instruction; how to apply and secure safety helmets; how to apply and secure seat belts; proper handwashing; dietary brochure on healthy eating habits; coloring pages. (2019)

COMMUNITY HEALTH PROGRAMS
MGH partners with the local city and county law enforcement to provide educational programs to the community and distributed pamphlets related to the events.

LIFESTYLE IMPROVEMENTS

COMMUNITY HEALTH FAIRS
MGH offered blood pressure screenings, provided brochures with information about the hospital’s swing bed program and information about the hospital rural health clinic; NP participation. (2017, 2018, 2019) In addition, provided to West Marion Primary School handouts on proper hand technique, flu prevention, med planners for parents, water bottles for hydration, and a free game
give away x 2-Fitivities at their health fair (2019). Lastly, MGH provided blood pressure/glucose screenings at the Wal-Mart Health Fair (2018).

COMMUNITY HEALTH FORUM
MGH participated in partnership with the City of Columbia, Mississippi State Department of Health, and the Office of Prevention. (March 2018)

STROKE PREVENTION PROGRAMS/HOSPITAL SERVICES
MGH provided these services and programs and presented a PowerPoint presentation at “Catchy Friday.” (2018)

CRIME VICTIMS’ RIGHTS WEEK
This week brought awareness to victims of crime. (2018, 2019)

MARION COUNTY RELAY FOR LIFE
This event focused on increasing cancer awareness. (2017)

HYDRATION EDUCATION
MGH provided water bottles and hydration brochures for approximately 120 students during the summer feeding program (2018).

FREEDOM FEST
MGH provided a first aid station at the event. (2018, 2019)

HERITAGE FESTIVAL
MGH provided blood pressure screening, a free glucometer, hosted a giveaway, and provided bone density screenings. (2017-2018)

FLU VACCINES
MGH offered vaccines to Marion County employees and the Iglesia Bautista La Familia en Cristo church members.

MEAL PROGRAMS
MGH offered balanced and affordable meals to hospital visitors and general public daily. The available healthy food choices included the “blue plate special.” MGH also provides meals to Columbia High Football team. (2017, 2018)

STUDENT CAREER FAIRS
MGH participated in student career fairs offering information on medical career choices. (2017, 2018, 2019)

COMMUNITY CLUBS
MRG had speaking engagements at various clubs providing information about the hospital services.
TELESTROKE AVAILABILITY AWARENESS
MGH aimed at making the public aware of Telestroke availability through advertisement in the Columbian Progress. (2018)

SOCIAL MEDIA
MGH offers lifestyle focuses on our Marion General social media page.

SOUTHEAST TRAUMA REGION
MGH provided educational sessions throughout the SE Trauma Region on seat belt safety, correct car seat implementation, and helmet safety for ATVs, motorcycles, and bicycles. (2018)

WALKING TRACK
MGH offers a hospital walking track for employees, visitors, and patient family members for exercising. (2017, 2018, 2019)

CLEAN-UP AMERICA CAMPAIGN
MGH participated in this campaign to provide a cleaner city. (2019)

BLOOD DRIVE
MGH participated in a community blood drive located in Vitalant. There were 15 donors on June 12, 2017; 19 donors on December 1, 2017; 13 donors on April 23, 2018; four donors on June 11, 2018; 22 donors on November 30, 2018; eight donors on April 22, 2019; 16 donors on June 21, 2019.

DIABETES PROGRAM
MRG provided a diabetes program to area MDs and NPs. (2019)

INTERVENTION AND PREVENTION OF DRUG ABUSE

NALOXENE REVERSAL KITS
MGH helped facilitate CPD knowledge of state program for reversal kits. Naloxene (Narcan) reversal kits for drug overdose are provided to local Emergency Services agencies and law enforcement personnel through Mississippi State Department of Mental Health.

RED RIBBON WEEK CAMPAIGN
MGH participated at Columbia School System by providing promotional items to Columbia Elementary School for Red Ribbon Week. (2017, 2018)

KEYSTONE
Keystone providers (Emergency Services) limit amount of controlled prescriptions to a 5-day course (longer than 5 days contributed to dependence). In addition, there was utilization by Emergency Services of Mississippi Prescription Monitor Program to see what drugs have been recently prescribed to ER patients. (2017, 2018, 2019)
JUDICIAL DISTRICT DRUG COURT
MGH and Valley Food Services sponsored the 15th Judicial District Drug Court graduation reception. (2017)

DRUG AWARENESS
MGH participated in community wide Town Hall meetings on Drug Awareness and how to provide support for families dealing with addiction. (2018)

CHNA COLLABORATIVE PARTNERS

Blessing of the Hunt
Wanda Nace | 601-736-9563

Gator Fest
Patricia Norris | 601-444-2434

CPR Training
Instructor | Esther Poff
Gidget Willis | 601-441-9532

School Safety Classes
WM Primary School | Brittany | 601-731-8378
Mike Pendarvis | 601-736-4914

Open Wings of Outreach Care – Back to School Bash
Greta Rawls | 601-633-5177

Community Health Programs
Chief of Police | Michael Kelly | 601-596-7535
Marion County Sheriff’s office | Jamie Singley | 601-736-5051

Community Health Fairs
Mt. Zion United Methodist Church | Beverly James | 601-441-5298
MS Rural Center | Joyce Stepney | 601-731-0696
West Marion Primary School | Brittany | 601-731-8378
Wal-Mart | Mark Lowery | 601-736-0368

Community Health Forum
Chief of Police | Michael Kelly | 601-596-5735

Stroke Prevention Programs/Hospital Services
Becky Rackley | 601-441-1454
Kathy Bryant | 601-441-1575
Rev. Tom Thurman | 601-736-2608
Carolyn Burton | MCDP | 601-736-6385
Crime Victims' Rights Week
Lauren Robertson | DA Office | 601-441-5287

Marion County Relay for Life
Carla Kyzar | 601-441-9724

Summer School Feeding Programs
Melinda Trahan | 601-736-7193
Nicole Carney | 601-441-2839

Freedom Fest
Alene Varnado | 601-731-5428

Heritage Festival
Marion County Historical Society | 601-731-3999

Flu Vaccines
Andrea Pounds | 601-736-7382

Meal Programs
Lynnette Kendrick | 601-740-2091
Mike Davis | 601-736-3449

Student Career Fairs
Donna Rackley | 601-736-5334
Cissy Wilks | 601-736-6095

Telestroke Availability Awareness
The Columbian Progress | 601-736-2611

Social Media
FGH Marketing | Matt Bush | 601-288-1304

Southeast Trauma Region
SE Trauma Region | Gloria Smalley | 601-402-3015

Clean-Up America Campaign
MCDP | Carolyn Burton | 601-736-6385

Blood Drive
Vitalant | Pamela Hughes | 601-408-6996

Diabetes Program
Eli Lily Pharmaceuticals | Missy Carruth | 601-297-1791

Naloxene Reversal Kits
Chief of Police | Michael Kelly | 601-596-7535
Marion County Sheriff’s office | Jamie Singley | 601-736-5051
Red Ribbon Week
Counselor | Shandra Expose | 601-736-2362

Keystone
ER Medical Director | Dr. Cindy Armstead | 601-740-2152 | http://mississippi.pmpaware.net

Judicial District Drug Court
Judge Prentiss Harrell | 601-794-6035

Drug Awareness
Chief of Police | Michael Kelly | 601-596-7535
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 Marion County:

MARION 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 U.S. in rate of deaths from lower respiratory diseases.
- The county exceeds 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.
Marion 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

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

The hospital is aware of many lifestyle issues that face citizens of Mississippi. Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our service area. Marion General Hospital will continue to undertake these significant initiatives over the next three years:

2019 HEALTH INITIATIVES

- **Healthy Lifestyles – Nutrition in Children**
  - Introduce Sunday school class nutrition curriculum and make available to faith-based organizations.
  - Offer dietician to review/advise on VBS menus.

- **Prevention – Motor Vehicle Accidents**
  - Meet with coroner to identify any actionable cause/effect relationships.
  - For accidents “under the influence”- work with MSBOP to bring an “Opiod Town Hall” to Columbia, MS.

- **Prevention & Identification – Prostate Cancer and Throat, Mouth and Lung Cancer**
  - Send letter of recommendation to local businesses advising of the benefit of adding prostate cancer screening to annual physicals.
  - Determine if Hospital can provide free or reduced cost screening options to health fairs in our area.
    - Churches
    - Farm Bureau
    - LifeLine Events
  - Work with local businesses to fund “smoker’s lung” demonstration kit for use in the community.
  - Facilitate getting a local smoking cessation class through MS Tobacco Coalition.
THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Marion 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 Marion 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 Marion County.
REFERENCES


