

# Perry County General Hospital CHNA Report

CHNA Report and Implementation Plan  
Approved September 27, 2022



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# Executive Summary

A Community Health Needs Assessment (CHNA) report is conducted to provide Perry County General Hospital with an operational tool used to guide the hospital as it moves towards improving various health needs of the community. This report also meets the guidelines and federal requirements of the Affordable Care Act (ACA) and the Internal Revenue Service (IRS) as acting compliance agent. In accordance with federal requirements, this report will be made widely available to the public on our website at <https://www.forresthealth.org/community-health-needs-assessment/>. In partnership with HORNE, secondary data will be accessed regarding the health in our nation, state, and county.

The results of this CHNA will be used to develop initiatives and strategies that will overall improve the community's health. The feedback from the community will be used to target areas of high priority including vulnerable populations such as minorities, low-income populations, and the medically ignored. The health needs identified will be shared in detail via this document and an implementation strategy is also articulated so as to keep Perry County focused during the next coming months.

It is with great honor to be a part our community and look forward to joining forces with community partners for a healthier and stronger Mississippi and improving the overall health of Richton and Perry County.

Shenika Russell  
Administrator  
Perry County General Hospital



# About the Hospital

## Perry County Hospital

Perry County General Hospital is the county's only hospital, a critical access hospital, designated to serve the residents of Perry County and the city of Richton. Top priority is to provide exceptional care to everyone who visits our hospital. Offering a 6-bed Level IV trauma designated Emergency Department, radiology/imaging services including ultrasound, X-Ray, CAT scan, EKG, top tier therapy department offering outpatient and inpatient physical, occupational and speech therapy, and a 22-bed acute/inpatient transitional (Swing-Bed) program dedicated to local as well as foreign residents.

One recent change to Perry County General Hospital is a change in status to a Level IV trauma and stroke designated hospital. We have partnered with Tulane University Medical center which includes a tele-stroke program. We have unlimited resources of neurologists who can instruct a detailed course of treatment for patients displaying signs and symptoms of stroke.

Adjacent to the hospital is our own rural health clinic, The Doctor's Clinic. It is a family medicine clinic that provides wellness visits, preventative care, chronic disease management, acute illness treatment, primary care services and immunizations.

When you step into Perry County General Hospital, we want our philosophy of 'do what is best for the patient' to convey through the care we give and attitude we show. From the registration staff to the providers, our top priority is you.

# 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 Perry 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 activities we have undertaken, as we responded to specific health needs we identified in our community. These past years presented a particular challenge for our hospital as we responded to the unprecedented health needs that the pandemic brought to our service area.

The report also highlights the updated key data findings relative to the community we serve. Based on this new data and the input from our community we are developing a fluid strategic action plan to address identified health needs.

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.

# The Community Health Needs Assessment (Continued)

## 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.

### Secondary Data Sources

- The United States Census Bureau
- US Department of Health & Human Services
- Centers for Disease Control & Prevention
- American Heart Association
- Forrest General Hospital Medical Records Department
- Mississippi State Department of Health
- ESRI Demographic Research
- Mississippi State Department of Health, Office of Health Data & Research



# About The Community

## Service Area

Primary: Perry County

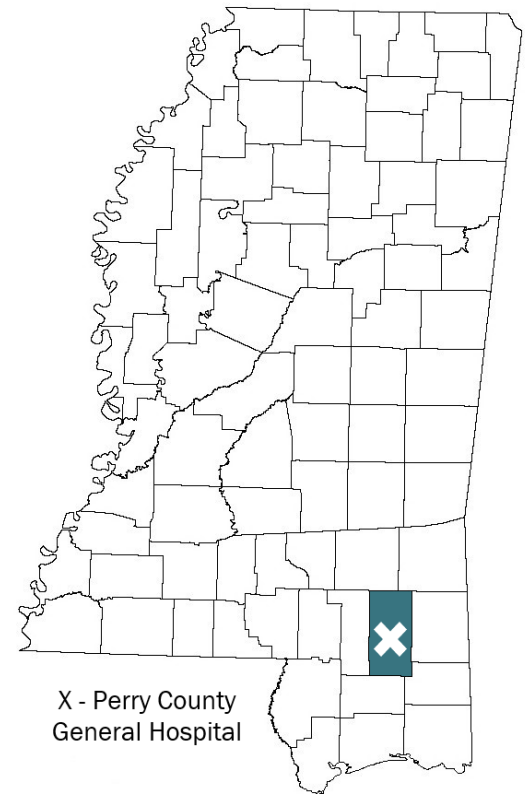
## The County

**Perry County** is located in south Mississippi, one county west of Alabama and only two counties north of the Gulf of Mexico. The county has a total area of 650 square miles, of which 647 square miles is land and 3.0 square miles (0.5%) is water. The county has a declining population. The greatest decrease in recent years was between 2019-2020, when the population declined 4.4%.

## Communities

### Town

- Beaumont
- New Augusta\_(county seat)
- Richton



# Demographics

## Perry County

Population: 11,511	
Racial Mix:	
White	77.7%
African American	18.2%
Native American	0.4%
Asian	0.3%
Other	0.5%
Hispanic	1.3%
Non-Hispanic	98.7%

Perry County		
Population	11,511	
Racial Mix	White	8,942
	African American	2,097
	Hispanic	406
	Asian	29
	Two or more races	337
	American Indian	49
	Other	57
Median Household Income	\$33,615	

## Mississippi, Perry County, and United States

	Mississippi	Perry County	United States
Median Age	36.7	40.5	38.5
Median Household Income	\$46,511	\$41,884	\$77,881
Poverty Level*	19.07%	18.1%	13.1%

### SOURCES

Source: USAFACTS.org/data/poverty 2022

Source: U.S. Census Bureau, 2020

Source: U.S. Census Bureau, American Community

Source: ESRI Community Profile



## More About the Residents of Perry County

**19%** of residents do not have access to broadband

**922** Households below the poverty level

**791** Households receiving food stamps/SNAP

**2,268** Households with 1+ persons with a disability

**112** Households with no vehicles (ACS 5-Yr)



# 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 survey was available on the hospital's website. Printed copies were available in a variety of public places, including the hospital lobby, and clinic waiting rooms. A copy of the Community Survey was also placed in the local paper, *The Richton Dispatch*. 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, 2022**

PERRY COUNTY 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 **Perry County 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 Perry County that you are aware of?
6. Have you had Covid-19?
7. Were you hospitalized? Where?
8. Were you vaccinated at the time?
9. Where did you get your information regarding Covid-19?
10. Please list any other information or comments that you would like to share.

## CHNA 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 committee will also monitor the implementation of the 2022 health initiatives. It will remain aware of any changing needs or health care issues and redirect the health improvement activities as appropriate.

The hospital's administrator developed the 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

Gina Arnold, Perry County Executive Administrative Assistant, Registration Manager

Shanna Barnes, Perry County ER RN Trauma Coordinator

Any Carpenter, Infection Prevention, Admissions Coordinator, Trauma Manager

Oma Hibbler, Chief Executive Officer, CDI community representative

April Hopstein, Perry County NP

Angie Meadows, Perry County Radiology Supervisor

Arthur Mitchell, Marketing Director, CDI community representative

Brittany Pierce, Richton School District school nurse

Bo Ruffin, Richton Mayor

Shenika Russell, Perry County Administrator/DON



# Community Input (Continued)

## Community Focus Group

A community focus group was held at 1:30 p.m. on August 18, 2022. 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 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.

Due to the recent pandemic experience, the focus group had a heightened awareness of the importance of collaborative partnerships when ensuring the health and well-being of the community. It also applauded the hospital for its leadership role during the pandemic.

## Participants in the Community Forum

Shana Barnes – Trauma Coordinator (Perry County Hospital)

Kim Blackwell – MS State Department of Health

Danny Bolton – Pastor

Matthew Bolton – Pastor

Amy Carpenter – PI Coordinator

Keith Evens - Alderman

Donald Hartfield – Pastor

Oma Hibbler – Community Development Inc.

April Hopstein – NP (The Doctors Clinic)

Kirstie Knox – USM

Arthur Mitchell – Community Development Inc.

Mitch Nobles – Perry County Sheriff

Brittany Pierce – Richton School Nurse

Bo Ruffin – Mayor

Shenika Russell – Administrator

Brandi Sanford – Perry County Health Department

Titus Smith – Superintendent of Perry County Schools

## Community Input

The Community Focus Group was just one way the hospital gained insight from those the hospital serves. Each participant brought valuable input about various population groups of the county. Those who were invited, but were unable to attend, have been encouraged to share their knowledge of specific health needs with the hospital administrator and the CHNA Steering Committee.



# 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.

According to the Center for Disease Control and Prevention, chronic diseases are the leading causes of death and disability in America, and they affect some populations more than others. People who live in rural areas, for example, are more likely than urban residents to die prematurely from all of the five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. These rural health disparities have many causes.

## 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, chronic conditions, and more.

- **Health Behaviors:** Rural residents often have limited access to healthy foods and fewer opportunities to be physically active compared to their urban counterparts, which can lead to conditions such as obesity and high blood pressure. Rural residents also have higher rates of smoking, which increases the risk of many chronic diseases.
- **Health Care Access:** Rural counties have fewer health care workers, specialists (such as cancer doctors), critical care units, emergency facilities, and transportation options. Residents are also more likely to be uninsured and to live farther away from health services.
- **Healthy Food Access:** National and local food studies suggest that residents of low-income, minority, and rural neighborhoods often have less access to supermarkets and healthy foods.
- **Demographic Characteristics:** Residents of rural areas tend to be older, with lower incomes and less education than their urban counterparts. These factors are linked to poor health.

# Social Determinants of Health

## What Determines our Health?

This CHNA report has provided many statistics on what diseases and life-threatening occurrences are attributable to the mortality rates of the residents of Perry County. We must keep in mind for every one death that is illustrated in these statistics, there are tens more who are fortunate enough not to have died but may continue to live only through constant hospitalizations and frequent medical intervention. So, the actual health care costs and demands on the healthcare delivery system is much greater for trying to maintain the quality of life for those who are living with these medical conditions.

Our health is greatly impacted by three major factors. First, is heredity. Many people are born with genetic pathways that make them much more susceptible to various disease entities. Second, is the way we live – our lifestyle. Nutrition, exercise, and life habits, like smoking, abuse of alcohol and drugs, plus other risky behaviors, are components of one's lifestyle. The third, is called social determinants of health. These are social and environmental influences which are frequently beyond one's control.

## Social Determinants of Health

According to the Centers for Disease Control and Prevention, social determinates of health ("SDOH") are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

## The CDC's Healthy People 2030 Outlines Five Key Areas of SDOH:

### Healthcare Access and Quality

*The connection between people's access to and understanding of health services and their own health.*

This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.

### Education Access and Quality

*The connection of education to health and well-being.*

This includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

## **Social and Community Context**

*The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being.*

This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

## **Economic Stability**

*The connection between the financial resources people have – income, cost of living, socioeconomic status- and their health.*

This area includes key issues such as poverty, employment, food security and housing stability.

## **Neighborhood and Built Environment**

*The connection between where a person lives – housing, neighborhood, and environment – and their health and well-being.*

This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

## **Most Unhealthy State 2022**

Health can be defined as being free from illness or injury or as a person's mental or physical condition. The World Health Organization defines health as a state of complete physical, mental, and social well-being and not just the absences of disease or infirmity. Health has different meanings for different people and is measured differently for everyone. Some people place levels of health more on appearance, weight, and physical fitness, while others place more value on mental well-being. Others may focus on the absence of medical conditions and diseases. The United States, by far, spends the most on healthcare, more than any other country. Despite this, the country still struggles with a high prevalence of chronic health conditions and preventable deaths.

## **Levels of Health Among States**

Like many other things, health levels and statistics are not uniform across all 50 states. This is evident in obesity rates across the country. Obesity is a major health problem in the United States. It can lead to other serious health problems such as certain types of cancer, type 2 diabetes, heart disease, and stroke. The Centers for Disease Control and Prevention (CDC) reported that the adult obesity rate in the U.S. was 42.4% in 2017 – 2018. This is a significant increase from 30.5% in 1999 – 2000. The states with the highest obesity rates are West Virginia, Mississippi, Alabama, and Louisiana.

The prevalence of diabetes in the U.S. has increased from 9.5% to 10.9% from 2012 to 2018. While healthy behaviors and active lifestyles are the largest contributors to good health, health can be affected by several factors, including housing, financial safety (especially household income), lifestyle/culture, employment, community safety, education, and environment. Since these factors can vary greatly between states, each state has a different overall level of health and well-being.

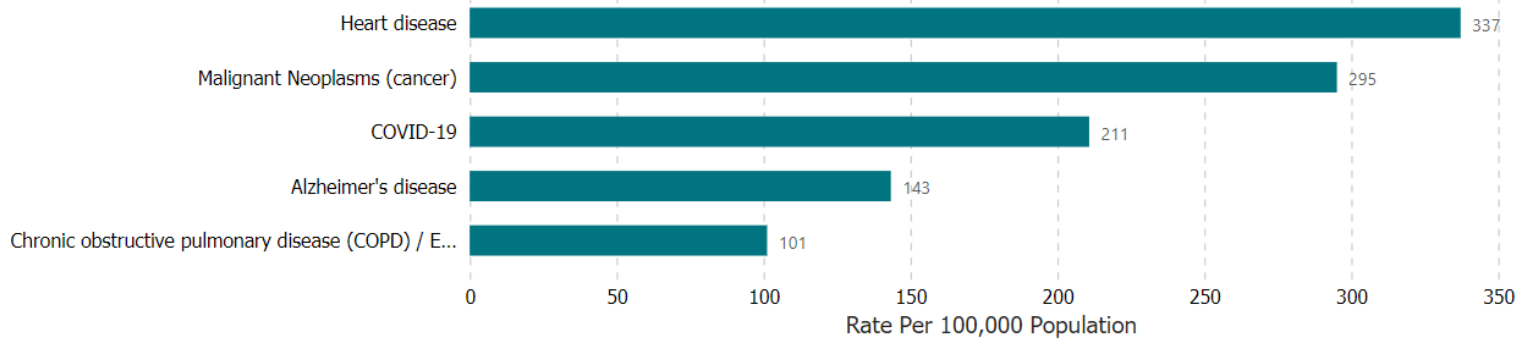
## Mississippi is Number One, Again

Mississippi has consistently been the country's most unhealthy state for several years. While Mississippi has a low drug death rate and low prevalence of excess drinking, it falls behind in many other categories. About 32% of Mississippi residents report getting no regular exercise, making it the most physically inactive state in the U.S. This rural state also has the highest obesity rate in the country of 39.5%.

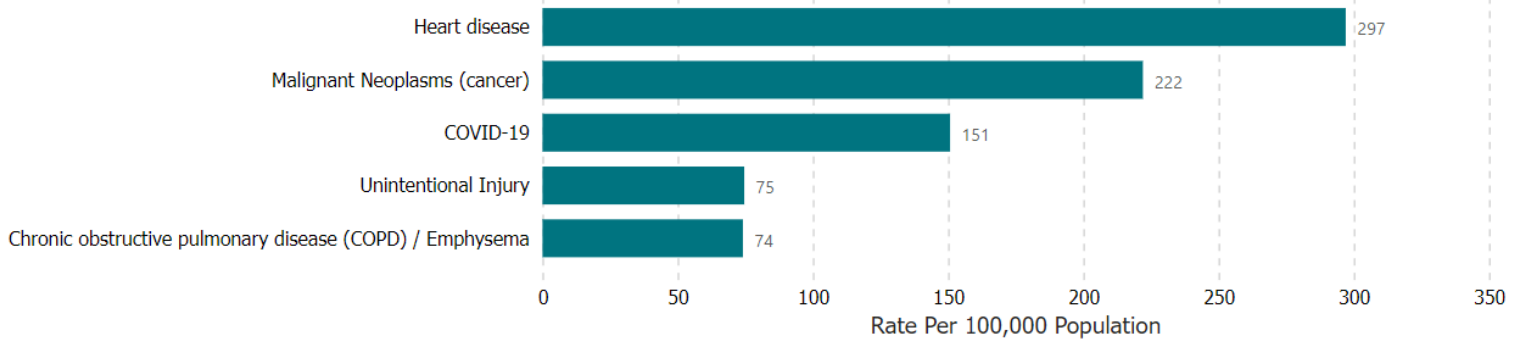


# Causes of Death

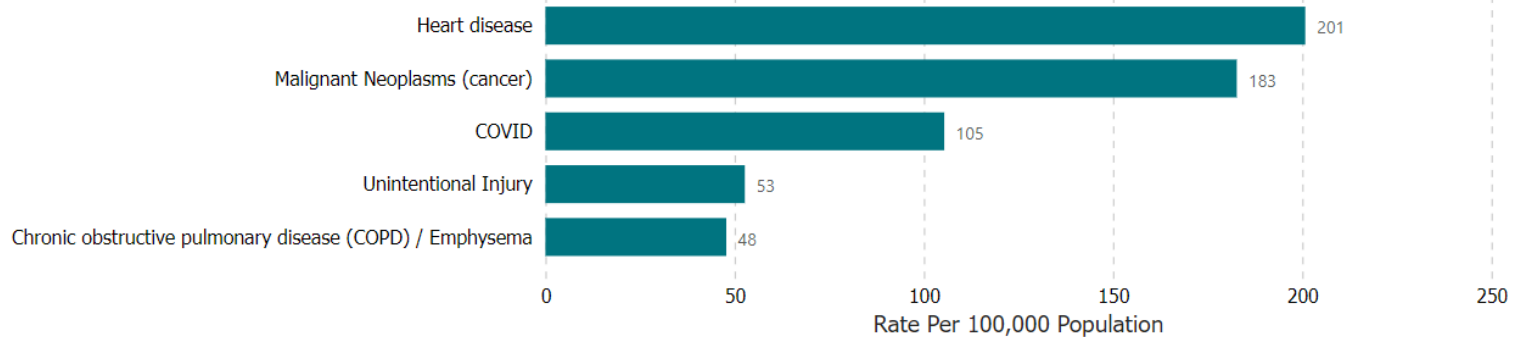
Perry County, MS Leading Causes of Death 2020



Mississippi Leading Causes of Death 2020

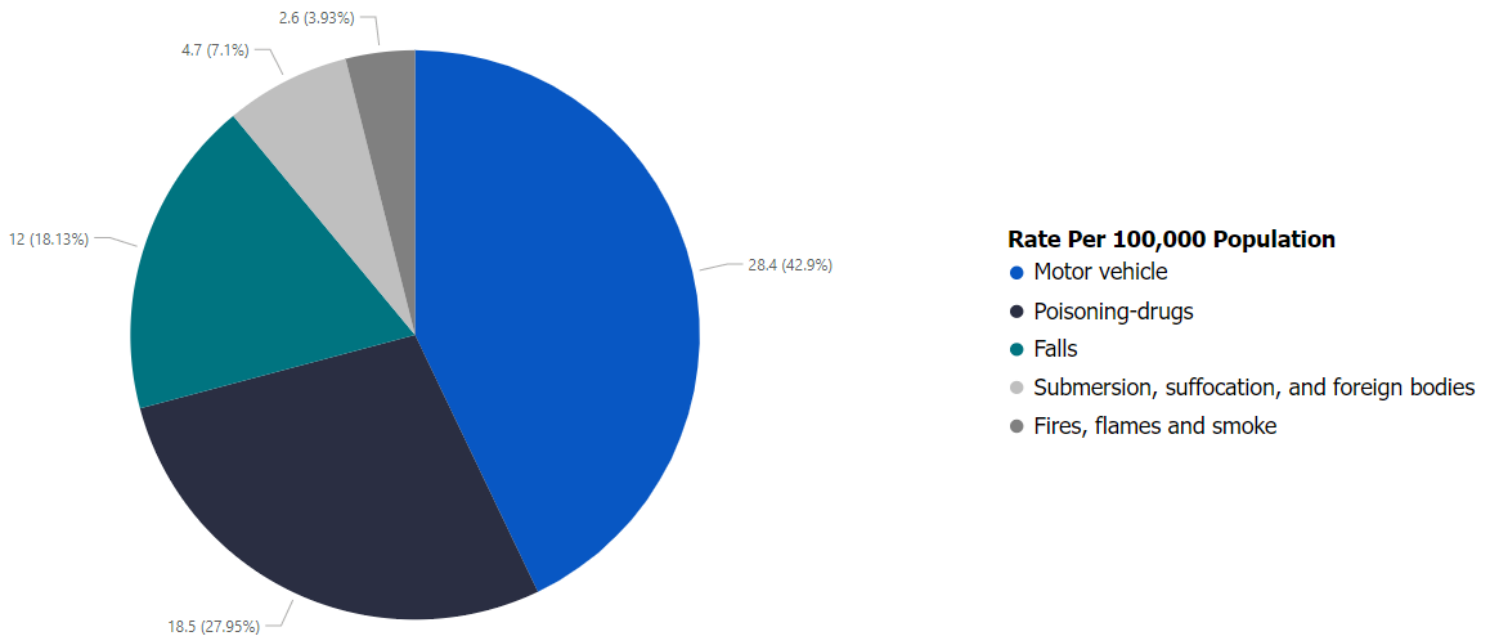


United States Leading Causes of Death 2019 (Covid 2020 Stats)

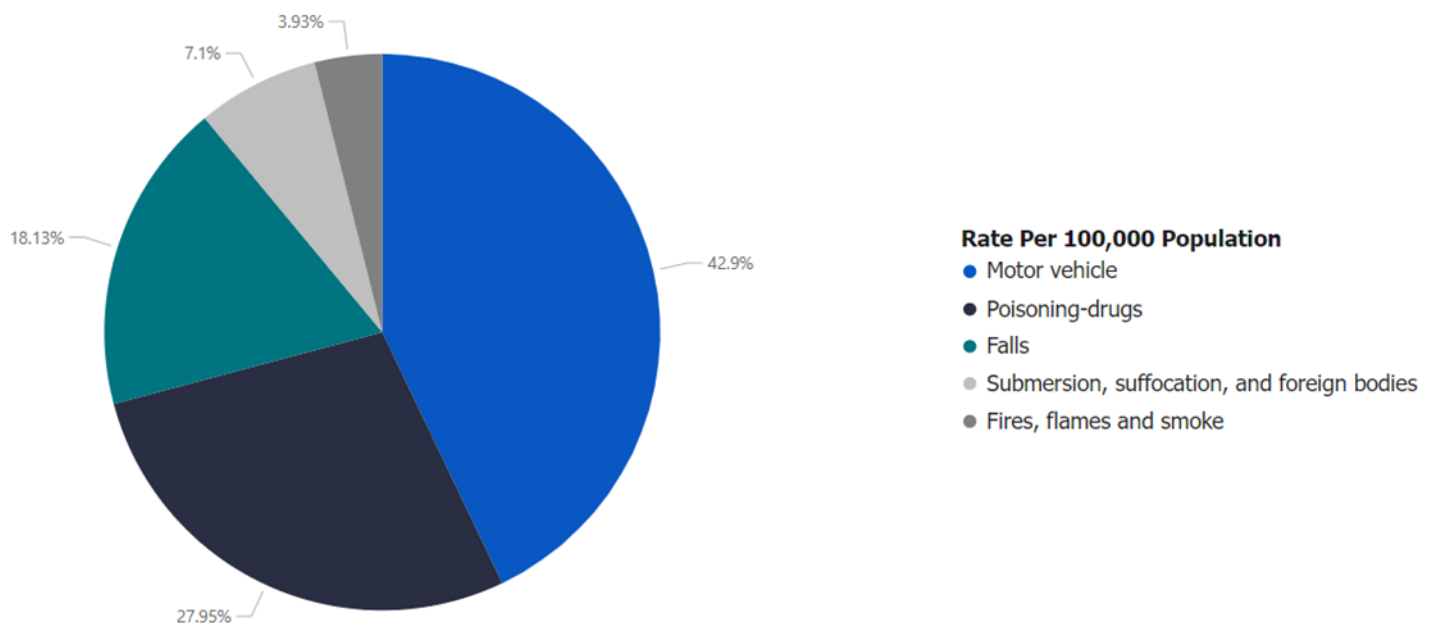


# Accidental Deaths

Perry County's Top 5 Types of Accidental Death



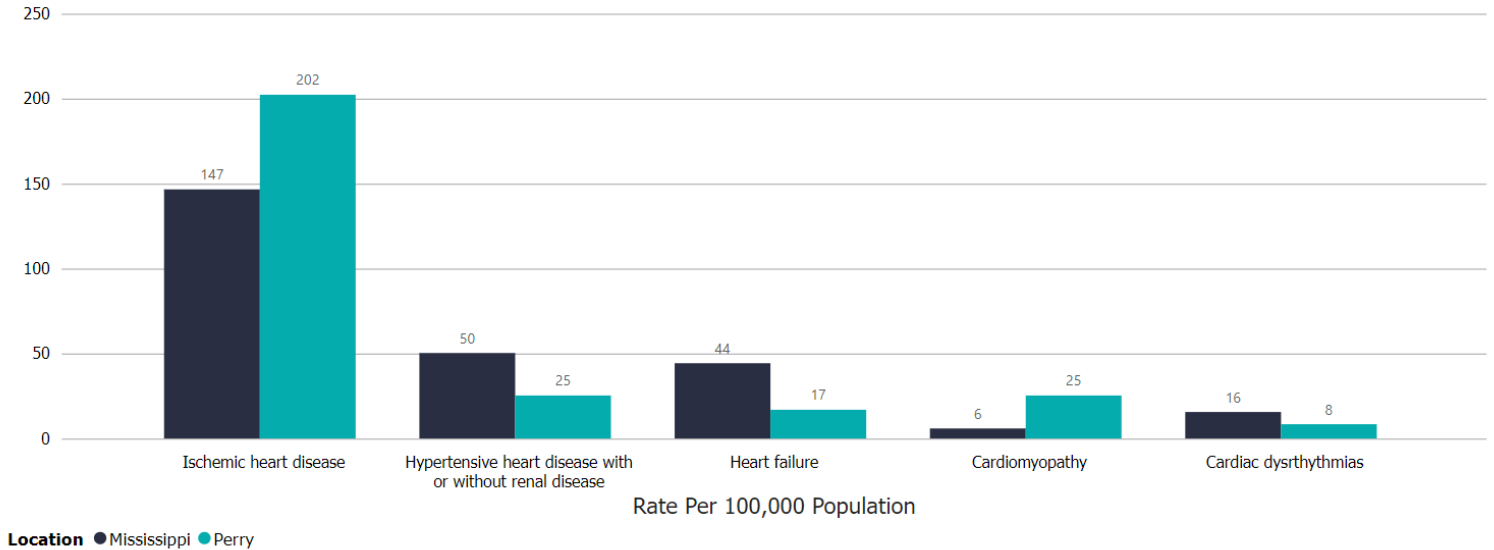
Mississippi's Top 5 Types of Accidental Death



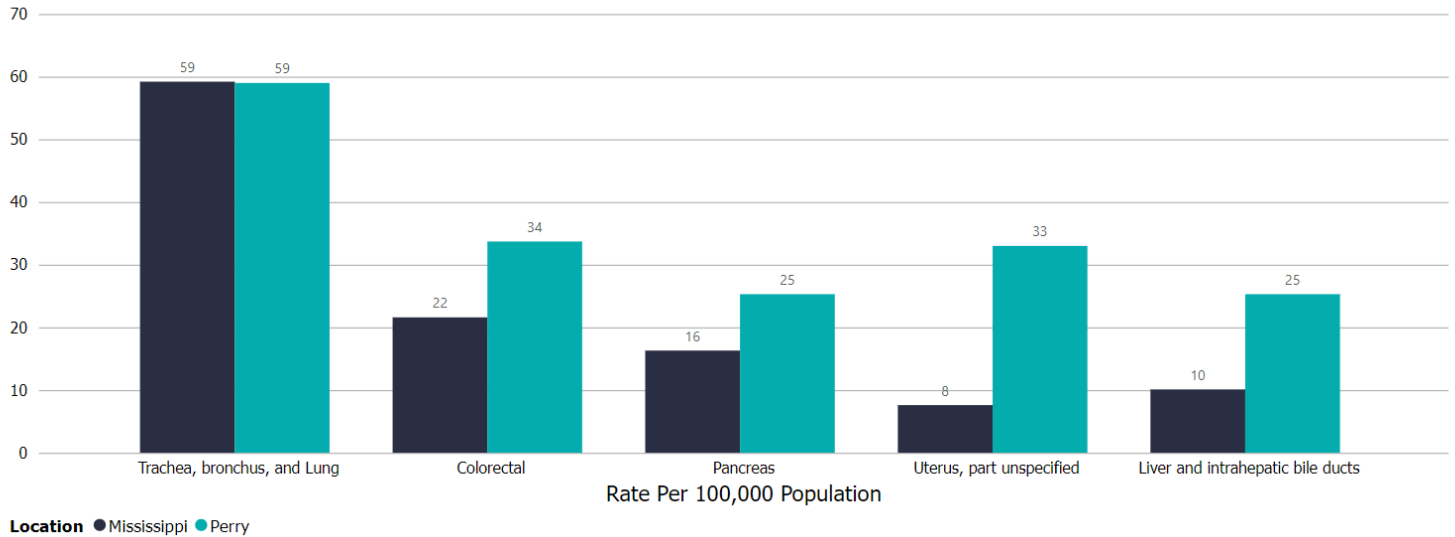


# Heart and Cancer Statistics

Top 5 Types of Heart Disease



Top 5 Types of Cancer



# The Impact of the COVID-19 Pandemic

The COVID-19 pandemic's impact on our communities throughout America, and especially small rural communities, has altered the delivery of and access to health care. Every year, various regions of the U.S. are impacted by disaster, whether it is hurricanes on the Gulf Coast or forest fires on the West Coast. Because these events are somewhat annually predictable, healthcare providers are prepared with procedures and supplies necessary to care for these usually short term and isolated events.

However, COVID-19 was not predicted, and our healthcare system was not prepared. The human resource pool, the supply chain, and the financial resources were all stretched to the max. Protocols and physical plants were not ready to handle the influx of seriously ill patients. Health education and prevention opportunities and practices were not in place. Thankfully, dedicated healthcare workers, clinics, and hospitals answered the call and accepted the challenge.

The number one objective was to care for and protect our communities from this pandemic. Carefully crafted community healthcare agendas were put aside, and all resources were channeled to act and react to serve our communities. The amazing collaborative efforts of local governments, health departments, first responders, the private sector, and the committed healthcare workers made the seemingly impossible happen.

As stated earlier, many planned activities, some of which were part of our CHNA implementation plan, had to be put on hold. Human and financial resources were needed on the "frontline". Consequently, many health initiatives were not able to be implemented. Health education opportunities and public screenings could not happen because of the risk of bringing groups of people together.

There were many positives that came from this crisis. Communities worked together. Healthcare professionals were publicly appreciated and applauded for their commitment to caring, and communities, especially in rural America, found a reason to renew their trust in their small community hospital. Hospitals can look more wisely to the future because of lessons learned during this experience.

# 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.

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.

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. In addition, deaths from female breast cancer and trachea, bronchus and lung cancer were identified as disproportionate for the county. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease and cancer.

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

## Prioritization

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

### PERRY COUNTY

In mortality statistics, Perry County exceeds the state and the U.S. in number of deaths per 100,000 population. In addition to those who die from heart related diseases, countless more continue to live with constant treatment, medications, and interventions because of these illnesses related to unhealthy hearts and lungs.

Typical of southern rural communities, Perry County residents do not live the healthiest of lifestyles. Lack of nutritional knowledge and a culture of “country cooking”, along with a lack of exercise, greatly contribute to several lifestyle diseases, with heart disease being number one in Perry County.

# Responding to the Community (Continued)

## 2022 Strategic Initiative

### Heart Health

Heart disease is the leading cause of death in Perry County. Perry County Hospital, along with the Heart Association, in an effort to improve heart health in Perry County, will provide education to the community and surrounding areas that Perry County Hospital serves.

#### Target Population

Those residents at greatest risk of developing heart disease, and low income, medically underserved, uninsured in Perry County

#### Goals/Desired Outcome

To decrease the instances of death due to heart disease and improve awareness by educating on the preventable risk factors.

#### Process/Time Frame/Location

We plan to continue with our annual health/screening fair as an outreach to educate the community about Heart Health. We are also getting involved with the community, including the schools, to educate and promote **Heart Health** and start better habits for residents of our community an early age. We will create social media posts that encourage residents to come by the hospital or the clinic to get blood cholesterol levels checked and take steps to lower their cholesterol if at risk. Over the next three years, we plan to be a part of the Great American Heart Walk sponsored by the American Heart Association by coordinating a Heart Walk in Perry County.

#### Measure of Success

Five percent decrease of diagnosis of heart related illness among residents, annually. Reach more than 90% of residents and dependents via health fair, heart walk, education, and hospital/clinic visits.

#### Collaborating Partners

- The Doctors Clinic
- Hattiesburg Clinic in Richton
- Perry County Sheriff's office
- Perry County Schools
- Richton School
- American Heart Association
- Keith Evans (alderman for Richton)

# Thank You

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

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