



CHOCTAW GENERAL HOSPITAL CHNA REPORT

NOVEMBER 2016

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EXECUTIVE SUMMARY

The purpose of this Community Health Needs Assessment (CHNA) report is to provide Choctaw General Hospital with a functioning tool to guide the hospital as it works to improve the health of the community it serves. In addition, the report meets the guidelines of the Internal Revenue Service.

The results of the CHNA will guide the development of Choctaw General'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.

The assessment was performed and the implementation strategies were created by the Community Health Needs Assessment Steering Committee with assistance from HORNE LLP. The assessment was conducted in September and October 2016.

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.

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. In this report, we also discuss the health priorities that we will focus on over the next three years. The CHNA report is available on the hospital's website www.choctawgeneral.com or a printed copy may be obtained from the hospital's administrative office.

We sincerely appreciate the opportunity to be a part of this community. Our hospital is growing and your opinions matter. We look forward to working with you to improve the overall health of those we serve.

James W. Cowan, Administrator
Choctaw General Hospital

ABOUT THE HOSPITAL

CHOCTAW GENERAL HOSPITAL

Choctaw General Hospital is a beautiful new hospital in Butler, Alabama that opened in March, 2012. The 25-bed critical-access facility is a division of Rush Health Systems and provides needed healthcare options for the people of Choctaw County and the surrounding areas.

The new critical access hospital offers the people of West Alabama an expanded dimension in healthcare. Choctaw General Hospital provides compassionate care and emergency services which greatly improve healthcare in the service area.

SERVICES:

- Inpatient and outpatient rehabilitation
 - Physical Therapy
 - Speech Therapy
 - Occupational Therapy
 - Sports Medicine
- Inpatient and outpatient radiology
 - X-Ray
 - CT
 - Ultrasound
 - MRI
- Inpatient care
- Swing bed program
- Emergency department
- Inpatient and outpatient lab services
- Community Health Education Programs
 - Diabetic Education
 - Nutrition Education
 - CPR Training and more
- A full-service dining room
- Senior Care Program



COMMUNITY HEALTH NEEDS ASSESSMENT

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 Choctaw 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 health care providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

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.

J.W. Cowan, *Hospital Administrator*
Suzanne Mize, *Hospital Assistant Administrator*
Marshall Abston, *Marketing Director/Rehab Services*
Rachel Hannah, *Director of Nursing*
Milisa Railey, *Business Services Manager*
David Roberts, *ER Director*
Serria Reed, *Administration Assistant*



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 Alabama community.

Also, review our activities that were in response to the needs identified in 2013. Hopefully, you will find ways you can personally improve your own health and contribute to creating a healthier community.

COMMUNITY INPUT

COMMUNITY FOCUS GROUP

A community focus group was held at Choctaw General Hospital on Tuesday, October 18, 2016. 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.



Sheila Skelton, *Member of Hospital Board of Directors*

Nicholas Harrell, *Director of Choctaw Chamber of Commerce*

Mayor Mike Williams, *Town of Butler (Not shown)*

Barbara Shoemaker, *Choctaw County Health Department (Not shown)*

Pat Parker, *Choctaw County Health Council*

Ann Spears, *Councilmember*

Bro. Jeremy Sorrells


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.

In order to provide citizens of our services area with an opportunity to provide us their valuable insight, a Community Survey was published in the local paper. The survey ran in *The Choctaw Sun*. It was published on Wednesday, October 19, 2016. *The Sun* has a circulation of 5100 and a readership that covers Choctaw County and surrounding areas.

In addition, the survey was made available in public areas of the hospital and distributed through members of the CHNA Focus Group. Collection boxes were available in the hospital's lobbies.



CHOCTAW
GENERAL HOSPITAL
A Division of Rush

COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY
DUE BY OCTOBER 28, 2016

Choctaw 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. Thanks in advance for your input.

1. Have you used any health services offered at Choctaw 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 Choctaw County that you are aware of?
6. Please list any other information or comments that you would like to share.



ABOUT THE COMMUNITY

CHOCTAW COUNTY

Choctaw County is located on the west side of Alabama and is bordered on the west by the state of Mississippi. It is located in the southern half of the State. It consists of 920 square miles of land and water. According to the 2015 U.S. Census, there were approximately 13,710 people in the county.

The county seat is Butler, with a population of 1,894 according to the 2010 census. About 7.8% of families and 10.4% of the population were below the poverty line, including 14.6% of those under age 18 and 10.5% of those ages 65 or over. In addition to Butler, there are six other incorporated towns or communities, plus eight unincorporated communities.



Choctaw County, Alabama

DEMOGRAPHICS

As of the census 2010, there were 13,859 people. According to the 2015 estimates, there is a decrease in population of almost 690 residents. There were approximately 5,866 households, and 3,873 families residing in the county. The population density is about 15.2 people per square mile. There were 7,269 housing units at an average density of 8.0 per square mile.

According to the 2015 estimates, the racial makeup of the county was 56.9% White, 42.2% Black or African American, 0.2% Native American, 0.2% Asian, and 0.5% from two or more races. 0.8% of the population was Hispanic or Latino of any race.

There were 5,866 households out of which 29.8% had children under the age of 18 living with them, 46.0% were married couples living together, 15.8% had a female householder with no husband present, and 34.0% were non-families. 31.7% of all households were made up of individuals and 31.6% had someone living alone who was 65 years of age or older. The average household size was 2.34 and the average family size was 2.95.

ABOUT THE COMMUNITY

The median income for a household in the county was \$34,325 (2014) and the per capita income for the county was \$21,268 (2014). About 15.6% of families and 21.5% of the population were below the poverty line, including 30.7% of those under age 18 and 16.9% of those ages 65 or over.

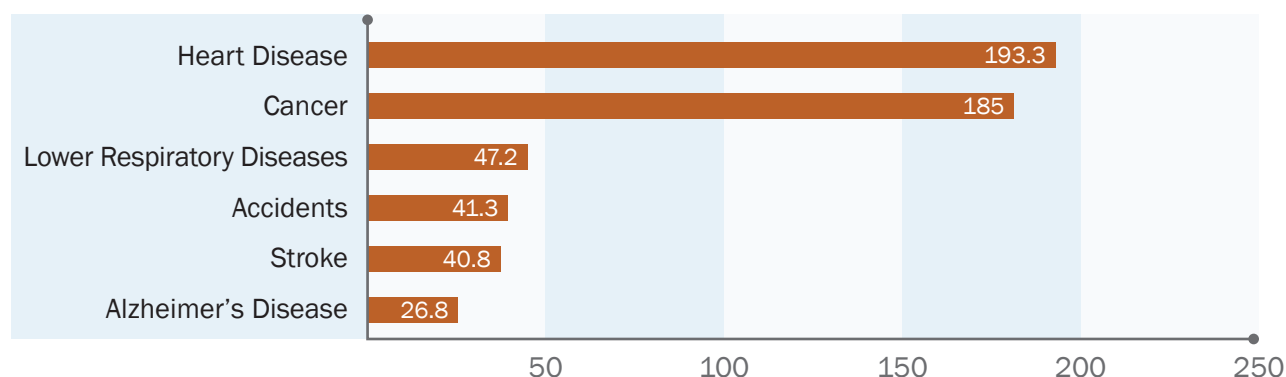
PATIENT ORIGIN AND SERVICE AREA

Approximately 77% of the patients seen at Choctaw Hospital, over the past twelve months, reside in Choctaw County, Alabama. An additional 21% reside in the three adjacent counties to the east and south, Clarke, Marengo, and Washington. Marengo County has the second inpatient population, 13%. Clarke and Washington County both have 4%. The remaining 2% of the patient population represents a variety of locations outside of the primary service area. Almost 38% of the patient population resides in the town of Butler.

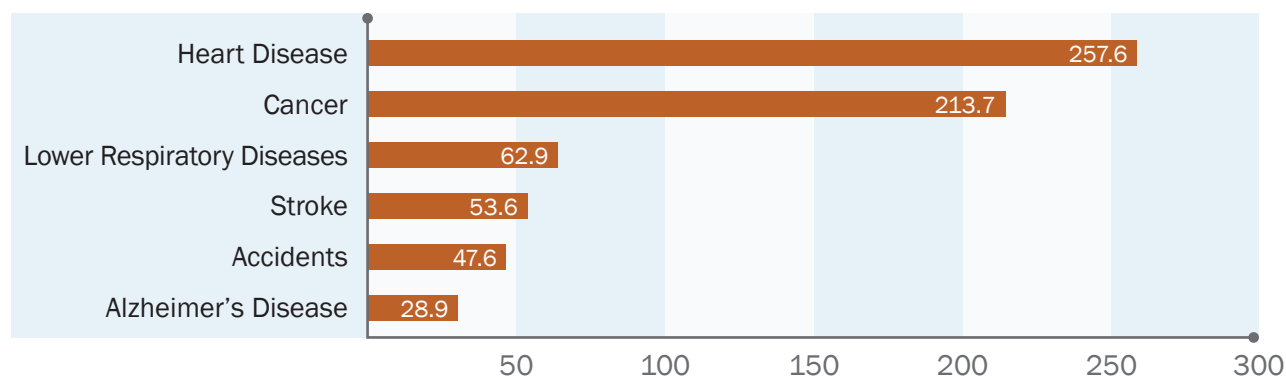


LEADING CAUSES OF DEATH 2013*

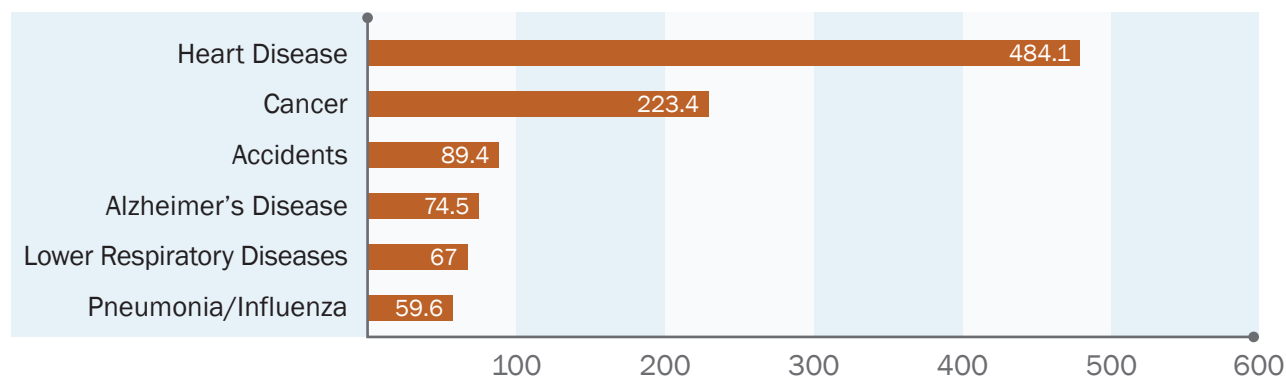
UNITED STATES



ALABAMA



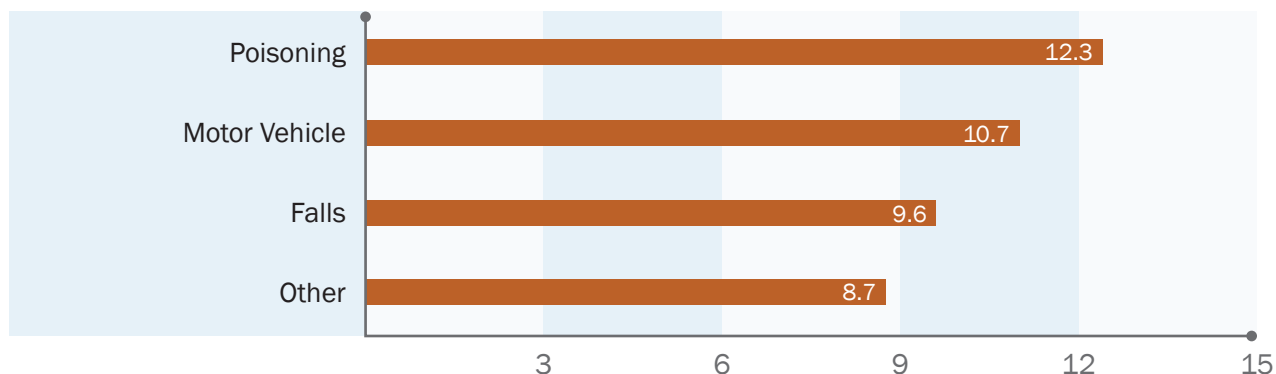
CHOCTAW COUNTY, ALABAMA



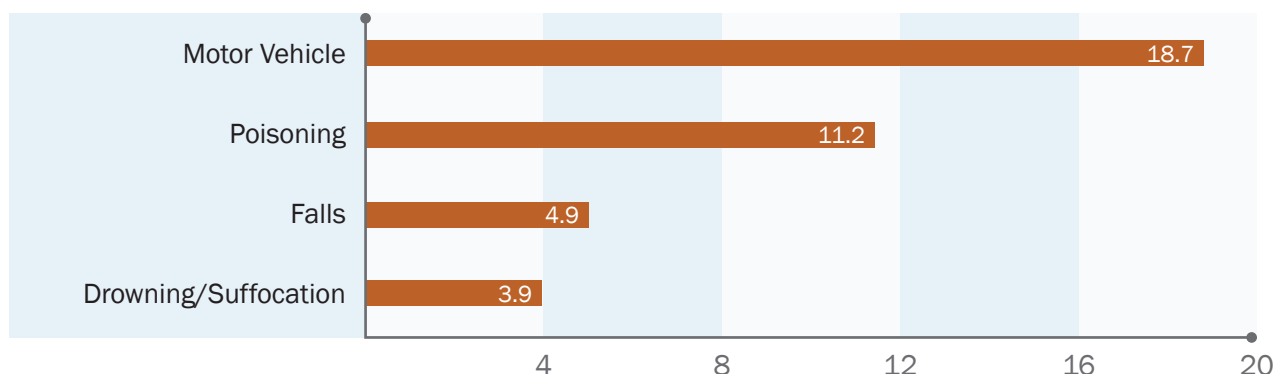
* Rate per 100,000 Population

ACCIDENTAL DEATHS 2013*

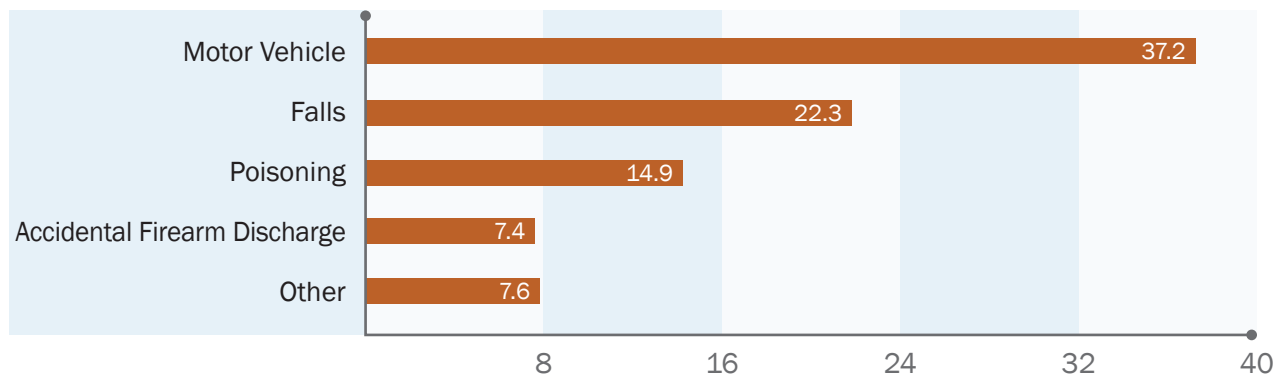
UNITED STATES



ALABAMA



CHOCTAW COUNTY, ALABAMA



* Rate per 100,000 Population

CHNA STRATEGIC ACTION RESPONSE

STRATEGIC ACTION RESPONSES

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

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

In support of the 2013 Community Health Needs Assessment, and ongoing community benefit initiatives, Choctaw General Hospital implemented the following strategies to positively impact and measure community health improvement.



CHNA STRATEGIC ACTION RESPONSE

HEALTHY HEART AWARENESS

TARGET POPULATION

Adults and senior citizen populations

GOAL, DESIRED OUTCOME

Our goal was to provide education for heart disease prevention and awareness.

PROCESS/TIME FRAME/LOCATION

- We have had several Lunch and Learn programs that focused on Heart Health.
 - We have had four Interventional Cardiologists and a Cardiovascular Surgeon discussing heart health and venous disease.
- Our nursing staff has conducted blood pressure screenings no less than twice a year since opening.
- Every year since 2013, Choctaw General has hosted the Choctaw County Health Council's Health Fair. Choctaw General conducted BMI checks during these health fairs. In addition to BMI, several screenings are offered during this health fair, including Blood Pressure and Cholesterol.

MEASURE OF SUCCESS

- Each of the Lunch and Learns had approximately 35 people in attendance.
- The blood pressure screenings would have approximately 15-25 people per screening.
- The Choctaw County Health Fair has 100-200 people in attendance each year.
- The Georgia Pacific Health Fair had 150-200 in attendance in both 2013 and 2014.

COLLABORATIVE PARTNERS

- Rush Health System
- Choctaw County Health Council

CHNA STRATEGIC ACTION RESPONSE

OBESITY

TARGET POPULATION

All ages

GOAL, DESIRED OUTCOME

Our goal was to provide education on the dangers of obesity and ways to eat healthy and lose weight.

PROCESS/TIME FRAME/LOCATION

- Scale Back Alabama is an annual program that Choctaw General participates in as a weighing site, and promotes healthy eating and weight loss.
- Diabetes Education Learn and Lunch and monthly diabetic education classes that are conducted by a Registered Dietician and is offered free of charge for all patients.
- Nutrition consultation with a Registered Dietician is offered free of charge by appointment.
- Every year since 2013, Choctaw General has hosted the Choctaw County Health Council's Health Fair. Choctaw General conducted BMI checks during these health fairs.
- Choctaw General also partnered with Georgia Pacific for their annual health fair where we performed BMI and Blood Sugar checks.

MEASURE OF SUCCESS

- Over the past three years, we have had approximately 40 people a year participate in Scale Back Alabama.
- We have provided Diabetes education to approximately 50 participants in the past three years.
- Nutrition services have been provided to all our swing bed patients as well as an estimated 20 outpatients.
- The Choctaw County Health Fair has 100-200 people in attendance each year.
- The Georgia Pacific Health Fair had 150-200 in attendance in both 2013 and 2014.

COLLABORATIVE PARTNERS

- Alabama Department of Public Health
- Rush Health Systems
- Nutrition Education Resources, Inc. (NERI)
- Choctaw County Health Council
- Georgia Pacific-Naheola Mill in Pennington, Alabama

CHNA STRATEGIC ACTION RESPONSE

SENIOR HEALTH

TARGET POPULATION

Adults and senior citizen populations

GOAL, DESIRED OUTCOME

Our goal was to provide education for the mental and physical health of our community's senior population.

PROCESS/TIME FRAME/LOCATION

- We have mainly accomplished this goal through our community lunch and learn programs which have covered a variety of topics.
 - Behavioral health and IOP service presentation
 - Alzheimer's caregiver presentation
 - Dermatology program focused on skin cancer and what to look for during a routine examination.
 - Urology presentation concentrated on the changes in our urinary system as we age.
 - Gynecological program centered on post-menopausal signs and symptoms.
 - Pain management presentation based on Lower back pain and how to prevent it.
- Health screenings
 - Free vein screening
 - Posture and balance screening focused on fall prevention
 - Annual health fair screenings: Blood pressure, blood sugar, cholesterol, HIV, eyes and BMI.
 - Flu shots are also offered as part of the health fair.

MEASURE OF SUCCESS

- Each Lunch and Learn had 30-50 people in attendance.
- Vein screening had 52 people attend.
- Posture and balance screening examined 42 people.
- The Choctaw County Health Fair has 100-200 people in attendance each year.

COLLABORATIVE PARTNERS

- Rush Health Systems
- Integrity Health Services, LLC.
- Ellen Woodward Potts, co-author of *A Pocket Guide for the Alzheimer's Caregiver*
- Choctaw County Health Council

CHNA STRATEGIC ACTION RESPONSE

CPR TRAINING

TARGET POPULATION

All ages

GOAL, DESIRED OUTCOME

Our goal was to provide CPR education and training throughout our community.

PROCESS/TIME FRAME/LOCATION

- CPR Classes were provided to:
 - Boys Scouts of America
 - Choctaw County Retired Teachers Association
 - Choctaw General nursing staff
 - Choctaw Urgent Care nursing staff

MEASURE OF SUCCESS

- Each course ranged from 10- 25 people.

COLLABORATIVE PARTNERS

- Medicomp
- Rush Health Systems

GENERAL HEALTH STATUS

GENERAL HEALTH STATUS OF ALABAMA'S RURAL RESIDENTS

The general health status of the rural residents of Alabama compares unfavorably to urban residents in the state. One of the most widely recognized indicators of health status, life expectancy, clearly shows the disparity between the overall health status of rural Alabamians compared to their urban counterparts. A rural resident born today is expected to have a lifetime that is more than one half of a year shorter than an urban resident born today — 74.4 years compared to 75.1 years. The disparity is even greater when compared to national life expectancy. Nationally, a person born today is expected to live 3.5 years longer than a rural Alabamian.

The reasons for life expectancy disparity between Alabama's rural and urban residents are quite diverse. Several of the reasons for this disparity are:

- Rural areas are experiencing greater population growth
- Rural areas have an older population
- Alabama's rural population has less formal education
- Alabama's rural population reflects greater ethnic diversity
- Alabama's rural population is not as wealthy
- Alabama's rural population has more restricted access to health care
- Adequate emergency medical services are not a certainty in all rural areas
- Pregnancies for rural women are of higher risk than those to urban women



GENERAL HEALTH STATUS

An analysis of the causes of death among rural Alabamians clearly reveals the diversity of environmental, behavioral, and other differences. Higher mortality rates from suicide and accidents (especially motor vehicle accidents, drowning, and fires) are reported in the rural counties. In addition, mortality or death rates for heart diseases, Alabama's leading cause of death since 1924, are significantly higher among rural residents. During 2003-2005, Alabama's rural residents experienced a mortality rate of 330.6 deaths per 100,000 persons each year compared to only 250.0 for urban residents and 230.1 for the nation. The rural-urban disparity was greatest for heart failure and ischemic heart disease, two large components of heart diseases.

Cancer mortality is also greater among rural Alabamians. During 2003-2005, the mortality rate for deaths due to cancer was 230.9 deaths per 100,000 persons each year for Alabama's rural residents compared to 205.9 for urban county residents and 188.6 for the nation. This rural-urban disparity in mortality was also seen for cancer of the trachea, bronchus and lung where the rural mortality rate was 75.3 compared to 63.2 for urban residents and 53.8 for the nation. Tobacco use could be a leading cause of these types of cancer. Other cancer sites with mortality rates higher among rural Alabama residents include the following: colon, rectum, and anus; breast; cervix uteri; ovary; prostate; and meninges, brain, and other parts of the central nervous system.

Other major causes of death for which the rural-urban disparity is greater include Alzheimer's disease, cerebrovascular diseases (stroke), chronic lower respiratory diseases, diabetes, pneumonia, and septicemia (blood poisoning). The risk factors for these conditions and others previously noted clearly indicate a greater need for health education, behavioral modification, and quality health care. Obesity is emerging as a major healthcare behavioral crisis in all of Alabama including rural areas. It was estimated in 2003 that 23.5 percent of all rural Alabama residents are obese – not simply overweight. According to the Center for Health Statistics, Alabama Department of Public Health and Centers for Disease Control and Prevention, 30.9 percent of all Alabamians were obese. This was the second highest percentage among all states.

This brief overview of the more prominent health status indicators and access/availability issues that are challenging Alabama's rural residents and its hospitals is far from being all-inclusive. Only by being aware of the complexity of the health issues specifically facing Alabama's rural residents, can rural hospitals such as Choctaw General, along with its collaborative community partners begin to address the health issues and improve the overall health of the population served.

SOURCE: *Alabama Rural Health Plan published by Alabama Department of Health, July 2008 Updated 2011.*

LIFESTYLE AND DISEASE

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

In Choctaw County, the two major diseases that result in the most deaths are lifestyle diseases. They are heart disease and cancer.

This is why the CHNA Committee has chosen to address educational and lifestyle initiatives to assist in lowering the incidence of these diseases. These priorities are outlined later in the report under the Health and Wellness Initiatives.

CLOSING THE GAP

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

Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and health care professionals. Community members saw a need for increased education and preventive care in order to eliminate the path to chronic disease. Prevention is very cost effective compared to the catastrophic treatment needed when a chronic disease is unmanaged and leads to major health problems. Education related to nutrition and physical activity 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 Choctaw County:

- The County exceeds the State and the U.S. in rate of deaths from heart disease. Choctaw County's deaths from heart disease are almost twice that of the State and 2.5 times greater than that of the U.S.
- The County exceeds the State and the U.S. in rate of death from cancer and has one of the higher rates of the counties in Alabama.
- The County exceeds the State and the U.S. in rate of deaths from accidents. The County's deaths from accidents are almost two times that of the State and over two times that of the U.S.

A critical access hospital cannot provide the same level of care in the treatment of chronic disease as an acute care hospital. The critical access hospital can, however, work in concert with acute care hospitals to assist patients in their access to an acute care delivery system. The local hospital can provide emergency care and arrange expedited transport to nearby acute care facilities.

The critical access hospital can be the catalyst for community health education, prevention, and enhancement of community wellness activities. The local hospital can be invaluable in providing a community with the health resources for making wiser health and lifestyle decisions, thus being the major player in disease prevention.

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

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

Implementation strategies that will address five major health issues were developed. The strategies will seek to 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 re-examined throughout the implementation period.

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. Choctaw General Hospital is proud to have been the catalyst in this effort. However, to address some of the needs identified will require expertise and financial resources far beyond what a critical access hospital can provide.

RESPONDING TO THE COMMUNITY

The hospital is aware of many lifestyle issues that face citizens of a rural southern state. Many of the lifestyle habits negatively impact the overall health of our community and are major contributors to several of the leading causes of death in our county. Choctaw General Hospital has identified five significant initiatives it will undertake over the next three years. These collaborative projects should help improve the health and overall quality of life in our community. The many health and wellness opportunities identified during the research portion of the CHNA will be considered as we develop our strategic action plans.

HEALTH AND WELLNESS INITIATIVES

Over the next three years, Choctaw General Hospital, in concert with its many community partners will focus its energy in these areas:

SENIOR HEALTH

With emphasis on:

- Nutrition
- Fall Prevention
- Mental Wellness and Focus

LIFESTYLES

With emphasis on:

- Nutrition
- Physical Activity
- Lifestyle Behaviors which can reduce incidences of Heart Disease, Cancer and Diabetes

HEALTHIER YOUTH ACTIVITIES

Educating young people on how to live healthier in rural Alabama, plus making them aware of health careers available to them will help create a healthier Choctaw County on several fronts. Choctaw General will continue to either sponsor or support:

- Choctaw County Healthcare Scholars
- Upward Bound
- Coastal Alabama Community College
- “Kids College”

MENTAL HEALTH FOCUS

With emphasis on:

- Community Discussions and Problem Solving around mental health
- Patients in crisis, waiting for placement
- Community Drug Education
- Youth Mental Health

ACCIDENT PREVENTION

With emphasis on:

- Fall Prevention
- Motor Vehicle Safety

THANK YOU

This comprehensive assessment will allow us to better understand the needs and concerns of our community. Choctaw General Hospital is proud to be a part of the Rush 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 Choctaw County and surrounding area.

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



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