

Choctaw General Hospital

CHNA Report

Approved by
The Board of Directors of Choctaw General Hospital
November 12, 2019



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EXECUTIVE SUMMARY

This is the third Community Health Needs Assessment (CHNA) report prepared by Choctaw General Hospital since inception back in 2012. We use this report as a tool to guide us as we service the healthcare needs of our community. This report also meets the guidelines of the Internal Revenue Service.

The results of our study help us to focus on those initiatives which will improve the quality of life for our community, our county, and our service area in West Alabama. The implementation of our study will be greatly enhanced by our collaborative partnerships we have developed in the past eight years since we opened Choctaw General Hospital. We used our CHNA steering committee consisting of hospital employees in conjunction with representatives of the HORNE LLP group to shape a strategy to involve input from community stakeholders.

We sought input from previous patients, employees, and community leaders and the general public to make recommendations for our strategy for the coming years. We asked for the community's help through the use of a published survey with questions relative to the hospital's viability within the service area. A community focus group was formed, and their input and discussions were reviewed by the steering committee and consultants from the HORNE LLP group in shaping our report. In addition to the surveys, the steering committee had access to information from databases, reports and other healthcare related publications.

In the response section of this report we address how the hospital, the community and our collaborative partners worked together to address health disparities in our community over the last three years. We also address the health priorities we will focus on during the next three years. This report can be accessed on our hospital website or a printed copy may be obtained from the hospital administrator's office.

The growth we have experienced over the past eight years has been phenomenal and we are genuinely excited about the future. We will continue to seek and value the opinions of those we serve.

James W. Cowan, Administrator
Choctaw General Hospital

ABOUT THE HOSPITAL

CHOCTAW GENERAL HOSPITAL

Choctaw General Hospital is a 25-bed critical access hospital located in Butler, Alabama, that provides a wide range of inpatient, outpatient and emergency services. Patients can be admitted to the hospital if their medical needs make that the best option. A variety of other services are available on an inpatient and outpatient basis through the hospital's imaging, laboratory and rehabilitative services, including physical, occupational and speech therapy.



Patients are cared for under the direction of their physician by a licensed health care team including registered nurses, physical therapists, social workers, dietitians, pharmacists and other ancillary staff, depending on the patient's medical needs.

An emergency department is staffed with qualified emergency room hospitalists and family nurse practitioners and is open 24 hours a day, seven days a week. The hospitalists also act as hospital physicians, which means they can admit and care for patients who do not have a physician who regularly admits patients at the hospital.

Skilled nursing and rehabilitative care are available at Choctaw General Hospital through the Swing Bed Program. Those recovering from surgery, a stroke, a fracture or an extended medical illness and hospitalization can choose to rehabilitate at Choctaw General Hospital, whether or not they were hospitalized in another location.

SERVICES AND FACILITIES:

Community Health Education Auditorium
Dietary Consultations
Full-Service Dining Room
Laboratory
Outpatient Infusion
Radiology
Senior Care Programs
Occupational Therapy
Speech Therapy
Telemedicine

Diabetes Education
Emergency Care
Hospitalist Program
Medical Surgical Care
Pharmacy
Respiratory Therapy
Skilled Rehab Inpatient and Outpatient Services
Physical Therapy
Swing Bed Program
Wound Care

THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) defines opportunities for healthcare 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 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 Alabama 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

Secondary Data Sources

- | | |
|--|---|
| • The United States Census Bureau | • Choctaw General Hospital Medical Records Department |
| • US Department of Health & Human Services | • Alabama State Department of Health |
| • Centers for Disease Control and Prevention | |
| • American Heart Association | |
| • Trust for America's Health | |

ABOUT THE COMMUNITY

DEMOGRAPHICS

SERVICE AREA

Primary: Choctaw County

ABOUT THE SERVICE AREA

Choctaw County is a county located in the southwestern portion of the state of Alabama, adjacent to the state of Mississippi. The county seat is Butler. The county was named for the Choctaw tribe of American Indians.

The county has a total area of 921 square miles, of which 913.6 square miles (or 99.2%) is land and 7.4 square miles (or 0.8%) is water. *

PATIENT ORIGIN

Approximately 68% of Medicare inpatients seen over the past twelve months reside in Choctaw County, Alabama. Almost 32% of those patients in Choctaw County (21.3% of the total Medicare inpatients seen last year) reside in Butler. An additional 17.65%, 15.69%, & 13.73% of total Medicare inpatients seen reside in the towns of Toxey, Gilbertown, & Needham also located in Choctaw County. Of the remaining patient population, 19.33% resided in adjacent Marengo County, AL while 9.33% resided in adjacent Clarke County, AL. The remaining population represents a variety of locations mostly outside of the primary service area.



Choctaw County, Alabama

*CHOCTAW COUNTY, ALABAMA (2017 Census Publications State and County Profiles Alabama. USDA Census of Agriculture, 2017).

POPULATION AND RACIAL MIX DATA*

CHOCTAW COUNTY		
Population	13,188	
Racial Mix	White	7,456
	African American	5,583
	Two or more races	130
	Other	19
Median Household Income	\$32,122	



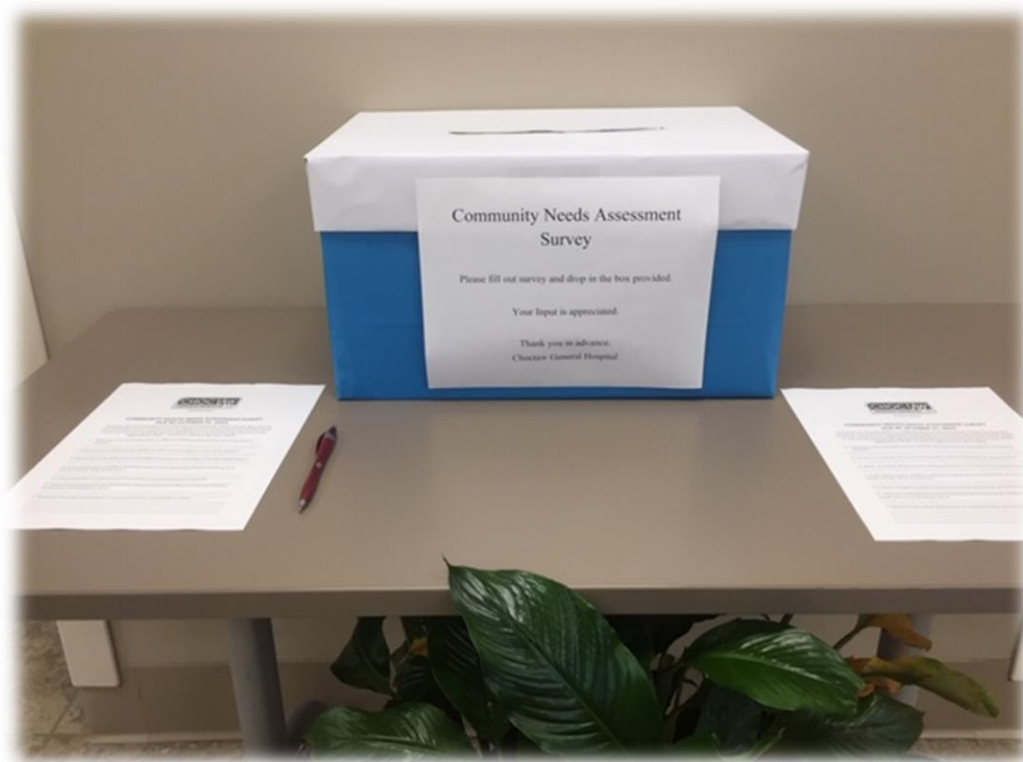
* Sources: U.S. Census Bureau, 2017 estimates and U.S. Census Bureau, 2013-2017 American Community Survey

COMMUNITY INPUT

COMMUNITY SURVEY

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

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



Community Health Needs Assessment - Choctaw General Hospital

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 this survey. Thanks 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. Have you participated in any of Choctaw General Hospital's wellness events (in-services, health fairs, lunch & learns, etc.)?

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

COMMUNITY HEALTH NEEDS ASSESSMENT STEERING COMMITTEE

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

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



HOSPITAL STEERING COMMITTEE

J. W. Cowan – Administrator

Marshall Abston – Community Education

Jennifer Chess – Swing Bed Coordinator/Discharge Planning

Rachel Hannah – Director of Nursing

Jody Lindsey – IOP, RN

Elizabeth McKenzie – Director of Rehab

Jennifer McIlwain – SWB/Utilization Review, Discharge planning

Elizabeth McKenzie – Director of Rehab

Suzanne Mize – Asst. Administrator

David Roberts – ED Director

COMMUNITY FOCUS GROUP

A community focus group was held at Choctaw General Hospital on Wednesday, October 30, 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 healthcare consultants 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

Jeanette Adams – Retired Educator
Jess Allen – Loan Officer, West Alabama Bank
*Dorothy Banks – Superintendent, Choctaw County Schools
Will Finney – City President, West Alabama Bank
*Scotty Fulcher – Lead Pastor, First Assembly of God
*Nick Harrell – Executive Director of Chamber of Commerce
*Vernadette Horn – Family Nurse Practitioner
*Scott Lolley – Sheriff, Choctaw County
*Todd Lowery – Independent Forrester
*Velma McCray – Retired from Alabama Dept. of Public Health
Sharon Shepherd – Soil/Conservation Office
Sheila Skelton – Campus Director of Coastal Alabama Community College, Gilbertown
Derrick Mason – Consultant, HORNE LLP
Barry Plunkett – Consultant, HORNE LLP

***INVITED BUT UNABLE TO ATTEND**

The hospital made a deliberate effort to include in the Community Focus Group a diverse cross section of the community served. Those who were unable to attend the meeting on October 30, were made aware of the purpose of the gathering and the importance of the input from the businesses, civic groups, or population segments they represent. Open dialogue remains fluid with the hospital's administration and the Focus Group members.



RURAL HEALTH DISPARITIES

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

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

WHAT ARE THE CAUSES OF RURAL HEALTH DISPARITIES?

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

ACCESS TO HEALTHCARE

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

- There are higher rates of uninsured individuals residing in rural or nonmetro counties compared to their counterparts in urban or metro counties, as reported by a 2018 CDC report “Health, United States, 2017: With Special Feature on Mortality.”
- Healthcare workforce shortages are prevalent throughout rural America. The 2014 National Center for Health Workforce Analysis report, “Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas,” found a greater representation of workers with less education and training living in rural areas and highlights data showing less than 8% of all physicians and surgeons choose to practice in rural settings.
- Specialty and subspecialty healthcare services are less likely to be available in rural areas and are less likely to include specialized and highly sophisticated or high-intensity care. This exacerbates problems for rural patients seeking specialized care who are faced with traveling significant distances for treatment.
- Reliable transportation to care can also be a barrier for rural residents due to long distances, poor road conditions, and the limited availability of public transportation options in rural areas. For more information on rural transportation programs and the impact on health of not having transport available in rural communities, see RHIhub's Transportation to Support Rural Healthcare topic guide.

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

SOCIOECONOMIC STATUS

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

HEALTH BEHAVIORS

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

With all-cause mortality rates higher in rural areas, it is no surprise that mortality related to certain causes are also higher in rural areas. The table below compares several cause-specific mortality rates for rural and urban counties.

**Age-Adjusted Death Rates for the Five Leading Causes of Death per 100,000
Population: United States, 2014**

Cause of Death	Nonmetro Areas	Metro Areas
Heart Disease	193.5	161.7
Cancer	176.2	158.3
Unintentional injury	54.3	38.2
Chronic lower respiratory disease	54.3	38.0
Stroke	41.5	35.4

Source: Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014, [Supplemental Tables](#), *Morbidity and Mortality Weekly Report*, 66(1), 1-8, January 2017

THE UNHEALTHIEST STATE IN THE UNITED STATES

In 2018, 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.

ALABAMA IS NUMBER SIX

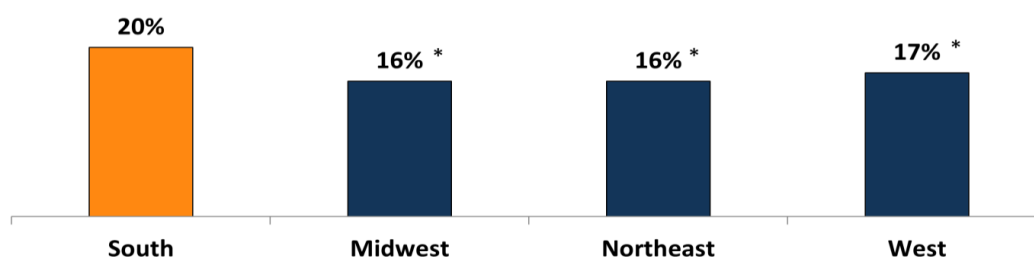
Unfortunately, that is not a ranking that we as a state can be proud. Along with having among the highest rates in America of cardiovascular disease and deaths related to that disease (nearly 400 per 100,000 residents), smoking, and obesity, the “Cotton State” unfortunately touts the one of the nation's largest percentage of youths living in poverty. All of these factors combined to put Alabama at the number six spot, fighting an uphill battle against obesity, cancer, and cardiovascular-related deaths. Almost a third of Alabamians are obese and only 65 percent of the state's ninth graders graduate high school. The continued lack of education contributes to the state's poverty level which, in turn, negatively impacts the overall health of its population.

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



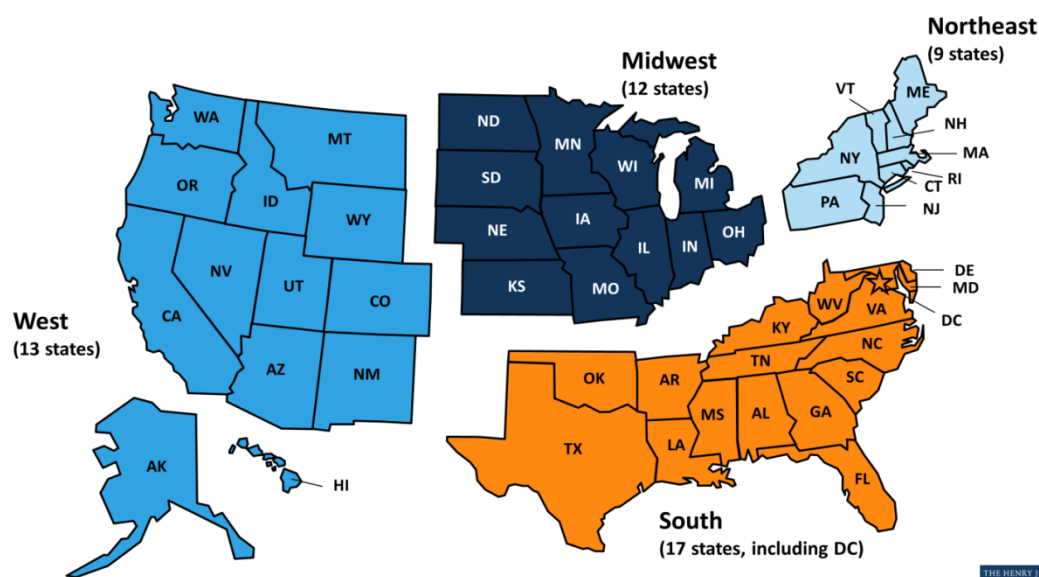
* Indicates a statistically significant difference from the South at $p < .05$ level.

Source: KCMU analysis of the Centers for Disease Control and Prevention (CDC)'s Behavioral Risk Factor Surveillance System (BRFSS) 2014 Survey Results.



Figure 1

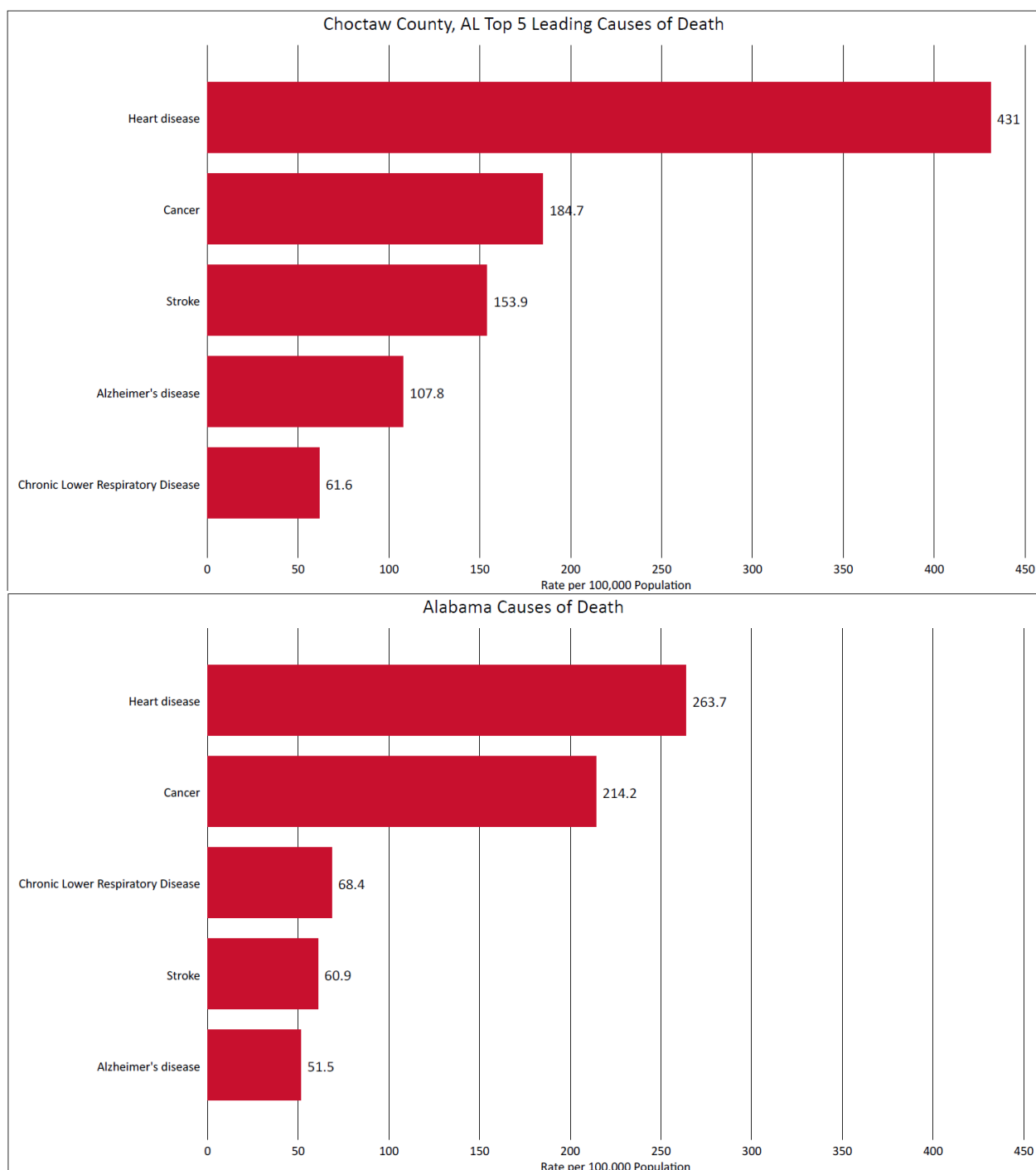
Census Regions and Divisions of the United States

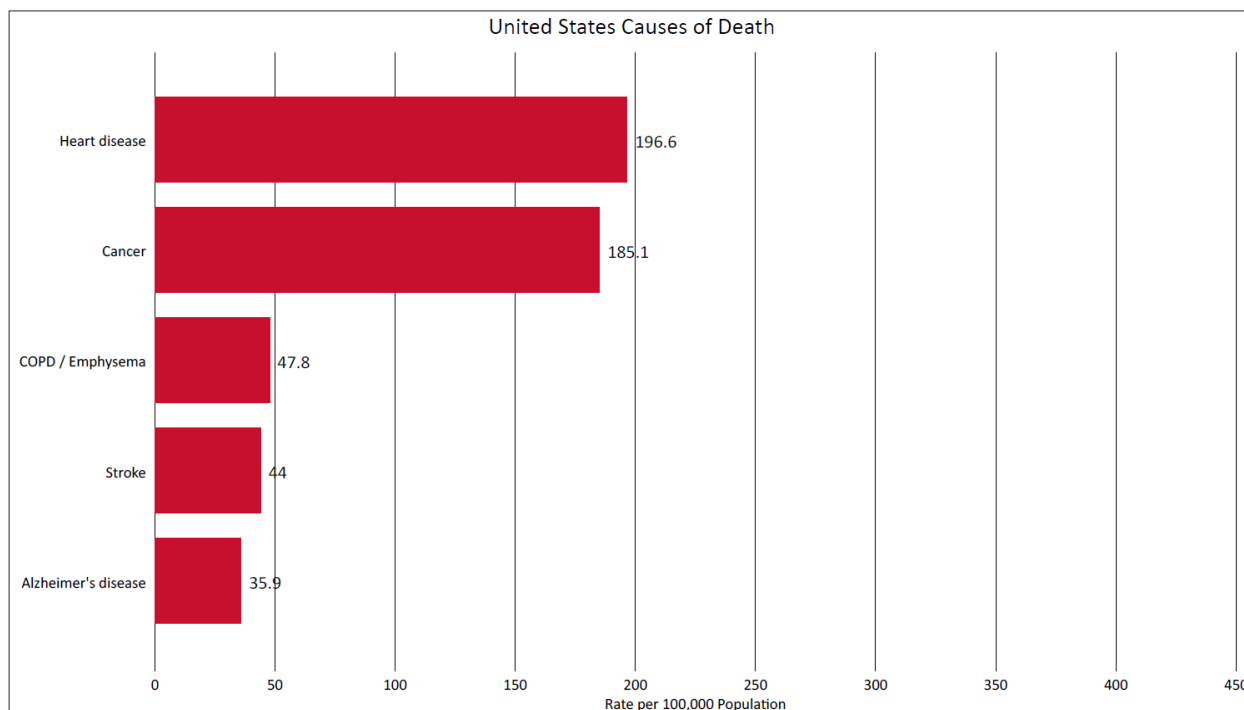


Source: http://www2.census.gov/geo/pdfs/maps-data/maps/reference/us_regdiv.pdf

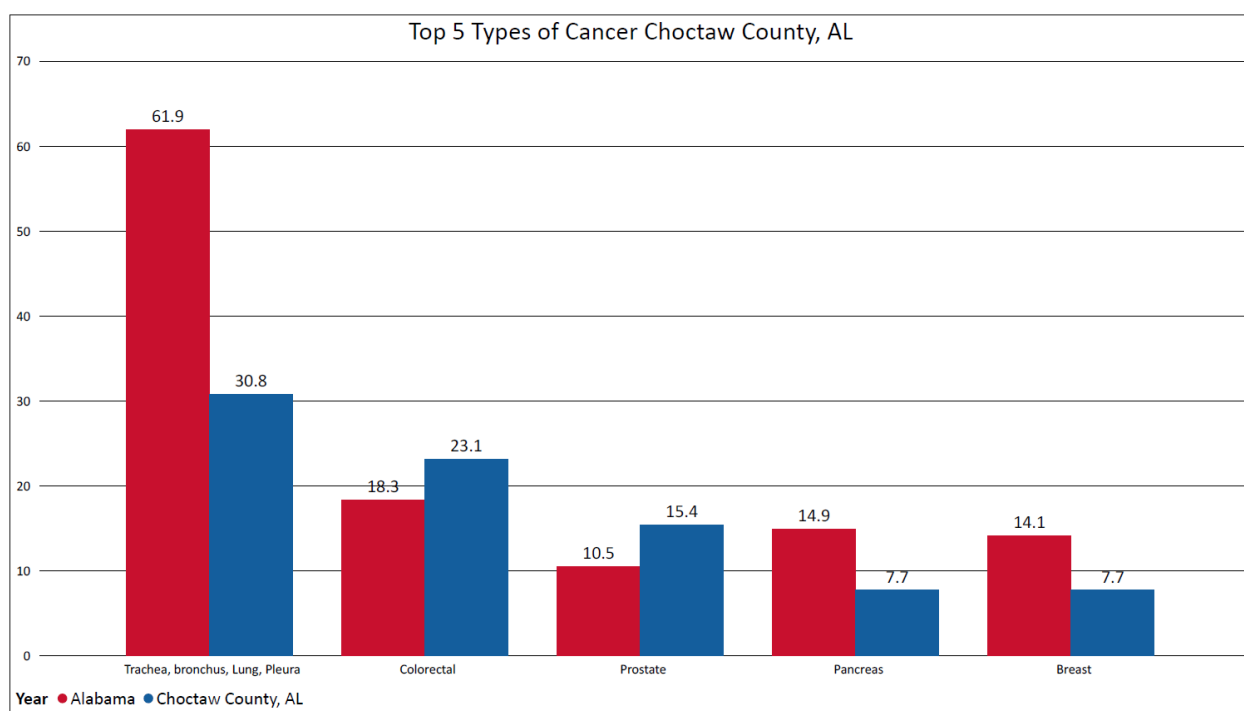


CAUSES OF DEATH

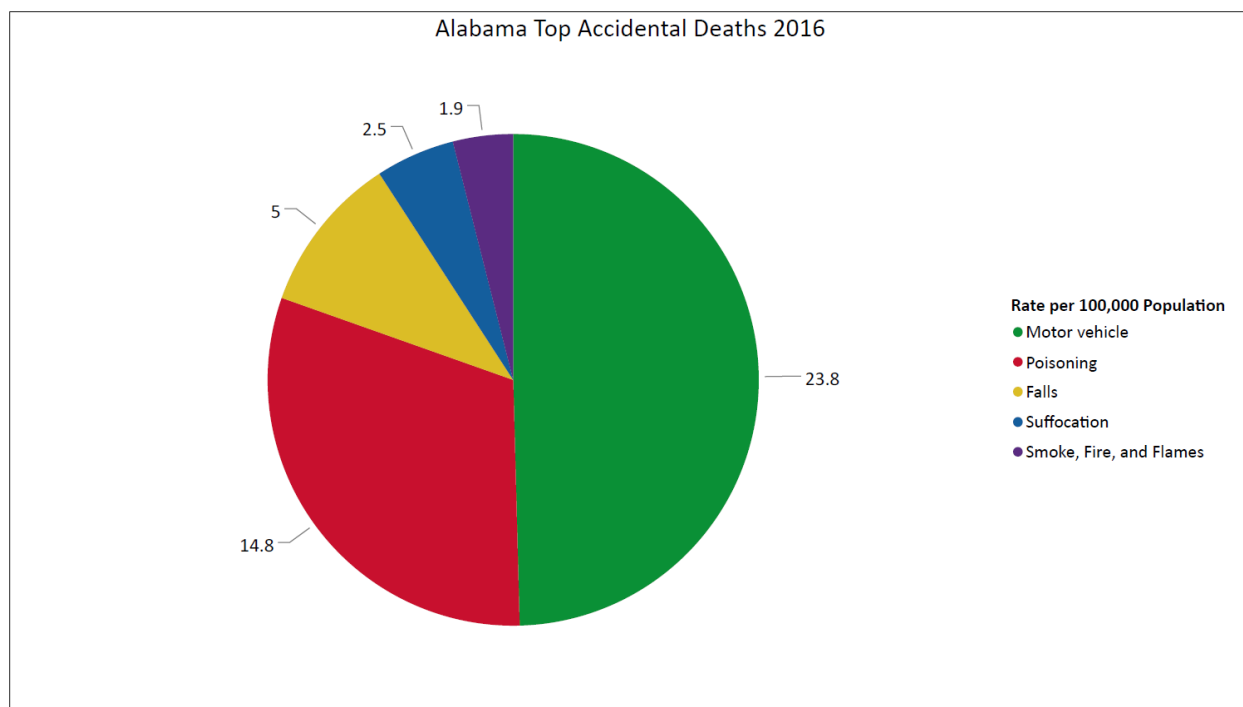
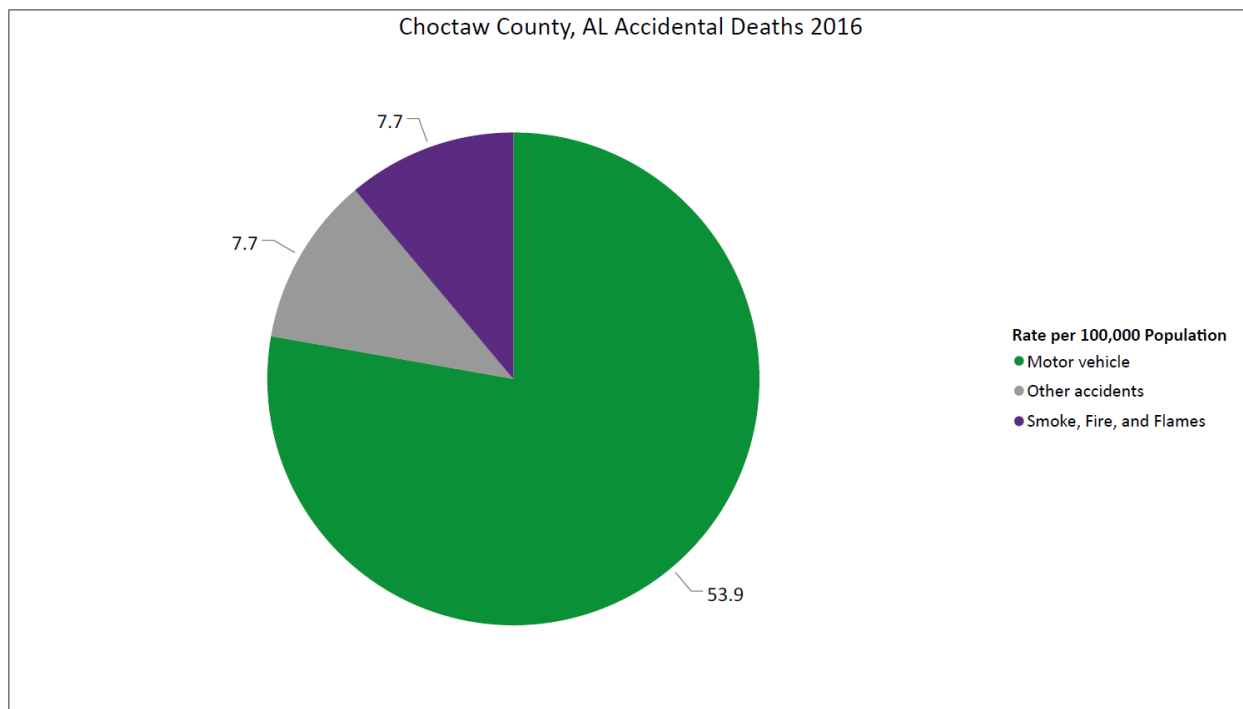


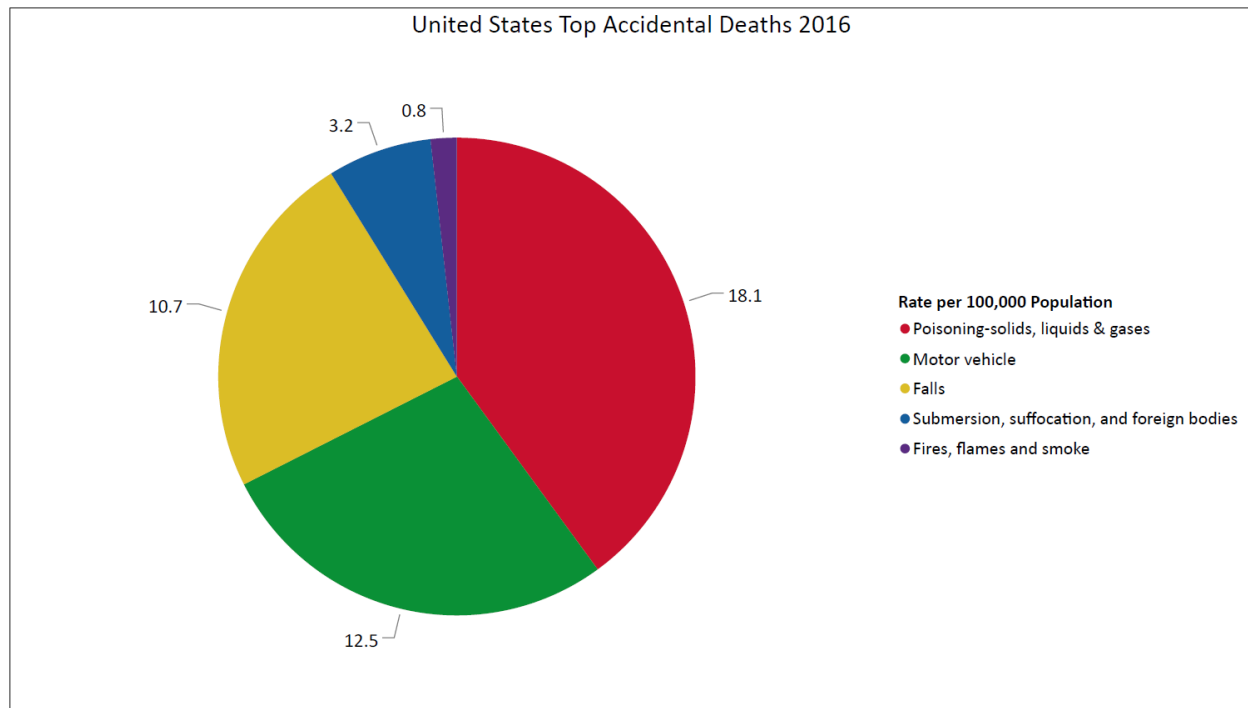


CANCER STATISTICS



ACCIDENTAL DEATHS





2016 CHNA STRATEGIC ACTION RESPONSES

INITIATIVE 1: SENIOR HEALTH

TARGET POPULATION

Senior Citizens were the target population.

GOAL, DESIRED OUTCOME

The goal was to create effective programs to enhance the health of our seniors in the areas of fall prevention, nutrition and mental wellness.

PROCESS/TIME FRAME/LOCATION

We have had several Lunch-and-Learn programs that focused on Orthopedic Issues and Fall Prevention. We also had three orthopedic surgeons discuss falls and injuries to the hips, knees and other injury prone areas. Dr. David Pomierski and Dr. James Watson spoke on March 3, 2017 and Dr. Lane Rush on October 9, 2018.

Every year since 2013, CGH has hosted the Choctaw County Health Council's Health Fair. CGH's Rehabilitation Department conducted balance screenings to help with fall prevention. We have the first Nurse Practitioner working with our Senior Care program focusing on nutrition and mental health. In addition, we offer nutrition classes to our seniors to help them make better choices in what they eat, so they can remain healthy and active.

MEASURE OF SUCCESS

Each of the Lunch-and-Learns had approximately 35 people in attendance. The Choctaw County Health Fair had 100-150 people in attendance each year. Posture and Balance screening examined 42 people. Choctaw General's IOP has kept an average of five patients in group sessions. Lastly, a Registered Dietician comes to CGH every Monday for consultations.

COLLABORATIVE PARTNERS

Rush Health System, Choctaw County Health Council, and Nutrition Education Resources, Inc. (NERI) served as collaborative partners.

INITIATIVE 2: LIFESTYLES

TARGET POPULATION:

All ages served as the target population.

GOAL, DESIRED OUTCOME

Our goal was to create programs to improve nutrition, physical activity and lifestyle behaviors that will reduce the incidences of heart disease, cancer and diabetes.

PROCESS/TIME FRAME/LOCATION

Monthly diabetic education classes were conducted by a Registered Dietician and were offered free of charge for all patients. Also, nutrition consultation with a Registered Dietician was offered free of charge by appointment.

MEASURE OF SUCCESS

We have provided Diabetes education to approximately 50 participants in the past three years and our Nutrition services have been provided to all our swing bed patients as well as an estimated 20 outpatients.

COLLABORATIVE PARTNERS

Rush Health Systems and Nutrition Education Resources, Inc. (NERI) served as collaborative partners.

INITIATIVE 3: HEALTHIER YOUTH ACTIVITIES

TARGET POPULATION

Adolescents were deemed the target population.

GOAL, DESIRED OUTCOME

Our goal was to educate students on how to live a healthier lifestyle in rural Alabama and to promote awareness of the health careers available to them.

PROCESS/TIME FRAME/LOCATION

We have continued to work with the Alabama Extension Office and Leadership Choctaw to educate High School seniors about the career opportunities in the hospital setting. Leadership Choctaw is a program that runs twice a year that includes working-adults and at least four high school seniors in each session. We also participated in the Choctaw County Health Council's Color Run to promote health and exercise on May 4, 2019. In addition, Choctaw General Rehab set up a first aid and injury prevention booth at the Town of Butler's Football Camp. This was a community event, for kids 5 to 18 years old, showed the kids proper stretching techniques to avoid injury. Lastly, Marshall Abston, Choctaw General's Community Educator, conducted a CPR class for the 9th graders at Patrician Academy in Butler.

MEASURE OF SUCCESS

Each Leadership Choctaw session had 20 people in attendance including the 4 seniors. The Color Run had approximately 100 runners, with approximately 20 of them being kids under the age of 18. The football camp was attended by approximately 30 boys and lastly, the 9th grade class at Patrician Academy had 24 youth. All CPR class attendees received their CPR certification.

COLLABORATIVE PARTNERS

Rush Health Systems, Alabama Extension Office, Choctaw County Health Council, and the Town of Butler all served as collaborative partners.

INITIATIVE 4: MENTAL HEALTH FOCUS

TARGET POPULATION

The target population was all ages.

GOAL, DESIRED OUTCOME

Our goal was to create programs that emphasize community discussions and problem solving regarding mental health issues, including wait times for placement and community drug education.

PROCESS/TIME FRAME/LOCATION

Law Enforcement Training was conducted on the correct identification of opioid overdose, and the correct administration of Naloxone to drug overdosed patients- throughout four training sessions. We held four training classes on opioid abuse and Narcan administration to 28 officers in Choctaw County.

MEASURE OF SUCCESS

Each course ranged from 5-10 people.

COLLABORATIVE PARTNERS

Rush Health Systems, Choctaw County Sheriff, Butler City Police, Gilbertown Police, and David Bonner, RN, an educator, served as collaborative partners.

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, and lifestyle improvement.



Hypertension, heart disease, diabetes, weight loss/obesity and nutrition were all health needs identified by both the community members and the healthcare professionals. Members saw a need for increased education and preventive care in order to eliminate the path to chronic disease. There was much discussion about creating a more nurturing and healthful environment for the young people in the area, especially those who come from low income households. In addition, there was much discussion about the mental health challenges that the community faces. It is not only a health issue but a social and economic issue that must be addressed as a community, not just by the hospital. However, the hospital will continue to share the expressed concerns with the appropriate agencies and civic officials.

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 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 socio-economic groups.

PRIORITIZATION

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of the primary focus area of Choctaw County.

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. CGH 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 the local community hospital can provide by itself.

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. CGH has identified four significant initiatives it will undertake over the next three years. Each of these initiatives has multiple components. These collaborative projects should help improve the health and overall quality of life in our community. Each project is described in detail in the following section of this report.

There are other health and wellness opportunities identified during the research portion of the CHNA. These possibilities will be considered as we develop our strategic action plans over the next three years.



2019 CHNA STRATEGIC ACTION 2019 INITIATIVES

INITIATIVE 1: MENTAL HEALTH AWARENESS

To provide community education to the general public during the next three years through lunch-and-learns and other educational offerings. Also, to provide information to the public regarding available mental and behavioral health resources. CGH will partner with Alabama State Department of Health, Penelope House and other regional organizations to address this initiative.

INITIATIVE 2: ACCIDENT PREVENTION

In an effort to reduce the tremendous amount of severe injuries and deaths due to motor vehicle accidents, we will partner with local law enforcement agencies to identify and educate on the top three driving distractions. These efforts will include education and awareness activities focused both on automobile and ATV safety. The target audience of these efforts will primarily be school students of driving age and the general public.

INITIATIVE 3: CANCER SCREENINGS AND AWARENESS

We will partner with UAB Cancer Center and Rush Health Systems to make communities aware of diagnostic screenings available in our area. We will offer educational opportunities to the appropriate audiences for those at greatest risk for trachea, bronchus, lung cancer, colorectal cancer, and prostate cancer.

INITIATIVE 4: STROKE AND HEART DISEASE AWARENESS AND PREVENTION

We will continue to work with Ochsner Neurology and the Telestroke program to promote stroke prevention and awareness. We will also conduct lunch-and-learns on the prevention of heart disease and stroke.

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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