

MISSISSIPPI COUNTY

Hospital System

Community Health Needs Assessment

December 2020

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Introduction

Every three years, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. These requirements are imposed by federal law and include, in part:

- Conducting a community health needs assessment every three years.
- Adopting an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, evaluating the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including at least one state or local public health official and members of medically underserved, low-income and minority populations within the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document Mississippi County Hospital System's compliance with these requirements. Health needs of the community have been identified so that Mississippi County Hospital System (the System) may adopt an implementation strategy to address specific needs of the community.

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the initial community health needs assessments conducted in 2018.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key interviewees who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment required by the IRS during tax year 2020. It will serve as a compliance document as well as a resource until the next assessment cycle.

Acknowledgements

The community health assessment research team would like to thank all those who contributed to the community health assessment described herein. We are grateful for the many key informants that gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

Summary of Community Health Needs Assessment

The purpose of a community health needs assessment is to identify and understand the unique health needs of the community served by the System and to document compliance with federal regulations pursuant to the *Patient Protection and Affordable Care Act*.

The System engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices across 18 states. BKD serves more than 4,000 health care entities across the country. The community health needs assessment was conducted from May 2020 through October 2020.

Based on current regulations and other guidance from the U.S. Treasury Department and the IRS, the following steps were conducted as part of the System's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2018 community health needs assessments was completed to understand the effectiveness of the System's current strategies and programs. This evaluation is included in the Evaluation of Response to 2018 Community Health Needs Assessments section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The timing of release of such publicly available information is not consistent among the various sources, so not all data tables refer to the same year. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement are noted in the section entitled Health Status of the Community.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through interviews of 8 stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the System has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the System

Mississippi County Hospital System is a not-for-profit healthcare system comprised of two hospitals: Great River Medical Center and South Mississippi County (SMC) Regional Medical Center. The System strives to restore, maintain, and improve the health of those in the communities in which they serve.

Community Served by the System

The System is comprised of two hospitals: Great River Medical Center, which is located in Blytheville, Arkansas, and SMC Regional Medical Center located in Osceola, Arkansas. Blytheville is approximately an hour northeast of Jonesboro, Arkansas, one of the closest metropolitan areas in Arkansas. Blytheville is approximately 3 miles from the nearest interstate highway. Osceola is approximately an hour southeast of Jonesboro, Arkansas. Osceola is approximately 4 miles from the nearest interstate highway.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the System is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. For the purposes of this needs assessment, the community served by the System has been determined to be Mississippi County.

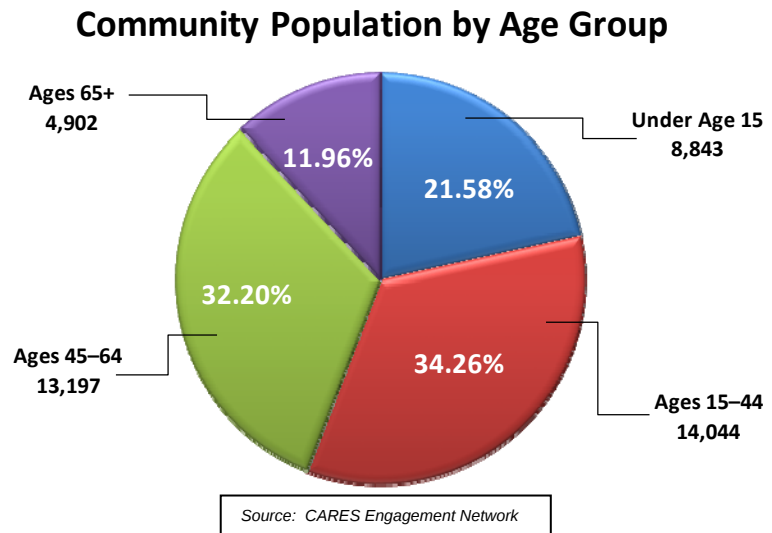
Community Characteristics

Community Population and Demographics

The community served by the system is a rural area in northeast Arkansas. According to projections based on the most recent U.S.

Census Bureau estimates, approximately 41,000 people live in Mississippi County.

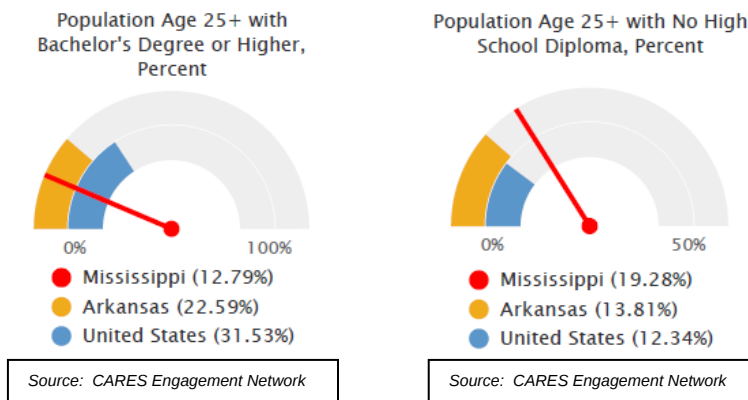
The chart to the right shows the breakdown of the community's population by age group. About 44.2% of the community's population is over the age of 45. These age groups use more health services than any other.



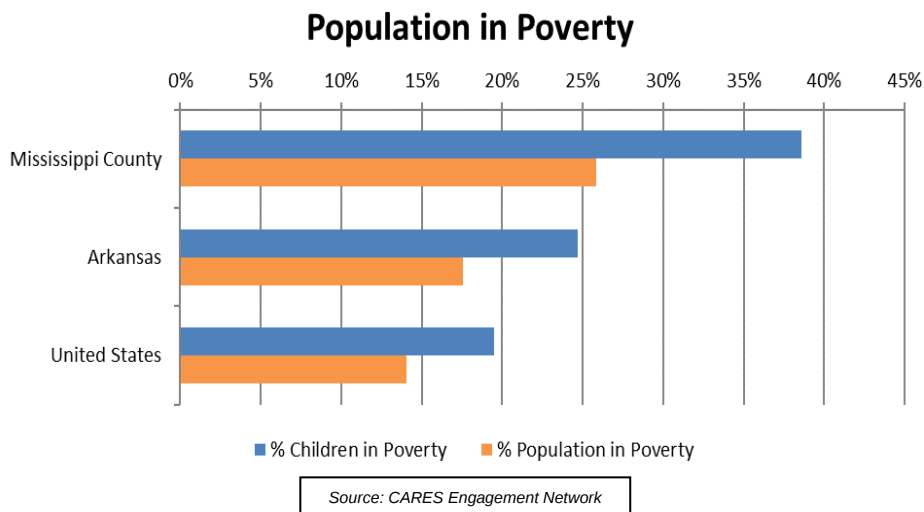
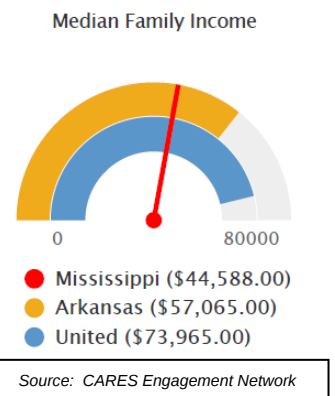
Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly to the health status of a community.

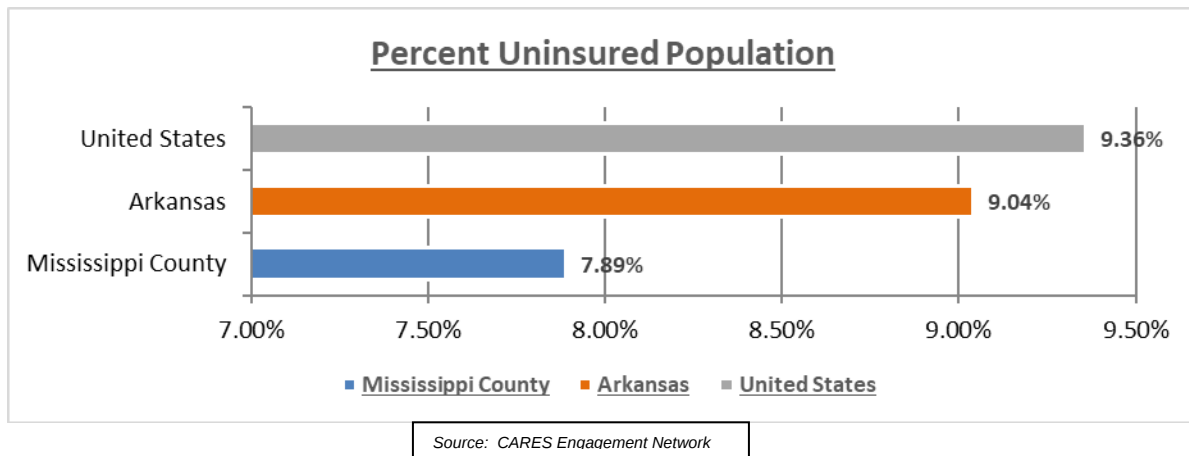
Educationally, the community served by the System is ranking lower than the state of Arkansas as a whole. About 12.79% of the population age 25 or older has obtained a bachelor's degree or higher, compared to about 31.53% of the U.S. and 22.59% in Arkansas. Approximately 19.28% of the population age 25 or older does not have a high school diploma, compared to about 12.34% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.



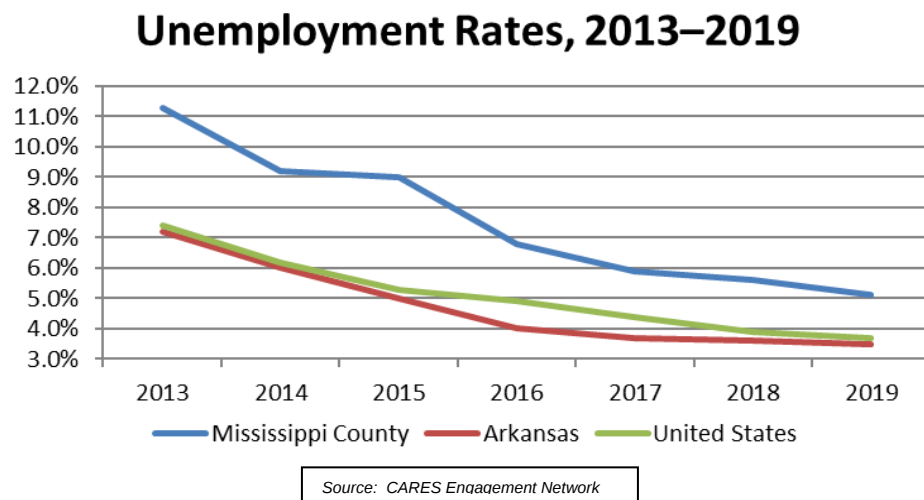
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median family income in the System's community is \$44,588, compared to \$57,065 for the state of Arkansas and \$73,965 for the United States. Lower-than-average household income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. However, the levels of poverty are not much different from the rates in the state of Arkansas and the United States. The following chart shows the percentage of the community's population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.



Some socioeconomic measures in the community have improved over the years. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the System. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.



Socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The following chart shows that the unemployment rate of the community has been dropping sharply over the past four years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to health care is improved.



Health Status of the Community

This section of the assessment reviews the health status of Mississippi County residents, with comparisons to the state of Arkansas. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the System to identify significant issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Impact on Health
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression

Lifestyle	Impact on Health
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - o Health behaviors (nine measures)
 - o Clinical care (seven measures)
 - o Social and economic (nine measures)
 - o Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following table, from County Health Rankings, summarizes the 2020 health outcomes and factors for Mississippi County. Measures underperforming the state average are highlighted in red.

Health Outcome/Factor	Mississippi County		National	
	Metric	Rank	Arkansas	Benchmark
Health Outcomes		72		
Length of Life		73		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	13,700		9,400	5,500
Quality of Life		65		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	27%		23%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.2		5.1	3.1
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.9		5.4	3.4
Low birth weight – Percent of live births with low birth weight (<2,500 grams)	11%		9%	6%
Health Factors		72		
Health Behaviors		72		
Adult smoking – Percent of adults who are current smokers	24%		22%	14%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2	41%		34%	26%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	5.7		5.2	8.6
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	38%		32%	20%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	72%		64%	91%
Excessive drinking – Percent of adults that report binge or heavy drinking	13%		16%	13%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	28%		26%	11%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	1,283.2		576.5	161.4
Teen birth rate – Number of births per 1,000 female population ages 15-19	64		38	13
Clinical Care		51		
Uninsured – Percent of population under age 65 without health insurance	8%		9%	6%
Primary care physicians – Ratio of population to primary care physicians	2,340:1		1,500:1	1,030:1
Dentists – Ratio of population to dentists	2,580:1		2,160:1	1,240:1
Mental health providers – Ratio of population to mental health providers	860:1		440:1	290:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	8,228		5,129	2,761
Mammography screening – Percent of female Medicare enrollees age 65-74 that received an annual mammography screening	30%		37%	50%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	43%		45%	53%

Health Outcome/Factor	Mississippi County		National	
	Metric	Rank	Arkansas	Benchmark
Social and Economic Factors		71		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	87%		88%	96%
Some college – Percent of adults ages 25–44 years with some post-secondary education	47%		58%	73%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	5.7%		3.7%	2.6%
Children in poverty – Percent of children under age 18 in poverty	36%		24%	11%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.8		4.8	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	52%		36%	20%
Social associations – Number of membership associations per 10,000 population	12.3		12.1	18.4
Violent crime – Number of reported violent crime offenses per 100,000 population	987		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	106		82	58
Physical Environment		73		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.7		10.0	6.1
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	16%		14%	9%
Driving alone to work – Percent of the workforce that drives alone to work	82%		83%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21%		27%	16%

Based on this data, there are opportunities for the System to take positive steps toward improving the community's health.

Health Care Resources

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Mississippi County.

Hospitals and Health Centers

Approximately 18% of all discharges originating from the System's defined community are from the System. However, there are several other hospitals that receive a significant share of the community's patients. See further information in the Market Share section of this report.

Other Health Care Resources

Besides the System, Mississippi County residents benefit from many other health care resources:

Primary Care Providers – Mississippi County has various primary care physicians working at the following facilities: Great River Family Practice, Cullom Clinic, Diffine Family Practice, Community Health Specialists, Smith Family Practice, and Mississippi County Primary Care Physician. Mississippi County also has two pediatricians working at Great River Pediatric Clinic and Family Medical Associates.

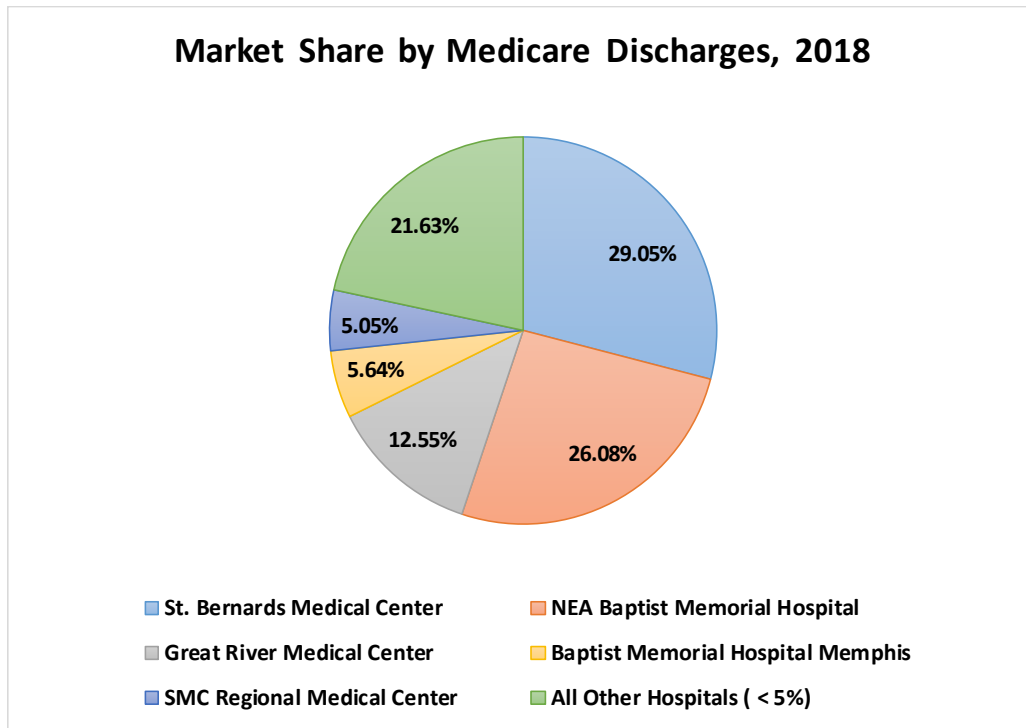
Area Nursing Homes – There are several retirement and nursing homes in Mississippi County. These homes provide skilled nursing, retirement living, and other long-term care services.

Mississippi County Health Unit – The Mississippi County Health Unit exists to promote and protect the public's health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care, environmental services, home health personal care services.

Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the System was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility.

The following chart presents the relative market share of each hospital that had discharges of residents from the community (Mississippi County). This table presents an analysis of data for the most currently available year, showing the percentage of total Medicare discharges from each hospital. This information provides an idea of summary market share as well as the outmigration of patients from the community. The System maintained approximately 18% of all discharges from the community with St. Bernards Medical Center capturing about 29%, NEA Baptist Memorial Hospital capturing around 26%, and Baptist Memorial Hospital Memphis capturing about 6%. The remaining 22% percent of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.



Because Arkansas law prohibits the Arkansas Department of Health from providing hospital-specific discharge information, the data in the chart above was estimated based on Medicare discharges by ZIP code and hospital, which is available from the Centers for Medicare & Medicaid Services.

Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the Mississippi County health department representative, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the poor. Additional community stakeholders, such as local government and business leaders, were also interviewed.

Methodology

Dialogues with key interviewees were conducted from May 2020 through November of 2020. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

All interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in Appendix A. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the community
- Barriers to improving health and quality of life for residents of the community
- Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Interviewee Interview Results

As stated earlier, the interview questions for each key interviewee were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

While many issues were raised during the interviews, a few items stood out as being mentioned consistently by nearly all of the interviewees. These issues are summarized below:

- Three interviewees stated that health and quality of life in the community had improved and noted that this was related to having more medical options and access to physicians, upgrades to health care facilities, shorter wait times in ER, and growth in local economy in recent years.
- Three interviewees stated that health and quality of life in the community had stayed the same as they noted no significant changes in recent years.
- One interviewee stated that health and quality of life in the community had declined noting that this was related to declining population and loss of businesses.
- One interviewee noted that that health and quality of life improved in certain areas such as Manila and Wilson due to new schools and a growing community, while other areas such as Blytheville and Osceola have greatly declined due to decrease in the population where people employed in this area choose to live elsewhere and commute to work.

- The major health and quality of life issues noted by the key interviewees were heart disease, obesity, diabetes, cancer, access to physicians and mental health providers. Barriers to opportunity for people with lower incomes and for communities of color were mentioned as well.
- The other major contributing factors to poor health in the community noted by the key interviewees were poor eating habits, alcohol and drug abuse, transportation.
- Most of the interviewees noted the need and importance of health and wellness education that should promote preventative care, healthy nutrition, physical activity, education on drug and alcohol abuse, and increased communication and advertisements on what type of preventative screenings or services are available in the community.
- Another topic that was mentioned is the lack of available urgent cares or extended health care hours as people that work regular work hours may have a difficult time obtaining health services.

Evaluation of Response to 2018 Community Health Needs Assessments

The System prepared an implementation strategy in response to the needs identified in its 2018 needs assessments. A listing of those needs, along with steps taken by the System to address them, is below:

- Physicians:
 - Recruited and hired a urologist to the area.
 - Recruited and hired a general surgeon to the area.
 - Hired a longtime community orthopedic surgeon who transitioned to clinic based. Retained hospital active staff privileges.
 - Recruited and hired OB/GYN physician. Joined active staff at the System and joined women clinic operated by the System.
 - Hired Nurse Practitioner for expanding primary practice in Blytheville.
 - Relocated nurse practitioner for expanding primary practice in Osceola.
 - Hired nurse practitioner for wound care clinic (operated by the System) and added to hospitalist program at the System.
 - Recruited several CRNA for growing surgical provider line at the System.
 - Opened telemedicine program for inpatients at both hospital locations.
 - Built hospitalist program based off nurse practitioners.
 - Recruited CRNA for pain management clinic service line in 2020.
 - Hired Oncology/Hematology physician for Cancer Center Clinic in 2020.
- Cancer:
 - Retained oncology/hematology physician on consulting staff at the System until 2020 when entered into agreement to employ physician to open Great River Cancer Center (cancer clinic operated by hospital which includes an additional nurse practitioner).

- o Opened Infusion Clinic within hospital setting in March of 2018. Service lines were for outpatient.
- o Opened Great River Cancer Center in September 2020.
- o Integrated infusion center to more comprehensive service line joining the cancer center clinic in September 2020.
- o Patient education provided through website, social media, and print marketing.
- Diabetes:
 - o Great River Wound Care addressed many patient wounds as a result of diabetes. Wound Care was available in both inpatient and outpatient setting.
 - o Wound care accessible at two locations and provided extensive patient education and training on diabetes.
 - o Hospital-owned Women's Center clinic does extensive education on diabetes with gestational diabetic patients and as an overall women's health service line.
 - o Hospital-owned Primary Care clinics provide ongoing patient education on diabetic care, resources, and treatment.
 - o Dietitian available for dietetic consultations to inpatients.
 - o Patient education provided through website, social media, and print marketing.
- Accessibility/Affordability:
 - o The System operates 7 clinics for accessibility of patients.
 - o The System leases space to specialists who travel into town to provide specialty services to retain patients from traveling outside of service area.
 - Examples include: Ear, Nose, and Throat (ENT), Orthopedic, Cardiovascular, Gastroenterologist specialists
 - o The System is part of a telemedicine program. A physician is accessible 24/7 for interaction with patient/nurse.
 - o Hospital expanded hospitalist program adding several nurse practitioners.
 - o The System continues to grow service lines adding cancer care and pain management.
 - o Hospital extending service line of mammography offering after hours appointments.
 - o Hospital extending service line at SMC offering colonoscopies by general surgery.
 - o The System has designated patient financial counselor who can meet one on one with patients while they are inpatient to establish their financial arrangements, enroll them in financial program such as Medicaid, Medicare, or charity care program.
 - o The System provides free physicals to area schools.
 - o Worked with universities to allow students onto campus to work in respective departments. These include all service lines of the facilities and MD/DO programs.
 - o Work with local charitable health clinic with volunteers, resources and supplies.

- o Continual upgrades to hospital equipment such as CT, mammography, telemetry system, lab equipment, IT equipment.
 - o Revised the System's website, added more features, better functionality of browsers within website, more accessible options and direct access to patient portal and financial applications.
 - o Implemented social media platforms for immediate patient accessibility to information and service line updates.
 - o Patient education provided through website, social media, and print marketing.
 - o Able to open 2 COVID testing centers operated by hospital.
- Mental Health
 - o Continue mental health network with providers within the community.
 - o Began telehealth option for patients in the ER or as an inpatient. This allows for a quicker turnaround time for assessment and direct bed admission if needed.
 - o Building relationships with larger health care facilities utilizing mental health resources.
- Stroke
 - o Continue affiliation with AR Saves network.
 - o Air Evac on-site at hospital. Streamline transportation.
 - o Level IV trauma designated center.
 - o Upgraded hospital testing such as CT and telemetry system within hospital.
 - o Patient education provided through website, social media, and print marketing.
 - o Continue community health fairs.
 - o Continue industrial health fairs.
 - o Community outreach through Community Champion.
- Heart Disease
 - o Continue affiliation with STEMI and Pulsara program.
 - o Air Evac on-site at hospital. Streamline transportation.
 - o Level IV trauma designated center.
 - o Upgraded hospital testing such as CT and telemetry system within hospital.
 - o Patient education provided through website, social media, and print marketing.
 - o Continue community health fairs.
 - o Continue industrial health fairs.
 - o Community outreach through Community Champion.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of actions taken by the System in response to the previous needs assessment. However, there are indications that the System's efforts are having a positive effect on the health of the community. The System believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, factors as well as surveys and interviews were conducted to identify numerous health needs. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons that were children, adults, or seniors, and what needs to be done to address these issues.

As a result, the following list of significant health and quality of life issues were identified:

1. Access to primary care and mental health care
2. Obesity
3. Diabetes
4. Heart disease
5. Cancer
6. Health and wellness education

The System will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the System's website. Public comments on this assessment may be directed to the System's management at 1520 North Division Street, Blytheville, Arkansas 72315.

APPENDICES

APPENDIX A
KEY INTERVIEWEE QUESTIONNAIRE

KEY INFORMANT INTERVIEW

Community Health Needs Assessment for: **Mississippi County Hospital System**

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

of years living in _____ County: _____ # of years in current position: _____

E-mail address: _____

Introduction: Mississippi County Hospital System, which is comprised of Great River Medical Center (GRMC) and SMC Regional Medical Center (SRMC), is gathering local data as part of developing a plan to improve health and quality of life in Mississippi County. Community input is essential to this process. Key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next, I'll be asking you a series of questions about health and quality of life in Mississippi County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Mississippi County?
2. In your opinion, has health and quality of life in Mississippi County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. What barriers, if any, exist to improving health and quality of life in Mississippi County?
6. In your opinion, what are the most critical health and quality of life issues in Mississippi County?
7. What needs to be done to address these issues?
8. The prior CHNAs indicated the following as the most significant health needs. Is there anything that is not on the list that should be?
 - Physicians
 - Cancer
 - Diabetes
 - Accessibility/Affordability
 - Mental Health
 - Stroke
 - Heart Disease

What do you think is most critical health need included on the list above or other of the community?

9. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?

10. In your opinion, should the hospitals be addressing any of the following? Why or why not?
 - Economic Development
 - Affordable Housing
 - Poverty
 - Education
 - Healthy Nutrition
 - Physical Activity
 - Drug and Alcohol Abuse
11. Are you aware of the available health screenings at GRMC and/or SRMC? If not, where would you look to obtain information of the available screenings? What can GRMC and/or SRMC do to increase awareness?
12. Are there people or groups of people in Mississippi County whose health or quality of life may not be as good as others? Who are these persons or groups?
13. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?
14. How would you rate the hospitals' efforts on communicating how they are addressing the identified health needs? How have you received communication regarding the hospitals' efforts?
15. What do you think is the hospitals' role in addressing the identified health needs of the community?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in Mississippi County. Before we conclude the interview,

Is there anything you would like to add?

APPENDIX B
SOURCES

Sources

CARES Engagement Network,
<<https://engagementnetwork.org/assessment/>>

Cost Report Data. Online Medicare Cost Report Worksheets and Data Sets,
<<http://www.costreportdata.com/index.php>>

“Index.” CMS.gov Centers for Medicare & Medicaid Services,
<www.cms.gov/>

Total Population by County and Development District Projections,
<http://iea.ualr.edu/GregProjectionV2010/Total_POP_summary.xls>

County Health Rankings & Roadmaps,
<www.countyhealthrankings.org/>

CMS Hospital Service Area,
<<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File/index.html>>