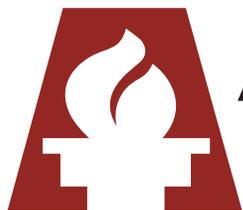




Photo credit: AMMC



Arkansas Methodist Medical Center

2017

Community Health Needs Assessment

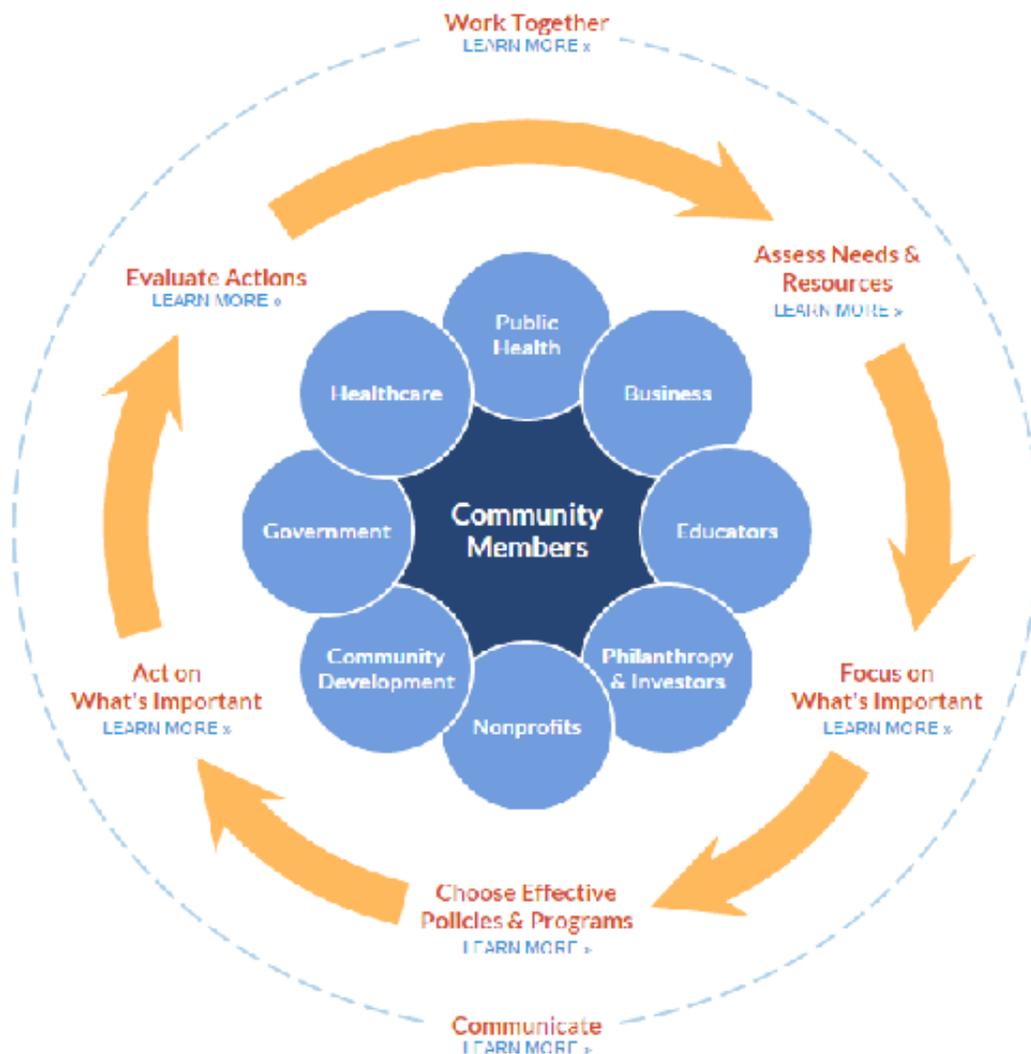
Greene County, Arkansas

Table of Contents

Perspective/Overview	03
Participants	04
Project Goals	04
Community Input and Collaboration	06
Data Collection and Timeline	06
Input of Public Health Officials	08
Input of Medically Underserved, Low-Income, and Minority Populations	09
Community Engagement and Transparency	09
Community Selected for Assessment	10
AMMC Patients - 2015	10
Key Findings of the Community Health Assessment	11
Information Gaps	11
Process and Methods	11
Demographics of the Community	12
Psychographics of the Community	15
Health Status Data	16
Focus Groups, Survey Results, Health Status Comparisons	18
Focus Groups	18
Health Status Comparisons	22
Results of the CHNA: Community Health Needs	33
Prioritization Criteria	33
Priority Health Needs	34
Community Health Summit Brainstorming – Focus Areas	36
2013 AMMC Implementation Plan/Impact Evaluation	43
2013 AMMC CHNA & Implementation Plan Written Comments	45
Community Assets and Resources	46
2017-2019 AMMC Implementation Plan	47

Perspective/Overview

Creating a culture of health in the community



Sourced from the Robert Wood Johnson Foundation's County Health Rankings website:
<http://www.countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Greene County, Arkansas. Arkansas Methodist Medical Center (AMMC) conducted a community health needs assessment in 2013. This assessment analyzes progress since the last assessment as well as defines new or continued priorities for the next three years. Arkansas Methodist Medical Center, as the sponsor of the assessment, engaged local leaders in a community health needs assessment to assist in the project. Stratason, a healthcare analytics and

facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation expertise. Stratasan provided the analysis of community health data, facilitated the focus group and conducted the one-on-one interviews to assist the community with determining significant health needs and goals for improvement.

- ✓ Starting on June 30, 2017, this report was made widely available to the community via: Arkansas Methodist Medical Center's website, www.myammc.org, and paper copies are available free of charge at Arkansas Methodist Medical Center.
- ✓ Arkansas Methodist Medical Center's Board of Directors approved this assessment along with the associated community health improvement implementation plan on July 17, 2017.

Participants

More than sixty individuals from over forty community and healthcare organizations collaborated to conduct a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Greene County. The four-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community.

Project Goals

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to determine resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between stakeholders in the community by seeking input from persons who represent the broad interests of the community, including low-income, medically underserved and minorities.
- 3 To support the existing infrastructure and utilize resources available to instigate health improvement in the community.

"We initiated the Community Health Needs Assessment with the goal of analyzing changes from 2013's analysis, assessing current health status, and creating plans to address those needs," said Lana Williams, Chief Nursing Officer, Arkansas Methodist Medical Center. "It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents."

"The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priority to significant health issues, and these priorities will be used by AMMC to create an implementation plan. We hope other community organizations will join us." added Shay Willis, Director of The Foundation and Marketing, Arkansas Methodist Medical Center. "The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing the ideas presented—begins."



Photo Credit: AMMC

Community

Input and Collaboration



Photo Credit: Paragould Regional Chamber of Commerce

Data Collection and Timeline

In November, 2016, AMMC contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Greene County. AMMC sought input from persons who represent the broad interests of the community using several methods:

- 44 community members, employers, not-for-profit organizations (representing medically underserved, low-income, minority populations, and children), chamber of commerce, health providers, law enforcement, fire department, Universities and government representatives participated in a focus group or individual interviews for their perspectives on community health needs and issues on January 31, 2017.
- Information gathering, using secondary public health sources, occurred in November and December of 2016.
- A Community Health Summit was held on February 7, 2017 with 37 community stakeholders. The audience consisted of healthcare providers, Arkansas Department of Health, business leaders, government representatives, schools, law enforcement, fire department, not-for-profit organizations (mental health, substance abuse, children, homeless, elderly services), and other community members.

Participation in the focus group, interviews, and at the Community Health Summit aided the creation of the Greene County Community Health Needs Assessment and Improvement Plan.

Organization	Population Represented (kids, low income, minorities, those w/o access)
AMMC Ambulance Service	All
Arkansas Department of Health	Public Health
AMMC Diabetes Care Clinic	All, specifically people with diabetes
Arkansas State University-Jonesboro	Students
Arkansas State University-Jonesboro	Students, Colleagues
Attorney, Greene County Future Fund	Community
BEES Senior Center	Community, Senior Citizens
Chamber of Commerce	All
City of Paragould	City Government
Crowley's Ridge Development Council	Low income
Crowley's Ridge Academy	Youth
GCT High School	Youth
Greene County Judge	County
Health Department	Public Health
Hines Family Medicine	Family Practice APRN/Community
Hines Family Medicine	Family Practice Physician/Community
Marmaduke	Community
Marmaduke School District	Youth
Mid-South Health System	Mentally Ill
Mission Outreach	Homeless Residents of All Ages
Paragould Fire Department	Community
Paragould High School	Youth
Paragould Police	Community
School of the 21st Century	Community/Families
School of the 21st Century	Community/Families
Paragould Light Water and Cable	City Utilities
Paragould Light Water and Cable	City Utilities
Rector City Council	City Government
City of Rector	Mayor/Rector Community

In many cases, several representatives from each organization participated.

Input of Public Health Officials

At the Summit held on February 7, 2017 Karen Davis, RN, Community Health Nurse Specialist with the Northeast Arkansas Educational Coop, presented information and priorities from the Health Department's perspective. She summarized her work with the schools primarily focusing on tobacco use, sexually transmitted diseases, and health in general.

Lee Ann Lambdin covered the Healthy Active Arkansas initiative, a ten-year plan with the goal of increasing the percentage of adults, adolescents, and children who are at a healthy weight. The priority areas are modeled after the Institute of Medicine's goals, which are outlined in their 2012 report- Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation.

The nine priority areas are:

1. Physical and built environment
2. Nutritional standards in Government, Institution, and the private sector
3. Nutritional standards in schools – early child care through college
4. Physical education and activity in schools – early child care through college
5. Healthy work sites
6. Access to healthy foods
7. Sugar-sweetened beverage reduction
8. Breastfeeding
9. Marketing program

Coordination efforts would be ideal where there are common initiatives between the state, county, hospitals, and community groups.



Photo Credit: AMMC

Input of Medically Underserved, Low-Income and Minority Populations

Input was received during the focus group, interviews, and the community health summit. People representing these population groups were intentionally invited to participate in the process.

Community Engagement and Transparency

We are pleased to share the results of the Community Health Needs Assessment with our community, in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a link on the website or by contacting Arkansas Methodist Medical Center.



Photo credit: AMMC

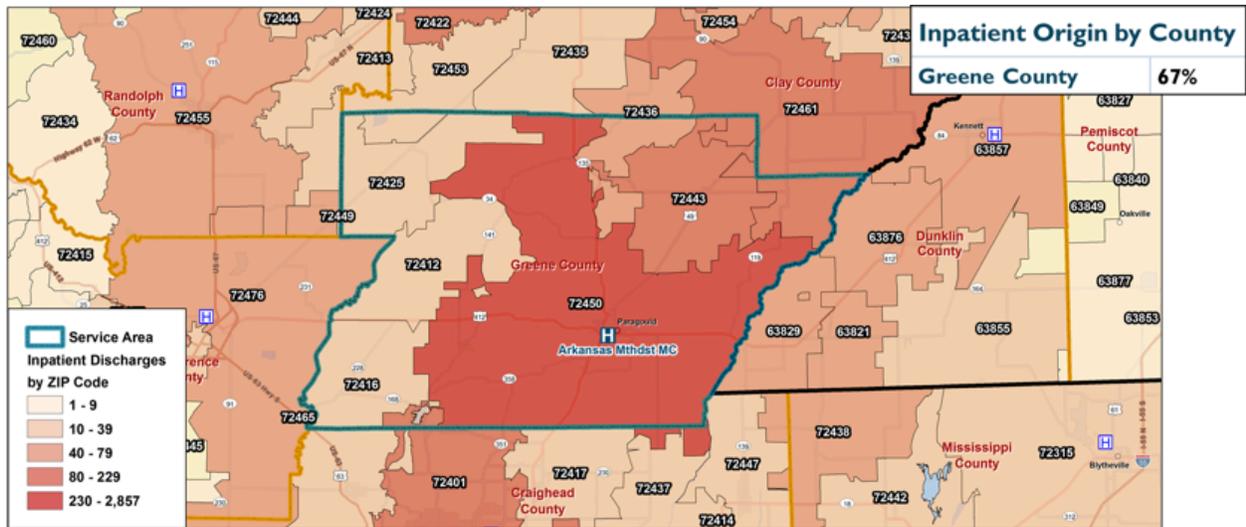
Community

Selected for Assessment

AMMC's health information provided the basis for the geographic focus of the CHNA. The map below shows where AMMC received its patients; most of AMMC's inpatients came from Greene County (67%). Therefore, it was reasonable to select Greene County as the primary focus of the CHNA. However, surrounding counties could benefit from efforts to improve health in Greene County.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which AMMC draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under AMMC's Financial Assistance Policy.

Arkansas Methodist Medical Center's Patients - 2015



Source: AMMC, 2015

Key Findings

Community Health Assessment

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English) were not represented in the primary data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Community focus groups
- Community interviews
- Community health summit

Secondary methods included:

- Public health data – death statistics, county health rankings
- Demographics – population, poverty, uninsured
- Psychographics – spending behaviors



Photo credit: AMMC

Demographics of the Community

The table below shows the demographic summary of Greene County compared to Arkansas and the U.S. -
Source: ESRI

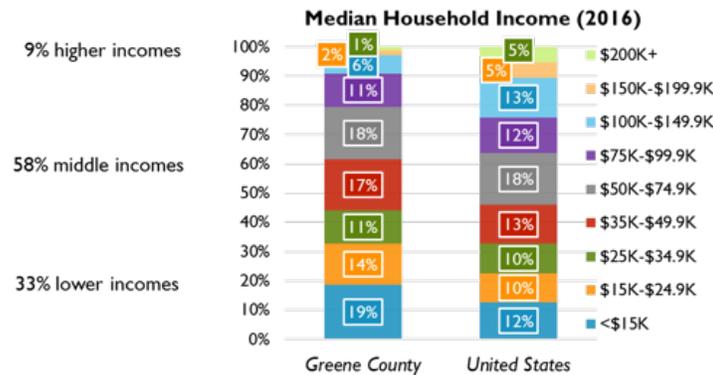
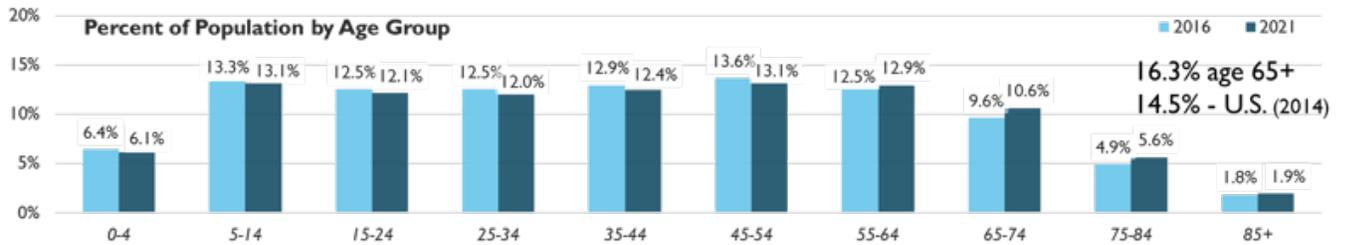
Demographic Summary 2016

	Greene County	Arkansas	USA
Population	44,775	3,050,229	318,536,439
Median Age	Older population 39.2	38.3	37.9
Median Household Income	Lower income \$38,940	\$41,132	\$53,217
Annual Pop. Growth (2016-21)	Positive growth 1.03%	0.68%	0.75%
Household Population	17,411	1,196,398	120,746,349
Dominant Tapestry	Southern Satellites (10A)	Rooted Rural (10B)	Green Acres (6A)
Businesses	1,373	123,054	13,340,415
Employees	18,081	1,461,573	158,567,719
Medical Care Index*	74	82	100
Average Medical Expenditures	\$1,413	\$1,572	\$2,098
Total Medical Expenditures	\$24.6 M	\$1.9 B	\$253.3 B

Racial and Ethnic Make-up

White	95%	76%	71%
Black	1%	15%	13%
American Indian	1%	1%	1%
Asian/Pacific Islander	0%	2%	5%
Mixed Race	1%	4%	7%
Other	2%	2%	3%
Hispanic Origin	3%	8%	18%

.8% of Greene Co. households do not speak English

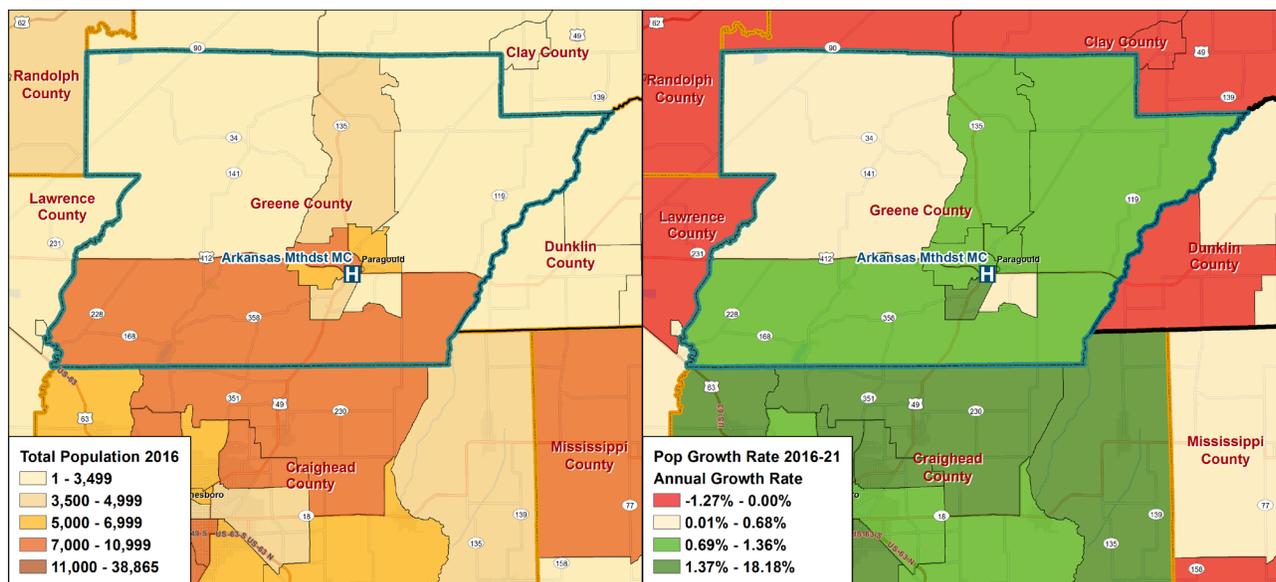


- Source: ESRI and American Community Survey

Greene County, AR

- The population of Greene County was projected to increase from 2016 to 2021 (1.03% per year), higher than the rate of AR at .68%, the U.S. at .75%.
- Greene County was older (39.2 median age) than AR and the U.S. and had lower median household income (\$38,940) than both AR and the U.S.
- The medical care index measures how much the county spent out of pocket on medical care services. The U.S. index was 100. Greene County (74 index) spent 26% less than the average U.S. household out of pocket on medical care (doctor's office visits, prescriptions, hospital stays).
- The racial make-up of Greene County was 95% white, 1% black, 1% American Indian, 1% mixed race, 2% some other race, and 3% Hispanic origin.
- The median household income distribution of Greene County was 9% higher income (over \$100,000), 58% middle income and 33% lower income (under \$24,999).

2016 Population by Census Tract and Change (2016-2021)

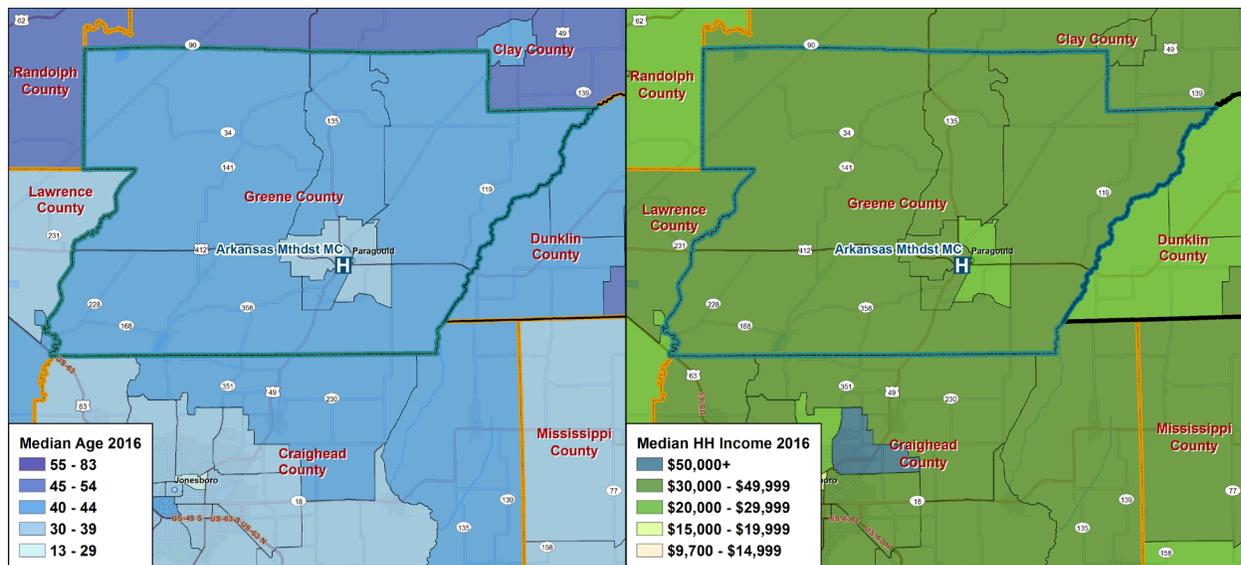


- Source: ESRI

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There was a higher population census tract, 7,000-10,999 in the large census tract in the lower southern section of the county. The areas around Paragould varied from 1-3,499 population in the southeast tract to 7,000-10,999 in the northwest tract. Two tracts in Paragould had population of 5,000 – 6,999 to the east and west of the hospital. The remainder of the county is more rural with tracts containing 1 to 3,499 population in the northeast and northwest corners and one tract with 3,500 to 4,999 north of Paragould to the county line.

The population was projected to grow in all the census tracts of the County from .01% up to the AR growth rate in the northwest corner and the tract southeast of the hospital in Paragould. The tract southwest of the hospital, was projected to increase twice that of the AR growth rate. The remainder of the county was projected to increase greater than the AR growth rate, up to twice the AR growth rate.

2016 Median Age & Income



- Source: ESRI

These maps depict median age and median income by census tract. The county had fairly uniform median ages between 40-44 except for the four tracts around the hospital to the north and southeast which had median ages of 30-39.

The county also had fairly homogeneous median household income. Most of the county had median income of \$30,000-\$49,999. However, there were two census tracts that had lower incomes of \$20,000-\$29,999 both east of the hospital.

The rate of poverty in Greene County was 16.3% (2014 data), which was below AR (18.7%) but above the U.S. (15.5%). The percentage of the population in poverty was lower in comparison to the surrounding counties with the highest being Mississippi County at 27.1%.

Greene County's unemployment was 4.4% compared to 3.9% for Arkansas and 4.7% for the U.S. (December 2016 preliminary data). Unemployment decreased significantly in the last few years.

¹The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Health Status Data

The major causes of death in Greene County were heart disease, followed by cancer, chronic lung disease, stroke, accidents, Alzheimer's Disease, diabetes, influenza and pneumonia, kidney disease and suicide.

Source: 2010-2015 Arkansas Dept. of Health

Based on the latest County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Greene County ranked 24th healthiest county in Arkansas out of the 75 counties ranked (1= the healthiest; 75 = unhealthiest). County Health Rankings suggest the areas to explore for improvement in Greene County were: adult smoking, adult obesity, physical inactivity, excessive drinking, teen births, preventable hospital stays, and driving to work alone. The areas of strength were identified as low alcohol-impaired driving deaths, higher high school graduation percentage and no drinking water violations.

When analyzing the health status data, local results were compared to Arkansas, the U.S. (where available) and the top 10% of counties in the U.S. (the 90th percentile). Where Greene County's results were worse than the State and U.S., there is an opportunity for group and individual actions that will result in improved community ratings. There are several lifestyle gaps that need to be closed to move Greene County up the ranking to be the healthiest community in Arkansas and eventually the Nation. For additional perspective, Arkansas was ranked the 48th healthiest state out of the 50 states. Source: America's Health Rankings (2015); America's Health Rankings is the result of a partnership between United Health Foundation, American Public Health Association, and Partnership for Prevention™.



Photo credit: Paragould Regional Chamber of Commerce

²The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.

Focus Groups, Interviews, Health Status Comparisons

Focus Groups

Forty-four community stakeholders representing the broad interests of the community participated in a focus group and interviews for their input into the community's health. There was broad community participation in the focus group and interviews representing a range of interests and backgrounds. Below is a summary of the 90-minute discussion and one-on-one interviews.

The group was asked to define health:

- Absence of illness and sense of wellbeing
- Access to preventative care and maintaining healthy habits
- Happy, well
- Active
- Not missing work or school
- Well-rounded, mentally, physically, spiritually
- Involved in their community, church, schools, social organizations
- Wellbeing – mental, physical and well-rounded

When asked to describe the community's health, the group responses varied:

- Significant problems with drugs, but getting better not as good as it should be
- Fair to good
- Poor
- Excellent
- Rector is aging – chronic diseases and hunger issues. Some seniors are very active
- East of the overpass population more lower income, less healthy
- Rural areas may not be as healthy and aware of health
- Lack of knowledge of health habits

The most significant health issues facing Greene County were:

- Mental health
- Obesity
- Drugs – illegal, prescription, methamphetamine, potpourri
- Alcohol
- Tobacco – smoking, chewing and e-cigarettes
- Diabetes
- Adverse childhood experiences
- Poverty
- Unemployment
- Large indigent population – use ER as primary care
- Lack of job opportunities
- Lack of activities for kids
- More biking trails and walking trails
- Non-compliant patients – medication and diet
- Increased awareness of what's healthy

We listed the significant issues from 2013 and asked what had changed most in three years related to health status:

- More have gotten health insurance, but don't know impact on health, due to non-compliance with drugs and regimens.
- The private option, Medicaid expansion – more people are insured
- Nutrition – availability has increased but not sure everyone got it
- Not a big change
- Big push, more educational programs to adopt a healthy lifestyle and be active and eat healthy
- Increased awareness of what's healthy
- Drugs are worse – synthetic versions of drugs and don't know what they're on, prescription drugs
- Diabetes – there's more awareness, participation in care and trying to improve
- Access to healthcare has gotten better because more people have insurance
- Obesity is the same; need to have a community-focused program/challenge

The group thought the most important health issues facing medically-underserved, low-income and minority populations or other groups were:

- Absence of primary care physicians, preventive medicine and maintenance medications for chronic illnesses
- Co-morbidities
- Lack of transportation to specialists
- Obesity
- Diabetes
- Socioeconomics – no resources to address problems, wellness visits, no primary care physician, difficult to get medications and specialty referrals for those without insurance
- Mental health issues
- Increased teen pregnancy, teen parents
- Undocumented individuals have no insurance and little access
- Self-inflicted health issues

The group thought the most important health issues facing children were:

- Lack of good primary care
- Drugs and alcohol
- Out of wedlock sex and pregnancies
- Obesity
- Some would not have adequate food if it wasn't for the backpack program
- Not getting vaccinations
- Mental health issues
- Child abuse and neglect
- Lack of foster homes, having to send kids out of the county
- Single parent homes
- Children moving from school district to school district – lack of structure
- Food and nutrition – we can keep them from going hungry, but can't get them good nutrition.

The group believed the behaviors that have the most negative impact on health were:

- Unhealthy lifestyle
- Drugs; self-medication
- Not eating right; poor food choices; affordable healthy food
- Not being compliant with treatment regimens
- Alcohol
- Immunizations – education
- Teen pregnancy – sexual responsibility, unprotected sex, birth control
- Domestic violence
- Lack of life skills – cooking at home, budgeting, inability to cope with rejection or conflict
- Destruction of the nuclear family, taking care of kids
- Lack of a disciplined lifestyle; inability to plan and look ahead
- Some have an entitlement mentality

The group believed the environmental factors that have the biggest impact on health were:

- Farming environmental issues with burning of the fields; chemicals and pesticides
- Unemployment – lack of money for healthy food, economic issues
- Lack of knowledge of healthy cooking
- Living conditions – unclean, fire hazard, junked up, could be mental health related
- Not enough decent homes available
- Mental health – depression, bipolar is increasing in northeast Arkansas, anxiety disorders, seriously mentally ill. Wait times are long to get treatment, there's so much demand.
- Second and third hand smoke cause respiratory issues
- There's a well-run landfill in town, but household trash disposed of improperly enters streams
- None – attainment area for air, very clean air

The group listed the following barriers to improving health in the last three years and moving forward.

- Lack of resources, money
- Lack of employment
- Provider shortage – registered nurses (RNs) and physicians. Physicians aren't accepting new patients, especially internal medicine
- Attitude of “just give me a pill”
- Willingness to participate in their care
- Poor support systems
- Not always trusting resources, cultural differences
- Possible changes to access to insurance
- Attitudes hard to overcome
- Letting people know what's in it for them
- 3rd and 4th generations of dependency and not knowing any different lifestyle
- Seeing different perspectives – hard to walk through an open door when you don't even know there is a door
- Educational intervention to change lifestyles
- Trauma – impact on generations
- Poor parenting skills
- Safety – barrier, or perceived safety

The group listed the following as community assets to support health and well-being:

- The community – generous, family-friendly
- Physicians
- Hospital – health fairs, education
- Health Department
- Organizations – Habitat for Humanity, senior center, homeless shelter, GED center, food pantry
- Churches
- Outdoor activities – Parks, trails
- Schools

When asked, where do members of the community turn for basic healthcare needs, the group listed:

- ER
- Hospital
- Local physicians
- Some outside Greene Co. for some specialties b/c of lack of specialties or distrust of local community
- Schools
- Health Clinic
- Social media
- Internet
- Friends

When asked, what the community needs to manage health conditions or stay healthy, the group mentioned:

- Physicians to take new patients; how to attract physicians to small rural area
- Population can't support some specialists
- Meet the needs of the homeless population
- More partnerships with local schools and hospitals
- Education for children, how to make good choices, exercise classes
- More accountability – from doctors MACRA (value based payment) and from patients committing to education, lifestyle changes, attitude and smoking cessation (pay more for insurance if smoke, example of accountability)
- Prenatal classes – but no accountability to attend
- Mental health crisis, care access
- More, affordable transportation, how to access
- More information available and shared.
- Take extra time with people to get them what they need
- A comprehensive list of resources
- Communicate appropriately with the population – use of acronyms, large words
- Not educated on healthy eating and exercise. People work hard and don't take the time to think about themselves.

.....

When asked what priority health improvement action should Greene County focus on, the group listed:

- Primary care for all
- Teaching managing disease processes and or prevention and exercise
- Do away with drugs, focusing on the kids
- Work on my own self and household
- Build a mental health crisis center for stabilization, evaluation, and referral
- Fitness centers that provide day care
- Sliding scale dental clinic
- Add a community center with a rural health clinic on the east end of town with classroom space for education
- Services that are more centered on individualized value asking what's important to you; meet people where they are.
- Local churches to take care of the sick, hungry and downtrodden in our own backyard as opposed to missions elsewhere.



Photo credit: AMMC

Health Status Analysis and Comparisons

Information from County Health Rankings and America's Health Rankings were analyzed in the Community Health Needs Assessment in addition to the previously reviewed information and other public health data. Other data that was analyzed included: causes of death, demographics, socioeconomic, consumer health spending, focus group, and interviews. When data was available for Arkansas, the U.S. or the top 10% of counties (90th percentile), they were used as comparisons. Where the data indicated a strength or an opportunity for improvement, it is called out. Strengths are important because the community can build on those strengths, and it's important to continue to focus on strengths so they don't become opportunities for improvement. The full data analysis can be seen in the complete CHNA PowerPoint. There were strengths and opportunities identified for measures and for the counties. Opportunities were denoted with red stars, and strengths were denoted using green stars. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data is contained in the source notes below the graphs.

Leading Causes of Death: Age-adjusted deaths per 100,000

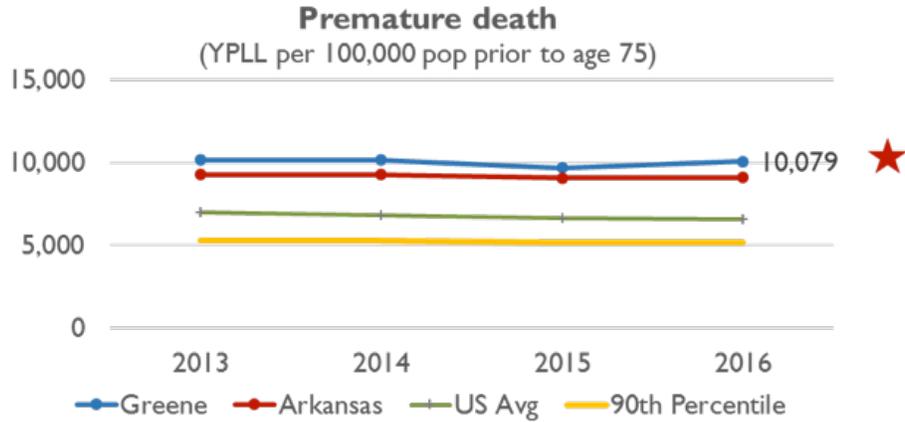
Cause of Death	Greene County	Arkansas	US
	(2010-2015)	(2013)	(2014)
Heart Disease	237.1	240.3	169.8
Cancer	185.7	220.1	163.2
Chronic Lower Respiratory Disease	118.1	68.5	42.1
Accidents	56.4	43.8	39.4
Stroke	60.5	53.7	36.2
Alzheimer's Disease	34.5	30.6	23.5
Diabetes	34.1	27.5	21.2
Influenza and Pneumonia	32.4	25.9	15.9
Suicide	23.5	17.1	12.6
Kidney Disease	24.8	24.9	13.2

- Source: CDC/NCHS, National Vital Statistics System, Mortality (2014); Arkansas Department of Health

Red areas had death rates higher than the state. The leading causes of death in all three geographies was heart disease followed by cancer. Lagging behind as causes of death were chronic lower respiratory disease, stroke, accidents, Alzheimer's disease, diabetes, influenza and pneumonia, kidney disease and suicide.

Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Greene County ranked 25th in Health Outcomes out of 75 Arkansas counties. Length of life was measured by years of potential life lost per 100,000 population prior to age 75. Greene County ranked 39th in length of life.

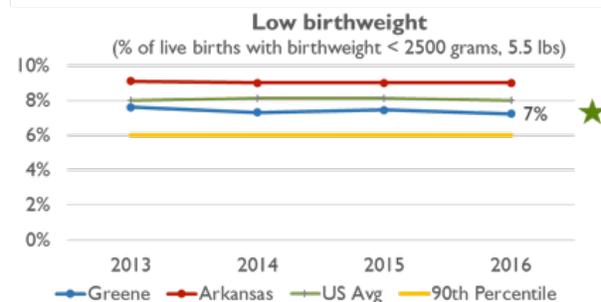
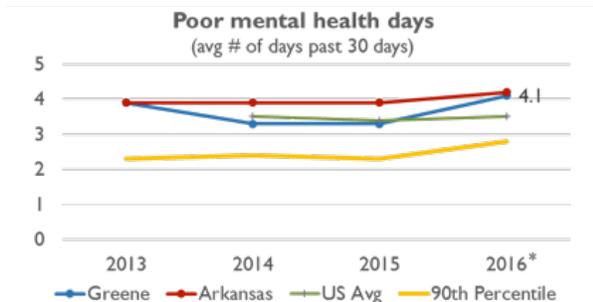
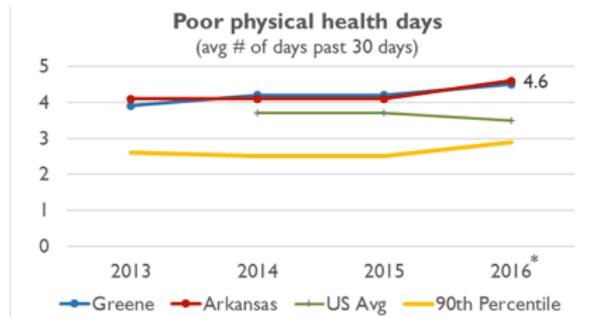
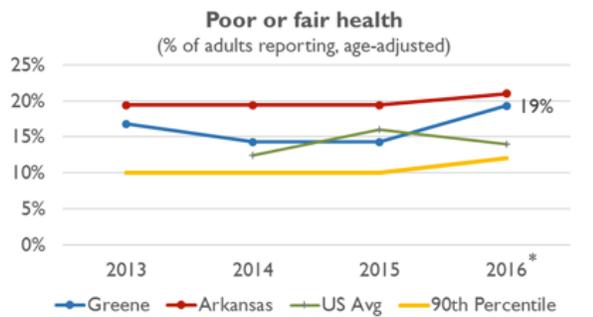


Source: County Health Rankings; National Center for Health Statistics – Mortality File, 2011-2013

In most of the following graphs, Greene County will be blue, Arkansas red, U.S. green and the 90th percentile gold.

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams (5lbs 8ozs). Greene County ranked 6th out of 75 counties for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2014

Source: County Health Rankings; National Center for Health Statistics – Natality files (2007-2013)

*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results or changes in survey methodologies. 2016 cannot be compared to prior year results.

Quality of Life STRENGTHS

- The percent of low birthweight babies, less than 5.5 pounds, was lower in Greene County than AR and the U.S.

Quality of Life OPPORTUNITIES

- Years of potential life lost (YPLL) per 100,000 population prior to age 75, was higher in Greene County, 10,079 years, higher than Arkansas and the U.S.
- Chronic lower respiratory disease, accidents, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, and suicide were higher causes of death measured in causes of death per 100,000 population in Greene County than AR.

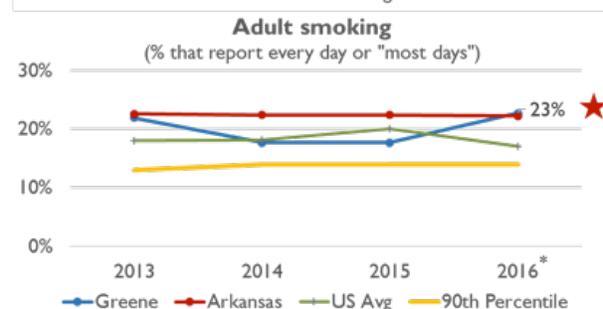
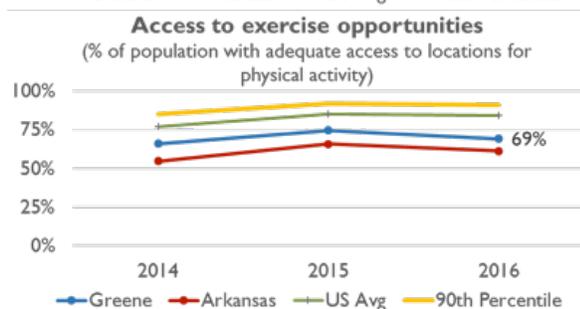
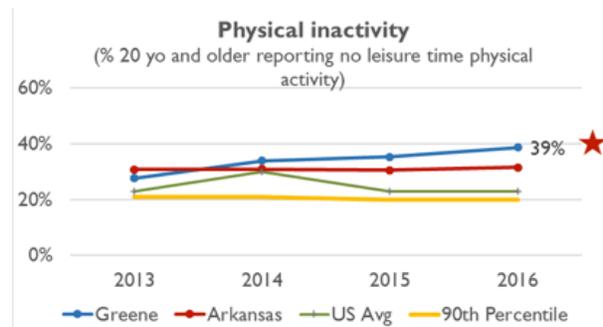
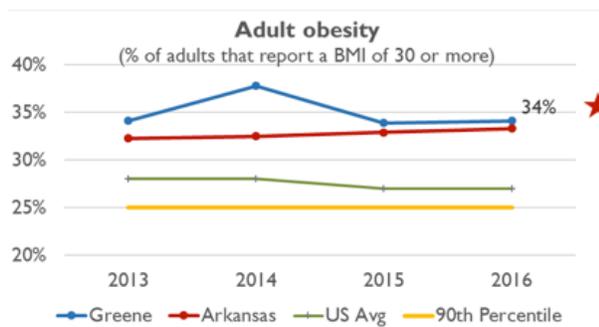
In the other quality of life measures, Greene County's measures were at the AR measure or between AR and the U.S.

Health Factors or Determinants

Health factors or determinants are comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. Greene County ranked 24th out of 75 counties in health factors.

Health Behaviors

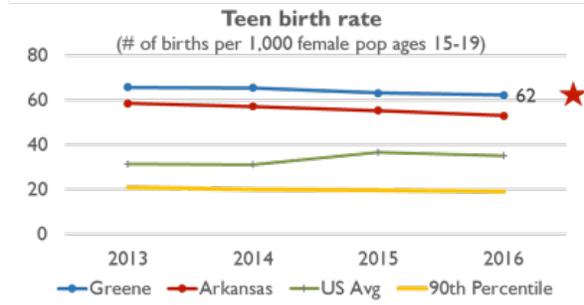
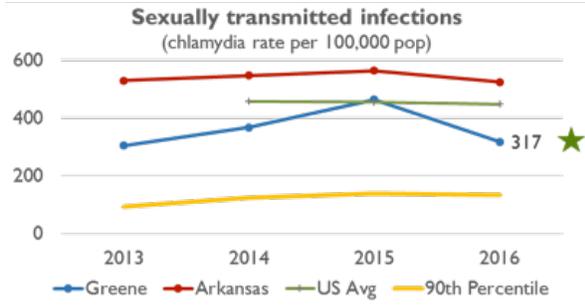
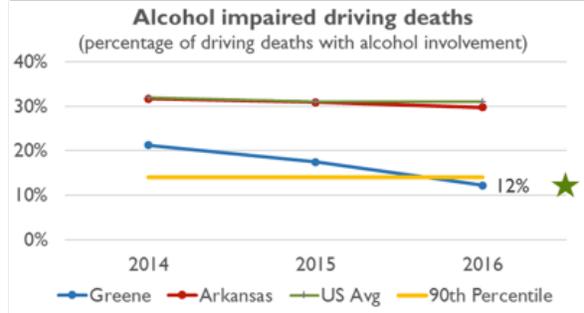
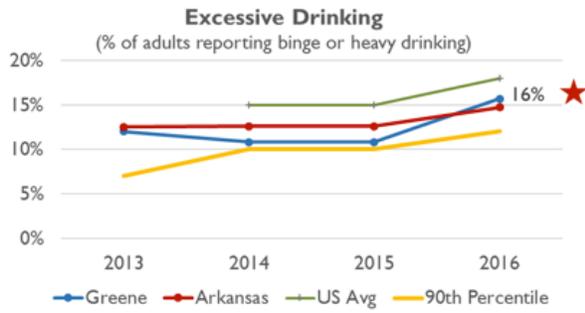
Health behaviors are made up of nine measures. Health behaviors account for 30% of the county rankings, and Greene County ranked 24th out of 75 counties in Arkansas for health behaviors.



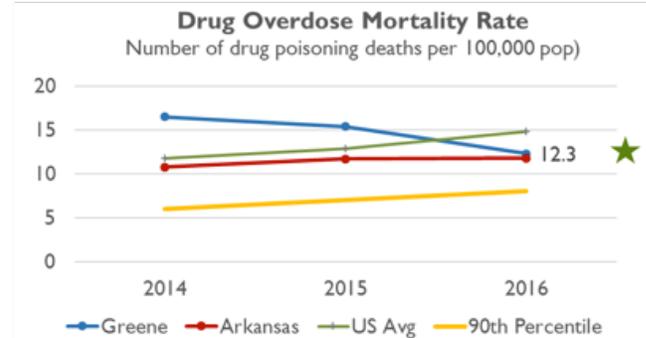
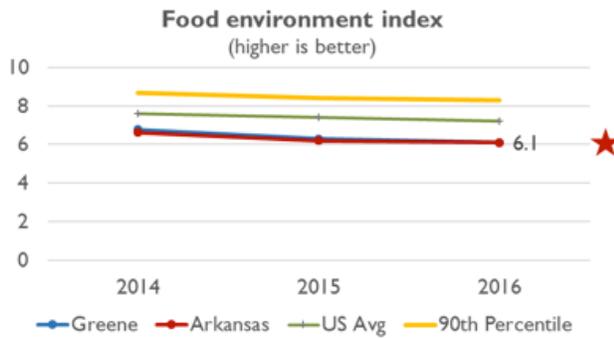
Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2012

Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and US Census Tigerline Files, 2013

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014



Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2014
 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2010-2014
 Source: STDs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2013
 Source: Teen birth rate - County Health Rankings; National Center for Health Statistics - Natality files, 2007-2013



The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: County Health Rankings; USDA Food Environment Atlas, 2012-2013
 Source: County Health Rankings; CDC WONDER mortality data, 2012-2014

Health Behaviors **STRENGTHS**

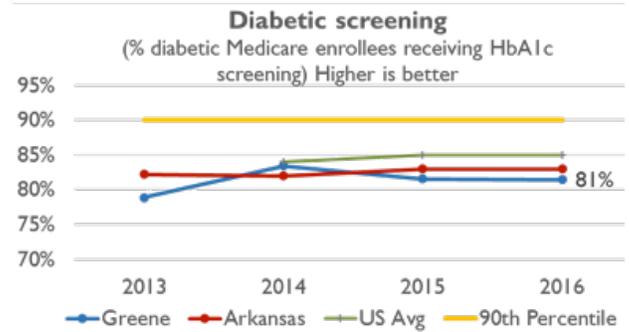
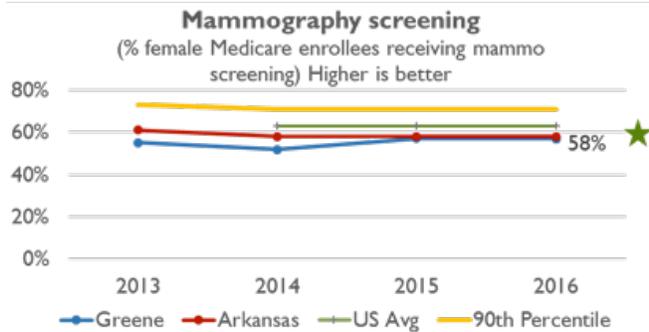
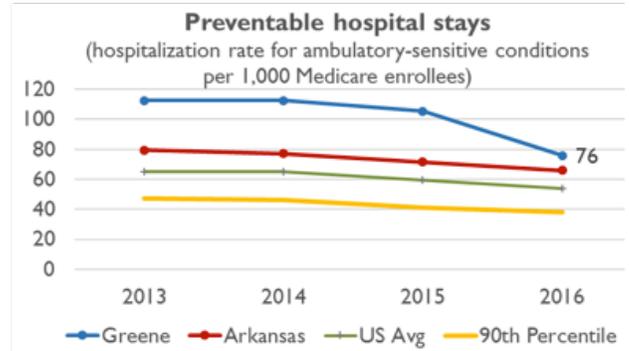
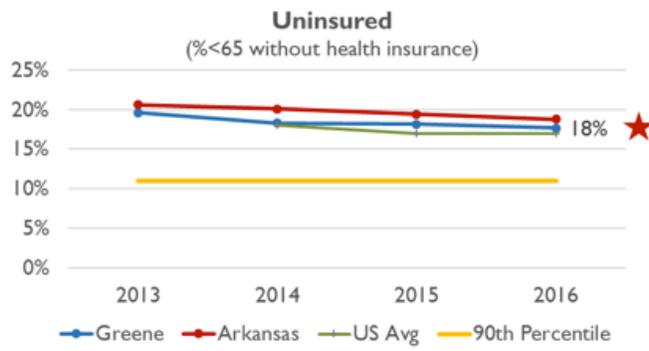
- The percentage of driving deaths with alcohol involved was lower than AR and the U.S. at 12%, at the top 10% of all counties in the U.S.
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population was lower in Greene County than Arkansas and the U.S., and declined from 2012.
- The drug overdose mortality rate which measures the number of drug deaths per 100,000 population was even with AR, but lower than the US and the trend is declining.

Health Behaviors **OPPORTUNITIES**

- 34% of adults were obese in Greene County. Obesity puts people at increased risk of chronic diseases: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, post-menopausal breast cancer, colorectal, prostate, and others.
 - Adult smoking in Greene County was higher than the U.S. and equal to AR at 23%. The Healthy people 2020 goal is 12%. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.
 - Physical inactivity was higher in Greene County than AR and the U.S. with 39% of 20+ year old's reporting no leisure time physical activity.
 - 16% of adults reported binge or heavy drinking, which was higher than AR, but lower than the U.S.
 - The teen birth rate in Greene County was higher than the AR and the U.S. at 62 births per 1,000 female population ages 15-19. The trend declined slightly year after year.
 - The food environment index was lower than the U.S. and even with AR. The index is a blend of access to healthy food and food insecurity.
-

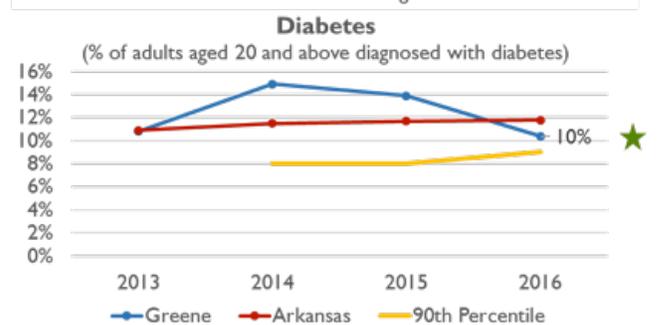
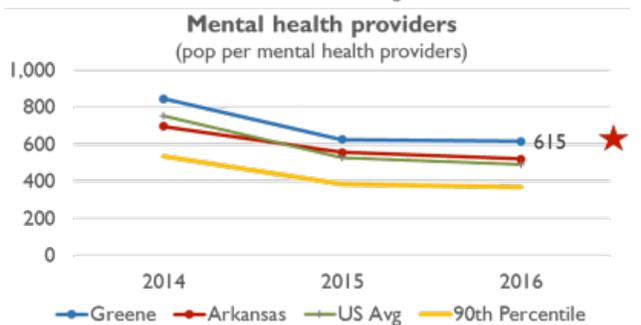
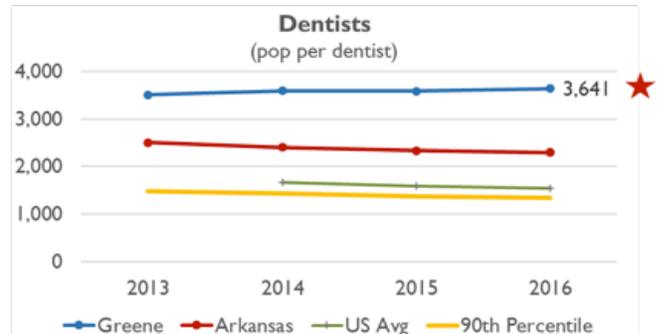
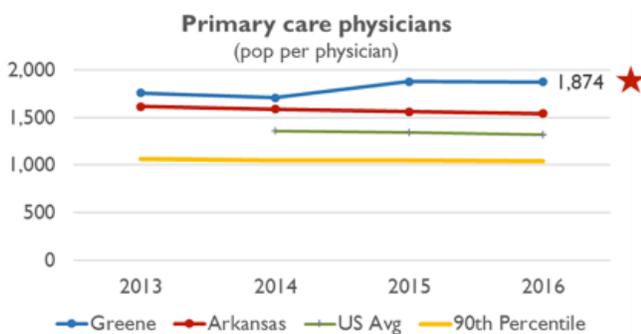
Clinical Care

Clinical care ranking is made up of eight indicators, and they account for 20% of the county rankings. Greene ranked 25th out of 75 Arkansas counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2013

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, 2013



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2013

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2014

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) County Health Rankings; CMS, National Provider Identification, 2014

Source: County Health Rankings; CDC Diabetes Interactive Atlas, 2013

Clinical Care STRENGTHS

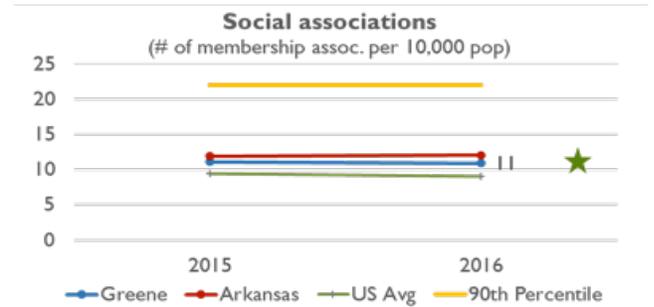
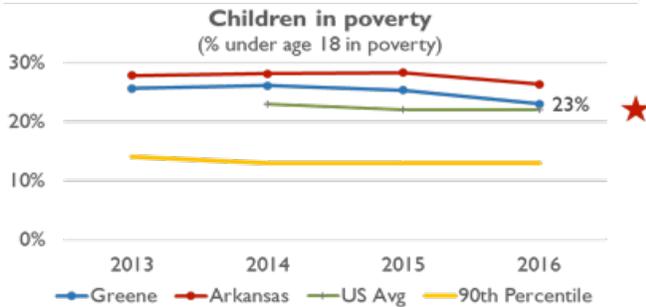
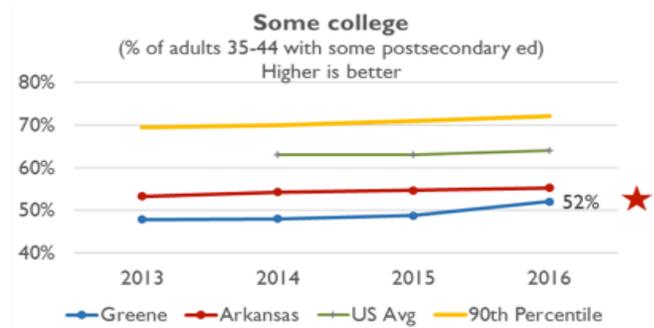
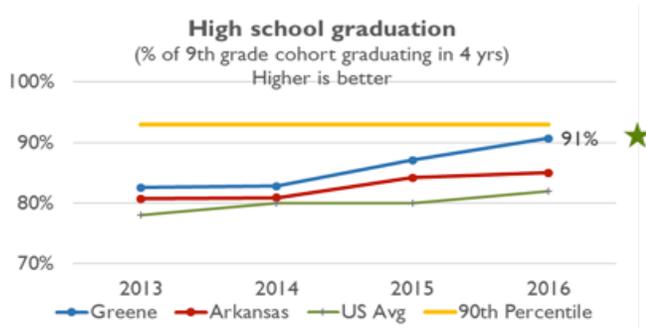
- The percent of population under sixty-five without health insurance was higher in Greene County than AR and the U.S. at 18% in 2013. However, the uninsured percentage had declined to 11% in 2014 due to Medicaid expansion and the Private Option.
- Mammography screening was equal to AR, but slightly lower than the U.S.
- Ten percent of Greene County had diabetes, which was lower than AR

Clinical Care OPPORTUNITIES

- The hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees was higher than AR and the U.S., at 76 hospitalizations.
- The percent of diabetic Medicare enrollees receiving screening was lower in Greene County than AR and the U.S.
- The population per primary care physician was higher in Greene County than AR and the U.S. Greene County was also designated as a health professional shortage area for primary care.
- The population per dentist was higher in Greene County than AR and the U.S. Greene County was also designated as a health professional shortage area for dentists.
- The population per mental health provider was higher in Greene County than AR and the U.S. Greene County was also designated as a health professional shortage area for mental health.
- Greene County is a health professional shortage area (HPSA) for primary care, dental care and mental health.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Greene County ranked 13th out of 75 Arkansas counties in social and economic factors.

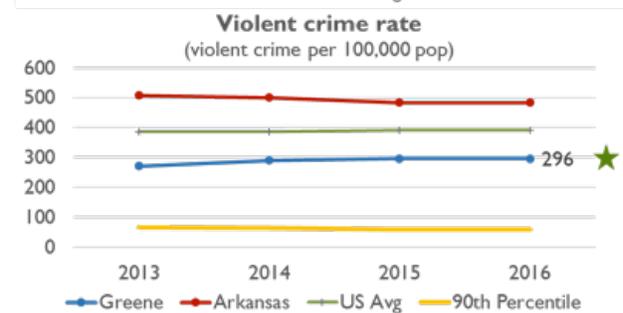
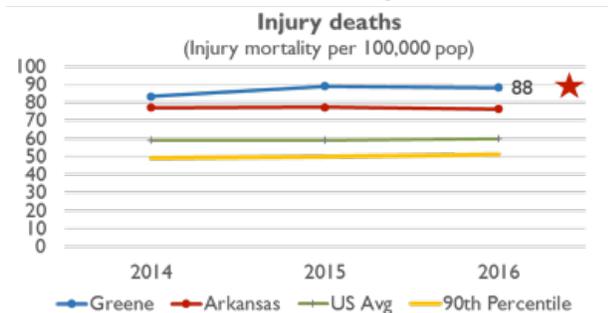
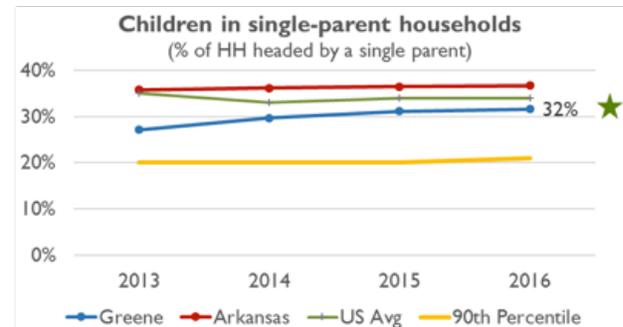
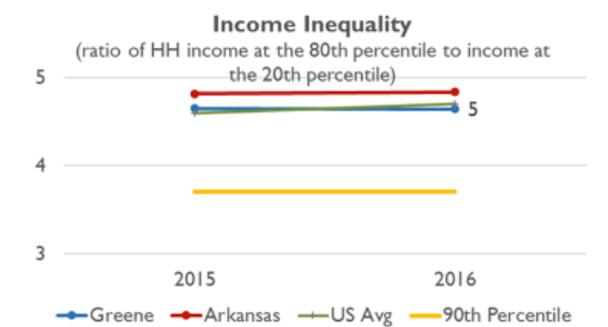


Source: High School graduation – County Health Rankings; States to the Federal Government via EDfacts, 2012-2013

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Children in poverty - County Health Rankings; US Census, Small Area Income and Poverty Estimates, 2014

Source: Social associations - County Health Rankings; County Business Patterns, 2013



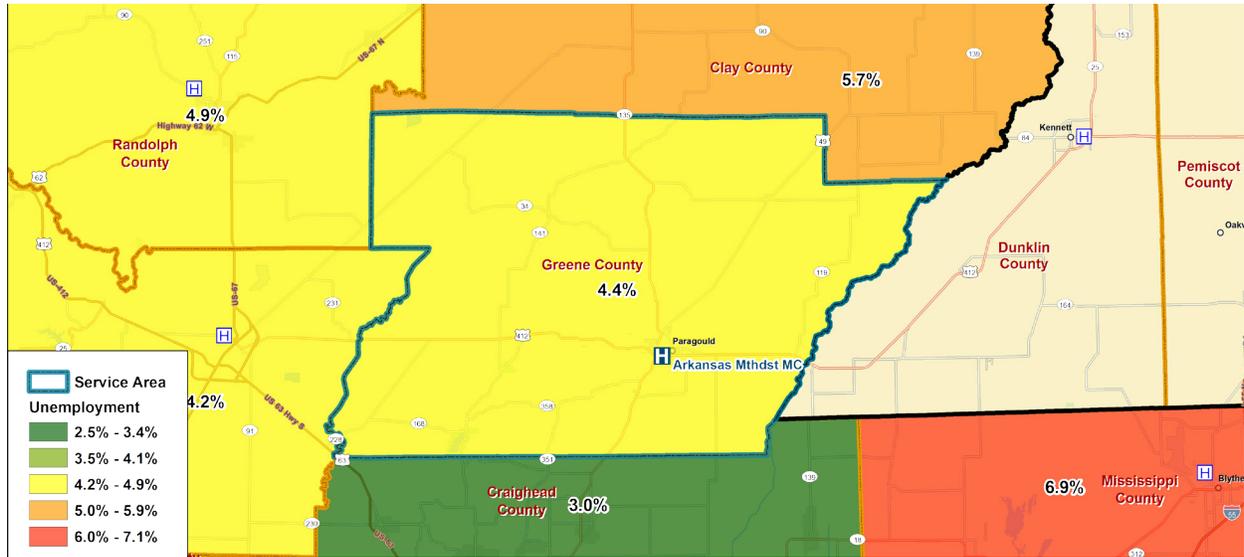
Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2010-2014

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2010-2014

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2009-2013

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2011 - 2013

Unemployment Rate by County



Source: Bureau of Labor Statistics

Social & Economic Factors STRENGTHS

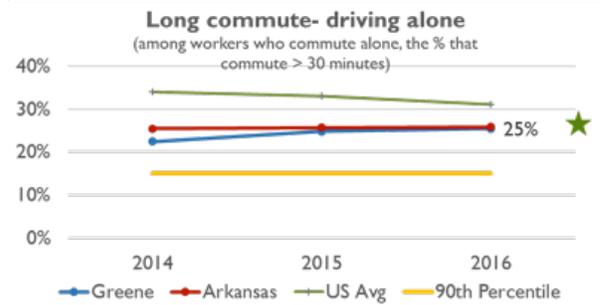
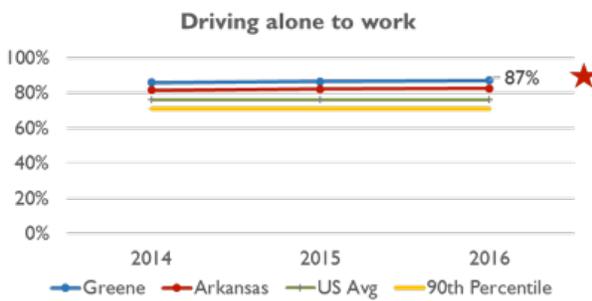
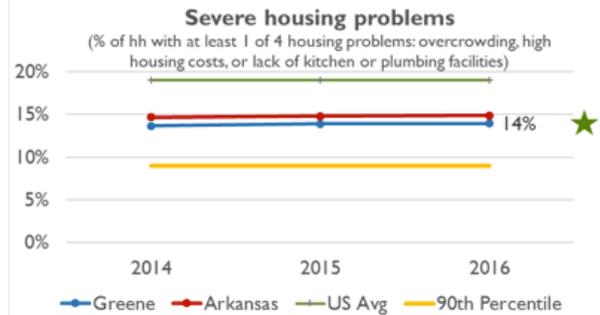
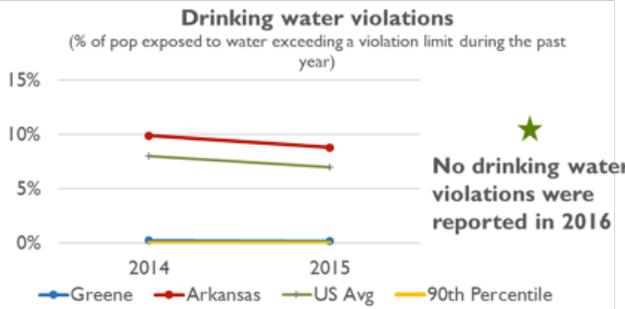
- High school graduation was higher in Greene County than AR and the U.S. at 91%.
- Social associations were higher in Greene County than AR and the U.S. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.
- Violent crime rate per 100,000 population was lower in Greene County than in AR and the U.S.
- The unemployment rate was lower in Greene County at 4.4% than the U.S. but slightly higher than AR at 3.9%.

Social & Economic Factors OPPORTUNITIES

- The percent of adults with some college was lower than AR and the U.S. with only 52% of adults 35-44 having some postsecondary education.
- The percentage of children in poverty was higher in Greene County than the U.S. at 23%, but lower than Arkansas.
- Injury deaths were higher than AR and the U.S. and increasing.
- Greene County had lower median household income than Arkansas and the U.S.
- Greene County had lower percentage in poverty than Arkansas but higher than the U.S.

Physical Environment

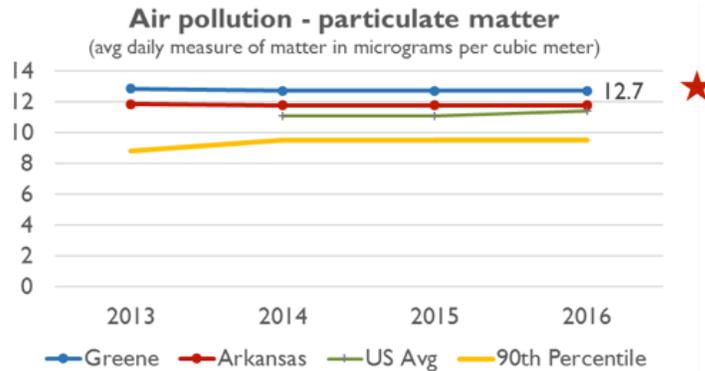
Physical environment contains five measures in the category. Physical environment accounts for 10% of the county rankings. Greene ranked 57th out of 75 Arkansas counties in physical environment.



Source: Drinking water violations – County Health Rankings; EPA, FY 2013-2014

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2008-2012

Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2010-2014



Source: Air pollution – County Health Rankings: CDC WONDER environmental data, 2010

Physical Environment STRENGTHS

- Greene County had fewer severe housing problems than AR and the U.S.
- Greene County did not have long commute times. A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- There were no drinking water violations in Greene County.

Physical Environment OPPORTUNITIES

- Driving alone to work was higher in Greene County than AR and the U.S.
- Greene County had more air particulate matter in micrograms per cubic meter than AR and the U.S.

The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic crashes. The choices for commuting to work can include walking, biking, taking public transit, or carpooling, the most damaging to the health of communities is individuals commuting alone. In most counties, this is the primary form of transportation to work. Source: County Health Rankings

There were Four Broad Themes that Emerged in this Process:

- Greene County needs to create a "Culture of Health" which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups such as the census tract just east of the hospital.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the county to improve health.

Results of the CHNA

Prioritization of Health Needs



Photo credit: AMMC

Prioritization Criteria & Priority Health Needs

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three-year period. The group used the criteria below to prioritize the health needs.

<p>Magnitude / Scale of the Problem</p>	<p>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</p>
<p>Seriousness of Consequences</p>	<p>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</p>
<p>Feasibility</p>	<p>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</p>

The following needs were prioritized and goals and actions were brainstormed by the table groups at the Community Health Summit and formed the foundation of Greene County's health initiatives. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

Priority Health Needs

- 1 Obesity/Healthy Eating/Active Living (30)
- 2 Substance Abuse (19)
- 3 Access to Care (10)
- 4 Mental Health (10)
- 5 Teen Pregnancy (9)
- 6 Socioeconomic/Cultural Issues (9)
- 7 Chronic Diseases -Diabetes, Heart health (3)

1. Obesity/healthy eating/active living – 30

- Obesity – 19
- Obesity – but focus on east of hospital population
- Lack of healthy eating habits - 3
- Healthy Foods
- Access to healthy and affordable foods
- Change lifestyle choices – focus east of the hospital
- Eat, sleep and move well
- Inactivity - 2
- Lack of access to free or reduced cost walking/multi use trails

2. Substance Abuse – 19

- Substance Abuse -5
- Substance abuse treatment
- Drug Abuse – 6
- Drug abuse during pregnancy
- Prescription drug abuse -2
- Smoking - 4

3. Access to Care – 10 (tied with Mental Health)

- Access to Care – 3
- Early access to care
- Access to healthcare – doctor visits, medications
- Dental care
- Affordability of medications
- Emergency health clinics access
- Access and use of technology
- Availability of affordable healthcare

4. Mental Health – 10 (tied with Access to Care)

- Mental Health -5
- Access to good mental health
- Mental health – emergency intervention, family interventions
- End the stigma/joking about mental health so people get help without prejudice
- Mental health/dementia
- Mental health of children - # of foster children in Greene County versus homes

5. Teen Pregnancy – 9 (tied with Socioeconomic/Cultural Issues)

- Teen pregnancy – 7
- Pregnancy risks
- Teen pregnancy/sexually transmitted diseases

6. Socioeconomic/Cultural Issues – 9 (tied with Teen Pregnancy)

- Family structure – failure of parents able to teach children basic life skills
- Breakdown of the family
- Culture and attitudes – breakdown of family and values
- Culture and attitudes
- Socioeconomic
- Kids in poverty
- Child abuse
- Diminished workforce
- Not following physician recommendations

7. Chronic Diseases – Diabetes, Heart Disease – 3

- Heart disease – 2
 - Diabetes
-

Community Health Summit Brainstorming

Focus Areas, Goals



AMMC Community Health Summit; Stratason, 2017

The most significant health needs resulted in seven categories and table groups brainstormed goals and actions around the most important health needs listed above. These suggested goals and actions have been organized below.

Significant Health Need 1: Obesity/Healthy Eating/Active Living

Goal 1 – Implement a public awareness campaign about healthy eating and exercise benefits in 2017

Action 1 – Hold a community weight loss challenge reaching out to schools and employers

Action 2 – Increase awareness of healthy living choices – community events and healthier options

Resources /Collaborators Needed: Center for Families and Children

Goal 2 – Implement teaching and education on healthy cooking and shopping

Action 1 – Implement Cooking Matters in 3 additional organizations in Greene County in 2017

Action 2 – Teach how to eat healthy on a budget

Goal 3 – Encourage and implement plan for all schools and workplaces to serve healthier options at meetings and events

Action 1 – Improve food rewards on Refreshment Friday at schools

Resources/Collaborators Needed: Schools

Significant Health Need 2: Substance Abuse

Goal 1 – Decrease smoking by 10% by 2027, 1% yearly

Action 1 – Education on the effects of smoking in elementary, middle and high schools

Action 2 – Host a children's health fair

Resources/Collaborators Needed: D.A.R.E., CRDC Prevention program, doctors, public school system

Goal 2 – Increase drug abuse education and prevention activities by 15% by 2027

Action 1 – Offer community health fairs in different areas of the community

Action 2 – Develop care plan for that specific community

Resources/Collaborators Needed: Billboard advertising, handouts in public schools, doctors, nurses and the community.

Goal 3 – Decrease the rate of drug overdose deaths by 10% by 2027

Action 1 – Personalize family healthcare

Action 2 – Create a resource database

Resources/Collaborators Needed: Churches, community stakeholderscommunity

Significant Health Need 3 tie: Access to Care

Goal 1 – Walk-in clinic/urgent care clinic with extended hours

Action 1 – Recruit additional family practice physicians

Resources/Collaborators Needed: Staff, location, facility

Goal 2 – East side of town clinic location with medical and dental services

Action 1 – Pair hospital and city manager

Action 2 – Secure staffing

Resources/Collaborators Needed: building, temporary, mobile building

Goal 3 – Inpatient mental health facility

Action 1 – Attract mental health organization

Action 2 – Serve dementia patients and have a geriatric psych unit

Resources/Collaborators Needed: Facility, providers

Significant Health Need 3 tie: Mental Health

Goal 1 – Increase mental health resources for foster children and foster parents

Action 1 – Foster program availability of counseling and process for enrolling child in their care

Goal 2 – Community education on resources and benefits of help

Action 1 – Physician education on availability of telemedicine – 1 year allowed timeline

Action 2 – Social worker and school counselor education on resources

Action 3 – Publicize mental health benefits through employers, Medicaid and employee assistance programs

Goal 3 – Awareness of need for mental health professions

Action 1 – Recruit high school and freshman college students to mental health professions

Action 2 – Promote shadowing of mental health professionals and health fairs

Significant Health Need 4 tie: Teen Pregnancy

Goal 1 – Education

Action 1 – Educate kids in schools what it's like having a child – discuss pregnancy and sexually transmitted infections. Need to reach more students

Action 2 – Lobby legislators to legislate sex education in schools

Action 3 – Provide peer education from young college students, nursing students, people they will listen to

Goal 2 – Prevention

Action 1 – Focus group with school leaders, school nurses to discuss education and prevention in schools with continued follow-up

Action 2 – Curriculum in the school systems: "Choosing the Best", focusing on decision-making

Action 3 – Change the culture – teen pregnancy used to be shameful now it is a badge of honor

Goal 3 – Connect to resources for pregnant girls

Action 1 – Home visit programs, example Parenting Partners

Action 2 – Ensure prenatal care (AMMC Beautiful Beginnings Prenatal Education Program)

Significant Health Need 4 tie: Socioeconomics/Culture

Goal 1 – Partner with churches, education and city on the east side to develop life skills at Labor Day Park

Action 1 – Develop life skills programs and support the life skills classes at the Mission

Action 2 – Develop mentoring programs like Big Brothers, Big Sisters

Resources/Collaborators Needed: churches, city leaders, mental health, and business leaders

Goal 2 – Break the cycle by involving the schools and businesses to get to kids in high school

Action 1 – Partner with schools to provide sessions in the schools

Goal 3 – Create a monthly program at Labor Day Park with food and door prizes focusing on budgeting, how to get a job, life skills

Action 1 – Use Labor Park to its fullest

Action 2 – Add grocery store and other services on the east side

Significant Health Need 5: Chronic Diseases - Heart Disease, Diabetes

Goal 1 – Increase education to population on causes of death

Action 1 – Implement a marketing campaign

Action 2 – Hold events accessible to the population

Resources/Collaborators Needed: Marketing Departments, educators – diabetes, heart health, churches, schools

Goal 2 – Increase screenings in community

Action 1 – Establish regular, monthly schedule

Action 2 – Provide incentive to increase attendance

Resources/Collaborators Needed: Educators, industries, school districts, businesses

Goal 3 – School district incentives to reach and teach the younger population

Action 1 – Establish partnerships with school districts

Action 2 – Provide education and create incentives for activity/non-sedentary lifestyles that lead to chronic diseases

Resources/Collaborators Needed: Educational institutions – public and private, clinics

.....

2013 Arkansas Methodist Medical Center Implementation Plan/Impact Evaluation

Impact

Arkansas Methodist Medical Center adopted an implementation plan in 2013. The results and impact of this plan were reviewed at the Community Health Summit by Shay Willis, Director of the AMMC Foundation and Marketing. The 2013 community improvement plan's results are below.

The 2013 priorities as determined by the community were:

1. Obesity-34
2. Access to Care and Insurance-17
3. Lifestyle (Diet and Exercise)-15
4. Drug Abuse and Mental Health-13
5. Diabetes-13
6. Cancer, HBP and Heart Disease-9
7. Tobacco/Smoking-9
8. Teen Pregnancy and Birth Issues-9
9. Education-7

AMMC's initiatives around each of the significant health priorities and goals generated by the community in 2013 are outlined below.

Obesity

Goal: Stabilize the obesity trend

Arkansas Methodist Medical Center has offered Men's and Women's Health Fairs on its campus for nearly 20 years and plans to continue to offer these free events. At these events as well as the health fairs that have been held in the community in different industries and organizations, for more than a decade, literature is distributed by several departments. In the case of obesity, specifically, handouts are distributed by the AMMC Wellness Center, the AMMC Diabetes Care Clinic and the AMMC Cardiac Rehab Department on the importance of staying active. The city's utility company as well as other companies offer incentives to their employees for participating in their own health fairs or in the health fairs hosted by AMMC. The AMMC Wellness Center partners with 15 employers in the community to either pay for the employee's membership or to reimburse the employee for their membership which encourages battling the obesity trend.

Goal: Provide education on nutrition and the side effects of obesity

In 2008, AMMC opened a Diabetes Care Clinic. Since that time, patients have been educated on the importance of creating and eating healthy meals at Community Diabetes Events that are held every other month. Recipes are shared and guest speakers present on different subjects that influence healthy living. Education is also shared with patients who have diabetes through Diabetes Self-Management Classes. These educational opportunities focus on portion control and how what you eat can affect your overall health, including your potential for life threatening diseases. The AMMC Cardiac Rehab Department also shares vital information about the effects of what you eat through literature and displays about the fat that is consumed through food at the hospital's Men's and Women's health fairs held annually as well as at community health fairs.

Goal: Promote Activity

The Arkansas Methodist Medical Center Wellness Center is a hospital-based fitness center that is open 24 hours a day/7 days a week/365 days a year. Since 1998, the facility has offered traditional fitness equipment complete with free weights, selectorized weight machines, cardiovascular machines and a cushioned indoor walking path. To continue to promote physical activity, the Wellness Center added group fitness classes in 2000 and in 2011, the department of the hospital added Wellness Health Loops that are safe paths, approximately 1 mile long, in the community for residents to use. The AMMC Wellness Center partners with 15 employers in the community to either pay for the employee's membership or to reimburse the employee for their membership which encourages battling the obesity trend. The AMMC Diabetes Care Clinic has hosted a walking event for at least six years, the AMMC Emergency Department has hosted a 5K for two years and the hospital supports the county's Relay for Life efforts by having a team participate in that event which includes walking laps around a track. The Diabetes Care Clinic also hosts a Get Fit, Don't Sit Day which includes several activity-based events. The hospital is also supporting a group in the community that is working to increase green space including walking/biking trails through an event that includes a bicycle ride, a 5K and a 1-mile fun run for kids.

Access to Care and Insurance

Goal: Educate citizens on the new options to purchase health insurance through the PPACA.

Arkansas Methodist Medical Center has a financial assistance program for uninsured patients. Plus, all inpatients are contacted by a designated vendor about how they can help with financial assistance.

Goal: Continue to be proactive in recruiting specialists and primary care physicians

Since 2013, seven new physicians have been recruited to AMMC. They include two General Surgeons, a Plastic and Reconstructive Surgeon, three OB/GYNs and a Pathologist. The hospital is currently in the process of recruiting an Orthopedic Surgeon and an Urologist in 2016 with ongoing efforts to add a Neurologist, Pulmonologist, ENT and Family Practice doctors. The medical center is also working to reach out to medical students early in their careers so that a relationship can be established.

Goal: Increase median household income.

The hospital's Human Resources Department along with other departments in the facility partner with the local Chamber of Commerce as well as education institutions to offer jobs in the community through career fairs. AMMC supports high school students through programs that teach about the field of healthcare as well as offer scholarships for those entering and in college. The medical center also partners with local educational institutions in allowing students to complete rotations at the hospital. The medical center's Physician Recruiter also attends career fairs in hopes of recruiting medical staff which ultimately would increase statistics for residents with post-secondary education as well as higher salaries.

Lifestyle (diet, exercise and health screenings) to reduce chronic diseases such as obesity, high blood pressure, cancer and heart disease

Goal: Educate the community on healthy lifestyles

Arkansas Methodist Medical Center has offered Men's and Women's Health Fairs on its campus for nearly 20 years and plans to continue to offer these free events. At these events as well as the health fairs that have been held in the community in different industries, churches and other organizations, for more than a decade, literature is distributed by several departments. The hospital also partners with the local schools in educating high school

students about the hospital and ultimately the medical field. The medical center holds community diabetes events as well as other events to promote health.

The medical center is continuing to create partnerships in the community to provide opportunities for activities that promote healthier lifestyles.

Goal: Provide opportunities for activities that promote healthier lifestyles

The AMMC Wellness Center created Wellness Health Loops in 2011 that are safe paths, approximately 1 mile long, in the community for residents to use. The hospital is also supporting a group in the community that is working to increase green space including walking/biking trails.

Goal: Provide safe environments for participation in healthier living activities

The AMMC Wellness Center created Wellness Health Loops in 2011 that are safe paths, approximately 1 mile long, in the community for residents to use. The hospital is also supporting a group in the community that is working to increase green space including walking/biking trails.

Goal: Reduce high blood pressure by 20%

The AMMC Diabetes Care Clinic strives to teach the importance of a well-balanced, diabetic-friendly diet it for its patients but also for their caregivers, friends and family. The Diabetes Clinic also strives to educate on the importance of exercise. The AMMC Wellness Center is constantly working to promote their services including personal training and group fitness classes.

Goal: Reduce the cancer rate

The AMMC Mammography Department along with the Arkansas Prostate Cancer Foundation work to reach out to women and men alike about the importance of preventive screenings through the Men's and Women's Health Fairs hosted at the hospital as well as at health fairs at the community. The hospital, with the assistance of The Foundation, also work to reach women who are at risk for breast cancer but who do not have insurance for a mammogram. Early detection is key.

Goal: Reduce heart disease

The AMMC Diabetes Care Clinic strives to teach the importance of a well-balanced, diabetic-friendly diet it for its patients but also for their caregivers, friends and family. The Diabetes Clinic also strives to educate on the importance of exercise. The AMMC Wellness Center is constantly working to promote their services including personal training and group fitness classes. Through our three cardiologists, patients learn about the purpose and benefit of taking a baby aspirin daily.

Drug Abuse and Behavioral Health

Goal: Reduce illegal and inappropriate access to prescription drugs

The Rotary Club of Paragould has two prescription drop boxes in the community, one at the Paragould Police Department and one at the Greene County Sheriff's Department. They also purchased an incinerator to safely dispose of the prescription medications received through the drop boxes. The medical center hopes to support the Rotary Club by creating a partnership with the club to assist in supporting this goal.

Goal: Increase availability of mental health treatment

The Director of Social Services at AMMC works diligently with our staff and our patients to make sure that those facing mental health challenges are treated with dignity and respect and referred to the appropriate facility for mental health treatment.

Goal: Decrease utilization of illegal drugs

The Paragould Police Department has an outstanding DARE Program to work with the youth of our community in teaching them the importance of not using illegal drugs. The medical center hopes to form a partnership with the department and the program to help provide support and further the funding of this program and its purpose.

Diabetes**Goal: Reduce the progression from gestational diabetes to Type 2 diabetes by 50%**

Through the Diabetes Care Clinic, nurse educators are able to reach out to expectant mothers with gestational diabetes and educate them on the importance of taking care of themselves while pregnant. The clinic works tirelessly to educate patients about eating healthy and portion control. The medical center's Women's Services Educator also works with expectant mothers through Prenatal Education Classes one of which is a Healthy Pregnancy course.

Goal: Increase exercise decreasing the percent of inactivity from 28% to 20%

The Arkansas Methodist Medical Center Wellness Center is a hospital-based fitness center that is open 24 hours a day/7 days a week/365 days a year. Since 1998, the facility has offered traditional fitness equipment complete with free weights, selectorized weight machines, cardiovascular machines and a cushioned indoor walking path. To continue to promote physical activity, the Wellness Center added group fitness classes in 2000 and in 2011, the department of the hospital added Wellness Health Loops that are safe paths, approximately 1 mile long, in the community for residents to use. The AMMC Wellness Center partners with 15 employers in the community to either pay for the employee's membership or to reimburse the employee for their membership which encourages battling the obesity trend. The Wellness Center's athletic trainers work with young and old alike in teaching them the appropriate way to exercise/workout, often these individuals are student athletes. The AMMC Diabetes Care Clinic has hosted a walking event for at least six years, the AMMC Emergency Department has hosted a 5K for two years and the hospital supports the county's Relay for Life efforts by having a team participate in that event which includes walking laps around a track. The Diabetes Care Clinic also hosts a Get Fit, Don't Sit Day which includes several activity-based events. The hospital is also supporting a group in the community that is working to increase green space including walking/biking trails through an event that includes a bicycle ride, a 5K and a 1-mile fun run for kids.

Goal: Increase blood sugar monitoring frequency to prevent damage

At the Medical Center's Men's and Women's Health Fairs held annually and at health fairs held at other facilities in the community, glucose and hemoglobin A1C tests are the most often offered lab tests. We work tirelessly to make sure the community is educated on what services are offered at AMMC including the Diabetes Care Clinic which focuses on the importance of blood sugar monitoring.

Tobacco

Goal: Decrease smoking by 25% by 2016

The medical center is continuing to create partnerships in the community to support this goal. Some of the local industries have started offering discounts to their employees who are not tobacco users.

Goal: Increase, education, communication and awareness 80% by 2016

The medical center is continuing to create partnerships in the community to support this goal. We have been working to educate the community through health fairs about how tobacco affects so many parts of the body but especially the mouth, tongue, lungs and other parts of the body when it comes to cancer risks.

Teen Pregnancy and Birth Issues

Goal: Decrease premature births by 5% over the next 5 years

AMMC has a strong Prenatal Education program called Beautiful Beginnings that offers classes to patients who are delivering at the hospital as well as to other patients who are delivering at other facilities. Mothers who are delivering at AMMC do not have to pay to attend the courses except for a small materials fee. Others only pay a small amount to participate. Classes include Health Pregnancy, Childbirth Preparation, Breastfeeding and Infant Safety. A class is also offered through the Greene County Health Department at no charge for mothers who plan to breastfeed or who are breastfeeding.

Goal: Decrease infant mortality by 25% per year

AMMC has a strong Prenatal Education program called Beautiful Beginnings that offers classes to patients who are delivering at the hospital as well as to other patients who are delivering at other facilities. Mothers who are delivering at AMMC do not have to pay to attend the courses except for a small materials fee. Others only pay a small amount to participate. Classes include Health Pregnancy, Childbirth Preparation, Breastfeeding and Infant Safety. A class is also offered through the Greene County Health Department at no charge for mothers who plan to breastfeed or who are breastfeeding. The Director of Social Services holds an event each year, Loved Forever Memorial Service, to remember those who have experienced fetal demise.

Education and Miscellaneous

Goal: Increase post-secondary education to 53% by 2017

The medical center is continuing to create partnerships in the community to support action 1. Increase college career days at high schools. The hospital already works with the local media to promote scholarships that are available through the facility for students looking to study the field of medicine.

The Impact of the Community Health Improvement Plans are below:

Health Fairs	2014	2015	2016
Men's	374	411	360
Women's	579	772	661
Community	11/601	10/581	5/428
Diabetes	2014	2015	2016
Self Management		6	31
Community Events	281	275	290
Activity			
FAST 5K	72	canceled	40
4,000 Steps/Glow Run	90	339	275
Prenatal Education	2014	2015	2016
Breastfeeding	34	29	16
Childbirth Prep	43	48	44
Infant Safety	43	21	16
Healthy Pregnancy	4	0	2
Increase Access to Care	2014	2015	2016
Physician Recruitment	5	1	6
Increase Access to Care	2014	2015	2016
Financial Assistance	480	240	240

2013 AMMC CHNA and Implementation Plan Written Comments

One of the questions asked during the focus group was, what has changed since the 2013 AMMC CHNA and implementation plan. The participants felt that since the insurance expansion, more people had access to healthcare. Some felt there had not been a big change in three years. Some thought there was an increase in awareness of healthy lifestyles. Most felt the drug abuse had increased. At the community health summit, a worksheet asking for written comments was distributed to all participants. No responses were received.

Community Assets and Resources

Community Asset Inventory



Photo Credit: AMMC

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The focus group also identified community resources to improve health, which are listed on page 20 above.

Arkansas Methodist Medical Center's Selected Initiatives and Implementation Plan 2017-2019

2017 Implementation Plan

Obesity/Healthy Eating/Active Living

The actions the hospital facility intends to take to address the significant health need:

Obesity-Arkansas Methodist Medical Center will create a "My Community's Health" program to promote and brand healthy opportunities offered by the hospital. AMMC will revisit and revamp our outlook on health fairs to better serve the population that are our patients. AMMC will make sure that we provide screenings and associated information, as an option, on height, weight and BMI to assist with the epidemic of obesity. Other screenings will be included to assist people in being proactive versus reactive about their health at a competitive rate, if not free. AMMC will also look for opportunities to partner with organizations in the community to meet the people where they are versus where we are. For example, a partnership with a local Baptist church who hosts a 'Back to School' event or the Senior Bees who serve the older population would both be potential collaborations for the hospital to work toward.

Healthy Eating-AMMC will look for opportunities to partner with organizations in the community to create awareness about healthy options. For example, working with the Paragould Regional Chamber of Commerce to promote the community's Farmers Market; working with school districts to provide education to the youth of our county about making healthy choices (Refreshment Friday); as well as working with other groups who offer programs such as Cooking Matters that teaches about purchasing and preparing healthy, budget friendly meals. AMMC also wants to make sure that our own organization is providing healthy options to our patients, our guests and our employees.

Active Living-AMMC will continue to improve and promote its Wellness Center for the residents of Paragould, Greene County and the surrounding communities. Members and potential members along with employees of the organization will be encouraged to participate in Wellness Center weight loss challenges/contests. The AMMC Wellness Center will also provide incentive to individuals who are non-members to join the facility including our county's #1 employer, manufacturing. Corporate rates will be offered as a marketing tool to organizations in the community who are not already participating in the initiative. The AMMC Wellness Center will remind the community of its walking trails. The hospital will sponsor local events that support physical activity.

The anticipated impact of these actions:

The community will be positively impacted and the residents' overall health will be improved by exercising, choosing healthy options, participating in opportunities to learn about healthcare and educating themselves on how not being active and eating poorly can affect health, long term.

The program and resources the hospital plans to commit to address the health need:

At AMMC, we would like to create a "My Community's Health" program to assist us in responding to the needs surrounding obesity, healthy eating and active living as well as access to care and chronic diseases. Through that program, AMMC can offer opportunities surrounding health education to both internal and external communities.

2017 Implementation Plan, continued

Any planned collaboration between the hospital facility and other facilities or organizations:

AMMC would like to partner/collaborate with local churches, educational institutions, industries, the Chamber of Commerce, organizations who host healthy activities as well as different hospital departments (Education, Diabetes Care, Food and Nutrition, Wellness Center etc.).

Access to Care

The actions the hospital facility intends to take to address the significant health need:

As part of the “My Community’s Health” program, health fairs, lunch and learns and seminars will be reevaluated. Although these opportunities are currently offered to the public in several forms, many of the people that need to be served are not being served for a bevy of reasons (lack of knowledge of events, facilities, transportation etc.). In order to determine who needs the medical center’s services most, we would like to host an outreach day on the side of town where we feel healthcare is most absent. Once we determine exactly the population that needs to be served and specifically where they are, we would like to go to them and host a healthy event versus expecting them to come to us. We also want to make sure we are offering literature and screenings about obesity, chronic diseases, prenatal education/women’s health, dental services, exercising etc. Often we expect people to be able to come onto the campus of AMMC when that is not always an option for everyone.

Along with creating an environment of serving people where they are, AMMC will also look to meet the needs of our community through continued physician recruitment efforts. In 2017, three doctors will be added to the medical staff including an additional surgeon, a family practice physician and an additional OBGYN. In 2019, four more family practice doctors will be added. Additional searches for a fourth OBGYN, a Neurologist, an ENT and a Pulmonologist will take place. Other specialties will also be explored in order to meet the needs of the residents of Paragould, Northeast Arkansas and Southeast Missouri.

AMMC will also make sure that financial assistance is offered to those underserved. Our business office employees will assist in enrolling individuals in the health insurance marketplace.

The anticipated impact of these actions:

A part of the community that is very rarely reached will receive much-needed education on the most significant health needs our city faces. They could potentially also receive lab services at no cost. By reaching out beyond the medical center’s walls, the hospital will increase the size of its footprint and make a greater difference in more peoples’ lives in regards to health.

By recruiting new doctors and retaining existing physicians, the hospital will assist the people of the community in having more healthcare options for themselves and their families. It will also hopefully reduce the chances of someone not being seen because a doctor is not accepting new patients and/or decrease the wait time to get an appointment because of a shortage of providers.

More insured patients ultimately affects the medical center’s bottom line but most importantly help patients who need healthcare.

The program and resources the hospital plans to commit to address the health need:

A team that can execute community health fairs in the most needed parts of Paragould and the surrounding communities will be created so that multiple services can be promoted and so the public can be assisted.

2017 Implementation Plan, continued

A physician recruiter and physician onboarding team will continue to work together to recruit doctors, onboard them successfully and maintain good relationships with them so that retention rates will increase and ultimately more people will be served in the community.

The AMMC Business Office will continue to monitor and follow any changes with the healthcare insurance marketplace in order to be prepared and ready to respond to the public concerning insurance opportunities and challenges.

Any planned collaboration between the hospital facility and other facilities or organizations:

For access to care regarding an outreach day or a health fair, we would like to partner with local dental offices, School of the 21st Century, East Side Baptist Church and/or the city of Paragould and local parks. We would also like to partner with local media to make sure that the people we are trying to serve are reached and made aware of the opportunity.

AMMC's Physician Recruiter will continue to work with recruiting firms to identify and secure new providers.

2017 Implementation Plan, continued

Chronic Diseases

The actions the hospital facility intends to take to address the significant health need:

Education is an enormous need in the communities that Arkansas Methodist Medical Center serves. Providing that information can come in different ways including hospital and community health fairs and programs. Moving forward, the medical center will be sure to have literature available at its "My Community's Health" events about chronic diseases.

AMMC has a Congestive Heart Failure Education Program in place to assist patients diagnosed with the condition, manage their disease. We will continue to develop this program for the benefit of our patients as well as adapt it to other chronic diseases such as COPD and pneumonia. We will also continue to monitor our Home Health CHF patients through our telehealth technology. Working with these individuals on a one-on-one basis increases the opportunities for people to learn about, treat and live with their condition. With the proper education, patients can become their own advocates.

The AMMC Diabetes Care Clinic has been in existence since 2008. Since that time, patients have been educated on how to manage their disease through Diabetes Self-Management Series and Community Diabetes Events. The AMMC Diabetes Care Clinic is ADA certified and will continue to maintain that certification as well as hold classes. The medical center's Certified Diabetes Educator is also working to prepare the clinic to be able to treat patients who have been diagnosed with pre-diabetes.

The anticipated impact of these actions:

The proper education empowers people with knowledge which ultimately will help our population take better care of themselves. Upon completion of a program, patients will have a better understanding of living and managing their chronic illness. It will also lessen the number of patients who are re-admitted into the hospital.

The continued efforts of the Diabetes Care Clinic will hopefully assist in decreasing the startling statistic surrounding diabetes...86 million Americans have prediabetes and are at risk for developing type 2 diabetes.

The program and resources the hospital plans to commit to address the health need:

A physician champion, committee and the medical center employees will continue to work on educating the hospital's patient population about chronic diseases, through our existing Congestive Heart Failure Education Program as well as future programs. Resources will include making time to schedule and meet with the patients, educational handouts on the chronic disease being discussed and small rewards for completion of the program.

The AMMC ADA Certified Diabetes Care Clinic will continue to have at least one Certified Diabetes Educator in place to meet the needs of the patients with diabetes and eventually prediabetes.

Any planned collaboration between the hospital facility and other facilities or organizations:

AMMC Case Management, Infection Control, Quality and Home Health departments, local Family Practice physicians, local clinics and doctors as well as a local Family Practice doctor for Physician Champion purposes.

Due to lack of resources and expertise, AMMC does not intend to address the following significant health needs:

1. Substance Abuse
2. Mental Health
3. Teen Pregnancy
4. Socioeconomic/Cultural Issues

AMMC will monitor the progress through the medical center's administrative team and will annually report the progress to the Board of Directors and the community.

The Arkansas Methodist Medical Center Board of Directors reviewed the CHNA and implementation strategy on Monday, July 17, 2017.

Community input will be received into the 2017-2019 implementation plan. Where possible, the implementation plan will be altered/updated to reflect this input.

Community Health Needs Assessment

completed by Arkansas Methodist Medical Center in partnership with:

Stratasan

