Community Health Needs Assessment 2016

Executive Summary

Greenwood Leflore Hospital is a not-for-profit health care organization. Our mission is to provide high quality, cost-effective healthcare services in partnership with its medical staff to the residents of Leflore County and surrounding communities in North Central Mississippi. The hospital is committed to improving the health status of area residents by providing educational, preventive, diagnostic and therapeutic health care services. We believe that Greenwood Leflore Hospital should use its location, competitive position, and the strength and breadth of its medical staff to become a regional medical center serving the residents of Leflore and surrounding counties in North Central Mississippi. The hospital and its outreach centers strive to provide high quality, cost-effective primary and secondary health care services. Greenwood Leflore Hospital has as one of its goals to identify and address the most urgent issues affecting our citizens and to work to develop initiatives that will improve the health and wellness of our community.

Greenwood Leflore Hospital is governed by a five-member Board of Commissioners appointed by the city and county. Day to day operations of the hospital are under the direction of Jim Jackson, Executive Director, and Dawne Holmes, Chief Financial Officer. Since 1952, Greenwood Leflore Hospital has been located at 1401 River Road. Greenwood Leflore Hospital is a 208 bed regional medical center accredited by the Joint Commission on Hospital Accreditation. Greenwood Leflore Hospital is one of the largest employers in Leflore County, offering a full range of medical and specialty services for the citizens of Leflore County and the surrounding area. Greenwood Leflore Hospital operates regional clinics in Itta Bena, Lexington and Sumner, as well as Kilmichael.

Greenwood Leflore Hospital provides health fairs and workplace health education to our community. We are invested in improving the lifestyles of our community.

The Community Health Needs Assessment was conducted in the summer of 2016. The main input was provided by patients, employees and community representatives with expertise in public health and various not-for-profit organizations that serve low-income and disadvantaged populations. We held two focus group meetings with eighteen (18) participants in attendance representing local government, academia, community health networkers, faith-based organizations and public health department personnel. A facilitator and other staff from the Mississippi Public Health Institute assisted in the focus group presentations and analysis. The medically underserved, low-income, and minority populations in the community served by the hospital facility were represented, and Dr. Alfio Rausa of the Leflore County Health Department provided knowledge, information, and expertise relevant to the health needs of our community. Additionally, a community health needs assessment survey was developed and was widely distributed to area residents and health care professionals. These surveys were made available to different demographic groups, including lower income residents, medically underserved residents, minority residents, and residents with chronic health conditions. Surveys were distributed in a hard copy format. In this process, the surveys were intended to be an additional tool for collecting qualitative information about community perceptions, not a method of collecting statistically valid data.

Additional information came from public databases, reports, and publications by state and national agencies.

The complete focus group report is appended to this document. It includes a copy of the survey instrument.

The complete CHNA Report from Greenwood Leflore Hospital which addresses each requirement under section 501(r) follows.

Community Health Needs Assessment Report

I. Definition of the community and description of how the community was determined

The definition of the community served by Greenwood Leflore Hospital encompasses the geographical area that we service and the demographic make-up of the residents of that geographical area. Greenwood Leflore Hospital serves residents of Leflore County and surrounding communities in North Central Mississippi. Eighty-five percent of Greenwood Leflore Hospital's inpatients come from five counties in North Central Mississippi. Those counties are: Leflore, Sunflower, Tallahatchie, Carroll, and Holmes, with the preponderance of patients coming from Leflore County. Eighty-seven percent of Greenwood Leflore Hospital's

outpatients come from seven counties in North Central Mississippi. Those counties are: Leflore, Sunflower, Tallahatchie, Carroll, Holmes, Montgomery, and Humphreys counties, with the preponderance of patients coming from Leflore County.

This community was determined by an analysis of the number of inpatient and outpatient patient visits and the place of residence given by those patients at the time of intake.

There are 680 licensed beds in Leflore County, 208 of which are at Greenwood Leflore Hospital and 472 of which are in nursing homes. Greenwood Leflore Hospital has 173 acute care

GLH Inpatient Service Area

85% of GLH Inpatients come from these counties

Licensed Beds in Leflore County
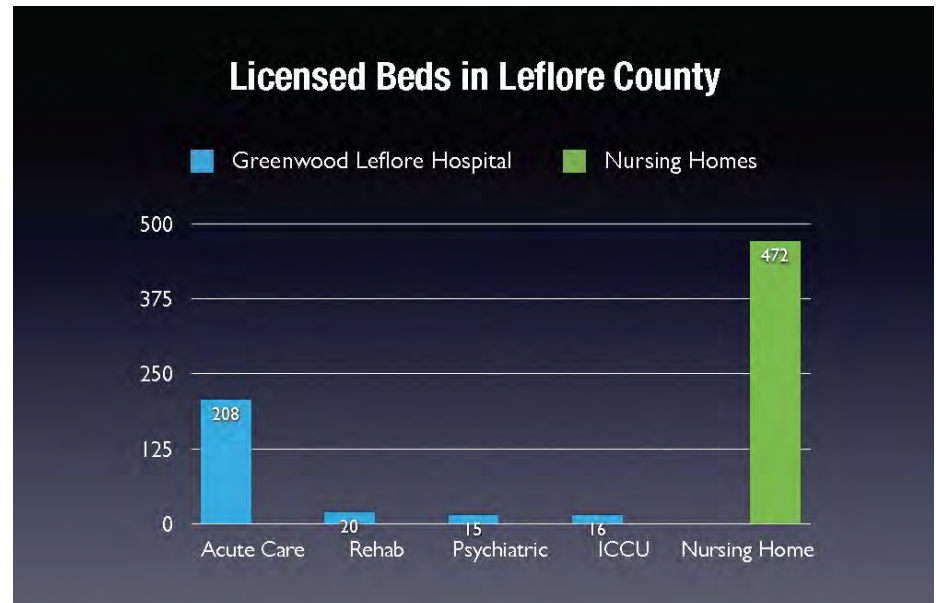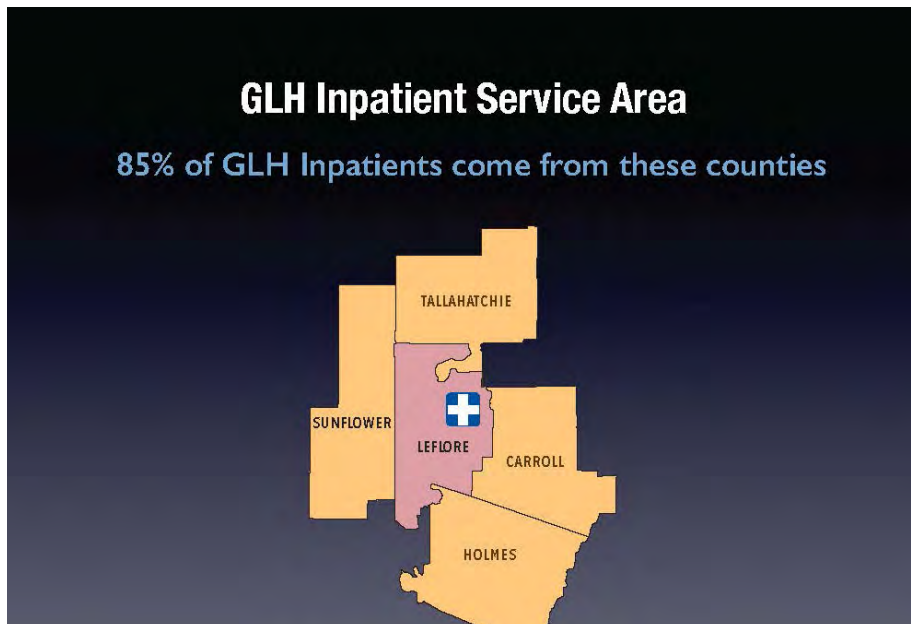
beds, 20 rehab beds, 16 ICCU beds and 15 psychiatric beds. There are eight Family Practice doctors; 23 Internal Medicine specialists; seven OB/GYN's; four Pediatricians; 33 Non-Primary Care; 24 Nurse Practitioners; and 10 Dentists. These practitioners comprise our healthcare delivery system.

Racial Makeup

Leflore County — Mississippi
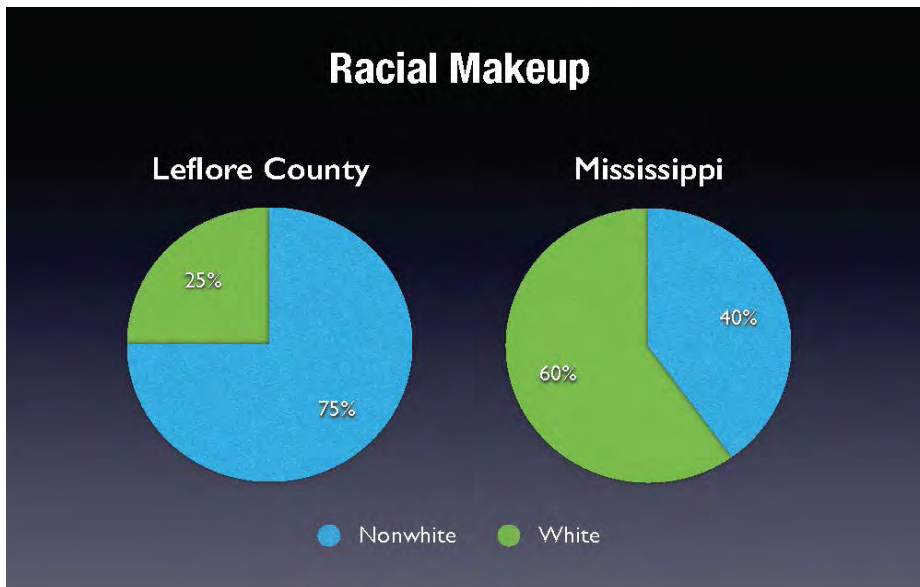
Nonwhite — White

The racial makeup of Leflore County is 75% Nonwhite and 25% white. The largest percentage of our population (26%) falls into the age range of 25-44 years, followed closely by those who are 0 – 14 years of age (23%). Those who are 45 – 64 years of age comprise 22% of our population, while those who are ages 15 – 24 comprise 18% of our population. Those 65 and over make up 11% of our population.

Forty-two percent of our population under the age of 45 live in poverty, while fifty-four percent of our population under the age of 18 live in poverty. The most recent unemployment figures for our area place our unemployment rate at 9%. Our population is steadily trending downward, from 37,833 in the year 2000 to a projected 32,500 persons by 2025.

Heart disease is the leading cause of death in Leflore County, followed by cancer, stroke, and diabetes. We have a high percentage of live births to unwed mothers in Leflore County, with 30% of Caucasian babies born to unwed mothers and 87% of non-Caucasian babies born to unwed mothers.

The Greenwood Leflore Hospital Service area has high percentages of adult diabetes across six counties. Leflore County's percentage is 13.8%; Carroll County's percentage is 10.9%; Holmes County's percentage is 14.1%; Humphreys County's is 13.6%; Sunflower County's is 14.4%; and Tallahatchie County's adult diabetes rate is 12.8%.

II. Description of the process and methods used to conduct the CHNA

In response to the requirements of Section 501(r), Greenwood Leflore Hospital implemented the process and methods for producing the CHNA report. The administrators at Greenwood Leflore Hospital defined a community health needs assessment as a systematic process that involves the community to identify and analyze community health needs and assets. The process also involves prioritizing needs and laying the groundwork for action to address unmet community health needs. In addition to satisfying regulatory requirements of the Affordable Care Act, needs assessments accomplish the following:

- *Provide access to timely input from the local community and providers*
- *Summarize secondary data related to health conditions and indicators*
- *Assemble information to guide decision making, marketing efforts, and the development of a strategic plan*

- *Encourage community engagement and local involvment that informs the future of health care delivery*

The process centered on input from patients, employees, and community representatives with expertise in public health and various not-for-profit organizations that serve low-income and disadvantaged populations. Greenwood Leflore Hospital identified a community group of 15 – 20 individuals who are viewed as community leaders representing the broad interests of the community across varying sectors such as education, health, business, agriculture, and faith. The group included Dr. Alfio Rausa of the Leflore County Health Department and members of the Mississippi Public Health Institute. Also represented were the medically underserved, low-income, and minority populations.

Two focus group sessions were scheduled for the group, and a Community Health Needs Assessment survey instrument was developed. Prior to the first meeting, secondary data was compiled to share with the community group to help inform its analysis and decisions. This secondary data related to the hospital's service area included but was not limited to:

- *Demographic data*
- *Prevalence of health conditions and diseases*
- *Levels of insurance and other factors affecting access to care*
- *Clinical care measures*
- *Causes of death*

This information was shared at the first Focus Group meeting via a PowerPoint presentation, which is appended to this document.

At the first Focus Group meeting, introductions were made and an overview of the process was explained by the facilitator. The PowerPoint presentation delineating the hospitals demographics, etc., as outlined above was shown to the group. The facilitator led the group in the exploration of the topics in greater detail, and the components of the survey instrument were discussed and described. Volunteers from the group were solicited to distribute the survey in the community. The surveys were distributed to the participants, and the time and place for the next focus group meeting was determined.

Between the first and second meetings, the surveys were administered to area residents and health care professionals. Care was taken to ensure they were made available to different demographic groups, including lower income residents, medically underserved residents, and residents with chronic health conditions. Surveys were distributed in hard copy format. Data was compiled, and a report was prepared with the results of this data.

At the second Focus Group meeting, the community group reviewed the findings of the surveys and reviewed the secondary data about health conditions and indicators that was presented via PowerPoint in the first meeting. The facilitator, working with the group, prioritized the information according to their opinions of the importance to our community of each item that was delineated.

The complete Focus Group Facilitation Report follows.
Respectfully Submitted:
Glenda Crump, MS, CPM
Facilitator
Mississippi Public Health Institute (MSPHI)

Agusta Callaway, MPH
Note taker
Mississippi Public Health Institute (MSPHI)

Greenwood-Leflore Hospital Community Health Needs Assessment
Meetings Facilitation Report

Need: The Internal Revenue Service (IRS) through the Patient Affordable Care Act (ACA) requires a hospital organization to conduct a community health needs assessment (CHNA) at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health. The CHNA must also be made widely available to the public. If requirements are not met, Section 4959 imposes a $50,000 excise tax on the hospital.

COMMUNITY FOCUS GROUPS: Greenwood Leflore Hospital (GLH), in order to meet the IRS requirements, embarked upon a CHNA process that included two community meetings. GLH, through their project managers Hammons and Associates, contracted with the Mississippi Public Health Institute (MSPHI) to facilitate community meetings, code and analyze qualitative data, and provide a report back to GLH regarding focus group results. GLH provided a list of key community stakeholders, invited the participants, and developed the facilitator's guide and community survey (Appendix A). The facilitator's guide was designed around a community survey instrument. The facilitator was instructed to utilize questions 18-31 of the community survey to gauge stakeholders' perceptions about health issues in the Greenwood-Leflore service area. Facilitator's guides were developed using questions designed to be clear to participants (Merriam, 2009) and designed to collect both information and opinions.

LEADING THEORY: The facilitator did not have preconceived notions about what information they sought to discover in the focus groups. Therefore, these focus groups were most closely aligned with the Grounded Theory of qualitative research. There were overall themes to guide discussion, as researchers sought to better understand perceptions and beliefs surrounding the quality of life in the community, the most pressing health needs, and actions the hospital could take in order to address the health needs. Other than those as facilitators of conversation, no notions were held that certain themes and sub-themes would emerge. (Strausse, 1998)

II. Focus Group Meeting One

June 9, 2016 at Greenwood Leflore Hospital

The meeting began with an introduction of the Community Health Needs Assessment (CHNA) and Greenwood Leflore's efforts in the community thus far. A seven-minute documentary produced by Hammons & Associates was shown. This poignant film consisted of interviews of local patients and health care providers. It portrayed the urgent and desperate need for healthcare, medicine, and healthy food.

The focus group was facilitated by a senior staff member at the Mississippi Public Health Institute.

There were twelve (12) participants in the focus group who worked to promote health in their communities. They worked directly with the hospital's patient population. Attendees represented Leflore, Tallahatchie and Holmes counties, which GLH serves. They included a physician, a pastor, a private employer, a representative from the district health department, and community health networkers from the Racial and Ethnic Approaches to Community Health (REACH) program.

Discussion: A series of questions were asked sequentially to the group to stimulate discussion. The following is a summary of the participants' responses to each question.

Questions: A series of questions derived from the community survey and used as a catalyst for discussion were asked sequentially. The questions included:

1. Tell me the best things about Greenwood.

Participants indicated there are many good resources in Greenwood. As one participant stated, *"9 out of 10 parks have walking trails and lots of shade."* Other comments were:

- *Housing for the developmentally disabled and elderly*
- *Bike lanes*
- *Community events such as the July 4th festival and Farmer's Market*
- *Mayor's efforts to beautify the entrance to the city and how it welcomes tourists to the community*

2. Now, let's talk about some of the things about your community that aren't so great or need to be improved.

Several participants were frustrated about crime, lack of jobs, transportation and access to health care in the community. One participant commented on the lack of entertainment outlets. Another participant was concerned about the teen pregnancy rate in community.

The school district was a source of concern for participants. It was mentioned that the district has been "troubled for about six to eight years."

3. Let's hear how you define a "healthy community."

Participants defined a healthy community as one that has parks and recreation, affordable and healthy foods, access to health

care, good schools and well-paying jobs. One participant cited the fact that a healthy community looks out for its neighbors. *"If one of your neighbors doesn't have food, you help out."* Other definitions included affordable exercise and health clubs.

4. On a scale of 1-5, with 5 being the most healthy community and 1 being the absolute least healthy community, how healthy would you rate your community?
The majority of the participants ranked their community's health a three (3) on a scale of 1-5.

5. The 2013 CHNA revealed 5 issues that were priorities. Do you think these are still priorities? Explain why or why not?
The majority of the participants agreed the identified health issues in the 2013 CHNA are still major concerns. The 2013 priorities were economic development, education, promoting healthy life styles, cardiovascular disease and cancer. Several said GLH had addressed issues like promoting healthy life styles and cardiovascular disease through programs like the Racial and Ethnic Approaches to Community Health (REACH) grant GLH received from CDC. Participants commented on other areas of concern such as access to affordable healthy food, finances, transportation, affordable medication and healthcare and health literacy.

6. What do you think is causing or impacting the health issues you've described?
Some participants felt that issues such as long term lifestyle habits cause many of the health concerns in the community. *"People develop habits over time and then accept their illness because they think it's in the family."*

Other responses included *"eating the wrong stuff because you like it,"* *"not educated,"* *"money,"* *"drugs, not the medical ones. Bad drugs, substance abuse, and tobacco use."*

7. What makes it difficult to stay healthy in this community?
Participants commented that all of the issues shared in question 6 were issues that made it difficult to stay healthy in the community. Other responses cited were no whole food stores, lifestyles, and lack of supervised recreation. One participant commented, *"It's taken 50 years for people to realize that it's okay to share the school's facilities. Shared use agreements should be a priority."*

8. What are the resources in the community that help people be healthy and stay healthy?
Participants expressed enthusiasm over the number of resources in the community that help people stay healthy. They mentioned the Boys and Girls Club, a caring hospital, the library, Greenwood sports activities for youth, the Mississippi State Health Department, the Delta Health Collaborative, summer camps, Junior Auxiliary, many parks, and summer food programs.

9. Where do you go for good health information? Who are trusted sources for health information in your community?
When asked this question, participants overwhelmingly agreed that social media was the main source for accessing health information. Other sources included health fairs, word-of-mouth, newspaper, and churches.

10. Are there any final comments that anyone would like to make?
Participants were even more vocal toward the end as they shared final comments.

"This hospital is a big benefit. Need to continue to fund it (from CDC or whatever) to keep people healthy."

"Partnerships and collaborations are very important because no one agency has enough funds to do it alone. And, there is a big problem. We need to move the train along."

"One lady on the documentary said that she hadn't had a pap or mammogram in a long time. Are there programs in place to help?"

"People don't know about free resources."

A robust discussion ensued when a participant asked the group, "What's the best way to communicate opportunities and resources to the broader community and what are unique ways to communicate to community members?" The responses ran the gamut from Facebook to faith-based organizations. Participants also cited laundry mats, car wash establishments and community health workers.

The meeting concluded with an announcement about the consumer surveys that will be disseminated by community health networkers to community members throughout GLH's service area. The surveys are designed to further gauge the community's perception about health issues.

III. Focus Group Meeting Two
September 22, 2016 at Greenwood Leflore Hospital

The meeting began with a Power Point presentation by Hammons & Associates with the results from approximately 1,878 community surveys (Appendix D) collected from residents in GLH's service area. Hammons reported that Community Health Networkers canvassed neighborhoods, salons, barbershops, car washes, churches, residences and other establishments in order to distribute the surveys. The presentation covered demographic information on the participants responding to the survey as well as their responses to several questions regarding the health status, indicators and conditions of residents in the GLH service area. There were eighteen (18) participants in attendance representing local government, academia, community health networkers, faith-based organizations and public health department personnel.

The MSPHI facilitator reviewed the findings from the first focus group. Following this, the facilitator led the group in a discussion and asked the group—"based on your understanding of the presentation of the assessment findings from the surveys and first focus group, what surfaced for you as health concerns in the community?"

A robust discussion ensued. Participants stated the need for residents to take control of their own health. As one participant commented, *"People need to change their outlook. Even if you can't afford to go to the doctor, you can eat healthy."* There was consensus that nutrition plays a role in the health issues that affect the community. *"We're in a nutrition dessert. Limited supermarkets or farmer's markets. But on every corner there is junk food and fast food. We also need nutrition education."* Participants believe that access to affordable healthy food is vital.

One participant strongly stated that economics plays a significant role in health care. He stated, *"People need jobs. If you don't have money, you can't afford healthcare or food. If you don't address poverty and education, you can't get anywhere. Businesses won't come here because they can't get a trained labor force."*

After more energetic discussion around health and economics, one participant commented on what has been done to address health issues in Greenwood stating, *"Although there has been* *some improvement in addressing diabetes with the Racial and Ethnic Approaches to Community Health (REACH), there is still a need to educate people on how to eat better and how to take their medication. People don't always understand what the medication is supposed to do."* Participants agreed that health literacy is an important issue and many people are not familiar with the medical terminology used or what their medication is supposed to do.

The participants believed strongly that transportation is an issue for many community members. One participant stated *"having a rolling health clinic that goes to different small towns would be a great way to address access to care."* Another participant stated that while rolling health clinics have been used, they require a great deal of maintenance. Diabetes Self-Management Care should be used more by educating people to help them take control of their illness. Medicaid is now reimbursing for that. One participant stated the need to approach the problems from a social policy standpoint. *"It has to come from the top down AND the bottom up – a grassroots movement in the community."*

Another participant stated, *"I'm for creating policy, system, and environmental changes. It's easy to create a system of dependency. Education comes into play here."* The facilitator then asked participants to use their table tents to record and identify what they perceived as the top five most pressing community needs and identify some strategies to

address these needs so that GLH can use this information as it develops the implementation strategy, which is a plan for addressing community health needs.

The MSPHI facilitator and note taker reviewed the table tents and identified recurring themes across the responses.

Health concerns identified fell into these categories (not in any particular order):

- *Cardiovascular disease (7 participants out of 18)*
- *Diabetes (12 participants out of 18)*
- *Cancer (5 participants out of 18)*
- *Obesity (12 participants out of 18)*
- *Hypertension (6 participants out of 18)*
- *Economic Development (2 out of 18)*
- *Education (3 out of 18)*

Further, the table tent exercise revealed some strategies participants felt should be implemented to address the health concerns.

Recommendations to GLH for addressing pressing health issues:

- Promote healthy lifestyles
"There should be health-related policies for schools and businesses"
" More health fairs to educate the community and more free physical exercise opportunities"
- Increase health literacy
"Help people understand how to take medications and how they work"
"People need to understand disease progression and terminology"

- Reduce smoking
"We should work to promote the Clean-air bill"

- Provide nutrition education
"Teach people how to prepare more healthy meals"
"It's harder to change the habits of older people. Kids are our greatest chance to work with on change"

- Create greater access to care
"Lack of transportation in a rural area like Greenwood poses a big problem"
"We need to help people understand the resources available. Some people don't know what free services are out there to help them with their illness. Insurance is very confusing."

- Create greater access to affordable healthy foods
"Educate grocers and increase the number of farmer's markets"
"Provide incentives to grocery stores to offer more healthy options and not put the unhealthy food at

the front of the store"

IV. Qualitative review and analysis

The qualitative review and analysis was completed by the MSPHI Facilitator. The initial phase of qualitative analysis consisted of reading and re-reading all focus group notes. Although open coding is a fluid process, steps were taken to break down the data into manageable concepts and theses. Using grounded theory allowed the researcher to derive theory from the data rather than test pre-set theory. Themes emerging from the data and are more likely to provide more robust insight into the health issues while offering guides to needed solutions. (Strauss, 1998)

V. Conclusion

This process took into account input from approximately thirty (30) community members representing a broad sector of the community including government, academia, healthcare, community health networkers and department of public health personnel. This input represented the broad interests of the community served by GLH. Together with secondary data gathered from a wide range of sources, the information presents a snapshot of health needs and concerns in the community. It is interesting to note some of the health concerns identified in the 2013 CHNA remain priorities in 2016 such as diabetes, obesity, cardiovascular disease, cancer, education and economic development. Focus group participants also shared their ideas for how these issues can be addressed as the hospital develops its

implementation plan. The group cited strategies such as promoting healthy lifestyles, increasing health literacy, reducing smoking, providing nutrition education, creating greater access to care and healthy and affordable foods. Several focus group members, while expressing frustration about the health conditions in their communities, also stated they were encouraged and enthusiastic about the opportunities to "move the needle" on improving the health status of individuals in the Greenwood Leflore Hospital service area.

Appendix A: Questionnaire

The questionnaire begins on the following page.

Community Health Needs Assessment Please take a minute to complete the survey below. Your responses are anonymous. The purpose of this instrument is to get your opinions about community health issues and quality of life in your community. In collaboration with our partners in Public Health District III, we plan to compile this information and use it as input for the development of a community health improvement plan.

Date Completed _____ Location Completed_____

Part I: Demographics Your answers will allow us to see how different people feel about local health issues.

1. County where you live: _____

2. Zip code where you live: _____

3. Age:
  ___ 18 – 24 years   ___ 45 – 54 years
  ___ 25 – 34 years   ___ 55 – 64 years
  ___ 35 – 44 years   ___ 65 + Years

4. Gender:
  ___ Male ___ Female

5. Race/ Ethnic group you most identify with:
  ___ African American / Black   ___ Native American
  ___ Asian / Pacific Islander   ___ White / Caucasian
  ___ Hispanic / Latino   ___ Other _____

6. Marital Status:
  ___ Married   ___ Not married / Single
  ___ Cohabitating   ___ Separated / Divorced
7. Education
  ___ Less than high school   ___ Some post H.S.
  ___ High school diploma or GED ___ College degree
  ___ Vocational Training   ___ Graduate or Professional degree

8. What is your current employment status?
  ___ Employed ___Not employed ___Retired

9. Number of people in your household:____

10. Annual Household income:
    ___ Less than $15,000   ___ $35,000 to $49,999
    ___ $15,000 to $24,999   ___ Over $50,000
    ___ $25,000 to $34,999

11. What type of Healthcare coverage do you have?
    ___ No insurance   ___ Medicare
    ___ Health insurance (e.g., private   ___ Veterans' Administration
      insurance, Blue Cross, HMO)   ___ Indian Health Services
    ___ Medicaid   ___ Other _____

12. Where did you get this survey: (check one)
    ___ Church   ___ Personal Contact
    ___ Community Meeting   ___ Workplace
    ___ Grocery Store / Shopping Mall   ___ Other _____
    ___ School

Part II: Community Health *Community is defined as where you currently live.

13. In the following list, what do you think are ***the three most important factors for a "Healthy Community?"*** (Choose the factors which you feel are the most important to achieving a safe healthy environment for you and your family.)

Check only three:
    ___ Good place to raise children
    ___ Low crime / safe neighborhoods
    ___ Low level of child abuse
    ___ Good schools
    ___ Access to health care (e.g., family doctor)
    ___ Parks and recreation
    ___ Clean environment
    ___ Affordable housing
    ___ Arts and cultural events
    ___ Access to healthy food

14. In the following list, what do you think are ***the three most important "health related problems" in your community?*** (Those problems which have the greatest impact on overall community health.)

Check only three: (list continues on next page)
   ___ Aging problems
       (e.g., arthritis, hearing/vision loss, etc.)
   ___ Cancers
   ___ Child abuse / neglect
   ___ Dental problems
   ___ Diabetes
   ___ Domestic Violence
   ___ Firearm-related injuries
   ___ Obesity (childhood & adult)
   ___ Heart disease and stroke
   ___ High blood pressure
   ___ HIV / AIDS
   ___ Homicide
   ___ Infant Death
   ___ Infectious Diseases (e.g., hepatitis, TB, etc.)
   ___ Mental health problems

15. In the following list, what do you think are ***the three most important "risky behaviors" in your community?*** (Those behaviors which have the greatest impact on overall community health.)

Check only three:
   ___ Alcohol abuse
   ___ Being overweight
   ___ Dropping out of school
   ___ Drug abuse
   ___ Lack of exercise
   ___ Lack of maternity care
   ___ Poor eating habits
   ___ Not getting "shots" to prevent disease
   ___ Racial differences
   ___ Tobacco use
   ___ Not using a form of birth control
   ___ Not using seat belts / child safety seats

___ Unsafe sex
___ Unsecured firearms
___ Accessibility to preventive care
___ Other_____

16. How would you rate the overall health of our community?

___ Very healthy   ___ Healthy   ___ Somewhat healthy   ___ Unhealthy   ___ Very unhealthy

17. How would you rate your own personal health?

___ Very healthy   ___ Healthy   ___ Somewhat healthy   ___ Unhealthy   ___ Very unhealthy

PART III: Quality of Life

Directions: Please read the questions and circle the number that best states your opinion.

    1: Strongly yes   2: Yes   3: Neutral   4: No   5: Strongly no

Quality of Life Questions   Likert Scale Responses (1 to 5, with 1 being most positive)

18. Are you satisfied with the overall quality of life in your community? (Consider your sense of safety, opportunity for community involvement, and overall wellbeing)
    1   2   3   4   5
    YES!   NO!

19. Are you satisfied with the health care system in your community?
    1   2   3   4   5
    YES!   NO!

20 Is your community a good place to raise children?
    1   2   3   4   5
    YES!   NO!

21. Is your community a good place to grow old?
    1   2   3   4   5
    YES!   NO!

22. Is there economic opportunity in your community?
    1   2   3   4   5
    YES!   NO!

23. Is your community a safe place to live?
    1   2   3   4   5
    YES!   NO!

24. Are there networks of support for individuals and families during times of stress and need?

    1   2   3   4   5

  YES!   NO!

25. Do all individuals and groups have the opportunity to contribute to and participate in your community's quality of life?

    1   2   3   4   5

  YES!   NO!

26. Do all residents perceive that they — individually and collectively — can make your community a better place to live?

    1   2   3   4   5

  YES!   NO!

27. Are there a broad variety of health services in your community?

    1   2   3   4   5

  YES!   NO!

28. Is there a sufficient number of health and social services in your community?

    1   2   3   4   5

  YES!   NO!

29. Is your community working together to achieve shared goals?

    1   2   3   4   5

  YES!   NO!

30. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?

    1   2   3   4   5

  YES!   NO!

31. Do you believe that you have adequate access to healthcare when you need it?

    1   2   3   4   5

  YES!   NO!

IMPLEMENTATION STRATEGY

I. HOW THE HOSPITAL FACILITY PLANS TO ADDRESS THE HEALTH NEEDS IDENTIFIED

Greenwood Leflore Hospital plans to address the health needs identified by our Community Health Needs Assessment by enhancing and improving our methods of dealing with Diabetes, which affects many people in our community. As previously delineated, Mississippi has the highest rate of Diabetes in the nation. The Mississippi Delta, where Greenwood Leflore Hospital is located, has among the highest rates of Diabetes in the Mississippi. Obesity and Cardiovascular Disease, the other primary health needs identified by our CHNA, go hand in hand with Diabetes. In impacting the incidence and severity of Diabetes in our area, we will also lead to a reduction in the incidence and severity of Obesity and Cardiovascular Disease. The outcomes of these actions will result in healthier lifestyles for the citizens of our region.

Greenwood Leflore Hospital's Diabetic Education Center, will continue to expand its outreach program to identify, treat and support the large percentage of diabetic patients with a multi-disciplinary approach.

Diabetes affects many systems of the body – the eyes, the kidneys, the feet, circulation, and the neurological system. A team approach is the best vehicle for dealing with the multiple effects of diabetes on a person's health, according to Dr. Assini, a podiatric specialist. Previously, patients were seeing, in many cases, different physicians for different aspects of their disease. There was little or no coordination of care.

Utilizing the Diabetic Education Center as the umbrella for coordination of care protocols, specialists have been able to communicate with each other and are aware of all of the protocols being employed to control a patient's diabetes. This has and will help with control of the disease and avoid more end-stage disasters such as amputations and kidney disease. It also means significant savings to the health care system, according to Dr. Assini. Through this approach, Greenwood Leflore Hospital is providing ground-breaking and innovative treatment approaches that benefit the entire community.

The GLH Diabetic Education Center has stepped up its intervention strategies in the area of educating the public about the devastating impact of the disease and ways to prevent it. In diabetes prevention, every little bit helps, whether it's eating healthy or exercising more. Education is a critical component in the hospital's plan to combat the disease. With full utilization of the education component, the hospital is taking a proactive approach, as opposed to having to treat the disease once a person has been diagnosed. Teaching our patients and our community to adopt healthy lifestyles is difficult, but understanding the dangers and how to avoid them will help people commit to adopting better habits such as adding exercise and healthy eating to their lifestyle choices.

Greenwood Leflore Hospital is sharing this initiative with the community by implementing various strategies. They include:

- *Routine screening of patients with a family history of diabetes. This includes inpatients and patients during routine doctor visits.*

- *A universal prescription referral sheet to the Diabetic Education Center was developed to make the process easy to implement for physicians.*
- *Marketing the new initiative to the community as "Greenwood Leflore Hospital – The Delta's Diabetic Center of Excellence."*
- *GLH's diabetic educators regularly visit our clinics to provide ongoing diabetic education programming.*
- *Speaking at local schools to increase awareness and educating children to adopt healthy lifestyles early.*
- *Open door policy for those in need of services – no one will be turned down who has diabetes regardless of insurance or the ability to pay.*
- *Purchased new and updated exercise equipment for our Wellness Center.*

It is the goal of this implementation strategy to make this service available to the people of our community to improve the major health issues affecting their quality of life. Greenwood Leflore Hospital plans to make this a standard-of-care issue. We feel that we have the opportunity to make a real difference in an area of crucial need for our community.

II. IDENTIFY A COMMUNITY NEED THE HOSPITAL DOES NOT INTEND TO ADDRESS AND BRIEFLY EXPLAIN WHY

As noted in our 2013 Community Health Needs Assessment, the needs identified once again that are beyond Greenwood Leflore Hospital's control remain the same.

Economic development is an important issue to our hospital, as we have very high rates of uncompensated care due to our poverty level and our unemployment rate. Greenwood Leflore Hospital is again not in a position to impact economic development other than to continue to expand the scope of our services and to add physicians, services, and brick and mortar improvements to our facilities.

We cannot directly address the quality of education in our community. Greenwood Leflore Hospital has increased our outreach into the schools via our initiative to reduce the incidence and severity of diabetes in our community; however, any direct impact on the educational system in place is also out of our purview.

We do honor the concern that was expressed via our focus group meetings, and Greenwood Leflore Hospital will continue to be a viable and cooperative community partner in attempting to improve the health and well being of the communities we serve.
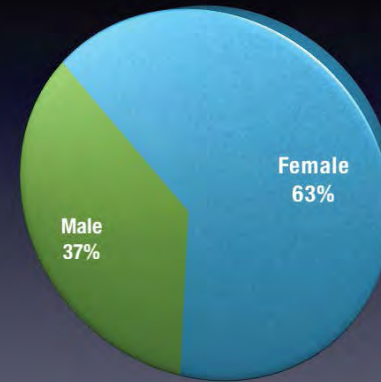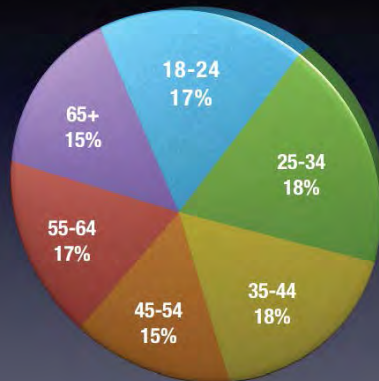
Focus group data in visual form

Data presented to the Focus Group during their second session as a PowerPoint presentation. The charts that delineate the data follow:
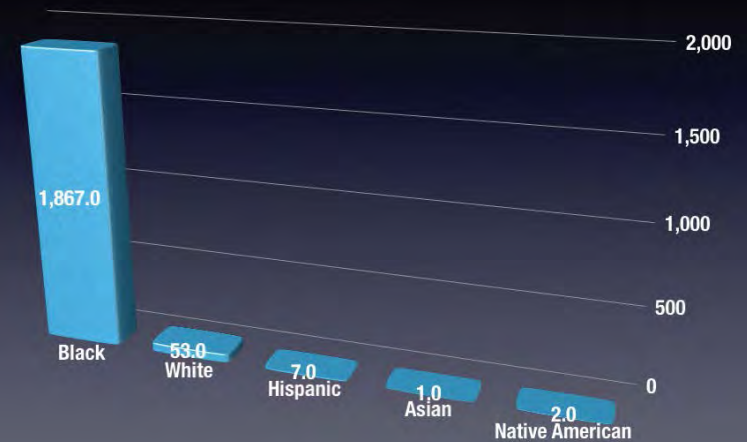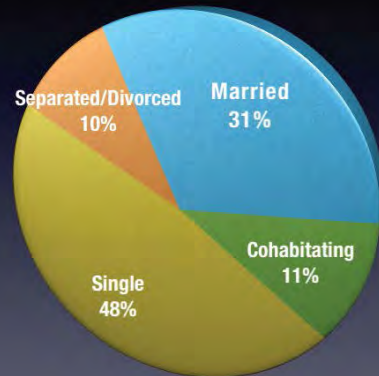

Greenwood Leflore Hospital

Gender of all respondents (1,878)

Female 63%

Male 37%

Age breakout of all respondents (1,878)

18-24 17%
25-34 18%
35-44 18%
45-54 15%
55-64 17%
65+ 15%

Race of all respondents (1,878)

Black 1,867.0
White 53.0
Hispanic 7.0
Asian 1.0
Native American 2.0

2,000
1,500
1,000
500
0

Marital status of all respondents (1,878)

Separated/Divorced 10%
Married 31%
Single 48%
Cohabitating 11%

What is your employment status?

No Response 0%
Retired 16%
Not Employed 26%
Employed 58%
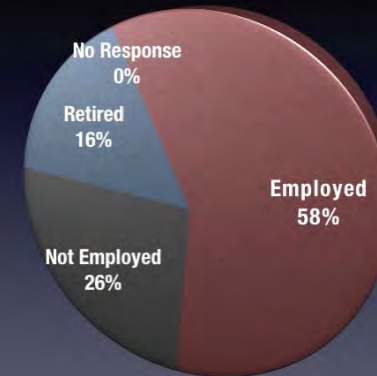
Educational status of all respondents

- Less than High School
- High School / GED
- Vocational
- Some Post HS
- College Degree
- Graduate or Professional

13%
8%
23%
8%
7%
41%
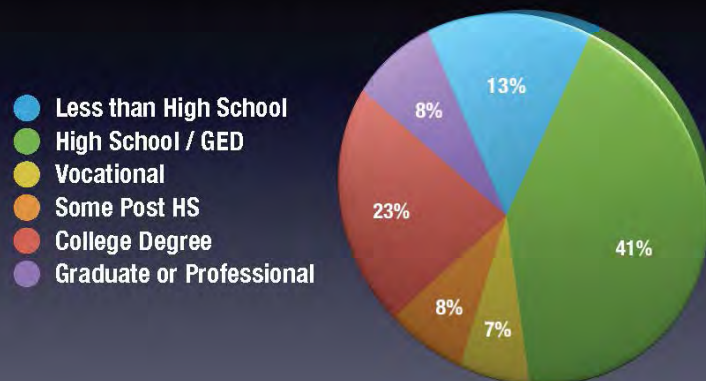
Annual Household Income in Thousands
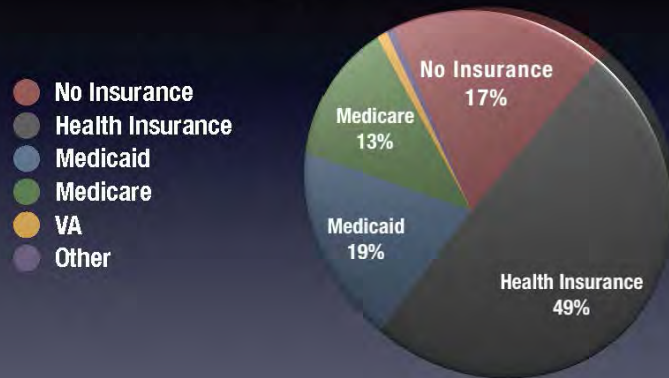
Over $50K 7%
$35K-49.9K 10%
$25K-34.9K 18%
Less than $15K 34%
$15K-24.9K 32%

What type of healthcare coverage do you have?

- No Insurance
- Health Insurance
- Medicaid
- Medicare
- VA
- Other

No Insurance 17%
Medicare 13%
Medicaid 19%
Health Insurance 49%

What are the three most important "health related problems" in your community?

- Diabetes 56.7%
- High Blood Pressure 48.8%
- Cancers 44.6%
- Obesity 29.9%
- Teen Pregnancy 10.3%

60%
45%
30%
15%
0%

Three most important factors for a "Healthy Community"

- Religious Values 7%
- Access to Healthcare 11%
- Good Jobs 18%
- Good Schools 21%
- Good to raise children 21%
- Low Crime 21%

What are the three most important "risky behaviors" in your community?

- Alcohol Abuse 54.2%
- Drug Abuse 51.8%
- Overweight 37.2%
- School Dropout 28.1%
- Tobacco Use 25.8%

60%
45%
30%
15%
0%
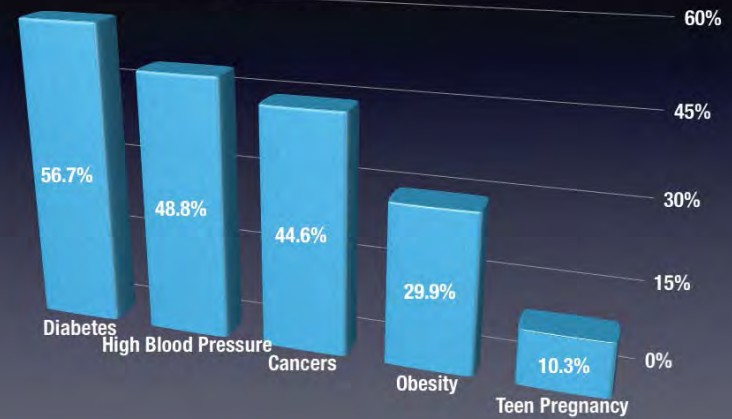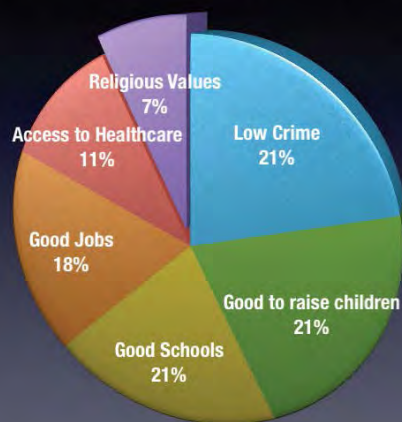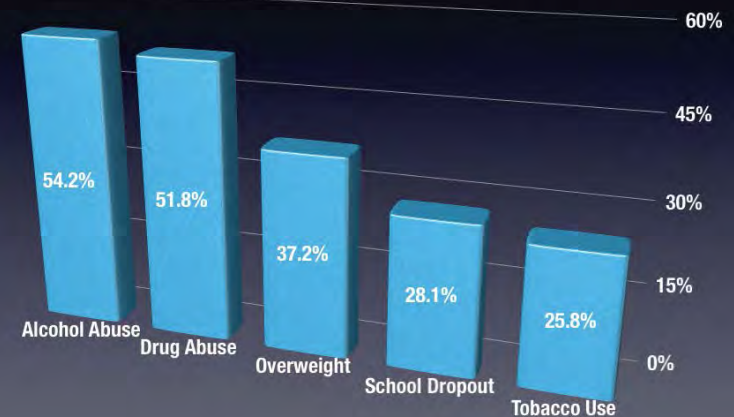
How do you rate the overall health of your community?

- Very Healthy: 3.3%
- Healthy: 16.0%
- Somewhat Healthy: 54.4%
- Unhealthy: 24.1%
- Very Unhealthy: 4.6%

Are you satisfied with the overall quality of life in our community?
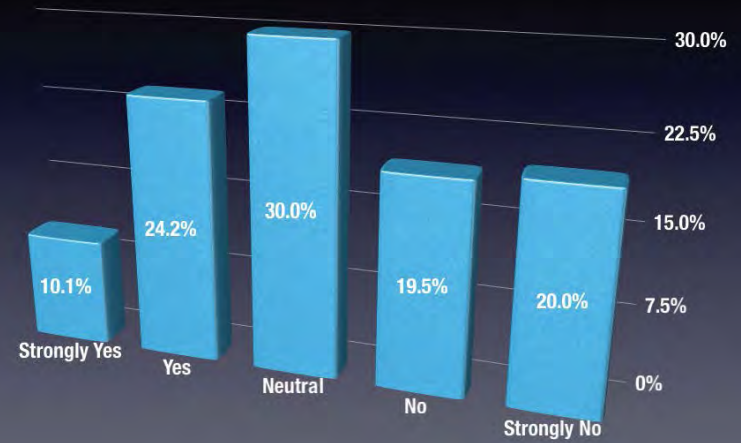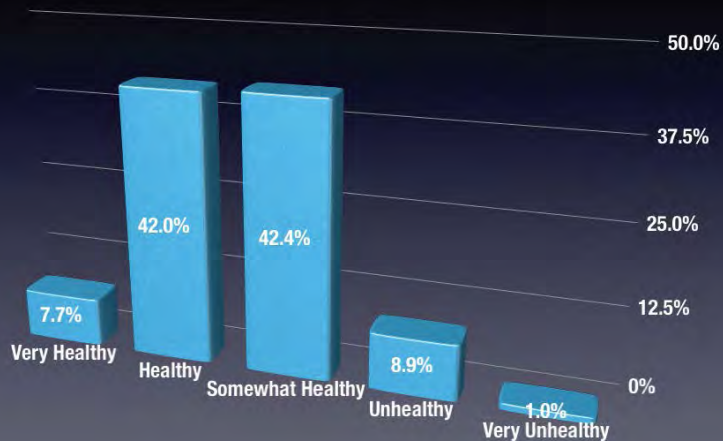
- Strongly Yes: 10.1%
- Yes: 24.2%
- Neutral: 30.0%
- No: 19.5%
- Strongly No: 20.0%

How do you rate your own personal health?

- Very Healthy: 7.7%
- Healthy: 42.0%
- Somewhat Healthy: 42.4%
- Unhealthy: 8.9%
- Very Unhealthy: 1.0%

Are you satisfied with the healthcare system in your community?

- Strongly Yes: 7.8%
- Yes: 28.8%
- Neutral: 30.2%
- No: 17.9%
- Strongly No: 18.8%

Is your community a good place to raise children?

- Strongly Yes: 15.8%
- Yes: 32.8%
- Neutral: 31.0%
- No: 12.1%
- Strongly No: 12.1%

Is your community a safe place to live?

- Strongly Yes: 18.0%
- Yes: 29.7%
- Neutral: 33.3%
- No: 11.7%
- Strongly No: 11.0%

Is there economic opportunity in your community?

- Strongly Yes: 7.2%
- Yes: 17.5%
- Neutral: 27.5%
- No: 24.0%
- Strongly No: 27.2%
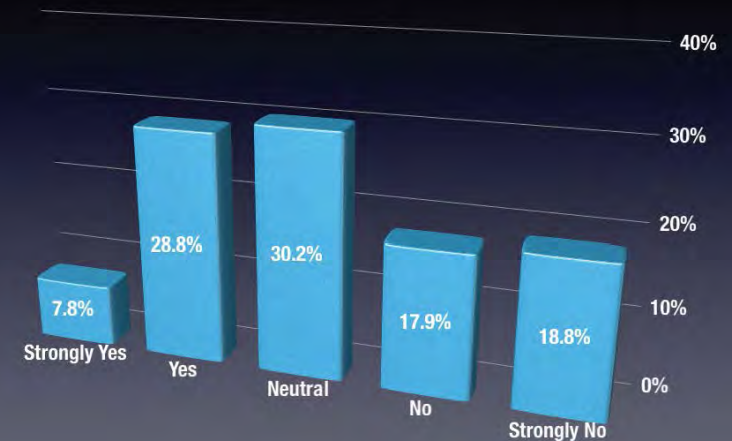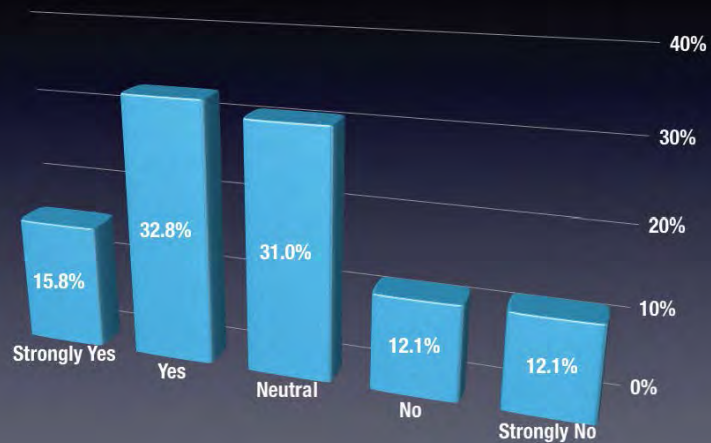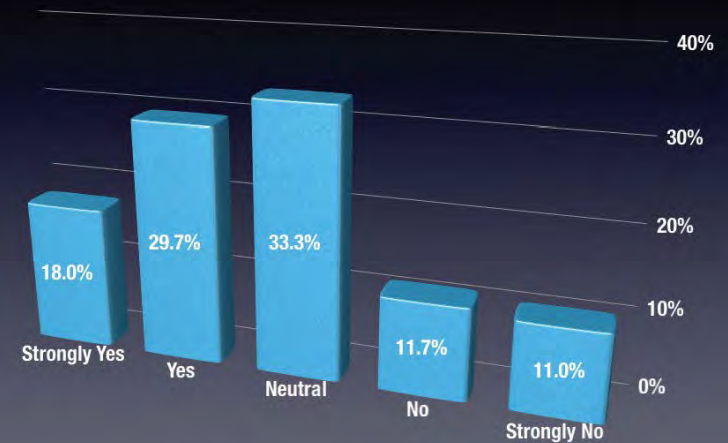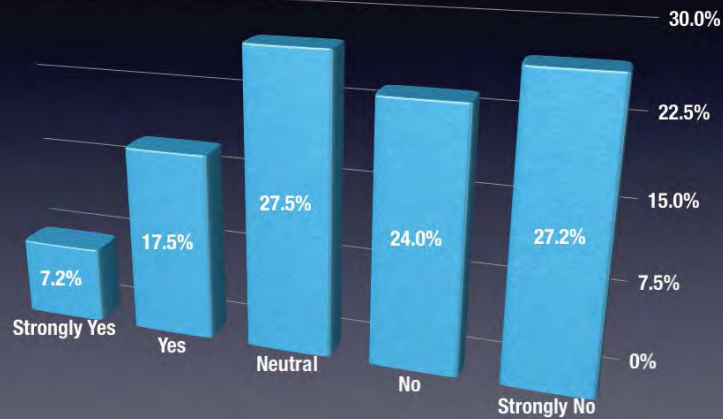
Are there networks of support in times of stress and need?

- Strongly Yes: 6.5%
- Yes: 20.1%
- Neutral: 37.4%
- No: 13.6%
- Strongly No: 20.1%
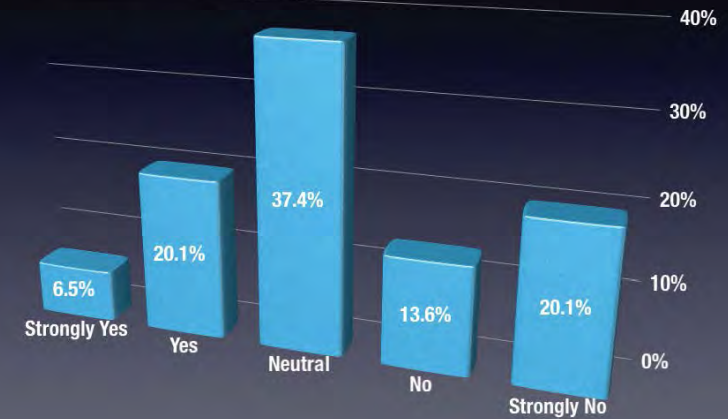
Do all groups have an opportunity to contribute and participate?
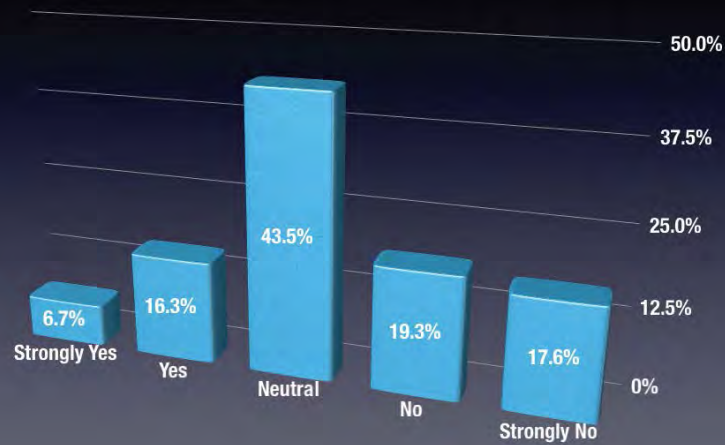
- Strongly Yes: 6.7%
- Yes: 16.3%
- Neutral: 43.5%
- No: 19.3%
- Strongly No: 17.6%

Are there a broad variety of health services in your community?

- Strongly Yes: 6%
- Yes: 15%
- Neutral: 40%
- No: 21%
- Strongly No: 22%
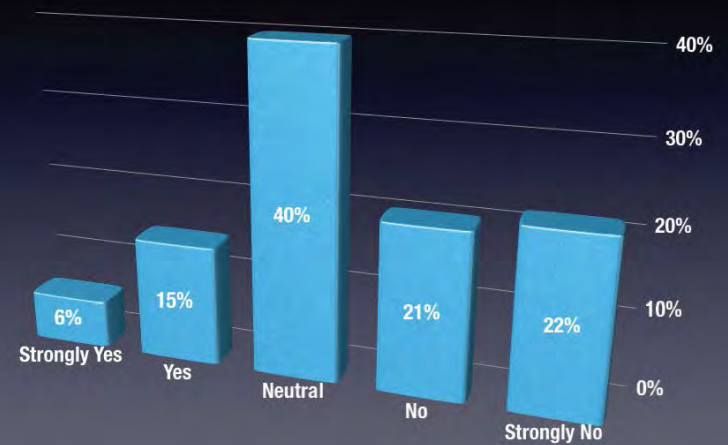
Do all residents perceive that they can make our community a better place to live?
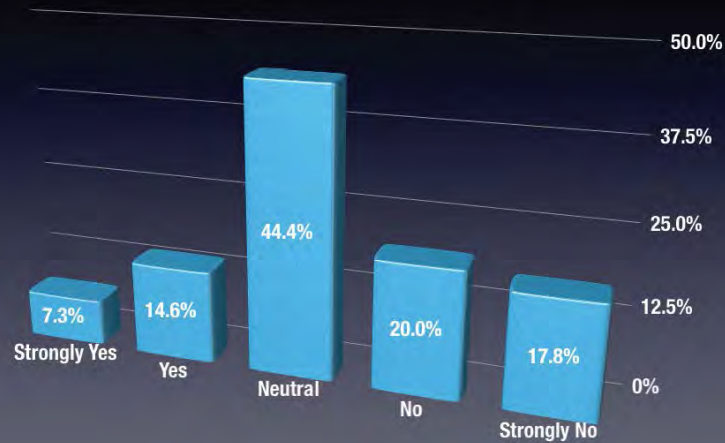
- Strongly Yes: 7.3%
- Yes: 14.6%
- Neutral: 44.4%
- No: 20.0%
- Strongly No: 17.8%

Is there a sufficient number of health and social services in your community?

- Strongly Yes: 6.3%
- Yes: 13.8%
- Neutral: 39.2%
- No: 23.1%
- Strongly No: 21.0%

Is your community working together to achieve shared goals?

- Strongly Yes: 6.0%
- Yes: 12.2%
- Neutral: 39.4%
- No: 20.9%
- Strongly No: 25.4%

Percentage of Population 65+ Projections

Leflore County / Mississippi

- 2016: 14.5% / 15.5%
- 2020: 17.5% / 17.5%
- 2025: 20.1% / 19.6%
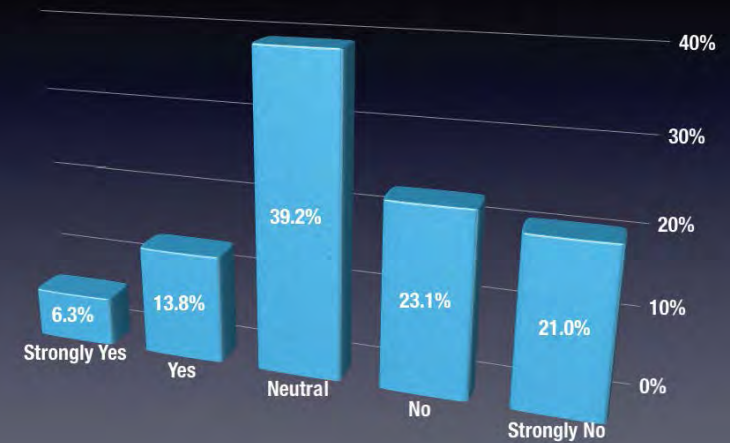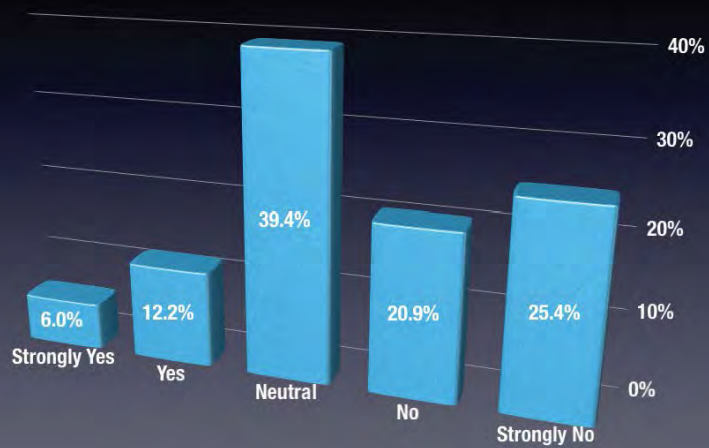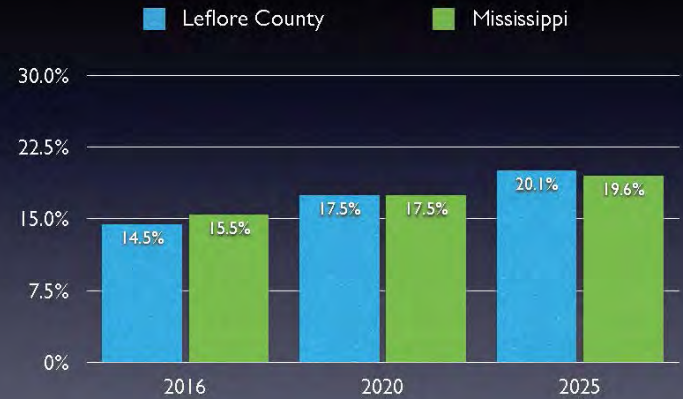
Is there an active sense of civic responsibility and pride in shared accomplishments?

- Strongly Yes: 6.0%
- Yes: 13.1%
- Neutral: 42.0%
- No: 20.0%
- Strongly No: 22.3%

Percentage of Population 65+ Projections

Leflore County / Mississippi

- 2016: 14.5% / 15.5%
- 2020: 17.5% / 17.5%
- 2025: 20.1% / 19.6%

Greenwood Leflore Hospital