



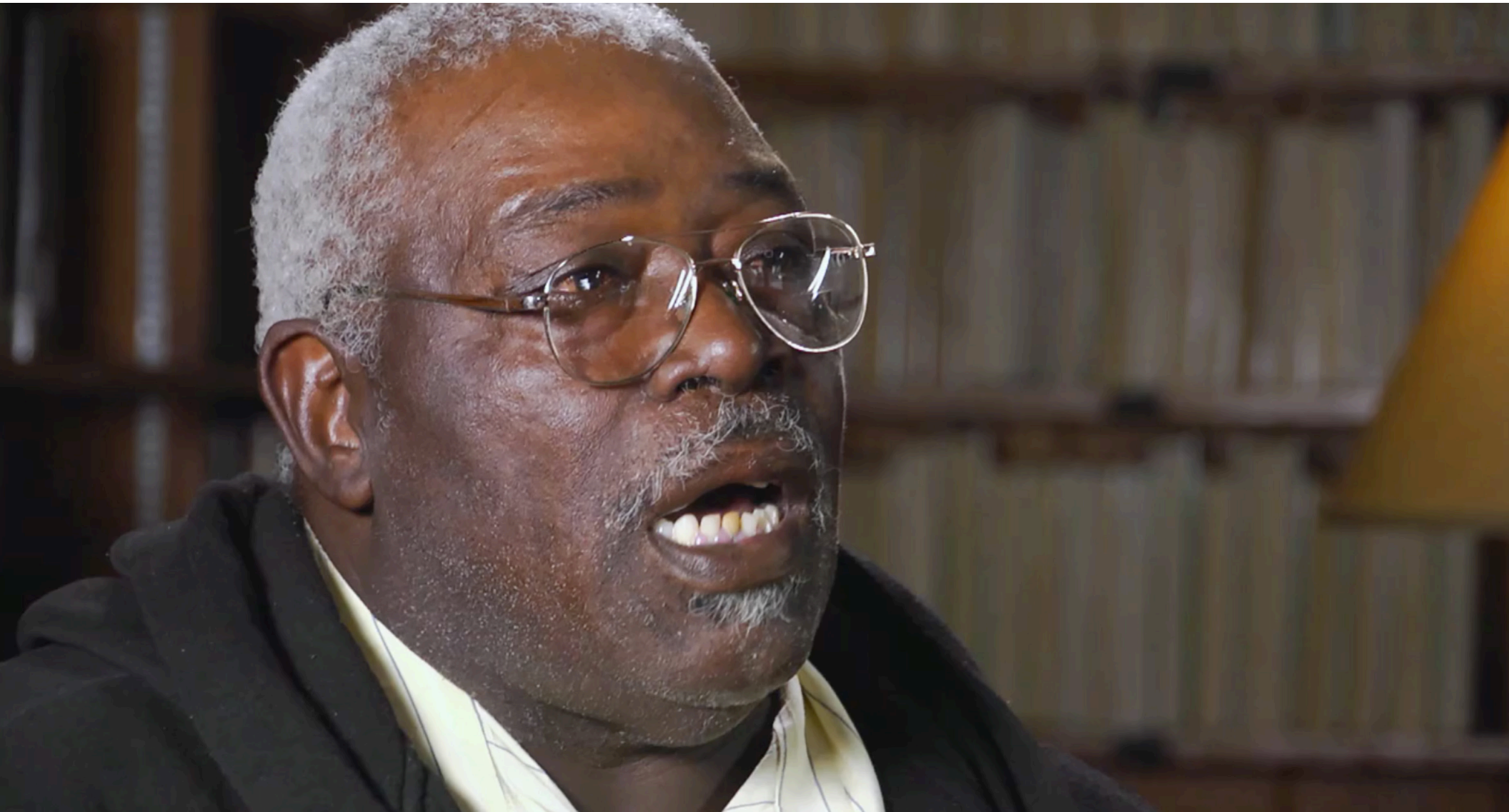
Greenwood Leflore Hospital

Community Health Needs Assessment 2019



***“The healthcare—it makes me sad.
Lots of nights I have laid in my bed
and just asked God what to do.”***

— Sammie Holston



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 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 committed to improving the lifestyles of our community.

The Community Health Needs Assessment was conducted in the summer

of 2019. 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 twenty-six (26) participants in attendance representing local charitable organizations, educators, community organizers, community health networkers, mental health providers, faith-based organizations and local medical professionals including nurses and physicians. 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. Rod Givens, Radiation Oncologist at the GLH Cancer Center, provided a unique perspective on the challenges faced by patients. 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.

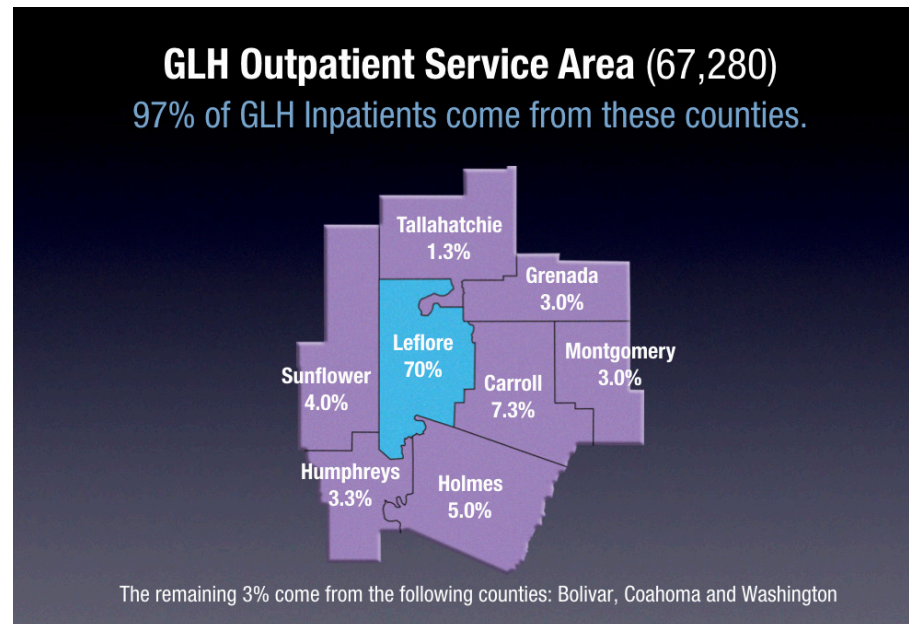
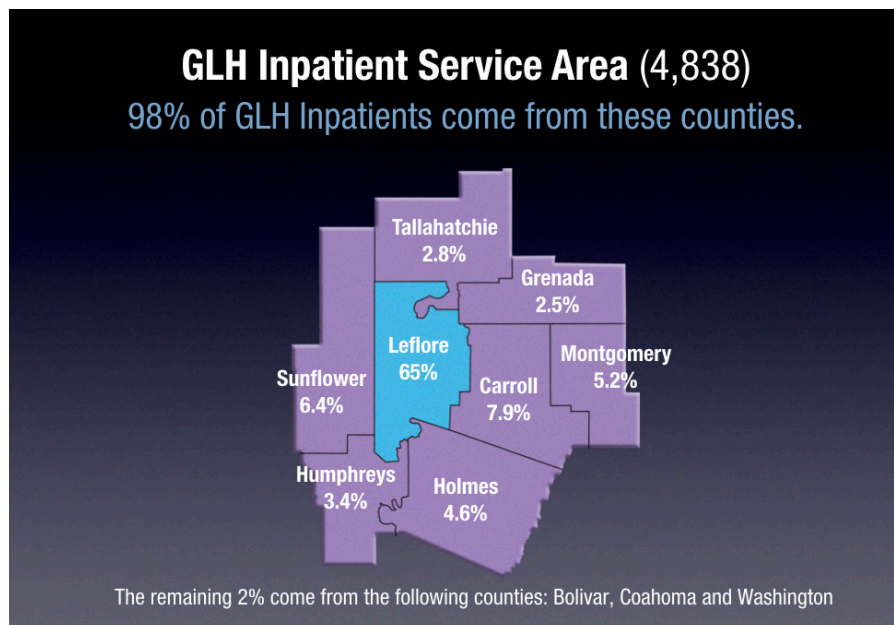
The complete CHNA Report from Greenwood Leflore Hospital which addresses each requirement under section 501(r) follows.



Community Health Needs Assessment Report

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

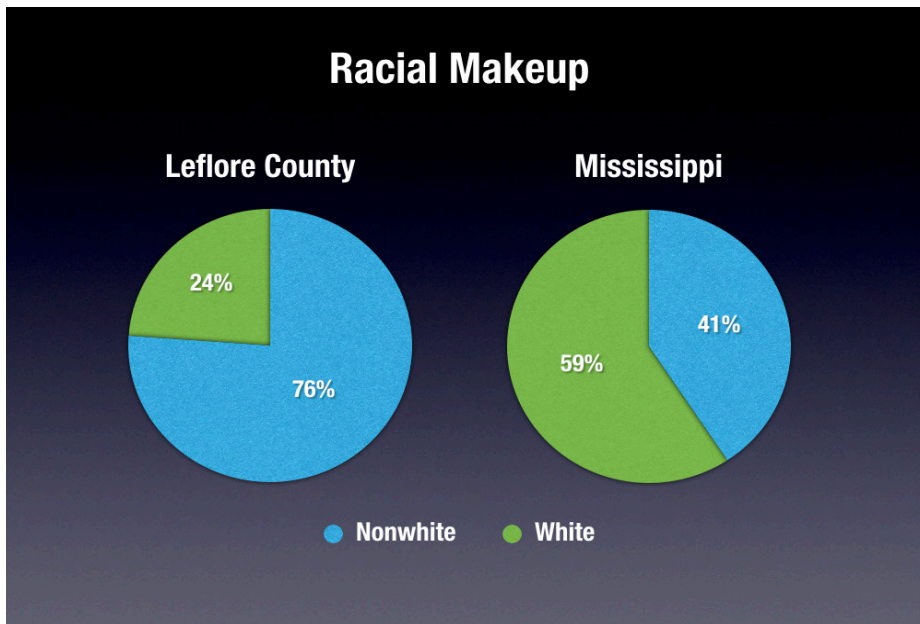
The definition of the community served by Greenwood Leflore Hospital encompasses the geographical area that we service and the demographic make-up of the residents of that geographical area. Greenwood Leflore Hospital serves residents of Leflore County and surrounding communities in North Central Mississippi.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



Ninety-seven percent of Greenwood Leflore Hospital's outpatients come from eight counties in North Central Mississippi. Those counties are: Leflore, Humphreys, Sunflower, Tallahatchie, Grenada, Montgomery, Carroll, and Holmes, 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 708 licensed beds in Leflore County, 208 of which are at Greenwood Leflore Hospital and 500 of which are in nursing homes. Greenwood Leflore Hospital has 208 acute care beds, including 20 rehab beds and 16 ICCU beds. There are five Family Practice doctors; 17 Internal Medicine specialists; five OB/GYN's; four Pediatricians; 43 Non-Primary Care including Emergency Medicine; 32 Nurse Practitioners; and 11 Dentists. These practitioners comprise our healthcare delivery system.



The racial makeup of Leflore County is 76% Nonwhite and 24% white. The largest percentage of our population (25%) falls into the age range of 25-44 years, followed closely by those who are 45-64 years of age (24%). Those who are 0-14 years of age comprise 23% of our population, while those who are ages 15-24 comprise 16% of our population. Those 65 and over make up 12% of our population.

Forty-two percent of our population of all ages live in poverty, while sixty 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 8.2%. Our population is steadily trending downward, from 32,317 in the year 2015 to an estimated 28,405 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 31% of Caucasian babies born to unwed mothers and 86% 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 13.9%; Carroll County's percentage is 19%; Holmes County's percentage is 21.4%; Humphreys County's is 23.2%; Sunflower County's is 14.6%; and Tallahatchie County's adult diabetes rate is 14.5%.

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 development of a strategic plan*
- *Encourage community engagement and local involvement 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 26 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. Rod Givens, local radiation oncologist. 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 and utilized. Prior to the first meeting, data from the 2016 Community Health Needs Assessment was compiled to share with the group to help inform its analysis and decisions. Additional 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 hospital's 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. Community health workers distributed the survey in the community. 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 by community health networkers previously chosen at the first meeting. 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:

Facilitator –	Glenda Crump, MS, CPM CAO, Mississippi Public Health Institute
Note taker –	Jackie Hawkins CEO, Delta Health Solutions

Greenwood-Leflore Hospital Community Health Needs Assessment Meetings Facilitation Report

I. Introduction

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 a competitive bid process, selected Hammons and Associates (H&A) as their project manager. GLH contracted with the Mississippi Public Health Institute (MSPHI) to facilitate community meetings, code and analyze qualitative data, and provide a report to GLH regarding focus group results.

The Mississippi Public Health Institute (MSPHI), a nonprofit organization whose mission is to engage in partnerships

and activities that improve the health of all Mississippians collaborated with Greenwood Leflore Hospital and Hammons & Associates to facilitate focus groups in an effort to inform the focus and direction of the hospital to meet identified health care needs of its service area.

GLH provided a list of key community stakeholders, invited the participants, developed the facilitator's guide and revised the 2016 community survey (Appendix A). Facilitator's guides were developed using questions designed to be clear to participants (Merriam, 2009) and designed to collect both information and opinions. The facilitator's guide was designed around the community survey instrument. The facilitator was instructed to utilize questions 18-31 of the survey to gauge stakeholders' perceptions about health issues in the Greenwood-Leflore service area.

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

September 3, 2019 at Greenwood Leflore Hospital

MSPHI facilitated the first of two focus groups on Tuesday, September 3, 2019 at 6:00 p.m. in GLH's conference room. Twenty-six people participated in the focus group. The composition of the group included:

Community Health Needs Assessment 2019, Sources of Input
Healthcare consumers and advocates (27)
Non-profit and Community-Based Organizations (5)
Academic Experts (3)
Local Government Officials (3)
Local School Districts (2)
Healthcare Providers and Community Health Centers (6)
Health Insurance and Managed Care Organization (0)
Private Businesses (4)
Labor and Workforce Representatives (3)
Faith-Based Organizations (1)

The protocol followed best practices of focus group facilitation including providing consent forms for participants to sign. The consent form explained how the focus group proceedings would be recorded, how records would be handled and confidentiality ensured. There was a note taker who took hand written notes and audio recorded the session. The facilitator was an MSPHI senior staff member with extensive experience in focus group facilitation. MSPHI developed the focus group questions in consultation with GLH. The questions were designed to solicit feedback around six key categories.

- 1. Community Strengths**—Identification of community assets that can be used to build upon in meeting the healthcare, wellness and quality of life needs of the community.
- 2. Top Health Issues**—Identification of the prevalent health

conditions in the community.

- 3. Gaps**—Issues that stand in the way of the community's health and wellbeing.
- 4. Resources**—Resources needed to address identified gaps.
- 5. Recommended Actions**—Identification of one program, resource or service that would move the needle in improving the healthcare, wellness and quality of life needs of the community.
- 6. Other Issues**—Final concerns and thoughts regarding healthcare, wellness and quality of life needs in the community.

This reports represents major findings from the focus group across the six aforementioned categories. Detailed notes from the focus group are provided in Appendix A.

COMMUNITY STRENGTHS

The respondents agreed that the community is exposed to much more health education than in previous years. They mentioned resources such as an HIV clinic, teenage pregnancy program, cancer center with updated information and a new Greenwood Community Center. One respondent remarked that the hospital is a resource because many rural areas don't have a hospital. Another respondent stated that Greenwood has really nice people who help each other.

One respondent shared, *"One thing I've seen since I moved here, there are a lot of community groups focusing on different needs."*

Other community strengths shared by the group included:

- Families First
- Local churches with health and wellness ministries
- Walking Trails
- Barbershops and beauty shops that offer blood pressure checks
- Mississippi Tobacco Free Coalition
- Mississippi Valley State University fitness center, which is available for weekly diabetic checks, weigh-ins and BMI checks

TOP HEALTH ISSUES

Respondents engaged in robust discussion around what they see as the top health concerns in the community. There was concern about people dying of conditions that can be prevented. The majority of the participants responded that heart disease, hypertension and diabetes were the most prevalent health issues. Finally, respondents ranked the major health conditions in the GLH service area as follows:

1. Cardiovascular Disease
(including heart disease, hypertension)
2. Diabetes
3. Cancer (Breast, lung, colon and prostate)

GAPS

The respondents identified several gaps in the community that stand in the way of healthcare, wellness and quality of life needs of the community. The common themes were lack of economic opportunities, transportation and insurance.

Respondents commented on the high poverty rate in Leflore County. One respondent felt that apathy tends to exist among some of the community residents stating, *“People aren’t lifting themselves up enough.”* Another responded, *“People don’t utilize the available services provided.”* Regarding transportation, one respondent shared an example of how access to transportation doesn’t always mean people will take advantage of it. She stated that 150 houses were surveyed about health needs and transportation wasn’t an issue. *“People are fearful. They will walk or bike where they need to go. People are afraid to come out of their neighborhoods.”* Other respondents commented that *“some people will not get on a free van”* and *“folks are being charged a large sum of money for transporting them to and from appointments.”*

There was also concern about the increase in the homeless population and lack of housing for them once they are discharged from the hospital. Another respondent expressed concern about the lack of inpatient mental health services for children and adolescents. The only acute services are located in Meridian, Jackson and Memphis.

In light of the identified gaps, respondents were asked how the hospital might address the gaps. One respondent commented that health care should be taken to people by **offering screenings in the clinics at businesses such as Viking and Milwaukee Tools.** Another respondent suggested **providing health information to children to take home to parents.** Respondents also stated that Greenwood Leflore Hospital

should maintain a presence in community-based organizations like the new Greenwood Community Center. There was also a suggestion for the hospital to coordinate telehealth services in an effort to reach more people. One respondent shared an idea to use the old nursing house (Old Hospital Administrative Annex) for a homeless shelter.

RESOURCES

Respondents shared a couple of resources that could potentially address some of the identified gaps.

One respondent noted that Mississippi Valley State University (MVSU) provides transportation over the course of two days through a grant funded by the Mississippi Department of Transportation. Although this is a service for the community, it is underutilized. Additionally, United Way of Leflore County is working to better utilize the transportation system MVSU is providing.

Another resource mentioned was Pathway to Hope, which is a community program with the Salvation Army that provides affordable housing to individuals, assists give them to find work and create a budget to become more self-sufficient.

RECOMMENDED ACTIONS

When respondents were asked to share one program, service or resource they recommend to improve the health of the citizens in Greenwood, responses ranged from restoring the family unit to taking health care to people via a mobile clinic.

Each participant shared a recommendation or “wish” for a program, service or resource that would improve health care and quality of life for Greenwood citizens.

- YMCA
- *Comprehensive programs for children with special needs*
- *Something for the mentally ill population*
- *Increase in job industry*
- *Urban farm across from the junior high school*
- *Fresh produce-how to prepare it. “If we eat better, our lives will be better.”*
- *Authority for the school nurses to make outside referrals*
- *One-stop shop within a multi-purpose building with a bowling alley, childcare center, fitness center and movie theater*
- *Restaurant that serves healthy eating*
- *Center for the youth (indoor recreational facility)*
- *Promoting more interest in healthcare careers. “If we have more people in healthcare, it will bring better resources to our community.”*
- *Funding for a “One Stop Shop”*
- *New industries*
- *Better housing*
- *Medical Emporium to address physical activity, medical care and information about health*
- *Mobile clinic - “Take services to the community”*
- *Food truck providing healthy food*

OTHER ISSUES

In closing, respondents shared final thoughts regarding the healthcare needs, wellbeing and quality of life of Greenwood citizens.

One respondent noted that there needs to be more communication and efforts to formalize how people are informed about what's going on. Another respondent raised the issue of race and the need to bring someone into the community to address the perception of unfairness. There was also a recommendation that Greenwood Leflore Hospital utilize an "ombudsman" who can assist the hospital in spreading positive messages and building key relationships in the community.

A respondent shared her concern about the need for a holistic approach in health care. She stated that the hospital needs to address the emotional and spiritual state of a patient to earn the patient's trust. *"We're not going to reach people if we can't reach their heart and soul. We need to address the whole person."* *"We need life coaches."*

III. Focus Group Meeting Two

September 10, 2019 at Greenwood Leflore Hospital

Facilitator: Glenda Crump, CAO, Mississippi Public Health Institute

Note Taker: Jackie Hawkins, Delta Health Solutions

Number in Attendance: 26

The focus group was comprised of the same respondents in the September 3, 2019 focus group. A couple of members did not

return for the second convening due to prior commitments. However, two new members joined the group.

Glenda Crump served as the facilitator again and notes were hand-recorded by Jackie Hawkins. First, participants received a detailed overview by Allan Hammons, CHNA marketing specialist, of the 2019 Community Survey Data. Next, Glenda Crump shared the September 3rd focus group findings with emphasis on the top health concerns the group rated and their suggestions for programs and services. The respondents were charged with analyzing the information in an effort to narrow down goals/services/priorities in which the hospital should focus.

To that end, focus group respondents were randomly divided into four groups. They were instructed to select a recorder and reporter. The group were given two tasks: (1) Identify one to two goals/priorities/services they believe the hospital should concentrate on that would have the most dynamic impact in the community. (2) Offer specific suggestions of how the hospital might accomplish the recommended goals/priorities/ services that are not currently addressed. A complete listing of suggestions by the respondents is provided in Appendix B of this report.

The goals/priorities/services recommended by the four groups fell into two themes—Transportation and Mobile Health Services. The group's recommendations and suggestions are described below.

GROUP 1 suggested operating a mobile clinic once per month at housing complexes and locations where there would be access

for uninsured individuals. The clinic would offer basic screenings such as blood pressure and diabetes. Referrals would be made for those with elevated values and those with borderline values will be provided with educational information. In addition to a medical professional, a social worker would be present to provide linkages to resources and follow-up with those who were referred.

GROUP 2 suggested the hospital use an existing transportation resource—the **Survive to Thrive van** secured through a grant that is now ending. The van can be used to transport individuals at no charge to locations like the new Greenwood Community Center, which can be the hub for community health services. The group also suggested that the **Greenwood Community Center** host health screenings and health fairs. The group believed that this would serve as a two-tiered approach for access and education.

GROUP 3 suggested using GLH's existing van as well as secure other vans from local businesses like Cannon Nissan and Kirk Brothers in an effort to provide transportation for those who need access to health services. The group also suggested that the **hospital conduct work site screenings**, and partner with local businesses and agencies, churches, barbershops and beauty shops to distribute information.

GROUP 4 recommended GLH partner with the Delta Health Alliance (DHA), which has two medical RV's in Stoneville, Mississippi, that are equipped to receive patients. They

recommended that the hospital explore telehealth as a resource to maximize access to health services. Finally, the group made other recommendations that would elevate the hospital's role in providing quality health care services to the citizens in its service area.

- *Publicize the hospital cafeteria's healthy food choices*
- *Build more community partnerships*
- *Partner with a community ombudsman to assist with the community needs*
- *Partner with influential community representatives to take advantage of free screenings and adopt a healthier lifestyle*
- *Work with the managers of local apartment complexes and soup kitchen to conduct screenings for blood pressure, blood sugar and urinalysis*
- *Utilize the Greenwood Community Center as the hub for community education - The "One Stop Shop"*

After group discussions concluded, one respondent challenged the group to move these ideas to action by continuing to convene. The group agreed to meet quarterly as a "health action team" to ensure these ideas are implemented. The group expressed the idea that the Greenwood Community Center's grand opening would be a great way to showcase health services via screenings and information dissemination. The group committed to attend the community center's grand opening and work together to organize health services.

One respondent made a final comment emphasizing the need to avoid bandaid approaches. He expressed that the hospital should, *“get inside of the schools with health information so that children can take information home to parents.”* He further commented that children can have more influence on parents regarding health behaviors like smoking and eating healthier.

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 twenty-six (26) community members representing a broad sector of the community. 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 2016 CHNA remain priorities in 2019 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.



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

Cohabiting

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

___ \$15,000 to \$24,999

___ \$25,000 to \$34,999

___ \$35,000 to \$49,999

___ Over \$50,000

11. What type of Healthcare coverage do you have?

___ No insurance

___ Health insurance (e.g., private insurance, Blue Cross, HMO)

___ Medicaid

___ Medicare

___ Veterans' Administration

___ Indian Health Services

___ Other _____

12. Where did you get this survey: (check one)

___ Church

___ Community Meeting

___ Grocery Store / Shopping Mall

___ School

___ Personal Contact

___ Workplace

___ Other _____

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!

2016 IMPLEMENTATION STRATEGY

EVALUATION OF THE IMPACT OF ACTIONS THAT WERE TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE IMMEDIATELY PRECEDING CHNA CONDUCTED IN 2016

Greenwood Leflore Hospital chose to address diabetes as its implementation strategy in the CHNA that was conducted in 2016. The state of Mississippi had the highest rate of diabetes in the nation in 2016, and the service area of our hospital had among the highest rates of diabetes in Mississippi. Obesity and cardiovascular disease, the other primary health needs which were identified in the 2016 CHNA, go hand-in-hand with diabetes. Helping our patient population learn to manage and prevent diabetes would also improve the obesity and cardiovascular disease rates in our area.

Strategies that Greenwood Leflore Hospital chose to implement via the 2016 CHNA included:

- *Coordination of care protocols for better communication between primary care physicians and specialized care*
- *Improved patient education*
- *Universal prescription referral sheet*
- *Community outreach*
- *Update exercise equipment for our Wellness Center*

As a result of our implementation strategy, the following interventions have become a part of the standard of care for the diabetic and



GLH staff and community networkers provided specially crafted recipes and free samples of these dishes in partnership with local groceries.

pre-diabetic patients served by Greenwood Leflore Hospital:

- *Patients with symptoms and/or a family history of diabetes are routinely screened for diabetes in the clinic and inpatient settings.*
- *Diabetes educators from our certified Diabetic Education Center go out to schools and workplaces to provide education about diabetes.*
- *Our NexGen electronic medical records system was modified to allow physicians to print "green" prescriptions for patients promoting exercise, diabetes self-management classes, and other prevention and maintenance interventions.*

- We promoted *Diabetes Self-Management* classes by placing pamphlets in clinics and other public areas. Diabetes education is also a part of our *Chronic Disease Self-Management* classes.
- We trained 10 community networkers in the *Stanford University Chronic Disease Self-Management and Diabetes Self-Management* programs. These networkers conducted self-management classes in faith-based settings and other community settings.
- We trained 16 healthcare professionals and community networkers in the *CDC's Lifestyle Coaching* program to provide classes for persons diagnosed as pre-diabetic in healthy lifestyle choices so that they would not become Type 2 diabetes patients.
- We purchased new and updated exercise equipment for our *Wellness Center*.



The impact of these implementation strategies was that our patient population now have a full component of strategies to utilize in dealing with the prevention and maintenance of diabetes. Anecdotal data has been very positive, with testimonies from individuals who have fully participated in our interventions demonstrating overwhelmingly positive results. Quantitative data will be analyzed to determine how much the numbers have changed in our patient population diagnosed with diabetes.



GLH created a series of recipes and other engaging collateral pieces, including shopping bags and large posters to encourage healthy eating.

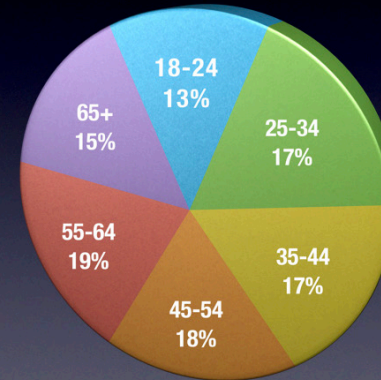


Greenwood Leflore Hospital

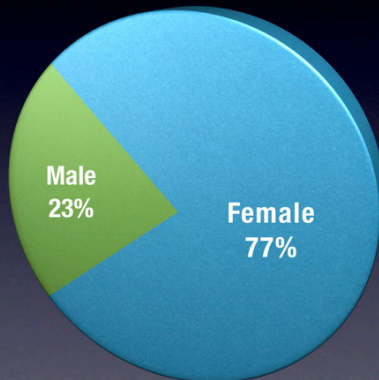
Focus group data in visual form

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

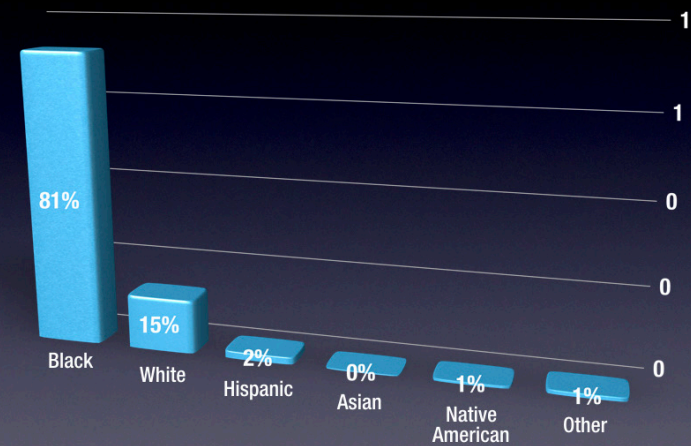
Age breakout of all respondents (601)



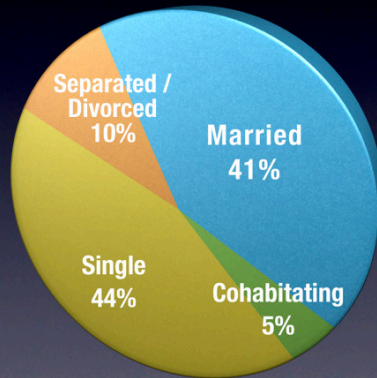
Gender of all respondents (587)



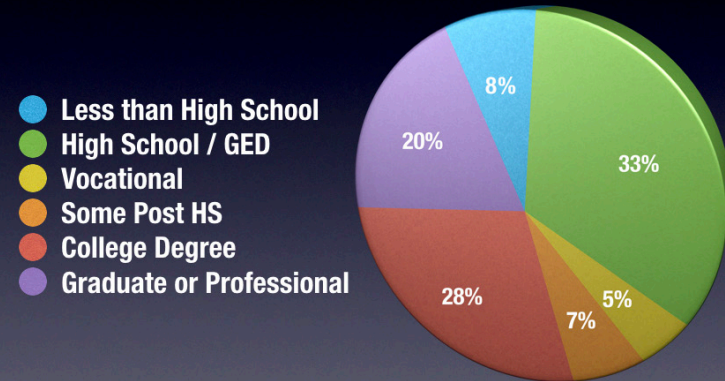
Race of all respondents (595)



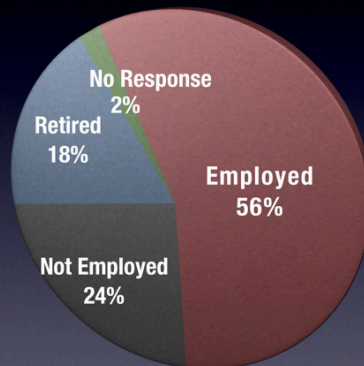
Marital status of all respondents (591)



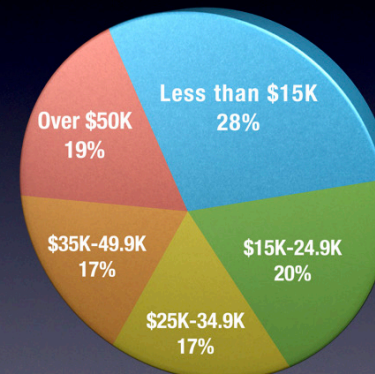
Educational status of all respondents



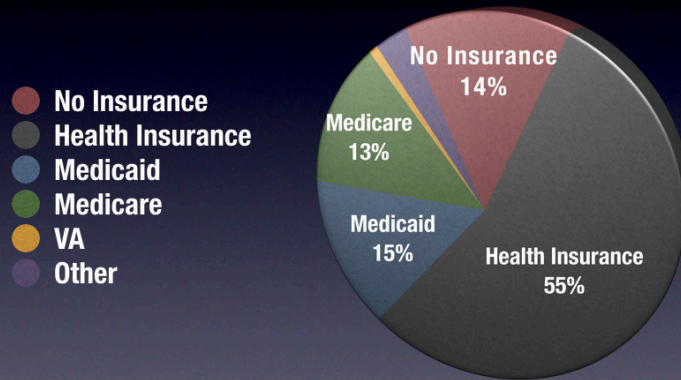
What is your employment status?



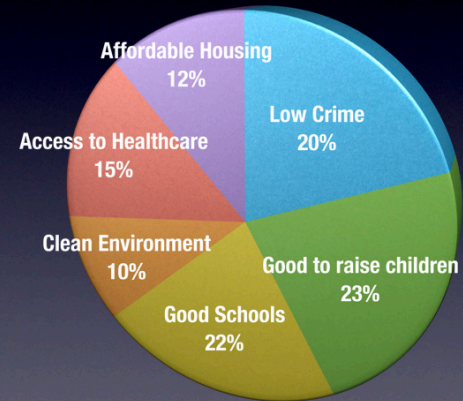
Annual Household Income in Thousands



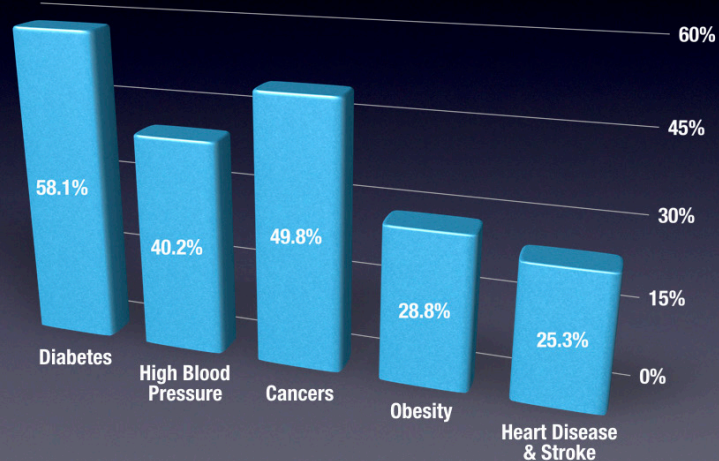
What type of healthcare coverage do you have?



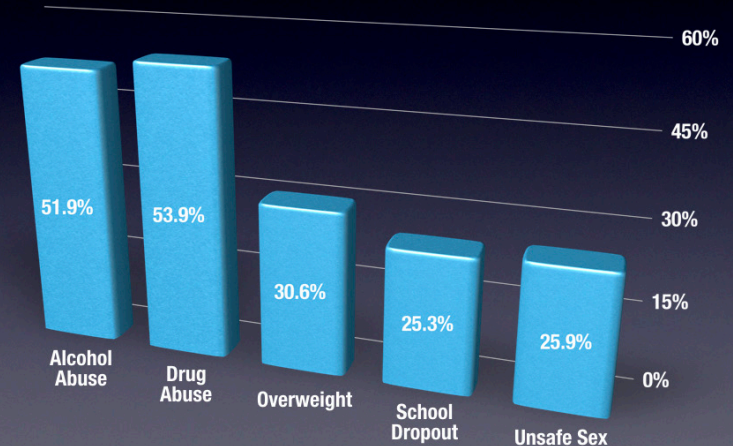
Three most important factors for a "Healthy Community"



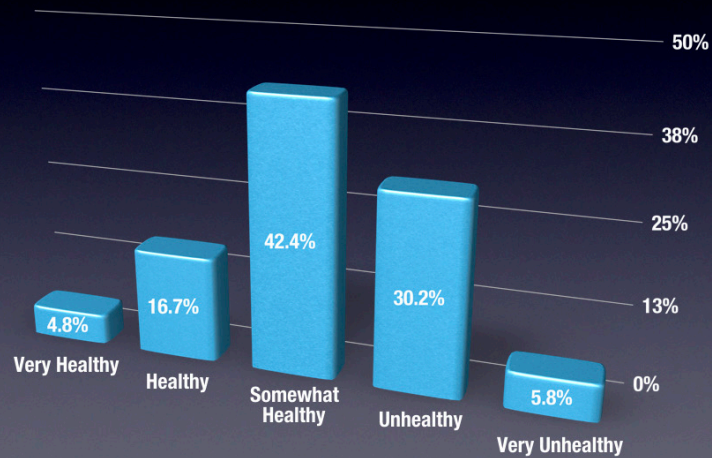
What are the three most important "health related problems" in your community?



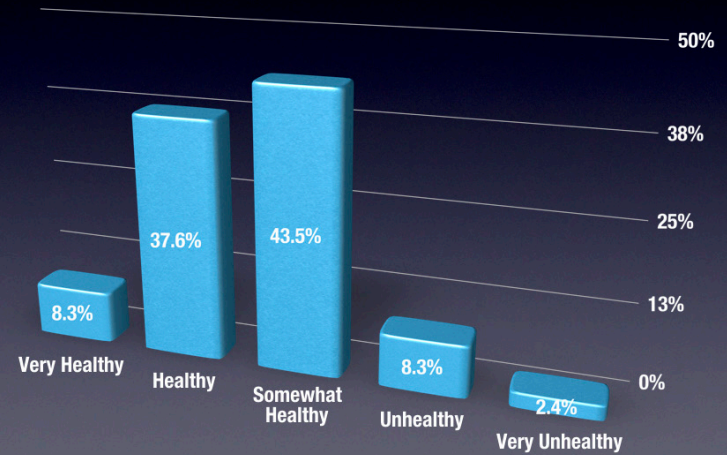
What are the three most important "risky behaviors" in your community?



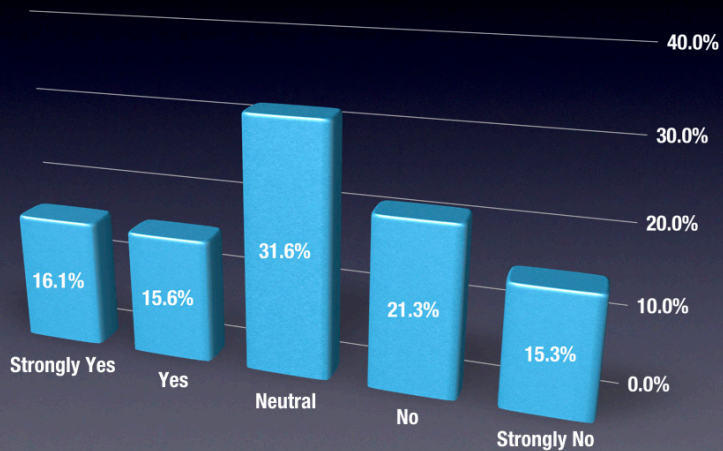
How do you rate the overall health of your community?



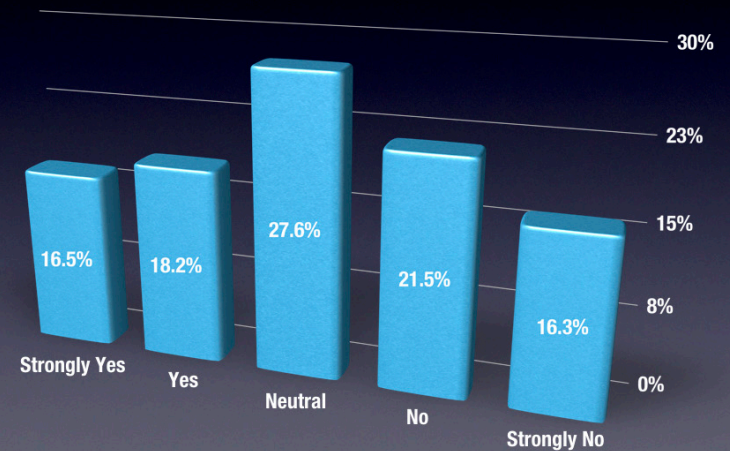
How do you rate your own personal health?



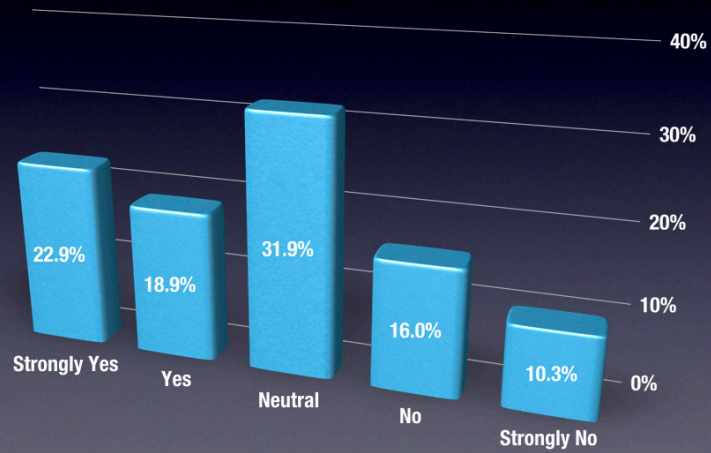
Are you satisfied with the overall quality of life in our community?



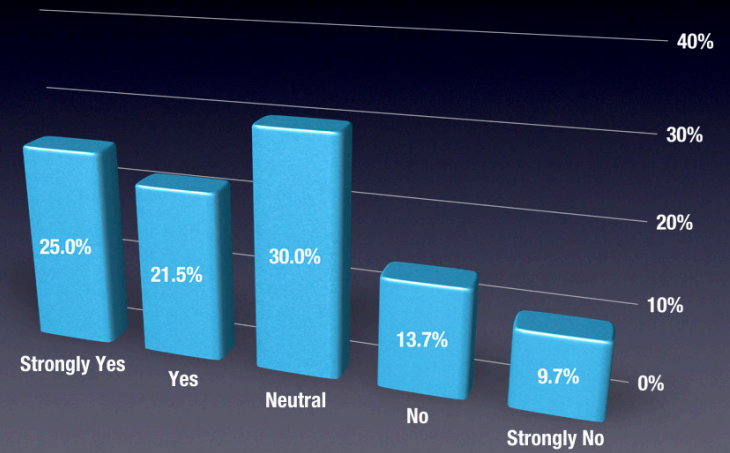
Are you satisfied with the healthcare system in your community?



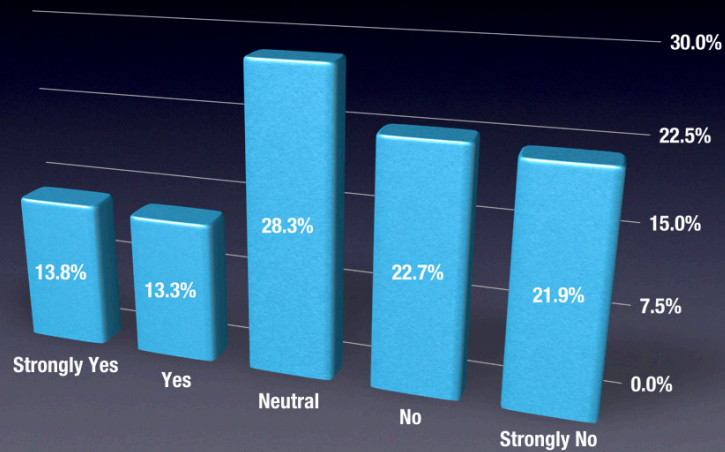
Is your community a good place to raise children?



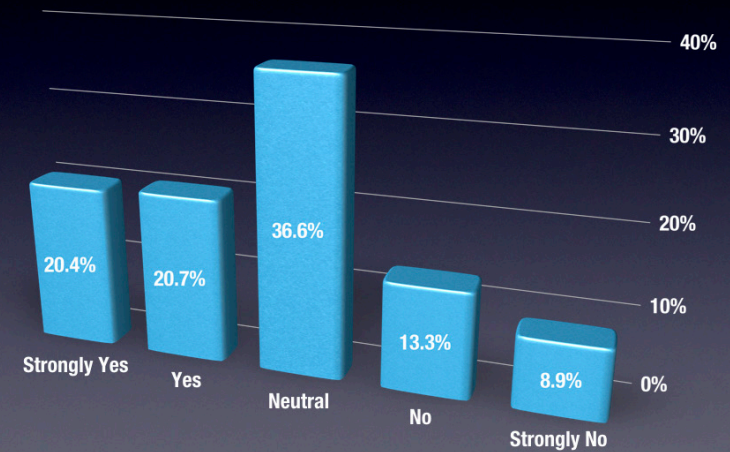
Is your community a good place to grow old?



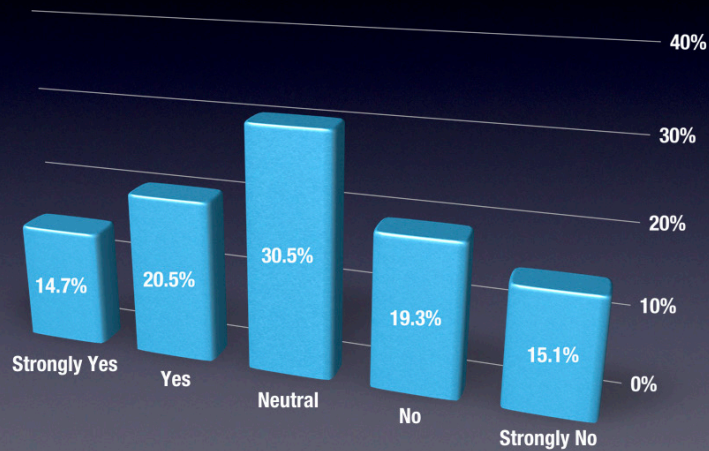
Is there economic opportunity in your community?



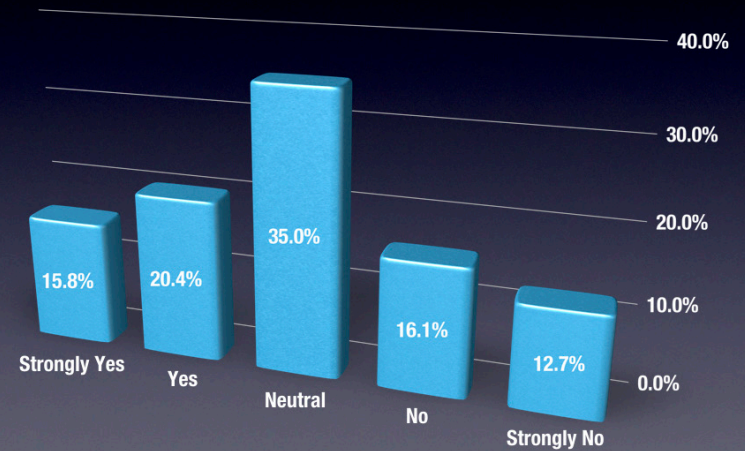
Is your community a safe place to live?



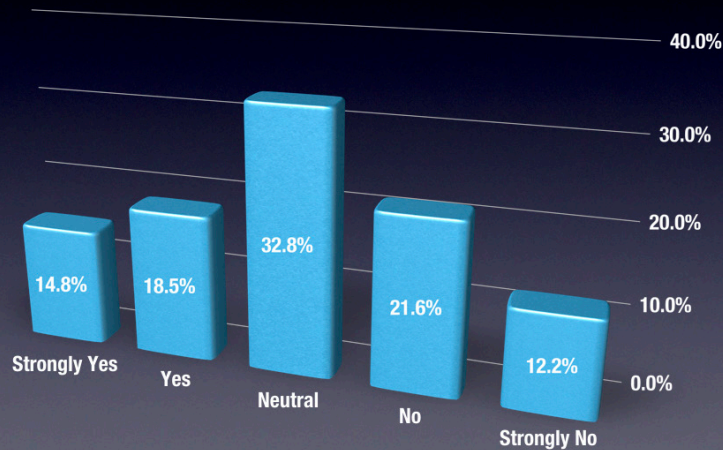
Are there networks of support in times of stress and need?



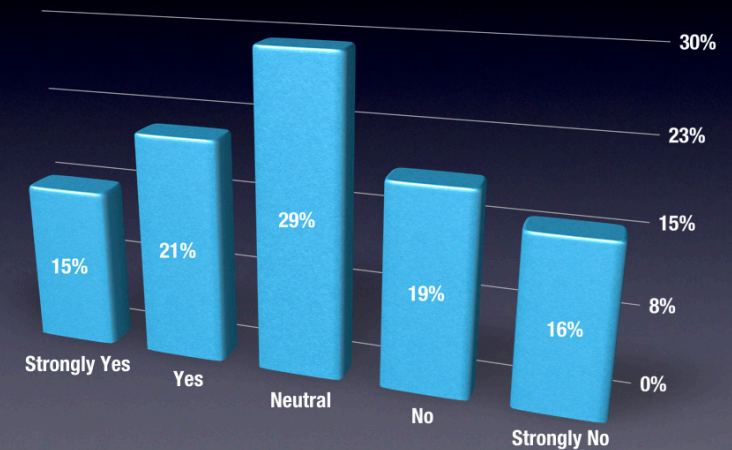
Do all groups have an opportunity to contribute and participate?



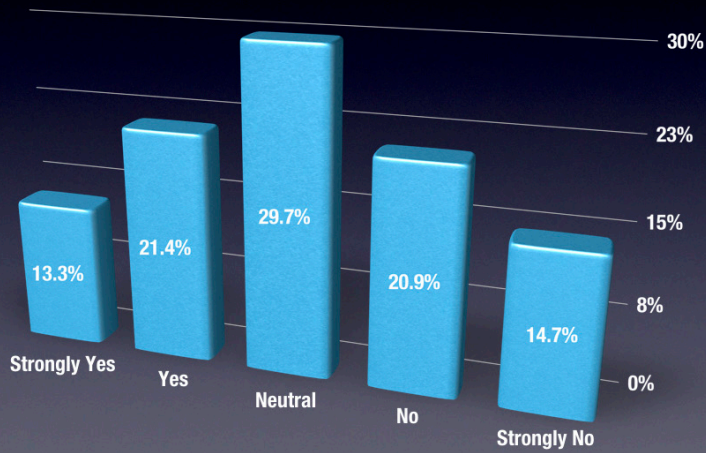
Do all residents perceive that they can make our community a better place to live?



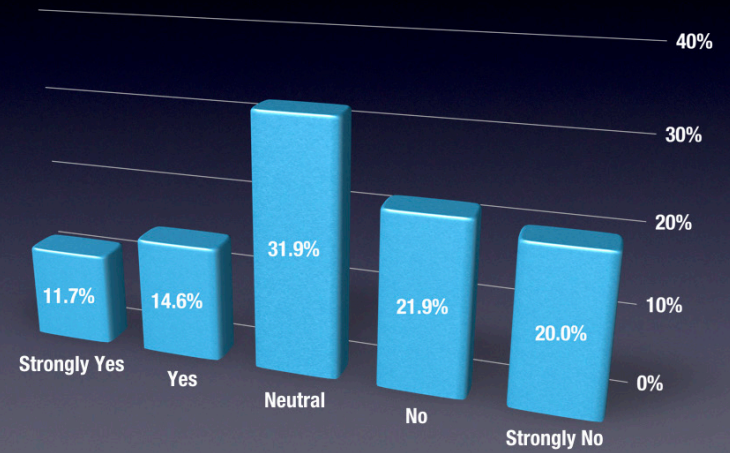
Are there a broad variety of health services in your community?



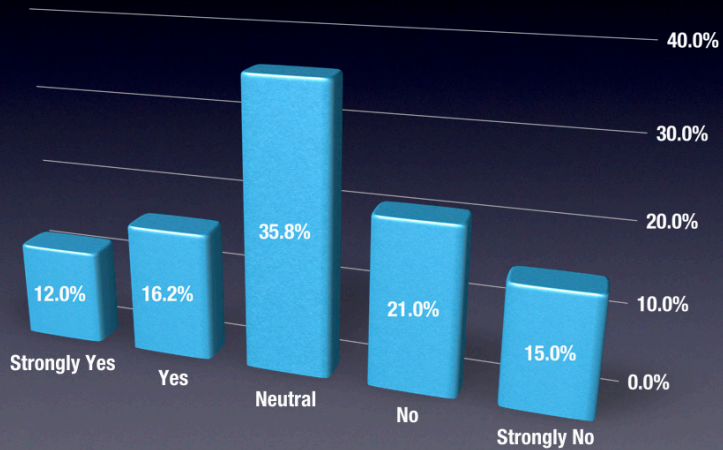
Is there a sufficient number of health and social services in your community?



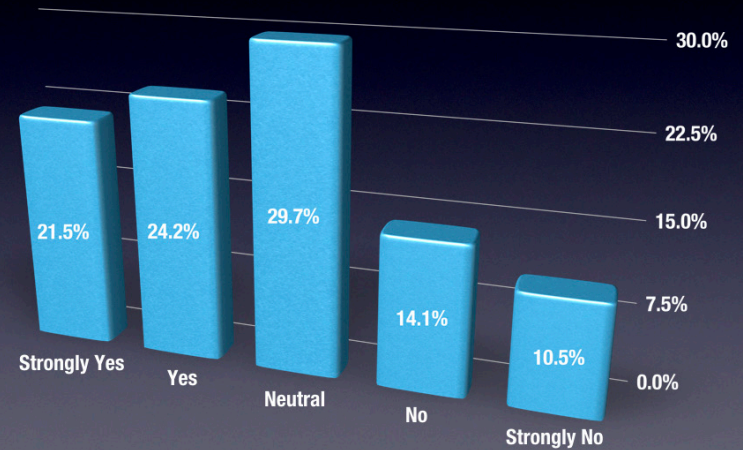
Is your community working together to achieve shared goals?



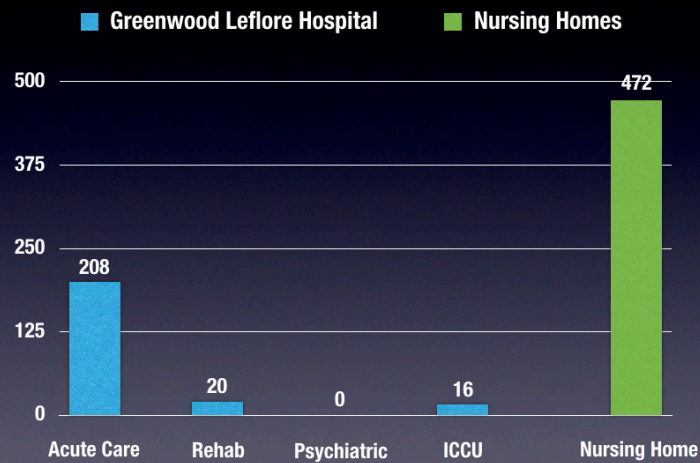
Is there an active sense of civic responsibility and pride in shared accomplishments?



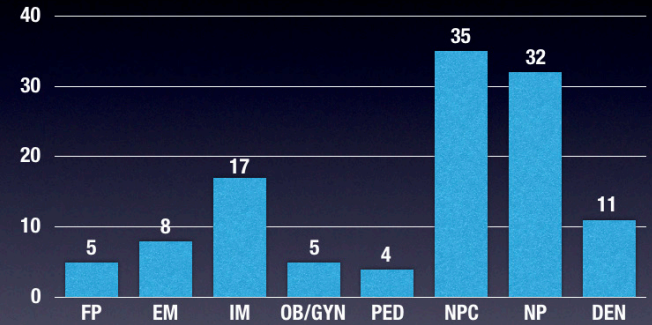
Do you believe you have adequate access to healthcare when you need it?



Licensed Beds in Leflore County



Leflore County Healthcare Delivery



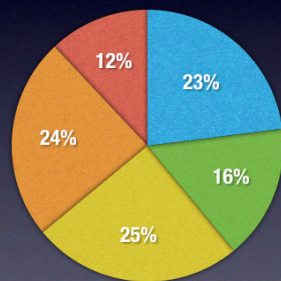
FP: Family Practice
EM: Emergency Med
IM: Internal Medicine

OB/GYN: Obstetrics
PED: Pediatrics
NPC: Non-Primary Care

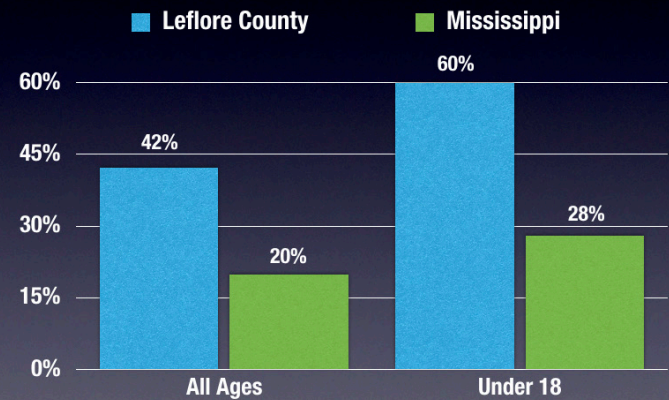
NP: Nurse Practitioner
DEN: Dentist

Age Distribution Leflore County

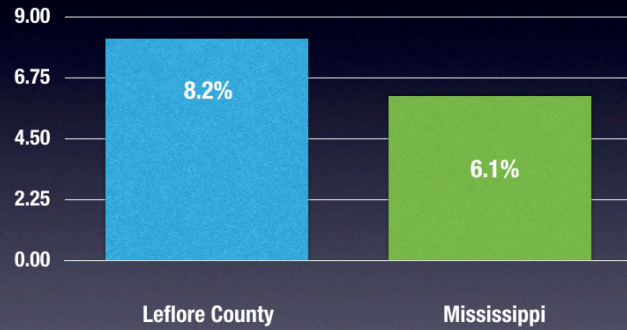
0-14 15-24 25-44
45-64 65+



Percentage of Population Living in Poverty

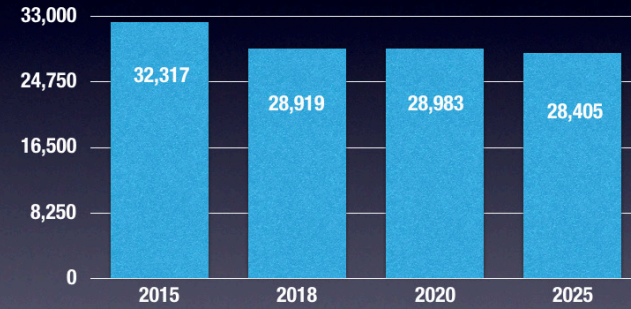


Unemployment Percentages



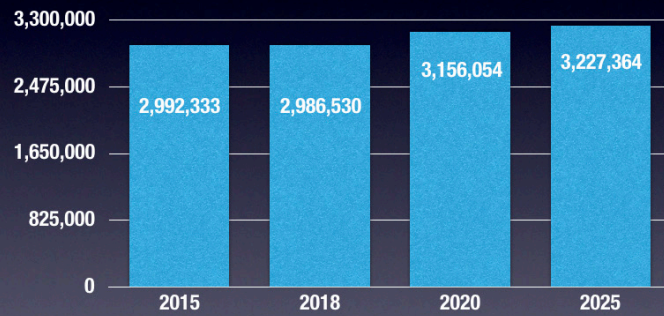
Population Trends

Leflore County

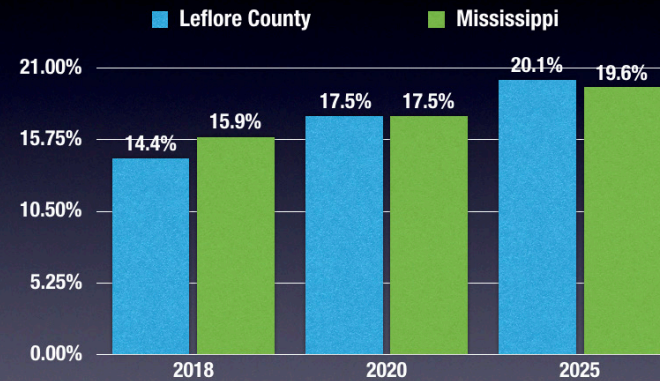


Population Trends

Mississippi



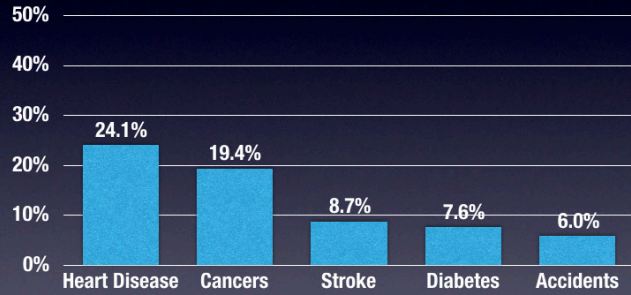
Percentage of Population 65+ Projections



2018 - 14.4% - Leflore County
15.9% - Mississippi

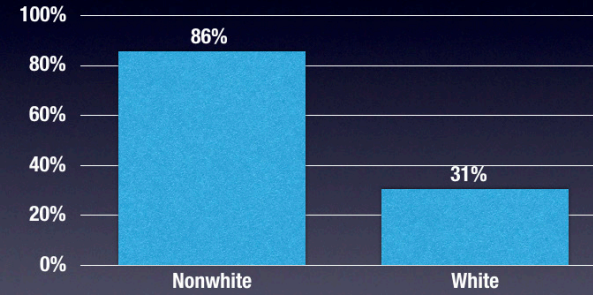
Causes of Death in Leflore County

All Races



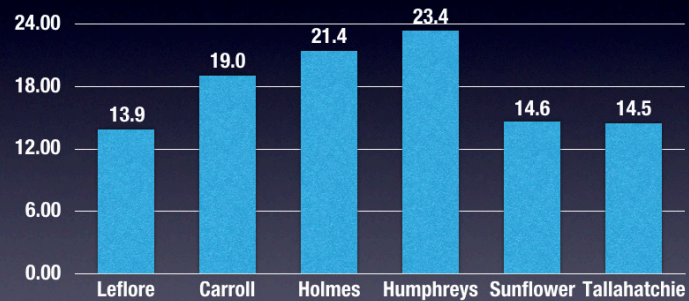
Percentages of Live Births to Unwed Mothers

Leflore County



Percentage of Population with Adult Diabetes

Greenwood Leflore Hospital Service Area by County



“Nobody likes being sick, but I haven’t been able to afford my medications for almost two years.”

— Elizabeth Ann Hinton





Greenwood Leflore Hospital

Greenwood Leflore Hospital / 1401 River Road / Greenwood, MS 38930-4030 / Front Desk: 662-459-7000 / www.glh.org