



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, Interim CEO and Chief Financial Officer. Since 1952, Greenwood Leflore Hospital has been located at 1401 River Road. Greenwood Leflore Hospital is a 200 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.

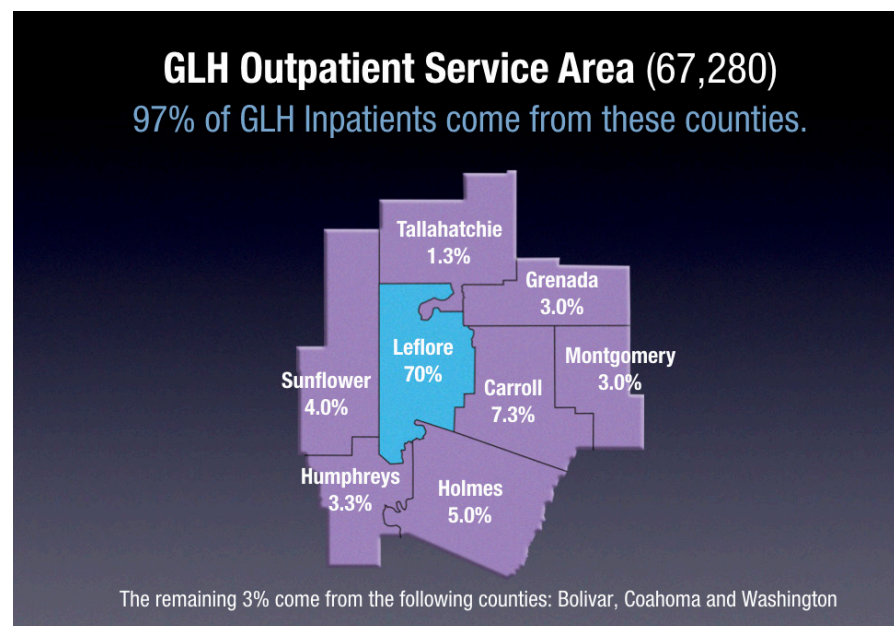
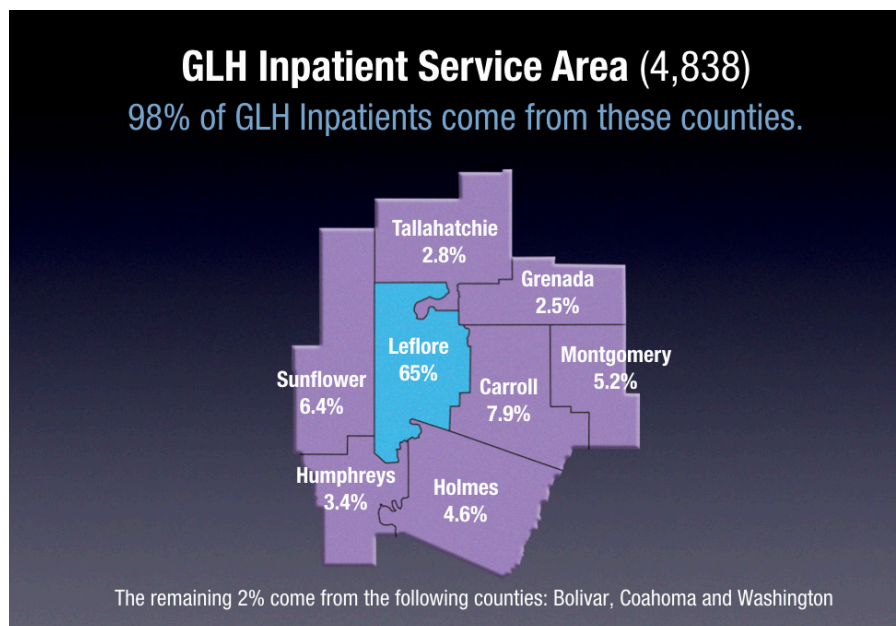
The complete CHNA Report from Greenwood Leflore Hospital which addresses each requirement under section 501(r) follows.



# 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. 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

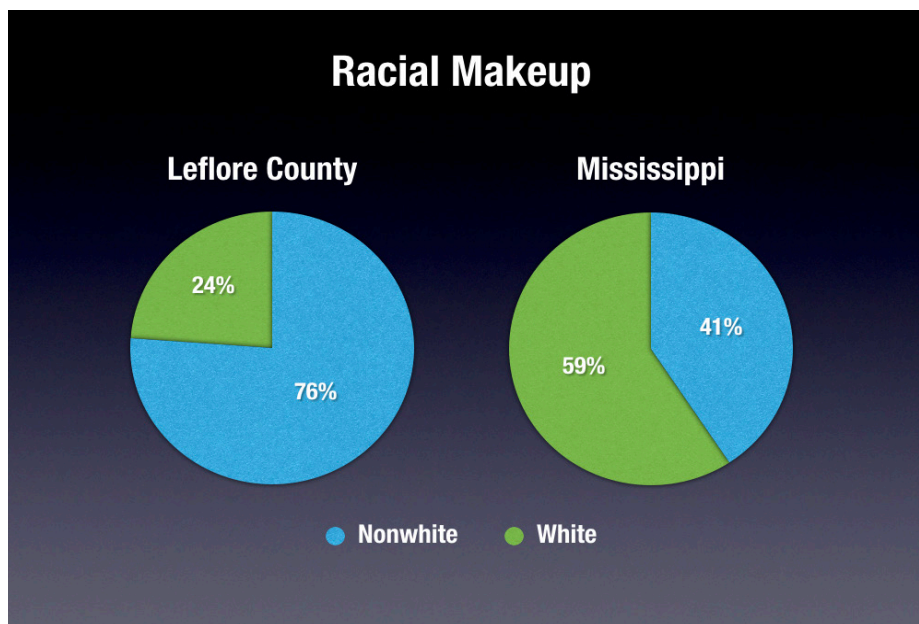


outpatients come from seven counties in North Central Mississippi. Those counties are: Leflore, Sunflower, Tallahatchie, Carroll, Holmes, Montgomery, and Humphreys counties, with the preponderance of patients coming from Leflore County.

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 708 licensed beds in Leflore County, 236 of which are at Greenwood Leflore Hospital and 472 of which are in nursing homes. Greenwood Leflore Hospital has 200 acute care beds, 20 rehab beds, and 16 ICCU beds. There are five Family Practice doctors; three Internal Medicine specialists; five OB/GYN's; four Pediatricians; 36 Non-Primary Care; 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 (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 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 the 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 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. 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. 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 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. 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)

Jackie Hawkins, CEO  
Delta Health Solutions  
Note taker

## 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 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

### September 3, 2019 at Greenwood Leflore Hospital

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.

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:

Representation	Age Range	Ethnicity	Other Factors
Faith-based (3)	Early 30s to Mid 70s	14 African Americans	Predominately female
Medical (5)		12 Caucasian	17 females
Mental Health (1)			9 males
Community-based organizations Coalition			
Education			
Business			

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 remarked, “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 and 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 in to the community to address 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 (MSPHI)

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 are 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 individual with no cost 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 approach serves as a two-tiered approach for access and education.

**GROUP 3** suggested using GHL'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, partner with local businesses and agencies to disseminate information, and work with churches, barbershops and beauty shops to disseminate information.

**GROUP 4** recommended GHL partner with the Delta Health Alliance (DHA), which has two medical RV's in Stoneville, MS 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 most influential representatives to in the community to gain trust and to convince community people to come in for test and change to a healthier lifestyle.*
- *Have local businesses to adopt the hospital*
- *Work with apartment complexes and soup kitchen by meeting with the general manager 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 ex-

pressed 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-seven (27) community members representing a broad sector of the com-

munity. 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!

# 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.

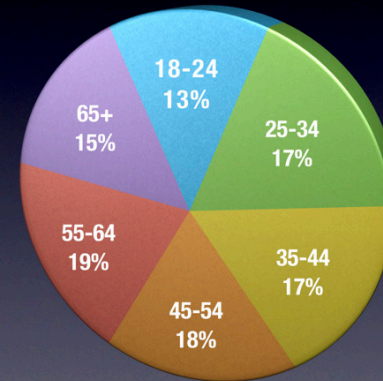


Greenwood Leflore Hospital

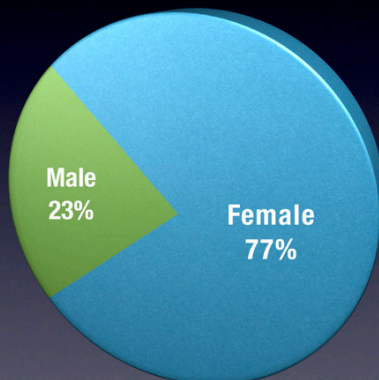
## Focus group data in visual form

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

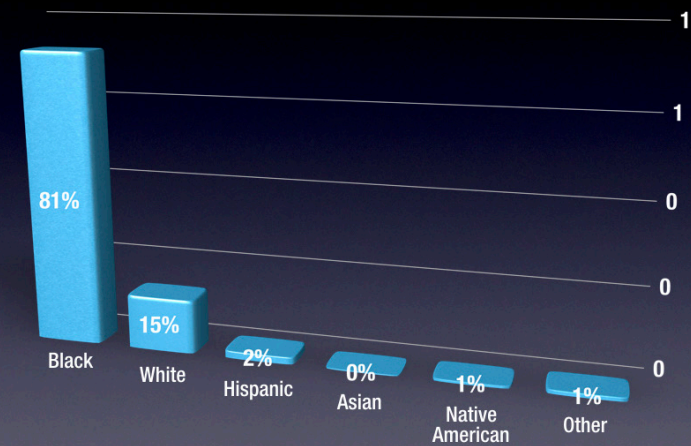
**Age breakout of all respondents (601)**



**Gender of all respondents (587)**

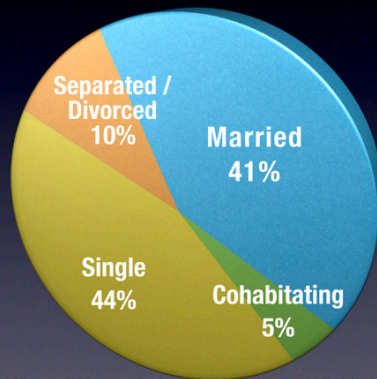


**Race of all respondents (595)**

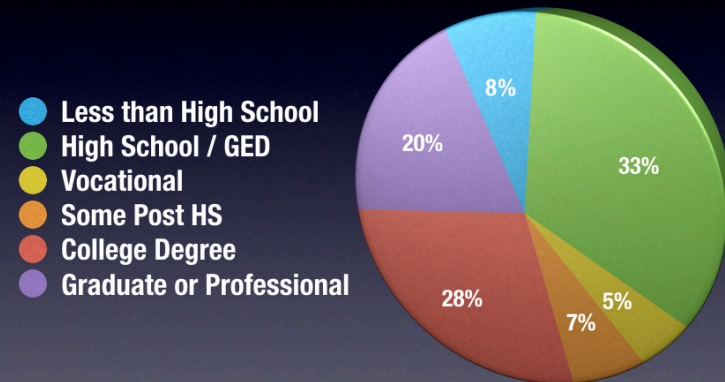




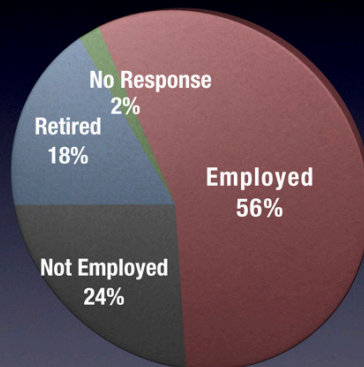
## Marital status of all respondents (591)



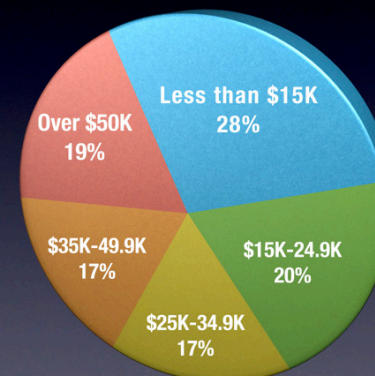
## Educational status of all respondents



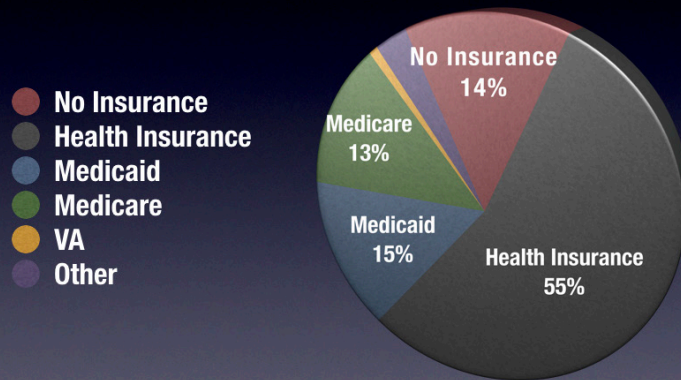
## What is your employment status?



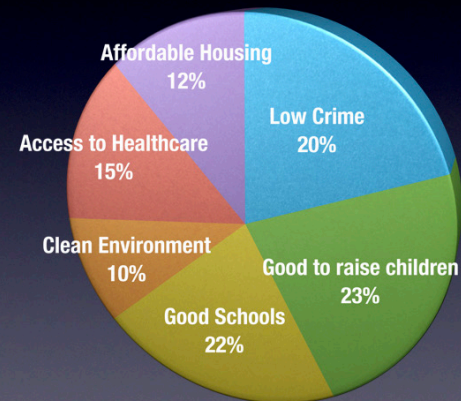
## Annual Household Income in Thousands



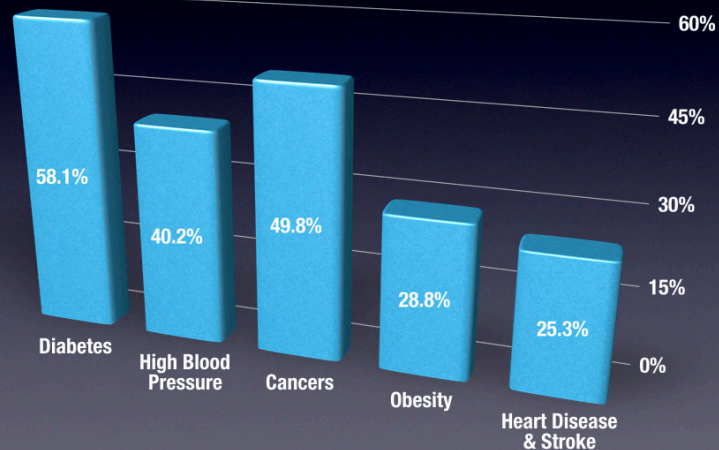
## What type of healthcare coverage do you have?



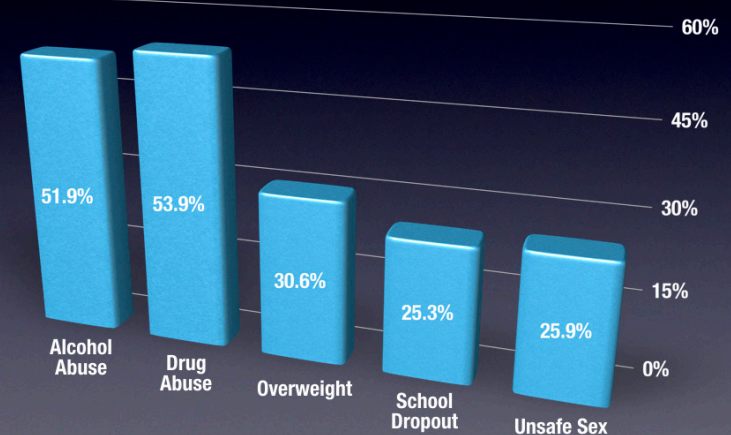
## Three most important factors for a "Healthy Community"



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

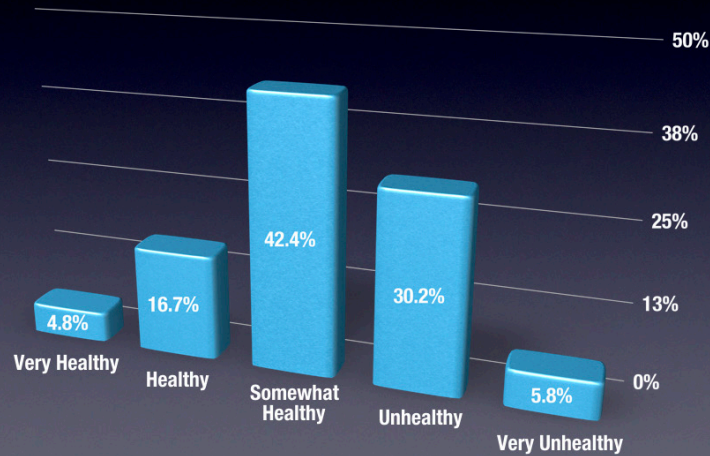


## What are the three most important "risky behaviors" in your community?

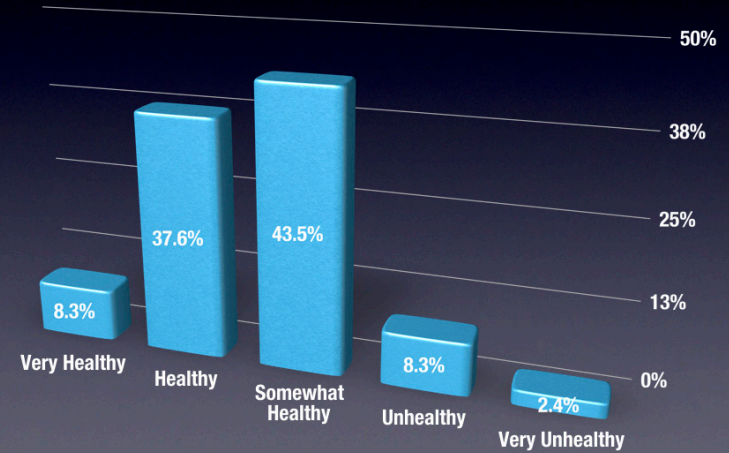




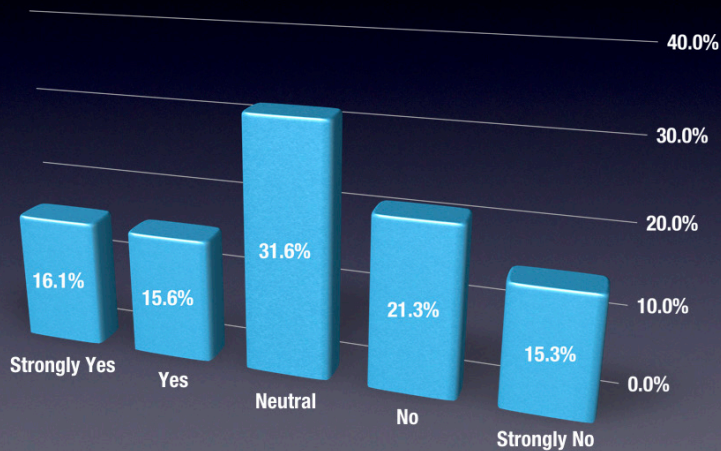
### How do you rate the overall health of your community?



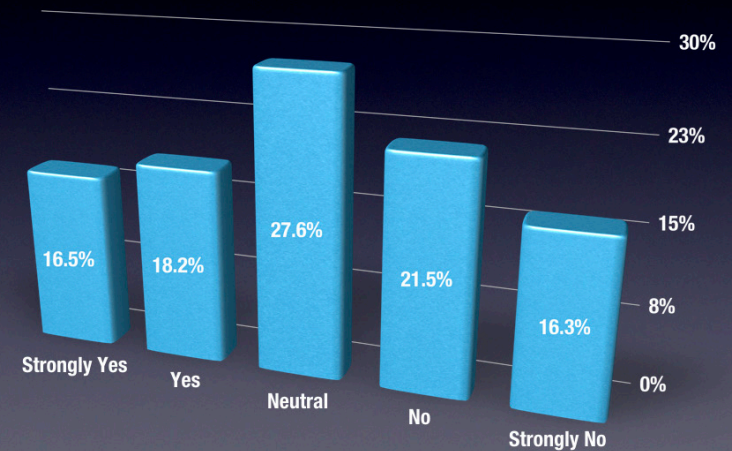
### How do you rate your own personal health?



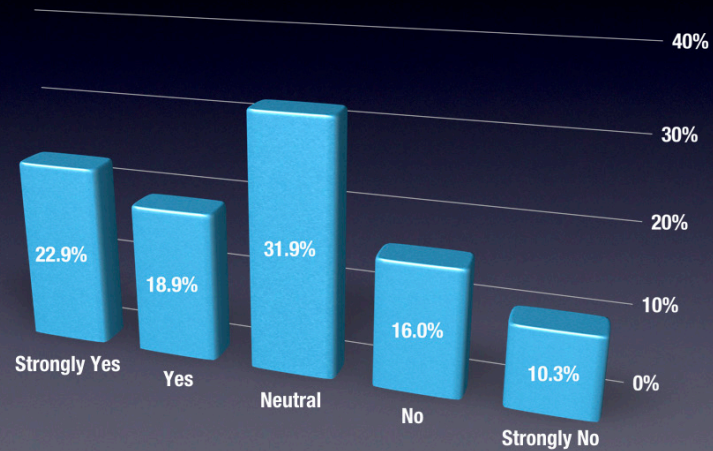
### Are you satisfied with the overall quality of life in our community?



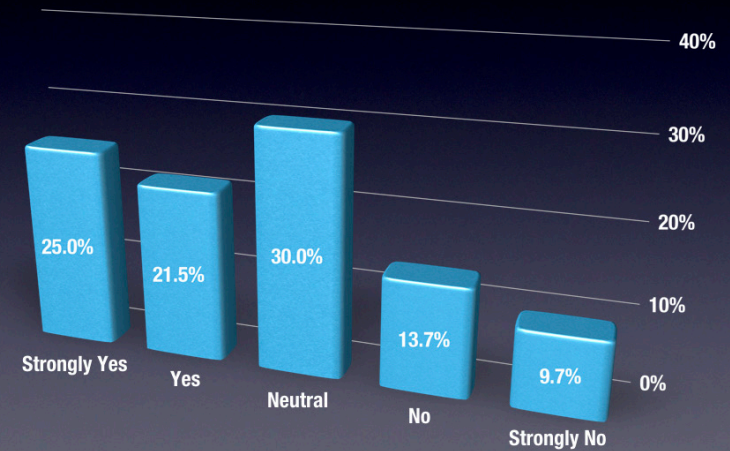
### Are you satisfied with the healthcare system in your community?



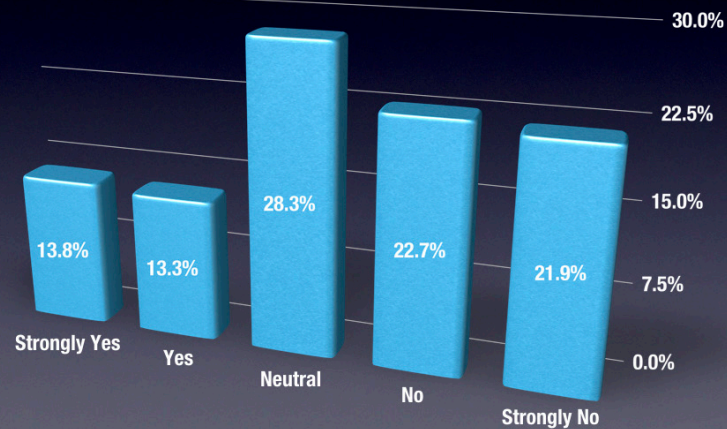
### Is your community a good place to raise children?



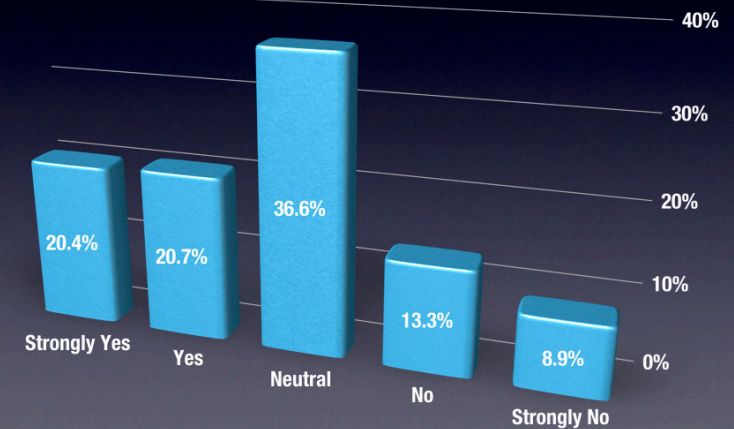
### Is your community a good place to grow old?



### Is there economic opportunity in your community?

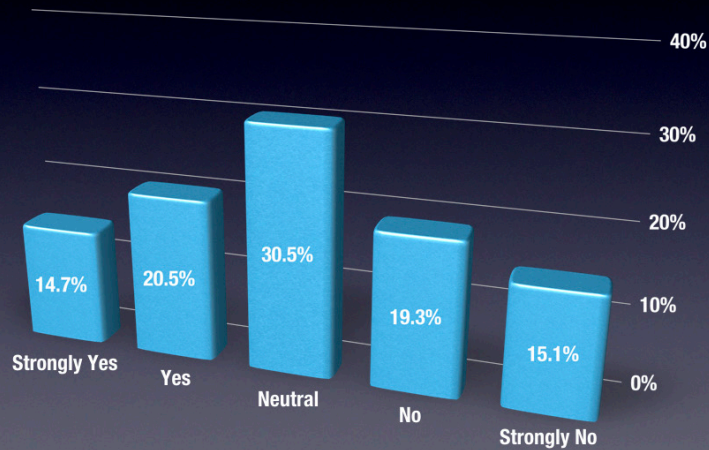


### Is your community a safe place to live?

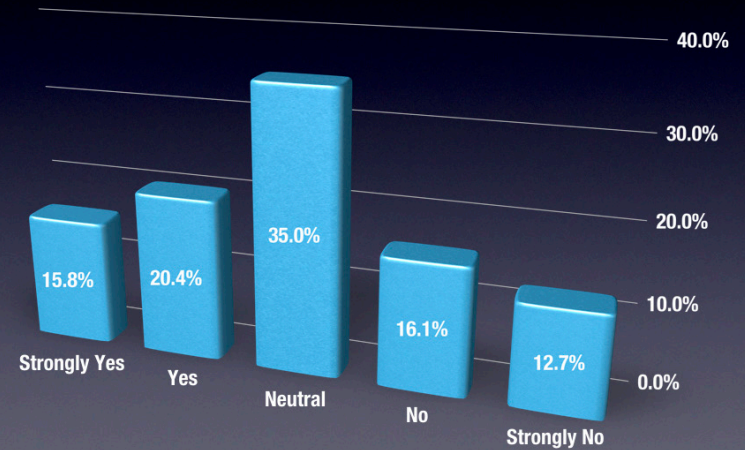




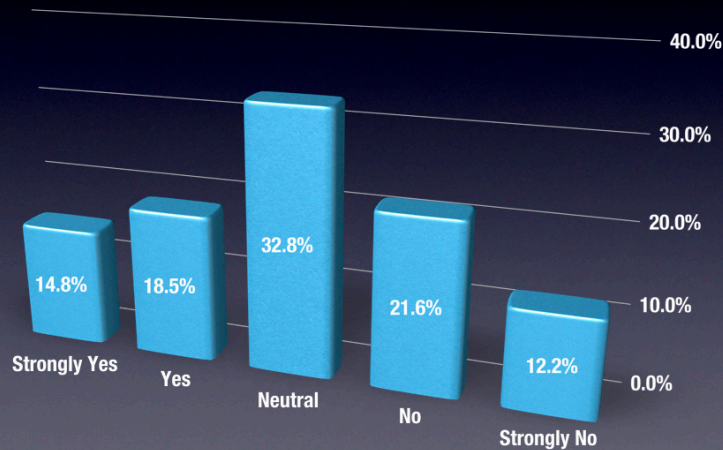
### Are there networks of support in times of stress and need?



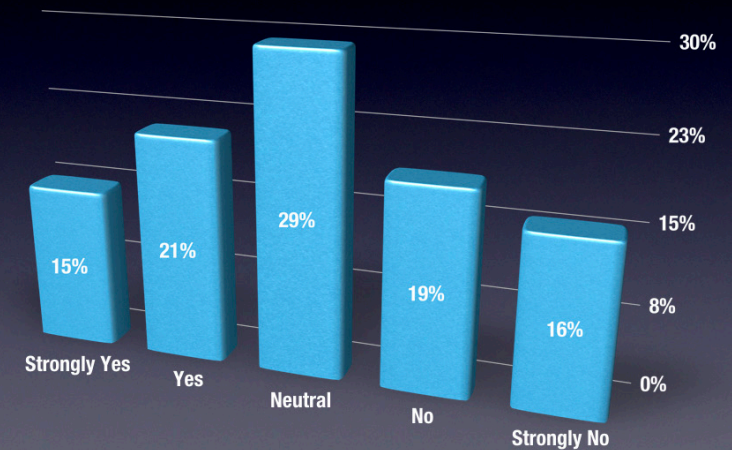
### Do all groups have an opportunity to contribute and participate?



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

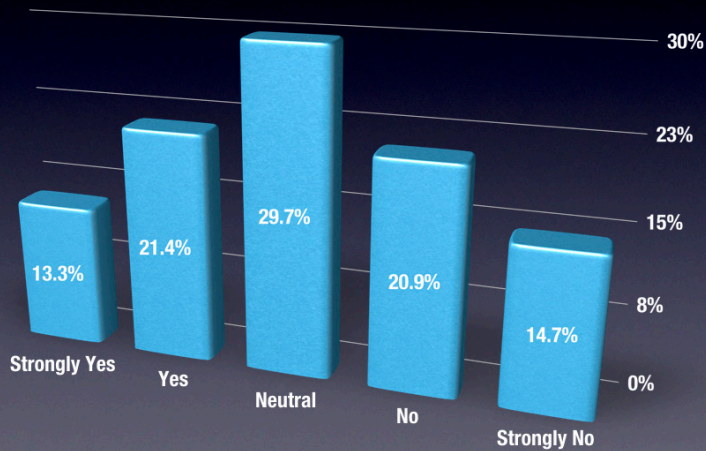


### Are there a broad variety of health services in your community?

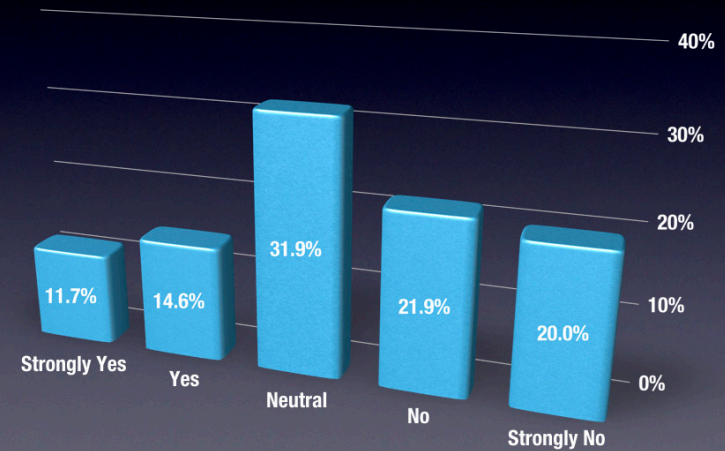




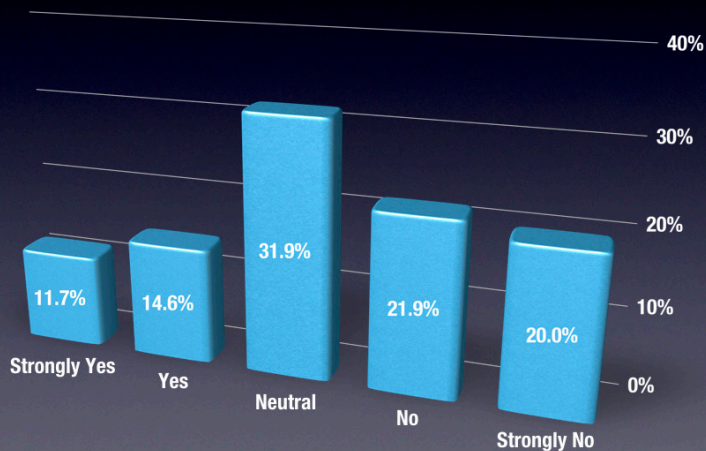
**Is there a sufficient number of health and social services in your community?**



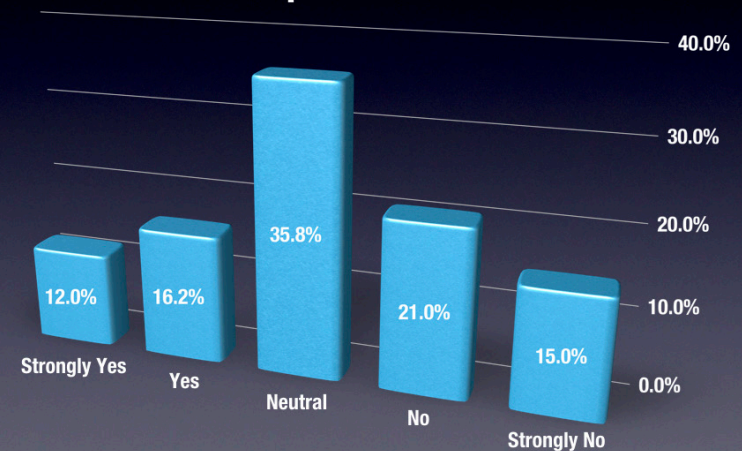
**Is your community working together to achieve shared goals?**



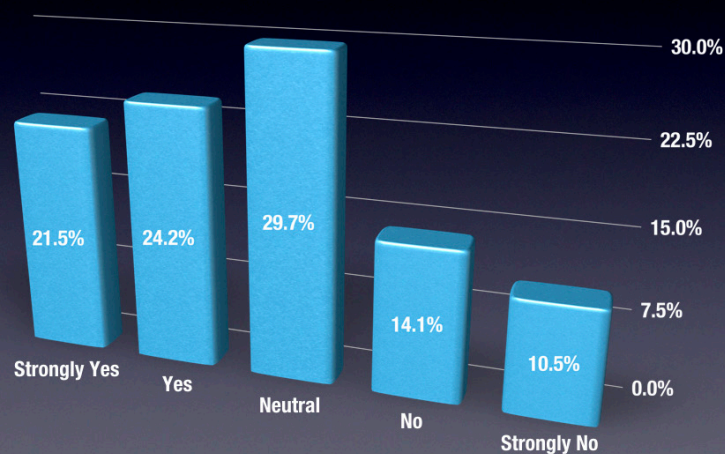
**Is your community working together to achieve shared goals?**



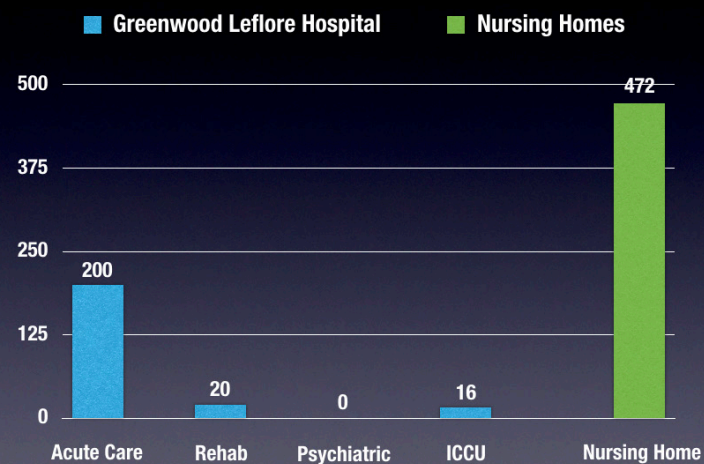
**Is there an active sense of civic responsibility and pride in shared accomplishments?**



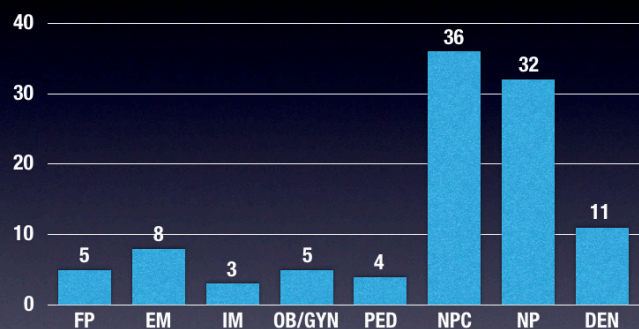
## Do you believe you have adequate access to healthcare when you need it?



## Licensed Beds in Leflore County



## Leflore County Healthcare Delivery

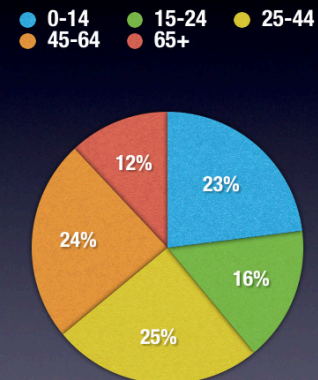


**FP:** Family Practice  
**EM:** Emergency Med  
**IM:** Internal Medicine

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

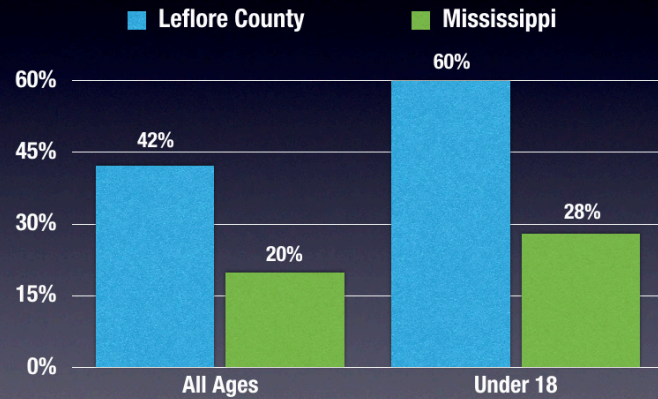
**NP:** Nurse Practitioner  
**DEN:** Dentist

## Age Distribution Leflore County

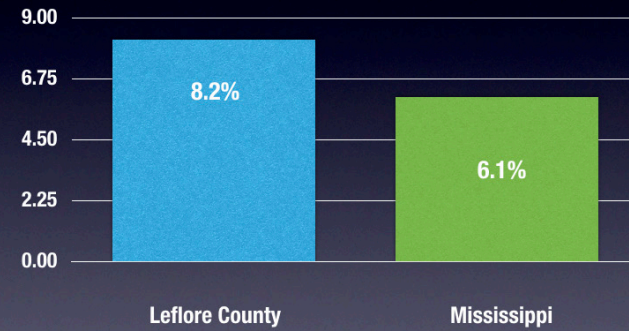




## Percentage of Population Living in Poverty

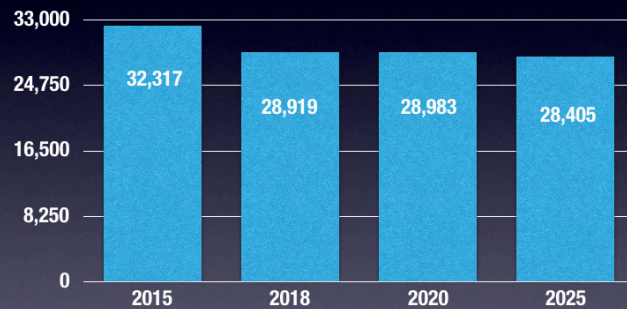


## Unemployment Percentages



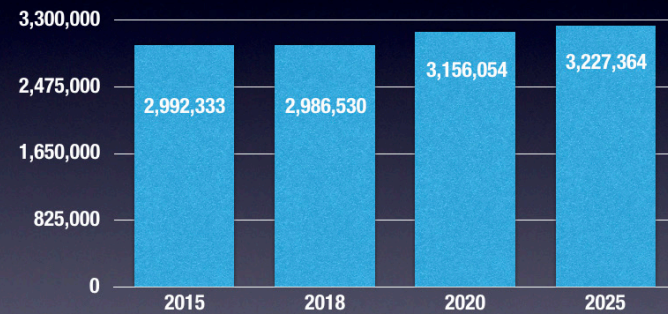
## Population Trends

### Leflore County

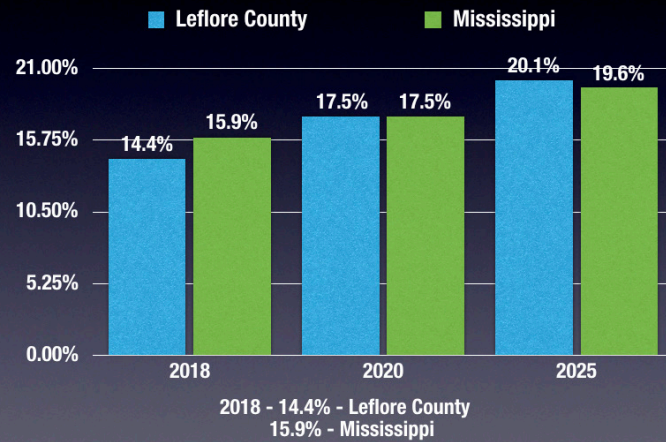


## Population Trends

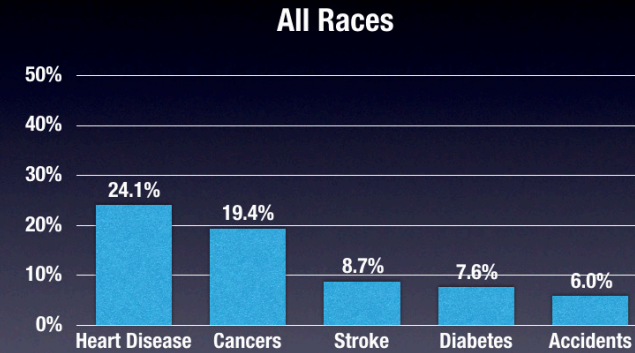
### Mississippi



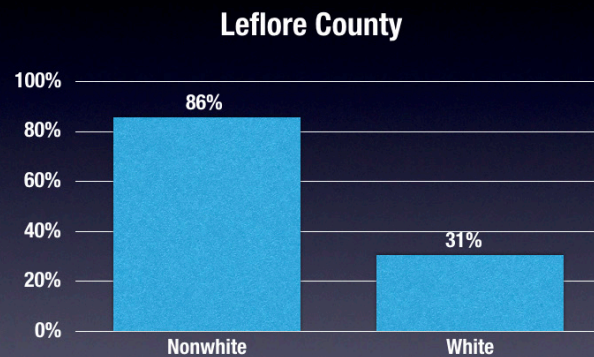
## Percentage of Population 65+ Projections



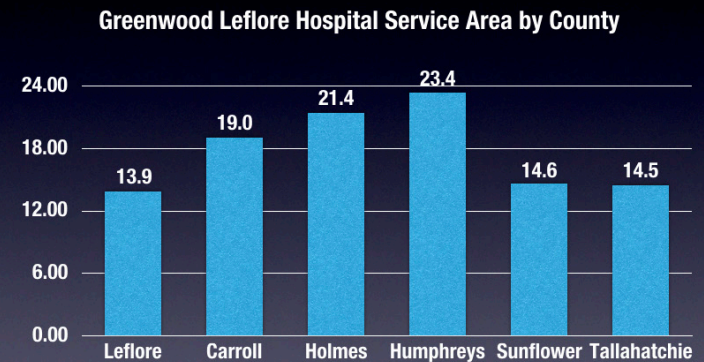
## Causes of Death in Leflore County



## Percentages of Live Births to Unwed Mothers



## Percentage of Population with Adult Diabetes





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

— Elizabeth Ann Hinton







Greenwood Leflore Hospital

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