

Community Health Needs Assessment 2022





-'cause I don't have the money to pay the bills. -Glenda Irving

Executive Summary

Greenwood Leflore Hospital (GLH) 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 counties 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. In the past, GLH was able to use its location, competitive position, and the strength and breadth of its medical staff to act as a regional medical center serving the residents of Leflore and surrounding counties. The hospital and its outreach centers have been able to provide high quality, cost-effective primary and secondary health care services. GLH 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.

This plan is being prepared against the backdrop of the COVID-19 pandemic that impacted hospital and clinic operations throughout the last three calendar years. Service availability has been reduced in response to pandemic-related impacts on the supply of clinical labor and supply cost as well as financial challenges. There was no significant federal or state financial support for the most recent waves of the pandemic and the hospital utilized its cash reserves to continue to provide services to the residents of Leflore and nearby counties.

Day-to-day operations of the hospital are under the direction of Gary Marchand, interim executive director. GLH was a 208-bed (reduced to 35 post pandemic) regional medical center accredited by the Joint Commission on Hospital Accreditation. GLH was one of the largest employers in Leflore County, once offering a full range of medical and specialty services. Greenwood Leflore Hospital recently operated eight local clinics. Despite today's challenges, Greenwood Leflore Hospital continues to provide health fairs and workplace health education to our community. Despite the enormous challenges, GLH remains committed to improving the

lifestyles of our community.

The main input for this document 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.

The medically underserved, low-income, and minority populations served by the hospital were represented, and Dr. Rod Givens, Radiation Oncologist at the GLH Cancer Center, again provided a unique perspective on the challenges faced by patients. A community health needs assessment survey was developed and 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.

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

This document includes a copy of the survey instrument and a copy of the interview questions for the stakeholder.

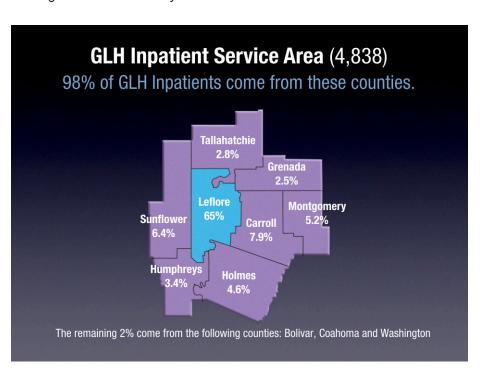
The complete CHNA Report from Greenwood Leflore Hospital that addresses each requirement under section 501(r) follows.

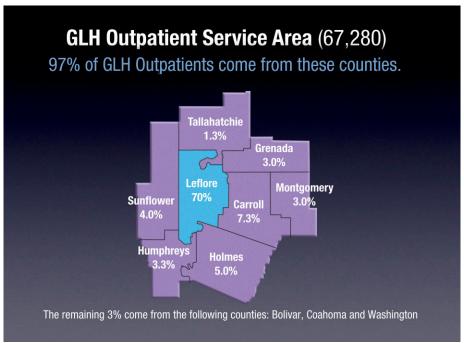
Greenwood Leflore Hospital plans to continue to address the health needs identified by our Community Health Needs Assessment within the resource constraints of the post-COVID healthcare economic environment. As Social Determinants of Health play such a vital role in the abilities of our patient population to maximize their health care needs, we will attempt to improve their access to services. These domains are: economic stability; education – access and quality; healthcare access and quality; neighborhood and built environment; and social and community context.

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.

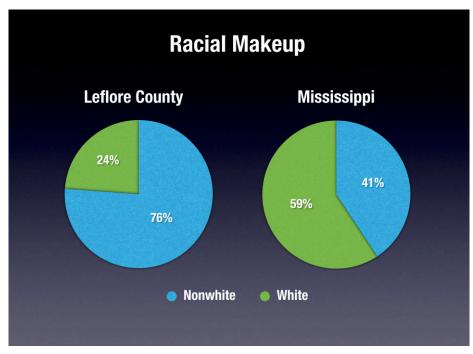




Ninety-seven percent of Greenwood Leflore Hospital's outpatients come from eight counties in North Central Mississippi. Those counties are: Leflore, Humphreys, Sunflower, Tallahatchie, Grenada, Montgomery, Carroll, and Holmes, with the preponderance of patients coming from Leflore County.

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. 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

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

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 stands at 14.5%.

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 12 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.

NOTE: This report was prepared during our FY 2022 and includes data that had changed significantly by year's end.

IMPLEMENTATION STRATEGY

HOW THE HOSPITAL FACILITY PLANS TO ADDRESS THE HEALTH NEEDS IDENTIFIED

Health concerns identified fell into three categories:

- Diabetes
- Cardiovascular disease
- Obesity

Greenwood Leflore Hospital plans to address the health needs identified by our Community Health Needs Assessment by enhancing and improving our methods of education/outreach/treatment protocols for the conditions identified.

As Social Determinants of Health play such a vital role in the abilities of our patient population to maximize their health care needs, we will attempt to improve their access to services for these conditions based upon the five domains identified as most relevant to access to care.

- Economic Stability
- Education access and quality
- Healthcare access and quality

- Neighborhood and built environment
- Social and Community Context

Our patient population is negatively impacted by each of these domains. We have very high poverty and illiteracy levels in the service area of Greenwood Leflore Hospital. Transportation is an issue, as we have no public transportation and our patient population lacks adequate transportation to avail themselves of healthcare services. Neighborhoods are unsafe in many areas, with poor sidewalks and dilapidated housing prevalent. The built environment is not conducive to healthy living. No safe exercise and/ or walking trails; lack of access to grocery stores with fresh produce; and violence, including drive-by and random shootings, exists for many of our patrons.

FOR THESE REASONS, WE WILL ATTEMPT TO IMPROVE THE HEALTH CONDITIONS IDENTIFIED FROM OUR SURVEYS IN THE FOLLOWING WAYS:

- 1. Additional training for our practitioners in the newest and most effective treatment protocols for the conditions of Diabetes, Cardiovascular Disease, and Obesity.
- 2. Health fairs in public facilities at which educational material and screenings will be conducted.
- 3. Utilization of social media (website, Facebook, and Instagram) to promote healthy initiatives for these conditions.
- 4. Pop up clinics held in the neighborhoods where our patrons have

the least access to transportation and care. We have acquired a van that we will utilize to set up these pop up clinics in areas where they are most needed. Community networkers will provide educational materials on these conditions. Healthcare professionals will conduct screenings for Diabetes, Obesity, and Cardiovascular Diseases. These screenings will include blood glucose levels, lipid profiles, and BMI to assess degrees of obesity.

5. Referrals to providers will be made as a result of the screenings.

DIABETES – Chronic Disease Self-Management classes are now available. Community networkers trained in dealing with patients with limited health literacy will work with patients to make sure they understand how to manage their condition and medications. Nutrition education will be taught to teach people how to prepare more healthy meals.

CARDIOVASCULAR DISEASE (including Hypertension) will be addressed by encouraging patients to attend Chronic Disease Self-Management classes and to incorporate lifestyle changes that will mitigate and manage their conditions to improve outcomes. Health fairs will be held regularly to educate the community on healthy lifestyles.

OBESITY – Obesity is the gateway for the conditions of Diabetes and Cardiovascular Disease in many cases. Greenwood Leflore Hospital will work with obese patients in learning healthy eating and encouraging exercise and physical fitness. We will encourage patients to join a support group and keep regular checkup appointments to monitor their progress. Greenwood Leflore Hospital worked with a local grocery store to promote healthy meals by giving out recipe cards and having samples of healthy meals that were



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

printed on the recipe cards available for the public to taste. Ingredients for health meal preparation were showcased in close proximity to the recipe card and tasting area. These recipe cards are still available.

The following pages are the survey questionairre used to gather data for Greenwood Leflore Hospital's 2022 Community Health Needs Assessment.

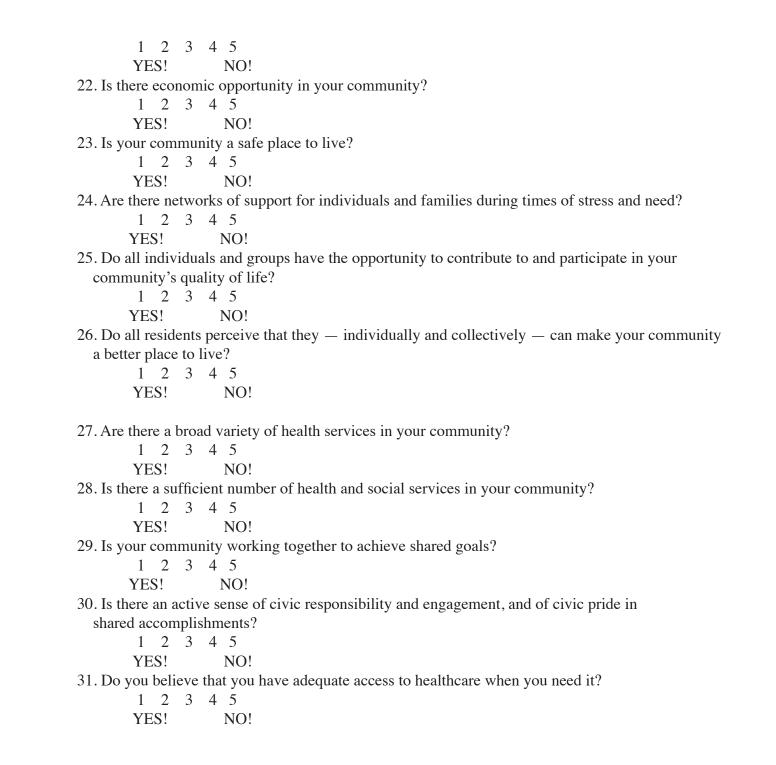
Community Health Needs Assessment Please take a minute to complete the survey below. Your responses are anonymous. The purpose of this instrument is to get your opinions about community health issues and quality of life in your community. In collaboration with our partners in Public Health District III,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

in information and about as input to	if the development of a community hearth improvement plan.
Date Completed	Location Completed
Part I: Demographics Your answers	s 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	$_{}45 - 54 \text{ years}$
$_{}25 - 34 \text{ years}$	$_{}$ 55 – 64 years
35 – 44 years	65 + Years
4. Gender:	
Male Female	
5. Race/ Ethnic group you most ident	ify with:
African American / Black	Native American
Asian / Pacific Islander	White / Caucasian
Hispanic / Latino	Other
6. Marital Status:	
Married	Not married / Single
Cohabitating	Separated / Divorced

7. Education	
Less than high school	Some post H.S.
High school diploma or GED	College degree
Vocational Training	Graduate or Professional degree
8. What is your current employment status?	
EmployedNot employedRetire	ed
9. Number of people in your household:	
10. Annual Household income:	
Less than \$15,000	\$35,000 to \$49,999
\$15,000 to \$24,999	Over \$50,000
\$25,000 to \$34,999	
11. What type of Healthcare coverage do you have?	
No insurance	Medicare
Health insurance (e.g., private	Veterans' Administration
insurance, Blue Cross, HMO)	Indian Health Services
Medicaid	Other
12 Where did you get this survey: (check one)	
	Personal Contact
, , ,	
	Offici
School	
Part II: Community Health *Community is defin	ed as where you currently live
Community is define	ed as where you currently live.
13. In the following list, what do you think are <i>the t</i>	
<u>Community?"</u> (Choose the factors which you fee	el are the most important to achieving a safe healthy
environment for you and your family.)	
Check only three	
•	
12. Where did you get this survey: (check one) Church Community Meeting Grocery Store / Shopping Mall School Part II: Community Health *Community is define 13. In the following list, what do you think are the top Community?" (Choose the factors which you fee	Personal Contact Workplace Other ed as where you currently live.

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
<u>your community?</u> (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 <i>the three most important "risky behaviors" in your community?</i> (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
1. Subligity 905 2. 105 3. Iteatral 1. Ite 3. Subligity 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?



QUESTIONS FOR TELEPHONE INTERVIEWS – CHNA

- 1. What are the top three health challenges you as an individual face?
- 2. Where do you go for routine health care?
- 4. What types of health screenings and/or services are needed to keep you and your family healthy?
- 5. Did you skip any screenings because of the Covid-19 pandemic?
- 6. What do you think are the greatest health related problems in our community
- 7. What factors that exist in our community contribute to the greatest health related problems in our community, in your opinion?
- 8. What are some steps that our community can take to improve the overall health of our citizens?
- 9. How has Covid changed your approach to health care for yourself and your family?

COLLATED SUMMARY OF RESPONSES TO TELEPHONE INTERVIEWS WITH STAKEHOLDERS

Greenwood Leflore Hospital solicited input from stakeholders in our community, including:

- Health care consumers and consumer advocates
- Nonprofit and community-based organizations
- Academic experts
- Local government officials
- Local school districts
- Health care providers and community health centers
- Health Insurance and managed care organizations
- Private businesses
- Labor and workforce representatives.

Ten of the twelve stakeholders from whom we solicited input responded to our request.

1. What are the top three health challenges you as an individual face?

The top three listed were:

Number 1 – Overweight

Number 2 – High Blood Pressure

Number 3 – Access to care

2. Where do you go for routine health care?

Most respondents stated they use a primary care physician in our community. Some travel to Jackson other areas for specialized services.

- 4. What types of health screenings and/or services are needed to keep you and your family healthy? Top answers were mammograms, Pap smears, annual physicals with blood work to identify problems such as diabetes, high blood pressure, and high cholesterol.
- 5. Did you skip any screenings because of the Covid-19 pandemic? Seven skipped screenings due to the COVID-19 pandemic. Three did not.
- 6. What do you think are the greatest health related problems in our community?

Number 1 – Hypertension

Number 2 – Obesity

Number 3 - Diabetes

NOTE: Diabetes was the implementation strategy selected for 2019. Written comments reinforced the need for Greenwood Leflore Hospital to continue to focus on identifying and serving our diabetic population with the most effective treatment options available to us.

- 7. What factors that exist in our community contribute to the greatest health related problems in our community, in your opinion?
- Number 1 Lack of financial resources
- Number 2 Lack of access to healthy food choices
- Number 3 Lack of regular screenings for health issues
- Number 4 Financial struggles of rural hospitals, ours included
- 8. What are some steps that our community can take to improve the overall health of our citizens?
 - 1. Educate the public on how to live longer and take better care of their health.
 - 2. Make more jobs available that provide health insurance.

- 3. Increase the availability of fresh foods; i.e., a community garden.
- 4. Increase the availability of areas to exercise.
- 5. Increase the number of healthcare providers.
- 9. How has Covid changed your approach to health care for yourself and your family?
 - 1. Non urgent appointments for care were postponed/cancelled.
 - 2. More cautious about their surroundings in terms of proximity to people and environment.
 - 3. Limited social interaction which led to feelings of isolation and depression.
 - 4. Sanitizing and taking vitamin supplements.
 - 5. Increase of telehealth visits.
 - 6. More mental health issues than ever before, especially among young people and the elderly.

COVID IMPACT

Every healthcare institution was impacted by the COVID-19 pandemic. Greenwood Leflore Hospital was no exception. Beginning in March of 2020, our hospital dealt with the pandemic by opening and staffing an entire wing dedicated to COVID patients and monitored 24 hours a day by our two pulmonologists and additional staff members. Greenwood Leflore Hospital was named a COVID CENTER OF EXCELLENCE because of our efforts. This means that for 32 months of the three year period that the 2022 CHNA covers, the pandemic played a large part in our protocols.

We asked in our stakeholder interviews two COVID specific questions:

Did you skip any screenings because of the COVID-19 pandemic?

Seven skipped screenings due to the COVID-19 pandemic. Three did not.

How has COVID-19 changed your approach to health care for yourself and your family?

- 1. Non urgent appointments for care were postponed/cancelled.
- 2. More cautious about their surroundings in terms of proximity to people and environment.
- 3. Limited social interaction which led to feelings of isolation and depression.
- 4. Sanitizing and taking vitamin supplements.
- 5. Increase of telehealth visits.
- 6. More mental health issues than ever before, especially among young people and the elderly.

EVALUATION OF THE IMPACT

OF ACTIONS THAT WERE TAKEN TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE IMMEDIATELY PRECEDING CHNA CONDUCTED IN 2019

The actions taken to address the significant health needs identified in the immediately preceding CHNA (2019) were:

- Routine screening of patients with a family history of diabetes.
 This was effective and will be continued in our new implementation strategy.
- A universal prescription referral sheet to the Diabetic Education Center was developed to make the process easier to implement for physicians. This was effective and will be continued.
- 3. Marketing the new initiative to the community. This will be continued, as it was effective.
- 4. Diabetic educators regularly visit our clinics. This did not prove effective to the degree that we had hoped.
- 5. Speaking at local schools to increase awareness. This was not effective, because the shutdown in March of 2020 denied us access to the schools.
- 6. 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. This will be continued; it was effective.

7. Purchased new and updated exercise equipment for the Wellness Center. This was somewhat effective, but the shutdown of March 2020 and the continued effects of the pandemic lessened the impact of this initiative.

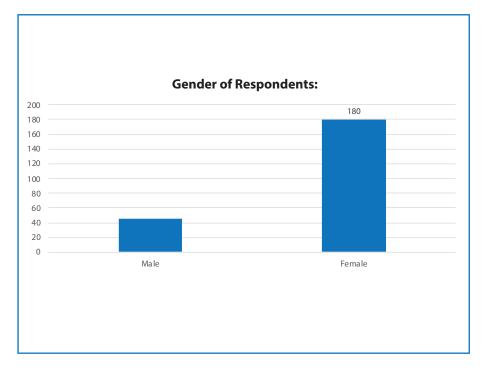


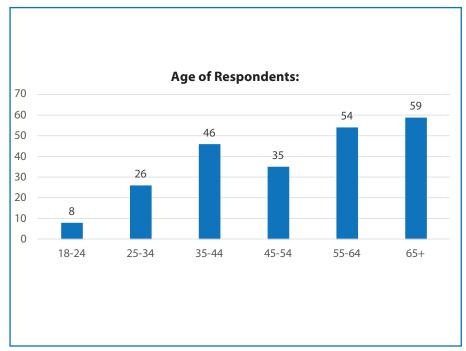
NOTE: The data in this report was collected during FY 2022, but the rapid changes occurring in rural healtcare markets have resulted in our not being able to continue providing some of the services listed in this report.

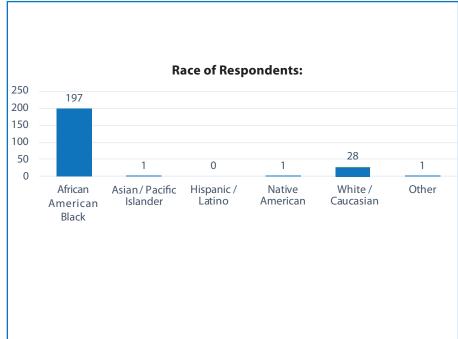


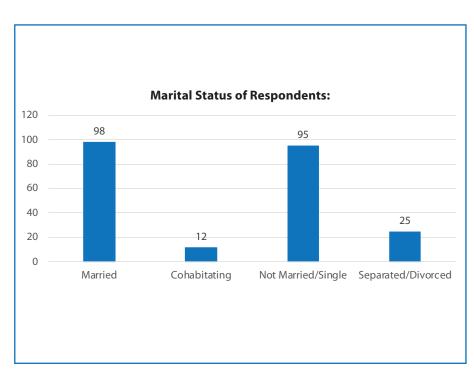
The right care at the right time-glh.org

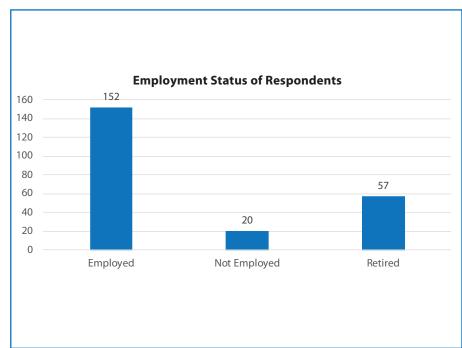
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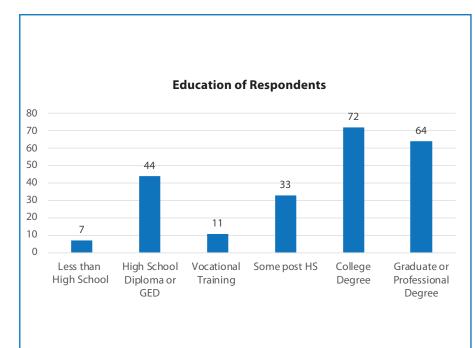


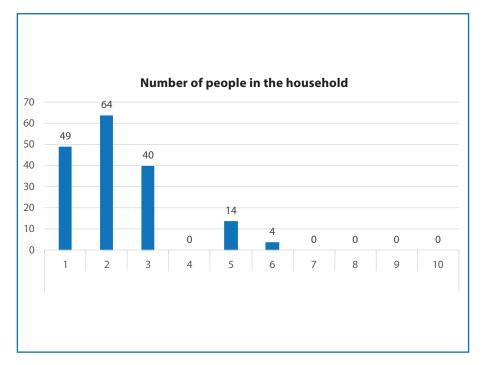


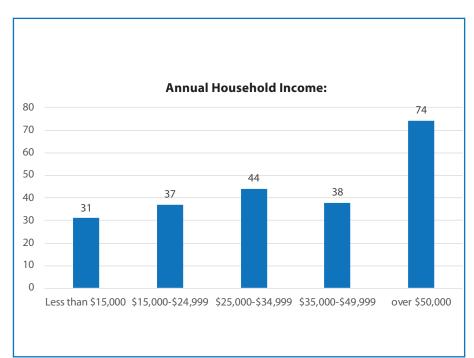


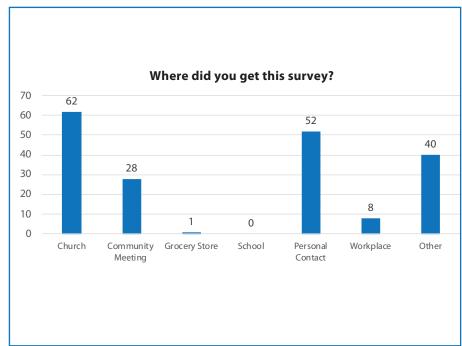


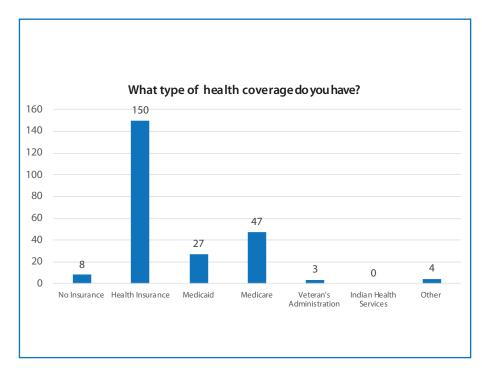


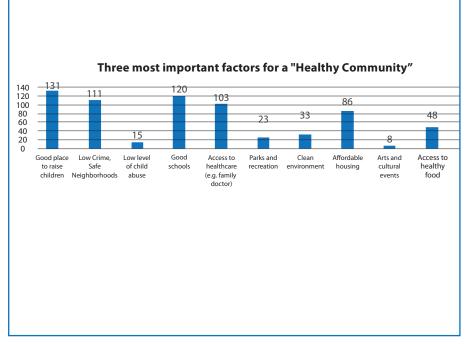


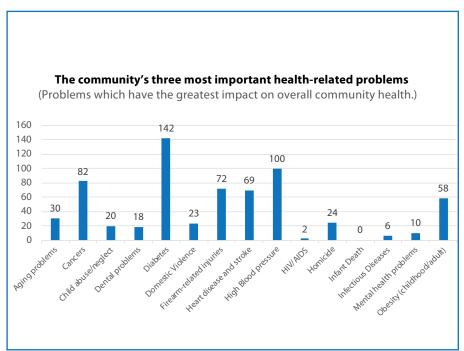


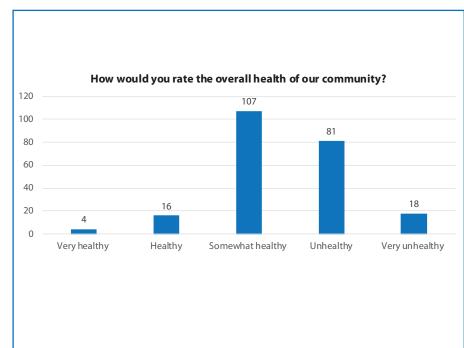


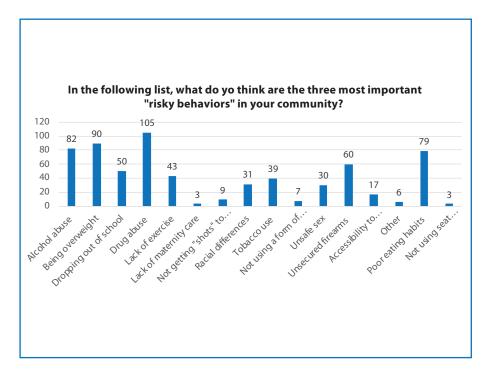


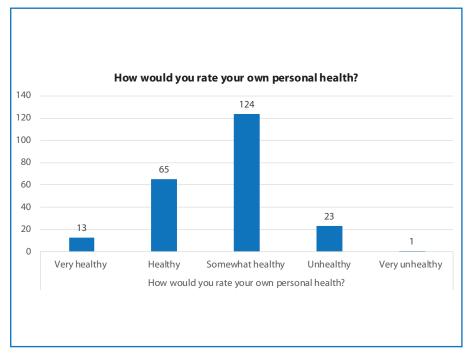


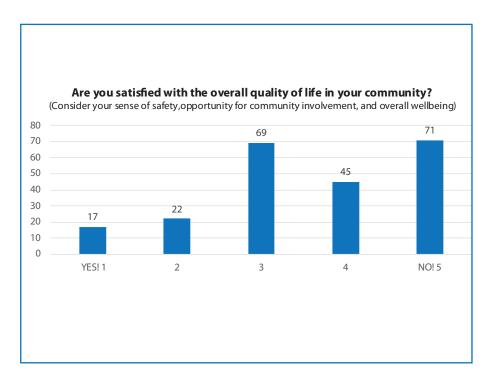


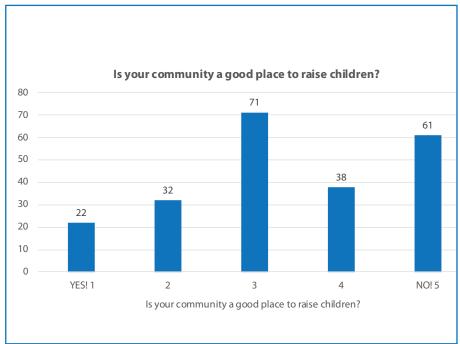


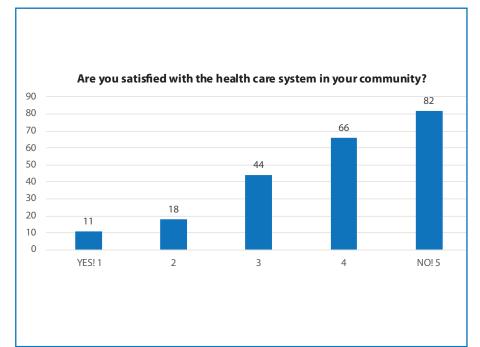


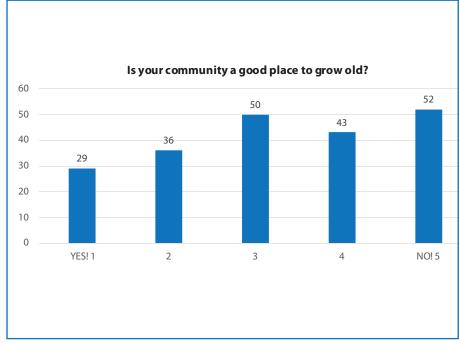


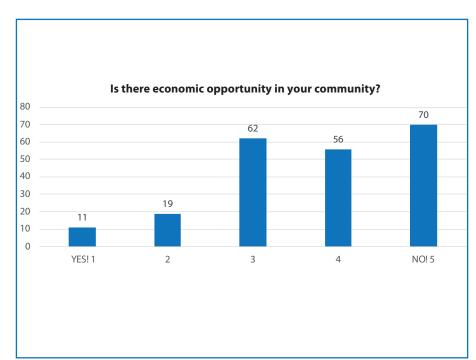


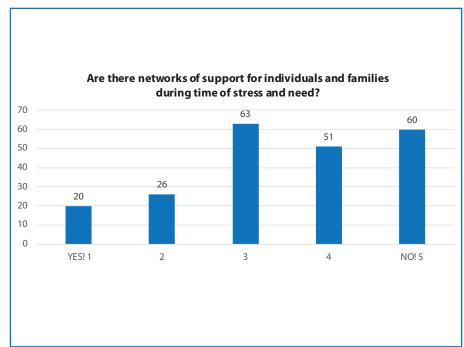


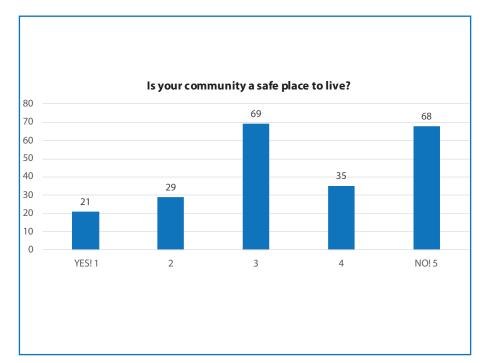


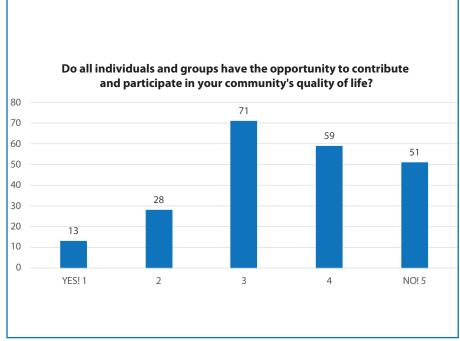


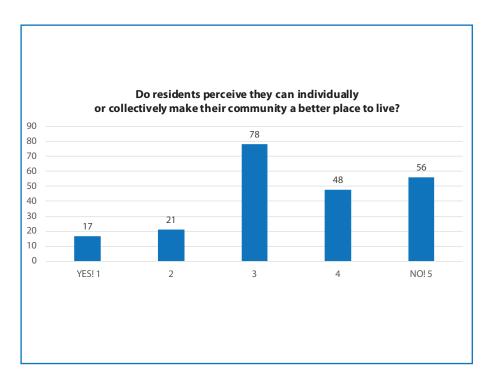


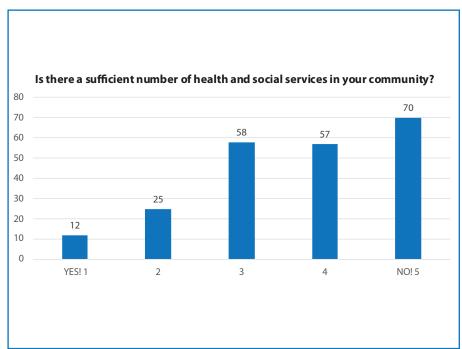


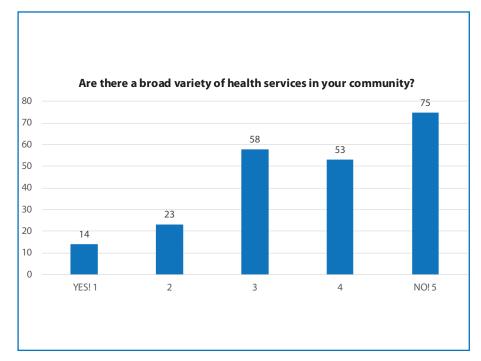


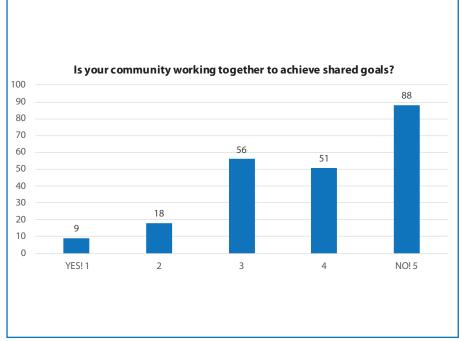


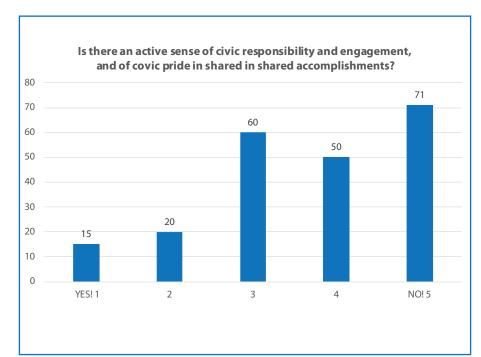


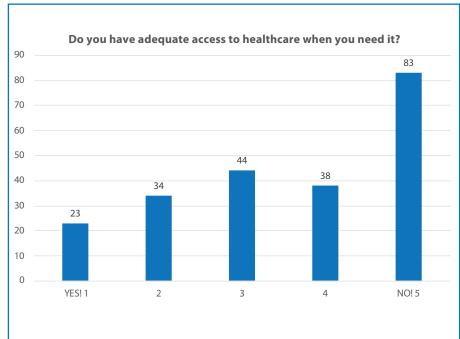














Lidon't have no way to get my medications

because you know, I had to quit my job because of my health.

- Mae Bell Jackson



The right care at the right time-glh.org