



**Community
Health Needs
Assessment
2022**



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Introduction

McGehee Hospital, a critical access hospital located in the City of McGehee in Desha County, Arkansas, is a 501(c)3 not-for-profit organization. In order to fulfill the hospital's mission and retain tax-exempt status, it must provide programs and services that intentionally assess and respond to local community health needs. McGehee Hospital provides community benefits by offering health education, free community health screenings, support for local athletic activities, and several community health initiatives. Further, every three years, McGehee Hospital conducts a survey assessing the needs of Desha County residents and hospital stakeholders in the surrounding area. The assessment includes input from persons representing broad interests of the community served by McGehee Hospital, including those with public health expertise. These individuals form the community advisory committee. The community advisory committee assisted hospital staff in collecting survey data that indicated the most pressing health concerns in the hospital service area. Upon identifying the health issue priorities, McGehee Hospital's community needs assessment steering committee will create an action plan to address some of these issues through resources available to the hospital. The completed report will be made available to the public. McGehee Hospital's 2022 Community Health Needs Assessment is prepared by the Arkansas Rural Health Partnership leadership and staff in accordance with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010.

Healthcare in 2022

Background.

The 2022 Community Health Needs Assessment (CHNA) was prepared during spring 2022, a time when the world held its collective breath while grappling with a third year of the COVID-19 pandemic, rising inflation, and armed conflicts in Eastern Europe threatening democracy. Through the CHNA process, the Arkansas Rural Health Partnership (ARHP) and McGehee Hospital engaged hospital leadership, key stakeholders, and community members to take the pulse of the local healthcare landscape, determine priority healthcare needs in the service area, and build a path together for moving forward on these critical areas. Health care service delivery and community initiatives driven by the health system over the next three years will greatly consider the following challenges, trends, and innovations in health care delivery, design, and policy:

Key Challenges Framing Rural Health Care Delivery in 2022.

While there are numerous challenges facing rural communities, the following factors are currently defining and reshaping rural healthcare delivery:

Learning to Live with COVID-19: As the world enters the third year of the pandemic, public health messaging has shifted from eradicating to learning to live with the disease. Vaccines and new therapeutic treatments have enabled individuals to live, work, and play with more freedom.

Growing Behavioral Health Epidemic: America was facing a behavioral health crisis long before COVID-19 further intensified the problem. Opioid overdose and suicide rates have reached unprecedented levels. More work is needed to increase access to and reduce the stigma of receiving needed mental health, substance use intervention, and treatment.

Booming into Retirement: The Baby Boomer generation is moving into retirement at an ever-increasing pace. The need for healthcare and support services for aging individuals is quickly exceeding availability.

Losing our Rural Healthcare Providers: Many rural communities struggle to recruit and retain healthcare providers. The COVID-19 pandemic placed additional strain on healthcare professionals, with many experiencing burnout after enduring many months of extreme stress. Some have left the area for lucrative sign-on bonuses, while others have left the profession altogether.

Fighting to keep our Rural Hospitals: Rural hospitals continued to struggle to keep their doors open despite COVID-19 stimulus funding. According to The Cecil G. Sheps Center for Health Services Research at the University of North Carolina at Chapel Hill, 21 rural hospitals in 11 states (primarily in the South) closed in 2020 and 2021. One rural hospital closure can have a devastating negative ripple effect throughout the community, including the local economy.

Health Care Trends & Innovations in 2022 & beyond.

COVID-19 presented the world with an urgent need for innovation in nearly every sector of industry. As a result, we are living in the reality of new and amazing advances in science, technology, medicine, environmental practices, and much, much more. While it would be impossible to capture a complete list of the current future trends and innovations in healthcare for the next few years, the following themes should be expected to play a significant role in the way healthcare is provided:

Increased collaboration between health care organizations: Health care organizations of all shapes and sizes will find new and creative ways to partner together in order to provide relevant, meaningful, and quality services to the residents they serve. This relationship will be particularly important for rural health care systems looking to meet the needs of their patients close to home.

Increased access to quality, equitable health care: Telehealth & telemedicine will continue to increase the availability of healthcare services, regardless of where an individual lives. At-home diagnostics and monitoring devices will reduce the need for in-person visits and improve the provider's ability to treat based on real-time signs, symptoms, and vital statistics. New infrastructure investments will support public transit transformation, further eliminating cost and place-based barriers to care. A heightened focus on social determinants of health and health equity will encourage a more whole person approach to how care is provided (including health care, support, and enabling services).

Increased accuracy, precision, and treatment: Technological advances using robotics, 3D printing, and digital therapeutics will reduce medication and medical errors, decrease the need for invasive procedures, and improve the ability to specifically target the health issue or disease path. Genomics (the study of all a person's genes) will push modern medicine's concept of healthcare delivery, including disease prevention and treatment.

Increased patient engagement: Individuals will benefit from more opportunities to easily engage in their own healthcare and wellness decisions using wearable technology and mobile healthcare apps. Continued emphasis on value-based healthcare will ensure that patients are involved in their own care, regardless of where they access care.

Increased reliance on the digital space for health care: With paper charts, a thing of the past, and the increasing adoption of digital prescriptions, artificial intelligence, and augmented & virtual reality, smart health care will come at the risk of big data and healthcare privacy and security concerns.

The recommendations in this report should be considered with respect to the uncertainties, trends, and changes noted above.

Relevant Data

State – Arkansas

According to the United Health Foundation’s 2021 America’s Health Rankings Annual Report, Arkansas state health findings are as follows:

Arkansas Health Strengths
<ol style="list-style-type: none"> 1. Low prevalence of excessive drinking 2. High rate of high school graduation 3. Low percentage of housing with lead risk
Arkansas Challenges
<ol style="list-style-type: none"> 1. High prevalence of multiple chronic conditions 2. High prevalence of two or more adverse childhood experiences 3. High prevalence of cigarette smoking
Arkansas Highlights
<ol style="list-style-type: none"> 1. Food insecurity decreased 41% from 21.2% to 12.6% of households between 2011-2013 and 2018-2020 2. Flu vaccination increased 14% from 42.1% to 47.8% of adults between 2019-2020 3. Adults with a dedicated health care provider decreased 6% from 81.3% to 76.3% between 2018-2020

Arkansas Measures

	Rating	2021 Value	2021 Rank
Social and Economic Factors	+	-0.773	48
Community and Family Safety	+	-1.093	50
Occupational Fatalities	+	7.5	44
Public Health Funding	+++	\$128	21
Violent Crime	+	585	47
Economic Resources	+	-0.742	44
Economic Hardship Index	+	80	46
Crowded Housing	++	2.8%	36
Dependency	+	40.5%	42
Education- Less than High School	+	12.5%	41
Per Capita Income	+	\$27,274	49
Poverty	+	16.3%	46
Unemployment	++	5.0%	37
Food Insecurity	+	12.6%	42

Homeownership	++	65.5%	33
Homeownership Racial Disparity	+++++	29.1	7
Income Inequality	++	4.73	32
Education	++++	0.565	12
Fourth Grade Reading Proficiency	+	31.2%	42
High School Graduation	++++	87.6%	16
High School Graduation Racial Disparity	++++	10.6	12
Social Support and Engagement	+	-1.269	50
Adverse Childhood Experiences	+	22.5%	48
High-Speed Internet	+	84.1%	48
Residential Segregation – Black/White	+++	65	28
Volunteerism	+++	34.4%	27
Voter Participation (Average)	+	48.3%	50
Physical Environment	++++	0.303	12
Air and Water Quality	++++	0.338	19
Air Pollution	+++	7.2	23
Drinking Water Violations	+++	0.2%	24
Non-smoking Regulation	++	0.5%	40
Risk-screening Environmental Indicator Score	++	5,878,808	31
Water Fluoridation	++++	85.4%	20
Climate Change	•	•	•
Climate Change Policies	+++	1	28
Transportation Energy Use	++	9.5	32
Housing and Transit	++++	0.257	14
Drive Alone to Work	+	82.4%	44
Housing With Lead Risk	+++++	10.9%	9
Severe Housing Problems	++++	14.0%	19
Clinical Care	+	-0.586	43
Access to Care	+	-0.681	43
Avoided Care Due to Cost	+	12.9%	44
Providers	+	-0.940	47
Dental Care Providers	+	42.7	48
Mental Health Providers	+++	254.3	30
Primary Care Providers	+	216.1	44
Uninsured	++	9.1%	31
Preventive Clinical Services	+	-0.611	41
Colorectal Cancer Screening	++	71.4%	35
Dental Visit	+	57.0%	50
Immunizations	++	-0.420	38
Childhood Immunizations	++	73.6%	38
Flu Vaccination	+++	47.8%	22
HPV Vaccination	+	49.6%	44
Quality of Care	++	-0.300	39
Dedicated Health Care Provider	++	76.3%	32
Preventable Hospitalizations	++	4,198	35
Behaviors	+	-1.097	46
Nutrition and Physical Activity	+	-0.943	42

Exercise	+	19.3%	44
Fruit and Vegetable Consumption	+++	8.0%	25
Physical Inactivity	+	29.7%	47
Sexual Health	+	-1.003	46
Chlamydia	++	569.8	32
High-risk HIV Behaviors	+	6.3%	43
Teen Births	+	30.0	50
Sleep Health	++	-0.740	40
Insufficient Sleep	++	35.0%	40
Smoking and Tobacco Use	+	-1.880	48
E-cigarette Use	•	5.7%	•
Smoking	+	20.5%	48
All Determinants	+	-0.695	48
Health Outcomes	+	-0.798	46
Behavioral Health	+	-0.417	42
Depression	+	23.5%	45
Drug Deaths	+++++	13.2	6
Excessive Drinking	++++	16.1%	15
Frequent Mental Distress	+	17.8%	50
Non-medical Drug Use	+++	11.2%	26
Suicide	++	18.4	34
Mortality	++	-0.660	39
Premature Death	+	9,796	44
Premature Death Racial Disparity	++++	1.3	16
Physical Health	+	-1.082	46
Frequent Physical Distress	+	14.2%	48
High Health Status	+	48.8%	46
Low Birthweight	++	9.2%	38
Low Birthweight Racial Disparity	+++	2.0	27
Multiple Chronic Conditions	+	13.8%	46
Arthritis	+	29.5%	43
Asthma	++++	9.1%	18
Cancer	+	7.6%	44
Cardiovascular Diseases	+	12.2%	48
Chronic Kidney Disease	++	3.4%	38
Chronic Obstructive Pulmonary Disease	+	9.0%	46
Diabetes	+	13.2%	44
Risk Factors	+	-1.130	41
High Blood Pressure	+	41.0%	47
High Cholesterol	+	37.4%	47
Obesity	+	36.4%	41
Overall	•	-0.708	•

(America's Health Rankings, United Health Foundation; Arkansas Summary 2021, March 2022)

Regional – Southeast Arkansas

For the purposes of this assessment, regional demographics include the counties in which all Arkansas Rural Health Partnership hospital members serve which includes twenty counties in the south Arkansas Delta Region: Arkansas, Ashley, Bradley, Calhoun, Chicot, Cleveland, Dallas, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Monroe, Phillips, Prairie, Ouachita, St. Francis, and Union.

Ask someone to describe the south Arkansas Delta and some of the first words you will hear may include: poor, depressed, rural. Next will come stories of farming towns carved out of rich river basins and the long, open roads that only slow due to a spattering of traffic lights hidden along the way. Prod a little deeper and the conversation will probably turn to mention small towns where people know their neighbor’s names and care enough to make eye contact and say hello when they pass each other in the grocery store. Just like every other region of America, the Delta has its strengths and weaknesses.

Income and Poverty (Service Area, State, Nation)

Region	Population	Median Household Income	Unemployment	Persons Living in Poverty
Arkansas County	17,149	\$46,696	44.9%	17.30%
Ashley County	19,062	\$44,744	51.3%	16.7%
Bradley County	10,545	\$43,184	52.2%	20.5%
Calhoun County	4,739	\$46,417	51.5%	13.4%
Chicot County	10,208	\$34,147	61.6%	28.9%
Cleveland County	7,550	\$46,349	51.0%	14.7%
Dallas County	6,482	\$38,072	50.7%	14.7%
Desha County	11,395	\$31,893	49.6%	29.1%
Drew County	17,350	\$46,997	46.6%	18.8%
Grant County	17,958	\$55,388	46.5%	14.5%
Jefferson County	67,260	\$39,326	50.6%	24.7%
Lee County	8,600	\$29,681	64.1%	22.1%
Lincoln County	12,941	\$46,596	72.4%	20.0%
Lonoke County	74,015	\$62,532	39.4%	11.1%
Monroe County	6,799	\$38,468	48.0%	27.1%
Ouachita County	22,650	\$35,425	50.0%	23.2%
Phillips County	16,568	\$29,320	52.9%	34.5%
Prairie County	8,282	\$42,754	45.7%	10.4%
St. Francis County	23,090	\$35,348	58.6%	24.9%
Union County	39,054	\$44,663	49.4%	19.1%
Service Area Average	21,437	\$41,605	52.2%	21.1%
State of Arkansas	3,011,524	\$48,952	44.8%	16.2%
U.S.	331,449,281	\$65,712	39.8%	12.3%

(U.S. Census Bureau; U.S. Department of Commerce, March 2022)

Unfortunately, residents of the Delta face staggering challenges that people in other parts of the country simply do not encounter. The Delta is home to abject poverty, high rates of unemployment, and ever climbing rates of people leaving the region for a better life. Outward migration is so severe in the region that seven schools have closed, and two schools consolidated since the 2017-2018 school year (Arkansas Department of Education, self-reported data accessed September 2018). Rural health systems are forced to compete for a handful of qualified healthcare professionals to fill these gaps without the draw of flashy prep schools, grocery stores, and parks that often entice young professionals with families.

Population by Race (Service Area, State, Nation)

County	Black	White	American Indian & Alaska Native	Asian	Native Hawaiian & other Pacific Islander	Some other race	Two or More Races	Not Hispanic	Hispanic	Total Population
Arkansas	4,156	11,698	44	94	9	405	743	16,513	636	17,149
Ashley	4,669	12,958	56	41	6	625	707	17,948	1,114	19,062
Bradley	2,937	5,890	92	30	0	1,156	440	10,545	1,575	10,545
Calhoun	913	3,539	10	6	9	54	208	4,612	127	4,739
Chicot	5,417	3,953	36	38	9	414	341	9,627	581	10,208
Cleveland	686	6,466	35	7	1	87	268	7,368	182	7,550
Dallas	2,592	3,487	17	7	0	103	276	6,281	201	6,482
Desha	5,398	4,845	47	61	4	527	513	10,622	773	11,395
Drew	4,846	11,291	90	108	13	366	636	16,694	656	17,350
Grant	458	16,304	81	77	1	178	859	17,518	440	17,958
Jefferson	37,835	25,478	240	673	94	869	2,071	65,772	1,488	67,260
Lee	4,663	3,465	39	13	2	121	297	8,384	216	8,600
Lincoln	3,652	8,324	41	23	9	384	508	12,322	619	12,941
Lonoke	4,386	616,624	368	733	50	1485	5,369	70,405	3,610	74,015
Monroe	2,760	3,568	35	28	7	144	257	6,613	186	6,799
Ouachita	8,899	12,194	71	126	3	225	1,132	516	22,134	22,650
Phillips	10,343	5,616	44	65	4	87	409	16,304	264	16,568
Prairie	925	6,964	23	21	3	44	302	8,137	145	8,282
St. Francis	12,561	9,551	65	127	8	189	589	22,404	686	23,090
Union	12,729	23,216	150	280	16	1,045	1,618	37,300	1,754	39,054
Service Area Average	6,541	39,772	79.2	127.9	12.4	425.4	877.15	18,294	1,869.35	20,085
State of Arkansas	453,783	2,114,512	27,177	51,839	14,533	136,105	213,575	2,754,677	256,847	3,011,524
U.S.	41,104,200	204,277,273	3,727,135	19,886,049	689,966	27,915,715	38,848,943	269,369,237	62,080,044	331,449,281

(U.S. Census Bureau, March 2022)

The health and wellness of the residents of the region bear witness to the deficit of healthcare providers. Chronic disease rates in the region are some of the highest in the country. To make definitive improvements in the health status of south Arkansas Delta residents, a two-handed approach is required. It is not enough to provide programs and services to patients when the healthcare system does not have the infrastructure or capacity to provide the kind of care required to meet the need.

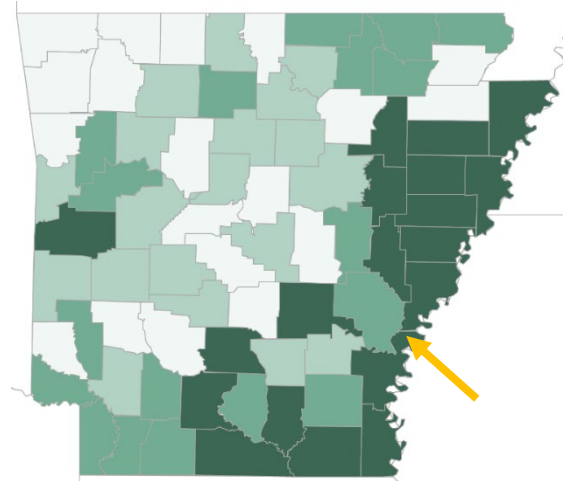
Chronic Disease Indicators & Conditions Comparison (Service Area, State, Nation)

Region	Smoking Prevalence	Obesity Prevalence	Diabetes Prevalence	Preventable Hospital Stays out of 100,000
Arkansas County	25%	35%	19%	4,981
Ashley County	26%	42%	14%	6,294
Bradley County	25%	31%	18%	4,926
Calhoun County	26%	26%	10%	2,316
Chicot County	26%	41%	9%	8,130
Cleveland County	25%	38%	16%	5,670
Dallas County	25%	40%	17%	5,325
Desha County	28%	48%	10%	9,375
Drew County	24%	35%	18%	7,770
Grant County	23%	34%	17%	5,009
Jefferson County	25%	43%	15%	5,715
Lee County	29%	41%	14%	7,185
Lincoln County	27%	45%	15%	7,489
Lonoke County	22%	41%	14%	4,482
Monroe County	28%	44%	19%	4,403
Ouachita County	25%	41%	19%	4,486
Phillips County	27%	45%	21%	7,190
Prairie County	25%	36%	13%	5,202
St. Francis County	27%	48%	15%	5,218
Union County	23%	35%	13%	4,262
Service Area Average	26%	40%	15%	5,809
State of Arkansas	24%	35%	14%	4,769
U.S.	16%	26%	8%	2,565

(County Health Rankings & Roadmaps: 2021 County Health Rankings: Arkansas)

County – Desha

Desha County is located in the southeast corner in the state of Arkansas on the border of Mississippi and the Mississippi River. The landscape of the county is rich, flat, Delta farmland and the Mississippi River forms the eastern boundary. The county seat is Arkansas City. Desha County lies at the convergence of three of North America's major rivers: the White, the Arkansas and the Mississippi, which provides the county with waterway connections from New Orleans to Tulsa. Railways, waterways, and the rich agricultural resources have made Desha County a major grain shipping and storage center. Desha County, along with Chicot County, has a 3.9 million Port and industrial park at Yellow Bend on the Mississippi. The White River Wildlife Refuge offers a sanctuary for migratory waterfowl. The longest levee in the United States is located in Desha County on the Mississippi River.



As of the 2020 census, Desha has a population of 11,395 residents compared to the 2017 census which was 13,008 residents (a loss of 1,613 in population over the course of three years). According to the Robert Wood Johnson Foundation County Health Rankings and Roadmap study, Desha ranks in overall health outcomes at #72 out of 75 counties in Arkansas, two rankings lower than the 2019 ranking of #70. Desha County is considered one of the unhealthiest counties in the state of Arkansas, ranking #69 within the 75 counties. While being ranked as one of the unhealthiest counties, Desha has improved its rankings from #73 in 2019.

The following data demonstrates the demographics and statistics of Desha County comparable to the state of Arkansas, as well as the United States and the Top U.S. Performing Counties.

General Demographics

AGE/SEX	DESHA CO.	ARKANSAS
Population	11,395	3,011,524
% Below 18	25.6%	23.2%
% Above 18	74.4%	76.8%
% 65 & Older	18.7%	17.4%
% Male	48.8%	49.1%
% Female	53.9%	50.9%

RACE/ETHNICITY	DESHA CO.	ARKANSAS
% African American	47.4%	15.1%
% American Indian/Alaskan Native	0.4%	0.9%
% Asian	0.5%	1.7%
% Native Hawaiian/Pacific Islander	0.04%	0.5%
% Hispanic/Latino	6.8%	8.5%
% Caucasian	42.5%	70.0%
% Some Other Race	4.6%	4.5%
% Two or More Races	4.5%	7.0%

Income Demographics

	DESHA CO.	ARKANSAS
Median Household Income	\$31,893	\$48,952
<i>Income breakdown by status</i>		
Families	\$41,467	\$63,542
Married couple families	\$57,818	\$75,616
Non-family households	\$22,199	\$24,493

Poverty Demographics

	DESHA CO.	ARKANSAS	U.S.
All people	29.1%	16.2%	22.2%
Under 18 years of age	47.6%	22.1%	58.5%
18 – 64 years of age	26.8%	15.5%	16.5%
65 & Older	11.2%	10.5%	12.3%

Migration Demographics

	DESHA CO.	ARKANSAS
Moved within same county	10.4%	8.1%
Moved from a different county	3.2%	4.0%
Moved from a different state	0.8%	2.0%
Moved from abroad	0.3%	(-)

Insured Demographics

Healthcare Coverage (Uninsured)	
Desha County	6.3%
Arkansas	9.1%

Healthcare Provider Demographics

	DESHA CO.	ARKANSAS	US TOP PERFORMING COUNTIES
PRIMARY CARE PHYSICIAN	2,300:1	1,500:1	1,030:1
DENTISTS	3,790:1	2,160:1	1,240:1
MENTAL HEALTH PROVIDERS	1,620:1	440:1	290:1
PREVENTABLE HOSPITAL STAYS	9,375	5,129	2,761
MAMMOGRAPHY SCREENING	30%	37%	50%
FLU VACCINATIONS	41%	45%	53%

Health Statistics

	DESHA CO.	ARKANSAS	US TOP PERFORMING COUNTIES
Adult smoking	28%	22%	14%
Adult obesity	48%	43%	26%
Food environment index	4.7	5.2	8.6
Physical inactivity	35%	32%	20%
Access to activity (physical exercise)	60%	64%	91%
Alcohol abuse	13%	16%	13%
Impaired driving deaths	45%	26%	11%
Sexually transmitted disease	918.1	575.5	161.4

Desha County COVID-19 Statistics as of April 20, 2022

Cases		<10	
% Positivity		0	
PEOPLE VACCINATED	AT LEAST ONE DOSE	FULLY VACCINATED	FULLY VACCINATED + BOOSTER
TOTAL POPULATION	8,173 (71.9%)	6,819 (60.0%)	2,652 (38.9%)
12+	7,855 (82.5%)	6,608 (69.4%)	2,651 (40.1%)
18+	7,256 (85.5%)	6,126 (72.1%)	2,600 (42.4%)
65+	2,223 (95.0%)	1,953 (87.7%)	1,261 (64.6%)

Topic Specific Data – Priorities

At the conclusion of the McGehee Hospital survey and community advisory committee process, there were three priorities that were targeted for the hospital to address over the next three years:

Public Health Concern: Chronic Disease

The chronic disease burden in Arkansas is overwhelming- about 70% of all deaths in the state are a result of a preventable chronic disease- and chronic disease and their complications take their toll in draining the state’s resources event further, both economically and in human terms, according to Dr. Namvar Zohoori the Chronic Disease Director at the Arkansas Department of Health. In the 2022 County Health Rankings & Roadmaps State Report provided by the University of Wisconsin Population Health Institute, Desha County ranked #72 in Health Outcomes and #69 in Health Factors out of Arkansas’ 75 counties.

	Desha County	Arkansas	Top U.S. Performers (Counties)
Poor or fair health	32%	24%	15%
Poor physical health days	5.9	5.0	3.4
Low birthweight	15%	9%	6%
Adult smoking	26%	21%	15%
Adult obesity	43%	38%	30%
Physical inactivity	41%	30%	23%
Teen births	45	36	11

Diabetes

Diabetes was the nation’s seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations and blindness among adults. Arkansans are increasingly feeling the effects of diabetes as thousands of people suffer from the disease. Today, over 360,000 people in Arkansas have diabetes (which consists of 14.8% of the total population of the state of Arkansas).

Diabetes is an ideal target for prevention strategies as it is a major risk factor for other serious chronic conditions and can be managed through a combination of lifestyle modifications and health care interventions. Studies show that the onset of Type 2 diabetes can largely be prevented through weight loss as well as increasing physical activity and improving dietary choices.

Obesity

In 2015, Arkansas had the highest adult obesity rate among all 50 states, according to a report on obesity from the Trust for America's Health and the Robert Wood Johnson Foundation. Nationally, more than 30% of adults are obese, a stark increase from 1980 when no state had a rate above 15%. In 1990, no state had an obesity rate above 20%. Now, obesity rates are at or above 30% in 22 states, according to the report. The upward trend in the prevalence of obesity and chronic disease resulting from obesity is staggering when visually depicted.

A follow-up report by the Trust for America's Health and the Robert Wood Johnson Foundation in 2017 analyzed figures from the Centers for Disease Control and Prevention and found a slight improvement for Arkansas in the rankings. Arkansas fell to number three tying with Alabama at 35.7 percent. According to United Health Foundation chart below, Desha County's obesity rate is lower than the state average with one of the highest rates in the state of Arkansas.

Heart Disease/Stroke

Healthy People 2020 defines heart disease as the leading cause of death in the United States. Stroke is the fifth leading cause of death in the United States. Together, heart disease and stroke, along with other cardiovascular diseases, are among the most widespread and costly health problems facing the Nation today, accounting for approximately \$320 billion in health care expenditures and related expenses annually. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are 1) High blood pressure; 2) High cholesterol; 3) Cigarette smoking; 4) Diabetes; 5) Unhealthy diet and physical inactivity; and 6) Overweight and obesity. Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent these devastating events and other potential complications of chronic cardiovascular disease.

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure, cigarette smoking, and high blood cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately

1 in 3 adults in the United States, and only about half of them have it under control. High sodium intake can increase blood pressure and the risk for heart disease and stroke, yet about 90% of American adults exceed their daily recommendation for sodium intake.

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the U.S. population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

Cancer

Cancer is the second leading cause of death in Arkansas. During 2020, it was estimated that 6,730 Arkansas residents would die from cancer. Lung cancer remains the leading cause of cancer death in men and women, with trends in male rates decreasing faster than female rates. Currently in 2022, there are 18,610 newly diagnosed cancer cases, 6,460 estimated deaths.

The following are statistics from the American Cancer Society’s Cancer Statistics Center:

Cancer Deaths by Sex, Arkansas 2013-2017 Combined					
Females			Males		
Cancer Type	# Deaths	% Total	Cancer Type	# Deaths	% Total
Lung	4,305	28.9%	Lung	6,001	33.0%
Breast	2,032	13.7%	Colorectal	1,600	8.8%
Colorectal	1,348	9.0%	Prostate	1,375	7.6%
Pancreas	970	6.5%	Pancreas	1,044	5.7%
Ovary	695	4.7%	Liver/Intrahepatic Bile Duct	867	4.8%
All others	5,558	37.3%	All others	7,295	40.1%

Living with Cancer, Arkansas 2013 – 2107 Combined							
Females				Males			
Cancer Type	# Living with Cancer	% Total		Cancer Type	# Living with Cancer	% Total	
Breast	9,542	35.9%		Prostate	9,052	32.9%	
Colorectal	2,397	9.0%		Colorectal	2,734	10.0%	
Lung	2,226	8.4%		Lung	2,186	8.0%	
Corpus Uteri	1,814	6.8%		Urinary Bladder	1,995	7.3%	
Thyroid	1,331	5.0%		Melanoma of the Skin	1,919	7.0%	
All Others	9,241	34.8%		All Others	9,586	34.9%	

Cancer Screening			
	Arkansas	National Rank	U. S.
Up-to-date mammography, women 45 years and older, 2018	65%	37	68%
Stool test/endoscopy, 50 years and older, 2018	67%	43	70%
Pap/HPV test, women 21 ro 65 years, 2018	87%	16	85%

Cancer Risk Factors			
	Arkansas	National Rank	U. S.
Cigarette excise tax per pack, 2019	\$1.15	36	\$1.81
Current cigarette smoking, 18 years and older; 2018	24%	3	17%
Overweight prevalence, 18 years and older; 2018	33%	44	35%
Obesity prevalence, 18; years and older; 2018	38%	3	31%
Excess body weight, 18 years and older; 2018	70%	8	66%
Current cigarette smoking, HS students, 2017	14%	3	9%
Overweight prevalence, HS students, 2017	18%	5	16%
Obesity prevalence, HS students; 2017	22%	1	15%
HPV vaccination coverage, boys 13-17 years; 2016	39%	44	49%
HPV vaccination coverage, girls 13-17 years; 2016	46%	46	54%

Public Health Concern: Mental & Behavioral Health

Even before the pandemic caused isolation, anxiety, fear, and depression rates to soar, mental health was one of the top concerns in the region (and nation). In a report released in April 2016 by the Arkansas Department of Health, suicide is the leading cause of injury-related deaths for Arkansans between the ages of 20 and 64 and the second leading cause of death among all other age groups (Suicide Statistics Among Arkansans from 2009 to 2014, Arkansas Department of Health, 2016). Suicide is a preventable cause of death. In October 2020, a local nurse at an ARHP member hospital called 80 inpatient facilities across multiple states before finding placement for a suicidal young adult. Sadly, the news of another completed suicide by a young adult with a full life ahead

of them is becoming more and more common place. This is further compounded by a severe lack of inpatient behavioral health services available in the region (with only 1 inpatient facility accepting young adults of this age in the 19-county area). The need to increase access to mental and behavioral health resources in the Southeast Arkansas Delta region is more important than ever. Below is a table of the current available resources in the service area.

Substance Use Treatment and Outpatient Behavioral Health Providers

County	Substance Use Disorder Treatment Facilities, 2022	Outpatient Behavioral Health Providers, 2022	Community Mental Health Centers that Serve County, 2022
Arkansas	0	1	1
Ashley	0	1	1
Bradley	1	1	1
Calhoun	0	3	0
Chicot	0	0	1
Cleveland	0	0	1
Dallas	0	1	0
Desha	0	1	1
Drew	0	2	1
Grant	0	0	1
Jefferson	0	2	2
Lee	0	1	1
Lincoln	0	1	1
Lonoke	0	3	2
Monroe	0	1	1
Phillips	0	3	1
Prairie	0	0	1

Ouachita	1	4	1
St. Francis	1	1	1
Union	0	1	2
Total	3	27	21

(Arkansas Department of Human Services, Division of Aging Adult & Behavioral Health Services, SUD Treatment State Funded Directory, Arkansas Community Mental Health Center Directory, ARHP Member Directory)

For over a decade, hospital partners across the service area have consistently identified health workforce shortages as a critical priority issue to address. Not only is there a lack of primary and specialty care physicians, but also mental health professionals. To make matters worse, many providers are aging out of jobs and into retirement, leaving vacancies that cannot be filled. Small rural hospitals with limited resources are forced to pay for costly locum providers to travel from urban centers to fill these gaps. Rural residents do not know or trust these out-of-area providers and often stop utilizing care because of this cultural disconnect. If local hospital systems want to keep their doors open and keep providing services to their community members, it is critical that there is an increase in local, homegrown health professionals and administrators.

COVID-19 is pouring fuel on the mental and behavioral health disaster fire in the region. ACHI recently reported that Arkansas' suicide rate increased by 41% between 2000 and 2018. The report also showed that the state had the 20th highest suicide rate in the nation (achi.net/newsroom.arkansas-suicide-rate-up-41-since-2000/). The incidence of social isolation and loneliness has been exacerbated during the pandemic due to stay-at-home orders, quarantine, and social distancing. A survey conducted by the CDC between June 24 and 30, 2020 found that one in four young adults (age 18 to 24) contemplated suicide because of the pandemic. More than 40% noted a mental or behavioral health condition connected to the pandemic. One quarter of young adults also noted that they had increased their consumption of substances as a coping mechanism for the pandemic (KHN Morning Briefing, August 14, 2020). In 2021, over a quarter (26%) of adults with a mental illness in Arkansas reported that they were not able to receive the treatment they needed (Mental Health America, Adult Data 2021: Adult Ranking 2021). The need for targeted training, outreach, resources, and intervention for college students related to mental health and substance use has perhaps never been greater. A 2017 Rural Health Research Gateway Rural Health Research Recap, [Rural Behavioral Health](#), compiles findings from several studies conducted by Federal Office of Rural Health Policy (FORHP) funded rural health

research centers. The publication reports that mental illness is more prevalent in rural areas than in urban communities. At the same time, there are fewer behavioral health providers and other services available in rural areas to help people get treatment and support. Without these resources, people may continue to experience symptoms that affect their relationships, ability to work, and quality of life. (RHI Hub). The region served by McGehee Hospital is agricultural. Farmers have demanding jobs that are often compounded by economic uncertainty, vulnerability to weather events, and isolation. Rural agricultural communities may also have limited access to healthcare and mental health services, which can make it difficult for farm and ranch families to receive support when they are experiencing extreme stress, anxiety, depression, or another mental health crisis. Addressing mental health challenges is critical so that farmers can successfully navigate other stressors that are common in their day-to-day lives. While financial concerns are a major factor impacting farmer stress, they are not the only concerns. In addition to the ongoing challenges and stressors of farm life, farmers and their businesses have been impacted by the COVID-19 pandemic. They face challenges related to their own stress, the health and safety of their families and employees, and a wide range of global or national-level concerns, such as disruptions to food supply networks and the food service industry. The COVID-19 pandemic has also been disruptive to the social lives of farmers, preventing some from attending church services and connecting with fellow farmers at local cafes.

According to a study conducted by Kaiser Family Foundation, from September 29 to October 11, 2021, 37.8% of adults in Arkansas reported symptoms of anxiety and/or depressive disorder, compared to 31.6% of adults in the United States. The study also reported that even prior to the pandemic in 2018-2019 16.3% adolescents and 7.9% of adults in Arkansas reporting having a major depressive episode that year, slightly higher than the national averages of 15.1% and 7.5% respectively.

Educators and community organizers have long been committed to addressing many of the challenges facing young people. From eliminating ineffective zero-tolerance policies and replacing them with positive behavior supports and social-emotional learning strategies, research-based solutions are finding their ways into schools and communities where they are making a difference, according to Catherine Bradshaw, professor in the Curry School of Education and Human Development. “Unfortunately, many of these efforts have been slow to find their way into rural communities and schools,” Bradshaw said. “Rural communities are unique and the students in these communities deserve more of our attention.

Public Health Concern: Transportation

Transportation is an important social determinant in rural communities. The availability of reliable transportation impacts a person's ability to access appropriate and well-coordinated healthcare, purchase nutritious food, and otherwise care for themselves. The ability to go places is not considered a basic need, yet society demands that one has to go places to satisfy basic and physical needs by traveling, whether to the grocery store for food or the doctor for medical care. Transportation equity means the fair and just access to travel when and how one wants or needs, with minimal constraint. It means having transportation that is accessible, safe, and affordable, regardless of an individual's specific situation (Banister, 2019). Like most of rural communities, the rural Arkansas Delta experiences high volumes of transportation inequity.

While low-income adults of all ages have challenges with transportation in the service area, older adults are experiencing this struggle at an alarming rate. With older adults it is not always an income barrier. They are experiencing mobility challenges and their driving ability declines with age. Many of the elderly in rural areas are home-bound without family nearby to assist them and most are technology-challenged and not comfortable or knowledgeable enough to navigate telehealth services.

Despite the importance of travel and mobility, transportation services are seriously lacking in many rural areas. Nearly four percent of rural households – almost two million rural residents – do not have access to a car. Like most rural areas, the Arkansas Delta has very limited transportation services and the transportation services that are offered are not easily accessible to the aging population. Often patients are dropped off for appointments and have to wait hours before their ride picks them up to go back home. The National Rural Health Association cited transportation often as a key policy concern for older adults' well-being, but research is lacking on specific rural transportation challenges and potential policy solutions.

About Our Hospital

Mission

It is the mission of McGehee Hospital to provide personalized healthcare using conventional and innovative services.

Values

In order to fulfill our mission and serve our community to the best of our ability, it is important that all members of our team adhere to our Core Values with every action and interaction. Our Core Values include the following:

- ◇ **SERVICE**
 - Quality service is the foundation of any successful business and is even more essential in the provision of healthcare. Our success is dependent upon each employee's desire and commitment to serve others in the best way possible.
- ◇ **HONESTY**
 - Adherence to the moral values of fairness, integrity and honor in all relationships is of utmost importance.
- ◇ **RESPECT**
 - Patients are to be treated with concern and respect. Maintaining our patients' dignity and worth is essential in providing quality, compassionate care.
- ◇ **STEWARDSHIP**
 - We prudently commit our resources, using our talents and strengths in an effective and efficient manner. Our facilities and equipment are maintained with special pride and to the benefit of those we serve.
- ◇ **PERFORMANCE**
 - It is expected that all employees and staff members give their best at all times to ensure that our patients have the best experience possible. Our employees have initiative and are dedicated, talented and knowledgeable. The highest possible performance from all employees is always expected, but never at the expense of our values.

History

McGehee Hospital is a rural Critical Access facility serving the residents in McGehee, Desha County and portions of five adjoining Arkansas counties since 1965. McGehee Hospital is supported financially by current and former residents. This is reflected in the community's significant investment in their own health care. 365 local and formal residents donated \$2.2 million to the Share the Pride comprehensive fundraising campaign. The new McGehee Family Clinic, which opened on July 29, 2017 adjacent to McGehee Hospital, is a direct result of that campaign.

The impact of the Share the Pride campaign on Desha County healthcare was both immediate and long-term:

Individual Donors	Funded Construction	Provided Infrastructure
362 individual donors gave \$2.1 million.	Share the Pride funded construction of the McGehee Family Clinic that can house six providers in a single location.	It provided the infrastructure that attracted three new Family Medicine physicians. The two newest, James Renfro, MD, in 2017, Jamie Evans, MD, in 2020, & Austin Beatty, MD, in 2021.
Construction & Furnishing	X-Ray Equipment	Chronic Care Management
The McGehee Industrial Foundation gave \$250,000 and Wallace Trust gave \$2.2 million for the purchase of the clinic site and construction and furnishing of the McGehee Family Clinic.	Delta Regional Authority provided \$550,000 for state-of-the-art X-Ray equipment for both the clinic and the hospital.	Blue & You and King Foundations granted \$328,000 to underwrite the establishment of the Chronic Care Management program and its team of four to support individuals with two or more chronic diseases.
Recruitment	Committed	Family Clinic Lab
McGehee Bank, First Natural State Bank, Wallace Trust, and McGehee Industrial Foundation invested \$70,000 to recruit Dr. James Renfro.	Both banks and the Wallace Trust committed another \$75,000 to recruit Dr. Jamie Evans & Dr. Austin Beatty.	The Coulter Foundation provided \$50,000 to equip the Family Clinic Lab.

Future growth of McGehee Hospital’s scope of services includes:

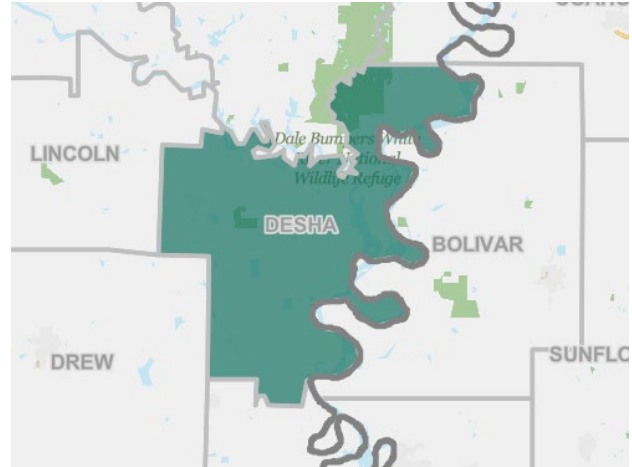
1. Recruiting and retaining new primary care physicians and other supporting specialists.
2. Adding programs in Chronic Care Management, wellness, physical therapy, farm, and occupational health training.
3. Offering treatment and reduction of chronic health conditions.
4. Improving emergency service, acute access service and internal medicine.
5. Acquiring new diagnostic and treatment equipment.

6. Providing programs and equipment for internal medicine, chronic disease therapy, and rural healthcare training.

The hospital's expansion plans reflect the changing needs and priorities of the community, where new health issues and demands for healthcare services have appeared and are being proactively addressed.

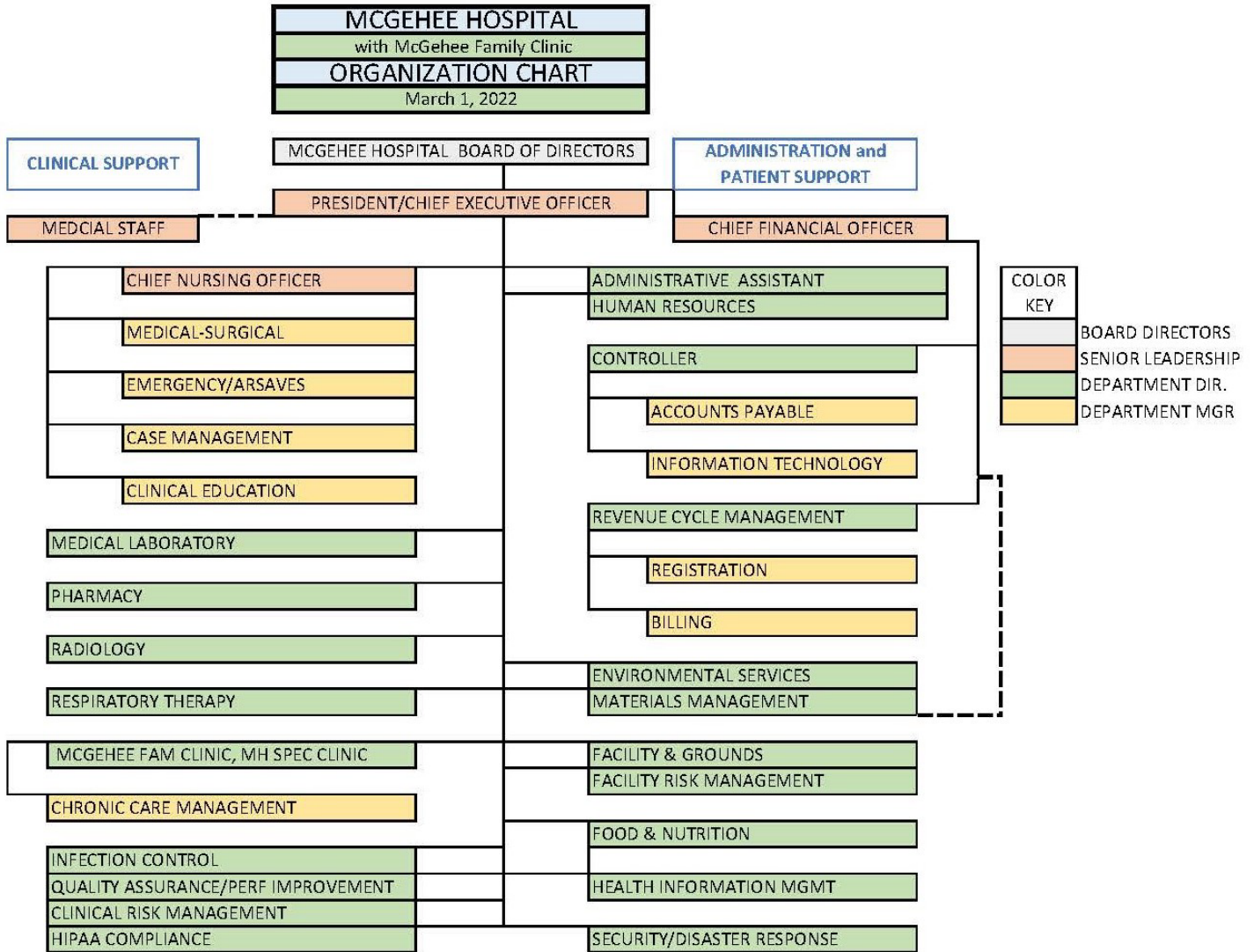
Service Area

Delta Memorial Hospital's primary service area encompasses the communities of Desha County that are located near Dumas. Dumas residents make up the majority of both inpatient and emergency room patients. Those remaining are, for the most part, residents of Lincoln, Arkansas, and Drew counties and are considered the secondary service area.



Hospital Staffing Chart

Please see Attachment G. Hospital Staffing Chart



Hospital Governance

The eight-member McGehee Hospital Board of Trustees manages and oversees the Hospital and McGehee Family Clinic. They assure that quality healthcare is available to residents of McGehee, Desha County and five surrounding counties. It meets monthly as the hospital operating board. Board members serve four-year terms.

2022 BOARD OF TRUSTEES	
ANDREW WARGO, III – CHAIRMAN Farm Manager	EDDIE ALLEN – VICE CHAIRMAN Pastor & Retired McGehee Fire Chief
CLARISSA HERREN – SECRETARY Loan Officer at McGehee Bank	DON SMITH Farmer
BOB LUCKY Chevrolet Dealer	ALFONZO DIXON Administrator, C.B. King Memorial School
MIKE SMITH President, McGehee Bank	LISA HUTCHINSON Desha County Tax Collector & Business Owner

Health Care Services

⇒ Emergency Department

- The Emergency Department at McGehee Hospital is the newest addition to our facility. Built in 2017 with the assistance of a sales tax supported by the community, the Level IV ED consists of 8 beds, including a Trauma Room, 3 Treatment Rooms and an Outpatient/Ambulatory Care area.
 - There is an ER waiting room with private registration booths. All patients presenting for care are given a medical screening exam by a medical professional. The ED staff of physicians, nurses, respiratory therapists, laboratory technicians and radiologic technologists are trained/certified to deliver skilled emergency care. Patients requiring transfer to a higher level of care may be transferred via ground or air through collaboration with McGehee EMS, Elite Ambulance Services, Air Evac, Pafford Air, Baptist Health or ACH Angel Flight.
 - Our hospital partners with the University of Arkansas for Medical Sciences Institute of Digital Health and Innovation to provide telemedicine services for stroke patients (AR SAVES), plus consults for hand injuries. Consultations for pediatric emergency conditions and burn injuries are also provided by telemedicine by collaboration with UAMS and Arkansas Children’s Hospital.
 - The McGehee Emergency Department is a gift of Frank Hickingbotham.

⇒ **Clinical Laboratory**

- Our laboratory employs skilled health professionals, Medical Laboratory Scientist and Medical Laboratory Technicians who routinely performs an array of clinical diagnostic testing, maintains instrumentation, interprets and manages data to provide the physicians with state-of-the-art laboratory results. Our in-house testing includes blood bank, microbiology, chemistry, hematology, coagulation, virology, and urinalysis. We have the best reference labs available for all tests we refer.

⇒ **Radiology**

- McGehee Hospital's Diagnostic Imaging Department offers high-quality diagnostic testing for patients of all ages with an array of illnesses.
- **Diagnostic Imaging**
 - McGehee Hospital's Diagnostic Imaging Department offers high-quality diagnostic testing for patients of all ages with an array of illnesses. Our tests enable our physicians to comprehensively evaluate the patient's illness, diagnose the problem, create a personalized plan of care, and monitor the treatments.
 - Computed Tomography (CT) – McGehee Hospital is excited to announce the addition of our new Canon Aquilion Lightning Scanner. The addition of this new scanner offers patients and physicians with faster scan times as well as reduced radiation exposure.
 - Digital Radiography
 - Ultrasound

⇒ **Specialty Clinic**

- McGehee Hospital hosts specialty clinics so patients may obtain care that would not otherwise be available at home. These physicians conduct their clinics in McGehee on a weekly, biweekly, or monthly basis, as their schedules permit. Two clinics may operate simultaneously due to their location. 1. McGehee Hospital Specialty Clinic on 206 South First Street 2. McGehee Hospital on 900 South Third Street

⇒ **Hands On Rehab Services**

- Hands On Rehab Services is an outpatient rehabilitation healthcare facility located here in McGehee. We offer a wide variety of services in our outpatient clinic – Spine Care, Functional Exercise and Balance, Geriatric Therapy, Sports Therapy and Pain-Relief Modalities. Hands On Rehab Services also offers Home Health Physical Therapy services through a couple different choices.

⇒ **McGehee Family Clinic**

- The McGehee Family Clinic was announced in the Arkansas Democrat-Gazette with the lead: “A car dealer, a pharmacist and a team of fundraisers since March have collected more than \$4 million to build a new medical clinic in this southeast Arkansas town as the community tries to solve a doctor shortage that has dogged it for decades.” The objective was to create a full-service clinic with state-of-the-art equipment in a single location that would provide easy access for patients and attract and retain quality physicians, nurses, technicians and support staff to McGehee. The 10,800-sq.-ft. clinic was designed to accommodate up to six physicians. It opened in September 2017. In 2020 the goal of attracting and retaining physicians, nurses and staff has been realized with a medical staff of three physicians and an APRN. An additional physician is being recruited to arrive in the next two years.

⇒ **Nursing**

- Acute Nursing Care
 - We value our patients and seek to be the provider of choice for our community providing, 1. Advanced Cardiac Life Support 2. NIH Stroke Scale 3. Pediatric Advanced Life Support 4. Trauma Nursing 5. Advanced Stroke Life Support 6. Advanced Burn Life Support

⇒ **Swing Bed**

- McGehee Hospital offers the Swing Bed program, which provides 24-hour skilled nursing care for patients who require continued supervised nursing care but no longer need intensive care provided in an Acute Care hospital unit. Medicare Part A, Medicare Advantage and some insurance plans provide for skilled nursing services. We can aid with determining necessity, obtaining necessary pre-certifications, planning for discharge and home care services, etc. To qualify, patients must have a skilled need such as IV therapy, IV medications, respiratory treatments, sterile dressing changes, physical rehabilitation after stroke or surgery or strength training after prolonged illness.

⇒ **IDHI Stroke Program**

- The University of Arkansas for Medical Sciences (UAMS) Institute for Digital Health & Innovation (IDHI) (formerly AR SAVES), in cooperation with the Department of Human Services, has implemented a telehealth program designed to save Arkansans from imminent stroke-related neurological damage and possible death through statewide collaboration between remote neurologists and the state’s most affected rural hospitals.

- **Pharmacy**

- Our pharmacists are trained to prepare intravenous medications, dispense medications, advise staff on the dosage of medicines, and work with other healthcare team members on the most appropriate drug therapy. Our pharmacist will write guidelines for drug use within the hospital and implement hospital regulations.
- Antibiotic Stewardship Program
- 340 B Program
- Clinical Monitoring
- Kinetics

- ⇒ **Chronic Care Management**

- Chronic disease and conditions are among the most expensive, common, and preventable health issues in the United States.
- Enrollment Benefits
 - Reduced hospital and emergency room visits
 - Arrangements for Social Services
 - Care plan and appointment coordination with other specialists, pharmacy, hospitals and testing centers
 - Costs are normally covered by Medicare, Medicaid, or your private health insurance

- ⇒ **Respiratory Therapy**

- Pulmonary Functioning Testing
- Electroencephalogram (EEG)
- 48-hour & 14-day Holter Monitor
- Cardiopulmonary Rehabilitation
- Asthma & COPD Education
- Two-room Sleep Study
- Oxygen Therapy
- Hand-held Nebulization Therapy (updrafts)
- Chest Physical Therapy (CPT)
- Incentive Spirometry
- Cardiopulmonary Resuscitation
- Ventilator Management
- ECG (EKG)
- BIPAP
- CPAP
- Arterial Blood Gas Analysis

Providers

CARDIOLOGY	Anthony Fletcher, MD Joe Hargrove, MD Sibghat Tul Llah, MD Wilson Wong, MD Vishank Shah, MD
FAMILY PRACTICE	Austin Beatty, MD James E. Young, MD Jamie S. Evans, MD James A. Renfroe III, MD Sarah Pearce, APRN
HEMATOLOGY	Asif Masood, MD
INTERNAL MEDICINE	Olabode Olumofin, MD
ONCOLOGY	Asif Masood, MD
RADIOLOGY	James L. Workman, MD

Other Area Providers

The major competitor providers in the service area are primarily private nonprofit, critical access hospitals and offer similar services. Several of those nearest to Pine Bluff are members of a regional collaborative, the Arkansas Rural Health Partnership, through which they work closely together to reduce costs by sharing services and negotiating contracts. Jefferson Regional is the largest provider in this service area with 300 beds.

LOCATION	HOSPITAL NAME	MEDICARE CLASSIFICATION	# OF LICENSED BEDS	HOME HEALTH	DISTANCE FROM MCGEHEE HOSPITAL
Camden	Ouachita County Medical Center	Acute Care	98	Yes	102
Crossett	Ashley County Medical Center	Critical Access	25	Yes	71
DeWitt	DeWitt Hospital & Nursing Home	Critical Access	25	Yes	34
El Dorado	Medical Center of South Arkansas	Acute Care	166	No	100
Fordyce	Dallas County Medical Center	Critical Access	36	Yes	68
Helena-West Helena	Helena Medical Regional Center	Acute Care	150	No	86
Lake Village	Chicot Memorial Medical Center	Critical Access	25	Yes	42

Magnolia	Magnolia Regional Medical Center	Acute Care	49	Yes	137
Dumas	Delta Memorial	Critical Access	25	Yes	19
Monticello	Drew Memorial Health System	Acute Care	49	Yes	34
Pine Bluff	Jefferson Regional	Acute Care	300	Yes	44
Stuttgart	Baptist Health Medical Center	Acute Care	49	No	63
Warren	Bradley County Medical Center	Critical Access	25	Yes	63

Current Community Health Initiatives

McGehee Hospital is active throughout Desha County in sponsoring health fairs, health education programs, free health screenings and other activities to promote the health of the citizens of Desha County. McGehee Hospital is an active member of the Desha County Hometown Health Initiative (HHI) which is a program of the Arkansas Department of Health. The Hometown Health Initiative (HHI) brings together a wide range of people and organizations including consumers, business leaders, and health care providers to develop and implement ways to solve health issues in each county. The HHI stresses:

- Collaboration
- Coalition building
- Prioritizing of health issues, and
- The development and implementation of community health strategies that are locally designed and sustained.

UAMS East

UAMS East is a seven county, health education outreach of the University of Arkansas for Medical Science, serving Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis Counties. This program was designed to increase access to health care by recruiting and retaining health care professionals and to provide health care to the whole family through community based health care and education. The program is headquartered in Helena with offices in Lake Village and West Memphis. Current Outreach Programs in Desha County by UAMS include:

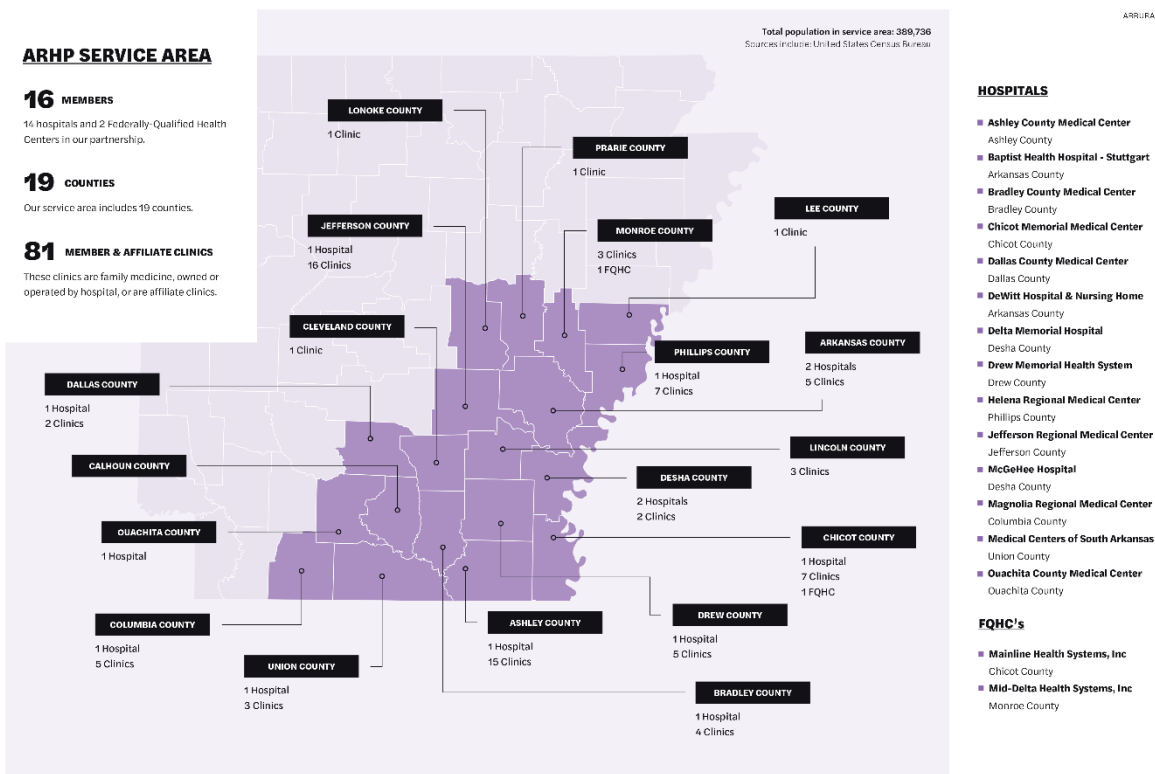
- Safety Baby Showers
- MASH/AIM
- CHAMPS
- Club Scrub
- Child Passenger Safety

- Kids for Health
- CPR/First Aid for Consumers and Health Professionals
- Health Fairs/Screenings
- Health Education for Children/Adults
- Foodology
- Cook Smart East Smart
- “A Day in the Life” Program

Delta Memorial Hospital is also an active member in the Arkansas Rural Health Partnership.

Arkansas Rural Health Partnership

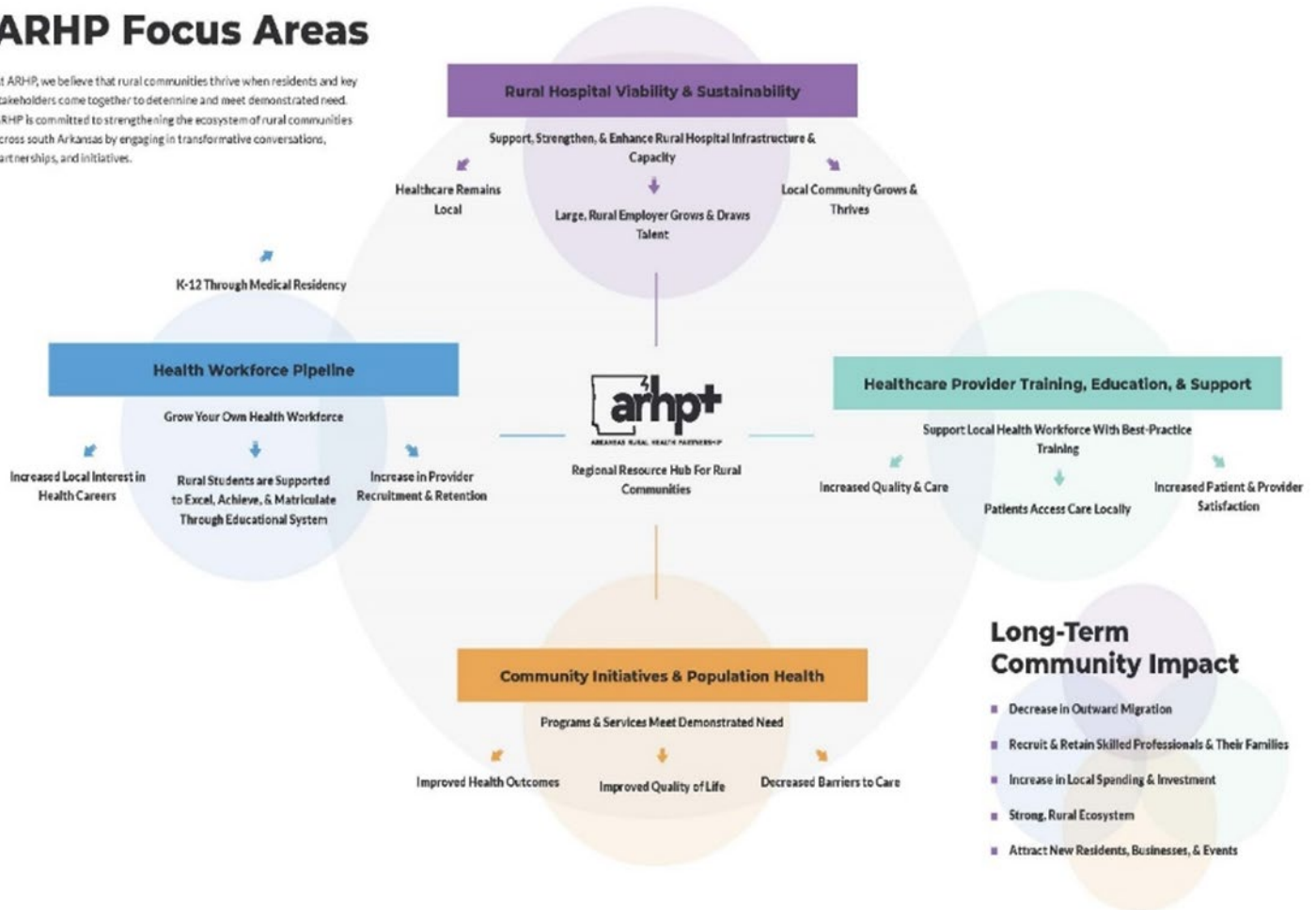
The organization was founded to help local hospitals address the financial burdens of their individual organizations and work to provide health outreach to the region through funding opportunities.



Currently, Arkansas Rural Health Partnership provides the following outreach and education programs to its members, patients, and communities:

ARHP Focus Areas

At ARHP, we believe that rural communities thrive when residents and key stakeholders come together to determine and meet demonstrated need. ARHP is committed to strengthening the ecosystem of rural communities across south Arkansas by engaging in transformative conversations, partnerships, and initiatives.



Healthcare Workforce Pipeline Initiative	
<ul style="list-style-type: none"> ➤ K-12 PIPELINE – “Grow your own healthcare pipeline” programs ➤ College Student Internships ➤ Medical School Preceptorship ➤ Rural Residency Training Track ➤ Connect to Tech Training Program in HIV & Behavioral Health Technology ➤ Regional Nursing Collaborative 	
Community Initiatives & Population Health	
COVID-19 Resources	
➤ Informational Videos	➤ Testing & Vaccination Efforts
Community Outreach	
<ul style="list-style-type: none"> ➤ Enrollment Services - Community Benefits Counselors (Medicare, Medicaid, Prescription Assistance) ➤ Navigation Services – Toll Free number to serve as a community health resource hub and connection point to local healthcare resources ➤ The Good Food RX – Coming Spring 2022, ARHP will launch The Good Food Rx, a cutting-edge food distribution center pilot for seniors (age 65+) with chronic disease experiencing food insecurity in Lake Village & Helena, Arkansas. 	
Behavioral & Mental Health Initiatives	
<ul style="list-style-type: none"> ➤ Behavioral Health Task Force ➤ Opioid Crisis Informational Video ➤ SUD linkage to services ➤ Community Education ➤ Mental Health First Aid (Adult & Youth) ➤ Focus Group: College Students & Professionals Serving College Students ➤ Focus Group: Youth Group Leaders & Youth 	
Rural Hospital Viability & Sustainability	
<ul style="list-style-type: none"> ➤ Distance Learning Education & Certification ➤ On-site Simulation Training & Certification ➤ Mental Health Education & Support ➤ SUD Education & Support ➤ Quality Improvement ➤ Professional Roundtables ➤ Telehealth Resource Centers ➤ ARHP Office 	
Healthcare Provider Training, Education & Support	
<ul style="list-style-type: none"> ➤ Contract Negotiation Vendor Facilitation ➤ Professional Roundtables ➤ Staffing Agency Review/ Development ➤ Recruitment & Retention ➤ Healthcare Recruiter ➤ Member Job Board ➤ Clinically Integrated Network ➤ Consulting Services ➤ Billing & Coding Education ➤ Behavioral Health ➤ Swing Bed Program 	

Progress of 2019 CHNA Strategic Plan

Public Health Concern: Mental Health & Drug Addiction/Substance Abuse

Increase mental and behavioral health services in the service area specifically targeting drug abuse.

- All four physicians at the McGehee Family Clinic utilize telehealth services to ensure patients have access to mental and behavioral health services.
- McGehee Hospital has secured a contract with Delta Counseling to provide Mental Health Assessments in the ER.
- Participation in the following Arkansas Rural Health Partnership (ARHP) program initiatives:
 - Behavioral Health Task Force
 - Mental Health First Aid (Youth & Adult)
 - Focus Group: College Students & Professionals serving College Students
 - Focus Group: Youth Group Leaders & Youth

Public Health Concern: After-Hours Care

Need for Non-Emergent After-Hours Care

- As the COVID-19 pandemic emerged, McGehee Hospital was forced to focus all attention on addressing the immediate needs to address the pandemic and was not able to address the need for After Hours Care. But McGehee Hospital is still looking to address after hours care and weekend coverage with additional providers.

Public Health Concern: Health Care Providers - Physician

Need for more Health Care Providers – Physician Recruitment

- Recruited a Family Practice physician at the McGehee Family Medical Clinic.
- Secured RNs to provide Chronic Care Management (CCM)
- Continued participation in ARHP discussion with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
- Ongoing participation in these programs
- Continued encouragement of student rotations with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
- Ongoing participation in these programs
- Participation in the following ARHP grant programs:
 - K-12 PIPELINE – “Grow your own healthcare pipeline” programs
 - College Student Internships
 - Medical School Preceptorship
 - Connect to Tech Training Program in HIT & Behavioral Health Technology
 - Development of a Regional Nursing Collaborative
- Continued encouragement of student rotations with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
- Ongoing participation in these programs

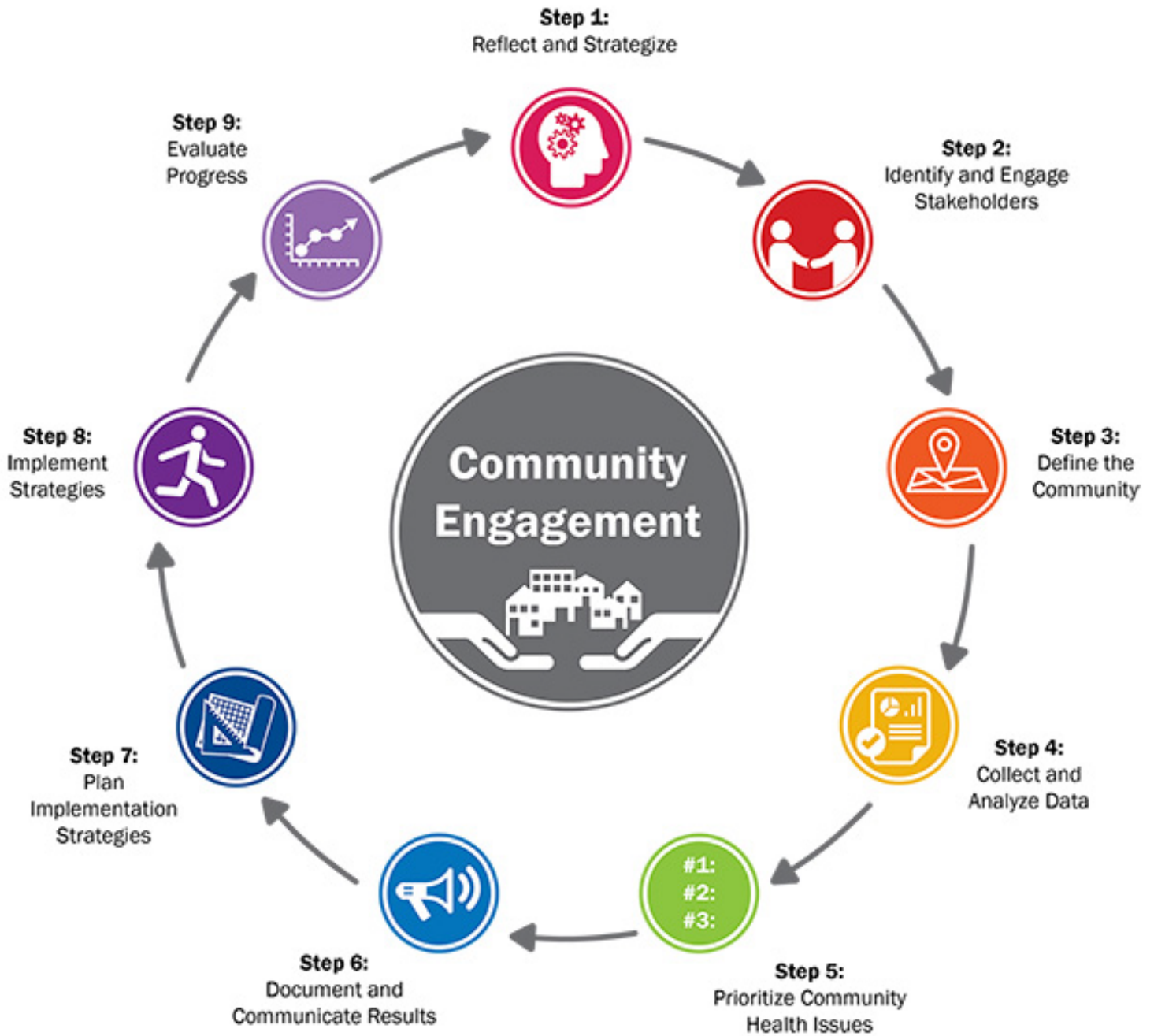
Public Health Concern: Healthcare Specialists at the local level

Need to Access Healthcare Specialists at the local level

- Recruited the following to provide services one day per month easing the burden on transportation on patients:
 - Five Cardiology Physicians
 - One Hematology-Oncology Physician
 - One Radiation Oncologist
 - One Internal Medicine Physician
- Collaboration with Arkansas Hospice
- COVID-19 brought many obstacles but one positive was the awareness of and increase in the use of telemedicine and the ability to receive reimbursement at the local level

2022 Community Health Needs Assessment

Community Engagement Process



<http://www.healthycommunities.org/Education/toolkit/files/community-engagement.shtml#.XEnj7bLru70>

CHNA Facilitation Process

The Community Health Needs Assessment Toolkit developed by the National Center for Rural Health Works at Oklahoma State University and Center for Rural Health and Oklahoma Office of Rural Health was utilized as a guide for the CHNA facilitation process. The process was designed to be conducted through two community meetings. The facilitator and the steering committee oversee the entire process of organizing and determining a Community Advisory Committee of 30-40 community members that meet throughout the process to develop a strategic plan for the hospital to address the health needs of the community.



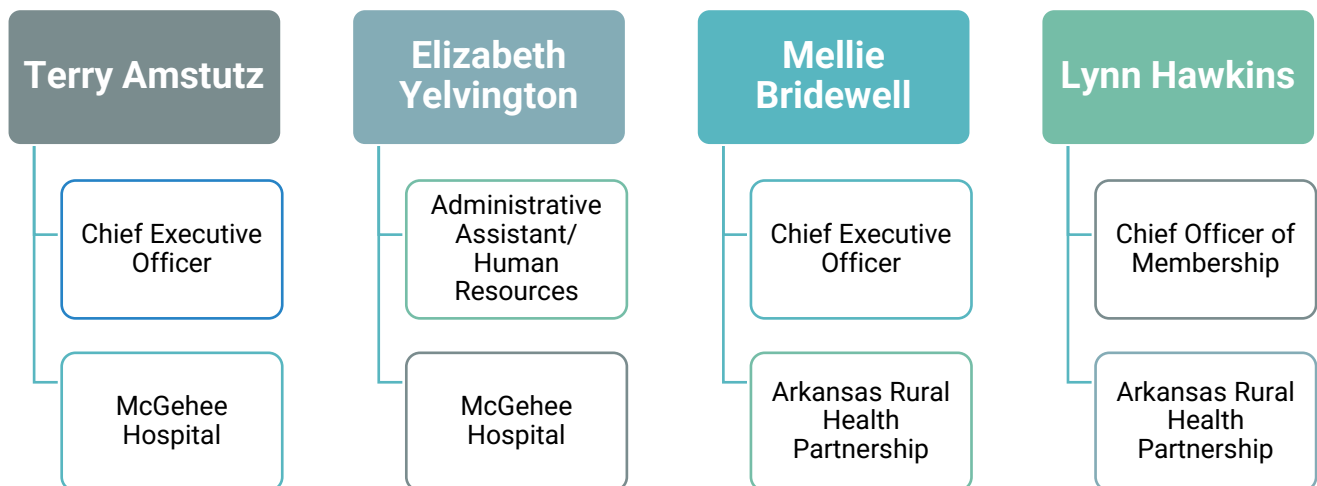
Public input is essential in the development of a Community Health Needs Assessment. To begin the process, the McGehee Hospital staff steering committee members convened with Mellie Bridewell and Lynn Hawkins of the Arkansas Rural Health Partnership to assess community member involvement. The McGehee Hospital staff steering committee included Terry Amstutz, Chief Executive Officer, Elizabeth Yelvington, Administrative Assistant and Human Resources, Mellie Bridewell, President and Founder of the Arkansas Rural Health Partnership and Lynn Hawkins, ARHP Chief Officer of Membership participated and provided assistance with organizing the hybrid community meetings as well as the development of the assessment and strategic implementation plan.

Due to the size of the service area, the steering committee chose to conduct their assessment through a focus group of community leaders and individuals in health-related fields. Approximately 40 Individuals from the community were selected for invitation to the focus group, or community advisory committee, by the McGehee Hospital staff steering committee. Those accepting the invitation – approximately 20 – attended the advisory committee's first meeting. A few additional advisory committee members, who were unable to attend the first meeting, joined the second meeting after being briefed.

These community advisory committee members met initially to discuss health statistics affecting the hospital service area and to individually complete the 2022 health needs survey. Advisory committee members assisted in distributing the survey QR code and flyers to neighbors, colleagues, and friends prior to the second meeting. Surveys were also available electronically on the McGehee Hospital website, the ARHP website, and various sites throughout the service area.

At the second committee meeting, members were presented with the results of the surveys and discussed some of the questions and responses as a group, and prioritized community health concerns. These priorities led the staff steering committee to develop a more detailed implementation plan to address those issues and create community benefit. Over the next three years, the action plans will be implemented for each issue, and the hospital steering committee will meet annually with the advisory committee to assess progress.

Steering Committee



Community Advisory Committee

Name	City, State	Occupation
Abby Gibson	McGehee, AR	McGehee Bank
Al Murphy	McGehee, AR	City of McGehee City Council
Bob Lucky	McGehee, AR	Lucky Chevrolet, McGehee Hospital Board Member
Bob Ware	McGehee, AR	University of Arkansas at Monticello
Brenda Reaves	McGehee, AR	Arkansas Department of Health Desha County
Cheryl Cooper	McGehee, AR	McGehee Bank
Cynthia Montgomery	McGehee, AR	The Montgomery Firm, CPA, PA
Doran Newhouse	McGehee, AR	Retired Postmaster
Gidget Denton	McGehee, AR	Retired School Teacher
Jackie Walker	McGehee, AR	McGehee Water Department
Jaime Stallans	McGehee, AR	McGehee Walker
Jane Lucky	McGehee, AR	Retired
Jeff Owyong	McGehee, AR	City of McGehee Mayor
Joni Massey	McGehee, AR	CB King Memorial School
Justin Holt	McGehee, AR	Dumas High School
Kim Reeves	McGehee, AR	McGehee Boys & Girls Club
Marsha Everett, LPN	McGehee, AR	McGehee Family Clinic
Mitch Grant	McGehee, AR	Arkansas State Police
Molly Bratton	McGehee, AR	Retired
Myra Cingolani	McGehee, AR	Retired School Teacher
Ricky Terry	McGehee, AR	McGehee Fire Department
Sarah Williams, RN	McGehee, AR	McGehee School District Nurse
Scott Williams	McGehee, AR	McGehee Police Department
Spencer Chastain	McGehee, AR	McGehee Boys & Girls Club

Results Overview

There were 103 completed surveys through the 2022 CHNA process. All of the results of the survey can be found in Attachment F: 2022 McGehee Hospital Survey Results.

Top Issues Identified through CHNA Process	
1. Chronic Disease	
	<ul style="list-style-type: none">➤ Need to partner with local schools to provide education on healthy lifestyles and prevention education➤ Need to collaborate with local area on agency to address senior population needs➤ Revisit Diabetes Education Program for all ages➤ Expand Chronic Care Management program➤ Expand Community Benefits Counselor program to assist in navigating needed resources
2. Mental & Behavioral Health Needs	
	<ul style="list-style-type: none">➤ Need to address stigma➤ Mental health awareness and education in the school➤ Training needed for healthcare providers to identify and refer patients➤ Explore Detox and/or Outpatient program and Youth Facility
3. Transportation	
	<ul style="list-style-type: none">➤ Grow partnerships and collaborations with existing transportation agency➤ Explore the need for local transportation service

2022-2025 Strategic Implementation Plan

Please see Attachment H. 2022 – 2025 Strategic Implementation Plan

Qualifications of the Report Preparer

Arkansas Rural Health Partnership (ARHP) was founded by a handful of rural hospital leaders who knew the significance and stabilizing force of home, community, and local healthcare. ARHP members recognized early on that if they wanted to continue to shape the health, wellness, and lives of their communities, they had to work together—hand-in-hand with local leaders, other rural healthcare providers, state and federal partners, and community members themselves - to truly address the needs of rural south Arkansas residents. Since its inception, ARHP has become a reference point and model for rural health innovation and collaboration across the state and nation. As an organization, ARHP is committed to paving the road for rural communities to come together and turn the tide for rural healthcare - across rural south Arkansas and beyond.

Ms. Mellie Bridewell, President of the Arkansas Rural Health Partnership and Regional Director in the UAMS Office of Strategy Management, along with Lynn Hawkins, ARHP Chief Officer of Membership and University Partnerships, was designated to serve as leads on ARHP hospital 2022 Community Health Needs Assessments due to their expertise in this area and the significant impact these assessments will have for the region that ARHP serves and well as the policy changes and program implementation essential to provide the needed services.

About the Arkansas Rural Health Partnership

The Arkansas Rural Health Partnership (ARHP) is a non-profit horizontal hospital and economic development organization composed of fifteen independently owned South Arkansas rural hospitals, two Federally Qualified Health Centers, and 3 Medical Schools. This unique network is the largest healthcare service provider in the area and serves as a hub for economic growth and development across the region. ARHP efforts aim to support and improve existing healthcare infrastructure while strengthening healthcare delivery across rural south Arkansas.

Documentation

The following documentation of 2022 CHNA presentations, agendas, sign-in sheets, and survey results are included in the following attachments which can be found at the end of this report.

- Attachment A.** Community Advisory Committee Meeting #1 Agenda
- Attachment B.** Community Advisory Committee Meeting #1 Attendance Roster
- Attachment C.** Community Advisory Committee Meeting #1 PowerPoint
- Attachment D.** Community Advisory Committee Meeting #2 Agenda
- Attachment E.** Community Advisory Committee Meeting #2 Attendance Roster
- Attachment F.** Community Advisory Committee Meeting #2 PowerPoint and 2022 Survey Results
- Attachment G.** McGehee Hospital Staffing Chart
- Attachment H.** 2022 – 2025 Strategic Implementation Plan

Attachments:

The following documentation of 2022 CHNA presentations, agendas, sign-in sheets, and survey results are included in the following attachments which can be found at the end of this report.

Attachment A. Community Advisory Committee Meeting #1 Agenda

Attachment B. Community Advisory Committee Meeting #1 Attendance Roster

Attachment C. Community Advisory Committee Meeting #1 PowerPoint Presentation

Attachment D. Community Advisory Committee Meeting #2 Agenda

Attachment E. Community Advisory Committee Meeting #2 Attendance Roster

Attachment F. Community Advisory Committee Meeting #2 PowerPoint Presentation and McGehee Hospital Survey Results

Attachment G. McGehee Hospital Staffing Chart

Attachment H. 2022 – 2025 Strategic Implementation Plan

Attachment A.
Community Advisory Committee
Meeting #1
Agenda



**Community Health Needs Assessment
Community Advisory Committee Meeting #1**

Agenda

April 27, 2022

12:00 pm – 1:00 pm

- Introductions
- Why a Community Health Needs Assessment
- The Community Health Needs Assessment Process
- Next Steps
- Questions

Attachment B.
Community Advisory Committee
Meeting #1
Attendance Roster



April 27, 2022

Attendance Roster

Name	City, State	Occupation
Abby Gibson	McGehee, AR	McGehee Bank
Al Murphy	McGehee, AR	City of McGehee City Council
Bob Lucky	McGehee, AR	Lucky Chevrolet, McGehee Hospital Board Member
Bob Ware	McGehee, AR	University of Arkansas at Monticello
Brenda Reaves	McGehee, AR	Arkansas Department of Health Desha County
Cheryl Cooper	McGehee, AR	McGehee Bank
Cynthia Montgomery	McGehee, AR	The Montgomery Firm, CPA, PA
Doran Newhouse	McGehee, AR	Retired Postmaster
Gidget Denton	McGehee, AR	Retired School Teacher
Jackie Walker	McGehee, AR	McGehee Water Department
Jaime Stallans	McGehee, AR	McGehee Walker
Jane Lucky	McGehee, AR	Retired
Jeff Owyong	McGehee, AR	City of McGehee Mayor
Joni Massey	McGehee, AR	CB King Memorial School
Justin Holt	McGehee, AR	Dumas High School
Kim Reeves	McGehee, AR	McGehee Boys & Girls Club
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Molly Bratton	McGehee, AR	Retired
Myra Cingolani	McGehee, AR	Retired School Teacher
Ricky Terry	McGehee, AR	McGehee Fire Department
Sarah Williams, RN	McGehee, AR	McGehee School District Nurse
Scott Williams	McGehee, AR	McGehee Police Department
Spencer Chastain	McGehee, AR	McGehee Boys & Girls Club
Terry Amstutz	McGehee, AR	McGehee Hospital Chief Executive Officer

Attachment C.
Community Advisory Committee
Meeting #1
PowerPoint Presentation



2022 Community Health Needs Assessment

Community Advisory Committee Meeting #1

1

Agenda

- 01 Introductions
- 02 Why a Community Health Needs Assessment
- 03 The Community Health Needs Assessment Process
- 04 Next Steps
- 05 Questions

2

Steering Committee Members:

Terry Amstutz
Chief Executive Officer
McGehee Hospital

Elizabeth Yelvington
Administrative Assistant/HR
McGehee Hospital

Mellie Bridewell
President/CEO
Arkansas Rural Health Partnership

Lynn Hawkins
Chief Officer of Membership
Arkansas Rural Health Partnership

3

Community Benefit:

According to the Internal Revenue Service (IRS) community benefit means programs & services designed to address identified needs & improve community health & must meet at least one of the following criteria:



4

McGehee Hospital is a not for profit 501©3 organization because:

Allows the hospital to be eligible to participate in the Special Medicaid Assessment Program which increase Medicaid reimbursements

Allows fewer regulations than a public organization

Receives a variety of tax exemptions from federal, state, and local governments

5

In return, the Internal Revenue Service (IRS) mandates that, like other non-profit organizations benefiting from this status, community benefit must be center to the mission of a non-profit hospital.



6

Therefore, all non-profit hospitals must:

Conduct a formal community health needs assessment every three years

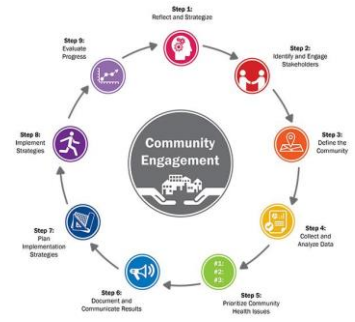
Widely publicize these assessment results by the end of the fiscal year

Adopt an implementation strategy to meet needs identified by the assessment

Provide the Secretary of the Treasury with an annual report of how the organization is addressing the needs identified in each community health needs assessment

7

The Community Health Needs Assessment Process



8

Community Engagement:

Community engagement is the process by which individuals from the community, stakeholder organizations & hospitals work collaboratively to identify needs most important to residents & pursue meaningful strategies to address those needs.

Benefits for Your Hospital

- o A clearer understanding of the community (health issues, availability of resources)
- o Strengthened bonds between community & hospital; increased collaboration
- o Greater community buy-in & a sense of shared commitment to community health
- o Stronger relationships with individuals/organizations that are assets for improving community health
- o Healthier communities where individuals have access to care; potentially leading to lower costs for the hospital

Benefits for Your Community

- o A different perspective of the community & the hospital's role in health promotion
- o Improved communication between community & hospital
- o Potential community coalitions/collaborative improvement efforts
- o The ability to apply knowledge & experiences to improve the health of the community
- o The opportunity for leadership development & capacity-building
- o The potential for a healthier community

9

Step 1: Reflect & Strategize – 2019 Implementation Plan Progress Updates



10

Public Health Concern: Mental and Behavioral Health

1
Need for more Mental and Behavioral Health Resources

- o All four physicians at the McGehee Family Clinic utilize telehealth services to ensure patients have access to mental and behavioral health services.
- o McGehee Hospital has secured a contract with Delta Counseling to provide Mental Health Assessments in the ER.

11

Public Health Concern: Mental and Behavioral Health continued

1
Need for more Mental and Behavioral Health Resources

- o Participation in the following Arkansas Rural Health Partnership (ARHP) program initiatives:
 - o Behavioral Health Task Force
 - o SUD Crisis Informational Video
 - o SUD linkage to services
 - o Mental Health First Aid (Youth & Adult)
 - o Focus Group: College Students & Professionals serving College Students
 - o Focus Group: Youth Group Leaders & Youth

12

Public Health Concern: After Hours Care

2

Need for Non-Emergent After-Hours Care

- As the COVID-19 pandemic emerged, McGehee Hospital was forced to focus all attention on addressing the immediate needs to address the pandemic and was not able to address the need for After Hours Care. But McGehee Hospital is still looking to address after hours care and weekend coverage with additional providers.

13

Public Health Concern: Health Care Providers – Physician Recruitment

3

Need for more Health Care Providers – Physician Recruitment

- Recruited a Family Practice physician at the McGehee Family Medical Clinic.
- Secured RNs to provide Chronic Care Management (CCM)
- Continued participation in ARHP discussion with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
 - Ongoing participation in these programs
- Continued encouragement of student rotations with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
 - Ongoing participation in these programs

14

Public Health Concern: Health Care Providers – Physician Recruitment (continued)

3

Need for more Health Care Providers – Physician Recruitment

- Participation in the following ARHP grant programs:
 - K-12 PIPELINE – “Grow your own healthcare pipeline” programs
 - College Student Internships
 - Medical School Preceptorship
 - Connect to Tech Training Program in HIT & Behavioral Health Technology
 - Development of a Regional Nursing Collaborative
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 - Ongoing participation in these programs

15

Public Health Concern: Healthcare Specialists at the local level

4

Need to Access Healthcare Specialists at the local level

- Recruited the following to provide services one day per month easing the burden on transportation on patients:
 - Five Cardiology physicians
 - One Hematology-Oncology physician
 - One Radiation Oncologist
- Collaboration with Arkansas Hospice
- COVID-19 brought many obstacles but one positive was the awareness of and increase in the use of telemedicine and the ability to receive reimbursement at the local level

16

Step 2: Identify & Engage Stakeholders

Each person in the room (and others invited who could not attend) was deliberately chosen to participate in this process. While other others may be identified prior to the next meeting.

We are looking for community members who:

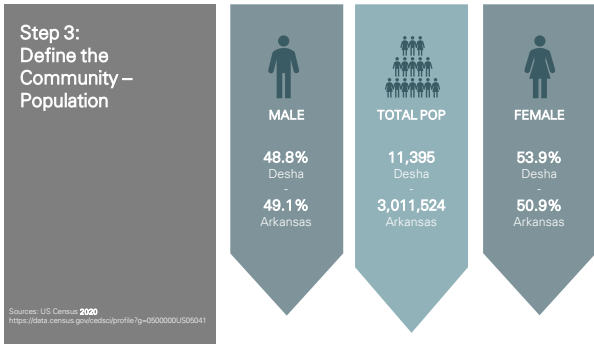
- Represent different community interests & sectors
- Bring different strengths &/or resources to support the process
- Are energetic, committed & willing to collaborate

17

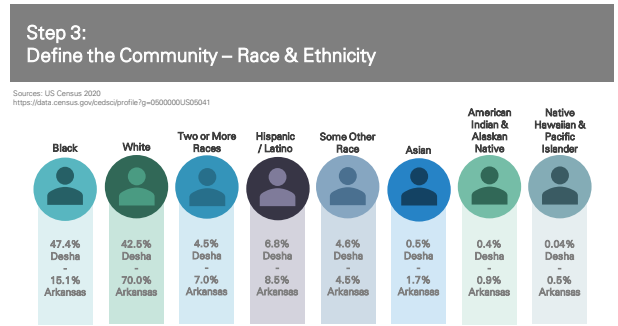
Step 3: Define the Community – Hospital Service Area



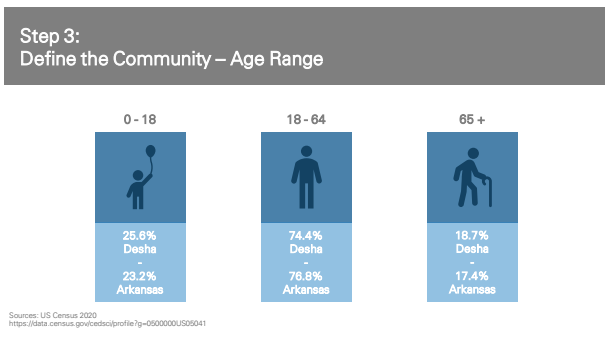
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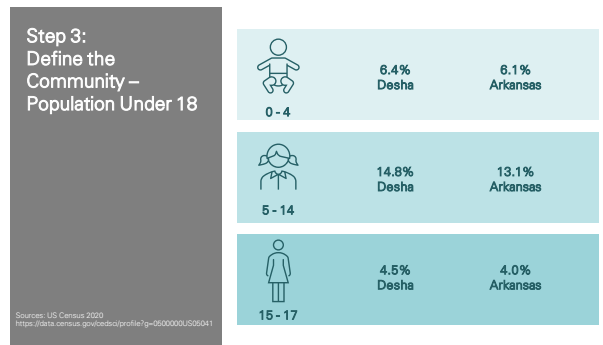
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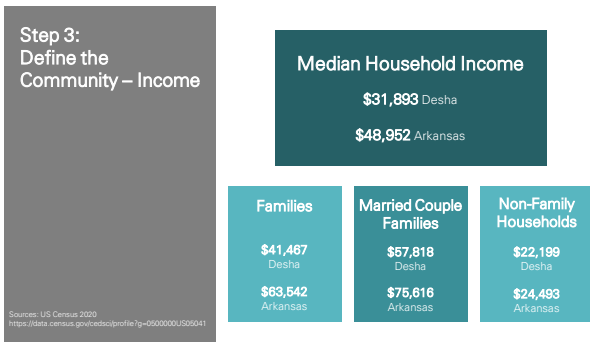
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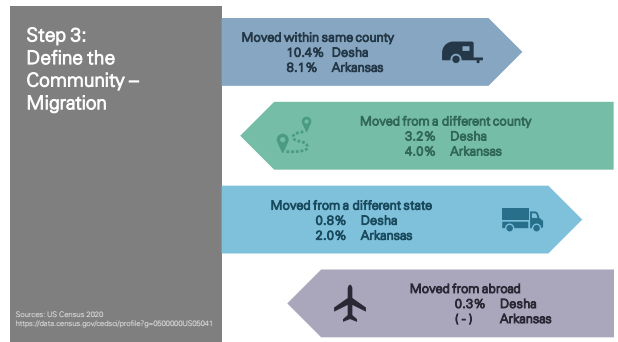
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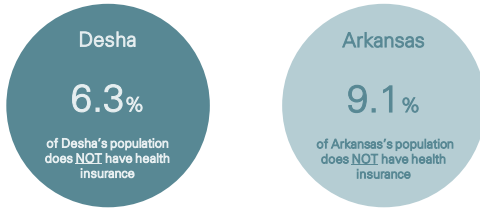


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24

Step 3:
Define the Community – Healthcare Coverage



Sources: US Census 2020
<https://data.census.gov/cedsci/profile?q=0500000/050541>

25

Step 3:
Define the Community – Disabilities

	Desha	Arkansas	United States
Disabled	19.4%	17.5%	12.7%
Hearing Difficulty	5.2%	5.0%	3.8%
Vision Difficulty	4.4%	3.4%	2.5%
Cognitive Difficulty	6.6%	7.2%	5.3%
Ambulatory Difficulty	10.9%	10.1%	6.9%
Self-Care Difficulty	4.2%	3.6%	2.7%
Independent Living Difficulty	8.8%	7.8%	5.0%

Sources: US Census 2020
<https://data.census.gov/cedsci/profile?q=0500000/050541>

26

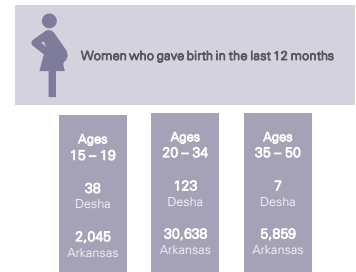
Step 3:
Define the Community – Poverty

Under 18	18 – 64	65 & Older	All People
47.6% Desha	26.8% Desha	11.2% Desha	29.1% Desha
22.1% Arkansas	15.5% Arkansas	10.5% Arkansas	16.2% Arkansas
22.2% U.S.	58.5% U.S.	16.5% U.S.	12.3% U.S.

Sources: US Census 2020
<https://data.census.gov/cedsci/profile?q=0500000/050541>

27

Step 3:
Define the Community – Fertility



Sources: US Census 2020
<https://data.census.gov/cedsci/profile?q=0500000/050541>

28

Step 3:
Define the Community – Clinical Care

	Desha	Arkansas	Top U.S. Performers (Counties)
Primary Care Physicians	2,300:1	1,500 to 1	1030 to 1
Dentists	3,790:1	2,160 to 1	1240 to 1
Mental Health Providers	1,620:1	440 to 1	290 to 1
Preventable Hospital Stays	9,375	5129	2,761
Mammography Screening	30%	37%	50%
Flu Vaccinations	41%	45%	53%

Sources: County Health Rankings 2021
<https://www.countyhealthrankings.org/app/arkansas/2021/rankings/efferson/county/outcomes/overall/snapsheet>

29

Step 3:
Define the Community – Health Behavior

	Desha	Arkansas	Top U.S. Performers (Counties)
Adult Smoking	28%	22%	14%
Adult Obesity	48%	43%	26%
Food Environment Index	4.7	5.2	8.6
Physical Inactivity	35%	32%	20%
Access to Activity (Physical Exercise)	60%	64%	91%
Alcohol Abuse	13%	16%	13%
Alcohol-impaired Driving Deaths	45%	26%	11%
Sexually Transmitted Infections	918.1	575.5	161.4

Sources: County Health Rankings 2021
<https://www.countyhealthrankings.org/app/arkansas/2021/rankings/efferson/county/outcomes/overall/snapsheet>

30

Step 3: Define the Community – COVID-19 Community Levels

Cases	<10
% Positivity	0
New admissions average per day	0

People Vaccinated	At Least One Dose	Fully Vaccinated	Fully Vaccinated + Booster
Total Population	8,173 (71.9%)	6,819 (60.0%)	2,652 (38.9%)
12+	7,855 (82.5%)	6,608 (69.4%)	2,651 (40.1%)
18+	7,256 (85.5%)	6,126 (72.1%)	2,600 (42.4%)
65+	2,223 (95.0%)	1,953 (87.7%)	1,261 (64.6%)

Sources: CDC April 24, 2022
<http://covid.cdc.gov/covid-data-tracker/#community-view>

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Step 4: Collect & Analyze Data

Community Health Needs Assessment Survey includes the following sections:

- Personal Health & Wellness
- Community Health
- Demographic Information

Community Advisory Committee is instrumental in getting the word out about the CHNA survey

Survey will be available on the McGehee Hospital website, Facebook page, & the ARHP Facebook page

All data will be compiled & presented at the meeting on May 18th

ALL RESPONSES ARE CONFIDENTIAL

CHNA survey is now open & available by clicking this link:
https://docs.google.com/forms/d/e/1FAIpQLSeAJjXH-GQkNWS/WoL_so_CfPYcFRpZ7Wqz-CJA8eqplmCpg/viewform?usp=sf_link

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Ways to access the CHNA survey:

- Scan the QR code in the flyer
- This survey link below can be emailed or texted:
https://docs.google.com/forms/d/e/1FAIpQLSeAJjXH-GQkNWS/WoL_so_CfPYcFRpZ7Wqz-CJA8eqplmCpg/viewform?usp=sf_link
- Survey link may also be found on the McGehee Hospital website & Facebook page



Please take a few minutes to answer this survey and tell us about your hospital and community.

4 Easy Steps:

1. Open phone camera.
2. Point camera here.
3. Fill out the form.
4. All done!



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Step 5: Prioritize Community Health Issues

1. Survey results will be presented to Advisory Committee
2. Advisory Committee will review results, demographics, & health data provided to identify health care priorities

Prioritization criteria might include:

Magnitude of the problem	Severity of the problem	Need among vulnerable populations
Community's capacity & willingness to act on the issue	Ability to have a measurable impact on the issue	Availability of hospital & community resources
Existing interventions focused on the issue	Whether the issue is a root cause of other problems	Trending health concerns in the community

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Step 6: Document & Communicate Results



The completed report will be provided to members of the Advisory Committee as well as posted to the McGehee Hospital's website.



Printed copies are always available on request at the front desk of the hospital.



Final report will be filed with IRS Form 990.

35

Step 7: Plan Implementation Strategies

Develop comprehensive, multifaceted strategies to address the community health needs prioritized in the assessment is crucial to improving community health.

Key Components:

- Engage strategic partnerships both within the hospital and with external stakeholders
- Internal & External partnerships (ARHP)
- Align strategies with the hospital & other community stakeholder organizations (City, County, Health Department, Schools)
- Determine our community assets
- Identify the drivers of community health improvement
- Select strategies to address priority needs

36

Step 8: Implement Strategies

- This is an ongoing process
- We will continue to engage stakeholders identified through previous steps
- Develop work groups, as necessary, to implement plans
- Create measurable action plans

Considerations for implementation:

- Are there existing resources or efforts already under way?
- What skill sets are needed to make the strategy a success?
- Who will be doing the work?
- How can we engage & involve others?
- Are the action plans flexible enough to adapt to changing circumstances?

37

Step 9: Evaluate Progress



Schedule annual meetings to engage members of the Community Advisory Committee.



Review the implementation plans and strategies identified.



Evaluate the results.



Communicate results and celebrate successes.

38

Next Steps

Share CHNA flyer via email

Complete the survey

"Like" us on Facebook to help us spread the word & access the flyer

Talk to your friends & family about the survey & ask them to complete it

Talk to your friends & family about their health care concerns for the community

Attend Community Advisory Committee Meeting #2

39

Next Meeting

Wednesday, May 18th
at 12:00 Noon

Review data collected from surveys

Identify key health concerns we can begin to address

Outline plan to address concerns over the next three

40



Any questions?

41

Attachment D.
Community Advisory Committee
Meeting #2
Agenda



**Community Health Needs Assessment
Community Advisory Committee Meeting #2**

Agenda

May 18, 2022

12:00 pm – 1:30 pm

In-Person/Virtual Meeting

- Welcome
- Overview of Survey Results
- Identifying Key Takeaways
- Voting on Top Objectives
- Action Plan
- Adjourn

Attachment E.
Community Advisory Committee
Meeting #2
Attendance Roster



May 18, 2022

Attendance Roster

Name	City, State	Occupation
Abby Gibson	McGehee, AR	McGehee Bank
Al Murphy	McGehee, AR	City of McGehee City Council
Bob Lucky	McGehee, AR	Lucky Chevrolet, McGehee Hospital Board Member
Bob Ware	McGehee, AR	University of Arkansas at Monticello
Brenda Reaves	McGehee, AR	Arkansas Department of Health Desha County
Cheryl Cooper	McGehee, AR	McGehee Bank
Cynthia Montgomery	McGehee, AR	The Montgomery Firm, CPA, PA
Doran Newhouse	McGehee, AR	Retired Postmaster
Gidget Denton	McGehee, AR	Retired School Teacher
Jackie Walker	McGehee, AR	McGehee Water Department
Jaime Stallans	McGehee, AR	McGehee Walker
Jane Lucky	McGehee, AR	Retired
Jeff Owyong	McGehee, AR	City of McGehee Mayor
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Mitch Grant	McGehee, AR	Arkansas State Police
Molly Bratton	McGehee, AR	Retired
Myra Cingolani	McGehee, AR	Retired School Teacher
Ricky Terry	McGehee, AR	McGehee Fire Department
Sarah Williams, RN	McGehee, AR	McGehee School District Nurse
Scott Williams	McGehee, AR	McGehee Police Department
Spencer Chastain	McGehee, AR	McGehee Boys & Girls Club

**Attachment F.
Community Advisory Committee
Meeting #2
PowerPoint Presentation
& 2022 CHNA Survey Results**

2022

Community Health Needs Assessment

Community Advisory Committee Meeting #2
May 18th @12 noon





1

Agenda

01	WELCOME
02	OVERVIEW OF SURVEY RESULTS
03	IDENTIFYING KEY TAKEAWAYS
04	VOTING ON TOP OBJECTIVES
05	ACTION PLAN
06	ADJOURN

2

The Community Health Needs Assessment Process



<http://www.healthcommunities.org/education/books/files/community-engagement.shtml#XENj76LzU70>

3

ALL RESPONSES ARE CONFIDENTIAL

There were **103** surveys completed for McGehee Hospital.

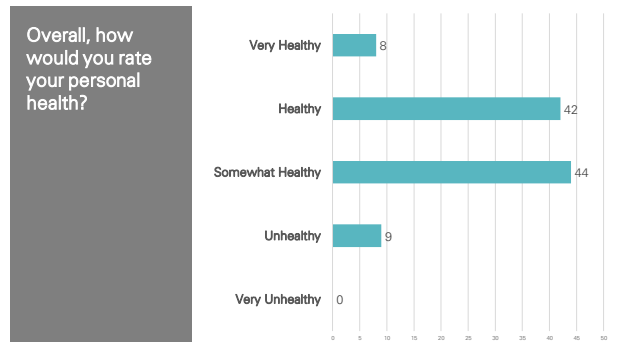
The survey included three sections:

- 1 Personal Health & Wellness
- 2 Community Health
- 3 Demographic Information

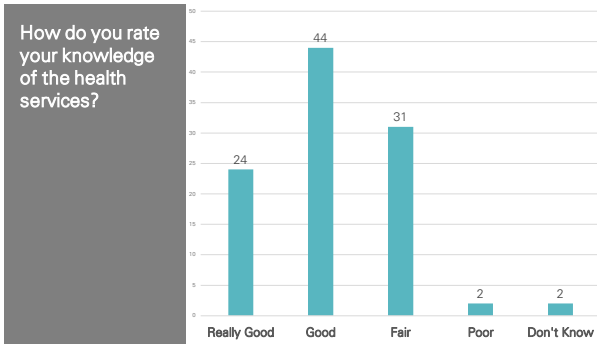
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SECTION 1: Personal Health & Wellness

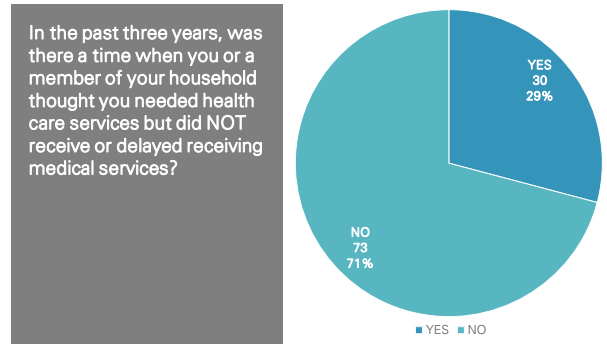
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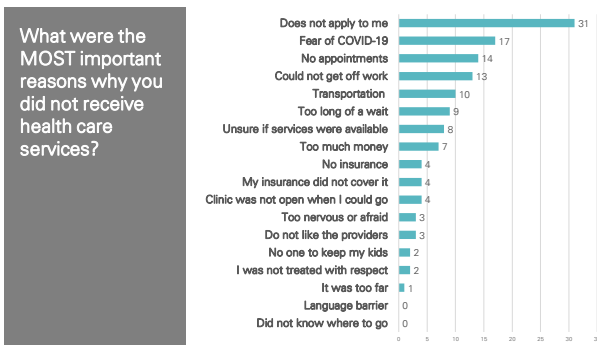
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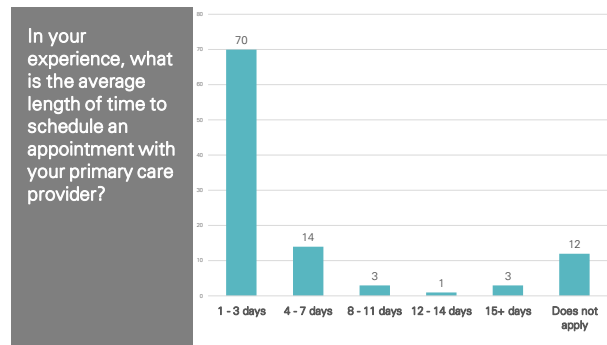
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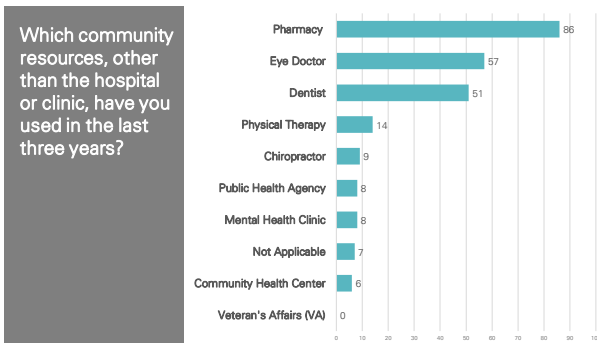
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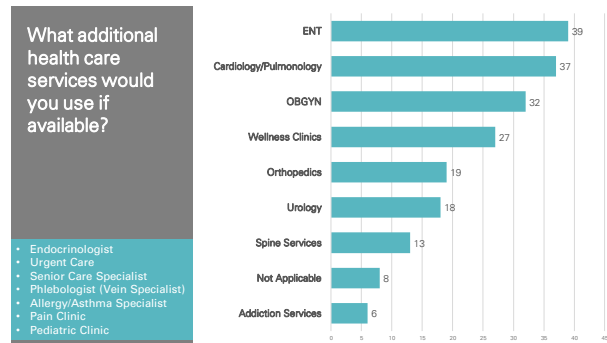
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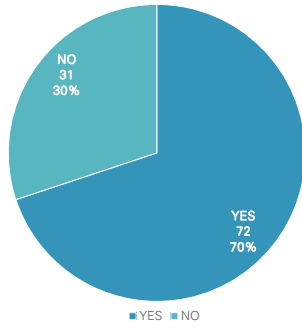


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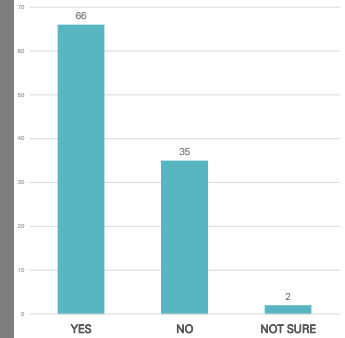
12

In the past three years, has anyone in your household received care in a hospital? (i.e. hospitalized overnight, day surgery, obstetrical care, rehabilitation, radiology, or emergency care)



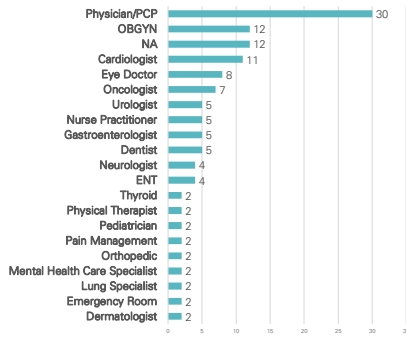
13

In the past three years, have you or a household member seen a health care specialist (other than your primary care provider/family doctor) for health care services?



14

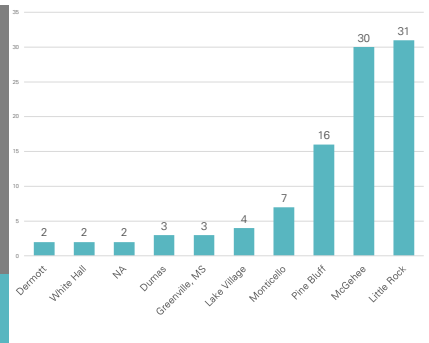
What type of health care specialist was seen?



- Radiology
- Endocrinologist
- Endodontist
- Psychologist
- Pulmonologist
- Vein Specialist

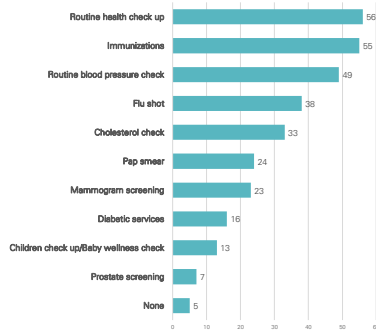
15

If yes, where was the health care specialist located?



16

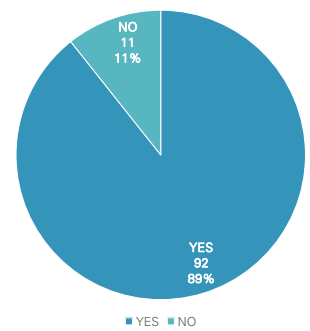
Preventative testing and services help to prolong the length of living & can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year? Select all that apply.



- Smoking Cessation
- Colonoscopy
- COVID test
- Telemedicine with cardiologist
- OBGYN
- Dentist
- Orthopedic specialist

17

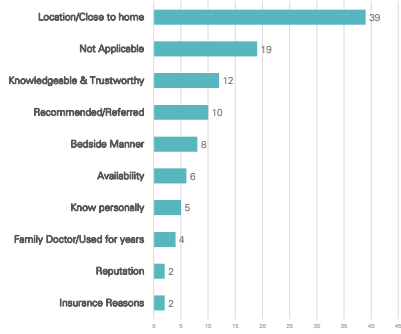
In the past three years, have you or a household member seen a primary health care provider, such as a family physician, physician assistant or nurse practitioner for health care services?



18

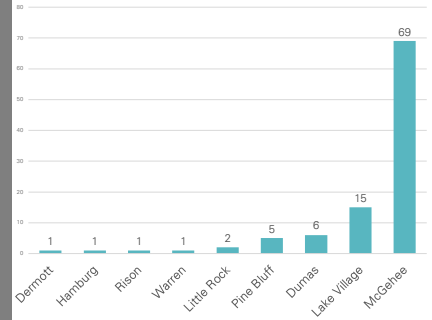
Why did you select the primary care provider?

"A good all-around doctor who listens and if he doesn't know, he's not afraid to research and find out."



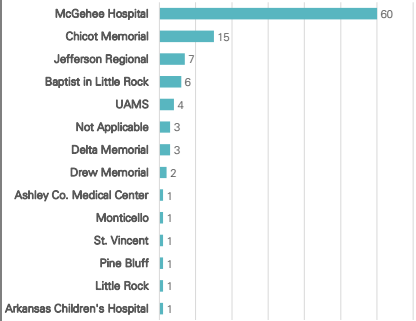
19

Where was that primary health care provider located?



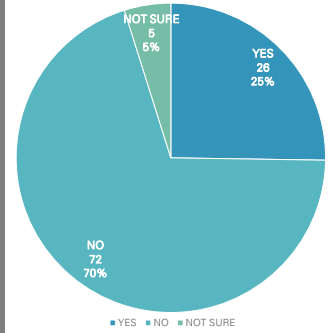
20

Which hospital does your household use the MOST for hospital care?



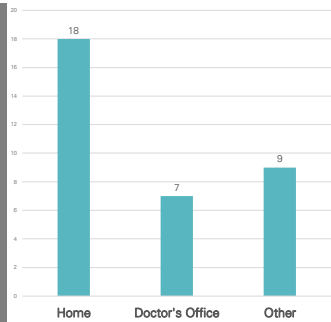
21

In the past three years, have you or anyone in your household used telehealth services for medical care?



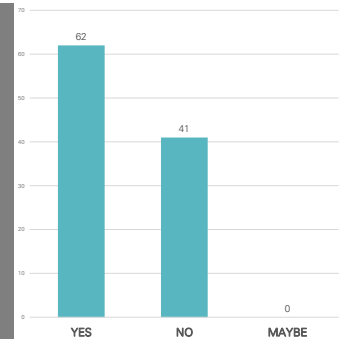
22

If yes, where were the telehealth services provided?

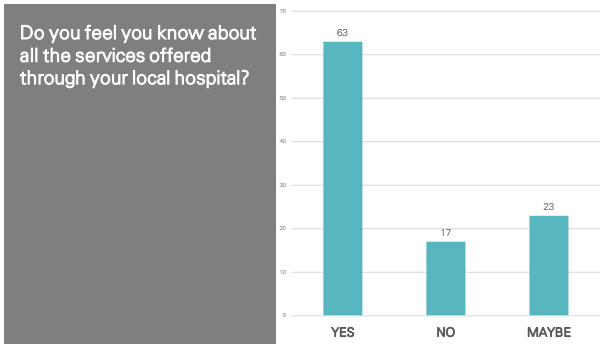


23

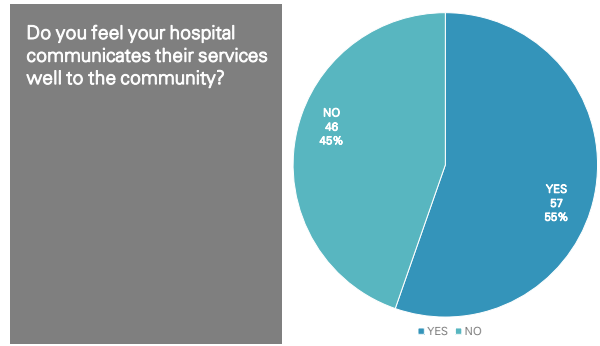
Would you be willing to use telehealth services with support from your doctor's office?



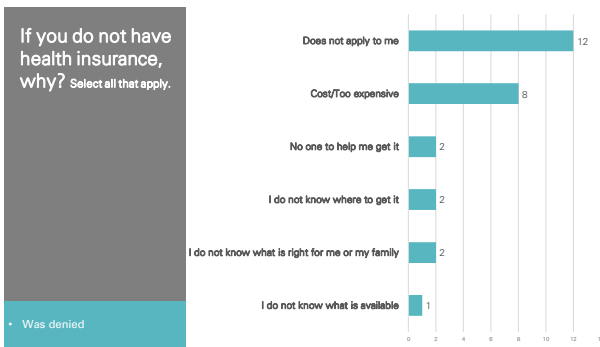
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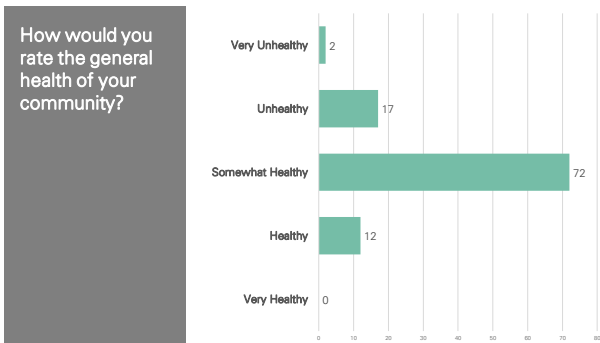
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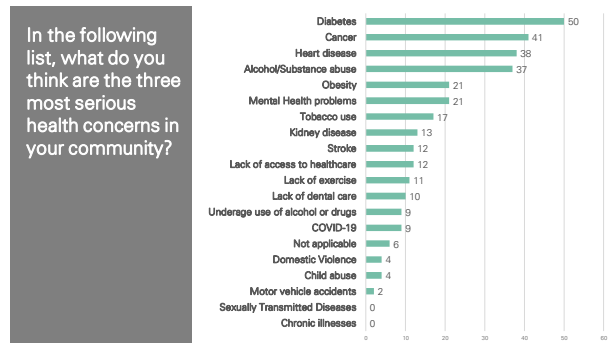
27

SECTION 2:
Community Health

28



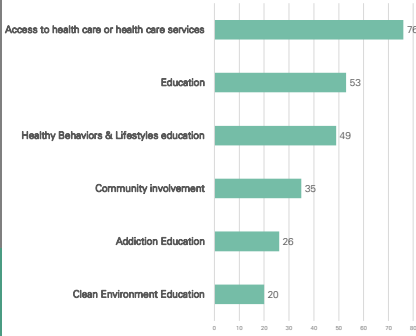
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30

Select the three items below that you believe are most important for a healthy community.

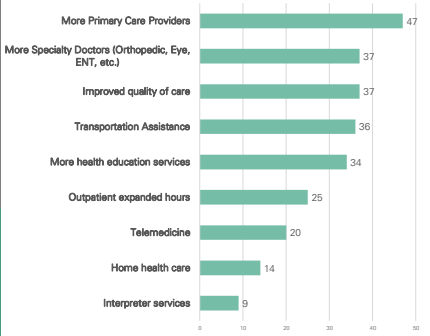
- Diabetes education
- Income
- Medical insurance knowledge or assistance
- Mental health
- Jobs



31

In your opinion, what would improve your community's access to health care? Select all that apply.

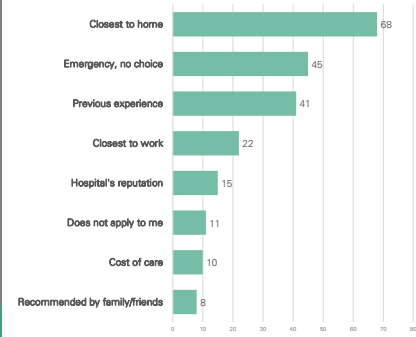
- Addiction treatment
- Community center for exercise with classes to get people active
- After hours clinic
- No long waits for appointments



32

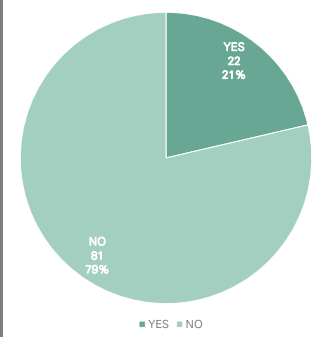
Thinking about the hospital you use most frequently, what are the three most important reasons for selecting that hospital?

- Referred by doctor
- Love the friendly staff



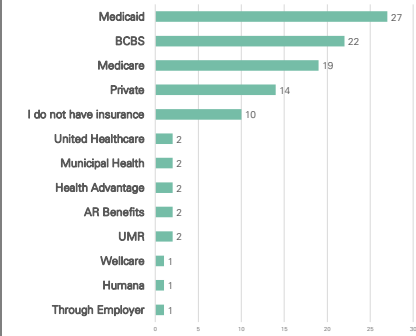
33

Has cost prevented you from getting a prescription or taking your medication regularly?



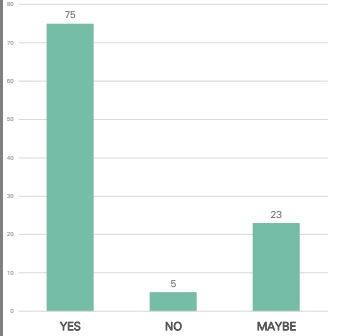
34

What type of health insurance covers majority of your household's medical expenses?



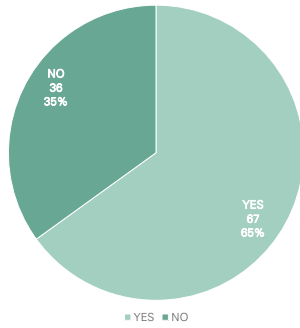
35

Do you feel transportation services for healthcare is needed in your area?



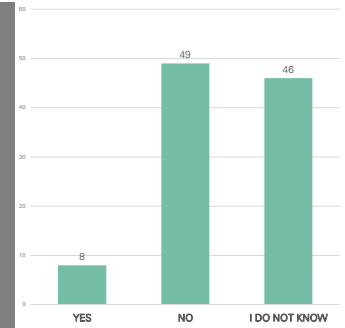
36

If you answered yes to the previous question, would you use transportation services offered by your local hospital or health care clinic?



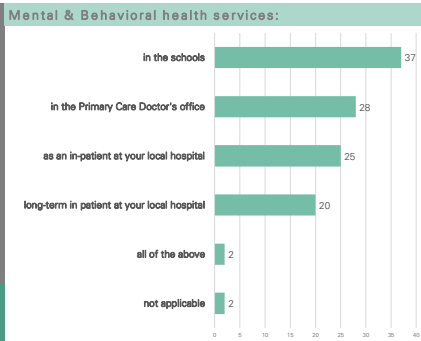
37

Do you think there are enough mental and behavioral health services in your community?



38

If you answered no to the previous question, what mental and behavioral health services do you think your community needs?



• More Mental health clinics/services specifically devoted to mental needs/addiction

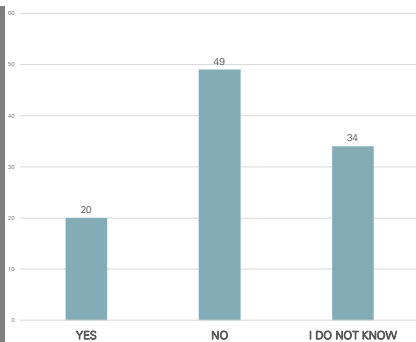
39

Please add any comments about mental and behavioral health services in your community.

- Need more mental health services to be able to do more than put a band-aid on issues.
- The need for mental health services increase as we see in our daily newspaper articles about drugs, shootings, & illegal guns.
- No transportation for mental health patients to higher levels of care when required.
- More mental health services needed for children.
- Need long term in-patient care for this.

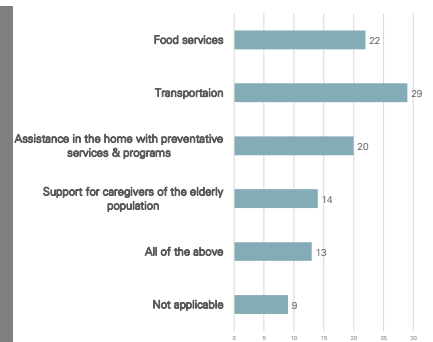
40

Do you feel your community is doing enough to help your elderly population?

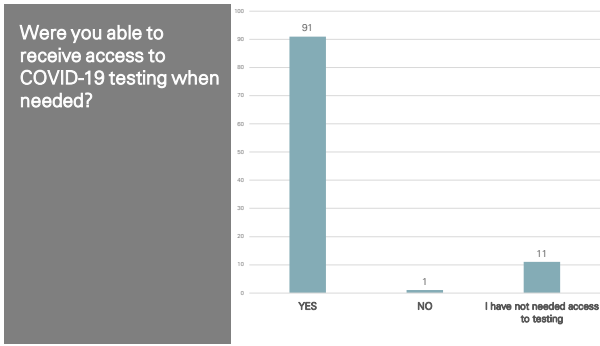


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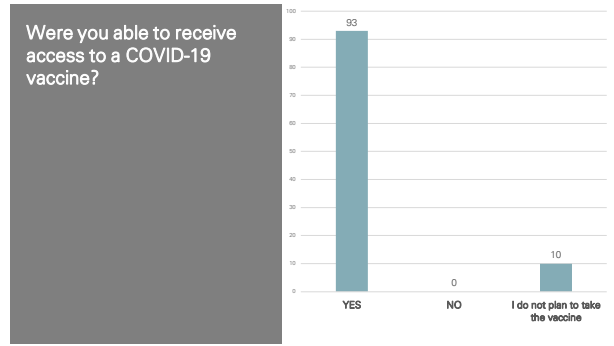
What services do you think the elderly population would benefit from?



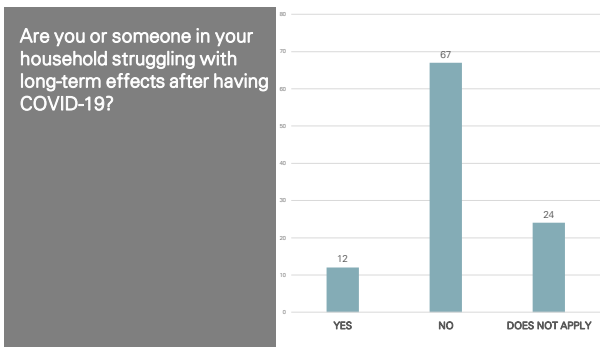
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What else would you like us to know about needs in your community?

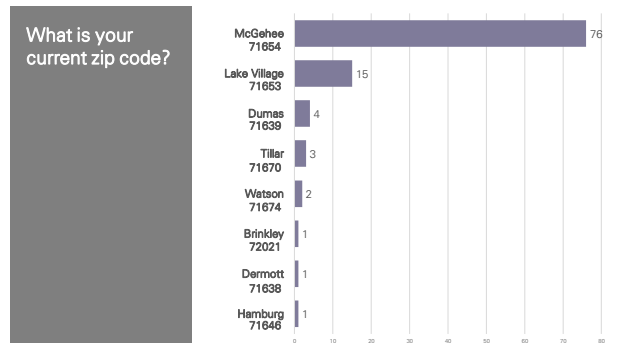
- Need help addressing Substance Use Disorder in the community
- Need help for those who have trouble paying their medical bills to keep them from being turned over to collection agencies
- Need an after hours & urgent care clinic
- Need more help to create a positive environment for children
- Need help with transportation (mental health transfers)
- More help for the elderly (transportation, home health care, food help) even though some of this is already being offered.

"I am personally satisfied with what has been achieved, as many towns don't have what we have here in McGehee. But I feel we could always do better."

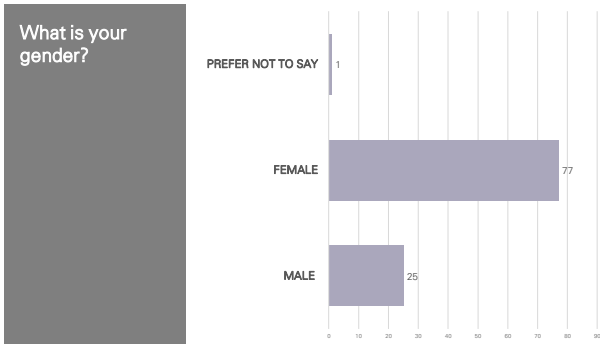
46

SECTION 3:
Demographic Information

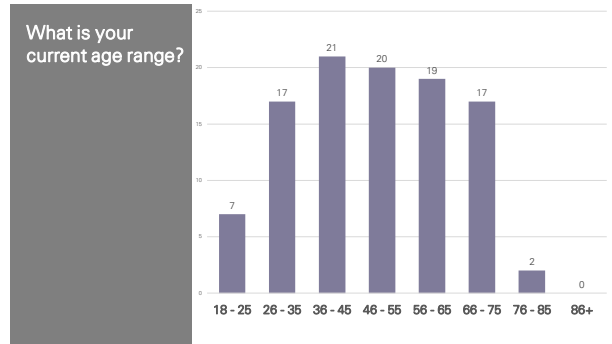
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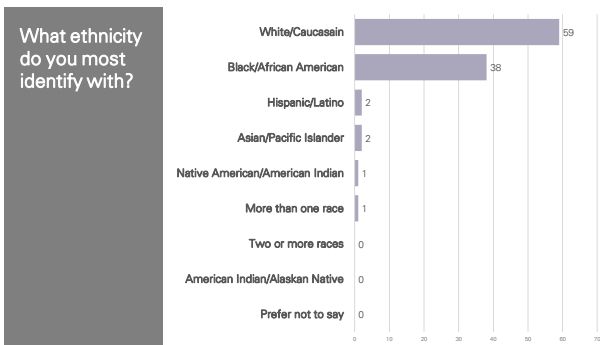
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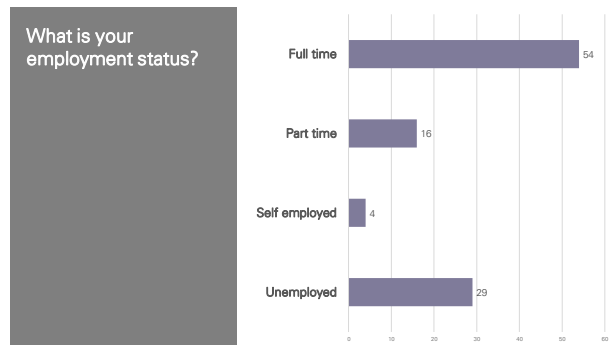
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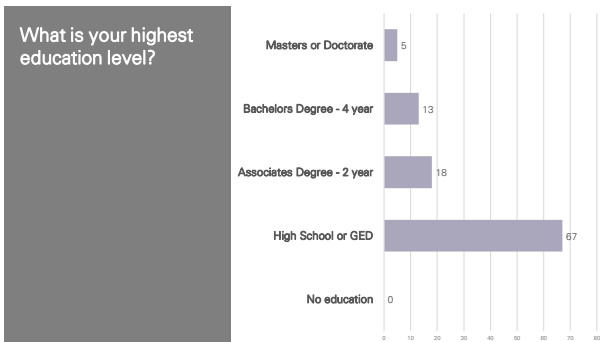
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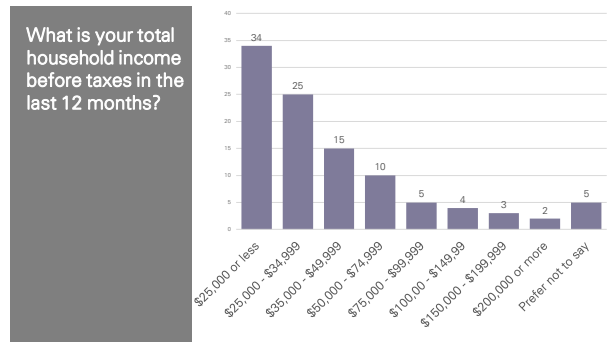
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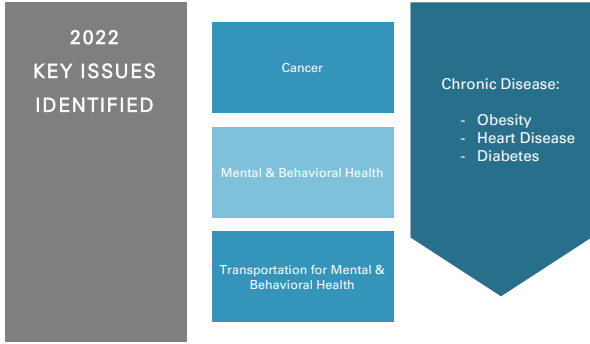
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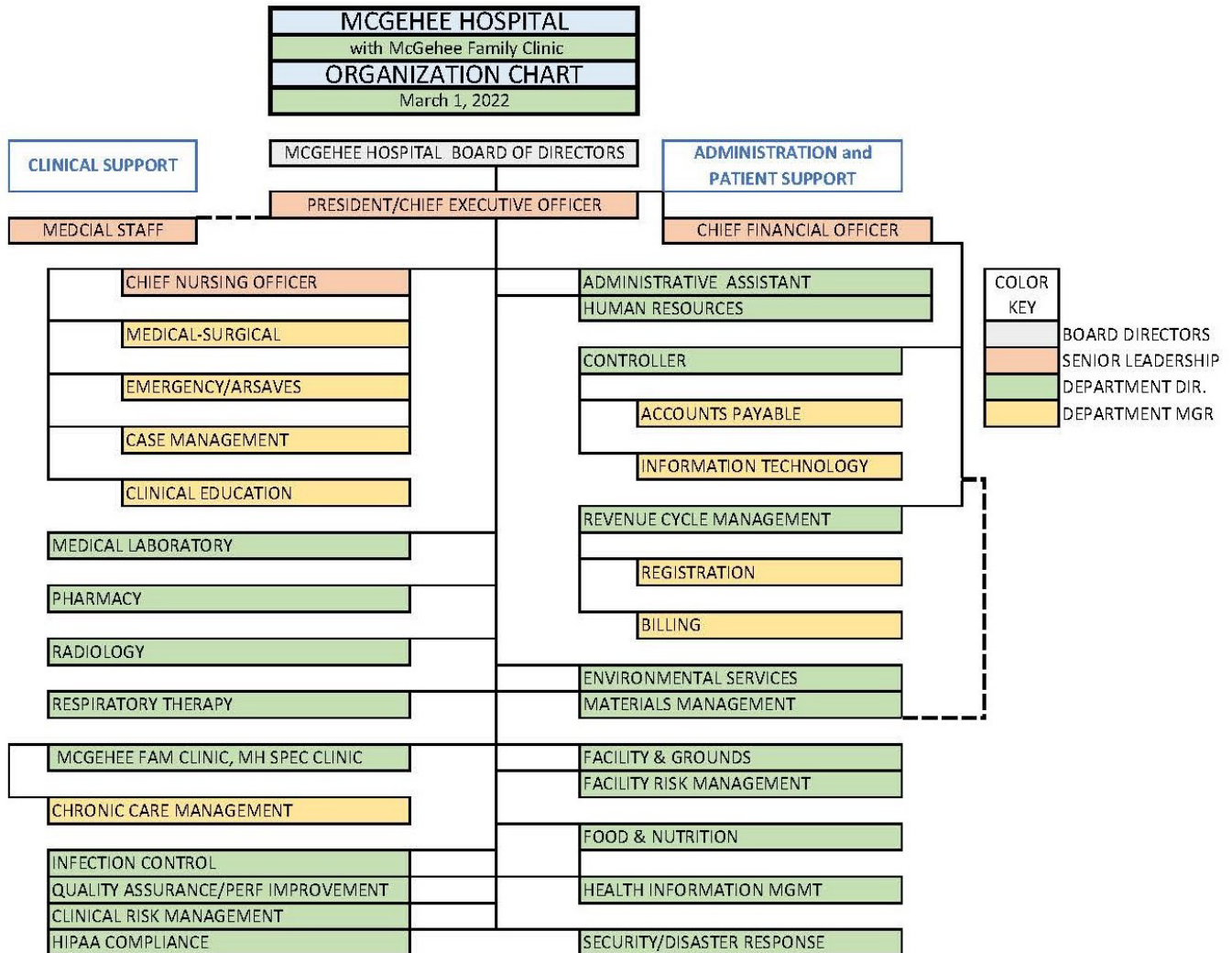


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Attachment G.
McGehee Hospital Organizational Chart

McGehee Hospital

Organizational Chart



Attachment H.
2022 – 2025 Strategic Implementation Plan