



# Community Health Needs Assessment

# 2022

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# Introduction

Chicot Memorial Medical Center, a critical access hospital located in the city of Lake Village in Chicot 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. Chicot Memorial Medical Center provides community benefits by offering health education, free community health screenings, a free community center offering exercise classes, support for local athletic activities, and community health initiatives. Further, every three years CMMC conducts a survey assessing the needs of Chicot County residents and hospital stakeholders in the surrounding area. The assessment includes input from persons representing broad interests of the community served by the Chicot Memorial Medical Center, 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 indicate the most pressing health concerns in the hospital service area. Upon identifying the health issue priorities, the Chicot Memorial Medical Center'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. The Chicot Memorial Medical Center's 2022 Community Health Needs Assessment is prepared by 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 Chicot Memorial Medical Center engaged hospital leadership, key stakeholders, and community members to take the pulse of the local healthcare landscape, determine priority health care needs in the service area, and build a path together for moving forward on these key 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 and 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 burn out after enduring many months of extreme strain. 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 full list of the current future trends and innovations in healthcare for the next few years, the following themes should be expected to play a large 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 healthcare mobile apps. Continued emphasis on value-based healthcare will ensure that patients are engaged 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, 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 for the uncertainties, trends, and changes noted above.

## Relevant Data

### State Data- Arkansas

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

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



Arkansas Measures			
	Rating	2021 Value	2021 Rank
<b>Social and Economic Factors</b>	<b>+</b>	<b>-0.773</b>	<b>48</b>
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
<b>Physical Environment</b>	<b>++++</b>	<b>0.303</b>	<b>12</b>
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
<b>Clinical Care</b>	+	<b>-0.586</b>	<b>43</b>
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
<b>Behaviors</b>	+	<b>-1.097</b>	<b>46</b>
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
<b>All Determinants</b>	+	<b>-0.695</b>	<b>48</b>
<b>Health Outcomes</b>	+	<b>-0.798</b>	<b>46</b>
Behavioral Health	+	-0.417	42
Depression	+	23.5%	45

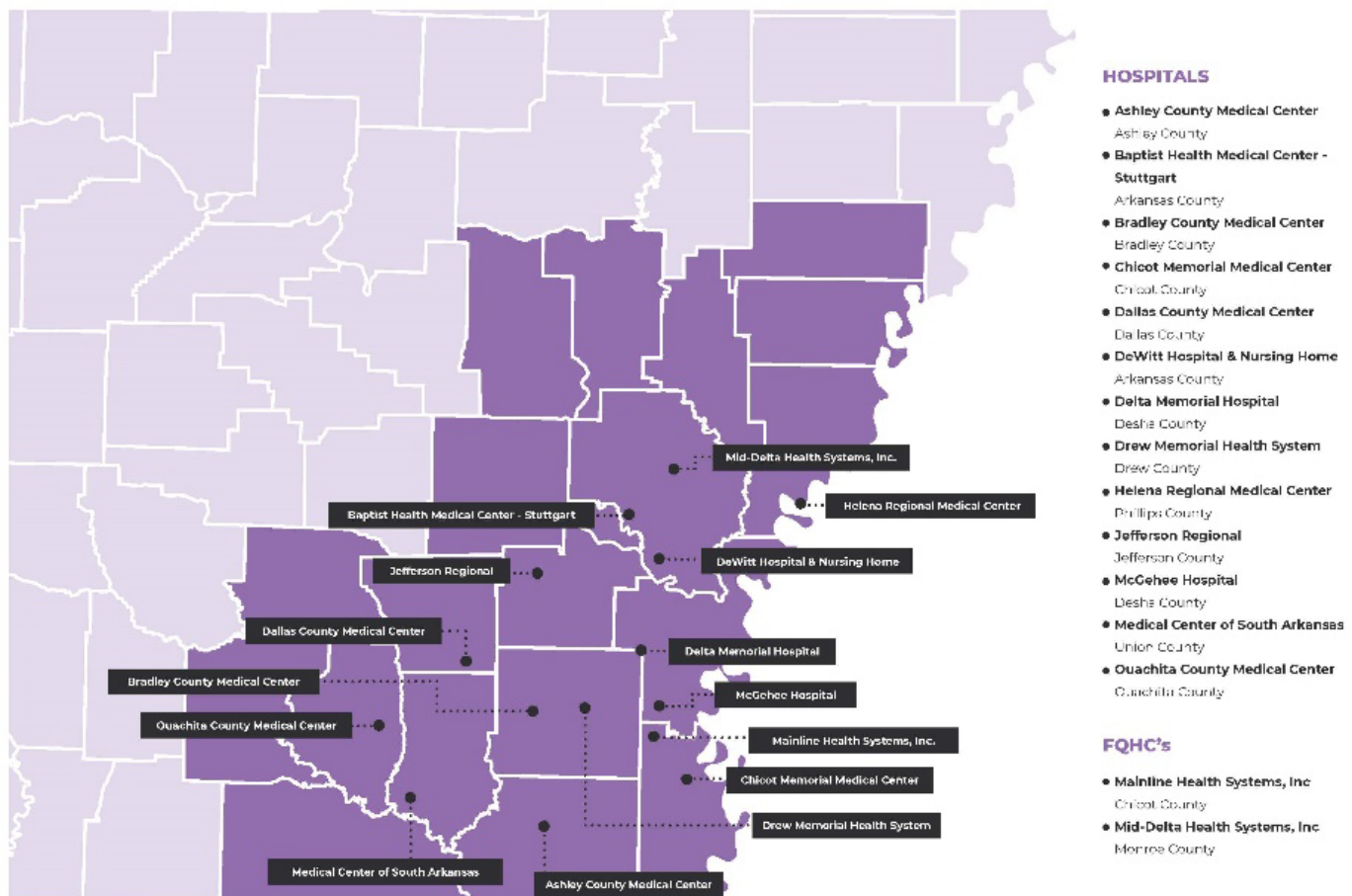


Drug Deaths	+++++	13.2	6
Excessive Drinking	++++	16.1%	15
Frequent Mental Distress	+	17.8%	50
Non-medical Drug Use	+++	11.2%	26
Suicide	++	18.4	34
Mortality	++	-0.660	39
Premature Death	+	9,796	44
Premature Death Racial Disparity	++++	1.3	16
Physical Health	+	-1.082	46
Frequent Physical Distress	+	14.2%	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
<b>Overall</b>	•	<b>-0.708</b>	•

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

## Regional Data- 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-two 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%
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%
St. Francis County	23,090	\$35,348	58.6%	24.9%
Union County	39,054	\$44,663	49.4%	19.1%
Service Area	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)

Region	Black	White	Hispanic	Total Population
Arkansas County	4,156	11,698	636	17,149
Ashley County	4,669	12,958	1,114	19,062
Bradley County	2,937	5,890	1,575	10,545
Calhoun County	913	3,539	127	4,739
Chicot County	5,417	3,953	581	10,208
Dallas County	2,592	3,487	201	6,482
Desha County	5,398	4,845	773	11,395
Drew County	4,846	11,291	656	17,350
Grant County	458	16,304	440	17,958
Jefferson County	37,835	25,478	1,488	67,260
Lee County	4,663	3,465	216	8,600
Lincoln County	3,652	8,324	619	12,941
Lonoke County	4,386	61,624	3,610	74,015
Monroe County	2,760	3,568	186	6,799
Ouachita County	8,899	12,194	516	22,650
Phillips County	10,343	5,616	264	16,568
St. Francis County	12,561	9,551	686	23,090
Union County	12,729	23,216	1,754	39,054
Service Area Average	707	1,290	97	2,170
State of Arkansas	453,783	2,114,512	256,847	3,011,524
U.S.	41,104,200	204,277,273	62,080,044	331,449,281

(U.S. Census Bureau; U.S. Department of Commerce, 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. In fact, residents of southeast Arkansas have a life expectancy rate of *ten years less* than their neighbors living in northeast Arkansas. 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 Co.	25%	35%	19%	4,981
Ashley Co.	26%	42%	14%	6,294
Bradley Co.	25%	31%	18%	4,926
Calhoun Co.	26%	26%	10%	2,316
Chicot Co.	26%	41%	9%	8,130
Dallas Co.	25%	40%	17%	5,325
Desha Co.	28%	48%	10%	9,375
Drew Co.	24%	35%	18%	7,770
Grant Co.	23%	34%	17%	5,009
Jefferson Co.	25%	43%	15%	5,715
Lee Co.	29%	41%	14%	7,185
Lincoln Co.	27%	45%	15%	7,489
Lonokey Co.	22%	41%	14%	4,482
Monroe Co.	28%	44%	19%	4,403
Ouachita Co.	25%	41%	19%	4,486
Phillips Co.	27%	45%	21%	7,190
St. Francis Co.	27%	48%	15%	5,218
Union Co.	23%	35%	13%	4,262
Service Area Average	26%	40%	15%	5,809
Arkansas	24%	35%	14%	4,769
Top U.S. Performers	16%	26%	8%	2,565

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

## County Data- Chicot County

Chicot County is located at the most southeast corner in the state of Arkansas on the border of Louisiana and Mississippi on the Mississippi River.



According to the Robert Wood Johnson Foundation County Health Rankings and Roadmap study, Chicot County is considered one of the unhealthiest counties in the state of Arkansas; ranking #69 in health outcomes and #70 in health factors out of 75 counties in Arkansas. The cart below demonstrates Chicot County's ranking in demographics, economics, injury, health indicators, and health risk factors.

### General Demographics

	Chicot County	Arkansas
Population	10,208	3,011,524
% Below 18 years of age	26.6%	23.2%
% Above 18 years of age	56.6%	76.8%
% 65 and older	20.7%	17.4%
% Non-Hispanic/African American	52.8%	15.1%
% American Indian and Alaskan Native	0.3%	0.9%
% Asian	0.4%	1.7%
% Native Hawaiian/Other Pacific Islander	0.09%	0.5%
% Hispanic/Latino	5.7%	8.5%
% Non-Hispanic/White	38.1%	70.2%
% Other	0.3%	4.5%
% Male	49.5%	49%
% Female	50.5%	51%

### Income Demographics

	Chicot County	Arkansas
Median Household Income	\$34,147.00	\$48,952
<i>Income breakdown by status</i>		
Families	\$42,500.00	\$63,542
Married couple families	\$51,623.00	\$75,616
Non-family households	\$16,729.00	\$24,493

Poverty	Chicot County	Arkansas	USA
All people	28.9%	16.2%	12.3%
Under 18 years of age	44.6%	22.1%	(-)
18 to 64 years of age	26.6%	15.5%	(-)
65 and older	16.8%	10.5%	(-)

### Migration Demographics

	Chicot County	Arkansas
Moved within same state	8.6%	8.1%
Moved to a different county	5.4%	4.0%
Moved to a different state	1.7%	2.0%
Moved abroad	(-)	0.3%

### Insured Demographics

Healthcare Coverage (Uninsured)	
Arkansas	9.1%
Chicot County	10.6%

### Healthcare Provider Demographics

	Chicot County	US Top Performing Counties	State of Arkansas
Primary Care Physicians	950:1	1,030 to 1	1,500 to 1
Dentists	1,450:1	1,240 to 1	2,160 to 1
Mental Health Providers	170:1	290 to 1	440 to 1
Preventable hospital stays	8,130	2,761	5,129
Mammography screening	37%	50%	37%
Flu Vaccinations	28%	53%	45%



### Health Statistics

	Chicot County	US Top Performing Counties	State of Arkansas
Adult smoking	26%	14%	22%
Adult obesity	41%	26%	43%
Food environment index	3.1	8.6	5.2
Physical inactivity	35%	20%	32%
Access to activity (physical exercise)	29%	91%	64%
Alcohol abuse	14%	13%	16%
Impaired driving deaths	17%	11%	26%
Sexually transmitted disease	789.8	161.4	575.5

### COVID-19 Statistics

SARS-COV-2 Breakdown for Chicot County	
Cases	35
Cases per 100,000	345.92
Percent Positive	26.47%
New admissions average per day	2
Vaccination	
(all)	5,415
12+	61.8%
18+	64.1%
65+	85.4%

## Topic Specific Data- Priorities

At the conclusion of the Chicot Memorial Medical Center survey and community advisory board processes, there were three priorities that were targeted for the hospital to address over the next three years: **Mental Health & Drug Addiction/Substance Abuse, Healthcare Workforce**, and **Obesity**. The following data highlights the issues around these topics at the federal, state, and local level.

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

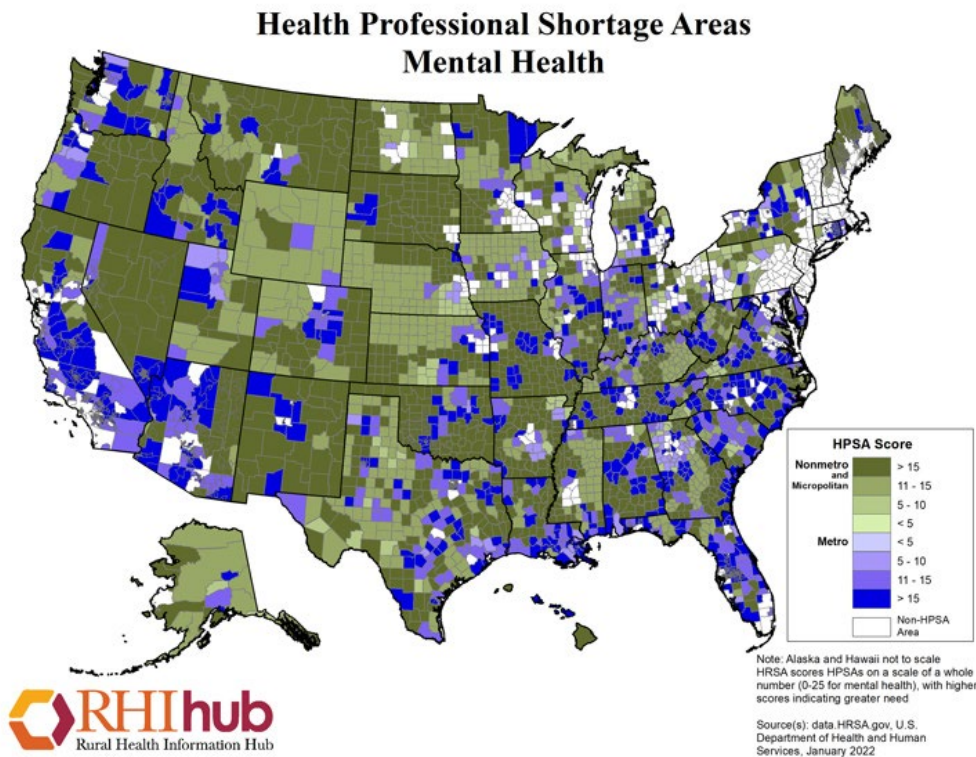
Even before the pandemic caused isolation, anxiety, fear, and depression rates to soar, mental health was one of the top concerns in the region (and nation). In a report released in April 2016 by the Arkansas Department of Health, suicide is the leading cause of injury-related deaths for Arkansans between 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).

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 20<sup>th</sup> highest suicide rate in the nation ([achi.net/newsroom/arkansas-suicide-rate-up-41-since-2000/](https://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 CMMC 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.

### 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	1	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
<b>Total</b>	<b>3</b>	<b>28</b>	<b>21</b>

(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.

A little less obvious, but very clear is the inability to retain health professionals due to lack of resources and facilities. While there is the need to grow more behavioral and mental health providers in the Arkansas Delta region due to the inability to recruit; it is obvious that in counties, such as Chicot County, the absence of mental and behavioral health facilities is causing local providers to obtain employment outside of the service area. In the case of Chicot County, it can be assumed that while there are behavioral healthcare providers residing in the county, they are employed by larger health systems in Little Rock which is several miles down the road.

Also, it is important to point out that there should be more efforts to educate local healthcare providers on local behavioral health workforce availability and potentially build these services in local hospitals and clinics that are in existence. Building these additional services and increasing healthcare services to include behavioral health will allow the rural hospitals to thrive and survive.

### **Public Health Concern: Healthcare Workforce**

In a region recognized for high poverty, unemployment, and outward migration rates, dozens of job openings sit vacant at healthcare organizations across the south Arkansas Delta. There are few individuals with the proper qualifications or training to fill the slots. Meanwhile, soon-to-graduate high school students and other individuals looking to reenter the workforce are largely unaware of the promising training and employment opportunities available only minutes from their doorsteps.

With such drastic health workforce shortages in the region, the only way to provide a real and lasting solution to the problem is to build a locally grown health workforce. This is easier said than done. There are several barriers to that Arkansas Delta communities and students face that one must acknowledge:

- **Deficiency in Academic Preparation.** Opportunities must be provided early enough to help students get prepared for healthcare studies which require knowledge and understanding of math and science and good study habits
- **Absence of knowledge of various healthcare career opportunities.** Often when most youth talk about healthcare careers they think of a doctor or a nurse and don't comprehend the many opportunities that exist within healthcare system, many that are not clinical, including business office operations, technology, administration, etc.
- **Inability to Afford College Expenses.** College is expensive and being able to afford the expenses of studying for several years seems unattainable to many of our rural youth.
- **Lack of Accessibility.** Going away to school is even more expensive and often moving away from home is not possible due to obligations at home or simply not wanting to leave family and friends behind.
- **Lack of knowledge of local healthcare study opportunities.** More and more local colleges and universities are creating programs of study to assist with building a stronger and better healthcare workforce. The availability of these programs must be communicated to students and individuals in local schools and communities.
- **Lack of support and encouragement.** In many rural areas, parents and caregivers have not gone to college or do not know what opportunities exist for themselves and the younger generation. Support and guidance must be made available to assist students through their studies. While many study opportunities can now be offered virtually, learning alone and with no support of hands-on assistance from teachers and other students, many are going it alone and are not being successful. The majority of high school students in the target area do not have the support structures in place to learn and be academically successful. Most students do not have educated parents, the economic means to seek a better education, and the necessary academic resources to assist them with their studies and testing skills. When a high school student only experiences an environment in which education is not prioritized and there is not a role model or encouraging mentor/parent in their life, their expectations are not very high for themselves.

- **Broadband Deficiencies in Rural Areas.** In many rural areas, access to the internet is non-existent or at best limited. Rural communities must create spaces for students to have access to virtual learning platforms.

Almost impossible to comprehend, there are multiple high schools/school district partners in the service area with less than 2% of students meeting college readiness benchmarks. The number of economically disadvantaged high school students (determined by those eligible for free or reduced school lunch) is also exceedingly high, with an average of 73.5%. During the 2015-16 academic year, nearly one in five high school students in the region dropped out.

#### **Percent of Students Meeting College Readiness Benchmarks per 2021 ACT, by School**

<b>Participating School District</b>	<b>Reading</b>	<b>English</b>	<b>Math</b>	<b>Science</b>	<b>Composite Average</b>
<b>Barton</b>	16.60	15.32	16.23	17.72	16.57
<b>Bearden</b>	18.23	17.10	16.03	17.13	17.30
<b>Brinkley</b>	17.27	17.92	17.65	17.92	17.96
<b>Cabot</b>	22.01	20.38	20.10	21.15	21.07
<b>Camden Fairview</b>	16.94	15.62	16.20	17.12	16.56
<b>Carlisle</b>	22.07	20.76	18.83	21.11	20.83
<b>Central (HWH)</b>	16.06	15.25	15.79	17.33	16.30
<b>Crossett</b>	18.61	16.57	17.09	17.84	17.68
<b>Dermott</b>	14.92	14.69	16.85	16.00	15.77
<b>Drew Central</b>	18.44	17.66	17.39	18.57	18.20
<b>Des Arc</b>	20.54	19.89	20.37	20.03	20.37
<b>DeWitt</b>	17.19	16.84	17.15	19.07	17.70
<b>Dollarway</b>	Not in operation in 2020 - 2021				
<b>Drew Central</b>	17.80	16.64	17.67	18.09	17.73
<b>Dumas</b>	16.74	15.43	15.79	17.17	16.45
<b>El Dorado</b>	19.04	17.88	17.64	19.19	18.58
<b>England</b>	16.23	16.48	16.32	17.87	16.87
<b>Forrest City</b>	14.95	14.68	15.63	16.15	15.53
<b>Fordyce</b>	17.02	15.71	16.85	17.27	16.77
<b>Friendship Aspire Academy SE</b>	11.86	10.33	13.19	13.48	12.33
<b>Hamburg</b>	17.50	16.64	17.09	17.87	17.43
<b>Hampton</b>	17.20	15.68	16.10	18.33	16.88
<b>Harmony Grove</b>	19.42	18.68	17.93	19.24	18.95
<b>Hazen</b>	15.96	15.17	15.92	15.88	15.79
<b>Hermitage</b>	17.08	15.60	17.08	17.70	17.05
<b>Junction City</b>	16.26	15.13	15.94	16.17	16.00
<b>Kipp Delta</b>	17.38	17.22	17.25	17.72	17.63
<b>Lakeside</b>	16.08	16.48	16.02	17.41	16.84



<b>Lonoke</b>	17.81	17.44	17.48	18.11	17.86
<b>Lee Marianna</b>	15.11	13.11	15.51	15.97	15.11
<b>McGehee</b>	19.07	17.99	17.66	18.71	18.53
<b>Marvell-Elaine</b>	12.81	12.33	14.59	14.19	13.56
<b>Monticello</b>	17.80	16.64	17.67	18.09	17.73
<b>Palestine - Wheatley</b>	19.00	18.13	16.85	18.69	18.29
<b>Parkers Chapel</b>	18.58	18.26	18.04	18.70	18.54
<b>Pine Bluff</b>	15.40	14.40	15.55	16.27	15.52
<b>Poyen</b>	17.50	16.90	18.02	18.02	17.82
<b>Rison</b>	18.63	17.84	17.82	20.27	18.78
<b>Sheridan</b>	20.54	19.70	18.86	20.11	19.97
<b>Smackover</b>	19.55	18.37	17.53	18.53	18.68
<b>Sparkman</b>	16.00	15.70	16.30	16.90	16.60
<b>Star City</b>	17.94	16.91	16.50	18.07	17.48
<b>Strong-Huttig</b>	14.43	13.93	14.57	16.00	15.00
<b>Stuttgart</b>	18.32	17.60	17.65	18.56	18.17
<b>Warren</b>	17.09	15.74	16.26	17.57	16.82
<b>Watson Chapel</b>	15.53	14.09	15.54	16.89	15.65
<b>Whitehall</b>	20.29	20.05	19.07	20.52	20.13
<b>Woodlawn</b>	19.20	17.95	18.10	19.00	18.73
<b>Combined Mean of Target Area</b>	17.45	16.57	59.27	60.56	17.36

(Arkansas Department of Education Data Center 2020 - 2021)

### Economically Disadvantaged Students & Educational Attainment, by High School/ School District

<b>Partner High School/ School District</b>	<b>% Of Economically Disadvantaged Students*</b>	<b>Complete High School in 4 Years (Cohort 2021-2021)</b>	<b>Complete High School in 4 Years (Cohort 2020-2021)</b>
<b>Barton</b>	85.01%	89.29	78.75
<b>Bearden</b>	68.90%	88.24	97.73
<b>Brinkley</b>	75.69%	89.29	84.62
<b>Cabot</b>	36.14%	95.71	95.51
<b>Camden Fairview</b>	70.43%	90.68	87.10
<b>Carlisle</b>	60.20%	93.88	80.85
<b>Central (HWH)</b>	95.58%	88.89	91.30
<b>Clarendon</b>	90.10%	96.77	100.00
<b>Crossett</b>	48.95%	94.40	90.52
<b>Dermott</b>	93.55%	90.91	82.14
<b>Drew Central</b>	64.78%	79.22	85.37
<b>Des Arc</b>	57.20%	91.18	89.80

DeWitt	56.68%	78.85	82.00
Dollarway	Not in operation in 2020 – 2021		
Drew Central	64.78%	79.22	85.37
Dumas	74.14%	95.33	90.20
El Dorado	58.21%	90.32	90.88
England	74.35%	84.75	79.71
Forrest City	73.90%	84.21	88.04
Fordyce	61.41%	91.67	95.45
Friendship Aspire Academy SE	93.15%	Unavailable	Unavailable
Hamburg	69.92%	97.73	95.92
Hampton	62.60%	90.85	87.88
Harmony Grove	51.45%	96.10	98.11
Hazen	65.16%	94.34	95.83
Helena - West Helena	95.58%	88.89	91.30
Hermitage	58.21%	90.00	100.00
Junction City	58.06%	98.11	94.83
Kipp Delta	88.24%	91.67	78.95
Lakeside	77.69%	91.07	94.20
Lee Marianna	87.07%	80.00	86.44
Lonoke	66.67%	80.43	88.67
Marvell-Elaine	96.65%	70.59	85.19
McGehee	68.84%	87.34	86.49
Monticello	41.72%	87.23	92.76
Palestine - Wheatley	85.63%	84.85	91.18
Parkers Chapel	40.23%	98.31	90.91
Pine Bluff	78.48%	71.53	69.55
Poyen	43.11%	100.00	94.83
Rison	56.30%	97.01	98.44
Sheridan	29.95%	91.17	92.64
Smackover	55.31%	89.47	92.71
Sparkman	50.42%	89.66	92.59
Star City	64.65%	92.44	92.62
Strong-Huttig	93.20%	95.65	90.32
Stuttgart	51.54%	87.40	88.60
Warren	69.53%	90.83	91.45
Watson Chapel	64.94%	81.69	84.55
Whitehall	47.81%	92.54	88.74
Woodlawn	41.67%	96.55	92.31
<b>Combined Mean of Target Area</b>	<b>66.61%</b>	<b>89.51</b>	<b>89.65</b>

(Arkansas Department of Education Data Center 2021)

## Public Health Concern: Obesity

Obesity is a complex health condition with biological, economic, environmental, individual, and societal causes. Known contributing factors to obesity include genetics, social and physical environment, prenatal and early life influences, and behaviors such as poor diet and physical activity. Adults who have obesity, when compared with adults at a healthy weight, are more likely to have a decreased quality of life and an increased risk of developing serious health conditions, including hypertension, Type 2 diabetes, heart disease and stroke, sleep apnea and breathing problems, some cancers and mental illnesses such as depression and anxiety. Weight stigma, or discrimination and stereotyping based on an individual's weight, may also negatively influence psychological and physical health.

The costs associated with obesity and obesity-related health problems are staggering. One study estimated the medical costs of obesity to be \$342.2 billion (in 2013 dollars). Beyond direct medical costs, the indirect costs of decreased productivity tied to obesity are estimated at \$8.65 billion per year among American workers. Arkansas consistently ranks as one of the most obese states in the United States having the third highest obesity rate in the country; third to Mississippi (1) and West Virginia (2). 70% of Arkansans are overweight or obese and this number is even higher in rural areas of the state.

### Race/Ethnicity

Obesity - American Indian/Alaska Native



Obesity - Black



Obesity - Hispanic



Obesity - Multiracial



Obesity - White



Percentage of adults

## Education

### Obesity - Less Than High School



### Obesity - High School Grad



### Obesity - Some College



### Obesity - College Grad



Percentage of adults

## Age

### Obesity - Ages 18-44



### Obesity - Ages 45-64



### Obesity - Ages 65+



Percentage of adults

## Gender

### Obesity - Female



### Obesity - Male



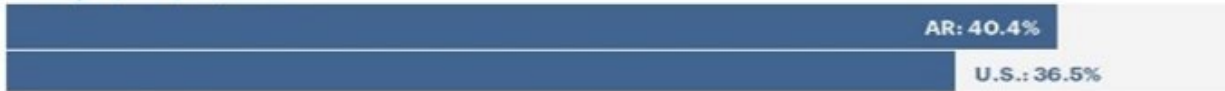
Percentage of adults

## Income

### Obesity - Less Than \$25,000



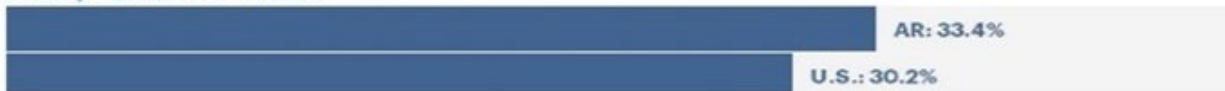
### Obesity - \$25-\$49,999



### Obesity - \$50-\$74,999



### Obesity - \$75,000 or More



Percentage of adults

Data suppression rules are as defined by the original source.

Race and ethnicity populations are as defined by the original source.

## SOURCE:

- CDC, Behavioral Risk Factor Surveillance System, 2020

The childhood obesity rate among Arkansas public school students increased by 3.1%, during the 2020-2021 school year, which is significantly higher than typical year-to-year increases, according to a report from the Arkansas Center for Health Improvement (ACHI). The increase coincided with the COVID-19 pandemic, which disrupted life for many. Since 2003, the state has been able to track students' body mass index (BMI), a measure of body fat based on height and weight, through Act 1220, which was signed into law by former Gov. Mike Huckabee, a Republican. Passage of Act 1220 created one of the nation's first statewide, school-focused initiatives to help children reach and maintain a healthy weight, according to the Encyclopedia of Arkansas.

Currently, 26% of children have a BMI that classifies them as obese, which is the highest percentage in the 18 years data has been collected. Mike Motley, director of analytics for ACHI, said the unprecedented spike in the childhood obesity rate could be a result of the pandemic. "This is likely a result of decreases in physical activity and reduced access to healthy school meals as schools switched to virtual learning during times of high COVID-19 transmission," Motley said. According to a report by Feeding America, the percentage of children living in food insecure households, which are defined as homes without

access to nutritious food, was at a 20-year low prior to the pandemic. The report credited the low unemployment rate prior to the pandemic for the historically low food insecurity rate for children.

In 2021, Arkansas had the sixth highest food insecurity rate among children at 22.9%, which is down from 24.4% in 2020. Prior to the pandemic, the state had a child food insecurity rate of 21.4%, which still ranked sixth highest at the time. Motley explained children who are obese are more likely to be obese as adults and that can be costly for the health care system. "Overweight or obese children are more likely to be overweight or obese as adults, which can lead to diabetes, high blood pressure, heart disease and many other health problems," he said. "Obesity-related health problems are estimated to cost the nation's health care system \$190 billion each year." Act 1220 created the Child Health Advisory Committee, which includes members from the Arkansas Department of Health and Arkansas Department of Health, to provide policy recommendations to help lower the obesity rate. Motley said the committee is still active. "Some of the more recent recommendations that directly or indirectly influenced policy are around schools," Motley said. "Providing water bottle refilling stations, the regulation of vending machines in schools and what kind of items can be placed in those vending machines, making sure some vending machines only have water in them and making sure vending machines aren't available at all times."

According to the Centers for Disease Control and Prevention (CDC), Arkansas also struggles with obesity amongst adults. The state ranks 47 in the adult-obesity rate with 36% of the adult population designated as obese in 2020.

# About Our Hospital

## Mission.

Chicot Memorial Medical Center is committed to providing extraordinary healthcare services and promoting healthy living in the communities we serve across southeast Arkansas.

## Vision.

Chicot Memorial Medical Center will provide the very best care for each of our patients as we position our organization to thrive in the evolving healthcare environment and become one of the very best rural hospitals in the country.

## Values.

Chicot Memorial Medical Center expects the very highest standards in human behavior and values the dignity of all people through the promotion of:

- Mutual respect for each other and our patients, treating each as we would want to be treated ourselves
- Trust in one another
- Commitment to the institution and the provision of quality health care
- Positive attitudes regarding the institution and our mission
- Open communication at all levels throughout the organization, both inter- and intra-departmentally

## History

The original hospital in Lake Village was the Lake Village Infirmary, located on South Cokley Street. The Lake Village Infirmary served the Lake Village area well for many years, but in the early 1960s, the increasing need for a larger facility became more and more apparent and plans for a new county hospital were made. In 1964, the people of the county, in addition to making generous contributions, voted a revenue bond issue of almost a million dollars.

Architects for the 50-bed hospital were Wittenberg, DeLong, and Davidson of Little Rock, Arkansas. The project was started under the late County Judge H. L. Locke and completed under Judge James R. Burchfield and placed in operation on October 30, 1967.



In 1975, thirty more beds were added, making a total of 80 beds. The expansion project was completed on December 6, 1976. It was paid for with revenue bonds, which were paid from the hospital operations.

In 1991, Chicot County citizens voted to increase the mill tax from .6 mill to 1 mill in support of ongoing maintenance for CMMC. On March 1, 2004, construction started on a new 45,000- square-foot patient care addition for CMMC to continue to provide quality care to our communities. This latest patient care addition was finished on February 15, 2006.

## Service Area

Chicot Memorial Medical Center's primary service area is Chicot County and its contiguous counties. Many surrounding areas do not have a hospital nearby to provide health services they require. The primary service coverage area includes all counties that border Chicot, including Desha and Ashley Counties of Arkansas and Washington County in Mississippi. These four counties have a combined population of approximately 85,587.

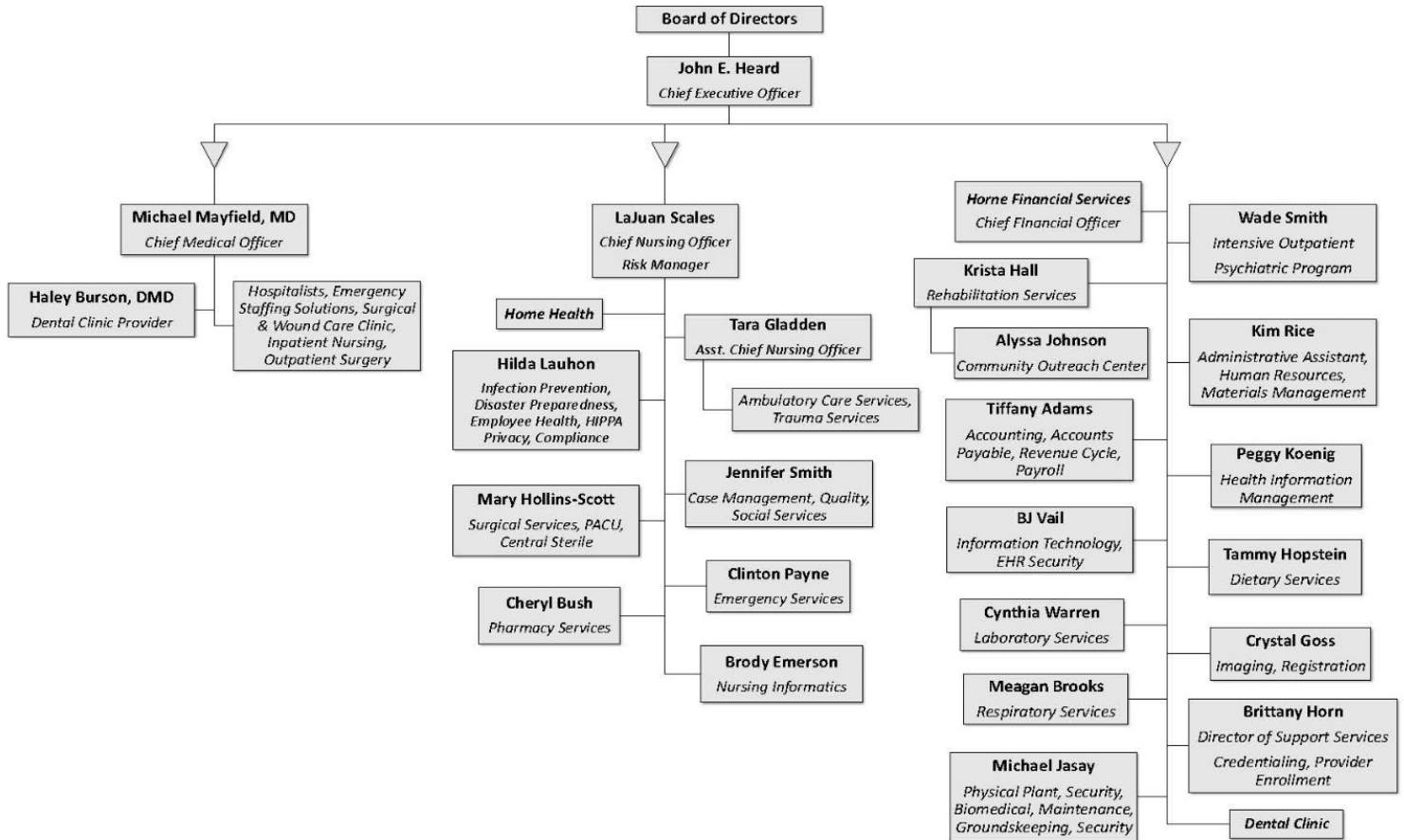


# Hospital Staffing Chart

## CHICOT MEMORIAL MEDICAL CENTER

### ORGANIZATIONAL CHART

Updated 3-24-2022



# Hospital Governance

CHICOT MEMORIAL MEDICAL CENTER Board of Directors 2022	
SAMMY ANGEL, CHAIRMAN	TODD POTTER, VICE CHAIRMAN
SHIRLEY CATALANI	DR. J.P. BURGE
BILL ELLIOTT, JR.	LINDA THOMAS

## Health Care Services

Current Services at Chicot Memorial Medical Center	
<b>Respiratory Services:</b>	◇ James Wright, MD
<b>Surgical Services:</b>	◇ Michael Bradley Mayfield, MD
<b>Medicine Assist Program:</b>	◇ Sonya Waldrup
<b>Home Health Care Services:</b>	◇ James Wright, MD
<b>Inpatient Nursing Services:</b>	◇ Michael Bradley Mayfield, MD
<b>Hospitalist Program:</b>	◇ Michael Bradley Mayfield, MD
<b>24/7 Emergency Room:</b>	◇ Michael Bradley Mayfield, MD
<b>Laboratory Services:</b>	◇ Michael Weiner, MD
<b>Radiology Services:</b>	◇ James Workman, MD
<b>Dental Services:</b>	◇ Haley Burson Rutledge, DMD ◇ Claudia Sullivan, Dental Hygienist ◇ Jenna Dumas, Dental Hygienist
<b>Intensive Outpatient Psychiatry:</b>	◇ Wade Smith
<b>Rehabilitation Services (Physical/Occupational/Speech):</b>	◇ Krista Hall. MOT, OTR/L
<b>Outpatient Services:</b>	◇ Cardiology: Benjamin P. Folk III, MD & Dr. Nicholas Willis, MD ◇ Wound Care: Michael Bradley Mayfield, MD ◇ Interventional Pain Clinic: Michael Bradley Mayfield, MD ◇ Surgical Clinic: Michael Bradley Mayfield, MD ◇ Sleep Medicine: SMS Sleep Management Services
<b>Community Outreach Center:</b>	◇ Alyssa Johnson

## Providers

- Michael Bradley Mayfield, MD
- Haley Burson, DMD
- J.P. Burge, MD, FACS
- James C. Wright, DO, FAAFP
- Jo Anne Gregory, MD, FAAFP
- John Parks, MD
- Chris Johnson, APRN
- Nathan Gladden, APRN

## 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 Monticello 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. One facility located in the larger community of Pine Bluff is Jefferson Regional Medical Center which is 50 miles away with 471 beds.

LOCATION	HOSPITAL NAME	MEDICARE CLASSIFICATION	# OF LICENSED BEDS	HOME HEALTH	DISTANCE FROM CMMC
Camden	Ouachita County Medical Center	Acute Care	98	Yes	
Crossett	Ashley County Medical Center	Critical Access	25	Yes	
DeWitt	DeWitt Hospital & Nursing Home	Critical Access	25	Yes	
Dumas	Delta Memorial Hospital	Critical Access	25	Yes	
El Dorado	Medical Centers of South Arkansas	Acute Care	166	No	
Fordyce	Dallas County Medical Center	Critical Access	36	Yes	
Helena- West Helena	Helena Regional Medical Center	Acute Care	150	No	
Lake Village	Chicot Memorial Medical Center	Critical Access	25	Yes	
McGehee	McGehee Hospital, Inc.	Critical Access	25	Yes	

Pine Bluff	Jefferson Regional Medical Center	Regional	471	Yes	
Stuttgart	Baptist Health Medical Center	Acute Care	49	No	
Warren	Bradley County Medical Center	Critical Access	25	Yes	

## Current Community Health Initiatives

Chicot Memorial Medical Center is active throughout Chicot County in sponsoring health fairs, health education programs, free health screenings and other activities to promote the health of the citizens of Chicot County.

Chicot Memorial Medical Center houses UAMS East Regional Campus and is an active member of the Arkansas Rural Health Partnership.

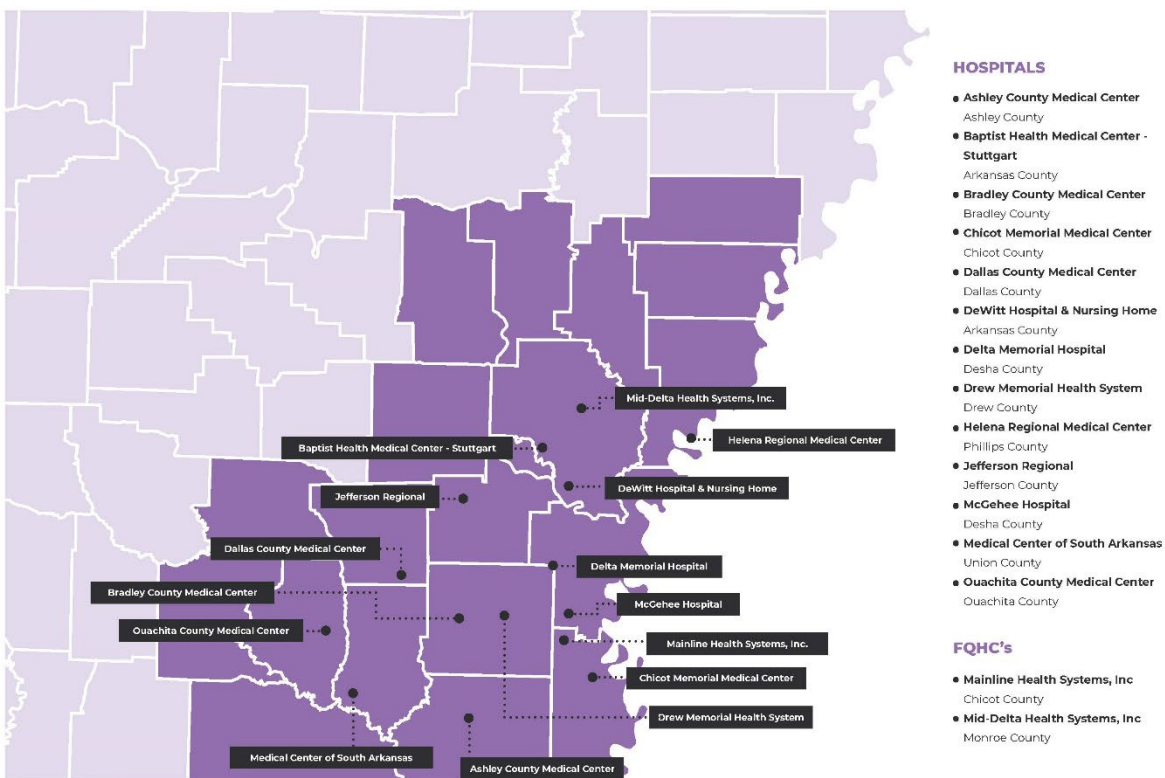
UAMS East is a seven-county health education outreach of the University of Arkansas for Medical Science, serving Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties. This program is headquartered in Helena, with offices in Lake Village and West Memphis.

Current Outreach Programs in Chicot County by UAMS include:

- CMMC/UAMS East Community Outreach Center
- Safety Baby Showers
- MASH and CHAMPS
- Child Passenger Safety
- Kids for Health
- Free Exercise Classes
- Health Fairs/Screenings
- Health Education for Youth/Adults
- UAMS Preceptorship for Medical Students
- UAMS Senior Elective Rotations
- "A Day in the Life" Program
- Club Scrub
- Foodology with 4-H in McGehee

Chicot Memorial Medical Center currently participates in several health outreach efforts through its affiliation with the Arkansas Rural Health Partnership (ARHP). 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 two 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. The ARHP is committed to strengthening the ecosystem of rural communities across south Arkansas by engaging in transformative conversations, partnerships, and initiatives.

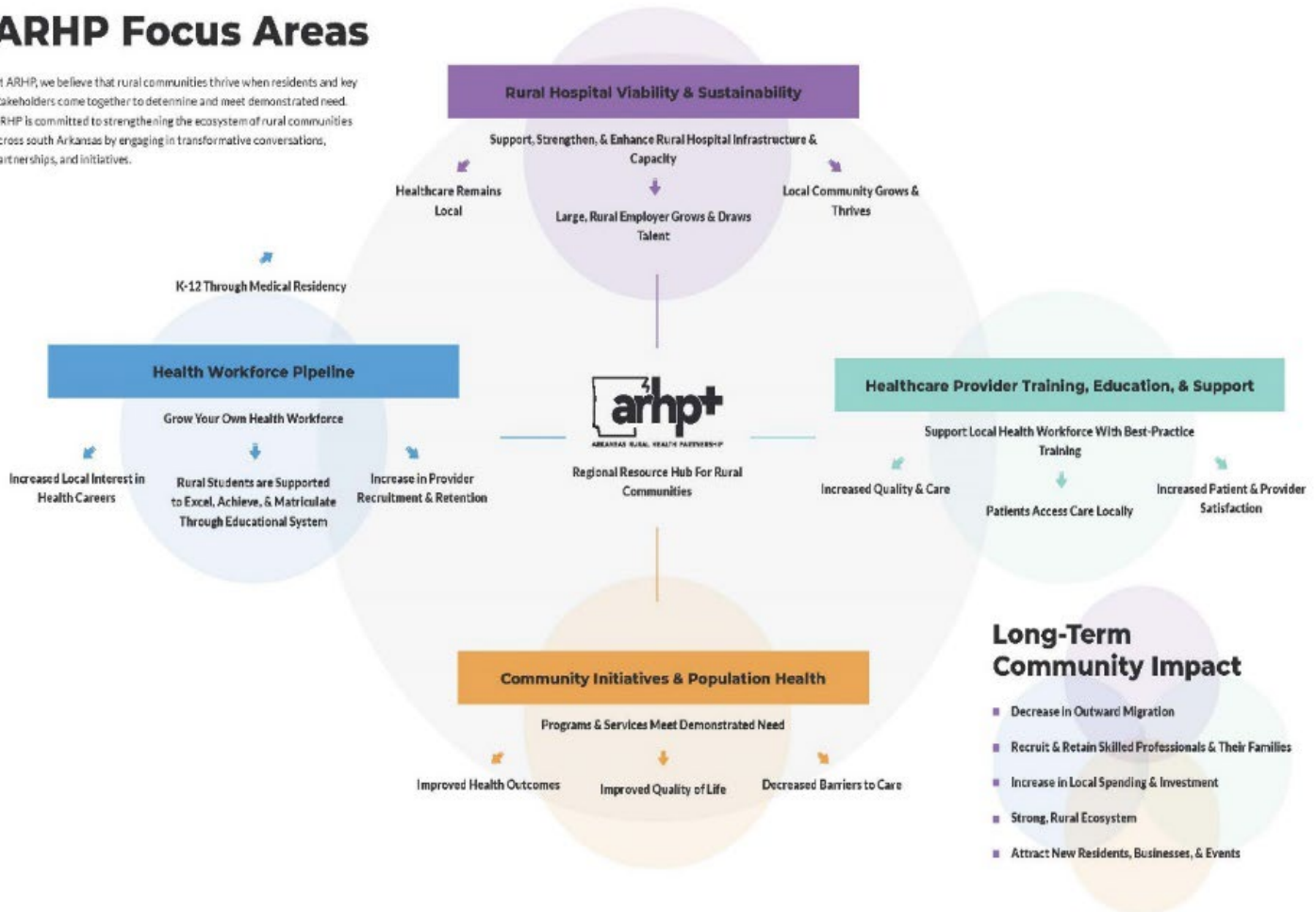


The organization was founded to help local hospitals address the financial burdens of their individual organizations and work to provide health outreach to the region through funding opportunities.

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"> <li>➤ K-12 PIPELINE - “Grow your own healthcare pipeline” programs</li> <li>➤ College Student Internships</li> <li>➤ Medical School Preceptorship</li> <li>➤ Rural Residency Training Track</li> <li>➤ Connect to Tech Training Program in HIT &amp; Behavioral Health Technology</li> <li>➤ Regional Nursing Collaborative</li> </ul>	
Community Initiatives & Population Health	
COVID-19 Resources	
➤ Informational Videos	➤ Testing & Vaccination Efforts
Community Outreach	
<ul style="list-style-type: none"> <li>➤ <b>Enrollment Services</b> – Community Benefits Counselors (Medicare, Medicaid, Prescription Assistance)</li> <li>➤ <b>Navigation Services</b> – Toll Free number to serve as a community health resource hub and connection point to local healthcare resources</li> <li>➤ <b>The Good Food RX</b> – 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 &amp; Helena, Arkansas.</li> </ul>	
Behavioral & Mental Health Initiatives	
<ul style="list-style-type: none"> <li>➤ Behavioral Health Task Force</li> <li>➤ Opioid Crisis Informational Video</li> <li>➤ SUD linkage to services</li> <li>➤ Community Education</li> <li>➤ Mental Health First Aid (Adult &amp; Youth)</li> <li>➤ Focus Group: College Students &amp; Professionals Serving College Students</li> <li>➤ Focus Group: Youth Group Leaders &amp; Youth</li> </ul>	

### **Rural Hospital Viability & Sustainability**

- 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**

- 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

Chicot Memorial Medical Center successfully made progress on each goal identified in the Strategic Implementation Plan 2019-2022. Progress towards these goals include:

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

### **GOAL I: Increase mental and behavioral health services in the service area; specifically targeting drug abuse**

- Developed a more streamlined approach via policy/procedure to facilitate timely transfer of acutely psychotic individuals to appropriate mental health facilities.
- Provided mental health consultations via telehealth through Delta Counseling which has been great need during the COVID pandemic. Delta Counseling has been a very valuable resource to our hospital in getting mental health treatments for patients.

## **Public Health Concern: Healthy Eating Options**

### **GOAL II: Improve access to healthy food choice in Chicot County**

- Since COVID-19, the hospital cafeteria has been restricted to “employees only”, but employees have been offered a daily salad bar option to ensure a healthier meal option.

## **Public Health Concern: Access to Healthcare Providers**

### **GOAL III: Increase healthcare provider/physician access**

- Added two new providers:
  - Nathan Gladden, APRN (hospital)
  - Dr. John Parks (hospital and clinic)
- Recruited new RN & LPN graduates.
- Participated in the UAM nursing preceptorship program & some students have been able to complete their preceptorship here.
- Continued participation with the U of A at McGehee LPN students to conduct clinical rotations at CMMC and this has resulted in hiring some of those students after they graduate.
- Pre-health recruiting - UAMS medical students are able to complete their rural primary care rotation in Chicot County. (UAMS East Campus)

- Continued participation in ARHP discussions 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

### **Public Health Concern: Lack of Insurance/Navigation Services**

#### **GOAL IV: Provide assistance and navigation for Insurance Enrollment, Medicare, Transportation, and other available Social Services for patients and residents in Chicot County**

- Case management participates in the ARHP Social Services Roundtable twice/year. With the next one being held March 15th. This roundtable keeps CMMC updated on available healthcare services throughout the ARHP service area.
- Utilized the ARHP community benefits counselor services. CMMC provides this information to patients if they are from Arkansas and need assistance with finding resources and insurance enrollment.
- Conducted active and passive community stroke education every month (in collaboration with UAMS IDHI Stroke Program). The community has also had access to health screenings such as PSA screenings and worksite wellness events through collaboration between our hospital and UAMS East Community Outreach Center.

# 2022 Community Health Needs Assessment

## Community Engagement Process

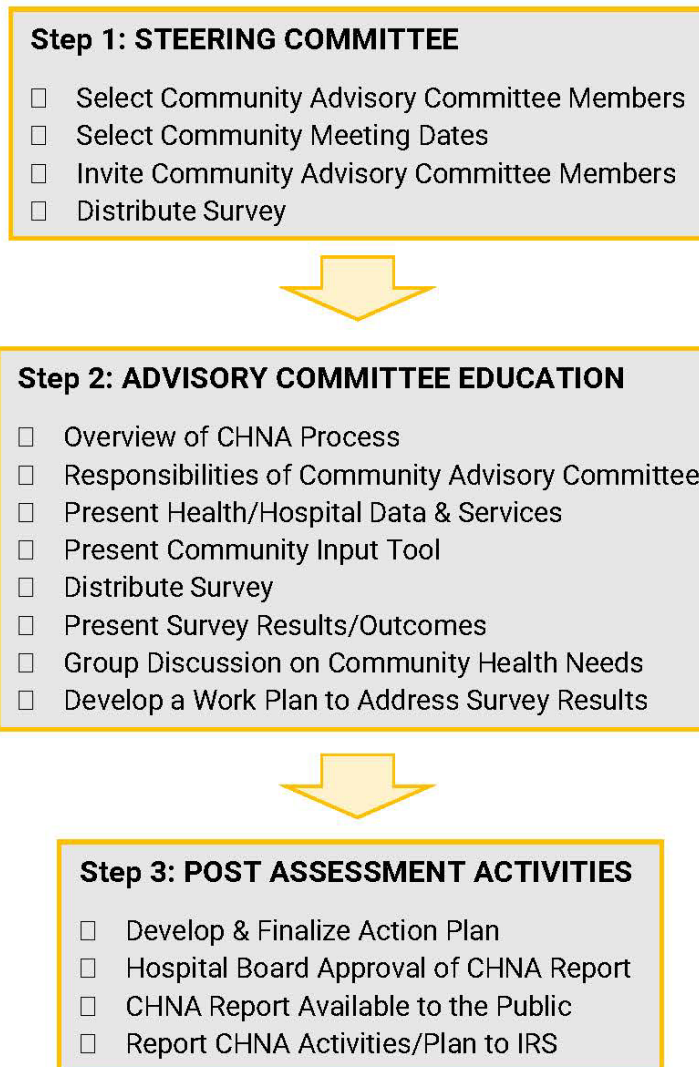


<http://www.healthychcommunities.org/Education/toolkit/files/community-engagement.shtml#.XEnj7bLru70>

## 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.

### Overview of the Community Health Needs Assessment Process



Public input is essential in the development of a Community Health Needs Assessment. To begin the process, the CMMC staff steering committee members convened with Mellie Bridewell and Lynn Hawkins of the Arkansas Rural Health Partnership to assess community member involvement. The Chicot Memorial Medical Center (CMMC) staff steering committee included John Heard, CEO, Brody Emerson, Nursing Informatics & Stroke Coordinator, and Kim Rice, Administrative Assistant. Mellie Bridewell, CEO of the Arkansas Rural Health Partnership and Lynn Hawkins, Chief Officer of Membership & University Partnerships participated and provided assistance with organizing the hybrid community meetings as well as 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 26 Individuals from the community were selected for invitation to the focus group, or community advisory committee, by the Chicot Memorial Medical Center staff steering committee. All 26 received the Community Advisory Committee Education PowerPoint. Of the 26 invited, 13 people attended the advisory committee and actively participated in the planning meeting.

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 the distribution of the survey QR code and flyers to neighbors, colleagues, and friends prior to the second meeting. Surveys were also available electronically on the CMMC 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**

John Heard	Chief Executive Officer	Chicot Memorial Medical Center
Kim Rice	Administrative Assistant	Chicot Memorial Medical Center
Brody Emerson	Nursing Informatics & Stroke Coordinator	Chicot Memorial Medical Center
Mellie Bridewell	President/Chief Executive Officer	Arkansas Rural Health Partnership
Lynn Hawkins	Chief Officer of Membership & University	Arkansas Rural Health Partnership



### Community Advisory Committee

Name	City, State	Email	Occupation
Barbara Harris	Portland, AR	coachbjharris@att.net	CMMC Auxiliary
Billy Adams	Lake Village, AR	badams@lschool.org	Lakeside School Superintendent
Brad Mayfield	Lake Village, AR	brad.mayfield@chicotmemorial.com	CMMC Medical Director / CMMC Surgeon
Brody Emerson	Lake Village, AR	brody.emerson@chicotmemorial.com	CMMC Nursing Informaticist
Carlie Edwards	Lake Village, AR	bookcarliedwards@gmail.com	Local Business Owner
Clinton Payne	Lake Village, AR	clinton.payne@chicotmemorial.com	CMMC Emergency Department Director
Jill Porter	Lake Village, AR	yolanda.porter@arkansas.gov	ArDOH County Unit Director
JoAnn Bush	Lake Village, AR	lvjhb@hotmail.com	Former Mayor of Lake Village
Joe Dan Yee	Lake Village, AR	jdyee@lakevillagear.gov	Mayor of Lake Village
John Heard	Lake Village, AR	john.heard@chicotmemorial.com	CMMC Chief Executive Officer
Kim Rice	Lake Village, AR	kim.rice@chicotmemorial.com	CMMC Human Resources Director / Administrative Assistant
LaJuan Scales	Lake Village, AR	lajuan.scales@chicotmemorial.com	CMMC Chief Nursing Officer
Linda Haddock	Lake Village, AR	haddockj@sbcglobal.net	Former Lake Village City Councilwoman
Linda Thomas	Eudora, AR	thomas154@sbcglobal.net	CMMC Board of Director
Mack Ball	Lake Village, AR	chicotjudge@gmail.com	County Judge
Percy Wilburn	Lake Village, AR	plwilburn63@yahoo.com	Lake Village Chief of Police
Ron Nichols	Lake Village, AR	rnchicot1@sbcglobal.net	Chicot County Sheriff
Sammy Angel	Lake Village, AR	sameangel@sbcglobal.net	Lake Village City Councilwoman
Tara Gladden	Lake Village, AR	tara.gladden@chicotmemorial.com	CMMC Assistant Chief Nursing Officer
Mary Hollins	Dermott, AR	maryhollins111@sbcglobal.net	CMMC Surgery Department Director
Carol Emerson	Lake Village, AR	carol.yvonne.e@gmail.com	Retired
Faye Tate	Lake Village, AR	fayetate111@hotmail.com	Chicot County Tax Assessor
Patti Tuggle	Lake Village, AR	impattituggle@gmail.com	Local Business Owner
Kathleen Williams	Lake Village, AR	kwilliams@southeastrehab.com	Southeast Rehab Nurse
Kathleen Armstrong	Eudora, AR	katarmstrong70@icloud.com	Lake Village Clinic Nurse
Ileen Talavarez	Lake Village, AR	ileen@arruralhealth.org	Community Benefits Counselor



## Results Overview

There were 54 completed surveys through the 2022 CHNA process. All of the results of the survey can be found in Attachment D: Community Advisory Committee Meeting PowerPoint Presentation and 2022 CMMC Survey Results

Top Issues Identified through CHNA Process
<b>1. Mental &amp; Behavioral Health</b>
<ul style="list-style-type: none"><li>❖ Need access to more behavioral health providers</li><li>❖ Need to address behavioral health needs regionally to identify resources and potential partners</li><li>❖ More opportunities to provide services to rural health clinics</li><li>❖ Need to address stigma</li></ul>
<b>2. Health Care Workforce</b>
<ul style="list-style-type: none"><li>❖ Collaborate with partners in recruitment efforts (also, to include transportation drivers)</li><li>❖ Need to “grow our own” in all areas of the workforce</li></ul>
<b>3. Patient Navigation Assistance Services Needed</b>
<ul style="list-style-type: none"><li>❖ Residents need assistance in identifying needed resources such as: insurance enrollment, prescription assistance, housing, etc.</li><li>❖ Healthy behaviors and lifestyle education</li><li>❖ Assist in coordination of transportation services available</li></ul>
<b>4. Healthy Eating</b>
<ul style="list-style-type: none"><li>❖ Address healthy eating specifically with the elderly population</li><li>❖ Communication and education addressing obesity</li></ul>

## Documentation

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 Education PowerPoint Presentation

**Attachment B.** Community Advisory Committee Meeting Agenda

**Attachment C.** Community Advisory Committee Meeting Attendance Roster

**Attachment D.** Community Advisory Committee Meeting PowerPoint Presentation  
and 2022 CMMC Survey Results

2022-2025

## CMMC CHNA Strategic Implementation Plan

The 2022 Strategic Implementation Plan is an individual action plan for each of the priority health issues identified in the Chicot Memorial Medical Center needs assessment. This plan has been developed by Arkansas Rural Health Partnership and the Chicot Memorial Medical Center board of Directors and progress will be submitted to the Internal Revenue Service. Hard copies of this assessment are available at Chicot Memorial Medical Center upon request and posted on the CMMC website. Arkansas Rural Health Partnership will develop a comprehensive strategic implementation plan with input among all ARHP member hospitals and anticipate widespread community benefit throughout the Arkansas Delta region through sharing of funding and other resources.

### Priority: Mental Health & Drug Addiction/Substance Abuse Services

<b>Objective 1.</b> Expand mental and behavioral health services offered through Chicot Memorial Medical Center
<b>Activities:</b> <ul style="list-style-type: none"><li>A. Conduct a feasibility study for potential CMMC inpatient and outpatient mental and behavioral health services.</li><li>B. Collaborate with local and state organizations to assist with implementing/increasing mental and behavioral health in-patient and out-patient services utilizing telehealth support for resources.</li></ul>
<b>Objective 2.</b> Collaborate and build partnerships to increase mental and behavioral health services and programs in the service area
<b>Activities:</b> <ul style="list-style-type: none"><li>A. Partner with other healthcare organizations, locally and statewide, to increase the capacity to provide additional mental and behavioral health services.</li><li>B. Continue participating in the Arkansas Rural Health Partnership's Mental/Behavioral Health Task Force.</li><li>C. Participate in the Arkansas Rural Health Partnership's new Opioid Community Response Implementation Project to increase in-patient mental and behavioral health services.</li><li>D. Provide Mental Health First Aid to local schools, colleges, and community organizations through ARHP.</li></ul>

## Priority: Healthcare Workforce

**Objective 1.** Increase access of healthcare through improving the capacity of the local healthcare workforce

**Activities:**

- A. Continue participating in ARHP discussions with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
- B. Continue to encourage student rotations with UAMS Regional Programs, the Arkansas College of Osteopathic Medicine, and NYIT School of Osteopathic Medicine in Jonesboro.
- C. Communicate and partner with medical staff and local providers to assist in recruitment of additional physicians to the area.
- D. Participate in the ARHP Nursing School Task force initiatives to increase nursing clinical rotations at CMMC, as well as continue to participate with the U of A at McGehee LPN students to conduct clinical rotations at CMMC.
- E. Participate in ARHP student preceptorship opportunities to encourage students in healthcare fields of study.
- F. Continue encouraging local students and dislocated workers in the service area to enter healthcare careers through ARHP workforce initiative; including participating with the ARHP workforce mobile unit events.
- G. Continue pre-health recruiting, so UAMS medical students can complete their rural primary care rotation in Chicot County. (UAMS East Campus)
- H. Host an annual summer MASH program at CMMC.

## Priority: Healthy Eating

**Objective 1.** Work with ARHP to improve access to healthy eating programs in Chicot County

**Activities:**

- A. Create a community awareness campaign for the CMMC cafeteria to encourage more residents to dine at CMMC.
- B. Provide health food demonstrations and cooking classes in partnership with Arkansas Rural Health Partnership.
- C. Work in partnership with ARHP on the Good Food Rx Program, which is a food delivery pharmacy for seniors with chronic disease.

## Priority: Patient Assistance & Navigation Services

### **Objective 1.** Increase access to patient and community assistance programs

#### **Activities:**

- A. Continue providing patient navigation and assistance services in the hospital and clinics through ARHP Benefits Counselors.
- B. Continue participation in Arkansas Rural Health Partnership Social Work Roundtables.
- C. Work with ARHP and partnering healthcare organizations to increase transportation services for patients.
- D. Continue providing active and passive community stroke education through collaboration with UAMS IDHI Stroke Program.
- E. Continue to provide access to health screenings such as PSA screenings and worksite wellness events through collaboration between CMMC and UAMS East at the CMMC Community Outreach Center.
- F. Work with ARHP to assist patients with home health monitoring devices through the new UAMS Satellite Telehealth Resource Center in Lake Village, Arkansas.

## 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 were 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

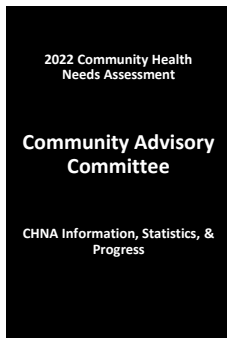
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2022 CMMC Survey Results



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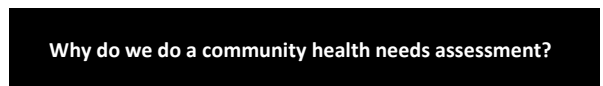
- Community Health Needs Assessment (CHNA)
  - What it is
  - Why we do it
- CHNA Process
- Next Steps
- Questions



3

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:

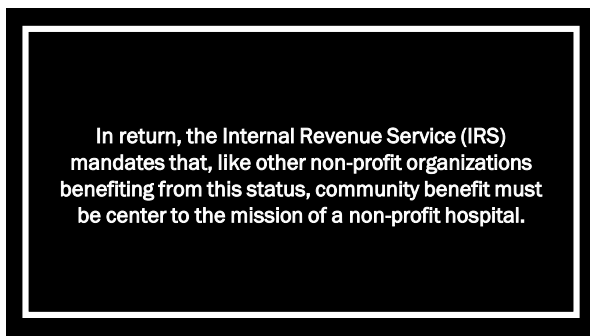
- Improve access to healthcare services
- Enhance health of the community;
- Advance medical or health knowledge; or
- Relieve/reduce the burden of other community efforts.



Chicot Memorial Medical Center 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, & local governments.

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- 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.

Failure to meet the new requirements in any taxable year will result in a \$50,000 excise tax as well as possible revocation of the tax-exempt status.

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## The CHNA Process

<http://www.healthycommunities.org/Education/your-first-community-engagement.shtml#X5YjY0LrYp0>



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## COMMUNITY ENGAGEMENT IS CENTRAL.....

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

### → Benefits for Your Hospital

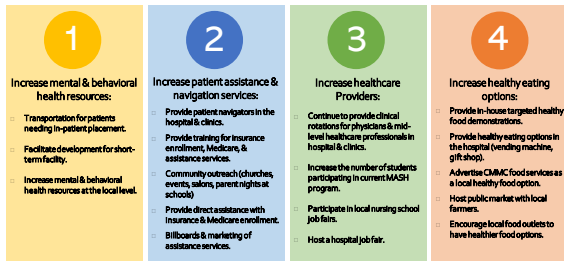
- A clearer understanding of the community, (health issues, availability of resources)
- Strengthened bonds between community and hospital; increased collaboration.
- Greater community buy-in and a sense of shared commitment to community health.
- Stronger relationships with individuals/organizations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

### → Benefits for Your Community

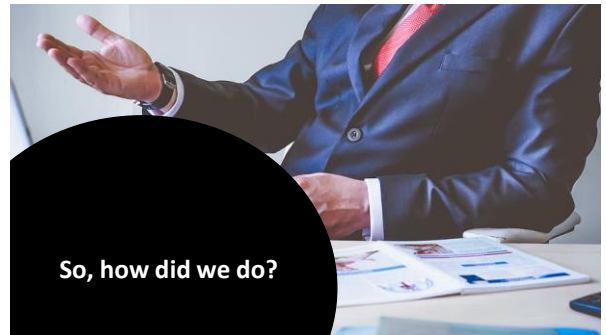
- A different perspective of the community and the hospital's role in health promotion.
- Improved communication between community and hospital.
- Potential community coalitions/collaborative improvement efforts.
- The ability to apply knowledge and experiences to improve the health of the community.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

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## 2019 CHNA Strategic Implementation Plan



9



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### Public Health Concern:

**Need for more Mental Health & Drug Addiction/Substance Abuse Resources**

- Developed a more streamlined approach via policy/procedure to facilitate timely transfer of acutely psychotic individuals to appropriate mental health facilities.
- Ability to provide mental health consultations via telehealth through Delta Counseling which has been great need during the COVID pandemic. Delta Counseling has been a very valuable resource to our hospital in getting mental health treatments for patients.

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### Public Health Concern:

**Need for more healthy eating options in Chicot County**

- Since COVID-19, the hospital cafeteria has been restricted to "employees only", but employees have been offered a daily salad bar option to ensure a healthier meal option.

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**Public Health Concern:**  
**Need for more Health Care Providers in Chicot County**

- Added two new providers:
  - Nathan Gladden, APRN (hospital)
  - Dr. John Parks (hospital and clinic)
- Recruited new RN & LPN graduates
- Participation in the UAM nursing preceptorship program & some students have been able to complete their preceptorship here.
- Continued participation with the U of A at McGehee LPN students to conduct clinical rotations at CMMC and this has resulted in hiring some of those students after they graduate.
- Pre-health recruiting - UAMS medical students are able to complete their rural primary care rotation in Chicot County (UAMS East Campus)

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**Public Health Concern:**  
**Need for more Health Care Providers in Chicot County**

☐ Ongoing participation in these programs

☐ Ongoing participation in these programs

14

**Public Health Concern:**  
**Lack of Insurance/Navigation Services**

- Case management participates in the ARHP Social Services Roundtable twice/year. With the next one being held March 15<sup>th</sup>. This roundtable keeps CMMC updated on available healthcare services throughout the ARHP service area.
- Utilization of the ARHP community benefits counselor services. CMMC provides this information to patients if they are from Arkansas and need assistance with finding resources and insurance enrollment.
- Conduct active and passive community stroke education every month (in collaboration with UAMS IDIH Stroke Program). The community has also had access to health screenings such as PSA screenings and worksite wellness events through collaboration between our hospital and UAMS East Community Outreach Center.

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## Step 2: Identify & Engage Stakeholders

**Each person receiving this PowerPoint was deliberately chosen to participate in this process.**

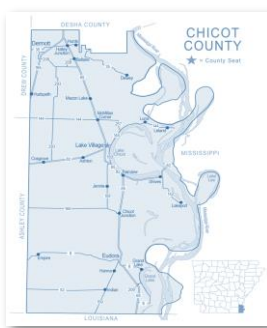
- Others may be identified prior to the virtual meeting being held on February 23<sup>rd</sup>.

**We are looking for community members who:**

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



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### Step 3: Define the Community

**Hospital Service Area**

### Step 3: Define the Community

Sources: US Census 2020  
<https://data.census.gov/cedsci/profile?q=0500000US05043>

County Demographics	Chicot County	Arkansas
Population	10,208	3,011,524
% below 18 years of age	26.6%	23.20%
% above 18 years of age	56.6%	76.80%
% 65 and older	20.7%	17.40%
% Non-Hispanic / African American	52.77%	15.1%
% American Indian and Alaskan Native	0.25%	0.9%
% Asian	0.37%	1.7%
% Native Hawaiian / Other Pacific Islander	0.09%	0.48%
% Hispanic / Latino	5.69%	8.5%
% Non-Hispanic / White	38.08%	70.2%
% Other	0.24%	4.5%
% Two or More Races	2.50%	7.0%
% Male	49.33%	49%
% Female	50.67%	51%

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### Step 3: Define the Community

Sources: US Census 2020  
<https://data.census.gov/cedsci/profile/?t=table&tid=2000000US0404>

Income Comparison	Chicot County	Arkansas
<b>Median Household Income</b>	\$34,147.00	\$48,952.00
Income breakdown by status		
<b>Families</b>	\$42,500.00	\$63,542.00
<b>Married couple families</b>	\$51,623.00	\$75,616.00
<b>Non-family households</b>	\$16,729.00	\$24,493.00

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### Step 3: Define the Community

Sources: US Census 2020  
<https://data.census.gov/cedsci/profile/?t=table&tid=2000000US0404>

	Chicot County	Arkansas
<b>% Moved within same county</b>	8.6%	8.1%
<b>% Moved to a different county</b>	5.4%	4.0%
<b>% Moved to a different state</b>	1.7%	2.0%
<b>% Moved abroad</b>	(-)	

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### Step 3: Define the Community

#### Children

Sources: US Census 2020  
<https://data.census.gov/cedsci/profile/?t=table&tid=2000000US0404>

Children (below age 18)	Chicot	Arkansas
Under 5 years of age	5.9%	6.1%
5 to 14 years of age	13.5%	13.1%
15 to 17 years of age	7.2%	4.0%

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### Step 3: Define the Community

#### Healthcare Coverage (Uninsured)



Arkansas  
9.1%



Chicot County  
9.3%

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### Step 3: Define the Community

Disabilities	Chicot	Arkansas	USA
<b>% disabled</b>	25.5%	17.50%	12.70%
Breakdown:			
<b>Hearing difficulty</b>	5.9%	5.00%	3.82%
<b>Vision difficulty</b>	7.2%	3.40%	2.48%
<b>Cognitive difficulty</b>	10.8%	7.20%	5.26%
<b>Ambulatory difficulty</b>	14.8%	10.10%	6.92%
<b>Self-care difficulty</b>	5.5%	3.60%	2.66%
<b>Independent Living difficulty</b>	11.1%	7.80%	4.98%

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### Step 3: Define the Community

POVERTY	Chicot	Arkansas	USA
<b>All people in Chicot</b>	28.9%	16.2%	12.3%
<b>Under 18 years of age</b>	44.6%	22.1%	22.2%
<b>18 to 64 years of age</b>	26.6%	15.5%	58.5%
<b>65 and older</b>	16.8%	10.5%	16.5%

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### Step 3: Define the Community

Women with births in the last 12 months

Fertility	Chicot	Arkansas
Ages 15 to 19	0	1,869
Ages 20 to 34	192	27,718
Ages 35 to 50	41	5,783
Total	233	35,370

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### Step 3: Define the Community - Clinical Care

	Chicot	US Top Performing Counties	State of Arkansas
Primary care physicians	950:1	1030 to 1	1,500 to 1
Dentists	1,450:1	1240 to 1	2,160 to 1
Mental health providers	170:1	290 to 1	440 to 1
Preventable hospital stays	8,130	2,761	5129
Mammography screening	37%	50%	37%
Flu Vaccinations	26%	53%	45%

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### Step 3: Define the Community

Health Behavior

	Chicot	Arkansas	US Top performing counties
Adult smoking	26%	22%	14%
Adult obesity	41%	43%	26%
Food environment index	3.1	5.2	8.6
Physical inactivity	35%	32%	20%
Access to activity (physical exercise)	29%	64%	91%
Alcohol abuse	14%	16%	13%
Impaired driving deaths	17%	26%	11%
Sexually transmitted disease	789.8	575.5	161.4

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### Step 3: Define the Community – SARS-Cov-2 Breakdown

As of February 8, 2022  
CDC.gov/covid-data-tracker/county-view


Cases	35
Cases per 100,00	345.92
% Positive	26.47%
New admissions avg per day	2
Vaccination	
(all)	5,415
12+	61.8%
18+	64.1%
65+	85.4%

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### Step 4: Collect & Analyze Data

- Surveys include sections about:
  - Overall Health
  - You and Your Family's Health
  - You and Your Community
  - Demographic questions about the respondent
- Community Advisory Committee will be instrumental in distributing the survey enabling data to be gathered for the CHNA.
- Surveys will be available on the Chicot Memorial website & Facebook page.
  - Also available by text & email if requested.
- All data will be compiled & presented at the meeting on Wednesday, February 23.
- ALL RESPONSES ARE CONFIDENTIAL**
- Surveys are OPEN NOW  
[https://docs.google.com/forms/d/e/1FAIpQLShuierWHShvi7ag9DNnsU-OR-qWU3hNYe3QxwIHDrAaXvfw/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLShuierWHShvi7ag9DNnsU-OR-qWU3hNYe3QxwIHDrAaXvfw/viewform?usp=pp_url)

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CHICOT MEMORIAL  
Medical Center  
"Quality Care Close To Home"

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!

### WAYS TO ACCESS THE CHNA SURVEY:

- Scan the code in the flyer to the right
- The CHNA survey link can be emailed or texted
- URL code may be found on the hospital website or Facebook page

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### Step 5: Prioritize Community Health Issues

- Survey results will be presented to Community Advisory Committee
- Community Advisory Committee will review results & other demographic & 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 Community Advisory Committee as well as posted to the CMMC website.



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



Final report will be filed with IRS Form 990.

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### Step 7: Implement Strategies

Developing 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 & with external stakeholders

- Internal & External partnerships (AHRQ)
- 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

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### 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 and involve others?
  - Are the action plans flexible enough to adapt to changing circumstances?

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### Step 9: Evaluate Progress



Schedule annual meetings to engage members of the Advisory Committee.



Review the implementation plans & strategies identified.



Evaluate the results.



Communicate results & celebrate successes.

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### NEXT STEPS

- Complete the survey
  - The CHNA flyer will be emailed to you and is included in this powerpoint.
- "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 the virtual meeting on February 23<sup>rd</sup> at 12:00 pm

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## ZOOM Login: February 23<sup>rd</sup> at 12:00 pm

Join Zoom Meeting  
<https://us06web.zoom.us/j/8292017280?pwd=REtvVjllcHhAaWRhbm5Fb3VEdTWFvYz09>

Meeting ID: 629 201 7280  
 Passcode: 661376

One tap mobile  
 +15292056099,,6292017280#...\*661376# US (New York)  
 +13017158592,,6292017280#...\*661376# US (Washington DC)

Dial by your location  
 +1 829 205 6099 US (New York)  
 +1 301 715 8592 US (Washington DC)  
 +1 312 626 6799 US (Chicago)  
 +1 650 950 6833 US (San Jose)  
 +1 253 215 8782 US (Tacoma)  
 +1 346 248 7799 US (Houston)

Meeting ID: 629 201 7280  
 Passcode: 661376

## Any Questions?

Please contact Kim Rice or Brody Emerson

Kim Rice  
 870-265-9395  
[kim.rice@chicotmemorial.com](mailto:kim.rice@chicotmemorial.com)

Brody Emerson  
 870-265-9307  
[brody.emerson@chicotmemorial.com](mailto:brody.emerson@chicotmemorial.com)

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**THANK YOU!**

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

**Agenda**

**February 23, 2022**

**12:00 pm – 1:30 pm**

**In-Person/Virtual Meeting**

- Introductions
- Overview of Community Health Needs Assessment (CHNA)
  - What it is
  - Why we do it
  - CHNA Process
  - Chicot demographics
- Overview of Survey Results
- Identify Key Takeaways
- Vote on Top Objectives
- Adjourn



**Community Health Needs Assessment  
Community Advisory Committee Meeting  
Attendance Roster  
February 23, 2022**

COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COMMITTEE						
NAME	ADDRESS	CITY/STATE	ZIP CODE	OCCUPATION	E-MAIL	Attendance Type
Brody Emerson	2231 Hwy 65 82	Lake Village, AR	71653	CMMC Nursing Informaticist	<a href="mailto:brody.emerson@chicotmemorial.com">brody.emerson@chicotmemorial.com</a>	on site
Clinton Payne	2729 Hwy 65 82	Lake Village, AR	71653	CMMC ER Director	<a href="mailto:clinton.payne@chicotmemorial.com">clinton.payne@chicotmemorial.com</a>	on site
Jill Porter	1740 Hwy 65 82	Lake Village, AR	71653	ArDOH County Unit Director	<a href="mailto:yolanda.porter@arkansas.gov">yolanda.porter@arkansas.gov</a>	virtual
John Heard	2729 Hwy 65 82	Lake Village, AR	71653	CMMC Chief Executive Officer	<a href="mailto:john.heard@chicotmemorial.com">john.heard@chicotmemorial.com</a>	on site
Kim Rice	2729 Hwy 65 82	Lake Village, AR	71653	CMMC HR Director/Administrative Assistant	<a href="mailto:kim.rice@chicotmemorial.com">kim.rice@chicotmemorial.com</a>	on site
Percy Wilburn	210 Main Street	Lake Village, AR	71653	Lake Village Chief of Police	<a href="mailto:plwilburn63@yahoo.com">plwilburn63@yahoo.com</a>	virtual
Sammy Angel	P.O. Box 748	Lake Village, AR	71653	Lake Village City Councilman	<a href="mailto:sameangel@sbcglobal.net">sameangel@sbcglobal.net</a>	on site
Tara Gladden	2729 Hwy 65 82	Lake Village, AR	71653	CMMC Assistant Chief Nursing Officer	<a href="mailto:tara.gladden@chicotmemorial.com">tara.gladden@chicotmemorial.com</a>	on site
Mary Hollins	2729 Hwy 65 82	Dermott, AR	71638	CMMC Surgery Department Director	<a href="mailto:maryhollins111@sbcglobal.net">maryhollins111@sbcglobal.net</a>	on site
Carol Emerson	2231 S Hwy 65 82	Lake Village, AR	71653	Retired	<a href="mailto:carol.yvonne.e@gmail.com">carol.yvonne.e@gmail.com</a>	virtual
Kathleen Williams	2729 Hwy 65 82	Lake Village, AR	71653	Southeast Rehab Nurse	<a href="mailto:kwilliams@southeastrehab.com">kwilliams@southeastrehab.com</a>	virtual
Ileen Talavarez	111 North Court Street	Lake Village, AR	71653	Community Benefits Counselor	<a href="mailto:ileen@arruralhealth.org">ileen@arruralhealth.org</a>	virtual
Tomeka Butler	239 South Main Street	Eudora, AR	71640	Mayor of Eudora	<a href="mailto:tomekabutler@eudoraar.com">tomekabutler@eudoraar.com</a>	virtual

## Community Health Needs Assessment

Community Advisory Committee Meeting  
Wednesday, February 23, 2022  
Virtual ZOOM Platform  
12:00 PM



1

## AGENDA

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

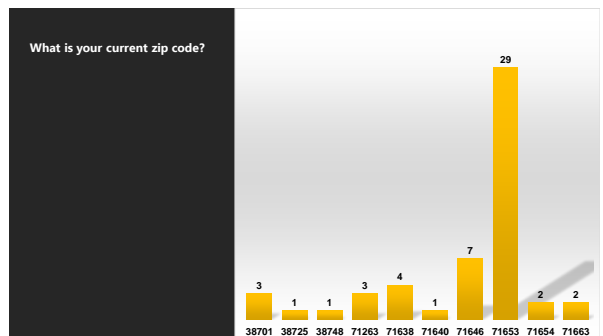
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## Reminder: The CHNA Process

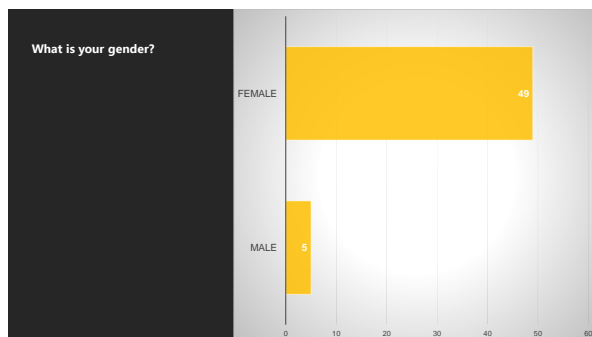
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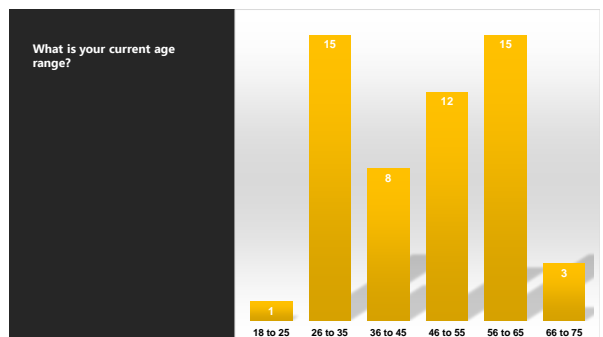
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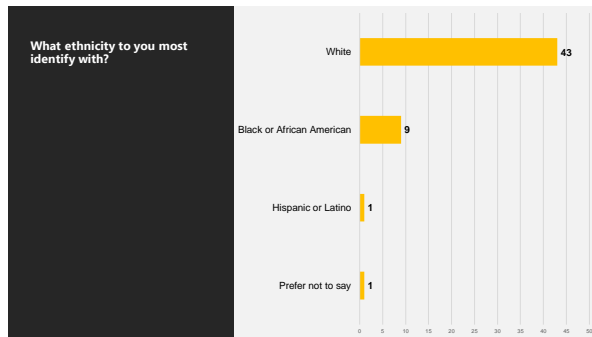


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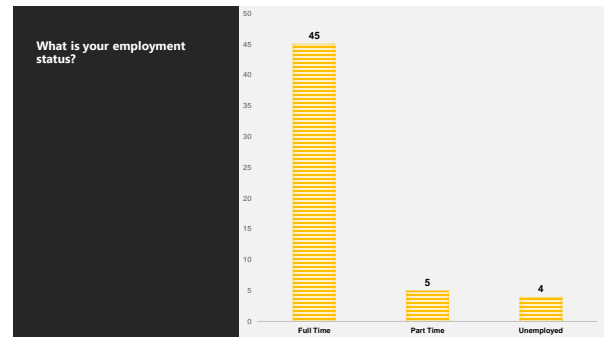


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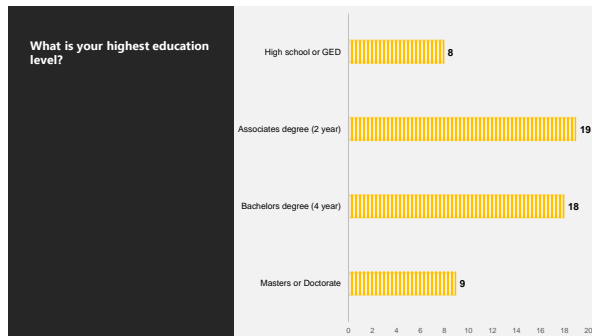




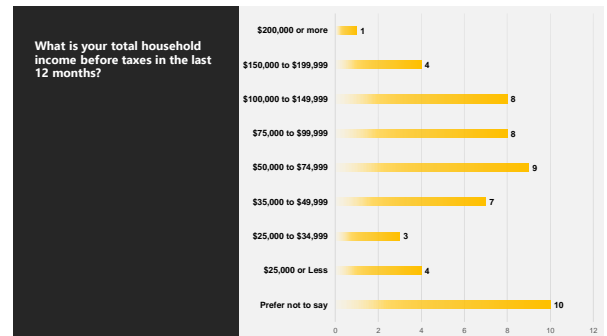
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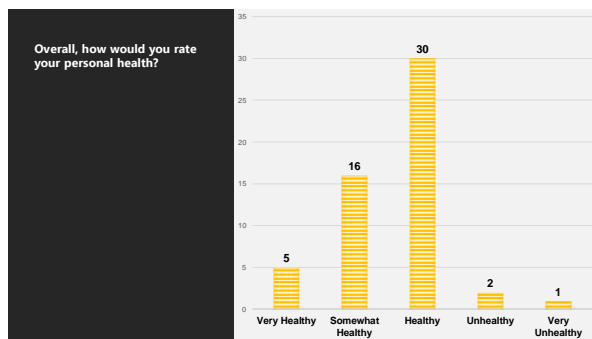
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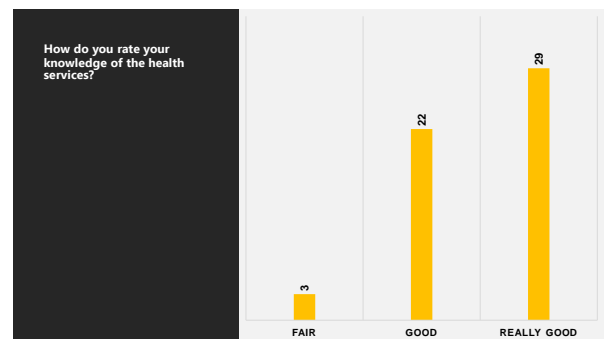
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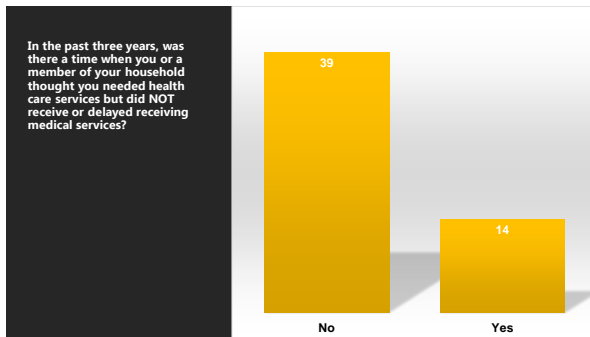
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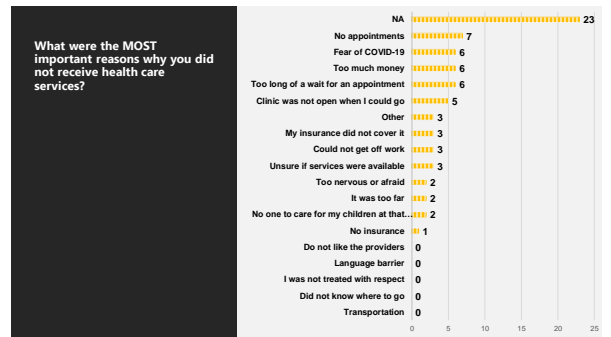
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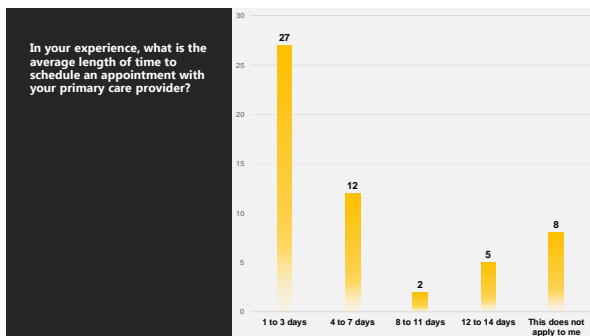
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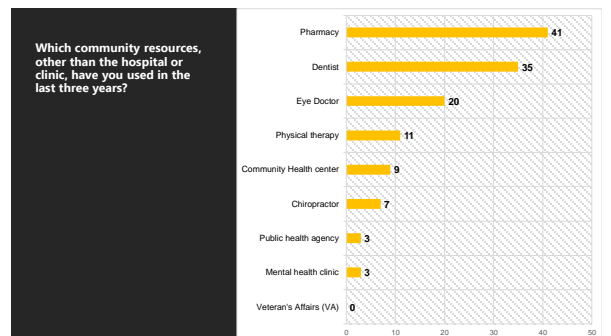
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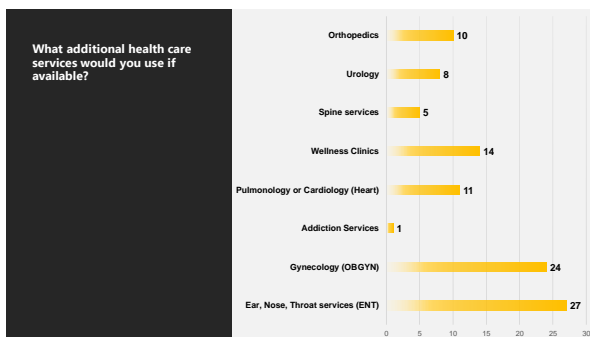
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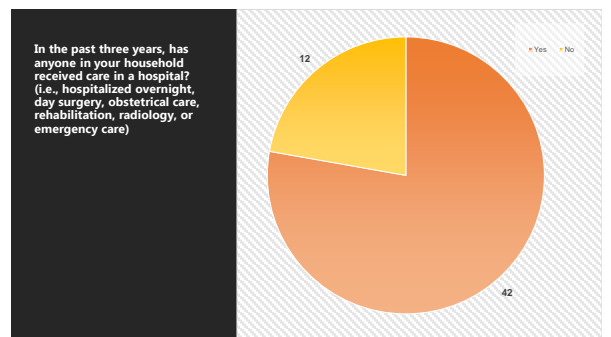
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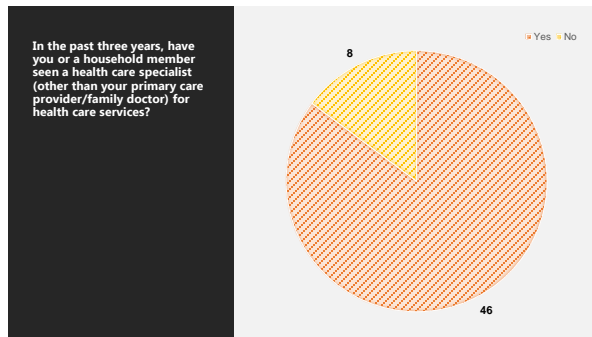
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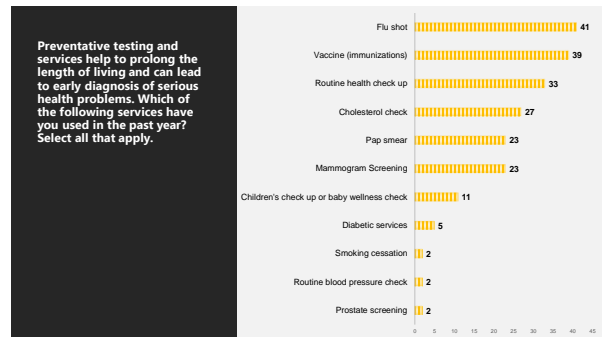
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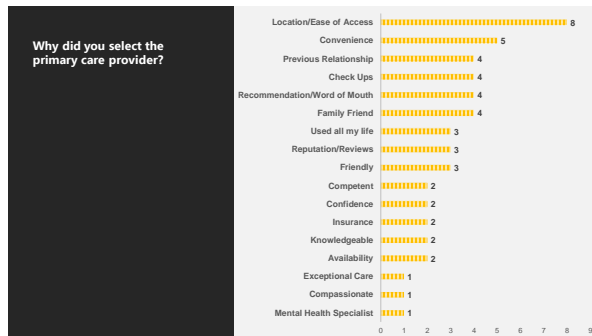
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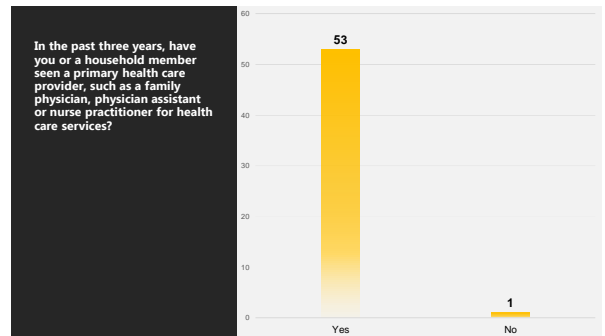
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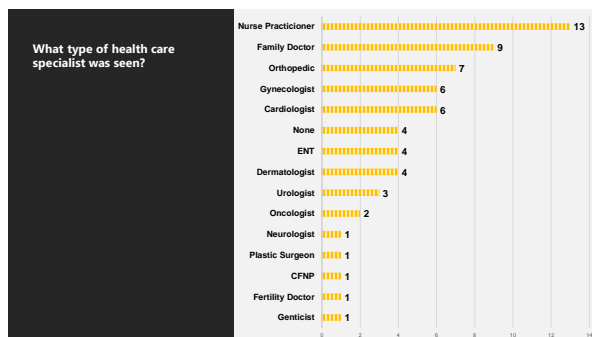
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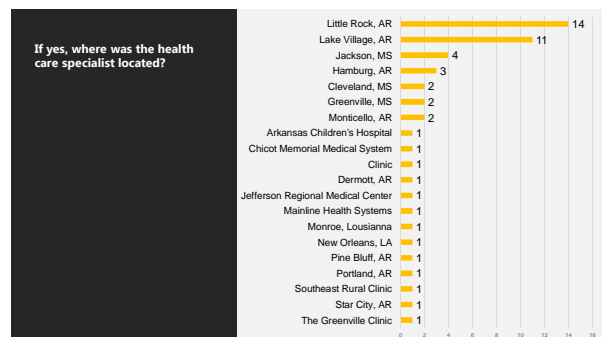
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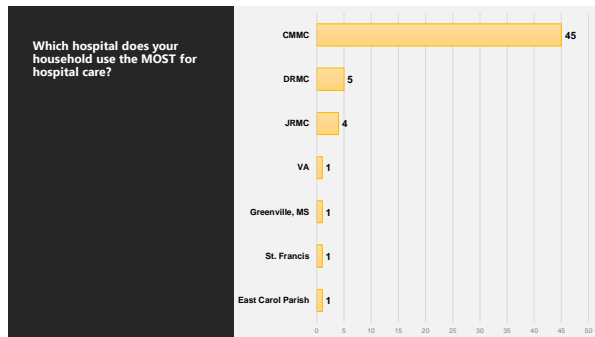
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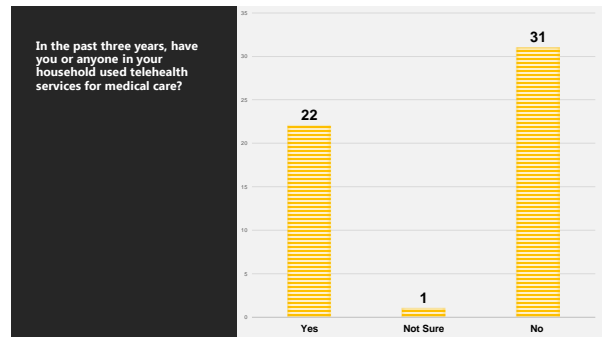
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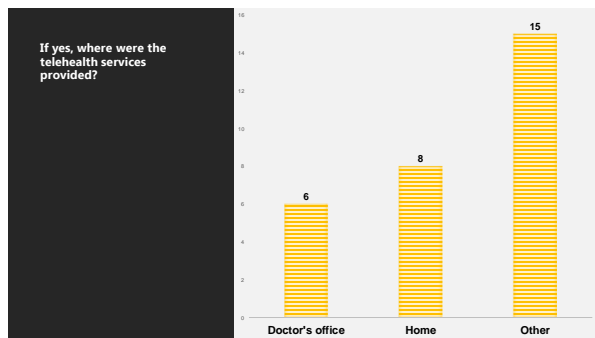
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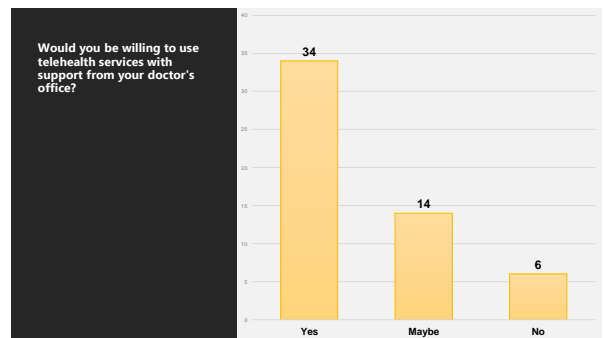
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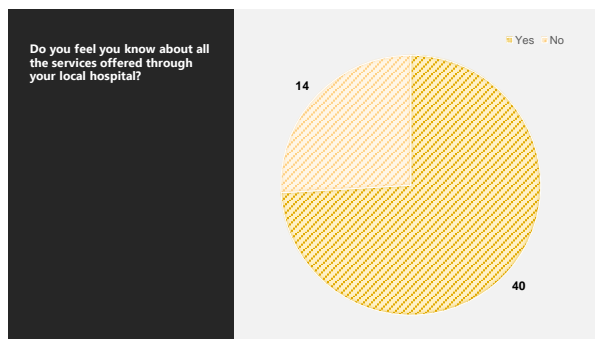
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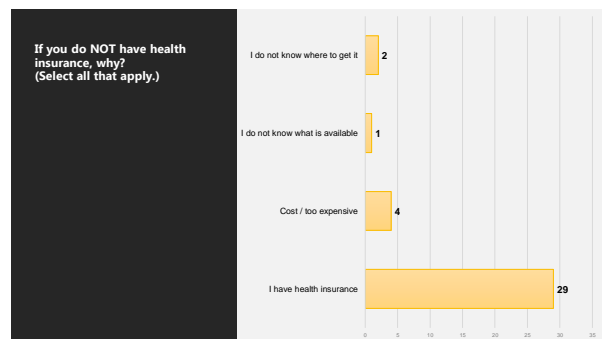
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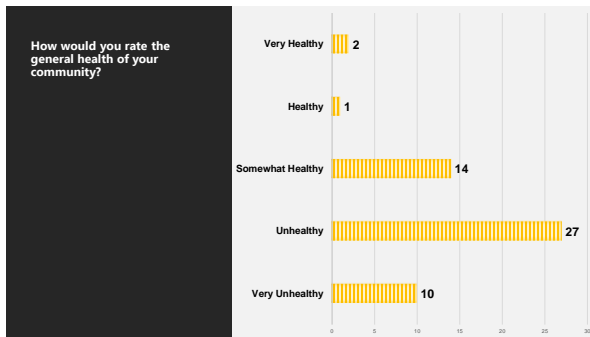
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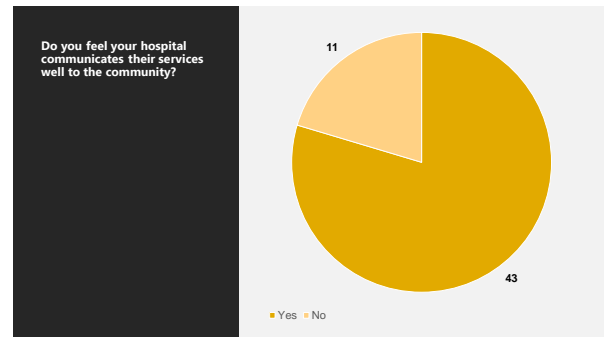
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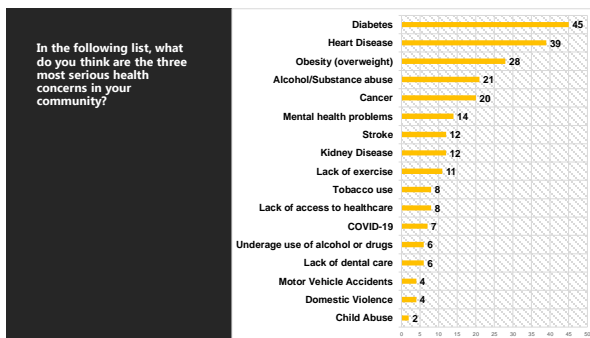
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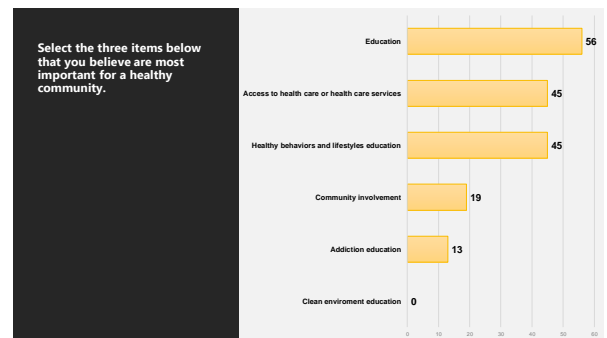
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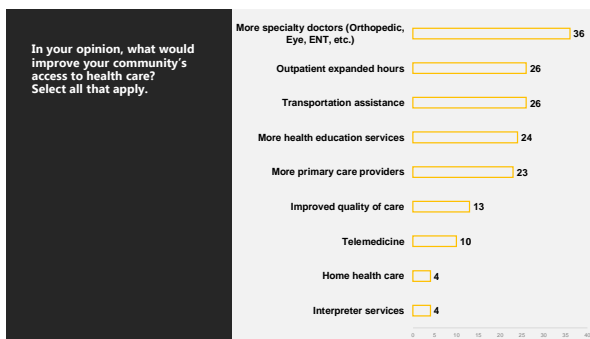
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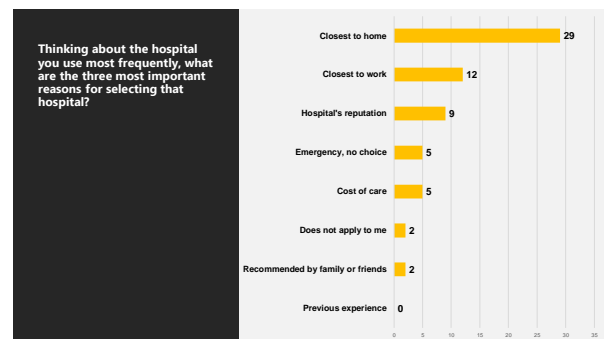
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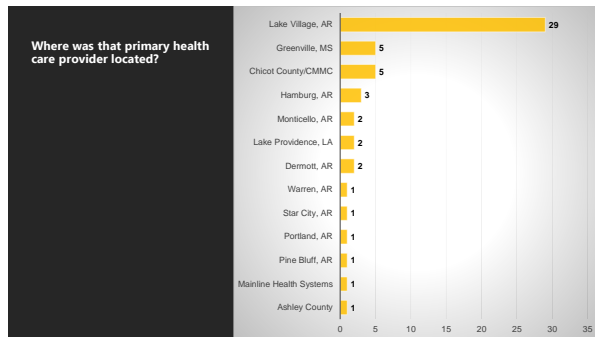
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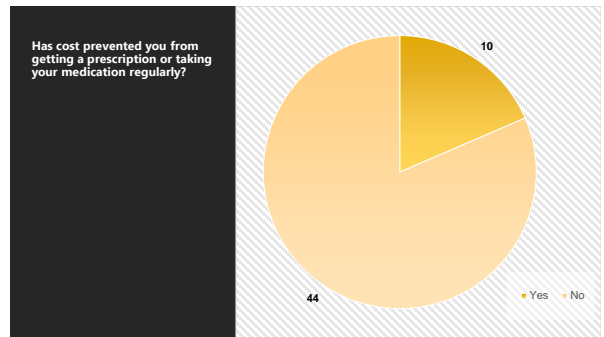
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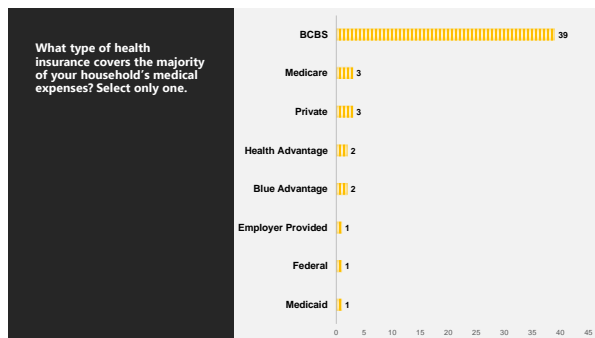
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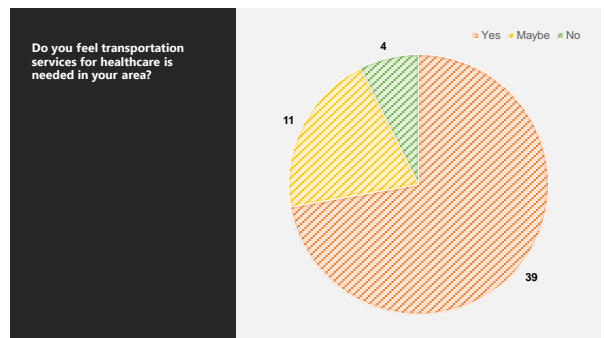
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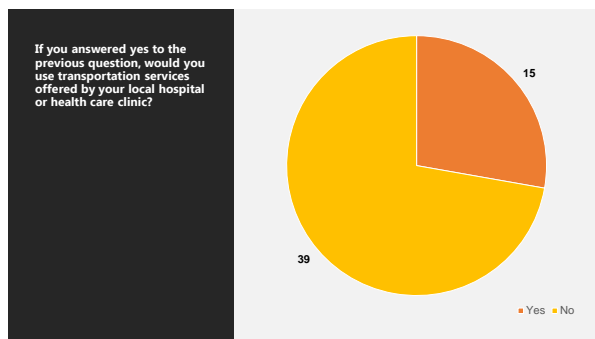
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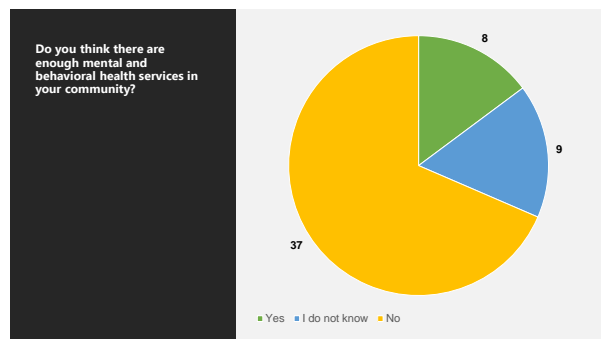
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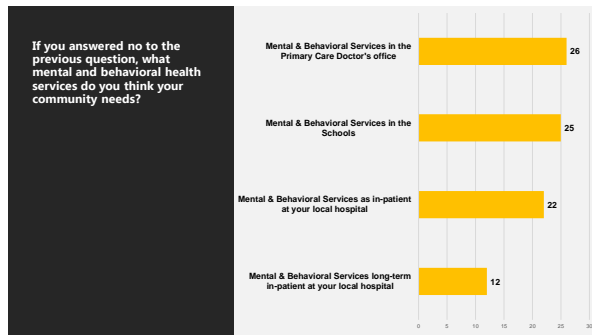
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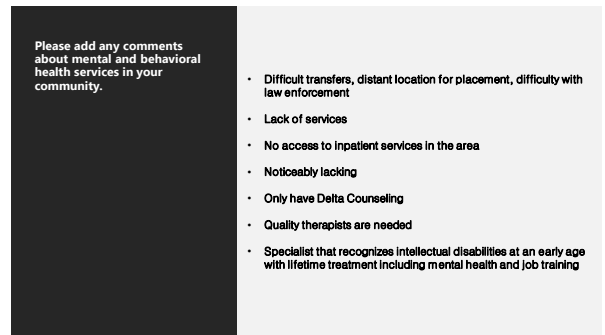
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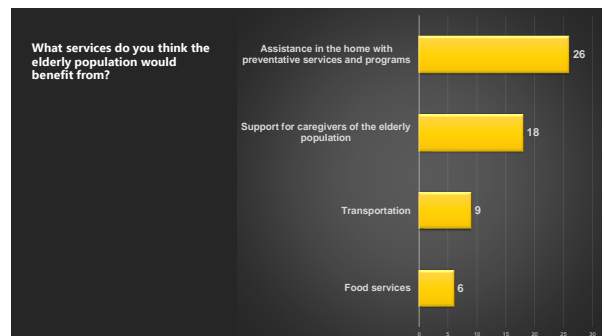
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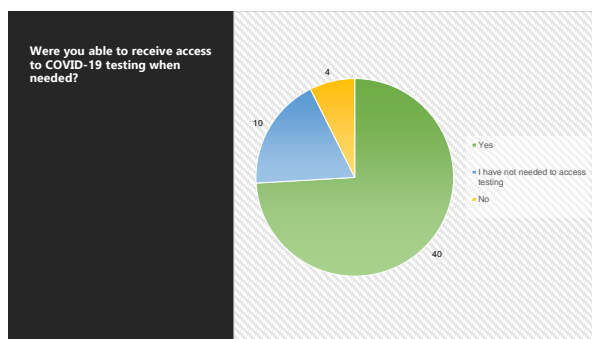
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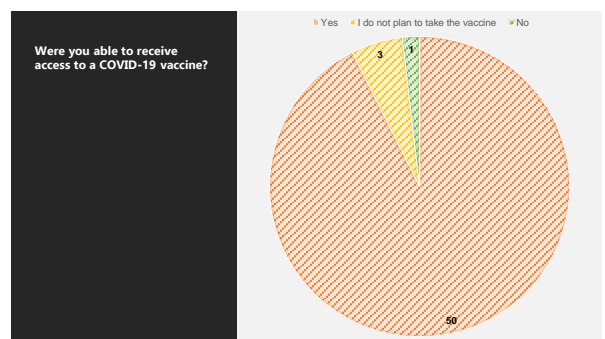
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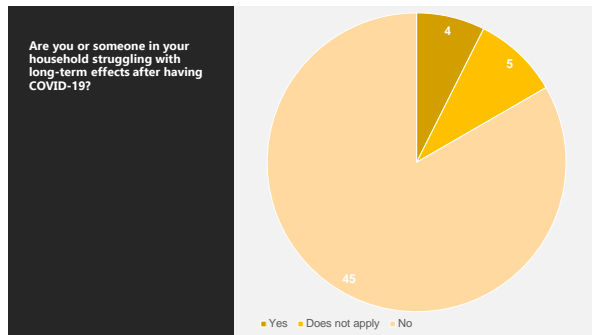
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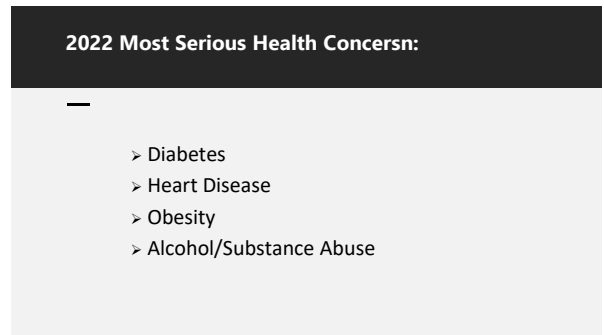
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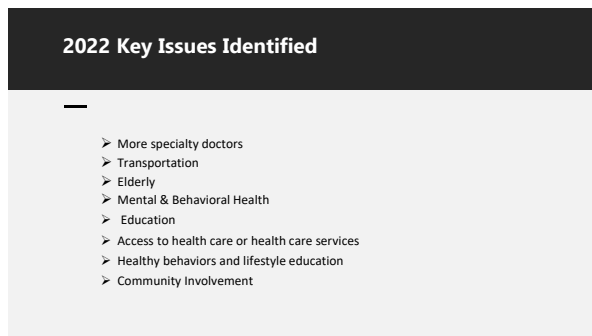
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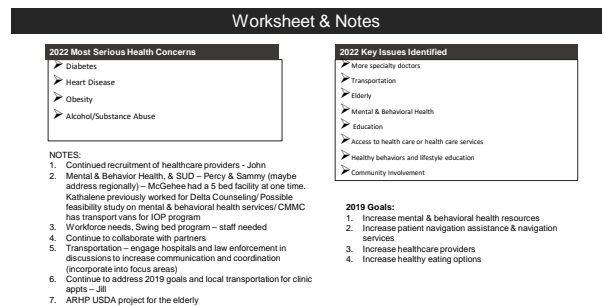
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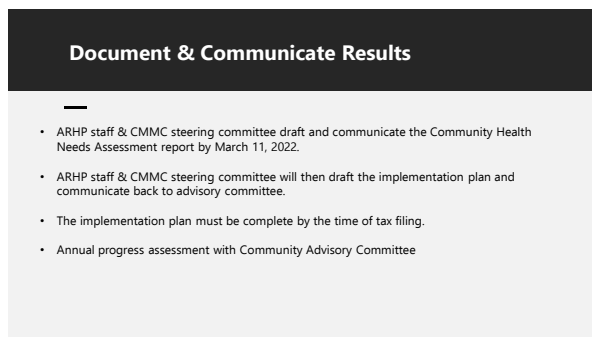
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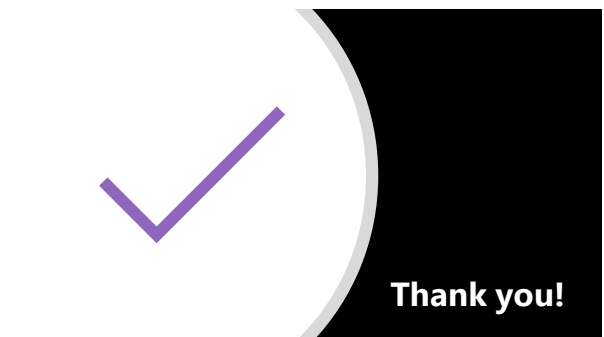
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