

Introduction

In May of 2010, McGehee Hospital, a critical access hospital located in Desha County became of 501 (c) 3 not for profit organization. McGehee Hospital, like many critical access hospitals, chose to change their status from a public organization to a not for profit private organization. The most obvious reason that many hospitals became private, 501(c)3 organizations instead of remaining public was to become eligible to participate in the Special Medicaid Assessment Program. This program provides Medicaid payment reimbursements to eligible hospitals, which means approximately \$1.2 million per year to a hospital the size of McGehee Hospital. Other reasons include fewer regulations put on a public organization.

With this change in status there came certain requirements that McGehee Hospital must adhere to in order to receive these benefits. For non-profit hospitals to fulfill their mission and retain tax exempt status, they must provide programs and services that assess and respond to local community health needs. Non-profit hospitals receive a variety of tax exemptions from federal, state, and local governments with the expectation that, in return, they will provide benefits to the community.

The Patient Protection and Affordable Care Act requires non-profit hospitals to (1) conduct a community needs assessment at least every three years and (2) adopt an implementation strategy to meet the community health needs identified by the assessment. The community health needs assessment must include input from persons who represent the road interests of the community served by the hospital facility, including those with special expertise in public health and be made widely available to the public.

McGehee Hospital's 2013 Community Health Needs Assessment is prepared by Mellie Boagni Bridewell, MS, consultant for McGehee Hospital, in accordance with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010. Ms. Bridewell is currently contracted by McGehee Hospital as the Executive Director of the Greater Delta Alliance for Health. The Greater Delta Alliance for Health is a non-profit

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organization of eight Southeast Arkansas hospitals; each represented on the board by the hospital chief executive office. McGehee Hospital is a founding member of the Greater Delta Alliance for Health. Ms. Bridewell, in her role as Executive Director, provides the member hospitals with technical assistance including grant writing, outreach program management and development, community outreach, physician recruitment, and community needs assessment. Ms. Bridewell is contracted to the Greater Delta Alliance for Health through the University of Arkansas for Medical Science (UAMS) Center for Rural Health.

Healthcare in 2013

This Community Health Needs Assessment was prepared during a period of change and uncertainty in the health care industry, change and uncertainty in the health care environment in Arkansas, and specifically in the Desha County and McGehee community.

The Patient Protection and Affordable Act of 2010 (ACA) was adopted by the United States Congress and signed into law by the President. Certain provisions of the ACA were challenged in court and the ACA was ultimately upheld by the United States Supreme Court. The ACA has been debated during the current presidential election campaign with calls for repeal of the ACA by the Republican candidate and by Republican members of the Congress. Since the Supreme Court made the Medicaid expansion under the federal health law optional last year, states' decisions have largely split along party lines. Most Southern states have chosen not to expand their Medicaid program. Arkansas, unique in its decision, has chosen to expand Medicaid in the state, but enroll those newly eligible for Medicaid in the same private insurance plans available to individuals and small businesses through an insurance exchange program. Currently few adults qualify for Medicaid in Arkansas. Those covered under the current program have to be at the 17 percent poverty level (less than \$2,000 a year) if they are parents and must be disabled if they are childless. Expanding Medicaid under the Affordable Care Act to 133 percent of poverty-about \$15,000- could potentially add as many as 250,000 Arkansans to the program. The Arkansas Medicaid program has recently announced a bundled payment program for six diagnoses which introduces risk sharing among various providers of care.

Also, to make things even more complicated this year, Arkansas Medicaid has also announced its plan to expand the risk sharing program for virtually all Medicaid services and has filed for a Medicaid plan amendment to the Department of Health and Human Services. The specific impact of the risk sharing programs on cost based providers such as Critical Access Hospitals and Rural Health Clinics is not known at this time. There is also great uncertainty relating to funding levels in both the Medicare and Medicaid programs

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and the potential impact on hospitals in general and specifically on Critical Access Hospitals such as McGehee Hospital. Additionally, physician payment levels under the Medicare program are unknown.

The provider community in Desha County and McGehee is also in a state of uncertainty; with the payment reimbursement changes and an aging provider population. It remains extremely difficult to recruit healthcare providers into rural southeast Arkansas. In an area of the country where there is an abundance of poverty, lack of education, elderly, and health disparities; is created an even greater need for health professionals. Local healthcare service providers are currently not able to meet the current needs of their existing residents due to the lack of medical professionals, trained personnel, and financial shortfalls. When viewing population trends, all cities in the county have experienced a decline in population. This out migration has had a negative impact on the area economics and the rural service area's ability to attract healthcare specialists. Much of the decline in population is due to lack of job qualifications and low educational levels in the county. As the health care industry evolves due to an aging population and poor health, demand for health care workers in hospitals, physician offices, nursing homes and a variety of other health care settings is increasing faster than supply. Employment in the health services industry is projected to increase more than 25 percent through 2010, compared with an average of 16 percent for all other industries. With healthcare provider shortages already, the outlook for healthcare in the service area is dismal.

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

Hospital Governance

McGehee Hospital is a private nonprofit facility which is governed by a seven member Board of Directors. The facility is a member of the Arkansas Hospital Association and the American Hospital Association. They are also a member of the Greater Delta Alliance for Health, an eight hospital non-profit organization who work together to reduce cost by group purchasing and negotiation of contracts as well as provide several outreach projects in the Southeast Arkansas region.

See Attachment A

- **Board of Directors;** McGehee Hospital
- **Staff Chart;** McGhee Hospital

Service Area

McGehee Hospital's primary service area encompasses the communities of Desha County that are located near McGehee. Zip codes included in the primary area are 71654, 71638, 71639, 71630, and 71670. These communities are McGehee, Dermott, portions of Dumas, Tillar, and Arkansas City. McGehee residents make up the majority of both inpatient and emergency room patients:

- 57% of inpatient acute care patients
- 60% of emergency room patients

Those remaining are, for the most part, residents of Chicot, Ashley, Cleveland, Lincoln, and Drew counties and are considered the secondary service area.

See Attachment B

- *Charts of Major Service Area by Zip Code*; McGehee Hospital
- *Arkansas by County 2010*; Total population map
- *Arkansas by County 2010*; Percent Change in Total Population

Community Demographics

McGehee Hospital is located in Desha County in Southeast Arkansas; a county with only 11,721 residents; 24.3 percent of the population not having health insurance. McGehee Hospital, like most healthcare facilities located in the Delta, struggle with bad debt, poor health outcomes and rely on the support of the government and local taxes to keep from closing. Desha county is considered exceptionally rural and are separated by miles and miles of farmland. When viewing population trends, the city has experienced a decline in population of 16%. This out migration has had a negative impact on the area economics and the rural service area's ability to attract healthcare specialists. While the problems in the service area are growing, as in many rural communities, the health-care system is an influential and critical component of the system that can help to resolve economical, educational healthcare and healthcare access issues as well as reduce the burden of health disparities and disease burden.

See Attachment C

- ***2010 Census Summary File; Age Groups and Sex in Desha County, Arkansas***
- ***Socioeconomics Characteristics of the Service Area***
- ***Median Household Income for 2008, Arkansas***
- ***Median Household Income by State***

Health Statistics in the Service Area

There is a need for rural residents to have access to healthcare services and preventative care and early disease management. Many families living in the service area are at high risk when it comes to their health as illustrated through socio-economic, educational, healthcare access, health disparities and disease burden. Living in poverty often means limited access to health care, compromised nutrition and poor housing conditions. On average, one in four persons is living below poverty level in the service area, making it one of the poorest areas of the State.

See Attachment D

- UAMS Center for Rural Health; *The State of Rural Health in Arkansas*
- UAMS College of Public Health; *PHACS County Profile Report for Desha County*
- Arkansas Department of Health; *Desha County Health Profile*
- Arkansas Department of Health; *Desha County Health Facts Brochure*

Overview of Hospital Services/Community Benefits

Currently McGehee Hospital is going through an expansion process which will have a substantial economic influence on the service area. With expansion and renovation of the acute care inpatient room, the public will be drawn to the facility for its medical care. The new construction will provide more space and privacy for treating patients and increase the volume of patients. The new admission area will provide for an improved flow of traffic in and out of the patient care areas. As the hospital experiences growth with the launching of the newly updated healthcare facility and the addition of newly recruited physicians, the entire community will benefit for years to come.

OTHER HEALTHCARE PROVIDERS WITH THE SERVICE AREA

The major competitor providers in the service area are primarily private nonprofit, critical access hospitals and offer similar services. Several of those nearest to McGehee are members of an alliance, the Greater Delta Alliance for Health, through which they work closely together to reduce costs by sharing services and negotiating contracts. One facility located in the larger community of Monticello is a county controlled rural hospital with 49 beds. They also offer obstetrics, gynecology, and psychiatry services.

LOCATION	HOSPITAL NAME	MEDICARE CLASSIFICATION	# OF LICENSED BEDS	HOME HEALTH	CONTROL	DISTANCE FROM MCGEHEE HOSPITAL
McGehee	McGehee Hospital, Inc.	Critical Access	25	Yes	PNP	0
Dumas	Delta Memorial Hospital	Critical Access	25	Yes	PNP	20
Lake Village	Chicot Memorial Medical Center	Critical Access	25	Yes	PNP	23
Monticello	Drew Memorial Hospital	Rural	49	Yes	County	26
Crossett	Ashley County Medical Center	Critical Access	25	Yes	PNP	59

See Attachment E

- *List of Hospital Staff*
- *Physician Statistics*

- *Physician Admission Statistics*

Current Community Health Initiatives

McGehee Hospital currently participates in several community health outreach efforts through their affiliation with the Greater Delta Alliance for Health. The Greater Delta Alliance for Health is a non-profit organization of the eight hospitals in Southeast Arkansas; including Ashley County Medical Center, Bradley County Medical Center, Baptist Health-Stuttgart, Chicot Memorial Medical Center, Delta Memorial Hospital, Drew Memorial Hospital, and DeWitt Hospital and Nursing Home. The organization was founded to help the local hospitals address the financial burdens of their individual organizations and work at providing health outreach to the region through funding opportunities. Currently, the organization provides the following outreach initiatives:

GDAH Provider Education Program (PEP)

The primary goal of the GDAH's Provider Education Program (PEP) is to improve the health of local residents and reduce emergency room visits in the region by providing local healthcare providers with the ability and the tools to communicate with their patients. The comprehensive program addresses the need for health literacy and provider education for Southeast AR by focusing on 1) health literacy education for health care providers in Southeast Arkansas, and 2) a guide to local resources to care and prevention for local healthcare providers and patients.

ACCESS PROJECT PINK

Mammograms and ultrasounds can be accessed by contacting a toll free number that assists the patient with navigation for screening services. A coordinated-care system allows health care professionals to directly contact the coordinator who works with the hospital of choice to schedule an appointment for the patient quickly and without hassle. The project also includes breast health education and awareness outreach throughout the rural community via the GDAH's mobile health screening unit.

AR HIV OUTREACH PROJECT 2013-2014

The goals of the project are to 1) Increase the number of HIV tests statewide based on CDC recommendations by providing the mobile health screening unit to assist state healthcare partners with HIV testing and counseling throughout the state; and 2) Increase HIV testing among those who are HIV-infected and do not know their status by providing confidential HIV testing and counseling in local hospitals in Southeast Arkansas.

MOBILE HEALTH SCREENING UNIT

The mobile health screening unit is equipped to provide general health screenings including blood pressure, blood sugar, cholesterol, weight, BMI, vision, hearing, and HIV and as two exam rooms that has provided breast exams and prostate exams. The mobile unit is available to local businesses for health fairs and festivals and utilizes hospital staff in the service are to provide the screenings.

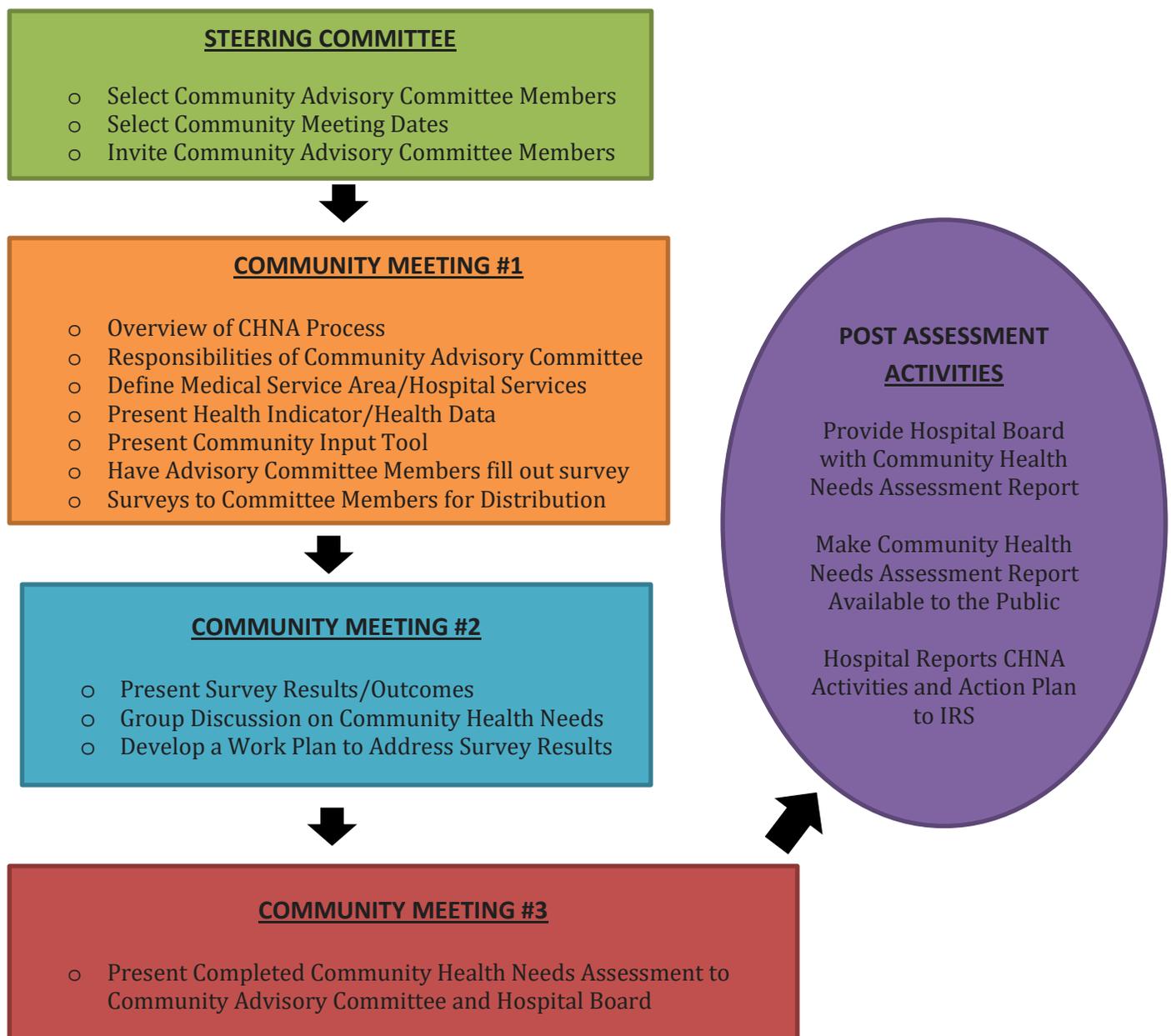
See Attachment F.

- *Greater Delta Alliance for Health organizational history*
- *Greater Delta Alliance for Health Membership Roster*

Community Health Needs Assessment 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 process. The process was designed to be conducted through three community meetings. The facilitator and the steering committee oversee the entire process of organizing and determining a Community Advisory Committee of 15-20 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 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS



**McGEHEE HOSPITAL
CHNA STEERING COMMITTEE**

John Heard	<ul style="list-style-type: none"> ○ Chief Executive Officer
Elizabeth Yelvington	<ul style="list-style-type: none"> ○ Administrative Assistant/Marketing Director
Mellie Bridewell	<ul style="list-style-type: none"> ○ Executive Director of Greater Delta Alliance for Health ○ Facilitator

**McGEHEE HOSPITAL
COMMUNITY ADVISORY COMMITTEE**

Name	Title
Laine Bowman	<ul style="list-style-type: none"> ○ McGehee School District; School Nurse
Sarah Pambianchi	<ul style="list-style-type: none"> ○ Mcgehee School District; School Nurse
Carolyn Blissett	<ul style="list-style-type: none"> ○ Desha County Health Department; Administrator ○ Arkansas City; Mayor
Jane Lucky	<ul style="list-style-type: none"> ○ McGehee Hospital; Board Member
Carolyn Smith	<ul style="list-style-type: none"> ○ McGehee Hospital; Board Member
Al Murphy	<ul style="list-style-type: none"> ○ McGehee Hospital; Board Member
Tammy Thompson	<ul style="list-style-type: none"> ○ McGehee Family Clinic; Nurse
Amber Wells	<ul style="list-style-type: none"> ○ McGehee Family Clinic; Nurse
Marsha Smith	<ul style="list-style-type: none"> ○ McGehee Community Clinic; Nurse Praticioner

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Nora Foster	<ul style="list-style-type: none">○ McGehee Hospital; Nurse
Brenda Reeves	<ul style="list-style-type: none">○ Desha County Health Department; Nurse
Patsy Cingolani	<ul style="list-style-type: none">○ McGehee Hospital; Auxiliary○ Desha Hometown Health Coalition; Member
Azzie McGehee	<ul style="list-style-type: none">○ McGehee Hospital Auxiliary; Member○ Senior Citizen
Myra Cingolani	<ul style="list-style-type: none">○ McGehee Hospital Auxiliary; Member○ Senior Citizen
Helen Conway	<ul style="list-style-type: none">○ Resident
Molly Bratton	<ul style="list-style-type: none">○ Resident
Pat Day	<ul style="list-style-type: none">○ Resident
Pat Peacock	<ul style="list-style-type: none">○ Resident
Amanda Pambianchi	<ul style="list-style-type: none">○ Resident
Ruthie Richardson	<ul style="list-style-type: none">○ Resident
Jaime Stallans	<ul style="list-style-type: none">○ McGehee Bank
JD Bilberry	<ul style="list-style-type: none">○ Resident

MCGEHEE HOSPITAL
DOCUMENTATION

See Attachment G

- *Community Meeting Agendas*
- *Powerpoint Presentations*

Results of Community Health Needs Assessment

Public input is essential in the development of a Community Health Needs Assessment. Due to the size of the service area, McGehee Hospital chose to implement their assessment through a focus group. Individuals from the community were selected by the steering committee consisting of John Heard, CEO of McGehee Hospital, Elizabeth Yelvington, Administrative Assistant and Public Relations for McGehee Hospital, and Mellie Bridewell, Executive Director of the Greater Delta Alliance for Health. Ms. Bridewell was chosen as the facilitator due to her objectivity and experience in the development of the assessment and strategic planning. The Community Health Needs Assessment process is described in the Community Health Needs Assessment Process Section beginning on page 11 of this document. The focus group was established and surveys were given out to those members as well as to residents throughout the community through the focus group members. Focus group members were then presented with the results of the surveys and then asked to discuss some of the questions as a group and then prioritize those concerns and health issues in the community and come up with a plan to address those issues.

The discussion questions and answers were as follows:

What concerns you most about health care in Desha County?

Focus Group Answers:

- The people who need health insurance can't get it
- Need for more physicians; not enough
- Lack of transportation and physicians
- Knowledge of resources
- So many people can't afford insurance and prescriptions
- Access to Specialists
- Having a hospital in my community and educational programs
- Fear of our doctors leaving or retiring and no one coming to replace them who care
- Having people to be able to go to doctor's office for preventative care instead of using ER
- Lack of preventative care, physical therapy, fitness center

What additional physician services would you like offered in your community?

1. Oncology

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2. Pediatrics
3. Psychiatry
4. OB/GYN
5. Internal Medicine

What services would you like to see offered in the service area?

- More things for children to do to keep them off the street
- Chemotherapy
- Knowledge of services- how to obtain this knowledge
- Additional physicians
- Teleconference access to specialist from the local doctor's office
- Health insurance, resources, and health care programs
- Mammogram services
- Physical fitness center

What do you think McGehee Hospital can do to help change these statistics?

- Educate People- parents and children
- Preventative care
- Provide classes to educate
- Offer more specialty services
- Listen, educate, and keep trying to get more people involved
- Help people help themselves
- Fitness center is necessary
- Get involved in community garden and boys and girls club cooking classes
- Offer free health clinic
- Offer to help with costs to people with no insurance
- More doctors
- Supervision of hospital staff/more staff

In your own words, why do you think the health statistics in Desha County are poor?

- Lack of Education
- Poor Education

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- Health Literacy
- Employment
- Need for more doctors and nurses
- Lack of jobs therefore lack of insurance
- Preventative care

Focus group had discussions both at the first meeting and then at length during the second meetings. Members of the group were passionate about what was not being done to address the health of their community. It is interesting to point out that the needs that were addressed by the focus group were similar to the statistical information obtained confirming that Desha County was lacking in healthcare services and overall health.

It was from these discussion questions that the group was then led by the facilitator to begin to develop a Work Plan to address these issues. It is important to point out at this time that the number one priority of the focus group was to continue to meet as a group to help with addressing the Work Plan. The group felt that they could help McGehee Hospital address the community needs assessment and offered their support. They believed that if health initiatives were led by the hospital that they would provide to be successful and that it would take their help and the help of other members of the community to accomplish changing the health of their community. Other members that they wanted to include were:

- Superintendent of the school
- Dean of the UAM McGehee Campus
- African American residents

Another discussion topic was the division between the black community and the white community in the area. Both black and white participants in the focus group felt that this was a big problem and could possibly be addressed with an initiative led by the hospital.

On File: Surveys, Meeting Notes, Roster Sheets

See Attachment H.

- ***Survey Results***

Work Plan to Address Health Needs Assessment

McGehee Hospital will utilize the TAKE ACTION model to address their community health needs assessment. The Robert Wood Johnson Foundation and the University of Wisconsin Health Institute designed the proposed Take Action model as a means to “inspire and simulate” efforts to improve quality of life in community settings.

TAKE ACTION PLAN

STEP 1: “Work Together”

Plans for community health improvement are catered to the individualized needs of the community, with one consistent theme: “People Working Together”. Sharing a vision and commitment through a “team” to improve rural health can yield greater results than working alone

STEP 1: “Work Together”		
Purpose	Who To Involve	What to Do
Build/maintain diverse, multi-sector team of partners	Leaders of local businesses, healthcare, public health, education, government, elected boards, faith-based and/or community-based organizations and others interested in your mission	Speak to local businesses, healthcare facilities, social groups, and residents to determine their interest in being involved. Build your team In this case the “McGehee Hospital Community Advisory Committee”

STEP 2: “Assess Needs & Resources”

Team should inventory the community’s needs, resources, strengths, and assets, while also gaining an understanding of the barriers that hinder progress toward improving rural health

STEP 2: “Assess Needs & Resources”		
Purpose	Who To Involve	What to Do
Comprehend the problem, its source, its related resources, and its needs and gaps to affect change	The team assembled in Step 1	This report provides the launching pad to report the communities needs and resources as well as its gaps

STEP 3: “Focus on What’s Important”

The team will develop a strategy that determines which problems to tackle- prioritize

STEP 3: “Focus on What’s Important”		
Purpose	Who To Involve	What to Do
Focus the team’s efforts and	The team and facilitator	Team should outline community issues and

resources to make impact		discuss which problem should be addressed first in order to affect change. The team should also develop clear goals and objectives by which progress can be evaluated. Hence, the development of the Advisory Committee
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STEP 4: "Choose Effective Policies & Programs"

Team will select effective policies and programs that can work in real life to maximize chances of success. Team needs to explore "Evidenced-based" programs and policies

STEP 4: "Choose Effective Policies & Programs"		
Purpose	Who To Involve	What to Do
Investigate and choose evidenced based policies and programs that address the priorities identified to match the communities needs	The team and facilitator	Meet with others in other communities, states, or regions who may have seen success and discuss expectations and lessons learned. Team up with other who might want to accomplish the same goals Hence, the Greater Delta Alliance for Health

STEP 5: "Act on What's Important"

Team should implement its strategy and leverage its strengths and available resources to respond to its unique needs

STEP 5: "Act on What's Important"		
Purpose	Who To Involve	What to Do
Implementation of selected goals and objectives to targeted problems; improving community health	The team, additional community members and partners	Begin to take action towards goals and objectives; implement plan

STEP 6: "Evaluate Actions"

Document successes and drawbacks and add a sense of accountability to the effort

STEP 6: "Evaluate Actions"		
Purpose	Who To Involve	What to Do
Evaluation adds credibility to the implemented programs by offering opportunities to refine approaches and efforts in order to maximize success in response to community needs	The team can form oversight committees for each goal and involve other community members for assessment	Team should find ways to quantify success as based on its developed goals. A program, for example, may track individuals served, health outcomes. Qualitative data may be gathered through interviews

Qualifications of Report Preparer

Mellie Boagni Bridewell currently serves as the Executive Director for the Greater Delta Alliance for Health; a nonprofit organization of eight rural hospitals in Southeast Arkansas. Ms. Bridewell is contracted to the organization through UAMS Center for Rural Health. Her educational background includes a BA in English Literature from Spring Hill College, MS in Educational Leadership from Notre Dame University, and a MS in Recreational Administration from University of South Alabama. Ms. Bridewell has thirteen years of experience in community and organizational networking, program development, grant writing, and program implementation. Ms. Bridewell has been a successful grant writer bringing over two million dollars of funds into the Southeast Arkansas region for community organizations and local hospitals. Ms. Bridewell served as the Director of UAMS Delta AHEC South for four years prior to taking the position with the Greater Delta Alliance for Health.

Her position with the Greater Delta Alliance for Health involves writing and managing all grant programs and outreach services as well as providing community health needs assessments for member hospitals. Ms. Bridewell served as a state commissioner on the Arkansas Rural Development Commission and was appointed Chairman to the Commission committed to including the small, rural hospitals and rural healthcare in the future goals of the Commission. She has been appointed to the Delta Regional Authority Delta Leadership Institute and the Winrock Foundation Community Leadership Institute as well as the Community Development Leadership Institute with Georgia State University Health Policy Center. Ms. Bridewell has presented on a statewide and national level on *“Forging Partnership and Collaboration between Rural Hospitals and Community Networks”*.