



2023-2026

Community Health Needs Assessment

Greene County, AR

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Perspective / Overview

About Arkansas Methodist Medical Center

Our medical center continues to grow and our staff of dedicated professionals continue to fulfill our mission statement of providing the highest quality healthcare and promoting wellness to the people and communities we serve- thus establishing AMMC as the first choice for healthcare.

Mission Statement

AMMC is a Beacon of Health, Hope and Healing.

Vision Statement

Through dedication, we will provide quality healthcare and promote wellness to the communities we serve....thus establish AMMC as your first choice for healthcare.



Source: Arkansas Methodist Medical Center

Creating a Culture of Health in the Community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website:
<http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Greene County, Arkansas.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2023 Community Health Needs Assessment

Collaborators

Arkansas Methodist Medical Center, Inc., as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratason, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data and facilitated the interviews.

This is a single facility CHNA for Arkansas Methodist Medical Center. EIN: 71-0230218.

Making the CHNA Widely Available to the Public

Starting on July 1, 2023, this report is made widely available to the community via Arkansas Methodist Medical Center website <https://www.myammc.org> and paper copies are available free of charge at Arkansas Methodist Medical Center, 900 West Kingshighway, Paragould, AR 72450 or by phone (870) 239-7000.

Board Approval

Arkansas Methodist Medical Center's board of directors approved this assessment on **June 27, 2023**.

Key Findings

Most Significant Health Priorities

Based on the Health Department priorities, secondary data, and community interviews, the community selected the following significant health needs with the number of votes received by the issue. There is a complete summary of findings with prioritization criteria later in the document.

- Chronic diseases – heart disease and diabetes -18
 - Mental health- suicide - 16
 - Substance use, including tobacco - 13
 - Healthy weight – healthy eating/active living – 13
 - Socioeconomics – poverty, living wage jobs – 8
 - Access to care, including cost – 5
 - Social determinants of health – housing – 4
 - Health education – 2
 - Formal education – high school, college – 2
 - Parenting skills – 1
 - Teen pregnancy – 1
 - Neglect and abuse - 1
-

Community Input and Collaboration

Methods and Dates

In February 2023, Arkansas Methodist Medical Center began a Community Health Needs Assessment for Greene County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in March 2023.
 - Community members participated in interviews for their perspectives on community health needs and issues on March 14 and 15, 2023.
 - A community health summit was held on April 18, 2023, to create a common database of understanding of health needs, prioritize the most significant health needs and to brainstorm ways to improve the community's health. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers, and other community members.
-

Participants by Those Representing the Broad Interests of the Community

Forty-three individuals from twenty-three community organizations participated in the interviews and the summit. The interviews were aimed at identifying and defining significant health needs, issues, and concerns of Greene County. Additionally, a community health summit was held to create a common understanding of health needs, and the community prioritized the health needs of the community. The three-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participants

Organization	Population Represented (kids, low income, minorities, those w/o access)
100 Families	Low income
AMMC	All
AMMC Board	All
AMMC/CHFC	All
AMMC-LifePoint Rehab	All, elderly
Attorney	All
Black River Technical College	All
City of Paragould	All
Downtown Paragould Association	All
Greene Co Office of Emergency Mgt	All
Greene County	All
Greene County Health Department	All
Mayor of Paragould	All
MFA Incorporated	All
Mission Outreach Homeless Shelter	Unhoused population
MOR Media	All
Paragould Chamber of Commerce	All
Paragould Police Department	All
Paragould School District	Children, Youth
Paragould Senior Bees	Seniors
Physician	All

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through interviews. Agencies representing these population groups were intentionally invited to the interviews and the community health summit.

Input of Those with Expertise in Public Health

The Greene County Health Department participated in the interviews and health summit and in selection of the most significant health priorities.

Input on the Most Recently Conducted CHNA and Most Recently Adopted Implementation Strategy

Arkansas Methodist Medical Center did not receive any written comments on its most recent CHNA or implementation plan.

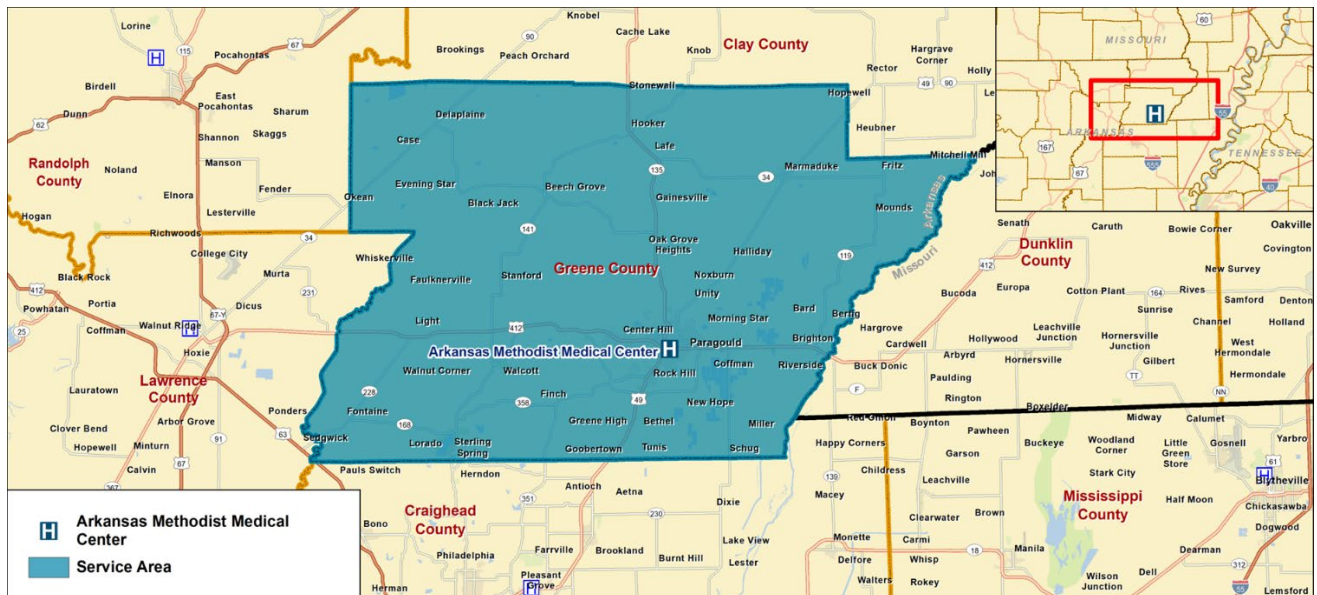
Process and Methods Used

Community Selected for Assessment

Greene County was the primary focus of the CHNA due to the service area of Arkansas Methodist Medical Center. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Arkansas Methodist Medical Center draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Arkansas Methodist Medical Center’s Financial Assistance Policy.

Medical Center Study Area – 2023



Data and Other Information Used in the Assessment

Primary methods included:

- Interviews with community members for their perspectives on community health
- Community health summit for prioritization and brainstorming

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.



Photo Source: Discover Paragould



Photo source: Discover Paragould

Description of the Communities Served

Demographics and Economic Indicators

The table below shows the demographic summary of Greene County compared to AR and the U.S.

	Greene County	Arkansas	USA
Population	46,471	3,040,260	335,707,897
Median Age	40.5	39.1	38.9
% 85 and over	2.1%	2.0%	2.1%
% 65 and over	18.8%	18.4%	17.5%
% 19 and under	24.6%	24.6%	24.4%
Median Household Income	\$51,645	\$52,717	\$72,414
Annual Pop. Growth (2022-2027)	0.43%	0.27%	0.25%
Household Population	17,947	1,212,356	128,657,669
Businesses	1,250	107,537	12,609,070
Employees	17,209	1,326,863	151,363,907
Health Care Index*	76	80	100
Average Health Expenditures	\$5,395	\$5,699	\$7,087
Cost of Living	73.2	77.5	100

Source: Esri; Sterling's Best Places (2021)

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

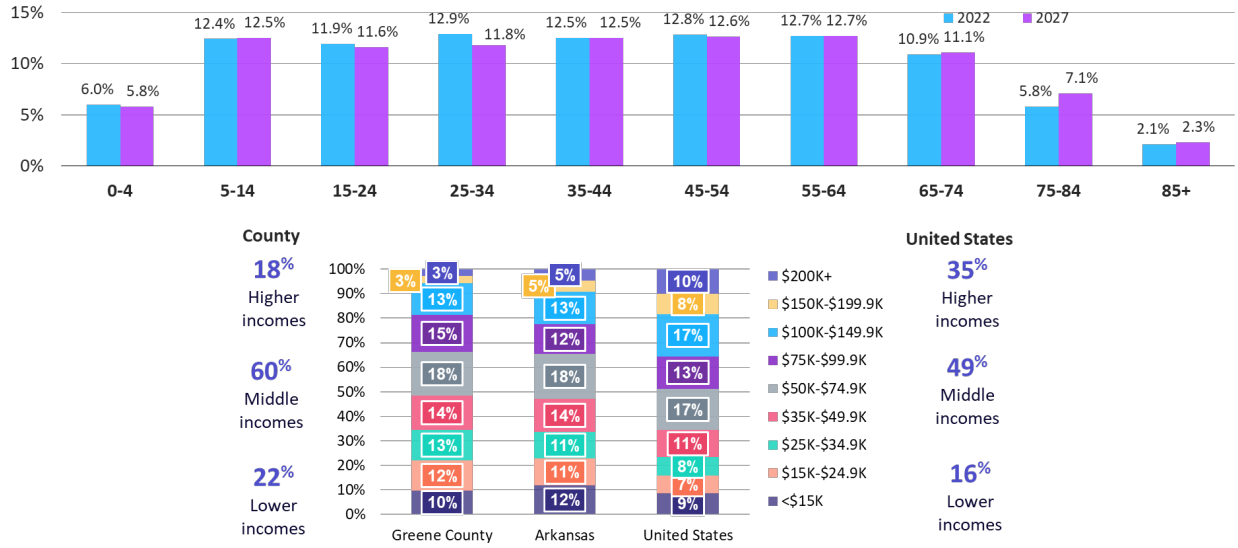
The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Race and Ethnicity



Source: Esri

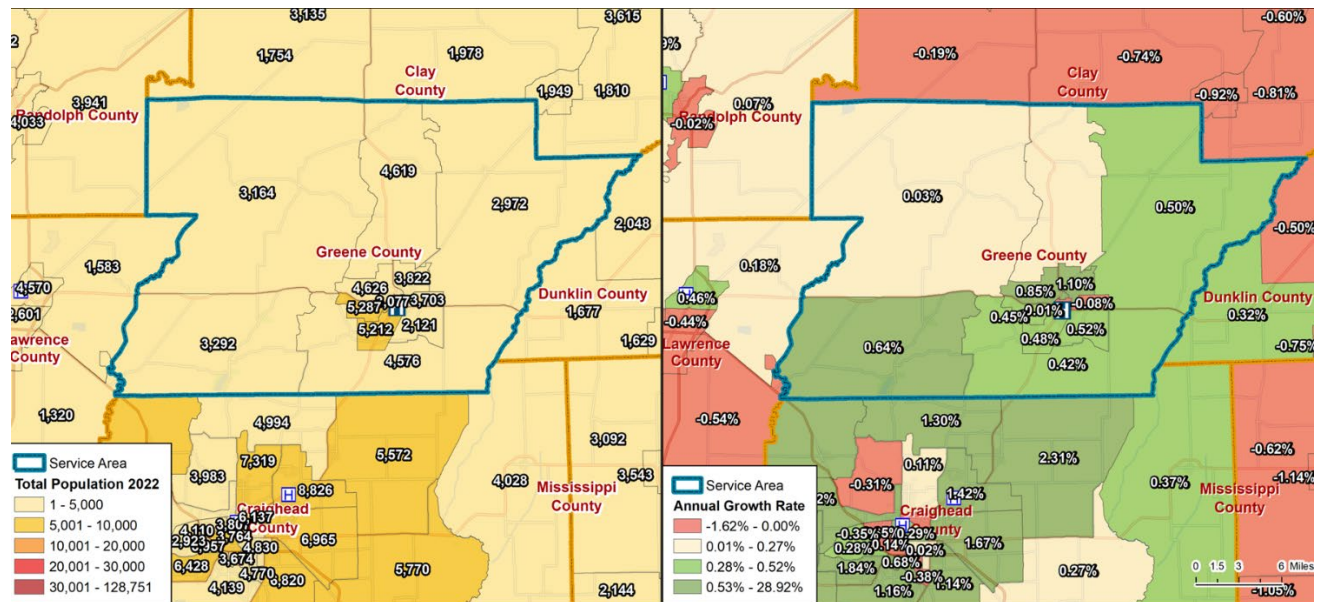
Percent of Population by Age Group



Source: Esri

- The population of Greene County is projected to increase from 2022 to 2027 (0.43% per year). Arkansas is projected to increase 0.27% per year. The U.S. is projected to increase 0.25% per year.
- The 65+ population will comprise a larger percentage of total population by 2027.
- Greene County had a higher median age (40.5 median age) than AR (39) and the U.S. (38.9). In Greene County the percentage of the population 65 and over was 18.8%, higher than the U.S. population 65 and over at 17.5%.
- Greene County median household income at \$51,645 was lower than AR (\$52,717) and the U.S. (\$72,414). The rate of poverty in Greene County was 12.9% which was lower than AR (16%) and slightly higher than the U.S. (12.8%).
- The household income distribution of Greene County was 18% higher income (over \$100,000), 60% middle income, and 22% lower income (under \$25,000). The largest income group is the 18% making \$50,000 to \$74,999.
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Greene County was 76, indicating 24% less spent out of pocket than the average U.S. household on medical care (doctor’s office visits, prescriptions, hospital visits) and insurance premiums.
- The cost of living in Greene County was 26% less than the U.S. and 4% less expensive than AR.
- The racial and ethnic make-up of Greene County was 89% White, 2% Black, 4% Hispanic origin, 6% more than one race, and 2% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

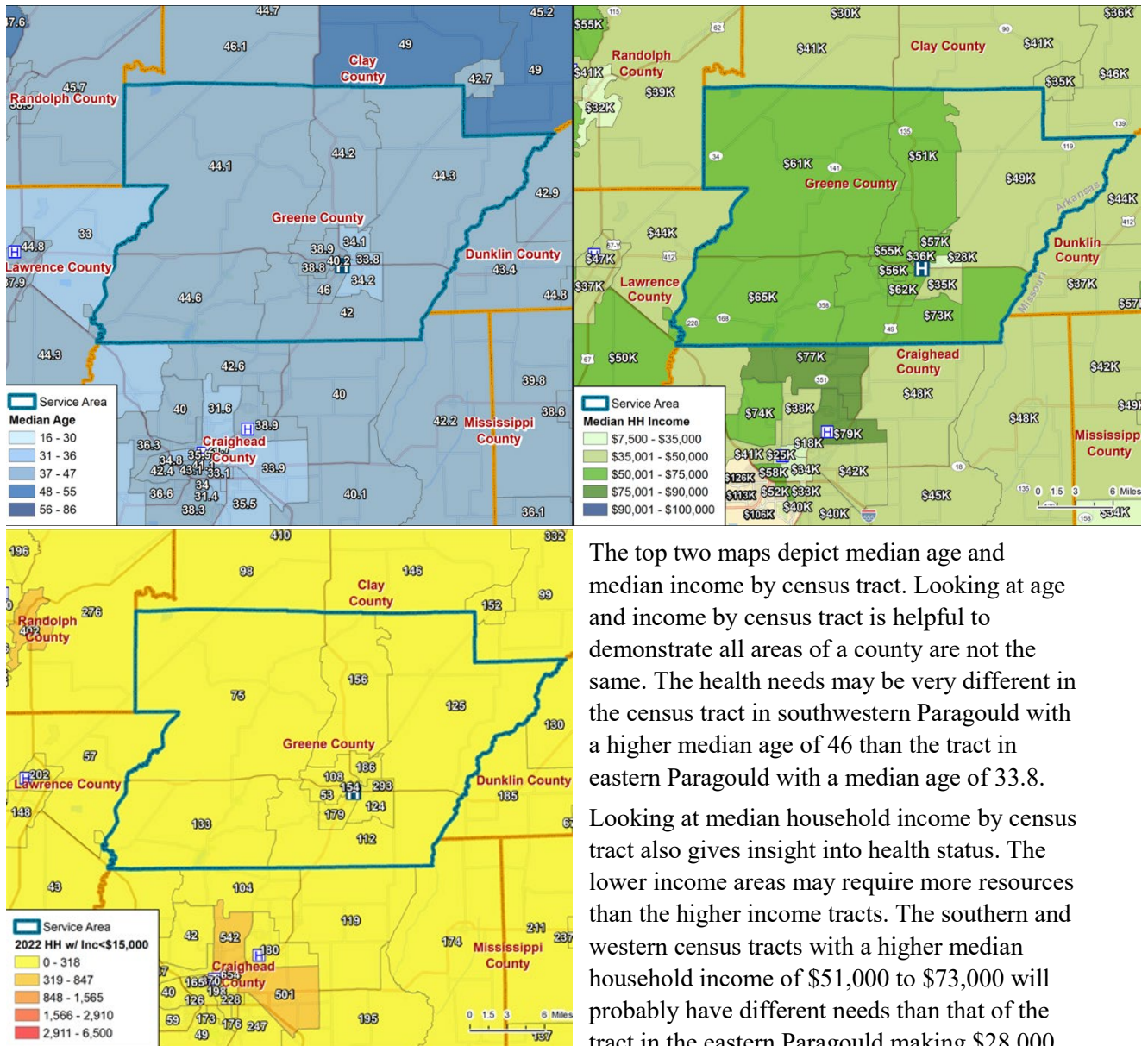
2022 Population by Census Tract and Projected Change (2022-2027)



Source: Esri
 Red is population decline
 Yellow is positive up to the AR growth rate
 Green is greater than the AR growth rate
 Dark green is twice the AR growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. The highest populated census tracts are in Paragould, primarily southwest. The majority of Greene County has growth ranging from .5% - 1.1%. However, some tracts project population decline, east Paragould.

2022 Median Age, Income, and Households Making Less Than \$15,000 per Year



The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in southwestern Paragould with a higher median age of 46 than the tract in eastern Paragould with a median age of 33.8.

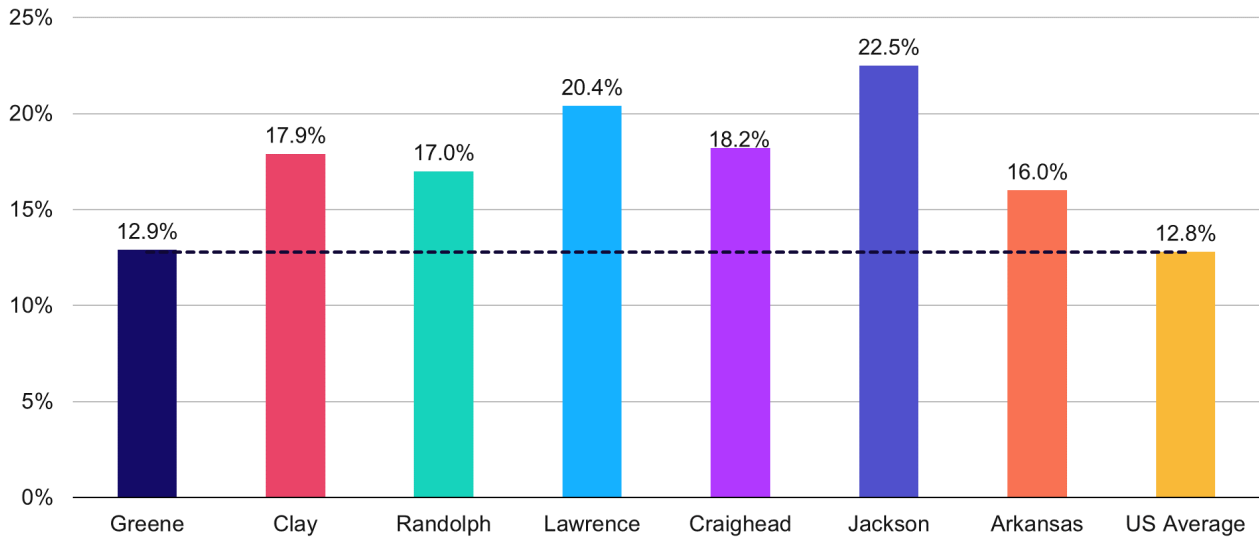
Looking at median household income by census tract also gives insight into health status. The lower income areas may require more resources than the higher income tracts. The southern and western census tracts with a higher median household income of \$51,000 to \$73,000 will probably have different needs than that of the tract in the eastern Paragould making \$28,000

per year.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. The census tract located in eastern Paragould shows 293 households making less than \$15,000 per year.

Economic Indicators

Percent in Poverty 2021



Greene County's 2021 poverty percentage was 12.9% compared to AR at 16.0% and the U.S. at 12.8%. The cost of living in Greene County was 4.3% lower than AR and 27% lower than the U.S.

Business Profile

68.7% percent of employees in Greene County were employed in:

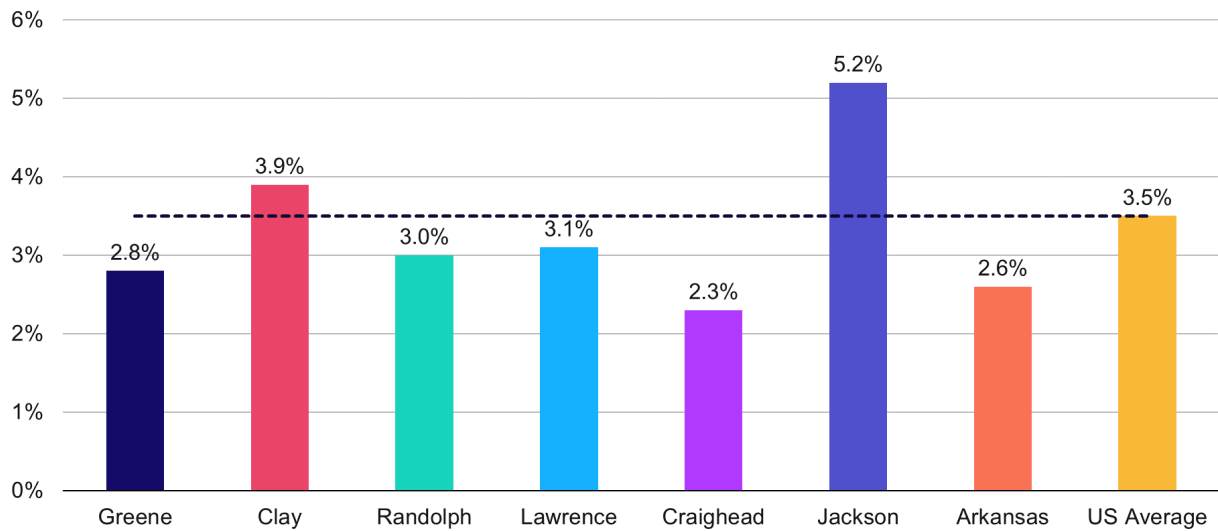
2. Manufacturing (32%)
3. Retail Trade (12%)
4. Health Care & Social Assistance (12%)
5. Educational Services (7%)
6. Accommodation & Food Services (6%)

Source: Esri

Retail, accommodation, and food service offer health insurance at a lower rate than healthcare, public administration, and educational services.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church, and school. These are three excellent places to reach people to create a culture of health.

Unemployment December 2022



Source: BLS, December 2022, preliminary, not seasonally adjusted

Greene County's December 2022 preliminary unemployment was 3% compared to 3.5% for both Arkansas and the U.S.



Photo source: Discover Paragould

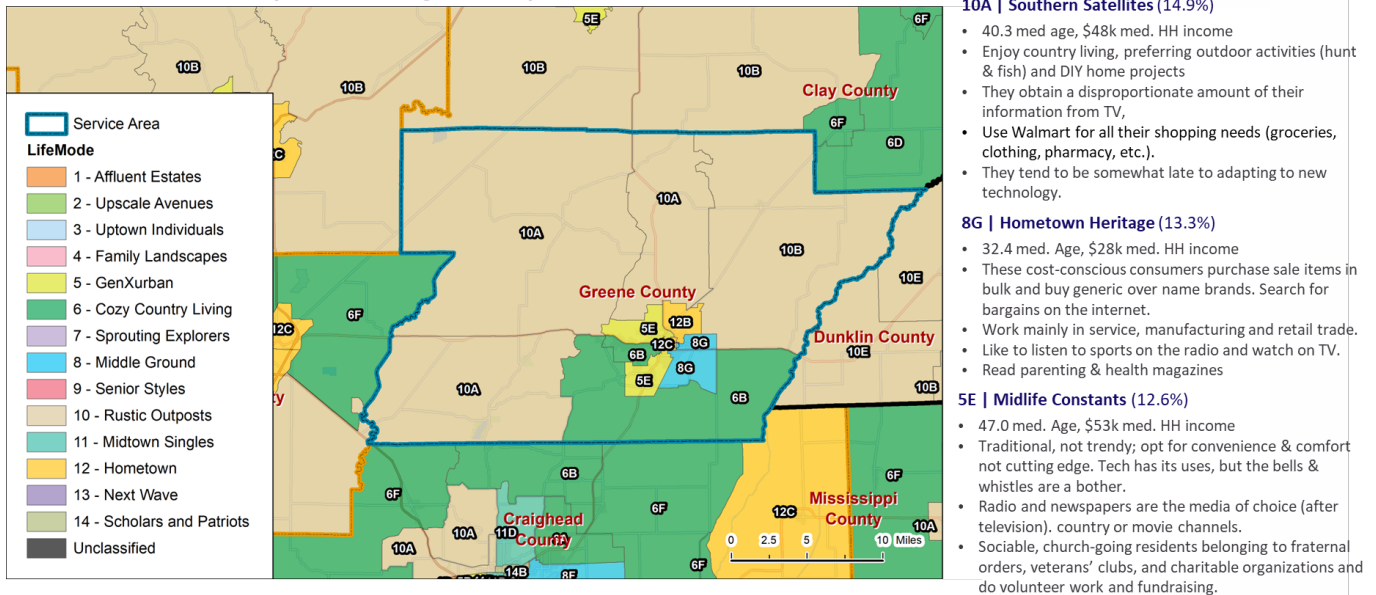
Psychographics – Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data combined with demographics. Forty percent of Greene County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number and name.

The dominant Tapestry Segments in the county were Southern Satellites (14.9%), Hometown Heritage (13.3%), and Midlife Constants (12.6%).

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm>. Analyzing the Tapestry Segments in the study area helps determine health habits, technology, and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 40.8% of total households.



Source: Esri

Interviews Summary

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in interviews on March 14 and 15, 2023, for their input into the community's health. Community participation in the interviews represented a broad range of interests and backgrounds. Below is a summary of the interviews.

The participants defined health as a state of wellbeing – physical, emotional, spiritual, and mental with a good quality of life. They believe health is impacted by one's access to resources and that the health of the county could be better.

The most significant health issues for the communities were:

- Mental health – leads to physical health issues, kids experiencing trauma, violence, homelessness, poverty
- Substance misuse – Drugs, vaping, smoking, tobacco
- Healthy eating/nutrition – obesity, diet, diabetes, food insecurity, expensive healthy foods
- Access to healthcare – lack of people taking care of themselves, transportation, access to physicians, poverty
- Active living – sedentary lifestyles, lack of exercise, need more walking trails
- Education
- Housing
- Traffic accidents
- Feeling safe on the east side of town
- Non-compliance with doctors to improve health conditions

If given a magic wand and no resource restrictions, the participants selected the following solutions to improve health.

- Increasing outdoor spaces
- Access to care
- Children – affordable childcare, education for pre-teens and highschoolers regarding their health and wellness
- Increasing transportation
- Education – teach people how to take care of themselves
- Resources – free supplies for those in poverty, more low-income housing
- Trying to build an industry in Paragould for people to work in
- Eliminate drugs



Photo Credit: Arkansas Methodist Medical Center

Health Status Data, Rankings, and Comparisons

Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Greene County ranked 14th out of 75 Arkansas counties ranked for health outcomes (1= the healthiest; 75 = unhealthiest), and 19th for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment. To become the healthiest community in AR and eventually the nation, Greene County must close several lifestyle gaps.

County Health Rankings suggested the areas to [explore for improvement](#) in Greene County were:

- higher adult smoking
- higher percentage of adult obesity
- higher uninsured
- lower percentage of high school completion
- lower percentage of some college
- higher percentage of violent crime

The [strengths](#) were:

- higher food environment index
- lower percentage of excessive drinking
- lower preventable hospital stays
- higher flu vaccinations

When analyzing the health status data, local results were compared to AR, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). For additional perspective, AR was ranked the 48th healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better)

AR [challenges](#) were:

1. High premature death rate
2. High prevalence of multiple chronic conditions
3. High prevalence of cigarette smoking

The [strengths](#) were:

- Low prevalence of excessive drinking
- High supply of primary care providers
- Low percentage of households experiencing severe housing problems

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the data below, such as: causes of death, demographics, socioeconomic, consumer health spending, and primary research. If a measure was better than AR, it was identified as a strength, and where an indicator was worse than AR, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red titles, and strengths were denoted with green titles for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Arkansas's counties every year since 2003.



Photo Credit: Arkansas Methodist Medical Center

Rankings and Comparisons of Health Status

In most of the following graphs, Greene County will be navy blue, AR will be purple, U.S. will be teal and the 90th percentile of counties in the U.S. will be blue.

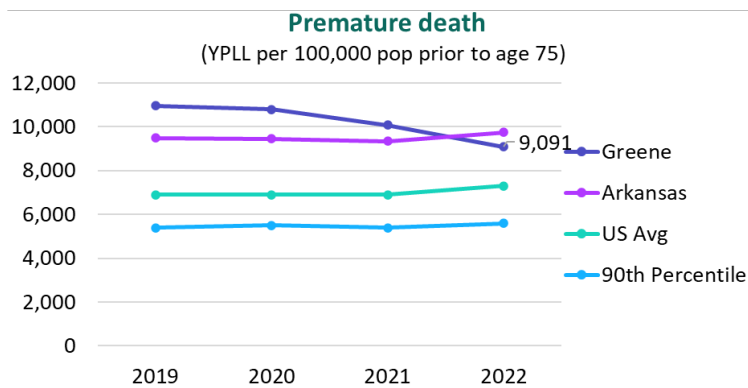
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Greene County ranked 14th in health outcomes out of 75 Arkansas counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Greene County ranked 16th in length of life in AR. Greene County lost 9,091 years of potential life per 100,000 population which was lower than AR but higher than the U.S.

Greene County residents can expect to live 3.4 years less than the average U.S. resident.



Life Expectancy
(Average number of years a person can expect to live)

2018-2020	
Greene County	75.1
Arkansas	75.5
US Avg*	78.5
90th Percentile	80.6

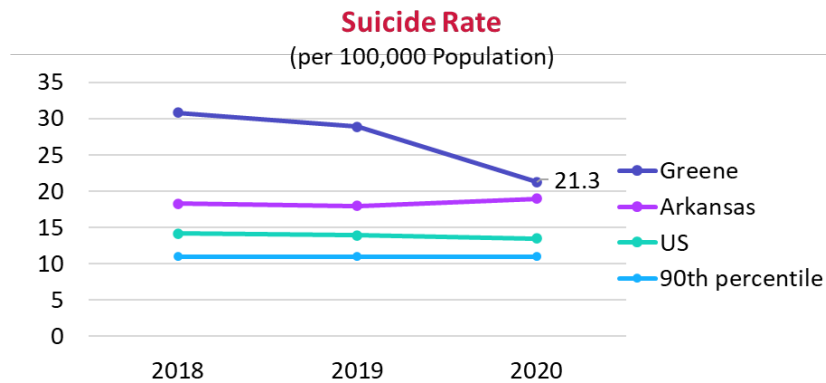
*Due to impacts of COVID, life expectancy in the US decreased 1.8 years from 2019.

Source: County Health Rankings; National Center for Health Statistics - Mortality File 2018-2020

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Greene County	Arkansas	US
Heart Disease	188.2	222.5	168.2
Cancer	178.9	163.8	144.1
COVID-19*	34.0	90.2	85.0
Accidents (Unintentional Injuries)	51.0	58.0	57.6
Strokes	53.1	43.5	38.8
Respiratory Diseases	93.0	60.4	36.4
Alzheimer's	37.7	45.6	32.4
Diabetes	38.4	33.8	24.8
Influenza and Pneumonia	25.7	18.1	13.0
Nephritis, nephrosis	26.1	18.7	12.7
Liver Disease	13.7	14.9	13.3
Suicide	21.3	19.0	13.5
Hypertension	NR	10.9	10.1

Rates in red represent higher death rates higher than AR. The leading causes of death in Greene County were heart disease, cancer, respiratory diseases, strokes, and accidents.

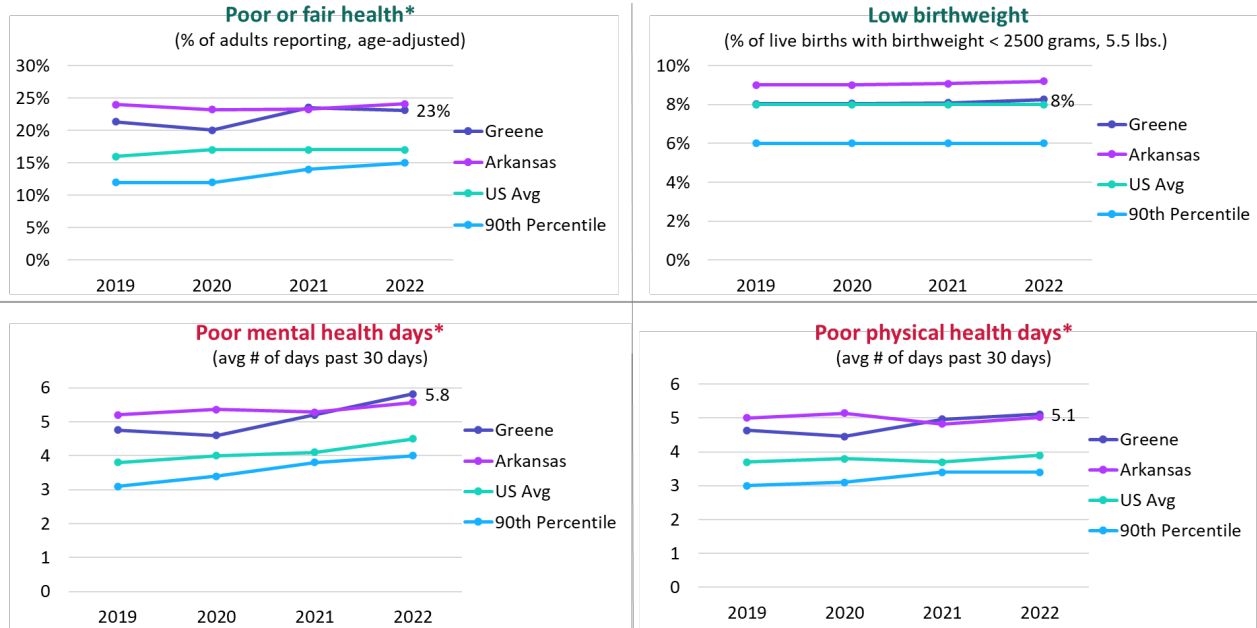


Greene County's suicide rate was above AR and the U.S.; however, the trend has declined.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Greene County ranked 22nd in quality of life out of 75 Arkansas counties.



*Beginning in 2022, the CDC updated their modeling procedure for producing small-area estimates. 2022 should not be compared to prior years.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019
Source: County Health Rankings; National Center for Health Statistics – Natality files (2014-2020)

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Greene County ranked 19th in health factors out of 75 Arkansas counties.

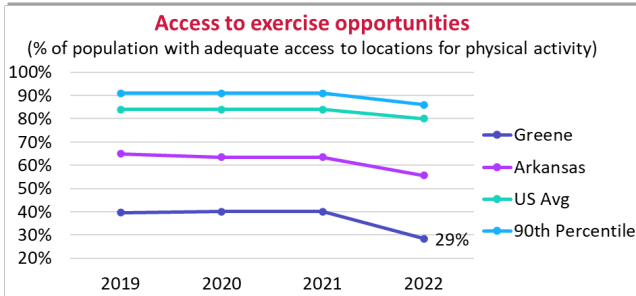
Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Greene County ranked 32nd in health behaviors out of 75 counties in Arkansas. Although Greene County's percentage of obesity was 34%, which is high, the percentage was lower than AR. Greene County's health behavior issues are physical inactivity, access to exercise opportunities, smoking, excessive drinking, and teen birth rate.

Adult obesity
(% of adults that report a BMI of 30 or more)

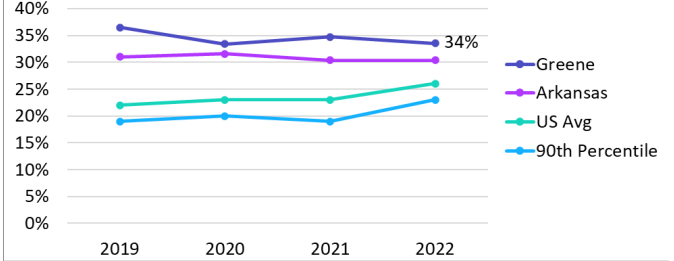
2022	
Greene County	34%
Arkansas	38%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.



Physical inactivity

(% 20 yo and older reporting no leisure time physical activity)



Adult smoking

(% that report every day or "most days")

2022	
Greene County	24%
Arkansas	21%
US Avg	16%
90th Percentile	15%

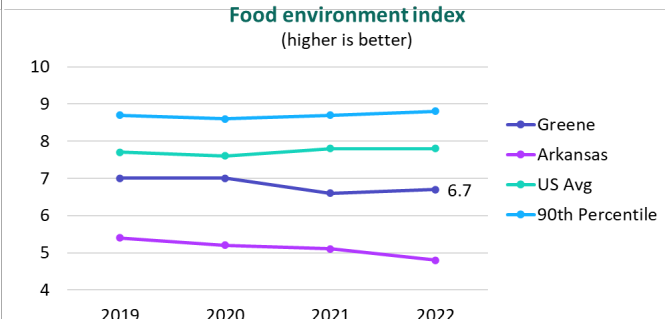
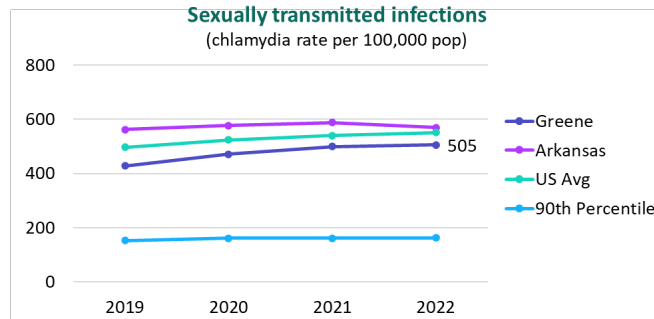
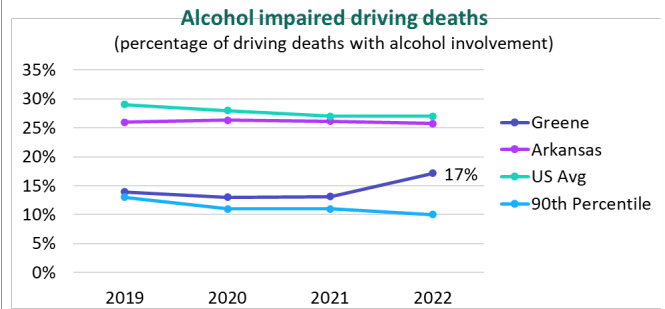
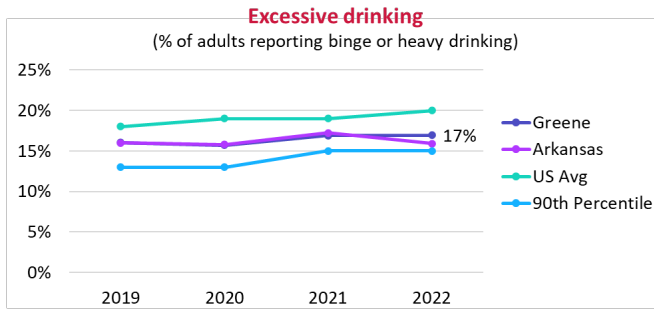
In 1965, 45% of the US smoked

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019

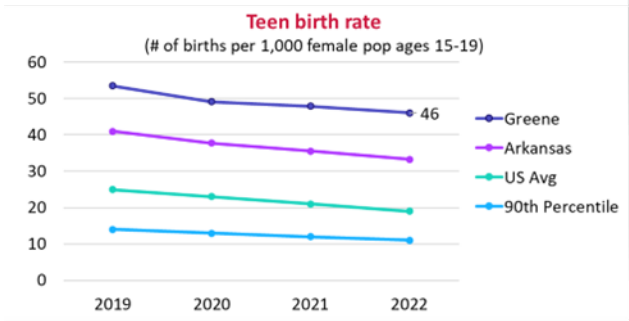
Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019



Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019
 Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020
 Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019
 Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate
 (# of births per 1,000 female pop ages 15-19)

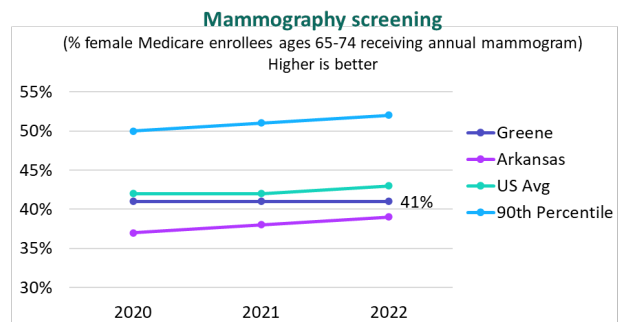
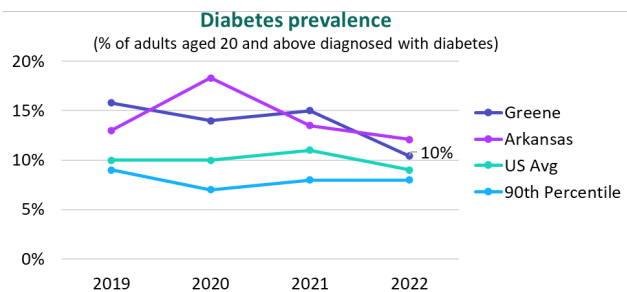
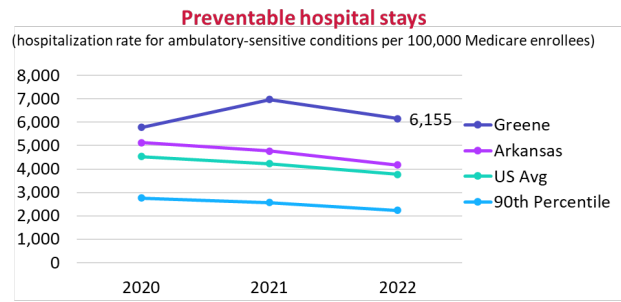
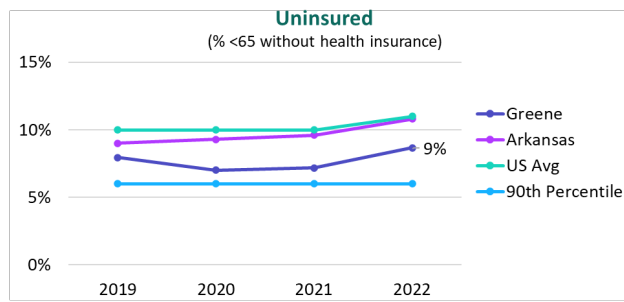
Greene County	2021
Asian	NR
Black	47
Hispanic	68
White	45

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

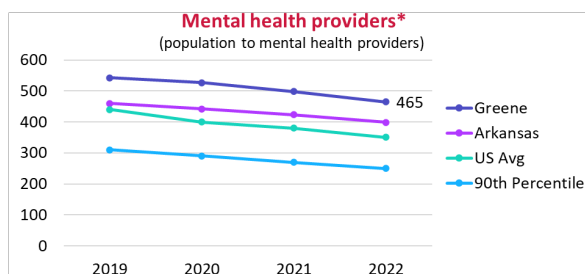
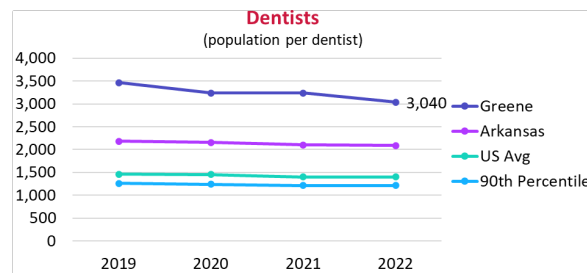
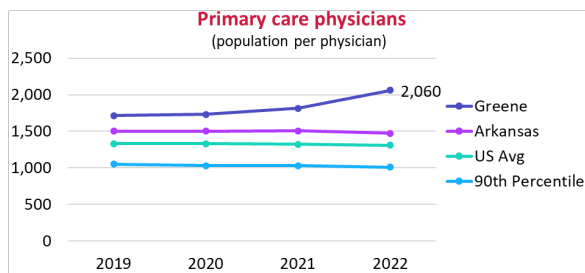


Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Greene County ranked 27th in clinical care out of 75 Arkansas counties. The clinical care issues are preventable hospital stays, high population to primary care physicians, dentists and mental health providers. Although Greene County had a higher percentage of flu vaccinations than AR, the COVID-19 vaccination rate was lower than AR.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019
Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



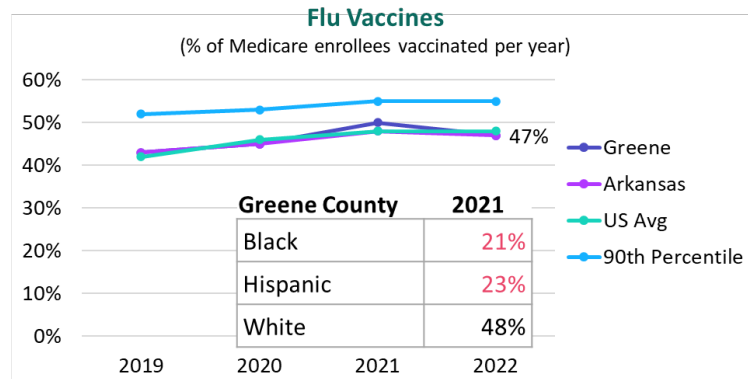
Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019
 Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020
 Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021
 Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

Vaccination Rates

COVID-19 Vaccination Rates

Geography	% Fully Vaccinated
Greene County	45%
Arkansas	57%
U.S.	67%

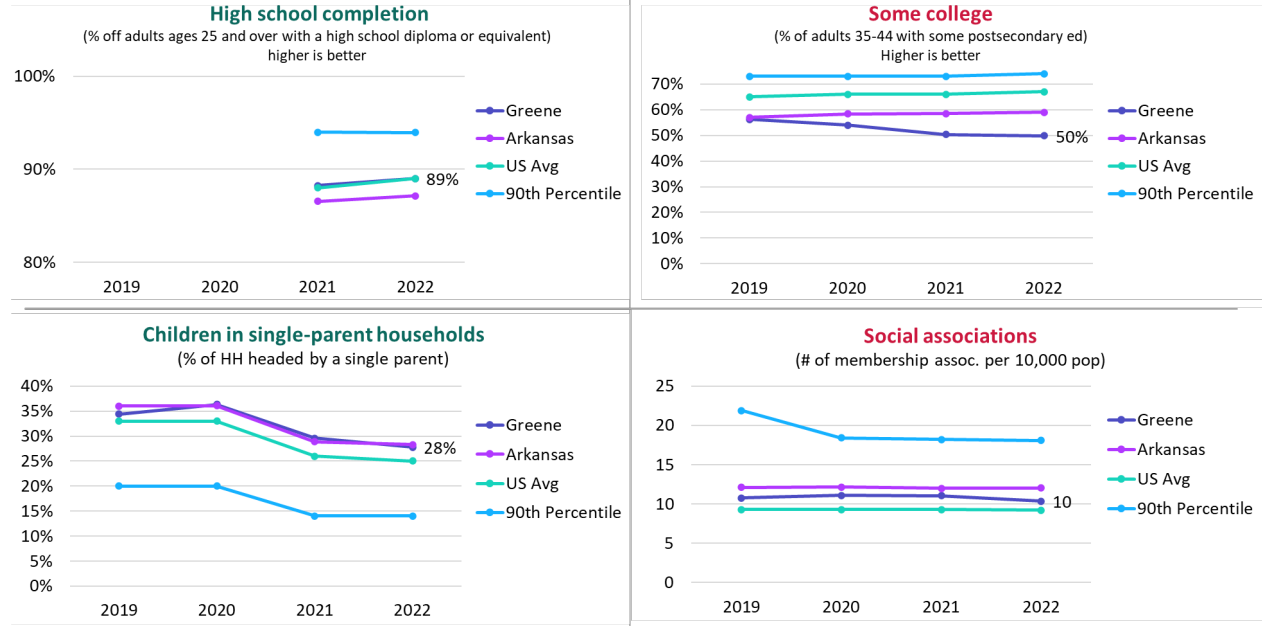
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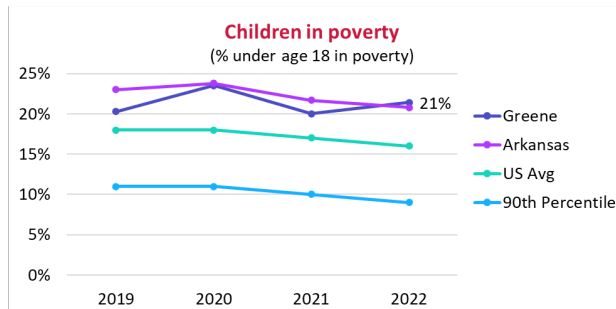
Source: covidactnow.org

Social and Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Greene County ranked 21st in social and economic factors out of 75 Arkansas counties. The social and economic opportunities for improvement were some college, social associations, and the higher percentage of children in poverty.



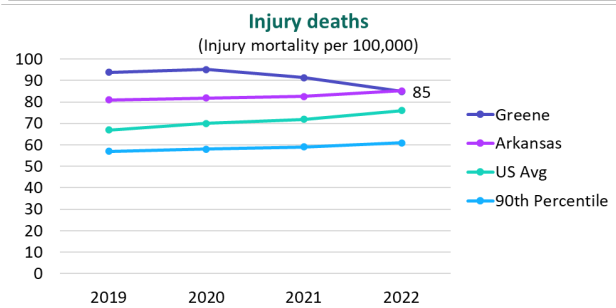
Source: High school completion— CHR, American Community Survey, 5-yr estimates, 2016-2020
 Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.
 Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020
 Source: Social associations - CHR; County Business Patterns, 2019



Children in poverty
(% under age 18 in poverty)

Greene County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	NR
Hispanic	7%
White	21%

72% of children are eligible for free or reduced-price lunches 2020-2021, compared to 66% for AR



Injury deaths
(Injury mortality per 100,000)

Greene County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	NR
Hispanic	NR
White	NR



Source: *Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020*

Source: *Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020*
Source: *Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016*

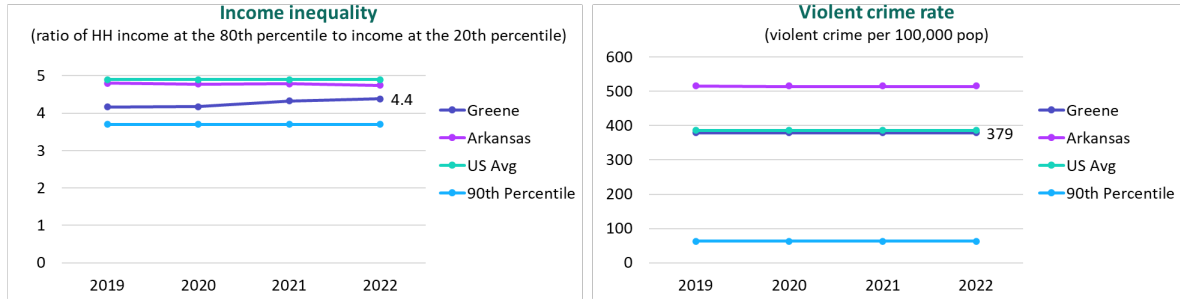


Photo Credit: Discover Paragould

Physical Environment

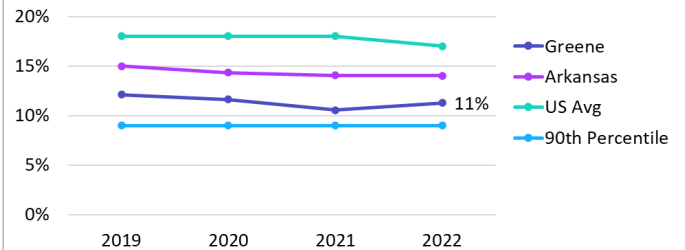
Physical environment contains four measures in the category and accounts for 10% of the county rankings. Greene County ranked 10th in physical environment out of 75 Arkansas counties. The concern was long commute-driving alone.

Drinking water violations

	2020	2021	2022
Greene County	No	No	No

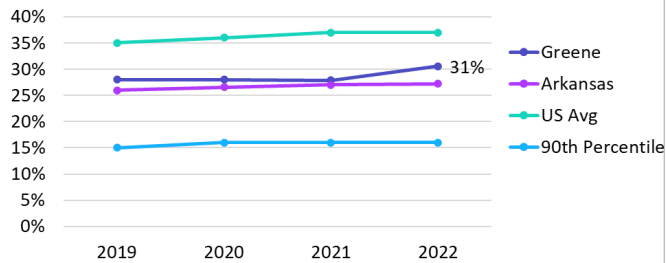
Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



Broadband access

(% of households with broadband internet connection)

	2022
Greene County	81%
Arkansas	77%
US Avg	85%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2018 Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020

Summary of Most Significant Health Needs from all Sources

Below is a summary of the significant health needs identified by the community in 2020, Greene County Health Department, secondary data, and the interview responses. The health issues are color coded across the sources for easier analysis. The community used this analysis to prioritize the most significant health issues in the county at the community health summit.

2020 CHNA	AR Dept of Health	Secondary Data	Interviews
- Mental Health and Substance Use Disorder	- Vaccines/Infectious disease	- Adult smoking	- Mental health
- Obesity- Healthy Eating and Active Living	- Access to care	- Adult obesity	- Substance use
- Chronic Diseases - Diabetes and High Blood Pressure	- Public Health Workforce development	- Physical inactivity	- Healthy eating/nutrition
- Teen Pregnancy/Sexually Transmitted Diseases/Low Birth Weight Babies	- Health education	- Some college	- Access to care, cost
- Socioeconomics	- Social determinants of health	- Provider capacity	- Active living
- Access to Care	- Addiction/Mental Health/Suicide	- Excessive drinking	- Health education
	- Maternal and Infant Health	- Teen birth rate	- Housing
	- Obesity	- Preventable hospital stays	- Transportation
			- Chronic diseases/health issues – HBP, heart disease, diabetes
			- Poverty
			- Parenting skills





Photo Credit: Paragould Regional Chamber of Commerce

Results of the CHNA: Prioritized Health Needs

Prioritization Criteria

The hospital leadership reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it?

Most Significant Community Health Needs

The community participants at the community health summit reviewed the community health information and used the criteria above to prioritize the health needs in the community.

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three votes and voted via Mentimeter.

- Chronic diseases – heart disease and diabetes -18
- Mental health- suicide - 16
- Substance use, including tobacco - 13
- Healthy weight – healthy eating/active living – 13
- Socioeconomics – poverty, living wage jobs – 8
- Access to care, including cost – 5
- Social determinants of health – housing – 4
- Health education – 2
- Formal education – high school, college – 2
- Parenting skills – 1
- Teen pregnancy – 1
- Neglect and abuse - 1

Community Health Summit Brainstorming

Once the stakeholders had prioritized the most significant health issues, the table groups discussed what might be done to improve the health issue. The attendees brainstormed solutions for the top six issues. Below are notes from the brainstorming session.

Significant Health Need 1: Chronic diseases (heart disease and diabetes)

Goal 1 – Decrease hospital readmission rates for diabetes and heart disease

Action 1 – Revamp inpatient and outpatient education upon discharge spending more time with them while in the hospital not just upon discharge

Action 2 – Refer ED patients to primary care providers (from a list) and provide them a list of urgent care facilities for more urgent needs

Action 3 – Increase internal resources to see newly diagnosed diabetics and heart failure patients for automatic nutritional consults

Resources/Collaborators Needed: Quality department, Diabetes educator, education department

Goal 2 – Re-create a chronic disease management clinic focusing on keeping people well

Action 1 – Identify an area to create a chronic disease focused clinic

Action 2 – Identify practitioners to staff the clinic

Action 3 – Assess the need for transportation to and from the clinic

Action 4 – Generate an order for patients to receive a follow-up phone call to schedule a visit to the chronic disease clinic

Action 5 – Track compliance of follow-up appointments versus re-visits/admissions

Resources/Collaborators Needed: Grant writers, Pathways, Four Rivers, Bridges

Significant Health Need 2: Mental Health

Goal 1 – Recognize the symptoms of depression and anxiety

Action 1 – Provide mental health resources at public Health Fairs

Action 2 – Provide mental health resources to employers when doing health fairs onsite

Resources/Collaborators Needed: AMMC, employers, mental health agencies and providers

Goal 2 – Address mental health issues in the school system

Action 1 – Provide mental health programs for students at schools, include parents

Action 2 – Explore using county health and other government resources to aid in the treatment of student's mental health issues

Resources/Collaborators Needed: School systems, educators, mental health agencies and providers

Significant Health Need 3: Substance use (including tobacco)

Goal 1 – Reduce Greene County tobacco usage by 3% to equal the state percentage in 18 months

Action 1 – Increase awareness through education. Identify and promote free state and local community resources.

Action 2 – Partner with local health care providers. Identify and partner with regional resources such as Better Breathers.

Resources/Collaborators Needed: Schools, marketing, media, radio, health fairs, providers

Goal 2 – Reduce Greene County tobacco usage to below state levels within 36 months

Action 1 – Create multi-part school-based education program carried out with community-based campaigns.

Action 2 – Utilize clinical tools and resource systems to help who already smoke, manage nicotine addiction

Action 3 – Promote the regulation of tobacco products

Action 4 – Support and enforce clean air standards

Significant Health Need 4: Healthy weight

Goal 1 – Develop at least one community garden within 1 year using raised beds

Action 1 – Determine location, supplies, what to grow

Action 2 – Build planters and provide nutrition and cooking education.

Resources/Collaborators Needed: Extension service, school districts, community groups (Master Gardeners, Parks & Rec, Senior Bees, Farm Bureau)

Goal 2 – Create a community get up and go move program for Fall

Action 1 – Create a website based on the Walk Across AR program

Resources/Collaborators Needed: Parks & Rec, Extension Service, Health department, Businesses, State Parks, AMMC

Significant Health Need 5: Socioeconomics

Goal 1 – Provide health education

Action 1 – Create a rewards program for following recommended health changes, e.g. attending diabetes program

Resources/Collaborators Needed: DHS, Mission outreach, Hospital, Health Dept., volunteers

Goal 2 – Provide life education

Action 1 – Develop a life skill center with the goal of breaking the poverty cycle

Action 2 – Teach how to manage money, job interview, be a good employee,

Resources/Collaborators Needed: Churches, schools, City and County, community

Significant Health Need 6: Access to care (including cost)

Goal 1 – Improve access to underserved communities

Action 1 – Acquire a mobile health unit for screening and education

Resources/Collaborators Needed: Crowley’s Ridge Development Council, local healthcare facilities, community liaison, volunteers, CANOPY at NWA.

Goal 2 – Improve access to vulnerable populations

Action 1 – Expand insurance coverage. Utilize a Medicaid expert to help enroll people.

Action 2 – Utilize community leaders in the minority communities to gain trust and break through cultural barriers

Resources/Collaborators Needed: Churches, non-profits, volunteers, providers, insurance experts

Impact of 2020 CHNA and Implementation Plan

The 2020 Community Health Needs Assessment and Implementation Plan had a positive impact on Greene County. Each need was addressed, but there were definitely some setbacks due to Covid. While healthcare tackled unexpected challenges due to Covid, AMMC was able to continue quality programs and services. Our team of experts were able to take care of our community's Covid needs while continuing the services that make our hospital thrive. AMMC was a leader for our community during this time and continues to make the safety of our patients, visitors and staff a high priority.

AMMC was able to promote healthy living and address obesity by hosting health fairs at local businesses. Our team was able to participate and promote the Diabetes Glow Run and Race for the Cure. Allison Hitt, APRN and Callie Talley, APRN have joined AMMC and are certified in weight loss. AMMC is supportive of community initiatives such as the 8 Mile Creek Trail, community health fairs and opportunities to speak at civic and educational organizations. Our team is working with Greene County Parks and Recreation to do screenings on the 8 Mile Creek Trail for senior citizens on May 31 – which is National Senior Citizen Health and Fitness Day. AMMC has been a leader in promoting healthy living and will continue to tackle this issue for years to come.

Substance abuse remains constant in Greene County, but AMMC took leadership roles to bring awareness to this issue. Our providers are informed on substance abuse and have a plan to help local families. Our team works regularly with local officials to provide information on drug and alcohol abuse, and this collaboration will continue to help provide hope for our families affected.

AMMC addressed access to care by applying for grants that help with transportation. We were able to receive several grants from First United Methodist Church to purchase gas cards for families in need. Mission Outreach and AMMC have also collaborated in the past to provide services for their occupants. The Family and Women's Health and Urgent Care building opened in October 2019 to provide extended-hours care for our community.

Mental health issues continue to increase in our community. AMMC has taken steps to improve these services by serving on the Opioid Task Committee, providing information on suicide prevention, and working with local schools and businesses through health fairs. Our providers work with our social services department to provide the best possible care for those struggling with mental health issues.

AMMC addressed teen pregnancy through literature and will continue to provide information and services to our young people.

AMMC recognizes the chronic disease issues in our community. Several of our local providers presented information on social media and to local civic organizations. They provided information on issues such as heart disease, diabetes, and obesity.

AMMC is committed to providing quality care and programs to our community. AMMC provided expertise and safety for our community during Covid, and we will continue to be a trusted leader in local healthcare.



Photo Credit: Discover Paragould

Appendices

- Interview Results
- Community Asset Inventory

Interview Results

Seventeen community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in interviews on March 14 and 15, 2023, for their input into the community's health. Community participation in the interviews represented a broad range of interests and backgrounds. Below are notes taken directly from the interviews.

1. How do you define health?

- Wellbeing
 - Mental, physical, spiritual health, general wellbeing of a person
 - Overall wellbeing in the community, mental, physical, emotional, whole person
- Access to resources
 - People having resources to take care of themselves and their overall well-being
 - The ability to get what they need – housing, therapy, services, medications, etc.
- Ability to function
 - Be able to do what you want, perform daily functions, have a healthy lifestyle.
 - Ability of your body, mental and physical
 - Functioning at peak capacity – biologic definition

2. For the purposes of this Community Health Needs Analysis, the community is Greene County, generally, how would you describe the community's health?

- Needs improvement
 - Many people haven't been to the doctor in a while.
 - Have a lot of work still to do – heart disease.
 - 40% are healthy, significant portion challenged in their health
 - On average, some people don't have a good level of health.
 - Opportunities to have more engaging healthy lifestyles, lack of resources and knowledge.
 - Disparity – has to do with what people are able to do with themselves and level of education they have. There is a population at risk who have very little resources, housing and food insecurity. Hierarchy of need levels
 - Manufacturing – tough environment to work in
 - Lifestyle choices – drug use, tobacco use, diet, lack of exercise and activity combine to create a less than ideal atmosphere for a healthy population
- Average
 - Moderate – not good
 - Overall, average, 2 to 3 out of 5
- Good or better
 - Overall good – have doctors and amenities, health needs can be met by Health Dept, clinics, hospital, 7 or 8 out of 10 always room for improvement
 - Good as a whole, some people really care about taking care of themselves
- Varied
 - Diversity in health – lean towards a healthier environment than some cities. People take care of themselves. Some that pay attention to health and work to stay healthy, eat right, take care of themselves. Those with more resources pay more attention.
 - Wide range – general population seemingly well adjusted. There are so many things going on politically and socially that we can't control that contribute to well-being.
 - Healthy, and some are unhealthy. Some can't get the care they need based on financial situation. Healthcare is out of reach for a lot of people. Many are on the edge, not qualifying for assistance, but not able to afford insurance. Put off healthcare and results in being unwell. B grade

3. What are the biggest health concerns or issues for the communities today?

- Mental health
 - Mental health and can lead to physical health issues
 - Mental health – seeing kids experiencing trauma, violence, homelessness, poverty, huge in the schools and in the community
- Substance Use
 - Drugs and vaping – teens not understanding the issues with vaping
 - Drugs, smoking, tobacco use
- Healthy eating/nutrition
 - Lack of healthy lifestyle, diet, leading to childhood and adult obesity
 - The price of healthy living and eating is costly, not being able to get nutritious food, lack of a fresh market, especially in the county.
 - The easy option not the healthiest option – processed food and the cost of groceries have increased.
 - Food insecurity
- Access to care, insurance, and affordability
 - Lack of care, taking care of themselves
 - Transportation for elderly is an issue
 - Access to physicians and healthcare providers is a challenge.
 - The cost of going to the doctor is very expensive, Medicare Advantage plans are a scam, lack of insurance.
 - Poverty contributes to poor health status, not seeking care, medications
 - People put off seeking care and now in a catastrophic situation and results in extremely high-cost care
 - Difficulty finding physicians who will take new patients
 - Financial access to things that would improve their health – food, exercise, social connections.
 - People want to be healthy and would love to see a provider if they could afford it
- Active Living
 - Sedentary lifestyles leading to obesity
 - Driving culture – need a walkable community, no infrastructure to get there
 - Recently put in a walking trail, more opportunities for physical activity
 - Sidewalks not connected across the city
 - Diet, lack of exercise and activity – aren't necessarily seen as problems for the people impacted by them. Can lead a horse to water...
- Education
 - The school system and education are above average.
 - The level of education for all differs.
 - Always concerned about people being able to read, about being illiterate. Shouldn't be that way. We have to do better
 - Knowledge of options for nutrition, access to services, resources and physicians
- Housing
 - Housing is a challenge
 - Housing for seniors
- Disease correctable conditions due to lifestyle, diabetes
- Traffic accidents – distracted drivers
- Safe Haven boxes – don't have one in our city. We may consider having one
- Feeling safe on the east side of town. Doesn't feel safe

- Non-compliance – hypertension & diabetes supposed to take medication, but don't, can't afford it, etc.

4. What are the most important health issues facing various populations including medically underserved, low-income populations?

- Transportation
 - Don't have transportation.
 - Transportation issues – car not working is a crisis for the family, fragile environment, see a lot of pedestrians.
- Access to Care
 - Lack of healthcare, dental care
 - Working poor and Medicaid access to care, but insurance is expensive, will sacrifice insurance for food. Not a program to fix this.
 - Inability to get medical care – wait until they're really sick and rely on the ED as their clinic which is not the best system.
 - Access to healthcare for all constituencies – no one is turned away. Only so far to stretch resources that are available.
- Chronic disease/health issues
 - High blood pressure, heart issues
 - Struggling with back issues, some have worked a long time.
 - Diabetes
- Healthy eating/nutrition
 - Eating right – nutrition leading to obesity
 - Food insecurity - one of the biggest issues we deal with locally, access to food.
 - Access to healthy foods lacking, unhealthy eating habits, diet.
- Poverty
 - Finances are a challenge.
 - Cycle of poverty and can't figure a way out. All driven by economics. Choice of food is going to be bad if you have little money. Leads to obesity and health risks.
 - Need to help low-income individuals – invest more in helping people that didn't start on 3rd base and are still in the dugout. Haven't had a fair shake in life. Have groups to come in and help them make lifestyle choices and be self-supportive.
- Mental health
 - Mental health struggles - medication not taken regularly. Need to see a doctor to get on medication.
- Knowledge/health education
 - Don't know what resources are available – maybe people should know more about resources available.
 - If medically underserved, not trying to be served. Lack of knowledge of resources
 - Don't know what you don't know – health education.
 - Lack of knowledge or interest in exercise
 - Education about lifestyle including nutrition, having access to healthy food, cooking, knowing importance of that for health and well-being.
 - Don't consider healthcare a priority until they have severe issues, diabetes, obesity and costly at that point. If they had taken preventive measures earlier on, may have been avoided.
 - Bad choices, lack of priorities, not knowing any better
- Substance Use
 - Tobacco use
 - Inverse relationship between drug use and income, escape mechanism.

- People trying to get on disability and lots on disability in the shelter.

5. What are the most important health issues facing various populations including minority populations?

- Marshallese Community
 - Marshallese – multigenerational and families living together – more communication, hard to know what they need, keeping them connected to the community.
 - Vaping with the Marshallese population
 - Marshallese population on the east side of town – not sure what care is available.
- Cultural / Language
 - Cultural differences - Fail to use services available cultural issues.
 - Language barriers - keep them from getting assistance related to health, access to medical providers they can communicate with effectively.
 - Community getting more diversified and unprepared prepared to handle language and communication barriers.
- Mental Health, systemic issues
 - More mental health services, cultural awareness, and inclusivity towards minorities
 - Systemic issues – with certain populations everybody hits a bias. They take the brunt of racism in our culture. Problems cross culturalism
- Social Determinants of Health
 - Disparity among socioeconomic levels is not as much about race or ethnicity but around income.
 - Most on the lower socioeconomic scale
 - Food insecurity
 - Low income, living in worst areas, housing poor, taken advantage of
- Access to care
 - Barriers to getting healthcare, cost, lack of knowledge and education, language barriers, knowing what resources are available and who to call.
 - Having access to insurance
- Our community will continue to change, not a very diverse community and that’s not healthy.
- Truancy – many miss school on Fridays or Monday
- ESL classes in school and needs healthcare specific.
- Generally hard working, diligent and assimilate fairly well.
- No difference between minorities and non-minorities. Hispanic community, African Americans all the same

6. What are the most important health issues facing children?

- Parenting
 - Parents taking care of children, check-ups, and some do not, some kids don’t have support to participate in sports, or provide basic needs, food. School districts are trying to fill gaps.
 - Unstable home life
 - Neglect, uninvolved parents, lack of a loving home
 - Drug use around kids
 - Broken homes and must deal with two sets of families.
 - Sexual abuse, physical abuse
- Childhood obesity/ activity
 - Some are active and have a safe place to play, for some it is a challenge.
 - Childhood obesity – sedentary lifestyle, lack of exercise
 - Diet and activity, lack of exercise, more electronic online use

- Could do better with parks, walking trails, and activities for kids. Lack of things to do to stay out of trouble, healthy activities.
- Food insecurity/Diet, nutrition
 - Hunger, Food insecurity
 - Food insecurity for kids – school provides food.
 - Not at home prepared meals, fast food dependency, quick serve eating habits.
 - Diet, nutrition II, activity levels
 - Obesity – low activity levels
- Mental health issues/substance use
 - Mental health issues growing
 - Depression, bullying, social media – mental health of our teenagers, suicide.
 - Narcotics and their availability- drugs, smoking, vaping, substance use
- Access to Care
 - Access to pediatric care, dental care
 - Socioeconomically divided community in youth and children – less access to care and access to healthy food and exercise
- Education/Vocation
 - Education - the more children can be in good schools and learn the better
 - Make sure kids have a job when they graduate since not all kids are going to college.
- Vaccination situation parents who aren't as willing to have their kids vaccinated due to lack of education or ability to get vaccinated.

7. What are the most important health issues facing seniors?

- Mental health
 - Mental health, dementia
 - Fear of the unknown
- Access to care
 - Availability of certain physicians and prescription costs
 - Can meet most of their needs but need specialists.
 - Have transportation needs – can usually get those met.
 - Lack of resources, or knowledge to know what the resources are.
 - Ability to get to the resources, transportation.
 - Lack of in-home care options, supportive services or affordable facilities for assisted living and skilled care
 - Don't get care they need, high cost of assisted living & nursing home care.
 - Medicare Advantage plans deceptive and can't get care or get it paid for
- Food/Nutrition
 - Hunger, food shortages, food pantry, food insecurity
 - Ability to prepare healthy meals.
 - Waiting list for meals on wheels
- Support
 - Neglect, abuse
 - Loneliness, lack of having someone or some entity help them.
- Physical Health
 - Heart disease, blood pressure, strokes – chronic conditions
 - Culmination of choices made earlier in their life – lack of activity, improper diet.
 - Trouble getting around, not very mobile.
 - Physical health deterioration since the pandemic
 - Lots like to be active, so more activities for them.

- Frustrating knowing what resources are available, knowing what care is available, too much money for this, not enough money for that.
- Housing for seniors – Mini rise apartment for seniors 60 and above, let that lapse and it turned into a senior and handicapped home. Seniors don't feel as comfortable there now. The handicapped are in their 20s and 30s and have friends over and play poker, etc. The housing authority is in the east part of town. Where some people live is sad.
- Tobacco use

8. The community performed a CHNA in 2020 and identified priorities for health improvement,

- 1. Mental Health and Substance Use Disorder*
- 2. Obesity- Healthy Eating and Active Living*
- 3. Chronic Diseases - Diabetes and High Blood Pressure*
- 4. Teen Pregnancy/Sexually Transmitted Diseases/Low Birth Weight Babies*
- 5. Socioeconomics*
- 6. Access to Care*

What has changed most related to health status in the last three years?

- Mental health
 - Mental health has gotten worse.
 - Resources for mental health care are low, and don't have a good resource for that.
 - Mental health still a big issue and national problem
 - The number one issue is mental health in police department and in the ED.
- Obesity – Healthy Eating and Active Living
 - Obesity – a problem in all the south and Arkansas
 - Obesity has improved – begun a comprehensive trail system, farmer's market.
 - Fat belt because of our diet
 - Food provided to seniors may not meet their health needs and may not need, not most nutritionally valuable.
 - Have really worked on getting people places to exercise.
 - Active living improved due to the 8-Mile Creek Trail, applying for large grant to connect the trail to Jonesboro.
- Chronic disease
 - Chronic disease still an issue
 - Have made some strides in Diabetes resources and heart disease.
 - Chronic diseases are worse because people didn't get the care they needed.
- Access to care
 - Access to care is a huge challenge and has probably gotten worse. COVID has taken a toll on staffing for healthcare. Medicare Advantage goal is to remove money from the healthcare system and deny care and take advantage of elderly. Ambulance service has grown. Skilled nursing facilities are a huge challenge – hard to find an opening and hard to find a good one.
 - Access to care hasn't gotten worse.
 - Might debate access to care – 6th right position, maybe 4 or 5.
- Socioeconomics
 - Socioeconomic factors should be higher as well as access to care. Socioeconomics are tied with obesity because they go hand in hand.
 - Socioeconomics may have more of a disparity from poor to rich with little in between.
 - If you want a job in Paragould, AR no reason you couldn't get a job with health benefits. Unemployment is low and de facto minimum wage is \$15 per hour.
- Teen pregnancy

- Teen pregnancy not sure, but feel like it is still an issue.
- Teen pregnancy has improved. Options expanded to Paragould.
- Don't know about teen pregnancy.
- Don't see teen pregnancy in the top 5.
- Making strides with teen pregnancy, educating young people better
- Didn't hear farming accidents – seems like that is a bigger issue. Accidents – drowning always seem like issues.
- Don't hear as much about substance use.
- Order and validity
 - 1 and 2 are good, five and six move up, don't know about 3 and 4.
 - Same, maybe a little worse
 - May have gotten worse – due to COVID, stressed every facet of health and healthcare and the population, stressed the system.
 - Not a whole lot better – worse since the pandemic. Getting better now.
 - Some are valid and some have improved.
 - Still relevant. Maybe the order could change, add elderly care, move up access to care.
 - All still valid, none should be off the list.

9. What environmental factors have the biggest impact on community health?

- Outdoor infrastructure/built environment
 - Built an 8-mile trail, really positive. Safety on the trail with the cameras that link right into 911 Just opened 8-Mile Creek Trail – so many families, walking dogs.
 - Overall walkability score – 26 or 28, pretty low, sidewalks not sufficient
 - Lack of investment in sidewalks for people to walk to lunch. The current administration is good and trying to fix years of neglect. No sidewalk maintenance program has been in place.
 - Mayor wants to create more walking spaces, trails, embrace natural environment, sidewalks aren't connected, just stop, so need a sidewalk plan.
 - If don't have a vehicle, walking is a need. Maintain sidewalks we have.
 - Doing a walkability and pedestrian street plan to increase walkability.
 - Has green spaces, walking trail. 5 parks
 - High curbs downtown, hard to step up.
 - Paragould has made steps forward. More people out cycling, built a trail and is being used. Plans to expand the trail.
 - Reynolds Park – new pavilions so many people taking advantage of
 - Moving in the right direction. Walking paths, tennis courts, library, tracks, community center
 - Have not prioritized being a walkable city in the past and will take years to correct. Easier to drive than to walk
 - Lack of sidewalks, safe places to walk
- Housing – people get vouchers to move into housing but can't find landlords who take HUD. Housing that you're sad to see people live in. Have seen some of the poor conditions people live in.
- Transportation
 - Transportation and housing are issues – affordable housing, livable conditions, very difficult for many families
 - Transportation – just big enough to have the issues, but not big enough to have public transportation. It is very hard for some to get to their jobs.
 - Traffic accidents appears to be more recently, distracted drivers
 - Senior Bees Transportation is good, take meals out to the homebound
 - Transportation – no buses, no public transportation
 - Dependence on cars. People who don't have cars, have trouble getting around to access the things that will make them healthier. Need public transportation.
- Agriculture
 - Have a lot of farmlands here, may affect some people
 - Could be agricultural issues, burning of fields
 - Agriculture and chemicals used may impact health
- Attitudes
 - Paragould is very progressive after years of not being. Turning the tide
 - There is a segment that doesn't want Paragould to grow, wants the progression to stop. Don't think of it as a dead community but it would be. Health is connected to economic progress in the community. Industry looks for things to do in a community and hospital, boosts an economy and also drives health.
 - WIFI available, place for kids to go and do their homework
 - Violent crime rare, petty theft normal

10. What do you think the barriers will be to improve health in the communities?

- Education – health

- Education – making sure providers are educating the public and making sure the word is out on what’s available – social clubs, senior centers, churches, schools going into these organizations and making sure they know.
- Education – educating people, better decisions, earlier ages, motivating people to care about health
- Mindset/Motivation
 - Mindset – get people to change their perception of a progressive community and what that means to health, control the narrative, get buy-in from the community. Explain the benefits of health and the hospital. Education of the masses and spending as much as we can on public relations and let everyone know how important health and the hospital is.
 - Motivation to get up and get moving
 - Changing people’s mindset – getting them to buy in and believe. People have trust issues, immunization for COVID, so much misinformation. Must make sure we’re giving solid data with simple language.
 - Give people all the reasons, but until people need to see the need for a change, may not change. Promote healthy lifestyles, make it easier for activity and nutrition. Incentivize people to be healthy. Gym and fitness space has increased exponentially in the past years.
 - Public perception of people that exercise, progress, outside activities. They want to go back to the 1960s or 80s. Inactivity and obesity wasn’t what it is now. It’s an easier life now but breeds inactivity. Progress is like people from NY or California -- bad.
 - Challenge is lackadaisical approach and ability to change. Conservative community – building the 8-mile trail, was the most radical idea ever. Resistance to change. Comes from complacency. Very much a city of the haves and have nots. The haves know what’s out there and what’s possible and the have nots can’t make it past Greene County and don’t know what’s possible.
 - Political rhetoric and division need to be quelled, no middle anymore; can no longer agree to disagree. Contention. Misinformation gets put out. “If you’re not doing it for me, don’t want it done”
- Access to insurance and care
 - Insurance – being able to access insurance easier, DHS or state to state
 - Funding for healthcare systems, rural healthcare is struggling and so important to rural areas
- Hopefully COVID doesn’t spike.
- Socioeconomic factors – both personally and for the city, struggling financially
- Isolation that people have gotten in the habit of being more at home.
- Infrastructure, money, economics up in the air
- Staffing

11. What community assets support health and wellbeing?

- Healthcare
 - Hospital– important to keep it, huge for seniors and low-income population, conducts health fairs, goes to industries for health days, is supportive and has wellness center, good asset. We need to promote the facility & its resources. Hospital is upgraded and has excellent diabetes programs
 - St. Bernard's, NEA
 - Don't have to go to Jonesboro for things anymore
 - Diabetes educators – see them out and about more
 - Good first responders
- Not-For-Profits and Social Services Organizations
 - Mission Outreach – feed nutritious meals, food boxes
 - Christian Women's Job Corp – does a great job, provides bicycles for women
 - Various types of churches are stepping up to meet the needs of seniors.
 - Rotary, Kiwanis, ways to give back to the community.
 - Senior Bee Center– activities for seniors, fun, great asset
 - Schools – excellent education, backpack program for underserved kids, three public schools that do a fantastic job. Equip them with more tools to help people
 - Library
 - Area Agency on Aging
 - City Council and Mayor are proactive doing things to improve quality of life. To grow the community, have to have things people like. People are working together.
 - Have great NFPs and need more. Need more support from benefactors.
 - The Crossing Church does a good job of serving and providing services to the Marshallese.
- Outdoors, Parks, Community Center
 - Have 2 great state parks in the county – free to the public, maintained by the state. Both are on the west side of the county, playgrounds, walking trails, fishing, swimming. Have done a poor job celebrating the state parks. Magnify that we have 2.
 - Crowley's Ridge State Park
 - Wonderful city parks located in different parts of the city are being revamped
 - Reynolds Lake for fishing, nice park
 - Good parks – skate park, dog park, water park, handicapped accessible parks
 - Soccer fields, softball, kick ball
 - Walkable downtown, thriving, lots going on, no vacant buildings downtown, opened community pavilion for a farmer's market, 10 city parks, community center indoor aquatic center inexpensive, walking track, poured effort into team sports for youth. The lake, dog park connected to the trail and connected to a running track. The trail connects high school, downtown, fire station and 2 parks. Next leg will connect into two schools and neighbors.
 - 8-mile river trail – lots of mentions and it has security cameras
 - Community Center – walking track in and outside, pickle ball courts,
 - Parks and Recreation Department – parks throughout the city, improving, safe, clean, well-lit walking areas
 - The city has done a good job promoting good quality of life, walking, biking,
 - Parks and rec trying to enhance opportunities for team sports, softball, baseball, soccer complexes youth sports, will improve and have more kids involved
 - Community center - walking tracks, aquatic center in/outdoor, great resource
 - Water aerobics at the community center
 - Numerous retail gyms
 - Community Center installed new equipment and awareness of fitness.

- Community offers seniors opportunities to work out and exercise.
- Paragould Downtown Association provides more community events.
- Lots of free things for people to do.
- Tight-knit community and people are willing to help. Try to find resources and answers. Have to know who to call.
- Good spaces for social interactions

12. What, if any, health inequities exist in the community?

- Children
 - Broadband needs of the kids – didn't have Wi-Fi in city parks and kids had to log-in to school. Affected the low income more than middle and upper class.
 - Childcare remains a problem for single parents. Need good, affordable childcare.
 - Mindset of kids and how they get out of bad mindsets at home. Busted families, hard on the kids. Have resources available to the kids. Mental health assistance.
- Language/Cultural barriers
 - Immigrant populations – Hispanic, language barriers, ability to get insurance.
 - Minorities – increase in pacific islanders and haven't figured out how to assist them based on culture and language.
 - Marshallese because of their language barrier and cultural issues with not seeking care.
- Low income and uninsured
 - Those with lack of health insurance
 - Lower socioeconomic group, also people on AR Medicaid have more restrictions on what they have access to than commercial insurance, same for Medicare Advantage plans. Restricts access to care.
 - Affordability is a barrier to insurance. Can't afford health insurance, trade food & car for insurance. Expand assistance eligibility for families.
 - Low income didn't have as many outlets as the middle and upper classes. Community off of 4 lane highway and the only way to get there is to drive. If you have a parent who can take you there the only way to get there. Caters more toward kids with transportation. Great facility, hate the location.
 - Income creates inequities sometimes.
 - Economy and education – lower are more difficult, higher have better health.
- No inequities
 - No, don't think so. The Health Department available just like the hospital.
 - Not necessarily
 - Personal choice mainly

13. If you had a magic wand, what improvement activity should be a priority for the county to improve health?

- Outdoor spaces
 - Have more green space in and around Paragould, more outdoor activities.
 - Places for people of all ages to hang out, have lunch, leisure.
 - More walkability in town
 - Have urban hiking trails connecting businesses and neighborhoods, senior centers, and all parks.
 - Bike trails along the roads to ride safely.
 - Continue to provide infrastructure that facilitates active lifestyles.
 - Focus on connectivity and trails, if you have access to a safe place to get out and exercise and be in nature is the best medicine.
- Access to care
 - More mental health resources in schools, assessments
 - Make sure enough mental health resources and that no one is turned away.
 - Figure out how to deal with mental health. Stress pushes people into mental health issues. Do outreach to focus on mental health.
 - Make access to healthcare easier, make all doctor's office visits free.
 - Providing healthcare – AMMC is one of the smaller hospitals that will be struggling for survival due to Medicare Advantage plans paying celebrities with resources that should be going to medical care. Hospitals are struggling to get money from these huge insurance companies. Millions of dollars that should be reimbursed but aren't. The ability of local hospitals to provide healthcare is at risk. Working in Little Rock and the AHA nationally to address this, but it is a real problem.
 - Put millions into the hospital – retain good physicians, nurses. More funding to the hospital for programming. World class facility keeps them here.
 - Use the hospital & the clinics, staff with good doctors and staff and accessible by everyone for education, treatment, easy to get all of their needs met.
 - Make yearly health screenings mandatory, including dental care, mental health.
 - Hospitals would benefit from partnering with a larger hospital that has access to more specialty care. Bring more care to the local people here.
 - Have a mobile clinic (church vans used to go through neighborhoods to pick up kids) something like that to go to the people to get care due to transportation or distance.
- Children
 - Quality, affordable childcare
 - Parents to take care of their kids.
 - More education for pre-teens and high schoolers to know more about their health and wellness.
 - Kids have access to all types of activities.
- Transportation
 - Better modes of public transportation to get to Walmart and work.
 - Overall transportation system to get people around.
 - Increase capacity of trail system to become part of the transportation asset.
- Education
 - Health coaches to be an advocate and educator for families to help along the way their journey to health.
 - Educate people kindergarten through senior groups on the benefits of good health, dental health, vision, make sure people have the information about good healthcare and how to obtain it. Make programs and funding available.

- Take healthcare education to the city blocks, more outreach. To schools, to block parties in all neighborhoods. Taking education to them.
- There are good programs to focus on what we have in common than we're different. How do you get people to accept people different from them and come together.
- Resources
 - Free supplies for those in poverty, have the basics, know where to get check-ups.
 - Having money and the time to do the healthy things.
 - Resources or ways to help those with few resources.
 - Take for granted we have meals, but some don't take it for granted. Make sure people have hot meals each day.
 - If everyone had money for food and copay and a car to get to work, then that would help.
 - More low-income housing, apartments
 - Find answers for the elderly, what are my options when they can no longer be cared for at home. More support for caregivers
- Try to build industry in Paragould for people to work in. Some people won't work but can. To keep people from having to leave Paragould to work. Live, work play right here.
- How to make people care and respect for other people's things
- No drugs, all recovery

Community Asset Inventory

This section contains a list of community assets and resources relative to the most significant health issues that can help improve the health of the community and assist with implementation of the plan that accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. There is a form for making changes after the inventory at the end of this section.

Chronic Diseases (heart disease & diabetes)

Diabetes Resources

AMMC Diabetes Clinic
900 West Kingshighway
Paragould, AR 72450
870-239-7155

Paragould Family Care
5 Market Place
Paragould, AR 72450
870-236-4001

Paragould Wound Healing
4000 Linwood Drive
Paragould, AR 72450
870-240-8163

Heart Disease Resources

Arkansas Methodist Medical Center
900 West Kingshighway
Paragould, AR 72450
870-239-7000

NEA Baptist Clinic
4700 West Kingshighway
Paragould, AR 72450
870-936-7652

Mental Health

Counseling/Therapy Services

Elysian Counseling Services
5301 Linwood Drive Unit C
Paragould, AR 72450
870-919-3871

NextStep Counseling Services
1707 Linwood Drive, Suite G
Paragould, AR 72450
870-604-4455

517 North 14th Street Suite 4
Paragould, AR 72450
870-365-3881

Retrospect Counseling Center
2210 West Kingshighway Suite 3
Paragould, AR 72450
870-573-8033

Life Counseling
1024 West Court Street Suite B
Paragould, AR 72450
870-573-8092

The Best of You
221 West main Street
Paragould, AR 72540
870-573-8037

Hall & Associates
1905 Chateau Blvd
Paragould, AR 72450
870-236-2265

Substance Use (including tobacco)

The Agape House
4635 Hwy 135
Paragould, Arkansas 72450
870-586-0314

Arisa Health
#28 Southpointe Drive
Paragould, AR 72450
870-239-4222

Healthy weight (healthy eating/active living)

Healthy Eating Resources

Country Natural Health Food Store
1801 W Kingshighway # 5
Paragould, AR 72450
870-236-8009

Open Book Wellness Center



The Healthy Hub
1704 Linwood Drive
Paragould, AR 72450
870-236-4482

Active Living Resources

Paragould Community Center
3404 Linwood Drive
Paragould, AR 72450

Paragould Aquatic Center
3404 Linwood Drive
Paragould, AR 72450
870-239-7530

Downtown Nutrition
225 South Pruett Street
Paragould, AR 72450
870-586-3205

Rockin' Nutrition of Paragould
100 North Rockingchair Road
Paragould, AR 72450
870-243-6692

Parks

Paragould Labor Park Center
309 South 6th Avenue
Paragould, AR 72450

Harmon Park
309 W Northend Avenue
Paragould, AR 72450

Reynolds Park
3307 Reynolds Park Rd
Paragould, AR 72450

Bland & Threlkeld Baseball Park
1308 Carroll Road
Paragould, AR 72450

Socioeconomics (poverty, living wage jobs)

Paragould Housing Authority
612 East Canal Street
Paragould, AR 72450
870-239-8084

Sources

Chronic Diseases

<https://www.paragouldfamilycare.com/>

<https://www.stbernards.info/locations/paragould-wound-healing>

<https://www.myammc.org/services?serviceID=37>

Mission Outreach of NEA
901 East Lake Street
Paragould, AR 72450
870-236-8080

Crowley's Ridge Developmental Council Paragould
1 Centre 1 North
Paragould, AR 72450

Low-Income Apartments

Christopher Homes – Paragould
1612 South 9th Street
Paragould, AR 72450
870-239-8609

Access to care (including cost)

Arkansas Department of Human Services
809 Goldsmith Road
Paragould, AR 72451
870-236-8723

Medicaid/Medicare

AMMC Family Practice
1110 West Kingshighway
Paragould, AR 72450
870-205-2003

AMMC Fonicicella Medical Clinic
1000 West Kingshighway
Paragould, AR 72450
870-236-6930

AMMC Hines Family Practice
1300 West Court Street
Paragould, AR 72450
870-236-4100

Family Practice Associates
630 West Court Street
Paragould, AR 72450
870-236-6911

1st Choice Healthcare
#1 Medical Drive
Paragould, AR 72450
870-236-2000



<https://www.neabaptistclinic.com/specialties/cardiovascular-thoracic-surgery/>

Mental Health

<https://elysiancounselingservices.com/>

<https://www.nextstepofarkansas.com/>

<https://www.openbookwellnesscenter.com/>

<https://www.retrospectcounseling.com/>

<https://counselingarkansas.com/>

<https://bestofyounea.com/>

<https://www.lscihelp.com/our-locations/paragould/>

Healthy Weight (healthy eating/active living)

<https://www.facebook.com/CountryNaturalHFS/>

<https://www.facebook.com/healthyhubparagould/>

<https://www.cityofparagould.com/Facilities/Facility/Details/Community-Center-13>

<https://www.paragouldpolice.org/311/Aquatic-Center>

<https://www.cityofparagould.com/313/Labor-Park>

<https://www.paragouldpolice.org/390/Harmon-Park>

<https://www.cityofparagould.com/321/Reynolds-Park>

<https://www.cityofparagould.com/Facilities/Facility/Details/Bland-Threlkeld-Baseball-Park-15>

Socioeconomics

<https://www.paragouldhousing.org/>

<https://www.missionoutreachnea.com/>

<https://crdcnea.org/services-programs/human-services/utility-assistance>

<https://www.christopherhomesofarkansas.org/locations>

Access to Care

https://humanservices.arkansas.gov/contact-us/county-office-map/?_sft_counties=greene

<https://www.burchfieldfamilymedicine.com/>

<https://1stchoice-ar.org/locations/paragould/>

Change Form

To update or add information, complete the form below

Name of Organization:



Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Arkansas Methodist Medical Center Marketing Department - marketing@arkansasmethodist.org



Community Health Needs Assessment for Greene County

Completed in partnership with:



Arkansas Methodist
MEDICAL CENTER



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