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Introduction

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

Healthcare in 2022

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

Key Challenges Framing Rural Health Care Delivery in 2022.

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

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

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

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

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

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

Health Care Trends & Innovations in 2022 & beyond.

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

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

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

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

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

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

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

Relevant Data

State – Arkansas

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

Arkansas Health Strengths
1. Low prevalence of excessive drinking 2. High rate of high school graduation 3. Low percentage of housing with lead risk
Arkansas Challenges
1. High prevalence of multiple chronic conditions 2. High prevalence of two or more adverse childhood experiences 3. High prevalence of cigarette smoking
Arkansas Highlights
1. Food insecurity decreased 41% from 21.2% to 12.6% of households between 2011-2013 and 2018-2020 2. Flu vaccination increased 14% from 42.1% to 47.8% of adults between 2019-2020 3. Adults with a dedicated health care provider decreased 6% from 81.3% to 76.3% between 2018-2020

Arkansas Measures

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

Unemployment	++	5.0%	37
Food Insecurity	+	12.6%	42
Homeownership	++	65.5%	33
Homeownership Racial Disparity	+++++	29.1	7
Income Inequality	++	4.73	32
Education	++++	0.565	12
Fourth Grade Reading Proficiency	+	31.2%	42
High School Graduation	++++	87.6%	16
High School Graduation Racial Disparity	++++	10.6	12
Social Support and Engagement	+	-1.269	50
Adverse Childhood Experiences	+	22.5%	48
High-Speed Internet	+	84.1%	48
Residential Segregation – Black/White	+++	65	28
Volunteerism	+++	34.4%	27
Voter Participation (Average)	+	48.3%	50
Physical Environment	++++	0.303	12
Air and Water Quality	++++	0.338	19
Air Pollution	+++	7.2	23
Drinking Water Violations	+++	0.2%	24
Non-smoking Regulation	++	0.5%	40
Risk-screening Environmental Indicator Score	++	5,878,808	31
Water Fluoridation	++++	85.4%	20
Climate Change	•	•	•
Climate Change Policies	+++	1	28
Transportation Energy Use	++	9.5	32
Housing and Transit	++++	0.257	14
Drive Alone to Work	+	82.4%	44
Housing With Lead Risk	+++++	10.9%	9
Severe Housing Problems	++++	14.0%	19
Clinical Care	+	-0.586	43
Access to Care	+	-0.681	43
Avoided Care Due to Cost	+	12.9%	44
Providers	+	-0.940	47
Dental Care Providers	+	42.7	48
Mental Health Providers	+++	254.3	30
Primary Care Providers	+	216.1	44
Uninsured	++	9.1%	31
Preventive Clinical Services	+	-0.611	41
Colorectal Cancer Screening	++	71.4%	35
Dental Visit	+	57.0%	50
Immunizations	++	-0.420	38
Childhood Immunizations	++	73.6%	38
Flu Vaccination	+++	47.8%	22
HPV Vaccination	+	49.6%	44
Quality of Care	++	-0.300	39
Dedicated Health Care Provider	++	76.3%	32
Preventable Hospitalizations	++	4,198	35

Behaviors	+	-1.097	46
Nutrition and Physical Activity	+	-0.943	42
Exercise	+	19.3%	44
Fruit and Vegetable Consumption	+++	8.0%	25
Physical Inactivity	+	29.7%	47
Sexual Health	+	-1.003	46
Chlamydia	++	569.8	32
High-risk HIV Behaviors	+	6.3%	43
Teen Births	+	30.0	50
Sleep Health	++	-0.740	40
Insufficient Sleep	++	35.0%	40
Smoking and Tobacco Use	+	-1.880	48
E-cigarette Use	•	5.7%	•
Smoking	+	20.5%	48
All Determinants	+	-0.695	48
Health Outcomes	+	-0.798	46
Behavioral Health	+	-0.417	42
Depression	+	23.5%	45
Drug Deaths	+++++	13.2	6
Excessive Drinking	++++	16.1%	15
Frequent Mental Distress	+	17.8%	50
Non-medical Drug Use	+++	11.2%	26
Suicide	++	18.4	34
Mortality	++	-0.660	39
Premature Death	+	9,796	44
Premature Death Racial Disparity	++++	1.3	16
Physical Health	+	-1.082	46
Frequent Physical Distress	+	14.2%	48
High Health Status	+	48.8%	46
Low Birthweight	++	9.2%	38
Low Birthweight Racial Disparity	+++	2.0	27
Multiple Chronic Conditions	+	13.8%	46
Arthritis	+	29.5%	43
Asthma	++++	9.1%	18
Cancer	+	7.6%	44
Cardiovascular Diseases	+	12.2%	48
Chronic Kidney Disease	++	3.4%	38
Chronic Obstructive Pulmonary Disease	+	9.0%	46
Diabetes	+	13.2%	44
Risk Factors	+	-1.130	41
High Blood Pressure	+	41.0%	47
High Cholesterol	+	37.4%	47
Obesity	+	36.4%	41
Overall	•	-0.708	•

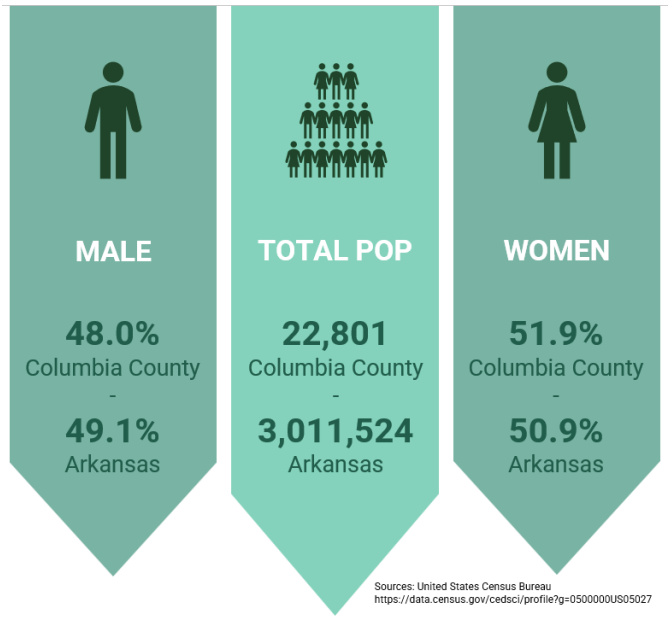
(America's Health Rankings, United Health Foundation; Arkansas Summary 2021, March 2022)

County – Columbia County

Columbia County is located in south Arkansas with its county seat being located in Magnolia. It was formed December 1852, from parts of Lafayette, Hempstead, Union, and Ouachita counties. Columbia was named from the time of the American Revolution and refers to the new American Nation, Derived from Christopher Columbus. The stately old courthouse surrounded by the large magnolia trees is a landmark. Each year Columbia County holds a Magnolia Blossom Festival that brings people from far and near to enjoy the activities. Columbia County is rolling hills with good land for farming and forests for timbering and cotton as a cash crop. Cattle and poultry are raised throughout the county along with pine tree harvesting. Industry provides most jobs in the county. Southern Arkansas University is located in the county and Logoly State Park is situated on 345 acres of forested coastal plain with 11 natural springs, a visitor center and amphitheater. Lake Columbia, the newest reservoir, is separated into zones, some for fishing, some for pleasure boating, and some with multiple facilities available for recreation. The population of Columbia County is 22,801 (US Census 2020)

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

General Demographics



Under 5 years	6.1% Columbia	6.3% Arkansas
Under 18 years	20.7% Columbia	23.3% Arkansas
18 years & over	79.3% Columbia	76.7% Arkansas
65 years & over	17.3% Columbia	16.9% Arkansas

United States Census Bureau
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Race & Ethnicity Demographics

Caucasian	African American	Two or more races	Hispanic/Latino	Some other race	Asian	American Indian & Alaskan Native	Native Hawaiian & Pacific Islander
58.6% Columbia	34.5% Columbia	3.7% Columbia	3.4% Columbia	2.1% Columbia	0.7% Columbia	0.3% Columbia	0.00% Columbia
70.0% Arkansas	15.1% Arkansas	7.0% Arkansas	8.5% Arkansas	4.5% Arkansas	1.7% Arkansas	0.9% Arkansas	0.5% Arkansas

United States Census Bureau
https://data.census.gov/cedsci/profile?g=0500000US05027

Income Demographics

Median Household Income		
$37,609 Columbia	$49,475 Arkansas	$64,994 United States

Families	Married-Couple Families	Non-Family Households
$47,754 Columbia	$63,355 Columbia	$23,299 Columbia
$62,067 Arkansas	$74,618 Arkansas	$27,792 Arkansas

United States Census Bureau
https://data.census.gov/cedsci/profile?g=0500000US05027

Poverty Demographics

Under 18	18 – 64	65 & Older	All People
32.7% Columbia	24.0% Columbia	15.2% Columbia	24.3% Columbia
22.0% Arkansas	15.5% Arkansas	9.8% Arkansas	16.1% Arkansas

United States Census Bureau
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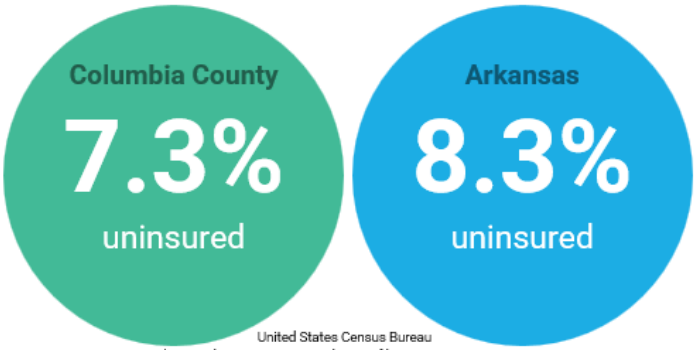
Insured Demographics



United States Census Bureau
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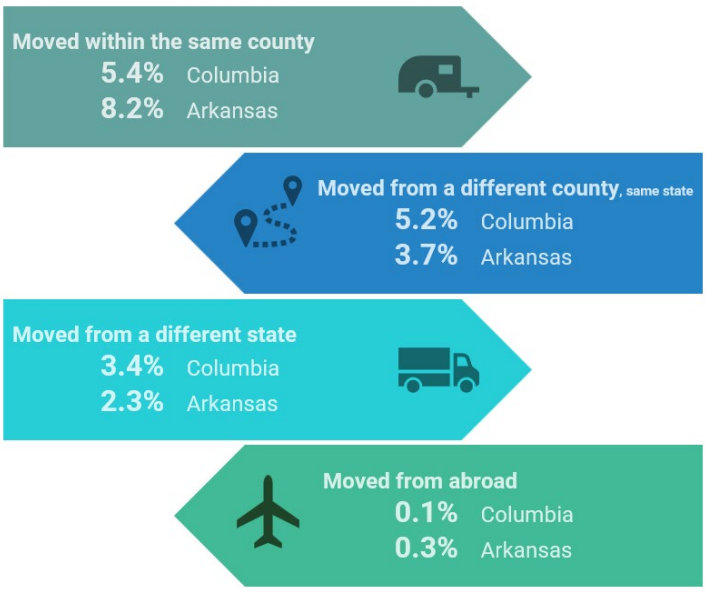
Migration Demographics



United States Census Bureau
https://data.census.gov/cedsci/profile?g=0500000US05027

Healthcare Provider Demographics

	Columbia	Arkansas	U.S. Top Performing (Counties)
Primary Care Physicians	1,680:1	1,470:1	1,010:1
Dentists	2,330:1	2,090:1	1,210:1
Mental Health Providers	520:1	400:1	250:1
Preventable Hospital Stays	4,065	4,178	2,233
Mammography Screening	38%	39%	52%
Flu Vaccinations	47%	47%	55%

Health Statistics

	Columbia	Arkansas	Top U.S. Performers (Counties)
Adult Smoking	24%	21%	15%
Adult Obesity	43%	38%	30%
Food Environment Index	6.5	4.8	8.8
Physical Inactivity	37%	30%	23%
Access to Exercise Opportunities	43%	56%	86%
Excessive Drinking	15%	16%	15%
Alcohol-Impaired Driving Deaths	33%	26%	10%
Sexually Transmitted Infections	950.7	569.8	161.8

Columbia County COVID-19 Statistics

Case Rate (data compiled July 25, 2022)	
Total Cases	69
Tests Performed (last 7 days)	91
% positivity	23.38

People Vaccinated	At Least One Dose	Fully Vaccinated	Fully Vaccinated + Booster
Total Population	13,968 (59.5%)	11,589 (49.4%)	4,036 (34.8%)
12+	13,601 (67.3%)	11,332 (56.1%)	3,988 (35.2%)
18+	12,711 (68.3%)	10,635 (57.1%)	3,933 (37.0%)
65+	3,742 (90.0%)	3,281 (78.9%)	1,820 (55.5%)

Topic Specific Data – Priorities

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

Public Health Concern: Mental & Behavioral Health

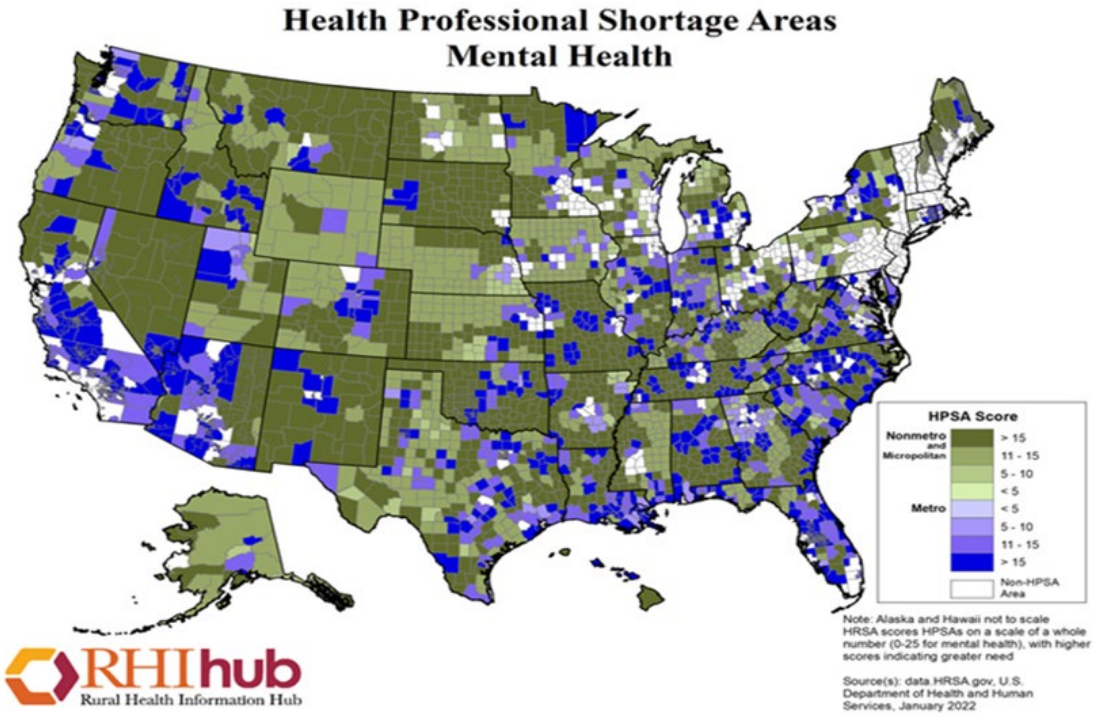
Even before the pandemic caused isolation, anxiety, fear, and depression rates to soar, mental health was one of the top concerns in the region (and nation). In a report released in April 2016 by the Arkansas Department of Health, suicide is the leading cause of injury-related deaths for Arkansans between the ages of 20 and 64 and the second leading cause of death among all other age groups (Suicide Statistics Among Arkansans from 2009 to 2014, Arkansas Department of Health, 2016). Suicide is a preventable cause of death. In October 2020, a local nurse at an ARHP member hospital called 80 inpatient facilities across multiple states before finding placement for a suicidal young adult. Sadly, the news of another completed suicide by a young adult with a full life ahead of them is becoming more and more common place. This is further compounded by a severe lack of inpatient behavioral health services available in the region (with only 1 inpatient facility accepting young adults of this age in the 19-county area). The need to increase access to mental and behavioral health resources in the South Arkansas is more important than ever. Below is a table of the current available resources in the service area.

Substance Use Treatment & Outpatient Behavioral Health Providers

County	Substance Use Disorder Treatment Facilities, 2022	Outpatient Behavioral Health Providers, 2022	Community Mental Health Centers that Serve County, 2022
Columbia	1	1	2
Hempstead	1	1	3
Lafayette	1	1	2
Miller	1	1	1
Nevada	1	1	1
Ouachita	1	4	1
Union	0	1	2
Total	6	10	12

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

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



COVID-19 is pouring fuel on the mental and behavioral health disaster fire in the region. ACHI recently reported that Arkansas' suicide rate increased by 41% between 2000 and 2018. The report also showed that the state had the 20th highest suicide rate in the nation (achi.net/newsroom.arkansas-suicide-rate-up-41-since-2000/). The incidence of social isolation and loneliness has been exacerbated during the pandemic due to stay-at-home orders, quarantine, and social distancing. A survey conducted by the CDC between June 24 and 30, 2020 found that one in four young adults (age 18 to 24) contemplated suicide because of the pandemic. More than 40% noted a mental or behavioral health condition connected to the pandemic. One quarter of young adults also noted that they had increased their consumption of substances as a coping mechanism for the pandemic (KHN Morning Briefing, August 14, 2020). In 2021, over a quarter (26%) of adults with a mental illness in Arkansas reported that they were not

able to receive the treatment they needed (Mental Health America, Adult Data 2021: Adult Ranking 2021). The need for targeted training, outreach, resources, and intervention for college students related to mental health and substance use has perhaps never been greater. A 2017 Rural Health Research Gateway Rural Health Research Recap, Rural Behavioral Health, compiles findings from several studies conducted by the Federal Office of Rural Health Policy (FORHP) funded rural health research centers. The publication reports that mental illness is more prevalent in rural areas than in urban communities. At the same time, there are fewer behavioral health providers and other services available in rural areas to help people get treatment and support. Without these resources, people may continue to experience symptoms that affect their relationships, ability to work, and quality of life. (RHI Hub). The region served by Magnolia Regional Medical Center is primarily a heavy industry around steel, lumber, aluminum, bromine, robber-coated products and fuel cells for military. Those working in these field are often exposed to exceptional working conditions including adverse weather conditions, long working hours, shift work, night duty, noise, vibration and poor ventilation. Workers in these fields also have a tendency of social isolation, lack of family support, high responsibility, workload pressure, fatigue and lack of sleep. According to the Oxford Academic Occupation Medicine, Volume 69, oil and gas industry workers appear to suffer from anxiety and depression more frequently than the general population. The timber industry which includes logging, has consistently been one of the most hazardous industries in the United States with a overall fatality rate 21 times higher than that of the US in 2010 (CDC NIOSH Logging Safety). So, it is clear the workforce in Columbia County and surrounding areas are faced with a great deal of stress, anxiety, depression, and sometimes PTSD due to work hazards and uncertainty. They face challenges related to their own stress, the health and safety of their families and employees, and a wide range of global or national-level concerns, such as disruptions to food supply networks and the food service industry. The COVID-19 pandemic has also been disruptive to the social lives of everyone, preventing some from attending church services and connecting with fellow residents at local cafes or venues.

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

Educators and community organizers have long been committed to addressing many of the challenges facing young people. From eliminating ineffective zero-tolerance policies

and replacing them with positive behavior supports and social-emotional learning strategies, research-based solutions are finding their ways into schools and communities where they are making a difference, according to Catherine Bradshaw, professor in the Curry School of Education and Human Development. "Unfortunately, many of these efforts have been slow to find their way into rural communities and schools," Bradshaw said. "Rural communities are unique and the students in these communities deserve more of our attention.

Public Health Concern: Elderly Insecurities

For many small towns and rural communities, the "graying" of America is both real and unmistakable. Approximately one in four seniors in the United States lives in rural America. And they would not have it any other way. They are the people that voice repeatedly to those in healthcare (that will listen) that they like having familiar faces around them; especially when they are ill. Home is where their families, friends, and yes, their pastor and church family reside.

Many residents across South Arkansas experience daily challenges, including poor infrastructure, poverty, unemployment, and lack of access to healthcare providers that negatively impact their quality of life and health outcomes. Younger residents looking for educational and economic opportunities often leave south Arkansas as the elder family members remain. This common scenario often leaves many seniors in the region even more vulnerable as they experience isolation, mobility constraints, and lack of access to needed healthcare, support, and enabling services (including healthy food for those with limited resources). These valued members of rural communities should be supported in their desire to age in place. However, aging in place in rural communities comes with unique challenges and opportunities. Although rural communities are home to a higher proportion of older residents, rural communities provide fewer services than metro core communities in categories such as: 1) Healthcare, 2) Housing, 3) Transportation; 4) Civic engagement, 5) Nutrition services, and 6)Social services. While rural areas offer many benefits, supporting aging in place may require more careful planning and coordination than in other settings.

According to Rural Health Information Hub, financial stability is a barrier for rural populations, and many older adults are burdened by the cost of paying for their housing. Rural seniors who cannot stay in their own homes for physical or financial reasons have fewer housing and rental options than seniors who live in urban areas. Rural seniors who rent their housing are more likely to experience problems with housing affordability than those who own their homes. This may make it difficult for rural older adults to stay in their community as they age.

The Rural Health Information Hub also sites that another important consideration for aging in place is access to transportation. In rural communities, the private automobile is the primary mode of transportation for more than 90% of trips. However, as older adults transition from the driver's seat to the passenger's seat, they must consider how they will travel to medical appointments, buy groceries, and take other trips. Social connectedness is associated with positive health outcomes. Finally, food insecurity is a problem that impacts the health and well-being of older adults.

Public Health Concern: Chronic Disease

The chronic disease burden in Arkansas is overwhelming- about 70% of all deaths in the state are a result of a preventable chronic disease- and chronic disease and their complications take their toll in draining the state's resources even further, both economically and in human terms, according to Dr. Namvar Zohoori the Chronic Disease Director at the Arkansas Department of Health. In the 2022 County Health Rankings & Roadmaps State Report provided by the University of Wisconsin Population Health Institute, Columbia County ranked #56 in Health Outcomes and #51 in Health Factors out of Arkansas' 75 counties.

	Columbia County	Arkansas	Top U.S. Performers (Counties)
Poor or fair health	27%	24%	15%
Poor physical health days	5.4	5.0	3.4
Low birthweight	11%	9%	6%
Adult Smoking	24%	21%	15%
Adult Obesity	43%	38%	30%
Physical Inactivity	37%	30%	23%
Teen births	25	33	11

Diabetes

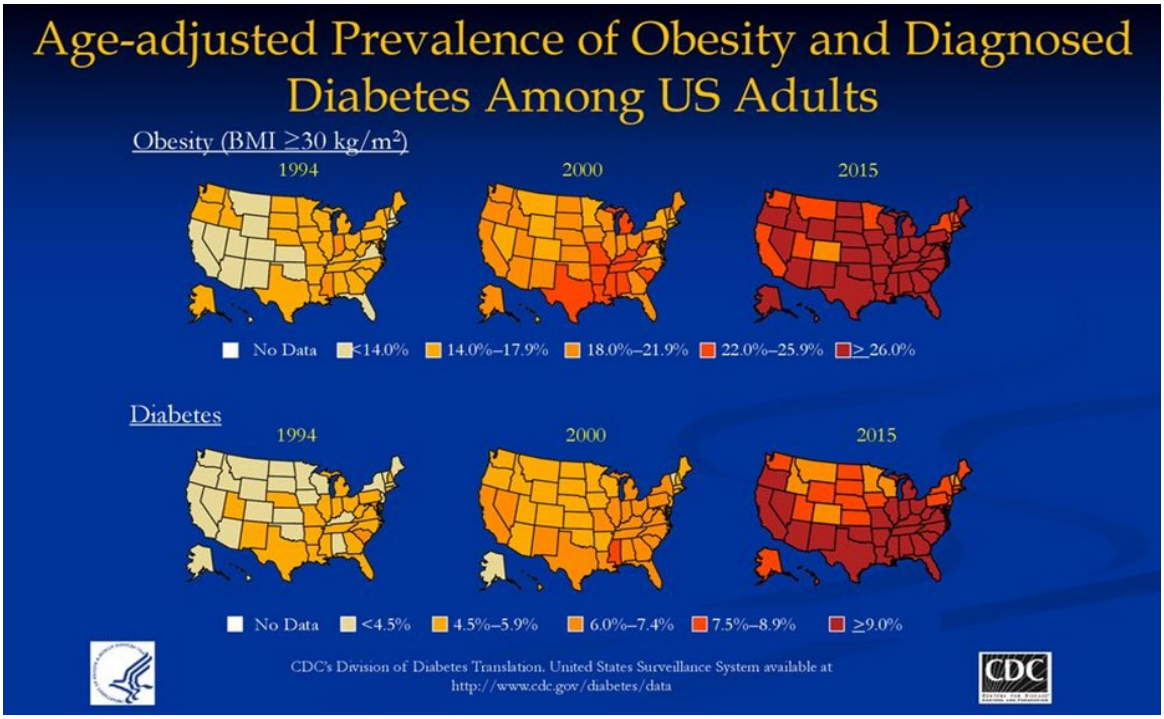
Diabetes was the nation's seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations and blindness among adults. Arkansans are increasingly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

Diabetes is an ideal target for prevention strategies as it is a major risk factor for other serious chronic conditions and can be managed through a combination of lifestyle modifications and health care interventions. Studies show that the onset of Type 2

diabetes can largely be prevented through weight loss as well as increasing physical activity and improving dietary choices.

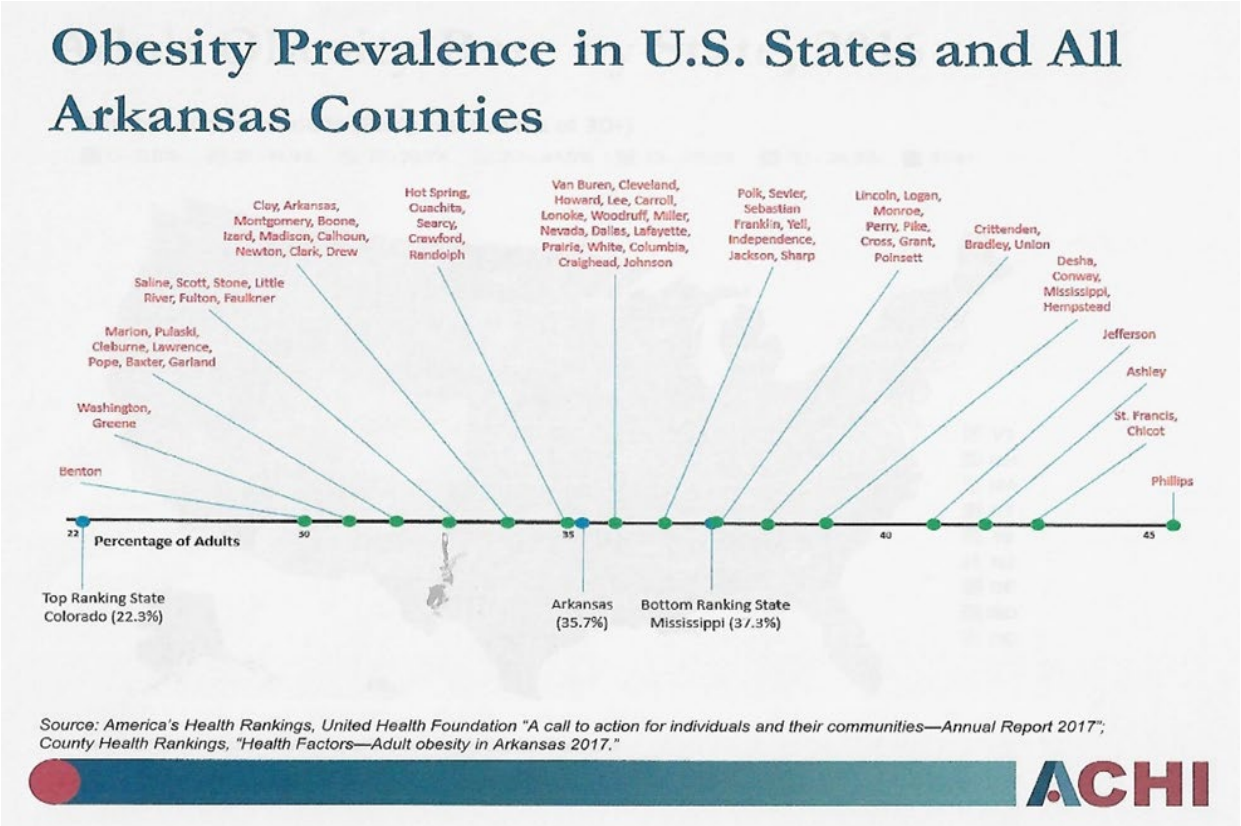
Obesity

In 2015, Arkansas had the highest adult obesity rate among all 50 states, according to a report on obesity from the Trust for America's Health and the Robert Wood Johnson Foundation. Nationally, more than 30% of adults are obese, a stark increase from 1980



when no state had a rate above 15%. In 1990, no state had an obesity rate above 20%. Now, obesity rates are at or above 30% in 22 states, according to the report. The upward trend in the prevalence of obesity and chronic disease resulting from obesity is staggering when visually depicted.

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



Heart Disease/Stroke

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

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

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure, cigarette smoking, and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and only about half of them have it under control. High sodium intake can increase blood pressure and the risk for heart disease and stroke, yet about 90% of American adults exceed their daily recommendation for sodium intake. The risk

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

Cancer

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

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

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

Living with Cancer, Arkansas 2013-2017 Combined					
Females			Males		
Cancer Type	# Living with Cancer	% Total	Cancer Type	# Living with Cancer	% Total
Breast	9,542	35.9%	Prostate	9,052	32.9%
Colorectal	2,397	9.0%	Colorectal	2,734	10.0%
Lung	2,226	8.4%	Lung	2,186	8.0%
Corpus Uteri	1,814	6.8%	Urinary Bladder	1,995	7.3%
Thyroid	1,331	5.0%	Melanoma of the skin	1,919	7.0%
All others	9,241	34.8%	All others	9,586	34.9%

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

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

About Our Hospital

Mission

To promote good health and provide quality health care with a qualified staff in a caring and compassionate manner.

Vision

To be a leader in our community by providing:

- The highest quality of healthcare services
- Preventative and health maintenance education
- An environment that empowers and enables a higher level of performance for our employees

Core Values – Our Code of Conduct

- **Dignity:** Respect for the worth of every person with special concern for the poor and underserved
- **Integrity:** Honesty, justice and consistency in all relationships
- **Excellence:** High standards of service and performance
- **Compassion:** Service in a spirit of empathy, love and concern
- **Stewardship:** Wise and just use of talents and resources in a collaborative manner

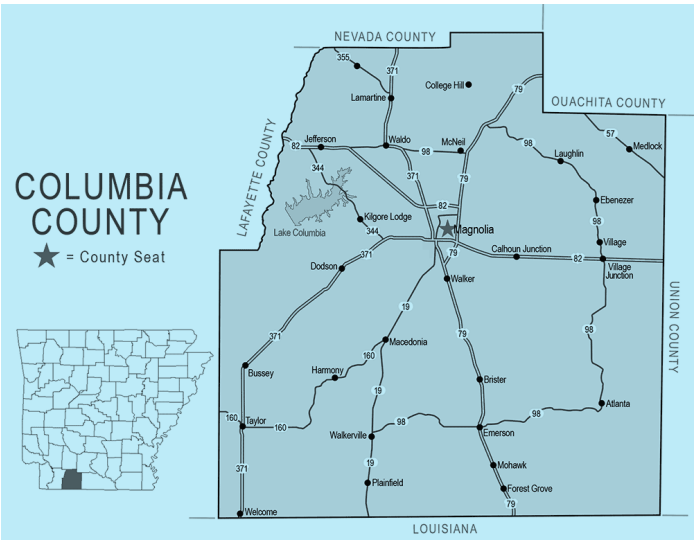
History

Magnolia Regional Medical Center became a non-profit Acute Care Hospital in October 2020. Prior to that, the hospital was owned by the City of Magnolia. The hospital has been in continuous operation since 1939 and is licensed to operate 49 beds. In February 2010, a new facility opened replacing the original 1939 building and additions. The hospital continues to serve a diverse population in Columbia County and a large part of Southwest Arkansas.

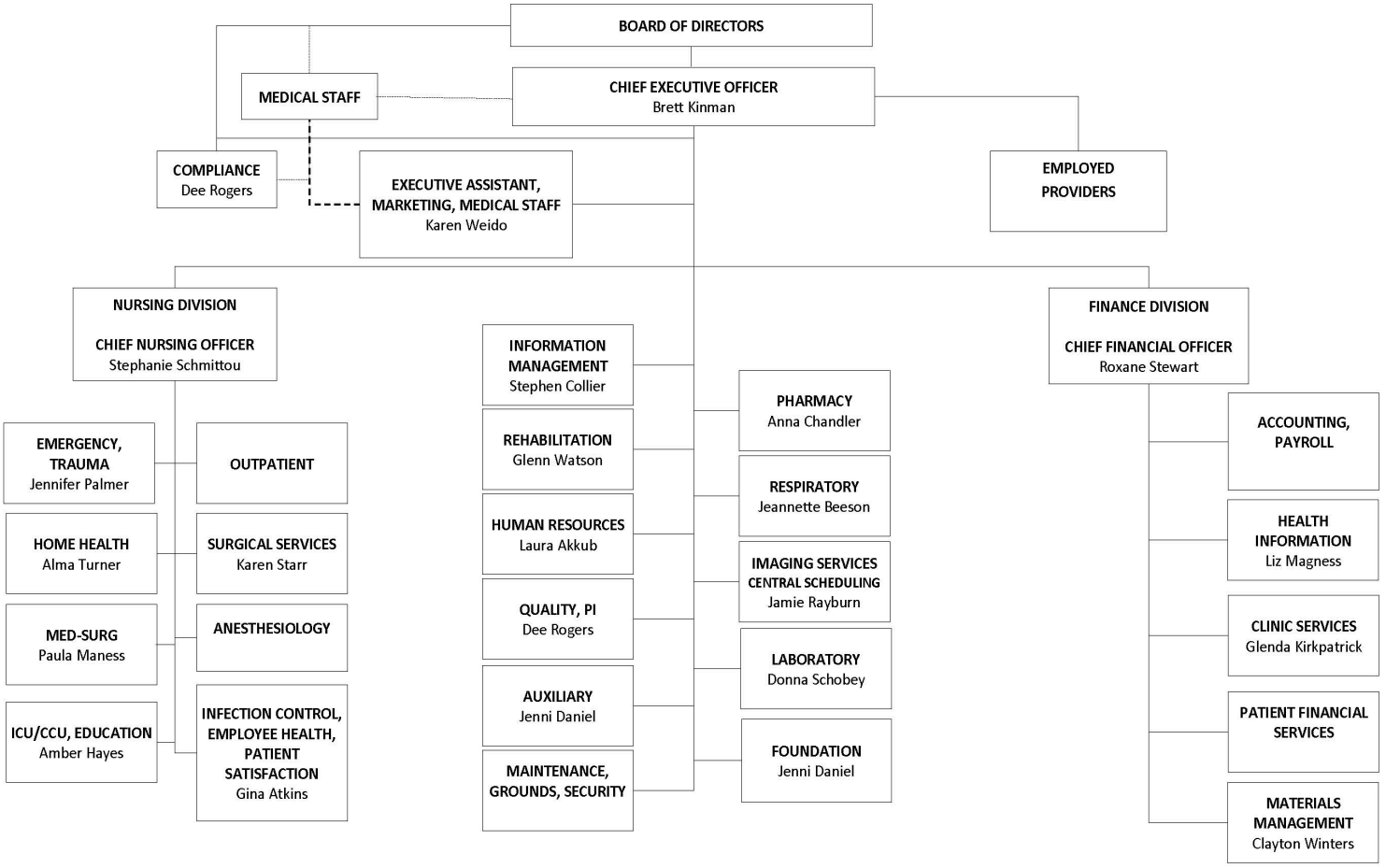
Magnolia Regional Medical Center is located near the center of the City of Magnolia, eighteen miles from the Louisiana border, in the southwest corner of the state. It serves as the sole community provider of medical care for a thirty-mile radius in Arkansas and a 20-mile radius across the state line into Northern Louisiana. The primary service area is Columbia County but receives patients from Lafayette, Nevada, Ouachita, and Union counties, as well as residents of Northern Louisiana.

Service Area

Magnolia Regional Medical Center's primary service area is Columbia County and its contiguous counties. The primary service coverage area includes all counties that border Columbia, including Lafayette, Nevada, Ouachita, Union, and Webster Parish, LA. These six counties have a combined population of approximately 201,651.



Hospital Staffing Chart



Hospital Governance

The seven-member Magnolia Regional Medical Center Board of Directors manages and oversees the Hospital and its rural health clinics.

2022 BOARD OF DIRECTORS	
DR. JOHN ALEXANDER, CHAIRMAN	**ANGIE GLASS, VICE CHAIRMAN**
Physician	Financial Advisor
TODD EMMERT, SECRETARY	**BRAD SMTIH**
Entrepreneur	Financial Advisor
JONATHAN BAIRD	**WALLY WOOD**
Bank Chief Financial Officer	Certified Public Accountant
SARAH WILLIAMS	
Bank Loan Officer	

Health Care Services

- Primary Health Care
- Emergency Department
- Home Health
- ICU/CCU
- Laboratory
- Medical/Surgical Unit
- Nutritional Department
- Pharmacy
- Radiology
- Respiratory
- Surgical Clinic
- Infusion Services
- Rehabilitation
- Audiology
- Orthopedics

Providers

Becky Pearce, APRN	Adult Medicine
Gary P. Anzalone, MD	Associated Pathologist's Laboratory
Jim Davidson, MA	Audiology
Harvinder Dod, MD	Cardiology
Dr. John E. Alexander, Jr., MD	Family Medicine
Andrea Spurling, APRN	Family Medicine
Chester Wynn, MD	Family Medicine
Christy Wust, APRN	Family Medicine
Harriet Alexander APRN	Family Medicine
James Chambliss, MD	Family Medicine
Ked Davis, MD	Family Medicine
Matthew Barnett, MD	Family Medicine
Mimo Lemdja, MD	Family Medicine
Rodney Griffin, MD	Family Medicine
Shawntel Price, APRN	Family Medicine
Fred Murphy, MD	Internal Medicine
John Franks, MD	Internal Medicine
Roger Scow, MD	OBGYN
Joe Hester, MD	Ophthalmologist
James Kevin Rudder, MD	Orthopedic Surgery
Brian Savage PA	Orthopedics
Jennifer Biddle APRN	Orthopedics
Kenneth Gati, MD	Orthopedics
Amy Cross, MD	Pediatrician
Jo Ann Clark, APRN	Pediatrics
Anselm J. Tintinu, MD	Surgical

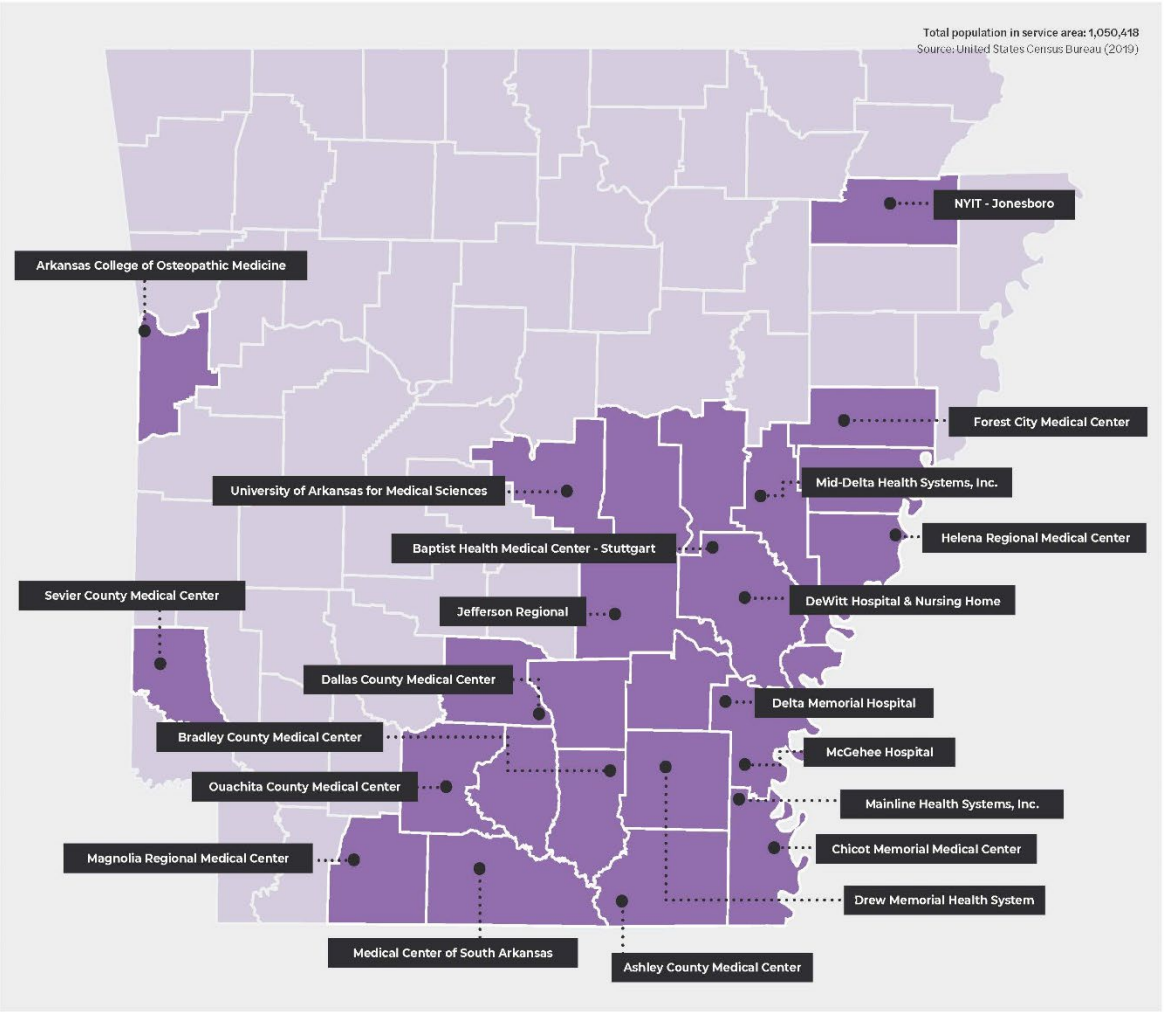
Other Area Providers

Major competitor providers in the service area are other primarily acute care hospitals in the region that offer similar services.

LOCATION	HOSPITAL NAME	MEDICARE CLASSIFICATION	# OF LICENSED BEDS	HOME HEALTH	DISTANCE FROM MRMC
Camden	Ouachita County Medical Center	Acute Care	98	Yes	35
El Dorado	Medical Center of South Arkansas	Acute Care	166	No	36
Hope	Wadley Regional Medical Center	Acute Care	79	No	38
Texarkana, TX	Wadley Regional Medical Center	Acute Care	370	No	52
Springhill, LA	Springhill Medical Center	Acute Care	58	No	26

Current Community Health Initiatives

The Arkansas Rural Health Partnership (ARHP) organization was founded to help local hospitals address the financial burdens of their individual organizations and work to provide health outreach to the region through funding opportunities.



ARHP SERVICE AREA

21 MEMBERS

consisting of 16 rural hospital members, 3 medical teaching institutions, and 2 FQHCs throughout south Arkansas.

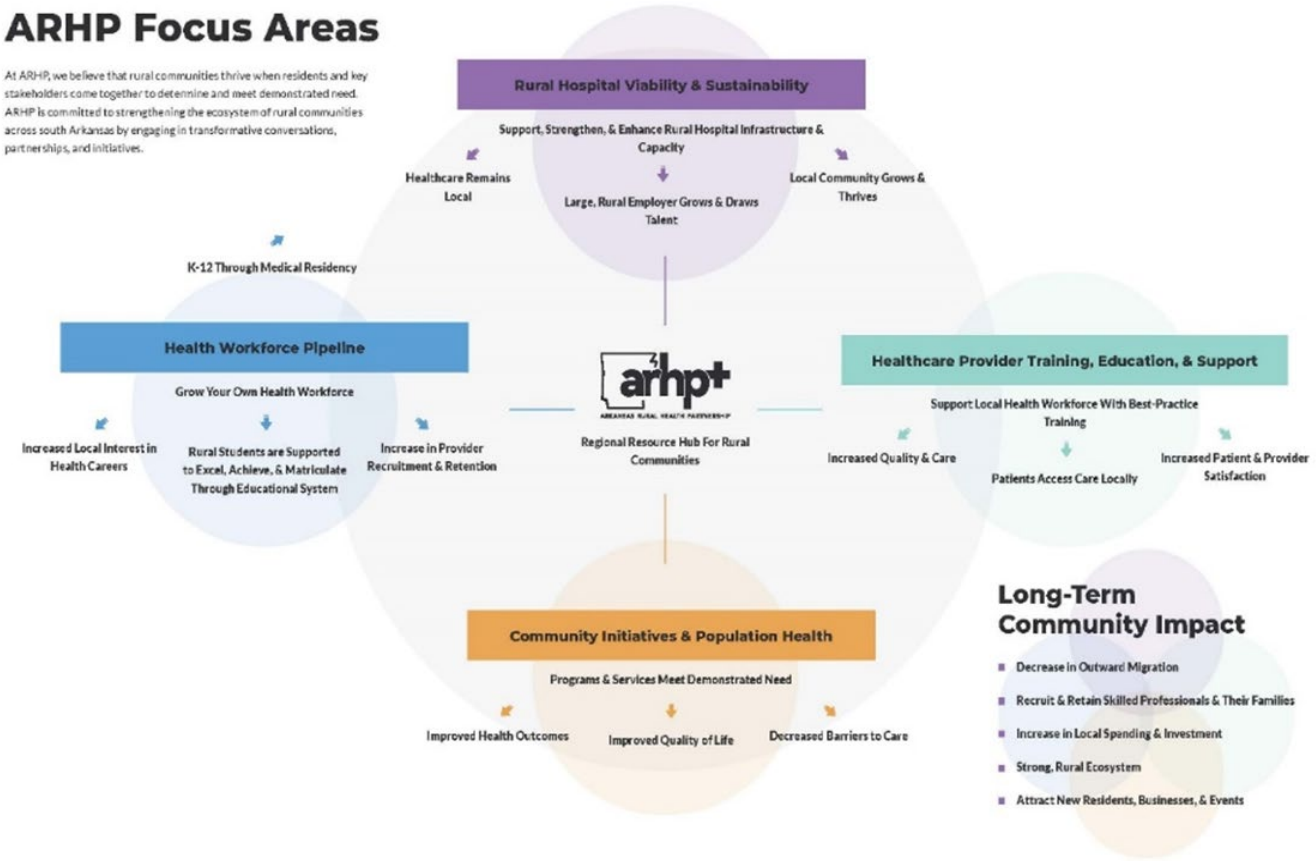
24 COUNTIES SERVED

The ARHP service area spans 24 counties throughout south Arkansas.

90+ MEMBER & AFFILIATE CLINICS

Together ARHP members have over 90 owned or affiliated clinics.

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



Healthcare Workforce Pipeline Initiative

- K-12 PIPELINE – "Grow your own healthcare pipeline" programs
- College Student Internships
- Medical School Preceptorship
- Rural Residency Training Track
- Connect to Tech Training Program in HIV & Behavioral Health Technology
- Regional Nursing Collaborative

Community Initiatives & Population Health

COVID-19 Resources

- Informational Videos
- Testing & Vaccination Efforts

Community Outreach

- **Enrollment Services** - Community Benefits Counselors **(Medicare, Medicaid, Prescription Assistance)**
- **Navigation Services** – Toll Free number to serve as a community health resource hub and connection point to local healthcare resources
- **The Good Food RX** – Coming Spring 2022, ARHP will launch The Good Food Rx, a cutting-edge food distribution center pilot for seniors (age 65+) with chronic disease experiencing food insecurity in Lake Village & Helena, Arkansas.

Behavioral & Mental Health Initiatives

- Behavioral Health Task Force
- Opioid Crisis Informational Video
- SUD linkage to services
- Community Education
- Mental Health First Aid (Adult & Youth)
- Focus Group: College Students & Professionals Serving College Students
- Focus Group: Youth Group Leaders & Youth

Rural Hospital Viability & Sustainability

- Distance Learning Education & Certification
- On-site Simulation Training & Certification
- Mental Health Education & Support
- SUD Education & Support
- Quality Improvement
- Professional Roundtables
- Telehealth Resource Centers
- ARHP Office

Healthcare Provider Training, Education & Support

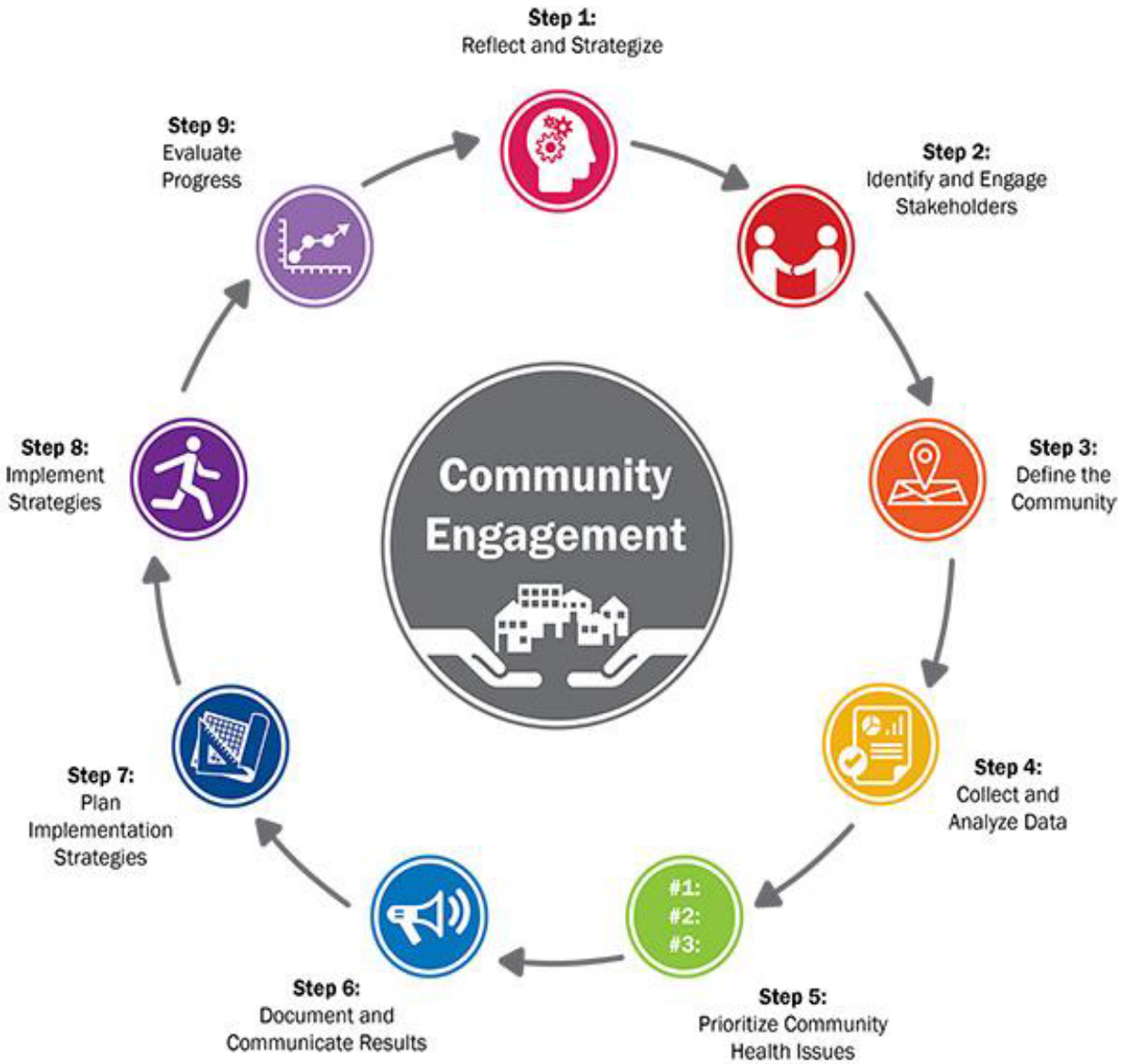
- Contract Negotiation Vendor Facilitation
- Professional Roundtables
- Staffing Agency Review/ Development
- Recruitment & Retention
- Healthcare Recruiter
- Member Job Board
- Clinically Integrated Network
- Consulting Services

- Billing & Coding Education
- Behavioral Health
- Swing Bed Program

2022 Community Health Needs Assessment

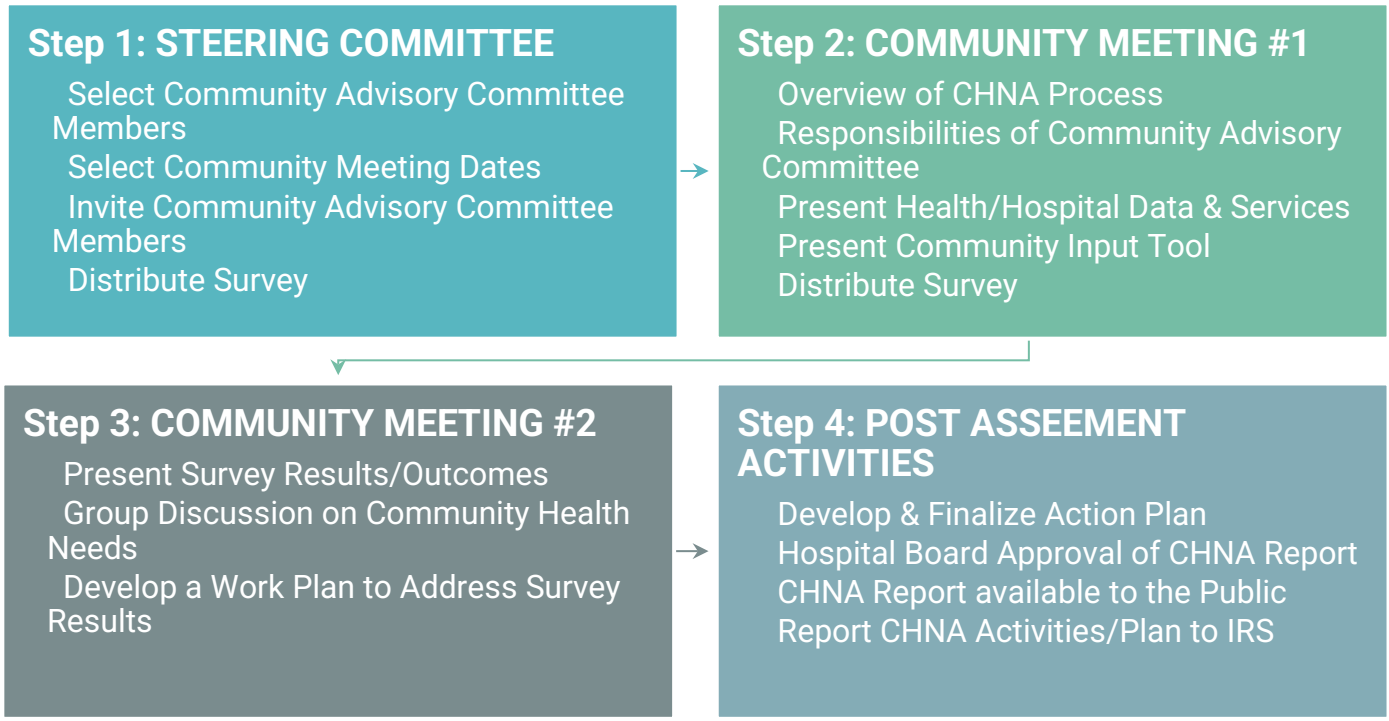
Community Engagement Process

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



CHNA Facilitation Process

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



Public input is essential in the development of a Community Health Needs Assessment. To begin the process, the Magnolia Regional Medical Center staff steering committee members convened with Mellie Bridewell and Lynn Hawkins of the Arkansas Rural Health Partnership to assess community member involvement. The Magnolia Regional Medical Center staff steering committee included Brett Kinman Chief Executive Officer, Karen Weido, Marketing Director, Medical Staff Coordinator, Executive Assistant, and Mellie Bridewell, President and Founder of the Arkansas Rural Health Partnership and Lynn Hawkins, ARHP Chief Officer of Membership who participated and provided assistance with organizing the community meetings as well as the development of the assessment and strategic implementation plan.

Due to the size of the service area, the steering committee chose to conduct their assessment through a focus group of community leaders and individuals in health-related fields. Approximately 50 Individuals from the community were selected for invitation to the focus group, or community advisory committee, by the Magnolia Regional Center staff steering committee. Those accepting the invitation – approximately 20 – attended the advisory committee's first meeting. A few additional advisory committee members, who were unable to attend the first meeting, joined the second meeting after being briefed.

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

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

Steering Committee

Brett Kinman	**Chief Executive Officer**	**Magnolia Regional Medical Center**
Karen Weido	**Marketing Director, Medical Staff Coordinator, & Executive Assistant**	**Magnolia Regional Medical Center**
Mellie Bridewell	**President & Founder**	**Arkansas Rural Health Partnership**
Lynn Hawkins	**Chief Officer of Membership**	**Arkansas Rural Health Partnership**

Community Advisory Committee

Name	Company	City
Amanda Newton	Columbia County Ambulance Service	Magnolia
Angie Glass	Former MRMC Board Member	Taylor
Denny Foster	Columbia County Judge	Magnolia
Glenda Kirkpatrick	MRMC	Magnolia
Jason Ray	Farmers' Bank & Trust	Magnolia
Jeff Prince	Prince Pharmacy	Magnolia
Krystal Goodwin	Magnolia Group	Magnolia
Larry Roach	Greater Harvest Church of God	Magnolia
Leah Smith	People's Bank	Magnolia
Mark Williams	Murphy's Jewelers	Magnolia
Molly Burns	Former MRMC Board Member	Magnolia
Sarah Williams	MRMC Board Member	Magnolia
Shermar Easter	People's Bank	Magnolia
Steve Nipper	Former MRMC Board Member	Magnolia
Brett Kinman	Magnolia Regional Medical Center	Magnolia
Jennifer Ray	LifeTouch Hospice	Magnolia
Joe Owens	Macedonia Baptist Church	Magnolia
Karen Weido	Magnolia Regional Medical Center	Magnolia

Results Overview

There were 69 completed surveys through the 2022 CHNA process. All of the results of the survey can be found in Attachment G: 2022 Magnolia Regional Medical Center Survey Results.

Top Issues Identified through CHNA Process
1. Mental & Behavioral Health
• Need to address stigma • Partner with local schools to provide education around mental and behavioral health
2. Elderly Insecurities
• Need education for the elderly and for their caregivers • Need help to identify resources/ services needed
3. Chronic Disease
• More education provided on diabetes, heart disease, cancer, obesity • More education on healthy lifestyles targeting the youth

2022-2025 Strategic Implementation Plan

Priority: Mental Health & Behavioral Health

Objective 1. Increase efforts for mental and behavioral health navigation, programs, and training opportunities
Activities: A. Provide more education and navigation to existing mental health and substance use disorder programs to youth, adult, and seniors. B. Continue to work with the Arkansas Rural Health Partnership to provide outreach and programs to reduce the stigma of mental and behavioral health issues in the service area, including the local schools
Objective 2. Continue to collaborate and build partnerships to increase mental and behavioral health services and programs in the service area

Activities:

A. Partner with other healthcare organizations, locally and statewide, to increase the capacity to provide additional mental and behavioral health services
B. Continue to participate in the Arkansas Rural Health Partnership's Mental/Behavioral Health Task Force.
C. Provide Mental Health First Aid to local schools, colleges, and community organizations through ARHP

Priority: Elderly Insecurities

Objective 1. Increase access to resources for the elderly and their caregivers

Activities:

A. Increase outreach and education efforts of available resources for the elderly and their caregivers. This may include, but is not limited to, support groups for caregivers, classes on dementia, healthy eating materials, etc.
B. Explore ways to assist in navigation of resources specifically those related to in-home preventative services for example, partnering with the university public health program department and with ARHP Community Benefits Counselors.

Priority: Chronic Disease

Objective 1. Continue to improve access to chronic disease management, programs, and services

Activities:

A. Provide more education on the importance of chronic disease screenings and where to receive them
B. Explore strategies to increase access to screenings at the hospital and with other providers
C. Provide screening and educational events throughout the community

Objective 2. Continue to provide patient navigation to chronic disease services, resources, and programs

Activities:

A. Explore ways to provide patient navigation and assistance services with the onsite social worker, ARHP Community Benefits Counselors/Community Health Workers and/or with local university public health program

Qualifications of the Report Preparer

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

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

About the Arkansas Rural Health Partnership

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

Documentation

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

Attachment A. Community Advisory Committee Meeting #1 Agenda

Attachment B. Community Advisory Committee Meeting #1 Attendance Roster

Attachment C. Community Advisory Committee Meeting #1 PowerPoint

Attachment D. Community Advisory Committee Meeting #2 Agenda

Attachment E. Community Advisory Committee Meeting #2 Attendance Roster

Attachment F. Community Advisory Committee Meeting #2 PowerPoint and 2022 Survey Results