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Introduction

Ashley County Medical Center Hospital (ACMC), a critical access hospital located in the City of Crossett in Ashley 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. Ashley County 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, ACMC conducts a survey assessing the needs of Ashley County residents and hospital stakeholders in the surrounding area. The assessment includes input from persons representing broad interests of the community served by ACMC, 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, ACMC'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. ACMC'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 Ashley County 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
<ol style="list-style-type: none"> 1. Low prevalence of excessive drinking 2. High rate of high school graduation 3. Low percentage of housing with lead risk
Arkansas Challenges
<ol style="list-style-type: none"> 1. High prevalence of multiple chronic conditions 2. High prevalence of two or more adverse childhood experiences 3. High prevalence of cigarette smoking
Arkansas Highlights
<ol style="list-style-type: none"> 1. Food insecurity decreased 41% from 21.2% to 12.6% of households between 2011-2013 and 2018-2020 2. Flu vaccination increased 14% from 42.1% to 47.8% of adults between 2019-2020 3. Adults with a dedicated health care provider decreased 6% from 81.3% to 76.3% between 2018-2020

Arkansas Measures

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

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

Preventable Hospitalizations	++	4,198	35
Behaviors	+	-1.097	46
Nutrition and Physical Activity	+	-0.943	42
Exercise	+	19.3%	44
Fruit and Vegetable Consumption	+++	8.0%	25
Physical Inactivity	+	29.7%	47
Sexual Health	+	-1.003	46
Chlamydia	++	569.8	32
High-risk HIV Behaviors	+	6.3%	43
Teen Births	+	30.0	50
Sleep Health	++	-0.740	40
Insufficient Sleep	++	35.0%	40
Smoking and Tobacco Use	+	-1.880	48
E-cigarette Use	•	5.7%	•
Smoking	+	20.5%	48
All Determinants	+	-0.695	48
Health Outcomes	+	-0.798	46
Behavioral Health	+	-0.417	42
Depression	+	23.5%	45
Drug Deaths	+++++	13.2	6
Excessive Drinking	++++	16.1%	15
Frequent Mental Distress	+	17.8%	50
Non-medical Drug Use	+++	11.2%	26
Suicide	++	18.4	34
Mortality	++	-0.660	39
Premature Death	+	9,796	44
Premature Death Racial Disparity	++++	1.3	16
Physical Health	+	-1.082	46
Frequent Physical Distress	+	14.2%	48
High Health Status	+	48.8%	46
Low Birthweight	++	9.2%	38
Low Birthweight Racial Disparity	+++	2.0	27
Multiple Chronic Conditions	+	13.8%	46
Arthritis	+	29.5%	43
Asthma	++++	9.1%	18
Cancer	+	7.6%	44
Cardiovascular Diseases	+	12.2%	48
Chronic Kidney Disease	++	3.4%	38
Chronic Obstructive Pulmonary Disease	+	9.0%	46
Diabetes	+	13.2%	44
Risk Factors	+	-1.130	41
High Blood Pressure	+	41.0%	47
High Cholesterol	+	37.4%	47
Obesity	+	36.4%	41
Overall	•	-0.708	•

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

Regional – Southeast Arkansas

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

Income & Poverty (Service Area, State, Nation)

Region	Population	Median Household	Unemployment	Persons Living in Poverty
Arkansas County	17,149	\$46,696	4.8%	17.30%
Ashley County	19,062	\$44,744	4.5%	16.7%
Bradley County	10,545	\$43,184	5.7 %	20.5%
Calhoun County	4,739	\$46,417	8.0%	13.4%
Chicot County	10,208	\$34,147	10.8%	28.9%
Cleveland County	7,550	\$46,349	3.1%	14.7%
Dallas County	6,482	\$38,072	7.0%	14.7%
Desha County	11,395	\$31,893	5.0%	29.1%
Drew County	17,350	\$46,997	2.8%	18.8%
Grant County	17,958	\$55,388	3.3%	14.5%
Jefferson County	67,260	\$39,326	10.2%	24.7%
Lee County	8,600	\$29,681	13.8%	22.1%
Lincoln County	12,941	\$46,596	1.7%	20.0%
Lonoke County	74,015	\$62,532	5.9%	11.1%
Monroe County	6,799	\$38,468	6.2%	27.1%
Ouachita County	22,650	\$35,425	7.5%	23.2%
Phillips County	16,568	\$29,320	14.4%	34.5%
Prairie County	8,282	\$42,754	6.0%	10.4%
St. Francis County	23,090	\$35,348	6.0%	24.9%
Union County	39,054	\$44,663	3.9%	19.1%
Service Area Average	20,085	\$41,900	6.5%	20.3%
State of Arkansas	3,011,524	\$48,952	5.5%	16.2%
U.S.	331,449,281	\$65,712	6.3%	12.3%

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

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

Population by Race (Service Area, State, Nation)

County	Black	White	American Indian & Alaska Native	Asian	Native Hawaiian & other Pacific Islander	Some other race	Two or More Races	Not Hispanic	Hispanic	Total Population
Arkansas	4,156	11,698	44	94	9	405	743	16,513	636	17,149
Ashley	4,669	12,958	56	41	6	625	707	17,948	1,114	19,062
Bradley	2,937	5,890	92	30	0	1,156	440	10,545	1,575	10,545
Calhoun	913	3,539	10	6	9	54	208	4,612	127	4,739
Chicot	5,417	3,953	36	38	9	414	341	9,627	581	10,208
Cleveland	686	6,466	35	7	1	87	268	7,368	182	7,550
Dallas	2,592	3,487	17	7	0	103	276	6,281	201	6,482
Desha	5,398	4,845	47	61	4	527	513	10,622	773	11,395
Drew	4,846	11,291	90	108	13	366	636	16,694	656	17,350
Grant	458	16,304	81	77	1	178	859	17,518	440	17,958
Jefferson	37,835	25,478	240	673	94	869	2,071	65,772	1,488	67,260
Lee	4,663	3,465	39	13	2	121	297	8,384	216	8,600
Lincoln	3,652	8,324	41	23	9	384	508	12,322	619	12,941
Lonoke	4,386	616,624	368	733	50	1,485	5,369	70,405	3,610	74,015
Monroe	2,760	3,568	35	28	7	144	257	6,613	186	6,799
Ouachita	8,899	12,194	71	126	3	225	1,132	516	22,134	22,650
Phillips	10,343	5,616	44	65	4	87	409	16,304	264	16,568
Prairie	925	6,964	23	21	3	44	302	8,137	145	8,282
St. Francis	12,561	9,551	65	127	8	189	589	22,404	686	23,090
Union	12,729	23,216	150	280	16	1,045	1,618	37,300	1,754	39,054
Service Area Average	6,541	39,772	79.2	127.9	12.4	425.4	877.15	18,294	1,869.35	20,085
State of Arkansas	453,783	2,114,512	27,177	51,839	14,533	136,105	213,575	2,754,677	256,847	3,011,524
U.S.	41,104,200	204,277,273	3,727,135	19,886,049	689,966	27,915,715	38,848,943	269,369,237	62,080,044	331,449,281

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

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

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

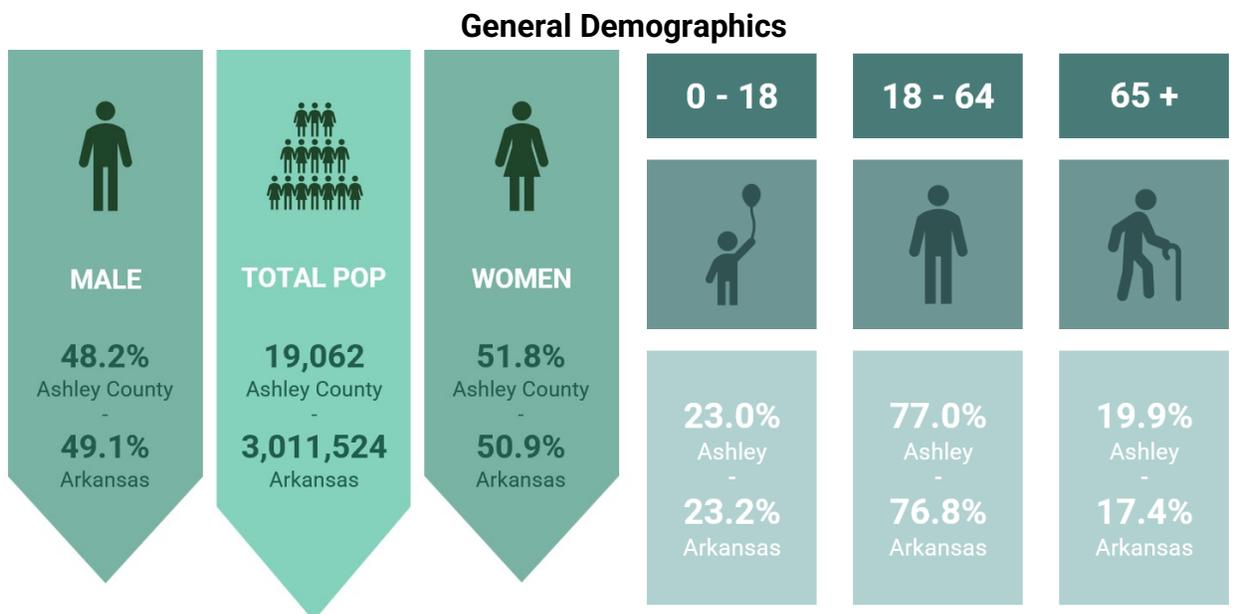
Region	Smoking Prevalence	Obesity Prevalence	Diabetes Prevalence	Preventable Hospital Stays out of 100,000
Arkansas County	25%	35%	19%	4,981
Ashley County	26%	42%	14%	6,294
Bradley County	25%	31%	18%	4,926
Calhoun County	26%	26%	10%	2,316
Chicot County	26%	41%	9%	8,130
Dallas County	25%	40%	17%	5,325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

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

County – Ashley

Ashley County, the fifth largest county in the state, was formed on November 30, 1848, from part of Drew County, with final boundary adjustments made in 1861. Hamburg is the county seat. The landscape of the county is coastal plain, level to rolling, flat cropland, and pine-forested hills. Two-thirds of Ashley County is hill land, most in pine timber and forest products, with the first blocks of forestland being bought up by lumbermen in 1898. The original sawmill was in operation in 1901. Another quarter of the county's land is devoted to agriculture. The rich sandy loam soil created by the Mississippi and Bayou Bartholomew rivers has been farmed for generations. Although cotton is still king, livestock, poultry, and other commercial cash crops are grown. Bayou Bartholomew, the longest bayou in the United States, runs through the county. West of the bayou is Overflow and Felsenthal National Wildlife Refuge, which offers excellent hunting and fishing. Ashley County has an innovative recycling program that has taken 65% of the waste stream out of its landfill. The county owns the equipment to press paper and yard waste into small cubes, which are then sold to Georgia-Pacific for use as fuel. Today Georgia-Pacific owns 45% of the land in the county, supporting the manufacturing of hardwood veneer, plywood, paper, and chemicals. The population of Ashley County is 19,062 (2020 Census)

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



Race & Ethnicity Demographics

Caucasian	African American	Hispanic/Latino	Two or more races	Some other race	American Indian & Alaskan Native	Asian	Native Hawaiian & Pacific Islander
68.0%	24.5%	5.8%	3.7%	3.3%	0.3%	0.2%	0.03%
Ashley	Ashley	Ashley	Ashley	Ashley	Ashley	Ashley	Ashley
70.0%	15.1%	8.5%	7.0%	4.5%	0.9%	1.7%	0.5%
Arkansas	Arkansas	Arkansas	Arkansas	Arkansas	Arkansas	Arkansas	Arkansas

Income Demographics

Median Household Income		
\$44,744		\$48,952
Ashley		Arkansas
Families	Married Couple Families	Non-Family Households
\$55,924	\$64,624	\$20,088
Ashley	Ashley	Ashley
\$63,542	\$75,616	\$24,493
Arkansas	Arkansas	Arkansas

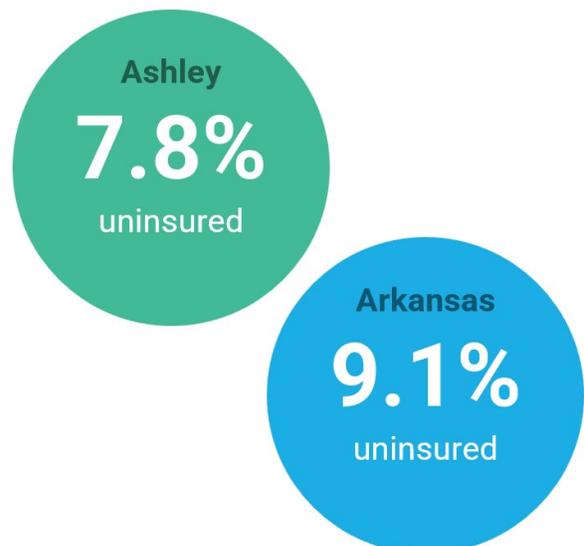
Poverty Demographics

Under 18	18 – 64	65 & Older	All People
19.2%	15.5%	16.9%	16.7%
Ashley	Ashley	Ashley	Ashley
22.1%	15.5%	10.5%	16.2%
Arkansas	Arkansas	Arkansas	Arkansas
22.2%	58.5%	16.5%	12.3%
U.S.	U.S.	U.S.	U.S.

Migration Demographics

Moved within same county	7.3% Ashley 8.1% Arkansas	
Moved from a different county	0.8% Ashley 4.0% Arkansas	
Moved from a different state	1.2% Ashley 2.0% Arkansas	
Moved from abroad	0.1% Ashley 0.2% Arkansas	

Insured Demographics



Healthcare Provider Demographics

	Ashley	Arkansas	U.S. Top Performing (Counties)
Primary Care Physicians	2,510:1	1,500:1	1,030:1
Dentists	2,460:1	2,160:1	1,240:1
Mental Health Providers	1,310:1	440:1	290:1
Preventable Hospital Stays	6,294	5,129	2,761
Mammography Screening	34%	37%	50%
Flu Vaccinations	43%	45%	53%

Health Statistics

	Ashley	Arkansas	Top U.S. Performers (Counties)
Adult Smoking	26%	22%	14%
Adult Obesity	42%	43%	26%
Food Environment Index	5.9	5.2	8.6
Physical Inactivity	45%	32%	20%
Access to Activity (Physical Exercise)	50%	64%	91%
Alcohol Abuse	16%	16%	13%
Alcohol-Impaired Driving Deaths	29%	26%	11%
Sexually Transmitted Infections	601.5	575.5	161.4

Ashley County COVID-19 Statistics

Case Rate

(data through July 10, 2022)

Total Cases	56
New admissions of cases among county residents	4
% staffed inpatient beds in use	2.3

People Vaccinated	At Least One Dose	Fully Vaccinated	Fully Vaccinated + Booster
Total Population	11,653 (59.3%)	9,937 (50.6%)	3,975 (40.0%)
12+	11,382 (67.8%)	9,759 (58.2%)	3,970 (40.7%)
18+	10,684 (70.0%)	9,190 (60.2%)	3,892 (42.4%)
65+	3,659 (88.9%)	3,251 (79.0%)	2,000 (61.5%)

Topic Specific Data – Priorities

At the conclusion of the Ashley County 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 Southeast Arkansas Delta region is more important than ever. Below is a table of the current available resources in the service area.

Substance Use Treatment & Outpatient Behavioral Health Providers

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

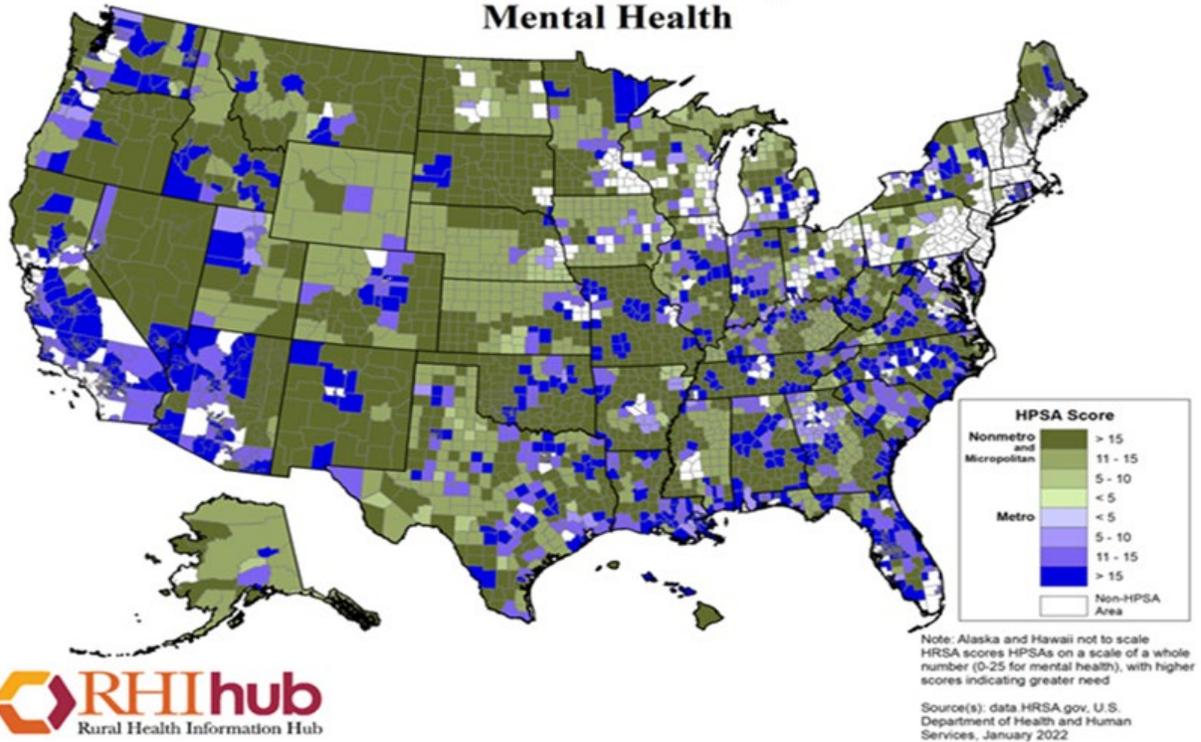
Lonoke	0	3	2
Monroe	0	1	1
Phillips	0	3	1
Prairie	0	0	1
Ouachita	1	4	1
St. Francis	1	1	1
Union	0	1	2
Total	3	27	21

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

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

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

Health Professional Shortage Areas Mental 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 Ashley County Medical Center is agricultural. Farmers have demanding jobs that are often compounded by economic uncertainty, vulnerability to weather events, and isolation. Rural agricultural communities may also have limited access to healthcare and mental health services, which can make it difficult for farm and ranch families to receive support when they are experiencing extreme stress, anxiety, depression, or another mental health crisis. Addressing mental health challenges is critical so that farmers can successfully navigate other stressors that are common in their day-to-day lives. While financial concerns are a major factor impacting farmer stress, they are not the only concerns. In addition to the ongoing challenges and stressors of farm life, farmers and their businesses have been impacted by the COVID-19 pandemic. They face challenges related to their own stress, the health and safety of their families and employees, and a wide range of global or national-level concerns, such as disruptions to food supply networks and the food service industry. The COVID-19 pandemic has also been disruptive to the social lives of farmers, preventing some from attending church services and connecting with fellow farmers at local cafes.

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

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

Public Health Concern: Chronic Disease

The chronic disease burden in Arkansas is overwhelming- about 70% of all deaths in the state are a result of a preventable chronic disease- and chronic disease and their complications take their toll in draining the state’s resources event further, both economically and in human terms, according to Dr. Namvar Zohoori the Chronic Disease Director at the Arkansas Department of Health. In the 2022 County Health Rankings & Roadmaps State Report provided by the University of Wisconsin Population Health Institute, Ashley County ranked #57 in Health Outcomes and #58 in Health Factors out of Arkansas’ 75 counties.

	Ashley 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	39%	38%	30%
Physical Inactivity	36%	30%	23%
Teen births	38	33	11

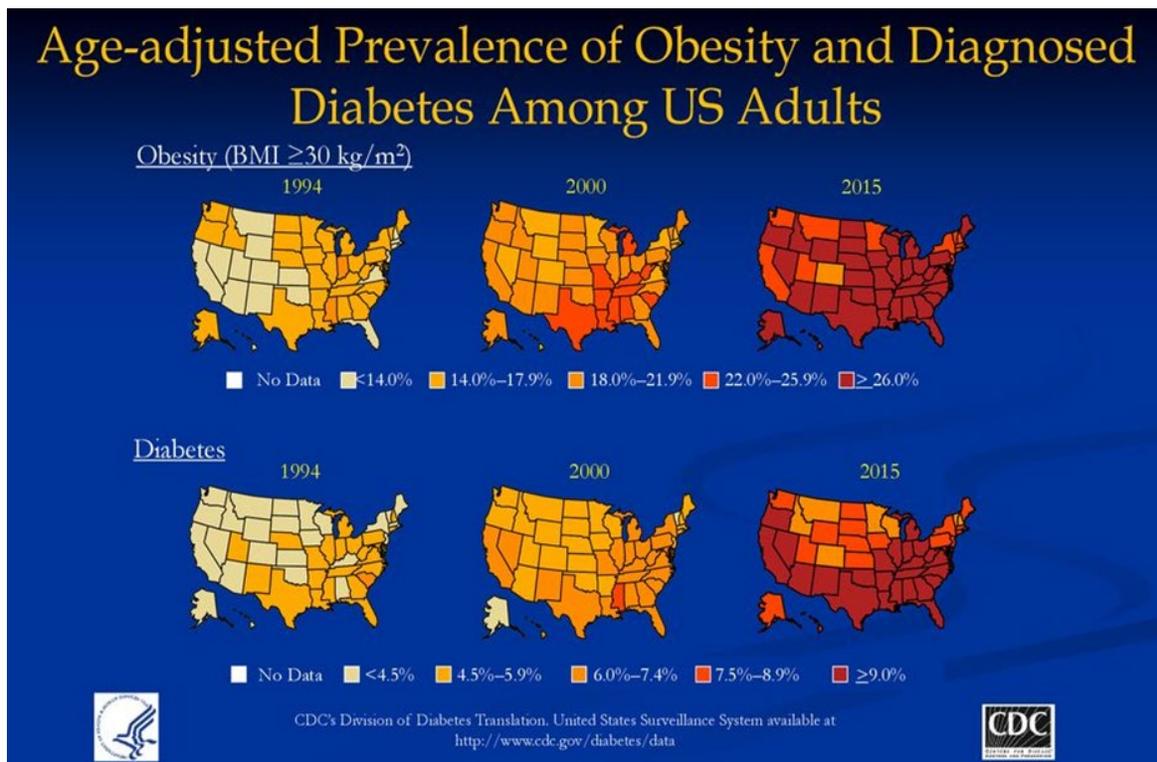
Diabetes

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.

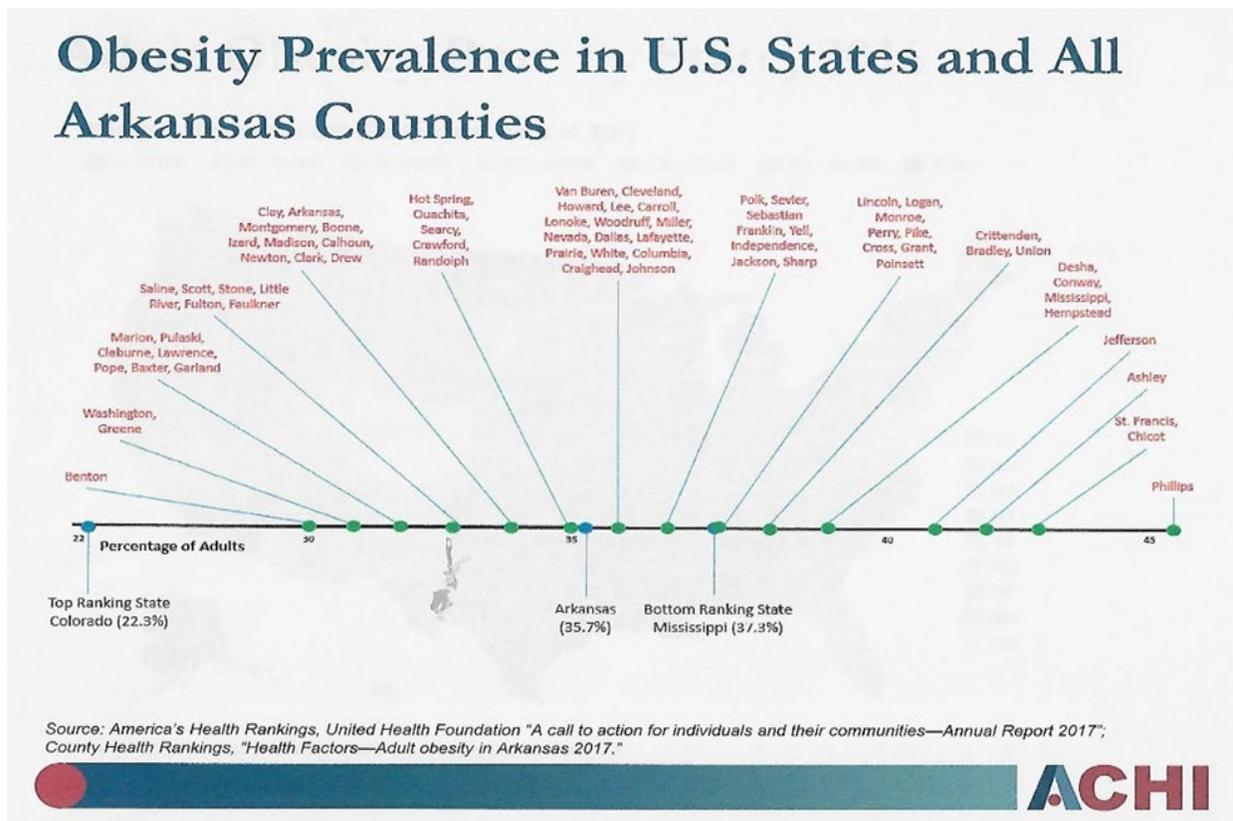
Obesity

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 United Health Foundation chart below, Ashley County's obesity rate is lower than the state average with one of the highest rates in the state of Arkansas.

Heart Disease/Stroke

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

The leading modifiable (controllable) risk factors for heart disease and stroke are 1) High blood pressure; 2) High cholesterol; 3) Cigarette smoking; 4) Diabetes; 5) Unhealthy diet

and physical inactivity; and 6) Overweight and obesity. Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure, and strokes. It is critical to address risk factors early in life to prevent these devastating events and other potential complications of chronic cardiovascular disease.

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

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

Cancer

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

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

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

Living with Cancer, Arkansas 2013-2017 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%

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%
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%
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%

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 expand needed healthcare services.
- ◇ To recruit healthcare professionals to meet the needs of the people we serve.
- ◇ To promote good health and wellness through the provision of community education and facilities.
- ◇ To provide resources for continuous quality improvement.
- ◇ To operate in an economically sound manner.

History

Ashley County Medical Center's evolution has far exceeded the expectations for Ashley County. In 1908, the hospital was built by the Crossett Lumber Company. It was initially located just north of the existing hospital. It later became known as Ashley Memorial Hospital. The name was changed to Crossett Health Center in February of 1947. The Crossett Health Center, modern-day Ashley County Medical Center, has a long history of service to southeast Arkansas. The transformation of Ashley County Medical Center parallels the transformation of its ability to deliver relevant and professional services to all.

The Early Years of ACMC Medical Center

In 1912, Dr. J.W. Spivey was named as director of the hospital and served in that capacity until 1944. The citizens of Ashley County and surrounding areas were introduced to young, well-trained doctors, as well as ongoing improvement of services and facilities.

Hospital care was more affordable during this time. This was well before penicillin and other antibiotics were discovered. Crossett employees paid \$1.00 per month if single, family men paid \$1.75 a month for all the out-patient care their families needed.

Hospitalization was on a comparable scale. It was important to Dr. Spivey and his Board that all were entitled to their care.

Changes Brought About by World War II

World War II caused the price of medical care and its facilities to rise sharply. Thirty plus years of extensive use coupled with a growing population, prompted a need for improved facilities and equipment. Modernization was recognized and implemented. Dr. Kingsley Roberts was recommended by the Rockefeller Foundation and was approached for advice. He sent specialists to study Crossett's needs. The establishment of the Crossett Health Foundation arose from this. Momentum increased with the advice of (1) a new building, (2) continued salaried practitioners, and (3) operation on a prepaid medical care plan underwritten by the Health Foundation.

In 1945, the Crossett Health Foundation was incorporated by the late E.C. Crossett, J.W. Watzek, and A.R. Watzek. Dr. Roberts recommended the architect firm of William Lescaze and Associates of New York City to plan the center. The plan estimated the cost to be \$200,000. Before it was finished, the rapidly rising cost of materials at that time and the determination on the part of the Health Foundation that the building and equipment for quality and integrity to be paramount brought the final cost of the building and equipment to \$735,000.00. Crossett Company provided \$510,000.00, plus a site. The federal government paid \$225,000.00.

When the Crossett Health Center opened its doors to the people of Crossett and Ashley County, the Crossett Health Foundation felt confident they were offering one of the finest and best equipped hospitals for an area of this size to be found anywhere in the United States. An endowment fund was established for the foundation by the Crossett Company after construction was completed. Supporting the Crossett Company, the Ford Foundation, Chase Bag Company, Bemis Brothers Bag Company, Simplex Company, and Textile Paper Company, Ashley County Health Foundation was able to meet capital costs.

Financial Changes over the Years

Evolution brings with it growing pains and growing gains. Ashley Health foundation has been witness to relentless rendering of quality and compassionate care to the people of Ashley County. The provision of care does not cease when finances become challenging. The costs to provide the standard of care ACMC holds in esteem has increased monumentally worldwide; and Ashley County health foundation holds no immunity.

The monthly losses ranged from small amounts to \$10,000.00. Despite these financial challenges, ACMC continued to persevere with subsidies from the Crossett Company. Crossett Health Center operates under the guidance of a Board of Directors. As the needs and wishes of the community evolve, so does the provision of care and

compensation for this. The board made adjustments in the original plan mapped out by Dr. Roberts but maintains the initial vision.

The doctors are no longer on salary, but practice on a private basis, paying the foundation for the use of office space at the health center. And the prepaid medical care plan has been discontinued to permit individuals to choose the type of hospital insurance they prefer from the long list of national companies offering such protection.

1908 – 1998: A Journey to Greatness

Rural health and rural medicine often mean more personal and innovative approaches. Although the term rural connotes simplicity, there is nothing simple about ACMC. The organization has focused on providing services that meet the needs of a growing community with expanded service lines and outreach while funding for the care is not relatively expanded. The initial mission and vision continue today with continued support of the successes and needs of its communities.

Service Area

Ashley County is the sixth-largest county in Arkansas in terms of land area covering 925.4 square miles. It is located in rural South Arkansas and has a culture, economy, and history based on timber and agriculture. Ashley County Medical Center's primary service area encompasses the communities of Ashley County that are located near Crossett. Zip codes included in the primary area are 71676, 71663, 71646, 71635, and 71220. These communities are Wilmot, AR, Portland, AR, Hamburg, AR, Crossett, AR, and Bastrop, LA.



Hospital Staffing Chart

Please see Attachment G: Ashley County Medical Center Staffing Chart.

Hospital Governance

The nine-member Ashley County Medical Center Board of Directors manages and oversees the Hospital and its clinics. Ashley County Medical Center is a member of the Arkansas Hospital Association and the Arkansas Rural Health Partnership.

2022 BOARD OF DIRECTORS	
JERRY SELBY, CHAIRMAN	BRUCE TIMMONS, VICE CHAIR
Self Employed, Farmer	Retired, Banker
JAMES PHIFER - SECRETARY/TREASURER	DR. FELICIA WATKINS-BROWN

Retired, Georgia Pacific	Chief of Staff, Primary Care Physician – Family Medicine
STEVE HARTSHORN	JENNIFER KING
Funeral Home Owner/Ashley County Coroner	Georgia Pacific, Public Relations
DR. BEN WALSH	JUDGE JIM HUDSON
Primary Care Physician – Family Medicine	Ashley County
RICKY NELMS	
Self-Employed Logging	

Health Care Services

- ⇒ Anesthesia
- ⇒ Auxiliary
- ⇒ Cardiology Clinics
 - Arkansas Heart Hospital
 - St. Vincent
- ⇒ Critical Care Unit
- ⇒ Diabetes Education
- ⇒ Dietary Services
- ⇒ Education Services
- ⇒ Emergency Department
- ⇒ Financial Counseling & Admissions
- ⇒ General Surgery
- ⇒ Infusion Therapy
- ⇒ Labor/Delivery/Postpartum
- ⇒ Laboratory Services
- ⇒ Med/Surg Unit
- ⇒ OB/GYN
- ⇒ Occupational Therapy
- ⇒ Oncology
- ⇒ Orthopedics
- ⇒ Pathology
- ⇒ Pediatrics
- ⇒ Pharmacy
- ⇒ Physical Therapy
- ⇒ Pulmonology Clinic
- ⇒ Radiology
- ⇒ Bone Densitometry
- ⇒ CT Scanning – Canon Aquilion ONE/Genesis Scanner 640 Slice
- ⇒ General Radiography – Chest, Abdomen, Skull, Spine, or other extremities.
- ⇒ MRI Scanning – 1.5T Vantage Orian from Canon
- ⇒ Mammography Services
- ⇒ Nuclear Medicine
- ⇒ Ultrasound
- ⇒ Respiratory Therapy

- ⇒ Social Services
- ⇒ Speech Therapy
- ⇒ Swing Bed Program
- ⇒ Wellness Center
- ⇒ Women’s Services
- ⇒ Wound Clinic

- ⇒ Family Clinic of Ashley County – Family Medicine
- ⇒ Hamburg Health Clinic – Family Medicine
- ⇒ Ashley Pediatric Clinic
- ⇒ Ashley Specialty Clinic
 - Cardiology
 - Pulmonology
- ⇒ Ashley Specialty General Surgery
- ⇒ Ashley Specialty Orthopedic Clinic
- ⇒ Ashley Specialty Wound Clinic

Clinics

- ⇒ Ashley Family Clinic – Family Medicine
- ⇒ Ashley Women’s Services – OB/GYN

Providers

AUDIOLOGY	James Davidson, MD
CARDIOLOGY	Nureddin Almaddah, MD Charles Clogston, MD Michael Huber, MD
EMERGENCY MEDICINE	Mark Dixon, MD Kenneth Prather, MD
FAMILY PRACTICE	Julie Bays, APRN, FNP-C, MSN Autumn Bennett, CNP, WHNP-BC, AGPCNP-BC Felicia Watkins-Brown, MD Zanna Linder, APRN, FNP-C, MSN Tracey Longstreth, APRN, MSN, FN-C Cynthia Murphy, FNP-BC Jenny Murphy, MNsc, APRN, FNP-C Cheryl Rabalais, ANP Barry Thompson, MD Brad Walsh, MD Pam Winston, ANP Ashley Cannon, APRN, FNP-C, MSN Ben Walsh, MD Emmanuel Tee, MD

GENERAL SURGERY	JoFrances Marquez, MD Lon Bitzer, MD
HEMATOLOGY	Appalanaidu Sasapu, MD Naveen Yarlagadda, MD
HOSPITALIST	Emmanuel Tee, MD Manual Gonzalez, MD
INTERNAL MEDICINE	Mark Malloy, MD
OB/GYN	Ira Murphy, MD Kara Worley, MD Stewart Rushton, MD
ONCOLOGY	Appalanaidu Sasapu, MD Naveen Yarlagadda, MD
OPHTHALMOLOGIST	Scott Claycomb, MD
ORTHOPEDICS	Warren F. MacDonald, MD
PATHOLOGY	Michael Allen, MD
PEDIATRICS	Henry L. Gomez, MD Kenneth Richards, MD
PULMONOLOGY	Ali Al-Nashif, MD
RADIOLOGY	James L. Workman, MD Douglas Kerin, MD
RESPIRATORY CARE	Ali Al-Nashif, MD
WOUND CARE	Kenneth Prather, MD

Other Area Providers

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

LOCATION	HOSPITAL NAME	MEDICARE CLASSIFICATION	# OF LICENSED BEDS	HOME HEALTH	DISTANCE FROM ACMC
Camden	Ouachita County Medical Center	Acute Care	98	Yes	76
DeWitt	DeWitt Hospital & Nursing Home	Critical Access	25	Yes	104
Dumas	Delta Memorial Hospital	Critical Access	25	Yes	71
El Dorado	Medical Center of South Arkansas	Acute Care	166	No	47

Fordyce	Dallas County Medical Center	Critical Access	36	Yes	68
Helena-West Helena	Helena Medical Regional Center	Acute Care	150	No	157
Lake Village	Chicot Memorial Medical Center	Critical Access	25	Yes	51
Magnolia	Magnolia Regional Medical Center	Acute Care	49	Yes	128
McGehee	McGehee Hospital	Critical Access	25	Yes	23
Monticello	Drew Memorial Health System	Acute Care	49	Yes	46
Pine Bluff	Jefferson Regional	Acute Care	300	Yes	86
Stuttgart	Baptist Health Medical Center	Acute Care	49	No	104
Warren	Bradley County Medical Center	Critical Access	25	Yes	60

Current Community Health Initiatives

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

ARHP SERVICE AREA

16 MEMBERS

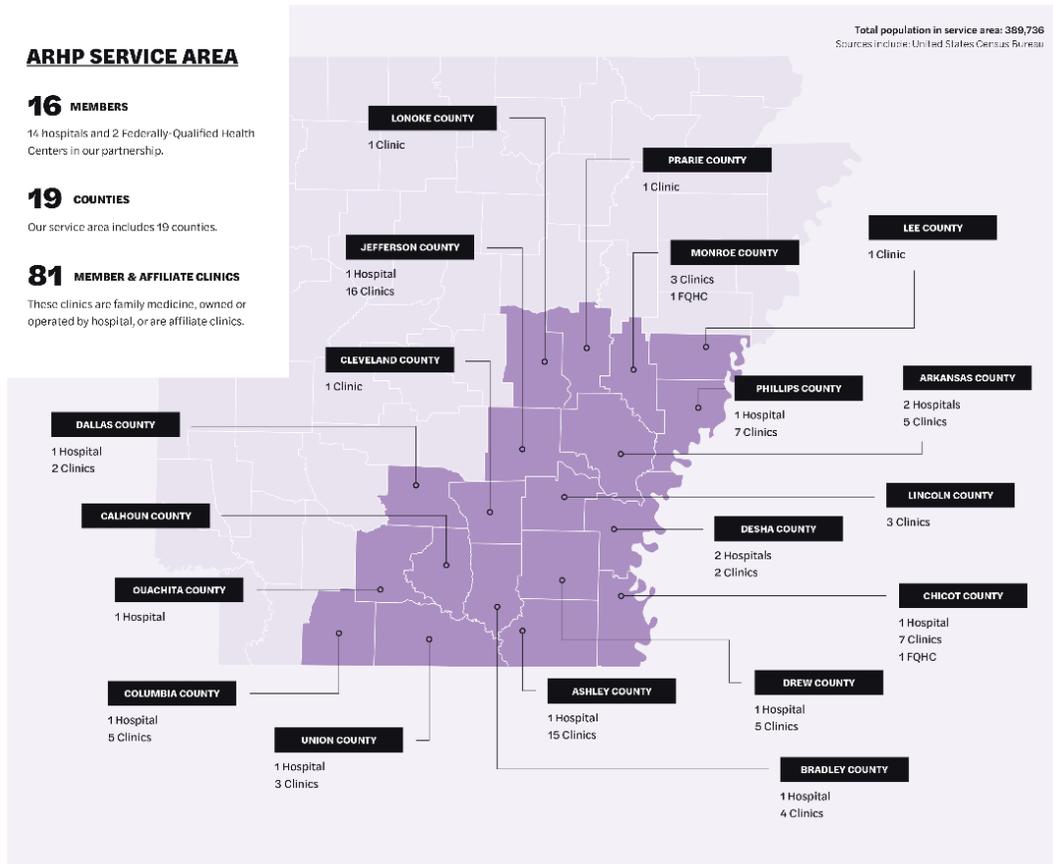
14 hospitals and 2 Federally-Qualified Health Centers in our partnership.

19 COUNTIES

Our service area includes 19 counties.

81 MEMBER & AFFILIATE CLINICS

These clinics are family medicine, owned or operated by hospital, or are affiliate clinics.



ARRURALHEALTH.ORG

HOSPITALS

- **Ashley County Medical Center**
Ashley County
- **Baptist Health Hospital - Stuttgart**
Arkansas County
- **Bradley County Medical Center**
Bradley County
- **Chicot Memorial Medical Center**
Chicot County
- **Dallas County Medical Center**
Dallas County
- **DeWitt Hospital & Nursing Home**
Arkansas County
- **Delta Memorial Hospital**
Desha County
- **Drew Memorial Health System**
Drew County
- **Helena Regional Medical Center**
Phillips County
- **Jefferson Regional Medical Center**
Jefferson County
- **McGehee Hospital**
Desha County
- **Magnolia Regional Medical Center**
Columbia County
- **Medical Centers of South Arkansas**
Union County
- **Quachita County Medical Center**
Quachita County

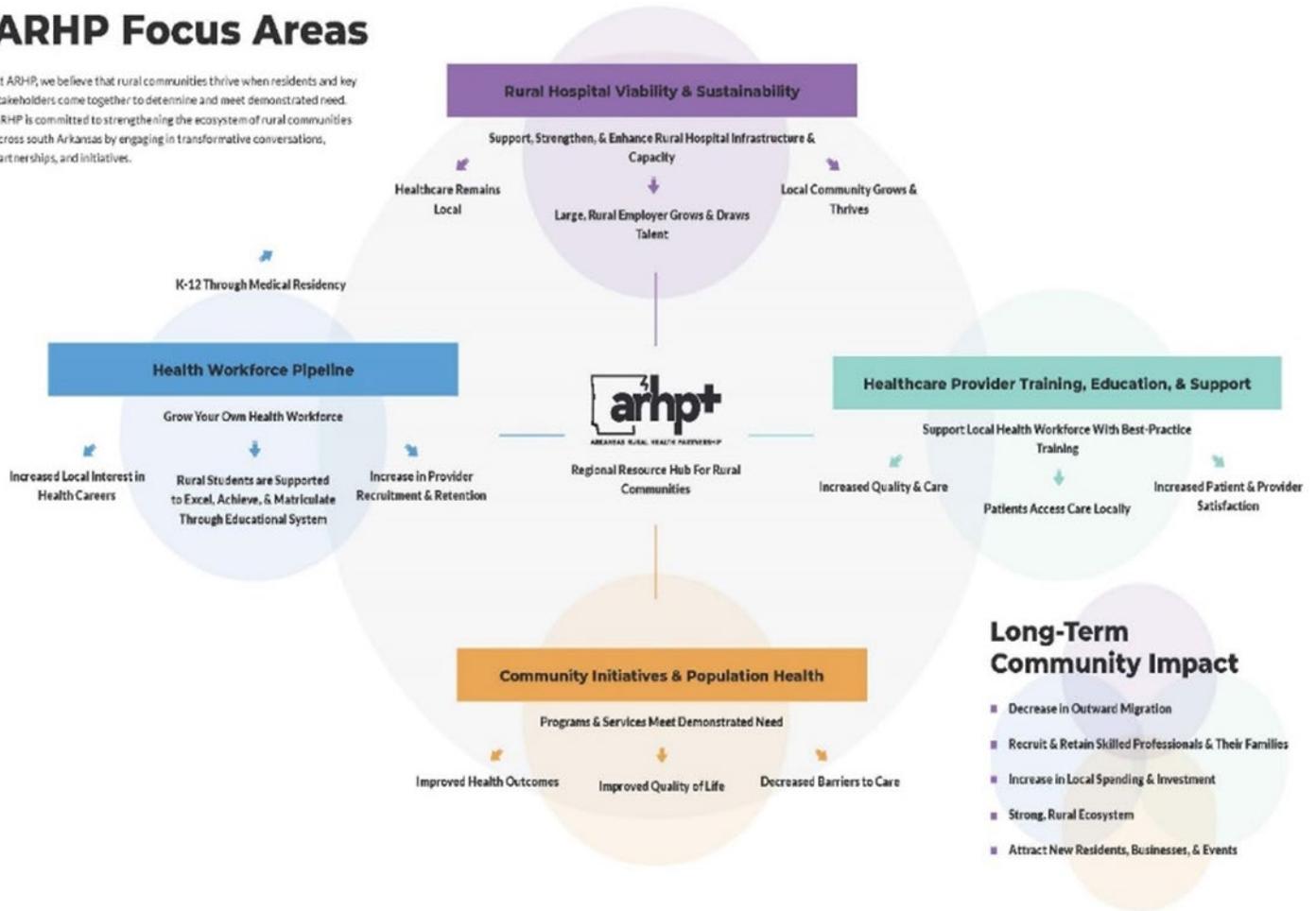
FQHC's

- **Mainline Health Systems, Inc**
Chicot County
- **Mid-Delta Health Systems, Inc**
Monroe County

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

ARHP Focus Areas

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



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

Progress of 2019 CHNA Strategic Plan

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

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

- ✓ ACMC hired a licensed mental health specialist to improve the access time for psychiatric patients in the ED, CCU, and clinics.
- ✓ ACMC works with Delta Counseling, Resolutions, New Beginnings, and the Drew Memorial Health System Detox unit to provide better access to patients in need
- ✓ ACMC participated in the Opioid Prevention for Aging & Longevity (OPAL) that focuses on dissemination of information on the safe use of opioid pain medications and the risks & side-effects experienced by older adults using prescription opioids. This program is a partnership with the Reynolds Institute on Aging, UAMS Emergency Department, DAABHS, and the Arkansas Drug Director.
- ✓ ACMC promoted the ARConnect program to employees and patients for 24/7 access to free mental health sessions
- ✓ Distributed educational pamphlets within ACMC clinics
- ✓ Chief of Staff participated in the MAT Program receiving specialized training and resources
- ✓ Pediatricians educate caregivers for patients seeking services for behavioral health needs (i.e. ADHD)
- ✓ All patients are screened in the ER for behavioral health needs and provided referral services as appropriate.

Public Health Concern: Lack of Transportation for Patients, particularly for mental & behavioral health patients

Increase transportation options for patients in the service area; particularly for mental & behavioral health patients

- ✓ ACMC worked with local churches and community leaders to form support groups.
- ✓ Provided education to law enforcement on how to assist with transportation needs when first responders are unavailable.
- ✓ ACMC social services works to find an accepting facility with transportation or with SEAT in the event someone lacks transportation to another institution.
- ✓ ACMC has been and continues to explore the option of utilizing the company van to provide non-emergency transportation (NET) for local residents.

Public Health Concern: Lack of Knowledge of Community Health Education Programs & Resources

Increase access to Patient and Community Assistance Programs

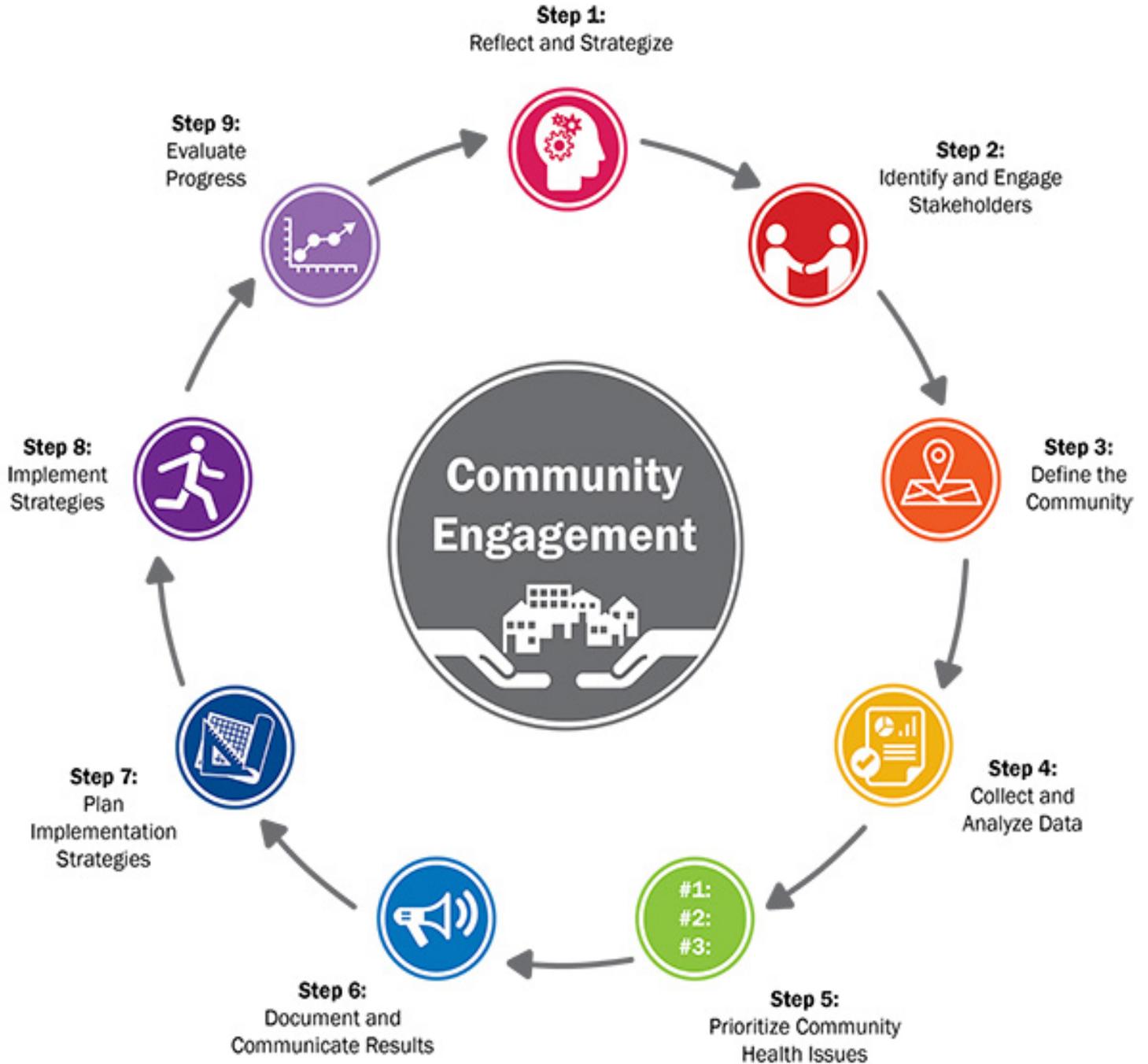
- ✓ ACMC utilized ARHP's mobile vaccination clinics for free COVID-19 testing and vaccination clinics.
- ✓ ACMC offered free COVID-19 vaccinations at clinics.
- ✓ ACMC held public forums via social media with local providers and school educators for community Q & A.
- ✓ ACMC participated in community health fairs when COVID-19 restrictions allowed.
- ✓ Increase marketing techniques utilizing social media to improve visibility throughout Ashley County.
- ✓ Utilized radio segments to keep the public informed on "what's happening" at ACMC. ACMC social services worked with patients in applying for community resources such as Meals on Wheels, Medicaid, SNAP/food stamps, and unemployment.

Community education opportunities offered by ACMC:

- Diabetes Management Classes
- Certified Diabetes Management
- Educational Cooking Classes
- Childbirth Classes
- Safe Sitter Classes
- Safety Baby Showers
- On-Site Certified Car Seat Technician
- ED Mental Health Assessments
- Prescription Assistance
- Insurance Enrollment Assistance
- Medicare Enrollment Assistance
- Community Health Fairs
- Mental Health First Aid Training provided by ARHP

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 Ashley County 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 Ashley County Medical Center staff steering committee included Phil Gilmore, Chief Executive Officer, Sarah Cope, Risk Manager & Credentialing Assistant, Rebecca Shiver, Humans Resources & Benefits Accountant, Shirley White, Human Resources & Accounting Supervisor, Mellie Bridewell, President and Founder of the Arkansas Rural Health Partnership and Lynn Hawkins, ARHP Chief Officer of Membership participated and provided assistance with organizing the virtual 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 80 Individuals from the community were selected for invitation to the focus group, or community advisory committee, by the Ashley County Medical Center staff steering committee. Those accepting the invitation – approximately 38– attended the advisory committee's first meeting. Approximately 25 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 Ashley County 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

Phil Gilmore
Chief Executive Officer
Ashley County Medical Center

Sarah Cope
Risk Manager & Credentialing Assistant
Ashley County Medical Center

Rebecca Shiver
Human Resources & Benefits Accountant
Ashley County Medical Center

Shirley White
Human Resources & Accounting Supervisor
Ashley County Medical Center

Mellie Bridewell
President & Founder
Arkansas Rural Health Partnership

Lynn Hawkins
Chief Officer of Membership
Arkansas Rural Health Partnership

Community Advisory Committee

Name	Occupation	City
Aaron Flemister	ACMC - CRNA	Crossett
Amanda Freidman	Owner & Agent, State Farm	Crossett
Ashley Whitaker	ACMC - UR Manager	Hamburg
Barron Brown	ACMC - Social Services	Crossett
Ben Gilmore	State Senator	Crossett
Bill Couch	ACMC - CFO	Batesville
Brandy Bowen	Pharmacist & Owner, Hamburg Pharmacy	Hamburg
Brenda Perritt	ACMC - Lab Director	Crossett
Brian Holt	Holt Auto Group LP	Crossett
Caitlin Martin	Hamburg School	Hamburg
Campbell Wilkerson	Retired - Educator	Crossett
Carlton Lawrence	Ashley County Justice of the Peace	Portland
Carmen Selby	ACMC - Clinic Manager	Hamburg
Carol Anne Chisom	ACMC ER/CCU	Crossett
Cody Hollis	Market President, Commercial Capital	Hermitage
David Streeter	Mayor, City of Hamburg	Hamburg
Dawn Burchfield	ACMC Pharmacy Director	Crossett
Denise Hudson	Agent, Southeast Insurance	Fountain Hill
Dixie Holt	Homemaker	Crossett
Don Rodgers	Retired - Owner, Rodgers Financial	Crossett
Dr. Ben Walsh	ACMC - Physician Family Medicine	Crossett
Dr. Brad Walsh	ACMC - Physician Family Medicine	Crossett
Dr. Ken Prather	ACMC - Physician	El Dorado
Dr. Lon Bitzer	ACMC - Surgeon	Sheridan
Dr. Mark Dixon	ACMC - Physician, ER Director	El Dorado
Dr. Mark Malloy	ACMC - Physician, Internal Medicine	Crossett
Eddie Holt	Retired - Banker, FNBC	Crossett
Emily Bendinelli	ACMC - CNO	Hamburg
Eric Shoffner	Gammel's Pharmacy	Crossett
Fern Baker	ACMC - Dietician	Warren
Glynda Sapp	ACMC Family Clinic	Crossett
Howard Beaty	State Representative	Crossett
India Holt	Holt Auto Group LP	Crossett
James Hamilton	Hamilton & Hamilton PLLC	Hamburg
Jami Hartshorn	ACMC - HR Assistant	Hamburg
Jennifer King	Public Relations, Georgia Pacific	Crossett
Jenny Murphy	ACMC - APRN	Hamburg
Jo Beth Selby	RN	Portland
Judge Jim Hudson	Ashley County Judge	Fountain Hill
Judy Wilkerson	ACMC - Auxiliary	Crossett
Julie Bays	ACMC - APRN	Crossett

Kathy Launius	ACMC - Physical Therapy	Crossett
Katie Land	Pharmacist, Baker's Pharmacy	Crossett
Kayla Hill	ACMC - Director of Health Information	Jones, LA
Kelli Brooks	ACMC - Clinic Manager	Crossett
Laci Luellen	ACMC - Clinic Manager	Hamburg
Laurie Kilcrease	ACMC - OB Manager	Hamburg
Lynn Dillion	ACMC - HIM	Hamburg
Lynn Rodgers	Retired - Owner, Rodgers Financial	Wilmot
Mandy White	Crossett Area Chamber of Commerce	Crossett
Marie Hampton	ACMC	Hamburg
Mary Lawrence	Retired - HSD Liberian	Portland
Monica Richards	ACMC - Speech Therapy	Crossett
Pam Stell	ACMC - Clinics Director	Hamburg
Phil Gilmore	ACMC - CEO	Crossett
Pollyanna Elton	PR, Hospice	Hamburg
Rebecca Shiver	ACMC - HR & Employee Benefits	Hamburg
Rebecca Smith	ACMC -Respiratory Director	Hamburg
Richard Byrd	Byrd Law Firm	Hamburg
Ron Miller	Ashley County Quorum Court	Wilmot
Ronnie Dillion	ACMC - Radiology Director	Crossett
Roxanne Farmer	ACMC - Infection Preventionist	Crossett
Sandra Dorman	ACMC	Montrose
Sarah Cope	ACMC - Compliance Officer	Fountain Hill
Sharon Burnett	AMC Materials Management Director	Crossett
Shawna Hawkins	ACMC - Nursing Education	Hamburg
Sherri Hawkins	ACMC - Lab	Hamburg
Shirley White	ACMC - HR & Accounting Manager	Hamburg
Stephanie Hollis	ACMC - Radiology	Hamburg
Ted Selby	Self-Employed, Farmer	Portland
Toyce Newton	Phoenix Youth & Family Services, Inc.	Crossett
Tracy Streeter	Superintendent of Hamburg Schools	Hamburg
Vonda Walters	ACMC - Revenue Integrity Officer	Greenbrier
Zanna Linder	ACMC - APRN	Hamburg

Results Overview

There were 181 completed surveys through the 2022 CHNA process. All of the results of the survey can be found in Attachment F: 2022 Ashley County Medical Center Survey Results.

Top Issues Identified through CHNA Process
1. Mental & Behavioral Health
<ul style="list-style-type: none">▪ Need to address stigma▪ Education on autism and dementia▪ Services needed in schools
2. Chronic Disease
<ul style="list-style-type: none">▪ Need more education on services available in Crossett▪ 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: <ul style="list-style-type: none">A. Provide more education and navigation to existing mental health and substance use disorder programsB. Explore the feasibility of providing mental and behavioral health services and programs at Ashley County Medical CenterC. Continue to provide outreach and programs to reduce the stigma of mental and behavioral health issues in the service areaD. Increase efforts to assist local healthcare providers with mental and behavioral health resources and referral assistance
Objective 2. Continue to collaborate and build partnerships to increase mental and behavioral health services and programs in the service area
Activities: <ul style="list-style-type: none">A. Partner with other healthcare organizations, locally and statewide, to increase the capacity to provide additional mental and behavioral health servicesB. Continue to participate in the Arkansas Rural Health Partnership’s Mental/Behavioral Health Task ForceC. Provide Mental Health First Aid to local schools, colleges, and community organizations through ARHP

Priority: Chronic Disease

Objective 1. Continue to improve access to chronic disease management, programs, and services
Activities: <ul style="list-style-type: none">A. Provide more education to the low-income population on the importance of chronic disease screenings and where to receive themB. Explore strategies to increase access to screenings at the hospital and with other providersC. Provide screening and educational events throughout the communityD. Grow the swing-bed program
Objective 2. Continue to provide patient navigation to chronic disease services, resources, and programs
Activities:

A. Grow patient navigation and assistance services with the onsite social worker and ARHP Community Benefits Counselors/Community Health Workers

Qualifications of the Report Preparer

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

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

About the Arkansas Rural Health Partnership

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

Documentation

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

- Attachment A.** Community Advisory Committee Meeting #1 Agenda
- Attachment B.** Community Advisory Committee Meeting #1 Attendance Roster
- Attachment C.** Community Advisory Committee Meeting #1 PowerPoint
- Attachment D.** Community Advisory Committee Meeting #2 Agenda
- Attachment E.** Community Advisory Committee Meeting #2 Attendance Roster
- Attachment F.** Community Advisory Committee Meeting #2 PowerPoint & Survey Results
- Attachment G.** Ashley County Medical Center Staffing Chart

Attachments:

The following documentation of 2022 CHNA presentations, agendas, sign-in sheets, and survey results are included in the following attachments.

Attachment A. Community Advisory Committee Meeting #1 Agenda

Attachment B. Community Advisory Committee Meeting #1 Attendance Roster

Attachment C. Community Advisory Committee Meeting #1 PowerPoint Presentation

Attachment D. Community Advisory Committee Meeting #2 Agenda

Attachment E. Community Advisory Committee Meeting #2 Attendance Roster

Attachment F. Community Advisory Committee Meeting #2 PowerPoint Presentation and Ashley County Medical Center Survey Results

Attachment G. Ashley County Medical Center Hospital Staffing Chart

Attachment A.
Community Advisory Committee
Meeting #1
Agenda



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

Agenda

July 21, 2022

5:30 pm – 6:30 pm

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

Attachment B.
Community Advisory Committee
Meeting #1
Attendance Roster

Attendance Roster

July 21, 2022

ACMC Meetings	Occupation	City
Aaron Flemister	ACMC - CRNA	CROSSETT
Ashley Whitaker	ACMC - UR Manager	HAMBURG
Barron Brown	ACMC - Social Services	CROSSETT
Bill Couch	ACMC - CFO	BATESVILLE
Brandy Bowen	Pharmacist & Owner, Hamburg Pharmacy	HAMBURG
Brenda Perritt	ACMC - Lab Director	CROSSETT
Caitlin Martin	Hamburg School	HAMBURG
Campbell Wilkerson	Retired - Educator	CROSSETT
Carlton Lawrence	Ashley County Justice of the Peace	PORTLAND
Carol Anne Chisom	ACMC ER/CCU	CROSSETT
Cody Hollis	Market President, Commercial Capital	HERMITAGE
David Streeter	Mayor, City of Hamburg	HAMBURG
Dawn Burchfield	ACMC Pharmacy Director	CROSSETT
Denise Hudson	Agent, Southeast Insurance	FOUNTAIN HILL
Dixie Holt	Homemaker	CROSSETT
Don Rodgers	Retired - Owner, Rodgers Financial	CROSSETT
Dr. Ben Walsh	ACMC - Physician Family Medicine	CROSSETT
Dr. Brad Walsh	ACMC - Physician Family Medicine	CROSSETT
Dr. Ken Prather	ACMC - Physician	EL DORADO
Dr. Lon Bitzer	ACMC - Surgeon	SHERIDAN
Dr. Mark Dixon	ACMC - Physician, ER Director	EL DORADO
Dr. Mark Malloy	ACMC - Physician, Internal Medicine	CROSSETT
Eddie Holt	Retired - Banker, FNBC	CROSSETT
Emily Bendinelli	ACMC - CNO	HAMBURG
Eric Shoffner	Gammel's Pharmacy	CROSSETT
Fern Baker	ACMC - Dietician	WARREN
Glynda Sapp	ACMC Family Clinic	CROSSETT
James Hamilton	Hamilton & Hamilton PLLC	HAMBURG
Jami Hartshorn	ACMC - HR Assistant	HAMBURG
Jo Beth Selby	RN	PORTLAND
Judge Jim Hudson	Ashley County Judge	FOUNTAIN HILL
Judy Wilkerson	ACMC - Auxiliary	CROSSETT
Julie Bays	ACMC - APRN	CROSSETT
Kathy Launius	ACMC - Physical Therapy	CROSSETT
Katie Land	Pharmacist, Baker's Pharmacy	CROSSETT
Katlynn McCoy - Host	Host	
Kayla Hill	ACMC - Director of Health Information	JONES, LA

Kelli Brooks	ACMC - Clinic Manager	CROSSETT
Laci Luellen	ACMC - Clinic Manager	HAMBURG
Laurie Kilcrease	ACMC - OB Manager	HAMBURG
Lynn Dillion	ACMC - HIM	HAMBURG
Lynn Rodgers	Retired - Owner, Rodgers Financial	WILMOT
Mandy White	Crossett Area Chamber of Commerce	CROSSETT
Marie Hampton	ACMC	HAMBURG
Mary Lawrence	Retired - HSD Liberian	PORTLAND
Monica Richards	ACMC - Speech Therapy	CROSSETT
Pam Stell	ACMC - Clinics Director	HAMBURG
Phil Gilmore	ACMC - CEO	CROSSETT
Pollyanna Elton	PR, Hospice	HAMBURG
Rebecca Shiver	ACMC - HR & Employee Benefits	HAMBURG
Rebecca Smith	ACMC - Respiratory Director	HAMBURG
Ron Miller	Ashley County Quorum Court	WILMOT
Ronnie Dillion	ACMC - Radiology Director	CROSSETT
Sandra Dorman	ACMC	MONTROSE
Sarah Cope	ACMC - Compliance Officer	FOUNTAIN HILL
Sharon Burnett	AMC Materials Management Director	CROSSETT
Shawna Hawkins	ACMC - Nursing Education	HAMBURG
Sherri Hawkins	ACMC - Lab	HAMBURG
Shirley White	ACMC - HR & Accounting Manager	HAMBURG
Stephanie Hollis	ACMC - Radiology	HAMBURG
Ted Selby	Self-Employed, Farmer	PORTLAND
Toyce Newton	Phoenix Youth & Family Services, Inc.	CROSSETT
Tracy Streeter	Superintendent of Hamburg Schools	HAMBURG
Vonda Walters	ACMC - Revenue Integrity Officer	GREENBRIER
Zanna Linder	ACMC - APRN	HAMBURG

Attachment C.
Community Advisory Committee
Meeting #1
PowerPoint Presentation

Attachment D.
Community Advisory Committee
Meeting #2
Agenda



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

Agenda

August 18, 2022

5:30 pm – 7:00 pm

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

Attachment E.
Community Advisory Committee
Meeting #2
Attendance Roster

Attendance Roster

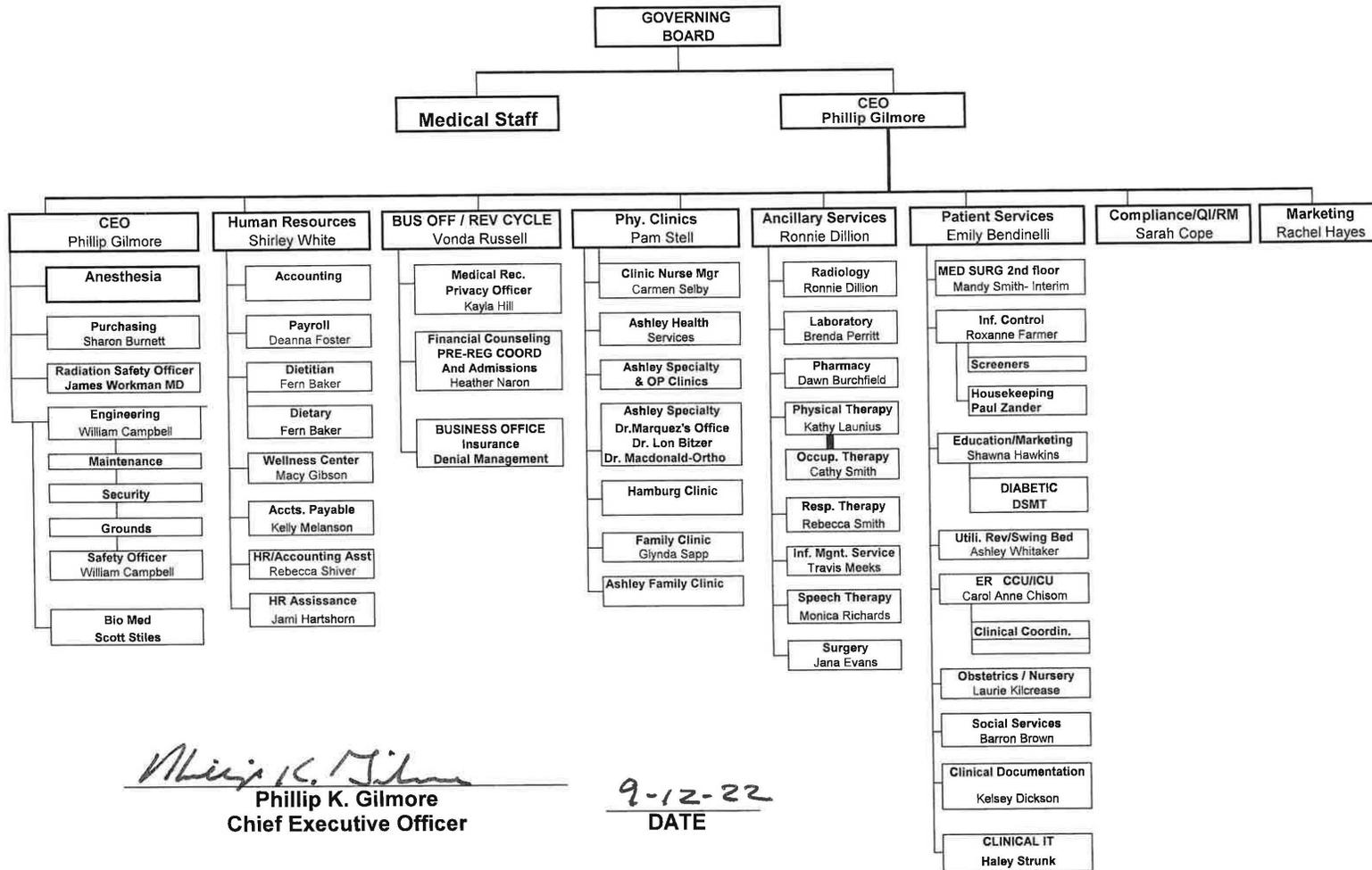
August 18, 2022

ACMC Meetings	OCCUPATION	CITY
Aaron Flemister	ACMC - CRNA	CROSSETT
Ashley Whitaker	ACMC - UR Manager	HAMBURG
Barron Brown	ACMC - Social Services	CROSSETT
Ben Gilmore	State Senator	CROSSETT
Bill Couch	ACMC - CFO	BATESVILLE
Brandy Bowen	Pharmacist & Owner, Hamburg Pharmacy	HAMBURG
Brian Holt	Holt Auto Group LP	CROSSETT
Campbell Wilkerson	Retired - Educator	CROSSETT
Carmen Selby	ACMC - Clinic Manager	HAMBURG
Carol Anne Chisom	ACMC ER/CCU	CROSSETT
David Streeter	Mayor, City of Hamburg	HAMBURG
Dawn Burchfield	ACMC Pharmacy Director	CROSSETT
Dr. Ben Walsh	ACMC - Physician Family Medicine	CROSSETT
Dr. Brad Walsh	ACMC - Physician Family Medicine	CROSSETT
Emily Bendinelli	ACMC - CNO	HAMBURG
Fern Baker	ACMC - Dietician	WARREN
Glynda Sapp	ACMC Family Clinic	CROSSETT
Howard Beaty	State Representative	CROSSETT
India Holt	Holt Auto Group LP	CROSSETT
James Hamilton	Hamilton & Hamilton PLLC	HAMBURG
Jami Hartshorn	ACMC - HR Assistant	HAMBURG
Jennifer King	Public Relations, Georgia Pacific	CROSSETT
Jenny Murphy	ACMC - APRN	HAMBURG
Judy Wilkerson	ACMC - Auxiliary	CROSSETT
Julie Bays	ACMC - APRN	CROSSETT
Katie Land	Pharmacist, Baker's Pharmacy	CROSSETT
Katlynn McCoy - Host	Host	
Kayla Hill	ACMC - Director of Health Information	JONES, LA
Kelli Brooks	ACMC - Clinic Manager	CROSSETT
Lynn Hawkins - Host	Host	
Mary Lawrence	Retired - HSD Liberian	PORTLAND

Mellie Bridewell	Host	
Monica Richards	ACMC - Speech Therapy	CROSSETT
Pam Stell	ACMC - Clinics Director	HAMBURG
Phil Gilmore	ACMC - CEO	CROSSETT
Rebecca Shiver	ACMC - HR & Employee Benefits	HAMBURG
Rebecca Smith	ACMC - Respiratory Director	HAMBURG
Richard Byrd	Byrd Law Firm	HAMBURG
Ron Miller	Ashley County Quorum Court	WILMOT
Roxanne Farmer	ACMC - Infection Preventionist	CROSSETT
Sandra Dorman	ACMC	MONTROSE
Sarah Cope	ACMC - Compliance Officer	FOUNTAIN HILL
Sharon Burnett	AMC Materials Management Director	CROSSETT
Shawna Hawkins	ACMC - Nursing Education	HAMBURG
Sherri Hawkins	ACMC - Lab	HAMBURG
Shirley White	ACMC - HR & Accounting Manager	HAMBURG
Toyce Newton	Phoenix Youth & Family Services, Inc.	CROSSETT
Tracy Streeter	Superintendent of Hamburg Schools	HAMBURG
Zanna Linder	ACMC - APRN	HAMBURG

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

Attachment G.
Ashley County Medical Center Organizational Chart



Phillip K. Gilmore
 Phillip K. Gilmore
 Chief Executive Officer

9-12-22
 DATE