



Community Health Needs Assessment
September 2022

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Introduction

Five Rivers Medical Center, Inc. d/b/a St. Bernards Five Rivers Medical Center (the Medical Center) is a not-for-profit organization located in Pocahontas, Arkansas. The Medical Center provides a wide range of services, including a 24-hour emergency department. The Medical Center is proud to provide excellent patient care, up-to-date technology, and a friendly, pleasant atmosphere to the community it serves.

About Community Health Needs Assessments

As a result of the *Patient Protection and Affordable Care Act*, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. Compliance with section 501(r) of the Internal Revenue Code (IRC) requires that a tax-exempt hospital facility:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, evaluate the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge or expertise in public health and those representing low-income, minority or medically underserved populations within the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document the Medical Center's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the community health needs assessment conducted in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, healthcare resources and patient use rates.
- Interviews with key individuals who represent a) broad interests of the community, b) populations of need and c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessments required by the IRS during tax year 2022. It will serve as a compliance document, an assessment of the impact of the previous implementation strategy, and as a resource until the next assessment cycle.

Acknowledgments

The community health needs assessment research team would like to thank all those who contributed to the community health needs assessment described herein. We are grateful for the many key interviewees who gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

Summary of Community Health Needs Assessment Process

The purpose of community health needs assessment is to identify and understand the unique health needs of the community served by the individual hospitals and to document compliance with new federal regulations pursuant to the *Patient Protection and Affordable Care Act*.

The Medical Center engaged **FORVIS, LLP** (FORVIS) to assist in conducting a formal community health needs assessment. FORVIS ranks among the nation's top 10 professional services firms, with more than 5,400 dedicated professionals who serve clients in all 50 states, as well as across the globe. The community health needs assessment was conducted from May 2022 through September 2022.

Based on current literature and other guidance from the U.S. Treasury Department and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:

- An evaluation of the impact of action taken to address the significant health needs identified in the 2019 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included in the Evaluation of Response to 2019 CHNA portion of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then assessed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of healthcare facilities and resources were prepared and evaluated for unmet needs.
- Community input was provided through interviews of eight stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

Community Served by the Medical Center

The Medical Center is located in Pocahontas, Arkansas, in Randolph County. Pocahontas is approximately 40 miles north of Jonesboro, Arkansas, the closest metropolitan area.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. There have not been significant changes to the population or healthcare environment in the area since the last needs assessment was conducted in 2019. Therefore, the Medical Center's management believes that the Medical Center community has remained unchanged. This report will include data from Randolph County.

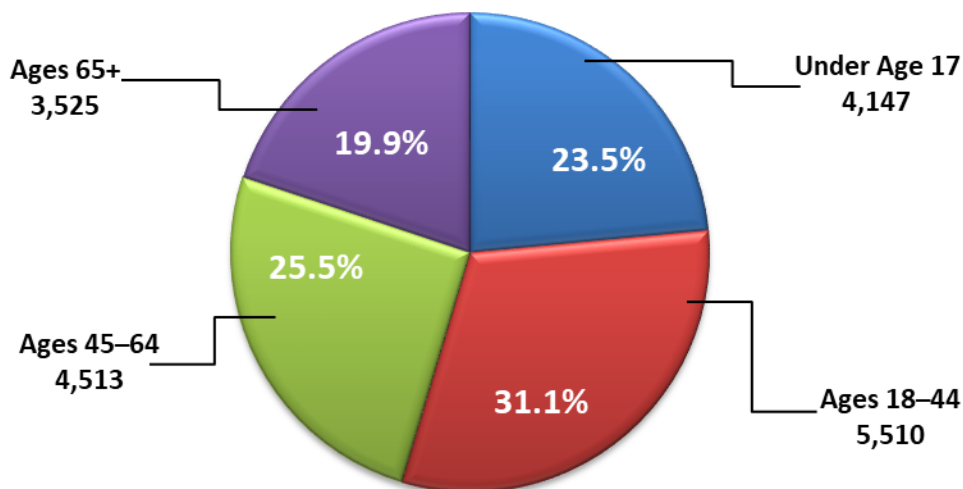
Community Characteristics

Community Population and Demographics

The community served by the Medical Center is a primarily rural area in northeast Arkansas. According to 2019 projections based on the most recent U.S. Census Bureau estimates, about 17,700 people live in Randolph County.

A major distinguishing feature of the Medical Center's community is the age breakdown of this population. The chart above shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, approximately 45% of the community's population is over age 45, which is higher than in Arkansas (42%) and higher than in the United States (41%) as a whole. This age group uses more health services than any other, so the Medical Center should prepare for increased patient volume in the near future.

Community Population by Age Group



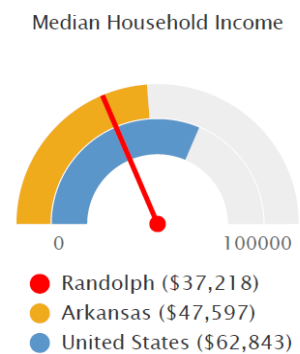
Source: CARES Engagement Network

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access healthcare services and perceive the need for healthcare services. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly to the health status of the community.

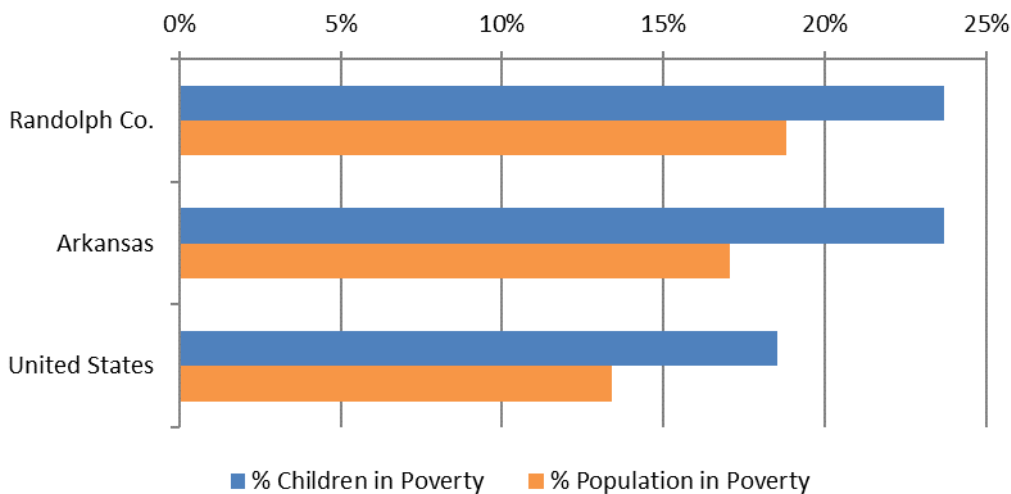
Socioeconomically, the community served by the Medical Center is similar to many other parts of rural Arkansas. About 14% of the population age 25 and older has obtained a bachelor’s degree or higher, compared to about 32% of the U.S., while about 17% of the population age 25 and older does not have a high school diploma, compared to about 12% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

The income levels of individuals within the community also have a significant effect on their ability to access health services. The median household income in the Medical Center’s community is \$37,218, compared to \$47,597 for the state of Arkansas and \$62,843 for the United States. Lower-than-average median household income suggests that many members of the community may have difficulty obtaining healthcare, especially preventive care. The following chart shows the percentage of the communities’ population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.



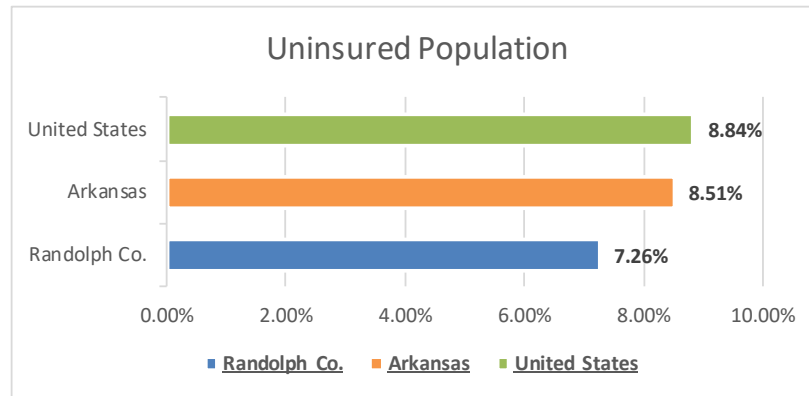
Source: CARES Engagement Network

Population in Poverty



Source: CARES Engagement Network

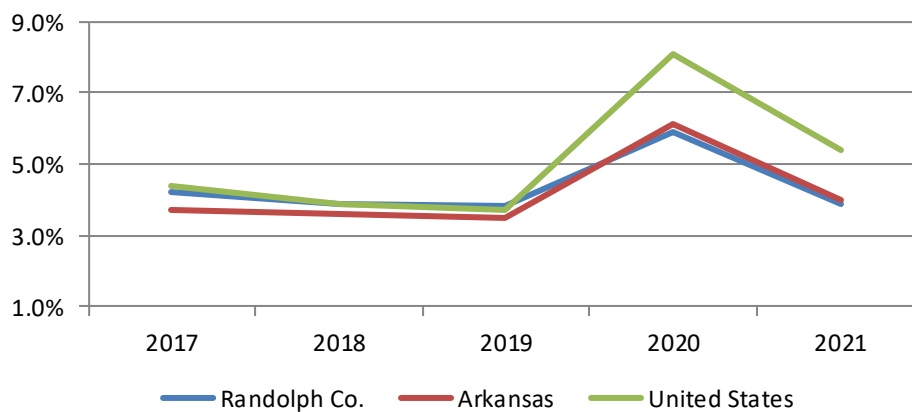
Some socioeconomic measures in the community have improved since the publication of the 2019 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Medical Center. In 2013, before this program went into effect, approximately 15% of the Medical Center’s patient encounters were uninsured, while in 2022, that number dropped to approximately 7%, representing a 53% decrease in uninsured patient encounters at the Medical Center.



Source: CARES Engagement Network

Another socioeconomic measure that had been improving in recent years, but regressed due to the COVID-19 pandemic, is the unemployment rate. The following chart reflects the unemployment rate of the community over the past years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened, and access to healthcare should be improved.

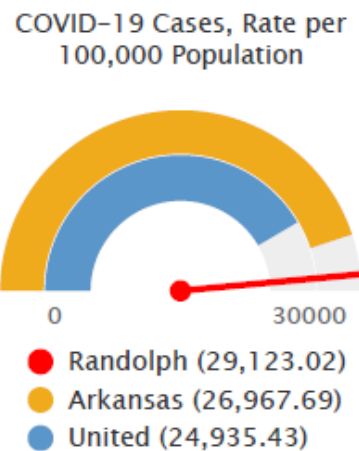
Unemployment Rates, 2017–2021



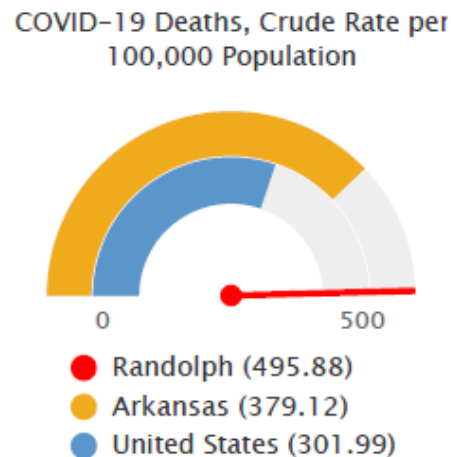
Source: CARES Engagement Network

COVID-19 Impact

This assessment was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. The community of the Medical Center had 29,123 total confirmed cases of COVID-19 as of May 19, 2022. The rate of confirmed COVID-19 cases for the Medical Center’s community was above the Arkansas and the United States averages as of May 2022. The COVID-19 virus continues to pose risks to the community of the Medical Center with higher risks for communities of color due to underlying health, social, and economic disparities.



Source: CARES Engagement Network



Source: CARES Engagement Network

Health Status of the Community

This section of the assessment reviews the health status of Randolph County residents. As in the previous section, comparisons are provided with the state of Arkansas and the United States as a whole. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify and prioritize health issues related to the health status of its community’s residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity.

According to Healthy People 2030, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate healthcare and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and healthcare providers. Some examples of lifestyle/behavior and related healthcare problems include the following:

Lifestyle	Impact on Health
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Lack of exercise	Obesity Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease
Driving at excessive speeds	Trauma Motor vehicle crashes

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation.

The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of the 75 counties in Arkansas on the following summary measures:

- Health Outcomes—rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors—rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (nine measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the relative health status of the community will be compared to the state of Arkansas as well as to a national benchmark. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment.

The following table summarizes the 2022 health outcomes and factors for the community. Each measure is described, and measures where the community underperforms the state are highlighted in red.

Based on this data, it is apparent that Randolph County has room for improvement. Health Behaviors is the most urgent area, as Randolph County ranks lower in the state, with no increase in rankings for this area since the last needs assessment. Adult smoking, adult obesity, physical inactivity, access to exercise opportunities, and teen birth rate are some of the issues under Health Behaviors that underperformed the state rankings. This information shows that there are opportunities for the Medical Center to take positive steps toward improving the community’s health.

Health Outcome/Factor	Randolph County		Arkansas	National Benchmark
	Metric	Rank		
Health Outcomes		46		
Length of Life		42		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,100		9,700	5,600
Quality of Life		48		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	27%		24%	15%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.6		5.0	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	6.2		5.6	4.0
Low birth weight – Percent of live births with low birth weight (<2,500 grams)	7%		9%	6%
Health Factors		33		
Health Behaviors		57		
Adult smoking – Percent of adults who are current smokers	25%		21%	15%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2	39%		38%	30%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.3		4.8	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	36%		30%	23%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	28%		56%	86%
Excessive drinking – Percent of adults that report binge or heavy drinking	15%		16%	15%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	17%		26%	10%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	490.0		569.8	161.8
Teen birth rate – Number of births per 1,000 female population ages 15-19	46		33	11
Clinical Care		35		
Uninsured – Percent of population under age 65 without health insurance	12%		11%	6%
Primary care physicians – Ratio of population to primary care physicians	1630:1		1470:1	1010:1
Dentists – Ratio of population to dentists	3040:1		2090:1	1210:1
Mental health providers – Ratio of population to mental health providers	960:1		400:1	250:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,567		4,178	2,233
Mammography screening – Percent of female Medicare enrollees age 65-74 that received an annual mammography screening	35%		39%	52%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	46%		47%	55%
Social and Economic Factors		29		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	85%		87%	94%
Some college – Percent of adults ages 25–44 years with some post-secondary education	61%		59%	74%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	5.9%		6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	24%		21%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.2		4.7	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	24%		28%	14%
Social associations – Number of membership associations per 10,000 population	5.6		12.0	18.1
Violent crime – Number of reported violent crime offenses per 100,000 population	295		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	99		85	61

Health Outcome/Factor	Randolph County		National	
	Metric	Rank	Arkansas	Benchmark
Physical Environment	15			
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.8		9.1	5.9
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	14%		14%	9%
Driving alone to work – Percent of the workforce who drives alone to work	82%		82%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	32%		27%	16%

Healthcare Resources

The availability of health resources is a critical component to the health of a community’s residents and a measure of the soundness of the area’s healthcare delivery system. An adequate number of healthcare facilities and healthcare providers is vital for sustaining a community’s health status. Fewer healthcare facilities and healthcare providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of healthcare resources to the residents of the community.

Hospitals and Health Centers

The Medical Center has 38 beds and is the only acute care hospital in Randolph County. The chart below summarizes hospitals that receive a share of the community’s patients, as well as more information about each hospital, including location in relation to the Medical Center.

		Facility Type	Miles from FRMC	Bed Size	Annual Discharges
St. Bernards Five Rivers Medical Center	2801 Medical Center Dr., Pochontas, AR	Short-term acute care	-	38	820
Lawrence Memorial Hospital	1309 W. Main St., Walnut Ridge, AR	Critical access	17	25	187
St. Bernards Medical Center	225 E. Jackson Ave., Jonesboro, AR	Short-term acute care	42	384	20,885
Arkansas Methodist Medical Center	900 W. Kings Hwy, Paragould, AR	Short-term acute care	42	114	3,121
Encompass Health Rehabilitation Hospital	1201 Fleming Ave., Jonesboro, AR	Rehabilitation	43	80	1,923
NEA Baptist Memorial Hospital	4800 E. Johnson Avenue, Jonesboro, AR	Short-term acute care	58	180	10,840

Source: Costreportdata.com

Lawrence Memorial Hospital – Located in Walnut Ridge, Arkansas, Lawrence Memorial is approximately 17 miles from Five Rivers Medical Center. It is a critical access hospital offering inpatient and outpatient services.

St. Bernard’s Regional Medical Center – Located in Jonesboro, Arkansas, St. Bernards is approximately 42 miles from Five Rivers Medical Center. It is a large hospital offering a full range of inpatient and outpatient services.

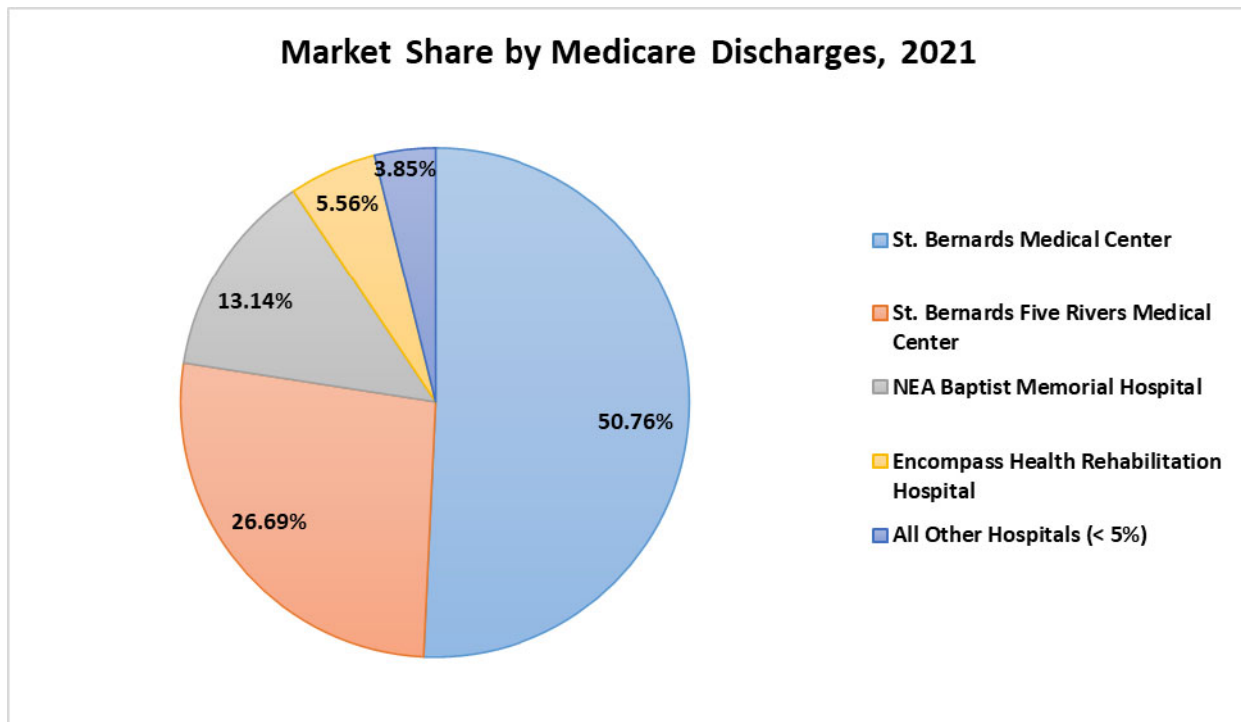
Arkansas Methodist Medical Center – Located in Paragould, Arkansas, Arkansas Methodist is approximately 42 miles from Pochontas. It is a large hospital offering a full range of inpatient and outpatient services.

HealthSouth Rehabilitation – Located in Jonesboro, Arkansas, HealthSouth is approximately 43 miles from Five Rivers Medical Center. It offers both facility-based and home-based post-acute services.

NEA Baptist Memorial Hospital – Located in Jonesboro, Arkansas, NEA Baptist is approximately 45 miles from Five Rivers Medical Center. It is a large hospital offering a full range of inpatient and outpatient services.

Medical Center Market Share

The market share of a hospital relative to that of its competitors may be based largely on services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. The chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total Medicare discharges from each hospital. This information provides an idea of summary market share as well as the outmigration of patients from the community. For 2021, the Medical Center maintained 26.69% of all discharges from the community, with St. Bernards Medical Center capturing 50.76%, NEA Baptist Memorial Hospital capturing 13.14%, and Encompass Health Rehabilitation Hospital capturing 5.56%. The remaining 3.85% of discharges are made up of numerous hospitals, each with less than 5% of total community discharges.



Because Arkansas law prohibits the Arkansas Department of Health from providing hospital-specific discharge information, the data in the chart above was estimated based on Medicare discharges by ZIP code and hospital, which is available from the Centers for Medicare & Medicaid Services.

Other Healthcare Facilities and Providers

Besides the Medical Center, community residents benefit from many other healthcare resources:

Pocahontas Medical Clinic – Located in Pocahontas, Arkansas, the Pocahontas Medical Clinic provides primary care and specialty services, including general surgery, hospitalist medicine, pediatric care, orthopedics, neurology, nephrology and cardio thoracic surgery.

Area Nursing Homes – There are several nursing homes in the community that provide residential, medical and rehabilitative services to the elderly and disabled in the community.

County Health Units – Randolph County’s health unit exists to promote and protect the public’s health. The local health units provide services including family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease testing, tuberculosis testing and treatment, breast care and cervical cytology follow-up, environmental services, home health and personal care services.

Corning Area Healthcare, Inc. (CAHI) – With clinics in Corning, Pocahontas and Walnut Ridge, Arkansas, CAHI provides a wide range of primary services, employing physicians, family nurse practitioners, social workers and nurses. CAHI is open to all residents, regardless of insurance status, and reduced-cost care is offered based on patients’ ability to pay.

Key Interviewees

Surveys taken by key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These surveys are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the ethnic minorities, or the elderly.

Methodology

Surveys with key interviewees were conducted in May through June 2022. Interviewees were asked a series of questions that included their opinions in public health and were evaluated with replies to the county in which they reside, and how many years they have worked in their current position.

All interviews were conducted by Medical Center personnel using a standard questionnaire. A copy of the interview instrument is included in the appendices. A summary of the interviewees’ opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the community
- Barriers to improving health and quality of life for residents of the community
- Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues
- Delineation of the most important healthcare issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Interview Results

As stated earlier, the interview questions for each key interviewee were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved population and communities of need
3. Barriers
4. Most important health and quality of life issues

While many issues were raised during the interviews, a few items stood out as being particularly important. These issues are summarized below.

- On average, the interviewees were optimistic about the health status of the community. On a scale of 1 to 10, the interviewees rated the quality of life in the community an average of 6.5. Of the eight interviews, three, or 38%, felt that quality of life in the community had improved over the last three years, while two, or 25%, felt it had declined, and three, or 38%, felt it stayed the same.
- Interviewees mentioned a few factors that contributed to the improved health and quality of life, including changes and updated equipment in healthcare, new parks and recreational facilities, as well as advances and increased access to healthcare.
- Declining financial status of the community's population was mentioned as a factor leading to decline in health and quality of life in the community.
- There is a growing population of people from the Marshall Islands in the community. The Marshallese community has several specific health issues, including higher incidences of cancer and other diseases, language barriers and general lack of health knowledge. Additional outreach by the Medical Center could help the Marshallese community overcome the barriers they face in obtaining healthcare.
- The most critical health and quality of life issues in the community were indicated to be obesity, diabetes, and cancer.
- Other issues affecting health and quality of life in the community that were mentioned include low income, poor eating habits, alcohol and drug abuse, cancer, mental health decline, affordable and available healthcare, and a need for good schools.
- The interviewees expressed a need for health and wellness education, such as healthy eating and fitness habits; more drug screenings and health screenings, such as BMI, physicals, not only for youth but also for adult workforce; research on cancer rates in the community; mental health awareness and outreach; and affordable and accessible fitness centers.

Evaluation of Response to 2019 CHNA

The Medical Center prepared an implementation strategy in response to the needs identified in its 2019 needs assessment. A listing of those needs, along with the steps taken by the Medical Center to address them, is below.

- Diabetes
 - The Medical Center added an APRN/Certified Diabetic Educator to the hospital staff, who implemented a quality monitoring and improvement program based on recommendations from the American Diabetes Association.
 - The Medical Center hosts a program called Diabetes Prevention Program. This program consists of a series of sessions that provide information, assigns homework, and offers feedback in stages to optimize behavioral change. The program focuses on moderate changes in both diet and physical activity to achieve moderate weight loss over time and is available to prediabetics age 18 and older.
 - The Medical centers provides written education to all patients receiving IV contrast and also taking Metformin. The education describes the potential for diabetic complications that can occur as a result of taking these medications within 48 to 72 hours after receiving IV contrast.
 - The Medical Center provides basic and skilled home healthcare for homebound patients. This includes education regarding managing medications, diabetic diet, general healthcare and incorporation secondary diagnosis.
- Cancer
 - The Medical Center hosts St. Bernards Medical Center's Mobile Mammography unit on a weekly basis to provide access to mammograms for residents of Randolph County and the surrounding area who are unable to travel for this service. The Women's Health Mobile Mammography Unit provides free mammograms for those who cannot otherwise afford it.
 - The Medical Center participates in the Breast Assured Program. This is a grant-funded program and provides women who do not have health insurance or qualify for breast care, Medicare or Medicaid the opportunity to seek breast care. Services covered include digital screening and diagnostic mammograms, breast ultrasounds and biopsy services if needed.
 - The Medical Center participates in the Randolph County Relay for Life event in partnership with the American Cancer Society. This event brings recognition and support to the challenges faced by people impacted by cancer and supports ongoing research into cancer treatments.
 - The Medical Center offers supportive/palliative care. The goal of supportive and palliative care is to prevent and treat symptoms of life-threatening diseases and side effects of intense curative treatments. It is designed to help patients tolerate aggressive medical management easier and therefore with greater success, to live longer and be able to perform daily activities with less effort and greater contentment.

- The Medical Center partners with St. Bernards Hospice to coordinate home-based and residential hospice care, as well as provide respite care services to families and caregivers as needed.
- Tobacco Use
 - The Medical Center works on developing, enhancing, and implementing education and resources to help patients and the community quit smoking and vaping. The Medical Center works on developing and enhancing provider education to increase engagement of tobacco cessation and assessment of willingness to quit.
 - In order to engage and reach youth, the Medical Center partners with local school districts and health departments to discuss efforts around vaping and e-cigarette prevention as well as provide education for pre-teens, adolescents, and parents.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of actions taken by the Medical Center in response to the previous needs assessment. The Medical Center believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors as well as surveys and interviews, a few health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population, and availability of community resources to address the need.

As a result, the following significant needs were identified:

1. Health and wellness education
2. Obesity
3. Diabetes
4. Cancer

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the Medical Center's website. Public comments on this assessment may be directed to the Medical Center's management at 2801 Medical Center Drive, Pocahontas, Arkansas 72455.

APPENDICES

APPENDIX A
KEY INTERVIEW PROTOCOL

Page 1: Community Needs Assessment**Q1: Contact Information**

Name

Company

Address

City/Town

ZIP/Postal Code

Email Address

Phone Number

Q2: Which county do you live in?**Q3: How many years have you worked in your current position?****Q4: On a scale of 1 to 10, with 1 being lowest and 10 being highest, how would you rate health and quality of life in your area?****Q5: In your opinion, has health and quality of life changed over the past few years?****Q6: Based on your answer in question 5, what are your reasons for choosing that answer?****Q7: What other factors have contributed to the improvement, staying the same, or decline of the health and quality of life in your county?****QB: Are there people or groups of people in your county whose health and quality of life may not be as good as others? Please select from the options below.****Q9: Based on your answer in question B, what are the reasons you feel their health and quality of life has been affected?****Q10: In your opinion, what are the most critical health and quality of life issues in your county?****Q11: Based on your answers in question 10, what needs to be done to address these issues?****Q12: Is there anyone else that you would recommend that we interview?**

APPENDIX B

SOURCES

Sources

CARES Engagement Network,
<<https://engagementnetwork.org/assessment/>>

County Health Rankings & Roadmaps,
<www.countyhealthrankings.org>

Cost Report Data. Online Medicare Cost Report Worksheets and Data Sets,
<<http://www.costreportdata.com/index.php>>

HealthyPeople 2030,
<<http://www.healthypeople.gov/>>

CMS Hospital Service Area,
<<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File/index.html>>