

**Hot Spring County Medical Center
Malvern, Arkansas**



**Community Health Needs
Assessment
May 2013**

Table of Contents

Community Health Needs Assessment Requirement	3
Executive Summary	4
Hot Spring County Medical Center Mission, Vision and Values	7
Community Health Needs Assessment Overview and Methodologies	8
Hot Spring County Medical Center Community Health Needs Assessment	12
Appendix A – Community Served Detailed ZIP Codes	20
Appendix B – Community Health Resources	21

Community Health Needs Assessment Requirement

According to the Patient Protection and Affordable Care Act (PPACA), all tax-exempt hospitals must conduct a Community Health Needs Assessment (CHNA) once every 3 years. A CHNA is a written document developed for a hospital that includes a description of the community served by the hospital; the process used to conduct the assessment including how the hospital took into account input from community members including those with special knowledge of or expertise in public health; identification of any persons with whom the hospital has worked with on the assessment; and the health needs identified through the assessment process. The CHNA written report must include descriptions of the following:

- The community served and how the community was determined
- The process and methods used to conduct the assessment including sources and dates of the data and other information as well as the analytical methods applied to identify community health needs
- How the organization took into account input from persons representing the broad interests of the community served by the hospital, including a description of when and how the hospital consulted with these persons or the organizations they represent
- The prioritized community health needs identified through the CHNA as well as a description of the process and criteria used in prioritizing the identified needs
- The existing health care facilities and other resources within the community and available to meet community health needs

The CHNA requirement also includes that hospitals must adopt an Implementation Strategy to meet the community health needs identified through the assessment. An Implementation Strategy is a written plan that addresses each of the community health needs identified through a CHNA. The plan must include the following:

- List of the prioritized needs the hospital plans to address and the rationale for not addressing the others
- Actions the hospital intends to take to address the chosen health needs
- The anticipated impact of these actions and the plan to evaluate such impact (e.g. identify the data sources you will use to track the plan's impact)
- Identify the programs and resources the hospital plans to commit to address the health need
- Describe any planned collaboration between the hospital and other facilities or organizations in addressing the health need.

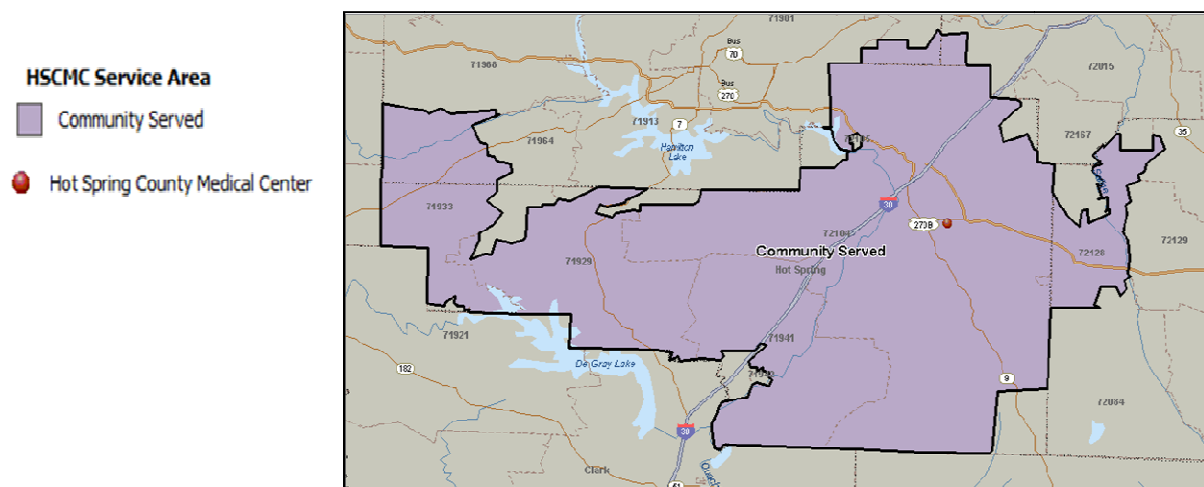
A CHNA is considered conducted in the taxable year that the written report of its findings, as described above, is approved by the hospital governing body and made widely available to the public. The Implementation plan is considered implemented on the date it is approved by the governing body. Conducting the CHNA and approval of the Implementation Strategy must occur in the same fiscal year. CHNA compliance is reported on IRS Form 990, Schedule H.

Executive Summary

The Community Health Needs Assessment (CHNA) is a requirement of all tax exempt (501(c)(3)) hospitals beginning with fiscal year 2013. As part of the IRS Form 990, Schedule H, individually licensed not-for-profit hospitals are required to assess the health needs of their community, prioritize the health needs, and develop implementation plans for the prioritized health needs they have chosen to address.

Hot Spring County Medical Center (HSCMC) has been working with Truven Health Analytics (formerly the Healthcare Business of Thomson Reuters) since December 2012 on completing the CHNA for their facility.

HSCMC is the only acute care hospital in Hot Spring County therefore all ZIP codes in Hot Spring County are part of the community served definition. Additionally, one ZIP code in Grant County (72128) is considered part of the HSCMC community served. This ZIP code represents greater than or equal to 2 percent of the HSCMC combined inpatient discharges/outpatient visits and HSCMC has greater than or equal to 20 percent inpatient market share in this ZIP code. **Appendix A** includes a detailed list of the ZIP codes for HSCMC community served.



To facilitate the qualitative and quantitative data collection, Hot Spring formed a CHNA Advisory Group consisting of representatives from the facility. Additionally, members of the CHNA Advisory Group participated in the community health needs prioritization process and will be integral in the implementation planning to address health needs.

In December 2012, members of the Truven Health team conducted interviews (both one-on-one and small group) and a focus group to take into account input from persons who represent the broad interests of the community served by the hospital (a CHNA requirement). As a part of this process, 10 interviews and 1 focus group were conducted. Individuals interviewed included Zach Owens a representative from the Arkansas State Police, Becky Allen, a nursing home administrator. Internal HSCMC staff included Sheila Williams, Dee Schall, Dennis Morris, Dr. Shawn Purifoy, Sherry Wylie, Dr. Ray Bollen, Dr. Terrell Bishop, Mary Evelyn Lawrence, Dr. Allen Gerber, and Ann Gasper. Focus Group

participants included Kevin Lock (patient/consumer), Kathy Ramsey (Market President at Southern Bancorp), Rick Culpepper (Plant Manager at Flakeboard), Bobby Goodknight (Pastor at Magnet Cove), Gerald Songer (Division Chair at the College of the Ouachitas), Roger Coomer (CFO at the College of the Ouachitas), Nikki Cranford Launius (Executive Director at the Chamber of Commerce), Chyra Worthington (Administrator at Arbor Oaks Healthcare & Rehabilitation Center), and SuEllen Simpson (Administrator at the Arkansas Department of Health).

The interviews revealed that the majority of individuals graded the health of the community a “C.” Much of this is attributed to lifestyle choices, lack of education (health and formal) and the lack of preventive/healthcare services. The need for more healthcare providers and services as well as improved access to health care was identified as top health needs across all those interviewed. Some barriers to good health included lifestyle choices and health education. Children (including infants and teens), the elderly, and minority populations were identified as those being most at risk.

In April 2013, Truven Health presented the findings of the community health needs assessment and facilitated the prioritization of health needs with representatives from the Hot Spring County Medical Center. Prioritization meeting participants included Sheila Williams (CEO), Dee Schall, RN (CNO), Ann Gasper (Marketing Director), and Cindy Harp, RN (Compliance/Employee Health).

Health needs were defined to 7 distinct categories – Access to Care, Lifestyle/Prevention, Mental Health, Conditions/Diseases, Health Outcomes, Environmental, and Socioeconomic. The health needs identified in the focus group and interviews as well as through the health indicators for HSCMC are outlined in the table below.

Health Needs	Interview & Focus Groups	Secondary Data
Mental Health	x	x
Conditions/Diseases		
Hypertension	x	x
High Cholesterol		x
Diabetes	x	
Cancer		x
Stroke		x
CLRD		x
Arthritis		x
Health Outcomes		
Premature Death		x
Injury Deaths		x
Low Birthweight		x
Poor or Fair Health Status	x	x
Environment		
Inadequate Social Support		x
Lack of Recreational Facilities	x	x
Access to Healthy Food	x	x
Percentage of Fast Food Restaurants		x
Transportation	x	na
More Community Resources	x	
Socioeconomic	x	

Health Needs	Interview & Focus Groups	Secondary Data
Access to Care	x	
Uninsured	x	
Lack of PCPs	x	x
Lack of Specialists	x	na
Lack of OB Svcs	x	na
Preventable Hospital Stays	x	x
Lifestyle/Prevention	x	
Obesity	x	x
Physical Inactivity	x	
Smoking	x	x
Alcohol Abuse	x	x
Substance Abuse	x	na
Teen Birth Rate		x
Healthy Eating	x	
Health Education	x	na
Mammography		x
Pap test		x
Diabetic Screening		x
Personal Responsibility for Health	x	na

The Prioritization Work Group selected criteria to help prioritize the health needs. The criteria selected included magnitude (how big is the problem), quick success (how fast can the problem be addressed), feasibility (is the problem amenable to interventions?), hospital capacity (does the hospital have the capacity to act on the issue?), and hospital strength (extent to which initiatives that address the health issues can build on hospital existing strength and resources). Using these criteria, each health need was rated to determine a score for each health need.

The table below indicates the health needs identified for HSCMC. The highlighted items correspond to the 5 health needs that scored the highest in the prioritization process.

Problem	Problem Importance Index
1. Mammography	40
2. Hypertension	36
3. Stroke	36
4. Mental Health	34
5. Lack of PCP's	34
6. Poor/Fair Health Status	28
7. Smoking	25
8. Injury Deaths	22
9. Fast Food Restaurants	22
10. Obesity	21
11. Preventable Hospital Stays	19
12. Arthritis	18
13. Alcohol Abuse	16
14. Access to Healthy Food	15
15. Lack of Recreational Facilities	14

After selecting the community health needs that will be addressed, an implementation plan will be developed for each health need. Additionally, the CHNA process requires an organization to provide rationalization for those health needs that are not addressed. HSCMC will be working internally to complete this process. The implementation plans will then need to be approved by the HSCMC governing body and attached to the IRS Form 990, Schedule H, for the 2013 filing.

Hot Spring County Medical Center Mission, Vision and Values

MISSION

The mission of Hot Spring County Medical Center is to serve our community by providing quality and convenient healthcare services through professional excellence, compassion, and respect.

VISION

The vision of HSC Medical Center is to become the primary healthcare provider for our community by meeting the needs and expectations of our patients, families, and community.

VALUES

Excellence: To serve others through our dedication to the highest professional standards of care.

Compassion: To place caring and concern for others as a priority.

Respect: To hold others in high regard.

Community Health Needs Assessment Overview and Methodologies

The Community Health Needs Assessment (CHNA) is a requirement of all tax exempt (501(c)(3)) hospitals beginning with fiscal year 2013. As part of the IRS Form 990, Schedule H, individually licensed not-for-profit hospitals are required to assess the health needs of their community, prioritize the health needs, and develop implementation plans for the prioritized health needs they've chosen to address

Hot Spring County Medical Center partnered with Truven Health Analytics (formerly the Healthcare Business of Thomson Reuters) to complete a Community Health Needs Assessment (CHNA) for their facility:

Consultant Qualifications & Collaboration

Truven Health Analytics and its legacy companies have been delivering analytic tools, benchmarks, and strategic consulting services to the healthcare industry for over 50 years. Truven Health combines rich data analytics in demographics (including the Community Needs Index, developed with Dignity Health), planning, and disease prevalence estimates with experienced strategic consultants to deliver comprehensive and actionable Community Health Needs Assessments. Hot Spring County Medical Center did not collaborate with any other local organization in completing this assessment.

Defining the Community Served

HSCMC is the only acute care hospital in Hot Spring County therefore all ZIP codes in Hot Spring County are part of the community served definition. Additionally, one ZIP code in Grant County (72128) is considered part of the HSCMC community served. This ZIP code represents greater than or equal to 2 percent of the HSCMC combined inpatient discharges/outpatient visits and HSCMC has greater than or equal to 20 percent inpatient market share in this ZIP code.

Assessment of Health Needs – Methodology and Data Sources

To assess health needs of the HSCMC community, a quantitative and qualitative approach was used. In addition to collecting data from a number of public and Truven Health proprietary sources, interviews (both in-person and telephone) and a focus group were conducted with individuals representing community leaders/groups, public organizations, patients, providers, and HSCMC representatives.

Quantitative data sources include:

- Health Indicators Warehouse
 - National Vital Statistics System – Mortality (CDC, NCHS), 2007-2009
 - Linked Birth/Infant Death Data Set (CDC, NCHS), 1998-2008
- Arkansas Department of Health
 - Health Statistics Branch (ADH, HSBCS), 2005-2007, 2010
 - Arkansas Department of Health BRFSS, 2009, 2010, 2004-2010
- County Health Rankings
 - County Health Rankings (NCHS), 2002-2008, 2006-2008
 - County Health Rankings (BRFSS), 2004-2010, 2010
 - County Health Rankings (NCHHSTP), 2009

- County Health Rankings (Medicare/Dartmouth Institute), 2009
- County Health Rankings (Health Resources & Services Administration), 2010
- County Health Rankings (American Community Survey), 2006-2010
- County Health Rankings (FBI), 2007-2009
- County Health Rankings (USDA), 2006
- County Health Rankings (Census County Business Patterns), 2009
- Truven Health Analytics
 - Community Need Index, 2012
 - Emergency Department Estimates, 2012
 - Heart Disease Estimates, 2011
 - Cancer Estimates, 2011
 - Demographics (Nielsen), 2000, 2012, and 2017 ZIP Code estimates
 - Insurance Coverage Estimates, 2012

Qualitative Assessment of Health Needs

To take into account the input of persons representing the broad interests of the community, Truven Health conducted interviews (both one-on-one and small groups) as well as a focus group in December 2012. The interview questionnaire was designed to understand how participants feel about the general health status of the community and the various drivers contributing to health issues. 10 interviews were completed for the CHNA process for HSCMC. Individuals were grouped into the following categories to ensure broad participation: community leaders/groups, public health and other healthcare organizations, other providers (including physicians), and HSCMC representatives.

A focus group was also conducted to solicit feedback from community members. The focus group was designed to familiarize community members with the CHNA process and gain a better understanding of the community's perspective of priority health needs. The focus group was formatted for individual as well as small group feedback and also helped identify other community organizations already addressing health needs in the community.

Quantitative Assessment of Health Needs

In addition to the qualitative feedback, quantitative health indicators were collected and analyzed to assess community health needs. 42 indicators were evaluated for Hot Spring County and Grant County (to account for the additional Grant County community served ZIP code).

The categories and indicators included the following:

Arkansas Top Cause of Death <ul style="list-style-type: none"> • 2007-2009 Heart Disease Death Rate • 2007-2009 Overall Cancer Death Rate • 2007-2009 Stroke Death Rate • 2005-2007 Chronic Lower Respiratory Disease-Related Death Rate • 2005-2007 Diabetes-Related Death Rate • 2007-2009 Injury Death Rate 	Health Outcomes <ul style="list-style-type: none"> • 2006-2008 Premature Death Rate • 2002-2008 Low Birth Weight • 1999-2008 Infant Death per 1000 Live Births • % Fair/Poor Health • Physically Unhealthy Days • Mentally Unhealthy Days 	Chronic Conditions <ul style="list-style-type: none"> • 2009 % Have Hypertension • 2009 % Have High Cholesterol • 2010 % Currently Has Doctor Diagnosed Asthma • 2010 % Have Diabetes • 2010 % Have Angina or Coronary Heart Disease • 2009 % Have Arthritis
Socioeconomic <ul style="list-style-type: none"> • 2006-2010 % No Social-Emotional Support • 2006-2010 % Single-Parent Households 	Environment <ul style="list-style-type: none"> • 2007-2009 Violent Crime Rate • 2009 Recreational Facility Rate • 2006 % Limited Access to Healthy Foods • 2009 % Fast Food Restaurants 	Access <ul style="list-style-type: none"> • 2009 Preventable Hospital Stays Rate • 2010 % No Personal Doctor • Ratio of Primary Care Physicians to Population • 2012 Uninsured
Health Behaviors <ul style="list-style-type: none"> • 2004-2010 % Adult Smoking • 2010 % Are Obese • 2010 % No Exercise • 2004-2010 % Binge Drinker • 2009 Sexually Transmitted Infections • 2002-2008 Teen Birth Rate • 2009 % Consume Less Than 5 Fruits & Vegetables Per Day 	Prevention <ul style="list-style-type: none"> • 2010 % Age 50 + Never had a Sigmoidoscopy or Colonoscopy • 2010 % Age 40+ No Mammogram in Past 2 Years • 2010 % Women (Age 18+) No Pap Test in Past 3 Years • 2010 % Men (Age 40+) No PSA test in 2 years • 2010 % Age 65 + No Flu Shot In Past Year • 2010 % Adults Ages 18 - 64 No HIV Test • 2009 Diabetic Screening 	

For each health indicator, a comparison was made between the service area county level data and the data for the United States and the State of Arkansas. For HSCMC, the State of Arkansas health indicator

scores were used as the comparative benchmark. Health needs were identified where the service area county indicator did not meet the state level benchmark.

Information Gaps

The most geographically detailed health indicators are only available at the county level. This presents a number of challenges for the health indicators evaluated for HSCMC. In evaluating data for entire counties versus ZIP code level data, it is difficult to understand the health needs for specific population pockets within a county. It is also a challenge to tailor programs to address community health needs as placement and access to those programs in one part of the county may or may not actually impact the population who truly need the service.

Prioritizing Community Health Needs

Using the qualitative feedback from the interviews and focus group and the health indicators data, a list of community health needs were identified for HSCMC. To prioritize the identified health needs, Truven Health facilitated a prioritization session the CHNA Advisory Group that included Sheila Williams (CEO), Dee Schall, RN (CNO), Ann Gasper (Marketing Director), and Cindy Harp, RN (Compliance/Employee Health).

Utilizing a modified version of a method developed by Hanlon and his colleagues (see Hanlon & Pickett, 1990), HSCMC representatives selected criteria in order to prioritize the health needs. The original list included 9 criteria including magnitude of the health need, consequences as a result of the health need, feasibility that the problem is amenable to interventions, impact of the health need on vulnerable populations, whether the health need is a root cause for other issues, hospital capacity to address the issue, whether the issue can be addressed using the hospital's existing strengths and resources, the availability of local expertise to address the issue, and the probability of quick success. Participants were asked to select the top 3-5 prioritization criteria.

Using a multi-voting process, the criteria selected included **magnitude**, **quick success**, **feasibility** (is the problem amenable to interventions?), **hospital capacity** (does the hospital have the capacity to act on the issue?), and **hospital strength** (extent to which initiatives that address the health issues can build on hospital existing strength and resources). After choosing the criteria, HSCMC representatives worked in a group and each community specific health need was rated using the criteria selected to determine a score for each health need. Health needs that scored the highest against the selected criteria served as the starting point for the health needs to be addressed.

Summary

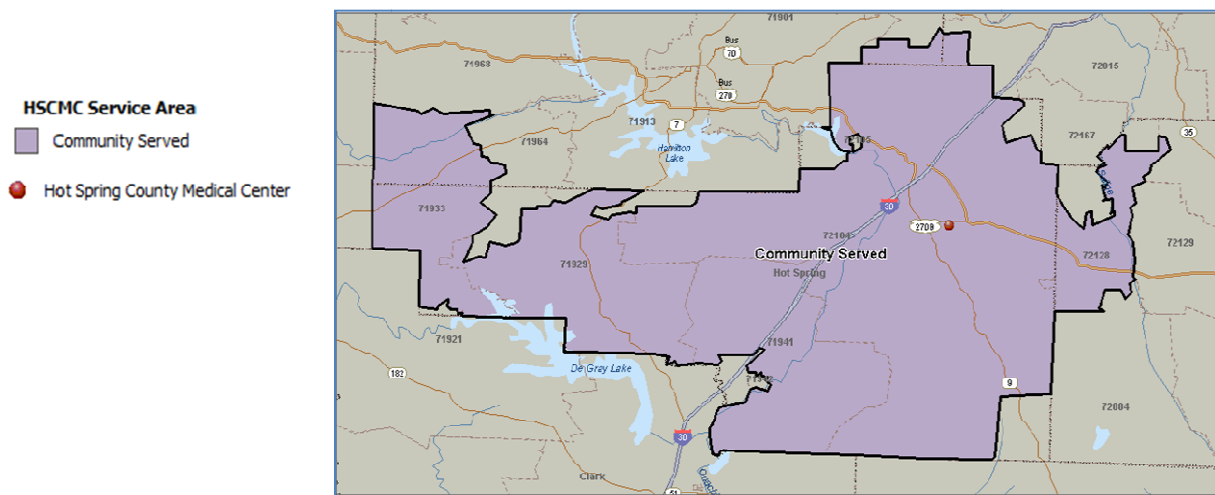
HSCMC conducted a Community Health Needs Assessment between December 2012 and April 2013 to identify and begin to address the health needs of the community they serve. Using both qualitative community feedback as well as publically available and proprietary health indicators, HSCMC was able to identify and prioritize community health needs to continue fulfilling its mission to provide quality healthcare services to the community.

Hot Spring County Medical Center Community Health Needs Assessment

Hot Spring County Medical Center (HSCMC) is a 72-inpatient bed facility that provides comprehensive healthcare services to residents in Hot Spring County, Grant County and surrounding areas. This facility includes medical/surgical beds as well as an acute hospice and ICU and step down unit. In addition to an emergency department, HSCMC has outpatient services, a sleep lab, wound care services, and home health. HSCMC had over 30,000 inpatient discharges, outpatient visits, and emergency visits last year.

Definition of Community Served

HSCMC is the only acute care hospital in Hot Spring County therefore all ZIP codes in Hot Spring County are part of the community served definition. Additionally, one ZIP code in Grant County (72128) is considered part of the HSCMC community served. This ZIP code represents greater than or equal to 2 percent of the HSCMC combined inpatient discharges/outpatient visits and HSCMC has greater than or equal to 20 percent inpatient market share in this ZIP code.



Community Served Demographics

Compared to state and national averages, the community served by HSCMC:

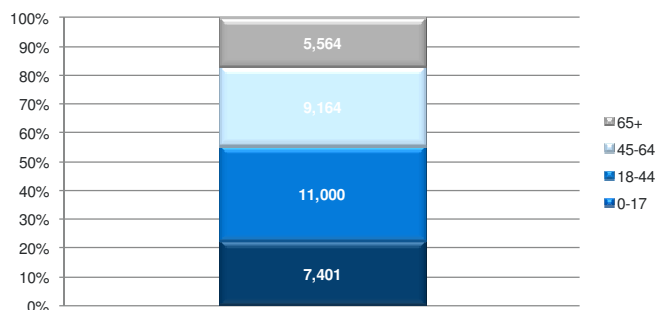
- Projected to have slower growth over the next five years
- Has a lower proportion of 0-17 year olds, but a higher concentration of individuals over the age of 65
- Has a much higher rate of women of child-bearing age
- Medicaid and Uninsured concentrations are in line with state and national benchmarks
- Lower median HH income compared to the U.S., but higher than the state median

Benchmarks/Baptist Health Community	Total Current Population	5 Year Population Change	% of Population 0-17	% of Population 65+	% of Women of Child-Bearing Age (15-44)	% of Non White Population	Insurance Coverage		Median HH INCome
United States	313,095,504	3.9%	24.0%	13.0%	20.0%	37.0%	15.0%	16.0%	\$50,054
Arkansas	2,965,859	4.6%	25.0%	14.0%	20.0%	26.0%	17.0%	18.0%	\$33,015
Hot Spring	33,129	3.4%	22.3%	16.8%	35.0%	19.0%	17.0%	17.0%	\$38,740

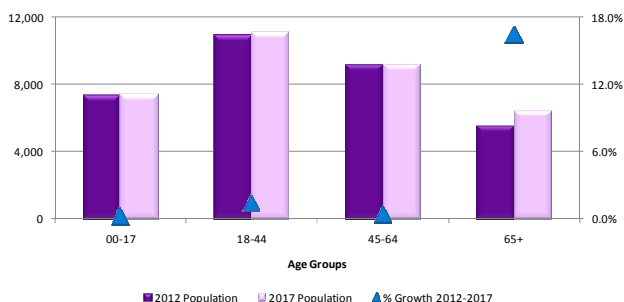
The community served by HSCMC population is approximately 33,129. By 2017, this population is projected to grow 3.4%. While the largest portion of the population is made up of White Non-Hispanics (27,729), in the next 5 years, the largest percentages of growth will be in the Hispanic (+27%, +272 individuals) population. The largest growth in population will take place among White Non-Hispanics (+588 individuals) between 2012 and 2017.

The 18-44 age group constitutes the largest portion of the HSCMC community served, followed by the 45-64 age group.

2012 Population by Age HSCMC



2012-2017 Population Change by Age HSCMC



By 2017, the age 65+ population will have the largest percentage of growth.

The median household income for the HSCMC community served is \$38,740. Over 48% of individuals have private insurance; either employer sponsored insurance (43%) or individually purchased (5%). Another 17% are covered by Medicaid, 17% are uninsured and 18% are covered by Medicare or are Medicare Dual Eligible.

Interviews & Focus Groups

Interviewees and focus group participants were categorized into representative groups. In the chart below, an “I” indicates an interview and “FG” indicates participation in a focus group. For individuals outside Hot Spring County Medical Center, representative organizations have been listed. The individuals highlighted in yellow indicate public health experts (those with special training or expertise in public health).

Consumers	Community Leaders/ Groups	Public and Other Organizations	Other Providers	HSC Medical Center	
Lock, Kevin (FG)	Ramsey, Kathy (Market President, Southern Bancorp, FG)	Owens, Zach (State Trooper- Arkansas State Police, I)	Allen, Becky (Nursing Home Administrator, I)	Morris, Dennis (Director of Physical Therapy- HSCMC, I)	Bollen, M.D., Ray (ER Physician- HSCMC, I)
	Culpepper, Rick (Plant Manager- Flakeboard, FG)	Songer, Gerald (Division Chair- College of the Ouachitas, FG)	Worthington, Chyra (Administrator- Arbor Oaks Healthcare & Rehab Center, FG)	Williams, Shelia (CEO- HSCMC, I)	Bishop, M.D., Terrell (Psychiatrist- HSCMC, FG)
	Goodknight, Bobby (Pastor- Magnet Cove, FG)	Coomer, Roger (CFO- College of the Ouachitas, FG)	Simpson, SuEllen (Administrator- Arkansas Department of Health, FG)	Schall, Dee (CNO- HSCMC, I)	Lawrence, Mary Evelyn (Hospital Auxiliary President- HSCMC, FG)
		Launius, Cranford Nikki (Executive Director- Chamber of Commerce, FG)		Purifoy, M.D., Shawn (Physician- HSCMC, I)	Gerber, M.D., Allen (Surgeon- HSCMC, I)
				Wylie, Sherry (Director of Home Health- HSCMC, I)	Gasper, Ann (Director of Marketing & Foundation- HSCMC, I)

In the interview process, the majority of individuals gave the health of the community a grade of “C.”

The major issues contributing to this health status include lifestyle choices, lack of preventive care and education, and missing healthcare services.

For the HSCMC community, the top five health needs identified in the interview process include:

1. Healthcare Providers/Services
2. Health Education
3. Access
4. Lifestyle/Prevention
5. Transportation

Barriers to good health care in this community include the lack of health education, lifestyle choices, financial resources, and insurance coverage. Children (including infants and teens), the elderly and minority populations were identified as vulnerable groups that will need special attention when addressing health needs.

Focus group participants were also asked to “grade” the health of the community based on an A-F scale, provide feedback in terms of that grade, and work in small groups to determine the top 3 health needs of the community. For the HSCMC community, the average grade for the health of the community was a “C.” Much of this was attributed to the prevalence of chronic diseases/conditions, lifestyle choices (i.e. adult smoking), and missing services/resources such as biking trails. Participants also felt that the local population is not transient so there is not much growth. However, it is a relatively safe area and they exceed in agriculture.

The focus group split into three smaller groups to determine the top 3 health needs of the community. Group 1 selected access, addiction, and obesity. Group 2 selected specialty care, obesity, and insurance coverage. Group 3 selected education, safer facilities for exercise, and obesity.

In the same small groups, focus group participants were asked to identify community resources that could help address the health issues in the community. Some of the resources identified include:

<ul style="list-style-type: none">▪ Health Department▪ HSCMC▪ Food Banks▪ Public School System▪ Banks▪ Ministerial Alliance▪ Smith House	<ul style="list-style-type: none">▪ ROSE▪ Cup of Water▪ Central Arkansas Development Council▪ Red Cross▪ Health Fairs▪ Harvest for Hope	<ul style="list-style-type: none">▪ READ▪ Boys & Girls Club▪ Doctors/Dentists▪ Churches▪ Welfare Office▪ Chamber▪ One-Stop
--	--	--

Appendix B includes a more comprehensive list of existing community resources available to address the health needs of the community.

Health Indicators

While the community served was defined at the ZIP code level, the most geographically detailed health indicators were only available at the county level. For that reason, health indicators for HSCMC were evaluated by Hot Spring (HS) and Grant (G) counties. These counties represent the ZIP codes within the community served.

Health needs for those counties that did not meet the state benchmark include:

Cause of Death

- Cancer (G)
- Stroke (HS)
- Chronic Lower Respiratory Disease (G,HS)
- Injury Related Deaths (HS)

Chronic Conditions

- Hypertension (G,HS)
- High Cholesterol (HS)
- Coronary Heart Disease (G,HS)
- Arthritis (G,HS)

Prevention

- Mammography (HS)
- Pap Test (G)
- Diabetic Screening (HS)

Access

- Lack of PCPs (G,HS)
- Preventable Hospital Stays (G,HS)

Health Outcomes

- Premature Death (HS)
- Low Birth Weight (G)
- Poor or Fair Health Status (HS)
- Poor Physical Health (G) & Mental Health Days (G,HS)

Health Behaviors

- Smoking (G)
- Obesity (G,HS)
- Excessive Drinking (G)
- Teen Birth Rate (HS)

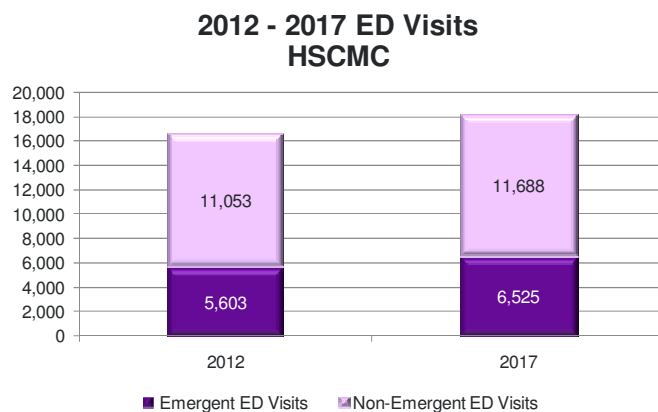
Socioeconomic & Environment

- Inadequate Social Support (HS)
- Lack of Recreational Facilities (G,HS)
- Access to Healthy Food (G)
- Percentage of Fast Food Restaurants (G,HS)

Truven Health Analytics supplemented the publically available data with estimates of disease prevalence for heart disease and cancer, emergency department visit estimates, and the community need index.

Heart disease estimates indicate a prevalence of 12,802 cases for the HSCMC community served. The majority (67%) of the 2011 estimates of heart disease prevalence indicate hypertension as the primary diagnosis. Other diagnoses include arrhythmias (13%), ischemic heart disease (14%), and congestive heart failure (6%).

The 2011 cancer incidence estimates reveal at least 30 new cases of each of the following types of cancer: prostate, breast, and lung. For the community served, it is estimated that there will be 232 new cancer cases.



Emergency department visits are slated to grow by about 1,500 visits between 2012 and 2017.

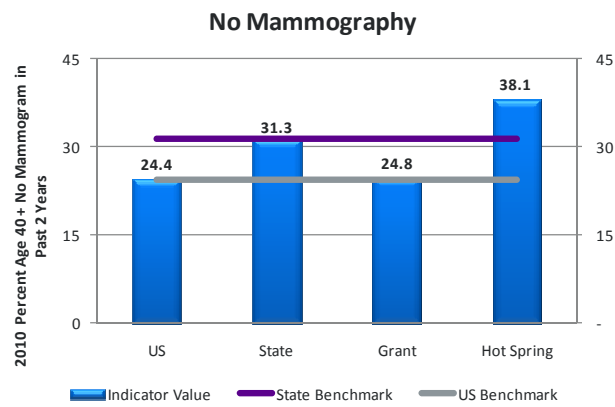
The HSCMC community served had a CNI of 3.0 on a scale of 1.0 (lowest needs) – 5.0 (highest needs).



Using the criteria selected (magnitude, quick success, feasibility, hospital capacity, and hospital strength), the 5 health needs that scored the highest in the prioritization process for HSCMC were:

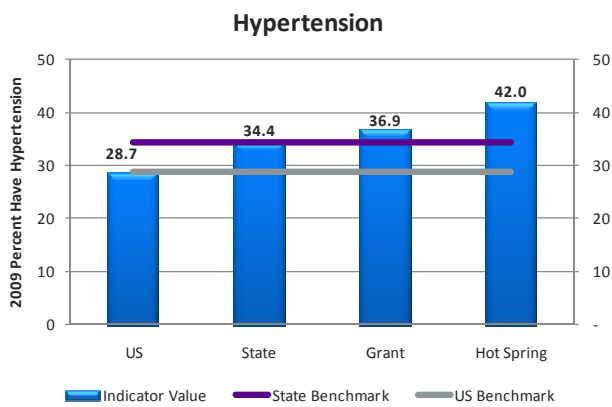
- 1) Mammography
- 2) Hypertension
- 3) Stroke
- 4) Mental Health
- 5) Lack of PCP's

17



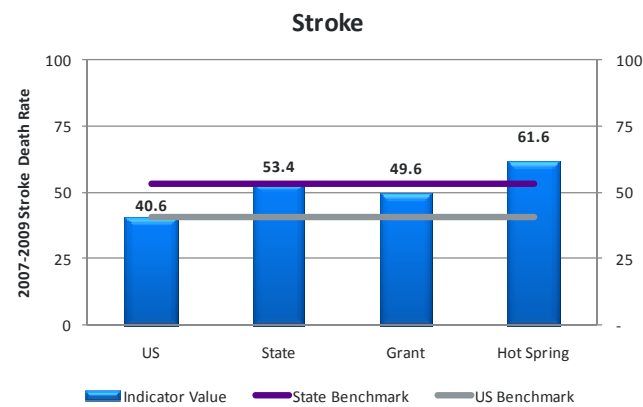
Source: Arkansas Department of Health BRFSS

Notes: Percent of women age 50+ that report no mammogram in the past 2 years



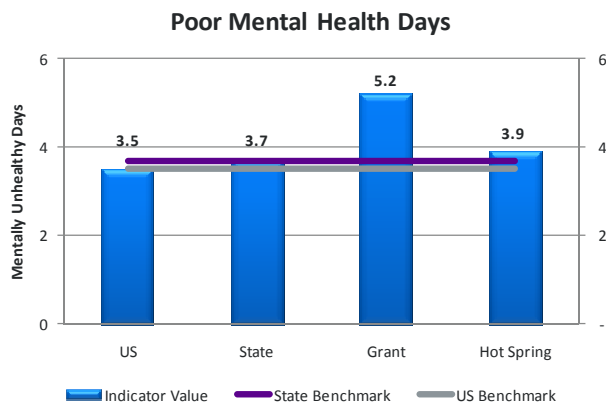
Source: Arkansas Department of Health BRFSS

Notes: Percent of adults that report having been diagnosed with high blood pressure



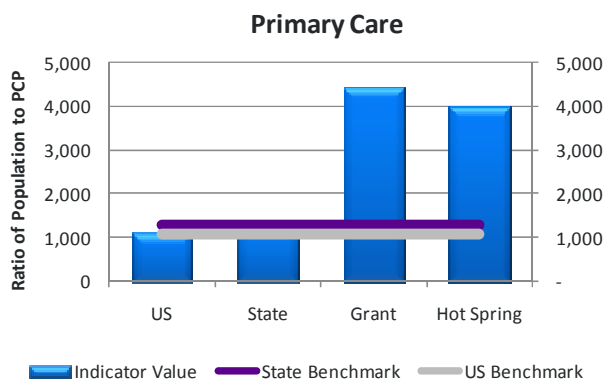
Source: National Vital Statistics System-Mortality (CDC, NCHS)

Notes: 2007-2009 Stroke death rate (per 100,000)



Source: County Health Rankings (BRFSS)

Notes: Average number of mentally unhealthy days reported in past 30 days (age-adjusted)



Source: County Health Rankings (Health Resources & Services Administration)

Notes: Ratio of population to primary care physicians

Summary

The community health needs assessment for the Hot Spring community served revealed a number of health issues related to disease management, prevention, and access. By weighing the qualitative feedback and the quantitative data, along with the prioritization criteria, the top health needs identified include: lack of mammography screenings, hypertension, stroke, higher prevalence of poor mental health days, and the lack of primary care physicians.

Hot Spring County Medical Center will be working with internal stakeholders to determine the community health needs to be addressed. With the goal of improving the health of the community, implementation plans with specific tactics and time frames will be developed to address these health needs.

Appendix A – Community Served Detailed ZIP Codes

Zip Code	PONAME	CBSANAME	County
72128	Poyen	Little Rock-North Little Rock-Conway, AR Metro	Grant, AR
71929	Bismarck	Unassigned Area in Arkansas	Hot Spring, AR
71933	Bonnerdale	Unassigned Area in Arkansas	Hot Spring, AR
71941	Donaldson	Unassigned Area in Arkansas	Hot Spring, AR
71942	Friendship	Unassigned Area in Arkansas	Hot Spring, AR
72104	Malvern	Unassigned Area in Arkansas	Hot Spring, AR
72105	Jones Mill	Unassigned Area in Arkansas	Hot Spring, AR

Appendix B – Community Health Resources

Leading Cause of Death: Cancer

Program Name	Description	Website	Phone Number	State	County
Arkansas Cancer Coalition	<p>The Arkansas Cancer Coalition exists to provide a favorable environment for cancer control partners to work to reduce, and ultimately eliminate, the burden of cancer for every person in the state. The Coalition is a partnership of individuals and organizations working together to:</p> <ul style="list-style-type: none"> • Provide an overview of the current status of cancer control in Arkansas • Reduce the overall burden of cancer by providing and maintaining a plan of goals and strategies • Improve the quality of life for those personally affected by cancer by strengthening and sustaining the cancer control partnership support network 	http://www.arcancercoalition.org/resources/reduce-your-risk		X	X (all counties)
Arkansas Chronic Illness Collaborative (ACIC)	<p>The ACIC is a group of health care and public health professionals dedicated to improving the management of chronic diseases. The ACIC is a way for health care clinic teams to use the National Health Disparities Collaborative Chronic Care Model to share ideas and knowledge, learn and apply new techniques, and match medical practices with clinical guidelines based on scientific evidence about what works best (diabetes, cancer and cardiovascular diseases)</p>	http://www.healthyservices.org/chronic-disease/initiatives/Pages/Acic.aspx		X	X (all counties)

Leading Cause of Death: Stroke

Program Name	Description	Website	Phone Number	State	County
ADH Heart Disease and Stroke Prevention	Heart disease is the leading cause of death for both men and women. To prevent heart disease and increase awareness of its effects, the Arkansas Department of Health's Heart Disease and Stroke Prevention Section is proudly participating in American Heart Month.	http://www.healthy.arkansas.gov/PROGRAMSSERVICES/CHRONICDISEASE/HEARTDISEASEANDSTROKEPREVENTION/Pages/default.aspx	501-661-2942	x	
Arkansas Wellness Coalition (AWC)	Includes members of the health care and employer community whose goal is to improve the health and well-being of all Arkansans through the use of nationally recognized, peer reviewed, clinical guidelines for physician, consumer, and employer education. Develop materials referring to nationally recognized standards such as those put forth by Healthy People 2010, the National Committee of Quality Assurance, and other disease-specific organizations such as the American Diabetes Association and the American Heart Association.		501-661-2942	x	
Southern Ain't Fried Sundays - Arkansas Minority Health Commission	Faith Based Outreach Program SAFS is designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes, and heart attacks.	http://www.arminorityhealth.com/programs_saf.html	877-264-2826	X	X (all counties)

Leading Cause of Death: Stroke (cont)

Program Name	Description	Website	Phone Number	State	County
UAMS Center for Distance Health AR SAVES Program (Stroke Assistance through Virtual Emergency Support	A stroke management system specifically targeting patients at rural hospitals to by increasing access to subspecialty expertise through telemedicine technology, thereby engineering a coordinated assessment and care-based plan for Arkansas' stroke patients. Ensuring timely administration of clot-busting drugs to improve the chances of recovery while reducing permanent, stroke-related disability and, quite possibly, mortality.		501-686-8514	X	X
Arkansas Chronic Illness Collaborative (ACIC)	The ACIC is a group of health care and public health professionals dedicated to improving the management of chronic diseases. The ACIC is a way for health care clinic teams to use the National Health Disparities Collaborative Chronic Care Model to share ideas and knowledge, learn and apply new techniques, and match medical practices with clinical guidelines based on scientific evidence about what works best (diabetes, cancer and cardiovascular diseases)	http://www.healthy.arkansas.gov/programsServices/chronicDisease/Initiatives/Pages/Acic.aspx		X	

Leading Cause of Death: Chronic Lower Respiratory Disease

Program Name	Description	Website	Phone Number	State	County
Arkansas Wellness Coalition (AWC)	Includes members of the health care and employer community whose goal is to improve the health and well-being of all Arkansans through the use of nationally recognized, peer reviewed, clinical guidelines for physician, consumer, and employer education. Develop materials referring to nationally recognized standards such as those put forth by Healthy People 2010, the National Committee of Quality Assurance, and other disease-specific organizations such as the American Diabetes Association and the American Heart Association.		501-661-2942	x	X
Arkansas Chronic Illness Collaborative (ACIC)	The ACIC is a group of health care and public health professionals dedicated to improving the management of chronic diseases. The ACIC is a way for health care clinic teams to use the National Health Disparities Collaborative Chronic Care Model to share ideas and knowledge, learn and apply new techniques, and match medical practices with clinical guidelines based on scientific evidence about what works best (diabetes, cancer and cardiovascular diseases)	http://www.health.arkansas.gov/programsServices/chronicDisease/Initiatives/Pages/Acic.aspx		x	X (all counties)

Leading Cause of Death: Injury Related Deaths

Program Name	Description	Website	Phone Number	State	County
ADH – Statewide Injury Prevention Program	The mission of the SIPP is to reduce the burden of injury mortality and morbidity in Arkansas through primary prevention of injuries. SIPP provides technical assistance and serves as a resource center for designated trauma centers, EMS providers, Hometown Health Improvement Coalitions, and Educational Service Cooperatives. SIPP also offers professional education opportunities through live presentations, webinars, and teleconferencing that provide tools to obtain grant funding, and tools to effectively identify, implement, and evaluate injury prevention initiatives at regional and local levels.	http://www.health.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Pages/default.aspx		X	

Health Conditions/Diseases: Low Birth Weight

Program Name	Description	Website	Phone Number	State	County
ADH	ADH provides prenatal care to an average of 5,000 women annually at many of the Local Health Units.		1-800-462-0599	X	
ADH	Nurse-Family Partnership: Nurse-Family Partnership is a free, voluntary program that partners first-time moms with registered nurses. NFP is available to any first-time mom who is under her 28th week of pregnancy, and who is below 200% of the Federal poverty level.	http://www.adhhomecare.org/nurse-family-arkansas.htm		X	
Antenatal & Neonatal Guidelines, Education, and Learning System	ANGELS links clinicians and patients across the state with the University of Arkansas for Medical Sciences, with high-risk pregnancy services, maternal–fetal medicine specialists, and prenatal genetic counselors. The program facilitates telehealth consultation between patients, their local physicians, and medical center specialists through a statewide telemedicine network.	http://www.innovations.ahrq.gov/content.aspx?id=1706		X	

Health Conditions/Diseases: Poor Physical Health & Mental Health Days

Program Name	Description	Website	Phone Number	State	County
Chronic Disease Self Management Program – Be Well Live Well	Developed by the Stanford Patient Education Research Center, the evidence based program teaches participants the skills needed to live well with chronic diseases. It also shows participants how to organize their lives, make and achieve goals, eat properly, exercise and communicate effectively with physicians and others. National outcome studies reveal that CDSMP participants experience a marked decrease in the number of hospital stays and doctor visits.	http://www.agec.org/2012/10/cdsmp-branded-for-arkansas-be-well-live-well/		X	
ADH – Hometown Health Improvement	Hometown Health Improvement initiatives currently exist in every county around the state. HHI coalitions do powerful and unique work to improve the health of those in their communities. Once the coalition is established, many communities are choosing to conduct health behavior surveys to gain important information specific to their communities. Many coalitions are now implementing activities to affect the health of the community. Examples of some activities include: tobacco cessation programs for adolescents, household hazardous waste round-up, parenting support groups, local industry wellness programs, health fairs, and health resource guides.				X (All counties)

Health Conditions/Diseases: Hypertension, Coronary Heart Disease, High Cholesterol

Program Name	Description	Website	Phone Number	State	County
American Heart Association	We're building healthier lives where you live and work and making your community healthier by advocating for key health issues. We train millions of Americans each year in CPR and first aid, and educate healthcare providers every day. Find out more through our online tools, including Go Red For Women , Power to End Stroke , the Start! Program , our Youth Programs , and the Heart Hub , our online patient portal for information, tools and resources.	http://www.heart.org/HEARTORG/Affiliate/Arkansas/	(479) 442-6540	x	
ADH Heart Disease and Stroke Prevention	Heart disease is the leading cause of death for both men and women. To prevent heart disease and increase awareness of its effects, the Arkansas Department of Health's Heart Disease and Stroke Prevention Section is proudly participating in American Heart Month.	http://www.healthy.arkansas.gov/PROGRAMS/SERVICES/CHRONICDISEASE/HEARTDISEASEANDSTROKEPREVENTION/Pages/default.aspx	501-661-2942	x	
Southern Ain't Fried Sundays - Arkansas Minority Health Commission	Faith Based Outreach Program SAFS is designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes, and heart attacks. The program is being revamped to expand its reach to the Hispanic communities and individual participants.	http://www.arminorityhealth.com/programs_saf.html	877-264-2826	X	

Health Conditions/Diseases: Diabetes

Prevention: Diabetic Screening

Program Name	Description	Website	Phone Number	State	County
Arkansas Wellness Coalition	Includes members of the health care and employer community whose goal is to improve the health and well-being of all Arkansans through the use of nationally recognized, peer reviewed, clinical guidelines for physician, consumer, and employer education. Develop materials referring to nationally recognized standards such as those put forth by Healthy People 2010, the National Committee of Quality Assurance, and other disease-specific organizations such as the American Diabetes Association and the American Heart Association.		501-661-2942	x	
Arkansas Chronic Illness Collaborative (ACIC)	The ACIC is a group of health care and public health professionals dedicated to improving the management of chronic diseases. The ACIC is a way for health care clinic teams to use the National Health Disparities Collaborative Chronic Care Model to learn and apply new techniques, and match medical practices with clinical guidelines based on scientific evidence about what works best (diabetes, cancer and cardiovascular diseases)	http://www.health.arkansas.gov/programsServices/chronicDisease/Initiatives/Pages/Acic.aspx		x	
Diabetes Prevention and Control (DPCP)	Education Program funded by the CDC.	http://www.health.arkansas.gov/programsServices/chronicDisease/diabetesPreventionControl/Documents/DiabetesFactSheet.pdf			x

Health Conditions/Diseases: Arthritis

Program Name	Description	Website	Phone Number	State	County
Arkansas Arthritis Foundation	Various educational programs	http://www.arthritis.org/arkansas/		X	X (All counties)

Health Behaviors: Smoking

Program Name	Description	Website	Phone Number	State	County
Stamp Out Smoking	Arkansas Tobacco Quitline: A 24-hour direct line to professionally trained Quit Coaches® waiting to help you fight the good fight, plus a 24-hour online community of support from others who've gone through exactly what you're facing ... and you can even get a supply of the latest nicotine replacement therapy medications at no cost.	http://www.stampoutsmoking.com/get-help-to-quit/	1-800-QUIT NOW	x	X (All counties)
ADH Tobacco Prevention and Cessation Program – STOP Program	The Systems Training Outreach Program (STOP) currently uses Outreach to provide education and support to providers. Increasing the capacity and efficiency of care systems by asking, documenting tobacco use and advising patients to stop, the Outreach Specialists educate healthcare providers to be aware of available and accessible cessation treatment interventions. In particular, the specialists will help providers systematically identify patients who are tobacco users, provide guidance to quit and connect them to available resources to successfully quit.	http://www.health.arkansas.gov/programsServices/chronicDisease/coalition/Pages/tobacco.aspx		x	

Health Behaviors: Obesity

Socioeconomic & Environment: Percentage of Fast Food Restaurants; Access to Healthy Foods

Health Behaviors: Lack of Healthy Eating

Program Name	Description	Website	Phone Number	State	County
Arkansas Department of Health Lifestage Health Branch	Mission is the prevention and reduction of obesity through the adoption of healthy eating practices and increased physical activity. Provides technical assistance, managing and supporting evidence-based programs, disseminating materials and resources, and skills-building within the Agency, in schools, at worksites, among partners and with the general public.		501-661-2099	X	X (All counties)
Arkansas Coalition for Obesity Prevention (ArCOP)	A coalition whose goal is to increase the percentage of Arkansans of all ages who have access to healthy and affordable food and who engage in regular physical activity. Coalition is structured around six working teams: Access to Healthy Foods; Built Environment; Early Childhood and Schools; Healthcare; Worksite Wellness; and Social Marketing	http://www.arkansasobesity.org/		X	
Southern Ain't Fried Sundays - Arkansas Minority Health Commission	Faith Based Outreach Program SAFS is designed to educate African American churches and organizations about healthier alternatives to preparing and cooking southern-style foods. It is also a mechanism for partnering with these groups in an effort to educate their members about the signs and symptoms of stroke, diabetes, and heart attacks.	http://www.arminorityhealth.com/programs_saf.html	877-264-2826	X	
Arkansas Rice Depot	Arkansas Rice Depot's mission is to find sensible solutions to hunger in Arkansas. <ul style="list-style-type: none"> Food For Families: Our statewide free food bank serves 300 church and community hunger organizations Food For Kids: Backpacks of food and supplies are sent home with children having problems in school due to hunger at home, currently operating in more than 600 schools, serving over 35,000 students and siblings Food For Seniors: Home-delivered food boxes given each month to seniors 	http://ricedepot.org/		X	

Health Behaviors: Obesity

Socioeconomic & Environment: Percentage of Fast Food Restaurants; Access to Healthy Foods

Health Behaviors: Lack of Healthy Eating

Program Name	Description	Website	Phone Number	State	County
ADH - PEPPi	Peer Exercise Program Promotes Independence is a physical activity program specifically designed for older adults to increase and maintain their level of fitness and independence. The physical activity program includes strength training using resistance bands and walking. PEPPi program provides older Arkansans with the opportunity to learn how to exercise correctly (i.e. using correct techniques) in a safe environment, both physically (at the senior centers, churches, or other community groups), and mentally (among people of similar age and health conditions), and to increase their level of physical activity.	http://www.health.arkansas.gov/programsServices/chronicDisease/PhysicalActivity/Pages/default.aspx		X	
ADH - WIC FMNP	The purposes of the WIC FMNP are to provide fresh, nutritious, unprepared fruits and vegetables from farmers' market to women and children who are nutritionally at risk and to expand the awareness and use of farmers' markets, as well as increase sales at such markets. During the farming season, WIC FMNP provides clients in the WIC Program with checks to purchase locally grown fresh fruits and vegetables sold by authorized farmers at authorized farmers' markets.	http://www.health.arkansas.gov/programsServices/WIC/Pages/FMNP.aspx		X	
ADH Pick a Better Snack Program	The Arkansas 5 A Day Coalition, a partnership of organizations whose mission is to increase Arkansans' consumption of fruits and vegetables, coordinated the implementation of this program in two elementary schools during the 2006-07 and 2007-08 school years. Using Food Stamp Nutrition Education funds, as well as private contributions, the Pick a Better Snack Program has been implemented in more than twenty schools throughout the State. The program has been well received by both teachers and students.	http://www.health.arkansas.gov/programsServices/chronicDisease/Nutrition/Pages/Programs.aspx		X	

Health Behaviors: Obesity

Socioeconomic & Environment: Percentage of Fast Food Restaurants; Access to Healthy Foods

Health Behaviors: Lack of Healthy Eating

Program Name	Description	Website	Phone Number	State	County
ADH Healthy Restaurant Award	The Healthy Arkansas Restaurant Award is a voluntary program that provides public recognition to restaurants that meet certain health criteria. Restaurants self-apply and self-report through a questionnaire-type application. Criteria considered include smoke-free status of facility, labeling of food items, and number and types of healthy nutrition choices that are offered. Applications must be completed by a designee of the restaurant. Menus, inserts or photo of menu board with nutrient information must be submitted with the application to confirm the information.	http://www.health.arkansas.gov/programsServices/chronicDisease/Nutrition/Pages/Programs.aspx		X	

Health Behaviors: Physical Inactivity

Socioeconomic & Environment: Lack of Recreational Facilities

Program Name	Description	Website	Phone Number	State	County
Silver Sneakers Program	The SilverSneakers Fitness Program is an overall health-and-wellness program of Healthways, Inc. specifically designed for Medicare beneficiaries. Eligible members receive a free fitness center membership at a contracted fitness center, with access to conditioning classes, exercise equipment, a pool, a sauna and other available amenities. Additionally, each participating center offers customized SilverSneakers classes designed exclusively for older adults, health education seminars, and specially trained Senior Advisors to assist members in utilizing fitness center resources and classes. Remember, there's no extra costs after you're enrolled in a plan.	http://www.arkansasbluecross.com/lookingforinsurance/MedicarePlans/silver_sneakers2.aspx			X (All counties)

Health Behaviors: Excessive Drinking

Program Name	Description	Website	Phone Number	State	County
Arkansas Center for Addictions Research, Education, and Services (AR-CARES)	This comprehensive family treatment program called the Arkansas Center for Addictions Research, Education and Services (Arkansas CARES) focuses on breaking the cycle of maternal addiction.	http://methodistfamily.org/programs/arkansas-CARES.html			X (All counties)

Health Behaviors: Teen Birth Rate

Program Name	Description	Website	Phone Number	State	County
ADH	Family Planning Services are provided to teens, women, men and couples, making it possible for them to choose the number and spacing of their children and to prevent unwanted pregnancies	http://www.health.arkansas.gov/programsServices/familyHealth/HealthConnections/Pages/ConnectCare.aspx		X	

Prevention: Mammography

Program Name	Description	Website	Phone Number	State	County
Arkansas' BreastCare Program	BreastCare's mission is to increase the rate of early detection of breast and cervical cancer and reduce the morbidity and mortality rates among women in Arkansas by lowering barriers to screening that result from lack of information, financial means, or access to quality services.	http://www.health.arkansas.gov/programsservices/cchronicdisease/arbreastcare/pages/default.aspx		X	

Access: Lack of PCPs; Access: No Personal Doctor; Access: Uninsured
Prevention: Pap test

Program Name	Description	Website	Phone Number	State	County
ADH Office of Rural Health and Primary Care	Promotes the development of community-based health care services and systems throughout Arkansas to ensure that well managed, quality health services are available to all citizens		501-280-4560	X	
Area Health Education Centers (AHEC)	Programs provide access to medical services for rural residents and education for healthcare students and professionals.	http://ruralhealth.uams.edu/AHEC-Programs			
American Academy of Family Physicians	The Arkansas Academy of Family Physicians Foundation and TransforMED, a wholly owned subsidiary of the American Academy of Family Physicians, announced that three family medicine practices have been selected to receive facilitative and financial support as they implement a new model of health care known as the patient-centered medical home.	http://www.transformed.com/news-events/detailpage.cfm?listingID=102		X	
University of Arkansas Foundation	Education and Promotion of Physician Assistants in Arkansas	http://www.uamshealth.com/News/UAMSPhysicianAssistantNorthwestArkansasResidencyProgramsReceiveGrantsfromBlueYouFoundation?id=5349&showBack=true&PageIndex=0&cid=4		X	
ADH ConnectCare	ConnectCare works to connect Medicaid and ARKids recipients to a primary care physician and a medical home. Telephone Helpline Specialists who staff a toll-free telephone call center respond to Medicaid and ARKids recipient questions and concerns, give information and offer guidance on accessing resources, and assist clients in locating and assigning a primary care physician.	http://www.healthy.arkansas.gov/programsServices/familyHealth/HealthConnections/Pages/ConnectCare.aspx		X	

Arkansas Health Care Access Foundation	Serves all qualified applicants who are low-income, uninsured citizens throughout Arkansas. Arkansas Health Care Access Foundation (AHCAF) is a statewide volunteer health care program to help low-income, medically uninsured gain access to non-emergency medical care	http://ahcaf.org/			X (all counties)
--	---	---	--	--	-------------------------

Socioeconomic & Environment: Single-Parent Households

Socioeconomic & Environment: Inadequate Social Support

Program Name	Description	Website	Phone Number	State	County
Arkansas Voices	To advocate for children left behind by incarceration or loss of a parent for any reason and to provide mentoring, services and supports for the children, their caregivers, and incarcerated parents, with the goal of strengthening and empowering the family unit.	http://www.arkansasvoices.org/		X	
Arkansas Single Parent Scholarship Fund	Single Parent Scholarships (SPSF) are given to low-income single parents who are pursuing post-secondary education in preparation for skilled employment. We organize affiliated scholarship funds that serve every county of Arkansas	http://www.aspsf.org/index.html		X	

BHMC-HSC
2013-2016

Community Health Needs Implementation Plan

Identified Community Health Need #1—Mammography

Goals/Objectives:

Promote mammography awareness and education to increase mammography screenings for early detection of breast cancer.

Strategy #1:

Develop an awareness education campaign to build support and understanding among our own hospital employees.

Strategy #2:

Expand the awareness education campaign to build support and understanding among the general public.

Action Step #1:

Develop a campaign to increase the number of hospital employees who participate in recommended mammography screenings. Include a “Bring a relative/friend” campaign.

3/14 Campaign for employee awareness is scheduled for May 1.

Educational flyers will be provided to each department along with a presentation to be given by nursing.

4/14 Employee pledge to get mammogram developed and will be given to all eligible employees.

Employee education booth to be set up on 4/15/14 with pink ribbons, pledges and educational information.

Handouts from American Cancer Society.

5/14 Employee pledges received to get mammogram within 1 year, 30.

6/14 11 more employee pledges received at Baptist Health-Hot Spring County employee and community health fair.

Pink Ribbons were given with suggestion to give to a friend or relative who needs a mammogram.

7/14 -5 new pledges received this month from eligible employees.

8/11/14 3 new employee pledges and 5 volunteer pledges this month. Total of 60 this year. Janet Boyles RN is to do a presentation on the importance of mammography to the senior adult center during the month of August.

9/14 New employee pledges-5. 52% of eligible employees have received mammogram this year.

Action Step #2:

Develop an educational campaign to increase mammography screenings within the hospital's service area. The campaign will include web-site, social media, print advertising, signage, flyers.

This campaign is planned for October.

4/14 Target females 40 years and older on admission to hospital by adding question to admission assessment, "Have you had a mammogram in the last 12 months?". Educate on discharge instructions about need for regular mammograms and the accessibility in the community.

Article for newspaper to be written about digital mammography and need for regular mammograms to be run in May 2014.

Campaign called "Pink Carnation Sunday", planned for local churches.

5/14 Article written and in Malvern Daily Record on 4/30/14.

Place bulletin in physicians lounges and dictation rooms reminding them to check status on all eligible patients.

Question added to nurse admission assessment regarding last Mammogram and reminder added to all discharged female patients.

6/14 Pledges by 2 churches in Malvern to hold pink carnation Sunday at their church with information provided to encourage mammograms in "at risk" females.

7/14 Importance of Mammography presentation planned on July 21st for Ladies Auxiliary meeting. 1 more church recruited to present Pink Carnation Sunday to promote Mammography.

8/14 3 additional churches recruited to participate in Pink Carnation Sunday.

9/14 4 new churches have been recruited to participate in Pink Carnation Sunday. First Assembly, First Baptist, Second Baptist, First Presbyterian. Team will participate in Susan G Komen "Race for the Cure" on October 4.
10/14 Hospital team participated in Susan G. Komen "Race for the Cure". Dedicated breast cancer awareness and importance of Mammography display placed in hospital lobby. Will be on display all the month of October. Pink ribbons will be made available and worn by staff all month. Presentation to Senior Adult Center given on September 1 by Camille Harper.

11/14 Advertisement placed in the Malvern Daily Record for digital Mammography with information about the stages of Breast Cancer.

07/15 Placed pamphlets in the lobby educating the public about Mammography.

Mailer sent to persons in 72104 zip code regarding service available.

Local physician office plays recorded message to patients on importance of Mammograms after teaching by hospital staff.

Action Step #3:

Promote mammography screenings at health fairs including Hospital Week Health Fair and Senior Center Health Fair with dedicated displays.

4/14 Booth at hospital week health fair reserved for mammogram education in May.

5/14 Health Fair on May 13, 2014.

6/14 8 community pledges received from community members at Baptist Health-Hot Spring County employee and community health fair. Extra pledges were taken by community members to share with family/friends.

7/14 Patient education flyers have been developed and distributed to local physician offices. Educational packets regarding breast care provided at local Brickfest fair. Nurse on site to promote and educate about importance of mammography and breast care/health.

9/14 Educational Information will be offered at Hot Spring County Fair September 3 and 4th.

10/14 Booth set up at Hot Spring County Fair for educational information regarding importance of mammograms and breast cancer awareness.

Booth set up at Timber fest in Sheridan Arkansas promoting Mammogram and breast cancer awareness.

11/14 Booth set up and placed in hospital lobby promoting breast cancer awareness. Pink ribbons was given out to women and educational information was distributed. Presentation by RN given to local senior adult center regarding risks of breast cancer and benefits of mammography.
5/15 Hospital Community Health Fair-Booth set up for Mammogram information. Educational Flyers and handouts provided.

Action Step #4:

Collaborate with local physician offices to educate the community with flyers and signage in the physician offices.

Materials are currently being developed

10/14 Patient education flyers have been developed and distributed to local physician offices.

4/15 Presentation to womens group at Mount Zion Baptist Church by Janet Boyles educating about importance of mammograms.

9/15 - 107 mammograms for month of August 2015

Describe Anticipated Impact of Actions to be Taken:

Female employees and women in the hospital service area will have recommended routine mammograms.

Describe Collaboration with Other Hospitals or Community Organizations:

HSCMC will partner with local physicians.

Describe Resources Hospital Plans to Commit to Address Health Need:

Commit necessary staff time and funding needed to accomplish the goal.

Performance Metrics:

Measure increase in number of mammograms performed.

917 Mammograms in 2014

Project Length/Estimated Completion Date:

This project will be ongoing.

Person/Department Responsible:

Radiology, Employee Health, Community Relations

Progress Update:

Metrics will be available and the program will be evaluated annually.

Identified Community Health Need #2—Hypertension

Goals/Objectives:

Promote education about risks of hypertension and the lifestyle choices to prevent and control HTN.

Strategy #1:

Develop an education campaign about the risks of hypertension and the potential health complications of uncontrolled hypertension.

Strategy #2:

Develop a campaign promoting healthy lifestyle choices to prevent hypertension and other diseases.

Action Step #1:

Educate community through participation in local health fairs including the Hospital Week Health Fair and the Senior Center Health Fair with dedicated information on hypertension and blood pressure checks.

5/14 Hospital Health Fair scheduled May 14. Educational information will be available.

Blood pressure screening will be provided. Dietary information will be available. This is for employees and the public.

Health Fair scheduled at Flakeboard Industries to provide blood pressure screenings, educational information, blood glucose checks, cholesterol and triglycerides.

6/14 Blood pressure screenings provided by Home Health nurses at Baptist Health-Hot Spring County employee and community health fair and in homes for home health Patients.

6/14 cholesterol and triglyceride screening provided to the public and employees free of charge with instructions to follow up with family doctor at hospital health fair.

7/14 Provided First Aid station for Brickfest. Educational information was available for Hypertension education.

Blood pressure checks were provided.

8/14 Currently pricing Blood Pressure Kiosk to place in the hospital lobby.

9/14 Educational Information will be offered at Hot Spring County Fair September 3 and 4th. Have submitted a request to purchase Blood pressure Kiosk. Educational information regarding hypertension risks and prevention in Hospital lobby/s.

10/14 Blood pressure Kiosk approved and is on order to be placed in hospital lobby. Blood pressure screenings continue to be provided by Home Health nurses at Baptist Health-Hot Spring County employee and community health fair and in homes for home health Patients. Smoking cessation program within hospital for all inpatients. Educational information given to all patients with diagnosis of Hypertension on discharge.

1/15 Blood pressure Kiosk placed in lobby and is in use currently. Blood pressure record cards with normal limits and risk factors provided on handouts.

2/15 Blood Pressure checks done every Monday at the senior adult center with 20-30 done each Monday.

3/15 Blood Pressure checks done every Monday at the senior adult center with 20-30 done each Monday.

7/15 Hospital Community Health Fair- Blood pressure screenings offered to public. Educational handouts provided for hypertension education.

Blood pressure screenings provided by Home Health nurses at Baptist Health-Hot Spring County employee and community health fair and in homes for home health Patients.

Blood pressure KIOSK used frequently by public.

9/15 Hospital Community Health Fair- Blood pressure screenings offered to public. Educational handouts provided for hypertension education.

Blood pressure screenings provided by nurses at Baptist Health-Hot Spring County.

Blood pressure KIOSK used frequently by public.

10/15 Pamphlets and educational information set up at Timberfest in Sheridan Arkansas.

Action Step #2:

Dietitian to participate in health fairs to provide nutrition information and education.

3/14 Have had no health fairs yet

4/14 Booth reserved for hospital week health fair in May. Educational information will be distributed regarding risks of HTN, need for screenings, prevention and dietary advice.

Hospital will have a booth at Brickfest (Local Community Event, where we provide first aid, blood pressure screenings and educational information regarding risks of Hypertension.

5/14 Dietitian scheduled for hospital health Fair May 14.

6/14 Dietitian participated in Baptist Health-Hot Spring County employee and community health fair and provided educational information about low sodium diets and healthy eating habits that promote healthy blood pressures.

7/14 Hospital had a booth at Brickfest (Local Community Event, where we provided first aid, blood pressure screenings and educational information regarding risks of Hypertension. Associated dietary education provided.

8/14 Hypertension risk factors and educational information provided to 5 local churches.

Action Step #3:

Promote regular blood pressure checks by offering billfold blood pressure record cards to the public to encourage checking and recording BP checks.

3/15 Home Health nurse currently goes to senior adult center in Malvern weekly and monthly at Sheridan senior adult center. Billfold blood pressure records cards are given to patients with instructions to share with their physician.

6/14 600 blood pressure screenings have been done since January 2014 at the Senior Adult Center in Malvern. Billfold cards are provided.

Action Step #4:

Collaborate with local physician offices by offering billfold blood pressure record cards for their patients.

3/14 To be delivered by the end of this month.

4/14 Delivered to all local physician offices

10/14 In collaboration with the hospital, reinforcement of hypertension risks, prevention and compliance provided one on one by local physicians. Physicians have been educated about the community health needs and our increased incidence of hypertension.

Home Health nurse currently goes to senior adult center in Malvern weekly and monthly at Sheridan senior adult center. Billfold blood pressure records cards are given to patients with instructions to share with their physician.

2/15 Campaign for National Nutrition month. Posters and educational information provided to the public regarding healthy eating habits.

3/15 Article written by dietitian regarding healthy eating habits appeared in Malvern Daily Record March 2015.

Action Step #5:

Submit educational articles to the local newspaper.

3/14 Article will be written and submitted in May

4/14 This has been rescheduled for June and will be submitted by A.J. Thomas and Cindy Harp.

6/14 Article about Hypertension, signs, symptoms, risk factors and prevention submitted to Malvern Daily Record for June 2014.

1/15 Educational Article placed in Malvern Daily Record. Signs/symptoms Hypertension stroke, prevention and risk factors.

5/15 Hospital Community Health Fair- Booth set up Nutritional information and recipes provided.

Describe Anticipated Impact of Actions to be Taken:

Attain heightened awareness about hypertension, its risks, and healthy lifestyle choices to prevent HTN.

Describe Collaboration with Other Hospitals or Community Organizations:

HSCMC will partner with local physicians.

Describe Resources Hospital Plans to Commit to Address Health Need:

Commit necessary staff time and funding to accomplish this goal.

Performance Metrics:

Track the number of blood pressure checks performed at health fairs and other community events.

There have been 1271 blood pressure checks at the senior adult center and the health fairs as of December 2015.

Project Length/Estimated Completion Date:

This project will be ongoing.

Person/Department Responsible:

Employee Health, Nursing, Dietitian

Progress Update:

The program will be evaluated at the end of 2014 and each year thereafter.

Identified Community Health Need #3—Stroke

Goals/Objectives:

Educate community on stroke prevention and improve potential for survival from stroke.

Strategy #1:

Develop an education campaign about stroke prevention.

Strategy #2:

Explore opportunity to collaborate with UAMS and the ARSaves Program.

Action Step #1:

Educate community about stroke prevention through dedicated exhibits at local health fairs including the Hospital Week Health Fair and the Senior Center Health Fair, and educational articles in the local newspaper.

3/14 None of these fairs have taken place yet.

4/14 Booth at Hospital week health fair reserved for stroke prevention and awareness education in May.

5/14 Stroke education has been added to all discharge instructions including signs/symptoms, risk factors and actions to be taken.

Booth at Hospital Health fair scheduled 5/13/14 to provide signs/symptoms, risk factors and actions to be taken.

6/14 cholesterol and triglyceride screening provided to the public and employees free of charge with instructions to follow up with family doctor at hospital health fair.

9/14 Educational Information will be offered at Hot Spring County Fair September 3 and 4th. Presentation to Rockport Masonic Lodge.

Presentation scheduled for Churches.

10/14 Presentation given to senior adult center on September 8 regarding Stroke signs, symptoms and prevention with Ar Saves program. Booth set up at HSC Fair with educational information about Strokes.

11/14 Presentation given to Hospital Ladies Auxiliary on October 16 regarding Stroke signs, symptoms and prevention with Ar Saves program. Presentation given to Poyen School District Faculty on October 27 to Hospital Ladies Auxiliary regarding Stroke signs, symptoms and prevention with Ar Saves program.

1/15 Educational Article placed in Malvern Daily Record. Signs/symptoms of stroke, prevention and risk factors.

2/15 Nurse provided educational material for Temple Baptist Church in Glen Rose area regarding Stroke education.

2/15 Stroke education is in computer documentation for patients and provided on discharge. Educational pamphlets provided on discharge.

5/15 Hospital Community Health Fair- Educational Information provided about stroke, stroke prevention and the ARSAVES program.

9/15 Stroke educational information placed in ER lobby.

10/15 Timberfest Community in Sheridan, Ar. - Educational Information provided about stroke, stroke prevention and the ARSAVES program. Stroke information provided for Highschool career day.

Action Step #2:

Collaborate with UAMS to implement the ARSaves Program.

3/14 Have signed a contract with UAMS to participate in ArSaves program. Education is scheduled to begin in March with implementation expected at the beginning of April.

4/14 Training for AR saves started April 7 and 8. Go-live date April 28th.

5/14 All ER staff have been educated on AR Saves program and all have become Certified in the NIH Stroke program.

Action Step #3:

Educate community about healthy lifestyle choices with materials provided by ARSaves.

3/14 Not done yet but will be in place after ARSaves is implemented.

4/14 Community educational program given by AR saves in conjunction with the hospital on April 7. This included the Malvern Chamber of Commerce and community leaders. Program will focus on stroke prevention and awareness.

5/14 Presentation to be given at Malvern Rotary Club this month.

6/14 Booth at hospital health fair provided educational handouts regarding stroke risk factors, signs and symptoms, prevention and what to do in the event of a suspected stroke.

7/14 Presentation given to Lifepoint church about ARSAVES. Topics discussed were signs and symptoms of stroke and the need for early intervention. Educational materials were distributed.

June 18, 2014, presentation given to Malvern Kiwanis Club on Stroke risk factors and stroke education. Educational information was distributed.

8/14 Stroke presentation given by Rodney Walker this month to Lakeside High school, Poyen Missionary Baptist Church, and Malvern Rotary Club. Educational handouts were given.

4/15 Presentation to Malvern National Bank Staff and scholarship recipients.

Describe Anticipated Impact of Actions to be Taken:

Attain a heightened awareness about the risk of stroke and the options for treatment available.

Describe Collaboration with Other Hospitals or Community Organizations:

HSCMC will partner with UAMS to implement the ARSaves program.

Describe Resources Hospital Plans to Commit to Address Health Need:

Commit necessary staff time and funding to accomplish this goal.

Performance Metrics:

Track usage of the ARSaves Program.

The ARSaves program has been used on a total of 8 patients since its implementation.

Project Length/Estimated Completion Date:

Ongoing.

Person/Department Responsible:

ER Nurse Manager, Community Relations.

Progress Update:

Metrics will be available on an annual basis.

Identified Community Health Need #4—Mental Health

Goals/Objectives:

Promote awareness about mental health illnesses and available treatment.

Strategy #1:

Develop an awareness education campaign for a better understanding of mental illness.

Strategy #2:

Grow awareness of mental health services available in Hot Spring County and surrounding areas.

Action Step #1:

Participate in local health fairs and other events with information on mental health and the services available locally.

3/14 April 26 & 27th will have booth in Grant County and will participate in Timberfest at Sheridan in October. Will provide mental health awareness educational information.

4/14 Booth reserved for hospital week health fair to provide depression screening tools and mental health awareness education.

5/14 Booth will be set up May 13 during hospital health fair to include depression screening, mental health Awareness.

6/14 Booth set up at Baptist Health-Hot Spring County employee and community health fair. Mental Health Awareness information provided with depression screening tools.

7/14 Booth at local Brickfest fair. Educational information on depression and depression screening tool handed out. Information about available mental health services was made available.

10/14 Booth set up and educational handouts made available at Hot Spring County Fair (September 4, 5 & 6), Timberfest (October 3& 4) regarding

depression and mental health awareness. Table in hospital lobby was displayed the month of September for suicide awareness and prevention. 11/14 Presentation given by RN regarding suicide prevention and services offered to Parkview Christian Church on October 19. Participated and formed team for "Out of the Darkness" walk in Little Rock. This Hospital team raised money for this organization.

5/15 Hospital Community Health Fair- Information provided about local Mental Health Services. Educational information provided to include suicide prevention, depression and mental illness. Depression self-screening tool provided.

6/15 Presentation to Glen Rose School students. How to recognize signs of stress and anxiety and coping mechanisms.

Action Step #2:

Develop a depression screening tool and utilize it at health fairs and events.

3/14 Currently have a tool that is used. Had a booth at Mid-South at UALR drug and Mental health symposium February 27.

5/14 May is Mental Health Awareness month. Table will be set up in lobby with Mental Health education, awareness and an article will be run in the local newspaper. Done-June 2014.

9/14 Educational Information will be offered at Hot Spring County Fair September 3 and 4th.

1/15 Depression screening tools provided to Workforce Center of Malvern.

Action Step #3:

Target Grant County for education. 3/14 April 26 & 27th will have booth in Grant County and will participate in Timberfest at Sheridan in October. Will provide mental health awareness educational information.

10/15 Booth for promotion of mental health issue set up at Timberfest in Grant County. Educational brochures provided with suicide and depression screening tools.

Action Step #4:

Grow awareness about local mental health services including the services at HSCMC with its full-time psychiatrist.

3/14 Have marketed in Pine Bluff, Hot Springs, Benton, Stuttgart, Arkadelphia during the months of January and February 2014.

4/14 Articles for local newspaper planned for the months of July, September and October regarding depression, suicide prevention and mental health education.

7/14 Information outlining our services presented at the 2014 MidSouth Summer School for Integrated Behavioral Health Studies June 8-13, 2014. Article, titled, Mental Health Month Raises Awareness and Treatment of Mental Illness. Appeared in local newspaper, Malvern Dailey Record, May 14, 2014.

9/14 Meeting at Southeast Arkansas Behavioral Healthcare System in Sheridan. Discussed community need and Hospital and contact information. Brochures and contact information left. Suicide prevention/awareness article will be in local Newspaper in September. September 7-13 is national suicide prevention week. Booth will be set up downstairs.

9/15 Suicide Prevention article placed in local newspaper.

10/15 Mental health awareness and educational information and depression screening tools provided at booth dedicated to mental health for hospital based career fair for local high schools including a school located in Grant county.

Describe Anticipated Impact of Actions to be Taken:

Better understanding about mental illness and increased utilization of local services.

Describe Collaboration with Other Hospitals or Community Organizations:

HSCMC will partner with local and surrounding counseling services.

Describe Resources Hospital Plans to Commit to Address Health Need:

Commit the necessary staff time and funding to accomplish this goal.

Performance Metrics:

Utilization of BHMC-HSC Mental Health Unit.

2014 Patient Admissions 813

2015 1st Quarter 2015 admissions 212

Project Length/Estimated Completion Date:

Ongoing.

Person/Department Responsible:

Mental Health Department Manager

Progress Update:

Metrics and program to be evaluated annually.

Identified Community Health Need #5—Lack of PCP's

Goals/Objectives:

Increase number of primary care physicians to better serve the healthcare needs of the community.

Strategy #1:

Recruit medical students and physicians to open practices in Hot Spring County.

Strategy #2:

Develop a hospitalist program as physician extenders.

Action Step #1:

Collaborate with UAMS to recruit medical students and physicians through job fairs and job postings opportunities.

Action Step #2:

Explore opportunity to hire hospitalists.

Currently have 3 physicians covering weekends as hospitalists.

Action Step #3:

Investigate opportunities to pursue medical students and physicians through online postings and recruiting firms.

Describe Anticipated Impact of Actions to be Taken:

Attract new PCP's to Hot Spring County and begin hiring hospitalists.

Describe Collaboration with Other Hospitals or Community Organizations:

HSCMC will partner with UAMS and other recruiting avenues.

Describe Resources Hospital Plans to Commit to Address Health Need:

Commit the necessary staff time and funding to accomplish this goal.

Performance Metrics:

Track the number of PCP's and hospitalists.

1 full time hospitalist

1 PCP practicing at this facility

9 total PCP's in the community

Project Length/Estimated Completion Date:

Ongoing.

Person/Department Responsible:

Administration

Progress Update:

Metrics will be evaluated annually.

Updated 4/14 by Dee Schall

Updated 5/14 by Dee Schall

Updated 6/14 ds

Updated 7/14 ds

Updated 8/14 ds

Updated 9/14 ds

Updated 10/14 ds

Updated 11/14 ds

Updated 12/15 ds

Updated 1/15 ds

Updated 2/15

Updated 3/15 ds

Updated 4/15 ds

Updated 5/15 ds

Updated 6/15 ds

Updated 8/15 ds

Updated 9/15 ds

Updated 10/15 ds