

2013 Community Health Needs Assessment

White River Medical Center

Batesville, Independence County, AR

White River Medical Center

Community Health Needs Assessment

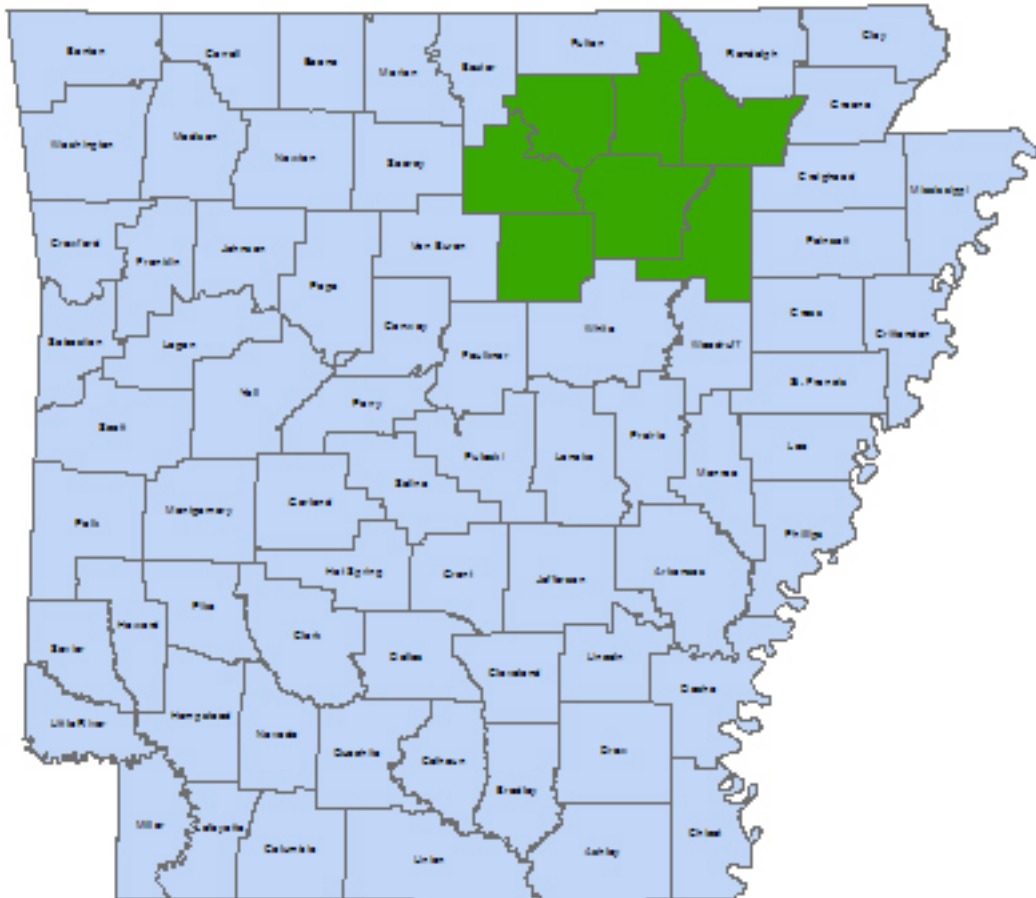


1710 HARRISON STREET
BATESVILLE, AR 72501

White River Medical Center

Defined Community of Service

Independence County and all adjoining counties in which we have a clinic, hospital or both.



White River Medical Center

MISSION

The mission of White River Health System is to provide a safe, efficient delivery of quality healthcare and to improve the health of our communities through education and outreach.

VISION

The Vision of White River Health System is to provide an environment where patients choose to receive care, employees desire to work, physicians want to practice and families and visitors feel welcome.

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Purpose

The Internal Revenue Service (IRS) proposed regulations to provide guidance to charitable hospital organizations on community health needs assessment (CHNA). The IRS requires hospital organizations declared as a 501(c) 3 to conduct at least one CHNA every three (3) years. The organization is to adopt an implementation strategy to meet the health needs identified in the CHNA. This survey was conducted in accordance with the IRS regulations as stated in REG-106499-12.

Whiter River Medical Center determined the community served to include Independence County, Arkansas and six surrounding counties: Cleburne, Izard, Jackson, Lawrence, Sharp, and Stone. Based on US Census 2012 estimates of population, this community serves 140,636 individuals. The US Census 2012 estimated average household income for this community is \$31,414 per county. A breakdown of demographics for each county based on the US Census is in Appendix A.

Method

For the purpose of this CHNA, a committee of professionals employed by Whiter River Medical Center and the Department of Health discussed the most reliable resource for gaining the needed information. The committee agreed the most reliable source of information would be the professional opinions of key community leaders in each county because they worked with the various groups of residents. The committee created questions to determine the diversity of participants and the diversity of those served. Data from the US Census, Center for Diseases Control, and the Arkansas Department of Health were used to create types of questions and response choices.

A focus group of health care professionals and employees of the Arkansas Department of Health completed the design of The White River Medical Center Community Needs Assessment Opinion Survey. Leaders of the Whiter River Medical Center distributed the final copy of the opinion survey to community leaders and professionals in the each county. Copies of the completed surveys were sent to the Arkansas Department of Health, Center for Health Statistics for analyses.

Instrument

The survey contained four sections: the type of organization represented by the participants, the county served, the demographics of individuals served, and two open-ended questions related to the participant's opinion of community needs. A copy of the survey is in Appendix B.

Participants

Participants included 44 individuals from seven counties. Participants represented leaders in businesses, churches, educational cop-ops, local health units, hospitals, and schools. Participants also included emergency response teams, educators, and residents volunteering in non-profits groups. A table showing the types of organizations represented by the participants is in Appendix C. A table showing the diversity of groups served is in Appendix D.

Analyses

This study required a mixed method approach. Raw data was used for analyses of the quantitative sections. Due to the content of the quantitative items on the survey, the purpose of this project and the target audience of this survey, weighting of data to generalize to larger areas was not necessary. Participants were asked to indicate all responses that applied on each of the quantitative items on the survey; thus, frequencies for each section may add up to more than the actual number of participants. Percentages were calculated as the frequency of positive responses for each item divided by the number of participants.

A three-step categorical analysis was used for the qualitative section of the study. All responses were analyzed for common terms. Based on the common terms, responses were grouped into ten areas of concern. An analysis of the areas of concern generated four overarching categories. These categories are Chronic Disease Education, Drug Abuse/Misuse, Health Care/ Health Care Management, and Injury Prevention. Other responses are in the “other category.” Open ended responses are in Appendix E.

Findings

Quantitative Results

Forty-four participants in seven counties completed the opinion survey. The largest percentage of the participants worked in Independence County. Although only counted in one county for Figure 1, about 25% of the participants indicated they worked in more than one county. Thirty percent of participants worked in local health units. About one fourth of the participants are members of the local Hometown Health Improvement Coalitions.

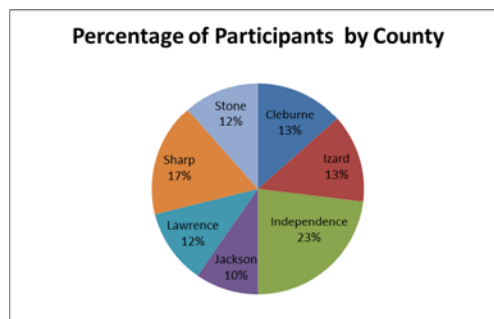
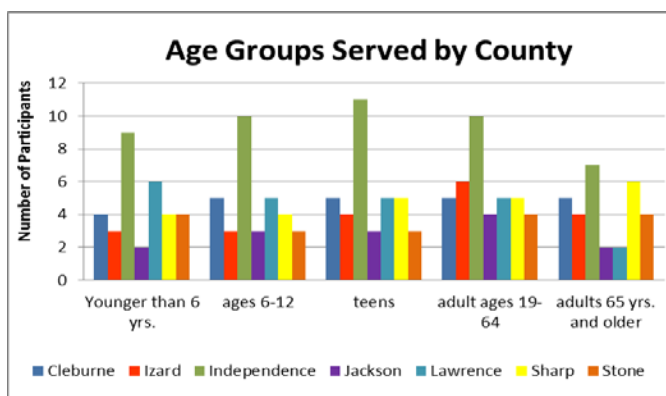


Figure 1

Target groups



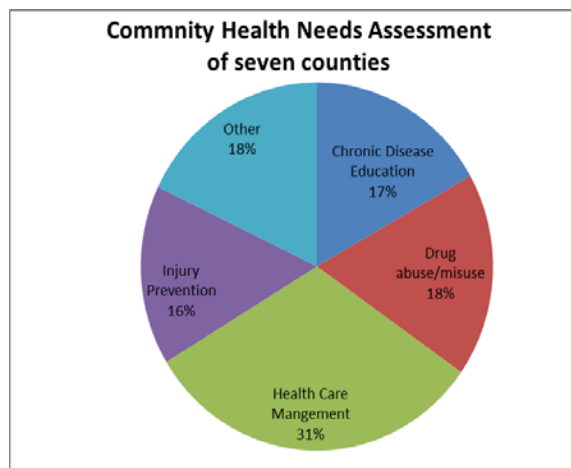
Each participant indicated which group(s) he or she served. If the participant indicated he or she worked with more than one age group, the participant was counted in each age group with whom they worked; thus giving totals higher than 44. Twenty-four participants indicated working with all age groups. The graph on the left shows the number of participants in each county working with each age group.

When asked to identify the groups of individuals with whom he or she worked, the majority of the participants indicated they worked with single parents, grandparents raising grandchildren, and

unemployed or employed at low wages. Almost two-thirds worked with individuals who were either high school drop-outs trying to earn their GED (63.6%) or not trying to get a GED (61.4%). Over half worked with individuals enrolled in higher education(59.1%) or enrolled in a vocation program (56.8%). A table of groups served and the percentage of professionals working with each group is in Appendix D.

Qualitative Results

Each participant was asked what they considered were the two biggest areas of health or safety needs in the community. After analyses of the responses were categorized, health care or health care management was the highest concern, accounting for 31% of the responses. Drug abuse or drug misuse and education of drug use was the second highest concern for all counties, accounting for 18% of all responses. Chronic Disease Education accounted for 17% of the responses. Specific responses in this category included education of heart diseases, obesity, and diabetes. Injury Prevention accounted for 16% of the responses. The miscellaneous category of “other” also accounted for another 18% of the responses.



There was not enough similarity of the responses to create additional categories. A list of the categories of responses is in Appendix E. A list of suggested programs is in Appendix F.

Summary of CHNA

There were forty-four participants from seven neighboring counties in Arkansas. Participants represented a broad range of organizations that serve various age groups. Data indicated the participants served a variety of groups of individuals with many different health or safety concerns. When considering the participants as an entity of experts for the seven-county community, there is professional knowledge of the health and safety needs of the seven-county community.

Based on the information given by the team of experts there are four categories of health needs in this community. The categories are: (1) health care management, (2) either education about drug abuse or help with drug abuse or misuse, (3) education about chronic diseases or prevention of chronic diseases, and (4) Injury Prevention.

Almost one-third of the respondents agreed that some form of health care management is a valid health concern. Although not all responses related to health care concerns were specific, many of the responses included concerns related to helping those with little or no insurance and free or low-cost health clinics. There was a relatively equal response rate for other community health needs to provide more education about drug abuse/misuse, chronic disease such as heart disease, obesity, or diabetes, and home or vehicle injury prevention to the community.

Strategic Plan

The team that worked to perform this Health Needs Assessment was made up of the following individuals:

Chairman Woody Castleberry, Managed Care Coordinator, WRMC

Tammy Gavin, Chief Operating Officer, WRMC

Jana Richardson, Chief Financial Officer, WRMC

Sonia Nix, Administrator, Independence County Health Unit

Dennis F. Moore, Pharm.D., Director, UAMS North Central

Michele Wood, Director of Marketing, WRMC

Bryan Langston, CommHealth, Worksite Wellness, WRMC

The first task assigned to this team was to define our “community” for purposes of performing the assessment. As a regional healthcare provider, White River Medical Center has a clinic or a sister hospital (Stone County Med Center in Mountain View) in all the counties that adjoin Independence, except White County. Therefore, the definition agreed upon was Independence, Cleburne, Stone, Izard, Sharp, Lawrence and Jackson counties.

Our second task was to develop a survey to be completed by respondents in each of these areas. With assistance from Tammy Pannells, Research Project Analyst with the Arkansas Department of Health, a survey was developed, a copy of which is attached hereto as Appendix “B”.

In determining what persons or group of persons to approach to complete our surveys, it was agreed that the Wellness Coalition operating in each county would provide the best forum. While some counties have coalitions more active and robust than others, each represents a broad spectrum of their individual communities – healthcare, education, local government, public health, religious groups. While we were not able to obtain surveys from all members of each coalition, overall we feel we have a good sample from which to identify the most pressing healthcare needs in our community. There were a total of 44 surveys returned.

Once the completed surveys were in hand, Tammy Pannells compiled and analyzed the survey results. Following is a summary of her findings:

- Health Care Management – 31% listed as a need

- Drug abuse – 18% listed
- Chronic Disease Education – 17% listed
- Injury Prevention – 16% listed

Taking into account the resources and programs available to us at WRMC, our team has set out a plan to address the identified needs as follows:

- **Health Care Management**

- In collaboration with Lyon College, WRMC is developing a Community Care Network (CCN). Michelle Brewer, APN here at WRMC, has been named Director for this program. Patterned off a program established recently at Meadville Medical Center in Pennsylvania, the CCN is driven by the establishment of a new degree program at Lyon College to train “Health Coaches.” After a semester of class room work, these aspiring pre-med students will become volunteers at WRMC. Their primary focus will be to follow discharged patients to assure that they are following doctor’s instructions. While this has actually reduced admissions at Meadville, the benefits of improved health and reduced costs to the community and local employers are obvious. In addition, the program will greatly enhance our ability to recruit doctors to the area, a major problem for rural hospitals.
- Christian Health Center – WRMC will continue to support this free clinic, which is manned by local physicians who volunteer their time. In calendar year 2012, WRMC provided \$76,202 in lab, x-rays and EKGs services at no charge to these patients. Calendar year 2013 projects to be slightly higher than 2012. We expect 2014 free care to the CHC to be approximately \$79,000.
- HealthFirst (formally Ladies Night Out) - For the 21st consecutive year, WRMC will co-sponsor HealthFirst, a large health fair for women of all ages. This year’s event co-sponsor will be First Community Bank and once again it will be held in Independence Hall of University of Arkansas Community College at Batesville. For the past several years, 500 to 600 women have attended with a different theme each year. This year’s theme will be fitness, with demonstrations of different fitness techniques for women of all ages. 28 departments of WRMC along with a few outside providers will man booths to perform screenings and give out educational literature. Many of our local physicians participate each year, making talks on healthcare subjects and interacting with the participants. Follow up is performed on any abnormal test results that come out of the screenings.

- **Drug Abuse**

- With implementation of more provisions of the Affordable Care Act coming January 1, 2014, drug addiction treatment and counseling will be a new benefit to those covered by the plan available on the Healthcare Exchange. As many of those impacted by drug abuse and addiction are in the uninsured population now, it is our hope that they may have a pathway to treatment

through the ACA. We will watch this throughout 2014 to see what, if any, improvements we see with this local health need.

- **Chronic Disease Education**

- CommHealth – Under the direction of Bryan Langston, CommHealth/Worksite Wellness programs will continue in 2014. During the year we project to set up 45 screening locations, either at worksites or at health fairs. At these screenings, we will screen and educate approximately 900 participants. CommHealth will test Cholesterol, Blood Glucose, Blood Pressure, Body Mass Index, and Body Fat %. Based on the results, CommHealth will educate participants on Heart Disease, Obesity, Cancer, Stroke and Diabetes.
- Community Health – Under the leadership of Jennifer Dorris, Director of Women’s Health and Emergency Services, WRMC will continue to sponsor monthly presentations by local physicians on health topics, with a focus in 2014 on Chronic Disease Education. These events have been very well attended in 2013, with an average attendance of 110. Lunch is served at these presentations and they are free to the public.
- Diabetes Education – WRMC will continue to collaborate with UAMS on their Diabetes Education program.

- **Injury Prevention**

- Stacy Wright, Trauma Coordinator, is coordinating a \$20,000 grant to assist in providing training for injury and violence prevention. This grant covers a 13 county region of the state and will encompass our six county “community” as defined earlier.

Appendixes A- F

Appendix A: Populations

Demographics of Each County

2010 Estimates	Cleburne	Independence	Izard	Jackson	Lawrence	Sharp	Stone
Total Population	25,808	37,025	13,474	17,600	17,012	17,054	12,663
under 5 years	5.0%	6.6%	4.3%	5.4%	5.3%	5.3%	5.0%
under 18 years	19.6%	24.1%	18.6%	20.6%	22.5%	21.1%	20.5%
65 years and older	24.3%	16.2%	24.6%	16.3%	19.0%	24.9%	23.7%
White	97.2%	94.7%	95.9%	80.3%	97.4%	96.2%	97.0%
Black or African American	0.4%	2.1%	1.4%	17.2%	0.8%	0.7%	0.2%
American Indian or Alaska Native	0.8%	0.7%	1.0%	0.6%	0.4%	1.0%	0.8%
Asian alone	0.2%	1.0%	0.3%	0.3%	0.2%	0.3%	0.4%
Native Hawaiian	Z	0.2%	Z	0.1%	Z	Z	Z
Two or more races	1.4%	1.4%	1.4%	1.5%	1.1%	1.7%	1.6%
Hispanic or Latino	2.3%	6.1%	1.6%	2.7%	1.0%	1.8%	1.5%
Language other than English spoken in the home (age 5 yrs. and older)	2.5%	4.9%	1.9%	1.5%	1.3%	3.2%	0.4%
High school graduate or higher	81.5%	81.5%	80.1%	75.3%	75.8%	83.0%	79.2%
Bachelor's degree or higher	16.3%	13.2%	12.7%	8.0%	9.4%	12.8%	11.8%
Median household income	\$38,510.00	\$24,878.00	\$31,865.00	\$31,352.00	\$32,337.00	\$29,590.00	\$31,364.00
Persons below poverty level	16.6%	21.4%	17.8%	25.1%	23.3%	24.0%	22.4%

Appendix B: The Survey

White River Medical Center
Community Health Needs Assessment
Opinion Survey

Type of Organization:

- | | |
|---|---|
| <input type="checkbox"/> Business | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Church | <input type="checkbox"/> Non-profit group |
| <input type="checkbox"/> Community building | <input type="checkbox"/> Public safety |
| <input type="checkbox"/> Educational co-op | <input type="checkbox"/> School |
| <input type="checkbox"/> Emergency response | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Local Health Unit | _____ |
| <input type="checkbox"/> Hometown Health Improve. Coalition | |

Which of the following counties are served by your organization? (Check all that apply)

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cleburne | <input type="checkbox"/> Lawrence |
| <input type="checkbox"/> IZard | <input type="checkbox"/> Stone |
| <input type="checkbox"/> Independence | <input type="checkbox"/> Sharp |
| <input type="checkbox"/> Jackson | |

Demographics of Individuals Served:

What age groups does your organization primarily serve? (**check all that apply**)

- | | |
|--|---|
| <input type="checkbox"/> Younger than 6 yrs | <input type="checkbox"/> Adults (ages 19-64) |
| <input type="checkbox"/> Ages 6-12 | <input type="checkbox"/> Older Adults (ages 65 and older) |
| <input type="checkbox"/> Teens (ages 13- 18) | |

Which best describes the groups your organization serves? (**check all that apply**)

- | | |
|---|---|
| <input type="checkbox"/> Teen parents | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Single parents | |
| <input type="checkbox"/> Grandparents raising grandchildren | <input type="checkbox"/> Employed at minimal or low wage jobs |
| <input type="checkbox"/> Foster parents/ foster children | <input type="checkbox"/> Self-employed tradesmen |
| <input type="checkbox"/> Women only groups | <input type="checkbox"/> Professional or highly skilled |
| <input type="checkbox"/> Teen groups only | |

Which describe the persons served by your organization? (**check all that apply**)

- | | |
|--|---|
| <input type="checkbox"/> High school drop outs not getting a GED | <input type="checkbox"/> Business Employees |
| <input type="checkbox"/> High School dropouts trying to earn a GED | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Enrolled in higher education | _____ |
| <input type="checkbox"/> Enrolled in vocational or trade school | |
| <input type="checkbox"/> Church groups | |
| <input type="checkbox"/> English as a second language | |
| <input type="checkbox"/> Minority groups based on race | |
| <input type="checkbox"/> Minority groups based on religion | |
| <input type="checkbox"/> Adults with Special Needs | |
| <input type="checkbox"/> Children with Special Needs | |
| <input type="checkbox"/> Prisoners | |
| <input type="checkbox"/> Educators | |
| <input type="checkbox"/> Health Professionals | |

Based on your experiences, what are the two biggest areas of health or safety related needs in our community?

- 1. _____
- 2. _____

Do you know of any programs that have been implemented elsewhere in the state to address these needs that could be implemented in our community? If so, please list the name of the program and the community where implemented.

- 1. _____
- 2. _____

Appendix C: Types of Organization Represented by Participants

	Cleburne	Izard	Independence	Jackson	Lawrence	Sharp	Stone
Business						1	
Church	1						
Community Owned Building							
Educational Co-op		1					
Emergency Response	1						
Local Health Unit		1	3		6	2	1
Hometown Health Improvement Coalition	1	2	1			5	1
Hospital	1						
Non-profit Group		1	1				2
Public Safety	1						
School			2				
Hispanic Community			1				
College Campus			2				
Local Government Agency			1				
Department of Human Services			1				
Dental Hygiene						1	
Behavioral Health Promotion/Prevention	1						
Public Health		1					
Organizations for Mentally Ill		1					
Children's Clinic							2
DCC Probation & Parole	1						

Appendix D: Groups Served by Participants

Groups served by participants and Percentage of Participants

Group	%
teen parents	70.5
single parents	81.8
grandparents raising grandchildren	79.5
foster parents/ foster children	54.5
women only groups	50.0
teen only groups	56.8
unemployed	77.3
low income	79.5
self-employed tradesman	59.1
professional of highly skilled	59.1
Children	2.3

Appendix D: Categories of Individuals Served by Participants

Individuals Served	%
high school dropouts NOT getting GED	61.4
high school dropouts getting GED	63.6
enrolled in higher education	59.1
enrolled in vocational or trade school	56.8
church groups	40.9
English as Second Language	38.6
Minority groups based on race	31.8
Minority groups based on religion	18.2
Adults with special needs	40.9
Children with special needs	40.9
Prisoners	29.5
Educators	45.5
Health Professionals	50.0
Business Employees	40.9
Other (itemized below)	27.3

Appendix E: Categories of Responses

Needs	Cleburne	Izard	Independence	Jackson	Lawrence	Sharp	Stone
Hepatitis C						1	
Diabetes/education or support groups		1	1			1	
Obesity Prevention/ education	3		2		2	1	
Disease Prevention/Management			1		2		
Heart Health	1						
Tobacco/Alcohol/Drug use or abuse	4	3	5		2	1	2
Access to Better Health Care /Lack of health care/more affordable health care	1	2	1			3	2
Health Insurance			1			1	1
Urgent Health Care Clinics						1	
Dental needs	1				3	2	
Nutritional needs education			4		0	0	1
Teen Pregnancy		1			0	1	2
Child Car Seats							1
Suicide prevention/education of prevalence			2				
Abuse (physical, domestic, bullying, etc.)	1		1				
Injury prevention	1	1					
Distracted driving			1				
Safe after-school/ summer programs			1				

Needs	Cleburne	Izard	Independence	Jackson	Lawrence	Sharp	Stone
Physical Activity			3				
Home safety information in Spanish		1	1				
Lack of preventative practices and health promotion	1						
Health Education for Teens		1					
Lottery tickets to low income - resulting in need for supplemental food					0	0	1
Chore Services					0	0	1
Reaching high-risk clients to facilitate better choices					0	1	0
Financial Management					2	0	0
Transportation			1		1	0	1

Appendix F: Suggested Programs

	Cleburne	Izard	Independence	Jackson	Lawrence	Sharp	Stone
Programs Suggested							
Chore under Elderchoices							1
Health fair with free tests/screening							1
Free health clinics							1
ACH training for car seat instructors							1
ACH Mobile Dental Van						1	
ACH sealant program						1	
Community Putting Prevention to Work (CPPW) grant or Growing Healthy Communities	1		2				
Joint Use Agreement			2				
Farmer's Market			1				
Walking program			1				
Free health help for Hispanic Population			1				
Christian Clinics			1				
DSME		1					
South Dakota started a Community health Clinic that combines efforts with police, mental health and hospitals... (CL5)	1						
Transitional Nursing Model of Care applied to community settings...(CL5)	1						

For more information about this Community Needs Assessment contact:

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