

**ARKANSAS RURAL  
HEALTH PARTNERSHIP**



**Community  
Health  
Needs  
Assessment  
2023**



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## Introduction

South Arkansas Regional Hospital, a newly formed community-based hospital located in El Dorado, Arkansas was formed through a partnership of three area foundations and one academic medical center. South Arkansas Regional Hospital is committed to providing high-quality services close to home. In order to fulfill the hospital's mission and retain tax-exempt status, it must provide programs and services that intentionally assess and respond to local community health needs. South Arkansas Regional Hospital provides community benefits by offering health education, free community health screenings, and several community health initiatives. This survey is the first of many that will be completed every three years by South Arkansas Regional Hospital to assess the needs of Union County residents and hospital stakeholders in the surrounding area. The assessment includes input from persons representing broad interests of the community served by South Arkansas Regional Hospital, including those with public health expertise. These individuals form the community advisory committee. The community advisory committee assisted hospital staff in collecting survey data that indicated the most pressing health concerns in the hospital service area. Upon identifying the health issue priorities, South Arkansas Regional Hospital's community needs assessment steering committee will create an action plan to address some of these issues through resources available to the hospital. The completed report will be made available to the public. South Arkansas Regional Hospital's 2023 Community Health Needs Assessment is prepared by the Arkansas Rural Health Partnership leadership and staff in accordance with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010.

## Healthcare in 2023

### **Background.**

The 2023 Community Health Needs Assessment (CHNA) was prepared during the fall of 2023, during a time of increased inflation and armed conflicts in Eastern Europe threatening democracy. Through the CHNA process, the Arkansas Rural Health Partnership (ARHP) and South Arkansas Regional Hospital engaged hospital leadership, key stakeholders, and community members to take the pulse of the local healthcare landscape, determine priority healthcare needs in the service area, and build a path together for moving forward on these critical areas. Healthcare service delivery and community initiatives driven by the health system over the next three years will greatly consider the following challenges, trends, and innovations in healthcare delivery, design, and policy:

### **Key Challenges Framing Rural Health Care Delivery in 2023.**

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

**Learning to Live post-COVID-19:** As the world entered the post-pandemic period, public health messaging has shifted from eradicating to learning to live with the disease. Vaccines and new therapeutic treatments have enabled individuals to live, work, and play more freely.

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

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

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

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

## Health Care Trends & Innovations in 2023 & beyond.

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

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

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

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

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

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

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

## Relevant Data

### State – Arkansas

According to the United Health Foundation’s 2022 America’s Health Rankings Annual Report, Arkansas state health findings are as follows:

<b>Arkansas Health Strengths</b>
<ol style="list-style-type: none"> <li>1. Low prevalence of excessive drinking</li> <li>2. High prevalence of having a dedicated healthcare provider</li> <li>3. Low percentage of housing with lead risk</li> </ol>
<b>Arkansas Challenges</b>
<ol style="list-style-type: none"> <li>1. High prevalence of multiple chronic conditions</li> <li>2. High economic hardship index score</li> <li>3. High prevalence of cigarette smoking</li> </ol>
<b>Arkansas Highlights</b>
<ol style="list-style-type: none"> <li>1. Occupational fatalities decreased 30% from 8.0 to 5.6 deaths per 100,000 workers between 2016-2018 and 2019-2021.</li> <li>2. Diabetes increased 26% from 12.5% to 15.7% of adults between 2021 and 2022.</li> <li>3. Premature death increased 15% from 11,545 to 13,224 years lost before age 75 per 100,000 population between 2020 and 2021.</li> </ol>

### Arkansas Measures

	Rating	2023 Value	2023 Rank
Social and Economic Factors	+	-0.959	49
Community and Family Safety	*	•	•
Firearm Deaths	+	23.4	43
Homicide		11.7	44
Occupational Fatalities		5.6	40
Public Health Funding		\$194	23
Economic Resources	+	•	•
Economic Hardship Index	+	86	46
Crowded Housing	+	2.7%	34
Dependency	+	40.5%	37
Education- Less than High School	+	10.9%	40
Per Capita Income	+	\$31,380	49
Poverty	+	17.2%	46
Unemployment	+	4.5%	37
Food Insecurity		16.6%	50

Homeownership	+	65.5%	33
Homeownership Racial Disparity	+	29.2	13
Income Inequality	+	4.98	39
Education	*	•	•
Fourth Grade Reading Proficiency		29.7%	38
High School Graduation		89.1%	40
High School Graduation Racial Disparity	+	88.8%	14
Social Support and Engagement			
Adverse Childhood Experiences		18.7%	43
High-Speed Internet		89.6%	46
Residential Segregation – Black/White		65	25
Volunteerism		20.9%	41
Voter Participation (Average)		49.0%	49
Physical Environment	*	0.168	33
Air and Water Quality			
Air Pollution		8.1	31
Drinking Water Violations		3.9	47
Non-smoking Regulation	+	0.5%	41
Water Fluoridation		85.8%	19
Climate and Health	*	•	•
Climate Policies		1	29
Climate Risks	+	54.6%	36
Renewable Energy	+	6.5%	40
Transportation Energy Use	+	9.5	34
Housing and Transit	*	•	•
Drive Alone to Work	+	79.8%	48
Housing Cost Burden	+	38.8%	14
Housing with Lead Risk		9.6%	8
Severe Housing Problems		13.1%	15
Transportation Health Risks	+	15.9%	21
Clinical Care	+	-0.586	43
Access to Care	*	•	•
Avoided Care Due to Cost		13.8%	44
Providers	*	•	•
Dental Care Providers		44.7	48
Mental Health Providers		278.9	31
Primary Care Providers		205.0	44
Uninsured		8.4%	35
Preventive Clinical Services	*	•	•
Cancer Screenings	+	51.1%	42
Breast Cancer Screening	+	70.9%	31
Colorectal Cancer Screening		56.4%	41
Dental Visit		55.6%	49
Immunizations	*	•	•
Childhood Immunizations		64.9%	47
Flu Vaccination		43.1%	35
HPV Vaccination		55.7%	42

Quality of Care	*	•	•
Dedicated Health Care Provider		85.1%	17
Preventable Hospitalizations		3,058	39
Behaviors	*	-0.999	45
Nutrition and Physical Activity	*	•	•
Exercise		19.3%	43
Fruit and Vegetable Consumption		10.2%	5
Physical Inactivity		31.1%	49
Sexual Health	*	•	•
Chlamydia		592.8	42
High-risk HIV Behaviors		6.2%	34
Teen Births		26.5	50
Sleep Health	*	•	•
Insufficient Sleep		38.7%	43
Smoking and Tobacco Use	*	•	•
E-cigarette Use	+	10.4%	45
Smoking		18.7%	49
Health Outcomes	*	-0.948	50
Behavioral Health	*	•	•
Drug Deaths	+	21.7	11
Excessive Drinking		17.2%	16
Frequent Mental Distress		20.4%	49
Non-medical Drug Use – Past Year		20.1%	48
Suicide	+	20.8	39
Mortality	*	•	•
Premature Death		13c224	43
Premature Death Racial Disparity		1.3	11
Physical Health	*	•	•
Frequent Physical Distress		17.5%	49
High Health Status	+	42.6%	48
Low Birthweight		9.5%	42
Low Birthweight Racial Disparity		2.0	35
Multiple Chronic Conditions		15.9%	46
Arthritis	+	33.9%	47
Asthma	+	10.5%	27
Cancer	+	9.1%	39
Cardiovascular Diseases	+	13.4%	49
Chronic Kidney Disease	+	4.4%	43
Chronic Obstructive Pulmonary Disease	+	9.8%	46
Diabetes	+	15.7%	49
Risk Factors	+	•	•
High Blood Pressure	+	40.7%	46
High Cholesterol	+	37.2%	37
Obesity	+	37.4%	48
Overall	•	-0.839	48

(America's Health Rankings, United Health Foundation; Arkansas Summary 2023)

## Regional – Southeast Arkansas

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

Ask someone to describe the south Arkansas Delta, and some of the first words you will hear may include poor, depressed, and rural. Next will come stories of farming towns carved out of rich river basins and the long, open roads that only slow due to a spattering of traffic lights hidden along the way. Prod a little deeper and the conversation will probably turn to mention small towns where people know their neighbor’s names and care enough to make eye contact and say hello when they pass each other in the grocery store. Just like every other region of America, the Delta has its strengths and weaknesses.

### Income and Poverty (Service Area, State, Nation)

Region/County	Population	Median Household Income	Unemployment	Persons Living in Poverty
Arkansas	17,149	\$46,696	44.9%	17.3%
Ashley	19,062	\$44,744	51.3%	16.7%
Bradley	10,545	\$43,184	52.2%	20.5%
Calhoun	4,739	\$46,417	51.5%	13.4%
Chicot	10,208	\$34,147	61.6%	28.9%
Cleveland	7,550	\$46,349	51.0%	14.7%
Dallas	6,482	\$38,072	50.7%	14.7%
Desha	11,395	\$31,893	49.6%	29.1%
Drew	17,350	\$46,997	46.6%	18.8%
Grant	17,958	\$55,388	46.5%	14.5%
Jefferson	67,260	\$39,326	50.6%	24.7%
Lee	8,600	\$29,681	64.1%	22.1%
Lincoln	12,941	\$46,596	72.4%	20.0%
Lonoke	74,015	\$62,532	39.4%	11.1%
Monroe	6,799	\$38,468	48.0%	27.1%

Ouachita	22,650	\$35,425	50.0%	23.2%
Phillips	16,568	\$29,320	52.9%	34.5%
Prairie	8,282	\$42,754	45.7%	10.4%
St. Francis	23,090	\$35,348	58.6%	24.9%
Union	39,054	\$44,663	49.4%	19.1%
Service Area Average	21,437	\$41,605	52.2%	21.1%
State of Arkansas	3,011,524	\$48,952	44.8%	16.2%
United States	331,449,281	\$65,712	39.8%	12.3%

(2020 U.S. Census Bureau; U.S. Department of Commerce, January 2024)

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

### Population by Race (Service Area, State, Nation)

County	Black	White	American Indian & Alaskan Native	Asian	Native Hawaiian & other Pacific Islander	Some other race	Two or more races	Not Hispanic	Hispanic	Total Population
Arkansas	4,156	11,698	44	94	9	405	743	16,513	636	17,149
Ashley	4,669	12,958	56	41	6	625	707	17,948	1,114	19,062
Bradley	2,937	5,890	92	30	0	1,156	440	10,545	1,575	10,545
Calhoun	913	3,539	10	6	9	54	208	4,612	127	4,739
Chicot	5,417	3,953	36	38	9	414	341	9,627	581	10,208
Cleveland	686	6,466	35	7	1	87	268	7,368	182	7,550
Dallas	2,592	3,487	17	7	0	103	276	6,281	201	6,482
Desha	5,398	4,845	47	61	4	527	513	10,622	773	11,395
Drew	4,846	11,291	90	108	13	366	636	16,694	656	17,350
Grant	458	16,304	81	77	1	178	859	17,518	440	17,958
Jefferson	37,835	25,478	240	673	94	869	2,071	65,772	1,488	67,260
Lee	4,663	3,465	39	13	2	121	297	8,384	216	8,600
Lincoln	3,652	8,324	41	23	9	384	508	12,322	619	12,941
Lonoke	4,386	61,624	368	733	50	1,485	5,369	60,596	3,610	74,015
Monroe	2,760	3,568	35	28	7	144	257	6,613	186	6,799
Ouachita	8,899	12,194	71	126	3	225	1,132	516	22,134	22,650
Phillips	10,343	5,616	44	65	4	87	409	16,304	264	16,568
Prairie	925	6,964	23	21	3	44	302	8,137	145	8,282
St. Francis	12,561	9,551	65	127	8	189	589	22,404	686	23,090
Union	12,729	23,216	150	280	16	1,045	1,618	37,300	1,754	39,054
Service Area Average	6,541	39,772	79.2	127.9	12.4	425.4	877.2	18,294	1,869.4	20,085
State of Arkansas	453,783	2,114,512	27,177	51,839	14,533	136,105	213,575	2,754,677	256,847	3,011,524
United States	41,104,200	204,277,273	3,727,135	19,886,049	689,966	27,915,715	38,848,943	269,369,237	62,080,044	331,449,281

(202 U.S. Census Bureau, January 2024)

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

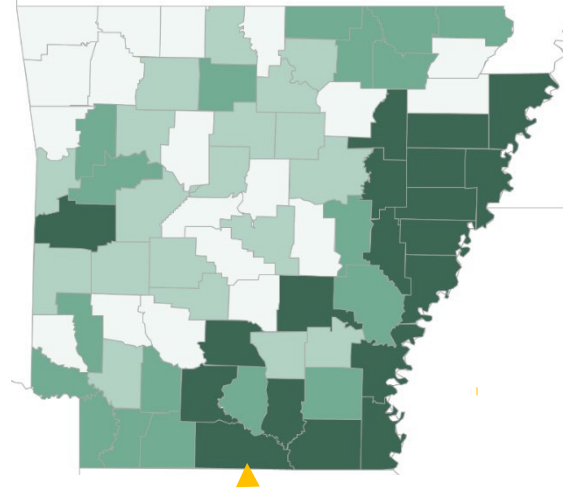
### Chronic Disease Indicators & Conditions Comparison (Service Area, State, Nation)

Region	Smoking Prevalence	Obesity Prevalence	Diabetes Prevalence	Preventable Hospital Stays out of 100,000
Arkansas County	22%	38%	12%	3,402
Ashley County	25%	40%	13%	5,241
Bradley County	22%	43%	13%	3,207
Calhoun County	23%	37%	12%	2,184
Chicot County	27%	48%	16%	6,098
Cleveland County	24%	37%	11%	3,302
Dallas County	23%	40%	13%	3,339
Desha County	26%	45%	16%	4,425
Drew County	23%	43%	12%	6,900
Grant County	20%	37%	9%	3,888
Jefferson County	23%	44%	15%	4,018
Lee County	28%	45%	16%	3,688
Lincoln County	25%	40%	13%	3,853
Lonoke County	21%	37%	10%	2,588
Monroe County	26%	42%	14%	2,908
Ouachita County	24%	40%	14%	2,331
Phillips County	25%	48%	16%	3,229
Prairie County	22%	37%	10%	3,781
St. Francis County	26%	47%	16%	4,158
Union County	21%	43%	12%	3,187
Service Area Average	24%	42%	13%	3786
State of Arkansas	22%	37%	12%	3,142
United States	16%	32%	9%	2,809

(County Health Rankings & Roadmaps: 2020 – 2021 County Health Rankings: Arkansas, January 2024)

## County – Union

Union County is located along the central southern border of Arkansas, with the Ouachita River bordering north and east, and a landscape rich in timberland. Union County is the largest county by area in Arkansas at 1,039 square miles. The county was formed on November 2, 1829, from portions of Clark and Hempstead counties. The name “Union” was chosen to reflect the citizens’ petition for a new county, which said that they were petitioning “in the spirit of Union and Unity”. The county is directly adjacent to the south to Union Parish in the state of Louisiana. The county’s economy is driven by the oil, chemical, and timber industries. El Dorado, the county seat, was at the heart of the 1920s oil boom in South Arkansas and is called the “Queen City of South Arkansas”. The city has been emphasizing its historic assets for heritage tourism.



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

### General Demographics

AGE/SEX	UNION CO.	ARKANSAS	RACE/ETHNICITY	UNION CO.	ARKANSAS
Population	39,054	3,011,524	% African American	32.8%	15.6%
% Below 18	23.7%	22.9%	% American Indian/Alaskan Native	0.5%	1.1%
% 65 & Older	19.5%	17.8%	% Asian	0.9%	1.8%
% Male	48.7%	49.4%	% Native Hawaiian/Pacific Islander	0.1%	0.5%
% Female	51.3%	50.6%	% Hispanic/Latino	4.3%	8.6%
			% Caucasian	64.0%	78.5%
			% Two or More Races	1.8%	2.4%

### Income Demographics

	UNION CO.	ARKANSAS
Median Household Income	\$46,444	\$55,432
<i>Income breakdown by status</i>		
Families	\$61,409	\$70,708
Married couple families	\$74,613	\$84,273
Non-family households	\$25,395	\$31,230

### Poverty Demographics

	UNION CO.	ARKANSAS	UNITED STATES
All people	18.5%	16.8%	12.6%
Under 18 years of age	23.4%	22.4%	16.3%
18 – 64 years of age	18.3%	15.2%	11.7%
65 & Older	12.4%	11.7%	10.9%

### Migration Demographics

	UNION CO.	ARKANSAS
Moved within the same county	5.0%	7.2%
Moved from a different county	2.2%	3.3%
Moved from a different state	1.3%	2.5%
Moved from abroad	0.2%	0.2%

### Insured Demographics

Healthcare Coverage (Uninsured)	
Union County	7.4%
Arkansas	9.1%

### Healthcare Provider Demographics

	UNION CO.	ARKANSAS	US TOP PERFORMING COUNTIES
Primary Care Physician	1,530:1	1,470:1	1,310:1
Dentists	2,260:1	2,060:1	1,380:1
Mental health providers	560:1	390:1	340:1
Preventable hospital stays	3,187	3,142	2,809
Mammography screening	32%	35%	37%
Flu vaccinations	45%	49%	51%

## Health Statistics

	UNION CO.	ARKANSAS	US TOP PERFORMING COUNTIES
Adult smoking	21%	22%	16%
Adult obesity	43%	37%	32%
Food environment index	6.4	4.8	7.0
Physical inactivity	31%	29%	22%
Access to activity (physical exercise)	60%	63%	84%
Alcohol-impaired driving deaths	22%	26%	27%
Sexually transmitted disease	747.1	531.9	481.3
Teen births	45	33	19

### Topic Specific Data – Priorities

At the conclusion of the South Arkansas Regional Hospital survey and community advisory committee process, there were two priorities that were targeted for the hospital to address over the next three years:

#### Public Health Concern: Mental & Behavioral Health

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

## Substance Use Treatment and Outpatient Behavioral Health Providers

County	Substance Use Disorder Treatment Facilities, 2023	Outpatient Behavioral Health Providers, 2023	Community Mental Health Centers that Serve County, 2023
Arkansas	0	1	1
Ashley	0	1	1
Bradley	1	1	1
Calhoun	0	3	1
Chicot	0	1	1
Cleveland	0	3	1
Dallas	0	1	1
Desha	0	1	1
Drew	0	3	1
Grant	0	2	1
Jefferson	1	2	1
Lee	0	1	1
Lincoln	0	1	1
Lonoke	0	3	1
Monroe	0	1	1
Phillips	0	3	1
Prairie	0	4	1
Ouachita	1	2	1
St. Francis	1	1	1
Union	0	1	1
<b>Total</b>	<b>4</b>	<b>36</b>	<b>20</b>

(Arkansas Department of Human Services, Division of Aging Adult & Behavioral Health Services, Mental Health Outpatient Therapy Services Directory, Arkansas Community Mental Health Center Directory)

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

COVID-19 poured fuel on the mental and behavioral health disaster fire in the region. ACHI recently reported that Arkansas' suicide rate increased by 41% between 2000 and 2018. The report also showed that the state had the 20th highest suicide rate in the nation ([achi.net/newsroom.arkansas-suicide-rate-up-41-since-2000/](http://achi.net/newsroom.arkansas-suicide-rate-up-41-since-2000/)). The incidence of social isolation and loneliness was exacerbated during the pandemic due to stay-at-home orders, quarantine, and social distancing. A survey conducted by the CDC between June 24 and 30, 2020, found that one in four young adults (aged 18 to 24) contemplated suicide because of the pandemic. More than 40% noted a mental or behavioral health condition connected to the pandemic. One-quarter of young adults also noted that they had increased their consumption of substances as a coping mechanism for the pandemic (KHN Morning Briefing, August 14, 2020). In 2021, over a quarter (26%) of adults with a mental illness in Arkansas reported that they were not able to receive the treatment they needed (Mental Health America, Adult Data 2021: Adult Ranking 2021). The need for targeted training, outreach, resources, and intervention for college students related to mental health and substance use has perhaps never been greater. A 2017 Rural Health Research Gateway Rural Health Research Recap, Rural Behavioral Health, compiles findings from several studies conducted by Federal Office of Rural Health Policy (FORHP) funded rural health research centers. The publication reports that mental illness is more prevalent in rural areas than in urban communities. At the same time, there are fewer behavioral health providers and other services available in rural areas to help people get treatment and support. Without these resources, people may continue to experience symptoms that affect their relationships, ability to work and quality of life. (RHI Hub) This region, served by South Arkansas Regional Hospital, is agricultural. Farmers have demanding jobs that are often compounded by economic uncertainty, vulnerability to weather events, and isolation. Rural agricultural communities may also have limited access to healthcare and mental health services, which can make it difficult for farm and ranch families to

receive support when they are experiencing extreme stress, anxiety, depression, or another mental health crisis. Addressing mental health challenges is critical so that farmers can successfully navigate other stressors that are common in their day-to-day lives. While financial concerns are a major factor impacting farmer stress, they are not the only concerns. In addition to the ongoing challenges and stressors of farm life, farmers and their businesses have been impacted by the COVID-19 pandemic. They face challenges related to their own stress, the health and safety of their families and employees, and a wide range of global or national-level concerns, such as disruptions to food supply networks and the food service industry. The COVID-19 pandemic has also been disruptive to the social lives of farmers, preventing some from attending church services and connecting with fellow farmers at local cafes.

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

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

## Public Health Concern: Chronic Disease

The chronic disease burden in Arkansas is overwhelming- about 70% of all deaths in the state are a result of preventable chronic disease- and chronic disease and their complications take their toll in draining the state’s resources even further, both economically and in human terms, according to Dr. Namvar Zohoori the Chronic Disease Director at the Arkansas Department of Health. In the 2022 County Health Rankings & Roadmaps State Report provided by the University of Wisconsin Population Health Institute, Union County ranked #63 in Health Outcomes and #47 in Health Factors out of Arkansas’ 75 counties.

	Union County	Arkansas	Top U.S. Performers (Counties)
Poor or fair health	20%	19%	12%
Poor physical health days	4.1	4.1	3.0
Low birth weight	11%	9%	8%
Adult smoking	21%	22%	16%
Adult obesity	43%	37%	32%
Physical inactivity	31%	29%	22%
Teen births	45	33	19

## Diabetes

Diabetes was the nation’s seventh-leading cause of death in 2019. Those with diabetes are twice as likely to have heart disease or a stroke than those without diabetes. Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and blindness among adults. Arkansans are increasingly feeling the effects of diabetes as thousands of people suffer from the disease. Today, over 360,000 people in Arkansas have diabetes (which consists of 14.8% of the total population of the state of Arkansas) Diabetes is an ideal target for prevention strategies as it is a major risk factor for other serious chronic conditions and can be managed through a combination of lifestyle modifications and health care interventions. Studies show that the onset of Type 2 diabetes can largely be prevented through weight loss as well as increasing physical activity and improving dietary choices.

## Obesity

In 2015, Arkansas had the highest adult obesity rate among all 50 states, according to a report on obesity from the Trust for America's Health and the Robert Wood Johnson Foundation. Nationally, more than 30% of adults are obese, a stark increase from 1980 when no state had a rate above 15%. In 1990, no state had an obesity rate above 20%. Now, obesity rates are at or above 30% in 22 states, according to the report. The upward trend in the prevalence of obesity and chronic disease resulting from obesity is staggering when visually depicted.

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

## Heart Disease/Stroke

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

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

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure, cigarette smoking, and high blood cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately

1 in 3 adults in the United States, and only about half of them have it under control. High sodium intake can increase blood pressure and the risk for heart disease and stroke, yet about 90% of American adults exceed their daily recommendation for sodium intake.

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

## Cancer

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

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

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

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

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

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

## About Our Hospital

### Mission

It is the mission of South Arkansas Regional Hospital to improve the health and healing of people in South Arkansas.

### Values

In order to fulfill our mission and serve our community to the best of our ability, it is important that all members of our team adhere to our Core Values with every action and interaction. Our Core Values include the following:

#### WE CARE

- ◇ **WELCOMING:** Ensuring a friendly environment of care.
- ◇ **EXCELLENCE:** Commitment to working and acting exceptionally.
- ◇ **COMPASSION:** Empathy and understanding of others.
- ◇ **ADAPTABILITY:** Ability to positively adjust in response to changing conditions.
- ◇ **RESPECT:** Appreciation and consideration of others.
- ◇ **EQUALITY:** Fair treatment and without favor.

### History

South Arkansas Regional Hospital is a non-profit, community-based healthcare provider located in El Dorado, Arkansas. It was formed through a partnership of three area foundations and one academic medical center. SARH is committed to providing high-quality services close to home. The hospital was formerly known as Medical Center of South Arkansas and was a corporate, out-of-state, for-profit business. On July 1, 2023, the hospital changed ownership and became a locally-governed nonprofit hospital.

#### HOSPITAL TIMELINE:

##### 1919

⇒ Warner Brown Hospital was built by Paul Brown in honor of his father.

##### 1921

- ⇒ The Bussey Oil Well came in, and the population grew from 4,000 to 20,000 in just a few weeks.
- ⇒ The Sisters of Mercy were brought in to manage the hospital.
- ⇒ During Boomtown, El Dorado had 5 hospitals.

##### 1926

⇒ Boomtown settled, and only 2 hospitals remained, and the population dropped greatly.

## 1945

⇒ World War II Vets returned, and the population began to grow again.

## 1964

⇒ Union Memorial Hospital was built as a County Hospital.

## 1965

⇒ President Lyndon Johnson signs the Medicare Bill. All hospitals were paid 80% of billed charges for inpatient stays on Medicare-eligible patients.

## 1987

⇒ TEFRA DRG – The payment system went from percent charges to diagnostic-related groups. Reimbursement is cut drastically.

⇒ Warner Brown Hospital and Union Memorial Hospital merged due to the change in reimbursement and became the Medical Center of South Arkansas.

## 1992

⇒ President Bill Clinton signed the Balance Budget Act. Part of this act further cut reimbursement for healthcare.

## 1996

⇒ Due to the reimbursement cuts of the Balance Budget Act, MCSA is looking for a partner who will bring cash for much-needed capital projects. HCA and Share Foundation Partnership formed. A 50/50 joint venture.

## 1999

⇒ HCA spins out into 3 companies, and we become a Triad spin-out. We were then owned by two partners-50% by Triad Corporation (3rd largest for profit in the U.S.) and 50% by Share Foundation (a local not-for-profit foundation in El Dorado).

## 2007

⇒ Triad Corporation is sold to the Community Health System (CHS) in July. We then were owned by two partners-50% CHS and 50% by Share Foundation (a local not-for-profit foundation in El Dorado).

## 2009

⇒ April 1<sup>st</sup>, MCSA becomes 100% owned by the Community Health System (CHS).

## 2023

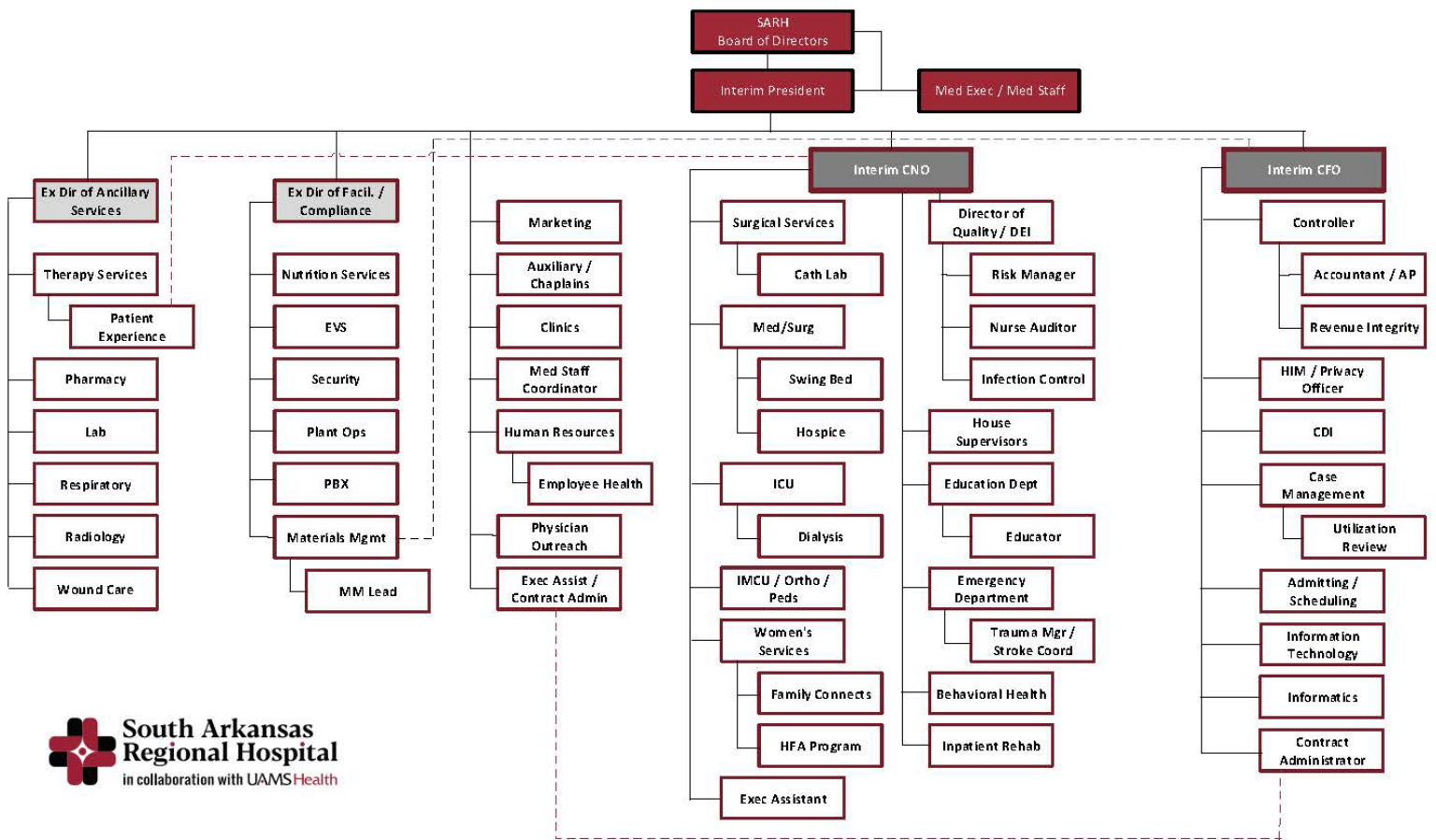
⇒ South Arkansas Regional Hospital (SARH), in collaboration with UAMS, is a new and local nonprofit, community-based healthcare provider. Formed through the partnership of three area foundations and one academic medical center, SARH is committed to providing high-quality services close to home.

## Service Area

South Arkansas Regional Hospital's primary service area encompasses the communities of Union County. El Dorado's residents make up the majority of both inpatients and emergency room patients. Those remaining are, for the most part, residents of Columbia, Nevada, Ouachita, Calhoun, Bradley, Ashley, and Union Parish, LA and are considered the secondary service area.

## Hospital Staffing Chart

Please see Attachment G. Hospital Staffing Chart



\*\*CNO provides Nursing support for all patient care areas

## Hospital Governance

The South Arkansas Regional Hospital is governed by a ten-member board of directors. They assure that quality healthcare is available to residents of McGehee, Desha County and five surrounding counties. It meets monthly as the hospital operating board. Board members serve four-year terms.

BOARD OF TRUSTEES	
STEVE COUSINS CHAIR	BRIAN JONES, DHSc VICE-CHAIR
STEVE COSSÉ	CHRIS HEGI
STEVE CAMERON	MARCIA FORD, APN
STEVE SMART, DDS	ANDREW CLYDE
DONNIE SMITH	STEPHANIE GARDNER, PHARM.D, Ed.D.

## Health Care Services

- Behavioral Health
- Critical Care Medicine
- Diagnostic Imaging
- Emergency Services
- Cardiology
- Laboratory Services
- Maternity Care
- Orthopedic Services
- Rehabilitation Services
- Respiratory Care
- Stroke Care
- Surgical Services
- Wound Care & Hyperbaric Medicine
- Inpatient Rehabilitation Unit
- Case Management
- Chemotherapy/Infusion Therapy
- Dialysis (Inpatient)

## Providers

<b>FAMILY MEDICINE</b>	<ul style="list-style-type: none"> <li>• Martha Garrett-Shaver, M.D.</li> </ul>
<b>GENERAL SURGERY</b>	<ul style="list-style-type: none"> <li>• Thomas L. Kennedy Jr., M.D.</li> </ul>
<b>INTERNAL MEDICINE</b>	<ul style="list-style-type: none"> <li>• Joseph DeLuca, M.D.</li> <li>• Tiffany Lucas, APRN</li> <li>• Julie Wylie, APRN</li> </ul>

## Other Area Providers

The major competitor providers in the service area are primarily private nonprofit, critical access hospitals and offer similar services. The majority of hospitals nearest to El Dorado are members of a regional collaborative, the Arkansas Rural Health Partnership, through which they work closely together to reduce costs by sharing services and negotiating contracts. El Dorado located in Union County borders the state of Louisiana with a neighboring competitor.

Location	Hospital Name	Medicare Classification	# of Licensed Beds	Home Health	Distance from SARH
Camden	Ouachita County Medical Center	Acute Care	98	Yes	47
Crossett	Ashley County Medical Center	Critical Access	25	Yes	55
DeWitt	DeWitt Hospital & Nursing Home	Critical Access	25	Yes	132
Fordyce	Dallas County Medical Center	Critical Access	36	Yes	49
Helena-West Helena	Helena Medical Regional Center	Acute Care	150	No	184
Lake Village	Chicot Memorial Medical Center	Critical Access	25	Yes	93
Magnolia	Magnolia Regional Medical Center	Acute Care	49	Yes	36
Dumas	Delta Memorial	Critical Access	25	Yes	114
Monticello	Baptist Health – Drew County	Acute Care	49	Yes	69

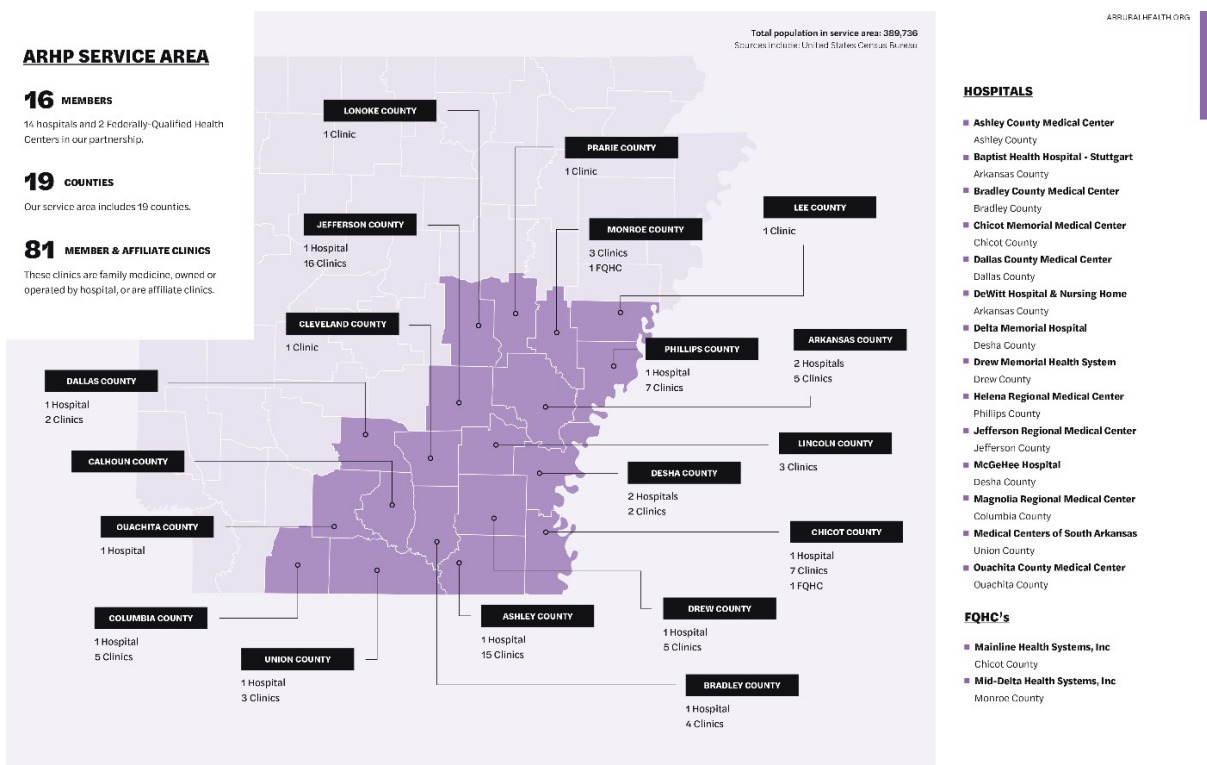
Pine Bluff	Jefferson Regional	Acute Care	300	Yes	90
Stuttgart	Baptist Health Medical Center	Acute Care	49	No	127
Warren	Bradley County Medical Center	Critical Access	25	Yes	52
Union Parrish	Reeves Medical Center (LA)	Critical Access	15	No	33

## Current Community Health Initiatives

South Arkansas Regional Hospital is active throughout Union County in sponsoring health fairs, health education programs, free health screenings, and other activities to promote the health of the citizens of Union County.

## Arkansas Rural Health Partnership

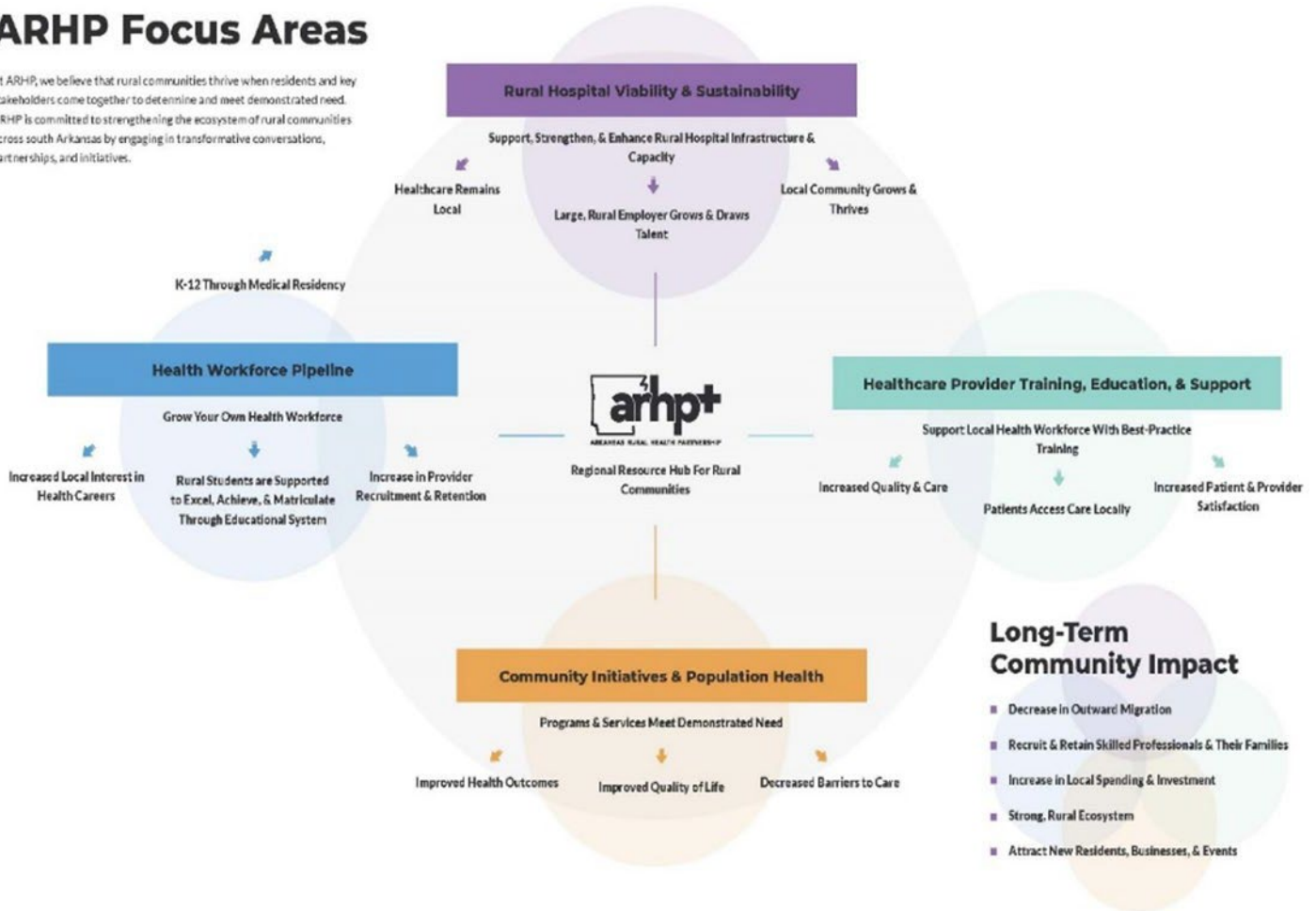
The organization was founded to help local hospitals address the financial burdens of their individual organizations and work to provide health outreach to the region through funding opportunities.



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

## ARHP Focus Areas

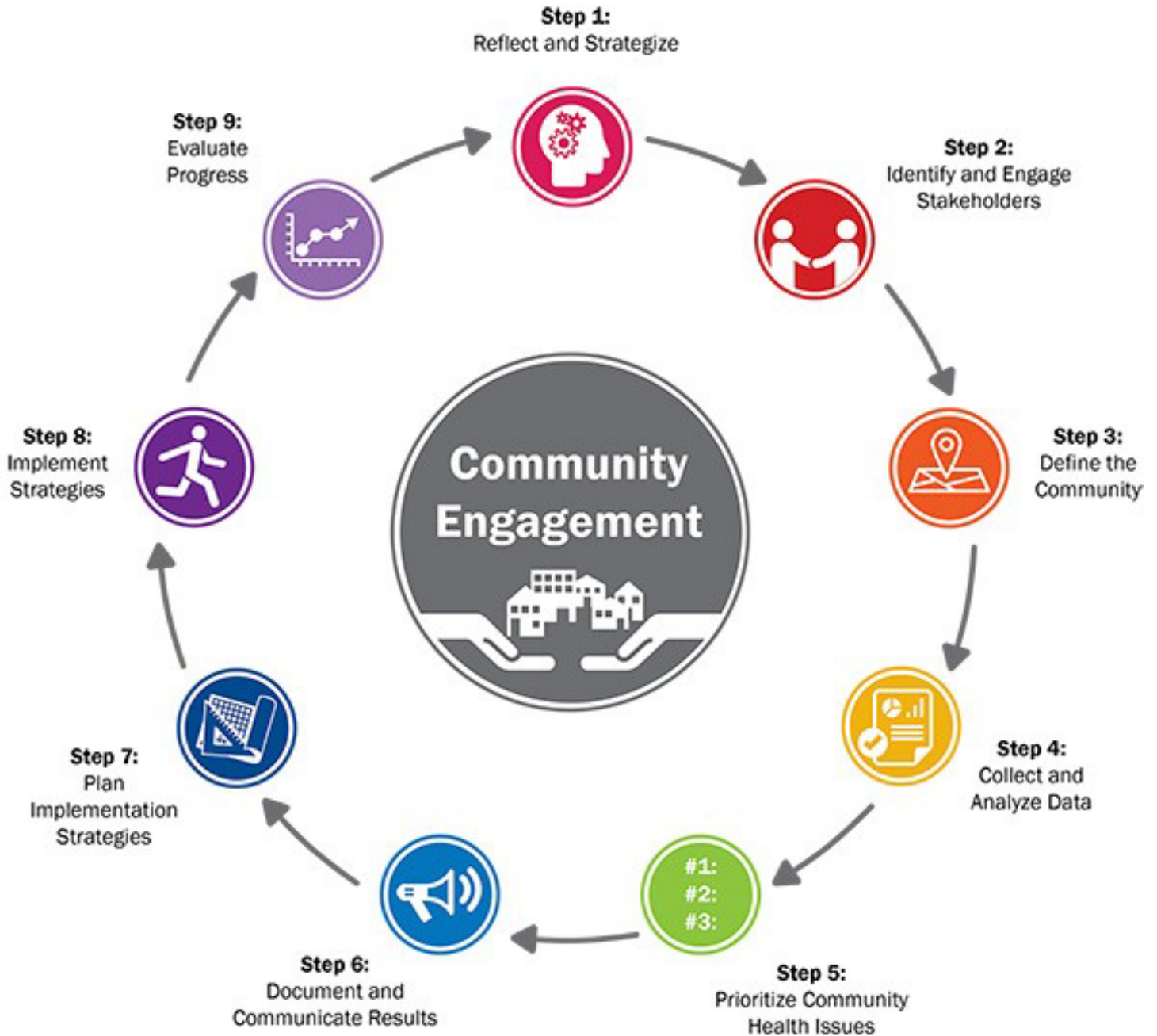
At ARHP, we believe that rural communities thrive when residents and key stakeholders come together to determine and meet demonstrated need. ARHP is committed to strengthening the ecosystem of rural communities across south Arkansas by engaging in transformative conversations, partnerships, and initiatives.



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

# 2023 Community Health Needs Assessment

## Community Engagement Process



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

## CHNA Facilitation Process

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



Public input is essential in the development of a Community Health Needs Assessment. To begin the process, the South Arkansas Regional Hospital staff steering committee members convened with Mellie Bridewell and Lynn Hawkins of the Arkansas Rural Health Partnership to assess community member involvement. The South Arkansas Regional Hospital staff steering committee included Danna Taylor, President, Marita Caldwell, Chief Financial Officer, Amber Rollins, Chief Nursing Officer, Amy Smith, Administrative Assistant/Credentialing, Eli Vinson, Executive Director of Ancillary Services, Eric Waller, Executive Director of Facilities, Alexis Jacobs Jones, Marketing Director, and Barbie Winterbottom, Human Resources Manager and; Mellie Bridewell, CEO, President and Founder of the Arkansas Rural Health Partnership and Lynn Hawkins, ARHP Vice President of Operations participated and provided assistance with organizing community meetings as well as the development of the assessment and strategic implementation plan.

Due to the size of the service area, the steering committee chose to conduct their assessment through a focus group of community leaders and individuals in health-related fields. Approximately 60 Individuals from the community were selected for invitation to the focus group, or community advisory committee, by the South Arkansas Regional Hospital staff steering committee. Those accepting the invitation – approximately 30 – attended the advisory committee's first meeting. A few additional advisory committee members who were unable to attend the first meeting joined the second meeting after being briefed.

These community advisory committee members met initially to discuss health statistics affecting the hospital service area and to individually complete the 2023 health needs survey. Advisory committee members assisted in distributing the survey QR code and flyers to neighbors, colleagues, and friends prior to the second meeting. Surveys were also available electronically on the South Arkansas Regional Hospital website and various sites throughout the service area.

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

### Steering Committee

<b>Danna Taylor</b> President	<b>Marita Caldwell</b> Chief Financial Officer	<b>Amber Rollins</b> Chief Nursing Officer
<b>Amy Smith</b> Administrative Assistant/Credentialing	<b>Eli Vinson</b> Executive Director of Ancillary Services	<b>Eric Waller</b> Executive Director of Facilities
<b>Alexis Jacob Jones</b> Marketing Director		<b>Barbie Winterbottom</b> Human Resources Manager
<b>Mellie Boagni Bridewell</b> Founder, President, Chief Executive Officer Arkansas Rural Health Partnership		<b>Lynn Hawkins</b> Vice President of Operations Arkansas Rural Health Partnership

## Community Advisory Committee

Name	Occupation
Abby Cate	TruStory Counseling
Amanda Cooley	Share Foundation
Amanda Roberson	El Dorado School District
Amy Sturdivant	SARH Foundation
Angela Means	Share Foundation
Becky Dixon	SNSD Mental Health Coordinator
Brenda Murphree	Retired RN
Calli Moffett	Murphy USA
Cash Owens	The Young Artist Studio
Chad Mosby	El Dorado Fire Department
Cynthia Betters	Department of Human Services
Debbie McAdams	Eldorado School District
Dianne Hammond	City of El Dorado
Emily O'Neal	UAMS
Hope Brinkman	El Dorado School District
Janis Van Hook	KEEP El Dorado Beautiful
Jennifer Schroeder	South Arkansas Community College
Jennifer Stone	Center for Arkansas Legal Services
Jill Weinschke	Share Foundation
John Spencer	West Side Church
Laura Allen	South Arkansas Arts Center
Leanne Harrell	Camp Fire El Dorado
Lisa Fields	Goodwill, Inc.
Megan Saunders	Washington Middle School
Melissa Parnell	Arkansas National Guard
Paul Choate	Mayor of El Dorado
Pete Atkinson	SAMA
Sara Coffman	South AR Symphony Orchestra
Sonia Barker	Arkansas State Representative
Stephanie Owens	The Young Artist Studio
Taylor Fitzgerald	South Arkansas Children's Coalition

Tyler Turner	United Way Union County
Valerie Smith	KEEP El Dorado Beautiful
Vance Williamson	City of El Dorado
Wanda Gilliam	SW AR Counseling & Mental Health

## Results Overview

There were 375 completed surveys through the 2023 CHNA process. All of the results of the survey can be found in Attachment F: 2023 South Arkansas Regional Hospital Survey Results.

Top Issues Identified through CHNA Process	
<b>1. Mental &amp; Behavioral Health Needs</b>	
	<ul style="list-style-type: none"><li>➤ Need to address stigma</li><li>➤ Mental health awareness and education in the school for students and professionals</li><li>➤ Identify resources and educate providers on resources available</li><li>➤ Explore opportunities to grow mental &amp; behavioral health services</li></ul>
<b>2. Chronic Disease</b>	
	<ul style="list-style-type: none"><li>➤ More outreach and education, especially in hard-to-reach population</li><li>➤ Work with local schools and churches to provide education on healthy lifestyles and prevention education</li><li>➤ Expand Community Health Worker program to assist in navigating needed resources</li><li>➤ Recruit specialty providers</li></ul>

## 2023-2026 Strategic Implementation Plan

Please see Attachment H. 2023 – 2026 Strategic Implementation Plan

## **Qualifications of the Report Preparer**

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

Ms. Mellie Bridewell, CEO/President of the Arkansas Rural Health Partnership and Regional Director in the UAMS Office of Strategy Management, along with Lynn Hawkins, ARHP Vice President of Operations, was designated to serve as leads on ARHP Hospital 2022 & 2023 Community Health Needs Assessments due to their expertise in this area and the significant impact these assessments will have for the region that ARHP serves and well as the policy changes and program implementation essential to provide the needed services.

## **About the Arkansas Rural Health Partnership**

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

## Documentation

The following documentation of 2023 CHNA presentations, agendas, sign-in sheets, and survey results are included in the following attachments, which can be found at the end of this report.

- Attachment A.** Community Advisory Committee Meeting #1 Agenda
- Attachment B.** Community Advisory Committee Meeting #1 Attendance Roster
- Attachment C.** Community Advisory Committee Meeting #1 PowerPoint
- Attachment D.** Community Advisory Committee Meeting #2 Agenda
- Attachment E.** Community Advisory Committee Meeting #2 Attendance Roster
- Attachment F.** Community Advisory Committee Meeting #2 PowerPoint and 2023 Survey Results
- Attachment G.** 2023 – 2026 Strategic Implementation Plan

**Attachment A.  
Community Advisory Committee  
Meeting #1**



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

**Agenda**

**September 20, 2023**

**12:00 pm – 1:30 pm**

- Introductions
- Why a Community Health Needs Assessment
  - What it is?
  - Why we do it?
  - Community Health Needs Assessment Process
  - Next Steps
- Questions

**Attachment B.**  
**Community Advisory Committee**  
**Meeting #1**  
**September 20, 2023**  
**Attendance Roster**

Name	Organization
Amy Sturdivant	SARH Foundation
Amanda Cooley	Share Foundation
Melissa Parnell	Arkansas National Guard
Wanda Gilliam	SW AR Counseling & Mental Health
Pete Atkinson	SAMA
Amanda Roberson	El Dorado School District
Dianne Hammond	City of El Dorado
Lisa Fields	Goodwill, Inc.
Vance Williamson	City of El Dorado
Paul Choate	Mayor of El Dorado
Cynthia Betters	Department of Human Services
Jennifer Schroeder	South Arkansas Community College
Megan Saunders	Washington Middle School
Brenda Murphree	Retired RN
Leanne Harrell	Camp Fire El Dorado
Angela Means	Share Foundation
Laura Allen	South Arkansas Arts Center
Valerie Smith	KEEP El Dorado Beautiful
Becky Dixon	SNSD Mental Health Coordinator
Abby Cate	TruStory Counseling
Calli Moffett	Murphy USA
Jill Weinschke	Share Foundation
Janis Van Hook	KEEP El Dorado Beautiful
Emily O'Neal	UAMS
Chad Mosby	El Dorado Fire Department
Taylor Fitzgerald	South Arkansas Children's Coalition
Jennifer Stone	Center for Arkansas Legal Services
Stephanie Owens	The Young Artist Studio

**Attachment C.**  
**Community Advisory Committee**  
**Meeting #1**  
**PowerPoint Presentation**

**Attachment D.  
Community Advisory Committee  
Meeting #2**



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

**Agenda**

**October 18, 2023**

**12:00 pm – 1:30 pm**

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

**Attachment E.**  
**Community Advisory Committee**  
**Meeting #2**  
**October 18, 2023**  
**Attendance Roster**

Name	Organization
Amanda Roberson	El Dorado School District
Amy Sturdivant	SARH Foundation
Calli Moffett	Murphy USA
Cash Owens	The Young Artist Studio
Debbie McAdams	Eldorado School District
Dianne Hammond	City of El Dorado
Emily O'Neal	UAMS
Hope Brinkman	El Dorado School District
Janis Van Hook	KEEP El Dorado Beautiful
Jennifer Schroeder	South Arkansas Community College
John Spencer	West Side Church
Laura Allen	South Arkansas Arts Center
Leanne Harrell	Camp Fire El Dorado
Megan Saunders	El Dorado School District
Melissa Parnell	Arkansas National Guard
Paul Choate	Mayor of El Dorado
Sara Coffman	South AR Symphony Orchestra
Sonia Barker	Arkansas State Representative
Stephanie Owens	The Young Artist Studio
Tyler Turner	United Way Union County
Valerie Smith	Keep El Dorado Beautiful Commission
Vance Williamson	City of El Dorado

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

# Attachment G.

## South Arkansas Regional Hospital

### 2023 – 2026 Community Health Needs Assessment

### Strategic Implementation Plan

#### Priority 1: Mental Health & Behavioral Health

**Objective 1.** Increase efforts for mental and behavioral health navigation, programs, and training opportunities

**Activities:**

- A. Provide more education and navigation to existing mental health and substance use disorder programs
- B. Continue to work on recruitment of psychiatrist South Arkansas Regional Hospital and/or explore possibilities of utilizing Psychiatrist Nurse Practitioner
- C. Continue to provide outreach and programs to reduce the stigma of mental and behavioral health issues in the service area
- D. Increase efforts to assist local healthcare providers with mental and behavioral health resources and referral assistance

**Objective 2.** Continue to collaborate and build partnerships to increase mental and behavioral health services and programs in the service area

**Activities:**

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

#### Priority 2: Chronic Disease

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

**Activities:**

- A. Provide more education to the low income population on the importance of chronic disease screenings and where to receive them

- B. Explore strategies to recruit specialists to address chronic disease needs
- C. Provide screening and educational events throughout the community targeting local churches

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

**Activities:**

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