



Baxter Regional Medical Center

Community Health Needs Assessment

2019

Contents

Introduction	1
About Community Health Needs Assessments	1
Acknowledgments	2
Summary of Community Health Needs Assessment Process.....	2
Evaluation of Response to 2016 CHNA.....	3
Community Served by the Medical Center	5
Defined Community	5
Community Characteristics	6
Community Population and Demographics	6
Socioeconomic Characteristics of the Community.....	8
Health Status of the Community.....	9
Health Outcomes and Factors	10
Health Care Resources.....	13
Hospitals and Health Centers.....	13
Medical Center Market Share	14
Other Health Care Facilities and Providers	15
Estimated Demand for Hospital Services	16
Drug Abuse.....	16
Key Interviewees	18
Methodology.....	18
Key Interview Results.....	19
Identification and Prioritization of Health Needs	19
 Appendices	
Key Informant Interview	21
Sources.....	24

Introduction

Baxter Regional Medical Center (the Medical Center) is a nonprofit hospital, located in Mountain Home, Arkansas. As a fully integrated healthcare organization, it has been serving residents of North Central Arkansas and South Central Missouri for more than 55 years. With more than 180 primary care and specialist physicians and mid-level providers on the medical staff and approximately 1,700 employees, the Medical Center is the region's leader in quality healthcare. The organization is guided by a values-based culture of excellence whose purpose is to preserve the Medical Center as a comprehensive, independent, community-driven health system in order to optimize access to quality healthcare for patients in the communities the Medical Center serves. An 11-member board of directors governs the Medical Center and ensures that medical services are available to the residents of Mountain Home and surrounding areas.

About Community Health Needs Assessments

As a result of the *Patient Protection and Affordable Care Act*, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. Compliance with section 501(r)(3) of the Internal Revenue Code (IRC) requires that a tax-exempt hospital facility:

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

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

This community health needs assessment is intended to document the Medical Center's compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.



The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the initial community health needs assessment conducted in 2016.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with individuals who represent a) broad interests of the community, b) populations of need and c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment required by the IRS during tax year 2019. It will serve as a compliance document, an assessment of the impact of the previous implementation strategy and a resource until the next assessment cycle.

Acknowledgments

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

Summary of Community Health Needs Assessment Process

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged BKD to conduct a formal community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices across 18 states. BKD serves more than 4,000 health care entities across the country. The community health needs assessment was conducted August 2019 through November 2019.

The following steps were conducted as part of the Medical Center's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2016 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included in the Evaluation of Responses to 2016 CHNA section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through 14 key interviews and any comments received providing feedback on the previous assessment and implementation strategy. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Any information gaps identified during the prioritization process would have been reported.

Evaluation of Response to 2016 CHNA

The Medical Center prepared an implementation strategy in response to the needs identified in its 2016 needs assessment. A listing of those needs, along with the steps taken by the Medical Center to address them, is below.

- **Physician Recruitment**
 - The Medical Center has a dedicated in-house physician recruiter on staff.
 - The Medical Center conducted the 2018 Physician Services Needs Assessment, which shows physician deficits, and it is currently working on the 2019 Community Needs Assessment. The Medical Center's physician recruiter also puts all of the Medical Center's job postings on practicelink, the company website, with the Medical Center's retained firms, etc., showing that the Medical Center is actively recruiting for these specialties.
 - The Medical Center continues to offer the Kerr Medical Student Scholarship. This scholarship has been offered for over 10 years, and the Medical Center plans to continue the scholarship indefinitely. This helps the Medical Center support local medical students with tuition and builds relationships to encourage them to return to the Medical Center's community to practice medicine.
 - Medical Center's in-house recruiter travels to a number of recruitment events each year, including but not limited to: AHEC dinner in Jonesboro, NYIT in Jonesboro, UAMS, and others.
- **Obesity**
 - The Medical Center offered free exercise classes through the four community health education houses to better serve the community. Offering free exercise classes through the Mruk Family Education Center on Aging (MFECO) resulted in seniors exercising 23,439 times. Reppell Diabetes Learning Center (RDLC) provides free gym membership to all graduates, increasing access to physical activity (300+ graduates each year).
 - In 2019, the Medical Center started offering free monthly cooking classes to improve health and nutrition (30/month x 10 months).
 - In 2018 the Medical Center offered free diabetes education to surrounding communities (8 programs total in Salem, Melbourne, Ash Flat, West Plains x 2, Calico Rock, Mountain View).
 - RDLC partners with Hackler Healthy Kids, an annual program encouraging healthy eating and exercise to 3rd through 5th grade (300+ kids each year).
 - Annual Cooking Matters free cooking class partnered with MFECO and Food Bank NCA.
- **Diabetes**
 - Annual health fair with cooking demonstrations or diabetes education is provided by the Medical Center.
 - In 2018, the Medical Center started to offer free "Love Your Limbs" screening with Dr. Tobbia. 35 screenings were done.
 - The Medical Center added the HbA1C test to free screenings offered at the annual Community Health Fair. This resulted in an additional 1,455 patients in the primary service area (525 in 2017; 500 in 2018; 430 in 2019).
 - The Medical Center offers a World Diabetes Day Program that has 100+ attendees each year.
 - The Medical Center offers monthly support groups for both type 1 and type 2 diabetes.

- Tobacco Use
 - The Peitz Cancer Support House of Baxter Regional Medical Center provided a free tobacco cessation class for any individual wishing to quit using. Through utilization of the research-based QuitSmart Stop Smoking Program, BRMC's Tobacco Cessation Program has served over 516 participants during the past eight years. Developed by Dr. Robert Shipley, founding director of the Duke University Medical Center Stop Smoking Program, QuitSmart[1] is a research-based approach that addresses the three primary elements of the addiction process: physical, physiological, and habit. Certified QuitSmart Facilitators coach participants in developing the skills needed to overcome tobacco addiction in these key areas, address weight gain and healthier lifestyle habits, and provide alternative strategies to relieve stress. BRMC's program outcomes have demonstrated consistently high success rates among program participants. During the 2017 program year, participants who completed the program reported a 42% success rate (defined as being tobacco-free at the last contact date with participant), significantly higher than the nationwide average success rate of 4% – 7%.
 - The facilitator uses a program to educate on tips and alternatives to help with cutting back and obtaining the goal of being tobacco-free by the third session of classes. In the last three years, the Medical Center has had 103 people complete the course (2017 – 44, 2018 – 35, 2019 – 24).
 - Individuals in the program are provided with an alternative cigarette to use to help with the hand-to-mouth habit.
 - Baxter Regional Medical Center has provided speakers and mentors for local area schools that speak on anti-smoking and a wide variety of other health topics.
 - Peitz Cancer Support House educated businesses and physicians that the Medical Center has this program available, which increased referrals to the program.
- Health Education
 - After offering planned learning sessions, educational support groups, exercise classes, and Rock Steady Boxing, seniors in the Medical Center's community participated 19,022 times in these programs.
 - After offering exercise sessions and learning sessions to outlying rural areas seniors participated 4,725 times.
 - The Medical Center provided wellness screenings to 1,472 and 1,669 employees in 2017 and 2018, respectively. Wellness services and programs offered include health coaching, exercise prescription, nutrition counseling, medical case management, healthy food events in the cafe, and challenges, including Walk Across Arkansas, Blue & You Fitness Challenge, Fruit & Veggie Challenge, Baxter Regional Olympics, and Healthy Holiday Weight Challenge. Since 2017, 1,292 employees have participated in these wellness challenges. All employees receive free 24/7/365 access to the Knox Wellness Center, a comprehensive, on-site fitness center, with over 3,000 visits per month by members. Employees also have the benefit of accessing the Medical Center's wellness website at www.brmcwellness.org, which offers resources and tools to promote well-being, with 555 and 776 logins per month in 2017 and 2018, respectively. In 2019, the monthly Baxter Regional Farmers Market started, which has proven to be very popular and successful.
 - The Medical Center partnered with Mountain Home High school to provide mentors and educational programs to students and faculty. Five to ten employees participated in the program monthly to mentor and educate kids on health awareness.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of actions taken by the Medical Center in response to the previous needs assessment.

However, there are indications that the Medical Center's efforts are having a positive effect on the health of the community based on the improvements mentioned above. The Medical Center believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

Community Served by the Medical Center

The Medical Center is located in Mountain Home, Arkansas, in Baxter County. Mountain Home is approximately two and a half hours east of Fayetteville, Arkansas, and two hours south of Springfield, Missouri, the closest metropolitan areas. The town is not served by any divided highways.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. During the initial community health needs assessment process, an analysis of inpatient discharges and outpatient visits was performed to determine where the Medical Center's patients resided. This analysis showed that the large majority of the Medical Center's patients were from Baxter and Marion Counties, both located in northern Arkansas.



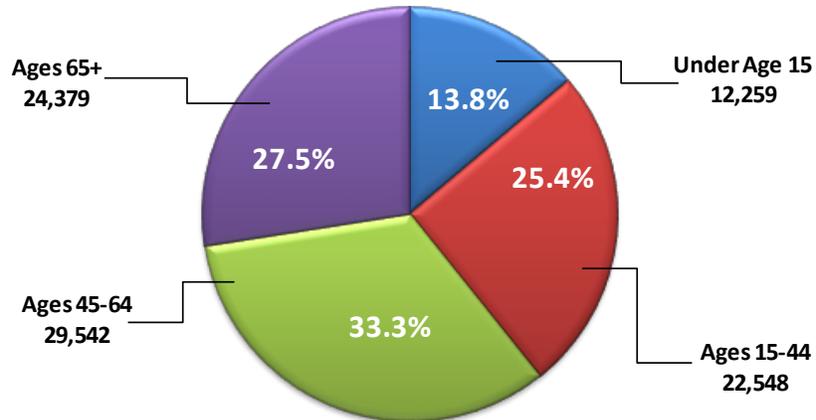
In the three years since the last community health needs assessment was conducted, there have been a few changes in the population of the area. Therefore, the Medical Center's management has noted the growth since the last needs assessment and believes that their community has expanded to include Baxter, Fulton, Izard and Marion Counties. This report will include data from four community counties listed above.

Community Characteristics

Community Population and Demographics

The community served by the Medical Center is a rural area in north central Arkansas. According to 2018 projections based on the most recent U.S. Census Bureau estimates, about 88,700 people live in the four counties included in the community. The Medical Center is located in Mountain Home, Arkansas, which is the largest town in the community with a population of around 13,000 people.

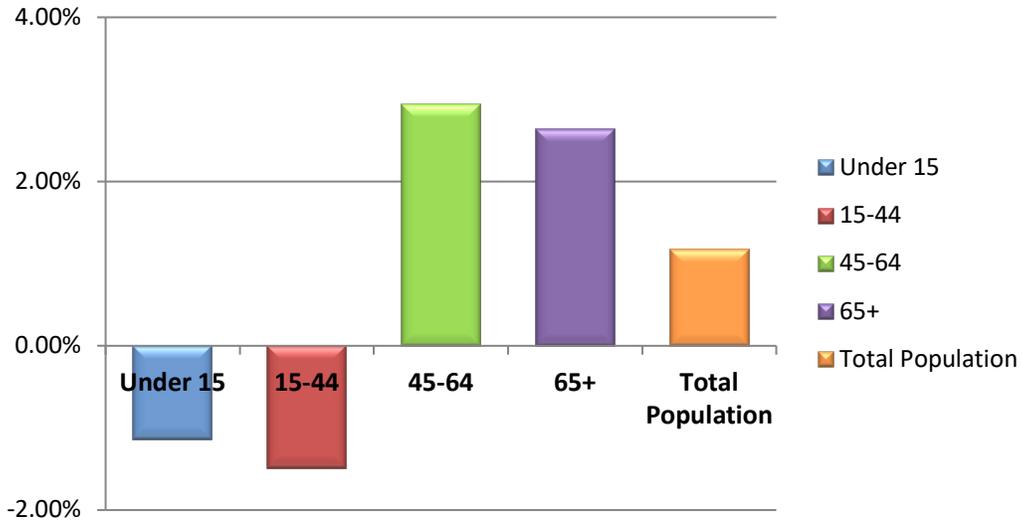
Community Population by Age Group



A major distinguishing feature of the Medical Center's community is the age breakdown of this population. The chart above shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, about 60% of the community's population is over age 45.

Additionally, the percentage of the community population over age 45 is expected to continue increasing over the next two years, as shown on the chart below. This age group uses more health services than any other, so the Medical Center should prepare for increased patient volume in the near future. Additionally, the percentage of the community aged 44 and below is expected to shrink over the next two years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

Projected Change in Population by Age Group, 2018–2020



Source: Total Population by County and Development District Projections

Socioeconomic Characteristics of the Community

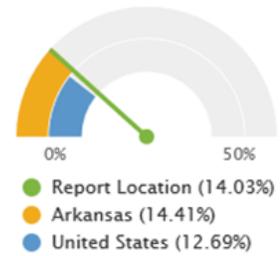
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly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

Socioeconomically, the community served by the Medical Center is similar to many other parts of rural Arkansas. About 16% of the population age 25 and older has obtained a bachelor’s degree or higher, compared to about 31% of the U.S., while about 14% of the population age 25 and older does not have a high school diploma, which is comparable to the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

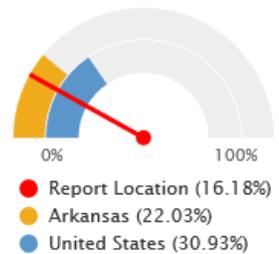
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in the Medical Center’s community is \$37,843, compared to \$43,813 for the state of Arkansas and \$57,652 for the United States. Lower than average median household income suggests that many members of the community may have difficulty obtaining health care, especially preventative care.

The chart below shows the percentage of the community’s population living below the federal poverty line according to the most recent U.S. Census Bureau American Community Survey, with the percentage of children under age 18 shown separately. The federal poverty line for 2018 was \$12,140 plus \$4,320 for each additional person. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

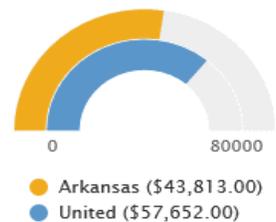
Percent Population Age 25+ with No High School Diploma



Percent Population Age 25+ with Bachelor’s Degree or Higher

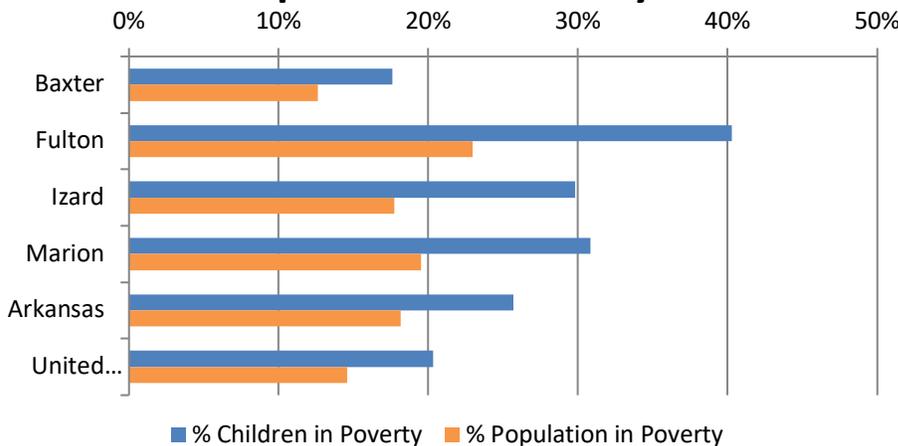


Median Household Income



Source: CARES Engagement Network

Population in Poverty

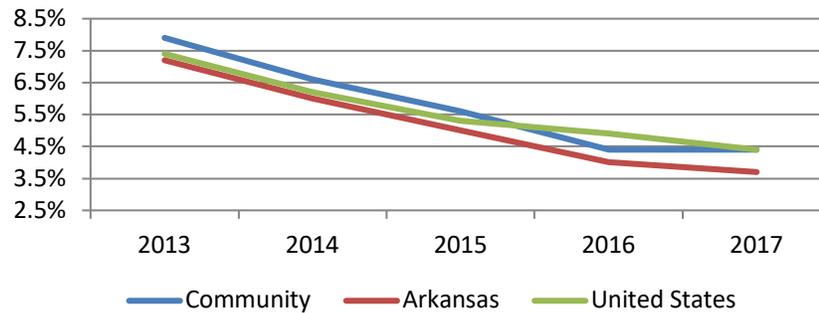


Sources: CARES Engagement Network

Some socioeconomic measures in the community have improved significantly since the publication of the 2016 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans.

Arkansas expanded Medicaid eligibility and created a program, initially known as the Arkansas Private Option and more recently termed Arkansas Works, that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Medical Center. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.

Unemployment Rates, 2013–2017



Sources: CARES Engagement Network

Another socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The chart above shows that the unemployment rate of the community has been dropping sharply over the past four years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to health care is improved.

Health Status of the Community

This section of the assessment reviews the health status of Baxter, Fulton, Izard and Marion County residents. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

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

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

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and health care providers.

Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health Outcomes and Factors

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

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.



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

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



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

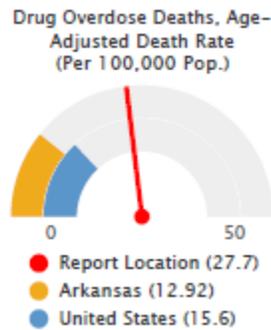
As part of the analysis of the needs assessment for the community, the community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the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

The following table, from County Health Rankings, summarizes the 2019 health outcomes and factors for each of the four counties in community, including its rank within Arkansas’ 75 counties. Measures underperforming the state average are highlighted in red.

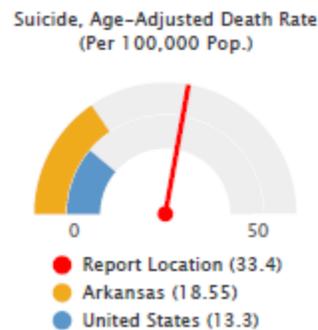
Health Outcome/Factor	Baxter		Marion		Fulton		Izard		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank	Metric	Rank		
Health Outcomes		15		28		45		33		
Length of Life		18		32		65		35		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,300		10,400		12,300		10,600		9,500	5,400
Quality of Life		13		24		19		29		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%		21%		22%		22%		24%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.7		4.9		4.8		4.8		5	3
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.1		5		4.9		4.9		5.2	3.1
Low birth weight – Percent of live births with low birth weight (<2,500 grams)	7%		7%		7%		8%		9%	6%
Health Factors		4		24		12		45		
Health Behaviors		3		9		4		28		
Adult smoking – Percent of adults who are current smokers	18%		20%		19%		21%		24%	14%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m ²	35%		34%		31%		35%		35%	26%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.8		7.4		6.6		7.7		5.4	8.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	35%		33%		33%		32%		31%	19%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	75%		33%		44%		50%		65%	91%
Excessive drinking – Percent of adults that report binge or heavy drinking	13%		13%		13%		14%		16%	13%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	16%		5%		24%		33%		26%	13%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	243.6		234.8		188.5		275.2		562.0	152.8
Teen birth rate – Number of births per 1,000 female population ages 15-19	39		50		44		40		41	14

Health Outcome/Factor	Baxter		Marion		Fulton		Izard		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank	Metric	Rank		
Clinical Care		2		44		51		68		
Uninsured – Percent of population under age 65 without health insurance	9%		10%		9%		11%		9%	6%
Primary care physicians – Ratio of population to primary care physicians	1,370:1		8,160:1		1,730:1		2,690:1		1,500:1	1,050:1
Dentists – Ratio of population to dentists	1,880:1		5,480:1		6,030:1		3,420:1		2,180:1	1,260:1
Mental health providers – Ratio of population to mental health providers	350:1		5,480:1		3,010:1		2,740:1		460:1	310:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,915		5,731		6,972		6,727		5,075	2,765
Mammography screening – Percent of female Medicare enrollees age 65-74 that received an annual mammography screening	48%		43%		35%		33%		35%	49%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	47%		36%		35%		41%		44%	52%
Social and Economic Factors		17		36		14		42		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	86%		92%		98%		97%		88%	96%
Some college – Percent of adults ages 25–44 years with some post-secondary education	61%		51%		59%		49%		57%	73%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	4.2%		3.9%		4.2%		5.5%		3.7%	2.9%
Children in poverty – Percent of children under age 18 in poverty	21%		32%		29%		28%		23%	11%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.6		4.1		4.7		4.5		4.8	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	32%		36%		30%		23%		36%	20%
Social associations - Number of membership associations	11.0		9.8		9.1		16.4		12.1	21.9
Violent crime – Number of reported violent crime offenses per 100,000 population	182		342		184		221		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	102		109		86		111		81	57
Physical Environment		7		30		38		8		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.7		9.4		9.7		9.8		10.0	6.1
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	12%		15%		11%		14%		15%	9%
Driving alone to work – Percent of the workforce that drives alone to work	84%		81%		85%		78%		83%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	15%		34%		32%		28%		26%	15%

The following tables show additional health outcomes related to drug abuse and suicide. Drug overdose death rate for the Medical Center's community of 27.7 is significantly higher than that of Arkansas of 12.92 and of United States of 15.6. Suicide death rate for the Medical Center's community of 33.4 is also much higher than Arkansas and United States, with rates of 18.55 and 13.3, respectively.



Source: CARES Engagement Network



Source: CARES Engagement Network

Health Care Resources

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

The following tables show additional health outcomes related to drug abuse and suicide. Drug overdose death rate for the Medical Center's community of 27.7 is significantly higher than that of Arkansas of 12.92 and of United States of 15.6. Suicide death rate for the Medical Center's community of 33.4 is also much higher than Arkansas and United States, with rates of 18.55 and 13.3, respectively.

Hospitals and Health Centers

The Medical Center has 180 acute beds and is the largest hospital located in the community. However, because the community spans a large geographic area, there are several other hospitals that receive a significant share of the community's patients. The chart below summarizes hospital services available to the residents of Baxter, Fulton, Izard and Marion Counties:

Summary of Nearby Hospitals

		Facility Type	Miles from BRMC	Bed Size	Annual Discharges
Baxter Regional Medical Center	Mountain Home, AR	Short-term Acute Care	-	170	9,167
Community Medical Center of Calico Rock	Calico Rock, AR	Critical Access	28	25	346
Fulton County Hospital	Salem, AR	Critical Access	38	25	606
North Arkansas Regional Medical Center	Harrison, AR	Short-term Acute Care	50	120	3,103
Stone County Medical Center	Mountain View, AR	Critical Access	50	25	519
White River Medical Center	Batesville, AR	Short-term Acute Care	75	184	7,611
CoxHealth	Springfield, MO	Short-term Acute Care	103	604	31,736
Mercy Hospital – Springfield	Springfield, MO	Short-term Acute Care	105	601	33,712

Source: Costreportdata.com

The following is a brief description of the health care services available at each of these facilities:

North Arkansas Regional Medical Center (NARMC) – Located in Harrison, Arkansas, NARMC is approximately one hour west of the Medical Center. It offers services such as cancer treatment, cardiac rehabilitation services, women's services and community education.

Stone County Medical Center (SCMC) – Located in Mountain View, Arkansas, SCMC is approximately a one-hour drive south of the Medical Center. It offers emergency medicine, family medicine and orthopedic surgery services.

CoxHealth – With two locations in Springfield, Missouri (CoxNorth and CoxSouth), CoxHealth is a large, full-service hospital that provides a wide variety of health care services, including a Level I Trauma Center. It is approximately two hours and 15 minutes northwest of the Medical Center.

Mercy Hospital-Springfield (Mercy) – Formerly known as St. John's Hospital, Mercy is a large, full-service hospital that offers a wide range of services, including a cancer center, children's care and integrative medicine. It is approximately two hours and 15 minutes northwest of the Medical Center.

Fulton County Hospital – Located in Salem, Arkansas, Fulton County Hospital is approximately a 45-minute drive from the medical center. It offers emergency, laboratory, radiology, respiratory therapy, physical therapy and many more services.

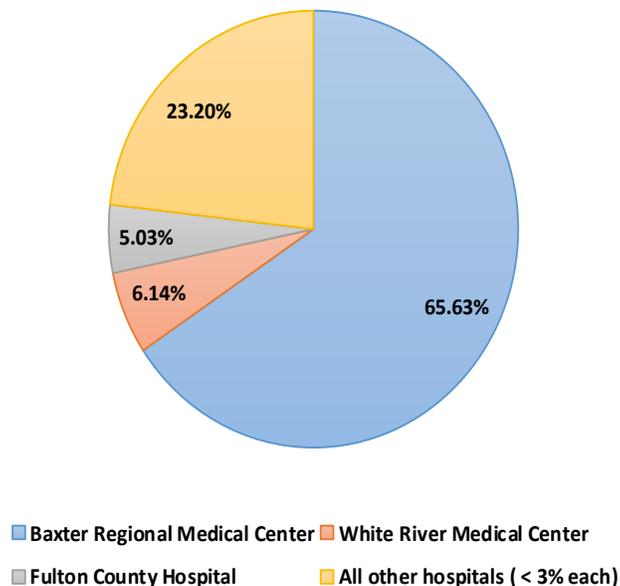
Community Medical Center of Calico Rock – Established in 1952, IZard County Medical Center (ICMC) is a critical access medical center located in Calico Rock, Arkansas. ICMC offers a variety of services that include in-patient, laboratory, radiology, and physical therapy. It is approximately a 30-minute drive from the Medical Center.

White River Medical Center (WRHS) – Located in Batesville, Arkansas, WRHS is approximately an hour and a half drive from the Medical Center. WRHS a variety of services that include Cancer Care, Outpatient Therapy, Radiology Services, Surgical Services, Woman and Newborn Health, etc.

Medical Center Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. The chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total discharges from each hospital. This information provides an idea of summary market share, as well as the outmigration of patients from the community. For 2017, the Medical Center maintained approximately 66% of all discharges from the community, with White River Medical Center capturing around 6% and Fulton County Hospital capturing around 5%. The remaining 23% of discharges is made up of numerous hospitals, each with less than 3% of the total community discharges.

Market Share by Medicare Discharges, 2017



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

Other Health Care Facilities and Providers

Mountain Home Christian Clinic – Located in Mountain Home, Arkansas, this faith-based clinic provides free medical care for adults who are below the federal poverty level and have no insurance.

Kindness, Inc. – Located in Mountain Home, Arkansas, Kindness, Inc. is a not-for-profit organization that provides nonmedical services such as transportation to medical and other appointments, grocery shopping assistance, respite for primary care givers, minor home repairs, installation of safety bars and wheelchair ramps, reassurance calls and friendly visitation to seniors and other individuals in the community.

Home Health Agencies – The community is home to 10 home health agencies that provide services such as medicine supervision, companionship, housekeeping, personal care and in-home nursing to seniors and other homebound residents of the community.

Area Agencies on Aging – With locations in Baxter and Marion Counties, Area Agencies on Aging provide various services to senior citizens in the community, including adult day care, emergency response systems, housing, Meals on Wheels, caregiver support programs, medical supply delivery and in-home care.

Hometown Health Initiative – A branch of the Arkansas Department of Health, the Hometown Health Initiative works with local communities and organizations to identify health issues and implement solutions that improve the health of local citizens.

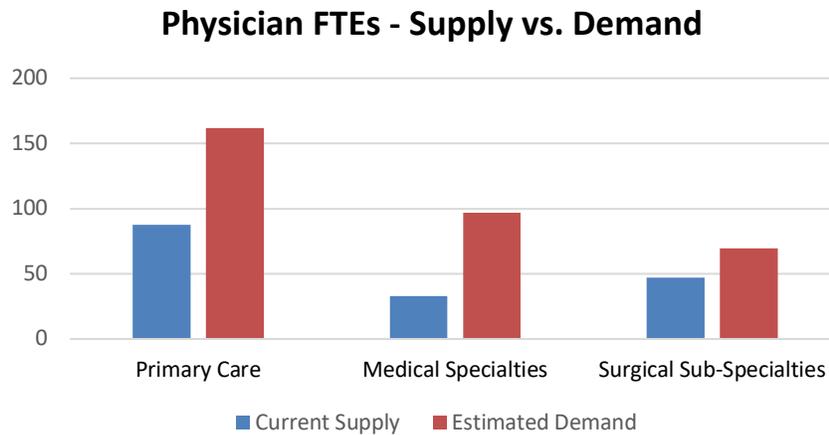


County Health Departments – The Health Departments of Baxter, Marion, Fulton and IZard Counties exist to prevent, promote and protect the public's health. The departments provide WIC (Women, Infants and Children) Support Programs for families who meet certain nutritional and financial guidelines. Other services include family planning; health education; immunizations; and screenings for blood pressure, hepatitis, sexually transmitted diseases, HIV and tuberculosis.

Area Nursing Homes – There are 14 nursing homes in the area. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

Estimated Demand for Hospital Services

As the community ages and overall population rises, the estimated demand for hospital services is expected to increase. During 2018, the Medical Center conducted an analysis comparing its current available physician supply to the total demand within the community for physician services. The following chart shows the current supply of physician FTEs versus the demand. There is a deficit of approximately 75 primary care physicians, 64 medical specialty physicians and 23 surgical sub-specialty physicians. The Medical Center will continue to focus on physician recruitment to ensure community residents have access to the care they need.



Drug Abuse

The opioid epidemic has emerged as one of the nation's most disturbing and daunting challenges. The Medical Center is part of the Arkansas Community Health Consortium (the Consortium) that is made up of four health systems and one university. The Consortium was awarded the Rural Communities Opioid Response Planning Grant by the Health Resources and Services Administration (HRSA) on September 14, 2018. This grant provides funding to conduct in-depth strategic planning process with the goal of reducing the morbidity and mortality rates due to opioid misuse. The Consortium covers a large area of approximately 200 miles end-to-end and it analyzed the needs of 18 counties, 1 in Missouri and 17 in Arkansas. This area represents 394,000 residents (13% of Arkansas population).

The focus of this grant is to focus on three aspects of the opioid crisis:

- Prevention
 - Stop addiction among new and at-risk users with community and provider education
 - Stop fatal opioid overdoses with overdose reversing devices strategically placed in service areas
- Treatment
 - Create access to Opioid Use Disorder (OUD) treatments such as medication-assisted treatment
 - Find ways to reduce treatment costs
- Recovery
 - Expand peer recovery and treatment options
 - Help people start and stay in recovery

The Rural Communities Opioid Response Planning Grant has four major deliverables:

1. Needs assessment
2. Strategic plan
3. Workforce development plan
4. Sustainability plan

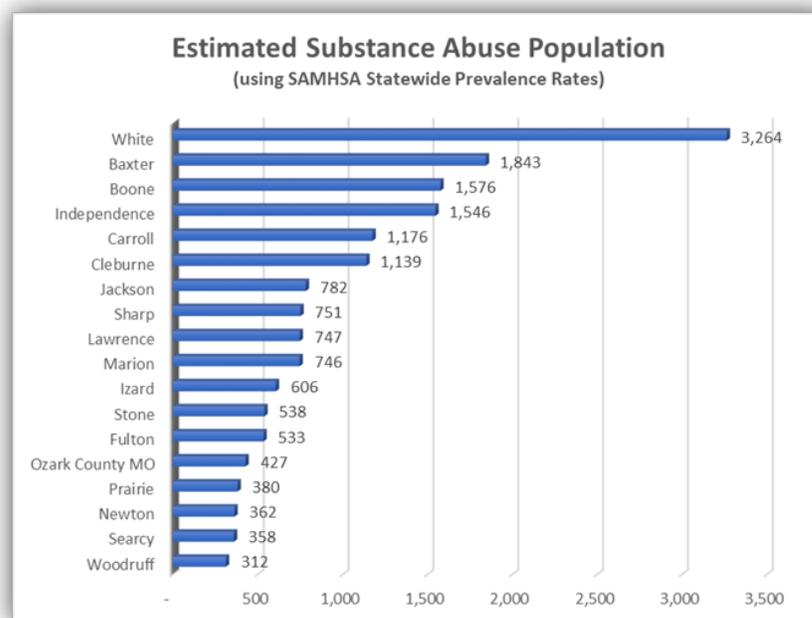
The Medical Center conducted a needs assessment to better understand the current environment of the Medical Center’s community in order to be more prepared to tackle the challenge head on.

Based on the Opioid Needs Assessment Report, below are the perceived gaps in addressing the opioid epidemic:

- Opioid use disorder/substance use disorder workforce shortages
- High poverty level
- Poor collaboration and care coordination
- Treatment facility shortages
- Increased need for pain management
- Lack of opioid use disorder recovery services
- Prevention education and resources

Baxter, IZard and Marion Counties rank in the top 20 in Arkansas for highest risk of opioid use disorder and overdose death: Baxter 3rd, IZard 13th and Marion 17th.

Below is a chart from the opioid needs assessment demonstrating the estimated broader substance abuse population.



Baxter, Fulton, IZard and Marion Counties represent almost 22% of the estimated 17,086 individuals with substance use disorder in the Consortium territory.

Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health or those representing low-income, medically underserved or minority populations within the community) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the county health department directors from each county in the Medical Center's community, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the medically indigent, children in poverty or the elderly.

Methodology

Dialogues with 14 key interviewees were conducted in October 2019. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

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

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



Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. This technique does not provide a quantitative analysis of the leaders' opinions, but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Interview Results

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

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

While many issues were raised during the interviews, a few items stood out as being mentioned consistently by nearly all of the interviewees. These issues are summarized below:

- Eight of the 14 interviewees felt that quality of life in the community had improved over the last three years, while five mentioned it had stayed the same, and one felt it had declined.
- The majority of the population that had mentioned that the health or quality of life within the community had stayed the same commented that this was related to there not being enough staff in the health care industry to care for the population, and average income within the area stayed relatively the same.
- The major health problems noted by the key interviewees were drugs, lack of education, diabetes and obesity.
- Comments that the interviewees gave regarding what should be done to correct the major health or quality of life problems within the community included: raise more awareness in the community about health care importance, enforce drug laws more within the community, and offer education on health care issues to the public.
- On average the majority of the interviews stated that low income groups/people are surrounded by health or quality of life that may not be as good as others.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors as well as surveys and interviews, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community.

The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population, and availability of community resources to address the need.

As a result, the following list of significant needs was identified:

1. Suicide prevention and access to mental healthcare
2. Drug abuse prevention
3. Obesity
4. Diabetes
5. Wellness and health education
6. Access to primary care

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the Medical Center's website. Public comments on this assessment may be directed to the Medical Center's administration at 624 Hospital Drive, Mountain Home, Arkansas 72653.

APPENDICES

KEY INFORMANT INTERVIEW

Community Health Needs Assessment for: Baxter Regional Medical Center

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____ Major: _____

Agency/Organization: _____

of years living in Baxter County: _____ # of years in current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is _____. Thank you for taking time out of your busy day to answer these questions.

Baxter Regional Medical Center is gathering local data as part of developing a plan to improve health and quality of life in _____ County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next, I'll be asking you a series of questions about health and quality of life in _____ County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in _____ County?
2. In your opinion, has health and quality of life in _____ County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

5. What barriers, if any, exist to improving health and quality of life in _____ County?
6. In your opinion, what are the most critical health and quality of life issues in _____ County?
7. What needs to be done to address these issues?
8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?
 - Physician Recruitment
 - Obesity
 - Diabetes
 - Tobacco Use
 - Health Education
9. What do you think is the most critical health need included on the list above or other of the community?
10. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?
11. In your opinion, are any the following areas in which the hospital should be addressing? Why or why not?
 - Economic Development
 - Affordable Housing
 - Poverty
 - Education
 - Healthy Nutrition
 - Physical Activity
 - Drug and Alcohol Abuse
12. Are you aware of the available health screenings at Baxter Regional Medical Center? If not, where would you look to obtain information of the available screenings? What can Baxter Regional Medical Center do to increase awareness?
13. Are there people or groups of people in _____ County whose health or quality of life may not be as good as others? Who are these persons or groups?
14. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?
15. How would you rate the hospital's efforts on communicating how it is addressing the identified health needs? How have you received communication regarding the hospital's efforts?
16. What do you think is the hospital's role in addressing the identified health needs of the community?

Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in _____ County. Before we conclude the interview,

Is there anything you would like to add?

SOURCES

Sources

Total Population by County and Development District Projections.
<http://iea.ualr.edu/GregProjectionV2010/Total_POP_summary.xls>.

U.S. Census Bureau. American Community Survey. 2009–13. Source geography: Tract

U.S. Department of Labor: Bureau of Labor Statistics. 2015–September. Source geography: County

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

2014–2019 Cost Report Data. Online Medicare Cost Report Worksheets and Data Sets.
<<http://www.costreportdata.com/index.php>>.

HealthyPeople.gov. 2011. U.S. Department of Health and Human Services. 30 Nov. 2011
<<http://www.healthypeople.gov/>>.

“Index.” CMS.gov Centers for Medicare & Medicaid Services, 4 Sept. 2018,
<www.cms.gov/>