

June, 2018

**2018**

# HOWARD COUNTY MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT



*Provided by:*  
the Center for Community Engagement

# Table of Contents

	Page
<b>Introduction</b>	<b>2</b>
<b>Section A: CHNA Process &amp; Timeline</b>	<b>2</b>
<b>Section B: Demographic Profile of Howard County</b>	<b>3</b>
<b>Section C: Health Profile of Howard County: Public and Secondary Data</b>	<b>4</b>
<b>Section D: Focus Group Data</b>	<b>5</b>
<b>Section E: Summary</b>	<b>10</b>
<b>Appendices</b>	
A. Demographics	<b>12</b>
1. Howard County Demographic Profile	12
2. Surrounding Counties Overview	14
B. Health Profiles	<b>18</b>
1. Howard County	18
2. Surrounding Counties Health Profiles	21
C. Focus Group Demographic Details	<b>26</b>
D. Focus Group Questions	<b>28</b>
E. Focus Group Responses	<b>29</b>
1. Group 1 (Focus on Minority Groups)	29
2. Group 2 (Focus on Parents, Grandparents and Female Householders)	34
3. Group 3 (Focus on Over 65 Population)	38
4. Group 4 (Focus on Public Health and Education)	42

# HOWARD MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

## Introduction

Howard Memorial Hospital is the local, not-for-profit community hospital in Howard County, Arkansas. It has the mission of “improving the health of the communities we serve,” and a vision “to be the respected healthcare system partnering with Howard County and the surrounding communities to provide service excellence.” As both part of its mission and in response to the Internal Revenue Service (IRS) requirements, Howard Memorial Hospital conducted its first Community Health Needs Assessment (CHNA) in the spring of 2015 with help from the Center for Community Engagement at Arkansas State University. Because of the requirement to conduct an assessment every 3 years, a follow-up assessment was conducted in the spring of 2018. This remainder of this report presents the 2018 Howard Memorial CHNA process and results.

## Section A: CHNA Process & Timeline

In June of 2017, Kim Turbeville, the Administrative Director of Howard Memorial, contacted the Center for Community Engagement (CCE) to obtain an estimate of costs for a CHNA to include in their Fiscal Year 2018 budget. The estimate included proposed costs for completing a demographic profile and conducting focus groups. In March of 2018, arrangements were made for a conference call between CCE and the task force responsible for Howard Memorial’s CHNA to agree on the strategies to be used (to be held in early April 2018). During the call, Howard Memorial also provided CCE with an updated report of their 2017 Strategic Goals (reflecting progress toward the goals) and the new 2018 Strategic Goals.

In April 2018, CCE provided a preliminary demographic and health profiles report for Howard County, with supplemental information on surrounding counties, based on secondary data collection from various sources. The Howard County demographic profile is presented in Appendix A, along with the supplemental demographic profiles of surrounding counties. Health profiles for Howard County and surrounding counties are presented in Appendix B.

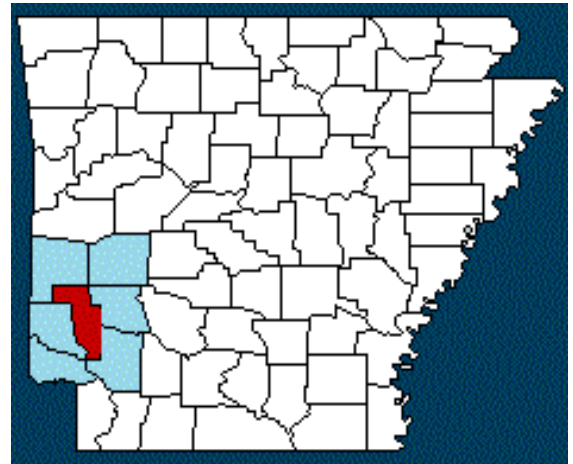
In March of 2018, sample focus-group questions were provided to the Howard Memorial Task Force for their consideration, along with suggestions for focus-group composition (based on the demographic profile). The focus groups ultimately came from the community served by Howard Memorial Hospital, *defined geographically* as the county in which the hospital is located and from which it obtains the majority of its patients, especially the town of Nashville, Arkansas, and its vicinity. Although Howard Memorial does serve outlying counties, the adjacent counties are also served by other hospitals located in larger cities within a 45- to 90-minute drive from Nashville. Based on the demographics of Howard County, it was thought that multiple focus groups would be optimal to capture varying populations. Thus, based on the recommendation of CCE (from the demographic profile), Howard Memorial gathered four different groups: (1) a group in which the majority membership was racial/ethnic minority, (2) a group of parents, grandparents, and female

householders, (3) a group in which the majority membership was adults over age 65, and (4) a group in which most members were in public health, education, or their intersection. These groups in combination fulfill the IRS requirement that “The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.” The questions to be used in the focus groups were agreed upon in April and it was decided that the focus groups would take place in early May, 2018.

As planned, in May of 2018, the hospital gathered four focus groups that reflected much of the diversity in the county (primarily from Nashville, Arkansas, where the hospital is located). Focus group participants were given \$15 gift cards to acknowledge their time and effort in participating. Three staff members from CCE conducted the four focus group interviews across 2 days at the hospital. Demographics of each focus group participant are presented in Appendix C. The focus group questions used are presented in Appendix D. It should be noted that, as is normal during focus groups, the questions were asked in an interactive context; therefore, the presentation of each question may not have occurred in exactly the same fashion for each group.

## Section B: Demographic Profile of Howard County

Located in rural Southwest Arkansas, **Howard County** has an estimated population of 13,478 residents spread across about 600 square miles.<sup>1</sup> Of those residents, approximately 1/4 are under the age of 18 (26%), 17% are over the age of 65, and 52% are female. Howard County is somewhat more diverse in race and ethnicity than the state of Arkansas (see Table 1 in Appendix A). The majority of the county’s residents are White (75%), 21% are Black or African American, and 12% are Hispanic or Latino.<sup>2</sup> Although English is the primary language spoken in the county’s estimated 5,068 households (87%), Spanish is spoken in 1 out of every 10 Howard County households (11%).<sup>3</sup>



The majority of Howard County households are made up of families (70%), with 29% of family households including children under the age of 18.<sup>4</sup> Forty-seven percent of the county’s family households are made up of married couples and 18% have a female householder (with no husband present). Of the county’s births within the past year, over 1/2 of them (57%) are to unmarried

<sup>1</sup> Census QuickFacts for Howard County, Arkansas (2016); <https://www.census.gov/quickfacts/fact/table/howardcountyarkansas/PST045216>

<sup>2</sup> *ibid*

<sup>3</sup> American Community Survey: Selected Social Characteristics for Howard County, Arkansas (2012-2016); <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>4</sup> *ibid*

women. In addition, of the nearly 350 grandparents who are living with their own grandchildren, almost 1/2 are responsible for the grandchildren (44%), with nearly 1/3 of them having been responsible for 3 years or more (33%). Of the 29% of residents who live alone, almost 1/2 are age 65 or older (48%).

The county is relatively poor. Twenty percent of all Howard County residents fall below the poverty level (compared to the state at 19% and the U.S. at 15%).<sup>5</sup> This number increases dramatically for those households that are headed by a female only (44% fall below the poverty level), especially those that have children under the age of 5 (66% fall below the poverty level). The median household income for Howard County is \$34,672 (compared to \$42,336 for the state and \$55,322 for the nation). Over 1 in 6 households (17%) have an income of less than \$15,000.<sup>6</sup> Educationally, almost 80% of the county's residents hold a high school diploma (or equivalent), but only 16% have received a Bachelor's degree or higher (substantially less than the state [22%] and the U.S. [30%]).<sup>7</sup> In addition, over 1/2 of residents are in the labor force (57%), many of whom either work in Manufacturing (25%), Educational Services, Health Care, or Social Assistance (21%).<sup>8</sup>

Table 1 in Appendix A provides a brief picture of Howard County, including (a) Population, (b) Race & Language, (c) Fertility, (d) Household Composition, (e) Education & Employment, and (f) Economics, based on data from the U.S. Census QuickFacts and American Community Survey for the county. Table 2 in Appendix A presents the demographic profiles of surrounding counties as supplemental information for the region (although most other counties are served by other local hospitals).

## Section C: Health Profile of Howard County

Howard County health issues and concerns must be viewed in the larger context of the issues that exist within the state. Arkansas ranks very low (48<sup>th</sup> out of 50 states) in the overall health and well-being of its citizens; additionally, Arkansas ranks 47<sup>th</sup> nationally in all health outcomes (e.g., poor physical health, premature deaths).<sup>9</sup> Howard County is a poor county within a relatively poor and unhealthy state. Thus, although it is critical to identify the primary health issues within the service area of Howard Memorial Hospital, including the county that serves as its principal region, many issues extend far beyond the confines of the county. A summary of health issues that exist for Howard County is presented below and detailed issues are presented in Appendix B, Tables 3-7. Data from surrounding counties are presented in Appendix B, Tables 8-12.

---

<sup>5</sup> American Community Survey: Selected Economic Characteristics for Howard County, Arkansas (2012-2016); <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>6</sup> *ibid*

<sup>7</sup> Census QuickFacts for Howard County, Arkansas (2016); <https://www.census.gov/quickfacts/fact/table/howardcountyarkansas/PST045216>

<sup>8</sup> American Community Survey: Selected Economic Characteristics for Howard County, Arkansas (2012-2016); <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

<sup>9</sup> United Health Foundation, America's Health Rankings Annual Report 2017; [https://assets.americashealthrankings.org/app/uploads/ahrannual17\\_complete-121817.pdf](https://assets.americashealthrankings.org/app/uploads/ahrannual17_complete-121817.pdf)

## HOWARD COUNTY HEALTH ISSUES

Although there are some strengths noted for the county (breast and prostate cancer incidence rates are lower than both State and National figures, the rate of child age-appropriate vaccinations is greater than at the state-level, as is the rate of adults with routine check-ups in the past 2 years), they are outweighed by the issues that exist. Therefore, the challenges for Howard Memorial Hospital are great.

The Howard County tables in Appendix B (Tables 3-7) reflect the following key points, especially in comparison to State and National statistics (also shown in the tables):

1. Early prenatal care is lacking for about 1/4 of women. (*see Table 3*)
2. Obesity is high, while physical activity is low. (*see Table 4*) For example, 72% of Howard County adults report being overweight or obese.<sup>10</sup>
3. Screening rates are low, particularly colorectal exams. (*see Table 5*)
4. Morbidity is high, especially for Hypertension which occurs in 61% of the residents (almost double that of the U.S. average). High blood cholesterol, asthma, diabetes, and cancer (lung and colon and rectal) rates are also higher than state and U.S. averages. (*See Table 6*)
5. Mortality is high for diabetes, cancer, and cardiovascular disease. Life expectancy is about a 1/2 year lower than the state, and 3 years lower than the nation.<sup>11</sup> (*See Table 7*)

## Section D: Focus Group Data

### Demographics of Focus Group Participants

Four focus groups were conducted across two days by the Center for Community Engagement (CCE) at Howard Memorial Hospital. The vast majority of participants (40 of 47) were female. The ages ranged from 33 to 88, with 8 individuals being less than 40 years of age, 9 in their 40s and 50s, and thirty 60 and above. Most participants were White (26) or Black/African American (20); one was Hispanic. Twenty-four participants were retired, 6 currently work in (or are retired from) health care, and the remaining participants worked in varied professions from education to human resources to management. Detailed reports of focus group demographics are presented in Appendix C (Table 13). Overall, although overwhelmingly female, the focus-group participants reflected the diversity of the geographical area, with an oversampling of the minority and elderly populations that provided them with a strong voice.

---

<sup>10</sup> Arkansas Department of Health BFRSS County Estimates (2016), <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>11</sup> Arkansas Minority Health Commission, Red County: County Life Expectancy Profile 2016; [https://www.healthy.arkansas.gov/images/uploads/publications/Red\\_County\\_Report\\_2016\\_Complete\\_%28rev\\_04-13-2017%29.pdf](https://www.healthy.arkansas.gov/images/uploads/publications/Red_County_Report_2016_Complete_%28rev_04-13-2017%29.pdf)

## Concerns Expressed by Focus Group Participants

As expected, the four focus groups highlighted a number of health-care concerns—some that were consistent across groups, and others that were unique to certain groups. The health concerns are represented below, organized by topic. Specific concerns are presented in the reports from each focus group, which are presented in Appendix E.

### Significant Health Care Needs

1. **Increased knowledge of available resources and the quality of those resources.**
  - a. Emerging throughout the focus groups was the idea that there appears to be a lack of awareness about what health care is available in the hospital and in the community. The information available tends to only be available to those who have had personal experience with the hospital or have ongoing healthcare needs. People need to know what is available in the community, especially because many travel long distances to other health care centers for assistance that is available at Howard Memorial. For example, it was apparent that some individuals in the focus groups were unaware of the specialty clinics offered at Howard Memorial. The updated 2016 Strategic Goals had a focus on advertising and a Speaker Pool on services, but it appears that segments of the population are still missing important information about available resources in their community.
  - b. The focus groups generally agreed that the hospital does a great job (e.g., one person stated, “You feel well-loved, it is your hometown, and they care” and another stated, “We give the hospital an A+!”), so part of any awareness or information campaign or dissemination should include reports on the quality of the hospital.
2. **Specific specialties or services** were suggested as significant needs, especially a pediatrician and an OB/GYN, and the provision of dialysis.
3. **Non-geriatric mental health** (“... this is a big need in our society”).

### Addressing Health Care Needs

Two focus group questions concentrated on what health care needs need to be addressed, one generic and one asking specifically what Howard Memorial needs to address (see specific questions in Appendix D). The following represent common or significant responses, some of which reflect the needs described above.

1. Howard Memorial needs to **provide more information and education in the community**. This includes information on services at Howard Memorial, but also includes educational sessions or workshops on health. Health fairs came up as a mechanism to provide information about diseases in the community, as did radio announcements or working with schools and churches to disseminate information.
2. **Specialists are wanted**, especially an on-staff pediatrician and OB/GYN. In one group, autism was brought up as an issue; specifically, testing and diagnosis for and support programs to help the parents of children with autism.
3. **Education for the local primary care doctors** on what classes and extra services are available at the hospital, so they can educate and refer their patients.

### **Awareness about Services**

One focus group question addressed community awareness about the healthcare services available to them. Although already reflected above in response to other questions, the common response to this question was that the awareness is lacking. The reasons provided for that lack of awareness included the following:

1. **People are unaware of what the hospital offers** unless they actually come to the hospital to seek services.
2. **Services at Howard Memorial Hospital are not advertised;** this could be from a lack of resources to communicate to the public.

It should be noted that many participants did not know that some specialists do come weekly or monthly to Howard Memorial (as reflected in responses from other participants), indicating further the lack of awareness.

### **Services Howard Memorial Should Offer**

Focus group members were asked what services, other than specialties, Howard Memorial should offer. Many of these responses were provided in previous answers, and some participants ignored the 'other than specialties' element of the question. The following represent the answers that were provided:

1. Candy Strippers in the ER
2. Psychiatric Care
3. Screenings (e.g., colonoscopy) at Lower Costs During Some Parts of the Year
4. Drug and Substance Abuse Help
5. Educational Programs & Workshops
6. Radio & Newspaper Announcements
7. Hospital Transportation
8. After-Hours Clinic
9. Education on Nurse Practitioners
10. Programs Focused on Specific Illnesses (like the Diabetes class)
11. Classes for Caregivers & Older Patients

### **Services Referred Out of Town**

Participants were asked for what services residents were referred out of town. The following represent their responses as stated to CCE staff.

1. Chemotherapy & Radiation
2. Knee Surgery
3. Heart Surgery
4. Allergy specialist
5. Gastroenterologist
6. Cardiologist
7. Hematologist
8. Diabetic Specialist
9. Kidney Doctor



10. Aneurisms
11. Rheumatologist
12. Dialysis
13. Eye for retina problems
14. Orthopedics
15. Liver
16. Lithotripsy Machine for Kidney Stones
17. Endocrinologist
18. Pregnancy, labor and delivery
19. Pap smear
20. Lungs
21. Ears, Nose, & Throat Doctor
22. Broken Bone

### **Underserved Populations**

Although few responses were provided when asked about what populations were underserved, the responses included relatively broad groups of underserved people. The following are their responses.

1. Black and Spanish
2. Non-insured
3. Infant/Children (pediatrics)

### **Difficulties in Obtaining Health Care Services**

There were mixed results between groups when participants were asked if they or someone they know had difficulty obtaining health-care services. Some groups thought there were no problems, whereas some mentioned minor issues. They were then asked ‘why’ and were also asked a follow-up question on whether the problems had to do with limited access to a physician. The following represent common answers—specific answers are given in the focus group notes in Appendix E.

1. Lack of money or insurance issues.
2. Lack of education about offered services.
3. Getting access to the right physicians for a specific problem.
4. Doctors not taking new patients.

### **What Prevents People from Getting the Health Care They Need?**

Participants were asked to reflect on why people are not getting their health care needs met (see Appendix D and Appendix E). The following represent a summary of common answers.

1. Lack of money or insurance.
2. Lack of transportation.
3. Lack of education about healthcare options or don’t know what questions to ask the doctor.

### **The Most Critical Issues**

The groups were asked about the “3 most critical health issues” in the community, focusing on concerns or missing elements. Below, common concerns and needs are presented (detailed responses are presented in Appendix E). Many of these issues reflect issues discussed above.

1. The need for specialists of many kinds (listed in each group’s notes in Appendix E).
2. Alcohol and drug programs (prevention & rehabilitation).
3. Dialysis.

It should be reiterated the need for information and public awareness in the community was mentioned frequently.

### **Individual Group Questions**

Three groups were asked targeted questions. One group, composed of minority (African American) participants, was asked if there was racial discrimination in the provision of health services. Virtually everyone in the group said that they have not experienced differential treatment as a function of race. Another group consisting of individuals in public health and education was asked about the challenges preventing needs from being met. They think the challenges stem from patient volume, as in there are not enough people with the same health issues, which makes it difficult for these issues to be addressed; as someone stated, “It’s a rural problem.”

### **Mental Health Questions**

Because mental health impacts physical health and the overall well-being of the population, the focus groups were asked about behavioral health needs within the community. The response by all groups was that ***the hospital is doing a good job, but there needs to be more information shared with the public to bring awareness to services offered.*** Moreover, the community could benefit from education on the early signs of mental illness. In addition to public awareness, there could be more services offered for younger individuals outside of geriatrics and more referral sources available. Mental health appears to be a work in progress in Howard County. Whether this is within the purview of the hospital to address is a separate issue. Complete focus-group responses for each group are given in Appendix E.

### **Focus Group Final Comments**

The following statements represent parting information groups provided when asked if they had any additional comments about health care in the community (see Appendix E for details).

1. The community’s response to the hospital is overwhelmingly positive, and individuals think the hospital is doing a terrific job.
2. More public awareness and advertisement are needed (of many kinds).

## Section E: Summary

The data CCE have collated and presented in this report illustrate at least 5 general points. Other significant or specific points are presented throughout this report (especially in the appendices). Nuanced and functional issues are not the consideration of this report. Below is a list of some of the top concerns identified.

1. ***There is a decided lack of information about what health care is available in Howard County.*** For example, within the Over 65 focus group, someone mentioned that Fitness Reaching Older Generations (FROG) was a tremendous help, but no one else in the group had ever heard of the program. In other focus groups, some individuals were not aware of simple services such as having one's blood work done at Howard Memorial and sent to another hospital for testing. Some suggestions were made by the groups for how to get information out to the public (e.g., social media, putting it on the hospital's changing billboard), but this may need additional follow-up (see Appendix E for a more complete list of suggestions).
2. ***Dialysis, pediatric care, and an OB/GYN were three specialties that came up regularly and strongly*** (in fact, they came up in all four focus groups). These three domains, as well as the high prevalence of diabetes, reflect issues found in Howard County's health profile (see above and also see morbidity and mortality for diabetes, Tables 6 and 7). However, it should be noted that Howard Memorial offers many specialists (including OB/GYN & Pediatrics) on particular days of the week. It appears that there is a lack of knowledge about these specialty clinics, and it could be beneficial for the hospital to address this before moving forward with any additional specialty plans.
3. The Health Profiles show that ***public health outreach would be helpful*** (e.g., because of the high obesity rates and low screening rates), a theme echoed by the focus groups, who felt the community could benefit from additional screening opportunities and healthcare information, whether through health fairs, workshops, or additional classes, such as the Diabetic Class offered. In addition to the classes, information about the hospital's efforts to encourage better health among its patrons needs to be shared more broadly, as many in the community do not know about the Healthy Choice meals that the hospital serves to the public or the reduced-cost gym membership offered.
4. ***Having options for specialty doctors*** (separate from the specialties mentioned in point 2) was mentioned repeatedly as a need in Howard County. Many individuals expressed a frustration of having to travel long distances to get the care they need. However, they did say Howard Memorial does a good job of sending patients somewhere else when they know they aren't equipped (e.g., "Even though you have to go out of town for some specialists... Howard Memorial Hospital always sends you to the best.").
5. An issue that came up in every focus group except for one (the over 65 group) was ***alcohol and drug use*** ("We have so many people on alcohol and drugs..."). Individuals in the focus groups mentioned rehabilitation, programs, and prevention as needs.

From a review of the initial concerns stated by each group, one point is clear: All 4 groups started with a need for a specialist doctor, either OB/GYN or Pediatrics, and all of them mentioned dialysis as a specialty service need as well. Although this might be hard to accomplish, the hospital might consider getting additional specialists on the rotation as well as ensuring the public is aware of these

specialists. As the focus groups progressed, the lack of public education and awareness became evident. It was mentioned in almost every response following the first question. The implication of that may be significant, because, in addition to an expressed need for specialists and some services, the groups are emphasizing that, although Howard Memorial Hospital has much to offer the community, the lack of public awareness means many people are not taking advantage of these services.

## Appendix A: Demographics

### Howard County Demographic Profile

<b>Table 1: U.S. Census Demographic Data – Howard County</b>			
	Howard County	Arkansas	United States
<b>POPULATION<sup>12</sup></b>			
<i>Population Estimate</i>	<b>13,478</b>	3,004,279	325,719,178
<i>Persons per square mile</i>	<b>23.4</b>	56.0	87.4
<i>Persons under 5 years</i>	<b>7.2%</b>	6.4%	6.2%
<i>Persons under 18 years</i>	<b>25.9%</b>	23.6%	22.8%
<i>Persons 65 years &amp; over</i>	<b>17.4%</b>	16.3%	15.2%
<i>Female persons</i>	<b>51.8%</b>	50.9%	50.8%
<b>RACE &amp; LANGUAGE<sup>13</sup></b> (except where otherwise noted)			
<i>White</i>	<b>75.3%</b>	79.4%	76.9%
<i>Black or African American</i>	<b>20.8%</b>	15.7%	13.3%
<i>Hispanic or Latino</i>	<b>12.2%</b>	7.3%	17.8%
<i>Mexican Origin<sup>14</sup></i>	<b>9.8%</b>	5.2%	11.0%
<i>Language other than English spoken in the home</i>	<b>13.2%</b>	7.1%	21.1%
<i>Spanish spoken in the home<sup>15</sup></i>	<b>10.5%</b>	5.1%	13.1%
<b>FERTILITY<sup>16</sup></b>			
<i>Number of women 15-50 years old giving birth in the past year</i>	<b>186</b>	39,828	4,001,559
<i>% of those who were unmarried</i>	<b>56.5%</b>	38.1%	35.3%
<b>HOUSEHOLD COMPOSITION<sup>17</sup></b>			
<i>Total Households</i>	<b>5,068</b>	1,141,480	117,716,237
<i>Family Households</i>	<b>69.7%</b>	66.4%	65.9%
<i>Family Households with children under 18</i>	<b>29.4%</b>	27.6%	28.5%

<sup>12</sup> Census QuickFacts for Howard, Arkansas, and the United States (2016);  
<https://www.census.gov/quickfacts/fact/table/seviercountyarkansas,littlerivercountyarkansas,hempsteadcountyarkansas,pikecountyarkansas,montgomerycountyarkansas,polkcountyarkansas/PST045217>

<sup>13</sup> ibid

<sup>14</sup> American Community Survey: Demographic & Housing Estimates (2012-2016);  
[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>15</sup> American Community Survey: Selected Social Characteristics (2012-2016);  
[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>16</sup> ibid

<sup>17</sup> ibid

<b>Table 1: U.S. Census Demographic Data – Howard County</b>			
	<b>Howard County</b>	<b>Arkansas</b>	<b>United States</b>
<b>HOUSEHOLD COMPOSITION</b> <i>(continued)</i> <sup>18</sup>			
<i>Married-Couple Family Household with children under 18</i>	<b>15.3%</b>	18.1%	19.2%
<i>Female Householder (no husband present) with children under 18</i>	<b>11.8%</b>	7.2%	7.0%
<i>Persons Living Alone</i>	<b>28.6%</b>	28.5%	27.7%
<i>Aged 65 or Over</i>	<b>13.8%</b>	11.1%	10.4%
<i>Grandparents Living with Grandchildren under 18 years</i>	<b>339</b>	71,218	7,243,142
<i>% responsible for grandchildren</i>	<b>44.2%</b>	56.1%	36.5%
<b>EDUCATION &amp; EMPLOYMENT</b> <sup>19</sup>			
<i>High School Graduate or Higher</i>	<b>79.4%</b>	85.2%	87.0%
<i>Bachelor's Degree or Higher</i>	<b>15.7%</b>	21.5%	30.3%
<i>In Labor Force (16 years+)</i>	<b>57.4%</b>	58.1%	63.1%
<b>ECONOMICS</b> <sup>20</sup>			
<i>Median Household Income</i>	<b>\$34,672</b>	\$42,336	\$55,322
<i>Persons Below the Poverty Level</i>	<b>19.6%</b>	18.8%	15.1%
<i>Families with female householder, no husband present</i>	<b>44.0%</b>	36.6%	29.9%
<i>With related children under 18</i>	<b>57.0%</b>	46.8%	39.7%
<i>With related children under 5 only</i>	<b>65.8%</b>	55.8%	45.0%
<i>Households making less than \$15K</i>	<b>17.2%</b>	16.1%	12.1%

<sup>18</sup> American Community Survey: Selected Social Characteristics (2012-2016);  
[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>19</sup> Census QuickFacts for Howard, Arkansas, and the United States (2016);  
<https://www.census.gov/quickfacts/fact/table/seviercountyarkansas,littlelivercountyarkansas,hempsteadcountyarkansas,pikcountyarkansas,montgomerycountyarkansas,polkcountyarkansas/PST045217>

<sup>20</sup> American Community Survey: Selected Economic Characteristics (2012-2016);  
[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

## Surrounding Counties Overview

### Demographic Profile of Surrounding Area

There are 6 counties that directly border Howard County. Clockwise, from the northwest corner of the county, they are (1) Polk, (2) Montgomery, (3) Pike, (4) Hempstead, (5) Little River, and (6) Sevier. The 6 counties combined are home to just over 91,000 residents, with Montgomery county the least populated county (8,919 residents) and Hempstead the most populated (21,861 residents).<sup>21</sup> On average, the counties have about 24 people per square mile (much like Howard County, with 23 people per square mile). The majority of the residents who live in the area surrounding Howard County mostly are White (ranging from 66% in Hempstead County to 95% in Montgomery County). There is a significant African American population in Hempstead and Little River counties (30% and 20% respectively) and a significant Hispanic population in Sevier County (33%). In addition, in almost 1/3 of Sevier County households (30%), a language other than English is spoken.



Much like Howard County, the surrounding counties are poor and many residents do not have post-secondary education. For example, the average median household income across all 6 surrounding counties is \$35,208 (the state median income is \$42,336). Poverty rates vary slightly (ranging from 19% to 27%), but all have an poverty rate equal or higher rate than the state (which is 19%); the county with the most poverty appears to be Hempstead, with 27% falling below the poverty line.<sup>22</sup> In education, Sevier County has the lowest high school graduation rate (70%); Little River has the highest at 86%.<sup>23</sup> Similarly, Sevier has the lowest percentage of residents with at least a Bachelor's degree (9%); Pike has the highest with 15% (the state percentage is 22%). Interestingly, although they have the highest level of high school graduation, Little River County falls 2<sup>nd</sup> to last in higher education with only 10% of residents attaining a Bachelor's degree or higher. For much of the area, the percentage of individuals in the labor force is lower than state (58%) and national (63%) rates; Montgomery and Polk Counties appear to have the lowest percentage of people in the labor force, with 47% and 49%, respectively.<sup>24</sup> In the areas surrounding Howard County, the most common jobs are in (a) Manufacturing and (b) Educational Services, Health Care, and Social Assistance.<sup>25</sup>

<sup>21</sup> Census QuickFacts for Polk, Montgomery, Pike, Hempstead, Little River, & Sevier Counties in Arkansas (2016); <https://www.census.gov/quickfacts/fact/table/seviercountyarkansas,littlerivercountyarkansas,hempsteadcountyarkansas,pikcountyarkansas,montgomerycountyarkansas,polkcountyarkansas/PST045217>

<sup>22</sup> American Community Survey: Selected Economic Characteristics for Polk, Montgomery, Pike, Hempstead, Little River, & Sevier Counties in Arkansas (2012-2016); [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>23</sup> Census QuickFacts for Polk, Montgomery, Pike, Hempstead, Little River, & Sevier Counties in Arkansas (2016); <https://www.census.gov/quickfacts/fact/table/seviercountyarkansas,littlerivercountyarkansas,hempsteadcountyarkansas,pikcountyarkansas,montgomerycountyarkansas,polkcountyarkansas/PST045217>

<sup>24</sup> *ibid*

<sup>25</sup> American Community Survey: Selected Economic Characteristics for Polk, Montgomery, Pike, Hempstead, Little River, & Sevier Counties in Arkansas (2012-2016); [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

Table 2 on the next page offers a brief picture of each of the counties. The table includes (a) Population, (b) Race & Language, (c) Fertility, (d) Household Composition, (e) Education & Employment, and (f) Economics, based on data from the U.S. Census QuickFacts and American Community Survey for each of the counties.



## Table 2: U.S. Census Demographic Data by County

	COUNTY							ARKANSAS	UNITED STATES
	Howard	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
POPULATION <sup>26</sup>									
Population Estimate	13,478	20,118	8,919	10,726	21,861	12,359	17,115	3,004,279	325,719,178
Persons per square mile	23.4	24.1	12.2	18.8	31.1	24.7	30.2	56.0	87.4
Persons under 5 years	7.2%	6.1%	4.4%	5.4%	7.1%	5.6%	7.6%	6.4%	6.2%
Persons under 18 years	25.9%	23.3%	18.8%	22.1%	26.0%	21.8%	28.2%	23.6%	22.8%
Persons 65 years & over	17.4%	22.1%	26.5%	19.3%	16.9%	20.4%	14.1%	16.3%	15.2%
Female persons	51.8%	50.9%	50.3%	50.1%	51.7%	51.4%	50.3%	50.9%	50.8%
RACE & LANGUAGE <sup>27</sup> (except where otherwise noted)									
White	75.3%	94.1%	94.6%	92.7%	66.3%	75.5%	88.5%	79.4%	76.9%
Black or African American	20.8%	0.6%	0.7%	3.6%	30.1%	20.0%	4.4%	15.7%	13.3%
Hispanic or Latino	12.2%	6.6%	4.2%	6.7%	12.6%	3.7%	33.0%	7.3%	17.8%
Mexican Origin <sup>28</sup>	9.8%	5.5%	3.4%	4.2%	11.6%	2.4%	29.8%	5.2%	11.0%
Language other than English spoken in the home	13.2%	4.9%	3.5%	5.9%	12.1%	3.2%	30.1%	7.1%	21.1%
Spanish spoken in the home <sup>29</sup>	10.5%	4.4%	2.3%	5.1%	11.8%	3.0%	29.6%	5.1%	13.1%
FERTILITY <sup>30</sup>									
Number of women 15-50 years old giving birth in the past year	186	366	59	180	249	156	269	39,828	4,001,559
% of those who were unmarried	56.5%	27.6%	30.5%	34.4%	65.1%	3.8%	49.8%	38.1%	35.3%
HOUSEHOLD COMPOSITION <sup>31</sup>									
Total Households	5,068	7,925	3,735	4,298	7,729	5,191	6,005	1,141,480	117,716,237

<sup>26</sup> Census QuickFacts for Howard, Polk, Montgomery, Pike, Hempstead, Little River, Sevier Counties, Arkansas, and the United States (2016); <https://www.census.gov/quickfacts/fact/table/seviercountyarkansas,littlerivercountyarkansas,hempsteadcountyarkansas,pikecountyarkansas,montgomerycountyarkansas,polkcountyarkansas/PST045217>

<sup>27</sup> ibid

<sup>28</sup> American Community Survey: Demographic & Housing Estimates (2012-2016); [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>29</sup> American Community Survey: Selected Social Characteristics (2012-2016); [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>30</sup> ibid

<sup>31</sup> ibid

## Table 2: U.S. Census Demographic Data by County

	COUNTY							ARKANSAS	UNITED STATES
	Howard	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
HOUSEHOLD COMPOSITION <i>(continued)</i> <sup>32</sup>									
Family Households	69.7%	65.7%	67.8%	68.7%	68.0%	63.8%	70.4%	66.4%	65.9%
Family Households with children under 18	29.4%	23.1%	17.2%	29.6%	29.7%	23.9%	32.7%	27.6%	28.5%
Married-Couple Family Household with children under 18	15.3%	14.8%	13.7%	21.4%	16.7%	14.4%	23.5%	18.1%	19.2%
Female Householder (no husband present) with children under 18	11.8%	5.8%	2.4%	5.4%	9.8%	8.3%	7.6%	7.2%	7.0%
Persons Living Alone	28.6%	30.3%	27.8%	28.6%	29.6%	30.9%	26.3%	28.5%	27.7%
Aged 65 or Over	13.8%	13.8%	13.8%	14.7%	12.4%	15.6%	10.0%	11.1%	10.4%
Grandparents Living with Grandchildren under 18 years	339	628	258	272	558	353	592	71,218	7,243,142
% responsible for grandchildren	44.2%	50.2%	85.7%	60.7%	47.8%	68.8%	44.9%	56.1%	36.5%
EDUCATION & EMPLOYMENT <sup>33</sup>									
High School Graduate or Higher	79.4%	84.3%	79.8%	81.4%	78.7%	86.0%	69.6%	85.2%	87.0%
Bachelor's Degree or Higher	15.7%	12.3%	12.5%	14.8%	12.6%	9.7%	9.4%	21.5%	30.3%
In Labor Force (16 years+)	57.4%	48.9%	46.8%	54.8%	55.2%	50.8%	61.6%	58.1%	63.1%
ECONOMICS <sup>34</sup>									
Median Household Income	\$34,672	\$33,202	\$35,103	\$34,519	\$34,072	\$35,396	\$38,956	\$42,336	\$55,322
Persons Below the Poverty Level	19.6%	25.2%	18.8%	18.5%	26.7%	19.4%	22.4%	18.8%	15.1%
Families with female householder, no husband present	44.0%	49.8%	46.1%	38.4%	42.6%	38.8%	40.9%	36.6%	29.9%
With related children under 18	57.0%	61.3%	59.4%	49.2%	51.2%	47.4%	52.6%	46.8%	39.7%
With related children under 5 only	65.8%	76.7%	63.6%	53.3%	50.7%	68.8%	72.7%	55.8%	45.0%
Households making less than \$15K	17.2%	17.8%	15.9%	19.4%	19.5%	15.5%	16.9%	16.1%	12.1%

<sup>32</sup> American Community Survey: Selected Social Characteristics (2012-2016); [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

<sup>33</sup> Census QuickFacts for Howard, Polk, Montgomery, Pike, Hempstead, Little River, Sevier Counties, Arkansas, and the United States (2016); <https://www.census.gov/quickfacts/fact/table/seviercountyarkansas,littlerivercountyarkansas,hempsteadcountyarkansas,pikecountyarkansas,montgomerycountyarkansas,polkcountyarkansas/PST045217>

<sup>34</sup> American Community Survey: Selected Economic Characteristics (2012-2016); [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

## Appendix B: Health Profiles

### Howard County

Below are secondary and public health data for Howard County.

**Table 3:**  
**Early Care Factors<sup>35</sup>**

	HOWARD COUNTY	ARKANSAS	U.S.
Women with Early Prenatal Care	74.5%	65.7%	83.7%
Low Birth Weight	7.4%	8.9%	8.0%
Pre-Term Births	10.4%	10.9%	9.8%
Children with Age Appropriate Vaccinations <sup>36</sup>	76.4%	68.7%	--

**Table 4:**  
**Obesity & Related Behaviors<sup>37</sup>**

	HOWARD COUNTY	ARKANSAS	U.S. <sup>38</sup>
Students Classified as Overweight or Obese <sup>39</sup>	44.5%	39.2%	33.4% <sup>40</sup>
Adults Reporting Overweight or Obese	71.5%	69.4%	65.4%
Adults With No Physical Activity During Past 30 Days	40.0%	32.0%	23.3%
Adults With Routine Check-Up Within Past 2 Years	90.4%	84.3%	83.6%

<sup>35</sup> March of Dimes Peristats, Howard County 2012-2015 Average, Arkansas and United States 2016;

<https://www.marchofdimes.org/peristats/Peristats.aspx>

<sup>36</sup> UAMS Public Health in Arkansas Communities Search (2018) PHACS Health Indicators; [http://www.uams.edu/phacs/topic-results.aspx?d=Children%20with%20Age%20Appropriate%20Vaccinations&t=PREVENTIVE\\_PROFILE\\_NEW](http://www.uams.edu/phacs/topic-results.aspx?d=Children%20with%20Age%20Appropriate%20Vaccinations&t=PREVENTIVE_PROFILE_NEW)

<sup>37</sup> Arkansas Department of Health BRFSS County Estimates (2016), <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>38</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>39</sup> ACHI Assessment of Childhood and Adolescent Obesity in Arkansas, 2016; <http://achi.net/Docs/378/>

<sup>40</sup> Fryar, et al. (2016), Prevalence of Overweight and Obesity Among Children and Adolescents Aged 2-19 Years: United States 1963-1965 Through 2013-2014; [https://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_13\\_14/obesity\\_child\\_13\\_14.pdf](https://www.cdc.gov/nchs/data/hestat/obesity_child_13_14/obesity_child_13_14.pdf)

**Table 5:**  
**Screening & Preventative Care<sup>41</sup>**

	HOWARD COUNTY	ARKANSAS	U.S.
Had a <b>Pap Smear</b> in the past 3 years*	75.3%	72.6%	74.9%
Had a <b>Mammogram</b> in the past 2 years**	73.0%	64.5%	73.7%
<b>No Prostate Cancer Screening</b> in past 2 years <sup>†42</sup>	40.7%	52.4%	--
Adults who have ever had a <b>Colorectal Exam</b> <sup>††</sup>	56.3%	64.6%	69.1%
<i>Adults Aged 65 &amp; Older with <b>No Flu Shot</b> in the past year<sup>43</sup></i>	39.3%	43.4%	41.8%
<i>Adults Aged 65 &amp; Older with <b>No Pneumonia Shot</b><sup>44</sup></i>	13.3%	27.2%	26.6%

\*For Women aged 18 & Older

†For Men aged 40 & Older

\*\*For Women aged 40 & Older

††For Adults aged 50-75 Years

**Table 6: Morbidity<sup>45</sup>**

	HOWARD COUNTY	ARKANSAS	U.S.
<b>Adults with Asthma</b>	13.6%	8.8%	9.1% <sup>46</sup>
<b>Adults with Diabetes</b>	15.2%	14.5%	11.3% <sup>47</sup>
<b>Adults with High Blood Cholesterol</b>	54.6%	47.0%	36.4% <sup>48</sup>
<b>Adults with Hypertension</b>	60.5%	45.0%	30.9% <sup>49</sup>
<b>Breast Cancer Incidence, per 100,000 women</b> <sup>50</sup>	109.0	112.7	123.5
<b>Colon &amp; Rectum Cancer Incidence, per 100,000</b> <sup>51</sup>	46.5	43.0	39.8
<b>Lung &amp; Bronchus Cancer Incidence, per 100,000</b> <sup>52</sup>	89.4	77.6	61.2
<b>Adults with Coronary Heart Disease</b>	6.7%	8.3%	4.1% <sup>53</sup>
<b>Prostate Cancer Incidence, per 100,000 men</b> <sup>54</sup>	87.1	120.7	114.8

<sup>41</sup> National Cancer Institute, State Cancer Profiles Screening and Risk Factors Tables 2008-2010;

<https://statecancerprofiles.cancer.gov/risk/index.php?stateFIPS=00&topic=smoke&risk=v33&race=00&sex=0&type=risk>

<sup>42</sup> UAMS Public Health in Arkansas Communities Search, Percent of Men with No Recent Prostate Cancer Screening 2014;

[http://www.uams.edu/phacs/map.aspx?d=Percent%20of%20Men%20with%20No%20Recent%20Prostate%20Cancer%20Screening%20\(PSA\)&t=PREVENTIVE\\_PROFILE\\_NEW](http://www.uams.edu/phacs/map.aspx?d=Percent%20of%20Men%20with%20No%20Recent%20Prostate%20Cancer%20Screening%20(PSA)&t=PREVENTIVE_PROFILE_NEW)

<sup>43</sup> Arkansas Department of Health BRFS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>44</sup> ibid

<sup>45</sup> Arkansas Department of Health BRFS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>46</sup> CDC, BRFS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>47</sup> ibid

<sup>48</sup> ibid

<sup>49</sup> ibid

<sup>50</sup> National Cancer Institute, State Cancer Profiles Incidence Rates Table 2010-2014;

<https://www.statecancerprofiles.cancer.gov/incidencerates/>

<sup>51</sup> ibid

<sup>52</sup> ibid

<sup>53</sup> CDC, BRFS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>54</sup> National Cancer Institute, State Cancer Profiles Incidence Rates Table 2010-2014;

<https://www.statecancerprofiles.cancer.gov/incidencerates/>

**Table 7: Mortality** <sup>55</sup>

	HOWARD COUNTY	ARKANSAS	U.S.
<b>Diabetes Deaths</b> * <sup>56</sup>	77.9	67.3	56.7
<b>Cancer Deaths</b> *	200.7	189.2	166.1
<b>Breast Cancer Deaths</b> *	--**	22.1	21.2
<b>Lung &amp; Bronchus Cancer Deaths</b> *	77.1	60.1	44.7
<b>Cardiovascular Disease Deaths</b> * <sup>57</sup>	258.3	207.7	158.2
<b>Premature Death Rate* (&lt;75 Years of Age)</b> <sup>58</sup>		9601	7511
<b>Life Expectancy</b> in years <sup>59</sup>	75.5	76.1	78.8

\*Rate per 100,000 population

\*\*Data have been suppressed to ensure confidentiality; average deaths are less than 3 per year.

<sup>55</sup> National Cancer Institute, State Cancer Profiles Death Rates Tables 2014;

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=05&cancer=001&race=00&sex=0&age=001&year=0&type=death&sortVariableName=rate&sortOrder=desc#results>

<sup>56</sup> Institute for Health Metrics and Evaluation, County Profiles, 2016; <http://www.healthdata.org/us-county-profiles>

<sup>57</sup> *ibid*

<sup>58</sup> UAMS Geographic Health Disparities in Arkansas 2010, Selected data and county rankings;

<http://www.uams.edu/phacs/reports/Geographic%20Disparities%20Report%202010.pdf>

<sup>59</sup> Arkansas Minority Health Commission, Red County: County Life Expectancy Profile 2016;

[https://www.healthy.arkansas.gov/images/uploads/publications/Red\\_County\\_Report\\_2016\\_Complete\\_%28rev\\_04-13-2017%29.pdf](https://www.healthy.arkansas.gov/images/uploads/publications/Red_County_Report_2016_Complete_%28rev_04-13-2017%29.pdf)

## Surrounding Counties Health Profiles

Tables depicting common health issues for the counties surrounding Howard County (Tables 8-12) are presented on the following pages. Highlights from the tables, especially in comparison to State and National figures, include the following:

1. Early care issues (e.g., low birth weight, pre-term births) tend to be high in the surrounding counties. **Hempstead County** in particular stands out in terms of low birth weight babies, and pre-term births. **Montgomery County** has a particularly low percentage of children with age appropriate vaccinations. (See Table 8)
2. Obesity is a major concern in some of the surrounding counties. For children, **Hempstead** and **Sevier** counties yield greater rates than both state and national averages. For adults, **Pike** and **Hempstead** rates are higher than at the state- and national-levels. (See Table 9)
3. Lack of screenings is an issue in virtually all surrounding counties in the extended service area. (See Table 10)
4. Morbidity is high in the surrounding counties—most have higher rates than both state and national averages in high blood cholesterol, hypertension, asthma, and diabetes. (See Table 11)
5. Deaths due to diabetes and cardiovascular disease are high in most counties. Diabetes and other deaths especially stand out in **Hempstead County**. (See Table 12)
6. Life expectancy rates in the surrounding counties are, on average, about 1 year less than the state average and 3 years less than the national average. **Pike County** stands out with the lowest rate. (See Table 12)

## Health Profile Tables for Surrounding Counties

**Table 8: Early Care Factors<sup>60</sup>**

(unless otherwise specified)

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Women with Early Prenatal Care	86.8%	73.9%	73.3%	75.7%	90.6%	81.4%	65.7%	83.7%
Low Birth Weight	8.6%	8.0%	8.1%	10.5%	8.3%	6.6%	8.9%	8.0%
Pre-Term Births	9.6%	9.2%	9.1%	11.4%	10.7%	6.1%	10.9%	9.8%
Children With Age Appropriate Vaccinations <sup>61</sup>	66.0%	61.0%	76.7%	69.4%	65.6%	74.6%	68.7%	--

**Table 9: Obesity & Related Behaviors<sup>62</sup>**

(unless otherwise specified)

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Students Classified as Overweight or Obese <sup>63</sup>	39.6%	38.0%	39.4%	44.9%	40.9%	46.0%	39.2%	33.4% <sup>64</sup>
Adults Reporting Overweight or Obese	65.3%	65.6%	72.5%	72.1%	69.1%	68.7%	69.4%	65.4% <sup>65</sup>
Adults With No Physical Activity During Past 30 Days	36.2%	36.2%	41.5%	36.3%	36.0%	39.9%	32.0%	23.3% <sup>66</sup>
Adults With Routine Check-Up Within Past 2 Years	86.6%	83.7%	90.5%	92.4%	89.0%	87.6%	84.3%	83.6% <sup>67</sup>

<sup>60</sup> March of Dimes Peristats, Howard County 2012-2015 Average, Arkansas and United States 2016;

<https://www.marchofdimes.org/peristats/Peristats.aspx>

<sup>61</sup> UAMS Public Health in Arkansas Communities Search (2018) PHACS Health Indicators; [http://www.uams.edu/phacs/topic-results.aspx?d=Children%20with%20Age%20Appropriate%20Vaccinations&t=PREVENTIVE\\_PROFILE\\_NEW](http://www.uams.edu/phacs/topic-results.aspx?d=Children%20with%20Age%20Appropriate%20Vaccinations&t=PREVENTIVE_PROFILE_NEW)

<sup>62</sup> Arkansas Department of Health BRFSS County Estimates (2016), <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>63</sup> ACHI Assessment of Childhood and Adolescent Obesity in Arkansas, 2016; <http://achi.net/Docs/378/>

<sup>64</sup> Fryar, et al. (2016), Prevalence of Overweight and Obesity Among Children and Adolescents Aged 2-19 Years: United States 1963-1965 Through 2013-2014; [https://www.cdc.gov/nchs/data/hestat/obesity\\_child\\_13\\_14/obesity\\_child\\_13\\_14.pdf](https://www.cdc.gov/nchs/data/hestat/obesity_child_13_14/obesity_child_13_14.pdf)

<sup>65</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>66</sup> ibid

<sup>67</sup> ibid

## Table 10: Screening & Preventative Care

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
<b>Had Pap Smear in the past 3 years</b> <sup>*68</sup>	69.7%	61.3%	67.6%	72.3%	69.0%	70.5%	72.6%	74.9%
<b>Had a Mammogram in the past 2 years</b> <sup>**69</sup>	61.8%	57.6%	58.2%	58.9%	61.4%	60.6%	64.5%	73.7%
<b>No Prostate Cancer Screening in past 2 years</b> <sup>†70</sup>	34.6%	49.3%	47.8%	47.2%	59.0%	47.0%	52.4%	--
<b>Adults who have ever had a Colorectal Exam</b> <sup>††71</sup>	47.3%	47.7%	50.7%	50.3%	52.7%	41.4%	64.6%	69.1%
<b>Adults Aged 65 &amp; Older with No Flu Shot in the past year</b> <sup>72</sup>	39.2%	43.4%	55.0%	55.1%	50.7%	26.0%	43.4%	41.8%
<b>Adults Aged 65 &amp; Older with No Pneumonia Shot</b> <sup>73</sup>	16.2%	27.2%	33.9%	26.0%	19.5%	11.1%	27.2%	26.6%

<sup>\*</sup>For Women aged 18 & Older

<sup>\*\*</sup>For Women aged 40 & Older

<sup>†</sup>For Men aged 40 & Older

<sup>††</sup>For Adults aged 50 & Older

<sup>68</sup> National Cancer Institute, State Cancer Profiles Screening and Risk Factors Tables 2008-2010;  
<https://statecancerprofiles.cancer.gov/risk/index.php?stateFIPS=00&topic=smoke&risk=v33&race=00&sex=0&type=risk>

<sup>69</sup> *ibid*

<sup>70</sup> UAMS Public Health in Arkansas Communities Search, Percent of Men with No Recent Prostate Cancer Screening 2014;  
[http://www.uams.edu/phacs/map.aspx?d=Percent%20of%20Men%20with%20No%20Recent%20Prostate%20Cancer%20Screening%20\(PSA\)&t=PREVENTIVE\\_PROFILE\\_NEW](http://www.uams.edu/phacs/map.aspx?d=Percent%20of%20Men%20with%20No%20Recent%20Prostate%20Cancer%20Screening%20(PSA)&t=PREVENTIVE_PROFILE_NEW)

<sup>71</sup> National Cancer Institute, State Cancer Profiles Screening and Risk Factors Tables 2008-2010;  
<https://statecancerprofiles.cancer.gov/risk/index.php?stateFIPS=00&topic=smoke&risk=v33&race=00&sex=0&type=risk>

<sup>72</sup> Arkansas Department of Health BRFSS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>73</sup> *ibid*



## Table 11: Morbidity

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Adults with Asthma <sup>74</sup>	14.2%	9.8%	11.8%	11.2%	7.9%	10.0%	8.8%	9.1% <sup>75</sup>
Adults with Diabetes <sup>76</sup>	14.2%	14.3%	16.3%	20.3%	26.4%	17.2%	14.5%	11.3% <sup>77</sup>
Adults with High Blood Cholesterol <sup>78</sup>	56.8%	51.5%	53.8%	51.4%	52.7%	59.0%	47.0%	36.4% <sup>79</sup>
Adults with Hypertension <sup>80</sup>	61.8%	50.3%	53.6%	52.8%	54.5%	59.4%	45.0%	30.9% <sup>81</sup>
Breast Cancer Incidence, per 100,000 women <sup>82</sup>	105.4	97.5	95.7	91.2	119.9	72.5	112.7	123.5
Colon & Rectum Cancer Incidence, per 100,000 <sup>83</sup>	36.7	35.9	48.5	33.3	43.1	43.6	43.0	39.8
Lung & Bronchus Cancer Incidence, per 100,000 <sup>84</sup>	71.7	73.6	81.9	63.5	82.7	68.7	77.6	61.2
Adults with Coronary Heart Disease <sup>85</sup>	5.9%	10.1%	13.4%	10.0%	6.4%	3.0%	8.3%	4.1% <sup>86</sup>
Prostate Cancer Incidence, per 100,000 men <sup>87</sup>	67.2	110.1	104.8	97.1	98.1	109.4	120.7	114.8

<sup>74</sup> Arkansas Department of Health BRFSS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>75</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>76</sup> Arkansas Department of Health BRFSS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>77</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>78</sup> Arkansas Department of Health BRFSS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>79</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>80</sup> Arkansas Department of Health BRFSS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>81</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>82</sup> National Cancer Institute, State Cancer Profiles Incidence Rates Table 2010-2014; <https://www.statecancerprofiles.cancer.gov/incidencerates/>

<sup>83</sup> ibid

<sup>84</sup> ibid

<sup>85</sup> Arkansas Department of Health BRFSS County Estimates (2016); <https://www.healthy.arkansas.gov/programs-services/topics/brfss-county-estimates>

<sup>86</sup> CDC, BRFSS Prevalence & Trends Data (2016); <https://www.cdc.gov/brfss/brfssprevalence/index.html>

<sup>87</sup> National Cancer Institute, State Cancer Profiles Incidence Rates Table 2010-2014; <https://www.statecancerprofiles.cancer.gov/incidencerates/>

## Table 12: Mortality

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Diabetes Deaths <sup>*88</sup>	65.6	49.1	60.3	73.6	72.9	87.9	67.3	56.7
Cancer Deaths <sup>*89</sup>	195.9	142.9	171.1	178.0	184.7	184.6	189.2	166.1
Breast Cancer Deaths <sup>*90</sup>	34.4	--**	--**	23.5	--**	--**	22.1	21.2
Lung & Bronchus Cancer Deaths <sup>*91</sup>	59.2	46.0	60.7	54.5	53.4	56.5	60.1	44.7
Cardiovascular Disease Deaths <sup>*92</sup>	246.6	200.6	222.8	280.1	244.6	241.3	207.7	158.2
<b>Premature Death Rate* (&lt;75 Years of Age)<sup>93</sup></b>							9601	7511
Life Expectancy in years <sup>94</sup>	75.4	76.3	74.1	76.1	75.2	76.3	76.1	78.8

\*Rate per 100,000 population

\*\* Data has been suppressed to ensure confidentiality; average deaths are less than 3 per year.

<sup>88</sup> Institute for Health Metrics and Evaluation, County Profiles, 2016; <http://www.healthdata.org/us-county-profiles>

<sup>89</sup> National Cancer Institute, State Cancer Profiles Death Rates Tables 2014;

<https://statecancerprofiles.cancer.gov/deathrates/index.php?stateFIPS=05&cancer=001&race=00&sex=0&age=001&year=0&type=death&sortVariableName=rate&sortOrder=desc#results>

<sup>90</sup> *ibid*

<sup>91</sup> *ibid*

<sup>92</sup> Institute for Health Metrics and Evaluation, County Profiles, 2016; <http://www.healthdata.org/us-county-profiles>

<sup>93</sup> UAMS Geographic Health Disparities in Arkansas 2010, Selected data and county rankings;

<http://www.uams.edu/phacs/reports/Geographic%20Disparities%20Report%202010.pdf>

<sup>94</sup> Arkansas Minority Health Commission, Red County: County Life Expectancy Profile 2016;

[https://www.healthy.arkansas.gov/images/uploads/publications/Red\\_County\\_Report\\_2016\\_Complete\\_%28rev\\_04-13-2017%29.pdf](https://www.healthy.arkansas.gov/images/uploads/publications/Red_County_Report_2016_Complete_%28rev_04-13-2017%29.pdf)

## Appendix C: Focus Group Demographic Details

**TABLE 13: Demographics of Focus Group Participants**

Age	Gender	Self-Reported Race	Occupation
<b>Focus Group 1 (N=13)</b>			
80	Female	African American	Retired
64	Female	African American	Retired
73	Female	African American	Retired
70	Female	African American	Retired
40	Female	African American	Human Resource Administrator
58	Female	African American	Disabled
70	Female	African American	Retired
64	Male	African American	Retired
64	Female	African American	Retired
61	Female	African American	Nsg. LPN
35	Female	African American	Office Assistant
64	Female	African American	Retired
86	Female	African American	Retired
<b>Focus Group 2 (N=13)</b>			
39	Female	African American	Administrative Specialist
80	Female	Caucasian	Retired
68	Female	African American	Retired
39	Female	African American	Nurse
82	Female	Caucasian	Retired Banking
53	Female	Caucasian	Howard County Deputy Treasurer
72	Female	Caucasian	Retired
67	Female	Caucasian	Retired
40	Female	African American	Clerk
37	Male	African American	Police Officer
78	Female	African American	Retired
79	Female	Caucasian	Retired
48	Female	Caucasian	Office Manager
<b>Focus Group 3 (N=9)</b>			
64	Male	Hispanic	Retired
88	Female	Caucasian	Retired Teacher
76	Female	Caucasian	Retired Teacher
78	Female	Caucasian	Retired
71	Female	Caucasian	Housewife

**TABLE 13: Demographics of Focus Group Participants**

Age	Gender	Self-Reported Race	Occupation
83	Male	Caucasian	Retired
66	Female	Caucasian	Office Assistant
69	Female	Caucasian	Retired Teacher
71	Male	Caucasian	Retired
<b>Focus Group 4 (N=12)</b>			
33	Female	African American	Registered Nurse
50	Female	Caucasian	Registered Nurse
64	Female	Caucasian	Retired Teacher
39	Female	Caucasian	Home Health Office Manager
62	Female	Caucasian	Adn- Administrator
54	Female	Caucasian	Teacher
60	Female	Caucasian	HR Manager
58	Female	Caucasian	School Librarian
60	Male	Caucasian	Education Administration
58	Female	Caucasian	Office Manager (Kid's Dental Center)
35	Male	Caucasian	Assistant Principal- Primary School
33	Female	Caucasian	Secretary

## Appendix D: Focus Group Questions

(Because of additional specialty questions, questions are not all numbered the same across groups in Appendix E.)

### Questions Asked in Every Group

1. What do you think are the most significant health care needs in Howard County today?
2. What health care needs are not being met in your community today?
  - a. What are the mental or behavioral health care needs in your community? Do you feel these needs are being met?
3. What do you think could be done to better address the health care needs of the people in your community?
4. What health care needs does Howard Memorial Hospital need to address?
5. Do you think people in your community are fully aware of the local healthcare services that are available to them?
  - a. If not, why not?
6. What services, other than specialties, do you think Howard Memorial should offer?
7. Do you have a local physician? (The *Public Health & Education* focus group did not receive this question.)
8. For what services are residents being referred out of town?
9. What population(s) do you think is underserved?
10. Have you or someone you know had difficulty obtaining health care services in the past few years? (The *Public Health & Education* focus group was asked, “Do you think the people in Howard County have difficulty obtaining health care services?”)
  - a. If yes, what were the challenges preventing you, or the people you know, from getting the health care services needed?
  - b. Did it have to do with access to a physician?
11. What do you think prevents patients from getting the health care they need?
  - a. Is it difficult to communicate with healthcare providers?
  - b. Are you able to read and understand health information that your provider gives you?
  - c. Is it because of cost concerns or lack of insurance?
12. Studies show that a healthy diet and at least 30 minutes of exercise a day help with weight loss, stress, lowering blood pressure and cholesterol as well as improving overall health. How effectively is Howard Memorial addressing these issues?
13. After everything we have discussed, what do you see as the three most critical health issues in your community?
14. Do you have any additional comments in regards to the health care in your community?

### Targeted Questions

1. Minority (African-American) focus group: Do you think that there is a difference in the way you are treated when being provided health services compared to someone of another race?
2. Over 65 focus group: Do you know someone that would have benefitted from geriatric behavioral health services?
3. Public Health & Education focus group: What are the challenges preventing these needs from being met?
  - a. What are the challenges preventing these mental or behavioral health needs from being met

## Appendix E: Focus Group Responses

Please note that the focus-group notes reflect concepts discussed. The number of points or words do not necessarily reflect the depth of discussion on a given topic.

### Group 1 (Focus on Minority Groups)

Howard Memorial Hospital

Focus Group: May 14, 2018 @ 2p.m.

Primary Participants: Minority Groups (African American)

**KEY:** HC=Howard County; HMH=Howard Memorial Hospital

**1. What do you think are the most significant health care needs in Howard County today?**

- We need dialysis.
- More emergency physicians on duty, so you don't have to wait forever when you come to the emergency room. I've been up here several times when there was a lot of people, and they had to wait because there was only one person on call. Sometimes they even had to call someone to come in.
- I was told that they don't have Obstetricians here to deliver babies. They have to go to Texarkana, and I was thinking that was quite far for someone to go to have their baby
- Need to get the primary care doctors back in the hospital, like they used to come around and check you out instead of the doctors in the emergency room that don't know anything about you. Your primary care doctor knows about you. It is probably never going to happen; every hospital you go to, they call them hospitalists now. I personally don't like it because I would want my doctor to treat me, but that is never coming back because that is everywhere at every hospital.

**2. What health care needs are not being met in your community today?**

- Some health care professionals couldn't write prescriptions.
- Public education. Because a lot of people don't go to the doctor. We need more education on diseases, we need to know more about hypertension, diabetes; more health fairs. Pamphlets don't work, they are too long-people are more likely to listen or read if it is one page.
- A lot of specialists come here from other communities on certain days; don't have to travel as far.
  - a. What are the mental or behavioral health care needs in your community? Do you feel these needs are being met?**
  - I think we do pretty well there; we have a clinic for children and adults; have people in schools too. It probably isn't as publicized as it should be.

- A lot of people need this kind of help, but don't know it. Education would help with this; the family needs to be educated, so they can see the signs.
- We have so many people on alcohol and drugs. So many people and young people with children that don't know how to take care of them.
- Need more info with more people giving it out. The biggest problem is not being informed.

**3. What do you think could be done to better address the health care needs of the people in your community?**

- Hospital staff night for community to meet the professionals.
- Open the doors to the community to let them in. But I know the hospital can only do so much. We have to do something, too.
- Reach out to other towns outside of Nashville within the county.
- Having people check on patients and visit with them.
- Maybe have someone hand out fliers about the hospital; just one page about one thing so people will actually read them.
- Pamphlet with all available workshops and put it in the and on the radio station.
- Wouldn't hurt to put fliers in churches and schools, since we are so small. Have the ministers and teachers know what is available to refer people.
- More workshops, mobile units, transportation needs.

**4. What health care needs does Howard Memorial Hospital need to address?**

- People have a negative view of the hospital; we need to talk about it more, talk it up. This is a great hospital. They call it a First Aid Station, but it's a great first aid station.

**5. Do you think people in your community are fully aware of the local healthcare services that are available to them? If not, why not?**

- All agreed; no.
- There is so much here that no one really knows about.
- A lot of people don't even know what we can do at HMH; we have a lot of doctors for a lot of different things.

**6. What services, other than specialties, do you think Howard Memorial should offer?**

- Have someone to make them feel comfortable and make sure everyone is okay, like a candy stripper; someone to check on people in the ER, especially if they are alone.
- Psychiatric care.
- Some surgeries they don't offer here; hopefully they will get there one day.
- A dialysis unit.

**7. Do you have a local physician? (Introduce as question that will help the hospital understand people's assets vs needs.)**

- 13 out of 13 said yes.

**8. For what services are residents being referred out of town?**

- Chemo, radiation; the elderly can't travel to Texarkana.
- Knee surgery.
- Stints for heart.
- Have to go to Texarkana for second opinions. One person said they travel for gastro for Crohn's disease every two months; need a GI doctor.
- Diabetic specialist- so don't have to go to Hot Springs.
- Kidney doctor.
- Someone to work with people who had aneurisms.
- HMH is good about their willingness to work with other hospitals.

**9. What population(s) do you think is underserved? (Ex. Minorities, young mothers, etc.)**

- Black and Spanish.
- Non-insured, but this is getting better.

**10. Have you or someone you know had difficulty obtaining health care services in the past few years?**

- Yes

**a. If yes, what were the challenges preventing you, or the people you know, from getting the health care services needed?**

- No insurance.
- Not educated.

**b. Did it have to do with access to a physician?**

- No

**11. What do you think prevents patients from getting the health care they need?**

- See 10. A.



**a. Is it difficult to communicate with healthcare providers?**

- For some people, it is; they don't know what the doctors are saying and don't know what questions to ask.
- Should get a Patient Portal; don't know if HMM has it, but Texarkana does and it helps you keep up with your own information and other family members you approve can use it to help keep up with what your doctor says.

**b. Are you able to read and understand health information that your provider gives you?**

- Already addressed in 11. A.

**c. Is it because of cost concerns or lack of insurance?**

- Already addressed in 10. A.

**12. Studies show that a healthy diet and at least 30 minutes of exercise a day help with weight loss, stress, lowering blood pressure and cholesterol as well as improving overall health. How effectively is Howard Memorial addressing these issues?**

- They offer a lot of programs for the public; I don't know if the public knows about it. They could put it on the changing billboard.
- Nutrition classes.
- They have a gym for \$25, PT, and a pool.
- Diabetic class; get two or three weeks free at the gym for attending.

**13. Do you think that there is a difference in the way you are treated when being provided health services compared to someone of another race?**

- At a time there was; getting better now.
- Several shook their head no.
- I haven't seen it.
- If I have been discriminated against, they do a good job of hiding it. I would have addressed it if I'd seen it.

**14. After everything we have discussed, what do you see as the three most critical health issues in your community?**

- Alcoholism and drugs- there are no programs at the hospital but they are good at recommending programs and other resources.
- Dialysis and chemo.
- Diabetes.

**15. Do you have any additional comments in regards to the health care in your community?**

- I know someone who was treated for Sickle Cell. They don't just hold you here, they refer you to a bigger hospital. That's what I like about it. I'd recommend this hospital.
- I'm very satisfied with Howard Memorial Hospital.
- I've had critical issues treated here.
- Do a lot of testing locally, then send them elsewhere for the surgery; they are good at referring; they work well with Texarkana.
- Information, information, information.
- We can talk the hospital up; advertise by word of mouth- that is something we can do.
- More pamphlets.
- I'll take my hat off to Howard Memorial.
- This hospital was so good to my mother.

## **Appendix E Continued: Focus Group Responses**

### **Group 2 (Focus on Parents, Grandparents, and Female Householders)**

Howard Memorial Hospital

Focus Group: May 14, 2015 @ 4:30p.m.

Primary Participants: Parents, Grandparents, & Female Householders

**KEY:** HC=Howard County; HMH=Howard Memorial Hospital

**1. What do you think are the most significant health care needs in Howard County today?**

- Getting dialysis locally. It's really hard to travel. I take my husband three times a week for dialysis and it ends up being six hours of travel. This is a good hospital and it causes a lot of extra expense to have to go somewhere else.
- Rheumatologist- one that could maybe come once or twice a month, even if they can rotate and it's not be the same person each month.
- A female doctor (OB/GYN). We don't want to have to go all the way to Texarkana just for check-ups.
- Want to see doctors, not nurse practitioners.
- Pediatric doctor, or a nurse practitioner that specializes in pediatrics.

**2. What health care needs are not being met in your community today?**

- Pediatrics. Have to go somewhere else. One person said she had premature-born grandchildren and they have to go all the way to Texarkana. It would be nice if they could keep the babies for care at Howard Memorial.
- Appreciate that if this hospital can't help or don't know what is wrong, they send you on.
- Autism testing and diagnosis.
- Programs to help mothers with kids with autism.
- Children with autism have to go out of town or state for everything, even PT and OT.

**a. What are the mental or behavioral health care needs in your community? Do you feel these needs are being met?**

- We have a mental health building for older adults but need more for younger people.

**3. What do you think could be done to better address the health care needs of the people in your community?**

- More classes like the Diabetic Class. Lots of people attended. Some attended that weren't diabetic; helped encourage one individual to work on prevention.
- Make people more aware of classes that are offered (using pamphlets and such).
- Health fairs- ask people at the fair what services they want in a questionnaire and give people information about services.

- Offer more free things at the health fair than just blood pressure, like breast exams, that many can't afford.
  - Get grants for dialysis.
  - Lots of people are shut-ins that don't go to the hospital. This is why putting info about programs at non-hospital places (especially to local primary care physicians) is important.
- 4. What health care needs does Howard Memorial Hospital need to address?**
- Make monthly newsletters more informative. They are too long, so many don't read.
  - Make primary care doctors aware of classes that are available, so they can tell their patients.
  - The 4-H got a grant to have dialysis at the old hospital but then it went away. Maybe we could apply for new grants.
- 5. Do you think people in your community are fully aware of the local healthcare services that are available to them? If not, why not?**
- No.
  - As little of a thing it is, people don't even know how nice the gift shop is, and they don't charge tax. That money is used to buy chairs and all kinds of things for the hospital.
  - I didn't know that you could get blood work here and have it sent elsewhere for testing.
  - Don't know what's available until after you come here.
- 6. What services, other than specialties, do you think Howard Memorial should offer?**
- This hospital has a lot of the things that you would have at a big hospital, for its size.
  - This hospital found my breast cancer. They have sophisticated technology. Others asked me, "aren't you embarrassed to go to those kids?" but they found it here and when I went to the other clinics afterwards, the x-rays were so good that it saved me money that they didn't have to be done again.
  - In October, they lowered the cost of mammograms. A program like that is great. Other screenings, like colonoscopy, should have the same thing.
  - It is a blessing to have surgeons here. You don't have to travel as much.
  - We need drug rehab and substance abuse help.
- 7. Do you have a local physician? (Introduce as question that will help the hospital understand people's assets vs needs.)**
- 13 out of 13 said yes.
- 8. For what services are residents being referred out of town?**
- Rheumatologist.

- Dialysis.
  - Kidney.
  - Pap smear (some clinics do, but want it to be an OB, and OB are all out of town).
  - Lungs.
  - Allergies.
  - Heart.
- 9. What population(s) do you think is underserved? (Ex. Minorities, young mothers, etc.)**
- Children (pediatrics) - this is a big one.
  - Children with autism.
- 10. Have you or someone you know had difficulty obtaining health care services in the past few years?**
- Not really.
  - Used to have problems. Four years ago, my daughter moved here and no doctors were taking new patients. Even now, some of them still aren't taking new patients.
- a. If yes, what were the challenges preventing you, or the people you know, from getting the health care services needed?**
- Not applicable because all said no.
- b. Did it have to do with access to a physician?**
- Not applicable because all said no.
- 11. What do you think prevents patients from getting the health care they need?**
- Not applicable
- a. Is it difficult to communicate with healthcare providers?**
- No.
- b. Are you able to read and understand health information that your provider gives you?**
- Don't know what to ask.
  - Older people have more trouble.
  - When injured, people are in a fog so it's harder to get stuff.
  - Would be hard for people with language barriers.
  - Not all doctors understand the patient.
- c. Is it because of cost concerns or lack of insurance?**
- Yes.
  - That's a big problem.
  - ACA did help with this.

**12. Studies show that a healthy diet and at least 30 minutes of exercise a day help with weight loss, stress, lowering blood pressure and cholesterol as well as improving overall health. How effectively is Howard Memorial addressing these issues?**

- Have Healthy Plate and a gym.
- Healthy Plate (or Fit Plate) is open to the public, less than \$5, and is a healthy meal. Could come here for breakfast, lunch, and dinner. Really great program. It's great cost and great food, and needs more publicity.
- The gym is \$25 a month and they offer some free exercise classes.
- People don't know about these things. They only heard about Fit Plate at the Diabetic Class.

**13. After everything we have discussed, what do you see as the three most critical health issues in your community?**

- Dialysis. Have to get past the issues. There are too many people that need it to keep ignoring it. This should be a #1 goal and priority. It isn't a new problem.
- Pediatrics.
- Rheumatologist- arthritis doctor.
- Better way to advertise what this hospital does. Put pamphlets in mailboxes, courthouse, radio, pharmacy, to police officers, etc.
- Drug rehab and substance abuse.

**14. Do you have any additional comments in regards to the health care in your community?**

- No additional comments were made

## **Appendix E Continued: Focus Group Responses**

### **Group 3 (Focus on Over 65 Population)**

Howard Memorial Hospital

Focus Group: May 15, 2018 @ 10:00 a.m.

Primary participants: Adults over 65 years of age

**KEY:** HC=Howard County; HMH=Howard Memorial Hospital

**1. What do you think are the most significant health care needs in Howard County today?**

- A lot of people over 65 need health care and use the system.
- Dieticians for diabetics are helpful.
- A liver doctor in our area- hepatologist.
- A dialysis unit closer to Nashville.
- Getting specialists, but that is probably hard to do.
- A portable stress test with treadmill and nuclear imaging.
- Improve bedside manner.
- On-staff pediatrician and OB/GYN.

**2. What health care needs are not being met in your community today?**

- If there are needs that can't be met here; you get flown out.

**a. What are the mental or behavioral health care needs in your community? Do you feel these needs are being met?**

- We do; we have a mental health unit with counselors, they do pretty good. But the geriatric unit it is geared for someone who doesn't work and it is mostly group therapy. Wish it was more 1-on-1.

**3. What do you think could be done to better address the health care needs of the people in your community?**

- Have days where doctors go to other towns.
- It would be nice to have a doctor in our town about one day a week for emergencies in Dierks. Then we wouldn't have to drive as far.
- Have nurses that are good, don't just hire them because they graduated.

**4. What health care needs does Howard Memorial Hospital need to address?**

- FROG- fitness reaching older generations; it helps tremendously.
- They've helped recruit young doctors and nurse practitioners.
- PT is good, don't have to go to Texarkana anymore.
- Changes can't happen quick, have to happen step by step.
- Be more careful with the patients.
- Overall good perceptions of the new doctors and services.

5. **Do you think people in your community are fully aware of the local healthcare services that are available to them? If not, why not?**
  - All said no.
  - Have never heard of FROG except one person.
  - Until you've been through something, you don't know.
  - Things that happen at HMH are not advertised.
  - I'm not really sure.
  
6. **What services, other than specialties, do you think Howard Memorial should offer?**
  - Educational programs and workshops to learn more from someone who knows more than us (maybe one about Parkinson's).
  - Plan something for the same day every month, so people could remember to go, especially for the older people.
  - Announce events on radio station and newspaper.
  - Have workshops in other little towns, like Dierks, not just in Nashville.
  
7. **Do you have a local physician? (Introduce as question that will help the hospital understand people's assets vs needs.)**
  - 9 out of 9 said yes.
  
8. **For what services are residents being referred out of town?**
  - Specialists- hematologist, cardiologist, liver, dialysis, eye for retina problems, orthopedics, kidney stones (lithotripsy machine), mammograms.
  - The equipment is getting better.
  - 4 out of 9 said they have to go out of town.
  
9. **What population(s) do you think is underserved? (Ex. Minorities, young mothers, etc.)**
  - Probably none- everyone agreed.
  - If someone wants services, they are available.
  
10. **Have you or someone you know had difficulty obtaining health care services in the past few years?**
  - One person said "We've been there before"- talking about being referred to the wrong doctors in Little Rock; Eye doctor was the one to finally send me to the hematologist.
    - a. **If yes, what were the challenges preventing you, or the people you know, from getting the health care services needed?**
      - See question 10.
    - b. **Did it have to do with access to a physician?**
      - The right physicians, yes.



**11. What do you think prevents patients from getting the health care they need?**

- See question 10.
- a. Is it difficult to communicate with healthcare providers?**
  - No.
  - Sometimes it's not that the patients doesn't understand, it's just slow-coming.

**b. Are you able to read and understand health information that your provider gives you?**

- Sometimes, you have to call back to get results.
- Written copies are better. Sometimes it's hard to understand and remember what they said verbally.
- Not necessarily a problem at this hospital.

**c. Is it because of cost concerns or lack of insurance?**

- Money can be a problem, this probably prevents them from seeking services.
- Absolutely.
- If they need health care, they are going to get it.

**12. Studies show that a healthy diet and at least 30 minutes of exercise a day help with weight loss, stress, lowering blood pressure and cholesterol as well as improving overall health. How effectively is Howard Memorial addressing these issues?**

- Good home health services around town.
- I think we know it, we just don't do it. They tell us, but we don't do it.
- We have a good PT and OT rehab.
- Do we have a nutritionist?
- Long time ago, we had a dietician who helped with my husband's diet when he was diagnosed with diabetes.
- The knowledge is missing about what foods are really healthy. Need more public education because people think they're doing better than they are. Have someone sit down and explain things like why corn and potatoes are carbs not vegetables.
- Anyone can eat well-balanced meal from the hospital.

**13. Do you know someone that would have benefitted from geriatric behavioral health services? (Older adults: Ex. Sleep problems, dementia, depression, anxiety.)**

- Probably.
- I benefitted from the bereavement group after my husband died, the first group ever. It was really helpful.

**14. After everything we have discussed, what do you see as the three most critical health issues in your community?**

- Specialists; many come but not all.

- Emergency room is good, especially for those without a doctor; it's good that the ER refers you to somewhere else if they can't help you. They don't try to do something they aren't qualified for.
- Portable stress test lab.

**15. Do you have any additional comments in regards to the health care in your community?**

- We give the hospital an A+!
- The new hospital is adding better equipment as fast as they can afford it; I'm pleased with this hospital.
- I think they are doing a good job.
- The doctors are great.
- Paper and radio promotes the hospital.
- Always treat you with a smile.
- It's hard to bad-mouth this hospital. You can't beat it. All the way from administration to nurses, it's excellent. Especially for this size town.
- You feel well-loved, it is your hometown, and they care. The doctors show a lot of compassion.
- They've done such a good job getting the specialists to come here.
- Even though you have to go out of town for some specialists, it is part of living in a small town, and HMH always send you to the best. You can come here in between specialist visits for checkups.
- When you come in, everything is in order and professional.
- Can our hospital do organ harvesting for people that are organ donors?
- It is special to have a doctor that prays with you.
- Howard Memorial has done a terrific job, so much more than we used to have.
- Satisfied with new hospital; more doctors, cleaner, and better technology

## **Appendix E: Focus Group Responses**

### **Group 4 (Focus on Public Health and Education)**

Howard Memorial Hospital

Focus Group: May 15, 2018 @ 1:30p.m.

Primary Focus: Public Health & Education

**KEY:** HC= Howard County; HMH= Howard Memorial Hospital

- 1. What do you think are the most significant health care needs in Howard County today?**
  - The need for dialysis closer to home. Especially in bad weather.
  - Non-geriatric mental health. Counseling, for patient and family. This is a big need in our society.
  - Labor and delivery, and pediatrics.
- 2. What health care needs are not being met in your community today?**
  - Anything orthopedic you have to go out of town for, to Texarkana or Little Rock.
  - Cardiology. They attended to my husband and did a good job starting his care but then my husband had to be send somewhere because there's no cardiologist on staff.
    - a. What are the mental or behavioral health care needs in your community? Do you feel these needs are being met?**
      - There's no referral sources. Even if a doctor recognizes mental illness, there is nowhere to send them.
- 3. What are the challenges preventing these mental or behavioral health needs from being met?**
  - A lot of it is volume. Patient-based or population-based. It's just a rural problem.
- 4. What do you think could be done to better address the health care needs of the people in your community?**
  - Part of it is just education for our patients. The community doesn't always share information like it should.
  - The hospital magazine could be better.
  - Drug abuse is very high and there aren't many programs to help them. Especially for the younger population.
  - Advertisement. Hospital has gotten better in last three years, but still has more to go. Public has some responsibility for that too though.

5. **What health care needs does Howard Memorial Hospital need to address?**
- Mental health would be great, labor and delivery, other types of specialists despite the population being low.
6. **Do you think people in your community are fully aware of the local healthcare services that are available to them? If not, why not?**
- No.
  - If you don't come to the hospital, no.
  - People only come here when they're sick, so they only know what they've been to.
  - Most people don't know what's available, but that's not uncommon to any area. It isn't a special problem here.
  - There is a lack of resources to be able to communicate better. They attempt to advertise- billboards and newspaper- but are unsuccessful. Social media might help.
7. **What services, other than specialties, do you think Howard Memorial should offer?**
- Transportation would be nice. Many patients can't afford or don't have any transportation to be able to get care.
  - Would seek health care if they had a way to get here.
  - An after-hours clinic. Some have tried, but were unsuccessful. It was nice when they offered so that people didn't have to go to the ER and the ER wouldn't be so full.
  - Nurse practitioners- people don't understand them, say "I want a doctor, not a nurse." Need more education on what they are.
  - More programs focused on specific illness. They have the Diabetes Class, but need more- like hypertension and such. They have good attendance.
  - Class for family members that are caregivers for elderly parents, to learn taking care of others. And for the older person to learn to take care of themselves.
8. **For what services are residents being referred out of town?**
- Pregnancy, labor and delivery.
  - Cardiology- though one rotates here, will have to go somewhere else first (Hot Springs or Little Rock) because this hospital isn't equipped to do anything other than stabilize and transport you.
  - Endocrinology.
  - ENT.
  - Any fine specialties. We are critical access and family care mostly. We have two great surgeons though.
  - Broken bones.
9. **What population(s) do you think is underserved? (Ex. Minorities, young mothers, etc.)**
- Infant/children.
  - Pregnant women. Didn't know there was a pediatric doctor on rotation. All nearby pediatric clinics are very full already, so there is a need and they would have business here.

- But there are always some people that will go somewhere else no matter how good Howard Memorial is.

**10. Do you think the people in Howard County have difficulty obtaining health care services?**

- Not in Nashville, but people in North Howard County would probably say yes. That's 50 miles away. Transportation may be hard for them as well.

**11. What do you think prevents patients from getting the health care they need?**

- Transportation.
- Money or insurance.
- Education- people don't know their options or don't understand what requires a specialist. Don't know how to take care of things and make problems better. Don't know how much it costs, so they're scared to go at all.

**a. Is it difficult to communicate with healthcare providers?**

- For many people in this community, yes.

**b. Are you able to read and understand health information that your provider gives you?**

- A normal person, that doesn't know the lingo, would not understand. Even professionals have trouble sometimes.

**c. Is it because of cost concerns or lack of insurance?**

- See Question 11.

**12. Studies show that a healthy diet and at least 30 minutes of exercise a day help with weight loss, stress, lowering blood pressure and cholesterol as well as improving overall health. How effectively is Howard Memorial addressing these issues?**

- Offer Get Fit meal in cafeteria.
- Treadmill, pool, and gym is available to the public at a reasonable price.
- The hospital really tries to help. They have incentive programs, like the Tyson plant workers have the option to take \$5 out of the paycheck each week to pay for gym membership. By helping with that, you work towards all the problems in the question.
- Hometown Health Coalition.

**13. After everything we have discussed, what do you see as the three most critical health issues in your community?**

- Lack of awareness of services available. Not a health issue, but a big issue. Should use more social media platforms so younger people are aware.
- Mental health issues. Suicide attempts and prevention need to be addressed.
- Drug and alcohol abuse prevention.
- Labor and delivery, and broken bones could be done here. Hard to ride in a car for an hour when you're in labor.

- Transportation issue to get people here.

**14. Do you have any additional comments in regards to the health care in your community?**

- Love my doctor.
- Good comments from outside Nashville about experiences, especially for surgeries. A friend from DeQueen likes the outreach they are doing there.
- Doctors are very helpful and knowledgeable. They care about their patients and you get great care.
- Wound care, especially for the diabetic. This service would be really helpful here. Have some types, but only know which ones if you have needed them.
- Good PT department.
- For this size, this is a great hospital with great staff.