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HOWARD MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT



Provided by:
The Center for Community Engagement
Arkansas State University



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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 recent Internal Revenue Service requirements, Howard Memorial Hospital began discussions in August of 2014 with the Center for Community Engagement at Arkansas State University to conduct a Community Health Needs Assessment (CHNA). This report presents the process and results of the CHNA.

Section A: CHNA Process & Timeline

In August of 2014, 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 2015 budget. The estimate included a number of options for methods that could be used for the CHNA. In December of 2014, arrangements were made for a conference call with their Task Force responsible for the CHNA to be held in early January 2015 to agree on the strategies used in the CHNA. Howard Memorial also provided CCE with an updated report of their 2014 Strategic Goals (reflecting progress toward the goals) and the new 2015 Strategic Goals.

In January 2015, CCE provided a preliminary demographic and health profiles report for Howard County, with supplemental information on surrounding counties, based on secondary data collection from varying websites. A final version was sent to Howard Memorial in February of 2015. 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 2015, 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 sent earlier). The focus groups 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, larger hospitals located in larger cities within a 45- to 90-minute drive from Nashville.

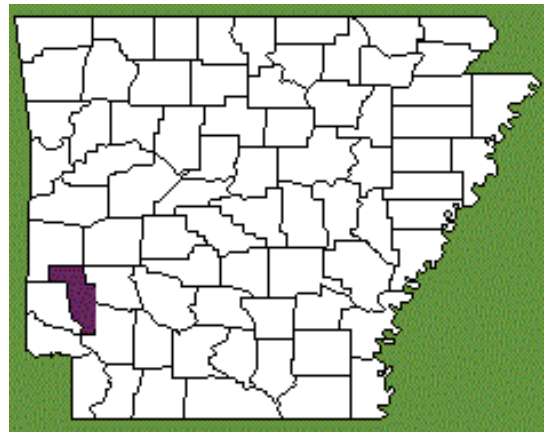
Based on the demographics of Howard County, it was thought that multiple focus groups would be optimal to capture varying populations. Thus, based partly on the recommendation of CCE (from the demographic profile), Howard Memorial created 4 different groups: (1) a group in which the majority membership 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.” Also in March, Howard Memorial sent back their preferred focus-group

questions and information on what focus groups would be developed. It was agreed that the focus groups would take place in early April of 2015.

In April of 2015, the hospital gathered 4 focus groups that reflected much of the diversity in the county (primarily from Nashville, Arkansas, where the hospital is located). Members of the health care community also were represented in a focus group. Focus group members were given \$25 gift cards to acknowledge their time and effort to participate. Two staff members from the Center for Community Engagement at Arkansas State University conducted focus group interviews across 2 days in the hospital. The focus-group member demographics are presented in Appendix C. The focus group questions are presented in Appendix D. It should be noted that, as is normal during focus groups, the questions were asked in an interactive context, so that addressing the questions may not have occurred in exactly the same fashion in each group.

Section B: Demographic Profile of Howard County

Located in rural Southwest Arkansas, **Howard County** has an estimated population of 13,581 residents spread across about 600 square miles. Of those residents, approximately 1/4 are under the age of 18 (26%), 16% are over the age of 65, and 51% are female¹. Howard County is somewhat more diverse in race and ethnicity than the state of Arkansas (see Appendix A, Table 1). The majority of the county's residents are White (76%), 21% are Black or African American, and 11% are Hispanic or Latino². Although English is the primary language spoken in the county's estimated 5,208 households (88%), Spanish is spoken in 1 out of every 10 Howard County households (10%).³



The majority of Howard County households are made up of families (71%), with 32% of households including children under the age of 18. Forty-eight percent of the county's households are married couples and 18% are headed up by a female (with no husband present). Of the county's births within the past few years, about 1/2 of them (55%) are to unmarried women. In addition, of the over 400 grandparents who are living with their own grandchildren, over 1/2 (56%) of them are responsible for the grandchildren, with almost 1/2 of them having been responsible for 3 years or more (49%). Of the 25% of residents who live alone, almost 1/2 are aged 65 or older (49%).⁴

The county is relatively poor and many of its residents are lacking in education. Twenty-three percent of all Howard County residents fall below the poverty level (compared to the state at 19% and the U.S. at 15%). This number increases dramatically for those households that are headed by a female only (46% fall below the poverty level), especially those that have children under the age of 5 (56% fall below the poverty level).⁵ The median household income for Howard County is \$35,879 (compared to \$40,768 for

¹ Census QuickFacts for Howard County, Arkansas

² Ibid

³ American Community Survey: Selected Social Characteristics for Howard County, Arkansas

⁴ Ibid

⁵ American Community Survey: Selected Economic Characteristics for Howard County, Arkansas

the state and \$53,046 for the nation). Almost 1 in 5 households (18%) have an income of less than \$15,000.⁶ Only 76% of the county's residents hold a high school diploma (or equivalent) and only 12% have received a Bachelor's degree or higher⁷ (substantially less than the state [20%] and the U.S. [29%]). In addition, about 2/3 of residents are in the labor force (62%), many of whom either work in Manufacturing (30%), or Educational Services, Health Care, or Social Assistance (20%).⁸

Table 1 in Appendix A provides a brief picture of Howard County. Table 1 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 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—Public and Secondary Data

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 (49th out of 50 states) in the health and well-being of its citizens⁹. Additionally, Arkansas ranks 45th nationally in health outcomes (e.g., poor physical health, premature deaths). As reflected above, Howard County is a poor county within a relatively poor and unhealthy state. Thus, it is important to identify the primary health issues within the service area of Howard Memorial Hospital, especially in the county that serves as its principal region, but many issues are broader than 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.

Summary of Howard County Issues

Tables depicting Howard County's health profile are presented in Appendix B (Tables 3 through 7). (Health Profiles for surrounding counties are shown in Tables 8-12.) The Howard County tables reflect the following key points, in comparison to State and National statistics (which are also shown in the tables in Appendix B):

1. Early prenatal care is lacking for about 1/4 of women.
2. Obesity is high, while physical activity is low. For example, 78% of Howard County adults report being overweight or obese¹⁰.
3. Screening rates are very low, including mammograms, prostate cancer screening, and colorectal exams.
4. Morbidity is high. For example, asthma, diabetes, and cancer (e.g., breast, lung, and prostate) rates are high.
5. Mortality is high for diabetes, cancer, and cardiovascular disease. Life expectancy is 1 year lower than for the State, and 4 years lower than for the nation.

⁶ Ibid

⁷ Census QuickFacts for Howard County, Arkansas

⁸ American Community Survey: Selected Economic Characteristics for Howard County, Arkansas

⁹ United Health Foundation, America's Health Rankings, 2014.

¹⁰ Arkansas Behavioral Health Risk Surveillance Survey Data

Strengths in Howard County are few. It can be said that high blood cholesterol and hypertension rates are lower in Howard County than in both State and National figures, but little else shows lower-than-state morbidity. Thus, the challenges for Howard Memorial Hospital are great.

Section D: Focus Group Data

Demographics of Focus Group Participants

Four focus groups were conducted across two days by Center for Community Engagement employees on-site at Howard Memorial Hospital. The vast majority of participants (43 of 45) were female. The ages ranged from 29 to 82, with 10 individuals being less than 40 years of age, 11 were in their 40s and 50s, and 24 were above age 60. Most participants were Black/African American (22) or White (19); 3 were Hispanic. Nineteen were retired, 7 currently work (or retired from) health care, and the remaining participants worked in varied professions from day-care 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.

As expected, the 4 focus groups yielded a number of health-care concerns in common, as well as unique ones. Both types of concerns are represented below, organized by topic. However, specific and miscellaneous concerns are presented in the reports from each focus group, which are presented in Appendix E.

Significant Health Care Needs

1. One of the most significant health care needs is getting health care information.
 - a. There is a lack of awareness about what health care is available in the hospital and in the community. The information available tends to be from word-of-mouth or the newspaper, both of which are limited in coverage and scope. 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 (e.g., wound care or chemotherapy). The updated 2014 Strategic Goals had a focus on advertising and a Speaker Pool on services, but it appears that segments of the population are missing important information.
 - b. Information about health problems and wellness is needed. The focus groups suggested that health fairs in the community or other informational activities could be used to address community issues as well as the services provided by Howard Memorial. This includes information on how to get care or the doctors they need, information on staying healthy, and parenting information. Diabetes information in particular emerged as a critical need. Although the 2014 updated Strategic Plan includes a strong record of *patient satisfaction*, a message about that positive record does not appear to be getting out into the community.
 - c. Information about the quality of the hospital is needed. The focus groups generally agreed (with a few exceptions) that the hospital does a great job (e.g., one person stated “The hospital has done a fantastic job...People need to know you can get A-1 care

at [Howard Memorial Hospital]...”) but there is a perception in the community that the care received is less than ideal.

2. It was suggested that the Hispanic community is intimidated, and is not coming to the hospital because of language barriers and the lack of a translator.
3. Mental health needs are “huge.”
4. Transportation is a continual issue.
5. Specific specialties or services were suggested as significant needs, especially a pediatrician and a podiatrist, and the provision of dialysis.

Addressing Health Care Needs

Two questions focused on addressing health care needs, 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 on health. Health fairs again came up as a mechanism to provide that information in the community, as did community meetings or working with schools and churches.
2. Other health facilities provide community services (e.g., a van from St. Michael’s comes once a month) that Howard Memorial should provide.
3. Specialists are wanted, especially a pediatrician, although others would be welcome (e.g., allergist).
4. A walk-in clinic should be developed for minor issues and screenings.

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. Information tends to be spread through word-of-mouth.
2. There need to be different forms of advertising and sources of information.
3. People automatically go out of town for services, sometimes based on what employers suggest.

It should be noted that many participants did not know that some specialists do come weekly or monthly (based on 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. It should be noted that dialysis in particular generated many comments and suggestions that can be seen in Appendix E.

- | | |
|----------------------|---------------------------|
| 1. Pediatrician | 5. Eating-healthy classes |
| 2. Cardiologist | 6. Dialysis |
| 3. Podiatrist | 7. Prosthetics |
| 4. Parenting classes | 8. Maternity care |

Services Referred Out of Town

Participants were asked for what services residents were referred out of town. The following represent their responses.

- | | |
|--|---|
| 1. Surgery | 14. Pain specialist |
| 2. Steroid shots (and knee injections) | 15. Eye doctor |
| 3. Pediatrician | 16. Dentist (including pediatric dentist) |
| 4. Allergy specialist | 17. Endocrinologist |
| 5. Nurse practitioner | 18. OB/GYN |
| 6. Cardiologist | 19. Fertility doctor |
| 7. Gastroenterologist | 20. Back doctor |
| 8. Podiatry | 21. Pap smear |
| 9. Orthopedic | 22. Pacemaker |
| 10. Hip replacement | 23. Neurologist |
| 11. Radiation | 24. Breast cancer |
| 12. Oncologist | 25. Dermatologist |
| 13. Dialysis | |

Underserved Populations

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

1. People with no health care.
2. Young parents, young mothers.
3. Hispanic population.

Difficulties in Obtaining Health Care Services

All groups had participants who said that they or someone they know had difficulty obtaining health-care services. They were then asked 'why' and were also asked a follow-up question on whether it had to do with 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 transportation or driving time.
3. Lack of services in the community.
4. Lack of wellness services to identify issues.

What Prevents People from Getting the Health Care They Need?

A general question and follow up questions (see Appendix D and Appendix E for specifics) were asked to identify why people are not getting their health care needs met. The following represent a summary of common answers.

1. Fear, issues of trust.
2. Lack of money or information about insurance.
3. Difficulty scheduling or making appointments with physicians.
4. Lack of understanding about health issues at the end of visits with a doctor.
5. Lack of diagnoses or wrong diagnoses from Howard Memorial.

The Most Critical Issues

In addition to asking about the “3 most critical health issues” in the community, focusing on concerns or missing elements, two groups were asked to identify strengths as well. Below, common concerns and needs are presented, as well as the strengths that exist (detailed responses are presented in Appendix E). Many of these issues reflect issues discussed above.

Concerns and needs

1. The need for specialists of many kinds (listed in each group’s notes in Appendix E).
2. Communication of information and public awareness in schools and community.
3. Being able to see a doctor in a timely manner.
4. Dialysis.
5. Prenatal and baby care, pediatrician, parenting classes.
6. Customer service (e.g., translator, patient care representative).

Strengths

1. Howard Memorial has improved its customer service.
2. Billing services are positive.
3. Diabetes classes are being held at the local college.
4. More specialists are coming to Howard Memorial.

Individual Group Questions

Two groups were asked special questions. One group was composed of primarily minority (African American and Hispanic) participants, and was asked if there was racial discrimination in health-service provision. Virtually everyone in the group said that they have not experienced differential treatment as a function of race. A group of primarily elderly participants indicated that geriatric behavioral health services would be useful, especially for sleep problems, dementia, depression, and anxiety.

Mental Health Questions

Because mental health interacts with physical care and impacts the overall well-being of the population, we asked about behavioral health needs within the community. The response by all groups was that the needs are large and significant, especially among children. However, it was clear that a separate agency is tasked and appears to be overwhelmed with addressing those needs. The complete focus-group responses are given in Appendix F. Mental health appears to represent a major gap in health care in Howard County. Whether this is within the purview of the hospital to address is a separate issue.

Focus Group Final Comments

The following comments 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. Howard Memorial does a great job; improvements have been made.
2. More public awareness and public relations are needed (of many kinds).

Section E: Summary

As observers from the outside, the data CCE have collated and presented in this report illustrate at least 6 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 and is not available in Howard County. For example, even within focus groups one person might mention some form of treatment available at Howard Memorial and another participant would react by saying the equivalent of 'I didn't know that was available here.' Some suggestions were made by the groups for how to get information out to the public, but this may need additional follow-up.
2. The people living in Howard County want to stay home in Howard County for health care. The senior citizen communities, young mothers, workers injured on the job, and cancer patients were all represented (in person or by proxy) within the focus groups and all said the same thing—Howard Memorial should offer them more by way of services or, apparently, insurance.
3. Dialysis and pediatric care were two issues that came up regularly and strongly (in fact, one participant joined the focus group explicitly to push for dialysis). These two issues, 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). Concerns about expectant and young mothers abound throughout the focus group conversations.
4. The Health Profiles show that public health outreach would be helpful (e.g., because of the high obesity rates and low screening rates), although it may not be within the purview of the hospital. Similarly, the focus groups echoed a theme of the educational and screening needs for community outreach, from school-age children to senior citizens, whether through health fairs or some other mechanism.
5. Having options for immediate medical service care was mentioned repeatedly as a need in Howard County. Many individuals expressed a frustration of not having a type of 'walk-in' clinic available to provide accessible and affordable care for basic needs, such as routine vaccinations, evaluation of cold and flu symptoms, and treatment for less severe physical injuries. One participant commented that unless she wanted to endure the ER at Howard Memorial Hospital, her only option was to try and get in to see her local physician, and by the time she could be seen by her doctor (which could take weeks), she wasn't sick anymore.
6. Although discussed only a few times within the groups, the importance of a translator for and outreach into the Hispanic population are important (and appear to be lacking) now, and will likely become more important in the next few years.

Looking at the first topics spontaneously brought up in each focus group as reflections of their most important concerns, one point is clear: 3 of the 4 groups (all except the 'over 65' group) started with some form of educational issue, either awareness of what services are available (2 groups) or educational outreach into the public about health issues (1 group) as the most critical health care need. The implication of that may be significant, because, in addition to an expressed need for specialists and some services, the groups are emphasizing that Howard Memorial Hospital is especially lacking in outreach. How this is combined with the issues in the health profile is a challenge for the hospital in the future.

Section F: Priority List

Below is a prioritized list of identified needs from the Focus Groups.

1. Dialysis
2. Clinical Psychologist/Psychiatrist
3. Long Range IP Behavioral Health (PHS) Research
4. Dermatology
5. Pain Clinic
6. Allergist/Allergy Clinic
7. Translation Services
8. Strategic Marketing Plan
9. Walk-in Clinic/After Hours
10. Genetic Testing Research

Section G: Plan of Action

Below is a plan of action for the prioritized list of identified needs from the Focus Groups.

1. Dialysis

Hemodialysis was ranked number one on the prioritized list of healthcare needs identified through responses from the focus group meetings.

Howard Memorial Hospital closed its dialysis services over twenty years ago due to no longer being able to meet the medical director requirements for this service. Since the closure of the unit, patients have had to travel either to Hope, Arkansas, which is a thirty-minute drive from Nashville or to Texarkana, Texas, which is an hour's drive from Nashville. Neither of these choices is convenient for patients needing dialysis treatments.

Howard Memorial Hospital moved to its newly constructed hospital in July 2009. The entire space within the hospital was built for the right-size for the services that were currently being offered. Due to the shortage of funds, the outpatient Rehab Services was constructed in a separate medical office building next door to the hospital. There is no space available within the hospital for dialysis services.

Since access to care has been a major goal in HMH's strategic plan for the past two years, it was critical to construct office space for the recruitment of physicians to Nashville to maintain access to primary care. To achieve this goal, HMH's Foundation constructed a medical office building to accommodate three providers. A local physician wanted to relocate his office to the hospital's campus to expand his practice to include hiring a nurse practitioner.

HMH has struggled to recruit family medicine physicians to the community but was successful in recruiting one using the J1 visa waiver. This physician began practicing in January 2015.

Since recruiting physicians was a priority for this area which is considered medically underserved and one community within Howard County being designated as a Healthcare Professional Shortage Area, the decision was made to begin construction of another medical office building to accommodate up to four providers and to offer outpatient Pulmonary and Cardiac Rehab Services. The requirement for direct supervision could not be achieved within the hospital for this service because there was no physician available to do so. Completion of this construction project is anticipated for July 2015. Another recruited physician is scheduled to begin practice, which will provide direct supervision for the outpatient Pulmonary and Cardiac Rehab Services, scheduled to open in September 2015. There is another physician under contract to begin practicing August 2016.

In addition to this construction project, another need identified was behavioral healthcare. To address this need, HMH partnered with Pioneer Health for assistance with implementing and operating an outpatient geriatric behavioral health program and researched the remodeling of an existing office building for this service, which was going to cost more than to construct a new building, so the decision was made to build a new one. Compass, the outpatient geriatric behavioral health program, is scheduled to begin accepting patients August 2015.

Between physician recruitment and construction of facilities, HMH, a critical access hospital, has not had the financial resources to implement dialysis services but in keeping with our mission, ***"Improving the Health of the Communities We Serve"*** it is a priority to bring dialysis services to the community. This goal was added to 2016 fiscal year corporate goals for the Strategic Plan. Because dialysis was the number one priority in the CHNA and it has been included in the 2016 corporate goals, the decision was made to begin pursuing options before the beginning of the new fiscal year October 1st.

Since both of the outpatient dialysis units located in Hope and Texarkana are owned and operated by DaVita Corporation, the CEO contacted the regional representative to discuss the possibility of DaVita operating a unit in Nashville to make it more convenient for the patients who live in HMM's service area. The regional manager has agreed to visit HMM's campus to discuss the options available through DaVita. HMM does not have a nephrologist on staff but with DaVita's presence in the region, hopefully, filling the medical director role would not pose a problem for them since HMM does not have the ability to recruit a nephrologist.

2. Clinical Psychologist/Psychiatrist

To address mental health needs in the community, as identified in the focus group meetings, HMM will ask the psychiatrist medical director for the Compass Geriatric Behavioral Health Program, scheduled to open August 2015, if he would be interested in opening a satellite clinic in Nashville. The only behavioral health services currently available are those provided by the Southwest Arkansas Counseling and Mental Health Center which is why this need was ranked number two on the prioritized list of community healthcare needs. There are no psychologists or psychiatrists practicing in Nashville or its surrounding communities.

The long-term goal is to recruit a full-time clinical psychologist in the summer of 2017 to work at the Howard Memorial Clinics located at 110 Medical Circle. This office building should be completed in July 2015 making an office space available for a full-time clinical psychologist. HMM's CEO has already discussed this need with the recruiter at the University of Arkansas for Medical Sciences in Little Rock to assist with contacting students who will complete the program in the summer of 2017.

Due to limited financial resources, HMM cannot afford to recruit a clinical psychologist simultaneously with the recruitment, employment and expenses to establish a practice for three family medicine physicians which is a priority to address limited access to primary care in the communities HMM serves.

3. Long Range IP Behavioral Health (PHS) Research

The focus group for adults over 65 years of age identified the need for Geriatric Behavioral Health Services. Furthermore, this focus group unanimously responded that each participant knew someone who would have benefitted from Geriatric Behavioral Health Services.

Health issues identified by this focus group include:

- Sleeping problems
- Dementia
- Depression and
- Anxiety

Focus group consisting of Public Health and Education professionals identified a significant need for Adult Behavioral Health Services. In fact, each of the four focus groups (Minority, Grandparents and Female Head of Household, Over 65 Population, and Public Health and Education professionals) identified Mental or Behavioral Health as a need in the community. Researching the feasibility for developing an Inpatient Behavioral Health Unit is identified as a needed action item in response to our Community Health Needs Assessment. Opening an Inpatient Behavioral Health Unit would be considered a long-range goal for Howard Memorial Hospital. The construction plans for the newly constructed hospital (July 2009 opening date) initially included 25 beds, instead of the current 20 beds. Bed capacity in the hospital's current location was reduced by five beds to the current 20 bed capacity due to the

cost to construct. Therefore, research will need to include the cost to construct five licensed patient rooms. Given the anticipated financial investment to construct five licensed patient rooms, Pioneer Health Systems (PHS) will be contacted to assist with research on the feasibility for developing an Inpatient Behavioral Health program in Nashville. Completed projections should incorporate volume, age group of admitted patients, reimbursement, operating expenses, and cost to construct. The financial projection will be reviewed with Howard Memorial Hospital's financial audit firm. Target date for completion of this feasibility study is June 2016.

4. Dermatology

The need for dermatology services was ranked number four out of ten on the CHNA prioritized list based on the number of times responses from the focus group attendees made this request. In 2014, a dermatologist had indicated an interest in having a satellite clinic in Nashville but unfortunately, the day of the week he was available to come, the Specialty Clinic was already booked by an OB/GYN but with the opening of the new medical office building scheduled for July 2015, it made his being able to provide a satellite clinic on Tuesdays an option since only one of the four clinics will be occupied upon opening. Prior to 2014, two other dermatologists with Arkansas license had been contacted by the CEO but declined the opportunity. This physician has already been contacted and is still interested in coming to Nashville and is talking to his partners for permission to do so.

The recruitment of a dermatologist has been identified as a need for the past three years but the CEO has not been successful in recruiting because the dermatologists who work in Texarkana, Texas, which is the nearest community with these specialists, either do not hold an Arkansas medical license or the ones who do, indicated it was not an option to conduct another satellite clinic.

HMH will no longer have space limitations for specialty physicians with the opening of the new medical office building so the goal of recruiting a dermatologist has been added to the 2016 corporate goals in the Strategic Plan. HMH cannot recruit a full-time dermatologist.

5. Pain Clinic

The need for a pain specialist ranked 5th in the Community Health Needs Assessment prioritized list based on the number of times responses from the focus group attendees made this request or acknowledgement. Howard Memorial Hospital (HMH) is not currently providing these services, but does have vacancies in the specialty clinic schedule to possibly accommodate for a pain specialist. HMH will explore options to implement providing the services of a pain specialist. These services will help improve patient satisfaction and assist patients from long distance traveling to meet their needs for treatment by a pain specialist.

6. Allergist/Allergy Clinic

The need for an allergic clinic was ranked number six (6) on the prioritized list of healthcare needs identified through responses from the CHNA focus group meetings. Howard Memorial will research the staff and equipment necessary to provide allergy testing and treatment as well as any financial implications. HMH staff will explore the possibility of providing the service via an allergy technician under the supervision of an employed physician or reach out to nearby allergists that might be willing to provide testing in our specialty clinic. HMH would propose that the allergist perform testing in our specialty clinic 1 day/ week with hospital nursing staff providing treatment via routine injections. HMH will reach out to allergists within driving distance of Nashville, Arkansas including an allergist in Hot Springs, AR and an allergist who

conducts a clinic in Arkadelphia to assess their willingness to engage in such an arrangement. Researching the feasibility of providing an allergy testing and treatment clinic will also be incorporated into the HMH 2016 corporate goals.

7. Translation Services

The need for translation services ranked #7 in the CHNA prioritized list based on the number of times responses from the focus group attendees made this request or acknowledgement. Howard Memorial Hospital currently has the ability to communicate through translation services via telephone offered by the vendor Pacific Interpreters. Howard Memorial Hospital (HMH) will explore options to implement upgraded translation services with use of other technological devices. These services will help improve patient satisfaction and patient engagement with the Hispanic population and persons in the community that do not speak English. HMH will explore options with the current vendor that provides these services and will aim to implement in the end of the 1st quarter and will add to operating budget for FY 2016.

8. Strategic Marketing Plan

Strategic Marketing Plan/Awareness was ranked number eight on the prioritized list of healthcare needs identified through responses from the focus group meetings. Howard Memorial Hospital has worked very diligently during 2014 to improve the awareness of services provided at HMH to the communities it serves. The hospital entered into a contract with Legato Healthcare Marketing of Wisconsin to assist in a Strategic Marketing Plan. During the past year and a half, the hospital has spent \$172,497 to inform the area of all the services (current and new) but during the CHNA focus group meetings; a lot of the items mentioned HMH does have available. Going forward HMH is going to implement a Community Town Hall that will be held bi-annually to give a "State of the Hospital" update regarding financials, quality and services.

9. Walk-in Clinic/After Hours

The need for a walk-in clinic or After Hours Clinic was ranked number nine out of ten on the CHNA prioritized list based on the number of times responses from the focus group attendees made this request. Currently, we only have one employed physician at HMH and have been unable to offer this service; the existing physicians prefer to not offer extended hours, etc. In 2015, we have a new physician who began practice in January with another physician beginning his practice in August 2015 and another physician under contract who will begin her practice in 2016. With these three employed physicians, HMH will research the ability to offer extended hours for those non-emergent patient needs.

10. Genetic Testing Research

Howard Memorial Hospital currently offers DNA Paternity Testing as a send-out at this time. An HMH Laboratory tech collects the specimen and sends it to a reference lab. The Laboratory Director has reached out to see about offering more DNA/Genetic Testing by sending specimens to the reference labs. Cost prohibits in house genetic testing due to "Clean Room" requirements and expensive equipment necessary for in house reporting.

The following will be researched more extensively in 2016 if the needs justify this service:

- Laboratory equipment requirements and costs
- Laboratory space requirements and construction necessities/cost

- Testing protocols
- Additional staffing needs
- Reference Lab requirements/cost
- Types of testing our facility would be interested in providing
- Reimbursement rates by insurance/fee schedule
- Determine physician interest and provide education on types genetic testing HMH could offer
- Research what steps are taken after tests are resulted
- Research community needs to determine if they justify the cost
- Research potential expansion of revenue based on genetic testing results (Will there be potential services provided based on results of tests?)

Utilization of a Reference Lab for Genetic Testing is the most cost effective method identified in preliminary research. The Laboratory Director will determine the capability of increasing types of Genetic Testing HMH could potentially offer. Currently, HMH does not have a specialized physician on staff that would be responsible for ordering genetic testing. The only specialist that would be ordering genetic tests is the Medical Oncologist that comes to the specialty clinic twice per month. Research of this plan for feasibility will continue during the fiscal year of 2016.

Appendix A: Demographics

Howard County Demographic Profile

Table 1: U.S. Census Demographic Data—Howard County			
	HOWARD COUNTY	ARKANSAS	UNITED STATES
POPULATION¹¹			
<i>Population Estimate</i>	13,581	2,959,373	316,128,839
<i>Persons per sq mile</i>	23.4	56.0	87.4
<i>Persons under 5 years</i>	7.1%	6.5%	6.3%
<i>Persons under 18 years</i>	26.3%	24.0%	23.3%
<i>Persons 65 years & over</i>	16.3%	15.4%	14.1%
<i>Female persons</i>	51.1%	50.9%	50.8%
RACE & LANGUAGE¹² (except where otherwise noted)			
<i>White</i>	75.6%	79.9%	77.7%
<i>Black or African American</i>	21.2%	15.6%	13.2%
<i>Hispanic or Latino</i>	10.6%	6.9%	17.1%
<i>Mexican Origin¹³</i>	8.4%	5.1%	10.7%
<i>Language other than English spoken in the home</i>	12.4%	7.2%	20.7%
<i>Spanish spoken in the home¹⁴</i>	9.7%	5.2%	12.9%
FERTILITY¹⁵			
<i># of women 15-50 years old giving birth in the past year</i>	174	38,668	4,165,860
<i>% of those who were unmarried</i>	54.6%	37.9%	35.4%
HOUSEHOLD COMPOSITION¹⁶			
<i>Total Households</i>	5,208	1,129,723	115,610,216
<i>Family Households</i>	71.1%	67.5%	66.4%
<i>Family Households with children under 18</i>	31.7%	28.5%	29.6%
<i>Married-Couple Family Household with children under 18</i>	16.3%	18.5%	20.0%
<i>Female Householder (no husband present) with children under 18</i>	12.5%	7.8%	7.3%
<i>Persons Living Alone</i>	24.9%	27.7%	27.5%
<i>Aged 65 or Over</i>	12.1%	10.3%	9.8%
<i>Grandparents Living with Grandchildren under 18 years</i>	404	68,659	7,023,620

¹¹ Census QuickFacts

¹² ibid

¹³ American Community Survey Demographic & Housing Estimates

¹⁴ American Community Survey: Selected Social Characteristics

¹⁵ ibid

¹⁶ ibid

Table 1: U.S. Census Demographic Data—Howard County

	HOWARD COUNTY	ARKANSAS	UNITED STATES
<i>% responsible for grandchildren</i>	56.7%	56.4%	38.9%
EDUCATION & EMPLOYMENT¹⁷ (except where otherwise noted)			
<i>High School Graduate or Higher</i>	76.0%	83.7%	86.0%
<i>Bachelor's Degree or Higher</i>	12.0%	20.1%	28.8%
<i>In Labor Force¹⁸</i>	62.3%	59.7%	64.3%
ECONOMICS¹⁹			
<i>Median Household Income</i>	\$35,879	\$40,768	\$53,046
<i>Persons Below the Poverty Level</i>	23.2%	19.2%	15.4%
<i>Families with female householder, no husband present</i>	46.0%	38.4%	30.6%
<i>With related children under 18</i>	54.5%	48.4%	40.0%
<i>With related children under 5 only</i>	56.5%	55.4%	46.9%
<i>Households making less than \$15K</i>	18.1%	17.0%	12.6%

¹⁷ Census Quickfacts

¹⁸ American Community Survey: Selected Economic Characteristics

¹⁹ *ibid*

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 93,000 residents, with Montgomery county the least populated county (9,226 residents) and Hempstead the most populated (22,474 residents). On average, the counties have about 25 people per square mile (much like Howard County). The majority of the residents who live in the area surrounding Howard County are White (ranging from 67% in Pike 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 over 1/4 of Sevier County households (29%), a language other than English is spoken. Much like Howard County, the surrounding area is poor and many residents lack advanced education. For example, the weighted average median household income across all 6 surrounding counties is \$33,788 (the state median income is \$40,768). Poverty rates vary slightly, but all except Little River County have a higher rate of poverty than the state (which is 19%); the county with the most poverty appears to be Hempstead with 27% falling below the poverty line. In education, Sevier County has the lowest high school graduation rate (66%); Polk County has the highest at 85%. Similarly, Sevier has the lowest percentage of residents with at least a Bachelor's degree (9%); Hempstead has the highest with 14% (the state percentage is 20%).²⁰ For much of the area, the percentage of individuals in the labor force is lower than state (60%) and national (64%) rates; Montgomery and Polk Counties appear to have the lowest percentage of people in the labor force, with 48% and 54%, respectively. In the areas surrounding Howard County, the most common jobs are in (a) Educational Services, Health Care, and Social Assistance or (b) Manufacturing.

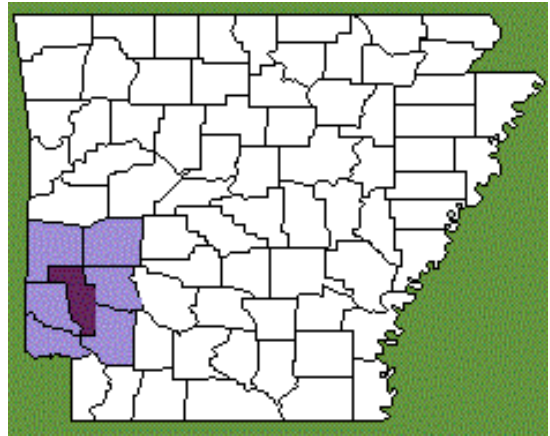


Table 2 below presents the demographic profiles of surrounding counties.

²⁰ All data on the Surrounding Counties came from the Census QuickFacts for Polk, Montgomery, Pike, Hempstead, Little River, & Sevier Counties in Arkansas, as well as select American Community Survey data for each of the Counties.

Surrounding County Demographic Profiles

Table 2: U.S. Census Demographic Data by County								
	COUNTY						ARKANSAS	UNITED STATES
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
POPULATION ²¹								
Population Estimate	20,406	9,226	11,177	22,474	12,730	17,366	2,959,373	316,128,839
Persons per sq mile	24.1	12.2	18.8	31.1	24.7	30.2	56.0	87.4
Persons under 5 years	6.0%	4.4%	6.0%	7.3%	5.2%	8.0%	6.5%	6.3%
Persons under 18 years	23.4%	19.7%	23.6%	26.3%	22.8%	29.1%	24.0%	23.3%
Persons 65 years & over	21.0%	24.8%	17.8%	15.8%	18.6%	13.1%	15.4%	14.1%
Female persons	50.9%	50.0%	50.1%	51.6%	51.0%	50.1%	50.9%	50.8%
RACE & LANGUAGE ²² (except where otherwise noted)								
White	94.7%	95.3%	93.5%	67.2%	76.0%	89.2%	79.9%	77.7%
Black or African American	0.5%	0.6%	3.3%	29.7%	19.8%	4.5%	15.6%	13.2%
Hispanic or Latino	6.2%	3.7%	6.6%	12.5%	3.1%	32.6%	6.9%	17.1%
Mexican Origin ²³	5.2%	3.2%	4.7%	10.7%	2.2%	29.7%	5.1%	10.7%
Language other than English spoken in the home	4.7%	3.8%	5.5%	10.3%	3.0%	28.6%	7.2%	20.7%
Spanish spoken in the home ²⁴	4.1%	3.3%	5.0%	10.2%	2.7%	28.1%	5.2%	12.9%
FERTILITY ²⁵								
# of women 15-50 years old giving birth in the past year	363	84	146	232	131	256	38,668	4,165,860
% of those who were unmarried	25.6%	57.1%	38.4%	36.6%	0.0%	42.2%	37.9%	35.4%

²¹ Census QuickFacts

²² ibid

²³ American Community Survey Demographic & Housing Estimates

²⁴ American Community Survey: Selected Social Characteristics

²⁵ ibid

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

	COUNTY						ARKANSAS	UNITED STATES
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
HOUSEHOLD COMPOSITION ²⁶								
Total Households	8,069	3,873	4,325	8,296	5,315	5,745	1,129,723	115,610,216
Family Households	69.9%	68.0%	73.5%	66.6%	72.3%	72.1%	67.5%	66.4%
Family Households with children under 18	27.6%	19.8%	29.8%	29.4%	27.7%	33.3%	28.5%	29.6%
Married-Couple Family Household with children under 18	17.6%	14.3%	19.8%	16.0%	17.6%	22.9%	18.5%	20.0%
Female Householder (no husband present) with children under 18	6.4%	4.7%	7.2%	10.7%	8.6%	8.0%	7.8%	7.3%
Persons Living Alone	27.3%	27.2%	25.2%	31.0%	25.0%	25.3%	27.7%	27.5%
Aged 65 or Over	14.2%	14.1%	11.9%	12.3%	11.6%	9.5%	10.3%	9.8%
Grandparents Living with Grandchildren under 18 years	466	421	282	735	376	546	68,659	7,023,620
% responsible for grandchildren	73.6%	79.1%	61.7%	58.1%	57.7%	40.8%	56.4%	38.9%
EDUCATION & EMPLOYMENT ²⁷ (except where otherwise noted)								
High School Graduate or Higher	85.1%	82.3%	80.1%	81.7%	83.4%	66.3%	83.7%	86.0%
Bachelor's Degree or Higher	12.3%	12.9%	13.8%	14.1%	10.6%	8.6%	20.1%	28.8%
In Labor Force ²⁸	54.1%	47.8%	56.1%	59.5%	56.6%	60.4%	59.7%	64.3%
ECONOMICS ²⁹								
Median Household Income	\$32,835	\$31,345	\$32,206	\$32,056	\$39,673	\$35,153	\$40,768	\$53,046
Persons Below the Poverty Level	23.1%	22.0%	24.8%	27.4%	14.0%	24.4%	19.2%	15.4%
Families with female householder, no husband present	43.0%	53.4%	44.8%	47.3%	28.1%	36.3%	38.4%	30.6%
With related children under 18	65.9%	69.1%	59.2%	56.1%	36.7%	42.7%	48.4%	40.0%
With related children under 5 only	100%	90.5%	72.7%	63.1%	0%	62.0%	55.4%	46.9%
Households making less than \$15K	19.5%	18.9%	19.1%	23.8%	14.8%	16.4%	17.0%	12.6%

²⁶ ibid

²⁷ Census Quickfacts

²⁸ American Community Survey: Selected Economic Characteristics

²⁹ ibid

Appendix B: Health Profiles

Howard County

Below are secondary and public health data available for Howard County.

Table 3: Early Care Factors	HOWARD COUNTY	ARKANSAS	U.S.
Women with Early Prenatal Care	74.5%	79.0%	83.7% ³⁰
Low Birth Weight	8.3%	9.0%	8.0% ³¹
Pre-Term Births	13.9%	13.3%	11.5% ³²
Children with Age Appropriate Vaccinations	91.0%	86.0%	--

Table 4: Obesity & Related Behaviors	HOWARD COUNTY	ARKANSAS	U.S.
Overweight or Obese Students	43.1%	38.0%	34.5% ³³
Adults Reporting Overweight or Obese	78.1%	67.1%	63.7% ³⁴
Adults Meeting Physical Activity Recommendation	40.2%	47.3%	49.0% ³⁵
Adults Consuming Few Fruits & Vegetables	77.1%	79.6%	76.6% ³⁶

Table 5: Screening & Preventative Care	HOWARD COUNTY	ARKANSAS	U.S.³⁷
No Pap test in the past 3 years*	29.2%	25.2%	18.9%
No Mammogram in the past 2 years**	45.2%	31.3%	24.4%
No Prostate Cancer Screening in past 2 years†	54.5%	42.9%	46.7%
Adults never having Colorectal Exams††	51.5%	39.1%	34.7%

³⁰ March of Dimes Peristats, 2007-2010

³¹ ibid

³² ibid

³³ Ogden, et al. (2014), <http://jama.jamanetwork.com/article.aspx?articleid=1832542> (for children aged 12 to 19)

³⁴ Arkansas Behavioral Health Risk Surveillance Survey Data,
<http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

³⁵ ibid

³⁶ ibid

³⁷ ibid

Table 5:
Screening & Preventative Care

	HOWARD COUNTY	ARKANSAS	U.S. ³⁷
Adults Aged 65 & Older with No Flu Shot in the past year	35.5%	30.4%	32.5%
Adults Aged 65 & Older with No Pneumonia Shot	32.4%	32.7%	31.2%

*For Women aged 18 & Older

**For Women aged 40 & Older

*For Men aged 40 & Older

††For Adults aged 50 & Older

Table 6:
Morbidity

	HOWARD COUNTY	ARKANSAS	U.S.
Adults with Asthma	15.0%	7.8%	9.1% ³⁸
Adults with Diabetes	12.4%	9.6%	8.7% ³⁹
Adults with High Blood Cholesterol	25.5%	38.7%	37.5% ⁴⁰
Adults with Hypertension	23.7%	34.4%	28.7% ⁴¹
Breast Cancer Incidence, per 100,000 women	149.90	108.6 ⁴²	122.8 ⁴³
Colon & Rectum Cancer Incidence, per 100,000	45.40	46.60	43.3 ⁴⁴
Lung & Bronchus Cancer Incidence, per 100,000	88.70	77.80	64.9 ⁴⁵
Adults with Coronary Heart Disease	4.9%	5.1%	4.1% ⁴⁶
Prostate Cancer Incidence, per 100,000 men	168.00	148.90	142.5 ⁴⁷

Table 7:
Mortality

	HOWARD COUNTY	ARKANSAS	U.S.
Diabetes Deaths*	36.98	26.92	23.7 ⁴⁸
Cancer Deaths*	252.51	197.97	173.8 ⁴⁹

³⁸ Arkansas Behavioral Health Risk Surveillance Survey Data, <http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

³⁹ibid

⁴⁰ ibid

⁴¹ ibid

⁴² CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁴³ ibid

⁴⁴ ibid

⁴⁵ ibid

⁴⁶ Arkansas Behavioral Health Risk Surveillance Survey Data, <http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

⁴⁷ CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁴⁸ CDC—National Vitals Statistics Report, http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf (2011)

⁴⁹ CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/cancersbystateandregion.aspx>

Table 7: Mortality

	HOWARD COUNTY	ARKANSAS	U.S.
Breast Cancer Deaths*	27.04	23.40	22.2 ⁵⁰
Lung Cancer Deaths*	74.92	64.32	48.4 ⁵¹
Cardiovascular Disease Deaths*	356.92	298.56	250.0 ⁵²
Premature Death rate [†]	9823.48	9180.36	--
<i>Age-Adjusted Premature Death Rate (<75 Years of Age)</i> ⁵³		449	346
Life Expectancy in years	74.49	75.86	78.9 ⁵⁴

*Age adjusted rate per 100,000

[†]Years of life lost when death occurs before age 75

⁵⁰ CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁵¹ *ibid*

⁵² CDC—National Vitals Statistics Report, http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf (2011)

⁵³ Remington, et al. (2013), http://www.cdc.gov/pcd/issues/2013/13_0210.htm

⁵⁴ Kaiser Family Foundation—Life Expectancy at birth, <http://kff.org/other/state-indicator/life-expectancy/>

Surrounding Counties Health Profiles

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

1. Early care issues (e.g., early prenatal care, low birth weight) tend to be high in the surrounding counties. **Hempstead County** in particular stands out as a critical target.
2. Childhood (and some adult) obesity are major concerns. **Hempstead** and **Sevier** counties present major challenges.
3. Screenings are an issue in virtually all surrounding counties in the extended service area.
4. Morbidity varies dramatically across counties.
5. Deaths due to lung cancer and cardiovascular disease are high in most counties. Cancer and other deaths especially stand out in **Little River** and **Sevier** counties.
6. The premature death rate and low life expectancy stand out in **Polk** and **Little River** counties.

Details are provided in Tables 8 to 12.

Health Profile Tables for Surrounding Counties

Table 8: Early Care Factors

	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%	79.0%	83.7% ⁵⁵
Low Birth Weight	7.3%	9.0%	8.1%	10.8%	9.8%	6.0%	9.0%	8.0% ⁵⁶
Pre-Term Births	12.8%	13.1%	13.4%	16.8%	14.7%	12.1%	13.3%	11.5% ⁵⁷
Children With Age Appropriate Vaccinations	93.0%	95.0%	93.0%	93.0%	91.0%	88.0%	86.0%	--

Table 9: Obesity & Related Behaviors

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Overweight or Obese Students	39.4%	42.3%	37.1%	41.6%	41.6%	45.8%	38.0%	34.5% ⁵⁸
Adults Reporting Overweight or Obese	82.3%	64.2%	66.9%	63.7%	65.7%	86.6%	67.1%	63.7% ⁵⁹
Adults Meeting Physical Activity Recommendation	47.2%	50.3%	40.4%	39.3%	40.5%	42.1%	47.3%	49.0% ⁶⁰
Adults Consuming Few Fruits & Vegetables	73.1%	73.7%	79.4%	81.7%	81.5%	77.2%	79.6%	76.6% ⁶¹

⁵⁵ March of Dimes Peristats, 2007-2010

⁵⁶ ibid

⁵⁷ ibid

⁵⁸ Ogden, et al. (2014), <http://jama.jamanetwork.com/article.aspx?articleid=1832542> (for children aged 12 to 19)

⁵⁹ Arkansas Behavioral Health Risk Surveillance Survey Data, <http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

⁶⁰ ibid

⁶¹ Arkansas Behavioral Health Risk Surveillance Survey Data, <http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

Table 10: Screening & Preventative Care

	COUNTY						Arkansas	U.S. ⁶²
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
No Pap test in the past 3 years*	20.3%	26.9%	25.8%	32.0%	37.5%	18.1%	25.2%	18.9%
No Mammogram in the past 2 years**	40.5%	42.8%	46.9%	33.8%	29.6%	40.4%	31.3%	24.4%
No Prostate Cancer Screening in past 2 years†	58.3%	38.8%	40.3%	46.0%	49.4%	58.8%	42.9%	46.7%
Adults never having Colorectal Exams ††	59.4%	39.9%	53.0%	41.1%	38.0%	50.4%	39.1%	34.7%
<i>Adults Aged 65 & Older with No Flu Shot in the past year</i>	42.6%	30.9%	32.7%	27.7%	28.0%	34.4%	30.4%	32.5%
<i>Adults Aged 65 & Older with No Pneumonia Shot</i>	39.0%	27.6%	29.6%	30.9%	26.8%	28.2%	32.7%	31.2%

*For Women aged 18 & Older

**For Women aged 40 & Older

†For Men aged 40 & Older

††For Adults aged 50 & Older

Table 11: Morbidity

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Adults with Asthma	21.1%	10.6%	5.7%	3.9%	2.6%	14.8%	7.8%	9.1% ⁶³
Adults with Diabetes	7.7%	9.4%	14.2%	9.5%	6.1%	8.6%	9.6%	8.7% ⁶⁴
Adults with High Blood Cholesterol	31.9%	40.1%	29.7%	33.4%	37.6%	30.2%	38.7%	37.5% ⁶⁵
Adults with Hypertension	24.6%	38.4%	30.9%	32.9%	33.2%	23.3%	34.4%	28.7% ⁶⁶

⁶² ibid

⁶³Arkansas Behavioral Health Risk Surveillance Survey Data,
<http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

⁶⁴ibid

⁶⁵ibid

⁶⁶ibid

Table 11: Morbidity

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Breast Cancer Incidence, per 100,000 women	102.9	110.7	112.5	100.3	120.0	95.6	108.6 ⁶⁷	122.8 ⁶⁸
Colon & Rectum Cancer Incidence, per 100,000	49.2	34.7	45.0	44.8	51.1	46.9	46.6	43.3 ⁶⁹
Lung & Bronchus Cancer Incidence, per 100,000	70.3	69.9	93.2	75.2	87.2	70.3	77.8	64.9 ⁷⁰
Adults with Coronary Heart Disease	5.6%	6.0%	4.5%	4.2%	3.5%	4.7%	5.1%	4.1% ⁷¹
Prostate Cancer Incidence, per 100,000 men	92.1	91.2	103.2	138.1	125.3	117.5	148.9	142.5 ⁷²

Table 12: Mortality

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Diabetes Deaths*	24.8	10.8	31.2	25.7	19.1	37.7	26.9	23.7 ⁷³
Cancer Deaths*	197.7	171.3	176.8	211.2	223.7	192.9	198.0	173.8 ⁷⁴
Breast Cancer Deaths*	19.0	13.1	12.5	27.3	32.7	20.7	23.4	22.2 ⁷⁵
Lung Cancer Deaths*	69.3	64.0	70.1	68.6	77.2	62.0	64.3	48.4 ⁷⁶
Cardiovascular Disease Deaths*	364.3	315.2	296.6	395.4	383.8	325.1	298.6	250.0 ⁷⁷

⁶⁷CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁶⁸ibid

⁶⁹ibid

⁷⁰CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁷¹Arkansas Behavioral Health Risk Surveillance Survey Data, <http://www.healthy.arkansas.gov/programsServices/healthStatistics/Brfss/Pages/CountyData.aspx>

⁷²CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁷³CDC—National Vitals Statistics Report, http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf (2011)

⁷⁴CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/cancersbystateandregion.aspx>

⁷⁵CDC—US Cancer Statistics, <http://apps.nccd.cdc.gov/uscs/statevsnational.aspx> (2007-2011)

⁷⁶ibid

⁷⁷CDC—National Vitals Statistics Report, http://www.cdc.gov/nchs/data/nvsr/nvsr63/nvsr63_03.pdf (2011)

Table 12: Mortality

	COUNTY						Arkansas	U.S.
	Polk	Montgomery	Pike	Hempstead	Little River	Sevier		
Premature Death rate [†]	11213.9	9075.5	7637.2	9637.1	10944.9	9407.8	9180.4	--
Age-Adjusted Premature Death Rate (<75 Years of Age) ⁷⁸							449	346
Life Expectancy in years	74.2	75.5	76.3	75.1	73.0	75.7	75.9	78.9 ⁷⁹

*Age adjusted rate per 100,000

[†]Years of life lost when death occurs before age 75

⁷⁸Remington, et al. (2013), http://www.cdc.gov/pcd/issues/2013/13_0210.htm

⁷⁹Kaiser Family Foundation—Life Expectancy at birth, <http://kff.org/other/state-indicator/life-expectancy/>

Appendix C: Focus Group Demographic Details

TABLE 13: Demographics of Focus Group Participants			
Age	Gender	Self-Reported Race	Occupation
Focus Group 1 (N=9)			
32	Female	Black	Office Assistant
58	Female	Black	LPN
37	Female	African-American	Human Resource Clerk III
67	Female	African-American	Retired
70	Female	Black	Retired
74	Female	Black	Retired
72	Female	Black	Retired
82	Female	Black	Retired
61	Male	Hispanic	Orientation Trainer/ Translator
Focus Group 2 (N=11)			
47	Female	White	Post Secondary Education
47	Female	Caucasian	Human Resources Clerk Tyson Foods
51	Female	Black	Clerical
47	Female	Black	Husqvarna
29	Female	White	Self Employed (Bait Shop)
37	Female	Black	Clerk
43	Female	Hispanic	Clerical
51	Female	African	Management
75	Female	African American	Retired
52	Male	White	Elementary Art Teacher
21	Female	Hispanic	Interpreter
Focus Group 3 (N=14)			
44	Female	Black	Cashier
73	Female	Black	Retired
85	Female	White	Retired Teacher
75	Female	White	Retired Registered Nurse (currently volunteer as chairman of free clinic)
79	Female	White	Retired
76	Female	Black	Part time Day Care
68	Female	Caucasian	Registered Nurse

TABLE 13: Demographics of Focus Group Participants

Age	Gender	Self-Reported Race	Occupation
66	Female	Black	Retired
72	Female	Caucasian	Retired Nurse
65	Female		Tyson Foods
72	Female	White	Homemaker
77	Female	White	Retired
68	Female	White	Homemaker & Farm
67	Female	Black	Retired
Focus Group 4 (N=11)			
47	Female	Caucasian	Registered Nurse
36	Female	White	Office Manager/ Home Health Agency
69	Female	White	Retired
75	Female	White	Retired Registered Nurse
30	Female	White	Secretary Nashville Jr. High School
59	Female	White	Administrator
35	Female	African American	Childcare Provider
36	Female	African American	Student/Daycare Worker
77	Female	Black	Retired
36	Female	White	Administrative Specialist at University of Arkansas—Cossatot Community College
67	Female	Black	Retired

Appendix D: Focus Group Questions

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. Are there mental or behavioral health care needs in your community? If yes, 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. After everything we have discussed, what do you see as the three most critical health issues in your community?
13. Do you have any additional comments in regards to the health care in your community?

Specialty Questions

1. Minority 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: (In the context of the questions “Are there mental or behavioral health care needs in your community?” and “If yes, do you feel these needs are being met?”):
 - a. What are the challenges preventing these mental or behavioral health needs from being met?

Appendix E: Focus Group Responses

Group 1 (Focus on Minority Groups)

Howard Memorial Hospital

Focus Group: April 6, 2015 @ 4p.m.

Primary Participants: Minority Groups (Hispanic & 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?

Lack of knowledge about where to go. The community doesn't know some services are actually here. Senior citizens often aren't aware of some of the care and things they can receive at HMH. Suggestions were made to hold health fairs or develop pamphlets with a listing of all the services HMH offers. Many felt it is 'hit or miss' on how they find out what services they can receive at HMH; some get their information via the newspaper (although it was mentioned that not all residents get the paper), one participant noted she knew of an individual going out of town to receive wound care because they didn't know it was offered here. One participant mentioned she only learned of the ability to get chemo at HMH because someone at her church mentioned it to her.

Child (youth) diabetes. The schools have a high rate of diabetes in HC...people need information on why this is happening. This group reported health care information is the biggest need for their community. Many felt that getting into the school system and offering workshops to educate about diabetes would be a good idea, because diabetes is so prevalent in HC. Public relations. HMH was negatively evaluated in the past. People in community don't come here because the hospital has gotten a bad reputation. There needs to be better public relations. The community needs to know that you can get good service here.

It was mentioned several times throughout this group that the only way they hear about what is offered at HMH is through the newspaper (such as wound care being offered here) and they were concerned that a lot of people in the community don't get the paper. So how do they know what is offered? A suggestion was made that more information could be provided at the senior citizen centers as a way to get the word out.

One individual said, "The hospital has done a fantastic job the last few years. People in our community need to know you can get A-1 care at HMH. The people have compassion, there is empathy there, they are efficient, and they do care."

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

Public Awareness. A lack of public awareness of what services are available at HMH was the first response.

Podiatry. A LOT of discussion about the need for the older community to have a Podiatrist in HC. They have to travel to Texarkana and Hot Springs to get their toenails cut, because their doctors have been very strict about them NOT going to a local nail salon. One participant said, "One man comes in every blue moon, so I have to go to Hot Springs to get my toenails cut."

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

More information and advertising. Most feel the senior community need more information.

Other health facilities come to provide community health services—One participant mentioned that the St. Michael's van comes once a month to the senior citizen center and offers the following services for free:

-Check cholesterol

-Diabetes

-blood pressure

This individual then said "It looks like to me that our own hospital could offer something like that."

Wadley Behavioral Health Center in Texarkana comes to town to the senior center and offers clinics on exercise, diabetes, hypertension, heart disease, etc. They provide information about this through the mail. They are provided lunch or snack.

One participant mentioned that there are exercise classes offered at HMM for senior citizens Tues/Thurs and found out about it in the newspaper.

There should be a health fair for children. One participant noted that children today are different and face different health-related challenges such as allergies, diabetes, etc. This person suggested HMM should have a health fair at schools for kids. Once kids are informed they know what to do and what to eat. Kids need to be more informed, as do parents.

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

People want speedy results. There need to be services that are quick (get results quicker) such as mammograms. One woman spoke up and said she didn't know she could get a mammogram at HMM. Most women in group said it is frustrating that if there is a 'suspicious' reading from the mammogram you are referred out of town to have the next step, such as an ultrasound. They'd love to have that additional test be completed at HMM rather than having to be referred out of town.

More specialists are needed. One participant noted that HMM should provide a specialist for allergies, especially for children.

HMM should survey more. "What about hospital doing surveys?" HMM could put surveys in churches and in schools to see what the community wants from HMM.

5. Do you think people in your community are fully aware of the local healthcare services that are available to them?

The whole group said "No!"

a. If not, why not?

People automatically go out of town, without finding out if services needed are offered in HC—People in the community are trained to automatically go to other facilities; “Okay, we are going to go to Texarkana.” “Where we work, if somebody gets hurt, you either get sent to Hot Springs or Little Rock”. That person didn’t know why. “Why can’t we stay here?” One individual that works at a local plant said if team members get hurt they go to Hot Springs or Little Rock. This is the case no matter what it is, backaches, fingers cut off, or if hurt on job they always go elsewhere. One person had to go to Little Rock first for 2 days of therapy and then finished up at HMH.

Public perception of hospitals. Some people just don’t want to deal with hospitals. The community does not know why employers refer them out of town automatically. Most in the group wondered if leaving town for work-related issues had to do with workmen’s comp. As with home health, some don’t do work-comp. One participant stated HMH should have a contract with Tyson; this lead to a lot of questions as to ‘why’ they are sent out of town.

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

Pediatrician—One Pediatrician comes once a week, which some participants didn’t know about.

Cardiologist—One woman said she has heart problems and a Cardiologist only comes once a month to Howard County and she is worried what will happen to her during a trip to LR when she needs to see her doctor and if she will even be able to find her doctor.

One participant said “Of course we’d all rather go here than go somewhere else”, and the whole group agreed.

Podiatrist

Appreciation for HMH’s competence to know when to refer to another health facility. One person said that they admire this hospital because they will send you somewhere to the appropriate professional if they find they can’t help and that they “realize we are a small area and can’t have everything”.

7. Do you have a local physician?

The majority said yes. However, sometimes physicians are not available, because some only work certain days.

Most go to whoever is available to see them; some are going to nurse practitioners.

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

Surgery—One participant reported being referred out even for minor surgery.

Steroid shot—One participant that works at a local plant/factory said he was injured on the job and his employer didn’t even offer for him to go to HMH for what he needed, which was a steroid shot and 2 trips for therapy, once to Hot Springs and the other 2 times for therapy to Little Rock.

Pediatrician

Allergy specialist

Nurse practitioner—One participant reported not knowing there was one in town until learning about it today. Some felt they could use more nurse practitioners here, because a lot of times a nurse practitioner can help just as much as a doctor and they are easier to access. The community would need to develop trust in nurse practitioners

Cardiologist

Gastroenterologist

Podiatry

Orthopedic—HC used to have one, but didn't know why they don't anymore. Used to come on Fridays

Hip Replacement

Radiation—Mammograms and chemo offered at HMH, but when someone needs radiation, which is daily for several weeks, they have to travel to Texarkana.

Oncologist—There needs to be more education in their community on cancer prevention and early warning signs of cancer, especially getting into the schools to educate about cancer.

So many people are saying as they list the things they have left town for that they "didn't know there was an option to have the appropriate assistance or procedure here in Howard Memorial."

One participant said, "We definitely need dialysis. Used to have it and were told there weren't enough patients to keep here."

9. What population(s) do you think is underserved?

"People with no health care."

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?

Lack of money to pay for services—Individuals in the community can't pay co-payment and/or are afraid of the expense, so they don't go to the doctor.

Lack of insurance OR lack of knowledge on how to use insurance

Lack of transportation—Some people in the community do not have a way to get to the doctor's office.

"It's why a lot of people can't go to the doctor, they just can't afford it."

Health workers not friendly—One participant said that some people would rather suffer than put up with bad treatment. A discussion started about the ER being their only option and most people would rather suffer than deal with the ER.

There is a Christian Health Clinic in HC that used to be open every day and was used by people of “every color” in the county that just didn’t have money. With the new healthcare policy, fewer people are using the clinic, because they have insurance now, but now have co-pays and deductibles. They aren’t going and getting the care they need. The clinic opens now just once a month. “60 may need medicine, but only 10 need to see the doctor”.

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

Lack of transportation to doctor’s office—A lot of people in their community don’t have transportation to the doctor.

Services needed are located so far that it puts a strain on families’ resources—A lot of driving to appointments out of town for caregivers is hard.

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

Refer to questions 11a, 11b, and 11c below.

a. Is it difficult to communicate with healthcare providers?

Difficulty contacting physician—Most everyone agreed they have a problem when they call their local doctor’s office to make an appointment. When they have to leave a message on the answering machine, most times no one ever calls them back.

“Doctor OJ is great and with the hospital, but hard to make an appointment with.” — Some agreed with this comment, some did not.

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

Patients leaving confused—One participant said that doctors need to make sure patients leave understanding the information they just received.

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

Refer to question 10a.

12. 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?

“No”—Everyone in this group said they haven’t experienced any difference in the way they are treated because of their race.

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

Cardiologist

Communication of information—Most people agreed this was so important.

Being able to see a doctor in a timely manner—It is frustrating to have to resort to the ER, because it can be expensive and can be there for hours waiting for someone to help you.

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

“Overall, Howard Memorial does a great job!”

A community pamphlet with all HMH services listed would be helpful—This group wants a pamphlet (or something) with all services at HMH listed, so people in the community actually understand what they can have done in their own town and to provide this information to schools, churches and other places around town. Spread the word.

Appendix E Continued: Focus Group Responses

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

Howard Memorial Hospital

Focus Group: April 6, 2015 @ 6p.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?

Parenting Classes—Young parents don't know how to take care of their new children. Many young parents don't know 'when' to take young children/babies to the doctor or what warning signs to look for to know if a child/baby needs health care.

Health Education for Youth—We need to provide health education for young girls that get depressed to not "look for love in the wrong places," because it results in single young mothers.

Healthy Eating Classes—Healthy Eating classes would be beneficial because so many people have and are getting diabetes in the community.

Specialists in Schools for students with dyslexia—Schools can test for dyslexia, but then no one is trained to meet the needs of kids with those disabilities.

Lack of translator for Hispanic population at HMH—Hispanic population is intimidated to come to HMH, because there is no translator when they need to communicate what is wrong and for doctors to communicate back.

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

People not seeking help—A lot of people have a hard time admitting they have a problem, such as young single parents and people on drugs.

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

Health fairs across the community—Need more health fairs across the community and in the schools specifically. Hold health fairs in both the south end AND north end of town. HC has tried to have health fairs at the Health Dept., but not at the hospital.

Health Services Awareness—People do not know what services are available at HMH. Services need to become more 'public.' One participant said she learns what's going on at HMH by asking church members that are hospital board members.

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

Education—Educating people in the community through Parenting Classes and Eating healthy classes.

4. Do you think people in your community are fully aware of the local healthcare services that are available to them?

No

a. If not, why not?

No. People in this group say they learn about services provided in HC through people they know in the community that are connected to workers at HMH.

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

Parenting classes

Eating Healthy classes

6. Do you have a local physician?

7 said yes they did, 4 said they did not. One person stated the reason they leave HC is that they simply do not like the doctors here.

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

- Pediatrician—This group didn't think there is one here so they go to Ashdown (Dr. King)—“If there is a Pediatrician that comes here, we don't know about it.”
- Pain Specialist—One person asked “Is there anyone here for Pain Management?” One participant takes parents to Little Rock and Hot Springs.
- Eye Doctor—Go to Texarkana
- Dentist—Go to Texarkana
- Dialysis—One participant stated they “want dialysis back in Howard County” and asked “Do you think you will ever get the dialysis back here?”
- Orthopedic
- Endocrinologist—Go to Texarkana
- OB/GYN—Go to Hot Springs
- Pediatric Dentist
- Fertility doctor
- Back doctor

One individual said he feels the doctors in HC are good enough for him, but the doctors in town don't have good bedside manner for kids so he takes his children out of town.

8. What population(s) do you think is underserved?

Young Parents—Most young mothers only get help via Parenting Classes if they are ordered to take them because they've gotten trouble. Young parents are not getting the help they need.

One person said he thought HMH had talked to the school about offering a group discount for teachers for the gym at the hospital, but never got approached about it again.

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

Neurologist—Needed help and it wasn't available here in HC.

Endocrinologist—Can get blood drawn here, but that's it, so you have to leave HC for further health care.

Drugs Problems—Drugs are a significant problem in the area and the group was not aware of any type of drug rehabilitation available.

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

Lack of services in community—The service they are seeking is just is not offered.

Lack of money—Insurance, deductibles are so high. People can go to the doctor, but they may not have the money to pay for the medicine because it's just too expensive.

Issues with Insurance—One person talked to a young man who had made an appointment with his doctor in Texarkana and he got there and the doctor came in and told him they couldn't serve him, because Medicaid hadn't paid.

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

Intentionally blank

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

a. Is it difficult to communicate with healthcare providers?

Depends on the doctor—one doctor here told parent he would feel better if they took child to pediatrician.

Lack of or Wrong Diagnosis from HMH—One participant said she kept coming here because of stomach issues and they never diagnosed her here, so she went to Texarkana and found out she had gallstones. This led another person to say they weren't diagnosed correctly at HMH Emergency Room either.

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

One participant reported being able to communicate with their doctor was a big decision maker as to what doctor they choose.

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

Refer to question 9a.

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

STRENGTHS

Diabetes Classes—Hospital holds Diabetes classes at college that are helpful, which have been full.

Sleep Study—A participant reported having a sleep study done at HMH and appreciated only having to drive a mile and half.

Services posted at work—Saturday services posted at work for mammograms and other things. It helps not having to take off lunch or time off.

Positive experience with billing services—Good experience at HMH, even with billing; allowed to slowly pay off bills with no threats.

Happy with improvements/ Friendly Customer Service—Always friendly service and recognize hospital is trying to get better and has improved. Good experience with ER, workers were there to help.

CHALLENGES

Parenting Classes—There need to be parenting classes about general information for both men and women, especially if it's something the court says they need. There needs to be classes for youth aged 16 and up that are single mothers.

-A suggestion was to possibly work with courts to get the appropriate services for parents that need help learning how to parent. If something, like parenting classes, is court mandated, it needs to be local.

Improvement in Mental Health Services—HC needs to provide more Mental Health services than what is currently there. The one facility that is here is overwhelmed and “having to spin them out because the numbers are too much.”

Prenatal Care—HMH should offer prenatal care here.

Translator—Spanish communities need help with communication at the hospital.

Nutrition—More support group with nutrition, need nutritionist for eating disorders, and diabetes club.

Orthodontist (the local dentist will do braces but he's not a specialist)

Pediatric Dentist

More health fairs—Check blood pressure, sugar, and such to help catch health problems before they become an even bigger health issue. In addition, explain the next steps if there is a health problem. Don't just have health fairs on “Carter Day” or at the Leisure Hut right by senior citizen center, have them around at different locations of town. However, there is a lack of transportation to go to them. Have multiple health fairs around the community. Advertise what services are actually available at HMH at the health fairs.

Public Health Awareness—Educate the community on their health and how to maintain it.

Public Awareness about services offered—Put out flyers to better spread the word about services, because a lot of people don't get the newspaper. One participant noted that a doctor comes in from Hot Springs to give radiation and chemo, but this person said nobody seems to know about this service except the patients themselves

Customer Service—One person mentioned unfriendly customer services when they entered the hospital. They would like to be ‘greeted.’

Public Health Awareness in Schools—There needs to be education about drugs in schools and community. There needs to be education in schools on STDs.

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

Intentionally blank

Appendix E Continued: Focus Group Responses

Group 3 (Focus on Over 65 Population)

Howard Memorial Hospital

Focus Group: April 7, 2015 @ 10:30 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?

As a diabetic patient, going to get a pedicure is important so having a Podiatrist here would be great. There is a Podiatrist that comes on Fridays. Some people reported not knowing that.

We really need to have an Orthopedist – we have to go to Little Rock or Hot Springs for this type of care which is hard on the Senior Citizen community to make these types of trips

Dialysis: hard to take people to Hope and have to sit for 3 hours, people used to have to go to Little Rock

Why was dialysis moved out of this area?

Pediatrician – a lot of single young mothers in the community don't have transportation to take children out of town to doctors

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

Maternity care—Facilities here do not deliver babies. The Health Department will provide care for up to 36 weeks unless they are high risk. The group felt it was terrible to have to go out of town for maternity care. It was mentioned by one participant that at her work, if there are pregnant women that need to see a doctor for any type of health care need they are often referred out of town because doctors here won't see maternity cases.

Wellness Clinic – needed for people that are pregnant or that have the sniffles, because it might be a month before you can get into see your own doctor. The reason for this is it usually takes up to 2 to 3 weeks to get a doctor's appointment.

Emergency Room—The ER is the option that is always available...it's expensive to get treated, but it's an option.

There are difficulties with doctors accepting Humana—Most doctors do not take Humana, so people with this insurance have to go out of town to a doctor that will. There was a LOT of discussion in this group about who takes Humana and who doesn't. It was said that doctors turn people down with Humana because of the amount of paper work that insurance company requires.

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? (these 2 questions were somewhat combined):

Walk in Clinic—A place to go for minor things. The Walk in Clinic could maybe be a Screening or Referrals service.

More public awareness about what services are available in the community.

Respite for geriatric in home patients—One participant gave a long example of what she went through in dealing with the care of her husband ‘alone’ for 9 months. The participant reported not knowing how to handle the feelings of this sudden diagnosis or if she was doing enough. The participant felt overwhelmed and didn’t know where to turn.

Provide information about counseling services to help the caregiver & the rest of the family.

Need more education for home health service providers.

5. Do you think people in your community are fully aware of the local healthcare services that are available to them?

No, you just have to call around until you figure out where to go.

a. If not, why not?

The community doesn’t know what services offered—Figure out a way for people to know what services are offered at HMMH. They report receiving pamphlet in the mail, but it is not informative enough

Suggestions to advertise and get more information out there:

Advertise on local radio station

Classes

Services listed somewhere

Health facilities need to coordinate—Coordinate hospital, Christian clinic, and Health Department together to know what each center offers.

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

Refer to questions 1-3.

7. Do you have a local physician?

12 said yes

2 said no

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

Pap smear—Go to a women’s clinic

Pace maker

Specialist

Neurologist

Orthopedist—Go to Hot Springs

Cardiologist

Breast Cancer—Go to Little Rock & Texarkana

Knee injections—Some didn't know it could be done in town.

Dermatologist

OB/GYN

9. What population(s) do you think is underserved?

Group said there are underserved populations, but did not clarify any specific populations except that there are populations that can't afford health care. The Christian Health Clinic provides health care services to those with no insurance.

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

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

We need a wellness screening so people would know when there is a problem occurring before it becomes an even bigger health issue.

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

Intentionally blank

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

a. Is it difficult to communicate with healthcare providers?

Intentionally blank

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

They would like typed doctor notes, so that they can read and better understand the instructions. They would like if doctors clearly communicate what the person needs to do next. They want doctors to use more everyday words.

Education about insurances—Certain insurances are denied because insurance takes too long to pay. People then go to other doctors.

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

Intentionally blank

12. Do you know someone that would have benefitted from geriatric behavioral health services?

Yes, everyone agreed. The following issues were identified:

Sleep problems

Dementia

Depression

Anxiety

People reported having a hard time keeping track of what different doctors tell them, so they wish professionals would communicate and inform each other what they have found or thought to be the problem.

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

- Podiatrist
- Pediatrician
- Mental health for children (youth)
- Volunteer support groups
- Respite services
- Dentist (Dental insurance)
- Oncologist
- Dialysis
- More specialists—Need to know when different specialists are coming for a day. It would be financially beneficial to senior citizens to know when specialists are coming to town, so they don't have to make a special trip out of town.
- Women's Clinic

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

Facebook and Twitter—Put more information on Facebook and Twitter, this would be a great place to advertise and make the community aware of available services.

Cancer Awareness—Promote the different cancer awareness months

Public Relations—Public relations need to reach out more to the community

Glad of what is here! And they recognize and are happy with the improvements! "I appreciate what is already here. I appreciate what has been done and the improvements that has [sic] already been made."

While receiving care at HMH, one participant reported they couldn't have asked for better care. They also reported always getting good and friendly services in HMH.

Appendix E: Focus Group Responses

Group 4 (Focus on Public Health and Education)

Howard Memorial Hospital

Focus Group: April 7, 2015 @ 1p.m.

Primary Focus: Public Health & Education

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

No Howard Memorial Hospital personnel were present

Professionals from:

Local College

Jr. High School

Daycare – Child Care Provider

Home Health

Health Department

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

Lack of knowledge—People need help knowing how to get the help they need. There are kids left untreated because parents don't know where to take them and even if they did, they are not sure how they would pay for it.

No local pediatricians—A participant reported that sometimes when it seems like a child has a fracture, the parents don't know where to get their child help, so the child isn't going to get the help they need.

Need more health care education—A participant thinks the people they serve at her job, which is anyone that comes in, have a lack of knowledge about health care. People don't know how to get the care or contact the doctors they need.

Transportation—When people do find the health care services they need, if it is out of Nashville they have a hard time getting to the out of town facility. This is especially a problem for the older community and even some younger people that may not have a vehicle. If people in the community had more access here, like the doctors come here to see their patients, that would solve a lot of that problem. Also, if the hospital had a lift to the hospital and back it could help a lot of people in the community.

Lack of money—"We have a lot of people in our county that can't pay"

Pediatrician—Parents have to take their children out of town for health care services. They have to drive at least 45 minutes just to take your child to the doctor, not just when they are sick, but also for routine shots. "It's a whole day event." People have to take off work and spend money on gas to go so far out of town.

Orthodontist—One person said they go all the way to Hot Springs. The older population may not always have a family member that can take them and the nurses are not allowed to in Home Health Care system. Extra availability would be great so those people get those needed services.

Lack of knowledge about insurance—People do not understand what their insurance includes and what it can actually help them with. They don't know who their health care providers are and where to get the health care help they need.

"It's very limited here."

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

Adult mental health patients not getting local help—Home Health does at-home geriatric psychological home health, but the adults under 55, children, and families in general do not have a place to go locally for help.

"Psychiatric needs of our community have always been something that nobody addresses."

People can't afford mental health services—State funding cuts have made it so if a patient is referred to the local mental health facility they have to pay for their initial visit and before they didn't. So that makes it more difficult to even get someone to the place that could give them the help they need.

"Mental health needs are huge."

No place for families seeking help to go locally

3. What are the challenges preventing these needs from being met?

Transportation

Education

Lack of money

Resources—Where to refer?! Even if it is not a local choice

Don't know services offered in town—A participant has an appointment in Texarkana to get something checked out, she believes that the doctor may want to do a scope on her and just found out that there is a doctor that can do that locally. She knows she would rather do it locally, but is already scheduled out of town. She wishes she knew she could have gotten it done locally before going through everything to get the other appointment. A directory would have been useful here.

Directory—A directory is needed because they just don't know where to refer people. It is very sad when someone is asking for help, willing to do the work, and you still don't know how to help them.

Office communication to other health facilities—Paperwork is not getting through to other health facilities in a timely manner.

a. What are the challenges preventing these mental or behavioral health needs from being met?

Refer to question 2a

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

Bringing in more specialist and pediatricians

EDUCATE THE COMMUNITY

Directory on what resources are available, putting it in the schools and other offices. This would be a great way to help educate the people that don't know where to get the help they need. Put it at the clinics and the DHS office.

Community meetings. Hold community meetings. Do several. Churches could use that information too. The hospital does hold educational meetings, but not many people are aware of it, or at least the people that need it the most.

Have trained people go into the schools to teach students about health. There are somethings that have gone on in the past but there could be a lot more done.

The hospital does hold a class on diabetes every Wednesday that goes really well, but not everyone knows about it.

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

Follow-up needed from HMH after a brochure is sent home because most don't think the brochure will be read. Think that the solution is to have someone at the doctor's offices do follow-up on patients, especially for the elderly. The elderly don't understand it or can't read brochure.

People (especially the elderly) don't know how to get a referral or how to check their insurance.

Help with hypertension health needs are there. Maybe rent blood pressure cuffs to help give more people access.

6. Do you think people in your community are fully aware of the local healthcare services that are available to them?

No

a. If not, why not?

When a new member to the community came all they knew about was what they heard through word of mouth.

Make website very user friendly. One participant openly said they have not even looked at the Hospital's website, but suggests that the website needs a place that is easy to find and easy to follow that lists all services.

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

Dialysis->The group wants a dialysis center, takes 6 hours a day to travel and have the dialysis completed that day and travel home. One reported traveling to Hope 3 days a week for her husband and knew of 10-15 people that travel from Nashville to Hope for dialysis several times a week. Also, they know of other people from Nashville that travel to other outside towns.

- Home Health Care has to load up a van multiple times a week to take their patients that need dialysis to another town. It takes even longer than 6 hrs.
- One participant knows Medicare pays for it so that person doesn't think it would be a lost cause for the hospital because of that and the great need for it.
- There was a dialysis center but apparently it had to close because so many were being referred to Hot Springs and one participant didn't understand that.

Prosthetics

Maternity Care—A pregnant participant reported that the idea of having to travel an hour before she could deliver is intimidating.

Pediatrician—they would like that here, so parents wouldn't have to take time off work and take their business elsewhere in regards to their children's health.

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

See question 7

9. What population(s) do you think is underserved?

Hispanic -> not English speaking. There is no translator at Hospital. Also, they do not understand what their insurance provides. They are afraid to get help because their insurance isn't in their name.

Education needs to start at the school. You see a six year old trying to be the translator for his parents. A family came into the Home Health Care office by mistake and they had to explain to the 6 year old where to go to get his parent the appropriate help. This sort of situation happens in the E.R. too. They serve a large Hispanic community. It is very sad in emergency situations.

Some don't think young mothers are an issue in regards to where to go with information. Most new moms do know what is available to them. Different places host safely baby showers with prizes, so people attend. The pregnant participant said she didn't even know about it until a friend told her about it and she had read it off Facebook, so maybe those events could be advertised better. Post-partum depression is not really discussed though.

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

Intentionally blank

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

Fear—Scared to trust. It can be uncomfortable and intimidating for some coming to a big shiny office, especially with no translator to help Spanish speaking community.

Lack of money—Even with more people having insurance, people can still not afford deductibles and copays. Doctors are flooded with new patients, so if someone doesn't have the money those people just don't ever get help.

Lack of knowledge—The single mom reported she didn't know she had options for insurance when she got divorced and found out through word of mouth she did. "There's so many people that could have insurance and don't know that they could."

a. Is it difficult to communicate with healthcare providers?

Workshops on insurance and what can be done with it are needed. It would have to be integrated into the communities enough so that people, especially communities that only want to rely on each other, will actually trust and attend. TRUST is the theme of the discussion to having people listen and get help about insurance. People are signed up for insurance through Poland and Tyson but then that's it; those people don't know what to do with it. Need more education on what employees can do with their insurance and where they can go with it.

Bring in representatives from the Hospital to educate the community. Go to different facilities and educate people what they can get.

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

Intentionally blank

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

Intentionally blank

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

The group would like some behavioral health people come out to educate child care providers. They do not know how to appropriately handle mental health issues in children. The only thing they can do is call the parent, but they do not know what to do either most of the time.

Extension Agency does offer a parenting class, but only once a year. Could use more.

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

THIS IS WHAT IS WORKING WELL

The hospital is doing a great job with getting more specialist doctors than before. "I think they are making great strides with that."

Specialty clinics are doing well. There are so many specialties that come here. When bad weather hits, the hospital can help to tide over a patient in serious need until they can continue treatment.

Have seen improvement!

THESE ARE THE MOST CRITICAL NEEDS

Multiple people talked about wanting dialysis locally.

Most people may know when they have a health problem but wait because if they had more education then maybe they would be more willing to seek help and make them realize they need to seek help.

Pain Management Participant has family members that have to go to Little Rock.

Patient Care Representative -> Their job is to help patients along the way through their treatments and know everything about a person's case. (Most everyone agreed) Someone to

figure out what patient needs and what resources are available to them. A person to represent the patient to help guide the patient through the health care process.

Market the resources that are available to let people know where to go for services.

Support Groups:

- SIDS Support Group about grief. All that comes is the police and coroner, leaving them feeling like it's their entire fault.
- Cancer Survivor Support Group
- Seniors with cancer support group
- DON'T KNOW WHAT GROUPS ARE EVEN OUT THERE

Chemotherapy

Baby delivery services—what about in an emergency?

Mental Health Management for adults that are 'out of control. It is hard to visit family members that are suffering with mental health issues that are in facilities in other towns.

Transportation Need—more transportation for elderly to health services out of town. There is only one van currently.

Not wanting people not to pick up their oxygen tanks because they couldn't pay for it. They didn't know about having a secondary insurance.

Diabetes specialist—Many people in every group mentioned diabetes being a problem in the community.

More knowledge about services (spread the word)

Pediatrician -> Wellness check-up and get regular shots. It would be so helpful to have those services here, so that parent doesn't have to take a day off work to travel so far out of town.

Directory of professional services for even teachers to use when they have parents asking them questions. This would provide more education and they could refer.

More parenting classes (how to handle behavioral issues with their children). To help parents recognize when their child has issues, such as behavioral issues, and should seek further help.

Screenings (free) for cholesterol and diabetes would bring to more business overall. Good time to educate about the health and what to do if report is bad from the screening. Can do a lot of teaching during people's screenings or when they are waiting in line.

People don't know that they can ask their doctor instead of send them elsewhere for what they can do in Nashville.

Appendix F: Mental or Behavioral Health Care Needs

To increase breadth of coverage, each focus group was asked the following question: *Are there mental or behavioral health care needs in your community? If yes, do you feel these needs are being met?*

Below are the responses from each group.

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

Focus Group 1 (Focus on Minority Groups)

Are there mental or behavioral health care needs in your community?

If yes, do you feel these needs are being met?

There is a facility for children—Howard County does have a center for children and adults (separate from the hospital) Southwest Arkansas Mental Health.

The group collectively mentioned they've heard HMH may be getting a geriatric mental health person for senior citizens.

Lack of information—A lot of people in the community go to Texarkana. Again, it comes to a 'lack of information.' "A lot of people don't take newspaper and we have a lot of senior citizens here that need to know what services are offered here."

Focus Group 2 (Focus on Grandparents and Female Householders)

Are there mental or behavioral health care needs in your community?

If yes, do you feel these needs are being met?

Not satisfied with Mental Health services in HC—One participant said they hadn't had a lot of luck with Howard County Counseling Center, which is the only place to receive that type of help in the community and it is not attached to the hospital—it is a state facility. A 10-year-old son was taken there for anger management issues. The son only went there 3 times and was declared 'cured.' There was not a lot of communication from the staff. The family is now receiving family counseling, and is satisfied with lady they have now. They did their research and are now going outside of HC to get help (going to Texarkana). They were not happy with services here in HC.

Mental Health Facility Overwhelmed—People in the community end up having to go out of town for mental health services because the one facility here is overwhelmed with people needing help. "It's just too much for one center to handle."

Have to seek help out of town—Behavior and depression issues are other issues parents have sought counseling for out of town.

Focus Group 3 (Focus on Over 65 Population)

Are there mental or behavioral health care needs in your community?

If yes, do you feel these needs are being met?

Yes (a lot of laughter from this group initially when this question was asked).

One person mentioned that Southwest Arkansas Counseling & Mental Health Center is the only place to go in town, but they don't always get help there.

One person said people don't feel comfortable talking about mental health issues.

They need more counseling services to 'help', not locking kids up or 'stick them on a pill'.

There should be more advertisement about where to go to receive services to work through mental health issues. The participants were focused on children needing services.

One participant (who has a granddaughter at school) spoke up and felt strongly there needed to be more education on the following:

- drugs
- bullying (goes on constantly)
- sexual harassment

Focus Group 4 (Focus on Public Health and Education)

Are there mental or behavioral health care needs in your community?

If yes, do you feel these needs are being met?

Yes, there are behavioral health needs.

Appropriate training to work with children diagnosed with a mental health disorder—There should be training classes for child care providers so as they know how to appropriately manage and calm children with bipolar, etc. All they can do is call the parent and a lot of times if they work at Tyson or Poland the child care provider can't reach them. If they do, parents get fired sometimes or have to miss a day of work.

Variety in counselor characteristics—Single mom has a son with autism and wishes he could talk with a man when receiving services, not a women, since that is what her son is already around all the time. In the services that are available there needs to be more diversity in the professionals to apply to the diversity in clients.

Too limited in scheduling opportunities—The people that do provide these mental health services are spread across other areas, so that makes scheduling difficult since they are only available when they are in the local office.

"We're medically underserved."

Children's health care needs are not being met—The school does have a group come in the school for a day to reach out and help children in distress, but some needs are not being met. Student needs are not being met because there isn't enough space to help all of them. There has been noticeable improvement in the students who have been seen.

People under age 55 are underserved—Home health offers services, but not to people under the age of 55. Hate to have to turn people away because of that fact. They don't have the resources to help that population. They try to find them the help need and refer them there, they try to get them in with their physician, but a lot of times they have to utilize the E.R. That gives them extra time, while the patient is being held, to find them another place to go.

"Bipolar, schizophrenia, dementia ... we see a lot of it out here."

Emergency Room is usually the only option—When an episode takes place in a person with a mental disorder the only option is to take them to the ER.

Support and Education for families (Respite)—They want support and education for families dealing with members of their family with disorder(s). Families don't know how to handle their family members who are out of control. Families can't afford the medication that would help their family members. Also, with having to travel out of town, if the weather gets bad they just have to wait it out for a couple of days with the family member they don't know how to help on their own.

Where to go for appropriate help?—"Nobody knows where to go." They have seen where a person was tossed around to different places seeking help, each facility sending him to another facility, because they couldn't help him until finally he gave up. He never got any better.

Directory could solve some problems—A comprehensive resource (Directory) for professions to use to be able to appropriately refer people seeking help. This is greatly needed, because these professions do not even know where to send people who are seeking help. "That would make an amazing difference." That way they could at least get them started

Professionals can communicate better, which has been expressed as a need.

Mental health needs are huge!

Appendix G: FY 2016 Strategic Goals

- I. Outstanding Customer Service
 - A. Avatar minimum score – Overall 96%
 - B. Qualitick minimum score – 96%
 - C. HMM surveys minimum score
 - 1. Rehab – Outpatient – 96%
 - 2. Rehab – Fitness Center – 96%
 - 3. Surgery Clinic – 96%
 - 4. Sleep Lab – 96%
 - D. Research options for measuring MD Satisfaction in HMM Physician Clinics by end of 4th Quarter.
- II. Culture of Continuous Improvement
 - A. Provide Leadership Training to HMM Managers (4th Group) to be completed by the spring of 2016.
 - B. Develop a plan of action when readmission rate exceeds 5% for same or related admission diagnosis. On-going
 - C. Achieve 90% or above on quarterly report for Global Immunization Measures. On-going
 - D. 90% or more of HMM eligible employees will receive the flu vaccine by the winter of 2015.
 - E. Explore options for an Electronic Medical Record for the Emergency Department by end of the 2nd Quarter.
 - F. Complete Stage Three Meaningful Use requirements for HMM. On-going
 - G. Achieve Meaningful Use requirements for HMM Physician Clinics. On-going
 - H. Participate in the Physicians Quality Reporting System by submitting data for surgeons, CRNAs and employed Family Practice physicians as required by CMS. On-going
- III. System Growth & Development
 - A. Increase cash in bank over prior year by \$500,000/year to meet investment goal of \$10 million. On-going
 - B. Marketing & Branding Campaign to increase awareness of outpatient services provided and to increase volumes by 4% over prior year. On-going
 - C. Implement Stress Test Lab in Cardiopulmonary by end of the 2nd Quarter.
 - D. Recruit Family Practice physician for 2018.
 - E. Research the Certificate of Need Process for Nursing Homes by September 30, 2016.
 - F. Investigate grant opportunities for the purchase or lease of a van to provide patient transportation to and from HMM. Collaborate with HMMF Director to submit grant applications by July 1, 2016.

- IV. Strategic Community Health Needs Assessment Implementation
- A. Develop a Plan of Action to address needs identified through the 2015 CHNA according to this prioritized list of needs:
1. Dialysis – Contact DaVita Dialysis to discuss the feasibility of implementing an outpatient hemodialysis center in Nashville during fiscal year 2016.
 2. Clinical Psychologist/Psychiatrist – Recruit a clinical psychologist or psychiatrist for a satellite clinic in Nashville to address behavioral health needs by 4th quarter of fiscal year 2016.
 3. Long Range IP Behavioral Health (PHS) Research – Contact Pioneer Health Systems to assist with research on feasibility for developing an IP Behavioral Health program in Nashville. Given the expected cost to construct a five bed IP Behavioral Health Nursing Unit, completed financial projections should be reviewed with Welch, Couch and Company, CPAs by 3rd quarter of fiscal year 2016.
 4. Dermatology – Recruit a dermatologist for a satellite clinic in the new medical office building during the 1st quarter of fiscal year 2016.
 5. Pain Clinic – Explore the options of recruiting a Pain Specialist to come to the specialty clinic by 3rd quarter of fiscal year 2016.
 6. Allergist/Allergy Clinic – Research the feasibility of providing an allergy testing and treatment clinic by the end of 2nd quarter of fiscal year 2016.
 7. Translation Services – Explore options to implement upgraded translation services to help improve patient satisfaction and patient engagement with the Hispanic population by the end of 1st quarter of fiscal year 2016.
 8. Strategic Marketing Plan
 - a. Community Town Hall Meetings – Implement bi-annual meetings at the Carter Day Center to update the community of the “State of the Hospital”. On-going
 - b. Expanding D&Y Classes – Research the ability to offer night/evening classes by end of 2nd quarter of fiscal year 2016.
 - c. Awareness – Continue marketing our services through billboard, direct mail campaigns, health fairs, Engage, restaurant commercials, and community directory. On-going
 9. Walk-in Clinic/After Hours – Researching the possibility, with the addition of two more employed physicians, to offer extended clinic hours to accommodate the non-emergent patients by end of 4th quarter of fiscal year 2016.
 10. Genetic Testing Research – Research the feasibility of Genetic Testing during 1st quarter of fiscal year 2016.