OUACHITA COUNTY MEDICAL CENTER
CAMDEN, AR

2013 COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION PLAN

ADOPTED BY BOARD RESOLUTION (SEPTEMBER 23, 2013)[1]

QHR | Consulting Services

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[1] Response to Schedule H (Form 990) Part V B 2 and section 501(r)1

Dear Community Resident:

Ouachita County Medical Center (OCMC) welcomes you to review this document as we strive to meet the health and medical needs in our community. All not-for-profit hospitals are required to develop this report in compliance with the Affordable Care Act.

The "2013 Community Health Needs Assessment" identifies local health and medical needs and provides a plan to indicate how OCMC will respond to such needs. This document suggests areas where other local organizations and agencies might work with us to achieve desired improvements and illustrates one way we, OCMC, are meeting our obligations to efficiently deliver medical services.

OCMC will conduct this effort at least once every three years. As you review this plan, please see if, in your opinion, we have identified the primary needs and if our intended response should make appropriate needed improvements.

We do not have adequate resources to solve all the problems identified. Some issues are beyond the mission of the hospital and action is best suited for a response by others. Some improvements will require personal actions by individuals rather than the response of an organization. We view this as a plan for how we, along with other organizations and agencies, can collaborate to bring the best each has to offer to address the more pressing, identified needs.

The report is a response to a federal requirement of not-for-profit hospitals to identify the community benefit it provides in responding to documented community need. Footnotes are provided to answer specific tax form questions. For most purposes, they may be ignored. Of greater importance, however, is the potential for this report to guide our actions and the efforts of others to make needed health and medical improvements.

Please think about how to help us improve the health and medical services our area needs. I invite your response to this report. We all live and work in this community together and our collective efforts can make living here more enjoyable and healthier.

Thank You

Peggy L. Abbott
President

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EXECUTIVE SUMMARY

Executive Summary

Ouachita County Medical Center ("OCMC" or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA assures OCMC identifies and responds to the primary health needs of its residents.

This study is designed to comply with standards required of a not-for-profit hospital[2]. Tax reporting citations in this report are superseded by the most recent 990 H filings made by the hospital.

In addition to completing a CHNA, and funding necessary improvements, a not-for-profit hospital must document the following:

- Financial assistance policy and policies relating to emergency medical care;

- Billing and collections; and

- Charges for medical care.

Further explanation and specific regulations are available from Health and Human Services (HHS), the Internal Revenue Service (IRS), and the U.S. Department of the Treasury[3].

Project Objectives

OCMC partnered with Quorum Health Resources (QHR) for the following[4]:

- Complete a CHNA report, compliant with Treasury – IRS;

- Provide the Hospital with information required to complete the IRS – 990h schedule; and

- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response.

Brief Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c) 3 of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided to the less fortunate without means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

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[2] Part 3 Treasury/IRS – 2011 – 52 Notice … Community Health Needs Assessment Requirements…
[3] As of the date of this report Notice of proposed rulemaking was published 6/26/2012 and available at http://federalregister.gov/a/2012-15537
[4] Part 3 Treasury/IRS – 2011 – 52 Section 3.03 (2) third party disclosure notice

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax-exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- Emergency room open to all, regardless of ability to pay;

- Surplus funds used to improve patient care, expand facilities, train, etc.;

- Controlled by independent civic leaders; and

- All available and qualified physicians are privileged.

- Specifically, the IRS requires:

  o Effective on tax years beginning after March 23, 2012, each 501(c) (3) hospital facility is required to conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through such assessment;

  o The assessment may be based on current information collected by a public health agency or non-profit organization and may be conducted together with one or more other organizations, including related organizations;

  o The assessment process 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 or expertise of public health issues;

  o The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment, and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources);

  o Each hospital facility is required to make the assessment widely available and ideally downloadable from the hospital web site;

  o Failure to complete a CHNA in any applicable three-year period results in a penalty to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four); and

  o An organization that fails to disclose how it is meeting needs identified in the assessment

is subject to existing incomplete return penalties[5].

- This report was developed under the guidance of IRS/Treasury 2011-52 as modified by the Draft Federal Regulations published in the April 5, 2013 Federal Register.

- The hospital develops an annual budget by department which reflects expenses of personnel and other expenses related to community benefit and initiatives that address the needs identified in the CHNA.

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[5] Section 6652

APPROACH

Approach

To complete a CHNA, the hospital must:

- Describe the processes and methods used to conduct the assessment;

  o Sources of data and dates retrieved;

  o Analytical methods applied;

  o Information gaps impacting ability to assess the needs; and

  o Identification of with whom the Hospital collaborated.

- The proposed regulations provide that a hospital facility's CHNA report will be considered to describe how the hospital facility took into account input if the CHNA report:

  1) Summarizes, in general terms, the input provided and how and over what time period such input was provided;

  2) Provides the names of organizations providing input and summarizes the nature and extent of the organization's input; and

  3) Describes the medically underserved, low income, or minority populations being represented by organizations or individuals providing input.

- Describe the process and criteria used in prioritizing health needs;

- Describe existing resources available to meet the community health needs; and

- Identify the programs and resources the hospital facility plans to commit to meeting each identified need, and the anticipated impact of those programs and resources on the health need.

QHR takes a comprehensive approach to assess community health needs. We perform several independent data analyses based on secondary source data, augment this with local survey data, and resolve any data inconsistency or discrepancies from the combined opinions formed from local experts. We rely on secondary source data, and most secondary sources use the county as the smallest unit of analysis. We asked our local expert area residents to note if they perceived the problems or needs identified by secondary sources to exist in their portion of the county[6].

Most data used in the analysis is available from public internet sources. Critical data needed to address specific regulations or developed by the individuals cooperating with us in this study is displayed in the report of the appendix. Data sources include[7]:

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[6] Response to Schedule H (Form 990) Part V B 1 i
[7] Response to Schedule H (Form 990) Part V B 1 d

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of Ouachita County compared to all AR counties	May 14, 2013	2002 to 2010
www.communityhealth.hhs.gov	Assessment of health needs of Ouachita County compared to its national set of "peer counties"	May 14, 2013	1996 to 2009
Truven (formerly known as Thomson) Market Planner	Assess characteristics of the hospital's primary service area, at a zip code level, based on classifying the population into various socio-economic groups, determining the health and medical tendencies of each group and creating an aggregate composition of the service area according to the contribution each group makes to the entire area; and, to access population size, trends, and socio-economic characteristics	May 14, 2013	2012
www.capc.org and www.getpalliativecare.org	To identify the availability of Palliative Care programs and services in the area	May 14, 2013	2012
www.caringinfo.org and iweb.nhpco.org	To identify the availability of hospice programs in the county	May 14, 2013	2012
www.healthmetricsandevaluation.org	To examine the prevalence of diabetic conditions and change in life expectancy	May 14, 2013	1989 through 2009
www.dataplace.org	To determine availability of specific health resources	May 14, 2013	2005
www.cdc.gov	To examine area trends for heart disease and stroke	May 14, 2013	2007 to 2009
www.CHNA.org	To identify potential needs among a variety of resource and health need metrics	May 14, 2013	2003 to 2010

Web Site or Data Source	Data Element	Date Accessed	Data Date
www.datawarehouse.hrsa.gov	To identify applicable manpower shortage designations	May 14, 2013	2013
www.worldlifeexpectancy.com/usa-health-rankings	To determine relative importance among 15 top causes of death	May 14, 2013	2010 published 11/29/12

- In addition, we deployed a CHNA "Round 1" survey to our local expert advisors to gain local input as to local health needs and the needs of priority populations. Local expert advisors were local individuals selected to conform to the input required by the Federal guidelines and regulations[8].

- We received community input from 15 local expert advisors. Survey responses started Monday, August 14, 2013 at 7:59 p.m. and ended with the last response on Monday, August 19th, 2013 at 1:45 p.m.;

- Information analysis augmented by local opinions showed how Ouachita County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons and minority groups. Respondents commented on if they believe certain population groups (or people with certain situations) need help to improve their condition, and if so, who needs to do what[9]; and

- The hospital participated in the Ouachita County Adult Health Survey based on the Behavioral Risk Factor Surveillance System in 2011. During the months of March, April and May of 2011, a telephone survey of 928 randomly selected adults in Ouachita County was conducted. This survey was reviewed for information and indicator development for the OCMC implementation plan.

When the analysis was complete, we put the information and summary conclusions before our local group of experts[10], who were asked to agree or disagree with the summary conclusions. They were free to augment potential conclusions with additional statements of need, and new needs did emerge from this exchange[11]. Consultation with nine local experts occurred again via an internet-based survey (explained below) during the period beginning Thursday August 22, 2013 at 7:57 p.m. and ending Friday August 30th at 1:36 a.m.

With the prior steps identifying potential community needs, the local experts participated in a structured communication technique called a Delphi method, originally developed as a systematic, interactive forecasting method that relies on a panel of experts. Experts answer questionnaires in a

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[8] Response to Schedule H (Form 990) Part V B 1 h; complies with 501(r)(3)(B)(i)
[9] Response to Schedule H (Form 990) Part V B 1 f
[10] Part response to Schedule H (Form 990) Part V B 3
[11] Response to Schedule H (Form 990) Part V B 1 e

series of rounds. We contemplated and implemented one round as referenced during the above dates. After each round, we provided an anonymous summary of the experts' forecasts from the previous round, as well as reasons provided for their judgments. The process encouraged experts to revise their earlier answers in light of the replies of other members of their panel. Typically, this process decreases the range of answers and moves the expert opinions toward a consensus "correct" answer. The process stops when we identify the most pressing, highest priority, community needs.

In the OCMC process, each local expert allocated 100 points among all identified needs, having the opportunity to introduce needs previously unidentified and challenge conclusions developed from the data analysis. A rank order of priorities emerged, with some needs receiving none or virtually no support, and other needs receiving identical point allocations.

The proposed regulations clarify a CHNA need only identify significant health needs, and need only prioritize, and otherwise assess, those significant identified health needs. A hospital facility may determine whether a health need is significant based on all of the facts and circumstances present in the community it serves. The determination of the break point, Significant Need as opposed to Other Need, was a qualitative interpretation by QHR and the OCMC executive team where a reasonable break point in the descending and order of votes occurred, indicated by the weight amount of points each potential need received and the number of local experts allocating any points to the need. Our criteria included the Significant Needs had to represent a majority of all cast votes. The Significant Needs also needed a plurality of Local Expert participation. When presented to the OCMC executive team, the dichotomized need rank order (significant vs. other) identified which needs the hospital needed to focus on in determining where and how it was to develop an Implementation response.[12]

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[12] Response to Schedule H (Form 990) Part V Section B 6 g, h and Part V B 1 g

FINDINGS

Findings

Definition of Area Served by the Hospital Facility[13]
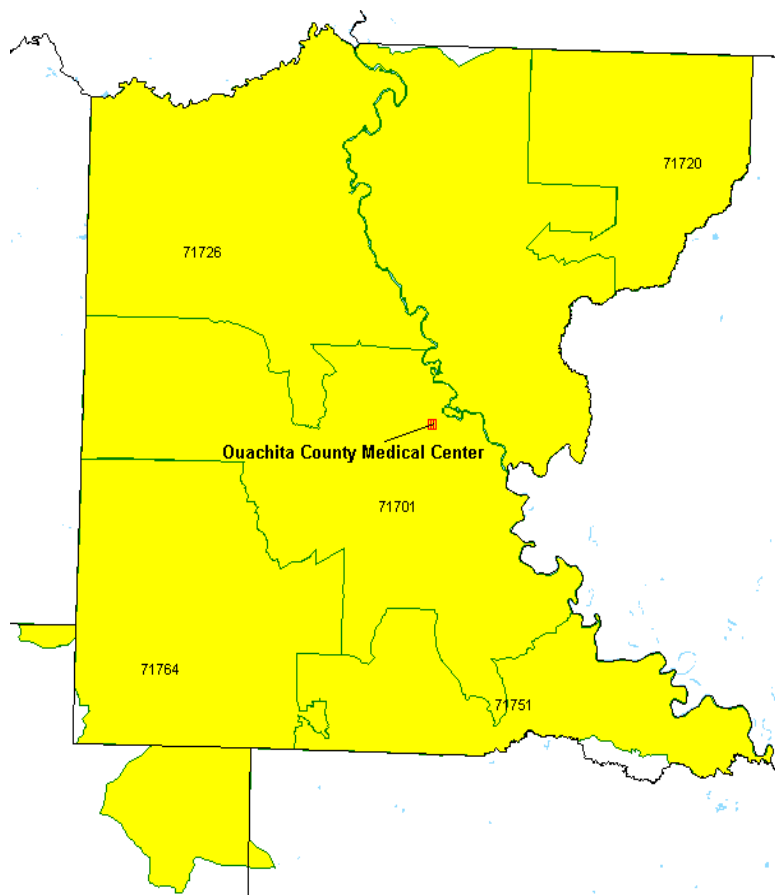
OCMC, in conjunction with QHR, defines its service area as Ouachita County in AR, which includes the following ZIP codes:

71701	Camden	71720	Bearden	71726	Chidester
71751	Louann	71764	Stephens		

In 2011, the Hospital received 81.6% of its patients from this area[14].

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[13] Responds to IRS Form 990 (h) Part V B 1 a

[14] Truven MEDPAR patient origin data for the hospital; Responds to IRS Form 990 (h) Part V B 1 a

Demographic of the Community[15]

The 2013 population for Ouachita County is estimated to be 25,763[16] and expected to decrease at a rate of -2.3%. This is in contrast to the 3.3% national rate of growth and the AR growth rate of 2.7%. Ouachita County anticipates a population of 25,180 by 2018.

According to the population estimates utilized by Truven, provided by The Nielsen Company, the 2013 median age for the county is 41.9 years, which is older than the State median age (37.6 years), and the national median age (37.5 years). The 2013 Median Household Income for the area is $32,792 which is lower than the State median income of $38,286 and the national median income of $49,233. Median Household Wealth value also is below the National and the State values. The Median Home Values for the area is $59,407 which is lower than the National and State values. Ouachita's unemployment rate as of April, 2013 was 9.1%[17], which is worse than the 7.1% statewide and the national civilian unemployment rates.

The portion of the population in the county over 65 is 18.1%, above the State average. The portion of the population of women of childbearing age is 17.3%, slightly below the State and national averages of 19.3% and 19.8 respectively. 40% of the population is Black non-Hispanic and 55.8% is White non-Hispanic. The Hispanic population comprises 1.8% of the total.

Demographics Expert 2.7
2013 Demographic Snapshot
Area: Ouachita County, AR 5.2013
Level of Geography: ZIP Code

DEMOGRAPHIC CHARACTERISTICS

	Selected Area	USA			2013	2018	% Change
2010 Total Population	26,318	308,745,538	Total Male Population		12,238	11,991	-2.0%
2013 Total Population	25,763	314,861,807	Total Female Population		13,525	13,189	-2.5%
2018 Total Population	25,180	325,322,277	Females, Child Bearing Age (15-44)		4,460	4,268	-4.3%
% Change 2013 - 2018	-2.3%	3.3%					
Average Household Income	$45,448	$69,637					

POPULATION DISTRIBUTION — Age Distribution

HOUSEHOLD INCOME DISTRIBUTION — Income Distribution

Age Group	2013	% of Total	2018	% of Total	USA 2013 % of Total	2013 Household Income	HH Count	% of Total	USA % of Total
0-14	5,060	19.6%	5,160	20.5%	19.6%	<$15K	2,627	26.7%	14.9%
15-17	1,014	3.9%	926	3.7%	4.1%	$15-25K	524	5.3%	4.7%
18-24	2,145	8.3%	2,063	8.2%	10.0%	$25-50K	2,856	29.1%	27.3%
25-34	2,772	10.8%	2,841	11.3%	13.1%	$50-75K	1,971	20.1%	19.5%
35-54	6,368	24.7%	5,491	21.8%	26.9%	$75-100K	929	9.5%	12.6%
55-64	3,750	14.6%	3,645	14.5%	12.4%	Over $100K	919	9.4%	21.0%
65+	4,654	18.1%	5,054	20.1%	13.9%				
Total	25,763	100.0%	25,180	100.0%	100.0%	Total	9,826	100.0%	100.0%

EDUCATION LEVEL — Education Level Distribution

RACE/ETHNICITY — Race/Ethnicity Distribution

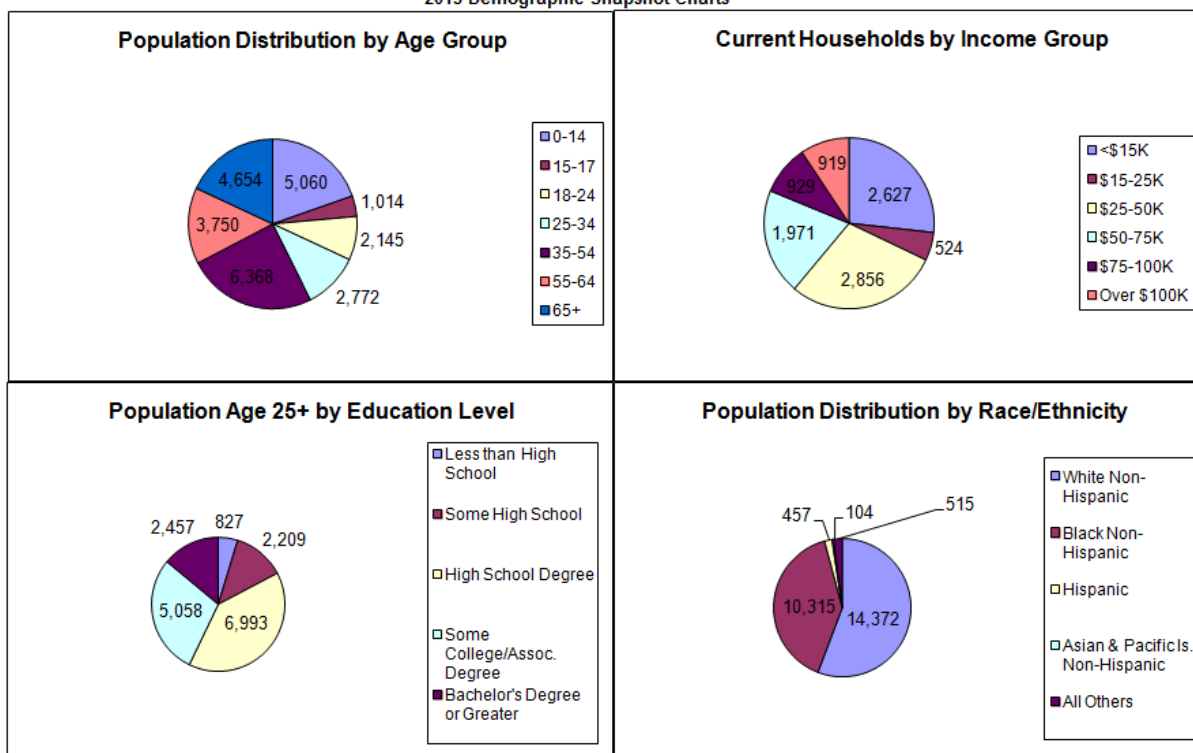| 2013 Adult Education Level	Pop Age 25+	% of Total	USA % of Total	Race/Ethnicity	2013 Pop	% of Total	USA % of Total
Less than High School	827	4.7%	6.2%	White Non-Hispanic	14,372	55.8%	62.3%
Some High School	2,209	12.6%	8.4%	Black Non-Hispanic	10,315	40.0%	12.3%
High School Degree	6,993	39.9%	28.4%	Hispanic	457	1.8%	17.3%
Some College/Assoc. Degree	5,058	28.8%	28.9%	Asian & Pacific Is. Non-Hispanic	104	0.4%	5.1%
Bachelor's Degree or Greater	2,457	14.0%	28.1%	All Others	515	2.0%	2.9%
Total	17,544	100.0%	100.0%	Total	25,763	100.0%	100.0%

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[15] Responds to IRS Form 990 (h) Part V B 1 b
[16] All population information, unless otherwise cited, sourced from Truven (formally Thomson) Market Planner
[17] http://research.stlouisfed.org/fred2/graph/?id=AROUURN#

2013 Demographic Snapshot Charts

Population Distribution by Age Group

- 0-14: 5,060
- 15-17: 1,014
- 18-24: 2,145
- 25-34: 2,772
- 35-54: 6,368
- 55-64: 3,750
- 65+: 4,654

Current Households by Income Group

- <$15K: 2,627
- $15-25K: 524
- $25-50K: 2,856
- $50-75K: 1,971
- $75-100K: 929
- Over $100K: 919

Population Age 25+ by Education Level

- Less than High School: 827
- Some High School: 2,209
- High School Degree: 6,993
- Some College/Assoc. Degree: 5,058
- Bachelor's Degree or Greater: 2,457

Population Distribution by Race/Ethnicity

- White Non-Hispanic: 14,372
- Black Non-Hispanic: 10,315
- Hispanic: 457
- Asian & Pacific Is. Non-Hispanic: 104
- All Others: 515

2013 Benchmarks
Area: Ouachita County, AR 5.2013
Level of Geography: ZIP Code

Area	2013-2018 % Population Change	Median Age	Population 65+ % of Total Population	% Change 2013-2018	Females 15-44 % of Total Population	% Change 2013-2018	Median Household Income	Median Household Wealth	Median Home Value
USA	3.3%	37.5	13.9%	16.3%	19.8%	-0.1%	$49,233	$54,682	$169,011
Arkansas	2.7%	37.6	15.3%	13.3%	19.3%	0.3%	$38,286	$45,595	$104,545
Selected Area	-2.3%	41.9	18.1%	8.6%	17.3%	-4.3%	$32,792	$44,604	$64,201

Demographics Expert 2.7
DEMO0003.SQP
© 2013 The Nielsen Company, © 2013 Truven Health Analytics Inc.

The population also was examined according to characteristics presented in the Claritas Prizm customer segmentation data. This system segments the population into 66 demographically and behaviorally distinct groups. Each group, based on annual survey data, is documented as exhibiting specific health behaviors. The makeup of the service area, according to the mix of Prizm segments and its characteristics, is contrasted to the national population averages to discern the following table of probable lifestyle and medical conditions present in the population. Items with red text are viewed as statistically important, potentially adverse findings. Items with blue text are viewed as statistically important, potential beneficial findings. Items with black text are viewed as either not statistically different from the national normal situation, or not considered either favorable or unfavorable in our use of the information.

Health Service Topic	Demand as % of National	% of Population Affected	Health Service Topic	Demand as % of National	% of Population Affected
Weight / Lifestyle			**Heart**		
BMI: Morbid/Obese	109.4%	27.9%	Routine Screen: Cardiac Stress 2yr	99.3%	15.5%
Vigorous Exercise	92.1%	46.6%	Chronic High Cholesterol	115.5%	25.8%
Chronic Diabetes	136.6%	14.2%	Routine Cholesterol Screening	90.8%	46.1%
Healthy Eating Habits	92.4%	27.4%	Chronic High Blood Pressure	131.4%	34.6%
Very Unhealthy Eating Habits	115.7%	3.2%	Chronic Heart Disease	148.6%	12.4%
Behavior			**Routine Services**		
I Will Travel to Obtain Medical Care	96.5%	28.7%	FP/GP: 1+ Visit	103.5%	91.4%
I Follow Treatment Recommendations	83.2%	33.6%	Used Midlevel in last 6 Months	104.0%	43.4%
I am Responsible for My Health	93.4%	59.2%	OB/Gyn 1+ Visit	81.8%	37.6%
Pulmonary			Ambulatory Surgery last 12 Months	102.0%	19.6%
Chronic COPD	145.2%	5.6%	**Internet Usage**		
Tobacco Use: Cigarettes	118.5%	30.7%	Use Internet to Talk to MD	73.6%	10.7%
Chronic Allergies	105.5%	25.2%	Facebook Opinions	95.5%	9.8%
Cancer			Looked for Provider Rating	82.4%	11.9%
Mammography in Past Yr	102.0%	46.3%	**Misc**		
Cancer Screen: Colorectal 2 yr	98.1%	24.2%	Charitable Contrib: Hosp/Hosp Sys	92.9%	22.2%
Cancer Screen: Pap/Cerv Test 2 yr	85.4%	51.5%	Charitable Contrib: Other Health Org	86.1%	33.6%
Routine Screen: Prostate 2 yr	97.1%	30.9%	HSA/FSA: Employer Offers	94.2%	48.1%
Orthopedic			**Emergency Service**		
Chronic Lower Back Pain	119.1%	26.8%	Emergency Room Use	107.8%	36.6%
Chronic Osteoporosis	133.1%	12.9%	Urgent Care Use	88.3%	20.9%

Leading Causes of Death

Cause of Death			Rank among all counties in AR	Rate of Death per 100,000 age adjusted		Observation
AR Rank	Ouachita Co. Rank	Condition	(#1 rank = worst in state)	AR	Ouachita Co.	
1	1	Heart Disease	16 of 75	218.8	293.0	Higher than expected
2,9,15,16,19,24, 28,30,31,32,33, 35,36,39	2	Cancer	13 of 75	197.3	224.9	Higher than expected
4	3	Stroke	11 of 75	50.8	82.4	Higher than expected
12, 21, 25	4	Accidents	35 of 75	49.8	56.4	Higher than expected
3	5	Lung	71 of 75	55.2	34.2	Lower than expected
10	6	Flu - Pneumonia	17 of 75	21.1	32.2	Higher than expected
7	7	Diabetes	28 of 75	27.1	31.3	Higher than expected
5	8	Alzheimer's	17 of 75	25.9	25.9	As expected
13	9	Blood Poisoning	12 of 75	15.9	22.4	Higher than expected
8	10	Kidney	27 of 75	20.4	21.1	Higher than expected
29	11	Homicide	9 of 75	7.8	15.3	Higher than expected
14	12	Suicide	56 of 75	14.5	11.6	As expected
18	13	Liver	34 of 74	8.2	7.9	As expected
27	14	Parkinson's	19 of 72	5.8	5.3	As expected
11	15	Hypertension	61 of 74	7.1	3.4	Lower than expected

Primary and Chronic Disease Needs and Health Issues of Uninsured Persons, Low-Income Persons, and Minority Groups

Some information is available to describe the size and composition of various uninsured persons, low income persons, minority groups, and other vulnerable population segments. Specific studies identifying needs of such groups, distinct from the general population at a county unit of analysis, are not readily available from secondary sources.

The National Healthcare Disparities Report results from a Congressional directive to the Agency for Healthcare Research and Quality (AHRQ). This production is an annual report to track disparities related to "racial factors and socioeconomic factors in priority populations". The emphasis is on disparities related to race, ethnicity, and socioeconomic status. The directive includes a charge to examine disparities in "priority populations", which are groups with unique healthcare needs or issues that require special attention[18].

Nationally, this report observes the following trends:

- Measures for which Blacks were worse than Whites and are getting better:

    o Diabetes – Hospital admissions for short-term complications of diabetes per 100,000 population;

    o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over; and

    o Functional Status Preservation and Rehabilitation. Female Medicare beneficiaries age 65 and over, who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Blacks were worse than Whites and staying the same:

    o Cancer – Breast cancer diagnosed at advanced stage per 100,000 women age 40 and over ; breast cancer deaths per 100,000 female population per year; adults age 50 and over who ever received colorectal cancer screening; colorectal cancer diagnosed at advanced stage per 100,000 population age 50 and over; colorectal cancer deaths per 100,000 population per year;

    o Diabetes – Hospital admissions for lower extremity amputations per 1,000 population age 18 and over with diabetes;

    o Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year; Children ages 19-35 months who received all recommended vaccines;

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[18] http://www.ahrq.gov/qual/nhdr10/Chap10.htm 2010

- o Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months; people age 12 and over treated for substance abuse who completed treatment course;

- o Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;

- o Supportive and Palliative Care – High-risk long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- o Timeliness – Adults who needed immediate care for an illness, injury, or condition in the last 12 months, who received care as soon as they wanted; emergency department visits where patients left without being seen; and

- o Access – People with a usual primary care provider; people with a specific source of ongoing care.

- Measures for which Asians were worse than Whites and getting better:

  - o Cancer – Adults age 50 and over who ever received colorectal cancer screening; and

  - o Patient Safety – Adult surgery patients who received appropriate timing of antibiotics.

- Measures for which Asians were worse than Whites and staying the same:

  - o Respiratory Diseases – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care; and

  - o Access – People with a usual primary care provider.

- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and staying the same:

  - o Heart Disease – Hospital patients with heart failure who received recommended hospital care;

  - o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;

  - o Respiratory Diseases – Hospital patients with pneumonia who received recommended hospital care;

- o Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement;

- o Supportive and Palliative Care – Hospice patients who received the right amount of medicine for pain; high-risk, long-stay nursing home residents with pressure sores; adult home healthcare patients who were admitted to the hospital; and

- o Access – People under age 65 with health insurance.

- Measures for which American Indians and Alaska Natives were worse than Whites for the most recent year and getting worse:

  - o Cancer – Adults age 50 and over who ever received colorectal cancer screening; and

  - o Patient safety – Adult surgery patients who received appropriate timing of antibiotics.

- Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting better:

  - o Maternal and Child Health – Children ages 2-17 who had a dental visit in the calendar year;

  - o Lifestyle Modification – Adult current smokers with a checkup in the last 12 months who received advice to quit smoking; adults with obesity who ever received advice from a health provider about healthy eating; and

  - o Functional Status Preservation and Rehabilitation – Female Medicare beneficiaries age 65 and over who reported ever being screened for osteoporosis with a bone mass or bone density measurement.

- Measures for which Hispanics were worse than non-Hispanic Whites for most recent year and staying the same:

  - o Cancer – Women age 40 and over who received a mammogram in the last 2 years; adults age 50 and over who ever received colorectal cancer screening;

  - o Diabetes – Adults age 40 and over with diagnosed diabetes who received all three recommended services for diabetes in the calendar year;

  - o Heart Disease – Hospital patients with heart attack and left ventricular systolic dysfunction who were prescribed angiotensin-converting enzyme inhibitor or angiotensin receptor blocker at discharge; hospital patients with heart failure who received recommended hospital care;

  - o HIV and AIDS – New AIDS cases per 100,000 population age 13 and over;

- o Mental Health and Substance Abuse – Adults with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months;

- o Respiratory Disease – Adults age 65 and over who ever received pneumococcal vaccination; hospital patients with pneumonia who received recommended hospital care;

- o Lifestyle Modification – Adults with obesity who ever received advice from a health provider to exercise more;

- o Supportive and Palliative Care – Long-stay nursing home residents with physical restraints; high-risk, long-stay nursing home residents with pressure sores; short-stay nursing home residents with pressure sores; adult home health care patients who were admitted to the hospital; hospice patients who received the right amount of medicine for pain;

- o Patient Safety – Adult surgery patients who received appropriate timing of antibiotics;

- o Timeliness – Adults who needed care right away for an illness, injury, or condition in the last 12 months and got care as soon as wanted;

- o Patient Centeredness – Adults with ambulatory visits who reported poor communication with health providers; children with ambulatory visits who reported poor communication with health providers; and

- o Access – People under age 65 with health insurance; people under age 65 who were uninsured all year; people with a specific source of ongoing care; people with a usual primary care provider; people unable to get or delayed in getting needed care due to financial or insurance reasons.

- • Measures for which Hispanics were worse than non-Hispanic Whites for the most recent year and getting worse:

  - o Maternal and Child Health – Children ages 3-6 who ever had their vision checked by a health provider.

We asked a specific question to our local expert advisors about unique needs of priority populations. We reviewed their responses to identify if any of the above trends were obvious in the service area. Accordingly, we place great reliance on the commentary received to identify unique population needs to which we should respond. Specific opinions from the local expert advisors are summarized as follows[19]:

- • Yes, there are health needs of uninsured and low-income;

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[19] All comments and the analytical framework behind developing this summary appear in Appendix A.

- Victims of aids that cannot afford the meds needed – what can we as a community do to help;

- Acquiring adequate transportation, medicine, healthcare is essential. This is something that should be addressed by government, church and city leaders;

- Many low-income have Medicaid but those who do not qualify cannot get as much needed help;

- Lack of knowledge of available resources;

- More public notices would probably help;

- Not sure how to improve this problem, but we are constantly trying to find ways to improve it; and

- All health providers will need to help community leaders, schools, agencies that deal with uninsured, low-income persons, as well as minority groups.

Statistical information about special populations follows:

Access to Care: Ouachita County, AR

In addition to use of services, access to care may be characterized by medical care coverage and service availability

Uninsured individuals (age under 65)[1]	**3,437**
Medicare beneficiaries[2]	
Elderly (Age 65+)	**4,203**
Disabled	**1,433**
Medicaid beneficiaries[2]	**8,424**
Primary care physicians per 100,000 pop[2]	**58.2**
Dentists per 100,000 pop[2]	**27.2**
Community/Migrant Health Centers[3]	**Yes**
Health Professional Shortage Area[3]	**No**

nda No data available.

[1] *The Census Bureau. Small Area Health Insurance Estimates Program, 2006.*
[2] *HRSA. Area Resource File, 2008.*
[3] *HRSA. Geospatial Data Warehouse, 2009.*

Vulnerable Populations: Ouachita County, AR

Vulnerable populations may face unique health risks and barriers to care, requiring enhanced services and targeted strategies for outreach and case management.

Vulnerable Populations Include People Who[1]

Have no high school diploma (among adults age 25 and older)	4,699
Are unemployed	720
Are severely work disabled	675
Have major depression	1,762
Are recent drug users (within past month)	1,828

nda No data available.

[1] *The most current estimates of prevalence, obtained from various sources (see the Data Sources, Definitions, and Notes for details), were applied to 2008 mid-year county population figures.*

Findings

Upon completion of the CHNA, QHR identified several issues within the Ouachita community:

Conclusions from Public Input to Community Health Needs Assessment

- Nine panelists representing the public participated in a survey asking opinions about their perception of local healthcare needs. In descending order of opinion, nine topics were identified as being most important:

  1. Heart Disease – 78% listed as a major concern;

  2. Mental Health/Suicide – 67% listed as a major concern;

  3. Obesity – 78% listed as a major concern;

  4. Diabetes – 78% listed as a major concern;

  5. Physician Shortage – 78% listed as a major concern;

  6. Affordability Not Having Health Insurance – 66% listed as a major concern;

  7. Stroke – 78% listed as a major concern;

  8. Compliance Behavior – 67% listed as a major concern; and

  9. High Blood Pressure – 78% listed as a major concern.

Summary of Observations from Ouachita County Compared to All Other State Counties, in Terms of Community Health Needs

- In general, Ouachita County residents are below average health for State;

- In a health status classification termed "Health Outcomes," County ranks last among 75 counties (best being #1). On all measures of morbidity and mortality, County values are higher than both the overall State values and National benchmarks. These measures include premature death, poor or fair health, poor physical health days, poor mental health days, and low birth weight; and

- In another health status classification "Health Factors," Ouachita County fares better, ranking 59th among the 75 counties. Clinical care measures are below the state average. Conditions where improvement remains to achieving state average rates and then national goals include:

  o Adult smoking;

  o Adult obesity;

  o Physical inactivity;

- o Sexually transmitted disease;

- o Teen birth rate;

- o Uninsured;

- o Children in poverty

- o Children in single parent households;

- o Drinking water safety; and

- o Limited access to healthy food.

Summary of Observations from Ouachita County Peer Comparisons

The federal government administers a process to allocate all counties into "peer" groups. County "peer" groups have similar social, economic, and demographic characteristics. Health and wellness observations when Ouachita County is compared to its national set of peer counties and compared to national rates make the following observations:

UNFAVORABLE – observations occurring at rates worse than national AND worse than among peers:

- Low birth weight (<2500));

- Very low birth weight (<1500 g);

- Births to women under 18;

- Premature births (<37 weeks);

- Births to unmarried women;

- No care in first trimester;

- Infant mortality;

- White non Hispanic infant mortality;

- Post-neonatal infant mortality;

- Coronary heart disease;

- Homicide;

- Lung cancer; and

- Stroke.

SOMEWHAT A CONCERN – observations because occurrence is EITHER above national average or above peer group average:

- Neonatal infant mortality;

- Breast cancer (female);

- Motor vehicle injuries; and

- Suicide.

BETTER PERFORMANCE – better than peers and national rates:

- Births to women ages 40 to 54;

- Black non Hispanic infant mortality;

- Colon cancer; and

- Unintentional Injury.

Conclusions from the Demographic Analysis Comparing Ouachita County to National Averages

Ouachita County in 2013 comprises 25,763 residents. During the next five years, it is expected to see a population decrease of -2.3% to achieve 25,180 residents. This decline is in contrast to the anticipated state (2.7%) and national (3.3%) growth. The population is older and has a lower median income than the state or national comparisons. 18.1% of the population is age 65 or older, a higher percentage than AR. 0.4% are non-Hispanic White, Asian, and Pacific Island origin; Hispanics constitute 1.8% of the population; Blacks comprise 40% of the population; Whites 55.8%. Females ages 15 to 44 comprise 17.3% of the population, slightly less than the percentage in AR (19.3%) or the nation (19.8%).

The following areas were identified comparing the county to national averages. Metrics impacting more than 30% of the population and that are statistically significantly different from the national average:

- Personal Responsibility for Health was 6.6% below average, impacting 59.2% – an adverse finding;

- Pap/Cervix Screening was 14.6% below average, impacting 51.5% – an adverse finding;

- HSA/FSA: Employer Offers was 5.8% below average, impacting 48.1% – neither a beneficial nor adverse finding;

- Vigorous Exercise was 7.9% below average, impacting 46.6% – an adverse finding;

- Routine Cholesterol Screening was 9.2% below average, impacting 46.1% – an adverse finding;

- OB/GYN 1+ Visit was 18.2% below average, impacting 37.6% – an adverse finding;

- Emergency Room Use was 7.8% above average, impacting 36.6% – an adverse finding;

- Chronic High Blood Pressure was 31.4% above average, impacting 34.6% – an adverse finding;

- Compliance with Treatment Recommendations was 16.8% below average, impacting 33.6% - an adverse finding;

- Charitable contributions to Other Health Organizations was 13.9% below average, impacting 33.6% – neither a beneficial nor adverse finding; and

- Tobacco Use: Cigarettes was 18.5% above average, impacting 30.7% – an adverse finding.

Situations and conditions statistically significantly different from the national average, but impacting less than 30% of the population include:

- BMI: Morbid/Obese was 9.4% above average, impacting 27.9% – an adverse finding;

- Health Eating Habits was 7.6% below average, impacting 27.4% – an adverse finding;

- Chronic Lower Back Pain was 19.1% above average, impacting 26.8% – an adverse finding;

- Chronic High Cholesterol was 15.5% above average, impacting 25.8% – an adverse finding;

- Chronic Allergies was 5.5% above average, impacting 25.2% – an adverse finding;

- Charitable Contributions to Other Hospitals/Hospital Systems was 7.1% below average, impacting 22.2% – neither a beneficial nor adverse finding;

- Urgent Care Use was 11.7% below average, impacting 20.9% – neither a beneficial nor adverse finding;

- Chronic Diabetes was 36.6% above average, impacting 14.2% – an adverse finding;

- Chronic Osteoporosis was 33.1% above average, impacting 12.9% – an adverse finding;

- Chronic Heart Disease was 48.6%, impacting 12.4% – an adverse finding;

- Looked for Provider Rating was 17.6% below average, impacting 11.9% – neither a beneficial nor adverse finding;

- Use Internet to Talk to MD was 26.4% below average, impacting 10.7% – neither a beneficial nor adverse finding;

- Chronic COPD was 45.2% above average, impacting 5.6% – an adverse finding; and

- Very Unhealthy Eating Habits was 15.7% above average, impacting 3.2% – an adverse finding.

Key Conclusions from Consideration of the Other Statistical Data Examinations

Additional observations of Ouachita County found:

- Palliative Care programs (programs focused not on curative actions but designed to relieve disease symptoms pain and stress arising from serious illness) do not exist in the county; and

- Hospice: 3 programs exist in the county.

Ranking the causes of death in County finds the leading causes to be the following (in descending order of occurrence):

- Heart Disease #1 cause of death statewide and in County 293/100,000 ranking #16 among 75 AR Counties – significantly higher than expected;

- Cancer #2 cause of death statewide and in County 224.9/100,000 ranking #13 AR County – significantly higher than expected;

- Stroke #3 cause of death in County, statewide #4 - 82.4/100,000 ranking #11 AR County – significantly higher than expected;

- Accidents #4 cause of death in County, statewide #12 – 56.4/100,000 ranking #35 AR County – significantly higher than expected;

- Lung Disease #5 cause of death in County, statewide #3 - 34.2/100,000 ranking #71 AR County – significantly lower than expected;

- Flu-Pneumonia #6 cause of death in County, statewide #10 – 32.2/100,000 ranking #17 AR County – significantly higher than expected;

- Diabetes #7 cause of death in statewide and in County – 31.3/100,000 ranking #28 AR County - significantly higher than expected;

- Alzheimer's #8 cause of death in County, statewide #5 – 25.9/100,000 ranking #17 AR County;

- Blood Poisoning #9 cause of death in County and statewide # 13 – 22.4/100,000 ranking #12 AR County – significantly higher than expected;

- Kidney Disease #10 cause of death in County, statewide #8 – 21.1/100,000 ranking #27 AR County – significantly higher than expected; and

- Among other leading causes of death, Homicide is significantly higher than expected; Hypertension is significantly lower than expected.

The all race incident of Heart Disease is below state average, but above national average. The incident of Heart Disease among Blacks is above both state and national averages. The all race incident of Stroke deaths is above state and national average. The incident of Stroke deaths among Blacks is above both state and national averages. Diabetes is well above state average.

Life expectancy for Ouachita males in 1989 was 69.1 years, 3.7 years behind the top counties, improving in 2009 to 71 years, 5.9 years behind the top counties.

Life expectancy for Ouachita females in 1989 was 77.1 years, 2.7 years behind the top counties, improving in 2009 to 77.4 years, 3.8 years behind the top counties.

EXISTING HEALTH CARE FACILITIES, RESOURCES AND IMPLEMENTATION PLAN

Significant Health Needs

We used the priority ranking of area health needs by the local expert advisors to organize the search for locally available resources as well as the response to the needs by Ouachita County Medical Center[20]. The following list includes:

- Identifies the rank order of each identified Significant Need;

- Presents the factors considered in developing the ranking;

- Establishes a Problem Statement to specify the problem indicated by use of the Significant Need term;

- Identifies Ouachita County Medical Center current efforts responding to the need;

- Establishes the Implementation Plan programs and resources Ouachita County Medical Center will devote to attempt to achieve improvements;

- Documents the Leading Indicators Ouachita County Medical Center will use to measure progress;

- Presents the Lagging Indicators Ouachita County Medical Center believes the Leading Indicators will influence in a positive fashion; and

- Presents the locally available resources noted during the development of this report as believed to be currently available to respond to this need.

In general, Ouachita County Medical Center is the major hospital in the service area. Ouachita County Medical Center is a 79 bed, acute care medical facility located in Camden, AR. The next closest facilities are outside the service area and include:

- Medical Center South Arkansas – 84 bed acute care medical facility in El Dorado, AR; 29.8 miles from Camden (42 minutes)

- Dallas County Medical Center – 22 bed critical access hospital in Fordyce, AR; 33.4 miles from Camden (44 minutes)

- Magnolia Hospital – 43 bed acute care medical facility in Magnolia, AR; 35.8 miles from Camden (45 minutes)

All data items analyzed to determine significant needs are "Lagging Indicators", measures presenting results after a period of time, characterizing historical performance. Lagging Indicators tell you nothing about how the outcomes were achieved. In contrast the Ouachita County Medical Center Implementation Plan utilizes "Leading Indicators". Leading Indicators anticipate change in the Lagging Indicator. Leading Indicators focus on short-term performance, and if accurately selected,

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[20] Response to IRS Form 990 h Part V B 1 c

anticipate the broader achievement of desired change in the Lagging Indicator. In the QHR application, Leading Indicators also must be within the ability of the hospital to influence and measure.

Significant Needs

1. Coronary Heart Disease

Heart Disease is the #1 cause of death. Ouachita county has a death rate of 293.0 (rate per 100,000) – County ranks #16 of 75 counties in Arkansas (#1 rank = worst in AR), above AR average and higher than expected. The incidence of CHD is 49% above the U.S. Average. A disparity exists in that heart related deaths are 27% higher in the black population than the white population.

Problem Statement: Death rate from Coronary Heart Disease should be lowered

OUACHITA COUNTY MEDICAL CENTER SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Ouachita County Medical Center diagnoses and treats Coronary Heart Disease;

- The hospital participates in Community Health Matters a community health initiative which promotes a healthy lifestyle, healthy eating and exercise; and

- The hospital holds health fairs and performs cholesterol screening and education.

OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how Ouachita County Medical Center services can benefit their initiatives. Ouachita County Medical Center will initiate efforts by contacting each organization to establish a forum for effort collaboration; and

- Ouachita County Medical Center will continue health fairs, cholesterol screening and education activities.

ANTICIPATED RESULTS FROM OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN

- The focus of the implementation plan is early detection of disease resulting from public/patient education and screening. Early detection of hypercholesterolemia will lead to disease prevention, earlier intervention and better clinical outcome. It is not an unreasonable result of this implementation plan to observe an increase in disease as a result of increased awareness, but this should lead to lower death rates.

LEADING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO MEASURE PROGRESS:

- An increase in cholesterol screening and education. Most recent 12 month period = 54; and

- 2014 cholesterol screening studies will increase.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- Heart Disease death rate per 100,000 for Ouachita County

Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site http://www.ouachitamedcenter.com
Stephens Community Clinic, A Division of Ouachita County Medical Center, 113 West Ruby Street, Stephens, Arkansas 71764, Ph: **(870) 786-9114**
American Heart Association   PO Box 3016, Camden, AR 71711. Ph: (870) 574-2522.
Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101

2. Mental Health/Suicide

Suicide is the 12th leading cause of death. The county is a health professions shortage area for mental health. Drug abuse is a concern of the expert panel, especially Rx abuse. By getting unused and unwanted drugs out of homes as soon as it is determined that they are no longer needed, they are kept out of the hands of those who could potentially abuse them. Surprisingly, 70% of drugs abused by teens come from homes (National Study for Drug Use and Health, 2007). Arkansas is number one in the nation for teen pain killer abuse (SAMHSA, 2007) and The National Center for Disease Control reported in 2011 that one in five high school students have taken a prescription drug without a prescription.

OUACHITA COUNTY MEDICAL CENTER SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- Ouachita County Medical Center ED diagnoses and refers Mental Health patients; and

- The hospital has a dedicated behavioral health unit for substance use disorders.

OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the organizations listed below which offer resources responding to this need by identifying how Ouachita County Medical Center services can benefit their initiatives. Because of the hospital's expertise in substance abuse, it will focus on substance abuse dealing with Rx drugs;

- The hospital substance abuse staff is involved in speaking engagements in the community and at schools related to abuse of Rx drugs and provides educational material on the correct disposal of unused medications;

- The hospital director of Mental Health provides education and supervisory training for business organizations on Substance and Rx. Drug abuse; and

- The hospital home health service assists home health patients and elderly patients in inventorying their medications and provides instruction on how to dispose of Rx medications including narcotics and medications prone to abuse.

ANTICIPATED RESULTS FROM OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN

- The focus of the implementation plan is public/patient information and education regarding medication substance abuse and prevention of abuse of Rx. Drugs. Education and assistance in the proper disposal of medications should result in a lessening of abuse of Rx medications.

LEADING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO MEASURE PROGRESS:

- The number of educational and training programs sponsored by the hospital to reduce drug abuse and education sessions on the proper disposal of unused Rx medications will be increased.

  o Educational/Training sessions in the most recent 12 month period = 37; and

  o 2014 Educational/Training sessions will increase.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- The incidence of improper disposal of Rx medications will decrease and teen abuse of Rx medications will decrease. The current rate of combined abuse all grades is 7.3% (Arkansas is 7.9%)

  o Available at http://arkansas.pridesurvey.com/counties.php?year2012

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:

Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site http://www.ouachitamedcenter.com

Stephens Community Clinic, A Division of Ouachita County Medical Center, 113 West Ruby Street, Stephens, Arkansas 71764, Ph: **(870) 786-9114**
Day Springs Behavioral Health Services of Camden 115 Jefferson St. S.W. Camden, AR 71701 Ph: (870) 836-8888
South Arkansas Regional Health Center Camden Clinic Mental Health Center, 211 Jackson St. SW Camden, AR 71701 Ph: 836-5743
Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101

3. Obesity

OBESITY/OVERWEIGHT – The obesity rate is higher than Arkansas as a whole and the U.S. as a whole. The number of morbid obese is 9.4% above average. Obesity is a leading Local Expert concern. Fast food restaurants per capita are equal to the Arkansas county average but higher than the U.S. rates. The population has limited access to healthy foods – very short of the U.S. goal. Vigorous exercise is 7.9% below the average of the U.S.

Problem Statement: Additional obesity reduction efforts including an emphasis on healthy eating are needed.

OUACHITA COUNTY MEDICAL CENTER SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- OCMC supports recruitment of an adequate supply of primary care practitioners to address needs for obesity services;

- OCMC provides space for Weight Watchers each Monday evening; and

- OCMC participates in Health Matters a community based group that has as its goal healthy lifestyles, healthy eating and exercise.

OUACHITA COUNTY MEDICAL CENTER DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- OCMC has limited resources;

- Area physicians respond to this need; and

- Community Health Matters is an existing program that can address these issues better than OCMC.

ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS

- A decrease in the obesity rate for Ouachita County.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- County obesity rate will decline.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site http://www.ouachitamedcenter.com
Stephens Community Clinic, A Division of Ouachita County Medical Center, 113 West Ruby Street, Stephens, Arkansas 71764, Ph: **(870) 786-9114**
Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101
Weight Watchers meets at Ouachita County Medical Center each Monday evening at 6 p.m.

4. Diabetes

Seventh leading cause of death, significantly higher than expected, CO ranks #25 worst among all 75 Arkansas Counties, the incidence is 36.6% higher than the national average.

Problem Statement: Diabetes incidence and death rate needs to be reduced.

OUACHITA COUNTY MEDICAL CENTER SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- OCMC has diagnostic and treatment services for Diabetes.

OUACHITA COUNTY MEDICAL CENTER DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- OCMC has limited resources;

- Area physicians respond to this need; and

- Community Health Matters is an existing program that can address lifestyle issues related to Diabetes better than OCMC.

ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS

- A decrease in the diabetes death rate for Ouachita County.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- County diabetes death rate.

> **Other local resources identified during the CHNA process which are believed available to respond to this need include the following:**
>
> **Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site** http://www.ouachitamedcenter.com
>
> **Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101**

5. Physicians/Recruitment

The primary care provider per population rate is about half the Arkansas rate and 47% of the US rates (undesirable).; The county is a Medically Underserved; primary care Health Professional Shortage Area; ER use 8% above avg.

Problem Statement: There is a provider shortage and the community needs additional physicians.

OUACHITA COUNTY MEDICAL CENTER DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- OCMC has limited resources; and

- Area physicians respond to this need.

ANTICIPATED RESULTS FROM IMPLEMENTATION PLAN OF OTHERS

- A decrease in the number of primary care providers for Ouachita County.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- Improved physician to population ratio.

> **Other local resources identified during the CHNA process which are believed available to respond to this need include the following:**
>
> **Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site** http://www.ouachitamedcenter.com
>
> Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101

6. Affordability

Access problems to affordable care is a leading Local Expert concern especially for medications; uninsured rate is slightly below the Arkansas County average and twice the U.S. average.

Problem Statement: Affordability is a barrier to receiving needed medical services.

OUACHITA COUNTY MEDICAL CENTER DOES NOT INTEND TO DEVELOP AN IMPLEMENTATION PLAN FOR THIS NEED:

- The hospital provides service to patients regardless of ability to pay; and

- Patients receive assistance from the hospital in obtaining Medicaid Coverage and the hospital assesses ability to pay and provides discounts and charity care.

ANTICIPATED RESULTS FROM THE IMPLEMENTATION PLAN OF OTHERS

- The State of Arkansas is addressing expanding the Medicaid Program under the Affordable Care act by providing a unique product with three options. The potential reduction in the number of individuals who can obtain coverage cannot be determined at this time as well as improved access resulting from the program initiative. Arkansas has proposed to implement the Affordable Care Act's (ACA's) Medicaid expansion by using Medicaid funds as premium assistance to purchase coverage for some or all newly eligible Medicaid beneficiaries in Marketplace (formerly called Exchange) Qualified Health Plans (QHPs). Arkansas has submitted § 1115 demonstration waiver applications to the Centers for Medicare and Medicaid Services (CMS).[1] Arkansas seeks demonstration waiver authority primarily because they propose to make premium assistance enrollment mandatory for affected beneficiaries;

- With health care reform and exchange coverage the number of individuals purchasing health insurance should increase improving access to physician and hospital care; and

- Ouachita County Medical Center will monitor the success of these programs.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- Improved population insurance coverage.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site http://www.ouachitamedcenter.com
Stephens Community Clinic, A Division of Ouachita County Medical Center, 113 West Ruby Street, Stephens, Arkansas 71764, Ph: **(870) 786-9114**
Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101

> **Arkansas Medicaid Program:** Department of Human Services of Arkansas P.O. Box 1437, Slot 1100
> Donaghey Plaza South Little Rock, AR 72203-1437 Ph: 1-800-707-3854

7. Stroke

Stroke is the #3 cause of death. Ouachita County is the 11th worst amount 75 Arkansas counties. The stroke death rate is higher than expected. The Death rate from stroke is almost two times the U.S. rate and the rate of peer counties.

Problem Statement: The stroke death rate is high and needs to be reduced.

OUACHITA COUNTY MEDICAL CENTER SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital diagnoses and treats stroke patients;

- The hospital provides Stroke Awareness Educational Sessions coordinated by the R.N. emergency department staff; and

- The hospital is part of the Arkansas Stroke Program, SAVES (Stroke Assistance Through Virtual Emergency Support) program. It provides rural hospitals with a high-tech, video communications system so that when stroke patients come through the ER, they can quickly and expediently receive appropriate care and a real-time consult from one of the state's board-certified vascular neurologists.

OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the organizations listed below which offer resources responding to this need; and

- The hospital will increase educational programs on stroke awareness in schools and the community coordinated by the ED.

ANTICIPATED RESULTS FROM OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN

- The death rate for strokes will be reduced.

LEADING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO MEASURE PROGRESS:

- The number of Stroke Awareness Educational Programs;

- In the most recent 12 month period the hospital has conducted 12 stroke awareness programs; and

- In 2014, the hospital will increase the number of Stroke Awareness Educational Programs.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- Reduction in the Stroke death rate for Ouachita County.

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:

Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site http://www.ouachitamedcenter.com

Stephens Community Clinic, A Division of Ouachita County Medical Center, 113 West Ruby Street, Stephens, Arkansas 71764, Ph: (870) 786-9114

Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101

Other Needs Where Hospital Developed Implementation Plan

13. Smoking

26% of the population smokes (18% higher than the national average) increasing the risk for heart disease and cancer.

Problem Statement: The smoking rate must decrease

OUACHITA COUNTY MEDICAL CENTER SERVICES AVAILABLE TO RESPOND TO THIS NEED INCLUDE:

- The hospital campus is a smoke free campus; and

- The hospital diagnoses and treats conditions resulting from tobacco use.

OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN PROGRAMMATIC INITIATIVES:

- Coordinating efforts with the organizations listed below which offer resources responding to this need; and

- The hospital will implement a smoking cessation program.

ANTICIPATED RESULTS FROM OUACHITA COUNTY MEDICAL CENTER IMPLEMENTATION PLAN

- The number of smokers will be reduced.

LEADING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO MEASURE PROGRESS:

- The number of Smoking Cessation Educational Programs;

- In the most recent 12 month period the hospital has conducted 0 Smoking Cessation Seminars; and

- In 2014, the hospital will a smoking cessation programs and will measure success by the number of Smoking Cessation Seminars.

LAGGING INDICATOR OUACHITA COUNTY MEDICAL CENTER WILL USE TO IDENTIFY IMPROVEMENT

- Reduction in the Ouachita County population smoking cigarettes (Currently 26%).

Other local resources identified during the CHNA process which are believed available to respond to this need include the following:
Ouachita County Medical Center Physicians, Address and Phone available on the hospitals web site http://www.ouachitamedcenter.com
Stephens Community Clinic, A Division of Ouachita County Medical Center, 113 West Ruby Street, Stephens, Arkansas 71764, Ph: **(870) 786-9114**
Ouachita Family Health Center, An affiliate of Baptist Health, 353 Cash Road, Camden AR, 71701, Ph: (870) 836-8101

Other Needs Identified During the CHNA Process Presented in Rank Order of Need

8. COMPLIANCE BEHAVIOR/PREDISPOSING CONDITIONS – follows treatments 17% below average; responsible for my health 6.6% below average; educational metric rates below Arkansas avgs.; unemployment worse than the Arkansas average; violent crime better than the Arkansas average, but 5.6 times US goal;

9. HIGH BLOOD PRESSURE – 31.4% above the national average;

10. HIGH CHOLESTEROL – 15% above the national average; screening is 9% below the national average;

11. CANCER 2nd cause of death, significantly higher than expected, CO ranks #13th out of 75 counties, above Arkansas avg.; colorectal screening 2% below average; prostate screening 3% below average; pap/cervix test 15% below average.; mammogram 2% above average; rates worse than US or peer (but not both) breast cancer (female), colon cancer; rates worse than US and peers lung cancer. Colon cancer incidence is better than peer county and national rates;

12. MATERNAL AND INFANT MEASURES – low birth weight, very low birth weight, premature births, births to women under age a8, births to unmarried women, no care in the

first trimester, infant mortality, non Hispanic white infant mortality, post-neonatal infant mortality are unfavorable compared to U.S. rates. Neonatal infant mortality is somewhat unfavorable compared to U.S. rates. Births to women age 40-54 rates are favorable compared to U.S. rates as is black non Hispanic infant mortality. Teen age birth is a concern expressed by local experts. Pap testing was 14.6% below average;

14. CHRONIC COPD/PULMONARY LUNG DISEASE <u>has a lower than expected death rate. PULMONARY</u> – 5th cause of death, at expected death rate, CO ranks #5th best county in the state; but Chronic COPD is 45.2% higher than the national rate; chronic allergies 5.5% above the national average. Chronic allergies were 5.5% above average;

15. ACCIDENTS - DISEASE – 4th leading cause of death, significantly higher, the county ranks #35th of 75 counties, with #1 being the worst Arkansas County, above Arkansas avg., among age 15-24 leading cause in Arkansas; rates worse than US motor vehicle injury; rates worse than US; unintentional injury below national rate; motor vehicle death rate is at the Arkansas level, but worse than the US goal;

16. PRIORITY POPULATIONS – Leading Local Expert concerns among priority populations is a   lack of health care insurance. Educational needs related to obesity diabetes and heart disease are expressed. 20.8% of the population (28% for all of Arkansas) compared the U.S. goal of 14%. 38% of children live in poverty. 42.6% of Ouachita residents live below 200% of poverty compared to Arkansas average of 47%;

17. LIFE EXPECTANCY/PREMATURE DEATH – Life expectancy for both males and females are behind the Arkansas average. premature death (prior to age 75) significantly higher than the Arkansas and US average;

18. SEUALLY TRANSMITTED DISEASE <u>has a lower than expected death rate. PULMONARY</u> – 5th cause of death, at expected death rate, CO ranks #5th best county in the state; but Chronic COPD is 45.2% higher than the national rate; chronic allergies 5.5% above the national average. Chronic allergies were 5.5% above average;

19. LOW BACK PAIN – 19% above the national average;

20. PREVENTABLE HOSPITALIZATIONS – Preventable hospital stays are above the Arkansas average but below the US goal;

21. ALZHEIMERS – 8th cause of death, as expected, ranks #17, above Arkansas County average.

22. DRINKING WATER SAFETY – 53% of population is affected. Drinking water violates safety standards compared to the Arkansas average of 9%;

23. FLU/PNEUMONIA – 6th cause of death, higher than expected, CO ranks the 17th worst among all 75 Arkansas counties;

24. CHRONIC OSTEOPOROSIS – 33% above the national average;

25. KIDNEY DISEASE – 10th leading cause of death, significantly higher than expected, ranks #27th worst among the 75 Arkansas counties;

26. PALLIATIVE CARE AND HOSPICE Palliative care and hospice care programs exist in the County; and

27. DENTISTS – Identified by an expert panel member, Ouachita County is an HPSA for dental care.

Overall Community Need Statement and Priority Ranking Score:

Significant Needs Where Hospital Has Implementation Responsibility

1. Heart Disease;

2. Mental Health/Suicide; and

7. Stroke.

Significant Needs Where Hospital Did Not Develop Implementation Plan

3. Obesity/Overweight;

4. Diabetes;

5. Physicians; and

6. Affordability.

Other Needs Where Hospital Developed Implementation Plan

13. Smoking/Tobacco.

Other Identified Needs Where Hospital Did Not Develop Implementation Plan

10. Cancer;

11. High;

12. Maternal and Infant;

14. Chronic COPD/Pulmonary Lung;

15. Accidents;

16. Priority Populations;

17. Life Expectancy/Premature Death;

18. Sexually Transmitted Disease;

19. Low Back Pain;

20. Preventable Hospitalizations;

21. Alzheimers;

22. Low Back Pain (Chronic);

23. Flu/Pneumonia;

24. Chronic Osteoporosis;

25. Kidney Disease;

26. Palliative Care and Hospice; and

27. Dentists.

APPENDICES

Appendix A – Local Expert Advisor Opinion About Significant Needs

A total of 15 local expert advisors participated in an online survey offering opinions regarding their perceptions of community health needs. The following is an analysis of their responses:

The first question was open-ended. "What do you believe to be the most important health or medical issue confronting the residents of your County?" Answers were placed in a "Word Cloud" format for analysis and generated the following image:

Word Clouds are analytical tools, which give greater visual prominence to words appearing more frequently in the source text. This information visualization establishes a portrait of the aggregate responses, presenting the more frequently used terms with greater text size and distinction in the visual depiction. Common article word (i.e., "a," "the," etc.), non-contextual verbs (i.e., "is," "are," etc.) and similar words used when writing sentences are suppressed by this application.

Specific verbatim comments received were as follows:

- AIDS Abuse child and adult seems to be on the rise – no jobs, etc.;

- Lack of health insurance;

- Chemical dependency specifically prescription drug abuse. Opiates are the # l drug abuse;

- Lack of health care (because of insurance money);

- Getting a comprehensive health and wellness plan to the community;

- I believe that the residents of Ouachita County suffer from a variety of health issues and I find it impossible to choose just one as being the most important. I see the residents of Ouachita County facing problems with coronary artery disease, cardiovascular disease, obesity, dental problems, psychiatric problems and difficulties related to the affordability and accessibility of healthcare in general;

- Need to have more education for community R/T preventive aspects of healthcare. Diabetes, CHP, Obesity;

- Need help with household issues: cleaning, cooking, difficult to stay at home alone;

- Obesity, smoking, lack of exercise;

- Rx drug costs;

- The incidence of births to young, single mothers starts a cycle of poverty and health concerns that continue a lifetime. This impacts the chronic conditions of obesity, diabetes, poor diet and nutrition, and overall poor health rankings of the country;

- Education – unhealthiest county in state – most of our patients are hypertensive and diabetic;

- Ability to pay when not given government assistance;

- We need more health providers to address the health and medical needs of our community. After they will have insurance, the demand will be more than what we have now and people will go to other counties for their health needs; and

- Obesity Tobacco, Lack of exercise Elderly and lower income people unable to afford medications. Must choose between medicine and food.

Our second question to the local experts was, "Do you perceive there are any primary and/or chronic disease needs, as well as potential health issues, of uninsured persons, low-income persons, minority groups and/or other population groups (i.e. people with certain situations), which need help or assistance in order to improve? If you believe any situation as described exists, please also indicate who you think needs to do what."

The responses generated the following image:

Specific verbatim comments received were as follows:

- Victims of aids that cannot afford the meds needed- what can we as a community do to help;

- Yes. Many people suffer from hypertension diabetes and renal failure. Acquiring adequate transportation, medicine, healthcare is essential. This is something that needs to be addressed by government, church and city leaders;

- Addiction; both, yes. Limited services for chronic mentally ill patients. Chronic Mentally ill, increase in funding for substance abuse and more education in schools about prevention;

- We have a big problem with abuse of prescription drugs, which affects all people (young, old, rich poor.) There needs to be a better oversight with pain drugs. I see in our line of work many people only get the pain narcotics so they can sell to others;

- Diabetes Heart Disease Obesity;

- I certainly believe this to be the case and believe that federal, state and local governments must work together with healthcare providers and needy individuals to assure that the funds are available for assistance are used judiciously and responsibly and that recipients of assistance are educated and improved, not simply enabled;

- Preventive Health Community Workshops- seminars;

- Many low-income have Medicaid but those who do not qualify cannot get as much needed help. Lack of knowledge of available resources. More public notices would probably help;

- Obesity leads to HBP, Diabetes, Heart disease, Renal disease, arthritis, and disability. Improving obesity must begin at home and cannot be fixed solely by an institution;

- Yes, there are health needs of uninsured and low-income. Not sure how to improve this problem, but we are constantly trying to find ways to improve it;

- See last question – I think parents need to be held responsible through vouchers given by the county/state. If children aren't cared for in timely manner (due to each of parental responsibility) other fundery to parents should be limited or conditional;

- Yes, all of these problems/issues exist. All health providers will need to help community leaders, schools, agencies that deal with uninsured, low-income persons, as well as minority groups;

- Undiagnosed hypertension, diabetes, health illiteracy= need more F.P. Doctors Need better communication between patients and physicians and other healthcare providers at clinics (verbal and written); and

- Diabetes and other chronic illnesses. Public Education Health Fairs.

Appendix B – Process to Identify and Prioritize Community Need[21]

Need Candidate	Total Points Allocated	Cumulative Percentage of Response	Number of Local Experts Voting for Need	Point Break from Higher need	Need Determination
1. CORONARY HEART DISEASE	95	10.6%	8		
2. MENTAL HEALTH / SUICIDE	75	18.9%	7	20	
3. OBESITY/OVERWEIGHT	58	25.3%	8	17	Significant Needs
4. DIABETES	53	31.2%	8	5	
5. PHYSICIANS	45	36.2%	8	8	
6. AFFORDABILITY	45	41.2%	7	0	
7. STROKE	43	46.0%	8	2	
8. BLOOD PRESSURE (High)	41	50.6%	8	2	
9. COMPLIANCE BEHAVIOR / PREDISPOSING CONDITIONS	41	55.1%	7	0	
10. CANCER	38	59.3%	7	3	
11. CHOLESTEROL (HIGH)	37	63.4%	7	1	
12. MATERNAL AND INFANT MEASURES	35	67.3%	7	2	
13. SMOKING / TOBACCO USE	33	71.0%	8	2	
14. CHRONIC COPD / (LUNG DISEASE) /PULMONARY	28	74.1%	6	5	
15. ACCIDENTS	27	77.1%	5	1	Other Identified Needs
16. SEXUALLY TRANSMITTED DISEASE	26	80.0%	7	1	
17. LIFE EXPECTANCY / PREMATURE DEATH	23	82.6%	6	3	
18. PRIORITY POPULATIONS	23	85.1%	6	0	
19. DRINKING WATER SAFETY	21	87.4%	6	2	
20. PREVENTABLE HOSPITALIZATION	19	89.6%	5	2	
21. ALZHEIMER'S	18	91.6%	5	1	
22. LOW BACK PAIN (Chronic)	18	93.6%	6	0	
23. FLU / PNEUMONIA	17	95.4%	5	1	
24. CHRONIC OSTEOPOROSIS (bone disease)	13	96.9%	5	4	
25. KIDNEY	12	98.2%	5	1	
26. PALLIATIVE CARE & HOSPICE	11	99.4%	5	1	
27. Dentists/Dental care	5	100.0%	1	6	
Total	900		9		

Individuals Participating as Local Expert Advisors

Organization	Position	Area of Expertise
Campbell & Company	Commercial Lines Manager	Insurance-Property and Casualty
Central Ar Dev Council	Community Development Supervisor	Goal Setting, utility assistance, family development and transportation to low income families
OCMC	Director of Mental Health Services	Counseling
Ouachita County Sheriff's Office	County Sheriff	Sheriff of Ouachita County
Zion Hill Baptist Church	Pastor	Clergy
OCMC Emergency Department	Medical Director	Emergency Medicine and Family Medicine
Pine Hills Health and Rehabilitation	CEO	long term care
Lifeline Homecare Fordyce, AR	DON/ Administrator	providing home health in ouachita and surrounding counties
Dan Martin, MD	MD	Internal Medicine
Ouachita Valley Family Clinic	Clinic Manager	Administrator of medical group seaking general healthcare needs of this and surrounding communities.
Christian Health Center	Administrative Director	non-profit medical clinic for uninsured of Ouachita County. Also offer dental and prescription assistance.
Camden Fairview Intermediate School	Assistant Principal	Curriculum/ Administration
Ouachita County Health Unit	Administrator	I work with local public health which affects the entire community
AR Dept. of Health	Community Health Nurse Specialist	Public Health
Ouachita Nursing and Rehab Center	Community Liasion	Longterm Care

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[21] Responds to IRS Schedule H (990) Part V B 1. g. and V B 1. h.

Advice Received from Local Experts

Q. Do you agree with the observations formed about the comparison of Ouachita County to all other State counties?

- I believe there is not enough education in the area of prevention in most areas described. In terms of physicians and dentist I feel the ratio is greater due to the location. It is difficult to recruit healthcare professionals to south Arkansas.
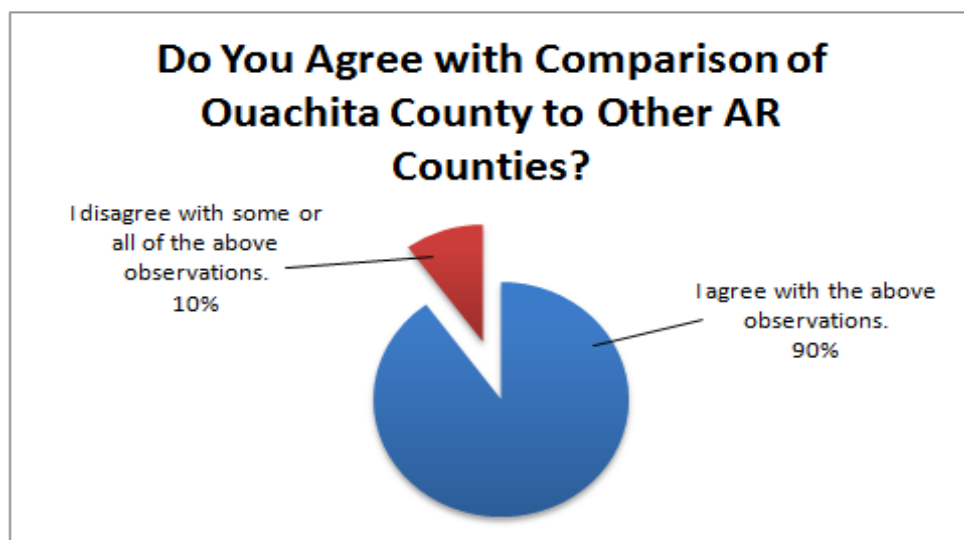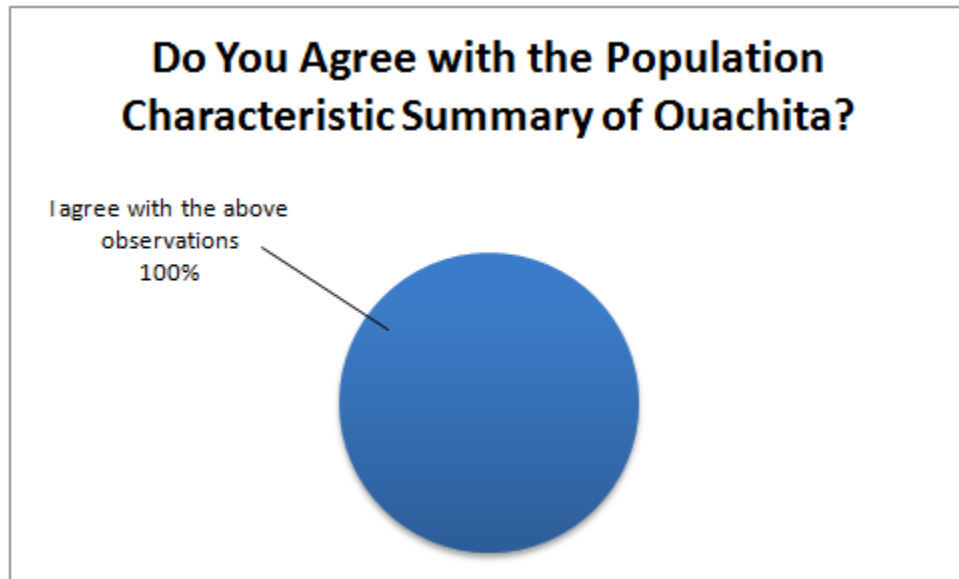

Q. Do you agree with the observations formed about the comparison of Ouachita County to its peer counties?
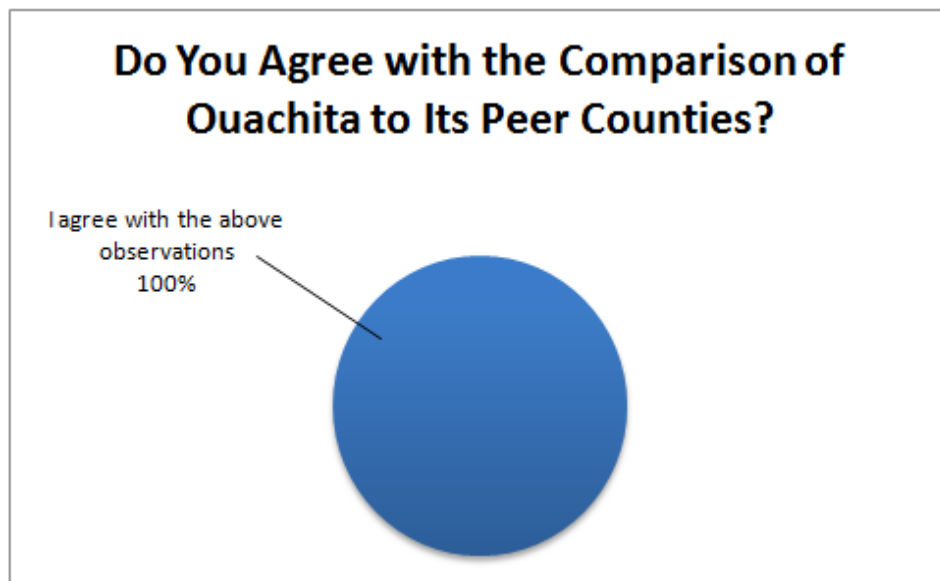

- I also think that obesity and diabetes should be on the "unfavorable" or "somewhat a concern" list. Again, education/prevention are needed.

Q. Do you agree with the observations formed about the population characteristics of County County?


- I do agree – I feel like we don't do the preventive care that we should due to lack of insurance and the fact that we have so many low income families.

- Again, prevention/education.

Q. Do you agree with the observations formed about the opinions from local residents?
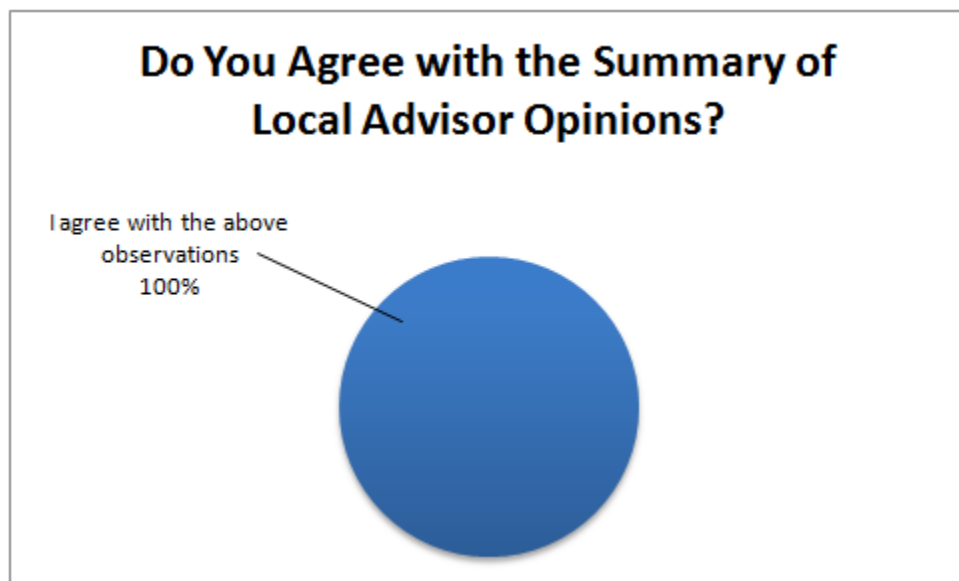
- I also know in order to address the lack of health care; we need more health care providers. We do not have enough to see all that have health needs.

Q. Do you agree with the observations formed about the additional data analyzed about Ouachita County?
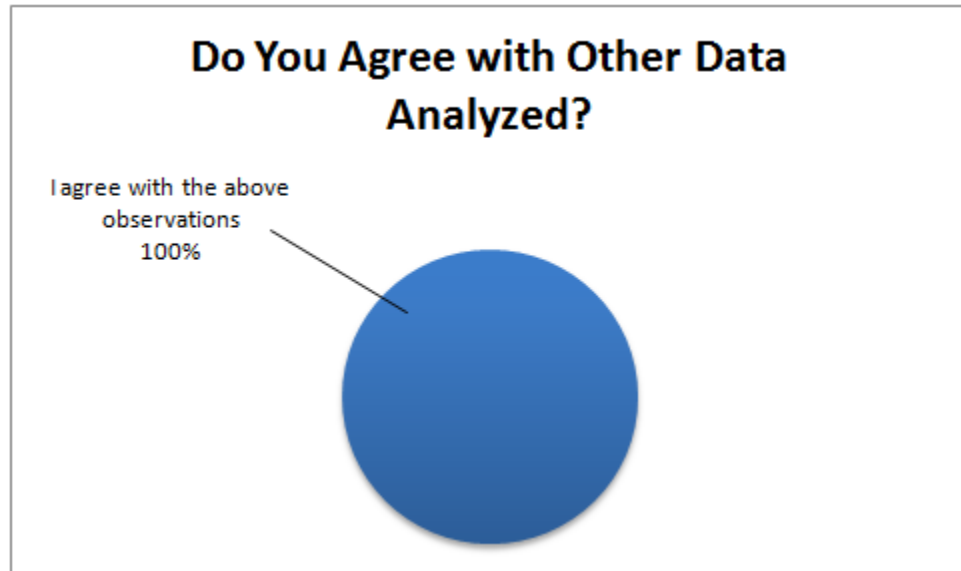
Appendix C – Illustrative Schedule H (Form 990) Part V B Potential Response

Illustrative IRS Schedule H Part V Section B (form 990)[22]

Community Health Needs Assessment Answers

1. *During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9*

   <u>Illustrative Answer</u> – **Yes**

   If "Yes," indicate what the Needs Assessment describes (check all that apply):

   a. *A definition of the community served by the hospital facility*
   b. *Demographics of the community*
   c. *Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community*
   d. *How the data was obtained*
   e. *The health needs of the community*
   f. *Primary and chronic disease needs and health issues of uninsured persons, low-income persons, and minority groups*
   g. *The process for identifying and prioritizing community health needs and services to meet the community health needs*
   h. *The process for consulting with persons representing the community's interests*
   i. *Information gaps that limit the hospital facility's ability to assess the community's health needs*
   j. *Other (describe in Part VI)*

   <u>Illustrative Answer</u> – check a. through i. Answers available in this report are found as follows:

   > 1. a. – See Footnotes #113 (page 11) & #14 (page 11)
   >
   > 1. b. – See Footnotes #15 (page 12)
   >
   > 1. c. – See Footnote #20 (page 27)
   >
   > 1. d. – See Footnotes #6 (page 6)
   >
   > 1. e. – See Footnotes #11 (page 8)
   >
   > 1. f. – See Footnotes #8 (page 8)

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[22] Questions are drawn from 2012 f990sh.pdf Forms and may change when the hospital is to make its 990 h filing

1. g. – See Footnote #12 (page 9) & #21 (page 45)

1. h. – See Footnote #8 (page 8) & #21 (page 45)

1. i. – See Footnote #6 (page 6)

1. j. – No response needed

2. ***Indicate the tax year the hospital facility last conducted a CHNA: 20 _ _***

   <u>Illustrative Answer</u> – 2013
   See Footnote #1 (Title page)

3. ***In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted***

   <u>Illustrative Answer</u> – Yes
   See Footnotes #10 (page 8)

4. ***Was the hospital facility's Need Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.***

   <u>Illustrative Answer</u> – No

5. ***Did the hospital facility make its CHNA widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)***

   a. ***Hospital facility's website***
   b. ***Available upon request from the hospital facility***
   c. ***Other (describe in Part VI)***

   <u>Illustrative Answer</u> – check a. and b.
   The hospital will need to obtain Board approval of this report, document the date of approval, and then take action to make the report available as a download from its web site. It may also be prudent to place a notice in a paper of general circulation within the service area noting the report is available free upon request.

6. ***If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):***

   a. ***Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA***
   b. ***Execution of an implementation strategy***
   c. ***Participation in the development of a community-wide plan***
   d. ***Participation in the execution of a community-wide plan***

e. *Inclusion of a community benefit section in operational plans*

f. *Adoption of a budget for provision of services that address the needs identified in the CHNA*

g. *Prioritization of health needs in its community*

h. *Prioritization of services that the hospital facility will undertake to meet health needs in its community*

i. *Other (describe in Part VI)*

Illustrative Answer – check a, b, f, g, and h.

6. a. – See pages 28 - 40

6. b. – See pages 28 - 40

6. f. – See page 4

6. g. – See footnote #12 (page 9)

6. h. – See footnote #12 (page 9)

7. *Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs?*

Illustrative Answer – Yes

Part VI suggested documentation – See pages 28 - 40

8. a. *Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?*

b. *If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?*

c. *If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form4720 for all of its hospital facilities?*

Illustrative Answers – 8 a, 8 b, 8 c – No