

# **BAXTER** **HEALTH**

## **COMMUNITY HEALTH NEEDS ASSESSMENT 2022**



# BAXTER HEALTH

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## **INTRODUCTION**

Baxter Health is a nonprofit health system, located in Mountain Home, Arkansas. As a fully integrated healthcare organization, it has been serving residents of north central Arkansas and south-central Missouri for more than 55 years. With more than 180 primary care and specialist physicians and mid-level providers on the medical staff and approximately 2,000 employees, Baxter Health is the region's leader in quality healthcare. The organization is guided by a values-based culture of excellence whose purpose is to preserve Baxter Health as a comprehensive, independent, community-driven health system in order to optimize access to quality healthcare for patients in the communities they serve. An 11-member board of directors governs Baxter Health and ensures that medical services are available to the residents of Mountain Home and surrounding areas.

## **ABOUT COMMUNITY HEALTH NEEDS ASSESSMENTS**

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

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

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

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

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the community health needs assessment conducted in 2019.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, healthcare resources and patient use rates.
- Interviews with individuals who represent a) broad interests of the community, b) populations of need and c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment required by the IRS during tax year 2022. It will serve as a compliance document, an assessment of the impact of the previous implementation strategy and a resource until the next assessment cycle.

## **ACKNOWLEDGMENTS**

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

## **SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS**

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

Baxter Health engaged FORVIS, LLP (FORVIS) to assist in conducting a formal community health needs assessment. FORVIS ranks among the nation's top 10 professional services firms, with more than 5,400 dedicated professionals who serve clients in all 50 states, as well as across the globe. The community health needs assessment was conducted June 2022 through October 2022.

The following steps were conducted as part of Baxter Health's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2019 community health needs assessment was completed to understand the effectiveness of Baxter Health's current strategies and programs. This evaluation is included in the Evaluation of Response to 2019 CHNA section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of healthcare facilities and resources was prepared.
- Community input was provided through 11 key interviews and any comments received providing feedback on the previous assessment and implementation strategy. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence Baxter Health has to impact the need and the health needs impact on overall health for the community. Any information gaps identified during the prioritization process would have been reported.

## **EVALUATION OF RESPONSE TO 2019 CHNA**

Baxter Health prepared an implementation strategy in response to the needs identified in its 2019 needs assessment. A listing of those needs, along with the steps taken by Baxter Health to address them, is below. The COVID-19 pandemic was a critical barrier that impacted Baxter Health's ability to achieve all of its goals of the implementation strategy in response to the needs identified in its 2019 needs assessment.

## **SUICIDE PREVENTION AND ACCESS TO MENTAL HEALTHCARE**

- Baxter Health collaborated with area school districts for classroom education about mental health including guest speakers and continued support for Project Semicolon. This provided resources for students in need and helped answer questions about teenage suicide which could help diagnose mental illness issues earlier in life. Baxter Health was limited in this effort due to the COVID-19 pandemic restrictions.
- Baxter Health partnered with the Together With Veteran's Suicide Prevention program and passed out educational materials to its Primary Care and Specialty clinics. Below are the suicide rates for Baxter County over the last years (through July 2022) that show improvement in this area:
  - 2019: 17 suicides, 6 were veterans
  - 2020: 20 suicides, 9 were veterans
  - 2021: 11 suicides, 6 were veterans
  - 2022: 9 suicides, 1 was a veteran
- Baxter Health explored grant funding opportunities and continues to do so to provide resources for mental health. Grant funding provides the ability for Baxter Health to provide monetary support to the community for mental health awareness and education.
- The Arkansas Community Health Network (ACHN) partnership received a \$3 Million grant in support of Behavioral Health. The main focus of this grant was to develop a Unity Health Residency program with expectation that this would help increase the availability of psychiatrists to our region. This grant also supported an assessment of Baxter Health Inpatient Behavioral Health Units to support growth and quality of care. Lastly, the grant helped support the recruitment of ARCare to our community who also offers behavioral health services.

## **DRUG ABUSE PREVENTION**

- Baxter Health continued to support the Community Drug Task Force with a focus on prevention. Baxter Health utilized resources to increase education and resources for drug abuse prevention to show united front. The Prevention Coalition ceased meeting due to COVID-19 until 2022, and are now applying for a large, youth-focused prevention grant.
- Baxter Health supported and continues to support and promote the resources provided by the Regional Recovery Network, a community program. COVID-19 prevented Baxter Health from hosting events for a period of time. However, Baxter Health hosted a Regional Recovery Network table at Bomber Fest, highlighting local, recovery-specific and mental health resources.
- In honor of National Recovery Month, Baxter Health presented a resource table and provided free lunches (hot dogs, etc.) at the Chamber of Commerce.

- Baxter Health consistently posted recovery/prevention information on the Regional Recovery Network Facebook page. Baxter Health explored and continues to explore the possibility of providing drug/alcohol education for local business and factory employees. The Drug Action Team is working with local human resources leaders to discuss what it means and how to implement a recovery-friendly workplace.
- Baxter Health assisted with the implementation of the drug take back program in partnership with the Disabled American Veterans (DAV). The drug take back program helps reduce instances of drug overdose within the community's veteran population. Baxter Health distributed drug take-back envelopes to community resources.
- Baxter Health provided Narcan nasal spray kits to local law enforcement to help reverse opioid overdoses. Narcan can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose.

## **OBESITY**

- In 2019, Baxter Health started to provide healthier food options and reduced the amount of unhealthy options for patients and employees in its facility to encourage healthy behaviors and serve as a model for healthy eating in the community. Baxter Health made a big push in 2020 and now offers more healthy options. Baxter Health hosts a farmers' market and health food sales throughout the year. Baxter Health continues to promote healthy choices and is preparing for future enhancements by conducting a survey to offer additional healthy options.
- In 2021, Reppell Diabetes Learning Center (RDLC) hosted 10 Healthy Nutrition Group Classes and Mruk Family Education Center On Aging hosted 11 Senior Nutrition Workshops. These classes and workshops continue monthly in 2022 and serve approximately 350 people annually.
- In order to provide recognition for healthy eating and weight loss for its staff, Baxter Health launched wellness awards in 2019 but was subsequently paused due to COVID-19. Employees are incentivized for maintaining a healthy weight or losing weight if overweight or obese by receiving discounts on their health insurance premiums as part of Baxter Health's comprehensive wellness program.
- Various healthy eating classes were conducted in 2021 including Seasonal Eating, Senior Nutrition and Healthy Instant Pot Cooking. These classes were offered to staff and the community free of charge. This has continued for 2022.
- Baxter Health continued to work alongside the Food Bank of North Central Arkansas for community education. This has continued and Baxter Health makes a donation to the Food Bank during Nurses Week each year.
- Baxter Health implemented a food pantry and became a food site to help discharge needy patients with nutritious food.
- Baxter Health conducted a trails master plan for the facility as well as participated in a full-on community trails master plan to link the Mountain Home trails with the City, Arkansas State University at Mountain Home and Mountain Home High School. Baxter Health also applied for a grant to get the first phase loop completed.

## DIABETES

- The Reppell Diabetes Center provided education to approximately 791 patients and hosted 35 outreach programs in Baxter Health and surrounding areas including Salem, Calico Rock, and West Plains, Missouri.
- In 2021, the Reppell Diabetes Clinic trained 22 diabetes patients with new insulin pumps and provided ongoing support to all patients both in and out of the hospital who use an insulin pump.
- The Reppell Diabetes Learning Center provides Medical Nutrition Therapy to any obese patient free of charge and hosted Diabetes Risk Reduction (Pre-Diabetes) classes.

## WELLNESS AND HEALTH EDUCATION

- Baxter Health hired a health advocate position to promote wellness. The health advocate works as a case manager and resource liaison to employees and respective insurance plan and provides staff education.
- Baxter Health implemented Critical Stress Incident debriefings for employees who have major stressful events. Baxter Health's health advocate provides a mental health virtual employee assistance program (EAP), Employee Connect, and provides information to staff. Baxter Health also offers telehealth EAP.
- Baxter Health hired providers and opened a community behavioral health clinic.
- Baxter Health collaborated and provided educational resources for health and wellness to area schools and their students, reducing complications from decreased health literacy. This effort was limited due to COVID-19 pandemic restrictions.

## ACCESS TO PRIMARY CARE

- Baxter Health maintained an in-house physician recruiter on staff. The in-house physician recruiter provides more options for hiring and increases the pool of providers, decreasing the community deficit of number of primary care providers.
- Baxter Health continued to provide medical scholarships to encourage scholarship recipients to seek employment at Baxter Health.
- Baxter Health supported additional mid-level providers to reduce the deficit of primary care providers in the community.
- Baxter Health established more family care clinics, including Crossroads Medical Clinic in Harrison, Arkansas; Family Healthcare in Mammoth Spring, Arkansas; Willow Street Health Center in Harrison, Arkansas.
- Baxter Health achieved Magnet Status designation. This achievement process benefitted the community by enhancing the care and quality of services in the community.
- Baxter Health primary clinics increased support to patients with promotion of annual wellness visits and care management programs including chronic care and transitional care outreach.
- Baxter Regional hosts an Accountable Care Organization called Baxter Physician Partners, LLC (BPP) and participates in a Medicare Shared Savings Program (MSSP). BPP members include not only Baxter Regional employee physicians but also other local physician groups and one other independent hospital. BPP promotes high-quality care with lower costs models of care.

In 2021, BPP achieve shared savings while obtaining the highest measured MSSP quality in the history of the organization. These achievements show Baxter Health’s efforts are having a positive effect on the health of the community.

## COMMUNITY SERVED BY BAXTER HEALTH

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

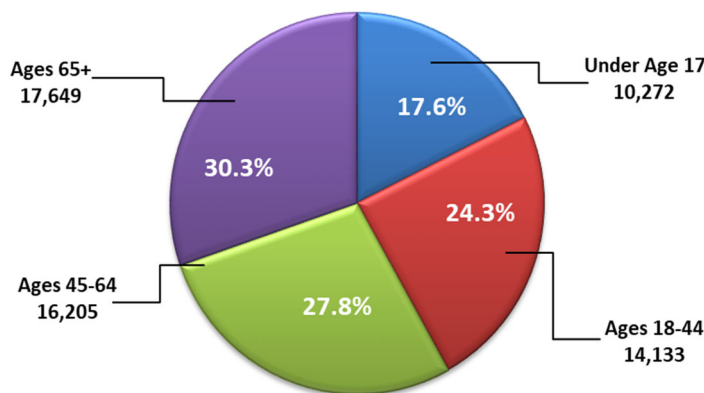
## DEFINED COMMUNITY

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of healthcare providers, Baxter Health is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. In preparing the 2022 community health needs assessment, management determined that Baxter Health’s community was best defined as Baxter and Marion counties, both located in northern Arkansas.

## COMMUNITY CHARACTERISTICS POPULATION AND DEMOGRAPHICS

The community served by Baxter Health is a rural area in North Central Arkansas. According to the most recent U.S. Census Bureau estimates, about 58,000 people live in the two counties included in the community. Baxter Health is located in Mountain Home, Arkansas, which is the largest town in the community with a population of around 16,000 people.

**Community Population by Age Group**



Source: CARES Engagement Network

A major distinguishing feature of Baxter Health’s community is the age breakdown of this population. The chart above shows the breakdown of the community’s population by age group. According to the U.S. Census Bureau, about 58% of the community’s population is over age 45, as compared to 42% in Arkansas and in the United States as a whole. This age group tends to use more health services than any other, consequently, Baxter Health could experience an increase in patient volume in the future.



## SOCIOECONOMIC CHARACTERISTICS OF THE COMMUNITY

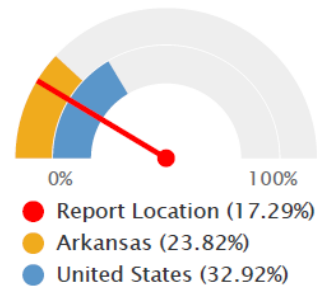
The socioeconomic characteristics of a geographic area influence the way residents access healthcare services and perceive the need for healthcare services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly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

Socioeconomically, the community served by Baxter Health is similar to many other parts of rural Arkansas. About 17% of the population age 25 and older has obtained a bachelor’s degree or higher, compared to about 33% of the U.S., while about 12% of the population age 25 and older does not have a high school diploma, which is comparable to the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

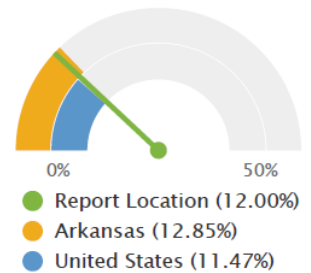
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in Baxter Health’s community is \$40,965, compared to \$49,475 for the state of Arkansas and \$64,994 for the United States. Lower-than-average median household income suggests that many members of the community may have difficulty obtaining healthcare, especially preventive care.

The chart below shows the percentage of the community’s population living below the federal poverty line according to the most recent U.S. Census Bureau American Community Survey, with the percentage of children under age 18 shown separately. The federal poverty line for 2022 is \$13,590 plus \$4,720 for each additional person. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

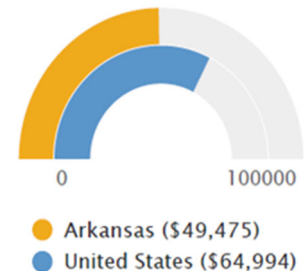
Population Age 25+ with Bachelor’s Degree or Higher, Percent



Population Age 25+ with No High School Diploma, Percent

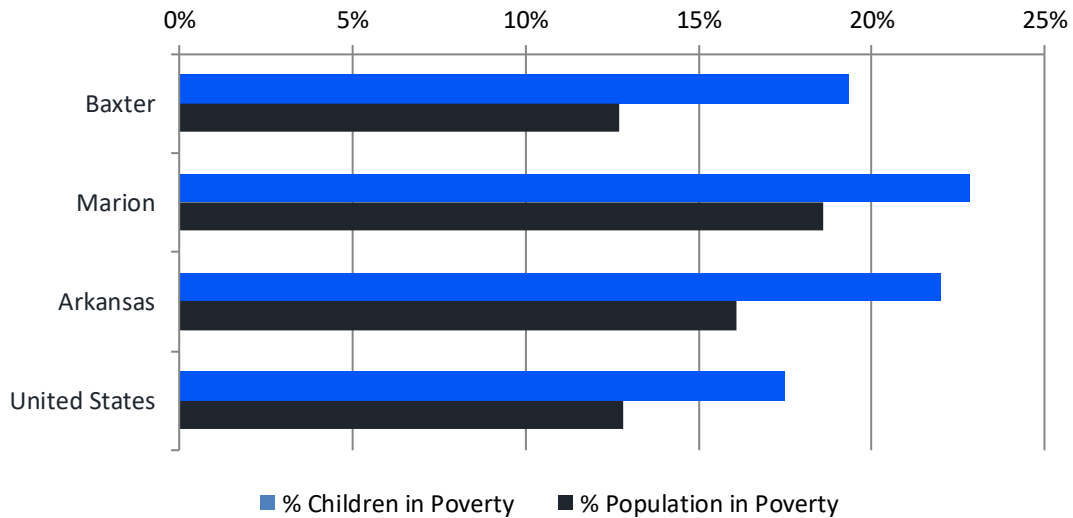


Median Household Income



Source: CARES Engagement Network

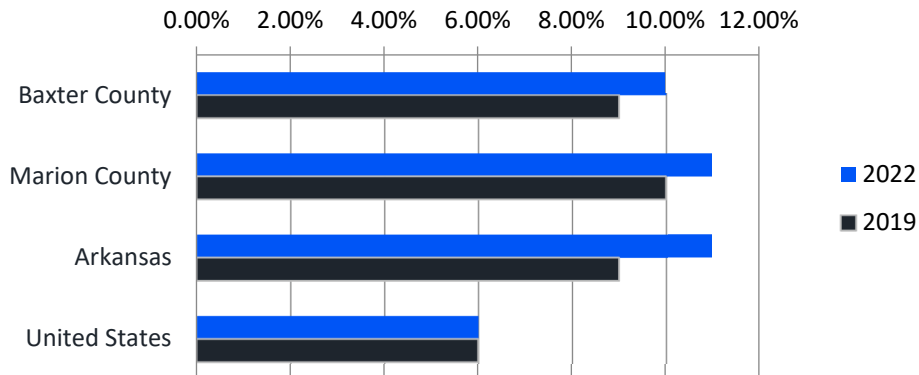
## Population in Poverty



Source: CARES Engagement Network

Some socioeconomic measures in the community had been improving in recent years, but regressed due to the COVID-19 pandemic. Effective January 1, 2014, the Patient Protection and Affordable Care Act expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program, initially known as the Arkansas Private Option and more recently termed Arkansas Works, that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of Baxter Health.

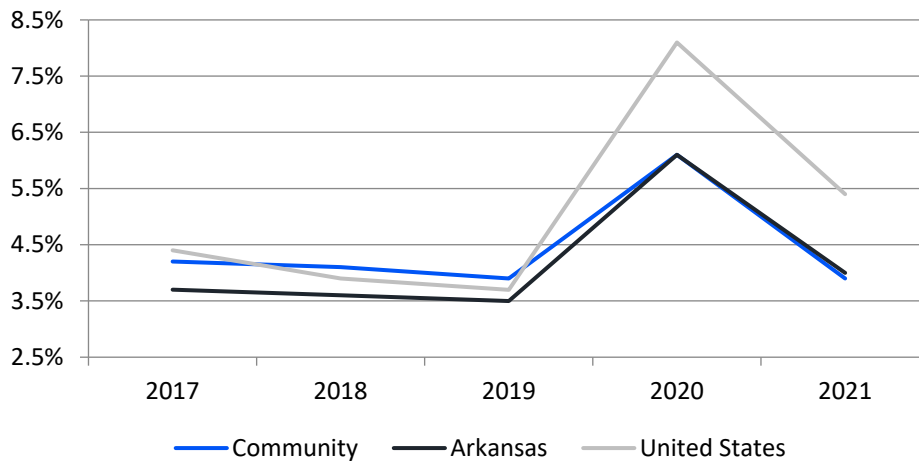
## % of Uninsured Population



Source: County Health Rankings

Another socioeconomic measure that had been improving in recent years, but regressed due to the COVID-19 pandemic, is the unemployment rate. The following chart reflects the unemployment rate of the community over the past years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened and access to healthcare should be improved.

## Unemployment Rates, 2017–2021

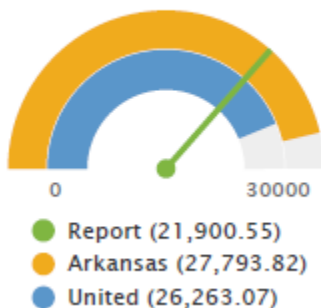


Source: CARES Engagement Network

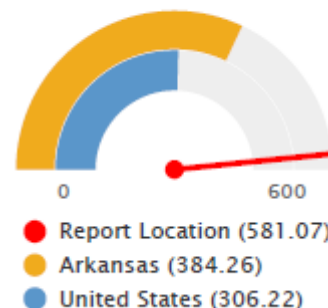
## COVID-19 IMPACT

This assessment was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. As of July 2022, the community of Baxter Health had 12,777 total confirmed cases of COVID-19. The rate of confirmed cases in the community was 21,900.55 per 100,000 population, which is less than the Arkansas state average of 27,793.82. As of July 2022, there have been 339 total deaths among patients with confirmed cases of COVID-19 in the community. The mortality rate in the community was 581.07 per 100,000 population, which was greater than the Arkansas state average of 384.26. The COVID-19 virus continues to pose risks to the community of Baxter Health, with higher risks for communities of color due to underlying health, social, and economic disparities.

COVID-19 Cases, Rate per 100,000 Population



COVID-19 Deaths, Crude Rate per 100,000 Population



Sources: CARES Engagement Network

## HEALTH STATUS OF THE COMMUNITY

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

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2030, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

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

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

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

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

<b>Lifestyle</b>	<b>Primary Disease Factor</b>
Smoking	Lung cancer
	Cardiovascular disease
	Emphysema
	Chronic bronchitis

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

## HEALTH OUTCOMES AND FACTORS

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

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

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

- Health Outcomes—rankings are based on an equal weighting of one length of life measure and four quality of life measures.

- Health Factors—rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (seven measures)
  - Physical environment (four measures)

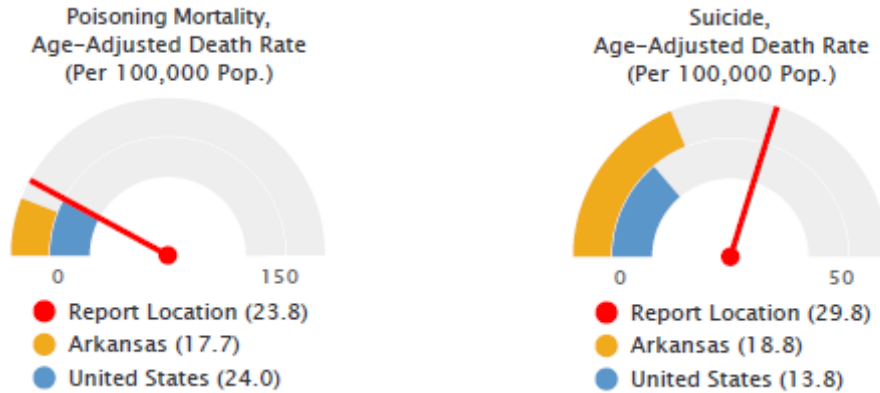
A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

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

The following table, from County Health Rankings, summarizes the 2022 health outcomes and factors for each of the two counties in community, including its rank within Arkansas' 75 counties. Measures underperforming the state average are highlighted in red.

Health Outcome/Factor	Baxter		Marion		Arkansas	National
	Metric	Rank	Metric	Rank		Benchmark
<b>Health Outcomes</b>		<b>5</b>		<b>45</b>		
<b>Length of Life</b>		<b>14</b>		<b>53</b>		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,900		11,000		9,700	5,600
<b>Quality of Life</b>		<b>3</b>		<b>36</b>		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	21%		23%		24%	15%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.9		5.2		5.0	3.4
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.7		5.9		5.6	4.0
<b>Low birth weight</b> – Percent of live births with low birth weight (<2,500 grams)	7%		8%		9%	6%
<b>Health Factors</b>		<b>7</b>		<b>27</b>		
<b>Health Behaviors</b>		<b>13</b>		<b>27</b>		
<b>Adult smoking</b> – Percent of adults who are current smokers	22%		23%		21%	15%
<b>Adult obesity</b> – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2	32%		36%		38%	30%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1		7.0		4.8	8.8
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure-time physical activity	28%		32%		30%	23%
<b>Access to exercise opportunities</b> – Percent population with adequate access to locations for physical activity	46%		29%		56%	86%
<b>Excessive drinking</b> – Percent of adults that report binge or heavy drinking	18%		16%		16%	15%
<b>Alcohol-impaired driving deaths</b> – Percent of driving deaths with alcohol involvement	32%		13%		26%	10%
<b>Sexually transmitted infections</b> – Number of newly diagnosed chlamydia cases per 100K population	202.7		209.7		569.8	161.8
<b>Teen birth rate</b> – Number of births per 1,000 female population ages 15-19	31		37		33	11
<b>Clinical Care</b>		<b>4</b>		<b>46</b>		
<b>Uninsured</b> – Percent of population under age 65 without health insurance	10%		11%		11%	6%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,230:1		5,560:1		1,470:1	1,010:1
<b>Dentists</b> – Ratio of population to dentists	1,920:1		5,600:1		2,090:1	1,210:1
<b>Mental health providers</b> – Ratio of population to mental health providers	350:1		8,400:1		400:1	250:1
<b>Preventable hospital stays</b> – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,224		4,733		4,178	2,233
<b>Mammography screening</b> – Percent of female Medicare enrollees age 65-74 that received an annual mammography screening	47%		44%		39%	52%
<b>Flu vaccinations</b> – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	49%		37%		47%	55%
<b>Social and Economic Factors</b>		<b>10</b>		<b>40</b>		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	89%		86%		87%	94%
<b>Some college</b> – Percent of adults ages 25–44 years with some post-secondary education	63%		55%		59%	74%
<b>Unemployment</b> – Percent of population ages 16 and older unemployed but seeking work	5.9%		6.4%		6.1%	4.0%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	24%		28%		21%	9%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	3.7		4.0		4.7	3.7
<b>Children in single-parent households</b> – Percent of children that live in a household headed by a single parent	20%		21%		28%	14%
<b>Social associations</b> - Number of membership associations per 10,000 population	9.3		8.4		12.0	18.1
<b>Violent crime</b> – Number of reported violent crime offenses per 100,000 population	182		342		516	63
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	99		104		85	61
<b>Physical Environment</b>		<b>6</b>		<b>5</b>		
<b>Air pollution-particulate matter days</b> – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.7		8.5		9.1	5.9
<b>Severe housing problems</b> – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	11%		15%		14%	9%
<b>Driving alone to work</b> – Percent of the workforce that drives alone to work	81%		78%		82%	72%
<b>Long commute driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	15%		35%		27%	16%

The following tables show additional health outcomes related to drug abuse and suicide. Average rate of death due to poisoning (including drug overdose) per 100,000 population for Baxter Health’s community of 23.8 is significantly higher than that of Arkansas of 17.7. Suicide death rate for Baxter Health’s community of 29.8 per every 100,000 total population is much higher than Arkansas and United States, with rates of 18.8 and 13.8, respectively.



Source: CARES Engagement Network

## HEALTHCARE RESOURCES

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

## HOSPITALS AND HEALTH CENTERS

Baxter Health has 169 acute beds and is the largest hospital located in the community. However, because the community spans a large geographic area, there are several other hospitals that receive a share of the community’s patients. The chart below summarizes hospital services available to the residents of Baxter and Marion counties:

		FACILITY TYPE	MILES FROM BAXTER HEALTH	BED SIZE	ANNUAL DISCHARGES
Baxter Regional Medical Center	Mountain Home, AR	Short-term Acute Care	-	169	9,530
Community Medical Center of Calico Rock	Calico Rock, AR	Critical Access	28	25	151
Fulton County Hospital	Salem, AR	Critical Access	38	25	517
North Arkansas Regional Medical Center	Harrison, AR	Short-term Acute Care	50	120	2,145
Stone County Medical Center	Mountain View, AR	Critical Access	50	25	476
White River Medical Center	Batesville, AR	Short-term Acute Care	75	170	7,299
CoxHealth	Springfield, MO	Short-term Acute Care	103	791	31,138
Mercy Hospital – Springfield	Springfield, MO	Short-term Acute Care	105	672	35,453

Source: Costreportdata.com



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

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

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

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

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

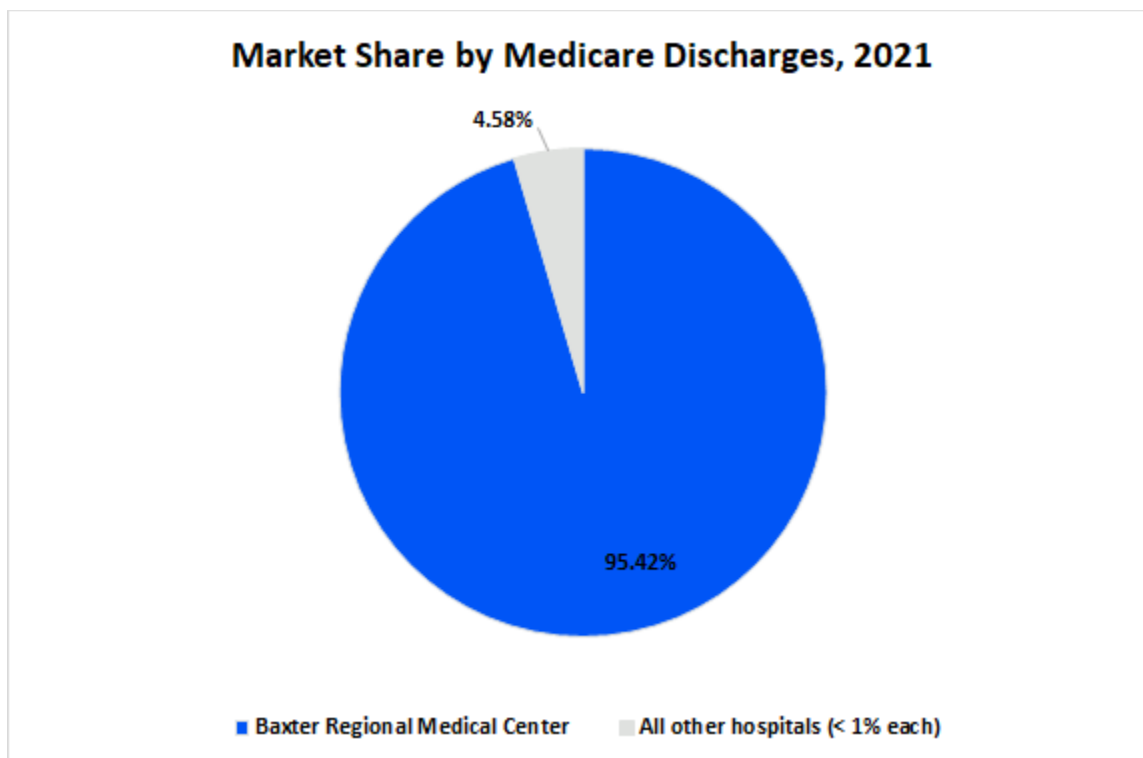
**White River Health (WRH)** – Located in Batesville, Arkansas, WRH is approximately an hour and a half drive from Baxter Health. WRH has a variety of services that include Cancer Care, Outpatient Therapy, Radiology Services, Surgical Services, Woman and Newborn Health, etc.

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

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

## **BAXTER HEALTH MARKET SHARE**

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of Baxter Health was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. The chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total discharges from each hospital. This information provides an idea of summary market share, as well as the outmigration of patients from the community. For 2021, Baxter Health maintained approximately 95% of all discharges from the community. The remaining 5% of discharges is made up of numerous hospitals, each with less than 1% of the total community discharges.



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

## **OTHER HEALTHCARE FACILITIES AND PROVIDERS**

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

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

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

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

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

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

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

## **KEY INTERVIEWEES**

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

## **METHODOLOGY**

Dialogues with 11 key interviewees were conducted in the summer of 2022. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

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

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

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

## **KEY INTERVIEW RESULTS**

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

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

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

- Six of the 11 interviewees felt that quality of life in the community had improved over the last three years, while two mentioned it had stayed the same, and three felt it had declined.
- The majority of the population who had mentioned that the health or quality of life within the community has improved commented that this was related to the updates to outdoor exercise amenities and improvement of the healthcare environment.
- The major barriers to improving health and quality of life in the community noted by majority of the interviewees were lack of health education, drug and alcohol abuse, and poverty. COVID-19 pandemic was noted to have a negative impact on the mental health of the community, which consequently lead to increased use of drugs and alcohol.
- Comments that the interviewees gave regarding what should be done to correct the major health or quality of life problems within the community included: raise more awareness in the community about healthcare importance, focus on substance abuse treatment and prevention, and offer education on healthcare issues as well as preventative healthcare to the public.
- On average, the majority of the interviews stated that low-income individuals have many barriers to healthcare and their health or quality of life may not be as good as others. Interviewees noted that affordable healthcare is crucial for improving the health and quality of life in the community.

## **IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS**

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

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

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

1. Health and wellness education
2. Substance abuse
3. Mental healthcare
4. Access to healthcare

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

**APPENDICES**

## KEY INFORMANT INTERVIEW

Community Health Needs Assessment for: Baxter Health

Interviewer's Initials: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

# of years living in \_\_\_\_\_ County: \_\_\_\_\_ # of years in current position:

E-mail address: \_\_\_\_\_

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

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

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

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

### **Questions:**

1. In general, how would you rate health and quality of life in \_\_\_\_\_ County?
2. In your opinion, has health and quality of life in \_\_\_\_\_ County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. What barriers, if any, exist to improving health and quality of life in \_\_\_\_\_ County?
6. In your opinion, what are the most critical health and quality of life issues in \_\_\_\_\_ County?
7. What needs to be done to address these issues?

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

**Close:** Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in \_\_\_\_\_ County. Before we conclude the interview, is there anything you would like to add?



**BAXTER HEALTH**

SOURCES

## SOURCES

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

County Health Rankings & Roadmaps,  
<[www.countyhealthrankings.org](http://www.countyhealthrankings.org)>

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

HealthyPeople 2030,  
<<http://www.healthypeople.gov/>>

CMS Hospital Service Area,  
<<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File/index.html>>