BAPTIST®

2016 Community Health Needs Assessment Report
Arkansas Service Area
NEA Baptist Memorial Hospital

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About Baptist Memorial Health Care

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care is an award-winning network dedicated to providing compassionate, high-quality care for patients. With 14 affiliate hospitals throughout the Mid-South, Baptist combines convenience with excellence of care—two reasons we have been named among the top health care systems in the country for several years. With the intention of caring for people close to their homes, the Baptist system also offers more than 3,300 affiliated physicians; home, hospice, and psychiatric care; a network of surgery, rehabilitation, and other outpatient centers; and an education system highlighted by the Baptist College of Health Sciences.

Many of the communities we serve are designated Medically Underserved Areas (MUA), determined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) as having too few primary care providers, high infant mortality rates, high poverty, or a high elderly population.

Baptist plays an integral role in improving health outcomes for residents in MUAs and across our service area. We partner and collaborate with a broad range of nonprofits and local community organizations to support initiatives that improve health, education, environment, public safety, employment, and economic development in our communities. We understand that the entire community benefits when people are physically, mentally, and spiritually healthy.

Baptist Mission Statement

In keeping with the three-fold ministry of Christ – Healing, Preaching, and Teaching – Baptist Memorial Health Care is committed to providing quality health care.

Baptist Vision Statement

We will be the provider of choice by transforming the delivery of health care through partnering with patients, families, physicians, care providers, employers, and payers; and by offering safe, integrated, patient-focused, high quality, innovative, and cost-effective care.

Baptist Arkansas Service Area Hospital

NEA Baptist Medical Center is built on 85 acres of land housing a fully-integrated medical campus, combining NEA Baptist Memorial Hospital, the specialists of NEA Baptist Clinic, and the Fowler Family Center for Cancer Care.

The facility features an integrated medical office building and hospital. The hospital is a six-story structure with 216 licensed beds with expansion space for 300 beds total. NEA Baptist Clinic consists of two multispecialty physician structures housing more than 70 providers in over 30 specialties.

The campus also houses a free-standing 34,000 square-foot advanced cancer treatment center featuring radiation therapy, chemotherapy, medical oncology, clinical research, as well as supportive services.

Along with these new facilities comes a new way of practicing medicine that continues to focus on an outstanding patient experience; from adding new doctors and specialties to acquiring the latest technology. The new facility is part of a $400 million investment in Jonesboro and the surrounding counties; one of the largest health care investments made in Arkansas.

NEA Baptist Memorial Hospital also features advanced heart care through the Heart Center of NEA and labor and delivery through the hospital's Women's Center.

Our Commitment to Community Health

Baptist is dedicated to the health and well-being of the many communities we serve. We are committed to building partnerships to improve the health and vitality of our communities throughout the Mid-South. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities.

To guide our community health improvement efforts, Baptist implemented a system-wide Community Health Needs Assessment (CHNA) to further our commitment to improving community health. The 2016 CHNA builds upon our 2013 CHNA and was conducted in a timeline consistent with the requirements set forth in the Affordable Care Act. The purpose of the CHNA was to gather information about our local health needs and health behaviors. We examined a variety of household and health statistics to create a full picture of the health and social determinants across the Baptist Memorial Health Care service area. The findings help ensure that our initiatives, activities, and partnerships meet the needs of our communities.

After thorough analysis of the CHNA research findings and gathering input from community stakeholders, the following health issues were identified as priorities for our communities:

- Behavioral Health to include mental health and substance abuse
- Cancer
- Chronic Disease Management and Prevention
- Maternal & Child Health with a focus on prenatal care

To address these health priorities, we developed a system-wide plan for community health improvement that outlines local strategies to collaborate with our community partners.

The following report details findings from our study of the Arkansas Service Area. In addition to local health statistics and socio-economic measures, we invited input from community leaders and residents to help us better understand community members' perceptions regarding their health and the barriers they face in staying healthy.

Baptist is committed to the people it serves and the communities they live in. Through this process, the hospital will be a stronger partner in our neighborhoods and surrounding areas. Healthy communities lead to lower health care costs, robust community partnerships and an overall enhanced quality of life.

Executive Summary

A Regional Approach to Community Health Improvement

Baptist Memorial Health Care has 14 affiliate hospitals serving 110 counties in Tennessee, Mississippi, and Arkansas. In undertaking the 2016 CHNA, Baptist took a regional approach to community health improvement. The study focused on the primary service area of each hospital to identify health trends and unique disparities across hospital service areas. System-wide priorities were then developed to delegate resources across the Mid-South service area, while regional- and hospital-specific strategies were outlined to guide local efforts and collaboration with community partners to address prioritized needs.

Baptist Affiliate Hospitals & Primary Service Areas

Geographic Region	Primary Service Counties	Hospital(s)
Arkansas	Craighead & Poinsett	NEA
Memphis Metro	Shelby, TN	Collierville; Germantown; Memphis; Restorative Care; Women's
	DeSoto, MS	Desoto
	Tipton, TN	Tipton
North Tennessee	Carroll	Huntingdon
	Obion	Union City
Mississippi	Lafayette & Panola	North Mississippi
	Benton & Union	Union County
	Prentiss	Booneville
	Lowndes	Golden Triangle

The Arkansas Service Area CHNA Process

Research Methodology

The 2016 CHNA for the Baptist Arkansas Service Area was conducted between September 2015 and June 2016. Quantitative and qualitative methods, representing both primary and secondary research, were used to illustrate and compare health trends and disparities across each hospital's service area. Primary research methods were used to solicit input from key community stakeholders representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. Secondary research methods were used to identify community health needs and trends across geographic areas and populations.

The following research was conducted to determine community health needs:

- A review of public health and demographic data portraying the health and socioeconomic status of the community. A full listing of data references is included in Appendix B.
- A Key Informant Survey with 21 community representatives to solicit feedback on community health priorities, underserved populations, and partnership opportunities. A list of key informants and their respective organization is included in Appendix C.
- Two Focus Groups with 14 health care consumers to identify health needs and inform implementation strategies around health care delivery, cancer screenings and care, and chronic condition management and prevention.
- A Partner Forum with community representatives to solicit feedback on community health priorities and facilitate collaboration. A list of partners is included in Appendix A; a list of identified community assets is included in Appendix D.

Leadership

The 2016 CHNA was overseen by a Steering Committee of Baptist Memorial Health Care representatives with input from community representatives and partners. A list of committee members and partners is included in Appendix A of this report.

Research Partner

Baptist's consultant, Baker Tilly, assisted in all phases of the CHNA including project management, quantitative and qualitative data collection, report writing, and development of the Implementation Strategy.

Project Manager: Colleen Milligan, MBA
Lead Researcher: Catherine Birdsey, MPH

Identified Priority Needs

The Baptist CHNA Steering Committee reviewed findings from the CHNA research, including public health and socioeconomic measures and input received from key informants and focus group participants to determine the highest priorities. The following table shows priorities from the 2013 CHNA compared to findings for each research initiative in the 2016 CHNA. Priorities are listed in alphabetical order.

2013 CHNA Priorities	2016 CHNA Research		
	Secondary Data Findings	**Key Informant Responses**	**Focus Group Insights**
	Access to Care	Access to Care	Access to Care
Cancer	Cancer	Cancer	Cancer
Healthy Lifestyle Choices	Chronic Disease Management/ Prevention	Chronic Disease Management/ Prevention	Chronic Disease Management/ Prevention
Maternal & Women's Health (Focus on Prenatal Care)	Maternal & Child Health	Education & Lifestyle	Education & Lifestyle
Mental Health (Focus on Alzheimer's Disease & Caregivers)	Mental Health & Substance Abuse	Mental Health & Substance Abuse	Substance Abuse

The 2016 CHNA research supported that priority areas identified in the 2013 CHNA were still relevant and among the highest health needs across the region. Baptist adopted the following system-wide priority health needs (listed in alphabetical order). Access to care will continue to be a cross-cutting strategy across all priority areas.

- Behavioral Health to include mental health and substance abuse
- Cancer
- Chronic Disease Management and Prevention
- Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these priorities included:

- Prevalence of disease and number of community members impacted
- Rate of disease in comparison to state and national benchmarks
- Health disparities among racial and ethnic minorities
- Existing programs, resources, and expertise to address the issue
- Input from representatives of underserved populations
- Alignment with concurrent public health and social service organization initiatives

Arkansas Service Area at a Glance

The Arkansas Service Area is served by NEA Baptist Memorial Hospital. The hospital's primary service area encompasses Craighead and Poinsett Counties.

Baptist serves a diverse population of 129,229 residents across Craighead and Poinsett Counties. By 2020, the population is expected to increase by 5.9% in Craighead County, but decrease by 1.4% in Poinsett County.

Approximately 7% of residents in Craighead County live in a designated Health Professional Shortage Area (HPSA). In contrast, 30% of residents in Poinsett County live in a designated Health Professional Shortage Area, and all of Poinsett County is designated as a Medically Underserved Area (MUA).

Arkansas Service Area by Hospital and County

Hospital	County	2015 Population	Population Growth by 2020
NEA Baptist Memorial Hospital	Craighead, AR	104,828	5.9%
	Poinsett, AR	24,401	-1.4%

Source: The Nielsen Company and Truven Health Analytics, 2015

The population in both Craighead and Poinsett Counties is primarily White; Craighead County has a larger percentage of Black/African American and Hispanic/Latino populations than Poinsett County. The median age of Craighead County is also lower than the median age of Poinsett County; Poinsett County has a higher percentage of adults age 65 or over.

2015 Population by Race/Ethnicity and Median Age

	Craighead County	Poinsett County	Arkansas
White, Non-Hispanic	78.1%	86.5%	75.9%
Black or African American, Non-Hispanic	14.0%	8.3%	15.4%
Hispanic or Latino (of any race)	4.8%	3.2%	7.3%
Median Age	34.3	40.0	37.9

Source: The Nielsen Company and Truven Health Analytics, 2015

Craighead and Poinsett Counties represent diverse socioeconomic environments. Compared to Craighead County, Poinsett County has higher poverty, unemployment, and uninsured rates and lower educational attainment. The zip codes outlined in the table below have worse socioeconomic measures when compared to the county's overall measures.

Socioeconomic Indicators by County Zip Code

	Families in Poverty	Families w/ Children in Poverty	Unemploy-ment	Population with Less than a High School Diploma
Craighead County	**13.6%**	**10.7%**	**5.0%**	**12.6%**
72401 Jonesboro	17.7%	14.6%	5.9%	13.5%
72467 State University	45.0%	27.2%	6.2%	12.5%
Poinsett County	**23.3%**	**18.0%**	**8.5%**	**26.7%**
72354 Lepanto	20.4%	10.8%	10.8%	34.8%
72365 Marked Tree	23.5%	17.2%	11.6%	28.1%
72432 Harrisburg	27.6%	21.2%	6.5%	28.5%

Source: The Nielsen Company and Truven Health Analytics, 2015

Red highlight indicates more than 2% points higher than the county

Overview of Research Findings Related to Prioritized Health Needs

Behavioral Health

Poinsett County adults report that their mental health is poor nearly seven days per month compared to Craighead County at 3.5, the state at 3.9, and a national average of 3.4 days per month. Poinsett County's death rate for mental and behavioral disorders is higher compared to Craighead County, the state, and the nation.

In Craighead County, the mental and behavioral disorders death rate increased 17 points from 2009. In addition, the county experienced 44 suicides between 2011 and 2013; the associated death rate exceeds all national benchmarks.

Mental Health Measures

	Poor Mental Health Days	Suicide Rate per Age-Adjusted 100,000
Craighead County	3.5	15.0
Poinsett County	6.6	NA (n=12)
Arkansas	3.9	16.6
United States	3.4	12.5
HP 2020	NA	10.2

Source: Centers for Disease Control and Prevention, 2006-2012 & 2011-2013; Healthy People 2020

Craighead and Poinsett County residents are less likely to abuse alcohol or die from DUI related driving incidents, but more likely to die from drug abuse. Drug-induced death rates calculated from 2009 to 2013, exceed the state and the nation and accounted for 76 deaths in Craighead County and 22 deaths in Poinsett County.

Drug-Induced Death Rate

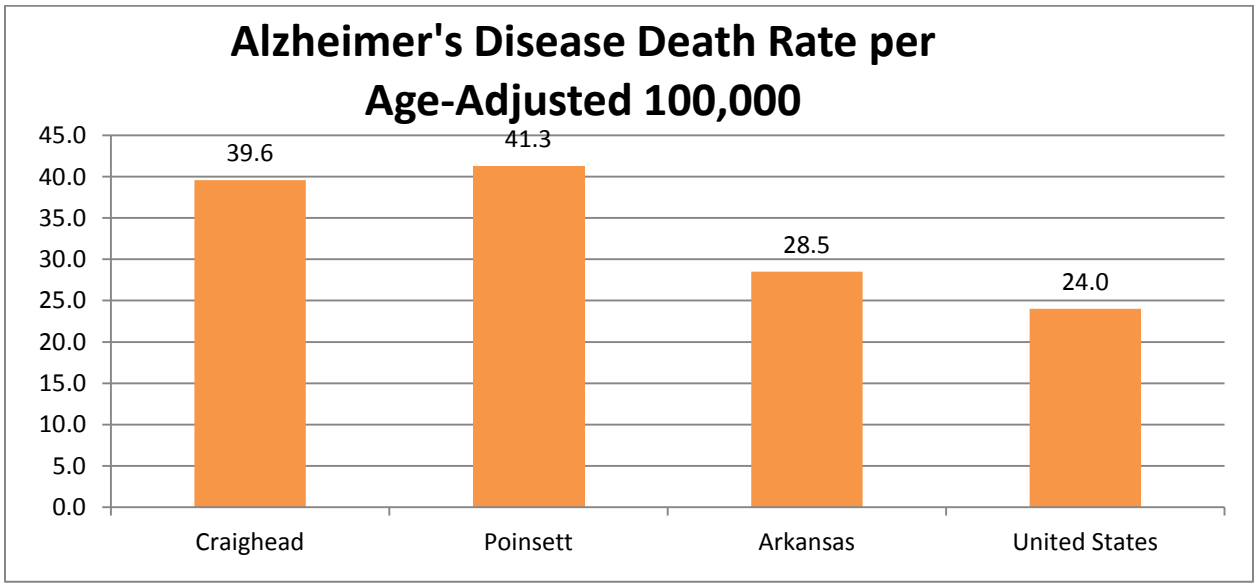
	Rate per Age-Adjusted 100,000
Craighead County	16.4
Poinsett County	18.4
Arkansas	13.2
United States	13.6

Source: Centers for Disease Control and Prevention, 2009-2013

Focus group participants thought that community residents do not recognize the signs and symptoms of mental health and lack understanding of how conditions impact people's lives. They made the following recommendations to address mental health in the community.

- Screen all patients for a mental health condition during primary care visits
- Host support groups for individuals with mental health conditions and their families

Alzheimer's disease is another form of mental illness. Medicare Beneficiaries age 65 years or over living in Craighead County are more likely to have an Alzheimer's disease diagnosis. In addition, the death rate due to Alzheimer's disease among Craighead and Poinsett County residents is higher when compared to both the state and the nation.

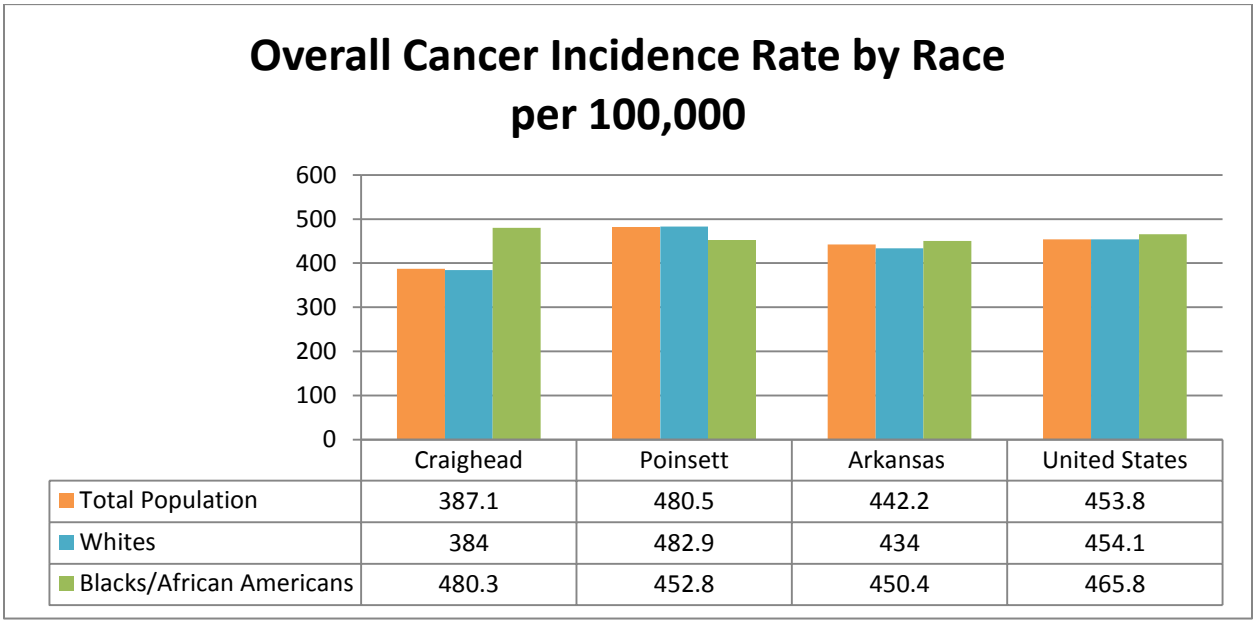


Source: Centers for Disease Control and Prevention, 2011-2013

Community representatives recognized the recent increase in Alzheimer's disease across the community. There has been a rise in community resources in response to the increase, but many residents are not aware of existing services. Residents also struggle to determine the best course of care and struggle to afford options.

Cancer

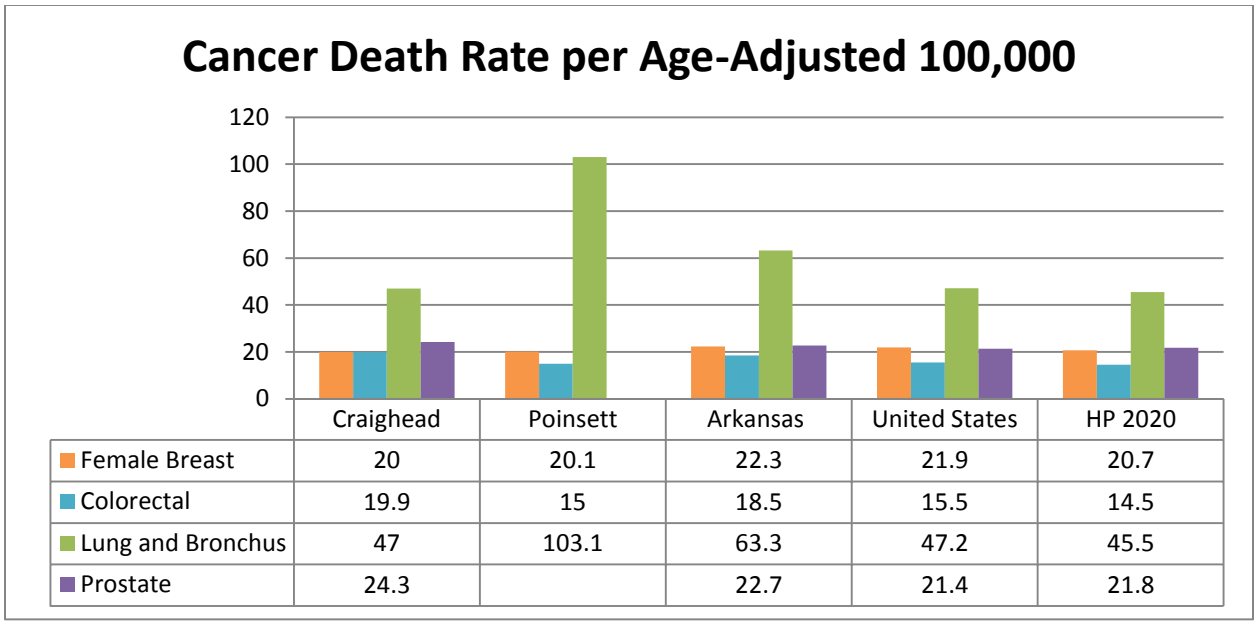
Cancer diagnoses in both counties are decreasing, but death rates are rising. Key Informants and focus group participants reported that residents often delay screenings or ignore symptoms resulting in later stage diagnosis and worse outcomes.



	Craighead	Poinsett	Arkansas	United States
Total Population	387.1	480.5	442.2	453.8
Whites	384	482.9	434	454.1
Blacks/African Americans	480.3	452.8	450.4	465.8

Source: National Cancer Institute, 2008-2012

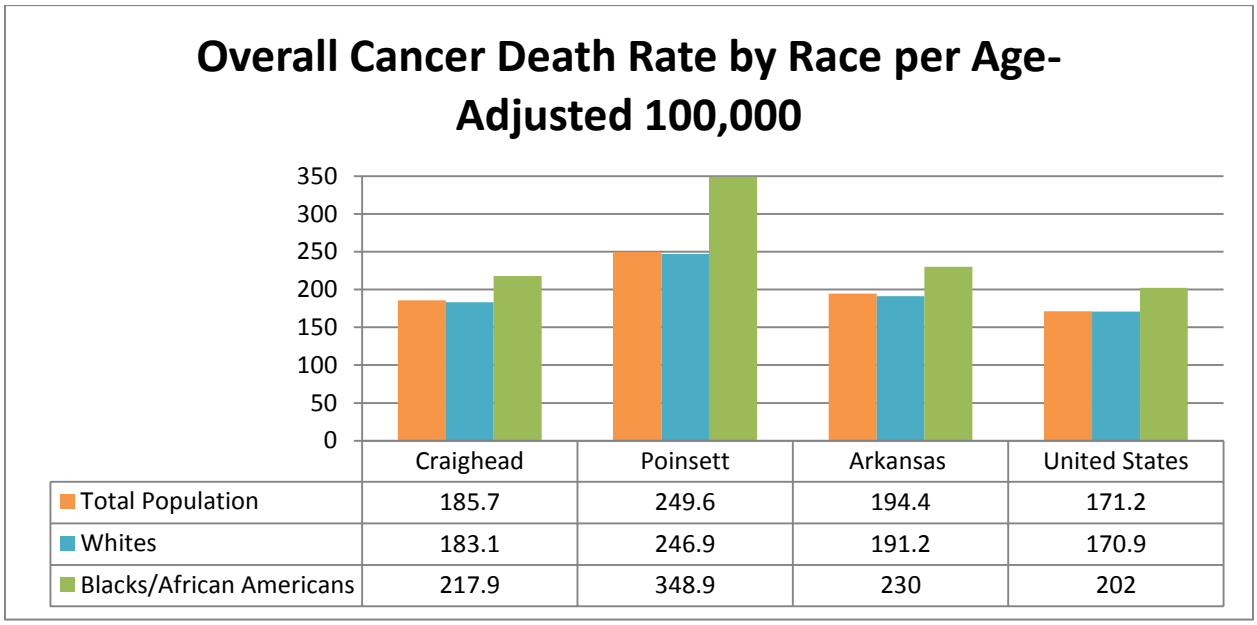
In Poinsett County, the lung and bronchus cancer death rate increased and is more than twice that of Craighead County and the nation.



	Craighead	Poinsett	Arkansas	United States	HP 2020
Female Breast	20	20.1	22.3	21.9	20.7
Colorectal	19.9	15	18.5	15.5	14.5
Lung and Bronchus	47	103.1	63.3	47.2	45.5
Prostate	24.3		22.7	21.4	21.8

Source: National Cancer Institute, 2008-2012; Healthy People 2020
*Prostate cancer death data is not available for Poinsett County

Death rates among Blacks/African Americans are notably higher than Whites.

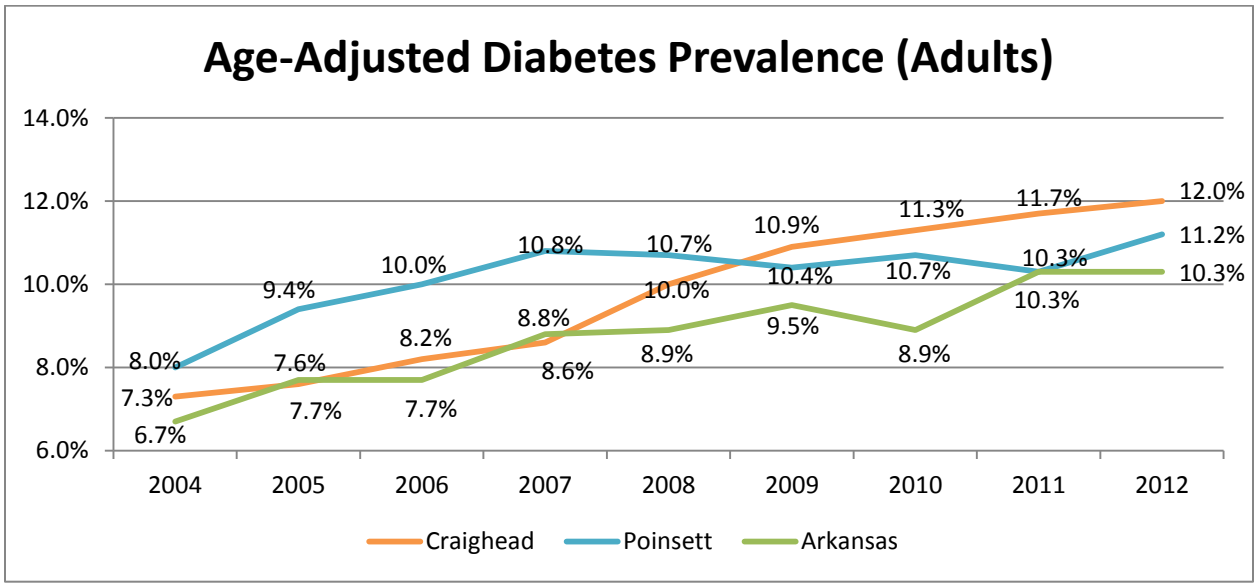


	Craighead	Poinsett	Arkansas	United States
Total Population	185.7	249.6	194.4	171.2
Whites	183.1	246.9	191.2	170.9
Blacks/African Americans	217.9	348.9	230	202

Source: National Cancer Institute, 2008-2012

Chronic Disease Management and Prevention

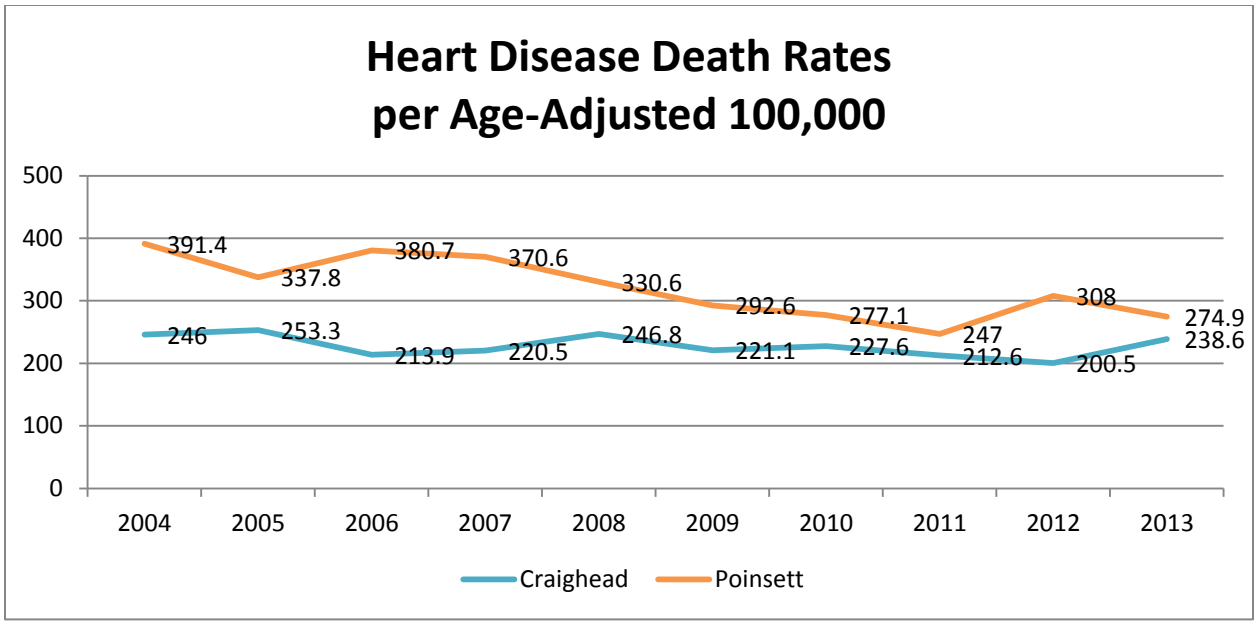
Diabetes and heart disease were recognized by key informants as two of the top health conditions affecting residents in the region. Diabetes prevalence has been increasing among adults in both counties since 2004. Craighead County experienced the largest increase in prevalence, but Poinsett County has a higher diabetes death rate (28.5 per 100,000 compared to 15.7 per 100,000).



Source: Centers for Disease Control and Prevention

*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

Heart disease is the leading causes of death in both Craighead and Poinsett Counties and current rates (238.6 per 100,000 and 274.9 per 100,000 respectively) exceed the state (214.1 per 100,000) and the nation (169.8 per 100,000). Both counties also have a higher stroke death rate, and Poinsett County has a higher coronary heart disease death rate, when compared to the state and the nation.



Source: Centers for Disease Control and Prevention

The prevalence of chronic conditions is impacted by a number of risk factors, including healthy weight management. Adult obesity in Craighead and Poinsett Counties increased from the 2013 CHNA and is notably higher than the state and national averages for adults and children.

Obesity among Adults and Children

	Adults	Low-Income Pre-K Children
Craighead County	36.0%	15.7%
Poinsett County	40.0%	14.9%
Arkansas	33.0%	NA
United States	27.0%	13.9%
HP 2020	30.5%	NA

Source: Centers for Disease Control and Prevention, 2011; United States Department of Agriculture, 2009-2011; Healthy People 2020

Both Craighead and Poinsett Counties have a higher percentage of adults with high cholesterol when compared to the state and the nation. Poinsett County also has a higher percentage of adults with high blood pressure.

High Blood Pressure and Cholesterol among Adults

	High Blood Pressure	High Cholesterol
Craighead County	30.4%	48.8%
Poinsett County	37.9%	56.5%
Arkansas	31.9%	40.3%
United States	28.2%	38.5%

Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

During the focus groups, residents indicated that convenience, cost, attitudes, and physical limitations are barriers to healthy eating and physical activity. In general, individuals recognize the relationship between healthy lifestyles and disease. Many "*can't afford to eat what I'm supposed to"* while others are limited by physical disabilities or *"just don't like to exercise."* One-third of Craighead and Poinsett County adults are physically inactive.

Lack of access to healthy food can contribute to obesity rates. Thirty-five percent of families with children in Poinsett County and 285 of families with children in Craighead County are food insecure.

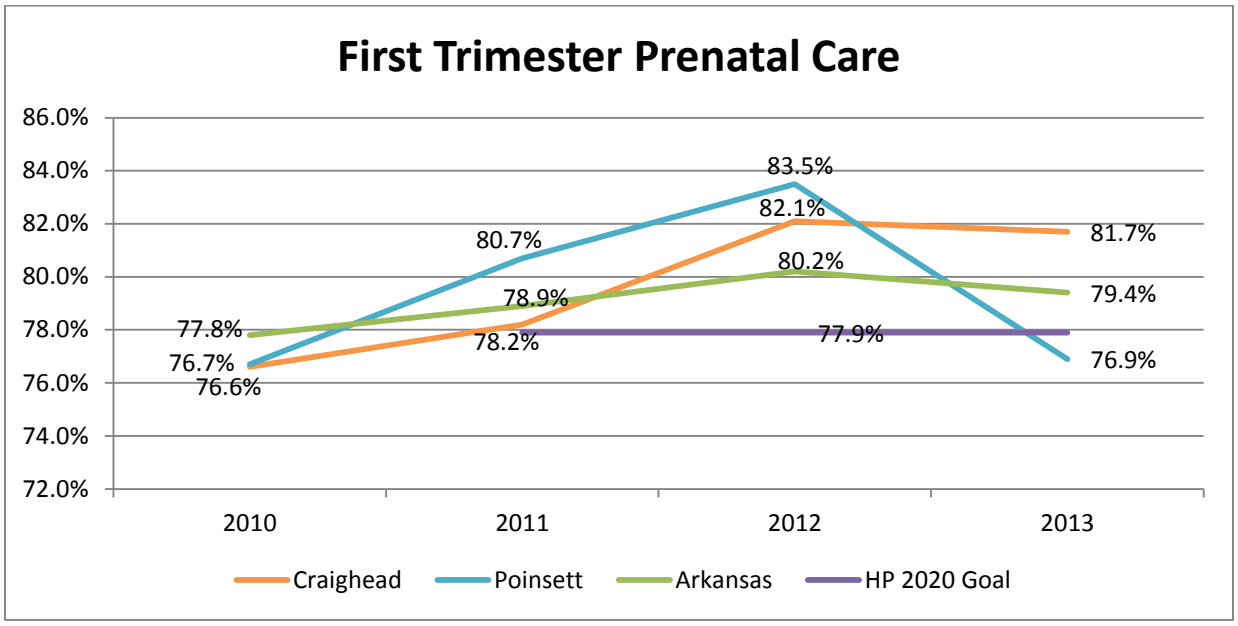
Percentage of Food Insecure Residents

	All Residents	Children
Craighead County	20.1%	28.0%
Poinsett County	21.8%	35.0%
Arkansas	19.5%	25.3%
United States	15.1%	23.7%

Source: Feeding America, 2013

Maternal and Child Health

Prenatal care access is a key contributor to maternal and child health disparities related to low birth weight and preterm birth. In both counties, the overall percentage of mothers receiving prenatal care is comparable to state averages, but recent trends are negative. In Craighead County Black/African American mothers and Hispanic/Latina mothers are less likely to receive first trimester care, while fewer mothers across all races and ethnic groups in Poinsett County receive first trimester prenatal care.



Source: Arkansas Department of Health

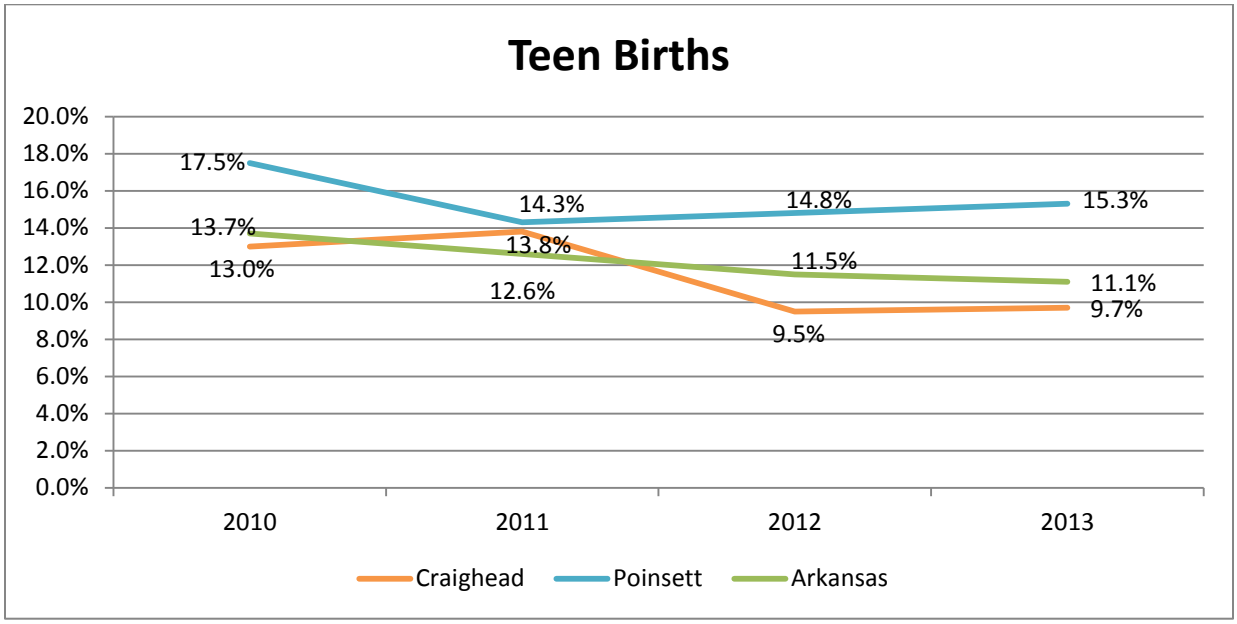
More mothers smoke during pregnancy in both counties, but Poinsett County mothers are twice as likely to smoke as mothers in Craighead County and the state. Poinsett County indicators for low birth weight, preterm births, and infant mortality have been increasing since 2011.

Maternal and Child Health Measures

	Low Birth Weight	Smoking during Pregnancy	Preterm Births	Infant Mortality per 1,000 Live Births
Craighead County	6.8%	14.0%	11.2%	7.1
Poinsett County	10.0%	29.5%	12.5%	10.5
Arkansas	8.8%	13.0%	12.7%	6.3
United States	8.0%	NA	11.4%	6.0
HP 2020	7.8%	1.4%	11.4%	6.0

Source: Arkansas Department of Health, 2013; Centers for Disease Control & Prevention, 2013; Healthy People 2020

Teen birth rates have continued to climb in Poinsett County to 15% of all births, while Craighead County experienced a slight increase to 9.7% after a steady decline.



Source: Arkansas Department of Health

Public health and community leaders cited concerns over recent funding decreases to outreach efforts for at-risk mothers. Representatives also said that a coverage lag exists for pregnant mothers who are newly applying for Medicaid. Due to process and eligibility verification, Medicaid approval status may not be confirmed until mothers are past the 20 week mark. As a result, at-risk mothers are not receiving early prenatal care. Further, respondents said OB/GYN providers are unwilling to take on patients that have not had prenatal care due to potential higher risks associated with pregnancies, so mothers may not receive any prenatal care if they do not access it in the first trimester.

Input from Community Representatives

Community engagement and feedback were an integral part of the CHNA process. Public health experts, health care professionals, and representatives of underserved populations shared knowledge and expertise about community health issues as part of the key informant interviews and partner forums. Health care consumers, including medically underserved individuals and chronically-ill patients, were included in the focus groups. A list of community representatives is included in Appendix C.

The following tables summarize the top health conditions in the community and contributing factors, according to key informants. The findings are consistent with secondary data indicators and results from the Partner Forum.

Top Health Conditions Affecting Residents

Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Heart Disease	21.8%	12
2	Overweight/Obesity	21.8%	12
3	Cancer	18.2%	10
4	Diabetes	12.7%	7
5	Substance Abuse	10.9%	6

Top Contributing Factors to Conditions Affecting Residents

Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Drug/Alcohol Abuse	14.5%	8
2	Lack of knowledge/awareness of the value of preventative care/screenings	12.7%	7
3	Lack of physical activity	12.7%	7
4	Inability to afford care	10.9%	6
5	Lack of good nutrition	10.9%	6
6	Stress (work, family, school, etc.)	10.9%	6

Development of a Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Arkansas Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region's most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

1) Increase the number of residents who are screened for depression and mental health conditions.
2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

1) Provide education about healthy lifestyles and risk factors for disease.
2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

1) Increase the proportion of women who receive early and adequate prenatal care.
2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospital's website.

Demographic Analysis of Arkansas Service Area

The following section outlines key demographic indicators related to the social determinants of health within NEA Baptist's service area. Social determinants of health are factors within the environment in which people live, work, and play that can affect health and quality of life, and are often the root cause of health disparity. Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage." All reported demographic data are provided by © 2015 The Nielsen Company.

Population Demographics

The population in Craighead and Poinsett Counties is primarily White; however, Craighead County has a slightly higher percentage of Black/African American residents (14%) and Hispanic/Latino residents (4.8%) when compared to Poinsett County. Craighead County also has a lower median age (34.3) when compared to Poinsett County (40) and the state and the nation (37.9).

2015 Population by Race/Ethnicity

	Craighead County	Poinsett County	Arkansas
White, Non-Hispanic	78.1%	86.5%	75.9%
Black or African American, Non-Hispanic	14.0%	8.3%	15.4%
Hispanic or Latino (of any race)	4.8%	3.2%	7.3%
Asian & Pacific Islander, Non-Hispanic	1.1%	0.3%	1.8%
All others	2.0%	1.6%	6.9%

2015 Population by Age

	Craighead County	Poinsett County	Arkansas
Under 18	24.8%	23.8%	23.8%
18 – 24	11.5%	8.7%	9.8%
25 – 34	14.7%	11.6%	12.8%
35 – 54	24.6%	25.3%	25.1%
55 – 64	11.0%	13.2%	12.5%
65 or over	13.4%	17.4%	15.9%
Median Age	34.3	40.0	37.9

Language Spoken at Home

Residents in Craighead and Poinsett Counties are primarily English speaking; less than 5% of residents in Craighead County and less than 3% of residents in Poinsett County speak a primary language other than English. The finding is consistent with the 2013 CHNA.

2015 Population by Language Spoken

	Craighead County	Poinsett County	Arkansas
English speaking	95.3%	97.7%	93.0%

Financial and Occupation Demographics

Among occupied housing units, approximately 39% in Craighead County and 35% in Poinsett County are occupied by renters. The percentage is higher in both counties compared to the state. Renters are more likely to experience housing cost burden, which is defined as spending more than 30% of the household income on housing.

2015 Households by Occupancy Type

	Craighead County	Poinsett County	Arkansas
Owner-occupied	60.8%	65.1%	66.9%
Renter-occupied	39.2%	34.9%	33.1%

The median home value for owner-occupied units is also an indicator of housing affordability; however, it should be considered in conjunction with median household income and overall cost of living. For example, while Craighead County has the highest median home value and the highest median household income, additional cost of living indicators (e.g. price of goods and services) should be taken into account to determine if housing cost is proportional to income.

2015 Owner-Occupied Housing by Median Value

Craighead County	Poinsett County	Arkansas
$140,046	$69,928	$117,563

Both counties experience disparities in income, but the specific populations experiencing disparity differ by county. Craighead County follows the state and national trend of having higher income among White and Asian populations and lower income among Black/African American and Hispanic/Latino populations. Poinsett County differs from the state and national trend with higher income among White and Hispanic/Latino populations and lower income among Black/African American and Asian populations.

2015 Population by Median Household Income & Race/Ethnicity

	Craighead County	Poinsett County	Arkansas
White	$49,848	$34,726	$46,556
Black or African American	$26,781	$18,962	$27,465
Asian	$45,141	$22,917	$50,353
Hispanic or Latino (of any race)	$28,768	$39,853	$36,489
Total Population	**$46,675**	**$32,981**	**$42,882**

Poverty

Families represent two or more people who are related and residing together. The percentage of families and families with children living in poverty is higher in Poinsett County compared to Craighead County and the state. In Craighead County, both percentages decreased from the 2013 CHNA report. In Poinsett County, the percentage of families living in poverty increased, but the percentage of families with children living in poverty decreased by 15.1%.

Families in Poverty

	Craighead County		Poinsett County	
	2015	2013 CHNA (2008-2010)	2015	2013 CHNA (2008-2010)
Families in poverty	13.6%	16.4%	23.3%	21.3%
Families with children in poverty	10.7%	24.7%	18.0%	33.1%

Employment

The unemployment rate is higher in Poinsett County (8.5%) when compared to Craighead County (5%), the state (5.2%), and the nation (6.2%).

2015 Population by Employment Status

	Craighead County	Poinsett County	Arkansas
Unemployed	5.0%	8.5%	5.2%

More than half of the workforce in Craighead County holds white collar positions. A higher percentage of the workforce in Poinsett County holds blue collar or service/farm positions.

2015 Population by Occupation

	Craighead County	Poinsett County	Arkansas
White collar	55.7%	46.1%	55.2%
Blue collar	26.2%	31.3%	26.2%
Service and farm	18.1%	22.6%	18.6%

Education Demographics

Education is the largest predictor of poverty and one of the most effective means of reducing inequalities. In both counties, Hispanic/Latino residents are notably less likely to graduate from high school or attain higher education. In particular, 55.3% of Hispanic/Latino residents in Poinsett County have less than a high school diploma and only 3.6% have attained higher education.

In Craighead County, the percentage of the population with at least a high school diploma (87.4%) or a bachelor's degree (23.9%) increased from the 2013 CHNA report of 82.7% and 22.4% respectively. In Poinsett County, the percentage of the population with at least a high school diploma (73.3%) remained the same from the 2013 CHNA report, but the percentage with a bachelor's degree or higher decreased by 1%. The 2013 CHNA report represented 2008-2010 data.

2015 Population by Educational Attainment & Ethnicity

	Craighead County		Poinsett County		Arkansas	
	Overall Population	Hispanic/ Latino	Overall Population	Hispanic/ Latino	Overall Population	Hispanic/ Latino
Less than a high school diploma	12.6%	35.2%	26.7%	55.3%	15.8%	48.0%
High school graduate	35.3%	43.2%	41.7%	41.1%	35.1%	28.1%
Some college or associate's degree	28.2%	11.4%	23.1%	3.6%	28.5%	15.0%
Bachelor's degree or higher	23.9%	10.2%	8.5%	0.0%	20.6%	8.8%

*Educational attainment is calculated for adults 25 years or over. Data is not available for Blacks/African Americans or other racial groups.

Social Determinants of Health by Zip Code

In addition to reviewing socio-economic statistics for a population as a whole, it is valuable to view demographics at the zip code level to identify geographical trends that can impact population health. Select factors are outlined below for zip codes across the NEA Baptist Hospital service area to identify potential health disparities and aid NEA Baptist in targeting community health improvement efforts to high risk populations.

Social Determinants of Health Indicators by Zip Code-Craighead County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
72401 Jonesboro	19.4%	6.4%	94.5%	17.7%	14.6%	15.6%	5.9%	13.5%
72404 Jonesboro	10.7%	2.9%	96.1%	7.7%	5.3%	9.9%	3.8%	6.7%
72411 Bay	2.3%	2.5%	98.1%	9.7%	6.9%	10.4%	3.4%	14.0%
72414 Black Oak	0.2%	3.3%	96.2%	11.5%	6.0%	7.1%	7.8%	17.4%
72416 Bono	2.0%	2.3%	97.4%	13.8%	11.0%	9.8%	3.6%	17.0%
72417 Brookland	0.5%	2.2%	99.3%	6.1%	2.7%	9.6%	3.2%	16.0%
72419 Caraway	0.1%	3.4%	96.2%	13.3%	10.8%	7.9%	7.6%	22.0%
72421 Cash	0.7%	4.3%	97.9%	6.9%	4.5%	6.4%	3.4%	23.6%
72437 Lake City	0.9%	2.9%	98.4%	8.3%	7.8%	8.8%	3.5%	19.5%
72447 Monette	0.4%	6.1%	96.1%	6.0%	4.7%	7.3%	7.5%	17.9%
72467 State University	36.6%	3.1%	84.9%	45.0%	27.2%	35.1%	6.2%	12.5%
Craighead County, AR	**14.0%**	**4.8%**	**95.3%**	**13.6%**	**10.7%**	**12.8%**	**5.0%**	**12.6%**

Color Coding Guide
0-2% points higher than the county Exception: English Speaking cells are 0-2% points lower than the county
More than 2% points higher than the county Exception: English Speaking cells are more than 2% points lower than the county

Social Determinants of Health Indicators by Zip Code-Poinsett County

	Black/ African American	Hispanic/ Latino	English Speaking	Families in Poverty	Families w/ Children in Poverty	Single Female Households w/ Children	Unemploy-ment	Less than HS Diploma
72354 Lepanto	13.4%	5.9%	97.7%	20.4%	10.8%	11.4%	10.8%	34.8%
72365 Marked Tree	24.4%	2.4%	96.4%	23.5%	17.2%	15.2%	11.6%	28.1%
72386 Tyronza	10.3%	2.9%	96.8%	18.0%	15.5%	7.6%	10.2%	30.1%
72429 Fisher	0.3%	2.5%	99.0%	10.2%	8.3%	7.4%	3.6%	27.8%
72432 Harrisburg	2.0%	2.0%	96.7%	27.6%	21.2%	9.2%	6.5%	28.5%
72472 Trumann	6.7%	3.5%	98.8%	24.7%	20.4%	12.8%	8.7%	22.7%
72479 Weiner	2.0%	4.7%	98.7%	8.2%	5.3%	7.6%	3.6%	23.9%
Poinsett County, AR	**8.3%**	**3.2%**	**97.7%**	**23.3%**	**18.0%**	**11.3%**	**8.5%**	**26.7%**

Color Coding Guide
0-2% points higher than the county Exception: English Speaking cells are 0-2% points lower than the county
More than 2% points higher than the county Exception: English Speaking cells are more than 2% points lower than the county

Public Health Analysis of Arkansas Service Area

Background

Publicly reported health statistics were collected and analyzed to display health trends and identify health disparities across the service area. The following analysis uses data compiled by secondary sources such as the County Health Rankings & Roadmaps program, Arkansas Department of Health, and the Centers for Disease Control and Prevention (CDC). All data sources are listed by indicator throughout the report. In addition, a full listing of all public health data sources can be found in Appendix B.

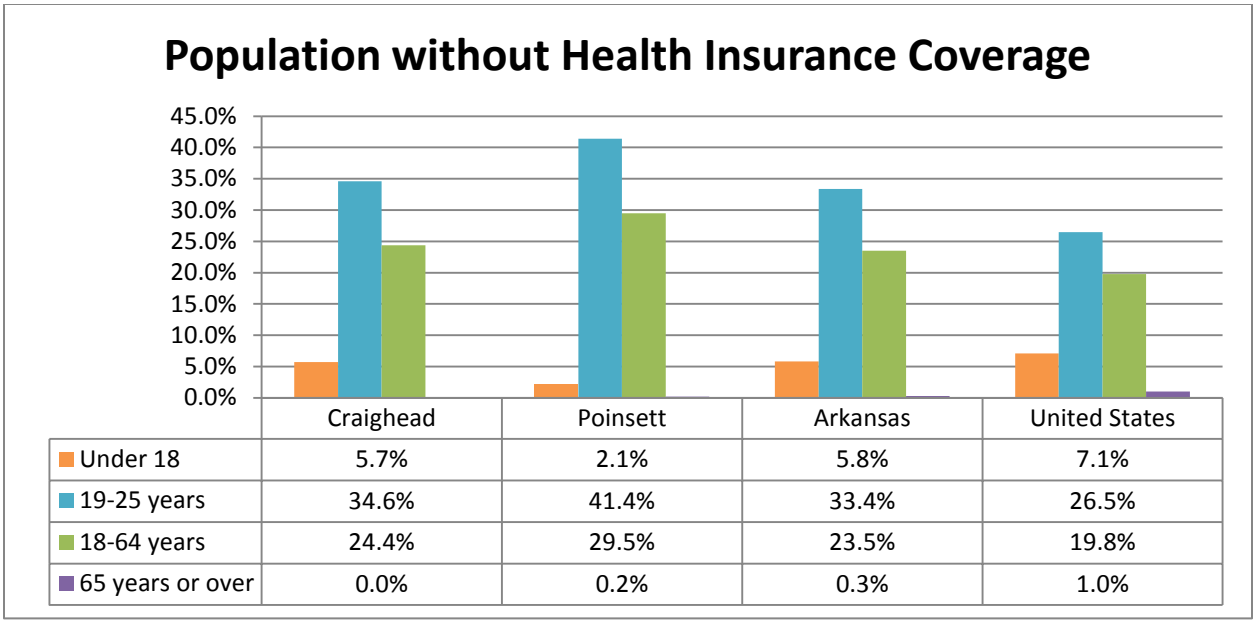
County statistics are compared to state and national averages and Healthy People 2020 (HP 2020) goals, where applicable. State and national averages represent comparable year(s) of data to county-level statistics, unless otherwise noted. Healthy People 2020 goals are national goals created by the U.S. Department of Health and Human Services to set a benchmark for all communities to strive towards. Healthy People goals are updated every ten years and progress is tracked throughout the decade.

Access to Health Services

According to the 2015 County Health Rankings, Craighead County ranks #2 and Poinsett County ranks #69 out of 75 counties in Arkansas for clinical care. The ranking is based on a number of indicators, including health insurance coverage and access to providers.

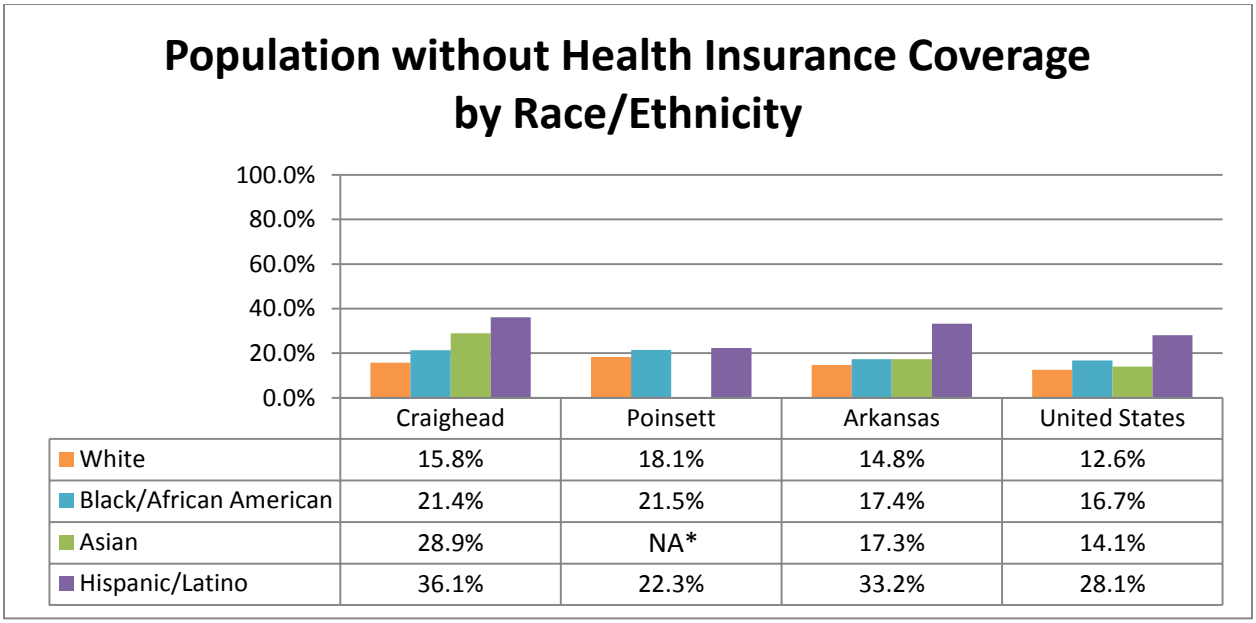
Craighead County ranks #2 while Poinsett County ranks #69 out of 75 Arkansas counties for clinical care

Neither county meets the Healthy People 2020 goal of having 100% of residents insured, and residents in both counties are more likely to be uninsured when compared to the state and nation. Poinsett County has a notably higher percentage of uninsured adults. Conversely, Poinsett County children have the lowest uninsured rates among the comparisons. Greater disparities exist in both counties among ethnic and racial groups.



	Craighead	Poinsett	Arkansas	United States
Under 18	5.7%	2.1%	5.8%	7.1%
19-25 years	34.6%	41.4%	33.4%	26.5%
18-64 years	24.4%	29.5%	23.5%	19.8%
65 years or over	0.0%	0.2%	0.3%	1.0%

Source: United States Census Bureau, 2010-2014



	Craighead	Poinsett	Arkansas	United States
White	15.8%	18.1%	14.8%	12.6%
Black/African American	21.4%	21.5%	17.4%	16.7%
Asian	28.9%	NA*	17.3%	14.1%
Hispanic/Latino	36.1%	22.3%	33.2%	28.1%

Source: United States Census Bureau, 2010-2014
* too few to report

Provider Access

Craighead County has some of the highest provider rates in the state and higher provider rates than the nation, which may contribute to a greater percentage of adults who report having a primary care provider that they regularly see. Craighead County adults are also more likely to have had a dental exam in the last year.

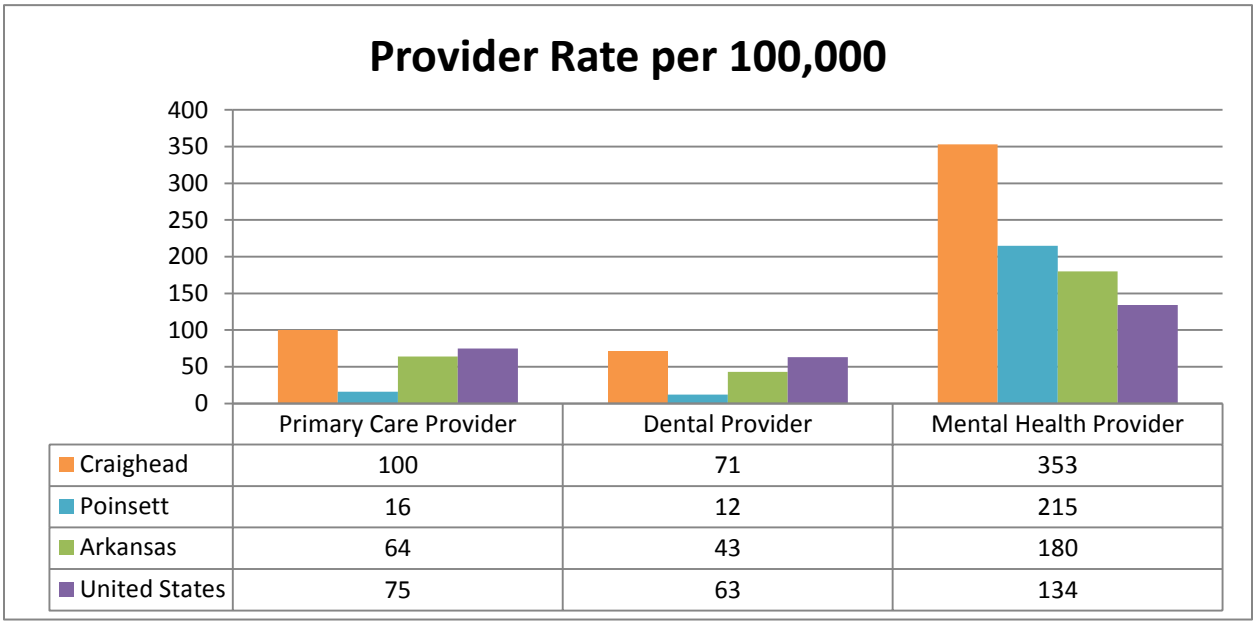
Craighead County has some of the highest provider rates in the state.

Approximately 7% of residents in Craighead County live in a designated Health Professional Shortage Area. Black Oak Township in Craighead County is designated as a Medically Underserved Area.

In contrast, 30% of residents in Poinsett County live in a designated Health Professional Shortage Area and all of Poinsett County is designated as a Medically Underserved Area. The primary care and dental provider rates are some of the lowest in the state.

Approximately 30% of residents in Poinsett County live in a Health Provider Shortage Area.

Despite a shortage of primary care providers in Poinsett County, only 11% of adults report not having a regular doctor, which is lower than the state (22.9%) and the nation (22.1%). However, fewer than 50% of adults report having had a dental exam in the last year compared to 61.6% statewide.



	Primary Care Provider	Dental Provider	Mental Health Provider
Craighead	100	71	353
Poinsett	16	12	215
Arkansas	64	43	180
United States	75	63	134

Source: United States Department of Health & Human Services, Health Resources and Services Administration, 2012 & 2013; Centers for Medicare & Medicaid Services, 2014
*The United States mental health provider rate is reported for 2013. All other rates are reported for 2014.

Out-of-pocket costs associated with health care deductibles, copays, prescriptions, and other costs can also inhibit residents from accessing care when they need it. Eighteen percent of adults in Craighead County and 25% of adults in Poinsett County reported that they could not afford care when they needed it.

18% of Craighead County adults and 25% of Poinsett County adults did not seek care when they needed it due to cost

Provider Access

	% Unable to Afford Care	% without a Regular Doctor	% without a Recent Dental Exam	% Living in a HPSA*
Craighead County	18.0%	20.2%	34.3%	7.3%
Poinsett County	25.0%	11.0%	52.5%	29.6%
Arkansas	17.0%	22.9%	38.4%	21.1%
United States	NA	22.1%	30.2%	34.1%

Source: Centers for Disease Control and Prevention, 2006-2010, 2006-2012, & 2011-2012; United States Department of Health & Human Services, Health Resources and Services Administration, 2015
*All indicators represent the adult (18 years and over) population with the exception of the population living in a HPSA, which represents all residents

Overall Health Status

Craighead County ranks #10 and Poinsett County #69 out of 75 Arkansas counties for health outcomes. Health outcomes are measured in relation to length of life (premature death) and quality of life.

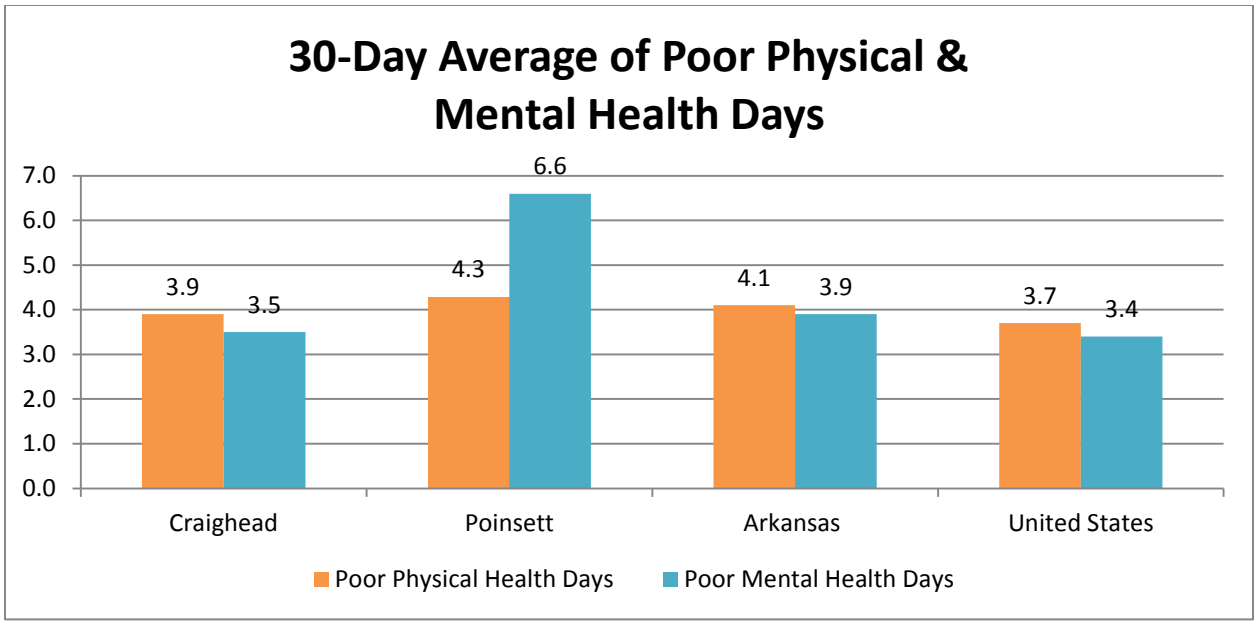
Poinsett County adults report an average of 6.6 poor mental health days per 30 days

Craighead and Poinsett County residents are more likely to die prematurely when compared to the nation. Thirty-day averages for poor physical and mental health are shown in the graph below. The counties follow similar trends for self-reported health status and poor physical health days. A marked difference exists in reported poor mental health days. Poinsett County adults report an average of 6.6 poor mental health days per 30 days.

Premature Death Rate (Years of Potential Life Lost Before Age 75 per 100,000)

	Premature Death Rate per 100,000
Craighead County	8,571
Poinsett County	13,330
Arkansas	9,068
United States	6,622

Source: National Center for Health Statistics, 2010-2012



Source: Centers for Disease Control and Prevention, 2006-2012

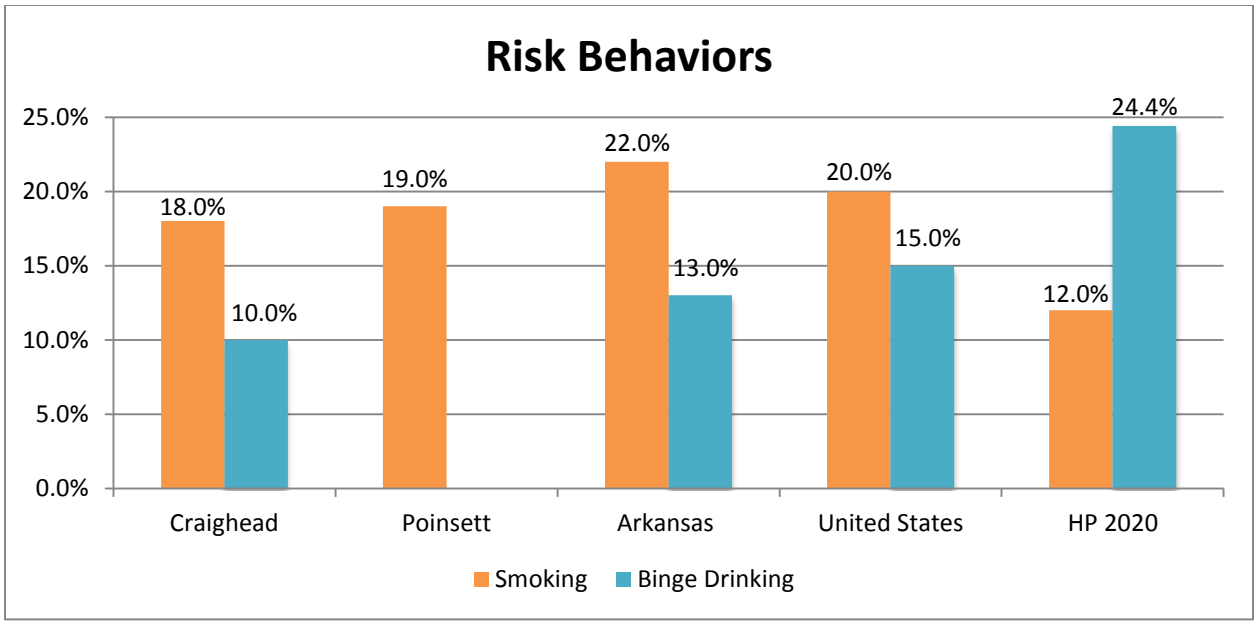
Health Behaviors

Individual health behaviors, including smoking, excessive drinking, physical inactivity, and obesity, have been shown to contribute to or increase the chance of disease. The prevalence of these health behaviors is provided below, compared to Arkansas, national averages, and Healthy People 2020 goals.

Risk Behaviors

The percent of Craighead County adults that smoke decreased 3 points from 21% to 18% since the 2013 CHNA and rates are lower than the state and nation. Poinsett County smoking rates decreased 12 points since the 2013 CHNA from 31% to 19%, surpassing the state and national rates. Continued improvement is needed to meet the Healthy People 2020 goal for smoking (12%).

Adult smoking rates decreased 3 points in Craighead and 12 points in Poinsett Counties since the 2013 CHNA report



Source: Centers for Disease Control and Prevention, 2006-2012; Healthy People 2020
*Binge drinking data is not available for Poinsett County

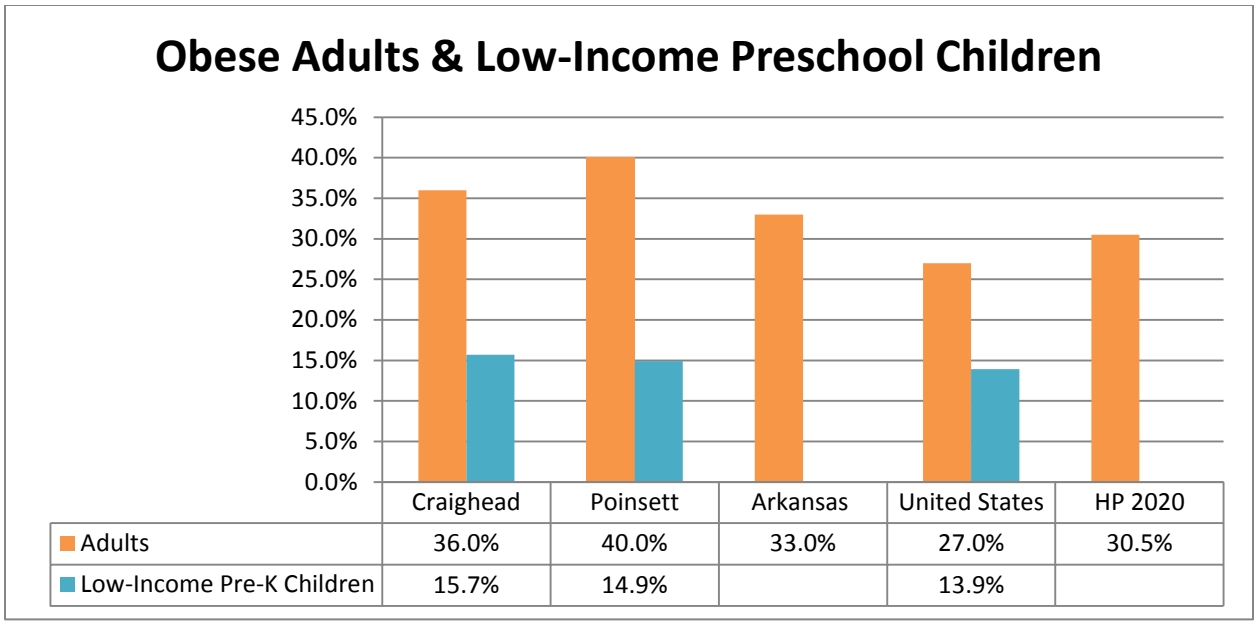
Craighead County is a “dry” (no alcohol sales) county while Poinsett is a “wet” county. Binge drinking increased slightly in Craighead County from 9% to 10%, but is lower than the state and nation. Binge drinking rates are not available for Poinsett County.

Overweight/Obesity

Arkansas has the highest obesity rates in the nation. Adult obesity rates in Craighead and Poinsett counties increased since the last CHNA.

According to the September 2015 *The State of Obesity Report* by the Trust for America's Health and the Robert Wood Johnson Foundation, Arkansas has the highest adult obesity rate in the nation at 35.9%. The Craighead County rate (36%) is consistent with the state, but the Poinsett County rate is higher at 40%. Both counties experienced increases in adult obesity rates (4 points and 6 points respectively) from the 2013 CHNA.

The percentage of obese low-income preschool children in Craighead and Poinsett Counties is 15.7% and 14.9% respectively, which is higher than the nation (13.9%). The children represented by this indicator are ages 2 to 4 years and participate in federally funded health and nutrition programs. Data for this age group is not available for the state or Healthy People 2020.



Source: Centers for Disease Control and Prevention, 2012; United States Department of Agriculture, 2009-2011; Healthy People 2020

Lack of access to healthy food and physical inactivity can contribute to obesity rates. Food security refers to having a consistent source of sufficient and affordable nutritious food. In Craighead County, 20.1% of all residents and 28% of children are food insecure. In Poinsett County, 28% of all residents and 35% of children are food insecure. All percentages exceed state and national benchmarks.

28% of children in Craighead County and 35% of children in Poinsett County are food insecure. The national average is 23.7%.

Percentage of Food Insecure Residents

	All Residents	Children
Craighead County	20.1%	28.0%
Poinsett County	21.8%	35.0%
Arkansas	19.5%	25.3%
United States	15.1%	23.7%

Source: Feeding America, 2013

Another measure of healthy food access is the number of fast food restaurants versus grocery stores in the area. Craighead County has a notably higher rate of fast food restaurants when compared to Poinsett County, state and national comparisons. Both counties have a higher rate of grocery stores when compared to the state and the nation; however, grocery stores may not be as prevalent in low-income neighborhoods.

Healthy Food Access & Environment

	Fast Food Restaurants per 100,000	Grocery Stores per 100,000
Craighead County	80.9	22.8
Poinsett County	65.1	24.4
Arkansas	65.8	17.0
United States	72.7	21.2

Source: United States Census, 2013

According to the *CDC Diabetes Interactive Atlas*, approximately one-third of adults in Craighead County (34%) and Poinsett County (33%) report no physical activity in the last 30 days, which is comparable to the state (31%) but significantly higher than the nation (23%). Related, fewer residents in Craighead and Poinsett Counties report having access to physical activity venues (63% and 49% respectively) when compared to the state (66%) and the nation (85%). Physical activity venues include parks or recreational facilities like gyms, community centers, YMCAs, dance studios, and pools.

One-third of Craighead and Poinsett County adults are physically inactive

Mortality & Morbidity

Mortality

The death rate reflects the ratio of total deaths to total population over a specified period of time. The death rate in Craighead and Poinsett Counties declined from the 2013 CHNA, but both rates are higher than the nation (731.9 per 100,000); Poinsett County is also higher than the state (893.8 per 100,000). Conversely, the death rate among Black/African Americans in Craighead County increased and is higher when compared to Whites. A current death rate for Blacks/African Americans in Poinsett County is not available due to a low death count (n=17).

In Craighead County, the overall death rate declined from the 2013 CHNA report; however, the death rate among Blacks/African Americans increased

Death Rates by Race per Age-Adjusted 100,000

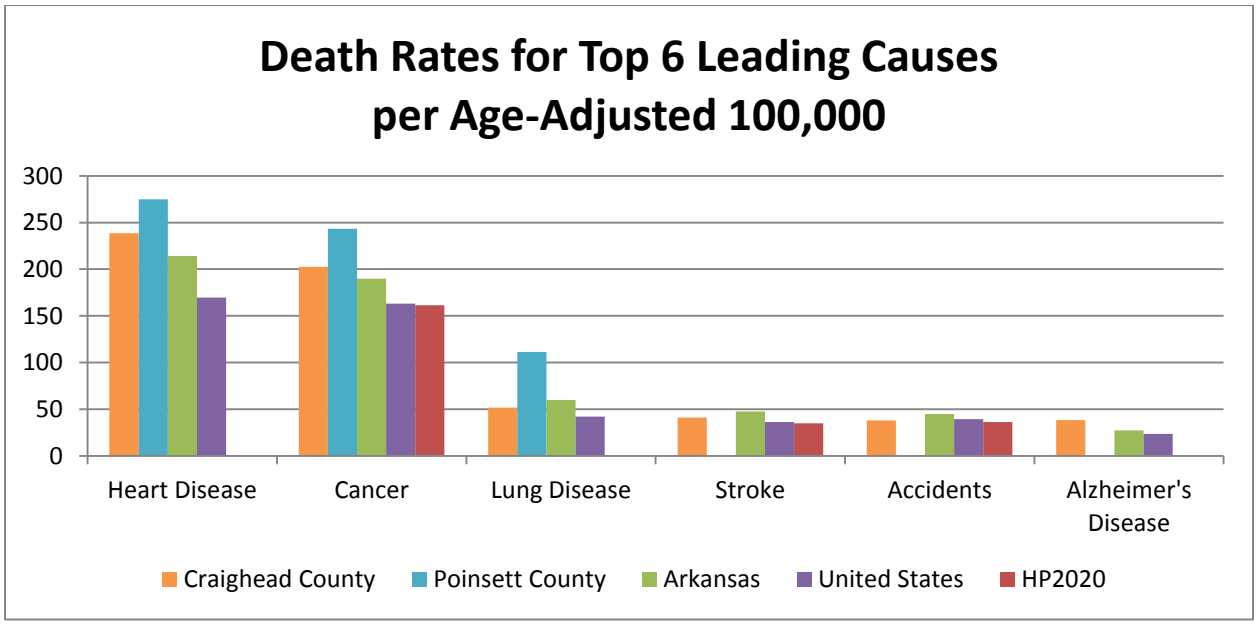
	Craighead County	Poinsett County
Total Population	874.0	1,052.9
Whites	876.4	1,051.0
Blacks/African Americans	1,132.0	NA

Source: Centers for Disease Control and Prevention, 2013

Arkansas has higher rates of death for all six leading causes when compared to the nation and Healthy People 2020 goals. Death rates are higher than the state in Craighead and Poinsett Counties for heart disease, cancer, and Alzheimer's disease. Poinsett County also has a higher death rate due to chronic lower respiratory disease (lung disease) when compared to Craighead County, the state, and the nation.

Craighead and Poinsett Counties have higher death rates than the state and the nation for heart disease, cancer, and Alzheimer's disease.

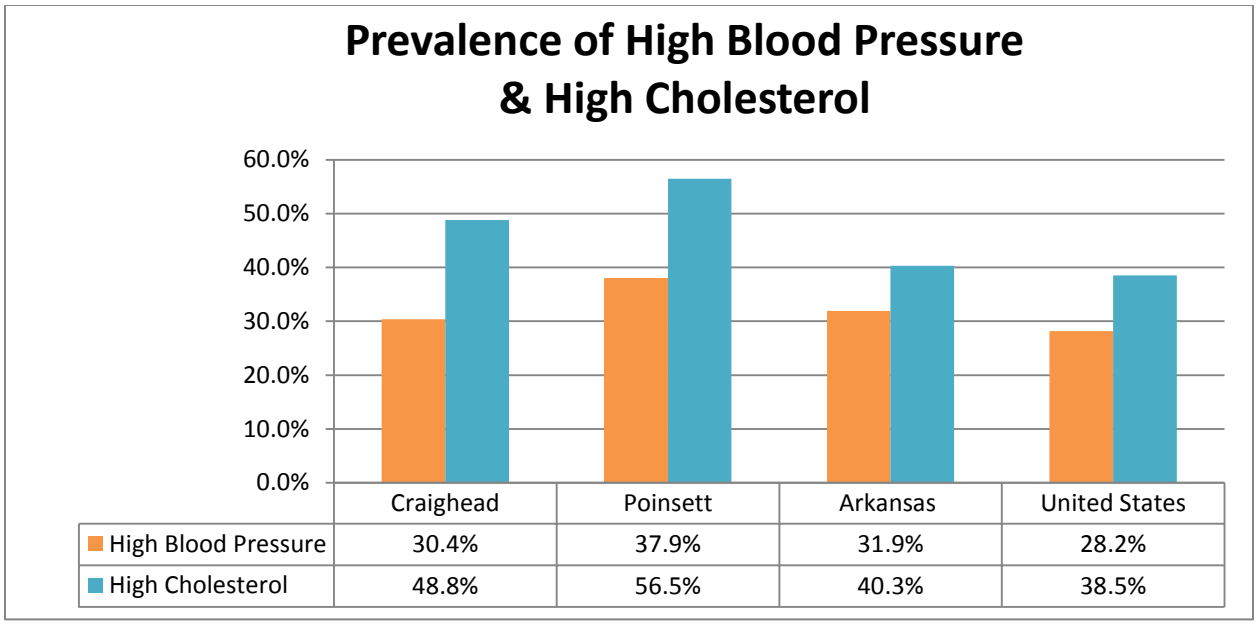
The following graph represents 2013 rates and the most recent health status of each county. Throughout the remainder of the report, three-or five-year death averages are often used due to low annual death counts.



Source: Centers for Disease Control and Prevention, 2013; Healthy People 2020
*Death rates for stroke, accidents, and Alzheimer's disease are not available for Poinsett County

Heart Disease

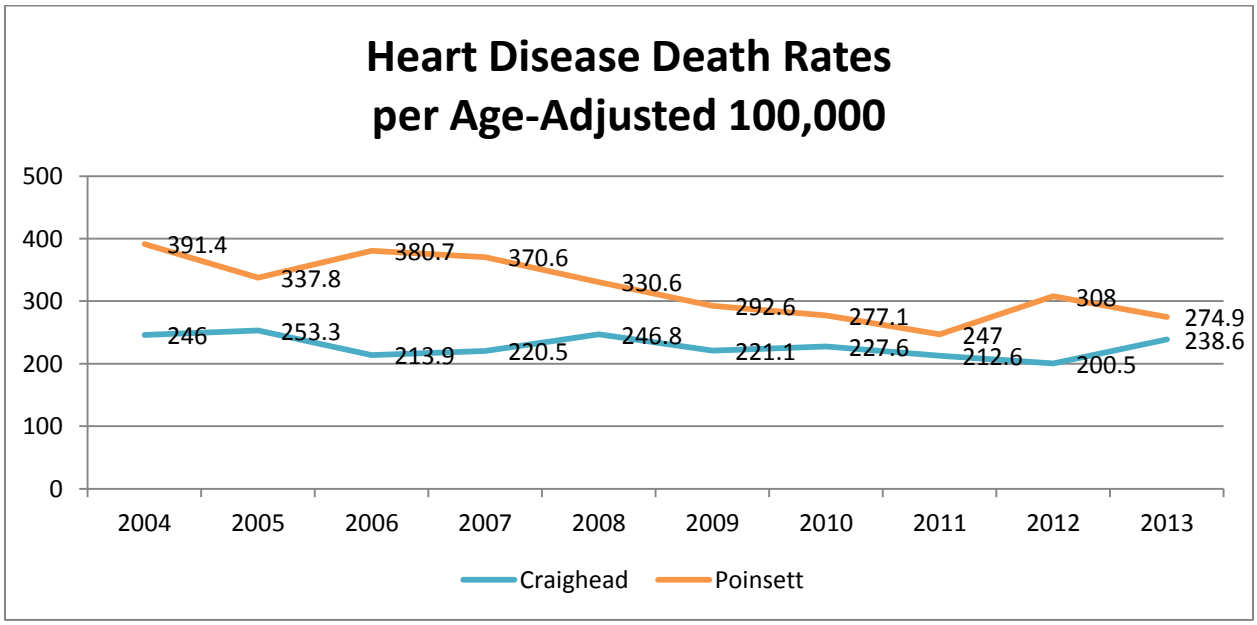
Heart disease is the leading cause of death in the nation. It is often a result of high blood pressure and high cholesterol, which can result from poor diet and exercise habits. Craighead and Poinsett Counties have a higher percentage of adults with high cholesterol when compared to the state and the nation; Poinsett County also has a higher percentage of adults with high blood pressure when compared to the state and the nation.



Source: Centers for Disease Control and Prevention, 2011-2012 & 2006-2012

The 2013 heart disease death rate is higher in both Craighead and Poinsett Counties when compared to the state and the nation. In Craighead County, the death rate has remained variable since 2004 and the current rate is comparable to the 2004 rate. In Poinsett County, the rate has been decreasing since 2004 with the exception of two peaks in 2006 and 2012.

The Poinsett County heart disease death rate has been declining since 2004, but is still higher compared to Craighead County, the state, and the nation



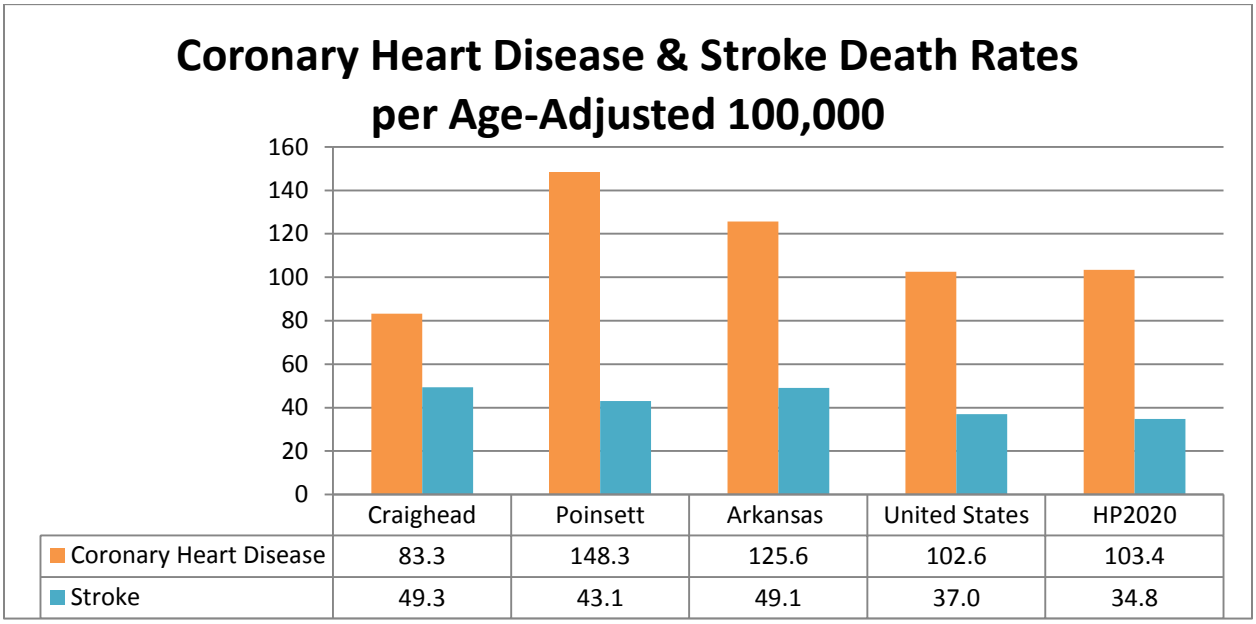
Source: Centers for Disease Control and Prevention

Coronary heart disease is a form of heart disease characterized by the buildup of plaque inside the coronary arteries. The coronary heart disease death rate in both counties has been declining over the past decade. In 2004, the rate was 173.4 per 100,000 in Craighead County and 207.6 per 100,000 in Poinsett County. Despite declining, Poinsett County has the highest rates among the comparisons, while Craighead has the lowest.

Deaths from coronary heart disease have been declining in Poinsett and Craighead Counties over the past decade. Poinsett is still higher than the state and national comparisons.

The stroke death rate in Craighead and Poinsett Counties is higher than the state and nation

Several types of heart disease, including coronary heart disease, are risk factors for stroke. The three-year (2011-2013) average stroke death rate in both Craighead and Poinsett Counties is higher than the nation and the Healthy People 2020 goal.



	Craighead	Poinsett	Arkansas	United States	HP2020
Coronary Heart Disease	83.3	148.3	125.6	102.6	103.4
Stroke	49.3	43.1	49.1	37.0	34.8

Source: Centers for Disease Control and Prevention, 2011-2013 & 2013; Healthy People 2020

Cancer

Cancer is the second leading cause of death in the nation. Overall, cancer incidence rates are lower in Craighead County and higher in Poinsett County when compared to the state and nation. Both counties show disparities related to Blacks/African American populations. While cancer death rates are declining in both counties, rates are higher than national comparisons. Poinsett County rates are also higher than the state averages. The death rate for lung and bronchus cancer in Poinsett County is more than double the rate in Craighead County.

Incidence Rates

Craighead County cancer incidence rates decreased from the 2013 CHNA report and breast, colorectal, and prostate rates are lower than state and national comparisons. The overall incidence rate is higher among Blacks/African Americans as is breast cancer and prostate cancer. However, the average annual incidence count for breast and prostate cancers among Blacks/African Americans is low (three and four respectively). Additional data by race is not available.

The overall cancer incidence is lower in Craighead County when compared to the state and the nation; however cancer rates are higher among Blacks/African Americans.

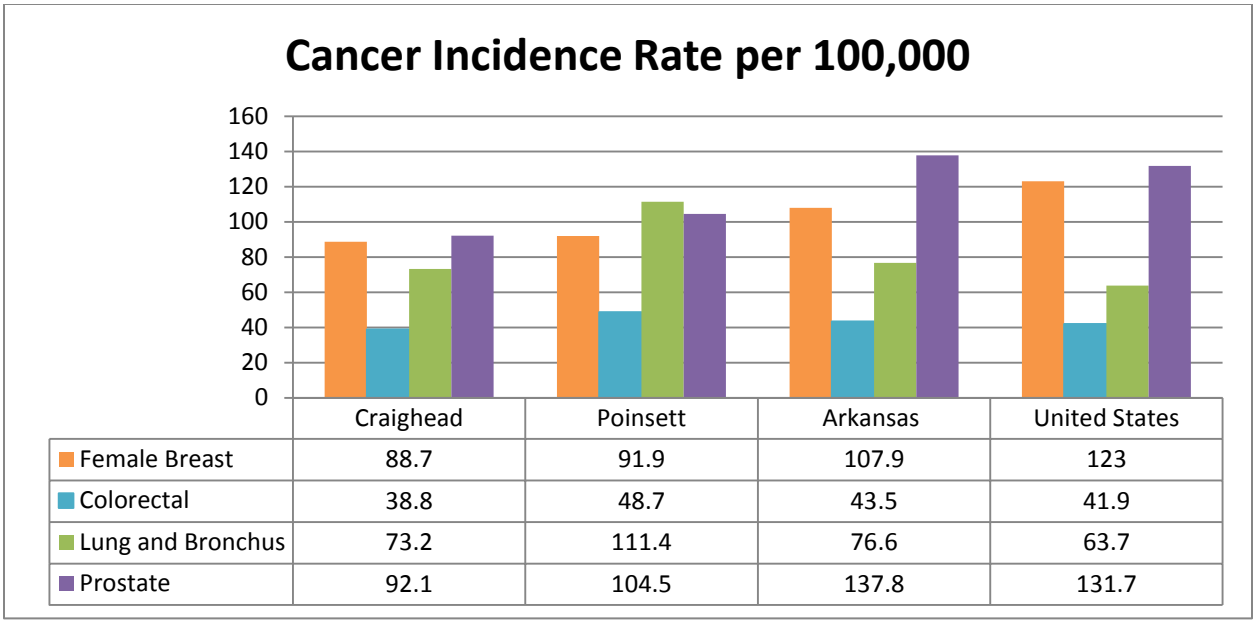
In Poinsett County, the cancer incidence rate is highest for lung and bronchus cancer. The rate is higher than the state and nation.

The overall cancer incidence rate in Poinsett County decreased from the 2013 CHNA, but is still higher than both the state and the nation. The incidence rate for lung and bronchus cancer is approximately 35 points higher than the state and 48 points higher than the nation. Racial differences in overall cancer incidence are less than in Craighead County and Blacks/African Americans have a lower incidence rate than Whites. Additional data by cancer type and race is not available for the county.

Cancer Incidence Rate per 100,000: Comparison to the 2013 CHNA (2004-2008)

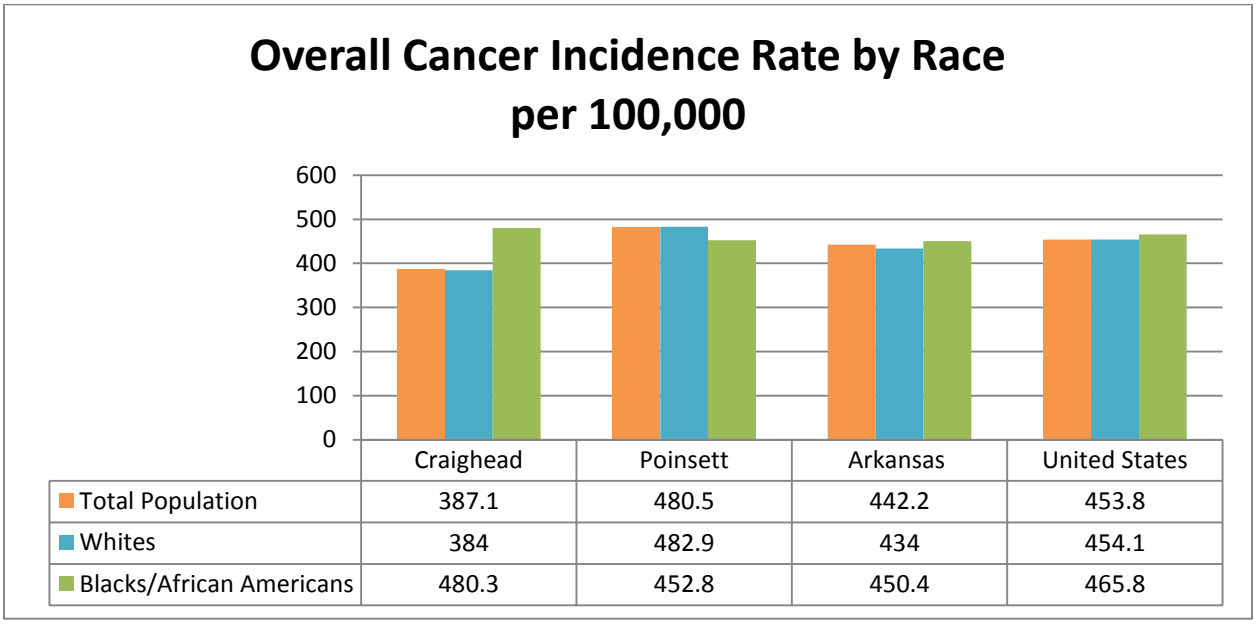
	Craighead County		Poinsett County	
	2004-2008 Incidence	2008-2012 Incidence	2004-2008 Incidence	2008-2012 Incidence
Female breast	100.3	88.7	127.7	91.9
Colorectal	41.6	38.8	68.2	48.7
Lung and bronchus	82.6	73.2	125.5	111.4
Prostate	140.6	92.1	151.3	104.5
All cancer types	442.6	387.1	539.5	480.5

Source: National Cancer Institute
*2008-2012 are most recent rates available



	Craighead	Poinsett	Arkansas	United States
Female Breast	88.7	91.9	107.9	123
Colorectal	38.8	48.7	43.5	41.9
Lung and Bronchus	73.2	111.4	76.6	63.7
Prostate	92.1	104.5	137.8	131.7

Source: National Cancer Institute, 2008-2012



	Craighead	Poinsett	Arkansas	United States
Total Population	387.1	480.5	442.2	453.8
Whites	384	482.9	434	454.1
Blacks/African Americans	480.3	452.8	450.4	465.8

Source: National Cancer Institute, 2008-2012

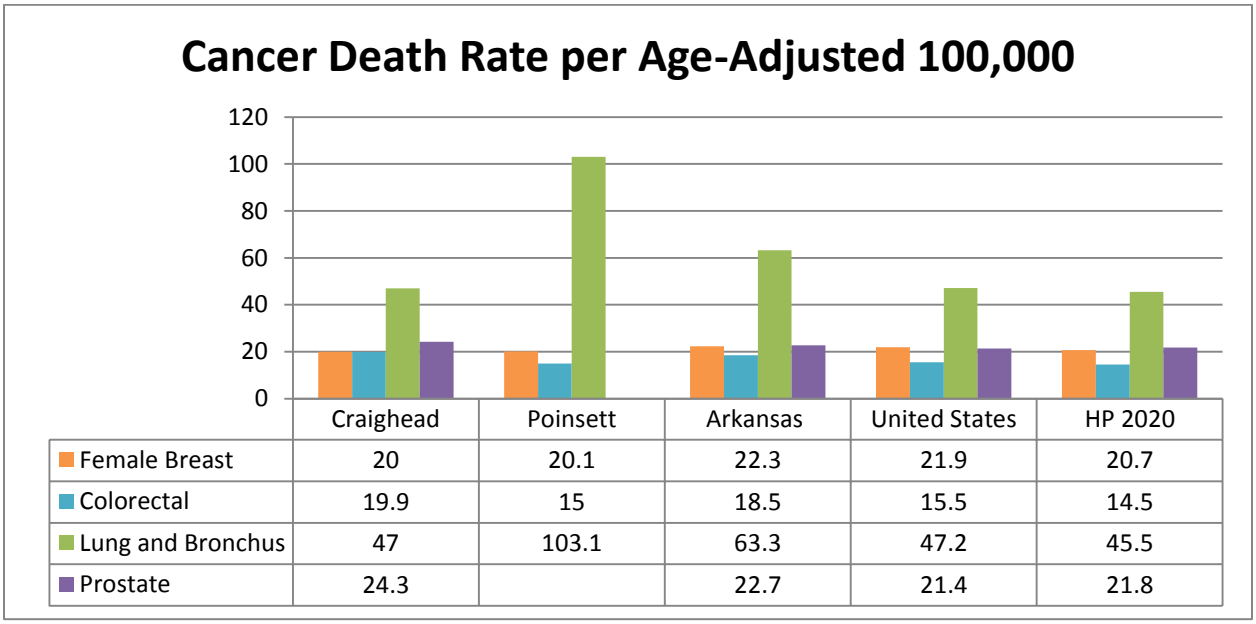
Death Rates

Age-adjusted cancer death is measured for the same reporting period as cancer incidence (2008-2012). The overall cancer death rate in Craighead and Poinsett Counties are higher than the nation and the Healthy People 2020 goal. The Poinsett County rate is also higher than the state.

The overall cancer death rate in both counties decreased since the 2013 CHNA report. However, in Craighead County, death rates increased for colorectal, lung and bronchus, and prostate cancer despite a decline in incidence rates for these cancers. Fewer individuals are being diagnosed with these cancers, but are more likely to die from them, which may point toward late stage detection.

In Poinsett County, the death rate increased for lung and bronchus cancer. Poinsett County has the highest incidence rate for lung and bronchus cancer.

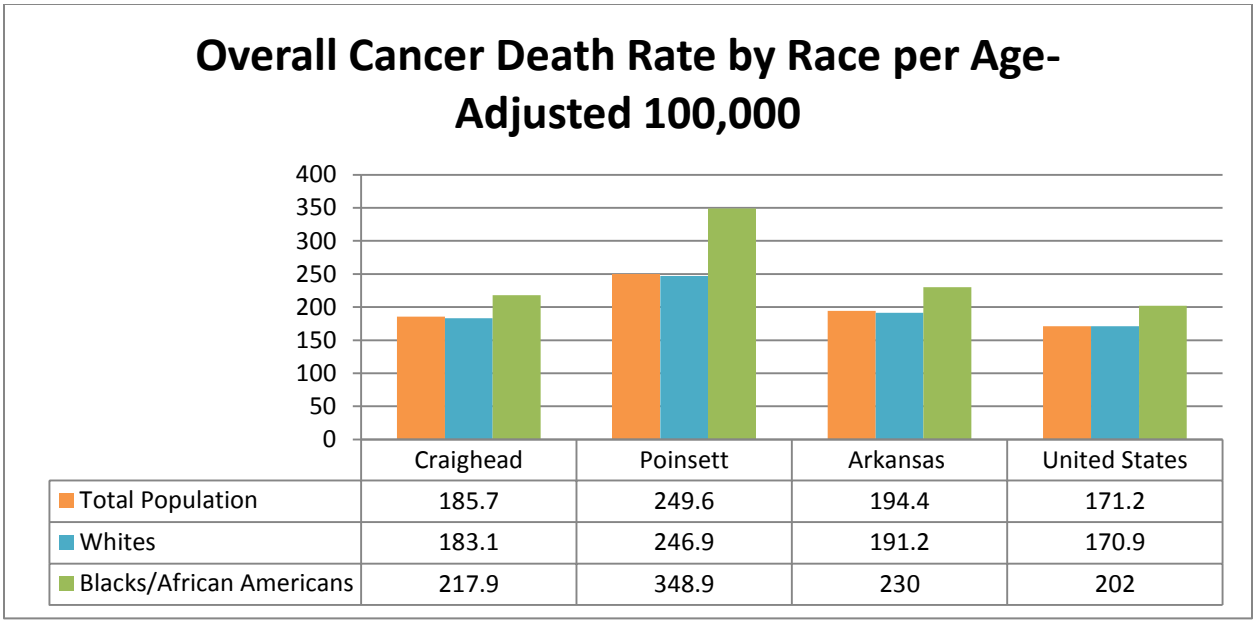
Poinsett County has the highest incidence and death rate for lung and bronchus cancer among state and national comparisons



	Craighead	Poinsett	Arkansas	United States	HP 2020
Female Breast	20	20.1	22.3	21.9	20.7
Colorectal	19.9	15	18.5	15.5	14.5
Lung and Bronchus	47	103.1	63.3	47.2	45.5
Prostate	24.3		22.7	21.4	21.8

Source: National Cancer Institute, 2008-2012; Healthy People 2020
*Prostate cancer death data is not available for Poinsett County

The cancer death rate is higher among Blacks/African Americans in both counties. The rate among Blacks/African Americans in Poinsett County is notably higher when compared to Craighead County. This finding paired with cancer incidence data indicates that even though Blacks/African Americans in Poinsett County are less likely to be diagnosed with cancer, they are more likely to die from the condition. Additional cancer death data by cancer type and race is not available for either county.



Source: National Cancer Institute, 2008-2012

Cancer Death Rate per Age-Adjusted 100,000

	Craighead County		Poinsett County	
	2004-2008 Death Rate	2008-2012 Death Rate	2004-2008 Death Rate	2008-2012 Death Rate
Female breast	26.9	20.0	NA	20.1
Colorectal	18.0	19.9	18.9	15.0
Lung and bronchus	45.8	47.0	99.8	103.1
Prostate	18.9	24.3	39.6	NA
All cancer types	194.2	185.7	257.9	249.6

Source: National Cancer Institute

Cancer screenings are essential for early diagnosis and preventing death. Colorectal cancer screenings are recommended for adults age 50 years or over. In both counties, adults in this age group are more likely to receive the screening when compared to the state, but less likely to receive it when compared to the nation.

Mammograms are recommended for women to detect breast cancer. The reported indicator illustrates the percentage of female Medicare enrollees ages 67 to 69 that had a mammogram in the past two years. Approximately 61% to 62% of women in both counties had a mammogram, compared to approximately 58% across the state and 63% across the nation.

Pap tests are recommended for women age 18 years or over to detect cervical cancer. Approximately 70% of Craighead County women and 77% of Poinsett County women

had a Pap test in the past three years compared to 74% across the state and 78.5% across the nation.

Cancer Screenings

	Colorectal Cancer Screening	Mammogram in Past Two Years	Pap Test in Past Three Years
Craighead County	55.0%	61.8%	70.1%
Poinsett County	56.5%	61.3%	77.2%
Arkansas	54.5%	57.8%	74.0%
United States	61.3%	63.0%	78.5%

Source: Centers for Disease Control and Prevention, 2006-2012; Dartmouth College Institute for Health Policy & Clinical Practice, 2012

Chronic Lower Respiratory Disease

Poinsett County has a higher prevalence of asthma and a higher death rate due to CLRD

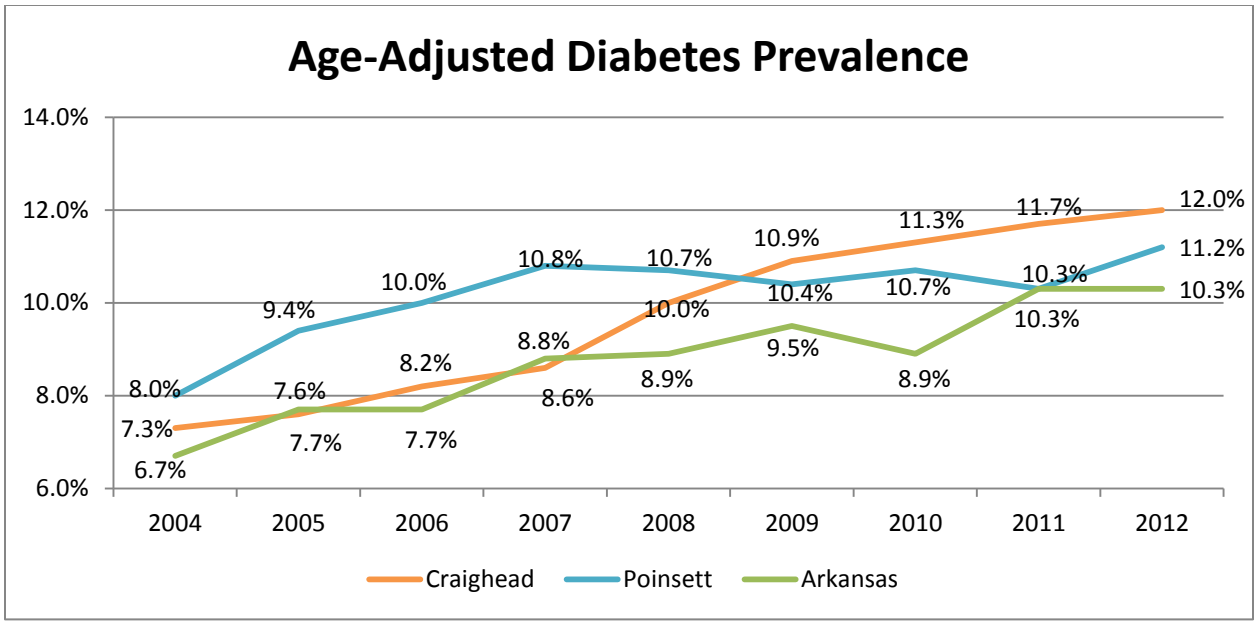
Chronic lower respiratory disease (CLRD) encompasses diseases like chronic obstructive pulmonary disorder, emphysema, and asthma. The death rate due to CLRD is higher in Poinsett County (111.2 per 100,000) compared to Craighead County (51.6 per 100,000), the state (60.1 per 100,000) and the nation (42.1 per 100,000). The adult asthma prevalence rate is also higher in Poinsett County (14.6%) compared to Craighead County (12.1%), the state (13.4%), and the nation (13.4%).

Smoking cigarettes contributes to the onset of chronic lower respiratory disease. The percentage of adult smokers in Craighead and Poinsett Counties (18% and 19% respectively) declined from the 2013 CHNA report; however, the counties do not meet the Healthy People 2020 goal of 12%.

Diabetes

Diabetes is caused either by the body's inability to produce insulin or effectively use the insulin that is produced. Diabetes can cause a number of serious complications, but Type II diabetes, the most common form, is largely preventable through diet and exercise. Diabetes prevalence has been increasing in both counties since 2004. Craighead County experienced nearly a 5% increase in adults with diabetes. The age-adjusted prevalence of diabetes among Craighead and Poinsett County adults exceeds the state.

Diabetes prevalence has been increasing in Craighead and Poinsett counties since 2004



Source: Centers for Disease Control and Prevention
*A change in methods occurred in 2011 that may affect the validity of comparisons to past years

The three-year (2011-2013) average diabetes death rate in Craighead County (15.7 per 100,000) is lower than the state (25.3 per 100,000) and the nation (21.3 per 100,000), but the rate in Poinsett County (28.5 per 100,000) is higher than the state and the nation.

The testing of blood sugar levels is essential to diabetes management. Diabetics should receive a hemoglobin A1c (hA1c) test, a blood test measuring blood sugar levels, annually from a health professional. The percentage of Medicare enrollees with diabetes in Craighead and Poinsett Counties, who received a hA1c test in the past year, is 83.2% and 80.3% respectively. State and national comparisons are 83% and 84.6% respectively.

Behavioral Health

Behavioral health is an important aspect of overall health and encompasses both mental health and substance abuse conditions. The following section analyzes measures related to feelings of depression, mental health diagnoses, mental health deaths, and provider access in Craighead and Poinsett Counties.

All Residents: Mental Health

The average number of poor mental health days over a 30-day period is notably higher in Poinsett County (6.6) when compared to Craighead County (3.5), the state (3.9), and the nation (3.4).

Adults in Poinsett County report that their mental health is poor for nearly 7 out of 30 days a month.

However, the number of suicides in Poinsett County declined to 12 suicides during the years 2011 to 2013; a rate is not calculated.

Craighead County experienced 44 suicides between 2011 and 2013. The rate exceeds the nation and the Healthy People 2020 Goal.

In contrast, Craighead County experienced 44 suicides between 2011 and 2013 for an overall rate of 15 per 100,000. The rate exceeds the nation and the Healthy People 2020 goal. In 2013 alone, Craighead County experienced 23 suicides.

Both counties have a higher mental health provider rate when compared to the state; Craighead County has the second highest rate in the state.

Mental Health Measures

	Poor Mental Health Days	Suicide Rate per Age-Adjusted 100,000	Mental Health Provider Rate per 100,000
Craighead County	3.5	15.0	353
Poinsett County	6.6	NA (n=12)	215
Arkansas	3.9	16.6	180
United States	3.4	12.5	NA
HP 2020	NA	10.2	NA

Source: Centers for Disease Control and Prevention, 2006-2012 & 2011-2013; Centers for Medicare & Medicaid Services, 2014; Healthy People 2020

More people die from mental health disorders in Poinsett County than in Craighead County, the state, and the nation

The age-adjusted death rate due to mental and behavioral disorders has been increasing in Craighead County since 2009. Trending data is not available for Poinsett County due to low death counts; however, the current rate of 73 per 100,000 (death count of 21) exceeds Craighead County (48.1 per 100,000), the state (33.2 per 100,000), and the nation (43.5 per 100,000).

All Residents: Substance Abuse

Substance abuse includes both alcohol and drug abuse. In Craighead and Poinsett Counties, indicators for binge drinking and deaths due to driving under the influence are lower than the state, the nation, and the Healthy People 2020 goal; however, the drug-induced death rate is higher than both the state and the nation.

The drug-induced death rate represents a five year (2009-2013) average due to unreliable annual rates. The total number of drug-induced deaths from 2009 to 2013

was 76 in Craighead County and 22 in Poinsett County. The corresponding rates are higher than both the state and the nation.

Substance Abuse Measures

	Binge Drinking	Percent of Driving Deaths due to DUI	Drug-Induced Death Rate per Age-Adjusted 100,000
Craighead County	10.0%	21.0%	16.4
Poinsett County	NA	30.0%	18.4
Arkansas	13.0%	31.0%	13.2
United States	15.0%	31.0%	13.6
HP 2020	24.4%	NA	NA

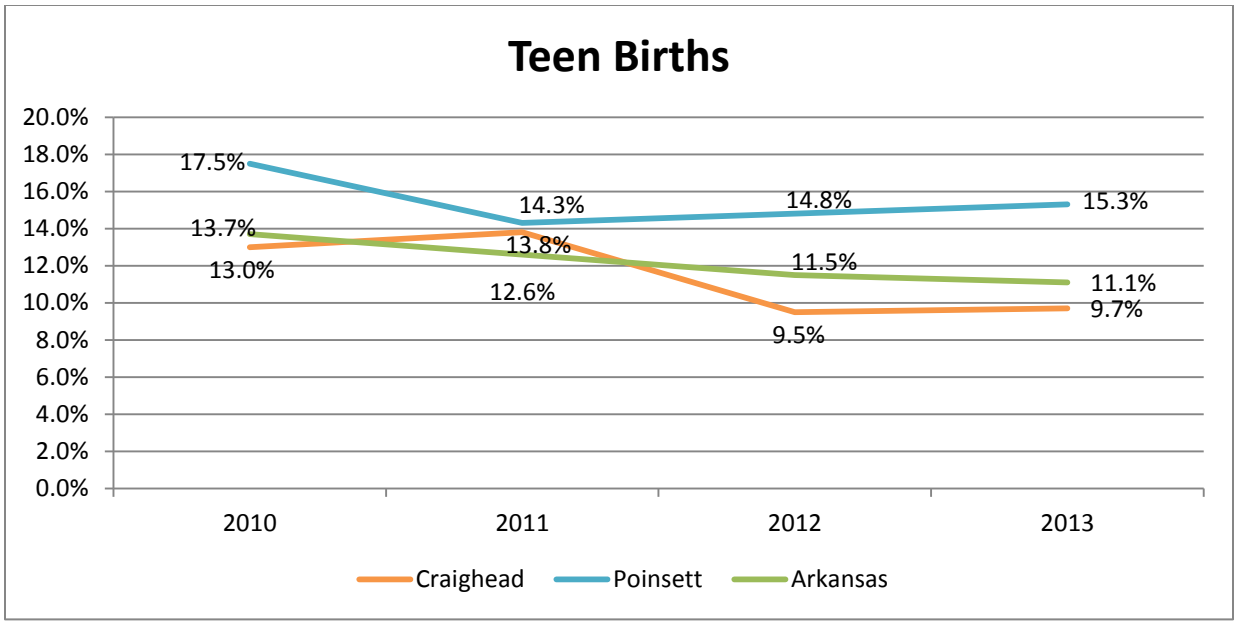
Source: Centers for Disease Control and Prevention, 2006-2012 & 2009-2013; National Highway Traffic Safety Administration, 2009-2013; Healthy People 2020

Maternal and Child Health

There were 1,401 births in Craighead County and 281 births in Poinsett County in 2013. In Craighead County, 21.7% of births were to Black/African American mothers and 6.3% were to Hispanic/Latina mothers. In Poinsett County, 6.8% of births were to Black/African American mothers. The percentage of Hispanic/Latina births is not reported due to a small birth count.

The percentage of teen births in Poinsett County increased over the past three years and is higher than Craighead County, the state. and the nation.

Of the total births, 9.7% in Craighead County and 15.3% in Poinsett County were to mothers under the age of 20 years. Poinsett teen births are higher than the state (11.1%) and the nation (7%). The percentage of teen births decreased in Craighead County over the past four years. Teen births increased in Poinsett County over the past three years after an initial drop from 17.5% in 2010.



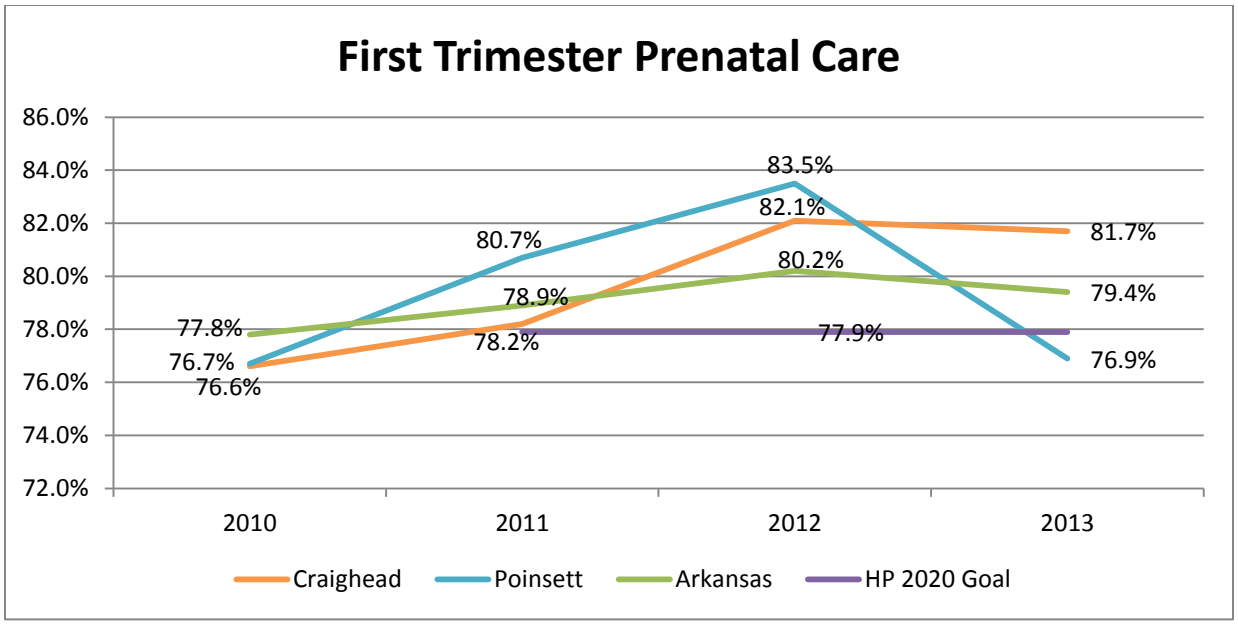
Source: Arkansas Department of Health

Prenatal care should begin during the first trimester to ensure a healthy pregnancy and birth. The percentage of Craighead County mothers receiving first trimester prenatal care (81.7%) is higher than the state (79.4%) and the Healthy People 2020 goal (77.9%) and is increasing. However, the percentage among Black/African American women (74.3%) and Hispanic/Latina women (78.4%) is lower when compared to both the overall percentage and the percentage among White women (83.6%).

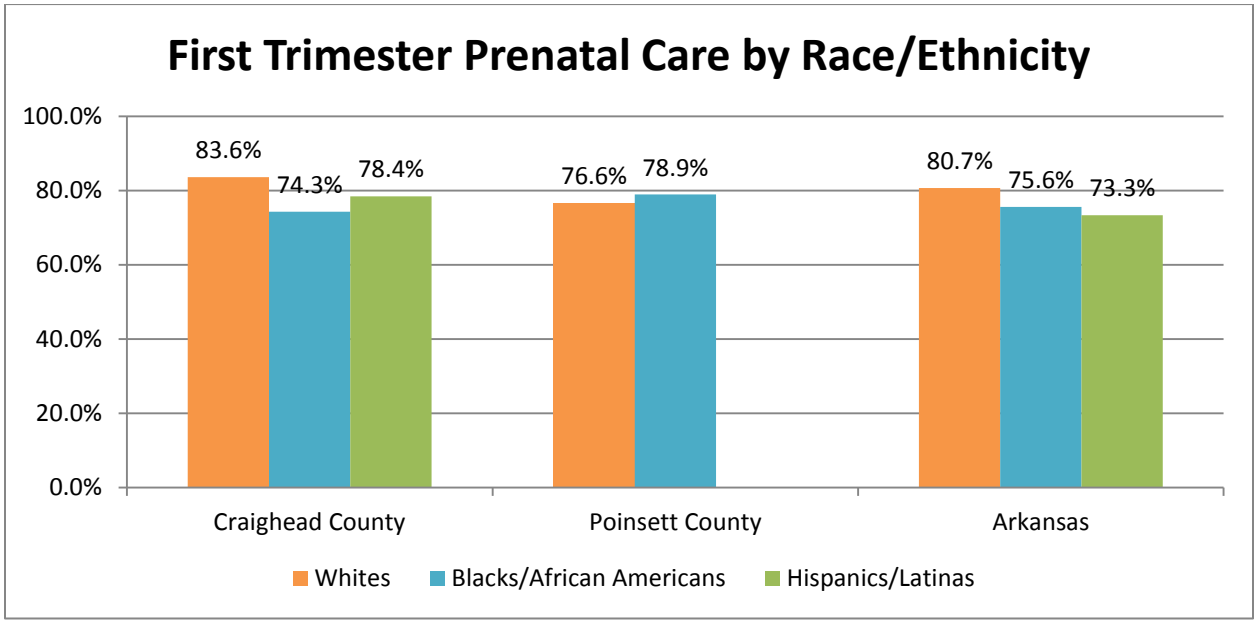
Black/African American and Hispanic/Latina mothers in Craighead County are less likely than White mothers to begin prenatal care in the first trimester

The percentage of Poinsett County mothers receiving first trimester prenatal care (76.9%) is lower than both the state and the Healthy People 2020 goal due to a notable decrease from 2012 to 2013. Within the county, Black/African American women are just as likely as White women (78.9% versus 76.9%) to receive first trimester prenatal care.

Fewer mothers across all races and ethnic groups in Poinsett County receive first trimester prenatal care



Source: Arkansas Department of Health



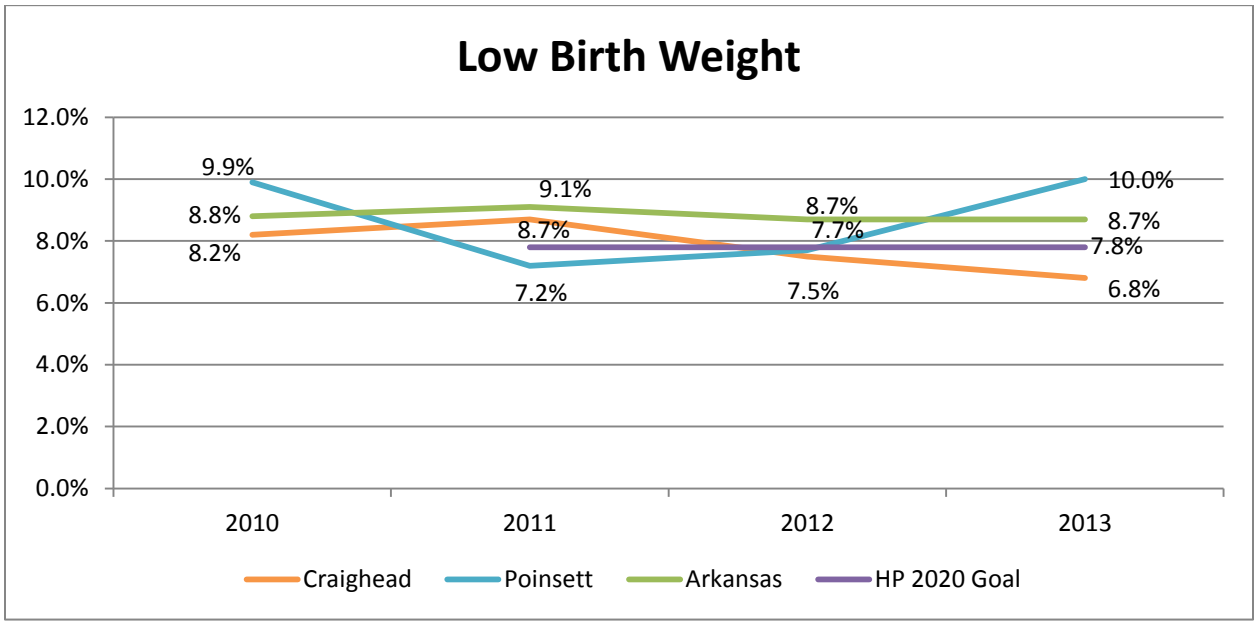
Source: Arkansas Department of Health, 2013

Low birth weight is defined as a birth weight of less than 5 pounds, 8 ounces. It is often a result of premature birth, fetal growth restrictions, or birth defects. The average percent of infants born with low birth weights across Arkansas is 8.8%, which is slightly higher than the national average of 8%.

The percentage of low birth weight babies is decreasing in Craighead County and increasing in Poinsett County

The percentage of low birth weight babies is decreasing in Craighead County (6.8%) and is lower than the state and the nation and meets the Healthy People 2020 goal of 7.8%. However, there is a 2.2 point difference between the percentages of White low birth weight babies (6.4%) and Black/African American low birth weight babies (8.6%).

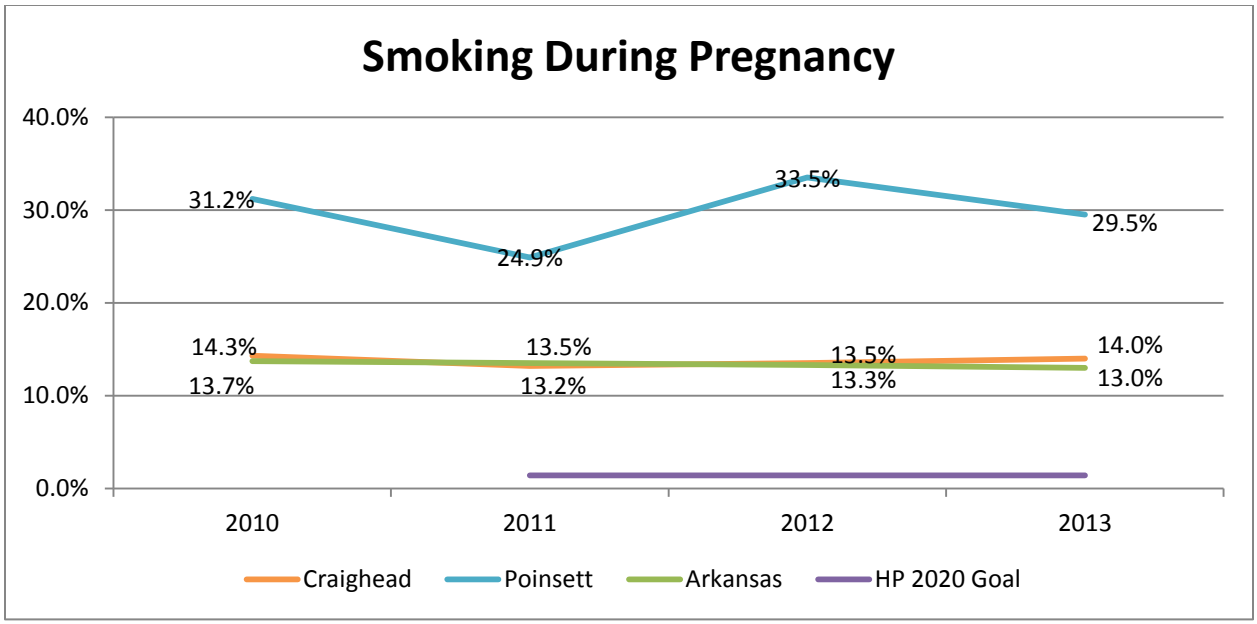
The percentage of low birth weight babies in Poinsett County (10%) is higher than the state, the nation, and the Healthy People 2020 goal and represents an increase over the past three years. Differences among racial groups are not reported due to low counts.



Source: Arkansas Department of Health

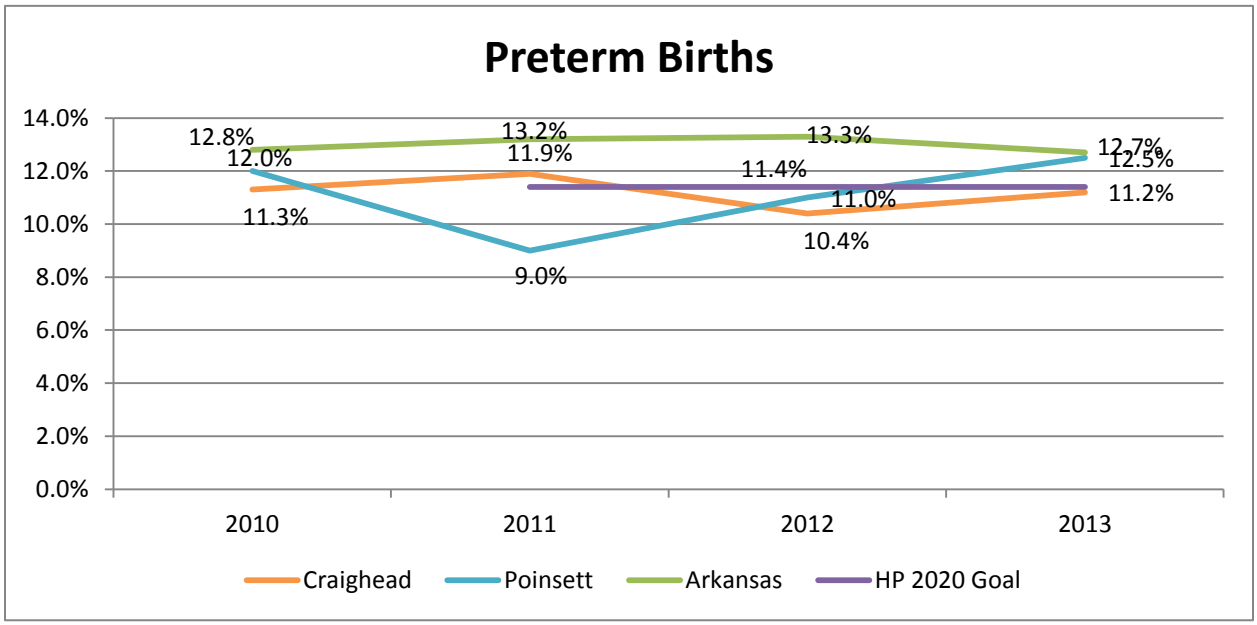
Twice as many mothers smoke during pregnancy in Poinsett County (29.5%) than Craighead County (14%). Both counties are higher compared to the state (13%) and the Healthy People 2020 goal (1.4%). In Craighead County, the percentage has remained stable. In Poinsett County, the percentage has been variable, but consistently high. There are no notable differences among racial groups.

Twice as many mothers smoke during pregnancy in Poinsett County than Craighead County. Both counties' rates are higher than the state and national comparisons.



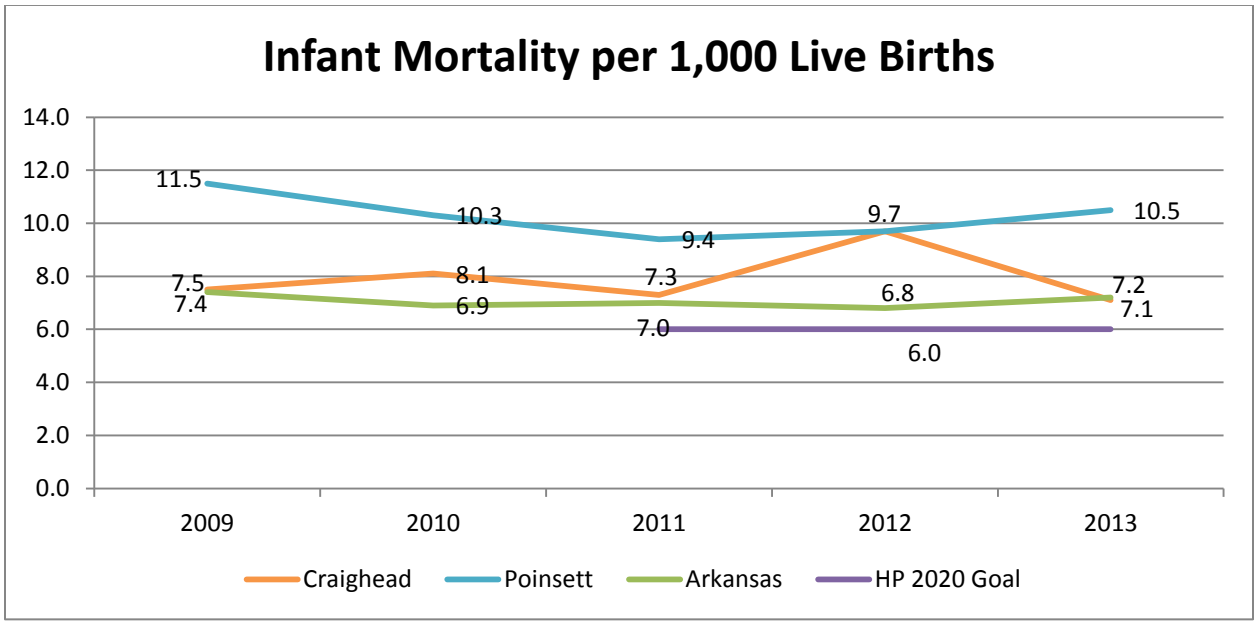
Source: Arkansas Department of Health

The percentage of preterm births is lower in Craighead and Poinsett Counties compared to the state; the percentage in Craighead is also lower than the nation and meets the Healthy People 2020 goal. However, there is a 3 point difference between the percentages of White preterm births (10.5%) and Black/African American preterm births (13.5%). Additional data by race is unavailable.



Source: Arkansas Department of Health

There were 10 infant deaths in Craighead County and three infant deaths in Poinsett in 2013. The Poinsett County infant mortality rate has been increasing since 2011.



Source: Arkansas Department of Health"

Senior Health

Seniors face a number of challenges related to health and well-being as they age and are more prone to chronic disease and disability. The following table notes the percentage of Medicare Beneficiaries age 65 years or over who have been diagnosed with a chronic condition.

The percentage of Craighead County Medicare Beneficiaries with a chronic condition is equivalent to or lower than the state and national percentages with the exception of Alzheimer's disease (13.9%) and depression (15%).

Medicare Beneficiaries in both counties are more likely to have an Alzheimer's disease diagnosis. Death due to Alzheimer's disease is also higher in both counties.

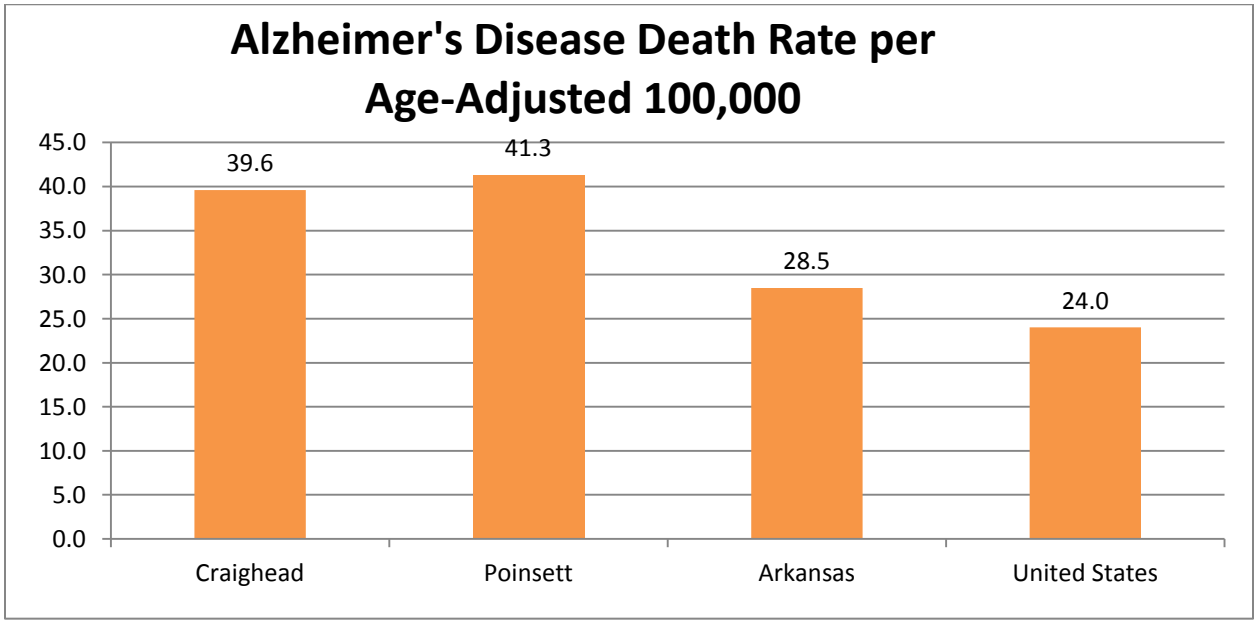
In contrast, the percentage of Poinsett County Medicare Beneficiaries with a particular chronic condition is equivalent to or higher than state and national percentages with the exception of asthma (2.9%) and cancer (7.4%).

Chronic Conditions among Medicare Beneficiaries 65 Years or Over

	Craighead County	Poinsett County	Arkansas	United States
Alzheimer's Disease	13.9%	12.6%	12.3%	11.4%
Asthma	2.5%	2.9%	3.3%	4.3%
Cancer	6.8%	7.4%	8.3%	9.1%
Depression	15.0%	13.6%	12.7%	12.7%
Diabetes	25.3%	28.0%	24.5%	27.4%
Hypertension	57.9%	63.3%	58.1%	59.1%
High Cholesterol	42.4%	45.3%	41.1%	48.0%
Coronary Heart Disease	30.7%	34.0%	33.5%	31.1%
Stroke	4.6%	5.3%	4.6%	4.1%

Source: Centers for Medicare & Medicaid Services, 2012

A higher percentage of Medicare Beneficiaries 65 years or over have Alzheimer's disease in both Craighead County (13.9%) and Poinsett County (12.6%). In addition, the age-adjusted three-year (2011-2013) average death rate due to Alzheimer's disease among Craighead and Poinsett County residents is higher when compared to both the state and the nation.



Source: Centers for Disease Control and Prevention, 2011-2013

Arkansas Service Area Key Informant Survey

Background

A Key Informant Survey was conducted with 21 community representatives to solicit information about health needs and disparities in the Arkansas Service Area. Key informants were asked a series of questions about their perceptions of health needs in the community, health drivers and barriers to care, quality and responsiveness of health providers, and recommendations for community health improvement.

A list of organizations represented by the key informants is included in Appendix C. Populations served by the represented organizations, as identified by the participants, included:

Populations Served by Key Informants

Population	Percent of Key Informants	Number of Key Informants
Black/African American	52.9%	9
Children/Youth	47.1%	8
Low income/Poor	47.1%	8
Men	47.1%	8
Disabled	41.2%	7
Hispanic/Latino	41.2%	7
Women	41.2%	7
Seniors/Elderly	41.2%	7
Families	35.3%	6
American Indian/Alaska Native	29.4%	5
Asian/Pacific Islander	29.4%	5
Homeless	23.5%	4
Uninsured/Underinsured	23.5%	4
Other	23.5%	4
Immigrant/Refugee	11.8%	2

Survey Findings

Key Health Needs

The following tables show the rank order of health conditions and contributing factors affecting residents as indicated by Key Informants.

Top Health Conditions Affecting Residents

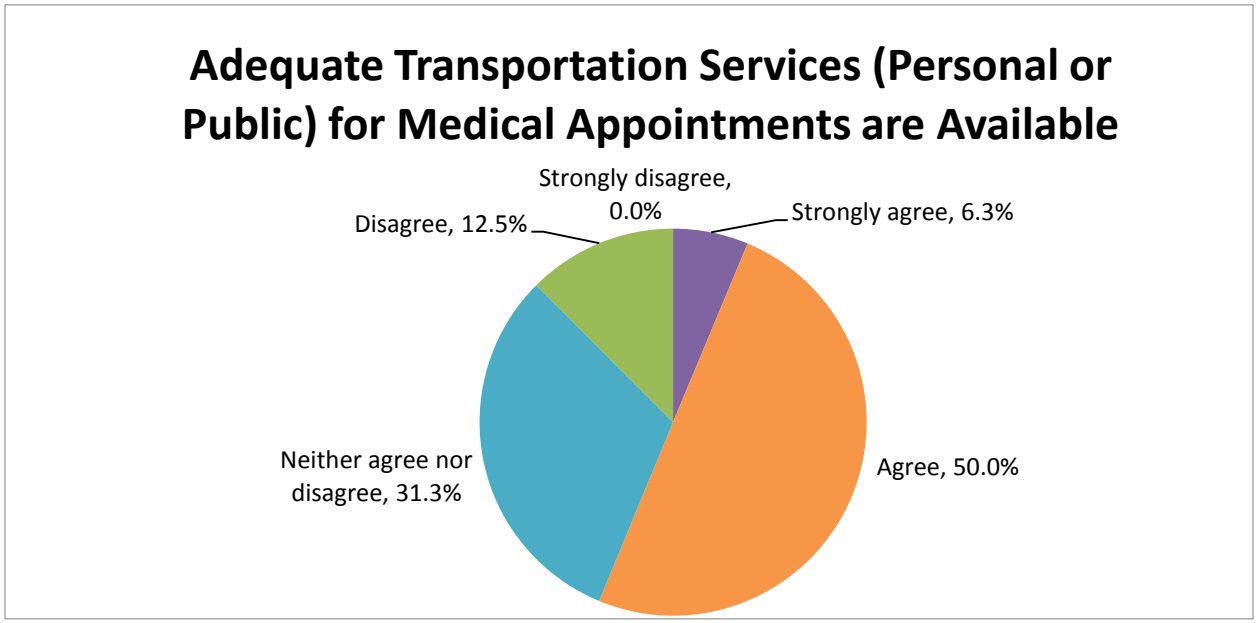
Ranking	Condition	Percent of Key Informants	Number of Key Informants
1	Heart Disease	21.8%	12
2	Overweight/Obesity	21.8%	12
3	Cancer	18.2%	10
4	Diabetes	12.7%	7
5	Substance Abuse	10.9%	6
6	Hypertension	5.5%	3
7	Behavioral Health	3.6%	2
8	COPD	3.6%	2
9	Disability	1.8%	1

Top Contributing Factors to Conditions Affecting Residents

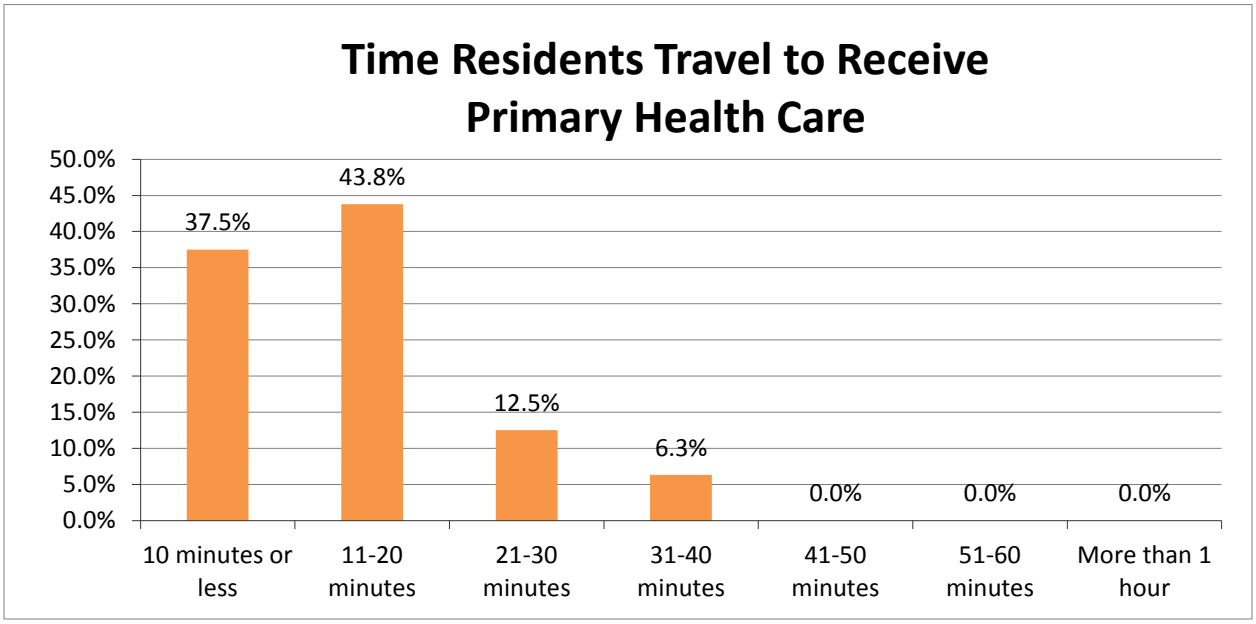
Ranking	Contributing Factor	Percent of Key Informants	Number of Key Informants
1	Drug/Alcohol Abuse	14.5%	8
2	Lack of knowledge of preventative care	12.7%	7
3	Lack of physical activity	12.7%	7
4	Inability to afford care	10.9%	6
5	Lack of good nutrition	10.9%	6
6	Stress (work, family, school, etc.)	10.9%	6
7	Tobacco Use	7.3%	4
8	Lack of preventative care/screenings	5.5%	3
9	Lack of support for caregivers/family	3.6%	2
10	Other	3.6%	2
11	Crime/Violence	1.8%	1
12	Lack of early/sufficient prenatal care	1.8%	1
13	Lack of health insurance	1.8%	1
14	Lack of transportation for health services	1.8%	1

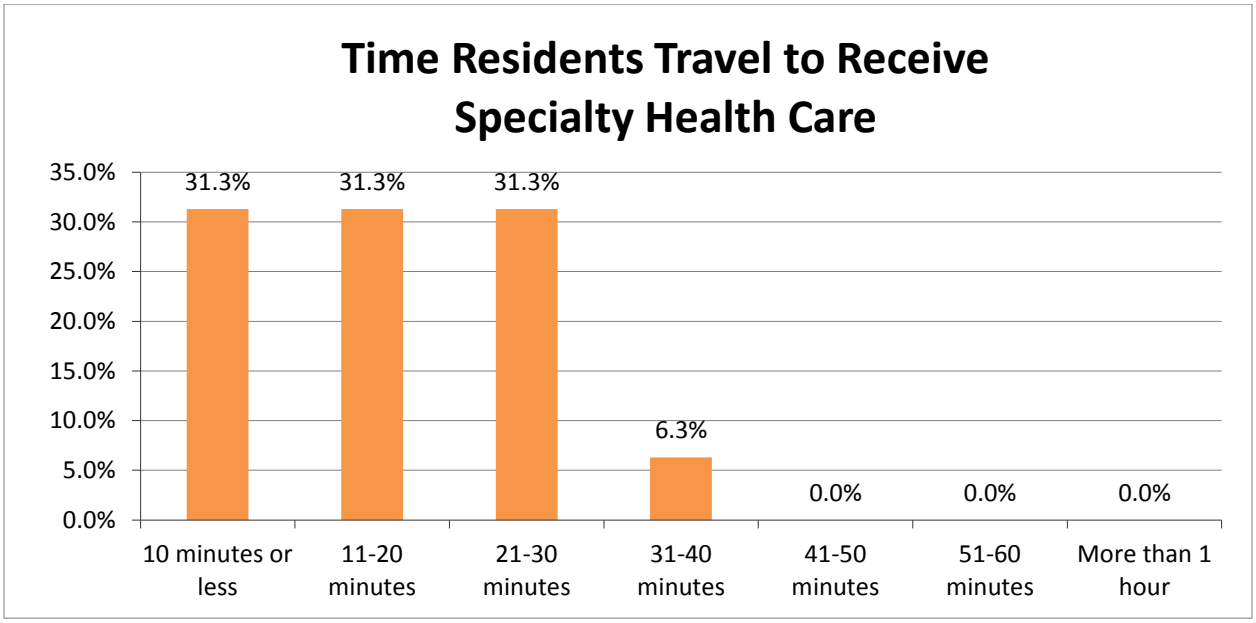
Key informants saw drug/alcohol abuse as the most common factor or problem contributing to the health conditions affecting residents, followed by lack of knowledge/awareness of preventative care/screenings and lack of physical activity. “Other” contributing factors or problems included contamination of water and air by farm chemicals and genetics/family history.

About half of respondents agreed that adequate transportation services existed in the area; approximately one-third neither agreed nor disagreed.

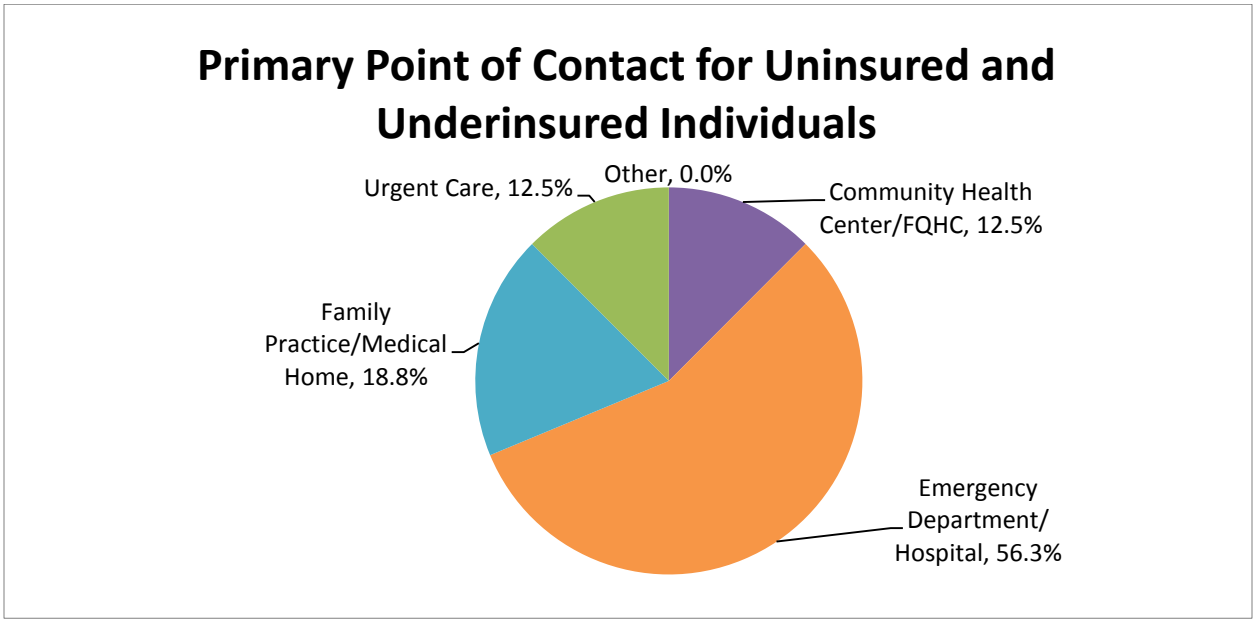


The perception of travel time to primary and specialty care providers was also assessed. Generally, respondents thought residents had less travel time to reach primary care providers than specialty care, but both types of providers were within a 20-30 minute drive.





The emergency department is seen as the primary point of care for uninsured and underinsured individuals. Family practice/medical homes were listed before urgent care and community health centers/Federally Qualified Health Centers (FQHC).



In regard to Baptist's responsiveness to the non-medical needs of consumers, respondents indicated that Baptist is either "somewhat responsive" or "responsive" to all non-medical needs. "Treating health consumers with dignity" was most highly rated.

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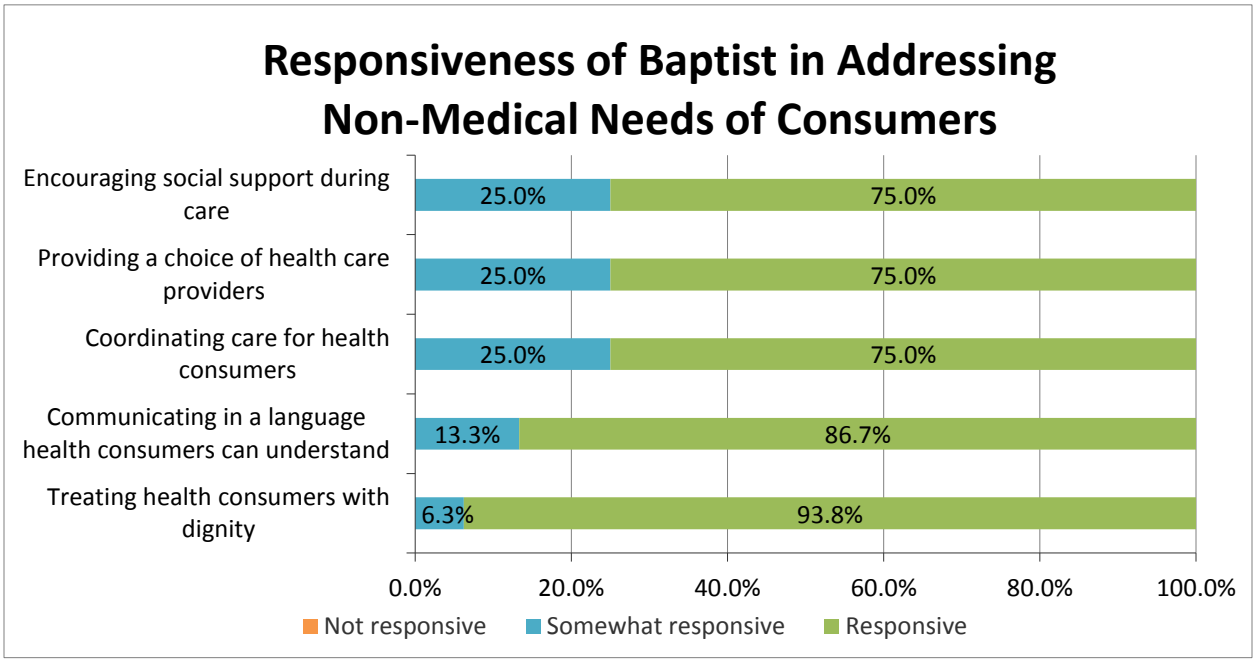
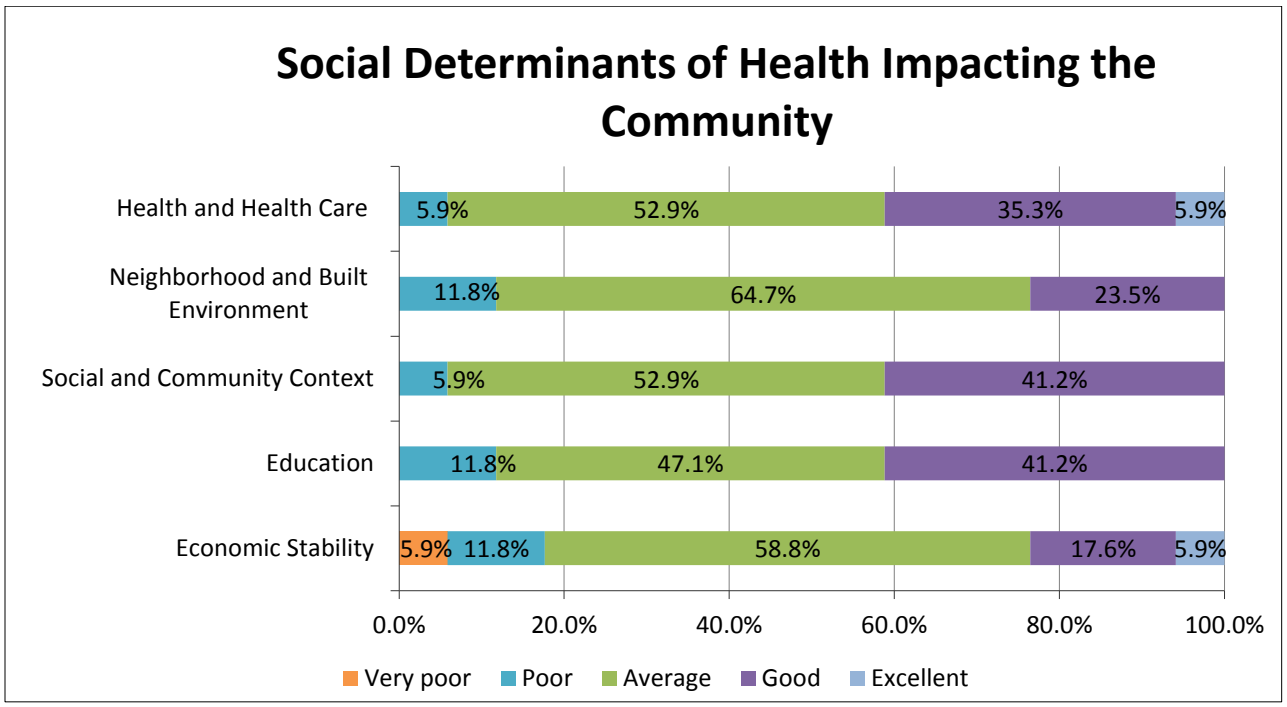


Key informants were asked to rate social determinants of health in the region. Respondents recognized that parts of Craighead and Poinsett Counties are impacted by poverty and illiteracy. Jonesboro was seen as being the community center for resources for residents in Craighead and Poinsett Counties.



Open-ended questions were asked to gather key informants' feedback regarding community resources, barriers for residents to optimize health and recommendations for community health improvement.

Informants provided the following examples of programs, initiatives, or partnerships that have been successful in helping residents improve health:

- Free seminars with physicians who specialize in certain conditions
- Foundation programs
- A health magazine circulated twice per year
- Integrated delivery systems
- Local hospital cancer centers
- New incentives to treat the elderly and Medicare clinics
- The recruitment of highly trained physicians

Informants listed the following services and resources that are needed in the community to help residents optimize their health:

- Affordable health care options
- Care coordination efforts (transition care coordination and patient navigators)
- Increased availability for free cancer screenings
- Independent and assisted living facilities for aging residents
- Adequate primary care services and providers, including mobile care

Key informants offered the following suggestions for local and regional health care providers to better serve residents:

- Continue to expand primary care and improve access for all communities
- Continue to promote chronic disease prevention through lifestyle modification, specifically as it relates to food choices
- Continue to support local non-profit organizations that bridge the gap between health care and community

Identified Priority Health Needs

Baptist Memorial Health reviewed findings from the CHNA research, including public health data, socio-economic measures, responses from the key informant survey, and feedback from the partner forums and other stakeholder research to develop system-wide priorities to focus community health improvement efforts. The CHNA steering committee and other Baptist leadership determined that priorities identified in the 2013 CHNA cycle were still relevant to the community. Baptist will continue to direct community benefit and community health improvement activities to address the following health priorities:

- Behavioral Health to include mental health and substance abuse
- Cancer
- Chronic Disease Management and Prevention
- Maternal & Child Health with a focus on prenatal care

The rationale and criteria used to select these system-wide priorities included:

- Prevalence of disease and number of community members impacted
- Rate of disease in comparison to state and national benchmarks
- Health disparities among racial and ethnic minorities
- Existing programs, resources, and expertise to address the issue
- Input from representatives of underserved populations

Evaluation of Community Health Impact from 2013 CHNA Implementation Plan

Background

In 2013, Baptist Memorial Health Care completed a Community Health Needs Assessment and developed a supporting three year (2014-2016) Community Health Improvement Plan to address identified health priorities. Health priorities included cancer, healthy lifestyle choices, maternal & women's health, and mental health. The strategies utilized to address the health priorities support Baptist's commitment to the people it serves and the communities they live in.

2013 Health Priority Goals

Cancer: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Healthy Lifestyle Choices: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Maternal & Women's Health: Promote prenatal wellness to improve outcomes for mother and child.

Mental Health: Increase early detection of dementia and provide support services for residents with dementia and/or Alzheimer's and their caregivers.

2014-2016 Implemented Strategies

- Implemented the Center for Healthy Children, teaching, motivating, and guiding overweight children and their families on how to build a solid foundation of proper nutrition and regular exercise
- Implemented HopeCircle, providing hope, support, and educational programming for patients living with a catastrophic illness and their caregivers
- Implemented Wellness Works, assisting patients with a chronic disease improve their quality of life through nutrition, education, and exercise
- Offered community luncheon series, providing education on healthy lifestyles and chronic condition prevention
- Offered outreach programs through the NEA Baptist Community Health Education Foundation, including conferences addressing diabetes, COPD, and heart disease
- Participated in health fairs and informational booths to provide health information and screenings (blood pressure, BMI, balance, mammography, etc.) and promote healthy lifestyles
- Presented a grief seminar, helping individuals recover from grief and loss of life

- Provided child birthing and breastfeeding classes to new and expectant mothers to promote healthy birth outcomes
- Sponsored community agencies/events, including the American Cancer Society Relay for Life, March of Dimes, and the Junior Auxiliary Charity Ball
- Sponsored Heart Day, offering free heart health screenings (cholesterol, BMI, blood pressure) and health education materials to promote understanding of the symptoms of heart disease and prevention tactics

By providing health education and opportunities for residents to participate in programs to improve their health, Baptist Memorial Health Care helped thousands of our community members lead healthier lives. We believe strongly in corporate citizenship and recognize the importance of collaboration with local organizations to build stronger and healthier communities. We remain committed to supporting community health improvement in line with our mission and vision.

Community Health Improvement Plan

Baptist Memorial Health Care developed a Community Health Improvement Plan (CHIP) to guide community benefit and population health improvement activities across the Arkansas Service Area. The CHIP builds upon previous health improvement activities, while recognizing new health needs and a changing health care delivery environment, to address the region's most pressing community health needs.

Health Priority: Behavioral Health

Goal: Improve outcomes for residents with a mental health or substance abuse condition and their families.

Objectives:

1) Increase the number of residents who are screened for depression and mental health conditions.
2) Develop or continue collaboration with community agencies that provide mental health and substance abuse support services to reduce suicide and drug induced death rates.
3) Educate residents about warning signs for mental health conditions and substance abuse, including Alzheimer's disease.

Health Priority: Cancer

Goal: Provide early detection and treatment to reduce cancer mortality rates and improve quality of life for patients living with cancer.

Objectives:

1) Provide free or reduced cost screenings and services, especially targeting low-income, at-risk, and minority populations.
2) Increase residents' awareness of the benefits of cancer prevention, screenings, and early treatment.

Health Priority: Chronic Disease Management and Prevention

Goal: Reduce risk factors for chronic disease and improve management of chronic disease through healthy lifestyle choices.

Objectives:

1) Provide education about healthy lifestyles and risk factors for disease.
2) Provide opportunities to encourage physical activity among residents.

Health Priority: Maternal & Child Health

Goal: Improve birth outcomes for women and infants.

Objectives:

1) Increase the proportion of women who receive early and adequate prenatal care.
2) Increase the proportion of infants who are breastfed.

Board Approval and Report Dissemination

The Baptist Memorial Health Care CHNA Final Report and Improvement Plan were reviewed and adopted by the Baptist System Board on July 18, 2016. A copy of the CHNA Final Report is posted on the hospital's website.

Appendix A: Our Partners

An integral part of the CHNA process was community engagement. A Steering Committee of Baptist Memorial Health Care leadership guided the CHNA process with input solicited from community partners representing the broad interests of the community, including experts in public health and individuals representing medically underserved, low-income, and minority populations. The following individuals contributed to the CHNA process as part of the Steering Committee:

Cynthia Allen, System Community Involvement Manager, Baptist Memorial Health Care
Scott Fountain, Senior Vice President/Chief Development Officer, Baptist Memorial Health Care
William A. Griffin, Senior Vice President/Chief Financial Officer, Baptist Memorial Health Care
Jeffery Lann, Manager-Research/Marketing Development, Baptist Memorial Health Care
Debbie Lassiter, Manager-Research Planning, Baptist Memorial Health Care
Cheryl L. Lee, Director-Tax and Compliance, Baptist Memorial Health Care
Dexter McKinney, System Community Outreach Specialist, Baptist Memorial Health Care
Kimmie McNeil Vaulx, Director-System Corporate Communications, Baptist Memorial Health Care
Ann Sullivan, M.D., Chief Academic Officer, Baptist Memorial Health Care
Henry Sullivant, Jr., M.D., Chief Medical Officer for Clinical Integration, Baptist Memorial Health Care

The following individuals contributed to the CHNA process as community partners:

Marystel Appleton, Appleton Family Limited Partnership
Selena Barber, Centennial Bank
Nancy Benton, Community Member
Jeff Brecklein, Integrity First Bank
Harold Copenhaver, Centennial Bank
Kelly Easby-Smith, KJNB TV
Gary Higgins, Bear State Bank
Amy Howell, Arkansas Department of Health
Emily Lard, Community Health Education Foundation
Dawn Layer, Families Inc.
Jennifer Longmire, Centennial Bank
Lisa Lynn, The Sun
David Mosesso, The Sun
Shelli Randall, Jonesboro Chamber of Commerce
Debbie Shelton, Arkansas State University TeamHealth

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Appendix C: Key Informants

A Key Informant Survey was conducted with 21 community representatives. The organizations represented by key informants, and their respective role/tile, included:

Key Informant Organization	Key Informant Title/Role
ACCHJ	Chief Nursing Officer
American Cancer Society	Development Manager, Distinguished Events
American Cancer Society	Health Systems Manager, Hospitals
Arkansas State University	Higher Education Administrator
Arkansas State University	Retired Chief Legal Counsel
Arkansas State University	Professor
Arkansas State University Department of Media	Department Chair
Centennial Bank	Mortgage Lender
Jonesboro Parks and Recreation	Director
Jonesboro Prosthetic & Orthotic	Director of Prosthetic Services & Administration
Jonesboro Regional Chamber of Commerce	Director of Workforce Development & Existing Industry
KAIT	Account executive
Master Group	Customer Service
Master Group	Owner/President
NEA Baptist	Office Manager
NEA Baptist	Physician
NEA Baptist	Surgeon
NEA Baptist	Cardiology
NEA Baptist Clinic	Internist
NEA Baptist Clinic	Wellness Program Manager
The Sun	Ad Director

Appendix D: Community Assets

The Partner Forum builds upon existing efforts to improve health, especially among underserved populations, by facilitating population health strategy collaboration based on community assets, gaps in services, and partnership opportunities. The following section depicts community assets (in alphabetical order) identified in the Arkansas Service Area, by priority area.

Priority Area: Cancer

- **Hospitals & Health Systems**:
  - Arkansas Methodist Medical Center
  - NEA Baptist Fowler Family Center for Cancer Care
  - St. Bernards Medical Center

- **NEA Baptist Charitable Foundation Programs**:
  - HopeCircle: Provides hope, support, and educational programming for patients living with a catastrophic illness, their caregivers, and support systems.
  - Medicine Assistance Program: Assists in obtaining life-saving prescriptions by preparing paperwork and working with pharmaceutical companies.
  - Wellness Works: Designed for patients dealing with a chronic disease, it helps participants improve their quality of life through nutrition, education, and exercise.

Priority Area: Chronic Disease Management and Prevention

- **Arkansas Medicaid Diabetes Management Program**: Diabetic patients with Medicaid insurance are permitted 12 free of charge visits per year to assist with the management of their condition.

- **Arkansas Mission of Mercy**: The Arkansas Mission of Mercy is an annual two-day free dental clinic providing care for underserved Arkansans. In 2015, the clinic served 2,006 patients with services valued at over $1.5 million.

- **Community Health Education Foundation**: The Foundation offers outreach programs, including conferences for diabetes, COPD, and heart disease.

- **Jonesboro Greenway Trail**: The trail is funded primarily by grant money and is approximately 20% complete. At its completion, it will be over 26 miles long and weave around and through the city of Jonesboro. Parts of the trail will include a walking and running track and workout stations every quarter of a mile.

- **NEA Baptist Memorial Hospital/St. Bernards Medical Center**: The hospitals offer quarterly health fairs to the community, providing free screenings, preventive care, and health education.

Priority Area: Maternal and Child Health

- **Arkansas Department of Health**: The health department offers a number of programs to support both women and children, including family planning and maternity services, outreach and educational resources, breastfeeding services, the Newborn Screening Program, and school health initiatives.

- **NEA Baptist Memorial Hospital/St. Bernards Medical Center**: Both hospitals offer obstetrics services, as well as childbirth and breastfeeding classes and lactation specialists.

- **Police Department**: The local police departments provide donated car seats and install them for free for new parents.

- **Pregnancy Resource Center/Medic One Ambulance Services**: The organization offers a number of resources for women facing unplanned pregnancies, including food, clothing, housing assistance, parenting classes, one-on-one mentoring for fathers, etc. They recently partnered with Medic One to convert an ambulance into a mobile resource center to further their reach.

- **University of Arkansas Area Health Education Center (AHEC)**: Area Health Education Centers are staffed by family medicine medical residents and provide a number of community education and outreach programs.

- **University of Arkansas for Medical Services ANGELS Telemedicine**: The ANGELS program was developed to address high risk pregnancies, even among the most rural patients, and decrease infant mortality in Arkansas. The program provides high risk obstetrical consultation and case management through live video connects, 24/7 patient consultation through a call center, and education and support for health care professionals.

Priority Area: Mental Health

- **Assisted Living/Personal Care Facilities**:
  - Belle Meade Rehabilitation and Guest Care Facility
  - Craighead Nursing Center, Alzheimer's Unit
  - NEA Baptist Senior Care Clinic and Geriatricians
  - St. Bernard's Memory Care Unit and Geriatricians
  - Three Rivers Healthcare and Rehabilitation

- **Families, Inc.**: The organization partners with schools to provide mental health services for children.

- **Schmieding Home Caregiver Training Program**: The program provides training for individuals caring for an older adult in the home. Trainings include instruction for adults requiring minimal to moderate assistance, advanced caregiving skills for in-home and long-term care settings, and Alzheimer's disease and dementia.