



The Heart of Great Medicine

Community Health Needs Assessment

September 2022

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Introduction

Every three years, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. These requirements are imposed by federal law and include, in part:

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

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including at least one state or local public health official and members of medically underserved, low-income and minority populations within the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document CrossRidge Community Hospital's compliance with these requirements. Health needs of the community have been identified so that CrossRidge Community Hospital (the Hospital) may adopt an implementation strategy to address specific needs of the community.

The process involved:

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

This document is a summary of all the available evidence collected during the community health needs assessments required by the IRS during tax year 2022. It will serve as a compliance document as well as a resource until the next assessment cycle.

Acknowledgements

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

Summary of Community Health Needs Assessments

The purpose of community health needs assessments is to identify and understand the unique health needs of the community served by the Hospital and to document compliance with new federal regulations pursuant to the *Patient Protection and Affordable Care Act*.

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

Based on current regulations and other guidance from the U.S. Treasury Department and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2019 community health needs assessment was completed to understand the effectiveness of the Hospital's current strategies and programs. This evaluation is included in the Evaluation of Response to 2019 Community Health Needs Assessment portion of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The timing of release of such publicly available information is not consistent among the various sources, so not all data tables refer to the same year. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement are noted in the section entitled Health Status of the Community.
- An inventory of healthcare facilities and resources was prepared.
- Community input was provided through interviews of eight stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

The Hospital is a not-for-profit organization located in Wynne, Arkansas. It has served the people of Wynne and the surrounding communities since 1952 and has been a wholly owned subsidiary of St. Bernards HealthCare, Inc. (SBHC) since 1999. The Hospital provides a wide range of services, including a 24-hour emergency department.

The Hospital is dedicated to teamwork and community involvement, sponsoring health fairs, support groups and other activities that make a positive difference in the health and safety of the community it serves. The Hospital is proud to provide excellent patient care, up-to-date technology and a friendly, pleasant atmosphere to the community it serves.

Community Served by the Hospital

The Hospital is located in Wynne, Arkansas, in Cross County. Wynne is approximately one hour south of Jonesboro, Arkansas, and one hour west of Memphis, Tennessee, the closest metropolitan areas. Wynne is approximately 15 miles from the nearest interstate highway.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of healthcare providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. For the purposes of this needs assessment, the community served by the Hospital has been determined to be Cross County.

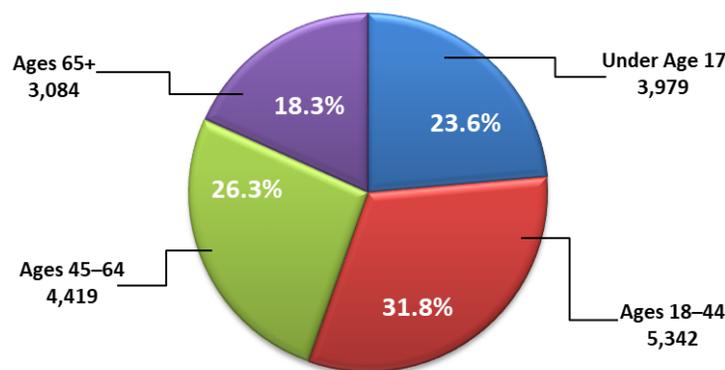
Community Characteristics

Community Population and Demographics

The community served by the Hospital is a rural area in northeast Arkansas. According to the U.S. Census Bureau American Community Survey 2015-19 five-year estimates, approximately 16,800 people live in Cross County.

The chart below shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, approximately 45% of the community's population is over age 45, which is higher than in Arkansas (42%) and higher than in the United States (41%) as a whole. These age groups use more health services than any other; consequently, the Hospital could experience an increase in patient volume in the future.

Community Population by Age Group



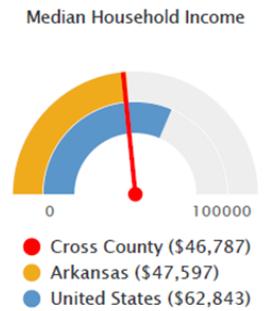
Source: CARES Engagement Network

Socioeconomic Characteristics of the Community

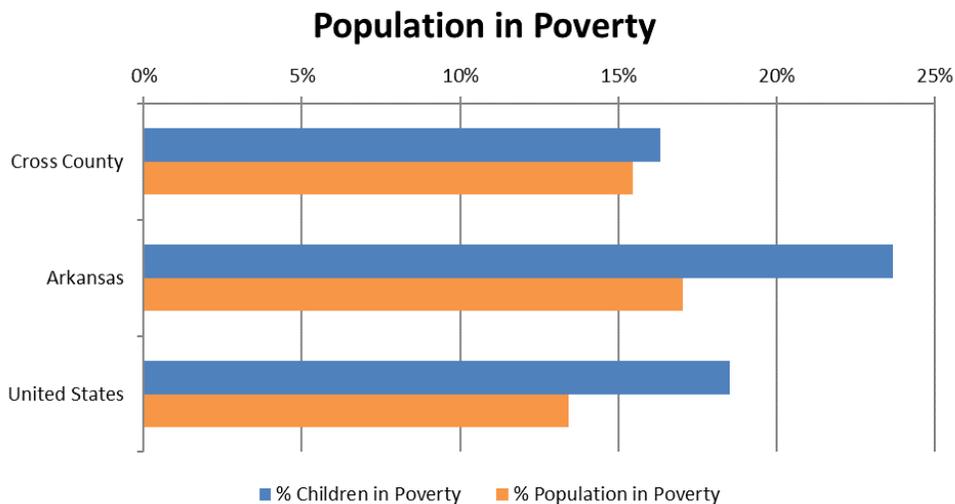
The socioeconomic characteristics of a geographic area influence the way residents access healthcare services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly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

Educationally, the community served by the Hospital is ranking significantly lower than the state of Arkansas as a whole. About 14% of the population age 25 or older has obtained a bachelor’s degree or higher, compared to about 32% of the U.S. and 23% in Arkansas. Approximately 16% of the population age 25 or older does not have a high school diploma, compared to about 12% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in the Hospital’s community is \$46,787, compared to \$47,597 for the state of Arkansas and \$62,843 for the United States. Lower-than-average household income suggests that many members of the community may have difficulty obtaining healthcare, especially preventive care. However, the levels of poverty are not much different from the rates in the state of Arkansas and the United States. The following chart shows the percentage of the communities’ population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

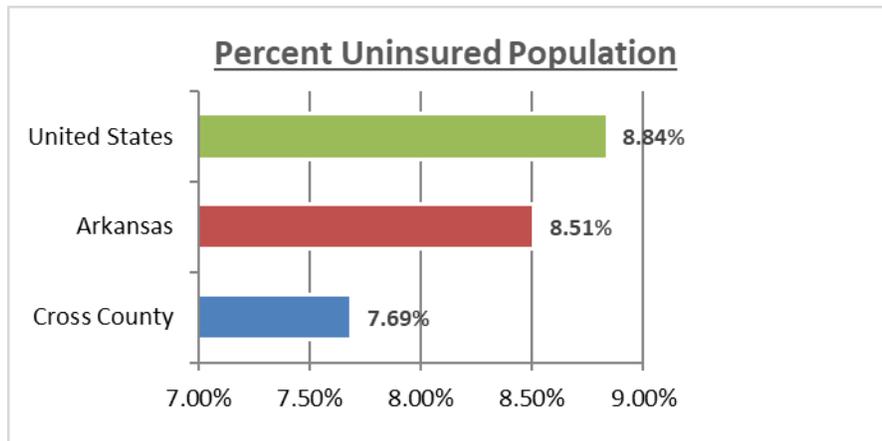


Source: CARES Engagement Network



Source: CARES Engagement Network

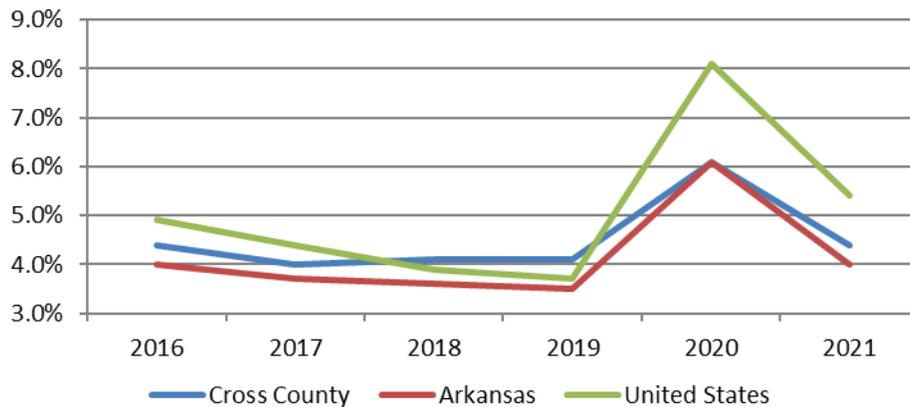
Some socioeconomic measures in the community have improved significantly since the publication of the 2019 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Hospital. In 2013, before this program went in to effect, 16% of the Hospital’s patient encounters were uninsured, while in 2019, that number dropped to around 9%.



Source: CARES Engagement Network

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

Unemployment Rates, 2016–2021

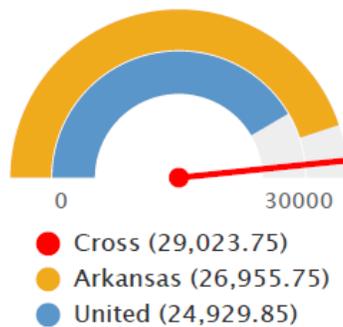


Source: CARES Engagement Network

COVID-19 Impact

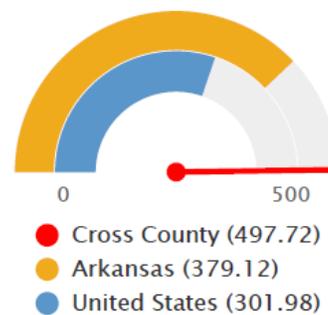
This assessment was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. The community of the Hospital had 29,023 total confirmed cases of COVID-19 as of May 19, 2022. The rate of confirmed COVID-19 cases for the Hospital’s community was above the Arkansas and the United States averages as of May 2022. The COVID-19 virus continues to pose risks to the community of the Hospital with higher risks for communities of color due to underlying health, social, and economic disparities.

COVID-19 Cases, Rate per 100,000 Population



Source: CARES Engagement Network

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



Source: CARES Engagement Network

Health Status of the Community

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

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

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

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

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and healthcare providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Impact on Health
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Lack of exercise	Cardiovascular disease Depression

Lifestyle	Impact on Health
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health Outcomes and Factors

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

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

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

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (nine measures)
 - Physical environment (four measures)

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

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

The following table, from County Health Rankings, summarizes the 2022 health outcomes and factors for Cross County. Measures underperforming the state average are highlighted in red:

Health Outcome/Factor	Cross County		Arkansas	National
	Metric	Rank		Benchmark
Health Outcomes		59		
Length of Life		64		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	13,000		9,700	5,600
Quality of Life		50		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	25%		24%	15%
Poor physical health days – Average number of	5.3		5.0	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.9		5.6	4.0
Low birthweight – Percent of live births with low birthweight (<2,500 grams)	10%		9%	6%
Health Factors		56		
Health Behaviors		48		
Adult smoking – Percent of adults who are current smokers	25%		21%	15%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2	39%		38%	30%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.2		4.8	8.8
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	35%		30%	23%
Access to exercise opportunities – Percent of population with adequate access to locations for physical activity	36%		56%	86%
Excessive drinking – Percent of adults that report binge or heavy drinking	15%		16%	15%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	13%		26%	10%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	694.3		569.8	161.8
Teen birth rate – Number of births per 1,000 female population ages 15–19	38		33	11

Health Outcome/Factor	Cross County		Arkansas	National Benchmark
	Metric	Rank		
Clinical Care		62		
Uninsured – Percent of population under age 65 without health insurance	10%		11%	6%
Primary care physicians – Ratio of population to primary care physicians	2350:1		1470:1	1010:1
Dentists – Ratio of population to dentists	2020:1		2090:1	1210:1
Mental health providers – Ratio of population to mental health providers	950:1		400:1	250:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	6,736		4,178	2,233
Mammography screening – Percent of female Medicare enrollees age 65–74 that received an annual mammography screening	28%		39%	52%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	45%		47%	55%
Social and Economic Factors		57		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	81%		87%	94%
Some college – Percent of adults ages 25–44 years with some post-secondary education	49%		59%	74%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	6.1%		6.1%	4.0%
Children in poverty – Percent of children under age 18 in poverty	33%		21%	9%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.4		4.7	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	38%		28%	14%
Social associations – Number of membership associations per 10,000 population	18.9		12.0	18.1
Violent crime – Number of reported violent crime offenses per 100,000 population	664		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	111		85	61
Physical Environment		49		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	8.9		9.1	5.9
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	13%		14%	9%
Driving alone to work – Percent of the workforce that drives alone to work	84%		82%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	30%		27%	16%

Based on this data, it is apparent that Cross County has significant room for improvement. Length of Life and Clinical Care are the most urgent areas, as Cross County ranks lowest in the state, with no increase in rankings for these areas since the last needs assessment. This information shows that there are opportunities for the Hospital to take positive steps toward improving the community's health.

Healthcare Resources

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

Acute Care Hospitals

The Hospital receives a lot of assistance from nearby healthcare providers for Cross County. However, while critical access hospitals such as the Hospital provide essential healthcare services for a variety of conditions, they are not designed or intended to handle every circumstance that may arise. In order to allow the Hospital to focus on providing care for common conditions, it is important that there are acute care hospitals nearby to handle cases involving longer inpatient stays or more complicated medical problems. Cross County residents mainly utilize acute care hospitals located in Memphis, Tennessee, and Jonesboro, Arkansas, including St. Bernards Medical Center, a related organization to the Hospital. Both cities are about one hour's drive from Cross County.

Other Healthcare Resources

Besides the Hospital, Cross County residents benefit from many other healthcare resources:

Primary Care Providers – Cross County has several primary care physicians, pediatricians and nurse practitioners who provide primary care.

ARCare Clinics – Cross County has three family practice clinics associated with ARCare. These clinics help to ensure that Cross County residents are able to access affordable healthcare, regardless of their financial situation.

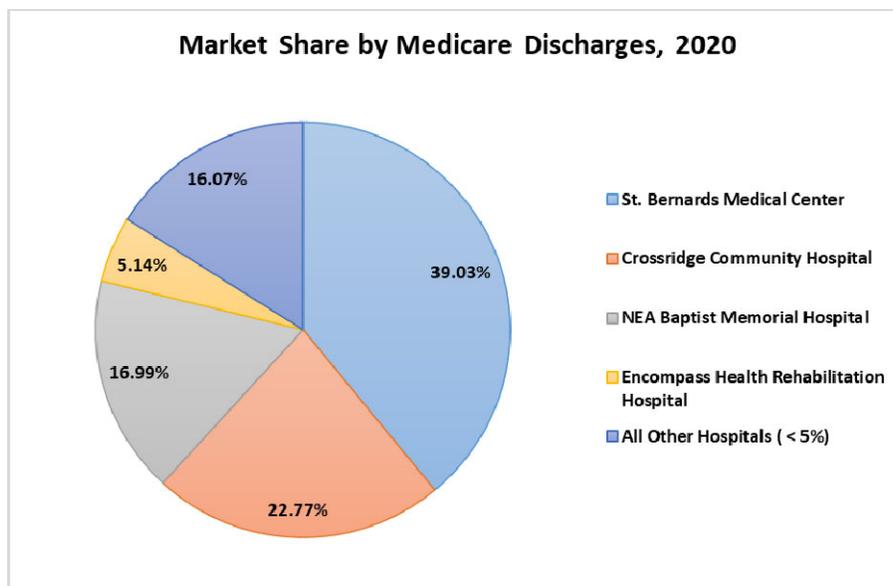
Area Nursing Homes – There are also nursing homes in Cross County that provide residential, medical and rehabilitative services to the elderly and disabled in the community.

Cross County Health Unit – The Cross County Health Unit exists to promote and protect the public's health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care and cervical cytology follow-up, environmental services, home health and personal care services.

Medical Center Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Hospital was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility.

The chart below presents the relative market share of each hospital that had discharges of residents from the community (Cross County). This table presents an analysis of data for the most currently available year, showing the percentage of total Medicare discharges from each hospital. This information provides an idea of summary market share as well as the outmigration of patients from the community. For 2020, the Hospital maintained 22.77% of all discharges from the community, with St. Bernards Medical Center capturing 39.03%, NEA Baptist Memorial Hospital capturing 16.99%, and Encompass Health Rehabilitation Hospital capturing 5.14% of all discharges. The remaining 16.07% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.



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

Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Key interviewees included the Cross County Health Department administrator, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the poor. Additional community stakeholders, such as local government and business leaders, were also interviewed.

Methodology

Dialogues with key interviewees were conducted from May 2022 through June of 2022. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

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

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

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

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

Key Interviewee Interview Results

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

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

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

- On average, the interviewees were optimistic about the health status of the community. On a scale of 1 to 10, the interviewees rated the quality of life in the community an average of 7.75. Of the eight interviews, seven, or 88%, felt that quality of life in the community had improved over the last three years, while one, or 13%, felt it had stayed the same.

- The majority of the interviewees stated that the quality of life in the community had improved. The main comments provided noted that this was related to: increased access to healthcare; improved quality of healthcare services; more awareness of healthcare providers and overall health literacy of the community; more healthcare specialists; people being more mindful of their health; and health professionals in the community doing a better job informing people. New walking trail, medical office and grocery store as well as improvements in schools were also mentioned as factors contributing to the improvement in the health and quality of life in the community.
- The majority of the interviewees noted that affordable and available healthcare, good schools, and having a clean and safe environment were the necessary factors to improvement of health and quality of life in their community.
- The majority of the interviewees mentioned that health and quality of life of seniors in the community may not be as good as other groups of people in the community as their access to health and quality of life improving programs may be limited.
- Interviewees stated that low income, poor eating habits, and tobacco use were the main reasons their health and quality of life had been negatively affected.
- The major health and quality of life issues noted by the key interviewees were obesity, diabetes, tobacco use, heart disease, mental illness, and cancer.
- The interviewees expressed a need for health and wellness education, such as healthy eating and fitness habits.

Evaluation of Response to 2019 Community Health Needs Assessment

The Hospital prepared an implementation strategy in response to the needs identified in its September 2019 needs assessment. A listing of those needs, along with steps taken by the Hospital to address them, is below:

- Obesity
 - The Hospital partners with Wynne Intermediate School for the “Let’s Go!” 5210 Prevention Program. 5210 Obesity Prevention and healthy behavior are taught to third graders in Wynne School district. This encourages students to set a goal of getting five servings of fruits and vegetables every day, two hours or less of recreational screen time and one hour or more of physical activity and zero sugary drinks.
 - The Hospital sponsors and participates in the Mid-South Marathon and the NEA Komen Race to promote physical activity to reduce obesity.
 - The Hospital offers exercise classes with a certified personal trainer offered three times per week to treat and prevent obesity.
 - The Hospital provides free health screenings to community employees and local worksites including total cholesterol, blood pressure, blood sugar, weight, BMI and health counseling by a certified health education specialist to prevent obesity.
 - The Hospital’s health and wellness participants are educated on ways to self-manage chronic illness, which includes medical exercise rehabilitation.

- Diabetes
 - The Hospital provides a free medicine assistance program to help diabetics who do not have health insurance. The program provides medicine and supplies for individuals at a reduced cost to assist in disease management.
 - The Hospital offers a diabetes exercise class three days per week with a certified personal trainer.
 - The Hospital offers free health screenings to the community, employees, and worksites including: cholesterol, blood pressure, diabetes, weight, BMI and health counseling by a certified health education specialist. Free screenings provide a means of early detection of diabetes.
- Heart Disease
 - The Hospital provides education for individuals who have abnormal lab values or high blood pressure from free health screenings.
 - The Hospital provides CPR and AED education to community members in Cross County.
 - CrossRidge Cardiac and Pulmonary Rehabilitation Outpatient Cardiac Rehabilitation are specific educational and progressive rehabilitation programs for cardiac patients. They provide educational and outpatient cardiac rehab services to a multitude of patient populations including cardiac, pulmonary and diabetic patients. Outpatient pulmonary rehabilitation is also offered.
- Cancer
 - Race for the Cure proceeds go to the Komen Foundation.
 - The Hospital offers mammograms for \$99 throughout the month of October and provides free mammograms throughout the year for those who qualify.
 - The Hospital hosts a breast cancer awareness luncheon each year to promote the importance of making breast health a priority.
 - The Hospital offers a free annual prostate health screening to men in Cross County. The screening includes a PSA, blood pressure and digital rectal exam by staff from urology associates.
- Stroke
 - The Hospital offers the ARSAVES Stroke Program. This program offers telemedicine access to neurosurgeons 24/7 through CrossRidge ED to ensure that stroke victims are treated appropriately in a timely manner. Also, this program provides stroke education to all ages of the local community regarding early detection of stroke symptoms at least twice per month.
 - The Hospital offers free health screenings to the community, employees and local worksites that provide blood pressure screenings and education regarding stroke and how to prevent them.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of actions taken by the Hospital in response to the previous needs assessment. The Hospital believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, factors as well as surveys and interviews were conducted to identify numerous health needs. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons who were children, adults, or seniors, and what needs to be done to address these issues.

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

1. Health and wellness education
2. Obesity
3. Diabetes
4. Heart disease
5. Substance abuse

The Hospital will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the Hospital's website. Public comments on this assessment may be directed to the Hospital's management at 310 South Falls Boulevard, Wynne, Arkansas 72396.

APPENDICES

APPENDIX A
KEY INTERVIEWEE QUESTIONNAIRE

Q1 Contact Information

- Name
- Company
- Address
- City/Town
- ZIP/Postal Code
- Email Address

Q2 Which county do you live in?

Q3 How many years have you worked in your current position?

Q4 On a scale of 1 to 10, with 1 being the lowest and 10 being highest, how would you rate health and quality of life in your area?

Q5 In your opinion, has health and quality of life changed over the past few years?

Q6 Based on your answer in question 5, what are your reasons for choosing that answer?

Q7 What other factors have contributed to the improvement, staying the same, or decline of the health and quality of life in your county?

Q8 Are there people or groups of people in your county whose health and quality of life may not be as good as others? Please select from the options below.

- Children
- Adults
- Seniors
- Specific ethnic or age groups, please specify

Q9 Based on your answers in question 8, what are the reasons you feel their health and quality of life have been affected?

Q10 In your opinion, what are the most critical health and quality of life issues in your county?

Q11 Based on your answers in question 10, what needs to be done to address these issues?

Q12 Is there anyone else that you would recommend that we interview?

APPENDIX B

SOURCES

Sources

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

County Health Rankings & Roadmaps,
<www.countyhealthrankings.org>

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

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

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