



Photo Credit: SMH

2021

Saline Memorial Hospital
Community Health Needs Assessment

- Saline County, Arkansas -

*Paper copies of this document may be obtained at: Saline Memorial Hospital
1 Medical Park Dr, Benton, AR 72015 or by phone 501.776.6000 or via the hospital website. Salinememorial.org*

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Perspective / Overview

About Saline Memorial Hospital

As one of the fastest-growing counties in Arkansas, Saline County has seen an increase in young families moving to the community, and Saline Memorial Hospital (SMH) has grown during the past 60 years to meet the demand for quality, convenient healthcare. More than 180 active and consulting physicians work by the side of trained health professionals to provide highly skilled, compassionate care.

At Saline Memorial Hospital, patients can expect quality healthcare with a personal touch. As a 177-bed, community hospital and one of the largest employers in Saline County, Saline Memorial continually works to expand services to better meet the needs of patients and local residents.

The main hospital campus encompasses approximately 400,000 square feet of Inpatient and Outpatient treatment areas. Services range from cardiology, neurology, pediatrics, orthopedics, otolaryngology, ophthalmology, psychiatry, wound care, bariatric surgery, sleep medicine, women's services, hospice, home health, breast imaging, emergency services, diagnostic imaging, rehabilitation services and more.

Mission

Making Our Communities Healthier

Vision

We want to create places where people choose to come for healthcare, physicians want to practice and employees want to work.

Values:

- Honesty
- Integrity and Trustworthiness
- Inclusion
- Compassion
- Legal and Ethical Compliance

Creating a culture of health in the community



Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.Countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Saline County, Arkansas.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

2021 Community Health Needs Assessment

This document is a hospital facility-specific Community Health Needs Assessment (CHNA) for Saline Memorial Hospital (SMH).

Saline Memorial Hospital as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

- ✓ Starting on November 1, 2021, this report is made widely available to the community via Saline Memorial Hospital's website <https://www.salinememorial.org> and paper copies are available free of charge at Saline Memorial Hospital, 1 Medical Park Dr, Benton, AR 72015 or by phone (501)776-6000.
- ✓ Saline Memorial Hospital's board of directors approved this assessment on January 4, 2022.

PROJECT GOALS

- 1 To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making and collective action that will improve health.
- 2 To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
- 3 To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“ We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we’ve been doing to improve health and has jumpstarted our next implementation plan,” said Michael Stewart, CEO Saline Memorial Hospital

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans,” added Kendra Collier, Manager Marketing, Saline Memorial Hospital

”

Community

Input and Collaboration

Data Collection and Timeline

In June 2021, Saline Memorial Hospital began a Community Health Needs Assessment for Saline County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in July and August 2021.
- Community members participated in focus groups and individual interviews for their perspectives on community health needs and issues on August 10, 2021.
- A Community Health Summit was conducted on October 19, 2021, with community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.



Photo Credit: SMH

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Participants

Thirty-seven individuals from twenty-five community organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Saline County. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participation by those Representing the Broad Interests of the Community

Participation in interviews and the Community Health Summit creating the Saline County Community Health Needs Assessment and Improvement Plan included:

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
Benton City Council	Elected Official/ Minority Population	Focus Group/interviews
Benton Police Department		Summit
Benton Quorum Court Justice of Peace	Elected Official	Focus Group/interviews
Benton School District	Youth	Summit
Bryant Fire Chief	Public Safety	Focus Group/interviews
Bryant Mayor	Elected Official	Focus Group/interviews
Bryant Police Department	Public Safety	Focus Group/interviews, Summit
Bryant School System	Schools	Focus Group/interviews
Bryant Senior Center CADC	Social Service Org./Seniors	Focus Group/interviews
City of Benton		Summit
City of Benton Parks		Summit
Counseling Clinic	Behavioral Health	Summit
Healing Waters Outreach Center	Social Service Org/ Low Income	Focus Group/interviews, Summit
Helping Hands	Low income	Summit
Northside Church of Christ		Focus Group/interviews
Northside Iglesia de Cristo	Hispanic Community	Focus Group/interviews
Rivendell	Behavioral Health	Summit
Saline County Health Unit	Health Department	Focus Group/interviews, Summit
Saline County Library		Summit
Saline Health Foundation		Summit
Saline Heart Group		Summit
Saline Memorial Hospital		Focus Group/interviews, Summit
SCSO		Summit
The Manor	Medical Community, Seniors	Focus Group/interviews, Summit
The Vine and the Branches	Low income, victims of violence	Focus Group/interviews, Summit

In many cases, several representatives from each organization participated.

Community Engagement and Transparency

Many members of the community participated in focus group, individual interviews, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received through interviews, focus groups and the Community Health Summit. Agencies representing these population groups were intentionally invited to the focus group, interviews and Summit.

Input of those with Expertise in Public Health

The Arkansas Department of Health mission is to “To protect and improve the health and well-being of all Arkansans.” The vision statement is “Optimal health for all Arkansans to achieve maximum personal, economic and social impact.” The Health Unit Administrator of the Arkansas Department of Health participated in the health summit.



Photo Credit: SMH

Community Selected for Assessment

Saline County was the primary focus of the CHNA due to the service area of Saline Memorial Hospital. Used as the study area, Saline County provided 75% of July 1, 2020 through June 30, 2021 inpatient discharges. The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Saline Memorial Hospital draws their patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Saline Memorial Hospital's Financial Assistance Policy.

Saline Memorial Hospital Study Area - 2021



Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, focus groups, and interviews the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Substance use disorder (tie with mental health)
2. Mental health (tie with substance use disorder)
3. Obesity - healthy weight
4. Access to healthcare, insurance, telehealth, transportation
5. Health literacy (last 3 tie for votes)
6. Housing
7. Chronic diseases

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Focus groups and individual interviews with community members
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomic – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences



Photo Credit: SMH

Description of the Communities Served

Demographics

The table below shows the demographic summary of Saline County compared to Arkansas and the U.S.

	Saline County	Arkansas	USA
Population	123,539	3,116,869	333,934,112
Median Age	41.4	39.2	38.8
Median Household Income	\$63,833	\$49,048	\$64,730
Annual Pop. Growth (2021-2026)	1.15%	0.53%	0.71%
Household Population	48,173	1,226,565	126,470,675
Dominant Tapestry	Middleburg (4C)	Rooted Rural (10B)	Green Acres (6A)
Businesses	2,870	103,073	12,013,469
Employees	27,366	1,306,462	150,287,786
Health Care Index*	92	82	100
Average Health Expenditures	\$5,754	\$5,084	\$6,237
Total Health Expenditures	\$277.2 M	\$6.2 B	\$788.8 B
Racial and Ethnic Make-up			
White	84%	75%	69%
Black	9%	16%	13%
American Indian	1%	1%	1%
Asian/Pacific Islander	2%	2%	6%
Other	3%	4%	7%
Mixed Race	2%	3%	4%
Hispanic Origin	6%	8%	19%

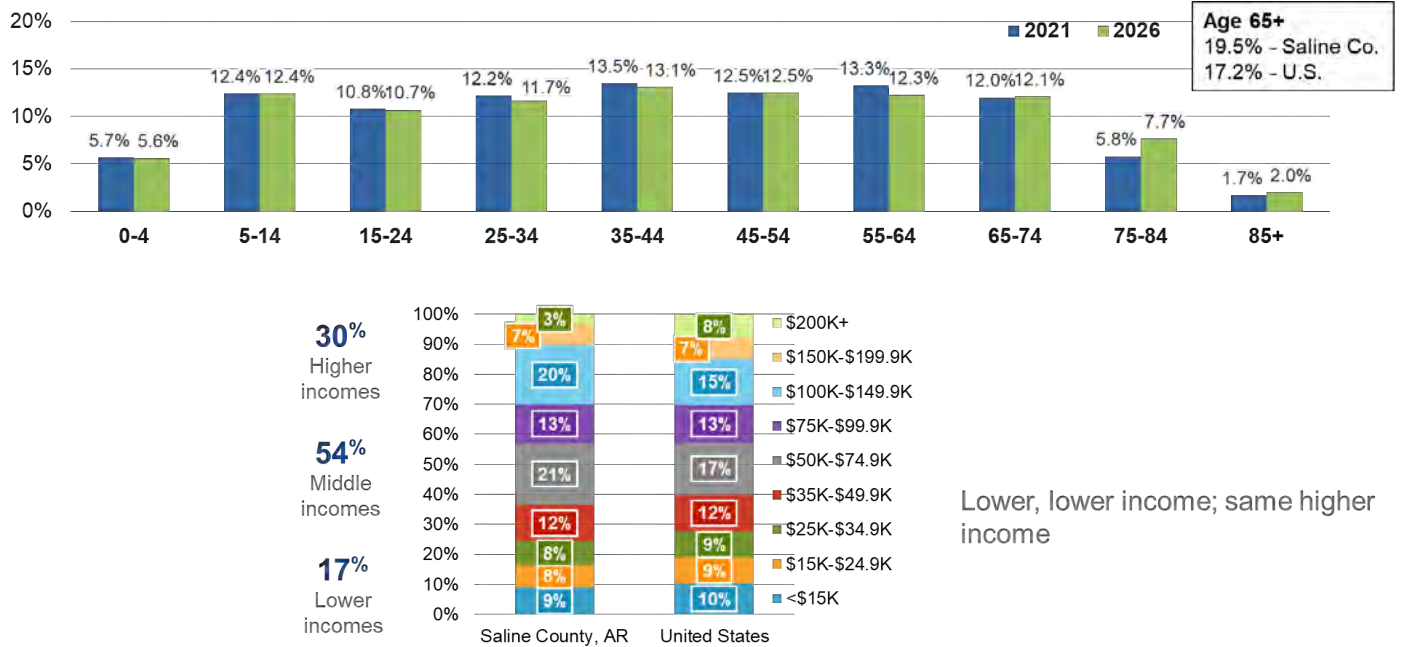
Source: ESRI

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Demographics, cont.

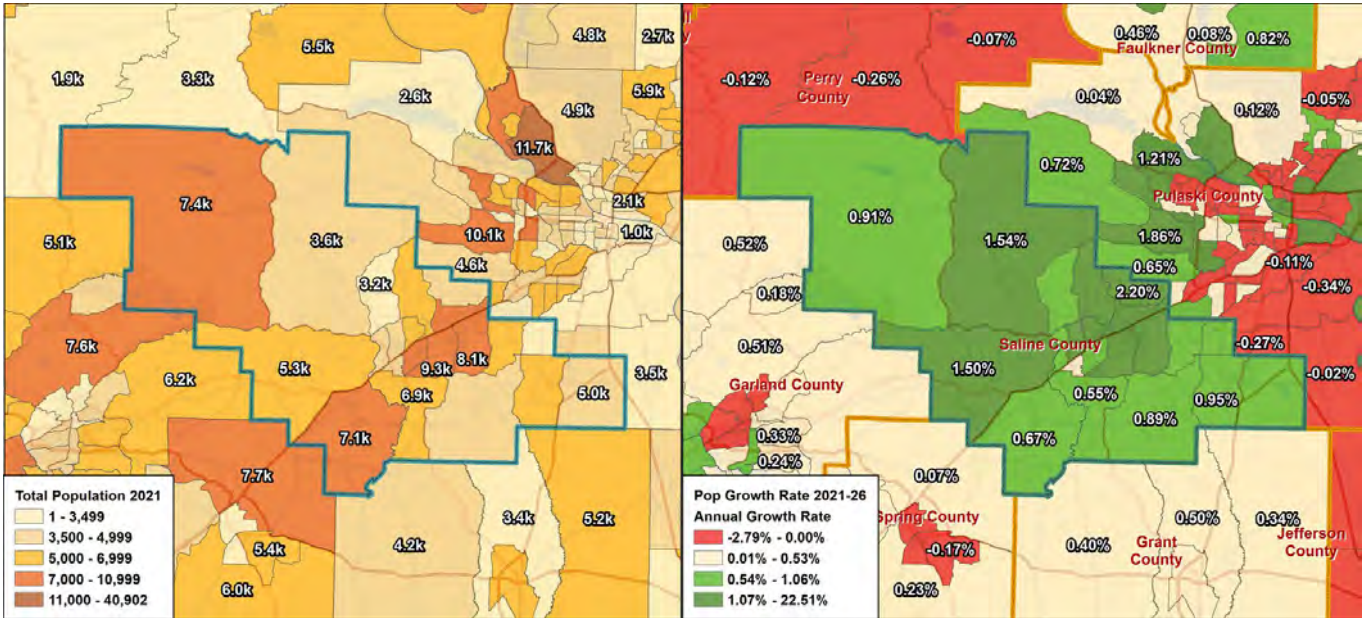
Saline County



Source: ESRI

- The population of Saline County is projected to increase from 2021 to 2026 (1.15% per year). Arkansas is projected to increase 0.53% per year. The U.S. is projected to increase 0.71% per year.
- Saline County had a higher median age (41.4 median age) than AR (39.2) and the U.S. (38.8). In Saline County the percentage of the population 65 and over was 19.5%, higher than the U.S. population 65 and over at 17.2%.
- Saline County median household income at \$63,833 was higher than AR (\$49,048), but lower than the U.S. (\$64,730). The rate of poverty in Saline County was 9.6% which was lower than AR (16%) and the U.S. (12.3%).
- The household income distribution of Saline County was 30% higher income (over \$100,000), 54% middle income, and 17% lower income (under \$25,000).
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Saline County was 92, indicating 8% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Saline County was 84% White, 9% Black, 1% American Indian, 6% Hispanic Origin, 2% mixed race, 2% Asian/Pacific Islander, and 3% other. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

2021 Population by Census Tract and Change (2021-2026)



Source: ESRI

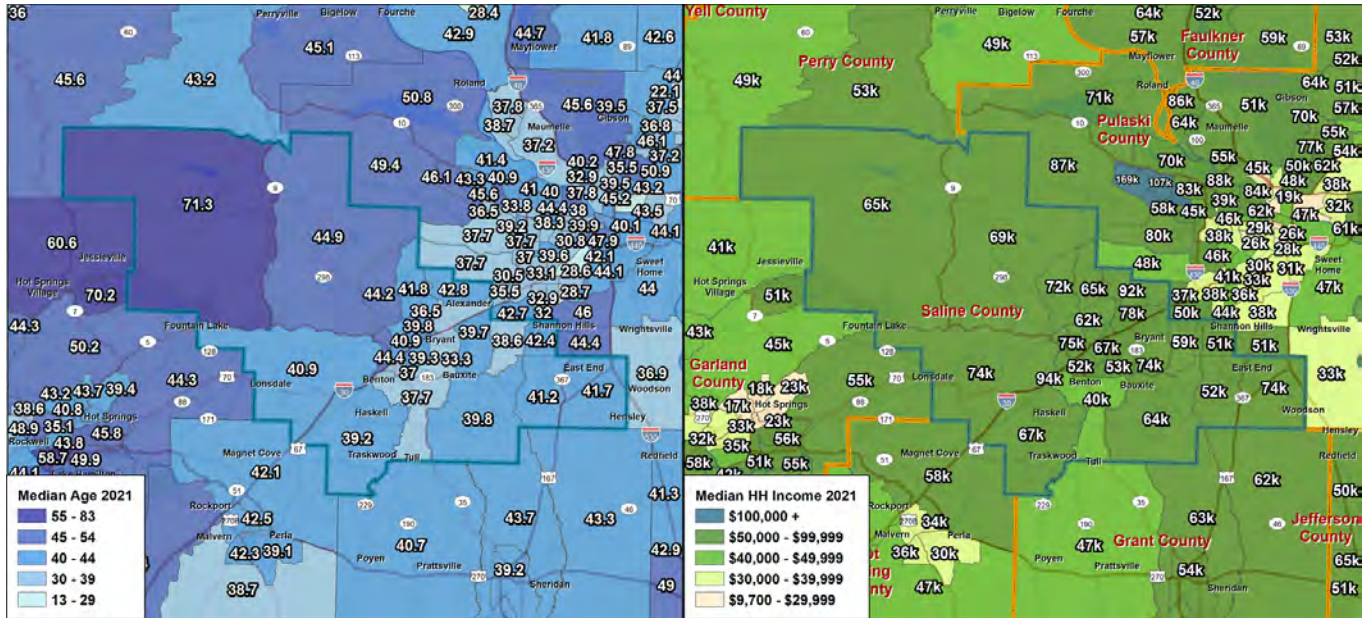
Red is population decline
 Yellow is positive up to the AR growth rate
 Green is greater than the AR growth rate
 Dark Green is twice the AR growth rate

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people.

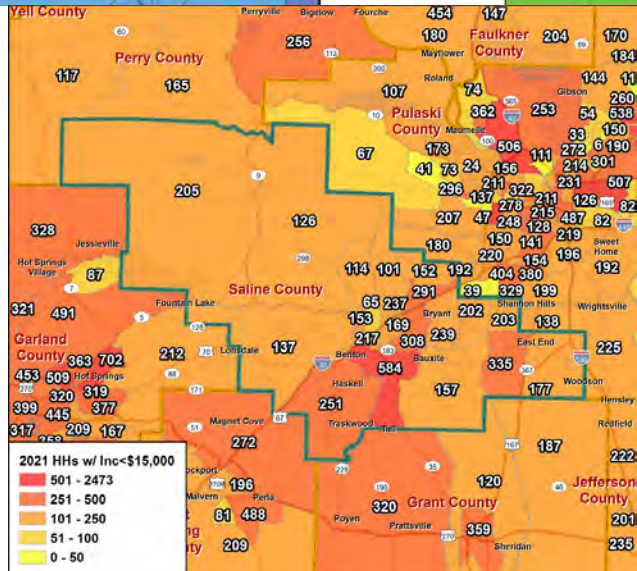
The census tracts in Bryant and Benton have the majority of the population in the county.

Saline County's population was projected to increase from 2021 to 2026, 1.15% per year. The census tracts in Bryant are projected to grow the most over twice the AR growth rate at 2.20%. One large census tract north of Benton is projected to increase 1.54% per year while a tract west of Benton is projected to increase 1.5% per year. The remainder of the county is projected to grow more than AR.

2021 Median Age & Income



Source: ESRI



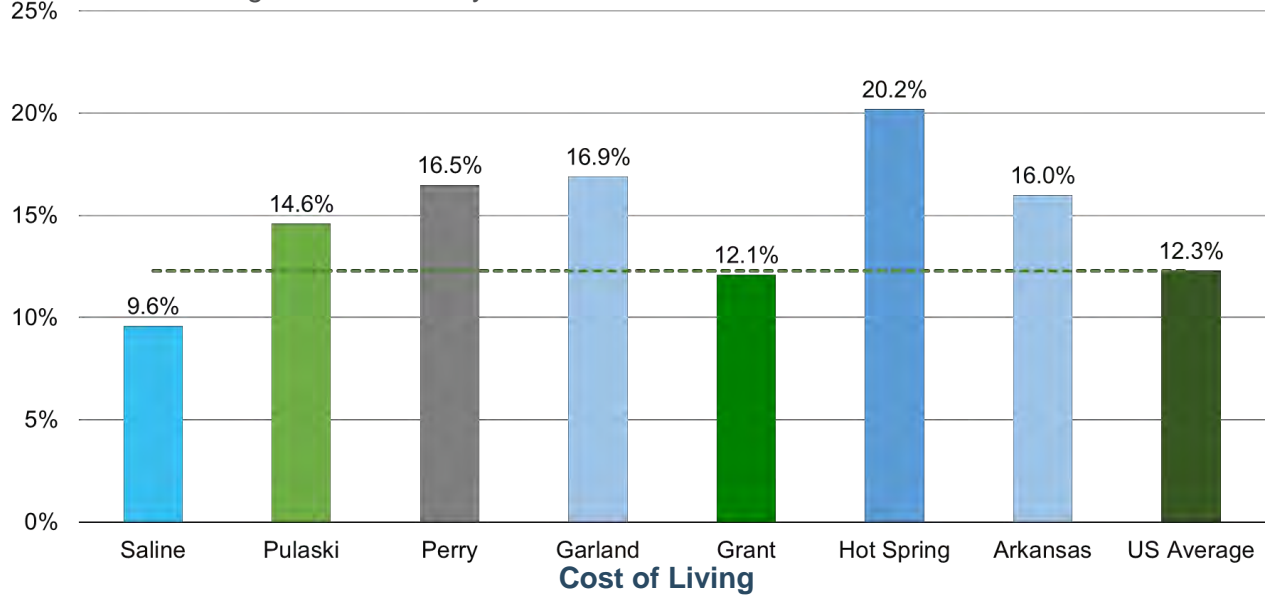
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in east Benton with a median age of 33.3 than the census tract in the northwest corner of the County with a median age of 71.3.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more assistance than the higher income tracts. The lower income census tract was in south Benton with \$40K median household incomes.

The lower map is the number of households making less than \$15,000 per year. Again, further attempting to identify those areas within the county that may have lower health status. The census tract in south Benton has 584 households making less than \$15K per year.

Demographics, cont.

Saline County's 2019 poverty percentage was 9.6% compared to Arkansas at 16% and the U.S. at 12.3%. The cost of living in Saline County is lower than AR and the U.S.



	Saline County	Arkansas	US
Overall	86.2	79.0	100
Grocery	96.2	92.7	100
Housing	67.4	55.7	100
Median Home Cost	\$155,900	\$128,800	\$231,200
Utilities	95.2	95.6	100
Transportation	92.6	81.6	100
Miscellaneous	99.5	93.9	100

Business Profile

51.0% percent of employees in Saline County were employed in:

- Retail Trade (17.3%)
- Health Care & Social Assistance (14.5%)
- Accommodation & Food Service (12.6%)
- Education Services (8.2%)
- Other Services (8.1%)

Source: Esri

Retail offers health insurance at a lower rate than healthcare, public administration and educational services.

Saline County's June 2021 preliminary unemployment was 4% compared to 4.4% for Arkansas and 5.9% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week, work, church and school. These are three excellent places to reach people to create a culture of health.

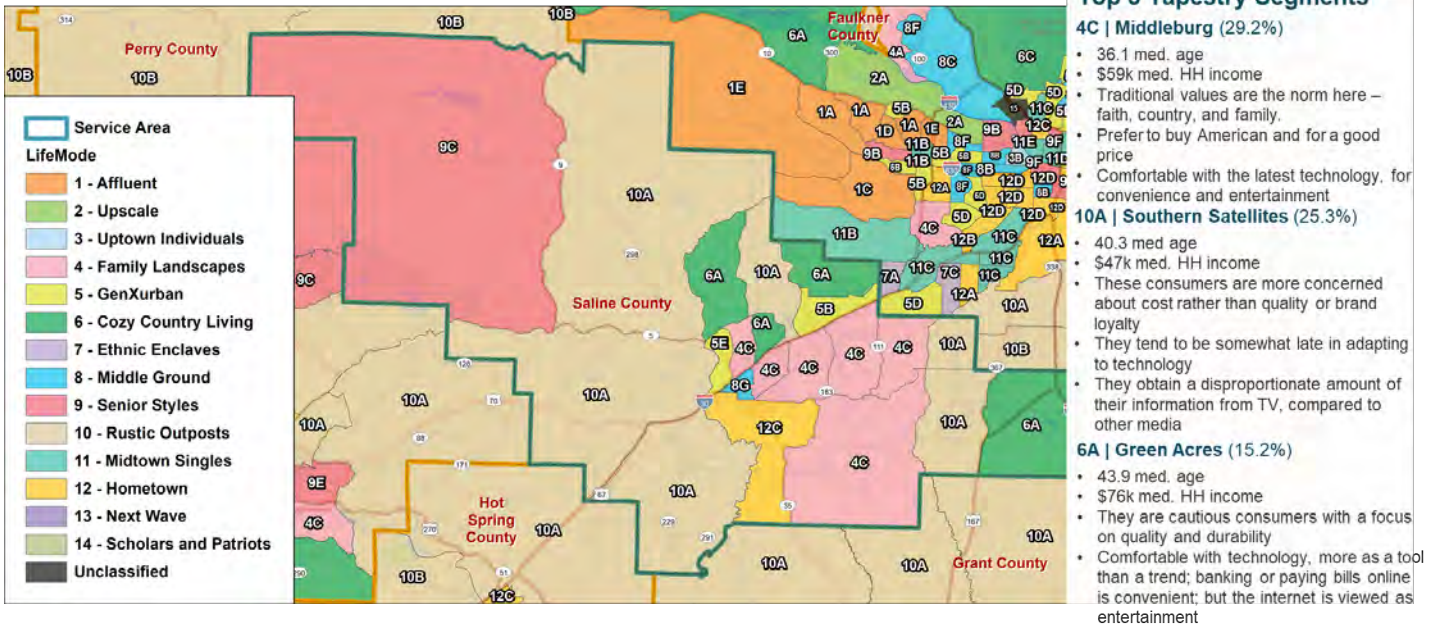
Tapestry Segmentation

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 53% of Saline County are included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Middleburg (29%), Southern Satellites (25%), and Green Acres (15%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at <http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm>. Studying the Tapestry Segments in the study area helps determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions to improve health. Many spoke of meeting people where they are in the focus group and interviews. Studying their Tapestry Segment can help do that.

Top three categories represent 69.7% of total households.



Source: ESRI

Interview and Focus Group Results

Interviews

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved and minority populations participated in individual interviews and focus groups on September 10, 2021, for their input into the community's health. Community participation in individual interviews represented a broad range of interests and backgrounds. Below is a summary of the focus groups and interviews.

1. How do you define health?

- Physical, mental, financial, emotional, spiritual health. Meeting needs of individual whatever the needs are – food, clothing, shelter, medical access
- Body working the way it's supposed to

2. For the purposes of this Community Health Needs Assessment, the community is Saline County, generally, how would you describe the community's health?

- 1-10, 7 fairly healthy
- Moderately healthy- areas for improvement. See people active and engaged in their health
- Good, not great
- Average – some healthy, some not healthy
- 6 on 1-10 or lower. Fire department mainly medical calls, going on suicide or attempted suicide calls. 10 times per month not great
- Overall SHM and Bryant middle of the road, some poverty, lots of education, homeless less than 3%, 60% good wellness, 40% not well
- Not very good right now with COVID. Fair overall. Most all try to have good hygiene and eating habits. Some don't care about their health. Both ends of the spectrum.
- Not good-- serve 58,000 at the center we are in
- Saline is in the shadow of Pulaski County with the perception that Saline County is full of rich white people, not true. Demographics are changing. Diversity is welcomed. We aren't very good at identifying pockets of need. It is difficult to prove need, however, fast growing, high income.
- Varies, lack of education
- A lot of room to go

3. What are the most significant health issues for the community today?

- Substance Use Disorder – drugs, opioids, meth, prescription, alcohol, vaping, smoking
- Mental Health – suicides, overdoses, depression, anxiety, disheartened, bipolar, schizophrenia
- Chronic Diseases – diabetes, heart disease, stroke, high blood pressure
- Obesity/Nutrition – sugar, carbs, food deserts
- Health Literacy – trust in doctors and medical professionals rather than Facebook, lack of education on health resources,
- Personal Responsibility – need people to take care of themselves
- Civility – respect for others, need harmony not hostility

Interview and Focus Group Results, cont.

4. A. What are the most significant health issues facing various populations including medically underserved and low-income populations?

- Obesity/Nutrition & Activity
- Access to care and affordability
- Housing

4. b. What are the most significant health issues facing the minority populations?

- Language barriers
- Community insulation
- Chronic diseases – diabetes, high blood pressure, strokes, kidney disease
- Fear & bias

5. What are the most important health issues facing children?

- Access to care – providers taking Medicaid, transportation, parents working
- Activities – after school activities
- Mental health – anxiety, stress, depression, isolation, care is expensive
- Substance use – parents and/or kids
- Obesity/nutrition – processed foods, lack of activity, hunger
- Lack of socialization due to Covid and lack of vaccines – confusion, feeling safe

6. What are the most important health issues facing seniors?

- Fear and isolation – COVID, depression, loneliness
- Accessibility – bus, transportation
- Nutrition – hunger, lack of resources
- Chronic diseases – diabetes, heart disease, arthritis, dementia, falls
- Mental health – depression, anxiety, loneliness
- Support services – no family, no help for the home, hygiene, food, support

7. The community performed a CHNA in 2018 and identified priorities for health improvement

- a. Mental health
- b. Obesity – healthy eating, active living
- c. Substance misuse
- d. Access to care
- e. Children's health
- f. Food insecurity

What has changed most related to health status in the last three years?

- Nutrition - Obesity intervention is better, need more help with nutrition with schools closed
- Food insecurity – was better, then covid hit, now much worse
- Substance use – SMH opioid free surgeries, not improved overall
- Mental health – worse
- Access to care – improved a little

Interview and Focus Group Results, cont.

8. What, if any, health issues or inequities did the Covid-19 pandemic expose in the community?

- Exposed mental health issues – not enough resources for increasing problem
- Polarization – division, need respectful dialogue
- Food insecurity/affordability - kids depend on school for food, affordable, healthy food
- Isolation/loss of socialization – stuck at home
- Importance of methods of disease transmission – hygiene, staying home, cover nose, comorbidities impacted health
- Systems didn't work/need more – judicial system, foster system, work from home Internet
- Maybe more abuse – kids not being seen at school

9. What behaviors have the biggest impact on community health?

- Substance misuse – fentanyl, prescription, alcohol, smoking
- Nutrition and Exercise – poor diet, lack of exercise
- Polarization – negative social media impact, assumptions about behavior

10. What environmental factors have the biggest impact on community health?

- Commuting – I-30, stress
- Places to exercise – have lots of these, need safer parks (needles on the ground)
- Affordable housing
- Good air and water

11. What do you think the barriers will be to improve health in the communities?

- Need more community volunteers
- Bad elements in the community
- Making enough time to eat right and exercise
- Lack of awareness and education
- Spoon-fed society, communication overload
- Communication

12. What community assets support health and wellbeing?

- Parks, trails, fitness centers, and outdoors
- Healthcare facilities and services
- Schools
- Social service organizations
- Government
- Faith community
- Business community

Interview and Focus Group Results, cont.

13. If you had a magic wand, what improvement activity should be a priority for Saline County to improve health?

- Improve nutrition – wise spending on food, cooking, see benefit of healthy choices
 - Increase activity – get outside and increase activity
 - Substance misuse - advocacy counselors and peer support, no drug abuse
 - Equality and equity – discuss racism, equal opportunities, see value of every person
 - Community-building – build relationships, community collaborations and open discussions; mentoring program to understand laws, health, relationships, resources, bring people together; Life training; shut social media off
 - Prevention and education – health fairs, healthy choices, COVID vaccinations
 - Access and affordability – healthcare, medications, transportation
-



Photo Credit: SMH

Health Status Data

Based on the 2021 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin², Saline County ranked 3rd out of 75 Arkansas counties ranked for health outcomes (1= the healthiest; 75 = unhealthiest), and 2nd for health factors. Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Saline County were higher adult smoking, higher adult obesity, lower mammography screening, lower number of social associations, and higher air pollution.. The areas of strength were identified as higher food environment index, lower teen births, lower uninsured, higher flu vaccinations, higher high school completion, higher percentage with some college, lower unemployment, lower percentage of children in poverty, lower income inequality, lower percentage of severe housing problems..

When analyzing the health status data, local results were compared to Arkansas, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Saline County's results were worse than AR and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in Arkansas and eventually the nation, Saline County must close several lifestyle gaps. For additional perspective, Arkansas was ranked the 48th healthiest state out of the 50 states. (Source: 2019 America's Health Rankings; lower is better) Arkansas strengths were low percentage of housing with lead risk, low prevalence of excessive drinking, low racial gap in high school graduation. Arkansas challenges were high prevalence of 2+ adverse childhood experiences, high prevalence of multiple chronic conditions, high economic hardship index score.

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomic, consumer health spending, and interviews. If a measure was better than Arkansas, it was identified as a strength, and where an indicator was worse than Arkansas, it was indicated an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

² The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Arkansas's counties every year since 2003.

Comparisons of Health Status

In most of the following graphs, Saline County will be blue, Arkansas (AR) will be red, U.S. grey and the 90th percentile of counties in the U.S. gold.

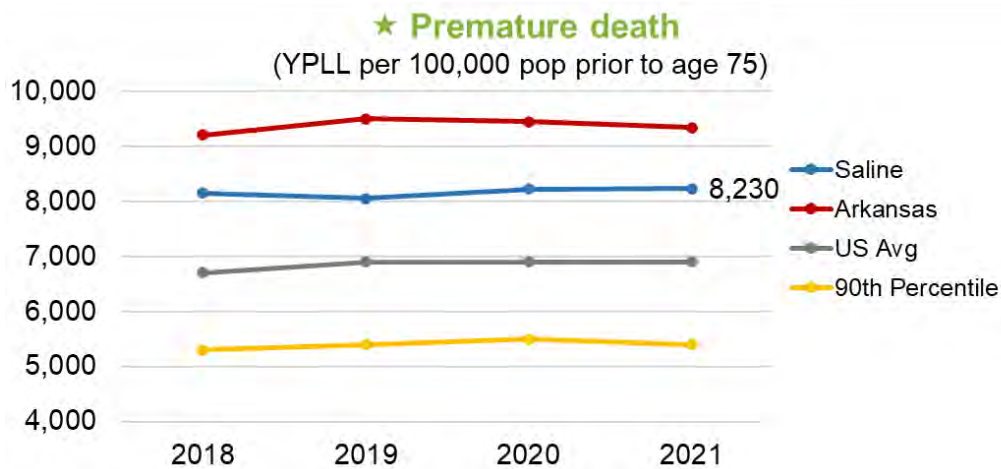
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Saline County ranked 3rd in health outcomes out of 75 Arkansas counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better. For example, a 25-year-old is killed in an accident, equates to 50 years of potential life lost prior to age 75. Saline County ranked 9th in length of life in AR. Saline County lost 8,230 years of potential life per 100,000 population which was lower than AR and higher than the U.S.

Saline County residents can expect to live 1.5 years less than the average U.S. resident.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

★ Life Expectancy

(Average number of years a person can expect to live)

2017-2019		Saline County 2017-2019	
Saline County	77.3	Black	75.8
Arkansas	76.0	Hispanic	82.8
US Avg*	78.8	White	77.0
90th Percentile	81.1		

*US is 2019 data; due to Covid and impacts of Covid, life expectancy in the US decreased 1.87 years in 2020.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2017-2019

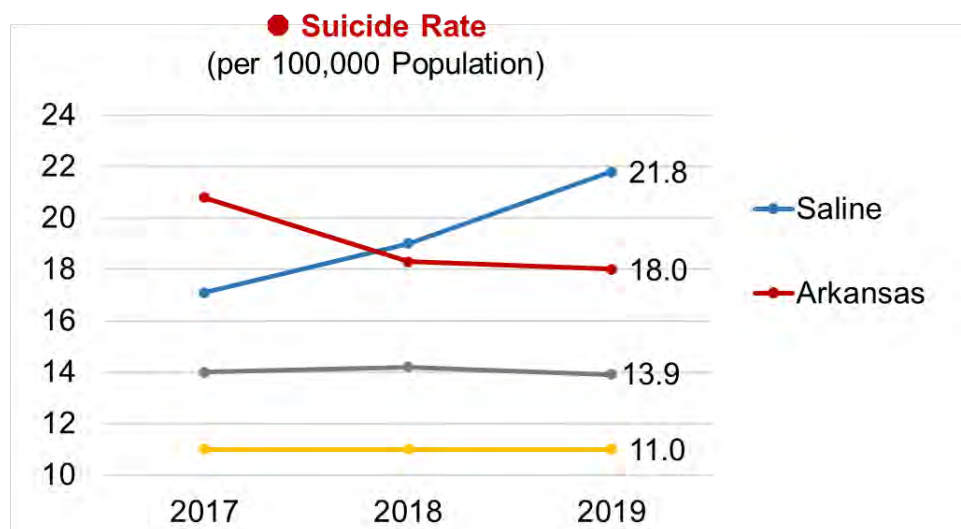
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Saline County	Arkansas	US
Heart Disease	254.0	287.3	161.5
Cancer	183.8	214.8	146.2
Respiratory Diseases	55.5	78.3	49.3
Strokes	40.8	51.7	38.2
Accidents (Unintentional Injuries)	61.3	50.6	37.0
Alzheimer's	53.1	49.9	29.8
Diabetes	35.1	37.9	21.6
Kidney Disease	23.7	21.0	12.7
Influenza and Pneumonia	16.3	20.6	12.3
Suicide	25.3	18.2	13.9
Sepsis	18.8	16.1	11.3
Liver Disease	18.8	15.4	9.5
Covid-19*	119.8	91.6	105.4

*2020, Saline County had 148 deaths due to Covid, and 210 Covid deaths in total. Crude deathrate shown for Saline County.

Source: Wonder.cdc.gov. Age-adjusted rates per 100,000 population. Saline County data from 2015, 2019 combined. AR, US data from 2019. *Rates that appear in red for a county denote a higher value compared to state data. Age Adjustment Uses 2000 Standard Population.

Rates in red had death rates higher than AR. The leading causes of death in Saline County were heart disease, cancer, followed by accidents, respiratory disease, Alzheimer's disease, strokes, diabetes, suicide, kidney disease, septicemia, liver disease, and the flu and pneumonia. Covid is projected to be a leading cause of death in 2020.



The suicide trend increased with Saline County's rate higher than AR and the U.S.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Length of Life STRENGTHS

- Saline County had a longer life expectancy than AR overall, but lower than the U.S.
 - Saline County had lower death rates attributable to heart disease, cancer, respiratory disease, strokes, diabetes and influenza and pneumonia than Arkansas, but higher than the U.S.
 - Saline County had lower number of years of potential life lost prior to age 75 than AR, but higher than the U.S.
-

Length of Life OPPORTUNITIES

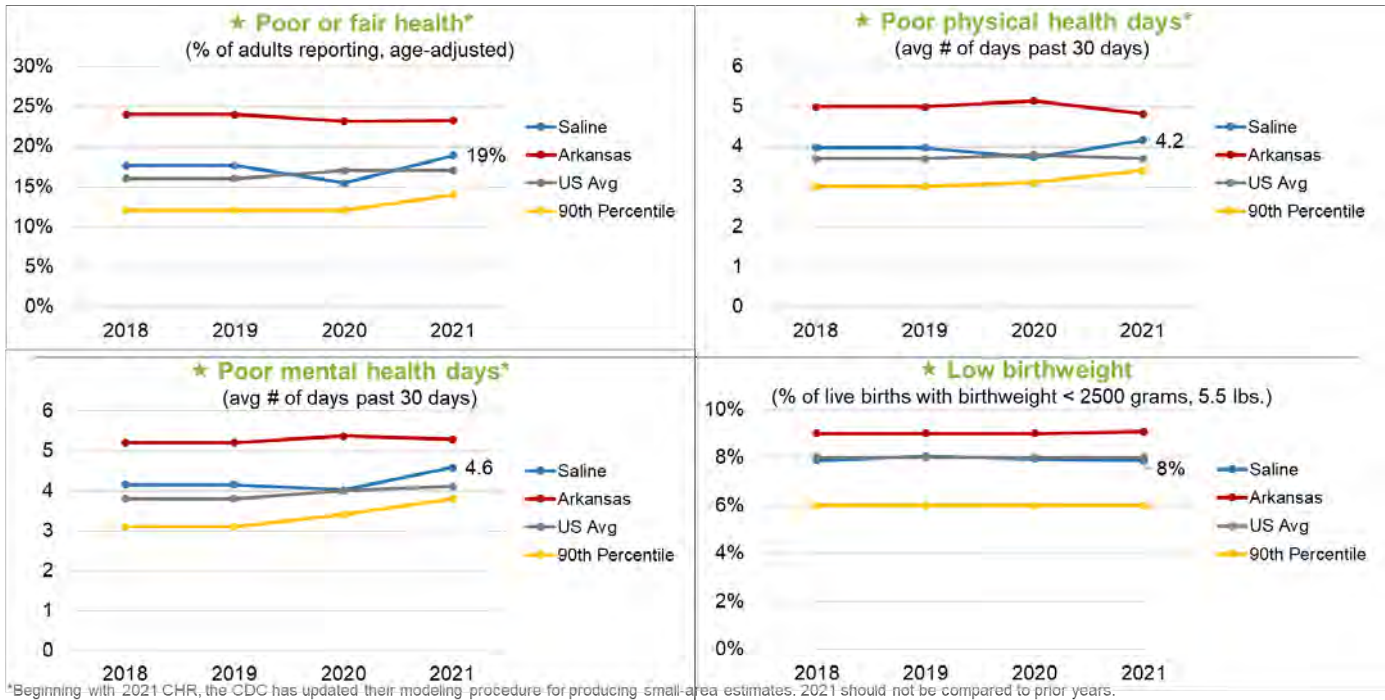
- Saline County had a higher death rates for accidents, Alzheimer’s disease, kidney disease, suicide, sepsis and liver disease than AR and the U.S.
 - COVID-19 death rates indicate higher than AR and the U.S.
 - The black population has a lower life expectancy than the Hispanic or white life expectancies.
 - Saline County’s suicide rate increased in 2019 and was higher tan AR and the U.S.
-



Photo Credit: SMH

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Saline County ranked 2nd in quality of life out of 75 Arkansas counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2018
 Source: County Health Rankings: National Center for Health Statistics – Natality files (2013-2019)

Quality of Life STRENGTHS

- Saline County had a lower percentage of adults reporting poor or fair health than AR at 19%.
- Saline County had a lower percentage of low birthweight babies at 7% than AR and the U.S.
- Saline County had a lower percentage of adults reporting poor mental health days than AR at 4.8.
- Saline County had a lower percentage of adults reporting poor physical health days than AR at 4.2.

Quality of Life OPPORTUNITIES

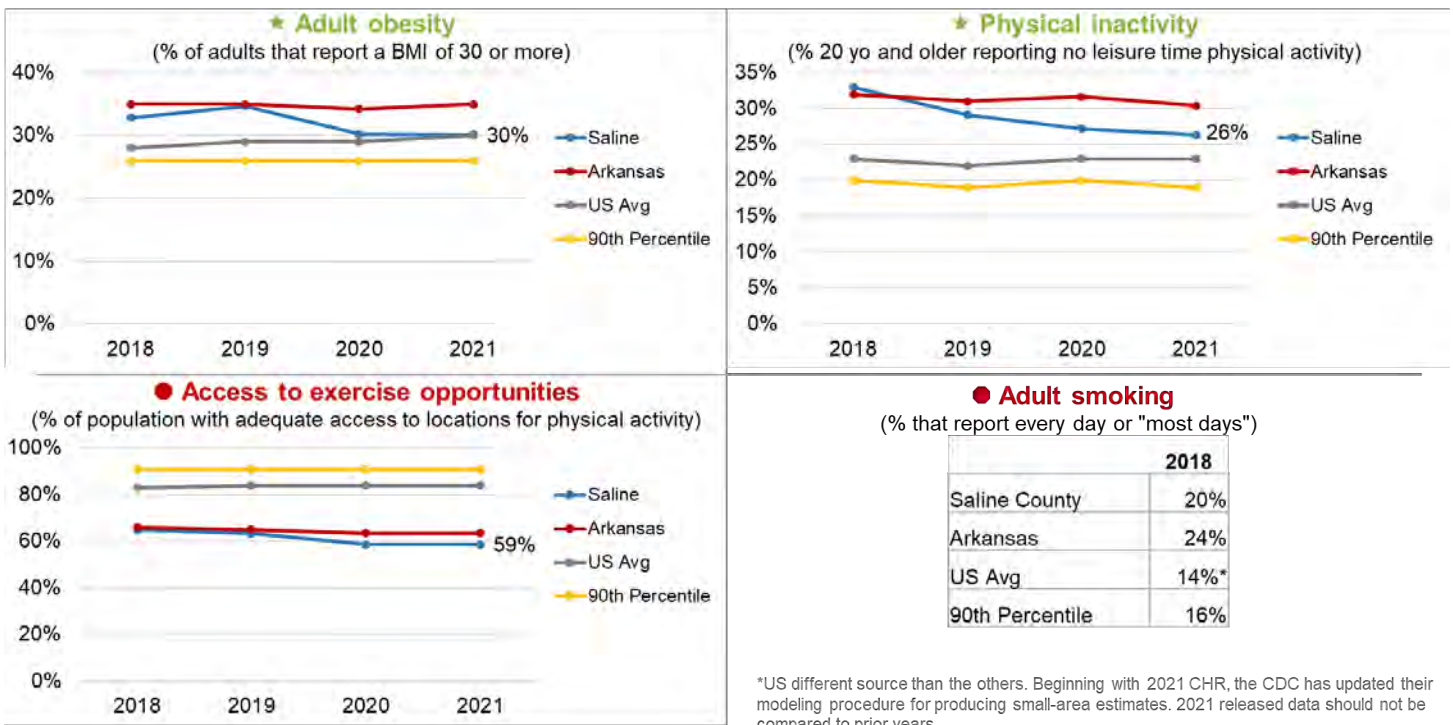
- Although Saline County performed better than Arkansas in quality-of-life measures, all the quality-of-life measures were worse than the U.S.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Saline County ranked 2nd in health factors out of 75 Arkansas counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Saline County ranked 2nd in health behaviors out of 75 counties in Arkansas.

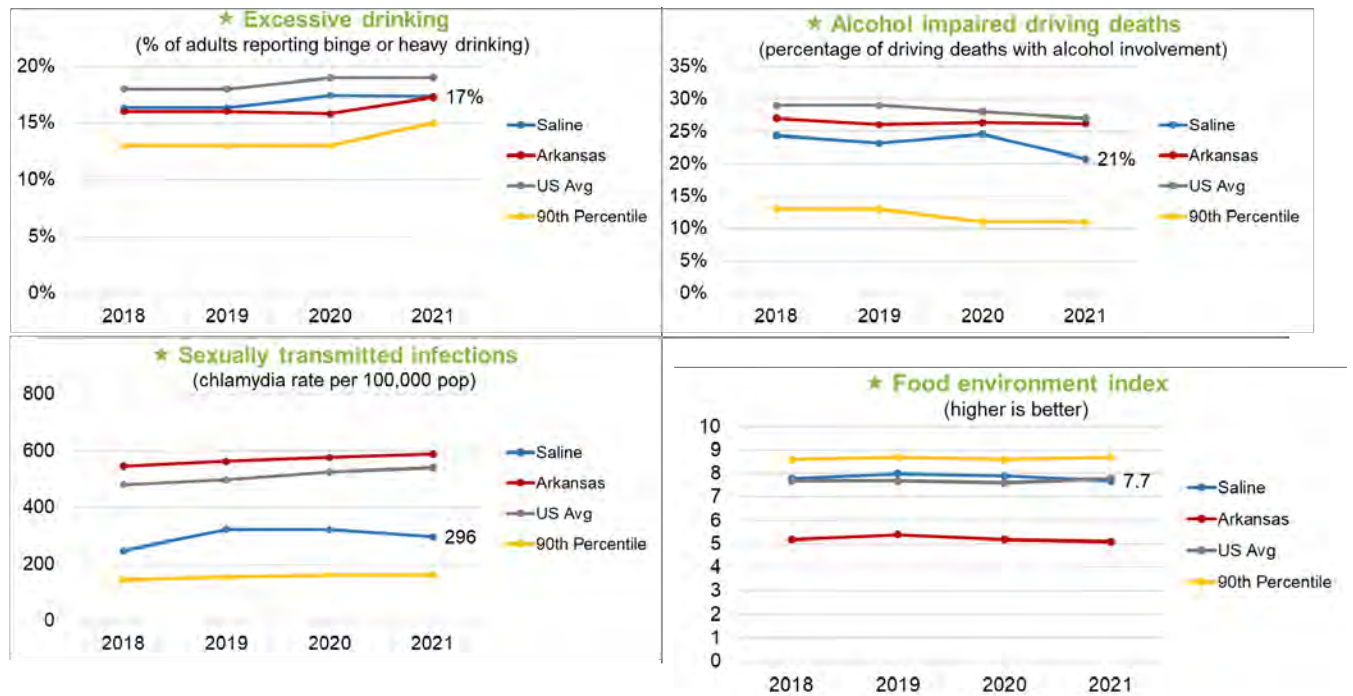


Source: Obesity & Physical Inactivity – CHR, United States Diabetes Surveillance System, 2017

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files, 2010 and 2019. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Health Behaviors, Cont.



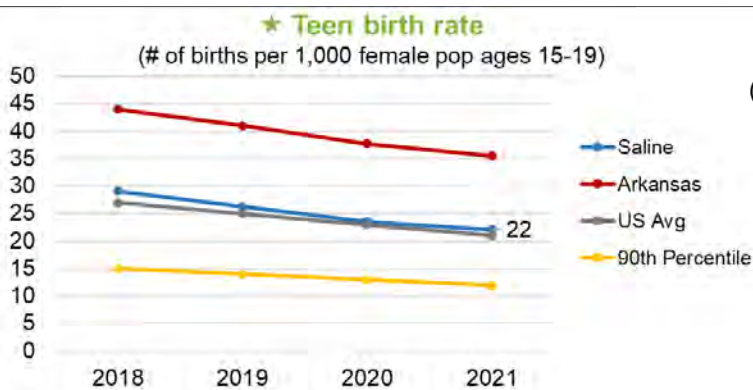
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2018

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2015-2019

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2018

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2015 & 2018

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate
(# of births per 1,000 female pop ages 15-19)

Saline County	2021
Black	23
Hispanic	39
White	21

Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2013-2019

Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household dysfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes.



	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
Arkansas	44%	26%	30%

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children’s Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children’s Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Saline County. However, Arkansas had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.

Health Behaviors STRENGTHS

- Adult obesity in Saline County was 30%, lower than AR at 35% and same as the U.S. at 30%. The obesity trend had been decreasing in Saline County. Obesity in Arkansas and the U.S. continue to rise, putting people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
 - Physical inactivity was lower in Saline County at 26% than in AR with 30% and higher than the U.S. at 23%.
 - 20% of Saline County smokes, lower than AR at 24% but higher than the U.S. at 14%.
 - 17% of Saline County reported binge or heavy drinking the same as AR and lower than the U.S. (19%).
 - Alcohol impaired driving deaths were lower in Saline County (21%) than in AR and the U.S. both at 27%.
 - Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Saline County (296) than AR (588) and the U.S. (540).
 - The food environment index was higher (better) in Saline County (7.7) than AR (5.1), but lower than the U.S. (7.8).
 - The teen birth rate in Saline County was 22 births per 1,000 female population ages 15-19, lower than AR at 36 births, and higher than the U.S. at 21 births. The teen birthrate is higher among Hispanics. The trend has decreased since 2018.
-

Health Behaviors OPPORTUNITIES

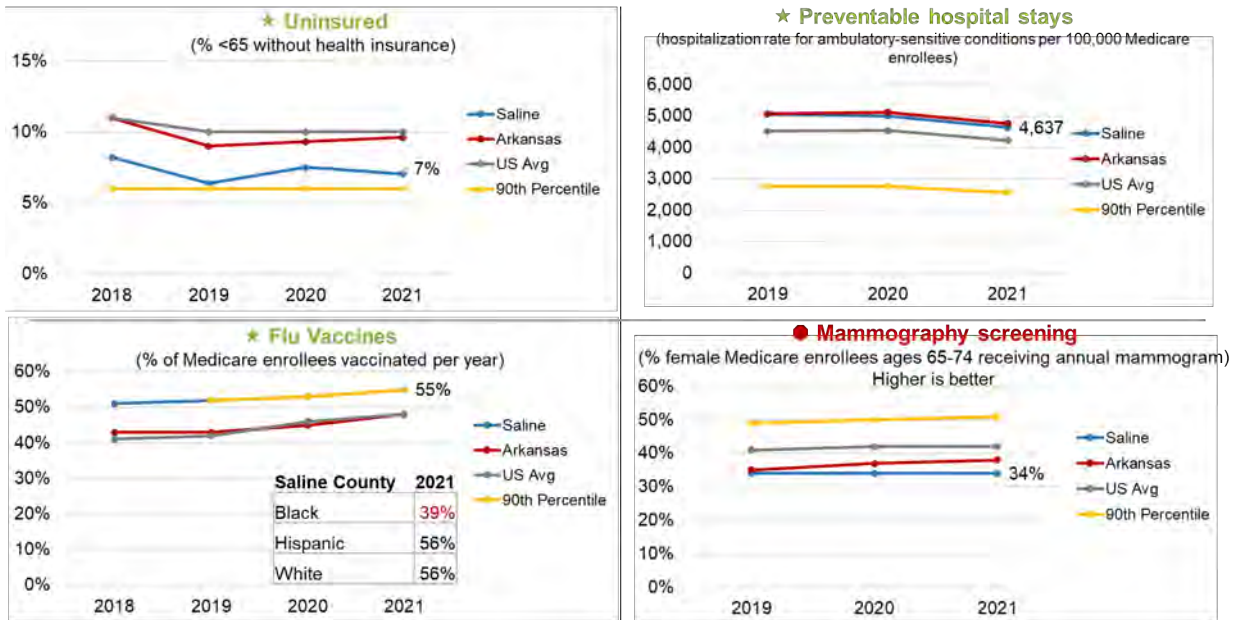
- 59% of Saline County had access to exercise opportunities compared to 84% of the US and 64% of AR.
 - Arkansas had a lower percentage of youth with no aces and higher percentages of youth with 1, 2 or more ACEs.
-



Photo Credit: SMH

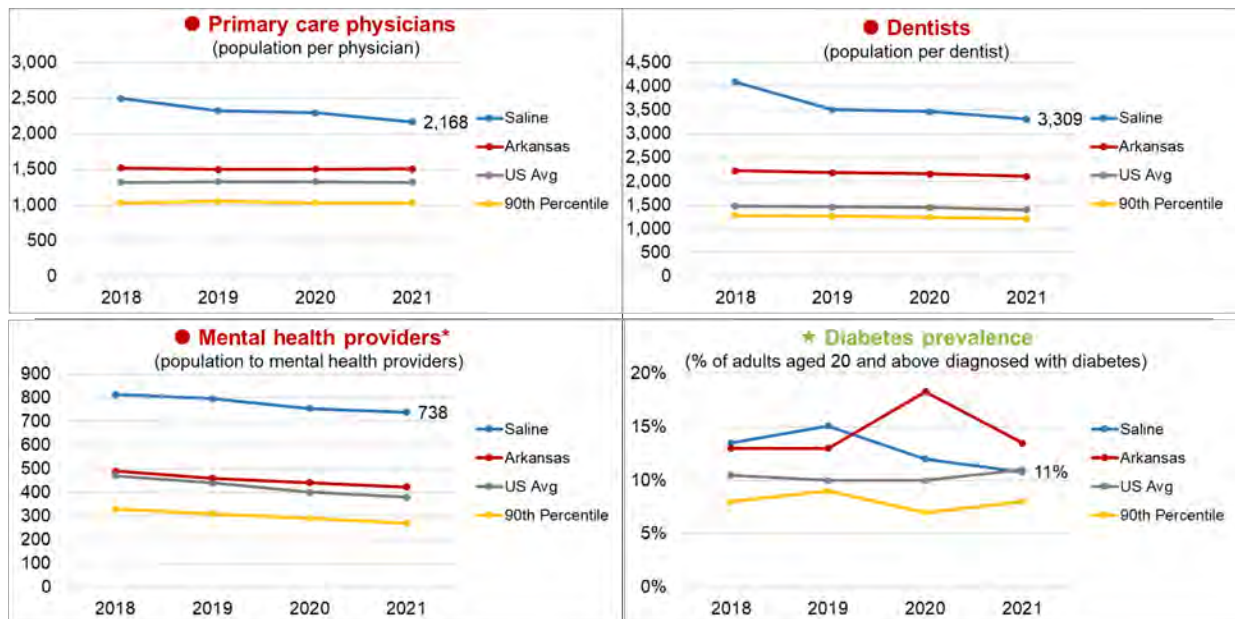
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Saline County ranked 10th in clinical care out of 75 Arkansas counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2018

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2018



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2018

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2019

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2019

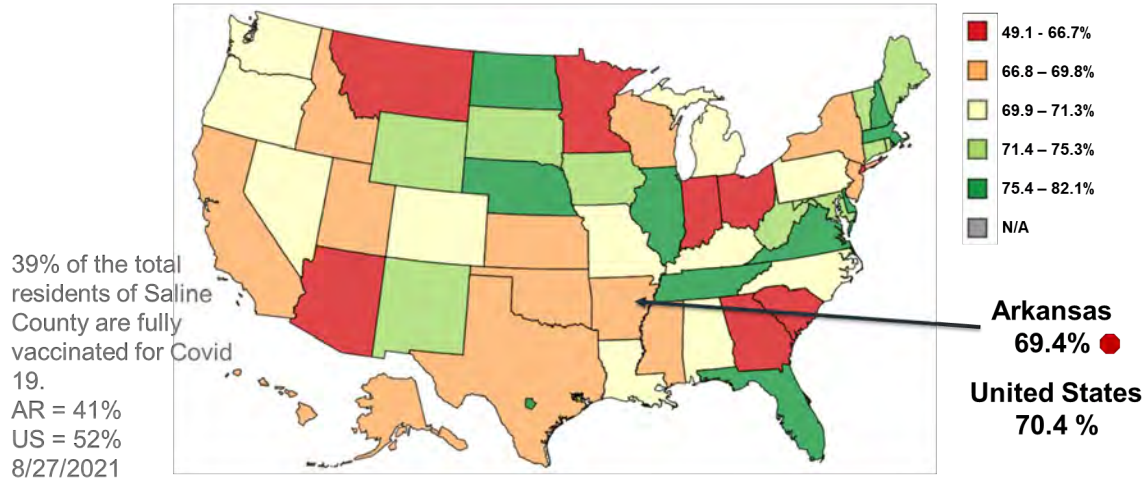
Source: Diabetes prevalence – U.S. Diabetes Surveillance System, 2017

Clinical Care, cont.

AR had a lower vaccination percentage among children 19-35 months old than the U.S.

Vaccination Coverage Among Children

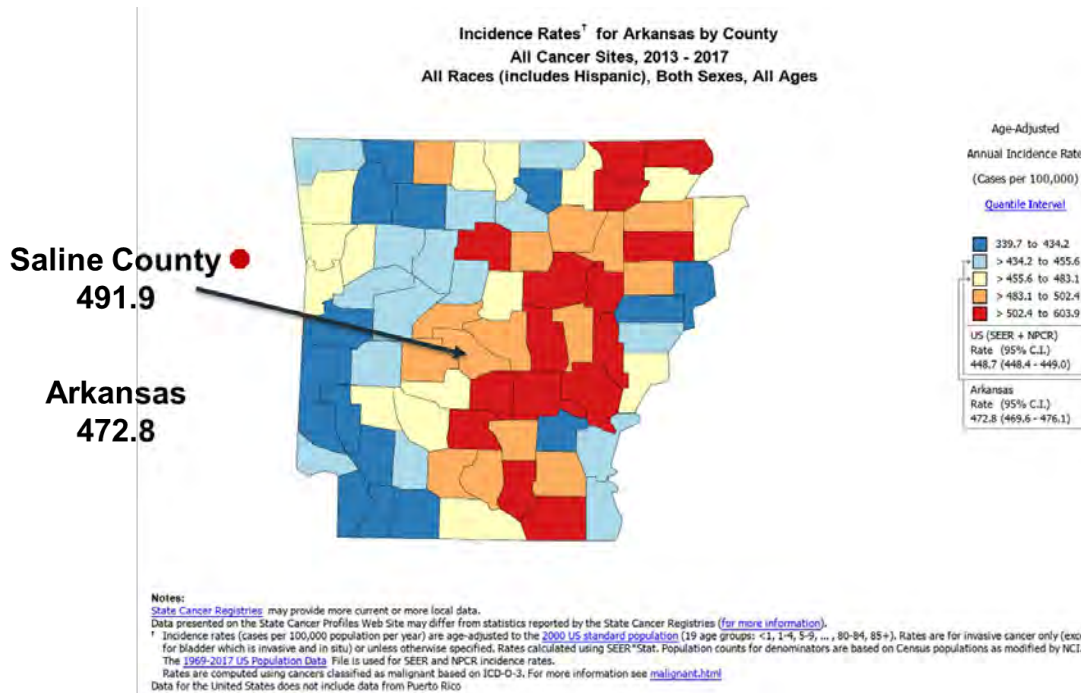
Combined 7-vaccine Series Vaccination % coverage among children 19-35 months by state
National Immunization Survey-Child (NIS-Child), 2017



Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Source: CDC, National Center for Immunization and Respiratory Diseases (2017 data posted 2020)

Cancer Incidence Rates – AR Counties



Cancer incidence rates (cases per 100,000 population) were higher in Saline County(492) than in AR, and the U.S. (449).

Clinical Care STRENGTHS

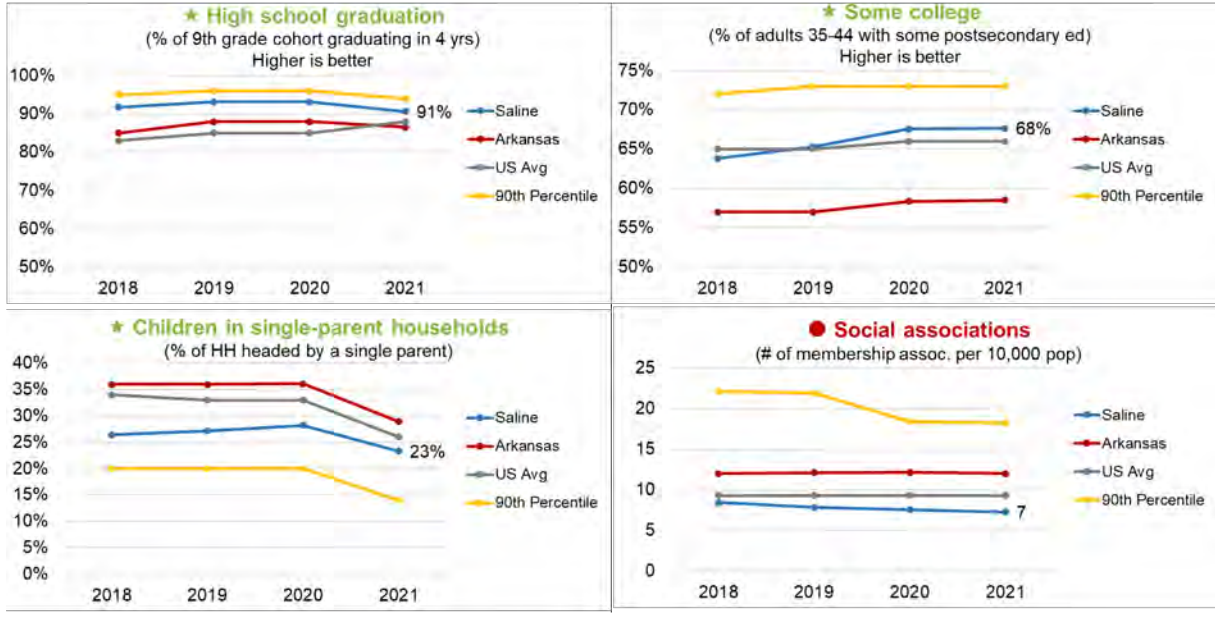
- The percent of population under sixty-five without health insurance was 7% in Saline County, lower than AR and the U.S. both at 10%.
- The percent of Medicare enrollees with flu vaccines per year was higher in Saline County at 55% than AR (48%) and the U.S. (48%).
- Preventable hospital stays in Saline County were 4,637 per 100,000 Medicare enrollees which was lower than AR (4,769), but higher than the U.S. (4,236). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- The percentage of adults with diabetes in Saline County was 11%, lower than AR (14%) and same as the U.S. (11%).

Clinical Care OPPORTUNITIES

- Mammography screening was lower in Saline County at 34% than AR at 38% and the U.S. at 41%.
- The population per primary care physician was at 2,168 in Saline County higher than AR (1,507) and the U.S. (1,320).
- The population per dentists was 3,309 in Saline County higher than AR (2,103) than the U.S. (1,400).
- The population per mental health provider was 738 in Saline County higher than AR (423) and the U.S. (380).
- The cancer incidence rate in Saline County was 492 cases per 100,000 population which was higher than AR (473), and the US (449).
- The percentage of vaccination coverage amount children 19-35 months was lower in AR at 69.4% than the U.S. at 70.4%. COVID-19 vaccinations were also lower in Saline County than AR and the U.S.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Saline County ranked 2nd in social and economic factors out of 75 Arkansas counties.

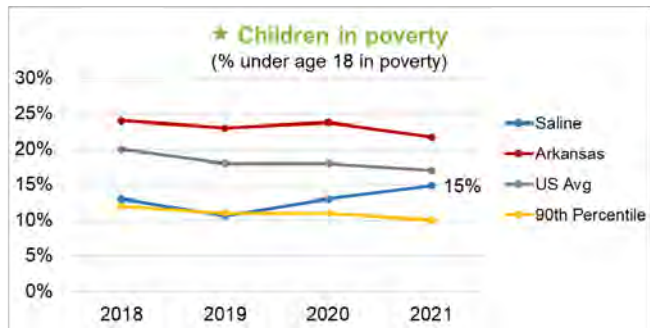


Source: High School graduation – CHR, American Community Survey, 5-yr estimates, 2015-2019

Source: Some college CHR; American Community Survey, 5-year estimates, 2015-2019.

Source: Children in poverty - CHR; U.S. Census, Small Area Income and Poverty Estimates, 2019

Source: Social associations - CHR; County Business Patterns, 2018



Children in poverty (% under age 18 in poverty)

Saline County	2021
Black	11%
Hispanic	22%
White	12%

41% of children are eligible for free or reduced-price lunches 2020-2021, compared to 66% for AR



Injury deaths (Injury mortality per 100,000)

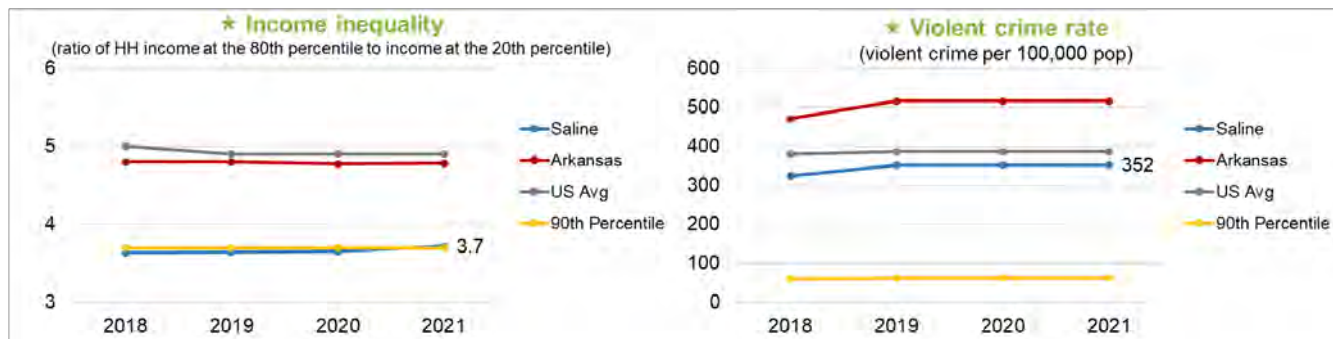
Saline County	2021
Black	47
Hispanic	39
White	85

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2015-2019.

Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2015-2019.

Source: Violent crime - CHR; Uniform Crime Reporting – FBI, 2014 & 2016

Social & Economic Factors Cont.



Social & Economic Factors STRENGTHS

- The high school graduation rate was higher in Saline County at 91% than AR (87%) and the U.S. (88%).
- 68% of Saline County adults had some postsecondary education which was higher than AR (59%) and the U.S. (66%).
- The percentage of children in single-parent households was 23% in Saline County, lower than AR (29%) and the U.S. at 26%.
- The children in poverty rate was lower for Saline County at 15% than AR at 22% and the U.S. (17%) but is trending up.
- Injury deaths were lower in Saline County at 79 per 100,000 population than AR (83) and the U.S. (72). White injury deaths were higher at 85 than Hispanic deaths at 39 and Black deaths at 47 per 100,000 pop) and the trend is increasing.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Saline County at 3.7 than AR at 4.8 and the U.S. at 4.9.
- The violent crime rate in Saline County was 352 violent crimes per 100,000 population, which was lower than in AR at 516 and the U.S. at 386.
- The poverty estimates for 2019 showed Saline County at 9.6%, lower than AR (16%) the U.S. (12.3%).
- The median household income in Saline County was \$63,833, higher than AR at \$49,048 but slightly lower than the U.S. at \$64,730.

Social & Economic Factors OPPORTUNITIES

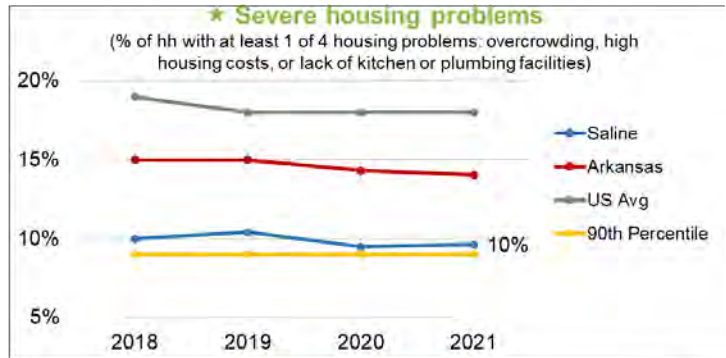
- Social associations were lower in Saline County at 7 memberships per 10,000 population than AR at 12 and the U.S. at 9 memberships. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations
- Higher percentage of Hispanic (22%) children were in poverty children in general.

Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the county rankings. Saline County ranked 50th in physical environment out of 75 Arkansas counties.

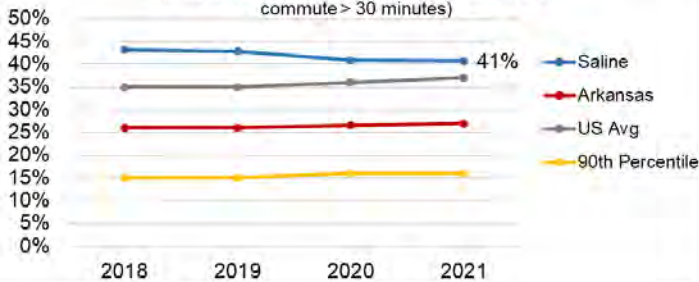
● Drinking water violations

	2019	2020	2021
Saline County	Yes	No	Yes



● Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



★ Broadband access

(% of households with broadband internet connection)

Saline County	2021
Saline County	83%
Arkansas	73%
US Avg	83%
90th Percentile	86%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2018. Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2012-2016. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2014-2018. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2014
Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2015-2019

Physical Environment STRENGTHS

- Saline County had a lower percentage of severe housing problems as AR at 10% than AR (14%) and the U.S. at 18%.
- Broadband access was higher in Saline County at 83% than AR (73%) and same as the U.S. (83%).

Physical Environment OPPORTUNITIES

- Saline County reported drinking water violations in 2021.
- 41% of workers in Saline County who commute alone commute over 30 minutes, higher than AR at 27% and the U.S. at 37%.

There were Four Broad Themes that Emerged in this Process:

- Saline County needs to continue to create a “Culture of Health” which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Saline County has many assets to improve health.

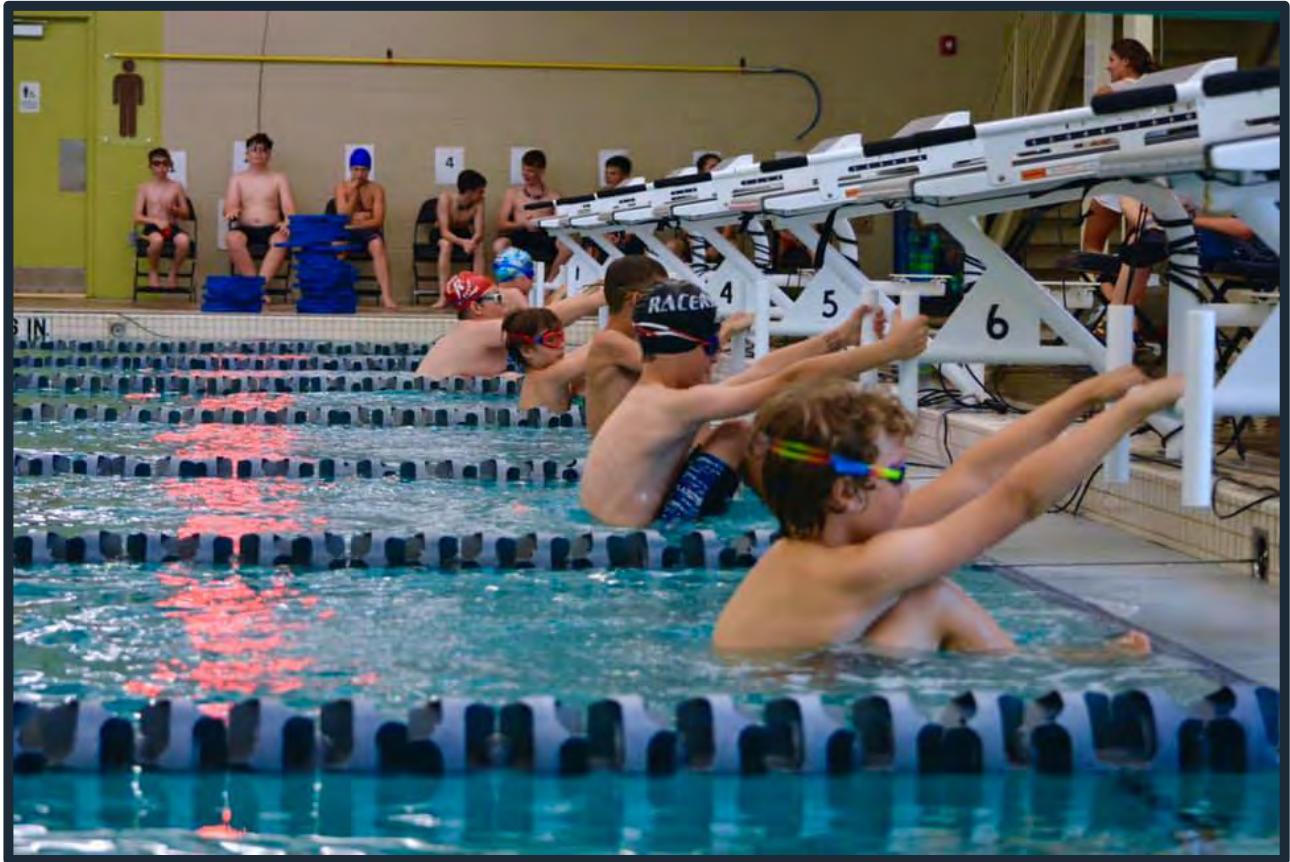


Photo Credit: SMH

Results of the CHNA: Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude / scale of the problem	How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?
Seriousness of Consequences	What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room.

1. Substance use disorder (14 votes, tie with mental health)
2. Mental health (14 votes, tie with substance use disorder)
3. Obesity - healthy weight (8 votes)
4. Access to healthcare, insurance, telehealth, transportation (6 votes)
5. Health literacy (5 votes, last 3 tie for votes)
6. Housing (5 votes)
7. Chronic diseases (5 votes)

The following received one vote each:

1. Care for elderly
2. Civility – lack of empathy
3. Domestic abuse
4. Not enough response from Fire Dept in county area on medical calls
5. Social associations



Photo Credit: Stratasan

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, they broke into groups to brainstorm solutions to each of the priorities. They created potential goals and actions the community could take to improve these issues.

Significant Health Need 1: Substance Use Disorder

- ✔ **Goal 1 – Raise awareness of substance use deaths and reduce stigma to view substance use disorder similarly to heart disease.**
Action 1 – Communicate the statistics and results to the community e.g., 44 overdoses per month seen in the Emergency Department. AR is one of the highest opioid prescribing states with 75.8 opioids prescribed per 100 persons. Saline is lower with 38.3 opioids prescribed per 100 persons.
Action 2 – Ensure all drug education programs are available in all schools
Resources/Collaborators Needed: media, community groups, churches
 - ✔ **Goal 2 – Decrease substance abuse and deaths in the community**
Action 1 – Utilize Peer Recovery Specialists
Action 2 – Increase access to recovery centers
Action 3 – If opioids are prescribed ensure they go home with Narcan
 - ✔ **Goal 3 – Assist with transition back into the community**
Action 1 – Create transitional housing
Action 2 – Utilize mentors, vocational skills, businesses to help addicts get back into community
-

Significant Health Need 1: Mental Health

- ✔ **Goal 1 – Improve access to psych/behavioral care**
Action 1 – Initiate rapid transfer between providers/hospitals/NH/RCF in 2022
Action 2 – Increase telehealth utilization
Action 3 - Champion telehealth to managed care organizations
Resources/Collaborators Needed:
 - ✔ **Goal 2 – Assess mental health needs of students**
Action 1 – Conduct a survey of 6th -12th graders
Action 2 – Compile results and make recommendations to school district
 - ✔ **Goal 3 – Reduce the stigma of mental health and normalize mental health issues**
Action 1 – Knowledge breeds confidence and confidence helps with mental health
Action 2 – Host a community mental health/substance abuse community event to break the stigma and provide education
-

Significant Health Need 2: Obesity - Healthy Weight

- ✓ **Goal 1 – Decrease pediatric obesity**
 - Action 1** – Increase outdoor activities
 - Action 2** – Promote healthy eating habits e.g., encourage eating at the dinner table instead of in front of the TV
 - Resources/Collaborators Needed: Parks & Rec, fitness centers, media, print social community classes*
 - ✓ **Goal 2 – Increase access to healthy foods**
 - Action 1** – Start community gardens, straw bale gardens, churches could sponsor the gardens.
 - Action 2** – Ensure food banks have access to fresh vegetables and healthy foods
 - Resources/Collaborators Needed: Boys & Girls Clubs, schools, farmers*
-

Significant Health Need 3: Chronic Diseases

- ✓ **Goal 1 – Decrease heart disease**
 - Action 1** - Communicate healthy, positive activities for healthy lifestyles
 - Action 2** – Initiate cooking classes for healthy lifestyles
 - Action 3** – Conduct a town hall for healthy living to start a movement in the community
 - Resources/Collaborators Needed: Media, print, Pulaski Tech Culinary School, Facebook*
 - ✓ **Goal 2 – Decrease diabetes**
 - Action 1** - Communicate healthy, positive activities for healthy lifestyles
 - Action 2** – Initiate cooking classes for healthy lifestyles
 - Action 3** – Conduct a town hall for healthy living to start a movement in the community
-

Significant Health Need 4: Health Literacy

- ✓ **Goal 1 – Provide easy access to accurate health information**
 - Action 1** - Initiate Pop-up clinics, health fairs, mobile clinic for screenings and information
 - Action 2** – Utilize trusted community members to go into the community and promote the sources of screenings and information
 - ✓ **Goal 2 – Remove stigma around “health talk”**
 - Action 1** - Partner with providers and trusted community members
 - Action 2** – Target the area around Haskell and Traskwood
 - Resources/Collaborators Needed: Providers, hospital, community stakeholders, vehicle*
-

Significant Health Need 4: Access to Care and Transportation

- ✔ **Goal 1 – Assist people to complete the insurance application processes**
 - Action 1** – Take application forms (in English and Spanish) to community events and outreach educational activities
 - Action 2** – Invite trusted, culturally diverse group of individuals to assist in the process
 - Action 3** – Assist in arranging telehealth for members of the underserved communities for their specific health needs
 - Resources/Collaborators Needed: Hispanic and African American community leaders*
- ✔ **Goal 2 – Increase access to public transportation for healthcare needs by 10% in the next 2 years**
 - Action 1** – Initiate a city bus system available for transportation for healthcare
 - Action 2** – Create a network of fully vetted, community health volunteers to serve as drivers to transport individuals to appointments.
 - Action 3** – Utilize church vans and Internet to assist with telehealth and transportation needs.
 - Action 4** – Explore Uber Health and Lyft Health to provide transportation to medical appointments and billed to the provider.
 - Resources/Collaborators Needed: churches community, government leaders, community service groups*

Significant Health Need 4: Housing

- ✔ **Goal 1 – Provide long-term housing, a safe space in our area**
 - Action 1** – Meet the homeless population to determine needs
 - Action 2** – Find locations for a shelter
 - Resources/Collaborators Needed: local businesses, people in areas where the unhoused congregate*
 - ✔ **Goal 2 – Provide easy access to information and resources**
 - Action 1** – Create easily understandable resource
 - Action 2** – Create a group to provide the information to the homeless
 - Resources/Collaborators Needed: printing, transportation, communication*
-

Impact of 2018 CHNA and Implementation Plan

Impact

Saline Health System started the renovations to the Saline Behavioral Health Unit in the Geriatric Unit in 2019, and it was completed in 2020. Then, we updated our adult psych unit in 2020, and they were completed in 2021, providing a safer and more aesthetic environment to encourage more therapeutic outcomes. We saw the adult need was greater, so we switched the unit in 2021. It came online in August 2021.

Covid-19 impacted implementation of most of the community outreach programs in 2020 and into 2021. Groups were unable to meet in person and services were limited in the community.

Community Health Needs Assessment for Saline County

Completed by Saline Memorial Hospital in partnership with:

Stratasan



Appendix

Community Asset Inventory

The document contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. The focus group also identified community resources to improve health, which are listed on page 20 of the Community Health Needs Assessment.



2021

Saline County, AR

Community Asset Inventory/Resource Guide

*Paper copies of this document may be obtained at: Saline Memorial Hospital
1 Medical Park Dr, Benton, AR 72015 or by phone 501.776.6000 or via the hospital website. Salinememorial.org*

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Public Safety

Police

Benton Police Department
100 South East Street
Benton, AR 72015
(501) 778-1171

Saline County Sheriff Services
735 South Neeley Street
Benton, AR 72015
(501) 303-5609

Fire

Benton Fire Department
220 South Main Street
Benton, AR 72015
(501) 776-5960

Benton Fire Department Station 2
3405 Winchester Drive
Benton, AR 72015
(501) 776-5985

EMS Ambulance Services

MEMS – Metropolitan Emergency Medical Services
1121 West 7th Street
Little Rock, AR 72201
(501) 301-1400

Promed Ambulance
838 East Page Avenue
Malvern, AR 72104

LifeNet Emergency Medical Services
220 Ouachita Avenue
Hot Springs, AR 71901
(501) 624-5433

Access to Care/Chronic Care Resources

Hospitals

Saline Memorial Hospital
1 Medical Park Drive
Benton, AR 72015
(501) 776-6000

Health Department

Saline County Health Department
1612 Edison Avenue
Benton, AR 72015
(501) 303-5650

Free Medical & Dental Clinics

Christian Community Care Clinic
220 West South Street
Benton, AR 72015
(501) 776-1703

Rural Health Clinics

Benton Family Clinic – A Baptist Health Affiliate
819 West Carpenter Street
Benton, AR 72015
(501) 778-8264

Baptist Health Urgent Care
824 Military Road
Benton, AR 72015
(501) 574-3019

ARcare – Benton
630 West South Street
Benton, AR 72015
(501) 860-7150

Insurance Assistance

Arkansas Department of Human Services
1603 Edison Avenue
Benton, AR 72015
(501) 315-1600

Mental Health Resources

Rivendell Behavioral Health Services of
Arkansas
100 Rivendell Drive
Benton, AR 72015
(800) 264-5640

Saline Psychological Services
1212 Military Road
Suite D
Benton, AR 72015
(501) 794-6557

Anchor of Hope Counseling Services
125 ½ North Market Street
Benton, AR 72015
(479) 799-8885

Counseling Clinic, Inc
110 North Pearson Street
Benton, AR 72015
(501) 315-4224

Baptist Health Behavioral Health Services
11401 I-30
Little Rock, AR 72209
(501) 202-7507

Nutrition, Physical Activity, Healthy Living

Benton Parks & Recreation Department
913 East Sevier Street
Benton, AR 72015
(501) 776-5970

Benton School Athletic Complex
1800 Benton Parkway
Benton, AR 72015
(501) 778-4861

Substance Abuse Resources

Counseling Clinic, Inc
110 North Pearson Street
Benton, AR 72015
(501) 315-4224

Crowson Open Addiction Treatment Center
1807 East Lawson Road
Little Rock, AR 72210
(501) 904-8711

Recovery Centers of Arkansas
9219 Sibley Hole Road
Little Rock, AR 72209
(501) 372-4611



Photo credit: SMH

Substance Abuse Resources

Oasis Renewal Center
14913 Cooper Orbit Road
Little Rock, AR 72223
(501) 376-2747

Bradford Health Services
11215 Hermitage Road
#204
Little Rock, AR 72211
(866) 977-7158

Rivendell

Tobacco

Stamp Out Smoking
4815 West Markham Street
Little Rock, AR 72205
(501) 661-2953

Arkansas Tobacco QuitLine
1-800-784-8669

Education

Benton School District
207 West Conway Street
Benton, AR 72015
(501) 778-4861

Ringgold Elementary School
536 River Street
Benton, AR 72015
(501) 778-3500

Howard Perrin Elementary School
1201 Smithers Drive
Benton, AR 72015
(501) 778-7411

Angie Grant Elementary School
1124 Hoover Street
Benton, AR 72015
(501) 778-3300

Caldwell Elementary School
1800 West Sevier Street
Benton, AR 72015
(501) 778-4444



Photo credit: Benton Schools

Education

Westbrook Elementary School
2621 Highway 229
Benton, AR 72015
(501) 778-7331

Hurricane Creek Elementary School
6091 Alcoa Road
Benton, AR 72015
(501) 653-1012

Harmony Grove Middle School
2621 Highway 229
Benton, AR 72015
(501) 860-6796

Benton Middle School
204 North Cox
Benton, AR 72015
(501) 776-5740

Harmony Grove Junior High School
2621 Highway 229
Benton, AR 72015
(501) 778-6907

Benton Junior High School
411 North Border Street
Benton, AR 72015
(501) 778-7698

Benton High School
211 North Street
Benton, AR 72015
(501) 778-3288

Harmony Grove High School
2621 Highway 229
Benton, AR 72015
(501) 776-2337

Bryant Public Schools
200 NW 4th Street
Bryant, AR 72022
(501) 847-5600



Photo Credit: SMH

National Hotlines

National Suicide Prevention Lifeline

800-273-TALK or 800-237-8255

National Runaway Safeline

1-800-RUNAWAY

National Centers for Disease Control

1-800-232-4636

Gay, Lesbian, Bisexual and Transgender

1-888-843-4564

HIPS Hotline

1-800-676-HIPS

National Sexually Transmitted Disease

1-800-227-8922

Women Alive

1-800-554-4876

AIDS Info

1-800-HIV-0440

Project Inform

1-800-822-7422

DMRS Investigations

1-888-633-1313

Mobile Crisis

1-800-681-7444

Domestic Violence

1-800-356-6767

Spanish Domestic Violence

1-800-942-6908

Poison Control Center

1-800-222-1222

Veterans Crisis Line

800-273-8255 Press 1

National Youth Crisis

800-442-HOPE (4673)

National Missing Children

1-800-235-3535

National Sexual Assault

1-800-656-4673

Alcohol Hotline

1-800-331-2900

Alcohol Treatment Referral

1-800-252-6465

National Drug Abuse

1-800-662-4357

Poison Control

1-800-942-5969

National Homeless

1-800-231-6946

National Elder Abuse

1-800-252-8966



Photo Credit: BHS

Sources

Public Safety

<https://bentonpolice.org/>
<https://www.cityofbryant.com/187/Police-Department>
<http://bentonchamber.com/>
<https://www.bryantchamber.com/>

Access to Care

<https://www.salinememorial.org/>
<https://www.bentonar.org/>
<http://bentonchamber.com/>
<https://www.bryantchamber.com/>

Mental Health Services

Insurance Assistance

<https://www.healthy.arkansas.gov/health-units/detail/saline-county-health-unit-benton>

Substance Abuse Resources

<https://www.healthy.arkansas.gov/health-units/detail/saline-county-health-unit-benton>
<https://www.yesquit.org/resources.htm>

Chronic Diseases

<https://www.healthy.arkansas.gov/health-units/detail/saline-county-health-unit-benton>

Nutrition, Physical Activity, Healthy Living

<https://www.healthy.arkansas.gov/health-units/detail/saline-county-health-unit-benton>
<https://www.salinememorial.org/>
<https://www.bentonar.org/>

Education

<https://ww2.bentonschools.org/o/bsd>
<https://www.harmonygrovesd.org/>
<https://www.bryantschools.org/>

Hotlines

<http://www.pleaselive.org/hotlines/>

Pictures

<https://www.salinememorial.org/>
<https://ww2.bentonschools.org/o/bsd>
<https://www.bryantschools.org/o/bhs>

To update or add information, complete the form below

Name of Organization:

Contact Name:

Phone #:

Fax #:

Email:

Web page:

Mailing Address:

List services:

Please describe your organization's purpose, services, etc.

Submit updated information to:

Saline Memorial Hospital Marketing Department

Community Asset Inventory/ Resource Guide

Completed by Stratasan in partnership with:

Saline Memorial Hospital



Saline Memorial
HOSPITAL



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