



**Saline Memorial**  
HOSPITAL

**2018**

## **Saline Memorial Hospital**

Community Health Needs Assessment

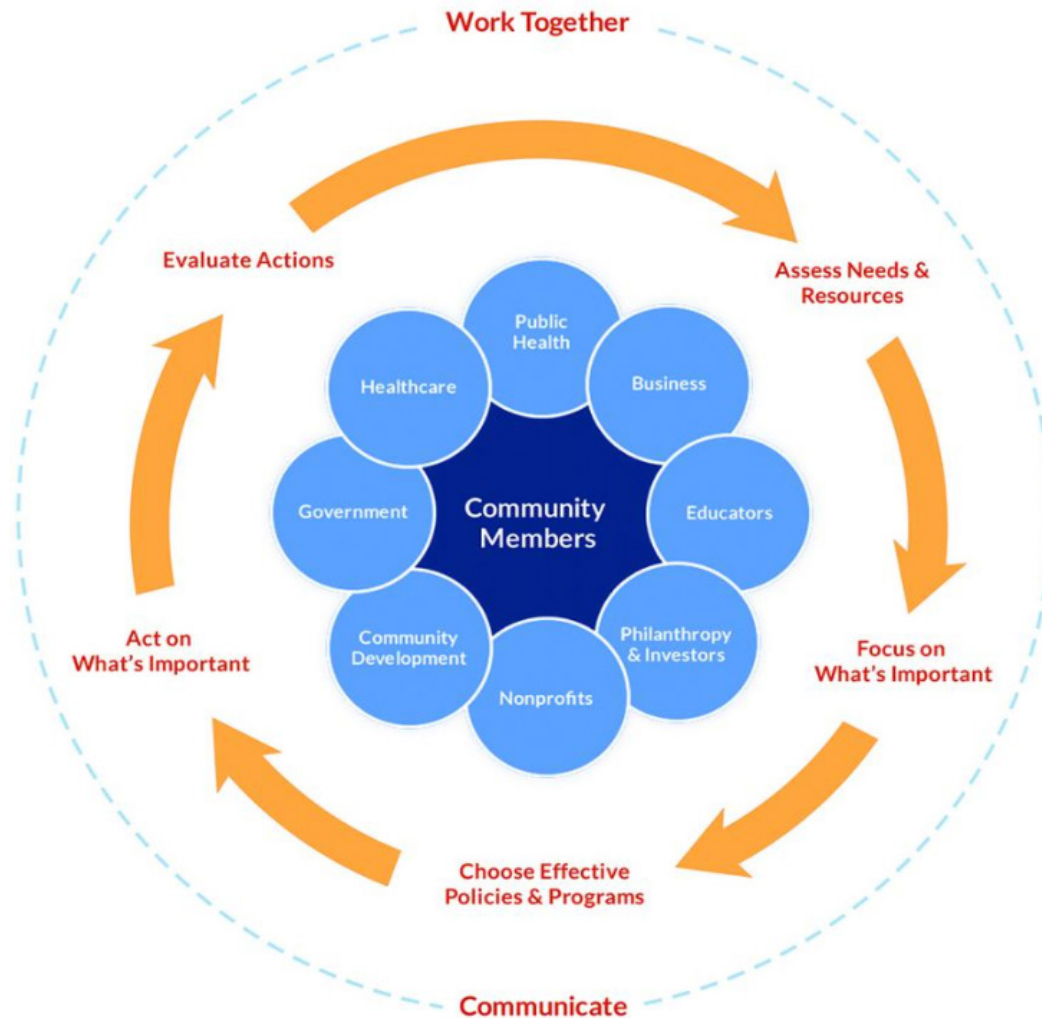
Saline County, Arkansas

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## Perspective/Overview

### 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 a 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.

## 2018 Community Health Needs Assessment

Saline Memorial Hospital as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus group, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm community assets and how they might assist with the top priorities.

This CHNA assesses health in Saline County, the primary service area of Saline Memorial Hospital.

- ✔ Starting on November 1, 2018, 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 Drive, Benton, AR 72015 or by phone 501-776-6000.
- ✔ The Saline Memorial Hospital board of directors approved this assessment and the hospital's implementation plan on **December 4, 2018**.

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### 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.

“ *This is our third Community Health Needs Assessment with the same goals of assessing the health and needs of the community and energizing a coalition to address those needs. This process is an affirmation of what we've been doing and has increased awareness of available resources.*” said Rebecca Jones, Director, Director of Marketing and Communications, 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 Sue Shugart, Interim CEO Saline Memorial Hospital.*

## Community

### Input and Collaboration Data Collection and Timeline

In August 2018, Saline Memorial Hospital began a Community Health Needs Assessment for Saline County continuing the assessments from 2012 and 2015. Saline Memorial Hospital sought input from persons who represent the broad interests of the community using several methods:

- Thirty-four (34) community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, and the elderly), Sheriff's Office, health providers (hospital, mental health), local businesses and clergy, participated in a focus group and individual interviews for their perspectives on community health needs and issues on August 30, 2018.
- Information gathering, using secondary public health sources, occurred in August 2018.
- A Community Health Summit was conducted on September 19, 2018 with 30 community stakeholders. The audience consisted of healthcare providers, law enforcement, business leaders, government representatives, schools, not-for-profit organizations, employers and other community members.



Photo Credit Saline Memorial Hospital



*Photo Credit Saline Memorial Hospital*

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## Participants

Sixty-four (64) individuals from thirty-eight (38) community and healthcare 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 community.

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## Participation by Those Representing the Broad Interests of the Community

Participation in the focus groups interviews, and at 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
AR Minority Health Commission	Minorities	Focus Group, Summit
Ark Dept of Health Saline Co.	Local public health	Focus Group, Summit
Benham for Mayor		Summit
Benton Chamber of Commerce		Summit
Benton Family Clinic	Family Practice (PANDAS/PANS)	Focus Group
Benton School District	Students	Focus Group
Boys & Girls Club of Saline Co.	Saline County kids	Summit
Bryant Chamber		Summit
Bryant School District - Hornet Health Clinic	School children; students	Focus Group, Summit
CADC Benton Senior Center	Low income/elderly	Focus Group, Summit
CASA of Saline County	Children in crisis	Focus Group
City of Benton	Benton	Interviews
City of Bryant	All ages	Interviews, Summit
Civitan Services	Developmental disability	Summit
Counseling Clinic	Mental health	Focus Group, Summit
Goodwill	low income/unemployed	Focus Group, Summit
Hot Springs Village Chamber of Commerce	Hot Springs Village	Interviews
Law enforcement/The Vine & the Branches	All	Focus Group, Summit
Midtowne Church		Focus Group
New Beginnings Pregnancy Resource/Test Ctr	Women, child, families	Summit
Pastor, Northside Church of Christ	All	Interviews
Rivendell Behavioral Health	Children and adults with mental illness	Focus Group, Summit
Saline and Quorum CT		Focus Group
Saline County Coroner	Saline County	Focus Group
Saline County Economic Development Corp	Businesses	Interviews
Saline County Judge		Summit
Saline County Quorum Court		Focus Group
Saline County Safe Haven	Victims of domestic violence	Focus Group
Saline County Sheriff	Saline County	Interviews
Saline Memorial Hospital	All	Focus Group, Summit
Saline Memorial MEDTRAN Ambulance	All	Summit
Saline Psychological Services	Adults - mental health	Focus Group
Saline Health Foundation		Summit
Saline Memorial Behavioral Health	Adults and geriatrics	Focus Group
The Call	Kids, families	Focus Group, Summit
Volunteer/Health Unit Chair	Coalition	Summit
Judge		Interviews
Resident		Summit

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 In many cases, several representatives from each organization participated.

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

Input of medically underserved, low-income and minority populations was received during the focus groups, interviews, 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

Representatives of the Saline County Health Department participated in the interviews as well as attended the Summit. The Health Department provided the community resource guide.

## Community Engagement and Transparency

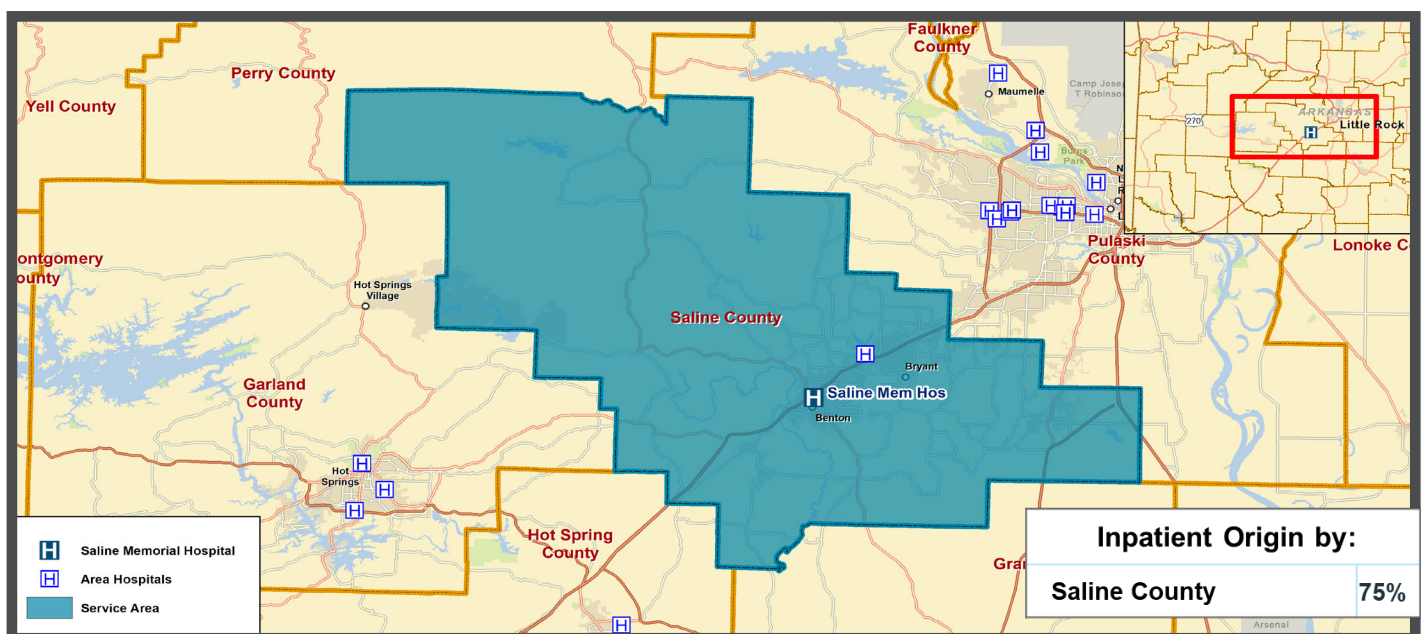
Many members of the community participated in the focus group, individual interviews, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of Saline County. 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. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Saline Memorial Hospital.

## 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 inpatient discharges.

The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Saline Memorial Hospital draws its 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 Patients - 2018



Source: Saline Memorial Hospital, 2018



# Key Findings

## Community Health Assessment

Based on the primary and secondary data collected, the following needs were prioritized by attendees at the Community Health Summit. The remainder of the document outlines the process and data.

- 1(tie). Mental Health**
- 1(tie). Obesity – healthy eating, active living**
- 3. Substance Abuse**
- 4(tie). Access to care**
- 4(tie). Children's health**
- 6. Food insecurity**
- Other issues**
  - Heart disease
  - Clean water
  - Abuse
  - Homeless population Greater participation from local public officials in healthcare policy conversations
  - Focus on economic development for healthcare industry, specifically PCPs, dentists and mental health

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## Process and Methods

Both primary and secondary data sources were used in the CHNA. Primary methods included:

- Community focus group
- Individual interviews with community members
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings
- Demographics – population, poverty, uninsured
- Psychographics – Behavior measured by spending and media preferences

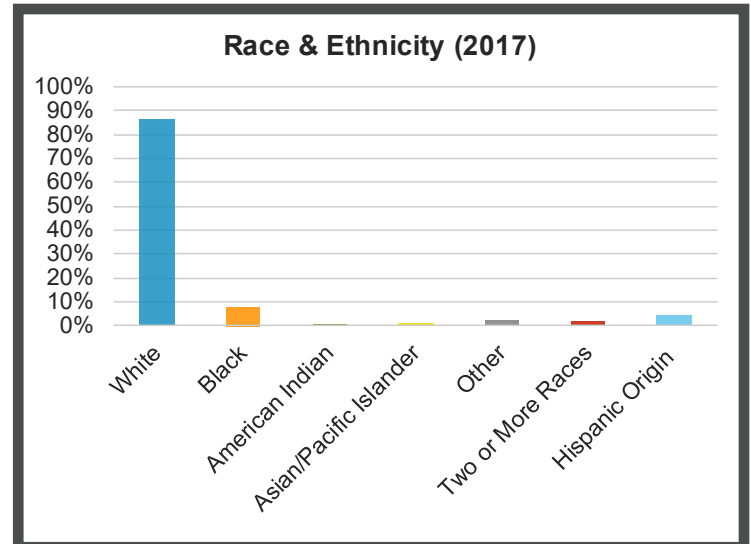
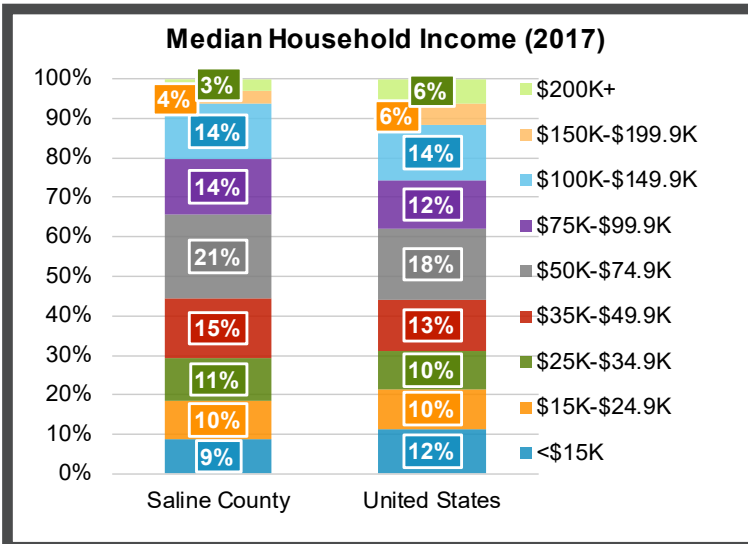
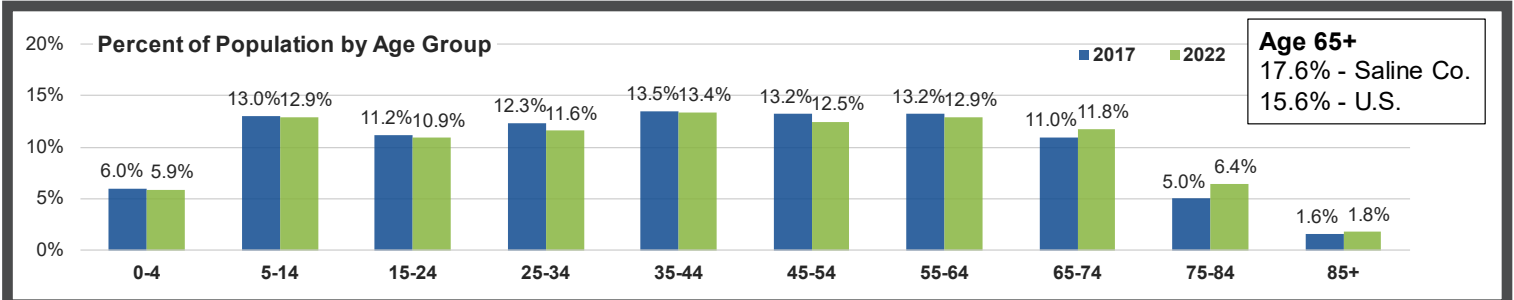
Using the primary and secondary data as guidance, the participants at a community health summit prioritized the community health needs.

They then brainstormed community health resources to assist with the highest priorities. The community will use this information to create a community health improvement plan (available in a separate document).

# Demographics of the Community 2017-2022

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

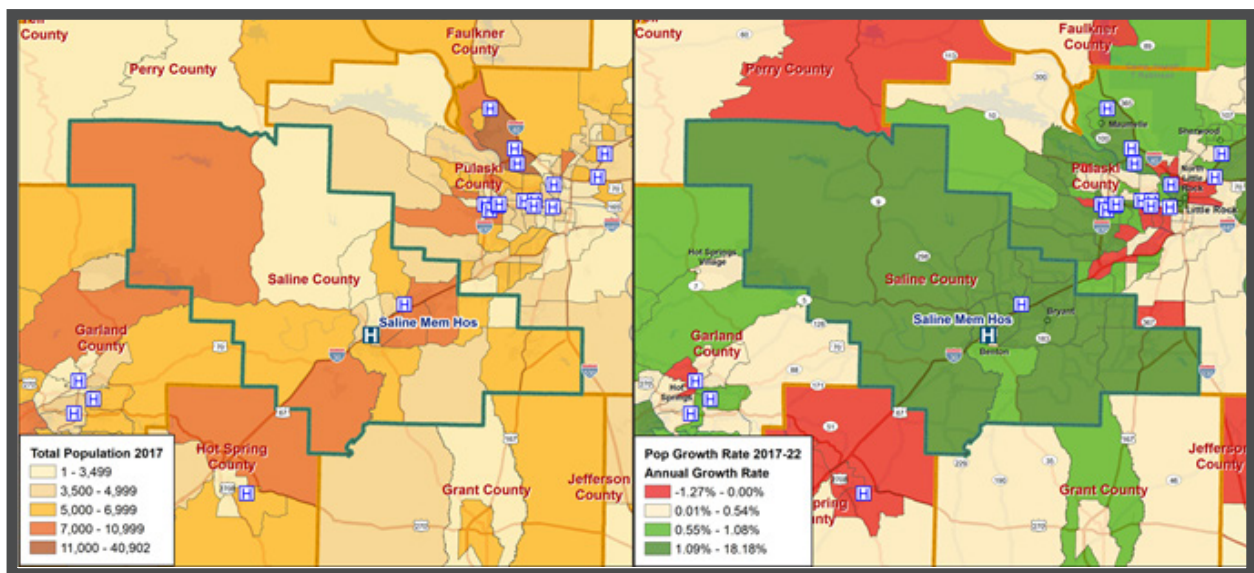
	Saline County	Arkansas	USA
Population	120,353	3,041,640	327,514,334
Median Age	40.5	38.5	38.2
Median Household Income	\$54,537	\$42,205	\$56,124
Annual Pop. Growth (2017-2022)	1.54%	0.54%	0.83%
Household Population	46,797	1,196,716	123,158,887
Dominant Tapestry	Middleburg (4C)	Rooted Rural (10B)	Green Acres (6A)
Businesses	2,813	109,449	11,611,226
Employees	27,884	1,404,296	152,829,200
Medical Care Index*	92	82	100
Average Medical Expenditures	\$1,794	\$1,598	\$1,941
Total Medical Expenditures	\$83.9 M	\$1.9 B	\$239.0 B
<b>Racial and Ethnic Make-up</b>			
White	86%	75%	70%
Black	8%	16%	13%
American Indian	1%	1%	1%
Asian/Pacific Islander	1%	2%	6%
Mixed Race	2%	2%	7%
Other	2%	4%	3%
Hispanic Origin	5%	8%	18%



Source: ESRI

- The population of Saline County was projected to increase from 2017 to 2022 (1.54% per year). Arkansas was projected to increase .54% per year. The U.S. was projected to increase .83% per year. This is a fast-growing community.
- Saline County had a higher median age (40.5 median age) to AR, 38.5 and the U.S. 38.2. Saline County percentage of the population 65 and over was 17.6%, higher than the US population 65 and over at 15.6%.
- Saline County had higher median household income at \$54,537 than AR (\$42,205) and lower than the U.S. (\$56,128). The rate of poverty in Saline County was 8.7% which was lower than AR (17.2%) and the U.S. (14.0%).
- The household income distribution of Saline County was 20% higher income (over \$100,000), 61% middle income and 19% lower income (under \$24,999).
- The medical care index measures how much the population spent out-of-pocket on medical care services. 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).
- The racial and ethnic make-up of Saline County was 86% white, 8% black, 1% American Indian, 1% Asian/Pacific Islander, 2% mixed race, 2% other, and 5% Hispanic Origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)

## 2017 Population by Census Tract and Change (2017-2022)

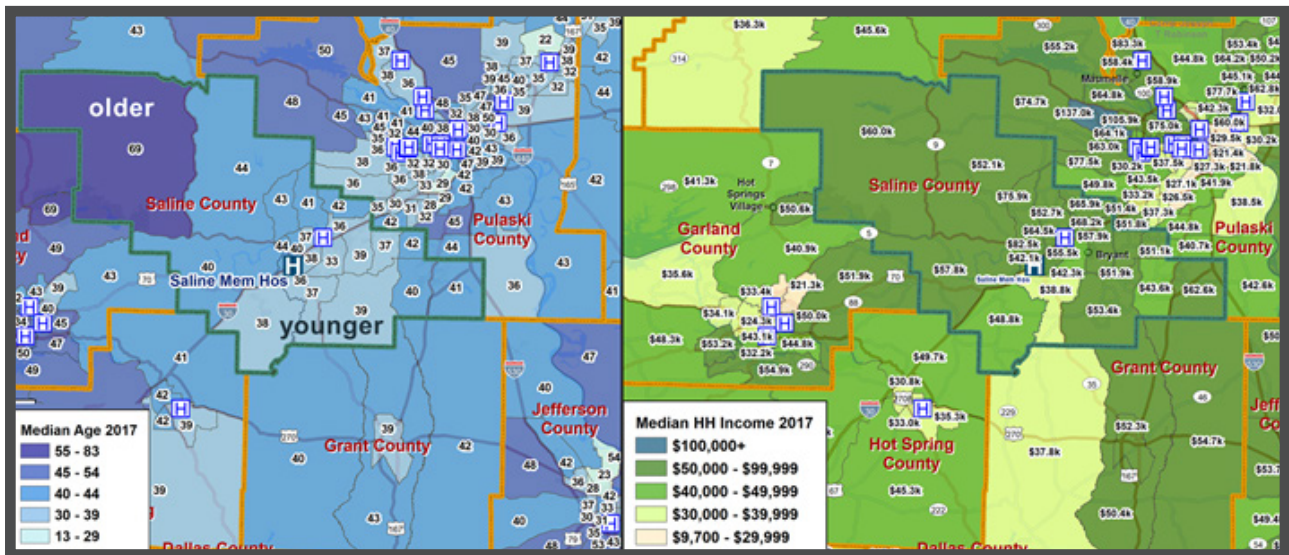


Red is population decline  
 Yellow is positive up to the AR growth rate  
 Green is greater than the AR growth rate  
 Dark Green is twice the AR growth rate

Source: ESRI

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There were five higher population census tracts, 7,000-10,999 in the county, east of SMH in Benton and Bryant and in the northwest and southwest corners of the county. Lonsdale, Benton and Alexander areas had the next highest populated tracts with 5,000 to 6,999 people. The remainder of the county had fairly low population with up to 4,999 people in those census tracts.

## 2017 Median Age & Income



Source: ESRI

These 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. Southeast of Interstate 30 is younger than the tracts to the northwest. The tracts in Benton and Bryant are in their mid to late 30s. The tract containing Paron and Hot Springs Village is older with a median age of 69.

Looking at median household income by census tract, Benton, south of the hospital had the lowest income with \$38.8K. Three tracts had the next lowest income with \$40,000 to \$49,999. The remainder of the county had a higher median household income with \$50,000 to \$99,999.

Additionally, Saline County's June 2018 preliminary unemployment was 3.3%, compared to 3.8% for Arkansas and 4.0% for the U.S., which is a large decline in unemployment since 2012. These figures do not include those who have ceased looking for work and dropped out of the workforce. However, indications are these people have begun to reenter the workforce. (Bureau of Labor Statistics, 2018)

Saline County's poverty rate was 8.7% compared to AR at 17.2% and the US at 14.0%. (2016 US Census Small Area Income and Poverty Estimates).

<sup>1</sup> The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

## Business Profile

Sixty-five percent of employees in Saline County were employed in:

- Retail trade (19.1%)
- Health care and social assistance (18.7%)
- Accommodations and food service (11.5%)
- Educational services (7.9%)
- Other Services (except Public Administration) (7.5%)

Retail, accommodations & food service jobs offers health insurance at a lower rate than healthcare, manufacturing and educational services.

Many residents leave the county for retail shopping, thus harming the county's ability to build retail/dining, which could make leaving for healthcare easier.

Saline County loses 24,743 net commuters per day commuting outside the county for work, with 30,484 commuting out of the county and 5,741 commuting into the county. Based on an estimate of working population, this outmigration represents approximately 30% of the working population.

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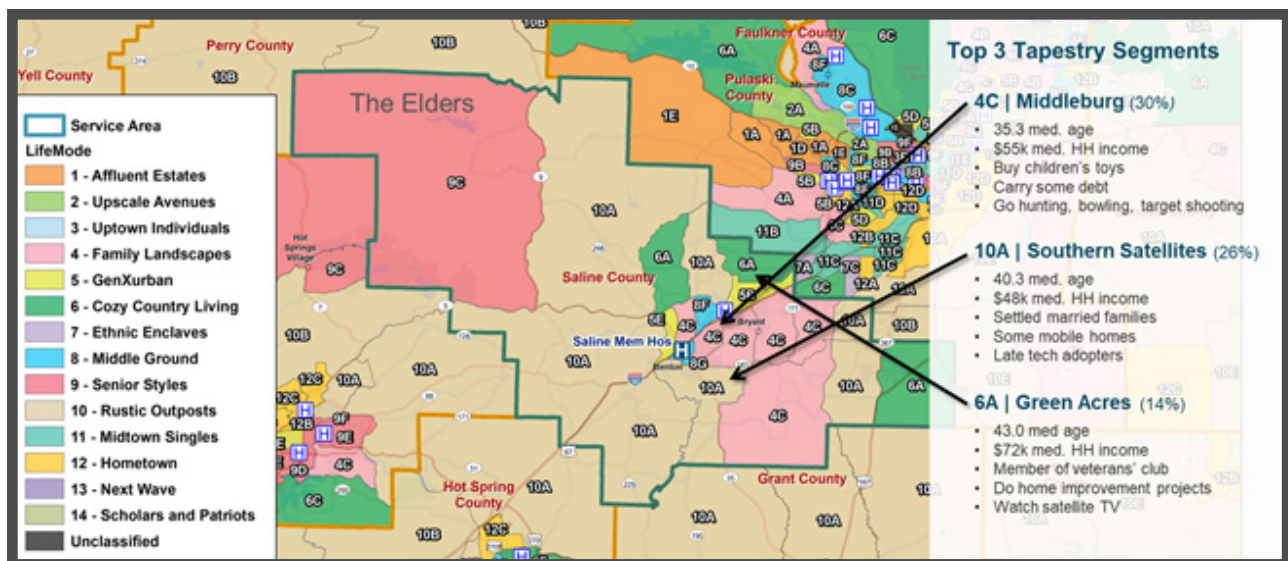
## Tapestry Segmentation

The dominant Tapestry Segments in the county were Middleburg (30%), Southern Satellites (26%), and Green Acres (14%). 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 and on the next two pages. 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 help determine health habits and communication preferences of residents enabling more effective communication and implementation of solutions.

Demographics are population, age, sex, race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. 70% of Saline County are in these three Tapestry Segments.

The map is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly.



Source: Esri



LifeMode Group: Family Landscapes

## Middleburg

4C

**Households:** 3,511,200

**Average Household Size:** 2.75

**Median Age:** 36.1

**Median Household Income:** \$59,800

### WHO ARE WE?

Middleburg neighborhoods transformed from the easy pace of country living to semirural subdivisions in the last decade, when the housing boom reached out. Residents are conservative, family-oriented consumers. Still more country than rock and roll, they are thrifty but willing to carry some debt and are already investing in their futures. They rely on their smartphones and mobile devices to stay in touch and pride themselves on their expertise. They prefer to buy American and travel in the US. This market is younger but growing in size and assets.

### OUR NEIGHBORHOOD

- Semirural locales within metropolitan areas.
- Neighborhoods changed rapidly in the previous decade with the addition of new single-family homes.
- Include a number of mobile homes (Index 150).
- Affordable housing, median value of \$175,000 (Index 84) with a low vacancy rate.
- Young couples, many with children; average household size is 2.75.

### SOCIOECONOMIC TRAITS

- Education: 65% with a high school diploma or some college.
- Unemployment rate lower at 4.7% (Index 86).
- Labor force participation typical of a younger population at 66.7% (Index 107).
- Traditional values are the norm here—faith, country, and family.
- Prefer to buy American and for a good price.
- Comfortable with the latest in technology, for convenience (online banking or saving money on landlines) and entertainment.



LifeMode Group: Rustic Outposts

## Southern Satellites

10A

**Households:** 3,856,800

**Average Household Size:** 2.67

**Median Age:** 40.3

**Median Household Income:** \$47,800

### WHO ARE WE?

Southern Satellites is the second largest market found in rural settlements but within metropolitan areas located primarily in the South. This market is typically nondiverse, slightly older, settled married-couple families, who own their homes. Two-thirds of the homes are single-family structures; almost a third are mobile homes. Median household income and home value are below average. Workers are employed in a variety of industries, such as manufacturing, health care, retail trade, and construction, with higher proportions in mining and agriculture than the US. Residents enjoy country living, preferring outdoor activities and DIY home projects.

### OUR NEIGHBORHOOD

- About 78% of households are owned.
- Married couples with no children are the dominant household type, with a number of multigenerational households (Index 112).
- Most are single-family homes (67%), with a number of mobile homes (Index 509).
- Most housing units were built in 1970 or later.
- Most households own 1 or 2 vehicles, but owning 3+ vehicles is common (Index 144).

### SOCIOECONOMIC TRAITS

- Education: almost 40% have a high school diploma only (Index 140); 45% have college education (Index 73).
- Unemployment rate is 6%, slightly higher than the US rate.
- Labor force participation rate is 59.1%, slightly lower than the US.
- These consumers are more concerned about cost rather than quality or brand loyalty.
- They tend to be somewhat late in adapting to technology.
- They obtain a disproportionate amount of their information from TV, compared to other media.

Source: ESRI



LifeMode Group: Cozy Country Living  
**Green Acres**

6A

Households: 3,923,400

Average Household Size: 2.70

Median Age: 43.9

Median Household Income: \$76,800

**WHO ARE WE?**

The Green Acres lifestyle features country living and self-reliance. They are avid do-it-yourselfers, maintaining and remodeling their homes, with all the necessary power tools to accomplish the jobs. Gardening, especially growing vegetables, is also a priority, again with the right tools, tillers, tractors, and riding mowers. Outdoor living also features a variety of sports: hunting and fishing, motorcycling, hiking and camping, and even golf. Self-described conservatives, residents of Green Acres remain pessimistic about the near future yet are heavily invested in it.

**OUR NEIGHBORHOOD**

- Rural enclaves in metropolitan areas, primarily (not exclusively) older homes with acreage; new housing growth in the past 15 years.
- Single-family, owner-occupied housing, with a median value of \$235,500.
- An older market, primarily married couples, most with no children.

**SOCIOECONOMIC TRAITS**

- Education: More than 60% are college educated.
- Unemployment is low at 3.8% (Index 70); labor force participation rate is high at 66.8% (Index 107).
- Income is derived not only from wages and salaries but also from self-employment (more than 13% of households), investments (27% of households), and increasingly, from retirement.
- They are cautious consumers with a focus on quality and durability.
- Comfortable with technology, more as a tool than a trend: banking or paying bills online is convenient; but the Internet is not viewed as entertainment.
- Economic outlook is professed as pessimistic, but consumers are comfortable with debt, primarily as home and auto loans, and investments.



Photo credit Saline Memorial Hospital

# Focus Groups, Interviews, Health Status Rankings and Comparisons

## Focus Group and Interview Results

Thirty-four community stakeholders representing the broad interests of the community participated in a focus group and individual interviews on August 30, 2018 for their input into the community's health. Community participation in the focus group and interviews represented a broad range of interests and backgrounds. Below is a summary of the 90-minute focus group discussion and individual interviews.

- 1. How do you define health?**
  - Can live your best life, highest potential
  - Overall wellness
  - Living life to the fullest
  - Access to quality health care
  - Overall state of well-being – spiritual, mental, emotional, physical wellbeing
  - Happiness – physical emotional health
- 2. Generally, how would you describe the community's health?**
  - Below average, but improving
  - Mediocre
  - Good
  - Above average
  - Overall pretty good
  - Polarized – wealthier with private insurance doing well, where poverty, health is terrible
  - Higher income yields above average health
  - On the right track with room for improvement
- 3. What are the most important health issues facing Saline County?**
  - Similar to 2015 CHNA list
  - Built Environment
  - Opioid addiction and substance abuse higher priority
  - COPD still high
  - Diabetes still an issue
  - Smoking still an issue
  - Mental health issues are huge
  - High suicide rate; Suicide issues
  - Homelessness
  - Not knowing about resources available
- 4. What has the community changed the most related to health status in three years?**

Improved

  - Mental health – more willing to discuss and seek treatment
  - Heart care
  - Exercise and exercise opportunities
  - More sidewalks, gyms
  - Communication among communities
  - SMH educating on diabetes and obesity

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## Focus Group Results, cont.

### Worse

- Opioid use
- Drug addiction
- Uninsured
- Mental health awareness
- Homelessness
- Cannot get children into Foster Care

### **5. What are the most important health issues facing various populations including medically-underserved, low-income and minority populations?**

- Same as above, but higher incidence
- Ability to afford care and medicine, e.g. inhalers, insulin
- Mental disorders untreated
- Harder to get care
- Need a Poverty Simulation from University of Arkansas
- High deductibles affecting everyone
- Language barriers – Hispanic and Vietnamese population

### **6. What are the most important health issues facing children/teens?**

- Obesity and lack of physical activity, nutrition
- Dental care
- Education
- Social media impact, smart phones – lessens communication, increases bullying
- Stability at home, safe places
- Mental health – anxiety, depression, bullying
- Diabetes

### **7. What are the most important health issues facing seniors?**

- Mental health – dementia, loneliness, isolation, depression
- Low income, ability to afford medicine, caregivers
- Cost of assisted living and long-term care
- Social interaction – need more
- Vulnerable to exploitation
- Falls
- Transportation

### **8. What behaviors have the most negative impact on health?**

- Smoking, vaping
  - Substance abuse
  - Lack of activity
  - Poor diet – fast food
  - Break-up of the family unit
  - Drinking
  - Sexual behavior
  - Domestic violence
  - Smart phone use – pornography, lack of parenting
  - Lack of self-control, willpower, and discipline
-

## Focus Group Results, cont.

- Too busy

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

- Great environment
- Higher incidence of cancer – Bauxite mines?
- Well water, waste water in rural areas
- Long commutes and majority commute out of the county
- Housing shortage

### 10. What are the barriers to improving health in the last 3 years and going forward?

- Ability to address mental health issues
- Enough money – built environment, infrastructure needs
- Growing population creates issues – need more capacity of physicians, jail, roads, traffic, housing, water, sewer, police and fire; lack of development plan
- Communication about resources available
- Different priorities
- Providers who take Medicaid, see uninsured
- Unhealthy food is cheaper
- Economics

### 11. What community assets support health and wellbeing?

- Hospital – commitment to health, services
- Doctors
- School district
- Exercise opportunities- River Center, Bishop Park
- Parks, trails
- The Call
- Casa
- PANS PANDAS
- John 3:16 Christian Recovery
- Health Department
- Churches
- Business Community
- Support Groups
- Food Pantries
- Crohn's and Colitis Foundation
- Non-Profits
- Senior Center

### 12. Where do members of the community turn for basic healthcare needs?

- Local doctors and facilities
  - Little Rock – so many people work there and seek care there
  - Saline Memorial Hospital and ED
  - Growth of urgent care; Med Express
  - Clinic on South for uninsured
  - Addiction resources
- .....

- More primary care
- More specialized care

**13. If you had the power you so richly deserve, what priority health improvement action should Saline County focus on?**

- Built environment – sidewalks, trails, connectivity
- Mental health – prevention, treatment and access
- Suicide prevention
- Build the Career and Technical Education Center – could change the health of Saline Co
- Opioid addiction prevention and treatment
- Better parenting – parenting classes
- Safe place for PANS PANDAS kids
- Make cell phones disappear – contributed to laziness, being overwhelmed and have not contributed to overall sense of well-being
- 100% covered with insurance
- More doctors



*Photo credit Saline Memorial Hospital*

## Health Status Data, Rankings and Comparisons

### Health Status Data

Based on the 2018 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin [ ], Saline County ranked 3rd healthiest County in Arkansas out of the 75 counties ranked (1= the healthiest; 75 = unhealthiest), 3rd for health outcomes and 2nd for health factors.

County Health Rankings suggest the areas to explore for improvement in Saline County were: higher adult smoking, higher obesity percentage, higher physical inactivity, fewer social associations and higher air pollution. The areas of strength were identified as higher (better) food environment index, lower teen births, lower uninsured, higher mammography screening, higher high school graduation, higher percentage of adults with some college, lower unemployment, lower percentage of children in poverty, lower (better) income inequality, lower percentage of children in single parent homes, lower injury deaths and a lower percentage of severe housing problems. Since Saline County ranks very positively in Arkansas, comparisons were also made to peer counties throughout the U.S.

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: 2017 America's Health Rankings)



Photo Credit Saline Memorial Hospital

<sup>2</sup> 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

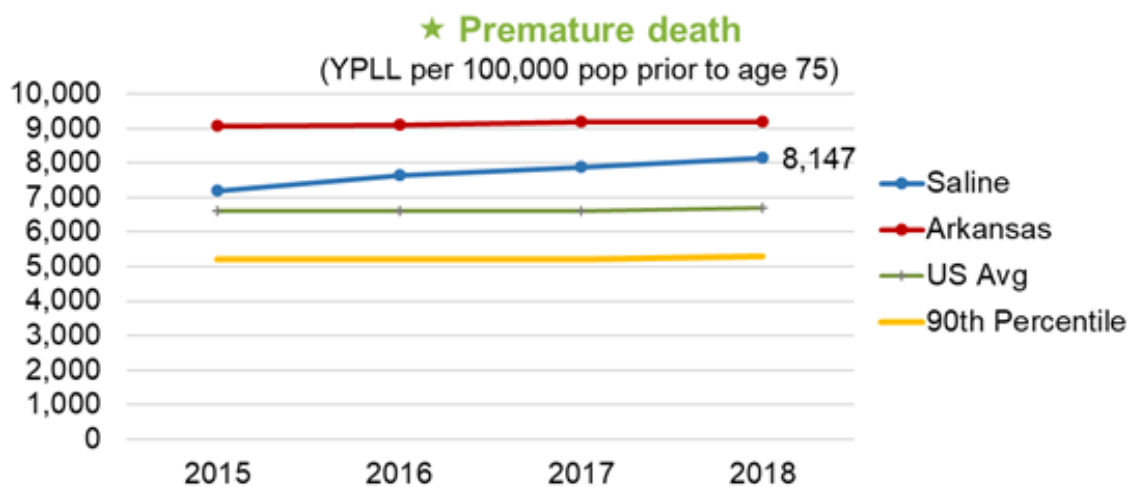
Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and interviews. Data for Arkansas, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. Where the data indicated strength or an opportunity for improvement, it is called out below. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. In the next few pages, opportunities are denoted with red signs, and strengths are 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. The trends of the data were also analyzed. Since this is the third community health needs assessment, tracking progress is essential.

## Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are an equal 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, if a 25-year-old is killed in an accident, that is 50 years of potential life lost prior to age 75. Saline County ranked 7th in length of life in AR. Saline County lost 8,147 years of potential life which is lower than AR, but higher than the U.S.



Source: County Health Rankings; National Center for Health Statistics – Mortality File 2012-2014

## Leading Causes of Death: Age-adjusted deaths per 100,000

Cause of Death	Saline County	Arkansas	US
Heart Disease	167.9	221.5	167
Cancer	160.7	182.4	158.5
Accidents	44.1	49.6	43.7
Chronic Lower Respiratory Disease	49.4	60.1	40.9
Stroke	46.1	46.0	37.2
Alzheimer's	47.5	39.2	28.4
Diabetes	21.1	24.8	21.1
Kidney Disease	22.2*	20.0	13.1
Influenza/Pneumonia	16.2*	17.1	15.2
Suicide	16.1*	18.2	13.5

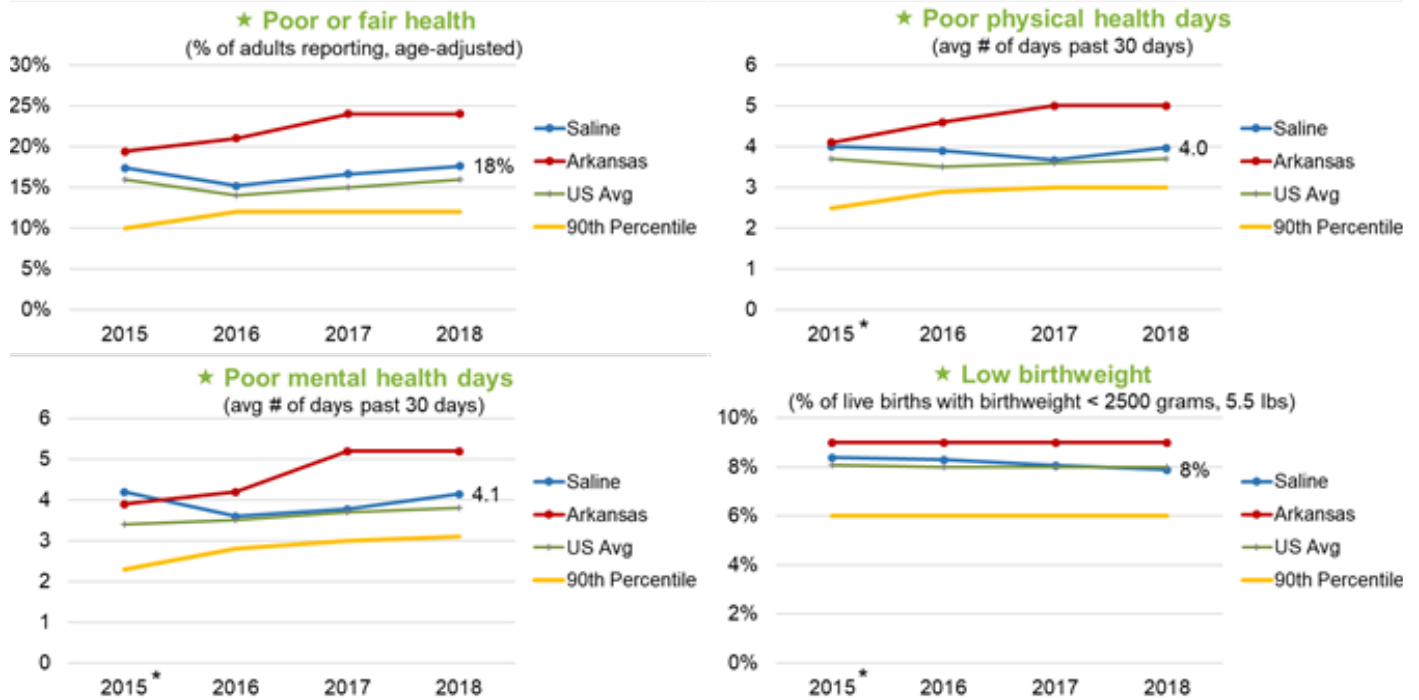
Source(s): [wonder.cdc.gov](https://wonder.cdc.gov); CDC (2018)

Red numbers had death rates higher than the state. The leading causes of death in Saline County were heart disease followed by cancer, like AR and the U.S. Lagging as causes of death were chronic lower respiratory disease, Alzheimer's disease, stroke, accidents, kidney disease, diabetes, influenza/pneumonia and suicide.

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

## 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 1st in Arkansas for quality of life.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2016

Source: County Health Rankings; National Center for Health Statistics – Natality files (2010-2016)

\*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 forward cannot be compared to prior year results.

## Quality of Life OPPORTUNITIES

- Saline County had higher death rates for stroke, Alzheimer’s disease and kidney disease than AR and the U.S.

## Quality of Life STRENGTHS

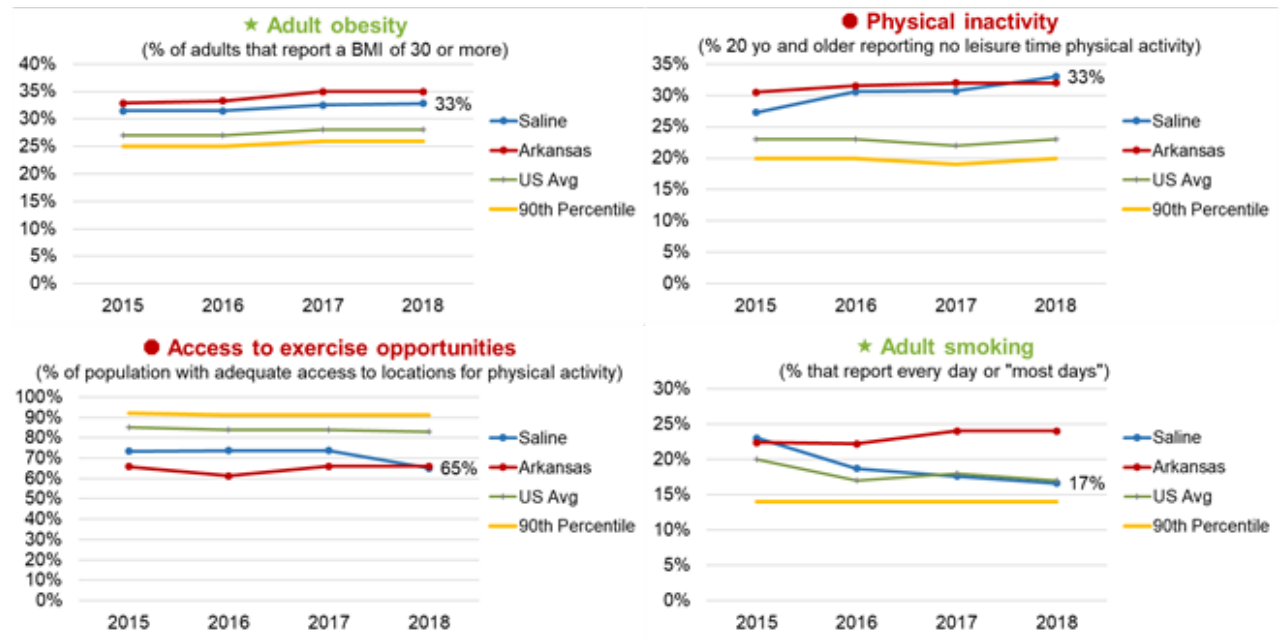
- Years of potential life lost per 100,000 population prior to age 75 was 8,147 years for Saline County, lower than AR but higher than the U.S.
- Saline County had a lower percentage of adults reporting poor or fair health at 18% than AR but higher than the U.S.
- Saline County had a lower average number of poor physical health days than AR but higher than the U.S. with 4.0 poor physical health days out of the past 30 days.
- Saline County had a lower average number of poor mental health days than AR but higher than the U.S. with 4.1 poor mental health days out of the past 30 days.
- 8% of Saline County births were less than 5.5 lbs., or considered low birthweight which is lower than AR and the same as the U.S.

## Health Factors or Determinants

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. Saline County ranked 2nd of 75 AR counties for Health Factors.

### Health Behaviors

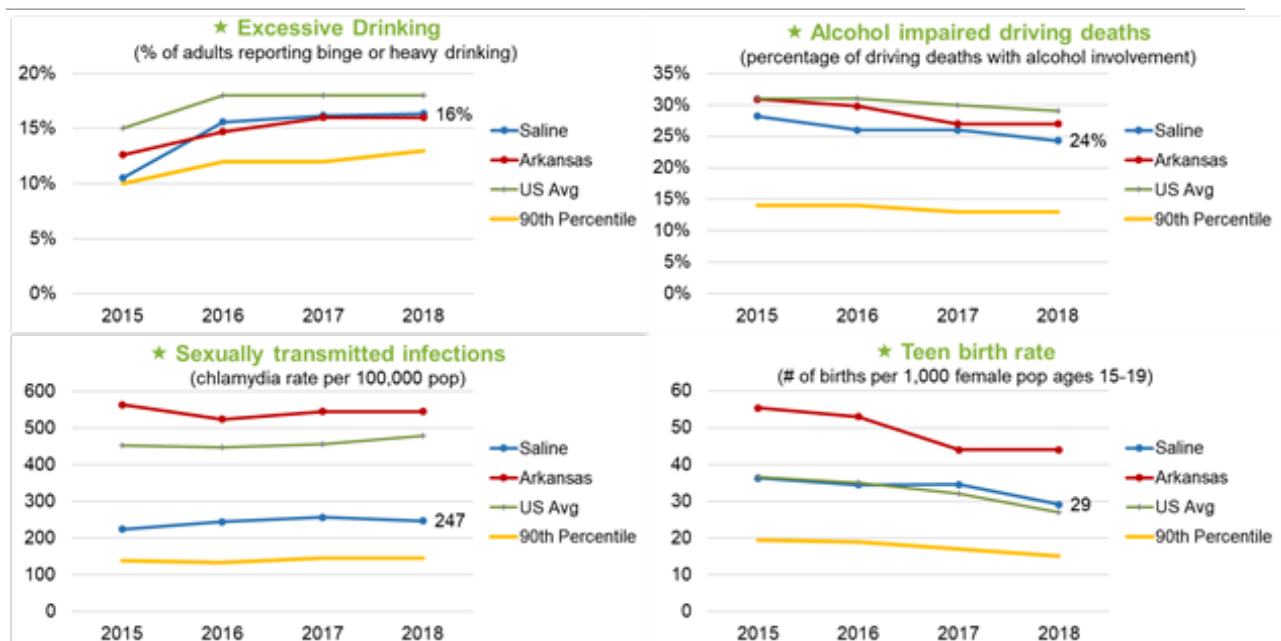
Health behaviors are made up of nine measures and account for 30% of the county rankings. Saline County ranked 1st out of 75 counties in Arkansas.



Source: Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas based on responses to BRFSS, 2014

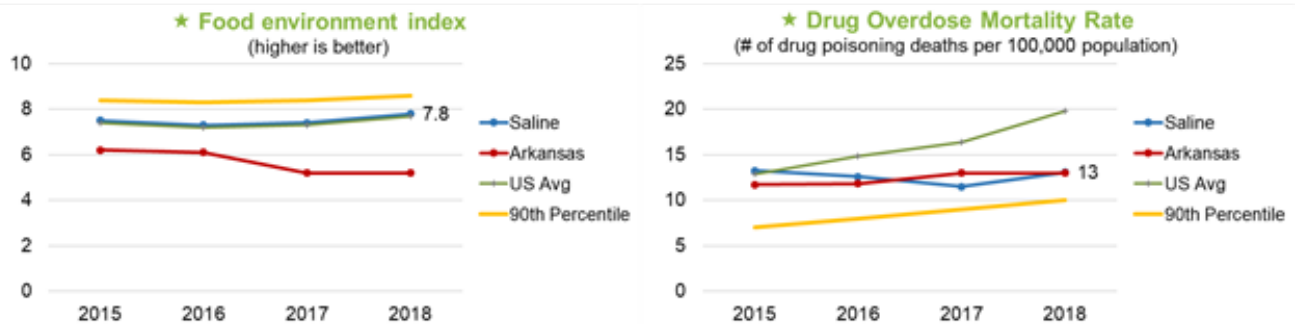
Source: Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, Esri and U.S. Census Tigerline Files, 2016. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools)

Source: Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016





Source: Excessive drinking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2016  
 Source: Alcohol-impaired driving deaths - County Health Rankings; Fatality Analysis Reporting System, 2012-2016  
 Source: STIs - County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2015  
 Source: Teen birth rate – County Health Rankings; National Center for Health Statistics – Natality files, 2010-2016

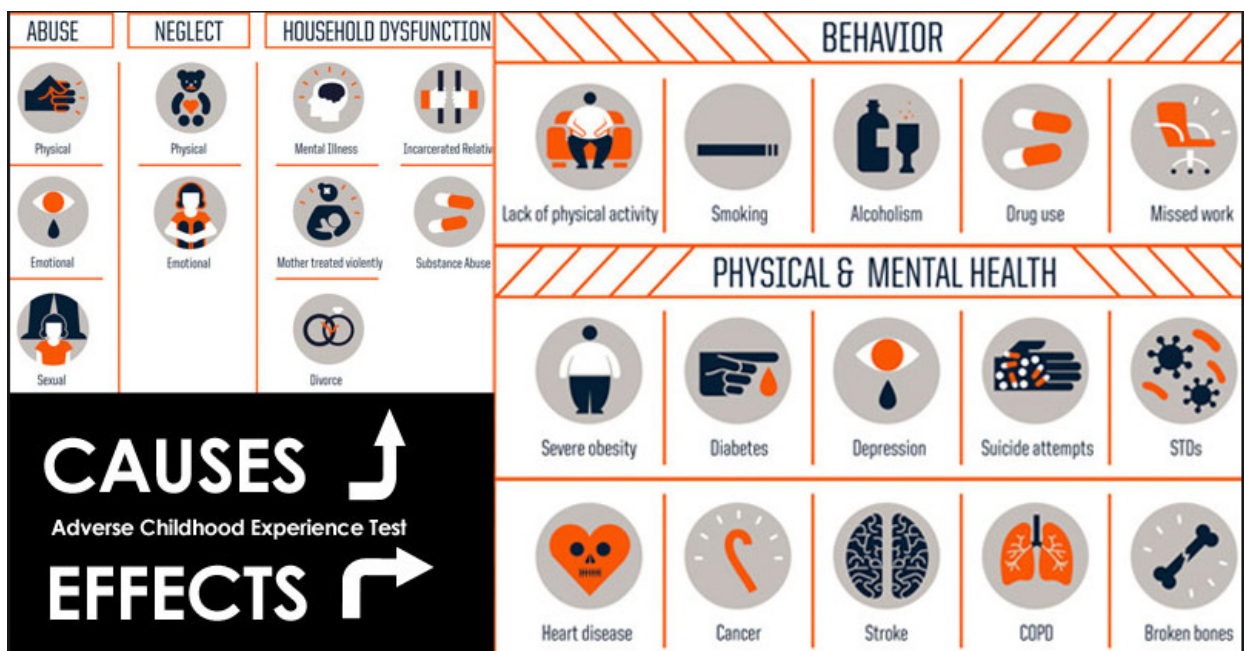


Source: County Health Rankings; USDA Food Environment Atlas, 2015; CDC WONDER mortality data, 2014-2016

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.

**Adverse Childhood Experiences (ACEs)**

Adverse childhood experiences such as abuse, neglect and household dysfunction lead to poor behaviors and health outcomes as the graphic below depicts.



## Health Behaviors **STRENGTHS**

- Adult smoking in Saline County was lower than AR and at the U.S. percentage at 17%. Saline County's smoking percentage has been steadily declining. However, each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes.
- At 16%, excessive drinking was lower in Saline County than AR and the U.S. However, the trend is increasing.
- The percentage of driving deaths with alcohol involved in Saline County was 24%, lower than AR and the U.S. and declining.
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Saline County than AR and the U.S.
- The teen birth rate was lower in Saline County than AR and the U.S. with 29 births per 1,000 females age 15 to 19.
- The drug overdose mortality rate at 13 per 100,000 population was lower in Saline County than AR and the U.S., and the rate decreased beginning in 2016, but increased slightly in 2018 data.
- The food environment index is higher (better) in Saline County than AR and equal to the U.S. The food environment index is comprised of the percent of the population with limited access to healthy foods and percent of the population with food insecurity.

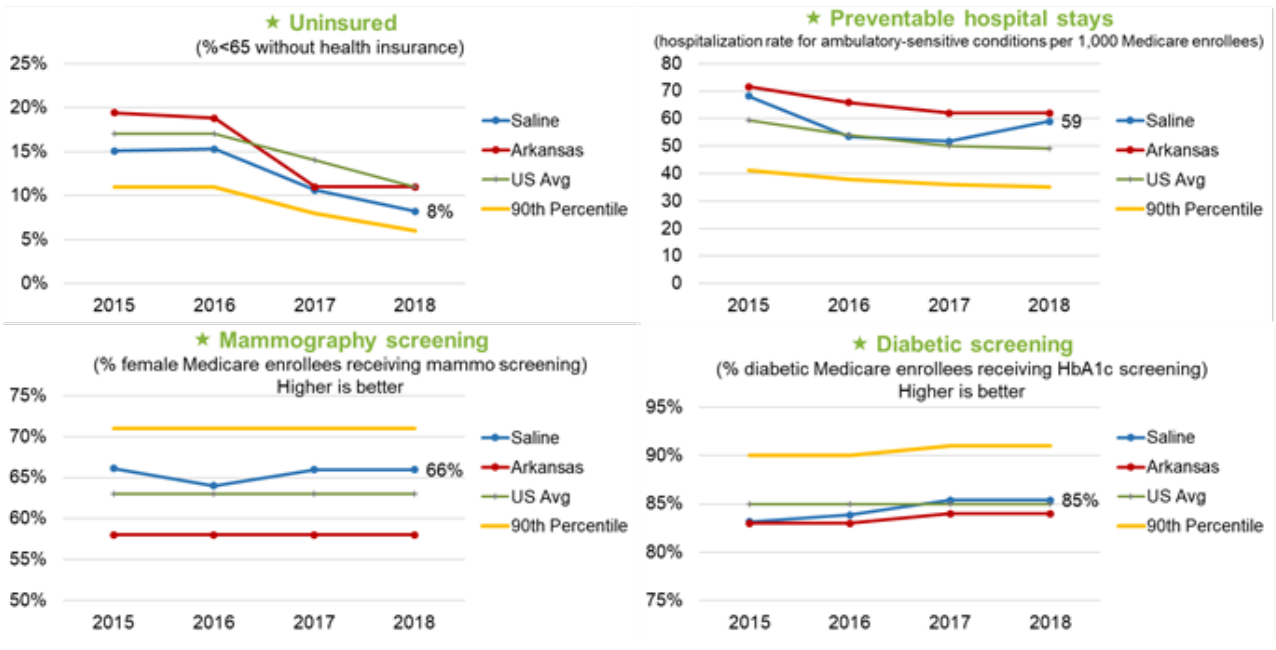
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## Health Behaviors **OPPORTUNITIES**

- Although, adult obesity in Saline County (33%) was lower than AR, it was higher than the U.S. Obesity in Saline County, 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 higher in Saline County (33%) than AR and the U.S. This could be a result of the long commute times.
- Access to exercise opportunities was lower in Saline County than AR and the U.S. at 65%.

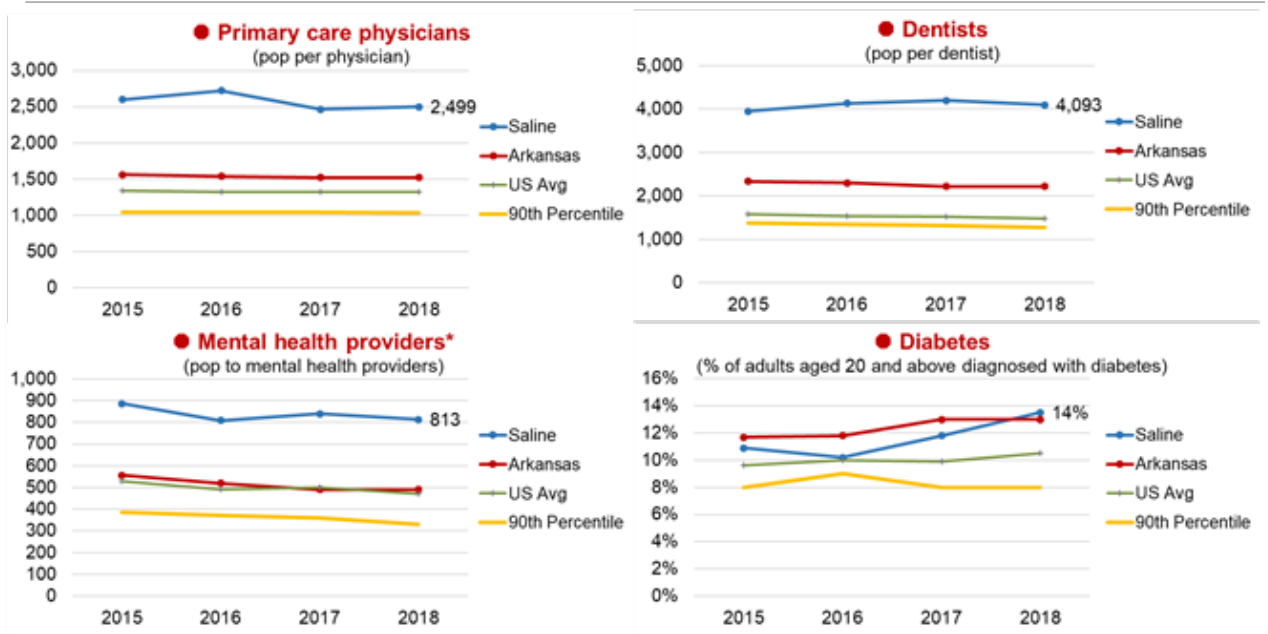
## Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the county rankings. Saline County ranked 9th out of 75 Arkansas counties in clinical care.



Source: Uninsured - County Health Rankings; Small Area Health Insurance Estimates, 2015

Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014



Source: Pop to PCP - County Health Rankings; Area Health Resource File/American Medical Association, 2015

Source: Pop to Dentists - County Health Rankings; Area Health Resource File/National Provider Identification file, 2016

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) County Health Rankings; CMS, National Provider Identification, 2017

## Clinical Care STRENGTHS

- The percent of population under sixty-five without health insurance was lower than AR and the U.S. at 8%. Arkansas expanded Medicaid, therefore their percent uninsured is lower than the U.S.
- Preventable hospital stays, the hospitalization rate for ambulatory sensitive conditions for Medicare enrollees was lower than AR, but higher than the US.
- Mammography screening at 66% was higher than AR and the U.S.
- The percent of diabetic Medicare enrollees receiving diabetic screening was higher than AR and the U.S. at 85%.

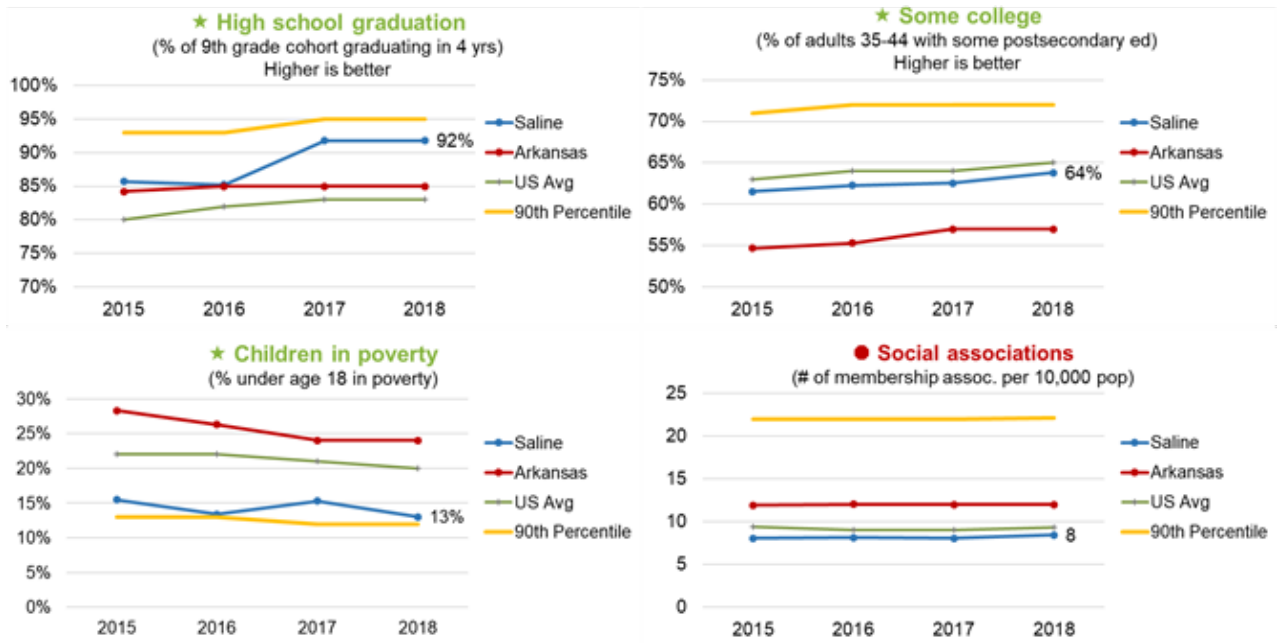
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## Clinical Care OPPORTUNITIES

- The population per primary care physician was higher in Saline County than AR and the U.S. at 2,499 people per primary care physician.
  - The population per dentist was higher in Saline County than AR and the U.S. at 4,093 population per dentist.
  - The population per mental health provider was higher in Saline County than AR and the U.S. at 813 population per mental health provider.
  - The percent of adults over 20 who had been diagnosed with diabetes, 14%, was higher than AR and the U.S. and trending significantly upward
-

## 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 1st out of 75 Arkansas counties.

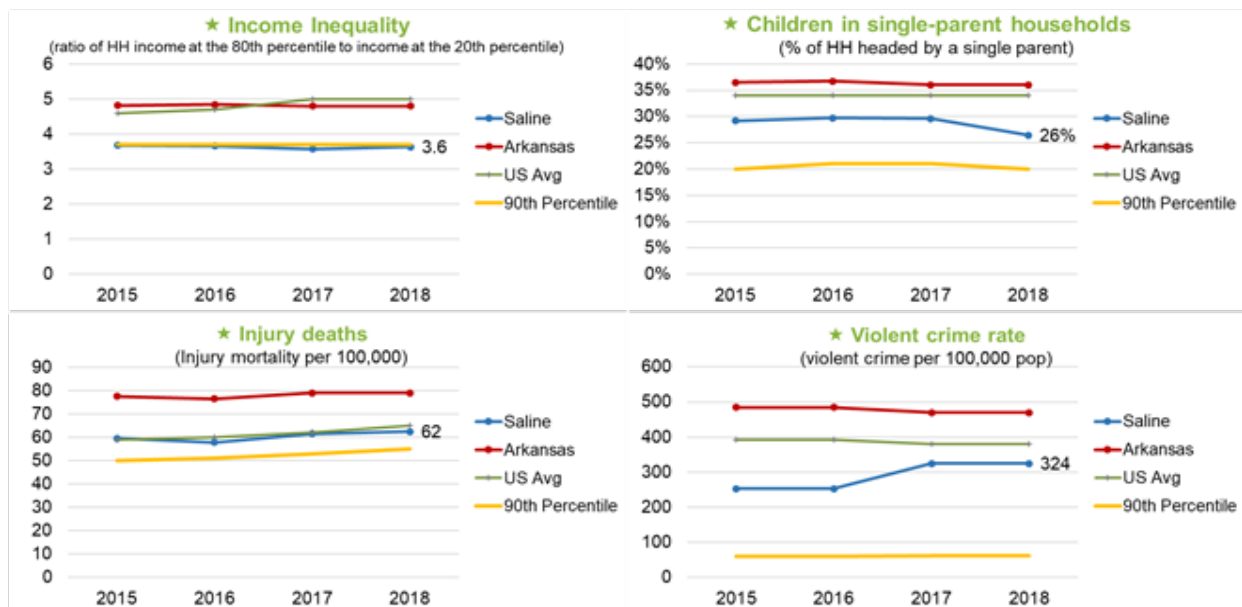


Source: High School graduation – County Health Rankings; States to the Federal Government via EDfacts, 2014-2015

Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2016

Source: Social associations - County Health Rankings; County Business Patterns, 2015



Source: Income inequality - County Health Rankings; American Community Survey, 5-year estimates 2012-2016

Source: Children in single parent households - County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Injury deaths – County Health Rankings; CDC WONDER mortality data, 2012-2016

Source: Violent crime - County Health Rankings; Uniform Crime Reporting – FBI, 2012 - 2014

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## Social & Economic Factors STRENGTHS

- High school graduation was higher than AR and the U.S. at 92%, and the trend is increasing.
- The percentage of adults 35-44 years old with some postsecondary education was higher at 64% than AR but slightly lower than the U.S.
- The percentage of children in poverty was lower in Saline County (13%) than AR and the U.S. approaching the top 10% of all counties in the U.S.
- At 3.6, income inequality was lower in Saline County than in AR and the U.S. at the top 10% of all counties in the U.S.
- The percentage of children in single-parent households was lower AR and the U.S. at 26%.
- Injury deaths were lower in Saline County (68 per 100,000) than AR and the U.S.
- Violent crime per 100,000 population was lower in Saline County at 324 violent crimes per 100,000 population than in AR and the U.S.
- The poverty rate at 8.7% was lower than AR and the U.S.
- Unemployment was 3.3%, which was lower than AR at 3.8% and the U.S. at 4.0%.
- The median household income at \$54,537 was higher than AR but lower than the U.S.

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## Social & Economic OPPORTUNITIES

- Social associations were lower in Saline County than AR and the U.S. at 8 memberships per 10,000 population. 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. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.



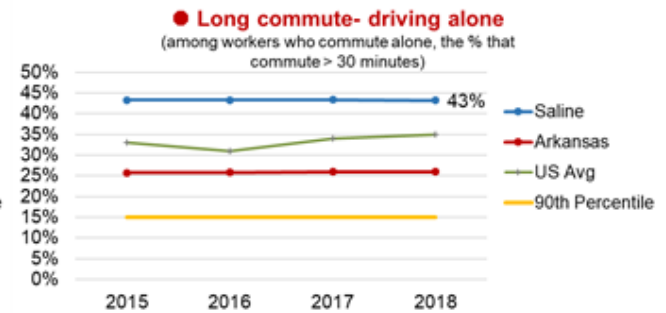
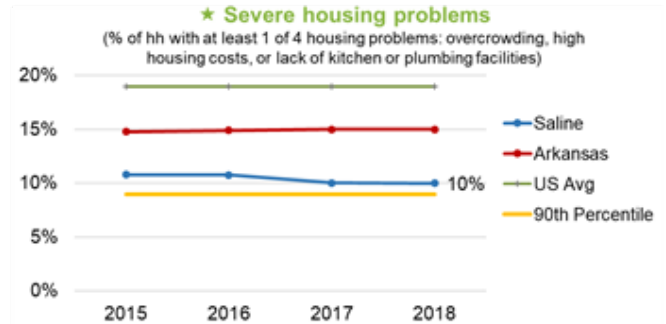
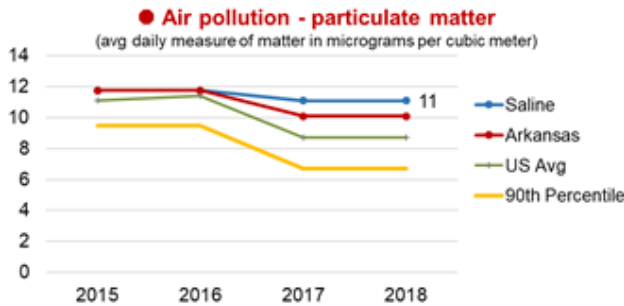
Photo Credit Saline Memorial Hospital

## Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the County rankings. Saline County ranked 71st out of 75 Arkansas counties in physical environment. This is by far the most challenging category for Saline County.

### ● Drinking water violations

Saline County has had drinking water violations reported for 2015, 2016, and 2017



Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2016

Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2010-2014

Source: Driving alone to work and long commute – County Health Rankings; American Community Survey, 5-year estimates, 2012-2016

Source: Air pollution – County Health Rankings; CDC National Environmental Health Tracking Network, 2012

## Physical Environment STRENGTHS

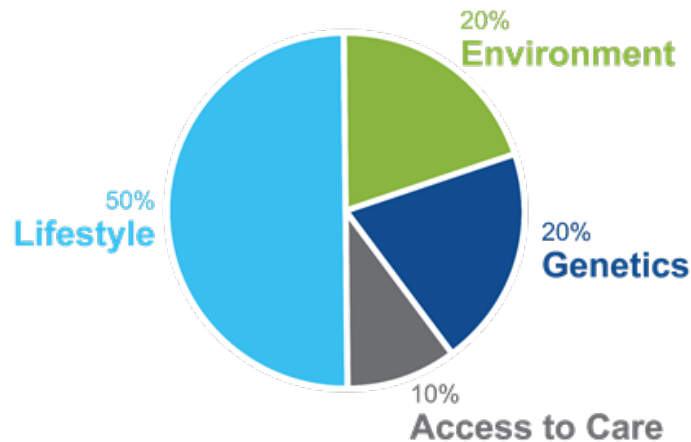
- Saline County had a lower percentage of severe housing problems than AR and the U.S. at 10%

## Physical Environment OPPORTUNITIES

- Saline County had drinking water violations for the last three years.
- The average daily measure of matter in micrograms per cubic meter at 11 was higher than AR and the U.S. Negative consequences of ambient air pollution include decreased lung function, chronic bronchitis, asthma, and other adverse pulmonary effects. These particles can be directly emitted from sources such as forest fires, or they can form when gases emitted from power plants, industries and automobiles react in the air. Pulsaski and Lonoke Counties had the highest air pollution in AR. The surrounding counties, including Saline, Faulkner, White, and Jefferson had the next highest measures.
- 43% of workers who commute alone commute over 30 minutes which is higher than AR and the U.S.

## Major Impacts on Health

### Major Impacts on Health



People can control, to some extent, their lifestyle, their behaviors, the choices they make, food they eat, to exercise, to smoke, to take drugs or not. Through public policy and individual action, the environment may be somewhat controlled. Access to care, the best doctors and hospitals only contribute 10% to health. Genetics cannot be controlled. According to the World Health Organization, social determinants of health (SDH) are the complex, integrated, and overlapping social structures and economic systems that include the social environment, physical environment, and health services; structural and societal factors that are responsible for most health inequities. SDH are shaped by the distribution of money, power and resources at global, national, and local levels, which are themselves influenced by policy choices. World Health Organization. Closing the gap in a generation: Health equity through action on the social determinants of health. Report from the Commission on Social Determinants of Health. 2008. Available at: [http://www.who.int/social\\_determinants/thecommission/finalreport/en/index.html](http://www.who.int/social_determinants/thecommission/finalreport/en/index.html).

Research suggests that income and education are drivers of health. Saline County enjoys both higher income and education than the remainder of AR. However, Saline County needs to look beyond Arkansas health measures. There are several peer counties to Saline County identified in County Health Rankings – Armstrong and Carson Counties in TX, Harris County in Georgia and Woodford County in KY. When compared to these counties, Saline County has poorer measures in the following indicators:

- Higher years of potential life lost
- Higher percentage of poor or fair health
- Higher poor mental health days
- Higher obesity percentage
- Higher physical inactivity
- Higher population to primary care physicians
- Lower social associations
- Higher violent crime
- Higher air pollution



## Themes of the Process

### 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 had the poorest health outcomes. Focusing interventions on these populations will improve health outcomes.
- While any given measure may show an overall good picture of community health, subgroups such as the census tracts of Benton and Bryant, 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. The county has many community assets to improve health.

## Results of the CHNA: Community Health Summit Prioritized Needs and Community Asset Inventory

### 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?

## Prioritized Needs

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. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are many of the comments received on the sticky notes.

**1(tie). Mental Health**

**1(tie). Obesity – healthy eating, active living**

**3. Substance Abuse**

**4(tie). Access to care**

**4(tie). Children's health**

**6. Food insecurity**

**Other issues**

- Heart disease
- Clean water
- Abuse
- Homeless population
- Greater participation from local public officials in healthcare policy conversations
- Focus on economic development for healthcare industry, specifically PCPs, dentists and mental health

**1 (tie). Mental Health (17 sticky notes)**

- Behavioral/Mental Health (4)
  - Improved services
  - Lack of diagnosis
  - Mental illness
  - Not enough access to care
  - Awareness
  - Need more counselors in schools for screening and care
  - Stigma
- Suicide (5)
  - Need more “real talks” in schools; more “real” involvement by parents and school counselors
  - Prevention

**1 (tie): Obesity – healthy eating, active living (17 sticky notes)**

- Obesity (8)
- More organized and planned public health infrastructure including parks, trails and other things that encourage better, healthy lifestyles
- Laziness/inactivity
- Sugar dependence

- Metabolic syndrome
- Lifestyle changes needed
- Create a strong, community culture toward being healthier families
- Public infrastructure that makes the healthy choice the easy choice
- Activity and exercise for all ages
- Access to affordable, nutritional food – food pantry – mostly canned, difficult to transport

**3. Substance abuse (14 sticky notes)**

- Smoking (2)
- Vaping
- Smoking & vaping
- Substance/Drug abuse (6)
  - Opioids (2)
  - K2
- Drug prevention
- Drugs/alcohol – very urgent need in Saline County

**4 (tie). Access to care – (5 sticky notes)**

- Access to care (3)
  - not enough PCPs to help patients with Medicaid
  - lack of primary care physicians

- Lack of insurance – AR Works requirements burdensome

**4 (tie). Child health – (5 sticky notes)**

- Decrease children in poverty
- Decrease teen pregnancy
- Kids overuse of smart phones
- Breakdown in family structure
- Pans Pandas

**5. Food Insecurity – (4 sticky notes)**

- Poor nutritional value
- Affordable healthy food options
- Seniors and kids
- Kids

**6. Other – (6 sticky notes)**

- Heart disease
  - Decrease water violations
  - Abuse
  - Homeless population
  - Greater participation from local public officials in healthcare policy conversations
  - A focus on economic development for healthcare industry, specifically PCPs, dentists and mental health
- .....

# Community Health Summit Brainstorming

## Community Assets and How They Can Help

The most significant health needs coalesced into four categories. The Saline County Health Unit had created a Community Resource Guide, which was distributed at the summit. Table groups at the summit brainstormed the community assets available and how that asset could improve the priority health needs listed above. These assets from the community have been organized below.

### ✔ Significant Health Need 1 tie: Mental Health

#### *Assets and how they can assist*

- Saline County Schools -School teachers, administrators, counsellors in schools and counseling clinic. Schools offer suicide prevention training and mental health providers. Bryant High School has a full-service AR Department of Education funded mental health clinic.
- Rivendell Mental Health Hospital and Rehabilitation offers programs free of charge
- Counselling Clinic (community mental health) has services for children and adults and is very accessible
- Birch Tree – outside the county; outpatient and residential facility for addiction recovery
- Methodist strategies
- Timber Ridge – inpatient NeuroRestorative treatment
- Department of Health
- American Foundation for Suicide Prevention (AFSP)/Non-profits
- Primary care physicians – first line of care and can identify mental health issues. Physicians need to make sure they have the ability and knowledge to connect patients to resources
- Law enforcement – sees families in moments of crisis. Ensure they know resources
- Churches and clergy – can be key in identifying mental health issues
- Alleviant Health Center – outside the county, but has resources that are unique and can assist, such as Ketamine therapy.
- Eye Movement Desensitization and Reprocessing (EMDR therapy) – we have local therapist who offers this



## **Significant Health Need 1 tie: Obesity - healthy eating, active living**

### *Assets and how they can assist*

- Saline Memorial Hospital: awareness and availability of nutritional counseling, free weight loss support groups. Could add obesity screenings to offerings.
- Saline County Library: Free lifestyle and exercise classes offered in the evenings
- Parks and Recreation: affordable memberships, extensive program offerings
- University of AR Saline County Cooperative Extension Services – community education on healthy eating and lifestyle
- Pulaski Tech Culinary School – Could teach plant-based diets and conduct community education programs
- School districts: giving good choices to kids, educating parents of healthy options, encouraging physical activity
- City of Benton: Farmer's Market encouraging healthy eating
- Community Gardens in Shannon Hills and Villa
- The Arkansas Hunger Coalition Alliance – collects fresh fruits and vegetables to distribute
- Churches – provide opportunities for dinners and providing healthy food. Could offer an Abundant Living program for healthy congregations.
- Chamber of Commerce and the government leaders could encourage a Working Well campaign for workplace wellness.



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## **Significant Health Need 3: Substance Abuse**

### *Assets and how they can assist*

- Healthcare providers – Saline Memorial Hospital– Detox/ immediate relief or treatment; have to be part of the answer
- Counseling Clinics – Substance treatment programs, role in treatment and prevention
- Teen Drug Court – underutilized, mandatory treatment
- DWI court – punitive and mandatory
- Drug Court (Adult) – integrated treatment enforcement role, had some success in teen drug courts
- Public Policy – provides financial support, culture change, Support group
- Celebrate Recovery (faith-based) Midtown New Life Church support
- Drug Drop off and prevention and culture change
- Workplace smoking cessation programs and prevention could decrease insurance costs for employers
- American Heart Association - Smoking Cessation programs
- Methadone Clinic – support and treatment
- Public schools – provide drug prevention education
- State drug czar Kirk Lang, former Benton Police Chief is an underutilized asset for the community.
- AA, NA, and AIAnon meetings

## ✔ Significant Health Need 4 (tie): Access to Care

### *Assets and how they can assist*

- Primary care providers and dentists that accept Medicaid and uninsured
- Telemedicine access – keeps prescriptions available with shorter office visits
- There are issues with the AR Works program recipients getting online and navigating the system to meet requirements.
- Use the hospital, school libraries, Goodwill, Civitan and Career Center as a resource to provide events for AR Works sign up and maintain online services
- Promote our community assets to draw more doctors, dentists, etc.
- Get more advanced practice nurses in clinics so they can see more patients
- Need Transportation to appointments for rural areas and grocery shopping
- AR Care – Westside Pharmacy is going to provide a Medicaid PCP at the pharmacy and also a van to pick people up

This community input into the community asset inventory was incorporated into the asset listing in the appendix of this document.



*Photo Credit Saline Memorial Hospital*

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## Impact of 2015 CHNA and Implementation Plan

### Impact

In 2015, the top priorities of the CHNA were:

1. Diabetes and other chronic diseases (COPD, Hypertension)
2. Mental Health – abuse, suicide prevention
3. Obesity
4. Adverse Childhood Experiences
5. Substance abuse – adult and teen
6. Physical Activity
7. Smoking/tobacco use
8. Access, particularly affordable health insurance and Medicaid population access to providers

Saline Memorial Hospital selected three of the significant health needs to address:

1. Diabetes and other chronic diseases (COPD, Hypertension)
2. Mental health – abuse, suicide prevention
3. Obesity

Regarding **diabetes and other chronic diseases**, SMH has:

- Held monthly diabetes support groups free and open to the public
- Hosted annual diabetes health fair
- Implemented a COPD clinic (the first in AR)
- Continued to recruit a Pulmonologist

Impacts:

- COPD readmission Rate  
Q1 2018 17.25%  
Q2 2018 16.67%  
Internal Benchmark 19.8% or less

Regarding **mental health**, SMH has:

- Expanded the inpatient behavioral health unit by 10 beds.

Impact:

- SMH was turning patients away and these additional beds helps keep more patients local

Regarding **obesity**, SMH has:

- Held weekly support groups open to the public
- Added satellite Bariatric clinics in El Dorado and Russellville
- Hired and recruited an additional bariatric surgeon, Dr. Kristin Patton
- Hired a full-time dietician
- Implemented a non-surgical weight loss program
- Received national accreditation from the American College of Surgeons, American Society for Metabolic and Bariatric Surgery as a quality program.

Impacts:

- 108 patients have lost 100 pounds or greater in the last two years

- Six post-surgical patients have gone back to college
- Nine post-surgical bariatric patients have lost enough weight to have joint replacements
- Post-surgical patients have experienced a reduction of insulin dependency
- Patients have seen a reduction of their pre-surgery weight by 1/3 at their six-month post-surgery appointment

## Acknowledgements

### Thank You

Thank you to a large, diverse, collaborative group of citizens who came together during the assessment and must now continue with making changes in the community to improve health. Specifically, the AR Department of Health Saline Unit, that created the Community Resource Guide. The Guide was used at the Community Health Summit for brainstorming and attendees were given the chance to change and add to the guide. The result is included as another document on the SMH website.

## Community Assets and Resources

### Community Asset Inventory

*A list of community assets and resources are included in a separate document.*



*Photo Credit Saline Memorial Hospital*



## Community Health Needs Assessment for Saline County

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*completed by Saline Memorial Hospital in partnership with:*

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