Introduction

In January 2010, DeWitt Hospital & Nursing Home (DHNH), a critical access hospital located in DeWitt, Arkansas became a 501 (c) 3 not for profit organization. DeWitt Hospital & Nursing Home, like many critical access hospitals, chose to change their status from a public organization to not for profit private organization. The most obvious reason that many hospitals became private, 501(c)3 organizations instead of remaining public was to become eligible to participate in the Special Medicaid Assessment Program. This program provides Medicaid payment reimbursements to eligible hospitals, which means approximately $1.0 million per year to a hospital the size of DeWitt Hospital & Nursing Home. Other reasons include fewer regulations put on a public organization.

With this change in status there came certain requirements that DeWitt Hospital & Nursing Home must adhere to in order to receive these benefits. For non-profit hospitals to fulfill their mission and retain tax exempt status, they must provide programs and services that assess and respond to local community health needs. Non-profit hospitals receive a variety of tax exemptions from federal, state, and local governments with the expectation that, in return, they will provide benefits to the community.

While many hospitals have provided substantial community benefits to their communities for decades, in 2009 as part of new community benefit reporting requirements, non-profit hospitals were required to complete the IRS form 990 Schedule H. The IRS form includes questions about how the organization assesses community needs and how community benefit programs are structured to address identified needs. Now in addition to those requirements, with the enactment of the Patient Protection and Affordable Care Act, non-profit hospitals will be required to conduct a community health needs assessment at least every three years and adopt an implementation strategy to address the community health needs identified by the assessment. The act requires that the community health needs assessment “takes into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.” Through this process, hospitals can demonstrate collaborating with the community, including public health experts, to assess community needs, identify solutions, and implement health improvement strategies.

Community benefit is central to the mission of non-profit hospitals and is the basis for their tax exemption. Non-profit hospitals receive a variety of tax exemptions from federal, state, and local governments with the expectation that, in return, they will provide benefits to the community. Community benefit has been defined by the Internal Revenue Service (IRS) as “the promotion of health for a class of persons sufficiently large so the community as a whole benefits.” Simply put, community benefit is composed of programs and services
designed to address identified needs and improve community health. To qualify as community benefit, initiatives must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services
- Enhance health of the community;
- Advance medical or health knowledge; or
- Relieve or reduce the burden of government or other community efforts.

Historically, the majority of community benefit funds have been spent on “charity care,” while a smaller portion has been invested in community-based efforts such as community health improvement planning. The Patient Protection and Affordable Care Act revised the tax exemption standards applicable to non-profit hospitals by adding several new components to the Internal Revenue Code. Among other revisions, non-profit hospitals will now be required to conduct a community health needs assessment, widely publicize assessment results, and adopt an implementation strategy to meet needs identified by the assessment.

In addition, annually each hospital is required to provide to the Secretary of the Treasury a description of how the organization is addressing the needs identified in each community health needs assessment and a description of any such needs that are not being addressed together with the reasons why such needs are not being addressed. The Secretary of the Treasury is required to review at least once every three years the community benefit activities of each hospital. Failure to meet the new requirements in any taxable year will result in a $50,000 excise tax as well as possible revocation of the tax-exempt status. This would be detrimental to a small hospital like DHNH and could potentially result in the closing of the hospital doors.

DeWitt Hospital & Nursing Home's 2013 Community Health Needs Assessment is prepared by Mellie Bridewell, MS, consultant for DeWitt Hospital & Nursing Home, in accordance with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010. Ms. Bridewell is currently contracted by DeWitt Hospital & Nursing Home and seven other Southeast Arkansas hospitals as the Executive Director of the Greater Delta Alliance for Health. The Greater Delta Alliance for Health is a non-profit organization of eight Southeast Arkansas hospitals; each represented on the board by the hospital chief executive office. DeWitt Hospital & Nursing Home was a founding member of the Greater Delta Alliance for Health, which obtained its own non-profit status in 2009. Darren Caldwell, the current CEO of DeWitt Hospital & Nursing Home is the current Chairman of the Greater Delta Alliance for Health. Ms. Bridewell, in her role as Executive Director, provides the member hospitals with technical assistance including grant writing, outreach program management and development, community outreach, physician recruitment, and
community needs assessment. Ms. Bridewell is contracted to the Greater Delta Alliance for Health through the University of Arkansas for Medical Science (UAMS) Center for Healthcare Enhancement & Development.
Healthcare in 2013

This Community Health Needs Assessment was prepared during a period of change and uncertainty in the health care industry, change and uncertainty in the health care environment in Arkansas, and specifically in the Arkansas County.

The Patient Protection and Affordable Act of 2010 (ACA) was adopted by the United States Congress and signed into law by the President. Certain provisions of the ACA were challenged in court and the ACA was ultimately upheld by the United States Supreme Court. The ACA has been debated during the current presidential election campaign with calls for repeal of the ACA by the Republican candidate and by Republican members of the Congress. Since the Supreme Court made the Medicaid expansion under the federal health law optional last year, states’ decisions have largely split along party lines. Most Southern states have chosen not to expand their Medicaid program. Arkansas, unique in its decision, has chosen to expand Medicaid in the state, but enroll those newly eligible for Medicaid in the same private insurance plans available to individuals and small businesses through an insurance exchange program. Currently few adults qualify for Medicaid in Arkansas. Those covered under the current program have to be at the 17 percent poverty level (less than $2,000 a year) if they are parents and must be disabled if they are childless. Expanding Medicaid under the Affordable Care Act to 133 percent of poverty-about $15,000- could potentially add as many as 250,000 Arkansans to the program. The Arkansas Medicaid program has recently announced a bundled payment program for six diagnoses which introduces risk sharing among various providers of care.

Also, to make things even more complicated this year, Arkansas Medicaid has also announced its plan to expand the risk sharing program for virtually all Medicaid services and has filed for a Medicaid plan amendment to the Department of Health and Human Services. The specific impact of the risk sharing programs on cost based providers such as Critical Access Hospitals and Rural Health Clinics is not known at this time. There is also great uncertainty relating to funding levels in both the Medicare and Medicaid programs and the potential impact on hospitals in general and specifically on Critical Access Hospitals such as DeWitt Hospital & Nursing Home. Additionally, physician payment levels under the Medicare program are unknown.
Healthcare in the Service Area

DeWitt Hospital & Nursing Home's primary service area encompasses the communities of Arkansas County that are located near DeWitt. These communities are Gillett, Almyra, St. Charles, and Star City.

The provider community in Arkansas County is also in a state of uncertainty like the rest of the state and nation; with the payment reimbursement changes and an aging provider population. It remains extremely difficult to recruit healthcare providers into rural southeast Arkansas. In an area of the country where there is an abundance of poverty, lack of education, elderly, and health disparities; is created an even greater need for health professionals. Local healthcare service providers are currently not able to meet the current needs of their existing residents due to the lack of medical professionals, trained personnel, and financial shortfalls.

When viewing population trends, all cities in the county have experienced a decline in population. This out migration has had a negative impact on the area economics and the rural service area’s ability to attract healthcare specialists. Much of the decline in population is due to lack of job qualifications and low educational levels in the county. As the health care industry evolves due to an aging population and poor health, demand for health care workers in hospitals, physician offices, nursing homes and a variety of other health care settings is increasing faster than supply. Employment in the health services industry is projected to increase more than 25 percent through 2010, compared with an average of 16 percent for all other industries. With healthcare provider shortages already, the outlook for healthcare in the service area is dismal.

Health disparities, poverty, lack of transportation, low educational attainment, poor access to healthcare, and poor health outcomes - The Mississippi Delta Region represents an amalgam of societal difficulties that affect each of its residents. One Delta state’s Office of Minority Health publication states that health disparities of the people living in the Delta are “due to gaps in access to care and an inadequate public health infrastructure—especially difficult to maintain in the small, isolated rural communities that make up so much of the Delta region” (Graham, 2008).
DeWitt Hospital & Nursing Home (DHNH) is located in Arkansas County in Southeast Arkansas.

DeWitt Hospital & Nursing Home, like most healthcare facilities located in the Delta, struggle with bad debt, poor health outcomes and rely on the support of the government and local taxes to keep from closing. Arkansas county is considered exceptionally rural and are separated by miles and miles of farmland. When viewing population trends, the city has experienced a decline in population of 11%. This out migration has had a negative impact on the area economics and the rural service area’s ability to attract healthcare specialists. While the problems in the service area are growing, as in many rural communities, the health-care system is an influential and critical component of the system that can help to resolve economical, educational healthcare and healthcare access issues as well as reduce the burden of health disparities and disease burden.

There is a need for rural residents to have access to healthcare services and preventative care and early disease management. Many families living in the service area are at high risk when it comes to their health as illustrated through socio-economic, educational, healthcare access, health disparities and disease burden. Living in poverty often means limited access to health care, compromised nutrition and poor housing conditions. On average, one in four persons is living below poverty level in the service area, making it one of the poorest areas of the State. On average, one in four persons is living below poverty level making it one of the poorest areas of the State. Living in poverty often means limited access to health care due to lack of medical coverage and compromised nutrition. Poverty compounded by the lack of a public transportation system in the area and often no means to get to a physician, especially one that is several hours away, results in the local hospital’s
emergency room becoming the source of primary care to residents often creating an overwhelming amount of bad debt for a small healthcare facility.

Approximately, one in three persons in the service area does not receive their high school diploma compared to one in five for the nation. Additionally, when comparing college graduates with bachelors and advanced degrees, the national average is 33% while the service area averages 11.3%. Without the financial means and assistance from trained professionals, most graduating high school students lose hope of receiving a higher education.

The recommendations in this report should be considered with respect for the uncertainties, circumstances, and changes noted above.

See Attachment A

- Arkansas by County 2010; Total population map
- Arkansas Primary Care Health Professional Shortage Area, County Health Rankings 2009
- Arkansas Medically Underserved areas, AR Department of Health Office of Rural Health and Primary Care
- Percent Uninsured In Arkansas; US Census Bureau 2010
- Percent of AR Population with low health literacy, Rand 2012
Health Statistics in the Service Area

There is a need for rural residents to have access to healthcare services and preventative care and early disease management. Many families living in the service area are at high risk when it comes to their health as illustrated through socio-economic, educational, healthcare access, health disparities and disease burden. Living in poverty often means limited access to health care, compromised nutrition and poor housing conditions. On average, one in four persons is living below poverty level in the service area, making it one of the poorest areas of the State.

See Attachment B

- UAMS Center for Rural Health; *The State of Rural Health in Arkansas*
- UAMS College of Public Health; *PHACS County Profile Report for Arkansas County*
- Arkansas Department of Health; *Arkansas County Health Profile*
History of DeWitt Hospital & Nursing Home

DeWitt is a small town in Arkansas County, Arkansas, which also serves as the county seat of the county’s southern district. The population was 3,552 at the 2000 census. It is the center of the Dewitt School District and is home to DeWitt High School. Their mascot is the Dragon, and their school colors are blue and gold. The school district serves the towns of DeWitt, Humphrey, Gillett, Almyra, St Charles and Tichnor. The DeWitt Hospital is located at 1641 South Whitehead Drive in DeWitt. We are a 25 bed Critical Access Hospital that serves the following areas:

- Counties: Arkansas, Phillips, Desha, Jefferson, Prairie
- Towns: DeWitt, Gillett, St. Charles, Almyra, Crocketts Bluff, Casscoe, Ethel, Tichnor, and Reydell

Construction on the original facility began in 1962 and the first patients came through in December of 1963. The DeWitt Hospital & Nursing Home is a 25 bed critical access hospital located in DeWitt, Arkansas County, Arkansas with a local population of 3,552. The hospital serves the areas of Arkansas, Prairie, Jefferson, Desha, and Phillips counties. Since the ground-breaking and construction in 1962, the hospital and nursing home has seen several expansions and improvements, as well as the acquisition of the Ferguson Rural Health Clinic. The hospital is operated and owned by the DeWitt Hospital and Nursing Home Inc. not-for-profit organization, which was founded by three local community members and were all presidents of the three local banks.

The DeWitt Hospital and Nursing Home is a level 4 trauma center and provides ancillary services including outpatient CT scans, X-rays, and lab work. Within the facility, DeWitt Hospital has an outpatient clinic, used by physicians from the Arkansas Heart Hospital as well as an Internal Medicine physician who comes monthly to treat local patients who cannot travel. DeWitt Hospital is an active participant in the Arkansas Saves program, a stroke trauma program through University of Arkansas for Medical Sciences, as well as the statewide trauma network that is still under development.

DeWitt Nursing Home is locally owned and operated by citizens of DeWitt. The nursing home is a 60 bed facility fully certified for Medicare and Medicaid. It provides private and semi-private rooms and offers an array of services such as short-term rehabilitation services, long term skilled nursing care, physical therapy and dietetic and recreational programs. The facility provides additional activities such as games, music, religious programs, and short trips.
Mission of DeWitt Hospital and Nursing Home . . .

“Quality Healthcare Under One Roof”
DeWitt Hospital and Nursing Home is a private nonprofit facility which is governed by a six member Board of Directors. The facility is a member of the Arkansas Hospital Association and the American Hospital Association. They are also a member of the Greater Delta Alliance for Health, an eight hospital non-profit organization who work together to reduce cost by group purchasing and negotiation of contracts as well as provide several outreach projects in the Southeast Arkansas region.

**Administrator**
Darren Caldwell

**Board of Directors**
Warren Jennings, SR.
Stan Burleson, M.D.
Dean Bell
Billy Claude Adams
David Jessup
Alton Chambless

See Attachment C
- *Staff Chart;* DeWitt Hospital and Nursing Home
Overview of Hospital Services

As a critical access hospital, DeWitt Hospital and Nursing Home has 25 licenses acute care beds, plus an 8-bed geriatric psychiatric unit and is reimbursed by both Medicare and Medicaid based on allowable costs of operation. In addition to hospital operations, DHNH operates a Nursing Home, a Provider-Based Rural Health clinic and a Cardiovascular clinic.

The hospital administration is aggressively pursuing new physician to expand the services available to the community. Also, in February 2013, DeWitt Hospital and Nursing Home was designated as a Level IV Trauma Center. This requires educational certifications, various items of equipment, and achieving various quality of care guidelines in order to achieve and maintain this designation.

Services offered at DeWitt Hospital and Nursing Home......

- Home Health Care Office in DeWitt and Stuttgart
- 24 hour Physician ER Coverage
- Bone Density Testing
- Ambulance Service
- Physical Therapy
- Nursing Home
- Rural Health Clinic
- Cardiology Services-Stress Testing, Echocardiograms, etc.
- Electronic Health Records
- Level IV Trauma Center
- Post Acute Care (Swing Beds)

See DeWitt Hospital and Nursing Home website for more information:

http://www.dhnh.org/
Current Community Health Initiatives

DeWitt Hospital and Nursing Home is active throughout Arkansas County in sponsoring health fairs, educational programs, free health screenings and other activities to promote the health of the citizens of Arkansas County. DHNH is an active member in the Arkansas County Hometown Health Initiative which is a Arkansas Department of Health community initiative to bring together a wide range of people and organizations including consumers, business leaders, health care providers, elected officials, religious leaders, and educators to identify community health problems and develop and implement ways to solve them in each county in the state of Arkansas. The Hometown Health Initiative is a locally owned and locally controlled initiative that stresses:

- collaboration,
- coalition building,
- community health assessment,
- prioritization of health issues, and
- the development and implementation of community health strategies that are locally designed and sustained.

DeWitt Hospital and Nursing Home also participates in Arkansas County Partners in Health which is another county wide community based organization that is very active in the county and provides many outreach initiatives throughout Arkansas County.

The hospital currently participates in several community health outreach efforts through their affiliation with the Greater Delta Alliance for Health. The Greater Delta Alliance for Health is a non-profit organization of the eight hospitals in Southeast Arkansas; including Ashley County Medical Center, Bradley County Medical Center, Baptist Health-Stuttgart, Chicot Memorial Medical Center, Delta Memorial Hospital, McGehee Hospital, Drew Memorial Hospital, and DeWitt Hospital and Nursing Home. The organization was founded to help the local hospitals address the financial burdens of their individual organizations and work at providing health outreach to the region through funding opportunities.

Current Funded Grant Projects

**HRSA DELTA STATES GRANT**

$474,522/$455,751/$457,751

- **Arkansas Delta Health Education for Local Providers (HELP) Project**

  Arkansas, Ashley, Bradley, Calhoun, Cleveland, Chicot, Dallas, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Monroe, Phillips, Ouachita, St. Francis, and Union Counties

  This project will provide access to free chronic disease education for health care providers in hospitals, community health centers, and rural clinics throughout the
DeWitt Hospital & Nursing Home

nineteen county South Arkansas Delta; utilizing the educational expertise of UAMS Center for Rural Health and UAMS Center for Distance Health and the tele health capabilities throughout the service area. The project will have a focus each year throughout the three year grant; (1) Obesity (2) Diabetes, and (3) Cardiovascular Disease

- **Delta Medicine Assistance Program**
  *Arkansas, Ashley, Desha, Chicot, Drew, Bradley, Dallas, Jefferson*
  The DMAP program is designed to assist persons who have difficulty obtaining prescription medications due to fixed incomes, lack of insurance or other circumstances that limit their ability to fully comply with their physician’s protocol to treat chronic health conditions.
  DMAP Sites funded:
  1. Desha County - McGehee and Dumas
  2. Baptist Health-Stuttgart
  3. Bradley County Medical Center
  4. Drew Memorial Hospital
  5. Ashley County Medical Center
  6. Dallas County Medical Center
  7. Christian Health Center-Camden

- **Annual South Arkansas Delta Chronic Disease Summit**
  *Arkansas, Ashley, Bradley, Calhoun, Cleveland, Chicot, Dallas, Desha, Drew, Grant, Jefferson, Lee, Lincoln, Lonoke, Monroe, Phillips, Ouachita, St. Francis, and Union Counties*
  The GDAH will host an annual Chronic Disease Summit each year for Arkansas Delta healthcare providers and partners and develop a healthcare provider network to address chronic disease in the Delta. The Summits will provide local healthcare providers and workers with the opportunity to receive additional continuing education as well as learn about local statewide resources to assist their patients.

**BLUE & YOU FOUNDATION FOR A HEALTHIER ARKANSAS** $71,576

- **Health Care Provider Literacy Project**
  *Arkansas, Ashley, Bradley, Chicot, Desha, and Drew Counties*
  With funding from Blue and You Foundation for a Healthier AR, the GDAH is working with health literacy experts to improve patient safety and quality of care in Southeast Arkansas by providing communication (health literacy) training for local providers as well as translating all provider health information to a third grade reading level so that residents in the service area can understand the materials they are provided.

- **Southeast Arkansas Health Resources Directory**
  *Arkansas, Ashley, Bradley, Chicot, Desha, and Drew Counties*
  In November 2013, the GDAH, and its partner, AFMC, will distribute a regional health resources directory that will be made available throughout the region. The directory will include information about local healthcare partners, available programs, and contact information.
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<tr>
<th><strong>ARKANSAS DEPARTMENT OF HEALTH</strong></th>
<th><strong>$70,000</strong></th>
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<tbody>
<tr>
<td><strong>HIV Screening Project</strong></td>
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<tr>
<td><em>Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Lincoln, and statewide</em></td>
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<tr>
<td>With the assistance from Arkansas Department of Health HIV Project funds, the Greater Delta Alliance for Health will provide free testing for HIV via the mobile unit. The project will also train and provide HIV tests for free screening conducted at GDAH hospitals</td>
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<tr>
<th><strong>SUSAN G KOMEN FOUNDATION- ARKANSAS AFFILIATE</strong></th>
<th><strong>$72,150</strong></th>
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<tr>
<td><strong>Access Project Pink- Southeast Arkansas</strong></td>
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<tr>
<td><em>Ashley, Arkansas, Bradley, Calhoun, Chicot, Cleveland, Columbia, Dallas, Desha, Drew, Monroe, Phillips, Prairie, Ouachita, Union</em></td>
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<tr>
<td>Access Project Pink-Southeast Arkansas is a collaborative effort to provide free mammograms, ultrasounds, and free breast exams to the rural, underserved population of women in fifteen counties in Southeast Arkansas</td>
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<tr>
<th><strong>ARCOP GRANT</strong></th>
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<tr>
<td><strong>Southeast Arkansas Worksite Wellness Project</strong></td>
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<td><em>Arkansas, Ashley, Bradley, Chicot, Desha, and Drew</em></td>
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<tr>
<td>Phase 1: The project will provide initial worksite wellness assessments at local worksites, initial health screenings for employees, and assistance in developing strategic plans for businesses to initiate worksite wellness programs</td>
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<tr>
<th><strong>JRMC</strong></th>
<th><strong>$5,000</strong></th>
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<tr>
<td><strong>Mobile Health Screening Unit</strong></td>
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<td><em>Ashley, Chicot, Desha, Arkansas, Lincoln, Bradley, Drew</em></td>
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<tr>
<td>This mobile unit provides free general screenings include blood pressure, weight, Body Mass Index, cholesterol, pulse, and hearing tests. Specialized tests will include PSAs, bone density, depression and memory loss testing. Funding partners include Walmart Foundation, Blue and You for a Healthier AR, JRMC, Arkansas Department of Health, and UAMS.</td>
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<th><strong>DELT A REGIONAL AUTHORITY (IN PARTNERSHIP WITH DTECH)</strong></th>
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<tr>
<td><strong>Health Workforce Training Project</strong></td>
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<td><em>Ashley, Chicot, Desha, Arkansas, Lincoln, Bradley, Drew</em></td>
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<tr>
<td>GDAH will be contracted by DTEC to organize trainings needed to allow the DTEC to offer certification and continuing education courses relevant to healthcare workers throughout the region. The GDAH will organize train-the-trainer classes for DTEC staff and local hospital personnel; empowering the DTEC to continue to provide support to the local healthcare workers. The train-the-trainer model enables experienced personnel to show a less-experienced instructor how to deliver courses, workshops and seminars. Train-the-trainer workshops can build a pool of competent instructors who can then teach the material to other people. The GDAH will also contract out some training requiring more qualified instructors. Trainings would include, not limited to:</td>
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• Insurance Education
• Medicaid/Medicare Education
• HIPAA Training
• Health Information Technology
• Safety Training
• Infection Control
• First Aid/CPR/ACLS
• Patient Navigation
• Electronic Medical Records Training
• Hospitality Training
• Medical Records Education
• Medical Ethics
• Continuing Education Credits through UAMS Center for Rural Health
• Nursing Classes facilitated through UAMS
• Updated required Certification/training for Licensed Healthcare Workers in various fields

Total Contract $80,360.00

New Grant Projects Starting in 2014

BLUE AND YOU FOUNDATION FOR A HEALTHIER ARKANSAS $86,500

• Southeast Arkansas Worksite Wellness Project
  Arkansas, Ashley, Bradley, Chicot, Desha, and Drew
  Phase 1: The project will provide initial worksite wellness assessments at local worksites, initial health screenings for employees, and assistance in developing strategic plans for businesses to initiate worksite wellness programs
  Phase 2: The GDAH plans to implement a full worksite wellness program to local businesses to include quarterly health screenings, health education classes, CPR/First Aid, and fitness assessments.

AR DEPARTMENT OF HEALTH $70,000.00

• HIV Screening Project - via mobile health screening unit
  Arkansas, Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Lincoln, and statewide
  With the assistance from Arkansas Department of Health HIV Project funds, the Greater Delta Alliance for Health will provide free testing for HIV via the mobile unit. The project will also train and provide HIV tests for free screening conducted at GDAH hospitals.

SUSAN G KOMEN - ARKANSAS AFFILIATE $82,000

• Access Project Pink - Screenings
  GDAH Service Area
  Access Project Pink 2014-2015 will continue to provide direct breast health services and education in the region serving the uninsured and underinsured population of South Arkansas by assisting women (and men) of all ages with navigation and easy
access to free breast screening services; including screening mammograms, diagnostic mammograms, and ultrasounds; utilizing the local hospital services and creating convenient access to services.

- **Access Project Pink- Healthcare Provider Education**
  
  **GDAH Service Area**
  
  This year, Access Project Pink plans to offer IVN sessions to Delta healthcare providers and workers who provide clinical breast exams on patients and/or those who teach breast self-exams to patients through a “Teach Back-How your Patients learn Breast Self-Exam”.

**See Attachment D.**

- **Greater Delta Alliance for Health fact sheet**
Community Health Needs Assessment Process

The Community Health Needs Assessment Toolkit developed by the National Center for Rural Health Works at Oklahoma State University and Center for Rural Health and Oklahoma Office of Rural Health was utilized as a guide for the process. The process was designed to be conducted through three community meetings. The facilitator and the steering committee oversee the entire process of organizing and determining a Community Advisory Committee of 15-20 community members that meet throughout the process to develop a strategic plan for the hospital to address the health needs of the community.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

STEERING COMMITTEE
- Select Community Advisory Committee Members
- Select Community Meeting Dates
- Invite Community Advisory Committee Members

COMMUNITY MEETING #1
- Overview of CHNA Process
- Responsibilities of Community Advisory Committee
- Define Medical Service Area/Hospital Services
- Present Health Indicator/Health Data
- Present Community Input Tool
- Have Advisory Committee Members fill out survey
- Surveys to Committee Members for Distribution

COMMUNITY MEETING #2
- Present Survey Results/Outcomes
- Group Discussion on Community Health Needs
- Develop a Work Plan to Address Survey Results

COMMUNITY MEETING #3
- Present Completed Community Health Needs Assessment to Community Advisory Committee and Hospital Board

POST ASSESSMENT ACTIVITIES

Provide Hospital Board with Community Health Needs Assessment Report
Make Community Health Needs Assessment Report Available to the Public
Hospital Reports CHNA Activities and Action Plan to IRS
DEWITT HOSPITAL AND NURSING HOME
CHNA STEERING COMMITTEE

<table>
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<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Darren Caldwell</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>Shannon Yancy</td>
<td>Administrative Assistant</td>
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</tbody>
</table>
| Mellie Bridewell  | Executive Director of Greater Delta Alliance for Health  
|                   | Facilitator                                   |

DEWITT HOSPITAL AND NURSING HOME
COMMUNITY ADVISORY COMMITTEE

Dean & Karen Watts  
1040 Glover  
DeWitt, AR  72042

Carolyn Turner  
1210 Ricebelt Ave  
DeWitt, AR  72042

Gena Jennings  
PO Box 511  
DeWitt, AR  72042

Tami Hornbeck  
216 Drier Rd  
DeWitt, AR  72042

Vivian Meins  
723 S. Tyler  
DeWitt, AR  72042

Lisa Roberson  
1099 McAdams Rd  
DeWitt, AR  72042
DEWITT HOSPITAL AND NURSING HOME
DOCUMENTATION

See Attachment E

- Community Meeting Agendas
- Sign In Sheets
- Powerpoint Presentations
Results of Community Health Needs Assessment

Public input is essential in the development of a Community Health Needs Assessment. Due to the size of the service area, DeWitt Hospital and Nursing Home chose to implement their assessment through a focus group. Individuals from the community were selected by the steering committee consisting of Darren Caldwell, CEO of DHNH, Shannon Yancy, Administrative Assistant to the CEO of DHNH, and Mellie Bridewell, Executive Director of the Greater Delta Alliance for Health. Ms. Bridewell was chosen as the facilitator due to her objectivity and experience in the development of the assessment and strategic planning. The Community Health Needs Assessment process is described in the Community Health Needs Assessment Process Section beginning on page 18 of this document. The focus group was established and surveys were given out to those members as well as to residents throughout the community through the focus group members. Focus group members were then presented with the results of the surveys and then asked to discuss some of the questions as a group and then prioritize those concerns and health issues in the community and come up with a plan to address those issues.

The discussion questions and answers were as follows:

What do you think DeWitt Hospital can do to improve the health of the community?
• More doctors
• Health Education
• Collaboration for health education

Highlighted survey responses consisted of:

What concerns you most about health care in Arkansas County?
• Not enough doctors
• Lack of educated people
• High rates of cancer
• High rates of heart disease
• Ability to provide high quality of care to a small population
• Being able to recruit and retain physicians
• Not enough family practice doctors
• Aging Physicians

What services would you like to see offered in the service area

- Health Education
- Specialty Clinics
- Access to Specialists

What do you think DeWitt Hospital and Nursing Home can do to help change these statistics?

• More health education and free support programs
• Patient Education
• Improve continuity of care with other health entities
• Help community to be able to provide active lifestyles
• Telemedicine with specialists
• Educate community about hospital services
• Work together with different organizations, schools, businesses, individuals, and collaborate to provide more outreach services
• Physician Recruitment

In your own words, why do you think the health statistics in Arkansas County are poor?

• Low socioeconomic status
• Lack of Education
• Poor Education
• Need areas to exercise
• Bad habits
• Lack of Finances
• Lack of Doctors

Focus group had discussions both at the first meeting and then at length during the second meetings. Members of the group were passionate about the hospital providing health education and outreach to improve the health of their community. It was from these discussion questions that the group was then led by the facilitator to begin to develop a Work Plan to address these issues.

*On File: Surveys, Meeting Notes, Roster Sheets*
Work Plan to Address Health Needs Assessment

DeWitt Hospital and Nursing Home will utilize the TAKE ACTION model to address their community health needs assessment. The Robert Wood Johnson Foundation and the University of Wisconsin Health Institute designed the proposed Take Action model as a means to “inspire and simulate” efforts to improve quality of life in community settings.

TAKE ACTION PLAN

STEP 1: “Work Together”

Plans for community health improvement are catered to the individualized needs of the community, with one consistent theme: “People Working Together”. Sharing a vision and commitment through a “team” to improve rural health can yield greater results than working alone.

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<thead>
<tr>
<th>Purpose</th>
<th>Who To Involve</th>
<th>What to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Build/maintain diverse, multi-sector team of partners</td>
<td>Leaders of local businesses, healthcare, public health, education, government, elected boards, faith-based and/or community-based organizations and others interested in your mission.</td>
<td>Speak to local businesses, healthcare facilities, social groups, and residents to determine their interest in being involved. Build your team. In this case the “ACMC Community Advisory Committee”</td>
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STEP 2: “Assess Needs & Resources”

Team should inventory the community’s needs, resources, strengths, and assets, while also gaining an understanding of the barriers that hinder progress toward improving rural health.

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<td>Comprehend the problem, its source, its related resources, and its needs and gaps to affect change</td>
<td>The team assembled in Step 1</td>
<td>This report provides the launching pad to report the communities needs and resources as well as its gaps</td>
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STEP 3: “Focus on What’s Important”

The team will develop a strategy that determines which problems to tackle- prioritize.

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<td>Focus the team’s efforts and resources to make impact</td>
<td>The team and facilitator</td>
<td>Team should outline community issues and discuss which problem should be addressed first in order to</td>
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STEP 4: “Choose Effective Policies & Programs”

Team will select effective policies and programs that can work in real life to maximize chances of success. Team needs to explore “Evidenced-based” programs and policies

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<td>Investigate and choose evidenced based policies and programs that address the priorities identified to match the communities needs</td>
<td>The team and facilitator</td>
<td>Meet with others in other communities, states, or regions who may have seen success and discuss expectations and lessons learned. Team up with other who might want to accomplish the same goals Hence, the Greater Delta Alliance for Health</td>
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STEP 5: “Act on What's Important”

Team should implement its strategy and leverage its strengths and available resources to respond to its unique needs

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<td>Implementation of selected goals; improving community health</td>
<td>The team, community members and partners</td>
<td>Begin to take action towards goals; implement plan</td>
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STEP 6: “Evaluate Actions”

Document successes and drawbacks and add a sense of accountability to the effort

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<td>Evaluation adds credibility to the implemented programs by offering opportunities to refine approaches and efforts in order to maximize success in response to community needs</td>
<td>The team can form oversight committees for each goal and involve other community members for assessment</td>
<td>Team should find ways to quantify success as based on its developed goals. A program, for example, may track individuals served, health outcomes. Qualitative data may be gathered through interviews</td>
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