



2015

SALINE MEMORIAL HOSPITAL

Community Health Needs
Assessment and Implementation Strategy

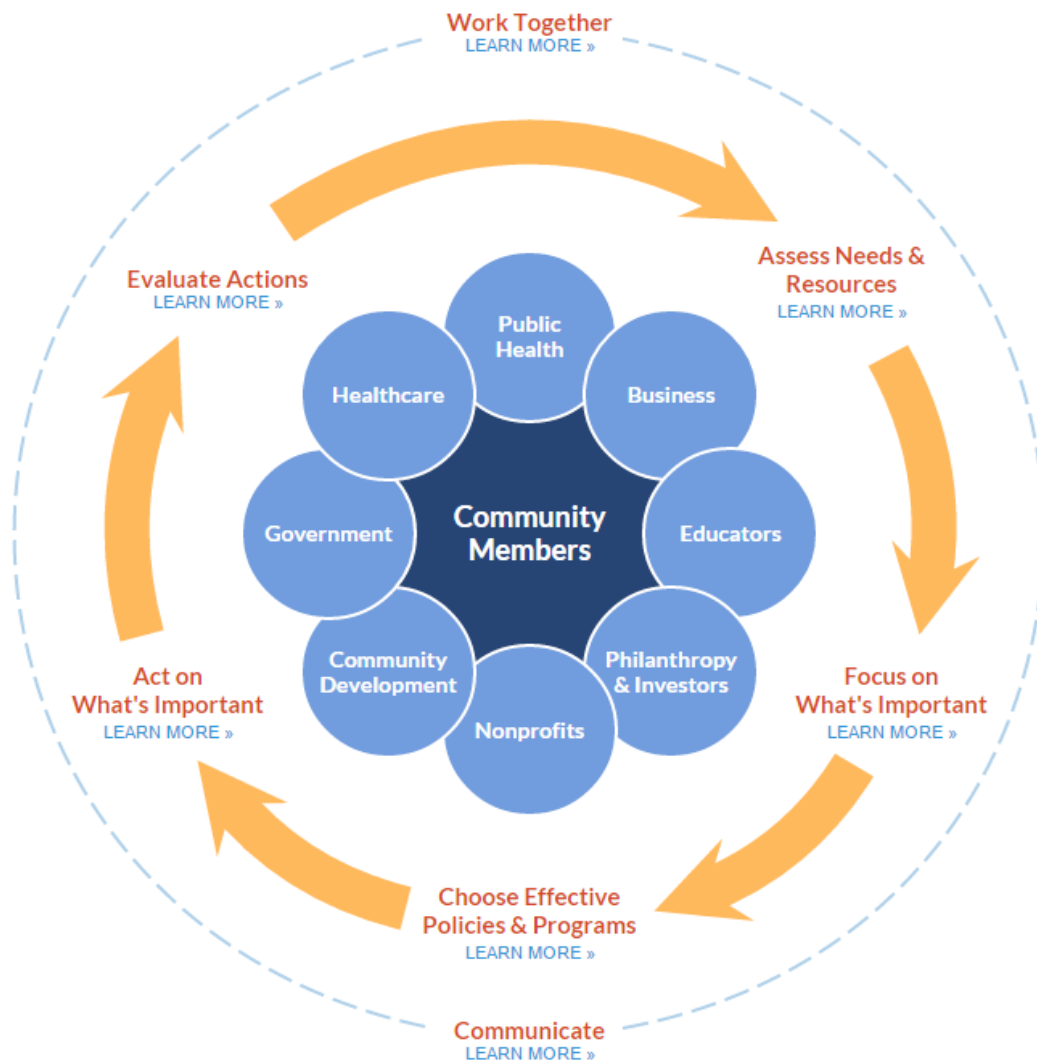
Saline County | Saline County Cares

TABLE OF CONTENTS

Perspective/Overview	03
Community Input and Collaboration	05
Community Selected for Assessment	06
Key Findings of the Community Health Assessment	07
Process and Methods	07
Demographics	08
Focus Group	09
Survey Results	10
Health Status Comparisons	11
Prioritization of Health Needs	30
Community Health Summit Brainstorming – Focus Areas, Goals	31
2012 Implementation Plan – Impact Evaluation	35
Community Assets and Resources	38
Community Health Improvement/ Implementation Plan	39

PERSPECTIVE

Creating a culture of health in the community



Sourced from the Robert Wood Johnson Foundation's County Health Rankings website:

<http://www.countyhealthrankings.org/roadmaps/action-center>

The Community Health Needs Assessment (CHNA) defines 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 the community served by Saline Memorial Hospital

The Community Health Needs Assessment (CHNA) defines 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 the community served by Saline Memorial Hospital (Saline County, Arkansas). Saline Memorial Hospital (SMH) previously conducted a community health needs assessment in 2012. This updated assessment builds on the 2012 CHNA, identifying and prioritizing the current significant health needs of the community while considering the impact of actions taken to address the significant health needs identified in the 2012 CHNA.

SMH, as the sponsor of the assessment, engaged national leaders in community health needs assessment to assist in the project. Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee was engaged to marshal the process and provide community health data and facilitation.

- ✔ SMH's board of directors approved and adopted this CHNA and the attached Implementation Strategy on March 27, 2016.
- ✔ Starting on March 31, 2016, this report is made widely available to the community via SMH's website, www.salinememorial.org, and paper copies are available free of charge at the SMH facility.

PARTICIPANTS

Over fifty community and health care organizations and individuals collaborated to implement a four stage CHNA process focused on identifying and defining significant health needs, issues, and concerns of the SMH community. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represent the broad interests of the community and have special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community. Comments on SMH's 2012 CHNA and implementation strategy were also taken into account.

PROJECT GOALS

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

“ We initiated the Community Health Needs Assessment with the goals to analyze changes from 2012’s assessment in significant health needs and priorities and address those needs,” said Bob Trautman, Chief Executive Officer, Saline Memorial Hospital. “It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents.”

“The information we 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 SMH to create an implementation plan. We hope other community organizations will join us.” added Rebecca Jones, Director of Marketing and Community Relations, Saline Memorial Hospital. “The Community Health Summit was the final step in the assessment process. Now the real work—improving the health of the community and implementing the ideas presented—begins.”

COMMUNITY

Input and Collaboration



DATA COLLECTION AND TIMELINE

In June, 2015, SMH contracted with Stratasan to assist in conducting a Community Health Needs Assessment for Saline County. SMH sought input from persons who represent the broad interests of the community using several methods:

- 22 community members, employers, not-for-profit organizations (representing various populations including medically underserved, low-income, minority, senior populations and children), schools, law enforcement, health providers, and government representatives participated in a focus group for their perspectives on community health needs and issues on September 17, 2015.
- Information gathering, using secondary public health sources occurred in July and August of 2015.
- 11 physicians and 186 hospital co-workers were surveyed on-line regarding their perspectives on community health status and needs from September 21-October 15, 2015.
- 350 community surveys were conducted by phone (246) and online (104) between September 30, 2015 and October 20, 2015. The phone numbers used for dialing were purchased from Marketing Systems Group. The numbers were dialed at random. The online portion consisted of 104 total surveys. The emails used for the online portion were purchased by Research Now. The emails targeted ages 18+ heads of households in Saline County. No quotas by age, race, or income, etc. were set.
- Comments received on SMH's 2012 CHNA and implementation strategy were received during the focus group.
- A Community Summit was conducted on October 27th with 30 community stakeholders. The audience consisted of healthcare providers, the state health department, physicians, business leaders, school systems, government representatives, not-for-profit organizations (The Vine, The Branches, Habitat for Humanity, Boys and Girls Club) and other community members.

Participants in the focus group and at the Community Summit to creating Saline County Community Health Needs Assessment and Improvement Plan were:

- Saline Memorial Hospital: CEO, COO, Director of Marketing, Foundation
- Harmony Grove Schools
- Bauxite School District
- Benton Chamber of Commerce
- Counseling Clinic
- Rivendell Behavioral
- Sheriff, Saline County
- Saline County Health Unit
- The Vine and the Branches – victims advocate
- Chaplain
- Lifeline Chiropractic
- Bryant School District Nurse
- Mayor of Bryant
- Boys and Girls Club of Bryant
- The Call – representing children in foster care and adoptive families
- City of Benton Human Resources
- Benton Senior Center
- Central Arkansas Development Council
- City of Bryant Parks
- HSV Area Chamber of Commerce
- Civitan Services
- University of Arkansas Little Rock
- Habitat for Humanity
- Central Arkansas Women's Group
- Benton Parks
- Arkansas Department of Health
- Business leaders

INPUT OF PUBLIC HEALTH OFFICIALS

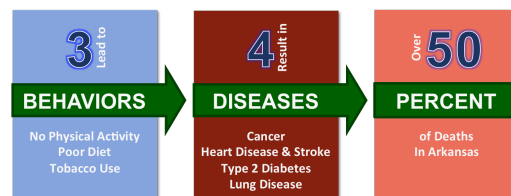
At the Summit held on October 27, 2015, Nathaniel Smith, MD, MPH, Director and State Health Officer presented the Arkansas Department of Health Strategic Priorities. The Arkansas Department of Health (ADH) strategic plan focus areas are:

- Tobacco use
- Immunizations
- Teen pregnancy
- Childhood obesity
- Hypertension
- Mental and community wellness

Dr. Smith discussed the impact of these areas on the population. Three behaviors, no physical activity, poor diet and tobacco use -- lead to four diseases, cancer, heart disease and stroke, diabetes and lung disease, which leads to over 50% of deaths in Arkansas.

These focus areas are leading causes of illness, injury, disability or death, and/or represent enormous societal costs. Evidence-based,

Impact of Health Behaviors



scalable interventions already exist and can be broadly implemented, and the ADH strategic plan has some overlap with key national public health priorities such as the CDC's "Winnable Battles."

Dr. Smith reviewed each area. Of particular interest to the Summit attendees were the Adverse Childhood Experiences (ACES) and the ramifications of those on children. The more the number of ACES in a child's life, the more likely to have chronic diseases in adult life.

Where there are common initiatives between the state, counties, hospitals, and community groups, coordination of efforts would be ideal.

INPUT OF MEDICALLY UNDERSERVED, LOW-INCOME AND MINORITY POPULATIONS - COMMUNITY ENGAGEMENT AND TRANSPARENCY

We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. 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 health improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on SMH's website or by contacting Saline Memorial Hospital.

.....

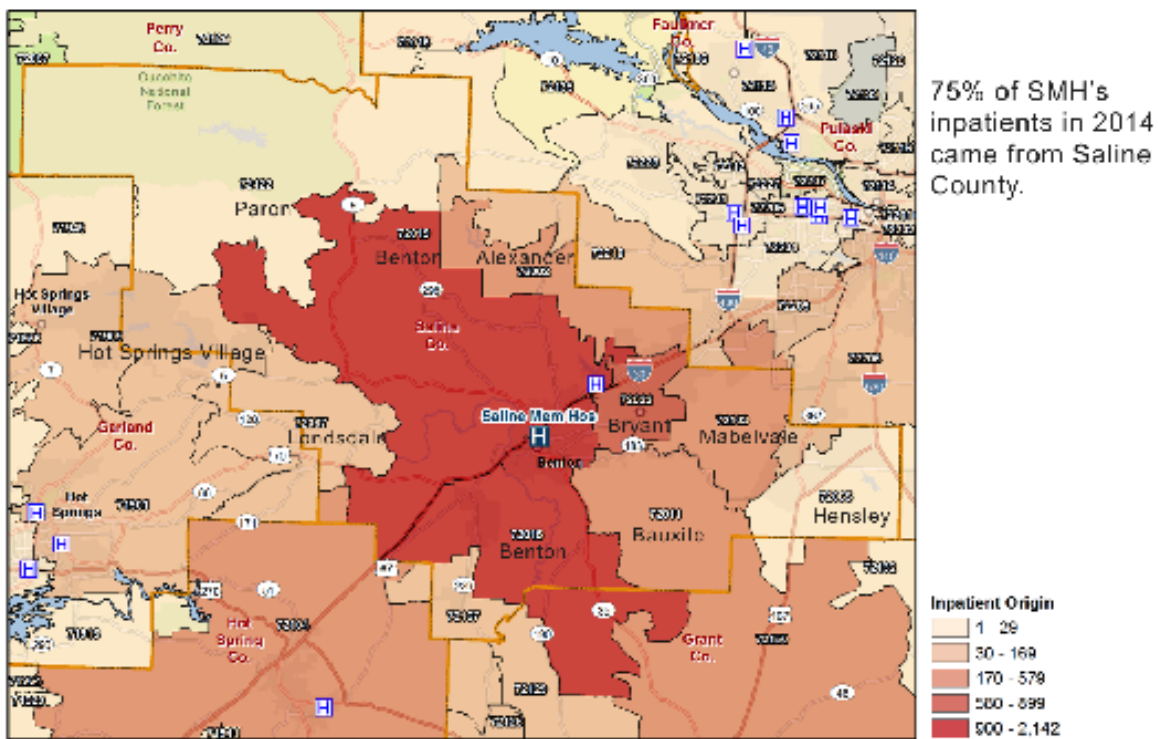
COMMUNITY

Selected for Assessment

SMH's health information provided the basis for the geographical focus of the CHNA. The map below shows where SMH receives its patients; most of SMH's inpatients come from Saline County (75%). Therefore, it is reasonable to select Saline County as the primary focus of the CHNA. However, surrounding counties could benefit from efforts to improve health in Saline County.

The community identified by SMH includes medically underserved, low-income or minority populations who live in the geographic areas from which SMH draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under SMH's Financial Assistance Policy.

SALINE MEMORIAL HOSPITAL PATIENTS - 2014



Source: Saline Memorial Hospital

All of Saline County, Benton, Bryant, Bauxite, Haskell, Traskwood, Alexander, Mabelvale, Hensley, Lonsdale, Paron and Hot Springs Village must come together now to improve the health of their communities.

KEY FINDINGS

Community Health Assessment



DEMOGRAPHICS OF THE COMMUNITY

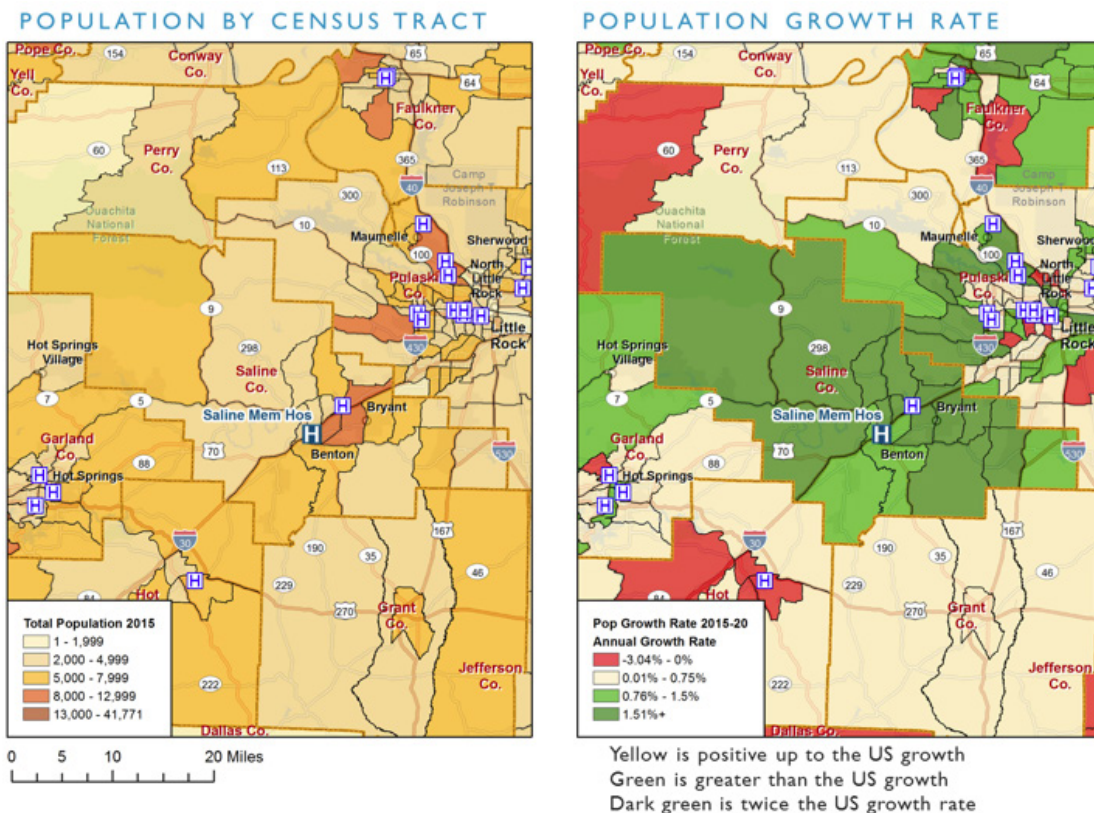
The table below shows the demographic summary of Saline County compared to Arkansas and the U.S.

- Source: ESL

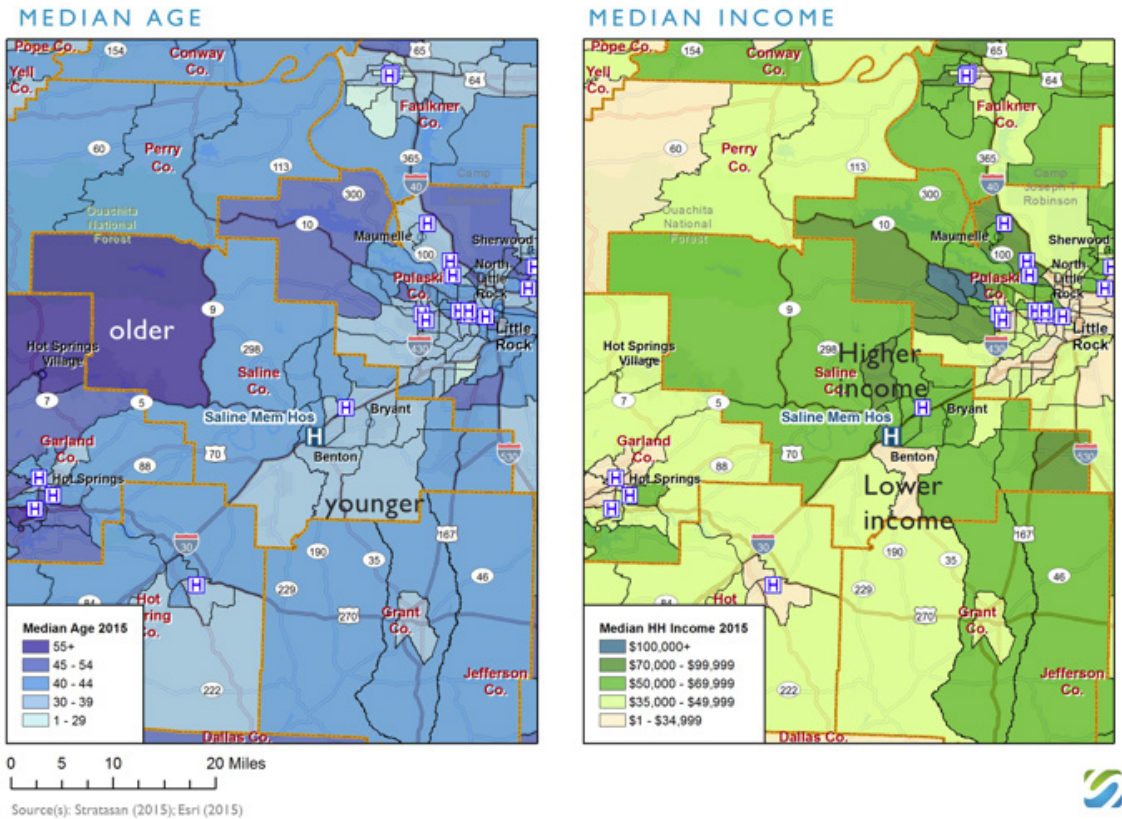
	Saline County	Arkansas	USA
Population (2015)	116,769	3,013,667	318,536,439
Median Age (2015)	40.1	38.2	37.9
Median Household Income (2015)	\$56,061	\$40,297	\$53,217
Annual Pop. Growth (2015-20)	1.89%	0.70%	0.75%
Household Population (2015)	45,436	1,188,573	120,746,349
Dominant Tapestry (2015)	Middleburg (4C)	Rooted Rural (10B)	Green Acres (6A)
Businesses (2015)	3,262	126,438	13,340,415
Employees (2015)	29,484	1,473,014	158,567,719
Medical Care Index* (2015)	95	81	100
Average Health Expenditures (2015)	\$1,999	\$1,698	\$2,098
Total Health Expenditures (2015)	\$90.8 M	\$2.0 B	\$253.3 B
Racial and Ethnic Make-up			
White	88%		
Black	7%		
American Indian	1%		
Asian/Pacific Islander	1%		
Mixed Race	2%		
Other	2%		
Hispanic Origin	5%		

- The population of Saline County is projected to increase from 2015 to 2020 (1.89% per year), over twice the rate of AR at .7% and the U.S. at .75%
- Saline County is older (40.1 median age) than AR and the U.S. and has higher median household income (\$56,061) than both AR and the U.S.
- The medical care index measures how much the county spends out of pocket on medical care services. The U.S. index is 100. Saline County (95 index) spends 5% less than the average U.S. household out of pocket on medical care (doctors office visits, prescriptions, hospital).
- The racial make-up of Saline County is 88% white, 7% black, 4% some other race, 2% mixed races and 5% Hispanic origin.
- The income distribution of Saline County is 20% high income, 61% middle income and 18% low income.

2015 POPULATION BY CENSUS TRACT AND GROWTH (2015-202)



There are two highly populated census tracts located in central Saline County, Benton tracts. The more rural census tracts are two tracts northwest of Benton and one southeast of Benton. The population is growing all over the County. - Source: ESRI



There is an older population in Paron (northwest corner) and younger population in the southeast corner, south of I30. There is a pocket of lower median household income in the census tract due south of the hospital. [] Not all households are at the median in a census tract, but these are indicators of segments of the population that may need focused attention.

The rate of poverty in Saline County was 8.6% (2009-2013 data), which is below AR (19.2%) and the US (15.4%). It is also lower than the contiguous counties to Saline. Although the median income is higher than AR and the US and the poverty percentage is lower, there are still pockets of low income in Saline County.

- Source: ESRI

HEALTH STATUS DATA

Based on the latest 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). County Health Rankings suggest the areas to explore for improvement in Saline County are: Adult smoking, adult obesity, and the number of social associations. When analyzing the health status data, local results were compared to Arkansas, the US (where available) and the top 10% of counties in the U.S. Where Saline County's results are worse than the State and U.S., we see an opportunity for group and individual actions that will result in improved community ratings. There are several lifestyle gaps that need to be closed to move Saline County up the ranking to be the healthiest community in Arkansas and eventually the Nation. For additional perspective, Arkansas is ranked the 49th healthiest state out of the 50 states.

INFORMATION GAPS

SMH was able to obtain input from all required sources. SMH is not aware of any information gaps affecting its assessment of the community's health needs.



FOCUS GROUPS

Survey Results, Health Status Rankings and Comparisons

FOCUS GROUP RESULTS

Twenty-one community stakeholders participated in a focus group for their input into the community's health. There was broad community participation in the focus group representing a range of interests and backgrounds. Below is a summary of the 90 minute discussion.

- The group described the health of the community as good or fair. The community has preventable lifestyle diseases.
- When asked about the biggest health or healthcare concerns for Saline County the group mentioned:
 - Smoking
 - Breathing problems, asthma, chronic obstructive pulmonary disease
 - Need more access to physical fitness opportunities: trails, sidewalks bike paths
 - Lack of mobility
 - Access to healthy foods in restaurants
 - Drug issues – prescription drugs, heroin
 - Heart disease
 - Obesity
 - Hypertension
 - Mental health issues: suicide rate, sexual abuse
 - Homeless issues
 - Senior issues
- The group thought that the only issue identified in 2012 which was worse in 2015 was drug issues.
- When asked what had improved the most since 2012, the group mentioned that improvements have been made in middle class access to care but for lower income families, access has not improved. Exercise opportunities have improved.
- The group believed the behaviors that have the most negative impact on health are:
 - Driving everywhere; need more sidewalks, trails and bike paths
 - Need more socialization, engagement with neighbors
 - Poor impulse control
- The group thought the biggest barriers to improving health in the last three years and moving forward are:
 - Getting resources into people's hands
 - Lack of knowledge about available resources
 - Reaching families who aren't online
 - Bureaucratic process accessing services
 - Resources – time and money
 - Need a little less talk and a lot more action in committees and workgroups

- The group listed the following as community assets to support health:
 - People who care
 - Schools
 - Churches
 - Community and neighborhood development
 - Central Arkansas Development Council (CADC)
 - 24/7 stroke coverage
 - Interventional cardiac care available
 - The new Kroger has gluten free and more healthy food options
 - Eleven nurses in the Bryant school district
 - Senior Wellness Center
 - Safe town – great police
 - Kiwanis and other community organizations that provide services
 - Joshua House – for homeless males
 - House of Esther – for women victims of domestic violence
 - Leadership Saline created a list of available resources available at www.leadershipsaline.org resources

- When asked what the community needs in order to manage their health conditions or stay healthy, the group responded:
 - More sidewalks, trails and bike paths, build infrastructure
 - Keep children out of foster care focusing on families
 - Economic viability and development
 - Brand Saline as a healthy community in Arkansas
 - Positive peer pressure
 - Community awareness and resources for abuse
 - More people at the Farmer's Market
 - Spiritual health as well as physical health – Churches
 - Identify the gap – drug use, suicide, where does the person break down
 - Healthy eating opportunities
 - Change the mindset with kids and eating healthy
 - Need to become more proactive and less reactive
 - How do we reach the low income population?
 - A signature community-building event: Amplify, National Night Out, Old Fashioned Day
 - Network churches to spread awareness of issues
 - Improve underlying issues of homelessness

- When asked what priority health improvement action should Saline County focus on, the group listed:
 - Communication, connectivity and collaboration
 - Same vision
 - Different groups coming together to improve health
 - Availability of trauma-based therapy
 - Child advocacy center
 - Nutrition
 - Physical health and movement
 - Spiritual health

- Elderly health and wellness
- Access to transportation
- Homeless shelter and resources
- Mental health access
- Start the Health Coalition again, but do something, not just talk, productive and effective
- Clearing house for resources
- ASSIST – suicide prevention training for the community
- Figure out how to reach people about resources available: schools, ER, Churches

SURVEY RESULTS

11 SMH physicians and 186 employees were surveyed on-line regarding their perspectives on community health status and needs from September 21-October 15, 2015. When possible, responses were compared to the physician survey conducted in 2012. Most of the SMH physicians and employees are members of the local community and have unique insight into the health status of the community.

COMMUNITY PHYSICIAN RESPONSES

- 46% responded the community's health was fair, 9% responded poor and 18% responded the community's health was good. 27% responded the community's health was neutral and none responded health was excellent. The scale was different in 2012, where 0% responded excellent, 13% good, 58% just okay, 25% fair and 4% poor.
- 100% believe obesity is the most prevalent disease followed by diabetes (73%), high blood pressure (64%), mental health (46%), heart disease (46%), and cancer (9%).
- When asked about the top two or three issues impacting people's health, people taking more responsibility for their own health and lifestyle was first with 78%, followed by mental health (67%), and obesity (33%). People taking more responsibility for their own lifestyle and health was also first in 2012 at 78%. Mental health took a more prominent position in 2015. Affordable health insurance and jobs and employment were more prominent in 2012.
- The top health concerns for children were physical inactivity (78%), responsible and involved parents (78%), lack of healthy diet (56%) and mental health services (33%).
- Compliance to drug therapies/prescriptions was seen as most needed by people in the community in order to manage their health more effectively (67%), followed by "more information/education about their conditions" (44%), and training on how to care for their condition(s) (44%). Easier access to health and wellness services was 59% in 2012, but not mentioned in 2015, indicating improvement perhaps. The top two were the same in 2012 as in 2015.

SMH CO-WORKER RESPONSES

- 37% responded the community's health was fair, 27% responded good, 20% responded neutral, 9% responded poor, and 2% responded excellent. Although the scale was different in 2012, the results were similar, 1.3% excellent and 10% poor.
- Like the physicians, 75% believe obesity is the most prevalent chronic disease followed by high blood pressure (64%), diabetes (63%), heart disease (53%), and mental health (33%).
- When asked about the top two or three issues impacting people's health, people taking more responsibility for their own health/lifestyle led with 30%, followed by substance abuse services (28%), then affordable healthcare (26%), and affordable health insurance (26%). These were followed by obesity (25%) and more specialists (21%).
- In 2012 the top two or three issues were, people taking more responsibility for their own health/lifestyle, affordable health insurance and more urgent care or walk-in clinics.
- The top health concerns for children were physical inactivity (64%), responsible, involved parents (60%), and lack of healthy diet (53%). Substance abuse followed with 31%.
- Affordable healthcare, training on how to care for their condition(s) were seen as most needed by people in the community in order to manage their health more effectively (42% and 40%), followed by more information/education about their condition(s), (38%), and compliance to drug therapies/prescriptions (37%).

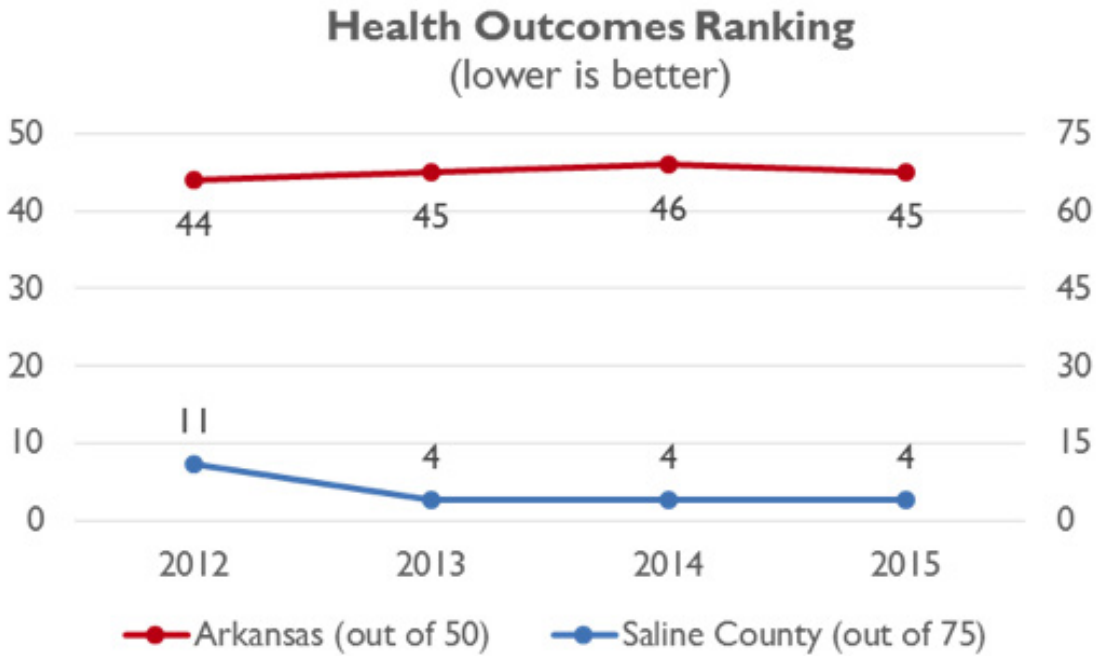
The economy was more of an issue in 2012 with more worried about jobs and employment as well as affordable healthcare and health insurance. Affordable healthcare and health insurance continue to be issues in 2015, but the worries about the economy have abated. Saline County appears to have made progress on exercise opportunities and access to physicians.

SUMMARY OF DATA ANALYSIS IN COMMUNITY HEALTH NEEDS ASSESSMENT

Information from County Health Rankings and America's Health Rankings were analyzed in the Community Health Needs Assessment. When data was available for Arkansas, the US or the top 10% of counties, they were used as comparisons. Other data was also analyzed and is referenced in the bullets below, such as: demographics, socioeconomics, consumer health spending, focus group and surveys of the physicians and hospital staff. Where the data indicated a strength or an opportunity for improvement, it is called out below. Strengths are important because the community can build on those strengths. The full data analysis can be seen in the complete CHNA PowerPoint.

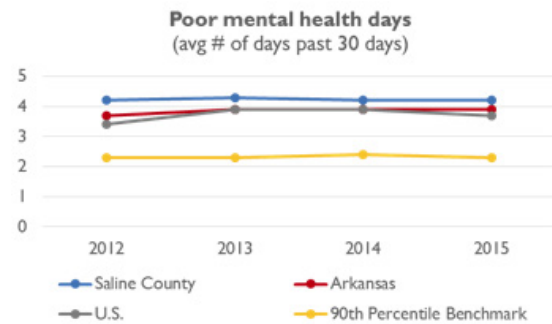
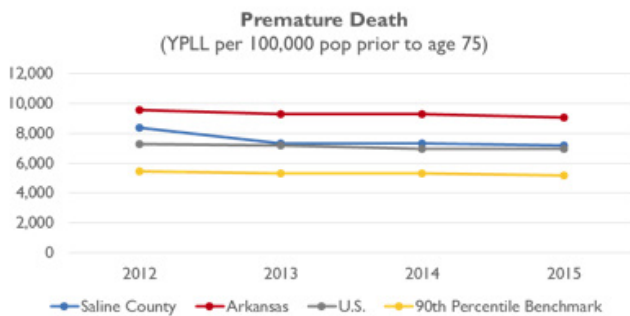
.....

HEALTH OUTCOMES (LENGTH OF LIFE AND QUALITY OF LIFE)



Source: County Health Rankings; America's Health Rankings

Health Outcomes are a combination of length of life and quality of life measures. Saline County improved its ranking from 2012, but has stagnated at number 4 out of 75.



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

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

STRENGTHS

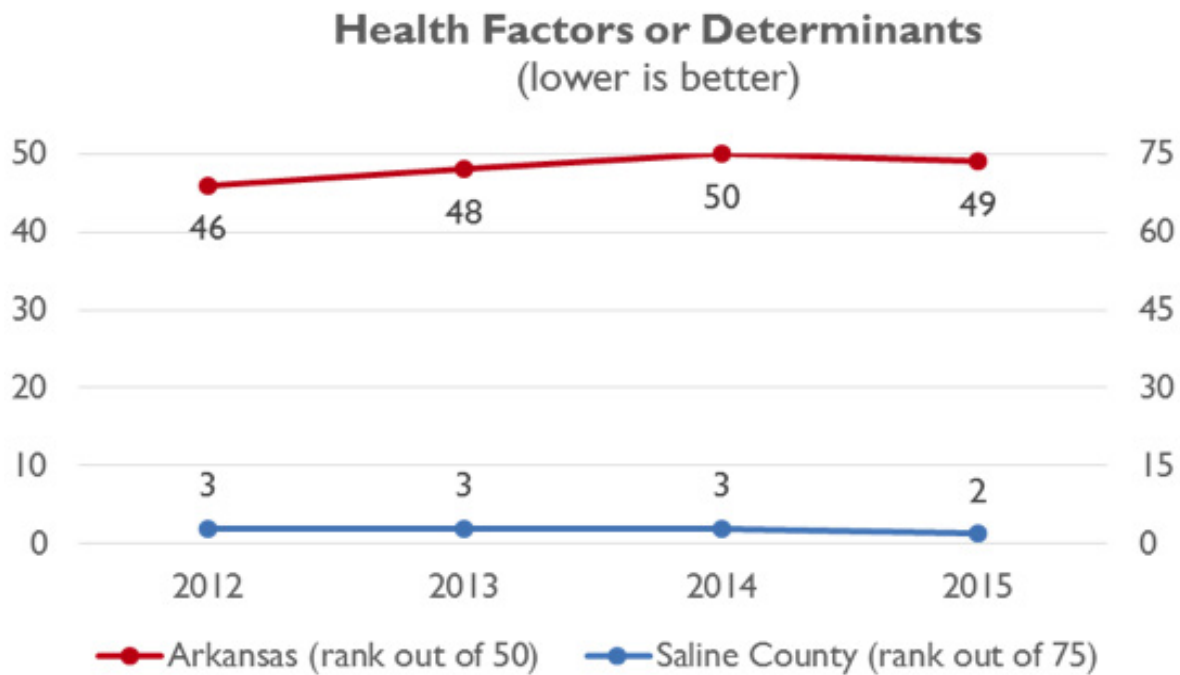
Length of life as measured in years of potential life lost (YPLL) per 100,000 population prior to age 75, Saline County is ranked 3rd in Arkansas and YPLL are just slightly (2.8%) above the U.S. YPLL has declined (improved) since 2012.

OPPORTUNITIES

- Saline County has a higher average number of poor mental health days than Arkansas and the U.S. 4.2 poor mental health days out of the past 30 days. This indicator has remained flat since 2012.
- There is a perceived suicide problem in Saline County. Arkansas's suicide rate is higher than the US and is in the top 15 of U.S. states. The Arkansas Department of Health has the goal: By 2019, decrease the number of suicide deaths among 10-24 year olds in Arkansas from 68 to 44.

The other measures, Saline County lies between Arkansas and the U.S.

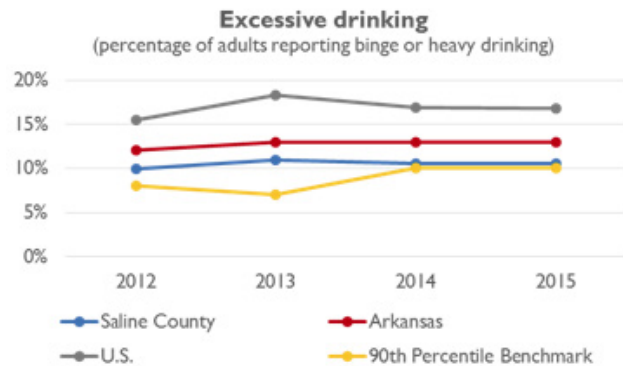
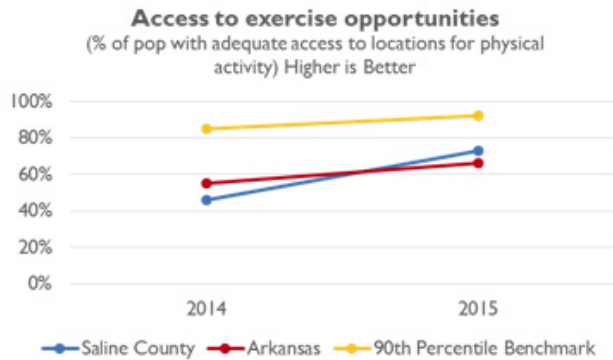
HEALTH FACTORS OF DETERMINANTS



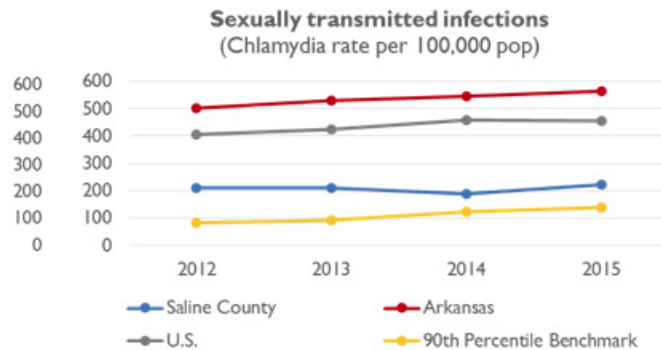
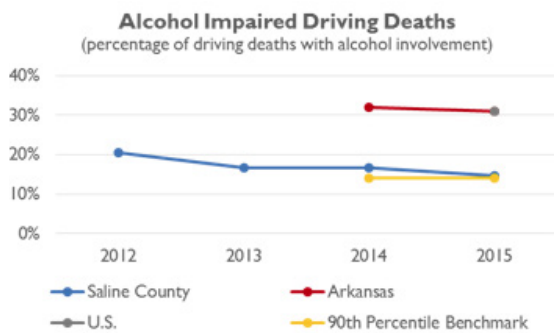
Source: County Health Rankings; America's Health Rankings

Health factors or determinants are comprised of measures related to health behaviors, clinical care, social & economic factors and physical environment.

HEALTH BEHAVIORS - STRENGTHS



Source: County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI & US Census Tigerline Files
Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS)

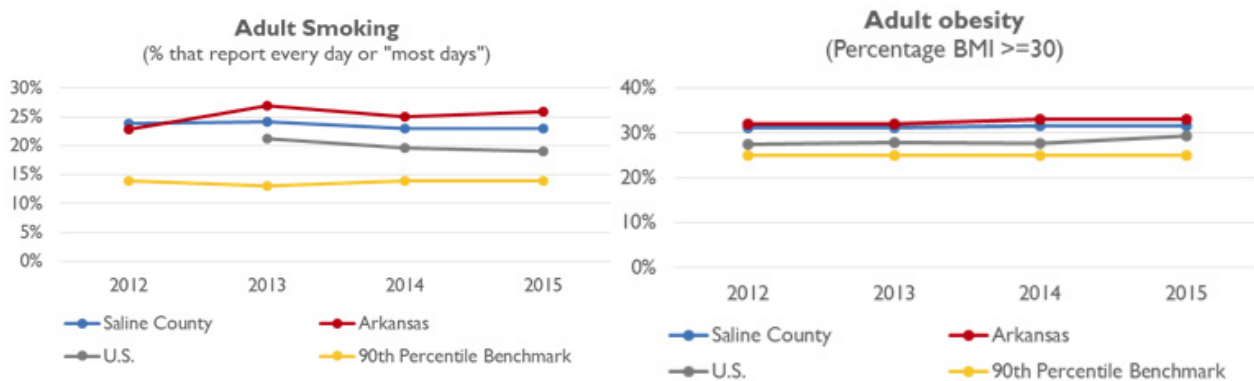


Source: County Health Rankings; Fatality Analysis Reporting System
Source: County Health Rankings; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

STRENGTHS

- Access to exercise opportunities is on the rise in Saline County based on data as well as focus group input.
- Excessive drinking in Saline County is lower than the U.S., Arkansas and is equivalent to the top 10% of counties in the country.
- Related is alcohol impaired driving deaths which are lower in Saline County than Arkansas and the U.S. and is on par with the top 10% of counties in the country.
- Sexually transmitted diseases as measured by Chlamydia rate per 100,000 population is lower in Saline County than Arkansas and the U.S.

HEALTH BEHAVIORS - OPPORTUNITIES



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

Source: County Health Rankings; CDC Diabetes Interactive Atlas

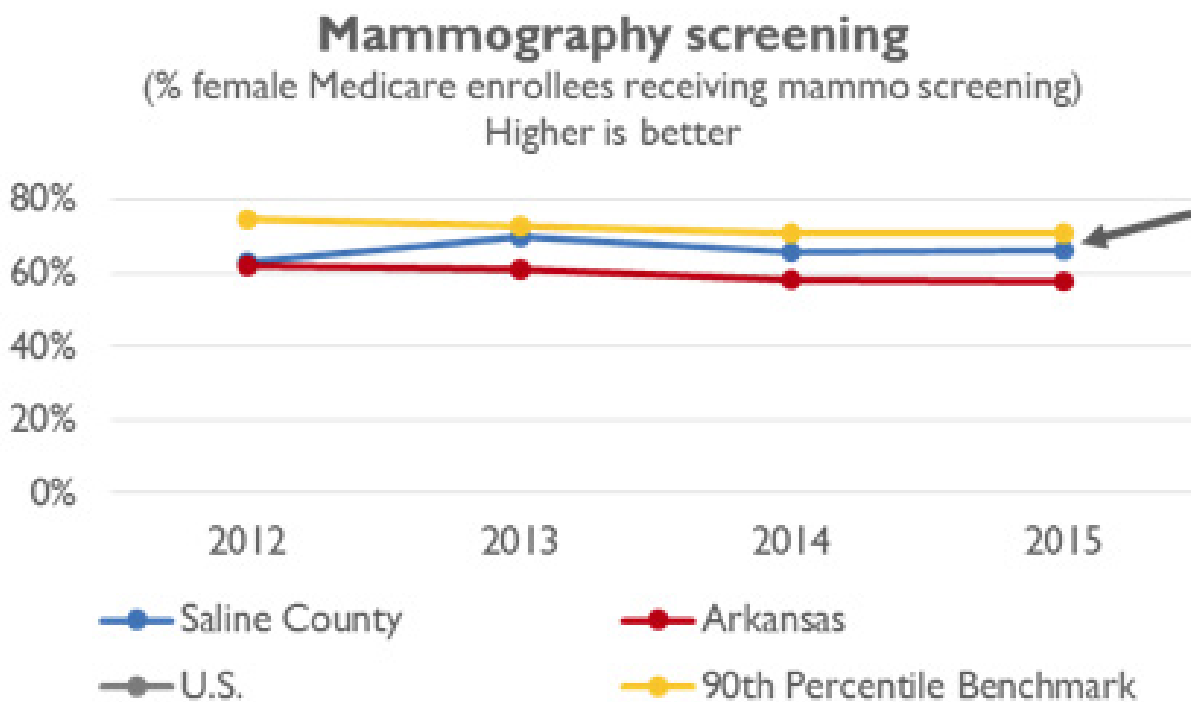
OPPORTUNITIES

- Adult smoking, although lower than Arkansas, is still higher than the U.S. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, and respiratory conditions, as well as low birthweight and other adverse health outcomes.

- Adult obesity, although slightly lower than Arkansas, is still higher than the U.S. Obesity puts people at increased risk of chronic diseases: 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. It often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. A link has been found between migraines and obesity.

Regarding physical inactivity, teen birth rate, and food environment index, Saline County lies between Arkansas and the U.S.

CLINICAL CARE - STRENGTHS

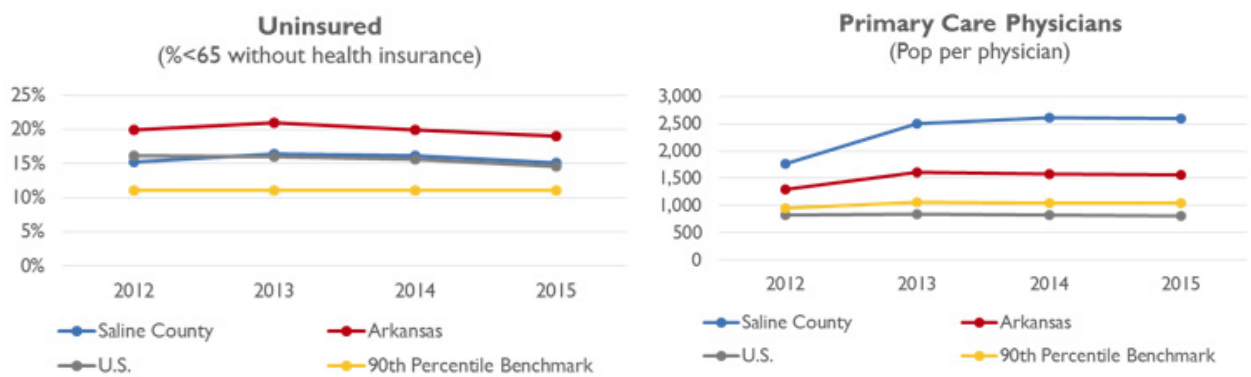


Source: County Health Rankings; Dartmouth Atlas of Health Care

STRENGTHS

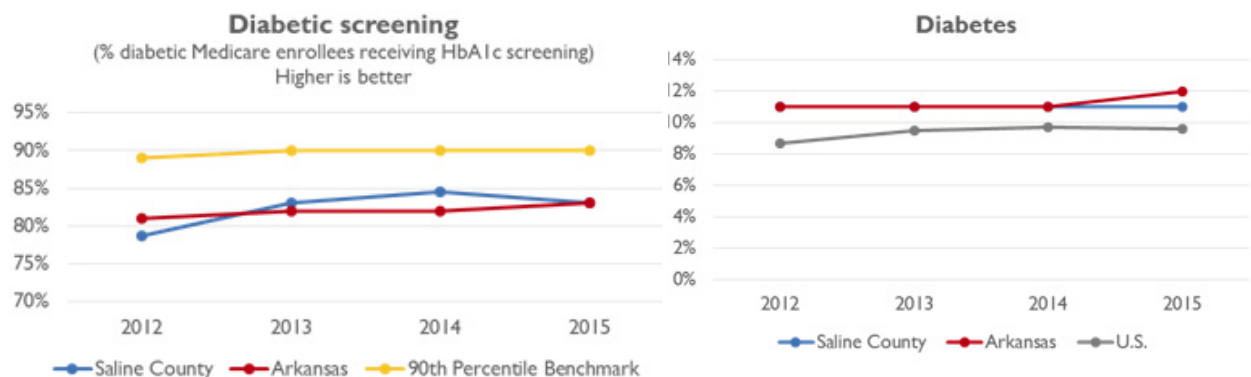
- Mammography screening is high at 66%
- Availability of hospital, primary care and specialty physicians – 24/7 stroke care, cardiac interventions available

CLINICAL CARE - OPPORTUNITIES



Source: County Health Rankings; Small Area Health Insurance Estimates

Source: County Health Rankings; Area Health Resource File/American Medical Association



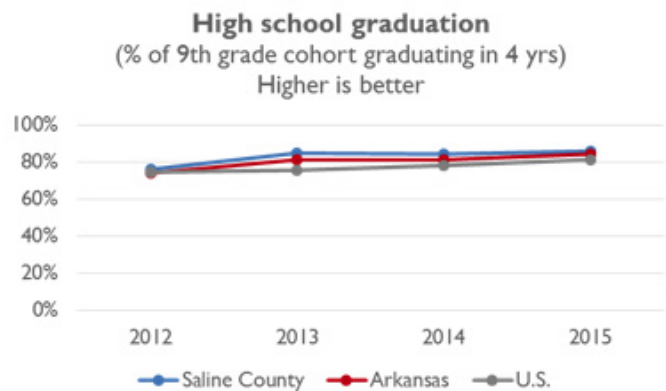
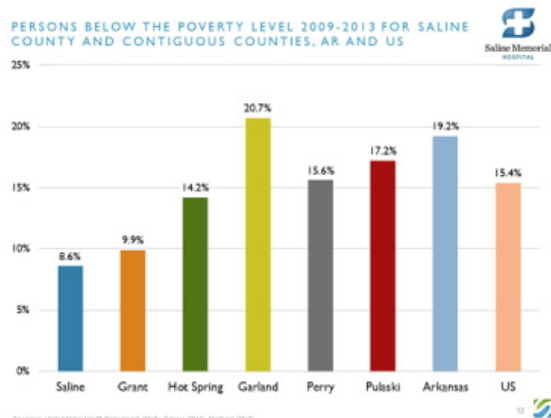
Source: County Health Rankings; Dartmouth Atlas of Health Care

Source: County Health Rankings; CDC Diabetes Interactive Atlas

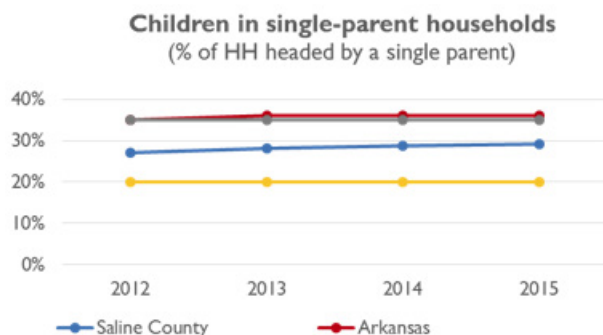
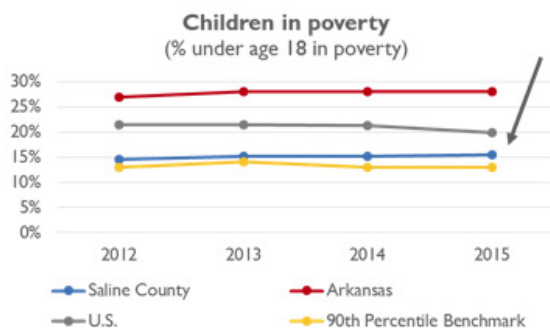
OPPORTUNITIES

- High percent of the population without health insurance (uninsured), 15.1% compared to the U.S. at 14.6%. However, Arkansas is at 19%.
- Low access to primary care physicians; the population to primary care physician is higher available
- Low access to dentists; the population to dentist ratio is high
- Low access to mental health providers; the population to mental health provider ratio is high
- 11% of the population has diabetes and diabetic screening is equal to Arkansas

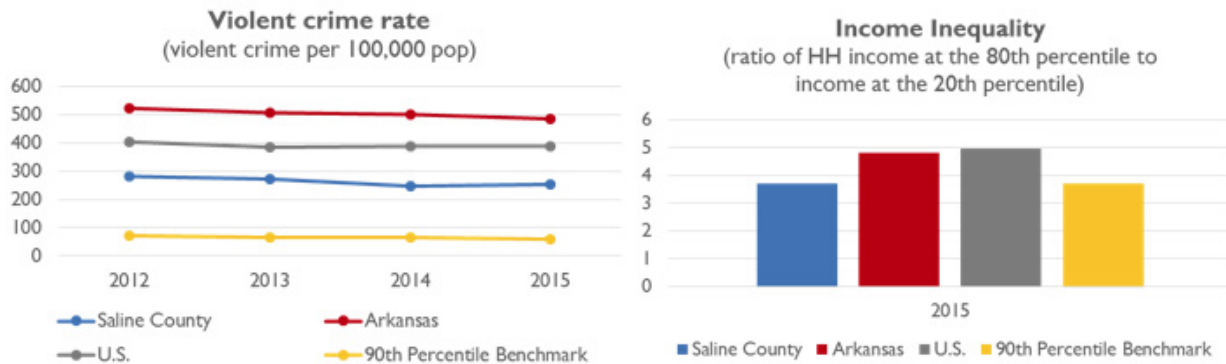
SOCIAL & ECONOMIC FACTORS - STRENGTHS



Source: United States Health Department; Census
Source: County Health Rankings; Data.gov



Source: County Health Rankings; Small Area Income and Poverty Estimates
 Source: County Health Rankings; American Community Survey, 5-year estimates



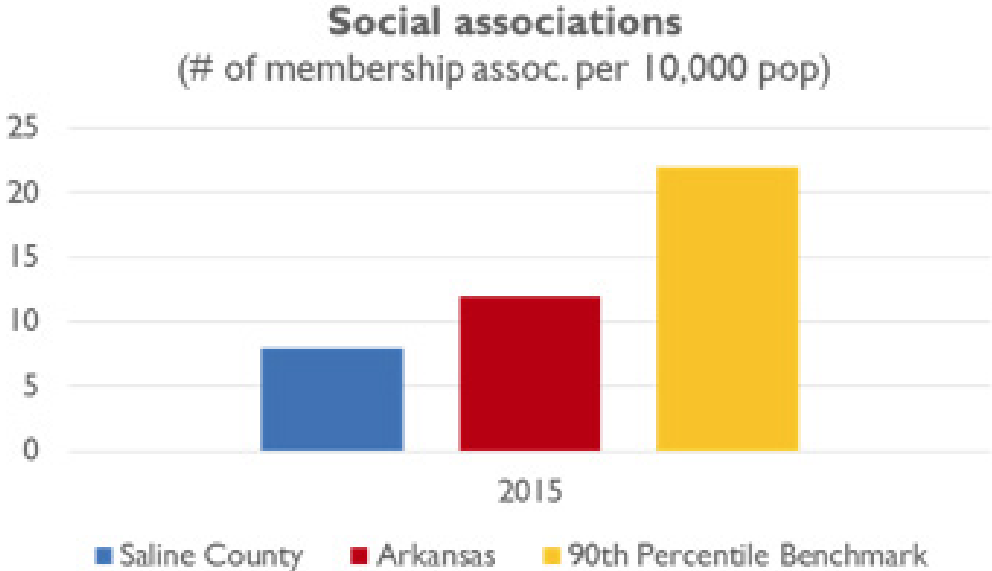
Source: County Health Rankings; Uniform Crime Reporting – FBI
 Source: County Health Rankings; American Community Survey, 5-year estimates

STRENGTHS

This is Saline County's lowest ranked, best category

- Higher median household income than Arkansas and the U.S.
- Lower poverty than Arkansas and the U.S.
- High school graduation is higher than Arkansas and the U.S.
- The percentage of children in poverty is lower than Arkansas and the U.S., but 16% of Saline County children are in poverty.
- The percentage of children in single-parent households is lower in Saline County than Arkansas and the U.S.
- Violent crime rate per 100,000 population is lower in Saline County than in Arkansas and the U.S.
- Income inequality is lower in Saline County than Arkansas and the US, at the top 10% in the country.

SOCIAL & ECONOMIC FACTORS - OPPORTUNITIES



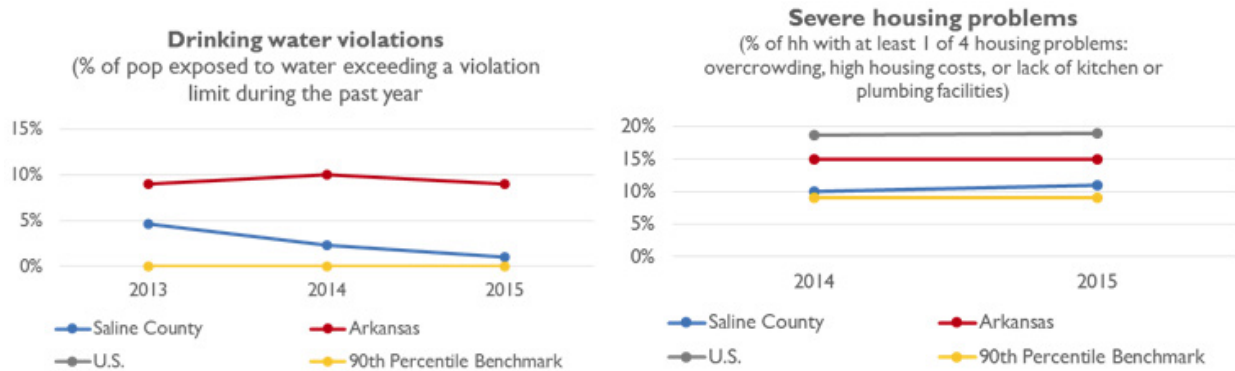
Source: County Health Rankings; County Business Patterns

OPPORTUNITIES

- The number of membership association per year per 10,000 population is lower than Arkansas. 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.

PHYSICAL ENVIRONMENT - STRENGTHS

This is Saline County's most challenging category.



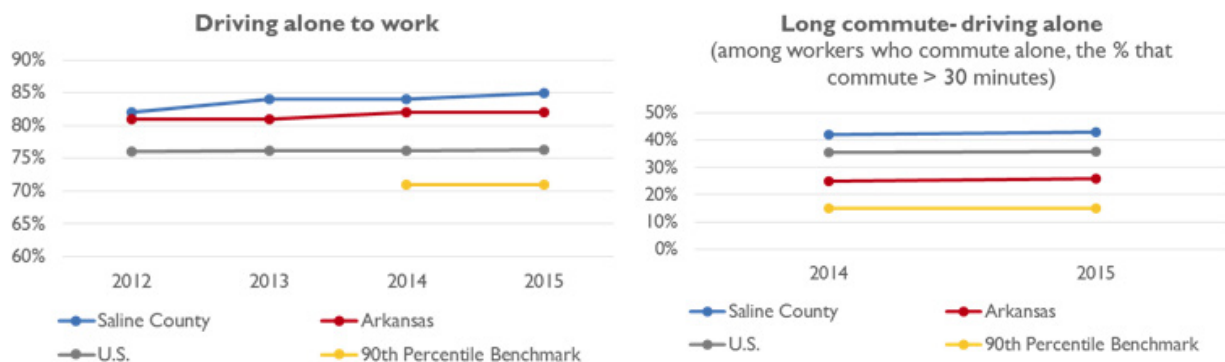
Source: County Health Rankings; Uniform Crime Reporting – FBI

Source: County Health Rankings; American Community Survey, 5-year estimates

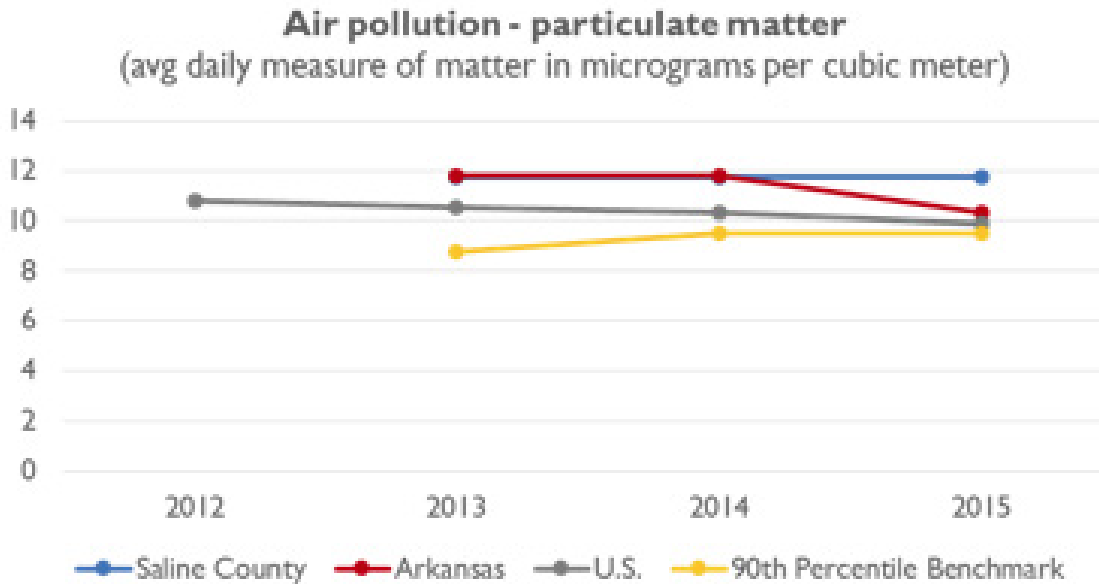
STRENGTHS

- Drinking water violations are much lower than Arkansas approaching the top 10% in the country.
- Severe housing problems are lower than the U.S. and Arkansas

PHYSICAL ENVIRONMENT - OPPORTUNITIES



Source: County Health Rankings; Uniform Crime Reporting – FBI
Source: County Health Rankings; American Community Survey, 5-year estimates



Source: County Health Rankings; County Business Patterns

OPPORTUNITIES

- Driving alone to work is higher than Arkansas and the U.S.
- Long commute - A 2012 study in the American Journal of Preventive Medicine found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute, the less physical activity the individual participated in. Source: County Health Rankings: [1] Hoehner, Christine M., et al. "Commuting distance, cardiorespiratory fitness, and metabolic risk." American journal of preventive medicine 42.6 (2012): 571-578.
- Air pollution – average daily measure of matter in micrograms per cubic meter is higher than Arkansas and the U.S.

The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic crashes. The choices for commuting to work can include walking, biking, taking public transit, or carpooling, the most damaging to the health of communities is individuals commuting alone. In most counties, this is the primary form of transportation to work. Source: County Health Rankings

THERE ARE FOUR BROAD THEMES THAT EMERGED IN THIS PROCESS:

- Saline County needs to create a “Culture of Health” which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.
 - Increasing ‘connectivity’ will facilitate a ‘culture of health’ (decreasing mental health days, perhaps affecting suicide rates; and ‘driving alone’)
 - There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes. Saline County is the best of the worst, ranking at the top of Arkansas Counties while Arkansas ranks 49th in the US relative to health indicators.
 - While any given measure may show an overall good picture of community health, there are significantly challenged subgroups such as the census tract just south of the hospital.
 - It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Many assets exist in the county to improve health.
-

RESULTS OF THE CHNA

Community Health Summit Needs, Goals and Actions



PRIORITIZATION CRITERIA

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community for the next three year period. The group used the criteria below to prioritize the health needs.

Magnitude / scale of the problem	The health need affects a large number of people within the community.
Severity of the problem	The health need has serious consequences (morbidity, mortality, and/or economic burden) for those affected.
Health disparities	The health need disproportionately impacts the health status of one or more vulnerable population groups.
Community assets	The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
Ability to leverage	Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, emerging opportunities, or other community assets.

The following significant health needs were identified and prioritized by the table groups at the Community Health Summit, and form the foundation of SMH's health initiatives. The Summit attendees listed the three most significant health needs in Saline County. The results of the activity are below with higher numbers indicating the number of "votes" or priority by topic.

- ① Diabetes and other chronic diseases (COPD, Hypertension) (11)
 - ② Mental Health – abuse, suicide prevention (10)
 - ③ Obesity (8)
 - ④ Adverse Childhood Experiences (6)
 - ⑤ Substance abuse – adult and teen (4)
 - ⑥ Physical Activity (4)
 - ⑦ Smoking/tobacco use (4)
 - ⑧ Access, particularly affordable health insurance and Medicaid population access to providers (3)
-

COMMUNITY HEALTH SUMMIT BRAINSTORMING

Focus Areas, Goals



The most significant health needs were combined into six categories and table groups brainstormed goals and actions around the most important health issues listed above. These suggested goals and actions have been organized below.

DIABETES AND OTHER CHRONIC DISEASES (COPD, HYPERTENSION)



Goal 1 - Stop chronic diseases before they start through education and awareness in the schools and community

Action 1 – Partner with schools for education

Action 2 – Partner with hospital and mental health organizations

Resources Needed:

- Community members testimony on how to prevent disease with the message, “Bad choices = chronic disease”
- Unified communication piece, diverse coverage – all ages




Goal 2 - Change environment through buy-in starting with largest employers

Action 1 – Meet with large employers

Action 2 – Identify the strengths and weaknesses and measure results

Resources Needed:

- A way to communicate and gather together
- A way to record results-present easy changes and

 *Goal 3 - Community supported hub which supports non-profits, other groups that support those in need (including churches)*

Action 1 – Learn what each group is doing and work more efficiently together

Action 2 – Together prioritize where jointly we can make a difference

Resources Needed:

- A way to let people know they are not alone
- Organization decrease overlap of services
- Person or organization to carry the message

MENTAL HEALTH | SUBSTANCE ABUSE

 *Goal 1 - Increase access to mental health treatment options to decrease suicides*

Action 1 – Create a family education – network guide (a mental health resource guide) psychiatrists, other mental health professionals, beds outpatient programs, insurance and other funding


Action 2 – Increase access to therapists – 4-6 weeks to see a therapist

Action 3 – Hold a community-wide mental health fair programs in schools, churches. Create a vision of what positive mental health is and what life without substance abuse can be

 *Goal 2 - Decrease the stigma associated with mental health*

Action 1 – Educate by holding community-wide events talking about mental health in churches, schools, hospital

Action 2 – Partner with schools to increase suicide awareness– host an Out of the Darkness Walk. (There's one in Little Rock November 1)

 *Goal 3 - Decrease substance abuse and addiction*

Action 1 – School programs/teens – educate more, prevent kids from using drugs by offering alternatives. During drug-free week in school, focus on the actual drug-free message instead of just the fun parts.

Action 2 – Adult outreach and accountability by forming support groups

OBESITY | PHYSICAL ACTIVITY

✓ Goal 1 - Align stakeholders in obesity prevention and educate the community

Action 1 – Determine what groups are teaching, align all parties, create goals and actions

Action 2 –

Resources Needed:

- Time
- Accountability | Ownership

✓ Goal 2 – Create employee physical activity programs.

Action 1 – Define the program and challenge other employers

Action 2 – Create incentives, host an event, 5K

Resources Needed:

- Plan
- Pedometers
- Involvement
- Money

✓ Goal 3 – Encourage healthy eating

Action 1 – Hold education sessions on healthy meal prepping, healthy alternatives

Action 2 – Support and promote the local farmer's market

Resources Needed:

- Staff
 - Time
 - Promotion
-

ADVERSE CHILDHOOD EXPERIENCES



Goal 1 - Provide counseling services for families that accept Medicaid and AR Kids First

Action 1 – Recruit more counseling health services that accept Medicaid and Arkansas Kids First. It takes months to get in.

Action 2 – Identify generational mental health needs and address whole families' mental health needs



Goal 2 – Increase Church and community involvement in low income areas

Action 1 – Provide community awareness and education – Big Brothers, Big Sisters Programs

Action 2 – Neighborhood adoption by churches



Goal 3 – Positive physical health initiatives

Action 1 – Add sidewalks within older neighborhoods

Action 2 – Provide organized activities in low income areas – Girl Scouts, sports, community garden, etc.

Resources Needed:

- School therapist
 - Pediatrician involvement and referrals
 - Volunteers
-

SMOKING | TOBACCO USE



Goal 1 - Prevention education

Action 1 – Junior and senior high school education and other places kids congregate – Girl Scouts, churches

Action 2 – Letter to parents to let them know kids are smoking

Resources Needed:

- Educators / respiratory therapists, nurses
- Video on adverse effects
- Statistical data

 **Goal 2 – Increase utilization of smoking cessation programs**

Action 1 – Use smoker's testimonials in program

Action 2 – Promotion of available cessation programs garden, etc.

Resources Needed:

- Brochures
- Patches
- Physician champion
- Counselors
- Dieticians

 **Goal 3 – Reduce Cardio Obstructive Pulmonary Disease (COPD) in Saline County**

Action 1 – Promote programs to referring physicians

Action 2 – Pulmonary navigator service line champion

Resources Needed:

- Physicians
- Home Health
- Nursing Homes

ACCESS

 **Goal 1 - Increase number of physicians, providers to see the special needs populations and who take Medicaid and uninsured patients**

Action 1 – Increase the capacity of visits available for Medicaid

Action 2 – Assessment of needs – mental health, developmental disabilities

Resources Needed:

- Hospital
- Clinics
- Benton/Bryant Chambers
- Health Department



Goal 2 – Increase community knowledge of available healthcare and health insurance resources

Action 1 – Coordinated effort to create a guidebook for all resources

Action 2 – Organize resources to distribute information via website and Saline Leadership

Resources Needed:

- Health Department
- Benton/Bryant Chambers
- Churches
- Ministerial Alliance
- Civic Groups



Goal 3 – Increase access to affordable health insurance

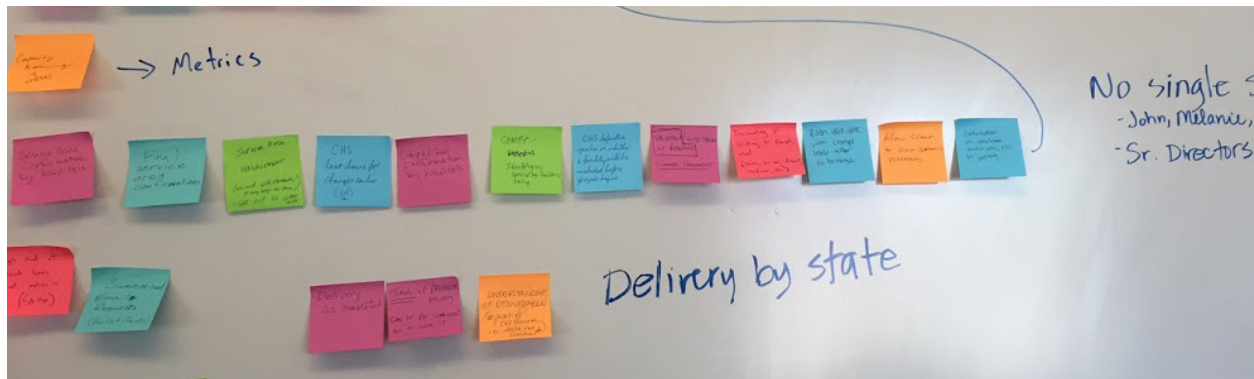
Action 1 – Education about voting on issues that impact your community

Action 2 – Educate people on how to use the available system



2012 IMPLEMENTATION PLAN

Results



Saline Memorial Hospital adopted an implementation plan in 2012. The results of this plan were also reviewed at the Community Health Summit. The plan's results are below.

OBESITY

✔ Goal 1 - Develop weight loss programs with incentives

- Action: SMH organized multiple internal weight loss campaigns. Healthcare organizations should be the example in a community. During the last competition, SMH lost over 100 lbs in 6 weeks.
- Action: SMH offered free Yoga and Zumba classes to encourage the community to stay active. We had over 50 co-workers and 25 community members attend these classes.
- Action: SMH implemented a "Take the Stairs" challenge to encourage co-workers to move. Roughly 25% of co-workers participated in this effort.
- Action: SMH dieticians are regulars on local TV stations promoting healthy eating tips for children and parents. Reaches thousands of at-home viewers and received great feedback.
- Action: SMH hosts annual 5K run/walk to promote physical activity and heart health. Offered "50 days to a 5K" program, offering free fitness classes. 650 people attended the event and look to reach 1,000 participants in 2016.
- Action: Continue to partner with local health clubs and gyms that offer monthly discounts to SMH co-workers.

 *Goal 2 - More community bicycle/walking trails*

- Action: New SMH Bryant campus will include walking trails
- Action: SMH Bishop Park has a 1.6 mile walking trail as well as Outdoor Exercise Equipment and future Disc Golf Course. The city of Bryant has increased its trail systems by miles since the CHNA.

 *Goal 3 - Develop a Surgical Weight Loss Program*

- Action: SMH developed a Surgical Weight Loss Center in June 2014 and recruited surgeons offering surgery as well as monthly support group meetings and free seminars

 *Goal 4 - Make healthy food options more accessible*

- Action: reconstructed cafeteria in 2014 to offer a fruit and salad bar reducing the price to encourage healthy choices. This has gone over very well and has been a co-worker satisfier.

DRUG ABUSE, ALCOHOL ABUSE, BEHAVIORAL HEALTH

 *Goal 1 - Increase inpatient Medicaid adult psych beds*

- Action: SMH expanded the behavioral health department in 2014 by 10 beds
- Action: next steps – increase psych beds in the ED

 *Goal 2 - Increase awareness of mental illness*

- Action: Each year since the CHNA, SMH has hosted a free, public Depression Screening Day, screening over 100 participants and referring for treatment. This program is in collaboration with the local Counseling Clinic

DIET, NUTRITION AND EXERCISE

Goal 1 - Increase physical activity by providing two new family-friendly locations

- Action: Following voters' approval of a half-cent park tax, the City of Benton will have a new community center to be named Riverside Park. The community center will include adult fitness classes, walking and bicycle trails. The Senior Adult Center will also have fitness classes. All to be complete in the fall of 2016.
 - Action: next steps – SMH to host nutrition and cooking classes open to the public
-

SMOKING

Goal 1 - Decrease adult tobacco use in the home and cars

- Action: Act 811 passed – no smoking in a car with a child under age 14 passed in 2011
 - Action: SMH provides free, public smoking cessation program. 100 co-workers and community participants have completed the program and committed to quit smoking.
 - Action: SMH patients who currently smoke are asked, “do you want to quit smoking?” Once identified, the Respiratory Therapy Department provides smoking cessation counseling and connects patients with the AR Tobacco Quit Line. Over the past two years there have been an estimated 200-250 participants.
 - Action: SMH implemented a COPD clinic in 2013 to assess and complete a pulmonary function test in coordination with family physicians.
-

PHYSICIANS | RESOURCES

Goal 1 - Recruit additional primary care physicians

- Action: Since 2012, SMH recruited two primary care physicians

 *Goal 2 - Increase specialty services in Saline County*

- Action: Since 2012, SMH has recruited five specialty physicians including: bariatric, general surgery, orthopedic surgeon, spine surgeon and geriatrician.
- Action: next steps – recruiting process for general surgeon, urologist and gastroenterology.

 *Goal 3 - Establish an after-hours urgent care facility*

- Action: In October 2012, SMH established an After Hours Clinic in conjunction with the Bryant Clinic where patients can be seen from 5-8:00 p.m. Monday through Friday. The clinic site is in a high-traffic area across from the Bryant Wal-Mart.

PERSONAL RESPONSIBILITY

 *Goal 1 - Brand Saline County as the healthy place to be*

- Action: SMH continues to use social media to tell people about new, healthy restaurants and healthy tips and recipes.
- Action: Since the 2012 CHNA, the Bryant Parks Department has teamed up with the EAST Lab at Bryant High School to develop a phone application for event and wellness updates through the Bishop Park Community Center

AFFORDABILITY | ACCESS

 *Goal 1 - Provide education/increase educational services for our community*

- Action: Various departments at SMH host luncheons to educate the community on illnesses such as congestive heart failure, COPD and sleep disorders. We have counted numerous downstream referrals from these events as well as received positive feedback from the community regarding the free education.
- Action: Submit press releases on health related topics to the local paper

AFFORDABILITY | ACCESS

✓ *Goal 1 - Provide education/increase educational services for our community*

- Action: Various departments at SMH host luncheons to educate the community on illnesses such as congestive heart failure, COPD and sleep disorders. We have counted numerous downstream referrals from these events as well as received positive feedback from the community regarding the free education.
 - Action: Submit press releases on health related topics to the local paper
-

CHRONIC DISEASES

✓ *Goal 1 - Reduce preventable new chronic diseases*

- Action: SMH provides educational opportunities, materials and seminars to educate the public on chronic illness prevention.

✓ *Goal 2 - Increase awareness of hypertension and diabetes.*

- Action: SMH hosts an annual Diabetes Fair every November. At least 200-250 participants attend and take advantage of the free screenings.
- Identify segments of the population at risk. SMH makes rounds on senior centers in Benton and Bryant performing free blood sugar and blood pressure screenings. By attending the centers on a monthly basis, we are ensuring the seniors keep a regular check on their stats. We've seen good compliance with this program which serves seniors in their 60's-80.
- SMH sends Dieticians to the quarterly "Family Night" events at the local Boys and Girls Clubs to check BMI and perform nutritional checks for local children. Although it's hard to quantify results of this effort, we do believe it's worthy of our time. Our strategy is to educate the children and parents about positive nutritional choices early in their childhood

✓ *Goal 3 - Reduce complications and readmission of diabetic patients*

- Action: SMH nurses make calls to each patients after discharge to ensure they understand the plan of care and answer questions about medications.

INJURIES | TEEN PREGNANCY | CLEAN AIR, SOIL AND WATER

- SMH has not addressed teen pregnancy, clean air or soil due to a lack of resources and identified effective interventions to address the needs.
 - SMH has processes to recycle and process hazardous waste.
 - Next steps – OB/Gyns who are willing to go to local schools and lunch with teens to discuss pregnancy related issues.
 - SMH continues to send representatives to be part of the “Real Deal”, a program which educates young girls and boys about the consequences of teen pregnancy.
-

COMMUNITY RESOURCES

Leadership



Leadership Saline County is a leadership development program which is working to cultivate leadership by energizing and educating existing and emerging leaders in the community. By further developing the leaders in our community, we hope to improve the life of every resident through increased social and economic opportunities making Saline County the best possible place to live and work. (www.leadershipsaline.org)

Leadership Saline offers an online resource listing under “Resources”. It lists crime prevention, domestic assistance, education, fire, health care, hotlines, police public assistance, public library, public schools and miscellaneous resources.

The Focus Group also identified community resources to improve health, which are listed on page [15], above. These resources, together with those found on the Leadership Saline website, were identified during this CHNA as resources potentially available to address the significant health needs of the community.

ACKNOWLEDGEMENTS

Our Thanks



We would like to acknowledge the efforts of the collaborative group who represent the broad interests of the community, have special knowledge and expertise in public health and represent medically underserved, low-income and minority populations served by the hospital that assisted in the CHNA. It is energizing when a diverse group of citizens comes together to work toward a common cause.

The report is not the end of the process.

Saline Memorial Hospital has selected initiatives for them to work on over the next three years. Please consider volunteering or having your organization take up other initiatives to work on to improve the health of Saline County. Please contact Rebecca Jones at Saline Memorial Hospital for information regarding ongoing efforts and how you may get involved.

The primary and secondary research is the basis of the Community Health Needs Assessment report for Saline County, Arkansas. The health information contained in these reports can be utilized to further refine community health priorities, develop a community plan and guide collaboration and resource allocation. Funding for this project has been provided by Saline Memorial Hospital.

Meet the people who have brought this important information together. As a community, we are appreciative of their work, their time and their talents.

- Saline Memorial Hospital, *Board of Directors*
- Bob Trautman, *Chief Executive Officer, Saline Memorial*
- Rebecca Jones, *Director of Marketing and Community Relations, Saline Memorial*

COMMUNITY HEALTH PLAN

Improvement | Implementation

To successfully make our community healthier, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, government, schools, churches, not-for-profit organizations and business and industry around an effective plan of action. SMH has selected key elements of the assessment to address, as set forth in the attached Implementation Plan, and encourages other organizations in the community to do the same.

Based on input from the prioritization at the Community Summit, Saline Memorial Hospital (SMH) has selected three (3) corresponding significant health needs from the CHNA.

.....

DIABETES AND OTHER CHRONIC DISEASES (COPD, HYPERTENSION)

1. SMH continues to host monthly diabetes support group meetings that are free and open to the public. SMH also hosts an annual Diabetes Health Fair every November and invite the community in for free health screenings, cooking demos and education. SMH dieticians also provide diabetic counseling to all of our patients. SMH's acute rehabilitation representatives visit the Bryant Senior Center each month and provide free screenings to their members in hopes of catching pre-hypertension.
2. SMH was the first hospital in Arkansas to implement a COPD clinic. SMH partners with community physicians to diagnose and treat COPD. The SMH clinic provides testing, stages the severity of COPD, and makes recommendations for medications and further diagnostic testing (high resolution CT scan to rule out Bronchiectasis) as well as makes recommendations for Pulmonary Rehab (SMH Physical Therapy).

Anticipated impacts include:

- Reduce COPD 30 day readmit rate.
- Improve COPD patients' quality of life.
- SMH is in the process of recruiting the community's first Pulmonologist
- SMH has partnered with home care providers/durable medical equipment companies which supply home respiratory equipment and supplies. These companies mention SMH COPD clinic to local PCP's and remind them of our services in order to reach more community members in need.
- While attending the last CHNA Summit, SMH manager of cardiopulmonary, spoke with Dr. Nate Smith, Arkansas Department of Health Director and Health Officer and subsequently setup a meeting with the Chief Medical Officer, Dr. Wheeler, and everyone involved with "lung health". SMH manager of cardiopulmonary has been active in the Arkansas Society for Respiratory Care for 20 years and invited key board members to enhance networking. Meetings continue with the goal of decreasing incidence of lung disease.

- SMH Manager of Cardiopulmonary also joined “Smoke free Little Rock” which will roll into smoke free Saline County—Saline County would be we would be the first county in the state. SMH Manager of Cardiopulmonary has partnered with the American Lung Association and American Heart Association *to do what?*.
- SMH plans to hire a Respiratory Therapist which would function as a Pulmonary Navigator, similar to case manager to serve as a liaison between the patient and the physician—ensuring the appropriate therapy is initiated including medication adjustments.

MENTAL HEALTH - ABUSE, SUICIDE PREVENTION

1. Hospital representatives increase awareness of our facility's mental health services that address abuse and suicide prevention with hand-outs, fact sheets, emails, website info, social media, etc.
2. SMH team meets face to face with referral sources and shares specific information regarding “Possible Warning Signs for Abuse and Suicide,” “Statistics Regarding Abuse and Suicide,” and “What To Do If You Are Worried About Someone At Risk for Abuse or Suicide.”
3. SMH participates in Health Fairs in hospitals, senior centers, community centers, churches, etc. to share above information with members of our community.
4. SMH staff provides Lunch and Learn events for healthcare professionals to attend and acquire continuing education units regarding various health needs including abuse and suicide prevention.
5. SMH provides In-services to other facilities regarding various health needs (to employees at nursing homes, assisted living facilities, etc.; to senior citizens at senior centers, independent retirement communities, etc.)
6. SMH provides professional and confidential screenings to individuals at hospitals, health fairs, etc. This is in collaboration with therapists from Counseling Clinic, Inc.
7. SMH provides resource information regarding follow up outpatient therapy clinics available in our area.

The anticipated impact of the above actions is rebuilding human lives one by one. Saline Memorial Behavioral Health is dedicated to assisting adults in remaining healthy and vital with their families and in their community.

OBESITY

1. In 2015, SMH hired a new bariatric coordinator and bariatric dietician. Together, they host weekly support group sessions that are open to the public as well as our weight loss patients. These are promoted in the local paper as well as on social media.
2. These are promoted in the local paper as well as on social media. They also host quarterly (much larger) support group meetings and invite speakers and have activities.
3. The hospital also invested in product and equipment to be able to perform the Orbera intragastric balloon procedure. Dr. Rex Luttrell, the Medical Director of our Bariatric program, was the first physician in Arkansas to perform the procedure in 2015. This provides obese patients with a non-surgical, less expensive option to enhance weight loss and quality of life.
4. SMH hired and recruited a second bariatric surgeon, Dr. Kristin Patton, who will provide advanced, local surgical options. She started March 1, 2016.
5. Both surgeons host monthly seminars that are free, open and advertised to the public. SMH also offers

- an online chat tool for people interested in talking to a weight loss specialist after hours.
6. In an effort to encourage health among our own, the hospital worked with a vendor to purchase fitbits at a discounted price for our co-workers. Co-workers were allowed to payroll deduct the fitbits and over 200 co-workers took advantage of it.
 7. We are in the process of receiving a master plan for improving the front entrance of our hospital. That plan will include beautifying the landscape and building a walking track—to provide a place for our co-workers to exercise at their convenience.
 8. SMH's Bariatric Coordinator and Dietitian speak at local schools and Boys and Girls Clubs to encourage good nutrition and food choices.

SMH does not intend to meet the following significant health needs due to lack of financial resources and expertise in these areas:

- Adverse Childhood Experiences
- Substance abuse – adult and teen Physical Activity (4)
- Physical Activity
- Smoking
- Access, particularly affordable health insurance and Medicaid population access to providers

SMH has not addressed adverse childhood experiences, substance abuse, physical activity or smoking/tobacco use to their fullest extent due to a lack of resources. However, we continue to provide a free smoking cessation program to all of our patients and co-workers.

SMH will monitor the progress through the Hospital's Executive Team and will annually report the progress to their Board and the community.

The Saline Memorial Hospital board of directors approved this assessment and the hospital's implementation plan on March 27, 2016.

CHNA

completed by Saline Memorial Hospital in partnership with:

Stratason

