



Your life is our life's work.

Community Health Needs Assessment

Mercy Hospital Fort Smith
Fiscal Year 2019



Our Mission:

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

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I. Executive Summary

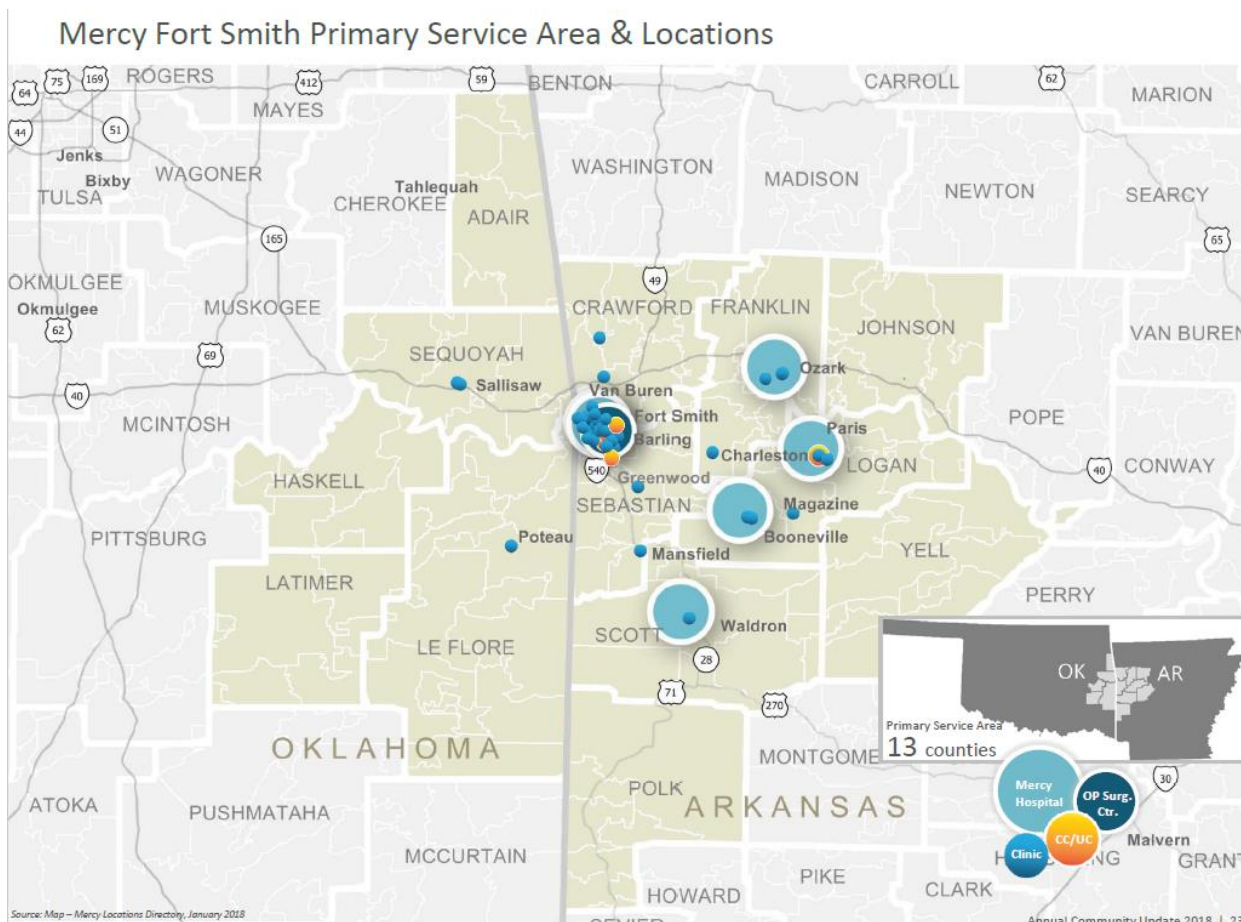
Mercy Hospital Fort Smith is a full-service hospital with 336 licensed beds, more than 1,885 co-workers (hospital) and 689 co-workers (clinic) and 10 primary clinic locations (Sebastian County, AR): Chaffee Crossing, Cliff Drive, Free Ferry, Hope Campus, McAuley, Fianna Hills, Greenwood, Rogers Avenue Internal Medicine, Dallas Street and Towson Avenue. Mercy Clinic is a physician-governed group practice comprised of 254 board-certified and board-eligible primary caregivers serving the Fort Smith area. This provider partnership gives patient access to the best quality care in the country with access to an entire health care team and advances services. Mercy physicians have access to an electronic health record that is shared at Mercy facilities in four states, and patients may connect to their own health record and health teams anywhere they connect to the internet through MyMercy. Also participating in this CHNA is CHRISTUS Dubuis Hospital of Fort Smith, a long-term acute care hospital housed at Mercy Hospital Fort Smith houses a long-term acute care hospital and operated by LHC Group of Lafayette, LA. Currently the hospital has 25 LTACH beds. The population in Fort Smith is: 88,133.

II. Community Served by the Hospital

Description of Community Served

Mercy Hospital Fort Smith's extended service area consists of fourteen counties (zip codes) and includes both rural and urban settings; however, this stands as the main acute care facility within the region drawing from each of the counties served. The CHNA report will focus on Sebastian County, where the acute care facility sits.

Sebastian county holds the city of Fort Smith, the hub of a diverse economy, a rich history and also the second largest city in Arkansas. The U.S. Army established the Fort Smith military outpost in 1817 and to this day operates an active military presence, with the Fort Chaffee Maneuver Training Center, operated by the Arkansas National Guard. Home to the University of Arkansas Fort Smith (UAFS) since 1928, the university continues to provide unique and ever-expanding educational opportunities to its community. Fort Smith offers a water park as well as miles of scenic bike and walking trails and two baseball fields and a softball field. There are two 300+ bed acute care hospitals located in Fort Smith, with Mercy Hospital offering a Level 3 twenty-five bed Neonatal Intensive Care Unit.



Demographics

Fort Smith Community Demographics

Population Demographics

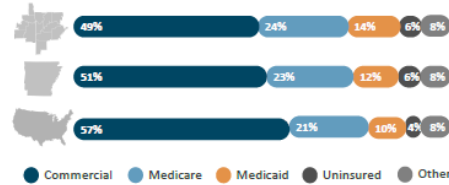
	Primary Service Area		5-Year Growth	AR 2017	US 2017
	2017	2022			
Total Population	444,744	446,905	0%	2,994,501	325,139,271
Age Groups	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	<i>Percent</i>
0-17	105,799	24%	102,956	23%	-3%
18-44	146,380	33%	147,558	33%	1%
45-64	115,167	26%	109,621	25%	-5%
65+	77,398	17%	86,770	19%	12%
Race & Ethnicity					
Asian & Pacific Is. Non-Hispanic	9,573	2%	10,665	2%	11%
Black Non-Hispanic	13,257	3%	14,581	3%	10%
Hispanic	41,292	9%	45,480	10%	1%
White Non-Hispanic	328,367	74%	322,344	72%	-2%
All Others	52,255	12%	53,835	12%	3%

	Primary Service Area		AR 2017	US 2017
	2017	2022		
Language*	<i>Percent</i>	<i>Percent</i>	<i>Percent</i>	<i>Percent</i>
Only English at Home	91%	91%	93%	79%
Spanish at Home	6%	6%	5%	13%
All Others	3%	3%	2%	8%
Workforce**				
Armed Forces	<1%	<1%	<1%	<1%
Civilian, Employed	51%	51%	54%	58%
Civilian, Unemployed	4%	4%	4%	5%
Not in Labor Force	45%	45%	42%	36%
Household Income				
<\$15K	17%	15%	15%	12%
\$15-25K	15%	14%	13%	10%
\$25-50K	29%	28%	27%	23%
\$50-75K	18%	18%	17%	17%
\$75-100K	9%	10%	10%	12%
\$100K-200K	10%	12%	13%	19%
>\$200K	2%	3%	3%	6%
Families living below poverty level	17%	17%	14%	12%
Education Level***				
Less than High School	7%	7%	6%	6%
Some High School	12%	12%	10%	8%
High School Degree	38%	38%	35%	28%
Some College/Assoc. Degree	29%	29%	30%	31%
Bachelor's Degree or Greater	14%	14%	20%	28%

■ = largest cohort in demographic category
 *Excludes population age <5 **Excludes population age <16 ***Excludes population age <25 and based on highest level achieved
 Note: Fort Smith Primary Service Area consists of eight Arkansas and five Oklahoma counties
 Source: Sp2 Market Demographics, Nielsen zip code data, 2017

Insurance Payer Mix

The chart below compares payer mix in the Primary Service Area (PSA) to the state and the US.



Note: Sp2 Insurance Coverage Estimates profile how the households in the PSA pay for health care services. Data is based on occupied housing units (a house, apartment or group of rooms intended to serve as separate living quarters). Other includes Veterans and all other.
 Source: Sp2 Insurance Coverage Estimates, 2017

Major Employers

The table below lists the largest employers in Fort Smith as provided by the Fort Smith Chamber of Commerce Economic Development Report.

Company	Industry	Staff
O.K. Industries, Inc.	Poultry Processing Plant	3,235
Mercy Hospital Fort Smith	Health Care	2,300
Baldor Electric Company	Motors Manufacturer	1,942
Fort Smith Public Schools	Education	1,773
Sparks Health System	Health Care	1,578
ArcBest Corporation	Freight and Logistics	1,243
188 th Air National Guard	Air National Guard	936
University of Arkansas-Fort Smith	Education	900
Rheem Manufacturing	HVAC Manufacturer	850

Source: Fort Smith Chamber of Commerce, 2017 (www.fortsmithchamber.org)

Percent of Population with High School Education



82.5% of people in Our Community have graduated HS

OUR COMMUNITY U.S. BENCHMARK

HS = High School. Percent with HS education for the 1-county area (ACS 2012-2016).

Median Family Income

\$50,354
U.S. Dollars

OUR COMMUNITY

\$50,354

ARKANSAS

\$53,123

\$67,871
UNITED STATES

Median family income for the 1-county area (ACS 2012-2016).

Description of Services Available to Community Served

Fort Smith Community Provider Stats

System Affiliation	ID	Hospital	City, State	Type	Total Staffed Beds	Total Inpatient Discharges	Total Births	Total Assets (millions)	Net Patient Revenue (millions)	Operating Profit Margin
Mercy	1	Mercy Hospital Fort Smith	Fort Smith, AR	Acute	238	15,797	2,334	\$200	\$276	10.2%
	2	Mercy Hospital Booneville	Booneville, AR	Critical Access	11	324	0	\$2	\$12	11.2%
	3	Mercy Hospital Ozark	Ozark, AR	Critical Access	9	240	0	\$3	\$9	15.0%
	4	Mercy Hospital Paris	Paris, AR	Critical Access	8	189	0	\$2	\$7	6.0%
	5	Mercy Hospital Waldron	Waldron, AR	Critical Access	7	199	0	\$2	\$8	1.6%
	6	Mercy Orthopedic Hospital Fort Smith	Fort Smith, AR	Orthopedic	24	Included with Mercy Hospital Fort Smith				
CHS	7	Sparks Regional Medical Center	Fort Smith, AR	Acute	272	16,463	1,315	\$197	\$264	9.9%
	8	Sparks Medical Center – Van Buren	Van Buren, AR	Acute	103	720	0	\$10	\$18	-5.4%
HealthSouth	9	HealthSouth Rehabilitation Hospital of Fort Smith	Fort Smith, AR	Rehabilitation	60	1,392	0	\$20	\$22	6.4%
HMC/CAH	10	Haskell County Community Hospital	Stigler, OK	Critical Access	25	326	0	\$2	\$6	-19.6%
Other System or Independent	11	Memorial Hospital	Stilwell, OK	Acute	40	1,825	45	\$13	\$21	0.9%
	12	Chambers Memorial Hospital	Danville, AR	Acute	40	1,908	0	\$29	\$18	-8.1%
	13	Eastern Oklahoma Medical Center	Poteau, OK	Acute	59	1,034	246	\$14	\$3	-50.2%
	14	Johnson Regional Medical Center	Clarksville, AR	Acute	89	2,579	334	\$48	\$38	-12.6%
	15	Latimer County General Hospital	Wilburton, OK	Acute	33	103	0	\$7	\$3	-92.8%
	16	Mena Regional Health System	Mena, AR	Acute	65	1,502	306	\$22	\$26	-6.1%
	17	Sequoyah Memorial Hospital	Sallisaw, OK	Acute	41	550	0	\$7	\$19	19.0%

Sources: Mercy data - Mercy Finance, FY2017; Sparks-Van Buren inpatient discharges and births - AHD; Oklahoma inpatient discharges and births - Oklahoma Dept. of Health, CY2016; all other inpatient discharges and births - AHA Guide, 2017 (2015 data); beds (all bed types/total complex) and financials (hospital financials only) - AHD (reporting year may vary by provider)

III. Community Health Needs Assessment Process

The Community Health & Access Department co-workers underwent the Community Health Needs Assessment (CHNA) process formulated by Mercy standards with adhering to IRS guidelines. This process included additional community partners such as: Hope Campus as well as other health systems/hospitals and community groups striving to improve the health of Sebastian County's residents.

Co-workers in Mercy's Community Health & Access Department were the primary leads for the 2019 CHNA. These co-workers collected and reviewed data from a variety of sources, including: surveys, focus groups, published data, and hospital specific data. Surveys (online and printed) were sent to community partners and critical access hospitals for dissemination. The focus groups were conducted to hear the voice of marginalized community members as well as local leadership.

The Community Health & Access Department evaluated this data alongside input gained from community members via coalitions and stakeholder meetings to:

- Prioritize the community's identified health needs
- Assess the community resources available to address those needs
- Create a collaborative health improvement plan in partnership with community resources possessing the potential to alleviate the prioritized needs.

Examples of external resources for published data are:

- Community Commons Institute for People, Place and Possibility; the Center for Applied Research and Environmental Systems; and Community Initiatives. www.communitycommons.org
- County Health Rankings 2016 The University of Wisconsin-Population Health Institute and the Robert Wood Johnson Foundation. www.countyhealthrankings.org
- Health Professional Shortage Area Find Health Resources & Services Administration. <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

IV. Community Input

The voices of the people of Fort Smith were central to the health needs assessment process. Mercy Hospital Fort Smith gathered community input through: surveys (online and printed), stakeholder focus groups, and community coalitions and stakeholder meetings.

Surveys

A survey, available in both hard copy and on-line formats, was designed by Qualtrics (data collection software application) to capture the perceptions and thoughts of community members regarding their community's health needs. To include the voices of those who may have had limited computer access, a concentrated effort was made to distribute printed surveys to the Hope Campus, Community Health Council partner organizations, schools, and Mercy coworkers. Over a 6-month time frame (October 2014 through December 2015), Mercy received 518 completed surveys from Sebastian County residents. A summary of health needs indicated by the survey responses follows, and a full report is included in Appendix A.

Top 5 most community health issues in your community (from least to most prevalent)

1. Obesity
2. Diabetes
3. Alcohol/Substance Abuse
4. Prescription Misuse
5. Smoking/Vaping

Top 5 social issues that have the greatest effect on quality of life in your city.

1. Low income/poverty
2. Affordability of health services
3. Lack of Job opportunities
4. Unemployment
5. Lack of health insurance

Top 5 risk behaviors that impact health in your city.

1. Alcohol/drug abuse
2. Poor eating habits
3. Smoking/Vaping
4. Lack of exercise
5. Untreated mental health issues

What services are needed in your community that are not currently available or accessible?

1. Mental Health Services
2. Healthy Cooking classes

3. Substance Abuse treatment
4. Aging Resources
5. Physical Activity classes

Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions?

1. Overweight/obese
2. High blood pressure
3. Depression or anxiety disorder
4. High cholesterol
5. Diabetes (not during pregnancy)

If you have children under the age of 21, have your children ever been diagnosed with any of the following?

1. Depression or anxiety disorder
2. Asthma/COPD
3. Other
4. Overweight/obese
5. Mental health issues

Stakeholder Focus Groups

Mercy Hospital Fort Smith collaborated with different community-based organizations to listen to capture the voice of the various ethnic groups that were not represented within the survey results. The participants were selected by church leaders that were deemed to be civically engaged members of the community. The Community Health & Access co-workers utilized the Jefferson County Community Health Needs Assessment 2019 Facilitators Guide. The first session was facilitated in Sacred Heart of Mary Catholic Church – prominently Vietnamese community within the region – on October 24, 2018. This included 7 community members representing broad interests of the Asian population. The discussion session lasted 90 minutes and was recorded.

A second focus group, also facilitated by the Community Health & Access co-workers took place on November 19, 2018 at Christ the King Catholic Church. This included 6 individuals representing broad interests of the Hispanic community. The discussion session lasted 90 minutes and was recorded.

Community members representing Sebastian County’s Asian and Hispanic populations described different health issues and factors contributing to them. The facilitators posed various discussion questions to the focus groups, which you can find in Appendix A. The following questions are reflective of the minority communities:

What is the biggest health issue that affects you, your family, and neighbors in Sebastian County?

- a. Cancer
- b. Diabetes
- c. ADHD
- d. Depression/Stress

- e. Flu
- f. Obesity

What stops you or people you know from receiving healthcare in Sebastian County?

- a. Insurance
- b. Language Barrier
- c. Cost of Healthcare
- d. Overbilling
- e. Over prescribing
- f. Lack of specialist

In the last 12 months, have you or anyone you now ever experienced difficulties in the following areas: Transportation, worried about losing stable housing, having your utilities turned off, obtaining and keeping employment, obtaining child care?

- a. Rent and housing

Stakeholder Meetings

The Mercy Hospital Fort Smith has created the Fort Smith Community Health Council Steering Committee made up of leaders within Public Safety, United Way, Social Services and clinical organizations. This group collaborated and discussed the most impactful needs of the region that were within scope of change. The Steering Committee targeted four main needs: foster care, access to care, behavioral health and nutrition.

Also, the Opioid Task Force was formulated to create collaborative strategies due to the opioid crisis within the community. This team is headed by the County Sheriff and is composed of physician leaders, local legislators, education administrators and health care professionals.

V. Conducting the Needs Assessment

Primary Data

- Surveys – summarized in Section IV, full report in Appendix A
- Stakeholder Focus Groups – summarized in Section IV, full reports in Appendices B
- Stakeholder Meetings - summarized in Section IV
- Internal Mercy Hospital Fort Smith data

Secondary Data

- Published data (examples of sources are included in Section III)

Primary Data

Internal Mercy Hospital Fort Smith Data

To determine the degree to which Mercy Hospital Fort Smith’s core competencies, or strengths, aligned with the community’s health needs, data specific to the Hospital was considered in the CHNA process. The ten most common Mercy Hospital Fort Smith inpatient discharge diagnoses during FY2018 are detailed on the following chart. Almost a fifth of the diagnoses relate to maternal/child health.

MERCY HOSPITAL FORT SMITH Inpatient Discharges – Top Ten Causes

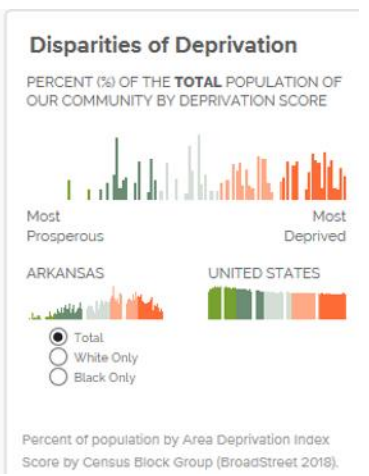
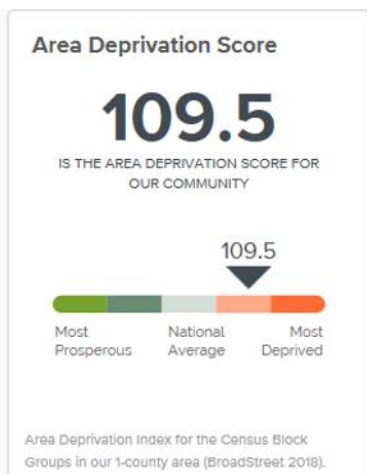
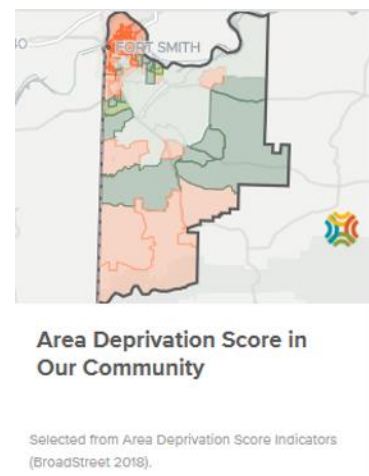
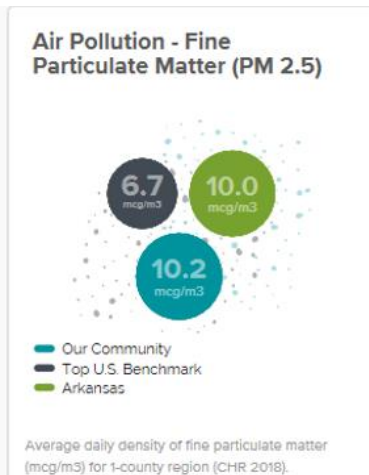
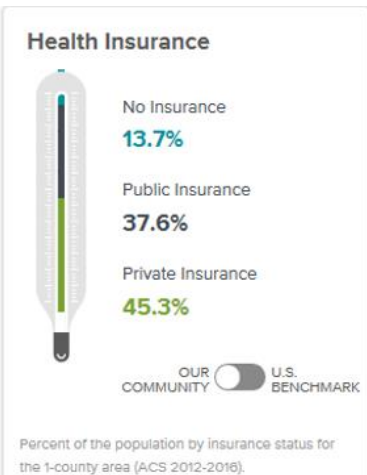
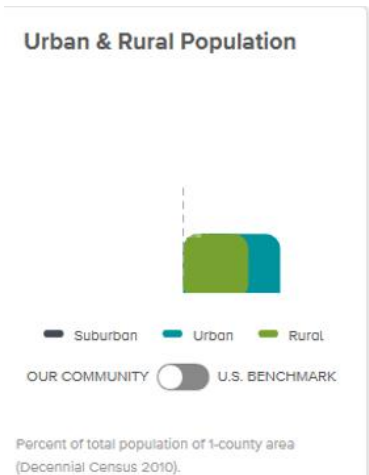
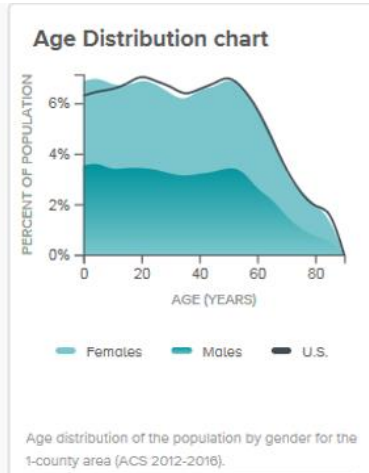
Top Inpatient Discharges
July 1, 2017 – June 30, 2018
Note: Accounts for 35% of Mercy Hospital Fort Smith’s 17,132 Total Inpatient Discharges

MSDRG Code	FY18 Inpatient Discharges	FY18 Total Discharges	% of Total Discharges	Age Breakouts				
				0-17	18-44	45-64	65-74	75+
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSES	1359	8%	3%	97%	0%	0%	0%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC	1017	6%	0%	8%	30%	26%	36%
470	MAJOR HIP AND KNEE JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	894	5%	0%	2%	41%	32%	24%
766	CESAREAN SECTION W/O CC/MCC	559	3%	1%	99%	0%	0%	0%
291	HEART FAILURE & SHOCK W MCC	525	3%	0%	2%	26%	28%	44%
794	NEONATE W OTHER SIGNIFICANT PROBLEMS	508	3%	100%	0%	0%	0%	0%
189	PULMONARY EDEMA & RESPIRATORY FAILURE	377	2%	0%	3%	39%	27%	32%
765	CESAREAN SECTION W CC/MCC	262	2%	1%	99%	0%	0%	0%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	234	1%	8%	18%	33%	21%	20%
872	SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W/O MCC	224	1%	0%	17%	32%	24%	27%

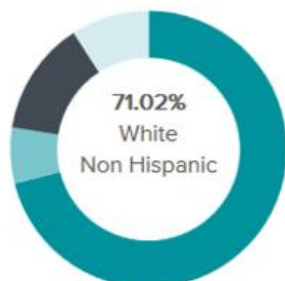
Source: Epic Hospital Billing Report

Secondary Data

Community Commons



Race & Ethnicity



OUR COMMUNITY U.S. BENCHMARK

Race and ethnicity by percent of total population for the 1-county area (ACS 2012-2016).

Low Income Status



34.5% of people in **Our Community** are low income*

OUR COMMUNITY U.S. BENCHMARK

Percent of population living below 150% federal poverty level in the 1-county area (ACS 2012-2016).

County Health Rankings

Sebastian County AR County Health Rankings

CATEGORY (RANK)	SEBASTIAN COUNTY	ERROR MARGIN	TOP U.S. PERFORMERS	ARKANSAS
HEALTH BEHAVIORS (53)				
Adult Smoking	22%	21-23%	14%	24%
Adult Obesity	35%	31-39%	26%	35%
Food Environment Index	7.3		8.6	5.2
Physical Inactivity	29%	26-33%	20%	32%
Access to Exercise Opportunities	69%		91%	66%
Excessive Drinking	14%	14-15%	13%	16%
Alcohol-Impaired Driving Deaths	33%	25-42%	13%	27%
Sexually Transmitted Infections	444.1		145.1	545
Teen Births	48	45-50	15	44
CLINICAL CARE (33)				
Uninsured	13%	12-14%	6%	11%
Primary Care Physicians	820:1		1,030:1	1,520:1
Dentists	1,370:1		1,280:1	2,220:1
Mental Health Providers	330:1		330:1	490:1
Preventable Hospital Stays	58	53-62	35	62
Diabetic Screening	84%	79-88%	91%	84%
Mammography Screening	65%	60-69%	71%	58%

SOCIAL & ECONOMIC FACTORS (25)				
High School Graduation	84%		95%	85%
Some College	52%	49-55%	72%	57%
Unemployment	3.7%		3.2%	4%
Children in Poverty	23%	17-29%	12%	24%
Income Inequality	4.7	4.5-5.0	3.7	4.8
Children in Single-Parent Households	34%	30-38%	20%	36%
Social Associations	11		22.1	12
Violent Crime Rate	595		62	470
Injury Deaths	62	56-68	55	79
PHYSICAL ENVIRONMENT (34)				
Air-Pollution Particulate Matter	10.2		6.7	10.1
Drinking Water Violations	Yes			
Severe Housing Problems	16%	14-18%	9%	15%
Driving Alone to Work	83%	81-84%	72%	83%
Long Commute - Driving Alone	17%	15-19%	15%	26%

Health Professional Shortage Area

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status	Rural Status	Designation Date	Update Date
Mental Health	7059494347	Mental Health Catchment Area-Fort Smith	Low Income Population HPSA	Arkansas	1.56	18	Designated	Partially Rural	04/13/2017	04/13/2017
	Component State Name	Component County Name	Component Name	Component Type	Component GEOID		Component Rural Status			
	Arkansas	Sebastian County	Sebastian	Single County	05131		Non-Rural			

VI. Prioritizing Significant Community Health Needs

Analysis of data from state and national sources was utilized in conjunction with local surveys, focus groups and stakeholder meetings. Prioritization of needs was determined by the Fort Smith Community Health Council, which is comprised of local community leaders. The top health needs to the Fort Smith community are: access to care, behavioral health and nutrition.

Access to Care

While facilitating local community focus groups with our marginalized population we discovered that much of the community lacked the resources for obtaining health care services. This remains an issue due to the underinsured or completely uninsured status along with other obstacles to care like transportation. The Sebastian County uninsured rate of 14% is higher than the Arkansas rate of 12%. Accompanying the healthcare coverage issues are the socioeconomic barriers. The \$50,354 median family income of the Fort Smith community stands about three thousand dollars less than the state.

Behavioral Health

Local focus groups, meetings and surveys along with national and state data highlight the need for behavioral health. There is an increasing number of youth and adults in the community that are experiencing anxiety problems, suicidal thoughts, and substance abuse. The stakeholder focus group discussion highlighted access Mental Health services was lacking, which is supported by the designation of a Mental Health Provider Shortage area by the Health Resources & Services Administration. These community members also talked about how substance use remains the top social behavior impacting the Fort Smith region. While Sebastian County stands as number one in the state for prescribing rates, with 153 prescriptions per 100 persons as seen from the Centers for Disease Control and Prevention. The substance abuse health crisis is magnified by the prevalence of foster care and high recidivism within the community.

Nutrition

The community voice raised various times that nutrition remains extremely impactful. Both local surveys and focus groups put that poor eating habits was the top risk behavior seen in their community and healthy cooking classes being unavailable to help find solutions to these habits. The obesity and diabetes epidemic hitting the region has various causes, one of which is healthy eating and nutrition. The access to fast food and high-caloric/nutrient-poor options also contributes to the weight and chronic health condition prevalence in Fort Smith.

VII. Significant Community Health Needs Not Being Addressed

Three assessed health issues identified in the 2019 CHNA process—cancer, housing, unemployment—were not chosen as priority focus areas for development of implementation strategies due to Mercy’s and CHRISTUS Dubuis’ current lack of resources available to address these needs. In addition, CHRISTUS Dubuis Hospital of Fort Smith will not be addressing Behavioral Health, as CMS regulations do not allow long-term acute care facilities to provide such services. These issues will be addressed indirectly in implementation strategies developed to meet the prioritized needs in areas that may overlap. For example, efforts to reduce the incidence of obesity in the community may also reduce the incidence of cancer. Additionally, related community partnerships, evidence-based programming, and sources of financial and other resources will be explored during the next three-year CHIP cycle. Mercy Fort Smith will consider focusing on these issues should resources become available. Until then, Mercy Fort Smith will support, as able, the efforts of partner agencies and organizations currently working to address these needs within the community.

VIII. Potentially Available Resources

Mercy Fort Smith collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the Fort Smith region. Certain partners prioritize similar health needs as addressed in this Community Health Needs Assessment. Some of these partners include:

Access to Care

- United Way of Fort Smith Area
- Donald W. Reynolds Cancer Support House
- Arkansas College of Osteopathic Medicine
- City of Fort Smith Department of Transportation
- Sebastian County Boys & Girls Club
- Sebastian County Department of Health
- Good Samaritan Clinic

Behavioral Health

- Western Arkansas Guidance Center
- Harbor House Inc Gateway Recovery Center
- Arkansas Family Alliance
- Arkansas Restore Hope
- Sebastian County Sheriff's Office
- Sebastian County CASA
- The CALL

Nutrition

- Arkansas Hunger Relief Alliance
- Fort Smith Public Schools
- Antioch Youth and Family Services
- Hope Social Services Campus
- River Valley Food Bank
- Heifer International
- Mercy Dietetics
- Mercy Farmers Markets

IX. Evaluation of Impact

The 2016 community health needs assessment identified three priority health areas: Lung Disease, Cardiovascular Disease, and Mental Health. A community health improvement plan was developed and implemented to address these significant needs. Mercy Fort Smith developed and implemented a variety of programs and initiatives to address the needs identified in the 2016 CHNA.

Lung Disease

The Fort Smith community lacks access to various health services, including those that deal with lung disease. The City of Fort Smith Department of Transportation in collaboration with Mercy Fort Smith has created the Rogers Corridor Multimodal Community Connections Planning Framework project. Through Mercy facilitation, this project will help reduce missed medical appointments and remove the transportation barrier of access to care.

Cardiovascular Disease

Mercy Fort Smith has been plagued with desperate cardiovascular health outcomes. In order to address this need, Mercy Nutrition and Dietetics partnered with schools lying within marginalized zip codes - largely Hispanic population. The Mercy coworkers conducted healthy eating courses and parent educational programs. While this community has over 95% of its students within the Free/Reduced Lunch program, the schools remain a large portion of the students' diets. Mercy continues to support its community by facilitating and sponsoring the Fort Smith Marathon. The proceeds of the event go to support the public trail systems to increase access to both recreation as well as transportation. Mercy Diabetes Education continues to inform and empower Fort Smith community members, available in English and Spanish. These programs provide cooking advice, healthy eating options, nutrition knowledge and other important pieces to prevent diabetes or manage the disease. Mercy Fort Smith have also help facilitate the Go Red, American Heart Association event to highlight and educate the community on cardiovascular health in women. They have not only brought medical experts to help teach members of the community to prevent disease, from healthy behaviors to the signs and symptoms.

Mental Health

Several programs were developed during the last three years to address mental health among community members. Collaboration with the National Foundation for Suicide Prevention created awareness around suicide and mental health needs with the River Valley Walk. The prevalence of need outweighed the capacity for the single psychiatrist, therefore therapy services were added to ensure more community members could be served with a licensed clinic social worker. In addition to the important therapy service, Fort Smith has brought two psychiatrists, one pediatric and one adult, to the Behavioral Health team. These new assets will impact our vulnerable youth in their time in need and be able to expand the reach of behavioral health services to adults in the community. Catherine's Light is a program developed to address postpartum adjustment challenges, behavioral health needs and addiction in the childbearing years for new mothers in the community. This service meets these women where they are to create a healthy life for both mom and baby.

Mercy Fort Smith partnered with the Sebastian County Sheriff's Office and The Guidance Center to create an innovative Crisis Stabilization Unit. This unit has been used to create a comprehensive program to divert people experiencing a mental health crisis from jail to get treatment, thus decreasing recidivism, strengthening the community, and relieving pressure on local jails. The Riverview Hope Campus has been developed through the orchestration of Mercy Fort Smith Community Health. This organization provides comprehensive services to impoverished individuals and families including mental health, housing, food and education classes. Another organizational collaboration to address mental health needs is Baggot Street House. The CALL and Mercy Fort Smith utilize Baggot Street House as a safe haven for children within the foster care system. This space creates a warm environment for children within Department of Health Services programs to retain their dignity and reduce their trauma in the taxing situation. The organization also facilitates supervised visits between the children and their biological family, to nurture the strained relationship and help heal their connection.

X. References

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XI. Appendices

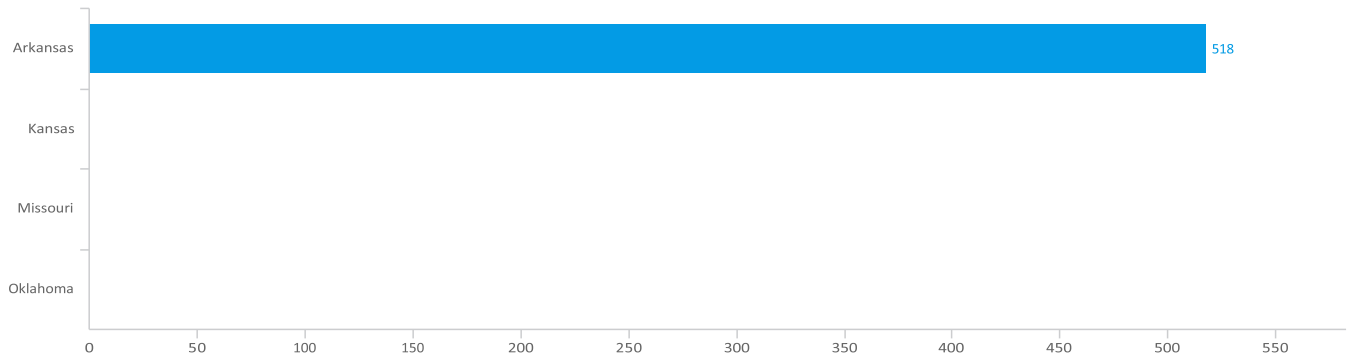
A. Mercy Fort Smith CHNA Survey Results.....22

B. Focus Group Notes: Asian Group and Hispanic Group....66

2018 Ftsm

2018-CHNA Ministry-wide
April 5, 2019 8:12 AM CDT

Q1 - Mercy would like your feedback on the health issues that impact the quality of life where you live. The results will guide our efforts to design programs and services that best meet the needs of the communities we serve. Your answers are completely anonymous. We look forward to your feedback. First, we'd like to know a bit about you. Please select your preferred language from the drop down box in the upper right corner. Please select the state where you receive most of your health care:



Field	Choice Count
Arkansas	100.00% 518
Kansas	0.00% 0
Missouri	0.00% 0
Oklahoma	0.00% 0

Showing rows 1 - 5 of 5

Q2 - Please select the ARKANSAS COUNTY where you receive most of your health care.

Field	Choice Count
Sebastian	100.00% 518
Carroll	0.00% 0
Crawford	0.00% 0
Franklin	0.00% 0
Johnson	0.00% 0
Logan	0.00% 0
Polk	0.00% 0
Scott	0.00% 0
Yell	0.00% 0
	518

Showing rows 1 - 10 of 1

Q8 - What is your gender identity?

Field	Choice Count
Female	84.66% 414
Male	13.70% 67
Prefer not to answer	1.64% 8
	489

Showing rows 1 - 4 of 4

Q9 - Please choose the race/ethnicity that best fits you. Select all that apply or you can simply choose "prefer not to answer."

Field	Choice Count
White	86.55% 444
Other	3.90% 20
American Indian/Alaska Native	3.51% 18
Prefer not to answer	3.12% 16
Black or African-American	1.56% 8
Asian	1.36% 7
Native Hawaiian or Other Pacific Islander	0.00% 0
	513

Showing rows 1 - 8 of 8

Q11 - Please select the education level that best describes you.

Field	Choice Count
Two-year degree or technical degree	33.07% 168
Some college	24.61% 125
Four-year degree	18.11% 92
High school diploma or GED	11.22% 57
Graduate work	11.02% 56
Prefer not to answer	1.77% 9
Less than high school	0.20% 1
	508

Showing rows 1 - 8 of 8

Q7 - Please select the age range that best fits you.

Field	Choice Count
18 to 25 years-old	4.85% 25
26 to 35 years-old	15.73% 81
36 to 45 years-old	20.78% 107
46 to 64 years-old	51.65% 266
65 years and older	5.83% 30
Prefer not to answer	1.17% 6
	515

Showing rows 1 - 7 of 7

Q13 - If you have children 21 years of age or younger, how old are they? (Check all that apply)

Field	Choice Count
I do not have children 21 or under	42.52% 253
0-4 years	10.76% 64
5-9 years	10.08% 60
10-14 years	14.12% 84
15-17 years	10.25% 61
18-21 years	12.27% 73
	595

Showing rows 1 - 7 of 7

Q14 - Are you currently, or have you ever been, without stable housing? This includes sleeping in a tent, car, camper, make-shift shelter, couch surfing, etc.

Field	Choice Count
Yes, currently	1.00% 5
Yes, previously	8.00% 40
No	91.00% 455
	500

Showing rows 1 - 4 of 4

Q15 - What is your housing status?

Field	Choice Count
Own	77.20% 386
Rent	18.60% 93
Staying with friends/family	2.60% 13
Hotel/Motel	0.00% 0
Group Home	0.00% 0
Homeless-streets/car	0.00% 0
Homeless-shelter	0.00% 0
Homeless-transitional housing	0.00% 0
Assisted living	0.00% 0
Halfway house	0.00% 0
Nursing/Long-term care	0.00% 0
Other	1.60% 8
	500

Showing rows 1 - 13 of 13

Q16 - How would you rate your own health?

Field	Choice Count
Very healthy	20.12% 100
Healthy	70.82% 352
Unhealthy	8.85% 44
Very unhealthy	0.20% 1
	497

Showing rows 1 - 5 of 5

Q17 - Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions? (Select all that apply)

Field	Choice Count
Overweight/obese	22.13% 191
High blood pressure	20.39% 176
Depression or anxiety disorder	16.69% 144
High cholesterol	13.67% 118
Diabetes (not during pregnancy)	6.37% 55
Other	6.37% 55
Asthma/COPD	5.21% 45
Cancer	2.55% 22
Heart disease	2.09% 18
Osteoporosis	1.74% 15
Kidney disease	1.39% 12
Liver disease	0.93% 8
Lung disease	0.46% 4
	863

Showing rows 1 - 14 of 14

Q10 - Do you identify yourself as Hispanic or Latino?

Field	Choice Count
Yes	4.42% 22
No	93.17% 464
Prefer not to answer	2.41% 12
	498

Showing rows 1 - 4 of 4

Q12 - Last year, what was your total household income from all sources, before taxes?

Field	Choice Count
\$10,000 or less	1.44% 7
\$10,001 to \$20,000	3.92% 19
\$20,001 to \$30,000	12.99% 63
\$30,001 to \$40,000	13.40% 65
\$40,001 to \$50,000	10.10% 49
\$50,001 or above	58.14% 282
	485

Showing rows 1 - 7 of 7

Q18 - If you have children under the age of 21, have your children ever been diagnosed with any of the following? (Select all that apply)

Field	Choice	Count
Depression or anxiety disorder	27.50%	22
Asthma/COPD	22.50%	18
Other	15.00%	12
Overweight/obese	11.25%	9
Mental health issues	10.00%	8
Diabetes (not during pregnancy)	5.00%	4
Kidney disease	2.50%	2
Substance abuse	2.50%	2
High blood pressure	1.25%	1
High cholesterol	1.25%	1
Heart disease	1.25%	1
Osteoporosis	0.00%	0
Liver disease	0.00%	0
Cancer	0.00%	0
Lung disease	0.00%	0
		80

Other

Other

stroke

none

ADHD

ADHD

Other

ADHD

Epilepsy

ADHD

no

anemia

ADHD

Q19 - Where do you get most of your health-related information?

Field	Choice	Count
Doctor/nurse	66.80%	324
Internet	16.70%	81
Hospital	6.80%	33
Friends and family	3.92%	19
Books/Magazines	2.06%	10
Social Media	2.06%	10
School	1.44%	7
Church	0.21%	1
Help Lines	0.00%	0
		485

Showing rows 1 - 10 of 10

Q20 - Where do you go most often when you are sick or need advice about your health?
 (Choose the one you use most often.)

Field	Choice	Count
Doctor's office	76.18%	371
Urgent Care Center	11.70%	57
Medical Clinic	8.83%	43
Other	2.67%	13
Emergency Room	0.41%	2
Health Department	0.21%	1

Showing rows 1 - 7 of 7 487

Other

Other
nurse on back of insurance card
the doctors or nurse staff i work for
MD friends
i am a nurse, working with Drs
internet

Google Images

office where i work

I do not go anywhere

contact friends or family

Family is full of nurses

Q21 - What are the TOP 5 most common health issues in your city?

Field	Choice Count
Obesity	17.63% 379
Diabetes	14.65% 315
Alcohol/Substance abuse	13.30% 286
Prescription Drug Misuse	11.16% 240
Smoking/Vaping	10.74% 231
Anxiety/depression	7.63% 164
Stroke	4.70% 101
Alzheimer's/Dementia	4.51% 97
Abuse/Neglect	2.74% 59
Motor Vehicle Accidents	2.60% 56
Other	1.95% 42
Arthritis/Lupus	1.86% 40
Schizophrenia and Psychosis	1.44% 31
Sexually Transmitted Infections (STD)	1.40% 30
Suicide/Self-inflicted injury	1.02% 22
Children's mental health	0.98% 21

Autism	0.42%	9
Assaults/Homicides	0.42%	9
Pregnancy Complications	0.33%	7
Tuberculosis	0.14%	3
Infant health problems	0.14%	3
HIV/AIDS	0.09%	2
Hepatitis A	0.09%	2
Birth defects	0.05%	1
Burns	0.00%	0
Elevated Lead	0.00%	0
Poisoning	0.00%	0
Field		Choice Count

2150

Showing rows 1 - 28 of 28

Other

Other

CAD and HTN

COPD

heart disease, high blood pressure

Heart disease and hypertension

heart disease

I have no idea.

CANCER

Cardiac problems

cancer

hypertension

heart disease

hypertension

cardiac

ADHD

DO NOT KNOW

lack of available medical care

Hypertension

Heart disease

don't know

cancer

Other

not sure

Hypertention, Heat Disease

heart disease

im not sure

emphysema

cardiovascular

cancer

Heart Disease

cancer

heart disease

unhealthy lifestyles producing debility and other issues

Cancer

meth users and other street drugs

high blood pressure

heart disease, cancer

hypertention

Q22 - What are the TOP 5 social issues that have the greatest effect on quality of life in your city?

Field	Choice Count
Low income/poverty	16.32% 331
Affordability of health services	12.67% 257
Lack of job opportunities	9.91% 201
Unemployment	9.07% 184
Lack of health insurance	7.54% 153
Homelessness	6.07% 123
Availability of healthy food	5.33% 108
Lack of health care providers	4.68% 95
Availability of childcare	4.64% 94
Lack of recreational facilities	4.64% 94
Lack of affordable housing	4.59% 93
Neglect and Abuse	4.49% 91
Lack of transportation	3.85% 78
Lack of sidewalks-unsafe roads	3.06% 62
Other	1.78% 36

Violent crime	0.79%	16
Pollution	0.59%	12
		2028

Showing rows 1 - 18 of 18

Other

Other

patients unable to afford thier medication

panhandlers

Illegal drug utilization
Other

cost of livinig period

Lack of healthy diet habits

lack of people's initive to get a job and learing to live within their means

I have no idea.

Prescription and recreational drug abuse

Laziness

Expensive Insurance

.Non-motivated population/don't want to work

availibility of affordable childcare

Affordability of childcare

Poor City leadership goals for community. i.e. parks trails, actual bike lanes. Remarkably high utilities(water/sewer) and sales tax compared to the midwest. Large taxes disguised as 'service frachise fees'.

Lack of Mental Health Resources

Lack of Mental Health Providers

not sure

LACK OF MONEY

Laziness

People choosing to live off of the government instead of helping themselves.

lace of skilled workforce

loss of manufacturing jobs

people refuse to work or provide for their children.

Affordable child care

Cultural attitude regarding healthy food and lifestyle choices. This is the number one of health issues in our society; people refuse to acknowledge that they are killing themselves slowly with their poor food choices and lack of physical activity

government assistance to the right people

lack of jobs that pay good

willingness to get a job and go to work

cost of healthy food

Q23 - What are the TOP 5 risk behaviors that impact health in your city?

Field	Choice Count
Alcohol/drug abuse	17.54% 375
Poor eating habits	13.05% 279
Smoking/Vaping	12.54% 268
Lack of exercise	12.44% 266
Untreated mental health issues	9.03% 193
Not going to doctor for annual check-up	7.53% 161
Reckless/drunken driving	4.77% 102
Abuse or neglect	4.40% 94
Not going to dentist for check-ups	4.07% 87
Homelessness	3.51% 75
Unsafe sex	3.32% 71
Teen pregnancy under age 18	2.81% 60
Not wearing seat belts	1.17% 25
Not getting recommended vaccinations	1.12% 24
Lack of prenatal care	1.08% 23
Smoking during pregnancy	1.03% 22

Other

Other	0.47%	10
-------	-------	----

Not using car seats	0.14%	3
---------------------	-------	---

Showing rows 1 - 19 of 19

2138

Other

Other

lack of patients having a PCP

drug use

I have no idea.

being on phone while driving

Illegal drug use

Police

Obesity

Q24 - Are you exposed to secondhand smoke in any of the following places? (Select all that apply)

Field	Choice Count
I am not exposed	71.46% 338
Restaurants/businesses	11.42% 54
Other	6.34% 30
Home	6.13% 29
Workplace	4.23% 20
School	0.42% 2
Showing rows 1 - 7 of 7	
473	

Other

Other

parks, outdoor restaurants

casinos

NONE OF YOUR FREAKING BUSINESS

my dads house when I go by to take care of him.

no exposure most of the times except outside of businesses

parking lots

Relatives houses

casinos

boyfriends

IN MY HUSBAND VEHICLE

family members homes

outside of stores and restaurants

no

FRIENDS

families home

no

occasionally in public

Friends

NO

casinos

Q25 - Do you currently smoke or use tobacco products including vaping?

Field	Choice Count	
No	94.40%	438
Yes, tobacco products	4.74%	22
Yes, vaping	0.86%	4
Both	0.00%	0
	464	

Showing rows 1 - 5 of 5

Q26 - In a normal week, how many times do you exercise at least 30 minutes?

Field	Choice	Count	Percentage
2-3		166	35.78%
0-1		161	34.70%
4-5		104	22.41%
6+		33	7.11%

464

Showing rows 1 - 5 of 5

Q27 - Where do you go to engage in exercise or physical activity? (Select all that apply)

Field	Choice Count
Home	48.23% 314
Private gym	17.82% 116
Park	15.67% 102
Other	13.98% 91
Public Recreation Center	3.69% 24
Schools	0.61% 4
YMCA	0.00% 0
	651

Showing rows 1 - 8 of 8

Other

Other

WORK

yoga studio

plenty of exercise at my work.lotsof walking

BAR, WHERE THEY DRINK SO SHOULD BE FINE WITH MERCY - OH NO THERE IS SECOND HAND SMOKE ALSO

walk at Mercy

work place

ball field

Nature trail

work

work

road biking

yard work

walk in neighborhood

Other

To play with my niece's and nephew's

Home

work

work

walking

outside

Swim at sisters pool in summer.

work

walk the trails around my house

work

Walk on track at Mercy

don't

walk my neighborhood

Work

work

I walk on lunch breaks

mall

work

Work

Roads

Run on streets

walk about 10 miles at work everyday

Rivers, Lakes, Outdoor Camping ("Woods")

walk around the neighborhood

Other

Work

work walking around hospital

Walking at work

Outdoors

walk in the neighborhood/sidewalks

walking at work

Work

trails

Walk on track at Mercy.

Q28 - How many hours per day do you watch TV, play video games, or use the computer or a smart device for recreation?

Field	Choice Count
0-1 hour	26.02% 121
2-3 hours	53.33% 248
4-5 hours	12.04% 56
6+ hours	8.60% 40
	465

Showing rows 1 - 5 of 5

Q29 - What barriers prevent you from eating healthy foods? (Select all that apply)

Field		
Healthy options cost too much.	35.86%	218
I don't have the time.	25.66%	156
Does not apply	21.22%	129
Other	5.26%	32
I don't like or want to eat healthy.	4.61%	28
I don't cook or know how.	3.95%	24
I don't have access to fresh fruits or vegetables.	1.81%	11
I don't know what's healthy.	1.64%	10
Showing rows 1 - 9 of 9		608

Other

Other
Cravings and/or lack of self-control
too exhausted after a 10 hour day to cook
getting kids to eat different foods
I have stomach problems that get worse sith some fruits, vegetables and nuts
I have kids who want the goodys!!

I buy it and it spoils before I eat it

Don't always eat healthy only sometimes

healthy options are still not super healthy

Work schedule hinders this also

I'm single, work and go to sleep

Time is an issue but the main thing is the price and it spoils faster in this area. Compared to other states, cities, etc

cooking for one food tends to spoil before it can be eaten

Other

i am a picky eater and dont eat a variety of foods

Fast food or restaurants is too convenient

options limited due to other financial obligations

Majority of the time, I eat healthy; answers above are what tend to limit me, depending upon my work schedule and paycheck

gastric bypass

none

Fast food is easier to come by

Convenience of fast food

I dont have the wil power to stop eating foods that are bad for me

Just eat what I like

Q30 - Where do you obtain most of your meals?

Field		
Grocery store	75.59%	350
Fast food	8.42%	39
Farmers market	1.08%	5
Restaurants	9.72%	45
Convenience store/Gas station	0.43%	2
Other	4.75%	22
Showing rows 1 - 7 of 7		463

Other

Other
FARM
Organic/Aldi
home cooked
Drug reps that bring food to my office
hospital
Where ever I can, I don't have the money to eat usually

home

home

Home

home

Hello Fresh

home cooked meals

home

work

Other

Grocery store, fast food, restaurants

Home

hospital cafeteria

Q31 - How has opioid/prescription drug dependence affected you?

Field		
It hasn't affected me	48.28%	224
Family member does/has struggled with opioids/prescription drugs	21.77%	101
It has impacted my community (How?)	15.52%	72
Friend/Other does/has struggled with opioids/prescription drugs	11.85%	55
I do/have struggled with opioids/prescription drugs	2.59%	12
		464

Showing rows 1 - 6 of 6

It has impacted my community (How?)

It has impacted my community (How?)

so many people are looking for that next high.

Prevalant usage of drugs

I do not take any type of pain medication

There are many in this area that are addicted and do hurtful things to their selves and others.

As a nurse I see/hear many stories from the ED. It is a challenge for our city and our emergency departments. We need more behavioral health programs in our city.

in this community I have heard it's hard to get pain medication if it's needed as we have a high rate of abuse in our area

see patient's all the time who have only obtaining narcotics as the goal of their health care visits.- as a provider

Police reports of theft of prescription drugs and reports of intent to sell. Unable to hold down jobs are "disabled" due to drug use

IT HAS NOT AFFECTED ME; BUT NOT BEING ABLE TO GET PAIN MEDICATION WHEN NEEDED IS REDICULOUS. SHAME ON THE DR'S THAT HAVE CAUSED THIS EPIDEMIC BY NOT CARING HOW MUCH A PERSON ADDICTED HAS BEEN ABLE TO OBTAIN IN LEGAL (OR ILLEGAL) WAYS. THERE ARE ALWAYS SIGNS.

I work in health care and just about every person is on some type of prescription narcotic and abuses it along with recreational drugs.

OD

it affects most communities, I have been on many calls (community responder) where patients have taken to many of their medications either due to not remembering if they had taken it or wanting to commit harm to self.

I affects my job in patient relations.

It has impacted my community (How?)

I have family that have struggled, I have fosterchildren that have parents that struggle with it, and my husband is a deputy and sees it all the time. We see it everywhere.

I am a provider and it has majorly affected my practice

People that really need something short-term can't get it

it is available everywhere

People addicted to these drugs sometimes cannot hold a job, and they become homeless.

Very prevalent

My older brother passed away 6 years ago because of this and his daughter's mother passed away the summer after him because of it as well.

I am a nurse that works with cancer patients, and we see a lot of people that take opioids

Lost my daughter 6 yrs ago to this

A high school classmates son died last year from opioid overdose.

healthcare, human services, carwrecks

children getting into parents medicine

High rate of issues as a result of opioids/prescription drugs

addiction

too many opioid dependent people. "Pill Mill" clinics are readily available nearby. missuse of other clinics by addicts looking for further opioids

Lots of opioid misuse drug problems

lack of contribution to society

I deal with people regularly that has dependence or are affected by it all the time in my line of work

more children removed from homes.

community wide problem

I see it everyday in the area I work in the hospital

they cant hold down a job only concern is their next fix, will steal ,lie or whatever it takes to get what they WANT

Crime

I see patients daily with this problem

It has impacted my community (How?)

I do not have any struggles with any drugs. I n my home town the is a large amount of drug abuse.

I do not use it & I never have.

higher crime rate

I don't know

filling the hospitals morgue introducing large numbers to black tar H

I see it in patient histories

joblessness, depression/suicides, anger issues

many people I grew up with and attended school with have dependancy issues. They abuse the system by staying on medications once they start them, and additionally they drink alcohol while under the influence of opioids. Everyday normal looking people with a secret addictions that eventually leads to personal problems with family, friends, and relationships with significant others.

My job entails monitoring of prescription pain medication.

The community I live in is poor, and drugs are a huge issue. The neighborhood does not feel safe, therefore it is not safe to go outdoors to walk, play, exercise, garden, etc.

abuse and addiction

numerous job losses due to inability to maintain, health care costs, law enforcement costs, not to mention family support emotional and financial costs

users have lowered expectations in life and often seem to be unemployed or marginally employed.

it has affected a family member of mine. she has a hard time getting the medicine she needs for her MS because too many people abuse prescription drugs

so many people are on drugs and wont work

pharmacist-patients,threats,healthcare

Almost every single person you run into is on some sort of drugs. No law enforcement will do anything about it. So we have drugs everywhere it seems in the county.

availability of drugs is very high in this this and surrounding states. I have family members who have or are struggling with it. Friends who have overdosed and died and I don't know of many families or friends that have not had it in their family at some point.

we have patients with chronic pain syndrome on our floor at work

WE SEE SEVERAL TIMES A DAY WORKING IN HEALTHCARE

Crime. Child neglect. Impaired driving. Won't work

Too many providers hand out prescription narcotics too easily

Q32 - What barriers prevent you from using health services?

Field	Choice Count
Does not apply	41.27% 189
Cost	36.68% 168
Insurance doesn't cover services	8.08% 37
Lack of providers (If so, what kind?)	6.11% 28
Other	3.93% 18
Location of services	3.28% 15
Lack of insurance	0.66% 3
Transportation	0.00% 0
Showing rows 1 - 9 of 9	
458	

Lack of providers (If so, what kind?)

Lack of providers (If so, what kind?)

The wait time to get into physicians in this area is way too long! Nurse Practitioners can help resolve the issue to increase the number of healthcare providers in this area. Arkansas ranks 49th in the country for the worst health in the US. The lack of available healthcare services is part of the problem.

Endocrinologist - must go to NWA Urologist - must go to NWA

need more doctors, plus the cost of the doctors being too far to go to

I travel out of town for much health care because our community lacks excellent physicians. We have a few BUT NOT ENOUGH excellent physicians.

neurosurgeons

can't take the time off to go to appointments without a back log of tasks to do

second PCP I have that is leaving within the last couple years.

lack of time

Time off work to go to appointments

It takes months to get into my doctor.

Psych

Lack of providers (If so, what kind?)

Specialists are not available enough in our community. We often have to drive hours away for certain specialist. this equals more expense for patients

NONE

general practice, endocrinologist

The doctor I have used is not a Mercy network provider and the other plan is to expensive just to use a doctor I love

takes to long for apt

I recently went NWA for stem cell injections in my neck & our Mercy Ins. does not cover that. It was all out of pocket.

Arthritis Neurosurgeon

I am somewhat new to the area, I tried to make an appt to establish care with Internal medicine, and couldn't be seen for one month. The provider I asked to see, it was a year wait.

Specialty

PCP

specialists

none

I refuse to see Nurse practitioners. in my experiences they have been un-experienced, know-it-alls and I feel that my money is better spent seeing a physician

Other

Other

income is not enough to cover out of pocket expense

Time to go

Most of the providers I have seen believes in giving medications for anxiety instead of getting to the root cause of the anxiety and sending a patient for counseling they just say here take this pill and be done with you. No care for the public in most cases.

ALL of these issues affect many of the people in our community. We definitely have a lack of providers in our area, especially specialty providers.

difficulty obtaining appointments

Insurance has to approve before tests or procedures are provided.

Lack of time to take off of work

Other

Taking time off work to go to appointments

community- lack of providers. Primary care providers who fill their schedules with government recommended yearly medicare physicals and don't do ANY acute care medicine when needed. Physician offices that do not consider multiple physicians in the same office as partners, so that there is no back-up coverage when your PCP is out of town (this is actually abandonment but clinics would say the walk-in clinics provide that coverage)

Cost is the main reason. When you make less than 20k a year you can barely afford to cover rent, insurance, phone, a car and thats living with other people. Health is always last on the list because your just trying to make it paycheck to paycheck.

No time

making time

When the co-pay is more than the Dr. visit itself.

time

co pays for specialty services are to high. I have at least 4 most of the time. My work schedule is also a factor occasionally. I work Monday -Friday.

My Dr. is never available. He has cut his hours and is extremely difficult to get into and I do not like using walk in clinics with people that do not know my medical history

Not having time to take off work to go.

Q33 - What services are needed in your community that are not currently available or accessible? (Select all that apply)

Field	Choice Count
Mental Health Services	17.85% 196
Healthy Cooking classes	17.12% 188
Substance Abuse treatment	12.66% 139
Aging Resources	9.47% 104
Physical Activity classes	9.02% 99
Chronic Disease Management classes	7.38% 81
Wellness Lab screenings (diabetes, cholesterol, etc)	5.92% 65
Adult Dental services	5.10% 56
Well Woman screenings	4.01% 44
Child Dental services	3.01% 33
Specialty (What kind?)	2.64% 29
Other	2.00% 22
Smoke-free places	1.37% 15
Immunizations	1.28% 14
Lead testing	1.18% 13
	1098

Showing rows 1 - 16 of 16

Specialty (What kind?)

Specialty (What kind?)

rheumatology doctors -there is none in Fort Smith

cardiac

Not enough of any of the above...

nerology and urology

Specialty (What kind?)

primary care that sees patients in off hours or after 5 not just urgent care that you never know who you will see and they don't follow or monitor your health care

Rheumatology is needed. As a whole this city has healthy resources available.

Employee Free clinics

uro, neuro, rheumatology, infectious disease

Not sure.

Psychology

Neurologists

Neurosurgery Endocrinology

We have 2 small doctors offices. The dentist just closed. We have to drive 20-30 miles for the nearest specialist of any kind.

cardiology and pulmonology

Neurosurgery Endocrinology

midwife care, teen pregnancy resources

neurosurgery rheumatology

I live in Spiro Ok. and there is nothing for the kids to do there.

Stem Cell clinic for chronic pain.

neurology

Reproductive endocrinologist and a fertility center

Lower cost dental services for adults without dental insurance

Neurologists, Pulmonologists

neurosurgery/neurology/ID

Psychiatry

need for specialists in the clinical setting, ie rheumatology, urology

psych

Foster care

Specialty (What kind?)

Trauma Center Burn Center Children's Hospital/Specialists pertaining to children's health

Other

Other

work schedule makes it hard to make appointment

some of these resources are available, but the care provided is subpar. especially with the mental health aspect of it.

CHEAPER HEALTHCARE!!!! UNPAD SOME POCKETS

24 hour urgent care clinic to assist with patients who have to go to the ER for minor illnesses.

Mental health services that accept medicaid or medicare and doesn't refuse to help them based of there ability to pay

i think all above is available for a cost

free or low cost activities or cooking classes

unsure

I DO NOT KNOW

This community needs a third hospital. this community needs ED relief.

not everywhere will do adult immunizations

Transportation for low income individuals to doctor appointments

The community I live in needs a public fitness center with swim pool, more sidewalks, and a change in culture

not really sure

AFFORDABLE gym membership and more aging resources so patients can afford their medications and not have to choose between food or meds.
affordable transportation for patients with mobility problems to and from doctors offices

I live in the county and these services are not available unless we go to the city

not easily able to get information on

End of Report

Focus Group Notes
Asian Group Responses
10/24/19

General

1. What is the biggest health issue that affects you, your family, and neighbors in Sebastian County?
 - a. Diabetes
 - b. High Blood Pressure
 - c. High Cholesterol
 - d. COPD
 - e. Thyroid
2. What are your safety concerns in your neighborhood?
 - a. Crime
 - b. Taxes
 - c. Neighborhood watch
3. What stops you or people you know from receiving healthcare in Sebastian County?
 - a. Insurance
 - b. Language barrier
4. As a community member, do you feel there are enough resources around mental health? NO

Healthy Living

5. What stops you from exercising?
6. Thinking about the food you eat, where do you get most of your food?
 - a. Asian markets

Social Determinants

7. In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas: Transportation (getting elderly to church and doctor appointments, worried about losing stable housing, having your utilities turned off, obtaining and keeping employment, obtaining child care (can always find someone, ie., family)?
 - a. Rent housing
8. Are health care materials/information you receive easy for you and your family to understand?
 - a. Social media
 - b. Internet
 - c. Family/friends

Focus Group Notes
Hispanic Group Responses
11/19/2018

General

1. What is the biggest health issue that affects you, your family, and neighbors in Sebastian County?
 - a. Cancer
 - b. Diabetes
 - c. ADHD
 - d. Depression/Stress
 - e. Flu
 - f. Obesity
2. What are your safety concerns in your neighborhood?
 - a. Not enough street lights
 - b. Not enough sidewalks
 - c. Shootings – lives by Northside High School & Kelley Hwy
 - d. Drugs
3. What stops you or people you know from receiving healthcare in Sebastian County?
 - a. Insurance
 - b. Language barrier
 - c. Cost of healthcare
 - d. Overbilling
 - e. Over prescribing
 - f. Lack of specialist
4. As a community member, do you feel there are enough resources around mental health? NO

Healthy Living

5. What stops you from exercising?
 - a. Lack of sidewalks
 - b. Streets not safe
 - c. Public parks not safe
6. Thinking about the food you eat, where do you get most of your food?
 - a. Local Hispanic markets

Social Determinants

7. In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas: Transportation, worried about losing stable housing, having your utilities turned off, obtaining and keeping employment, obtaining child care?
 - a. Rent housing

8. Are health care materials/information you receive easy for you and your family to understand?
 - a. Social media
 - b. Internet
 - c. Family/friends

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Your life is our life's work.