



*Baxter Regional  
Medical Center*

**Community Health Needs Assessment**

December 2016

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## Introduction

Baxter Regional Medical Center (the Medical Center) is an Arkansas nonprofit organization, located in Mountain Home, Arkansas. A 10-member board of directors governs the Medical Center and ensures that medical services are available to the residents of Mountain Home and surrounding areas.

The Medical Center is an integrated health care provider serving residents of north Arkansas for more than 50 years. The Medical Center proudly offers a wide range of services and specialties to meet the needs of Arkansans close to home. With more than 100 primary care, mid-level and specialist physicians on the medical staff, and approximately 1,500 employees, the Medical Center is made up of an experienced and dedicated team. The Medical Center provides health care solutions with compassion and respect for the uniqueness of every individual. Guided by a values-based culture to consistently deliver clinical and service excellence to our patients, the Medical Center strives for excellent care for every patient, every time.

## About Community Health Needs Assessments

As a result of the *Patient Protection and Affordable Care Act*, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. Compliance with section 501(r) of the Internal Revenue Code (IRC) requires that a tax-exempt hospital facility:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, evaluate the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health and those representing low-income, medically underserved, or minority populations in the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document the Medical Center's compliance with IRC Section 501(r). Health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the initial community health needs assessment completed in March 2013.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with individuals who represent a) broad interests of the community, b) populations of need and c) persons with specialized knowledge in public health.



This document is a summary of all the available evidence collected during the community health needs assessments required by the IRS during tax year 2016. It will serve as a compliance document, an assessment of the impact of the previous implementation strategy and a resource until the next assessment cycle.

### **Acknowledgments**

The community health needs assessment research team would like to thank all those who contributed to the community health assessment described herein. We are grateful for the many key informants who gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

### **Summary of Community Health Needs Assessment Process**

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,500 partners and employees in 34 offices. BKD serves more than 1,050 hospitals and health care systems across the country. The community health needs assessment was conducted from July through December 2016.

The following steps were conducted as part of the Medical Center's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2013 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included at Page 14.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through five key interviews, and any comments received providing feedback on the previous assessment and implementation strategy. Results and findings are described in the Key Interviewee portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

### **Community Served by the Medical Center**

The Medical Center is located in Mountain Home, Arkansas, in Baxter County. Mountain Home is approximately two and a half hours east of Fayetteville, Arkansas, and two hours south of Springfield, Missouri, the closest metropolitan areas. The town is not served by any divided highways.

### **Defined Community**

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. During the initial community health needs assessment process, an analysis of inpatient discharges and outpatient visits was performed to determine where the Medical Center’s patients resided. This analysis showed that the large majority of the Medical Center’s patients were from Baxter and Marion Counties, both located in northern Arkansas.



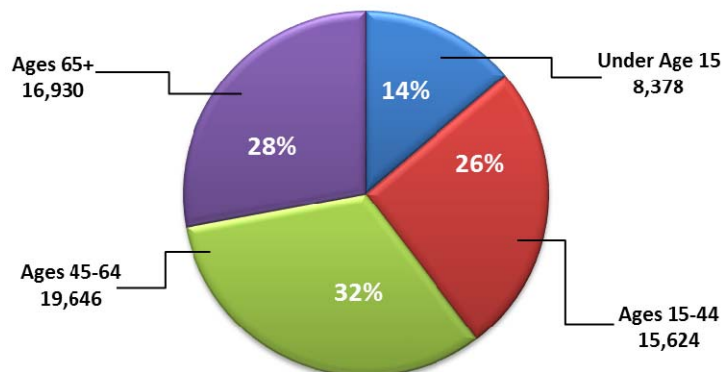
In the three years since the last community health needs assessment was conducted, there have not been significant changes in the population of the area, nor have any new hospitals been opened. Therefore, Medical Center management believes that their community has remained unchanged from the previous community health needs assessment. This report will include data from the two community counties listed above.

### **Community Characteristics**

#### **Community Population and Demographics**

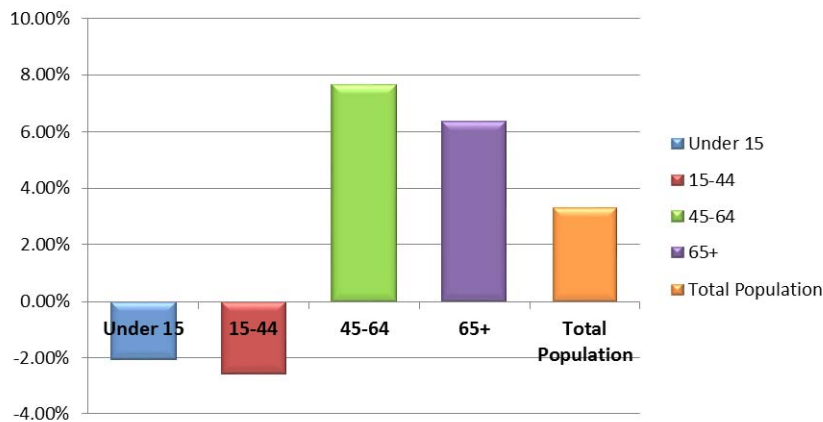
The community served by the Medical Center is a rural area in north central Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 61,000 people live in the two counties included in the community. The Medical Center is located in Mountain Home, Arkansas, which is the largest town in the community with a population of around 13,000 people.

**Community Population by Age Group**



A major distinguishing feature of the Medical Center’s community is the age breakdown of this population. The chart above shows the breakdown of the community’s population by age group. According to the U.S. Census Bureau, about 28% of the community’s population is over age 65, which is much higher than in Arkansas (15%) or the United States (13%) as a whole. Additionally, the percentage of the community population over age 65 is expected to continue increasing over the next five years, as shown on the chart below. This age group uses more health services than any other, so the Medical Center should prepare for increased patient volume in the near future. Additionally, the percentage of the community aged 44 and below is expected to shrink over the next five years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

**Projected Change in Population by Age Group, 2015–2020**



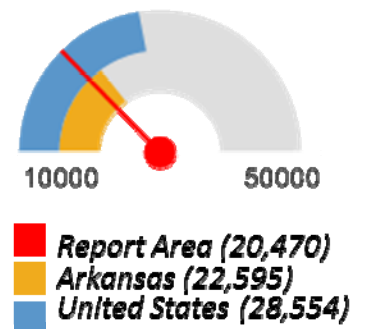
Source: Total Population by County and Development District Projections

**Socioeconomic Characteristics of the Community**

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly to the health status of a community.

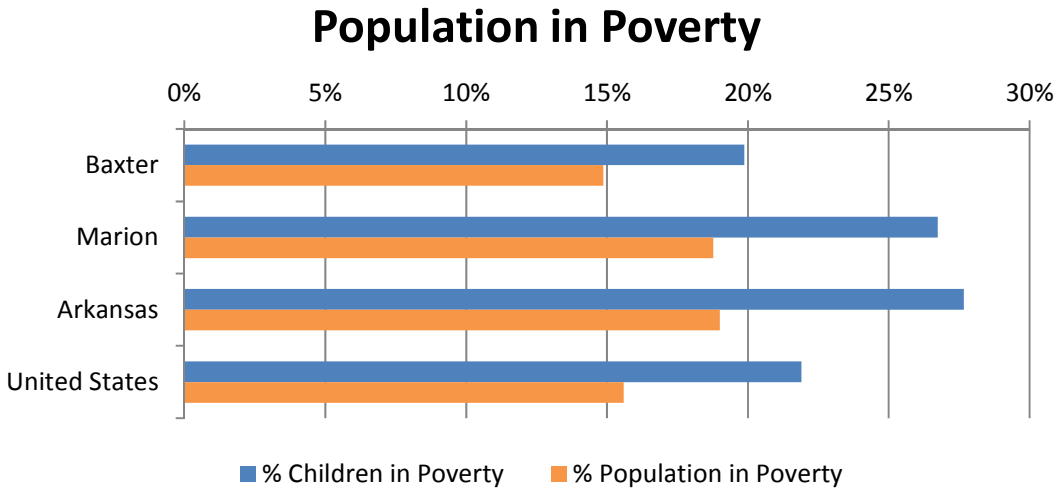
Socioeconomically, the community served by the Medical Center is similar to many other parts of rural Arkansas. About 23% of the population has obtained an associate’s degree or higher, compared to about 37% of the U.S., while about 14% of the population does not have a high school diploma, which is comparable to the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

**Per Capita Income**



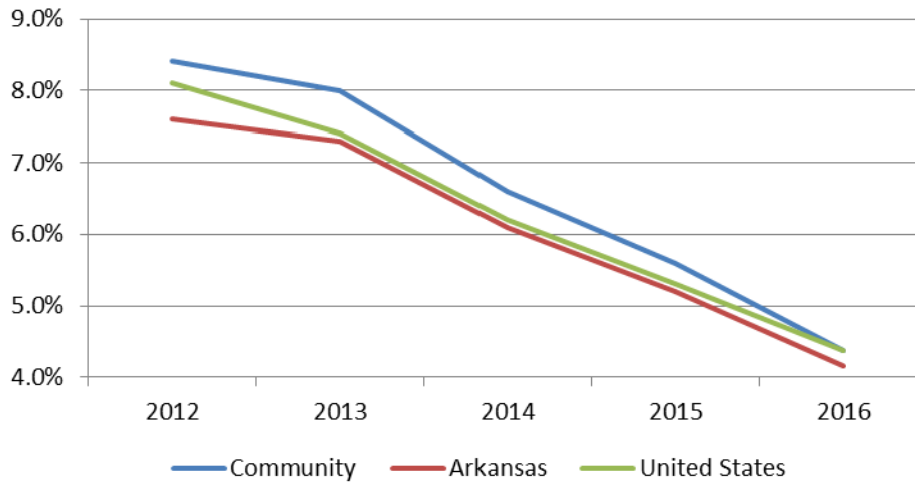
Source: U.S. Census Bureau, American Community Survey

The income levels of individuals within the community also have a significant effect on their ability to access health services. The average per-capita income in the Medical Center’s community is \$20,470, compared to \$22,595 for the state of Arkansas and \$28,554 for the United States. Lower than average per capita income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. The chart below shows the percentage of the communities’ population living below the federal poverty line according to the most recent U.S. Census Bureau American Community Survey, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.



Some socioeconomic measures in the community have improved significantly since the publication of the 2013 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program, initially known as the Arkansas Private Option and more recently termed Arkansas Works, that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Medical Center. In 2013, before this program went in to effect, 11% of the Medical Center’s patient encounters were uninsured, while in 2014, that number dropped to only 8%, representing a 29% decrease in uninsured patient encounters at the Medical Center. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.

## Unemployment Rates, 2012–2016



Another socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The chart above shows that the unemployment rate of the community has been dropping sharply over the past five years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to healthcare is improved.

### Health Status of the Community

This section of the assessment reviews the health status of Marion and Baxter County residents. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2010*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.



The interrelationship among lifestyle/behavior, personal health attitudes, and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

<b>Lifestyle</b>	<b>Primary Disease Factor</b>
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

### **Health Outcomes and Factors**

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the “healthiest.” Counties are ranked relative to the health of other counties in the same state on the following summary measures:



- Health Outcomes—rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors—rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (seven measures)
  - Physical environment (two measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org)).

As part of the analysis of the needs assessment for the community, the community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment.

The following table, from County Health Rankings, summarizes the 2016 health outcomes and factors for each of the two counties in community, including its rank within Arkansas’ 75 counties. Measures underperforming the state average are highlighted in red. The data upon which the uninsured patients’ measure was based is from 2012 and therefore does not reflect the improvement discussed earlier resulting from the 2014 Medicaid expansion.

Health Outcome/Factor	Baxter County		Marion County		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank		
<b>Health Outcomes</b>		33		38		
<b>Length of Life</b>		51		48		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,500		10,500		9,100	5,200
<b>Quality of Life</b>		10		22		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	18%		21%		23%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.7		4.8		4.7	2.9
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age adjusted)	4.2		4.4		4.4	2.8
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	7%		7%		9%	6%
<b>Health Factors</b>		3		22		
<b>Health Behaviors</b>		2		6		
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20%		23%		25%	14%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	29%		31%		33%	25%
<b>Food environment index</b> – Ranking from 1-10 that considers accessibility of healthy foods	6.8		6.7		6.1	8.3
<b>Physical inactivity</b> – Percent of adults reporting no leisure-time physical activity	32%		33%		32%	20%
<b>Access to exercise opportunities</b> – Percent of individuals who live within three miles of a recreational facility	72%		55%		61%	91%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	13%		13%		14%	12%
<b>Alcohol-impaired driving deaths</b> – Percent of motor vehicle crash deaths with alcohol involvement	15%		9%		30%	14%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	231		217		524	134
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	47		53		53	19
<b>Clinical Care</b>		2		48		
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	19%		20%		19%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,170:1		5,480:1		1,540:1	1040:1
<b>Dentists</b> – Ratio of population to dentists	2,150:1		8,180:1		2,300:1	1340:1
<b>Mental health providers</b> – Ratio of population to mental health providers	370:1		4,090:1		520:1	370:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	56		72		66	38
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	86%		85%		83%	90%
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	71%		59%		58%	71%
<b>Social and Economic Factors</b>		14		35		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	87%		95%		85%	93%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	61%		45%		55%	72%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	26%		33%		26%	13%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to that at the 20th percentile	4.2		3.8		4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	33%		34%		37%	21%
<b>Violent crime rate</b> – Violent crimes per 100,000 population	100		268		484	59
<b>Injury deaths</b> – Deaths from intentional and unintentional injuries per 100,000 population	100		95		77	51
<b>Physical Environment</b>		33		34		
<b>Air pollution-particulate matter days</b> – Average daily density of fine particulate matter	11.4		11.3		11.8	9.5
<b>Severe housing problems</b> – Percentage of households with severe housing problems in facilities, crowding, or cost	14%		15%		15%	9%

## Health Care Resources

The availability of health resources is a critical component to the health of a community and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of such care. This section will address the availability of health care resources to the residents of the Medical Center’s community.

### Hospitals and Health Centers

The Medical Center has 268 acute beds and is the only hospital located in the community. However, because the community spans a large geographic area, there are several other hospitals that receive a significant share of the community’s patients. The chart below summarizes hospital services available to the residents of Baxter and Marion Counties:

**Summary of Nearby Hospitals**

		Facility Type	Miles from BRMC	Bed Size	Annual Discharges
Baxter Regional Medical Center	Mountain Home, AR	Short-term Acute Care	-	268	7,646
North Arkansas Regional Medical Center	Harrison, AR	Short-term Acute Care	50	120	3,609
Stone County Medical Center	Mountain View, AR	Critical Access	50	25	824
CoxHealth	Springfield, MO	Short-term Acute Care	103	598	30,083
Mercy Hospital – Springfield	Springfield, MO	Short-term Acute Care	105	562	35,462

Source: [Costreportdata.com](http://Costreportdata.com)

The following is a brief description of the health care services available at each of these facilities:

**North Arkansas Regional Medical Center (NARMC)** – Located in Harrison, Arkansas, NARMC is approximately one hour west of the Medical Center. It offers services such as cancer treatment, cardiac rehabilitation services, women’s services and community education.

**Stone County Medical Center (SCMC)** – Located in Mountain View, Arkansas, Stone County Medical Center is approximately a one hour drive south of the Medical Center. It offers emergency medicine, family medicine and orthopedic surgery services.

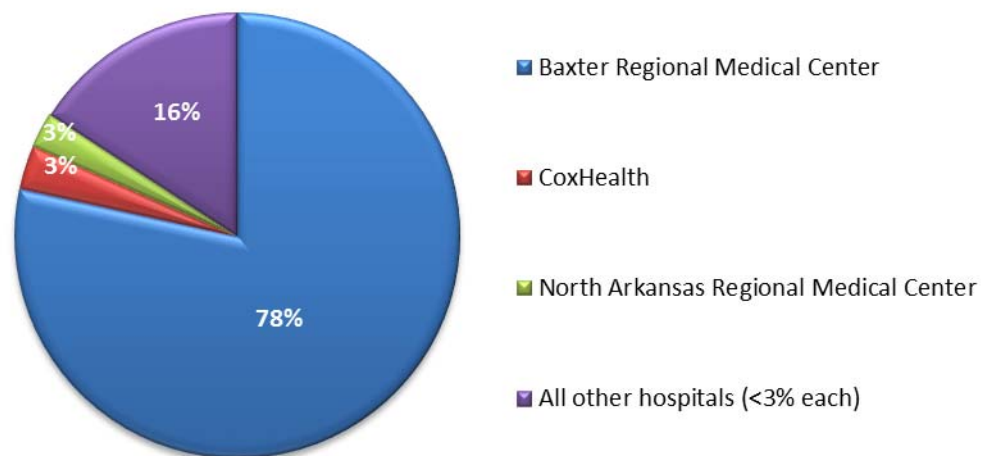
**CoxHealth** – With two locations in Springfield, Missouri (CoxNorth and CoxSouth), CoxHealth is a large, full-service hospital that provides a wide variety of health care services, including a Level I Trauma Center. It is approximately two hours and 15 minutes northwest of the Medical Center.

**Mercy Hospital-Springfield (Mercy)** – Formerly known as St. John’s Hospital, Mercy is a large, full-service hospital that offers a wide range of services, including a cancer center, children’s care and integrative medicine. It is approximately two hours and 15 minutes northwest of the Medical Center.

### **Medical Center Market Share**

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. The chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total discharges from each hospital. This information provides an idea of summary market share, as well as the outmigration of patients from the community. For 2014, the Medical Center maintained approximately 78% of all discharges from the community with CoxHealth and North Arkansas Regional Medical Center individually capturing around 3%. The remaining 18% of discharges is made up of numerous hospitals, each with less than 3% of the total community discharges.

### **Community Market Share, 2014**



Because Arkansas law prohibits the Arkansas Department of Health from providing hospital-specific discharge information, the data in the chart above was estimated based on Medicare discharges by zip code and hospital, which is available from the Centers for Medicare & Medicaid Services.

### **Other Health Care Facilities and Providers**

**Mountain Home Christian Clinic** – Located in Mountain Home, Arkansas, this faith-based clinic provides free medical care for adults who are below the federal poverty level and have no insurance.

**Kindness, Inc.** – Located in Mountain Home, Arkansas, Kindness, Inc., is a not-for-profit organization that provides nonmedical services such as transportation to medical and other appointments, grocery shopping assistance, respite for primary care givers, minor home repairs, installation of safety bars and wheelchair ramps, reassurance calls and friendly visitation to seniors and other individuals in the Community.

**Home Health Agencies** – The community is home to seven home health agencies that provide services such as medicine supervision, companionship, housekeeping, personal care and in-home nursing to seniors and other homebound residents of the community.

**Area Agencies on Aging** – With locations in Baxter and Marion Counties, the Area Agencies on Aging provide various services to senior citizens in the community, including adult day care, emergency response systems, housing, Meals on Wheels, caregiver support programs, medical supply delivery and in-home care.



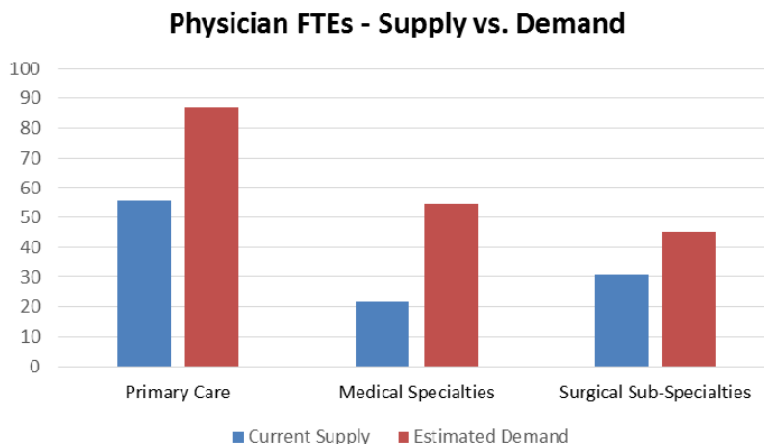
**Hometown Health Initiative** – A branch of the Arkansas Department of Health, the Hometown Health Initiative works with local communities and organizations to identify health issues and implement solutions that improve the health of local citizens.

**County Health Departments** – The Health Departments of Baxter and Marion Counties exist to prevent, promote and protect the public’s health. The departments provide WIC (Women, Infants and Children) Support Programs for families who meet certain nutritional and financial guidelines. Other services include family planning; health education; immunizations; and screenings for blood pressure, hepatitis, sexually transmitted diseases, HIV and tuberculosis.

**Area Nursing Homes** – There are twelve nursing homes in the area with a total of 948 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

## Estimated Demand for Hospital Services

As the community ages and overall population rises, the estimated demand for hospital services is expected to increase. During 2016, the Medical Center conducted an analysis comparing their current available physician supply to the total demand within the community for physician services. The chart below shows the current supply of physician FTEs versus the demand. There is a deficit of approximately 31 primary care physicians, 33 medical specialty physicians and 14 surgical sub-specialty physicians. The Medical Center will continue to focus on physician recruitment to ensure community residents have access to the care they need.



## Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health or those representing low-income, medically underserved or minority populations within the community) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the county health department directors from each county in the Medical Center's community, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the medically indigent, children in poverty, or the elderly.

## Methodology

Dialogues with five key interviewees were conducted in August 2016. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

All interviews were conducted by Medical Center personnel using a standard questionnaire. A copy of the interview instrument is included in the appendix. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the primary community
- Barriers to improving health and quality of life for residents of the primary community
- Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues
- Delineation of the most important health care issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. This technique does not provide a quantitative analysis of the leaders' opinions, but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.



### **Key Interviewee Interview Results**

As stated earlier, the interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers to improving health and quality of life
4. Most important health and quality of life issues

While many issues were raised during the interviews, a few items stood out as being mentioned consistently by nearly all of the interviewees. These issues are summarized below:

- The interviewees were optimistic about the health status of the community. All five interviewees felt that quality of life in the community had improved over the last three years.
- The major health problems noted by the key interviewees were diabetes, obesity and tobacco use.
- The major contributing factors to poor health in the community noted by the key interviewees were low income, poor eating habits and tobacco use.
- Several interviewees in more rural parts of the community stated that there is a need for more dental and mental health services.

### **Evaluation of Response to 2013 CHNA**

The Medical Center prepared an implementation strategy in response to the needs identified in its 2013 needs assessment. A listing of those needs, along with the steps taken by the Medical Center to address them, is below.

- Aging Problems
  - Hospital experts speak at the four Community Houses. Community Houses are on-campus sites that provide educational programs and resources free of charge to community members.
  - BRMC-Mruk Family Education Center on Aging expanded free educational workshops for the aging population, including Rock Steady Boxing, a program for patients with Parkinson's disease.
  - The Medical Center provided free screenings for high blood pressure, cholesterol, hearing and vision impairment at the annual health fair.
  - The Medical Center performed extensive testing/screening at Fairlamb Senior Health Clinic for possible dementia and Alzheimer's patients.
- Preventative Health & Wellness
  - Created Wellness Committee for hospital workers, which implemented a healthier hospital menu, a campaign to use the stairs and a campaign to utilize the hospital gym.
  - The Medical Center offered healthy cooking through the Community Houses.
  - The Medical Center continued to expand health services with community partners at the Annual Health Fair.
  - The Medical Center offered free smoking cessation programs with expanded locations.



- Mammography screenings were provided to rural area women through the Mobile Mammography Unit outreach program.
- The Medical Center's Reppell Diabetes Learning Center provides education and other tools to help members of the community manage their diabetes to achieve maximum personal health and wellness and avoid further complications.
- Access to Primary Care
  - The Medical Center advertised through social media, internet and radio for community members to help find a physician.
  - The Medical Center assisted with Community sign up opportunities to the Arkansas Private Option, now known as Arkansas Works, by providing locations, advertising awareness and IPA trainers.
  - Walk-in clinics were established at Yellville-Summit High school, Wal-Mart, Family Practice Clinics in Salem, AR and Flippin, AR.
  - The Medical Center developed and participated in the Clinically Integrated Network, Accountable Care Organization, and patient centered medical homes.
  - The Medical Center established a Community Paramedic Program: One-on-one counseling centered on medication, nutrition, community resources.

Because population health data takes time to become publically available, it is difficult to quantitatively assess the impact of actions taken by the Medical Center in response to the previous needs assessment. However, there are indications that the Medical Center's efforts are having a positive effect on the health of the community. For example, the number of uninsured patient encounters at the Medical Center dropped 29% from 2013 to 2014, as discussed on Page 5 of this needs assessment. Additionally, the Medical Center received positive feedback from the Arkansas Department of Health regarding the work being done at their Reppell Diabetes Learning Center. The Medical Center believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

## **Identification and Prioritization of Health Needs**

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors as well as surveys and interviews, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population, and availability of community resources to address the need.

As a result, the following list of significant needs was identified:

1. Physician Recruitment
2. Obesity
3. Diabetes
4. Tobacco Use
5. Health Education

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the Medical Center's website. Public comments on this assessment may be directed to the Medical Center's administration at 624 Hospital Drive, Mountain Home, Arkansas 72653.

## **APPENDICES**

## **KEY INFORMANT INTERVIEW PROTOCOL**

## KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

Interviewer's Initials:

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization:

# of years living in \_\_\_\_\_ County: # of years in current position:

E-mail address:

**Introduction:** Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over—up to 50 minutes total—once we get into the interview. **(Check to see if this is okay).**

**[Name of Organization]** is gathering local data as part of developing a plan to improve health and quality of life in \_\_\_\_\_ County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

**To get us started, can you tell me briefly about the work that you and your organization do in the community?**

Thank you. Next I'll be asking you a series of questions about health and quality of life in \_\_\_\_\_ County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in \_\_\_\_\_ County?
2. In your opinion, has health and quality of life in \_\_\_\_\_ County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. What barriers, if any, exist to improving health and quality of life in \_\_\_\_\_ County?
6. In your opinion, what are the most critical health and quality of life issues in \_\_\_\_\_ County?
7. What needs to be done to address these issues?
8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?

Access to medical services  
Tobacco use  
Obesity  
Aging Problems

What do you think is most critical health need included on the list above or other of the community?

9. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?
10. In your opinion, are any the following areas in which the hospital should be addressing? Why or why not?

Economic Development  
Affordable Housing  
Poverty  
Education  
Healthy Nutrition  
Physical Activity  
Drug and Alcohol Abuse

12. Are there people or groups of people in \_\_\_\_\_ County whose health or quality of life may not be as good as others? Who are these persons or groups?

13. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?

14. How would you rate the hospital's efforts on communicating how they are addressing the identified health needs? How have you received communication regarding the hospital's efforts?

15. What do you think is the hospital's role in addressing the identified health needs of the community?

**Close:** Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in \_\_\_\_\_ County. Before we conclude the interview,

**Is there anything you would like to add?**

## **SOURCES**



## Sources

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