

# **Chambers Memorial Hospital**

Community Health Needs Assessment

June 2016



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## Introduction

### ***About the Hospital***

Chambers Memorial Hospital (the Hospital) is a not-for-profit organization located in Danville, Arkansas. It has served the people of Danville and the surrounding communities since 1956. The Hospital provides a wide range of services, including a 24-hour emergency department.

The Hospital is dedicated to teamwork and community involvement, working closely with local schools and businesses to make a positive difference in the health and safety of the community it serves. It has been repeatedly named to the *100 Top Hospitals: National Benchmarks for Success* list published annually by Thompson Healthcare Groups. Chambers Memorial Hospital is proud to provide excellent patient care, up-to-date technology and a friendly, pleasant atmosphere to the community it serves.

### ***About Community Health Needs Assessments***

The purpose of community health needs assessments is to identify and understand the unique health needs of the community served by the individual hospitals and to document compliance with new federal laws pursuant to the *Patient Protection Affordability and Accountability Act*.

The Hospital engaged **BKD, LLP** to assist in conducting a formal community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,400 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from March 2016 through June 2016.



Based on current literature and other guidance from the U.S Treasury Department and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the June 2013 community health needs assessment was completed to understand the effectiveness of the Hospital's current strategies and programs. This evaluation is included at page 13.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The timing of release of such publicly available information is not consistent among the various sources, so not all data tables refer to the same year. 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 in the section entitled Health Status of the Community.

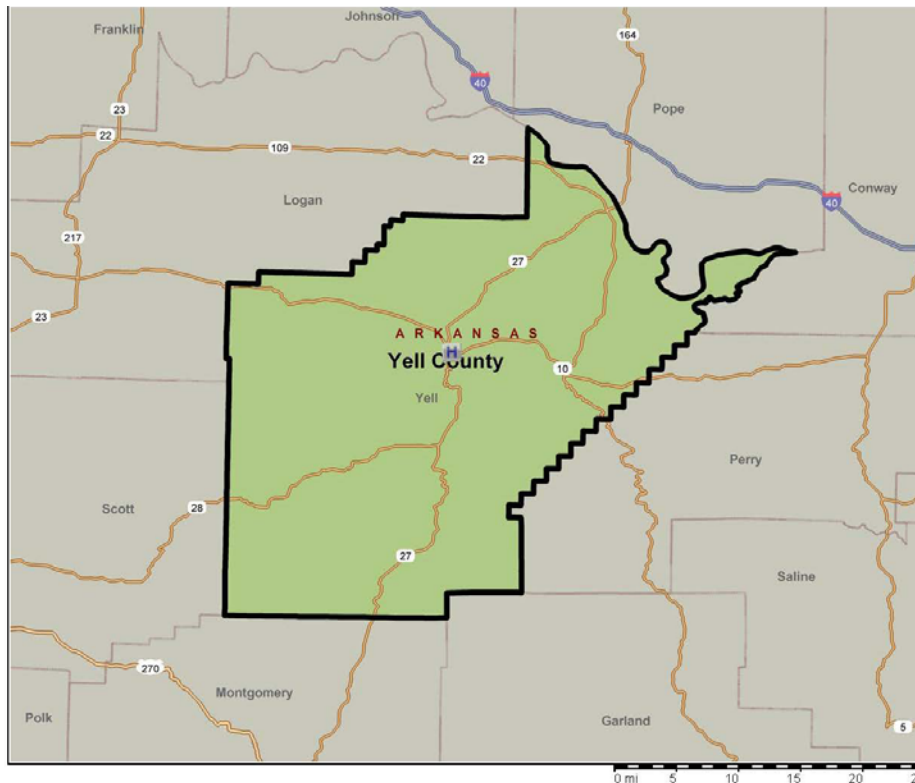


- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.
- Recommendations based on this assessment have been communicated to Hospital management.

### **Community Served by the Hospital**

The Hospital is located in Danville, Arkansas, in Yell County. Danville is approximately two hours northwest of Little Rock, Arkansas, and one-and-a-half hours southeast of Fort Smith, Arkansas, the closest metropolitan areas. Danville is only accessible by secondary roads.

Because the Hospital is located in a rural, relatively remote area, management determined as part of the previous needs assessment that the community served by the Hospital consisted of only the surrounding areas based on a detailed zip code analysis of the Hospital's discharges which indicated that approximately 85% of the Hospital's patients came from zip codes located within Yell County. There have not been significant changes to the population or the healthcare environment in the area since the last needs assessment was conducted. Therefore, Hospital management believes that their community has remained unchanged. This report will include data from Yell County. The following map shows the location of the Hospital within the community.





## Community Characteristics

### Community Population and Demographics

The community served by the Hospital is a rural area in central western Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 23,000 people live in the community. The Hospital is located in Danville, Arkansas, which is the second-largest town in the community with a population of around 2,400 people.

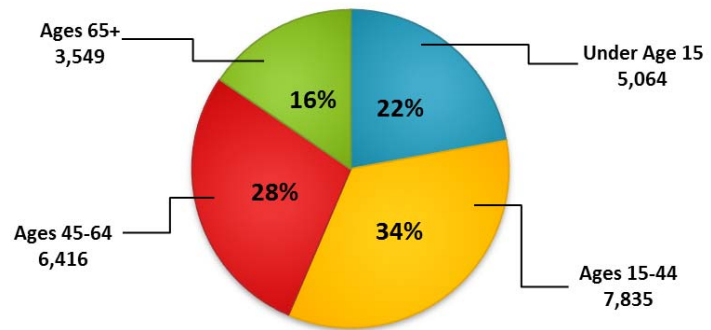
The population of the community is about 85% white, making it much more racially homogenous than either the state of Arkansas or the United States as a whole. Most of the remaining population is Hispanic or Latino, and about half of this group has limited English proficiency.

Although this group is small relative to the total population, they may have unique health needs that should be considered during the preparation of this needs assessment.

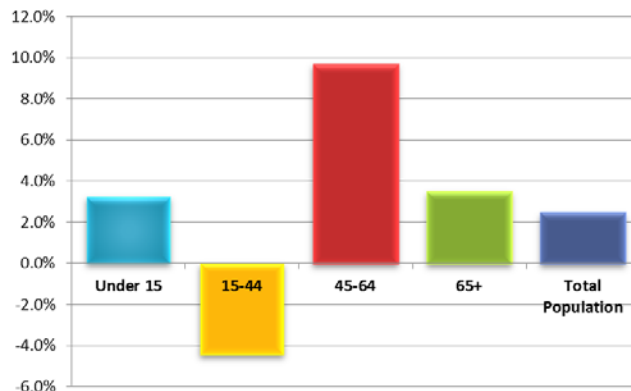
A major distinguishing feature of the Hospital’s community is the age breakdown of this population. The chart to the right shows the breakdown of the community’s population by age group. According to the U.S. Census Bureau, about 16% of the community’s population is over age 65, which is higher than 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 Hospital should prepare for increased patient volume in the near future. Additionally, the percentage of the community population aged 15 to 44 is expected to shrink over the next five years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

**Community Population by Age Group**



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



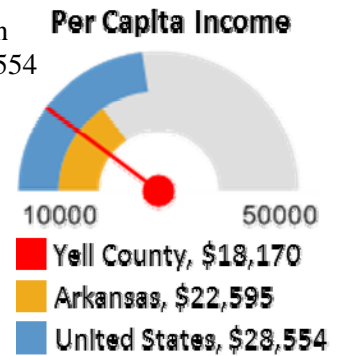


### Socioeconomic Characteristics of the Community

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.

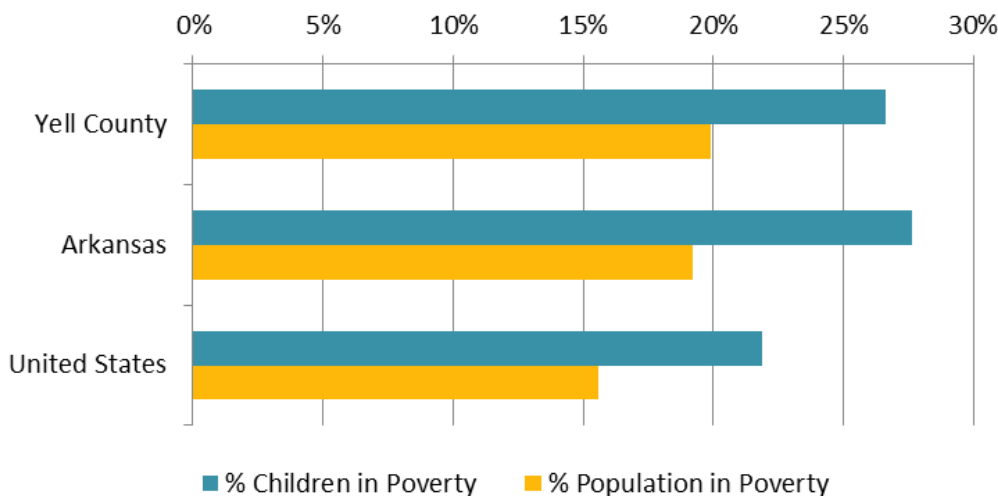
Socioeconomically, the community served by the Hospital is similar to many other parts of rural Arkansas. About 15% of the population has obtained an Associate’s degree or higher, compared to about 37% of the U.S., while about 25% of the population does not have a high school diploma, compared to about 14% in 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.

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 Yell County is \$18,170, 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. Additionally, while similar to the state of Arkansas, the levels of poverty in Yell County are significantly higher than the rates in the United States. The chart below shows the percentage of the communities population living below the federal poverty line, 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.



Source: US Census Bureau, American Community Survey

### Population in Poverty



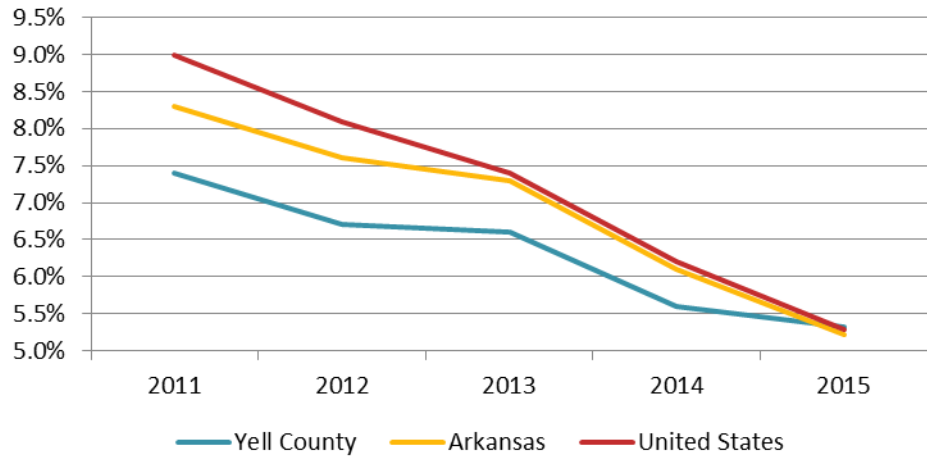
Source: US Census Bureau, American Community Survey



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. Rather than expanding traditional Medicaid eligibility, Arkansas created a program that allows federal expansion funds to 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 Hospital. In 2013, before this program went in to effect, 9% of the Hospital’s patient encounters were uninsured, while in 2014, that number dropped to only 7%, representing a 17% decrease in uninsured patient encounters at the Hospital. 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, 2011-2015



Source: US Department of Labor, Bureau of Labor Statistics

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 Yell County residents, with comparisons to 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 Hospital 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 2020*, 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
Driving at excessive speeds	Trauma Motor vehicle crashes
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)

The timing of the data used to rank the counties varies among the measures depending on when comparative data becomes available. 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 relative health status of Yell County will be compared to the state of Arkansas as well as to a national benchmark. 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 summarizes the 2015 health outcomes and factors for Yell County. Measures underperforming the state average are presented in red.

Health Outcome/Factor	Yell County		Arkansas	National Benchmark
	Metric	Rank		
<b>Health Outcomes</b>		22		
<b>Length of Life</b>		22		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,900		9,100	5,200
<b>Quality of Life</b>		30		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	24%		23%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	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	2.8
<b>Low birthweight</b> – Percent of live births with low birthweight (<2500 grams)	8.0%		9.0%	6.0%
<b>Health Factors</b>		58		
<b>Health Behaviors</b>		41		
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	23%		25%	14%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	35%		33%	25%
<b>Food environment index</b> – Ranking from 1-10 that considers accessibility of healthy foods	7.2		6	8.3
<b>Physical inactivity</b> – Percent of adults reporting no leisure-time physical activity	37%		32%	20%
<b>Access to exercise opportunities</b> – Percent of individuals who live within three miles of a recreational facility	61%		61%	91%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	14%		14%	12%
<b>Alcohol-impaired driving deaths</b> – Percent of motor vehicle crash deaths with alcohol involvement	30%		30%	14%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	218.9		523.8	134.1
<b>Teen birth rate</b> – Per 1,000 female population, ages 15–19	74		53	19
<b>Clinical Care</b>		75		
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	25%		19%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,820:1		1,540:1	1040:1
<b>Dentists</b> – Ratio of population to dentists	5,490:1		2,300:1	1340:1
<b>Mental health providers</b> – Ratio of population to mental health providers	5,490:1		520:1	370:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	125		66	38
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	72%		83%	90%
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	45%		58%	71%



Health Outcome/Factor	Yell County		National
	Metric	Rank	Benchmark
<b>Social and Economic Factors</b>		<b>26</b>	
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	88%		85% 93%
<b>Some college</b> – Percent of adults aged 25–44 years with some post-secondary education	37%		55% 72%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	27%		26% 13%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to that at the 20th percentile	4.7		4.8 3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	38%		37% 21%
<b>Violent crime rate</b> – Violent crimes per 100,000 population	240		484 59
<b>Injury deaths</b> – Deaths from intentional and unintentional injuries per 100,000 population	83		77 51
<b>Physical Environment</b>		<b>43</b>	
<b>Air pollution-particulate matter days</b> – Average daily density of fine particulate matter	11.4		11.8 9.5
<b>Severe housing problems</b> – Percentage of households with severe housing problems in facilities, crowding or cost	17%		15% 9%

Based on this data, it is apparent that Yell County has significant room for improvement. The areas where Yell County falls in the lower 50th percentile of the 75 counties in Arkansas are as follows:



- Health factors, overall (ranked 58<sup>th</sup>, was ranked 66<sup>th</sup> in previous needs assessment)
- Health Behaviors (ranked 41<sup>st</sup>, was ranked 67<sup>th</sup> in previous needs assessment)
- Clinical Care (ranked 75<sup>th</sup>, was ranked 75<sup>th</sup> in previous needs assessment)
- Physical Environment (ranked 43<sup>rd</sup>, was ranked 33<sup>rd</sup> in previous needs assessment)

Clinical Care is the most urgent area, with Yell County ranking the lowest in the state. This information shows that there are opportunities for the Hospital to take positive steps toward improving the community’s health.

### Other Healthcare Resources

The availability of health resources is a critical component to the health of a community’s residents 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 indigent care. This section will address the availability of health care resources to the residents of Yell County.



### Other Area Hospitals

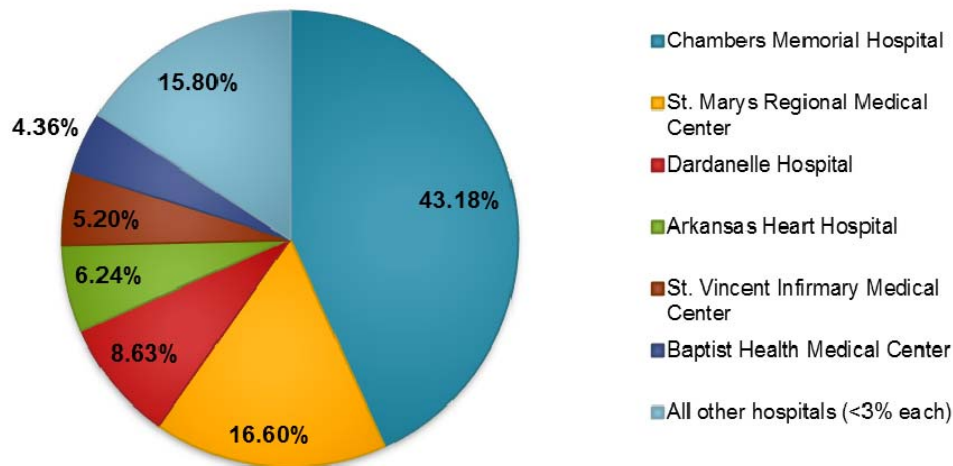
**Local Hospitals** – There are two other hospitals in the area that are closer geographically to some Yell County residents than Chambers Memorial Hospital: St. Mary’s Regional Medical Center, a 170-bed full-service acute care hospital located in Russellville, Arkansas, and River Valley Medical Center, a 25-bed critical access hospital in Dardanelle, Arkansas.

**Little Rock Hospitals** – Little Rock, Arkansas, is about two hours southeast of the Hospital. While this is too far for residents to travel for routine or emergency medical care, it is close enough for residents to obtain complex, highly specialized treatment if needed.

### Hospital 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 Hospital 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 Medicare 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 Hospital maintained approximately 43% of all discharges from the community with St. Mary’s Regional Medical Center capturing about 17% and River Valley Medical Center capturing around 9% of all discharges. Little Rock hospitals, including Arkansas Heart Hospital, St. Vincent Infirmiry Medical Center, and Baptist Health Medical Center, captured a combined 16% of discharges. The remaining 15% of discharges is made up of numerous hospitals, each with less than 3% of the total community discharges.

## Community Market Share, 2014





### **Other Healthcare Resources**

Besides the Hospital, Yell County residents benefit from many other healthcare resources:

**Family Practice Clinics** – Yell County has four family practice clinics managed by the Hospital. These clinics ensure that Yell County residents are able to go to the doctor for annual checkups and ailments that do not require a trip to the hospital.

**Area Nursing Homes** – There are three nursing homes in Yell County with a total of 289 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

**River Valley Christian Clinic** – Located in Dardanelle, Arkansas, the River Valley Christian Clinic provides medical services, prescription assistance and counseling to uninsured persons who have household incomes below 300% of the federal poverty line.

**Yell County Health Unit** – The Yell County Health Unit exists to promote and protect the public’s health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care and cervical cytology follow-up, environmental services, home health and personal care services.

### **Key Interviewees**

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) 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.

### **Methodology**

Dialogues with five key interviewees were conducted in April 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 Hospital 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. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. 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 interviewee 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
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:

- Many children in the community suffer from lack of access to healthcare due to economic conditions or low parental awareness/involvement. Greater collaboration between the hospital and local schools is needed to reach these children.
- Teen pregnancy is a significant issue in the community.
- While the Hospital frequently advertises health screenings, available services, etc., in the local newspaper, many people are still not aware of these services. Direct communication with schools and other community organizations would increase awareness.
- Individuals living in more remote areas of the community often lack transportation, making it difficult for them to seek health services.
- Obesity, drug use and tobacco use continue to be significant problems in the community.



## Evaluation of Response to 2013 CHNA

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

- Uninsured Adults
  - The Hospital placed several ads in the local newspaper telling the community how to enroll in health insurance through the Health Insurance Exchange Marketplace (the Exchange), including publicizing that the Hospital employs a social worker who is available to help people enroll.
  - The Hospital participated in the Yell County Fair with a booth providing community members with information on how to enroll in the Exchange.
  - The Hospital hosted workers from the Arkansas Department of Health and allowed them to set up tables in the Hospital lobby to enroll community members in the Exchange.
- Health Knowledge
  - The Hospital ran weekly ads in the local newspaper on various health topics such as services available at the Hospital, safety tips, stroke sign awareness, influenza facts, cancer screenings, and other general health information.
  - The Hospital performed blood pressure and glucose screenings at the Yell County Fair.
  - The Hospital hosted Trauma Education courses for doctors and nurses in Yell County and the surrounding areas.
  - The Hospital developed a partnership with the Leon Milsap Center in Danville to provide diabetes education by hosting twice-monthly clinics on signs and symptoms of diabetes, dietary recommendations, and other information.
  - The Hospital provides bi-monthly services relating to stroke care as part of its partnership with AR Saves. This includes presentations at schools, churches, banks, etc., as well as making information available to the community.
- Smoking Cessation
  - The Hospital is part of the Great American Smokeout. Through that organization, the Hospital advertising and offers “survival kits” to individuals who are trying to stop smoking along with information on smoking cessation resources available in the community.





- The Hospital ran several ads in the local newspaper with smoking cessation tips and information on community resources.
- The Hospital was recognized by the state of Arkansas through the Inpatient Quality Incentive program by offering screening and treatment to over 80% of its patients who identified as tobacco users.
- Unintentional Injuries/Motor Vehicle Accidents
  - The Hospital partnered with Yell County EMS to hold a bicycle rodeo where bicycles were checked for safety and helmets were distributed.
  - The Hospital participated in the Yell County Fair where they distributed bicycle helmets and thumb rings to discourage texting and driving.
  - The Hospital presented a program to over 400 middle and high school students on the dangers of distracted driving.
  - The Hospital hosted car seat safety training where car seats were distributed and safety checks were performed. The Hospital also employs two Child Passenger Safety Technicians who are trained in proper car seat installation.



The Hospital made its June 2013 community health needs assessment available to the public by posting it on its website. The website includes contact information for the Hospital, including an email address, phone number, and mailing address where community members could provide feedback on the needs assessment. No such feedback was received by the Hospital.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of the actions taken by the Hospital in response to the previous needs assessment. However, there are indications that the Hospital's efforts are having a positive effect on the health of the community. For example, the previous needs assessment indicated that 27% of adult Yell County residents used tobacco, while the County Health Rankings information in this needs assessment indicates that this number has dropped to 23%. Additionally, the number of uninsured patient encounters at the Hospital dropped 17% from 2013 to 2014, as discussed on page 8 of this needs assessment. The Hospital 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, 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:

- Recruitment of additional primary care practitioners
- Obesity
- Health knowledge and education
- Smoking cessation services
- Children's health services
- Uninsured adults

The Hospital 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 Hospital's website. If you have questions about this report or would like to make a comment, contact the Hospital's management at 719 Detroit Street, Danville, AR 72833.

## **APPENDIX**



## KEY INFORMANT INTERVIEW QUESTIONNAIRE

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 Yell 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 Yell 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 Yell County?
2. In your opinion, has health and quality of life in Yell 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 Yell County?
6. In your opinion, what are the most critical health and quality of life issues in Yell 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?
  - Obesity
  - Uninsured adults
  - Drug/alcohol abuse
  - Health knowledge
  - Cancer
  - Diabetes
  - Access to clinics and primary care physicians
  - Heart disease
  - Tobacco use
  - Language barriers

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. Are you aware of the available health screenings at Chambers? If not, where would you look to obtain information of the available screenings? What can Chambers do to increase awareness?
11. Are there people or groups of people in Yell County whose health or quality of life may not be as good as others? Who are these persons or groups?
12. 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?



13. 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?
14. 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 Yell County. Before we conclude the interview,

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



## Sources

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