

Chambers Memorial Hospital

Community Health Needs Assessment

June 2022

FORV/S

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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 citizens 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

Every three years, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. These requirements are imposed by federal law and include:

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

The Hospital engaged **FORVIS, LLP** (FORVIS) to assist in conducting a formal community health needs assessment. FORVIS is one of the largest CPA and advisory firms in the United States, with more than 5,400 dedicated professionals who serve clients in all 50 states, as well as across the globe.. The community health needs assessment was conducted from November 2021 through June 2022.

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:

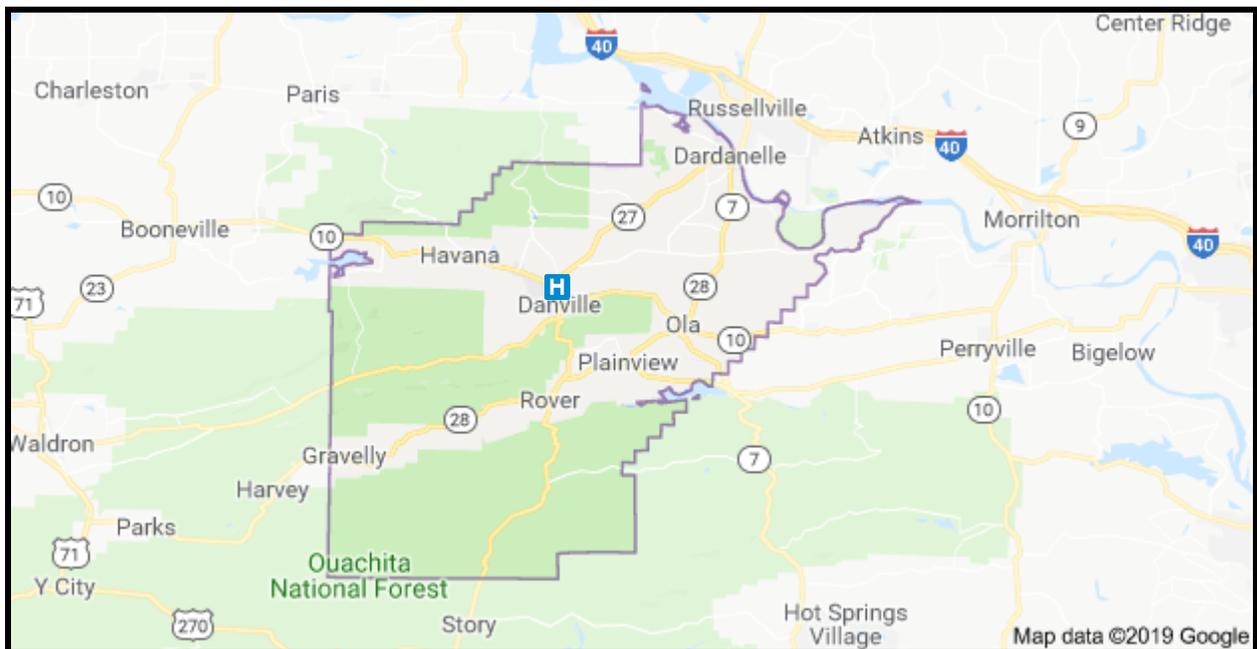
- An evaluation of the impact of actions taken to address the significant health needs identified in the June 2019 community health needs assessment was completed to understand the effectiveness of the Hospital's current strategies and programs. This evaluation is included at page 14.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. 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.
- An inventory of healthcare facilities and resources was prepared and evaluated for unmet needs.
- Community input was provided through interviews of key interviewees, and any comments received providing feedback on the previous assessment and implementation strategy. Results and findings are described in the Key Interviewee Interview Results sections 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 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.

The Hospital is located in a rural, relatively remote area. As part of the previous needs assessment, a detailed zip code analysis of the Hospital's discharges 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 healthcare environment in the area since the last needs assessment was conducted in 2019. Therefore, Hospital management believes that the Hospital's 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

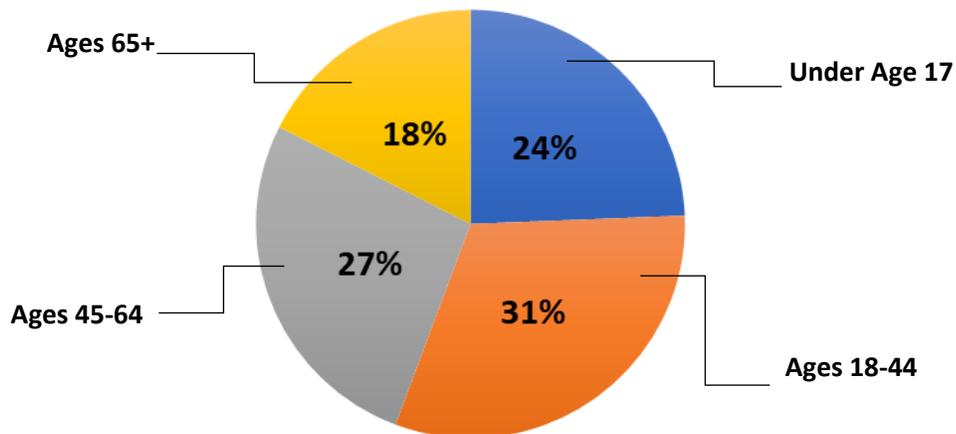
Community Population and Demographics

The community served by the Hospital is a rural area in central western Arkansas. According to the U.S. Census Bureau American Community Survey 2015–19 five-year estimates, approximately 21,500 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 2,000 people.

The population of the community is about 79% white, making it 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 7% of the population is not proficient in English. 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 below shows the breakdown of the community’s population by age group. According to the U.S. Census Bureau, about 18% of the community’s population is over age 65, which is consistent with Arkansas (17%) and higher than in the United States (16%) as a whole. This age group uses more health services than any other, so the Hospital should prepare for increased patient volume in the future.

Community Population by Age Group



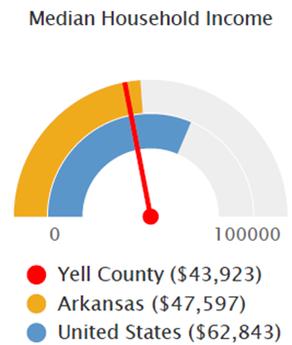
Source: CARES Engagement Network

Socioeconomic Characteristics of the Community

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

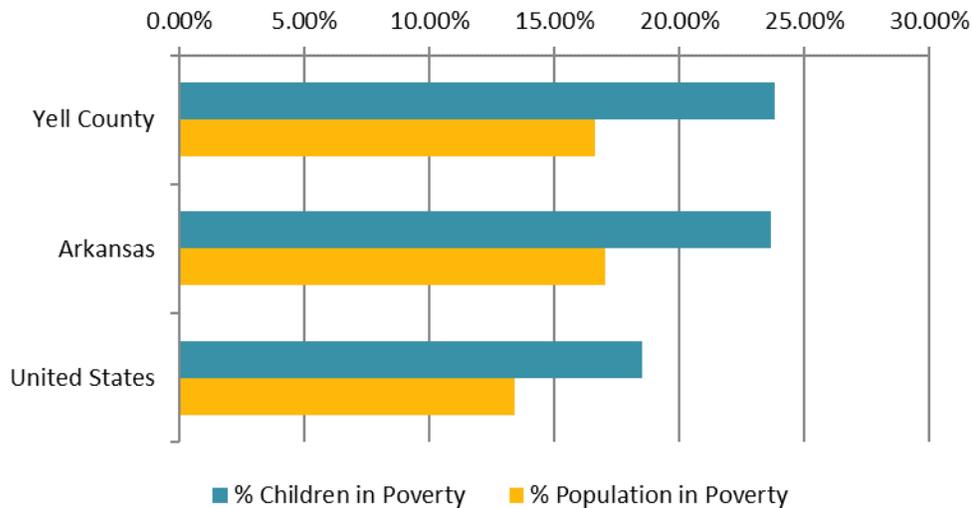
Socioeconomically, the community served by the Hospital is similar to many other parts of rural Arkansas. Approximately 13% of the community’s population age 25 years or older has obtained a bachelor’s degree or higher compared to about 32% of the United States. About 22% of the population does not have a high school diploma compared to about 12% of the country as a whole. Lower levels of educational attainment have been linked to negative health outcomes, so this 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 \$22,015, compared to \$26,577 for the state of Arkansas and \$34,102 for the United States. Lower-than-average per capita income suggests that many members of the community may have difficulty obtaining healthcare, especially preventive 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 community’s 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.



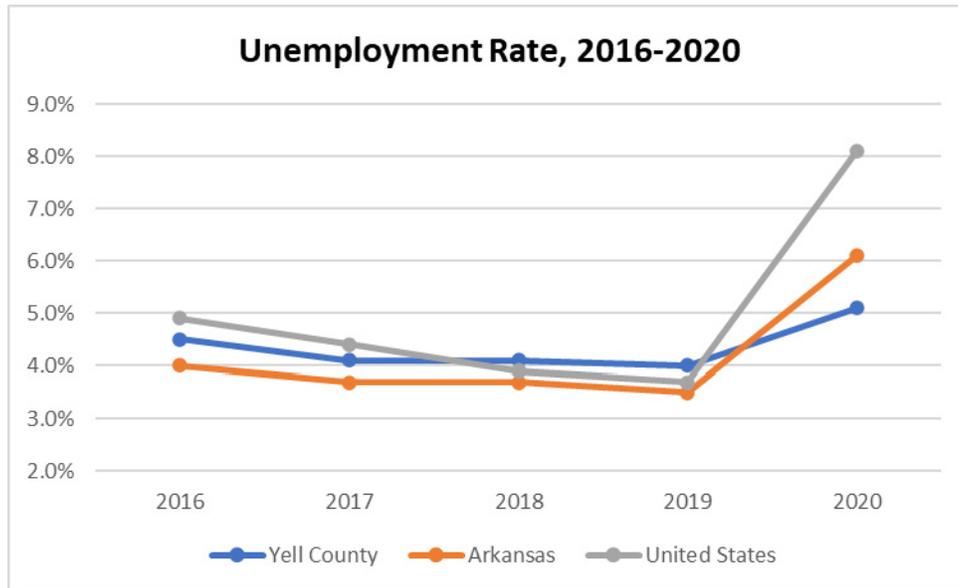
Source: CARES Engagement Network

Population in Poverty



Source: CARES Engagement Network

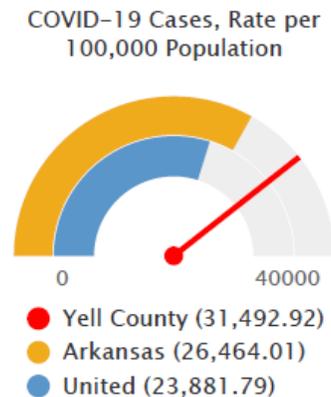
Socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The chart below shows that the unemployment rate of the community has been decreasing, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened and access to healthcare improved. The graph below reflects a spike in 2020 due to the impacts of the COVID-19 pandemic.



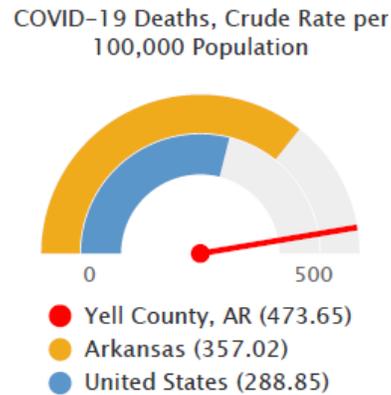
Source: CARES Engagement Network

COVID-19 Impact

This assessment was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. The community of the Hospital had 31,492 total confirmed cases of COVID-19 as of March 9, 2022. The rate of confirmed COVID-19 cases for the Hospital's community was above the Arkansas and the United States averages as of March 2022. The COVID-19 virus continues to pose risks to the community of the Hospital with higher risks for communities of color due to underlying health, social, and economic disparities.



Source: CARES Engagement Network



Source: CARES Engagement Network

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 community residents 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 valuable 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 healthcare 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 healthcare providers. Some examples of lifestyle/behavior and related healthcare problems include the following:

Lifestyle	Primary Disease Factor
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 & Economic Factors (nine measures)
 - Physical Environment (four 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). As part of the needs assessment analysis 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 2022 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		
Health Outcomes		29		
Length of Life		30		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,800		9,300	5,400
Quality of Life		33		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	28%		23%	14%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.3		4.8	3.4
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.2		5.3	3.8
Low birthweight – Percent of live births with low birthweight (<2,500 grams)	8%		9%	6%
Health Factors		59		
Health Behaviors		44		
Adult smoking – Percent of adults who are current smokers	25%		24%	16%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2	37%		35%	26%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.1		5.1	8.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	36%		30%	19%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	54%		64%	91%
Excessive drinking – Percent of adults that report binge or heavy drinking	16%		17%	15%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	44%		26%	11%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	283.4		587.9	161.2
Teen birth rate – Number of births per 1,000 female population ages 15-19	44		36	12
Clinical Care		75		
Uninsured – Percent of population under age 65 without health insurance	12%		10%	6%
Primary care physicians – Ratio of population to primary care physicians	1960:1		1510:1	1030:1
Dentists – Ratio of population to dentists	3560:1		2100:1	1210:1
Mental health providers – Ratio of population to mental health providers	4270:1		420:1	270:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	8,194		4,769	2,565
Mammography screening – Percent of female Medicare enrollees age 65-74 that received an annual mammography screening	30%		38%	51%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	38%		48%	55%

Health Outcome/Factor	Yell County		Arkansas	National Benchmark
	Metric	Rank		
Social and Economic Factors		46		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	78%		89%	94%
Some college – Percent of adults ages 25–44 years with some post-secondary education	42%		59%	73%
Unemployment - Percent of population ages 16 and older unemployed but seeking work	4.0%		3.5%	2.6%
Children in poverty – Percent of children under age 18 in poverty	24%		22%	10%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.1		4.8	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	26%		29%	14%
Social associations - Number of membership associations per 10,000 population	11.6		12.0	18.2
Violent crime – Number of reported violent crime offenses per 100,000 population	334		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	84		83	59
Physical Environment		54		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.4		9.1	5.2
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	15%		14%	9%
Driving alone to work – Percent of the workforce that drives alone to work	78%		83%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	25%		27%	16%

Based on this data, it is apparent that Yell County has significant room for improvement. Clinical Care is the most urgent area as Yell County ranks lowest in the state, with no increase in overall ranking since the last needs assessment. This information shows that there are opportunities for the Hospital to take positive steps toward improving the community’s health.

Healthcare Resources

The availability of healthcare resources is a critical determinant for the health of a community's residents and a measure of the soundness of the area's healthcare delivery system. An adequate number of healthcare facilities and healthcare providers is vital for sustaining a community's health status. Fewer healthcare facilities and healthcare providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the healthcare 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 healthcare 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 137-bed full-service acute care hospital located in Russellville, Arkansas
- Dardanelle Hospital, a 25-bed critical access hospital in Dardanelle, Arkansas

Conway Hospitals – Conway, Arkansas, is about one and a quarter hours east of the Hospital. While this may be 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.

- Conway Regional Medical Center – a 139-bed full-service acute care hospital
- BHMC-Conway - a 104-bed full-service acute care hospital

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.

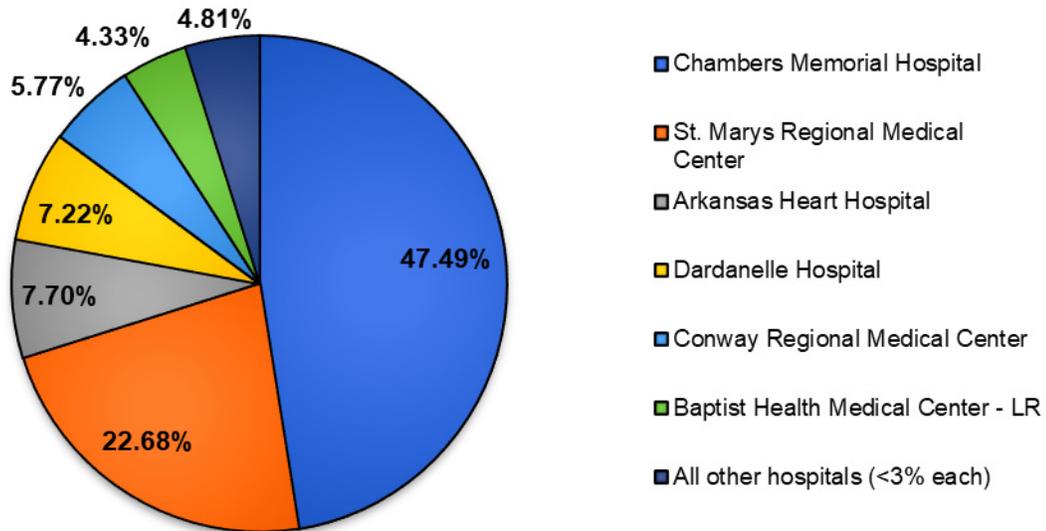
- Arkansas Heart Hospital – a 112 acute care hospital dedicated to the prevention, diagnosis, and treatment of cardiovascular disease
- CHI St. Vincent Infirmiry Medical Center – a 380-bed full-service acute care hospital
- Baptist Health Medical Center – a 795-bed full-service acute care hospital

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 2020, the Hospital maintained 47.49% of all discharges from the community with St. Mary's Regional Medical Center capturing about 22.68% and Dardanelle Hospital capturing around 7.22% of all discharges.

Conway Regional Medical Center captured 5.77% of the market share. Little Rock hospitals, including Arkansas Heart Hospital and Baptist Health Medical Center – Little Rock, captured 7.70% and 4.33% of discharges, respectively. The remaining 4.81% of discharges is made up of numerous hospitals, each with less than 3% of the total community discharges.

Community Market Share, 2020



Other Healthcare Resources

In addition to the Hospital, Yell County residents benefit from other healthcare resources within the community:

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, preventive care, and ailments that do not require a trip to the hospital.

Area Skilled Nursing & Residential Care Facilities – There are several long-term care facilities in Yell County. 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 Women, Infants, and Children (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 Informant Interviews

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 key interviewees were conducted November 2021 through June 2022. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

Interviews were conducted via telephone, or the interviewee answered the interview questions via email; whichever was more convenient for the interviewee.

All interviews were conducted by FORVIS 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 healthcare issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in both written and 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:

- COVID-19 pandemic negatively impacted the physical and mental health and general quality of life of the community.
- The community has a large population of overweight residents, which leads to increase in chronic diseases, such as hypertension, heart disease, diabetes, etc. Education and promotion of healthy life choices and lifestyles is imperative.
- Majority of the population in the community are low-income and cannot afford many healthcare services or even transportation to provider locations. Percent of uninsured population is also above Arkansas and above national averages.
- Drug and alcohol abuse are also very critical health issues in the community. Preventative education for children and adults as well as access to treatment facilities is crucial in addressing this problem in the community.
- A need for accessible mental health services, especially for low-income and minority populations, was mentioned as highly needed by all of the interviewees.
- Interviewees noted a need for recruitment and availability of primary care physicians as well as dental services in order for the community to be able to receive preventative and treatment services.

Evaluation of Response to 2019 CHNA

The Hospital prepared an implementation strategy in response to the needs identified in its June 2019 needs assessment. A listing of those needs, along with steps taken by the Hospital to address them, is below:

- Obesity
 - Partner with Healthy Active Yell
 - Received Blue and You grant which was used to revitalize the playground equipment at the local elementary schools. A condition of the revitalization project is for the equipment to be accessible to the public during after school hours and weekends.
 - Established a scholarship awarded to a Yell County Senior. Requirements are to play an active role in improving the health of the community.
- Health knowledge and education
 - Utilize the local newspaper

- Current information on the Hospital's website
- Healthy eating through partnership with Healthy Active Yell
- Mental health services
 - Restorations added a social worker
 - Restorations utilizes a psychiatrist via tele med
 - Restorations has a community education employee who visits nursing homes, hospitals and clinics.
- Services to treat drug and alcohol abuse
 - Prescription information provided upon discharge
 - Drug Court
- Children's health services
 - Free physicals to all children involved in sports
 - Remain involved with the local schools Farm Safety program

The Hospital made its June 2019 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. The Hospital believes that as it continues to work to meet the health needs of the community, further improvements 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:

- Health and wellness education
- Access to primary and dental care
- Mental health
- Services to treat drug and alcohol abuse

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: Chambers Memorial Hospital

Interviewer's Initials: _____

Date: _____ Start Time: _____ End Time: _____

Name: _____ Title: _____

Agency/Organization: _____

Do you currently reside in Yell County? _____

If no, please specify your county of residence _____

of years living in current 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 30 – 45 minutes, but we may find that we run over - once we get into the interview. **(Check to see if this is okay).**

Chambers Memorial Hospital 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
 - Health knowledge and education
 - Mental health services
 - Services to treat drug and alcohol abuse
 - Children's health services

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 Memorial? If not, where would you look to obtain information of the available screenings? What can Chambers Memorial 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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