Five Rivers Medical Center

Community Health Needs Assessment

December 2013

Contents

Introduction

About the Medical Center

Five Rivers Medical Center (the Medical Center) is a not-for-profit organization located in Pocahontas, Arkansas. The Medical Center provides a wide range of services, including a 24-hour emergency department. Five Rivers Medical Center 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 regulations pursuant to the *Patient Protection and Affordable Care Act*.

The Medical Center engaged **BKD, LLP** to assist in conducting a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,100 partners and employees in 33 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from April 2013 through December 2013.

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 Medical Center's community health needs assessment:

- The "community" served by the Medical Center was defined by utilizing inpatient and outpatient data regarding patient origin. This process is further described in the section entitled *Community Served by the Medical Center*.

- Population demographics and socioeconomic characteristics of the community were gathered, analyzed and reported by 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*.

- Community input was provided through key informant interviews and a focus group. Results and findings are described in the *About the Community* section of this report.

- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were ranked utilizing a process that considers the number 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 the availability of community resources to address the need.

- Health care resources available to community residents were inventoried to determine what needs might already be being addressed by other organizations.

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MEDICAL CENTER

Community Served by the Medical Center

The Medical Center is located in Pocahontas, Arkansas, in Randolph County. Pocahontas is approximately 40 miles north of Jonesboro, Arkansas, the closest metropolitan area.

To determine its community, the Medical Center first analyzed its inpatient discharges and outpatient visits for the fiscal year 2011 to determine in which zip codes the majority of its patients resided. Any zip code that made up more than 2% of inpatient discharges or outpatient visits was considered to be part of the Medical Center's service area. Zip codes where the Medical Center had more than 20% of inpatient market share were considered part of the service area as well, along with any zip codes that were contiguous to these zip codes. After eliminating zip codes that represented P.O. boxes rather than geographic areas, the Medical Center's service area was determined to be made up of the zip codes shaded in orange on the map below. Then, because most demographic data relevant to this assessment is only available at the county level, the Medical Center determined which counties coincided closely with their service area. For the purposes of this needs assessment, Medical Center management has determined their community as Sharp, Randolph, Clay, Greene and Lawrence Counties, located in Arkansas, and Ripley County, located in Missouri.

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About the Community

The Medical Center utilized several forms of research in compiling this needs assessment. Publicly available data and interviews with key informants were used to ensure that the needs assessment is broad enough to view the community's health issues in the appropriate context yet focused enough to convey a thorough understanding of how the Medical Center can address the specific advantages and problems the community faces.

### *Demographic and Economic Characteristics*

In creating this needs assessment, the Medical Center used publicly available data from organizations such as The Nielsen Company, the Federal Deposit Insurance Corporation (FDIC), the U.S. Census Bureau, the Arkansas Department of Health, the Missouri Department of Health and Senior Services and Countyhealthrankings.org. This data was used to develop an understanding of the community's demographics and economic situation. It was particularly useful for looking at the community relative to the states of Arkansas and Missouri and the United States as a whole.

Conducting the research for this needs assessment resulted in analyzing a large amount of quantitative and qualitative data about the community and its health needs. To enhance readability and to facilitate a focus on the most pressing health issues, only those findings that are most relevant to understanding the health needs of the community are presented in the body of this report.

An Aging Population

An analysis of the community's demographics revealed a major trend that will have a huge effect on the community's health needs over the next several years: the population is getting steadily older. Overall, the number of people living in the community is expected to increase slightly over the next five years, with every age group remaining fairly steady except for the one that generally needs the most medical attention—those aged 65 and over. The following chart shows the predicted change in the community's demographics:

Exhibit 1
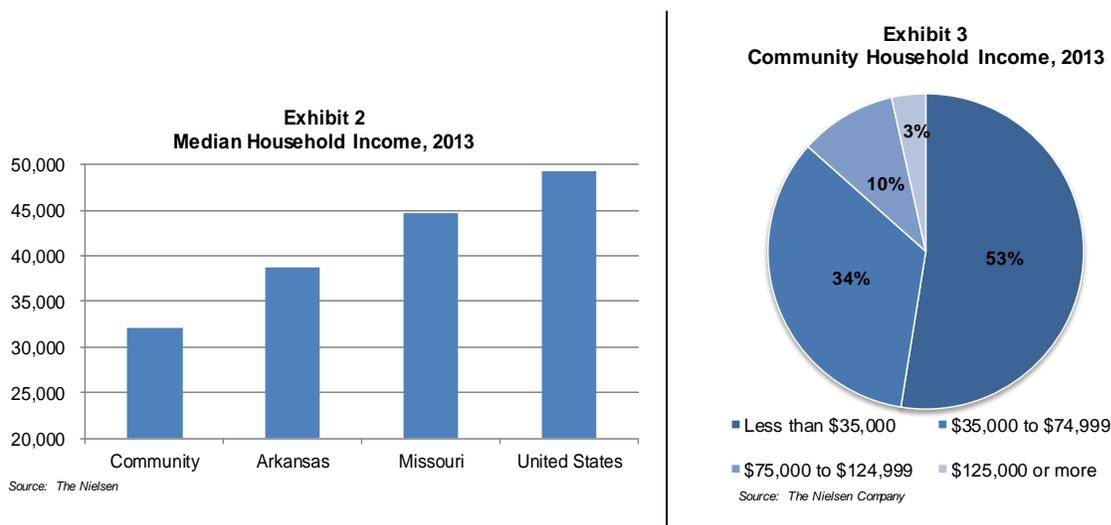**Population Change by Age Group, 2013–2018**
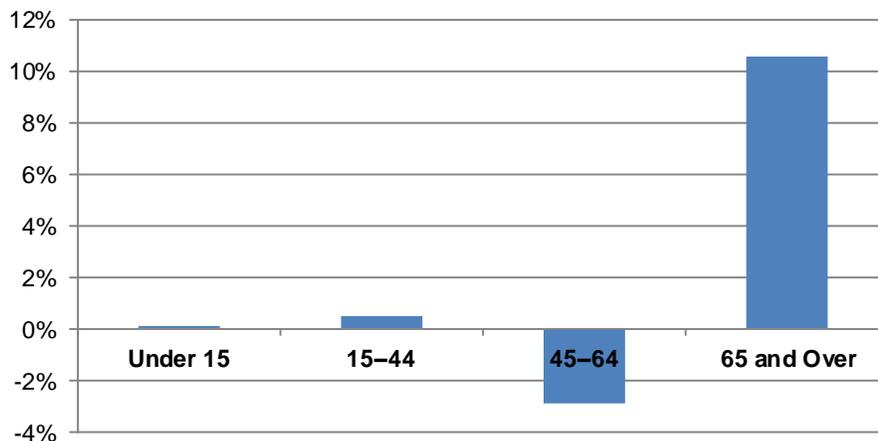

Source: The Nielsen Company

The health implications of this demographic shift will be huge. As people get older, they tend to require more medical services, so the Medical Center will prepare for a greater volume of these patients. Also, the fact that the other age groups are not keeping up means that there will be fewer young people to take care of their older relatives. The Medical Center will take steps to ensure that the health needs of its senior citizens are not being neglected.

Tough Economic Times

As shown in the charts below, the median household income in the community is below that of Arkansas, Missouri and the United States, with over half of the county's population making less than $35,000 per year.

Exhibit 2
Median Household Income, 2013

Source: The Nielsen

Exhibit 3
Community Household Income, 2013

3%
10%
53%
34%

■ Less than $35,000   ■ $35,000 to $74,999
■ $75,000 to $124,999   ■ $125,000 or more

Source: The Nielsen Company

The community historically has had higher unemployment rates than Arkansas, Missouri and the United States. Unemployment rates have decreased since 2011, but have not yet returned to pre-recession levels.

Exhibit 4
Unemployment Rates, 2007–2012

— Community
— Arkansas
— Missouri
— United States
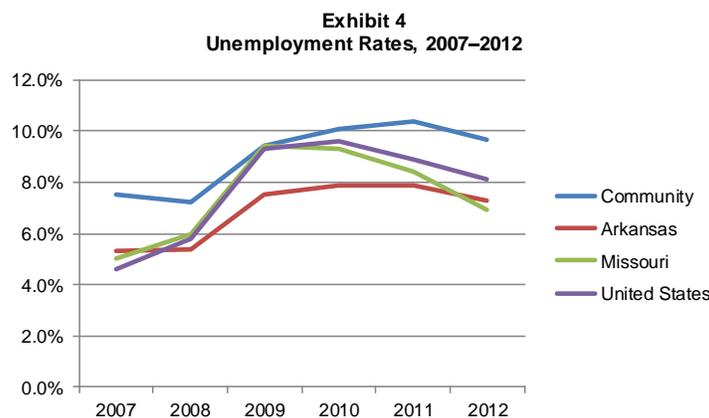
The relatively low degree of wealth in the community brings with it numerous health challenges. Poverty forces people to make choices about their spending in which there is no ideal result. Faced with the choice between keeping food on the table or going in for an annual check-up, most people will understandably choose the former. This means that for many people, health problems go untreated until they become an emergency, which is a bad situation for the patient and the health care provider.

Another issue that must be considered is that poverty often prevents people from making the choices that can prevent health problems from arising in the first place. High-calorie processed food is often cheaper and easier to find than fresh, wholesome produce and the expense of exercise equipment and gym memberships put them beyond the reach of many people. Economically disadvantaged people also tend to be less educated about health matters than wealthier people. All these issues combined create a challenging situation for the Medical Center to address the health needs of the poorer residents of the community.

Key Informant Interviews and Focus Group

Interviewing key informants (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 community'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.

Interviews with nine key informants, as well as one focus group, were conducted in October 2013. Informants 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 BKD personnel using a standard questionnaire. A copy of the interview instrument is included at *Appendix A*. 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 community

- Barriers to improving health and quality of life for residents of the 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.

The focus group was made up of members of the Medical Center's board of directors and management, and the discussion was led by BKD personnel. Focus group participants discussed the same topics as the interviewees. BKD personnel took notes during the discussion and analyzed the data for inclusion 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 findings from the interviews and focus group were as follows:

- While many community residents are becoming more aware of the importance of making healthy choices, there is still room for growth. Activities such as community health fairs would help residents learn more about critical health issues.

- Early education about good health habits is necessary to reduce the rates of obesity and diabetes in young children.

- Many people are not aware of available low-cost health services in the community. Greater promotion of these resources could reduce emergency room overuse and chronic disease.

- The community has suffered the loss of several major industries, leading to higher unemployment and more uninsured residents. This has had a significant negative impact on the health of the community.

- Generational attitudes and behaviors lead to health problems in the community. It is difficult to persuade people to change the choices they have been making their whole lives.

- Transportation is a major need in the community, especially for the elderly, disabled and those living in more remote, rural areas.

- More services are needed for the elderly, as the population is growing steadily older.

- Lack of affordable healthy food options and recreational activities leads to health problems including obesity, diabetes, heart disease and high blood pressure.

- The community seems to have higher rates of cancer than the surrounding areas.

- Tobacco use is a major problem in the community. Cessation programs would help reduce rates of lung cancer and other associated health issues.

- Access to physician specialists needs to be improved, especially for low-income residents of the community.

Vulnerable Populations

Analysis of the publicly available data and key informant interviews indicated several vulnerable populations in the community. The Medical Center will specifically consider the needs of these groups when developing its implementation strategy. Vulnerable populations identified include the following:

- Low-income or uninsured residents

- Residents of remote, rural areas in the community

- The elderly

These groups suffer from many of the same health problems as the general population; however, they tend to also suffer with issues such as lack of transportation, economic hardship and lack of family support that exacerbate existing health needs.

Health Status of the Community

This section of the assessment reviews the health status of community residents, with comparisons to the states of Arkansas and Missouri, as well as the United States. 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 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:

Lifestyle	Impact on Health
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

Lifestyle	Impact on Health
	Depression
Lack of exercise	Obesity
	Cardiovascular disease
	Depression
Overstressed	Mental illness
	Alcohol/drug abuse
	Cardiovascular disease

Health problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. Due to limited morbidity data, this health status report relies heavily on statistics for leading causes of death in the community. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of greatest impact and concern.

Leading Causes of Death

The following table reflects the leading causes of death of community residents and compares the rates, per 100,000 population, to Arkansas, Missouri and the United States.

Exhibit 5
Leading and Selected Causes of Death: Rate per 100,000 Population, 2011

	Community Rate	Arkansas Rate	Percent Difference	Missouri Rate	Percent Difference	National Rate	Percent Difference
Total Deaths, All Causes	1,257.0	994.9	26.4%	857.2	46.7%	806.5	55.9%
Cancer	**267.5**	**209.0**	**28.0%**	**206.3**	**29.7%**	**184.6**	**44.9%**
Diabetes	28.6	29.3	-2.3%	23.6	21.2%	23.5	21.7%
Heart Disease	**356.4**	**230.1**	**54.9%**	**228.7**	**55.8%**	**191.4**	**86.2%**
Cerebrovascular Diseases	**69.1**	**53.0**	**30.3%**	**50.1**	**37.9%**	**41.4**	**66.9%**
Pneumonia and Influenza	**29.1**	**23.0**	**26.5%**	**20.0**	**45.5%**	**17.2**	**69.2%**
Chronic Lower Respiratory Disease	33.9	44.4	-23.5%	57.9	-41.4%	46.0	-26.2%
Chronic Liver Disease and Cirrhosis	8.3	9.8	-15.1%	7.3	13.4%	10.8	-22.9%
Unintentional Injuries	**65.5**	**44.4**	**47.7%**	**52.9**	**23.9%**	**39.4**	**66.3%**

Source: Arkansas Department of Health, Missouri Department of Health and Senior Services

This table indicates that the community's mortality rate is significantly higher than state and national averages for several of the most common causes of death, as indicated in red.

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 or counties within each state, based on the measurement of two types of health outcomes for each county or 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 others in the same state on the following summary measures:

- Health Outcomes—rankings are based on an equal weighting of one length of life (mortality) measure and four quality of life (morbidity) measures.

- Health Factors—rankings are based on weighted scores of four types of factors:
    - Health behaviors (six measures)
    - Clinical care (five measures)
    - Social and economic (six 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).

As part of the analysis of the needs assessment for the community, the relative health status of the community will be compared to the states of Arkansas and Missouri 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 2012 health outcomes and factors for the community. Certain unavailable data has been left blank. Measures underperforming the state averages are presented in red.

Exhibit 6
County Health Rankings – 2013

	Randolph County, AR	Clay County, AR	Greene County, AR	Sharp County, AR	Lawrence County, AR	Ripley County, MO	Arkansas Rate	Missouri Rate	National Benchmark
Mortality Rank of 75 counties (AR)/114 counties (MO)	47	14	42	59	46	110			
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,455	8,680	10,162	11,104	10,428	12,632	9,290	7,827	5,317
Morbidity Rank of 75 counties (AR)/114 counties (MO)	37	32	8	56	19	113			
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	22%	27%	17%	29%		26%	19%	16%	10%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.8	4.5	3.9	4.2	4.2	6.9	4.1	3.7	2.6
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.9	3.1	3.9	5.9	3.6	4.4	3.9	3.8	2.3
Low birth weight – Percent of live births with low birth weight (<2500 gra	7%	8%	8%	8%	8%	11%	9%	8%	6%
Health Behaviors Rank of 75 counties (AR)/114 counties (MO)	27	36	34	46	20	84			
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	18%	24%	22%	31%	19%		23%	23%	13%
Adult obesity – Percent of adults that report a BMI >= 30	35%	32%	34%	28%	34%	31%	32%	31%	25%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	10%	6%	12%	8%	6%		13%	17%	7%
Motor vehicle crash death rate – Motor vehicle deaths per 100,000 population	33	32	27	37	39	35	23	17	10
Sexually transmitted infections – Chlamydia rate per 100,000	340	118	304	267	293	135	529	435	92
Teen birth rate – Per 1,000 female population, ages 15–19	50	65	66	60	49	70	59	42	21
Clinical Care Rank of 75 counties (AR)/114 counties (MO)	18	43	46	44	58	102			
Uninsured adults – Percent of population under age 65 without health insurance	22%	22%	20%	22%	21%	19%	21%	15%	11%
Primary care physicians – Ratio of population to primary care	1,633:1	4,017:1	1,757:1	1,917:1	2,903:1	7,062:1	1,613:1	1,495:1	1,067:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	94	110	112	88	136	114	79	73	47
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	90%	86%	79%	81%	87%	87%	82%	85%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	59%	61%	55%	61%	56%	54%	61%	64%	73%
Social & Economic Factors Rank of 75 counties (AR)/114 counties (MO)	36	62	32	45	46	108			
High school graduation – Percent of ninth grade cohort that graduates in 4 years	95%	84%	83%	90%	90%	80%	81%	80%	
Some college – Percent of adults aged 25–44 years with some post-secondary education	50%	42%	48%	51%	41%	34%	53%	62%	70%
Children in poverty – Percent of children under age 18 in poverty	35%	29%	26%	38%	34%	39%	28%	22%	14%
Inadequate social support – Percent of adults without social/emotional support	27%	23%	19%	18%			21%	19%	14%
Children in single-parent households – Percent of children that live in household headed by single parent	27%	31%	27%	30%	27%	38%	36%	33%	20%
Violent crime rate	35	126	272	177	190	182	508	484	66
Physical Environment Rank of 75 counties (AR)/114 counties (MO)	39	62	47	27	52	111			
Limited access to healthy foods – Healthy food outlets include grocery stores and produce stands/farmers' markets	14%	5%	8%	9%	13%	13%	8%	6%	1%
Access to recreational facilities – Rate of recreational facilities per 100,000 population	11	6	9	6	0	7	8	10	16

The community underperforms Arkansas and Missouri in most categories, especially in the areas of mortality, clinical care and physical environment. This information shows that there are many opportunities for the Medical Center to take positive steps toward improving the community's health.

Health Care 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 the community.

Hospitals and Health Centers

The Medical Center has 30 acute beds and is the only acute care hospital in Randolph County. Approximately 13% of all discharges originating from the community are from the Medical Center. However, there are several other hospitals that receive a significant share of the community's patients. *Exhibit 7* below shows the breakout of community discharges between the area hospitals (Medicare inpatient only), as well as more information about each hospital, including its location in relation to Five Rivers Medical Center.

Exhibit 7
Community Disharge Analysis and Other Area Hospitals

Provider Name	Address	Community Market Share	Miles from FRMC	Type	Bed Size
Five Rivers Medical Center	2801 Medical Center Dr., Pocahontas, AR	12.62%	-	Short-term acute care	30
St. Bernards Medical Center	225 E. Jackson Ave., Jonesboro, AR	26.30%	43	Short-term acute care	282
Poplar Bluff Regional Medical Center	621 W. Pine St., Poplar Bluff, MO	12.42%	57	Short-term acute care	383
Lawrence Memorial Hospital	1309 W. Main St., Walnut Ridge, AR	8.77%	18	Critical access	25
Arkansas Methodist Medical Center	900 W. Kings Hwy, Paragould, AR	8.43%	43	Short-term acute care	114
NEA Baptist Health	3024 Stadium Blvd., Jonesboro, AR	6.67%	45	Short-term acute care	100
Ripley County Memorial Hospital	109 Plum St., Doniphan, MO	4.16%	32	Short-term acute care	27
HealthSouth Rehabilitation Hospital	1201 Fleming Ave., Jonesboro, AR	3.60%	44	Rehabilitation	67
All other hospitals		17.03%			
Total		100.00%			

Source: Centers for Medicare & Medicaid Services

Other Health Care Resources

Besides the Medical Center, community residents benefit from many other health care resources:

Pocahontas Medical Clinic – Located in Pocahontas, Arkansas, the Pocahontas Medical Clinic provides primary care and specialty services, including general surgery, hospitalist medicine, pediatric care, orthopedics, neurology, nephrology and cardio thoracic surgery.

Area Nursing Homes – There are nine nursing homes in the community with a total of 981 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

County Health Units – Each county's 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.

Corning Area Healthcare, Inc. (CAHI) – With clinics in Corning, Pocahontas and Walnut Ridge, Arkansas, CAHI provides a wide range of primary services, employing physicians, family nurse practitioners, social workers and nurses. CAHI is open to all residents, regardless of insurance status, and reduced-cost care is offered based on patients' ability to pay.

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. Access to specialty physicians

2. Health education

3. Pneumonia and influenza

4. Uninsured adults

Other identified needs include:

- Access to primary care
- Access to recreational facilities
- Aging issues
- Cancer
- Cerebrovascular diseases
- Children in poverty
- Diabetes
- Heart disease
- Inadequate social support
- Limited access to healthy foods
- Low birth weight
- Motor vehicle crash death rate
- Obesity
- Poor mental health days
- Poor physical health days
- Preventable hospital stays
- Sexually transmitted infections
- Teen birth rate
- Tobacco use
- Transportation

APPENDICES

FIVE RIVERS
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APPENDIX A
KEY INFORMANT INTERVIEW QUESTIONS

KEY INFORMANT INTERVIEW

Name of Medical Center

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. Are there people or groups of people in _____ County whose health or quality of life may not be as good as others?

   a. Who are these persons or groups (whose health or quality of life is not as good as others)?

   b. Why do you think their health/quality of life is not as good as others?

6. What barriers, if any, exist to improving health and quality of life in _____ County?

7. In your opinion, what are the most critical health and quality of life issues in _____ County?

8. What needs to be done to address these issues?

9. In your opinion, what else will improve health and quality of life in _____ County?

10. Is there someone whom you would recommend as a "key informant" for this assessment?

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?

As a reminder, summary results will be made available by the **[Name of organization]** and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact _____ at **[Name of organization]**. Here is his/her contact information. Thanks once more for your time. It's been a pleasure to meet you.

APPENDIX B
ACKNOWLEDGEMENTS

Acknowledgements

Medical Center management was the convening body for this project. Many other individuals, including key informants and community-based organizations, contributed to this community health needs assessment.

Key Informants

Thank you to the following individuals who participated in our key informant interview process:

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Paula Swift, Randolph County Nursing Home
Vicky Adamson, Corning Area Healthcare
Kathy Johnson, Corning Area Healthcare
Donnie Martin, Martin Day Center
Tim Scott, Pocahontas Chamber of Commerce
Raul Blasini, Minority Health Commission
Nelson Henderson, First Freewill Baptist Church

Focus Group

Thank you to the Medical Center board members who participated in the Community Health Needs Assessment focus group.

APPENDIX C
SOURCES

Sources

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Implementation Plan for Needs Identified in the Community Health Needs Assessment for Five Rivers Medical Center

FY 2014-2016

Community Health Needs Assessment: A Community Health Needs Assessment ("CHNA") was performed in the Fall 2013 in collaboration with the area's local business leaders, health care providers and the Randolph County Health Department to determine the most pressing health needs of Randolph County and the surrounding area.

Implementation Plan Goals: The Board of Governors and Administrative Staff of Five Rivers Medical Center have determined that the following health needs identified in the CHNA should be addressed through the implementation strategy:

1. **Access to Specialty Physicians-**

Key Strategies:

- Increase the number of practicing specialty physician by directly hiring or contracting with specialty physicians

- Collaborate with local clinics and area hospitals to bring specialty physicians to our area

2. **Health Education-**

Key Strategies

- Participate in community health fairs to communicate injury and illness prevention and the promotion of good health

- Strengthen our ability to educate our patients through the implementation of electronic medical records

- Utilize the representation of a local educator on the hospital's board to optimize opportunities to educate our community

3. **Pneumonia and Influenza-**

- Adopt a policy that requires employee vaccinations to help prevent the spread of influenza

- Strictly adhere and monitor compliance with core measures which require pneumonia and influenza vaccinations for certain patients

4. **Uninsured Adults-**

- Increase access to healthcare by helping our uninsured and underinsured population attain insurance

- Increase awareness of new insurance coverage options through financial counseling

Other Needs Identified in the CHNA but Not Addressed in this Plan- Each of the health needs listed below is important and is being addressed programs and initiatives operated by this hospital. However, the hospital will not address the following health needs identified in the CHNA as part of this implementation plan due to limited resources and the need to allocate significant resources to the health needs identified above.

- Access to primary care

- Access to recreational facilities

- Aging issues

- Cancer

- Cerebrovascular diseases

- Children in poverty

- Diabetes

- Heart disease

- Inadequate social support

- Limited access to healthy foods

- Low birth weight

- Motor vehicle crash death rate

- Obesity

- Poor mental health

- Poor physical health

- Preventable hospital stays

- Sexually transmitted infections

- Teen birth rate

- Tobacco use

- Medical Transportation