

# FIVE RIVERS

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# MEDICAL CENTER

## **Five Rivers Medical Center Community Health Needs Assessment**

**December 2016**

**Developed in Partnership with BKD CPAs & Advisors**

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## **Introduction**

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. The 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**

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

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

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

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

The process involved:

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

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

### **Acknowledgments**

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

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

The purpose of community health needs assessment 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 is one of the largest CPA and advisory firms in the United States, with approximately 2,500 partners and employees in 34 offices. BKD serves more than 1,050 hospitals and health care systems across the country. The community health needs assessment was conducted from September 2016 through December 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 Medical Center's community health needs assessment:

- An evaluation of the impact of action taken to address the significant health needs identified in the 2013 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included at page 12.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then assessed. 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](http://CountyHealthrankings.org). Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared and evaluated for unmet needs.
- Community input was provided through a community input questionnaire and key interviews of nine stakeholders. Results and findings are described in the Key Interviewees section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

## Community Served by the Medical Center

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

### Defined Community

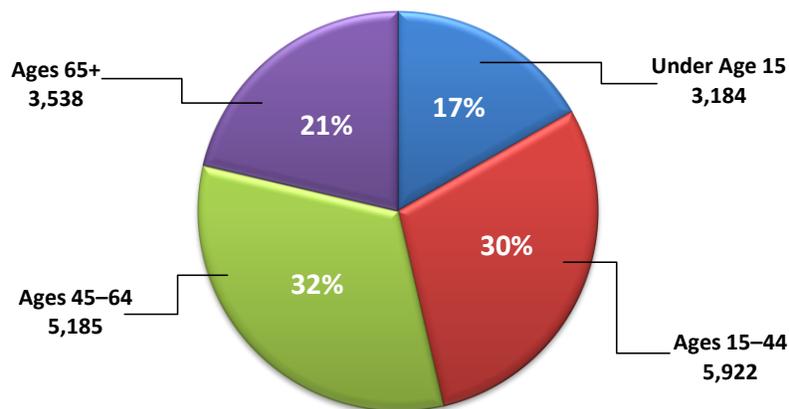
A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. In preparing the 2013 community health needs assessment, management determined that the Medical Center’s community was best defined as Sharp, Randolph, Clay, Greene and Lawrence Counties, located in Arkansas, and Ripley County, located in Missouri. After reevaluating the Medical Center’s community, management determined that 85% of the Medical Center’s inpatient discharges originated from Randolph County, indicating that Randolph County is the primary service area. For this needs assessment, the community will be defined as Randolph County.

## Community Characteristics

### Community Population and Demographics

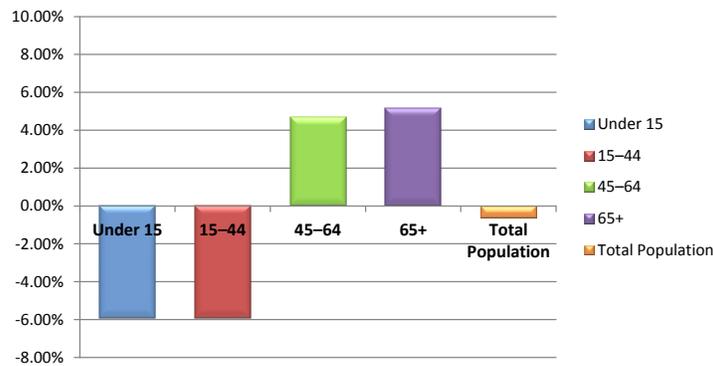
The community served by the Medical Center is a primarily rural area in northeast Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 18,000 people live in Randolph County.

**Community Population by Age Group**



A major distinguishing feature of the Medical Center’s community is the age breakdown of this population. The chart shows the breakdown of the community’s population by age group. The total community population is expected to remain stable over the next five years. During that same time period, the percentage of the community population over age 45 is expected to increase nearly 5%, as shown on the following chart. This age group uses more health services than any other, so the Medical Center should prepare for increased patient volume in the near future. Additionally, the percentage of the community aged 44 and below is expected to shrink over the next five years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

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



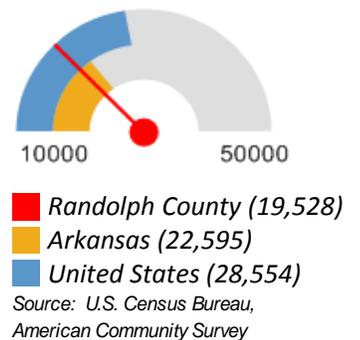
**Socioeconomic Characteristics of the Community**

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

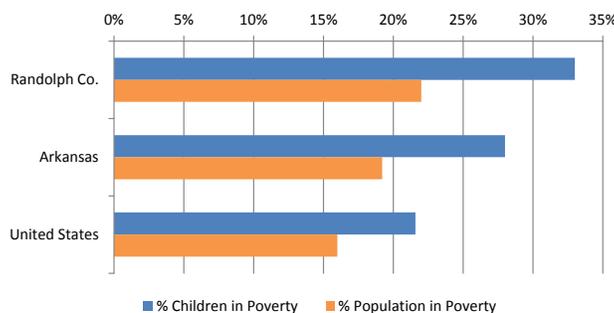
Socioeconomically, the community served by the Medical Center is similar to many other parts of rural Arkansas. About 22% of the population has obtained an associate’s degree or higher, compared to about 37% of the U.S., while about 19% of the population does not have a high school diploma, compared 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 the Medical Center’s community is \$19,528, compared to \$22,595 for the state of Arkansas and \$28,554 for the United States. Lower than average per capita income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. The chart below shows the percentage of the communities’ population living below the federal poverty line, 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.

**Per Capita Income**



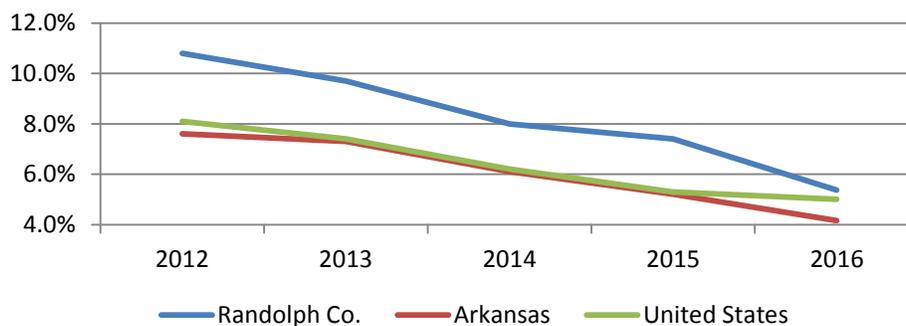
**Population in Poverty**



Source: U.S. 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. Arkansas expanded Medicaid eligibility and created a program that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Medical Center. In 2013, before this program went in to effect, 15% of the Medical Center’s patient encounters were uninsured, while in 2014, that number dropped to only 10%, representing a 33% decrease in uninsured patient encounters at the Medical Center. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.

### Unemployment Rates, 2012–2016



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

### Health Status of the Community

This section of the assessment reviews the health status of Randolph County residents. As in the previous section, comparisons are provided with the state of Arkansas and the United States as a whole. 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 and prioritize health issues related to the health status of its community’s 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 Depression
Lack of exercise	Obesity 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 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 measure and four quality of life measures.
- Health Factors—rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (seven measures)
  - Physical environment (two measures)

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

As part of the analysis of the needs assessment for the community, the relative health status of the community 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 2016 health outcomes and factors for the community. Each measure is described, and measures where the community underperforms the state are highlighted in red. The publicly available data upon which the uninsured patients’ measure was based is from 2012 and, therefore, does not reflect the improvement discussed earlier resulting from the 2014 Medicaid expansion.

Health Outcome/Factor	Randolph County		Arkansas	National Benchmark
	Metric	Rank		
<b>Health Outcomes</b>		13		
Length of Life		21		
<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>		19		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	21%		23%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.9		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 birth weight</b> – Percent of live births with low birth weight (<2500 grams)	7%		9%	6%
<b>Health Factors</b>		34		
<b>Health Behaviors</b>		44		
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	22%		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	5.4		6.1	8.3
<b>Physical inactivity</b> – Percent of adults reporting no leisure-time physical activity	40%		32%	20%
<b>Access to exercise opportunities</b> – Percent of individuals who live within three miles of a recreational facility	27%		61%	91%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	15%		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	279		524	134
<b>Teen birth rate</b> – Per 1,000 female population, ages 15-19	60		53	19
<b>Clinical Care</b>		19		
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	21%		19%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,470:1		1,540:1	1,040:1
<b>Dentists</b> – Ratio of population to dentists	2,510:1		2,300:1	1,340:1
<b>Mental health providers</b> – Ratio of population to mental health providers	920:1		520:1	370:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	64		66	38
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	89%		83%	90%
<b>Mammography screening</b> – Percent of female Medicare enrollees that receive mammography screening	54%		58%	71%
<b>Social and Economic Factors</b>		33		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	92%		85%	93%
<b>Some college</b> – Percent of adults aged 25-44 years with some post-secondary education	59%		55%	72%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	28%		26%	13%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to that at the 20th percentile	4.9		4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	36%		37%	21%
<b>Violent crime rate</b> – Violent crimes per 100,000 population	25		484	59
<b>Injury deaths</b> – Deaths from intentional and unintentional injuries per 100,000 population	87		77	51
<b>Physical Environment</b>		55		
<b>Air pollution-particulate matter days</b> – Average daily density of fine particulate matter	12.1		11.8	9.5
<b>Severe housing problems</b> – Percentage of households with severe housing problems in facilities, crowding, or cost	12%		15%	9%

## 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 32 beds and is the only acute care hospital in Randolph County. Approximately one-third 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. The chart 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.

Summary of Area Hospitals

		Facility Type	Miles from FRMC	Bed Size	Annual Discharges
Five Rivers Medical Center	2801 Medical Center Dr., Pocahontas, AR	Short-term acute care	-	32	488
Lawrence Memorial Hospital	1309 W. Main St., Walnut Ridge, AR	Critical access	17	25	591
St. Bernards Medical Center	225 E. Jackson Ave., Jonesboro, AR	Short-term acute care	42	314	17,185
Arkansas Methodist Medical Center	900 W. Kings Hwy, Paragould, AR	Short-term acute care	42	114	4,285
HealthSouth Rehabilitation Hospital	1201 Fleming Ave., Jonesboro, AR	Rehabilitation	43	67	1,663
NEA Baptist Health	3024 Stadium Blvd., Jonesboro, AR	Short-term acute care	45	192	10,431

Source: Costreportdata.com

**Lawrence Memorial Hospital** – Located in Walnut Ridge, Arkansas, Lawrence Memorial is approximately 17 miles from Five Rivers Medical Center. It is a critical access hospital offering inpatient and outpatient services.

**St. Bernards Regional Medical Center** – Located in Jonesboro, Arkansas, St. Bernards is approximately 42 miles from Five Rivers Medical Center Medical Center. It is a large hospital offering a full range of inpatient and outpatient services.

**Arkansas Methodist Medical Center** – Located in Paragould, Arkansas, Arkansas Methodist is approximately 42 miles from Pocahontas. It is a large hospital offering a full range of inpatient and outpatient services.

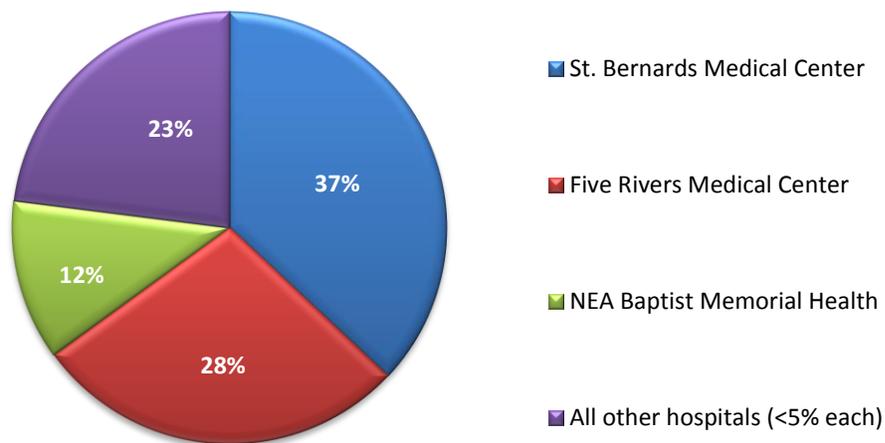
**HealthSouth Rehabilitation** – Located in Jonesboro, Arkansas, HealthSouth is approximately 43 miles from Five Rivers Medical Center. It offers both facility-based and home-based post-acute services.

**NEA Baptist Memorial Hospital** – Located in Jonesboro, Arkansas, NEA Baptist is approximately 45 miles from Five Rivers Medical Center. It is a large hospital offering a full range of inpatient and outpatient services.

**Medical Center Market Share**

The market share of a hospital relative to that of its competitors may be based largely services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. The chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total 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 Medical Center maintained approximately 28% of all discharges from the community, with St. Bernards Medical Center capturing about 38% and NEA Baptist Memorial Health capturing around 12%. The remaining 22% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.

**Community Market Share, 2014**



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

**Other Health Care Facilities and Providers**

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 three nursing homes in the community with a total of 297 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

**County Health Units** – Randolph County’s health unit exists to promote and protect the public’s health. The local health units provide services including family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease 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.

## **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. Key interviewees included individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the ethnic minorities, or the elderly.

## **Methodology**

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

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

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

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders’ opinions, but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

### **Key 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 to improving health and quality of life
4. Most important health and quality of life issues

While many issues were raised during the interviews, a few items stood out as being particularly important. These issues are summarized below.

- The interviewees were optimistic about the health status of the community. All interviewees felt that quality of life in the community had improved over the last three years.
- Lack of education is a major barrier to improving the health of the community. Interviewees stated that while they were aware of the education opportunities offered by the Medical Center and other organizations, it is often difficult to get that information to those who need it most.
- The major contributing factors to poor health in the community noted by the key interviewees were low income, poor eating habits and drug and alcohol abuse.

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

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

- Access to Specialty Physicians
  - The Medical Center increased the number of practicing specialty physicians by directly hiring or contracting with specialty physicians.
  - The Medical Center collaborated with local clinics and area hospitals to bring specialty physicians to the community.
- Health Education
  - The Medical Center participated in community health fairs to communicate injury and illness prevention and the promotion of good health.
  - The Medical Center strengthened their ability to educate patients through the implementation of electronic medical records.
  - A local educator was utilized on the hospital's board to optimize opportunities to educate our community.
- Pneumonia and Influenza
  - The Medical Center adopted a policy that requires employee vaccinations to help prevent the spread of influenza.

- Compliance with core measures which require pneumonia and influenza vaccinations for certain patients was monitored.
- Uninsured Adults
  - The Medical Center increased access to health care by helping the uninsured and underinsured population attain insurance.
  - The Medical Center increased awareness of new insurance coverage options through financial counseling.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of actions taken by the Medical Center in response to the previous needs assessment. However, there are indications that the Medical Center's efforts are having a positive effect on the health of the community. For example, the number of uninsured patient encounters at the Medical Center dropped 35% from 2013 to 2014, as discussed on Page 6 of this needs assessment. The Medical Center believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

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

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

As a result, the following significant needs were identified:

1. Diabetes
2. Health education

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the Medical Center's website. Public comments on this assessment may be directed to the Medical Center's management at 2801 Medical Center Drive, Pocahontas, Arkansas 72455.

## **APPENDICES**

**KEY INTERVIEW PROTOCOL**

## KEY INTERVIEW

Community Health Needs Assessment for:

Interviewer's Initials: \_\_\_\_\_

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

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

Agency/Organization: \_\_\_\_\_

# of years living in Randolph 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 Randolph County. Community input is essential to this process. A combination of surveys and key interviews are being used to engage community members. You have been selected for a key 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 Randolph 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 Randolph County?
2. In your opinion, has health and quality of life in Randolph 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 Randolph County?
6. In your opinion, what are the most critical health and quality of life issues in Randolph County?
7. What needs to be done to address these issues?
8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?
  - Access to specialty physicians
  - Health education
  - Pneumonia and influenza
  - Uninsured adults
9. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?
10. In your opinion, are any the following areas in which the hospital should be addressing? Why or why not?
  - Economic Development
  - Affordable Housing
  - Poverty
  - Education
  - Healthy Nutrition
  - Physical Activity
  - Drug and Alcohol Abuse
11. Are you aware of the available health screenings at FRMC? If not, where would you look to obtain information of the available screenings? What can FRMC do to increase awareness?
12. Are there people or groups of people in Randolph County whose health or quality of life may not be as good as others? Who are these persons or groups?

13. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?
14. How would you rate the hospital's efforts on communicating how they are addressing the identified health needs. How have you received communication regarding the hospital's efforts?
15. What do you think is the hospital's role in addressing the identified health needs of the community?

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

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

## **SOURCES**

## Sources

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

**FY 2017-2019**

**Community Health Needs Assessment:** A Community Health Needs Assessment (“CHNA”) was performed in the Fall 2016 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. Diabetes-**

Key Strategies:

- Implement a specialty department within the Rural Health Clinic for diabetic patients which will be the only program in our county
- Provide quality comprehensive diabetes self-management, education and training to all participants of the diabetes program
- Empower the patients to better manage their disease to avoid the complications of diabetes and achieve optimal health status
- Utilize existing health fairs and community programs to identify diabetic patients who will be likely candidates for the diabetic program

## 2. Health Education-

### Key Strategies

- Participate in community health fairs at Black River Technical College and Williams Baptist College to communicate injury and illness prevention and the promotion of good health
- Actively engage the community in new services available using newspaper, television, radio and social media to promote health and wellness programs available to them
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**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
- 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