



Community Health Needs Assessment 2013



Introduction

About the Medical Center

The Community Medical Center of IZARD County (the Medical Center) is a nonprofit organization located in Calico Rock, Arkansas. It is a 25-bed critical access hospital with three active physicians on staff and four independently contracted physicians offering specialty services. The Medical Center has provided quality medical care to the citizens of IZARD County for over 60 years, as promised in its mission statement.

*“The Community Medical Center of IZARD County **takes responsibility** for the health and medical care of the people in communities of our service area, providing efficient, quality medical and surgical care with Christian compassion, dignity and understanding.”*

A key aspect of the Medical Center’s mission is shown by the words “takes responsibility” in its mission statement. The Medical Center is not just a place for the residents of IZARD County to go when they are sick; it is also a place that is dedicated to keeping them well. By conducting this community health needs assessment, the Medical Center plans to identify pressing health care issues within the community and to develop strategies to ensure that the people it serves receive the highest possible quality of care.

About Community Health Needs Assessments

The purpose of the community health needs assessment is to understand the unique health needs of the community served by the Medical Center and to document compliance with new federal regulations applicable to nonprofit hospitals.

The Medical Center engaged **BKD, LLP** to conduct 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 county. The community health needs assessment was conducted from May 2012 through October 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*.



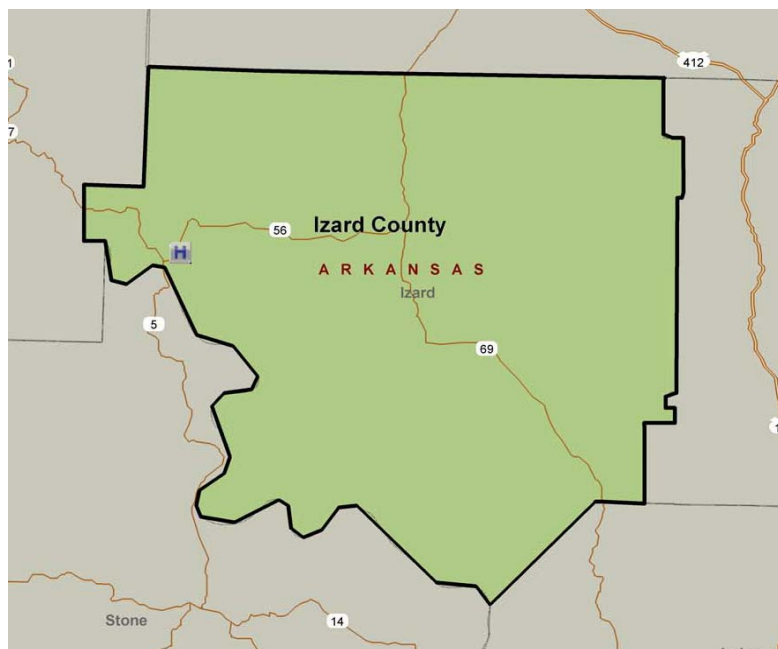
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- Community input was provided through key informant interviews of 10 key informants and a widely distributed community health input questionnaire. The community health input questionnaire was completed by 61 individuals. Results and findings are described 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 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 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.

Community Served by the Medical Center

The Medical Center is located in Calico Rock, Arkansas, in IZARD County. Calico Rock is approximately two hours west of Jonesboro, Arkansas, and two-and-a-half hours north of Little Rock, Arkansas, the closest metropolitan areas. Calico Rock is only accessible by secondary roads.

Because the Medical Center is located in a rural, relatively remote area, management determined that the community served by the Medical Center would consist of only the surrounding areas within IZARD County. Detailed zip code analysis of the Medical Center's discharges confirmed this determination, indicating that approximately three-quarters of the Medical Center's patients came from zip codes located within IZARD County. Therefore, for the purposes of this needs assessment, the community served by the Medical Center has been determined to be IZARD County. The following map shows the location of the Medical Center within the community.





About the Community

The Medical Center utilized several forms of research in compiling this needs assessment. Publicly available data, a community input questionnaire and interviews with key informants were all 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 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 Nielson Company, the Federal Deposit Insurance Corporation (FDIC), the U.S. Census Bureau, the Arkansas Department of Health 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 state of Arkansas and the United States as a whole.

Conducting the research for this needs assessment resulted in 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.

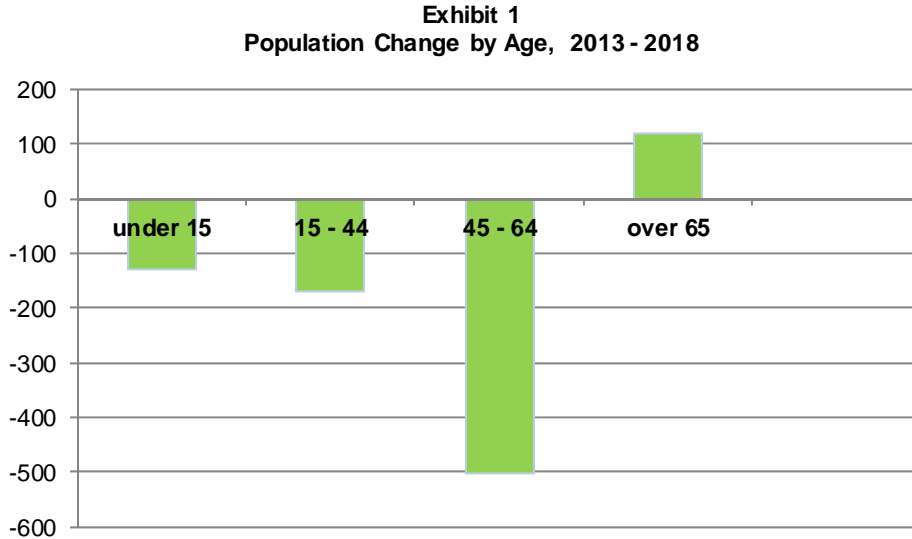
Demographically, Izard County is similar to many other areas of north Arkansas. Its 2013 population is estimated to be approximately 13,700. It is racially homogeneous, with about 96 percent of the population being white. The ratio of males to females in Izard County is approximately 50:50.

An Aging Population

An analysis of Izard County'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 Izard County is expected to decrease over the next five years, with every age group shrinking except for the one that generally needs the most medical attention—those aged 65 and over.



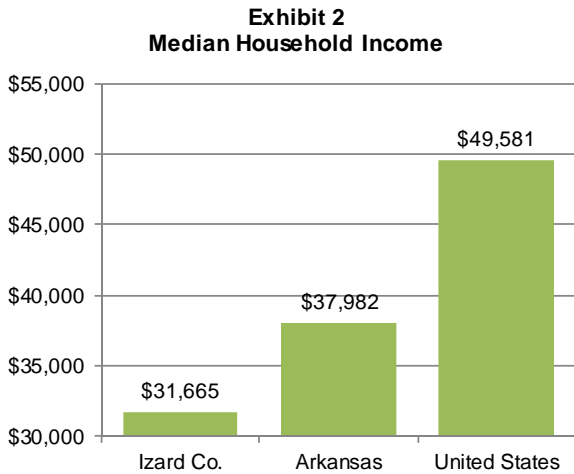
The following chart shows the predicted change in IZARD County’s demographics.



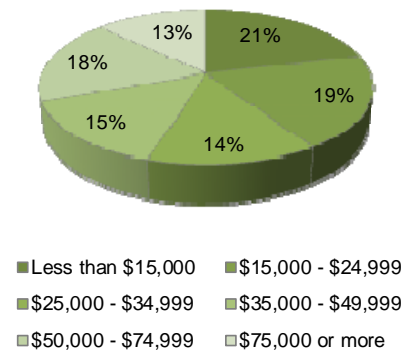
The health implications of this demographic shift will be huge. As people get older, they tend to require more medical services, so the Medical Center needs to prepare for a greater volume of these patients. Also, the fact that the other age groups are shrinking means that there will be fewer young people to take care of their older relatives. The Medical Center must 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 IZARD County is well below that of the state of Arkansas or the United States, with over half of the county’s population making less than \$35,000 per year.

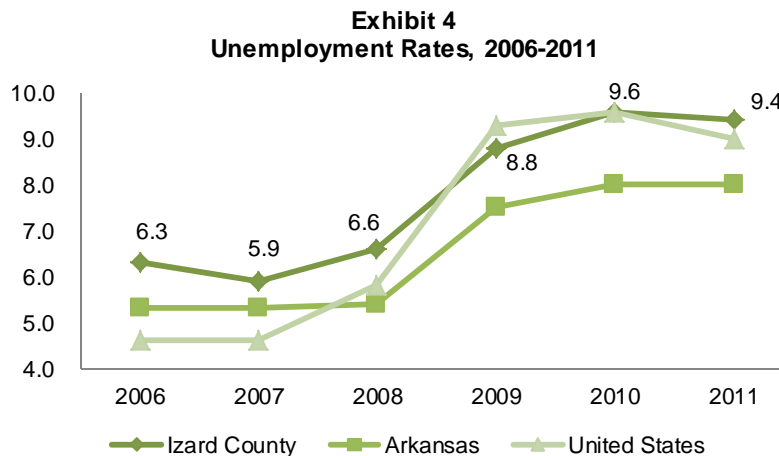


**Exhibit 3
Household Income, 2013 (estimated)**





In addition to the above statistics, it is important to note that as of 2010, over 32 percent of IZARD County’s children lived below the federal poverty line, compared to 27 percent in Arkansas and 22 percent in the United States. IZARD County also historically suffers from higher unemployment rates than either Arkansas or the United States. As shown below, IZARD County, along with the rest of the country, experienced a sharp jump in unemployment rates as a result of the economic crisis at the end of 2008. Rates peaked in 2010 and are slowly falling, but employment is still nowhere near pre-2008 levels.



The relatively low degree of wealth in IZARD County 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 the Medical Center must consider 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.

Community Input Questionnaire

The Medical Center circulated community health input questionnaires in order to gather broad community input regarding health issues. The input process was launched on October 1, 2012, and was closed on November 28, 2012.

The community health questionnaire was intended to gather information regarding the overall health of the community. The results are intended to provide information on different health and community factors. Requested community input included demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources.



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A web-based tool, Question Pro, was utilized to conduct the community input process. Paper questionnaires, which were identical to the electronic questionnaire, were also distributed to populations who may not have access to the internet or generationally are more likely to complete a paper questionnaire. Electronic and paper questionnaires were circulated to the residents of the primary community.

The instrument used for this input process was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions. The final instrument was developed by the Medical Center representatives in conjunction with BKD.

The community health questionnaire is not a scientific survey, as the demographics of the respondents are not representative of the community as a whole. However, the information obtained from the questionnaire was useful in determining the community's perception of the hospital and in bringing up issues that might go unnoted in public health data.

Excerpts from the community questionnaires follow:

- ***What do citizens say about the health of their community?***

The five most important "health problems":

1. Diabetes
2. Cancer
3. Aging problems
4. Obesity
5. Heart disease and stroke

The three most prevalent "risky behaviors":

1. Drug abuse
2. Alcohol abuse
3. Tobacco abuse

The five most important factors for a "healthy community":

1. Health care (affordable, available)
2. Emergency response services
3. Good schools
4. Job security and availability
5. Affordable housing



Key Informant Interviews

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 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.

Interviews with 10 key informants were conducted in September 2012. Informants were determined based on their specialized knowledge or expertise in public health, affiliation with local government, schools and industry 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 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. A list of key informants interviewed can be found at *Appendix B*.

Key findings from the interviews were as follows:

- Most people in the community have a favorable opinion of the Medical Center. They appreciate the high quality of care provided, as well as the friendly, caring doctors and nurses. However, some people prefer to travel to larger hospitals outside of the community.
- Dental care is a significant problem in the community because there are not enough dentists in the community and most people in the community do not have fluoridated water.
- It is challenging for the Medical Center to recruit new physicians to the area. Most young doctors prefer to work in more metropolitan areas.



- Many people in the community are not educated about health care. The Medical Center could partner with local schools to help educate children about making healthy choices, as well as provide workshops and seminars for adults to learn about disease management, smoking cessation and other critical health issues.
- The aging population presents many new health challenges. Many older people lack transportation and medication assistance.

Health Status of the Community

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

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

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70 percent 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.



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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	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 in death in IZARD County and the state of Arkansas. 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 for Izard County residents and compares the rates, per 100,000 population, to the state of Arkansas.

**Exhibit 5
Selected Causes of Resident Deaths, Rate per 100,000 Population, 2011**

	Izard County	Arkansas	Percent Difference	National	Percent Difference
Total Deaths, All Causes	1,371	995	38%	807	70%
Cancer	335	209	60%	185	82%
Diabetes	36	23	56%	24	52%
Heart Disease	501	333	50%	191	162%
Cerebrovascular Diseases	193	92	109%	41	367%
Pneumonia and Influenza	43	27	60%	17	149%
Chronic Lower Respiratory Disease	110	44	147%	46	138%
Chronic Liver Disease and Cirrhosis	-	9	-100%	11	-100%
Unintentional Injuries	36	51	-29%	39	-9%
Homicide	-	11	-100%	5	-100%

Source: Arkansas Department of Health

This table indicates that the community’s mortality rate is higher than the state average and significantly higher than the national average. In fact, the community’s mortality rate exceeds the national rate for all causes except diabetes mellitus; bronchitis, emphysema and asthma; and unintentional injuries.

Health Outcome 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.



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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 (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 IZARD 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 2012 health outcomes for IZARD County. Measures underperforming the state average are presented in red.

**Exhibit 6
IZARD County Health Rankings**

Health Outcome/Factor	IZARD County	Arkansas	National Benchmark	Rank (of 75)
Mortality				59
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,163	9,580	5,466	
Morbidity				64
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	30%	19%	10%	
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	6.4	4.0	2.6	
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.6	3.7	2.3	
Low birth weight - Percent of live births with low birth weight (<2500 grams)	8.50%	9.0%	6.0%	



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Exhibit 6
Izard County Health Rankings (Continued)

Health Outcome/Factor	Izard County	Arkansas	National Benchmark	Rank (of 75)
Health Behaviors				10
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	24%	23%	14%	
Adult obesity - Percent of adults that report a BMI >= 30	29%	32%	25%	
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	8%	12%	8%	
Motor vehicle crash death rate - Motor vehicle deaths per 100,000 population	25	25	12	
Sexually transmitted infections - Chlamydia rate per 100,000 population	108	503	84	
Teen birth rate - Per 1,000 female population, ages 15-19	58	61	22	
Clinical Care				53
Uninsured adults - Percent of population under age 65 without health insurance	24%	20%	11%	
Primary care physicians - Ratio of population to primary care physicians	2,182:1	867:1	631:1	
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	95	81	49	
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	85%	81%	89%	
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	59%	62%	74%	
Social and Economic Factors				41
High school graduation - Percent of ninth grade cohort that graduates in 4 years	71%	74%		
Some college - Percent of adults aged 25-44 years with some post-secondary education	45%	52%	68%	
Children in poverty - Percent of children under age 18 in poverty	32%	27%	13%	
Inadequate social support - Percent of adults without social/emotional support	20%	21%	14%	
Children in single-parent households - Percent of children that live in household headed by single parent	29%	35%	20%	
Violent crime rate - Violent crimes per 100,000 population	64	523	73	
Physical Environment				5
Limited access to healthy foods - Healthy food outlets include grocery stores and produce stands/farmers' markets	3%	12%	0%	
Access to recreational facilities - Rate of recreational facilities per 100,000 population	8	7	16	

Note: Metrics are subject to a 95% confidence interval.

Note: Not all data was available for all counties. Blank fields indicate that data was unavailable.



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

- Mortality (ranked 59th out of 75)
- Morbidity (ranked 64th out of 75)
- Clinical Care (ranked 53rd out of 75)
- Social and Economic Factors (ranked 41st out of 75)

IZARD County also falls below the national benchmark for each measure except for excessive drinking. This information shows that there are lots of opportunities for the Medical Center to take positive steps toward improving the community's health.

Other Health Care Resources

The availability of health resources is a critical component to the health of a county'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 IZARD County.

Acute Care Hospitals

While critical access hospitals such as the Medical Center provide essential health care services for a variety of conditions, they are not designed or intended to handle every circumstance that may arise. In order to allow the Medical Center to focus on providing care for common conditions, it is important that there are acute care hospitals nearby to handle cases involving longer inpatient stays or more complicated medical problems. As shown on the map below, the Medical Center is located near two regional acute care hospitals: Baxter Regional Medical Center (1) and White River Medical Center (2).





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Baxter Regional Medical Center – Located in Mountain Home, Arkansas, Baxter Regional Medical Center is about 45 minutes northwest of the Medical Center. It has 146 inpatient beds. Approximately 30 percent of patient discharges originating in IZARD County are from Baxter Regional Medical Center.

White River Medical Center – Located in Batesville, Arkansas, White River Medical Center is about one hour southeast of the Medical Center. It has 138 inpatient beds. Approximately 25 percent of patient discharges originating in IZARD County are from White River Medical Center.

Other Health Care Resources

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

Family Practice Clinics – IZARD County has seven family practice clinics, including three rural health clinics managed by the Medical Center and one ARcare clinic that provides discounted medical and dental services to residents in financial need. These clinics ensure that IZARD County residents are able to go to the doctor for annual check-ups and ailments that do not require a trip to the hospital.

Area Nursing Homes – There are three nursing homes in IZARD County with a total of 155 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

Ministerial Alliance – The Ministerial Alliance is a committee of the community church pastors. Through their churches, they are aware of the health needs of the community and are able to collect donations to meet those needs. The Ministerial Alliance is able to financially help residents who have trouble paying their medical bills and to provide needed community services, such as transportation.



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 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 availability of community resources to address the need.

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

1. Drug abuse rehabilitation facilities
2. Programs for the aging
3. Local cancer treatment facilities
4. Diabetes education and counseling

Other identified needs include:

- Access to healthy foods
- Access to recreational facilities
- Alcohol abuse
- Bronchitis, emphysema and asthma
- Cerebrovascular diseases
- Children in poverty
- Dental care
- Health education
- Heart disease
- High blood pressure
- Homicide
- Inadequate social support
- Low birth weight
- Mental health
- Motor vehicle crash deaths
- Obesity
- Preventable hospital stays
- Primary care physicians
- Smoking
- Teen birth rate

APPENDIX A
KEY INFORMANT INTERVIEWS



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KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

Name of Hospital

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.



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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?



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- 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 (who) 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 [provide business card]. Thanks once more for your time. It’s been a pleasure to meet you.

APPENDIX B
ACKNOWLEDGEMENTS



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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.

Hospital Management and Staff

Special thanks to members of Medical Center management and staff for their time and commitment to this project.

Key Informants

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

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Gladys Grasse, Community Medical Center of IZARD County Auxiliary

Lanelle Hanby, President, Calico Rock Chamber of Commerce

John Irvin, M.D.

Paul Miller, Community Medical Center of IZARD County Governing Board

Katherine Owens, Director, Christian Service Center

Reed Perryman, Community Medical Center of IZARD County Trustee

Jerry Skidmore, Superintendent, Calico Rock Schools

David Sugg, Calico Rock Church of Christ

APPENDIX C
SOURCES



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