



Community Health Needs Assessment

2019

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## Introduction

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

- Conducting a community health needs assessment every three years.
- Adopting an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, 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 at least one state or local public health official and members of medically underserved, low-income and minority 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 Little River Medical Center, Inc.'s compliance with these requirements. Health needs of the community have been identified so that Little River Medical Center, Inc. (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 conducted in 2018.
- 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 interviewees who represent a) broad interests of the community, b) populations of need or 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 2019. It will serve as a compliance document as well as a resource until the next assessment cycle.

## **Acknowledgements**

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 Assessments**

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 federal regulations pursuant to the *Patient Protection and Affordable Care Act*.

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 2,700 partners and employees in 40 offices across 18 states. BKD serves more than 4,000 health care entities across the country. The community health needs assessment was conducted from April 2019 through March 2020.

Based on current regulations 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 2018 community health needs assessment (CHNA) was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included in the Evaluation of Responses to 2018 CHNA section of this report.
- 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. 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 interviews of three stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described in the Key Interviewees portion 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.

### ***General Description of the Medical Center***

The Medical Center is a not-for-profit organization located in Ashdown, Arkansas. The Medical Center provides a wide range of services, including a 24-hour emergency department.

## Community Served by the Medical Center

The Medical Center is located in Ashdown, Arkansas, in Little River County. Ashdown is 20 miles north of Texarkana, Arkansas, the closest metropolitan area. Ashdown is approximately 12 miles from the nearest interstate highway.



Map created by Mike Keckhaver; Source: <http://www.encyclopediaofarkansas.net/>

## Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. For the purposes of this needs assessment, the community served by the Medical Center has been determined to be Little River County.

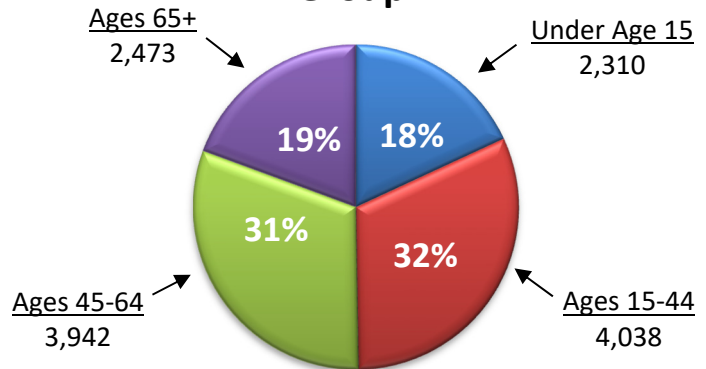
## Community Characteristics

### Community Population and Demographics

The community served by the Medical Center is a rural area in southwest Arkansas. According to 2018 projections based on the most recent U.S. Census Bureau estimates, about 12,800 people live in Little River County.

The chart to the right shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, approximately 50% of the community's population is over age 45. The percentage of the community population age 45 and older is expected to increase over the next two years, as shown on the chart below. These age groups use more health services than any other, consequently, the Medical Center could experience an increase in patient volume in the near future. However, the overall community population is expected to decrease, which might cause a decline in patient volume.

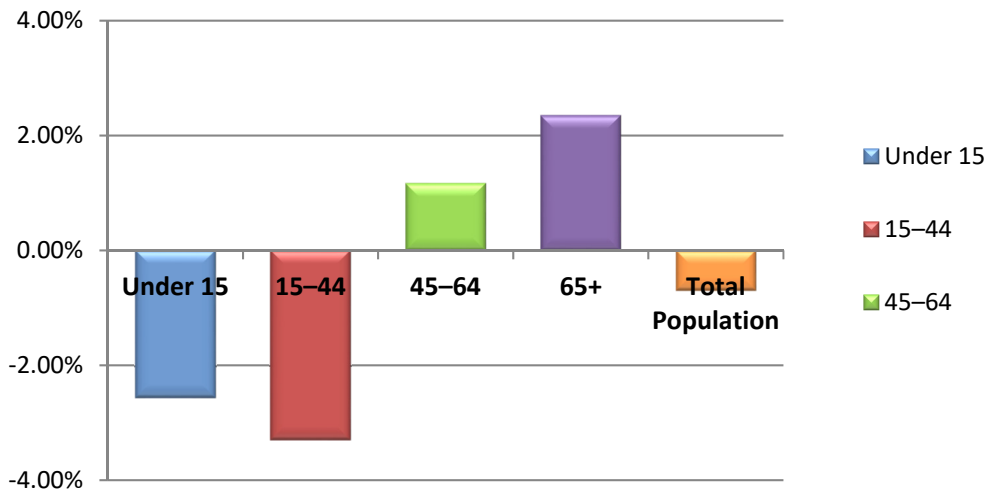
### Community Population by Age Group



Source: U.S. Census Bureau

Additionally, the percentage of the community population ages 44 and below is expected to decrease over the next two years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

### Projected Change in Population by Age Group, 2018–2020

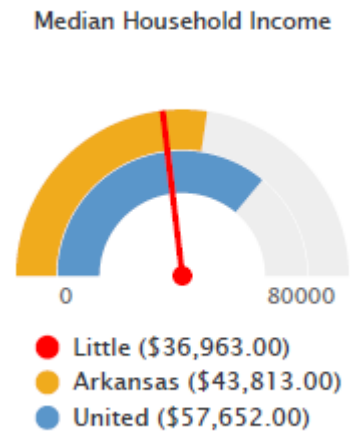


Source: U.S. Census Bureau

**Socioeconomic Characteristics of the Community**

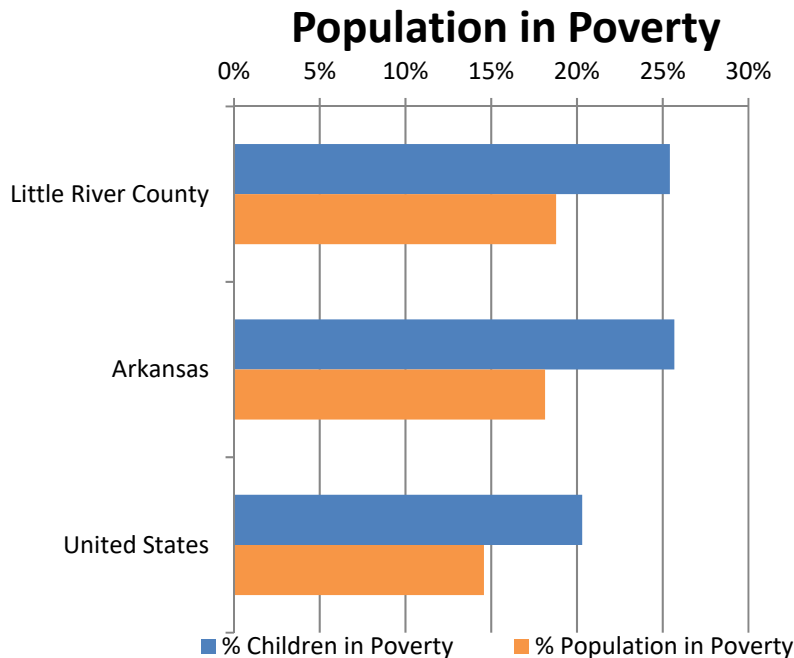
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly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

Educationally, the community served by the Medical Center is ranking significantly lower than the state of Arkansas as a whole. About 10% of the population age 25 and older have obtained a bachelor’s degree or higher, compared to about 31% of the U.S. and 22% in Arkansas. Approximately 15% of the population age 25 and older do not have a high school diploma, compared to about 13% 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.



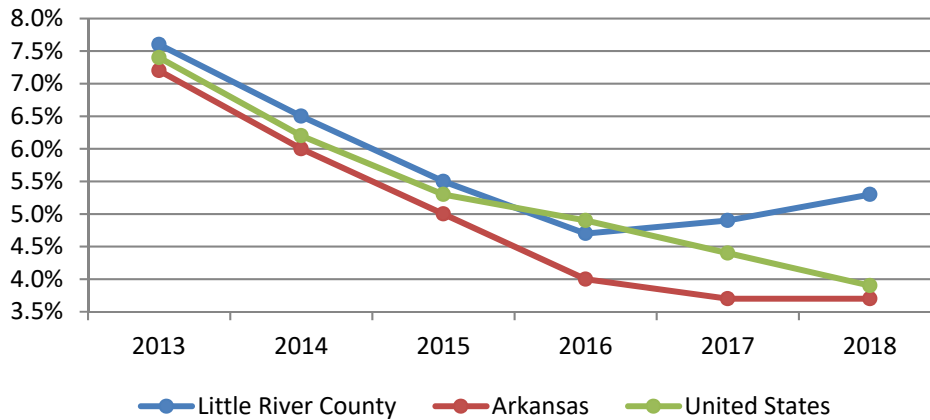
Source: CARES Engagement Network

The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in the Medical Center’s community is \$36,963, compared to \$43,813 for the state of Arkansas and \$57,652 for the United States. Lower-than-average median household income suggests that many members of the community may have difficulty obtaining health care, especially preventive care. However, the levels of poverty are not much different than the rates in the state of Arkansas and the United States. The chart below shows the percentage of the communities’ population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.



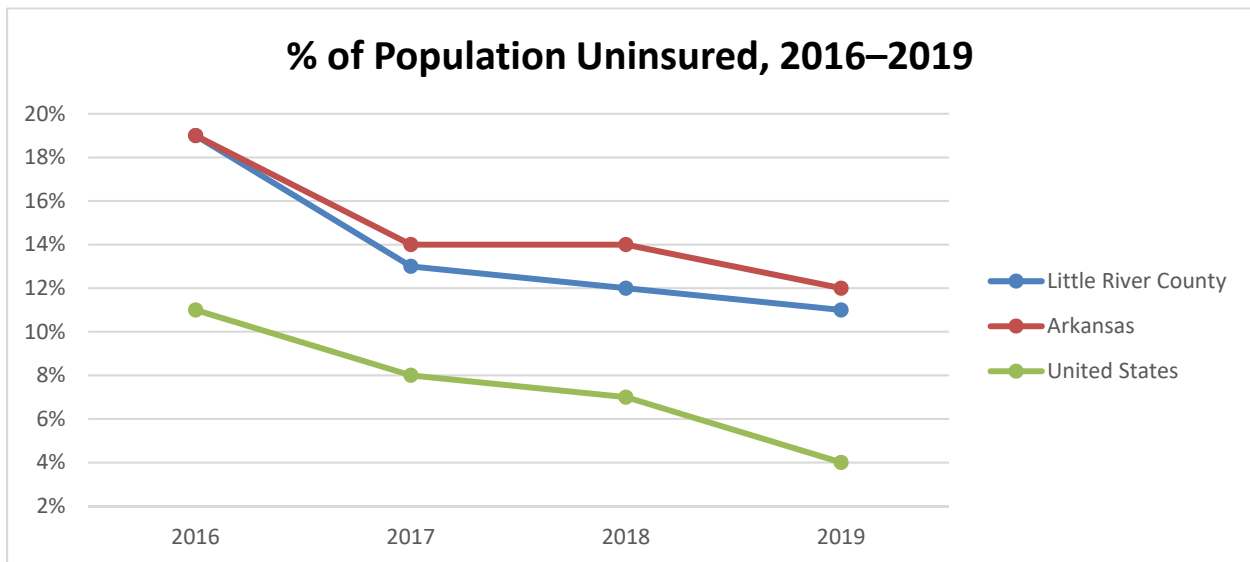
Source: U.S. Census Bureau  
American Community Survey

### Unemployment Rates, 2013–2018



Some socioeconomic measures in the community have improved significantly over the past few years. One such measure is the percentage of the community that is unemployed. The above chart shows that the unemployment rate of the community steadily decreased from 2013 to 2018, with a slight increase in 2017 to 2018 for Little River County. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to health care is improved.

Another measure that has continued to improve is percentage of the population that is uninsured. The graph below shows how this measure has decreased since 2016 in Little River County, Arkansas, and the United States.





## Health Status of the Community

This section of the assessment reviews the health status of Little River County residents, with comparisons to the state of Arkansas. As in the previous section, comparisons are provided with 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 significant 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 Depression
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

### **Health Outcomes and Factors**

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
  - Health behaviors (nine measures)
  - Clinical care (seven measures)
  - Social and economic (nine measures)
  - Physical environment (four 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 community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. 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, from County Health Rankings, summarizes the 2019 health outcomes and factors for Little River County. Measures underperforming the state average are highlighted in red.

Health Outcome/Factor	Little River County		Arkansas	National Benchmark
	Metric	Rank		
<b>Health Outcomes</b>		44		
<b>Length of Life</b>		50		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	11,400		9,500	5,400
<b>Quality of Life</b>		42		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	23%		24%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.9		5.0	3.0
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.0		5.2	3.1
<b>Low birthweight</b> – Percent of live births with low birthweight (<2,500 grams)	9%		9%	6%
<b>Health Factors</b>		44		
<b>Health Behaviors</b>		40		
<b>Adult smoking</b> – Percent of adults who are current smokers	20%		24%	14%
<b>Adult obesity</b> – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m <sup>2</sup>	37%		35%	26%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.0		5.4	8.7
<b>Physical inactivity</b> – Percent of adults age 20 and over reporting no leisure-time physical activity	36%		31%	19%
<b>Access to exercise opportunities</b> – Percent population with adequate access to locations for physical activity	69%		65%	91%
<b>Excessive drinking</b> – Percent of adults that report binge or heavy drinking	13%		16%	13%
<b>Alcohol-impaired driving deaths</b> – Percent of driving deaths with alcohol involvement	27%		26%	13%
<b>Sexually transmitted infections</b> – Number of newly diagnosed chlamydia cases per 100K population	609.4		562.0	152.8
<b>Teen birth rate</b> – Number of births per 1,000 female population ages 15–19	42		41	14
<b>Clinical Care</b>		32		
<b>Uninsured</b> – Percent of population under age 65 without health insurance	9%		9%	6%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	4,150:1		1,500:1	1,050:1
<b>Dentists</b> – Ratio of population to dentists	2,470:1		2,180:1	1,260:1
<b>Mental health providers</b> – Ratio of population to mental health providers	12,360:1		460:1	310:1
<b>Preventable hospital stays</b> – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	5,582		5,075	2,765
<b>Mammography screening</b> – Percent of female Medicare enrollees age 65–74 that received an annual mammography screening	35%		35%	49%
<b>Flu vaccinations</b> – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	44%		44%	52%
<b>Social and Economic Factors</b>		49		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	85%		88%	96%
<b>Some college</b> – Percent of adults ages 25–44 years with some post-secondary education	48%		57%	73%
<b>Unemployment</b> – Percent of population ages 16 and older unemployed but seeking work	4.8%		3.7%	2.9%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	24%		23%	11%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	5.0		4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in a household headed by a single parent	40%		36%	20%
<b>Social associations</b> – Number of membership associations per 10,000 population	15.3		12.1	21.9
<b>Violent crime</b> – Number of reported violent crime offenses per 100,000 population	144		516	63
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	90		81	57
<b>Physical Environment</b>		9		
<b>Severe housing problems</b> – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	8%		15%	9%
<b>Driving alone to work</b> – Percent of the workforce that drives alone to work	84%		83%	72%
<b>Long commute driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	38%		26%	15%

## 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 Little River County.

### ***Acute Care Hospitals***

The Medical Center is one of the primary health care providers for Little River County. However, 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 treat all health conditions. 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 which involve longer inpatient stays and more complex health problems. Many Little River County residents utilize acute care hospitals located in Texarkana, Texas, to meet their specialized health care needs. The nearest Texarkana hospital is about a 20-minute drive from Ashdown.

### ***Other Health Care Resources***

Other than the Medical Center, Little River County residents benefit from many other health care resources:

***Primary Care Providers*** – Little River County has multiple primary care physicians, including one pediatrician. There are also registered nurse practitioners who provide primary care.

***Area Clinics*** – Little River County has multiple health clinics. These clinics help to ensure that Little River County residents are able to access affordable health care, regardless of their financial situation.

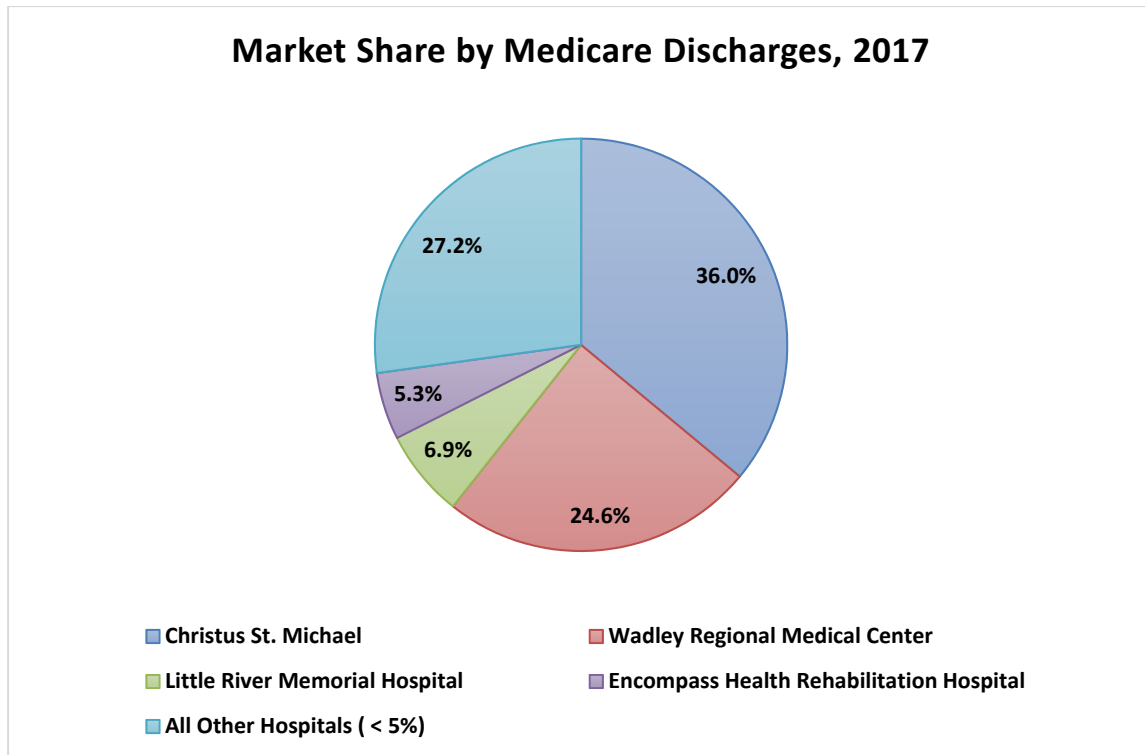
***Area Nursing Homes*** – There are two skilled nursing facilities and one residential care facility in Little River County with a total of 186 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

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

### ***Medical Center Market Share***

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the 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 represents the relative market share of each hospital that had discharges of residents from the community (Little River County). 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 2017, the Medical Center maintained approximately 7% of all discharges from the community, with Christus St. Michael at approximately 36%, Wadley Regional Medical Center capturing around 25%, and Encompass Health Rehabilitation Hospital at 5%. The remaining 27% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.



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.

### Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

### Methodology

A survey was conducted with three key interviewees. The interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

The interviews were conducted using a standard questionnaire. A copy of the interview instrument is included in the Appendix. A summary of opinions is reported without judging the truthfulness or accuracy of their remarks. Comments were provided 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. The 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. Therefore, information included in the report may have been altered slightly to preserve confidentiality.

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

### ***Key Interviewee Interview Results***

The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers
4. Most important health and quality of life issues

While many issues were raised during the interview, a few items stood out. These issues are summarized below:

- Drug misuse is perceived as one of the major issues in the community, including over prescribing of pain medications as well as illegal drug use.
- Some other critical health and quality of life issues mentioned include need for education, need for social involvement, and transportation issues.
- Lower socioeconomic groups were brought up as having health or quality of life not as good as others in the community.

## Evaluation of Responses to 2018 CHNA

The Medical Center prepared an implementation strategy in response to the needs identified in its 2018 needs assessment. A listing of those needs, along with the steps taken by the Medical Center to address them, is below.

- Obesity and heart disease
  - The Medical Center partners with the Komen Foundation and Wadley Hospital as well as programs at churches that address Heart Disease (Blood Pressures, Pulse and BMI) and discuss the importance of nutritional guidelines, which addresses the obesity issues.
  - The Medical Center participates in several health fairs as well as puts on its own annual health fair.
- Access to clinics and primary care physicians
  - The WadleyScan is a screening for Stroke, Abdominal Aortic Aneurysm, Peripheral Arterial Disease and Atrial Fibrillation which is offered by the Medical Center twice a year.
- Mental health providers
  - The Medical Center provided an office area for the county mental health to screen patients.
- Health education
  - The Medical Center's clinic sponsors an annual Women's Day where the focus is on breast health, which also has nutritional discussions.

## 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. Obesity and heart disease
2. Wellness and health education
3. Drug abuse prevention

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. Public comments on this assessment may be directed to the Medical Center's management at 451 W. Locke St., Ashdown, Arkansas 71822.

## **APPENDICES**



**APPENDIX A**  
**KEY INTERVIEWEE QUESTIONNAIRE**

## KEY INFORMANT INTERVIEW

Community Health Needs Assessment for:

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

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

# of years living in \_\_\_\_ County: \_\_\_\_\_ # of years in current position: \_\_\_\_

**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 the community, which is defined as \_\_\_\_\_ 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 the community. 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 the community?
2. In your opinion, has health and quality of life in the community 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 the community 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 the community?
7. In your opinion, what are the most critical health and quality of life issues in the community?
8. What needs to be done to address these issues?
9. In your opinion, what else will improve health and quality of life in the community?
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 the community. Before we conclude the interview,

Is there anything you would like to add?

As a reminder, summary results will be made available by Little River Memorial Hospital and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact \_\_\_\_\_ at Little River Memorial Hospital. 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**  
**SOURCES**

## Sources

Total Population by County and Development District Projections.  
<[http://iea.ualr.edu/GregProjectionV2010/Total\\_POP\\_summary.xls](http://iea.ualr.edu/GregProjectionV2010/Total_POP_summary.xls)>.

U.S. Census Bureau. American Community Survey. 2009–13. Source geography: Tract

U.S. Department of Labor: Bureau of Labor Statistics. 2015–September. Source geography: County

CARES Engagement Network, [engagementnetwork.org/assessment/](http://engagementnetwork.org/assessment/).  
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