Baxter Regional Medical Center

Community Health Needs Assessment

2013

Baxter Regional Medical Center
Community Health Needs Assessment
March 2013

Contents

Introduction 1

Summary of Community Health Needs Assessment 1

General Description of Medical Center 2

Community Served by the Medical Center 3

Defined Community 3

Community Details 5

Identification and Description of Geographical Community 5

Community Population and Demographics 5

Socioeconomic Characteristics of the Community 7

Income and Employment 8

Poverty 11

Uninsured 11

Education 12

Health Status of the Community 13

Leading Causes of Death 15

Health Outcomes and Factors 15

County Health Ranking 17

Health Care Resources 19

Hospitals and Health Centers 19

Medical Center Market Share 20

Other Health Care Facilities and Providers 21

Estimated Demand for Physician Office Visits and Hospital Services 22

Baxter Regional Medical Center
Community Health Needs Assessment
March 2013

Key Informant Interviews **26**
Methodology 26
Key Informant Profiles 26
Key Informant Interview Results 27
Key Findings 30
Community Health Input **31**
Methodology 31
Input Questionnaire 31
Community Health Input Results 31
Health Issues of Uninsured Persons, Low-Income Persons and Minority Groups **33**
Prioritization of Identified Health Needs **34**
Considerations for Meeting Identified Health Needs **36**
Access to Care 36
Nutrition and Obesity 36
Clinical Preventative Services (Diseases of the Heart and Cancer) 37

Appendices
Acknowledgements **38**
Key Informant Interview Protocol **39**
Community Health Input Questionnaire Detail Results **41**
Sources **80**

Introduction

As a result of the *Affordable Care Act*, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address 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 community health needs identified through the assessment.
- Report how it is addressing the needs identified in the community health needs assessment and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

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 of or expertise in public health. The hospital facility must make the community health needs assessment widely available to the public.

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

The process involved:

- 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 informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.
- Conducting a health survey that gathered a wide range of information, which was widely distributed to members of the community.

This document is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document, as well as a resource until the next assessment cycle.

Summary of Community Health Needs Assessment

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 laws outlined above.

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 2,000 partners and employees in 30 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from May 2012 through January 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 and reported utilizing various third parties (see references in Appendices). 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.
- An inventory of health care facilities and resources was prepared and demand for physician and hospital services was estimated. Both were evaluated for unmet needs.
- Community input was provided through interviews of 19 key informants and a widely distributed community health input questionnaire. The community health input questionnaire was completed by 417 individuals. Results and findings are described in the Key Informant and Community Health Input section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that considers 1) the ability to evaluate and measure outcomes, 2) the size of the problem, 3) the seriousness of the problem and 4) the prevalence of common themes.
- 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 were identified during the prioritization process and are reported.

General Description of the Medical Center

The Medical Center is an Arkansas nonprofit organization, located in Mountain Home, Arkansas. An eleven-member board of directors governs the Medical Center and ensures that medical services are available to the residents of Mountain Home and surrounding areas.

The Medical Center is an integrated health care provider serving residents of north Arkansas for nearly 50 years. The Medical Center proudly offers a wide range of services and specialties to meet the needs of Arkansans close to home. With more than 100 primary care, mid-level and specialist physicians on the medical staff, and approximately 1,000 employees, the Medical Center is made up of an experienced and dedicated team. The Medical Center provides health care solutions with compassion and respect for the uniqueness of every individual. Guided by a values-based culture to consistently deliver clinical and service excellence to our patients, the Medical Center strives for excellent care, every time.

Community Served by the Medical Center

The Medical Center is located in Mountain Home, Arkansas, in Baxter County. Mountain Home is approximately two and a half hours east of Fayetteville, Arkansas, and two hours south of Springfield, Missouri, the closest metropolitan areas. The town is not served by any divided highways.

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.

Based on the patient origin of acute care inpatient discharges and outpatient visits from January 1, 2011, through December 31, 2011, as well as the location of other hospitals in the region, management has identified the community to include the Arkansas counties of Baxter and Marion. *Exhibit 1* presents the Medical Center's patient origin for each of the zip code areas in the community counties. Page five presents a map of the Medical Center's geographical location and the footprint of the community. The map displays the Medical Center's geographic relationship to the community counties, as well as significant roads and highways.

When specific information is not available for zip codes, the community health needs assessment relies on information for specific counties. The geographic area of the defined community based on the identified zip codes covers all of Baxter and Marion Counties (the Community). The community health needs assessment will utilize these two counties when that corresponding information is more readily available.

Exhibit 1
Summary of Inpatient Discharges and Outpatient Visits by Zip Code
January 1, 2011 to December 31, 2011

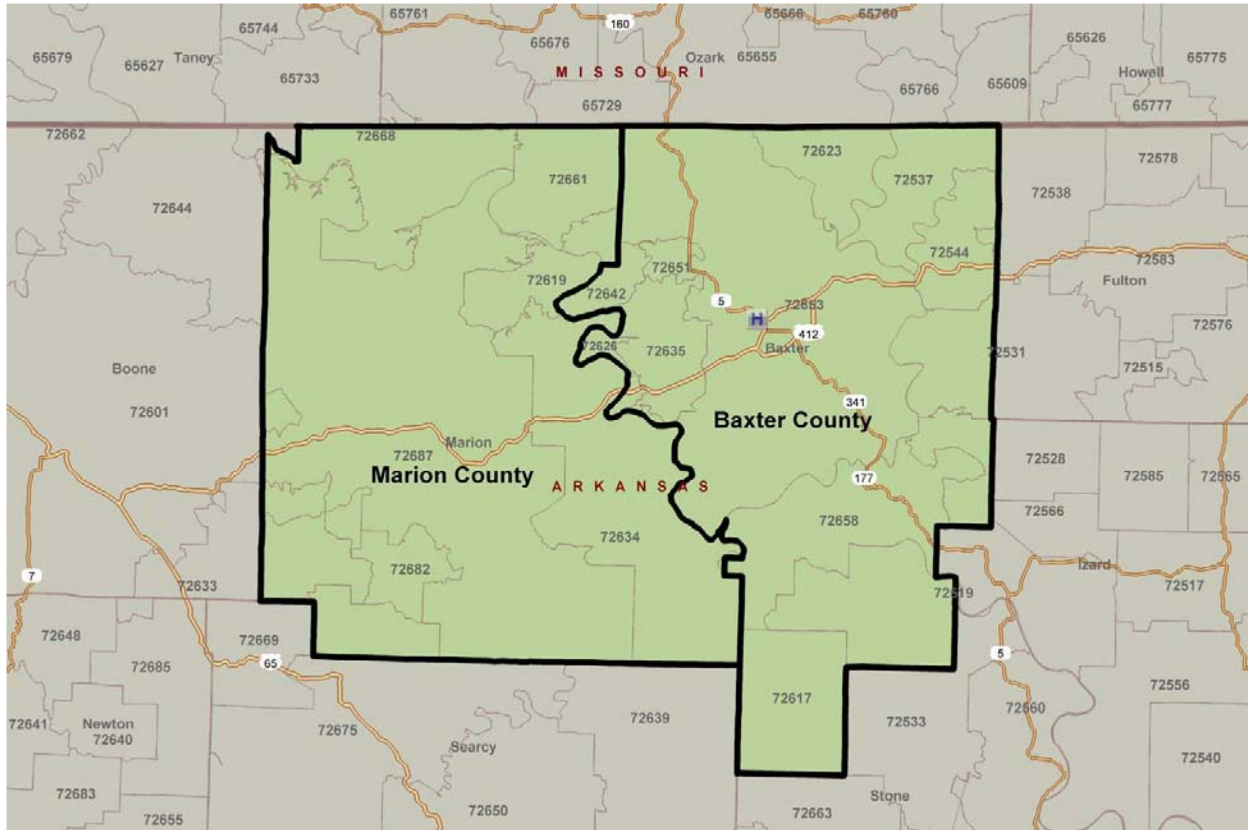
Zip Code	City	County	Acute Inpatient Discharges	Percent of Total Discharges	Outpatient Visits	Percent of Total Visits	Inpatient Market Share†
72653	Mountain Home	Baxter	4,157	40.4%	3,586	38.5%	88.2%
72687	Yellville	Marion	616	6.0%	454	4.9%	75.0%
72634	Flippin	Marion	533	5.2%	408	4.4%	87.7%
72635	Gassville	Baxter	491	4.8%	375	4.0%	92.8%
72619	Bull Shoals	Marion	283	2.7%	238	2.6%	91.6%
72642	Lakeview	Baxter	263	2.6%	294	3.2%	67.6%
72658	Norfork	Baxter	180	1.7%	188	2.0%	79.3%
72651	Midway	Baxter	162	1.6%	152	1.6%	79.0%
72626	Cotter	Baxter	133	1.3%	147	1.6%	61.3%
72537	Gamaliel	Baxter	102	1.0%	88	0.9%	100.0%
72661	Oakland	Marion	75	0.7%	87	0.9%	100.0%
72544	Henderson	Baxter	71	0.7%	59	0.6%	58.2%
72623	Clarkridge	Baxter	65	0.6%	75	0.8%	61.3%
72668	Peel	Marion	22	0.2%	15	0.2%	100.0%
72617	Big Flat	Baxter	15	0.1%	12	0.1%	25.4%
	All Other		3,127	30.4%	3,147	33.7%	
	Total		10,295	100.0%	9,325	100.0%	

Source: Baxter Regional Medical Center and the Arkansas Department of Health
†Inpatient market share was calculated using data from the Arkansas Department of Health showing total discharges from all hospitals by patient zip code.

Community Details

Identification and Description of Geographical Community

The following map geographically illustrates the Medical Center's community by showing the community counties shaded and marks the Medical Center's location with an "H."



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by zip code to estimate population trends from 2013 through 2018. Population estimates by age and zip code for the Medical Center's community are presented in *Exhibit 2*.

Exhibit 2 illustrates that the overall population is projected to increase over the five-year period from 56,450 to 56,593, or 0.25%. However, the age category that utilizes health care services the most, 65 years and over, is projected to increase from 15,986 to 17,506, or 9.5%. The ratio of males to females in the total Community is projected to remain the same over the five-year period.

Exhibit 2
Estimated 2013 Population and Projected 2018 Population

Zip Code	City	Under 15 years	15–44 years	45–64 years	65 years and over	Total	Male	Female
	Estimated 2013 Population							
72653	Mountain Home	4,281	7,864	7,579	8,632	28,356	13,475	14,881
72687	Yellville	1,155	2,391	2,547	1,751	7,844	3,907	3,937
72634	Flippin	747	1,267	1,364	988	4,366	2,121	2,245
72635	Gassville	694	1,225	942	725	3,586	1,733	1,853
72619	Bull Shoals	191	435	680	783	2,089	1,028	1,061
72642	Lakeview	132	316	615	880	1,943	959	984
72658	Norfork	301	506	615	446	1,868	945	923
72651	Midway	152	293	415	385	1,245	628	617
72626	Cotter	194	429	447	293	1,363	679	684
72537	Gamaliel	89	177	284	227	777	390	387
72661	Oakland	33	95	241	222	591	316	275
72544	Henderson	73	141	233	189	636	321	315
72623	Clarkridge	119	194	280	181	774	398	376
72668	Peel	87	186	300	227	800	417	383
72617	Big Flat	23	51	81	57	212	111	101
		8,271	15,570	16,623	15,986	56,450	27,428	29,022
	Percent of total	14.7%	27.6%	29.4%	28.3%		48.6%	51.4%
	Projected 2018 Population							
72653	Mountain Home	4,333	7,954	6,884	9,361	28,532	13,579	14,953
72687	Yellville	1,144	2,346	2,409	1,982	7,881	3,919	3,962
72634	Flippin	736	1,229	1,220	1,056	4,241	2,055	2,186
72635	Gassville	728	1,204	879	811	3,622	1,754	1,868
72619	Bull Shoals	199	398	593	823	2,013	985	1,028
72642	Lakeview	139	292	524	936	1,891	933	958
72658	Norfork	330	539	598	535	2,002	1,003	999
72651	Midway	143	284	376	433	1,236	612	624
72626	Cotter	189	410	428	341	1,368	680	688
72537	Gamaliel	84	166	259	248	757	383	374
72661	Oakland	27	96	221	240	584	309	275
72544	Henderson	68	133	207	202	610	312	298
72623	Clarkridge	122	194	263	211	790	407	383
72668	Peel	83	197	296	261	837	431	406
72617	Big Flat	29	60	74	66	229	120	109
		8,354	15,502	15,231	17,506	56,593	27,482	29,111
	Percent of total	14.8%	27.4%	26.9%	30.9%		48.6%	51.4%

Source: The Nielsen Company

Exhibit 2 also illustrates the growth in the over 65 population as a percentage of the whole, growing from an estimated 28.3% in 2013 to a projected 30.9% in 2018.

Exhibit 3 provides the percent difference for the Community from estimated 2013 to projected 2018, as well as a comparison to state and national changes. *Exhibit 3* illustrates that the overall population is projected to increase at rates fairly consistent with both state and national projections. Note that the age category that utilizes health care services the most, 65 years and over, is projected to increase by nearly 10 percent. This increase in the 65 year and over category will have a dramatic impact on both the amount and type of services required by the community.

Exhibit 3
Estimated 2013 Population vs Projected 2018 Population Percent Difference

	Under 15 years	15–44 years	45–64 years	65 years and over	Total	Male	Female
Baxter Regional Medical Center CHNA Community	1.0%	-0.4%	-8.4%	9.5%	0.3%	0.2%	0.3%
Arkansas 2013 Estimated (thousands)	600	1,152	758	453	2,963	1,455	1,508
Arkansas 2018 Projected (thousands)	618	1,161	750	513	3,042	1,495	1,547
Percent Difference	3.0%	0.8%	-1.1%	13.2%	2.7%	2.7%	2.6%
U.S. 2013 Estimated (thousands)	61,803	126,084	83,113	43,862	314,862	154,820	160,042
U.S. 2018 Projected (thousands)	63,380	126,608	84,336	50,998	325,322	160,000	165,332
Percent Difference	2.6%	0.4%	1.5%	16.3%	3.3%	3.3%	3.3%

Source: The Nielsen Company

Racially, the Community is much more homogenous than the state of Arkansas or the United States as a whole, with over 96% of the population being white. No nonwhite population group makes up over 3% of the population individually.

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. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income and wealth, labor force, employees by types of industry, employment rates, educational attainment and poverty for the Community. These standard measures will be used to compare the socioeconomic status of the Community to the state of Arkansas and the United States.

Income and Employment

Exhibit 4 presents the average, median and per capita income for households in each zip code. In total, each of these measures is projected to experience no drastic change, with no individual zip code area expected to change by more than four percent.

Exhibit 4
Estimated Family Income and Wealth for 2013 and 2018 with Percent Difference

		Estimated 2013		Projected 2018		Growth, %	
Zip Code	City	Average Household Income	Median Household Income	Average Household Income	Median Household Income	Average Household Income	Median Household Income
72653	Mountain Home	$ 47,086	$ 34,761	$ 48,545	$ 35,906	3.1%	3.3%
72687	Yellville	$ 43,842	$ 29,485	$ 43,242	$ 29,054	-1.4%	-1.5%
72634	Flippin	$ 53,261	$ 36,201	$ 52,524	$ 35,548	-1.4%	-1.8%
72635	Gassville	$ 48,587	$ 35,358	$ 50,371	$ 36,559	3.7%	3.4%
72619	Bull Shoals	$ 49,833	$ 32,219	$ 49,657	$ 31,884	-0.4%	-1.0%
72642	Lakeview	$ 52,064	$ 37,085	$ 54,179	$ 37,863	4.1%	2.1%
72658	Norfork	$ 40,398	$ 30,960	$ 41,391	$ 31,875	2.5%	3.0%
72651	Midway	$ 54,634	$ 37,177	$ 56,574	$ 38,180	3.6%	2.7%
72626	Cotter	$ 40,331	$ 29,375	$ 41,627	$ 30,494	3.2%	3.8%
72537	Gamaliel	$ 37,938	$ 28,621	$ 39,155	$ 29,474	3.2%	3.0%
72661	Oakland	$ 49,083	$ 38,333	$ 48,700	$ 37,778	-0.8%	-1.4%
72544	Henderson	$ 42,256	$ 32,396	$ 42,309	$ 32,872	0.1%	1.5%
72623	Clarkridge	$ 44,917	$ 36,573	$ 46,632	$ 37,461	3.8%	2.4%
72668	Peel	$ 56,893	$ 33,750	$ 55,373	$ 33,000	-2.7%	-2.2%
72617	Big Flat	$ 40,098	$ 31,875	$ 41,150	$ 32,941	2.6%	3.3%
Community Average		$ 46,748	$ 33,611	$ 47,429	$ 34,059	1.5%	1.3%
	Arkansas	$ 53,061	$ 38,667	$ 55,666	$ 40,130	4.9%	3.8%
	United States	$ 69,637	$ 49,297	$ 71,917	$ 49,815	3.3%	1.1%

Source: The Nielsen Company

Exhibit 5 presents the average annual resident unemployment rates for Marion and Baxter Counties, Arkansas, and the United States. As *Exhibit 5* illustrates, unemployment rates in most counties peaked in 2009 and improved slightly in 2010 and 2011. On average, the unemployment rate for these counties is higher than the rates for both Arkansas and the United States.

Exhibit 5
Unemployment Rates (%)

County	2006	2007	2008	2009	2010	2011
Marion County	5.3	5.4	6.2	11.4	10.2	9.4
Baxter County	5.4	5.4	6.0	9.0	8.9	8.6
Average	5.4	5.4	6.1	10.2	9.6	9.0
Arkansas	5.3	5.3	5.4	7.5	8.0	8.0
United States	4.6	4.6	5.8	9.3	9.6	9.0

Source: FDIC

Exhibit 6 summarizes employment by major industry for the two counties.

Exhibit 6
Employment by Major Industry
2010

Major Industries	Baxter County	%	Marion County	%	Total	%	U.S. %
Goods-producing	2,806	20%	1,356	38%	4,162	24%	15%
Natural Resources and Mining	112	1%	24	1%	136	1%	1%
Construction	647	5%	68	2%	715	4%	4%
Manufacturing	2,047	15%	1,264	36%	3,311	19%	9%
Service-providing	9,467	67%	1,509	43%	10,976	62%	68%
Trade, Transportation and Utilities	2,469	18%	544	15%	3,013	17%	19%
Information	219	2%	58	2%	277	2%	2%
Financial Activities	710	5%	188	5%	898	5%	6%
Professional and Business Services	802	6%	113	3%	915	5%	13%
Education and Health Services	3,392	24%	356	10%	3,748	21%	15%
Leisure and Hospitality	1,509	11%	223	6%	1,732	10%	10%
Other Services	366	3%	27	1%	393	2%	3%
Federal Government	176	1%	50	1%	226	1%	2%
State Government	353	3%	80	2%	433	2%	4%
Local Government	1,256	9%	533	15%	1,789	10%	11%
Total Employment	14,058	100%	3,528	100%	17,586	100%	100%

Source: U.S. Department of Census

Major employers by county include the following:

Exhibit 7
Employment by Top Employers

Top Employers	Baxter	Marion
Baxter Regional Medical Center	1,001–1,500	
Baxter Healthcare Corporation	501–1,000	
Wal-Mart Stores, Inc.	501–1,000	75-250
Eaton Corporation Aeroquip Hose Division	251–500	
Harp's Food Stores	75–250	
American Stitchco, Inc.	75–250	
Mountain Home School District	75–250	
McDonald's Corporation	75–250	
Expoxyn Products LLC	75–250	
Lowe's Home Centers, Inc	75–250	
Yellville-Summit School		75–250
Flippin School District		75–250
Micro Plastics, Inc.		75–250
Ark-Plas Products, Inc.		75–250
Marion County Nursing Home		75–250
Actronix, Inc.		75–250
Ozark Mountain School District		75–250
Ranger Boats		75–250
Twin Lakes Nursing and Rehab Center		75–250

Source: Arkansas Economic Development Commission

Major industries within the community include manufacturing, which makes up about 32% of the top employers, and medicine, which makes up about 26%. The largest individual employers in the community are Wal-Mart Stores, Inc., the Medical Center and Baxter Healthcare Corporation.

Poverty

Exhibit 8 presents the percentage of total population in poverty (including under age 18) and median household income for households in each county versus the state of Arkansas and the United States.

Exhibit 8
Poverty Estimate: Percentage of Total Population in Poverty and Median Household Income
2009, 2010 and 2011

	2009			2010			2011		
County	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income	All Persons	Under Age 18	Median Household Income
Baxter	16.5%	27.4%	$ 33,878	15.7%	27.2%	$ 34,421	16.8%	28.1%	$ 33,312
Marion	20.4%	34.4%	$ 33,617	19.5%	36.4%	$ 31,438	20.5%	34.5%	$ 32,685
Average	18.5%	30.9%	$ 33,748	17.6%	31.8%	$ 32,930	18.7%	31.3%	$ 32,999
Arkansas	18.5%	26.6%	$ 37,888	18.7%	27.3%	$ 38,413	19.3%	27.8%	$ 38,889
United States	14.3%	20.0%	$ 50,221	15.3%	21.6%	$ 50,046	15.9%	22.5%	$ 50,502

Source: U.S. Census Bureau, Small Areas Estimates Branch

In 2011, a family of two adults and two children was considered poor if their annual household income fell below $22,350. Arkansas is consistently ranked one of the poorest states in the country. On average, the Community was equal to or faired better than the state of Arkansas as a whole, but worse than the United States as a whole.

Uninsured

Exhibit 9 presents health insurance coverage status by age (under 65 years) and income (at or below 400 percent) of poverty for each county versus Arkansas and the United States.

Exhibit 9
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%)
of Federal Poverty Level (FPL)
2010

	All Income Levels				At or Below 400% of FPL			
County	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Baxter	6,554	22.2%	23,009	77.8%	6,013	26.3%	16,848	73.7%
Marion	2,990	23.8%	9,555	76.2%	2,800	27.2%	7,507	72.8%
Arkansas	500,134	20.6%	1,931,198	79.4%	457,757	25.3%	1,350,191	74.7%
United States	46,556,803	17.7%	215,846,576	82.3%	40,972,712	24.1%	128,770,286	75.9%

Source: U.S. Census Bureau, SAHIE/State and County by Demographic and Income Characteristics

Education

Exhibit 10 presents educational attainment by age cohort for individuals in each county versus Arkansas and the United States.

Exhibit 10
Educational Attainment – Total Population
2011

	Less Than 9th Grade	9th Grade to 12th Grade	High School Diploma	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree and Higher
Baxter	7.0%	8.0%	36.0%	27.0%	7.0%	11.0%	5.0%
Marion	6.0%	9.0%	39.0%	22.0%	6.0%	10.0%	7.0%
Community average	6.5%	8.5%	37.5%	24.5%	6.5%	10.5%	6.0%
Arkansas	10.0%	8.0%	35.0%	22.0%	6.0%	13.0%	6.0%
National	9.0%	7.0%	28.0%	21.0%	7.0%	18.0%	10.0%

Source: Census Scope

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 10*, educational attainment in the community is generally similar to the state of Arkansas rates. Residents of the community graduate high school at higher rates to the nation as a whole, although they are less likely to obtain a bachelor's degree or higher.

Health Status of the Community

This section of the assessment reviews the health status of Marion and Baxter County residents. 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 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% 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	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health 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 death and death rate statistics for leading causes of death in Baxter and Marion Counties 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

Exhibit 11 reflects the leading causes of death for Baxter and Marion County residents and compares the rates, per 100,000, to the state of Arkansas average.

Exhibit 11
Selected Causes of Resident Deaths, 2007

	Baxter	Marion	Community Average	Arkansas	National
Total Deaths, All Causes	1,647	1,264	1,456	992	741
Cancer	365	286	326	223	174
Female Breast	41	59	50	31	-
Diabetes Mellitus	40	35	38	29	21
Diseases of the Heart	381	324	353	258	180
Cerebrovascular Diseases	102	75	89	63	41
Pneumonia and Influenza	55	17	36	37	16
Bronchitis, Emphysema and Asthma	8	6	7	13	42
Chronic Liver Disease and Cirrhosis	21	35	28	9	9
Congenital Anomalies	11	7	9	4	-
Unintentional Injuries	51	59	55	48	37
Homicide	2	-	1	9	6

Source: Arkansas Department of Health

This exhibit indicates that the Community's mortality is significantly higher than both the state and national averages. In fact, the Community's mortality exceeds the national average in all causes except pneumonia and influenza; bronchitis, emphysema and asthma; and homicide.

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 (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 (seven 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).

As part of the analysis of the needs assessment for the Community, the two counties that comprise the majority of the community will be used to compare the relative health status of each county 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, *Exhibit 12*, from County Health Rankings, summarizes the 2012 health outcomes for Marion and Baxter Counties. *Exhibit 12.1* on page 18 explains each health outcome or factor and is helpful to fully understand *Exhibit 12*.

Exhibit 12
County Health Rankings – Health Outcomes (2012)

Health Outcome/Factor	Baxter County		Marion County			National
	Metric	Rank	Metric	Rank	Arkansas	Benchmark
Health Outcomes		34		12		
Mortality		53		31		
Premature death	**10,905**		**9,887**		9,580	5,466
Morbidity		14		2		
Poor or fair health	16%		14%		19%	10%
Poor physical health days	**4.9**		3.2		4.0	2.6
Poor mental health days	3.6		3.3		3.7	2.3
Low birthweight	7.3%		6.9%		9.0%	6.0%
Health Factors		29		13		
Health Behaviors		13		26		
Adult smoking	23%		**26%**		23%	14%
Adult obesity	32%		28%		32%	25%
Excessive drinking	11%		**14%**		12%	8%
Motor vehicle crash death rate	**28**		**33**		25	12
Sexually transmitted infections	107		162		503	84
Teen birth rate	48		50		61	22
Clinical Care		40		6		
Uninsured adults	20%		20%		20%	11%
Primary care physicians	**2800:1**		723:1		867:1	631:1
Preventable hospital stays	**82**		77		81	49
Diabetic screening	**79%**		85%		81%	89%
Mammography screening	62%		71%		62%	74%
Social and Economic Factors		49		23		
High school graduation	**70%**		75%		74%	72%
Some college	**50%**		52%		52%	68%
Children in poverty	**36%**		27%		27%	13%
Inadequate social support	14%		**23%**		21%	14%
Children in single-parent households	18%		29%		35%	20%
Violent crime rate	270		118		523	73
Physical Environment		25		4		
Air pollution – ozone days	0		0		2	0
Limited access to healthy foods	4%		1%		12%	0%
Access to recreational facilities	**0**		9		7	16

Note: Metrics are subject to a 95% confidence interval. Metrics underperforming the state average are presented in red.

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

Exhibit 12.1
County Health Rankings – Health Factor Descriptions

Factor	Description
Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)
Poor or fair health	Percent of adults reporting fair or poor heatlh (age-adjusted)
Poor physical health days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)
Poor mental health days	Average number of mentally unhealthy days reported in past 30 days
Low birthweight	Percent of live births with low birthweight (<2500 grams)
Adult smoking	Percent of adults that report smoking at least 100 cigarettes and that they currently smoke
Adult obesity	Percent of adults that report a BMI >= 30
Excessive drinking	Percent of adults that report excessive drinking in the past 30 days
Motor vehicle crash death rate	Motor vehicle deaths per 100K population
Sexually transmitted infections	Chlamydia rate per 100K population
Teen birth rate	Per 1,000 female population, ages 15–19
Uninsured adults	Percent of population under age 65 without health insurance
Primary care physicians	Ratio of population to primary care physicians
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Diabetic screening	Percent of diabetic Medicare enrollees that receive HbA1c screening
Mammography screening	Percent of female Medicare enrollees that receive mammography screening
High school graduation	Percent of ninth grade cohort that graduates in 4 years
Some college	Percent of adults aged 25044 years with some post-secondary education
Children in poverty	Percent of children under age 18 in poverty
Inadequate social support	Percent of adults without social/emotional support
Children in single-parent households	Percent of children that live in household headed by single parent
Violent crime rate	Violent Crimes per 100K population
Air pollution – particulate matter days	Annual number of unhealthy air quality days due to fine particulate matter
Air pollution – ozone days	Annual number of unhealthy air quality days due to ozone
Limited access to healthy foods	Healthy food outlets include grocery stores and produce stands/farmers markets
Access to recreational facilities	Rate of recreational facilities per 100,000 population

Summary

The Community faces numerous challenges to healthy outcomes and behaviors. While the counties outperform the state of Arkansas on several measures, they fall below the national benchmarks in nearly all areas. Since Arkansas tends to be ranked as one of the least healthy states, the Medical Center strives to surpass state rankings in all areas and to meet national benchmarks.

Areas with significant room for improvement include:

- Poor Physical Health Days
- Adult Smoking
- Motor Vehicle Crash Death Rate
- Uninsured Adults
- Primary Care Physicians (Access)
- Children in Poverty
- Access to Recreational Facilities

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 are 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 Baxter and Marion Counties.

Hospitals and Health Centers

The Medical Center has 167 acute beds and is the only hospital located in the Community. Residents of the Community also take advantage of services provided by hospitals in neighboring counties. *Exhibit 13* summarizes hospital services available to the residents of Baxter and Marion Counties:

Exhibit 13
Summary of Competitor Hospitals

Hospital Name	Location	Facility Type	Miles from the Medical Center	Bed Size	Annual Discharges	Annual Patient Revenue
CoxHealth	Springfield, MO	Short-term Acute Care	111	602	29,873	$ 2,015,407,055
Mercy Hospital – Springfield	Springfield, MO	Short-term Acute Care	105	716	34,336	$ 2,066,794,926
North Arkansas Regional Medical Center	Harrison, AR	Short-term Acute Care	50	108	4,391	$ 168,794,209
Stone County Medical Center	Mountain View, AR	Critical Access	51	17	842	$ 29,844,018

Source: Costreportdata.com

The following is a brief description of the health care services available at each of these facilities:

CoxHealth **–** With two locations in Springfield, Missouri (CoxNorth and CoxSouth), CoxHealth is a large, full-service hospital that provides a wide variety of health care services, including a Level I Trauma Center. It is approximately two hours and fifteen minutes northwest of the Medical Center.

Mercy Hospital-Springfield (Mercy) **–** Formerly known as St. John's Hospital, Mercy Hospital-Springfield is a large, full-service hospital that offers a wide range of services, including a cancer center, children's care and integrative medicine. It is approximately two hours and fifteen minutes northwest of the Medical Center.

North Arkansas Regional Medical Center (NARMC) **–** Located in Harrison, Arkansas, NARMC is approximately one hour west of the Medical Center. It offers services such as cancer treatment, cardiac rehabilitation services, women's services and community education.

Stone County Medical Center (SCMC) – Located in Mountain View, Arkansas, Stone County Medical Center is approximately a one hour drive south of the Medical Center. It offers emergency medicine, family medicine and orthopedic surgery services. Stone County Medical Center also has an outpatient clinic that specializes in cardiology, general surgery, and obstetrics/gynecology.

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. *Exhibit 14* 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 discharges from each hospital. This information provides an idea of summary market share, as well as the outmigration of patients from the community. For 2010, the Medical Center maintained approximately 86% of all discharges from the Community.

Because Arkansas law prohibits the Arkansas Department of Health from providing hospital-specific discharge information, the competitor data in *Exhibit 14* was estimated based on Medicare discharges by zip code and hospital, which is available from the Centers for Medicare and Medicaid Services.

Exhibit 14

Patient Origin Analysis: Estimated Acute Care Discharges by County and Hospital, 2010

Zip			Medical Center		CoxHealth		Mercy		NARMC		SCMC		Other		Total
Code	City	County	Dischgs	Pct	Dischgs	Pct	Dischgs	Pct	Dischgs	Pct	Dischgs	Pct	Dischgs	Pct	Dischgs
72653	Mountain Home	Baxter	4,157	88.2%	80	1.7%	61	1.3%	29	0.6%	19	0.4%	367	7.8%	4,713
72687	Yellville	Marion	616	75.0%	7	0.9%	18	2.2%	6	0.7%	-	0.0%	174	21.2%	821
72634	Flippin	Marion	533	87.7%	18	3.0%	7	1.2%	7	1.2%	2	0.3%	41	6.7%	608
72635	Gassville	Baxter	491	92.8%	4	0.8%	6	1.1%	4	0.8%	-	0.0%	24	4.5%	529
72619	Bull Shoals	Marion	283	91.6%	7	2.3%	3	1.0%	1	0.3%	-	0.0%	15	4.9%	309
72642	Lakeview	Baxter	263	67.6%	21	5.4%	15	3.9%	9	2.3%	6	1.5%	75	19.3%	389
72658	Norfork	Baxter	180	79.3%	3	1.3%	-	0.0%	2	0.9%	2	0.9%	40	17.6%	227
72651	Midway	Baxter	162	79.0%	9	4.4%	-	0.0%	-	0.0%	-	0.0%	34	16.6%	205
72626	Cotter	Baxter	133	61.3%	23	10.6%	6	2.8%	6	2.8%	-	0.0%	49	22.6%	217
72537	Gamaliel	Baxter	102	100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	102
72661	Oakland	Marion	75	100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	75
72544	Henderson	Baxter	71	58.2%	4	3.3%	-	0.0%	-	0.0%	-	0.0%	47	38.5%	122
72623	Clarkridge	Baxter	65	61.3%	9	8.5%	-	0.0%	5	4.7%	5	4.7%	22	20.8%	106
72668	Peel	Marion	22	100.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%	22
72617	Big Flat	Baxter	15	25.4%	-	0.0%	-	0.0%	-	0.0%	33	55.9%	11	18.6%	59
	Total		7,168	84.3%	185	2.2%	116	1.4%	69	0.8%	67	0.8%	899	10.6%	8,504

Source: Centers for Medicare and Medicaid Services and the Arkansas Department of Health

After surveying the results of the analysis of acute care discharges, it appears that the residents of Marion and Baxter Counties only minimally utilize other area hospitals. The geographic location and wide range of services offered by the Medical Center means that most residents do not have to travel far from home to access the care they need.

Other Health Care Resources Include:

Mountain Home Christian Clinic – Located in Mountain Home, Arkansas, this faith-based clinic provides free medical care for adults who are below the federal poverty level and have no insurance.

Kindness, Inc. – Located in Mountain Home, Arkansas, Kindness, Inc., is an organization that provides nonmedical services such as transportation to medical and other appointments, grocery shopping assistance, respite for primary care givers, minor home repairs, installation of safety bars and wheelchair ramps, reassurance calls and friendly visitation to seniors and other individuals in the Community.

Home Health Agencies – The community is home to seven home health agencies that provide services such as medicine supervision, companionship, housekeeping, personal care and in-home nursing to seniors and other homebound residents of the Community.

Area Agencies on Aging – With locations in Baxter and Marion Counties, the Area Agencies on Aging provide various services to senior citizens in the Community, including adult day care, emergency response systems, housing, caregiver support programs, medical supply delivery and in-home care.

Hometown Health Initiative – A branch of the Arkansas Department of Health, the Hometown Health Initiative works with local communities and organizations to identify health issues and implement solutions that improve the health of local citizens.

County Health Departments – The Health Departments of Baxter and Marion Counties exist to prevent, promote and protect the public's health. The departments provide WIC (Women, Infants and Children) Support Programs for families who meet certain nutritional and financial guidelines. Other services include family planning; health education; immunizations; and screenings for blood pressure, hepatitis, sexually transmitted diseases, HIV and tuberculosis.

Area Nursing Homes – There are seven nursing homes in the area with a total of 650 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the Community.

Estimated Demand for Hospital Services

In order to define existing services and develop future plans that may affect the operations of the Medical Center, this study includes an analysis of estimated demand for physician office visits, hospital emergency room visits and hospital discharges using national averages and population estimates. Current and future unmet need can be evaluated based on the changes in the size of the market for certain services as determined by applying these national average use rates to the population of the community. *Exhibit 15* summarizes estimated 2013 and projected 2018 physician office visits, emergency department visits and hospital discharges using national average use rates from the National Center for Health Statistics.

Exhibit 15
Physician Office Visits, Emergency Department Visits and Discharges

Age	2011 Community Population	Physician Office Visits per Person	Estimated Physician Office Visits	Emergency Department Visits per Person	Estimated Emergency Department Visits	Hospital Discharges per Person	Estimated Community Discharges
Estimated 2013							
0–14	8,271	2.57	21,256	0.46	3,780	0.03	221
15–44	15,570	2.17	33,818	0.48	7,520	0.07	1,069
45–64	16,623	4.01	66,658	0.37	6,184	0.10	1,664
65+	15,986	7.43	118,760	0.52	8,345	0.29	4,614
Total	56,450	4.26	240,493	0.11	25,829	0.29	7,568
Hospital							7,168
Market share							94.7%
Primary Care Visits		56.6%	136,119				
Specialty Care Visits		43.4%	104,374				
Total			240,493				
Projected 2018							
0–14	8,354	2.57	21,470	0.46	3,818	0.03	223
15–44	15,502	2.17	33,670	0.48	7,487	0.07	1,065
45–64	15,231	4.01	61,076	0.37	5,666	0.10	1,524
65+	17,506	7.43	130,052	0.52	9,138	0.29	5,052
Total	56,593	4.35	246,269	0.11	26,109	0.30	7,864
Hospital							7,359
Market share							93.6%
Primary Care Visits		56.6%	139,388				
Specialty Care Visits		43.4%	106,881				
Total			246,269				

Source: The Nielsen Company

Based on management's analysis of market share, the Medical Center can sustain its current utilization as it relates to physician office visits, emergency department visits and hospital discharges. Without any significant operational changes, and assuming consistent levels of competition, the Medical Center's market share should remain approximately even through the next five years.

Examination of the population demographics suggests that the aging of the "baby boom" population will actually slightly increase the overall utilization of hospital and primary care services within the Community. The prospect for significant volume increases from changes in the market demographics is unlikely.

Exhibit 16 illustrates the percentage change in the calculated utilization from *Exhibit 15* as an estimated percentage increase in utilization from 2013 to 2018. To increase utilization, the Medical Center must increase its market share within the Community. Simply relying on the increase of the market's size and changing demographics for additional utilization would not result in meaningful results.

Exhibit 16
Estimated Difference in Utilization: Physician Office Visits, Emergency Room Visits and Hospital Discharges
Estimated 2013 and Projected 2018

	Estimated 2013	Projected 2018	Percent Difference
Primary Care Physician Office Visits	136,119	139,388	2.4%
Specialty Care Physician Office Visits	104,374	106,881	2.4%
Total Estimated Physician Office Visits	240,493	246,269	2.4%
Emergency Department Visits	25,829	26,109	1.1%
Hospital Discharges	7,568	7,864	3.9%

Source: The Nielsen Company

Exhibits 17 and *18* provide detailed analysis of estimated acute care discharges, ambulatory procedures, hospital outpatient department visits and physician office visits. These exhibits categorize the utilization for estimated 2013 and projected 2018 by different age categories to assess possible growth areas. A review of each of the charts indicates no significant percentage increases or decreases in any category. However, potential market growth does exist in a limited number of acute care areas.

Exhibit 17
Estimated and Projected Number of Ambulatory Surgery Procedures by Procedure Category and Age: Provider Service Area

Procedure Category	ICD-9-CM code	Estimated 2013 Total	Estimated 2013 Under 15 years	Estimated 2013 15–44 years	Estimated 2013 45–64 years	Estimated 2013 65 years and over	Projected 2018 Total	Projected 2018 Under 15 years	Projected 2018 15–44 years	Projected 2018 45–64 years	Projected 2018 65 years and over	Market Difference Percent
Total Provider Service Area Population		**56,450**	**8,271**	**15,570**	**16,623**	**15,986**	**56,593**	**8,354**	**15,502**	**15,231**	**17,506**	
All procedures		9,398	341	1,254	2,732	5,071	9,649	345	1,248	2,503	5,553	2.7%
Operations on the nervous system	01-5	348	2	61	143	143	350	2	61	131	156	0.4%
Operations on the eye	08-16	2,227	20	35	272	1,901	2,385	20	35	249	2,082	7.1%
Operations on the ear	18-20	143	91	13	18	20	144	92	13	17	22	0.8%
Operations on the nose, mouth and pharynx	21-29	412	97	110	127	78	409	98	109	117	85	-0.7%
Operations on the respiratory system	30-34	138	6	10	48	74	141	6	10	44	81	2.2%
Operations on the cardiovascular system	35-39	311	0	18	112	181	319	0	18	103	198	2.5%
Operations on the digestive system	42-54	2,123	27	273	684	1,139	2,173	27	271	627	1,247	2.4%
Operations on the urinary system	55-59	477	11	41	132	293	493	11	41	121	321	3.5%
Operations on the male genital organs	60-64	134	20	22	31	61	137	20	22	28	67	2.5%
Operations on the female genital organs	65-71	368	2	189	118	59	363	2	189	108	64	-1.4%
Operations on the musculoskeletal system	76-84	1,034	23	258	454	298	1,023	23	257	416	326	-1.0%
Operations on the integumentary system	85-86	649	17	117	256	258	652	17	117	235	283	0.4%
Miscellaneous diagnostic and therapeutic procedures	87-99	976	22	97	314	543	1,001	22	97	287	595	2.6%
Operations on the endocrine system, operations on the hemic and lymphatic system and obstetrical procedures	06-07,40-41,72-75	56	2	10	22	22	8	8	0	0	0	

Source: The Nielsen Company

Exhibit 18
Estimated and Projected Number of Acute Care Discharges by Medical Diagnostic Category and Age: Provider Service Area

Procedure Category	Estimated 2013 Total	Estimated 2013 Under 15 years	Estimated 2013 15–44 years	Estimated 2013 45–64 years	Estimated 2013 65 years and over	Projected 2018 Total	Projected 2018 Under 15 years	Projected 2018 15–44 years	Projected 2018 45–64 years	Projected 2018 65 years and over	Market Difference Percent
Total Provider Service Area Population	**56,450**	**8,271**	**15,570**	**16,623**	**15,986**	**56,593**	**8,354**	**15,502**	**15,231**	**17,506**	
All Conditions	9,458	350	1,349	1,958	5,801	9,843	353	1,343	1,794	6,353	4.1%
Infectious and parasitic diseases	273	21	21	50	180	286	21	21	46	197	4.8%
Neoplasms	496	5	36	143	313	514	5	36	131	342	3.6%
Endocrine, nutritional and metabolic diseases and immunity disorders	493	26	48	114	305	513	26	48	104	334	4.0%
Diseases of the blood and blood-forming organs	125	8	14	23	81	131	8	13	21	89	4.6%
Mental disorders	448	17	157	156	118	446	18	156	143	129	-0.5%
Diseases of the nervous system and sense organs	150	11	17	31	92	156	11	17	28	100	4.1%
Diseases of the circulatory system	2,266	4	56	443	1,763	2,396	4	56	406	1,931	5.8%
Diseases of the respiratory system	1,094	93	43	173	784	1,155	94	43	159	859	5.6%
Diseases of the digestive system	1,011	34	107	252	618	1,049	34	107	231	677	3.7%
Diseases of the genitourinary system	545	11	72	117	344	568	12	72	107	377	4.2%
Complications of pregnancy, childbirth and puerperium	65	0	65	0	0	65	0	65	0	0	-0.4%
Diseases of the skin and subcutaneous tissue	187	7	27	50	103	192	7	27	45	113	3.0%
Diseases of the musculoskeletal system and connective tissue	596	5	39	160	392	620	5	39	147	429	4.0%
Congenital anomalies	33	19	4	5	4	33	20	4	5	4	0.4%
Certain conditions originating in the perinatal period	28	28	0	0	0	28	28	0	0	0	1.0%
Symptoms, signs and ill-defined conditions	53	8	10	15	20	54	8	10	14	22	1.4%
Injury and poisoning	773	33	103	167	471	804	33	103	153	515	4.0%
Supplementary classifications	815	11	530	61	213	828	11	528	56	233	1.6%

Source: The Nielson Company

Key Informant Interviews

Interviewing key informants (community stakeholders that represent the broad interests 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

Interviews with 19 key informants were conducted in September 2012. Informants were determined based on their a) specialized knowledge or expertise in public health, b) their affiliation with local government, schools and industry or c) their involvement with underserved and minority populations.

Interviews were conducted both at the Medical Center and in locations more convenient for the informant.

All interviews were conducted by BKD personnel using a standard questionnaire. A copy of the interview instrument is included in *Appendix C*. 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. Themes in the data were identified and representative quotes have been drawn from the data to illustrate the themes. Informants 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, quotes 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 community input for some of the factors affecting the views and sentiments about overall health and quality of life within the Community.

Key Informant Profiles

Key informants from the Community (see *Appendix A* for a list of key informants) worked for the following types of organizations and agencies:

- Social service agencies
- Local school system
- Local city and county government
- Religious institutions

- Public health agencies
- Industry
- Medical providers

Key Informant Interview Results

As stated earlier, the interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

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

A summary of the leaders' responses by each of these categories follows. Paraphrased quotes are included to reflect some commonly held opinions and direct quotes are employed to emphasize strong feelings associated with the statements. This section of the report summarizes what the key informants said without assessing the credibility of their comments.

1. General opinions regarding health and quality of life in the Community

The key informants were asked to rate the health and quality of life in their respective county. They were also asked to provide their opinion whether the health and quality of life had improved, declined or stayed the same over the past few years. Lastly, key informants were asked to provide support for their answers.

The key informants' descriptions of the health of the Community varied from person to person, but most described the health of the Community as average to poor. Several mentioned that the high percentage of elderly residents led to higher instances of chronic illnesses such as diabetes and heart disease. Others mentioned a divide within the population: Mountain Home, located in Baxter County, is home to a large community of retirees who are not local to the area. While their age means they tend to suffer from more health problems, they are also more likely to have health insurance and to be financially stable. The native population of the community tends to be poorer and less educated. Many informants noted that these individuals often make unhealthy decisions due to bad cultural habits and may not have easy access to medical care.

When asked whether the health and quality of life had improved, declined or stayed the same over the past few years, most key informants noted that health and quality of life had stayed the same over the last few years. Several of the remaining key informants noted that while there were many new programs in place geared toward improving health, there was not necessarily a lot of community interest in taking advantage of them.

Overall, key informants value the attempts the Community has made to improve health and quality of life for its residents but feel that much more needs to be done. The regional culture, including healthy habits or lack thereof, was generally seen as the reason behind poor health and quality of life. Lack of access was seen as an issue for certain populations. Poor economic conditions are seen as detriment to community health.

"The average income of the natives is much below the people that have moved here. The cost [of health care] is much more important to the natives."

"Younger people are also subject to the same issues as older people due to generational issues. It's hard to break the cycle."

"We are falling short on the poor people who don't have access. I have been amazed by the people who seek out information but struggle to obtain the care they know they need. The majority of my clients don't drive."

"It's mostly a lack of resources. The community wellness event did not bring many people because of transportation issues. Many people can't get an appointment at a doctor because there are not enough slots."

2. Underserved populations and communities of need

Key informants were asked to provide their opinions regarding specific populations or groups of people whose health or quality of life may not be as good as others. We also asked the key informants to provide their opinions as to why they thought these populations were underserved or in need. We asked each key informant to consider the specific populations they serve or those with which they usually work. Responses to this question varied.

One underserved group is the rural poor. Many of these residents do not have adequate or reliable transportation that they need to access health care facilities, which are primarily located in larger towns. They also do not have access to pharmacies or drugstores. High gas prices pose an additional problem to people living in these areas, making trips to town much more expensive.

Another underserved group the key informants noted is the elderly, particularly those who live alone. One informant noted that there are many elderly widows in the area who never learned how to drive and have difficultly arranging transportation for doctors' appointments. Another mentioned that some elderly people are taken advantage of by relatives who steal their prescription drugs. This group also tends to be less technologically literate, making it harder for them to seek out health information.

A third underserved group is the "working poor." Several key informants mentioned that there is a large number of people whose incomes are too high to qualify for Medicaid, but they do not have enough money to buy their own health insurance. These people suffer from a lack of access to necessary health care, especially preventative care, causing even greater problems for the Community in the long run.

"I'm employed but have no health insurance; I'm just rolling the dice at this point. It's hard to meet insurance obligations."

3. Barriers

The key informants were asked what barriers or problems keep community residents from obtaining necessary health services in their community. Responses from key informants include community culture, lack of physician availability and lack of transportation.

Being a rural community with limited public transportation options is viewed as being a barrier to accessing regular health care for those without personal transportation. Those interviewed noted that many people rely on Medicaid vans for transportation to their appointments. They said that these vans can be difficult to schedule and are only available a certain number of times each year, creating a challenge for residents without their own transportation.

As previously noted, people's attitudes and culture, surrounding health and lifestyle choices, are seen as a barrier. Bad habits are passed down from generation to generation, and there are not enough resources to bring about a change. Many informants noted a need for greater health education in the schools so that children will be less likely to repeat their parents' mistakes.

Many informants noted that a major barrier to health care is a lack of availability, especially for clinics and dental care. They mentioned the Mountain Home Christian Clinic, which offers medical and dental care for uninsured residents, but noted that it is only open two evenings per month. Another informant said that there are no dental or vision clinics in Marion County, making it difficult for rural residents to access these services. Several other informants noted that it can be hard to get an appointment with a primary care physician (PCP), especially for residents who are on Medicaid. They mentioned that two longtime Marion County physicians had recently retired, making it difficult for residents to find a new PCP. Several informants also noted that it was sometimes difficult for the area to keep physicians because not many wanted to live in such a rural area.

"For the population of elderly – we have a whole lot of people who are getting older and their care needs are increasing. They were a generation of 'work hard and save.' If they are struggling, what will happen when the next generation faces the same issues?"

"Physician care is crazy right now. Clients who were using [the recently retired doctors] are now floundering. Some stayed for proximity, others are split between Harrison or Mountain Home. Having a local physician is very important."

4. Most important health and quality of life issues

Key informants were asked to provide their opinion as to the most critical health and quality of life issues facing the county. The issues identified most frequently were:

1. Nutrition/obesity
2. Lack of health education
3. Lack of access to primary care/transportation

Nearly all the issues pointed out by the informants can be traced back to poverty. Poverty makes it harder for people to access the care they need, especially preventative care. It also makes people less likely to break the bad habits that lead to increased health problems.

"I don't think people here are dumb, they can receive the education, but if they don't have the means/will to put the education to use, we're spinning our wheels."

"I'm guessing that 20% [of children] in Mountain Home schools don't know where their next meal is coming from."

"People that are poor, but don't qualify for governmental assistance; they mostly struggle with lack of diet control. It's more expensive to buy fresh vegetables."

Key Findings

A summary of themes and key findings provided by the key informants follows:

- Quality of health is not always caused by a lack of access. People's attitudes and choices lead to poor health. Residents are apathetic regarding wellness and health as a result of socioeconomic status and culture.
- Information and education on health issues is a problem. There is a significant need to inform, educate and counsel specific categories of the Community.
- Transportation is an issue for people living in isolated rural areas.
- While there are many health services available to residents of the Community, they are not always fully utilized due to cultural habits.
- The large elderly population of the Community creates unique health care issues that must be resolved.
- Access to primary care and dental services is a major struggle for many in the Community.

Community Health Input

The Medical Center circulated a community health input questionnaire in order to gather broad community input regarding health issues. The input process was launched on October 1, 2012, and was closed on December 14, 2012.

The 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

Methodology

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.

There were 417 questionnaires completed and returned. The ages of the questionnaire respondents skewed significantly older than the latest census data reported for the community, with 67% of the respondents being 45 or older, compared to 57% in the community. Over 80% of the survey respondents were female, which is significantly higher than the percentage of the Community. The respondents also tended to have significantly higher education levels than the Community as a whole.

Input Questionnaire

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.

Community Health Input Results

The questionnaire was quite detailed in nature, including many specific questions regarding general health, satisfaction with specific and general providers, and demographic information. A compilation of the actual results is included in *Appendix C* for each question to allow for a more detailed analysis. Health needs indicated include:

- ***Assessment of Personal Health***

  When asked to assess their personal health status, 33% of the respondents described their health as being "excellent," while 60% stated that their overall health was "good."

  When asked to rate their community as a "healthy community" 23% of the respondents indicated their community was healthy or very healthy. Seventeen percent of the respondents indicated their community was unhealthy.

- ***Health Care Access Issues***

  Over 95% of the respondents reported having health insurance with almost 70% of health insurance being provided by private insurance companies. Health care access issues are primarily related to cost and accessibility. Respondents noted the following main reasons for not receiving medical care:

  1. Deductible or co-pay was too high.
  2. The health care provider's hours did not fit my schedule.

  Ten percent of respondents noted they did not receive medical care because they were unable to schedule an appointment when needed.

- ***Lifestyle Behavioral Risk Factors***

  Proper diet and nutrition seem to be a challenge as only 16% of the respondents report always eating the daily recommended servings of fruits and vegetables. Twenty-three percent of the respondents report that they never exercise, but 35% report exercising at least three times per week. Nine percent of the respondents report habitually smoking cigarettes. Use of seat belts is high (over 91%) and when applicable, respondents' children use seat belts and/or child safety seats.

- ***Social and Mental Health***

  Over 12% of the respondents reported always feeling stressed out. Almost 75% responded that they were sometimes stressed out. 22% of the respondents rated their stress level as high or very high. Almost 17% of the respondents reported that they did less than they would like because of mental health or emotional issues.

  There were 24% surveyed who reported that their current employment is stressful, while 28% reported that finances are stressful. Nearly 40% of the respondents worry about losing their job.

What do citizens say about the health of their community?

The five most important "health problems":

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

The five most "risky behaviors":

1. Drug abuse
2. Alcohol abuse
3. Poor eating habits
4. Tobacco use/second-hand smoke

5. Lack of exercise

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

1. Affordable and available hospital care
2. Emergency response services (ambulance/fire/police)
3. Clean and safe environment
4. Job security
5. Low crime/safe neighborhoods

Additional Items to Consider in Planning

Respondents were asked to provide input as to what items the Medical Center should consider in planning for the next three years. The following items were recurring suggestions provided:

1. The Medical Center should provide exercise facilities for the Community, especially an indoor pool with activities geared toward the elderly.
2. The Community needs more local specialists, such as a podiatrist, orthopedist, and rheumatologist.
3. More urgent care options are needed in the Community. People who have unexpected health issues often have to go to the emergency room when they cannot get a doctor's appointment.
4. There needs to be more health education for children and teenagers, particularly about nutrition and avoiding drugs and alcohol.

Health Issues of Uninsured Persons and Low-Income Persons

Certain key informants were selected due to their positions working with low-income and uninsured populations. Based on information obtained through key informant interviews and the Community health survey, the following chronic diseases and health issues were identified:

- Uninsured/low income population
  - ✓ Access to specialists
  - ✓ Dental care
  - ✓ Availability of primary care physicians

Prioritization of Identified Health Needs

The Medical Center has accomplished much over the past several years and continues to work on the development and implementation of programs and initiatives that work toward the improvement of community health and wellness. Primary and secondary data from this assessment process will be a valuable resource for future planning. The Community input findings obtained through interviews and the Community input questionnaire should be especially useful in understanding residents' health needs. The findings provide the Medical Center a lot of information to act upon. In order to facilitate prioritization of identified health needs, a ranking process was used and is described in the section below.

Analysis of community health information, key informant interviews and the Community health input questionnaire were all used to assess the health needs of the Community in *Exhibit 20*:

Exhibit 20
Ranking of Community Health Needs

Health Problem	Ability to evaluate and measure outcomes based on data	How many people are affected by the issue?	What are the consequences of not addressing this problem?	Prevalence of common themes	Total Score	Weighted Score
Adult obesity/diabetes	4	4	4	4	16	24
Diseases of the heart	4	4	4	3	15	23
Affordable health care	3	4	4	4	15	23
Uninsured residents	4	3	4	4	15	22
Access to recreational facilities/ limited physical activity	3	4	3	3	13	20
Lack of health education	2	3	4	4	13	20
Substance abuse	3	3	3	4	13	19
Shortage of physicians	3	4	2	4	13	19
Children in poverty	4	4	2	3	13	19
Cancer	4	3	3	2	12	18
Adult smoking	4	3	3	2	12	18
Transportation	2	3	3	4	12	18
Access to healthy foods	2	3	3	3	11	17
Mental health	4	2	3	3	12	17
Dental health	3	3	3	2	11	17
Alcohol abuse	2	3	3	2	10	16
Access to specialists	3	2	2	4	11	15
Motor vehicle crashes	3	2	2	2	9	13

Health needs were ranked based on four factors:

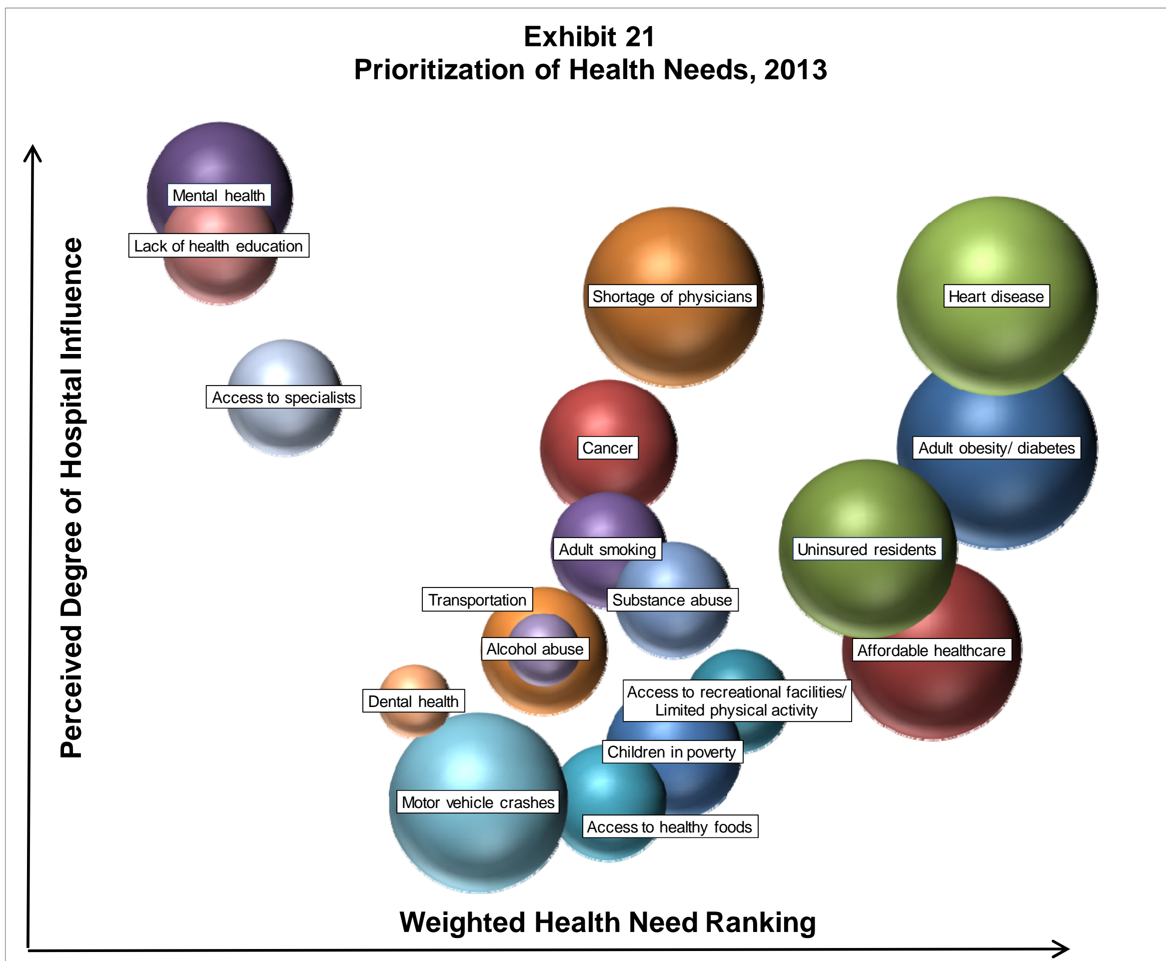
1. The ability of the Medical Center to evaluate and measure outcomes, weighted at 1:1.
2. How many people are affected by the issue or size of the issue, weighted at 2:1.
3. What are the consequences of not addressing this problem, weighted at 2:1.
4. Prevalence of common themes, weighted at 1:1.

Community health needs were then prioritized and charted on *Exhibit 21*, taking into account their overall ranking, the degree to which the Medical Center can influence long-term change and the identified health needs impact on overall health.

Utilizing the statistical median (12) as the horizontal axis, the weighted-average ranking was plotted on *Exhibit 21*. Next, each identified health need was assigned a value between 1 and 12, representing the perceived degree of influence the Medical Center has on impacting health outcomes related to the identified health need. Utilizing the statistical median (6) as the vertical axis, this value was charted.

Lastly, each health need was evaluated and assigned a rating between 1 and 12 regarding the health needs impact on overall health. Those health needs receiving the highest rating are represented by the largest spheres.

The graphical representation included on *Exhibit 21* is intended to aid in identifying health priorities for the Medical Center. By addressing those needs in the upper right quadrant, overall community health will likely improve as these needs have the greatest impact on overall health and the Medical Center is more likely to influence a positive impact on these needs. Additionally, the largest circles represent the most significant health needs of the community.



Considerations for Meeting Identified Health Needs

After compiling and analyzing all of the data in this assessment, we recommend that management consider the following benchmarking, targets, ideas and strategies in its implementation strategy. Some of the strategies will address multiple needs. These lists are not intended to be exhaustive and do not imply there is only one way to address the identified health needs.

Access to Care

Access to care, uninsured residents, affordable health care, access to physicians and access to specialists were some of the health needs with the highest priority. Increasing access to both routine medical care and medical insurance are vital steps in improving the health of the Community.

Recommendations to improve community health related to access to care include:

- Extended services and increased hours of operation at community health clinics for the working poor.
- Recruitment of additional primary care physicians to the Community, as well as increased collaboration among specialists and other agencies such as school programs, clinics, etc.
- The implementation of a community health resource center to be located within the Medical Center, which would provide assistance to those needing to access health resources. Additionally, routine screening and education sessions could be provided at the resource center.
- The compilation of a health resource directory providing the listing of available health resources in the Community with primary contact information for each resource.
- Education sessions for the newly unemployed and underemployed regarding how to access health services including clear information as to what agencies provide which services.
- Strive to be the "thought leader" and convener of agencies serving the health needs of the Community.

Nutrition and Obesity

Adult obesity, access to healthy foods and access to recreational facilities are some of the highest-ranked health needs in the Community. Additionally, changes in these areas can have a high impact to the overall health of the Community.

The rate of obesity is increasing in the state of Arkansas. The counties representing the Community for the Medical Center have obesity rankings that vary in comparison to the state average but are all below the national average. Nearly one in three adults in the Community are obese. Lack of physical activity, poor dietary choices and obesity are linked with the increased risk of several medical conditions.

Recommendations to improve the obesity rate are as follows:

- Increased health education especially for children.
- A community-wide fitness initiative led by the Medical Center focusing on fitness, nutrition and physical activity.

Clinical Preventative Services (Diseases of the Heart and Cancer)

Cardiovascular disease is the leading cause of death in Arkansas. Approximately 25% of all deaths occur from cardiovascular disease within the defined community annually. According to 2009 United States cancer statistics, Arkansas' incident rate for cancer is 197.0 per 100,000 persons. This ranks Arkansas as the fourth worst cancer rate in the United States. Cancer is the second leading cause of death for the defined community in the assessment.

Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing death and disability and improving the nation's health. These services both prevent and detect illnesses and diseases—from flu to cancer—in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death and medical care costs (Healthy People 2020).

Strategies that address this priority area should consider the following:

- Provision of increased clinical preventive services
- Logistical factors such as transportation
- Challenges faced by the elderly population

APPENDICES

Acknowledgements

The project Steering Committee was the convening body for this project. Many other individuals including community residents, key informants and community-based organizations contributed to this community health needs assessment.

Key Informants

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

Judy Loving, President and CEO, Twin Lakes Community Bank
Jerry Don Cunningham, President, Arvest Bank
Janie Pugsley, R.N., Director, Baxter Home Health
Janet Hall, R.N., Baxter Home Health
Dr. Lonnie Meyers, Superintendent, Baxter School System
Eddie Majeste, Executive Director, Mountain Home Chamber of Commerce
Joe Bodenhamer, Baxter County Judge
Traci Ohler, R.N., School Nurse, Mountain Home High School
Judy Martin, R.N., Local Health Unit Administrator, Arkansas Department of Health
Donna Blevins, R.N., School Nurse, Nelson-Wilks-Herron Elementary School
Canda Reece, Director, Sparks Gamma House
Kathy Bodenhamer, R.N., Communicable Disease Specialist, Area Agency on Aging of Northwest Arkansas
George Truell, Director, Kindness, Inc.
Dr. Maxwell G. Cheney, Retired Physician
Dona Ezell, R.N., Area Agency on Aging of Northwest Arkansas
Julia Henderson Gist, Ph.D., R.N., C.N.E., Assistant Professor of Nursing, Arkansas Tech University
Denise Jones, Clinical Coordinator, Ahrens Clinic
Dr. Lonnie Robinson, President, Arkansas Academy of Family Physicians
Dr. Paul Wilbur, Chairman, Mountain Home Christian Clinic

KEY INFORMANT INTERVIEW PROTOCOL

KEY INFORMANT INTERVIEW
Community Health Needs Assessment for:

NARMC

Interviewer's Initials:

Date: Start Time: End Time:

Name:

Title:

Agency/Organization:

# of years living in the Community:

# 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 the Community, which is defined as Baxter and Marion Counties. 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 Community?

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

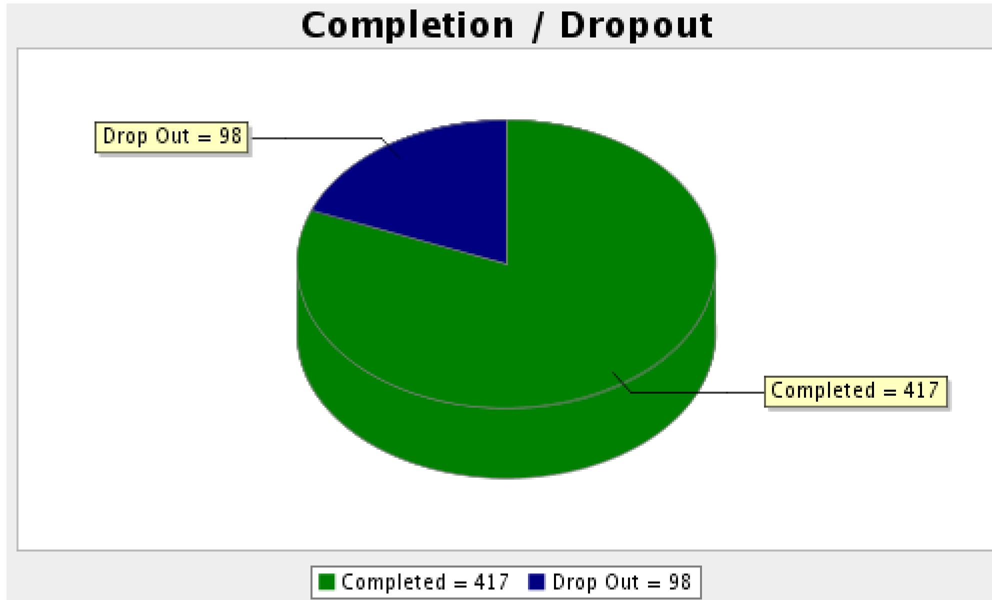
Close: Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in the Community. Before we conclude the interview,

Is there anything you would like to add?

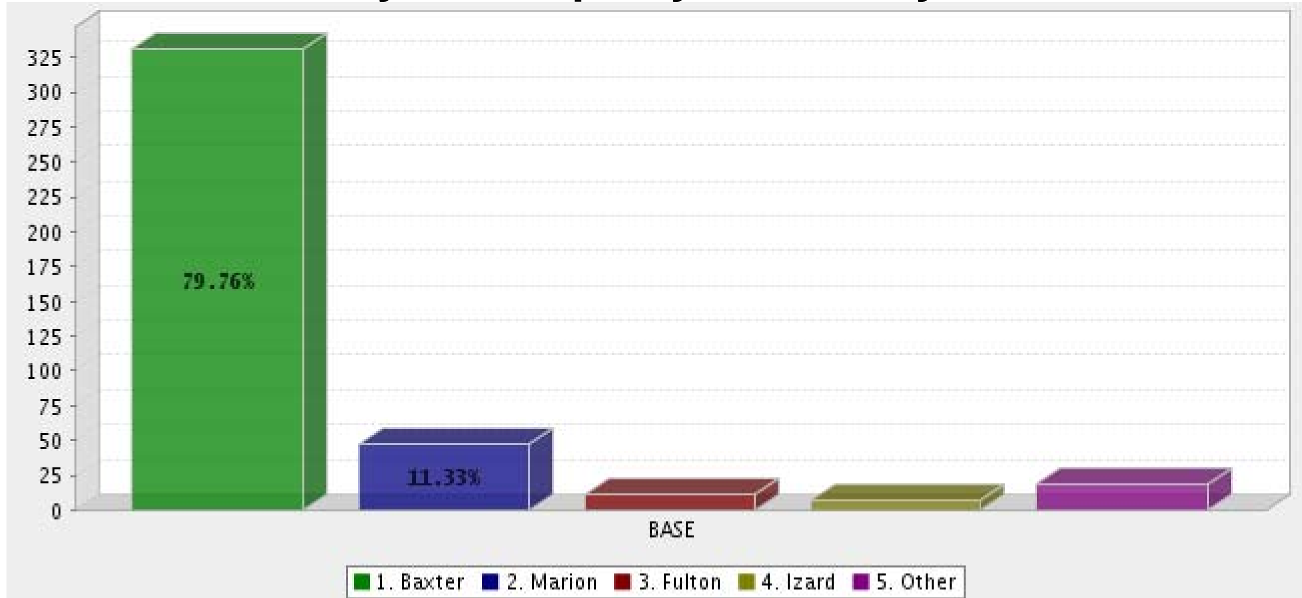
As a reminder, summary results will be made available by the **[Name of organization]** and used to develop a community-wide health improvement plan. Should you have any questions, please feel free to contact ______________ at **[Name of organization]**. Here is his/her contact information [provide business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

COMMUNITY HEALTH INPUT QUESTIONNAIRE DETAIL RESULTS

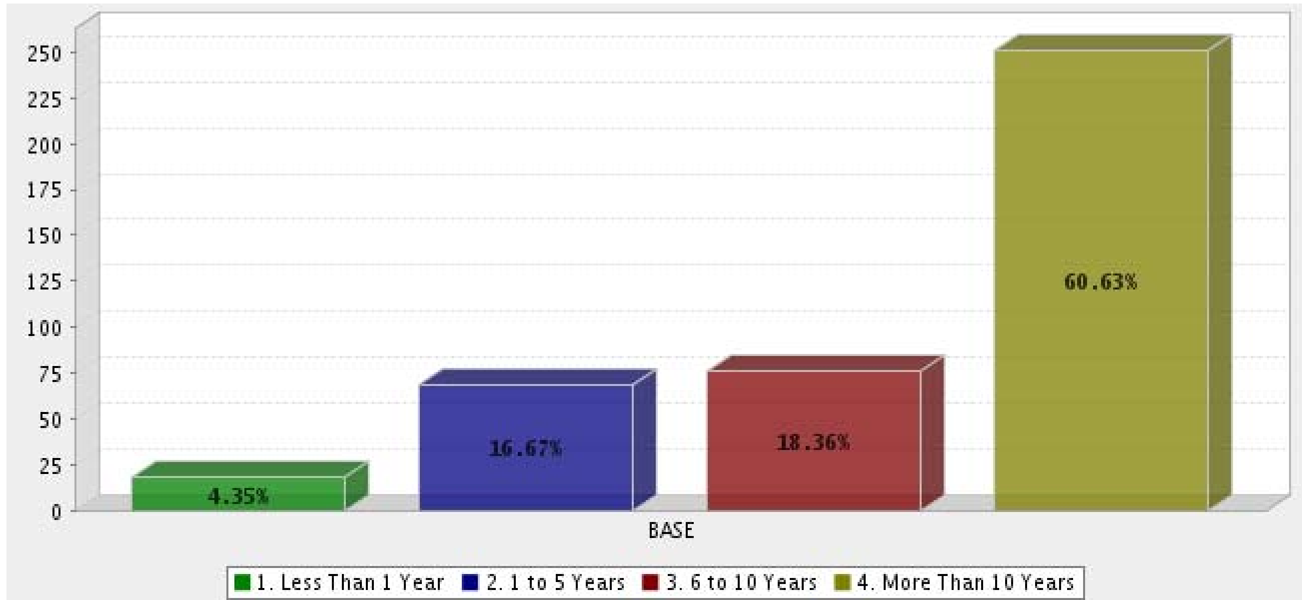
Community Health Input Questionnaire Detail Results



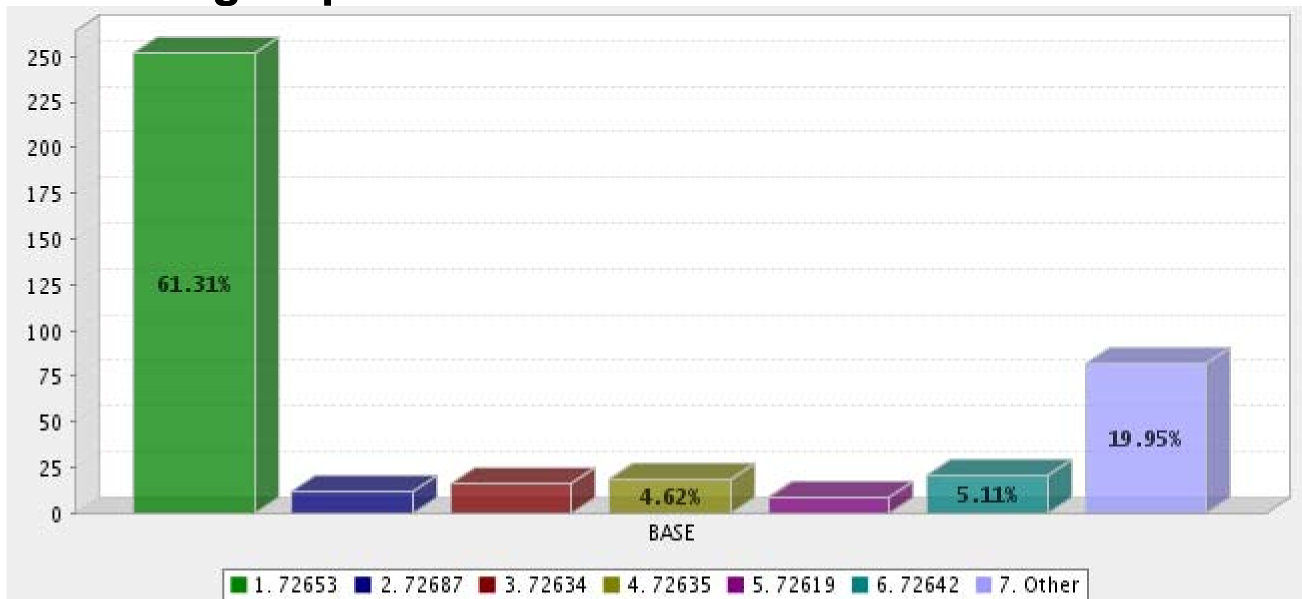
Select the county municipality in which you live:



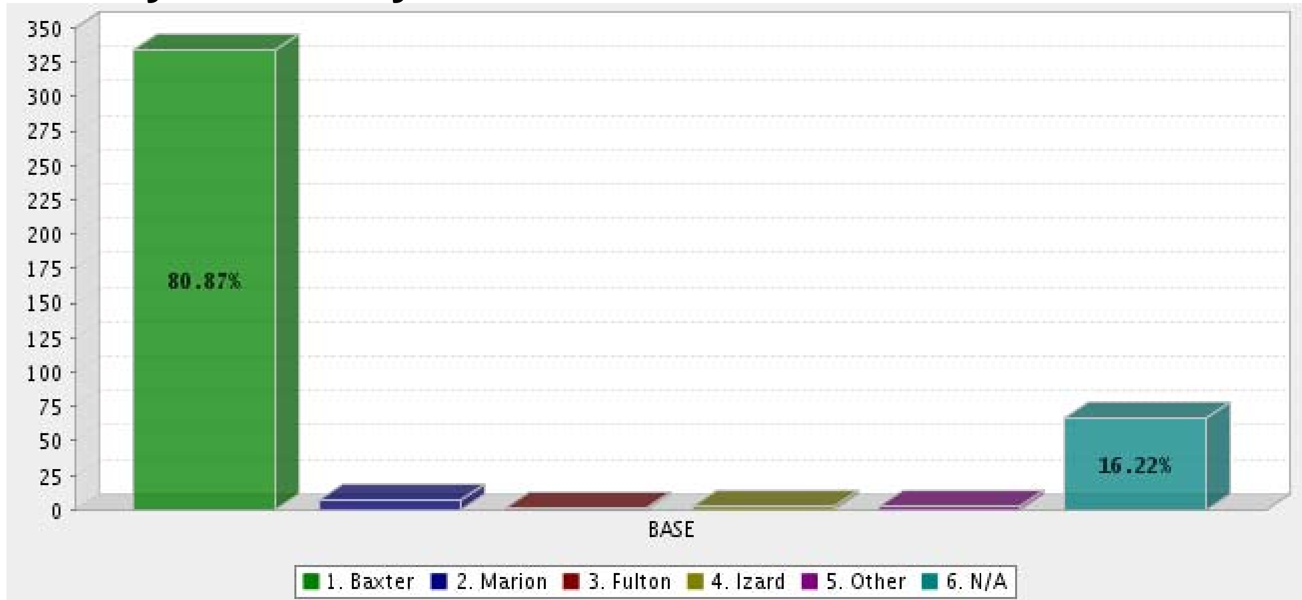
Length of time you have been a resident in your current municipality:



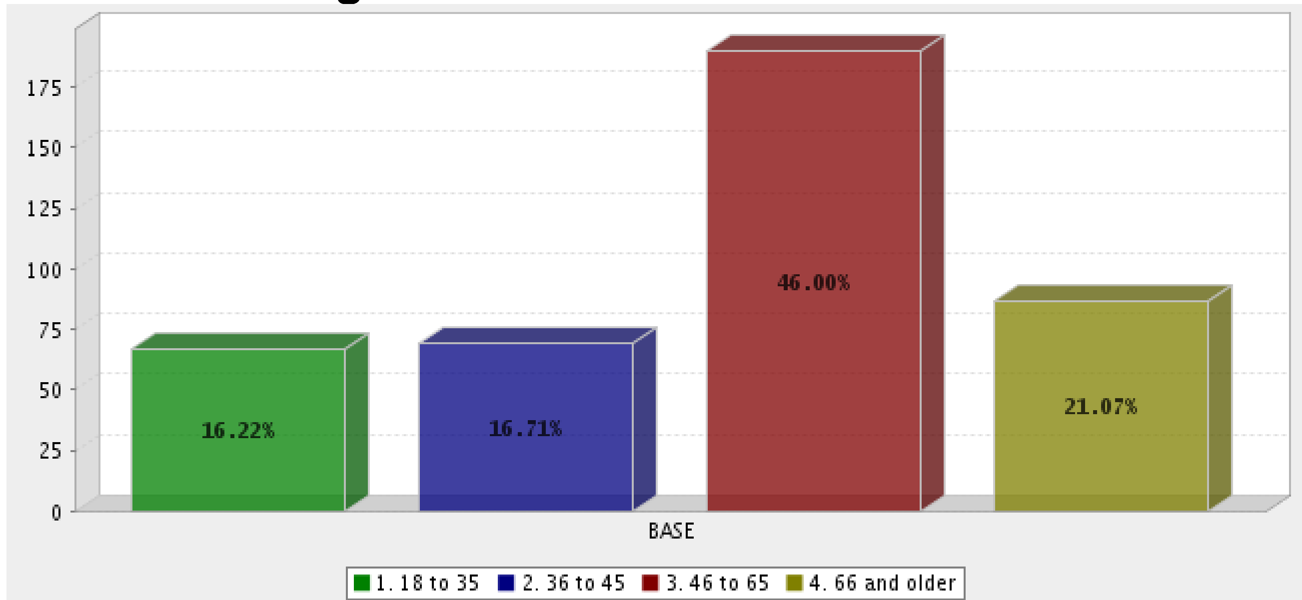
Your 5 digit zip code:



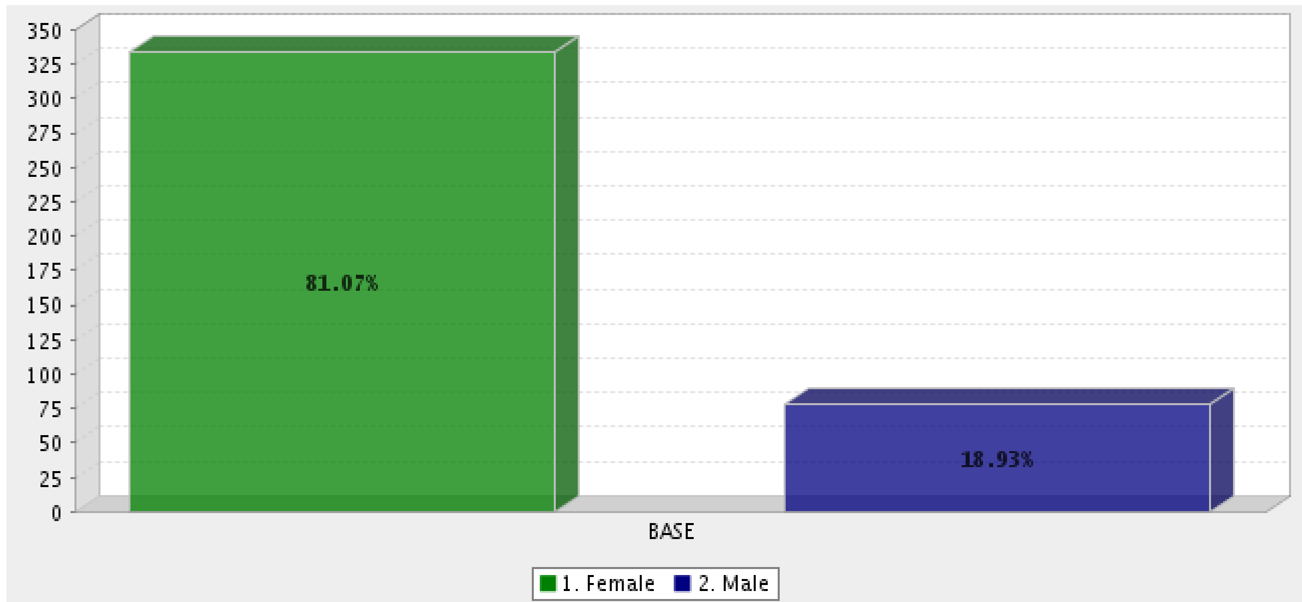
County in which you work:



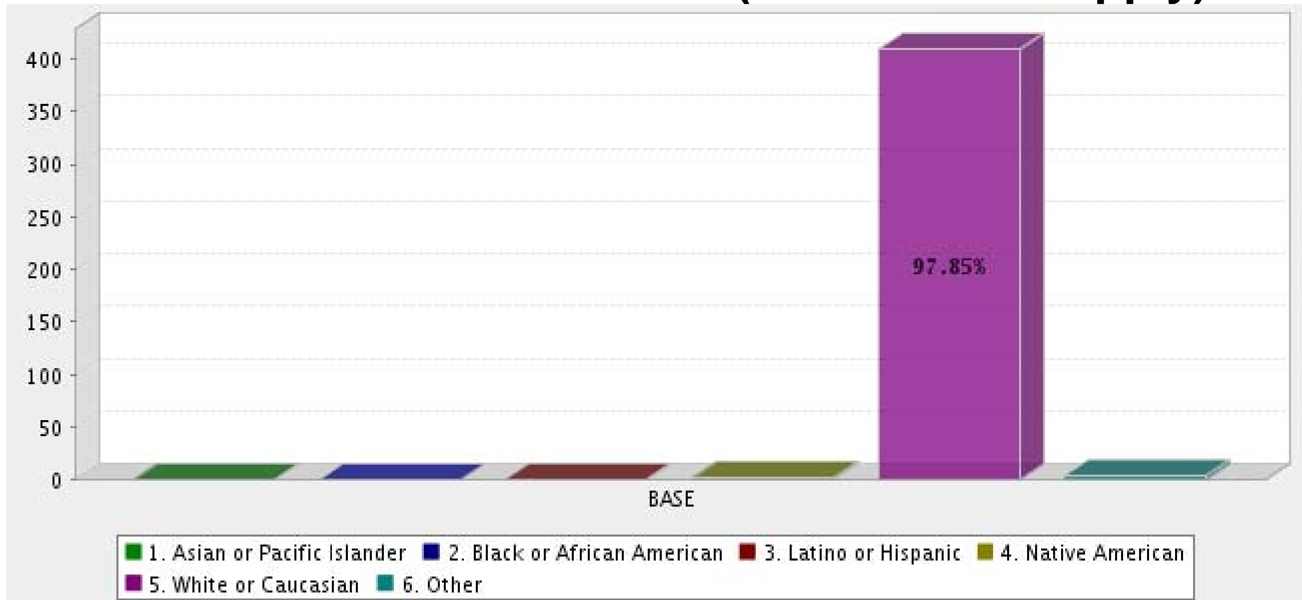
Your current age:



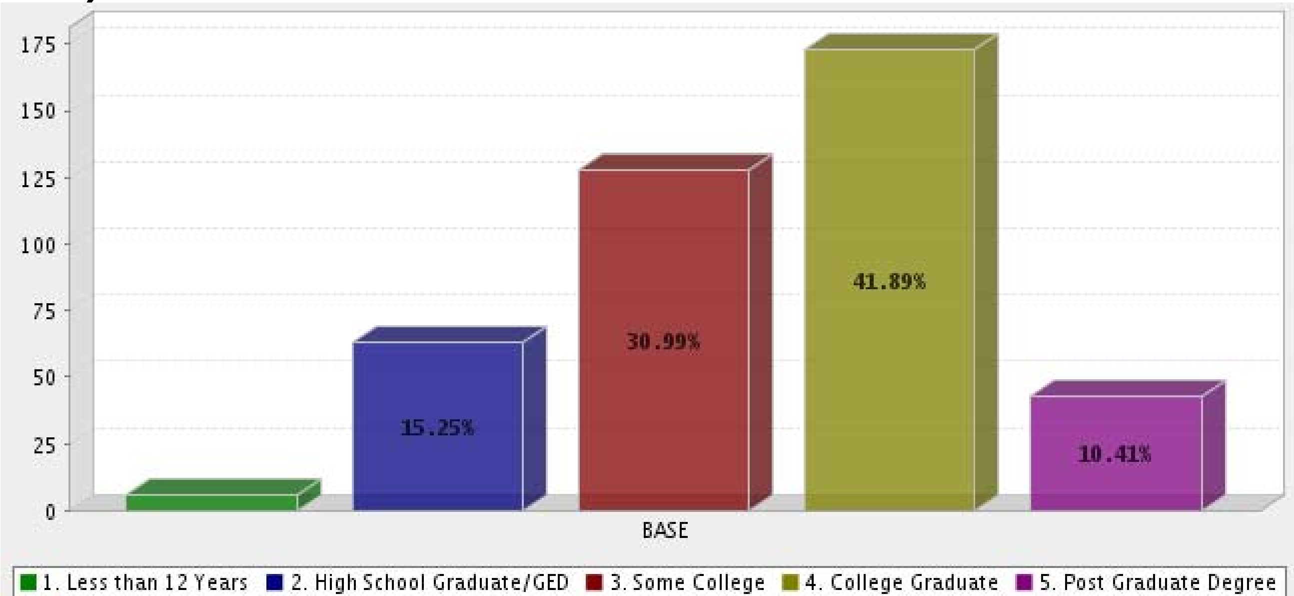
Your sex:



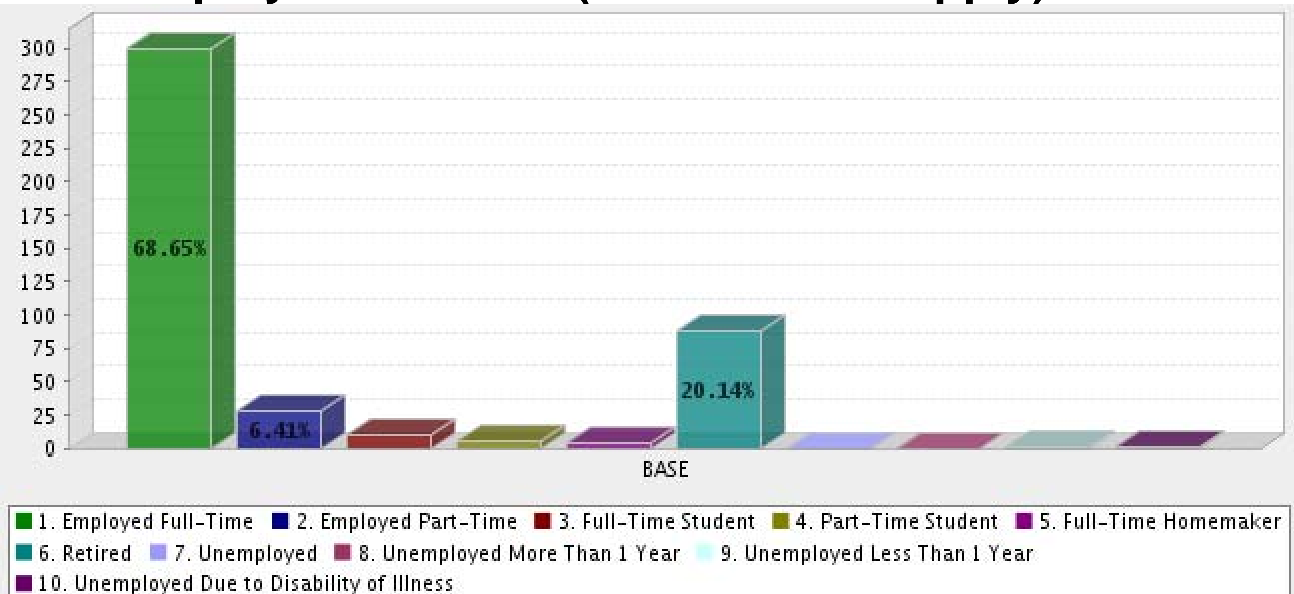
Your racial/ethnic identification (check all that apply):



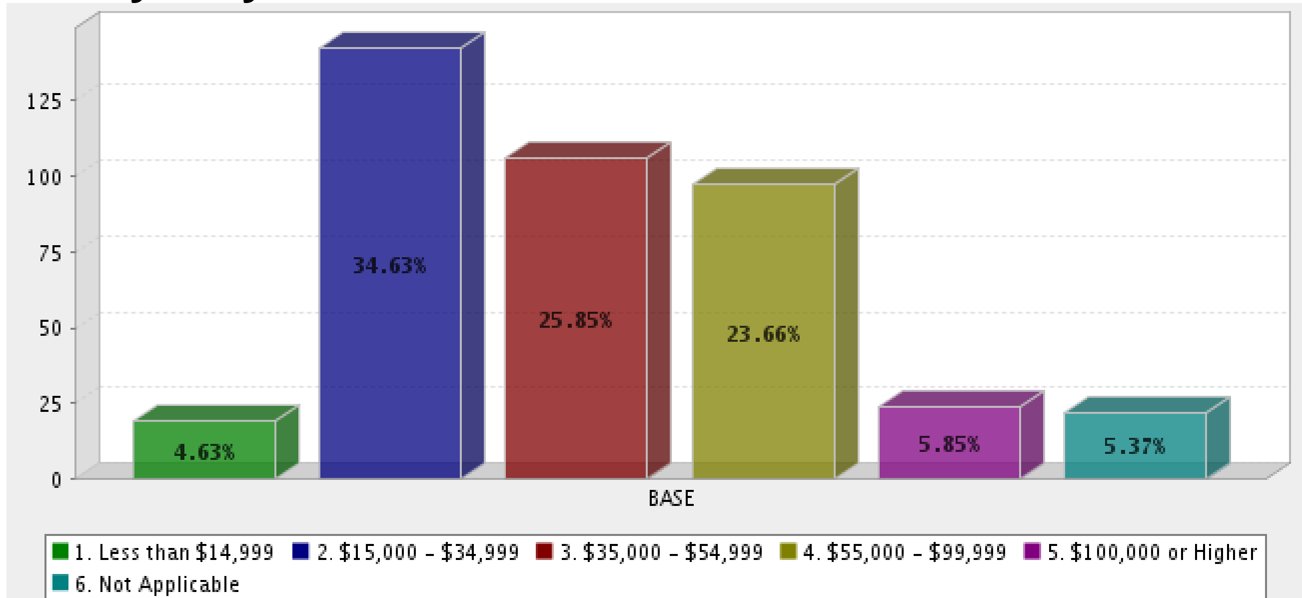
Your highest level of education completed (check one):



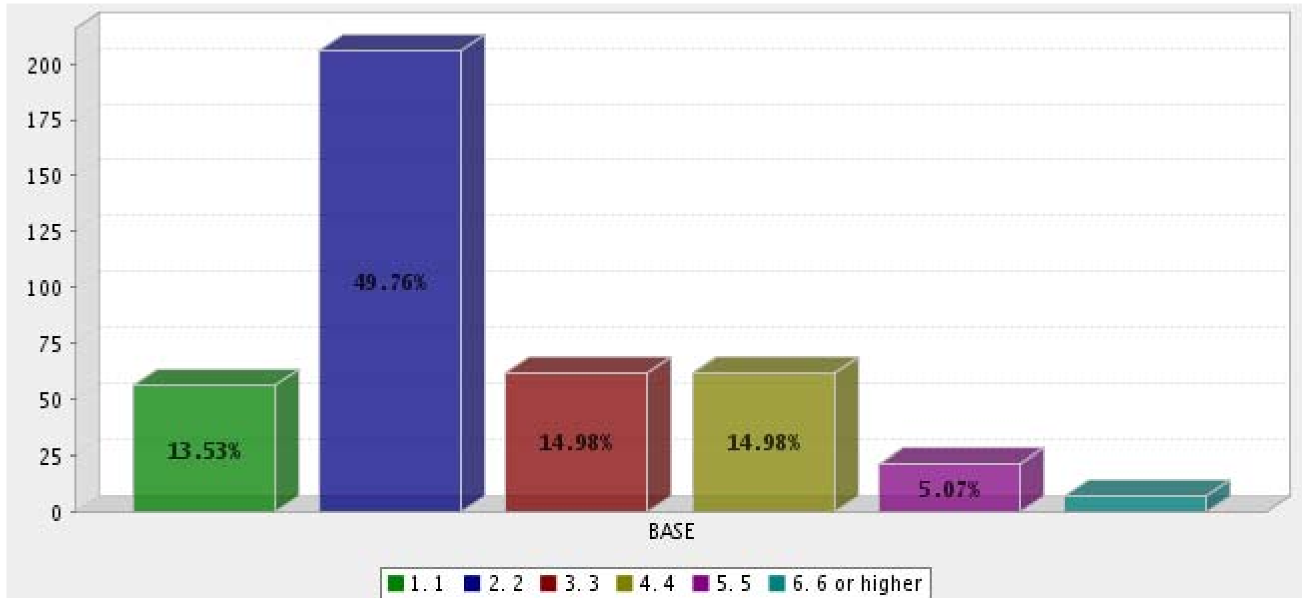
Your employment status (check all that apply):



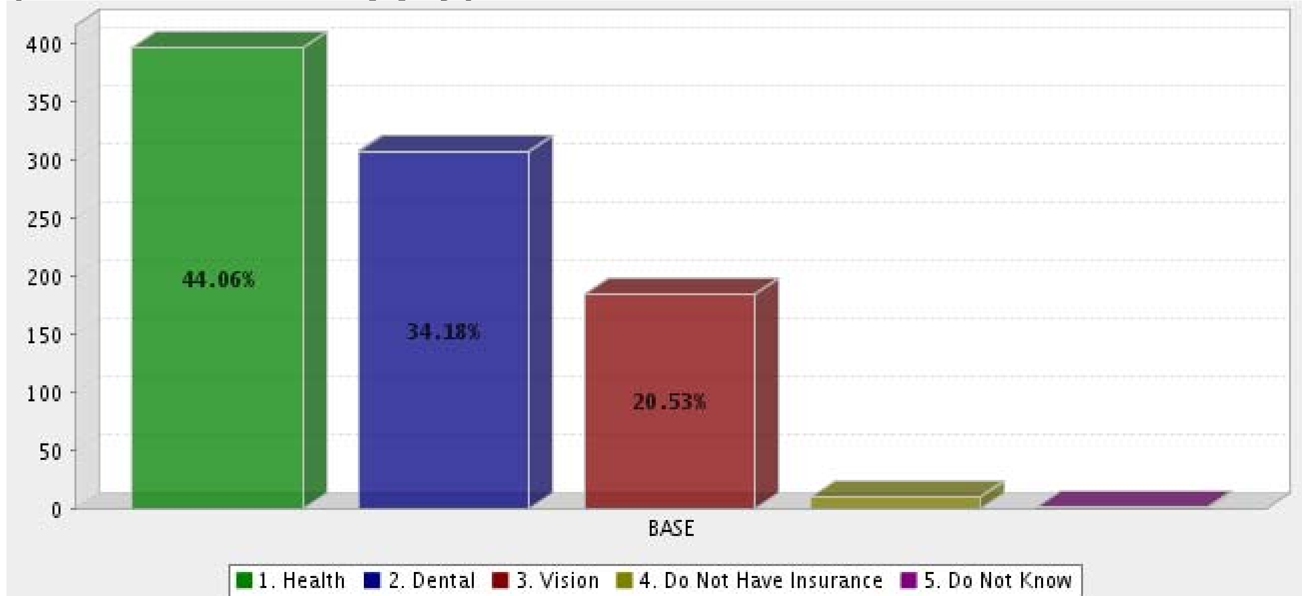
Your yearly income:



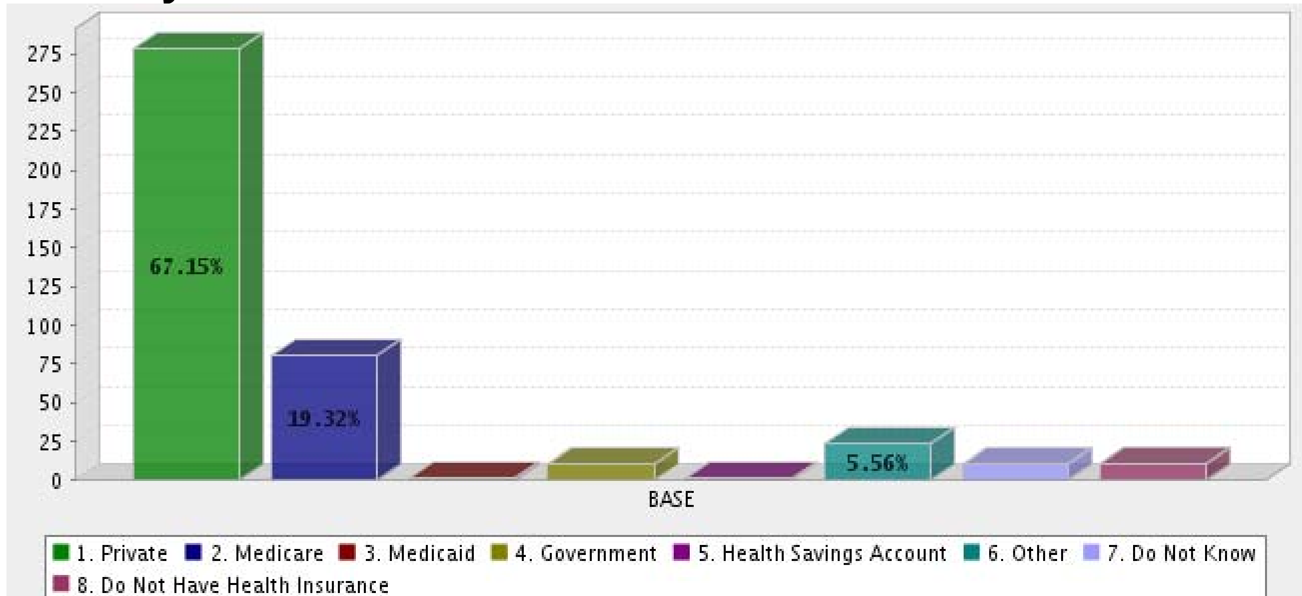
Number of people (including yourself) living in your household:



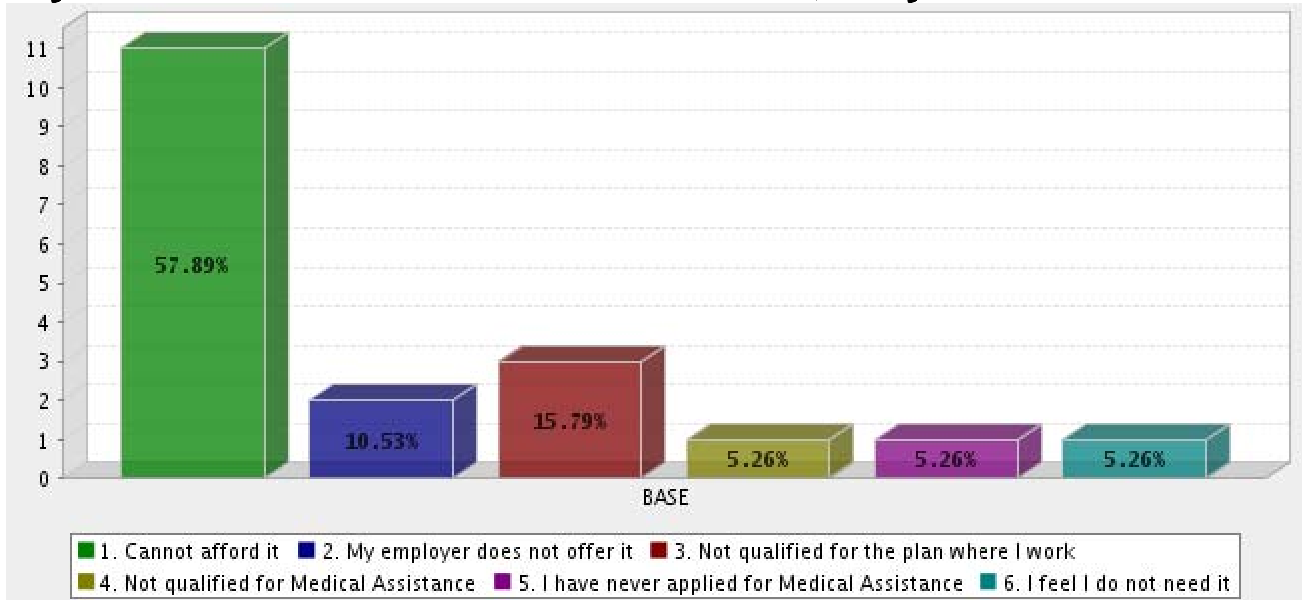
Select the type(s) of insurance you currently have (check all that apply):



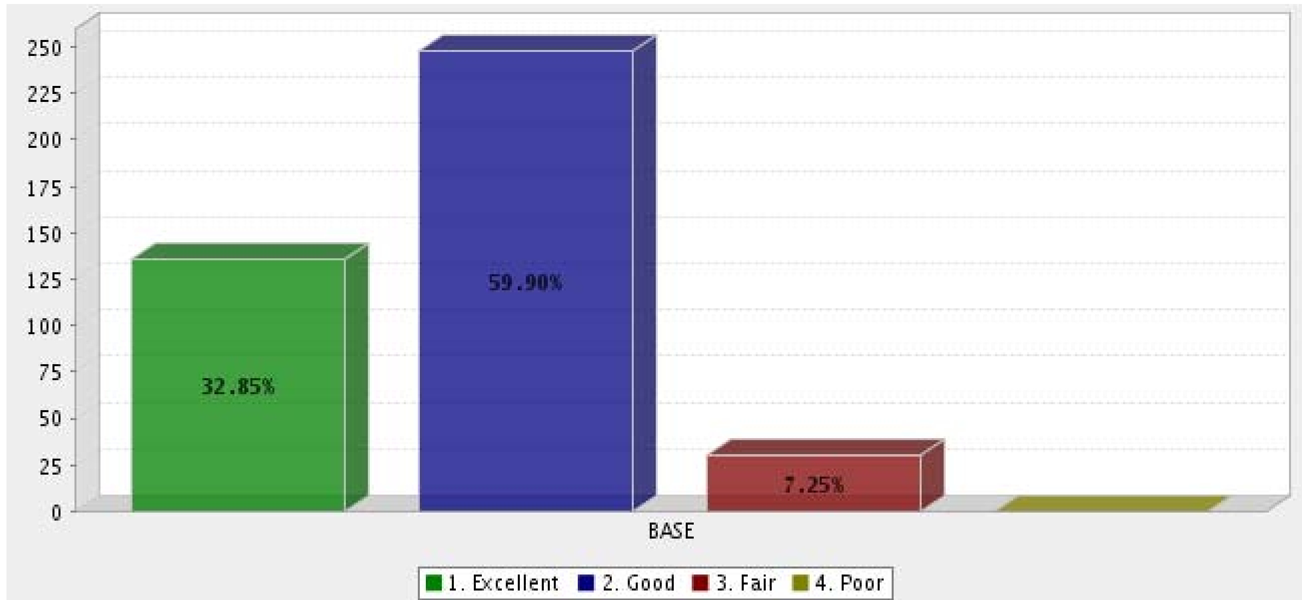
Select your current source of health insurance:



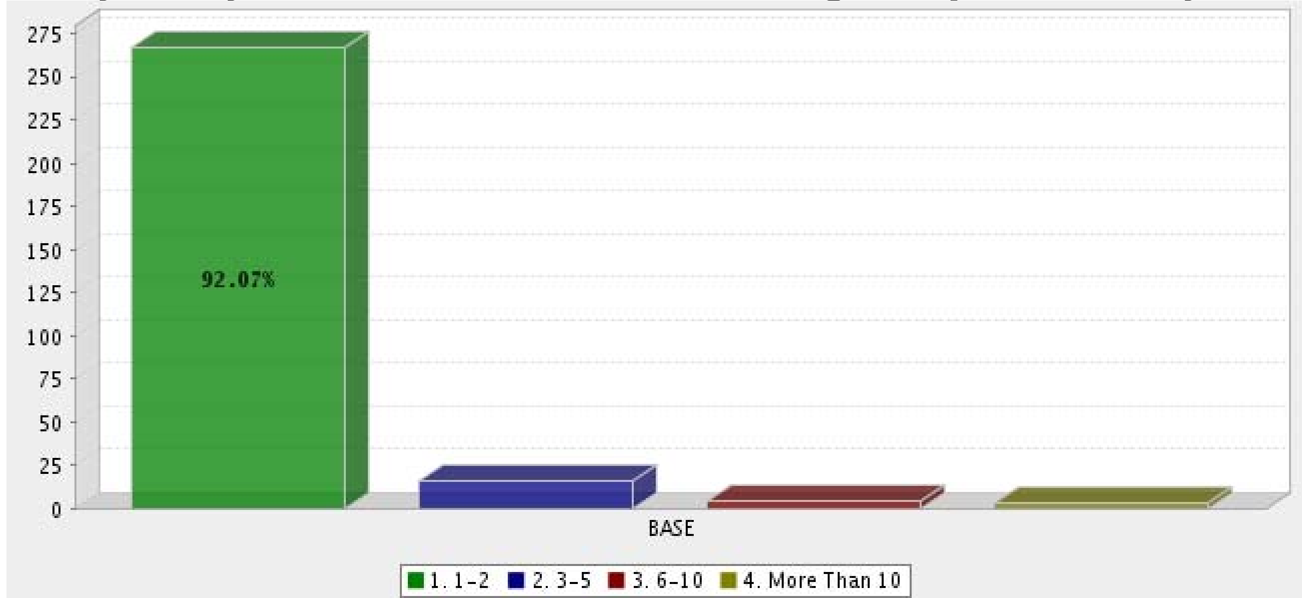
If you do not have health insurance, why not?



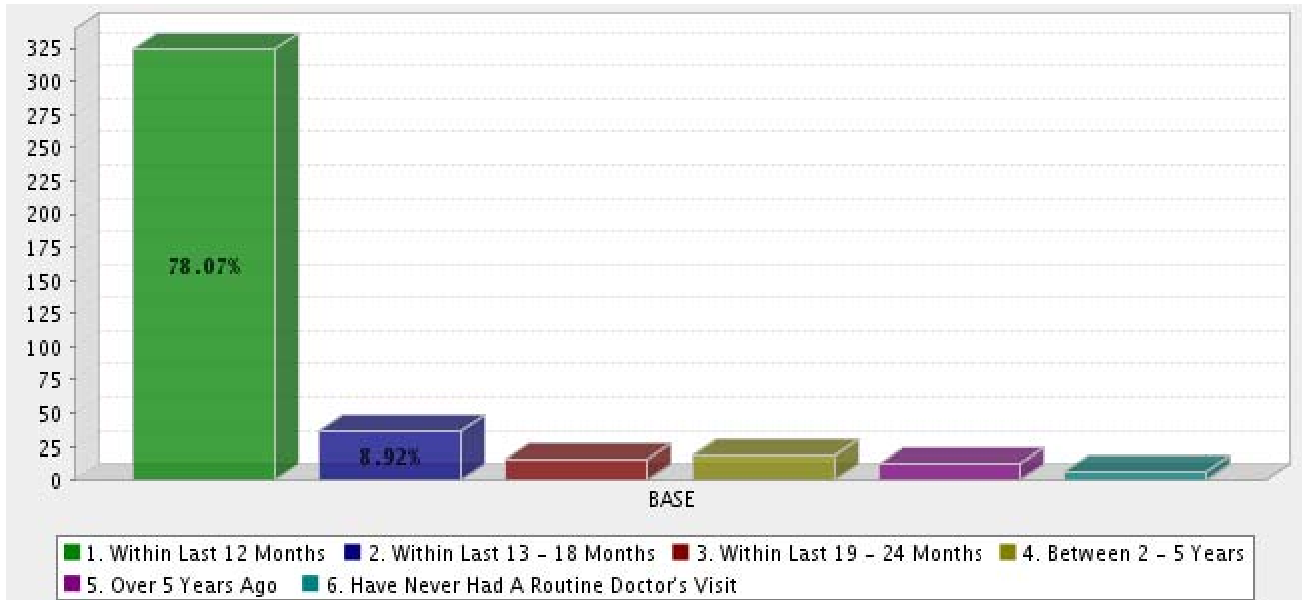
In general, how would you rate your current health status?



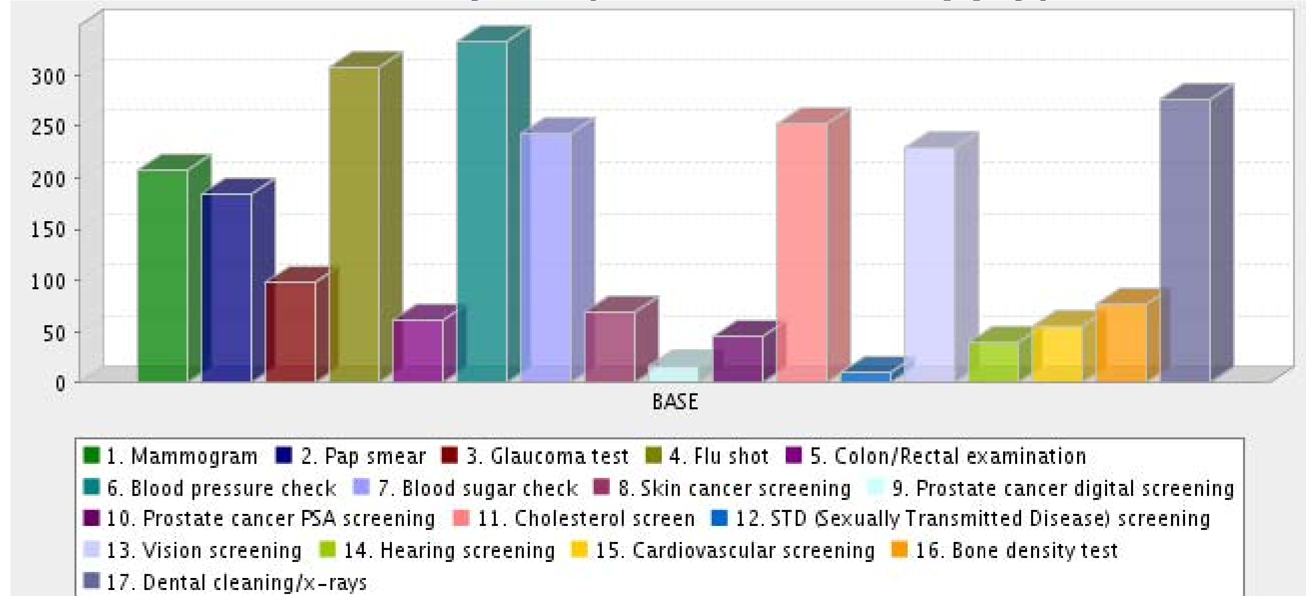
Number of days you have been too sick to work or carry out your usual activities during the past 30 days:



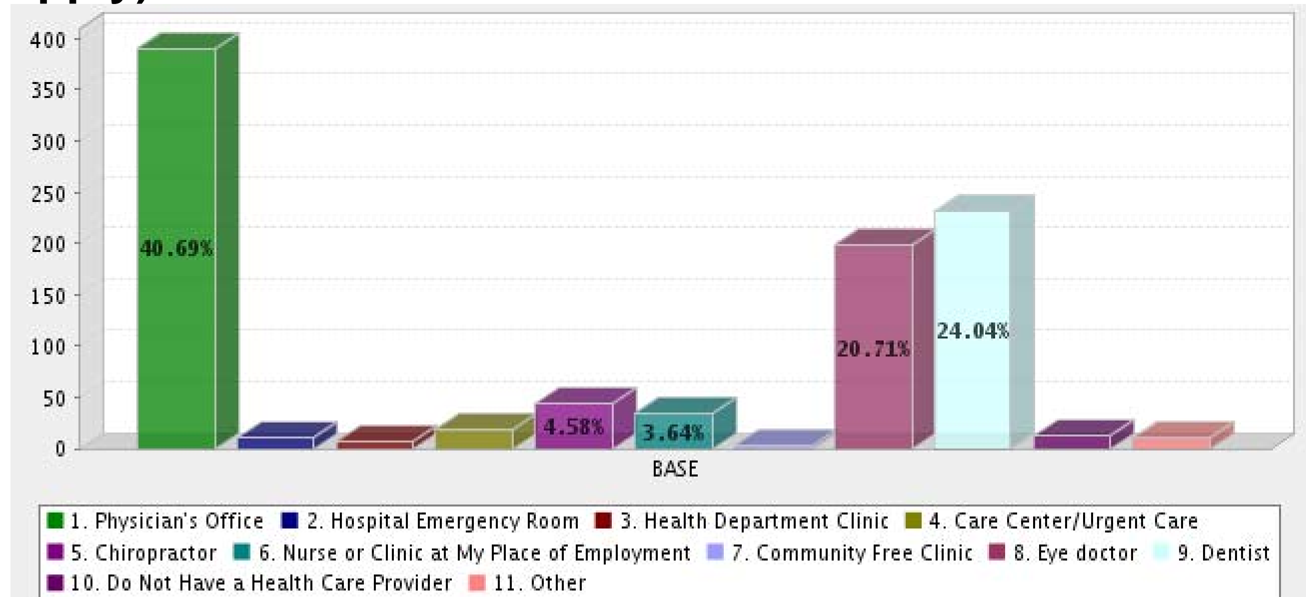
Your last routine doctor's visit was:



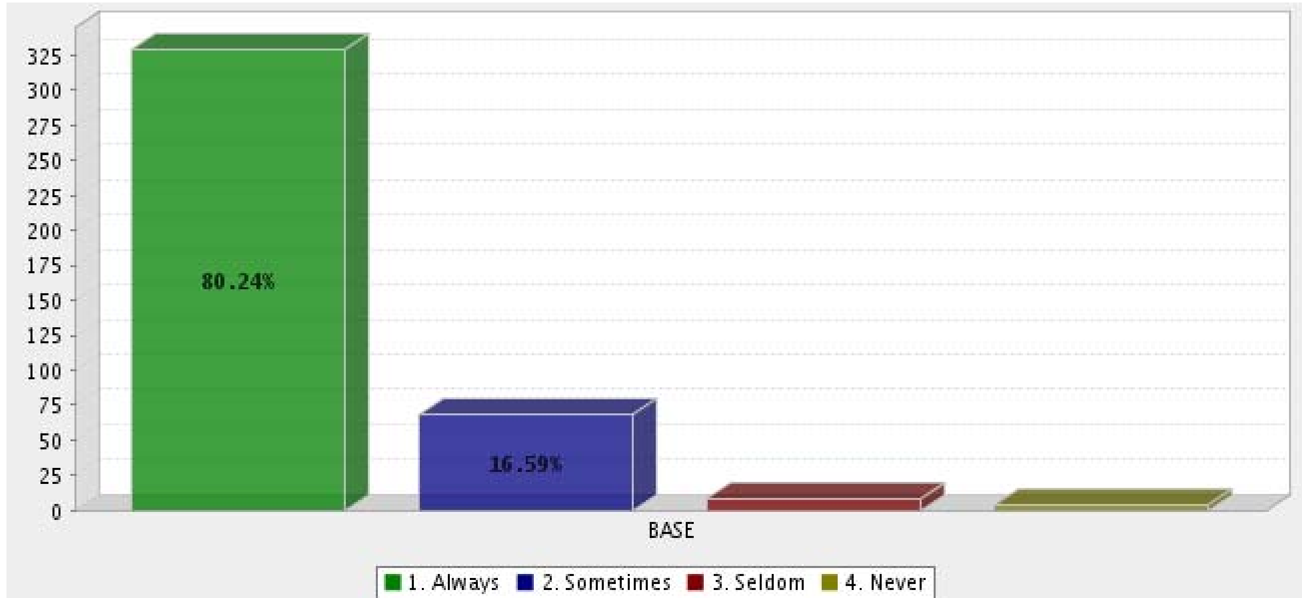
Select any of the following preventive procedures you have had in the last year (check all that apply):



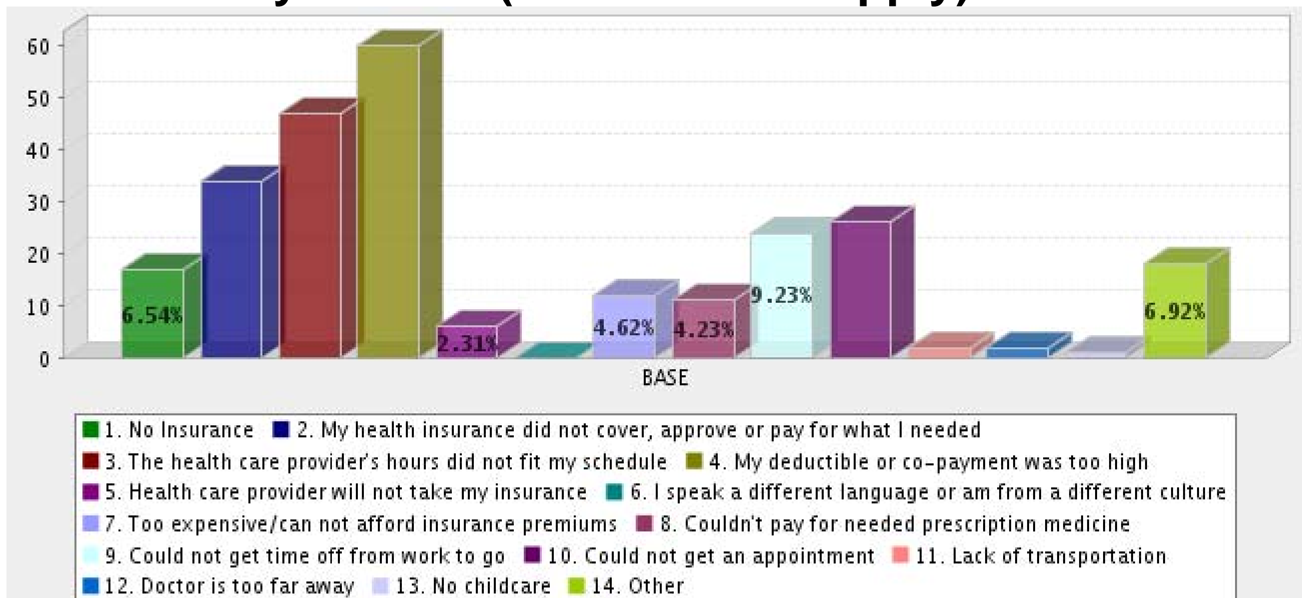
Where you go for routine health care (check all that apply):



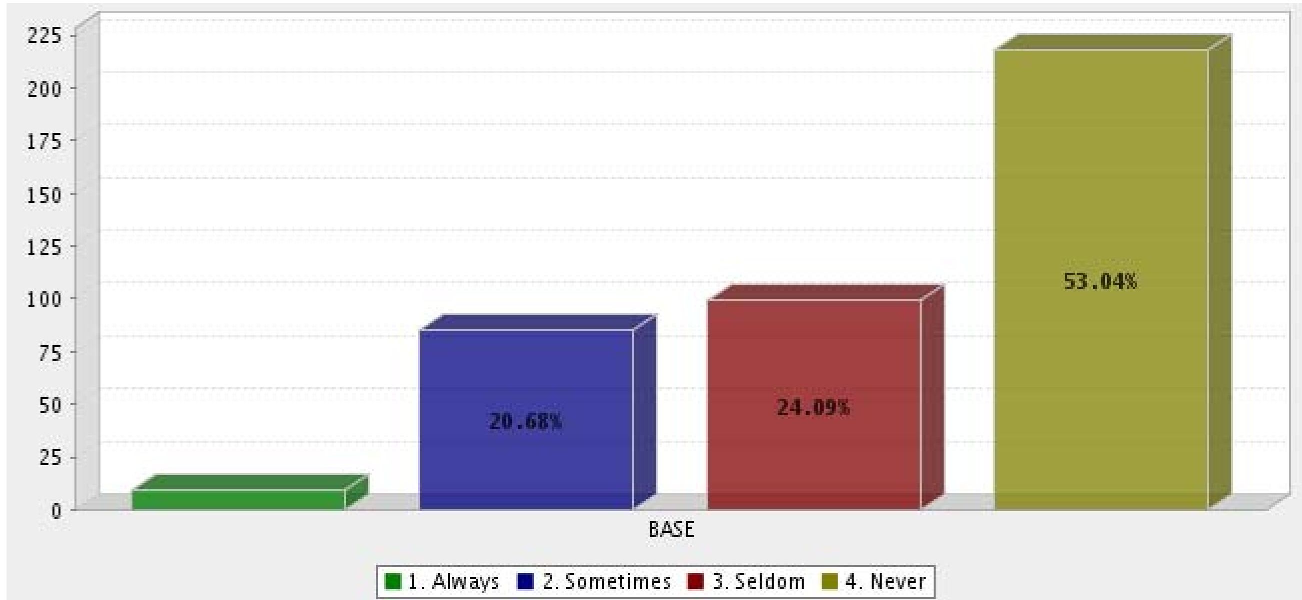
Are you able to visit a doctor/health care provider when needed?



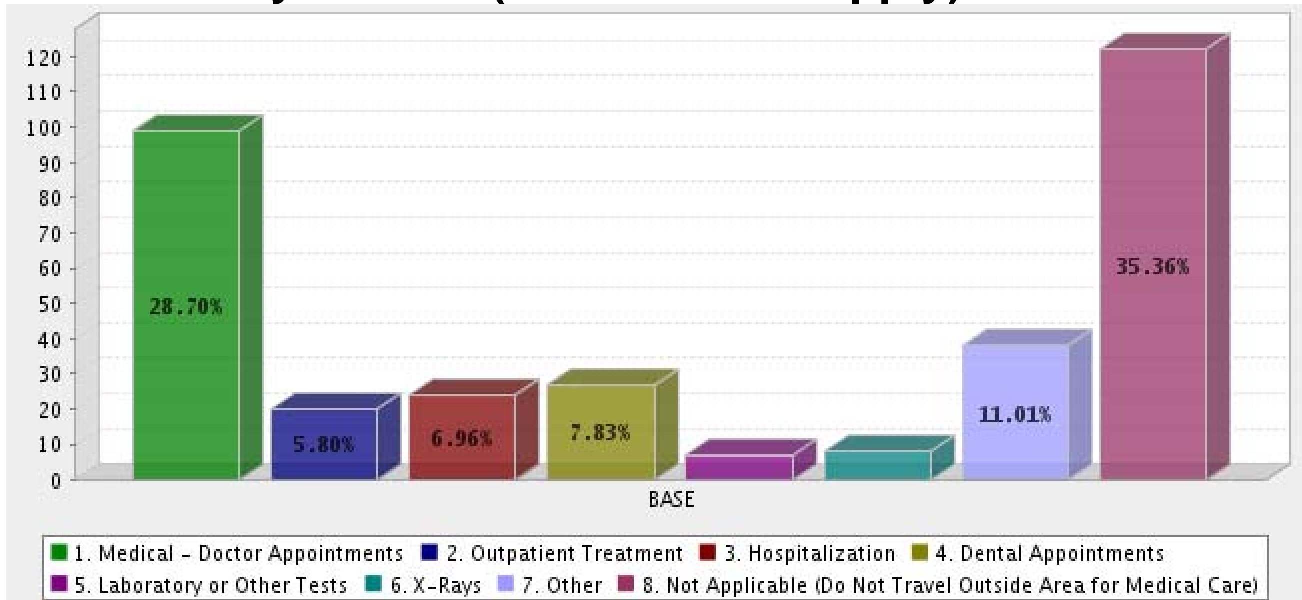
The following have stopped you from getting the health care you need (check all that apply):



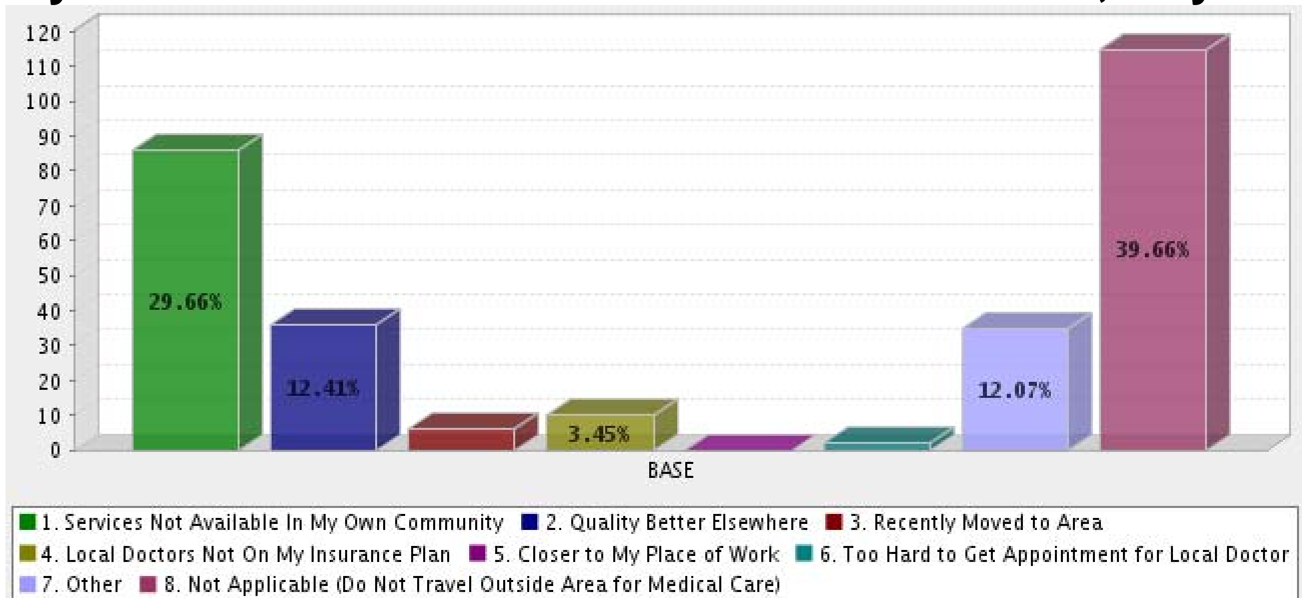
You travel outside of area for medical care:



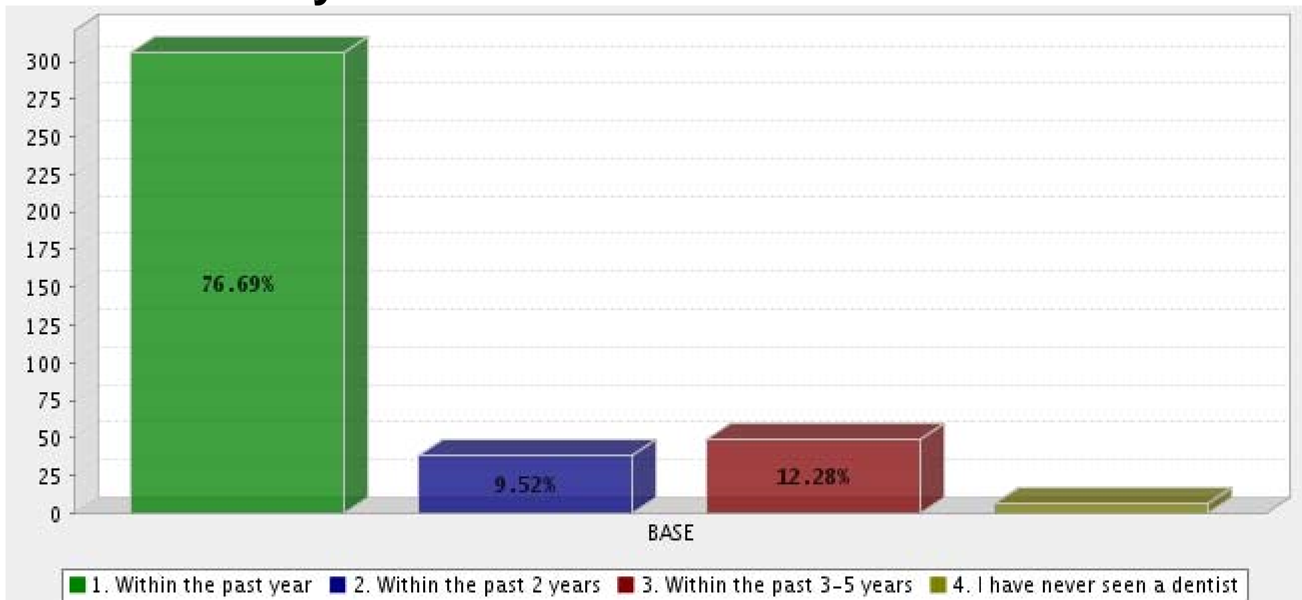
If you travel outside of area for medical care, select the service you seek (check all that apply):



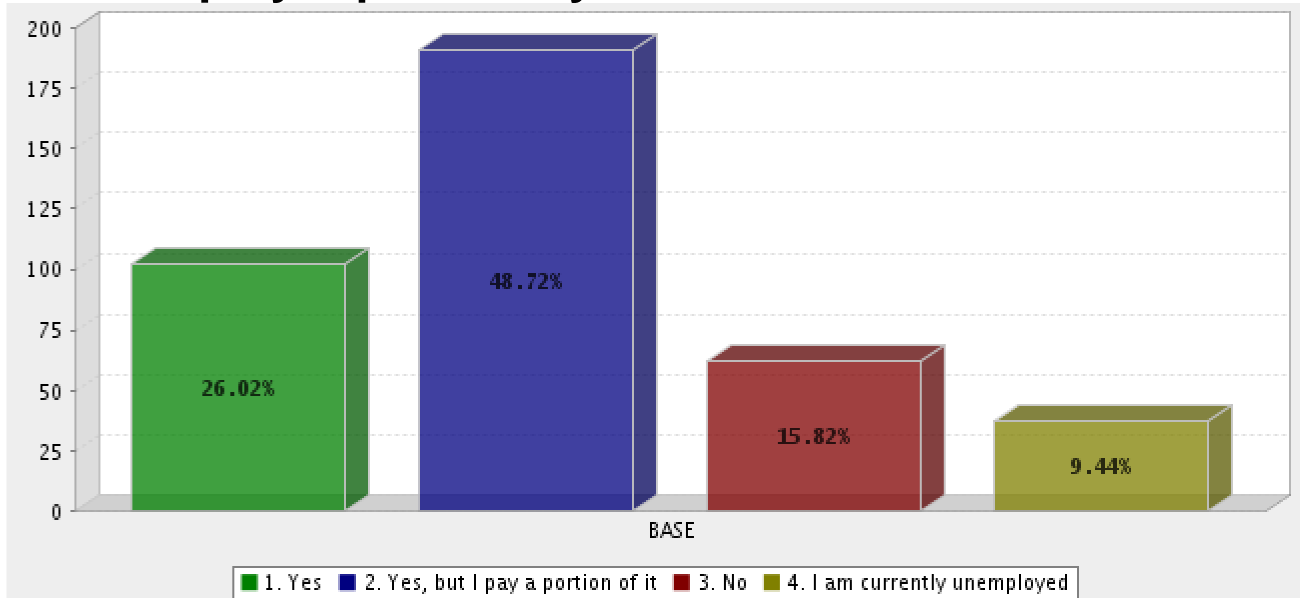
If you travel outside of the area for medical care, why?



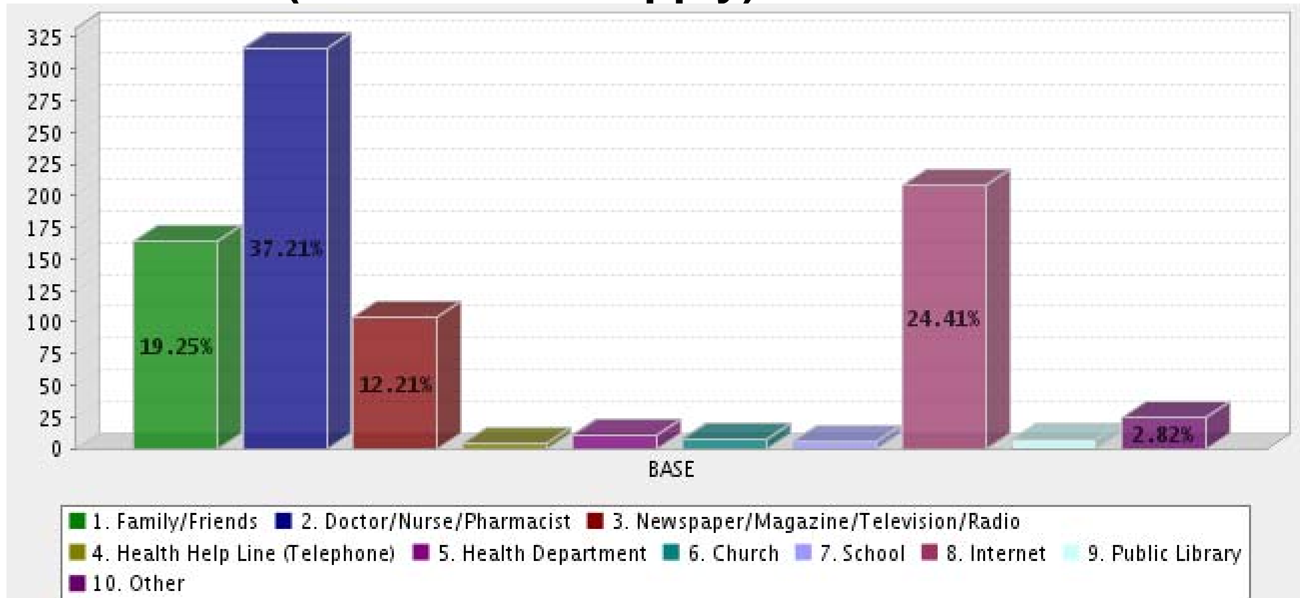
The last time you have seen a dentist was:



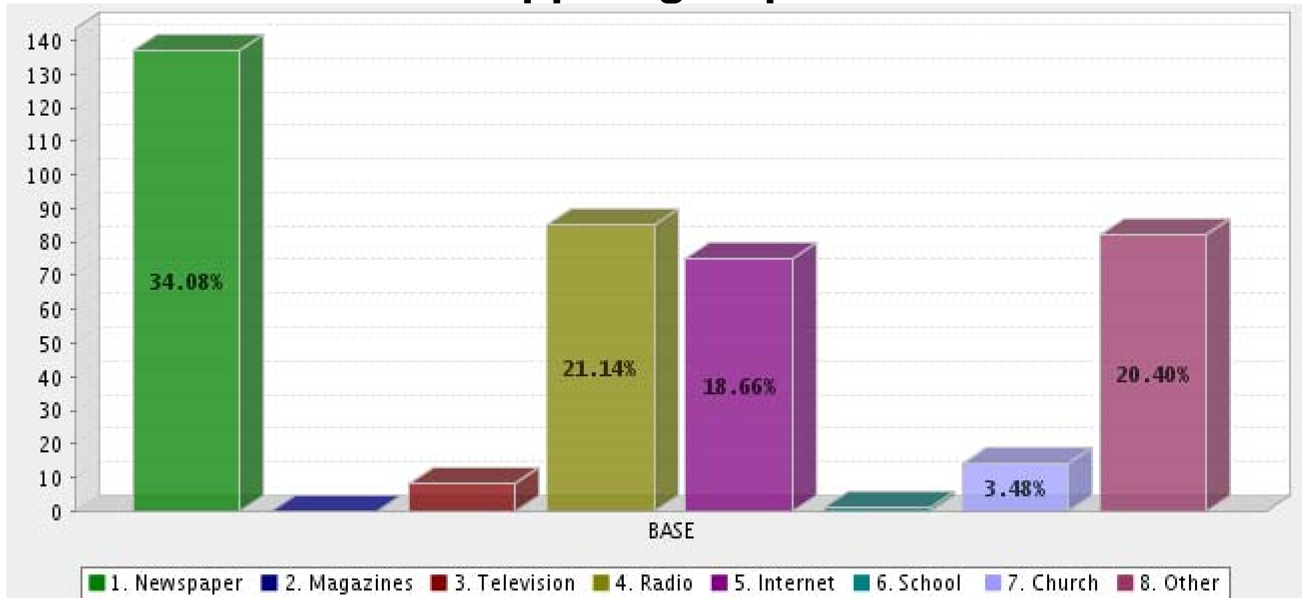
Your employer provides you dental health insurance:



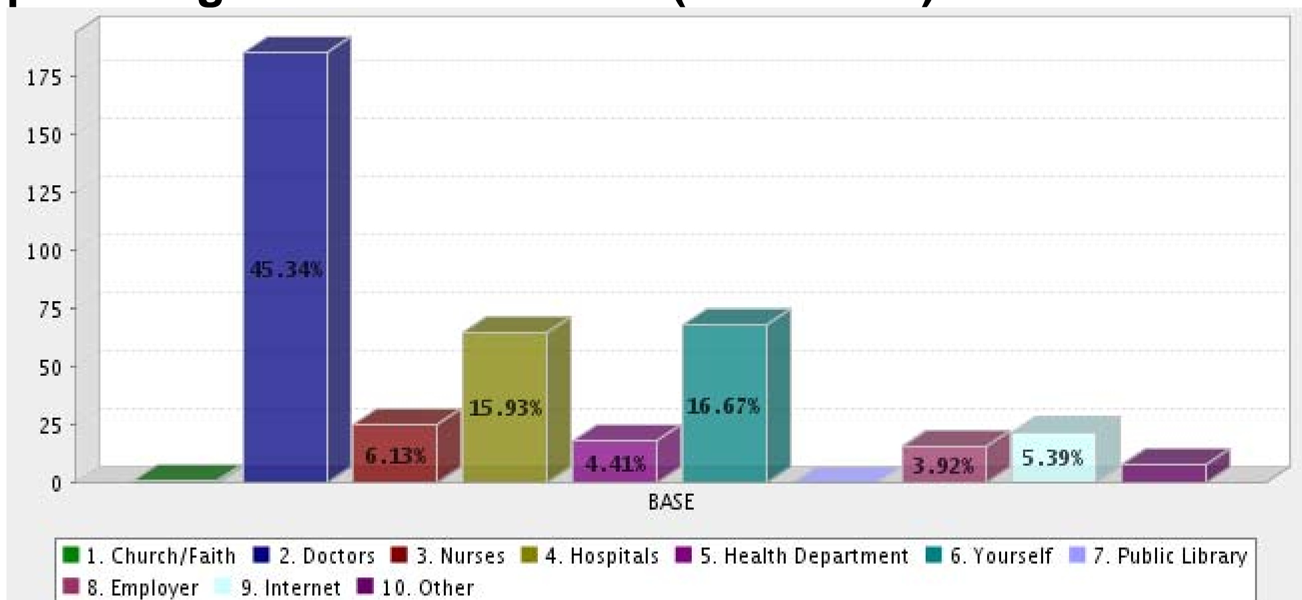
Sources where you obtain most health-related information (check all that apply):



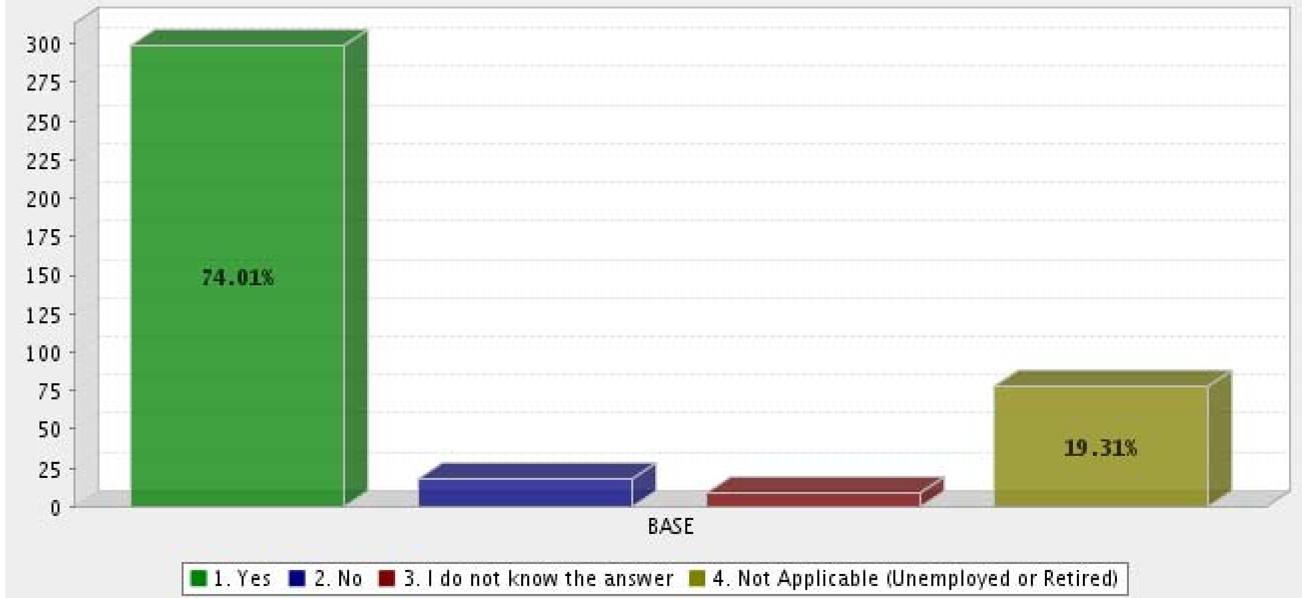
What is the source where you obtain information concerning LOCAL health events such as health and wellness, education events, screenings, health and dental services and support groups?



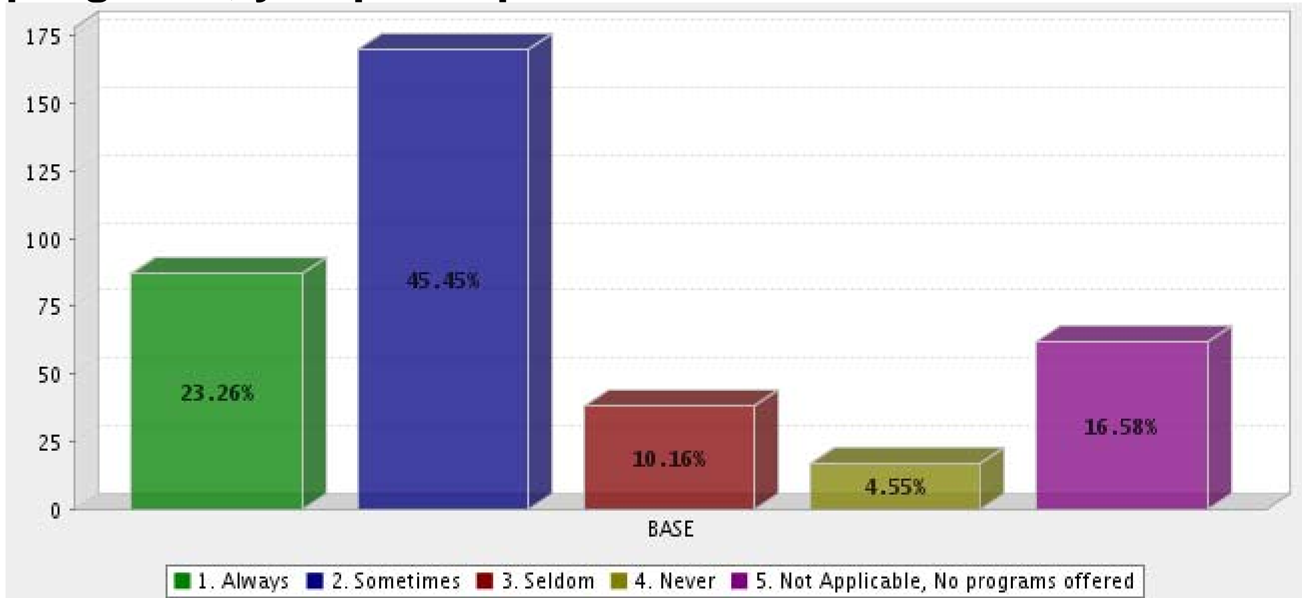
Person or entity you feel is most responsible for providing health information (check one):



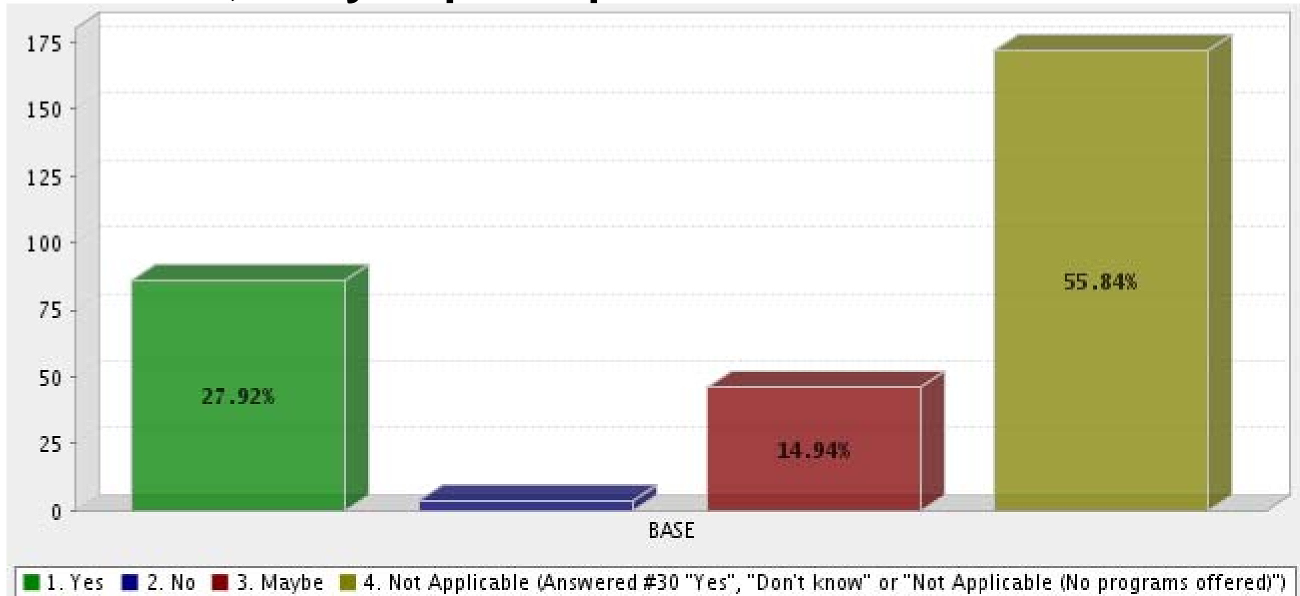
Your employer offers health promotion/wellness programs:



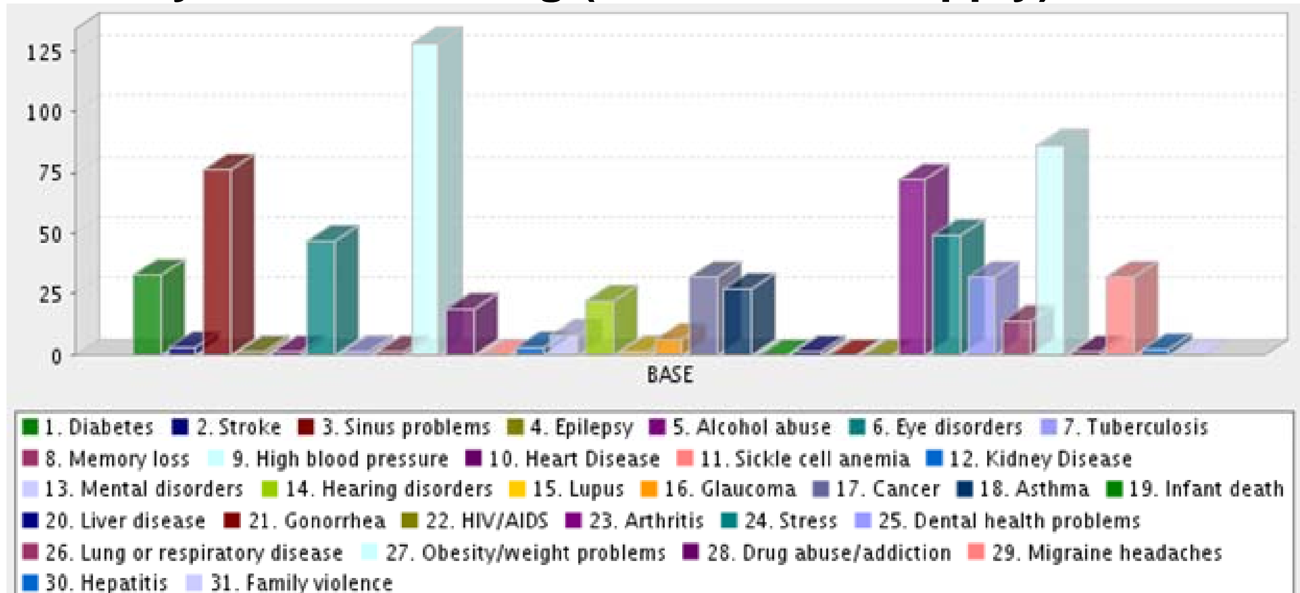
If your employer offers health promotion/wellness programs, you participate:



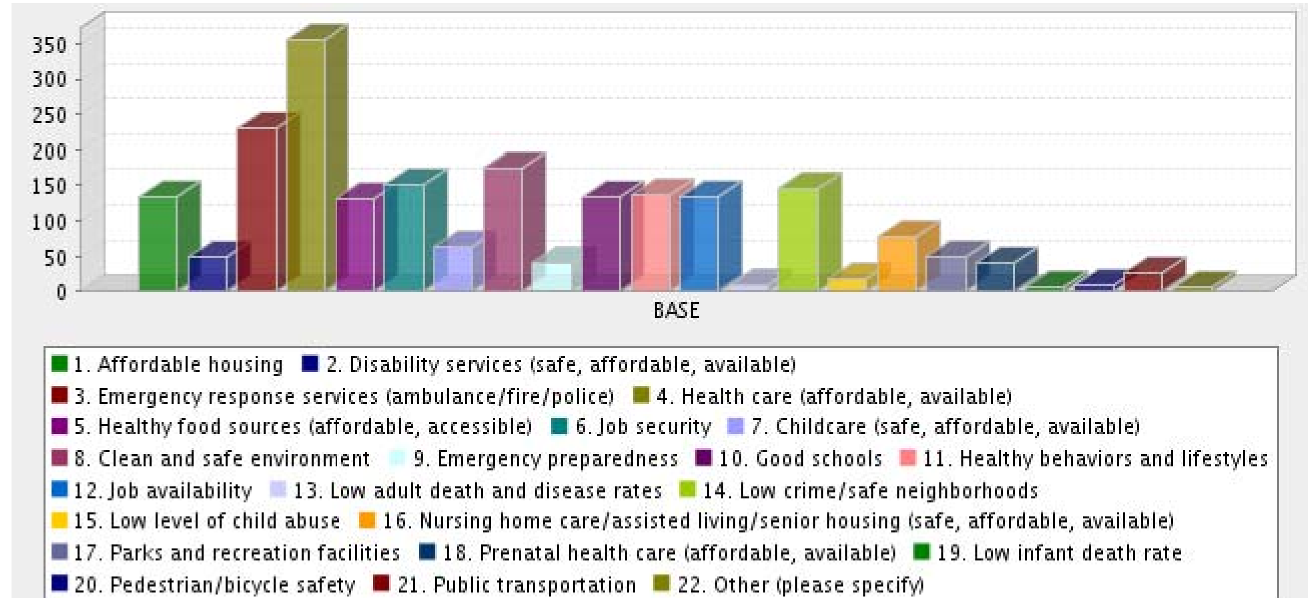
If your employer does not currently offer health promotion/wellness programs, but will offer them in the future, will you participate?



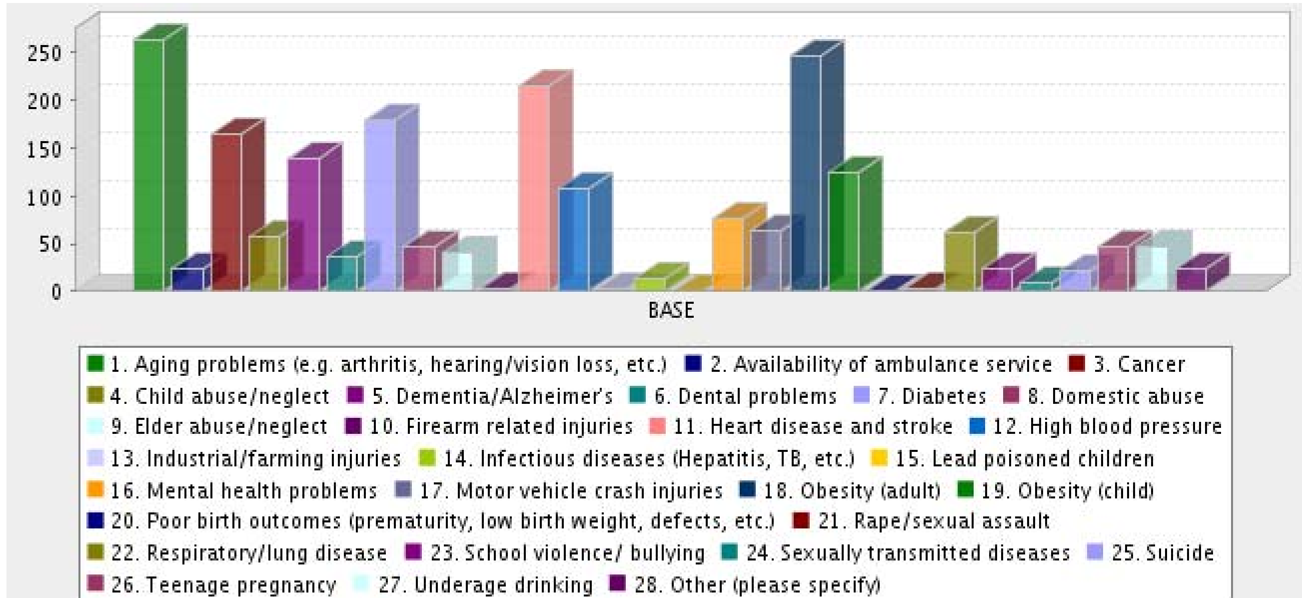
Please check if you have been diagnosed by a doctor with any of the following (check all that apply):



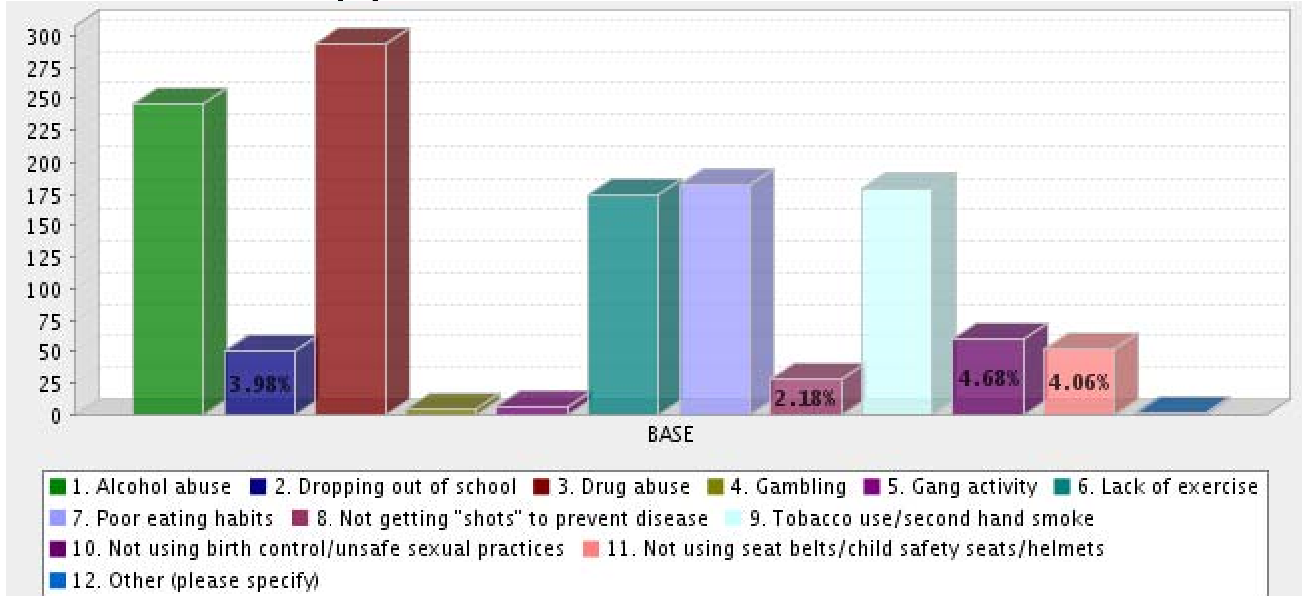
In the following list, please mark what you think are the FIVE MOST IMPORTANT FACTORS FOR A "HEALTHY COMMUNITY." (Those factors that most improve the quality of life in a community). CHECK ONLY FIVE:



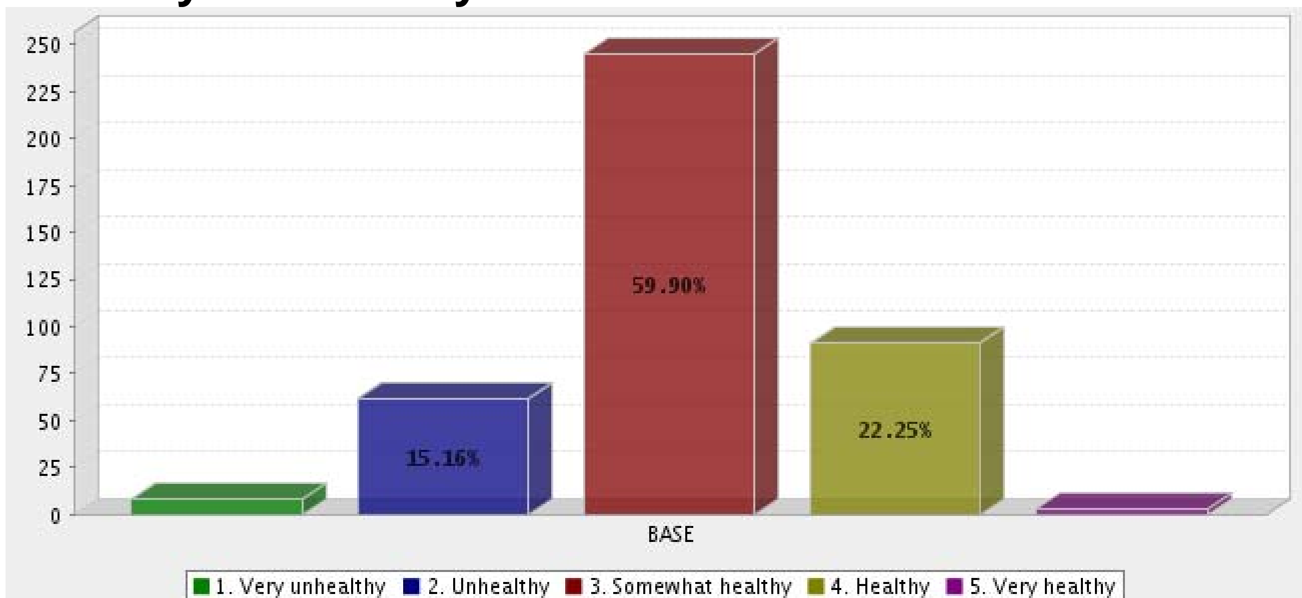
In the following list, please mark what you think are the FIVE MOST IMPORTANT "HEALTH PROBLEMS" in our community (those problems which have the greatest impact on overall community health). CHECK ONLY FIVE:



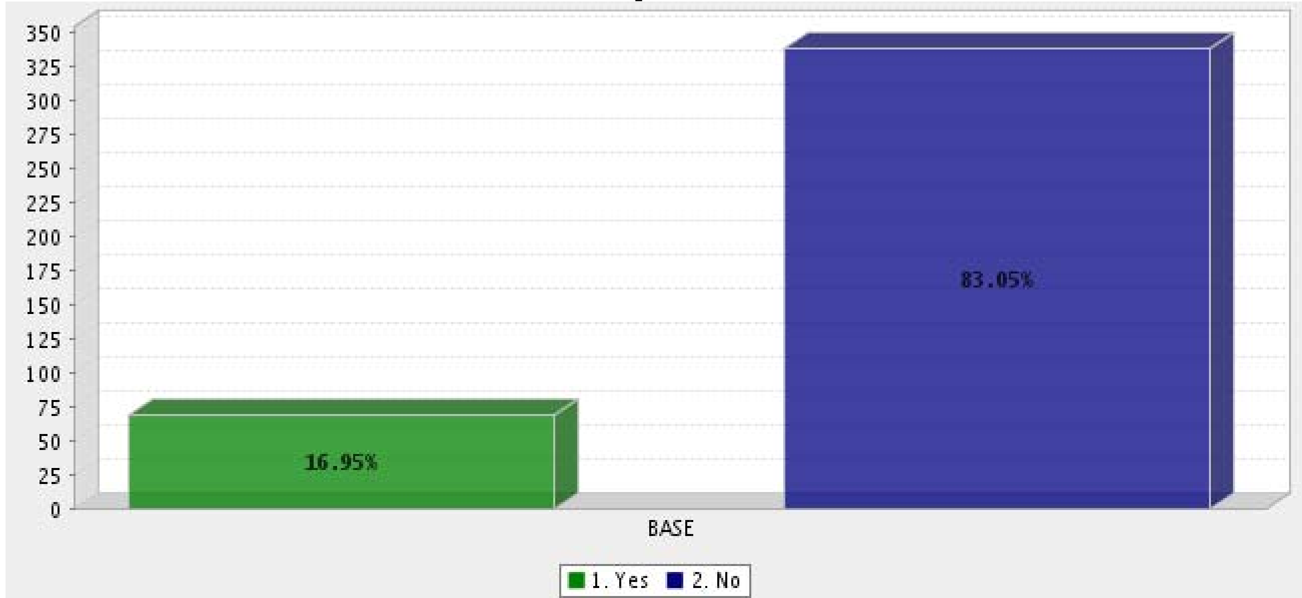
In the following list, please mark what you think are the THREE MOST IMPORTANT "RISKY BEHAVIORS" in our community (those behaviors which have the greatest impact on overall community health). CHECK ONLY THREE (3):



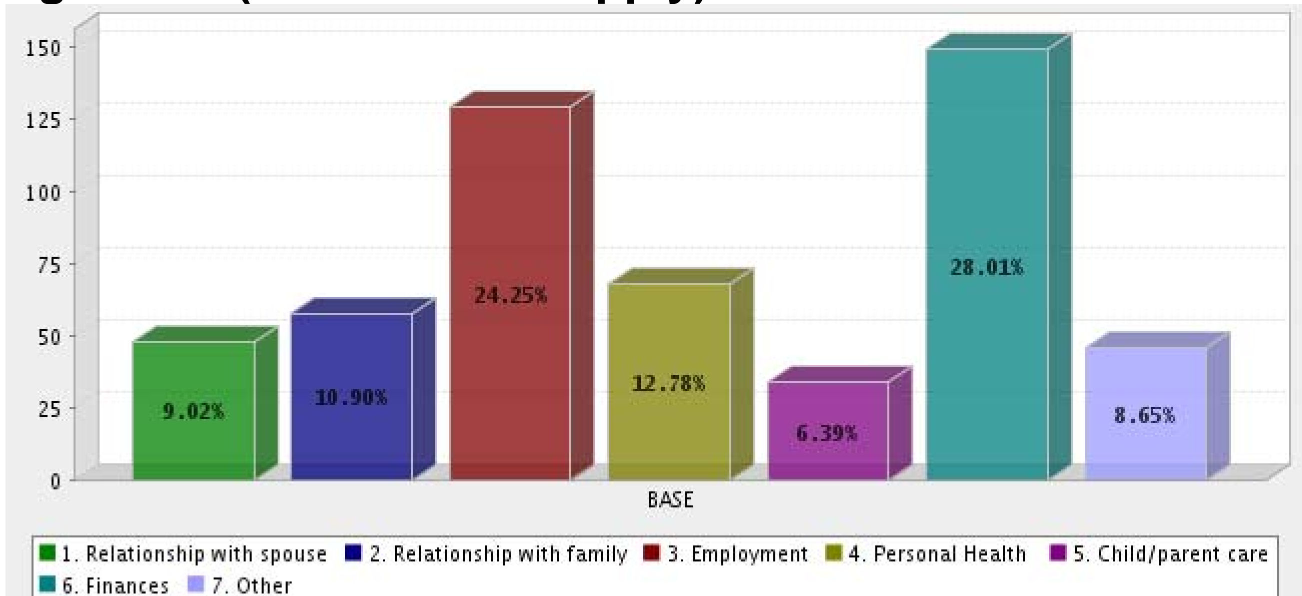
Please mark how you would rate your community as a "Healthy Community":



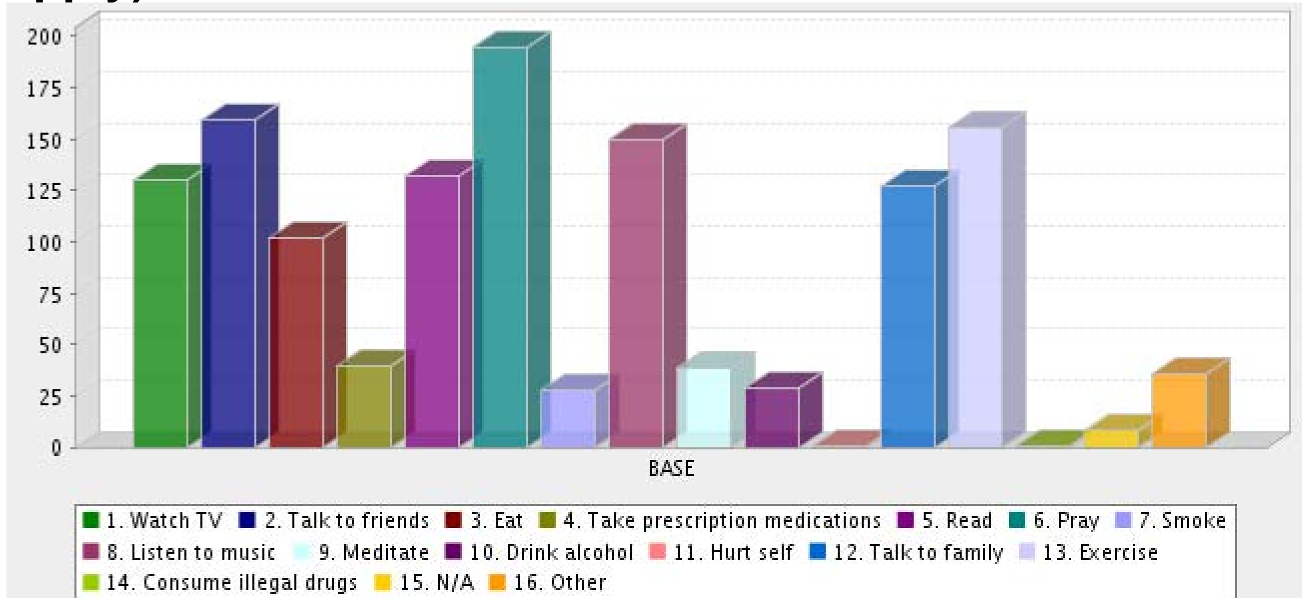
Please think about your daily activities during the past 4 weeks. You did less than you would have liked to due to mental or emotional problems:



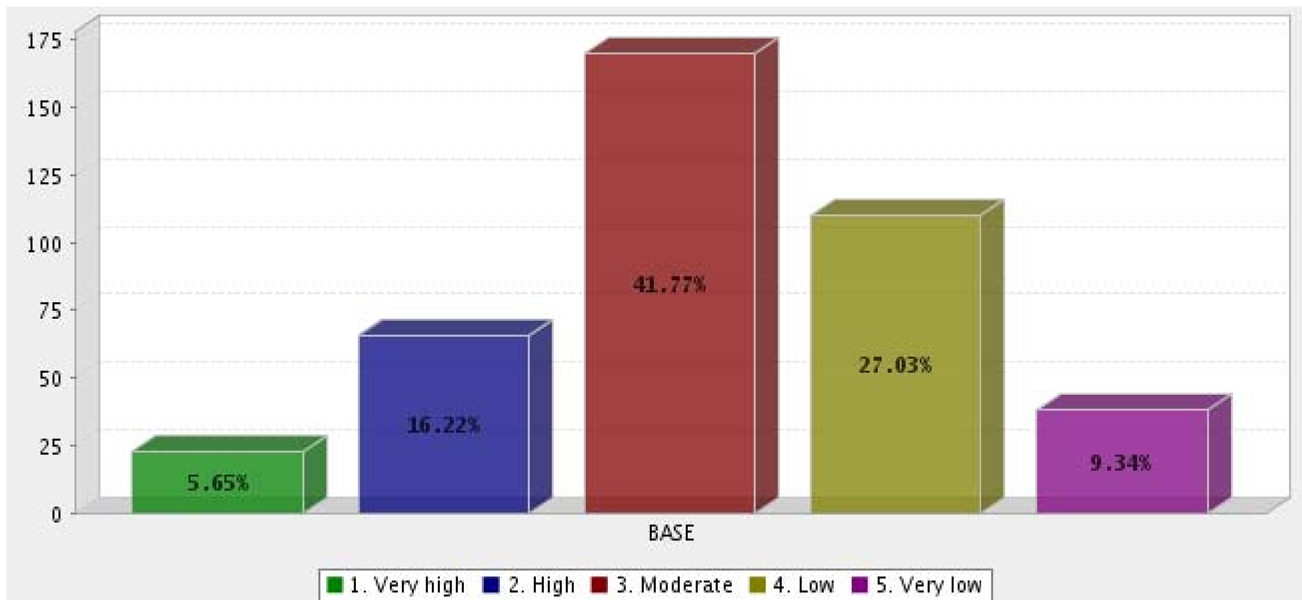
The following aspects of my life are really stressful right now (check all that apply):



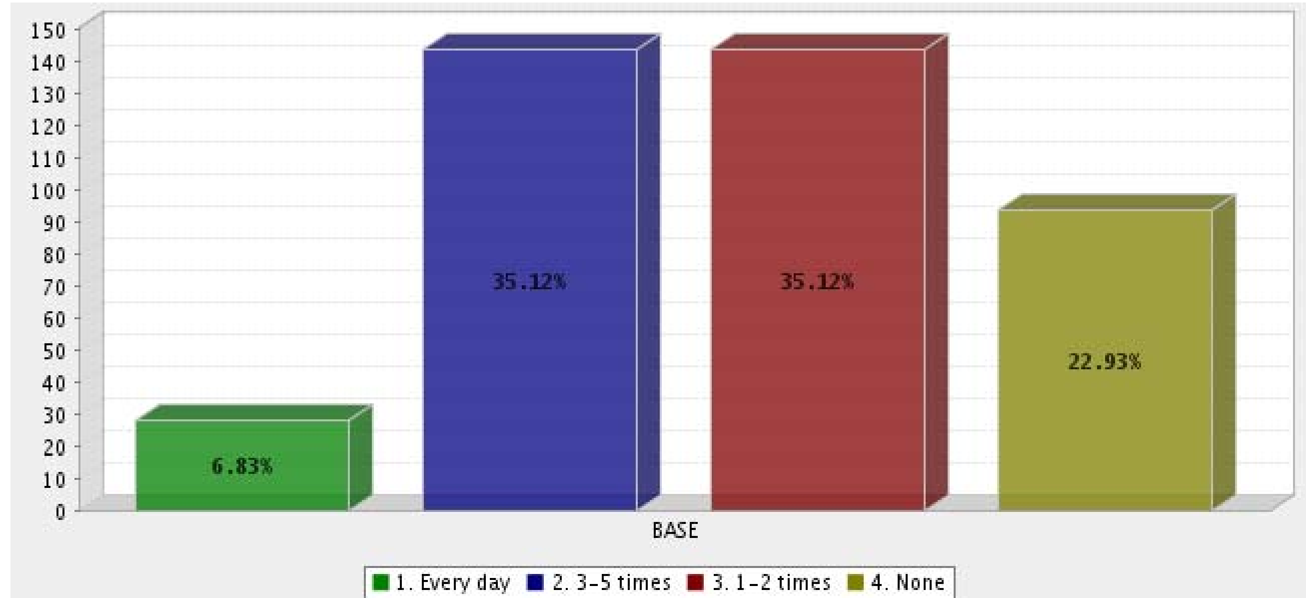
Please mark how you cope with stress (check all that apply):



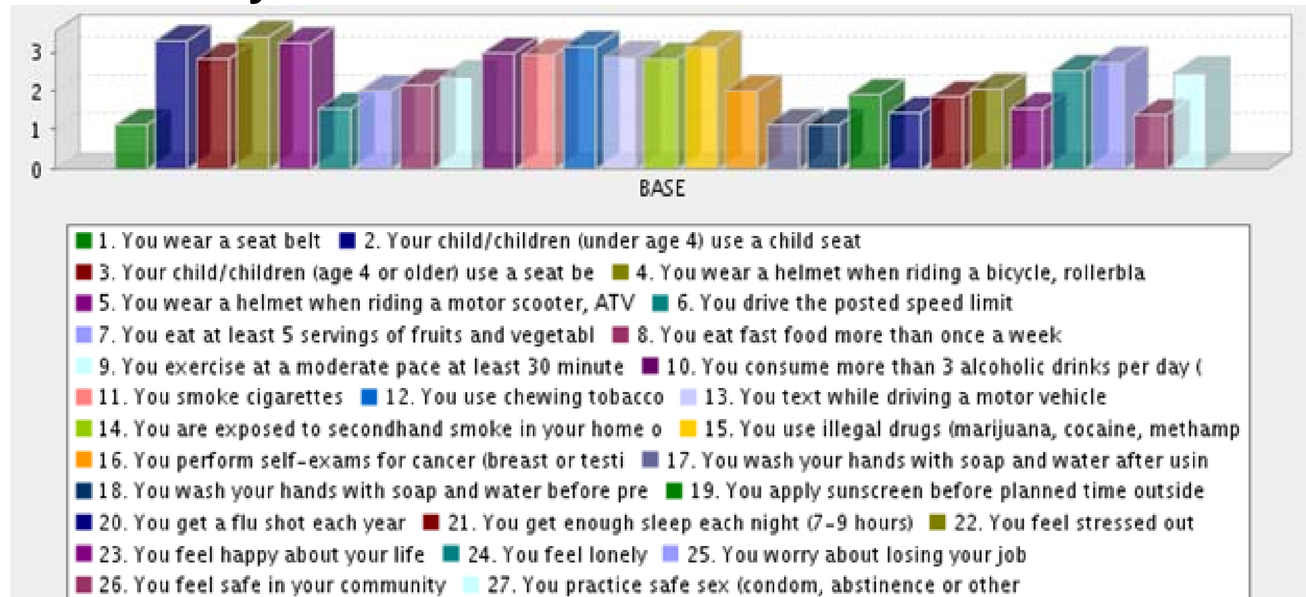
On a typical day, you would rate your level of stress as:



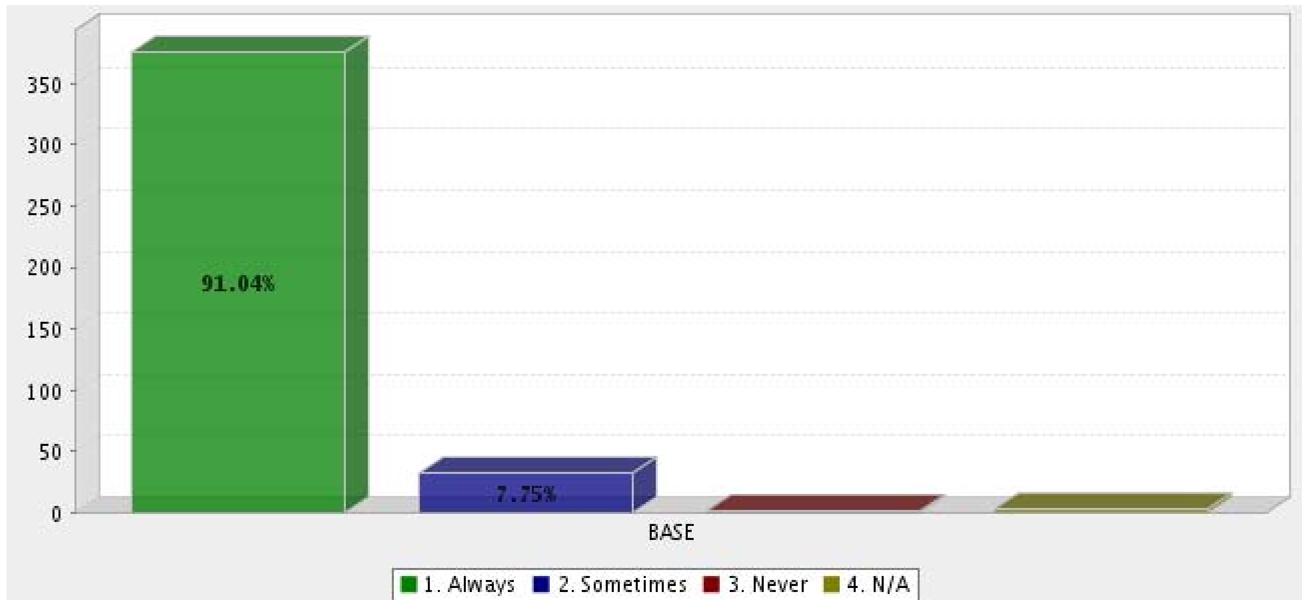
On average, how many times per week do you exercise?



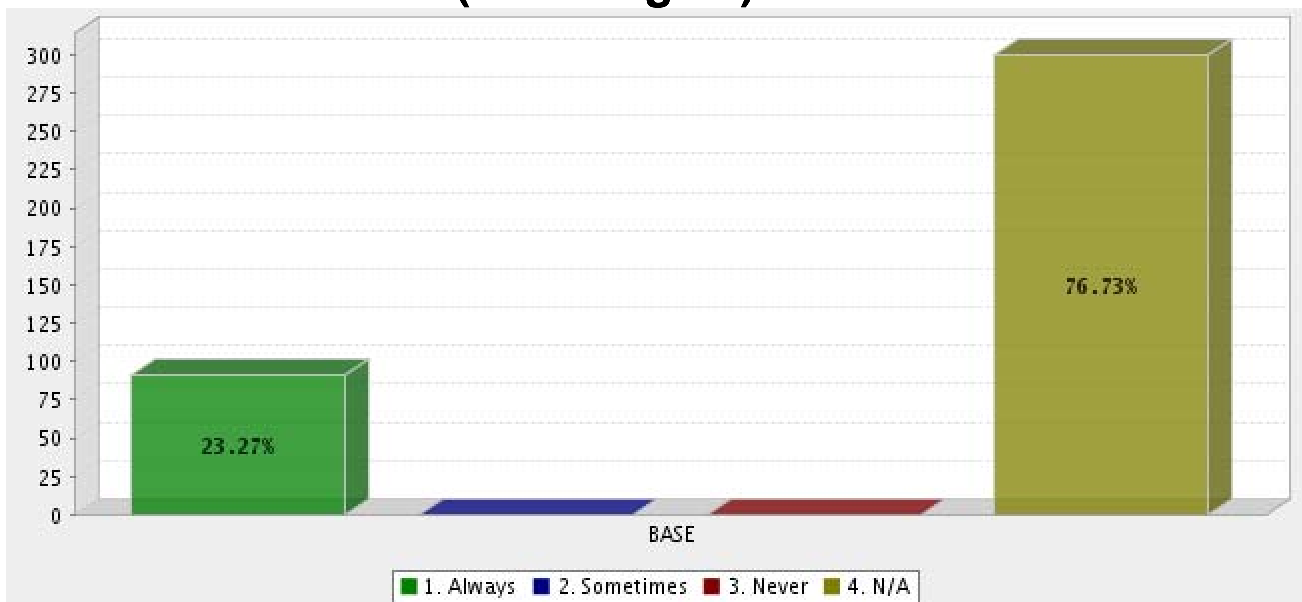
In the following section, select which answer describes you.



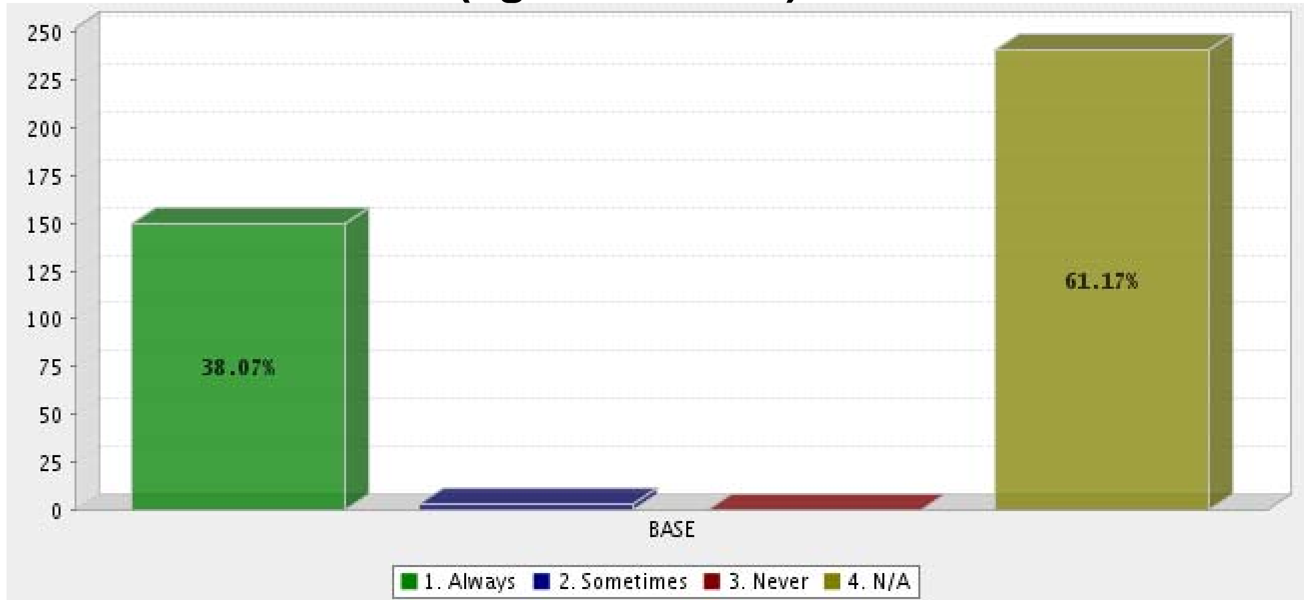
You wear a seat belt:



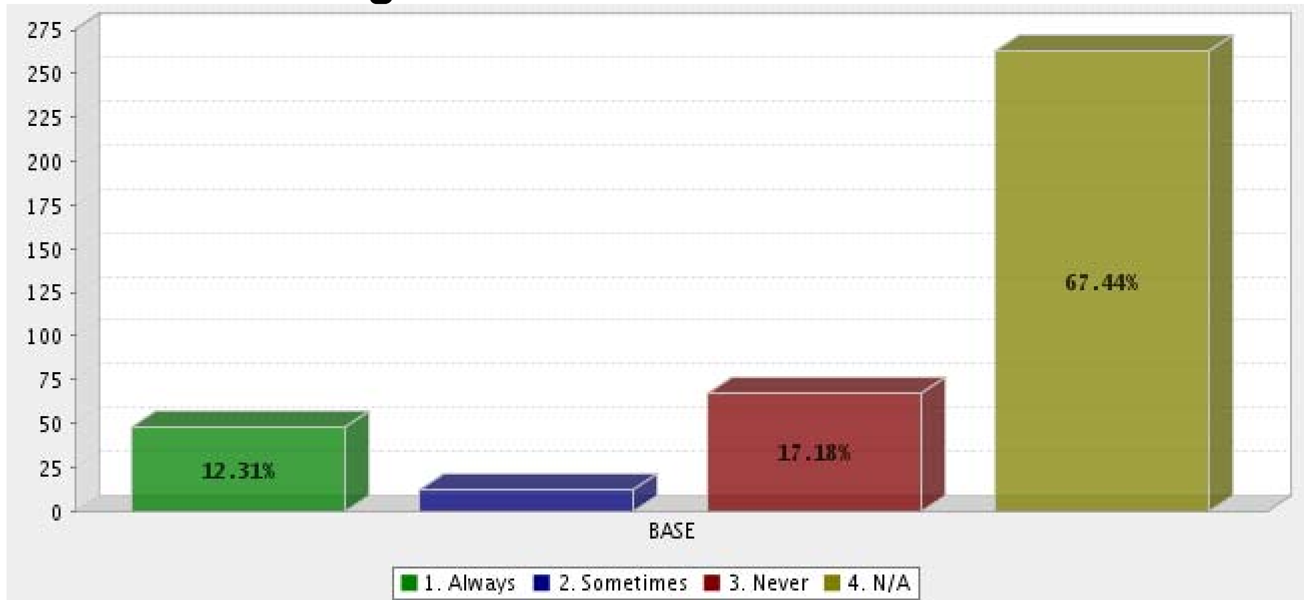
Your child/children (under age 4) use a child seat:



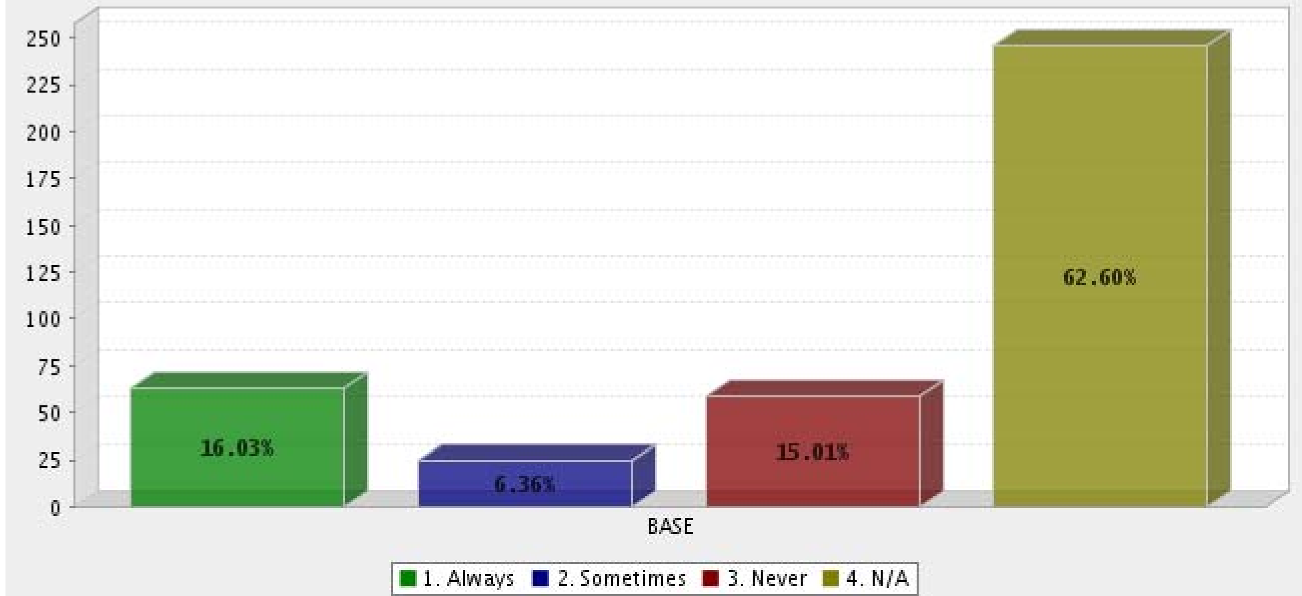
Your child/children (age 4 or older) use a seat belt:



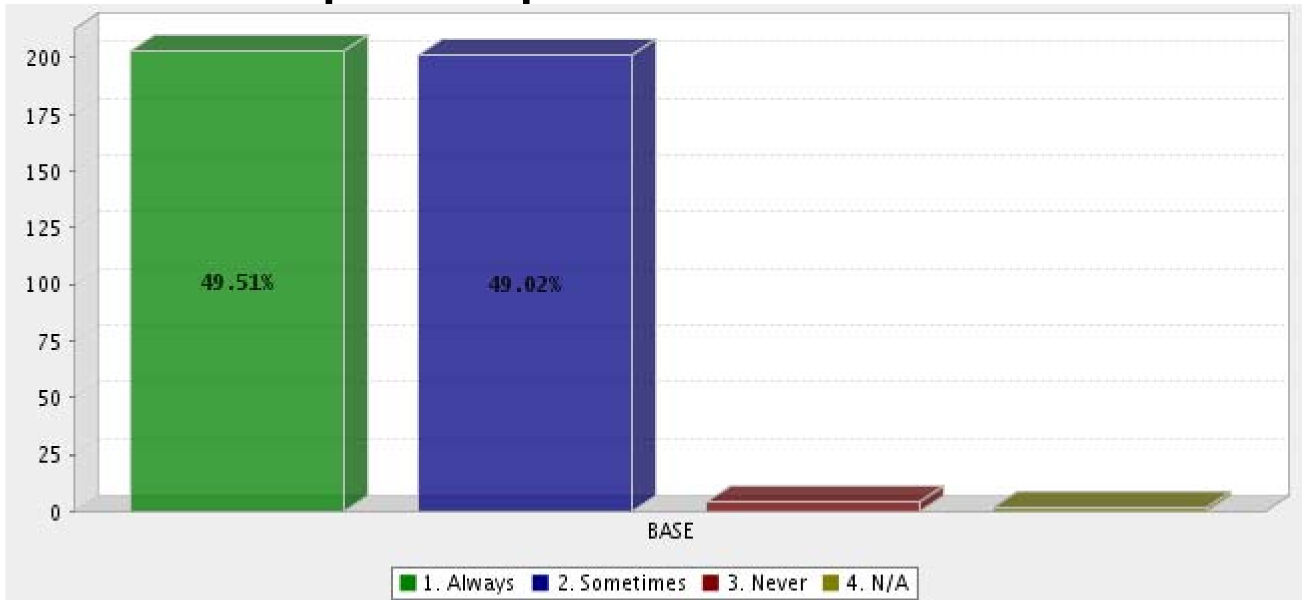
You wear a helmet when riding a bicycle, rollerblading or skateboarding:



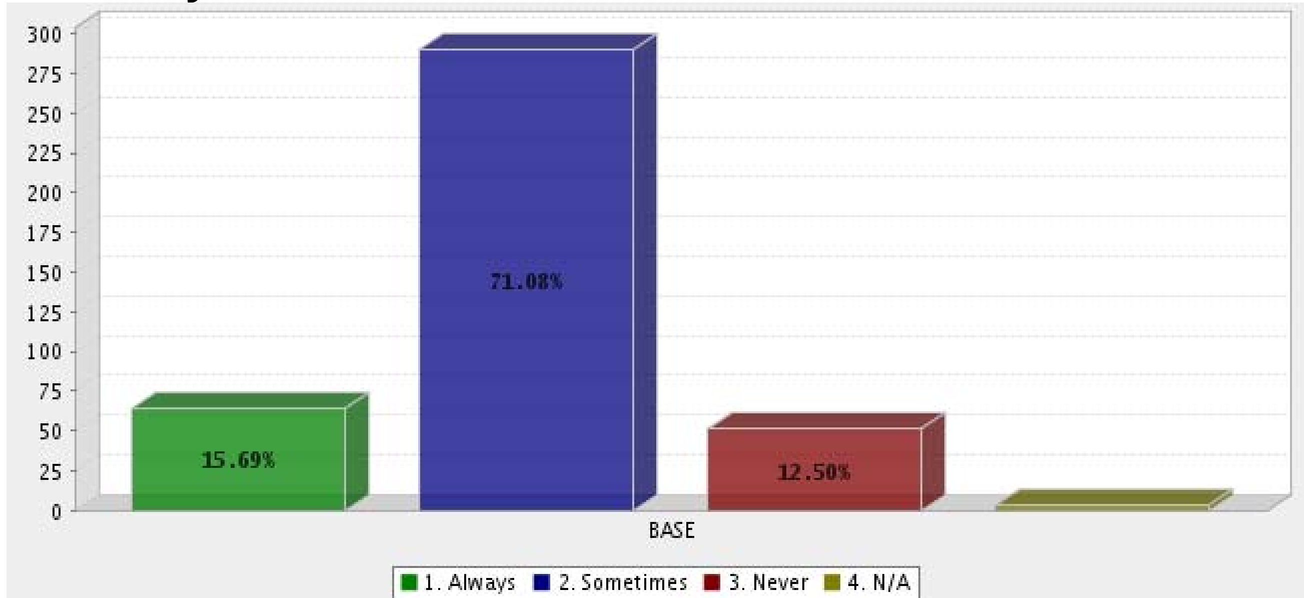
You wear a helmet when riding a motor scooter, ATV or motorcycle:



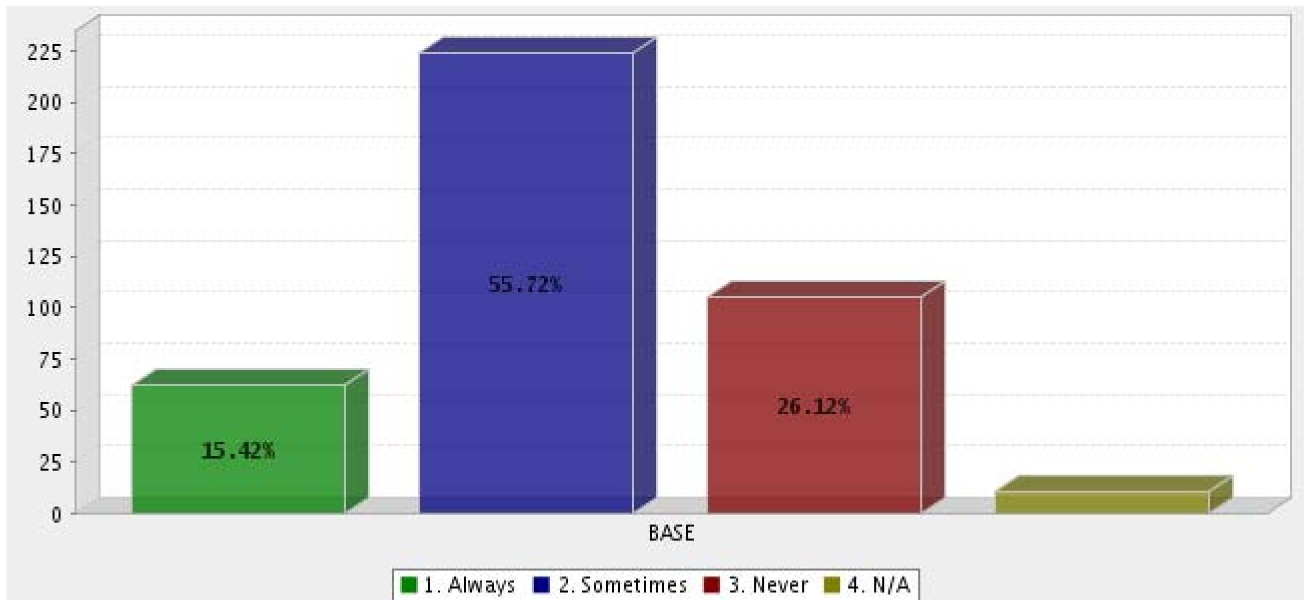
You drive the posted speed limit:



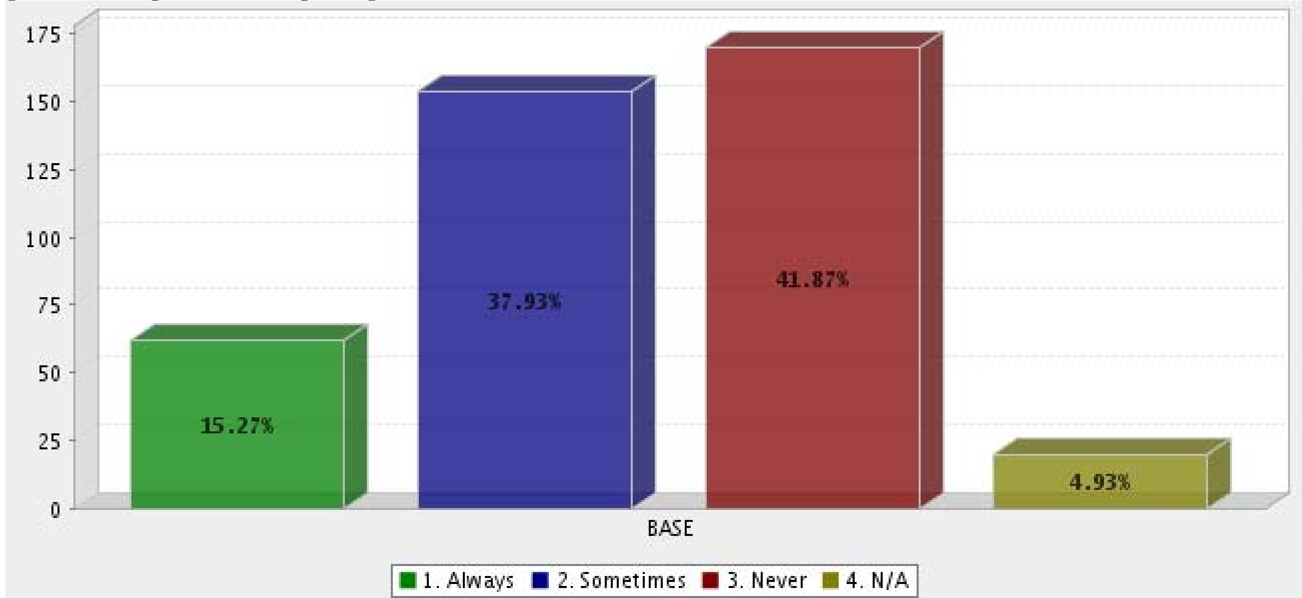
You eat at least 5 servings of fruits and vegetables each day:



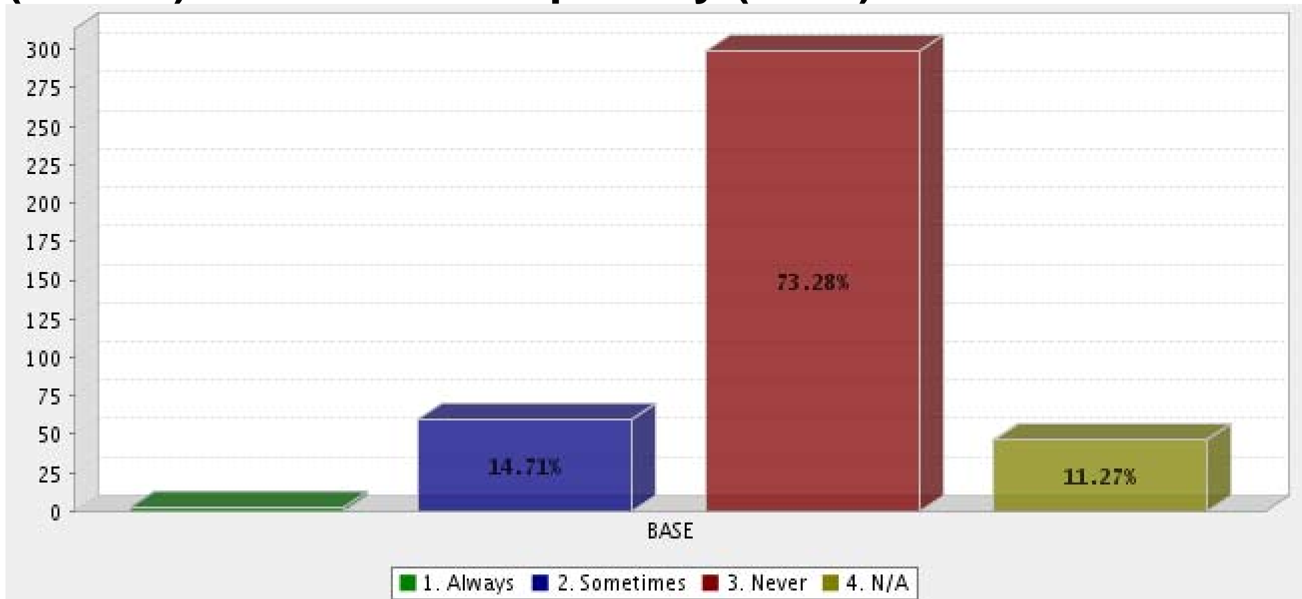
You eat fast food more than once a week:



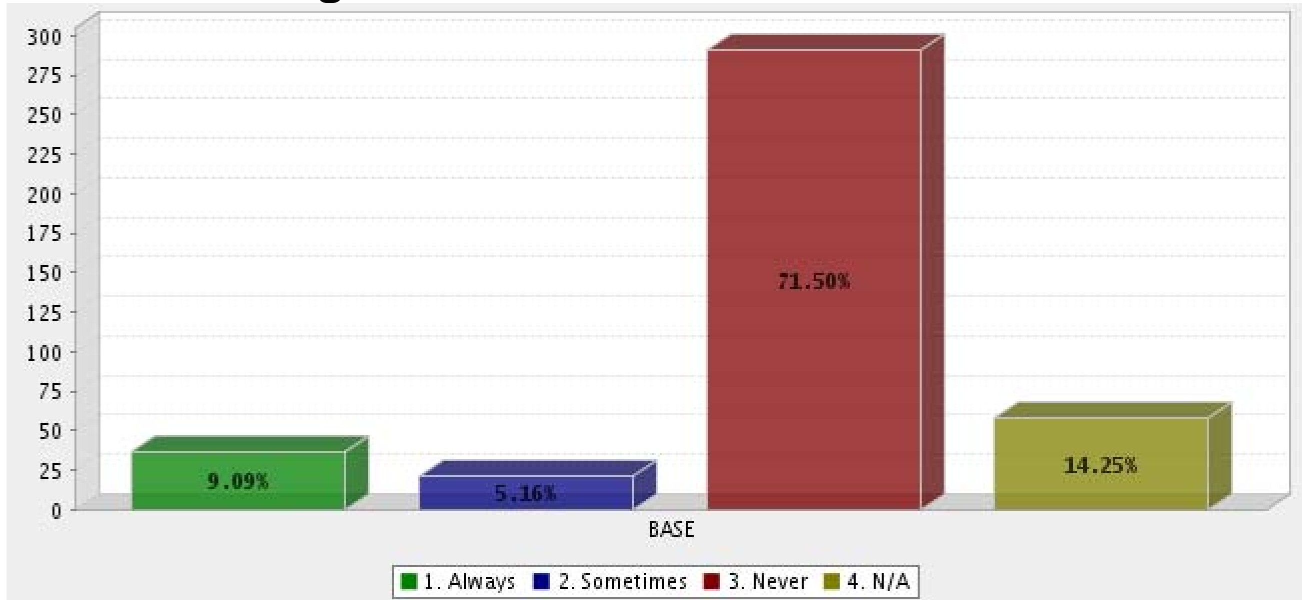
You exercise at a moderate pace at least 30 minutes per day, 5 days per week:



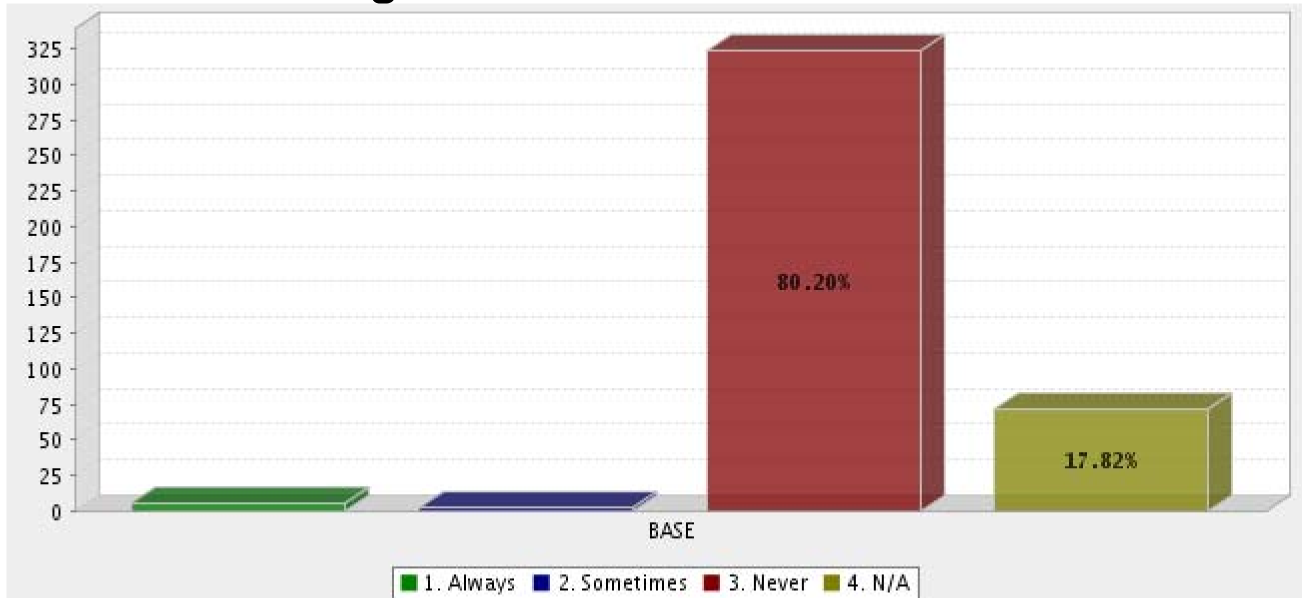
You consume more than 3 alcoholic drinks per day (female) or more than 5 per day (male):



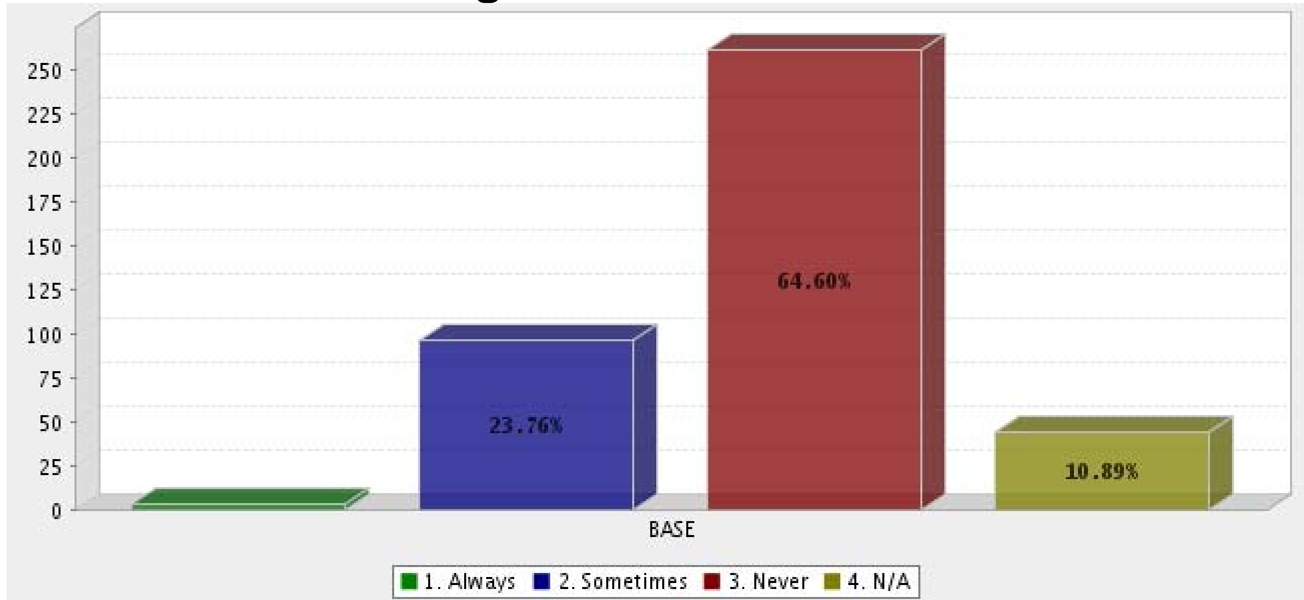
You smoke cigarettes:



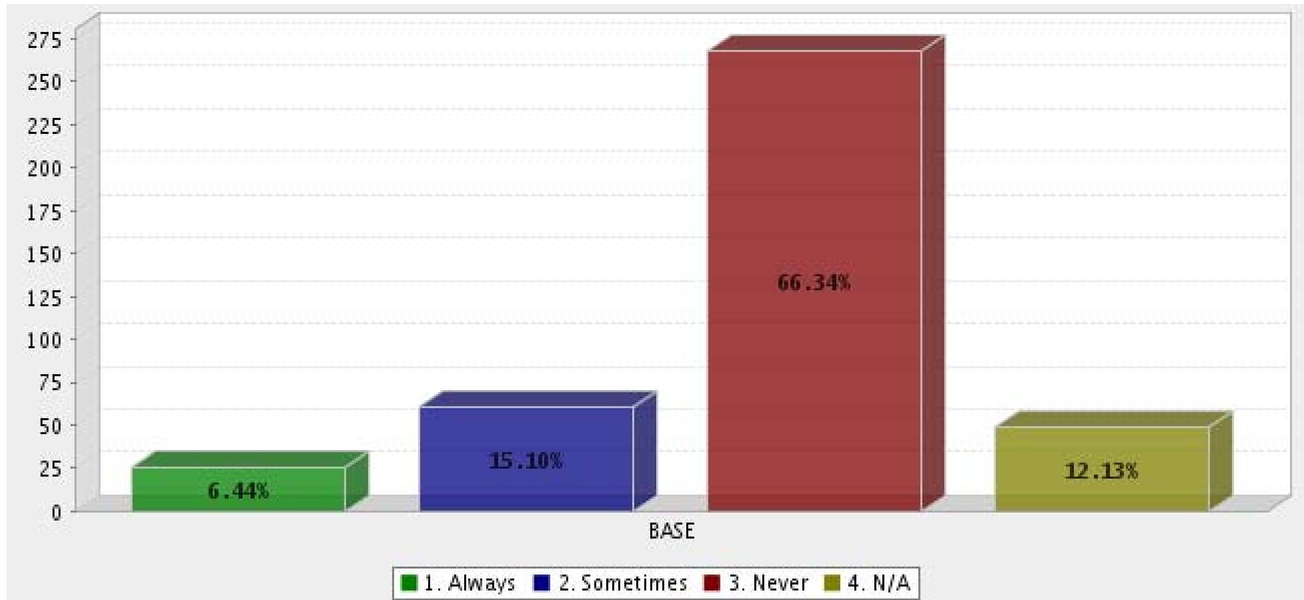
You use chewing tobacco:



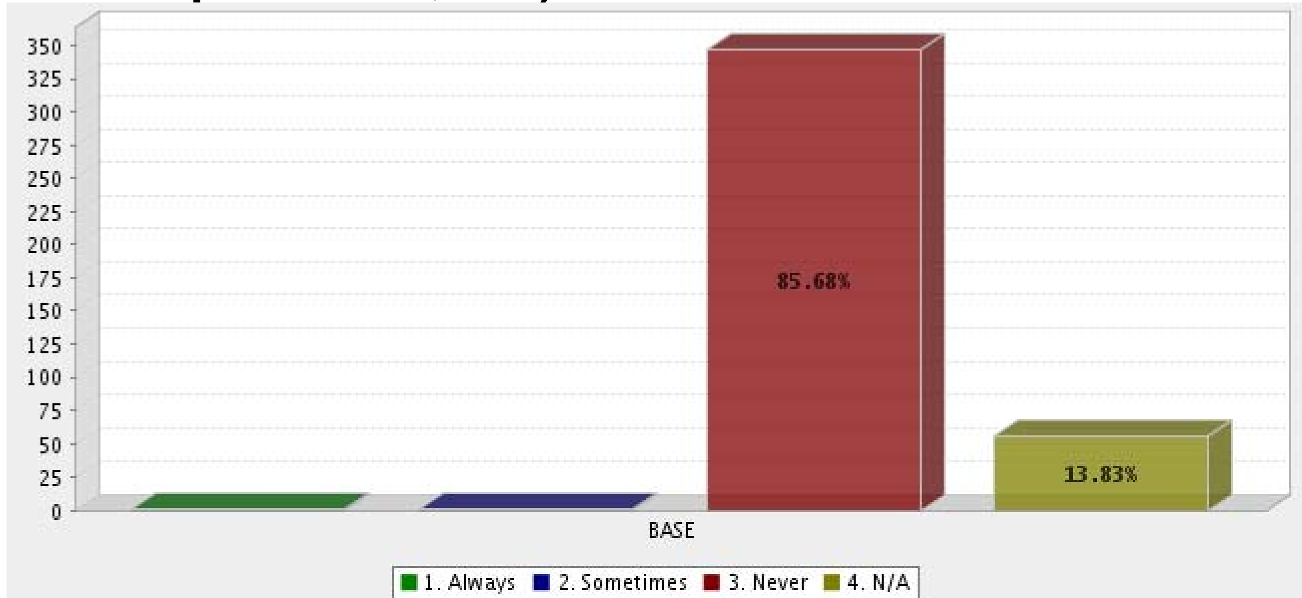
You text while driving a motor vehicle:



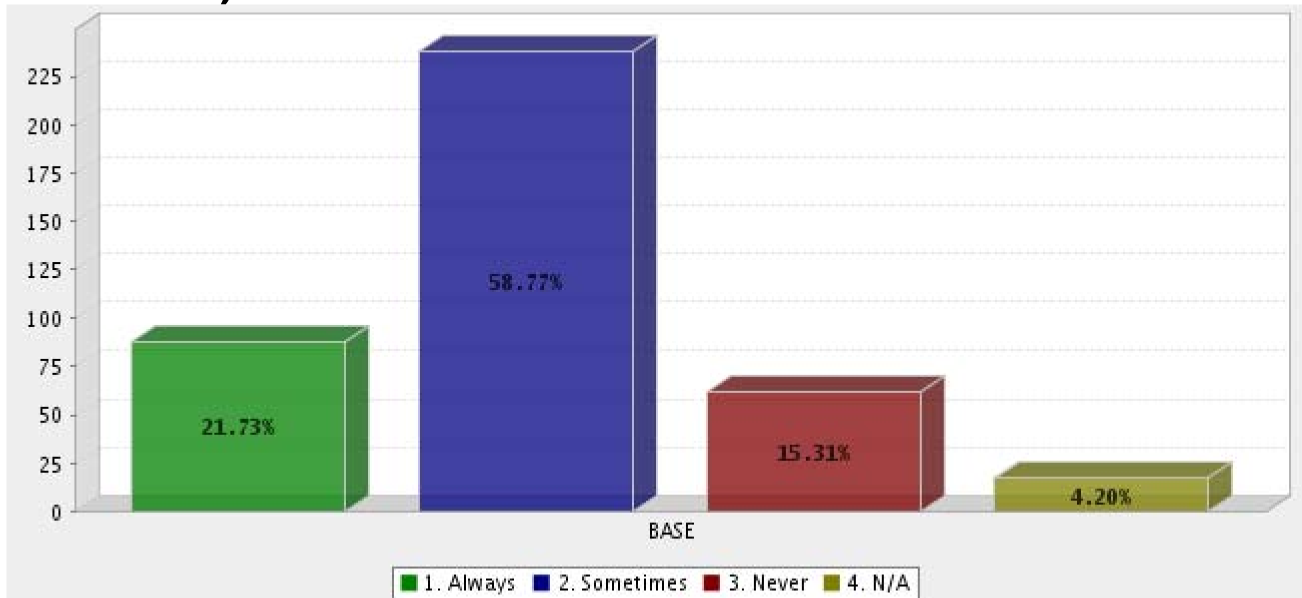
You are exposed to secondhand smoke in your home or at work:



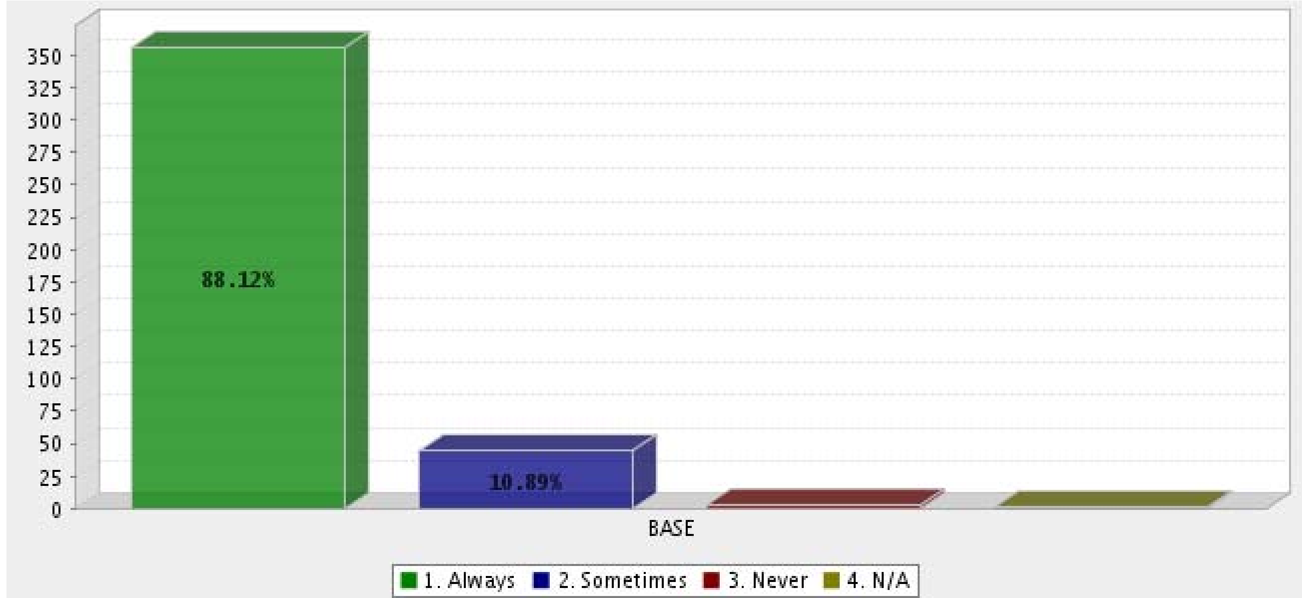
You use illegal drugs (marijuana, cocaine, methamphetamine, etc.):



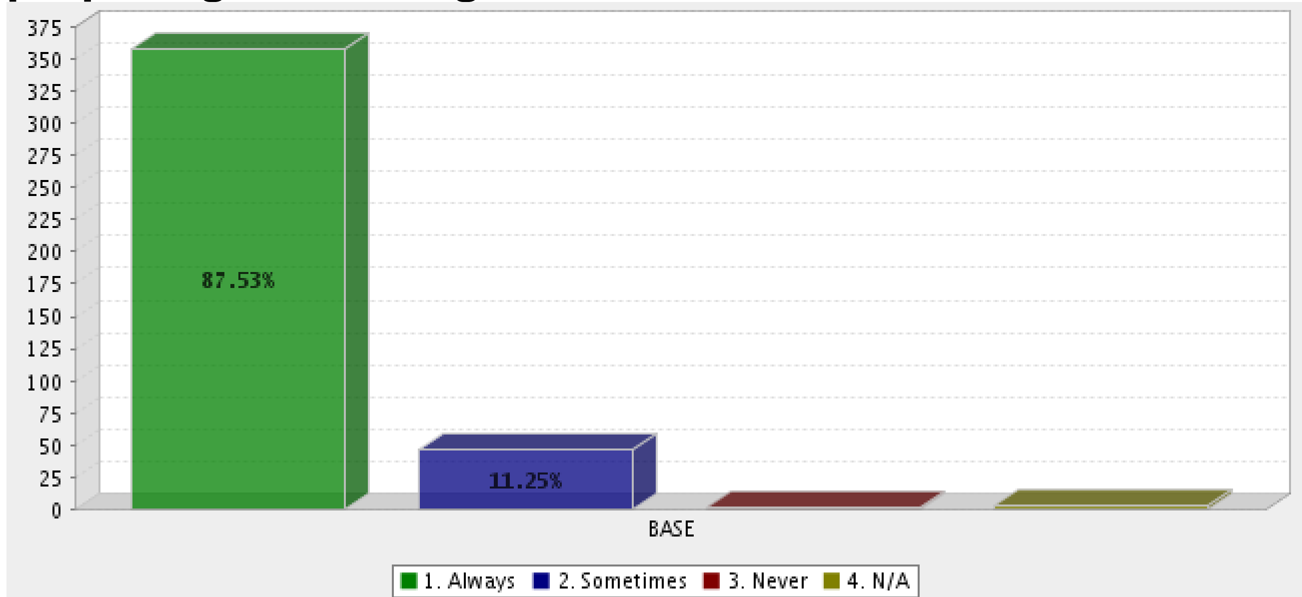
You perform self-exams for cancer (breast or testicular):



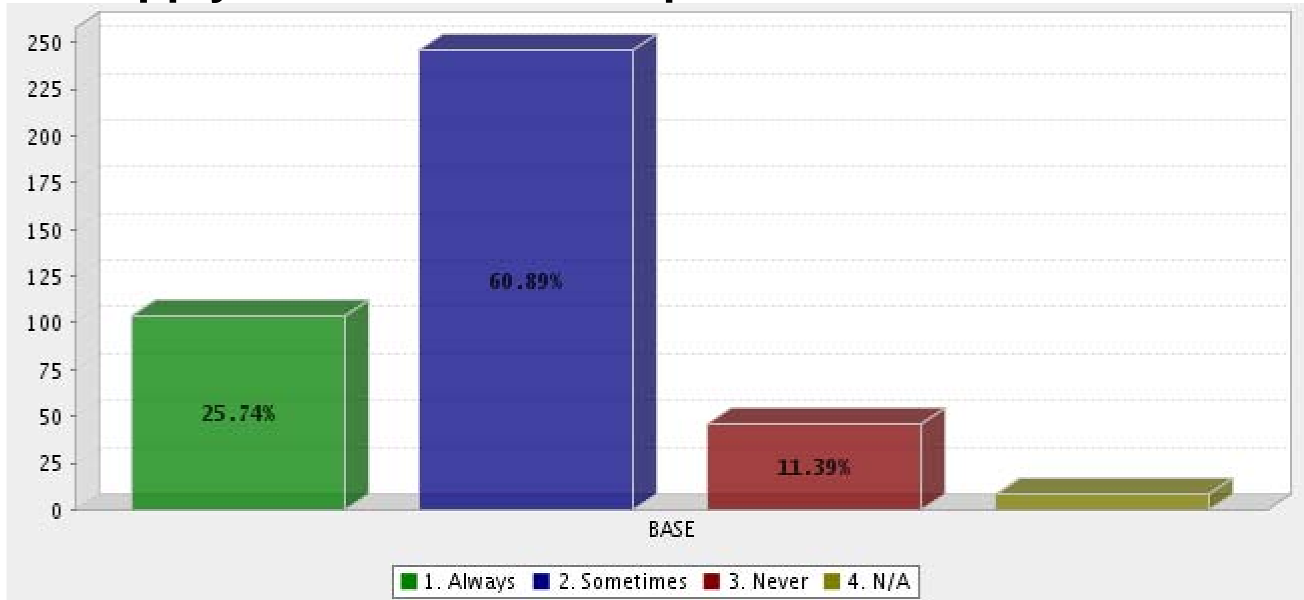
You wash your hands with soap and water after using the restroom:



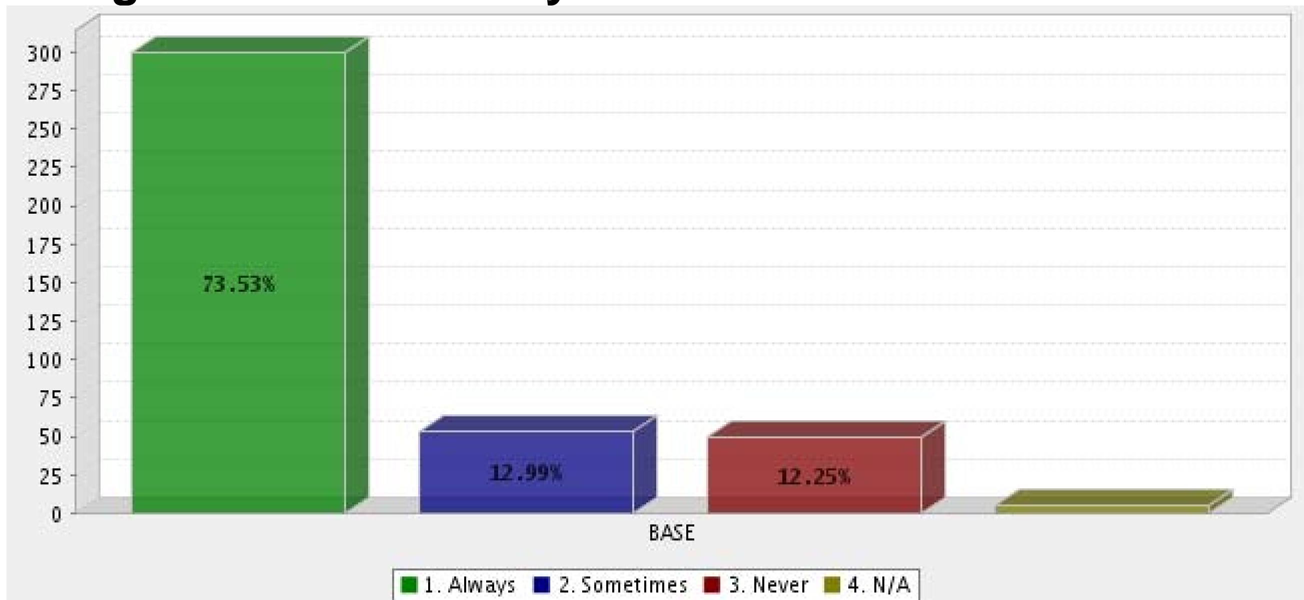
You wash your hands with soap and water before preparing and eating meals:



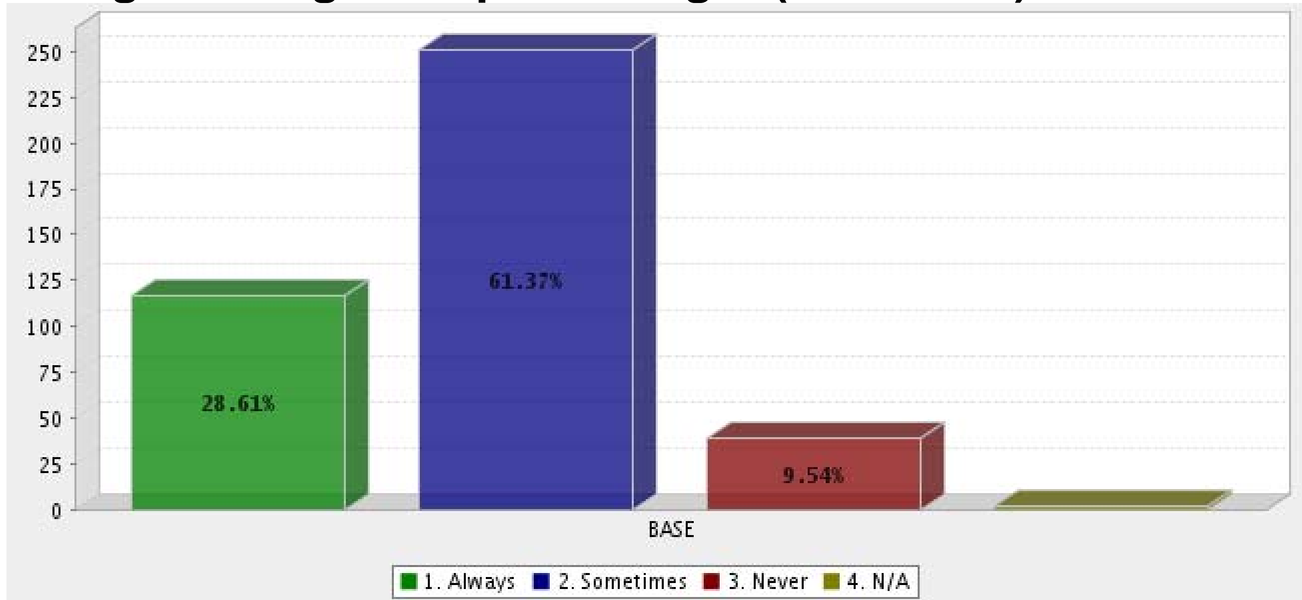
You apply sunscreen before planned time outside:



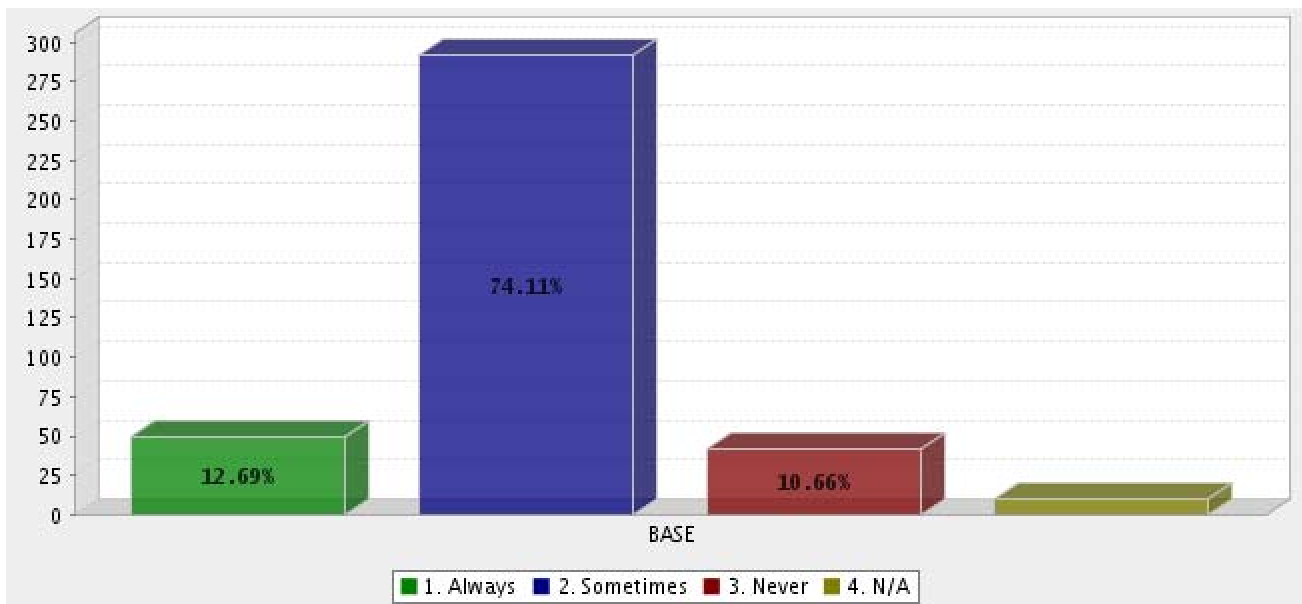
You get a flu shot each year:



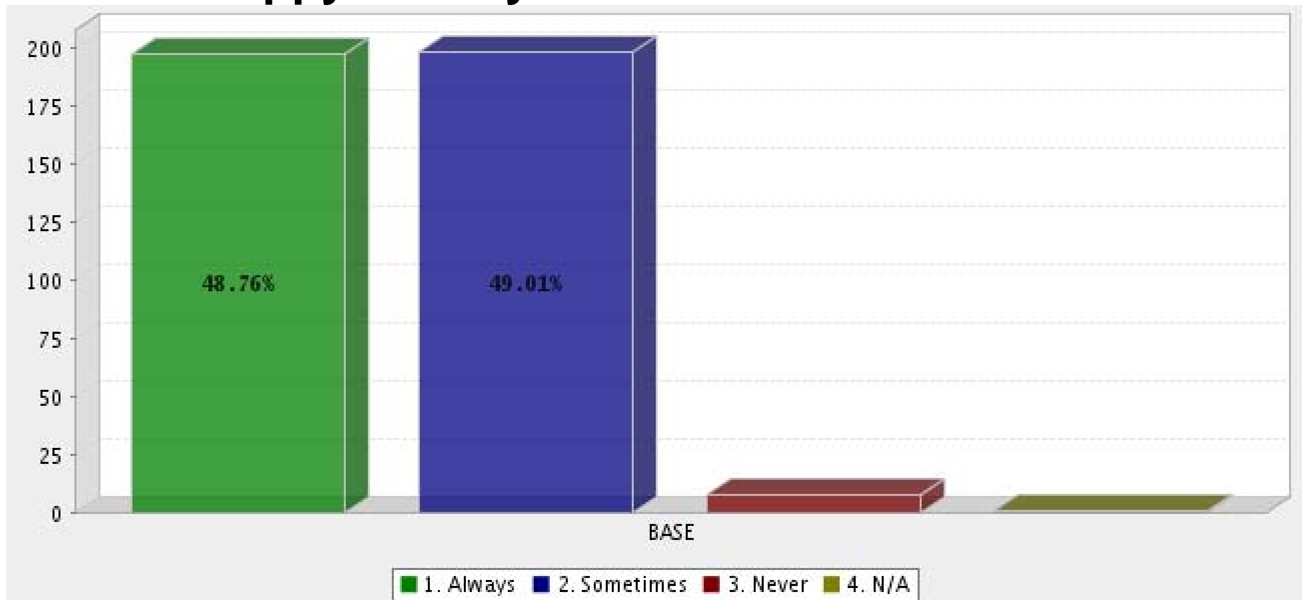
You get enough sleep each night (7–9 hours):



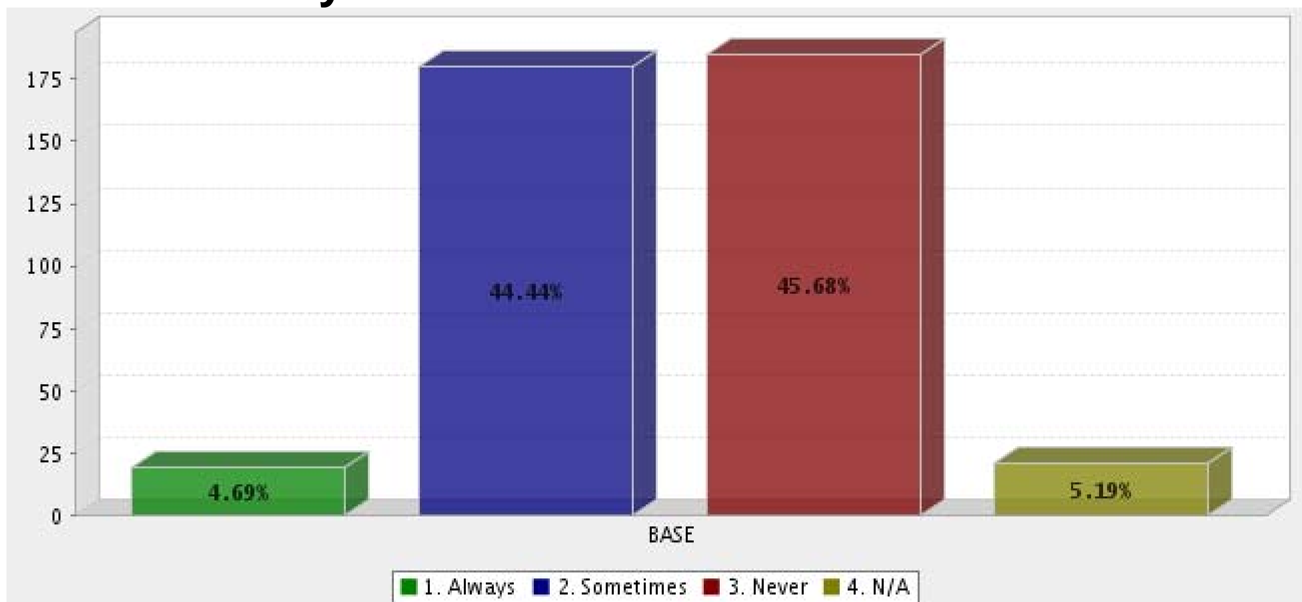
You feel stressed out:



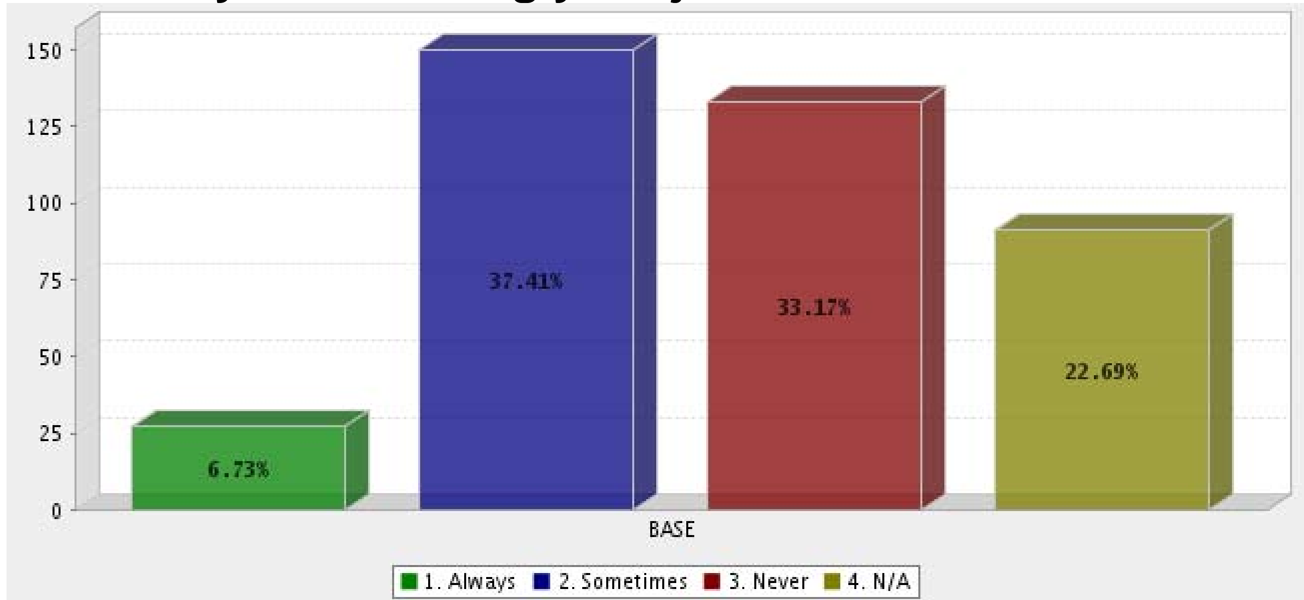
You feel happy about your life:



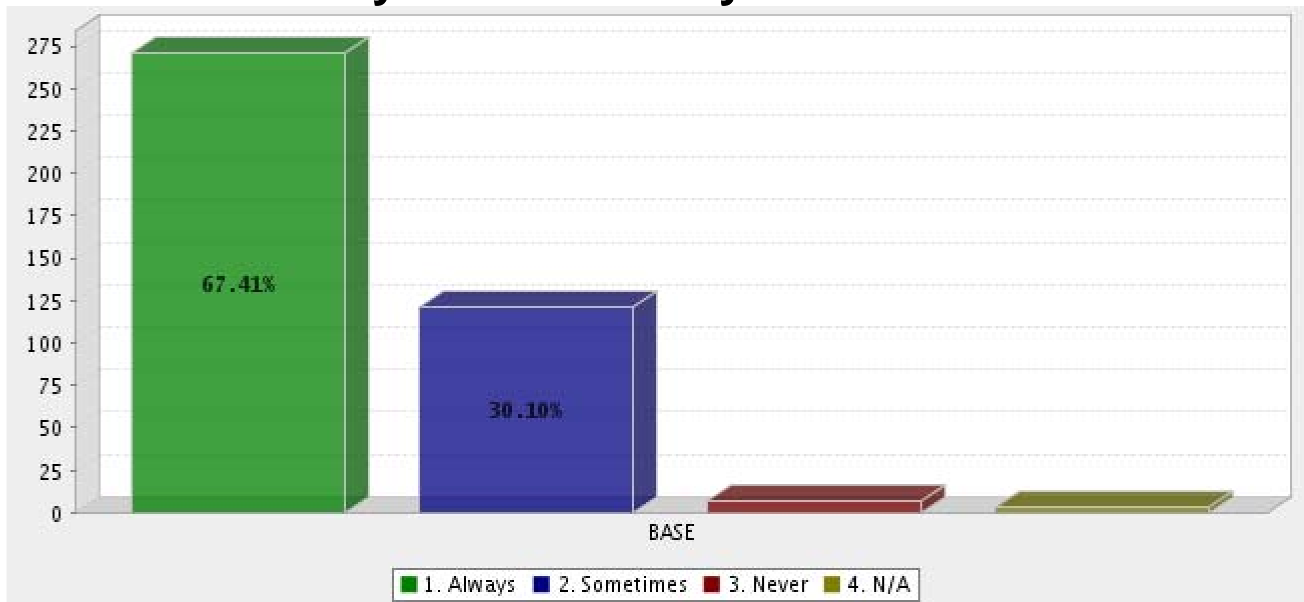
You feel lonely:



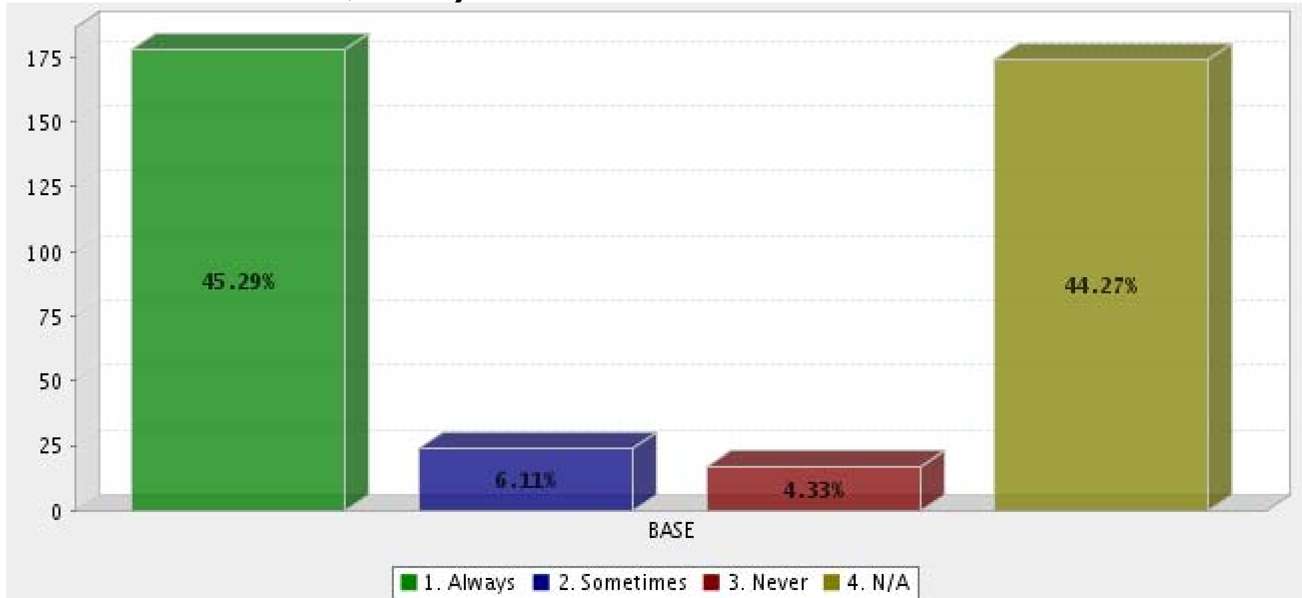
You worry about losing your job:



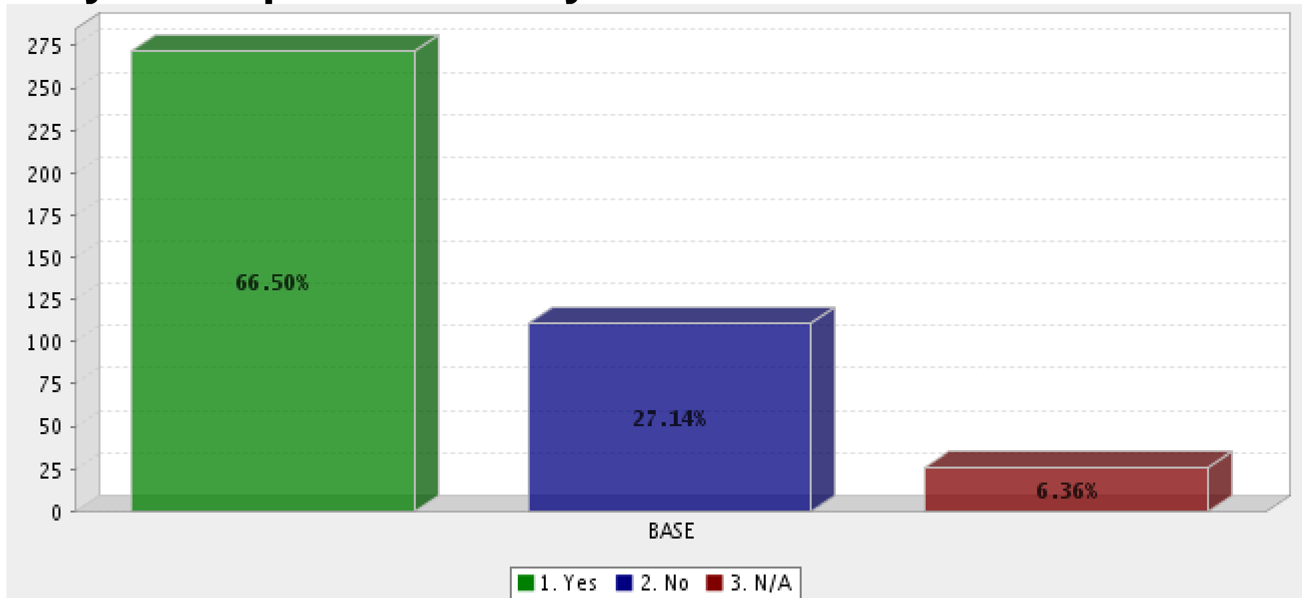
You feel safe in your community:



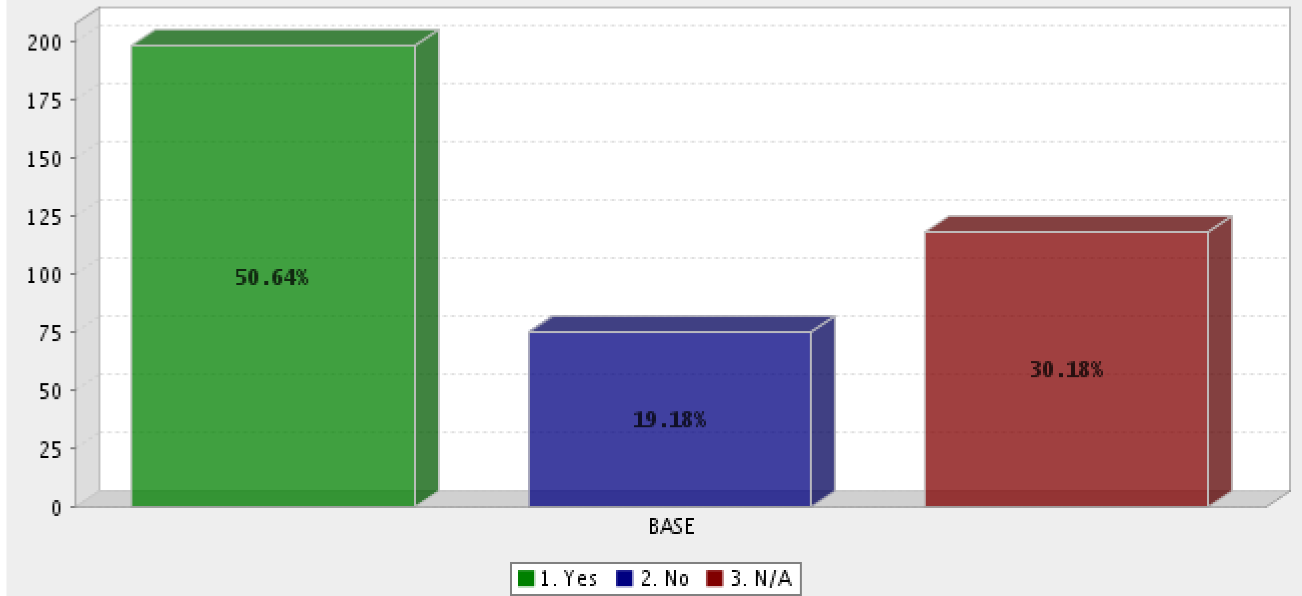
You practice safe sex (condom, abstinence or other barrier method, etc.):



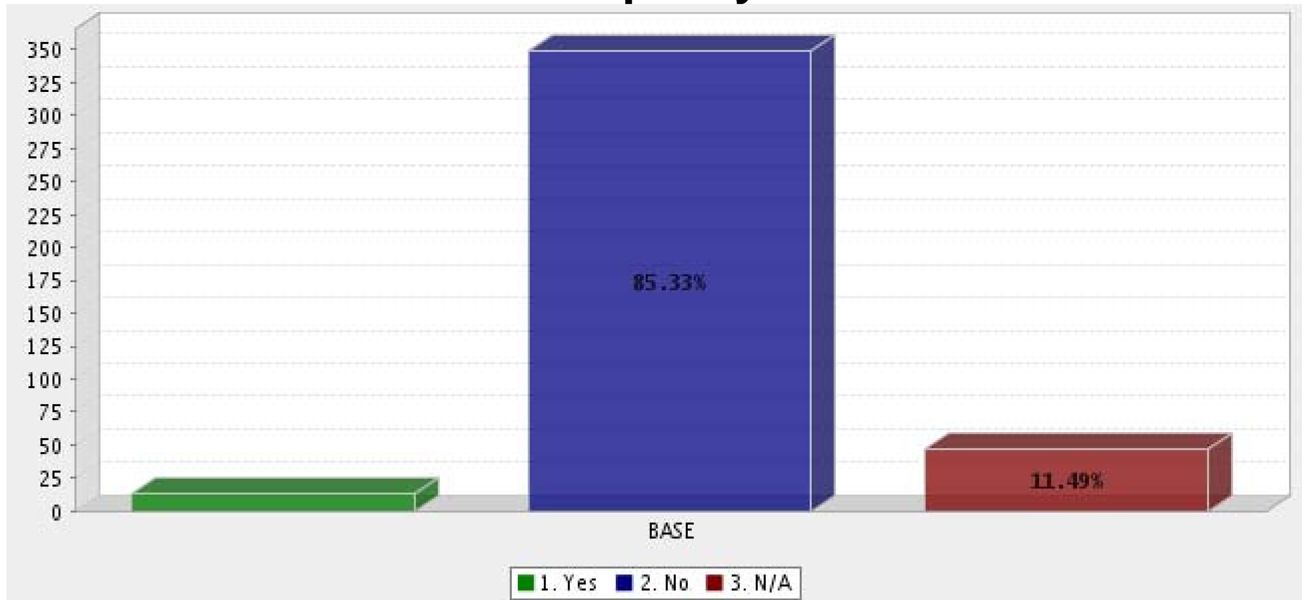
Do you keep firearms in your home?



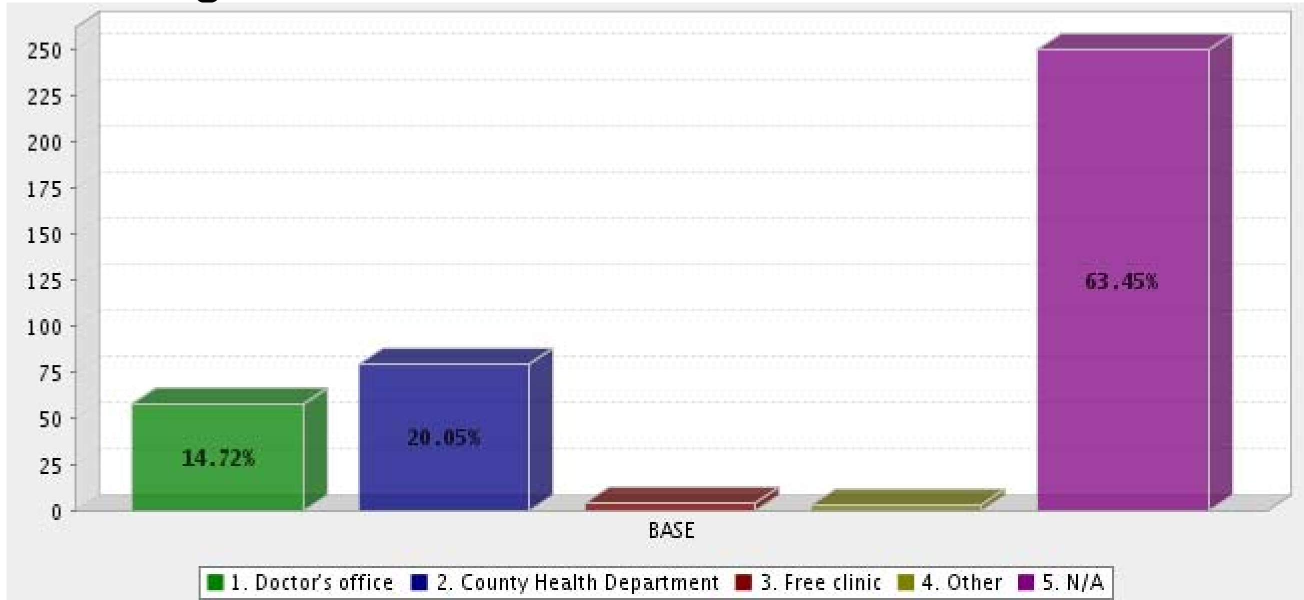
If firearms are kept in your home, are they stored unloaded and separate from ammunition?



Does domestic violence impact your life?



If you have children, what is your primary resource for obtaining childhood immunizations?



SOURCES

Sources

2011.1 Nielson Demographic Update, The Nielson Company, April 2011

Regional Economic Conditions (RECON). 2006-2011, Federal Deposit Insurance Corporation, 6 Aug. 2012 < http://www2.fdic.gov/recon/index.asp>

United States Department of Labor: Bureau of Labor Statistics. 2010. U.S. Department of Census. 8 Nov. 2011 <http://www.bls.gov/cew/>.

Arkansas Economic Development Commission. 2012. Research Division.

2010 Poverty and Median Income Estimates – Counties, U.S. Census Bureau, Small Areas Estimate Branch, November 2011.

2009 Poverty and Median Income Estimates – Counties, U.S. Census Bureau, Small Areas Estimate Branch, December 2010.

2009 Health Insurance Coverage Status for Counties and States: Interactive Tables. U.S. Census Bureau, Small Area Health Insurance Estimates. 13 Jan. 2012 <http://www.census.gov/did/www/sahie/data/2009/tables.html>.

Census Scope: Social Science Data Analysis Network (SSDAN). 2000 Educational Attainment. <http://www.censusscope.org/us/s5/chart_education.html>.

Arkansas Health Statistics Branch Query System: 2005 ICD9 Cause of Death Tabular Report. Arkansas Department of Health. http://170.94.15.100/scripts/broker.exe?_service=default&_program=arcode.ICD9_welcome_live.sas&_debug.

County Health Rankings: Mobilizing Action Toward Community Health. 2011. Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 30 Nov. 2011 <http://www.countyhealthrankings.org>.

2010 Cost Report Data. Online Medicare Cost Report Worksheets and Data Sets. <http://www.costreportdata.com/index.php>.

2011 Physician Specialty. U.S. Department of Health and Human Services: Health Resources and Services Administration. <www.arf.hrsa.gov/>.

HealthyPeople.gov. 2011. U.S. Department of Health and Human Services. 30 Nov. 2011 <http://www.healthypeople.gov/>.