



The Heart of Great Medicine

Community Health Needs Assessment

September 2016

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Introduction

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

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

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including at least one state or local public health official and members of medically underserved, low-income and minority populations within the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document CrossRidge Community Hospital's compliance with these requirements. Health needs of the community have been identified so that CrossRidge Community Hospital (the Hospital) may adopt an implementation strategy to address specific needs of the community.

The process involved:

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

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

Acknowledgements

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

Summary of Community Health Needs Assessments

The purpose of community health needs assessments is to identify and understand the unique health needs of the community served by the Hospital and to document compliance with new federal regulations pursuant to the *Patient Protection and Affordable Care Act*.

The Hospital engaged **BKD, LLP** to assist in conducting a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,400 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the county. The community health needs assessment was conducted from May 2016 through June 2016.

Based on current regulations and other guidance from the U.S Treasury Department and the IRS, the following steps were conducted as part of the Hospital's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2013 community health needs assessment was completed to understand the effectiveness of the Hospital current strategies and programs. This evaluation is included at Page 12.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The timing of release of such publicly available information is not consistent among the various sources, so not all data tables refer to the same year. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement are noted in the section entitled Health Status of the Community.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through interviews of nine stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

General Description of the Hospital

The Hospital is a not-for-profit organization located in Wynne, Arkansas. It has served the people of Wynne and the surrounding communities since 1952, and has been a wholly owned subsidiary of St. Bernards HealthCare, Inc. (SBHC) since 1999. The Hospital provides a wide range of services, including a 24-hour emergency department.

The Hospital is dedicated to teamwork and community involvement, sponsoring health fairs, support groups and other activities that make a positive difference in the health and safety of the community it serves. The Hospital is proud to provide excellent patient care, up-to-date technology, and a friendly, pleasant atmosphere to the community it serves.

Community Served by the Hospital

The Hospital is located in Wynne, Arkansas, in Cross County. Wynne is approximately one hour south of Jonesboro, Arkansas, and one hour west of Memphis, Tennessee, the closest metropolitan areas. Wynne is approximately 15 miles from the nearest interstate highway.

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 Hospital is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. For the purposes of this needs assessment, the community served by the Hospital has been determined to be Cross County.

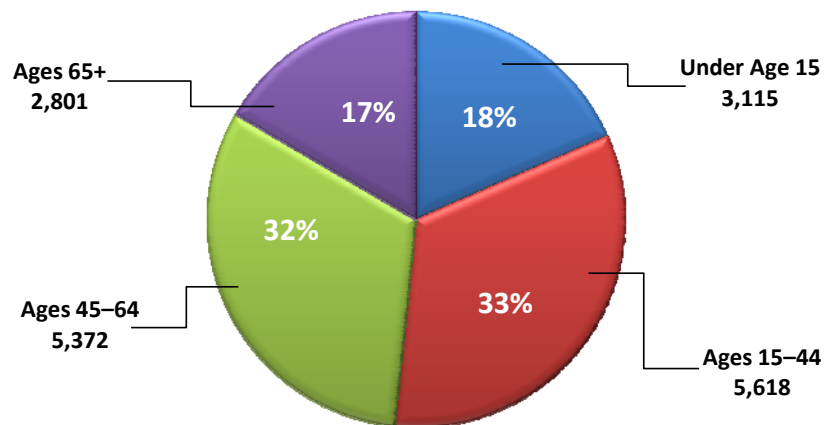
Community Characteristics

Community Population and Demographics

The community served by the Hospital is a rural area in northeast Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 17,000 people live in Cross County.

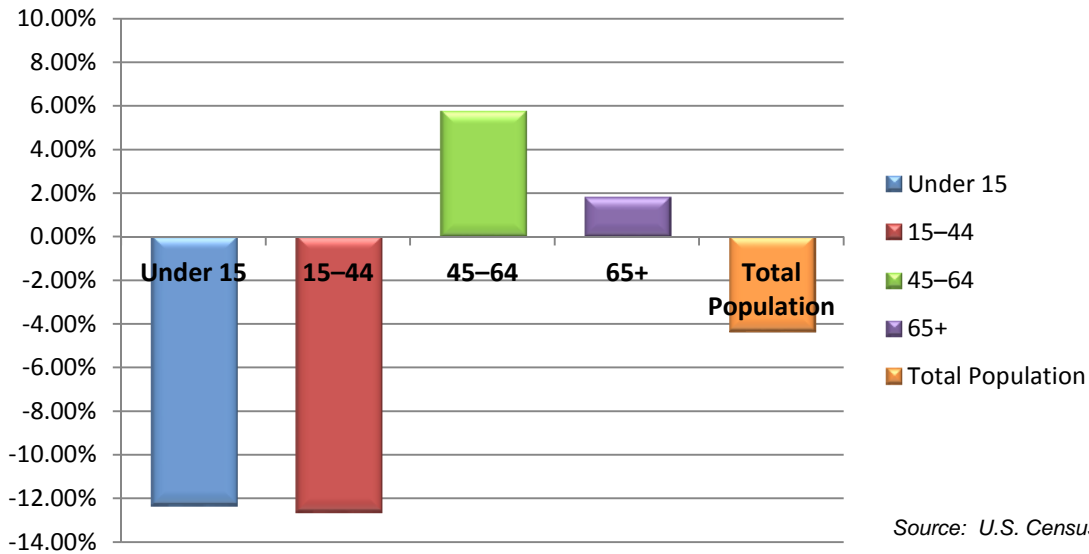
The chart to the right shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, about 49% of the community's population is over age 45. The percentage of the community population age 45 and older is expected to increase over the next five years, as shown on the chart below. These age groups use more health services than any other, consequently, the Hospital could experience an

Community Population by Age Group



increase in patient volume in the near future. However, the overall community population is expected to decrease, which might cause a decline in patient volume. Additionally, the percentage of the community population ages 44 and below is expected to decrease significantly over the next five years, which could contribute to difficulties in recruiting enough care providers to manage the aging population.

Projected Change in Population by Age Group, 2015–2020

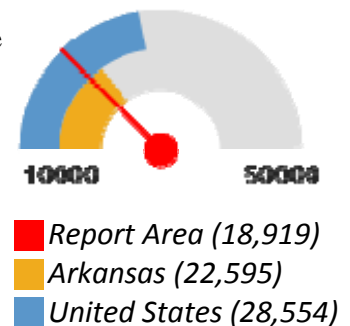


Socioeconomic Characteristics of the Community

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

Educationally, the community served by the Hospital is ranking significantly lower than the state of Arkansas as a whole. About 16% of the population has obtained an associate’s degree or higher, compared to about 37% of the U.S. and 27% in Arkansas. Approximately 16% of the population does not have a high school diploma, compared to about 14% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

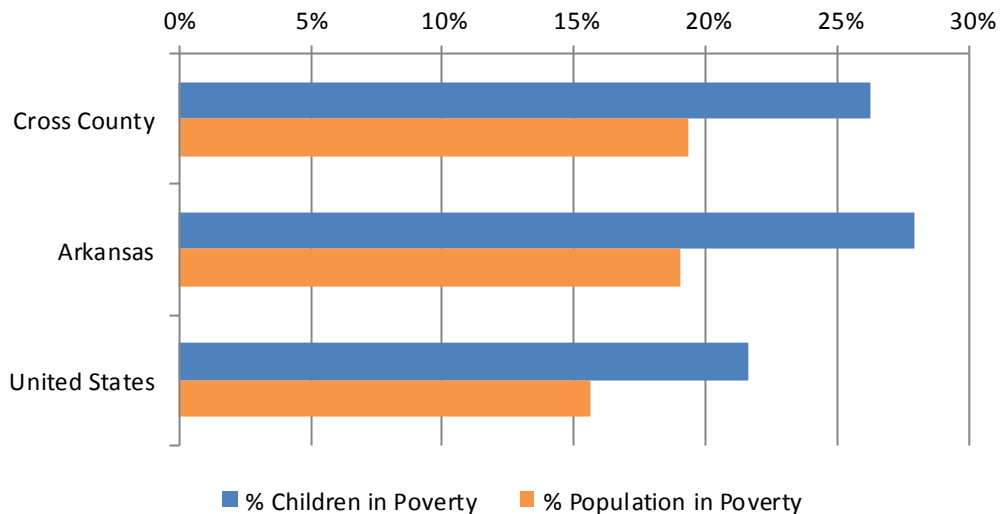
Per Capita Income



Source: U.S. Census Bureau
American Community Survey

The income levels of individuals within the community also have a significant effect on their ability to access health services. The average per capita income in the Hospital’s community is \$18,919, compared to \$22,595 for the state of Arkansas and \$28,554 for the United States. Lower than average per capita income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. However, the levels of poverty are not much different than the rates in the state of Arkansas and the United States. The chart below shows the percentage of the communities’ population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

Population in Poverty

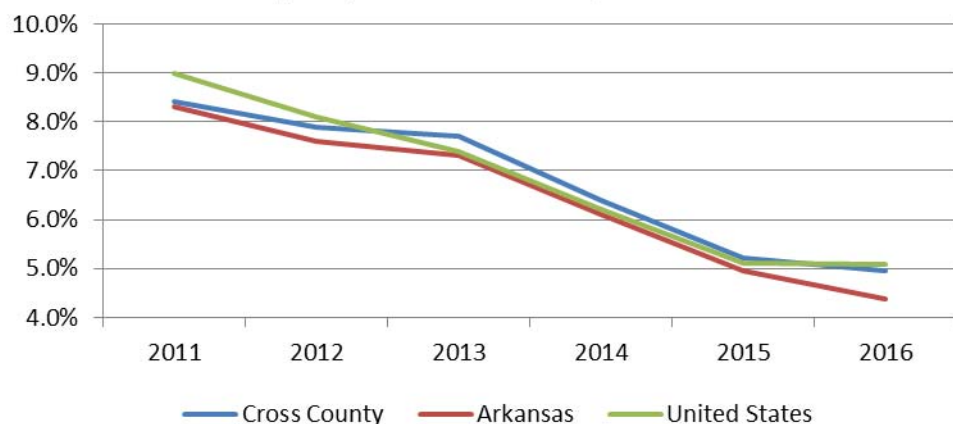


Source: U.S. Census Bureau
American Community Survey

Some socioeconomic measures in the community have improved significantly since the publication of the 2013 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Hospital. In 2013, before this program went in to effect, 16% of the Hospital’s patient encounters were uninsured, while in 2015, that number dropped to only 8%, representing a 50% decrease in uninsured patient encounters at the Hospital. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.

Another socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The adjacent chart shows that the unemployment rate of the community has been dropping sharply over the past

Unemployment Rates, 2011–2016



six years, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to health care is improved.

Health Status of the Community

This section of the assessment reviews the health status of Cross County residents, with comparisons to the state of Arkansas. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable the Hospital to identify significant issues related to the health status of its residents.

Good health can be defined as a state of physical, mental and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

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

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities and premature death.

The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle/behavior and related health care problems include the following:

Lifestyle	Impact on Health
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Lack of exercise	Cardiovascular disease Depression

Lifestyle	Impact on Health
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health Outcomes and Factors

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

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

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

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (seven measures)
 - Physical environment (two measures)

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

As part of the analysis of the needs assessment for the community, the community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture and environment.

The following table, from County Health Rankings, summarizes the 2015 health outcomes and factors for Cross County. Measures underperforming the state average are highlighted in red. The data upon which the uninsured patients measure was based is from 2012 and, therefore, does not reflect the improvement discussed earlier resulting from the 2014 Medicaid expansion.

Health Outcome/Factor	Cross County		Arkansas	National Benchmark
	Metric	Rank		
Health Outcomes		67		
Length of Life		70		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	12,400		9,100	5,200
Quality of Life		58		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	24%		23%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.9		4.7	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4		4.4	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	12%		9%	6%
Health Factors		51		
Health Behaviors		50		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	23%		25%	14%
Adult obesity – Percent of adults that report a BMI >= 30	38%		33%	25%
Food environment index – Ranking from 1–10 that considers accessibility of healthy foods	5.8		6.1	8.3
Physical inactivity – Percent of adults reporting no leisure-time physical activity	36%		32%	20%
Access to exercise opportunities – Percent of individuals who live within three miles of a recreational facility	39%		61%	91%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	14%		14%	12%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	18%		30%	14%
Sexually transmitted infections – Chlamydia rate per 100,000 population	582.5		523.8	134.0
Teen birth rate – Per 1,000 female population, ages 15–19	64		53	19
Clinical Care		53		
Uninsured adults – Percent of population under age 65 without health insurance	17%		19%	11%
Primary care physicians – Ratio of population to primary care physicians	1,950:1		1,540:1	1,040:1
Dentists – Ratio of population to dentists	1,720:1		2,300:1	1,340:1
Mental health providers – Ratio of population to mental health providers	1,230:1		520:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	96		66	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	75%		83%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	51%		58%	71%
Social and Economic Factors		52		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	85%		85%	93%
Some college – Percent of adults aged 25–44 years with some post-secondary education	37%		55%	72%
Children in poverty – Percent of children under age 18 in poverty	33%		26%	13%
Income inequality – Ratio of household income at the 80th percentile to that at the 20th percentile	4.8		4.8	3.7
Children in single-parent households – Percent of children that live in household headed by single parent	32%		37%	21%
Violent crime rate – Violent crimes per 100,000 population	331		484	59
Injury deaths – Deaths from intentional and unintentional injuries per 100,000 population	91		77	51
Physical Environment		41		
Air pollution-particulate matter days – Average daily density of fine particulate matter	12.6		11.8	9.5
Severe housing problems – Percentage of households with severe housing problems in facilities, crowding, or cost	13%		15%	9%

Health Care Resources

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Cross County.

Acute Care Hospitals

The Hospital is the primary health care provider for Cross County, receiving 27% of admissions for Cross County residents. However, while critical access hospitals such as the Hospital provide essential health care services for a variety of conditions, they are not designed or intended to handle every circumstance that may arise. In order to allow the Hospital to focus on providing care for common conditions, it is important that there are acute care hospitals nearby to handle cases involving longer inpatient stays or more complicated medical problems. Cross County residents mainly utilize acute care hospitals located in Memphis Tennessee, and Jonesboro, Arkansas, including St. Bernards Medical Center, a related organization to the Hospital. Both cities are about one hour's drive from Cross County. Approximately 43% of Cross County resident discharges are from acute care hospitals located in Jonesboro or Memphis.

Other Health Care Resources

Besides the Hospital, Cross County residents benefit from many other health care resources:

Primary Care Providers – Cross County has seven Primary Care Physicians, including one Pediatrician that primarily serves Cross County. There are also two Registered Nurse Practitioners that provide Primary Care.

ARCare Clinics – Cross County has four family practice clinics associated with ARCare. These clinics help to ensure that Cross County residents are able to access affordable healthcare, regardless of their financial situation.

Area Nursing Homes – There are two nursing homes in Cross County with a total of 237 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

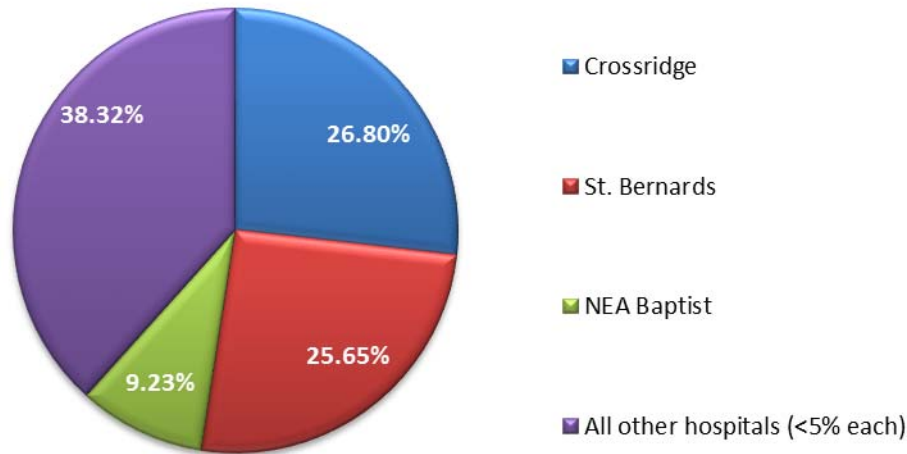
Cross County Health Unit – The Cross County Health Unit exists to promote and protect the public's health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing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

Medical Center Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Hospital was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility.

The chart below presents the relative market share of each hospital that had discharges of residents from the community (Cross County). This table presents an analysis of data for the most currently available year, showing the percentage of total Medicare discharges from each hospital. This information provides an idea of summary market share as well as the outmigration of patients from the community. For 2014, the Hospital maintained approximately 27% of all discharges from the community with St. Bernards capturing about 26% and NEA Baptist capturing around 9% of all discharges. The remaining 38% percent of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.

Community Market Share, 2014



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

Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the Cross County health department director, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the poor. Additional community stakeholders, such as local government and business leaders, were also interviewed.

Methodology

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

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

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

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, information included in the report may have been altered slightly to preserve confidentiality.

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

Key Interviewee Interview Results

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

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

While many issues were raised during the interviews, a few items stood out as being mentioned consistently by nearly all of the interviewees. These issues are summarized below:

- Of the nine people interviewed, five felt that the quality of life in Cross County had improved over the last three years. Two felt that it had stayed the same, and two felt that it had declined.
- Some interviewees thought that awareness of healthy lifestyle choices was increasing in Cross County, contributing to improvements in overall health. However, others felt that they had seen an increase in obesity and chronic disease over the past few years.
- Recruiting and retaining local physicians was mentioned as a challenge to the health of the community.

- The most frequently mentioned critical health issues in the community were obesity, diabetes, cancer and heart disease.

Evaluation of Response to 2013 Community Health Needs Assessment

The Hospital prepared an implementation strategy in response to the needs identified in its September 2016 needs assessment. A listing of those needs, along with steps taken by the Hospital to address them, is below:

- Lack of Health Awareness and Screening
 - The Hospital provides free lipid panels, blood pressure and glucose screenings in Wynne and the three surrounding communities in Cross County every February.
 - The Hospital provides one-on-one health education sessions with a certified health education specialist. Community members are referred if blood results are out of the normal range. Approximately 500 Cross County residents are served annually.
 - The Hospital receives funding from the Susan G. Komen Foundation to provide \$75 mammograms to all women who have a mammogram during the month of October. This represents nearly \$200 in savings from the normal cost.
 - The Hospital sponsors a breast cancer awareness luncheon during the month of October to remind Cross County women of the need to be proactive in their breast health practices.
- Diabetes
 - The Hospital has developed a diabetes education program to educate newly diagnosed and poorly controlled diabetes patients to learn about diet and to participate in an exercise program three days per week with a certified personal trainer.
- Pneumonia and Influenza
 - Access to prescription drugs is critical for patients suffering from the above conditions. The Hospital offers a medicine assistance program to assist patients with no prescription drug coverage. With the cost and availability of their medications, the program saves participants in excess of \$50,000 per month on their out-of-pocket prescription costs.
- Bronchitis, Emphysema and Asthma
 - All of the above conditions are aggravated by tobacco use. The Hospital's parent corporation, St. Bernards HealthCare, Inc., is involved with many smoking cessation programs in northeast Arkansas, including Cross County. Additionally, the Hospital provides tobacco cessation advice and counseling to all Hospital patients who use tobacco products.
- Poor Eating and Exercise Habits
 - The Hospital partners with Wynne Elementary School for the Let's Go! 5-2-1-0 Program. This is a school nutrition and exercise initiative that involves a \$40,000 grant.

- Drug and Alcohol Abuse
 - The Hospital's parent corporation, St. Bernards HealthCare, Inc., provides an intensive outpatient counseling program for individuals struggling with drug and alcohol abuse.
 - CrossRidge Community Hospital was the 2013 recipient of \$50,000 per year for five years, totaling \$250,000 in funding, to address the prevention of underage drinking and prescription drug abuse. The funding targets children and young adults ages 12–25. The funding comes from the University of Arkansas at Little Rock/MidSouth Center for Prevention and Training.

Because population health data takes time to become publicly available, it is difficult to quantitatively assess the impact of actions taken by the Hospital in response to the previous needs assessment. However, there are indications that the Hospital's efforts are having a positive effect on the health of the community. For example, the number of uninsured patient encounters at the Hospital dropped 50% from 2013 to 2014, as discussed on Page 5 of this needs assessment. The Hospital believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

Identification and Prioritization of Health Needs

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

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

1. Obesity
2. Diabetes
3. Access to clinics and primary care physicians
4. Heart disease
5. Senior care

Other identified needs include:

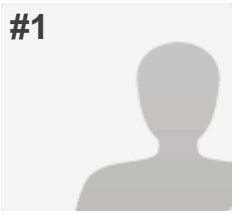
- Health education
- Tobacco use
- Children in poverty

The Hospital will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on the Hospital's website. Public comments on this assessment may be directed to the Hospital's management at 310 South Falls Boulevard, Wynne, Arkansas 72396.

APPENDICES

APPENDIX A
KEY INTERVIEWEE QUESTIONNAIRE

#1



PAGE 1: Community Needs Assessment 2016

Q1: Contact Information

Name

Company

Address

City/Town

ZIP/Postal Code

Email Address

Phone Number

Q2: Which county do you live in?

Q3: How many years have you worked in your current position?

Q4: On a scale of 1 to 10, with 1 being lowest and 10 being highest, how would you rate health and quality of life in your area?

(no label)

Q5: In your opinion, has health and quality of life changed over the past few years?

Q6: Based on your answer in question 5, what are your reasons for choosing that answer?

Q7: What other factors have contributed to the improvement, staying the same, or decline of the health and quality of life in your county?

Q8: Are there people or groups of people in your county whose health and quality of life may not be as good as others? Please select from the options below.

Q9: Based on your answer in question 8, what are the reasons you feel their health and quality of life has been affected?

Q10: In your opinion, what are the most critical health and quality of life issues in your county?

Q11: Based on your answers in question 10, what needs to be done to address these issues?

Q12: Is there anyone else that you would recommend that we interview?

APPENDIX B

SOURCES

Sources

Total Population by County and Development District Projections.
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