



JOHNSON REGIONAL
MEDICAL CENTER



Community Health
Needs Assessment
2016

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Introduction

Johnson Regional Medical Center (the Medical Center) is a nonprofit organization located in Clarksville, Arkansas. A board of directors governs the Medical Center and ensures that the strategic direction of the hospital consistently meets the health care needs of the people which it serves. The Medical Center strives to provide high-quality outpatient and inpatient health care services to the community it serves. The Medical Center is governed by seven board members.

About Community Health Needs Assessments

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

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, 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 those with special knowledge 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 the Medical Center's compliance with IRC Section 501(r). Significant health needs of the community have been identified and prioritized so that the Medical Center may adopt an implementation strategy to address specific needs of the community.

The process involved:

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

This document is a summary of all the available evidence collected during the second cycle of 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 needs assessment described herein. We are grateful for the individuals who gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

Summary of Community Health Needs Assessment Process

The purpose of the community health needs assessment is 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 2,600 partners and employees in 35 offices. BKD serves more than 1,050 hospitals and health care systems across the country. The community health needs assessment was conducted from July through December 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Medical Center's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the December 2013 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included at Page 12.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then assessed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by countyhealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared.
- Community input was provided through interviews of two key interviewees. Results and findings are described in the Key Interviewee section of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs then prioritized taking into account the perceived degree of influence the Medical Center has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

Community Served by the Medical Center

The Medical Center is located in the city of Clarksville, Arkansas, in Johnson County. Clarksville is located approximately one hour east of Fort Smith, Arkansas, and is accessible by interstate highways.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. In preparing the 2013 community health needs assessment, management determined that the Medical Center’s community was best defined as Johnson, Pope, Franklin and Logan Counties. After reevaluating the Medical Center’s community, management believes that Johnson County is the primary service area, since about 70% of the Medical Center’s discharges originate from Johnson County. For this needs assessment, the community will be defined as Johnson County.

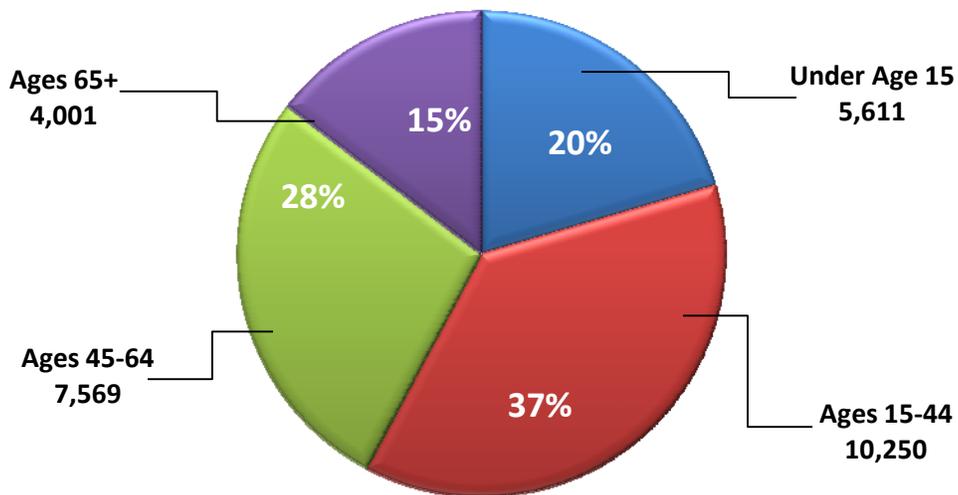
Community Characteristics

Community Population and Demographics

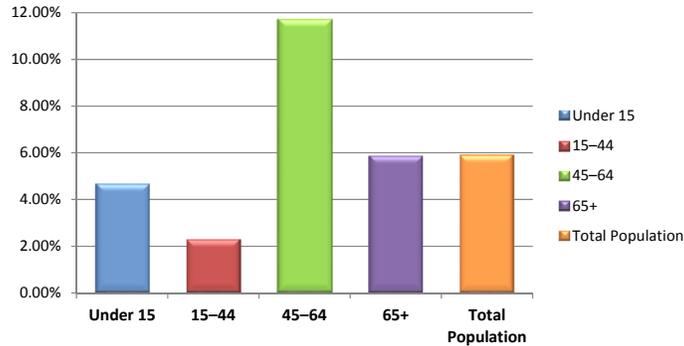
The community served by the Medical Center is a primarily rural area in northwest Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 27,000 people live in Johnson County.

A major distinguishing feature of the Medical Center’s community is the age break down of this population. The chart below shows the breakdown of the community’s population by age group. The total community population is expected to increase by nearly 6%. The population aged 45 and older is projected to increase more than the population as a whole. Because older people tend to require more medical services, the Medical Center needs to prepare for a greater volume of patients. Demand for services such as hospice care, home health and nursing home services is likely to increase considerably. Careful consideration must be given to this issue, and steps should be taken to ensure that the health needs of the aging population are met.

Community Population by Age Group



Projected Change in Population by Age Group, 2015–2020

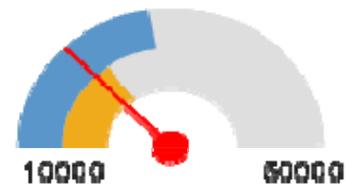


Socioeconomic Characteristics of the Community

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

Socioeconomically, the community served by the Medical Center is similar to many other parts of rural Arkansas. About 20% of the population has obtained an associate’s degree or higher, compared to about 37% of the U.S., while about 22% 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

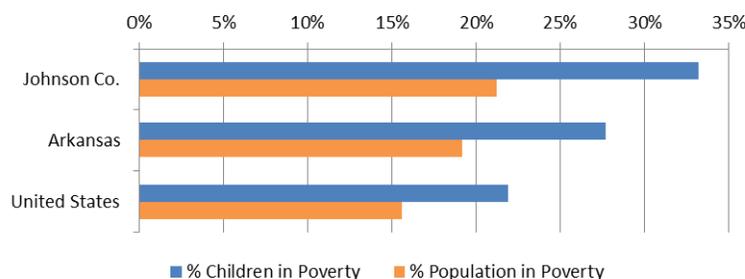


- Johnson County (18,993)
- Arkansas (22,595)
- United States (28,554)

Source: US Census Bureau, American Community Survey

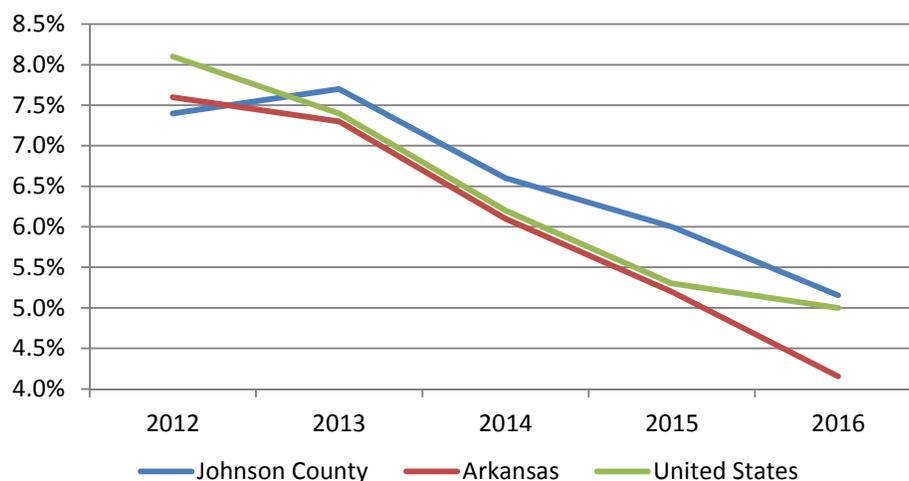
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average per capita income in the Medical Center’s community is \$18,993, compared to \$22,595 for the state of Arkansas and \$28,554 for the United States. Lower than average per capita income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. The chart below shows the percentage of the communities’ population living below the federal poverty line, according to 2014 U.S. Census Bureau data, 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



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, initially known as the Arkansas Private Option and, more recently, termed Arkansas Works, that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of the Medical Center. In 2013, before this program went in to effect, 19% of the Medical Center’s patient encounters were uninsured, while in 2014, that number dropped to 15%, representing a 21% decrease in uninsured patient encounters at the Medical Center. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.

Unemployment Rates, 2012–2016



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

Health Status of the Community

This section of the assessment reviews the health status of Johnson 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 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 and behavior, personal health attitude and poor health status is gaining recognition and acceptance by both the general public and health care providers. Some examples of lifestyle and 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 accidents Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Lack of exercise	Cardiovascular disease Depression
Overstressed	Mental illness Alcohol/drug abuse Cardiovascular disease

Health Outcomes and Factors

An analysis of various health outcomes and factors for a particular community can identify areas that, if improved, may 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, Johnson County 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 2016 health outcomes and factors for Johnson County, which comprises the community for the Medical Center. 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	Johnson County		Arkansas	National Benchmark
	Metric	Rank		
Health Outcomes		20		
Length of Life		15		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	8,600		9,100	5,200
Quality of Life		36		
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)	5.0		4.7	2.9
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.5		4.4	2.8
Low birth weight – Percent of live births with low birth weight (<2500 grams)	7%		9%	6%
Health Factors		43		
Health Behaviors		53		
Adult smoking – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	24%		25%	14%
Adult obesity – Percent of adults that report a BMI >= 30	35%		33%	25%
Food environment index – Ranking from 1–10 that considers accessibility of healthy foods	6.8		6.1	8.3
Physical inactivity – Percent of adults reporting no leisure-time physical activity	37%		32%	20%
Access to exercise opportunities – Percent of individuals who live within three miles of a recreational facility	29%		61%	91%
Excessive drinking – Percent of adults that report excessive drinking in the past 30 days	15%		14%	12%
Alcohol-impaired driving deaths – Percent of motor vehicle crash deaths with alcohol involvement	32%		30%	14%
Sexually transmitted infections – Chlamydia rate per 100K population	378		524	134
Teen birth rate – Per 1,000 female population, ages 15–19	57		33	19
Clinical Care		36		
Uninsured adults – Percent of population under age 65 without health insurance	22%		19%	11%
Primary care physicians – Ratio of population to primary care physicians	1,620:1		1,540:1	1040:1
Dentists – Ratio of population to dentists	2,890:1		2,300:1	1340:1
Mental health providers – Ratio of population to mental health providers	420:1		520:1	370:1
Preventable hospital stays – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	59		66	38
Diabetic screening – Percent of diabetic Medicare enrollees that receive HbA1c screening	83%		83%	90%
Mammography screening – Percent of female Medicare enrollees that receive mammography screening	47%		58%	71%
Social and Economic Factors		40		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	89%		85%	93%
Some college – Percent of adults aged 25–44 years with some post-secondary education	38%		55%	72%
Children in poverty – Percent of children under age 18 in poverty	29%		26%	13%
Income inequality – Ratio of household income at the 80th percentile to that at the 20th percentile	4.2		4.8	3.7
Children in single parent households – Percent of children that live in household headed by single parent	25%		37%	21%
Violent crime rate – Violent crimes per 100,000 population	209		484	59
Injury deaths – Deaths from intentional and unintentional injuries per 100,000 population	80		77	51
Physical Environment		9		
Air pollution-particulate matter days – Average daily density of fine particulate matter	11.4		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 county’s residents and a measure of the soundness of the area’s health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community’s health status. Fewer health care facilities and health care providers can impact the timely delivery of services.

A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of such care. This section will address the availability of health care resources to the residents of the Medical Center’s community.

Hospitals and Health Centers

The Medical Center has 90 acute beds and is the only hospital in the community. However, there are several other hospitals that receive a significant share of the community’s patients. The chart below summarizes hospital services available to the residents of Johnson County:

Summary of Area Hospitals

		Facility Type	Miles from JRMC	Bed Size	Annual Discharges
Johnson Regional Medical Center	1100 E. Poplar Ave., Clarksville, AR 72830	Short-term Acute Care	-	90	1,801
St. Mary’s Regional Medical Center	1808 W. Main St., Russellville, AR 72801	Short-term Acute Care	24	133	5,470
Mercy Hospital Ozark	801 W. River Street, Ozark, AR 72949	Critical Access	26	25	229
Sparks Regional Medical Center	1001 Towson Ave., Fort Smith, AR 72901	Short-term Acute Care	62	249	16,214
Mercy Hospital Fort Smith	7301 Rogers Ave., Fort Smith, AR 72903	Short-term Acute Care	62	343	14,390

Source: Costreportdata.com

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

St. Mary’s Regional Medical Center – Located in Russellville, Arkansas, St. Mary’s is approximately 30 minutes southeast of the Medical Center. It offers a full range of medical services and diagnostic facilities.

Mercy Hospital Ozark – Located in Ozark, Arkansas, Mercy Hospital Ozark is approximately a 30 minute drive west of the Medical Center. It is a critical access hospital offering full hospital care and laboratory services.

Sparks Regional Medical Center – Located in Fort Smith, Arkansas, Sparks Regional is approximately one hour west of the Medical Center. It offers services such as cancer treatment, cardiac rehabilitation services, women’s services and stroke care services.

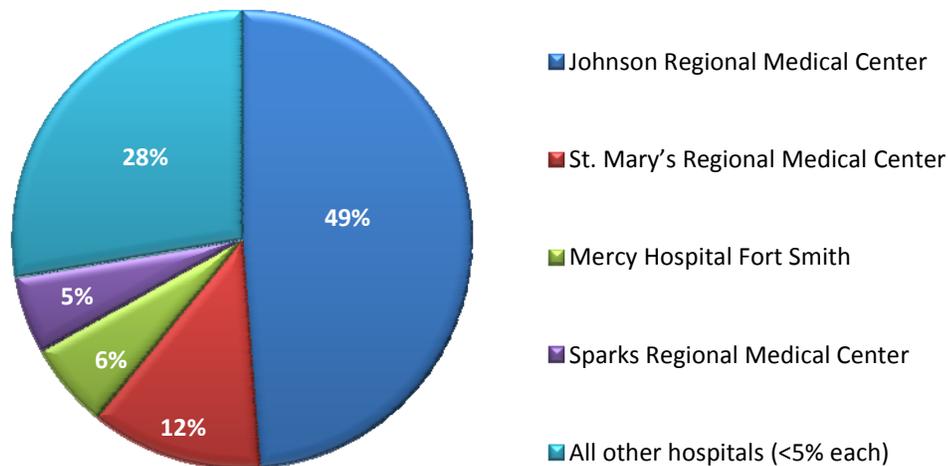
Mercy Hospital Fort Smith – Located in Fort Smith, Arkansas, Mercy Hospital is approximately one hour west of the Medical Center. It offers services such as neonatology, cancer treatment, home care and wound care.

Medical Center Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility. The chart below 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 2014, the Medical Center maintained approximately 49% of all discharges from the community, with

St. Mary’s Regional Medical Center capturing about 12%, Mercy Hospital Fort Smith capturing around 6% and Sparks Regional Medical Center capturing around 5%. The remaining 28% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.

Community Market Share, 2014



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

Other Health Care Facilities and Providers

County Health Units – The Johnson County Health Unit exists to promote and protect the public’s health. The local health unit provides services including Women, Infants and Children (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 and environmental services.

Area Nursing Homes – There is one nursing home in the community with a total of 100 beds. They provide residential, medical and rehabilitative services to the elderly and disabled in the community.

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 include 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 elderly.

Methodology

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

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

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

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. This technique does not provide a quantitative analysis of the leaders' opinions, but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Interview Results

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

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

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

- There is a need for additional primary care providers in the community. Long wait times to get an appointment with a primary care physician can contribute to minor health problems escalating to something more severe.
- Many senior citizens in the community do not have transportation available to get to their medical appointments, especially if they have to travel outside of the immediate area.
- Health literacy is a major issue in the community. Many individuals are not aware of the health resources available to them. Additional outreach is needed help these members of the community take steps to improve their health.

Evaluation of Response to 2013 CHNA

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

- Aging problems
 - Each year, the Medical Center puts on the Apple a Day Health Fair, which is focused on healthy aging. Blood draws, health screenings and other resources are made available to seniors at no cost.
 - The Medical Center offers free depression screenings through its senior care center.
- Lack of access to medical services
 - The Medical Center embarked on a project to improve wait times in its emergency room to allow patients to be seen more quickly and efficiently. Through this program, the time it took the average patient to see a doctor after entering the ER decreased from 62 minutes in 2013 to 19 minutes in 2016. Also, the average time for a patient to be discharged from the ER decreased from 143 minutes in 2013 to 76 minutes in 2016.
 - The Medical Center is currently recruiting family practice physicians who will have later clinic hours to better meet the needs of working people in the community.
 - The Medical Center offered a health fair at Munro Shoe Plant, a major local employer, performing free lab screenings and blood pressure checks.
 - The Medical Center hired a Nurse Educator to provide trainings to employees. Several community leaders have been invited to attend these trainings.
- Obesity
 - Beginning February 2017, the Medical Center will offer free diabetic education classes taught by a Certified Diabetics Educator. These classes will include information on healthy living, including good nutrition and exercise.
- Health risks associated with tobacco use
 - The health fairs and screenings mentioned above provided information to community residents about health services available to them, including services geared toward smoking cessation.

Because population health data takes time to become publically available, it is difficult to quantitatively assess the impact of actions taken by the Medical Center in response to the previous needs assessment. However, there are indications that the Medical Center's efforts are having a positive effect on the health of the community. The Medical Center believes that as it continues to work to meet the health needs of the community, further gains will be made in these and other areas where a need has been identified.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors as well as surveys and interviews, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community.

The criteria included the numbers of persons affected; the seriousness of the issue; whether the health need particularly affected persons living in poverty or members of an underserved population; and availability of community resources to address the need.

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

1. Recruitment of additional primary care providers
2. Health needs of senior citizens
3. Health and wellness education and outreach

The Medical Center will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publically available on the Medical Center's website. Public comments on this assessment may be directed to the Medical Center's administration at 1100 East Poplar Street, Clarksville, Arkansas 72830.

APPENDICES

KEY INTERVIEW PROTOCOL

KEY INTERVIEW

Community Health Needs Assessment for:

Interviewer's Initials: _____

Date: _____

Start Time: _____

End Time: _____

Name: _____

Title: _____

Agency/Organization: _____

of years living in Johnson County: _____

of years in current position: _____

E-mail address: _____

Introduction: Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over—up to 50 minutes total—once we get into the interview. **(Check to see if this is okay).**

[Name of Organization] is gathering local data as part of developing a plan to improve health and quality of life in Johnson County. Community input is essential to this process. A combination of surveys and key interviews are being used to engage community members. You have been selected for a key interview because of your knowledge, insight and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next, I'll be asking you a series of questions about health and quality of life in Johnson County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in Johnson County?
2. In your opinion, has health and quality of life in Johnson County improved, stayed the same or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. What barriers, if any, exist to improving health and quality of life in Johnson County?
6. In your opinion, what are the most critical health and quality of life issues in Johnson County?
7. What needs to be done to address these issues?
8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?

Access to medical services
Tobacco use
Obesity
Aging problems

What do you think is most critical health need included on the list above or other of the community?

9. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?
10. In your opinion, are any the following areas in which the Medical Center should be addressing? Why or why not?

Economic Development
Affordable Housing
Poverty
Education
Healthy Nutrition
Physical Activity
Drug and Alcohol Abuse

11. Are you aware of the available health screenings at JRMC? If not, where would you look to obtain information of the available screenings? What can JRMC do to increase awareness?
12. Are there people or groups of people in Johnson County whose health or quality of life may not be as good as others? Who are these persons or groups?

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

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

Is there anything you would like to add?

SOURCES

Sources

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