

Johnson Regional Medical Center

Community Health Needs Assessment

2019

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Introduction

Johnson Regional Medical Center (the Medical Center) is a nonprofit organization located in Clarksville, Arkansas. A seven-member 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.

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, evaluate the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including 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 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 2016.
- 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 third cycle of community health needs assessments required by the IRS during tax year 2019. It will serve as a compliance document as well as a resource until the next assessment cycle.

Acknowledgments

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 help the Medical Center's understanding of the health needs of the community and to document compliance with the federal laws outlined above.

The Medical Center engaged **BKD, LLP** to assist in conducting a formal community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices in 18 states. BKD serves approximately 4,000 health care entities across the county. The community health needs assessment was conducted from August 2019 through December 2019.

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 2016 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs.
- 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 Interviewees 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 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. Any information gaps identified during the prioritization process would 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 2016 Community Health Needs Assessment, management determined Johnson County to be the primary service area. In the three years since the last community health needs assessment was conducted, there have not been significant changes in the population of the area, nor have any new hospitals been opened. Therefore, Medical Center management believes that their community has remained unchanged from the previous community health needs assessment. For this needs assessment, the community will be defined as Johnson County.

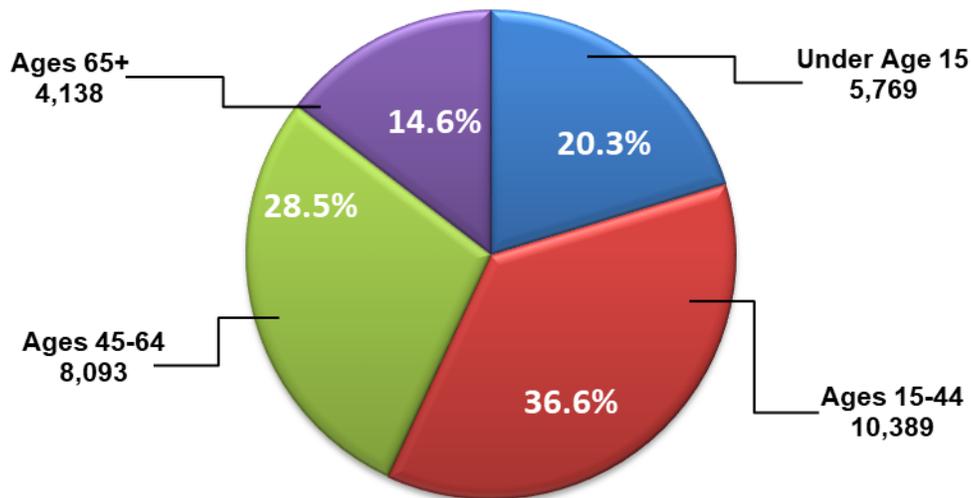
Community Characteristics

Community Population and Demographics

The community served by the Medical Center is a primarily rural area in northwest Arkansas. According to 2018 projections based on the most recent U.S. Census Bureau estimates, about 28,000 people live in Johnson County.

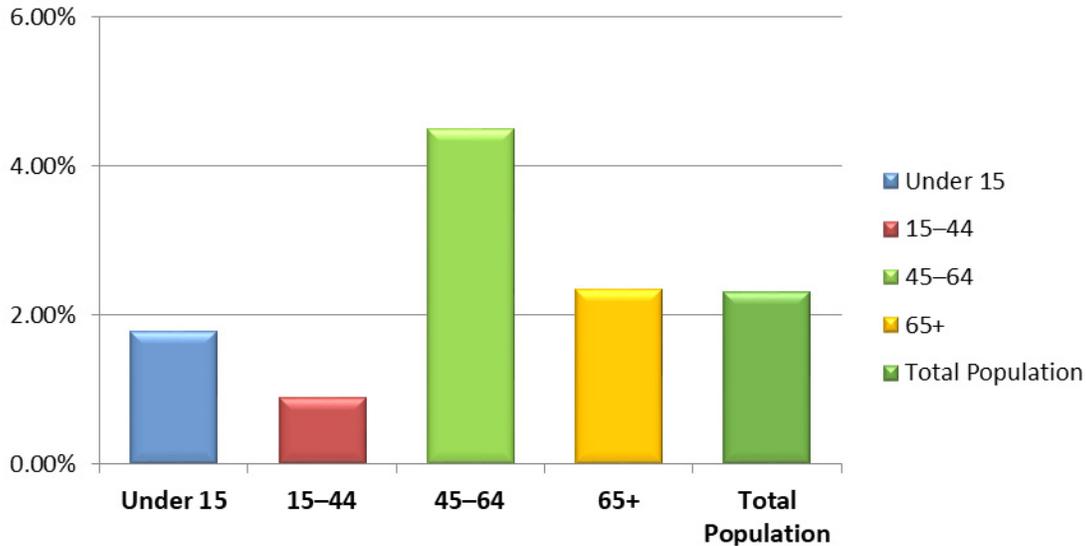
A major distinguishing feature of the Medical Center’s community is the age break down of this population. The chart below shows the breakdown of the community’s population by age group. Because older people tend to require more medical services, the Medical Center needs to prepare for a greater volume of patients due to the population aged 45 and older increasing drastically. 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



Source: UALR Greg Population Projection

Projected Change in Population by Age Group, 2018–2020



Source: UALR Greg Population Projection

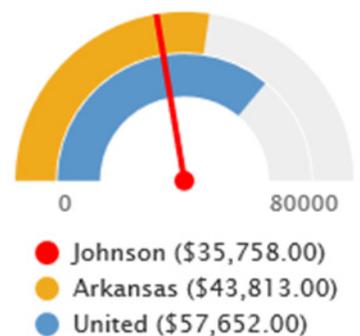
Socioeconomic Characteristics of the Community

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 16% of the population aged 25 or older has obtained a bachelor’s degree or higher, compared to about 31% of the U.S., while about 20% of the population aged 25 or older does not have a high school diploma, compared to about 13% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

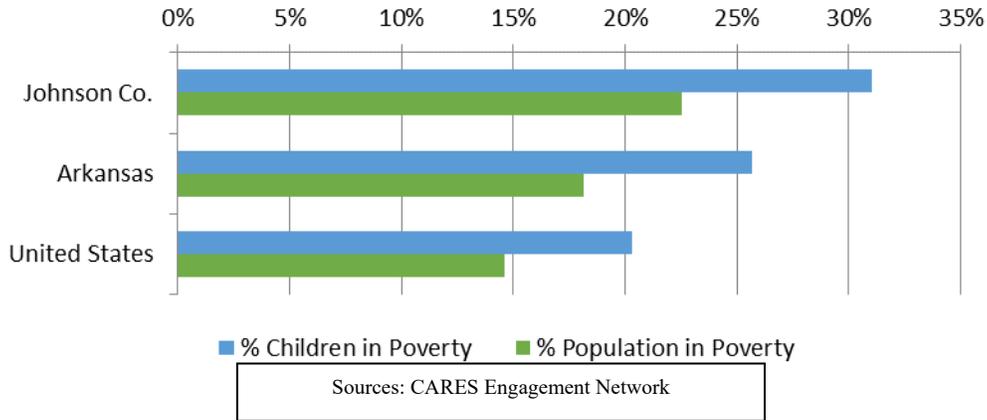
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in the Medical Center’s community is \$35,758, compared to \$43,813 for the state of Arkansas and \$57,652 for the United States. Lower-than-average Median Household income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. The chart below shows the percentage of the communities’ population living below the federal poverty line, according to 2017 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.

Median Household Income



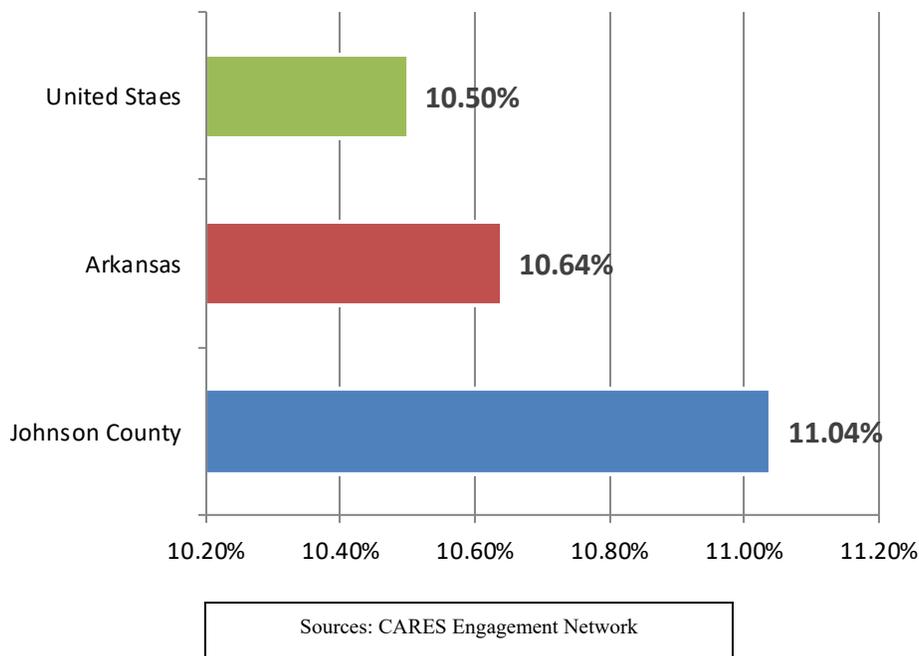
Source: CARES Engagement Network

Population in Poverty



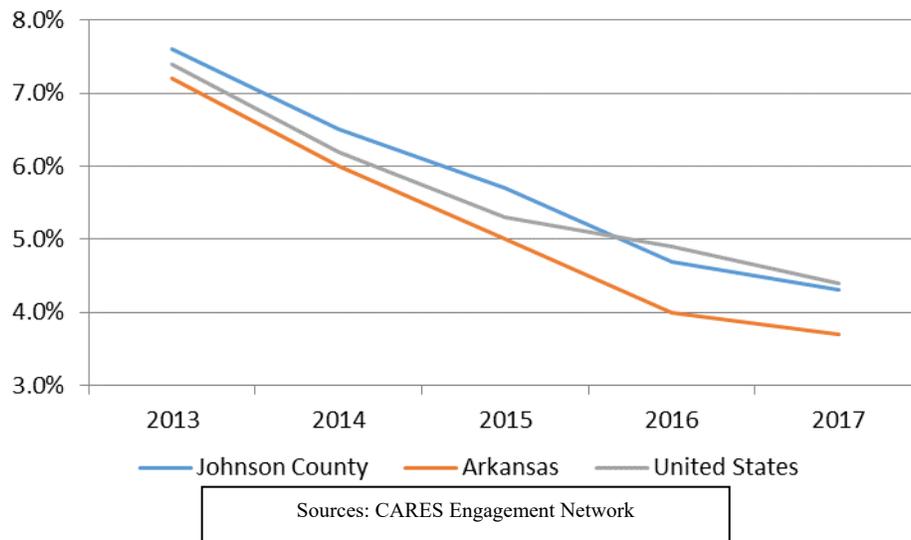
Some socioeconomic measures in the community have improved significantly since the publication of the 2016 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable 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. 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.

Percent Uninsured Population 2017



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

Unemployment Rates, 2013–2017



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. 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 (nine measures)
 - Physical environment (four measures)

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

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 2019 health outcomes and factors for Johnson County, which comprises the community for the Medical Center. Measures underperforming the state average are highlighted in red.

Health Outcome/Factor	Johnson County		Arkansas	National Benchmark
	Metric	Rank		
Health Outcomes		29		
Length of Life		24		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	9,700		9,500	5,400
Quality of Life		45		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	25%		24%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	5.1		5.0	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.1		5.2	3.1
Low birth weight – Percent of live births with low birth weight (<2,500 grams)	7%		9%	6%
Health Factors		41		
Health Behaviors		39		
Adult smoking – Percent of adults who are current smokers	22%		24%	14%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m ²	36%		35%	26%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	7.8		5.4	8.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	31%		31%	19%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	58%		65%	91%
Excessive drinking – Percent of adults that report binge or heavy drinking	15%		16%	13%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	23%		26%	13%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	313.7		562.0	152.8
Teen birth rate – Number of births per 1,000 female population ages 15–19	46		41	14
Clinical Care		47		
Uninsured – Percent of population under age 65 without health insurance	12%		9%	6%
Primary care physicians – Ratio of population to primary care physicians	1,870:1		1,500:1	1,050:1
Dentists – Ratio of population to dentists	3,320:1		2,180:1	1,260:1
Mental health providers – Ratio of population to mental health providers	390:1		460:1	310:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	4,532		5,075	2,765
Mammography screening – Percent of female Medicare enrollees age 65–74 that received an annual mammography screening	28%		35%	49%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	46%		44%	52%

Health Outcome/Factor	Johnson County			National
	Metric	Rank	Arkansas	Benchmark
Social and Economic Factors				
		32		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	91%		88%	96%
Some college – Percent of adults ages 25–44 years with some post-secondary education	39%		57%	73%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	4.20%		3.70%	2.90%
Children in poverty – Percent of children under age 18 in poverty	24%		23%	11%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.6		4.8	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	25%		36%	20%
Social associations – Number of membership associations per 10,000 population	9.2		12.1	21.9
Violent crime – Number of reported violent crime offenses per 100,000 population	244		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	67		81	57
Physical Environment				
		28		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	9.8		10.0	6.1
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	15%		15%	9%
Driving alone to work – Percent of the workforce that drives alone to work	78%		83%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	19%		26%	15%

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 57 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 following chart 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	-	57	1,873
St. Mary’s Regional Medical Center	1808 W. Main St., Russellville, AR 72801	Short-term Acute Care	24	137	5,356
Mercy Hospital Fort Smith	7301 Rogers Ave., Fort Smith, AR 72903	Short-term Acute Care	62	343	15,656
Baptist Health Medical Center – Fort Smith	1001 Towson Ave., Fort Smith, AR 72901	Short-term Acute Care	62	320	2,077

Source: Costreportdata.com

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

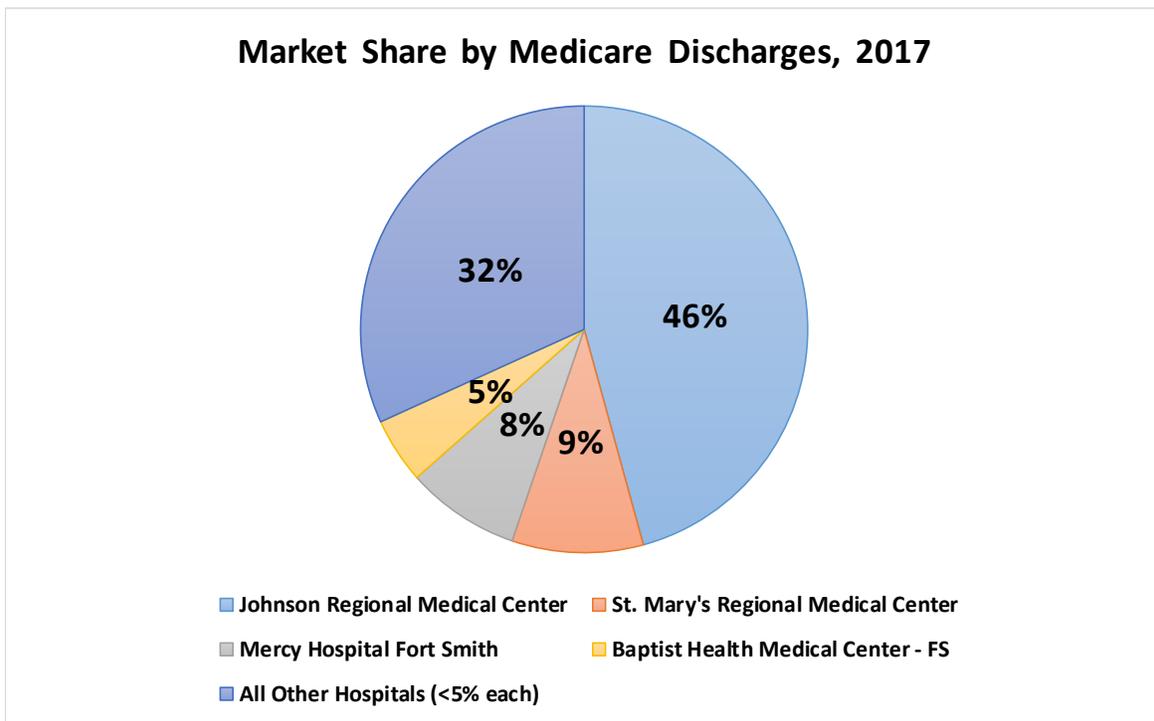
St. Mary’s Regional Medical Center – Located in Russellville, Arkansas, St. Mary’s is approximately 30 minutes southeast of the Medical Center. It offers a full range of medical services and diagnostic facilities.

Mercy Hospital 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.

Baptist Health Medical Center – Fort Smith – Located in Fort Smith, Arkansas, Baptist Health Medical Center FS 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.

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 following chart 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 2017, the Medical Center maintained approximately 46% of all discharges from the community, with Baptist Health Medical Center – Fort Smith capturing around 5%, Mercy Hospital Fort Smith capturing around 8% and St. Mary’s Regional Medical Center capturing around 9%. The remaining 32% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.



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

Other Health Care Facilities and Providers

Johnson County Health Unit – 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.

Johnson County Health and Rehab – There is one nursing home in the community with a total of 120 beds. It provides residential, medical and rehabilitative services to the elderly and disabled in the community.

Key Interviewees

Speaking with key interviewees (community stakeholders who 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

Interviews were conducted in November 2019. 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.

- Some of the issues mentioned in the interviews included high poverty levels, terrible drug problem with methamphetamine and other substance abuse related issues, high tobacco use, poor physical health and mental health.
- There is a grave need for more physicians in Johnson County. It is very difficult to get in to see a doctor and almost impossible to get a doctor to accept a new patient.
- Specialty providers are also needed. Local primary care providers need to be willing to make referrals to specialists, even if they are in another town.
- Health and wellness education and outreach is also needed. For instance, Johnson County has great sidewalks and walking trails, however, they are underutilized.

Evaluation of Response to 2016 CHNA

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

- Recruitment of additional primary care providers
 - The Medical Center started by making the decision to recruit to existing primary care physician clinics. There was physical space available and two of the Medical Center's independent groups were open to accepting a recruit. The Medical Center then developed plans of financial support by the hospital to assist the independent practices in this recruitment effort. The hospital contracted with one retained recruiter and several contingency recruiters. Over the next two years, candidates were interviewed and a few came for on-site visits. The Medical Center has one primary care physician returning to her home community in August 2020.
- Health needs of senior citizens
 - A balance, fall and home safety class was started by our Inpatient Rehab Unit at Johnson Regional Medical Center for seniors at risk for falls.

- Health and wellness education and outreach
 - A diabetic education course is taught by Johnson Regional Medical Center by the nurse educator, dietitian and pharmacists. The local physicians can make referrals to this free class.
 - The instructors for the stop the bleed course (Mike Helms, ER director; Zach Mabry, surgery director; Lacy Tate, nurse educator; and Nancy Hill, chief nursing officer) have provided classes to first responders, teachers, and students in the Medical Center's community to improve patient outcomes. Through the stop the bleed course, students can gain the ability to recognize life-threatening bleeding and intervene effectively.

Because population health data takes time to become publicly 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 and wellness education and outreach
3. Drug and alcohol abuse prevention
4. Obesity

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: _____

Email 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?
 - Recruitment of additional primary care providers
 - Health needs of senior citizens
 - Health and wellness education and outreach
9. What do you think is most critical health need included on the list above or other of the community?
10. 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?
11. 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
12. 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?

13. 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?
14. 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?
15. 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?
16. 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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