Lawrence Memorial Health Foundation, Inc.

Community Health Needs Assessment

May 17, 2021

Contents

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 compliance of Lawrence Memorial Health Foundation, Inc. with these requirements. Health needs of the community have been identified so that Lawrence Memorial Health Foundation, Inc. (the Hospital) may adopt an implementation strategy to address specific needs of the community.

The process involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.

- Interviews with key 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 assessment required by the IRS during tax year 2021. 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 Assessment

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

The Hospital engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices across 18 states. BKD serves more than 4,000 health care entities across the country. The community health needs assessment was conducted from March 2021 through May 2021.

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:

- 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 two 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

Lawrence Memorial Health Foundation, Inc. is a tax-exempt organization that was formed to foster, support and encourage the activities and purposes of the hospital facility previously operated by Lawrence Memorial Hospital (LMH), a component unit of Lawrence County (the County). The Hospital strives to restore, maintain, and improve the health of those in the communities in which they serve.

Community Served by the Hospital

The Hospital is located in Walnut Ridge, Arkansas. Walnut Ridge is approximately 30 minutes northwest of Jonesboro, Arkansas, one of the closest metropolitan areas in Arkansas. Walnut Ridge is approximately 4 miles from the nearest interstate highway.
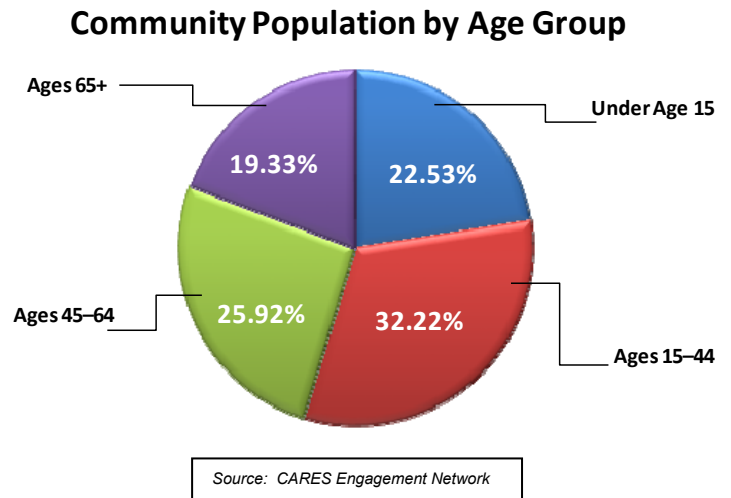
Defined Community

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 Lawrence County.

Community Characteristics

Community Population and Demographics

The community served by the hospital is a rural area in northeast Arkansas. According to projections based on the most recent U.S. Census Bureau estimates, approximately 16,406 people live in Lawrence County.

The chart to the right shows the breakdown of the community's population by age group. About 45.25% of the community's population is over the age of 45. These age groups use more health services than any other.

Community Population by Age Group

Ages 65+ — 19.33%
Under Age 15 — 22.53%
Ages 45–64 — 25.92%
Ages 15–44 — 32.22%

Source: CARES Engagement Network

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 lower than the state of Arkansas as a whole. About 15.41% of the population age 25 or older has obtained a bachelor's degree or higher, compared to about 32.15% of the U.S. and 23.03% in Arkansas. Approximately 15.87% of the population age 25 or older does not have a high school diploma, compared to about 12.00% 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.

Population Age 25+ with Bachelor's Degree or Higher, Percent

- Lawrence (15.41%)
- Arkansas (23.03%)
- United States (32.15%)
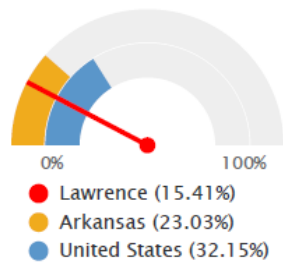
Source: CARES Engagement Network

Population Age 25+ with No High School Diploma, Percent

- Lawrence (15.87%)
- Arkansas (13.43%)
- United States (12.00%)
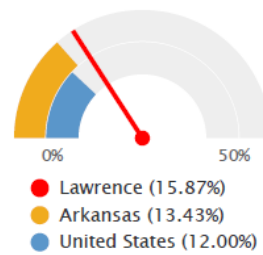
Source: CARES Engagement Network

The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median family income in the Hospital's community is $50,907, compared to $59,455 for the state of Arkansas and $77,263 for the United States. Lower-than-average household 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 from the rates in the state of Arkansas and the United States. The following chart shows the percentage of the community's 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.

Median Family Income

- Lawrence ($50,907)
- Arkansas ($59,455)
- United States ($77,263)
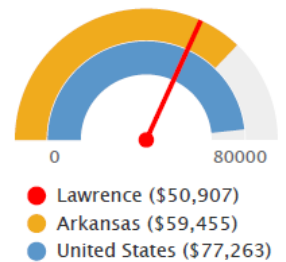
Source: CARES Engagement Network

Population in Poverty

Source: CARES Engagement Network

Percent Uninsured Population

United States	8.84%
Arkansas	8.51%
Lawrence County	6.55%

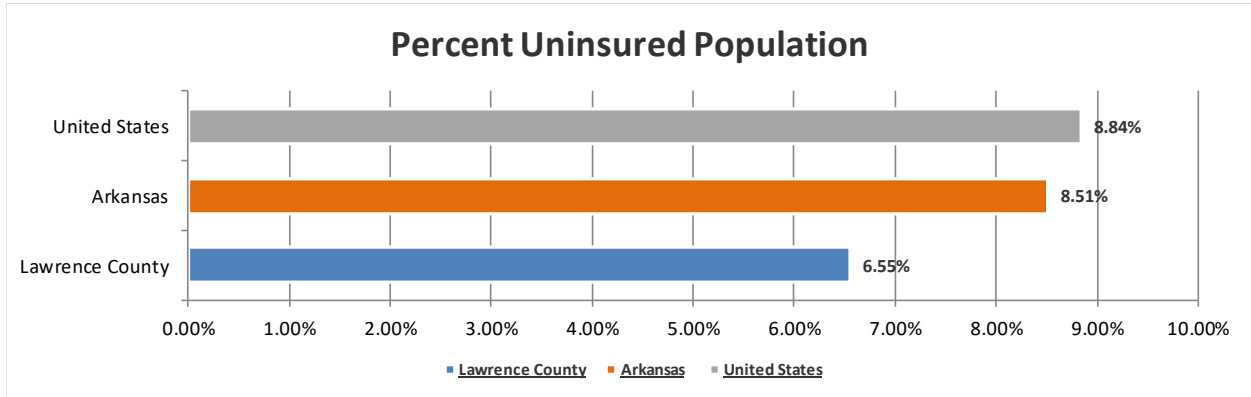0.00% 1.00% 2.00% 3.00% 4.00% 5.00% 6.00% 7.00% 8.00% 9.00% 10.00%

■ Lawrence County ■ Arkansas ■ United States
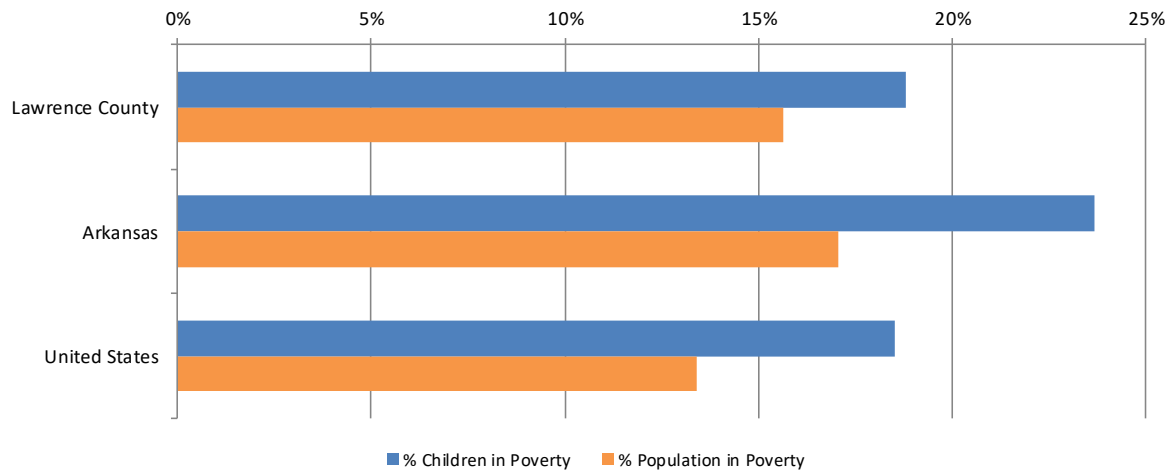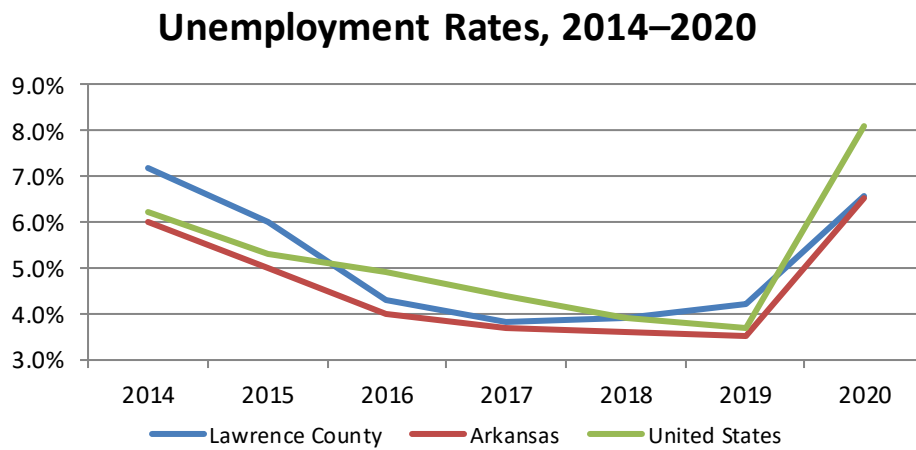
Source: CARES Engagement Network

Some socioeconomic measures in the community have improved over the years. 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. 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.

Socieconomic measure that has been improving steadily over the past several years is the unemployment rate. The following chart shows that the unemployment rate of the community has been dropping over the past five years, along with those of the state of Arkansas and the United States, however, due to the Covid-19 pandemic, the unemployment rate increased significantly in 2020. 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, 2014–2020

9.0%
8.0%
7.0%
6.0%
5.0%
4.0%
3.0%

2014 2015 2016 2017 2018 2019 2020

—— Lawrence County —— Arkansas —— United States

Source: CARES Engagement Network

Health Status of the Community

This section of the assessment reviews the health status of Lawrence 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
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:

  o Health behaviors (nine measures)

  o Clinical care (seven measures)

  o Social and economic (nine measures)

  o Physical environment (four measures)

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

As part of the analysis of the needs assessment for the community, the community 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 2020 health outcomes and factors for Lawrence County. Measures underperforming the state average are highlighted in red.

Health Outcome/Factor	Lawrence County		Arkansas	National Benchmark
	Metric	Rank		
Health Outcomes		41		
Length of Life		52		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	**11,400**		9,400	5,500
Quality of Life		27		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	21%		23%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.6		5.1	3.1
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.7		5.4	3.4
Low birth weight – Percent of live births with low birth weight (<2,500 grams)	8%		9%	6%
Health Factors		43		
Health Behaviors		23		
Adult smoking – Percent of adults who are current smokers	19%		22%	14%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30 kg/m2	32%		34%	26%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.3		5.2	8.6
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	31%		32%	20%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	**43%**		64%	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	24%		26%	11%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K population	363.1		576.5	161.4
Teen birth rate – Number of births per 1,000 female population ages 15-19	**40**		38	13
Clinical Care		64		
Uninsured – Percent of population under age 65 without health insurance	8%		9%	6%
Primary care physicians – Ratio of population to primary care physicians	**3,310:1**		1,500:1	1,030:1
Dentists – Ratio of population to dentists	**3,290:1**		2,160:1	1,240:1
Mental health providers – Ratio of population to mental health providers	**500:1**		440:1	290:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	**7,665**		5,129	2,761
Mammography screening – Percent of female Medicare enrollees age 65-74 that received an annual mammography screening	**35%**		37%	50%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	**25%**		45%	53%

Health Outcome/Factor	Lawrence County		Arkansas	National Benchmark
	Metric	Rank		
Social and Economic Factors		27		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	89%		88%	96%
Some college – Percent of adults ages 25–44 years with some post-secondary education	58%		58%	73%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	3.9%		3.7%	2.6%
Children in poverty – Percent of children under age 18 in poverty	27%		24%	11%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5		4.8	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	32%		36%	20%
Social associations – Number of membership associations per 10,000 population	9.7		12.1	18.4
Violent crime – Number of reported violent crime offenses per 100,000 population	227		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	114		82	58
Physical Environment		66		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.4		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	12%		14%	9%
Driving alone to work – Percent of the workforce that drives alone to work	85%		83%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	40%		27%	16%

Based on this data, there are opportunities for the Hospital to take positive steps toward improving the community's health.

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 Lawrence County.

Hospitals and Health Centers

Approximately 15% of all discharges originating from the Hospital's defined community are from the Hospital. However, there are several other hospitals that receive a significant share of the community's patients. See further information in the Market Share section of this report.

Other Health Care Resources

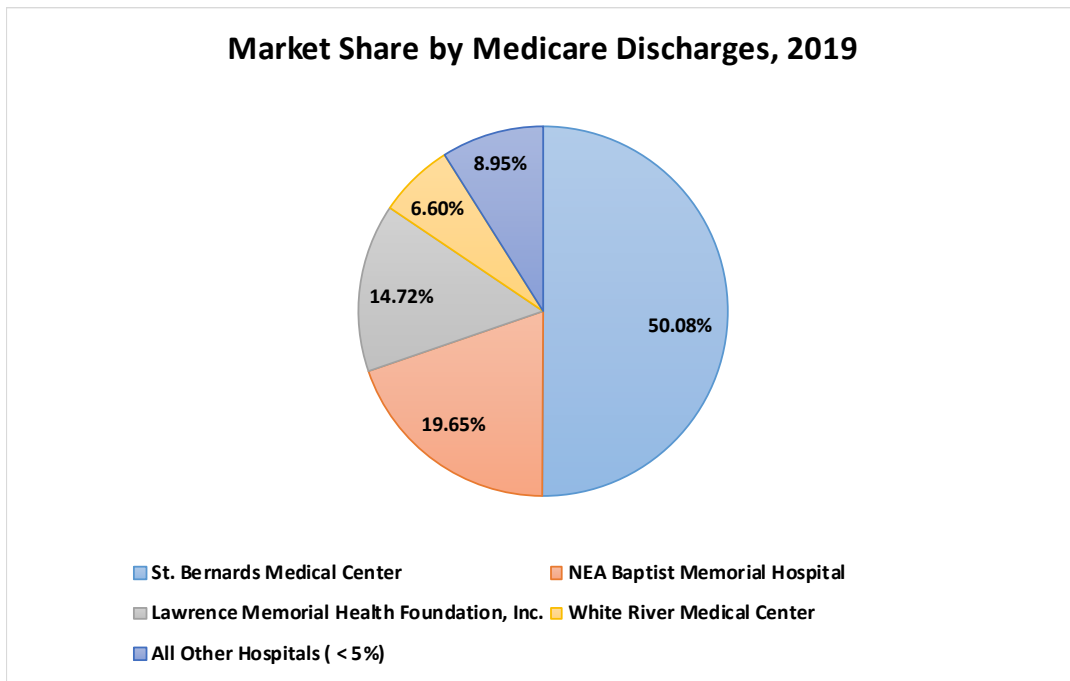Besides the Hospital, Lawrence County residents benefit from many other health care resources:

Primary Care Providers and Nursing Homes – There are several primary care physicians as well retirement and nursing homes in Lawrence County. These homes provide skilled nursing, retirement living, and other long-term care services.

Lawrence County Health Unit – The Lawrence 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, environmental services, home health personal care services.

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 following chart presents the relative market share of each hospital that had discharges of residents from the community (Lawrence 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. The Hospital maintained approximately 15% of all discharges from the community, with St. Bernards Medical Center capturing about 50%, NEA Baptist Memorial Hospital capturing around 20%, and White River Medical Center capturing about 7%. The remaining discharges are made up of numerous hospitals, each with less than 5% of the total community discharges.

Market Share by Medicare Discharges, 2019

Pie chart values:
- 50.08%
- 19.65%
- 14.72%
- 6.60%
- 8.95%

Legend:
- St. Bernards Medical Center
- NEA Baptist Memorial Hospital
- Lawrence Memorial Health Foundation, Inc.
- White River Medical Center
- All Other Hospitals (<5%)

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 Lawrence County health department representative, as well as an individual who is 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.

Methodology

Dialogues with key interviewees were conducted from March 2021 through May 2021. 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 using a standard questionnaire. A copy of the interview instrument is included in Appendix A. 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.

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 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:

- Interviewees stated that health and quality of life in the community had improved in the past few years. They noted that this was related to efforts of the Hospital, local physicians and staff in getting the community involved in being proactive in their health and wellbeing. Recruitment of new physicians into the community also contributed to the improvement of health and quality of life.

- The major health and quality of life issues noted by the key interviewees were access to physicians and mental health providers and lack of transportation. Barriers to opportunity for people with lower incomes, people living in very rural areas, and for elderly community were mentioned as well.

- Interviewees expressed that great strides have been made to assist in the accessibility; however, it is still a huge issue. There is a need for healthcare access for more rural areas and in some cases home visits. The virtual visits have helped, but in a lot of homes in need do not live in areas with cellphone reception.

- Staffing and retention of employees at the Hospital was noted as an area that needed improvement as individuals seem to move because of monetary influences.

- Interviewees noted the need and importance of health and wellness education that should promote preventative care, healthy nutrition, physical activity, education on drug and alcohol abuse, and increased communication and advertisements on what type of preventative screenings or services are available in the community.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, factors as well as surveys and interviews were conducted to identify numerous health needs. 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 that were children, adults, or seniors, and what needs to be done to address these issues.

As a result, the following list of significant health and quality of life issues were identified:

1. Access to primary care and mental health care
2. Health and wellness education

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 1309 W Main St, Walnut Ridge, AR 72476.

APPENDICES

APPENDIX A
KEY INTERVIEWEE QUESTIONNAIRE

KEY INFORMANT INTERVIEW

Community Health Needs Assessment for: **Lawrence Memorial Health Foundation, Inc. (the Hospital)**

Interviewer's Initials: _____

Date: _____   Start Time:_____   End Time: _____

Name: _____   Title: _____

Agency/Organization: _____

# of years living in _____ 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 60 minutes total – once we get into the interview. **(Check to see if this is okay).**

Lawrence Memorial Health Foundation, Inc. (the Hospital) is gathering local data as part of developing a plan to improve health and quality of life in Lawrence County. Community input is essential to this process. Key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

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

Thank you. Next, I'll be asking you a series of questions about health and quality of life in Lawrence 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 Lawrence County?

2. In your opinion, has health and quality of life in Lawrence 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 Lawrence County?

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

7. What needs to be done to address these issues?

8. In your opinion, should the hospitals be addressing any of the following? Why or why not?

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

9. Are you aware of the available health screenings at the Hospital? If not, where would you look to obtain information of the available screenings? What can the Hospital do to increase awareness?

10. Are there people or groups of people in Lawrence County whose health or quality of life may not be as good as others? Who are these persons or groups?

11. 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?

12. How would you rate the hospitals' efforts on communicating how they are addressing the identified health needs? How have you received communication regarding the hospitals' efforts?

13. What do you think is the hospitals' 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 Lawrence County. Before we conclude the interview,

Is there anything you would like to add?

APPENDIX B

SOURCES

Sources

CARES Engagement Network,
<https://engagementnetwork.org/assessment/>

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

"Index." CMS.gov Centers for Medicare & Medicaid Services,

County Health Rankings & Roadmaps,

CMS Hospital Service Area,
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File/index.html>