

# Four-County Community Health Needs Assessment 2004

**A coalition project of:**  
Northwest Arkansas Hometown Health Improvement  
Project  
Madison County Health Coalition  
Benton County Community Coalition  
Carroll County Resource Council

***Social Work Research Center***  
University of Arkansas

Funded by:  
CommunityCare Foundation

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## acknowledgements

Working with coalitions is a dynamic process. Roles of leadership, facilitator, participant and stakeholder may continue to be in a state of flux throughout a project because the variety of tasks to be accomplished may require coalition members to act in a capacity different than that of their day to day functions. Out of necessity key community organizations come together in this process to share expertise, resources, and to support the accomplishment of the end goal.

The Four-County Community Health Needs Assessment was made possible by the formation of a coalition. The coalition was comprised of:

- Benton County Community Coalition (BCCC)
- Carroll County Resource Council (CCRC)
- Madison County Health Coalition (MCHC)
- Washington County, Northwest Arkansas Hometown Health Improvement Project (NWAHHIP)

The coalition represented many organizations that are committed to the health and welfare of Northwest Arkansas residents. The coalition members had direct input into the formation of the project from original concept to how to get the desired information from the people who live within their communities. Many of these same coalition participants volunteered to administer surveys, create access to people and places, and to provide information. Most coalition members acknowledged that a collaborative endeavor of this scale, involving all four Northwest Arkansas counties, was new. The project and coalition required compromise, collaboration and commitment.

While most individuals who contributed their time and selves to this project deserve mention, several people are of special note here: Melissa Jackson, Gara Mosier, Sandy Prince and Linda Thompson helped author, guide and complete the project. Social Work Research Center staff and consultants who worked through the volumes of information and issues to create a product that contributes to the knowledge of Northwest Arkansas communities include: Dr. Zettie D. Page III, Dr. Rob Gershon, Dr. Paul Calleja, Joel Wright, Carmen Chong Gum, Jose Ricardo, Chris Bray and Bill Quinn.

Project funded by: CommunityCare Foundation.

## about the project

The Northwest Arkansas Hometown Health Improvement Project, in 2002, initiated an effort to assess the health care needs of the residents of Northwest Arkansas. The Hometown Health Improvement Project joined in coalition with the Hometown Health Organizations in Benton, Carroll, and Madison Counties, in order to conduct the Four County Health Needs Assessment.

- Benton County Community Coalition (BCCC)
- Carroll County Resource Council (CCRC)
- Madison County Health Coalition (MCHC)
- Washington County, Northwest Arkansas Hometown Health Improvement Project (NWAHHIP)

The primary goal of the coalition's project was to provide a comprehensive health needs assessment of Northwest Arkansas from the perspective of the area's citizens. This assessment would function to identify specific health care trends, discern perceived inadequacies in the current health care delivery system and to report the findings of this assessment in the form of a community health report.

The Health Data Committee and the Four County Health Needs Assessment provided overall leadership and planning for this project. The Committee's aim was to gather current health information to better identify the rapidly changing health care needs of the four county region. The health data committee determined that an updated comprehensive health needs assessment was needed, since the last health needs assessment was conducted in 1996. The then-existing health data further needed to be updated due to the dramatic increase in population experienced in the region during the past 10 years.

Northwest Arkansas is confronted with many of the challenges typically associated with rapidly growing communities. Formerly discrete communities are now melding together. The region is currently shifting from a rural to an urban environment. There is a demand for increased services for the growing population base. Cultural and language considerations associated with multicultural immigration present new challenges. To compound these problems, the existing health care delivery system infrastructure is becoming increasingly stressed. The coalition therefore aimed to utilize information obtained from the

health needs assessment to improve the current health and well being of the residents of Northwest Arkansas.

The Four County Health Coalition successfully secured funding for this project from the CommunityCare Foundation in order to pursue the goals which served as the impetus for the Health Needs Assessment. The Social Work Research Center (SWRC) of the University of Arkansas was awarded a subcontract for this project in order to develop the health needs assessment survey, to provide the statistical analysis resulting from the data collection and to produce the final report for the project.

## executive summary

### about this project

The Northwest Arkansas Hometown Health Improvement Project, in collaboration with the Benton County Community Coalition, the Carroll County Resource Council, and the Madison County Health Coalition, conducted a Four-County Community Health Needs Assessment within Northwest Arkansas. This project was funded through a grant awarded by the CommunityCare Foundation. The Northwest Arkansas Health Needs Assessment was designed to accomplish the following goals:

- Establish baseline health need information
- Identify health care needs and trends
- Identify perceived gaps in the current health care delivery system
- Compare perceived health care needs with available health data
- Obtain health need information from underserved groups residing in Northwest Arkansas

The data obtained from the Northwest Arkansas Health Needs Assessment will be utilized by the four Northwest Arkansas Hometown Health Coalitions, health care providers, and local citizens in order to improve the overall health and well being of the residents of Northwest Arkansas. The essential guiding principle of this project supported community participation, community empowerment, and community ownership for the planning, implementation, and effectiveness of health care services within Northwest Arkansas.

The University of Arkansas's Social Work Research Center (SWRC), was awarded a subcontract, in order to provide the following services;

- Consultation for the development of the Health Needs Assessment instrument
- Responsibility for the research design and methodology
- Statistical analysis of the data and interpretation of findings
- Production of the final report

## research design

A multi-method research design was employed, in order to obtain baseline information about the health care perceptions of the citizens of Northwest Arkansas. This multi-method research design utilized the Health Needs Assessment Survey instrument, targeted focus groups, and qualitative and quantitative health care data, in order to illuminate the health care perceptions of the residents of Benton, Carroll, Madison, and Washington Counties.

Utilizing a sample of convenience, trained volunteers administered the health needs assessment to 1437 residents of Northwest Arkansas, between September 2003 and January 2004. Data collection sites were determined by members of the Four County Hometown Health Improvement Project teams. Targeted focus groups, consisting of selected members of subgroups of particular interest (first generation Hispanics males, Madame Pastors within the Marshall Islander community, senior citizens, and first care responders), were facilitated by staff members of the Social Work Research Center, during January to March, of 2004. Qualitative and quantitative information, obtained from the Health Needs Assessment Survey, the targeted focus groups, and health data sources (e.g., Arkansas Department of Health, the United States Center for Disease Control), was utilized in order to validate information obtained from the Health Needs Assessment.

## community needs assessment

The development of the Northwest Arkansas Health Needs Assessment Survey, was a collaborative effort, which included members of the Four-County Hometown Health Data Committee and members of the University of Arkansas's Social Work Research Center. The survey instrument was derived from a comprehensive review of the relevant health needs survey literature information obtained from the Hometown Health Guide (3), and health care items identified by a committee of health care experts. The Health Needs Assessment Survey underwent four major revisions. The final survey instrument was comprised of 72 items, which was divided into six major sections. These sections included the following set of items:

- Medical care costs

- Access to health care services
- Physical health care issues
- Multicultural health care issues
- General questions and demographic information

Surveys were printed in English and Spanish versions. Trained volunteers, utilizing a variety of sites within each of the four counties in Northwest Arkansas, conducted the Health Needs Assessment Survey. The total number of surveys completed in each county, was as follows:

• Benton County	English Surveys	332
	Spanish Surveys	42
• Carroll County	English Surveys	108
	Spanish Surveys	6
• Madison County	English Surveys	146
	Spanish Surveys	8
• Washington County (121 surveys translated into Marshallese)	English Surveys	718
	Spanish Surveys	77
• Total Surveys		1437

### comparisons to existing health data

The “validity” of survey respondents health care perceptions was compared to existing physical health care data. This comparison provided the opportunity to assess the accuracy of survey respondents with prevalence and morbidity rates for selected physical health care conditions.

### focus groups

The Northwest Arkansas Health Needs Assessment utilized four focus groups. These groups were comprised of selected and underserved populations of interest, in order to augment data obtained for the Health Needs Assessment. These focus groups were selected by members of the Hometown Health Improvement Health Data Committee and the Social Work Research Center. These selected subgroups were selected based upon their perceived difficulty in successfully accessing needed health care services and/or due to the unique

perspectives they offered, in terms of health care issues which affect Northwest Arkansas. The focus groups selected for participation in the Northwest Arkansas Health Needs Assessment included;

- First Responders
- First Generation Hispanic Immigrant Men
- Marshall Island Women (Madame Pastors)
- Senior Citizens

### data analysis

Data obtained from the Health Needs Assessment was analyzed, utilizing several different techniques. These analytical techniques were designed to quantify the representativeness of the sample surveyed, analyze the relationship between salient demographic variables and survey items, assess the relative importance of health care concerns, develop health profiles for each of the four counties within Northwest Arkansas, and to conduct a qualitative and quantitative analysis of health care responses.

Survey items contained within each of the six content areas of the Health Needs Assessment were averaged and ranked ordered, consistent with their perceived importance by survey respondents. A multivariate analysis was utilized to determine the strength of the relationship between survey participant's demographic characteristics and their responses to items on the Health Needs Assessment. This data was analyzed for each of the four counties within Northwest Arkansas, and this information was utilized to develop County health profiles for Benton, Carroll, Madison, and Washington Counties.

A qualitative analysis of narrative responses contained within the survey, a summary of findings obtained from the focus groups, and a comparison of survey responses with selected health care data, was also assessed.

### summary of findings

The analysis and synthesis of data derived from the Northwest Arkansas Health Needs Assessment, focus groups, qualitative survey responses and health data, clearly articulated and corroborated the current health care crisis within Northwest Arkansas. Consistent with nationally derived data that ranks Arkansas as one of the least healthy places to reside in the

United States, results of the Four County Health Needs Assessment quantified the perceived inadequacy of health care services within Northwest Arkansas.

Consistent with the anticipated goals for this project, baseline health needs information for Northwest Arkansas was established. Health care profiles, for each of the four counties within Northwest Arkansas articulated residents concerns in regard to the costs associated with health care services, difficulties associated with accessing needed health services, the identification of salient physical and mental health issues which are considered to be problematic, and barriers which multicultural populations experience when accessing needed health care services.

Focus groups were utilized to provide supplemental information concerning the health care perceptions of underserved groups within Northwest Arkansas, and to examine the influences that cultural and/or language issues may exert in accessing needed health care services for the Hispanic/Latino community, Marshall Islanders, and elderly citizens. Physical health care data was utilized to validate and corroborate the health care perceptions of survey respondents.

### implications

The Northwest Arkansas Health Needs Assessment has served as the exclusive project of the Four County Hometown Health Improvement Project during the past 2 years.

The overall goal of this project is to utilize the results obtained from the Four-County Community Health Needs Assessment in order to improve the health and well being of the citizens of Northwest Arkansas. The information derived from the Health Needs Assessment will be utilized by health care providers and policy makers in order to enhance health education and outreach effects, address service gaps and inadequacies in the current health care delivery system, effectively serve the unique health care needs of underserved populations, and to develop effective health care interventions and policies.

## methodology

### research design

The Northwest Arkansas Hometown Health Improvement Project in coordination with the Social Work Research Center, the Madison County Health Coalition, the Benton County Community Coalition, and the Carroll County Resource Council had representatives who comprised the Health Data Team.

With the guidance of the Social Work Research Center, the Health Data Team worked to develop an effective tool to assess the health perceptions of the people in the Northwest Arkansas four county area. A survey instrument was developed. The Health Data Team and the coalition members were asked to choose sites that would be favorable to administer the assessment. A plan to administer surveys in Benton, Carroll, Madison, and Washington Counties was put in place. In addition, the survey was translated into Spanish and four targeted focus groups were completed. Therefore, both objective and subjective information was collected.

### survey instrument

The Health Data Committee members and the Social Work Research Center (SWRC) staff collaboratively developed the survey instrument. SWRC conducted a comprehensive review of the relevant literature in order to assist in the design of the survey instrument. The Committee also reviewed the existing Hometown Health Guide, “Assessing Your Community’s Health” (3) available within the public domain. Based upon a review of the relevant literature, the health data committee identified preliminary health care items to be considered for inclusion in the survey. The Hometown Health Guide also included a sample of community-based surveys, which provided the framework for the final survey tool.

The survey underwent four major revisions and was piloted at the Madison County Health Fair in May 2003 before the formal survey instrument was adopted. The finalized instrument included seventy-two items divided into six sections, along with fifteen demographic questions. The principal sections of the Four-County Community Health Needs Assessment include the following categories of questions:

- Medical Care Costs
- Access to Health Care Services
- Physical Health Care Issues
- Mental Health Care Issues
- Multicultural Health Care Issues
- General Questions and Demographic Data

Answer sets to the survey questions included both open-ended and closed responses, depending on what was being asked. Health care questions contained within each category required responses from 1 (not an issue) to 4 (a major issue) on a four-point Likert scale. The instrument also included 0 for “don’t know” responses. Open-ended questions were also included at the end of each category, providing the participant with an opportunity to elaborate upon their responses in narrative form and to prioritize the importance of their health care concerns. Demographic and general questions required open ended and discriminant responses.

The Four-County Community Health Needs Assessment was administered in both English and Spanish. Several train the trainers sessions were held prior to the administration of the instrument. These sessions were aimed to provide standardized instructions to those administering the survey. These train the trainer sessions occurred in September of 2003. Surveys were administered throughout Northwest Arkansas through the end of January 2004. Public service announcements, advertisements in newspapers, flyers, announcements in meetings and informal communication were utilized to inform the public of the Health Needs Assessment.

Survey sites were initially selected by members of the four county Hometown Health Improvement Coalitions, based upon the unique knowledge of each county’s coalition members and recommendations provided by the Social Work Research Center.

Since the collection of the survey data utilized a sample of convenience, volunteers were trained to survey every third

participant at a survey site. This strategy was an attempt to ensure that a representative sample would be obtained.

Volunteers were provided with an Interviewer Tip Sheet, a site monitor form, an introduction to the survey, an Informed Consent form and the actual survey instrument. English and Spanish versions of the surveys were provided. Each survey site was staffed by a site monitor and survey interviewers. The site monitor was responsible for securing the survey location, overseeing the actual administration of the survey and providing the necessary information, decisions and materials to ensure smooth data collection. Interviewers were requested to read the survey aloud to respondents. This administration technique was designed to increase the accuracy and completion rates of the surveys. For a complete listing of survey locations, monitors and survey interviewees see Appendices.

A total of 1,445 surveys were administered between September 10, 2003 and January 31, 2004. Eight surveys administered to survey respondents were disallowed due to incompleteness or gross inaccuracy in completing the assessment tool response sets.

### Surveys Completed By Each County

Benton County	English surveys	332
	Spanish surveys	42
Carroll County	English surveys	108
	Spanish surveys	6
Madison County	English surveys	146
	Spanish surveys	8
Washington County	English surveys	718
	Spanish surveys	77
Total English surveys		1,304
Total Spanish surveys		133
Total Surveys		1,437

One hundred twenty-one of the English surveys were verbally translated into Marshallese and administered to members of the Marshall Islander community in Northwest Arkansas.

## sampling

After 600 samples had been collected, demographic data obtained from the Health Needs Assessment was analyzed in order to determine the representativeness of the sample participants. Demographic data obtained from the subset of surveys collected, was compared with the 2000 United States Census Data, for Benton, Carroll, Madison and Washington Counties. Results of this analysis revealed significant differences in the gender of survey participants (70% - 75% female vs. 25% to 30% males). This overrepresentation of female respondents in the sample data was contrasted with the equal distribution of the gender contained within the 2000 US Census Data (50% females to 50% males). Based upon the disparity in the gender data obtained from sub sample of the Health Needs Assessment, changes in the type of sites selected for administering the surveys were recommended, by the Social Work Research Center.

Volunteers who administered the Health Care Assessment were encouraged by members of the Social Work Research Center to select survey sites which would be disproportionately frequented by males (e.g., hardware stores, feed stores, etc.) in order to obtain a more representative sample. In addition, surveyors were also encouraged to “over sample” populations of interest (e.g., multicultural populations, elderly, rural population, low socioeconomic groups) who were at risk of not receiving adequate health care services. These recommended adjustments in the choice of survey selection sites, remained in effect through January 2004, when the data collection phase of the Northwest Arkansas Health Needs Assessment was completed.

## comparisons to existing health data

The data garnered from this project was compared to existing health care information in order to assess the accuracy of respondents’ perceptions regarding health care issues in the region. Responses to items within the Health Care Concerns section were averaged and then compared to available health data information.

## focus groups

The Four-County Community Health Needs Assessment utilized four focus groups in order to augment health information

obtained from the analysis of the survey data. These focus groups were selected to bolster the survey findings relative to specific subgroups in Northwest Arkansas and to glean further information on those groups. Members of the health data committee and the Social Work Research Center selected subgroups who appeared to experience difficulty in successfully accessing health care services or who offered a unique perspective of the health care issues that affect Northwest Arkansas.

The four focus groups selected for participation in the health needs assessment were:

- First Responders
- First Generation Immigrant Hispanic Men
- Marshall Island Women (Madame Pastors)
- Senior Citizens

The first focus group was composed of first call critical care responders. NWHHIP and SWRC members believed that these healthcare providers could provide a unique perspective on the healthcare concerns currently existing in Northwest Arkansas, as critical care responders are often utilized as the initial access point for health care services.

First generation immigrant Hispanic males were selected because of the rapidly growing Hispanic population in Northwest Arkansas and due to the salient influence that Hispanic men exert within their families and communities.

The Marshall Islander community within Northwest Arkansas is of particular interest to healthcare providers and researchers. Not only does the Marshall Islander community in Northwest Arkansas represent the largest concentration of Marshall Islanders outside their own homeland (Republic of the Marshall Islands) but their residence in the United States provides a unique opportunity to assess the influence of cultural and language issues as they impact their ability to successfully access healthcare. Their presence also provides an opportunity to better understand the influence that Western culture has on their health.

The final focus group was comprised of elderly citizens residing in Northwest Arkansas. This focus group was conducted at the board meeting for the Northwest Arkansas Area Agency on Aging meeting in Harrison, Arkansas. Senior citizens were

selected to participate in a focus group due to increases in their life expectancies and the advances in medical care resulting in greater numbers of people who are active and healthy into their 80s and beyond. This selection was also influenced by the unique challenges that seniors experience in successfully accessing healthcare services.

Members of the Social Work Research Center facilitated each of the focus group sessions. The format of the focus groups required participants to respond to questions related to their own or their family's experiences with selected health care issues. A member of Northwest Arkansas' Hispanic community conducted the First Generation Immigrant Hispanic Men focus group in Spanish, while a recognized leading member of the Marshall Islander community conducted the focus group in Marshallese. Each of the four focus group sessions were recorded and translated into English, as needed. A transcription of each of the focus group sessions may be obtained through the Social Work Research Center at the University of Arkansas.

## data analysis

Results of the data obtained from the Four-County Community Health Needs Assessment were analyzed utilizing several different techniques. These techniques were designed to compare the survey's sample statistics with known demographic data for the region. They were also designed to help assess the relative importance of health care concerns for the region, to examine the impact of health need issues on select subgroups in Northwest Arkansas and to conduct a qualitative analysis of health care responses.

The statistical data from the survey were compared to existing population demographics in order to ascertain whether or not the sample could be considered representative. Gender, race, socioeconomic status (SES), educational attainment and employment status were compiled for each of the four counties from 2002 US Census data. This analysis provided important information regarding the similarities and differences between the survey's sample data created and known demographic characteristics for Benton, Carroll, Madison and Washington Counties.

Items within each content area were averaged and rank ordered according to their perceived importance, as indicated by the survey scores. The top three items most frequently selected by

respondents as a major issue are highlighted in the county profiles of this document.

A Wilkes Lambda analysis was completed for each item to determine the strength of the relationship between respondent subgroups and survey responses. A Tukey post hoc analysis was conducted to indicate the direction and level of significance between the participant subgroups. The Tukey post hoc analysis allows statements to be made about which subgroup is more likely to see a given health care issue as a major issue when compared to the range of responses taken from the other groups. This analysis is summarized within the secondary analysis section of each county profile.

A qualitative analysis of narrative responses contained within the survey was also conducted. Survey respondents were asked to identify the most important perceived health care issue within each county. Additional qualitative analyses of physical health care issues and health care data, as well as a summary of the findings obtained from the focus groups are also provided.

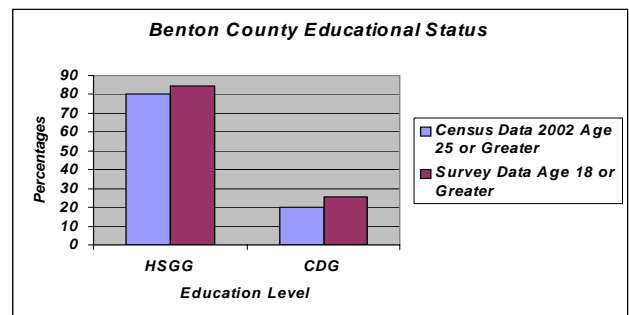
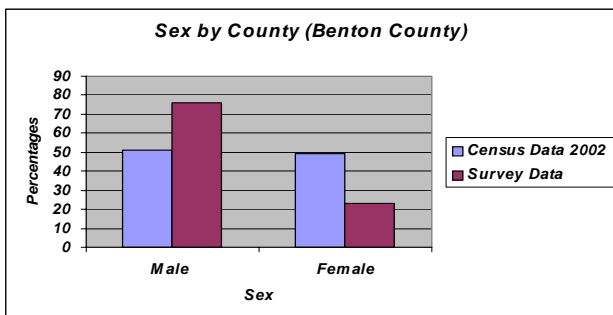
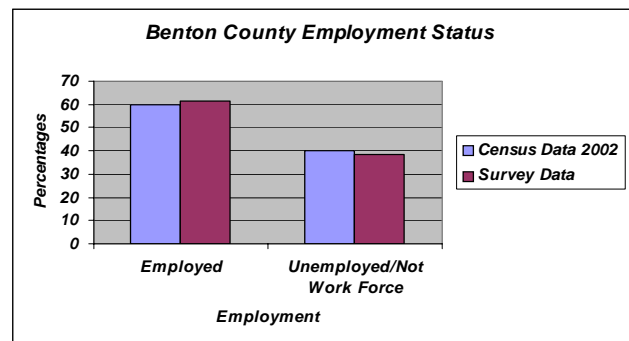
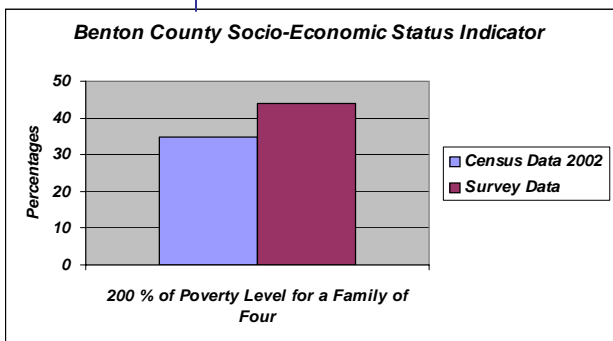
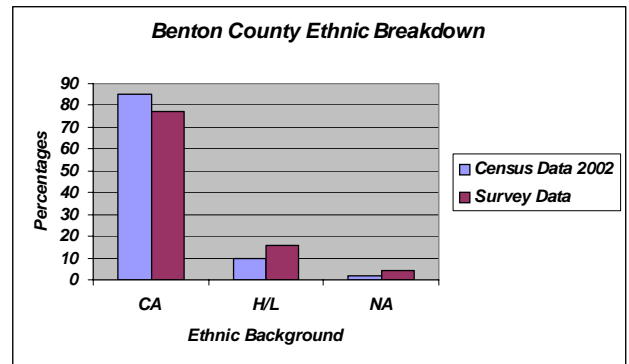
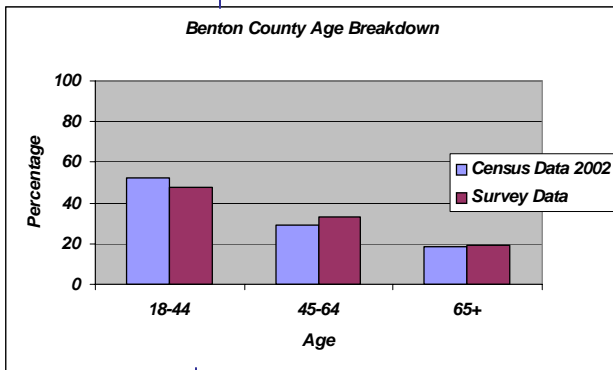
The statistical significance of differences observed between survey responses and participant subgroups was determined at the ( $P < .05$ ) level.

# summary of findings

## county profiles

### Benton County Demographic Profile

A demographic profile of respondents who participated in the Four-County Community Health Needs Assessment was compared to the 2002 Census Bureau data for Benton County. This comparison enabled SWRC to assess how well the Benton County survey respondents can be said to represent the total Benton County Population. Toward this end, SWRC examined the gender, age, ethnicity, SES status, educational attainment, and employment status of Benton County respondents.



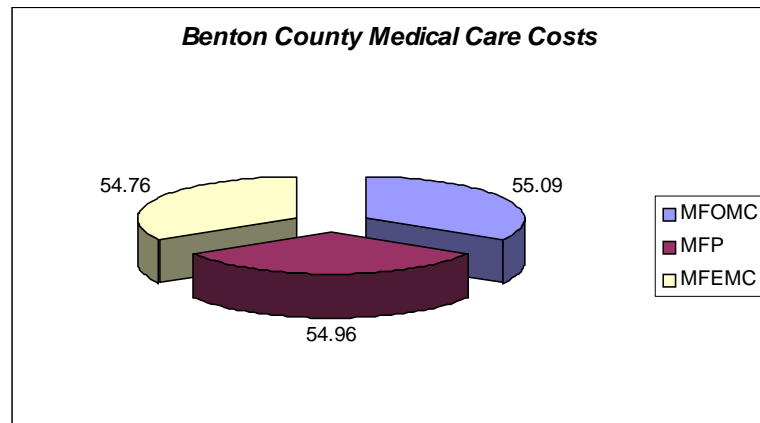
The demographic analysis revealed that Benton County survey respondents were disproportionately female compared to U.S. Census data for the area. Beyond that, respondents tended to occupy a lower socioeconomic status and demonstrated a higher concentration of college graduates and persons with post bachelor-level educations compared to 2002 Census Bureau data.

## survey findings – benton county

### Medical Care Costs

The cost of medical services is a major concern for the residents of Benton County. Survey respondents tended to rate medical care costs as their greatest concern. Benton County respondents tended to list the following items as their highest concerns over medical care costs:

- money for ongoing medical care (MFOMC)
- money for prescriptions (MFP)
- money for emergency medical care (MFEMC)



Demographic factors also influenced Benton County residents' perception regarding medical care costs. The age of the respondent, employment status, socioeconomic level, the presence of dependents in the respondent's household and insurance status affected survey respondents' opinions of medical care costs.

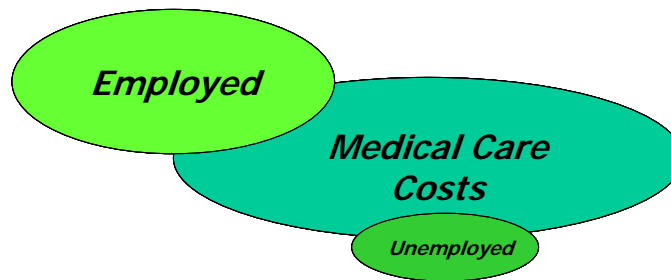
Money for ongoing medical care was a significantly greater concern for 45-64 year olds than it was for survey respondents aged 18-44 and 65 years of age and older. This same age cohort rated money for ongoing dental care, finding a doctor who accepts Medicaid, Medicare health insurance and ARKids First as significantly greater issues than for senior citizens (65 years of age or older).

The 18-44 year old cohort of Benton County respondents tended to be more concerned over medical doctors not accepting their insurance than the cohort of Benton County respondents 65 years old or older. Not surprisingly, senior citizens rated finding a doctor who accepts Medicare as a significantly greater issue compared to Benton County's young adults (18-44 years of age).

- Employment Status

Employment status emerged as a salient finding when considering medical care costs. Employed Benton County residents were significantly more concerned about medical care costs compared to unemployed respondents. While it is somewhat difficult to fully account for these findings, part of the explanation may be attributed to the manner in which this item was worded. This item required respondents to reply within the confines of a forced choice format. Respondents were asked, "Are you currently employed?" As a result of the manner in which this item was presented, three distinct "unemployed" subgroups (unemployed, not in the work force, retired), may have all answered this item with a no response. Since it was not possible to discern the relative contribution of each "unemployed" subgroup, one or more of these unemployed groups may have disproportionately affected this response set. It is possible that persons who are unemployed are not as concerned about medical care costs because of their eligibility for state and federal health insurance (Medicaid), or due to their use of emergency room services for medical care. It is also possible, since over 14% of respondents were 65 years of age and older, issues associated with the availability of health insurance for elders may have affected the direction of this response set. Conversely, since there was not an analysis of the socioeconomic status of employed Benton County respondents, nor any analysis of the health insurance status of this group, it is difficult to discern how these factors may have affected respondents concern about medical care costs. Further analysis is needed in order to clarify this issue.

***Benton County Residents who are Employed have a Greater Concern about Medical Care Costs***



- Household Income

Household income emerged as an important factor affecting Benton County residents' perceptions about medical care costs. Money for emergency medical care emerged as a significantly greater concern for residents with household incomes of \$29,000 or less and those households who earned \$29,000-\$99,000, than it was for the highest income households (\$99,000 and greater).

In addition, money for ongoing medical care was a significantly greater concern for the least affluent households than it was for the wealthiest residents. Clearly, household income is a significant variable affecting residents' abilities to afford emergency and ongoing medical care.

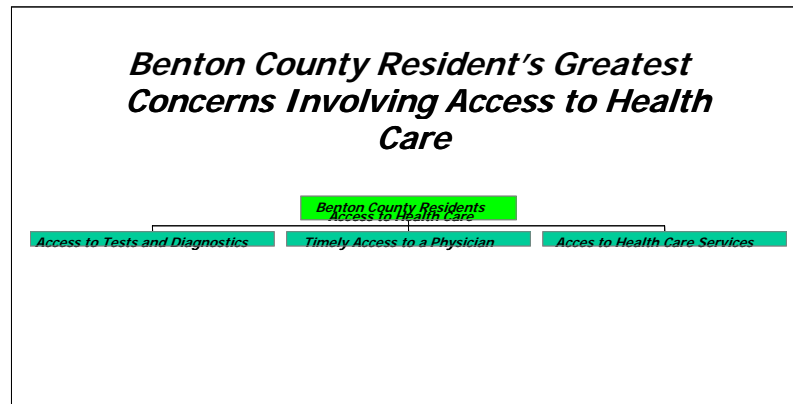
The presence of dependents within respondents' households emerged as a salient factor regarding the affordability of emergency medical care. Survey respondents with dependents were significantly more concerned about their ability to pay for emergency services as compared to respondents without dependents.

Insurance status, not surprisingly, was a significant variable affecting respondents' perceptions about the affordability of health care. Uninsured adults cited a significantly greater concern over their ability to pay for dental care and in finding a doctor who accepts ARKids First Insurance, as compared to adults with health insurance. Insured adults were more concerned about finding a doctor who would accept their insurance as compared to adults without health insurance.

## Access to Health Care Services

In terms of access to health care services, Benton County respondents cited the following items as their greatest concern:

- Access to tests and diagnostics
- Timely access to a physician
- Access to health care services



Over 35% of Benton County respondents rated access to tests and diagnostics as a major issue. Slightly more than 33% of those surveyed considered adequate and timely access to a physician and access to health care services as major concerns.

Several demographic variables appear to significantly affect Benton County residents' perceptions of access to health care services. In particular, the age of the survey participant, employment status and the presence of dependents in respondents' households impacted their opinions on access to health care services. In general, survey participants aged 18-44 and 45-64 years old reported significantly more concern over access to health care services than did older respondents (65 years of age or greater).

Middle-aged adults were significantly more concerned over access to prenatal care, public transportation, health care services, adequate and timely access to a physician, tests and diagnostics, pharmacy services, hospital services, access to dental care and access to affordable and available assisted living for the elderly than younger or older adults.

Adults 45-64 years of age were significantly more likely to identify access to private transportation and health care clinics as major concerns compared to older adults.

Employed adults expressed a significantly greater concern over access to prenatal care, private transportation, access to health care clinics and adequate and timely access to a physician, as contrasted with unemployed adults.

Adults with dependents were significantly more concerned about their access to prenatal care and dental services than were adults without dependents.

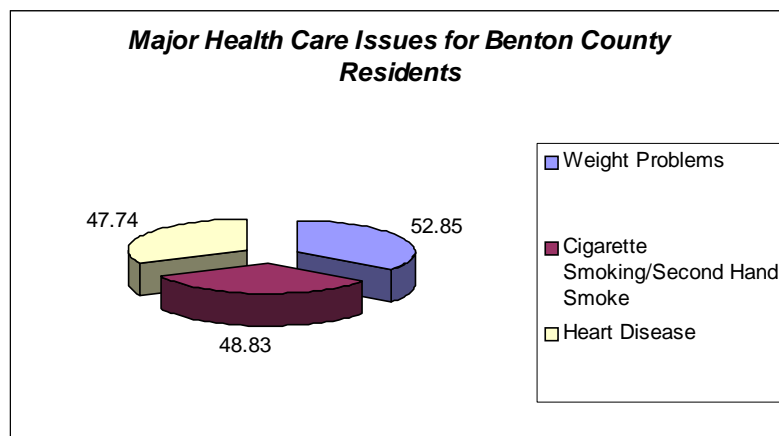
Overall, middle aged adults residing in Benton County exhibited significantly greater concerns regarding access to health care services, as compared to younger and older adults.

### Physical Health Care Issues

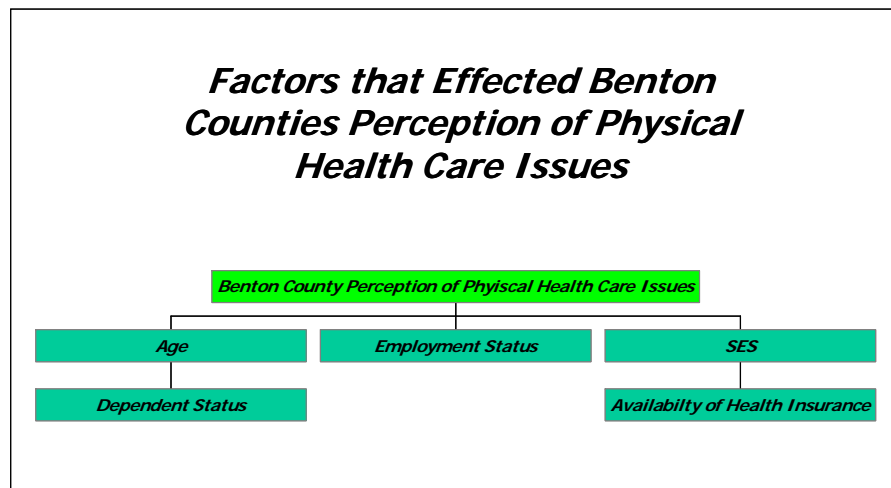
Survey respondents in Benton County rated the following health care issues as major issues:

- Weight problems
- Cigarette smoking and second hand smoke
- Heart disease

The high percentage of respondents who identified these health care issues as major concerns parallels recent health data findings, which consistently rank weight problems, cigarette smoking, second hand smoke, and heart disease as the leading causes of premature morbidity in this county.



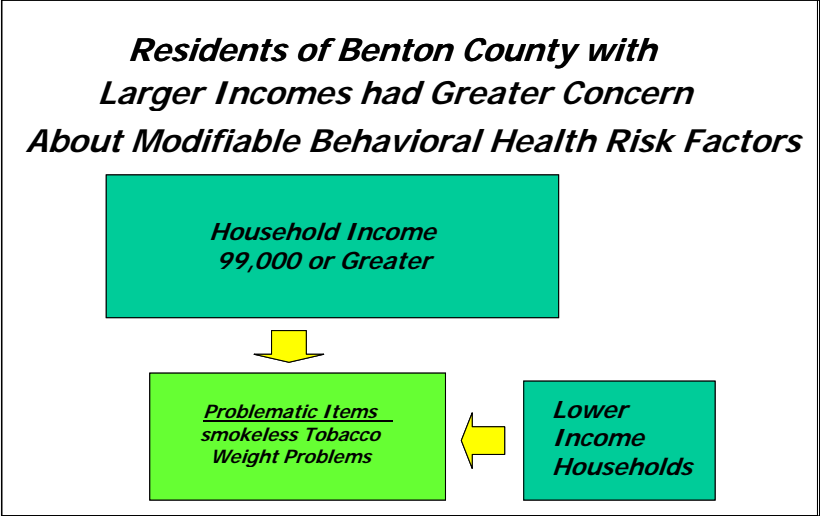
The age, employment status, socioeconomic level, the presence of dependents in the respondents' households, and the availability of health insurance, exerted a significant influence on Benton County respondents' perceptions of physical health care issues. Adults 45-64 years of age reported significantly greater concern about asthma or other lung diseases, cigarette smoking, second hand smoke, diabetes, heart disease and HIV, than did younger and older adults. Middle aged adults also considered weight problems, smokeless tobacco, and sexually transmitted diseases as being of significantly greater concern, compared to older adults. Contrasted with younger adults, middle-aged adults identified osteoporosis, stroke, Alzheimer's disease and cancer as being more problematic. Older adults cited stroke and Alzheimer's disease as their greatest concern, compared to the younger aged respondents. Finally, smokeless tobacco was cited more frequently as a problem by younger adults, than it was by older adults.



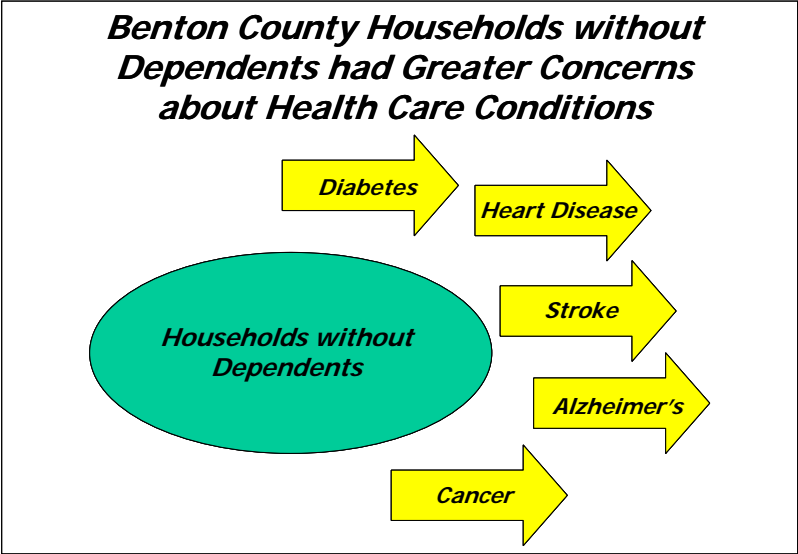
Employed Benton County respondents identified cigarette smoking, second hand smoke, heart disease, weight problems, sexually transmitted diseases, HIV and smokeless tobacco as a greater concern than did unemployed Benton County respondents.

Respondents from households with the largest incomes (\$99,000 or greater per year), identified weight problems and the use of smokeless tobacco as significantly more problematic as compared to respondents from lower income households. Respondents from middle-income households (\$29,000-\$99,000 per year) cited Alzheimer's disease and cancer as

being of significantly greater concern compared to respondents from the least wealthy households (less than \$29,000 per year).



Interestingly, respondents from households without dependents indicated significantly greater concern over diabetes, heart disease, stroke, Alzheimer’s disease and cancer than did respondents from households with dependents. This trend may be partially explained by the association of these diseases and old age, wherein elderly respondents may not have dependents living in their households.



- Insurance Status

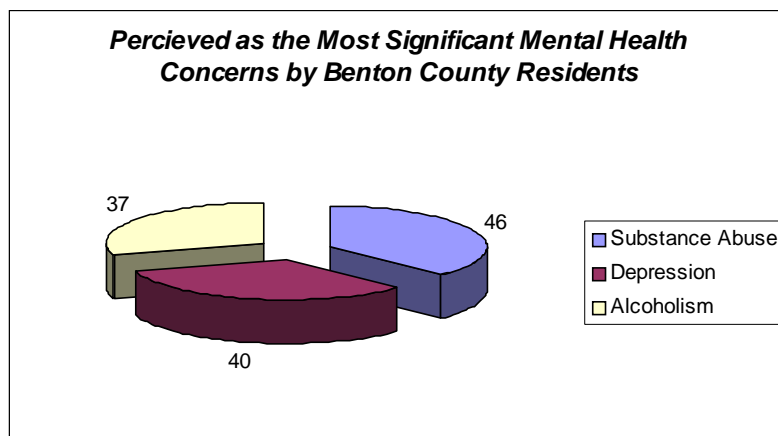
Insurance status also emerged as saliently factor, which is linked to physical health issues. Similar to the items endorsed by non-dependent households, insured adults identified heart disease, osteoporosis, stroke, Alzheimer’s disease and cancer as being significantly more concerning, than uninsured adults. As this list is almost identical to the physical health conditions cited by non-dependent households (with the exception of osteoporosis), it is presumed that a unique combination of demographic variables is responsible for these findings.

### Mental Health Care Issues

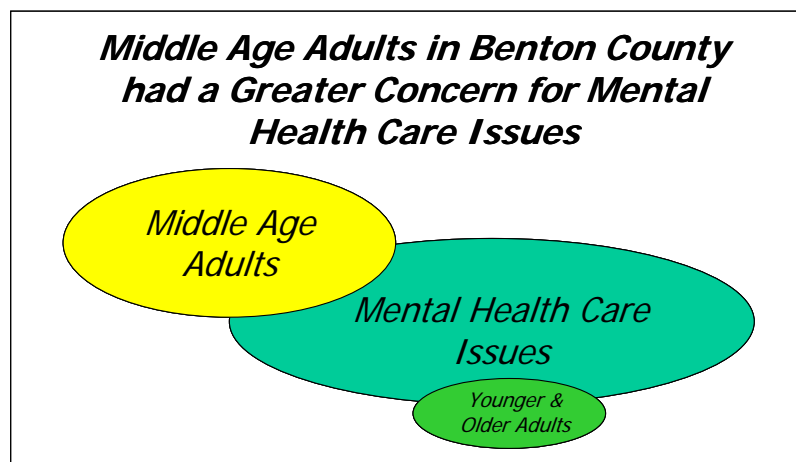
Mental health care issues exert a significant influence on the overall well being of a community. Results from the Northwest Arkansas Health Needs Assessment revealed that Benton County residents perceived the following as the most significant mental health concerns affecting their community:

- substance abuse
- depression
- alcoholism

Nearly 46% of surveyed Benton County residents identified substance abuse, as the most pressing mental health care issue impacting their community. Close to 40% of respondents cited depression, and nearly 37% of respondents identified alcoholism, as the second and third highest rated mental health care issues in their communities.



Middle-aged adults acknowledged significantly greater concerns over mental health care issues than younger and older adults did. Adults 45-64 years of age expressed the greatest concern over available and affordable psychiatric services, available and affordable counseling services, emergency mental health services, housing or residential services for the severely and persistently mentally ill, alcoholism, anxiety disorders, depression, available and affordable substance abuse services and suicide. Substance abuse was cited more frequently as being problematic by 45-64 year olds, than it was by older adults.



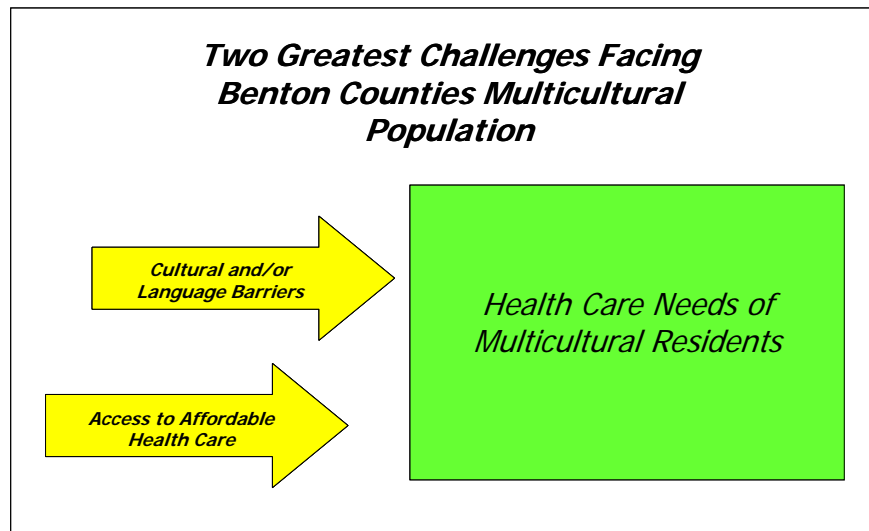
Employment status emerged as an important variable affecting respondent's opinions on mental health care issues. When compared to unemployed Benton County respondents, employed respondents more often cited available and affordable psychiatric services, available and affordable counseling services, emergency mental health services, housing or residential services for the severely and persistently mentally ill, alcoholism, access to available and affordable alcohol treatment programs, anxiety disorders, depression, substance abuse, available and affordable substance abuse services and suicide, as major mental health care concerns.

### Multicultural Health Care Concerns

Since 1990, Northwest Arkansas has experienced a significant increase in its overall population. While rapid population growth, in general, exerts significant pressure on a region's infrastructure and ability to meet the needs of its growing population, the advent of an unprecedented number of

multicultural people into Northwest Arkansas has created unique challenges in the region's ability to meet the needs of its growing population. While this challenge extends into all facets of life for newcomers to this area, no need is more critical than providing accessible and affordable health care services to the region's growing multicultural population.

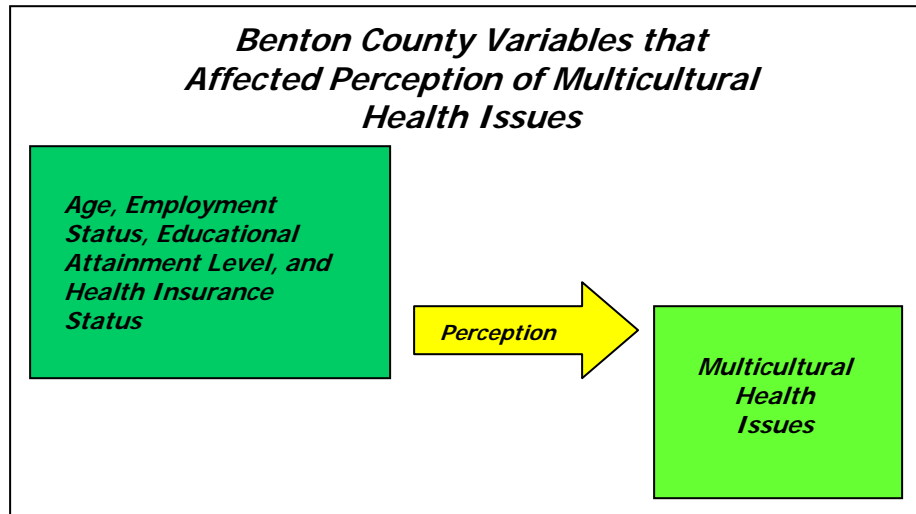
Respondents identified cultural and/or language barriers and access to affordable and available health care services as the two greatest challenges facing Benton County.



The age of the survey participants, their employment status, education level and health insurance status all affected respondents' perceptions of multicultural health care issues. Compared to younger and older adults in Benton County, middle-aged adults were significantly more likely to identify the adequacy of health care services and awareness of health care services as major issues. Compared to senior citizens, adults 45-64 years of age identified access to affordable and available health care services as a significant concern. Compared to older adults, younger adults (18-44 years of age), believed that cultural and/or language barriers to accessing health care services was a significant concern.

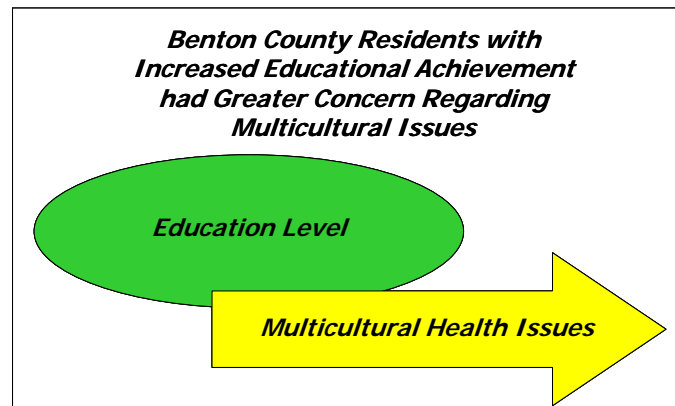
The employment status of the survey respondents appeared to be an important variable, in their responses to the items on the Multicultural Health Care Section of the Health Care Needs

Assessment. Benton County residents who were employed consistently rated the items within the multicultural health care section of the survey, as being of significantly greater concern, as compared to unemployed adults.



- Educational Level

The educational level of the survey respondents emerged as an important variable affecting participant's responses in regard to multicultural health care issues. Upon reviewing the pattern of participant's responses, increased educational achievement was consistently related to significantly greater concern, in regard to all of the multicultural health care items, within the survey. It appears that increased educational achievement is positively correlated with a survey respondent's propensity to identify multicultural health issues as being of major concern.



Benton County residents with health insurance were more likely than uninsured citizens, to endorse the following items as being of significant concern; awareness of health care services, cultural and/or language barriers to accessing health care services.

benton county

## Qualitative Summary

Benton County survey respondents were asked to list the top three health concerns for their community. Out of the 374 surveys collected in Benton County, the top three health care concerns identified were:

- Cost and availability of health care insurance
- Medical care costs
- Money Needed for prescriptions

## county profiles

### Carroll County Demographic Profile

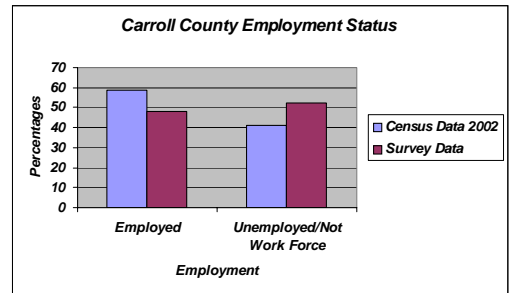
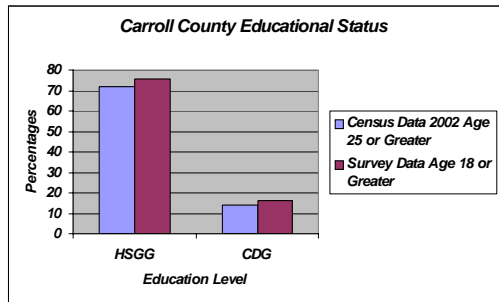
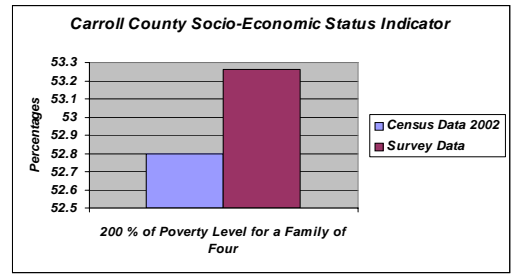
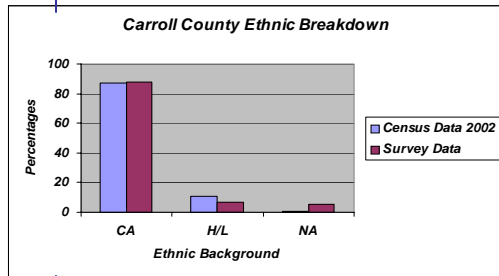
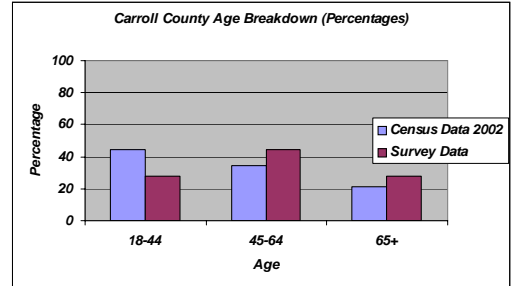
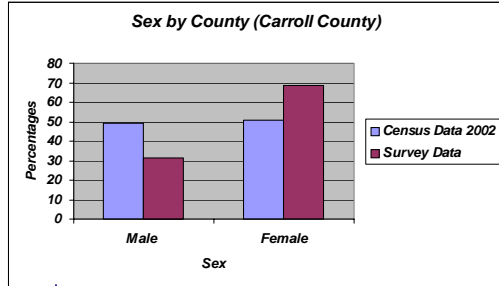
A demographic analysis of Carroll County residents who participated in the Northwest Arkansas Health Care Needs Assessment was compared to the 2002 Census Bureau Data for Carroll County. The Health Care Needs Assessment demographic profile is designed to assess whether survey respondents are representative of the population at large, within Carroll County. Demographic variables assessed included the following; gender, age, ethnicity, socioeconomic status, educational attainment, and employment status.

Results of the demographic profile analysis suggested that survey respondents were more likely to be female, older, over representative of Native Americans, under representative of Hispanics/Latinos, and less likely to be employed, as compared to the 2002 US Census Bureau Data statistics.

Nearly 69% of survey respondents were female, and a little over 31% were male. This finding was compared to the 2002 US Census Bureau Data figures, which indicated that 51% of Carroll County residents were female and 49% are male. Survey participants were older, as a group, as compared to the general population. Nearly 28% of survey respondents were 18-44 years of age, as compared to 44.5% of the population, utilizing the 2002 Census Bureau Data. Among older adults, (45-64 years of age, and 65 or greater), 72% of survey respondent were 45 years of age and older, as compared to 55.5% of adults, in the 2002 Census. The multicultural status of survey respondents demonstrated a significant propensity to over represent Native Americans, and under represent Hispanics/Latinos, as compared to the most current Census data figures. Employment status also emerged as a divergent finding, as compared to the 2002 Census Bureau Data. Nearly 49% of survey respondents were employed and 52% were unemployed. The finding contrasts with the 2002 US Census Bureau Data indicated that nearly 59% of Carroll County residents were employed and 41% were unemployed.

Several factors likely contributed to the demographic divergence observed between the demographic profiles of survey respondents in Carroll County, as compared to the 2002 US Census Bureau Data. It is possible that the demographic patterns within Carroll County are shifting secondary to the

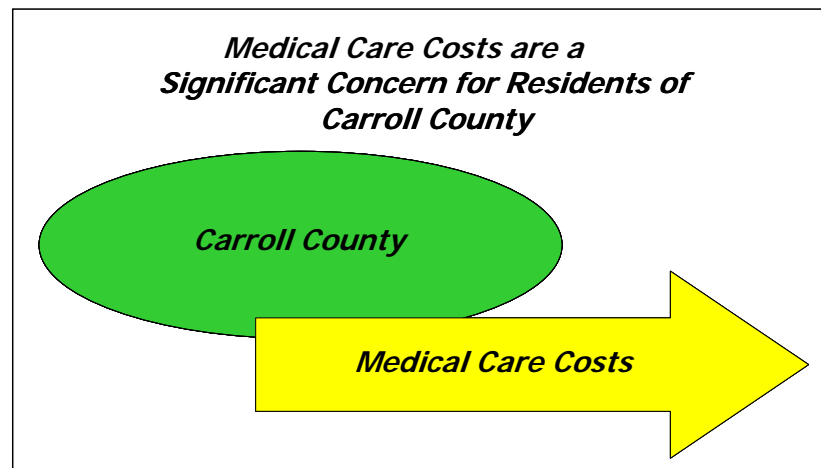
increased population migration into the region and due to socioeconomic factors.



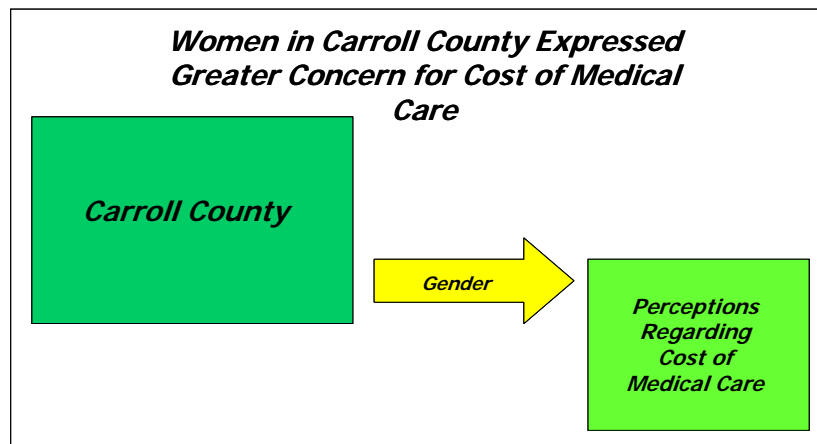
## survey findings – carroll county

### Medical Care Costs

The costs of medical care services are of significant concern for the residents of Carroll County. Medical care costs were rated as the most significant health care concern affecting the citizens of Carroll County. Nearly 73% of survey respondents identified money for prescriptions, as the most important health care concern that Carroll County is currently experiencing. Money needed for ongoing medical care and money for emergency care represented the other top rated concerns of Carroll County Residents.



Gender represented a significant variable, affecting Carroll County resident's perceptions in regard to the costs of medical care services. Women, who often act as the gatekeepers and access point for medical care issues within families and communities, expressed significantly greater concern in terms of the costs for medical care services, as compared to male respondents. Female survey respondents cited significantly greater concern in regard to the money for prescriptions, money for emergency medical care, and money for ongoing medical care. Given the relatively greater number of women respondents who participated in the Four-County Community Health Needs Assessment and women's "traditional" central role in ensuring health care services for their families, it is not surprising that gender (female respondents), were significantly more concerned about the cost of "core" health care services as compared to other respondents.



## Access to Health Care Services

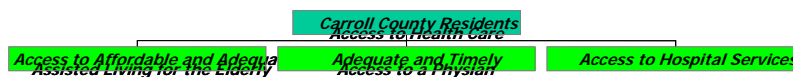
Access to needed health care services represents not only a significant challenge for individuals and families, but also for communities. Communities, like individuals, develop their own unique characteristics. It is, therefore, incumbent upon successful communities to not only become cognizant of its own unique nature, but to also develop an array of needed services in order to successfully meet the needs of its citizenry. There is no service more critical to the health and welfare of its citizens than health care services.

Survey respondents within Carroll County identified access to the following health care services as being of the greatest concern:

- Access to affordable and adequate assisted living for the elderly
- Adequate and timely access to a physician
- Access to hospital services

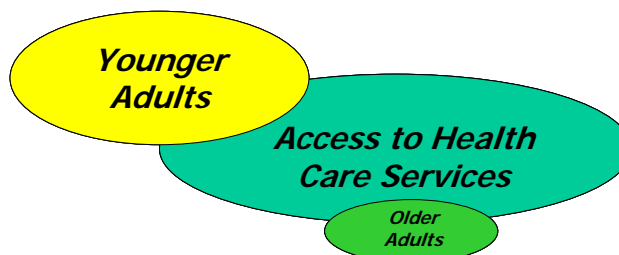
While many communities may experience similar difficulties in accessing needed health care services, the health service needs identified by the Carroll County survey respondents, reflect not only the rural nature of the county, but the need for essential health care services.

***Carroll County Residents Greatest Concerns Involving Access to Health Care***



Younger adults, 18-44 years of age, appeared to be significantly more concerned about access to health care services, as compared to older adults. This somewhat surprising finding requires further explanation, as typically older and middle aged adults are more likely to be concerned about the access to health care services, than younger adults.

***Younger Adults in Carroll County were more Concerned About Access to Health Care Services***

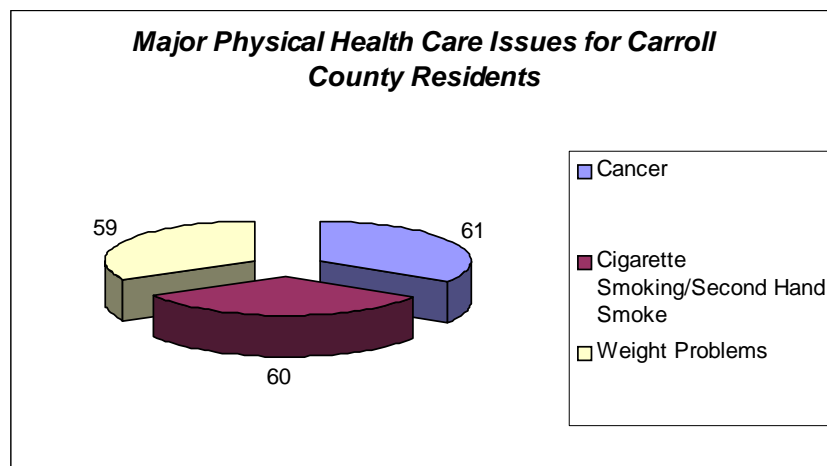


**Physical Health Care Issues**

Carroll County residents, who participated in the Four-County Community Health Needs Assessment, identified the following physical health issues, as being most concerning for their community:

- cancer
- cigarette smoking and/or second hand smoke
- weight problems

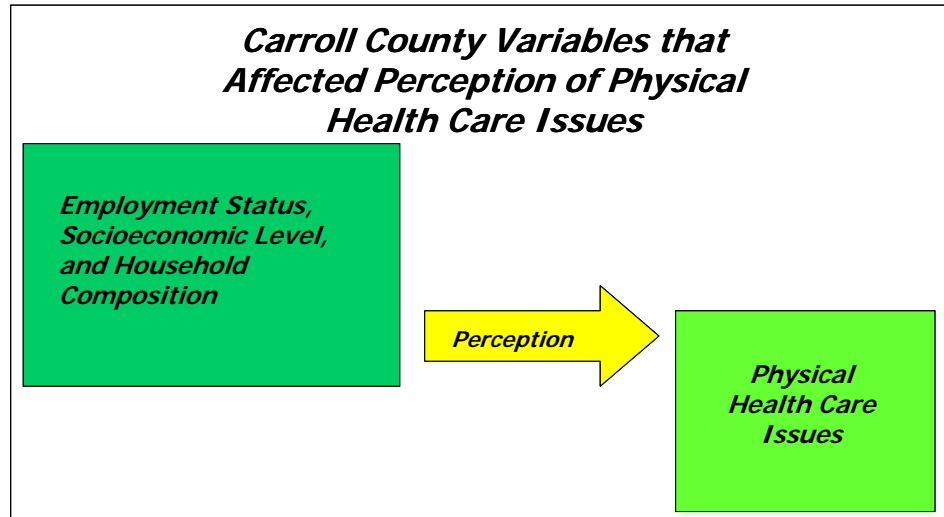
Approximately 61% of survey respondents rated cancer, as the most serious physical health care problem that confronts the residents of Carroll County. Nearly 60% of the survey participants cited cigarette smoking and/or second hand smoke as a significant problem, and 59% of Carroll County residents identified weight problems, as a major issue.



The employment status, socioeconomic level, and household composition (dependents or no dependents) of Carroll County residents, exerted a significant effect upon survey respondent's perceptions in regard to physical health care issues. Employed adults were significantly more concerned about asthma or other lung diseases, as compared to unemployed adults. Household income was also a significant variable affecting survey respondent's opinions in regard to physical health. Households whose annual income was less than \$29,000 per year expressed a significantly greater concern about HIV than households with income of \$29,000-\$99,000 per year. A somewhat different pattern response was observed in terms of cigarette smoking and/or second hand smoke. The highest income households (annual income of greater than \$99,000 per year) reported a significantly greater concern about the effects of cigarette smoking and/or second hand smoke, as compared to lower socioeconomic level households (less than \$29,000)

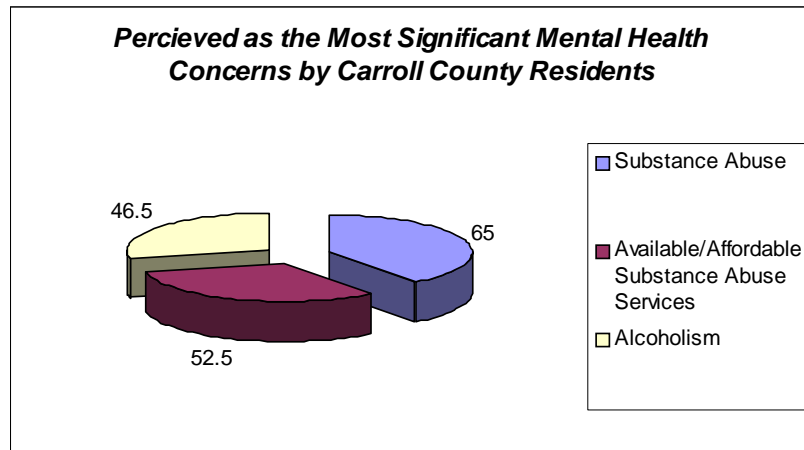
While there may be several different explanations for this finding, part of the reason for these differences may be

attributed to the health knowledge of respondents. Several recent studies have suggested that higher educational level and advanced knowledge about basic health issues is significantly negatively correlated with cigarette smoking (CDC, 2002). While no significant differences were noted on any physical health issues by survey respondents in terms of their education level, future health surveys may want to assess basic health knowledge as an important consideration in the health assessment process. It is also possible, that the differences in respondent's opinions in terms of the impact of cigarette smoking and/or second hand smoke may be an artifact of household income. It has been well documented that the lower the household income, the more likely members of these households will be smokers (CDC 2002). As age and education level are also important variables affecting household income, future studies will need to examine the confluence of factors that contribute to different perceptions about smoking, based upon household wealth. In addition, households with no dependents expressed significantly more concern about cigarette smoking and/or second hand smoke and osteoporosis, than households with dependents.



## Mental Health Care Issues

Substance abuse and alcoholism were identified as the most serious mental health care issues, affecting Carroll County. Given the proliferation of substance abuse in Northwest Arkansas in recent years, particularly methamphetamine abuse, Carroll County resident's concerns about these issues is not surprising. Over 65% of respondents cited substance abuse as the most significant health care issue, which affects Carroll County. Survey participants identified available and affordable substance abuse services (52.5%), and alcoholism (46.5%), as significant mental health concerns affecting Carroll County.



## Multicultural Health Care Issues

Cultural and/or language barriers and access to affordable and available health care services were rated by survey respondents as the most significant multicultural health care concerns in Carroll County. Over 40.5% of survey respondents considered cultural and/or language barriers to accessing health care services as the most significant multicultural health care issue. Nearly 37% of survey participants expressed concern in regard to accessing affordable and available health care services for multicultural members of the Carroll County community.

carroll county

## Qualitative Summary

Carroll County survey respondents were queried in terms of identifying the top 3 health care concerns confronting their community. Out of the 114 surveys collected in Carroll County, the top three health care concerns that affect their community were:

- Cost and availability of health care insurance
- Medical care costs
- Money Needed for prescriptions

## county profiles

### Madison County Demographic Profile

A demographic analysis of Madison County residents who participated in the Four-County Community Health Needs Assessment was compared to the 2002 US Census Bureau Data for Madison County. This demographic profile analysis is designed to assess whether Madison County residents who participated in the Health Needs Assessment were representative of the larger population within Madison County. Demographic variables that were assessed included: gender, age, ethnicity, socioeconomic status, educational level, and employment status.

Results of the demographic profile analysis for Madison County suggested that significant differences existed between survey respondents and key demographic variables obtained from the 2002 US Census Bureau Data. Survey participants were more likely to be female, somewhat younger in age, over representative of Hispanic/Latinos and Native Americans, less likely to be below the poverty line for a family of 4, and more highly educated, as compared to the 2002 Census Bureau Data, for Madison County.

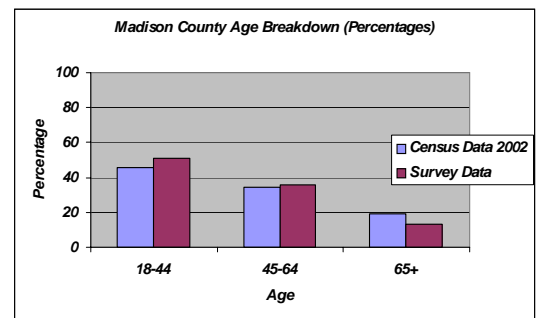
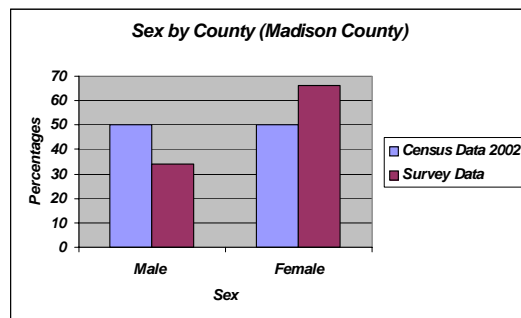
Approximately 66% of the survey participants were female and nearly 34% were male, as compared to the 2002 Census Bureau data; which indicated that 50% of Madison County residents were female, and 50% were male. Survey respondents were more likely to be younger, as a group, as compared to the overall Madison County population. Slightly more than 51% of the survey respondents were 18-44 years of age, as compared to 45.9% of younger adults, based on the 2002 US Census Bureau data. The percentage of middle age adults who participated in the Four-county Community Health Needs Assessment (35.62%) was comparable to same aged adults according to the 2002 Census Bureau data (34.65%). Older adults (65 years of age or older) were under represented in the Health Needs Assessment, as compared to the 2002 Census Bureau data (13.13% to 19.45 respectively).

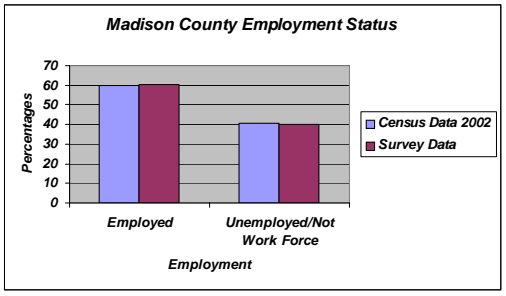
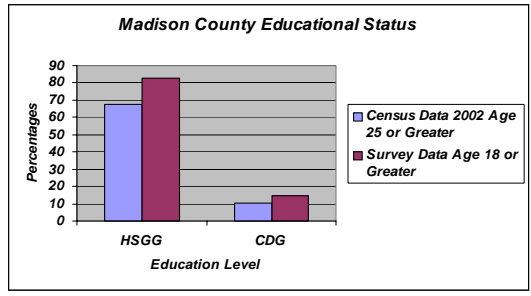
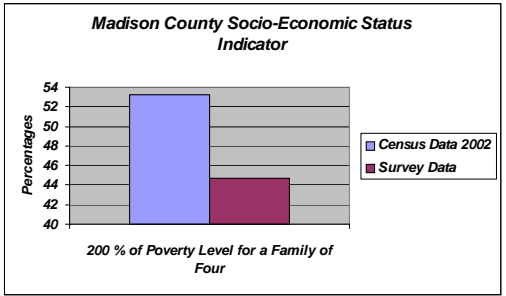
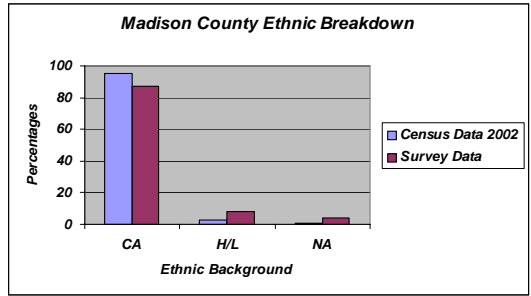
Multicultural residents within Madison County were over represented among survey respondents. Approximately 8% of survey respondents were of Hispanic/Latino origin and slightly over 4% of participants identified themselves as Native Americans, in 2002. These findings are not consistent with the

2002 Census Bureau data. Results obtained from the Census Bureau data revealed that only 3% of Madison County residents were of Hispanic/Latino decent and 1% was Native American.

Considerable caution needs to be exercised in the analysis and interpretation of data obtained from the socioeconomic status (household income), section of the Four-County Community Health Needs Assessment. The percentage of households which were 200% or more below the poverty line, was an estimate extrapolated from the demographic data contained within the survey. Given this caveat, it appears that survey respondents were somewhat less likely to be 200% or below the poverty level for a family of 4, as compared to the 2002 US Census Bureau Data.

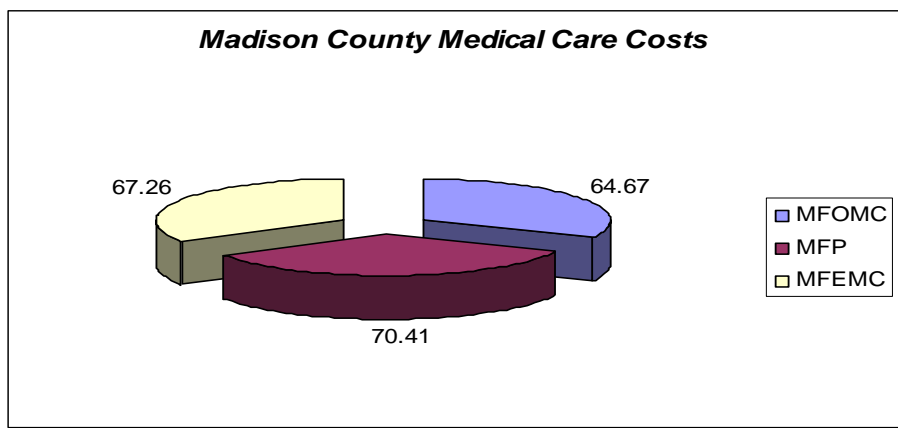
Significant differences were also observed in the educational obtained level of survey respondents, as compared to the overall population of Madison County. Nearly 83% of survey respondents reported to be a high school graduate or greater, and 14.73% of the Four-County Community Health Needs Assessment participants stated they had a college degree or greater. This compares to 67.8% of Carroll County residents who had a high school diploma or greater, and 10.15% with a Bachelor's Degree or greater, based upon the 2002 Census Bureau data.





### Medical Care Costs

The costs associated with medical care were a significant concern for Madison County residents who participated in the Northwest Arkansas Health Needs Assessment. Over 70% of survey respondents identified money for prescriptions as the most significant cost related health care concern. Slightly over 67% of survey respondents cited money for emergency medical care as a significant concern and nearly 65% of individuals who participated in the Health Needs Assessment identified money for ongoing medical care, as a significant problem.



The ethnicity, educational level, household composition, and insurance status, of Madison County survey respondents, emerged as significant demographic variables, affecting their perceptions, in regard to the costs associated with medical care services. Survey participants who were Caucasian expressed significantly greater concern in regard to the costs for prescriptions, as compared to Hispanic/Latino respondents. Madison County residents who had attended “some college”, cited significantly greater concern about the following medical care costs, as compared to survey respondents who had a high school diploma or less education:

- Money for ongoing dental care
- Dentists who will not accept my insurance
- Finding a doctor who accepts Medicare

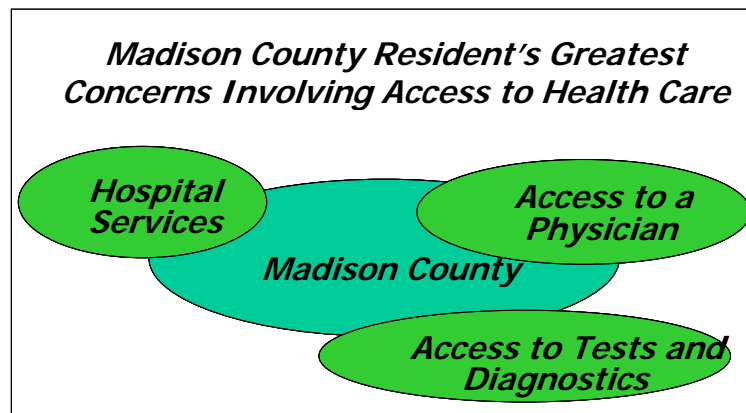
Madison County residents that participated in the Health Needs Assessment and resided in households with dependents were significantly more concerned about dentists who will not accept ARKids First Insurance, as compared to no-dependent residences. Insurance status was also a factor, which affected Madison County citizen’s opinions in regard to health care costs. Individuals with health insurance reported significantly greater concern in regard to medical doctors who will not accept my insurance as compared to survey respondents who did not have health insurance. The lack of compatibility between an individual or families health insurance policy and the insurance requirement of a PCP or health clinic, represents a daunting challenge, even in the best of circumstances. This conundrum however, is greatly exacerbated in a rural setting, like Madison County, where there may be limited choices for health care services due to the unavailability, or limited access to health care clinics and/or primary care physicians.

## Access to Health Care Services

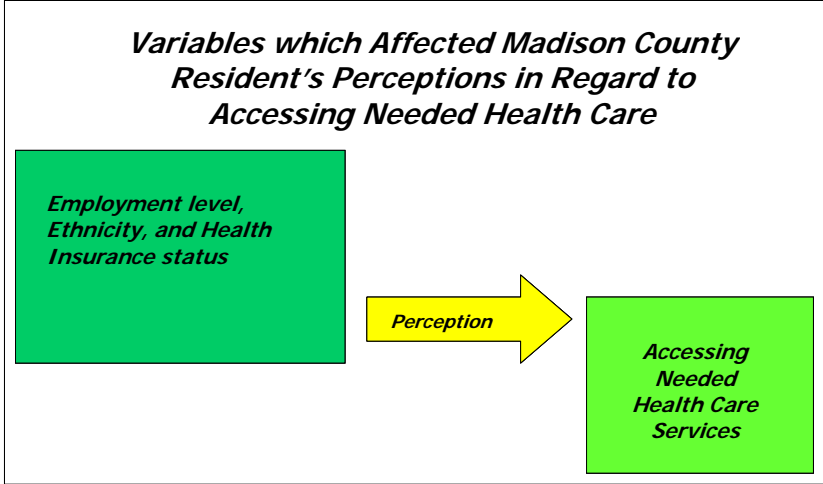
Access to the following health care services were rated by Madison County survey respondents, as their highest rated concerns:

- access to hospital services
- access to tests and diagnostics
- adequate and timely access to a physician

Access to hospital services, was cited by survey participants as the most pressing health care problem within Madison County. Nearly 76% of survey respondents identified the need for hospital services, as the most important health care issue confronting Madison County. A little over 47% of survey participants cited access to tests and diagnostic services as a significant problem, and approximately 43% of respondents identified the need for adequate and timely access to a physician as a major concern.

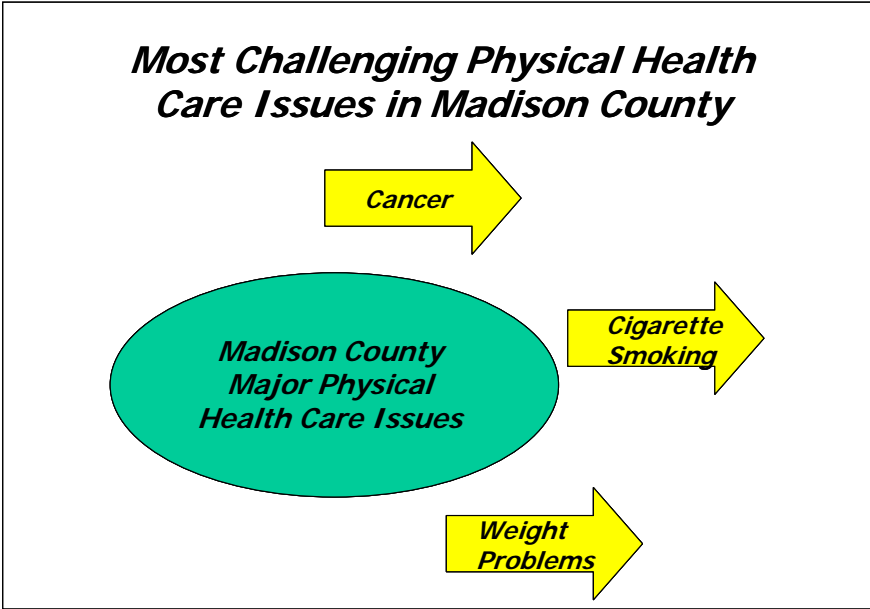


The ethnicity, employment level, and health insurance status were important demographic variables that impacted survey respondent's perceptions in accessing needed health care services. Caucasian respondents identified significantly greater concern in regard to the following health access issues as compared to Hispanic survey participants: adequate and timely access to a physician, access to hospital services, access to available and affordable assisted living for the elderly. Madison County residents that are employed were significantly more concerned about access to private transportation, access to health care clinics, and access to affordable and adequate assisted living for the elderly, as compared to unemployed adults. The insurance status of Madison County survey respondents also emerged as an important factor in terms of their opinions in regard to accessing health care services. Insured adults acknowledged significantly greater concerns in regard to the access to the adequate and timely access to a physician, access to health care clinics, and access to affordable and adequate assisted living for the elderly, as compared to uninsured adults.



**Physical Health Care Concerns**

Cancer was identified by 64.5% of Madison County residents participating in the Northwest Arkansas Health Needs Assessment, as the most challenging physical health care issue currently affecting their community. Cigarette smoking and/or second hand smoke and weight problems were also rated by survey respondents as major physical health care concerns.



The age, ethnicity, household income, educational level, and insurance status of survey respondents, differently affected their

perceptions in terms of physical health care issues. In general, younger and middle aged adults displayed significantly greater concern about a variety of physical health care issues, than did older adults (65 years of age or older). Adults aged 18-44 and 45-64 years of age, cited significantly greater concern about sexually transmitted diseases, HIV, smokeless tobacco, and Alzheimer's disease than did older adults. Middle-aged adults were significantly more concerned than younger or older adults in regard to diabetes, heart disease, stroke and cancer. The lack of any significant findings in terms of physical health care issues for older adults is somewhat surprising. It is uncertain whether this lack of comparative concern (as contrasted with younger and middle aged adults), is simply representative of the opinions of older adults who participated in the Four-County Community Health Needs Assessment, or is reflective of the views and perceptions of senior citizens in Madison County. Conversely, this finding may be simply an artifact of the research design utilized in this survey and may not accurately portray the level of concern that seniors residing in Madison County actually experience in regard to physical health care issues.

Caucasians who participated in the survey expressed significantly greater concern about asthma and other lung diseases, heart disease, weight problems, stroke, and cancer, as compared to Hispanic survey respondents.

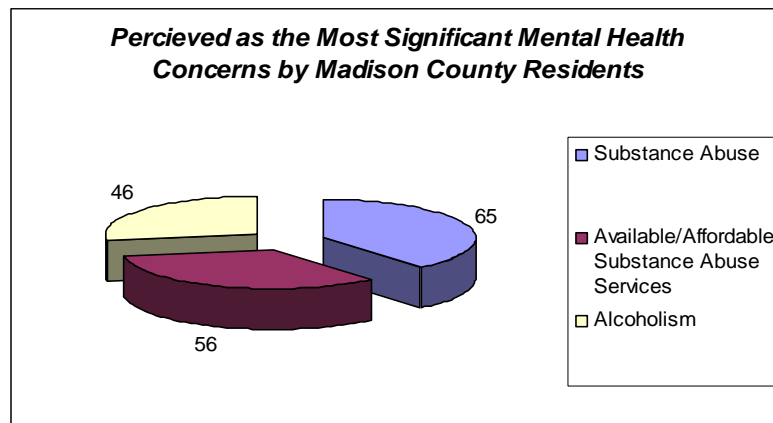
Household income exerted a significant impact upon the perceptions of survey respondents. Survey participants with an annual household income between \$29,000 and \$99,000 per year expressed significantly greater concern than did households with less than \$29,000 per year, in regard to the following health issues: cigarette smoking and/or second hand smoke, heart disease, weight problems, and sexually transmitted diseases.

Survey respondents with some college education exhibited significantly greater concern than did participants with a high school degree or less, involving the following physical health care issues: heart disease, weight problems, sexually transmitted diseases, HIV, stroke and cancer. Survey participants with some college education also expressed greater concern about HIV than did respondents with a bachelor's degree or greater educational obtainment.

Madison County residents with health insurance identified the following health care issues of significant concern as compared to uninsured adults: diabetes, heart disease, STD's, HIV, stroke, and cancer.

## Mental Health Concerns

Illegal drugs in Northwest Arkansas (e.g., methamphetamines) and alcohol abuse, affected survey respondent's opinions in terms of mental health care issues. Madison County residents identified substance abuse, available and affordable substance abuse treatment services, and alcoholism, as the most salient mental health care issues affecting their community. Over 65% of survey participants identified substance abuse as the most significant mental health care issue that impacts Madison County. The need for available and affordable substance abuse treatment services was cited by 56% of participants, and nearly 46% of surveyed adults reported that alcoholism was a serious mental health concern.



The age of the survey respondents emerged as the only demographic variable which affected participant's opinions in regard to mental health care issues. Younger and middle aged adults consistently cited significantly greater concerns in terms of mental health care issues, as compared to older adults. Adults aged 18 - 44, and 45 - 64 years of age, demonstrated significantly greater concerns about the following mental health care issues as compared to senior citizens: alcoholism, access to affordable and available alcohol treatment programs, anxiety disorders, substance abuse, and available and affordable substance abuse services. Middle-aged adults (44 – 64 years of age) cited significantly greater concern in regard to available

and affordable counseling services, emergency mental health services, and depression, than did younger and older adults.

madison county

## Qualitative Summary

Madison County survey respondents were asked to identify the top 3 health care concerns for their community. 154 completed surveys were obtained in Madison County. Consistent with the rural nature of this county, survey participants identified the following 3 health care concerns as the most important in their community:

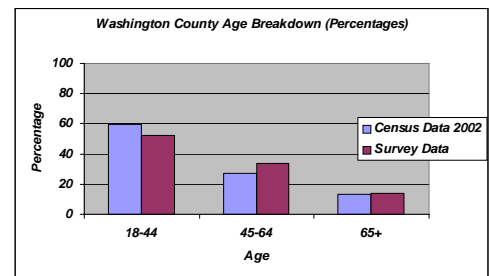
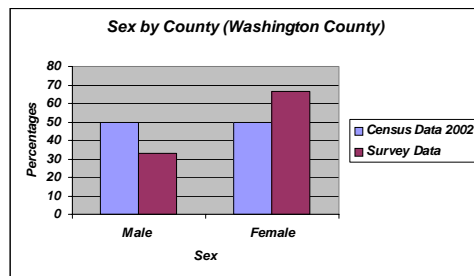
- The need for health care services
- Money Needed for prescriptions
- Access to health care services

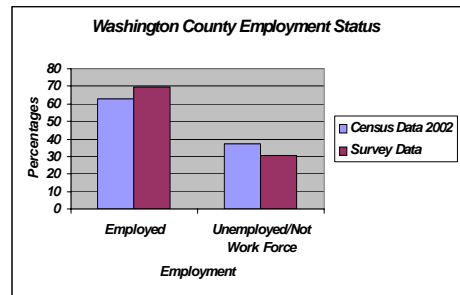
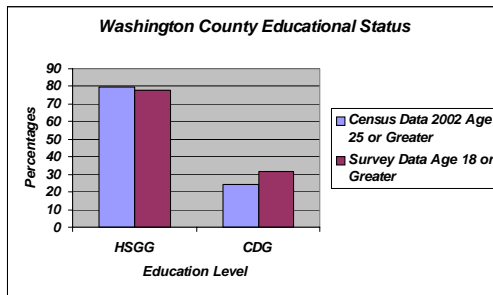
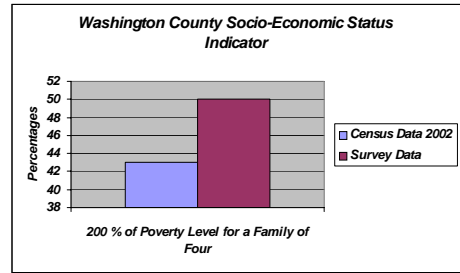
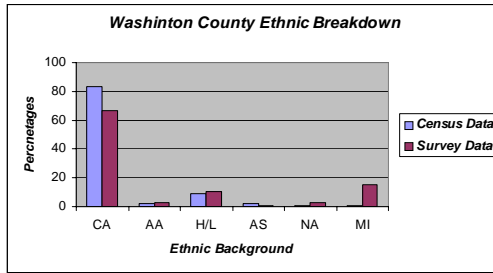
## county profiles

### Washington County Demographic Profile

A demographic profile of Washington County residents who participated in the Four-County Community Health Needs Assessment was compared to the county's 2002 Census Bureau data. The survey's demographic profile was designed to assess whether respondents who participated in the survey were representative of the larger Washington County population. Demographic factors that were assessed included: gender, age, ethnicity, SES status, educational attainment, and employment status.

Results of the demographic profile analysis suggested that survey respondents were disproportionately female, over representative of middle aged adults and Marshall Islanders, under representative of Caucasian, and demonstrated an estimated higher percentage of households which were 200% of the poverty level and below for a family of 4. Survey participants also exhibited a higher percentage of individuals with college degrees and advanced education, and a higher percentage of adults in the workforce, as compared to the 2002 Census Bureau data for Washington County.

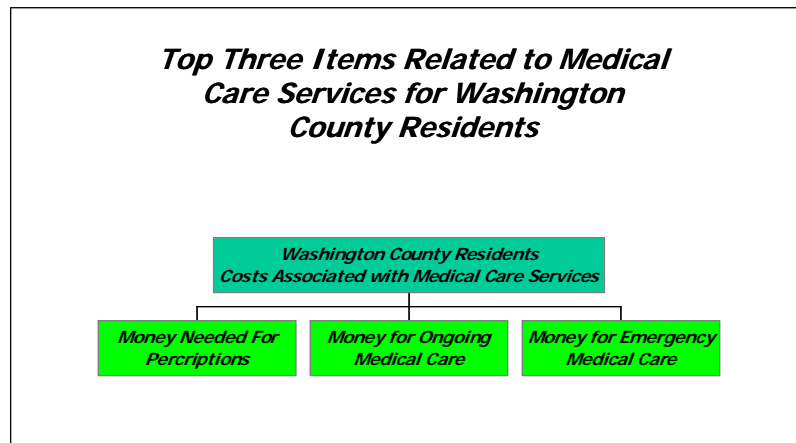




## Survey Findings

### Medical Care Costs

Respondents rated the costs associated with medical care services as a significant area of concern. Money needed for prescriptions was the top rated item of concern for survey participants as 57.66% of respondents cited this issue as a major problem. Money for ongoing medical care and money for emergency medical care were also considered to be major issues by survey participants.



Several demographic factors affected Washington County resident's perceptions in regard to the costs of medical care services. The gender, age, ethnicity, educational level, household composition and insurance status of the survey participant were significant variables which impacted Washington County resident's opinions in terms of medical care costs.

Women cited significantly greater concern than men in regard to the following medical care costs: money for prescriptions, money for emergency medical care, money for ongoing medical care, and money for ongoing dental care.

The cost of medical care services appeared to be of significantly greater concern for middle-aged adults (45-64 years of age), as compared to younger adults and senior citizens. Adults 45 - 64 years of age reported significantly greater concerns than did younger and older adults in regard to money for prescriptions, money for emergency medical care, money for ongoing dental care, and dentists who will accept my insurance. Dentists who will accept my insurance was identified as a significant problem by younger adults as compared to older adults. Not surprisingly, senior citizens were more likely than younger adults to report finding a doctor who accepts Medicare as a significant problem.

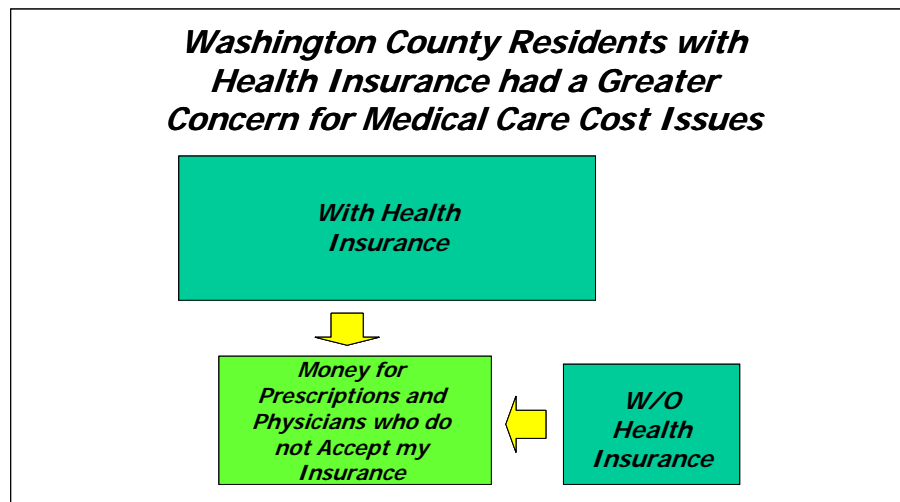
The ethnicity of the survey respondents emerged as a significant factor, primarily affecting participants' opinions in regard to the cost of prescriptions. Marshall Islanders, Caucasians, and African Americans, all expressed significantly greater concern about the costs of prescriptions, as compared to Hispanic respondents. Marshall Islanders also identified money needed for emergency medical care, as a significantly greater problem than did Hispanic respondents.

Survey participants' level of education, affected their perception about medical care costs, in an intriguing manner. Survey participants with "some college", appeared to view medical care costs as more of a significant problem than did respondents with a high school degree or less education and individuals with bachelor's degree or advanced education. Survey respondents with some college cited significantly greater concern for the following issues, as compared to individuals with less and/or more education than themselves: money for prescriptions, money for emergency medical care, money for ongoing medical care, money for ongoing dental care, finding a doctor who

accepts ARKids First insurance, a medical doctor who will not accept my insurance, and a dentist who will not accept my insurance. Survey participants with a high school degree or less education were significantly more concerned about finding a doctor who accepts ARKids First insurance, than did respondents with some college.

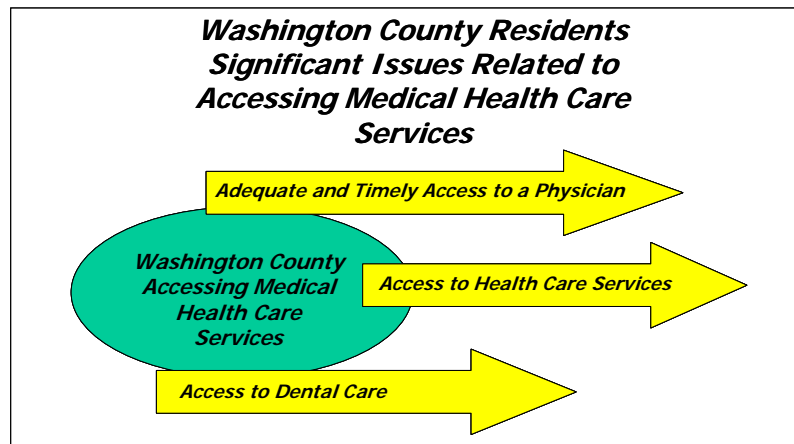
Households with dependents expressed significantly greater concerns in regard to finding a doctor who accepts Medicaid and ARKids First insurance, and a dentist who will not accept ARKids First insurance, than did households with no dependents.

Washington County residents with health insurance cited the following medical care costs as being a significantly greater problem than did uninsured adults: money for prescriptions and medical doctors who will not accept my insurance. Uninsured adults had significantly greater concern, than did survey respondents with health insurance, in regard to dentists who will not accept ARKids First insurance.



## Access to Health Care Services

Adequate and timely access to a physician, access to health care services, and access to dental care were most frequently rated by survey respondents as the most significant issues associated with accessing medical health care services. Over 40% of individuals surveyed expressed significant concern about the adequate and timely access to a physician. Access to health care services, and access to dental care, was identified as a significant problem by over one third of survey participants.



The age, ethnicity, employment status, educational level, household composition and insurance status affected Washington County residents' opinions about health care access issues. Middle aged adults cited problems with access to prenatal care, public transportation, health care services, health care clinics, access to affordable and available assisted living for the elderly, adequate and timely access to a physician, access to tests and diagnostic services, access to hospital services, pharmacy services, and dental care, significantly more frequently as compared to younger and or older adults. Younger adults (18-44 years of age) were significantly more concerned than senior citizens about access to hospital services and access to dental care.

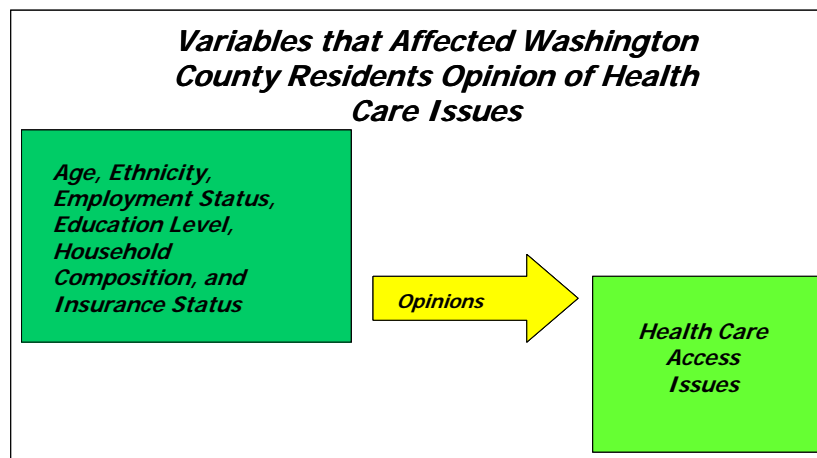
In terms of survey participants stated ethnicity, Marshall Islanders cited concerns about accessing health care services, more frequently than any other ethnic group. Marshall Islander's appear to view difficulties with successfully accessing health care insurance as a significant barrier that diminishes their ability to receive needed health care services. Marshall Islanders also expressed significantly greater concern about accessing prenatal services as compared to Caucasian respondents. Caucasians cited access to affordable and available assisted living for the elderly as a significantly greater problem than did Marshall Islanders. In addition, Hispanic/Latino respondents identified this issue as being more problematic than did Marshall Islanders.

In general, survey respondents with some college or with a college degree or advanced education were significantly more likely to identify access to health care services as being a major

problem as compared to surveyed individuals with a high school diploma or less education. Access to prenatal care, health care services, health care clinics and adequate and timely access to a physician was of significantly greater concern to survey respondents with some college or greater education, as compared to adults with a high school diploma or less education. Survey respondents with some college expressed greater concern in regard to access to private transportation, than did college graduates and advanced degree respondents, and individuals with the least education.

Households with dependents noted that access to prenatal care, health care clinics, and access to tests and diagnostics were a significantly greater problem, as compared to survey respondents without dependents.

Uninsured adults expressed significantly greater concern about their ability to access dental care, than did insured adults.



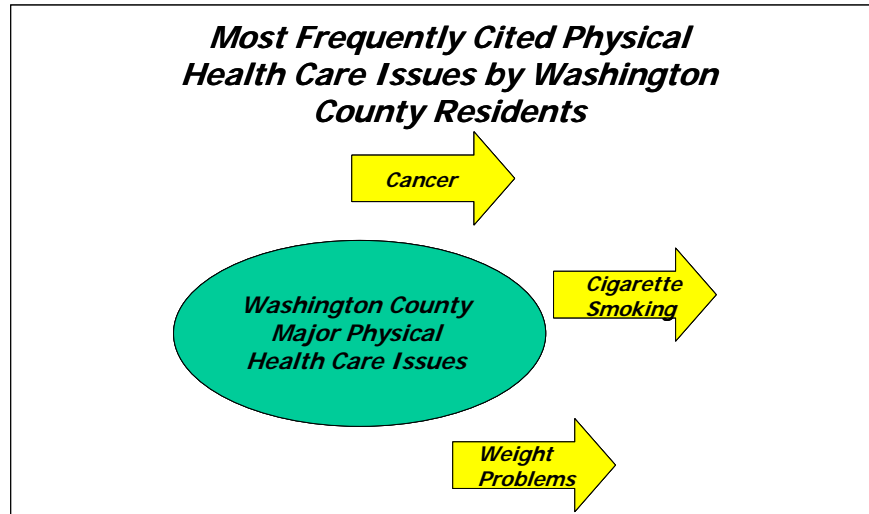
## Physical Health Care Issues

The physical health care issues most frequently cited by survey respondents were:

- Cigarette smoking and/or second hand smoke
- Cancer
- Weight problems

However, considerable caution needs to be offered in interpreting the results of this section. While the Health Needs Assessment survey was being conducted, a referendum was on

the ballot in Fayetteville, Arkansas, involving the ban on public smoking in local restaurants. Due to the highly publicized nature of this issue, any interpretation in regard to the significance of smoking and/or cigarette smoking emerging as the most highly rated physical health care issues in the survey must be reviewed judiciously. Cancer was cited by 54.7% of respondents, and weight problems were identified by 54.55% of individuals surveyed, as the other top rated physical health concerns.



The gender, age, ethnicity, educational level, household composition, and insurance status exerted differential effects on respondents' perceptions about physical health care issues. Women reported significantly greater concern in regard to heart disease than did male survey participants. The age of survey respondents did not appear to exert any consistent effect upon survey participants' opinions about physical health care issues. Middle-aged adults appeared to express the greatest relative concern about asthma and other lung diseases, diabetes, heart disease, weight problems, osteoporosis, STD's, HIV, smokeless tobacco, stroke, Alzheimer's disease, and cancer, as compared to younger and/or older adults. Younger adults, aged 18-44, cited the following issues as being of significantly greater concern as compared to older adults: STD's, smokeless tobacco, and HIV. Older adults reported that osteoporosis, stroke, and Alzheimer's disease were significantly greater problems than did younger adults.

Caucasians identified the following physical health care issues as being of significantly greater concern, as compared to

Marshall Islanders and Hispanic/Latino respondents: cigarette smoking and/or second hand smoke, heart disease, osteoporosis, stroke, Alzheimer's disease, and cancer. Weight problems were cited as a comparatively greater issue for Caucasians and Hispanics as compared to Marshall Islanders who participated in this survey. Hispanic/Latino respondents reported STD's as a significantly greater problem as compared to Marshall Islanders.

Washington County residents who were employed, were significantly more likely to cite smokeless tobacco and STD's as major concerns as compared to unemployed survey respondents.

Higher educational level attained (some college, college degree, advanced degree) was positively related with a greater concern about a variety of physical health care issues, as compared to survey respondents with a high school degree or less education. Notable physical health care issues identified as being problematic by survey participants with some college education or greater included; weight problems, osteoporosis, STD's, smokeless tobacco, stroke, Alzheimer's disease and cancer.

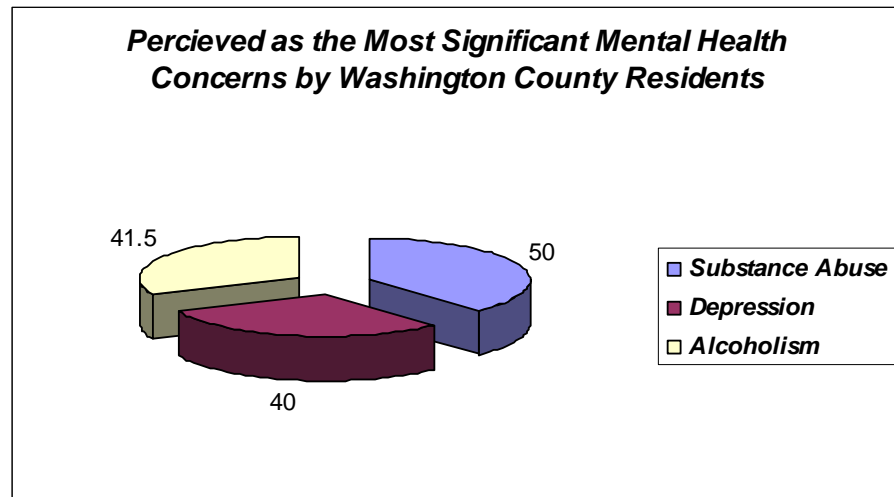
Survey participants who resided in households with no dependents expressed significantly greater concern about the following health care issues as compared to households with dependents: osteoporosis, stroke, and Alzheimer's. As all of these physical afflictions are more commonly observed with the advent of the aging process, it is reasonable to surmise that an overrepresentation of elderly households in the "no dependent" status contributed to this finding.

Washington County residents with health insurance demonstrated relatively greater concern about osteoporosis, Alzheimer's disease, and cancer than did survey participants without health insurance.

## Mental Health Issues

Similar to the results obtained from the other counties surveyed in Northwest Arkansas, Washington County residents identified substance abuse and alcoholism as the most important mental health issues affecting their community. Nearly 50% of surveyed respondents cited substance abuse as a significant problem and 41.5% of survey participants signified that

alcoholism was a major issue. In addition, a little over 40% of Washington County residents indicated that depression is a major problem.



The gender, age, ethnicity, employment status, and educational level of Washington County survey participants differently affected their perceptions in regard to mental health care issues. Women were significantly more likely than men to identify mental health care issues as being a significant problem. Women cited available and affordable psychiatric services, available and affordable counseling services, emergency mental health services, anxiety disorders, depression, and suicide as representing relatively more significant mental health problems, than did male respondents.

Middle aged survey participants (45-64 years of age), as compared to younger and older adults, identified the following mental health issues as being of significant concern: available and affordable psychiatric and counseling services, emergency mental health services, housing or residential services for the severely and persistently mentally ill, available and affordable substance abuse and alcohol services, and suicide. Older adults (65 years of age or greater) were significantly more likely to identify available and affordable substance abuse services as a major problem, as compared to younger adults.

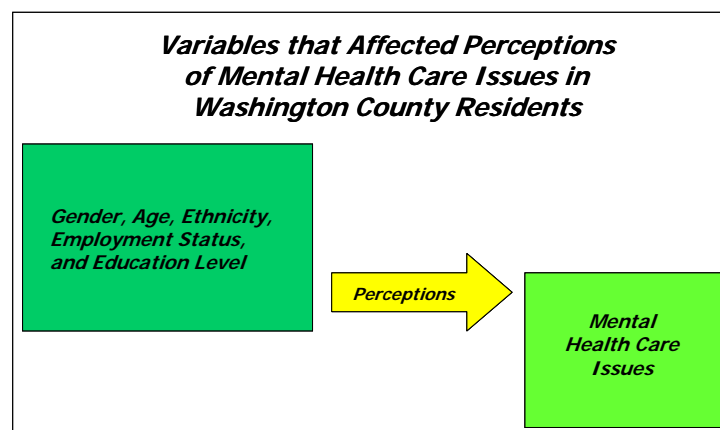
The stigma and lack of awareness of available and affordable mental health, substance abuse, and alcohol services have contributed to the under utilization of needed and effective mental health services. While some of the reluctance in accessing mental health services has diminished in recent years, multicultural populations in the United States are less

likely to utilize mental health services than are Caucasians or second and third generation immigrant populations. (U.S. Department of Health and Human Services 2001). These trends were clearly observed when analyzing the results obtained from the Washington County portion of the Four-County Community Health Needs Assessment.

Caucasian respondents were significantly more likely than Hispanic/Latino citizens or Marshall Islanders to cite mental health care issues as being of significant concern. Caucasian survey participants identified the following mental health care issues as representing significant problems: available and affordable psychiatric and counseling services, housing or residential services for the severely and persistently mentally ill, depression, substance abuse, and suicide.

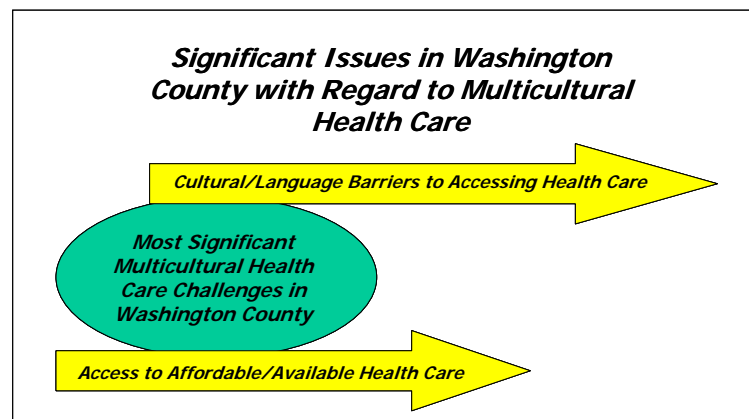
In terms of employment status of the survey respondents, employed adults were significantly more likely to endorse anxiety and suicide as significant problems as compared to unemployed adults.

Educational level attained was positively related to concerns about mental health care issues. Washington County survey participants with some college education or greater identified significantly greater concerns compared to respondents with the least amount of education, in terms of the following mental health issues: available and affordable psychiatric and counseling services, emergency mental health services, housing and residential services for the severely and persistently mentally ill, alcoholism, available and affordable alcohol treatment, depression, substance abuse, available and affordable substance abuse services, and suicide.



## Multicultural Health Concerns

Cultural and/or language barriers which diminish access to health care services and access to affordable and available health care services were rated by survey respondents as the most significant multicultural health care challenges in Washington County. Nearly 52% of survey participants cited cultural and/or language barriers as a major issue affecting multicultural resident's ability to successfully access health care services. A little over 46% of respondents identified difficulties associated with the access to affordable and available health care services, as a significant problem for the multicultural population residing within Washington County.



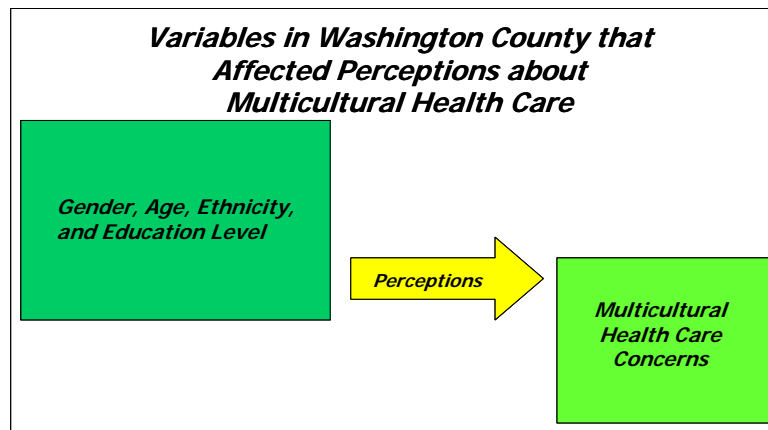
Several discrete demographic variables affected survey respondents' perceptions, in regard to multicultural health care concerns. The gender, age, ethnicity, and educational level of the survey participants emerged as significant demographic variables. Women were significantly more likely, as compared to men, to acknowledge multicultural health care issues as being a significant problem. Female survey respondents reported that access to available and affordable health care services, the adequacy of health care services, and awareness of health care services, are a major problem for multicultural populations.

Middle-aged adults appeared to view multicultural health care concerns as a significantly greater area of concern as compared to younger and older adults. Adults 45-64 years of age, identified the following health care issues as being a significant problem: access to affordable and available health care services, adequacy of health care services, awareness of health care services, and cultural and/or language barriers to

accessing health care services. Younger adults (18-44 years of age) specified greater concern about cultural and/or language barriers in accessing health care services, as compared to older adults.

Marshall Islanders identified cultural and/or language barriers as a significant impediment to accessing health care services, as compared to Caucasian survey respondents.

Survey participants with the greatest amount of education (college degree or greater) cited significantly greater concern about multicultural health care issues as compared to individuals with some college or less education.



washington county

## Qualitative Summary

Washington County survey respondents were asked to identify the top 3 health care concerns which affect their community. Out of 795 completed surveys in Washington County, survey respondents identified the following 3 health care issues as the most important health care concerns which impact their community:

- Medical care costs
- Money needed for prescriptions
- The availability of affordable health care insurance

## focus groups

### first responders focus group

#### Summary

A focus group consisting of critical care responders was held in March 2004 at the Jones Center in Springdale, Arkansas. This focus group was one of four focus groups conducted in Northwest Arkansas as part of the Four-County Community Health Needs Assessment. The focus group was facilitated by members of the University of Arkansas' Social Work Research Center. It was designed to provide in-depth information in regard to the perceived health care needs in Northwest Arkansas, from the perspective of first responders. Information obtained from this focus group was utilized to augment the findings obtained from the Four-County Community Health Needs Assessment.

Six critical care responders from the Benton, Washington, Carroll, and Madison Counties were invited to participate in the first responders focus group. Three critical care responders participated in the focus group. The participants included a deputy sheriff from a rural Northwest Arkansas county, a director of a homeless shelter, and a lead pharmacist who operates a large pharmaceutical program that offers free and reduced costs for prescriptions.

#### Observed Health Problems

Each of the participants noted that they serve a significant volume of community residents who experience all of the expected health conditions which are prevalent in the community: heart disease, cancer, diabetes, arthritis, asthma, respiratory illnesses, substance abuse, and mental health issues. Additional health concerns cited included: assisting isolated elderly residents, child endangerment and abuse, severe skin conditions (secondary to poor hygiene and living conditions, living outdoors, and marginal economic resources), untreated chronic health conditions (back injuries), and chronic pain.

In the opinion of the focus group participants, many of these health conditions are complicated by, and sometimes caused by, untreated mental health and/or substance abuse problems. A common scenario, as noted by the focus group members,

involves an individual who loses their employment and health care insurance following an illness or an injury. In these instances, these individuals are no longer able to access affordable health care in order to receive treatment for their medical care problems. These individuals not only are unable to access affordable health care in order to treat their ongoing pain and reduced physical capacity, but they often manifest substance abuse, alcohol, and mental health concerns as a “coping mechanism”, secondary to their untreated health problems.

In each of the settings in which the first responders provide services, they reported an increasing incidence in which people have been diagnosed with a variety of health care conditions (e.g., diabetes, heart disease, mental health problems), however, these individuals were not consistently taking their medications. A typical scenario involves an individual who is suffering from a medical or mental health condition but does not have someone in their life who is able to assist them with compliance with their ongoing medical treatment and medication regimen.

It was further observed by members of the focus group that urban areas often attract people from outlying rural areas due to the relative unavailability of essential and specialized medical services within these regions. The following scenario was presented as indicative of this concern expressed by first responders over the lack of available mental health services:

*“Once it is attempted [suicide], it falls to the authorities to get them to a place for their own protection. Ozark Guidance...they do all they can, but in the past year, we have had cases where the person needed to be committed, you contact Little Rock State Hospital, they don’t have any facilities, so you end up taking them home and put them back in the same situation”.*

The number one underserved health care issue within Northwest Arkansas, as identified by the focus group participants, was mental health care issues. The focus group members stated that a lack of services needed to diagnose, treat, and monitor persons with mental health problems often results in people either going untreated, under treated, or with people treating themselves (e.g., substance abuse, alcohol). This lack of adequate mental health care treatment services may also contribute to the incidence of substance abuse and alcohol problems, unemployment, or other difficulties that

serves to jeopardize the health and well being of the residents of Northwest Arkansas.

## Lack of Health Insurance

Members of the focus group noted that the lack of health care insurance and affordable health care prevented many of the residents of Northwest Arkansas, for whom they provide services, from successfully accessing needed health care treatment. The following reasons were cited by members of the focus group as being representative of the type of issues that make it difficult to access health care insurance:

- Individuals that work for local companies that provide insurance for the employee only, but the employee has two to five other family members who are not covered by health care insurance.
- Medicaid recipients' inability to access the full range of medical services/procedures needed, and/or medications, secondary to stipulated limitations with their health care coverage. As illustrative of the limitations imposed with this health care coverage, Medicaid "allows" for the purchase of up to three medications at one given time, but will permit the distribution of up to six medications to an individual with the provision that there has been a special dispensation by the treating physician. In a recent example cited by members of the focus group, a woman required an expensive antibiotic, which was the seventh medication that was prescribed for her that month. As this medication exceeded the Medicaid monthly allotment for prescriptions, she was unable to afford the cost of this medicine, which ultimately resulted in her hospitalization.
- It was the consensus of the focus group, that uninsured individuals were able to secure money in order to receive medical services, however, they were not able to afford prescription medications.
- The focus group also noted that as the economy has worsened during the past few years, employers have reduced employee's health care benefits. Employers have also attempted to reduce their health care costs by minimizing the number of employees who receive benefits through the increased use of part time and temporary employees. Another issue cited by focus group members

involved the increasing number of employers who frequently change their health care coverage due to escalating health care premiums.

- Lastly, uninsured adults may not fully understand their health care coverage and many not access needed health care services. The impact of these health insurance related concerns serves to disrupt the availability, affordability, and continuity of health care services.

As a result of these issues, an increasing percentage of people do not access health care services in a timely manner, that results in an increasing utilization of hospital emergency room visits. Many members of the community have become aware that the emergency room in hospitals cannot deny access to care, regardless of a participants' ability to pay for these services. In each of the focus group's participant's settings (shelters, jail, and the pharmacy) the negative financial impact of providing needed but unreimbursed medical services is increasing. Health care budget overruns within these agencies is leading to a decrease in services, positions, and products.

Critical care response agencies, similar to the hospital emergency room do not have the option to deny needed services to the populous within their care. Emergency medical services (EMT and ambulances), homeless shelters, and jails cannot ignore or deny services for their "clientele" when they are exhibiting potentially serious symptoms like chest pains or require medication for their health problems. The overall challenges that critical care response agencies confront, was characterized as follows:

*"If I give something away I have to make it up somewhere else. If the free clinics saw these patients for free, somebody had to pay for it. You only get so many volunteers within the health care system".*

*"Some people look and want to help and the rest of the people look and don't care."*

## Prevention

The focus group members agreed that taking preventative approach to health care issues would alleviate many of the problems they encounter. They noted that individuals require personal health care education beyond their service capabilities in order to understand what health conditions they are at risk for, how to take their medications, or where they can get medical help.

*“The problems are out-pacing the ability of the agencies to service the infrastructure”.*

The focus group expressed the opinion that not enough people within Northwest Arkansas care about coming up with a solution to the health needs of the community residents. “Some people look and want to help and the rest of the people look and don’t care.” The financial responsibility falls on the small nonprofits to come up with a solution, not the major companies who have benefited from these people being here.” At the same time, the focus group held the perception that the major philanthropic foundations are moving away from supporting health care, in favor of educational initiatives.

The group observed “people providing emergency services are getting richer paying for emergency services than preventative care.”

### Population Growth and Demand

A positive result of population growth in rural settings has been an increase in the number of hospitals and emergency health services, according to the focus group respondents. Hospitals have gone into partnerships together and they have brought more services into the rural area. “People don’t have to go only to Springdale or Fayetteville for services”. Others observed that the increase in hospitals has increased competition for high revenue patient care and duplicative costs for administration.

Finally, the focus group noted that the current human service and health care system is not well coordinated, duplicative, and has many gaps. “The problems are out-pacing the ability of the agencies to service the infrastructure”. At the same time the system is allowing competition, rather than collaboration, among agencies applying for funding. They suggested supporting collaborative efforts to develop programs and apply for limited available financial resources in a coordinated and effective manner.

Recommendations for improvement by members of the First Responders focus group were:

- Consider the negative impact of limited availability of affordable health care services on other community services like pharmacy, the police force, and social service agencies.
- Improve current health system coordination and collaboration
- Understand the negative impacts of untreated mental health and substance abuse problems

## first generation hispanic immigrant men focus group

### Summary

Northwest Arkansas has experienced one of the fastest growing Hispanic communities in the United States, during the past 5 years. Diverse experiences, legal standing, bilingual abilities, health insurance status, length of residence within the United States, gender roles, familial and community values, and knowledge and beliefs in regard to the United States health care system, are all factors which affect the Hispanic community's ability to successfully access needed health care services in Northwest Arkansas.

In recognition of the unique challenges that confront the Hispanic community in meeting their health care needs within Northwest Arkansas, staff members from the University of Arkansas Social Work Research Center conducted a focus group with first generation Hispanic immigrant men. The purpose of this focus group was to obtain in depth information from selected members of the Hispanic community, in regard to their perceived health care needs.

Seven men, aged 21-34 years (average age 27), participated in the focus group. The focus group was conducted with the Multicultural Center at the Jones Center for Families and Children, in Springdale, Arkansas. The focus group was conducted in Spanish in order to assist participants of the focus group to feel comfortable and speak freely about health care issues. Focus group participants were selected by staff members of the Multicultural Center, and the focus group was facilitated by a resident of the Northwest Arkansas Hispanic community.

Topics discussed during the focus group included; knowledge of health care issues which affect the Hispanic community in Northwest Arkansas, personal and familial health care experiences, pediatric care, dental care, emergency services, cultural and language barriers in accessing health care services, and alternative (non-traditional), health care strategies.

*“There are few medical costs that would be too high for a Latino family member to pay, if the family member was to be cured and live”.*

## Cost of Health Care

A significant concern, as cited by members of the focus group, involved the expenses associated with health care and medication usage. Cost for health care services was cited as a pervasive problem regardless of the “status” of the Hispanic community member (e.g., insured, uninsured, legal status, young, old, etc). Significant problems associated with health care costs, as described by the focus group included the following: having to pay for medical services prior to the receipt of health care services, lack of medical payment plans, emergency health care costs, changes in employee health care benefits, and “undisclosed” charges associated with tests, diagnostics, and specialized services. The range of medical costs, as described by members of the focus group ranged from \$2,000 to \$25,000. Secondary to the high costs associated with receiving health care services, some members of the Northwest Arkansas Hispanic community go without needed health care services or underutilize medical services, travel to other states or to Mexico to in order to receive health care services at a lower cost, or seek out local members of the Hispanic community in order to receive medications or alternative medical services at a reduced rate. As many of the men in the focus group had family members who had health care insurance or were uninsured, they had direct knowledge of the different levels of medical care family members received based upon their ability to pay for medical services.

One group member explained, “there are few medical costs that would be too high for a Latino family member to pay, if the family member was to be cured and live”. However, the focus group members did recommend that all costs associated with medical treatment needed to be discussed at the time that services were delivered and that realistic payment plans needed to be developed.

## Accessibility to the Right Level of Care

One member summarized the group discussion saying, “if you haven’t been there before, you wait two weeks.... if you have an appointment, they tend to you, if not, they don’t, so you have to die.” A variety of concerns regarding access to health care services as discussed by the group members were based upon personal and family experiences. The general consensus of the focus group was that there is not enough health care available for urgent health issues which results in long waits, delayed

appointments (2-3 weeks), not being seen until an illness becomes acute, and people going either without health care services and/or receiving emergency room services. The group also stated that clinics are only open during the day, and are not available when people become ill. Other issues cited included: insured people getting expensive services that did not seem necessary, uninsured individuals not being seen or simply given over the counter medications, feelings of being placated or misdiagnosed due to language barriers, and patients (insured or not) not being told by insurers or health care providers of follow-up services or preventative services for which they might be eligible. One member recounted a personal experience during which he paid out of pocket to see a doctor (not in his insurance plan) because the “Hispanic community knows” by reputation that the referred doctor’s office “treats patients with respect and gives prescriptions that work”.

Another participant who cited the shortage of pediatric services recounted the experience of he and his wife rushing a feverish daughter to a clinic. The doctor reportedly did not physically examine the girl (the couple believed), because they had no healthcare insurance. The girl was given Tylenol and sent home. The family later found a blood engorged tick in the girl’s hair, and brought down her fever with home remedies. They were later billed for the office visit.

## Communication Barriers

Current health care service providers do not have adequate and available bilingual staff members. The group stated that their personal or family experience with health care was inadequate because the medical care staff could not understand Spanish, they have been under diagnosed, not informed about services they may be eligible for, or were made to feel unimportant. One young man stated that he was embarrassed to translate his mother’s personal health symptoms to the doctor. However, he felt that he had no choice but to translate for his mother in order for her to be understood and diagnosed appropriately. Additionally, important medical consent and intake forms (with complicated small print) are offered quickly and with limited explanations. Even the bilingual group members were intimidated by displaying the limits of their language abilities and were likely to just agree without fully understanding the medical, insurance, and consent for treatment forms.

## Lack of Dental Care

The limited dental care that exists is expensive, requires long waits, and provides no payment plans, per the focus group. People travel to Fayetteville or Missouri for less expensive dental services, or go without care until their dental pain escalates to the point that requires emergency room care.

## Current Health Care System

The major concerns voiced by the focus group involved large medical debts that can accumulate, threats from bill collectors, and fear which causes people not to go for medical treatment because of the extreme costs. Some members of the Hispanic community travel to Mexico for medical care or to access less expensive medications. Some other local Hispanic residents reportedly go to local people “who obtain medications from outside of the country and receive oral and injectible medications”.

Recommendations for improvement by members of the Hispanic focus group:

- Access to care 24 hours a day
- Clinics with realistic payment plans
- Increase availability of caring bilingual health care professionals
- Improve communication about eligibility for available medical services

## marshall island women focus group

### Summary

The Marshall Islander focus group was held in Springdale, Arkansas, on February 23, 2004. The focus group consisted of seven Marshall Island women; among them were several “madam pastors” within the Marshall Island community. As pastors are considered to be prestigious members of the Marshall Island community, they have considerable access and insight into Marshall Islanders who reside in Northwest Arkansas, in regard to their health care concerns.

Participants for the focus group were selected by Carmen S. Chong Gum of the Northwest Arkansas Multicultural Center. Ms. Chong Gum facilitated the focus group and conducted the session in Marshallese. Two staff members from the University of Arkansas Social Work Research Center also facilitated/observed the focus group.

### Summary of Major Themes

Northwest Arkansas has the highest concentrated population of Marshall Islanders, outside of their homeland (Republic of the Marshall Islands). Given the unprecedented immigration of Marshall Islanders to Northwest Arkansas, their general lack of assimilation (to date), into the mainstream culture, and their distinct health care needs, a focus group consisting of salient members of the Marshall Islander community was conducted in order to gather information in regard to Marshall Islanders’ health care needs, from their own perspective.

### Accessing Health Care Services

Accessing needed health care services was identified by a majority of the focus group participants as being a problematic concern. Language and cultural barriers, lack of qualified Marshallese translators, and lack of awareness of available health care clinics and services, were the reasons most frequently cited by members of the focus group in regard to the difficulties that many Marshall Islanders experience in attempting to access needed health care services.

## Medical Care Costs

Similar to the plight of a majority of American citizens, members of the Marshall Islander community are also deeply concerned in regard to medical care costs. While part of this concern appears to be related to economically sensitive issues (e.g., lack of affordable health care insurance, employment status, money needed for co-payments and deductibles) Marshall Islanders' attitudes about the affordability of basic health care services was shaped by the universal availability of subsidized health care services within their homeland. One of the members of the focus group described the dilemma that many Marshall Islanders confront when faced with money needed for health care costs in Northwest Arkansas:

*"In the Marshall Islands the amount of money from your paycheck is enough to buy your necessities because you have a chance to find help, but when you come here, your paycheck is spent to pay everything from the littlest trash, to the water and sewer, and everything else."*

Lack of knowledge in regard to medical care services available in Northwest Arkansas, cost of health care services, and cultural experiences derived from a low cost, easily accessible health care system in the Republic of Marshall Islands, appear to cumulatively contribute to the difficulties many Marshall Islanders experience in accessing health care services in the United States.

## Health Care Concerns

Participants in the focus group identified the following health care concerns which impact the Marshallese community in Northwest Arkansas: diabetes, hypertension, stress associated with migration, obesity, nutritional concerns, and lack of exercise. While the members of the focus group acknowledged that many of the illnesses that Marshall Islanders exhibit were brought with them from their country of origin, the stress associated with migration clearly appears to play a role in their health status. Members of the focus group characterized the challenges associated with immigration in the following manner:

*"The doctor used the word stress, but I think he should have used like you body is experiencing many new things, new food."*

## Attitudes towards Health Care

Attitudes towards accessing health care appear to be an important consideration in Marshall Islander's ability to manage their own health. While communication limitations, cost of health care, and accessibility of health care clinics were frequently cited as barriers to accessing needed health care services, there was also acknowledgement that Marshall Islanders attitudes towards seeking health care services is an important consideration.

*“But, yes it is true, sometimes because we don't understand and we don't know, and sometimes because we have a habit, some of us, habit of procrastination, we are used to saying yes we will go, and we don't go, some of us still have this habit and since it is different here than our Islands.”*

Another focus group member identified the following reasons why Marshall Islanders may not consistently access health care services:

*“and another thing maybe about our ways of living, how we are brought up, we are not too aggressive to go forward with everything. It is a problem with us feeling ashamed and embarrassed.”*

## Recommendations

Participants of the focus group offered the following recommendations in order to improve the quality and accessibility of health care services for Marshall Islanders residing in Northwest Arkansas:

- Provide information and eligibility requirements in order to access health care and insurance (e.g., Medicare, Medicaid).
- Translation services need to be available to Marshall Islanders, in all health care settings.
- Provide wellness education to the Marshallese community in order to promote healthy behaviors (nutrition, exercise, adequate amount of sleep), and health management education.
- Increase awareness of available health care services.
- Educate healthcare providers and leaders in the community about the health needs of the Marshall Island community.

## senior citizens focus group

### Summary

The Senior Citizens Focus Group was held in Harrison, Arkansas. The focus group was conducted during the quarterly advisory group for the Area Agency on Aging. The Senior Advisory Group is composed of 1 – 3 consumers from community service centers throughout a nine county region of Northwest Arkansas that included representatives of the four target counties.

The senior citizens focus group consisted of 14 individuals ranging in age from 63-91 years of age. The majority of the participants were in their late 60's to early 80's. The focus group consisted of 12 women and 2 men.

### Summary of Major Themes

Based upon the comments made by participants in the focus group and observations by the group facilitators, the focus group participants in general were active members of the senior community centers and in fair to good health, by their own report. The focus group members reported that they had a variety of interests, activities, and interpersonal contacts, were covered by Medicare or other supplemental health insurance policies, and could be classified in the middle to upper middle socioeconomic income brackets. Many of the participants had military benefits for themselves or for their spouse. Most of the participants described at least one chronic health condition for which they were receiving ongoing medical care.

### Medical Care Costs

Many of the members of the Senior Citizens Focus Group identified money needed for prescriptions and ongoing medical care (e.g., lack of health care insurance), as significant issues confronted by senior citizens in accessing and paying for medical health care services. This lack of affordable medical care services was identified as being particularly problematic in the more underserved rural areas of Northwest Arkansas. Participants in the elderly focus group characterized the dilemma faced by many seniors in accessing affordable medical care services in the following manner:

*“We have a lady at our center, she needs tests done but she knows it’s going to be at least three months before she can save up the money, and she’s been checking and she has no insurance. She has too much income to apply and get Medicaid, she has no insurance, she has to pay a higher rate than the people that have insurance and she really needs to have the tests done. She cannot have them done because she cannot afford to put the money up front, and they want 100% of it. She is not the only one”.*

## Access to Health Care Services

Access to medical health care services was a theme repeatedly cited by many members of the senior citizens focus group. Transportation difficulties, lack of routine and specialized medical services (more of a significant problem in rural areas), the need for more health care services, adult day care centers and assisted living facilities, prescription drugs plans, and emergency care services were identified as needed health care services for seniors.

## Health Care Concerns

The following health care concerns were most frequently identified by members of the senior citizens focus group; diabetes, hypertension, heart disease, emphysema, arthritis, cancer, digestive problems, Parkinson’s disease, Alzheimer’s, obesity, nutritional issues, lack of exercise, and medication related problems. Many of these health care concerns represent relatively chronic conditions that affect elderly citizens. According to the participants of the senior citizens focus group, senior’s success in adequately managing their health care conditions is in part, dependent upon the health care resources they have available along with their ability to access health care services. One member of the focus group described the disparity between seniors with adequate resources available in order to meet their health care needs and members of the elderly cohort with limited health care resources as follows:

*“Our seniors rank as the sickest and most impoverished groups in the United States.”*

## Cohort Attitudes and Values about Healthcare

Implicit and explicit values and attitudes of senior citizens, related to health care, were represented during the focus group. One participant described “ageism” as exhibited by members of the health care community in the following manner:

*“I think it’s the mind frame that physicians and healthcare workers, and it that they see someone elderly with white hair, who is not moving as fast as they used to, and I think that they look at them as they are maybe not together, competent, and if there is a child there or someone else they can talk to, they just ignore the senior being there and they just talk to the person that is with them.”*

Another focus group member expressed a similar concern in regard to ageism, exhibited by healthcare providers, stating:

*“I’ve observed these doctors that whenever a senior goes in with one of their children or something, instead of talking to the person they are treating, they’ll be talking to the person that brought them in. It seems to me.”*

The attitudes and values of senior citizens, also affect their ability to adequately address their health care needs. Avoidance of doctors, pride, self-reliance, and fear, were cited by several members of the focus group as reasons why seniors did not access health care services. One member of the focus group characterized their willingness to obtain medical services in the following manner:

*“I don’t go until I need to go.”*

*“I don’t go until I need to go.”*

While it is somewhat prudent to avoid accessing medical care services during outbreaks of highly contagious infectious diseases, such as influenza, themes of avoidance and fear were also endorsed by several members of the focus group as evident by the following sequential comments:

*“You’ll go there and catch everything else.”*

*“As a mater of fact, the one lady says, someone else said she should go to the doctor and she says; what and get sicker than I am.”*

One focus group member stated their attitude towards health care as follows:

*“I am ex-military, and I don’t really have any health care costs at all. Medication – I am a fortunate one, I just don’t want to go.”*

However, members of the focus group also appeared to accept and value the need for health care services as many of the participants described routine and ongoing medical care for a variety of medical conditions. One participant stated the need for medical services for seniors in the following manner:

*“I think, too, a lot of people now are getting into the senior age are getting use to seeing a doctor.”*

Clearly, the attitudes and values of health care providers, and senior citizens themselves, exert a significant influence on the elderly’s ability to successfully navigate the health care system.

The focus group recommended the following for consideration:

- The cost of health care is a major concern that blocks or limits many elderly from accessing the care they need.
- Senior citizens are aware of the growing trend of doctors not accepting new patients with Medicare.
- The values, attitudes and perceptions of senior citizens play an important part in their decision to access medical services or not.

## discussion

According to recent health data (United Health Group State Health Ranking, 2000), Arkansas is ranked as one of the least healthy places to live in the United States. Its overall health ranking, according to the 2000 United Health Group state ranking, was 46<sup>th</sup> out of the 50 states in the country. The United Health Group states health rating is broken down into 5 distinct categories: lifestyle, access, occupational safety and disability, disease, and mortality. Notable findings obtained from this survey indicated that Arkansas ranks:

- 45<sup>th</sup> for total mortality
- 47<sup>th</sup> for premature death
- 40<sup>th</sup> for heart disease
- 45<sup>th</sup> for cancer cases
- 42<sup>nd</sup> for lack of health insurance
- 41<sup>st</sup> for the adequacy of prenatal care
- 46<sup>th</sup> for the prevalence of smoking
- 47<sup>th</sup> for the risk of heart disease

According to this report, Arkansas has failed to match the increase in health status observed in other states between 1990 and 2000 in the following key areas: smoking prevention, heart disease, and infant mortality.

## benton county

### Health Care Profile

Benton county respondents consistently rated the costs of medical care services as their greatest concern. Over 50% of respondents from Benton County cited money needed for ongoing medical care, prescriptions, and for emergency medical care as a major problem. The concerns of Benton County residents regarding medical care costs are consistent with US data (CDC, 2003). This data chronicles the increase in expenditures for health care and prescription costs (out of pocket expenses), for the years 1987 and 1997-1999. The annual out of pocket expenses for prescriptions for individuals 65 years of age or older was \$212.00 in 1987. In 1999, senior citizens were paying \$614.00 annually out of pocket, for prescription medications. Similarly, the mean annual health care costs for senior citizens increased from \$5,947 a year in 1997, to \$6,299 a year by 1999. Survey respondents in Benton County are clearly experiencing similar increases in out of pocket expenses for health care costs and prescription medications, consistent with national trends. General demographic factors that appeared to be the most salient for survey respondents in terms of medical care costs include: age (45-64 years of age), employment status (employed), household income (less than \$99,000 per year), household composition (dependents), and health insurance status (no health insurance). While the sampling procedures utilized in this study precluded the ability to conduct a more sophisticated multivariate analysis of the demographic variables utilized in this study, future studies would need to ascertain which combination of demographic factors would be predictive of residents' concerns, in regard to medical care costs in Benton County.

Over a third of Benton County survey respondents identified access to tests and diagnostics, adequate and timely access to a physician and access to health care services as significant issues, which affect their community. Younger and middle aged respondents (as compared to senior citizens), being employed, and having dependents within their household, emerged as significant demographic factors affecting respondents' perceptions concerning access to health care services. While survey respondents identified a variety of different issues relevant to accessing health care services, several notable health care access concerns will be highlighted in this section.

Access to private transportation was cited as a significant concern by survey respondents who were middle aged and employed. While there was no way to discern the percentage of survey participants who were middle aged, employed, and who endorsed this item, this concern is notable as it appears to represent an important barrier for accessing health care services for a significant segment of the survey sample (e.g., employed, middle aged).

Middle-aged adults also expressed significant concerns regarding access to affordable and available assisted living for the elderly. This finding is of significant interest for the following reasons:

- Benton County is not only the fastest growing county in Arkansas (on a percentage basis), but also is experiencing a rapid increase in the number of senior citizens who reside within its' confines.
- Middle aged adults (aged 45-64), have been described as the “sandwich generation” by researchers, due to the simultaneous care taking responsibilities this age group experiences in taking care of dependent children and aging parents.

It is reasonable to presume that the concerns faced by middle-aged survey respondents are related to demographic patterns within the county. The combination of sociocultural shifts and role changes, along with longer life expectancies, may be contributing to the perceived and actual lack of affordable and available assisted living facilities for the elderly in Benton County.

Access to dental care was cited as a significant problem by middle aged and older adults as well as for households with dependents. Access to prenatal care was identified as a significant health issues by employed survey respondents and in households with dependents. While it is axiomatic that available and affordable health care services remain a challenge for a significant percentage of the population, it is of considerable interest that a substantial percentage of survey respondents noted the need for accessible and specialized health care services (e.g., dental services, prenatal care).

Weight problems, cigarette smoking and second hand smoke, and heart disease, were rated the most significant physical

health care issues by survey respondents. Almost 53% of Benton County residents cited weight problems as the county's most pressing health problem, and approximately 45-49% of survey participants identified cigarette smoking and second hand smoke, and heart disease as the second and third most significant health care concerns in Benton County.

Recent data, disseminated by the Arkansas Department of Health (2004), for 2002, appears to corroborate the importance of the physical health concerns, cited by survey respondents. Heart disease is not only the leading cause of death in Benton County (287.5 deaths per 100,000 age adjusted mortality rate), but it also represents the leading cause of premature mortality (years of potential life lost before age 75, per 100,000 population). Weight problems and cigarette smoking and/or exposure to second hand smoke have been consistently listed as the leading behavioral or modifiable risk factors associated with premature mortality. The percent of adults 18 years of age or older that were smokers during 2000-2002 in Benton County comprised 22.2% of the population. Even more alarming, approximately 60.3% of adults aged 18 years or older were considered to be overweight as measured by the Body Mass Index (2000-2002). These findings suggest that the health perceptions of Benton County respondents accurately reflect the significance of the top rated physical health concerns identified in the survey.

Obtaining reliable estimates at the county level for mental health problems, substance abuse, and alcoholism is a daunting task. While prevalence rates per 100,000, prediction rates, and mortality data associated with mental illness, substance abuse, and alcoholism are available for the United States and selected states; this information is not typically available at the county level. Survey and public health data has provided credible evidence of a general increase in the prevalence of mental health and substance related disorders (CDC, SAMSHA, 2002), however, this body of accumulated information provides only trend or pattern information, particularly as it is applied at the community or county level.

SAMHSA reported that 7.41% of Americans and 8.24% of Arkansans suffered from a serious mental illness in 2001 (SAMHSA, 2001). Data obtained for the National Institute of Mental Health suggests that in any given year, approximately 11.0% of the population suffers from a depressive or Bipolar disorder, and 13% of the population aged 18-54 is affected with

an anxiety disorder (note; comorbidity exists between depressive and anxiety disorders, so prevalence rates for these disorders should not be considered as being mutually exclusive). In addition, approximately 1% of the United States population suffers from a Schizophrenic disorder.

Substance abuse and alcohol disorders also afflict a significant number of Americans. It has been estimated that approximately 386,000 Americans aged 18 or older binge drink alcohol per month (SAMHSA, 2003). Approximately 118,000 adults use illicit drugs each month (SAMHSA, Office of Applied Studies 2003).

In the year 2000, 23,350 people died from suicide within the United States (Minino 2000). Ninety percent (90%) of these individuals suffered from a diagnosable mental health disorder (typically depression) or from a substance related disorder. (Conwell 1995)

Similar to the information obtained from national and state data sources, Benton County residents who participated in the Four-County Community Health Needs Assessment expressed concerns over substance abuse and alcohol related problems, as well as for affective disorders (depression). In particular, middle aged and employed adults not only cited concern in regard to a number of mental health problems (depression, anxiety, substance abuse, alcoholism, suicide), they also identified problems with the affordability and availability of psychiatric, mental health and substance abuse services. Results obtained from the Four-County Community Health Needs Assessment strongly indicate the need for affordable and available mental health, substance abuse, and alcohol treatment services, in order to effectively meet the mental health needs of Benton County citizens.

The demographic composition of Northwest Arkansas has changed dramatically since 1990. Northwest Arkansas has evolved from a largely rural, agrarian, and predominately Caucasian community, into a rapidly growing, economically vibrant, and culturally diverse region. Within Northwest Arkansas, Benton County is not only experiencing a dramatic increase in its population base, it is also witnessing burgeoning growth within its multicultural population. Based on Census Bureau Data, Benton County has experienced an 8.8% increase in its Hispanic/Latino population and a .1% increase in the number of Asian/Pacific Islanders over the 1990-2000 decade

(US Census, Quickfacts). The rapid rate of growth and dramatic influx of multicultural populations within this region has created a significant amount of pressure on the health care infrastructure within Northwest Arkansas.

Relocating is often fraught with a variety of challenges. However, language barriers, unfamiliar customs and little knowledge of available health care services may compound these challenges. It is no surprise, then, that nearly 45% of Benton County respondents identified cultural and/or language barriers as a significant health problem, especially given the rapid increase in the overall and multicultural population.

Similarly, access to affordable and available health care service was cited as a major concern by almost 44% of survey participants.

Based upon responses to the Health Needs Assessment, there is a need for enhanced educational and outreach services, in order to meet the health care needs of the residents of Benton County. Furthermore, Benton County needs accessible and affordable health care services, which specifically addresses the health care concerns of the multicultural members of the Northwest Arkansas community.

## carroll county

### Health Care Profile

Carroll County respondents rated the cost of medical care services as the most significant health care problem confronting their community. Nearly 73% of survey participants identified the cost of prescriptions as a major issue. Sixty-seven percent of respondents selected money for ongoing medical care as a significant challenge, while 62% of Carroll County respondents identified the cost of prescriptions as a significant problem.

Compared to men, women were significantly more likely to identify the costs associated with medical care services as being of significant concern. These findings are consistent with the disproportionately higher number of women respondents who participated in the Four-County Community Health Needs Assessment and providers support of women's traditional role as caregivers and gatekeepers for their families in accessing health care services.

Socioeconomic and demographic factors, in part, also help to explain the heightened level of concern associated with medical care costs in Carroll County. Carroll County contains a significant percentage of adults who do not have medical insurance. Nearly 23% of Carroll County residents (22.7%), age 18 and over, do not have health insurance. Out of the 75 counties in Arkansas, Carroll County ranked 19<sup>th</sup> in terms of the number of uninsured adults (22.7%). According to the 2002 Arkansas Department of Health Data, Carroll County also had the highest unemployment rate in Northwest Arkansas (4.3%). A significant percentage of its' citizens met the federal criteria for poverty (15.4%), and Carroll County residents had the lowest median income, for full time male and female workers in the region (U.S. Census, 2002). These socioeconomic and demographic factors over a partial explanation for the high percentage of Carroll County residents who cited the cost of medical care services, as the most significant health care issue within their county.

Forty-two and a half percent (42.5%) of Carroll County respondents rated access to affordable and adequate assisted living for the elderly, as the most significant issue involving the access of health care services within their community. Thirty-nine percent (39%) of Carroll County respondents listed adequate and timely access to a physician, while 29.8% listed

access to hospital services, as the most significant barriers in accessing needed health care services.

A multivariate analysis of selected demographic factors derived from survey respondents (e.g., gender, age, ethnicity, employment status, socioeconomic status, educational level, household composition, and insurance status), did not provide any significant findings related to any of the health care access items contained within this survey. While the analysis of survey responses is limited by the methodology, sample methods, and level of analysis employed in this study, several speculative areas of inquiry require further exploration.

Carroll County is primarily a rural county. The urban/rural population distribution for Carroll County in the year 2000 indicates that 72.1% of the population was considered to be rural, while only 27.8% was considered to be in an urban cluster (American Fact Finder, 2000). The relatively undeveloped nature of the county limits the access to medical services. Not only are needed services generally unavailable, but transportation costs and the response time for needed health care services have proven problematic. According to the Arkansas Department of Health in 2002, there were 6.1 primary care physicians for every 10,000 persons in Carroll County. This finding places Carroll County 34<sup>th</sup> out of 75 counties in Arkansas in terms of the number of primary care physicians. In addition, there is currently only one general hospital in Carroll County, which has a limited number of specialized medical services. As a result, Carroll County residents often need to travel to larger urban areas in order to access vital medical specialists or services.

Carroll County respondents also identified the need for access to affordable and adequate assisted living facilities for the elderly as one of the most important issues associated with accessing health care services in Carroll County. The need for accessible and affordable retirement facilities, assisted living, and nursing homes is a natural health care concern, due to the increased longevity of the population. Northwest Arkansas has experienced a significant increase in the number of retirees who have relocated into this area. According to a number of different national surveys (AARP), Northwest Arkansas has earned the reputation as one of the top 25 retiree destinations in the nation. This issue is especially salient in Carroll County, which not only boasts the highest percentage of

citizens age 65 and over within the region (US Census Bureau Data, 2000), but also had the highest percentage of older survey respondents (27.78%). Accessible and affordable health care services for the general population, particularly for the elderly, represent a significant challenge for Carroll County residents.

Sixty-one percent (61%) of Carroll County respondents identified cancer as the most significant physical health care issue within the region. Nearly sixty percent of respondents identified cigarette smoking and/or second hand smoke as the most significant physical health care issue for the region, and 58.93% identified weight problems as a significant physical health care concern. In terms of overall mortality, cancer is the second leading cause of death in Carroll County (Arkansas Department of Health, 2002), with an age adjusted mortality rate of 193.1 deaths per 100,000. Heart Disease is the leading cause of death in Carroll County, with an age adjustment modality rate of 293.3 deaths per 100,000 (Arkansas Department of Health, 2002). While cancer represents a significant public health concern in Carroll County, health education and prevention services will need to focus upon the risk factors associated with heart disease, which is the leading cause of death within the county.

Based upon recent national data (National Center for Health Statistics, 2002), cigarette smoking, second hand smoke and weight problems are the leading behavioral risk factors associated with premature mortality in the United States. Within Carroll County, 33.5% of adults are smokers (Arkansas Department of Health, 2002). This finding places Carroll County 4<sup>th</sup> out of 75 counties in Arkansas, in terms of the percentage of adults who are smokers. While Carroll County is only ranked 72<sup>nd</sup> out of 75 counties in terms of the percentage of the adults who are overweight, this issue still represents a significant health concern for the citizens of Carroll County, as 51.6% of the local population has been assessed as being overweight (Arkansas Department of Health, 2002). Consistent with recent health care initiatives promoted by the Arkansas Health Department and the Governor's Office, concentrated efforts need to be undertaken to reduce the percentage of Arkansans, including Carroll County residents, with significant modifiable behavioral health risk factors. Given the significance of these behavioral health risk factors, and the large percentage of Carroll County residents who manifest these behaviors, comprehensive and systematic efforts to ameliorate these

behavioral risk factors need to be developed and implemented within Carroll County.

Sixty-five and a half percent (65.5%) of Carroll County respondents cited substance abuse as a major mental health concern for the region. Fifty-two and a half percent of Carroll County respondents chose available and affordable substance abuse services as a major issue, while 46.55% listed alcoholism. While no reliable prevalence rates for substance abuse and alcoholism exist at the county level, anecdotal reports and arrest records for methamphetamine distribution and usage, as well as DUIs for the last several years, reflect the increasing significance of this problem, within Carroll County, (Office of Applied Studies 2003). To compound this problem, there are a limited number of alcohol and substance abuse facilities in Carroll County. A coordinated and systematic effort involving law enforcement, health education, and health care policy, along with a greater availability of affordable and accessible mental health and substance abuse/alcohol treatment programs, is needed in order to reduce the prevalence of substance abuse and alcohol problems within Carroll County.

Forty and a half percent (40.5%) of Carroll County respondents selected cultural and/or language barriers to accessing health care services as the region's most significant multicultural health care issue. Nearly 38% of survey respondents (37.75%) identified access to affordable and available health care services, as a major multicultural health care concern. According to recent demographic information provided by the Arkansas Department of Health (2002), Carroll County has the largest relative percentage of Hispanic residents living within Northwest Arkansas. With the rapid growth of the Hispanic community within Carroll County, there is a need for increased awareness of the cultural and language barriers that reduce access to health care services for Hispanic citizens and immigrants. There is also a need for culturally sensitive, easily accessible and affordable health care services, and education and outreach efforts, which specifically target the health care needs of the Hispanic community. There is also the need for culturally and language sensitive liaisons in order to more effectively serve the needs of the Hispanic community. These recommendations are designed to assist Hispanic residents successfully navigate the health care system within Northwest Arkansas.

## madison county

### Health Care Profile

The cost for medical care services was consistently cited as the highest rated health care concern, by survey respondents in Madison County. Over seventy percent of Madison County respondents cited money needed for prescriptions as a major issue for the region. Over 67% of survey participants selected money for emergency medical care as a major issue, while 64.67% of respondents selected money for ongoing medical care, as major health care issues.

The relatively large percentage of Madison County residents who do not have health insurance is likely related to Madison County respondents' concerns over the cost of medical care services.

According to the Arkansas Department of Health (2002), 29.8% of Madison County residents do not have health insurance. This finding places Madison County 2<sup>nd</sup> out of 75 counties in Arkansas, in terms of the percentage of residents who are without health care insurance. While survey respondents were able to accurately cite the significance of medical care costs as a major health care concern in their county, a multivariate analysis of salient demographic and sociocultural variables is needed in order to understand the reasons why such a high percentage of Madison County residents are without health care insurance. While there is suggestive evidence that the median household income of \$27,855 per year (US Census Bureau, 2000), rather than the current rate of unemployment of 3.2%, (Arkansas Democrat Gazette, July 18, 2004), may be a contributing factor to the high percentage of Madison County residents who do not have health care insurance, the interrelationship of other factors (e.g., rural nature of the county, unavailability of health care services, attitudes towards health care, types of businesses and services within the county, size of the workforce, etc.), may also contribute to this problem. Further research is needed to better understand the factors that are associated with the high percentage of Madison County residents who do not have health insurance.

Madison County is predominately a rural county. According to the Arkansas Fact Finder (2000), 100% of Madison County's population is considered to be rural. Given the rural nature of the county, the availability of basic health care services is

somewhat limited. Madison County has only 4.2 primary care physicians per 10,000 population (Arkansas Department of Health, 2002). This finding places Madison County 9<sup>th</sup> out of 75 counties in Arkansas, in terms of the fewest primary care physicians per population. Madison County also has limited access to medical specialty services and hospital services. It is therefore not surprising that 75.56% of Madison County survey respondents rated access to health care services as the most significant health care problem within their community. Similarly, 47.02% of the county's respondents selected access to tests and diagnostics as a major issue, while 43.2% of the survey participants selected adequate and timely access to physician services as a significant barrier in successfully accessing basic health care services. Employed survey respondents, as compared to unemployed adults, acknowledged somewhat greater concern over access to health care clinics, access to transportation and the availability of affordable and adequate assisted living facilities for the elderly.

Sixty-four and a half percent of Madison County respondents selected cancer as a major issue for the county, while 57.4% of survey participants identified cigarette smoking and/or second hand smoke as a major concern. Fifty-seven percent of the county's respondents selected weight problems, as a major physical health problem. While heart disease is the leading cause of death in Madison County (Arkansas Department of Health, 2002), deaths from cancer constitutes the second leading cause of death in the county (Arkansas Department of Health, 2002). It is of interest that while the overall rate of heart disease is declining in Madison County, the cancer rate is increasing (Arkansas Department of Health, 2002). While the reasons for the increasing rate of cancer in Madison County is not entirely clear, a number of different factors may be contributing to this phenomenon. Madison County has a high percentage of adults, aged 18 and older, who are smokers. Nearly 1 out of 3 adults residing in Madison County are smokers, (Arkansas Department of Health, 2002). Madison County is ranked 5<sup>th</sup> out of 75 counties in Arkansas, in terms of the percentage of adults that smoke. In addition, 60.2% of adults in Madison County are considered to be obese, as measured by their Body Mass Index, (Arkansas Department of Health, 2002). Smoking and obesity are considered to be behavioral risk factors that are associated with the number of diseases, including; heart disease, cancer, diabetes, and hypertension. It therefore, appears reasonable to assume that the behavioral risk profile observed within Madison County, in

combination with other factors, is likely contributing to the rising incidence of cancer cases within the county. These trends have been clearly noted by survey participants, as evidenced by their top rated responses to the physical health care items within the Health Needs Assessment Survey.

Middle age, race, household income, educational level, and insurance status all proved to be salient factors affecting Madison County respondent's perceptions of physical health care issues. More specifically, being 45-64 years of age, Caucasian, having an annual income between \$29,000-\$99,000, having at least some college education, having health insurance coverage all proved to influence the county respondents' choices. While it is beyond the scope of this current study, it would be of considerable interest to determine how these demographic variables contribute to the manner in which Madison County residents perceive and utilize health care services.

Just over 68% of Madison County respondents ranked substance abuse as a major concern, while 56.7% of the county's respondents ranked available and affordable substance abuse services as a major issue. Nearly 46% of survey participants ranked alcoholism as a major problem. While prevalence rates for substance abuse and alcoholism are not available for Madison County, the dramatic increase in methamphetamine abuse and other illicit substance, is a well-documented phenomenon in Northwest Arkansas. Survey respondents in Madison County clearly noted the significance of the perceived substance abuse and alcohol problem within their community. They also noted the need for available and affordable alcohol and substance abuse treatment facilities within their community. Compared to older adults (65 or older), younger and middle aged adults (18-64 years of age) were significantly more concerned about the problems related to substance abuse and alcohol, as well as the need for treatment facilities designed to treat these conditions. Indeed, substance abuse was the health care concern most frequently reported as being problematic, as compared to all of the other physical and mental health care items included in the survey. Surveyed respondents within Madison County have clearly identified concerns about substance abuse and the need for substance abuse treatment programs as a major health challenge within their community.

Just over 50% of Madison County respondents ranked cultural and/or language barriers to accessing health care services as a major multicultural health care issue. Slightly more than 31% of survey participants ranked access to affordable and available health care services as a major multicultural health care concern. While Madison County's multicultural population is relatively small (5% of the total population, as cited by the Arkansas Department of Health), 42% of Arkansas' Hispanic population resides within Northwest Arkansas, making Hispanics/Latinos the largest multicultural group in the region.

According to the Arkansas Democrat Gazette (Arkansas Democrat Gazette, July, 24, 2004). only North Carolina is experiencing a faster rate of growth for its' Hispanic residents, than Arkansas. Noting the rapid increase of multicultural residents within Northwest Arkansas (particularly of Hispanic descent), survey respondents within Madison County have clearly signified the need for health care services that are culturally and linguistically sensitive, accessible, and affordable for the county's multicultural population. The age of the survey respondent, their socioeconomic status and educational levels, also affected Madison County residents' perceptions in regard to multicultural health care issues.

## washington county

### Health Care Profile

Over 57% of Washington County respondents ranked money needed for prescriptions as a major concern, while 56.01% of individuals surveyed ranked money for ongoing medical care as a major concern. Over 55% of the county's respondents ranked money for emergency medical care as a major concern. While the escalating costs associated with the provision of medical care services are not unique to Washington County, other factors may have contributed to the respondents' perceptions of the high costs of medical care services. These factors include; the percentage of adults who do not have health insurance (16.5%), the overrepresentation of multicultural populations (in this survey) who disproportionately do not have health insurance, and the percentage of Washington County residents who meet the Federal criteria for poverty (12.7%), (Arkansas Department of Health, 2002). Sociodemographic factors such as gender, age, ethnicity, employment status, educational level, insurance status, and household, composition affected respondents' perceptions of the issues surrounding medical care costs. While salient demographic variables affected survey respondents perceptions of medical care costs, a multivariate analysis of all the sample's demographic variables was not conducted. This analysis may have provided a greater insight into the variability associated with survey participant's opinions, involving medical care costs.

Just over 40% of Washington County respondents ranked adequate and timely access to a physician as a major healthcare access concern. Thirty-eight and three quarters percent of those respondents ranked access to health care services as a major concern, while 36.65% ranked access to dental services as a major issue. Washington County has one of the highest ratios of primary care physicians per 10,000 population in the state (11.9 per 10,000) and is ranked 4<sup>th</sup> out of 75 counties in Arkansas, (Arkansas Department of Health report 2002). However, not all of Washington County residents experience convenient access to physicians, or to uniformly affordable health care. According to the American Fact Finder (2000), slightly more than 30% of Washington County residents live in rural areas. It seems reasonable that a portion of the variability associated with accessing health care services may be related to the relative lack of physicians in the more rural areas of Washington County. Another possible contributing

factor may be the overrepresentation of multicultural groups in this survey. In particular, the propensity of Marshall Islanders to identify access to a variety of health care services as a significant concern may have contributed to this finding.

In addition, as previously discussed, nearly 16.5% of Washington County residents have no health care insurance. The lack of health care insurance for 1 out of every 6 adults living in Washington County likely results in financial barriers to accessing basic health care and dental services. Further exploration of the variables affecting Washington County residents' ability to access basic health care services is needed in order to develop effective health care policy and accessible and affordable health care services.

Over 56% of Washington County respondents ranked cigarette smoking and/or second hand smoke as a major physical health care concern, while 54.57% of survey participants ranked cancer as a major concern. Just over 54% of the county's respondents ranked weight problems as a major concern.

Based on statistics provided by the Arkansas Department of Health (2002), approximately 1 out of every 4 adults in Washington County smokes (24.6%). While there is little question that this finding represents a significant health concern for the residents of Washington County, a partial explanation for concerns over cigarette smoke among Washington County respondents involves the smoke free referendum, which occurred in Fayetteville at the time the Northwest Arkansas Health Needs Assessment was conducted. This climate of concern may also partially explain why cancer was the second most frequently endorsed physical health concern by survey participants. While cancer is the second leading cause of death in Washington County (Arkansas Department of Health, 2002) behind heart disease, the age adjusted cancer rates for Washington County has actually declined between 1999 – 2000, (Washington County Hometown Health Improvement, 2001). It is reasonable to surmise that the high level of publicity and significant amount of information disseminated by the proponents of Smoke Free Fayetteville likely heightened the community's awareness of the health risks associated with cigarette smoking and/or exposure to second hand smoke. Survey respondents in Washington County also identified weight problems as a significant physical health care concern. This perception is congruent with existing health data, as 60.1% of Washington County residents are considered

overweight, based upon their Body Mass Index (Arkansas Department of Health, 2002).

The gender, age, ethnicity, educational level, household composition, and insurance status of the survey respondents affected their perceptions of physical health care concerns. A multivariate analysis of these demographic variables and other factors not accessed in this health care survey is needed to further identify the sociocultural and demographic variables associated with the perceptions of Washington County respondents regarding physical health care issues.

Nearly 50% of Washington County respondents ranked substance abuse as a major mental health care concern for the region. Forty-one and a half percent of the county's respondents ranked alcoholism as a pressing mental health care issue, while 40.11% ranked depression as a major concern. Prevalence rates for these disorders are not available at the county level, due to the difficulty in gathering this kind of data and the stigma often associated with these conditions. While the increase of substance abuse disorders in Northwest Arkansas (primarily methamphetamines) has been well documented, there has been relatively less attention paid to the problems associated with alcohol and mental health disorders. This selective attention to problems associated with substance abuse is somewhat at odds with the significance of mental health disorders. For example, a recent World Health Organization report has indicated that depressive disorders are the leading cause of disability and lost productivity in the world today. The emphasis placed on substance abuse as the most pressing mental health concern by Washington County respondents most likely derives from the significance of this issue in Northwest Arkansas and the attention paid to this problem by the media. This statement is not meant to diminish the significance of substance abuse as a significant problem within Northwest Arkansas communities, nor is it meant to diminish the need for effective treatment facilities in order to treat this problem. It is simply meant to suggest that, on a population basis, many more people are affected by problems with alcohol and depression than they are with substance abuse. Support for this assertion is derived from data disseminated by the National Institute of Mental Health, which indicates that approximately 9.5% of adults age 18 and older experience a depressive disorder, and that an estimated 386,000 Arkansans engage in binge alcohol drinking per month (SAMHSA, 2002). In comparison, estimates

for illicit drug usage among Arkansas adults, 18 years and older, are 118,000 per month (CDC, 2002).

Clearly there is a need for accessible, effective and affordable treatment facilities for substance abuse, alcohol and mental health disorders. The comparisons offered between the perceptions of survey respondents and data derived from the SAMHSA, CDC, and NIMH, is simply meant to suggest that there is somewhat of an incongruence between the public's perception of the relative pervasiveness of certain mental health conditions and nationally derived incidence rates of mental health, substance abuse, and alcohol related disorders.

Gender, age, ethnicity, employment status and educational level affected survey respondent's perceptions in terms of mental health care issues. More specifically, being female, middle aged, Caucasian, employed or having a college education, positively and significantly affected Washington County respondents' perceptions regarding the seriousness of a variety of mental health issues.

Nearly 52% of Washington County respondents ranked cultural and language barriers to accessing health care services as a major multicultural health care concern, while 46.3% of those respondents ranked access to affordable health care services as a major issue. Being female, middle aged, Marshallese, or having graduated from college or achieving a higher educational attainment level was significantly and positively related with identifying a variety of multicultural health concerns as a major issue.

The survey responses expressed by members of the Marshall Islander community were notable, due to their concerns over cost, accessibility, and language and cultural barriers, which hinder their ability to successfully access health care services. There have been anecdotal reports within Northwest Arkansas' health care community concerning the difficulties that health care providers experience in successfully providing services to members of the Marshall Islander community. However, results obtained from the Northwest Arkansas Health Needs Assessment suggest that members of the Marshall Islander community are concerned about their health care status and successfully accessing affordable health care services. Cultural and/or language barriers, however, appear to often contribute to the difficulties that Marshall Islanders experience in obtaining needed health care services.

## focus groups

Four targeted focus groups were conducted as part of the Northwest Arkansas Health Needs Assessment. These focus groups were designed to provide supplemental information concerning the health care perceptions of underserved groups of interest in Northwest Arkansas. The four subgroups selected for participation in this study included First Responders (health and social service providers), First Generation Hispanic Immigrant Men, Marshall Islanders, and Senior Citizens. These groups were selected based upon the difficulties that these populations experience in successfully accessing health care services. The First Responders focus group provided an opportunity for selected health care providers to express their concerns about the health care delivery system and infrastructure within Northwest Arkansas.

It is noteworthy that the focus groups generally cited concerns similar to the survey respondents regarding the health care needs that currently exist in Northwest Arkansas. Members of all the focus group mentioned transportation difficulties, awareness of available health care services, language and cultural barriers, health care insurance, and the cost of prescriptions, routine and emergency medical services as barriers to successfully receiving health care services.

Cultural and language issues, cohort influences and physical health care concerns were the health care issues most frequently discussed within each focus group. Marshall Islanders were most concerned about diabetes, hypertension, stress, lack of exercise, nutrition and the stress associated with their immigration into Northwest Arkansas. They did acknowledge that, while health care is an important consideration, language and cultural barriers may prevent Marshall Islanders from successfully accessing needed health care services. They cited procrastination, lack of assertiveness, embarrassment, lack of understanding the health care system in the United States, communication difficulties and financial considerations as the most significant reasons why Marshall Islanders experience difficulties in obtaining health care services.

Members of the Senior Citizens Focus Group mentioned diabetes, hypertension, heart disease, emphysema, arthritis, cancer, digestive problems, Parkinson's disease, Alzheimer's

disease, obesity and nutrition, lack of exercise and medication related problems as their most pressing concerns. Successful management of these chronic health care concerns comprised a consistent theme for members of the elderly focus group. The members of the elderly focus group mentioned their own attitudes, as well as those of the health care providers caring for seniors, as a point of concern. Avoidance, denial, pride, self-reliance, and fear were the reasons most frequently mentioned by senior citizens who experience difficulties accessing health care services. The ageism of health care providers, whereby seniors' health care concerns are dismissed, or they are treated like children, was a frequent complaint made by members of the focus group.

The members of the first generation Hispanic male focus group listed lack of dental care, pediatric services, over-utilization of the emergency room, diabetes, and sexually transmitted diseases as the most significant concerns affecting their community. While communication barriers, lack of financial resources to access health care and difficulties understanding the health care delivery system were mentioned by the members of the focus group, attitudes toward health care services was also a predominant theme. Members of the focus group suggested that it was primarily the responsibility of the health care provider to explain to Hispanic residents the costs associated with health care services and the types of services available. They also stated that Hispanics are often embarrassed or too intimidated to ask questions about health care services. Many Hispanics/Latinos often struggle with language limitations or a lack of understanding about basic health services.

A small group of first care responders participated in the provider's focus group. They strongly asserted that the most critical health care issue confronting Northwest Arkansas is the lack of treatment services for mental health and substance abuse problems. According to the critical care first responders, a host of sociocultural problems (e.g., homelessness and unemployment) are secondary effects of untreated mental health concerns.

Critical care responders also focused upon the macro issues associated with health care services, the need for health education and prevention services and the stresses that population growth is having on the health care infrastructure in Northwest Arkansas. They noted that there is a need for a

systematic, coordinated, and collaborative approach in dealing with the health care challenges currently observed in Northwest Arkansas.

## limitations of the study

The Four-County Community Health Needs Assessment was designed to provide a comprehensive baseline assessment of Northwest Arkansas citizens' perceived health care needs. It was designed specifically to capture the perspectives of the community members themselves, rather than the perceptions of the area's health care providers and professionals. This assessment was also designed to identify perceived needs in the health care delivery system and to report its findings to the Northwest Arkansas community region in the form of a community health report. This information will be utilized to improve the quality of health care in Northwest Arkansas through public health care policy, education and outreach efforts. It will also be used in the development of essential health care services, both for the general public and underserved groups within each community.

The community framework employed in this study represented both a significant strength and a significant limitation for the Northwest Arkansas Health Needs Assessment. This collaboration consisted of a coalition of the Hometown Health Improvement projects within Benton, Carroll, Madison, and Washington counties. Each county's health project served as part of the planning, oversight, and operational backbone of the project, significantly strengthening the study. This collaboration was not only consistent with the "community imbued" perspective of the health needs assessment, but it also provided the opportunity for an innovative and unique partnership between the Four Hometown Health Improvement Projects in Northwest Arkansas. The collaboration that developed between the Hometown Health Improvement Projects personified the community spirit inherent in this Health Needs Assessment and provided the means by which this ambitious project could be successfully completed.

However, this same process also provided significant challenges, which manifested themselves as limitations, to the study. Community research is a collaboration between individuals, groups and entities within a community and is designed to study or assess a phenomenon in a field-based setting. This process presumes that the goals, purpose, and methodology employed by the research project are clearly articulated, agreed upon, and empirically based. It also presumes that effective working relationships, roles and responsibilities have been clearly delineated, and that the

results and recommendations that will be derived from the study will be consistent with the stated goals and objective of the project.

The research design for the Health Needs Assessment employed a multimethod data collection scheme, which consisted of the Health Needs Survey and four targeted focus groups. Survey data was collected utilizing a sample of convenience, and data collection sites were identified by members of the Four County Hometown Health Coalitions, and in conjunction with collaboration provided by the Social Work Research Center. While the sample of convenience and data collection sites employed in this study permitted a large number of individuals to be surveyed, the lack of random sampling techniques and non-representative sample surveyed, limits the conclusions that can be drawn from this assessment.

“Train the trainers” sessions were designed to ensure that volunteer survey administrators conducted the survey in a prescribed and consistent manner. However, a standardized administration of the survey was not consistently applied. The lack of standardized administration of the survey made it difficult to discern if differences in responses to survey items reflect the opinions of those surveyed, are manifestations of selection bias, or a reflection of interviewers’ characteristics.

Due to the fact that the Four-County Community Health Needs Assessment is an opinion survey, it is not an empirically validated instrument. Content areas and items included in the four-County Community Health Needs Assessment Survey were selected based upon a review of the relevant literature and the Hometown Health Guide and by members of the Hometown Health Data Committee. Reliability and validity coefficients for the survey instrument were not established, nor was there an item or content analysis of survey questions.

The surveys were available in English and Spanish. While the research protocol provided for a standardized administration of the assessment tool, this procedure was not consistently followed. Aside from those surveys administered on a one-to-one basis by the interviewers (as was intended), many surveys were filled out as a group, or by the interviewees themselves. These unplanned data collection methods increase the possibility that items in the survey were misunderstood. Likewise, many of the surveys were not fully completed, and several items were answered with response sets. In these

instances a response was perfunctorily selected by marking one line through or one bubble around, the same answer from the top of the page to the bottom. Surveys were also not translated into Marshallese, as was requested by members of the Marshallese community. High status members of the Marshallese community were utilized to translate and to assist in completing the survey. While this method facilitated the inclusion of a significant number of Marshal Islanders, the methodological limitations previously disclosed, and the lack of a culturally and language sensitive research instrument limits the utility of the information obtained from Marshallese respondents.

The wording of survey items required respondents to assess the importance of health care concerns in terms of the community members who reside in the same county as them. It is therefore, unclear whether results obtained from this opinion survey accurately represent the health care concerns of the community itself, or are simply reflective of the health care perceptions of the sample employed in this study.

The statistical analysis of the data was limited to means and standard deviations, an assessment of the representativeness of the sample characteristics, and the frequencies of survey items. Wilkes Lambda and Tukey post hoc analysis of survey items with salient demographic variables was also utilized. While data analysis provided the ability to generate county health opinion profiles (e.g., most frequent responses, discrete comparison between the demographic profile and health concern content areas), it precluded the ability to develop a comprehensive multivariate analysis between demographic variables and survey data. Limitations in the sampling procedures employed in this study precluded the development of a Northwest Arkansas Regional Health Profile.

While this survey was designed to assess the health care perceptions of the Northwest Arkansas region as a whole, there was a limited attempt to canvass areas throughout the four county region. It is important to take into consideration that there were no attempts to analyze survey data based upon the location within the county in which the survey participant resided. Geographical and population representation would need to be considered in order to accurately reflect the health care perceptions of the entire region.

## implications for future use

The goals of the Northwest Arkansas Four-County Community Health Needs Assessment were to conduct a comprehensive health needs assessment of the residents of Northwest Arkansas, identifying health care trends and gaps/inadequacies within the current health care delivery system, obtain additional information about underserved populations of interest, and to report the findings of this assessment in the form of a community report.

A comprehensive health needs assessment for Benton, Carroll, Madison and Washington Counties has been completed. The establishment of baseline health needs information for the four-county region in Northwest Arkansas was a major goal of this project. Survey respondents were able to identify gaps and inadequacies within Northwest Arkansas' health care delivery system and these health assessment perceptions were corroborated with current health information and trends gathered independently of the survey. This information can be used by health care providers to develop health care policy, facilitate educational and outreach efforts, and develop health care intervention and services consistent with the needs identified by the survey respondents.

An additional goal of the Four-County Community Health Needs Assessment was to obtain additional information about underserved populations. Results from the survey and the focus groups have provided greater insight about the health care concerns of Marshall Islanders, Hispanic communities and the elderly in Northwest Arkansas. This information can be utilized by health care providers, health care policy members, and members of these underserved communities in order to improve the quality of health care services.

The health needs assessment will need to be periodically updated in order to assess the changing health care needs in Northwest Arkansas. Future efforts will also provide an opportunity to remedy some of the methodological limitations in this current study, which will provide a means by which a regional health needs assessment can be conducted, and for supplementing the four county baseline health data. For example, including an instrument like the Behavior Risk Factor Surveillance System (BRFSS), may be a good model to use in the future to coincide with the Four-County Community Health Needs Assessment. Health status data must be collected along

with health needs assessment information in order to develop a comprehensive overview of health needs within Northwest Arkansas.

There is no issue more critical to the success of a community than the quality and accessibility of health care services. It is hoped that this report informs the community about the perceptions of the health needs of the residents of Northwest Arkansas.

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## **Appendix A. Interview Session Introduction (Spanish Version Available)**

### **Four-County Community Health Needs Assessment**

#### **Introduction**

*Hello, my name is \_\_\_\_\_, and I am gathering information for the Northwest Arkansas Hometown Health Improvement Project. We are conducting health surveys throughout Northwest Arkansas in order to determine what the health care needs are in your community. The information we are collecting will be used to identify community health needs, develop health policies and needed services and to improve the overall health and quality of life in Northwest Arkansas.*

Would you please help us by taking the time to complete the health needs survey? It will take about 15 minutes to complete, and we would really appreciate it.

**If Yes:** Great! Thank you very much. [Consent Form, then Begin Survey.]

**If No:** Thank you for your time and consideration. Have a nice day.

## Appendix B. Informed Consent (Spanish Version Available)

### INFORMED CONSENT

**Title:** *Four-County Community Health Needs Assessment Survey*

**Investigator:** Dr. Zettie D. Page III, Research Associate Professor  
Director, Social Work Research Center  
University of Arkansas  
Fulbright College of Arts and Science  
School of Social Work  
106 ASUP  
Fayetteville, AR 72701-1201  
479-575-3923

**Description:** The present survey is an attempt to learn more about the health needs of Northwest Arkansas (Benton, Carroll, Madison, Washington Counties). It takes about 10-20 minutes to complete this survey.

**Risks and Benefits:** The benefits of participating in this survey include contributing to the information about health issues in Northwest Arkansas. There are no risks associated with completing this survey.

**Voluntary Participation:** Your participation in the survey is completely voluntary.

**Confidentiality:** You will be assigned a code number that will be used to match the answers given in the surveys. All information will be recorded anonymously. Only the researcher will know your name, but will not divulge it or identify your answers to anyone. All information will be held in the strictest of confidence. Results from the survey will be reported as aggregate data.

**Right to Withdraw:** You are free to refuse to participate in the survey and to withdraw from this study at any time. Your decision to withdraw will bring no negative consequences—no penalty to you.

#### **Informed Consent:**

I, \_\_\_\_\_ (please print full name), have read the description, including the purpose of the study, the procedures to be used, the potential risks and side effects, the confidentiality, as well as the option to withdraw from the study at any time. Each of these items has been explained to me by the investigator. The investigator has answered all of my questions regarding the study, and I believe I understand what is involved. My signature below indicates that I freely agree to participate in this study and that I have received a copy of this agreement from the investigator.

I attest that I am over the age of 18 and therefore can participate in this survey under my own consent.

_____ Interviewee's Signature	_____ Date
_____ Interviewer's Signature	_____ Date

## Appendix C. Survey Instrument (Spanish Version Available)

Four-County Community Health Needs Assessment 2003

1. Which county do you live in?  
 Benton County  Carroll County  Madison County  
 Washington County
2. Which town do you live in? \_\_\_\_\_
3. How long have you lived CONTINUOUSLY in Northwest Arkansas?  
\_\_\_\_\_

### Section 1. Medical Care Costs: First, I would like to ask you some questions about the cost of medical care in your community. How important is:

4. Money for prescriptions  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
5. Money for emergency medical care  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
6. Money for ongoing medical care  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
7. Money for ongoing dental care  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
8. Finding a doctor who accepts Medicaid  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
9. Finding a doctor who accepts ArKids First insurance  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
10. Medical doctors who will NOT accept my insurance  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
11. Dentists who will NOT accept my insurance  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
12. Dentist who will NOT accept ArKids First  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
13. Finding a doctor who accepts Medicare  
 Not An Issue  A Minor Issue  Moderate Issue  A Major Issue  Don't Know
14. Briefly, which is the most important medical care cost that your community faces, and why is it important? \_\_\_\_\_

**Section 2. Access to Health Care Services: Next I would like to ask you some questions about access to health care services in your community. How important is:**

15. Access to prenatal care  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

16. Access to public transportation  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

17. Access to health care services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

18. Access to private transportation  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

19. Access to health care clinics  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

20. Adequate and timely access to a physician  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

21. Access to tests and diagnostics (ultrasound, x-ray, lab work, cholesterol testing, blood pressure testing, mammograms)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

22. Access to hospital services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

23. Access to a pharmacy  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

24. Access to dental care  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

25. Access to affordable and adequate assisted living for the elderly who are too sick to live alone, but not sick enough for a nursing home  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

26. Briefly, which is the most important issue related to access to health care services that your community faces, and why is it important? \_\_\_\_\_

**Section 3. Physical Health Care Issues: I would now like to ask you some questions about physical health care in your community. How important is:**

27. Asthma or other lung disease (chronic breathing disorders, emphysema, etc.)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

28. Cigarette smoking and/or second hand smoke

Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

29. Diabetes (high blood sugar)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

30. Heart disease  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

31. Weight problems (excessive weight or excessive thinness due to an eating disorder)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

32. Osteoporosis (brittle bones)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

33. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, herpes, genital warts)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

34. Human Immunodeficiency Virus (HIV)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

35. Smokeless tobacco  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

36. Stroke (brain attack)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

37. Alzheimer  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

38. Cancer  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

39. Briefly, which is the most important issue related to physical health care issues that your community faces, and why is it important? \_\_\_\_\_

**Section 4. Mental Health Care Issues: Now let's talk about the mental health care issues in your community. How important is:**

40. Available and affordable psychiatric services (psychiatrist)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

41. Available and affordable counseling services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

42. Emergency mental health services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know

43. Housing or residential services for the severely and persistently mentally ill  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
44. Alcoholism (excessive alcohol use)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
45. Access to available and affordable alcohol treatment programs  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
46. Anxiety disorders (excessive worrying or fears, panic attacks, phobias, obsessions, post traumatic stress disorders)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
47. Depression (depressed mood, persistent sadness, diminished pleasure or energy, feelings of hopelessness, suicidal thoughts)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
48. Substance abuse (marijuana, cocaine, inhalants, hallucinogens, methamphetamine, prescription drug abuse)  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
49. Available and affordable substance abuse services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
50. Suicide  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
51. Briefly, which is the most important issue related to mental health care issues that your community faces, and why is it important? \_\_\_\_\_

**Section 5. Multicultural Health Care Issues: Northwest Arkansas has a diverse and growing population, which includes many people from a variety of cultures. In your community, how important is:**

52. Access to affordable and available health care services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
53. Adequacy of health care services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
54. Awareness of health care services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
55. Cultural and/or language barriers to accessing health care services  
 Not An Issue    A Minor Issue    Moderate Issue    A Major Issue    Don't Know
56. Briefly, which is the most important issue related to health care for multicultural members in your community, and why is it important? \_\_\_\_\_

**Section 6. General Questions: The following questions will help us be certain that we have reached a variety of people from throughout the four county area of Northwest Arkansas.**

57. Which of the following locations have you usually gone to in the past 12 months in order to obtain health care for you or your dependents? [Respondent can check as many boxes as needed.]

- A private doctor's office
- A community health clinic (Community Clinic at St. Francis House, Boston Mountain, Poplar House, etc.)
- I do not have a regular place for health care
- A hospital emergency room
- County Health Department
- An urgent care center (Mediquick)
- A college or university health center
- A psychiatric hospital/clinic (Ozark Guidance)
- A military hospital or clinic
- An alternative health provider (chiropractor, homeopath, acupuncturist, etc.)
- Traditional healer (Shaman, Currandero, other)
- Other (Please Write In): \_\_\_\_\_

58. During the past 12 months, what were the reasons you or someone in your household went to a hospital emergency room for medical care?

- I did not visit the emergency room in the past 12 months.
- I did not have a regular place to go for health care
- I did not have health insurance for doctor's visits
- It took too long to get an appointment at the doctor's office
- My doctor's office was closed
- I had an injury
- I was very sick
- I did not have enough money for a doctor's visit
- I was a victim of an assault
- Other (Please write in): \_\_\_\_\_

59. Please list the top 3 health concerns for your community or for yourself and your household.

\_\_\_\_\_

60. In what year were you born? \_\_\_\_\_

61. Are you:

- Male  Female

62. Which do you consider to be your primary racial or ethnic identity?

- Caucasian  African American  Hispanic/Latino  Asian  Native American
- Marshall Islander  Other (Specify) \_\_\_\_\_

63. Counting yourself, how many people live in your household?

- 1  2  3  4  5  6  7  8  9  10+

64. What was your household income last year?

(Count your income from all sources including earnings from jobs, unemployment insurance, pensions, etc., and count income from everyone living in your home as household income.)

- Less than \$4,999
- \$5,000-\$9,999
- \$10,000-\$19,999
- \$20,000-\$29,999
- \$30,000-\$39,999
- \$40,000-\$49,999

- \$50,000-\$59,999
- \$60,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 or more

65. What is the highest level of schooling you have completed?

- 12th grade or less, no diploma
- High school graduate or GED
- Some college or vocational school (No Degree)
- Associate degree
- Bachelors' degree
- Advanced degree (masters or doctorate)

66. Are you currently employed?

- Yes  No

67. Are you covered by a health insurance plan?

- Yes  No

67a. If yes, what type of coverage do you have?

- Medicare (includes supplemental policy)
- Medicaid
- Insurance (Blue Cross/Blue Shield, COBRA)
- Other: \_\_\_\_\_

68. Do you have any dependents? [If no, skip to 70]

- Yes  No

69. Are your dependents covered by health insurance?

- Yes  No

69a. If yes, what type of coverage do they have?

- Medicare (includes supplemental policy)
- Medicaid
- Insurance (Blue Cross/Blue Shield, COBRA)
- Other: \_\_\_\_\_

70. Are your income and benefits adequate for meeting the health care needs for you and your dependents?

- Yes  No

71. If you have insurance, who pays the premium cost?

- My employer pays the majority
- I (or my family) pay the majority
- My employer and I (or my family) each pay about half
- Other: \_\_\_\_\_
- I have no insurance

72. What is your area of employment?

- Business
- Agriculture (farming, ranch)
- Government
- Education (teacher, admin)
- Health related (physician, nurse, admin)
- Non-profit organization
- Restaurant/food service
- Construction
- Poultry Industry
- Other (Please specify): \_\_\_\_\_
- Retired

Thank you for taking the time to complete this survey of you community's health needs!

If you have any questions, please contact:

Gara Mosier at 479-521-8269

This four-county health needs survey is made possible through a grant from the CommunityCare Foundation of Springdale, Arkansas.

Feel free to add anything else about the health care needs in your community.

\_\_\_\_\_

Interviewer Initials: \_\_\_\_\_

Time: \_\_\_\_:\_\_\_\_ am pm

Location: \_\_\_\_\_

Notes:

## **Appendix E. Press Release (Spanish Version available)**

### **Press Release**

Release Date: , 2003

Event Date:, 2003

### **Northwest Arkansas Hometown Health Improvement Project Four County Community Health Needs Assessment**

*The Northwest Arkansas Hometown Health Improvement Project and the University of Arkansas Social Work Research Center will be conducting a health needs assessment this coming [insert date of survey] as part of an ongoing endeavor to improve the quality of life in Northwest Arkansas. The survey for your area will be conducted at [insert the location] during the hours of [hours of the survey] on [give the day]. The Northwest Arkansas Hometown Health Improvement Project (also called HHIP) invites you to come out and participate in the study and help to make your community a healthier, safer place to live.*

HHIP is composed of a coalition of healthcare providers in the Northwest Arkansas region (Benton, Madison, Carroll and Washington Counties), making the survey a collaborative effort between all of the communities in our area and targeting priority issues of community health. The needs assessment asks for area residents' opinions and experiences with issues ranging from access to healthcare to affordability, disease, and much more. This survey is made possible by a grant from the Community Care Foundation of Springdale, Arkansas. The Social Work Research Center of the School of Social Work at the University of Arkansas, Fayetteville, will lead in conducting this survey. The Social Work Research Center will utilize the information that you provide about healthcare issues in your community to inform community leaders of what might be changed for the better. The results of this study will be presented in the form of a community report card.

Please come out and help us to make Northwest Arkansas and your hometown a healthier, stronger community!

## **Appendix F. Distributors of the Surveys**

Bailey, Loy	Benton County Health Unit
Belt, Dr. Charles	University of Arkansas Health Center
Casey Rigsbee	EOA Head Start/Early Head Start
Chappell, Linda	Carroll County Resource Council
Cole, Mary	Jones Center for Families
Cowan, David	Washington County Health Unit
Dahen, Deven	Madison County Health Coalition
Danish, Anna	Project Focus Madison County
Dupont, Maggie	Carroll County Health Department
Engle, David	Poplar House at St. Mary's Hospital
Frederick, Trish	Arkansas Department of Health
Gracie, Kelly	Area Health Education Center - NW
Grisham, Kathy	Community Clinic St. Francis House
Ham, Desirae	Madison County Health Department
Jackson, Melissa	University of Arkansas, Health Science
Johnson, Rick	Washington County Health Department
King, Andy	NWA Educational Service Coop
Lightner, Jan	CommunityCare Foundation
Lutz, Donna	Arkansas Department of Health
Ludwig, Nancy	Springdale Schools
Marsh, Nancy	NWA Educational Service Coop
Mosier, Gara	Arkansas Health Education Center
Perkins, Janet	
Plumlee, Sherri	Carroll County Health Department
Prince, Sandy	NWA Radiation Therapy Inst. - NARTI
Reh, Laurie	Prevention Resource Center
Samples, Donna	Madison Co. Dept. of Human Services
Taylor, Barbara	
Taylor, Nancy	Hometown Health Improvement Project
Thompson, Linda	Arkansas Department of Health
Villines, Shana	Madison County Health Department
Ward, Dr. Em	University of Arkansas, Engineering
Wennerstram,	Department of Human Service
Sheila	
Wolfe, Marjorie	Benton Co. Community Coalition
Wright, Joel	Social Work Research Center, UAF

## Appendix G. Site Locations and Number of Surveys Completed

1601 S 26th Place	8
1st Marshallese Ministry United Church of Christ	14
AHEC	10
Apple Festival - Lincoln, AR	5
Arts Center of the Ozarks	3
Arvest Bank	2
Bahai Faith Marshallese	4
Bella Vista Homesteaders Extension Club	32
Benton County Fair	40
Benton County Health Unit	41
Benton County Health Unit Flu Clinic	12
Benton County Local Health Unit	14
Boston Mountain Clinic	10
Bukot Nan Jesus Church	22
Butterfield Trails Village	49
Carroll County	35
Carroll County Community Center	30
Carroll Electric	6
CC at SFH	27
CCHU	6
CES Office	3
Chana's Corner	6
Church	3
Community Care	9
Community Clinic at St. Francis	18
Cooper Realty Investments	8
Courthouse	3
DHS	5
EHC Meeting	9
EOA Washington County	20
Extension Homemakers Meeting	21
Family Network	3
Fayetteville Historic District	5
Fayetteville Public Library	35
First Baptist of Springdale	11
Health Fair - Co.	24
Health Fair - U of A	11
Highfill Community Center	7
Hindsville	3
Huntsville Clinic	1
Huntsville High School	5
Huntsville Middle School	8
Huntsville Police Dept	8
Huntsville School	6
Huntsville Schools Admin.	3
Huntsville Vicinity	3
Huntsville Wal Mart	13
Jeran Rarik Doon United Church of Christ	16
Jones Center for Families	18
Jones Center for Families Health Fair	14
Jones Center JTL Shop	9

Kaminsky Studio	5
Kingston	5
Kingston Vicinity	4
Lincoln Schools	15
Madison County Child Dev. Center	12
Madison County Health Unit	23
Mall Neighborhood	2
Marshall Islands Fellowship International Church	20
Marshallese Pentecostal Independent Church	12
Meadowview	3
Mexican Original	41
Minority Health Fair - Rogers, AR	10
Misc.	16
Multicultural Center	23
NARTI	3
Not Labeled	47
NWACC	12
Ozarks Electric	17
Personal Residents	17
Police Department	1
Poplar House	58
Prairie Grove Schools	7
Regional Office	11
Rock Springs Church	2
Schmieding	16
Senior Center	2
Sheriff Department	5
Springdale Schools	12
SPSF Office, Bentonville	10
St. Mary's Hospital	5
St. Paul	2
The Bread of Life - FUMC Springdale	18
Tyson	15
Tyson Chick-N-Quick Rogers, AR	5
Tyson Corporate	15
U of A	13
U of A & Fayetteville Square	30
U of A Union	6
Waco Cooperative Extension Office	9
Wal-Mart	15
Wal-Mart Fitness Center	19
Wal-Mart Neighborhood Market - Fayetteville	13
Wal-Mart Supercenter	21
Walton Health Complex	9
Washington County Health	17
Washington County Health Dept	36
Washington County Health Unit	4
Washington County Local Health Unit	44
Washington Regional Lunch Program	28
Water Department	7
WCHU	2
West Campus - Fayetteville High School	17
Total	1446

## Appendix N. Site Monitors

Bailey, Loy	Benton County Health Department
Bell, Dana	Northwest Health of Washington Co.
Belt, Dr. Rick	University of Arkansas Health Center
Benton, Sharon	Poplar House at St. Mary's Hospital
Bartley, Sara	Area Health Education Center - NW
Calhoun, Kris	Bread of Life, First United Methodist
Chappell, Linda	Carroll County Resource Council
Cole, Mary	Jones Center for Families
Cowan, David	Washington County Health Department
Dahen, Deven	Madison County Health Coalition
Danish, Anna	Project Focus, Madison County
Dupont, Maggie	Carroll County Health Department
Engle, David	Poplar House at St. Mary's Hospital
Frederick, Trish	Arkansas Department of Health
Gracie, Kelly	Area Health Education Center - NW
Grisham, Kathy	Community Clinic St. Francis House
Gum, Carmen Chong	Multicultural Center
Ham, Desirae	Madison County Health Department
Hampton, Ann	West Fork School
Helmer-Taver, Erin	Schmieding Center
Horne-Brooks, Cambre	NWA Tobacco Free Coalition
Jackson, Melissa	University of Arkansas, Health Science
Johnson, Rick	Washington County Health Department
Johnson, Susan	Arkansas Department of Health
King, Andy	NWA Educational Service Coop
Lightner, Jan	CommunityCare Foundation
Ludwig, Barbara	Springdale Schools
Marsh, Nancy	NWA Educational Service Coop
Mosier, Gara	Area Health Education Center - NW
Plumlee, Sherri	Carroll County Health Department
Prince, Sandy	NWA Radiation Therapy Inst. - NARTI
Reh, Laurie	Prevention Resource Center
Rigsbee, Casey	EOA Head Start/Early Head Start
Rokeyby-May, Jennifer	Family Network
Roth, Elaine	Bella Vista Homesteaders Ext. Club
Sallings, Lynn	Area Health Education Center - NW
Samples, Donna	Madison Co. Dept. of Human Services
Singleton, Judy	Family Network
Smith, Jim	Prevention Resource Center
Taylor, Nancy	Washington County Health Department
Taylor, Dr. Scott	Sunshine Dental Clinic
Thompson, Linda	Arkansas Department of Health
Villines, Shana	Madison County Health Department
Walden, Vicki	Benton County Health Department
Ward, Dr. Em	University of Arkansas, Engineering
Wennerstraum, Sheila	Department of Human Services
Williams, Jeanne	Lincoln Schools
Wolfe, Marjorie	Benton Co. Community Coalition
Woods, Dr. Elizabeth	University of Arkansas Health Center

## Appendix O. Interviewers

Adney, Amber	Community Clinic at St. Francis House
Allen, Kate	Washington County Health Department
Ang, Susan	Butterfield Trail Village
Bailey, Loy	Benton County Health Department
Barham, Kathleen	Arkansas Dept. of Health, NW Regional
Bartley, Sara	Area health Education Center - NW
Belt, Dr. Rick	University of Arkansas Health Center
Benton, Sharon	Poplar House at St. Mary's Hospital
Calhoun, Kris	Bread of Life, First United Methodist
Chappell, Linda	Carroll County Resource Council
Ciulla, Mary Lynn	Family Network
Cole, Mary	Jones Center for Families
Copps, Kim	Bread of Life, First United Methodist
Cowan, David	Washington County Health Department
Dahen, Deven	Madison County Health Coalition
Danish, Anna	Project Focus Madison County
Dupont, Maggie	Carroll County Health Department
Edmundson, G.	Benton Co. Community Coalition
Frederick, Trish	Arkansas Department of Health
Friesen, Betty	Benton Co. Community Coalition
Goodman, Jennifer	Arkansas Department of Health - Regional
Grisham, Kathy	Community Clinic St. Francis House
Gum, Carmen Chong	Multicultural Center
Gum, Ruthina Chong	Multicultural Center
Ham, Desirae	Madison County Health Department
Hampton, Ann	West Fork School
Hart, Ana	Tyson Foods
Helmer-Tarver, Erin	Area health Education Center - NW
Hitt, Allison	Arkansas Department of Health
Henderson, Deb	Jones Center for Families
Hoffman, Sally	Washington County Health Unit
Jackson, Melissa	University of Arkansas, Health Science
Jiminez, Alma	Benton County Health Department
Johnson, Rick	Washington County Health Department
Johnson, Susan	Prairie Grove Public Schools
Kavanaugh, Sherry	Benton Co. Community Coalition
King, Andy	NWA Educational Service Coop
Krelwaen, Ruth	Benton Co. Community Coalition
Lightner, Jan	CommunityCare Foundation
Lopez, Crystal	Benton County Health Department
Ludwig, Barbara	Springdale Schools
Marsh, Nancy	NWA Educational Service Coop
McCormick, Lisa	Washington County Health Department
Murphy, Dusty	Washington County Health Department
Nava, Dala	Community Clinic at St. Francis House
Patterson, Brenda	Madison County Health Department
Peterson, Pearl	Benton Co. Community Coalition
Plumlee, Sheri	Carroll County Health Department
Prince, Sandy	NWA Radiation Therapy Inst. - NARTI
Ramirez, Marco	Washington County Health Department
Reh, Laurie	Prevention Resource Center
Rigsbee, Casey	EOA Head Start/Early Head Start

Rokeby-Mayevy, Jennifer	Family Network
Roth, Elaine	Bella Vista Homesteaders Ext. Club
Samples, Donna	Madison Co. Dept. of Human Services
Sanchez, Maria	Washington County Health Department
Summers, Elizabeth	Washington County Health Department
Pavarez, Flor	Washington County Health Department
Taylor, Nancy	Washington County Health Department
Thompson, Linda	Arkansas Department of Health
Villines, Shana	Madison County Health Department
Ward, Dr. Em	University of Arkansas, Engineering
Wennerstrom, Sheila	Department of Human Services
Williams, Jeanne	Lincoln Schools
Wolfe, Marjorie	Benton Co. Community Coalition
Wycoff, Robin	Fayetteville High West Campus