

# 2025 Community Health Needs Assessment



**Contents**

**Introduction**..... 1

    About Community Health Needs Assessments..... 1

    Acknowledgments..... 2

    Summary of Community Health Needs Assessment Process ..... 2

**Community Served by Washington Regional** ..... 2

    Defined Community ..... 2

**Community Characteristics** ..... 3

    Community Population and Demographics ..... 3

    Socioeconomic Characteristics of the Community ..... 3

**Health Status of the Community** ..... 5

    Population Health and Well-Being and Community Conditions ..... 6

**Healthcare Resources** ..... 9

    Hospitals and Health Centers..... 9

    Washington Regional Market Share ..... 11

    Other Healthcare Facilities and Providers..... 12

    Graduate Medical Education and Level I Trauma Center Development ..... 13

**Key Interviewees**..... 14

    Methodology ..... 14

    Key Interview Results ..... 15

**Evaluation of Response to 2022 CHNA** ..... 16

**Identification and Prioritization of Health Needs**..... 21

**Appendices**

**Key Interview Protocol** ..... 24

**Sources** ..... 27

## Introduction

Washington Regional Medical Center (Washington Regional) is a community owned, locally governed, nonprofit healthcare organization located in Fayetteville, Arkansas. A local board of directors comprised of nine members governs Washington Regional and ensures, among other things, that its strategic direction consistently fulfills its mission, which is to improve the health of the communities it serves through compassionate, high-quality care, prevention, and wellness education.

## About Community Health Needs Assessments

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

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the community health needs identified through the assessment.
- In each subsequent assessment, evaluate the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of, or expertise in public health and those representing low-income, medically underserved, or minority populations in the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document Washington Regional's compliance with IRC Section 501(r)(3). Significant health needs of the community have been identified and prioritized so that Washington Regional may adopt a potential implementation strategy to address specific needs of the community.

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the community health needs assessment completed in 2022.
- Collection and analysis of a large range of data, including demographic, socioeconomic, and health statistics, healthcare resources, and patient use rates.
- Interviews with key individuals who represent a) broad interests of the community, b) populations of need, and c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment required by the IRS. It will serve as a compliance document, an assessment of the impact of the previous implementation strategy, and a resource until the next assessment cycle.

This community health needs assessment was prepared in cooperation with Encompass Health Rehabilitation Hospital of Fayetteville (Encompass Health). An LLC wholly owned by Washington Regional owns a 50% interest in Encompass Health. Encompass Health provides inpatient and outpatient rehabilitation services to residents of the same geographic area served by Washington Regional. Issues particularly relevant to the services provided by Encompass Health have been noted throughout this needs assessment.

### **Acknowledgements**

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

### **Summary of Community Health Needs Assessment Process**

The purpose of community health needs assessment is to identify and understand the unique health needs of the community served by the individual hospitals and to document compliance with the federal laws outlined above.

Washington Regional engaged **Forvis Mazars, LLP** (Forvis Mazars) to assist in conducting a formal community health needs assessment. Forvis Mazars is ranked among the largest public accounting firms in the United States, with approximately 7,000 dedicated team members who serve clients in all 50 states and internationally through the global network. The community health needs assessment was conducted from January 2025 through October 2025.

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

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2022 community health needs assessment was completed to understand the effectiveness of Washington Regional's current strategies and programs. This evaluation is included in the Evaluation of Response to 2022 CHNA section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then assessed. Information on various metrics of population health and well-being and community conditions reported for the community by CountyHealthrankings.org was analyzed. Health factors with significant opportunity for improvement were noted.
- An inventory of healthcare facilities and resources was prepared and evaluated for unmet needs.
- Community input was provided through interviews of 13 stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income, or minority populations. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the steps above was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, and minority groups and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence Washington Regional has to impact the need and the health needs impact on overall health for the community. Any information gaps identified during the prioritization process would have been reported.

### **Community Served by Washington Regional**

Washington Regional is located in the city of Fayetteville, Arkansas, in Washington County. Fayetteville is located approximately three hours northwest of Little Rock, Arkansas, two hours southwest of Springfield, Missouri, and two hours east of Tulsa, Oklahoma, and is accessible by interstate highways.

### **Defined Community**

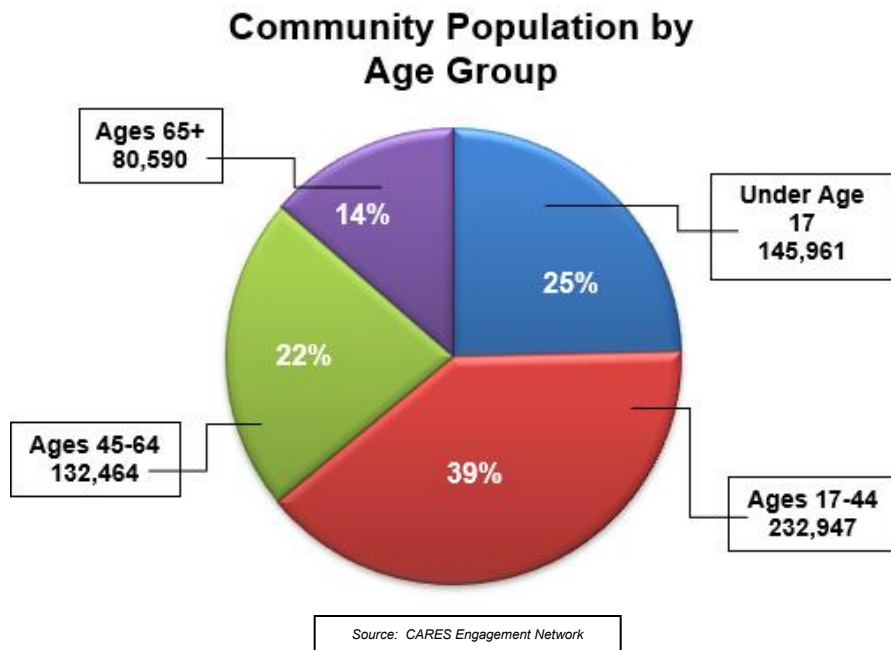
A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. In preparing the 2025 community health needs assessment, management determined that Washington Regional's community was best defined as Washington, Benton, Madison, and Carroll counties.

**Community Characteristics**

**Community Population and Demographics**

The community served by Washington Regional is a primarily urban area in Northwest Arkansas. According to the most recent U.S. Census Bureau estimates, approximately 592,000 people live in the community’s service area.

A major distinguishing feature of Washington Regional’s community is the age break down of this population. The following chart shows the breakdown of the community’s population by age group. Approximately 36% of the community’s population is over age 45, as compared to 42% in Arkansas and in the United States as a whole. Even though the community’s population over age 45 is not as high as compared to Arkansas or the United States, this age group makes up a large portion of the community’s population and consequently, Washington Regional could experience an increase in patient volume in the future as this age group tends to use more health services than any other. The aging population will have particularly strong effect on Encompass Health, since older individuals are more likely to require rehabilitation services. Demand for services such as hospice care, home health, and nursing home services is likely to increase. Careful consideration must be given to this issue, and steps should be taken to ensure that the health needs of the aging population are met.



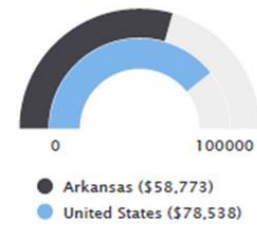
**Socioeconomic Characteristics of the Community**

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

Socioeconomically, the community served by Washington Regional is similar to many other parts of rural Arkansas. About 22% of the population age 25 and older has obtained a bachelor’s degree or higher, compared to about 21% of the U.S. and 16% of Arkansas, while about 11% of the population age 25 or older does not have a high school diploma, compared to about 11% in the country as a whole and in Arkansas. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

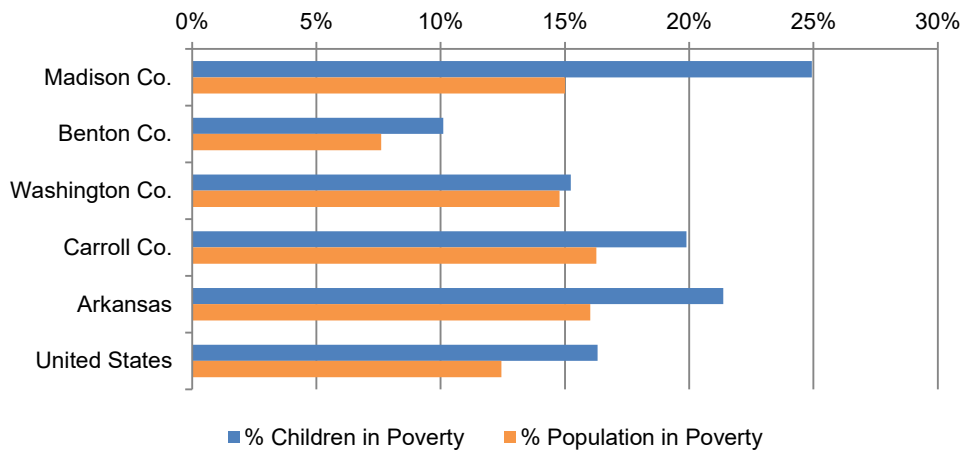
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in Washington Regional's community is \$66,345, compared to \$58,773 for the state of Arkansas and \$78,538 for the United States. Lower-than-average median household income suggests that many members of the community may have difficulty obtaining healthcare, especially preventive care. The chart below shows the percentage of the communities' population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

Median Household Income



Source: CARES Engagement Network

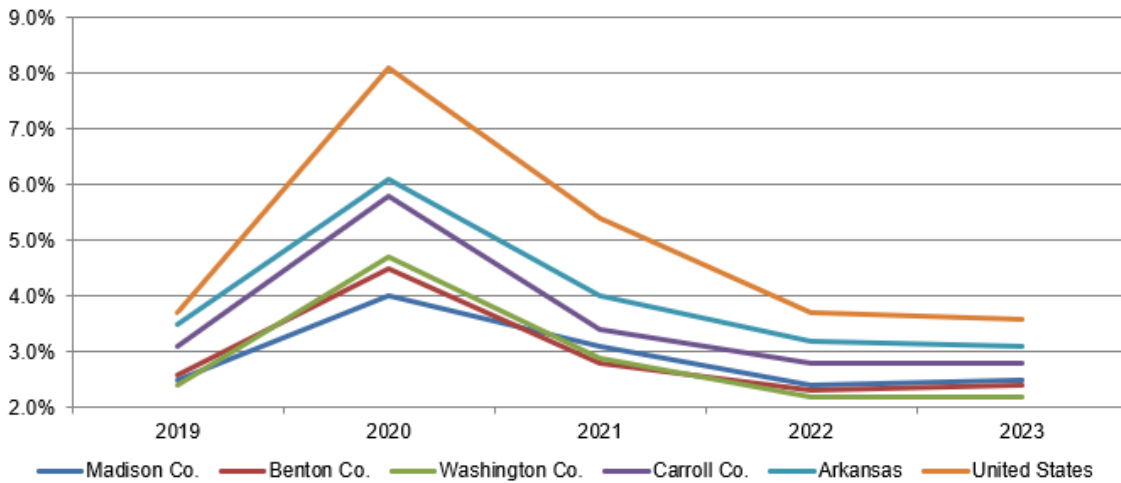
### Population in Poverty



Source: CARES Engagement Network

One socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The graph below reflects a spike in 2020 due to the impacts of the COVID-19 pandemic. Since then, the unemployment rate of the community has been decreasing and returned to pre-pandemic levels, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened and access to healthcare improved.

## Unemployment Rates, 2019–2023



Source: CARES Engagement Network

### Health Status of the Community

This section of the assessment reviews the health status of Benton, Carroll, Madison, and Washington county residents. As in the previous section, comparisons are provided with the state of Arkansas and the United States as a whole. This assessment of the various metrics of population health and well-being and community conditions will enable Washington Regional to identify and prioritize health issues related to the health status of its community’s residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to *Healthy People 2030*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate healthcare and medical services. Studies by the American Society of Internal Medicine conclude that up to 70% of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes.

Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living, and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

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

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

### ***Population Health and Well-Being and Community Conditions***

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

Counties in each of the 50 states are assigned a health group rank ranging from 1 to 10 according to summaries of a variety of health measures. Those having high health group ranks, e.g., 1 or 2, are considered to be the “healthiest in the United States” and those with a health group rank of 10 being the “least healthy in the United States.” Health group ranks are assigned based on the following summary measures:

- Population Health and Well-Being – health group rankings are based on an equal weighting of one length of life measure and four qualities of life measures.
- Community Conditions – health group rankings are based on weighted scores of three types of factors:
  - Health infrastructure (nine measures)
  - Physical environment (seven measures)
  - Social and economic factors (eight measures)

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

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

The following table from County Health Rankings summarizes the 2025 population health and well-being and community conditions metrics. Each measure is described, and measures where the community underperforms the state average are in red font and measures where the community underperforms the national benchmark are highlighted in yellow.

	Washington County		Madison County		Benton County		Carroll County		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank	Metric	Rank		
<b>Population Health and Well-Being</b>										
	4		6		3		5			
<b>Length of Life</b>										
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age adjusted)	8,100		10,700		6,900		10,700		11,400	8,400
<b>Quality of Life</b>										
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age adjusted)	5.0		5.6		4.5		5.1		5.2	3.9
<b>Low birth weight</b> – Percent of live births with low birth weight (<2,500 grams)	8%		7%		7%		8%		9%	8%
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age adjusted)	5.9		6.4		5.6		6.2		6.4	5.1
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age adjusted)	22%		25%		17%		23%		23%	17%
<b>Community Conditions</b>										
	4		6		3		7			
<b>Health Infrastructure</b>										
<b>Flu vaccinations</b> – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	51%		39%		52%		43%		46%	48%
<b>Access to exercise opportunities</b> – Percentage of population with adequate access to locations for physical activity	83%		49%		77%		54%		63%	84%
<b>Food environment index</b> – Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	7.3		6.3		7.7		7.0		4.4	7.4
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,250:1		3,390:1		1,680:1		1,500:1		1,480:1	1,330:1
<b>Mental health providers</b> – Ratio of population to mental health providers	230:1		740:1		400:1		1,110:1		370:1	300:1
<b>Dentists</b> – Ratio of population to dentists	1,590:1		2,910:1		2,280:1		3,590:1		2,040:1	1,360:1
<b>Preventable hospital stays</b> – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,036		1,447		2,149		1,668		3,014	2,666
<b>Mammography screening</b> – Percent of female Medicare enrollees age 65–74 that received an annual mammography screening	45%		33%		44%		37%		41%	44%
<b>Uninsured</b> – Percent of population under age 65 without health insurance	14%		10%		11%		14%		10%	10%
<b>Physical Environment</b>										
<b>Severe housing problems</b> – Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	16%		10%		11%		15%		13%	17%
<b>Driving alone to work</b> – Percentage of the workforce that drives alone to work	76%		79%		75%		71%		80%	70%
<b>Long commute - driving alone</b> – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	24%		53%		24%		26%		28%	37%
<b>Air pollution: particulate matter</b> – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.9		7.7		9.3		7.9		8.3	7.3
<b>Drinking water violations</b> – Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation	Yes		No		Yes		Yes			
<b>Broadband access</b> – Percentage of households with broadband internet connection	89%		89%		93%		86%		85%	90%
<b>Library access</b> – Library visits per person living within the library service area per year	2		6		3		6		2	2

	Washington County		Madison County		Benton County		Carroll County		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank	Metric	Rank		
<b>Social and Economic Factors</b>										
<b>Some college</b> – Percentage of adults ages 25–44 with some post-secondary education	64%		37%		67%		41%		59%	68%
<b>High school completion</b> – Percentage of adults ages 25 and over with a high school diploma or equivalent	87%		86%		91%		84%		89%	89%
<b>Unemployment</b> – Percentage of population ages 16 and older unemployed but seeking work	2.3%		2.6%		2.4%		2.9%		3.3%	3.6%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to income at the 20th percentile	4.5		4.0		4.0		4.9		4.8	4.9
<b>Children in poverty</b> – Percent of people under age 18 in poverty	14%		21%		9%		19%		20%	16%
<b>Injury deaths</b> – Number of deaths due to injury per 100,000 population	54		89		62		115		91	84
<b>Social associations</b> – Number of membership associations per 10,000 population	8.2		3.4		8.1		11.1		11.7	9.1
<b>Child care cost burden</b> – Child care costs for a household with two children as a percent of median household income	31%		29%		27%		31%		30%	28%

Above information shows that there are opportunities to take positive steps toward improving the community’s health, especially for Madison and Carroll counties. Rural status of Carroll and Madison counties could present additional access to healthcare challenges and should be considered in the health needs assessment.

### Healthcare Resources

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

### Hospitals and Health Centers

Washington Regional is licensed for 425 beds with 377 beds operational and is the largest hospital in the region. Encompass Health, located less than a mile from Washington Regional, has 80 beds and provides a wide range of physical rehabilitation services.

Because the community has many healthcare resources for residents to choose from, there are several other hospitals that receive a significant share of the community's patients. The chart below summarizes hospital services available to the residents of Washington Regional's community:

**Summary of Hospitals and Health Centers**

	Address	Facility Type	Miles from WRMC	Bed Size	Annual Discharges
Washington Regional Medical Center	3215 N. Northhills Blvd, Fayetteville, AR 72703	Short-term acute care	-	377	15,673
Northwest Medical Center – Springdale	609 West Maple, Springdale, AR 72764	Short-term acute care	6	331	13,541
Mercy Medical Center	2710 S. Rife Medical Lane, Rogers, AR 72758	Short-term acute care	17	236	17,557
Siloam Springs Regional Hospital	205 East Jefferson, Siloam Springs, AR 72761	Short-term acute care	25	44	1,534
Northwest Health Physicians' Specialty Hospital	3873 North Parkview Drive, Fayetteville, AR 72703	Short-term acute care	3	n/a*	n/a*
Northwest Medical Center – Bentonville	3000 Medical Center Pkwy, Bentonville, AR 72712	Short-term acute care	20	n/a*	n/a*
Willow Creek Women's Hospital	4301 Greathouse Springs Rd, Johnson, AR 72741	Short-term acute care	4	n/a*	n/a*
Encompass Health Rehabilitation Hospital	153 E. Monte Painter Drive, Fayetteville, AR 72703	Rehabilitation	1	80	1,930
Mercy Rehabilitation Hospital Northwest	4313 S. Pleasant Crossing Blvd, Rogers, AR 72758	Rehabilitation	15	36	965
Springwoods Behavioral Health	1955 Truckers Drive, Fayetteville, AR 72704	Psychiatric	3	80	2,290
Vantage Point of Northwest Arkansas	4253 Crossover Road, Fayetteville, AR 72703	Psychiatric	4	72	5,463
Arkansas Childrens Northwest	2601 Gene George Blvd, Springdale, AR 72762	Childrens	6	25	2,259
Mercy Hospital – Berryville	214 Carter Street, Berryville, AR 72616	Critical access	58	25	355
Ozarks Community Hospital	1101 Jackson St SW, Gravette, AR 72736	Critical access	42	25	353
Regency Hospital – Springdale	609 West Maple Avenue 6th Floor, Springdale, AR 72764	Long term	6	25	211
Eureka Springs Hospital	24 Norris Street, Eureka Springs, AR 72632	Rural emergency hospital	45	-	-

Source: Costreportdata.com

\*information is not separately reported for these hospitals and is included with Northwest Medical Center – Springdale information

Annual discharges data in the chart above reflects all payors, including Medicare and Medicaid.

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

**Northwest Medical Center – Springdale** – Located in Springdale, Arkansas, Northwest Medical Center – Springdale is approximately six miles north from Washington Regional. The hospital is an acute care facility offering a full range of inpatient and outpatient services. It is part of the Northwest Health system, which is part of Community Health Systems (CHS).

**Mercy Medical Center** – Located in Rogers, Arkansas, Mercy Medical Center is approximately 17 miles from Washington Regional. The hospital is an acute care facility offering a full range of inpatient and outpatient services. It is part of Mercy Health out of St. Louis.

**Siloam Springs Regional Hospital** – Located in Siloam Springs, Arkansas, Siloam Springs Regional Hospital is approximately 25 miles from Washington Regional. The hospital offers limited inpatient and outpatient services. It is part of the Northwest Health system, which is part of CHS.

**Northwest Health Physicians' Specialty Hospital** – Located in Fayetteville, Arkansas, Northwest Health Physicians' Specialty Hospital is approximately three miles from Washington Regional. It is a small hospital specializing in various surgical procedures. It is part of the Northwest Health system, which is part of CHS.

**Northwest Medical Center – Bentonville** – Located in Bentonville, Arkansas, Northwest Medical Center – Bentonville is approximately 20 miles from Washington Regional. The hospital is an acute care facility offering a full range of inpatient and outpatient services. It is part of the Northwest Health system, which is part of CHS.

**Willow Creek Women's Hospital** – Located in Johnson, Arkansas, Willow Creek Women's Hospital is approximately four miles from Washington Regional. It is a facility dedicated solely to women's health needs. It is part of the Northwest Health system, which is part of CHS.

**Encompass Health Rehabilitation Hospital** – Located in Fayetteville, Arkansas, Encompass Health is less than one mile from Washington Regional. It is a leading provider of rehabilitation for stroke, injury, Parkinson's disease, and other complex neurological and orthopedic conditions.

***Mercy Rehabilitation Hospital Northwest*** – Located in Rogers, Arkansas, Mercy Rehabilitation Hospital Northwest is approximately 15 miles from Washington Regional. It is an all-inclusive inpatient rehabilitation facility.

***Springwoods Behavioral Health*** – Located in Fayetteville, Arkansas, Springwoods Behavioral Health is approximately three miles from Washington Regional. It is a mental health facility that serves adolescents, adults, and seniors through both inpatient and outpatient treatment programs.

***Vantage Point of Northwest Arkansas*** – Located in Fayetteville, Arkansas, Vantage Point is approximately four miles from Washington Regional. It is a mental health facility with a full range of psychiatric and behavioral health services for children, adults, and seniors.

***Arkansas Children's Northwest*** – Located in Springdale, Arkansas, Arkansas Children's Northwest is approximately six miles from Washington Regional. It is a children's hospital offering pediatric medical services.

***Mercy Hospital – Berryville*** – Located in Berryville, Arkansas, Mercy Hospital – Berryville is approximately 58 miles from Washington Regional. It is a critical access hospital offering limited inpatient and outpatient services.

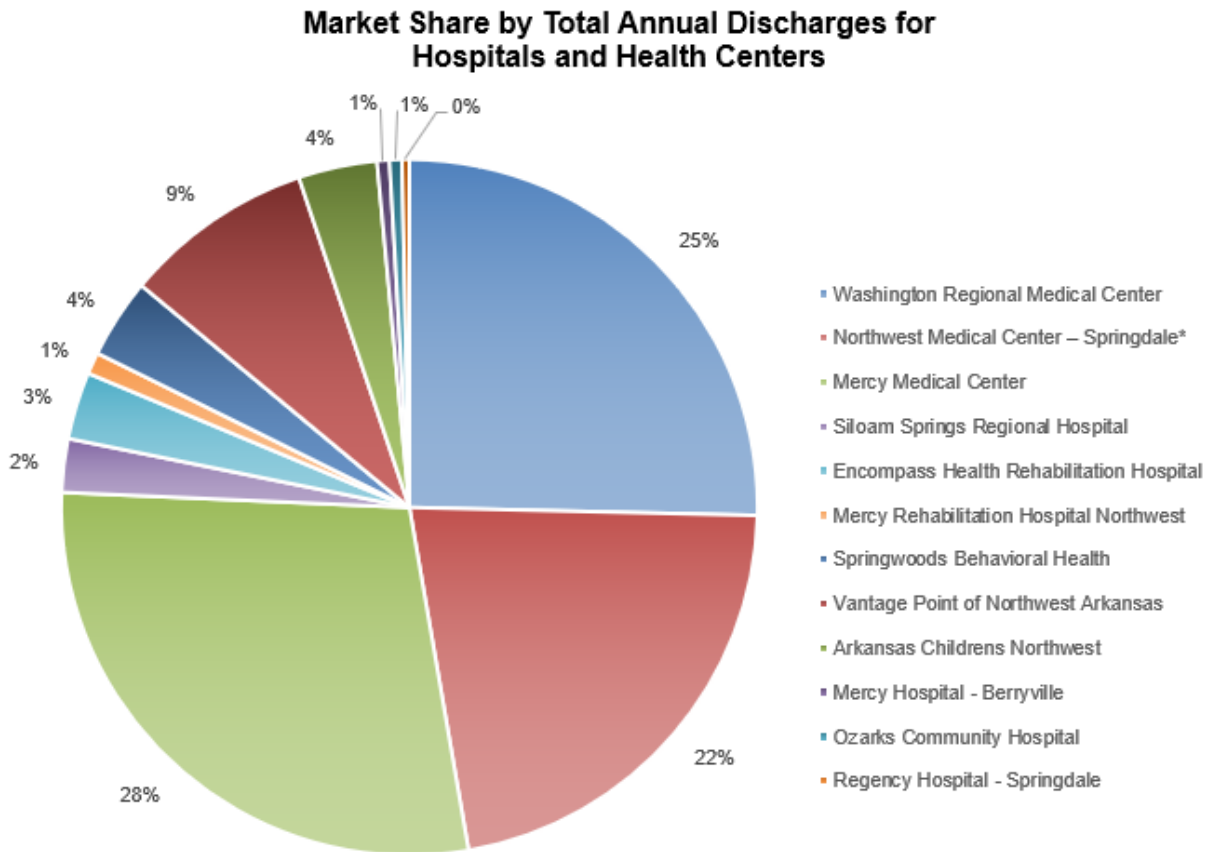
***Ozarks Community Hospital*** – Located in Gravette, Arkansas, Ozarks Community Hospital is approximately 42 miles from Washington Regional. It is a critical access hospital offering limited inpatient and outpatient services.

***Regency Hospital – Springdale*** – Located in Springdale, Arkansas, Regency Hospital – Springdale is approximately six miles from Washington Regional. It is a long-term acute care hospital specializing in treating patients with long-term critical illness.

***Eureka Springs Hospital*** – Located in Eureka Springs, Arkansas, Eureka Springs Hospital is approximately 45 miles from Washington Regional. It is a rural emergency hospital providing emergency and outpatient services.

### ***Washington Regional Market Share***

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of Washington Regional was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location, and accessibility of each competing facility. The following chart presents the discharge count of each hospital that is available to the residents of Washington Regional's community. This table presents an analysis of data for the most currently available year, showing the percentage of total discharges from each hospital. For 2024, Washington Regional maintained approximately 25% of all discharges from the hospitals that are available to the residents of the community, with Mercy Medical Center capturing about 28%, Northwest Medical Center around 22%, and Vantage Point of Northwest Arkansas around 9%. All other hospitals in the service area captured around 16% of the market share, all with less than 5% individually.



\* This also includes CHS facilities Northwest Medical Center – Bentonville, Northwest Health Physicians’ Specialty Hospital, and Willow Creek Women’s Hospital, for which information is not separately reported.

Source: Costreportdata.com

**Other Healthcare Facilities and Providers**

In addition to the hospitals above, Benton, Carroll, Madison, and Washington counties have several other resources for residents seeking healthcare, including the following:

**County Health Units** – Benton, Carroll, Madison, and Washington County Health Units exist to promote and protect the public’s health. The local health units provide services including Women, Infants and Children (WIC), family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care and cervical cytology follow-up, environmental services, home health, and personal care services.

**WelcomeHealth** – WelcomeHealth provides a number of health services at no cost to uninsured residents of Northwest Arkansas whose income is below 200% of the federal poverty line. It is staffed by volunteer medical professionals and funded by donations.

**Boston Mountain Rural Health Center** – Boston Mountain Rural Health Center (BMRHC) provides many services that include comprehensive primary care, women’s health, pediatrics, dental services, diabetes management, mental health, substance abuse counseling and it is a family provider. BMRHC also offers a discounted fee program for patients who qualify, if they are unable to pay for such healthcare services. BMRHC also offers translation services to help those with language barriers.

**Community Clinic** – With numerous clinic sites, Community Clinic provides services such as primary care, pediatrics, prenatal, behavioral health, dental, and physical therapy.

### **Graduate Medical Education and Level I Trauma Center Development**

The Northwest Arkansas Council and Heartland Whole Health Institute released “Northwest Arkansas Health Care Vision 2030: Continuing the Transformation,” a report conducted by Tripp Umbach, outlining progress and significant milestones achieved in the healthcare market in Northwest Arkansas, along with future goals for the region to ensure it meets the needs of the rapidly growing population. This report reflects a need for expanded regional workforce to meet healthcare needs of the growing region.

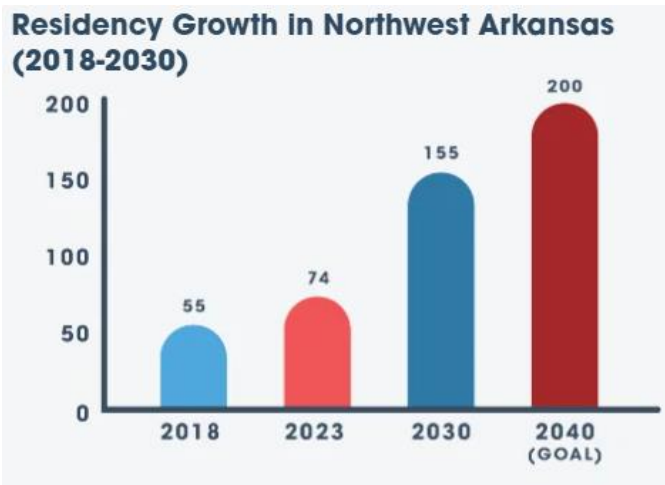
Below are the various points discussed in the above-mentioned report. Addressing the identified gap in graduate medical education (GME), the region made progress in adding new residency programs and established a plan to expand physician training programs more significantly by 2030. Per this report, Washington Regional working with the University of Arkansas for Medical Sciences (UAMS) took a significant step forward for the state and region when Washington Regional elected to undertake a geographic wage reclassification with the Center for Medicare and Medicaid Services that would allow it to adjust its federally subsidized residency cap. The Arkansas Legislative Council approved \$12.5 million in funding in 2020 to support Washington Regional’s effort and has committed to additional funding to expand residencies and fellowships across the state. This effort, once complete, will add 76 new residency positions at Washington Regional and keep more Arkansas medical graduates in the state for their postgraduate training. However, the state still ranks No. 49 in the nation for active physicians per 100,000 people and No. 37 for active primary care physicians, so much more work is needed. While the region is off to a good start, more work is needed to expand residency programs as more Arkansas medical students graduate each year than available residency spots. Increasing the number of residencies will help retain medical graduates in Northwest Arkansas, expand the local healthcare workforce, and prepare for the region’s population growth. Each residency position generates \$715k in economic impact annually. The Washington Regional program, once fully implemented, will generate over \$54M in annual economic impact to the state. Each new physician in the state will create, on average, 17.1 jobs and add \$2.4 million to the local economy.

Below chart reflects residency growth in Northwest Arkansas including projected growth.

**Residency Growth in Northwest Arkansas (2018-2030)**  
SOURCE: UAMS AND WASHINGTON REGIONAL

<b>PROGRAM</b>	<b>NUMBER OF RESIDENTS IN 2018</b>	<b>NUMBER OF RESIDENTS IN 2023</b>	<b>PROJECTED # OF RESIDENTS/ FELLOWS BY 2030</b>
<b>Family Medicine Residency</b> (Washington Regional/Northwest)	30	30	27
<b>Internal Medicine Residency</b> (Mercy/VA)	24	32	30
<b>Sports Medicine Fellowship</b>	1	2	4
<b>Internal Medicine Residency</b> (Washington Regional)	0	8	24
<b>Emergency Medicine Residency</b> (Washington Regional)	0	0	24
<b>Neurology Residency</b> (Washington Regional)	0	0	8
<b>Family Medicine Residency - Rural Program</b> (Washington Regional/Mercy Berryville)	0	2	12
<b>General Surgery Residency</b> (Washington Regional)	0	0	2
<b>Transitional Year Residency</b> (Washington Regional)	0	0	10
<b>Cardiovascular Disease Fellowship</b> (Washington Regional)	0	0	6
<b>Rheumatology Fellowship</b> (Washington Regional)	0	0	4
<b>Endocrinology Fellowship</b> (Washington Regional)	0	0	4
<b>TOTAL</b>	<b>55</b>	<b>74</b>	<b>155</b>

The chart below reflects the actual and projected residency growth through 2030 and its goal of 200 additional residency positions by 2040 in order to meet the increasing population growth and resulting healthcare needs.



The “Northwest Arkansas Health Care Vision 2030: Continuing the Transformation” report also highlights a growing need to support existing workforce development efforts (in addition to expanding GME) and create a robust pipeline for future healthcare professionals.

Another challenge highlighted in the report is the need for establishing a Level I trauma hospital in the region, as Northwest Arkansas anticipates a population growth of 1 million residents by 2050. A Level I trauma center is equipped to provide comprehensive emergency care for the most severe and life-threatening injuries, ensuring that residents have immediate access to specialized medical attention when needed. This capability is essential in a rapidly growing region, where increased population density often correlates with higher rates of accidents and emergencies. A Level I trauma hospital enhances public safety. It significantly improves health outcomes by offering advanced surgical and critical care services that can save lives and reduce trauma-related complications. Level I facilities attract top-tier medical professionals, fostering a robust healthcare workforce, and contributing to the local economy.

Washington Regional is the only Level II trauma center in the region. With secured partnerships and resources, the region will focus on program development and facility renovation to achieve Level I Trauma Center designation by 2030 led by Washington Regional and UAMS.

### Key Interviewees

Speaking with key interviewees (community stakeholders who represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the county health department directors from the counties of the community, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the ethnic minorities, low-income individuals, and the elderly.

### Methodology

Dialogues with 13 key interviewees were conducted in 2025. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

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

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

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

### ***Key Interview Results***

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

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

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

- Even though interviewees noted some improvements to the accessibility and affordability of healthcare in the last few years, several interviewees noted that there are parts of Washington, Madison, Carroll, and Benton counties where residents still have a harder time obtaining primary care, specialty care, dental, and mental care services as well as preventive care education. This is especially prevalent in the more rural parts of the counties that continue to have various barriers to obtaining healthcare, such as poverty, lack of transportation, a need for after-hours healthcare, and overall low health literacy.
- Access to specialty care, such as mental and behavioral health services, maternity care, endocrinology, neurology, rheumatology, gastroenterology, trauma, and others, were mentioned by the interviewees as a crucial need in the community especially for rural residents.
- Interviewees stated that affordable healthcare continues to be a significant issue in the community due to lack of insurance, large deductibles, and cuts to Medicare and Medicaid.
- Minorities and low-income individuals continue to have significant barriers to obtaining healthcare in the community due to various factors including lack of transportation, language, and cultural barriers. These individuals also struggle with homelessness, food insecurity, and with lack of affordable housing.
- Other issues that were mentioned as negatively impacting health and quality of life in the community included declining mental health, substance abuse, obesity, diabetes, cardiovascular disease, and lack of health literacy.

- Many of the interviewees expressed a concern with the rapid population growth in the region. Communication and collaboration among community partners was discussed as vital in order to accommodate growth for healthcare infrastructure and to address the continued increase in demand for health services.

## **Evaluation of Response to 2022 CHNA**

Washington Regional prepared an implementation strategy in response to the needs identified in its 2022 needs assessment. A listing of those needs, along with the steps taken by Washington Regional to address them, follows.

### **1. Access to Affordable Healthcare**

Washington Regional supported access to affordable healthcare for individuals who were uninsured or underinsured and provided support to those patients by:

- Washington Regional maintained an executive level position that was created to oversee practice transformation initiatives, ensuring its patients receive ongoing care coordination after they leave the hospital.
- Washington Regional continued to offer financial assistance for uninsured and underinsured individuals who needed services determined to be medically necessary, non-elective, emergent and urgent, while the Public Benefits Department remained available to assist individuals who needed help with the Medicaid application process.
- From 2023 to 2025, Washington Regional participated in the Primary Care First (PCF) program, which provided additional resources from Medicare to enhance the experience of primary care patients. As the PCF program neared conclusion in 2025, Washington Regional began to participate in a new program offered by Medicare called Advanced Primary Care Management.
- Washington Regional provided financial support to organizations that offer community health services to patients who are uninsured or underinsured. In 2023, Washington Regional supported the Washington County Department of Health, Washington County Crisis Stabilization Unit and WelcomeHealth. In 2024 and 2025, Washington Regional supported both the Washington County Health Department and WelcomeHealth.
- The Washington Regional J.B. Hunt Transport Services Cancer Support Home continued to offer services at no cost to those on a cancer journey, regardless of whether clients were patients of Washington Regional or another healthcare system. Services included overnight lodging, navigation, wigs and mastectomy products, and financial assistance.

### **2. Access to Primary Care With Whole Person Focus**

Washington Regional continued to improve access to primary care in the communities it serves while coordinating closely with primary care providers to promote excellence throughout the entire continuum of care.

- Washington Regional added 15 new primary care physicians and advanced practice providers between 2023 and 2025 to support the increased demand for primary care services in its region.
- Washington Regional maintained an executive-level position to oversee practice transformation initiatives and an executive-level position that provides oversight of clinics/physicians.
- Care managers/coordinators in primary care clinics continued to monitor and encourage patients to take their medicines as prescribed, follow recommended treatment plans, and take advantage of preventive care benefits, including wellness visits, labs, colonoscopies, and mammograms.

- In 2023 and 2024, Washington Regional participated in the PCF program, which provided additional resources from Medicare to enhance the experience of primary care patients. As the PCF program neared conclusion in 2025, Washington Regional began to participate in a new program offered by Medicare called Advanced Primary Care Management.
- The Washington Regional Women and Infants Center continued to provide space for Northwest Arkansas' two leading OB/GYN clinics, HerHealth Clinic and Parkhill Clinic for Women, where numerous women in the region receive their primary care.
- As many area residents utilize urgent care centers for primary-care-related services, Washington Regional continued to offer urgent care services in Fayetteville, Springdale, Rogers, Bentonville, and Harrison and opened a new location in Mountain Home in 2025.
- Washington Regional's Senior Support in Action program, formerly called Faith in Action, provided volunteer-based services at no cost to homebound adults over the age of 60 who no longer drive. Services include in-home visits, phone calls, assistance in securing groceries and needed household supplies, and transportation to medical appointments.
- Pace of the Ozarks continued to provide healthcare and social services to older adults in Northwest Arkansas. PACE, which stands for Program of All-Inclusive Care for Elders, has been serving patients since 2019 and is a Medicare benefit designed to support seniors who need nursing care but wish to live at home. PACE helps seniors remain independent by providing Medicare-covered items and services, Medicaid services and other necessary services including transportation and a day center.
- Washington Regional continued to make information about primary care clinics, clinic locations services and relevant health topics available on its website and social media platforms, on television with KNWA's *Your Health* segment and in the Northwest Arkansas Democrat Gazette's *Our Health* publication.
- Between 2023 and 2025, the UAMS/Washington Regional Internal Medicine Residency Program welcomed three classes of eight residents each. The internal medicine residency program is the first to be accredited as part of a joint Graduate Medical Education (GME) program that UAMS and Washington Regional announced in 2021.

### 3. Access to Specialty Care in Northwest Arkansas

Washington Regional continued to offer access to highly specialized care unique in the market, such as neuroscience care, cardiac care, trauma services, women and infants care, and continued to expand the programs as necessary to meet community needs.

- Specialty Clinic/Physician Oversight
  - Washington Regional maintained an executive-level position created to provide oversight of clinics and physicians.
- Neurosciences

Washington Regional, the neuroscience leader in Northwest Arkansas, invested in neuroscience services by doing the following:

- Washington Regional J.B. Hunt Transport Services Neuroscience Institute providers continued to deliver expertise to the NWA community in the following specialties: neurosurgery, general neurology, vascular neurology, interventional neuroradiology, interventional pain management, conservative spine care and physical therapy.
- To support the increased demand for neuroscience services, Washington Regional added 11 providers (two physicians and nine advanced practice providers) who specialize in general neurology, neurosurgery, and stroke.

- In 2024, the Washington Regional Spine Program achieved The Joint Commission's Gold Seal of Approval for Advanced Certification in Spine Surgery and in 2025 once again earned Blue Distinction Center+ designation for Spine Surgery from Blue Cross and Blue Shield for quality and cost efficiency.
- Washington Regional's Stroke Program continued to provide 24/7/365 in-person coverage. In 2024, Washington Regional earned recertification as the region's only designated Comprehensive Stroke Center by The Joint Commission and the American Heart Association/American Stroke Association. Washington Regional continued to serve as a hub in the IDHI Stroke Program (formerly, AR SAVES), a partnership between Washington Regional, the University of Arkansas for Medical Sciences Center for Distance Health, and Department of Health and the Department of Human Services. Stroke program staff members provided stroke education via social media and at community events and local businesses.
- Washington Regional continued to operate Northwest Arkansas' only neurosurgical intensive care unit. The 20-bed unit opened in 2018 and serves patients recovering from surgery due to spinal cord injury, brain injury, neurological illness, and stroke.
- Washington Regional continued to provide financial support and collaborate with the American Heart Association to educate the public about cardiovascular and cerebrovascular health, including offering virtual lunch and learns.
- Washington Regional provided education about cerebrovascular disease, including stroke, to the community via TV with the Your Health morning news segments, through Our Health, the local newspaper's monthly health publication, and Washington Regional's social media platforms.

- Cardiac Care

As the leader in cardiovascular services in Northwest Arkansas, the Washington Regional Walker Heart Institute continued to provide 24/7 cardiovascular and cardiovascular & thoracic surgery coverage to the community:

- To meet community demand for cardiovascular services, Washington Regional added nine cardiovascular providers (two physicians and seven advanced practice providers) to the Walker Heart Institute.
  - Washington Regional Walker Heart Institute continued to offer innovative procedures such as transcatheter aortic valve replacement, transcarotid artery revascularization and WATCHMAN Implant. Between 2023 and 2025, Walker Heart Institute also introduced new technology and procedures including MitraClip mitral valve repair, robotically assisted mitral valve surgery, left bundle branch area pacing, the FX+ transcatheter aortic valve replacement system, the WATCHMAN FLX Pro, the Impella RP Flex, and the first concomitant atrial fibrillation ablation.
  - Washington Regional continued its longtime financial support and collaboration with the American Heart Association to educate the public about cardiovascular and cerebrovascular health including offering virtual lunch and learns.
  - Washington Regional provided education about cardiovascular disease and prevention on TV with the Your Health morning news segments and through Our Health, the local newspaper's monthly health publication.
- Trauma Services
    - Washington Regional maintained its status as the only Arkansas Department of Health designated Level II Trauma Center in Northwest Arkansas, offering the highest level of trauma care in the region. The Trauma Center earned redesignation in 2025.

- Washington Regional hired a medical director for the Trauma Center as it works toward Level I designation. Additionally, an advanced practice provider was hired to support trauma surgeons and an otolaryngologist dedicated to treating ear, nose and throat traumas was hired.
  - Trauma education on topics such as fall prevention, drowning prevention, hypothermia and frostbite prevention, fireworks safety, biking safety, proper car seat installation, stop the bleed training, and the importance of hydration and staying safe in hot weather were provided to the community and shared via Washington Regional social media platforms.
- Women and Infant Care

Washington Regional continued to provide women and infant services to the region regardless of ability to pay and was the only hospital in Arkansas to be recognized as a Best Hospital for Maternity Care by U.S. News and World Report.

- Between 2023-2025, Washington Regional welcomed five obstetric hospitalists who care for laboring patients until their regular OB/GYN arrives and when their regular OB/GYN cannot be present. They also care for laboring patients who do not have an OB/GYN.
- Washington Regional continued to provide convenient space in the Women and Infants Center for Northwest Arkansas' two leading OB/GYN clinics, HerHealth Clinic and Parkhill Clinic for Women, where many women in the region receive care. One obstetrician/gynecologist joined Washington Regional's HerHealth Clinic in 2025.
- Washington Regional continued to provide pregnant women with low intervention services, various pain management options and lactation services.
- Washington Regional, in partnership with the University of Arkansas for Medical Sciences, continued to offer maternal fetal medicine services to women with high-risk pregnancies at a clinic located inside of the Women and Infants Center.
- Washington Regional maintained its Level III-A Neonatal Intensive Care Unit status, which allowed it to care for the most fragile newborns in the region. Three providers were added to the NICU team between 2023-2025.
- To benefit the parents and families with children in the hospital, Washington Regional continued to provide space for the region's only Ronald McDonald House.
- Washington Regional, through its Women and Infants Center, continued to provide childbirth and breastfeeding education.
- Washington Regional's Infant Nutrition Lab continued to store and fortify mothers' breast milk.
- Washington Regional continued to serve as a depot for the Oklahoma Mothers' Milk Bank, which allowed nursing women in the region to donate their extra breast milk at the hospital, where the milk was stored until collected by the milk bank.
- Washington Regional continued to provide a social worker/care navigator for high-risk NICU and L&D populations.

- Specialty Care for Rural Communities

Washington Regional coordinated with Washington Regional clinics, independent clinics, and other systems to provide access to specialty care in rural communities:

- Washington Regional offered telehealth services, including telephone and video visits, to patients in rural areas with limited transportation opportunities, improving access to medically vulnerable populations. In addition to primary care, telehealth services were offered in almost every service line and specialty, including cardiology and cardiovascular diseases, nephrology, general surgery, urology, women's health, neurology, endocrinology, and rheumatology. Washington Regional Cancer Support Home navigation services also continued to be available through telehealth options to those in rural communities who were impacted by cancer.
- Washington Regional offered in-person cardiology, general surgery, urology, and diabetes education outreach services in rural communities for those patients who were unable or unwilling to travel for care.
- Washington Regional continued to serve as a hub in the IDHI Stroke Program (formerly AR SAVES), providing acute stroke neurology consultation to rural hospitals.
- Washington Regional and the American Heart Association partnered to deliver blood pressure cuffs to Washington Regional primary care clinics. The cuffs were made available to patients who were newly diagnosed with high blood pressure and had a need for education and a cuff for monitoring.

#### 4. Community Health and Wellness Education

Washington Regional promoted well-being in the community through education and other wellness activities including:

- Washington Regional continued to support an executive-level position to lead population health initiatives for patients receiving care throughout the Washington Regional system.
- Washington Regional, through its partnerships and affiliations with local healthcare programs, continued to support collaborative professional allied health programs and pre-professional programs.
- The Women and Infants Center at Washington Regional provided childbirth and breastfeeding education to community members.
- Staff representing Washington Regional's Stroke Program provided stroke education throughout the year to the community via social media, at community events, and local businesses.
- Trauma education, including stop-the-bleed, fall prevention, drowning prevention, distracted driving, frostbite and heat-related illness, biking safety, and proper car seat installation was provided to the community.
- Washington Regional's American Heart Association (AHA) Training Center continued to provide Basic Life Support (BLS), Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and HeartSaver CPR/First aid instruction for internal staff members and community members.
- Through the Washington Regional J.B. Hunt Transport Services Cancer Support Home, health education, screenings, support groups, counseling, overnight lodging, wigs, and prosthetics were offered at no cost to individuals on a cancer journey. These services were available to patients regardless of where they received care.
- Washington Regional provided education and wellness tips on its social media platforms and website, on KNWA during the *Your Health* morning news segments and through publications such as *Our Health*, the local newspaper's monthly health publication.

## 5. Medical Education and Graduate Medical Education

- The UAMS/Washington Regional Graduate Medical Education Program, announced in 2021, gained approval for three residency programs between 2023 and 2025.
- The first residency program to be accredited as part of the new GME program, the UAMS/Washington Regional Internal Medicine Residency Program, welcomed classes of eight residents in 2023, 2024, and 2025.
- In 2025, the Emergency Medicine and Neurology residency programs received accreditation from the Accreditation Council for Graduate Medical Education (ACGME). The initial two neurology residents and six emergency medicine residents will begin in July 2026. When full, the four-year neurology program will have a total of eight residents, and the three-year emergency medicine program will have a total of 18 residents.

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

### Identification and Prioritization of Health Needs

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

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

1. Access to affordable healthcare
2. Access to primary care with emphasis on preventive care
3. Access to specialty care
4. Investment in building a sustainable healthcare workforce for the future

Washington Regional will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on Washington Regional's website. Public comments on this assessment may be directed to Washington Regional's management at 3215 N. Northhills Blvd., Fayetteville, AR 72703.

## **APPENDICES**

## **KEY INTERVIEW PROTOCOL**

## Washington Regional Medical Center Community Health Needs Assessment Questionnaire

### KEY INFORMANT INTERVIEW

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

County: \_\_\_\_\_ # of years living in county: \_\_\_\_\_

# of years in current position: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Washington Regional Medical Center is gathering data as part of a plan to improve the health of individuals in Washington, Benton, Madison, and Carroll counties. As community input is essential to this process, a combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, specific details obtained from individual interviews will be kept strictly confidential.

Thank you for taking time out of your busy day to answer these questions.

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

Next, we ask that you answer a series of questions about health and quality of life in your service area (\_\_\_\_\_ county/counties).

**Questions:**

1. In general, how would you rate the health of your community?
  
2. In your opinion, has health in your community improved, stayed status quo, or declined over the past three years?
  - a. If you believe health in your community has remained the same or declined over the last three years, what are the most significant factors/barriers that have contributed to the decline or lack of improvement?
  
  - b. If you believe the health in your community has improved in the last three years, what factors have contributed to improvement?
  
3. Are there people or groups of people in your community whose health is not as good as others? Who are these persons or groups, and why do you believe their health is not as good as others?
  
4. In your opinion, what are the most significant community health problems affecting the ability of your community to be/remain healthy? How can these issues be addressed?
  
5. Is there anything you would like to add?

Thank you for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and wellness in your community.

## **SOURCES**

## Sources

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

County Health Rankings & Roadmaps,  
<[www.countyhealthrankings.org](http://www.countyhealthrankings.org)>

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

HealthyPeople 2030,  
<<https://odphp.health.gov/healthypeople>>

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

Northwest Arkansas Vision 2030 Report,  
<<https://nwacouncil.org/2024/11/13/roadmap-for-health-care-transformation-vision-2030/>>