



Washington Regional
Medical Center



Community Health
Needs Assessment
2019

Contents

Introduction	1
About Community Health Needs Assessments	1
Acknowledgments	2
Summary of Community Health Needs Assessment Process.....	2
Community Served by Washington Regional.....	3
Defined Community.....	3
Community Characteristics.....	3
Community Population and Demographics	3
Socioeconomic Characteristics of the Community.....	4
Health Status of the Community.....	6
Health Outcomes and Factors	8
Health Care Resources	10
Hospitals and Health Centers.....	11
Washington Regional Market Share	12
Other Health Care Facilities and Providers	13
Key Interviewees	13
Methodology	14
Key Interview Results	14
Evaluation of Response to 2016 CHNA.....	15
Identification and Prioritization of Health Needs	18
Appendices	
Key Interview Protocol.....	19
Sources	21

Introduction

Washington Regional Medical Center (Washington Regional) is a not-for-profit organization located in Fayetteville, Arkansas. A local board of directors comprised of 10 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 community 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 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 initial community health needs assessment completed in 2016.
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key 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 second cycle of community health needs assessments 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 **BKD, LLP** to assist in conducting a formal community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,700 partners and employees in 40 offices in 18 states. BKD serves approximately 4,000 health care entities across the county. The community health needs assessment was conducted from July 2019 through October 2019.

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 2016 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 2016 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 the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement were noted.
- An inventory of health care facilities and resources was prepared and evaluated for unmet needs.
- Community input was provided through interviews of eleven 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. Information gaps identified during the prioritization process 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 south of Springfield, Missouri, and two hours east of Tulsa, Oklahoma, and is accessible by interstate highways.

Defined Community

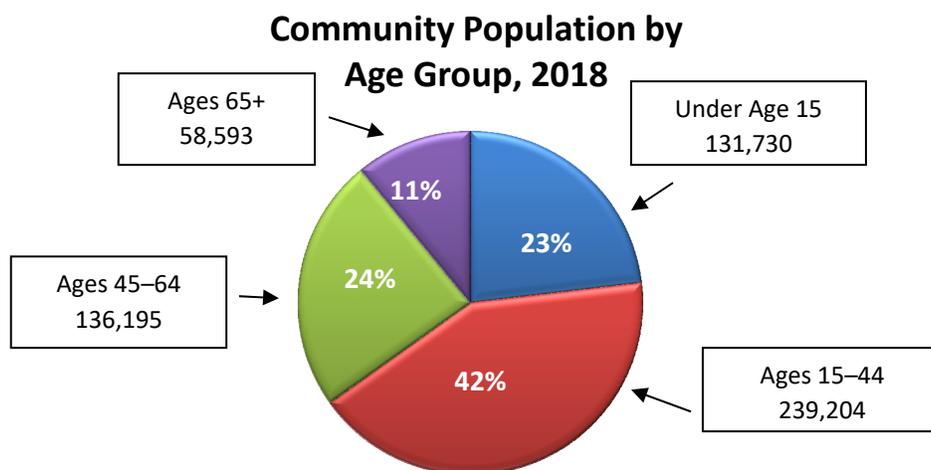
A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. In preparing the 2019 community health needs assessment, management determined that Washington Regional’s community was best defined as Washington, Benton and Madison Counties.

Community Characteristics

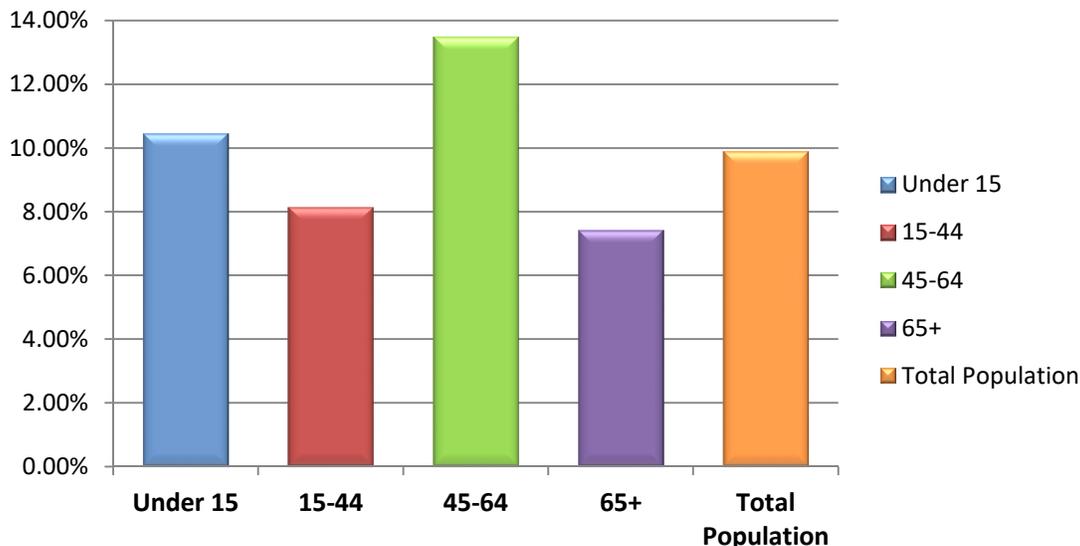
Community Population and Demographics

The community served by Washington Regional is a primarily urban area in northwest Arkansas. According to 2018 projections based on the most recent U.S. Census Bureau estimates, about 566,000 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. The population aged 45 and older is projected to increase more than the population as a whole. Because older people tend to require more medical services, Washington Regional needs to prepare for a greater volume of patients. 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 considerably. Careful consideration must be given to this issue, and steps should be taken to ensure that the health needs of the aging population are met.



Projected Change in Population by Age Group, 2018–2020



Socioeconomic Characteristics of the Community

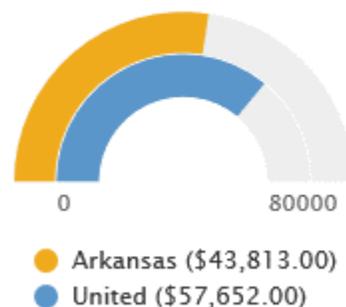
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly to the health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

Socioeconomically, the community served by Washington Regional is similar to many other parts of rural Arkansas. About 31% of the population age 25 and older has obtained a bachelor’s degree or higher, compared to about 31% of the U.S., while about 14% of the population age 25 or older does not have a high school diploma, compared to about 13% in the country as a whole (“CARES Engagement”). 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.

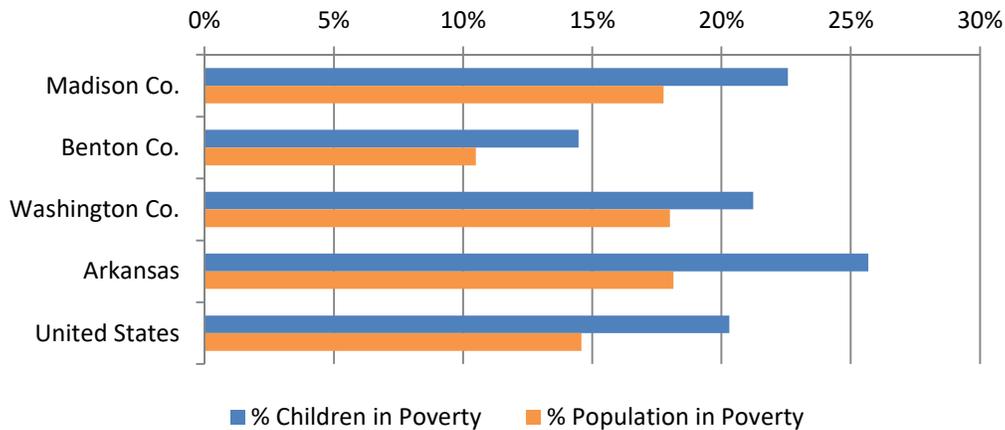
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in Washington Regional’s community is \$50,539, compared to \$43,813 for the state of Arkansas and \$57,652 for the United States. Lower than average median household income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. The chart below shows the percentage of the communities’ population living below the federal poverty line, 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

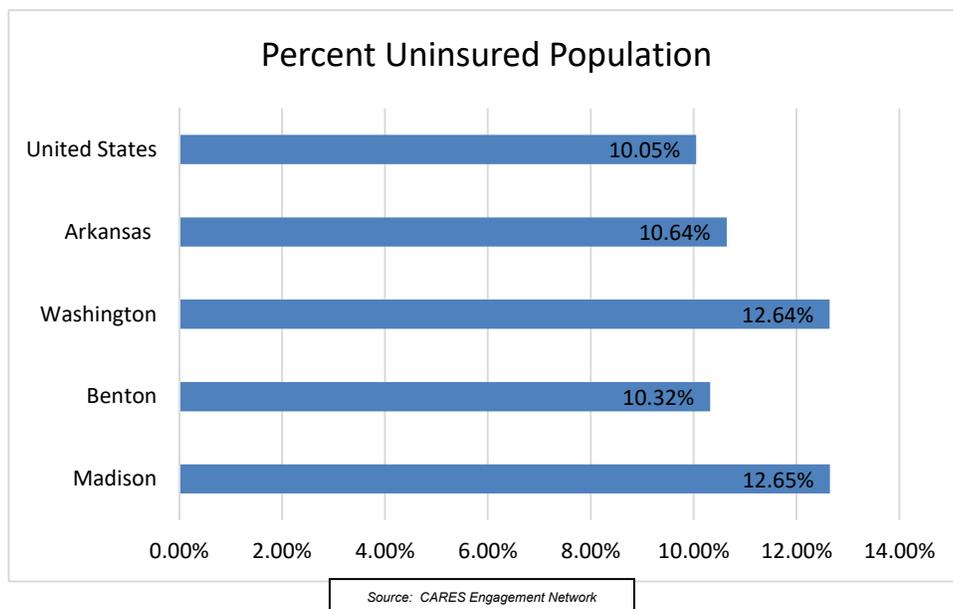


Population in Poverty



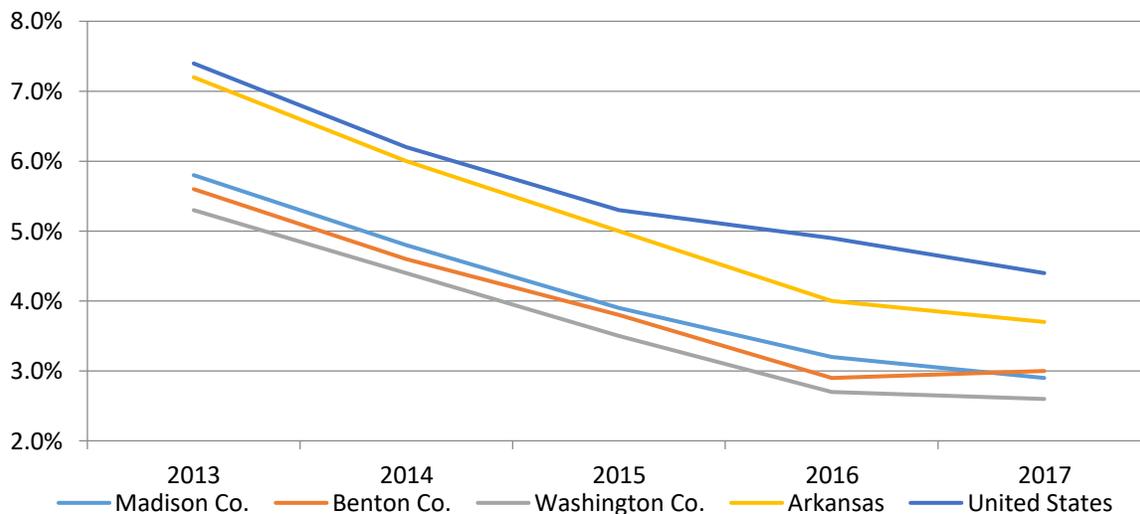
Source: CARES Engagement Network

Some socioeconomic measures in the community have improved significantly since the publication of the 2016 community health needs assessment. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program, initially known as the Arkansas Private Option and more recently termed Arkansas Works that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of Washington Regional. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined.



Source: CARES Engagement Network

Unemployment Rates, 2013–2017



Source: CARES Engagement Network

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

Health Status of the Community

This section of the assessment reviews the health status of Benton, 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 in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable 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 2020*, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work and play, is profoundly affected by the collective behaviors, attitudes and beliefs of everyone who lives in the community. Healthy people are among a community’s most essential resources.

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

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

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

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

Health Outcomes and Factors

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

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, *e.g.*, 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
 - Health behaviors (nine measures)
 - Clinical care (seven measures)
 - Social and economic (seven measures)
 - Physical environment (four measures)

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org). As part of the analysis of the needs assessment for the community, the 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 2019 health outcomes and factors for the community. Each measure is described, and measures where the community underperforms the state average are highlighted in red and measures where the community underperforms the national benchmark are highlighted in yellow.

Health Outcome/Factor	Benton County		Madison County		Washington County		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank		
Health Outcomes		1		47		2		
Length of Life		1		66		2		
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,300		12,300		7,100		9,500	5,400
Quality of Life		5		21		4		
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%		23%		20%		24%	12%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.4		5.0		4.1		5.0	3.0
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	4.4		5.1		4.3		5.2	3.1
Low birth weight – Percent of live births with low birth weight (<2,500 grams)	7%		6%		8%		9%	6%
Health Factors		1		42		5		
Health Behaviors		1		49		14		
Adult smoking – Percent of adults who are current smokers	18%		22%		21%		24%	14%
Adult obesity – Percent of adults (age 20 and older) that reports a BMI greater than or equal to 30	32%		36%		31%		35%	26%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	8.3		7.1		7.6		5.4	8.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	25%		33%		25%		31%	19%
Access to exercise opportunities – Percent population with adequate access to locations for physical activity	76%		48%		87%		65%	91%
Excessive drinking – Percent of adults that report binge or heavy drinking	17%		15%		18%		16%	13%
Alcohol-impaired driving deaths – Percent of driving deaths with alcohol involvement	21%		28%		30%		26%	13%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100K	300		228.3		614.3		562	152.8
Teen birth rate – Number of births per 1,000 female population ages 15–19	30		52		30		41	14
Clinical Care		6		63		10		
Uninsured – Percent of population under age 65 without health insurance	10%		13%		12%		9%	6%
Primary care physicians – Ratio of population to primary care physicians	1,690:1		5,360:1		1,220:1		1,500:1	1,050:1
Dentists – Ratio of population to dentists	2,440:1		5,450:1		1,610:1		2,180:1	1,260:1
Mental health providers – Ratio of population to mental health providers	460:1		740:1		280:1		460:1	310:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3355		3740		3935		5075	2765
Mammography screening – Percent of female Medicare enrollees age 65–74 that received an annual mammography screening	43%		32%		41%		35%	49%
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	49%		41%		46%		44%	52%

Health Outcome/Factor	Benton County		Madison County		Washington County		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank		
Social and Economic Factors								
		2		23		4		
High school graduation – Percent of ninth grade cohort that graduates in 4 years	90%		88%		87%		88%	96%
Some college – Percent of adults ages 25–44 years with some post-secondary education	61%		39%		61%		57%	73%
Unemployment – Percent of population ages 16 and older unemployed but seeking work	3%		3%		3%		4%	3%
Children in poverty – Percent of children under age 18 in poverty	12%		25%		17%		23%	11%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th	4.1		4.5		4.7		4.8	3.7
Children in single-parent households – Percent of children that live in a household headed by a single parent	23%		22%		29%		36%	20%
Social associations – Number of membership associations per 10,000 population	8.4		7.5		9.1		12.1	21.9
Violent crime – Number of reported violent crime offenses per 100,000 population	275		188		455		516	63
Injury deaths – Number of deaths due to injury per 100,000 population	61		104		54		81	57
Physical Environment								
		54		23		21		
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.4		9.2		9.9		10	6.1
Severe housing problems – Percent of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing	11%		13%		17%		15%	9%
Driving alone to work – Percent of the workforce that drives alone to work	85%		80%		80%		83%	72%
Long commute driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	21%		53%		27%		26%	15%

Based on this data, it is apparent that the community of counties has room for improvement. Clinical care is the most urgent area, which includes the following areas needing the most improvement:

- Uninsured population – percent of population under age 65 without health insurance
- Primary care physicians – ratio of population to primary care physicians
- Dentists – ratio of population to dentists

Madison County is the rural county of the community and reflects numerous areas that need improvement besides the areas mentioned above that all three counties in the community share, such as premature deaths, adult obesity, physical inactivity, access to exercise opportunities, alcohol-impaired driving deaths, high teen birth rate, access to mental health providers, low mammography screening rates, low flu vaccination rates, lower education levels, higher percentages of children in poverty, and high rates of injury deaths.

Health Care Resources

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

Hospitals and Health Centers

Washington Regional is licensed for 425 beds with 320 beds operational and is one of the largest hospitals in Washington County. Approximately 37% of all discharges originating from the community are from Washington Regional. Encompass Health, located about a mile from Washington Regional, has 80 beds and provides a wide range of physical rehabilitation services. Approximately 6% of all discharges originating from the community are from Encompass Health.

Because the community has many health care 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 County:

Summary of Acute Care Hospitals

		Facility Type	Miles from WRMC	Bed Size	Annual Discharges
Washington Regional Medical Center	3215 N. Hills Blvd, Fayetteville, AR 72703	Short-term acute care	-	320	16,340
Encompass Health Rehabilitation Hospital	153 E. Monte Painter Drive, Fayetteville, AR 72703	Rehabilitation	1	80	1,633
Physicians' Specialty Hospital	3873 North Parkview Drive, Fayetteville, AR 72703	Short-term acute care	3	20	1,319
Northwest Medical Center – Springdale	609 West Maple, Springdale, AR 72764	Short-term acute care	5	275	11,582
Mercy Medical Center	2710 Rife Medical Lane, Rogers, AR 72758	Short-term acute care	18	206	13,180
Springwoods Behavioral Health	1955 Truckers Drive, Fayetteville, AR 72704	Psychiatric	3	80	2,261
Vantage Point of Northwest Arkansas	4253 Crossover Road, Fayetteville, AR 72703	Psychiatric	4	70	2,479

Source: Costreportdata.com

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

Physicians' Specialty Hospital – Located in Fayetteville, Arkansas, Physicians' Specialty Hospital is approximately three miles from Washington Regional. It is a small physician-owned hospital specializing in various surgical procedures.

Northwest Medical Center – Springdale – Located in Springdale, Arkansas, Northwest Medical Center is approximately five miles north from Washington Regional. It is an acute care facility offering a full range of services.

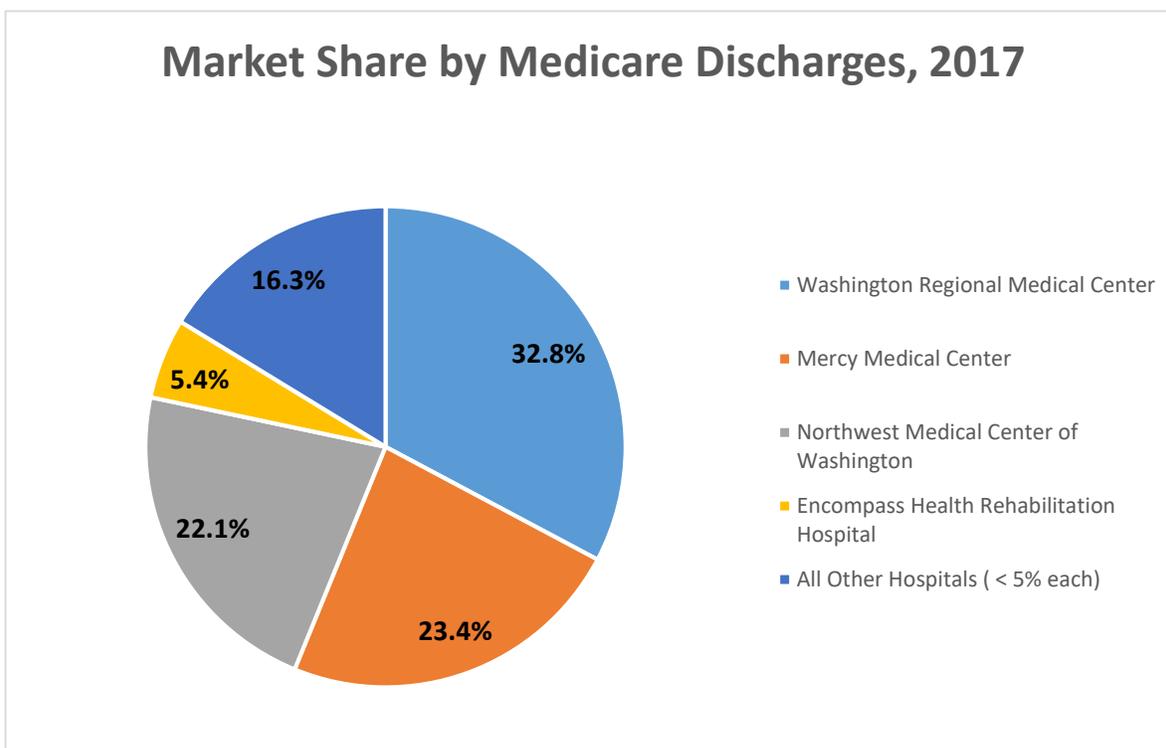
Mercy Medical Center – Located in Rogers, Arkansas, Mercy Medical Center is approximately 18 miles from Washington Regional. It is a general medical and surgical hospital offering a wide range of inpatient and outpatient services.

Springwoods Behavioral Health – Located in Fayetteville, Arkansas, Springwoods 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.

Washington Regional Market Share

The market share of a hospital relative to that of its competitors may be based largely 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 chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total Medicare discharges from each hospital. This information provides an idea of summary market share as well as the outmigration of patients from the community. For 2017, Washington Regional maintained approximately 33% of all discharges from the community, with Northwest Medical Center capturing about 22%, Encompass Health capturing around 5%, and Mercy Medical Center capturing around 23%. The remaining 16% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.



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

Other Health Care Facilities and Providers

In addition to the hospitals above, Benton, Madison and Washington Counties have several other resources for residents seeking health care, including the following:

Washington County Health Unit – Washington County Health Unit exists 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.

Welcome Health – Welcome Health 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. Welcome Health has expanded in the last five years, but hours are still limited and the patients it serves are only a fraction of those needing its services.

Benton County Health Unit – Benton County Health Unit is available to the public to educate, promote and protect the public’s health. The health unit provides multiple services including environmental health, family planning, STD counseling and testing, immunizations, public health preparedness, vital records, women’s health, and Women, Infants and Children (WIC).

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 they are a family provider. BMRHC also offer a discounted fee program for patients that qualify, if they are unable to pay for such health care services. Unlike many health care providers, BMRHC also offers translation services for 36 languages to help those with language barriers.

Community Clinic – Community Clinic serves Washington and Benton counties with quality and affordable health care. With 13 clinic sites, Community Clinic provides services such as primary care, pediatrics, prenatal, behavioral health, dental and physical therapy.

Key Interviewees

Speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county’s health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the 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 or the elderly.

Methodology

Dialogues with 11 key interviewees were conducted in 2019. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

All interviews were conducted by Washington Regional and BKD personnel 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 health care issues or services discussed and actions necessary for addressing those issues

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

Key Interview Results

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

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

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

- Even though interviewees noted improvements to the accessibility and affordability of health care in the last few years, several interviewees noted that there are parts of Washington, Madison and Benton Counties where residents still have a harder time obtaining primary care services and dental care services.
- Shortage of mental health care providers was noted by several interviewees as an area of concern. Reasons for the mental health care decline were stated to be shortage of psychiatric providers and closing of many outpatient sites for therapy.
- Poverty was mentioned by the interviewees as one of the more concerning areas. Interviewees noted that many needs in the community relate to poverty, such as food insecurity and no access to healthy food options, lack of affordable housing, transportation issues, and uninsured population.

- Many interviewees spoke positively about the trail system that stretches from the bottom of Fayetteville to Bella Vista. This has encouraged many individuals to get active and has been one of the reasons for the improvement in health and quality of life over the last three years since the latest needs assessment.
- Obesity, diabetes, tobacco/vaping epidemic and substance abuse were mentioned as some of the other concerning needs in the community.
- Lack of education is a major barrier to improving the health of the community. Several interviewees stated that while they were aware of the education opportunities offered by Washington Regional and other organizations, it is often difficult to get that information to those who need it most.
- There is a growing population of people from the Marshall Islands in Washington Regional's community. The Marshallese community has several specific health issues, including higher incidences of cancer and other diseases, language barriers and general lack of health knowledge. Additional outreach by Washington Regional could help the Marshallese community overcome the barriers they face in obtaining health care.

Evaluation of Response to 2016 CHNA

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

- Access to primary care
 - Washington Regional added 23 new primary care physicians and advanced practice providers to support expansion of health care in our region. A new executive-level physician enterprise position that provides ongoing support to clinic physicians was also added.
 - Washington Regional opened three primary care clinics in rural locations where there is a great need for care.
 - In 2017, Washington Regional opened the William L. Bradley Medical Plaza to offer convenient access to primary care and other medical services in Fayetteville. Located across the street from the medical center, the Plaza offers a family medicine clinic, an internal medicine clinic and an urgent care location, as well as many specialty clinics.
 - The opening of the Women & Infants Center in 2017 brought two of the region's leading OB/GYN clinics, where many women receive their primary care.
 - Recognizing that area residents often require primary care with locations and extended hours that are convenient for busy lifestyles, Washington Regional introduced additional Urgent Care location in Johnson, Springdale, Bentonville, Rogers and Harrison.
 - Washington Regional continues to offer financial support to community health services such as the Washington County Health Department and Welcome Health, a free health center that provides primary care.
 - Washington Regional, through its Faith in Action program, continued to provide volunteer-based free services to homebound older adults, including assistance in arranging transportation to primary care appointments.

- Washington Regional provided support to its nine primary care clinics that participated in comprehensive primary care plus (CPC+), a partnership designed to provide patients with improved access to quality health care at lower costs.
- Washington Regional continued to make information about primary care clinics and clinic locations available on the website, at health fairs and community events, such as Day of Dance, Girls' Night Out, on television with the Your Health segment and through publications distributed to the community such as the *Health For Life* senior newsletter and the local newspaper's monthly health education section.
- Primary care teams transformed care delivery by offering individualized care management to high-risk patients, education about patients' disease processes, and additional support to help patients manage their complex care. Additionally, the care team worked with specialists in the region to improve patient transition of care and followed up with patients after an emergency room visit or hospital admission to ensure continuity of care after discharge.
- Behavioral health services were incorporated into primary care practices to allow specialists to provide brief interventions to assist patients with every day stress, depression, anxiety and grief.
- Stroke care program
 - Washington Regional introduced interventional neuroradiology to northwest Arkansas. The two new interventional neuroradiologists diagnose and treat cerebrovascular disorders, which are disorders of the brain, head, neck, and spine—through minimally invasive procedures performed using imaging guidance in the blood vessels. The new specialty also brought treatments for life threatening conditions such as stroke and aneurysms.
 - Washington Regional opened northwest Arkansas' first neurosurgical intensive care unit in 2018. The 20-bed unit serves patients who are recovering from surgery due to a spinal cord injury, brain injury, neurological illnesses and stroke.
 - Washington Regional added six providers to the stroke team, including one vascular neurologist, two interventional neuroradiologist and three stroke advanced practice providers.
 - Construction was completed on a second neuro interventional radiology suite—these suites are dedicated to only minimally invasive, closed procedures
 - Washington Regional provided care for more than 2,857 stroke patients, 743 of whom had been transferred from other area hospitals.
 - Washington Regional offered 24/7 coverage in the Emergency Department by fellowship-trained stroke care providers.
 - Washington Regional maintained its designation as a Primary Stroke Center, earning The Joint Commission's Gold Seal of Approval and the American Heart Association/American Stroke Association's Heart-Check mark for Advanced Certification for Primary Stroke Centers.

- Annual continuing medical education was offered by the Washington Regional Stroke Team for area health care providers.
- Washington Regional partnered with the American Heart Association to participate in the production of a community stroke education video and provided early-childhood education about healthy lifestyle choices through story-time activities at local public school libraries, schools and childcare centers.
- Washington Regional continued to provide information about cerebrovascular disease and stroke on the website, at health fairs and community events such as the baseball-themed Strike Out for Stroke event at Arvest Ballpark, Day of Dance, Girls' Night Out and a community education event at the Botanical Gardens of the Ozarks, through televised Your Health medical information segments, and through publications such as *Your Health* publication and the *Health for Life* senior newsletter.
- Wellness and health education
 - Washington Regional continued to support an executive-level position that led population health initiatives across the spectrum of care for patients receiving care in the Washington Regional system.
 - Washington Regional, through its partnership with the University of Arkansas College of Education & Health Professions and the UA School of Nursing, continued its Care Partners Program. Care Partners trains pre-professional students to act as health coaches for patients who are at risk for medical complications outside the hospital, providing important one-on-one health education.
 - Washington Regional Center for Exercise continued to offer wellness activities and classes to employees and community members.
 - Washington Regional continued to be a model for the community and other area employers by supporting an employee wellness program, featuring health insurance discounts for participating employees and an employee-led wellness committee.
 - The Women and Infants Center at Washington Regional provided community education on topics such as childbirth, infant safety and CPR and breastfeeding.
 - Washington Regional's Education Department continued to provide the community with American Heart Association classes including CPR/AED training, first aid and life support.
 - Under the guidance of Washington Regional endocrinologists, comprehensive diabetes management classes and support groups were offered to the community. These classes and groups were designed for people with type 1 diabetes, type 2 diabetes, gestational diabetes, pre-diabetes, metabolic syndrome and reactive hypoglycemia.
 - Washington Regional continued to offer the services of its free Mobile Dental Clinic to more than 7,100 underserved individuals throughout northwest Arkansas.

- Through the Washington Regional Cancer Support Home, health education, screenings, support groups, counseling, overnight lodging, wigs and prosthetics are offered to cancer patients. The services are available at no cost and are offered to all cancer patients, not just those seeking care at Washington Regional.
- Washington Regional continued to provide education and wellness tips on the website, at health fairs and community events such as Day of Dance, Girls' Night Out and World's Largest Baby Shower, on the morning television *Your Health* segment and through publications distributed to the community such as the *Health for Life* senior newsletter and the local newspaper's *Your Health* publication.

Because population health data takes 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 health care
2. Access to primary care
3. Access to specialty care, including neurosciences, cardiac care, trauma services and women and infant care
4. Wellness and health education
5. Access to specialty care for rural communities

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

KEY INFORMANT INTERVIEWCommunity Health Needs Assessment for: **Washington Regional Medical System**

Date: _____

Name: _____ Title: _____

Agency/Organization: _____

County: _____ # of years living in county: _____

of years in current position: _____

E-mail address: _____

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

Washington Regional Medical Center is gathering local data as part of developing a plan to improve health and quality of life in Washington, Benton and Madison Counties. 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, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community? (please use the space below to type your answer)

Next, we ask that you answer a series of questions about health and quality of life in your service area (_____ county/counties). As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,” while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in the county/counties?
2. In your opinion, has health and quality of life in the county/counties improved, stayed the same, or declined over the past few years?
3. What factors have contributed to the improvement, decline or lack of change in health and quality of life?
4. What barriers, if any, exist to improving health and quality of life in the county/counties?
5. Are there people or groups of people in the county/counties whose health or quality of life may not be as good as others? Who are these persons or groups?
6. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?
7. In your opinion, what are the most critical health and quality of life issues in the county/counties? How can these issues be addressed?
8. Below are some of the social determinants of health, which we know impact the physical and mental health outcomes of the community. Which issues should the hospital address and what should be the hospital's role in addressing the issues? Please explain.
 - Access to Health care
 - Health Education
 - Obesity
 - Food Insecurity
 - Poverty
 - Economic Development
 - Affordable Housing/Quality of Housing
 - Employment
 - Transportation
 - Other?
9. The prior community health needs assessment indicated access to primary care, stroke care and wellness and health education as the most significant health needs. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?
10. Are you aware of the available health screenings at Washington Regional Medical Center? If not, where would you look to obtain information of the available screenings? What can Washington Regional Medical Center do to increase awareness?
11. How would you rate the hospital's communication efforts for how they are addressing the identified health needs? How have you received communication regarding the hospital's efforts?
12. 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 quality of life in your organization's service area.

SOURCES

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