



Washington Regional
Medical Center



Community Health
Needs Assessment
2013

Contents

Introduction	1
Summary of Community Health Needs Assessment.....	1
General Description of Medical Center.....	2
Community Served by the Medical Center	3
Defined Community	3
Community Population and Demographics.....	4
An Aging Population.....	4
Increasing Diversity.....	4
Socioeconomic Characteristics of the Community	5
Income and Employment.....	5
Poverty.....	6
Uninsured Population	6
Education	7
Health Status of the Community.....	7
Leading Causes of Death	9
Health Outcomes and Factors	9
Health Care Resources.....	13
Hospitals and Health Centers	13
Other Health Care Facilities and Providers	14
Primary Data	15
Community Input Questionnaire	15
Key Informant Interviews.....	16
Identification and Prioritization of Health Needs	18
Appendices	19

Introduction

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 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.
- Report how it is addressing the significant needs identified in the community health needs assessment and a description of significant needs that are not being addressed with the reasons why such needs are not being addressed.

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

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

The *process* involved:

- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key informants who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.
- Circulation of a community input questionnaire to gather information about community residents' opinions and concerns regarding health care.

This *document* is a summary of all the available evidence collected during the initial cycle of community health needs assessments required by the IRS. It will serve as a compliance document as well as a resource until the next assessment cycle.

Both the process and document serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.

Summary of Community Health Needs Assessment

The purpose of the community health needs assessment is to document compliance with new federal laws outlined above.

The Medical Center engaged **BKD, LLP** to conduct a formal community health needs assessment. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 32 offices. BKD serves more than 900 hospitals and health care systems across the country. The community health needs assessment was conducted from December 2012 through July 2013.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of Washington Regional Medical Center's community health needs assessment:

- The “community” served by the Medical Center was defined by management after considering both qualitative and quantitative data. This process is further described in the section titled *Community Served by the Medical Center*.
- 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.
- Community input was provided through a community input questionnaire and key informant interviews of 10 stakeholders. Results and findings are described in the *Primary Data* 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 ranked utilizing a weighting method that weighs 1) the importance of the issue to the community, 2) the size of the problem, 3) the seriousness of the problem, 4) the prevalence of common themes and 5) the impact of the problem on vulnerable populations.

General Description of the Medical Center

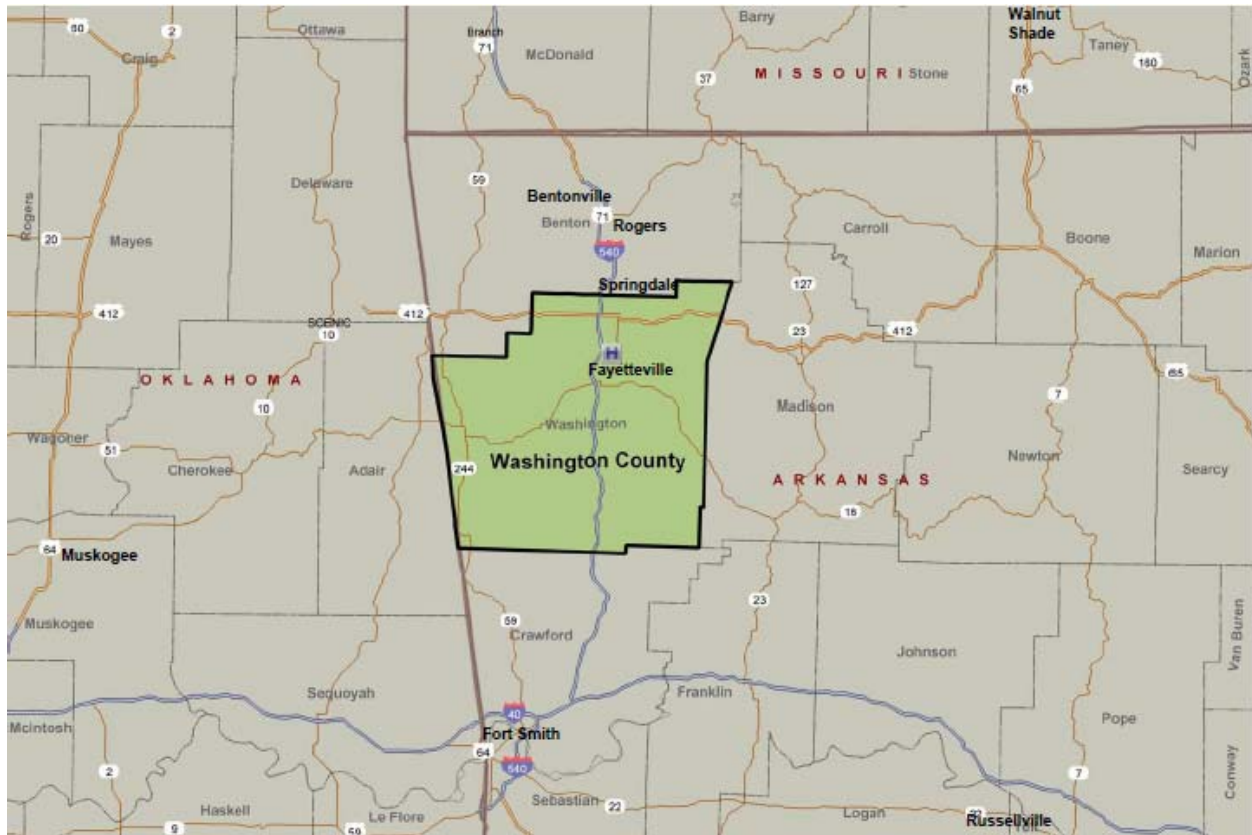
The Medical Center is a nonprofit organization, located in Fayetteville, Arkansas. A local board of directors comprised of eight members governs the Medical Center and ensures, among other things, that the strategic direction of the hospital consistently meets the health care needs of the community which it serves.

Community Served by the Medical Center

The Medical Center is located in the city of Fayetteville, Arkansas, in Washington County. Fayetteville is located approximately three hours northwest of Little Rock, Arkansas, three hours south of Kansas City, 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. The Medical Center’s management considered both quantitative and qualitative factors in defining the Medical Center’s community. Approximately 65% of the Medical Center’s inpatient discharges originate from Washington County, with the rest being dispersed among the neighboring counties. Northwest Arkansas benefits from numerous medical facilities, giving residents of the region many choices for health care services. Therefore, management decided that the most practical way to determine the Medical Center’s community is geographic proximity. For this reason, the Medical Center’s Community is defined as Washington County. The map below shows the Medical Center’s location within Washington County, along with major roads and cities.

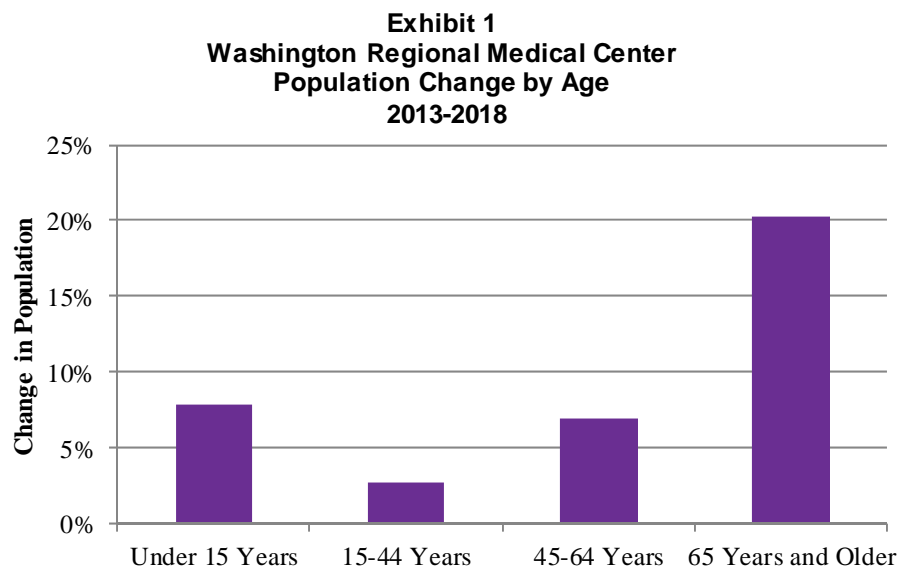


Community Population and Demographics

The U.S. Census Bureau has compiled population and demographic data based on the 2010 census. The Nielsen Company, a firm specializing in the analysis of demographic data, has extrapolated this data by county to estimate population trends from 2013 through 2018. Relevant trends determined from this data are presented below.

An Aging Population

Exhibit 1 below shows the percentage change in population by age of Washington County. All age groups are expected to grow, but the one that is projected to grow the most is the group that tends to require the most medical attention: those aged 65 and older. This age group is expected to increase by over 20% from 2013 to 2018.



The health implications of this demographic shift are significant. Because older people tend to require more medical services, the Medical Center needs to prepare for a greater volume of patients. 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. This issue presents significant financial challenges to the Medical Center as the Affordable Care Act has significantly reduced reimbursement to hospitals for services provided to Medicare beneficiaries.

Increasing Diversity

While the relative age of the community population can impact community health needs, so can the ethnicity and race of a population. Cultural differences and language barriers can make it more difficult for some people to obtain care, and some diseases are more prevalent in some ethnicities. The Hispanic population of Washington County is expected to grow 23% by 2018, compared to the total projected population growth of 6.7%. This change is likely to have a significant effect on the community's health needs. The Medical Center should consider developing programs to help overcome language and cultural barriers to ensure that the growing Hispanic population is able to obtain necessary medical care.

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. The economic status of an area may be assessed by examining multiple variables within the community. The following exhibits are a compilation of data that includes household income, unemployment rates, health insurance coverage status, educational attainment, and poverty levels for the community served by the Medical Center. These standard measures will be used to compare the socioeconomic status of the county as well as to the state.

Income and Employment

Exhibit 2 presents the average and median income for households in Washington County. Average income is projected to decrease by approximately 5% between 2013 and 2018, while the median income is projected to decrease around 5.5%. Household income at the state and national levels is projected to increase.

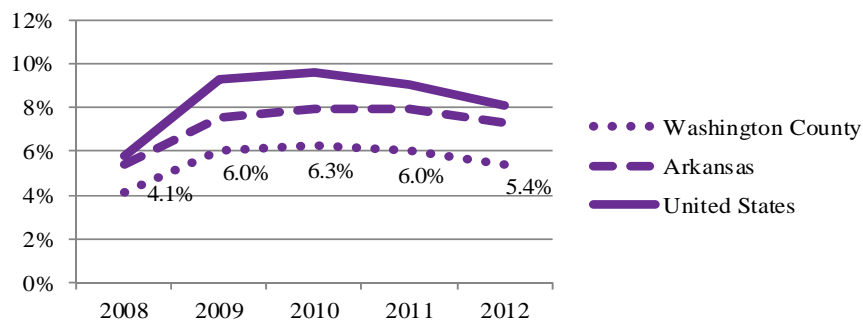
Exhibit 2
Washington Regional Medical Center
Estimated and Projected Family Income and Wealth for 2013 and 2018 with Percent Difference

County	Estimated 2013		Projected 2018		Percent Difference	
	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income	Avg. Household Income	Median Household Income
Washington County	\$ 51,538	\$ 36,074	\$ 49,061	\$ 34,077	-4.8%	-5.5%
Arkansas	\$ 53,061	\$ 38,667	\$ 55,666	\$ 40,130	4.9%	3.8%
United States	\$ 69,637	\$ 49,297	\$ 71,917	\$ 49,815	3.3%	1.1%

Source: The Nielsen Company

Exhibit 3 presents the average annual resident unemployment rates for Washington County, Arkansas and the United States. As Exhibit 3 illustrates, Washington County's unemployment rate is both lower and more stable than the state of Arkansas and the United States as a whole.

Exhibit 3
Washington Regional Medical Center
Unemployment Rates
2008-2012



Source: Bureau of Labor Statistics

Poverty

Exhibit 4 presents the percentage of total population in poverty (including under age 18) and median household income for households in Washington County versus the state of Arkansas and the United States.

Exhibit 4
Washington Regional Medical Center
Poverty Estimate: Percentage of Total Population in Poverty
2010 and 2011

County	2010		2011	
	All Persons	Under Age 18	All Persons	Under Age 18
Washington County	19.6%	24.7%	20.1%	27.0%
Arkansas	18.7%	27.3%	19.3%	27.8%
United States	15.3%	21.6%	15.9%	22.5%

Source: U.S. Census Bureau, Small Areas Estimates Branch

In 2013, a family of two adults and two children is considered poor if their annual household income fell below \$23,550. Arkansas is consistently ranked one of the poorest states in the country. Overall, Washington County's poverty rates are similar to the state of Arkansas, but compare unfavorably to the country as a whole.

Uninsured Population

Exhibit 5 presents health insurance coverage status by age (under 65 years) and income for Washington County versus the state of Arkansas.

Exhibit 5
Washington Regional Medical Center
Health Insurance Coverage Status by Age (Under 65 years) and Income (At or Below 400%) of Poverty
2010

County	All Income Levels				At or Below 400% of FPL			
	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured	Under 65 Uninsured	Percent Uninsured	Under 65 Insured	Percent Insured
Washington County	41,210	23.3%	135,864	76.7%	37,715	29.1%	92,020	70.9%
Arkansas	500,134	20.6%	1,931,198	79.4%	457,757	25.3%	1,350,191	74.7%

Source: U.S. Census Bureau, SAHIE/ State and County by Demographic and Income Characteristics

Washington County has a slightly higher percentage of uninsured residents than Arkansas as a whole, both at all income levels and at or below 400% of the poverty line.

Education

Exhibit 6 presents educational attainment by age cohort for individuals in Washington County versus the state of Arkansas and the United States.

Exhibit 6
Washington Regional Medical Center
Educational Attainment - Total Population
2011

County	Less than 12th Grade	High School Diploma	Some College	Bachelor's Degree	Graduate Degree
Washington County	19%	28%	25%	19%	10%
Arkansas	18%	35%	28%	13%	6%
United States	16%	28%	28%	18%	10%

Source: EMSI

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. Levels reported in *Exhibit 6* are higher than state of Arkansas and similar to national averages.

Health Status of the Community

This section of the assessment reviews the health status of 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 the Medical Center 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 percent 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 problems should be examined in terms of morbidity as well as mortality. Morbidity is defined as the incidence of illness or injury and mortality is defined as the incidence of death. However, law does not require reporting the incidence of a particular disease, except when the public health is potentially endangered. Due to limited morbidity data, this health status report relies heavily on death and death rate statistics for leading causes of death in the Community, the state of Arkansas, and the United States. Such information provides useful indicators of health status trends and permits an assessment of the impact of changes in health services on a resident population during an established period of time. Community attention and health care resources may then be directed to those areas of impact and concern.

Leading Causes of Death

Exhibit 7 reflects the leading causes of death for Community residents and compares the rates to state and national averages.

Exhibit 7
Washington Regional Medical Center
Selected Causes of Resident Deaths: Rate per 100,000 Population, 2011

	Washington County	Arkansas Rate	Percent Difference	National Rate	Percent Difference
Total Deaths, All Causes	641.38	994.87	-35.5%	806.50	-20.5%
Cancer	142.15	209.02	-32.0%	184.60	-23.0%
Diabetes	16.38	29.27	-44.0%	23.50	-30.3%
Heart Disease	147.45	230.12	-35.9%	191.40	-23.0%
Cerebrovascular Diseases	35.18	53.00	-33.6%	41.40	-15.0%
Pneumonia and Influenza	13.49	23.01	-41.4%	17.20	-21.6%
Chronic Lower Respiratory Diseases	51.91	44.36	17.0%	46.00	12.8%
Chronic Liver Disease and Cirrhosis	10.12	9.80	3.3%	10.80	-6.3%
Unintentional Injuries	28.43	44.35	-35.9%	39.40	-27.8%

Source: Arkansas Department of Health

Washington County outperforms both the state of Arkansas and the United States in nearly all causes, with Chronic Lower Respiratory Diseases being the only area with a significantly higher death rate.

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 (mortality) measure and four quality of life (morbidity) measures.
- Health Factors--rankings are based on weighted scores of four types of factors:
 - Health behaviors (six measures)
 - Clinical care (five measures)
 - Social and economic (seven measures)
 - Physical environment (five 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).

To help assess the health needs of the Community, its ranking is compared to that of the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the Community will assist with how to improve its habits, culture and environment.

The following table, from County Health Rankings, summarizes the 2012 health outcomes and factors for the Community. Each measure is described, and measures where the Community underperforms the state are highlighted in red.

**Exhibit 8
Washington Regional Medical Center
County Health Rankings - 2012**

	Washington County	Arkansas	National Benchmark
<i>Mortality</i>			
Rank (of 75 counties)			2
Premature death - Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,119	9,290	5,317
<i>Morbidity</i>			
Rank (of 75 counties)			2
Poor or fair health - Percent of adults reporting fair or poor health (age-adjusted)	15%	19%	10%
Poor physical health days - Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.4	2.3	2.6
Poor mental health days - Average number of mentally unhealthy days reported in past 30 days (age adjusted)	3.0	3.9	2.3
Low birthweight - Percent of live births with low birthweight (<2500 grams)	7.2%	9.1%	6.0%
<i>Health Behaviors</i>			
Rank (of 75 counties)			4
Adult smoking - Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	20%	23%	13%
Adult obesity - Percent of adults that report a BMI >= 30	30%	32%	25%
Excessive drinking - Percent of adults that report excessive drinking in the past 30 days	15%	13%	7%
Motor vehicle crash death rate - Motor vehicle deaths per 100K population	13	23	10
Sexually transmitted infections - Chlamydia rate per 100K population	383	529	92
Teen birth rate - Per 1,000 female population, ages 15-19	47	59	21
<i>Clinical Care</i>			
Rank (of 75 counties)			14
Uninsured adults - Percent of population under age 65 without health insurance	23%	21%	11%
Primary care physicians - Ratio of population to primary care physicians	1,398:1	1,613:1	1,067:1
Preventable hospital stays - Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	62	79	47
Diabetic screening - Percent of diabetic Medicare enrollees that receive HbA1c screening	83%	82%	90%
Mammography screening - Percent of female Medicare enrollees that receive mammography screening	63%	61%	73%

**Exhibit 8
Washington Regional Medical Center
County Health Rankings - 2012**

	Washington County	Arkansas	National Benchmark
<i>Social & Economic Factors</i>			
Rank (of 75 counties)			5
High school graduation - Percent of ninth grade cohort that graduates in 4 years	84%	81%	n/a
Some college - Percent of adults aged 25-44 years with some post-secondary education	56%	53%	70%
Children in poverty - Percent of children under age 18 in poverty	27%	28%	14%
Inadequate social support - Percent of adults without social/emotional support	18%	21%	14%
Children in single-parent households - Percent of children that live in household headed by single parent	31%	36%	20%
Violent crime rate - Violent crimes per 100,000 population	397	508	66
<i>Physical Environment</i>			
Rank (of 75 counties)			2
Limited access to healthy foods - Percent of population not living near healthy food outlets include grocery stores and produce stands/farmers' markets	7%	8%	1%
Access to recreational facilities - Rate of recreational facilities per 100,000 population	11	8	16

Washington County compares favorably to the rest of the state, ranking in the top quartile for each category and only underperforming the state of Arkansas in three measures. The national benchmark represents the 90th percentile for the nation as a whole.

Health Care Resources

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

Hospitals and Health Centers

The Medical Center has is licensed for 366 beds with about 250 beds operational and is one of the largest hospitals in Washington County. Approximately 45% of all discharges originating from the Community are from the Medical Center. However, 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. *Exhibit 9* below shows the breakout of Community discharges between the area hospitals (Medicare inpatient only), and *Exhibit 10* shows more information about each hospital, including its location in relation to the Medical Center.

Exhibit 9
Washington Regional Medical Center
Patient Origin Analysis: Medicare Inpatient Discharges by Hospital (2012)

Hospital	Community Discharges	Percent of Total
Washington Regional Medical Center	3,900	45.6%
Northwest Medical Center	2,692	31.4%
Healthsouth Rehabilitation Hospital	513	6.0%
Vista Health Fayetteville	224	2.6%
Mercy Medical Center	204	2.4%
Physicians' Specialty Hospital	145	1.7%
All other hospitals	882	10.3%
Total	8,560	100.0%

Source: Centers for Medicare and Medicaid Services

Exhibit 10
Washington Regional Medical Center
Summary of Area 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	-	252	11,444
Northwest Medical Center	609 West Maple; Springdale, AR 72764	Short-term acute care	6	341	17,905
Healthsouth Rehabilitation Hospital	153 E. Monte Painter Drive; Fayetteville, AR 72703	Rehabilitation	1	60	1,016
Vista Health Fayetteville	4253 Crossover Road; Fayetteville, AR 72703	Psychiatric	4	92	1,778
Mercy Medical Center	2710 Rife Medical Lane; Rogers, AR 72758	Short-term acute care	18	160	8,682
Physicians' Specialty Hospital	3873 North Parkview Drive, Fayetteville, AR 72703	Short-term acute care	2	20	806

Source: Costreportdata.com

Other Health Care Facilities and Providers

In addition to the hospitals above, Washington County has several other resources for residents seeking health care, including the following:

Washington County Health Unit - The 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.

Northwest Arkansas Free Health Center – The NWA Free Health Center (the Center) 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. The Center 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.

Faith in Action – Sponsored by the Medical Center, Faith in Action is a volunteer-based organization providing homebound seniors with free non-medical services to help promote their independence, dignity, and quality of life, including transportation, housekeeping, and meal preparation.

Primary Data

Community Input Questionnaire

The Medical Center circulated community health input questionnaires in order to gather broad community input regarding health issues. The input process was launched on March 5, 2013, and was closed on May 15, 2013.

The community health questionnaire was intended to gather information regarding the overall health of the community. The results are intended to provide information on different health and community factors. Requested community input included demographics and socioeconomic characteristics, behavioral risk factors, health conditions and access to health resources.

A web-based tool, QuestionPro, was utilized to conduct the community input process. Paper questionnaires, which were identical to the electronic questionnaire, were also distributed to populations who may not have access to the internet or generationally are more likely to complete a paper questionnaire. Electronic and paper questionnaires were circulated to the residents of the Community.

The instrument used for this input process was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions. The final instrument was developed by Medical Center representatives in conjunction with BKD.

The community health questionnaire process was not a scientific survey, as the demographics of the respondents are not representative of the Community as a whole. However, the information obtained from the questionnaires was useful in determining the Community's perception of the hospital and in bringing up issues that might go unnoted in public health data.

Excerpts from the community questionnaires follow:

- ***What do citizens say about the health of their community?***

The five most important "health problems":

1. Obesity (adult and child)
2. Heart disease and stroke
3. Diabetes
4. Cancer
5. Aging problems

The five most prevalent “risky behaviors”:

1. Alcohol abuse
2. Drug abuse
3. Poor eating habits
4. Lack of exercise
5. Tobacco use/secondhand smoke

The five most important factors for a “healthy community”:

1. Health Care (affordable, available)
2. Emergency response services
3. Healthy food sources (affordable, available)
4. Affordable housing
5. Clean and safe environment

Key Informant Interviews

Interviewing key informants (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 Community’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.

Interviews with 10 key informants were conducted in March and April 2013. Informants were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations. A list of people who participated in key informant interviews can be found at *Appendix A*.

All interviews were conducted by BKD personnel using a standard questionnaire. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

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

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report. Therefore, information included in the report may have been altered slightly to preserve confidentiality.

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.

Overall, the key informants spoke highly of the health and quality of life in Washington County. The economy is strong and vibrant, drawing many medical professionals to the area. In the past few years, the Community has taken many steps to promote healthy lifestyle choices, such as developing an extensive trail system and supporting programs that provide healthy meals to the poor. However, the informants noted that there are still opportunities for improvement.

Key findings from the interviews were:

- Transportation is a major issue in Washington County. People who live outside of town often have no way to get to doctors appointments.
- Washington County is home to the highest population of Marshall Islanders in the United States. They struggle with language and cultural barriers and are less likely to seek preventative care.
- There is a lack of mental health providers in the Community.
- There is a growing disparity in the health status of Washington County residents. Economically stable residents tend to be growing steadily healthier, but the poor are having a harder time. More resources are needed to help those who cannot afford to seek health care.
- Overuse of the emergency room by uninsured patients is a major problem for the Medical Center and the Community. More free clinics with extended hours could alleviate this problem, resulting in major cost savings.
- While Washington County is healthier than most of Arkansas, poor lifestyle choices continue to be a problem. There needs to be more education, starting with young children, about how these choices can affect long-term health.
- There is a sizable homeless population in Washington County, and while there are some resources available for them, many are not able to meet their basic health needs.
- Hunger is a major problem in the region—People are not able to take care of their other health needs if they do not have access to food.

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. Obesity
2. Cerebrovascular disease and stroke
3. Access to clinics
4. Diabetes

Other identified needs include:

- Lack of transportation
- Mental health
- Children in poverty
- Access to healthy foods
- Teen birth rate
- Hispanic population's health care
- Marshall Islanders' health care
- Homeless population's health care
- Tobacco use
- Access to recreational facilities
- Sexually transmitted infections
- Excessive drinking
- Chronic lower respiratory disease

APPENDICES

**APPENDIX A
ACKNOWLEDGEMENTS**

Acknowledgements

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APPENDIX B
SOURCES

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