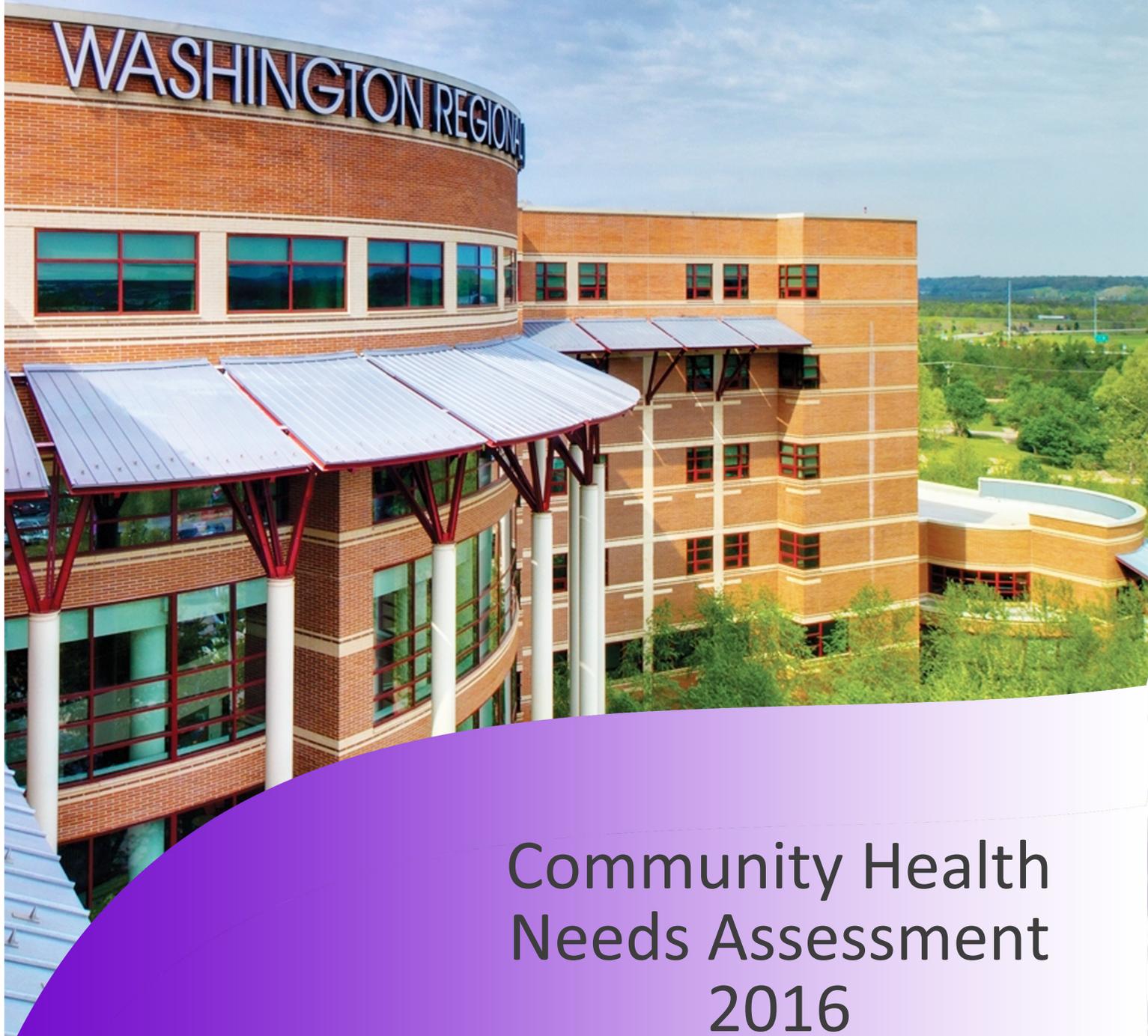




Washington Regional  
Medical Center



Community Health  
Needs Assessment  
2016

**Contents**

<b>Introduction .....</b>	<b>1</b>
About Community Health Needs Assessments .....	1
Acknowledgments .....	2
Summary of Community Health Needs Assessment.....	2
<b>Community Served by Washington Regional.....</b>	<b>2</b>
Defined Community .....	3
<b>Community Characteristics.....</b>	<b>3</b>
Community Population and Demographics.....	3
Socioeconomic Characteristics of the Community.....	4
<b>Health Status of the Community.....</b>	<b>5</b>
Health Outcomes and Factors.....	6
<b>Health Care Resources.....</b>	<b>9</b>
Hospitals and Health Centers .....	9
Medical Center Market Share .....	10
Other Health Care Facilities and Providers.....	11
<b>Key Interviewees .....</b>	<b>11</b>
Methodology.....	11
Key Interview Results .....	12
<b>Evaluation of Response to 2013 CHNA.....</b>	<b>12</b>
<b>Identification and Prioritization of Health Needs .....</b>	<b>15</b>
<b>Appendices</b>	
<b>Key Interview Protocol.....</b>	<b>16</b>
<b>Sources .....</b>	<b>19</b>

## Introduction

Washington Regional Medical Center (Washington Regional) is a nonprofit organization located in Fayetteville, Arkansas. A local board of directors comprised of eight 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 *Patient Protection and 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). 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 December 2013.
- 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 HealthSouth Rehabilitation Hospital of Fayetteville (HealthSouth). An LLC wholly owned by Washington Regional owns a 50% interest in HealthSouth. HealthSouth 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 HealthSouth 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 the community health needs assessment is to understand the unique health needs of the community served by Washington Regional and to document compliance with new federal laws outlined above.

Washington Regional engaged **BKD, LLP** to conduct a formal community health needs assessment. BKD is one of the largest CPA and advisory firms in the United States, with approximately 2,400 partners and employees in 34 offices. BKD serves more than 1,050 hospitals and health care systems across the country. The community health needs assessment was conducted from April through November 2016.

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:

- An evaluation of the impact of actions taken to address the significant health needs identified in the December 2013 community health needs assessment was completed to understand the effectiveness of Washington Regional's current strategies and programs. This evaluation is included at Page 12.
- 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 a community input questionnaire and key interviews of nine stakeholders. Results and findings are described in the Key Interviewees section 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 2013 community health needs assessment, management determined that Washington Regional’s community was best defined as Washington County. Management does not believe that there has been any change in circumstances that would require re-evaluating Washington Regional’s community; therefore, for this needs assessment, the community will be defined as Washington County.

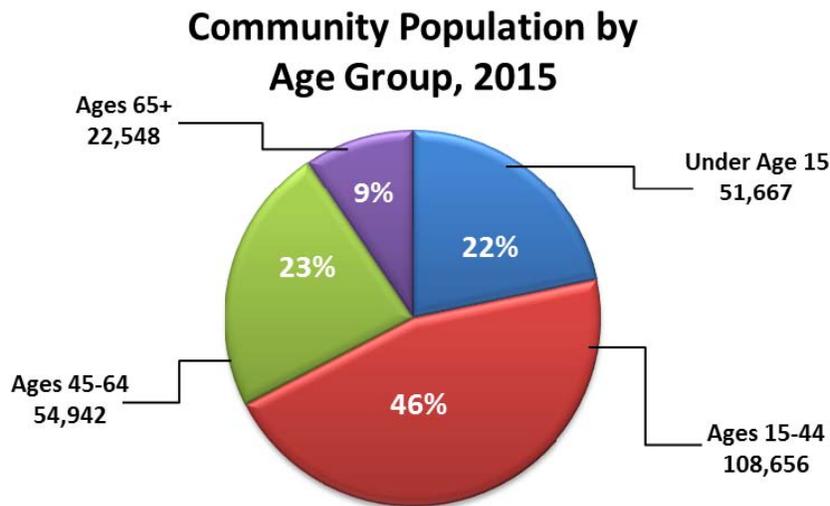
**Community Characteristics**

**Community Population and Demographics**

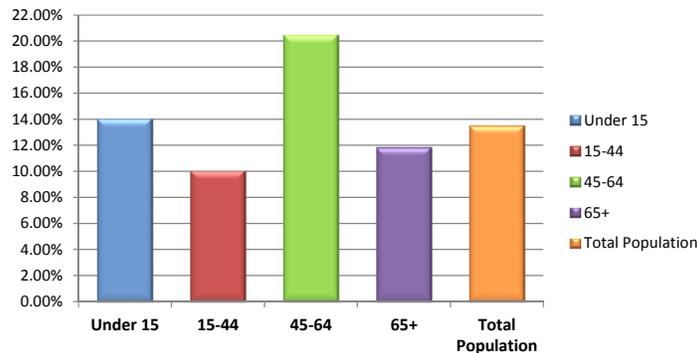
The community served by Washington Regional is a primarily urban area in northwest Arkansas. According to 2015 projections based on the most recent U.S. Census Bureau estimates, about 212,200 people live in Washington County.

Approximately 10% of the community’s population aged 5 and older have limited English proficiency. This compares to 3% in the state of Arkansas as a whole. This statistic is relevant because it creates a barrier to health care access, health education and provider communications. Although this group is small relative to the total population, they may have unique health needs that should be considered during the preparation of this needs assessment.

A major distinguishing feature of Washington Regional’s community is the age break down of this population. The chart below shows the breakdown of the community’s population by age group. The total community population is expected to increase by nearly 14%. 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 HealthSouth, 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, 2015–2020



### 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 34% of the population has obtained an associate’s degree or higher, compared to about 37% of the U.S., while about 17% of the population does not have a high school diploma, compared to about 14% in the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

#### Per Capita Income (\$)

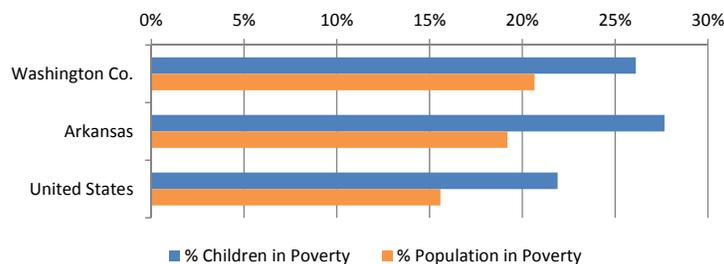


- Washington County, AR (24,018)
- Arkansas (22,595)
- United States (28,554)

Source: U.S. Census Bureau, American Community Survey

The income levels of individuals within the community also have a significant effect on their ability to access health services. The average per-capita income in Washington Regional’s community is \$24,018, compared to \$22,595 for the state of Arkansas and \$28,554 for the United States. Lower than average per capita 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, according to 2014 U.S. Census Bureau data, 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.

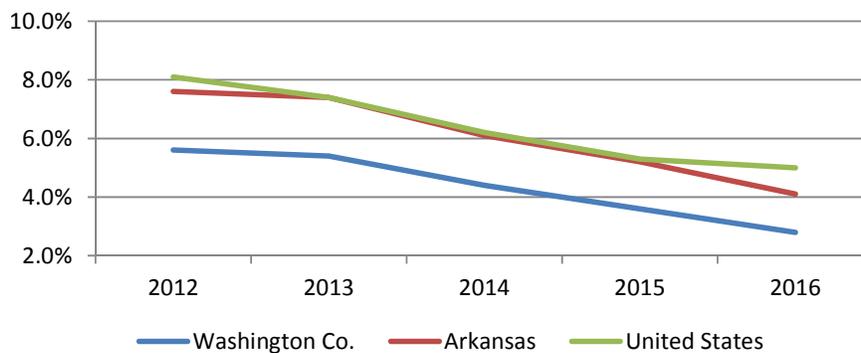
### Population in Poverty



Source: U.S. Census Bureau, American Community Survey

Some socioeconomic measures in the community have improved significantly since the publication of the 2013 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. In 2013, before this program went in to effect, 15% of Washington Regional’s patient encounters were uninsured, while in 2014, that number dropped to only 10%, representing a 33% decrease in uninsured patient encounters at Washington Regional. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured.

### Unemployment Rates, 2012–2016



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 five 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 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 (two 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)).

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 2016 health outcomes and factors for the community. Each measure is described, and measures where the community underperforms the state are highlighted in red. The publicly available data upon which the uninsured patients’ measure was based is from 2012 and, therefore, does not reflect the improvement discussed earlier resulting from the 2014 Medicaid expansion.

Health Outcome/Factor	Washington County		Arkansas	National Benchmark
	Metric	Rank		
<b>Health Outcomes</b>		<b>3</b>		
<b>Length of Life</b>		<b>2</b>		
<b>Premature death</b> – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	6,900		9,100	5,200
<b>Quality of Life</b>		<b>18</b>		
<b>Poor or fair health</b> – Percent of adults reporting fair or poor health (age-adjusted)	22%		23%	12%
<b>Poor physical health days</b> – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.6		4.7	2.9
<b>Poor mental health days</b> – Average number of mentally unhealthy days reported in past 30 days (age adjusted)	4.1		4.4	2.8
<b>Low birth weight</b> – Percent of live births with low birth weight (<2500 grams)	8%		9%	6%
<b>Health Factors</b>		<b>5</b>		
<b>Health Behaviors</b>		<b>20</b>		
<b>Adult smoking</b> – Percent of adults that report smoking at least 100 cigarettes and that they currently smoke	23%		25%	14%
<b>Adult obesity</b> – Percent of adults that report a BMI >= 30	29%		33%	25%
<b>Food environment index</b> – Ranking from 1–10 that considers accessibility of healthy foods	6.6		6.1	8.3
<b>Physical inactivity</b> – Percent of adults reporting no leisure-time physical activity	26%		32%	20%
<b>Access to exercise opportunities</b> – Percent of individuals who live within three miles of a recreational facility	76%		61%	91%
<b>Excessive drinking</b> – Percent of adults that report excessive drinking in the past 30 days	<b>17%</b>		14%	12%
<b>Alcohol-impaired driving deaths</b> – Percent of motor vehicle crash deaths with alcohol involvement	<b>38%</b>		30%	14%
<b>Sexually transmitted infections</b> – Chlamydia rate per 100K population	<b>534</b>		524	134
<b>Teen birth rate</b> – Per 1,000 female population, ages 15–19	40		53	19
<b>Clinical Care</b>		<b>13</b>		
<b>Uninsured adults</b> – Percent of population under age 65 without health insurance	<b>21%</b>		19%	11%
<b>Primary care physicians</b> – Ratio of population to primary care physicians	1,250:1		1,540:1	1,040:1
<b>Dentists</b> – Ratio of population to dentists	1,800:1		2,300:1	1,340:1
<b>Mental health providers</b> – Ratio of population to mental health providers	280:1		520:1	370:1
<b>Preventable hospital stays</b> – Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	48		66	38
<b>Diabetic screening</b> – Percent of diabetic Medicare enrollees that receive HbA1c screening	83%		83%	90%
<b>Mammography screening</b> - Percent of female Medicare enrollees that receive mammography screening	<b>56%</b>		58%	71%
<b>Social and Economic Factors</b>		<b>5</b>		
<b>High school graduation</b> – Percent of ninth grade cohort that graduates in 4 years	86%		85%	93%
<b>Some college</b> – Percent of adults aged 25–44 years with some post-secondary education	58%		55%	71%
<b>Children in poverty</b> – Percent of children under age 18 in poverty	22%		26%	13%
<b>Income inequality</b> – Ratio of household income at the 80th percentile to that at the 20th percentile	<b>5.2</b>		4.8	3.7
<b>Children in single-parent households</b> – Percent of children that live in household headed by single parent	32%		37%	21%
<b>Violent crime rate</b> – Violent crimes per 100,000 population	423		484	59
<b>Injury deaths</b> – Deaths from intentional and unintentional injuries per 100,000 population	50		77	50
<b>Physical Environment</b>		<b>10</b>		
<b>Air pollution-particulate matter days</b> – Average daily density of fine particulate matter	11.1		11.8	9.5
<b>Severe housing problems</b> – Percentage of households with severe housing problems in facilities, crowding, or cost	<b>19%</b>		15%	9%

## 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 366 beds with 271 beds operational and is one of the largest hospitals in Washington County. Approximately 48% of all discharges originating from the community are from Washington Regional. HealthSouth, located about a mile from Washington Regional, has 80 beds and provides a wide range of physical rehabilitation services. Approximately 7% of all discharges originating from the community are from HealthSouth. 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:

		Facility Type	Miles from WRMC	Bed Size	Annual Discharges
Washington Regional Medical Center	3215 N. Hills Blvd, Fayetteville, AR 72703	Short-term acute care	-	271	14,223
HealthSouth Rehabilitation Hospital	153 E. Monte Painter Drive, Fayetteville, AR 72703	Rehabilitation	1	80	1,440
Physicians' Specialty Hospital	3873 North Parkview Drive, Fayetteville, AR 72703	Short-term acute care	3	20	1,131
Springwoods Behavioral Health	1955 Truckers Drive, Fayetteville, AR 72704	Psychiatric	3	52	2,133
Vantage Point of Northwest Arkansas	4253 Crossover Road, Fayetteville, AR 72703	Psychiatric	4	82	2,252
Northwest Medical Center - Springdale	609 West Maple, Springdale, AR 72764	Short-term acute care	5	273	15,890
Mercy Medical Center	2710 Rife Medical Lane, Rogers, AR 72758	Short-term acute care	18	170	11,604

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.

**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.

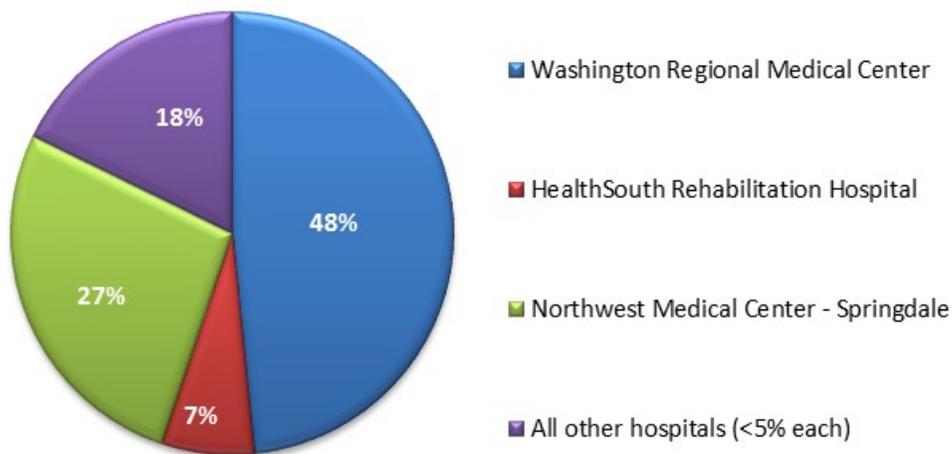
**Northwest Medical Center - Springdale** – Located in Springdale, Arkansas, Northwest Medical Center is approximately five miles north from Washington Regional. It is an acute care facility offering a full range of services.

**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.

**Medical Center 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 2014, Washington Regional maintained approximately 48% of all discharges from the community, with Northwest Medical Center capturing about 27% and HealthSouth capturing around 7%. The remaining 18% of discharges is made up of numerous hospitals, each with less than 5% of the total community discharges.

**Community Market Share, 2014**



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, 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 Washington Regional, 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.

### **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 director from Washington County, 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 nine key interviewees were conducted in June 2016. 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 Medical Center and BKD personnel using a standard questionnaire. A copy of the interview instrument is included in Appendix B. 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.

- Several interviewees noted that there are parts of Washington County where residents have a harder time obtaining primary care services. The southern part of Washington County is more rural and farther from Fayetteville, where Washington Regional is located. The interviewees believe that more clinics are needed in this part of the county, as well as improved public transportation.
- 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.
- Many interviewees spoke positively about the stroke program implemented by Washington Regional in response to the 2013 community health needs assessment. They encouraged Washington Regional to continue building on the gains made in this area of care.
- There is a large 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 2013 CHNA**

Washington Regional prepared an implementation strategy in response to the needs identified in its 2013 needs assessment. A listing of those needs, along with the steps taken by Washington Regional to address them, is below.

- Obesity
  - Washington Regional continued to offer services for exercise to employees and the community.

- The Wellness Committee sponsored annual Employee Challenge Course fitness events and Employee Weight Loss Challenges with free exercise classes and nutritional guidance; employee wellness success stories were shared in the employee newsletter's "Wellness Window" recurring feature.
- Washington Regional continued to participate in the Exclusive Breastfeeding perinatal core measure for new moms who chose to breastfeed; breastfeeding has been shown to reduce a baby's odds of becoming overweight by more than 30%.
- Washington Regional continued to provide information about nutrition and fitness at health fairs and community events such as Day of Dance and Girls' Night Out, through televised Your Health Today medical information segments, and through publications such as Your Health magazine, Health for Life senior newsletter and online newsletter.
- Cerebrovascular Disease and Stroke
  - Washington Regional introduced an advanced treatment known as endovascular neurosurgery to Northwest Arkansas and added two endovascular neurosurgeons, a general neurosurgeon and a stroke neurologist to the medical staff.
  - Construction was completed of a hybrid operating suite that is primarily dedicated to the treatment of stroke and other brain disorders. The innovative suite is designed to accommodate both endovascular and conventional neurological surgeries.
  - In 2015 alone, Washington Regional provided care for more than 725 stroke patients, 190 of whom had been transferred from other area hospitals. Washington Regional continued to participate in the Arkansas SAVES program (Stroke Assistance through Virtual Emergency Services), a partnership between Washington Regional, the University of Arkansas for Medical Sciences Center for Distance Health, the Department of Health and the Department of Human Services.
  - Washington Regional achieved 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.
  - Washington Regional partnered with the American Heart Association to provide support for the health initiative known as Check.Change.Control., a blood-pressure management program to help people take ownership of their cerebrovascular and cardiovascular health.
  - Washington Regional provided funding to allow its partner, HealthSouth Rehabilitation Hospital, to expand its services by adding 20 all-private patient rooms.
  - Washington Regional introduced a new community education event, Sideline Stroke, and also continued to provide information about cerebrovascular disease and stroke at health fairs and community events such as Strike Out Stroke, Day of Dance and Girls' Night Out, through televised Your Health Today medical information segments, and through publications such as Your Health magazine, Health for Life senior newsletter and online newsletter.

- Access to Clinics
  - In early 2015, Washington Regional broke ground on the 133,355-square-foot Women and Infants Center designed to provide enhanced services to meet the growing needs of area families, including clinic space for at least 16 OB/GYNs.
  - Washington Regional established an urgent care clinic that offers extended hours seven days a week, as well as an internal medicine clinic, primary care clinic, outpatient therapy clinic and an additional location to serve patients of our nephrology practice. Additionally, through a partnership with the Walmart Foundation, Washington Regional established a mobile dental clinic that has provided free dental care services to more than 2,000 area residents in need.
  - Through its Cancer Support Home and partnerships with grant programs including Susan G. Komen and Cancer Challenge, Washington Regional continued to provide free cancer screening services, free mammography services, free prescription assistance and free overnight lodging that allows cancer patients who live in outlying areas to stay near their physicians and clinics during treatment.
  - Through its Faith in Action program and support from agencies including United Way, Washington Regional continued to provide volunteer-based free services to homebound older adults, including assistance in arranging transportation for medical services. To ensure that area residents have access to key health care specialties, Washington Regional added dozens of new physicians whose skills and expertise meet a community need.
- Diabetes
  - Washington Regional hired an endocrinologist and established an endocrinology clinic to help serve the needs of patients with diabetes. The existing Washington Regional diabetes management program was enhanced by aligning it with the new endocrinology clinic, under the guidance of the endocrinologist.
  - Washington Regional continued to provide comprehensive diabetes management services, recognized by the American Diabetes Association, featuring classes and support groups designed for people of all ages with type 1, type 2, gestational diabetes, pre-diabetes, metabolic syndrome or reactive hypoglycemia.
  - Washington Regional helped to sponsor a diabetes education seminar, Healthy Living Day 2016: Living with Diabetes, and continued to provide information about nutrition and diabetes management at health fairs and community events such as Day of Dance and Girls' Night Out, through televised Your Health Today medical information segments, and through publications such as Your Health magazine, Health for Life senior newsletter and online newsletter.

Because population health data takes time to become publically 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 primary care
  - Additional primary care providers are needed in the community, particularly in more remote geographic areas. Washington Regional will coordinate closely with primary care providers to promote excellence throughout the entire continuum of care.
2. Stroke care program
  - While Washington Regional's stroke care program has already had a significant positive impact on the health of the community, Washington Regional intends to build on those gains by elevating the capabilities of this program.
3. Wellness and health education
  - Washington Regional will continue to strengthen its population health initiative to promote well-being in the community through education and other wellness activities.

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 INTERVIEW FORM**

Community Health Needs Assessment for:

Interviewer's Initials:

Date: Start Time: End Time:

Name: Title:

Agency/Organization:

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

E-mail address:

**Introduction:** Good morning/afternoon. My name is **[interviewer's name]**. Thank you for taking time out of your busy day to speak with me. I'll try to keep our time to approximately 40 minutes, but we may find that we run over—up to 50 minutes total—once we get into the interview. **(Check to see if this is okay).**

**[Name of Organization]** is gathering local data as part of developing a plan to improve health and quality of life in \_\_\_\_\_ County. Community input is essential to this process. A combination of surveys and key interviews are being used to engage community members. You have been selected for a key interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

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

Thank you. Next I'll be asking you a series of questions about health and quality of life in \_\_\_\_\_ County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: 'Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity,' while sharing the local perspectives you have from your current position and from experiences in this community.

## Questions:

1. In general, how would you rate health and quality of life in \_\_\_\_\_ County?
2. In your opinion, has health and quality of life in \_\_\_\_\_ County improved, stayed the same, or declined over the past few years?
3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?
4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?
5. What barriers, if any, exist to improving health and quality of life in \_\_\_\_\_ County?
6. In your opinion, what are the most critical health and quality of life issues in \_\_\_\_\_ County?
7. What needs to be done to address these issues?
8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?

Obesity  
Cerebrovascular disease and stroke  
Access to clinics  
Diabetes

What do you think is most critical health need included on the list above or other of the community?

9. 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. In your opinion, are any the following areas in which the hospital should be addressing? Why or why not?

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

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

13. 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?

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

15. What do you think is the hospital's role in addressing the identified health needs of the community?

**Close:** Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in \_\_\_\_\_ County. Before we conclude the interview,

**Is there anything you would like to add?**

## **SOURCES**

## Sources

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