

Community Health Needs Assessment

Mercy Hospital Northwest Arkansas

Fiscal Year 2022





Our Mission

As the Sisters of Mercy before us,
we bring to life the healing ministry of Jesus
through our compassionate care
and exceptional service.

Our Values

Dignity
Excellence
Justice
Service
Stewardship

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Impact Evaluation of Previous CHNA

The 2019 Community Health Needs Assessment identified four priority health areas:



Mercy NWA developed and implemented a community health improvement plan which included a variety of programs and initiatives to address the needs identified in the 2019 CHNA.



Impact Evaluation of Previous CHNA

Access to Care

- **McAuley Clinic Without Walls** is a program to provide access to health care services, particularly primary care and preventive services, to uninsured adults living in Northwest Arkansas who would otherwise not have access to health care. 364 patients have been served since the program began in August 2016, The program is now part of the CHW program.
- **Specialty Clinic Access.** A program in collaboration with a local federally qualified health center (FQHC) provided streamlined access to specialty care for uninsured patients of the FQHC in need of such care operated from 2016 to 2019. 144 specialist appointments were scheduled in 2019. The program has been rolled into clinic operations and is no longer tracked separately.
- **Community Health Workers (CHWs)** have been serving at Mercy since 2018, screening for needs related to social determinants of health and facilitating access to services. Mercy currently employs three CHWs. Our CHWs provided resources and assistance to 854 patients over the last three years. 281 patients successfully obtained Mercy Financial Assistance, and 67 patients were enrolled in Medicaid.

Impact Evaluation of Previous CHNA

Access to Care *(continued)*

- ***Samaritan Center Community Health Screens.*** A chronic disease screening program in partnership with a local nonprofit service organization operated until March 2020, when it was discontinued due to the COVID-19 pandemic. 198 low-income community members received blood pressure, glucose, and lipid screening, educational interventions, and referrals for medical care as applicable.
- ***Internal Medicine Residency Program.*** Mercy is in its sixth year of offering a residency program in partnership with University of Arkansas for Medical Sciences to increase the number of practicing primary care physicians in the area. Currently, 34 internal medicine are residents completing their graduate medical education at Mercy.
- ***Regional SANE Coordinator Program.*** A partnership with three NWA advocacy centers employs a Regional SANE Coordinator to provide coordination, collaboration, and oversight of Sexual Assault Examiners performing forensic examinations to victims of abuse. The program oversaw a total of 975 medical exams performed by SANE nurses at the centers.



Impact Evaluation of Previous CHNA

Behavioral Health

- ***Charitable Behavioral Health Services*** is a program to provide free therapy services to uninsured and underinsured clients by interns supervised by staff therapists. 2568 hours of therapy services were provided over the last three years.
- ***Psychiatry Primary Care Support***. This proposed program in the 2019 Community Health Improvement Plan was not deemed feasible to implement during the last CHNA cycle. Planning shifting to virtual behavioral health initiatives in next several years.
- ***Behavioral Health Strategic Plan***. Mercy will be significantly expanding its virtual behavioral health offerings over the next several years.



Impact Evaluation of Previous CHNA

Diabetes/Obesity

- ***The Diabetes Prevention Program (DPP)*** is a CDC evidence-based lifestyle intervention program, led by a trained lifestyle coach, to reduce the risk of developing type 2 diabetes in adults with prediabetes or those who are at risk for diabetes. Mercy NWA has maintained a CDC fully recognized DPP program for 4 years. About 195 participants have enrolled since the program began, and the program retention rate is 84%. Average weight loss of participants completing the program was 10%. 57% of participants reduced their fasting glucose or HbA1C to normal.



Impact Evaluation of Previous CHNA

Homelessness

- ***Mercy NWA Motel Ministry Outreach Program*** provided 15,400 meals during the last three years in collaboration with multiple community partners to homeless residents of a local motel. In March 2021, oversight and administration of the ministry was transferred to a local nonprofit for long-term sustainability.
- ***Direct Assistance to Homeless Families.*** Mercy NWA provided \$35,000 in grant-funded direct assistance to 49 families over the last 3 years and assisted 31 families to move into permanent housing.
- ***Affordable Housing Initiative.*** Mercy has been working with a local affordable housing developer to explore the use of low-income tax credits to build new affordable housing in Northwest Arkansas on property owned by Mercy. The development will be approximately 128 various sized units on 10.8 acres in central Bentonville and will include a mix of affordable and market rate units.

Executive Summary

Mercy Hospital Northwest Arkansas is a 245-bed acute-care hospital located in Rogers, Arkansas affiliated with Mercy, a large Catholic health system. Headquartered in St. Louis, Mercy serves millions of people each year in multiple states across the central United States. For the purposes of this Community Health Needs Assessment (CHNA), the community served by Mercy NWA will be defined as the four-county NWA region made up of Benton, Carroll, Madison, and Washington Counties.

Mercy Hospital NWA includes a heart and vascular center, inpatient rehabilitation unit, outpatient surgery center, neonatal intensive care unit (Level IIIA), and emergency department. Additional clinical services are available throughout Northwest Arkansas, including an ambulatory surgery center, two free-standing emergency departments, outpatient rehabilitation and therapy services, and multiple primary care and specialty clinics. Mercy NWA has been the recipient of multiple awards since the last CHNA, including the Leapfrog “A” Safety Grade 2019-2021, the IBM Watson 100 Top Hospitals 2019-2021, and CMS 5 Star Hospital 2020.

Executive Summary *(continued)*

Northwest Arkansas is rapidly growing and changing, with a 23% increase in population since 2010 and a significant increase in Hispanic and Marshallese community members. Overall, NWA is very healthy, with Benton County ranked #1 and Washington County #2 in the state for overall health outcomes by County Health Rankings. However, income and health disparities are apparent, poverty rates are high, especially among non-White residents, and uninsurance rates are higher than state and national averages.

Mercy NWA is committed to carrying out its mission to deliver compassionate care and exceptional service for all members of the communities it serves, with special attention to those who are marginalized, underserved, and most vulnerable. As part of this CHNA, Mercy convened a collaboration of area health care and non-profit partners to conduct a comprehensive community health survey. Available secondary health data was also obtained, and NWA indicators were compared to those of Arkansas and the United States.





Executive Summary *(continued)*

Eight identified health needs emerged during the CHNA process. The Community Health Committee of Mercy NWA Hospital Board of Directors reviewed and prioritized the needs based on several criteria. 2022 prioritized community health needs are:

- Access to Care
- Behavioral Health
- Diabetes/Obesity/Nutrition
- Food Insecurity

These prioritized needs will be the basis of Mercy NWA's three-year community health improvement plan (CHIP), which will guide the coordination and targeting of resources and the planning, implementation, and evaluation of new and existing programs and interventions. This community health needs assessment, along with the resulting community health improvement plan, will provide the framework for Mercy NWA as it works in collaboration with community partners to advance the health and quality of life for the community members it serves.

Community Profile

Northwest Arkansas Region

Population
574,985

23% increase in
population since
2010

17.5% of NWA
residents are
Hispanic

2.1% are Marshallese
or Other Pacific
Islander

Median household
income is \$57,603



Community Profile

Northwest Arkansas Region

For the purposes of this CHNA, Mercy defines its community served as the four-county Northwest Arkansas (NWA) area, which includes Benton, Carroll, Madison, and Washington Counties. Mercy also serves some patients who live in Southwest Missouri, but these counties are not included in this CHNA. The NWA region, with a population of 574,985 in 2020, has experienced significant growth and development over the past two decades, driven predominantly by Walmart Stores, J.B. Hunt Transport Services, and Tyson Foods, all of whom are headquartered in the region.

Although the majority Northwest Arkansas residents are White, the region has welcomed an increasingly diverse population over the past few decades. Currently, 17.5% of residents are Hispanic, a 50% increase since the 2010 census. Northwest Arkansas is also home to a large and rapidly increasing population of Marshall Islanders, making up 2.1% of the population, a 150% increase since 2010.





Community Profile

Northwest Arkansas Region *(continued)*

Marshallese persons are free to live, work and travel in the United States do to a Compact of Free Association Agreement (COFA) dating back to 1983. Although NWA is a fairly prosperous region with a median household income of \$57,603, wealth and income disparity is high. 15.8% of children live in families below 100% of the federal poverty level (FPL). Poverty rates are higher among non-White residents of the region at 20% of Hispanics and 24% of Marshallese.

Access to health care is an issue for a sizeable portion of NWA residents. 12.7% of adults under age 65 and 7.4% of children under age 19 do not have health insurance. Despite NWA's relative economic prosperity, this rate is higher than the state of Arkansas and the U.S. average. Nationwide, Hispanics have a lower rate of insurance coverage of any race or ethnicity, at just 80%. Recent estimates put the uninsurance rate of Marshallese migrants at 37%.

Community Profile

Demographics

Age and Racial Distribution	NWA	Arkansas	U.S.
Population size (number of persons)	574,985	3,011,524	331,449,281
Age distribution			
Under 18 years	24.2%	22.7%	21.8%
18 to 44 years	38.2%	35.1%	36.1%
45-64 years	22.9%	24.5%	25.1%
65 years and over	14.7%	17.7%	16.9%
Race distribution			
White alone	67.4%	68.5%	60.1%
Black or African American	2.3%	14.9%	13.4%
American Indian and Alaska Native	1.3%	0.7%	1.3%
Asian	3.5%	1.7%	5.9%
Native Hawaiian and Other Pacific Islander	2.1%	0.5%	0.2%
Ethnicity distribution			
Hispanic or Latino (of any race)	17.5%	8.5%	18.5%

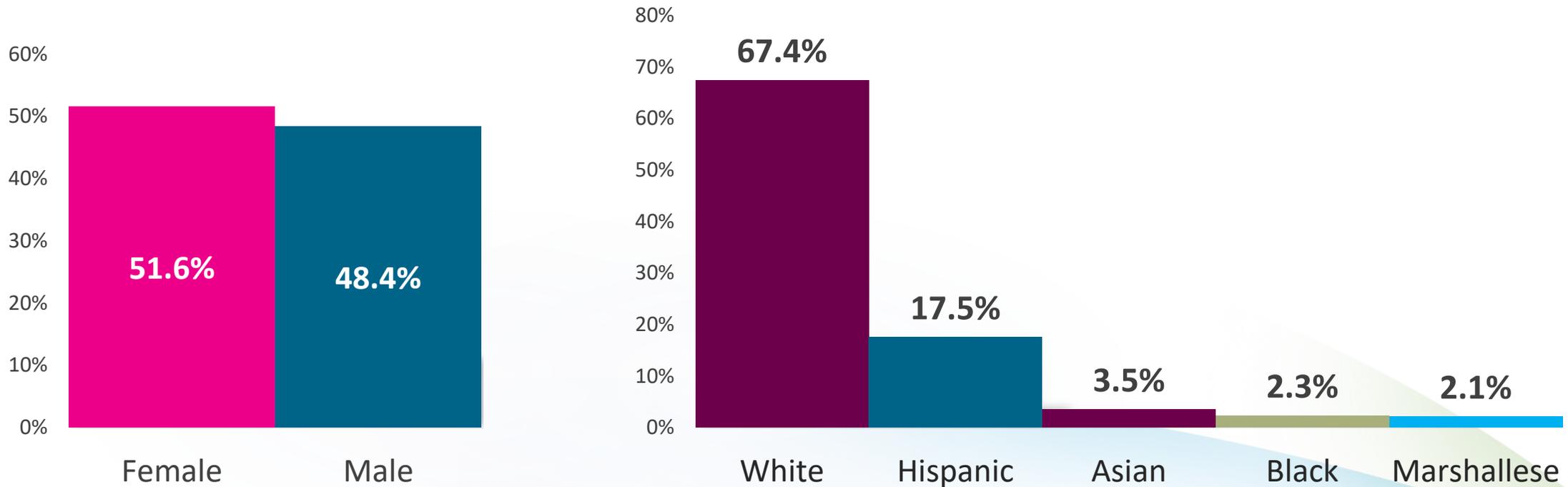
Source: US Census, 2020, and Mercy market analytics



Community Profile

Demographics

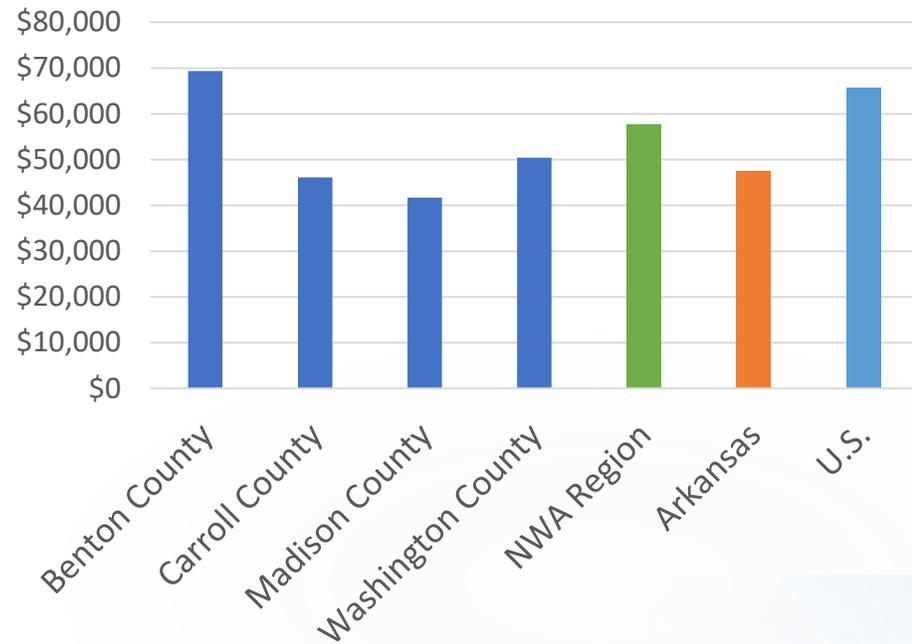
Population: 574,985



Source: US Census, 2020

Community Profile

Median Household Income



Source: US Census Bureau, American Community Survey. 2015-19, accessed via Data USA.

Community Profile

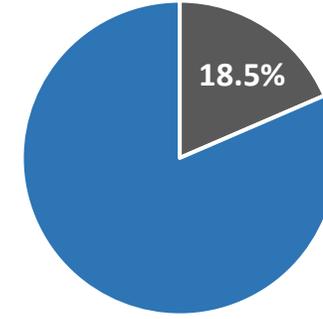
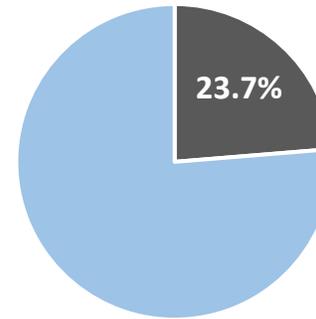
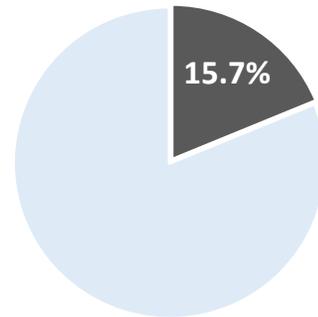
Poverty Statistics

NWA Region

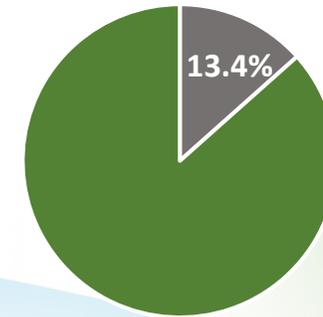
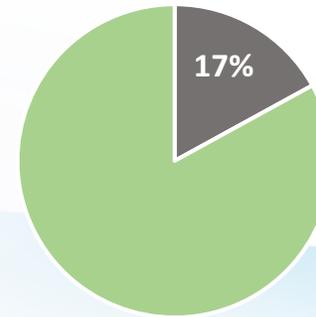
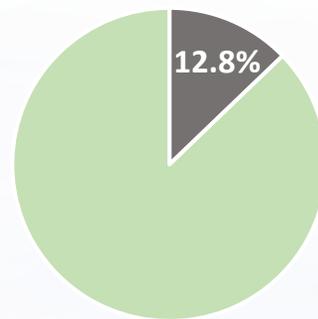
Arkansas

United States

Percent of children in families below 100% FPL



Percent of population below 100% FPL



Community Profile

Education

Level	NWA	Arkansas	U.S.
Less than High School	13.3%	13.3%	12%
High School Degree	28.5%	34%	27%
Some College or Assoc. Degree	29.5%	29.6%	28.9%
Bachelor's Degree	20.4%	14.8%	8.3%
Graduate or Professional Degree	11.8%	8.4%	12.4%

Source: US Census Bureau, American Community Survey. 2015-19, accessed via SparkMap, CARES University of Missouri Extension.

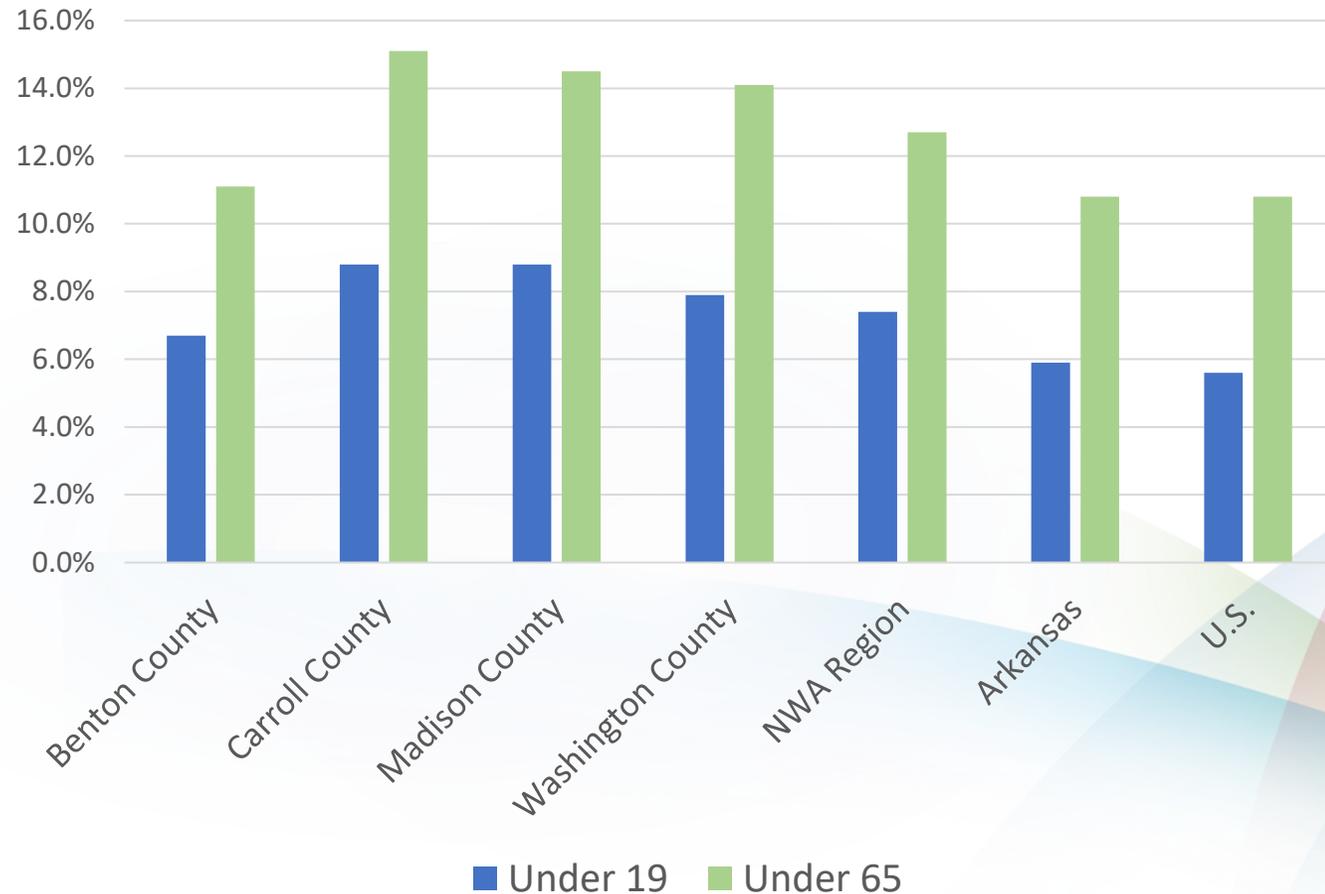


Community Profile

Insurance Coverage

- Medicare – 15.8%
- Medicaid – 22.5%
- Commercial – 50.3%
- Uninsured Rates
 - Under 19 – 7.4%
 - Under 65 – 12.7%

Adult and Child Uninsured Rates



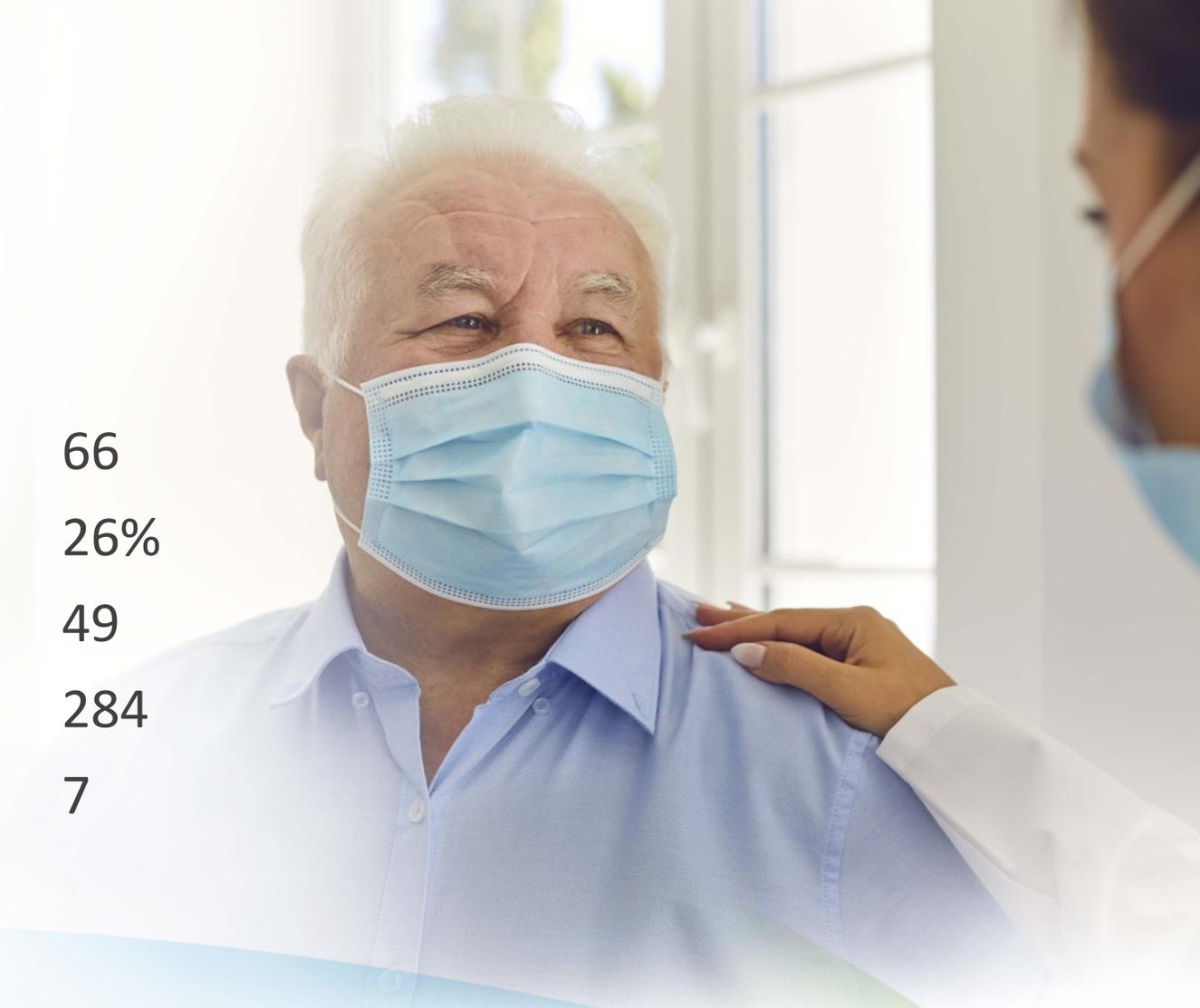
Source: US Census Bureau, Small Area Health Insurance Estimates, 2019, and Mercy market analytics.

Community Profile

Access to Care

- Primary Care Physicians per 100,000 66
- Percent of adults with no PCP 26%
- Dentists per 100,000 49
- Mental Health Providers per 100,000 284
- Acute care hospitals 7

Source: County Health Rankings, 2021.



Our Assessment Process

Overview and Community Input

In conducting its Community Health Needs Assessment, Mercy NWA collected and analyzed a significant quantity of primary and secondary data. Primary data was collected, and community input was solicited, by means of the 2021 Northwest Arkansas Community Health Survey, which was led by Mercy. Secondary data was collected and analyzed from publicly available data resources, listed below, and from internal Mercy data. NWA indicators were compared to those of Arkansas and the United States.

The Community Health Committee of Mercy NWA Board of Directors guided the CHNA process. The Community Health Committee is accountable for overseeing community health and benefit activities and ensuring these activities meet mission, compliance, and IRS guidelines. The committee meets quarterly and includes members representing non-profit, government, academic, public health and business sectors within the community.

The thoughts and opinions of people within Mercy's service area of Northwest Arkansas were central to the health needs assessment process. Input from people representing broad interests of the community was solicited through a robust survey process guided by a Mercy-led community coalition and by seeking input from the Community Health Committee of the Board and the Benton County Health Department.



Our Assessment Process

Overview and Community Input *(continued)*

Northwest Arkansas is home to Hispanic and Marshallese minority populations that include members who are low-income, medically underserved, and experience significant health disparities. Input from these groups was sought by intentionally seeking out their participation in the survey and by soliciting input from organizations representing these groups, specifically Arkansas Advocates for Children and Families, the Marshallese COVID-19 Task Force, the University of Arkansas for Medical Sciences Office of Community Health, and Community Clinic NWA.

Appendix B of this report lists relevant primary and secondary data related to eight identified health needs.

Our Assessment Process

Community Partners

Organizations participating in CHNA and serving on the Mercy NWA Community Health Committee of the Hospital Board:

- Arkansas Advocates for Children and Families
- Benton County Health Unit
- Benton County Children's Advocacy Center
- City of Rogers
- City of Springdale
- Community Clinic NWA
- Restoration Village
- Teen Action and Support Center
- University of Arkansas for Medical Sciences Office of Community Health



Our Assessment Process

Community Partners

Organizations with whom Mercy collaborated in conducting the CHNA and NWA Community Health Survey:

- Arkansas Children's Northwest
- Arkansas Department of Health
- Benton, Madison, and Washington County Health Units
- Community Clinic Northwest Arkansas
- Hark at the Excellerate Foundation
- Marshallese Consulate and COVID-19 Task Force
- Mercy Hospital Berryville
- NWA Council Health Care Transformation Division
- Ozark Guidance Center
- University of Arkansas
- University of Arkansas for Medical Sciences
- VA Medical Center
- Washington Regional Medical Center
- Whole Health Institute



Our Assessment Process

Northwest Arkansas Community Health Survey

Mercy convened a community coalition of 17 Northwest Arkansas health care and social service organizations to conduct a comprehensive community health survey in 2021. The survey was developed to build on the 2018 NWA Community Health Survey and to incorporate input and specific needs of the coalition partners. The final survey was made up of 30 questions focused on health issues and needs most important to the respondents, wellness, mental health, barriers to care, COVID-19 vaccination, childhood immunizations, and the NWA COVID-19 response. The survey was translated into Spanish and Marshallese by certified medical interpreters.

The Northwest Arkansas Council hosted the survey on their website from July to September 2021 in the three languages. The NWA Council promoted the survey on social media, and each partner organization distributed the survey electronically to their co-workers, patients, clients, and community members by email and through social media.



Our Assessment Process

NWA Community Health Survey *(continued)*

Flyers and business cards with QR codes for the survey in each language were produced and distributed by coalition partners in the community and at community events. Surveys were also made available in paper format for participants who preferred to complete it manually or did not have computer access. Intentional efforts were made to include and oversample Hispanic and Marshallese community members by attending community events, reaching participants at workplaces, using culturally specific social media outlets, and utilizing Hispanic and Marshallese Community Health Workers.

2,231 responses were included in the final analytic sample. 53% of respondents were from Benton County, 39% from Washington County, 5% from Carroll County, and 3% from Madison County. 1,647 (74%) of respondents were White, 194 (9%) were Hispanic, 123 (6%) were Marshallese or Other Pacific Islander. American Indian/Alaska Native, Black/African American, Asian, and other races made up the remainder of respondents. Complete results of the 2021 NWA Community Health Survey are included in Appendix A.

Our Assessment Process

NWA Community Health Survey *(continued)*

Survey Results

Question: What are 3 health issues or problems that are most important to you and the people in your household? (open response)

1. Mental Health
2. COVID-19
3. Diabetes
4. Nutrition & Weight Management
5. Cardiovascular Health
6. Wellness
7. Hypertension
8. Access to Health Care
9. Affordable Health Care & Medication
10. Obesity

Question: Here is a list of things health care organizations are working on in Northwest Arkansas. Please pick three things from this list you think are the most important.

1. Access to Affordable Health Care
2. Mental Health
3. Wellness & Health Education
4. Affordable Housing
5. Food Insecurity
6. Obesity
7. Diabetes
8. Cancer
9. Immunizations

From a Survey Participant:

“Access to mental health care is very limited in NWA already. The pandemic greatly increased the need of mental health resources, and patients who already have depression or anxiety were forced to isolate, often times making their depression or anxiety worse. We need better access for our community.”

Our Assessment Process

Resources

The following external sources of published data were used as part of the collection of secondary data during the assessment process:

- Arkansas Department of Health Vital Statistics, 2019. <https://www.healthy.arkansas.gov/programs-services/topics/vital-statistics>
- Centers for Disease Control and Prevention Overweight & Obesity Statistics, 2020. <https://www.cdc.gov/obesity/data/prevalence-maps.html#overall>.
- Centers for Disease Control and Prevention United States Diabetes Surveillance System, 2019. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
- County Health Rankings, 2021. <https://www.countyhealthrankings.org/>
- Feeding America – Hunger in America, 2019. <https://map.feedingamerica.org/>
- Johns Hopkins University Coronavirus Resource Center, 2021. <https://coronavirus.jhu.edu/us-map>

Our Assessment Process

Resources *(continued)*

The following external sources of published data were used as part of the collection of secondary data during the assessment process:

- NWA Continuum of Care Point in Time Count for Homelessness in NWA, 2021. <https://nwacoc.com/point-in-time-count/>
- Small Area Health Insurance Estimates, 2019. <https://www.census.gov/programs-surveys/sahie.html>
- SparkMap – Center for Applied Research and Engagement Systems (CARES), University of Missouri, 2018-2020. <https://sparkmap.org/report/>
- U.S. Census Bureau American Community Survey, 2019. <https://www.census.gov/programs-surveys/acs/data.html>
- U.S. Census Bureau, 2020 Census Results. <https://www.census.gov/>
- UAMS Public Health in Arkansas' Communities, 2021. <http://www.uams.edu/phacs/index.html>

Prioritized Needs



Access to Care



Behavioral Health



Diabetes/Obesity/
Nutrition



Food Insecurity

Prioritized Needs

Prioritizing Identified Health Needs

Eight identified health needs emerged during the process of analyzing primary and secondary data for the CHNA. Needs were identified if they were ranked highly as a need by survey respondents, identified as a health disparity by public health data, or were prioritized in a prior CHNA. Relevant indicators for each need are summarized in Appendix B. The identified health needs were Access to Care, Affordable Housing, Behavioral Health, COVID-19, Diabetes, Food Insecurity, Heart Disease, and Obesity and Overweight.

The Community Health Committee of Mercy NWA Hospital Board of Directors met in January 2022 to prioritize the eight identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and took into account the hospital's strategic plan. The committee decided to combine diabetes and obesity with the addition of nutrition into one category, then narrowed the list of identified health needs by using a strategy grid. Criteria used to prioritize the needs using the strategy grid were Severity of the Need and Availability of Resources to address the need. The strategy grid narrowed the list of health needs to four: Access to Care, Behavioral Health, Diabetes/Obesity/Nutrition, and Food Insecurity.

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

A nominal group technique was then used to rank the four finalized priority health needs. Each committee member ranked each of the four needs using five criteria: 1) Magnitude of Need, 2) Feasibility to Change, 3) Alignment with Mission/Strategic Goals, 4) Resources Available, and 5) Importance to Community. Scores were totaled for all participants. Results of the strategy grid and nominal group technique are included in the tables below.

Based on the results of the 2022 CHNA, Mercy NWA has prioritized four health needs: Access to Care, Behavioral Health, Diabetes/Obesity/Nutrition, and Food Insecurity. The first three of these needs will be carried over from the 2019 CHNA, and one is a newly identified need. Mercy NWA will maintain current strategies which have been implemented and have been shown to be making positive impacts in these priority areas and will continue to seek out programs, interventions, and community partnerships to meet all of the prioritized health needs.

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

Strategy Grid Results

		Magnitude of Need	
		High	Low
Resources Available	High	Access to Care Behavioral Health	
	Medium	Diabetes/Obesity/ Nutrition Food Insecurity	
	Low	Affordable Housing Heart Disease	COVID-19

Nominal Group Ranking Results

Identified Health Need	Total Score	Chosen as Priority Need
Access to Care	102	Yes
Behavioral Health	92	Yes
Diabetes/Obesity/Nutrition	91	Yes
Food Insecurity	95	Yes

Prioritized Needs

Access to Care



Access to health care refers to comprehensive, timely, and quality health care services that result in the best health outcomes. In particular, vulnerable populations suffer from limited access due to a variety of structural and individual factors. Such barriers include the high cost of care, lack of health insurance coverage or inadequate insurance coverage, limited availability of services, and transportation barriers. Those without care are not as able to obtain treatment for acute or chronic diseases, resulting in further exacerbation of their health conditions, increased cost of care, and, at times reduction in quality of life and premature death.

Despite expansion of Medicaid in Arkansas and availability of insurance through Affordable Care Act Marketplace plans, the numbers of uninsured adults and children in Northwest Arkansas remain high. 12.7% of NWA residents under age 65 are uninsured, which is higher than the state of Arkansas at 10.8% and the U.S. at 10.8%. Northwest Arkansas has relatively large populations of immigrants, particularly Hispanic immigrants, many of whom are undocumented, and migrants from the Marshall Islands.

Prioritized Needs

Access to Care *(continued)*

Another barrier to access to care is adequate numbers of primary care physicians (PCPs) for the population. Other than Washington County, which is home to a branch of the University of Arkansas for Medical Science, all NWA counties experience a shortage of primary care physicians. The rate of 58 PCPs per 100,000 population in Benton County is particularly low, and lower than the Arkansas rate of 66.

Respondents to the 2021 NWA Community Health Survey ranked Access to Affordable Health Care as the most important issue health care organizations are working on in NWA. Affordable health insurance ranked second and was chosen by 41% of survey respondents as something that would help them get healthy or stay healthy.

Access to care was chosen as a priority health need for Mercy NWA's 2016 and 2019 CHNAs. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted a number of programs to address this need.



Prioritized Needs

Behavioral Health

Mental or behavioral health (these terms will be used interchangeably for the purposes of this CHNA) includes our emotional, psychological, and social well-being. Mental and physical health are equally important components of overall health. While mental illness is not the same as mental health, mental illnesses are among the most common health conditions in the United States. More than 50% of people will be diagnosed with a mental illness or disorder at some point in their lifetime.¹

Respondents to the NWA Community Health Survey indicated that mental and behavioral health was the most important health issue or problem to them and the people in their households. 36% of respondents chose this as one of their top three health issues. Respondents ranked mental and behavioral health second in importance from a list of nine health issues health care organizations are working on in NWA (first was access to care).

Prioritized Needs

Behavioral Health *(continued)*

Secondary data on mental and behavioral health is challenging to obtain at the county level. As a nation, however, the data is clear that mental health is a very significant health issue. Just 17% of U.S. adults are considered to be in a state of optimal mental health.² Suicide rates have increased 24% over the past decade, from 11.3 to 14.0 per 100,000 population (age adjusted) from 2007 to 2017.³ Overall NWA suicide rates are about the same as national rates, with higher rates for the smaller rural counties of Carroll and Madison.

Although the proportion of mental health care providers in the NWA region of 284 per 100,000 population is higher than the state of Arkansas at 238 per 100,000, this average reflects a high proportion of mental health providers in Washington County of 384. Benton, Carroll, and Madison Counties are all experiencing shortages of mental health providers and access issues for patients seeking mental health care.

Several years ago, Mercy significantly expanded its behavioral health department, adding providers and more services. Mercy Health System is planning to implement several virtual behavioral health services across its ministry over the next several years, benefiting the community of Northwest Arkansas, and Mercy remains committed to finding solutions to meet this significant health need.



Prioritized Needs

Diabetes/Obesity/Nutrition



Diabetes mellitus is a common chronic illness in which the body is unable to adequately process blood glucose, resulting in blood sugar levels being too high. There are two types of diabetes, type 1 and type 2. Diabetes contributes to many long-term health issues and complications such as heart disease, kidney failure, stroke, blindness, and loss of toes, feet or legs. Additionally, medical costs for people with diabetes are twice as high as for people without diabetes.⁴ 34 million people in the United States, or one out of 10, have diabetes.⁴ The National Institutes of Health estimates that one third of those with diabetes still do not know they have it. Additionally, 88 million people, or one in 3 adults, have prediabetes, 8 out of 10 do not know they have it, and of these, 15-30% will develop type 2 diabetes within 5 years.⁵ In this population, diabetes can be prevented with weight loss and moderate physical activity. Diabetes, obesity, and poor nutrition often coexist and can be addressed together.

Prioritized Needs

Diabetes/Obesity/Nutrition *(continued)*

8.8% of adults in Northwest Arkansas have been diagnosed with diabetes. The rate in Arkansas is 12.4% and the overall rate in the U.S. is 10.2%.⁶ Arkansas has an adult obesity rate of 31%.⁷ Diabetes ranked third and nutrition and weight management ranked fourth as one of the top health issues identified by 2021 survey respondents. Marshallese survey respondents chose diabetes as the most important health issue to themselves and their families.

Type 2 diabetes can be prevented or delayed with an achievable amount of weight loss and moderate physical activity. Mercy NWA has been a leader in implementing and expanding the CDC evidence-based Diabetes Prevention Program over the last four years and will continue to work towards reducing the burden of diabetes in the community. Mercy will also continue to explore other initiatives to address diabetes and obesity and improve nutrition in our community members.



Prioritized Needs

Food Insecurity

Food insecurity is a lack of consistent access to enough food for an active, healthy life. Food insecurity is a complex problem. Many people do not have the resources to meet their basic needs. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity and people living above the poverty line can experience food insecurity. 13% of Northwest Arkansas residents are food insecure.⁸ While lower than the Arkansas rate of 16.6%, this is nevertheless a significant number. Food insecurity was ranked fifth among prioritized health issues by respondents to the NWA Community Health Survey.



Prioritized Needs

Food Insecurity *(continued)*



Food insecurity is a very important Social Determinant of Health (SDoH). Social Determinants of Health are the range of personal, social, economic, and environmental factors that influence health status, and helping patients and community members with needs related to SDOHs can positively impact their overall health status.

Mercy has been working on ways to meet this need over the last few years and will develop opportunities and initiatives to address food insecurity in the coming years.

Prioritized Needs

References

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/mentalhealth/learn/index.htm>
2. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/determinants>
3. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data>
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7. CDC Overweight & Obesity Statistics, 2020. <https://www.cdc.gov/obesity/data/prevalence-maps.html#overall>.
8. Feeding America – Hunger in America, 2019. <https://map.feedingamerica.org/>

Please refer to the NWA Community Health Survey Results in Appendix A for primary data collected by the survey. The reference list in Appendix B: Identified Health Needs contains references for statistics collected during the secondary data analysis.

Resources

Mercy NWA collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the Mercy NWA region. These organizations are sources of potentially available resources to address the significant health needs identified in this CHNA.

- American Diabetes Association
- Arkansas Department of Health
- Arkansas Diabetes Advisory Council
- Benton, Carroll, Madison, and Washington County Health Units
- Drug-Free Benton County
- Marshallese Consulate and COVID-19 Task Force
- NWA Council Health Care Transformation Division
- Ozark Guidance Center
- Samaritan Community Center
- University of Arkansas
- University of Arkansas for Medical Sciences Northwest

Appendices

- Appendix A: Northwest Arkansas Community Health Survey Results
- Appendix B: Identified Health Needs

Appendices are available as separate, supplemental pdf documents to this Community Health Needs Assessment Report.



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Mercy NWA CHNA 2022

Appendix A

NWA 2021 Community Health Survey Report

Introduction

Mercy Hospital convened a group of 17 health care and public health agencies from across the four-county Northwest Arkansas (NWA) region to conduct a comprehensive community health survey as part of their 2022 Community Health Needs Assessment (CHNA) process. The Northwest Arkansas region is made up of Benton, Washington, Carroll, and Madison Counties.

This project built on the 2018 NWA Community Health Survey, which supported Mercy and several other hospitals’ 2019 CHNAs, was the first collaborative project of its kind since a community-wide health assessment conducted in 2004 by the Northwest Arkansas Hometown Health Improvement Project.

Methods

Survey

A community coalition of 17 Northwest Arkansas health care and social services organizations formed in January 2021 to develop the survey and met monthly through 2021. The collaboration was made up of 17 organizations representing health care, public health, and nonprofit organizations. See Table 1 for the list of collaborative partners.

<u>Table 1</u>		
<i>Survey Collaborative Partner Organizations</i>		
Arkansas Children’s Northwest	Marshalllese COVID-19 Task Force	University of Arkansas for Medical Sciences
Arkansas Department of Health	Mercy Hospital Berryville	VA Medical Center
Benton County Health Unit	Mercy Hospital NWA	Washington County Health Unit
Community Clinic NWA	NWA Council Health Care Transformation Division	Washington Regional Medical Center
Hark at the Excellerate Foundation	Ozark Guidance Center/ Arisa Health	Whole Health Institute
Madison County Health Coalition	University of Arkansas	

A small committee of the coalition wrote the survey, taking into account input and specific needs of the coalition partners. The survey consisted of 30 questions. Seven of these were specific to children and did not populate on the electronic version of the survey if the respondent indicated they had no children under

18 years old in their household. Questions about health issues and needs most important to respondents were asked in two different ways. We used an open-ended question requesting respondents to list three issues or needs most important to them and the people in their households and included an additional multiple-choice question asking respondents to pick three of nine needs currently prioritized by NWA organizations. The survey also included questions about COVID-19 vaccination, childhood immunizations, mental health, wellness, barriers to care, the NWA COVID-19 response, and demographics. No identifying information was collected other than the respondent's zip code.

The survey was translated into Spanish and Marshallese by certified medical interpreters. The NWA Council hosted the survey, using the Survey Monkey platform, in three languages on its website. The survey was piloted for one week prior to its launch in all three languages, then revised based on feedback on the translations and specific wording of several questions. The survey went live online on July 7, 2021 and remained open until September 15, 2021.

Distribution

The survey was distributed electronically and in-person. The NWA Council promoted the survey on social media and advertised a drawing for five \$100 Walmart gift cards for anyone entering an optional email address at the end. Each partner organization distributed the survey electronically to their co-workers, patients, clients, and community members by email and through social media. Flyers and business cards with QR codes for the survey in each language were produced and distributed by coalition partners in the community and at community events. Surveys were also made available in a paper format for participants who preferred to complete it manually or did not have computer access. Intentional efforts were made to include and oversample Hispanic and Marshallese community members by attending community events, reaching participants at workplaces, using culturally specific social media outlets, and utilizing Hispanic and Marshallese Community Health Workers.

Analysis

A total of 3,825 respondents opened the survey online in one of the three languages during the active survey period. Of these, many completed only the first two or three questions before abandoning the survey. The following criteria were used to produce the final analytical sample of 2,231 responses: 1) Responses from participants under age 18 and from zip codes outside of Benton, Washington, Carroll and Madison Counties were removed. Responses with no zip code were analyzed and compared with IP addresses of responses with known NWA zip codes. If the IP address of a response with a blank zip code matched an IP address associated with responses from NWA zip codes or could be established to be in NWA by searching an online IP address database, the survey was included in the sample. Partial survey responses were included if the participant answered at least questions 1-7. Ninety-six paper surveys were received, and answers were transcribed and entered into an Excel spreadsheet by undergraduate public health students.

An open-ended item asked respondents to list the "three health issues or problems that are most important to you and the people in your household." Responses in Spanish and Marshallese were translated to English by certified medical interpreters. Across all respondents, a total of 5000 responses were received. The responses were coded by category, initially placed into 91 categories, then condensed further into a total of 49 different categories. Any concern mentioned less than 5 times was included in the "other" category. For example, men's health, acute pain, and Parkinson's were each mentioned by 1 or 2 respondents.

Results

Demographics and Descriptive Statistics

The NWA Community Health Survey received a total of 2,231 valid responses, more than twice the number of responses received in 2018. The geographical breakdown of respondents is shown in Table 2. The response rate from each county was roughly equivalent to that county's proportion of the total population of Northwest Arkansas, with the exception of overrepresentation from Benton County.

Table 2

Survey respondents by county

<u>County</u>	<u>n of participants</u>	<u>% of participants</u>	<u>2020 Census County Total</u>	<u>County Population % of Total NWA Survey Area</u>
Benton	1,185	53%	284,333	49%
Washington	871	39%	245,871	43%
Carroll	114	5%	28,260	5%
Madison	61	3%	16,521	3%
Total	2,231		574,985	

Racial and ethnic breakdown of survey respondents is shown in Table 3. Seventy-six percent were White, 9% were Hispanic/Latino, and 6% were Marshallese, Native Hawaiian, or Other Pacific Islander. The Marshallese community was oversampled, as was intentional, and the Hispanic response rate was less than anticipated.

Table 3

Survey respondents by race/ethnicity

<u>Race/ethnicity</u>	<u>n of responses</u>	<u>% of responses</u>	<u>% of NWA population by race/ethnicity</u>
White or Caucasian	1,647	74%	67%
Hispanic/Latino	194	9%	17%
Marshallese, Hawaiian, or Other Pacific Islander	124	6%	2%
American Indian or Alaska Native	67	3%	1%
Black or African American	54	2%	2%
Asian	46	2%	2%
Other	39	2%	

The survey was available in English, Spanish, and Marshallese. The English version received 2044 responses, the Spanish version received 108 and the Marshallese version received 79. The majority (78%) of survey respondents were female. About 53% percent of respondents were under 50 years of age and 47% were over 50 or over. Overall, respondents to the survey tended to have higher household incomes and higher education levels than the general population. See Figures 1 and 2 for income and education levels of survey respondents.

Figure 1

Survey respondents by income level

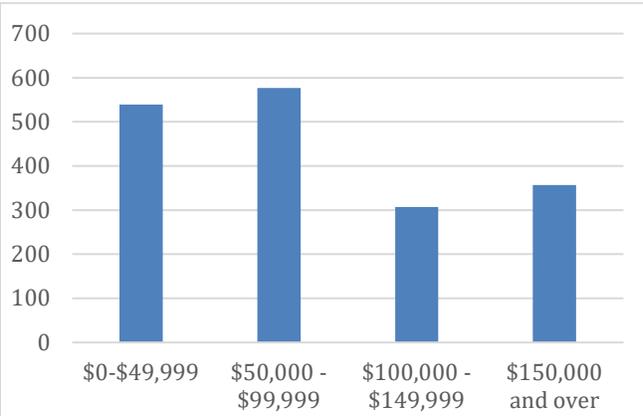
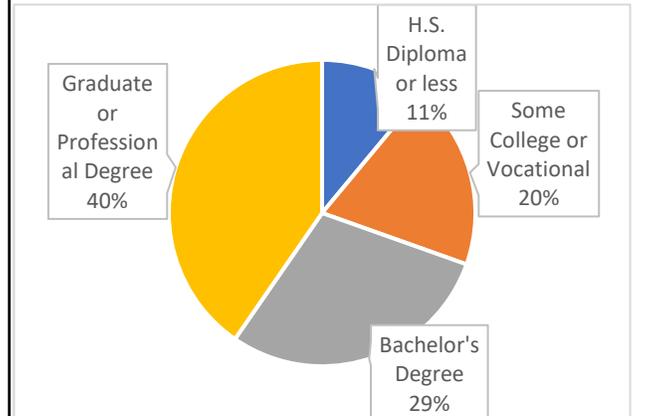


Figure 2

Survey respondents by educational level



The majority of those surveyed obtain health insurance through their employer (67%), and 11% of respondents reported being uninsured (see Table 4). Participants were allowed to choose more than one type of insurance, so the number and percentage of responses does not equal the number of participants.

Table 4

Health insurance coverage of respondents

Type of health insurance	<i>n</i> of responses	% of responses
Health insurance from your job	732	67%
ARKids First	182	17%
Medicare	164	15%
Medicaid	139	13%
Affordable Care Act/Marketplace Plan	80	7%
Veteran (VA) Benefits	42	4%
Indian Health Services	10	1%
Uninsured/No coverage	122	11%
Don't know	9	1%

As shown in Table 5, the majority of respondents indicated that they or a member of their family typically went to a primary care doctor or office to receive care, at 73%. Urgent care/convenient care/walk-in clinic and the Community Clinic Northwest Arkansas were each chosen by 23% of respondents. Eleven percent of respondents reported receiving health care at a hospital emergency room.

Table 5***Locations where respondents receive healthcare***

<u>Location</u>	<u>n of responses</u>	<u>% or responses</u>
Primary care doctor or office (family doctor, internal medicine doctor, or pediatrician)	795	73%
Urgent care/convenient care/walk-in clinic	249	23%
Community Clinic Northwest Arkansas (St. Francis House)	235	22%
Hospital emergency room	120	11%
Free clinic	70	6%
Health Department	65	6%
Veterans Clinic (VA)	30	3%
Boston Mountain Rural Health Center	23	2%
Healer/alternative medicine	19	2%
Indian Health Clinic	4	0.4%
Do not seek healthcare services	38	4%

Health Issues, Problems and Wellness

In order to determine community members' overall perceptions of health needs in Northwest Arkansas, the following questions were asked of survey respondents. Responses were analyzed for all respondents and by race and ethnicity, income level.

- What 3 health issues or problems are most important to you and the people in your household? (open response question)
- Pick 3 things from a list of 9 issues that health care organizations are working on in NWA you think are the most important.
- What things below would help you and others in your household get healthy or stay healthy?

All Respondents

Overall, survey participants selected mental and behavioral health, access to affordable health care, diabetes, nutrition and weight management, and COVID-19 as the issues most important to them and the people in their households. Mental and behavioral health was the top health issue or concern for survey respondents. 36% of respondents chose this issue as one of their top three health issues when asked to list three issues, followed by COVID-19 at 22% and diabetes at 19%. When asked to rank three issues that health organizations are working on as most important, respondents chose access to affordable health care (66%), mental or behavioral health (59%), and wellness and health education (35%) as their top three. Tables 6-8 display the top responses in descending order for each of the three core questions.

Table 6*What 3 health issues or problems are most important to you and the people in your household?*

<u>Priority Rank</u>	<u>Health Issue or Problem</u>	<u>n of responses</u>	<u>%</u>
1	Mental and Behavioral Health	656	36%
2	COVID-19	394	22%
3	Diabetes	343	19%
4	Nutrition and Weight Management	285	16%
5	Cardiovascular Health	273	15%
6	Wellness	263	15%
7	Hypertension	236	13%
8	Access to Health Care	203	11%
9	Affordable Health Care & Medication	188	10%
10	Obesity	173	10%

Table 7*Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.*

<u>Priority Rank</u>	<u>Health Issue</u>	<u>n of responses</u>	<u>%</u>
1	Access to Affordable Health Care	1,445	66%
2	Mental or Behavioral Health	1,285	59%
3	Wellness and Health Education	770	35%
4	Affordable Housing	750	35%
5	Food Insecurity	568	26%
6	Obesity	547	26%
7	Diabetes	508	23%
8	Cancer	451	21%
9	Immunizations, not including COVID-19	406	19%

Table 8***Which things below would help you and others in your household get healthy or stay healthy?***

Priority Rank	Item	<u>n of responses</u>	<u>%</u>
1	Better Sleep	1,014	48%
2	Affordable health insurance	857	41%
3	Learning and using new ways to reduce stress	723	35%
4	Having enough money to pay for everything we need	636	30%
5	Learning and using special skills (like yoga, tai chi, mindfulness, or others)	633	30%
6	Access to exercise groups	560	27%
7	Information on meal planning and nutrition	548	26%
8	Someone to keep me on track with healthy habits	544	26%
9	Access to a health coach	543	26%
10	Access to healthy food	514	25%

Responses by Race and Ethnicity

Because the majority (74%) of survey respondents were White, results of White respondents mirrored the results of all respondents. Hispanic respondents' top three health issues were mental or behavioral health, diabetes, and obesity, and they were less concerned about COVID-19 than White respondents. Marshallese respondents' top concerns were diabetes, COVID-19, and hypertension. Mental or behavioral health was chosen by only 15% of Marshallese respondents as an area of concern. Marshallese respondents chose diabetes as their most important health issue, with 57% of respondents choosing diabetes. Hispanic respondents chose diabetes as their second most important health issue at 29%. White and Marshallese respondents chose COVID-19 more often than Hispanic, Black and Asian participants. Tables 9 and 10 show results for important health issues by race and ethnicity.

Table 9***What are 3 health issues or problems that are most important to you and the people in your household? Responses by Race and Ethnicity.***

What are three health issues or problems that are most important to you and the people in your household?																	
Note: Open-ended survey item for which each respondent could list up to three issues or problems. Some responses were coded as belonging to multiple categories.																	
Number of Total Respondents		Total (n=2231)		White (n=1647)		Hispanic (n=194)		Marshallese/Other PI (n=124)		American Indian/Alaska Native (n=67)		Black (n=54)		Asian (n=46)		Other (n=46)	
Number of Respondents to this question		1813		1499		126		67		62		45		37		46	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
First	Mental & Behavioral Health	656	36%	570	38%	42	33%	10	15%	38	61%	9	20%	7	19%	17	37%
Second	COVID-19	394	22%	346	23%	16	13%	28	42%	14	23%	4	9%	6	16%	5	11%
Third	Diabetes	343	19%	244	16%	36	29%	38	57%	16	26%	10	22%	7	19%	8	17%
Fourth	Nutrition & Weight Management	285	16%	252	17%	21	17%	4	6%	8	13%	2	4%	3	8%	7	15%
Fifth	Cardiovascular Health	273	15%	244	16%	10	8%	4	6%	11	18%	6	13%	3	8%	5	11%
Sixth	Wellness	263	15%	212	14%	16	13%	0	0%	11	18%	20	44%	7	19%	2	4%
Seventh	Hypertension	236	13%	174	12%	14	11%	20	30%	10	16%	12	27%	6	16%	3	7%
Eighth	Access to Health Care	203	11%	160	11%	12	10%	10	15%	14	23%	5	11%	3	8%	6	13%
Ninth	Affordable Health Care	188	10%	159	11%	18	14%	3	4%	12	19%	5	11%	5	14%	8	17%
Tenth	Obesity	187	10%	139	9%	32	25%	10	15%	8	13%	8	18%	9	24%	5	11%
Eleventh	Cancer	173	10%	110	7%	9	7%	13	19%	6	10%	5	11%	5	14%	39	85%

Table 10

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important. Responses by Race and Ethnicity.

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.																	
Number of Total Respondents		Total (n=2231)		White (n=1647)		Hispanic (n=194)		Marshallese/ Other PI (n=124)		American Indian/ Alaska Native (n=67)		Black (n=54)		Asian (n=46)		Other (n=46)	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Number of Respondents to this question		2173		1645		183		122		66		53		45		46	
First	Access to Affordable Health Care	1445	66%	1125	68%	124	68%	67	55%	45	68%	34	64%	28	62%	28	61%
Second	Mental or Behavioral Health	1285	59%	1046	64%	89	49%	33	27%	38	58%	28	53%	27	60%	30	65%
Third	Wellness and Health Education	770	35%	568	35%	74	40%	45	37%	20	30%	21	40%	27	60%	17	37%
Fourth	Affordable Housing	750	35%	581	35%	54	30%	41	34%	32	48%	24	45%	8	18%	24	52%
Fifth	Food Insecurity	568	26%	445	27%	31	17%	34	28%	22	33%	17	32%	5	11%	12	26%
Sixth	Obesity	547	26%	410	25%	43	23%	31	25%	13	20%	10	19%	14	31%	14	30%
Seventh	Diabetes	508	23%	280	17%	69	38%	90	74%	16	24%	18	34%	12	27%	8	17%
Eighth	Cancer	451	21%	325	20%	48	26%	28	23%	10	15%	15	28%	10	22%	7	15%
Ninth	Immunizations	406	19%	304	18%	33	18%	28	23%	15	23%	10	19%	14	31%	4	9%

Responses by Income Level

Survey respondents had higher incomes and education levels than the general population of Northwest Arkansas. Over half of the survey respondents reported a household income of over \$100,000 per year and 38% reported having graduate or professional degrees. To analyze the data in more depth, the two questions asking about health issues most important to respondents were analyzed by income level. Respondents in all income categories chose mental or behavioral health as their most important health issue for the open response survey item. When asked to rank priority needs health systems are working on, respondents in all categories chose access to affordable health care first and mental or behavioral health second. Tables 11 and 12 show results for important health issues by race and ethnicity. Two health issues showed trends by income level. As income level of respondents rose, the number of participants who chose COVID-19 as a priority need also rose. Diabetes showed the opposite trend, with the importance of the health issue falling in those with higher income levels. See Figure 3 for an illustration of the trends of top health needs by income level.

Table 11

What are 3 health issues or problems that are most important to you and the people in your household? Responses by Income Level.

What are three health issues or problems that are most important to you and the people in your household?											
Note: Open-ended survey item for which each respondent could list up to three issues or problems. Some responses were coded as belonging to multiple categories.											
Number of Total Respondents		Total (n=2231)		\$0 - \$49,999 (n=539)		\$50,000 - \$99,999 (n=577)		\$100,000 - \$149,999 (n=307)		\$150,000 and over (n=357)	
		#	%	#	%	#	%	#	%	#	%
Number of Respondents to this question		1813		441		524		281		329	
First	Mental & Behavioral Health	656	36%	177	40%	214	41%	94	33%	112	34%
Second	COVID-19	394	22%	64	15%	98	19%	66	23%	85	26%
Third	Diabetes	343	19%	109	25%	94	18%	55	20%	41	12%
Fourth	Nutrition & Weight Management	285	16%	57	13%	85	16%	34	12%	61	19%
Fifth	Cardiovascular Health	273	15%	53	12%	84	16%	44	16%	55	17%
Sixth	Wellness	263	15%	70	16%	62	12%	41	15%	44	13%
Seventh	Hypertension	236	13%	71	16%	65	12%	34	12%	38	12%
Eighth	Access to Health care	203	11%	42	10%	55	10%	22	8%	42	13%
Ninth	Affordable Health Care	188	10%	41	9%	64	12%	35	12%	31	9%
Tenth	Obesity	187	10%	33	7%	62	12%	35	12%	45	14%
Eleventh	Cancer	173	10%	39	9%	39	7%	31	11%	36	11%

Figure 3

What are 3 health issues or problems that are most important to you and the people in your household? Responses by Income Level.

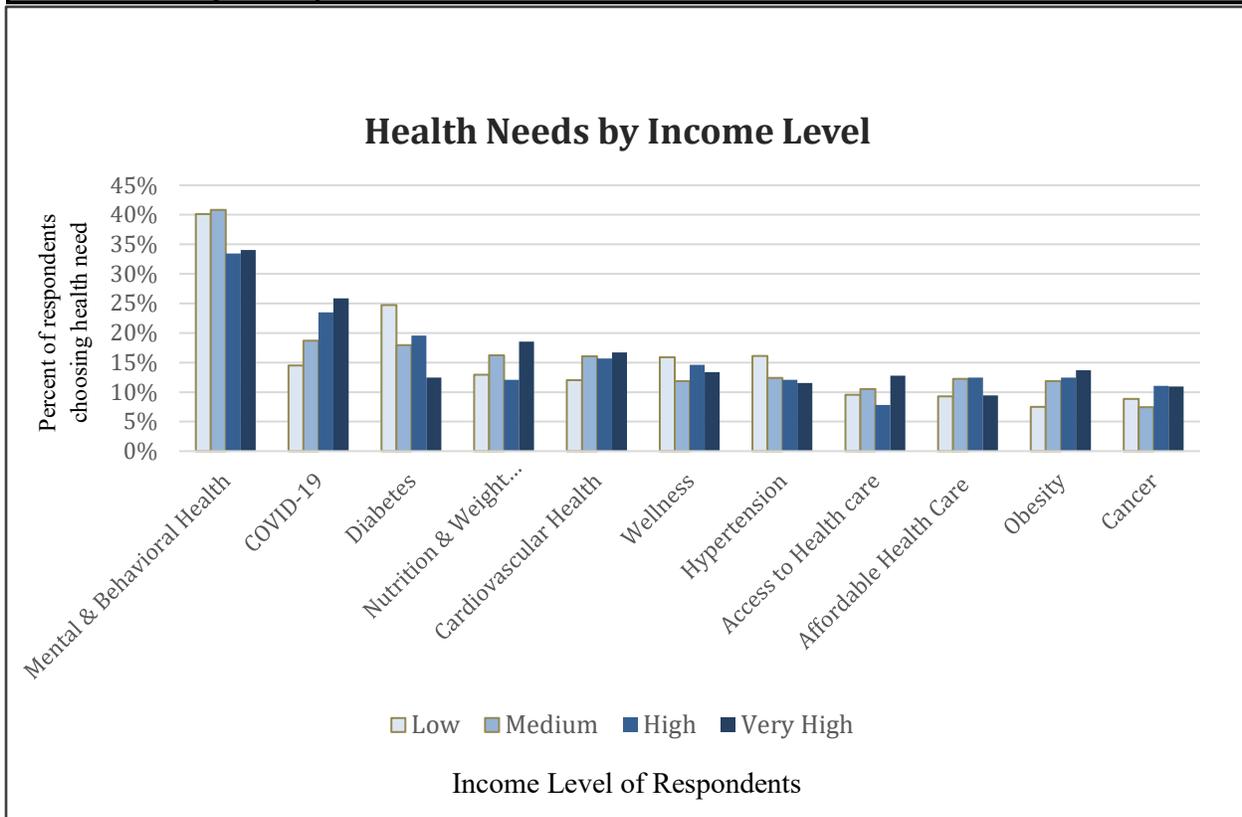


Table 12

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important. Responses by Income Level.

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.

Number of Total Respondents		Total (n=2231)		\$0 - \$49,999 (n=539)		\$50,000 - \$99,999 (n=577)		\$100,000 - \$149,999 (n=307)		\$150,000 and over (n=357)	
Number of Respondents to this question		2173		532		572		307		357	
		#	%	#	%	#	%	#	%	#	%
First	Access to Affordable Health Care	1445	66%	357	67%	413	72%	206	67%	208	58%
Second	Mental or Behavioral Health	1285	59%	280	53%	370	65%	189	62%	230	64%
Third	Wellness and Health										
	Education	770	35%	169	32%	197	34%	117	38%	136	38%
Fourth	Affordable Housing	750	35%	233	44%	214	37%	91	30%	85	24%
Fifth	Food Insecurity	568	26%	165	31%	146	26%	69	22%	91	25%
Sixth	Obesity	547	26%	107	20%	132	23%	84	27%	120	34%
Seventh	Diabetes	508	23%	168	32%	113	20%	63	21%	61	17%
Eighth	Cancer	451	21%	110	21%	104	18%	54	18%	84	24%
Ninth	Immunizations	406	19%	108	20%	90	16%	64	21%	71	20%

Other Results

Mental Health Disorders

41% of respondents indicated that they or another adult in their household has ever had depression or anxiety. 6% reported a history of another serious mental illness, such as bipolar, schizophrenia, or psychosis. 22% of respondents reported that a child in their household has ever had depression or anxiety, and 6% reported another serious mental illness.

Barriers to Accessing Health Care and Mental Health Care

35% of adults indicated they had problems getting health care or medicine. The most common reasons for these barriers were not having health insurance or needing to work instead. 31% of adults reported barriers in getting mental health care. Of those who experienced barriers, 53% did not have insurance coverage, 38% needed to work instead, and 35% could not find a place to go or could not get an appointment. 18% of respondents indicated that children in their household had problems getting mental health care they needed. Of those, the most common reason was lack of health insurance coverage. 12% of respondents reported barriers in getting telehealth visits. Of those, the most common reason was lack of health insurance.

Immunizations

95% of survey respondents reported that their children were up to date on their immunizations or that they planned on updating them. 2% reported not planning to bring their children up to date, and another 2% were not sure. 11% of respondents reported their children got their immunizations at the health department, and the rest listed a doctor's office or clinic as the primary location.

COVID-19 Vaccination

89% of survey respondents indicated they had received at least one COVID-19 vaccine at the time of the survey. During the survey period, about 45% of the population of NWA was fully vaccinated. The most common reasons for not being vaccinated were worry about possible side effects, plans to wait and see if it is safe, not being sure if the vaccine will protect them, not trusting COVID-19 vaccines, and not trusting the government.

Pandemic Response

In response to a question about how have health care and social services agencies in NWA done in response to the COVID-19 pandemic, 37% chose very good or excellent, 40% chose good, 18% chose fair, and 2% chose poor. 1140 participants responded to the invitation to comment on what actions health care and social services could take in the event of another pandemic. A sample of 500 of these responses was analyzed using qualitative analysis software, coded, and categorized into ten themes. 35% of respondents recommended better education and communication and 29% wanted a coordinated response. 21% of respondents accepted public health guidance and recommendations and 5% did not agree with masks, vaccines, or social distancing. Several respondents asked for no action at all. Mental health and access to health care also came up in these responses. One respondent said, "Access to mental health care is very limited in NWA already. The pandemic greatly increased the need of mental health resources, and patients who already have depression or anxiety were forced to isolate, often times making their depression or anxiety worse. We need better access for our community." Table 13 summarizes themes and codes identified, and Figure 4 is a word cloud image of responses.

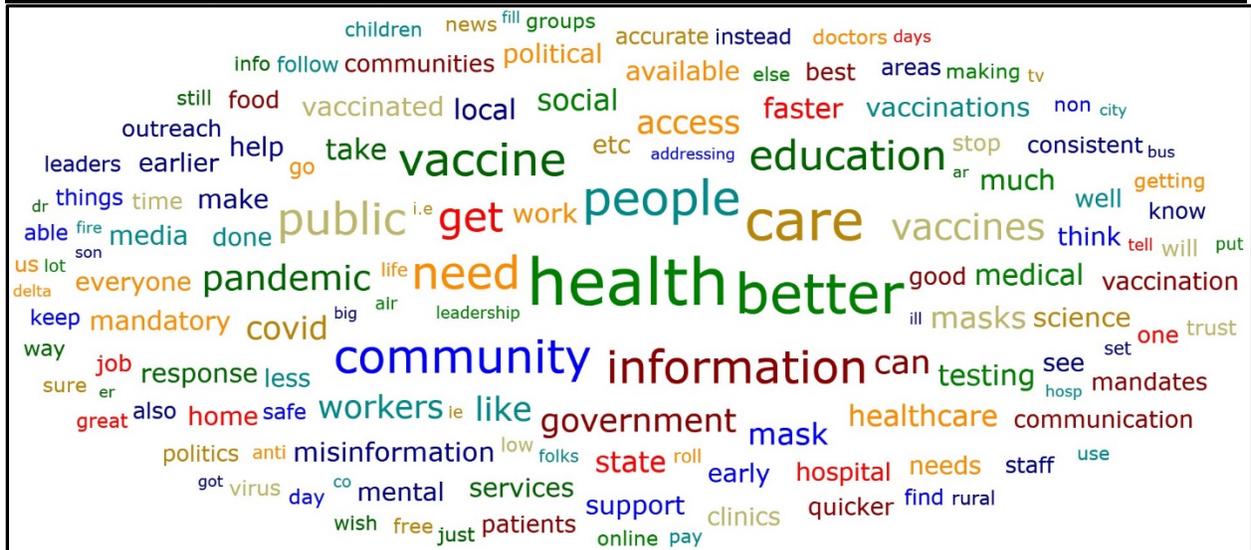
Table 13

If we ever have another pandemic, what actions would you like to see health care and social services groups take that you did not see with their response to COVID-19? (of 500 responses analyzed)

Theme	Coded Responses Included in Theme	<i>n</i>	%
Education and communication	Accurate information, Communication, Education, Government action, Trust medical experts, Vaccine information	176	35%
Coordinated response	Government action, Minority community, Not political, Preparation, Quick action, United effort	147	29%
Vaccination	Vaccine acceptance, Vaccine delivery, Vaccine distrust, Vaccine information, Vaccine mandate	131	26%
Access to health care	Access to health care, Access to health care not related to COVID-19, Access to PPE, Clinical care, Mental health, More medical staff, Vaccine delivery	117	23%
COVID-19 guidance acceptance	Mask mandate, Support for shutdowns, Trust medical experts, Vaccine acceptance, Vaccine mandate	104	21%
COVID-19 specific response topics	Contact tracing, Mask mandate, Social distance, Testing access, Vaccine delivery	80	16%
Masks	Mask mandate, Mask no mandate	31	6%
Social determinants of health	Access to food, Affordable housing and food instability, Childcare, Financial assistance, Safety, Social connection, Transportation	30	6%
COVID-19 guidance resistance	Mask no mandate, No action, No shutdown, Vaccine distrust	23	5%

Figure 4

Word cloud of pandemic response question responses



Discussion

The 2021 Northwest Arkansas Community Health Survey obtained 2,231 valid responses from community members in the four-county Northwest Arkansas area. Responses from the counties generally reflected the population of the area except for a higher number of participants from Benton County. Responses also reflected the overall racial and ethnic diversity of the region, with good participation from members of the Hispanic and Marshallese communities. Residents of Northwest Arkansas are concerned with a wide range of health-related needs and issues. Overall, survey respondents indicated that they were most concerned with issues related to mental and behavioral health, access to affordable health care, diabetes, nutrition and weight management, and issues related to COVID-19.

Mental and Behavioral Health

Mental and behavioral health replaced obesity as the top health concern when compared to the 2018 NWA Community Health Survey. When asked to list three health issues that are most important to you and the people in your household, respondents across all income levels listed this issue as their top priority. When comparing responses across racial and ethnic groups, however, Marshallese and Black respondents ranked mental and behavioral health as their fifth and fourth most important issue, respectively. The high ranking that respondents, overall, gave this issue correlates to high self-reported prevalence of depression, anxiety, and serious mental illness in both adults and children. One third of respondents who reported barriers to receiving mental health care they needed said they could not find a place to go or get an appointment.

Access to Affordable Health Care

When asked to rank three health issues out of a list of nine that health care organizations are working on as most important, respondents of all races and ethnicities and across all income levels ranked access to affordable health care as the most important issue. Affordable health insurance was chosen as the second most important thing that would help you and others in your household get healthy or stay healthy, after better sleep. One third of all respondents indicated they had problems getting health care or medicine, and the most common reasons for these barriers were not having health insurance or needing to work instead.

Diabetes

Diabetes was listed as the third most important health issue by all respondents. More Marshallese and Hispanic respondents chose diabetes than other racial and ethnic groups as a key health issue, and Marshallese respondents chose it as their top health issue. Trends across income levels showed a decrease level of importance of diabetes to respondents as income levels rose.

Nutrition and Weight Management

Nutrition and weight management was listed as the fourth most important health issue by all respondents. When asked to rank three health issues out of a list of nine that health care organizations are working on, respondents ranked wellness and health education third overall. Respondents in the highest household

income level, \$150,000 per year and above, were more concerned about this issue than respondents in all other income levels.

COVID-19

Survey respondents listed COVID-19 as the second most important health issue overall. More Marshallese respondents (42%) chose COVID-19 as a top health issue than respondents of any other race or ethnicity. The importance of COVID-19 as an issue rose as income levels rose across participant groups. Survey respondents overall were more educated and of higher income levels than the general population of NWA which likely explains a much higher COVID-19 vaccination rate among survey respondents than NWA residents. 75% of survey respondents thought the pandemic response of NWA health care and social services agencies was good, very, good or excellent. Many respondents suggested more education and communication and a more coordinated response in the event of another pandemic.

Conclusion

The 2021 Northwest Arkansas Community Health Survey provides detailed quantitative and qualitative data describing the health needs, issues, and barriers to care most important to Northwest Arkansas residents. The results of this survey will be used by Mercy Hospital and by collaborating partners as part of their community health needs assessments to help understand and prioritize community needs and implement appropriate interventions by these organizations.

Northwest Arkansas Community Health Survey | 2021

We want to hear your thoughts on important health issues in our community. We will use the results of this survey to help improve health care and direct investment in programs in Northwest Arkansas. Your responses are completely anonymous. Thank you very much for participating!

1) What is your age? _____

2) Below is a list of age groups. How many people in each of the age groups (including yourself) live in your household?

<u>Age</u>	<u>0 people</u>	<u>1 person</u>	<u>2 people</u>	<u>3 people</u>	<u>4 people</u>	<u>5 or more</u>
0-17 Years	<input type="radio"/>					
18-39 Years	<input type="radio"/>					
40-59 Years	<input type="radio"/>					
60-74 Years	<input type="radio"/>					
75 Years or Older	<input type="radio"/>					

3) In the last 12 months, have you or people in your household gotten health services at any of the place below? Choose all that apply

- Arkansas Children's Northwest
- Boston Mountain Rural Health Center
- Community Clinic Northwest Arkansas
- Health Department
- Indian Health Services
- Mercy Hospital or Clinic
- Northwest Medical Center Hospital or Clinic
- Ozark Guidance Center/ Arisa Health
- UAMS Northwest
- University of Arkansas Pat Walker Health Center
- VA Medical Center or Clinic
- Washington Regional Medical Center or Clinic
- A doctor's office or clinic not listed above

- 4) Are all of the children in your household up to date on their childhood immunizations (shots)?
- Yes
 - No, but we plan to immunize our children
 - No, and we do not plan to immunize our children
 - I am not sure
 - There are no children in my household
- 5) Where do the children in your household usually get their childhood immunizations (shots)?
- Health Department
 - Community Clinic NWA
 - Arkansas Children's Northwest
 - School-based clinic
 - A doctor's office or clinic
 - Other (please specify): _____
 - We do not choose to immunize our children
 - There are no children in this household
- 6) What are three health issues or problems that are most important to you and the people in your household?
- 1) _____
- 2) _____
- 3) _____
- 7) Here is a list of things health care organizations are working on in Northwest Arkansas. Please pick three things from this list you think are the most important.
- Diabetes
 - Obesity
 - Housing we can afford
 - Mental or behavioral health
 - Immunizations (shots), not including COVID-19 Vaccine
 - Access to health care we can afford
 - Wellness and health education
 - Cancer
 - Not having enough food or being worried food might run out
- 8) Have you or another adult in your household ever been told by a health care worker that you have any of the following? Choose all that apply
- Depression or anxiety
 - Another serious mental illness, such as bipolar, schizophrenia, or psychosis

- Substance abuse
- None of these

9) Have you ever been told by a health care worker that a child in your household has any of the following? Choose all that apply

- Depression or anxiety
- Another serious mental illness, such as bipolar, schizophrenia, or psychosis
- Substance abuse
- None of these
- There are no children in my household

10) Which things below would help you or others in your household to get healthy or stay healthy? Please select all that apply

- Information on healthy habits
- Information on meal planning and nutrition or cooking classes
- Access to healthy food
- Learning and using new ways to reduce stress
- A safe neighborhood
- A safe home
- Knowing where I will live or stay for the long-term
- Transportation
- Access to exercise groups
- Healthier relationships
- Better sleep
- Access to a health coach who can help me set and reach personal health goals
- Someone to keep me on track with health habits
- Learning and using special skills (like yoga, tai chi, mindfulness, or others)
- Learning and using tips to manage money better
- A deeper faith experience
- Finding meaning and purpose in my life
- Having enough money to pay for everything we need
- Affordable health insurance
- Steady work or job
- Higher level education
- Information or resources about how to be a better parent
- Other (please specify): _____

11) In the last 12 months, which of these problems kept you or other adults in your household from getting the health care or medicine you needed? (Choose all that apply)

- Adults did not need health care or medicine
- Adults did not have problems getting health care or medicine we needed
- Did not have health insurance or our insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in my preferred language
- Cultural or religious reasons
- Others (please specify): _____

12) In the last 12 months, which of these problems has kept you or other adults in your household from getting the mental health care you needed? Choose all that apply

- Adults did not need health care or medicine
- Adults did not have problems getting health care or medicine we needed
- Did not have health insurance or our insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in my preferred language
- Cultural or religious reasons
- Others (please specify): _____

13) In the last 12 months, which of these problems kept children in your household from getting the mental health care they needed? Choose all that apply

- Children did not need any mental health care
- Children did not have problems getting the mental health care they needed
- Did not have health insurance or our health insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in our preferred language
- Cultural or religious reasons
- Other (please specify): _____
- There are no children in my household

14) In the last 12 months, which of these problems kept you or anyone in your household from getting a telehealth or video visit with a health care worker? Choose all that apply

- No one in my household needed a telehealth or video visit
- No one in my household had problems getting telehealth or video visits
- Did not have health insurance or our health insurance did not cover what we needed
- Needed to work instead
- Could not find a place that offered telehealth or video visits, could not get an appointment
- Could not find a place to get care in our preferred language
- Cultural or religious reasons
- Did not have a computer or smartphone
- Did not have internet access
- Other (please specify): _____

15) Have you gotten at least one COVID-19 vaccine?

- Yes, I have received 1 or 2 COVID-19 vaccines
- No, I have not received any COVID-19 vaccines, but I plan to do so
- No, I have not received any COVID-19 vaccines, and I do not plan to do so
- No, I have not received any COVID-19 vaccines, and I am not sure if I will

16) Now that COVID-19 vaccines are available for children ages 12 to 15 have the children in your household been vaccinated, or will you have them get the vaccine?

- Yes
- No
- I am not sure
- There are no children in my household ages 12 to 15 in my household

17) When COVID-19 vaccines are available for children under the age of 12, will you have the children in your household get the vaccine?

- Yes
- No
- I am not sure
- There are no children under the age of 12 in my household

18) If you do not plan, get a COVID-19 vaccine for yourself, or you are not sure about being vaccinated, what are your reasons? (Choose all that apply)

- I am worried about possible side effects
- I am not sure if the vaccine will protect me

- I do not think I need a vaccine
- I do not like vaccines
- My doctor has not suggested I get it
- I plan to wait and see if it is safe
- Other people need it more than I do right now
- I worry it will cost too much
- I do not trust COVID-19 vaccines
- I do not trust the government
- Getting it goes against my religious believes
- I have received the COVID-19 vaccine, or plan to do so
- Other (please specify): _____

19) Think about the health care and social services organizations you know in the Northwest Arkansas. How do you feel about the work they have done in response to the COVID-19 pandemic?

- Very good
- Good
- Fair
- Poor
- Very poor

20) If we ever have another pandemic, what actions would you like to see health care and social services groups take that you did not see with their response to COVID-19?

21) What is your zip code? _____

22) What is your gender?

- Female
- Male
- Non-binary
- Prefer to self- describe (please specify): _____

23) Do you think of yourself as?

- Heterosexual or straight
- Homosexual, gay or lesbian
- Bisexual
- Prefer to self-describe (please specify): _____

24)What is your race or ethnicity? (Choose all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African – American
- Hispanic or Latinx
- Marshallese, Native Hawaiian, or another pacific islander
- White
- Other (please specify): _____

25)What is the main language used in your home most of the time?

- English
- Spanish
- Marshallese
- Other (please specify): _____

26)Which adults in your household have health insurance?

- No adults in my households have health insurance
- Some adults in my household have health insurance
- All adults in my household have health insurance

27)Which children in your household have health insurance?

- No children in my household have health insurance
- Some children in my household have health insurance
- All children have health insurance
- There are no children in my household

28)Which health insurance do members of your household have now? Choose all that apply

- Medicaid
- ARKids First
- Medicare or Medicare Advantage plan
- Health insurance from a job, or other private insurance
- Tri-care or veterans' (VA) benefits
- Affordable Care Act/ Marketplace Plan
- Indian Health service
- Student health insurance
- Other (please specify): _____
- No one in my household has health insurance

29) Think of the person in your household with the most education. What is their highest level of education?

- Less than a high school diploma
- High school diploma or GED
- Vocational or technical training
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

30) What was the total combined income of all members of your household last year before taxes?

- \$0-\$9,999
- \$10,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,000
- \$150,000-\$149,000
- \$200,00 or more
- I prefer not to answer

Mercy NWA CHNA 2022

Appendix B

Identified Health Needs

Access to Care

A lack of access to care results in barriers to positive health behaviors and outcomes. These barriers disproportionately impact those who are low-income, members of racial or ethnic minority groups, or are immigrants. Access to care is determined by availability and accessibility of resources and services and includes such factors as lack of access to preventive care, limited health knowledge, insufficient availability of services, and Social Determinants of Health.

Access to Care Indicators

- 12.7% of NWA residents under age 65 are uninsured, which is higher than the state of Arkansas (10.8%) and the U.S. (10.8%).¹
- There are 64 primary care physicians per 100,000 population in the four-county NWA region, a rate lower than the state (66). The rate is particularly low in Benton County at 58 per 100,000.²
- 26% of adults in NWA report having no personal doctor. This is lower than the Arkansas rate of 50%.³
- Respondents to the 2021 NWA Community Health Survey ranked Access to Affordable Health Care as the most important issue health care organizations are working on in NWA.
- Affordable health insurance ranked 2nd and was chosen by 41% of survey respondents as something that would help them get healthy or stay healthy.

Affordable Housing

Affordable housing is housing that a household can pay for, while still having money left over for other necessities like food, transportation, and health care, usually defined as housing for which the occupant is paying no more than 30% of their income. Housing is an important Social Determinant of Health, and despite relative prosperity in the NWA region, many residents are housing insecure or homeless.

Affordable Housing Indicators

- At least 19,611 households in NWA have a severe housing cost burden, defined as households that spend 50% or more of their household income on housing.²
- Homelessness has remained relatively high in NWA over the last few years, although the COVID-19 pandemic made this difficult to determine. 2,188 people were homeless during the 2020 NWA Point in Time Census, less than 2,951 reported in 2017.⁴
- Affordable housing was ranked 4th out of 9 priorities NWA healthcare organizations are working on by 2021 survey respondents.

Behavioral Health

Mental or behavioral health (for the purpose of this report, the terms will be used interchangeably) can be defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.

Behavioral Health Indicators

- Percent of adults reporting 14 or more days of poor mental health in the past 30 days in NWA is 4.6%, which is lower than the state of Arkansas (5.3%).²
- 33% of NWA adults reported fewer than 7 hours of sleep per night on average. This compares to 37% of adults in Arkansas overall.²
- Number of deaths due to suicide in NWA is 19 per 100,000, which is the same as the Arkansas rate of 19 per 100,000.²
- NWA has 284 mental health providers per 100,000 which is higher than the state of Arkansas (238). The NWA average reflects a high proportion of mental health providers in Washington County (384) but low numbers in Benton (227), Madison (151), and Carroll Counties (81).²
- Responses to the 2021 NWA Community Health Survey revealed:
 - Mental and behavioral health ranked as the top health issue by survey respondents. 36% indicated that mental health was one of the three biggest health issues or problems in the community.
 - Respondents ranked mental and behavioral health as the second most important issue health care organizations are working on in NWA.
 - Better sleep and learning and using new ways to reduce stress ranked 1st and 3rd as things that would help them get healthy and stay healthy.

COVID-19

The COVID-19 pandemic has fundamentally changed health care and community health and has emerged as a significant health issue affecting Northwest Arkansas.

COVID-19 Indicators

- As of December 31, 2021, 102,200 people in NWA have been infected by COVID-19 and 1,331 have died.⁵
- 50% of the population of NWA is fully vaccinated.⁵
- COVID-19 was chosen by NWA Survey respondents as the 2nd most important health issue or problem to them and the people in their household.
- In 2020, COVID-19 was the most common reason for emergency department visits at Mercy NWA.

Diabetes

Diabetes is a common chronic illness in which the body is unable to adequately process blood glucose, resulting in blood sugar levels being too high. Diabetes contributes to many long-term health issues. Addressing diabetes and its causes is important in improving the overall health of the community.

Diabetes Indicators

- 8.8% of adults in NWA have been diagnosed with diabetes, which is lower than the Arkansas state rate of 12.4%.⁶
- Diabetes ranked third as one of the top three health issues identified by 2021 survey respondents as an important health issue.
- Marshallese survey respondents chose diabetes as the most important health issue to themselves and their families.

Food Insecurity

Food insecurity is a lack of consistent access to enough food for an active, healthy life. Food insecurity is a complex problem. Many people do not have the resources to meet their basic needs. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity and people living above the poverty line can experience food insecurity.

Food Insecurity Indicators

- 13% of NWA residents are food insecure. This compares to the Arkansas rate of 16.6%⁷
- 15.8% of children < 18 years old are living in poverty (below 100% FPL) in NWA. This compares to 23% in Arkansas and 18% in the U.S.⁸
- Food insecurity was ranked 5th among prioritized health issues by NWA Community Health Survey respondents.

Heart Disease

The term “heart disease” refers to several types of heart conditions. In the U.S., the most common such condition is coronary artery disease, which affects the blood flow to the heart and can lead to a heart attack.

Heart Disease Indicators

- Heart disease is the leading cause of death in Arkansas, causing 26% of all deaths.⁹
- 31% of the Medicare fee for service population in NWA has heart disease, which is that same as Arkansas (31%) but lower than the U.S. (27%). The rate of heart disease in Benton County is higher at 35%.¹⁰
- In 2020, chest pain was the second most common reason for emergency room visits at Mercy NWA.
- Survey respondents chose cardiovascular health as the 5th most important health issue or problem.

Obesity and Overweight

A weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Overweight and obesity contribute to many issues that negatively impact health and contribute to chronic diseases.

Obesity/ Overweight Indicators

- AR ranks 9th in the nation in self-reported adult obesity rates, with a prevalence of 31%¹¹
- Obesity disproportionately affects individuals of non-White races and those of Hispanic ethnicity.¹¹
- Of adults aged 20 and older living in NWA, 28.8% self-reported a BMI > 30.0 (obese). This is lower than the state of Arkansas (31%) but higher than the overall U.S. rate (27.6%).¹⁰
- Responses to the 2021 NWA Community Health survey revealed:
 - Nutrition and weight management was listed as the 4th most important health issue (after mental and behavioral health, COVID-19 and diabetes) out of 50 different responses to this open response question.
 - Obesity was listed as the 10th most important health issue out of 50.

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