



Community Health Needs Assessment

March 2025

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Introduction

Every three years, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. These requirements are imposed by federal law and include:

- Conducting a community health needs assessment every three years.
- Adopting an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, evaluating 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 at least one state or local public health official and members of medically underserved, low-income and minority populations within 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 North Arkansas Regional Medical Center's compliance with these requirements. Health needs of the community have been identified and prioritized so that North Arkansas Regional Medical Center (the Medical Center) may adopt an implementation strategy to address specific needs of the community.

The process involved:

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

This document is a summary of all the available evidence collected during the community health needs assessment required by the IRS during tax year 2025. It will serve as a compliance document as well as a resource until the next assessment cycle.

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 informants that gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

Summary of Community Health Needs Assessment

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

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

The following steps were conducted as part of the Medical Center's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the March 2022 community health needs assessment was completed to understand the effectiveness of the Medical Center's current strategies and programs. This evaluation is included in the Evaluation of Response to 2022 CHNA section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. 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 healthcare facilities and resources was prepared and evaluated for unmet needs.
- Community input was provided through interviews of six key interviewees, and any comments received providing feedback on the previous assessment and implementation strategy. Results and findings are described in the Key Interviewee and Community Health Input sections of this report.
- Information gathered in the above steps 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 the Medical Center has to impact the need and the health needs impact on overall health for the community. Any information gaps identified during the prioritization process would have been reported.

General Description of the Medical Center

The Medical Center is an Arkansas nonprofit organization, headquartered in Harrison, Arkansas. A nine-member board of directors governs the Medical Center and ensures that medical services are available to the residents of Harrison and surrounding areas.

The Medical Center is an integrated healthcare provider serving residents of north Arkansas for more than 70 years. The Medical Center proudly offers a wide range of services and specialties to meet the needs of Arkansans close to home. With more than 750 employees, including 32 physicians, physician assistants and APRNs, the Medical Center is made up of an experienced and dedicated team.

The Medical Center also operates a rural health clinic located in Jasper, Arkansas. This clinic provides primary care services to the residents of the Medical Center's community who live in more remote areas and might otherwise have difficulty obtaining medical care. The Medical Center also provides access to medical care in rural areas of Carroll County such as Berryville. The Medical Center also has rural ambulance stations in Lead Hill and Jasper. The Medical Center also owns 13 additional physician clinics serving the rural communities of North Arkansas.

The Medical Center provides healthcare solutions with compassion and respect for the uniqueness of every individual. Guided by a values-based culture to consistently deliver clinical and service excellence to our patients, the Medical Center strives for excellent care, every time.

Mission

Our mission is to provide comprehensive healthcare to North Central Arkansas.

Vision

Our vision is to be the most trusted and preferred healthcare provider.

Values

SAFETY

It is our collective responsibility to make safety our highest priority by:

- Creating a culture of “First Do No Harm.”
- Taking individual responsibility for providing a clean environment.
- Effectively communicating and handing off critical information.
- Real time reporting and the immediate correction of hazards.
- Ongoing adherence, evaluation and revision of safety policies and procedures.

QUALITY

Performance at the highest level of quality is maintained throughout our organization by:

- Utilizing evidence-based guidelines.
- Promoting innovation and creativity.
- Recognizing the human ability to fail and utilizing the performance improvement process to implement positive change.
- Continually educating team members on standards, policies, and procedures.

INTEGRITY

We exemplify our integrity with honor and professionalism on an individual and corporate level by:

- Promoting an environment of trust that supports open and honest communication.
- Holding ourselves accountable for our successes and failures and reacting responsibly.
- Respecting the diversity of the community and individual.
- Protecting privacy and confidentiality.

COMMUNITY

We recognize community constitutes the reason for our professions and accept our responsibility to serve the fundamental needs of the community. We fulfill this responsibility by:

- Creating a work environment where the collective energy and intelligence of all team members can flourish.
- Willingly serving all members of the community.
- Providing education and prevention services to improve the overall health of the community.
- Celebrating our successes.

Community Served by the Medical Center

The Medical Center is located in Harrison, Arkansas, in Boone County. Harrison is approximately an hour and a half east of Fayetteville, Arkansas, and an hour and a half south of Springfield, Missouri, the closest metropolitan areas. One divided highway serves the area from the north. And a two-lane highway connects Harrison to Fayetteville. There is no public transportation system that connects the Medical Center to a larger metropolitan area.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of healthcare providers, the Medical Center is the single largest provider of acute care services. For this reason, the utilization of hospital

services provides the clearest definition of the community. During the initial community health needs assessment process, an analysis of inpatient discharges and outpatient visits was performed to determine where the Medical Center's patients resided. This analysis showed that the large majority of the Medical Center's patients were from Boone, Carroll, Newton, and Searcy Counties, as well as western Marion County, all located in North Central Arkansas.

In the years since the initial community health needs assessment was conducted, there have not been significant changes in the population of the area, nor have any new hospitals been opened. Therefore, Medical Center's management believes that their community has remained unchanged from the previous community health needs assessment. This report will include data from the five community counties listed above.

Community Characteristics

Community Population and Demographics

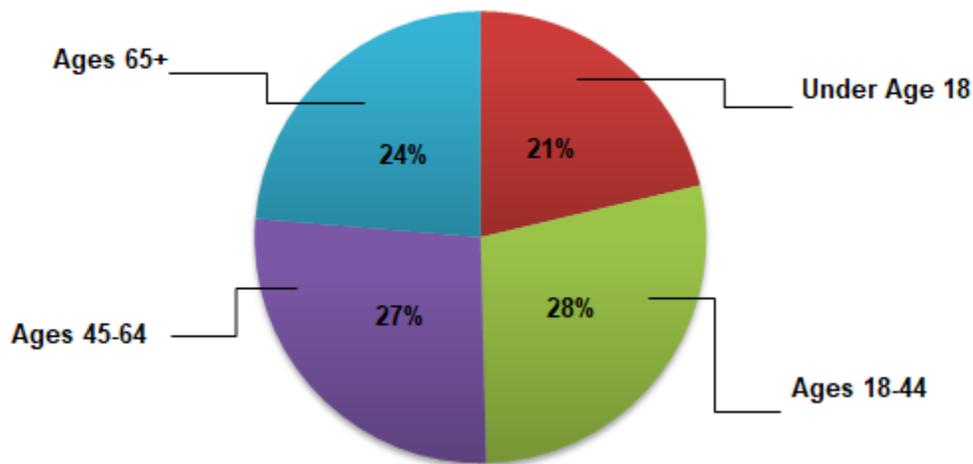
The community served by the Medical Center is a primarily rural area in North Central Arkansas. According to the U.S. Census Bureau American Community Survey 2018-22 five-year estimates, approximately 98,100 people live in the five counties included in the community. The Medical Center is located in Harrison, Arkansas, which is the largest town in the community with a population of around 13,100 people.

The population of the community is approximately 90% white, making it much more racially homogenous than either the state of Arkansas or the United States as a whole. Most of the remaining population is Hispanic or Latino, and about a third of this group has limited English proficiency.

Although this group is small relative to the total populations, they may have unique health needs that should be considered during the preparation of this needs assessment.

A major distinguishing feature of the Medical Center's community is the age breakdown of this population. The chart below shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, about 24% of the community's population is over age 65, which is higher than in Arkansas (17%) or the United States (17%) as a whole. This age group uses more health services than any other.

Community Population by Age Group



Source: CARES Engagement Network

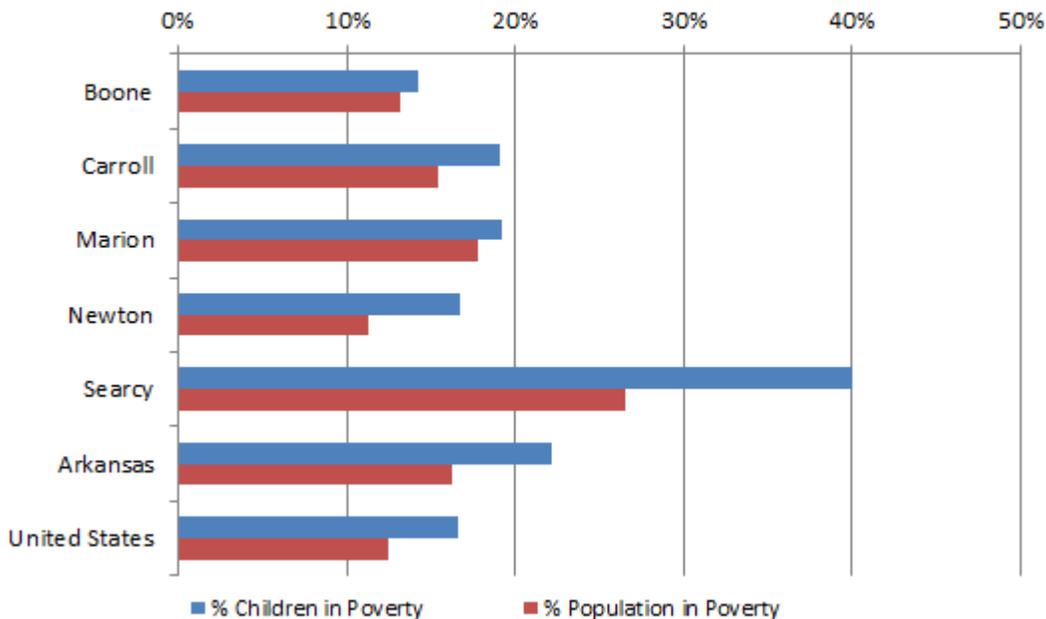
Socioeconomic Characteristics of the Community

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

Socioeconomically, the community served by the Medical Center is similar to many other parts of rural Arkansas. About 18% of the population has obtained a bachelor’s degree or higher, compared to about 34% of the U.S., while about 12% of the population does not have a high school diploma, compared to about 11% 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.

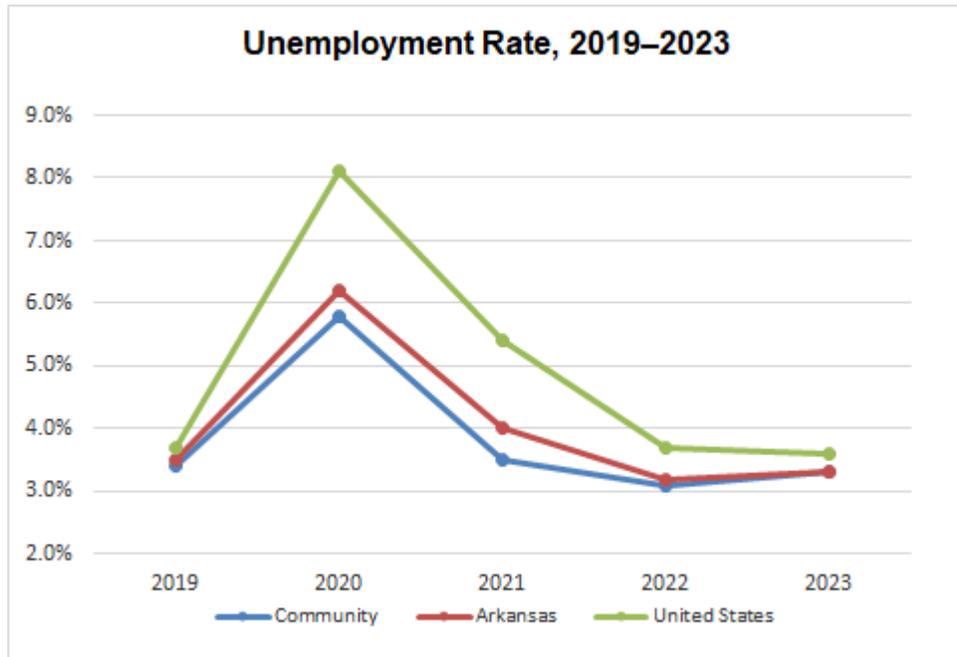
The income levels of individuals within the community also have a significant effect on their ability to access health services. The median household income in the Medical Center’s community is \$52,275 in Boone County, \$56,826 in Carroll County, \$42,891 in Marion County, \$50,699 in Newton County, and \$42,063 in Searcy County as compared to \$56,335 in Arkansas and \$75,149 in the United States. Lower median household income suggests that many members of the community may have difficulty obtaining healthcare, especially preventative care. Additionally, in some of the counties in the community, the levels of poverty are significantly higher than the rates in the state of Arkansas and the United States. The following chart shows the percentage of the community’s population living below the federal poverty line, with the percentage of children under age 18 shown separately. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment. 22.17% and 16.66% of children in Arkansas and United States, respectively, are living in households with income below the Federal Poverty Level. 16.23% and 12.53% of individuals for whom poverty status is determined in Arkansas and United States, respectively, are living in households with income below the Federal Poverty Level.

Population in Poverty



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

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



Source: U.S. Department of Labor, Bureau of Labor Statistics

Health Status of the Community

This section of the assessment reviews the health status of Boone, Carroll, Marion, Newton, and Searcy County residents. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors, and mental health indicators of the county residents that make up the community will enable the Medical Center to identify priority health issues related to the health status of its residents.

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

Numerous factors have a significant impact on an individual’s health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate healthcare and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70 percent of an individual’s health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-

fat, high-fiber diet, reduce excess stress in daily living and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

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

Lifestyle	Primary Disease Factor
Smoking	Lung cancer Cardiovascular disease Emphysema Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver Motor vehicle crashes Unintentional injuries Malnutrition Suicide Homicide Mental illness
Poor nutrition	Obesity Digestive disease Depression
Driving at excessive speeds	Trauma Motor vehicle crashes
Lack of exercise	Cardiovascular disease Depression
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, if improved, help make that community a healthier place to live, learn, work, and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community’s habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

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

These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state, and federal levels.

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

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

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

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

The table below illustrates changes in the county health rankings for health outcomes, length of life, and quality of life.

Changes in County Health Rankings					
	Boone	Carroll	Marion	Newton	Searcy
Health Outcomes					
2018 Ranking	5	13	39	9	31
2021 Ranking	14	17	45	26	32
2023 Ranking	7	14	34	21	46
Length of Life					
2018 Ranking	17	18	16	5	45
2021 Ranking	19	34	53	45	35
2023 Ranking	17	32	38	46	43
Quality of Life					
2018 Ranking	5	10	23	21	9
2021 Ranking	9	4	36	10	37
2023 Ranking	9	5	32	4	48

Source: County Rankings & Roadmaps

The table on the following page from County Health Rankings summarizes the 2023 health rankings and 2024 health outcomes and factors for the five counties that comprise the majority of the community for the Medical Center. Measures underperforming the state average are highlighted in red.

Health Outcome/Factor	Boone County		Carroll County		Marion County		Newton County		Searcy County		Arkansas	National Benchmark
	Metric	Rank	Metric	Rank	Metric	Rank	Metric	Rank	Metric	Rank		
Health Outcomes												
Length of Life												
Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted)	10,200	9	10,100	5	12,100	32	11,300	4	12,000	48	10,800	8,000
Quality of Life												
Poor or fair health – Percent of adults reporting fair or poor health (age-adjusted)	20%		21%		21%		20%		25%		20%	14%
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age-adjusted)	4.6		4.3		4.8		4.4		5.1		4.3	3.3
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	5.9		5.4		6.4		6.0		6.2		5.8	4.8
Low birthweight – Percent of live births with low birthweight (<2500 grams)	7%		8%		9%		6%		7%		9%	8%
Health Factors												
Health Behaviors												
Adult smoking – Percentage of adults who are current smokers	21%		20%		24%		22%		26%		22%	15%
Adult obesity – Percent of adults that report a BMI >= 30	39%		37%		37%		40%		39%		39%	34%
Food environment index – Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best)	6.7		7.3		6.7		6.8		5.1		4.7	7.7
Physical inactivity – Percent of adults age 20 and over reporting no leisure-time physical activity	28%		31%		31%		29%		35%		30%	23%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	45%		54%		31%		58%		20%		64%	84%
Excessive drinking – Percentage of adults reporting binge or heavy drinking	14%		14%		13%		14%		13%		15%	18%
Alcohol-impaired driving deaths – Percentage of driving deaths with alcohol involvement	20%		40%		22%		12%		21%		27%	26%
Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100,000 population	335.7		239.1		235.6		138.8		253.8		592.8	495.5
Teen birth rate – Number of births per 1,000 female population, ages 15–19	27		38		29		39		34		30	17
Clinical Care												
Uninsured adults – Percent of population under age 65 without health insurance	11%		16%		11%		10%		11%		11%	10%
Primary care physicians – Ratio of population to primary care physicians	1,640:1		1,500:1		3,400:1				3,940:1		1,480:1	1,330:1
Dentists – Ratio of population to dentists	1,740:1		3,590:1		5,750:1				2,640:1		2,040:1	1,360:1
Mental health providers – Ratio of population to mental health providers	670:1		1,150:1		8,630:1		2,360:1		470:1		380:1	320:1
Preventable hospital stays – Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2,231		1,908		2,512		2,469		2,897		3,015	2,681
Mammography screening – Percent of female Medicare enrollees ages 65–74 that receive mammography screening	42%		36%		43%		37%		37%		40%	43%
Flu vaccinations – Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination	42%		40%		34%		30%		18%		45%	46%
Social and Economic Factors												
High school graduation – Percentage of ninth grade cohort that graduates in 4 years	91%		86%		88%		85%		82%		88%	89%
Some college – Percentage of adults aged 25–44 years with some post-secondary education	60%		44%		55%		63%		48%		59%	68%
Unemployment – Percentage of population ages 16 and older unemployed and seeking work	2.9%		2.9%		3.7%		3.0%		4.5%		3.3%	3.7%
Children in poverty – Percentage of children under age 18 in poverty	18%		21%		25%		29%		31%		21%	16%
Income inequality – Ratio of household income at the 80th percentile to that at the 20th percentile	4.1		4.5		4.3		4.1		5.3		4.8	4.9
Children in single-parent households – Percentage of children that live in household headed by single parent	18%		15%		24%		22%		14%		28%	25%
Social associations – Number of membership associations per 10,000 population	13.2		13.7		8.2		6.9		5.1		11.8	9.1
Injury deaths – Number of deaths due to injury per 100,000 population	91		110		105		107		114		89	80
Physical Environment												
Air pollution-particulate matter days – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.9		8.0		7.9		7.6		7.8		8.9	7.4
Drinking water violations – Indicator of the presence of health-related drinking water violations. Yes indicates the presence of a violation, No indicates no violation	No		Yes		No		Yes		No			
Severe housing problems – Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	11%		14%		14%		17%		11%		13%	17%
Drive alone to work – Percentage of workforce that drives alone to work	80%		75%		78%		78%		81%		81%	72%
Long commute-driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	22%		27%		40%		62%		43%		28%	36%

Note: Blank values reflect unreliable or missing data.

Some additional metrics were considered to aide in further consideration of the health provider need in the community, such as the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority. In addition, HPSA FTE shortage attribute represents the number of full-time equivalent (FTE) practitioners needed in the Health Professional Shortage Area (HPSA) so that it will achieve the population to practitioner target ratio. Below are these metrics for each county in the Medical Center's community for primary care.

	<u>HPSA Score</u>	<u>HPSA FTE Short</u>
Boone County	8	0.51
Carroll County	13	1.92
Marion County	17	2.14
Newton County	16	1.10
Searcy County	15	0.60

The healthcare landscape in North Arkansas has undergone significant changes, particularly with the expansion of access to primary care services. While county health data provides valuable insights into physician availability, it is important to note that these figures do not constitute a comprehensive assessment of the overall access to primary care in the region.

A key factor influencing primary care access is the passage of legislation in Arkansas that allows advanced practice nurses to operate independently. This policy change has substantially increased the availability of healthcare providers, ensuring that residents have more options for timely medical care.

Within the service area of North Arkansas Regional Medical Center (NARMC), primary care services have been significantly enhanced through the contributions of both physicians and advanced practice providers. As a result, there are currently immediate appointment availabilities for patients seeking primary care services.

NARMC remains committed to continually assessing and adapting its services to meet the evolving healthcare needs of the community. By leveraging both traditional and expanded provider roles, the medical center ensures that residents have access to the primary care they need. Ongoing evaluations will continue to inform service improvements, ensuring optimal healthcare accessibility for the region.

Healthcare Resources

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

Hospitals and Health Centers

The Medical Center has 120 acute beds and is the only hospital located in the community with the exception of the critical access hospitals in Berryville and Eureka Springs. Residents of the community also take advantage of services provided by hospitals in neighboring counties. The chart below summarizes hospital services available to the residents of Boone, Carroll, Marion, Newton, and Searcy Counties:

		Facility Type	Miles from NARMC	Bed Size	Annual Discharges	Patient Revenue (in Millions)
Mercy Hospital Berryville	Berryville, Arkansas	Critical Access	29	25	355	\$ 67
Cox Medical Center Branson	Branson, Missouri	Short-term Acute Care	34	144	5,811	\$ 991
Eureka Springs Hospital	Eureka Springs, Arkansas	Critical Access	43	22	48	\$ 14
Baxter Regional Medical Center	Mountain Home, Arkansas	Short-term Acute Care	50	169	9,971	\$ 787
Ozark Health, Inc.	Clinton, Arkansas	Critical Access	72	25	227	\$ 84
Mercy Hospital Springfield	Springfield, Missouri	Short-term Acute Care	73	611	37,123	\$ 4,950
Washington Regional Medical Center	Fayetteville, Arkansas	Short-term Acute Care	74	377	15,673	\$ 1,841
CoxHealth	Springfield, Missouri	Short-term Acute Care	77	792	32,089	\$ 5,458
Stone County Medical Center	Mountain View, Arkansas	Critical Access	81	25	338	\$ 62
Mercy Medical Center	Rogers, Arkansas	Short-term Acute Care	82	236	17,557	\$ 1,798

Source: Costreportdata.com

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

Mercy Hospital Berryville – Located in Berryville, Arkansas, Mercy Hospital Berryville is approximately a 35-minute drive west from Harrison. It offers cancer, diabetes, orthopedic and other health services.

Cox Medical Center Branson – Located in Branson, Missouri, Cox Medical Center is approximately a 40-minute drive from Harrison. It is a large hospital offering a full range of inpatient and outpatient services.

Eureka Springs Hospital – Located in Eureka Springs, Arkansas, Eureka Springs Hospital is approximately a one-hour drive west of Harrison. It offers counseling, laboratory, physical therapy, radiology, and surgical services.

Baxter Regional Medical Center – Located in Mountain Home, Arkansas, Baxter Regional Medical Center is approximately a one-hour drive east from Harrison. It is a large hospital offering a full range of inpatient and outpatient services.

Ozark Health, Inc. – Located in Clinton, Arkansas, Ozark Health, Inc. is approximately a one-and-a-half-hour drive southeast of Harrison. It offers family practice, cardiology, dermatology, nephrology, orthopedic, podiatry, urology, and surgical services.

Mercy Hospital Springfield – Located in Springfield, Missouri, Mercy Hospital Springfield is approximately a one-and-a-half-hour drive north from Harrison. It is a large hospital offering a full range of inpatient and outpatient services.

Washington Regional Medical Center – Located in Fayetteville, Arkansas, Washington Regional Medical Center is approximately a one-and-a-half-hour drive west from Harrison. It is a large hospital offering a full range of inpatient and outpatient services.

CoxHealth – Located in Springfield, Missouri, CoxHealth is approximately a one-and-a-half-hour drive north from Harrison. It is a large hospital offering a full range of inpatient and outpatient services.

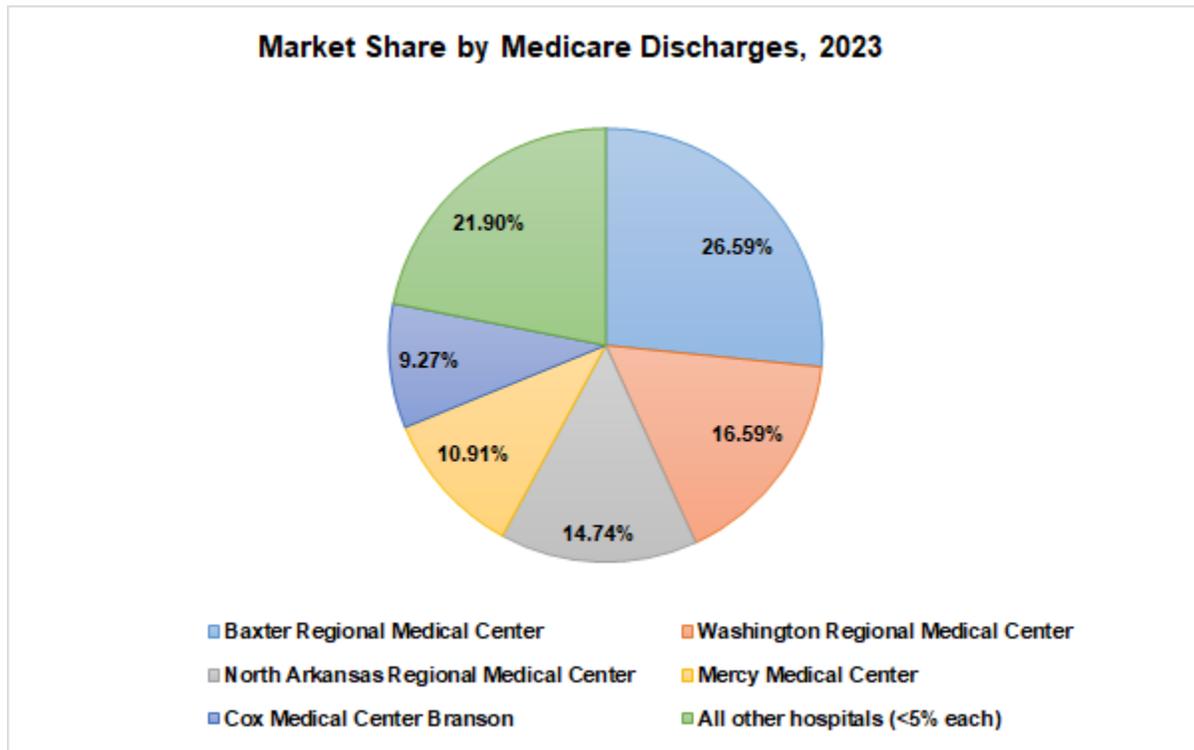
Stone County Medical Center – Located in Mountain View, Arkansas, Stone County Medical Center is approximately a one-and-a-half-hour drive southeast from Harrison. It is a critical access hospital offering numerous services to its community.

Mercy Medical Center – Located in Rogers, Arkansas, Mercy Medical Center is approximately a one hour and 50-minute drive from Harrison. It is a large hospital offering a full 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 on the services required by patients and the availability of those services at each facility. For this study, the market share of the Medical Center was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location and accessibility of each competing facility.

The following chart presents the relative market share of each hospital that had discharges of residents from the community (Boone, Carroll, Marion, Newton, and Searcy Counties). 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. The Medical Center maintained approximately 15 percent of all discharges from the community with Baxter Regional Medical Center capturing around 27 percent, Washington Regional Medical Center capturing about 17 percent, Mercy Medical Center capturing about 11 percent, and Cox Medical Center capturing about 9 percent of all discharges. The remaining 21 percent of discharges is made up of numerous hospitals, each with less than 5 percent of the total community discharges.



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

Other Healthcare Facilities and Providers

Arisa Health – provides outpatient and access to school-based care as well as limited day treatment options in the Medical Center’s region. No inpatient services or intensive outpatient in the Medical Center’s area.

Health Resources of Arkansas –This organization provides a wide range of behavioral health services to adults and children. The Harrison, Arkansas, location offers community integration services to adults with chronic psychiatric disabilities.

North Arkansas Partnership for Health Education (NAPHE) – Located in Harrison, Arkansas, NAPHE is a partnership between North Arkansas College and North Arkansas Regional Medical Center. It exists to coordinate continuing education and training for healthcare-related learning and to improve the overall quantity of healthcare by providing a more competent labor pool in healthcare occupations. It also provides community education based on needs identified in the community, as well as teen pregnancy home visiting, prescription drug assistance, and substance abuse prevention services.

Area Agency on Aging of Northwest Arkansas (Agency) – Located in Harrison, Arkansas, the Agency provides various services to senior citizens in the community, including adult day care, emergency response systems, housing, caregiver support programs, medical supply delivery, diabetes self-management education services, and in-home care.

Hometown Health Coalition – A community-driven initiative facilitated by the Arkansas Department of Health; the Hometown Health Coalition is a volunteer organization made of representatives from all aspects of the community. They identify the community’s own unique health issues and work to implement solutions that improve the health of local citizens.

County Health Departments – The Health Departments of Boone, Carroll, Marion, Newton, and Searcy Counties exist to prevent, promote, and protect the public’s health. The local health units provide WIC (Women, Infants and Children), which provides nutritious foods, physical assessments and nutrition counseling for women, infants and children who meet certain nutritional guidelines. Other services include 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.

Area Nursing Homes – There are several nursing homes in the area. They provide residential, medical, and rehabilitative services to the elderly and disabled in the community.

Chenal Family Therapy – offers a wide range of mental health services tailored to meet the unique needs of individuals, couples, and families.

Grandma’s House in Harrison – offers services for Children’s Advocacy in Harrison.

Pregnancy Crisis Center and Informed Choices – provide resources to women in the Medical Center’s area.

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.

Methodology

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

Interviews were conducted via telephone, or the interviewee answered the interview questions via email; whichever was more convenient for the interviewee.

All interviews were conducted by Forvis Mazars personnel using a standard questionnaire. A copy of the interview instrument is included in the appendix. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

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

Interview data 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 Interviewee 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. Multiple barriers affecting access to care
4. Most important health and quality of life issues

While many issues were raised during the interviews, a few items stood out as being mentioned consistently by nearly all of the interviewees. These issues are summarized below:

- Factors leading to improvement of health and quality of life in some areas of the community were mentioned, such as increased health awareness, new walking trails and parks, school-based wellness clinic services for students, and dental services availability, including on weekends.
- The following factors were listed as barriers to health and quality of life in the community:
 - Accessibility to quality healthcare, including primary care, dental care, specialized services, and mental healthcare continue to be one of the significant needs in the community. Interviewees discussed the importance of continued recruitment and retention of healthcare providers.
 - Substance abuse is a significant issue leading to poor health and quality of life outcomes. Substance abuse prevention education as well as options for treatment and facilities were mentioned as crucial for the community.

- The accessibility and awareness of mental health needs and services to support community mental health.
- Health and wellness literacy as well as awareness of healthcare services available to the community continues to be a significant need. Interviewees emphasized continued need for outreach to the community to ensure awareness of services available to members of the community as well as the need for health and wellness educational opportunities.
- Other barriers mentioned include obesity and associated diseases, such as high blood pressure and heart disease, chronic disease, lack of access to healthcare, and lack of public transportation.
- Residents living in very rural areas, low-income households, and elderly were mentioned as people or groups of people who have a more difficult time obtaining necessary and preventive medical services. Rural area residents may have limited internet access.

Evaluation of Response to 2022 CHNA

The Medical Center prepared an implementation strategy in response to the needs identified in its March 2022 needs assessment. A listing of those needs, along with the steps taken by the Medical Center to address them, is below.

- Recruitment of additional physicians and practitioners
 - Strategy: Actively recruit providers to address identified community needs.
 - Implementation Measures:
 - Since 2022, NARMC has added a net of six CRNAs, five mid-level practitioners, one pediatrician, one Family Medicine/OB (FM/OB), and two specialists, including one obstetrics and gynecology (OBGYN).
 - Contracted third-party vendor in 2024 to enhance Chronic Care Management (CCM) services.
 - Contracted pain management provider to fill need for access.
 - Strategy: Continue expanding infrastructure to support healthcare services.
 - Implementation Measures:
 - DaVinci XI surgical robotics implemented in October 2024 to enhance surgical capabilities in gynecology, urology, and general surgery.
 - NARMC Med Plaza opened in October 2023, housing five clinics, x-ray, and laboratory:
 - Family Medicine (FM), FM/OB, Urgent Care, Pediatrics, and General & Specialty Surgery.
 - NARMC Urgent Care South opened April 2023 (closed December 2023 and will reopen as pain management).
 - Expanded access to home health physical therapy
 - Began Hepatitis C treatment program

- Mental health
 - Strategy: Expand behavioral health services and resources within the community.
 - Implementation Measures:
 - Participated in Newton County Hometown Health Coalition, which applied for the drug free community designation
 - ADOS Testing:
 - Launched in 2025, NARMC’s ADOS testing program aims to reduce diagnostic wait times for Autism Spectrum Disorder (ASD), ensuring earlier intervention for pediatric patients.
 - In 2024, NARMC partnered with the University of Arkansas for Medical Sciences (UAMS) to pilot the SPICE clinic model, an enhanced testing initiative for 15 pediatric patients, addressing the ongoing need for these services.
 - EMS Mental Health First Responder Training 2024:
 - Instructors have been selected, and a Train-the-Trainer program is certifying all EMS personnel in Mental Health First Aid (MHFA).
 - A task force including Law Enforcement (LE) and Fire Department (FD) has been established to expand MHFA training across public safety agencies.
 - Training focuses on crisis intervention, de-escalation, suicide prevention, and effective communication, particularly for individuals experiencing substance use disorders.
 - SAMHSA Grant Utilization 2025:
 - Secured a \$450,000 grant over two years, beginning in 2025, to enhance EMS training using advanced technology.
 - Key initiatives include:
 - Virtual Reality (VR) training for overdose scenarios.
 - High-fidelity mannequins for opioid overdose response.
 - New ventilators for ambulances.
 - Current Progress:
 - 15 EMS personnel trained in MHFA to date, with a goal of 60 by the end of the grant period.
 - EMS Telehealth Services 2024:
 - Integrated real-time telehealth consultations with ER physicians to improve patient care available to entire EMS service area.
 - Supports on-scene treatment follow-up, triage for ER visits, and timely expert guidance, optimizing healthcare resources.

- Volunteer First Responder Training:
 - Ongoing training for Emergency Medical Responders (EMR) across two counties in CPR, trauma care, and medical emergencies.
 - Strengthens the community's emergency response system by ensuring responders are prepared for critical situations.
- Life Care Specialist (LCS) Program 2024:
 - Established to provide alternative pain management and mental wellness solutions, particularly in addressing the opioid epidemic.
 - Specialists receive training in pain management education, medication safety, progressive muscle relaxation, and music therapy.
 - Four LCS specialists currently serve in Arkansas, including two at NARMC. Received training in Atlanta, Georgia, and Little Rock, Arkansas.
 - LCSs implement evidence-based models like the Community Resiliency Model and provide tools such as the iChill app for emotional distress management.
- Started depression screening for postpartum patients utilizing PHQ-2 and PHQ-9 assessment tools.
- Offered inpatient geriatric behavioral health services until November 2023 when the unit was closed due to unsustainable reimbursement. Focus was shifted toward community education and intervention.
- Rural outreach
 - Strategy: Expand access to specialists to support primary care services in rural areas.
 - Implementation Measures:
 - Implemented physical therapy services in one rural market, available three days per week.
 - Opened Urgent Care at MedPlaza in October 2023, increasing community access to immediate care.
 - Started NARMC Urology by recruiting urologist and urology mid-level providers in 2023.
- COVID-19 education and outreach
 - Strategy: Maintain a proactive approach in COVID-19 prevention and treatment.
 - Implementation Measures:
 - NARMC served as the North Central Arkansas COVID-19 vaccine distribution hub for the Arkansas Department of Health, overseeing storage, tracking, and regional distribution.
 - Continued vaccine administration throughout the emergency period, ensuring widespread community access.
 - Improved access to COVID-19 vaccine by offering in all NARMC primary care clinics.
 - Implemented a risk-stratified vaccine distribution approach during supply shortages, expanding access as availability increased.

- Health and wellness education
 - Strategy: Promote health screenings, educational programs, and support groups to improve community health.
 - Implementation Measures:
 - Nutritional consultations and training offered to oncology patients upon request.
 - Ongoing community education initiatives on stroke awareness.
 - Trauma outreach programs, including Stop the Bleed training.
 - Implemented car seat safety program in collaboration with law enforcement.
 - Sustained financial independence for the North Arkansas Partnership for Health Education (NAPHE) through collaboration with North Arkansas College (NAC), with NARMC and NAC serving as advisory partners.
 - Massage Therapy added in 2023.
 - Implemented low-dose CT lung cancer screening.
 - Obtained Safe Sleep certification.
 - Started the Blue and You employee wellness challenge.
 - Reinstated two per year 5K events for the community that were lost during the COVID-19 pandemic.
 - Sponsored multiple community breast cancer events, such as Kaley Cox Bankston Pink Out Tennis Tournament, and HHS Pink Out.
 - Provided measles education to community members and health professionals.

The Medical Center made all of its community health needs assessments available to the public by posting them on its website. The posting included an email address where feedback on the needs assessment could be provided to the Medical Center. The Medical Center received feedback from other healthcare organizations in the community, which stated that they found the needs assessment helpful in designing programs of their own to better serve the community.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the number 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:

- Access to enhanced medical and specialty care
- Education and awareness for mental health resources
- Community health and wellness education

The Medical Center 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 the Medical Center's website. Public comments on this assessment may be directed to Andrea Smith, Chief Financial Officer, at 620 North Main Street, Harrison, AR 72601.

Appendices

Key Interviewee Interview Protocol

Community Health Needs Assessment for: North Arkansas Regional Medical Center

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

North Arkansas Regional Medical Center 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 informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

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

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 community health needs assessment indicated the following as the most significant health needs. Is there anything that is not on the list that should be?
- a. Recruitment of additional physicians and practitioners
 - b. Mental health
 - c. Rural outreach
 - d. COVID-19 education and outreach
 - e. Health and wellness education

What do you think is the 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?
- a. Economic development
 - b. Affordable housing
 - c. Poverty
 - d. Education
 - e. Healthy nutrition
 - f. Physical activity
 - g. Drug and Alcohol Abuse
11. Are you aware of the available health screenings at NARMC? If not, where would you look to obtain information of the available screenings? What can NARMC do to increase awareness?
12. Are there people or groups of people in the _____ 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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