ARKANSAS RURAL
HEALTH PARTNERSHIP

arhp+
ARKANSAS RURAL HEALTH PARTNERSHIP

Community Health Needs Assessment 2025

PREPARED FOR

ACMC
ASHLEY COUNTY MEDICAL CENTER

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INTRODUCTION

Ashley County Medical Center (ACMC), located in Crossett, Arkansas, stands as a vital healthcare institution serving the southeastern Arkansas and northeastern Louisiana regions. Established with a long history stretching back over 110 years, ACMC operates as a licensed 25-bed Critical Access Hospital. Its commitment is reflected in its mission: “To promote good health and provide quality health care with a qualified staff in a caring and compassionate manner.” The facility aims to expand needed healthcare services, recruit skilled professionals, and promote community wellness through education and resources, all while operating in an economically sound manner.

ACMC offers a comprehensive array of medical services, indicative of its dedication to providing advanced care within a rural setting. These services encompass, but are not limited to, critical care, family medicine, general surgery, orthopedics, pediatrics, radiology, women’s health, and wound care. Beyond its main hospital facility, ACMC extends its reach through various clinics, including the Ashley Family Clinic, Ashley Pediatric Clinic, Ashley Women’s Services, and the Family Clinic of Ashley County, ensuring accessible care across the community. With a team of dedicated staff physicians and approximately 300 employees, many of whom reside in the region, Ashley County Medical Center plays a significant role not only as a healthcare provider but also as a key employer and an active participant in community health initiatives.

The 2025 CHNA was prepared by Ashley County Medical Center leadership and staff in partnership with the Arkansas Rural Health Partnership in accordance with Section 9007 of the Patient Protection and Affordable Care Act of 2010.

Background

The 2025 Community Health Needs Assessment (CHNA) was undertaken amid profound shifts in the healthcare landscape. Rural communities nationwide continue to contend with chronic workforce shortages, hospital financial instability, uneven access to care and an aging population beset by rising rates of chronic disease. At the same time, an uncertain economic climate — with escalating healthcare costs, shrinking reimbursements and the search for sustainable funding models — places additional strain on rural health systems.

To ensure that our response is both targeted and effective, the Arkansas Rural Health Partnership (ARHP) and Ashley County Medical Center Hospital collaborated closely with hospital leadership, community members and key regional stakeholders throughout the CHNA process. Together, we gathered firsthand insights, quantified the most urgent health needs, and built consensus around priority areas for action.

This assessment not only pinpoints the critical health challenges facing Southeast Arkansas but also establishes a strategic foundation for the years ahead. Over the next three years, our hospitals and community partners will channel resources toward strengthening rural hospital sustainability, expanding access to essential medical services and enhancing overall healthcare resilience. By embracing technological innovations, fostering new collaborative models and continually evaluating our impact, we will adapt — and thrive — despite the evolving obstacles that rural health systems confront.

Key Challenges in Rural Healthcare in 2025

BEHAVIORAL HEALTH CRISIS

Rural communities are experiencing a mental health and substance use disorder epidemic, exacerbated by economic distress, social isolation, and limited access to behavioral health providers. Suicide rates, opioid overdoses, and alcohol-related health conditions have surged in rural areas — yet many counties lack inpatient psychiatric facilities, crisis intervention programs, or outpatient behavioral health services. Addressing this crisis requires expanded telepsychiatry services, recruitment incentives for behavioral health specialists, and enhanced community outreach programs to reduce stigma and improve access to care.

AGING POPULATION NEEDS

The rapidly aging population presents unique challenges for rural healthcare systems. Seniors require increased access to geriatric care, chronic disease management, long-term care facilities, and home health services. However, transportation barriers, social isolation, and financial constraints often prevent elderly individuals from receiving timely care. Expanding home-based healthcare programs, improving access to mobility and transportation services, and increasing caregiver support resources are essential to ensuring quality care for aging residents in rural communities.

HEALTHCARE WORKFORCE SHORTAGES

The rural healthcare workforce is facing a critical shortage of physicians, nurses, specialists, and support staff—which threatens the ability to provide consistent, high-quality care. Physician burnout, an aging workforce, and recruitment challenges have led to gaps in primary and specialty care services. Many rural providers have difficulty attracting and retaining healthcare professionals due to lower salaries, limited career advancement opportunities, and fewer amenities compared to urban settings. Solutions include loan repayment programs, residency and internship partnerships with medical schools, telemedicine integration, and pipeline programs that encourage local students to pursue careers in healthcare.

RURAL HOSPITAL STABILITY

The financial viability of rural hospitals remains a pressing issue, with closures continuing at an alarming rate. Many small hospitals operate on thin margins, struggling to balance rising operational costs with declining patient volumes. Medicaid expansion, reimbursement rate adjustments, and alternative payment models such as value-based care are being explored to help rural hospitals remain financially sustainable. In addition, collaborative healthcare networks, shared services agreements, and strategic partnerships with larger healthcare systems are essential for ensuring the long-term survival of rural hospitals and maintaining local access to emergency and specialty care.

HEALTH INFRASTRUCTURE & ACCESS BARRIERS

Rural healthcare systems continue to face infrastructure deficits, including outdated medical facilities, inadequate medical equipment, and limited broadband access. Many rural hospitals struggle with transportation barriers—making it difficult for patients to reach healthcare providers. Addressing these issues requires investment in modernizing rural healthcare infrastructure, expanding broadband access to support telehealth, and developing transportation assistance programs to improve access to essential health services.

CHRONIC DISEASE MANAGEMENT

Rural populations experience higher rates of chronic diseases such as diabetes, heart disease, and obesity—often due to limited access to preventive care, healthy food options, and fitness resources. Healthcare providers must implement community-based chronic disease management programs, integrate patient education initiatives, and expand access to specialty care to help patients manage and prevent long-term health complications.

Health Care Trends & Innovation in 2025

TELEHEALTH EXPANSION

Telehealth has revolutionized rural healthcare by providing virtual access to primary care physicians, specialists, and mental health professionals. The adoption of remote patient monitoring, mobile health applications, and AI-powered diagnostics has significantly improved care coordination, chronic disease management, and mental health support. However, persistent challenges such as broadband access, insurance reimbursement, and patient digital literacy must be addressed to maximize the impact of telehealth in rural communities.

HEALTHCARE ACCESSIBILITY

Healthcare disparities remain a major concern in rural areas—where social determinants of health (SDOH) such as income, education, transportation, and food security play a significant role in healthcare access and outcomes. Hospitals and public health agencies are increasingly focusing on initiatives that enhance healthcare availability, including community health worker programs, culturally tailored healthcare services, and policy advocacy for expanded Medicaid coverage. Strengthening partnerships between healthcare organizations, schools, and community-based organizations is critical to addressing these challenges.

ADVANCED DIAGNOSTICS & TREATMENT

Technological advancements are reshaping rural healthcare delivery. Artificial intelligence (AI) and machine learning algorithms are enhancing diagnostic accuracy, while wearable health devices enable continuous health monitoring for patients with chronic conditions. Additionally, 3D printing, precision medicine, and robotic-assisted procedures are improving patient outcomes by offering minimally invasive treatments and personalized care plans. Expanding access to these innovations in rural settings will require investment in infrastructure, workforce training, and regulatory support.

COMMUNITY-BASED HEALTHCARE MODELS

The shift toward patient-centered, community-based healthcare is gaining momentum in rural areas. Models such as mobile clinics, school-based health centers, and home healthcare services are increasing access to care, particularly for underserved populations. Federally Qualified Health Centers (FQHCs), rural health clinics, and partnerships with faith-based organizations are also playing a key role in expanding primary care services. By leveraging community resources and integrating multidisciplinary care teams, rural hospitals can enhance healthcare delivery and promote overall community well-being.

State Data: Arkansas

According to the United Health Foundation's 2024 America's Health Rankings Annual Report, Arkansas state health findings are as follows:

Arkansas Strengths
• Low prevalence of excessive drinking.
• High prevalence of fruit and vegetable consumption.
• Low percentage of households experiencing severe housing problems.
Arkansas Alarming Challenges
• Arkansas ranks #50 in food insecurity (% of households), with a 18.9% food insecurity per household rate.
• Arkansas ranks #48 in Adverse Childhood Experiences (% of children ages 0-17), with a rate of 21.3%.
Arkansas Highlights
• Smoking rate decreased by **39%** — from 24.7% to 15.0% of adults between 2014 and 2023.
• The population of uninsured decreased by **25%** — from 11.8% to 8.9% of the population between 2014 and 2023.
https://www.americashealthrankings.org/learn/reports/2024-annual-report/state-summaries-arkansas

Arkansas Measures

- Overall rank: 48

SOCIAL & ECONOMIC FACTORS			
Measure	**State Rank**	**State Value**	**U.S. Value**
Community and Family Safety			
• Homicide (Deaths per 100,000 population)	43	11.2	7.6
• Occupational Fatalities (Deaths per 100,000 workers)	39	5.5	4.2
Economic Resources			
• Economic Hardship Index (Index from 1-100)	44	82	—
• Food Insecurity (% of households)	50	18.9%	12.2%
• Income Inequality (80-20 Ratio)	34	4.77	4.87
Education			
• Fourth Grade Reading Proficiency (% of public school students)	38	29.7%	32.1%
• High School Completion (% of adults age 25+)	40	89.3%	89.8%
Social Support and Engagement			
• Adverse Childhood Experiences (% of children ages 0-17)	48	21.3%	14.5%
• High-Speed Internet (% of households)	46	91.1%	93.8%
• Volunteerism (% of population age 16+)	41	20.9%	23.2%

PHYSICAL ENVIRONMENT			
Measure	**State Rank**	**State Value**	**U.S. Value**
Air and Water Quality			
• Air Pollution (Micrograms of fine particles per cubic meter)	36	8.4	8.6
• Drinking Water Violations (Average violations per community water system)	44	3.3	2.8
• Water Fluoridation (% of population served)	18	86.8%	72.3%
Climate and Health			
• Climate Policies (Number out of four policies)	30	1	—

Housing and Transit			
• Drive Alone to Work (% of workers age 16+)*	47	78.3%	69.2%
• Housing With Lead Risk (% of housing stock)	9	9.7%	16.4%
• Severe Housing Problems (% of occupied housing units)	16	13.2%	16.8%
CLINICAL CARE			
Measure	**State Rank**	**State Value**	**U.S. Value**
Access to Care			
• Avoided Care Due to Cost (% of adults)	43	13.9%	10.6%
• Dental Care Providers (Number per 100,000 population)	48	45.3	65.8
• Mental Health Providers (Number per 100,000 population)	31	289.6	344.9
• Primary Care Providers (Number per 100,000 population)	43	241.4	283.4
• Uninsured (% of population)	36	8.9%	7.9%
Preventive Clinical Services			
• Childhood Immunizations (% of children by age 24 months)	46	62.0%	66.9%
• Colorectal Cancer Screening (% of adults ages 45-75)	41	56.4%	61.8%
• Dental Visit (% of adults)	49	55.6%	66.0%
• Flu Vaccination (% of adults)	29	40.0%	42.9%
• HPV Vaccination (% of adolescents ages 13-17)	43	52.9%	61.4%
Quality of Care			
• Dedicated Health Care Provider (% of adults)	20	84.8%	84.0%
• Preventable Hospitalizations (Discharges per 100,000 Medicare beneficiaries age 18+)	41	3,058	2,665
BEHAVIORS			
Measure	**State Rank**	**State Value**	**U.S. Value**
Nutrition and Physical Activity			
• Exercise (% of adults)	39	26.8%	30.4%
• Fruit and Vegetable Consumption (% of adults)	5	10.2%	7.4%
• Physical Inactivity (% of adults)	47	32.5%	24.2%

Sexual Health			
• Chlamydia (Cases per 100,000 population)	43	588.3	495.0
• High-Risk HIV Behaviors (% of adults)	34	6.2%	5.7%
• Teen Births (Births per 1,000 females ages 15-19)	49	24.6	13.6
Sleep Health			
• Insufficient Sleep (% of adults)	43	38.7%	35.5%
Smoking and Tobacco Use			
• E-Cigarette Use (% of adults)*	47	10.6%	7.7%
• Smoking (% of adults)	39	15.0%	12.1%

OVERALL HEALTH OUTCOMES

Measure	Value	Rank
• Overall Health Score	-0.759	48

BEHAVIORAL HEALTH OUTCOMES

Measure	Value	Rank
• Depression (% of adults)	26.6%	38
• Drug Deaths (per 100,000)	21.7	10
• Excessive Drinking (% of adults)	14.5%	6
• Frequent Mental Distress (% of adults)	18.9%	45
• Non-medical Drug Use (% of adults)	18.2%	34
• Suicide Rate (per 100,000)	18.0	30

MORTALITY

Measure	Value	Rank
• Premature Death (years lost before age 75 per 100,000)	11,504	42
• Premature Death Racial Disparity (ratio)	1.3	11

PHYSICAL HEALTH		
Measure	**Value**	**Rank**
• Frequent Physical Distress (% of adults)	16.1%	46
• High Health Status (% of adults reporting good or excellent health)	41.4%	46
• Low Birthweight (% of live births)	9.3%	39
• Low Birthweight Racial Disparity (ratio)	2.1	35
• Multiple Chronic Conditions (% of adults)	14.1%	44

CHRONIC DISEASES		
Measure	**Value**	**Rank**
• Arthritis (% of adults)	30.3%	42
• Asthma (% of adults)	9.9%	17
• Cancer (% of adults)	8.4%	23
• Cardiovascular Diseases (% of adults)	12.1%	46
• Chronic Kidney Disease (% of adults)	4.2%	35
• Chronic Obstructive Pulmonary Disease (% of adults)	9.0%	45
• Diabetes (% of adults)	14.5%	42

RISK FACTORS		
Measure	**Value**	**Rank**
• High Blood Pressure (% of adults)	42.5%	44
• High Cholesterol (% of adults)	40.2%	44
• Obesity (% of adults)	40.0%	46

Regional Data

Region	Median Household Income	Unemployment Rate	Persons Living in Poverty
• Arkansas County	$52,100	3.3%	14.7%
• Ashley County	$44,744	5.3%	22.7%
• Bradley County	$43,184	5.2%	20.1%
• Calhoun County	$46,417	5.5%	13.3%
• Chicot County	$34,147	6.6%	24.4%
• Columbia County	$47,300	4.4%	23%
• Dallas County	$38,072	5.7%	11.2%
• Desha County	$31,893	4.6%	28.9%
• Drew County	$46,997	4.6%	22.7%
• Grant County	$55,388	4.5%	12.3%
• Independence County	$57,600	3.4%	19.6%
• Jefferson County	$39,326	5.6%	20.6%
• Lee County	$29,681	6.1%	27.7%
• Lincoln County	$46,596	7.4%	17.7%
• Lonoke County	$62,532	3.4%	11.10%
• Monroe County	$38,468	4.8%	22.2%
• Ouachita County	$35,425	5.0%	17.9%
• Phillips County	$29,320	5.9%	28.7%
• Polk County	$45,300	3.7%	20%
• St. Francis County	$35,348	5.6%	27.8%
• Sevier County	$49,400	3.9%	19.6%
• Stone County	$41,100	4.2%	21.6%
• Union County	$44,663	4.4%	19.4%
• State of Arkansas	$48,952	4.8%	15.55%
• United States	$65,712	3.8%	12.5%

Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmap* and the US ACS 5-Year Estimates.

County Data

• Ashley County

Based on the latest available data from the *2024 County Health Rankings & Roadmaps* by the Robert Wood Johnson Foundation, here is an updated overview of Ashley County, Arkansas:

GENERAL DEMOGRAPHICS		
Demographic Metric	**Ashley County**	**Arkansas**
• Population	18,534	3,067,732
• % Below 18 years of age	22.3%	23%
• % 65 and older	21.9%	18%
• % Non-Hispanic Black	23.4%	15.3%
• % American Indian or Alaska Native	0.9%	1.1%
• % Asian	0.3%	1.9%
• % Native Hawaiian or Other Pacific Islander	0.1%	0.5%
• % Hispanic	6.5%	9.2%
• % Non-Hispanic White	68.1%	70.2%
• % Male	48.7%	49.3%
• % Female	51.3%	50.7%

INCOME DEMOGRAPHICS		
Income Metric	**Ashley County**	**Arkansas**
• Median Household Income	$44,744	$55,500

POVERTY STATISTICS			
Population Segment	**Ashley County**	**Arkansas**	**United States**
• All Persons in Poverty	23%	16%	13%
• Under 18 Years of Age	32%	22%	17%
• 18 to 64 Years of Age	20%	14%	12%
• 65 and Older	20%	125	11%

*Note: Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmap* and figures in the U.S. Census Data Profile.

MIGRATION DEMOGRAPHICS

Migration Metric	Ashley County	Arkansas
• Moved From a Different State	2.3	2.1%
• Moved within the Same County	5.1%	6.5%
• Moved from a Different County	0.6%	3.1%
• Moved Abroad	0.1%	0.4%

*Data reflects figures in the U.S. Census Data Profile.

HEALTHCARE COVERAGE

Coverage Metric	Ashley County	Arkansas
• Uninsured (%)	11%	8.9%

*Note: Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmap*

HEALTHCARE PROVIDER DEMOGRAPHICS

Population Segment	Ashley County	Arkansas	U.S. Top Performing Counties
• Primary Care Physicians Ratio	2,330:1	1,480:1	1,330:1
• Dentists Ratio	2.290:1	2,040:1	1,360:1
• Mental Health Providers Ratio	1,220:1	380:1	320:1
• Preventable Hospital Stays (per 100,000)	5,024	3,015	2,681
• Mammography Screening (%)	36%	40%	43%
• Flu Vaccinations (%)	44%	45%	46%

*Note: Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmap*

RELEVANT DATA (Continued)

HEALTH STATISTICS

Health Metric	Ashley County	Arkansas	U.S. Top Performing Counties
• Adult Smoking (%)	26%	22%	15%
• Adult Obesity (%)	42%	39%	34%
• Food Environment Index	6.1	4.7	7.7
• Physical Inactivity (%)	38%	30%	23%
• Access to Exercise Opportunities (%)	29%	64%	84%
• Alcohol-Impaired Driving Deaths (%)	36%	27%	26%
• Sexually Transmitted Infections (per 100,000)	519.4	5952.8	495.5

*Note: Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmaps.**

ABOUT OUR HOSPITAL

Mission

At Ashley County Medical Center, we are committed to promoting good health and providing quality health care with a qualified staff in a caring and compassionate manner.

Vision

a. To expand needed healthcare services.
b. To recruit healthcare professionals to meet the needs of the people we serve.
c. To promote good health and wellness through the provision of community education and facilities.
d. To provide resources for continuous quality improvement.
e. To operate in an economically sound manner.

History

Ashley County Medical Center (ACMC) is a critical access hospital located in Crossett, Arkansas, with a history dating back over a century. Its evolution from a company-run hospital to a modern community medical center reflects its commitment to serving the healthcare needs of southeast Arkansas.

ACMC traces its origins to 1908, when the Crossett Lumber Company built a hospital in Crossett. The hospital was later renamed the Crossett Health Center in 1947. For decades, it was a cornerstone of the community, providing affordable medical care to Crossett employees and their families. With rising costs and a growing population, the hospital became inadequate after World War II.

Recognizing the need for a modern facility, the Crossett Health Foundation was incorporated in 1945. This led to the construction of a new, state-of-the-art health center that opened in 1951 at a cost of $735,000. In 1998, the citizens of Ashley County voted on a sales tax to fund the construction of a new hospital. This community support led to the establishment of the modern Ashley County Medical Center.

Today, ACMC is a licensed 25-bed Critical Access Hospital. It is the second-largest employer in the county, with about 300 employees and 11 staff physicians. It provides a wide range of services, including emergency care, general surgery, orthopedics, pediatrics, and radiology.

Residency Program

Ashley County Medical Center, in partnership with and through a grant secured by the Arkansas Rural Health Partnership (ARHP), established a family medicine residency program through a grant secured by the ARHP. In addition to the partnership with ARHP, the University of Arkansas Medical Sciences provided the institutional support and oversight for the program. The program is part of UAMS's statewide effort to address the physician shortage in rural areas of Arkansas.

The program is a Rural Track Residency, which means it's designed to give residents in-depth training in rural healthcare. The goal is to recruit, train, and retain family medicine physicians who will practice in rural and medically underserved areas. The program follows a 1-2 format:

- PGY-1 (First Year): Residents complete their first year of training at the UAMS main campus in Little Rock. This urban setting allows them to gain comprehensive clinical training and experience.
- PGY-2 and PGY-3 (Second and Third Years): Residents transition to ACMC in Crossett, where they receive extensive training in a rural environment. They get hands-on experience in a variety of settings, including the hospital and local clinics, with a focus on delivering full-scope family medicine to the community.

This partnership is crucial for filling the healthcare gap in rural Arkansas by preparing the next generation of physicians to serve these communities. It also provides ACMC with a pipeline of new medical talent, strengthening its ability to provide high-quality care to its residents.

Leadership

- Phillip Gilmore, Ph. D, FACHE,
  Chief Executive Officer
- Shirley White,
  Human Resources & Accounting Supervisor
- William T. Couch, Jr. CPA, FHFMA,
  Chief Financial Officer
- Vonda Walters,
  Revenue Integrity Director
- Sarah Cope,
  Compliance Officer, Risk Manager, & Clinic Director
- Marie Stephenson, BSN, RN,
  Chief Nursing Officer

Organizational Chart included as Attachment D.

Governance

- Jerry Selby, *Chairman*
- Bruce Timmons, *Vice Chairman*
- James Phifer, *Secretary/Treasurer*
- Steve Hartshorn
- Ricky Nelms
- Dr. Ben Walsh
- Chelsee Cornelius
- Judge Jim Hudson

Healthcare Services

- Anesthesia
- Auxiliary
- Cardiology
- Chronic Care Management
- Critical Care
- Diabetes Education
- Dietary Services
- Education Services
- Emergency Department
- Family Medicine
- Financial Counseling & Admissions
- General Surgery
- Laboratory Services
- Med-Surg Unit
- Occupational Therapy
- Oncology
- Orthopedics
- Pediatrics
- Physical Therapy
- Radiology
- Respiratory Therapy
- Social Services
- Speech Therapy
- Surgery
- Swing Bed Program
- Wellness Center
- Women's Services
- Wound Clinic

Providers

ANESTHESIA
- Roy Holloway, CRNA
- Greg Rabalais, CRNA

CARDIOLOGY
- Nureddin Almaddah, MD
- Charles Clogston, MD
- Debasis Das, MD
- Michael Huber, MD

FAMILY MEDICINE
- Ben Walsh, MD
- Brad Walsh, MD
- Jacque Clark, DO
- Khalif Ball, MD (Resident Physician)
- Kendall Booker, MD (Resident Physician)
- Anne-Lyse Phanord, MD (Resident Physician)
- Julie Bays, APRN, FNP-C, MSN
- Autumn Bennett, CNP, WHNP-BC, AGPCNP-BC
- Zanna Linder, APRN, FNP-C, MSN
- Tracey Longstreth, ARPN, FNP-C, MSN
- Cynthia Murphy, APRN, CNP-BC
- Jenny Murphy, APRN, FNP-C, DNP
- Cheryl Rabalais, APRN, FNP-BC
- Pam Winston, APRN, FNP-C

GENERAL SURGERY
- Lon Bitzer, MD

HOSPITALIST
- Emmanuel Tee, MD

ONCOLOGY/HEMATOLOGY
- Neelakanta Dadi, MD

OPHTHALMOLOGY
- Scott Claycomb, MD

ORTHOPEDICS
- Warren F. MacDonald, MD

PATHOLOGY
- Phillip Mingola, MD

PEDIATRICS
- Henry L. Gomez, MD
- Kenneth Richards, MD
- Haley Taylor, MD

PULMONOLOGY & RESPIRATORY CARE
- Ali Al-Nashif, MD

RADIOLOGY
- Douglas Kerin, MD
- James L. Workman, MD

WOUND CARE
- Kenneth Prather, MD

TOPIC SPECIFIC DATA: PRIORITIES

Following the survey and community advisory board discussions, Ashley County Medical Center has identified three key focus areas for the next three years: increasing awareness of available healthcare services, expanding the availability of specialty services, and improving access to healthcare services.

Increase awareness of available healthcare services.

FEDERAL

Health literacy remains a nationwide concern, with only 12% of American adults considered proficient in health literacy, meaning nearly 9 in 10 struggle to understand and apply health information in medical decision-making (Centers for Disease Control and Prevention, 2025). Additionally, digital literacy gaps prevent some populations from benefiting from telehealth services and online health resources. Misinformation in healthcare settings has also been a growing challenge, highlighting the importance of clear and effective health communication strategies (Centers for Disease Control and Prevention, 2025).

All sources referenced (Appendix A).

ARKANSAS

Arkansas faces some of the highest rates of health illiteracy in the country, with 37% of adults struggling to understand and use medical information effectively (Arkansas Literacy Councils, 2024). Additionally, disparities in digital access contribute to limited healthcare engagement; only 61% of rural Arkansans have broadband internet access, compared to 89% in urban areas (Arkansas Economic Development Institute, 2024). These barriers make it difficult for many residents to utilize telehealth and other digital healthcare services. Efforts to bridge these gaps have included mobile health units, public health campaigns, and in-person enrollment assistance to help residents better navigate healthcare options (Arkansas Department of Health, 2024).

All sources referenced (Appendix A).

ASHLEY COUNTY

In Ashley County, communication barriers between residents and healthcare providers have been consistently identified as a concern in community surveys. Many residents report being unaware of available healthcare services—underscoring the need for improved outreach and educational initiatives. Ashley County Medical Center has responded by expanding its community engagement efforts to increase public health education events and enhancing patient navigation programs. However, language barriers, digital access issues, and trust in healthcare providers remain ongoing challenges that require sustained investment.

All sources referenced (Appendix A).

Availability of specialty services.

FEDERAL

The rural-urban divide in specialty care access continues to grow, with rural areas averaging 30 physicians (including specialists and primary care) per 100,000 people, compared to 263 physicians per 100,000 in urban areas (HRSA, 2024). Specialist shortages are particularly concerning in maternal health; more than one-third of U.S. counties lack obstetric care, a critical gap that contributes to higher maternal and infant mortality rates (March of Dimes, 2024). Other fields—including cardiology, general surgery, and dermatology—face significant workforce shortages, leading to increased wait times and long-distance travel for care (American Medical Association, 2024).

All sources referenced (Appendix A).

ARKANSAS

Arkansas continues to experience severe shortages of specialty providers, with only 289 OB/GYNs and 405 pediatricians statewide, leading to longer wait times and referral delays for specialized care (Arkansas Center for Health Improvement, 2024). Many rural hospitals have reduced or eliminated specialty services, forcing patients to travel long distances to major medical centers in Little Rock or Memphis for treatment (Arkansas Department of Health, 2024). Telemedicine initiatives have helped increase access to specialists, but in-person specialty care remains limited in many areas.

All sources referenced (Appendix A).

ASHLEY COUNTY

Awareness of available healthcare services in Ashley County, Arkansas, appears to be a multi-faceted issue influenced by factors such as rurality, health literacy, and socioeconomic status. The Ashley County Medical Center, for instance, offers various community education and outreach programs, including “Stop the Bleed” campaigns, “Safety Baby Showers” for new mothers, and health screenings at workplaces and churches (Ashley County Medical Center).

These initiatives aim to increase public knowledge about specific health topics and available services. However, broader studies on health in Arkansas, such as those from the Arkansas Center for Health Improvement (ACHI) and the Arkansas Department of Health, indicate that rural communities often face barriers to accessing care, including a shortage of primary care physicians and transportation issues. Limited health literacy is also a significant barrier statewide, with one study noting that low-income Arkansans often struggle to understand available services and make informed health decisions (PMC). These reports suggest that despite specific educational efforts by local healthcare providers, a general lack of awareness, compounded by systemic challenges, persists in the region.

All sources referenced (Appendix A).

Access to Healthcare Services.

FEDERAL

Access to healthcare in rural America faces several significant challenges, including a lack of providers, financial barriers, and geographic isolation. These issues are often more pronounced for racial and ethnic minorities living in these areas. Rural areas across the U.S. grapple with a severe shortage of healthcare professionals. According to the U.S. Department of Health and Human Services, a significant number of Health Professional Shortage Areas (HPSAs) are located in rural regions. In fact, over 80% of the counties designated as HPSAs for primary care are rural. This shortage impacts access to primary care, specialty services, and mental health support. The shortage of family physicians and other primary care providers in rural areas means that patients often have to travel long distances for routine check-ups and preventative care. Access to specialists like cardiologists, oncologists, or neurologists is extremely limited. Patients may have to travel hours to the nearest urban center, which is a major barrier for those with chronic conditions or limited mobility. The shortage of behavioral health professionals is particularly acute in rural areas. The Health Resources and Services Administration (HRSA) reports that 60% of rural Americans live in a county with a mental health professional shortage.

Financial barriers and insurance coverage gaps also disproportionately affect rural populations. While the Affordable Care Act (ACA) has expanded coverage, issues of affordability and underinsurance remain. Many rural residents have health insurance but struggle with high deductibles and co-payments, which can make it difficult to afford necessary care. A 2021 study by the Centers for Disease Control and Prevention (CDC) found that rural adults were more likely than urban adults to delay or not receive medical care due to cost. While uninsured rates have declined, rural areas still have higher rates in some states, particularly in those that did not expand Medicaid. Black and Hispanic individuals in rural areas are disproportionately affected by these coverage gaps. A Kaiser Family Foundation (KFF) analysis showed that uninsured rates for Hispanic people were higher in rural areas compared to urban ones.

Racial and ethnic disparities in healthcare are pervasive in rural America, often exacerbated by systemic and social factors. Rural residents, especially people of color, often experience worse health outcomes for chronic conditions like diabetes, heart disease, and asthma. This is due to a combination of factors, including limited access to care, a lack of culturally competent providers, and underlying social determinants of health. For example, rural Black communities often face greater challenges in accessing preventative screenings and timely treatment. While telehealth has expanded access to care, it is not a complete solution. Many rural areas have limited or no access to high-speed internet, which makes it difficult for residents to use telehealth services effectively. According to the Federal Communications Commission (FCC), approximately 25% of the rural population lacks access to fixed broadband service, compared to only 1.7% of the urban population.

Improving access to healthcare in rural America requires a multi-faceted approach, including increasing the number of providers, expanding health insurance coverage, and addressing the social and economic factors that contribute to health disparities.

All sources referenced (Appendix A).

ARKANSAS

Arkansas experiences significant healthcare access disparities, particularly in rural regions. The state ranks 38th nationally in its supply of primary care physicians, with only 82.3 physicians per 100,000 residents, well below the national average (Arkansas Center for Health Improvement, 2024). While access to primary care remains a concern, Arkansas had 104 primary care clinicians per 100,000 people in 2022, matching the national average. This total includes physicians, physician assistants, and nurse practitioners. Notably, Arkansas had 40 nurse practitioners per 100,000 people, compared to 26 nationally. In areas with higher social deprivation, defined as communities ranking above the median on the Social Deprivation Index (SDI), the density of nurse practitioners was even higher at 48 per 100,000 people (Arkansas Center for Health Improvement, 2024).

Arkansas has also made progress in community-based and rural-focused training of primary care residents. In 2022, 28% of medical residents in the state received training in community-based settings, which are primarily located outside of hospitals and large academic centers. This rate is significantly higher than the 16% national average. Additionally, 60% of Arkansas' primary care residents were trained in rural or medically underserved areas, exceeding the national rate of 54%. Despite these efforts, the state continues to face critical shortages in key areas of its healthcare workforce. The number of primary care physicians per 100,000 people in Arkansas was only 58, compared to 67 nationally. Physician assistants were particularly underrepresented, with only 5 per 100,000 people in Arkansas, compared to 10 per 100,000 nationally, highlighting the continued workforce shortage in primary care (Arkansas Center for Health Improvement, 2024).

Further exacerbating the issue, Arkansas saw declines in the percentage of clinicians working in primary care between 2021 and 2022—mirroring national trends. The percentage of nurse practitioners working in primary care fell by nearly 10%, from 41% to 37%—while the percentage of physician assistants in primary care dropped by 25%—from 36% to 27%. The overall percentage of clinicians in primary care declined by 6%—from 33% to 31%—reflecting a growing shift of these professionals into specialty care, likely influenced by financial incentives and increased workload pressures in the primary care sector (Arkansas Center for Health Improvement, 2024). In addition to this workforce shift, the pipeline of new physicians entering primary care is shrinking. Nationally, only 24% of new physicians entered primary care in 2022, or 20% of hospitalists (physicians working exclusively in hospitals) are excluded. Arkansas mirrored this national trend–with 33% of new physicians entering primary care in 2022, but when excluding hospitalists, this number dropped to 20%. Between 2021 and 2022, the number of new physicians entering primary care in Arkansas declined by 6%, a trend that may have long-term consequences for access to care, particularly as current providers retire or leave practice (Arkansas Center for Health Improvement, 2024).

The ongoing primary care workforce shortages are compounded by structural and systemic challenges that make accessing primary care difficult for many Arkansas residents. One of the biggest barriers is the chronic underfunding of primary care services and limitations in fee-for-service payment models, which restrict providers' ability to meet patient needs. The declining workforce means patients frequently

experience long wait times for primary care appointments due to a lack of available clinicians. Funding for graduate medical education (GME) has also failed to keep pace with the state's needs, as residency training programs remain concentrated in hospitals rather than in community-based primary care settings. The increasing administrative burden created by electronic health records and insurance documentation requirements further limits the time providers can dedicate to direct patient care. Additionally, insufficient funding for primary care research has hindered the ability to implement evidence-based improvements that could enhance service delivery (Arkansas Center for Health Improvement, 2024).

The Arkansas Center for Health Improvement has published a workforce report and dashboard profiling the state's primary care workforce, detailing the number of active primary care physicians, their levels of activity, demographic trends, and payer mix. Additional analyses of graduate medical education (GME) trends indicate that the number of first-year residency slots in Arkansas has not kept pace with the number of medical graduates, though recent efforts have helped narrow this gap (Arkansas Center for Health Improvement, 2024). These findings underscore the urgent need for sustained investment in primary care workforce development to ensure adequate provider availability for Arkansas residents.

Sustaining and expanding the state's primary care workforce remains a challenge, especially given the concentration of healthcare services in urban centers. Arkansas faces a shortage of local healthcare facilities—with 21 of its 75 counties lacking a hospital—which exacerbates accessibility challenges for rural residents (Arkansas Department of Health, 2024). The disparity in healthcare provider density is also significant; rural Arkansans have nearly half the provider availability of urban residents, forcing many individuals to travel long distances for routine and specialty care (Arkansas Center for Health Improvement, 2024). While the state's uninsured rate has declined in recent years, it remains slightly above the national average at 9.2% (Kaiser Family Foundation, 2025). Given these ongoing challenges, efforts to recruit, train, and retain healthcare providers in rural Arkansas must remain a priority in order to improve healthcare access across the state.

All sources referenced (Appendix A).

ASHLEY COUNTY

Ashley County, Arkansas, synthesizing data from public health agencies, government census bureaus, and local community assessments. The findings indicate that Ashley County faces a complex and multi-faceted set of challenges that significantly impact the health and well-being of its population. The county is grappling with a consistent and projected population decline, an aging demographic, and high rates of poverty, all of which act as primary determinants of health. While a local Critical Access Hospital, the Ashley County Medical Center (ACMC), serves as a vital anchor, its services are strained by systemic provider shortages, and the community identifies persistent logistical and financial barriers to care, including limited appointment availability and affordability concerns. The high prevalence of chronic health risk factors, such as obesity and physical inactivity, translates into poor health outcomes, including a significantly elevated age-adjusted death rate for diabetes. Despite these challenges, there are pockets of relative success, such

as a stroke death rate that is lower than the state average, suggesting certain aspects of the healthcare system are functioning effectively. A comprehensive strategy to improve healthcare access must therefore move beyond simply increasing the number of providers and facilities and instead focus on strengthening the local healthcare ecosystem through targeted workforce development, operational improvements, and a renewed focus on proactive population health management.

All sources referenced (Appendix A).

COMMUNITY HEALTH INITIATIVES

Ashley County Medical Center (ACMC) in Crossett, Arkansas, has several community health initiatives focusing on education, prevention, and outreach. These programs aim to address various health needs within the community, from chronic disease management to career development for local youth.

EDUCATION AND PREVENTION

ACMC offers a range of programs designed to educate the public and promote preventive health measures.

- **Diabetes Education:** The hospital has an accredited outpatient program for people with or at risk for diabetes. It provides individual and group classes that teach self-management skills, including blood sugar testing, medication management, and the importance of physical activity.
- **"Stop the Bleed" Campaign:** This program teaches the public how to control life-threatening bleeding in emergencies. The hospital provides training sessions to empower individuals to save lives following accidents or disasters.
- **Safety Baby Showers:** These free events inform expectant mothers about injury and safety prevention for their newborns. Topics include car seat safety, fire safety, poison prevention, and safe sleep practices.

COMMUNITY OUTREACH

ACMC actively engages with the community through partnerships and direct services.

- **Wellness Center:** The hospital operates a wellness center with a workout room and various exercise programs, including Tai Chi, Pilates, and weight training. This initiative promotes healthy lifestyles and physical fitness to help prevent illness and injury.
- **Free Health Screenings:** ACMC offers free health screenings at workplaces, churches, and other community events to help people understand their health status and identify potential issues early.
- **AR SAVES Stroke Program:** In partnership with the University of Arkansas for Medical Sciences (UAMS), ACMC provides 24/7 access to stroke care through telemedicine. This program helps the community recognize stroke symptoms and encourages them to seek immediate medical attention.

YOUTH HEALTH CAREER INITIATIVES

To cultivate future healthcare professionals in the region, ACMC hosts two specific summer programs.

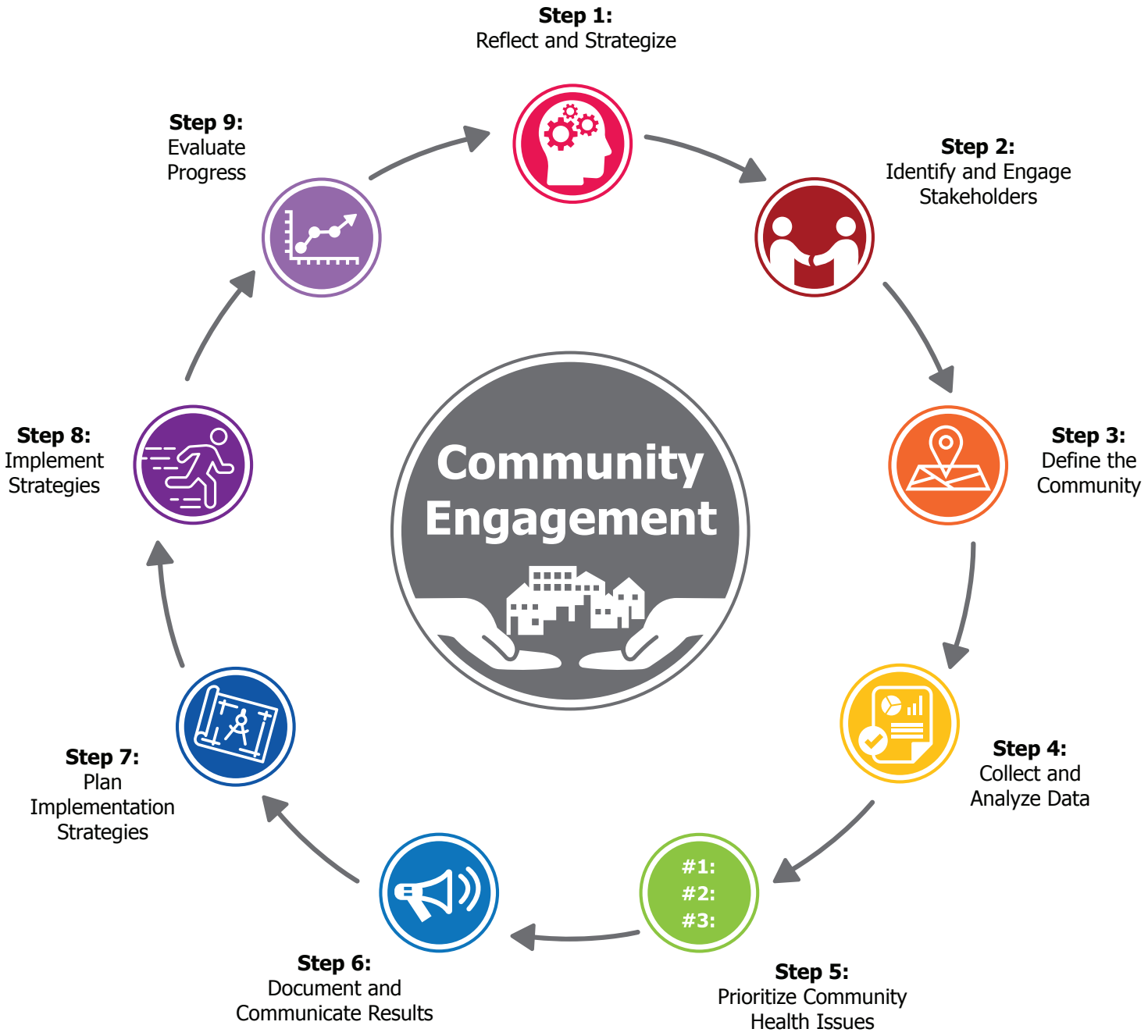
- **MASH Program (Medical Application of Science for Health):** This two-week summer camp is for high school students interested in health-related careers. Participants get hands-on experience by rotating through different hospital departments, shadowing healthcare providers, and receiving certification in CPR and basic first aid.
- **CHAMPS Program (Community Health Action in Medical Public Service):** A one-week program for junior high students, CHAMPS provides similar hands-on experiences and career exposure to encourage an early interest in the medical field.

COMMUNITY HEALTH INITIATIVES (Continued)

In addition, Ashley County Medical Center actively participates in various health outreach efforts through its affiliation with the Arkansas Rural Health Partnership (ARHP). The Arkansas Rural Health Partnership is a non-profit organization focused on horizontal hospital and economic development. This unique network comprises 22 Arkansas rural hospitals, 5 Federally Qualified Health Centers (FQHCs), 3 teaching medical institutions, and the Community Health Centers of Arkansas (FQHC Primary Care Association).

The Arkansas Rural Health Partnership serves as a crucial hub for economic growth and development across the region. ARHP's efforts are dedicated to supporting and improving existing healthcare infrastructure while strengthening healthcare delivery across rural South Arkansas. The Arkansas Rural Health Partnership is committed to enhancing the entire ecosystem of rural communities through transformative conversations, strategic partnerships, and impactful initiatives.

Community Engagement Process



http://www.healthycommunities.org/Education/toolkit/files/community-engagement.shtml#.XEnj7bLru70

CHNA Facilitation Process

The Community Health Needs Assessment (CHNA) Toolkit—developed by the National Center for Rural Health Works at Oklahoma State University and the Center for Rural Health in collaboration with the Oklahoma Office of Rural Health—guided the CHNA facilitation process (National . This structured approach involved two community meetings coordinated by a facilitator and a steering committee responsible for establishing and overseeing a Community Advisory Committee (CAC). The CAC comprised approximately 20 community members who participated actively throughout the assessment to formulate a strategic plan addressing the community's health priorities.

Public participation is a cornerstone of the CHNA process. Initially, the Ashley County Medical Center staff steering committee met with Arkansas Rural Health Partnership (ARHP) representative Lynn Hawkins, ARHP to strategize community involvement. Key members of the Ashley County Medical Center steering committee included Philip Gilmore and Sarah Cope. Together with ARHP staff, they facilitated the organization of hybrid community meetings and collaborated closely on developing both the community health needs assessment and the subsequent strategic implementation plan.

Given the extensive size of the service area, the steering committee chose to utilize a focus group comprising community leaders and professionals from health-related sectors. The Ashley County Medical Center staff steering committee identified and invited approximately 40 community members to serve on this Community Advisory Committee. Twenty four participants attended the initial advisory committee meeting—where ARHP staff delivered an educational presentation outlining the CHNA process. During this initial gathering, participants reviewed health statistics pertinent to the service area and individually completed the 2025 Community Health Needs Assessment survey.

Advisory committee members actively assisted in distributing surveys, reaching out to neighbors, colleagues, and friends—thus ensuring broad community engagement. Additionally, electronic surveys were available through the Ashley County Medical Center and ARHP websites, as well as various local community platforms.

Once survey responses were gathered, the ARHP team analyzed the data to facilitate the presentation of key findings during the committee's second meeting. At this follow-up session, committee members reviewed survey results, engaged in group discussions regarding critical health issues identified, and collaboratively prioritized community health concerns. These priorities formed the foundation of a comprehensive implementation plan developed by the staff steering committee to generate measurable community benefits.

Implementation of these strategic action plans will occur over a three-year period, with the hospital steering committee convening annually with the advisory committee to monitor progress and make necessary adjustments.

Steering Committee

- Phillip Gilmore, *Chief Executive Officer, Ashley County Medical Center*
- Sarah Cope, *Compliance Officer, Risk Manager, & Clinic Director, Ashley County Medical Center*
- Lynn Hawkins, *Chief Operating Officer, Arkansas Rural Health Partnership*
- Camille Watson, *Chief Program Officer, Arkansas Rural Health Partnership*

RESULTS OVERVIEW: ASHLEY COUNTY MEDICAL CENTER'S 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

There were **167** completed surveys through Ashley County Medical Center's 2025 Community Health Needs Assessment process. All of the results of the survey can be found in *Attachment D*.

TOP ISSUES IDENTIFIED

Awareness of Available Healthcare Services.

Respondents expressed a significant gap in community awareness about existing healthcare services. To address this, it was suggested to use effective strategies to increase awareness, such as targeted marketing, social media campaigns, community education, and direct outreach by healthcare providers. These efforts could help tackle issues like behavioral and chronic health concerns.

Specialty Services.

The CHNA survey highlighted a strong need in the community for more specialized care. Increasing the availability of specialty services locally would reduce the need for residents to travel long distances for care.

ASHLEY COUNTY MEDICAL CENTER STRATEGIC IMPLEMENTATION PLAN (2025–2028)

The Community Advisory Committee voted to address priorities as follows: Priority 1) “Increase Awareness of Available Healthcare Services” and Priority 2) “Expand Availability of Specialty Services.”

Priority 1. Increase Awareness of Available Services

- **GOAL:** Boost knowledge and utilization of hospital and community health services using diverse communication and educational strategies.

- **OBJECTIVE 1: Community Education Campaigns**
  - Explore expanding radio segments highlighting hospital services, staff, clinic services, and wellness programs
  - Explore the use of AI to increase awareness of available services.
  - Partner with local high school East Lab to develop social media campaigns

Priority 2. Expand Availability of Specialty Services.

- **GOAL:** Increase access to specialty care using telemedicine and outreach partnerships.

- **OBJECTIVE 1: Identify Telemedicine Services**
  - Identify services most needed
  - Identify partners with telehealth capacities in the targeted specialties.

- **OBJECTIVE 2: Provider Recruitment and Scheduling**
  - Develop a referral plan and follow-up systems with primary care providers.
  - Explore scheduling specialist “virtual visit days.”

- **OBJECTIVE 3: Community Education and Access**
  - Launch an information campaign about new specialty services.
  - Provide step-by-step tech support guide for community members unfamiliar with telehealth platforms.

QUALIFICATIONS OF THE REPORT PREPARER

Arkansas Rural Health Partnership (ARHP) was founded by a handful of rural hospital leaders who knew the significance and stabilizing force of home, community, and local healthcare. ARHP members recognized early on that if they wanted to continue to shape the health, wellness, and lives of their communities, they had to work together — hand-in-hand with local leaders, other rural healthcare providers, state and federal partners, and community members themselves — to truly address the needs of rural south Arkansas residents. Since its inception, ARHP has become a reference point and model for rural health innovation and collaboration across the state and nation. As an organization, ARHP is committed to paving the road for rural communities to come together and turn the tide for rural healthcare — across rural south Arkansas and beyond.

Lynn Hawkins, Chief Operations Officer, and Camille Watson, Chief Projects Officer, were designated to serve as leads on Ashley County Medical Center's 2025 Community Health Needs Assessments due to their expertise in rural healthcare, as well as data collection, analysis, and evaluation.

ABOUT THE ARKANSAS RURAL HEALTH PARTNERSHIP

The Arkansas Rural Health Partnership (ARHP) is a non-profit horizontal hospital and economic development organization composed of 22 Arkansas rural hospitals, 5 Federally Qualified Health Centers (FQHCs), 3 teaching medical institutions, and the Community Health Centers of Arkansas, Inc. (FQHC State Primary Care Association). This unique network is the largest healthcare service provider in the area and serves as a hub for economic growth and development across the region. ARHP efforts aim to support and improve existing healthcare infrastructure while strengthening healthcare delivery across rural Arkansas.

DOCUMENTATION

The following documentation of Ashley County Medical Center's 2025 Community Health Needs Assessment presentations, agendas, attendance, and survey results is included in the following attachments, which can be found at the end of this report:

- **Attachment A.** Community Advisory Committee Education PowerPoint Presentation.
- **Attachment B.** Community Advisory Committee Meeting Agenda.
- **Attachment C.** Community Advisory Attendance Roster.
- **Attachment D.** Community Advisory Committee Meeting PowerPoint Presentation & 2025 Ashley County Medical Center Survey Results.
- **Attachment E.** Organizational Chart

Ashley County Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENTS 2025

Advisory Committee Informational Meeting

MEETING AGENDA

- Introductions
- Overview of the Community Health Needs Assessment (CHNA)
  - Why do we do it?
  - What is it?
- The Community Health Needs Assessment Process
- Next Steps
- Questions

Ashley County Medical Center is a not for profit private 501(c) 3 organization because:

- Allows the hospital to be eligible to participate in the Special Medicaid Assessment Program which increases Medicaid reimbursements.
- Allows fewer regulations than a public organization.
- Receives a variety of tax exemptions from federal, state, and local governments.

WHY DO WE DO A COMMUNITY HEALTH NEEDS ASSESSMENT?

In return, the Internal Revenue Service (IRS) mandates that, like other non-profit organizations benefiting from this status, community benefit must be center to the mission of a non-profit hospital.

COMMUNITY BENEFIT MEANS . . .

According to the Internal Revenue Service (IRS) community benefit means programs and services designed to address identified needs and improve community health and must meet at least one of the following criteria:

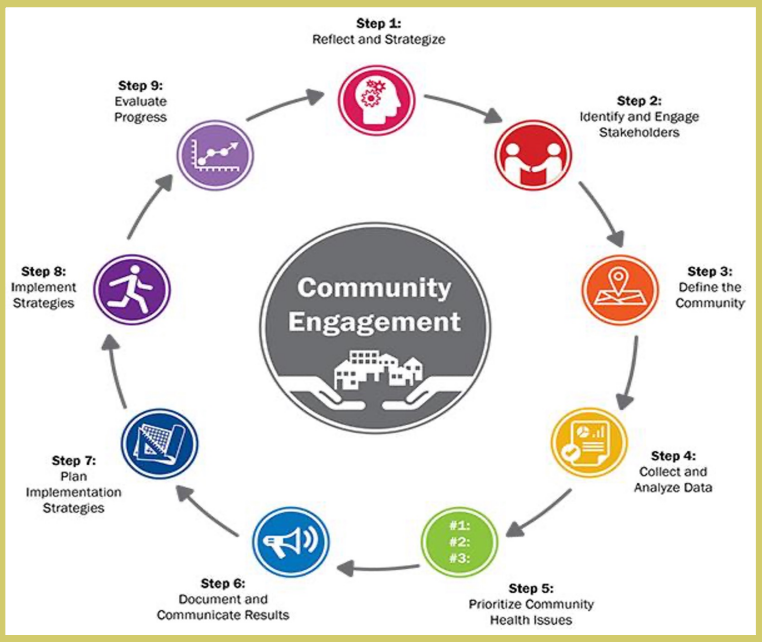
- ❑ Improve access to healthcare services;
- ❑ Enhance health of the community;
- ❑ Advance medical or health knowledge; or
- ❑ Relieve/reduce the burden of other community efforts.

THEREFORE, ALL NON-PROFIT HOSPITALS MUST . . .

- ➢ Conduct a formal community health needs assessment every three years
- ➢ Widely publicize these assessment results by the end of the fiscal year.
- ➢ Adopt an implementation strategy to meet needs identified by the assessment.
- ➢ Provide the Secretary of the Treasury with an annual report of how the organization is addressing the needs identified in each community health needs assessment.

Failure to meet the new requirements in any taxable year will result in a $50,000 excise tax as well as possible revocation of the tax-exempt status.

THE CHNA PROCESS



http://www.healthycommunities.org/Education/toolkit/files/community-engagement.shtml#.XEnj7bLru70

COMMUNITY ENGAGEMENT IS CENTRAL . . .

Benefits for Your Hospital

- A clearer understanding of the community (health issues, availability of resources).
- Strengthened bonds between community and hospital; increased collaboration
- Greater community buy-in and a sense of shared commitment to community health.
- Stronger relationships with individuals/organizations that are assets for improving community health.
- Healthier communities where individuals have access to care; potentially leading to lower costs for the hospital.

Benefits for Your Community

- A different perspective of the community and the hospital's role in health promotion.
- Improved communication between community and hospital
- Potential community coalitions/collaborative improvement efforts.
- The ability to apply knowledge and experiences to improve the health of the community.
- The opportunity for leadership development and capacity-building.
- The potential for a healthier community.

Everyone that was invited was deliberately chosen to participate in this process.

- Others may be identified prior to the next meeting.

We are looking for community members who:

- Represent different community interests and sectors.
- Bring different strengths and/or resources to support the process.
- Are energetic, committed and willing to collaborate.

IDENTIFY & ENGAGE STAKEHOLDERS | STEP ONE

While Ashley County Medical Center serves patients primarily from Ashley County, patients served by the hospital include residents from neighboring Arkansas counties.

DEFINE THE COMMUNITY | STEP TWO

- Surveys include sections about overall health, you & your family's health, you & your community, and demographic questions about the respondent.
- Community Advisory Committee will be instrumental in gathering data through surveys.
- Surveys will be available on Ashley County Medical Center's website and Facebook page. Also available by text & email. Surveys are confidential & open now. The survey will close on Wednesday, August 13, 2025.
- All data will be compiled & presented at the next meeting on Tuesday, August 19, 2025, which will be held in person.

COLLECT & ANALYZE DATA | STEP THREE

NEXT STEPS . . .

- Complete the survey (If you provided your email address, we will email you the link to the survey.)
- Talk to your friends and family about the survey and ask them to complete it.
- Talk to your friends and family about their health care concerns for the community.
- Attend meeting #2 on August 19, 2025, at 5:30 pm.
- At the next meeting we will 1) Review data collected; 2) Identify key health concerns to address; and 3) Outline a plan to address concerns over the next 3 years.

THANK YOU!

Arkansas Rural Health Partnership

ATTACHMENT B.
Community Advisory Committee Meeting Agenda

MEETING AGENDA

01 **Introductions**

02 **The CHNA Process**

03 **Survey Results**

04 **Discussion/Plans**

05 **Questions**

ATTACHMENT C.
Community Advisory Attendance Roster

FIRST NAME	LAST NAME	ORGANIZATION
Alan	Riels	Dedicated Logistics
Ashley	Whitaker	Case Management
Connie	Timmons	Southern Bancorp, Ashley County Health Foundation member
Caitlin	Martin	Hamburg School
Crystal	Marshall	Mayor of Crossett
David	Streeter	Mayor of Hamburg
Dawn	Burchfield	Pharmacy Manager, Ashley County Medical Center
Dennis	Maxwell	KHMB/KAGH Radio
Don	Bitzer, MD	General Surgery, Ashley County Medical Center
Eric	Shoffner	Gammels Pharmacy
India	Holt	Ashley County Health Foundation member
James E.	Phifer	ACMC Board Member
Jami	Hartshorn	Human Resources Assistance, Ashley County Medical Center
Jason	Brisby	Ashley County Emergency Management
Jennifer	Andrews	Ashley Health Services
Kathy	Launius	Physical Therapy Manager
Marie	Stephonson	Chief Nursing Officer, Ashley County Medical Center
Matt	Cantley	Director of Engineering, Ashley County Medical Center
Mike	Smith	Crossett Economic Development
Monica	Richards	Speech Therapy, Ashley County Medical Center
Nick	Austin	CenturyNext Bank
Phillip	Gilmore	Chief Executive Officer, Ashley County Medical Center
Roxanne	Farmer	Infection Control, Ashley County Medical Center
Sarah	Cope	Compliance Officer, Risk Manager, & Clinic Director, Ashley County Medical Center
Shajuana	Bowman	Case Management
Sharon	Burnett	Materials Management, Ashley County Medical Center
Shirley	White	Human Resources & Accounting Supervisor, Ashley County Medical Center
Skip	MacDonald, MD	Orthopaedics, Ashley County Medical Center
Stephanie	Hollis	Radiology, Ashley County Medical Center
Vonda	Walters	Business Office/Revenue Cycle Manager, Ashley County Medical Center

Ashley County Medical Center
COMMUNITY HEALTH NEEDS ASSESSMENT

2025

MEETING AGENDA

01 **Introductions**

02 **The CHNA Process**

03 **Survey Results**

04 **Discussion/Plans**

05 **Questions**

WHY DO WE DO A COMMUNITY HEALTH NEEDS ASSESSMENT?

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Allows the hospital to be eligible to participate in the Special Medicaid Assessment Program which increases Medicaid reimbursements.	Allows fewer regulations than a public organization.	Receives a variety of tax exemptions form federal, state, and local governments.

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- **Adopt an implementation strategy to meet needs identified by the assessment.**
- **Provide the Secretary of the Treasury with an annual report of how the organization is addressing the needs identified in each community health needs assessment.**

- **FAILURE TO MEET THE NEW REQUIREMENTS IN ANY TAXABLE YEAR WILL RESULT IN A $50,000 EXCISE TAX AS WELL AS POSSIBLE REVOCATION OF THE TAX-EXEMPT STATUS.**

COMMUNITY ENGAGEMENT IS CENTRAL . . . .

Benefits for Your Hospital:

- **A clearer understanding of the community (health issues, availability of resources).**
- **Strengthened bonds between community and hospital; increased collaboration**
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- **Healthier communities where individuals have access to care; potentially leading to lower costs for the hospital.**

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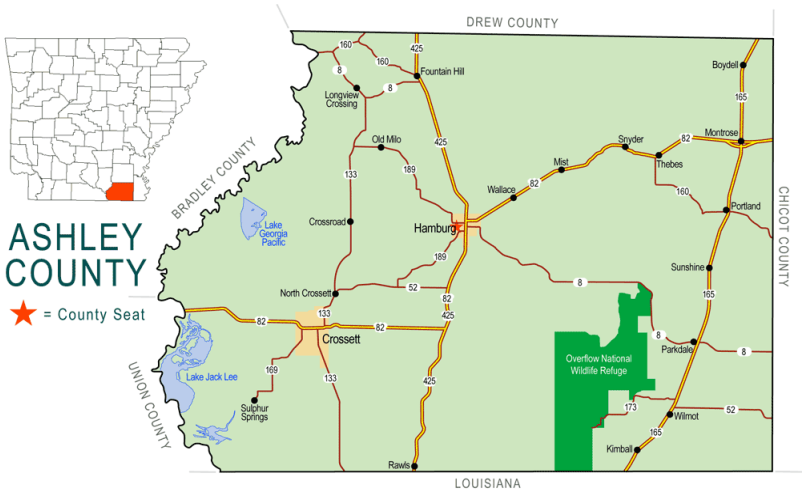
- **The opportunity for leadership development and capacity-building.**
- **The potential for a healthier community.**

THE CHNA PROCESS

http://www.healthycommunities.org/Education/toolkit/files/community-engagement.shtml#.XEnj7bLru70

DEFINE THE COMMUNITY | STEP THREE

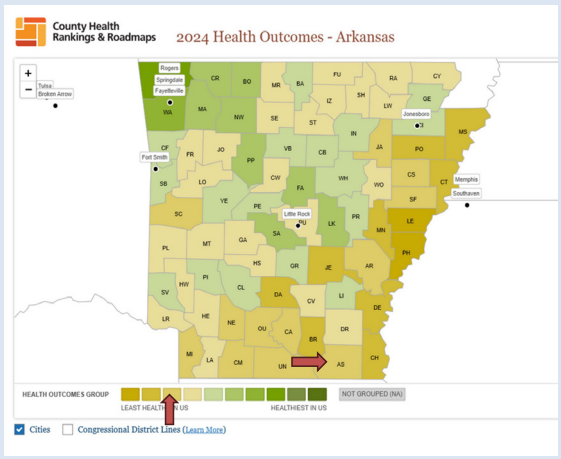
While Ashley County Medical Center primarily serves patients from Ashley County, patients are also served by residents from neighboring counties.



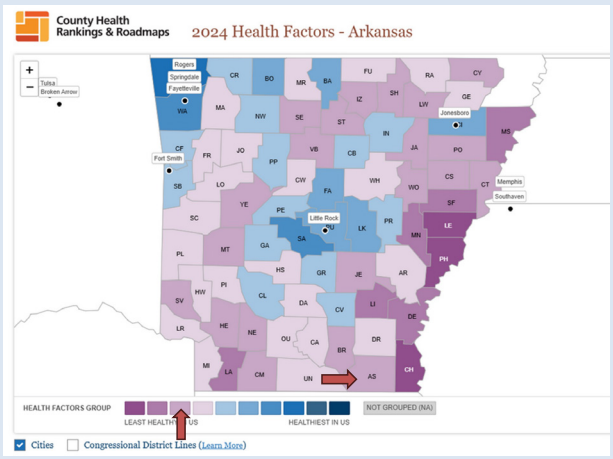
ASHLEY COUNTY, ARKANSAS

Ashley County, Arkansas, which is located in the state's southern and Delta regions, was ranked among the counties with less favorable health outcomes and health factors in the 2024 County Health Rankings by the University of Wisconsin Population Health Institute. This ranking is common in these regions, often due to socioeconomic challenges that contribute to poorer health. The state of Arkansas has 75 counties in total.

Health Outcomes



Health Factors



DATA ANALYSIS

- **Survey responses (N=167) were analyzed to assess community health priorities–focusing on representation across key demographic groups, including gender, age, and race.**
- **The analysis ensured that results accurately reflected the community's perspectives; however, demographic comparisons revealed certain gaps–highlighting opportunities for more targeted outreach to improve representation among specific populations.**

COLLECT & ANALYZE DATA | **STEP FOUR**

DATA COLLECTION PROCESS

The assessment was conducted through multiple methods to maximize engagement and ensure broad representation.

- **digital outreach via social media platforms**
- **traditional word-of-mouth methods**
- **direct interactions with healthcare providers**
- **online surveys**
- **community events**
- **local businesses**

Surveys were made available from July 31st to August 13th.

COLLECT & ANALYZE DATA | **STEP FOUR**

WHO IS ASHLEY COUNTY?

Key insights per the CHNA survey

167 SURVEY RESPONSES WERE RECEIVED

87.4% of the respondents were from Ashley County. Additional responses were received from Union County (6%). The remaining responses were from Desha, Drew, Morehouse Parish, LA, and some who only replied they lived in the United States.

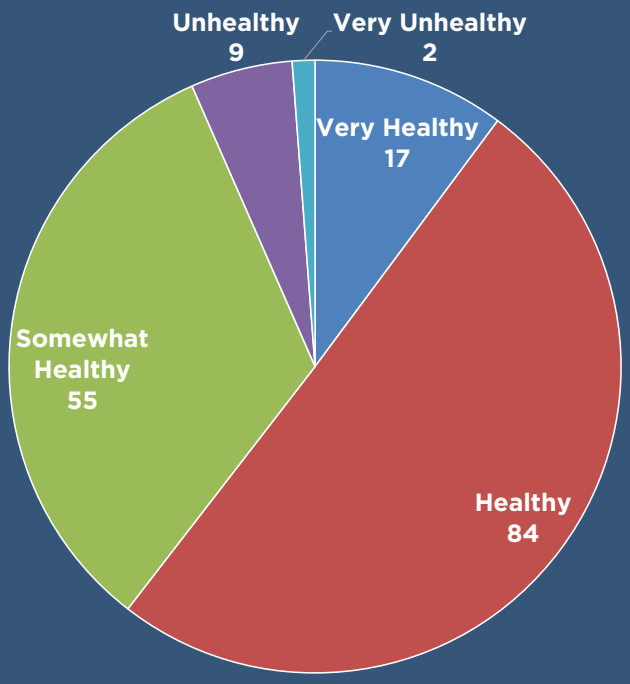
46 to 55 was the largest age group to respond at 28%. Remaining age groups responded in the following order: 36 to 45 (23%), 56 to 65 (20%), 26 to 35 (14%), 18 to 25 (7%), 66 to 75 (7%), and 1 person at age 75+.

84% of respondents were female and 16% male.

83% of the respondents were Caucasian, with the second largest response being black or African American, at 8%, and then Hispanic or Latino at 5%. Other groups making up a smaller % of participants reported as follows: White, Hispanic or Latino; Asian/Pacific Islander; Black or African American, Hispanic or Latino; Native American or American Indian,and prefer not to say.

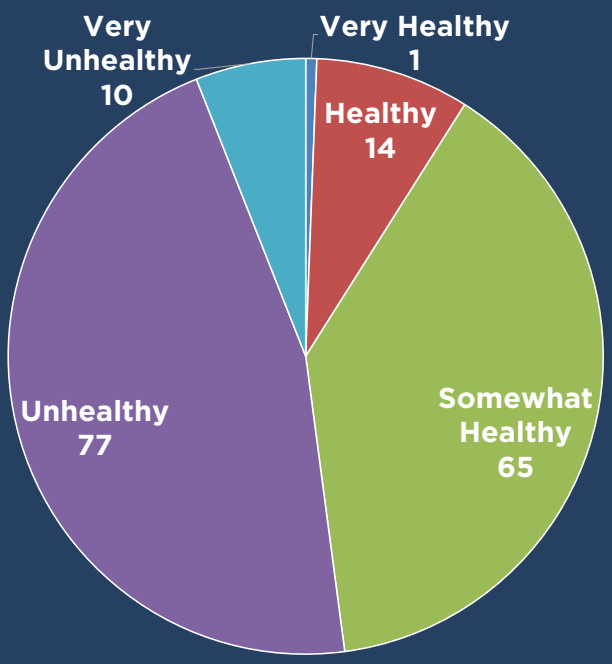
PERSONAL HEALTH PERCEPTION:
OVERALL, HOW WOULD YOU RATE YOUR PERSONAL HEALTH?

Key Insight: The majority of survey respondents perceive themselves as healthy or somewhat healthy.

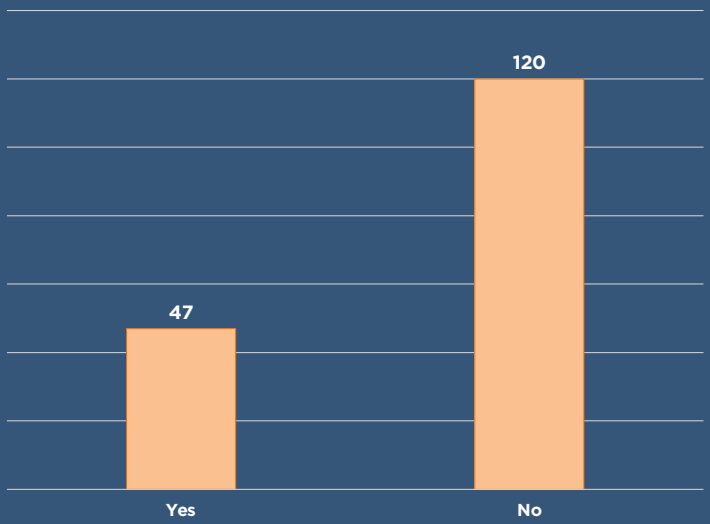


PERCEPTION OF COMMUNITY HEALTH: HOW WOULD YOU RATE THE GENERAL HEALTH OF YOUR COMMUNITY?

Key Insight: A large majority of the survey respondents perceive themselves healthier than their perception of their community's health.



DID YOU OR SOMEONE IN YOUR HOUSEHOLD GO WITHOUT HEALTHCARE OR DELAYED RECEIVING HEALTHCARE IN THE PAST THREE YEARS?

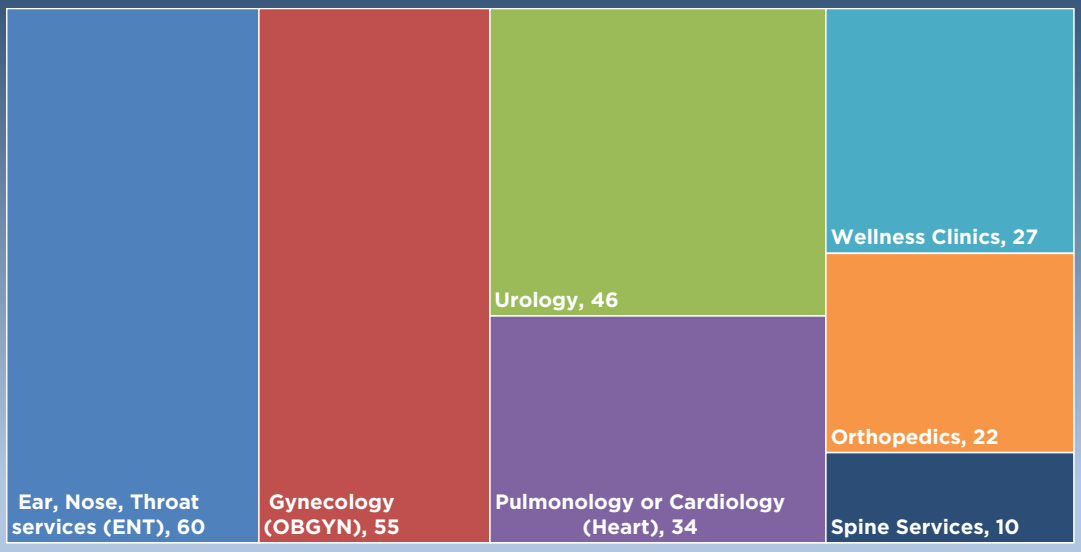


WHEN ASKED WHY HEALTHCARE WAS NOT RECEIVED, THE MOST NOTABLE RESPONSES ARE IDENTIFIED BELOW:

- **Financial Reasons**
- **Logistical Issues**
- **Personal and emotional factors**
- **Availability of services**

Key Insight: The overwhelming response of "I was not prevented from receiving healthcare services" (120 times) indicates that a significant portion of respondents did not experience barriers to care, providing important context to the frequency of the issues listed above. However, some barriers noted are shown above.

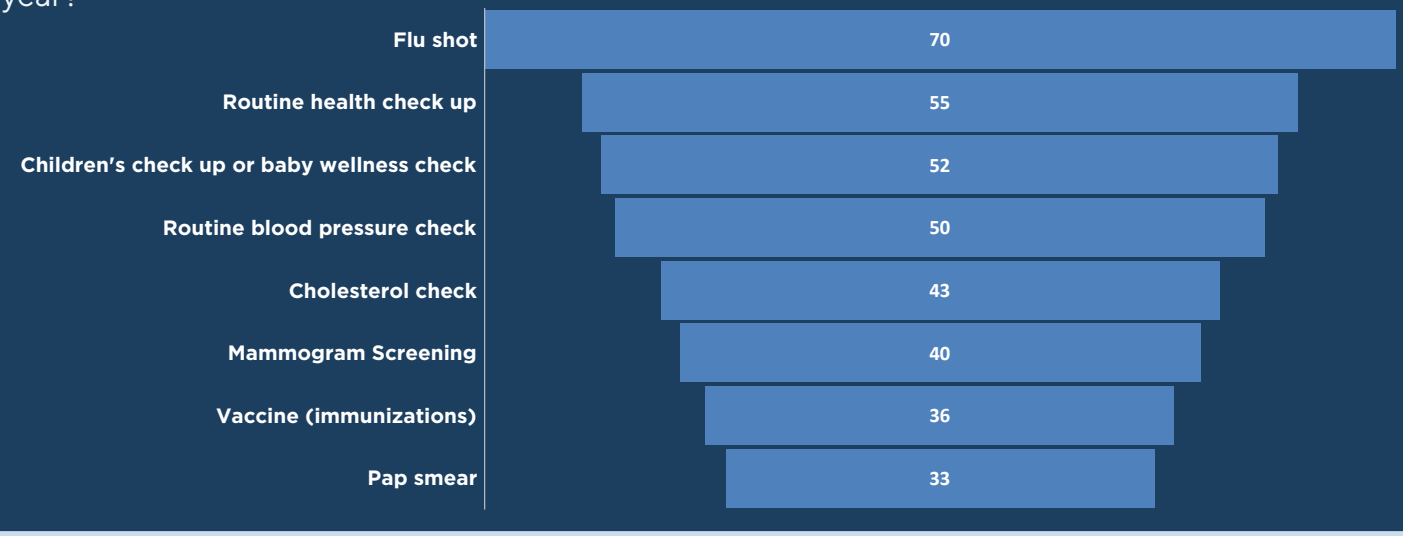
MOST NEEDED HEALTHCARE SERVICES: WHAT HEALTHCARE SERVICES WOULD YOU USE IF THEY WERE AVAILABLE?



Key Insights: The most desired healthcare services, based on the survey respondents' selections, are listed in order of importance in the diagram above. Services chosen three or fewer times were: Addiction services, Dermatology, Endocrinology, Urgent care, Podiatry, Weight loss services, Asthma & Allergy, Gastroenterology, Neurology, After hours, Diabetes, and Nephrology.

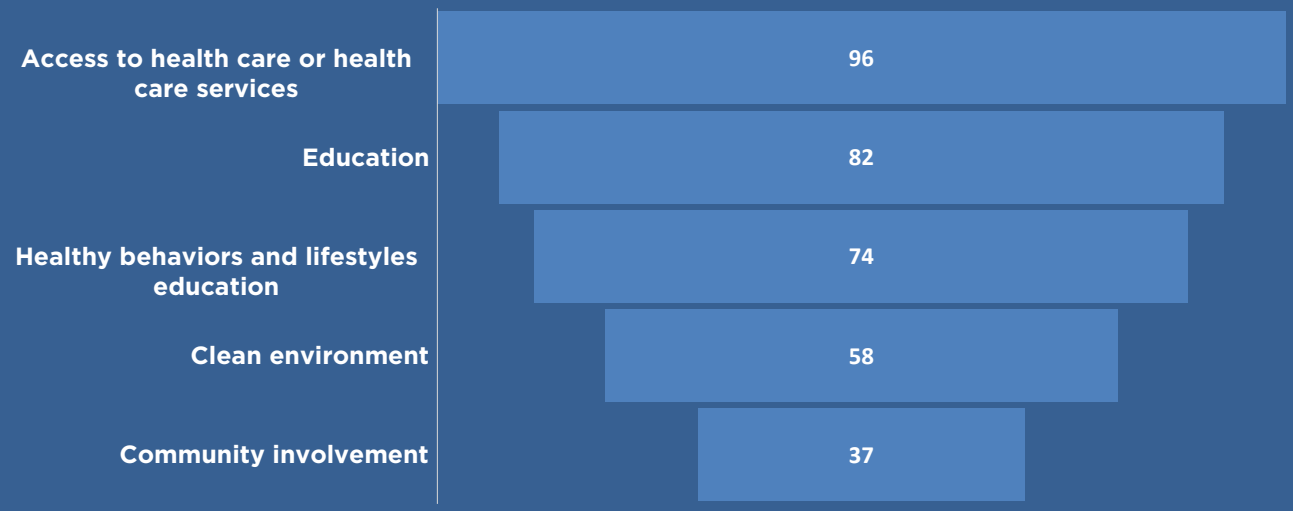
USE OF PREVENTATIVE HEALTH SERVICES:

Preventative testing and services help to prolong the length of living and can lead to early diagnosis of serious health problems. Which of the following services have you used in the past year?



Key Insight: The chart above identifies the most noted preventative services that were utilized by survey respondents. Other preventative services were selected but at 20 or fewer by survey respondents.

KEY FACTORS FOR A HEALTHY COMMUNITY: SELECT THE MOST IMPORTANT FOR CREATING A HEALTHY COMMUNITY

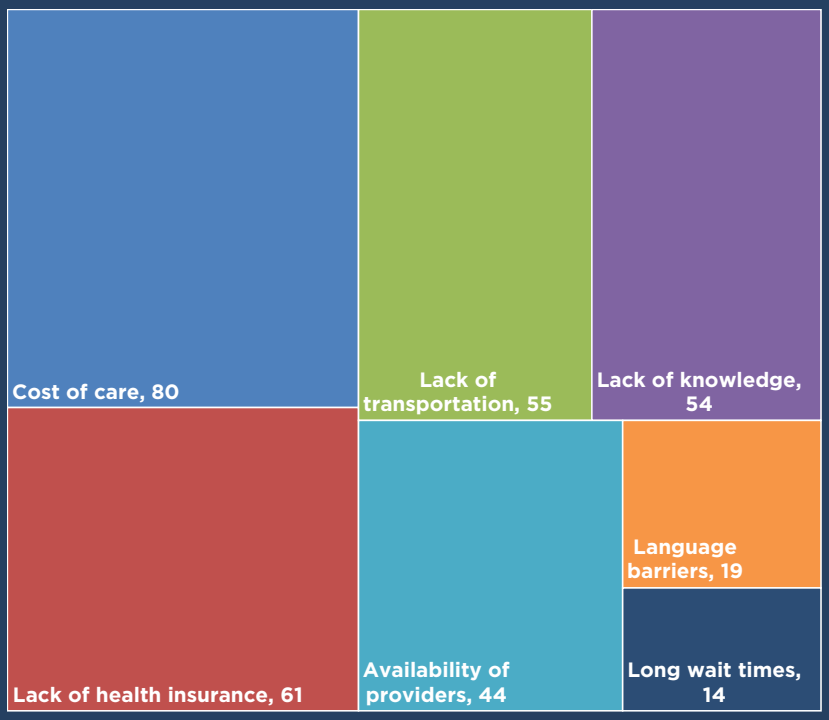


Other factors mentioned but 3 or fewer times: public funding, affordable care, transportation, resources, money, and I don't think it would matter

BARRIERS TO HEALTHCARE ACCESS: WHAT ARE THE BIGGEST CHALLENGES TO ACCESSING HEALTHCARE IN YOUR COMMUNITY?

Key Insights: *Survey respondents identified Cost of Care (80), and Lack of Health Insurance (61) as the two biggest challenges. Lack of Transportation (55) and Lack of Knowledge (54) were tied for the third biggest challenge.*

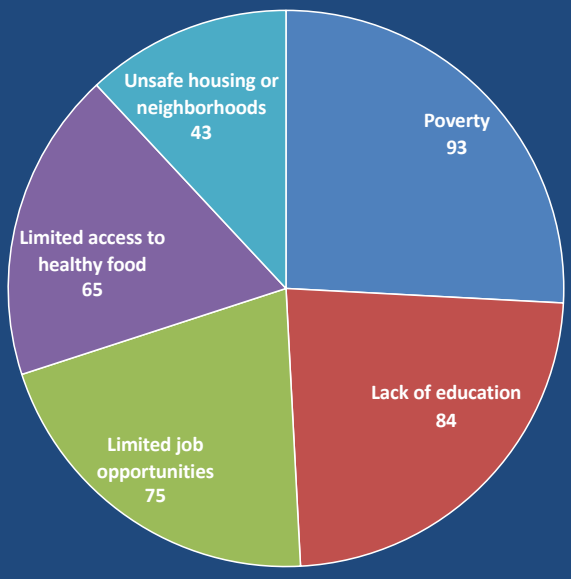
Other remaining challenges noted were: Availability of Providers (44) , Language Barriers (19) , and Long Wait Times (14). Also noted were Insurance not accepted, Lack of Resources, and Childcare once each.



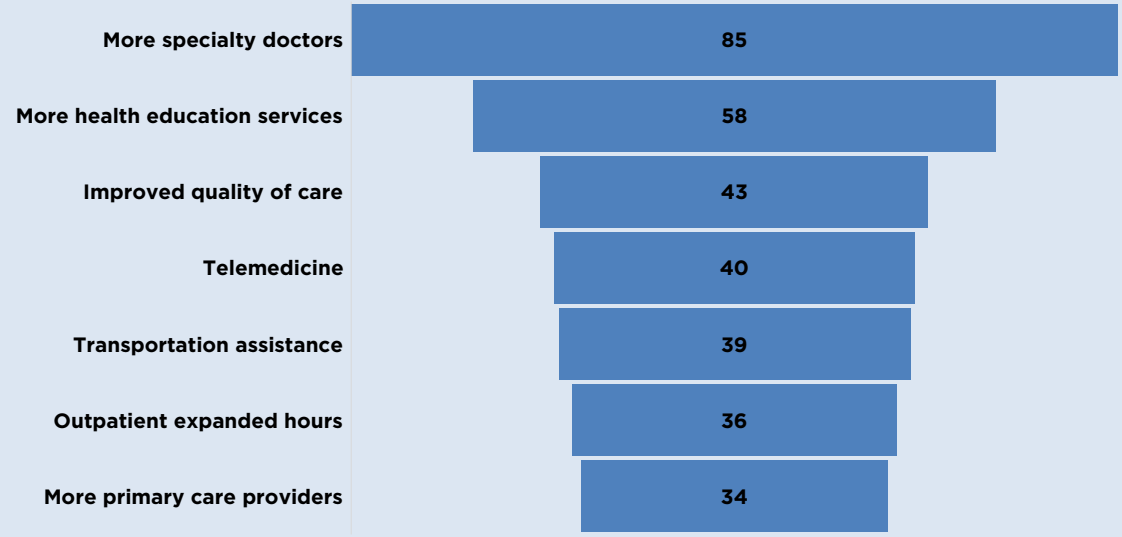
PERSPECTIVE ON FACTORS THAT CONTRIBUTE MOST TO HEALTH CONCERNS IN THE COMMUNITY

Key Insight: Respondents viewed poverty as the most substantial driver of health concerns in the community, followed by **lack of education, limited job opportunities, and limited access to healthy foods.**

Also considered important contributing factors are **unsafe housing/neighborhoods. Those noted but** perceived as having a less direct impact on overall community health were drug addiction, lack of qualified providers, and lack of transportation.



Community Perspective on how to improve the community's access to health care.

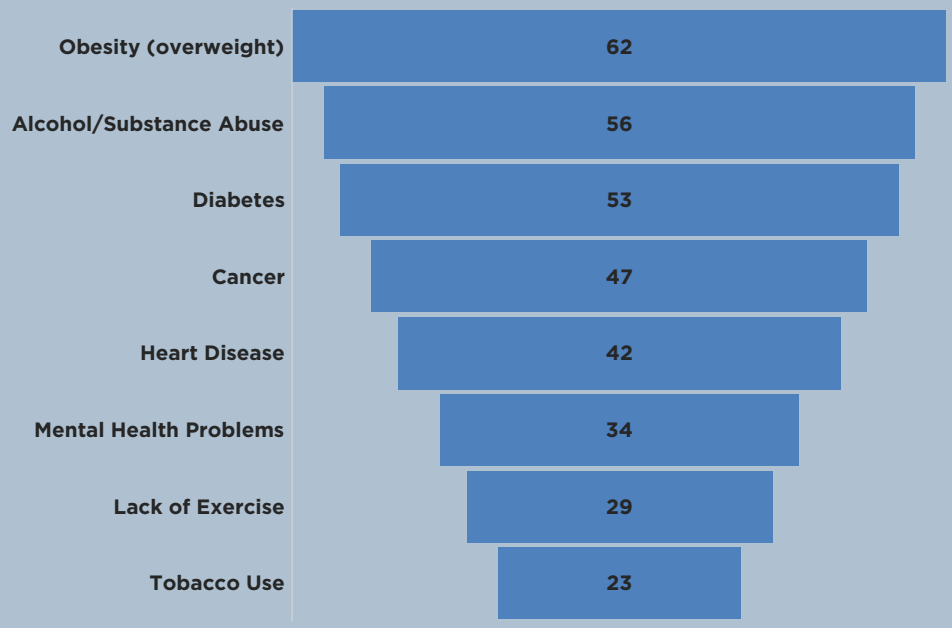


Key Insights: *The survey respondents identified their top two priorities for improving access to healthcare as:* ***1) increasing the number of specialty doctors and 2) adding more health education services****. While these two areas are the clear frontrunners, the community also highlighted other significant factors: improved quality of care, telemedicine, transportation assistance, expanded outpatient hours, and more primary care providers. There was mention of home health care, interpreter services, drug prevention in schools, and money.*

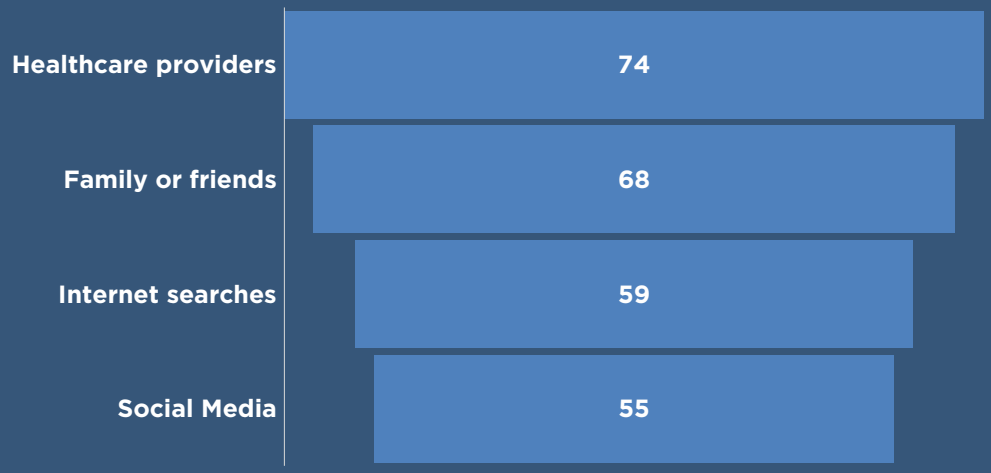
PERSPECTIVE ON MAJOR HEALTH CONCERNS IN THE COMMUNITY: IN THE FOLLOWING LIST, WHAT DO YOU THINK ARE THE THREE MOST SERIOUS HEALTH CONCERNS IN YOUR COMMUNITY?

Key Insight: *The community perceives obesity, substance abuse, and diabetes as their most pressing health challenges, closely followed by cancer and heart disease.*

Mental health problems, lack of exercise, and tobacco use were the least selected concerns.



When asked how the respondents typically receive information regarding available health services, the replies were:



Key Insight: Survey respondents reflected a multi-faceted approach to information dissemination, with **healthcare providers being the most influential source, followed by family or friends, internet searches, and social media.** Traditional media and community groups also contribute to how people learn about available health services, but with a much less common response in the survey.

Community Insights: A Qualitative Perspective

Overall insights from survey respondents:

The responses highlight significant concerns regarding access, transportation, affordability, and cost of services and healthy options.

A few comments from respondents:

- "An urgent care or after-hours clinic, anywhere in the county, would be great."
- "Transportation is one of the biggest needs in our community."
- "I feel that our community has the mentality of bigger is better and doesn't realize that most of these services are right here."
- Dental care expenses are astronomical. Many people do not have dental insurance, and if they have dental coverage, most plans only cover a small amount of the price.
- "Healthy home prepared meals are often unattainable due to cost of fresh groceries and lack of time for busy families, and fast food isn't healthy. That's not specific only to our community, but it is a problem here."

❖**Improve Access to Healthcare Services.**
- Respondents identified multiple barriers: limited access to healthcare, including high costs, transportation challenges, a need for education around healthy lifestyles and healthy behavior, and a lack of insurance. Addressing these barriers comprehensively will significantly improve community health outcomes.

❖**Expand Availability of Specialty Services.**
- Community members highlighted a strong need for specialized medical services–particularly Ear, Nose, and Throat (ENT), OB/Gyn, and Pulmonology or Cardiology. Increasing these specialty services locally would reduce the necessity for residents to travel long distances for care.

❖**Increase Awareness of Available Healthcare Services.**
- The assessment revealed a substantial gap in community awareness about existing healthcare resources. Effective strategies to enhance awareness may include targeted marketing, social media campaigns, community education, and direct outreach by healthcare providers. These strategies may significantly aid in addressing behavioral health and chronic health concerns.

PRIORITIZE COMMUNITY HEALTH ISSUES | STEP FIVE

Ashley County Medical Center must adopt an implementation strategy before the 15th day of the fifth month after the end of the taxable year in which the hospital finishes conducting the Community Health Needs Assessment.

https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

DOCUMENT & COMMUNICATE RESULTS | STEP SIX

THIS IS AN ONGOING PROCESS

- **Develop work groups**
- **Create measurable action plan recommendations based upon key themes identified (15 minutes)**
- **Consider potential barriers for implementation.**
  - ✓ **SWOT analysis, etc.**

PLAN IMPLEMENTATION STRATEGIES | STEP SEVEN

IMPLEMENT STRATEGIES & NEXT STEPS | STEP EIGHT

- Arkansas Rural Health Partnership will provide the Ashley County Medical Center with the Community Health Needs Assessment Report by August 29, 2025.
- ARHP and Ashley County Medical Center Steering Committee will draft the implementation plan and communicate back to the advisory committee.
- Conduct annual progress assessment with the advisory committee.

THANK YOU!

Arkansas Rural Health Partnership

Lynn Hawkins
Chief Operations Officer
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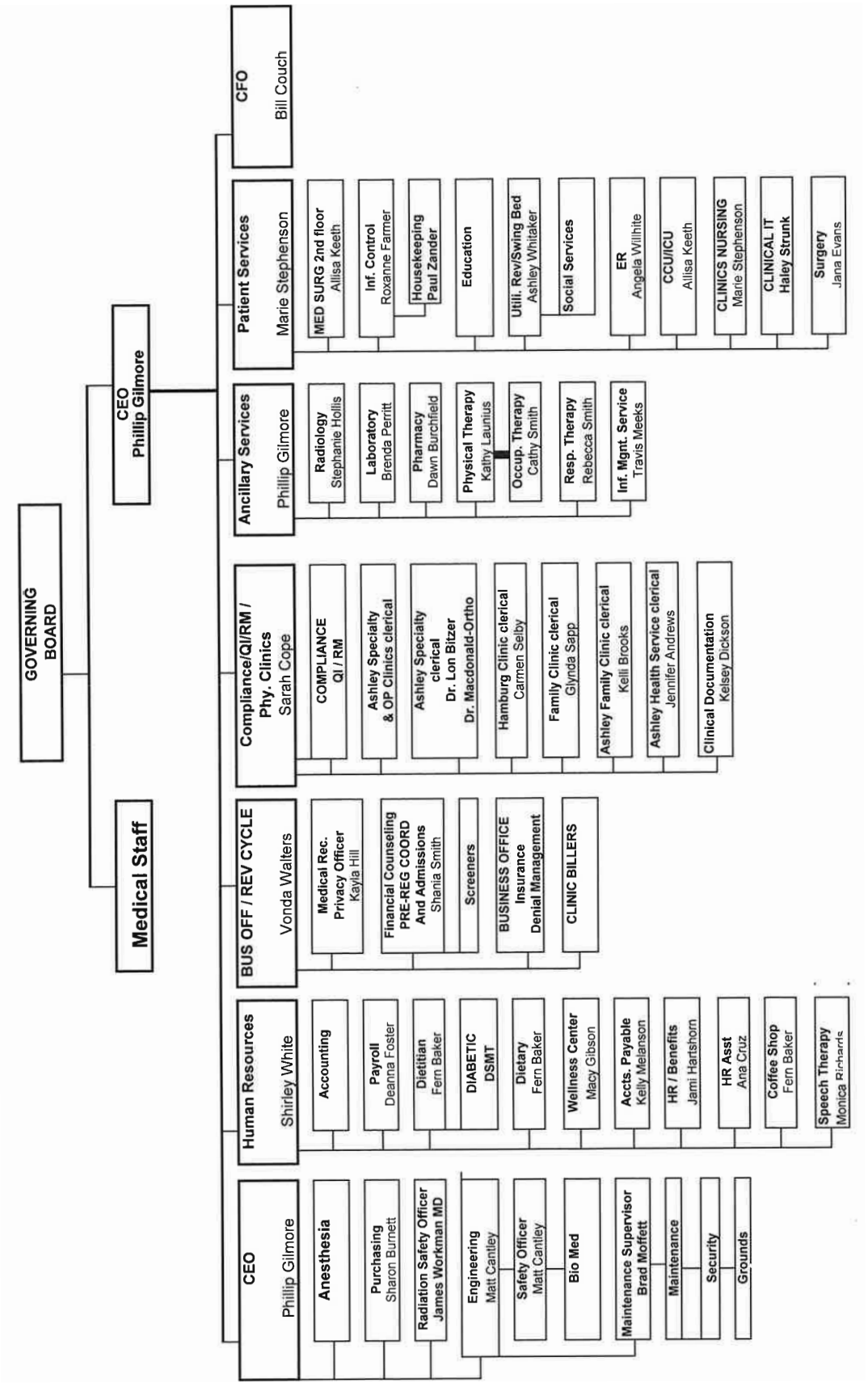
ATTACHMENT E.
Organizational Chart



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