

Community Health Needs Assessment

Mercy Hospital Berryville

Fiscal Year 2025





Our Mission

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

Our Values

Dignity

Excellence

Justice

Service

Stewardship

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FY22-24 Impact

The 2022 community health needs assessment identified two priority health areas:



A community health improvement plan was developed and implemented to address these significant needs. Mercy Berryville developed and implemented a variety of programs and initiatives to address the needs identified in the 2022 CHNA.



FY22-24 Impact

Access to Care

- **Community Health Worker (CHW).** A Community Health Worker has been serving at Mercy since 2018, serving as a liaison/link between health care and community and social services, screening for needs related to social determinants of health and facilitating access to services. Our CHW provided resources and assistance to 2,445 patients over the last three years. 648 patients successfully obtained Mercy Financial Assistance, and 30 patients were enrolled in Medicaid.
- **Family Medicine Residency Program.** Mercy is in its second year of offering a family medicine residency program in partnership with University of Arkansas for Medical Sciences to increase the number of participating primary care physicians serving underserved rural communities. Currently, four family medicine residents are completing their medical education at Mercy, with a third class and two additional residents beginning July 2025. Residents will see patients in the hospital and outpatient clinics and participate in rotations at other facilities and clinics.



FY22-24 Impact

Behavioral Health

Concert Health Collaborative Care is a partnership initiated in 2022 to support primary care providers in delivering mental and behavioral health services to patients in need. The program focuses on providing a behavioral care manager who interacts directly with patients, performs assessments, initiates treatment, and collaborates with primary care physicians. This initiative aims to enhance the support for primary care providers in offering comprehensive mental and behavioral health care.

Executive Summary

Mercy Hospital Berryville is a 25-bed critical access hospital located in Berryville, Arkansas affiliated with Mercy, a large Catholic health system. Headquartered in St. Louis, Mercy serves millions of people each year in multiple states across the central United States. For the purposes of this Community Health Needs Assessment (CHNA), the community served by Mercy Berryville will be defined as Carroll County, Arkansas. Carroll County is considered to be part of the larger four-county Northwest Arkansas metropolitan area which includes Benton, Carroll, Madison, and Washington Counties.

Northwest Arkansas is rapidly growing and changing, with a 13.9% increase in population since 2010 and a significant increase in Hispanic and Marshallese community members. Carroll County is a rural county with a lower median income and higher poverty rate than the overall NWA region. Income and health disparities are apparent, poverty rates are high, especially among non-White residents, and uninsurance rates are higher than state and national averages.

Executive Summary *(continued)*

Mercy Berryville is committed to carrying out its mission to deliver compassionate care and exceptional service for all members of the communities it serves, with special attention to those who are marginalized, underserved, and most vulnerable. As part of this CHNA, Mercy convened a collaboration of area health care and non-profit partners to conduct a comprehensive community health survey. Available secondary health data was also obtained, and NWA indicators were compared to those of Arkansas and the United States. Eight identified health needs emerged during the CHNA process. A group of Mercy Berryville representatives and community stakeholders reviewed and prioritized the needs based on several criteria.

The 2025 prioritized community health needs are:

- Access to Care
- Behavioral Health



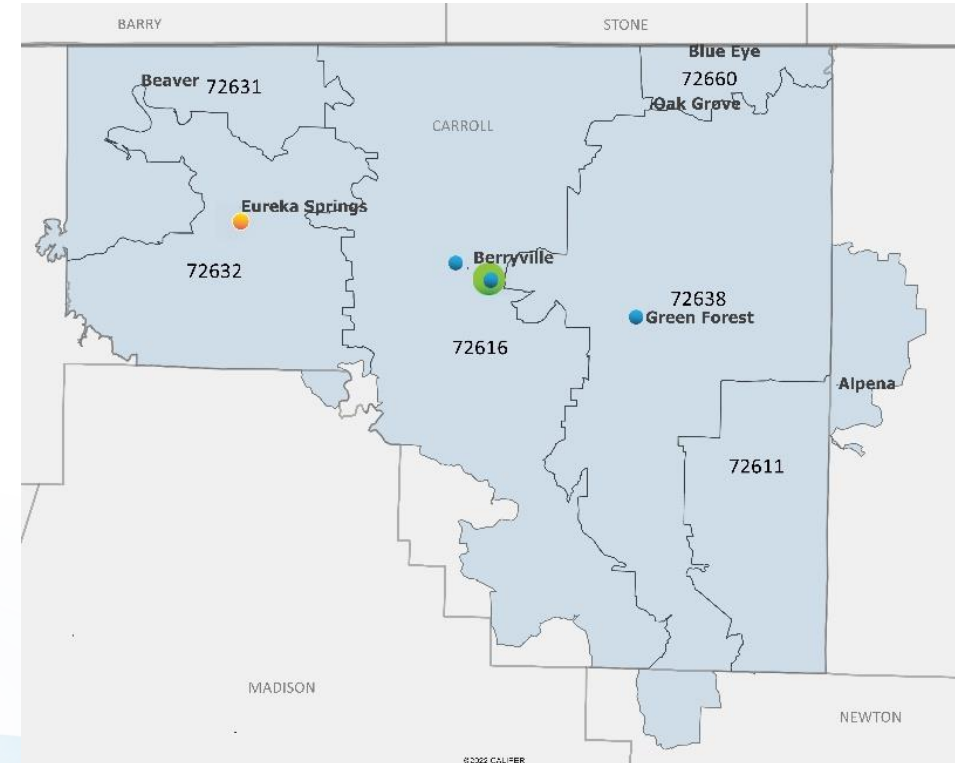
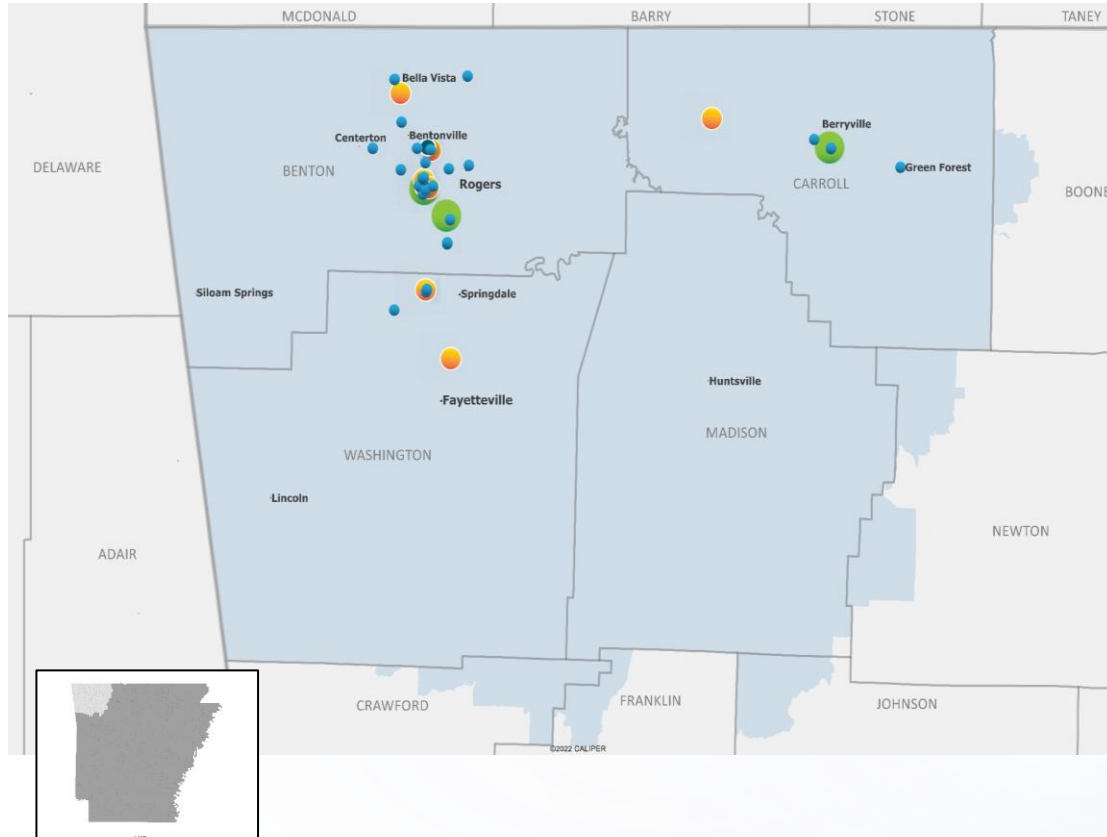


Executive Summary *(continued)*

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

Community Profile

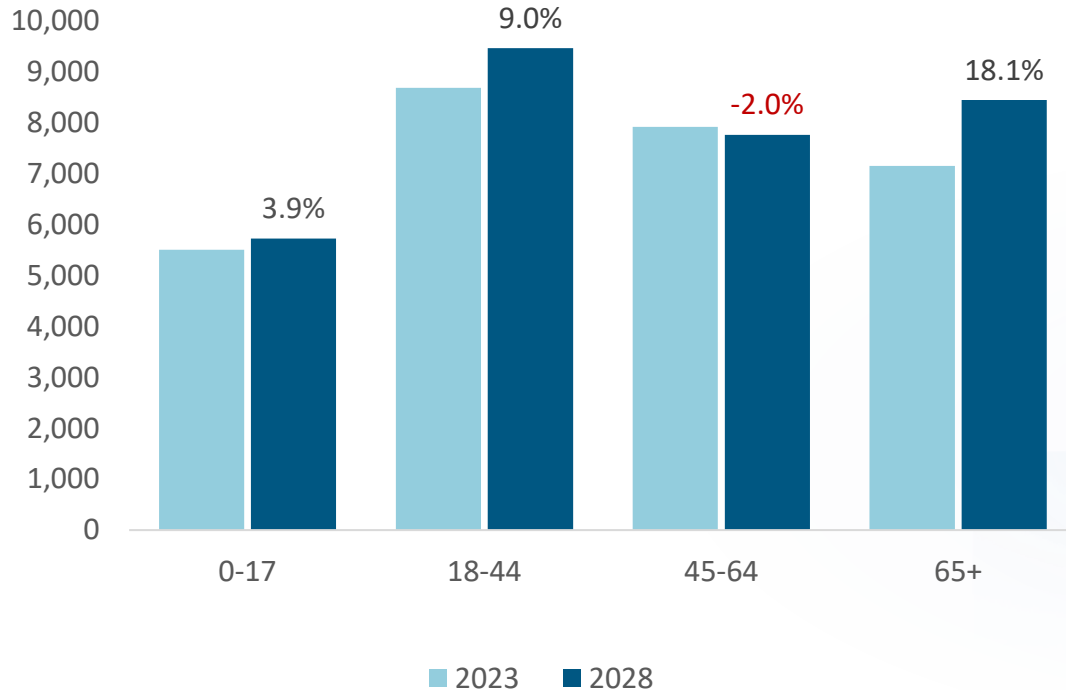
Carroll County, Arkansas



Community Profile

Berryville, Arkansas

Population Growth



	Community	AR	US
5-Year Population Growth	7.3%	5.1%	4.0%
Median Age	40	37	35
Median HH Income	\$52k	\$58k	\$78k
High School Grad or Greater	86%	89%	90%

Community Profile

Carroll County, Arkansas

Population
28,814

79.7% White,
15.6% Hispanic,
1.2% Asian,
1.2% Marshallese

Median household
income
\$52,000



Community Profile

Carroll County, Arkansas

For the purposes of this CHNA, Mercy Berryville defines its community served as Carroll County, Arkansas. Mercy also serves some patients who live in Southwest Missouri, but these counties are not included in this CHNA. Carroll County, with a population of 28,814, is nestled in the Ozark Mountains of Northwest Arkansas.

Although the majority Carroll County residents are White, the Northwest Arkansas region as a whole has welcomed an increasingly diverse population over the past few decades. Currently, 15.6% of residents of Carroll County are Hispanic. Northwest Arkansas is also home to a large and rapidly increasing population of Marshall Islanders, making up 1.2% of the population of Carroll County. Marshallese persons are free to live, work and travel in the United States do to a Compact of Free Association Agreement (COFA) dating back to 1983.





Community Profile

Carroll County, Arkansas *(continued)*

The median household income of Carroll County residents is \$52,000, which is higher than Arkansas at \$58,773 and the United States at \$78,538. 19.1% of children live in families below 100% of the federal poverty level (FPL) and 15.4% of Carroll County residents fall under the FPL.

Access to health care is an issue for a sizeable portion of Carroll County residents. 18.5% of adults under age 65 and 10.4% of children under age 19 do not have health insurance. This rate is higher than the state of Arkansas and the U.S. average. Nationwide, Hispanics have a lower rate of insurance coverage of any race or ethnicity, at just 76.9%. Recent estimates put the uninsurance rate of Marshallese migrants at 37%.

Community Profile

Demographics

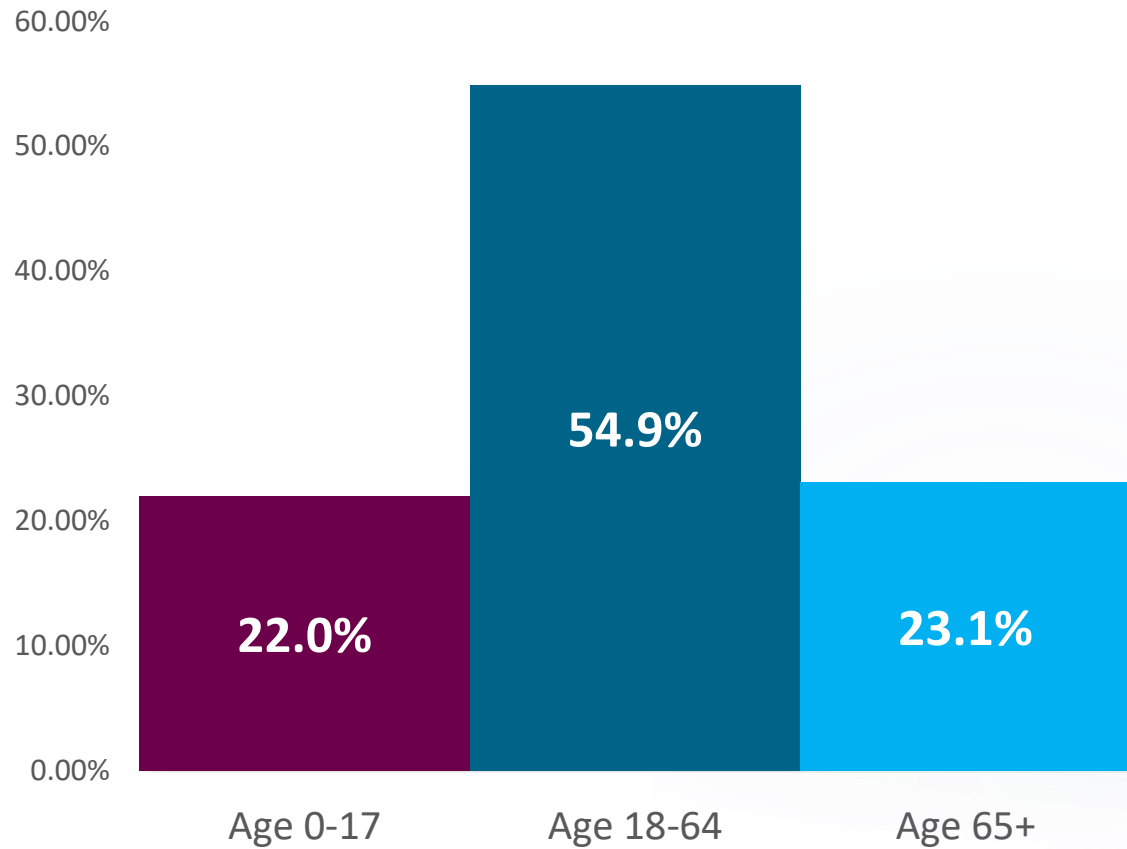
Age and Racial Distribution	Carroll Co.	Arkansas	U.S.
Population size (number of persons)	28,814	3,067,732	334,914,895
Age distribution			
Under 18 years	21.9%	23.1%	22.1%
18-64 years	54.9%	59.7%	61.4%
65 years and over	23.1%	17.2%	16.5%
Race distribution			
White alone	90.5%	78.4%	75.3%
Black or African American	1.0%	15.6%	13.7%
American Indian and Alaska Native	1.4%	1.1%	1.3%
Asian	2.7%	1.9%	6.4%
Native Hawaiian and Other Pacific Islander	1.7%	0.5%	0.3%
Ethnicity distribution			
Hispanic or Latino (of any race)	15.6%	8.1%	18.7%

Source: US Census Bureau, American Community Survey. 2018-22, accessed via SparkMap, CARES University of Missouri Extension.



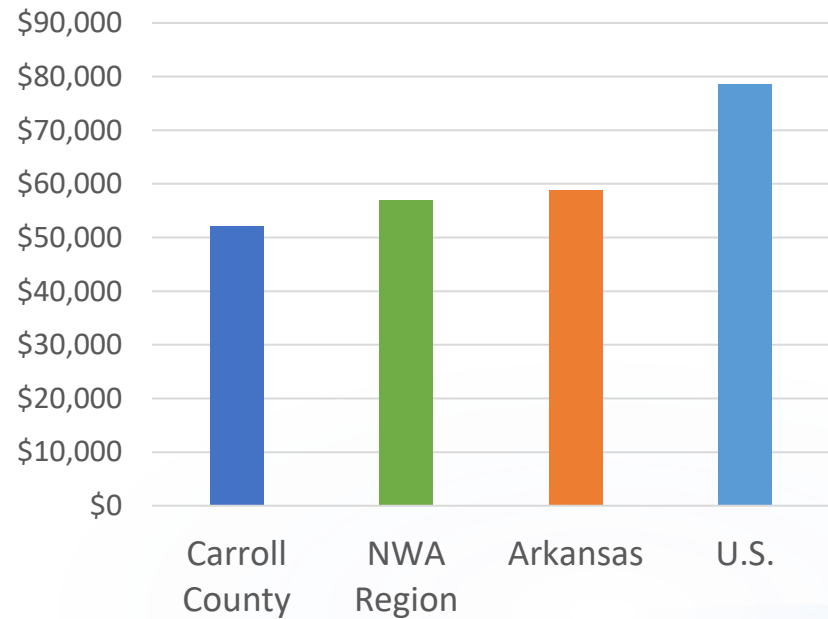
Community Profile

Age Structure



Community Profile

Median Household Income



Community Profile

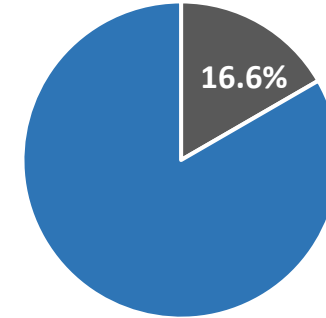
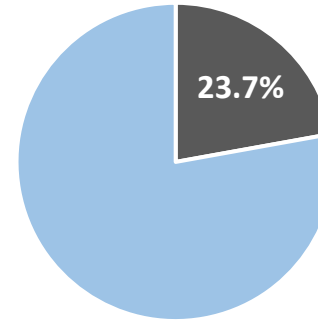
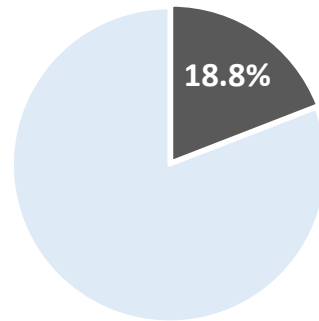
Poverty Statistics

Carroll County

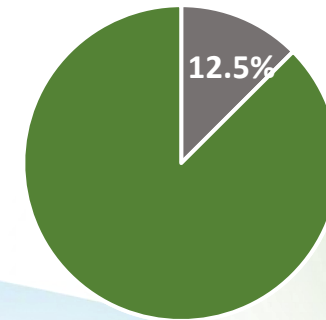
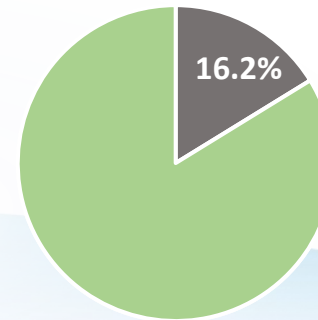
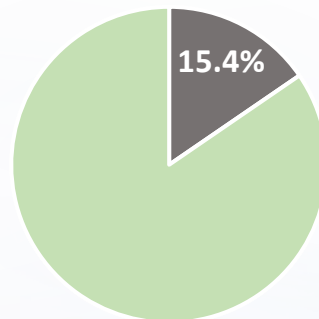
Arkansas

United States

Percent of children in families below 100% FPL



Percent of population below 100% FPL



Community Profile

Education

Level	Carroll County	Arkansas	U.S.
Less than High School	14.2%	11.8%	10.9%
High School Degree	35.9%	34.2%	26.4%
Some College Assoc. Degree	28.5%	29.4%	26.4%
Bachelor's Degree	14.5%	15.6%	20.9%
Graduate or Professional Degree	6.9%	9.1%	13.4%

Source: US Census Bureau, American Community Survey. 2018-22, accessed via SparkMap, CARES University of Missouri Extension.



Community Profile

Insurance Coverage

NWA Region

Medicare – 15.0%

Medicaid – 16.3%

Commercial – 58.6%

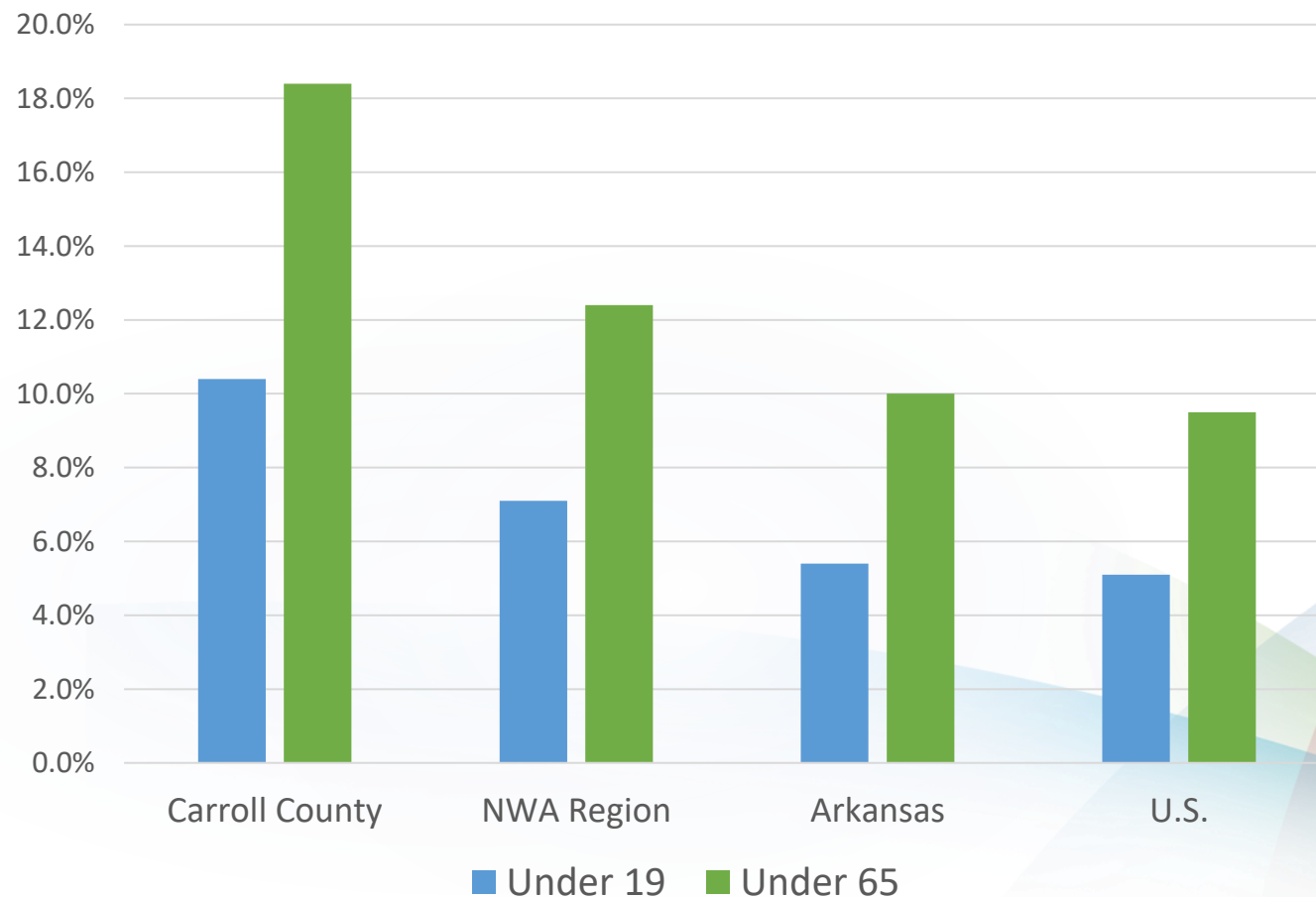
Carroll County

Uninsured Rates

- Under 19 – 10.4%
- Under 65 – 18.4%

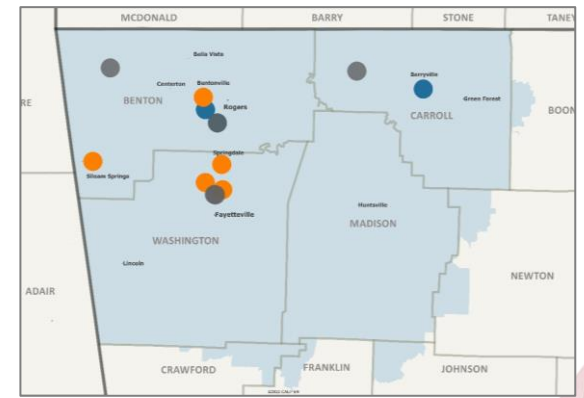
Source: US Census Bureau, Small Area Health Insurance Estimates, 2022, and Mercy market analytics

Adult and Child Uninsured Rates



Community Profile

NWA Provider Map and Statistics



System Affiliation	ID	Hospital	City, State	Type	Total Hospital Beds	Total Inpatient Discharges	Total Births	Total Assets (millions)	Net Patient Revenue (millions)	Operating Profit Margin
Mercy	1	Mercy Hospital Northwest Arkansas	Rogers, AR	Acute	245	15,170	1,940	\$323	\$367	8.6%
	2	Mercy Hospital Berryville	Berryville, AR	Critical Access	25	314	0	\$4	\$18	-5.6%
Community Health Systems/ Northwest Health	3	Northwest Medical Center-Bentonville	Bentonville, AR	Acute	Included with NW Med – Springdale					
	4	Northwest Medical Center-Springdale	Springdale AR	Acute	340	15,487	0	\$210	\$301	1.8%
	5	Willow Creek Women's Hospital	Johnson, AR	Acute	Included with NW Med – Springdale					
	6	Siloam Springs Regional Hospital	Siloam Springs, AR	Acute	64	1,735	367	\$72	\$85	8.4%
	7	Northwest Health Physicians' Specialty Hospital	Fayetteville, AR	Acute	20	870	91	\$22	\$19	26.6%
Other System or Independent	8	Eureka Springs Hospital	Eureka Springs, AR	Critical Access	Rural Emergency Hospital – data no longer available					
	9	Encompass Health Rehabilitation Hospital, a partner of Washington Regional	Fayetteville, AR	Rehabilitation	80	1,703	0	\$26	\$35	27.3%
	10	Ozarks Community Hospital of Gravette	Gravette, AR	Critical Access	25	355	0	\$65	\$57	-19.8%
	11	Washington Regional Medical Center	Fayetteville, AR	Acute	377	16,627	2,475	\$478	\$391	2.9%
	12	Everest Rehabilitation Hospital of Rogers	Rogers, AR	Rehabilitation	36	N/A	0	\$52	\$11	1.4%

Sources: Mercy data - Mercy Finance, FY2023; All other hospital financials - AHD; Eureka Springs Hospital discharges - AHD 12/2022; All other discharges and births - AHA/HIDI Analytics, CY2022.

Our Assessment Process

A list of community partners involved in the CHNA process is provided below:

- Arisa Health
- Arkansas Department of Health
- Benton, Madison, and Washington County Health Units
- Children and Family Advocacy Center
- Community Clinic Northwest Arkansas
- HARK at the Excellerate Foundation
- Mercy Hospital Berryville
- NWA Council Health Care Transformation Division
- The Micah 6:8 Initiative
- University of Arkansas for Medical Sciences Office of Community Health
- Washington Regional Medical Center



Our Assessment Process *(continued)*

Organizations participating in the CHNA and serving on the Mercy Northwest Arkansas Community *Committee of the Board*:

- Arisa Health
- Arkansas Advocates for Children and Families
- Children and Family Advocacy Center
- Benton County Health Department
- City of Rogers
- City of Springdale
- Community Clinic NWA
- Gretchen Swanson Center for Nutrition
- Samaritan Community Center
- The Micah 6:8 Initiative
- Teen Action and Support Center
- University of Arkansas for Medical Sciences

Our Assessment Process

Overview and Community Input

In conducting its Community Health Needs Assessment, Mercy NWA collected and analyzed a significant quantity of primary and secondary data. Primary data was collected, and community input was solicited, by means of the 2024 Northwest Arkansas Community Health Survey, which was led by Mercy. Secondary data was collected and analyzed from publicly available data resources, listed below, and from internal Mercy data.

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

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

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

Our Assessment Process

Northwest Arkansas Community Health Survey

Mercy convened a community coalition of 15 Northwest Arkansas health care and social service organizations to conduct a comprehensive community health survey in 2024. The survey was developed to build on the 2021 NWA Community Health Survey and to incorporate input and specific needs of the coalition partners. The final survey was made up of 25 questions focused on health issues and needs most important to the respondents, wellness, mental health, barriers to care, maternal health, and health related social needs. The survey was translated into Spanish and Marshallese by certified medical interpreters.

Hark at the Excellerate Foundation hosted the survey on their website from July to September 2024 in the three languages. Hark promoted the survey on social media, and each partner organization distributed the survey electronically to their co-workers, patients, clients, and community members by email and through social media.



Our Assessment Process

NWA Community Health Survey *(continued)*

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

870 responses were included in the final analytic sample. 50% of respondents were from Benton County, 35% from Washington County, 9% from Carroll County, and 7% from Madison County. 575 (66%) of respondents were White, 80 (9%) were Hispanic, 20 (2%) were Marshallese or Other Pacific Islander. American Indian/Alaska Native, Black/African American, Asian, and other races made up the remainder of respondents. Complete results of the 2024 NWA Community Health Survey are included in Appendix A.

Our Assessment Process

Resources

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

- County Health Rankings and Roadmaps, 2024. <https://www.countyhealthrankings.org/>
- Healthy People 2030. <https://odphp.health.gov/healthypeople>
- Small Area Health Insurance Estimates, 2022. <https://www.census.gov/programs-surveys/sahie.html>
- SparkMap – Center for Applied Research and Engagement Systems (CARES), University of Missouri, 2018-2022. <https://sparkmap.org/report/>
- United States Census Data. <https://www.census.gov/data.html>
- U.S. Census Bureau, 2024 Census QuickFacts. <https://www.census.gov/quickfacts>
- U.S. Census Bureau American Community Survey, 2019. <https://www.census.gov/programs-surveys/acs/data.html>

Prioritized Needs



Prioritized Needs

Prioritizing Identified Health Needs

Eight identified health needs emerged during the process of analyzing primary and secondary data for the CHNA. Needs were identified if they were ranked highly as a need by survey respondents, identified as a health disparity by public health data, or were prioritized in a prior CHNA. Relevant indicators for each need are summarized in Appendix B. The identified health needs were Affordable Health Care, Access to Care, Behavioral Health, Aging Problems, Nutrition and Weight, Cardiovascular Health, Maternal Health, and Food Insecurity.

In collaboration with Mercy Berryville representatives, community partners, and stakeholders, the committee convened in January 2025 to review the results of survey responses and secondary data. The committee evaluated the strengths and resources of the community and took into account the hospital's strategic plan. The committee ranked the eight finalized priority health needs using five criteria: 1) Magnitude of Need, 2) Feasibility to Change, 3) Alignment with Mission/Strategic Goals, 4) Resources Available, and 5) Importance to Community. The committee then chose the top two needs, Access to Care and Behavioral Health, as the prioritized health needs.

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

Based on the results of the 2024 CHNA, Mercy Berryville has prioritized two health needs: Access to Care and Behavioral Health. Access to Care is carried over from 2019 and 2022 CHNA and Behavioral health is carried over from the 2022 CHNA. Mercy Berryville will maintain current strategies which have been implemented and have been shown to be making positive impacts in the priority area of Access to Care and will continue to seek out programs, interventions, and community partnerships to meet all of the prioritized health needs.

Prioritized Needs

Access to Care

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

Despite expansion of Medicaid in Arkansas and availability of insurance through Affordable Care Act Marketplace plans, the numbers of uninsured adults and children in Northwest Arkansas remain high. 18.5% of Carroll County residents under age 65 are uninsured, which is higher than the state of Arkansas at 10% and the U.S. at 9.5%. Northwest Arkansas has relatively large populations of immigrants, particularly Hispanic immigrants, many of whom are undocumented, and migrants from the Marshall Islands.



Prioritized Needs

Access to Care *(Continued)*

Another barrier to access to care is adequate numbers of primary care physicians (PCPs) for the population. Other than Washington County, which is home to a branch of the University of Arkansas for Medical Science, all NWA counties experience a shortage of primary care physicians.

Respondents to the 2024 NWA Community Health Survey ranked Access to Affordable Health Care as one of the most important issues to them. Affordable health insurance ranked first and was chosen by 45% of survey respondents as something that would help them get healthy or stay healthy.

Access to care was chosen as a priority health need for Mercy Berryville's 2019 and 2022 CHNA. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted a number of programs to address this need.



Access to Care



Prioritized Needs

Behavioral Health

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

Respondents to the NWA Community Health Survey indicated that mental and behavioral health was the most important health issue or problem to them and the people in their households. 33% of respondents chose this as one of their top three health issues. Respondents ranked mental and behavioral health first in importance from a list of thirteen health issues health care organizations are working on in NWA.

Prioritized Needs

Behavioral Health *(continued)*

Secondary data on mental and behavioral health is challenging to obtain at the county level. As a nation, however, the data is clear that mental health is a very significant health issue. Nearly one in 4 U.S. adults live with a mental health condition.¹ Suicide rates have increased over the last two decades, from 11.3 to 14.2 per 100,000 population (age adjusted) from 2007 to 2018.² The suicide rate for Carroll County was 20.0 per 100,000 in 2022.

Although the proportion of mental health care providers in the NWA region is higher than the state of Arkansas, Carroll County has a very low number of mental health providers with 1,150:1 ratio of population to mental health providers.

Mercy Health System has implemented several virtual behavioral health services across its ministry, benefitting the community, and Mercy remains committed to finding solutions to meet the significant health need.



Behavioral Health

Prioritized Needs

References

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/mental-health/about>
2. Healthy People 2023. Mental Health. <https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/mental-health-and-mental-disorders/reduce-suicide-rate-mhmd-01>

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

Resources

Mercy NWA collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the Mercy NWA region. Some of these partners include:

- American Diabetes Association
- American Heart Association
- Arkansas Department of Health
- Arkansas Diabetes Advisory Council
- Arisa Health
- Benton, Carroll, Madison, and Washington County Health Units
- Community Clinic Northwest Arkansas
- Hark at Excellerate Foundation
- Madison County Health Coalition
- NWA Council Health Care Transformation Division
- Samaritan Community Center
- Washington Regional Medical Center
- University of Arkansas for Medical Sciences Northwest

Appendices

Mercy NWA CHNA 2025 Appendix A NWA 2024 Community Health Survey Report

Introduction

Mercy Hospital convened a group of 15 health care and public health agencies from across the four-county Northwest Arkansas (NWA) region to conduct a comprehensive community health survey as part of their 2025 Community Health Needs Assessment (CHNA) process. The Northwest Arkansas region is made up of Benton, Washington, Carroll, and Madison Counties.

This project built on the 2021 NWA Community Health Survey, which supported Mercy and several other hospitals' 2022 CHNAs, represents a significant collaborative effort, following the community-wide health assessment conducted in 2021 by the Northwest Arkansas Hometown Health Improvement Project.

Methods

Survey

A community coalition of 15 Northwest Arkansas health care and social services organizations formed in March 2024 to develop the survey and met monthly through 2024. The collaboration was made up of 15 organizations representing health care, public health, and nonprofit organizations. See Table 1 for the list of collaborative partners.

Arkansas Health/Ozark Guidance	Hart at Excellerate Foundation	University of Arkansas for Medical Sciences
Arkansas Department of Health	Madison County Health Coalition	Washington County Health Unit
Arkansas Marshallese Coalition	Mercy Hospital Berryville	
Benton County Health Unit	Mercy Hospital NWA	
Children and Family Advocacy Center	NWA Council Health Care Transformation Division	
Community Clinic NWA	The Micah 6:8 Initiative	

A small committee of the coalition wrote the survey, taking into account input and specific needs of the coalition partners. The survey consisted of 25 questions. Five of these were specific to maternal health and pregnancy and did not populate on the electronic version of the survey if the respondent indicated they were no pregnancies in their household.

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Mercy Berryville CHNA 2025 Appendix B Identified Health Needs

Access to Care

A lack of access to care results in barriers to positive health behaviors and outcomes. These barriers disproportionately impact those who are low-income, members of racial or ethnic minority groups, or are immigrants. Access to care is determined by availability and accessibility of resources and services and includes such factors as lack of access to preventive care, limited health knowledge, insufficient availability of services, and Social Determinants of Health. After reviewing the data and survey responses, it is evident that access to affordable healthcare is a crucial component of access to care.

Access to Care Indicators

- 18.5% of Carroll County residents under age 65 are uninsured, which is higher than the state of Arkansas (10%) and the U.S. (9.5%).¹
- There are 1 primary care physician per 1,500 Carroll County residents, a rate lower than the state.²
- Respondents to the 2024 NWA Community Health Survey ranked Access to Affordable Health Care as the second most important issue health care organizations are working on in NWA.
- Affordable health insurance ranked first, chosen by 45% of respondents in the 2024 NWA Community Health Survey as a key factor to help them get or stay healthy.

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Your life is our life's work.

Mercy NWA CHNA 2025

Appendix A

NWA 2024 Community Health Survey Report

Introduction

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This project built on the 2021 NWA Community Health Survey, which supported Mercy and several other hospitals' 2022 CHNAs, represents a significant collaborative effort, following the community-wide health assessment conducted in 2021 by the Northwest Arkansas Hometown Health Improvement Project.

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<u>Table 1</u>		
<i>Survey Collaborative Partner Organizations</i>		
Arisa Health/Ozark Guidance	Hart at Excellerate Foundation	University of Arkansas for Medical Sciences
Arkansas Department of Health	Madison County Health Coalition	Washington County Health Unit
Arkansas Marshallese Coalition	Mercy Hospital Berryville	
Benton County Health Unit	Mercy Hospital NWA	
Children and Family Advocacy Center	NWA Council Health Care Transformation Division	
Community Clinic NWA	The Micah 6:8 Initiative	

A small committee of the coalition wrote the survey, taking into account input and specific needs of the coalition partners. The survey consisted of 25 questions. Five of these were specific to maternal health and pregnancy and did not populate on the electronic version of the survey if the respondent indicated they were no pregnancies in their household.

Questions about health issues and needs most important to respondents were asked in the same format. We used multiple-choice questions to list three issues or needs most important to them and the people in their households and included an additional question asking respondents to pick three of twenty-one needs currently prioritized by NWA organizations. The survey also included questions related to mental health, wellness, barriers to care, Social Determinants of Health (SDoH), and demographics. No identifying information was collected other than the respondent's zip code.

The survey was translated into Spanish and Marshallese by certified medical interpreters. Hark at Excellerate Foundation hosted the survey, using their website platform, in three languages on its website. The survey was piloted for two weeks prior to its launch in all three languages, then revised based on feedback on the translations and specific wording of several questions. The survey went live online on July 22, 2024, and remained open until September 20, 2024.

Distribution

The survey was distributed electronically and in-person. Hark at Excellerate Foundation promoted the survey on social media and advertised a drawing for three \$50 Walmart gift cards for anyone entering an optional email address at the end. Each partner organization distributed the survey electronically to their co-workers, patients, clients, and community members by email and through social media. Flyers and postcards with QR codes for the survey in each language were produced and distributed by coalition partners in the community and at community events. Surveys were also made available in a paper format for participants who preferred to complete it manually or did not have computer access. Intentional efforts were made to include and oversample Hispanic and Marshallese community members by attending community events, reaching participants at workplaces, using culturally specific social media outlets, and utilizing Hispanic and Marshallese Community Health Workers.

Analysis

A total of 1,125 respondents opened the survey online in one of the three languages during the active survey period. Of these, many completed only the first two or three questions before abandoning the survey. The following criteria were used to produce the final analytical sample of 870 responses: 1) Responses from participants under age 18 and from zip codes outside of Benton, Washington, Carroll and Madison Counties were removed. Responses with no zip code were analyzed and compared with IP addresses of responses with known NWA zip codes. If the IP address of a response with a blank zip code matched an IP address associated with responses from NWA zip codes or could be established to be in NWA by searching an online IP address database, the survey was included in the sample. Partial survey responses were included if the participant answered at least questions 1-7. Fifty paper surveys were received, and answers were transcribed and entered into an Excel spreadsheet by undergraduate public health students.

A multiple-choice item asked respondents to select the "three health issues of problems that are most important to you and the people in your household." Responses in Spanish and Marshallese were translated to English by certified medical interpreters. Across all respondents, a total of 2,610 responses were received.

Results

Demographics and Descriptive Statistics

The NWA Community Health Survey received a total of 870 valid responses, less than the number of responses received in 2021. The geographical breakdown of respondents is shown in Table 2. The response rate from each county was roughly equivalent to that county’s proportion of the total population of Northwest Arkansas, with the exception of overrepresentation from Benton County.

Table 2				
<i>Survey respondents by county</i>				
<u>County</u>	<u>n of participants</u>	<u>% of participants</u>	<u>2023 Census County Total</u>	<u>County Population % of Total NWA Survey Area</u>
Benton	433	50%	311,013	50%
Washington	301	35%	261,549	42%
Carroll	79	9%	28,814	5%
Madison	57	7%	17,775	3%
Total	870		619,151	

Racial and ethnic breakdown of survey respondents is shown in Table 3. Sixty-six percent were White, 9% were Hispanic/Latino, and 2% were Marshallese, Native Hawaiian, or Other Pacific Islander. The Marshallese and Hispanic response rate was less than anticipated.

Table 3			
<i>Survey respondents by race/ethnicity</i>			
<u>Race/ethnicity</u>	<u>n of responses</u>	<u>% of responses</u>	<u>% of NWA population by race/ethnicity</u>
White or Caucasian	575	66%	75%
Hispanic/Latino	80	9%	14%
Marshallese, Hawaiian, or Other Pacific Islander	20	2%	1%
American Indian or Alaska Native	91	10%	1%
Black or African American	37	4%	1%
Asian	57	7%	2%
Other	10	1%	

The survey was available in English, Spanish, and Marshallese. The English version received 846 responses, the Spanish version received 14 and the Marshallese version received 10. The majority (73%) of survey respondents were female. About 45% percent of respondents were under 60 years of age and 5% were over 60 or over.

The majority of those surveyed obtain health insurance through their employer (32%), and 33% of respondents reported having Medicaid (see Table 4). Participants were allowed to choose more than one type of insurance, so the number and percentage of responses does not equal the number of participants.

Table 4		
<i>Health insurance coverage of respondents</i>		
<u>Type of health insurance</u>	<u>n of responses</u>	<u>% of responses</u>
Health insurance from your job	278	32%
ARKids First	48	6%
Medicare	138	16%
Medicaid	291	33%
Affordable Care Act/Marketplace Plan	20	2%
Veteran (VA) Benefits	7	1%
Indian Health Services	0	0%
Uninsured/No coverage	28	3%

As shown in Table 5, the majority of respondents indicated that they or a member of their family typically went to Mercy Hospital or Clinic's to receive care, at 38%. The Community Clinic Northwest Arkansas was chosen by 29% of respondents, followed by Arkansas Children's Northwest at 23%. Other notable locations include the Health Department (16%), Northwest Medical Center or Clinic (22%). Additionally, 13% of respondents mentioned going to a doctor's office or clinic not listed. Smaller percentages of respondents reported receiving care at various other locations, including rural health centers, university health centers, and specialized clinics.

Table 5		
<i>Locations where respondents receive healthcare</i>		
<u>Location</u>	<u>n of responses</u>	<u>% or responses</u>
Arkansas Children's Northwest	197	23%
Boston Mountain Rural Health Center	85	10%
Community Clinic Northwest Arkansas	251	29%
Health Department	138	16%
Indian Health Clinic	46	5%
Mercy Hospital or Clinic	330	38%
Northwest Medical Center or Clinic	191	22%
Ozark Guidance Center / Arisa Health	39	4%
UAMS Northwest	46	5%
University of Arkansas Pat Walker Health Center	41	5%
Veteran's Medical Center or Clinic	22	3%
Washington Regional Medical Center or Clinic	111	13%
A doctor's office or clinic not listed	116	13%

Health Issues, Problems and Wellness

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

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

All Respondents

Overall, survey participants selected access to affordable health care, access to healthcare, behavioral and mental health, aging problems, nutrition and weight, and food insecurity as the issues most important to them and the people in their households. Access to affordable healthcare and mental and behavioral health were the top health issues or concerns for survey respondents. 56% of respondents chose access to affordable healthcare as one of their top three health issues when asked to list three issues, followed by access to care at 42% and behavioral and mental health at 33%. When asked to rank three issues that health organizations are working on as most important, respondents chose mental and behavioral health (47%), access to affordable care (45%), and affordable housing (32%) as their top three. Tables 6-8 display the top responses in descending order for each of the three core questions.

Table 6			
<i>What 3 health issues or problems are most important to you and the people in your household?</i>			
<u>Priority Rank</u>	<u>Health Issue or Problem</u>	<u>n of responses</u>	<u>%</u>
1	Affordable Healthcare	488	56%
2	Access to Healthcare	364	42%
3	Behavioral and Mental Health	286	33%
4	Aging Problems	220	25%
5	Nutrition and Weight	139	16%
6	Food Insecurity	139	16%
7	Cardiovascular Health	109	13%
8	Diabetes	82	9%
9	Dental Problems	97	11%

Table 7

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

Priority Rank	Health Issue	<i>n</i> of responses	%
1	Mental or Behavioral Health	407	47%
2	Access to Affordable Healthcare	394	45%
3	Affordable Housing	275	32%
4	Wellness and Health Education	276	32%
5	Obesity	252	29%
6	Diabetes	213	24%
7	Maternal Health	198	23%
8	Immunizations	158	18%
9	Food Insecurity	92	11%

Table 8

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

Priority Rank	Item	<i>n</i> of responses	%
1	Access to healthy food	357	41%
2	Information on healthy habits	279	32%
3	Information on meal planning and nutrition	274	31%
4	Learning and using new ways to reduce stress	212	24%
5	A safe neighborhood	156	18%
6	Better Sleep	143	16%
7	Affordable health insurance	109	13%
8	Access to exercise groups	113	13%
9	Access to a health coach	109	13%
10	Having enough money to pay for everything needed	104	12%

Responses by Race and Ethnicity

Because the majority (66%) of survey respondents were White, results of White respondents mirrored the results of all respondents. Hispanic respondents' top three health issues were affordable healthcare access, access to health care, and mental or behavioral health. Marshallese respondents' top concerns were diabetes, COVID-19, and hypertension. Mental or behavioral health was chosen by only 15% of Marshallese respondents as an area of concern. Marshallese respondents chose affordable healthcare as their most important health issue, with 35% of respondents choosing diabetes. Tables 9 and 10 show results for important health issues by race and ethnicity.

Table 9

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

What are three health issues or problems that are most important to you and the people in your household?																	
Note: Multiple-choice survey item for which each respondent could select all that applied.																	
Number of Total Respondents		Total (n=870)		White (n=575)		Hispanic (n=80)		Marshalllese/Other PI (n=20)		American Indian/Alaska Native (n=91)		Black (n=37)		Asian (n=57)		Other (n=10)	
Number of Respondents to this question		870		575		80		20		91		37		57		10	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
First	Affordable Health Care	488	56%	334	58%	40	50%	10	50%	49	54%	18	49%	28	49%	9	90%
Second	Access to Health Care	364	42%	225	39%	47	37%	3	15%	58	94%	9	20%	19	33%	3	7%
Third	Behavioral and Mental Health	335	39%	235	41%	30	24%	3	15%	30	48%	14	31%	16	28%	7	15%
Fourth	Aging Problems	221	25%	159	28%	21	17%	0	0%	15	24%	7	16%	18	32%	1	2%
Fifth	Nutrition and Weight	168	19%	100	17%	9	7%	8	40%	25	40%	9	20%	13	23%	4	9%
Sixth	Cardiovascular Health (Heart Disease)	164	19%	111	19%	15	12%	0	0%	13	21%	6	13%	17	30%	2	4%
Seventh	Diabetes	107	12%	65	11%	13	10%	7	35%	8	13%	3	7%	11	19%	0	0%
Eighth	Dental Problems	116	13%	73	13%	24	19%	3	15%	7	11%	7	16%	2	4%	0	0%
Ninth	Cancer	112	13%	67	12%	15	12%	5	25%	8	13%	8	18%	9	16%	0	0%
Tenth	High Blood Pressure	94	11%	58	10%	7	6%	15	75%	7	11%	3	7%	4	7%	0	0%
Eleventh	Maternal Health	65	7%	27	5%	7	6%	0	0%	12	19%	1	2%	15	26%	0	0%

Table 10

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

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.																	
Number of Total Respondents		Total (n=870)		White (n=575)		Hispanic (n=80)		Marshalllese/Other PI (n=20)		American Indian/Alaska Native (n=91)		Black (n=37)		Asian (n=57)		Other (n=10)	
Number of Respondents to this question		870		575		80		20		91		37		57		10	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
First	Access to Affordable Health Care	394	45%	273	47%	35	44%	1	5%	40	44%	19	51%	19	33%	7	70%
Second	Mental or Behavioral Health	407	47%	276	48%	40	50%	10	50%	34	37%	20	54%	21	37%	6	60%
Third	Wellness and Health Education	278	32%	159	28%	40	50%	5	25%	36	40%	14	38%	22	39%	2	20%
Fourth	Affordable Housing	275	32%	218	38%	22	28%	3	15%	15	16%	8	22%	3	5%	6	60%
Fifth	Food Insecurity	92	11%	67	12%	4	5%	1	5%	8	9%	5	14%	4	7%	3	30%
Sixth	Obesity	252	29%	164	29%	25	31%	6	30%	24	26%	15	41%	17	30%	1	10%
Seventh	Diabetes	211	24%	130	23%	27	34%	10	50%	28	31%	3	8%	13	23%	0	0%
Eighth	Cancer	84	10%	49	9%	10	13%	2	10%	12	13%	4	11%	6	11%	1	10%
Ninth	Immunizations	158	18%	72	13%	9	11%	11	55%	26	29%	5	14%	35	61%	0	0%

Other Results

Mental Health Disorders

47% of respondents indicated that they or another adult in their household has ever had depression or anxiety. 12% reported a history of another serious mental illness, such as bipolar, schizophrenia, or psychosis. 22% of respondents reported that a child in their household has ever had depression or anxiety, and 12% reported another serious mental illness.

Barriers to Accessing Health Care and Mental Health Care

36% of adults indicated they had problems getting health care or medicine. The most common reasons for these barriers were not having health insurance or needing to work instead. 35% of adults reported barriers in getting mental health care. Of those who experienced barriers, 27% did not have insurance coverage, 24% needed to work instead, and 24% could not find a place to go or could not get an appointment.

Diabetes

A significant portion of respondents, 24%, indicated that they or another adult in their household have ever been diagnosed with diabetes. Additionally, 9% of respondents reported a history of prediabetes. 8% of respondents mentioned that a child in their household has ever been diagnosed with diabetes. This reflects the growing concern about diabetes management and prevention, particularly in communities with higher rates of chronic conditions. Efforts to raise awareness and improve access to care and lifestyle resources for managing diabetes continue to be a critical public health priority.

Aging Problems

25% of respondents highlighted aging problems as a priority. Respondents from the American Indian/Alaska Native group ranked aging issues higher than other groups, reflecting the growing need for elder care services and support for age-related health conditions. As the population ages, concerns about long-term care, mobility issues, and age-related diseases have become more prominent across various communities.

Discussion

The 2021 Northwest Arkansas Community Health Survey obtained 870 valid responses from community members in the four-county Northwest Arkansas area. Responses from the counties generally reflected the population of the area except for a higher number of participants from Benton County. Responses also reflected the overall racial and ethnic diversity of the region, with good participation from members of the Hispanic and Marshallese communities. Residents of Northwest Arkansas are concerned with a wide range of health-related needs and issues. Overall, survey respondents indicated that they were most concerned with issues related to affordable health care, access to health care, mental and behavioral health, access to affordable health care, aging problems, and nutrition and weight.

Mental and Behavioral Health

Mental and behavioral health emerged as a significant concern compared to the 2022 NWA Community Health Survey, surpassing concerns about other health issues such as obesity, which was a top concern in the 2022 NWA Community Health Survey. When respondents were asked to list the three most important health issues for themselves and their families, mental and behavioral health was ranked as the top priority across all income levels. However, when comparing responses across racial and ethnic groups, Hispanic, American Indian/Alaska Native, and Black respondents ranked mental and behavioral health as their third most important issue, respectively. The high ranking that respondents, overall, gave this issue correlates to high self-reported prevalence of depression, anxiety, and serious mental illness in adults. 19% of respondents reported barriers to receiving mental health care, said they could not find a place to go or get an appointment.

Access to Affordable Health Care

Access to affordable healthcare replaced diabetes as the top health concern when compared to the 2022 NWA Community Health Survey. When asked to list three health issues that are most important to you and the people in your household, respondents across all ethnicity levels ranked access to affordable health care as the most important issue. Access to health care and affordable health care were combined

as a priority issue following a vote by the committee, based on survey data and feedback from respondents, who consistently cited both as central concerns. In total, 56% of respondents ranked access to affordable health care as the most important health issue, while 42% placed access to health care second. Despite differences in prioritization, the data shows that for many, the ability to access care – both in terms of affordability and availability – remain a significant challenge. Respondents reported barriers like cost, insurance coverage, and geographic location, which limit their ability to get the care they need.

Maternal Health

Maternal health emerged as a new and significant concern, surpassing concerns about other health issues such as diabetes, which was a top concern in the 2022 NWA Community Health Survey. When respondents were asked to list the top three things healthcare organizations are working on, maternal health was ranked as a top priority across all respondents. This high ranking correlates with the high self-reported prevalence of maternal health complications, including prenatal and postnatal care challenges. Additionally, 45% of respondents who reported barriers to receiving maternal health care indicated they were at high risk for pregnancy complications, highlighting the urgent need for improved maternal health services and support.

Nutrition and Weight Management

Nutrition and weight management was identified as a top need by respondents. When asked to rank three health issues out of a list of nine that healthcare organizations are working on, respondents ranked wellness and health education among the top prioritized needs. Respondents reported barriers associated with high cost, accessibility, limited availability, and poor quality of produce, highlighting the urgent need for improved food accessibility.

Conclusion

The 2024 Northwest Arkansas Community Health Survey provides detailed quantitative and qualitative data describing the health needs, issues, and barriers to care most important to Northwest Arkansas residents. The results of this survey will be used by Mercy Hospital and by collaborating partners as part of their community health needs assessments to help understand and prioritize community needs and implement appropriate interventions by these organizations.

Northwest Arkansas Community Health Survey | 2024

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

- 1) What is your zip code? _____

- 2) What is your age?
 - 0 -17
 - 18-39
 - 40-59
 - 60-74
 - 75 years or older

- 3) In the last 12 months, have you or people in your household received health services at any of the places below? (Choose all that apply)
 - Arkansas Children's Northwest
 - Boston Mountain Rural Health Center
 - Community Clinic Northwest Arkansas
 - Health Department
 - Indian Health Services
 - Mercy Hospital or Clinic
 - Northwest Medical Center Hospital or Clinic
 - Ozark Guidance Center/ Arisa Health
 - UAMS Northwest
 - University of Arkansas Pat Walker Health Center
 - VA Medical Center or Clinic
 - Washington Regional Medical Center or Clinic
 - A doctor's office or clinic located in NWA not listed above
 - I do not know

- 4) What are three health issues or problems you believe are most important for your household? (Choose all that apply)
 - Access to Health Care
 - Affordable Health Care
 - Aging problems (e.g., arthritis, hearing/vision loss, etc.)
 - Behavioral and Mental Health
 - Cancers
 - Child abuse/neglect

- Dental problems
- Diabetes
- Domestic Violence
- Cardiovascular Health (heart disease and stroke)
- High blood pressure
- HIV / AIDS
- Homicide
- Infant Death
- Infectious Disease (e.g., hepatitis, TB, etc.)
- Maternal health
- Nutrition and Weight Management
- Respiratory / lung disease
- Sexually Transmitted Diseases (STDs)
- Suicide
- Teenage pregnancy

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

- Diabetes
- Obesity
- Maternal health
- Housing we can afford
- Mental or behavioral health
- Immunizations (shots)
- Access to health care we can afford
- Wellness and health education
- Cancer
- Not having enough food or being worried food might run out
- Smoking or Vaping
- Transportation
- Lack of childcare

6) Which things below would help you or others in your household to get healthy or stay healthy? (Choose all that apply)

- Information on healthy habits
- Information on meal planning and nutrition or cooking classes
- Access to healthy food
- Learning and using new ways to reduce stress
- A safe neighborhood
- A safe home

- Knowing I have a stable place to live
- Transportation
- Access to exercise groups
- Healthier relationships
- Better sleep
- Access to a health coach who can help me set and reach personal health goals
- Someone to keep me on track with health habits
- Learning and using special skills (like yoga, tai chi, mindfulness, or others)
- Learning and using tips to manage money better
- A deeper faith experience
- Finding meaning and purpose in my life
- Having enough money to pay for everything we need
- Affordable health insurance
- Steady work or job
- Higher level education
- Information or resources about how to be a better parent
- Other (please specify): _____

7) Do you have a Primary Care Provider (family doctor)?

- Yes *
- No

8) * How many times did you go to your primary care provider in the last 12 months?

- 1 time
- 2 times
- 3 times
- More than 4 times
- Have not seen for over a year

9) Have you or anybody in your home experienced trouble scheduling an appointment with a specialty provider? (For example, cardiology, ear, nose, and throat, gynecology, neurology, obstetrics, oncology, orthopedics, pulmonology, urology, etc.)

- Yes
- No
- Does not apply

10) Has anyone in your home been pregnant in the past 12 months?

- Yes*
- No
- Does not apply

- 11) * Did you or the individual receive prenatal treatment during their most recent pregnancy? (Regular appointments with an OBGYN or midwife)
- Yes
 - No
 - Does not apply to me
- 12) * During the most recent pregnancy, did your healthcare provider inform you or the individual that you had any of the following conditions?
- Diabetes
 - High blood pressure
 - Depression
 - Anxiety
 - Does not apply to me
- 13) * Did you or the individual receive postpartum checkups following the most recent pregnancy? (At least 1 visit with your obstetrician or midwife within 2-8 weeks after giving birth)
- Yes
 - No
 - Does not apply to me
- 14) Have you or another adult in your household ever been told by a health care worker that you have any of the following? (Choose all that apply) *
- Depression or anxiety
 - Another serious mental illness, such as bipolar, schizophrenia, or psychosis
 - Substance abuse
 - None of these
 - I prefer not to answer
- 15) Have you ever been told by a health care worker that a child in your household has any of the following? (Choose all that apply) *
- Depression or anxiety
 - Another serious mental illness, such as bipolar, schizophrenia, or psychosis
 - Substance abuse
 - None of these
 - There are no children in my household
 - I prefer not to answer
- 16) * Did you or the individual have difficulty getting an appointment scheduled with a mental health provider?
- Yes
 - No

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

- No one in my household needed health care or medicine in the last 12 months
- No one in my household has had problems getting health care or medicine we needed
- Did not have health insurance or our insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in my preferred language
- Cultural or religious reasons
- Others (please specify): _____

18) Have you ever felt that you were treated unfairly or differently because of your race, ethnicity, or cultural background when seeking medical care? If yes, please describe the situation(s) and how it affected your overall healthcare experience.

- Yes, (if yes, please provide additional details) *
- No
- Prefer not to say

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

- No one in my household needed a telehealth or video visit in the last 12 months
- No one in my household had problems getting telehealth or video visits
- Did not have health insurance or our health insurance did not cover what we needed
- Needed to work instead
- Could not find a place that offered telehealth or video visits, could not get an appointment
- Could not find a place to get care in our preferred language
- Cultural or religious reasons
- Did not have a computer or smartphone
- Did not have internet access
- Other (please specify): _____

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

- Medicaid
- ARKids First
- PASSE (Arkansas Total Care, CareSource, Empower, Summit)
- Medicare or Medicare Advantage plan
- Health insurance from a job, or other private insurance
- Tri-care or veterans' (VA) benefits
- Affordable Care Act/ Marketplace Plan

- Indian Health service
- Student health insurance
- Other (please specify): _____
- No one in my household has health insurance

21) My household has transportation that we can depend on to meet our daily needs. This may include a car or truck, bike, bus, taxi (Uber, Lyft), etc.

- Always
- Often
- Sometimes
- Rarely
- Never

22) How convenient is it for you to buy fresh fruits and vegetables?

- Very convenient
- Somewhat convenient
- Neither convenient nor inconvenient
- Somewhat inconvenient
- Very convenient

23) What are the main barriers to accessing fresh fruits and vegetables in your area? (Select all that apply)

- High cost
- Limited availability
- Long distance to stores
- Lack of transportation
- Poor quality of produce
- Other (please specify): _____
- None of these apply to me

24) What is your gender?

- Female
- Male
- Non-binary
- Prefer to self- describe (please specify): _____
- I prefer not to answer

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

- American Indian or Alaskan Native
- Asian
- Black or African – American

- Hispanic or Latinx
- Marshallese, Native Hawaiian, or another Pacific Islander
- White
- Other (please specify): _____
- I prefer not to answer

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

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

Mercy Berryville CHNA 2025

Appendix B

Identified Health Needs

Access to Care

A lack of access to care results in barriers to positive health behaviors and outcomes. These barriers disproportionately impact those who are low-income, members of racial or ethnic minority groups, or are immigrants. Access to care is determined by availability and accessibility of resources and services and includes such factors as lack of access to preventive care, limited health knowledge, insufficient availability of services, and Social Determinants of Health. After reviewing the data and survey responses, it is evident that access to affordable healthcare is a crucial component of access to care.

Access to Care Indicators

- 18.5% of Carroll County residents under age 65 are uninsured, which is higher than the state of Arkansas (10%) and the U.S. (9.5%).¹
- There are 1 primary care physician per 1,500 Carroll County residents, a rate lower than the state.²
- Respondents to the 2024 NWA Community Health Survey ranked Access to Affordable Health Care as the second most important issue health care organizations are working on in NWA.
- Affordable health insurance ranked first, chosen by 45% of respondents in the 2024 NWA Community Health Survey as a key factor to help them get or stay healthy.

Behavioral Health

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

Behavioral Health Indicators

- Percent of adults reporting 14 or more days of poor mental health in the past 30 days in Carroll County is 6.2%, which is lower than the state of Arkansas (6.4%).²
- 37% of Carroll County adults reported fewer than 7 hours of sleep per night on average. This compares to 40% of adults in Arkansas overall.²
- Number of deaths due to suicide in Carroll County is 23 per 100,000, which is higher than the Arkansas rate of 19 per 100,000.²
- Responses to the 2024 NWA Community Health Survey revealed:
 - Mental and behavioral health ranked as the top health issue by survey respondents. 33% indicated that mental health was one of the three biggest health issues or problems in the community.
 - Learning and using new ways to reduce stress and better sleep ranked 4th and 6th as things that would help them get healthy and stay healthy.

References

1. Small Area Health Insurance Estimates, 2022. <https://www.census.gov/programs-surveys/sahie.html>
2. County Health Rankings, 2021. <https://www.countyhealthrankings.org/>