

Community Health Needs Assessment

Mercy Hospital Fort Smith
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 Impact

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



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



FY22-24 Impact

Behavioral Health

- **Concert Health Collaborative Care** is a partnership initiated in 2023 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. 1,431 patients were referred to the program by their primary care physician and 726 enrolled in the program.
- **Virtual Behavioral Health (vBH)** is a Ministry-wide program that provides integrated support for patients with behavioral health needs in the outpatient and inpatient setting. vBH co-workers provide virtual and telephonic behavioral health assessments to establish patients' level of care, and facilitate referrals for inpatient, intensive outpatient (IOP), and outpatient services, as well as for basic social needs in their home communities. vBH also provides virtual psychiatric consults to help with medication stabilization related to the exacerbation of behavioral health conditions. 1,451 patients were enrolled in the program.
- **Catherine's Light** is a partnership initiated in 2023 to support pregnant mothers and families experiencing medical and/or behavioral health crises, such as depression, substance abuse, poverty, domestic abuse, and lack of educational resources. Providers at Mercy OB/GYN office will identify patients in need of extended resources and refer them to a dedicated case worker. The caseworker collaborates with a Community Health Worker to connect patients with resources within Mercy and the greater Fort Smith community. The program focuses on accessibility, proper treatment, safety, compassion, and education.



FY22-24 Impact

Obesity/Overweight

- **The Diabetes Prevention Program (DPP)** is a CDC evidence-based lifestyle intervention program, led by a trained lifestyle coach, to reduce the risk of developing type 2 diabetes in adults with prediabetes or those who are at risk for diabetes. The program consists of weekly, monthly, and long-term manageable goals to keep participants engaged and motivated. Currently, two lifestyle coaches have completed certification and will begin DPP cohort in June 2025.
- **Cooking Matters** is a partnership with Mercy hospital to drive improved health outcomes for the underserved and at-risk populations. In collaboration with Mercy's dietician team, classes are focused on providing relevant healthy and nutritious meals. Although the Cooking Matter program was included in the Community Health Improvement Plan (CHIP), it could not be implemented due to limited resources.



FY22-24 Impact

Smoking and Vaping

- **Health Seminars.** In collaboration with Mercy Hospital, the Arkansas Department of Health, and Harbor House, an educational series was launched to reduce smoking and vaping among identified at-risk community members and improve health outcomes. This initiative aims to assist participants by connecting them to educational materials and resources and to educate community members about the importance of a healthy lifestyle. Several quarterly seminars were hosted with 450 community members in attendance.
- **Be Well Baby.** In collaboration with the Arkansas Department of Health and Home Town Health, the program is designed to help pregnant mothers with tobacco cessation. The program is free and after completion of participation, expecting mothers receive vouchers to purchase diapers and wipes.

Executive Summary

Mercy Hospital Fort Smith is a 348-bed acute-care hospital located in Fort Smith, 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. The service areas of Mercy Hospital Fort Smith are defined as the River Valley made up of Crawford, Franklin, Johnson, Logan, Polk, Scott, Sebastian, and Yell counties. For this Community Health Needs Assessment (CHNA), Sebastian County will define the community served by Mercy Hospital Fort Smith.

Mercy Hospital Fort Smith has more than 60 clinics and outpatient facilities to serve patients in the River Valley. During the fiscal year 2024, Mercy Fort Smith had approximately 22,705 outpatient visits, 6,493 emergency room visits, and performed 25,860 surgeries. Mercy has the area's only Level III Neonatal Intensive Care Unit (NICU) and is home to Arkansas' first Ronald McDonald Family Room and a Ronald McDonald House, which opened in the fall of 2021.

Mercy's commitment to care in the River Valley can also be seen in the new clinics and facilities that have opened since 2023. Mercy Rehabilitation Hospital Fort Smith, which opened in May 2021, is a state-of-the-art, 50-bed inpatient, acute hospital dedicated to the treatment and recovery of individuals who have experienced the debilitating effects of a severe injury or illness. Since the last CHNA, Mercy Hospital Fort Smith has expanded to include three Mercy GoHealth – Urgent Care clinics, new Primary and Specialty Care clinics.

Executive Summary *(continued)*

For this CHNA, we will focus on Sebastian County where Mercy Hospital Fort Smith resides. Overall, Sebastian County ranked 21st in county health rankings, making this one of many unhealthy regions in Arkansas. However, income and health disparities are apparent, poverty rates are high, especially among non-White residents, and uninsured rates are higher than state and national averages.

Mercy Fort Smith 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 healthcare and non-profit partners to conduct a comprehensive community health survey. Available secondary health data was also obtained, and Fort Smith indicators were compared to those of Arkansas and the United States.





Executive Summary *(continued)*

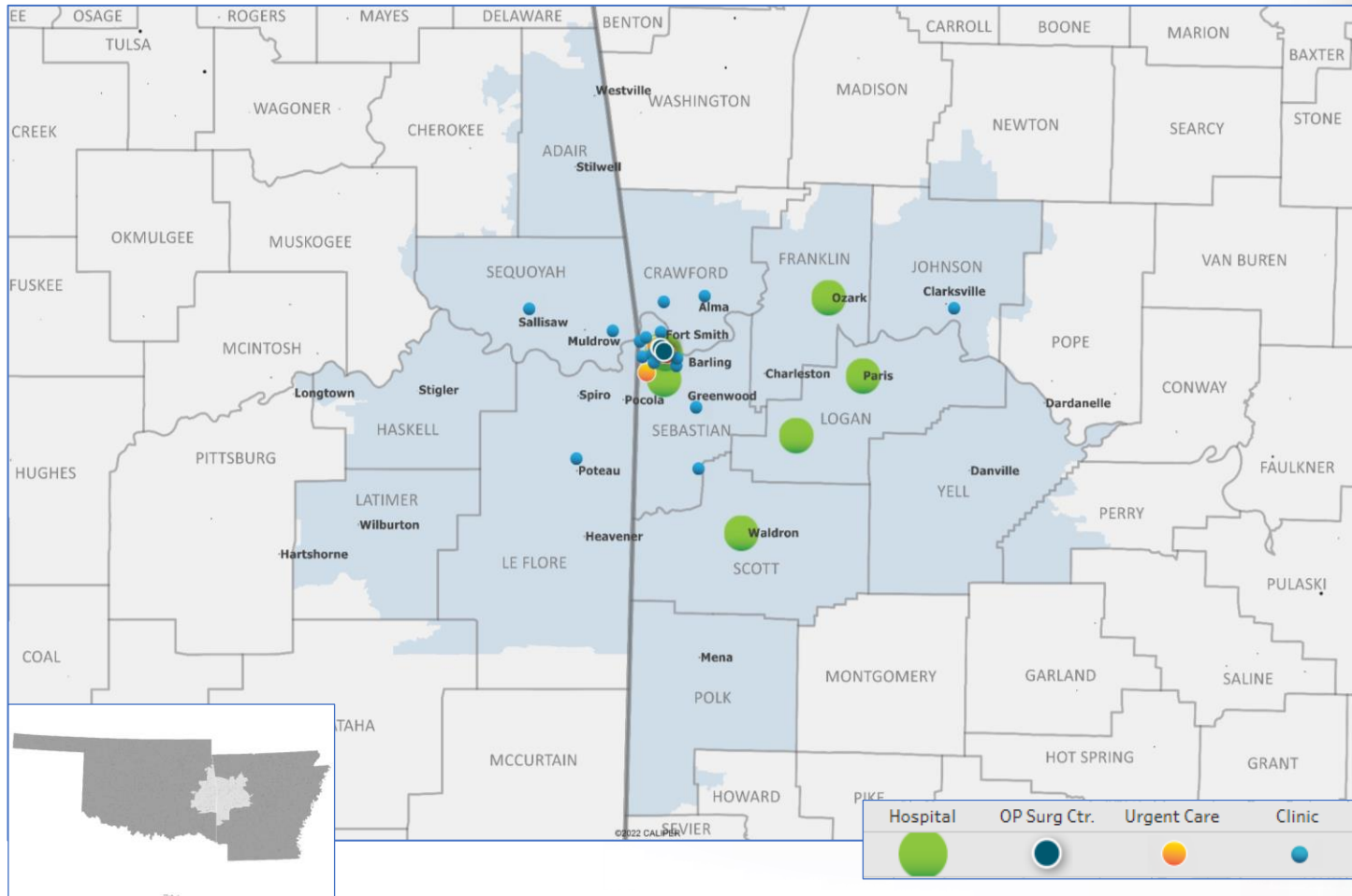
Four Identified health needs emerged during the CHNA process. The Community Health Committee of Mercy Fort Smith Hospital Board of Directors reviewed and prioritized the needs based on several criteria. 2025 prioritized community health needs are:

- Access to Care
- Behavioral Health
- Diabetes/Obesity
- Maternal Health

These prioritized needs will be the basis of Mercy Fort Smith'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 Fort Smith as it works in collaboration with community partners to advance the health and quality of life for the community members it serves.

Community Profile

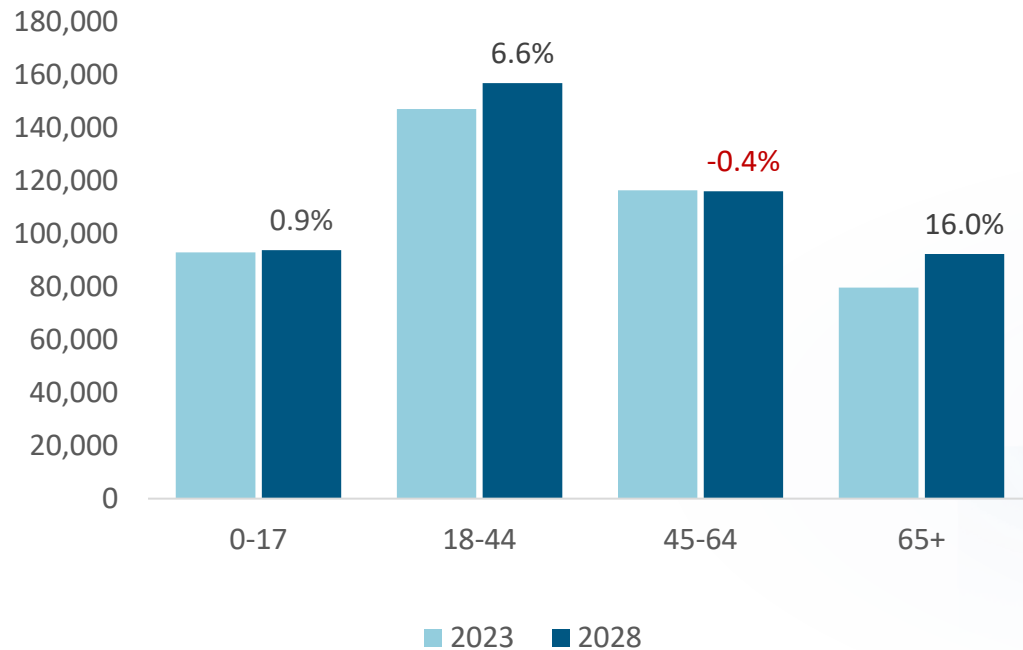
Mercy Fort Smith Region



Community Profile

Mercy Fort Smith Region

Population Growth



	Community	AR	US
5-Year Population Growth	5.2%	5.1%	4.0%
Median Age	37	37	35
Median HH Income	\$44k	\$45k	\$61k
High School Grad or Greater	85%	89%	90%

Source: Advisory Board Demographic Estimates, 2023-2028

Community Profile

Fort Smith Region

For the purposes of this CHNA, Mercy defines its community served as the counties that make up the River Valley, which includes Crawford, Sebastian and Franklin. Mercy also serves some patients who live in East Oklahoma, but these counties are not included in this CHNA. The Fort Smith region, with a population of 605,145 in 2024, has experienced significant growth and development over the past two decades, driven predominantly by top employers including OK Food Inc., Mercy Hospital Fort Smith, and ArcBest.

Fort Smith has a population of 128,448, with a diverse demographic makeup. The community is experiencing demographic shifts, with a growing Hispanic population now comprising 15.6% of residents. The median household income is \$44,000 with 13.1% of residents living below the poverty level.





Community Profile

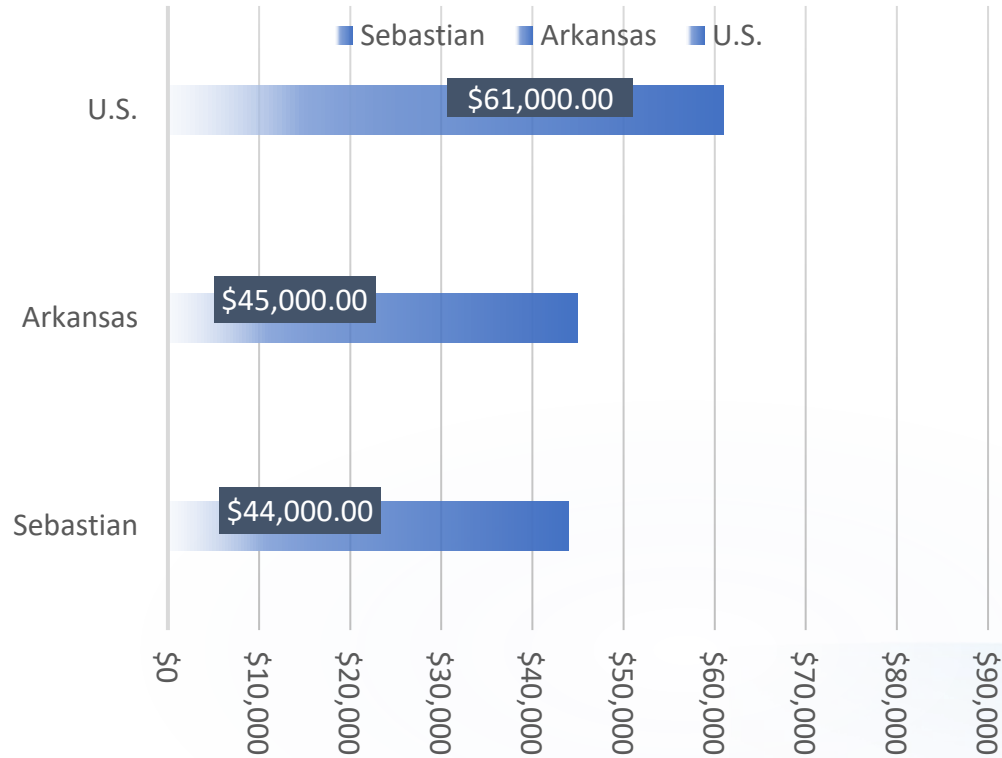
Demographics

Age and Racial Distribution	Fort Smith	Arkansas	U.S.
Population size (number of persons)	128,448	3,067,732	334,914,895
Age distribution			
Under 18 years	23.9%	23.1%	22.1%
18 - 64 years	59.4%	59.7%	61.4%
65 years and over	16.7%	17.2%	16.5%
Race distribution			
White alone	69.2%	78.4%	75.3%
Black or African American	5.7%	15.6%	13.7%
American Indian and Alaska Native	.8%	1.1%	1.3%
Asian	4.4%	1.9%	6.4%
Native Hawaiian and Other Pacific Islander	.1%	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

Median Household Income



Source: United States Census Data



Community Profile

Education

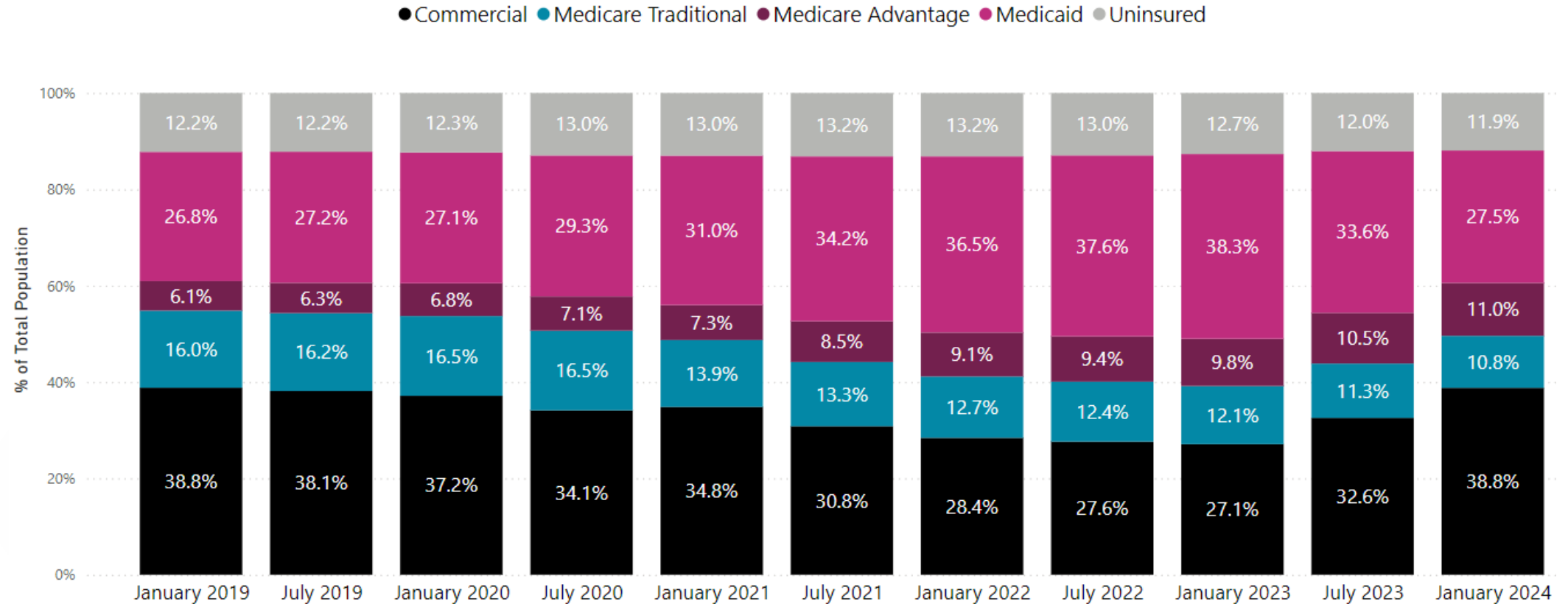
Level	Sebastian County	Arkansas	United States
Less than High School	15.0%	11.8%	10.9%
Some High School	30.2%	34.2%	26.4%
High School Degree	31%	29.4%	28.4%
Some College Assoc. Degree	15.1%	15.6%	8.7%
Bachelor's Degree or Greater	8.9%	9.1%	13.4%

Source: County Health Rankings and Roadmaps



Community Profile

Insurance Status



Source: EDAO/Market Intelligence/Clarivate

Community Profile

Insurance Coverage

Medicare – 21.9%

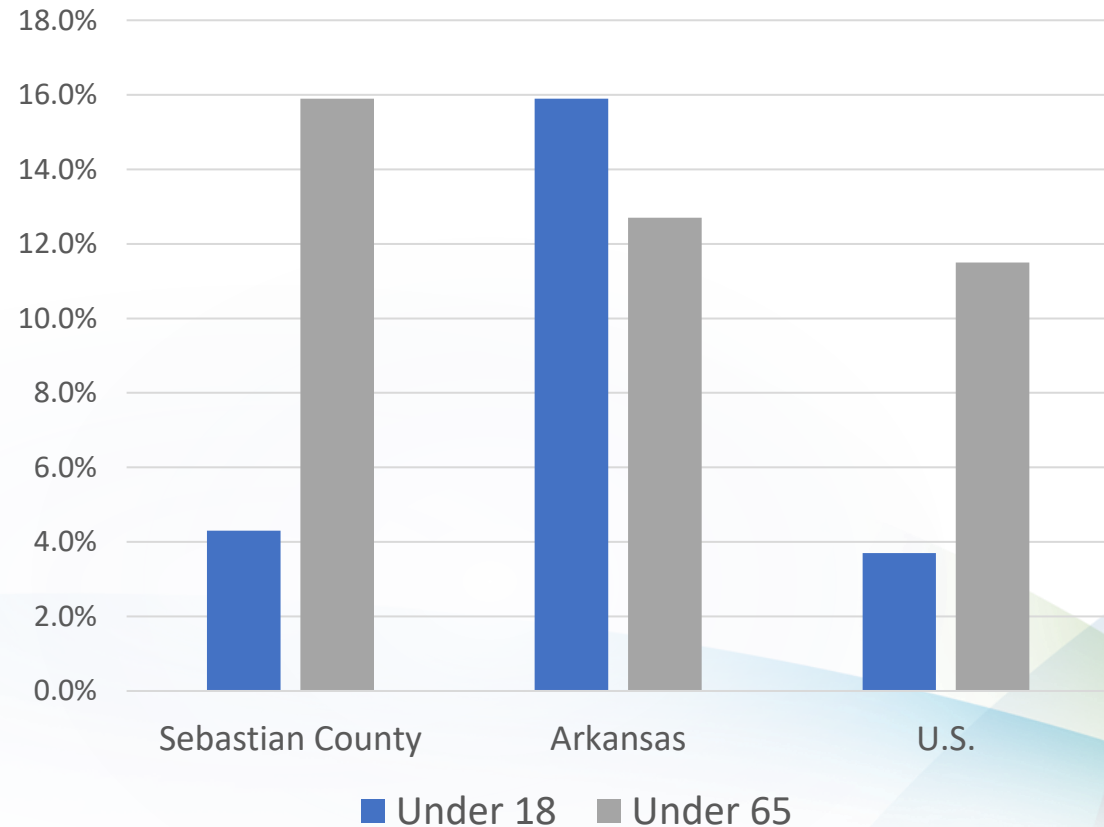
Medicaid – 34%

Uninsured Rates

- Under 18 – 4.3%
- Under 65 – 15.9%

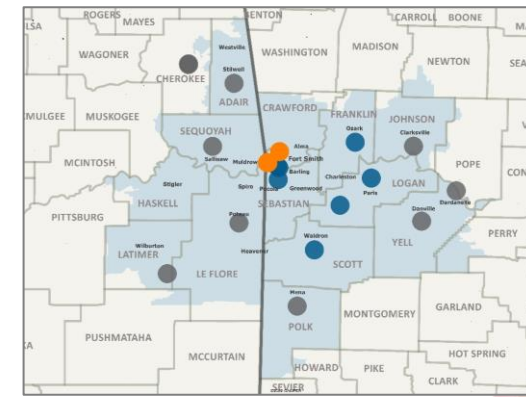
Source: County Health Rankings and Roadmaps – 2024.

Adult and Child Uninsured Rates



Community Profile

Fort Smith 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 Fort Smith	Fort Smith, AR	Acute	348	17,446	2,707	\$303	\$447	15.8%
	2	Mercy Hospital Booneville	Booneville, AR	Critical Access	25	465	0	\$2	\$14	0.0%
	3	Mercy Hospital Ozark	Ozark, AR	Critical Access	25	405	0	\$6	\$12	23.1%
	4	Mercy Hospital Paris	Paris, AR	Critical Access	16	457	0	\$2	\$11	0.0%
	5	Mercy Hospital Waldron	Waldron, AR	Critical Access	24	379	0	\$2	\$10	0.0%
	6	Mercy Orthopedic Hospital Fort Smith	Fort Smith, AR	Orthopedic		Included with Mercy Hospital Fort Smith				
	7	Mercy Rehabilitation Hospital Fort Smith	Fort Smith, AR	Rehabilitation		Included with Mercy Hospital Fort Smith				
Baptist Health	8	Baptist Health - Fort Smith	Fort Smith, AR	Acute	337	12,124	794	\$145	\$304	-7.8%
	9	Baptist Health - Van Buren	Van Buren, AR	Acute	74	367	0	\$8	\$11	-20.8%
Encompass Health	10	Encompass Health Rehabilitation Hospital of Fort Smith	Fort Smith, AR	Rehabilitation	65	1,657	0	\$22	\$29	14.6%
Other System or Independent	11	Stilwell Memorial Hospital	Stilwell, OK	Acute	40	699	0	\$73	\$13	-28.7%
	12	Chambers Memorial Hospital	Danville, AR	Acute	42	1,499	0	\$35	\$21	-11.5%
	13	Dardanelle Regional Medical Center	Dardanelle, AR	Critical Access	35	N/A	0	\$10	\$19	-3.2%
	14	Eastern Oklahoma Medical Center	Poteau, OK	Acute	25	516	0	\$26	\$21	-18.2%
	15	Johnson Regional Medical Center	Clarksville, AR	Acute	90	1,290	272	\$48	\$33	-27.8%
	16	Mena Regional Health System	Mena, AR	Acute	65	1,119	194	\$21	\$29	-24.7%
	17	NHS Sequoyah	Sallisaw, OK	Acute	41	588	0	\$7	\$19	2.2%
	18	Talihina Health Care Center	Talihina, OK	Acute	43	N/A	N/A	N/A	N/A	N/A
	19	W. W. Hastings Indian Hospital	Tahlequah, OK	Acute	52	N/A	N/A	N/A	N/A	N/A
	20	Northeastern Health System	Tahlequah, OK	Acute	90	3,969	253	\$90	\$135	-9.6%

Sources: Mercy financials, beds and utilization-Mercy Finance, FY2023; Arkansas inpatient discharges and births-AHA Analytics, FY2023; Oklahoma inpatient discharges and births-Oklahoma Dept. of Health, CY2021; total beds (acute and non-acute) and financials (hospital financials only) -AHD (reporting year may vary by provider)

Our Assessment Process

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

- 100 Families
- Booneville Health Council
- Fort Smith Public Schools
- Paris Health Council
- Scott County Health and Education Coalition
- Sebastian County Health Department
- The Call
- University of Arkansas Fort Smith
- Valor Y Esperanza Council
- Waldron Health Council

Our Assessment Process *(continued)*

Organizations participating in the CHNA and serving on the Mercy Fort Smith Community *Committee of the Board*:

- Arvest Bank
- ArcBest
- Arkansas College of Osteopathic Medicine (ARCOM)
- Arkansas National Guard The 188th Wing MDG/MAO
- Fort Smith Boys and Girls Club
- University of Arkansas Fort Smith

Our Assessment Process

Overview and Community Input

In conducting its Community Health Needs Assessment, Mercy Fort Smith 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 Fort Smith 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. FTSM indicators were compared to those of Arkansas and the United States.

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

The thoughts and opinions of people within Mercy's service area of Sebastian County 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 Sebastian County Health Department.

Our Assessment Process

Fort Smith Community Health Survey

Mercy in collaboration with community-based organizations including Hope Campus and the Arkansas Department of Health worked to conduct a comprehensive community health survey in 2024. The survey was developed to build on the 2021 Fort Smith Health Survey and to incorporate input and specific needs of community partners in the area. The final survey was made up of 14 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 by a certified medical interpreter.

Mercy Health hosted the survey on their platform from July to September 2024 in both languages. The survey was promoted 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

FTSM Community Health Survey *(continued)*

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

551 responses were included in the final analytic sample. Responses were obtained from zip codes from the Fort Smith Community Area counties. 503 (84%) of respondents were White, 36 (6%) were Hispanic, 53 (9%) 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 Fort Smith 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:

- CDC/National Center for Health Statistics. <https://www.cdc.gov/nchs/>
- County Health Rankings and Roadmaps – 2024. <https://www.countyhealthrankings.org/>
- Data USA: Sebastian County, AR. <https://datausa.io/profile/geo/Sebastian-county-ar/>
- Healthy People 2030. <https://odphp.health.gov/healthypeople>
- United States Census Data. <https://www.census.gov/data.html>
- Spark Map: [Home - SparkMap](#)

Prioritized Needs



Prioritized Needs

Prioritizing Identified Health Needs

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

The Community Committee of Mercy Hospital Fort Smith's Board of Directors met in January 2025 to prioritize the four identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and considered the hospital's strategic plan. The committee decided to combine diabetes and obesity into one category, then narrowed the list of identified health needs by using survey results and secondary data. Criteria used to prioritize the needs using the strategy were the Severity of the Need and the Availability of Resources to address the need. The strategy narrowed the list of health needs to four: Access to Care, Behavioral Health, Diabetes/Obesity, and Maternal Health.

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

In collaboration with Mercy Hospital representatives, community partners, and stakeholders, the committee evaluated the strengths and resources of the community and took into account the hospital's strategic plan. The committee ranked the four 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.

Based on the results of the 2024 CHNA, Mercy Hospital Fort Smith has prioritized four health needs: Access to care, Behavioral Health, Diabetes/Obesity, and Maternal Health. Behavioral Health and Diabetes/Obesity will be carried over from the 2022 CHNA and Access to Care is carried over from the 2019 CHNA, and one is a newly identified need. Mercy Fort Smith will maintain current strategies which have been implemented and have been shown to be making positive impacts in these areas and will continue to seek out programs, interventions, and community partnerships to meet all 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 Fort Smith remain high. 15.9% of FTSM residents under age 65 are uninsured, which is higher than the state of Arkansas at 12.7% and the U.S. at 11.5%. Fort Smith has relatively large populations of immigrants, particularly Hispanic immigrants, many of whom are undocumented.



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 Sebastian County, all the counties in the Mercy Fort Smith community experience a shortage of primary care providers. The rate of 760 PCPs per 100,000 population in Sebastian County is particularly low and lower than the Arkansas rate of 1,480.

Respondents to the 2024 Fort Smith Community Health Survey ranked Access to Affordable Health Care as one of the most important issues to them. Affordable health insurance ranked second and was chosen by 17% 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 Fort Smith's 2019 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 throughout this CHNA) includes our emotional, psychological, and social wellbeing. 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 Fort Smith 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. 22% of the respondents chose this as one of their top three health issues. Respondents ranked mental and behavioral health first in importance from a list of fourteen health issues healthcare organizations are working on in Fort Smith.

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 Overall FTSM suicide rates are about the same as national rates, with higher rates for the smaller rural counties of Carroll and Madison.

Although the proportion of mental health care providers in the FTSM region of 384 to 100,000 population is higher than the state of Arkansas at 263 per 100,000, this average reflects a high proportion of mental health providers in Sebastian County of 380. These rates overshadow the counties experiencing severe mental health provider shortages.

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



Behavioral Health

Prioritized Needs

Diabetes/Obesity

Diabetes mellitus is a common chronic illness in which the body is unable to adequately process blood glucose, resulting in blood sugar levels being too high. There are two types of diabetes, type 1 and type 2. Diabetes contributes to many long-term health issues and complications such as heart disease, kidney failure, stroke, blindness, and loss of toes, feet or legs. Additionally, medical costs for people with diabetes are twice as high as for people without diabetes.³ 38 million people in the United States, or one out of 10, have diabetes.³ The National Institutes of Health estimates that one third of those with diabetes still do not know they have it. Additionally, 98 million people, or one in 3 adults, have prediabetes, 81% of people do not know they have it, and of these, 15-30% will develop type 2 diabetes within 5 years.⁴ In this population, diabetes can be prevented with weight loss and moderate physical activity. Diabetes and obesity often coexist and can be addressed together.



Prioritized Needs

Diabetes/Obesity *(Continued)*

10.4% of adults in Fort Smith have been diagnosed with diabetes. The rate in Arkansas is 13.9% and the overall rate in the U.S. is 8.4%.⁵ Arkansas has an adult obesity rate of 40%.⁶ Diabetes ranked second and Obesity ranked first as one of the top health issues identified by 2024 survey respondents.

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



Diabetes/Obesity

Prioritized Needs

Maternal Health

Maternal Health focuses on health issues concerning women, during pregnancy, childbirth, and the postpartum period. Vulnerable populations often face significant barriers to accessing comprehensive, timely, and quality healthcare services. These barriers include high costs of care, lack of or low health insurance coverage, limited availability of services, and transportation difficulties. Factors such as nutrition, substance use, mental and physical stress, and other socioeconomic factors impact maternal health. Without adequate care, pregnant women and new mothers may not receive necessary treatment, leading to worsened health conditions, increased healthcare costs, and potentially reduced quality of life or premature death.

In Arkansas, maternal health services are particularly limited in rural areas. As of 2023, 49 of the state's 75 counties do not have labor and delivery services.⁷ This lack of local maternity care forces many women to travel long distances to receive necessary prenatal and delivery care, exacerbating transportation difficulties. Arkansas has 52.1 maternity care providers per 100,000 women ages 15-44, compared to the national average of 78.9 providers per 100,000 birthing-age women.⁸ Efforts to improve maternal health in Arkansas also include increasing Medicaid reimbursement rates, expanding home visiting services, and enhancing community-based healthcare programs.



Prioritized Needs

Maternal Health *(continued)*

Secondary data on maternal health is challenging to obtain at the county level. Maternal health in Arkansas is a significant concern, with the state facing some of the highest maternal and infant mortality rates in the nation. Between 2018 and 2021, Arkansas had a maternal mortality rate of 41 pregnancy-related deaths per 100,000 live births.⁷ The rate is higher than the national average and highlights the critical need for improved maternal health services. Several factors contribute to these high rates, including behavioral health issues. Acute behavioral health events, such as mental health and substance abuse diagnosis, significantly impact mothers during the prenatal and postpartum periods.

Respondents to the 2024 FTSM Community Health Survey ranked Maternal Health as an important issue to them. This included the need for reducing maternal and infant mortality rates and ensuring better health outcomes for mothers and their babies.

Mercy remains committed to finding solutions to meet this significant health need. Mercy will also continue to explore various initiatives to improve maternal health and reduce mortality in our community.



Maternal Health

Prioritized Needs

References

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/mental-health/about>
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3. CDC Diabetes, 2021. <https://www.cdc.gov/diabetes/about>
4. CDC Prevent Type 2 Diabetes, 2021. <https://www.cdc.gov/diabetes/prevention-type-2/>
5. CDC United States Diabetes Surveillance System, 2019. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
6. CDC Overweight & Obesity Statistics, 2023. <https://www.cdc.gov/obesity/data/prevalence-maps.html#overall>.
7. Arkansas Maternal Health, 2023. <https://ar.maternalhealth.us>
8. Arkansas Center for Health Improvement, 2024. <https://achi.net/newsroom/Arkansas-ranked-near-bottom-of-states-in-maternal-health-scorecard/>

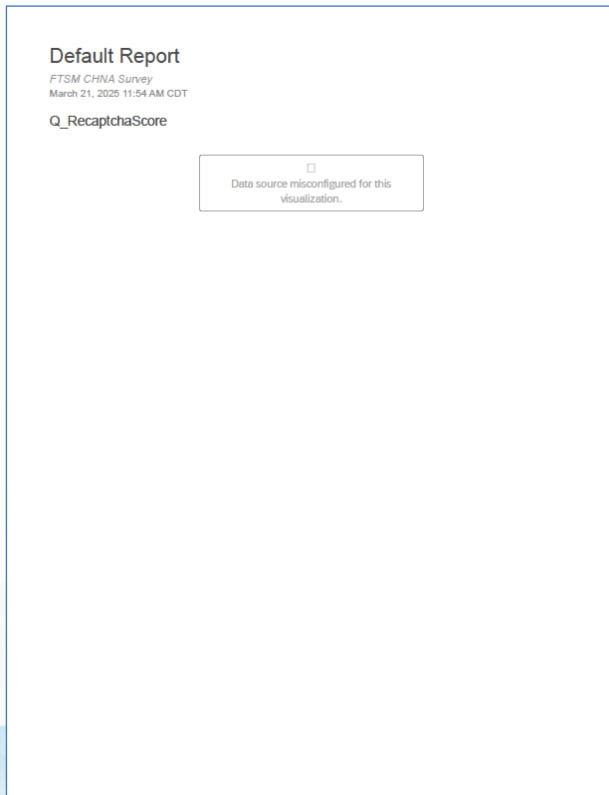
Please refer to the FTSM Community Health Survey Results in Appendix A for primary data collected by the survey. The reference list in Appendix B: Identified Health Needs contains references for statistics collected during the secondary data analysis.

Resources

Mercy FTSM 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 FTSM region. Some of these partners include:

- 100 Families
- Antioch Food Bank
- Area Agency Western Arkansas
- Arkansas Department of Health
- Arkansas Restore Hope
- Community Rescue Mission
- Crawford and Sebastian Community Development Center
- Fort Smith Crisis Intervention Center
- Gateway House
- GetReal 100
- Harbour House
- Hope Campus Homeless Shelter
- Next Step Homeless Services
- Old Fort Homeless Coalition
- Salvation Army
- St. Anne's Society
- University of Arkansas Fort Smith
- Western Arkansas Guidance Center

Appendices



Mercy FTSM 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

- 15.9% of FTSM residents under age 65 are uninsured, which is higher than the state of Arkansas (12.7%) and the U.S. (11.5%).¹
- There are 760 PCPs per 100,000 population in Sebastian County, lower than the Arkansas rate of 1,480 PCPs per 100,000.²
- Responses to the 2024 FTSM Community Health Survey revealed:
 - Access to affordable health care ranked as the 2nd health issue by survey respondents.
 - Affordable health insurance ranked second, chosen by 17% of respondents in the 2024 FTSM 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.

Default Report

FTSM CHNA Survey

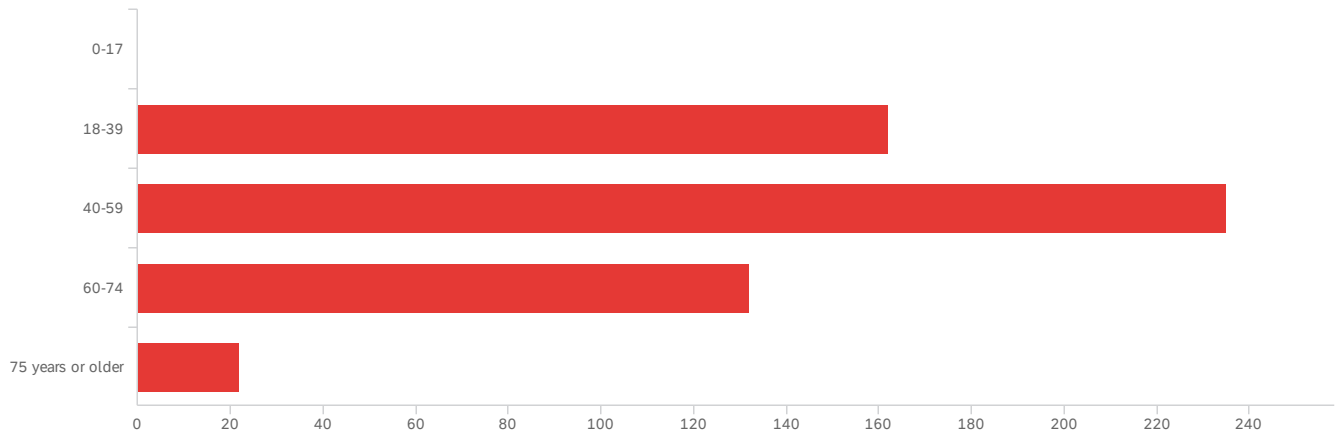
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Q1 - What is your age?

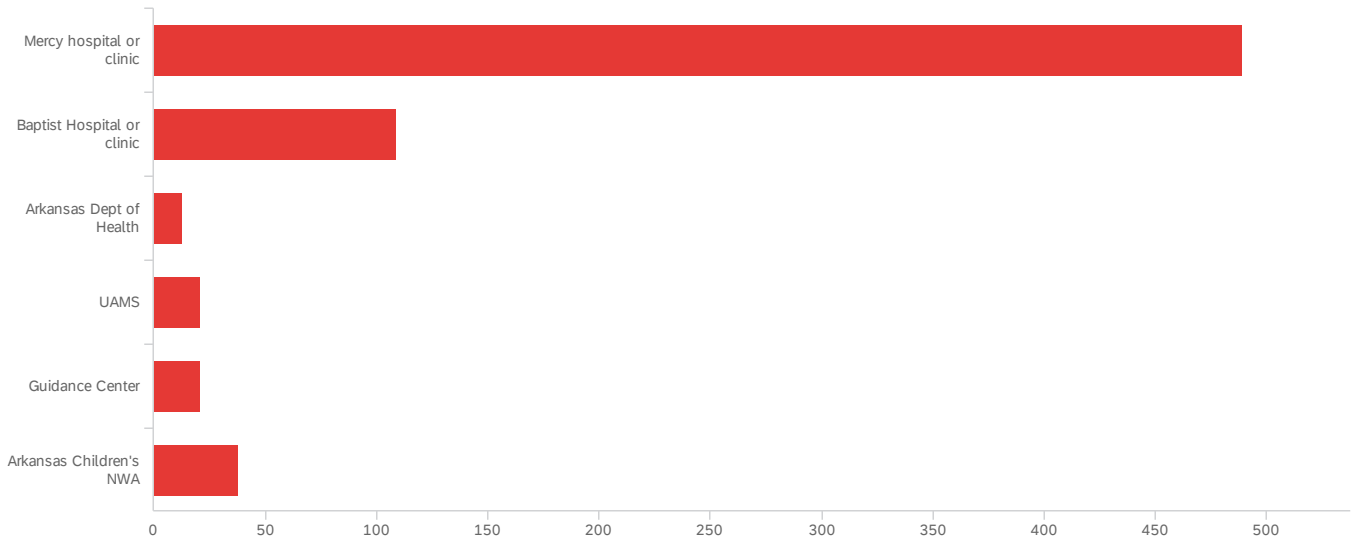




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#	Field	Choice Count
1	0-17	0.00% 0
2	18-39	29.40% 162
3	40-59	42.65% 235
4	60-74	23.96% 132
5	75 years or older	3.99% 22
		551

Showing rows 1 - 6 of 6

Q2 - 2) In the last 12 months, have you or anyone in your household received health services at any of the places below? Choose all that apply.



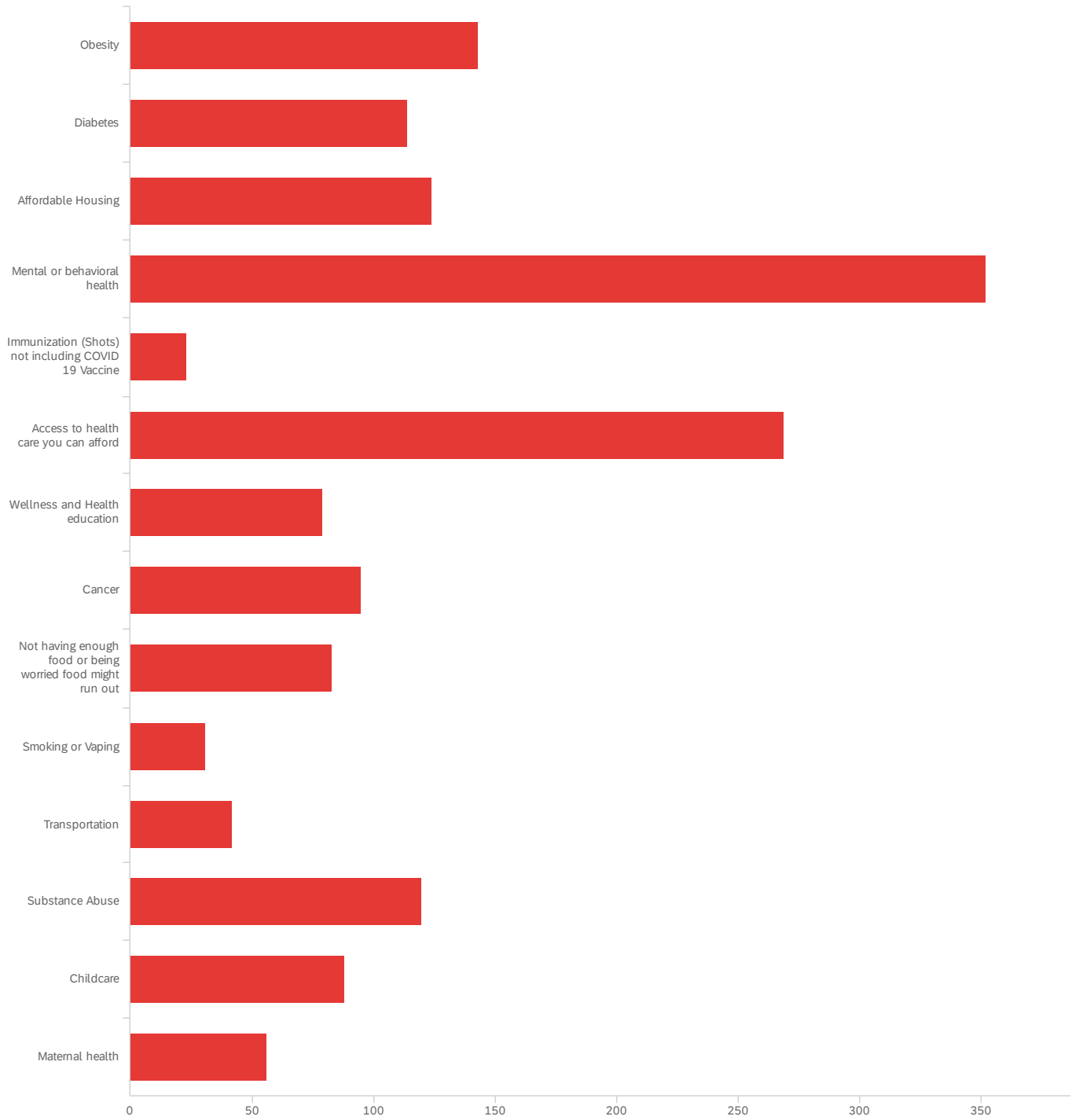

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#	Field	Choice Count
1	Mercy hospital or clinic	70.77% 489
2	Baptist Hospital or clinic	15.77% 109
3	Arkansas Dept of Health	1.88% 13
4	UAMS	3.04% 21
5	Guidance Center	3.04% 21
6	Arkansas Children's NWA	5.50% 38

691

Showing rows 1 - 7 of 7

Q3 - 3) Here is a list of things health care organizations are working on in Fort Smith and rural areas. Please pick three things from this list you think are the most important.



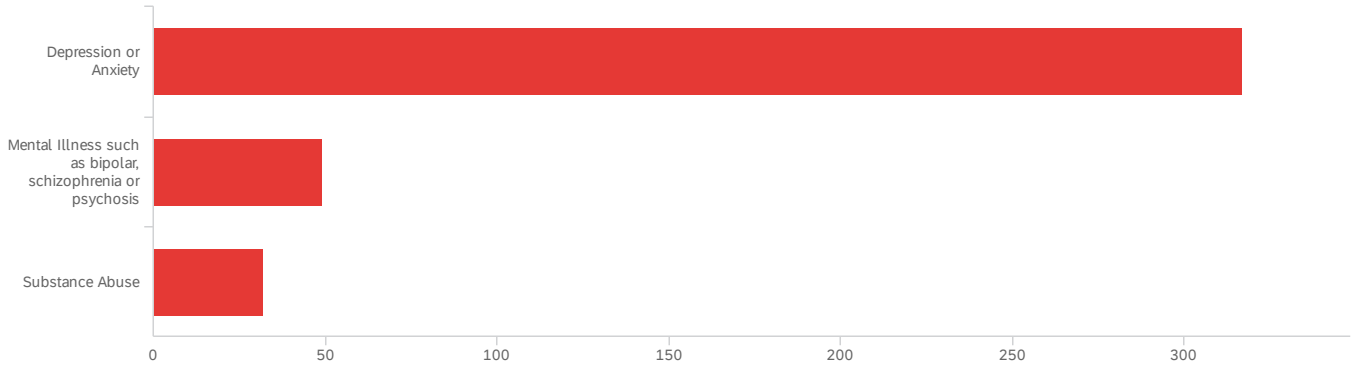

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#	Field	Choice Count
1	Obesity	8.83% 143
2	Diabetes	7.04% 114
3	Affordable Housing	7.66% 124
4	Mental or behavioral health	21.74% 352
5	Immunization (Shots) not including COVID 19 Vaccine	1.42% 23
6	Access to health care you can afford	16.62% 269
7	Wellness and Health education	4.88% 79
8	Cancer	5.87% 95
9	Not having enough food or being worried food might run out	5.13% 83
10	Smoking or Vaping	1.91% 31
11	Transportation	2.59% 42
12	Substance Abuse	7.41% 120
13	Childcare	5.44% 88
14	Maternal health	3.46% 56

1619

Showing rows 1 - 15 of 15

Q4 - 4) 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



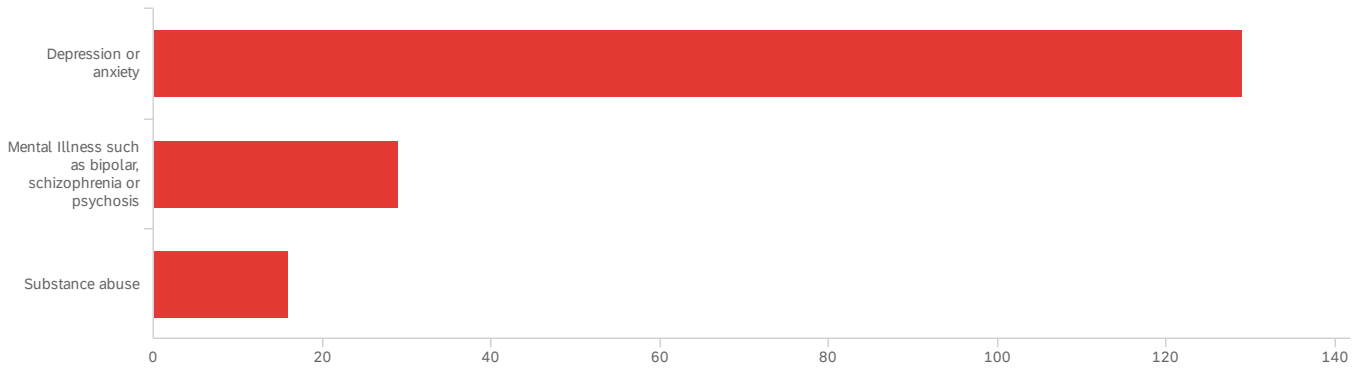

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#	Field	Choice Count
1	Depression or Anxiety	79.65% 317
2	Mental Illness such as bipolar, schizophrenia or psychosis	12.31% 49
3	Substance Abuse	8.04% 32
		398

Showing rows 1 - 4 of 4

Q5 - 5) 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

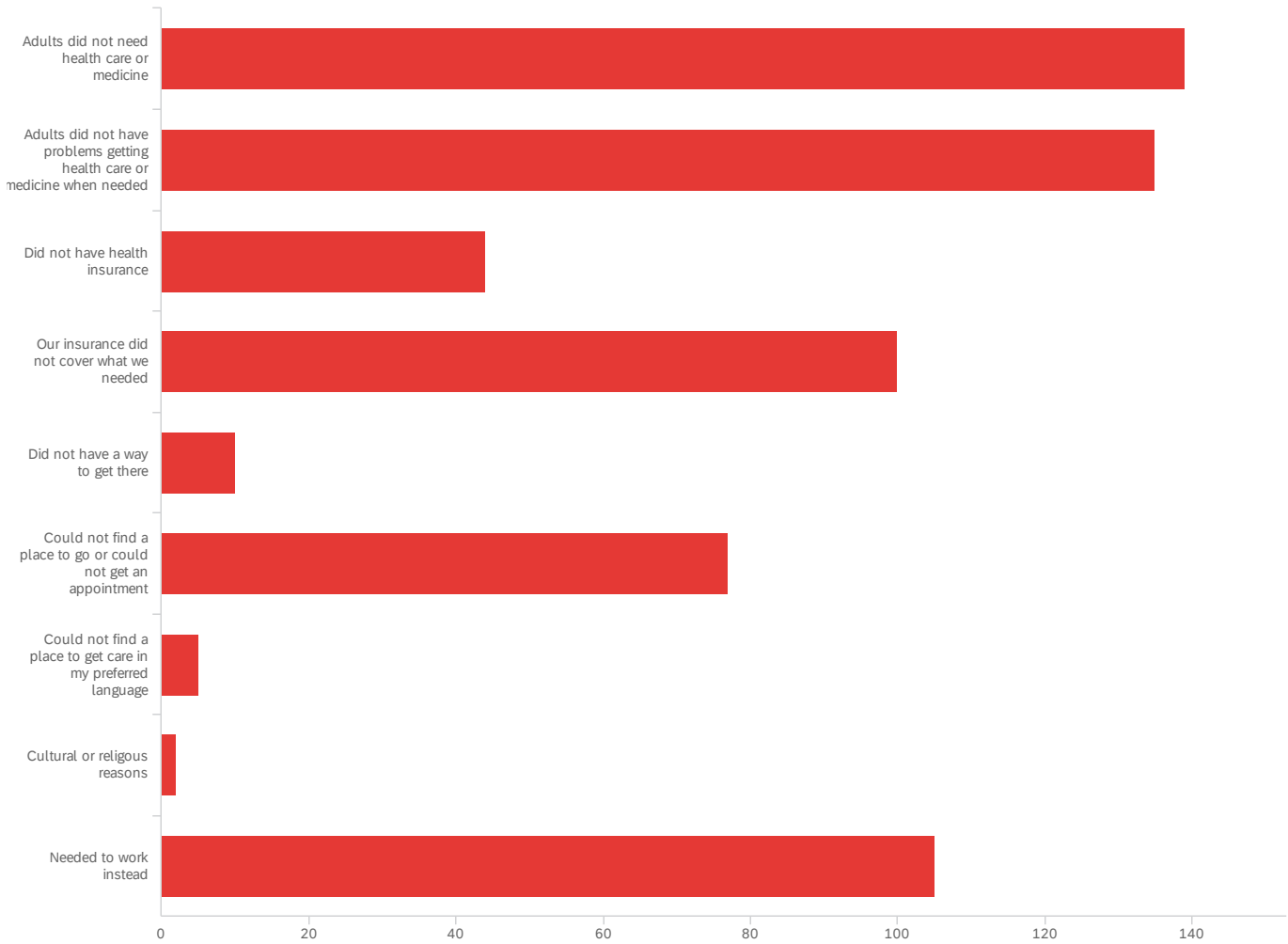



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#	Field	Choice Count
1	Depression or anxiety	74.14% 129
2	Mental Illness such as bipolar, schizophrenia or psychosis	16.67% 29
3	Substance abuse	9.20% 16
		174

Showing rows 1 - 4 of 4

Q6 - 6) In the last 12 months, which of these problems has kept you or other adults in your household from getting the mental health care you needed? Choose all that apply



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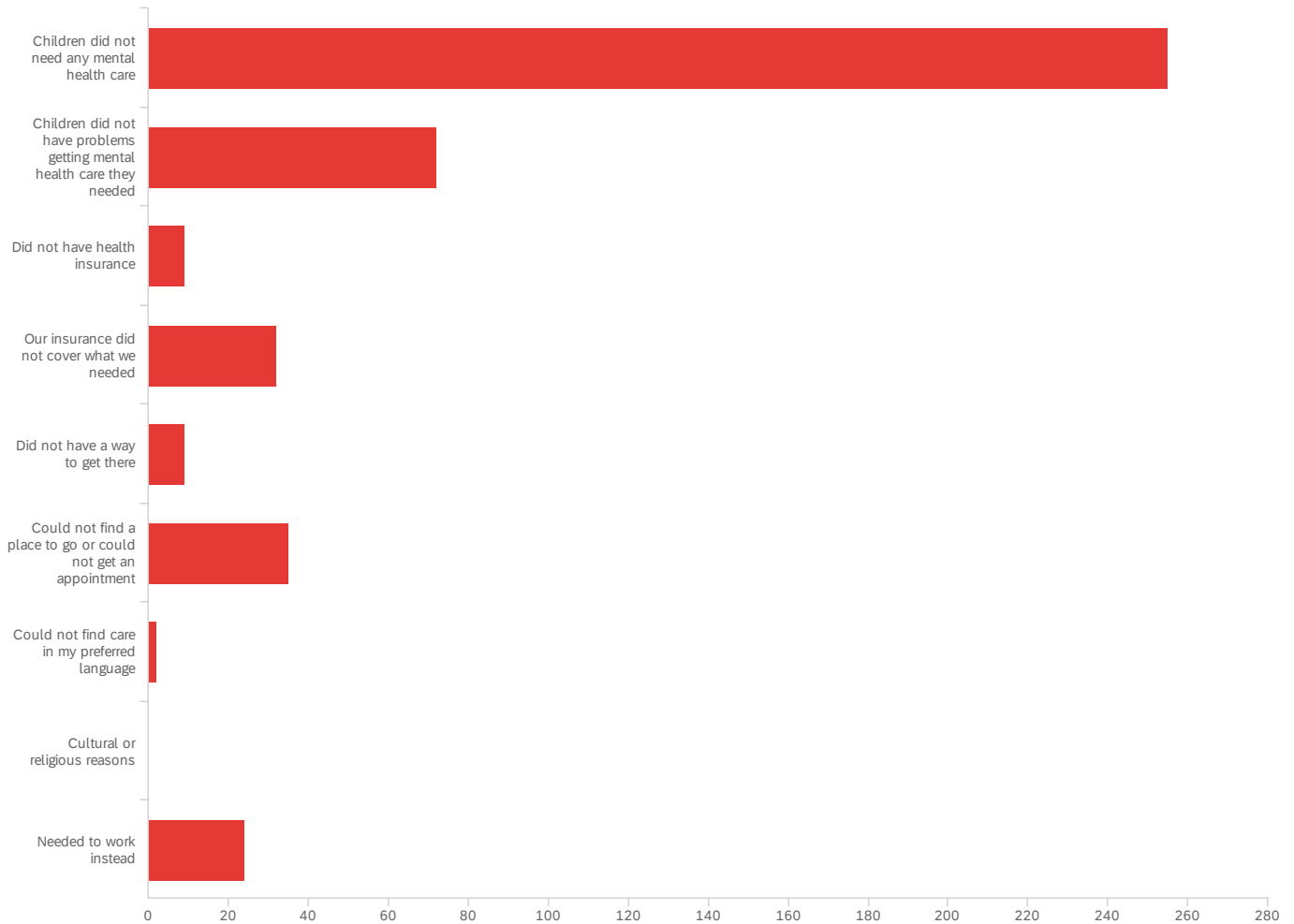
#	Field	Choice Count
1	Adults did not need health care or medicine	22.53% 139
2	Adults did not have problems getting health care or medicine when needed	21.88% 135
3	Did not have health insurance	7.13% 44


#	Field	Choice Count
4	Our insurance did not cover what we needed	16.21% 100
5	Did not have a way to get there	1.62% 10
6	Could not find a place to go or could not get an appointment	12.48% 77
7	Could not find a place to get care in my preferred language	0.81% 5
8	Cultural or religious reasons	0.32% 2
9	Needed to work instead	17.02% 105
		617

Showing rows 1 - 10 of 10

Q7 - 7) In the last 12 months, which of these problems kept children in your household

from getting the mental health care they needed? Choose all that apply



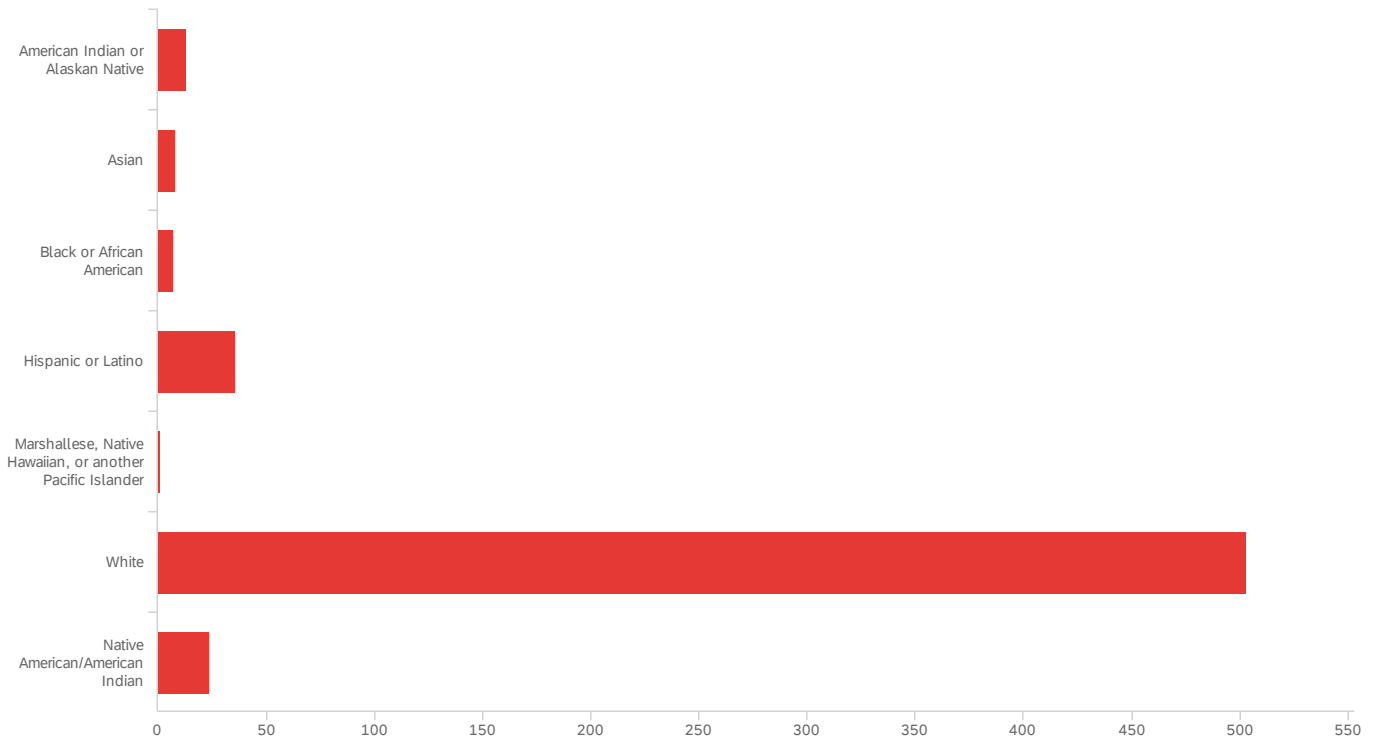

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#	Field	Choice Count
1	Children did not need any mental health care	58.22% 255
2	Children did not have problems getting mental health care they needed	16.44% 72
3	Did not have health insurance	2.05% 9
4	Our insurance did not cover what we needed	7.31% 32

#	Field	Choice Count
5	Did not have a way to get there	2.05% 9
6	Could not find a place to go or could not get an appointment	7.99% 35
7	Could not find care in my preferred language	0.46% 2
8	Cultural or religious reasons	0.00% 0
9	Needed to work instead	5.48% 24
		438

Showing rows 1 - 10 of 10

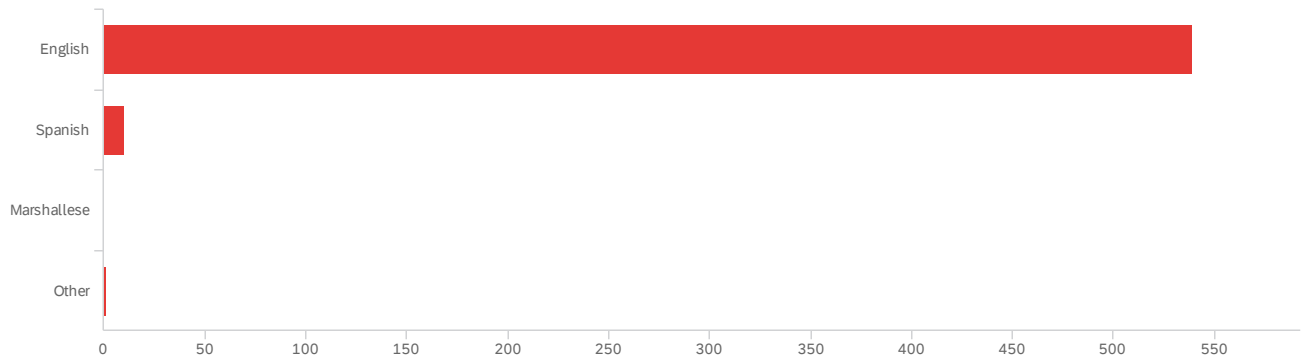
Q8 - 9) What is your race or ethnicity? (Choose all that apply)



#	Field	Choice Count
6	White	84.97% 503
7	Native American/American Indian	4.05% 24
5	Marshallese, Native Hawaiian, or another Pacific Islander	0.17% 1
4	Hispanic or Latino	6.08% 36
3	Black or African American	1.18% 7
2	Asian	1.35% 8
1	American Indian or Alaskan Native	2.20% 13
		592

Showing rows 1 - 8 of 8

Q9 - 10) What is the main language used in your home most of the time?

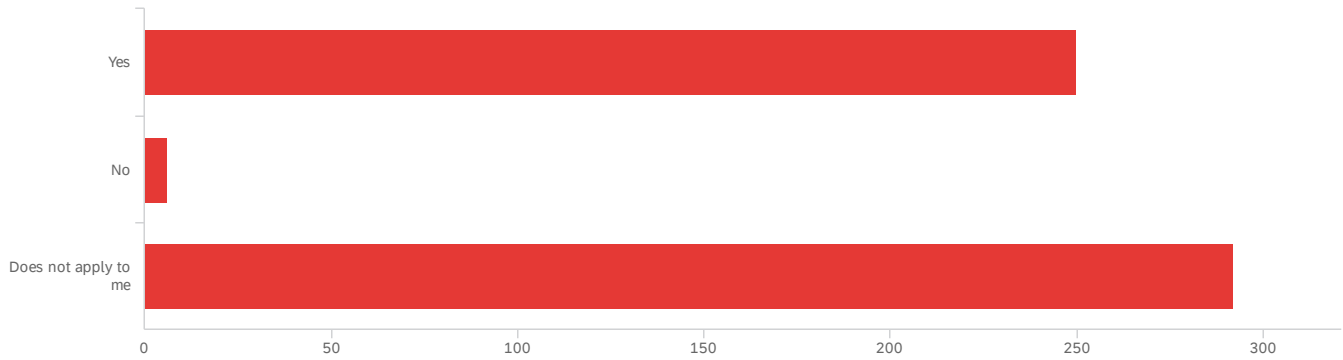


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	10) What is the main language used in your home most of the time?	1.00	4.00	1.02	0.18	0.03	550

#	Field	Choice Count
1	English	98.00% 539
2	Spanish	1.82% 10
3	Marshallese	0.00% 0
4	Other	0.18% 1
		550

Showing rows 1 - 5 of 5

Q12 - During your most recent pregnancy did you receive prenatal care? (Regular appointments with your OBGYN)

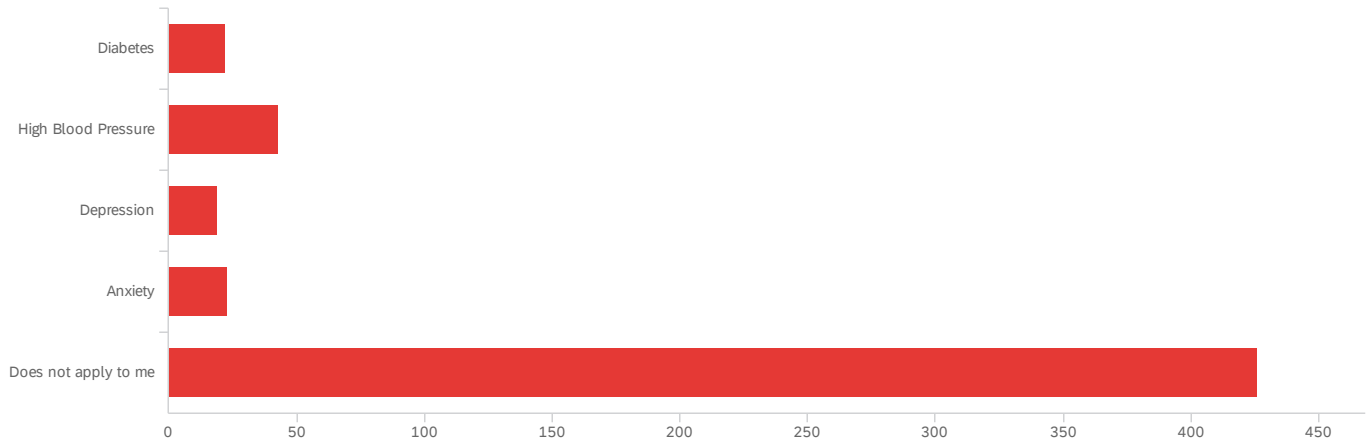


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	During your most recent pregnancy did you receive prenatal care? (Regular appointments with your OBGYN)	1.00	3.00	2.08	0.99	0.98	548

#	Field	Choice	Count
1	Yes	45.62%	250
2	No	1.09%	6
3	Does not apply to me	53.28%	292
			548

Showing rows 1 - 4 of 4

Q14 - During your most recent pregnancy did a healthcare provider tell you that you had any of the following conditions?

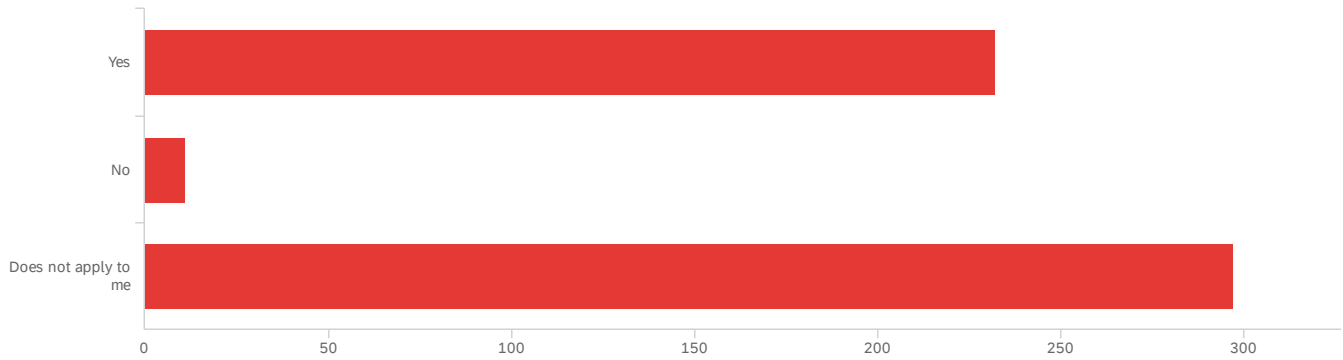


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	During your most recent pregnancy did a healthcare provider tell you that you had any of the following conditions?	1.00	5.00	4.48	1.14	1.30	533

#	Field	Choice Count
1	Diabetes	4.13% 22
2	High Blood Pressure	8.07% 43
3	Depression	3.56% 19
4	Anxiety	4.32% 23
5	Does not apply to me	79.92% 426
		533

Showing rows 1 - 6 of 6

Q15 - After your most recent pregnancy, did you have a postpartum checkup? (6 to 8 weeks after giving birth)



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	After your most recent pregnancy, did you have a postpartum checkup? (6 to 8 weeks after giving birth)	1.00	3.00	2.12	0.98	0.97	540

#	Field	Choice	Count
1	Yes	42.96%	232
2	No	2.04%	11
3	Does not apply to me	55.00%	297
			540

Showing rows 1 - 4 of 4

End of Report

Fort Smith Community Health Survey | 2024

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

- 2) In the last 12 months, have you or anyone in your household received health services at any of the places below? Choose all that apply.
 - Mercy hospital
 - Mercy Clinic
 - Baptist Hospital
 - Arkansas Dept of Health
 - UAMS
 - Guidance Center
 - Arkansas Children's NWA
 - Baptist Clinics

- 3) Here is a list of things health care organizations are working on in Fort Smith and rural areas. Please pick three things from this list you think are the most important.
 - Obesity
 - Diabetes
 - Affordable Housing
 - Mental or behavioral health
 - Immunization (Shots) not including COVID 19 Vaccine
 - Access to health care you can afford
 - Wellness and Health education
 - Cancer
 - Not having enough food or being worried food might run out
 - Smoking or Vaping
 - Transportation
 - Substance Abuse
 - Childcare
 - Maternal health

- 4) 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
 - Mental Illness such as bipolar, schizophrenia or psychosis
 - Substance Abuse
 - None of the above

- 5) 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

Fort Smith Community Health Survey | 2024

- Depression or anxiety
 - Mental Illness such as bipolar, schizophrenia or psychosis
 - Substance abuse
 - None of the above
- 6) In the last 12 months, which of these problems has kept you or other adults in your household from getting the mental health care you needed? Choose all that apply
- Adults did not need health care or medicine
 - Adults did not have problems getting health care or medicine when needed
 - Did not have health insurance
 - Our insurance did not cover what we needed
 - 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
 - Needed to work instead
- 7) In the last 12 months, which of these problems kept children in your household from getting the mental health care they needed? Choose all that apply
- Children did not need any mental health care
 - Children did not have problems getting mental health care they needed
 - Did not have health insurance
 - Our insurance did not cover what we needed
 - Did not have a way to get there
 - Could not find a place to go or could not get an appointment
 - Could not find care in my preferred language
 - Cultural or religious reasons
 - Needed to work instead
- 8) What is your race or ethnicity? (Choose all that apply)
- American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Hispanic or Latino
 - Marshallese, Native Hawaiian, or another Pacific Islander
 - White
 - Native American/American Indian
- 9) What is the main language used in your home most of the time?
- English
 - Spanish
 - Marshallese
 - Other

Fort Smith Community Health Survey | 2024

10) What is your zip code? _____

11) During your most recent pregnancy did you receive prenatal care? (Regular appointments with your OBGYN)

- Yes
- No
- Does not apply to me

12) During your most recent pregnancy did a healthcare provider tell you that you had any of the following conditions?

- Diabetes
- High Blood Pressure
- Depression
- Anxiety
- Does not apply to me

13) After your most recent pregnancy, did you have a postpartum checkup? (6 to 8 weeks after giving birth)

- Yes
- No
- Does not apply to me

Mercy FTSM 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

- 15.9% of FTSM residents under age 65 are uninsured, which is higher than the state of Arkansas (12.7%) and the U.S. (11.5%).¹
- There are 760 PCPs per 100,000 population in Sebastian County, lower than the Arkansas rate of 1,480 PCPs per 100,000.²
- Responses to the 2024 FTSM Community Health Survey revealed:
 - Access to affordable health care ranked as the 2nd health issue by survey respondents.
 - Affordable health insurance ranked second, chosen by 17% of respondents in the 2024 FTSM 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 FTSM is 4.6%, which is lower than the state of Arkansas (5.3%).²
- 39% of FTSM 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 FTSM is 11.3 per 100,000, which is the same as the Arkansas rate of 19 per 100,000.²
- Responses to the 2024 FTSM Community Health Survey revealed:
 - Mental and behavioral health ranked as the top health issue by survey respondents. 22% indicated that mental health was one of the three biggest health issues or problems in the community.
 - Respondents ranked mental and behavioral health 1st in importance from a list of fourteen health issues healthcare organizations are working on in FTSM.
 - Learning and using new ways to reduce stress and better sleep ranked 1st and 6th as things that would help them get healthy and stay healthy.

Diabetes

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

Diabetes Indicators

- 10.4% of adults in FTSM have been diagnosed with diabetes, lower than the rate in Arkansas (13.9%), and the overall rate in the U.S. which is 8.4%.³
- In 2022, the estimated total direct medical expenses for diagnosed diabetes in Arkansas amounted to \$3 billion⁴
- Responses to the 2024 FTSM Community Health survey revealed Diabetes as one of the most critical health issues among 14 different responses to this question

Obesity and Overweight

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

Obesity/ Overweight Indicators

- AR ranks 3rd in the nation in self-reported adult obesity rates, with a prevalence of 40%.⁵
- Obesity disproportionately affects individuals of non-White races and those of Hispanic ethnicity.⁵
- Of adults aged 20 and older living in FTSM, 34.2% self-reported a BMI > 30.0 (obese). This is higher than the state of Arkansas (31.9%) and the overall U.S. rate (30.1%).⁶
- Obesity was ranked 1st among prioritized health issues by FTSM Community Health Survey respondents.

Maternal Health

Maternal health is a critical need globally due to increasing maternal mortality rates and significant disparities in healthcare access for pregnant women and new mothers. Ensuring comprehensive prenatal and postnatal care is essential for the health and well-being of both mothers and babies. Addressing maternal health issues involves improving healthcare access, providing education and support services, and reducing health disparities to promote healthier pregnancies and better outcomes for families.

Maternal Health

- Arkansas has a 52.1 maternity care providers per 100,000 women ages 15-44, compared to the national average of 78.9 providers per 100,000 birthing-age women.⁷
- 49 of Arkansas' 75 counties do not have labor and delivery services.¹⁰
- Between 2018 and 2021, Arkansas had a maternal mortality rate of 41 pregnancy-related deaths per 100,000 live births.⁸
- 19.7% of Arkansas mothers reporting symptoms of postpartum depression.⁸
- In 2021, for every 100 new Arkansas moms, 62 had a healthcare visit in the 12 months prior to pregnancy.⁹
- 95% of pregnancy-related deaths in Arkansas were considered preventable.⁸
- In 2021, 9.6% of women were uninsured during the postpartum period in Arkansas.⁸
- Response to the 2024 FTSM Community Health survey revealed:
 - Maternal Health was high among health issues healthcare organizations are currently working on out of 14 different responses to this open response question.

References

1. Small Area Health Insurance Estimates, 2022. <https://www.census.gov/programs-surveys/sahie.html>
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3. CDC United States Diabetes Surveillance System, 2019. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
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5. CDC Obesity Data and Statistics, 2023. [Adult Obesity Prevalence Maps | Obesity | CDC](#)
6. SparkMap – Center for Applied Research and Engagement Systems (CARES), University of Missouri, 2018-2020. <https://sparkmap.org/report/>
7. Arkansas Center for Health Improvement, 2024. <https://achi.net/newsroom/Arkansas-ranked-near-bottom-of-states-in-maternal-health-scorecard/>
8. Arkansas Maternal Health, 2023. <https://ar.maternalhealth.us>
9. Arkansas Center for Health Improvement, 2021. [Maternal and Infant Health - ACHI](#)