

Community Health Needs Assessment

Mercy Hospital Northwest Arkansas

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 Impact

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



A community health improvement plan was developed and implemented to address these significant needs. Mercy NWA 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 Workers (CHWs)** have been serving at Mercy since 2018, screening for needs related to social determinants of health and facilitating access to services. Mercy currently employs six CHWs. Our CHWs provided resources and assistance to 5,818 patients over the last three years. 3,276 patients successfully obtained Mercy Financial Assistance, and 237 patients were enrolled in Medicaid.
- **Medication Assistance Program** was established November 2021, in partnership with local pharmacy and Mercy Foundation to provide uninsured patients being discharged from the hospital with initial needed medications and supplies. All medication assistance patients were referred to a Community Health Worker for further evaluation of potential needs. The program has assisted 164 patients with 817 prescriptions over the last three years. The total cost of prescription assistance provided over a three-year period is \$70,348.
- **Internal Medicine Residency Program.** Mercy is in its sixth year of offering a residency program in partnership with University of Arkansas for Medical Sciences to increase the number of practicing primary care physicians in the area. Currently, 32 internal medicine are residents completing their graduate medical education at Mercy.
- **NWA Forensic Nursing Program.** A partnership with three NWA advocacy centers employs a Regional Forensic Nursing Manager to provide coordination, collaboration, and oversight of Sexual Assault Examiners performing forensic examinations to victims of abuse. The program oversaw a total of 1,004 medical exams performed by SANE nurses at the centers.



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. 1,103 patients were referred to the program by their primary care physician and 632 enrolled in the program. 170 (27%) of the enrolled patients were uninsured or covered by Medicaid.
- **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. 1,428 patients have been enrolled in the program since its start in 2023.



FY22 Impact

Diabetes/Obesity/Nutrition

- ***The Diabetes Prevention Program (DPP)*** is a CDC evidence-based lifestyle intervention program, led by a trained lifestyle coach, to reduce the risk of developing type 2 diabetes in adults with prediabetes or those who are at risk for diabetes. Mercy NWA has maintained a CDC fully recognized DPP program for 7 years. About 680 participants have enrolled since the program began, and the program retention rate is 89%. Average weight loss of participants completing the program was 7%. 58% of participants reduced their fasting glucose or HbA1C to normal.
- ***Corazones Fuertes*** is a partnership with the American Heart Association and their annual Vestido Rojo event, initiated in 2022. The program offers health screenings and Spanish-language, culturally relevant education on heart disease risk factors for Hispanic women and their families in Northwest Arkansas. Since its inception, 780 community members have been screened for diabetes and lipid disorders. 10 community educational sessions have been conducted, reaching 169 participants with topics such as nutrition and healthy eating, physical activity, diabetes prevention, and stress reduction.



FY22 Impact

Food Insecurity

- ***Little Free Pantries*** is a grassroots movement that began in Fayetteville, Arkansas in 2013, inspired by the Little Free Library movement. Participating individuals and organizations host wooden boxes on posts containing food, personal care, and paper items, accessible to everyone at all times, no questions asked. Food and other essential are supplied by volunteer physicians, coworkers, and community members. Currently, nine Little Free Pantries are located at Mercy clinic and hospital locations.
- ***Food Boxes Program*** provides shelf-stable food for inpatients and outpatients in immediate need of food assistance, facilitated by Community Health Workers (CHWs). To date, CHWs have distributed 67 food boxes to patients in clinics and emergency departments.

Executive Summary

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

Mercy Hospital NWA includes a heart and vascular center, inpatient rehabilitation unit, outpatient surgery center, neonatal intensive care unit (Level IIIA), and emergency department. Additional clinical services are available throughout Northwest Arkansas, including an ambulatory surgery center, two free-standing emergency departments, outpatient rehabilitation and therapy services, and multiple primary care and specialty clinics. Mercy NWA has been the recipient of multiple awards since the last CHNA, including the Leapfrog “A” Safety Grade 2019-2024, the IBM Watson/Truven National Top 100 Hospital, and CMS 5 Star Hospital 2024.

Executive Summary *(continued)*

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. Overall, NWA is very healthy, with Benton County ranked #1 and Washington County #2 in the state for overall health outcomes by County Health Rankings. However, income and health disparities are apparent, poverty rates are high, especially among non-White residents, and uninsurance rates are higher than state and national averages.

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





Executive Summary *(continued)*

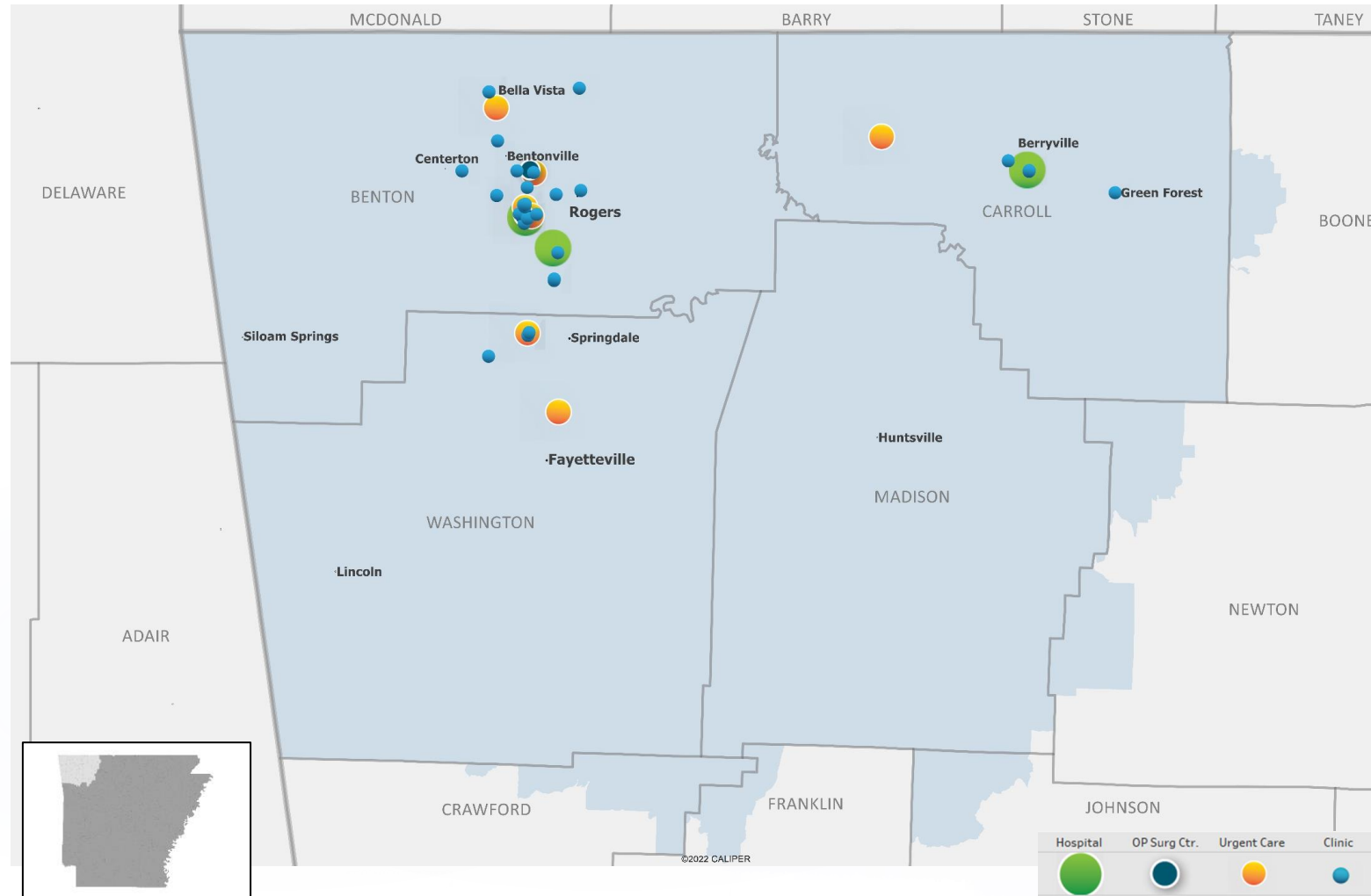
Eight identified health needs emerged during the CHNA process. The Community Health Committee of Mercy NWA Hospital Board of Directors reviewed and prioritized the needs based on several criteria. 2025 prioritized community health needs are:

- Access to Care
- Behavioral Health
- Maternal Health
- Food Insecurity

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

Community Profile

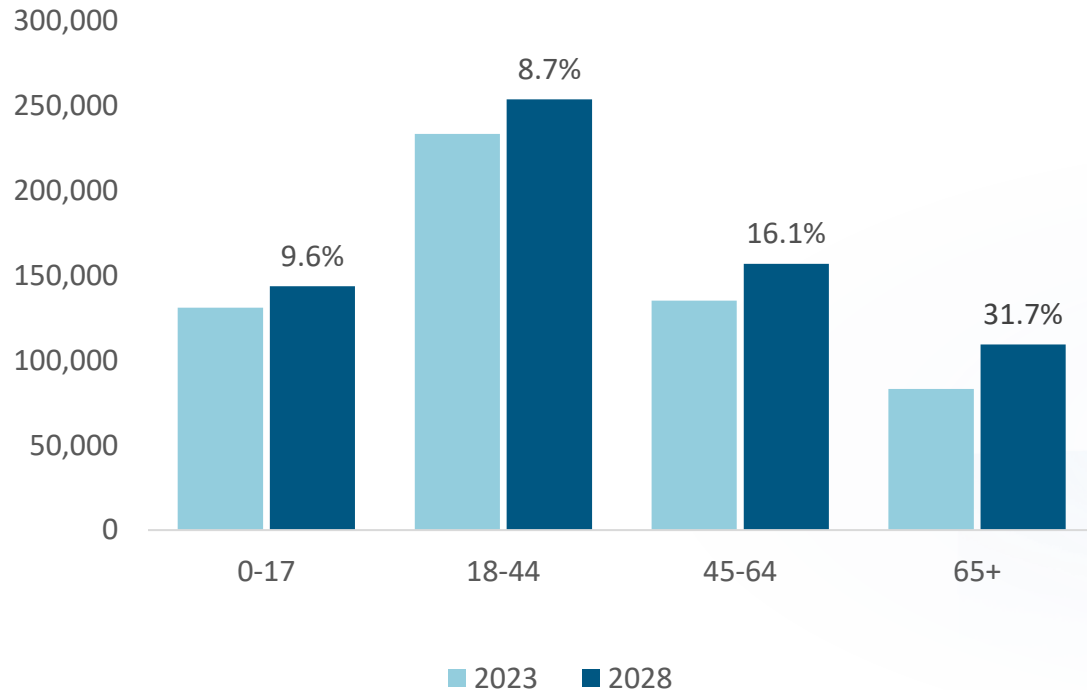
Mercy Northwest Arkansas Region



Community Profile

Mercy Northwest Arkansas Region

Population Growth



	Community	AR	US
5-Year Population Growth	13.9%	5.1%	4.0%
Median Age	33	37	35
Median HH Income	\$57k	\$58k	\$78k
High School Grad or Greater	89%	89%	90%

Community Profile

Northwest Arkansas Region

Population
619,151

13.9% increase in
population since
2020

17.5% of NWA
residents are
Hispanic

1.6% are Marshallese
or Other Pacific
Islander

Median household
income is \$57,000



Community Profile

Northwest Arkansas Region

For the purposes of this CHNA, Mercy defines its community served as the four-county Northwest Arkansas (NWA) area, which includes Benton, Carroll, Madison, and Washington Counties. Mercy also serves some patients who live in Southwest Missouri, but these counties are not included in this CHNA. The NWA region, with a population of 619,151 in 2024, has experienced significant growth and development over the past two decades, driven predominantly by Walmart Stores, J.B. Hunt Transport Services, and Tyson Foods, all of whom are headquartered in the region.

Although the majority Northwest Arkansas residents are White, the region has welcomed an increasingly diverse population over the past few decades. Currently, 17.5% of residents are Hispanic, a 50% increase since the 2010 census. Northwest Arkansas is also home to a large and rapidly increasing population of Marshall Islanders, making up 1.6% of the population, a 150% increase since 2010.





Community Profile

Northwest Arkansas Region *(continued)*

Marshallese persons are free to live, work and travel in the United States do to a Compact of Free Association Agreement (COFA) dating back to 1983. Although NWA is a prosperous region with a median household income of \$57,000, wealth and income disparity is high. 18.9% of children live in families below 100% of the federal poverty level (FPL). Poverty rates are higher among non-White residents of the region at 19.6% of Hispanics and 33.1% of Marshallese.

Access to health care is an issue for a sizeable portion of NWA residents. 15.87% of adults under age 65 and 7.6% of children under age 19 do not have health insurance. Despite NWA's relative economic prosperity, this rate is higher than the state of Arkansas and the U.S. average.

Community Profile

Demographics

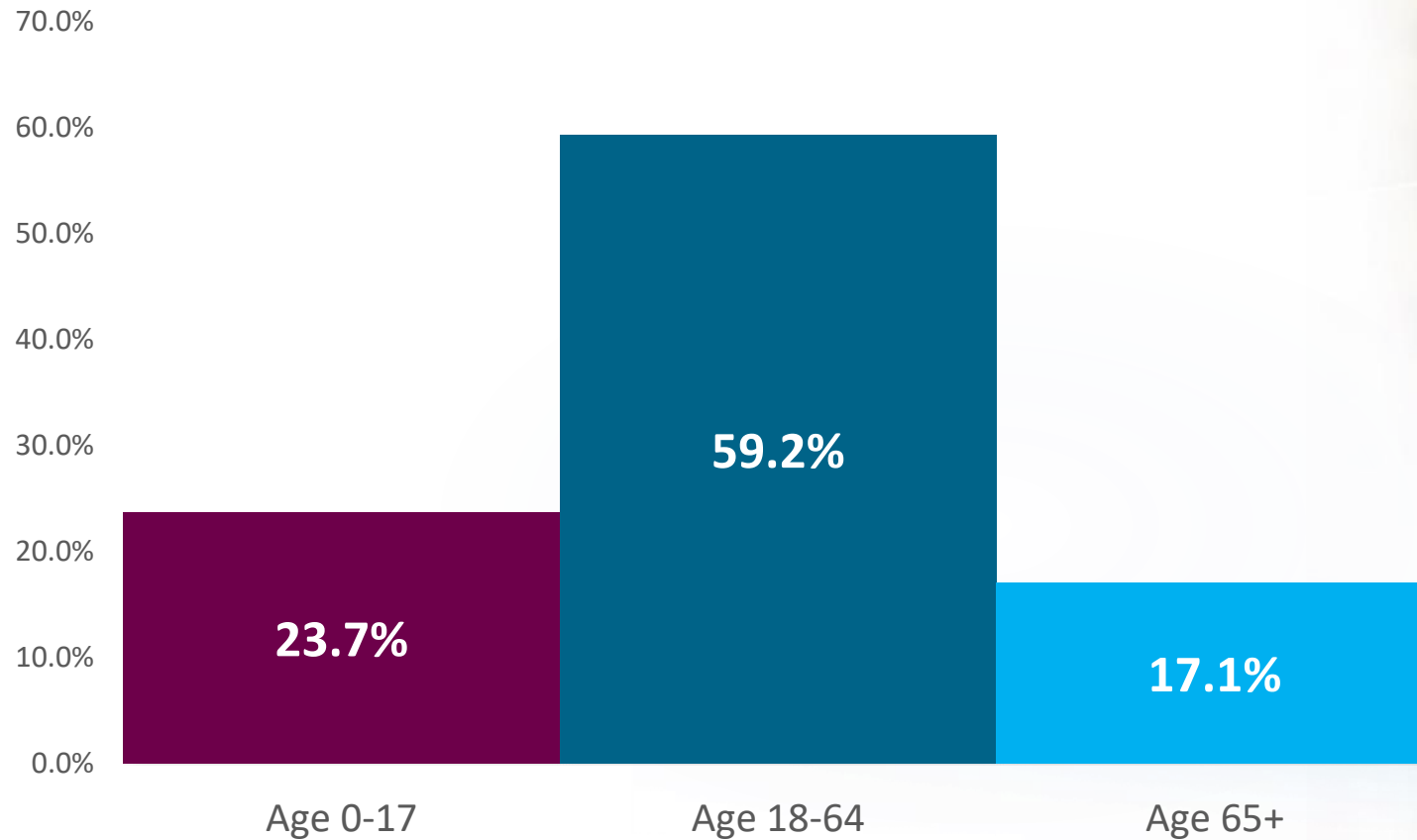
Age and Racial Distribution	NWA	Arkansas	U.S.
Population size (number of persons)	619,151	3,067,732	334,914,895
Age distribution			
Under 18 years	23.7%	23.1%	22.1%
18 - 64 years	59.2%	59.7%	61.4%
65 years and over	17.1%	17.2%	16.5%
Race distribution			
White alone	75.4%	78.4%	75.3%
Black or African American	1.4%	15.6%	13.7%
American Indian and Alaska Native	0.8%	1.1%	1.3%
Asian	2.3%	1.9%	6.4%
Native Hawaiian and Other Pacific Islander	1.4%	0.5%	0.3%
Ethnicity distribution			
Hispanic or Latino (of any race)	14.1%	8.1%	18.7%

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



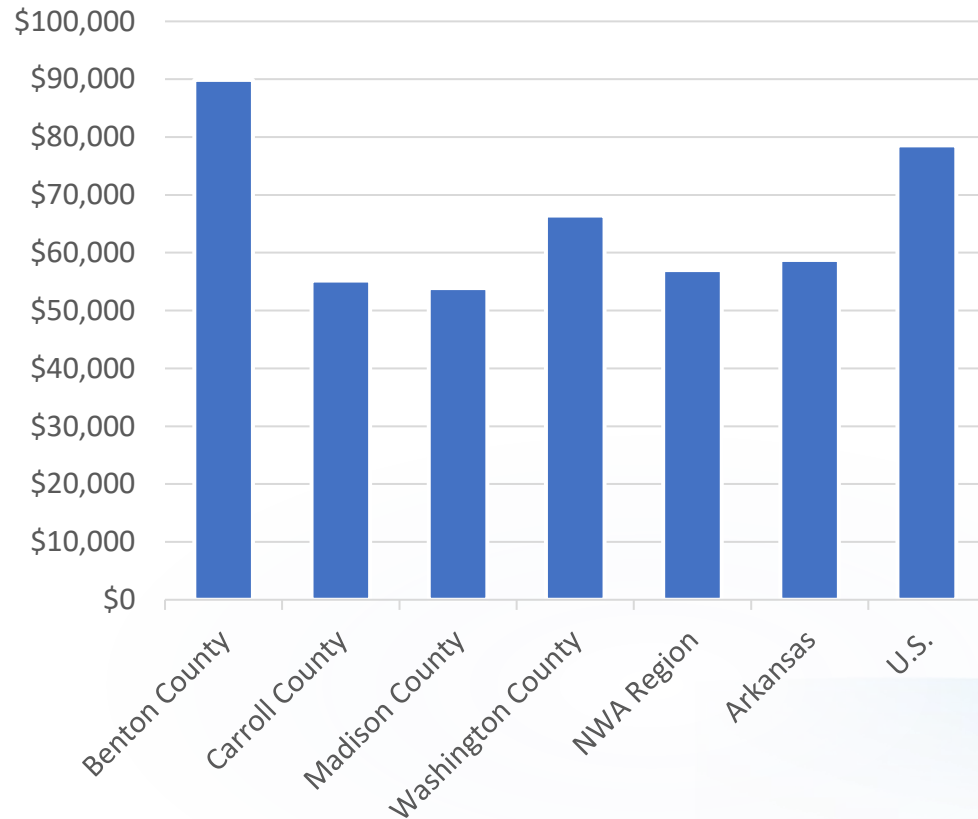
Community Profile

Age Structure



Community Profile

Household Income

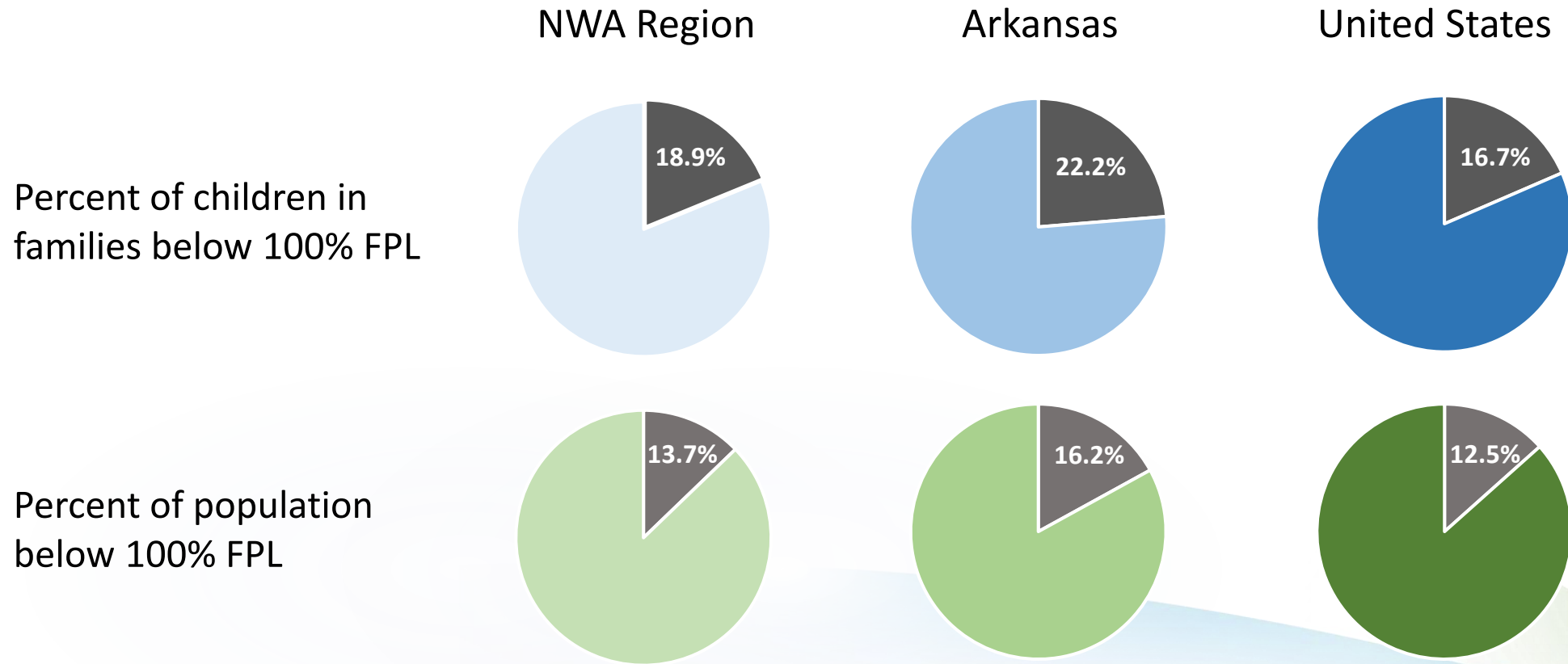


Source: US Census Bureau, American Community Survey. v2030



Community Profile

Poverty Statistics



Community Profile

Education

Level	NWA	Arkansas	U.S.
Less than High School	13.0%	11.8%	10.9%
High School Degree	35.5%	34.2%	26.4%
Some College or Assoc. Degree	25.6%	29.4%	26.4%
Bachelor's Degree	12.5%	15.6%	20.9%
Graduate or Professional Degree	9.5%	9.1%	13.4%

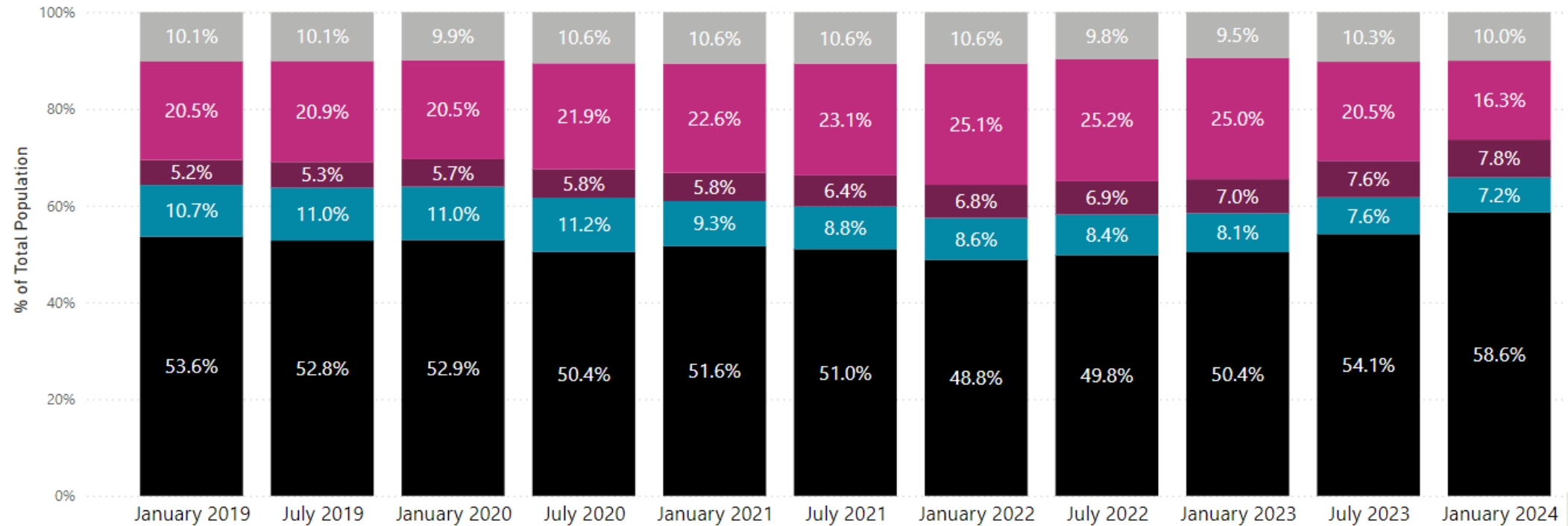
Source: US Census Bureau, American Community Survey. 2018-22, accessed via SparkMap, CARES University of Missouri Extension.



Community Profile

Insurance Status

● Commercial ● Medicare Traditional ● Medicare Advantage ● Medicaid ● Uninsured



Source: EDAO/Market Intelligence/Clarivate

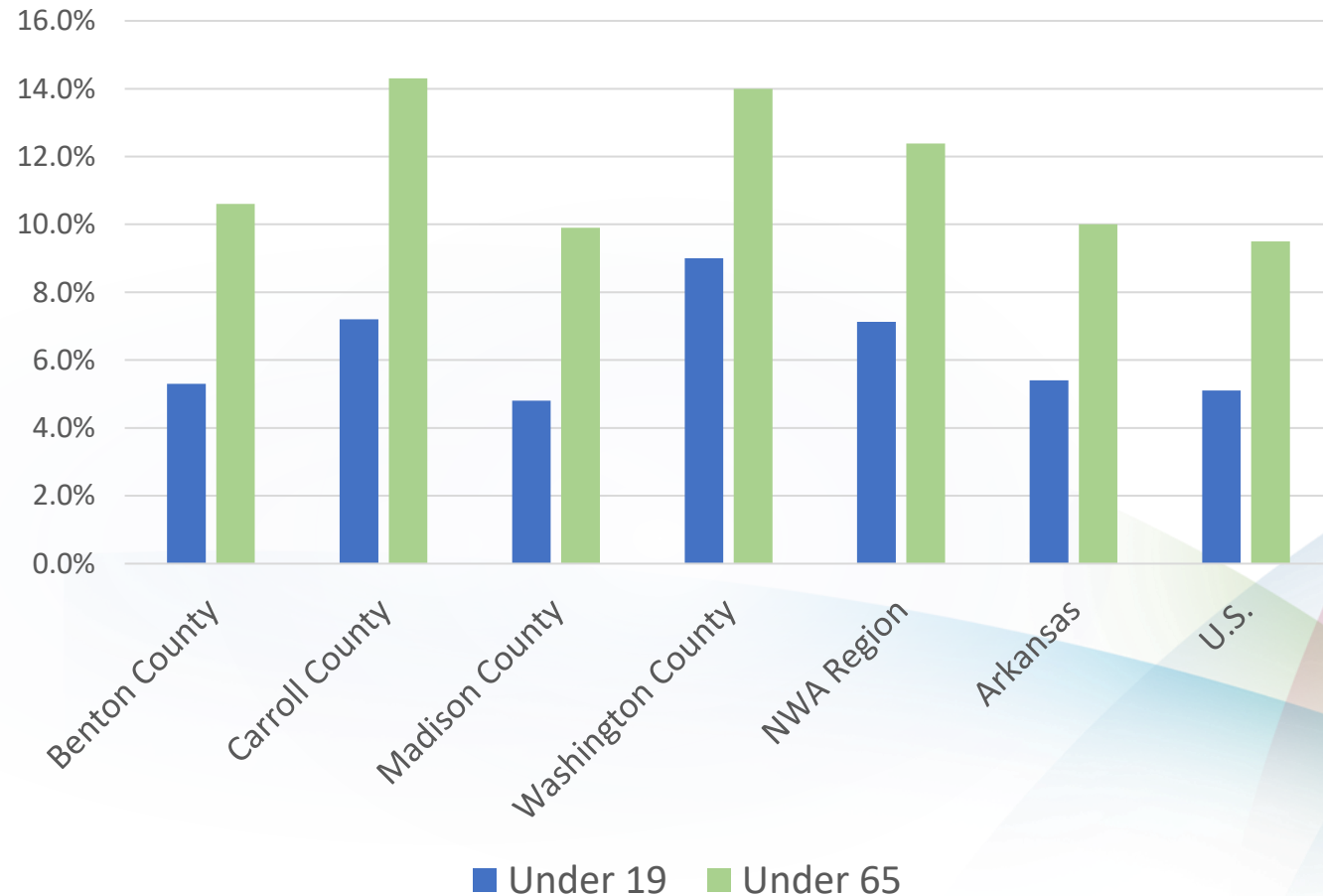
Community Profile

Insurance Coverage

- Medicare – 15.0%
- Medicaid – 16.3%
- Commercial – 58.6%
- Uninsured Rates
 - Under 19 – 7.1%
 - Under 65 – 12.4%

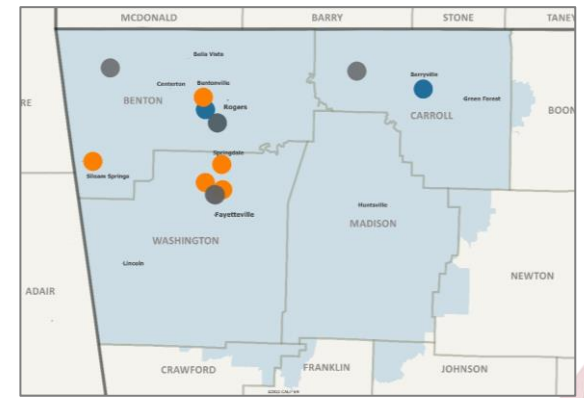
Source: US Census Bureau, Small Area Health Insurance Estimates, 2022, and Mercy market analytics

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. NWA indicators were compared to those of Arkansas and the United States.

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

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

Our Assessment Process

Overview and Community Input *(continued)*

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

NWA Community Health Survey *(continued)*

Survey Results

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

1. Access to Health Care
2. Affordable Health Care
3. Aging Problems
4. Behavioral and Mental Health
5. Cancer
6. Diabetes
7. Dental Problems
8. Cardiovascular Health
9. Maternal Health
10. Hypertension

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

1. Diabetes
2. Obesity
3. Affordable Housing
4. Mental or Behavioral Health
5. Maternal Health
6. Immunizations
7. Access to Health Care
8. Wellness & Health Education

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.

The Community Health Committee of Mercy NWA Hospital Board of Directors met in January 2025 to prioritize the eight identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and considered the hospital's strategic plan. The committee decided to combine affordable health care and access to care into one category, then narrowed the list of identified health needs by using a strategy grid. Criteria used to prioritize the needs using the strategy grid were Severity of the Need and Availability of Resources to address the need. The strategy grid narrowed the list of health needs to four: Access to Care, Behavioral Health, Maternal Health, and Food Insecurity.

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

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

Based on the results of the 2024 CHNA, Mercy NWA has prioritized four health needs: Access to Care, Behavioral Health, Maternal Health, and Food Insecurity. Three of these needs will be carried over from the 2022 CHNA, and one is a newly identified need. Mercy NWA will maintain current strategies which have been implemented and have been shown to be making positive impacts in these priority areas and will continue to seek out programs, interventions, and community partnerships to meet all of the prioritized health needs.

Prioritized Needs

Prioritizing Identified Health Needs *(continued)*

Strategy Grid Results

		Magnitude of Need	
		High	Low
Resources Available	High	Access to Care Behavioral Health	
	Medium	Maternal Health Food Insecurity	
	Low	Nutrition and Weight Cardiovascular Health	Aging Problems

Nominal Group Ranking Results

Identified Health Need	Total Score	Chosen as Priority Need
Access to Care	98	Yes
Behavioral Health	95	Yes
Food Insecurity	85	Yes
Maternal Health	100	Yes

Prioritized Needs

Access to Care

Access to health care refers to comprehensive, timely, and quality health care services that result in the best health outcomes. 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. 12.4% of NWA 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 NWA's 2016, 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 Overall NWA suicide rates are about the same as national rates, with higher rates for the smaller rural counties of Carroll and Madison.

Although the proportion of mental health care providers in the NWA region is higher than the state of Arkansas. Benton, Carroll, and Madison Counties are all experiencing shortages of mental health providers and access issues for patients seeking mental health care.

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



Behavioral Health

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.³ 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.⁴ 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. As a state, 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.³ 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 NWA 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

Food Insecurity

Food insecurity is a lack of consistent access to enough food for an active, healthy lifestyle. Food insecurity is a complex problem, as many people don't have resources to meet their basic needs. Though food insecurity is closely related to poverty, not all people living below the poverty line experience food insecurity. 13% of Northwest Arkansas residents are food insecure.⁵ While lower than the Arkansas rate of 18.6%, this is nevertheless a significant number. Food insecurity and access to healthy foods was ranked among the top ten prioritized health issues by respondents to the NWA Community Health Survey.



Prioritized Needs

Food Insecurity

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

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



Prioritized Needs

References

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/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>
3. Arkansas Maternal Health, 2023. <https://ar.maternalhealth.us>
4. Arkansas Center for Health Improvement, 2024. <https://achi.net/newsroom/Arkansas-ranked-near-bottom-of-states-in-maternal-health-scorecard/>
5. Feeding America – Hunger in America, 2022. <https://map.feedingamerica.org/>

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

Resources

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

Arisa Health/Ozark Guidance	Hart at Excelerate 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 NWA 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

- 12.4% of NWA residents under age 65 are uninsured, which is higher than the state of Arkansas (10%) and the U.S. (9.5%).¹
- There are 17.0 active full-time PCPs per 10,000 population in the four-county NWA region, 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.