

# 2025

## COMMUNITY HEALTH NEEDS ASSESSMENT

### Northeast Arkansas

Baptist Memorial Hospital-Crittenden  
NEA Baptist Memorial Hospital



 **BAPTIST**<sup>®</sup>

[baptistonline.org](http://baptistonline.org)

## About Baptist Memorial Health Care

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care (Baptist) is an award-winning network dedicated to providing compassionate, high-quality care for our patients. Our network of 23 hospitals serves communities across the Mid-South, including Arkansas, Mississippi and Tennessee, offering safe, integrated, patient-focused and cost-effective medical care.

At Baptist, we believe serving a community is about more than just helping patients feel better. It's about helping entire communities become the best they can be. We accomplish that by providing financial and programmatic support and collaborating with local organizations to build stronger and healthier communities. Each year, Baptist supports hundreds of nonprofit organizations through programs, seminars, health fairs, board participation, events, employee engagement and more.

As part of our mission to provide quality health care to all who need it, Baptist supports local nonprofit organizations that share our dedication to providing effective, affordable health care to underserved, underinsured and uninsured members of our communities. Many of these same organizations offer financial assistance programs and opportunities, as well as numerous free resources to people in the communities they serve, including medical care, transportation, housing, food assistance, legal aid, job training and placement and more.

We recognize our hospitals and medical clinics are vital organizations within the communities we serve. And we know we cannot address every community need by ourselves. To promote health and quality of life, we collaborate with community partners who have expertise in social needs, specialty services, faith leadership, advocacy and essential resources. We foster ongoing relationships with these partners and provide financial and in-kind gifts to support their work.

We support excellence in health care training and education through programs that focus on math, science and related subjects to prepare tomorrow's health care workforce. As we plan for the future, we provide training opportunities for emerging health care professionals and encourage students to pursue medicine, nursing and other allied health careers. Through leading-edge research and clinical trials, we help to advance learning in the medical field and develop new treatments for cancer and other diseases.

In these and many other ways, we demonstrate our commitment to our communities.

## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
2025 COMMUNITY HEALTH NEEDS ASSESSMENT .....	3
2025 CHNA LEADERSHIP AND OVERSIGHT .....	4
2025 CHNA STUDY AREA.....	5
RESEARCH METHODOLOGY .....	7
OUR STRENGTHS AND OPPORTUNITIES .....	9
COMMUNITY HEALTH PRIORITIES.....	13
<b>OUR COMMUNITY AND RESIDENTS.....</b>	<b>15</b>
<b>MEASURING HEALTH IN OUR COMMUNITY .....</b>	<b>17</b>
<b>COMMUNITY HEALTH NEEDS .....</b>	<b>23</b>
ACCESS TO CARE AND SERVICES .....	23
BEHAVIORAL HEALTH .....	28
CHRONIC DISEASE PREVENTION AND MANAGEMENT .....	34
ECONOMIC STABILITY .....	40
MATERNAL AND CHILD HEALTH .....	43
<b>OUR RESPONSE TO THE COMMUNITY’S NEEDS .....</b>	<b>47</b>
<b>BOARD APPROVAL AND NEXT STEPS .....</b>	<b>54</b>
<b>APPENDIX A: SECONDARY DATA REFERENCES .....</b>	<b>55</b>
<b>APPENDIX B: KEY STAKEHOLDER SURVEY PARTICIPANTS.....</b>	<b>57</b>
<b>APPENDIX C: PARTNER FORUM PARTICIPANTS .....</b>	<b>58</b>

## Executive Summary

### 2025 Community Health Needs Assessment

As a trusted health care leader, Baptist is dedicated to understanding and addressing the most pressing health and wellness concerns of our community. Baptist conducts a Community Health Needs Assessment (CHNA) every three years to monitor the health of residents and the many social and environmental factors that influence health and well-being. The CHNA informs the development of implementation strategies for each of our hospitals to address identified priority needs and align community health investments with the highest needs in the communities we serve.

*The goal of the CHNA is to gather data and community input to inform strategies and policies to support a healthy and thriving region and to foster collaboration among community organizations in developing and delivering services to the residents they serve.*

### CHNA Study Objectives:

- Compile a comprehensive profile of the factors that affect health and well-being in the region
- Compare community health indicators with previous CHNAs to document trends and changes
- Demonstrate the effect of social drivers of health; document differences in health outcomes across populations and communities
- Strengthen stakeholder engagement and partnerships; engage residents in the study process
- Define three-year priority areas and develop action plans
- Monitor the progress of community health initiatives

The results of the CHNA will help us identify priorities and strategies to improve health and well-being in the region. Responding to the study's findings and sharing data with other community-based organizations, Baptist aims to ensure that all residents benefit from their local resources, robust social service network and the high-quality health care available in our community to help residents live their healthiest lives.

We thank you for partnering with us on this effort. To learn more about the CHNA and opportunities for collaboration to address identified health needs, please contact [community.relations@bmhcc.org](mailto:community.relations@bmhcc.org) or visit [baptistonline.org/about/chna](http://baptistonline.org/about/chna).

### Research Partner

Baptist's CHNA research was conducted by *Build Community*, a research consultant that specializes in developing stakeholder research to illuminate disparities and underlying inequities and transform data into practical and effective strategies to advance health and social equity. An interdisciplinary team of researchers and planners, Build Community has worked with hundreds of health and human service providers and their partners to reimagine policies and achieve measurable impact. Learn more about *Build Community* at [buildcommunity.com](http://buildcommunity.com).





## 2025 CHNA Leadership and Oversight

Since 2011, Baptist has convened a steering committee of representatives from across the organization to collaborate on the CHNA. This collaboration ensures a comprehensive study that compares communities across the Mid-South and fosters collective impact to address the most pressing issues that affect health for residents. The following individuals served on the CHNA committee as liaisons to their organizations and the communities they serve.

### Baptist Memorial Health Care Planning Committee

Donna Baugus, Survey Research System Manager  
 Cynthia Bradford, System Community Relations Manager  
 Abby Brann, System Community Relations Sr. Coordinator  
 Jackie Doss, System Community Relations Coordinator  
 Jeff Lann, Marketing and Research Development Manager  
 Tiana Poirier-Shelton, System Community Relations Coordinator  
 Ann Marie Watkins Wallace, System Community Relations Sr. Coordinator

### Baptist Memorial Health Care Leadership Committee

Kimberly Young, Executive Vice President/Chief Financial Officer, Committee Chair  
 David Garrison, Vice President, Corporate Finance, Committee Co-Chair  
 Walter Banks, Chief Human Resources Officer, Market Operations/Chief Diversity Officer  
 Dr. William Cloud, Vice President/Chief Medical Officer  
 Amanda Comer, DNP, Chief Advanced Practice Officer  
 Kim Danehower, Corporate Compliance Officer and 504 Coordinator  
 Greg Duckett, Executive Vice President/Chief Legal Officer  
 Mary Freeman, Director, Government Relations  
 Kristy Gay, Chief Experience Officer  
 Tom Gladney, System Director, Data Management Support Services  
 Patti Hollifield, System Director, Quality Outcome Management  
 Kevin Hollinger, System Director, Patient Experience  
 Sharon Hureta, RN, Manager, Quality and Performance Improvement  
 Briana Jegier, Ph.D., Associate Program Chair, Undergraduate Professor, Baptist Health Sciences University  
 Taylor Jones, Data Analyst, Strategic Planning  
 Michelle McDonald, Ph.D., Academic Dean, General Education and Health Studies, Baptist Health Sciences University  
 Keith Norman, Vice President/Chief Government Affairs and Community Relations Officer  
 Lilian Nyindodo, Ph.D., Program Chair, Associate Professor of Biomedical Sciences, Baptist Health Sciences University  
 Kimmie Vaulx, System Director, Corporate Communications  
 Elizabeth Wiggins, Marketing Director, Baptist Anderson Regional Medical Center

## 2025 CHNA Study Area

Baptist has 23 hospitals serving residents in Arkansas, Mississippi and Tennessee. The CHNA focused on the primary service county of each Baptist Memorial Hospital to identify health trends and unique challenges within these communities. Hospitals with overlapping service areas were grouped into regions for comparisons of health and socioeconomic data.

**2025 CHNA Geographic Regions and Primary Service Areas**

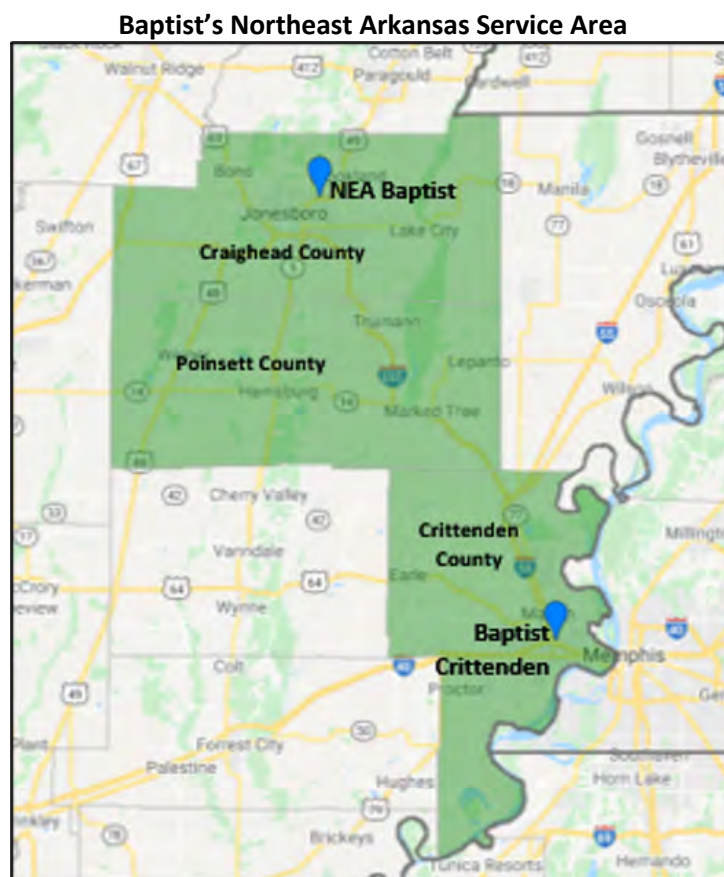
Region	Primary Service Counties	Hospitals
Memphis Metro	Shelby and Fayette counties, TN	Baptist Memorial Hospital-Memphis Baptist Memorial Hospital-Collierville Baptist Memorial Hospital for Women Baptist Memorial Rehabilitation Hospital Baptist Memorial Restorative Care Hospital* Spence and Becky Wilson Baptist Children's Hospital
	Tipton County, TN	Baptist Memorial Hospital-Tipton
	DeSoto County, MS	Baptist Memorial Hospital-DeSoto
Northeast Arkansas	Craighead and Poinsett counties, AR	NEA Baptist Memorial Hospital
	Crittenden County, AR	Baptist Memorial Hospital-Crittenden
West Tennessee	Carroll County, TN	Baptist Memorial Hospital-Carroll County
	Obion County, TN	Baptist Memorial Hospital-Union City
North Mississippi	Lafayette and Panola counties, MS	Baptist Memorial Hospital-North Mississippi
	Benton and Union counties, MS	Baptist Memorial Hospital-Union County
	Prentiss County, MS	Baptist Memorial Hospital-Booneville
	Lowndes County, MS	Baptist Memorial Hospital-Golden Triangle
	Calhoun County, MS	Baptist Memorial Hospital-Calhoun
Central Mississippi	Attala, Hinds, Leake, Madison, Rankin and Yazoo counties, MS	Baptist Memorial Hospital-Mississippi Baptist Medical Center
	Attala County, MS	Baptist Memorial Hospital-Attala
	Leake County, MS	Baptist Memorial Hospital-Leake
	Yazoo County, MS	Baptist Memorial Hospital-Yazoo
	Lauderdale County, MS	Baptist Anderson Regional Medical Center Baptist Anderson Regional Medical Center-South

\*On August 01, 2025, Baptist Memorial Health Care Corp., Inc., as parent company, sold all tangible and intangible assets of the Baptist Memorial Restorative Care Hospital in Memphis, Tennessee to Select Specialty Hospital – Memphis, Inc., a subsidiary of Select Medical Corporation, Inc. of Mechanicsburg, Pennsylvania.

Baptist has two hospitals in the Northeast Arkansas service area, which all collaborated on the 2025 CHNA. The Northeast Arkansas study encompassed Craighead, Crittenden and Poinsett counties in Arkansas. To identify opportunities for community health improvement and understand factors that influence health within distinct communities, we analyzed demographic data and available health indicators for ZIP codes within each county.

The following hospitals are included in the 2025 CHNA for the Northeast Arkansas service area.

- NEA Baptist Memorial Hospital (NEA Baptist)
- Baptist Memorial Hospital-Crittenden (Baptist Crittenden)



## Research Methodology

The CHNA was conducted from July 2024 to June 2025 and included primary and secondary research methods to determine health trends and disparities.

## Primary Research and Community Engagement

Community engagement was an integral part of the CHNA. Collaborating with community-based organizations across the region, input was solicited and received from a wide array of community stakeholders and residents, with a particular focus on diverse populations, under-resourced areas and communities that have been historically marginalized. Study participants provided perspectives on unmet health and social needs; community resources available to meet those needs; barriers to accessing services; service delivery gaps and recommendations to improve health and well-being.



### Key Stakeholder Survey

Across the region, 33 individuals serving diverse communities and populations participated in the key stakeholder survey to collect input about local health needs, clients' experiences receiving and accessing services and opportunities for collective impact.



### Partner Forum

We held a community meeting with 39 health and human services professionals serving the region to share CHNA data findings and collectively define challenges and meaningful strategies for health improvement.



### Listening Sessions

We held 11 listening sessions with subject matter experts and social service representatives based in Baptist's service areas to discuss priority health needs and opportunities to improve residents' access to health care services. Sessions conducted in the Northeast Arkansas service area included the following:

**Behavioral health experts**, exploring increased behavioral health needs in Northeast Arkansas (11 attendees)

**Mid-South higher education Representatives**, exploring trends and needs in education and workforce development throughout all of Baptist's service regions (seven attendees)

**Northeast Arkansas health and social services representatives**, exploring community trends and health and social needs (two attendees)

## Secondary Data Analysis



Secondary data are reported by county and ZIP code, as available, to demonstrate localized health needs and disparities. The most recently available data at the time of publication is used throughout the study. Due to the time required to collect and analyze data, it is typical for data to reflect prior years rather than the current year.



## Social Drivers of Health

*Where we live affects choices available to us*

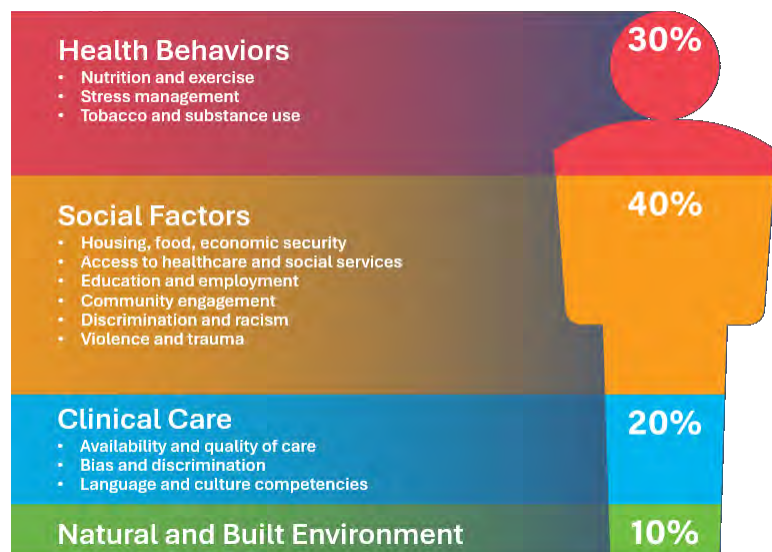
The CHNA was conducted to provide deeper insights into the differences in health and well-being experienced between groups of people in the region. We used the Social Drivers of Health (SDOH) framework to study and document income and poverty; housing and food security; early learning and education; social factors and the environment and built community. We analyzed data across these five domains of SDOH to identify strengths and challenges in our community that affect our health and well-being.

*Graphic Credit: U.S. Department of Health and Human Services*

### SOCIAL DRIVERS OF HEALTH



*Social Drivers of Health are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.*



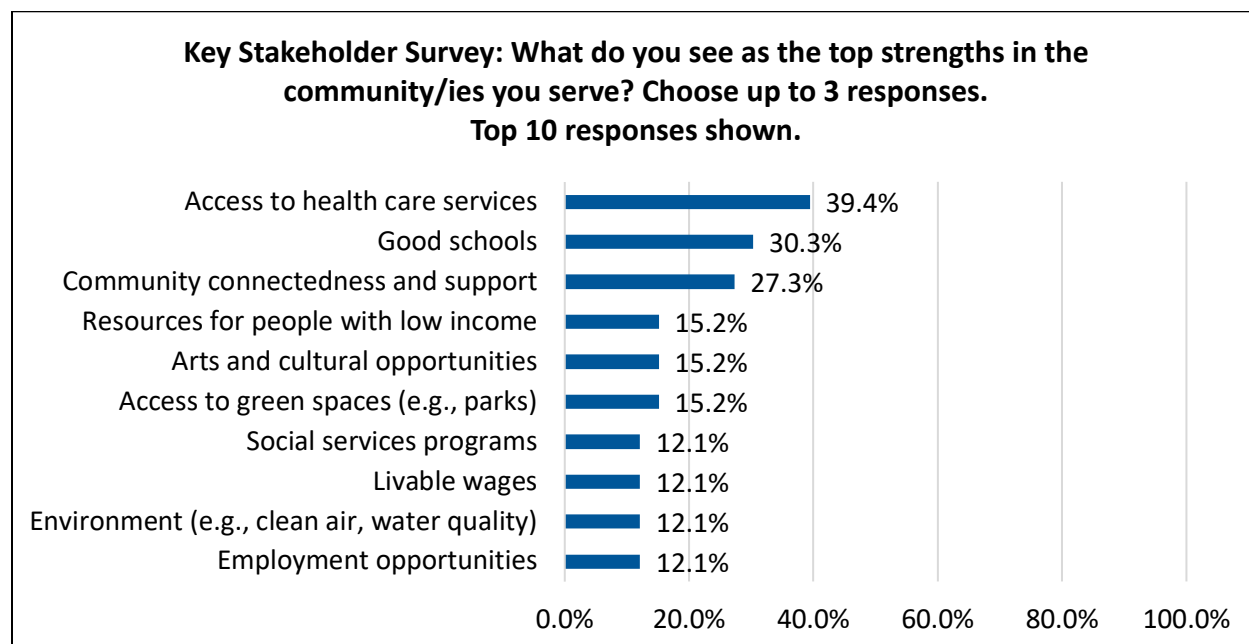
*50% of a person's health is determined by social factors and their natural and built environment.*

*Only 20% of health outcomes are attributed to clinical care.*

Examining data across SDOH domains helps us understand factors that influence differences in health status, access to health care and outcomes between groups of people. These differences include higher prevalence of chronic diseases, such as diabetes, lack of health insurance, inability to afford essential medications and shortened life expectancy. Advancing health for all residents means ensuring all people in a community have the resources and care they need to achieve optimal health and well-being. To advance health for all, we need to look beyond the health care system to address “upstream” SDOH issues, such as education attainment, job opportunities, affordable housing and safe environments.

## Our Strengths and Opportunities

The Northeast Arkansas service area is supported by a robust and collaborative network of health and human services providers and strong anchor institutions (e.g., Arkansas State University). The area is rich in natural resources and beauty, and community stakeholders described a strong sense of community and support for neighbors. When asked what they see as the top strengths for the community, key stakeholder survey participants noted *access to health care services, good schools, community connectedness and support, resources for people with low income, arts and cultural opportunities* and *access to green spaces* among the top attributes.



When asked to rate various SDOH for Northeast Arkansas communities, approximately 40% to 57% of participants rated *health care access and quality, civic participation, job training and education opportunities* and *access to green spaces and outdoor recreation* as “good” or “excellent.”

Access to health care in Northeast Arkansas is supported by a strong network of hospitals, clinics, nonprofits and local organizations.

### STAKEHOLDER FEEDBACK:

*“Jonesboro and Paragould have excellent health care facilities and really good practitioners (Jonesboro also has free health clinics in certain areas of town). These facilities serve some far-reaching areas and are working on expansion and help with transportation.”*

*“The investment by the medical community to meeting the needs of individuals in the area. The nonprofit mission of both facilities and the other organizations that work to meet the health care needs of citizens. NYIT has been a solid addition to the medical community and the Delta Population Health Institute has worked to engage and provide access to marginalized communities.”*

Strong community leadership, civic engagement and nonprofit support drive access to resources, with residents actively advocating, volunteering and organizing to improve living conditions and health.

**STAKEHOLDER FEEDBACK:**

*"In the areas that we service in conjunction with the Baptist footprint, we have strong health care leaders that are aware of the community's needs. They also have strong civic leadership that advocate for resources."*

*"Jonesboro is just a very supportive and giving community in so many ways. Citizens rally around each other and do a tremendous job of providing for those in need with various causes that generate support throughout the year."*

*"Volunteerism and philanthropy in our community are excellent. This is often seen in communities where established services, such as those funded by government, are inadequate to meet needs."*

Local schools, colleges and universities have heavily invested in education, vocational training and job preparation, providing diverse opportunities for workforce development.

**STAKEHOLDER FEEDBACK:**

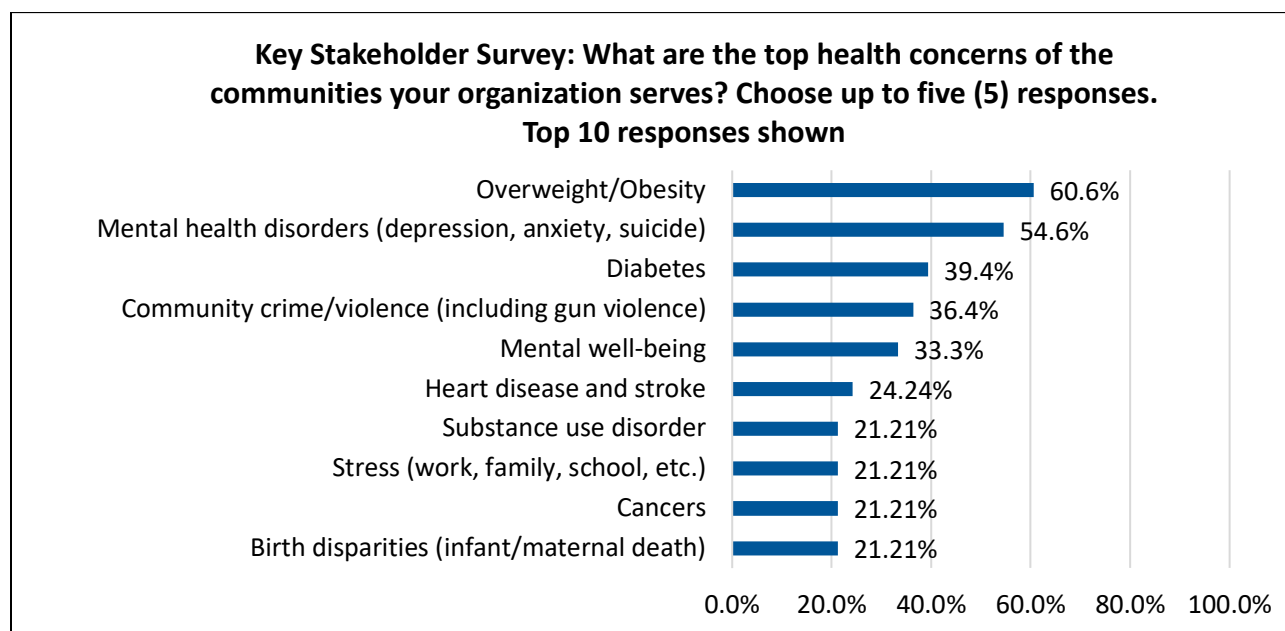
*"Arkansas State, Arkansas State-Newport and area schools have invested heavily in job training and preparing work ready individuals. We are just beginning to see recovery of the loss during COVID in this sector from my opinion."*

*"Besides university level education, vocational training is widely available to those seeking it."*

**Community Strengths**

- |   |   |
|---|---|
| ■ Access to green spaces and outdoor recreation | ■ Quality health care services  |
| ■ Arts and cultural opportunities               | ■ Resources for people with low income                                  |
| ■ Civic engagement and volunteerism             | ■ Social services programs  |
| ■ Community development efforts                 | ■ Statewide free breakfast and lunch program for students               |
| ■ Community support and connectedness           | ■ Strong anchor institutions  |
| ■ Early childhood education and opportunities   | ■ Widespread mental health awareness, integration and screening efforts |
| ■ Job training and education opportunities      |   |

Using these existing strengths and community assets, community partners can work together to improve health. When asked to name the top health concerns affecting the communities they serve, key stakeholder survey participants overwhelmingly identified *chronic conditions* (e.g., obesity, diabetes, heart disease) and issues related to *behavioral health* (e.g., mental health, substance use, stress). Other issues identified included *community crime/violence* and *birth disparities*. Key stakeholders' perceptions of these health concerns were in line with the secondary data statistics for the region, which showed that residents generally experience more health disparities related to these issues.



Community perception and public health data suggest many of the identified health concerns worsened in recent years because of the lingering impact of the COVID-19 pandemic (e.g., isolation, delayed health care), underlying SDoH factors, such as the rising cost of living and inequities in community experience and access to resources. More than 90% of key stakeholder survey participants rated *healthy food access and public transportation options* as “fair” or “poor.” Nearly 70% of participants rated *inclusion and appreciation of diversity in people and ideas* as “fair” or “poor” and nearly 90% of participants rated *public policies that promote health for all* as “fair” or “poor.” Stakeholders highlighted the need for more funding and greater representation in leadership to ensure leaders are well-informed and better equipped to address community needs.

#### STAKEHOLDER FEEDBACK:

*“There are a lot of food options in our town, but access to affordable healthy options is limited.”*

*“Funding--public or private--to support and sustain initiatives. Targeted leadership with knowledge in the areas that can also bridge the gap through proactive collaboration in our community.”*

*“Be more considerate and understanding of the needs that others may be facing; doing as much as we can to level the resources.”*

**STAKEHOLDER FEEDBACK:**

*"Review existing programs and coordinate strategies."*

*"More funding, equal leadership representation."*

*"There are many immigrants arriving to the area, and we need to foster programs to help them better integrate in the community."*

*"Prejudices are difficult to overcome and are taught (often at home). These require really getting to know people who are different from our normal population sets."*

*"Our public transportation system is almost non-existent in rural areas. Much needed medical care may be far away and no way to get there."*

When asked which SDOH to prioritize in order to have the biggest impact on the overall health of the people they serve, nearly 60% of key stakeholders selected *economic stability* (e.g. employment, poverty, cost of living) and *ability for everyone to have access to healthy foods to eat*. Nearly 50% of stakeholders selected the *ability for everyone to receive quality health care when they need it*.

### Community Challenges

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>■ Care and support for growing aging population</li> <li>■ Chronic condition prevention and management</li> <li>■ Community crime and violence, primarily within metro areas</li> <li>■ Economic and health disparities for people of color and income-constrained households</li> <li>■ Growing behavioral health concerns for adults and youth</li> <li>■ Health literacy</li> <li>■ Inequities in access to health and social services (e.g., food, health care)</li> </ul> | <ul style="list-style-type: none"> <li>■ Public transportation options, especially for rural residents</li> <li>■ Opportunities for economic mobility</li> <li>■ Public policy and financial investment in systemic issues</li> <li>■ Rising cost of living and lack of affordable housing, childcare, food and other basic needs</li> <li>■ Rural disparities in access to health and social services</li> <li>■ Widespread financial insecurity</li> </ul> |
|---|--|



## Community Health Priorities

To improve community health, it is imperative to prioritize resources and activities toward the most pressing and cross-cutting health needs. In determining health priorities on which to focus its efforts over the next three-year cycle, Baptist's leaders reviewed findings from the CHNA and sought to align with the health care system's health improvement programs and population health management strategies.

Baptist's leaders applied the following rationale and criteria to define community health priorities:

- Prevalence of disease and number of community members affected
- Rate of disease compared to state and national benchmarks
- Health differences between community members
- Existing programs, resources and expertise to address issues
- Input from community partners and representatives
- Alignment with concurrent public health and social service organization initiatives

The CHNA continued to support the following health issues as priorities across Baptist service areas:

- ▶ **Behavioral Health**
- ▶ **Chronic Disease**
- ▶ **Maternal and Child Health**

In addressing the identified priorities, Baptist outlined an overarching approach that addresses key areas of need identified in the CHNA. The approach is anchored by strategic pillars that improve access to care and services, build organizational capacity to drive change and strengthen communities.



**Identified Health Needs Not Addressed**

The CHNA consistently identifies cancer as a community health priority. While not a named priority within the CHNA, Baptist is addressing cancer as part of its broader chronic disease strategy and is committed to improving access to care and health outcomes for community members and their families affected by cancer.

Other health issues identified by community partners as significant health needs in our service area, and not named as priorities, include older adult health concerns and community crime and violence. Baptist is considering the needs of older adults as part of its broader strategies to improve behavioral health and chronic disease. Community crime and violence are significant needs affecting residents, particularly in Baptist's metro service areas. While not a named priority, the system is reviewing strategies to address community crime and violence as part of its work to strengthen communities. Baptist will consider these areas when developing nuanced and holistic strategies to improve identified priority areas. Baptist will also continue to collaborate with organizations that work on these issues and evaluate how it can support these partners.

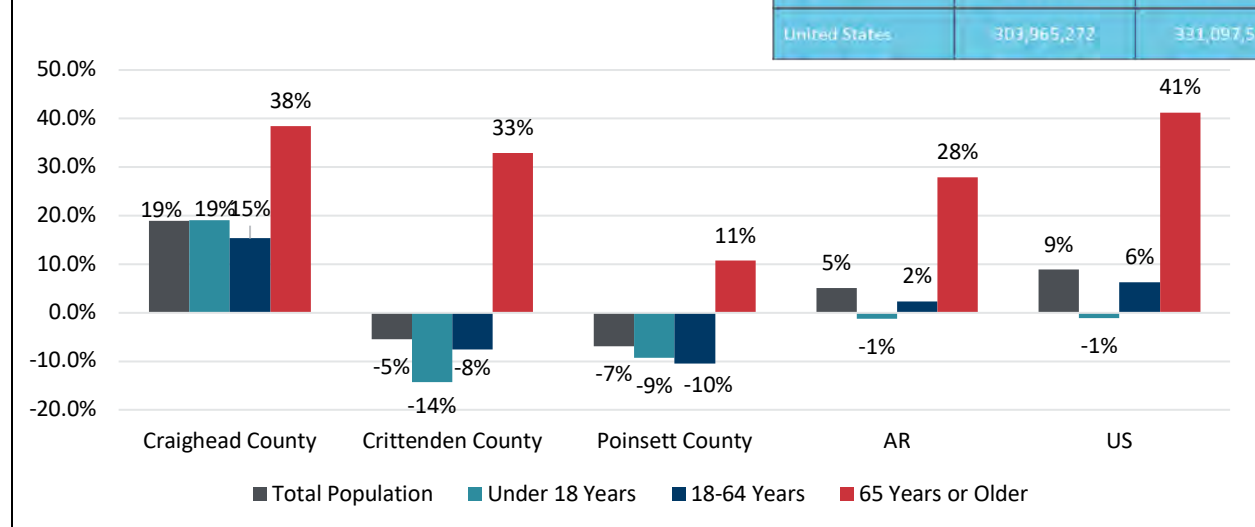
## Our Community and Residents

The Northeast Arkansas service area had a total population of 181,980 in 2022. Contrary to national population growth of nearly 10%, Crittenden and Poinsett counties saw population decline since 2010, while the total population in Craighead County increased nearly 20%. These findings reflect broader statewide trends of declining population within rural communities and in-migration of residents to areas offering economic opportunity and more robust services. All counties saw growth in adults aged 65 years or older.

**Total Population by Year**

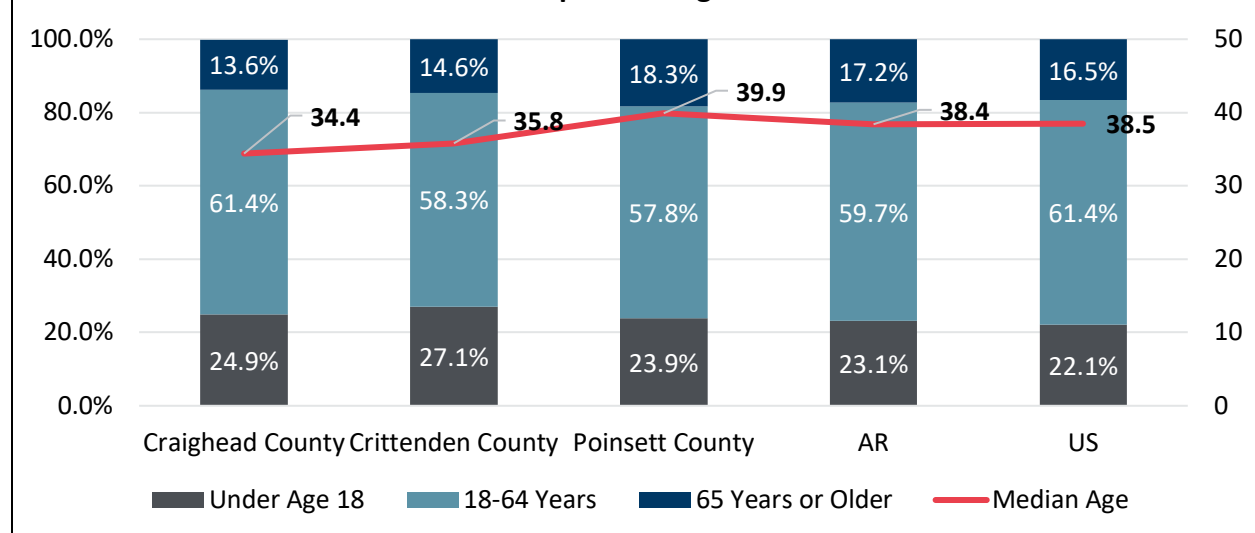
	2010	2022
Craighead County	93,329	111,038
Crittenden County	50,673	47,945
Poinsett County	24,703	22,997
Arkansas	2,872,684	3,018,669
United States	303,965,272	331,097,593

**Percent Population Change, 2010 to 2022**



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

**2018-2022 Population Age Distribution**



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

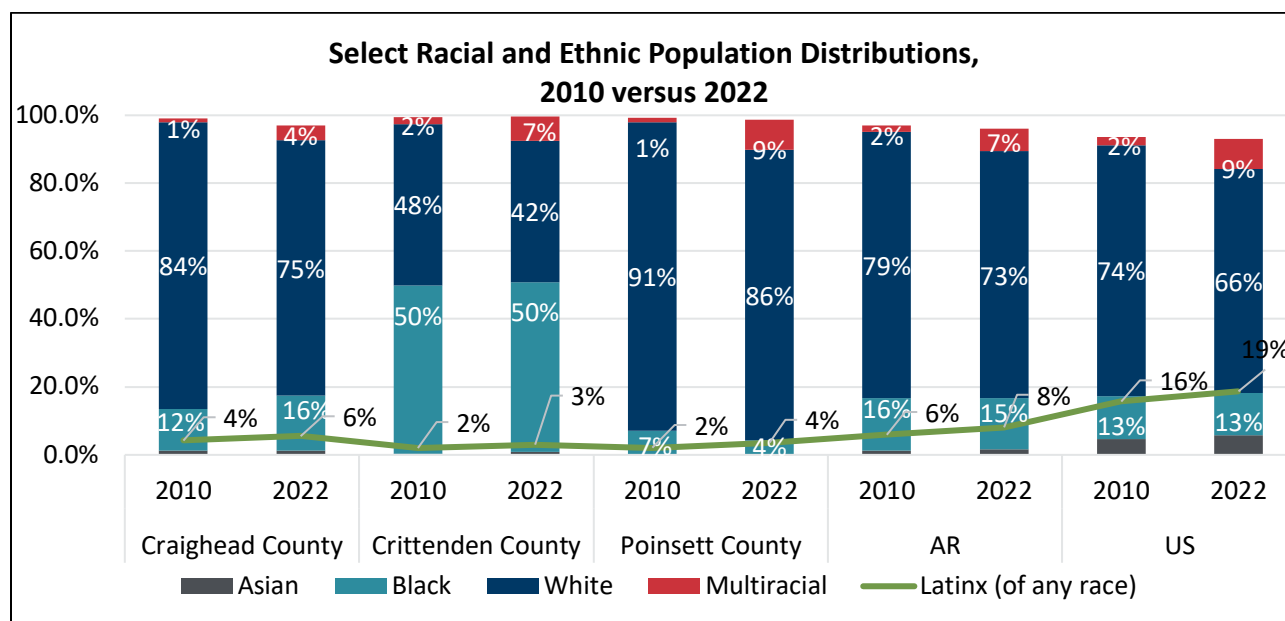
Disability is a physical or mental condition that limits a person's movements, senses or activities. Across the nation, 13% of the population and about 33% of older adults live with a disability. Within the Northeast Arkansas service, nearly 1 in 4 residents of Poinsett County experience a disability. Similar to Arkansas state overall, more than 40% of older adults in all counties experience a disability.

**2018-2022 Population With a Disability**

	Total Population	Population Under 18 Years	Population 65+
Craighead County	18.4%	9.2%	46.3%
Crittenden County	17.5%	6.8%	41.8%
Poinsett County	23.6%	8.3%	44.8%
Arkansas	17.7%	6.2%	40.8%
United States	12.9%	4.5%	33.3%

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

Similar to national trends, population diversity is increasing across the region. People of color, particularly those that identify as Black and/or African American, Latinx and/or multiracial, make up a larger portion of the population than in prior years. Crittenden County has the most diverse population in the region; more than half of residents identify as persons of color.



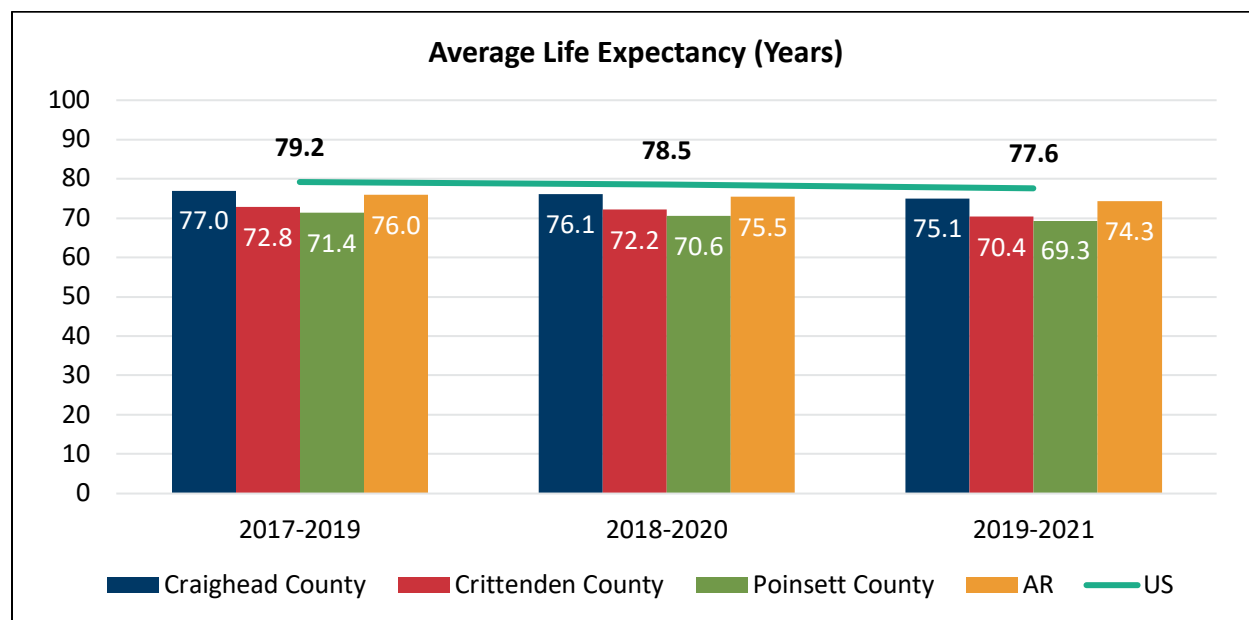
Source: U.S. Census Bureau, American Community Survey

## Measuring Health in Our Community

Life expectancy is a key measure of health and well-being within a community, often reflecting the underlying socio-economic and environmental factors. The Social Drivers of Health framework shows that at least 50% of a person's health profile is influenced by the socio-economic and environmental factors they experience. Understanding the effects of these and addressing the conditions in the places where people live are essential to improving health outcomes and advancing health equity.

*Life expectancy measures how long people generally live within the defined geography. It is the culmination of living conditions, health status, economic security and the overall experience of residents within a community.*

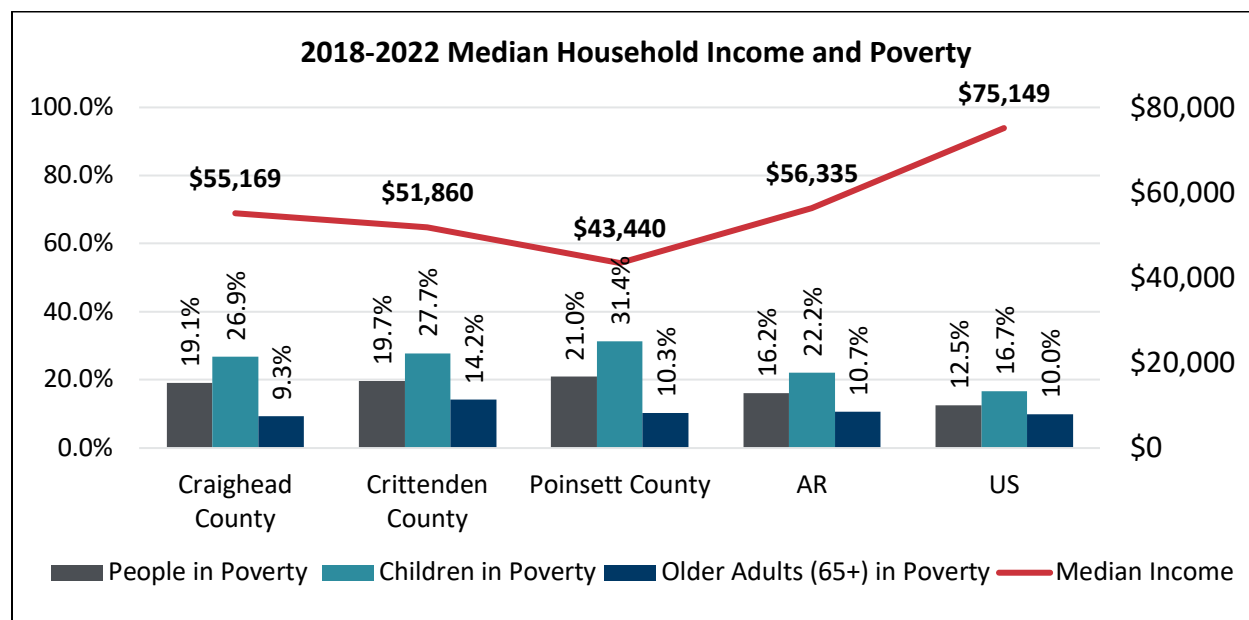
Within the Northeast Arkansas service area, residents may live an average of 69 to 75 years compared to the national average of nearly 78 years. Residents of Craighead County may live up to five years longer than those in neighboring counties and exceed statewide average life expectancy. Residents of Crittenden and Poinsett counties have among the lowest average life expectancies of any Baptist service county in the Mid-South, falling below the statewide average by four to five years. Differences in life expectancy between service area counties reflect community-level disparities in health and social well-being.



Source: Centers for Disease Control and Prevention

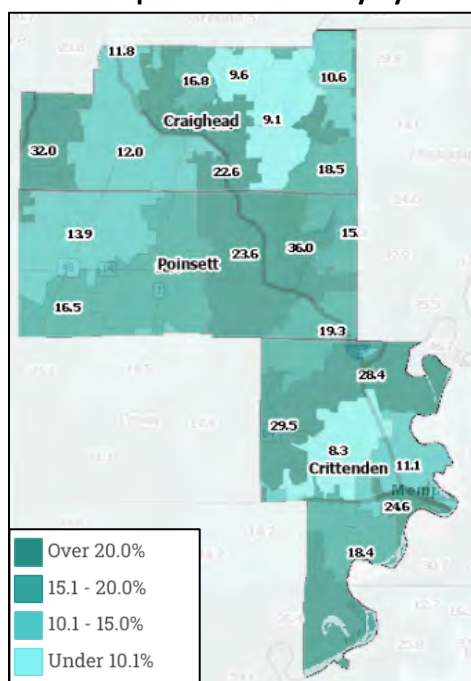


Arkansas state has higher poverty among all people, including children and older adults, than the nation. Experiences of poverty are generally consistent across service area counties with nearly 1 in 5 people, 1 in 4 children and 1 in 10 older adults living in poverty. Craighead County reports similar poverty levels as neighboring counties despite a higher median household income. This finding may indicate wealth disparity and a wide income gap between high- and low-income earners in Craighead County. Looking more closely at neighborhoods and populations, clear disparities are present across the region.



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

### 2018-2022 Population in Poverty by ZIP Code



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

The Health Resources and Services Administration Unmet Need Score (UNS) helps in allocation of resources — including primary and preventive health care services — across communities with higher unmet need based on social, economic and health status. The UNS evaluates ZIP codes using a weighted sum of 28 health and social measures with values ranging from 0 (least need) to 100 (greatest need).

Northeast Arkansas service area ZIP codes with a UNS value exceeding 70, meaning greater unmet need, are depicted below, along with select SDOH indicators.

**Northeast Arkansas Service Area ZIP Codes With an Unmet Need Score Exceeding 70  
and Select Social Drivers of Health Indicators (Years 2018-2022)^**

ZIP Code	Population in Poverty	Children in Poverty	No High School Diploma	No Health Insurance	UNS Score
Craighead County	19.1%	26.9%	9.8%	8.6%	
72421, Cash	32.0%	33.8%	25.2%	14.9%	76.50
72401, Jonesboro	27.5%	41.2%	11.7%	10.7%	75.66
72411, Bay	22.6%	32.5%	17.2%	7.8%	73.93
72419, Caraway	18.5%	24.7%	18.2%	5.5%	72.98
72447, Monette	10.6%	20.6%	9.5%	7.7%	71.18
Crittenden County	19.7%	27.7%	14.4%	8.6%	
72301, West Memphis	24.6%	34.1%	16.2%	9.7%	81.55
72384, Turrell	28.3%	49.2%	20.8%	7.2%	81.44
72331, Earle	29.5%	35.3%	27.1%	10.0%	80.21
72327, Crawfordsville	8.3%	2.3%	19.5%	7.3%	71.67
Poinsett County	21.0%	31.4%	18.2%	9.3%	
72365, Marked Tree	36.0%	61.8%	24.2%	12.4%	83.47
72479, Weiner	13.9%	21.3%	15.2%	4.8%	82.21
72354, Lepanto	15.3%	26.6%	23.3%	13.7%	81.07
72472, Trumann	23.6%	35.1%	20.7%	7.4%	81.05
72432, Harrisburg	16.4%	19.1%	11.1%	9.1%	76.58
72386, Birdsong	19.3%	38.3%	18.5%	7.5%	70.51
Arkansas	16.2%	22.2%	11.8%	8.8%	

Source: Health Resources and Services Administration and U.S. Census Bureau, American Community Survey

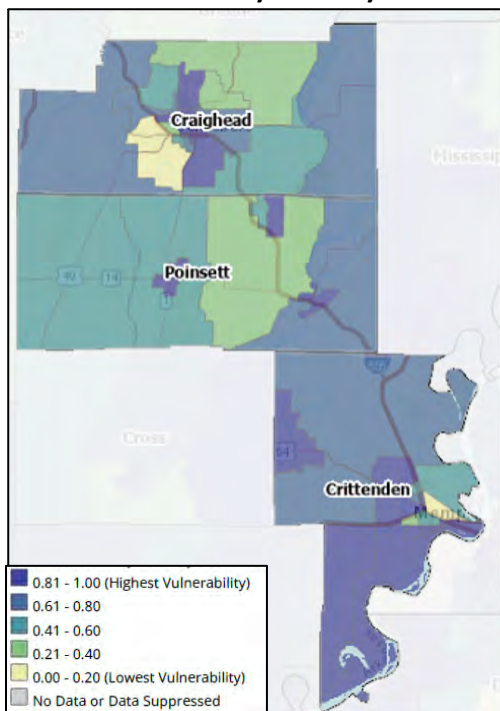
^Select SDOH indicators are shown to illustrate measures that influence the calculation of the Unmet Need Score.

The Social Vulnerability Index (SVI) goes a level deeper than the UNS to demonstrate vulnerability to health disparities at a census tract level. The SVI scores census tracts from 0.0 (lowest) to 1.0 (highest) vulnerability based on factors, such as poverty, lack of transportation and overcrowded housing.

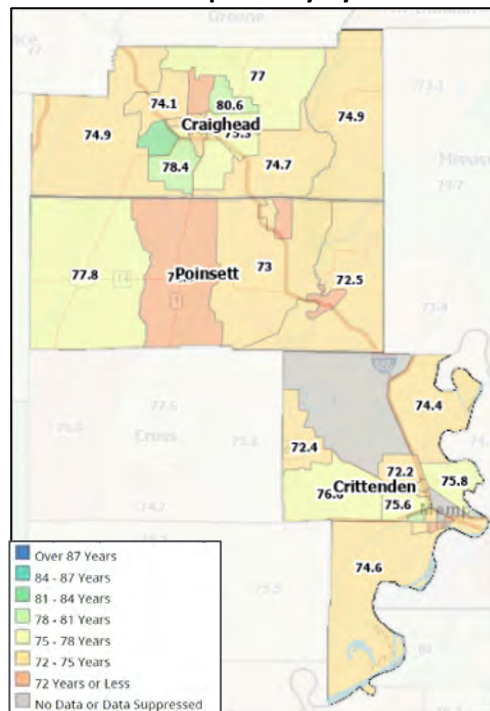
*Census tracts are small geographic regions defined for the purpose of taking a census and to be relatively homogeneous in terms of population characteristics, economic status and living conditions. Census tracts typically contain between 1,500 and 8,000 people.*

Examining the SVI in conjunction with average life expectancy demonstrates how social drivers of health affect health outcomes. High SVI values (0.81-1.00) exist in all service area counties and generally align with historical areas of lower average life expectancy. Within service area counties, historical data indicates potential for as much as a 10-year difference in average life expectancy between communities with the lowest and highest averages. While average life expectancy reflects historical data, SVI values are reported as recently as 2022.

**2022 Social Vulnerability Index by Census Tract**

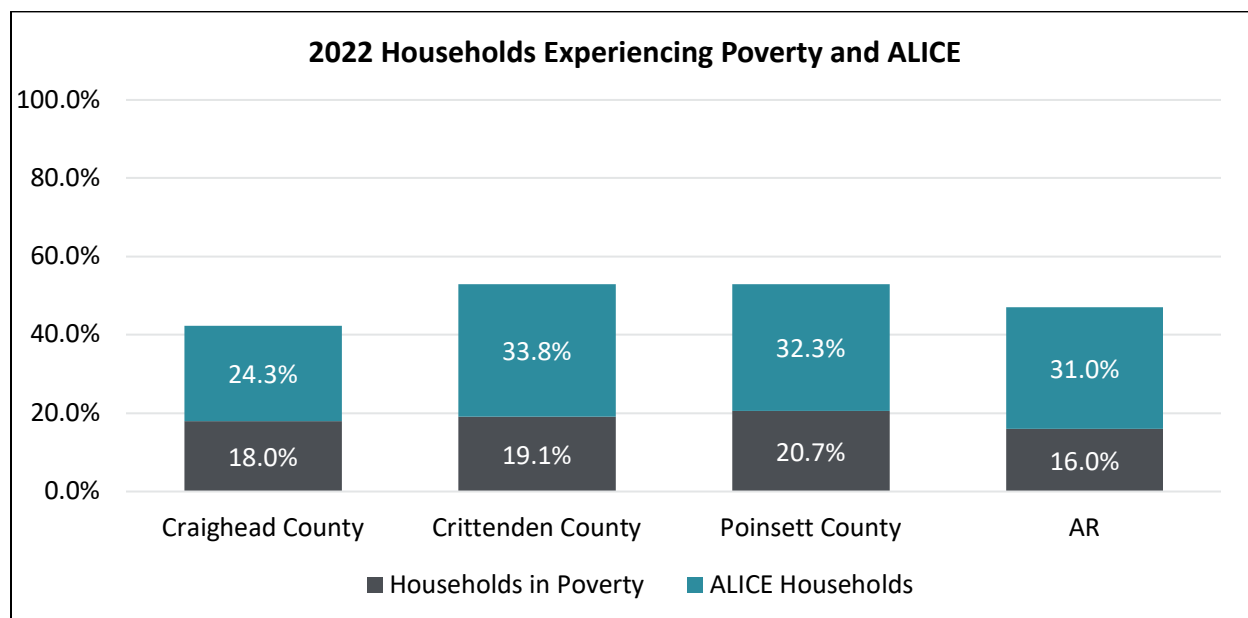


**2010-2015 Life Expectancy by Census Tract**



Source: Centers for Disease Control and Prevention

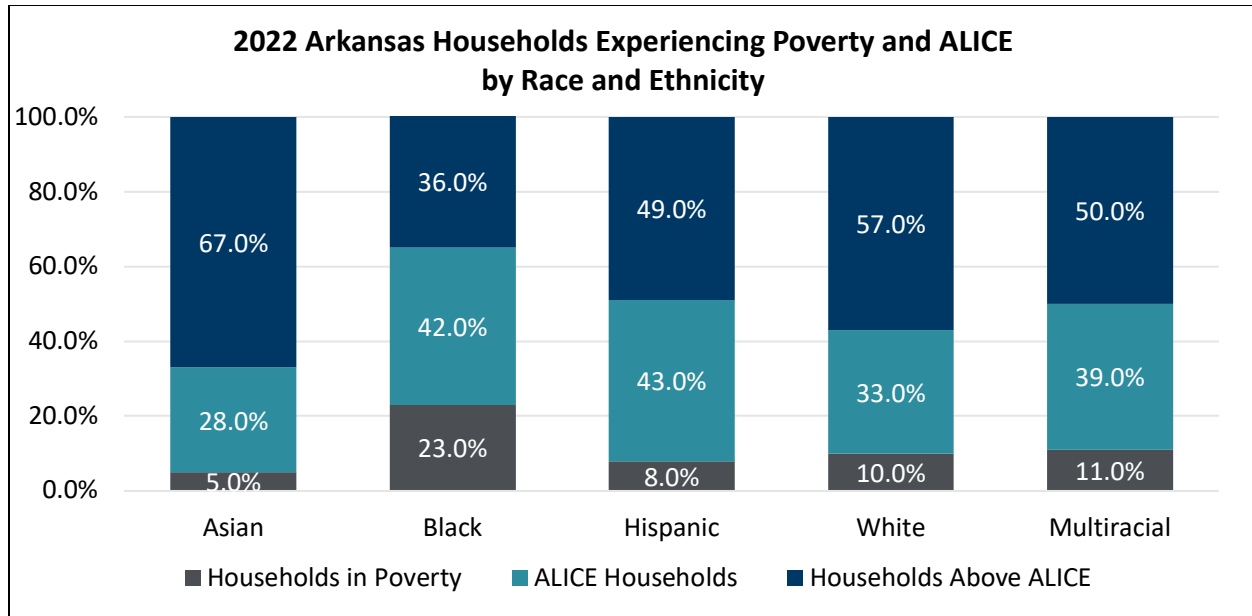
A growing number of families have income above the federal poverty level, but below the threshold necessary to meet basic needs. ALICE stands for **Asset Limited Income Constrained Employed** and represents working households that can't afford all the basics of housing, childcare, food, transportation, health care and technology. While the number of people living at or below the poverty level has declined, the number of ALICE households has increased nationwide, corresponding with rising costs of living. Across the Northeast Arkansas service area, approximately one-quarter to one-third of households are ALICE. When combined with households living in poverty, 50% or more of households in Crittenden and Poinsett counties experience financial hardship.



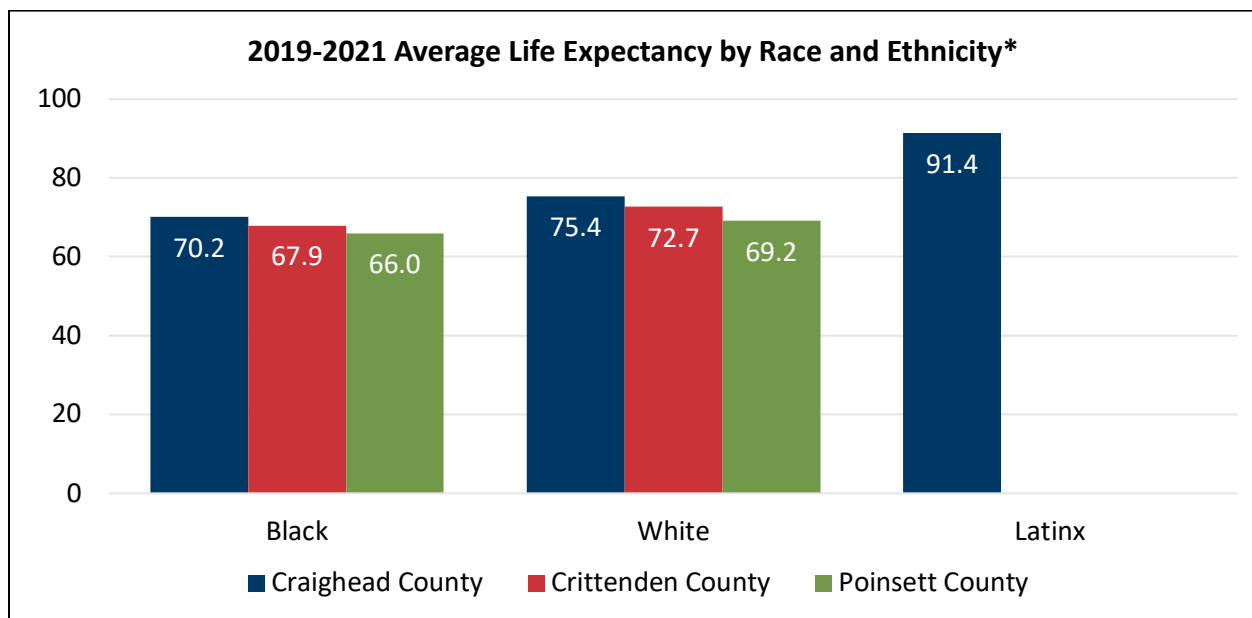
Source: United for ALICE

Financial hardship does not affect all people equally. Financial hardship rates differ substantially by race and ethnicity across Arkansas due to persistent and systemic racism, discrimination and geographic barriers that limit many families' access to resources and opportunities for financial stability.

These longstanding disparities have contributed to significant differences in health and well-being for people of color. Across the Northeast Arkansas service area, Black and/or African American residents have a lower average life expectancy than white residents living in the same community. In Craighead and Crittenden counties, Black and/or African American residents may live an average of five years less than their white counterparts.



Source: United for ALICE



Source: National Vital Statistics System

\*Data provided by race and ethnicity as available.

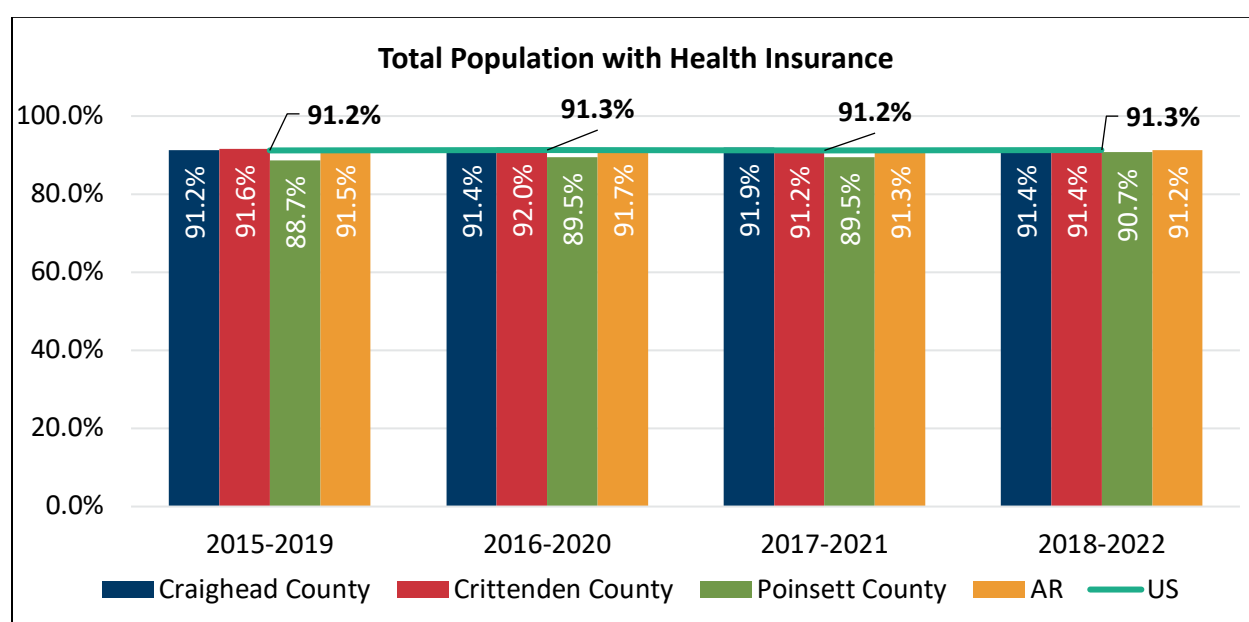


## Community Health Needs

The CHNA is a comprehensive study of health and socioeconomic indicators for the region. The following section highlights key health and well-being needs as determined by secondary data statistics and community stakeholder feedback.

### Access to Care and Services

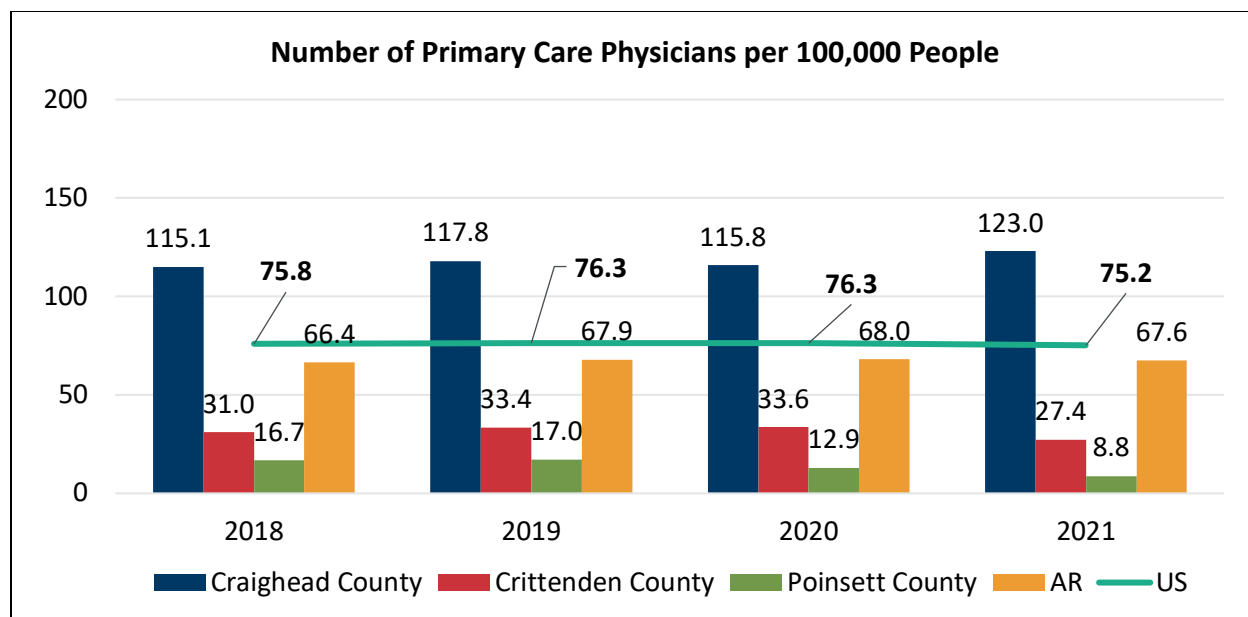
Health insurance coverage remained stable across the service area with approximately 91% of residents covered in 2022, a similar proportion as the state and nation. Access to primary care trends is better than the national average with approximately 75.0%-79.4% of adults receiving routine primary care compared to 74.2% of adults nationwide.



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

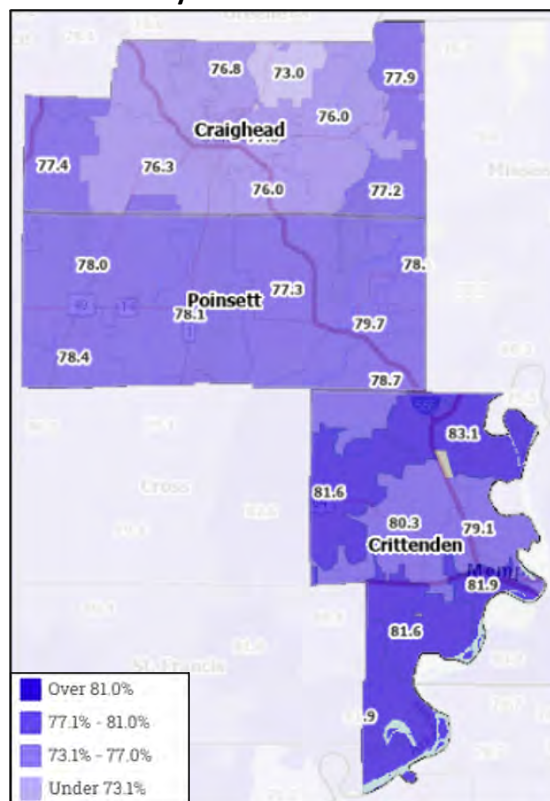
Having health insurance does not guarantee access to health care when residents need it. Provider availability and acceptance of insurances, distance and ability to travel to care, ability to pay for out-of-pocket costs and other barriers reduce residents' ability to prioritize their health and receive health care when they need it.

Primary care services are concentrated in Craighead County. The primary care provider rate in Craighead County (123 per 100,000 residents) is four to 14 times the rate for Crittenden (27.4 per 100,000 residents) and Poinsett (8.8 per 100,000 residents) counties. All counties are Health Professional Shortage Areas (HPSAs) for people with low income. When viewed by ZIP code, residents of the North Jonesboro community are less likely to receive routine primary care services compared to neighboring communities, a finding that community stakeholders associated with high social vulnerability and lack of community-based services.



Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services

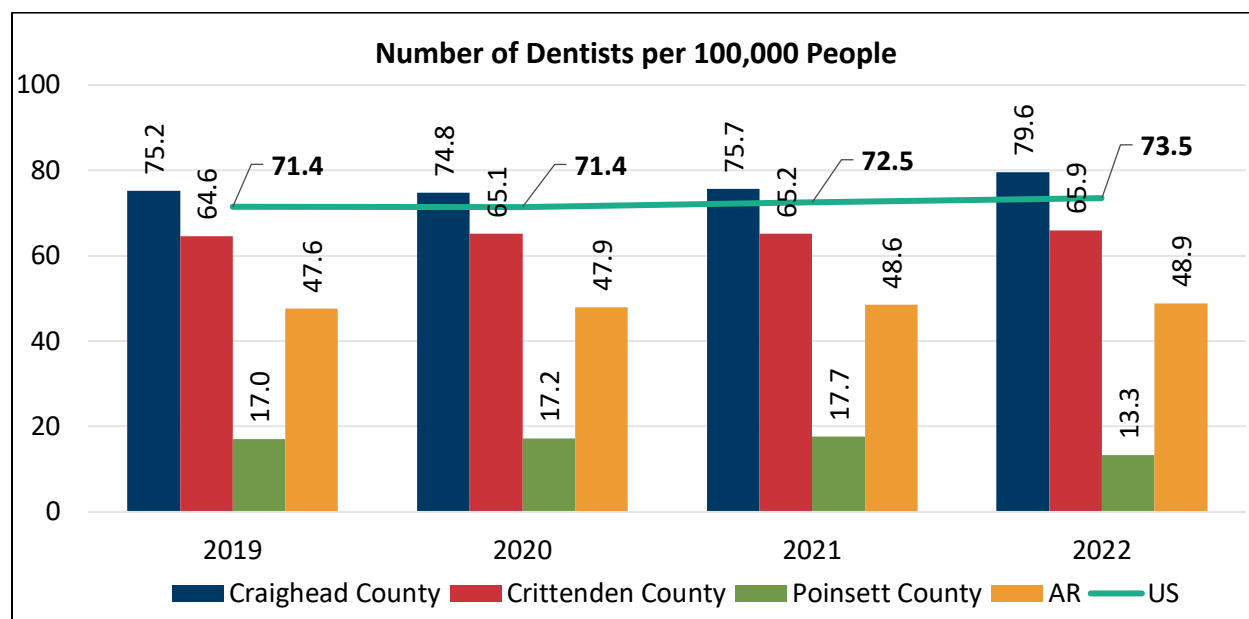
#### 2022 Adults With a Primary Care Visit Within the Past Year by ZIP Code



Source: Centers for Disease Control and Prevention

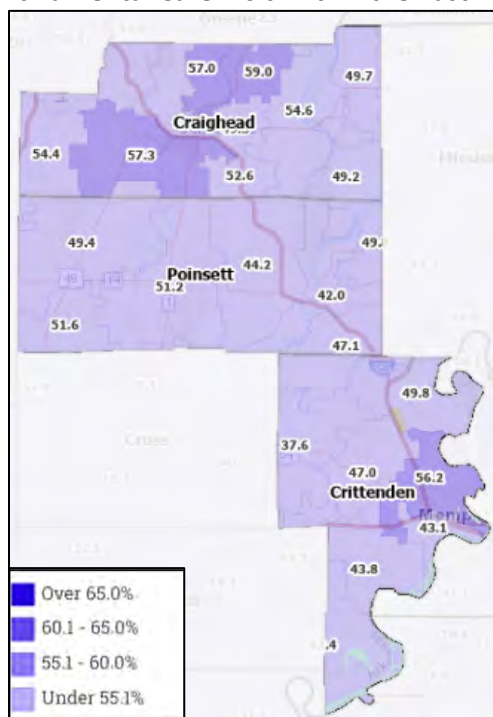
Access to dental care is also limited in Poinsett County, where the dental provider rate is less than one-third the statewide provider rate. Poinsett County is an HPSA for people with low income. All three counties have fewer adult residents receiving routine dental care when compared to state and national

averages. Approximately 52% of Craighead County adults receive routine care compared to 46% of Crittenden County adults and 44% of Poinsett County adults; state and national averages are 55.5% and 63.4%, respectively.



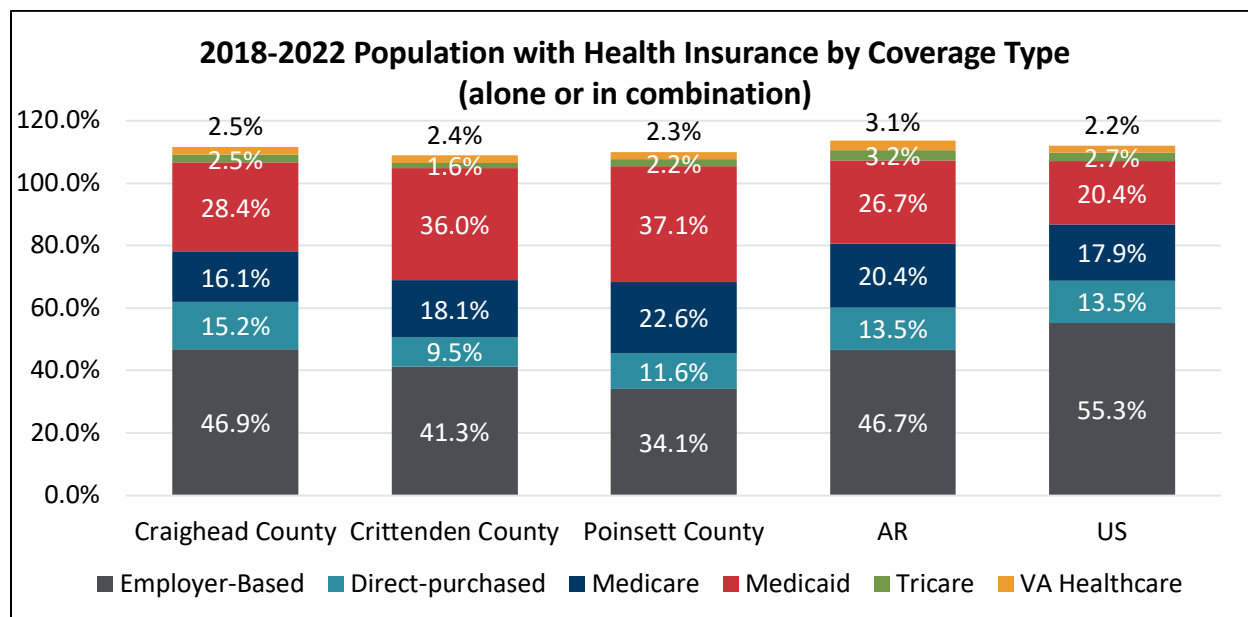
Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services

#### 2022 Adults With a Dental Care Visit Within the Past Year by ZIP Code



Source: Centers for Disease Control and Prevention

Cost of care is a significant barrier to health care. Approximately one-quarter to one-third of insured residents in Craighead, Crittenden and Poinsett counties have Medicaid, the government health coverage available to eligible people with low income. Community stakeholders noted that many families with private insurance have high-deductible health plans and avoid services because of high out-of-pocket costs.



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

Community-wide low health literacy further limits access to benefits and care. Community stakeholders perceived that many residents have a third grade reading level that prevents them from understanding or accessing services, including Medicaid and other social benefit programs. They recommended more programs and staffing to assist residents to understand their medical needs and complete application forms.

Transportation is a key limiting factor for accessing care and other resources, especially for residents in more rural areas. The region has limited public transportation options. Key stakeholder survey participants recommended expansion of existing public transportation and increasing community services to better serve rural communities.

#### STAKEHOLDER FEEDBACK:

*"Our public transportation system is almost non-existent in rural areas. Much needed medical care may be far away and no way to get there."*

*"[We need] transportation to health care or rural clinics."*

Community representatives also emphasized the need for more community-based resources, such as mobile clinics and school-based health clinics, and community-based advocates like community health workers (CHWs) to address access disparities. Schools have become frontline providers for health and

social services for students and their families. Cross-sector community collaboration is needed to support schools in this role and to develop sustainable models for school-based health clinics.

The Northeast Arkansas service area is home to a growing number of immigrants, many of whom face discrimination from residents and have trouble meeting their basic needs and accessing social benefit programs. The service area also has limited bilingual health care services. These challenges contribute to health care access barriers and unique physical and mental health concerns. Stakeholders identified the need for more programs designed to help immigrants integrate and thrive within the community.

#### STAKEHOLDER FEEDBACK:

*“There are many immigrants arriving to the area, and we need to foster programs to help them better integrate in the community.”*

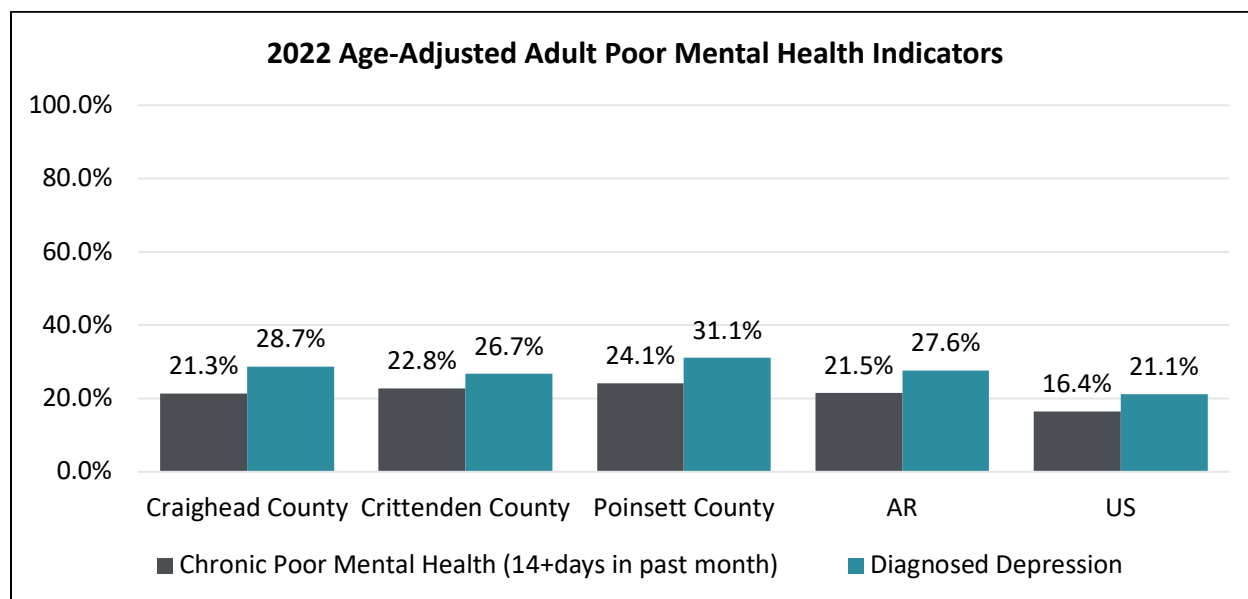
#### Community Recommendations to Improve Access to Care

- Advocate for policies that address health disparities and inequities.
- Create regular opportunities for multi-agency collaboration to address policy, community problem-solving and funding issues.
- Elevate trusted community voices to deliver health education and guide residents in navigating systems; intentionally collaborate and engage with faith groups and grassroots organizations.
- Improve residents’ literacy in benefits, health care navigation and healthy lifestyles.
- Increase access to quality medical care for uninsured, underinsured and/or rural residents.
- Increase health care access points beyond bricks and mortar, as well as community-based outreach staff and advocates (e.g., community health workers).
- Increase health insurance enrollment programs.
- Provide curriculum development support for schools on required health topics (e.g., gun violence, breastfeeding).
- Provide point of care language services (e.g., interpreters).
- Provide mobile and school-based health clinics to reach communities underserved by health care services.



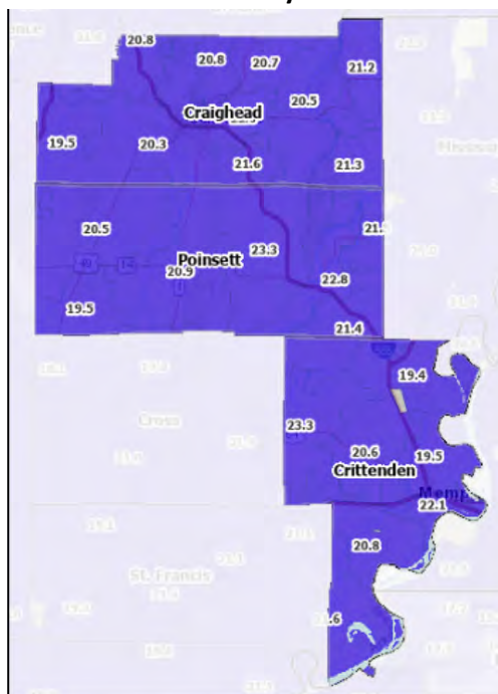
## Behavioral Health

Mental distress is a growing health concern across the service area, state and nation. In 2022, more than 1 in 5 adults across the Northeast Arkansas service area reported chronic poor mental health (14 or more days of poor mental health in the past month), and more than 1 in 4 adults reported a diagnosed depression disorder. When viewed by ZIP code, resident experiences of mental distress were consistently high across the service area, crossing geographic and socioeconomic lines.



Source: Centers for Disease Control and Prevention

### 2022 Adults With Chronic Poor Mental Health by Northeast Arkansas Service Area ZIP Code



Source: Centers for Disease Control and Prevention

Partners identified growing behavioral health needs in the community, including challenges faced by individuals experiencing homelessness, a rise in alcohol poisoning and overdoses and increasing anxiety and fear among youth driven by social media and constant exposure to global tragedies.

When asked to identify top barriers to behavioral health care, partners identified insurance coverage gaps and availability of providers, challenges in workforce development, retention and recruitment and concern about costs of care, especially for the uninsured and underserved. The mismatch between demand and capacity means many individuals seeking services cannot get timely help. Recruitment and retention in the field are difficult because of low reimbursement rates for behavioral health providers and the perception that professionals are overworked, deterring new entrants into the field.

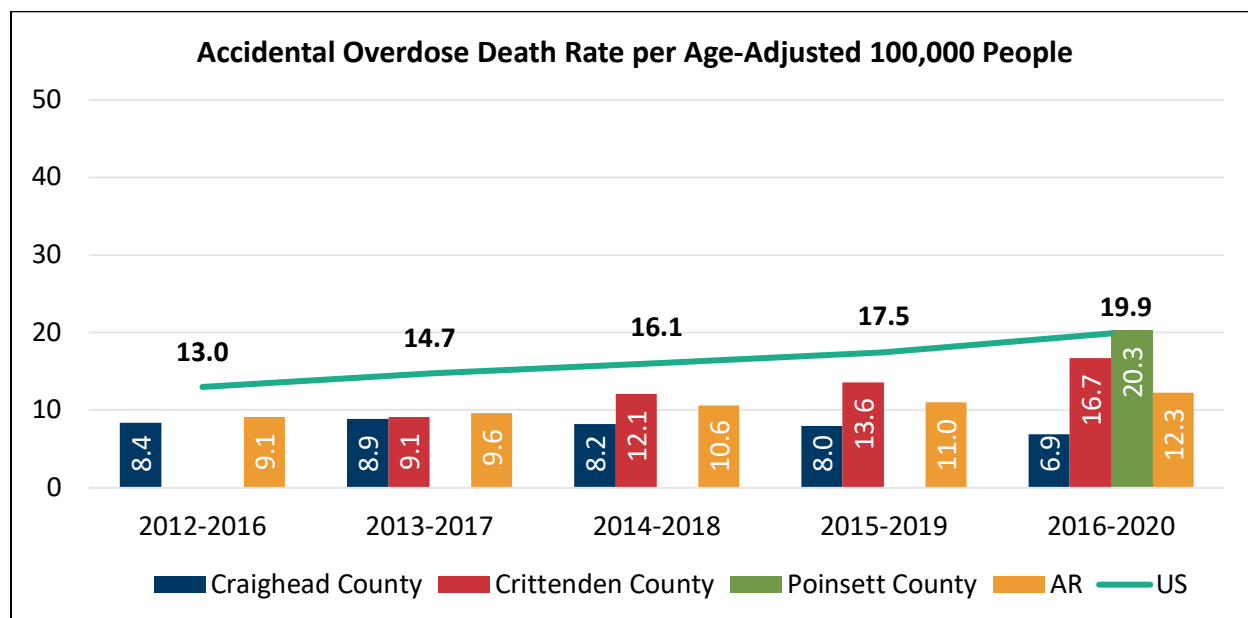
Political divides have also impacted services. Recently, community funding for a homeless shelter and the library were cut because of controversial issues. Many feel the community is divided, limiting progress on needed services.

#### STAKEHOLDER FEEDBACK:

*"More people want services than we can provide."*

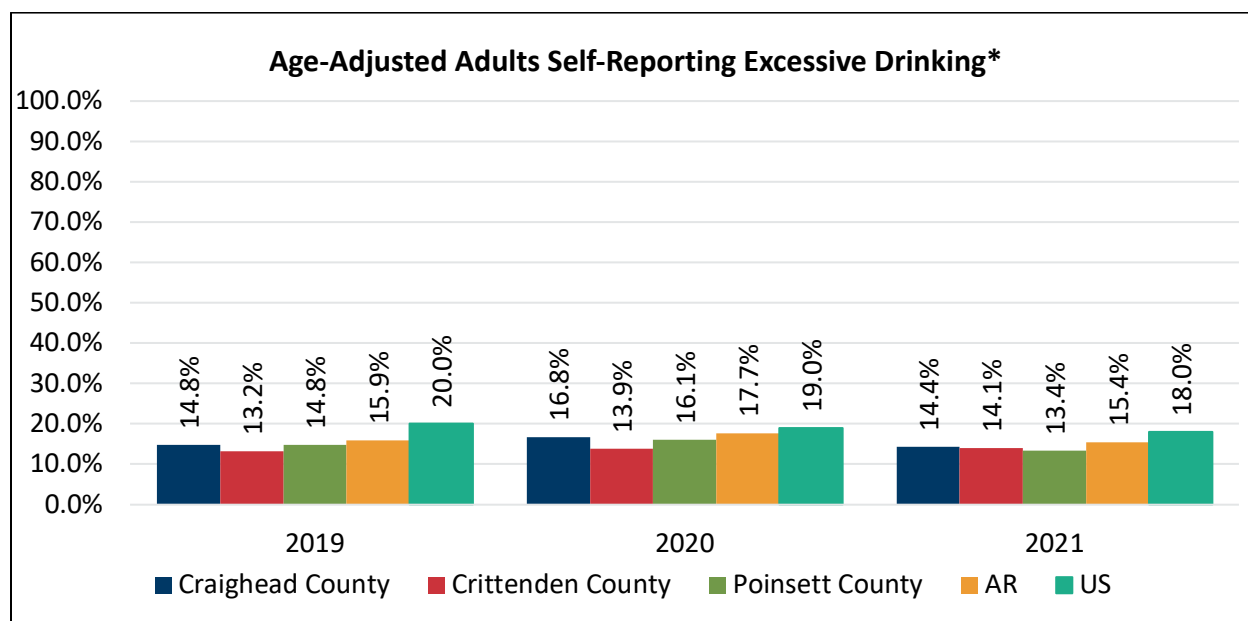
*"People won't talk to each other based on their political affiliation."*

Mental health and substance use disorders are often co-occurring conditions. The accidental overdose death rate has increased statewide and in Crittenden County. Historical data are not reported for Poinsett County because of low death counts but 2020 data indicate a rate of death nearly double the statewide death rate. Craighead County saw a general decrease in deaths since 2017.



Source: Centers for Disease Control and Prevention

The Northeast Arkansas service area has historically had fewer adults reporting excessive drinking, including heavy and binge drinking, than the state and nation. Recent trends indicate growing need within Crittenden County with annual increases since 2019.



Source: Centers for Disease Control and Prevention

\*Includes heavy and binge drinking.

Youth were perceived by key stakeholder survey participants as one of the most at-risk populations for behavioral health concerns, largely due to COVID-19 impacts (e.g., isolation, developmental delays) and the effects of the opioid crisis on parents and other caregivers.

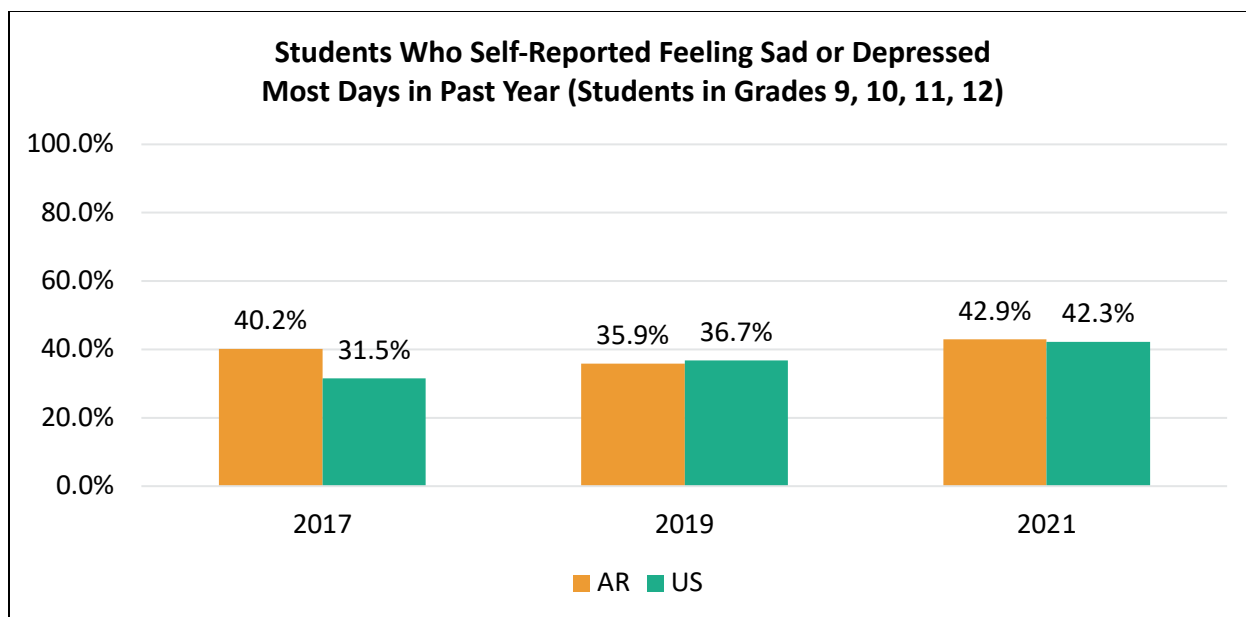
In 2021, more than 40% of high school students statewide reported feeling consistently sad or depressed. As of 2021, approximately 10.4% of Arkansas students reported an attempted suicide, consistent with students nationwide. Self-reported cigarette and e-cigarette use by high school students is generally higher in Arkansas compared to the nation.

Community stakeholders reported that youth are struggling with anxiety, fear and pressure, much of it tied to social media, school violence and unstable home environments. Many children are living in nontraditional households—being raised by grandparents or caring for younger siblings. Social media contributes to unrealistic expectations and the pursuit of instant gratification, shaping identity and emotional regulation through online platforms. A lack of recreational spaces creates a sense of isolation. Parents are overwhelmed by demands on their time and growing financial insecurity, contributing to lack of family support.

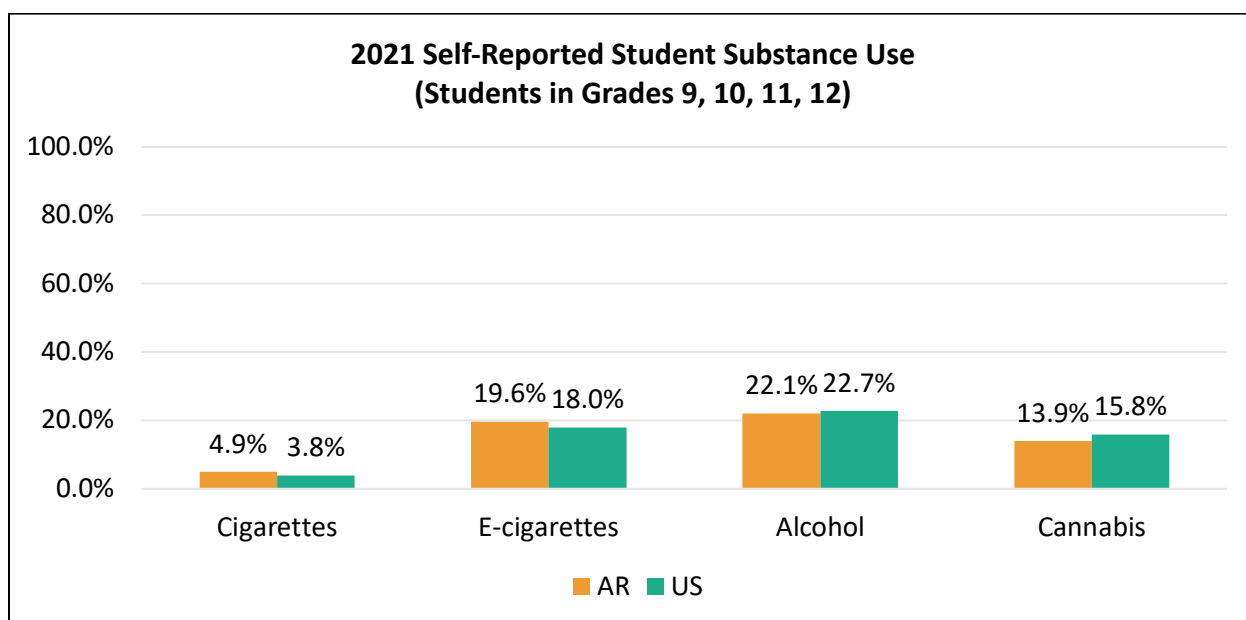
#### STAKEHOLDER FEEDBACK:

*"When we were in school, we didn't know about the school shootings that happened last week."*

*"Everything being built is pizza places and banks."*

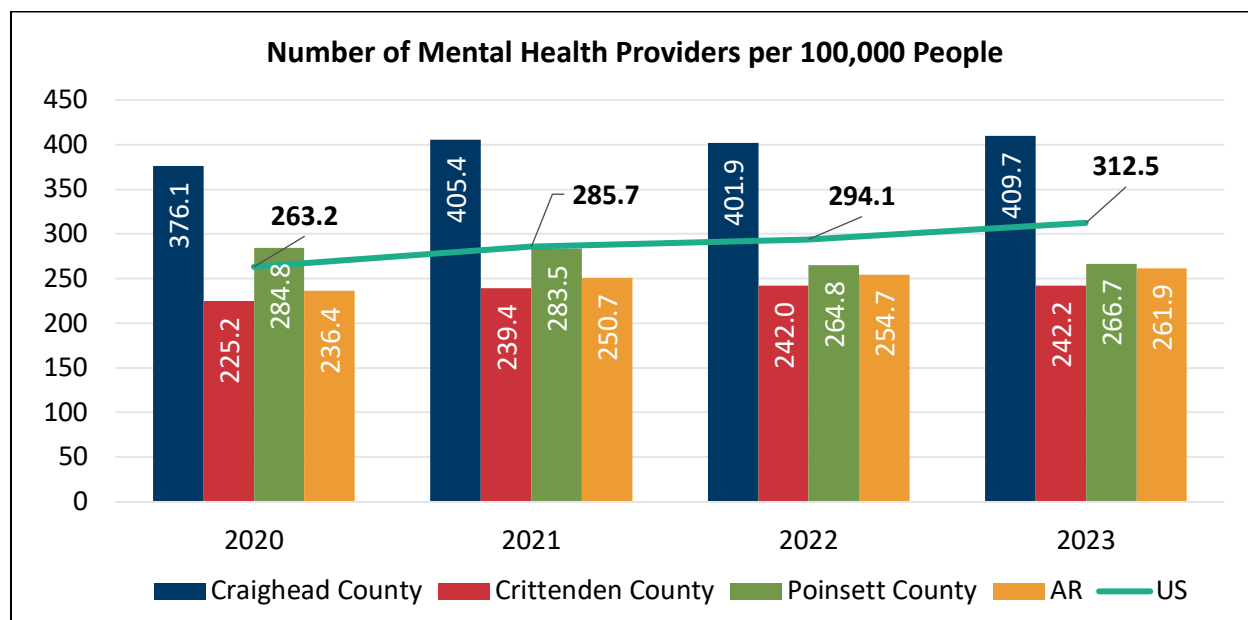


Source: Centers for Disease Control and Prevention



Source: Centers for Disease Control and Prevention

Availability of mental health and substance use disorder providers has generally increased across the service area. Access to services is concentrated in Craighead County with a provider rate nearly double that of Crittenden and Poinsett counties, although Craighead County is an HPSA for people with low income. Poinsett County is also an HPSA for people with low incomes and Crittenden County is a high needs HPSA, a finding that may reflect more prevalent mental health concerns and socioeconomic barriers.



Source: Centers for Medicare & Medicaid Services

\*Includes those specializing in psychiatry, psychology, mental health, addiction or counselling.

Community stakeholders viewed behavioral health concerns as a crisis for the Crittenden County community. Many individuals have untreated behavioral health conditions and are incarcerated or on the streets because of the lack of local resources, counseling and long-term support. Local professionals noted that substance use is common among their clients, and there is a pressing need for addiction recovery programs that offer housing and extended care. Mental health services are especially limited—there is no dedicated facility in the area.

#### STAKEHOLDER FEEDBACK:

*“There are a lot of people going to jail because they don’t have help for mental health.”*

*“See similar issues all the time – parents have to call police on their children because they don’t have another option.”*

**Community Recommendations to Improve Behavioral Health**

- Establish a local Sexual Assault Nurse Examiner (SANE) program (Crittenden County).
- Expand extended-stay facilities to serve people with acute or chronic mental and substance use disorders.
- Expand youth counseling and programs for positive peer engagement (e.g., after-school and summer youth programs, outdoor/nature-based activities, life skills programming).
- Explore small, local efforts to rebuild community connection and support; combat the loneliness epidemic and build community cohesion.
- Increase awareness of behavioral health and available services; leverage trusted messengers within communities to bridge information gaps and normalize conversations about behavioral health.
- Increased access and funding for mental health care (e.g., social workers, community-based mental health facilities), particularly for uninsured and Medicaid insured populations.
- Intentionally collaborate and engage with faith organizations to promote sources of community belonging and youth programming.
- Offer community-based training (e.g., Mental Health First Aid) to help school personnel, family members, youth and human service providers recognize mental health symptoms and respond appropriately.
- Offer or sponsor training sessions (e.g., trauma-informed care, community service awareness, basic counseling) for hospital and partner agency staff.

## Chronic Disease Prevention and Management

Northeast Arkansas service area residents generally have higher prevalence and death from chronic disease, largely due to underlying socioeconomic disparities. Key stakeholder survey participants emphasized the need for more wellness-focused strategies in the service area to shift from treating disease to preventing it. Suggestions included community wellness programs (e.g., nutrition education); access to affordable healthy foods, specialized medicine and recreation opportunities; and improved collaboration and support for community social services.

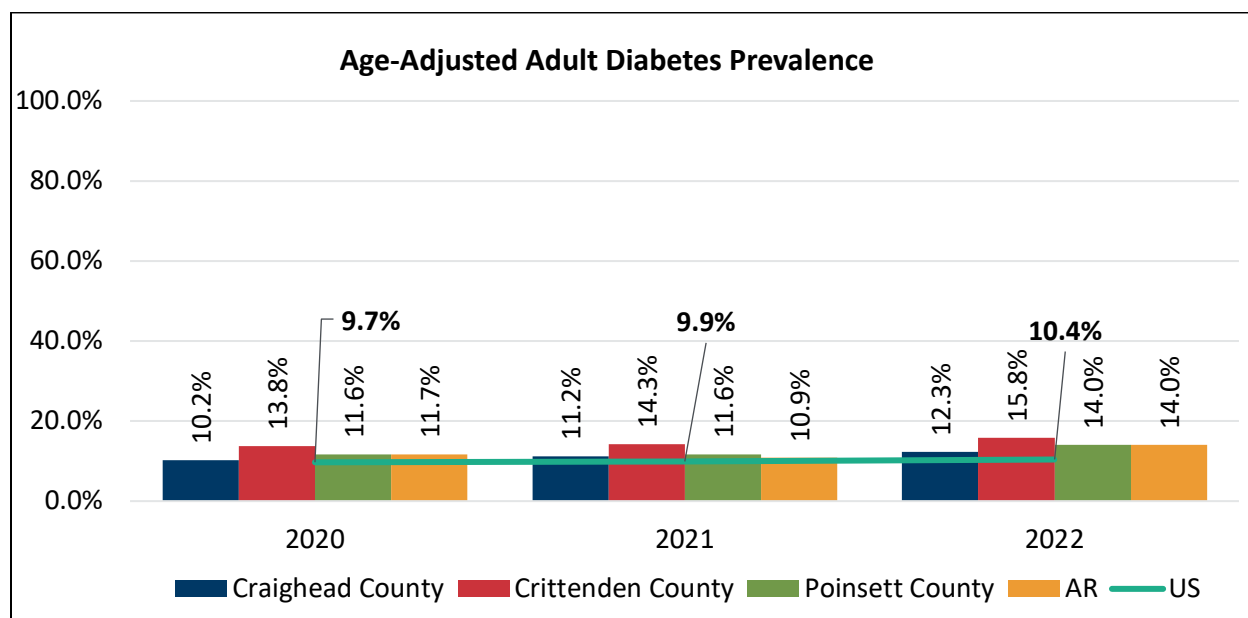
### STAKEHOLDER FEEDBACK:

*"One of the schools in Jonesboro has a program that educates young students in, 'food heritage and histories,' and where students learn to grow vegetables. It's a good start and if these children can take this knowledge and the skills with them, perhaps they can start/encourage community gardens. I would like to see something like this expanded into more impoverished areas that we serve."*

*"[We need] legislation to provide more respite care opportunities for caregivers, access to resources for rural areas and health disparities for disproportionately affected population."*

*"I would like to see nutritional education begun in elementary schools."*

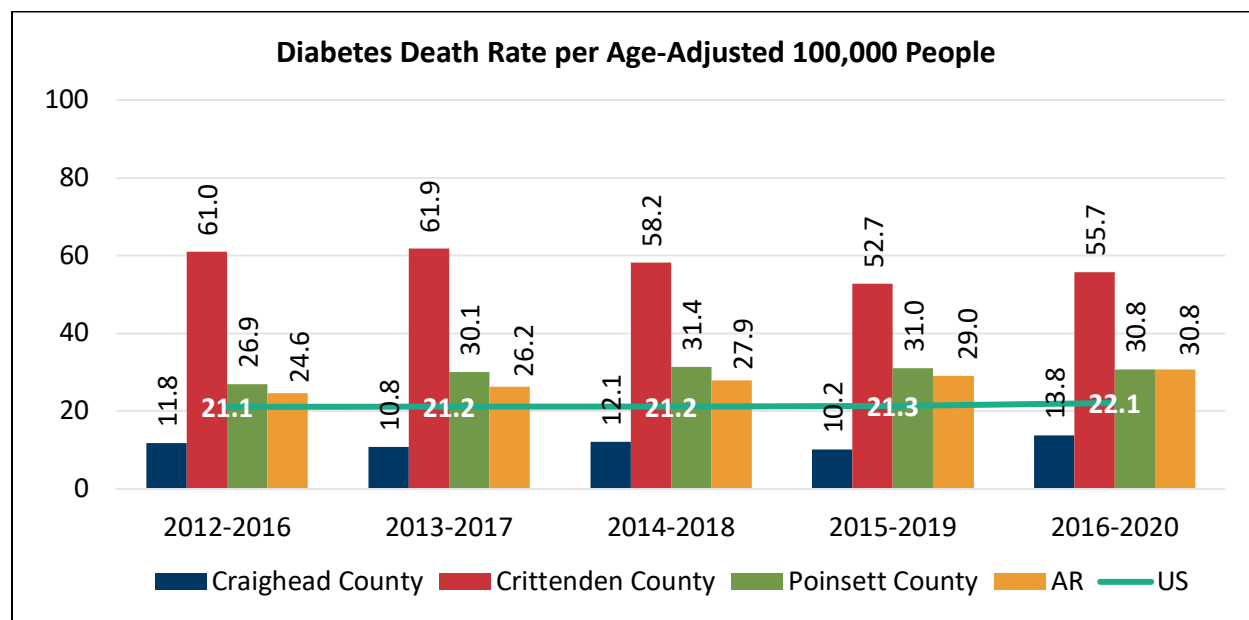
Diabetes prevalence increased across the nation and in the service area since 2020. Arkansas residents are more likely to be diagnosed with diabetes than their peers nationwide. Within the service area, diabetes prevalence is higher in Crittenden and Poinsett counties than Craighead County.



Source: Centers for Disease Control and Prevention

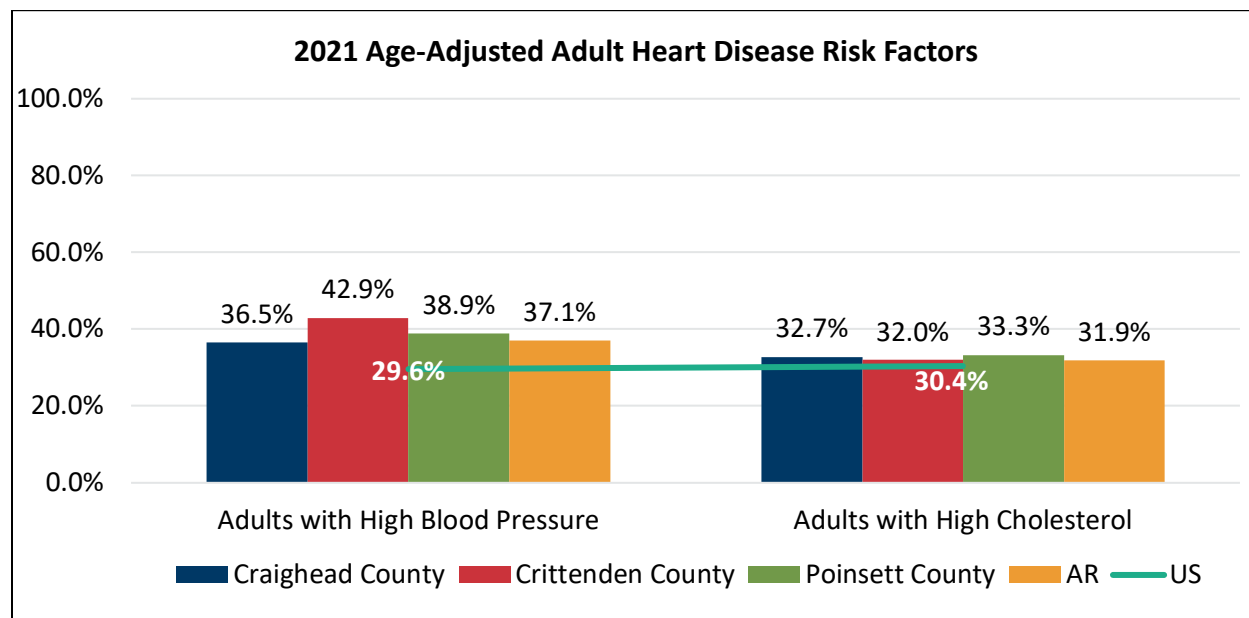


More residents of Crittenden County experience diabetes and there are fewer health care resources available for residents, contributing to disease prevention and management barriers. Crittenden County had a diabetes death rate of 55.7 per 100,000 in 2020, more than two times higher than the national rate of death. The rate of death generally increased across the service area in 2020, likely due in part to the pandemic-related delays in care and should continue to be monitored when more recent data is made available.

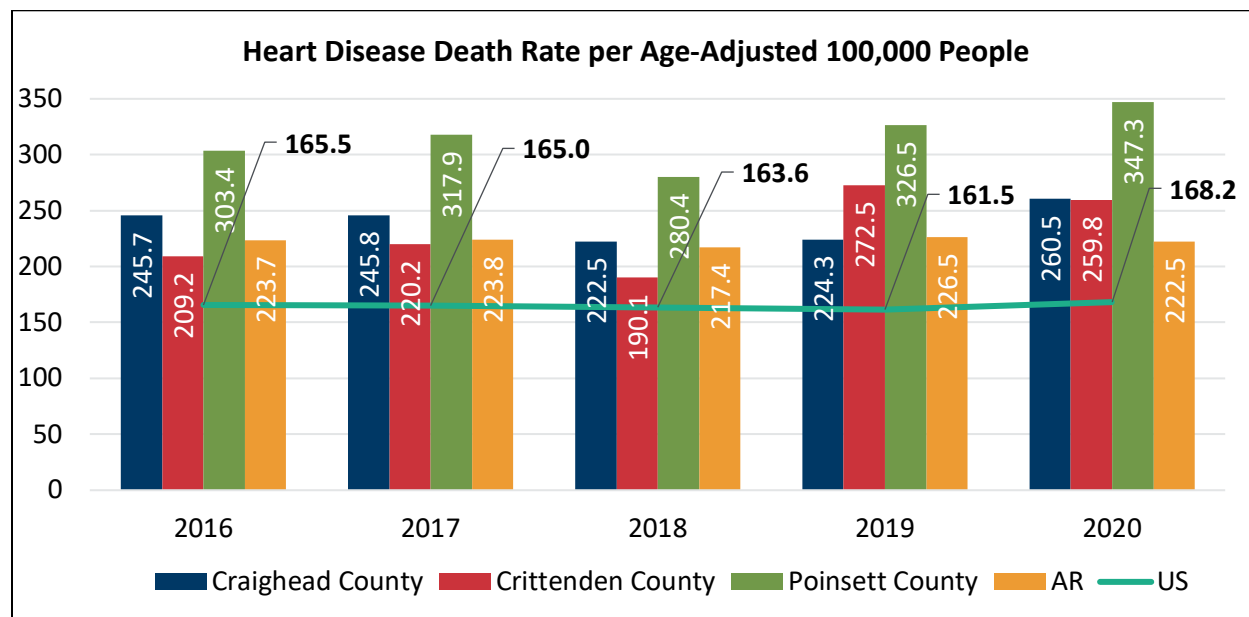


Source: Centers for Disease Control and Prevention

Heart disease prevention efforts are needed across the service area, particularly to address concerns of high blood pressure. More than one-third of adults in the service area, including 43% of Crittenden County adults, have been diagnosed with high blood pressure. Heart disease death rates are higher in the service area compared to the state and nation with Poinsett County exceeding neighboring counties.

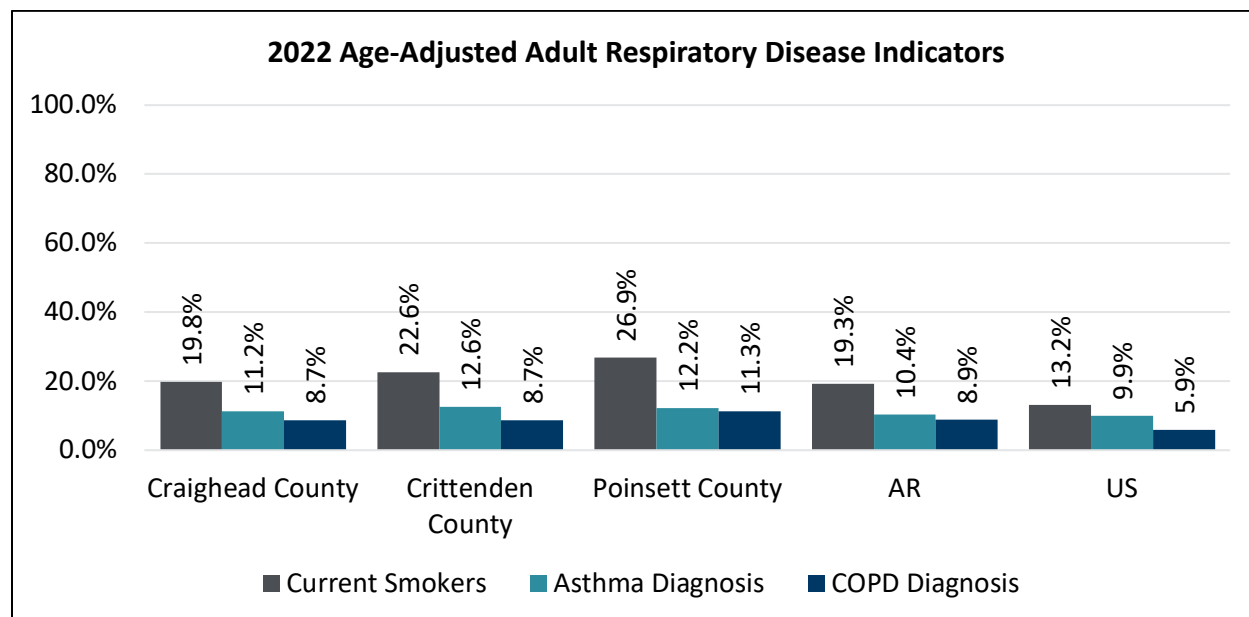


Source: Centers for Disease Control and Prevention

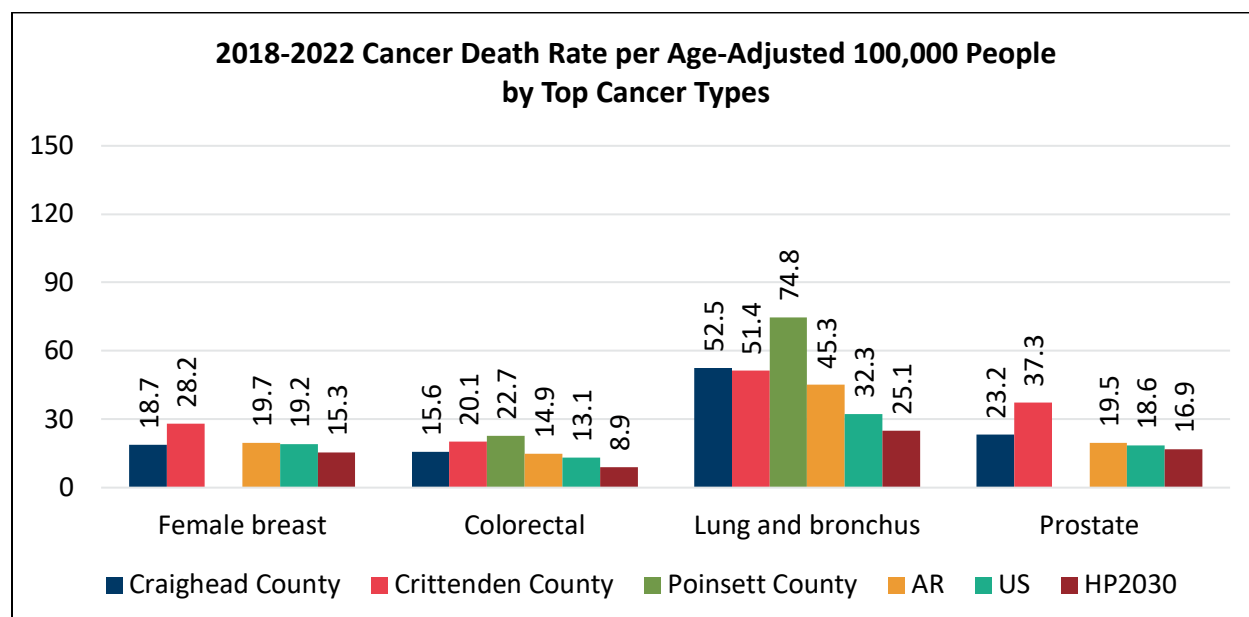


Source: Centers for Disease Control and Prevention

Adults in the service area are more likely to smoke than their peers statewide and nationally, with approximately 20%-27% of adults reporting current cigarette use. Asthma, chronic obstructive pulmonary disorder (COPD) and lung cancer, all chronic conditions strongly linked to cigarette use, as well as environmental factors, such as air pollution, are more prevalent across the counties when compared to the state and/or nation.



Source: Centers for Disease Control and Prevention



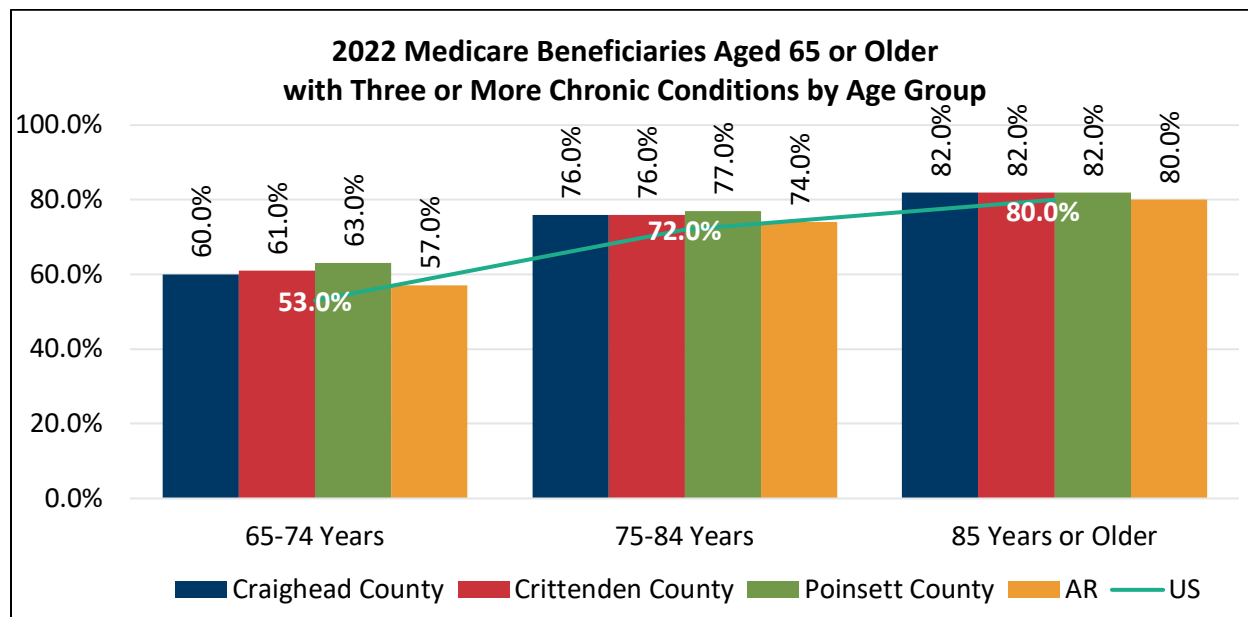
Source: Centers for Disease Control and Prevention

\*Data shown by county as available.

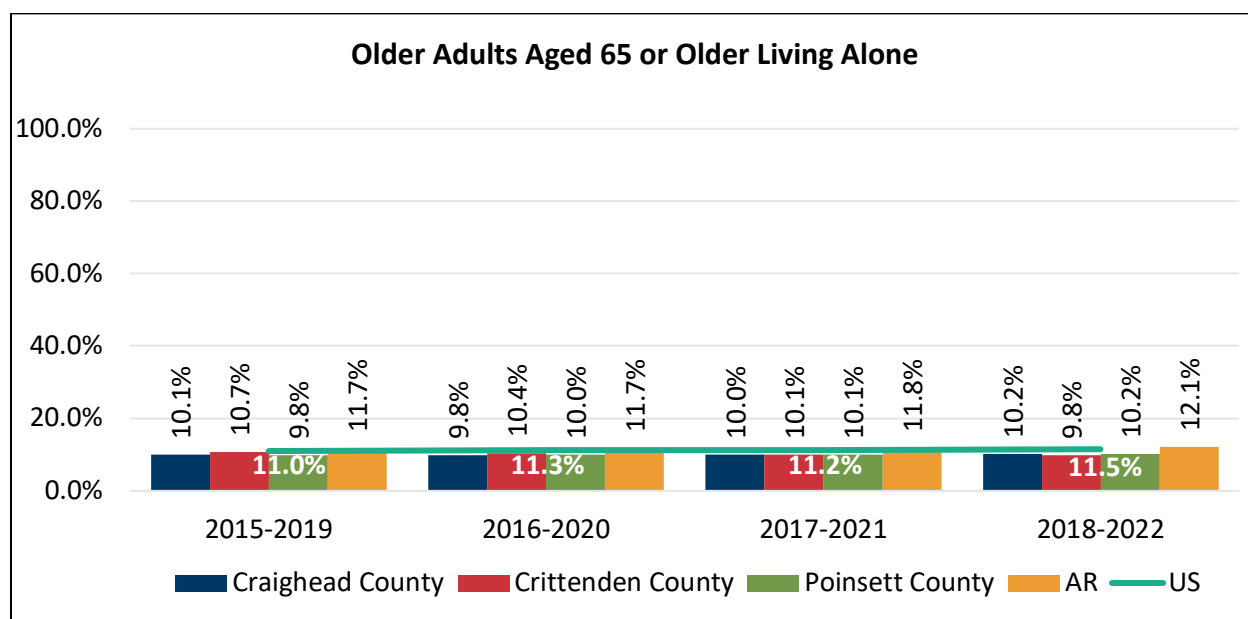
The Northeast Arkansas service area population is aging. From 2010 to 2022, the number of residents aged 65 or older grew 30% or more in Craighead and Crittenden counties and 11% percent in Poinsett County.

Older adults are more at risk for chronic disease, as well as factors that impede disease management, including economic insecurity, social isolation and access barriers (e.g., transportation, digital literacy).

When compared to their peers statewide and nationally, older adult residents in the service area are more likely to experience chronic disease. Approximately 60% or more of Medicare beneficiaries aged 65 or older managed three or more chronic conditions compared to 57% statewide and 53% nationally. Similar to state and national trends, disease prevalence increases significantly with age. Approximately 10% of service area older adults live alone, an indicator of social isolation.



Source: Centers for Medicare & Medicaid Services



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

### Community Recommendations to Improve Chronic Disease Prevention and Management

- Provide point-of-care healthy foods (e.g., emergency food boxes, on-site food hubs) as part of comprehensive patient care.
- Expand options for affordable and fresh healthy foods.
- Focus on addressing upstream social drivers of health factors (e.g., poverty, crime, trauma).
- Provide funding for supportive community health and social service organizations to increase their capacity.
- Provide more public health education and programs to promote disease awareness and prevention.
- Support tech literacy programs that help seniors become more comfortable accessing health information online.

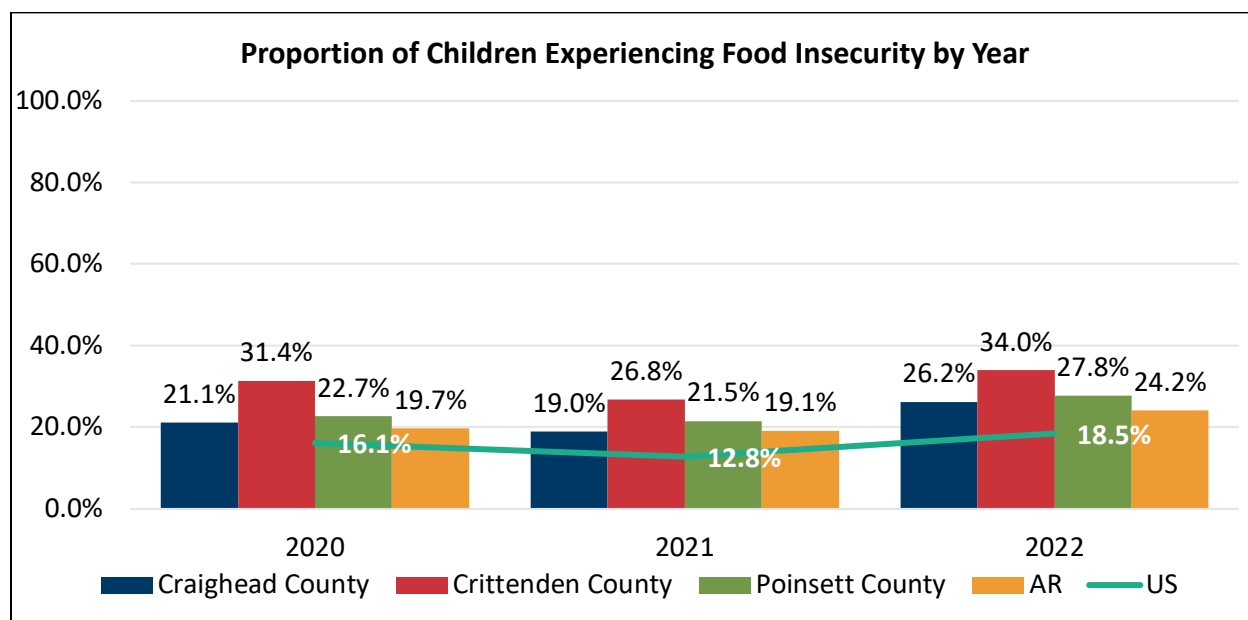
## Economic Stability

At the root of health disparities for the service area are socioeconomic experiences or social drivers of health (SDOH). Residents have historically had lower incomes and/or more experiences of poverty, and the recent rise in cost of living has further challenged people to meet their basic needs and maintain their health.

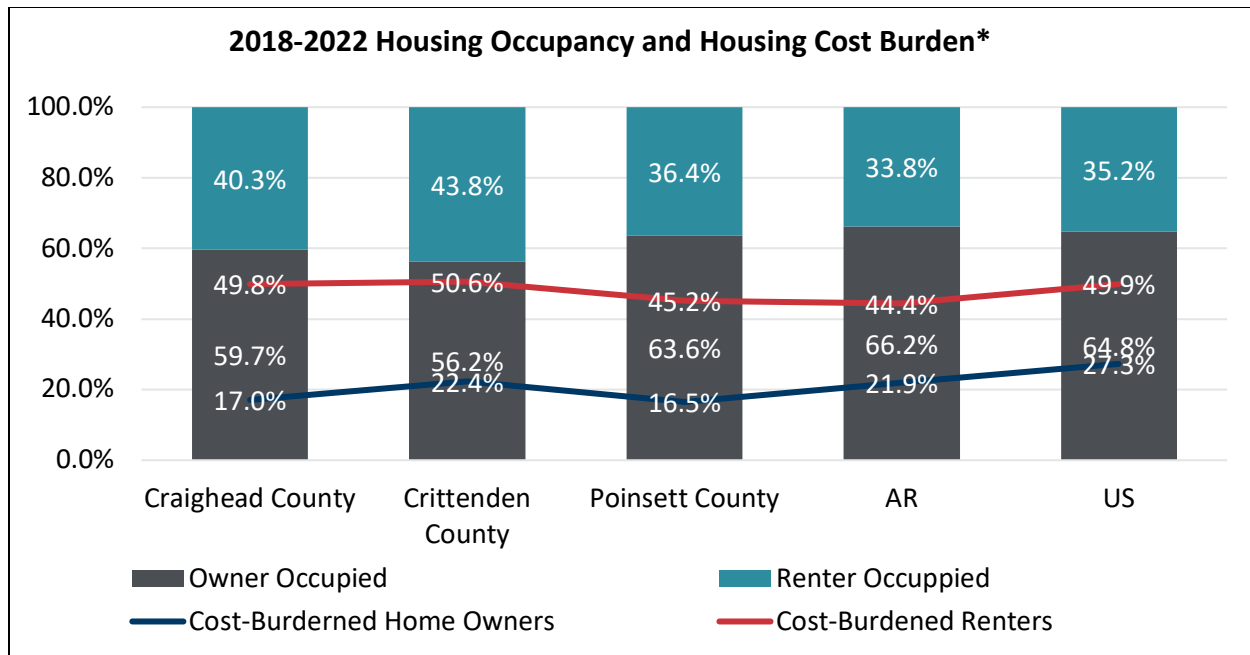
Experiences of food insecurity across the service area and nationally increased in 2022, particularly for children. More than 25% of children in Craighead and Poinsett counties and 34% of children in Crittenden County experience food insecurity. Community stakeholders shared that Arkansas has the most food insecure people in the nation, and they emphasized how transportation and financial and literacy barriers restrict access to healthy food.

Childcare and housing costs have also increased and contributed to financial strain. In 2023, the cost of childcare for a household with two children, measured as a percentage of median household income, was approximately 25%-30%. Housing prices in the service area, excluding Craighead County, are generally lower than state and national averages, but increased from the 2022 CHNA.

Housing cost burden reflects the proportion of households that spend more than 30% of their combined income on rent or mortgage expenses, and therefore, have few resources to spend on their basic needs, such as food and utilities. Approximately 20% of homeowners and 50% of renters in the service area are cost-burdened, a similar proportion as the state overall.



Source: Feeding America



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

\*Defined as spending 30% or more of household income on rent or mortgage expenses.

#### Childcare Availability and Affordability

	Number of childcare centers per 1,000 population under 5 years old	Childcare costs for a household with two children as a percent of median household income
Craighead County	8.8	25.2%
Crittenden County	8.8	30.8%
Poinsett County	10.2	32.3%
Arkansas	9.6	25.1%
United States	7.0	27.0%

Source: Homeland Infrastructure Foundation-Level Data, 2010-2022 and The Living Wage Calculator, Small Area Income and Poverty Estimates, 2024 & 2023

When asked which SDOH to prioritize to have the biggest impact on the overall health of the people they serve, nearly 60% of key stakeholder survey participants selected economic stability (e.g., employment, poverty, cost of living) and ability for everyone to have access to healthy foods to eat. Other community representatives shared these priorities and added that many people facing financial crisis are also dealing with the benefits cliff, managing their income versus eligibility for assistance. A benefits cliff occurs when a small increase in income, even just a dollar or two per hour, causes a significant drop or complete loss of public assistance benefits, leaving individuals worse off than before. Addressing these issues will require systemic and cross-sector collaboration.



### Community Recommendations to Improve Economic Stability

- Address public transportation barriers that limit access to health and social services.
- Advocate for more statewide funding for career development efforts (e.g., scholarships, grants).
- Bring awareness to systemic economic issues, including generational poverty, living wage opportunities, benefits cliff and income inequality.
- Expand affordable healthy eating programs, including food hubs at hospital and other clinical sites.
- Help fund or support scholarships, mentorship and exposure programs offering young professionals or recent graduates as relatable role models.
- Increase health literacy and resource navigation.
- Strengthen connections between health care and social services to improve warm handoffs; ensure patients are connected directly to services rather than just referred.
- Support youth outreach and career awareness by providing staff to speak at high schools about health care careers.

### Maternal and Child Health

All Northeast Arkansas service area counties have a higher birth rate than the state and nation, despite declining population in Crittenden and Poinsett counties. This finding may reflect both disparities in health and social well-being and out-migration of residents.

**2022 Births and Birth Rate per 1,000 People, All Births and by Race and Ethnicity**

	All Births		Birth Rate per 1,000		
	Count	Birth Rate per 1,000	Black and/or African American	White	Latinx (any race)
Craighead County	1,486	13.1	19.4	11.3	17.4
Crittenden County	637	13.5	16.2	10.1	14.6
Poinsett County	292	12.9	17.0	13.0	NA
Arkansas	35,395	11.6	13.3	10.4	16.1
United States	3,667,758	11.0	12.3	9.5	14.7

Source: Arkansas Department of Health and Centers for Disease Control and Prevention

Access to adequate prenatal care can have significant positive effects on maternal and infant health outcomes. Approximately 55% of birthing people in Crittenden County received first trimester prenatal care compared to 70%-73% of birthing people in Craighead and Poinsett counties, highlighting differences in access to care within the service area.

**2022 Maternal and Infant Health Indicators by Race and Ethnicity**

	Teen (15-19) Births	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking During Pregnancy
Craighead County	4.3%	72.8%	12.4%	10.5%	92.6%
Black and/or African American	6.1%	61.9%	15.6%	14.6%	92.8%
White	3.3%	80.5%	10.8%	8.5%	91.6%
Crittenden County	8.3%	55.1%	16.1%	12.0%	95.0%
Black and/or African American	NA	51.0%	17.3%	13.7%	95.8%
White	10.2%	66.3%	13.9%	9.0%	92.6%
Poinsett County	5.1%	70.5%	12.6%	8.5%	83.3%
Black and/or African American	NA	56.2%	NA	NA	NA
White	5.6%	71.6%	12.4%	7.6%	83.6%
Arkansas	3.7%	70.6%	11.8%	9.3%	92.1%
Black and/or African American	5.5%	64.3%	16.5%	16.1%	93.7%
White	3.0%	76.7%	10.8%	7.7%	90.0%
United States	3.9%	77.0%	10.4%	8.6%	96.3%
Black and/or African American	5.7%	67.6%	14.6%	14.8%	96.9%
White	2.6%	82.6%	9.4%	7.1%	94.6%
HP2030 Goal	NA	80.5%	9.4%	NA	95.7%

Source: Arkansas Department of Health and Centers for Disease Control and Prevention

Pregnant people and babies across the service area generally experience poorer birth outcomes than their peers nationally, such as a higher proportion of teen, premature and low weight births. There are existing disparities in outcomes between population groups across all counties, with populations of color receiving less prenatal care and experiencing a higher proportion of negative birth outcomes.

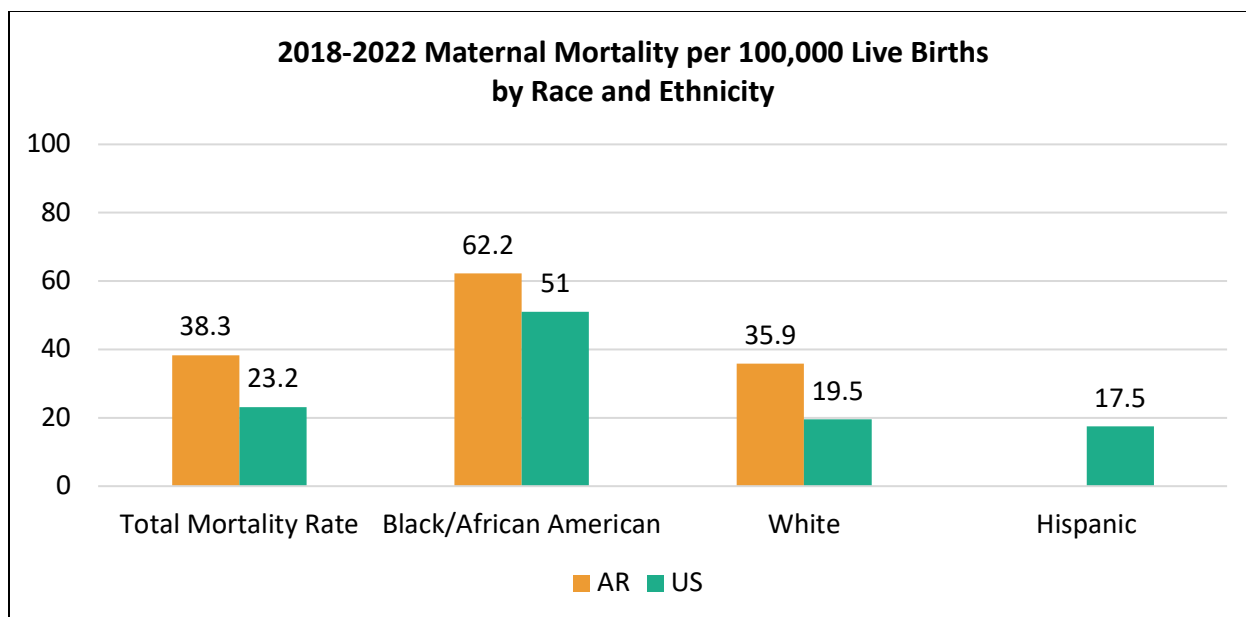
The infant death rate is widely used as a key indicator of community health because it reflects not only the health of infants but also the overall health and well-being of a population. It serves as an overall indication of factors, such as access to health care, socioeconomic conditions and the quality of the environment. Consistent with reported birth outcomes and broader health disparities experienced by service area residents, all counties report a higher infant death rate than the state. The Crittenden County infant death rate (13.5 per 1,000 live births) is nearly double the statewide death rate.

Reported death rate disparities by race and ethnicity are indicative of the social and environmental stresses experienced by people of color. Across Arkansas, the infant death rate for Black and/or African American infants is nearly two times higher than that of white infants. The rate of maternal death for Black and/or African American people is also nearly two times higher than that of white people.

**2017-2021 Infant Death Rate per 1,000 Live Births**

	Infant Deaths
Craighead County	8.8
Crittenden County	13.5
Poinsett County	8.1
Arkansas	7.7
Black and/or African American	12.5
White	6.7
Latinx (any race)	5.4
HP2030 Goal	5.0

Source: Arkansas Department of Health



Source: America's Health Rankings

Attention to maternal and child health has grown but significant challenges persist. Community stakeholders identified health literacy, trust and transportation as significant concerns for the birthing population. Birthing people often feel powerless or unheard in clinical settings, intimidated to switch providers even when care is subpar. Several areas in the state lack provider availability, and as a result, pregnant people must often travel nearly an hour or more to reach prenatal care or a delivery facility, which may be an emergency room not adequately equipped for birth.

#### STAKEHOLDER FEEDBACK:

*"I wish they would deliver babies. Otherwise, the mothers have to go to Memphis."*

Participants identified prenatal education as an area to improve in the coming years. Stakeholders emphasized the importance of building trust between expecting families and providers by improving efforts to reach mothers early, before hospital visits and birth. These efforts will ensure families are informed about their rights as patients, their birth plans and postpartum care options.

#### STAKEHOLDER FEEDBACK:

*"We inundate these moms with all this information once they're in the hospital. And it just doesn't stick because they are tired. They have just gone through labor. It just is not the time for new information and new interventions, because they just can't take it in. And so really focusing on prenatal education and reaching them early in the pregnancy, I think would really make a difference."*

*"Empowering moms to let them know that it's their pregnancy. It's not the doctor's pregnancy. And also let them know about their rights. Say, if something does go wrong within that doctor's visit, empower them to go find another doctor, to empower them to take ownership of it."*

**Community Recommendations to Improve Maternal and Child Health**

- Host or facilitate community conversations for expectant and new parents, providing trusted spaces for education and peer support.
- Improve internal referrals and WIC (Women, Infants and Children) coordination, addressing appointment backlogs for lactation services or formula access.
- Improve prenatal education by reaching mothers early, before hospital visits, to ensure they're informed about their rights, birth plans and postpartum care options.
- Increase programs that address diaper needs and period poverty.
- Increase access to pediatric, obstetric and gynecological care.
- Increase prenatal education outreach, including presentations by nutritionists or maternal health experts in schools, churches or community centers – involving the whole community as well to educate on maternal health and build a culture of knowledge around it.
- Increase visibility and coordination with doulas and midwives, positioning Baptist as a welcoming, inclusive care environment.
- Leverage and elevate trusted community leaders who can provide culturally relevant and accessible education to new and expectant mothers.
- Offer ongoing provider education on Medicaid, insurance coverage (e.g., for lactation consulting) and patient empowerment tools.
- Support Baby-Friendly Hospital designation efforts and invest in training (e.g., Neonatal Resuscitation Program) that smaller or rural facilities can't afford.
- Train staff on implicit bias and true informed consent, including patient autonomy in such procedures as cervical checks or feeding plans.

## Our Response to the Community's Needs

In 2022, Baptist conducted a similar CHNA and developed a supporting three-year Implementation Strategy to address health priorities for its communities. Based on the CHNA findings, Baptist's leaders identified three priority areas for the Mid-South service area:

- Behavioral health
- Chronic disease
- Maternal and child health

Baptist invested in internal population health management strategies and worked with diverse community agencies across the Mid-South to fund programs and initiatives aimed at addressing the identified priority areas. The system measured contributions and community impact from these investments as outlined in the following sections.

### Giving Back

Baptist believes strongly in corporate citizenship and the importance of collaborating with local organizations to build stronger and healthier communities. Baptist provided charitable grants and in-kind services to hundreds of nonprofit organizations across the Mid-South. The grants and services supported educational seminars, community health screenings, special events, employee engagement, programs to reduce health disparities and improve access to care and more.

**Baptist Community Benefit Investments by Region and Fiscal Year (FY)**

	FY 2024	FY 2023	FY 2022
<b>Central Mississippi Hospitals*</b> Baptist Attala, Baptist Leake, Baptist Yazoo, Mississippi Baptist Medical Center	\$68,978,049	\$74,624,129	\$73,171,685
<b>Memphis Metro Hospitals</b> Baptist Collierville, Baptist DeSoto, Baptist Memphis, Baptist Rehabilitation Hospital, Baptist Tipton, Baptist Children's Hospital, Baptist Women's Hospital	\$188,653,184	\$264,926,891	\$271,833,701
<b>North Mississippi Hospitals</b> Baptist Booneville, Baptist Calhoun, Baptist Golden Triangle, Baptist North Mississippi, Baptist Union County	\$52,479,449	\$48,549,401	\$53,556,593
<b>Northeast Arkansas Hospitals</b> Baptist Crittenden, NEA Baptist	\$27,917,883	\$29,752,681	\$18,958,103
<b>West Tennessee Hospitals</b> Baptist Carroll County, Baptist Union City	\$19,317,014	\$15,158,420	\$7,068,223
<b>Other Entities</b>	\$31,513,515	\$32,886,873	\$30,937,425
<b>Grand Total</b>	<b>\$388,859,094</b>	<b>\$465,898,395</b>	<b>\$455,525,730</b>

Source: Baptist Form 990 Schedule H

\*Baptist Anderson Regional Medical Center and Baptist Anderson Regional Medical Center-South joined the system in 2024 and are not included in community benefit investment totals.

### **Health Care for Underserved Communities**

Baptist Healthy Communities Program supports community and faith-based organizations to create, sustain and provide programs and access to affordable health care for underserved, underinsured and uninsured residents. These programs touch all areas of Baptist's geographical footprint and include long-term and temporary programs, depending on the need.

Baptist is the Mid-South's leader in providing health care for the homeless. Through a collaboration with Christ Community Health Services in Memphis, Tennessee, the Baptist Operation Outreach mobile health care clinic provides free acute and primary care, disease management support, mental health care, medication, health information and medical care transportation for unhoused Memphians. Baptist also works with Davis Vision and Bellevue Baptist Church to offer free vision screenings, eyeglasses and dental services. The mobile health unit cares for 2,500 patients a year.

In Central Mississippi, Baptist sponsors the Mission First Medical Clinic, which provides primary care for uninsured people in the Jackson metropolitan area (Hinds, Madison and Rankin counties) and those who have a household income of 200% of the poverty level. Also in Central Mississippi, Baptist contributes to the Shepherd's Touch Ministry, which provides free health care to uninsured residents.

In Tennessee, Baptist implemented an innovative patient care approach that pairs trained Community Health Workers (CHWs) with patients diagnosed with one or more of the following conditions: hypertension, congestive/chronic heart failure, depression or anxiety. The program is supported by grant funding generated at Baptist Health Sciences University and operates in medically underserved and rural areas of the state for patients insured by Aetna. In fall 2025, additional services will be available to patients with two or more chronic conditions who consent to participate in a one-year research project evaluating the efficacy of the CHW model to impact patient outcomes. This expansion offering is grant funded through the National Institutes of Health and will be open to patients throughout Tennessee and all her geographically bordering states.

Baptist provides a mobile mammography unit that brings convenient breast cancer screening services to communities in the Mid-South. The unit, equipped with 3D digital mammography technology, provides screening mammograms to women who may not otherwise have easy access to such services. Mammography is covered by most insurance plans. Through an application process and the support of generous community partners, grants are available for those without insurance and who are underinsured. The mobile mammography unit hosted 94 mammogram screening events in 2022, 62 events in 2023 and 85 events in 2024.

### **Baptist Health Sciences University HealthCORE and the Baptist Center for Career Development**

Baptist supports job opportunities and training to encourage interest in health care careers. Many of these programs provide opportunities for students who have historically faced systemic barriers to educational access and success, including racial and ethnic minorities, low-income students and first-generation college students.

HealthCORE provides community outreach, one-on-one mentoring and educational support for students interested in health care careers. The program provides exposure to an array of health careers and is



administered by Baptist Health Sciences University and Baptist Memorial Health Care. The program includes single-day events for STEM (Science, Technology, Engineering and Math) students, summer camps, mentoring, tutoring, shadowing opportunities and other support for Mid-South youth. HealthCORE's signature programs are Black Men in White Coats and SHE Leads the Way:

**Black Men in White Coats** is an initiative to address the general decline in the number of male minority students who attend medical school. The program includes information and resources on pursuing medical or science careers and networking opportunities with Baptist's physicians and other health care professionals.

**SHE (Science, Health, Empowerment) Leads the Way** is designed to introduce middle school, high school and college-aged young women to science and health care careers. Participants meet leaders in science, technology, engineering and mathematics and gain practical assistance with expanding their education and reaching their goals through monthly sessions facilitated by Baptist Health Sciences University.

The Baptist Center for Career Development formalized job shadowing and internship opportunities for students throughout Baptist Memorial Health Care's service areas. Participating organizations include the following:

- Booneville (Mississippi) School District
- Calhoun County (Mississippi) Center for Technical Education
- Calhoun County School District
- City of Memphis Office of Youth Services MPLOY Youth Summer Experience Program
- Kosciusko (Mississippi) School District
- Memphis/Shelby County Schools District
- New Albany (Mississippi) School District
- Prentiss County (Mississippi) School District
- Three Rivers EPIC Program
- Union County (Mississippi) School District
- University of Tennessee Health Science Center Pre-Health Scholars Program

**Job Shadowing and Internship Placements**

Year	Job Shadowing	Internships
2023	30	15
2024	289	57
2025 YTD	456	92
<b>TOTAL</b>	<b>775</b>	<b>164</b>

### Addressing Social Drivers of Health

Baptist is committed to ensuring residents have the resources they need to live healthy lives. Baptist launched [baptistresources.com](https://baptistresources.com), a free, online directory to find and connect with local financial assistance, food pantries, medical care and other free or reduced-cost services. Baptistresources.com is available for Baptist's clinical staff to share with patients and community members across the Mid-South.

#### Baptist Resources Utilization: Baptist Staff Members

Year	Users	Resource Searches	Most Common Search Terms (Across all years)
2022	916	2,706	Help paying for utilities Help paying for housing Counseling Temporary shelter
2023	1,545	3,901	
2024	1,124	4,212	
2025 YTD	585	3,493	

#### Baptist Resources Utilization: Community Members

Year	Users	Resource Searches	Most Common Search Terms (Across all years)
2022	8,240	10,181	Help paying for health care Help paying for housing Discounted health care Help finding housing
2023	8,706	10,850	
2024	14,742	12,366	
2025 YTD	11,528	8,662	

Baptist uses LanguageLine Solutions to ensure hospital staff members can communicate with patients regardless of their native language. Health care team members can communicate with translators by phone and/or video 24 hours a day, 7 days a week, 365 days a year. Baptist has a unique program that uses technology and collaborations with community organizations to communicate with patients in their preferred language. For example, through a collaboration with Latino Memphis, Baptist sponsors a texting platform that allows those in the Latinx community to receive health, wellness and other critical information.

Baptist has provided language assistance services for many years and saw an increase in the use of these services in 2024. In 2024, Baptist team members made 80,000 calls to an interpreter, a 36% increase over 2023. Team members spent nearly 800,000 minutes with interpreters, a 44% increase over 2023. Baptist consulted interpreters for 106 different languages, 20 more languages than in 2023. New language translation functionality is anticipated in late 2025 with the implementation of EPIC.

Baptist's hospitals provide food boxes for recently hospitalized diabetes patients and to any other patients who are identified as having limited access to food to help ensure they have resources upon discharge from the hospital. Community partners that support this effort include the Food Bank of Northeast Arkansas, Mississippi Food Network, the Mid-South Food Bank and a number of community food pantries. Additionally, Baptist supports programs, such as the Loaves and Fishes Soup Kitchen in Columbus, Mississippi, and the Union County Good Samaritan Food Bank in New Albany, Mississippi.

### Improving Health Equity

Baptist established an internal System Health Equity Advisory Council (SHEAC) in response to the widespread health and social disparities affecting its patients and to devote more efforts toward health care equity. The council, comprising Baptist's leaders and representatives, provides guidelines for identifying, analyzing, addressing and monitoring disparities in health care among Baptist's patient populations with the goal of minimizing inequities.

SHEAC provides recommendations for the health care system's policies and procedures to address and reduce disparities. Work streams within the council have been developed to review and report progress on accessibility, access to care, language barriers, education, behavioral health, community impact, data and reporting. Clinical data is provided by the system's data support team to compare and analyze areas, such as emergency department returns within seven days, hospital readmissions, episiotomy rates and C-sections. Work streams review and analyze hospital-specific data in conjunction with community health improvement efforts to increase access to care through mammograms, low-dose CT lung cancer screenings, diabetes education and initiatives to reduce food insecurity.

Education and awareness of SHEAC's initiatives are shared with all of Baptist's operational and clinical disciplines, and outcomes are now being reported to the board of directors at each hospital and the system's corporate board of directors. Each hospital has identified a health equity leader and formed a committee to review opportunities and action plans specific to its community.

Baptist also supports organizations dedicated to bringing awareness to and addressing health inequities within communities, including the National Civil Rights Museum and Mission Mississippi, a statewide movement that strives to address the tentacles of racism passed on from generation to generation.

### Improving Behavioral Health

Baptist Centers for Good Grief are located in Collierville and Memphis, Tennessee, and Jonesboro, Arkansas. The centers offer free bereavement services to these communities and beyond, including individual counseling; group counseling for children, teens and adults; grief workshops; grief camps; community education and crisis response for schools and businesses. The grief center provided 8,424 grief sessions in 2024. Grief center resources include a podcast, YouTube Channel and monthly newsletter.

In 2025, Baptist hosted the first Heart & Soul: A Men's Wellness Collective event. Nearly 300 people attended the event at the Agricenter International Expo Center in Memphis. Presented in honor of Men's Mental Health Awareness Month, the free event aimed to educate and inspire men to be proactive about their mental health.

Heart & Soul addressed men's physical, mental and emotional health. The event brought together expert speakers, health care professionals, mental health providers and community organizations. It featured presentations from mental health experts, breakout discussion sessions on mental health topics and financial well-being, health screenings, CPR demos, vendor booths, breakfast and lunch, door prizes and giveaways. Heart & Soul included "Boots on the Ground" performances by the Grizz Girls and Grizzlies Grannies & Grandpas, and a speech, "Special Tribute to Men," by actress Elise Neal. Celebrity

guest speakers Michael Jai and Gillian White participated in “Luv Strong,” a Q&A facilitated by Memphis Allies and moderated by LaDell Beamon with Heal the Hood Foundation of Memphis. Actor Da’Vinci presented “The Conversation With Da’Vinci,” a Q&A facilitated by Memphis Allies and moderated by Keith Norman, Baptist’s vice president/chief government affairs and community relations officer.

### **Addressing Maternal and Child Health Disparities**

Baptist is committed to reducing health disparities in birth outcomes and increasing access to comprehensive pre- and postnatal care services by actively participating in regional and national conversations to improve quality standards to reduce maternal morbidity and mortality. The system has implemented Quality Assessment and Performance Improvement (QAPI) to analyze and track birth outcomes by diverse subpopulations and monitor disparities in care processes, services, operations and outcomes.

Baptist has worked to make access to pregnancy, birth and parenting resources widely available to residents through online and in-person, community-based education and support classes. These sessions are designed to support the entire family unit. Baptist’s *Dynamics Dads* virtual workshop offered by Families Matter, is led by veteran dads who share information from a dad's perspective. Topics include caring for mom and new family dynamics, dealing with crying babies and crying moms and how to be a dynamic dad.

### **Health Improvement Activities in Northeast Arkansas Communities**

In addition to organization-wide initiatives to address identified priority areas, each Baptist Memorial Hospital worked with local organizations and invested in programming and services to better meet the needs of its community residents. Examples of these efforts are provided below by hospital:

#### **Baptist Memorial Hospital-Crittenden**

- Supported Baptist Memorial Health Care initiatives to screen individuals for depression and begin treatment by offering tele-psychiatry services in the emergency department
- Used Baptist experts to share educational information with the public via printed documents, social media and community events
- Provided free COVID-19 vaccinations to the community and provided resources on COVID-19 treatment and prevention
- Offered smoking cessation programming
- Worked with Crittenden County Cares to offer health education opportunities
- Developed a strategy to implement the low-dose CT (LDCT) program that will make lung cancer screenings available for the community
- Worked with Baptist Medical Group to add clinic days for the only OB-GYN clinic in Crittenden County
- Provided gas cards to cancer patients to remove barriers to receiving care
- Provided food and clothing from our clothing closet to patients that were homeless
- Paid for the prescriptions of patients who could not afford them after discharge from the hospital to reduce readmissions and improve health outcomes

- Supported local high school students interested in health care careers by hosting a week-long educational and hands-on engagement camp at the hospital
- Launched Crittenden health education series to educate on community health challenges

#### NEA Baptist Memorial Hospital

- Provided disease-specific educational activities within the community, including topics on stroke, trauma and chest pain, among others
- Provided community sponsorships and donations to various organizations (e.g., Families, Inc., Mid-South Health, Family Crisis Center, Camp Good Grief, ShareHope, AR Hospital Education and Research Trust, United Way, AR Saves, etc.)
- Provided CPR training for the community
- Provided annual wellness visit screenings and free/reduced cost screenings for breast, prostate and skin cancer
- Implemented depression and mental health screenings among primary care and senior care patients
- Worked with Baptist Memorial Health Care Foundation, Inc. to provide monetary assistance for transportation, housing, medication and food for patients
- Supported Options on Main, a pregnancy resource center
- Provided free glucometers, blood pressure cuffs and scales for patients not able to afford them
- Offered a heart failure program in partnership with LHC (home health agency)
- Offered various classes and support groups to the community, including Better Breathers (COPD), fibromyalgia support group, Childbirth 101 classes, bariatric surgery classes and virtual heart failure support group
- Participated in various high school programs to promote awareness of health care careers
- Provided sport physicals to Arkansas State University club teams
- Established a 24/7 OB-GYN hospitalist program and obstetric emergency department (OBED) to serve the community and support access to women's health care
- Provided a suboxone clinic
- Promoted physical activity by sponsoring local runs and walks
- Provided diabetes support group and smoking cessation classes
- Provided needed supplies for families experiencing financial strain, including bedding for Sleep in Heavenly Peace, clothing closet for patients and their families and food bag program in partnership with Helping Neighbors and Arkansas Community Foundation
- Sponsored NEA Baptist Center for Good Grief, HopeCircle, Wellness Works and Center for Healthy Children

## Board Approval and Next Steps

Baptist would like to thank our community partners that provided guidance, expertise and ongoing collaboration to inform the 2025 CHNA and help improve the health and well-being of the region.

We are committed to advancing health initiatives and community collaboration to support key health needs identified in the CHNA. The 2025 CHNA report and identified priority health needs were presented to Baptist's corporate and hospital boards of directors and approved by September 2025. Following the system's board approval, the CHNA report was published and accessible to the public via Baptist's website at [baptistonline.org/about/chna](https://baptistonline.org/about/chna).

Following the completion of the 2025 CHNA, Baptist developed a supporting three-year Implementation Strategy for each of its hospitals outlining strategies for addressing priority health needs. The 2025-28 Implementation Strategy will be reviewed and approved by the Baptist's boards of directors and made available to the public via the website.

We value your input on our CHNA and Implementation Strategy. Please contact [community.relations@bmhcc.org](mailto:community.relations@bmhcc.org) or visit our website to learn more.

## Appendix A: Secondary Data References

- America's Health Rankings United Health Foundation. (2023). *Maternal mortality in United States*. Retrieved from <https://www.americashealthrankings.org/>
- Arkansas Department of Health. (2024). *Overdoses in Arkansas*. Retrieved from <https://healthy.arkansas.gov/programs-services/prevention-healthy-living/substance-misuse-education-and-prevention/>
- Arkansas Department of Health. (2024). *Vital statistics*. Retrieved from <https://healthy.arkansas.gov/programs-services/data-statistics-registries/vital-statistics/>
- Center for Applied Research and Engagement Systems. (2024). *Map room*. Retrieved from <https://careshq.org/map-rooms/>
- Centers for Disease Control and Prevention. (2024). *CDC wonder*. Retrieved from <http://wonder.cdc.gov/>
- Centers for Disease Control and Prevention. (2024). *CDC/ATSDR social vulnerability index*. Retrieved from <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>
- Centers for Disease Control and Prevention. (2024). *National center for HIV, viral hepatitis, STD, and tuberculosis prevention*. Retrieved from <https://www.cdc.gov/nchhstp/index.html>
- Centers for Disease Control and Prevention. (2024). *National vital statistics system*. Retrieved from <https://www.cdc.gov/nchs/nvss/index.htm>
- Centers for Disease Control and Prevention. (2024). *PLACES: Local data for better health*. Retrieved from <https://www.cdc.gov/places/>
- Centers for Disease Control and Prevention. (2024). *United States cancer statistics: data visualizations*. Retrieved from <https://gis.cdc.gov/Cancer/USCS/#/StateCounty/>
- Centers for Disease Control and Prevention. (2024). *YRBS explorer*. Retrieved from <https://yrbs-explorer.services.cdc.gov/#/>
- Centers for Disease Control and Prevention. (2023). *BRFSS prevalence & trends data*. Retrieved from <http://www.cdc.gov/brfss/brfssprevalence/index.html>
- Centers for Medicare & Medicaid Services. (2023). *Mapping medicare disparities by population*. Retrieved from <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>
- County Health Rankings & Roadmaps. (2024). *Rankings data*. Retrieved from <http://www.countyhealthrankings.org/>
- Environmental Protection Agency. (2024). *National walkability index*. Retrieved from <https://www.epa.gov/smartgrowth/smart-location-mapping#walkability>
- Feeding America. (2023). *Food insecurity in the United States*. Retrieved from <https://map.feedingamerica.org/>
- Health Resources and Service Administration. (2024). *HPSA find*. Retrieved from <https://data.hrsa.gov/tools/shortage-area/hpsa-find>



- Health Resources and Service Administration. (2024). *Unmet need score map tool*. Retrieved from <https://data.hrsa.gov/topics/health-centers/sanam>
- United for ALICE. (2024). *Partner States*. Retrieved from <https://www.unitedforalice.org/home>
- United States Bureau of Labor Statistics. (2024). *Local area unemployment statistics*. Retrieved from <https://www.bls.gov/lau/>
- United States Census Bureau. (n.d.). *American community survey*. Retrieved from <https://data.census.gov/cedsci/>
- United States Department of Health and Human Services. (2010). *Healthy people 2030*. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives>
- United States Department of Housing and Urban Development. (2024). *Annual homeless assessment report*. Retrieved from <https://www.hudexchange.info/homelessness-assistance/ahar/#2023-reports>

## Appendix B: Key Stakeholder Survey Participants

The following is a list of represented community organizations and the participants' respective titles, as provided.

Organization	Title/Role
Alzheimer's Association	Executive Director
American Civil Liberties Union of Mississippi	Director of Policy and Advocacy
ARcare	Chief Operations Officer
Baptist Memorial Health Care	President Emeritus
Baptist Memorial Health Care	Community Relations Coordinator
Baptist Memorial Health Care	Manager, Market Development Research
Children's Museum of Memphis	Director of Development
City of Jonesboro	Chief Operating Officer
Community Health	Executive Director
Crittenden County Cares	President and Chief Executive Officer
Crittenden County Sheriff's Department	Sheriff
El Centro Hispano	Executive Director
El Centro Hispano de Arkansas	Board member
Families In Transition	Human Trafficking Specialist
Families, Inc. of Arkansas	Chief Executive Officer
Food Bank of Northeast Arkansas	Chief Program Officer
Girl Scouts Heart of the South	Chief Executive Officer
Mid-South Transplant Foundation	Executive Director
National Multiple Sclerosis Society	Senior Development Manager
NEA Baptist Health System	Chief Medical Officer
NEA Baptist Memorial Hospital	Chair, Community Advisory Board; Member, Governing Board
NEA Baptist Memorial Hospital	Community Advisory Board
NEA Baptist Memorial Hospital	Community Advisory Board
NEA Baptist Memorial Hospital	Stroke/STEMI/CPC Coordinator
Nettleton Public Schools	Junior High School Principal
North Pointe Church of Christ	Manager
Piney Woods School	Director of Advancement Operations
Shelby County Health Department	Deputy Director
St. Jude Children's Research Hospital, HPV Cancer Prevention Program	Director
Sweet Cheeks Diaper Ministry	Executive Director
West Memphis Chamber of Commerce	Executive Director
Youth Villages	Director, Grants and Development Research

## Appendix C: Partner Forum Participants

The following is a list of represented community members and their respective organization.

Organization	Name
1st Choice Healthcare, Inc.	Brigitte McDonald
1st Choice Healthcare, Inc.	Amanda Wiedeman
Allcare Homecare, LLC	Mikaelyn Darr
Allcare Homecare, LLC	Kassie Evans
Allcare Homecare, LLC	Erica Huffstetler
American Red Cross	Wendy Stotts
Arkansas State University	Kathryn Flannigan
Arrow Adoptions	Caleigh Parker
Arrow Adoptions	Claire Shollenberger
Brookland High School	Brittany Akin
CASA of the 2nd Judicial District AR	Angela Tate
Craighead County Community Foundation	Melissa Ayers
Craighead County Community Foundation	Charles Coleman
Craighead County Community Foundation	Bill Harrison
Craighead County Jonesboro Public Library	Vanessa Adams
Craighead County Jonesboro Public Library	Rylie Yawson
El Centro Hispano	Juanita Acosta
El Centro Hispano	Gina Gomez
Families, Inc. Counseling Services	Dawn Layer
Families, Inc. Counseling Services	Creston Sweet
Family Crisis Center	Nikki Burns
Family Crisis Center	Victoria Tyner
Food Bank of Northeast Arkansas	Chrissy Holbrook
Helping Neighbors Food Pantry	Elizabeth Ivener
Hope Found of Northeast Arkansas	Megan Brown
Jonesboro Kindergarten Center	Dianne Langford
Jonesboro Public Schools	Von McDaniel
KAIT	Tara Ferguson
NEA Baptist	Marilyn Birge
NEA Baptist	Gayla Koehn
NEA Baptist	Ty Jones
NEA Baptist	Kacey Wood
NEA Baptist	Melissa Ryan
NEA Baptist Clinic	Mallory Slater
Nettleton School District	Jennifer Gray
Nettleton School District	J.D. Walker
Northeast Arkansas Treatment Services	Chaela Coletta
Options On Main	Stacy McDonald
Pruitt Promotions	Katie Pruitt