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HEALTH PARTNERSHIP

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Community Health Needs Assessment

2025

PREPARED FOR

Chicot Memorial Medical Center

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INTRODUCTION

Chicot Memorial Medical Center (CMMC), a critical access hospital located in Lake Village, Chicot County, Arkansas, is a 501(c)(3) nonprofit organization dedicated to improving community health. As part of its mission and to maintain its tax-exempt status, CMMC implements programs and services designed to assess and address local healthcare needs. Every three years, the hospital conducts a comprehensive Community Health Needs Assessment (CHNA) to evaluate the healthcare challenges faced by Chicot County residents and stakeholders in the surrounding areas.

This assessment is a collaborative effort that incorporates input from a broad spectrum of community representatives, including public health experts, local leaders, and healthcare professionals. These individuals form the Community Advisory Committee, which plays a crucial role in gathering survey data to identify the most pressing health concerns within the hospital's service area. Once priorities are established, CMMC's Community Needs Assessment Steering Committee develops a strategic action plan to address key issues utilizing the hospital's available resources.

The findings of the assessment, along with the strategic implementation plan, are made publicly available to ensure transparency and community engagement. Chicot Memorial Medical Center's 2025 Community Health Needs Assessment has been prepared by the leadership and staff of the Arkansas Rural Health Partnership in alignment with the requirements of Section 9007 of the Patient Protection and Affordable Care Act of 2010. This assessment serves as a roadmap for targeted interventions aimed at improving healthcare access and outcomes for residents of Chicot County and beyond.

Background

The 2025 Community Health Needs Assessment (CHNA) was prepared during a period of ongoing transformation in the healthcare landscape. Rural communities across the nation continue to face persistent challenges, including healthcare workforce shortages, hospital financial instability, disparities in healthcare access, and an aging population with increasing chronic disease burdens. The economic environment remains uncertain– with rising healthcare costs, reimbursement challenges, and the need for sustainable funding models placing additional pressure on rural health systems.

Through the CHNA process, the Arkansas Rural Health Partnership (ARHP) and Chicot Memorial Medical Center have worked closely with hospital leadership, key stakeholders, and community members to assess the most pressing healthcare needs in the region. This assessment not only identifies critical health concerns but also lays the groundwork for strategic interventions to enhance healthcare delivery, strengthen rural hospital sustainability, and expand access to essential medical services. Over the next three years, healthcare service delivery and community initiatives will focus on building healthcare resilience—leveraging technological advancements, and fostering collaborative solutions to address these evolving challenges.

Key Challenges in Rural Healthcare in 2025

BEHAVIORAL HEALTH CRISIS

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

AGING POPULATION NEEDS

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

HEALTHCARE WORKFORCE SHORTAGES

The rural healthcare workforce is facing a critical shortage of physicians, nurses, specialists, and support staff, which threatens the ability to provide consistent, high-quality care. Physician burnout, an aging workforce, and recruitment challenges have led to gaps in primary and specialty care services. Many rural pro-

viders have difficulty attracting and retaining healthcare professionals due to lower salaries, limited career advancement opportunities, and fewer amenities compared to urban settings. Solutions include loan repayment programs, residency and internship partnerships with medical schools, telemedicine integration, and pipeline programs that encourage local students to pursue careers in healthcare.

RURAL HOSPITAL STABILITY

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

HEALTH INFRASTRUCTURE & ACCESS BARRIERS

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

CHRONIC DISEASE MANAGEMENT

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

Health Care Trends & Innovation in 2025

TELEHEALTH EXPANSION

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

HEALTHCARE ACCESSIBILITY

Healthcare disparities remain a major concern in rural areas, where social determinants of health (SDOH)

such as income, education, transportation, and food security play a significant role in healthcare access and outcomes. Hospitals and public health agencies are increasingly focusing on initiatives that enhance healthcare availability, including community health worker programs, culturally tailored healthcare services, and policy advocacy for expanded Medicaid coverage. Strengthening partnerships between healthcare organizations, schools, and community-based organizations is critical to addressing these challenges.

ADVANCED DIAGNOSTICS & TREATMENT

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

COMMUNITY-BASED HEALTHCARE MODELS

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

State Data: Arkansas

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

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

Arkansas Measures

- Overall rank: 48

SOCIAL & ECONOMIC FACTORS			
Measure	**State Rank**	**State Value**	**U.S. Value**
Community and Family Safety			
• Homicide (Deaths per 100,000 population)	43	11.2	7.6
• Occupational Fatalities (Deaths per 100,000 workers)	39	5.5	4.2
Economic Resources			
• Economic Hardship Index (Index from 1-100)	44	82	—
• Food Insecurity (% of households)	50	12.6%	12.2%
• Income Inequality (80-20 Ratio)	34	4.77	4.87
Education			
• Fourth Grade Reading Proficiency (% of public school students)	38	29.7%	32.1%
• High School Completion (% of adults age 25+)	40	89.3%	89.8%
Social Support and Engagement			
• Adverse Childhood Experiences (% of children ages 0-17)	48	21.3%	14.5%
• High-Speed Internet (% of households)	46	91.1%	93.8%
• Volunteerism (% of population age 16+)	41	20.9%	23.2%

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

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

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

OVERALL HEALTH OUTCOMES

Measure	Value	Rank
• Overall Health Score	-0.759	48

BEHAVIORAL HEALTH OUTCOMES

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

MORTALITY

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

PHYSICAL HEALTH

Measure	Value	Rank
• Frequent Physical Distress (% of adults)	16.1%	46
• High Health Status (% of adults reporting good or excellent health)	41.4%	46

• Low Birthweight (% of live births)	9.3%	39
• Low Birthweight Racial Disparity (ratio)	2.1	35
• Multiple Chronic Conditions (% of adults)	14.1%	44
CHRONIC DISEASES		
Measure	**Value**	**Rank**
• Arthritis (% of adults)	30.3%	42
• Asthma (% of adults)	9.9%	17
• Cancer (% of adults)	8.4%	23
• Cardiovascular Diseases (% of adults)	12.1%	46
• Chronic Kidney Disease (% of adults)	4.2%	35
• Chronic Obstructive Pulmonary Disease (% of adults)	9.0%	45
• Diabetes (% of adults)	14.5%	42
RISK FACTORS		
Measure	**Value**	**Rank**
• High Blood Pressure (% of adults)	42.5%	44
• High Cholesterol (% of adults)	40.2%	44
• Obesity (% of adults)	40.0%	46

Regional Data

Region	Median Household Income	Unemployment Rate	Persons Living in Poverty
• Arkansas County	$46,696	4.9%	17.3%
• Ashley County	$44,744	5.3%	16.7%
• Bradley County	$43,184	5.2%	20.5%
• Calhoun County	$46,417	5.5%	13.4%
• Chicot County	$34,147	6.6%	28.9%
• Dallas County	$38,072	5.7%	14.7%
• Desha County	$31,893	4.6%	29.1%
• Drew County	$46,997	4.6%	18.8%
• Grant County	$55,388	4.5%	14.5%
• Jefferson County	$39,326	5.6%	24.7%
• Lee County	$29,681	6.1%	22.1%
• Lincoln County	$46,596	7.4%	20.0%
• Lonoke County	$62,532	3.4%	11.1%
• Monroe County	$38,468	4.8%	27.1%
• Ouachita County	$35,425	5.0%	23.2%
• Phillips County	$29,320	5.9%	34.5%
• St. Francis County	$35,348	5.6%	24.9%
• Union County	$44,663	4.4%	19.1%
• State of Arkansas	$48,952	4.8%	16.2%
• United States	$65,712	3.8%	12.3%

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

County Data

- Chicot County

Based on the latest available data from the *2023 County Health Rankings & Roadmaps* by the Robert Wood Johnson Foundation, here is an updated overview of Chicot County, Arkansas:

GENERAL DEMOGRAPHICS		
Demographic Metric	**Chicot County**	**Arkansas**
Population	9,749	3,011,524
% Below 18 years of age	26.6%	23.2%
% 65 and older	20.7%	17.4%
% Black/African American	52.8%	15.1%
% Hispanic/Latino	5.7%	8.5%
% Non-Hispanic/White	38.1%	70.2%
% Male	49.5%	49%
% Female	50.5%	51%

INCOME DEMOGRAPHICS		
Income Metric	**Chicot County**	**Arkansas**
Median Household Income	$34,147	$48,952
Families	$42,500	$63,542
Married Couple Families	$51,623	$75,616
Non-Family Households	$16,729	$24,493

POVERTY STATISTICS			
Population Segment	**Chicot County**	**Arkansas**	**United States**
All People	28.9%	16.2%	12.3%
Under 18 Years of Age	44.6%	22.1%	—
18 to 64 Years of Age	26.6%	15.5%	—
65 and Older	16.8%	10.5%	—

MIGRATION DEMOGRAPHICS

Migration Metric	Chicot County	Arkansas
Moved Within Same State	8.6%	8.1%
Moved to a Different County	5.4%	4.0%
Moved to a Different State	1.7%	2.0%
Moved Abroad	—	0.3%

HEALTHCARE COVERAGE

Coverage Metric	Chicot County	Arkansas
Uninsured (%)	10.6%	9.1%

HEALTHCARE PROVIDER DEMOGRAPHICS

Population Segment	Chicot County	Arkansas	U.S. Top Performing Counties
Primary Care Physicians Ratio	950:1	1,500:1	1,030:1
Dentists Ratio	1,450:1	2,160:1	1,240:1
Mental Health Providers Ratio	170:1	440:1	290:1
Preventable Hospital Stays (per 100,000)	8,130	5,129	2,761
Mammography Screening (%)	37%	37%	50%
Flu Vaccinations (%)	28%	45%	53%

HEALTH STATISTICS

Health Metric	Chicot County	Arkansas	U.S. Top Performing Counties
Adult Smoking (%)	26%	22%	14%
Adult Obesity (%)	41%	43%	26%
Food Environment Index	3.1	5.2	8.6
Physical Inactivity (%)	35%	32%	20%
Access to Exercise Opportunities (%)	29%	64%	91%
Alcohol-Impaired Driving Deaths (%)	17%	26%	11%
Sexually Transmitted Infections (per 100,000)	789.8	575.5	161.4

Mission

Chicot Memorial Medical Center is committed to providing extraordinary healthcare services and promoting healthy living in the communities we serve across southeast Arkansas.

Vision

Chicot Memorial Medical Center will provide the very best care for each of our patients as we position our organization to thrive in the evolving healthcare environment and become one of the very best rural hospitals in the country.

Values

Chicot Memorial Medical Center expects the very highest standards in human behavior and values the dignity of all people through the promotion of:

- Mutual respect for each other and our patients, treating each as we would want to be treated ourselves
- Trust in one another
- Commitment to the institution and the provision of quality health care
- Positive attitudes regarding the institution and our mission
- Open communication at all levels throughout the organization, both inter- and intra-departmentally

History

The original hospital in Lake Village was the Lake Village Infirmary, located on South Cokley Street. The Lake Village Infirmary served the Lake Village area well for many years, but in the early 1960s, the increasing need for a larger facility became more and more apparent and plans for a new county hospital were made. In 1964, the people of the county, in addition to making generous contributions, voted for a revenue bond issue of almost a million dollars. Architects for the 50-bed hospital were Wittenberg, DeLong, and Davidson of Little Rock, Arkansas. The project was started under the late County Judge H. L. Locke completed under Judge James R. Burchfield and was placed in operation on October 30, 1967. In 1975, thirty more beds were added, making a total of 80 beds. The expansion project was completed on December 6, 1976. It was paid for with revenue bonds, which were paid from the hospital operations. In 1991, Chicot County citizens voted to increase the mill tax from .6 mill to 1 mill in support of ongoing maintenance for CMMC. On March 1, 2004, construction started on a new 45,000- square-foot patient care addition for CMMC to continue to provide quality care to our communities. This latest patient care addition was finished on February 15, 2006.

Leadership

- John E. Heard, *Chief Executive Officer*
- Vicki J. Allen, *Chief Financial Officer*
- Michael Bradley Mayfield, MD, *Chief Medical Officer*
- LaJuan Scales, BSN, RN, *Chief Nursing Officer*

Governance

Chicot Memorial Medical Center: Board of Directors

- Sam E. Angel
- Dr. J.P. Burge
- Linda Thomas
- Bill Elliott, Jr.
- Shirley Catalani
- Guy Dean Sabbatini
- Carrie Pieroni

Hospital Services

Respiratory Services
- James Wright, MD

Surgical Services
- Michael Bradley Mayfield, MD

Medicine Assistance Program
- Sonya Waldrup

Home Health Care Services
- James Wright, MD

Radiology Services
- James Workman, MD

Laboratory Services
- Michael Weiner, MD

Intensive Outpatient Psychiatry
- Wade Smith

Outpatient Services: Wound Care
- Michael Bradley Mayfield, MD

Outpatient Services: Interventional Pain Clinic
- Michael Bradley Mayfield, MD

Outpatient Services: Sleep Medicine
- Michael Bradley Mayfield, MD

Hospitalist Program
- Michael Bradley Mayfield, MD

24/7 Emergency Room
- Michael Bradley Mayfield, MD

Community Outreach Center
- Alyssa Johnson

Rehabilitation Services (Physical/Occupational/Speech)
- Chris Johnson, APRN
- Nathan Gladden, APRN

Inpatient Nursing Services
- Michael Bradley Mayfield, MD
- Krista Hall, MOT, OTR/L

Dental Services
- Haley Burson Rutledge, DMD
- Caludia Sullivan, *Dental Hygienist*
- Jenna Dumas, *Dental Hygienist*

Current Community Health Initiatives
- CMMC/UAMS East Community Outreach Center
- Free Exercise Classes
- Safety Baby Showers
- MASH
- Health Fairs/Screenings

Providers
- Michael Bradley Mayfield, MD
- Haley Burson Rutledge, DMD
- James C. Wright, DO
- Jo Anne Gregory, MD
- John Parks, MD

At the conclusion of the Chicot Memorial Medical Center survey and community advisory board processes, there were three priorities that were targeted for the hospital to address over the next three years: Accessibility to Healthcare Services, Community Awareness, and Specialty Services. The following data highlights the issues around these topics at the federal, state, and local levels.

Accessibility to Healthcare Services

FEDERAL

Access to care remains a significant challenge across the United States, particularly in rural areas. As of 2024, more than 76 million Americans live in designated Health Professional Shortage Areas (HPSAs), with an estimated 13,273 additional practitioners needed to eliminate these shortages (Health Resources & Services Administration, 2024). While the national uninsured rate reached a historic low of 7.7% as of early 2023, cost barriers continue to impact care-seeking behaviors (Centers for Disease Control and Prevention, 2023). Recent national surveys indicate that 38% of Americans delayed or skipped medical treatment due to cost concerns in 2022, the highest rate recorded in over two decades (Gallup & West Health, 2024).

ARKANSAS

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

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

Further exacerbating the issue, Arkansas saw declines in the percentage of clinicians working in primary care between 2021 and 2022 — mirroring national trends. The percentage of nurse practitioners work-

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

The ongoing primary care workforce shortages are compounded by structural and systemic challenges that make accessing primary care difficult for many Arkansas residents. One of the biggest barriers is the chronic underfunding of primary care services and limitations in fee-for-service payment models, which restrict providers' ability to meet patient needs. The declining workforce means patients frequently experience long wait times for primary care appointments due to a lack of available clinicians. Funding for graduate medical education (GME) has also failed to keep pace with the state's needs, as residency training programs remain concentrated in hospitals rather than in community-based primary care settings. The increasing administrative burden created by electronic health records and insurance documentation requirements further limits the time providers can dedicate to direct patient care. Additionally, insufficient funding for primary care research has hindered the ability to implement evidence-based improvements that could enhance service delivery (Arkansas Center for Health Improvement, 2024).

The Arkansas Center for Health Improvement has published a workforce report and dashboard profiling the state's primary care workforce, detailing the number of active primary care physicians, their levels of activity, demographic trends, and payer mix. Additional analyses of graduate medical education (GME) trends indicate that the number of first-year residency slots in Arkansas has not kept pace with the number of medical graduates, though recent efforts have helped narrow this gap (Arkansas Center for Health Improvement, 2024). These findings underscore the urgent need for sustained investment in primary care workforce development to ensure adequate provider availability for Arkansas residents.
Sustaining and expanding the state's primary care workforce remains a challenge, especially given the concentration of healthcare services in urban centers. Arkansas faces a shortage of local healthcare facilities–with 21 of its 75 counties lacking a hospital–which exacerbates accessibility challenges for rural residents (Arkansas Department of Health, 2024). The disparity in healthcare provider density is also significant; rural Arkansans have nearly half the provider availability of urban residents, forcing many individuals to travel long distances for routine and specialty care (Arkansas Center for Health Improvement, 2024). While the state's uninsured rate has declined in recent years, it remains slightly above the national average at 9.2% (Kaiser Family Foundation, 2025). Given these ongoing challenges, efforts to recruit, train, and

retain healthcare providers in rural Arkansas must remain a priority in order to improve healthcare access across the state.

CHICOT COUNTY

Chicot County faces severe provider shortages — with a physician-to-patient ratio of approximately 1 provider per 5,000 residents — significantly lower than the recommended benchmark and much higher (worse) than the Arkansas state average of about 1:1,030 (County Health Rankings & Roadmaps, 2024). Chicot County faces a severe shortage of healthcare providers. In 2022, only 6 primary care physicians served the entire county (population roughly 10,000) (Arkansas Department of Health, 2022). The county is also among the most economically disadvantaged in Arkansas — with 28.9% of residents living below the poverty line, compared to 16.2% statewide (U.S. Census Bureau, 2024). As a result, many residents delay care or forgo medical treatment altogether, many Chicot County residents citing affordability and transportation challenges.. Expanding provider capacity and improving access to transportation resources remain key priorities for addressing these disparities.

HEALTHCARE COMMUNICATION AND OUTREACH

FEDERAL

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

ARKANSAS

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

CHICOT COUNTY

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

Specialty Services

FEDERAL

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

ARKANSAS

Arkansas continues to experience severe shortages of specialty providers, with only 289 OB/GYNs and 405 pediatricians statewide, leading to longer wait times and referral delays for specialized care (Arkansas

Center for Health Improvement, 2024). Many rural hospitals have reduced or eliminated specialty services, forcing patients to travel long distances to major medical centers in Little Rock or Memphis for treatment (Arkansas Department of Health, 2024). Telemedicine initiatives have helped increase access to specialists, but in-person specialty care remains limited in many areas.

CHICOT COUNTY

Chicot County has minimal local access to specialty services — with most residents traveling to Pine Bluff, Little Rock, or Jackson, MS for specialty care — including orthopedics, cardiology, oncology, etc. The county lacks a full-time OB/GYN provider, and high-risk pregnancies are typically referred out of the county. Community feedback indicates a strong demand for additional specialty clinics — particularly in areas such as ENT and women's health (obstetrics and gynecology). To address these needs, Chicot Memorial Medical Center has expanded its visiting specialist program, offering periodic cardiology, endocrinology, and wound care services, but access gaps remain for residents requiring surgical or long-term specialty care. Future efforts may focus on increasing telehealth access for specialty consultations and improving referral networks to ensure timely patient care.

All sources referenced (Appendix A).

CURRENT OUTREACH PROGRAMS IN CHICOT COUNTY

Current Community Health Initiatives

Chicot Memorial Medical Center is active throughout Chicot County in sponsoring health fairs, health education programs, free health screenings and other activities to promote the health of the citizens of Chicot County. Chicot Memorial Medical Center houses UAMS East Regional Campus and is an active member of the Arkansas Rural Health Partnership. UAMS East is a seven-county health education outreach of the University of Arkansas for Medical Science, serving Chicot, Crittenden, Desha, Lee, Monroe, Phillips, and St. Francis counties. This program is headquartered in Helena, with offices in Lake Village and West Memphis.

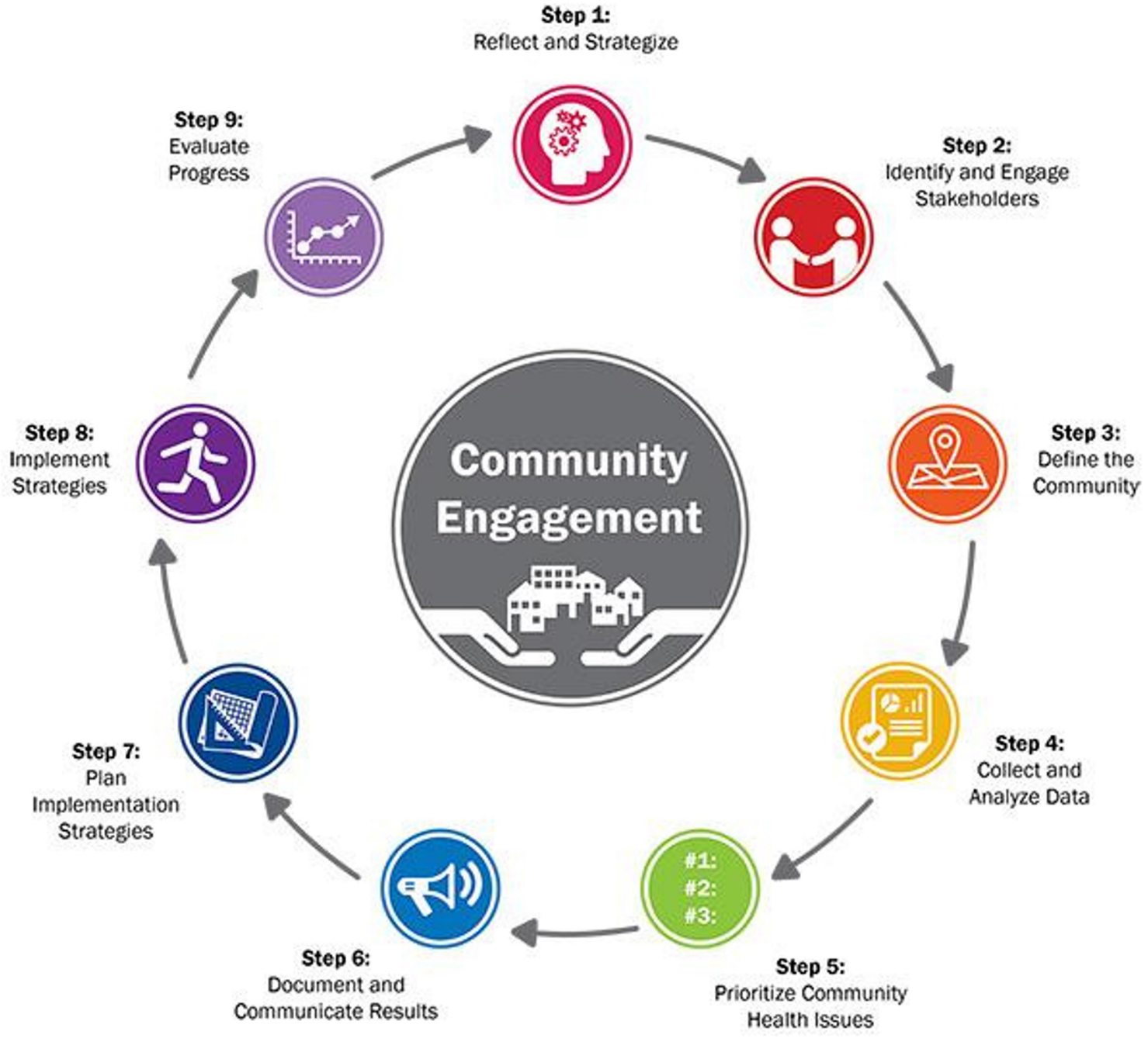
Current Outreach Programs in Chicot County

- CMMC/UAMS East Community Outreach Center
- Safety Baby Showers
- MASH and CHAMPS
- Free Exercise Classes
- Health Fairs/Screenings
- Health Education for Youth/Adults
- CPR/First Aid classes

Current Outreach Programs in Chicot County

Chicot Memorial Medical Center currently participates in several health outreach efforts through its affiliation with the Arkansas Rural Health Partnership (ARHP). The Arkansas Rural Health Partnership (ARHP) is a non-profit horizontal hospital and economic development organization composed of 19 Arkansas rural hospitals, 2 Federally Qualified Health Centers (FQHCs), and 3 teaching medical institutions. This unique network is the largest healthcare service provider in the area and serves as a hub for economic growth and development across the region. ARHP efforts aim to support and improve existing healthcare infrastructure, while strengthening healthcare delivery across rural South Arkansas. The Arkansas Rural Health Partnership is committed to strengthening the ecosystem of rural communities across South Arkansas by engaging in transformative conversations, partnerships, and initiatives.

Community Engagement Process



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

CHNA Facilitation Process

The Community Health Needs Assessment (CHNA) Toolkit—developed by the National Center for Rural Health Works at Oklahoma State University and the Center for Rural Health in collaboration with the Oklahoma Office of Rural Health—guided the CHNA facilitation process (National . This structured approach involved two community meetings coordinated by a facilitator and a steering committee responsible for establishing and overseeing a Community Advisory Committee (CAC). The CAC comprised approximately 30-40 community members who participated actively throughout the assessment to formulate a strategic plan addressing the community's health priorities.

Public participation is a cornerstone of the CHNA process. Initially, the Chicot Memorial Medical Center (CMMC) staff steering committee met with Arkansas Rural Health Partnership (ARHP) representatives Caleb Cox, Cecilia Trotter, and Camille Watson to strategize community involvement. Key members of the CMMC steering committee included John Heard, CEO; Brody Emerson, Nursing Informatics & Stroke Coordinator; and LaJuan Scales, Chief Nursing Officer. Together with ARHP staff, they facilitated the organization of hybrid community meetings and collaborated closely on developing both the community health needs assessment and the subsequent strategic implementation plan.

Given the extensive size of the service area, the steering committee chose to utilize a focused group comprising community leaders and professionals from health-related sectors. The CMMC staff steering committee identified and invited approximately 24 community members to serve on this Community Advisory Committee. All invited participants attended the initial advisory committee meeting, where ARHP staff delivered an educational presentation outlining the CHNA process. During this initial gathering, participants reviewed health statistics pertinent to the service area and individually completed the 2025 health needs survey.

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

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

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

Steering Committee

- John Heard, *Chief Executive Officer, Chicot Memorial Medical Center*
- LaJuan Scales, *Chief Nursing Officer, Chicot Memorial Medical Center*
- Brody Emerson, *Director of Quality & Clinical Informatics; UAMS IDHI Stroke Program Nurse Facilitator, Chicot Memorial Medical Center*
- Caleb Cox, *Senior Program Evaluation Specialist, Arkansas Rural Health Partnership*
- Cecilia Trotter, *Senior Program Officer: Workforce Coordinator, Arkansas Rural Health Partnership*
- Camille Watson, *Chief Officer of Grants Management & Evaluation, Arkansas Rural Health Partnership*

Community Advisory Committee

NAME	CITY/STATE	OCCUPATION	CONTACT INFORMATION
Brad Mayfield	Lake Village, AR	CMMC Medical Director / CMMC Surgeon	michael.mayfield@chicotmemorial.com
Brody Emerson	Lake Village, AR	CMMC Director of Quality/Informatics	brody.emerson@chicotmemorial.com
Faye Tate	Lake Village, AR	Chicot County Tax Assessor	fayetate111@hotmail.com
Ileen Talavarez	Lake Village, AR	ARHP - Community Benefits Counselor	ileen@arruralhealth.org
Jill Porter	Lake Village, AR	ArDOH County Unit Director	yolanda.porter@arkansas.gov
James Jenkins	Lake Village, AR	Local Business Manager	sullivansgro014@aol.com
John Heard	Lake Village, AR	CMMC Chief Executive Officer	john.heard@chicotmemorial.com
LaJuan Scales	Lake Village, AR	CMMC Chief Nursing Officer	lajuan.scales@chicotmemorial.com
Linda Haddock	Lake Village, AR	Former Lake Village City Councilwoman	haddockj@sbcglobal.net
Linda Thomas	Eudora, AR	Eudora Resident	thomasl54@sbcglobal.net
Tom Mosley	Lake Village, AR	County Judge	chicotjudge@gmail.com
Mary Hollins-Scott	Dermott, AR	Mainline Board of Directors	maryhollins111@sbcglobal.net
Percy Wilburn	Lake Village, AR	Lake Village Chief of Police	plwilburn63@yahoo.com
Ron Nichols	Lake Village, AR	Chicot County Sheriff	rnchicot1@sbcglobal.net
Sammy Angel	Lake Village, AR	Lake Village City Councilman	sameangel@sbcglobal.net
Shirley Catalani	Lake Village, AR	CMMC Board of Directors	shirleycatalani@gmail.com
Tara Gladden	Lake Village, AR	CMMC Assistant Chief Nursing Officer	tara.gladden@chicotmemorial.com
Tomeka Butler	Eudora, AR	Mayor of Eudora	tomekabutler@eudoraar.com
Tori Green	Lake Village, AR	City Council Woman	tgreen@lakevillagear.gov
Lucia Guillen	Lake Village, AR	Local Business Employee	lucy.guillen1988@gmail.com
Jane Stevens	Lake Village, AR	Lake Village Resident	jes6@bellsouth.net
Delorse Dixon	Lake Village, AR	Lake Village Business Owner	dixondelorse0@gmail.com
Denise Edwards	Lake Village, AR	Lakeside School Director of Special Education	ledwards@lsschool.org
Willie Jo Johnson	Eudora, AR	Eudora Resident	

RESULTS OVERVIEW: 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

There were **159** completed surveys through Chicot Memorial Medical Center's 2025 Community Health Needs Assessment process. All of the results of the survey can be found in *Attachment D*.

TOP ISSUES IDENTIFIED

Accessibility to Healthcare Services.

Respondents identified multiple barriers limiting access to healthcare, including high costs, provider shortages, lack of insurance, language barriers, and, notably, transportation challenges. Addressing these barriers comprehensively, especially transportation issues, will significantly improve community health outcomes.

Awareness of Available Healthcare Services.

The assessment revealed a substantial gap in community awareness about existing healthcare resources. Effective strategies to enhance awareness may include targeted marketing, social media campaigns, community education, and direct outreach by healthcare providers.

Availability of Specialty Services.

Community members highlighted a strong need for specialized medical services, particularly Ear, Nose, and Throat (ENT), Cardiology, and Gynecology (OBGYN). Increasing these specialty services locally would reduce the necessity for residents to travel long distances for care.

2025-2028: CMMC CHNA STRATEGIC IMPLEMENTATION PLAN

The 2025-2028 Strategic Implementation Plan serves as an action-driven framework to address the priority health issues identified in the Chicot Memorial Medical Center (CMMC) Community Health Needs Assessment (CHNA). This plan is currently being developed through a collaborative effort between Arkansas Rural Health Partnership (ARHP) and the CMMC Board of Directors, with ongoing progress reports submitted to the Internal Revenue Service in compliance with federal regulations. As part of this initiative, hard copies of the assessment are available upon request at Chicot Memorial Medical Center, and the full report is also accessible online via the CMMC website. Additionally, Arkansas Rural Health Partnership is in the process of expanding this strategic plan to incorporate input from all ARHP member hospitals. Through shared funding, resource allocation, and regional collaboration, the implementation plan is expected to drive significant community health improvements across the Arkansas Delta region. This multi-year strategic initiative remains in progress, with an emphasis on enhancing healthcare access, addressing disparities, and fostering long-term sustainability for rural health systems throughout the region.

OBJECTIVE 1. IMPROVING ACCESSIBILITY TO HEALTHCARE SERVICES.

- **Expand Non-Emergency Medical Transportation (NEMT) Services:** Work with local and regional transportation providers to enhance affordable, reliable transportation options for medical appointments.
- **Strengthen Primary Care Collaboration:** Establish a formal non-competitive partnership with Lake Village Clinic to enhance primary care access, coordinate patient referrals, and share community outreach initiatives.
- **Recruit & Retain Healthcare Providers:** Strengthen provider recruitment efforts by offering incentives (e.g., loan repayment programs, competitive salaries) to attract physicians, nurse practitioners, and specialists to CMMC.
- **Increase Telehealth Utilization:** Expand telemedicine services for primary care, reducing the need for long-distance travel.
- **Support Health Insurance Enrollment & Navigation:** Work with ARHP and local partners to assist residents in navigating Medicaid, Medicare, and private insurance enrollment processes.
- **Address Language Barriers:** Implement multilingual health resources and expand interpreter services to better serve non-English-speaking residents.

2025-2028: CMMC CHNA STRATEGIC IMPLEMENTATION PLAN (Continued)

OBJECTIVE 2. ENHANCING AWARENESS OF AVAILABLE HEALTHCARE SERVICES.

- **Develop a Community Outreach & Education Initiative:** Launch a targeted marketing campaign using social media, local newspapers, and community events to increase awareness of healthcare services at CMMC.
- **Strengthen Partnerships with Local Organizations:** Work with churches, schools, businesses, and civic groups to distribute healthcare information and host educational workshops.
- **Enhance Direct Patient Communication:** Expand patient navigator services to ensure residents receive personalized guidance on available healthcare options.
- **Implement a Rural Health Resource Hub:** Establish an online and in-person health resource center at CMMC to provide comprehensive information on services, referrals, and financial assistance.

OBJECTIVE 3. EXPANDING AVAILABILITY OF SPECIALTY SERVICES.

- **Increase the Frequency of Visiting Specialists:** Strengthen partnerships with regional specialty providers to bring ENT, cardiology, and OB/GYN specialists to CMMC on a regular basis.
- **Enhance Tele-Specialty Care:** Expand telehealth consultations for cardiology, endocrinology, and prenatal care, reducing the need for patients to travel out of the county.
- **Recruit Full-Time Specialists:** Explore funding opportunities and collaborate with medical schools to recruit full-time OB/GYN, cardiologists, and ENT specialists to serve Chicot County.
- **Establish Specialty Care Coordination Services:** Develop a patient referral network in collaboration with ARHP and partners, ensuring efficient referrals to out-of-county specialists when necessary.

QUALIFICATIONS OF THE REPORT PREPARER

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

Caleb Cox, Senior Program Evaluation Specialist, Cecilia Trotter, Senior Program Officer: Workforce Coordinator, and Camille Watson, Chief Officer of Grants Management & Evaluation were designated to serve as leads on Chicot Memorial Medical Center's 2025 Community Health Needs Assessments due to their expertise in rural healthcare, as well as data collection, analysis, and evaluation.

ABOUT THE ARKANSAS RURAL HEALTH PARTNERSHIP

The Arkansas Rural Health Partnership (ARHP) is a non-profit horizontal hospital and economic development organization composed of 19 Arkansas rural hospitals, 2 Federally Qualified Health Centers, and 3 teaching medical institutions. This unique network is the largest healthcare service provider in the area and serves as a hub for economic growth and development across the region. ARHP efforts aim to support and improve existing healthcare infrastructure while strengthening healthcare delivery across rural south Arkansas.

DOCUMENTATION

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

- **Attachment A.** Community Advisory Committee Education PowerPoint Presentation.
- **Attachment B.** Community Advisory Committee Meeting Agenda.
- **Attachment C.** Community Advisory Attendance Roster.
- **Attachment D.** Community Advisory Committee Meeting PowerPoint Presentation & 2025 CMMC Survey Results.

Chicot Memorial Medical Center

COMMUNITY HEALTH NEEDS ASSESSMENTS 2025

Advisory Committee Informational Meeting

MEETING AGENDA

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

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

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

WHY DO WE DO A COMMUNITY HEALTH NEEDS ASSESSMENT?

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

COMMUNITY BENEFIT MEANS . . .

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

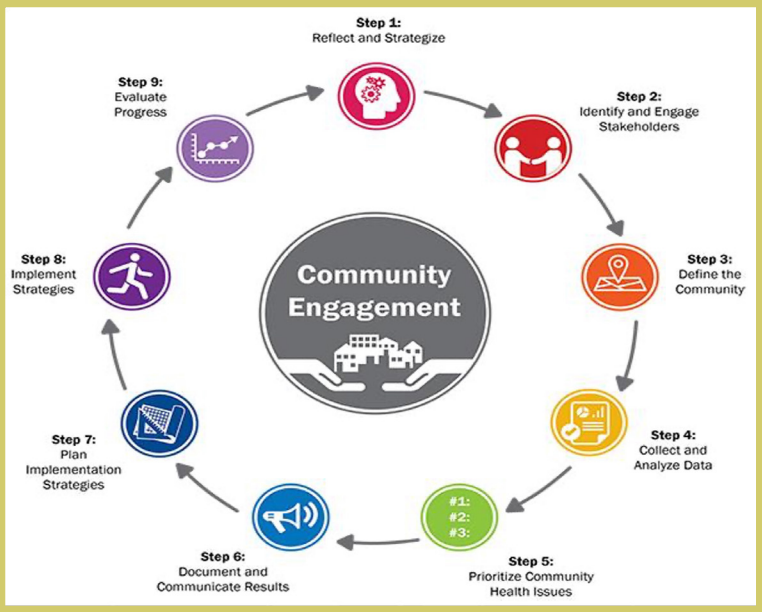
- ❑ Improve access to healthcare services;
- ❑ Enhance health of the community;
- ❑ Advance medical or health knowledge; or
- ❑ Relieve/reduce the burden of other community efforts.

THEREFORE, ALL NON-PROFIT HOSPITALS MUST . . .

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

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

THE CHNA PROCESS



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

COMMUNITY ENGAGEMENT IS CENTRAL . . .

Benefits for Your Hospital

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

Benefits for Your Community

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

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

- Others may be identified prior to the next meeting.

We are looking for community members who:

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

IDENTIFY & ENGAGE STAKEHOLDERS | STEP ONE

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

DEFINE THE COMMUNITY | STEP TWO

- Surveys include sections about overall health, you & your family's health, you & your community, and demographic questions about the respondent.
- Advisory Committee will be instrumental in gathering data through surveys.
- Surveys will be available on Chicot County Medical Center website and Facebook page. Also available by text & email. Surveys are confidential & open now.
- All data will be compiled & presented at next meeting (March 24th).

COLLECT & ANALYZE DATA | STEP THREE

NEXT STEPS . . .

- Complete the survey (If you provided your email address, we will email you the link to the survey.)
- Talk to your friends and family about the survey and ask them to complete it.
- Talk to your friends and family about their health care concerns for the community.
- Attend meeting #2 on March 24th
- At next meeting we will 1) Review data collected; 2) Identify key health concerns to address; and 3) Outline a plan to address concerns over the next 3 years.

THANK YOU!

Arkansas Rural Health Partnership

MEETING AGENDA

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

ATTACHMENT C.
Community Advisory Attendance Roster

NAME	CITY/STATE	OCCUPATION	CONTACT INFORMATION
Brad Mayfield	Lake Village, AR	CMMC Medical Director / CMMC Surgeon	michael.mayfield@chicotmemorial.com
Brody Emerson	Lake Village, AR	CMMC Director of Quality/Informatics	brody.emerson@chicotmemorial.com
Faye Tate	Lake Village, AR	Chicot County Tax Assessor	fayetate111@hotmail.com
Ileen Talavarez	Lake Village, AR	ARHP - Community Benefits Counselor	ileen@arruralhealth.org
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LaJuan Scales	Lake Village, AR	CMMC Chief Nursing Officer	lajuan.scales@chicotmemorial.com
Linda Haddock	Lake Village, AR	Former Lake Village City Councilwoman	haddockj@sbcglobal.net
Linda Thomas	Eudora, AR	Eudora Resident	thomasl54@sbcglobal.net
Tom Mosley	Lake Village, AR	County Judge	chicotjudge@gmail.com
Mary Hollins-Scott	Dermott, AR	Mainline Board of Directors	maryhollins111@sbcglobal.net
Percy Wilburn	Lake Village, AR	Lake Village Chief of Police	plwilburn63@yahoo.com
Ron Nichols	Lake Village, AR	Chicot County Sheriff	rnchicot1@sbcglobal.net
Sammy Angel	Lake Village, AR	Lake Village City Councilman	sameangel@sbcglobal.net
Shirley Catalani	Lake Village, AR	CMMC Board of Directors	shirleycatalani@gmail.com
Tara Gladden	Lake Village, AR	CMMC Assistant Chief Nursing Officer	tara.gladden@chicotmemorial.com
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Lucia Guillen	Lake Village, AR	Local Business Employee	lucy.guillen1988@gmail.com
Jane Stevens	Lake Village, AR	Lake Village Resident	jes6@bellsouth.net
Delorse Dixon	Lake Village, AR	Lake Village Business Owner	dixondelorse0@gmail.com
Denise Edwards	Lake Village, AR	Lakeside School Director of Special Education	ledwards@lsschool.org
Willie Jo Johnson	Eudora, AR	Eudora Resident	

CHICOT MEMORIAL MEDICAL CENTER

COMMUNITY HEALTH NEEDS ASSESSMENT

2025

MEETING AGENDA

01 **Introductions**

02 **Overview of Community Health Needs Assessment (CHNA)**

03 **The CHNA Process**

04 **Next Steps**

05 **Questions**

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- **Advance medical or health knowledge**
- **Relieve/reduce the burden of other community efforts.**

THEREFORE, ALL NON-PROFIT HOSPITALS MUST . . .

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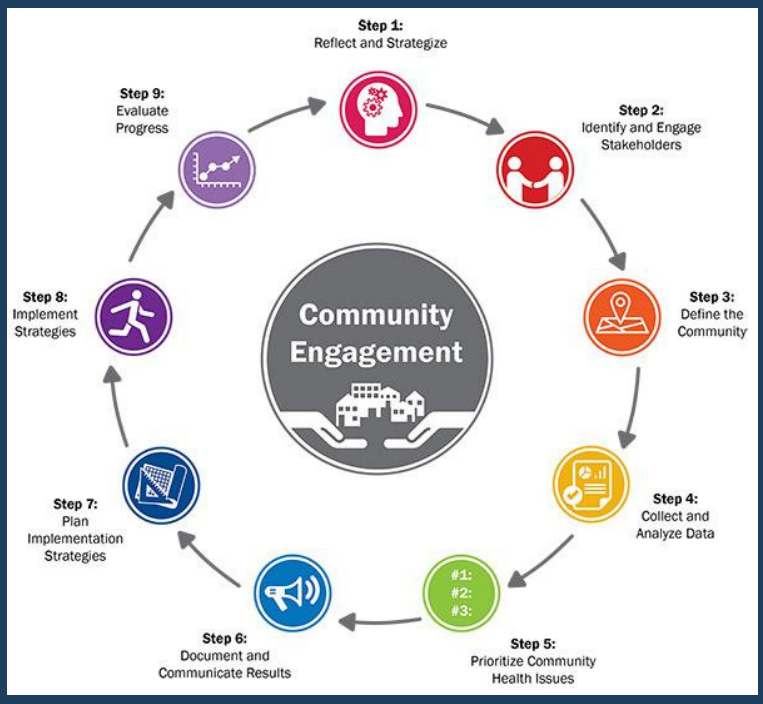
- **Widely publicize these assessment results by the end of the fiscal year.**
- **Adopt an implementation strategy to meet needs identified by the assessment.**
- **Provide the Secretary of the Treasury with an annual report of how the organization is addressing the needs identified in each community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

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

THE CHNA PROCESS



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

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- **Improved communication between community and hospital**
- **Potential community coalitions/collaborative improvement efforts.**
- **The ability to apply knowledge and experiences to improve the health of the community.**
- **The opportunity for leadership development and capacity-building.**
- **The potential for a healthier community.**

- **EVERYONE THAT WAS INVITED WAS DELIBERATELY CHOSEN TO PARTICIPATE IN THIS PROCESS.**
  - Others may be identified prior to the next meeting.

- **WE ARE LOOKING FOR COMMUNITY MEMBERS WHO:**
  - Represent different community interests and sectors.
  - Bring different strengths and/or resources to support the process.
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IDENTIFY & ENGAGE STAKEHOLDERS | STEP ONE

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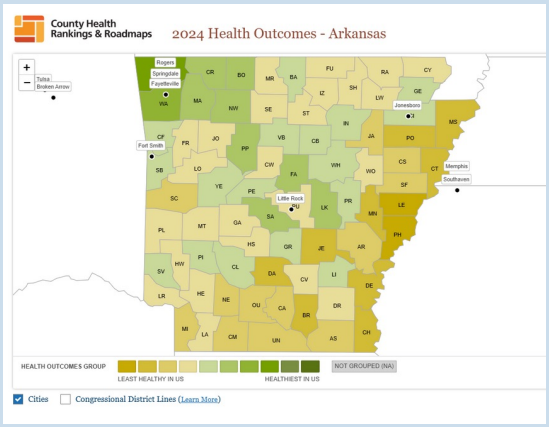
DEFINE THE COMMUNITY | STEP TWO

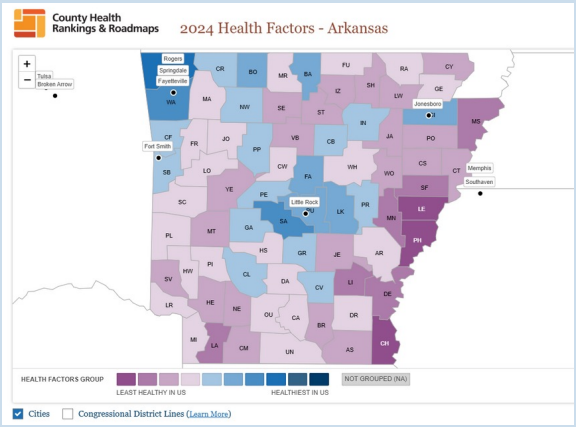
CHICOT COUNTY, ARKANSAS

Arkansas has 75 counties. As of the 2024 County Health Rankings by the University of Wisconsin Population Health Institute, Chicot County, Arkansas, is ranked as follows among the state's 75 counties:

HEALTH OUTCOMES:
- Overall Rank: #71

HEALTH FACTORS:
- Overall Rank: #73





COUNTY HEALTH RANKINGS & ROADMAPS, 2024

WHO IS CHICOT COUNTY?

Key insights per the CHNA Survey

159 SURVEY RESPONSES

89.4 % **of Chicot County was represented. Ashley, Drew, Desha, Washington, and unspecified counties were also represented.**

81.8% **of respondents were female. Male (15.7%) and undisclosed respondents (2.5%) accounted for remaining survey completions.**

56-75 **The largest age groups were 56-65 (20.13%) and 66-75 (17.61%) indicating an older respondent base. However, the 46-55 (17.61%), 36-45 years (16.35%), and 26-35 (14.47%) age groups also had strong representation.**

48.4 % **The largest racial group represented was White (48.43%). Black/African American (28.3%), Hispanic or Latino (22.01%) and undisclosed respondents (1.26%) made up a smaller portion of participants.**

- ***Black/African American representation in the survey was notably lower than expected given the county's demographic makeup, thus, limiting the validity of survey responses. Additionally, it may also indicate a gap in engagement that may reflect broader barriers to participation in healthcare discussions.***

DATA COLLECTION PROCESS

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

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

Surveys were made available from February 24th to March 21st.

COLLECT & ANALYZE DATA | **STEP THREE**

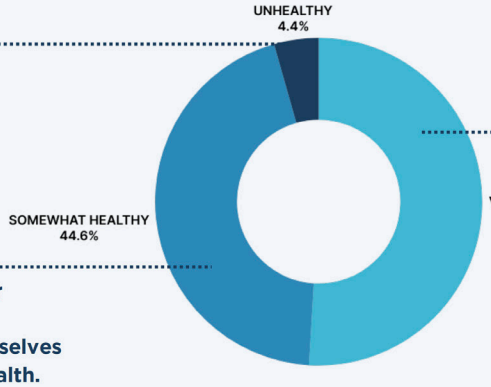
DATA ANALYSIS

- **Survey responses (N=159) were analyzed to assess community health priorities–focusing on representation across key demographic groups, including gender, age, and race.**
- **The analysis ensured that results accurately reflected the community's perspectives; however, demographic comparisons revealed certain gaps–highlighting opportunities for more targeted outreach to improve representation among specific populations.**

COLLECT & ANALYZE DATA | **STEP THREE**

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

Only 4.40% of respondents rated themselves as "Unhealthy".

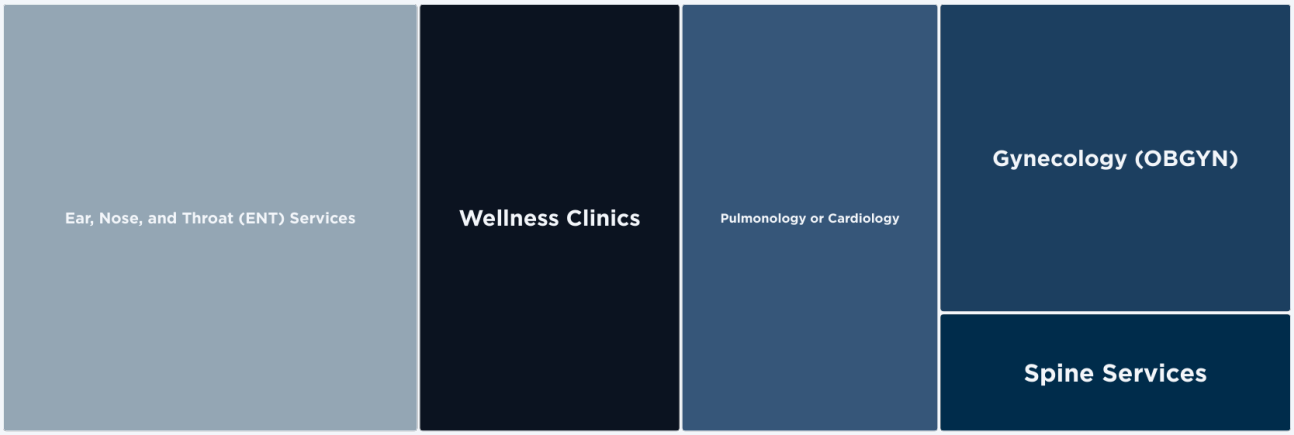


The majority of respondents (50.95%) perceive themselves as "Healthy" or "Very Healthy", suggesting they feel confident in their physical well-being.

44.65% of respondents rated their health as "Somewhat Healthy", indicating that they perceive themselves as neither in excellent nor poor health.

Key Insight: The majority perceive themselves as healthy.

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



- ***Respondents were asked which healthcare services they would use if they were more accessible. The most frequently requested services are included (above).***

USE OF PREVENTATIVE HEALTH SERVICES:

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

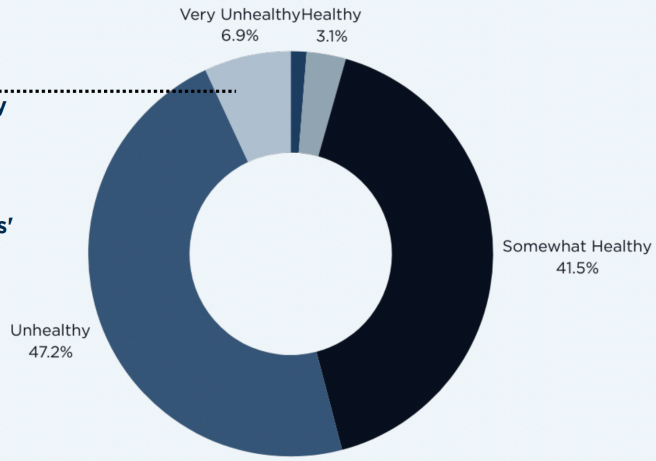
- ***Respondents reported their use of preventive care services in the past year:***

Key Insight: While most respondents actively engage in preventive healthcare, 16.0% do not use any preventive services, which increases the risk of undiagnosed conditions. This finding suggests barriers to care or a lack of awareness.

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

When asked to rate the general health of their community:

- **54.09% of respondents believe their community is unhealthy or very unhealthy, aligning with concerns about healthcare access and chronic conditions.**
- **This highlights a notable contradiction between respondents' views of their personal health (50.95% rated themselves as "Healthy" or "Very Healthy") compared to their perceptions of community health.**

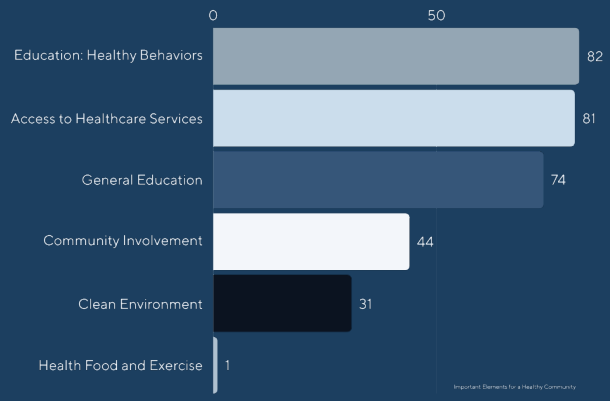


Key Insight: This discrepancy suggests that while individuals feel they manage their personal health effectively, they recognize broader systemic health issues impacting their community.

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

Respondents identified the most important elements for a healthy community:

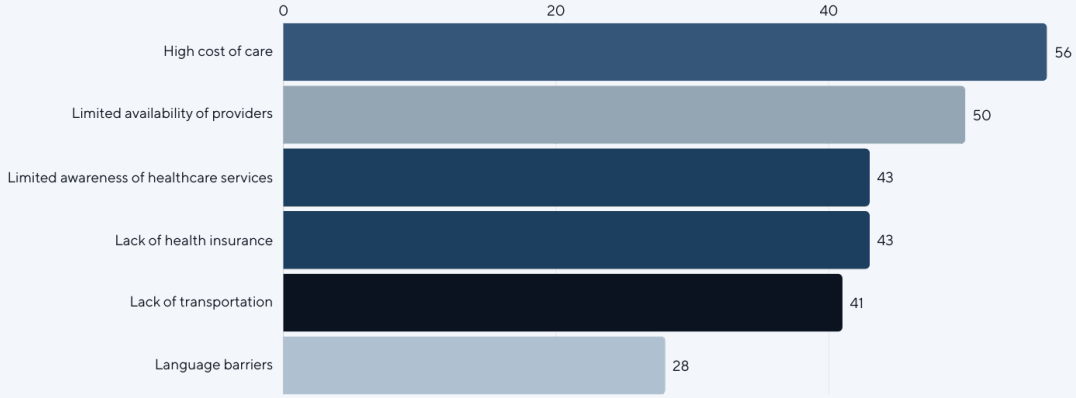
- **Access to Healthcare Services emphasizes accessibility barriers.**
- **General Education highlights educational disparities in rural communities and their impact on overall well-being.**
- **Community Involvement and a Clean Environment were also important.**
- **Only 0.63% of respondents selected access to healthy food and exercise as critical factors.**



Key Insights:
1) Expanding health literacy, healthcare access, and general education remain top community priorities, underscoring the need for improved resources, awareness, and infrastructure.
2) Despite high obesity rates (41%), physical inactivity (35%), diabetes prevalence (15.7%), and severe limitations in accessing nutritious food (Food Environment Index of 3.1/10) in Chicot County—a state ranked 50th in food insecurity and 47th in physical inactivity nationally—respondents overwhelmingly did not prioritize access to healthy food and exercise

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

When asked about the biggest challenges in accessing healthcare, respondents identified several critical obstacles:



Key Insight: Addressing healthcare affordability, provider shortages, and transportation barriers is essential for improving equitable access to care. Additionally, enhancing health literacy and expanding language-accessible services could significantly bridge existing gaps and ensure residents can utilize available resources effectively.

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

Respondents identified the most serious health concerns affecting their community:

Key Insight: Chronic diseases such as diabetes, obesity, and heart disease are perceived as the primary health threats, many of which are preventable through diet, exercise, and early intervention. Additionally, significant concerns about substance abuse, mental health, and limited healthcare access point to a broader need for comprehensive, community-driven health initiatives addressing both physical and behavioral health.

SEVERE HEALTHCARE PROVIDER SHORTAGES & GAPS IN SPEACIALIZED CARE: A QUALITATIVE APPROACH

PRIMARY CARE DEFICIENCY

"We really need more health providers." / "Not enough doctors." / "We could use another primary care clinic.

SEVERE GAPS IN OBGYN & WOMEN'S HEALTH SERVICES

"Women's gynecology is very much needed." / "The women's clinic at Chicot Memorial is great, but women in Chicot County need more providers and OBGYN services." / "Access to specialists like an OBGYN is extremely limited."

LACK OF MENTAL HEALTH SERVICES

"Mental health services are very much needed." / "There are not enough mental health providers, and those available have long wait times." / "We need more behavioral health options for addiction and counseling."

GEOGRAPHIC BARRIERS: TRAVEL AND RURAL DISPARITIES
A QUALITATIVE APPROACH

- **"I AM A VETERAN. PROVIDE SERVICES FOR US, SO WE DON'T HAVE TO TRAVEL 2.5 HOURS TO LITTLE ROCK, AR VA OR JACKSON, MS VA."**
- **"EUDORA NEVER GETS ANY OF THE SERVICES WE NEED. IT STOPS IN LAKE VILLAGE, WHICH BRINGS TRANSPORTATION ISSUES."**
- **"THIS AREA IS ALWAYS FORGOTTEN. IF PROGRAMS TO HELP THE COMMUNITY ARE BROUGHT HERE, THEY DON'T LAST."**

- ***Improve Accessibility to Healthcare Services.***
  - **Respondents identified multiple barriers limiting access to healthcare, including high costs, provider shortages, lack of insurance, language barriers, and notably, transportation challenges. Addressing these barriers comprehensively—especially transportation issues—will significantly improve community health outcomes.**
- ***Increase Awareness of Available Healthcare Services.***
  - **The assessment revealed a substantial gap in community awareness about existing healthcare resources. Effective strategies to enhance awareness may include targeted marketing, social media campaigns, community education, and direct outreach by healthcare providers.**
- ***Expand Availability of Specialty Services.***
  - **Community members highlighted a strong need for specialized medical services–particularly Ear, Nose, and Throat (ENT), Cardiology, and Gynecology (OBGYN). Increasing these specialty services locally would reduce the necessity for residents to travel long distances for care.**

PRIORITIZE COMMUNITY HEALTH ISSUES | **STEP FOUR**

Arkansas Rural Health Partnership will provide Chicot Memorial Medical Center with the Community Health Needs Assessment Report before March 31, 2025. The Strategic Plan will be finalized by December 2025, and an official document of this plan will be provided by ARHP to CMMC.

DOCUMENT & COMMUNICATE RESULTS | STEP FIVE

THIS IS AN ONGOING PROCESS

- **Develop work groups (You can use your same groups as last time…)**
- **Create measurable action plan recommendations based upon key themes identified (15 minutes)**
- **Consider potential barriers for implementation.**
  - **SWOT Analysis, etc.**

PLAN IMPLEMENTATION STRATEGIES | STEP SEVEN

- **Arkansas Rural Health Partnership will provide Chicot Memorial Medical Center with the Community Health Needs Assessment Report before March 31, 2025.**
- **ARHP and CMMC Steering Committee will draft the implementation plan and communicate back to the advisory committee.**
- **Conduct annual progress assessment with the advisory committee**

IMPLEMENT STRATEGIES & NEXT STEPS | STEP SEVEN

THANK YOU!

Arkansas Rural Health Partnership

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REPORT PREPARED BY

Arkansas Rural Health Partnership
4747 Dusty Lake Road
Pine Bluff, Arkansas 71603
870-632-7299
www.arruralhealth.org | info@arruralhealth.org