2026 COMMUNITY HEALTH NEEDS ASSESSMENT

Northeast Arkansas

Baptist Memorial Hospital–Crittenden
Baptist Memorial Hospital–Paragould
NEA Baptist Memorial Hospital

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About Baptist Memorial Health Care and Baptist Memorial Hospital-Paragould

Regarded as one of the premier health care systems in the nation, Baptist Memorial Health Care (Baptist Memorial) is an award-winning network dedicated to providing compassionate, high-quality care for patients. Our network of 25 hospitals serves communities across the Mid-South, including Arkansas, Mississippi and Tennessee, offering safe, integrated, patient-focused and cost-effective medical care.

Baptist Memorial Hospital-Paragould (formerly Arkansas Methodist Medical Center) merged with Baptist Memorial in February 2026. The hospital, based in Paragould, Arkansas, has a 75-year history of providing medical excellence to Northeast Arkansas and beyond. With more than 500 employees, inpatient rehabilitation services, multiple medical specialties and a retirement community, Chateau on the Ridge Assisted Living, Baptist Memorial Hospital-Paragould has established a reputation for delivering quality health care.

As part of our mission to provide quality health care, Baptist Memorial 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.

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Executive Summary

2026 Community Health Needs Assessment

As a trusted health care leader, Baptist Memorial is dedicated to understanding and addressing the most pressing health and wellness concerns of our community. Baptist Memorial 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 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 Memorial aims to ensure 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 or visit baptistonline.org/about/chna.

Research Partner

Baptist Memorial'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.

2026 CHNA Leadership and Oversight

A steering committee of representatives from Baptist Memorial Hospital-Paragould and across the Baptist Memorial system was convened 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 residents' health.

The following individuals served on the CHNA committee as liaisons between Baptist Memorial and the communities they serve.

2026 CHNA Steering Committee

Cynthia Bradford, System Community Relations Manager

Abby Brann, System Community Relations Sr. Coordinator

Jeff Lann, Marketing and Research Development Manager

Tiffany Lidisky, Director of Marketing

Tiana Poirier-Shelton, System Community Relations Coordinator

Ann Marie Watkins Wallace, System Community Relations Sr. Coordinator

2026 CHNA Study Area

Baptist Memorial has 25 hospitals serving residents in Arkansas, Mississippi and Tennessee. The CHNA focuses 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 are grouped into regions for comparisons of health and socioeconomic data.

Baptist Memorial Hospital-Paragould is located in Greene County, Arkansas, and is included as part of the Northeast Arkansas service area.

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
	Greene County, AR	Baptist Memorial Hospital-Paragould
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

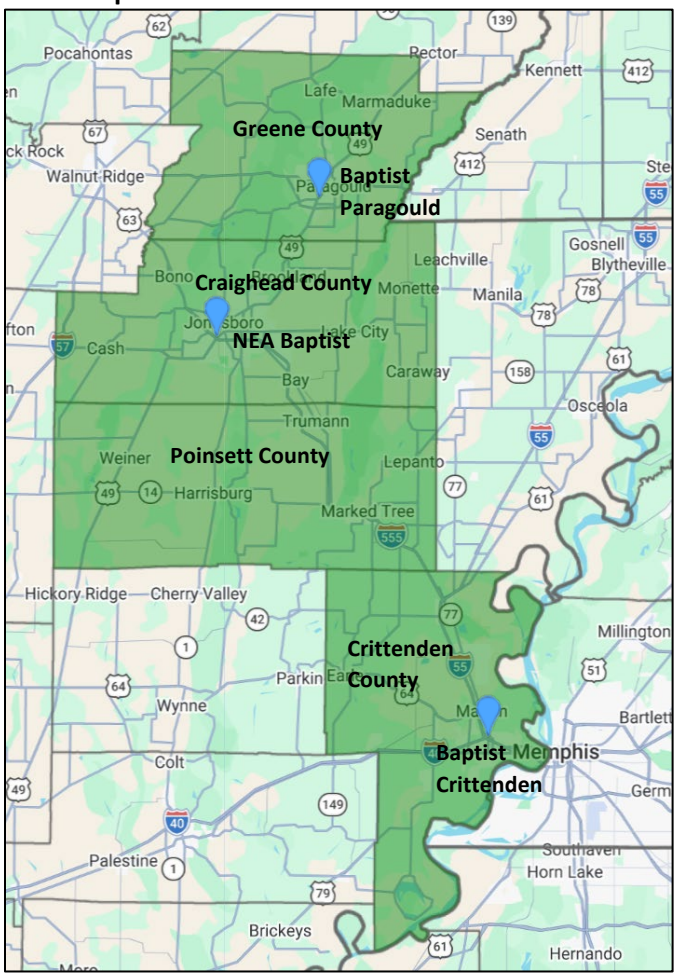
*On Aug. 1, 2025, Baptist Memorial Health Care sold all tangible and intangible assets of the Baptist Memorial Restorative Care Hospital in Memphis, Tennessee to Select Specialty Hospital – Memphis Inc., a subsidiary of Select Medical Corporation Inc. of Mechanicsburg, Pennsylvania.

With the merger of Baptist Memorial Hospital-Paragould, Baptist has three hospitals in the Northeast Arkansas service area. The Northeast Arkansas study encompasses Craighead, Crittenden, Greene 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 located in the Northeast Arkansas service area.

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

Baptist's Northeast Arkansas Service Area



Research Methodology

The CHNA was conducted from March 2026 to June 2026 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

Representatives of Greene County and surrounding areas were invited to participate in an online key stakeholder survey. A total of 32 individuals serving diverse communities and populations participated in the key stakeholder survey to share input about local health needs, clients' experiences receiving and accessing services and opportunities for collective impact.

Secondary Data Analysis

Secondary data, including demographic, socioeconomic and public health indicators, were analyzed to measure key data trends and priority health issues, and to assess emerging health needs. Data were compared to each service area county, the state of Arkansas, the United States and Healthy People 2030 (HP2030) goals, as available, to assess areas of strength and opportunity. Healthy People 2030 is a national initiative establishing 10-year goals for improving the health of all Americans.

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. Because of the time required to collect and analyze data, it is typical for data to reflect prior years rather than the current year.

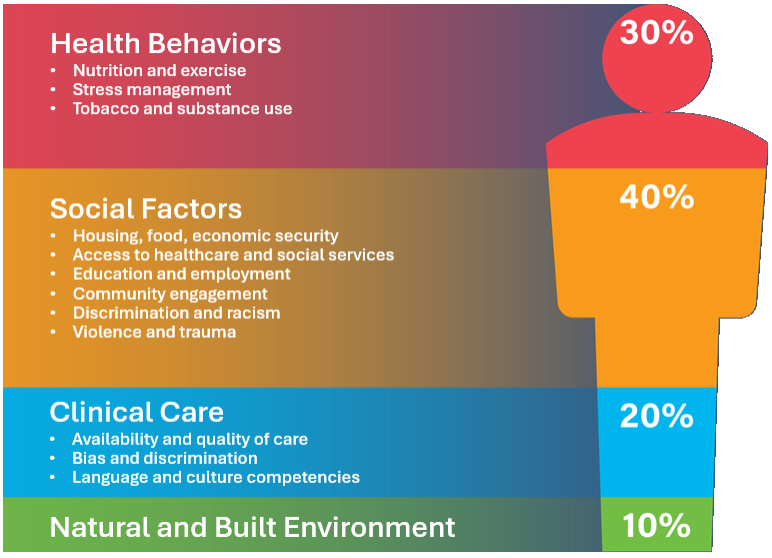
Social Drivers of Health

Where we live affects choices available to us

The CHNA was conducted to provide deeper insights into the differences in the health and well-being of different 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 SDOH domains to identify strengths and challenges that affect our community's health and well-being.

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

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.



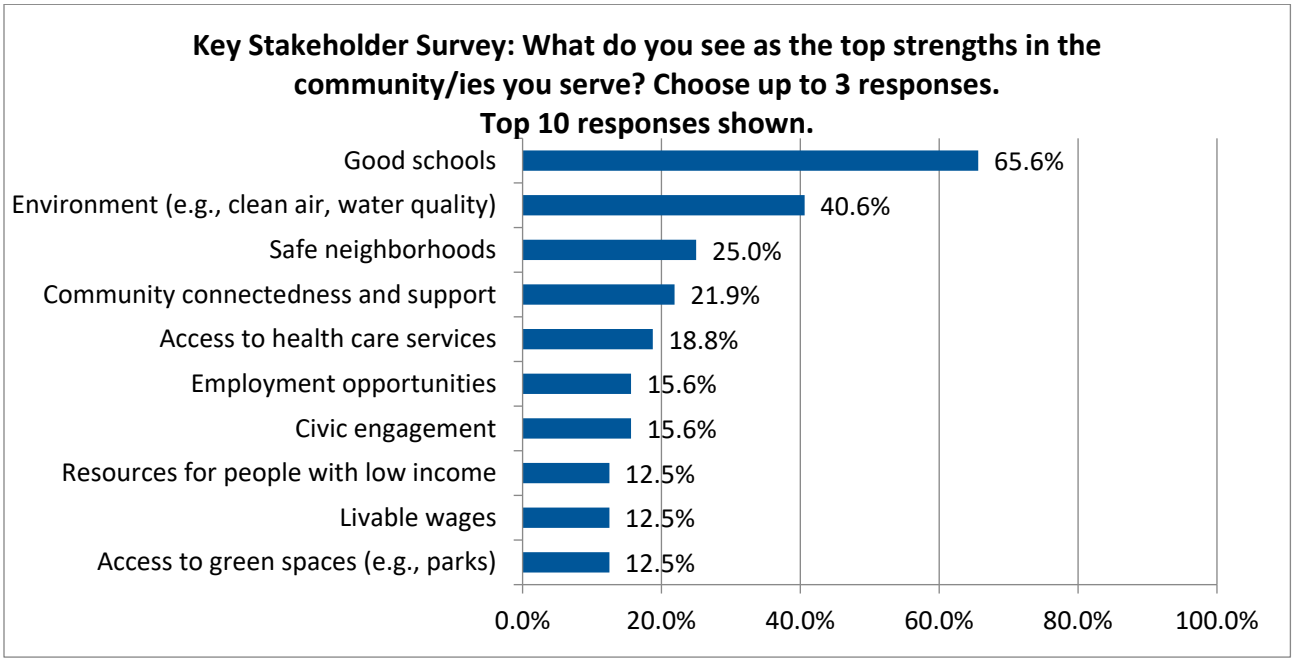
Research shows 50% of a person's health is determined by social factors and their natural and built environment.

Only 20% of health outcomes are attributed

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

Greene County and surrounding areas are supported by a collaborative network of health and human services providers and strong anchor institutions (e.g., higher education, health systems). The area is rich in natural resources and beauty. Key stakeholder survey participants described safe and family-friendly neighborhoods and a strong sense of community and support for neighbors. When asked what they see as the top strengths for the community, survey participants noted *good schools, natural environment, safe neighborhoods, community connectedness and support, and access to health care services* among top attributes.



When asked to rate various SDOH for the area, approximately 79% of participants rated *community safety as* "good" or "excellent." Approximately 65% of participants also rated *job training and education opportunities and early childhood education opportunities as* "good" or "excellent." More than half (57%-59%) of participants rated *health care access and affordability* and *accessible green spaces and outdoor recreation* as "good" or "excellent."

The area has a strong Parks and Recreation department, supported by both city and community stakeholders. Survey participants were highly complementary of available green spaces, both natural and structured. The parks system was seen as growing, including the expansion of the 8 Mile Creek Trail.

STAKEHOLDER FEEDBACK

"Paragould has several parks, a bike path and walking trail that contribute to accessible green space. There are many health and wellness events that allow people access to free services."

"Our community here is safe, and outside space is good and accessible to the elderly."

"Living in rural Arkansas, green spaces and outdoor recreation are readily available to all."

Greene County and surrounding areas provide a safe residence, supported by quality education and health care resources for community members. The free pre-kindergarten program for eligible children is a top community attribute.

STAKEHOLDER FEEDBACK

"Our city and county have several parks that are free and accessible to everyone. We've got two public schools with a free pre-K program. Health care access is good — we've got a hospital and its clinics, plus several smaller clinics throughout the city."

"We have a hospital and plenty of PCPs (primary care providers). We have several daycares, and our community is safe with plenty of officers and a great new chief of police."

"Excellent school systems, no cost Pre-K, pediatric intervention daycares. Green space development is expanding."

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

"[We have] dedicated local officials that take city pride in providing these services."

"We have caring churches and volunteers who help."

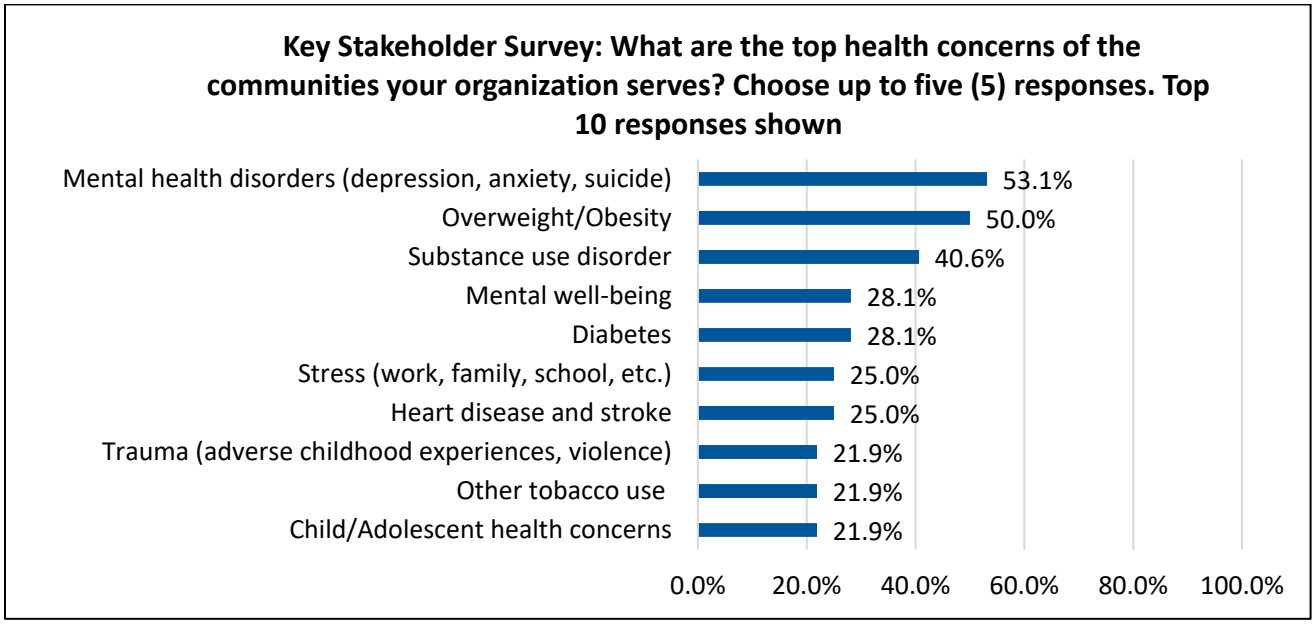
"Many of the communities we serve have multiple long-standing civic organizations. These organizations are great sources of volunteers; although, many members are aging and many clubs were negatively impacted by COVID."

"Strong Parks and Rec presence and city support, Paragould has always had a strong civic participation."

Community Strengths

- Access to green spaces and outdoor recreation
- Civic engagement and volunteerism
- Community affordability, lower costs of living
- Community support and connectedness
- Early childhood education and opportunities (e.g., free pre-K)
- Quality health care services
- Quality school and job training opportunities
- Safe, family-friendly neighborhoods
- Social services programs
- Strong anchor institutions

Using these existing strengths and community assets, community partners can work together to improve health. Approximately 56% of key stakeholder survey participants rated the overall health and well-being of the population their organization serves as "average," and 31% rated it as "below average." When asked to name the top health concerns affecting the communities they serve, survey participants overwhelmingly identified issues related to *behavioral health* (e.g., mental health, substance use, stress, trauma) and *chronic conditions* (e.g., obesity, diabetes, heart disease). Other issues included *tobacco use* and *youth health concerns*. 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 effects of the COVID-19 pandemic (e.g., isolation, delayed care), underlying SDOH factors and inequities in community experience and access to resources. More than 90% of survey participants rated *public transportation options* as "fair" or "poor" and many noted that there is no public transportation service in the area. About 75% to 80% of participants rated *healthy food access and affordability, housing affordability and availability,* and *inclusion and appreciation of diversity in people and ideas* as "fair" or "poor." Stakeholders highlighted a deficit of resources for people with low incomes and few affordable options for childcare, health care and housing.

STAKEHOLDER FEEDBACK

"Public transportation and affordable housing are the two biggest barriers to the citizens in our area."

"Healthy food affordability and availability is difficult. Many people on fixed incomes or with SNAP are looking to stretch their money throughout the month. That's not easy to do when purchasing fresh fruits and vegetables that spoil quickly and cost more. Public transportation throughout the area is nearly non-existent and many struggle with transportation to access health care."

When asked which SDOH to prioritize to have the biggest impact on the overall health of the people they serve, two-thirds (63%) of key stakeholders selected *ability for everyone to receive quality health care when they need it*. Approximately 50% of stakeholders selected *economic stability* (e.g., employment, poverty, cost of living) and 37% selected *access to transportation* and *ability for everyone to have access to healthy foods to eat*.

Community Challenges

- Chronic condition prevention and management
- Economic and health disparities for income-constrained households
- Growing behavioral health concerns for adults and youth
- Inequities in access to health and social services (e.g., food, health care)
- Opportunities for economic mobility
- Public transportation options
- Rising cost of living and lack of affordable housing, childcare, food and other basic needs
- Rural disparities in access to health and social services
- Youth health and well-being (e.g., trauma, mentorship, engagement)

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 Memorial'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.

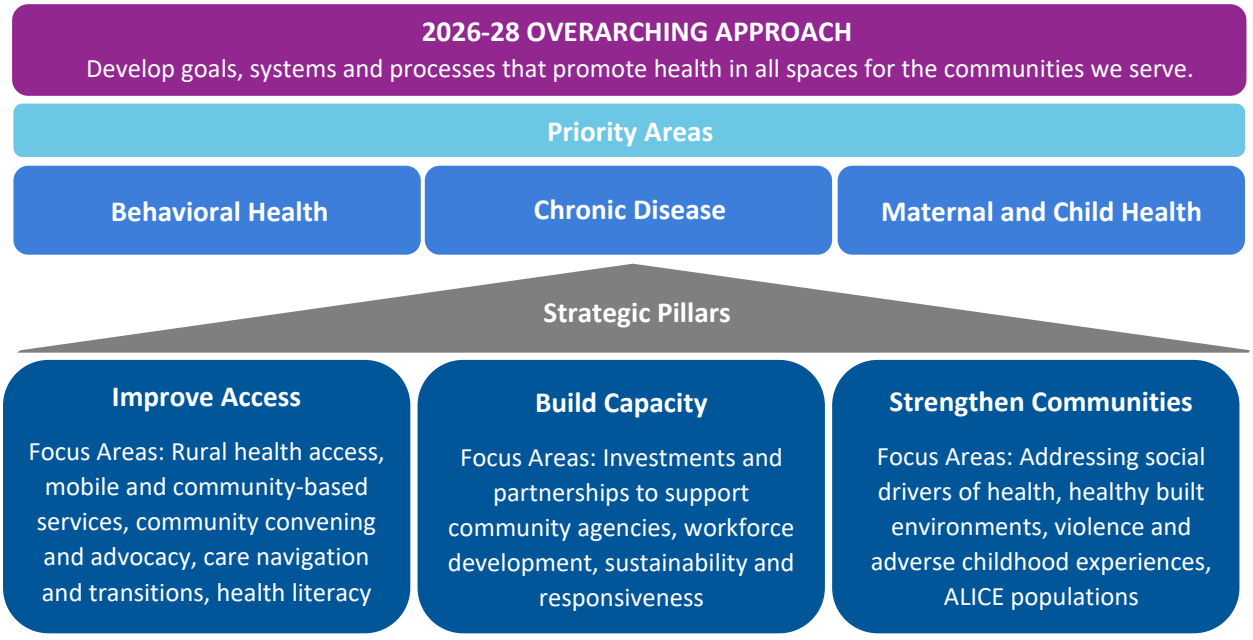
Baptist Memorial's leaders applied the following rationale and criteria to define community health priorities:

- 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 Memorial service areas:

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

In addressing the identified priorities, Baptist Memorial 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 Memorial 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.

Another health issue identified by community partners as a significant health need in our service area, and not named as a priority, involves older adult health concerns. Baptist Memorial is considering the needs of older adults as part of its broader strategies to improve behavioral health and chronic disease.

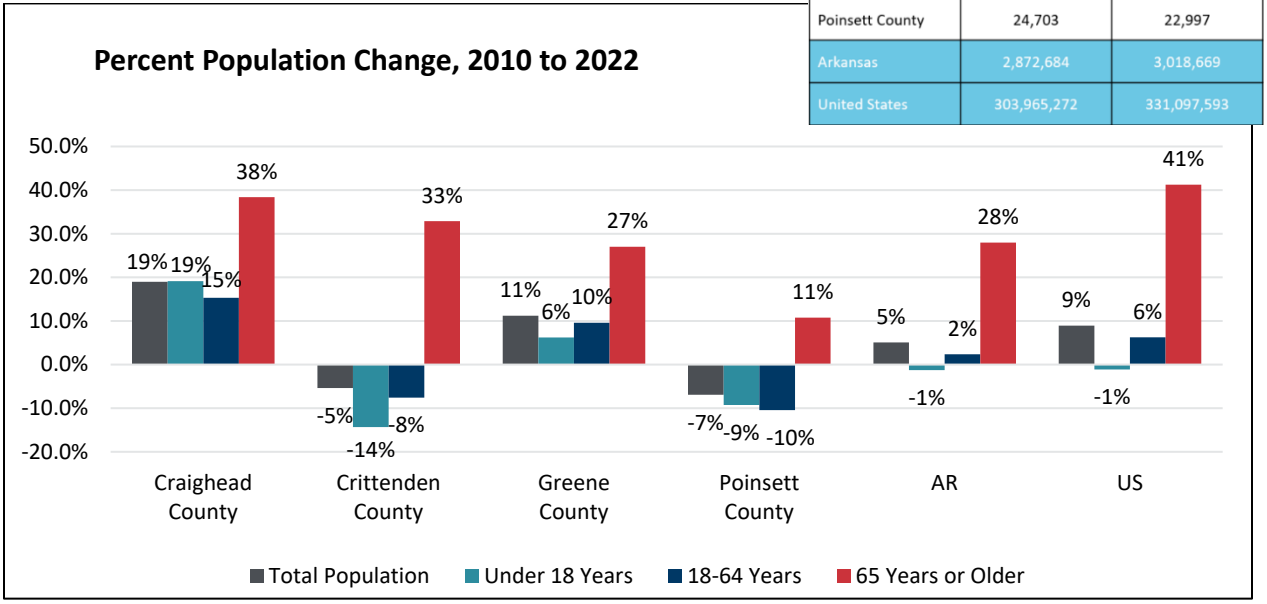
Baptist Memorial will consider cancer and older adult health concerns when developing nuanced and holistic strategies to improve identified priority areas. Baptist Memorial will also continue to collaborate with organizations that work on these issues and evaluate how it can support these partners.

Our Community and Residents

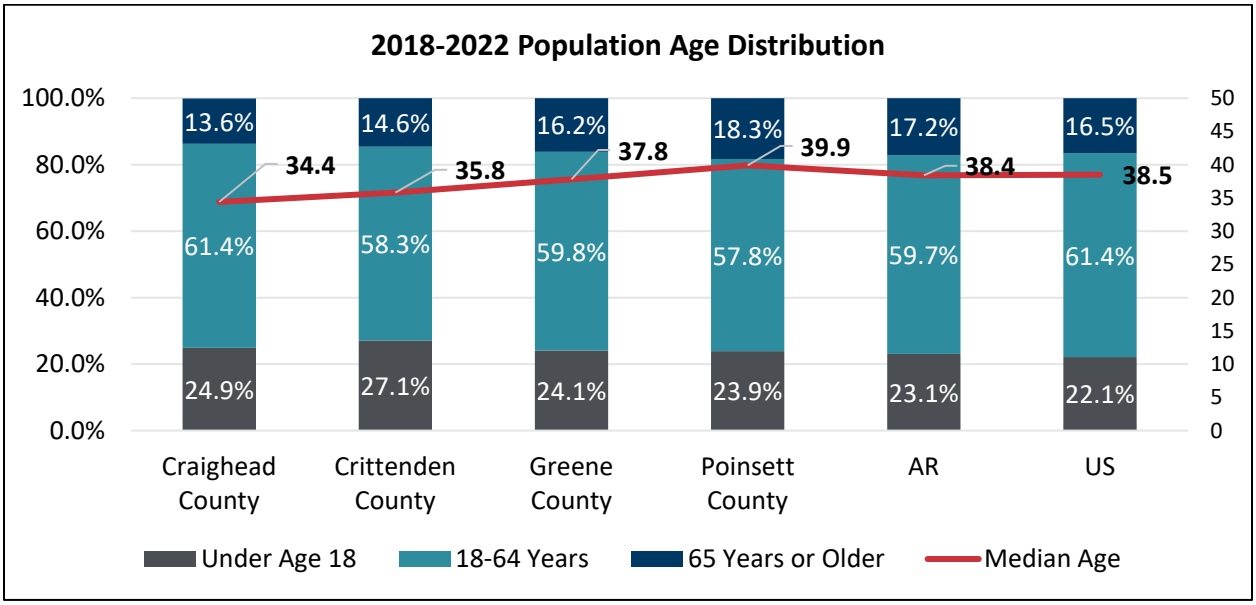
The Northeast Arkansas service area had a total population of 227,934 in 2022, including 45,954 people in Greene County. The total population in Greene and Craighead counties increased approximately 11% to 19%, exceeding statewide and national growth trends. In contrast, Crittenden and Poinsett counties saw population decline since 2010. 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
Greene County	41,318	45,954
Poinsett County	24,703	22,997
Arkansas	2,872,684	3,018,669
United States	303,965,272	331,097,593



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



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 country, 13% of the population and about 33% of older adults live with a disability. Experiences of disability are more prevalent in the Northeast Arkansas service area, and particularly in Greene and Poinsett counties, where at least 1 in 5 residents and nearly half of older adults are people with disabilities. Experiences of disability are also higher among youth, estimated at nearly 1 in 10 people.

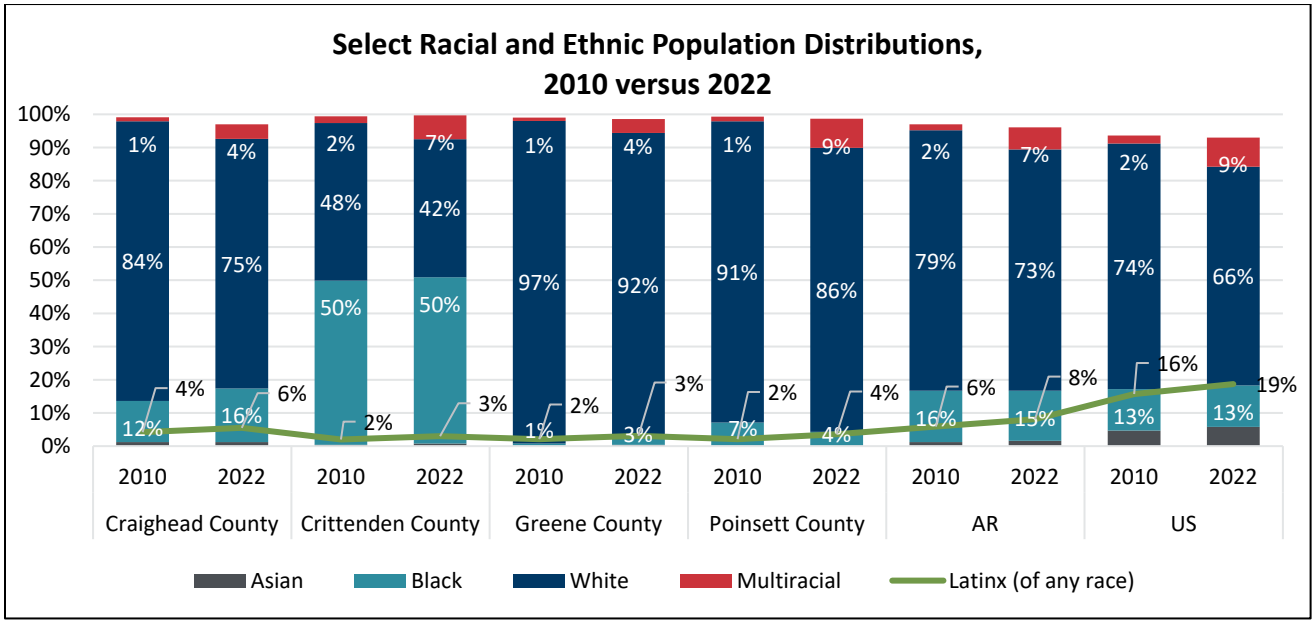
2018-2022 Population With a Disability

	Total Population	Population Under 18 Years	Population 65+
Craighead County	18.4%	9.2%	46.3%
Crittenden County	17.5%	6.8%	41.8%
Greene County	20.0%	8.2%	46.5%
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.

Arkansas is home to one of the largest Marshallese communities in the continental United States. The primary hub for the Marshallese community in the state is in Springdale, Arkansas (in Washington and Benton counties), which houses a consulate of the Republic of the Marshall Islands. A small population of Marshallese people live in Greene County, estimated at a few hundred people.



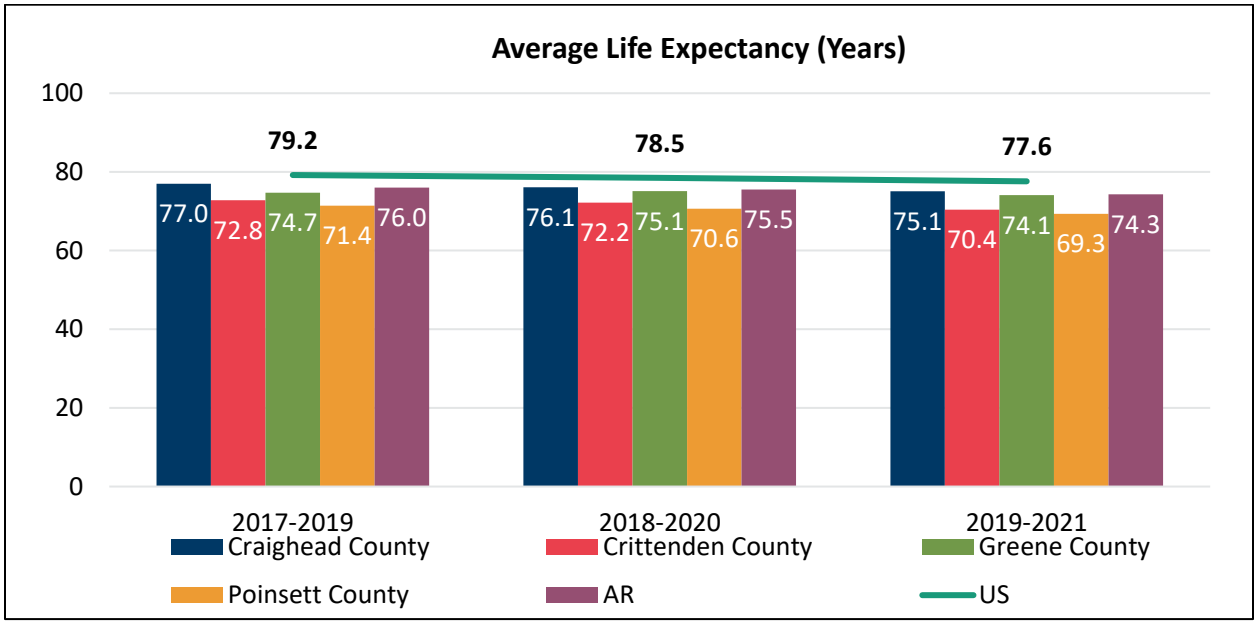
Source: U.S. Census Bureau, American Community Survey

Measuring Health in Our Community

Life expectancy is a key measure of health and well-being within a community, often reflecting the underlying socioeconomic and environmental factors. The Social Drivers of Health framework shows that at least 50% of a person's health profile is influenced by the socioeconomic 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.

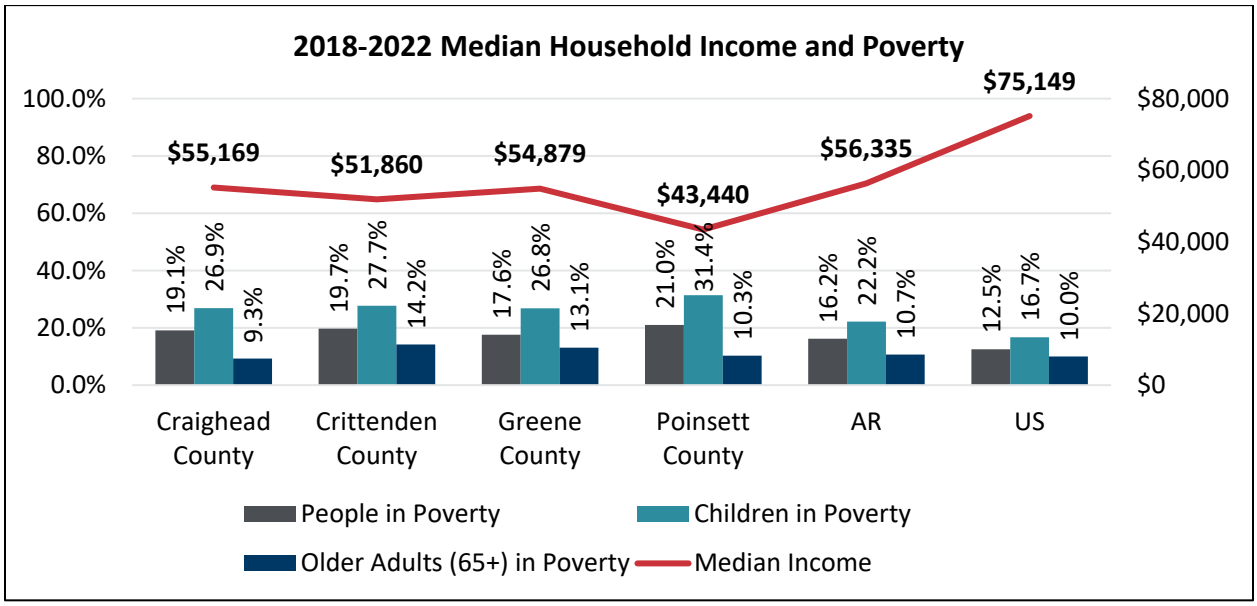
Life expectancy measures how long people generally live within the defined geography. It is the culmination of living conditions, health status, economic security and the overall experience of residents within a community.

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 Greene and Craighead counties may live an average of five to six years longer than those in neighboring Crittenden and Poinsett counties. Residents of Crittenden and Poinsett counties have among the lowest average life expectancies of any Baptist Memorial service county in the Mid-South, falling below the statewide average by four to five years. Differences in life expectancy between service area counties and the broader nation reflect community-level disparities in health and social well-being.



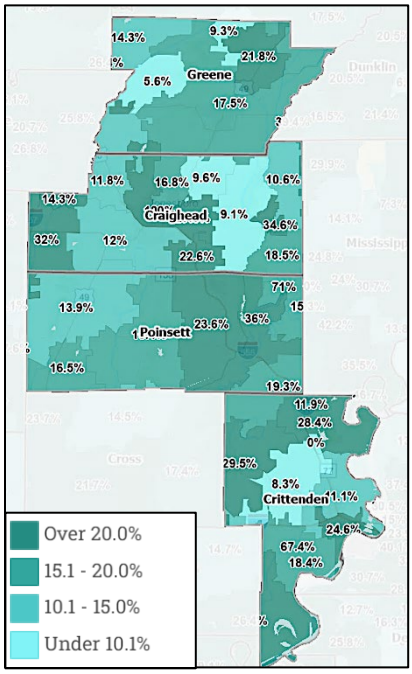
Source: Centers for Disease Control and Prevention

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. Greene and Craighead counties report similar poverty levels, particularly among children, as neighboring counties despite higher median household incomes. This finding may indicate wealth disparity and a wide income gap between high- and low-income earners in these counties. 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 needs 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 indicated below, along with select SDOH indicators. In Greene County, the communities of Paragould and Marmaduke have UNS values of nearly 78 out of a maximum score of 100. Select SDOH indicators show that about 1 in 5 residents in these communities, including more than 1 in 4 children in Paragould, may live in poverty.

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%	80.27
72401, Jonesboro	27.5%	41.2%	11.7%	10.7%	80.21
72411, Bay	22.6%	32.5%	17.2%	7.8%	75.93
72419, Caraway	18.5%	24.7%	18.2%	5.5%	71.94
Crittenden County	19.7%	27.7%	14.4%	8.6%	
72301, West Memphis	24.6%	34.1%	16.2%	9.7%	77.42
72384, Turrell	28.3%	49.2%	20.8%	7.2%	73.30
72331, Earle	29.5%	35.3%	27.1%	10.0%	82.37
Greene County	17.6%	26.8%	12.1%	9.1%	
72450, Paragould	17.5%	27.0%	11.3%	9.2%	77.91
72433, Marmaduke	20.7%	18.6%	15.7%	9.6%	77.61
Poinsett County	21.0%	31.4%	18.2%	9.3%	
72472, Trumann	23.6%	35.1%	20.7%	7.4%	83.56
72432, Harrisburg	16.4%	19.1%	11.1%	9.1%	80.83
72365, Marked Tree	36.0%	61.8%	24.2%	12.4%	78.31
72354, Lepanto	15.3%	26.6%	23.3%	13.7%	73.47
72479, Weiner	13.9%	21.3%	15.2%	4.8%	73.15
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.

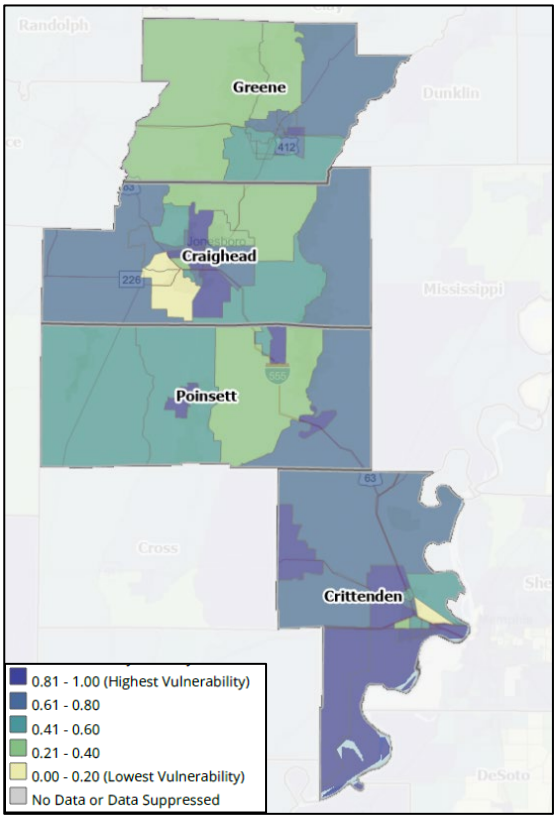
The Social Vulnerability Index (SVI) goes a level deeper than the UNS to demonstrate vulnerability to health disparities at a census tract level. The SVI scores census tracts from 0.0 (lowest) to 1.0 (highest) vulnerability based on factors, such as poverty, lack of transportation and overcrowded housing.

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 a 10-or-more-year difference in average life expectancy between communities with the lowest and highest averages.

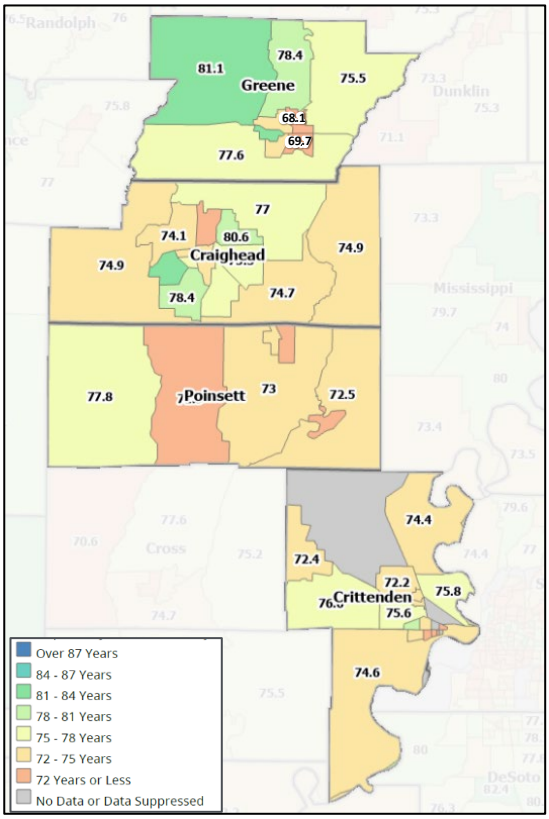
In Greene County, residents of the eastern portion of Paragould have a historical average life expectancy of 68.1-69.7 years compared to 78.4 years or higher in other parts of the county. Marmaduke in the northeast portion of the county also reports lower life expectancy of 75.5 years. These disparities continue to align with reported social vulnerabilities and high SVI values. While average life expectancy reflects historical data, SVI values are reported as recently as 2022.

2022 Social Vulnerability Index by Census Tract

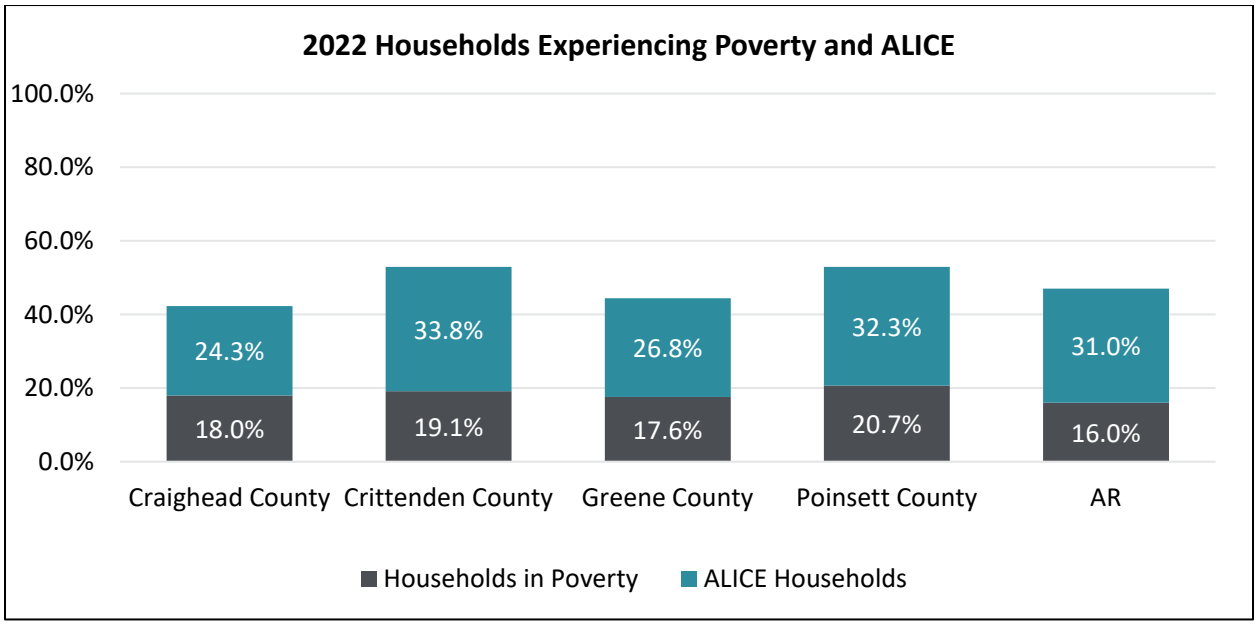


Source: Centers for Disease Control and Prevention

2010-2015 Life Expectancy by Census Tract



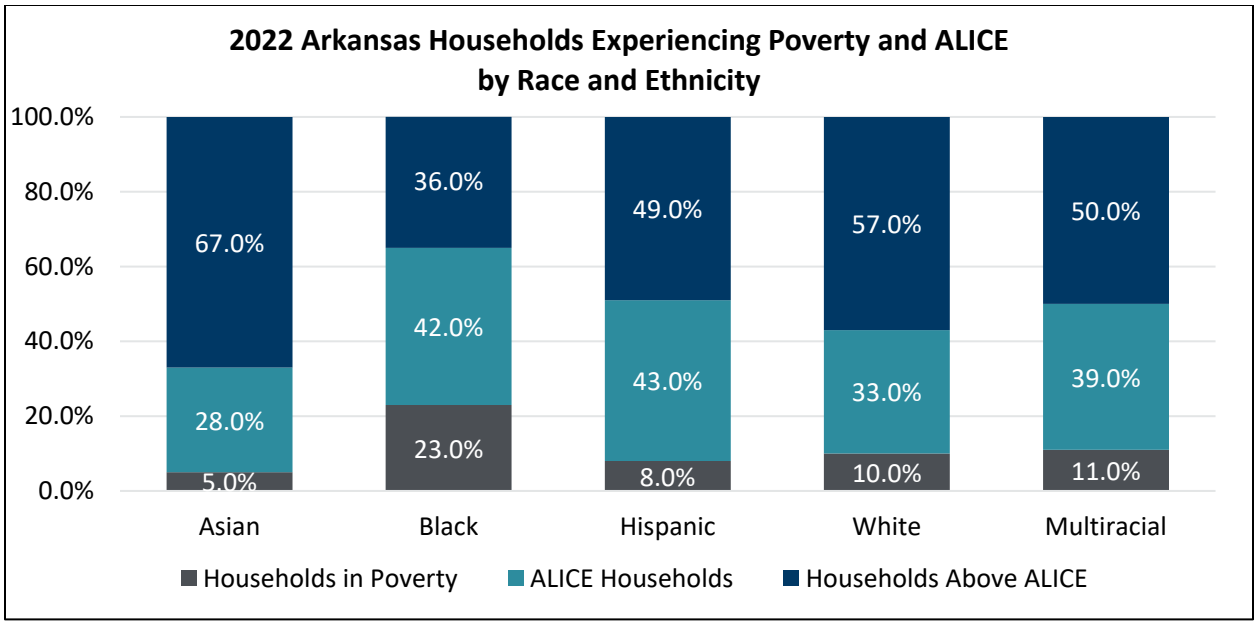
A growing number of families have income above the federal poverty level, but below the threshold necessary to meet basic needs. ALICE stands for **Asset Limited Income Constrained Employed** and represents working households that can't afford all the basics of housing, childcare, food, transportation, 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, more than 40% of households in Greene and Craighead counties and more than 50% of households in Crittenden and Poinsett counties experience financial hardship.



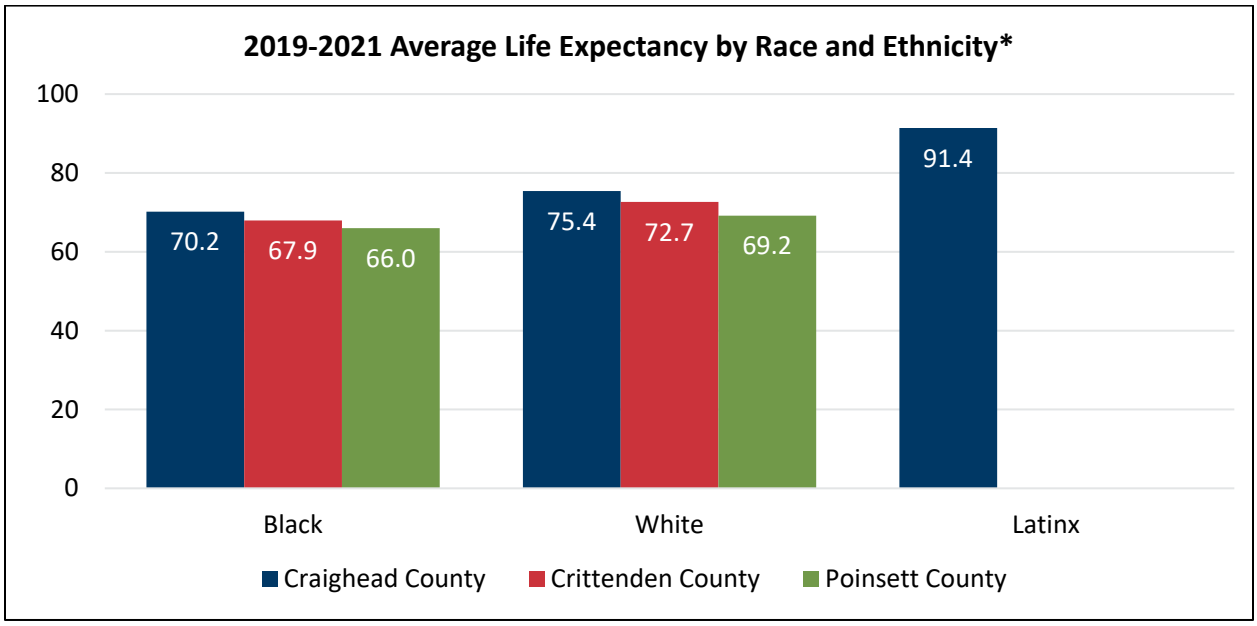
Source: United for ALICE

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

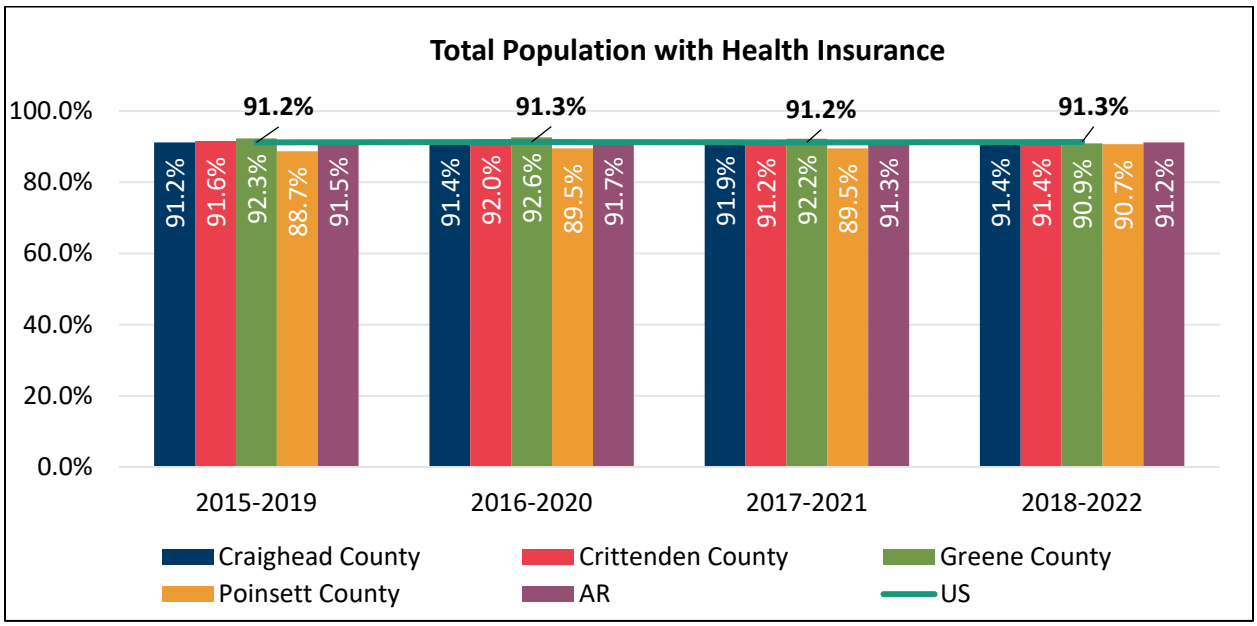
*Greene County data are not reported. Data are provided by race and ethnicity as available.

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

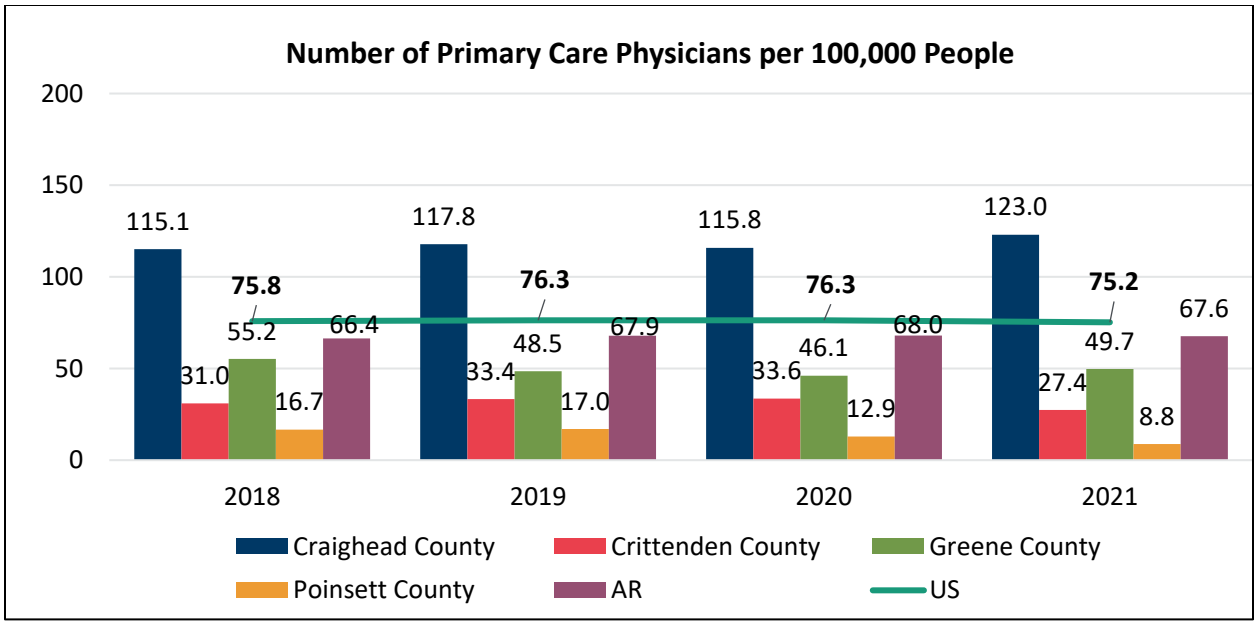
Health insurance coverage is consistent across the service area with approximately 91% of residents covered in 2022, a similar proportion as the state and nation. A recent decline in health insurance coverage among Greene County residents (92.6% to 90.9%) should continue to be monitored. Access to primary care trends better than the national average with approximately 75% to 79% of adults receiving routine primary care compared to 74% of adults nationwide.



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

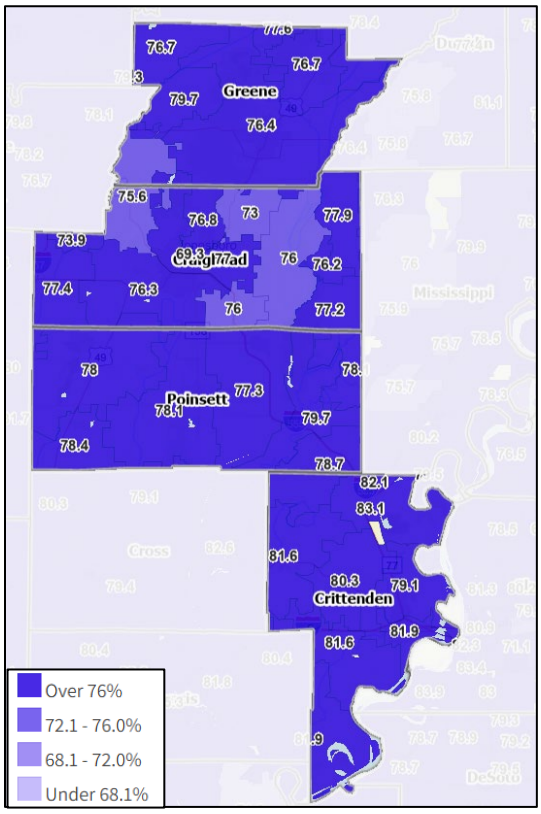
Having health insurance does not guarantee access to health care when residents need it. Provider availability and acceptance of insurances, distance and ability to travel to care, ability to pay for out-of-pocket costs and other barriers reduce residents' ability to prioritize their health and receive 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 more than double the rate for Greene County (49.7 per 100,000 residents) and 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

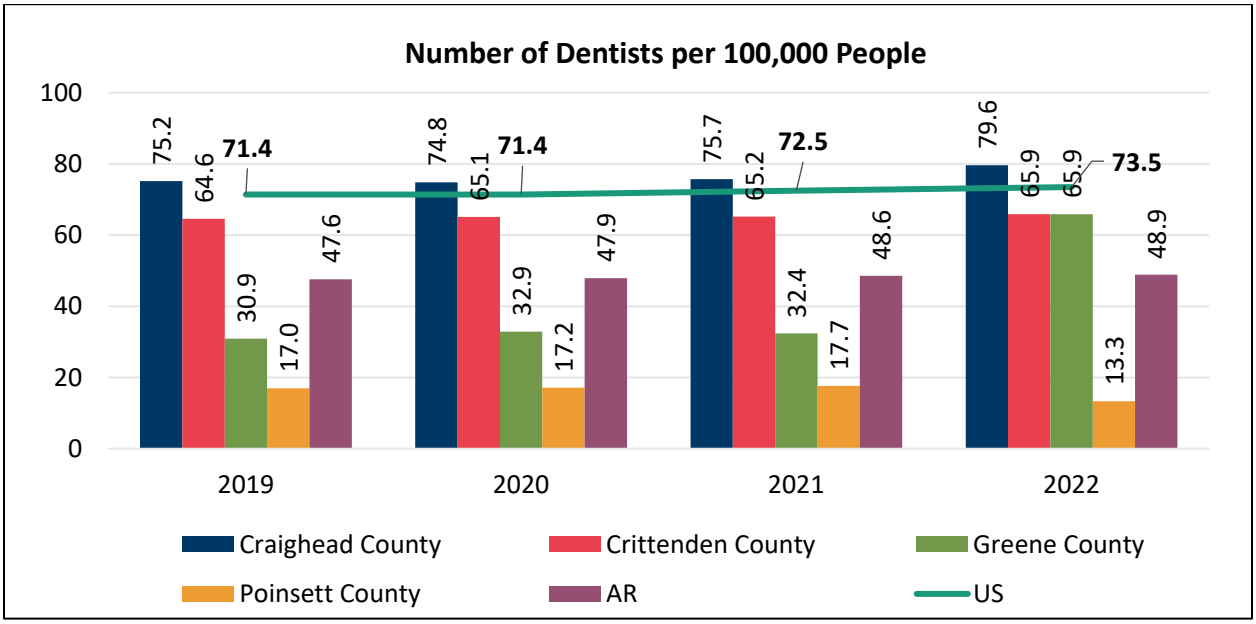
2022 Adults With a Primary Care Visit Within the Past Year by ZIP Code



Source: Centers for Disease Control and Prevention

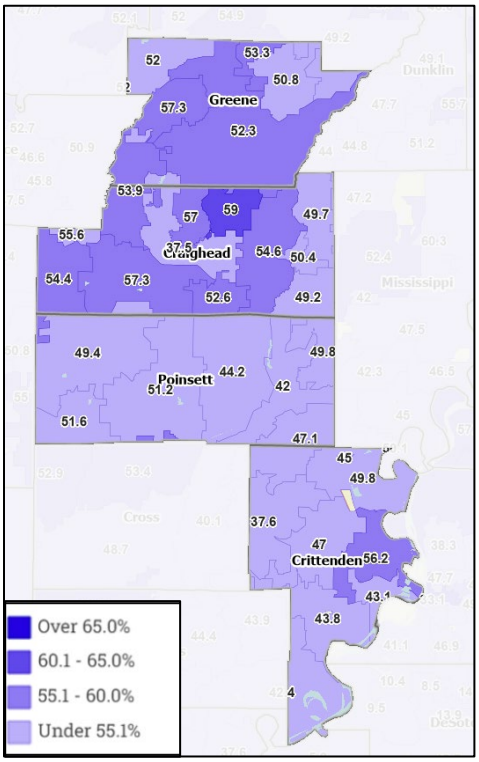
Outside of Craighead County, access to dental care falls below the national provider rate. In Poinsett County, the dental provider rate is less than one-third the statewide provider rate. All counties are HPSAs for people with low income, and all counties have fewer adult residents receiving routine dental

care when compared to state and national averages. Approximately 51% of Greene County adults receive routine dental care compared to 52% of Craighead County adults, 46% of Crittenden County adults and 44% of Poinsett County adults; state and national averages are 55.5% and 63.4%, respectively.



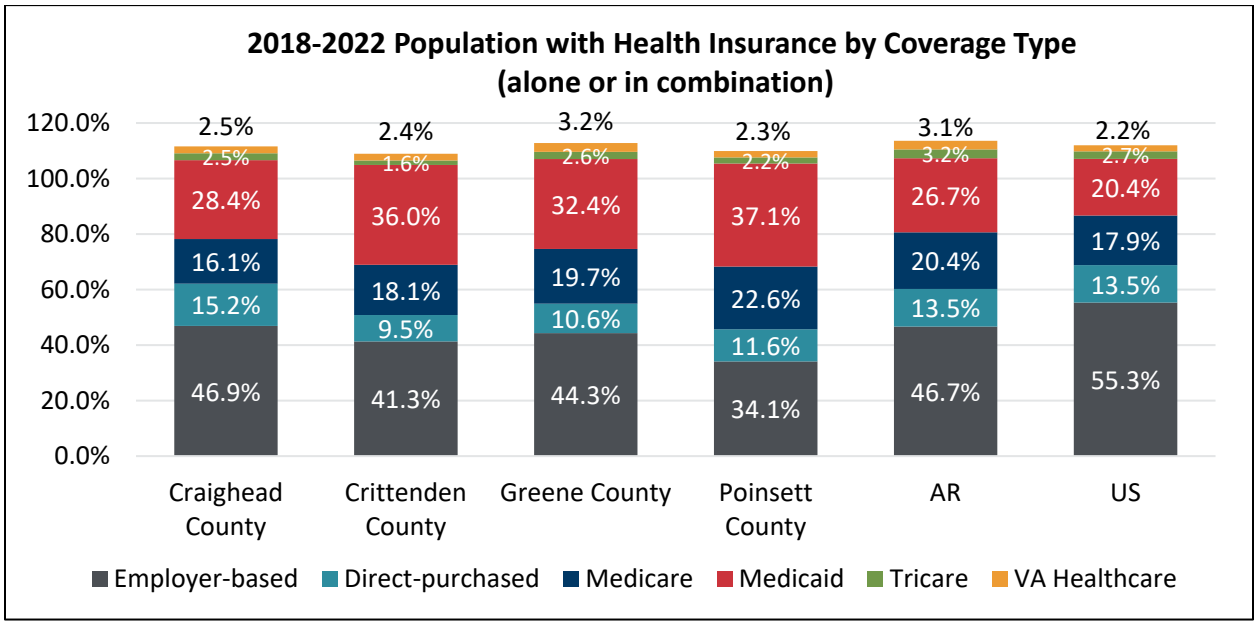
Source: Health Resources and Services Administration and Centers for Medicare & Medicaid Services

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 Greene, Craighead, Crittenden and Poinsett counties have Medicaid, the government health coverage available to eligible people with low income. The One Big Beautiful Bill Act (OBBBA), signed into law in July 2025, is projected to cut federal Medicaid spending by approximately $911 billion to over $1 trillion between 2025 and 2034. These cuts, which represent roughly a 15% reduction in federal support, are expected to lead to more than 10 million people losing coverage. Community stakeholders also noted rising health insurance and care costs that contribute to access disparities.



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

Transportation is a key limiting factor for accessing care and other resources. The region has no public transportation options. Key stakeholder survey participants recommended expansion of existing regional public transportation services and a focus on income-based assistance to better serve residents.

STAKEHOLDER FEEDBACK

"Transportation is an issue that will take time to address. I feel as though the powers that be are doing what they can to ensure that in the future we will have a public transit option. If there is an organization that can provide cheap or income-based assistance with offering rides, that would be great."

"[We need] improved public transportation options. BRAD and CRDC have low-cost transit and para-transit options. I would like to see that in more communities, especially rural areas."

Community representatives also shared the need to improve access to preventive health care services, both clinical and non-clinical, to address health disparities. More affordable and accessible screenings are needed for early detection of disease, as well as access to healthy foods and other opportunities for healthy lifestyles. The service area is rural, and many residents have low incomes, challenging access to health care services. Coordinated rural care, linking medical services with social support, as well as technologies for telehealth and remote patient monitoring are needed to improve outcomes.

STAKEHOLDER FEEDBACK

"Leverage resources, advocate for accessible health care, increase access to screenings and preventative services to manage health issues early."

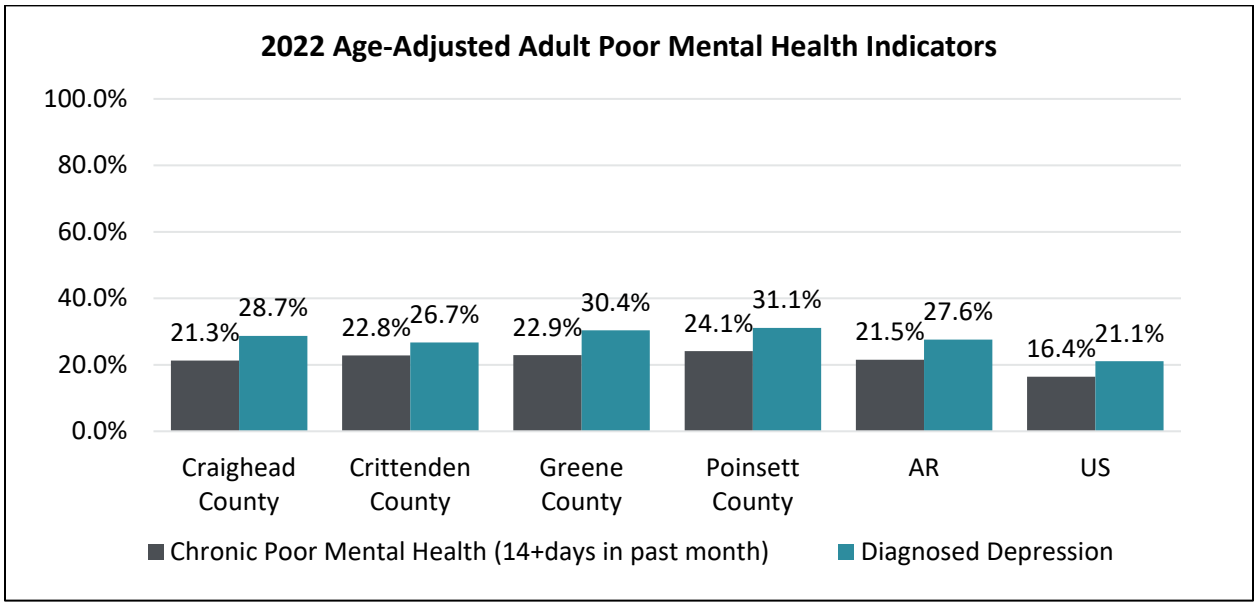
"More reliable access to nutritious food choices; access to preventative health care (especially for chronic diet-related illnesses, such as diabetes and hypertension); access to affordable health care for expectant and postpartum mothers."

Community Recommendations to Improve Access to Care

- Coordinated efforts to improve underlying socioeconomic barriers, including healthy food access, transportation, affordable housing and economic mobility.
- Coordinated rural care, linking medical services with social support.
- Explore "food as medicine" programs among primary care providers and clinics, and establish food pantries or food access services at the hospital for direct patient support.
- Health fairs with live demonstrations for cooking and cooking on a budget.
- Improved access to preventive care services for uninsured, underinsured and/or rural residents.
- Improved access to specialty care services, leveraging telehealth, remote patient monitoring and hospital investments that attract new patients and providers.
- Incentivize local providers to offer free medical and dental services (e.g., annual clinic).
- Maintain ambulance and emergency services for rural communities.
- Promote "ride or walk to work days" to encourage more active lifestyles.
- Support a rural health transformation program.

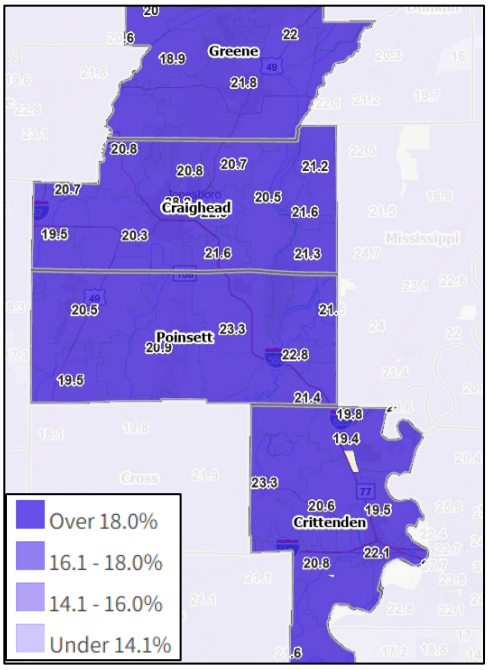
Behavioral Health

Mental distress is a growing health concern across the service area, state and nation. All Northeast Arkansas service counties exceed national benchmarks for adults that self-report chronic poor mental health (14 or more days of poor mental health in the past month) and/or a diagnosed depression disorder; Greene and Poinsett counties also exceed statewide benchmarks. 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, driven by rising stress and anxiety because of financial hardship, challenges faced by youth, growing housing instability and people experiencing homelessness.

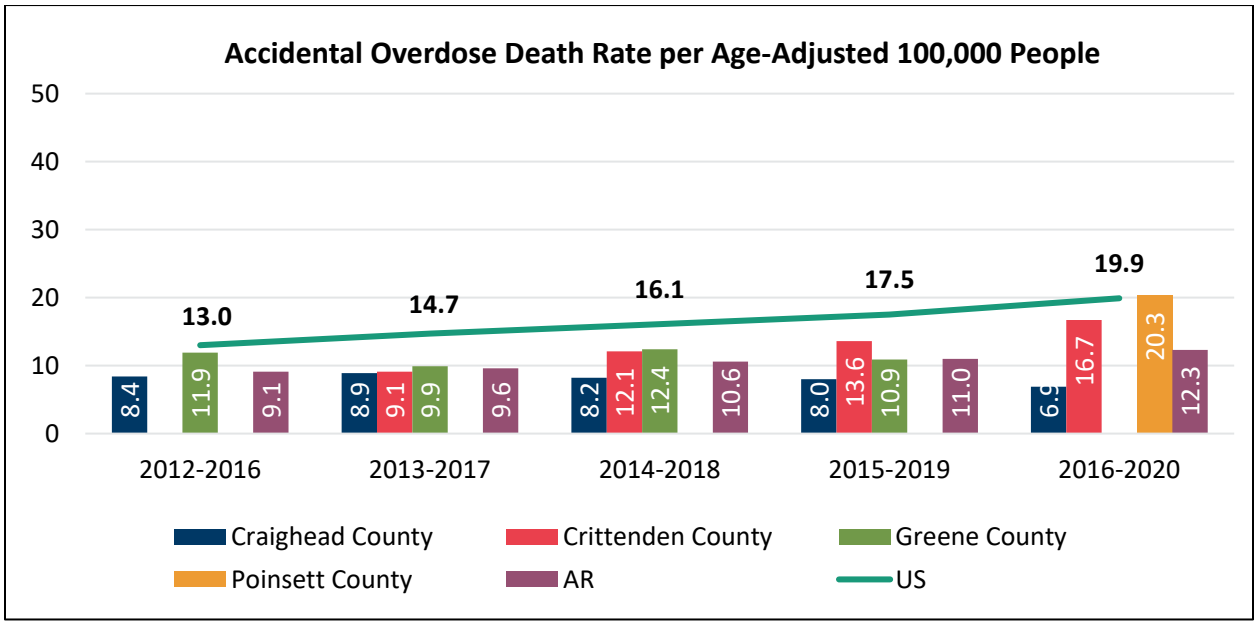
STAKEHOLDER FEEDBACK

"Reduction of SNAP nutritional benefits, cuts to Medicaid, economic vulnerability (bankruptcy) of family farms."

"Our housing options for lower income people is next to none. We need a bigger homeless shelter."

When asked to identify the top health concerns of the communities their organization serves, more than half of key stakeholder survey respondents identified mental health disorders (e.g., depression, anxiety). Approximately 41% identified substance use disorder and about one-quarter identified mental well-being, stress and/or trauma (e.g., adverse childhood experiences). There is a shortage of mental health providers in the region, particularly for people with low incomes.

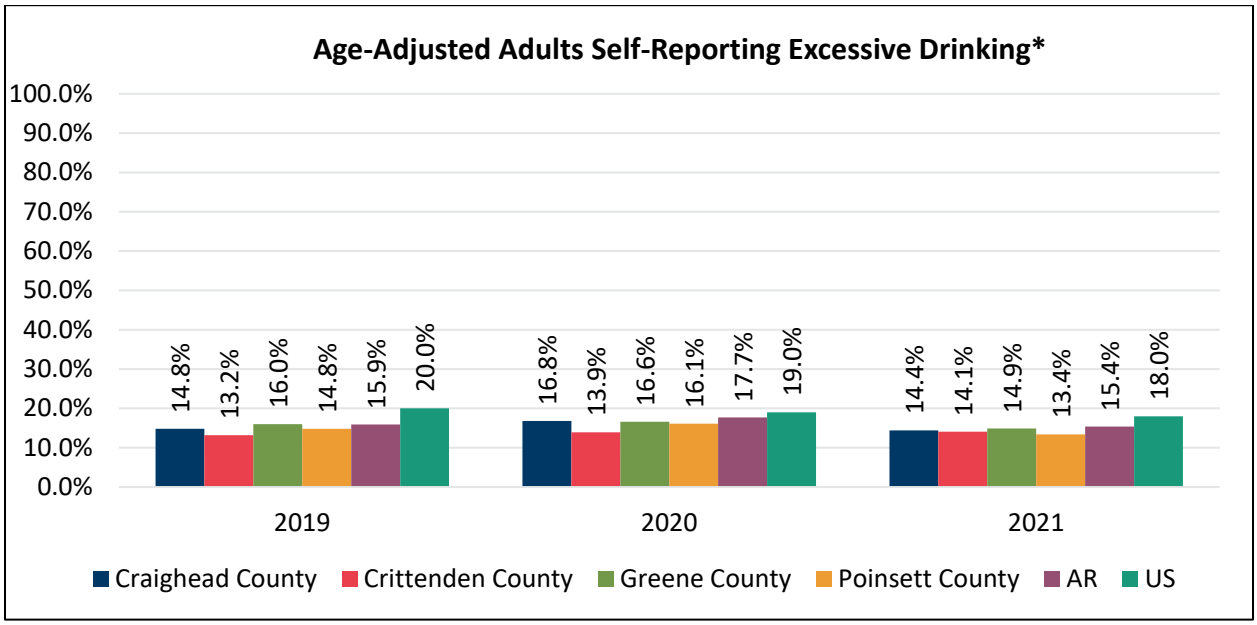
Mental health and substance use disorders are often co-occurring conditions. The accidental overdose death rate has increased statewide and in Crittenden County. Historical data are not reported for Poinsett County because of low death counts, but 2020 data indicate a rate of death nearly double the statewide death rate. Greene and Craighead counties have had generally stable or declining deaths that are similar to or lower than statewide averages.



Source: Centers for Disease Control and Prevention

Note: County-level data are reported as available. Data by year are excluded when death counts are too small to produce a reliable rate.

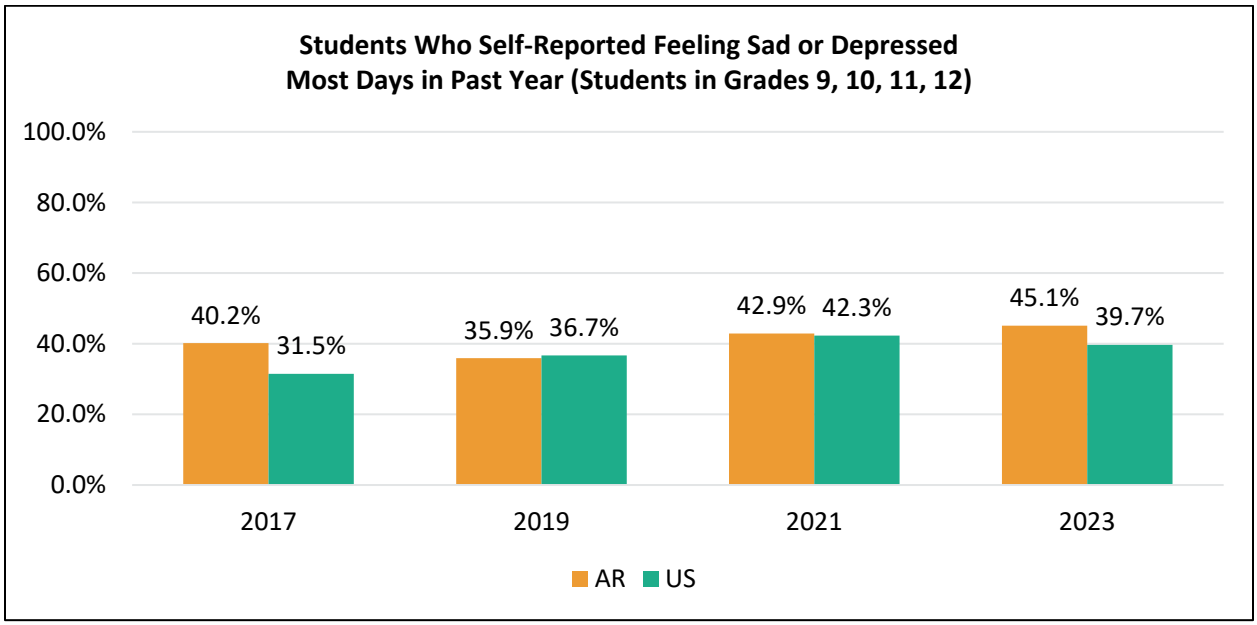
The Northeast Arkansas service area has historically had fewer adults reporting excessive drinking, including heavy and binge drinking, than the state and country. Recent trends indicate growing need in Crittenden County with annual increases since 2019. Other counties saw a peak in excessive drinking in 2020 that may be attributed to pandemic-related factors, although rates declined in 2021.



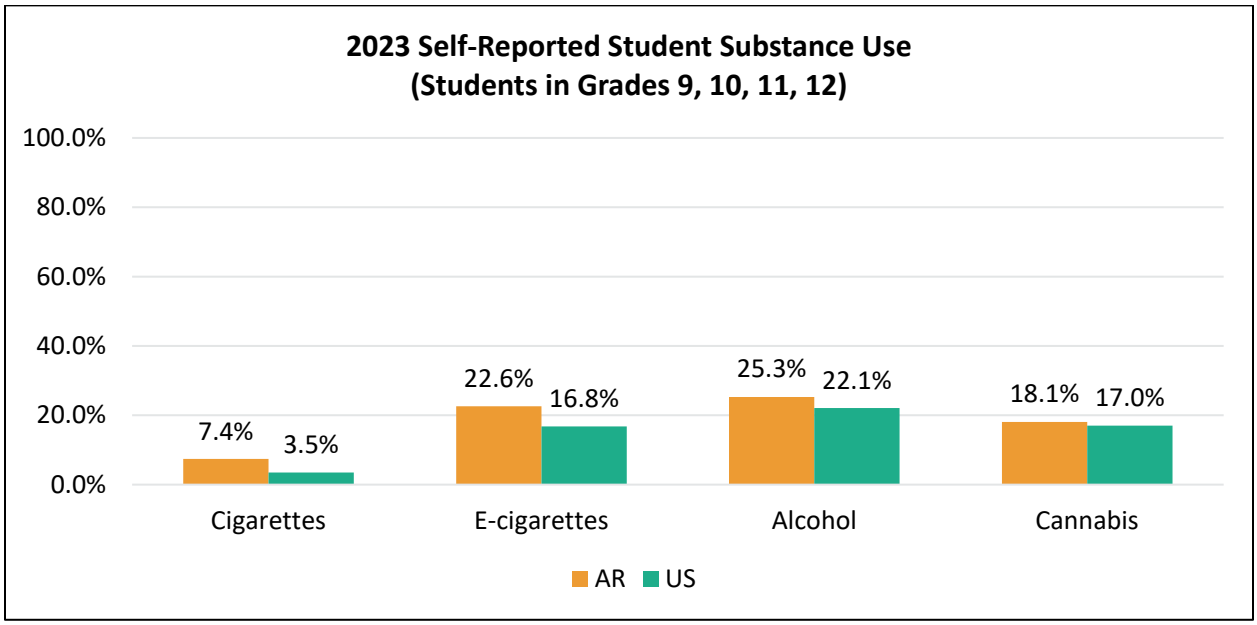
Source: Centers for Disease Control and Prevention

*Includes heavy and binge drinking.

The COVID-19 pandemic severely affected youth, resulting in a mental health crisis marked by surging anxiety, depression and suicide ideation because of isolation and school disruptions. Contrary to national trends, the mental health crisis has not improved for Arkansas youth in more recent years. The proportion of Arkansas high school students reporting they feel consistently sad or depressed continued to increase through 2023 and exceeded the national average. The proportion of Arkansas students reporting an attempted suicide also increased from 2021 (10.4%) to 2023 (14.6%), contrary to a national decline (10.2% to 9.5%). Self-reported substance use increased for Arkansas high school students and exceeds national trends.



Source: Centers for Disease Control and Prevention



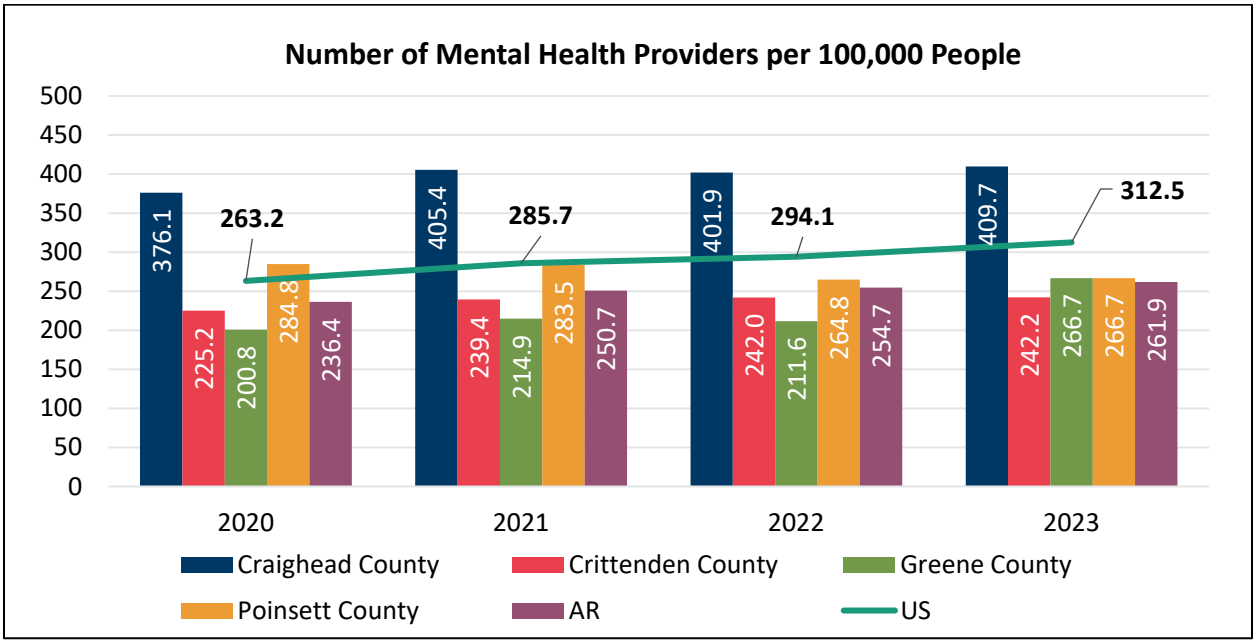
Source: Centers for Disease Control and Prevention

Availability of mental health and substance use disorder providers has generally increased across the service area, although clear access disparities are evident. Access to services is concentrated in Craighead County with a provider rate nearly double that of Greene, Crittenden and Poinsett counties. Despite having more providers, Craighead County is an HPSA for people with low income. Greene and Poinsett counties are also HPSAs 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.

STAKEHOLDER FEEDBACK

"Access to more mental health professionals, without the financial burden."

"We need more peer recovery specialists in our community and in the hospital."



Source: Centers for Medicare & Medicaid Services

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

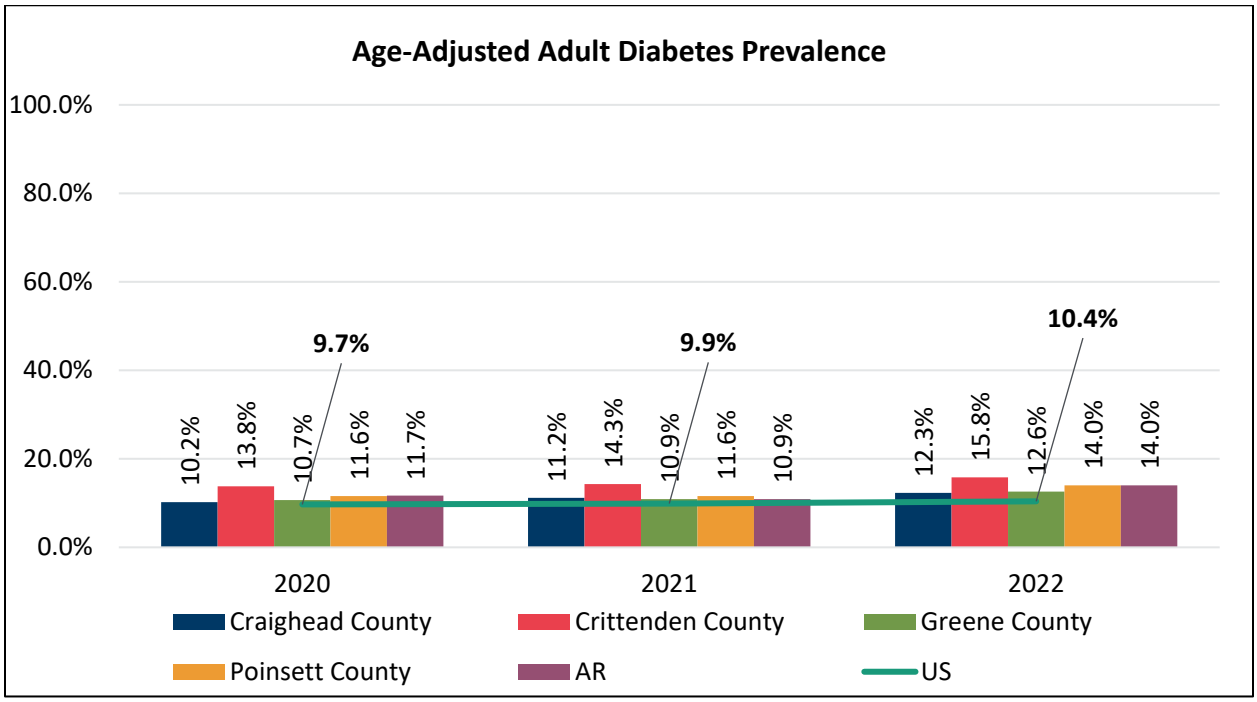
Community Recommendations to Improve Behavioral Health

- Coordinated efforts to improve underlying socioeconomic barriers, including healthy food access, transportation, affordable housing and economic mobility.
- Expanded partnership with community colleges to provide mental health workforce training.
- Peer recovery services in the community and at the hospital.
- Support for teen-focused programming, including education, activities and mentorship.

Chronic Disease Prevention and Management

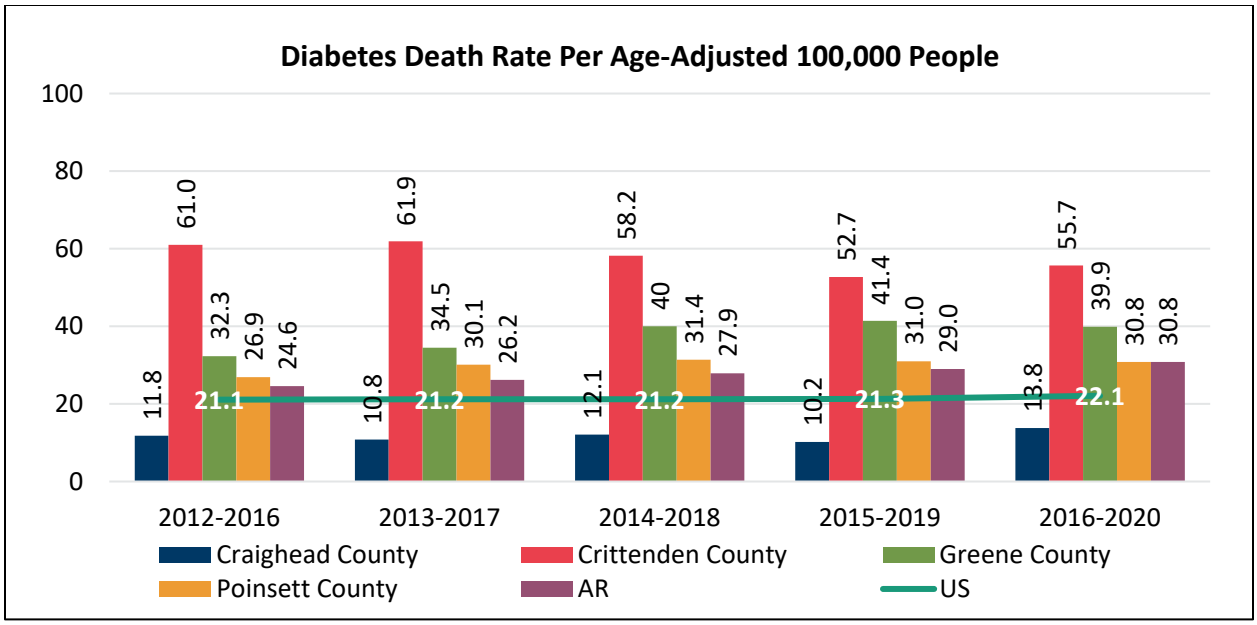
Northeast Arkansas service area residents generally have higher prevalence and death from chronic disease, largely due to underlying socioeconomic disparities. Key stakeholder survey participants emphasized the need for more wellness-focused strategies in the service area to shift from treating disease to preventing it. Suggestions included better access to preventive health care services for uninsured and underinsured residents, community wellness programs (e.g., nutrition education, walk to work) and access to affordable healthy foods and recreation opportunities.

Diabetes prevalence increased across the country and in the service area since 2020. Arkansas residents, including service area residents, are more likely to be diagnosed with diabetes than their peers nationwide. All counties saw an increase in diabetes prevalence since 2020. Consistent with socioeconomic disparity trends, diabetes prevalence is higher in Crittenden and Poinsett counties than in Greene and Craighead County.



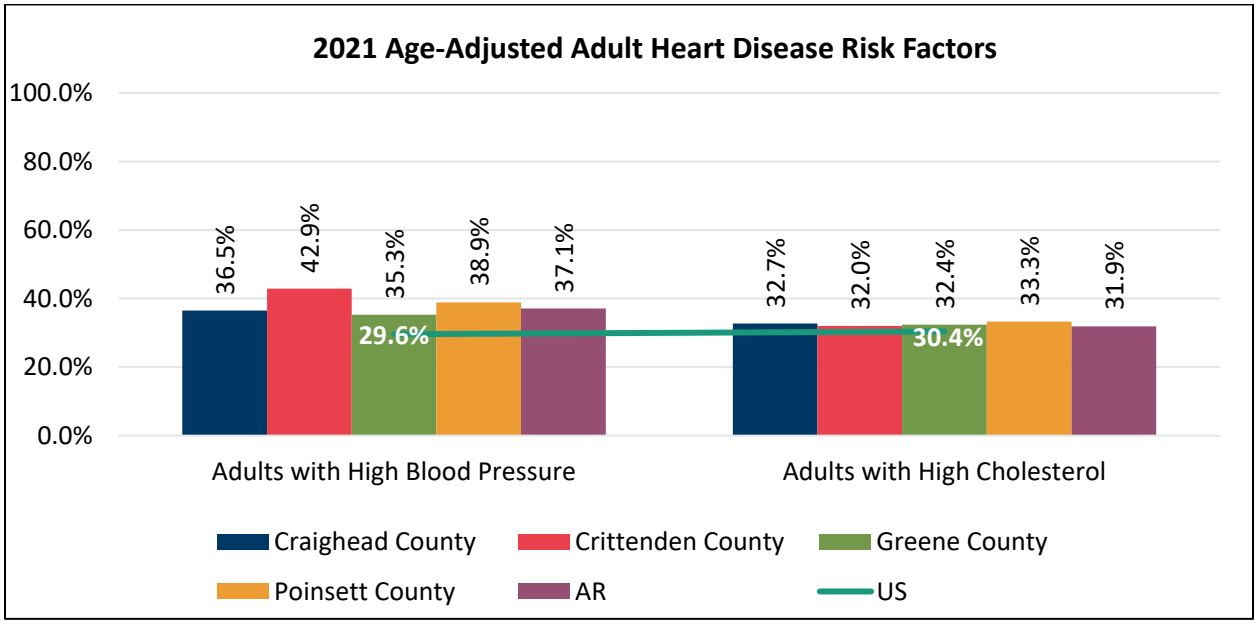
Source: Centers for Disease Control and Prevention

Diabetes prevalence is higher across the service area when compared to national benchmarks, but diabetes death rates vary widely and indicate disparities in disease treatment and management services. Crittenden County residents are particularly underserved, as evidenced by having the highest diabetes prevalence in the service area and a diabetes death rate of 55.7 per 100,000 in 2020, more than two times higher than the national rate of death. Greene County also has a higher diabetes death rate of 39.9 per 100,000. Craighead County, a regional hub for health care services and economic opportunity, has a lower diabetes death rate than the state and nation. Poinsett County is generally in line with statewide trends.

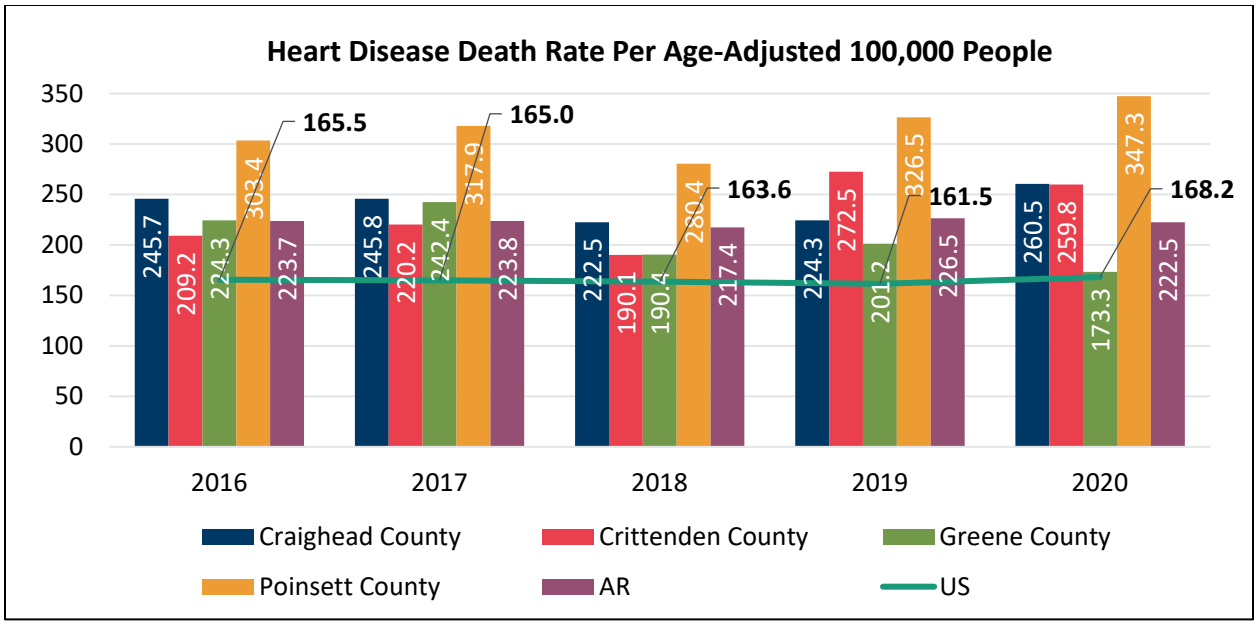


Source: Centers for Disease Control and Prevention

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 39% to 43% of Poinsett and Crittenden County adults, have been diagnosed with high blood pressure. With the exception of Greene County, heart disease death rates are higher in the service area compared to the state. Heart disease death rates in Poinsett County exceed neighboring counties, the state and the country.

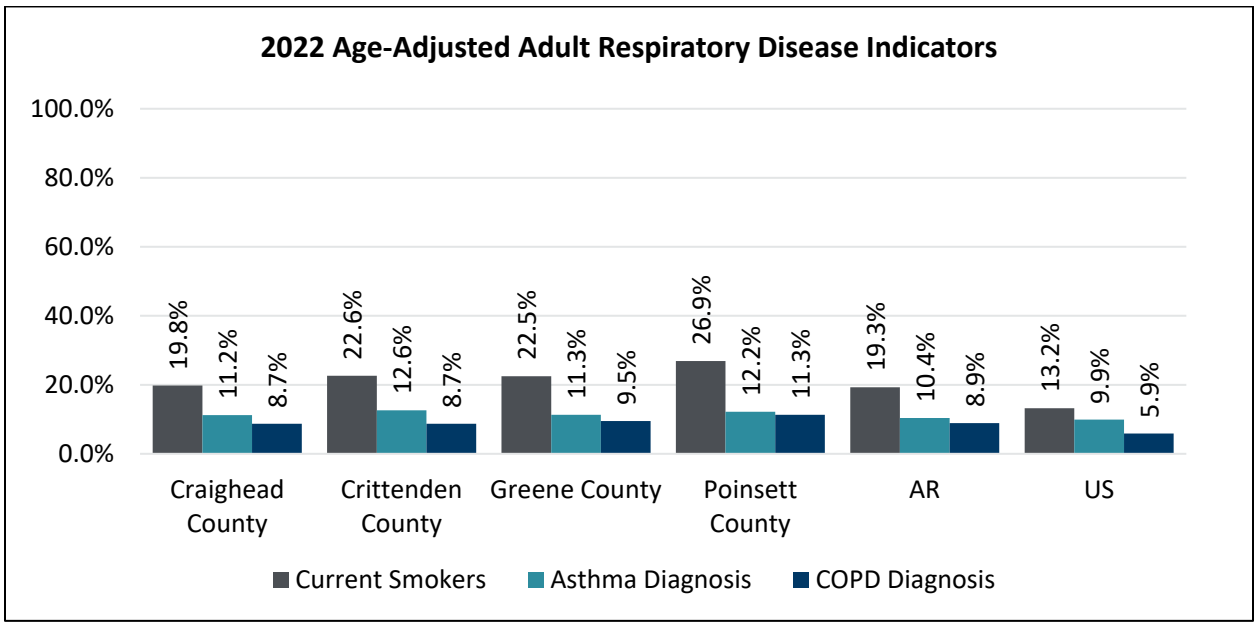


Source: Centers for Disease Control and Prevention

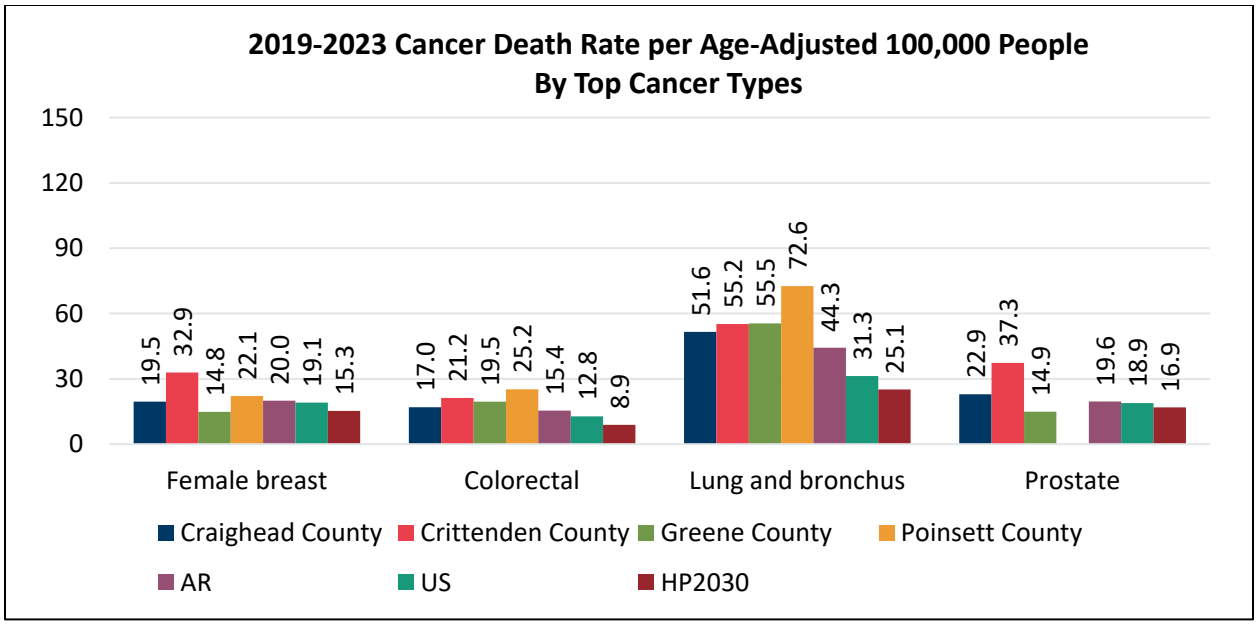


Source: Centers for Disease Control and Prevention

Adults in the service area are more likely to smoke than their peers statewide and nationally, with approximately 20% to 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 country.

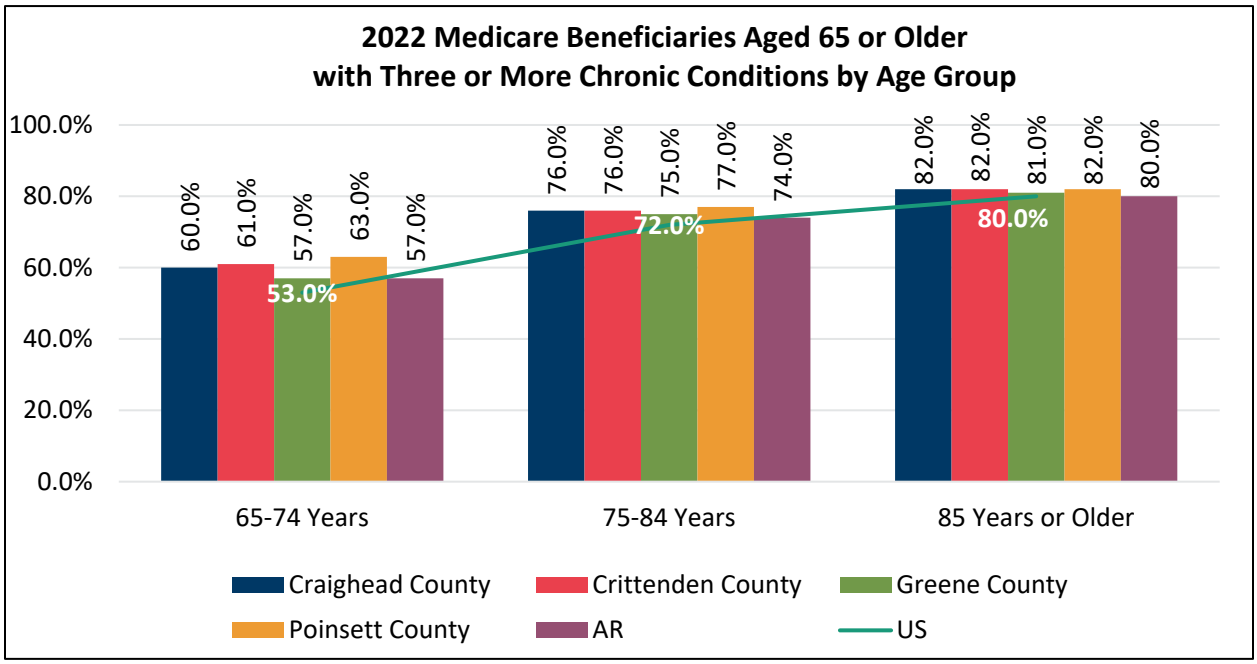


Source: Centers for Disease Control and Prevention



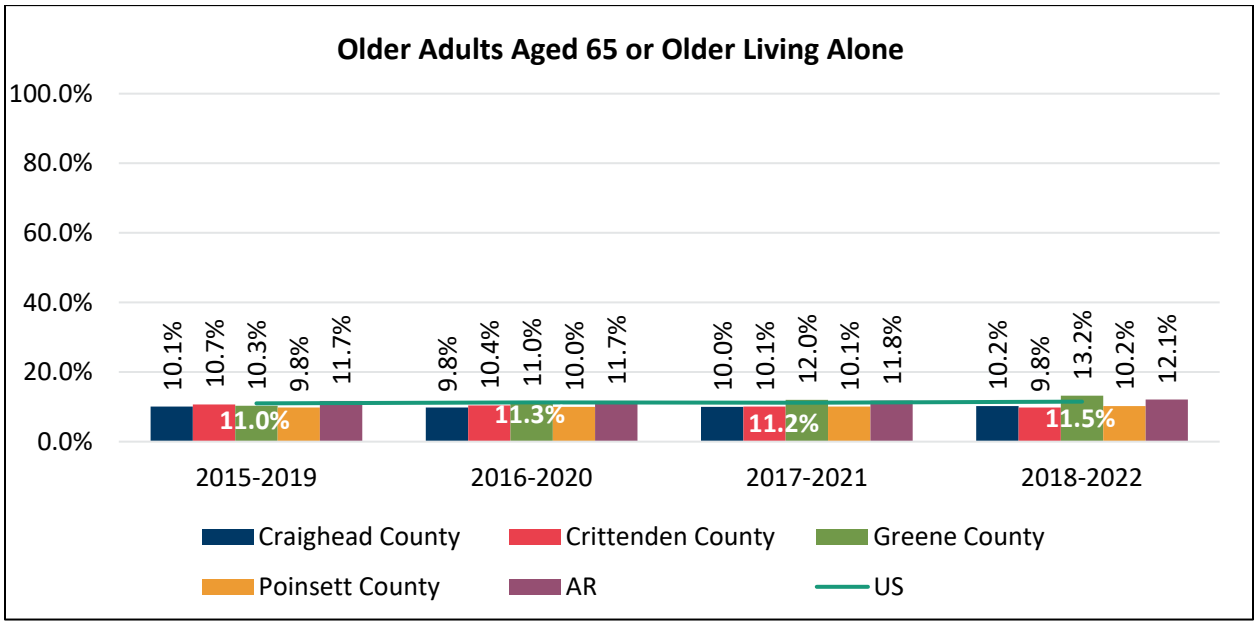
Source: Centers for Disease Control and Prevention
*Data shown by county as available.

The Northeast Arkansas service area population is aging. From 2010 to 2022, the number of residents aged 65 or older grew 11% in Poinsett County, 27% in Greene County and more than 30% in Craighead and Crittenden counties. 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).



Source: Centers for Medicare & Medicaid Services

When compared to their peers statewide and/or nationally, older adult residents in the service area are more likely to experience chronic disease. Approximately 57% of Medicare beneficiaries aged 65 or older in Greene County, and 60% or more of beneficiaries in other service counties, 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. While Greene County older adults are slightly less likely to manage three or more chronic conditions, they are more likely to live alone, an indicator of social isolation and barrier to disease management.



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

Key stakeholders identified the need for more older adult-focused services to better serve residents, including local memory care facilities, transportation and an easily accessible clearinghouse for available older adult care support (e.g., services, programs, providers). Other recommendations to improve chronic disease prevention and management were consistent with access to care recommendations.

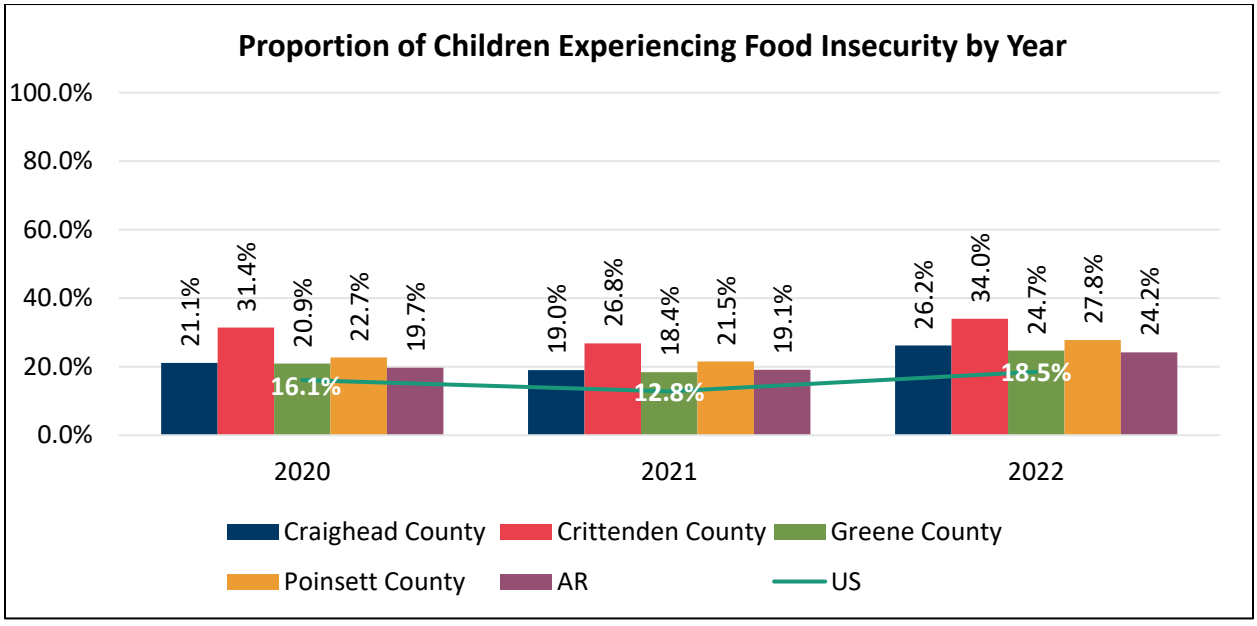
Economic Stability

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.

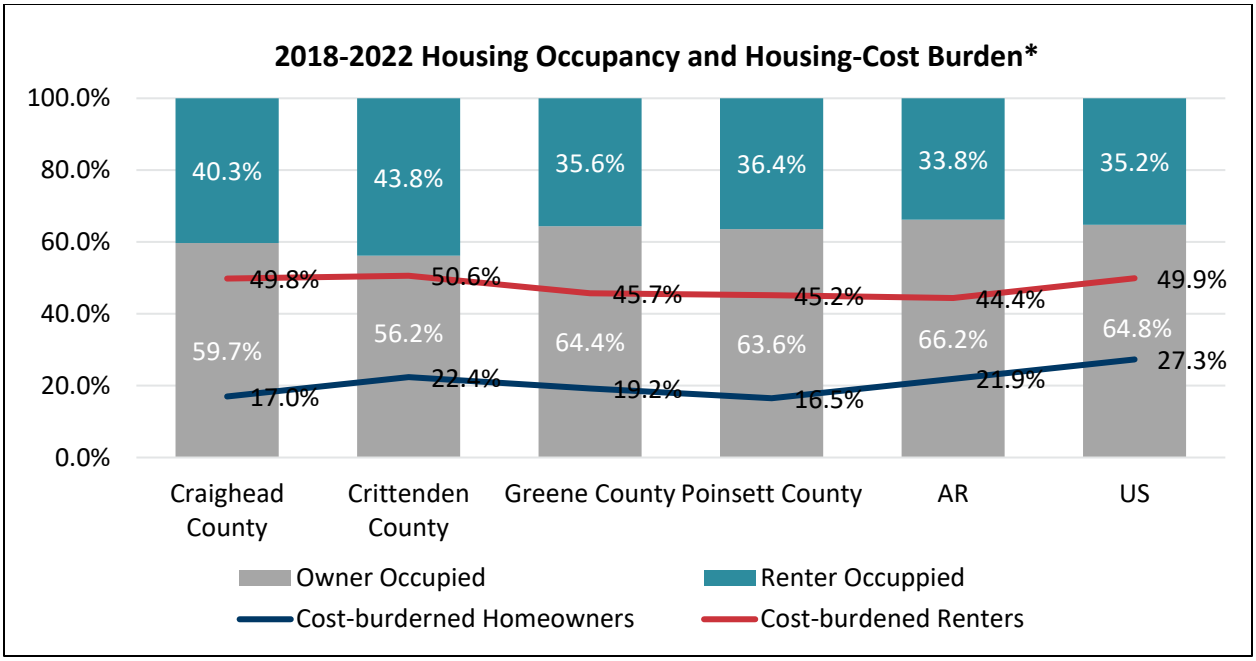
Experiences of food insecurity across the service area and nationally increased in 2022, particularly for children. Approximately 25% or more of children in Greene, Craighead and Poinsett counties and 34% of children in Crittenden County experienced food insecurity in 2022. Community stakeholders shared Arkansas has the most food insecure people in the country, and stakeholders 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 21% in Greene County and approximately 25% to 30% in neighboring counties. Housing prices in the service area, excluding Craighead County, are generally lower than state and national averages, but have increased.

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 to 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%
Greene County	7.6	21.4%
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 effect on the overall health of the people they serve, approximately 50% of key stakeholder survey participants selected economic stability (e.g., employment, poverty, cost of living), nearly 40% selected the ability for everyone to have access to healthy foods to eat and 20% selected housing affordability and quality. The rising cost of living (e.g., food, housing, health care, etc.) was overwhelmingly seen as the top issue affecting health and well-being today and the issue that will have the most impact on the community in the coming years.

STAKEHOLDER FEEDBACK

"Healthy food affordability and availability is difficult. Many people on fixed incomes or with SNAP are looking to stretch their money throughout the month. That's not easy to do when purchasing fresh fruits and vegetables that spoil quickly and cost more. Public transportation throughout the area is nearly nonexistent and many struggle with transportation to access health care."

"Fledgling local economies and income disparity."

"Rising cost of insurance. Rising cost of supplies in all industries. Rising cost of literally everything!"

"I believe our homeless population is going to increase."

Community Recommendations to Improve Economic Stability

- Address public transportation barriers that limit access to health and social services.
- Bring awareness to emerging and systemic economic issues, including rising costs of living, living wage opportunities and income inequality.
- Expand affordable healthy eating programs, including food hubs at the hospital and other clinical sites.
- Strengthen connections between health care and social services to improve warm handoffs and coordinate care.
- Support youth engagement, career awareness and economic mobility opportunities.

Maternal and Child Health

Northeast Arkansas service area counties, excluding Greene County, have a higher birth rate than the state and country. Crittenden and Poinsett counties have a high birth rate, despite declining populations, a finding that may reflect both disparities in health and social well-being and out-migration of residents in these communities.

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
Greene County	518	11.2	11.2	10.9	16.6
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% to 73% of birthing people in Craighead and Poinsett counties and 76% of birthing people in Greene County. This finding highlights differences in access to care within the service area.

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, excluding Greene County, 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 death rate in Greene County and the state.

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 in Arkansas is also nearly two times higher than that of white people.

2022 Maternal and Infant Health Indicators by Race and Ethnicity

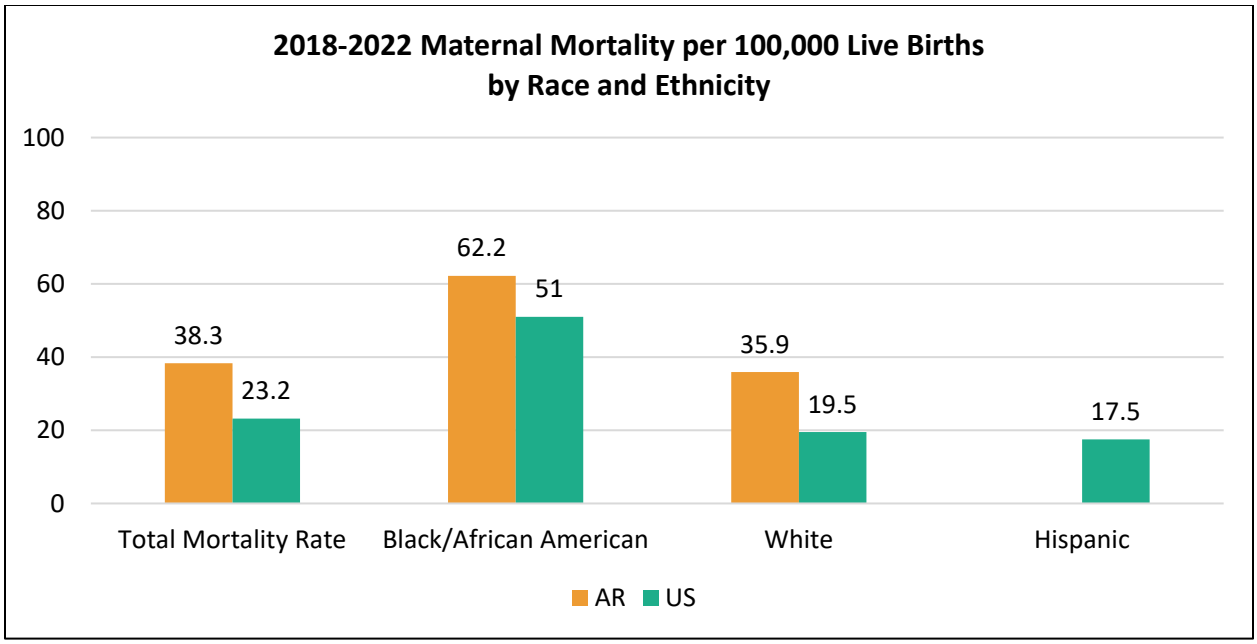
	Teen (15-19) Births	First Trimester Prenatal Care	Premature Births	Low Birth Weight Births	Non-Smoking During Pregnancy
Craighead County	4.3%	72.8%	12.4%	10.5%	92.6%
Black and/or African American	6.1%	61.9%	15.6%	14.6%	92.8%
White	3.3%	80.5%	10.8%	8.5%	91.6%
Crittenden County	8.3%	55.1%	16.1%	12.0%	95.0%
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%
Greene County	5.8%	76.1%	16.2%	9.9%	86.5%
Black and/or African American	NA	NA	NA	NA	NA
White	5.4%	77.6%	16.6%	10.1%	14.7%
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

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

	Infant Deaths
Craighead County	8.8
Crittenden County	13.5
Greene County	5.5
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

Our Response to the Community's Needs

In 2023, Baptist Memorial Hospital-Paragould (operating as Arkansas Methodist Medical Center, AMMC) conducted a similar CHNA and developed a supporting three-year Implementation Strategy to address health priorities for its communities. Based on the CHNA findings, hospital leaders and community partners identified four priority areas to address within its service area:

- Chronic disease
- Mental health
- Substance use disorder
- Healthy weight

AMMC worked with community agencies across the region and implemented health improvement initiatives to address the four priority areas. AMMC measured contributions and community impact from these investments as outlined in the following sections.

Chronic Disease Community Impact (2023 to present)

- Expanded community-based screenings for diabetes, hypertension and other chronic conditions at community events and employer sites.
- Increased the number of health fairs at employer locations, improving access to preventive care.
- Hosted an annual community health fair at AMMC, offering free screenings, chronic disease education and resource information. Community attendance has steadily increased.
- Expanded participation in AMMC's Diabetes Education Program through outreach at health fairs and community events. Quarterly, free education events were offered with increasing attendance.
- Hosted the annual Glow Run 5K event, benefiting the Diabetes Care Clinic, American Diabetes Association, Juvenile Diabetes Research Foundations and local initiatives, while promoting physical activity.
- Increased early identification of chronic disease for at-risk individuals, with follow-up outreach connecting patients to primary care and specialty services.
- Improved access to care and care coordination, resulting in stronger patient engagement in disease management.
- Expanded use of telehealth services for chronic disease management, reducing barriers related to travel and mobility.
- Provided transportation support, including gas cards for families of patients transferred to another facility.
- Delivered inpatient education on chronic diseases, such as diabetes, congestive heart failure and chronic obstructive pulmonary disorder.
- Screened all patients upon admission for social drivers of health and connected them to community resources.
- Reopened the Cardiac Rehabilitation Program, providing medically supervised exercise and education for heart disease patients.
- Implemented a Pulmonary Rehabilitation Program for patients with chronic lung conditions.

- Introduced LEQEMBI treatment for Alzheimer's disease, positioning AMMC as a regional leader in advanced neurological care. AMMC was among the first providers in Arkansas to offer this FDA-approved therapy.
- Implemented the 340B Drug Savings Program, allowing AMMC to expand free care for uninsured patients, support indigent services and invest in community health programs.
- Implemented AMMC Pharmacy initiatives, including free LEQEMBI to qualifying patients and discharge medication programs for indigent patients.
- Offered a wide range of community classes and support groups, including Alzheimer's support group; diabetes education; bone health education; prenatal and lactation classes; Stop the Bleed training; and ACLS, BLS, PALS, CPR and AED training.

Mental Health Community Impact (2023 to present)

- Screened all patients upon admission for social drivers of health and connected them to appropriate resources.
- Dedicated a hospital representative to participate in a local child abuse task force, reviewing cases monthly and coordinating support services.
- Dedicated a hospital representative to serve on a local behavioral health coalition.
- Conducted suicide risk assessments on all inpatients, with referrals made as appropriate.
- Provided suicide prevention education to patients at discharge.
- Ensured availability of social worker and chaplain support services for employees.
- Increased mental health awareness and training, including mandatory workplace violence prevention training for all staff.
- Enhanced staff preparedness to recognize and respond to mental health crises, improving patient safety.
- Strengthened collaboration with local law enforcement and emergency services to support coordinated behavioral response.
- Established processes to refer behavioral health patients to appropriate facilities for treatment.

Substance Use Disorder Community Impact (2023 to present)

- Screened all patients upon admission for social drivers of health and connected them to appropriate resources.
- Implemented an Interventional Pain Management outpatient service, focused on non-surgical, non-opioid treatment options for chronic pain.
- Expanded access to non-opioid pain management therapies, including pharmacy-supported alternatives for orthopedic surgery patients.
- Dedicated a hospital representative to serve on a local substance abuse coalition, providing education and resources at community events.
- Expanded community education initiatives to address opioid misuse, tobacco use and substance abuse prevention.
- Contributed to community awareness campaigns on the dangers of opioid and tobacco use.
- Provided smoking cessation education to identified patients.

Healthy Weight Community Impact (2023 to present)

- Collaborated with Paragould Parks & Recreation to host the annual Senior Walk, promoting physical activity and healthy lifestyles. Events included education and resource distribution.
- Screened all patients upon admission for social drivers of health and connected them to community resources.
- Conducted and expanded community health fairs focused on nutrition, physical activity and healthy living across Greene County and surrounding areas.
- Increased outreach to underserved and high-risk populations through non-traditional event locations, including workplaces and community sites.
- Strengthened partnerships with organizations promoting nutrition, wellness and active living.
- Used social media and marketing platforms to promote healthy lifestyle messaging to families and youths.
- Supported school-based education initiatives, emphasizing nutrition and physical activity.
- Increased community participation in health fairs and outreach events.
- Conducted outreach at senior community events, providing screenings and health education.

The Foundation at Arkansas Methodist Medical Center

The Foundation at Arkansas Methodist Medical Center supported AMMC's community benefit and impact work. The foundation is a private, not-for-profit organization dedicated to advancing the health and well-being of the region. Through community support, the foundation helps fund vital health care programs, capital improvements, equipment purchases and patient-centered services that might otherwise go unmet. The following investments were made by the foundation between 2023 and 2025.

Community Support	Investment
Glo-germ Hand Hygiene education tools to teach hand hygiene in schools	$450.00
Neonatal stethoscopes and car seats for infant heart monitoring and car safety	$985.00
Simulaids ALS manikin for EMT and paramedics education	$8,441.95
Glucose monitors for at-home patient monitoring	$700.00
Payment for lab work at community health fairs	$1,700.00
Digital scales for congestive heart failure patients for home monitoring	$775.00
Cuddle Cot to preserve stillborn babies and support family grieving	$3,000.00
Nursing carts to transport medications, dressings and equipment to patient bedsides	$50,000.00
New ambulance for use in Paragould	$102,422.00
Infant pulse oximeters for home monitoring	$3,406.24
Gas cards for families of transferred patients	$500.00
Car seats for infants leaving the hospital	$3,600.00
Taxi ride payments for patients without transportation home from AMMC and/or to follow-up appointments	$1,800.00
Installation of new, state-of-the-art MRI	$1,509,000.00

Board Approval and Next Steps

Baptist Memorial would like to thank community partners that provided guidance, expertise and ongoing collaboration to inform the 2026 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 2026 CHNA report and identified priority health needs were presented to Baptist Memorial's corporate and local hospital boards of directors and approved in June 2026. Following board approvals, the CHNA report was published and accessible to the public via Baptist Memorial's website at baptistonline.org/about/chna.

Following the completion of the 2026 CHNA, Baptist Memorial developed a supporting three-year Implementation Strategy for Baptist Memorial Hospital-Paragould, outlining strategies for addressing priority health needs. The 2026-28 Implementation Strategy will be reviewed and approved by Baptist Memorial'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 or visit our website to learn more.

Appendix A: Secondary Data References

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Appendix B: Key Stakeholder Survey Participants

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

Organization	Title/Role
1st Choice Healthcare Inc.	Chief Executive Officer
1st Choice Healthcare Inc.	Chief Operating Officer
Arkansas Department of Human Services-Division of County Operations	Program Eligibility Supervisor
Baptist Memorial Hospital-Paragould	Board Member
Baptist Memorial Hospital-Paragould	Director of Pharmacy
Black River Technical College	Vice President of Institutional Advancement; Executive Director of the BRTC Foundation
Black River Technical College	Vice President of Academic Affairs
Black River Technical College	Dean of Nursing and Allied Health
Black River Technical College	Director of Clinical ED-Respiratory Care
Carriage Hill Family Care PLC	MD
Chateau on the Ridge	Administrator-RN
City of Marmaduke	Mayor
City of Paragould	Alderman Ward 4
Edgar Electric Inc	Chief Financial Officer
Farm Life Real Estate	Owner
Food Bank of Northeast Arkansas	Chief Program Officer
Food Bank of Northeast Arkansas	Development Officer
Glen Sain Motor Sales	Executive Manager
Greene County Drug Court	Advanced Peer Recovery Specialist
Greene County Community Fund	Executive Director
Greene County Tech School District	Administrator
Junior Auxiliary	President
Marmaduke School District	Assistant Superintendent
Onward & Upward Counseling	Owner/Clinician
Paragould Chamber	Chief Executive Officer
Paragould High School	Nurse
Paragould Regional Chamber of Commerce	Membership Director
PathGroup	Chief Executive Officer
Together We Foster	Executive Director
Town of Lafe	Recorder/Treasurer
West View Baptist Church	Administrative Assistant
Women's Clinic	Physician