

ARKANSAS RURAL  
HEALTH PARTNERSHIP



Community  
Health  
Needs  
Assessment  
**2025**

PREPARED FOR



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**M**agnolia Regional Medical Center (MRMC), a non-profit, acute care hospital established in 1939, has been a cornerstone of the Magnolia, Arkansas community since opening its modern facility in 2010. Committed to its mission “to provide excellent healthcare services and education to all individuals,” MRMC is currently working to secure a Critical Access Hospital designation. This strategic move aims to ensure the long-term stability and viability of healthcare services for the Magnolia and Columbia County regions.

Located in the southwest corner of the state, just eighteen miles from the Louisiana border, MRMC serves as the sole community provider of medical care for a thirty-five-mile radius. While its primary service area is Columbia County, the medical center also serves patients from neighboring Lafayette, Nevada, Ouachita, and Union counties, as well as residents of Northern Louisiana.

In accordance with Section 9007 of the Patient Protection and Affordable Care Act of 2010, the 2025 Community Health Needs Assessment (CHNA) was prepared by MRMC leadership and staff in partnership with the Arkansas Rural Partnership. This assessment is a crucial step in identifying and addressing the health needs of the community.



## Background

The 2025 Community Health Needs Assessment (CHNA) was undertaken amid profound shifts in the healthcare landscape. Rural communities nationwide continue to contend with chronic workforce shortages, hospital financial instability, uneven access to care and an aging population beset by rising rates of chronic disease. At the same time, an uncertain economic climate—with escalating healthcare costs, shrinking reimbursements and the search for sustainable funding models—places additional strain on rural health systems.

To ensure that our response is both targeted and effective, the Arkansas Rural Health Partnership (ARHP) and Magnolia Regional Medical Center Hospital collaborated closely with hospital leadership, community members and key regional stakeholders throughout the CHNA process. Together, we gathered firsthand insights, quantified the most urgent health needs, and built consensus around priority areas for action.

This assessment not only pinpoints the critical health challenges facing Southeast Arkansas but also establishes a strategic foundation for the years ahead. Over the next three years, our hospitals and community partners will channel resources toward strengthening rural hospital sustainability, expanding access to essential medical services and enhancing overall healthcare resilience. By embracing technological innovations, fostering new collaborative models and continually evaluating our impact, we will adapt—and thrive—despite the evolving obstacles that rural health systems confront.

## 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 providers 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:

<i>Arkansas Strengths</i>
• Low prevalence of excessive drinking.
• High prevalence of fruit and vegetable consumption.
• Low percentage of households experiencing severe housing problems.
<i>Arkansas Alarming Challenges</i>
• 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%.
<i>Arkansas Highlights</i>
• Smoking rate decreased by <b>39%</b> — from 24.7% to 15.0% of adults between 2014 and 2023.
• The population of uninsured decreased by <b>25%</b> — from 11.8% to 8.9% of the population between 2014 and 2023.
<a href="https://www.americashealthrankings.org/learn/reports/2024-annual-report/state-summaries-arkansas">https://www.americashealthrankings.org/learn/reports/2024-annual-report/state-summaries-arkansas</a>

## Arkansas Measures

- Overall rank: 48

SOCIAL & ECONOMIC FACTORS			
Measure	State Rank	State Value	U.S. Value
<i>Community and Family Safety</i>			
• Homicide (Deaths per 100,000 population)	43	11.2	7.6
• Occupational Fatalities (Deaths per 100,000 workers)	39	5.5	4.2
<i>Economic Resources</i>			
• Economic Hardship Index (Index from 1-100)	44	82	—
• Food Insecurity (% of households)	50	18.9%	12.2%
• Income Inequality (80-20 Ratio)	34	4.77	4.87
<i>Education</i>			
• 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%
<i>Social Support and Engagement</i>			
• 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
<i>Air and Water Quality</i>			
• 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%
<i>Climate and Health</i>			
• Climate Policies (Number out of four policies)	30	1	—

## RELEVANT DATA (Continued)

<i>Housing and Transit</i>			
• 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
<i>Access to Care</i>			
• 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%
<i>Preventive Clinical Services</i>			
• 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%
<i>Quality of Care</i>			
• 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
<i>Nutrition and Physical Activity</i>			
• 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%

## RELEVANT DATA (Continued)

<i>Sexual Health</i>			
• 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
<i>Sleep Health</i>			
• Insufficient Sleep (% of adults)	43	38.7%	35.5%
<i>Smoking and Tobacco Use</i>			
• 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

## RELEVANT DATA (Continued)

• 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

## RELEVANT DATA (Continued)

### Regional Data

Region	Median Household Income	Unemployment Rate	Persons Living in Poverty
• Arkansas County	\$52,100	3.3%	14.7%
• Ashley County	\$44,744	5.3%	22.7%
• Bradley County	\$43,184	5.2%	20.1%
• Calhoun County	\$46,417	5.5%	13.3%
• Chicot County	\$34,147	6.6%	24.4%
• Columbia County	\$47,300	4.4%	23%
• Dallas County	\$38,072	5.7%	11.2%
• Desha County	\$31,893	4.6%	28.9%
• Drew County	\$46,997	4.6%	22.7%
• Grant County	\$55,388	4.5%	12.3%
• Jefferson County	\$39,326	5.6%	20.6%
• Lee County	\$29,681	6.1%	27.7%
• Lincoln County	\$46,596	7.4%	17.7%
• Lonoke County	\$62,532	3.4%	11.10%
• Monroe County	\$38,468	4.8%	22.2%
• Ouachita County	\$35,425	5.0%	17.9%
• Phillips County	\$29,320	5.9%	28.7%
• Polk County	\$45,300	3.7%	20%
• St. Francis County	\$35,348	5.6%	27.8%
• Sevier County	\$49,400	3.9%	19.6%
• Union County	\$44,663	4.4%	19.4%
• State of Arkansas	\$48,952	4.8%	15.55%
• United States	\$65,712	3.8%	12.5%

\*Note: Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmaps* and the US ACS 5-Year Estimates.

## County Data

### • Columbia County

Based on the latest available data from the *2024 County Health Rankings & Roadmaps* by the Robert Wood Johnson Foundation, here is an updated overview of Columbia County, Arkansas:

GENERAL DEMOGRAPHICS			
Demographic Metric	Columbia County	Arkansas	
• Population	22,216	3,067,732	
• % Below 18 years of age	21.1%	23%	
• % 65 and older	17.6%	18%	
• % Non-Hispanic Black	34.9%	15.3%	
• % American Indian or Alaska Native	0.6%	1.1%	
• % Asian	1.1%	1.9%	
• % Native Hawaiian or Other Pacific Islander	0.1%	0.5%	
• % Hispanic	3.2%	9.2%	
• % Non-Hispanic White	59%	70.2%	
• % Male	48.6%	49.3%	
• % Female	51.4%	50.7%	
INCOME DEMOGRAPHICS			
Income Metric	Columbia County	Arkansas	
• Median Household Income	\$47,300	\$55,500	
POVERTY STATISTICS			
Population Segment	Columbia County	Arkansas	United States
• All Persons in Poverty	23%	16%	13%
• Under 18 Years of Age	365	22%	17%
• 18 to 64 Years of Age	11%	14%	12%
• 65 and Older	11%	125	11%

\*Note: Data reflects figures up to 2024 as reported by the *County Health Rankings & Roadmap* and the U.S. Census Data Profile.

## RELEVANT DATA (Continued)

### MIGRATION DEMOGRAPHICS

Migration Metric	Columbia County	Arkansas
• Moved From a Different State	3.4%	2.1%
• Moved Within the Same County	5.2%	6.5%
• Moved from a Different County	3.9%	3.1%
• Moved Abroad	0.3%	0.4%

\*Note: Data reflects figures in the U.S. Census Data Profile.

### HEALTHCARE COVERAGE

Coverage Metric	Columbia County	Arkansas
• Uninsured (%)	10%	8.9%

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

### HEALTHCARE PROVIDER DEMOGRAPHICS

Population Segment	Columbia County	Arkansas	U.S. Top Performing Counties
• Primary Care Physicians Ratio	1,620:1	1,480:1	1,330:1
• Dentists Ratio	2,220:1	2,040:1	1,360:1
• Mental Health Providers Ratio	480:1	380:1	320:1
• Preventable Hospital Stays (per 100,000)	2,858	3,015	2,681
• Mammography Screening (%)	36%	40%	43%
• Flu Vaccinations (%)	43%	45%	46%

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

## RELEVANT DATA (Continued)

HEALTH STATISTICS			
Health Metric	Columbia County	Arkansas	U.S. Top Performing Counties
• Adult Smoking (%)	23%	22%	15%
• Adult Obesity (%)	42%	39%	34%
• Food Environment Index	6.5	4.7	7.7
• Physical Inactivity (%)	34%	30%	23%
• Access to Exercise Opportunities (%)	52%	64%	84%
• Alcohol-Impaired Driving Deaths (%)	48%	27%	26%
• Sexually Transmitted Infections (per 100,000)	917.4	592.8	495.0
*Note: Data reflects figures up to 2024 as reported by the <i>County Health Rankings &amp; Roadmaps</i> .			

## Mission

*To provide excellent healthcare services and education to all individuals.*

## Vision

*To be a leader in our community by providing:*

- *the highest quality healthcare services*
- *preventive and health maintenance education*
- *an environment that empowers and enables a higher level of performance for our employees*

## Core Values – Our Code of Conduct

- **Dignity:** *Respect for the worth of every person with special concern for the poor and underserved*
- **Integrity:** *Honesty, justice, and consistency in all relationships*
- **Excellence:** *High standards of service and performance*
- **Compassion:** *Service in a spirit of empathy, love, and concern*
- **Stewardship:** *Wise and just use of talents and resources in a collaborative manner*

## History

Magnolia Regional Medical Center (MRMC), a non-profit, acute care hospital established in 1939, has been a cornerstone of the Magnolia, Arkansas community since opening its modern facility in 2010. Committed to its mission “to provide excellent healthcare services and education to all individuals,” MRMC is currently working to secure a Critical Access Hospital designation. This strategic move aims to ensure the long-term stability and viability of healthcare services for the Magnolia and Columbia County regions.

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In accordance with Section 9007 of the Patient Protection and Affordable Care Act of 2010, the 2025 Community Health Needs Assessment (CHNA) was prepared by MRMC leadership and staff in partnership with the Arkansas Rural Partnership. This assessment is a crucial step in identifying and addressing the health needs of the community.



## Leadership

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- William Giles, *Chief Executive Officer*
- Stephanie Schmittou, *Chief Operating Officer*

*Organizational Chart included as Attachment D.*

## Governance

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- Dr. John Alexander, *Chairman*
- Angie Glass, *Vice Chairman*
- Todd Emmert, *Secretary*
- Jonathan Baird, *Member*
- Wally Wood, *Member*
- Jeff Whitener, *Member*

## Healthcare Services

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- Emergency Department
- Family Medicine
- Inpatient Services
- Surgical Services
- Ancillary Services
- Outpatient Services
- Home Health
- Physical Therapy

## Providers

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### **FAMILY MEDICINE**

- John E. Alexander, MD
- Tyler Neal, MD

### **HOSPITAL MEDICINE**

- Fred Murphy, MD

### **PEDIATRICS**

- Jo Ann Clark, APRN

### **ORTHOPEDICS**

- Jennifer Biddle, APRN
- Brian Savage, PA

### **ORTHOPEDIC SURGERY**

- James Kevin Rudder, MD

# TOPIC SPECIFIC DATA: PRIORITIES

Following the survey and community advisory board discussions, Magnolia Regional Medical Center has identified two key focus areas for the next three years: increasing awareness of available healthcare services and expanding the availability of specialty services.

## Increase awareness of available healthcare services.

### 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).

*All sources referenced (Appendix A).*

### 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).

*All sources referenced (Appendix A).*

### COLUMBIA COUNTY

In Columbia 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. Magnolia Regional Medical Center has responded by expanding its community engagement efforts to increase public health education events and enhancing patient navigation programs. However, language barriers, digital access issues, and trust in healthcare providers remain ongoing challenges that require sustained investment.

*All sources referenced (Appendix A).*

### Availability of 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).

*All sources referenced (Appendix A).*

#### 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.

*All sources referenced (Appendix A).*

#### COLUMBIA COUNTY

Awareness of available healthcare services in Columbia County, Arkansas, appears to be a multi-faceted issue influenced by factors such as rurality, health literacy, and socioeconomic status. The Magnolia Regional Medical Center, for instance, provides home health services. In addition, the Arkansas Rural Health Partnership launched an academy to train local residents for healthcare careers, recognizing that rural residents are uniquely qualified to meet the health needs of their communities. These initiatives aim to increase public knowledge about specific health topics and available services. However, broader studies on health in Arkansas, such as those from the Arkansas Center for Health Improvement (ACHI) and the Arkansas Department of Health, indicate that rural communities often face barriers to accessing care, including a shortage of primary care physicians and transportation issues. Limited health literacy is also a significant barrier statewide, with one study noting that low-income Arkansans often struggle to understand available services and make informed health decisions (PMC). These reports suggest that despite specific educational efforts by local healthcare providers, a general lack of awareness, compounded by systemic challenges, persists in the region.

*All sources referenced (Appendix A).*

# COMMUNITY HEALTH INITIATIVES



Magnolia Regional Medical Center (MRMC) in Magnolia, Arkansas, is a community-focused hospital with a mission to provide high-quality healthcare and education to its residents. Its community initiatives are often centered on improving health outcomes, providing education, and establishing key partnerships to benefit the local population. It works succinctly with the Magnolia Regional Medical Center (MRMC) Foundation, a non-profit organization established in 1996 with the specific purpose of supporting Magnolia Regional Medical Center. The Foundation helps the hospital with community initiatives primarily through fundraising, which in turn helps fund hospital projects, support staff, and improve patient care.

## KEY INITIATIVES AND PROGRAMS

- **Fundraising and Financial Support:** The Foundation is the hospital’s primary fundraising arm. It solicits donations from individuals, businesses, and other organizations through various giving programs. These funds are used to support new programs, maintain high standards of patient care, and provide training for medical professionals.
- **Funding Hospital Projects:** The Foundation’s financial support is often directed toward specific hospital projects and capital needs. This can include purchasing new medical equipment, funding facility renovations, or helping to establish new programs that enhance the hospital’s services to the community.
- **Community Health Focus:** While supporting the hospital is its main mission, the Foundation’s activities directly impact the community’s health. By helping to ensure the hospital has the resources it needs, the Foundation contributes to better health outcomes for residents. This can include supporting projects that address a community’s identified health needs, as identified in the hospital’s Community Health Needs Assessment.
- **Community Relations and Engagement:** The Foundation serves as a bridge between the hospital and the community. By managing donations and publicizing its projects, it fosters a culture of philanthropy and community support for the hospital’s mission. This can involve recognizing donors and publicizing the positive impact of their gifts on local healthcare.
- **Partnership with Arkansas SHARE:** MRMC is a key partner in SHARE, Arkansas’s statewide health information exchange. This partnership allows the hospital to securely share patient data with other healthcare providers across the state. This initiative helps to create more complete medical records, reduce the need for repeat tests, and improve the coordination of care, which is especially beneficial for patients with chronic conditions.

# 2025 COMMUNITY HEALTH NEEDS ASSESSMENT



## 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 15 community members who participated actively throughout the assessment to formulate a strategic plan addressing the community’s health priorities.

Public participation was intentionally positioned as a cornerstone of the process. The Magnolia Regional Medical Center steering committee collaborated with the Arkansas Rural Health Partnership (ARHP) to design a robust model for community engagement. Together with ARHP staff, the steering committee organized hybrid community meetings and coordinated the development of both the Community Health Needs Assessment (CHNA) and the subsequent implementation plan.

To gather a wide range of perspectives, the steering committee created a Community Advisory Committee with local leaders and health professionals. This committee was key to the success of the Community Health Needs Assessment (CHNA), using their local connections and knowledge of the community to ensure a broad representation of the population. This approach made the process more efficient and ensured the CHNA was deeply rooted in the community, leading to a more accurate and comprehensive understanding of local health needs.

During CHNA meetings, staff from the Arkansas Rural Health Partnership (ARHP) presented an overview of the CHNA framework, shared local health statistics, and guided participants through the 2025 CHNA survey. Committee members then helped distribute the survey by engaging neighbors, colleagues, and local organizations. To make sure the survey was accessible to everyone, it was also made available online on the Magnolia Regional Medical Center and ARHP websites, along with other community platforms.

Following the collection of survey responses, ARHP staff conducted a detailed data analysis and presented the findings during an advisory committee meeting. During this session, participants reviewed survey results, engaged in structured discussion regarding the most pressing health issues, and collaboratively identified key community priorities. These priorities became the foundation for a comprehensive implementation plan developed by the steering committee, with the goal of generating measurable and sustainable improvements in community health.

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

- William Giles, *Chief Executive Officer, Magnolia Regional Medical Center*
- Karen Weido, *Marketing Director, Medical Staff Coordinator, Magnolia Regional Medical Center*
- Stephanie Schmittou, *Chief Operating Officer, Magnolia Regional Medical Center*
- Lynn Hawkins, *Chief Operating Officer, Arkansas Rural Health Partnership*
- Camille Watson, *Chief Program Officer, Arkansas Rural Health Partnership*

# RESULTS OVERVIEW: MAGNOLIA REGIONAL MEDICAL CENTER 2025 COMMUNITY HEALTH NEEDS ASSESSMENT



There were **230** completed surveys through Magnolia Regional 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
<b>Awareness of Available Healthcare Services.</b>
Survey findings suggested increasing awareness and education about available healthcare services by utilizing effective strategies that involve clearly communicating “where and what the services are” and making health education approachable, consistent, and personalized.
<b>Availability of Specialty Services</b>
The survey identified that increasing specialty services locally would reduce the need for residents to travel long distances for care. This would also address the issue of travel hardship, which was specifically mentioned as a challenge for the community, particularly the elderly.

# MAGNOLIA REGIONAL MEDICAL CENTER CHNA STRATEGIC IMPLEMENTATION PLAN: 2025-2028

The 2025-2028 Strategic Implementation Plan serves as an action-driven framework to address the priority health issues identified in the Magnolia Regional Medical Center Community Health Needs Assessment (CHNA). This plan is currently being developed through a collaborative effort between the Arkansas Rural Health Partnership (ARHP) and the Magnolia Regional Medical Center 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 were available upon request at Magnolia Regional Medical Center, and the full report is also accessible online via the Magnolia Regional Medical Center 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 rural Arkansas. 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 regions.

## Objective 1. 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 MRMC.
- **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.

## Objective 2. Expand 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 MRMC on a regular basis.
- **Enhance Tele-Specialty Care:** Expand telehealth consultations for ENT, cardiology, endocrinology, prenatal care, and behavioral therapy, reducing the need for patients to travel out of the 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.

Lynn Hawkins, Chief Operations Officer, and Camille Watson, Chief Projects Officer, were designated to serve as leads on Magnolia Regional 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 23 Arkansas rural hospitals, 7 Federally Qualified Health Centers (FQHCs), 3 teaching medical institutions, the FQHC State Primary Care Association, and 1 ambulatory provider. 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 Arkansas.*

The following documentation of Magnolia Regional 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 and 2025 Magnolia Regional Medical Center Survey Results PowerPoint Presentation.
- **Attachment B.** Community Advisory Committee Meeting Agenda.
- **Attachment C.** Community Advisory Attendance Roster.
- **Attachment D.** Organizational Chart

# Magnolia Regional Medical Center **COMMUNITY HEALTH NEEDS ASSESSMENT**

2025

## MEETING AGENDA

- 01** Introductions
- 02** The CHNA Process
- 03** Survey Results
- 04** Discussion/Plans
- 05** Questions

## WHY DO WE DO A COMMUNITY HEALTH NEEDS ASSESSMENT?

### **Magnolia Regional 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 from federal, state, and local governments.

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**

**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.**

## COMMUNITY ENGAGEMENT IS CENTRAL . . . .

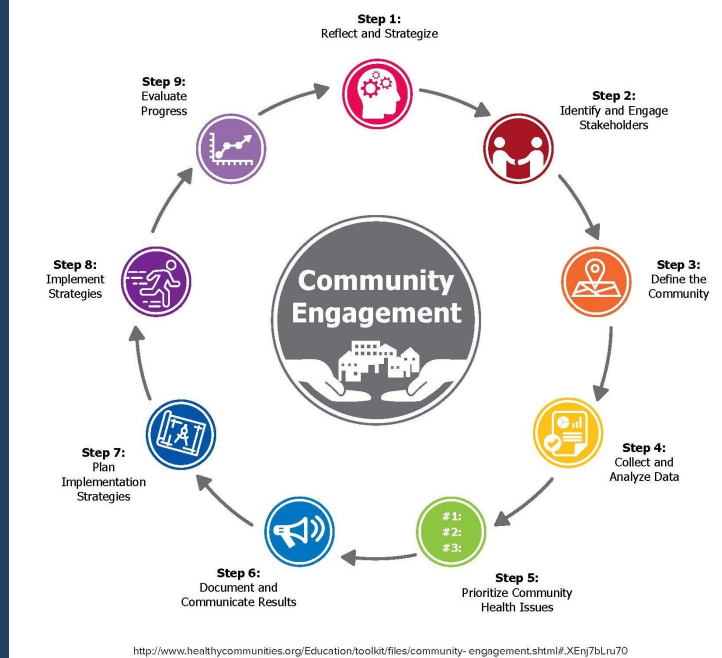
### Benefits for Your Hospital:

- 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.

### Community Engagement Process



## THE CHNA PROCESS

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

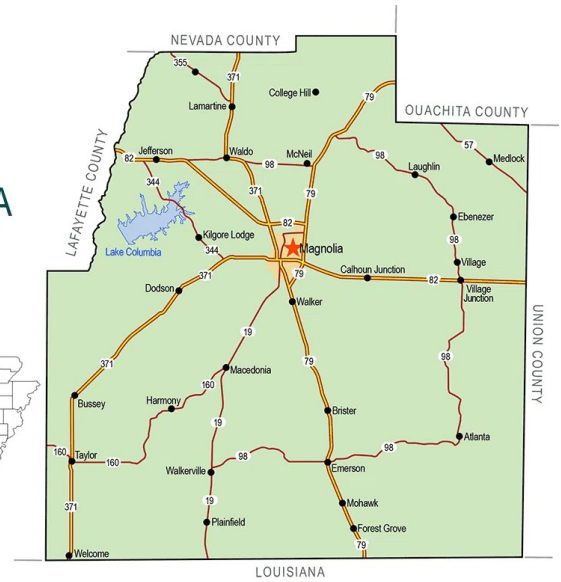
# DEFINE THE COMMUNITY

# STEP THREE

While Magnolia Regional Medical Center primarily serves patients from Columbia County, it also serves residents from neighboring counties.

## COLUMBIA COUNTY

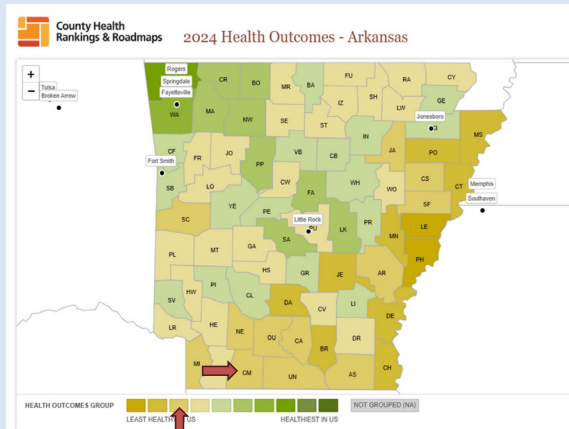
★ = County Seat



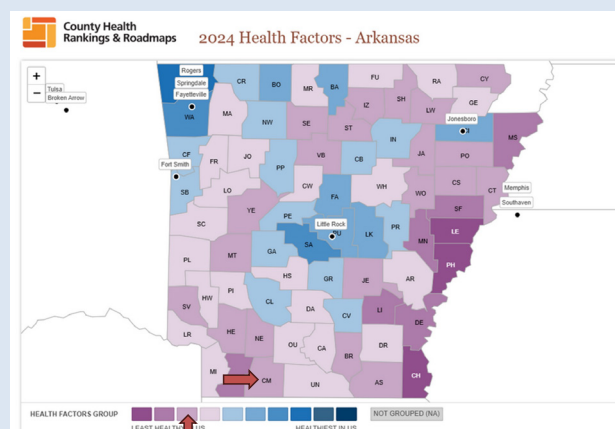
# COLUMBIA COUNTY, ARKANSAS

Columbia County, Arkansas, which is located in the southernmost part of Arkansas, was placed in the bottom quartile for both **health outcomes and health factors** when compared to all other counties in Arkansas in the 2024 County Health Rankings by the University of Wisconsin Population Health Institute. This ranking is common in this region, often due to socioeconomic challenges that contribute to poorer health. The state of Arkansas has 75 counties in total.

## Health Outcomes



## Health Factors



## DATA ANALYSIS

- Survey responses (N=230) 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 FOUR

## 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
- local businesses

*Surveys were made available from June 16, 2025, to August 21, 2025.*

COLLECT & ANALYZE DATA | STEP FOUR

# WHO IS COLUMBIA COUNTY?

Key insights per the CHNA survey

**230 SURVEY RESPONSES WERE RECEIVED**

**89%**

of the respondents were from Columbia County. Additional responses were received from Lafayette County (3%). The remaining responses were from Nevada, Ouachita, Pope, and Union, two of out of state, and some of whom only replied that they lived in the United States.

**36 to 55**

was the largest age range to respond at 23%. The remaining age groups responded in the following order: 56 to 65 (20%), 26 to 35 (14%), 66 to 75 (9%), and 18 to 25 and 76 to 85 (6%)

**73%**

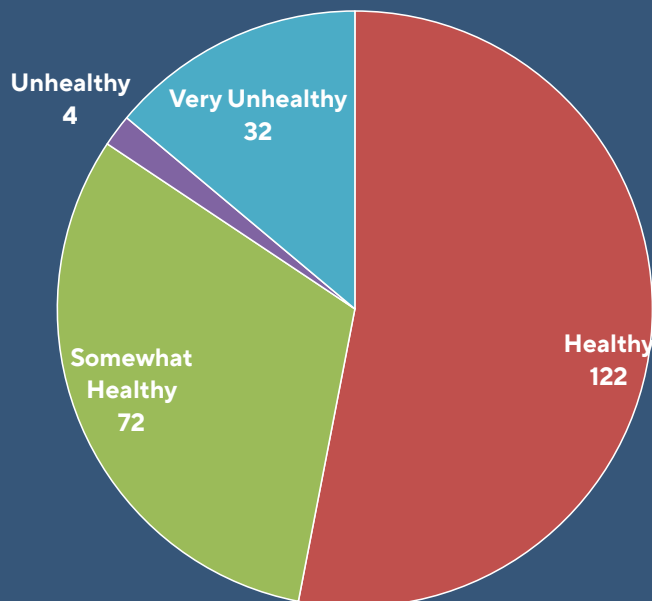
of respondents were female and 27% male.

**88%**

of the respondents were Caucasian, with the second largest response being black or African American, at 6%, and then prefer not to say at 5%. Other groups making up a smaller % of participants reported as White: Native American or American Indian (0.9%) and White: European American (0.4%)

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

**Key Insight:** A majority of respondents consider themselves healthy, at 53% or somewhat healthy, at 31%.

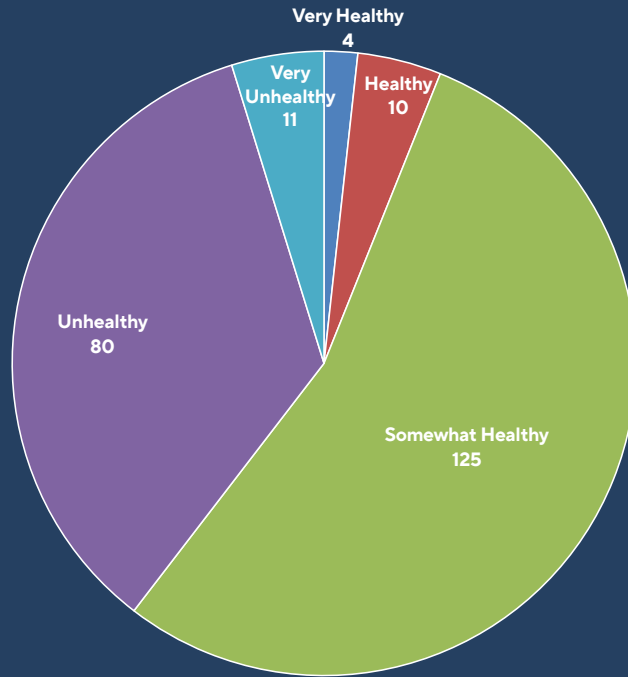




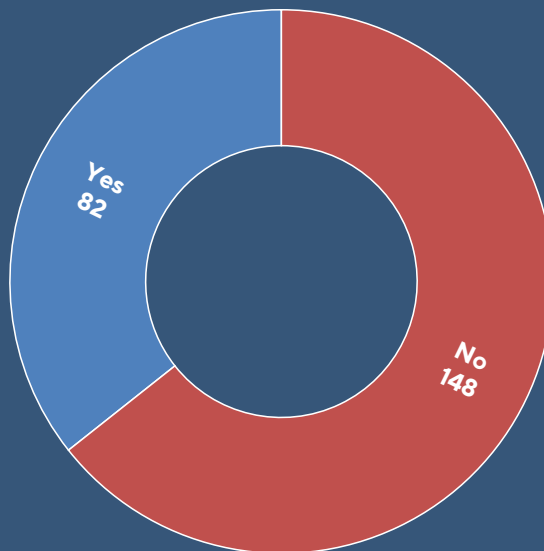
### PERCEPTION OF COMMUNITY HEALTH: HOW WOULD YOU RATE THE GENERAL HEALTH OF YOUR COMMUNITY?

**Key Insight:** The respondents rated their own health more positively than their community's health.

A little over half of respondents (53%) viewed their personal health as "healthy", with 31% at "somewhat healthy", but they rated their community's health as "somewhat healthy" (54%) or "unhealthy" (35%).



### DID YOU OR SOMEONE IN YOUR HOUSEHOLD GO WITHOUT HEALTHCARE OR DELAYED RECEIVING HEALTHCARE IN THE PAST THREE YEARS?



**WHEN ASKED WHY HEALTHCARE WAS NOT RECEIVED, THE MOST NOTABLE RESPONSES ARE IDENTIFIED BELOW:**

**❖ Logistical Issues**

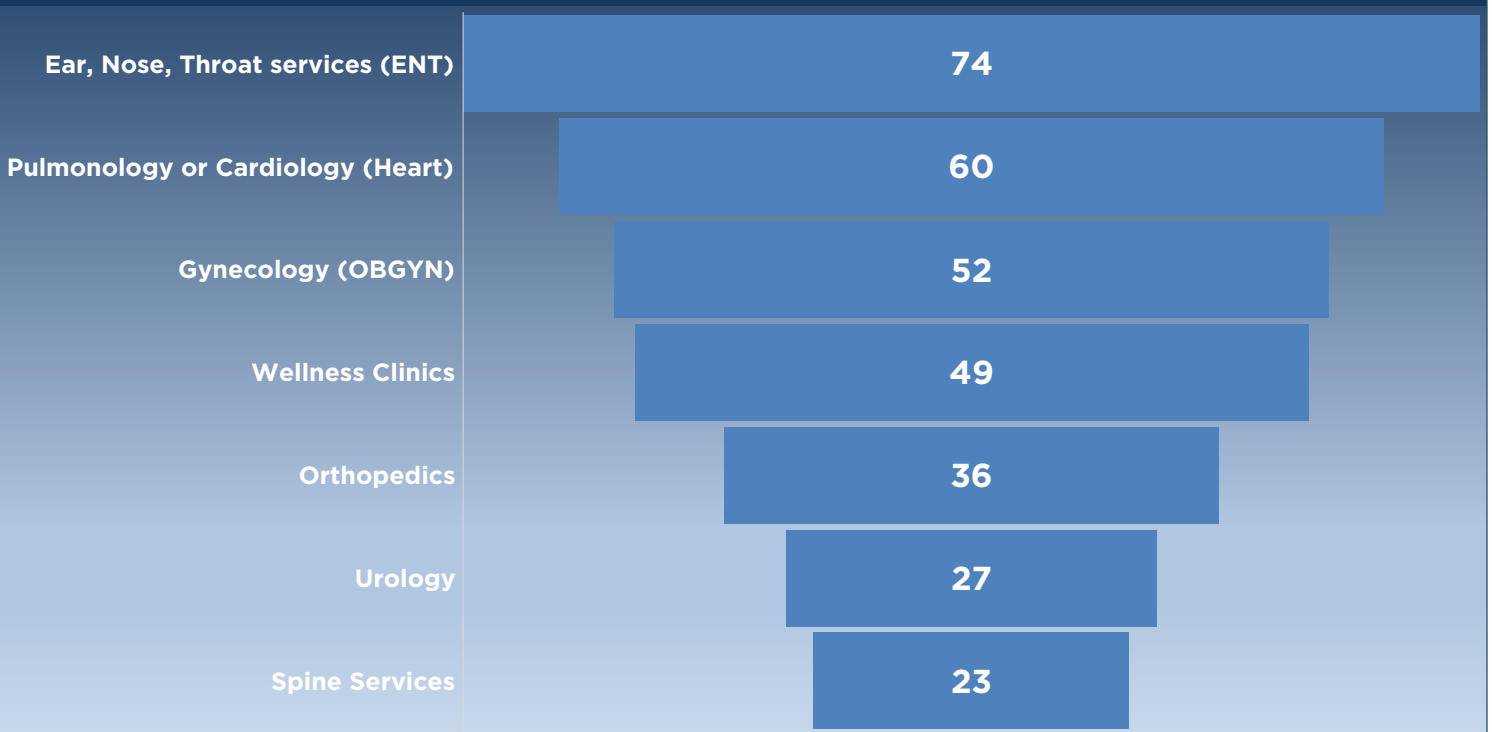
- ❖ Too long of a wait for an appointment
- ❖ The clinic was not open when I could go
- ❖ Providers needed were out of town
- ❖ Unsure if services were available
- ❖ Childcare

**❖ Financial Reasons**

- ❖ Costs too much money
- ❖ My insurance did not cover it

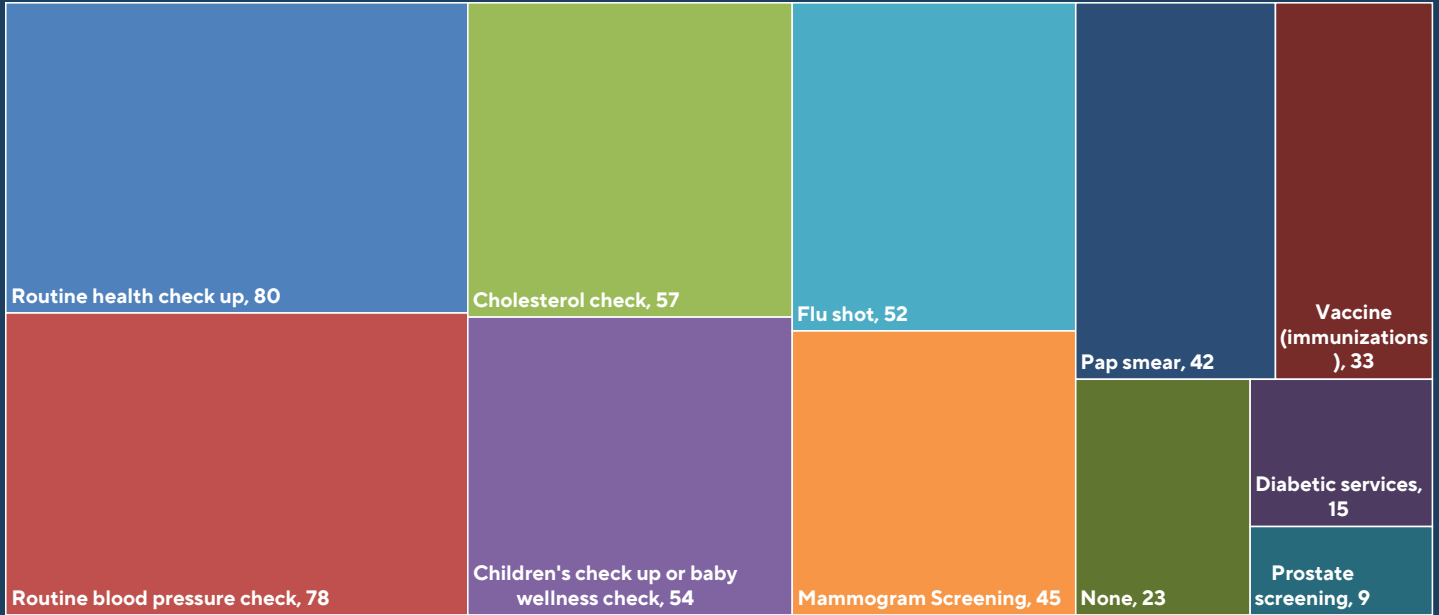
**MOST NEEDED HEALTHCARE SERVICES:**

**WHAT HEALTHCARE SERVICES WOULD YOU USE IF THEY WERE AVAILABLE?**



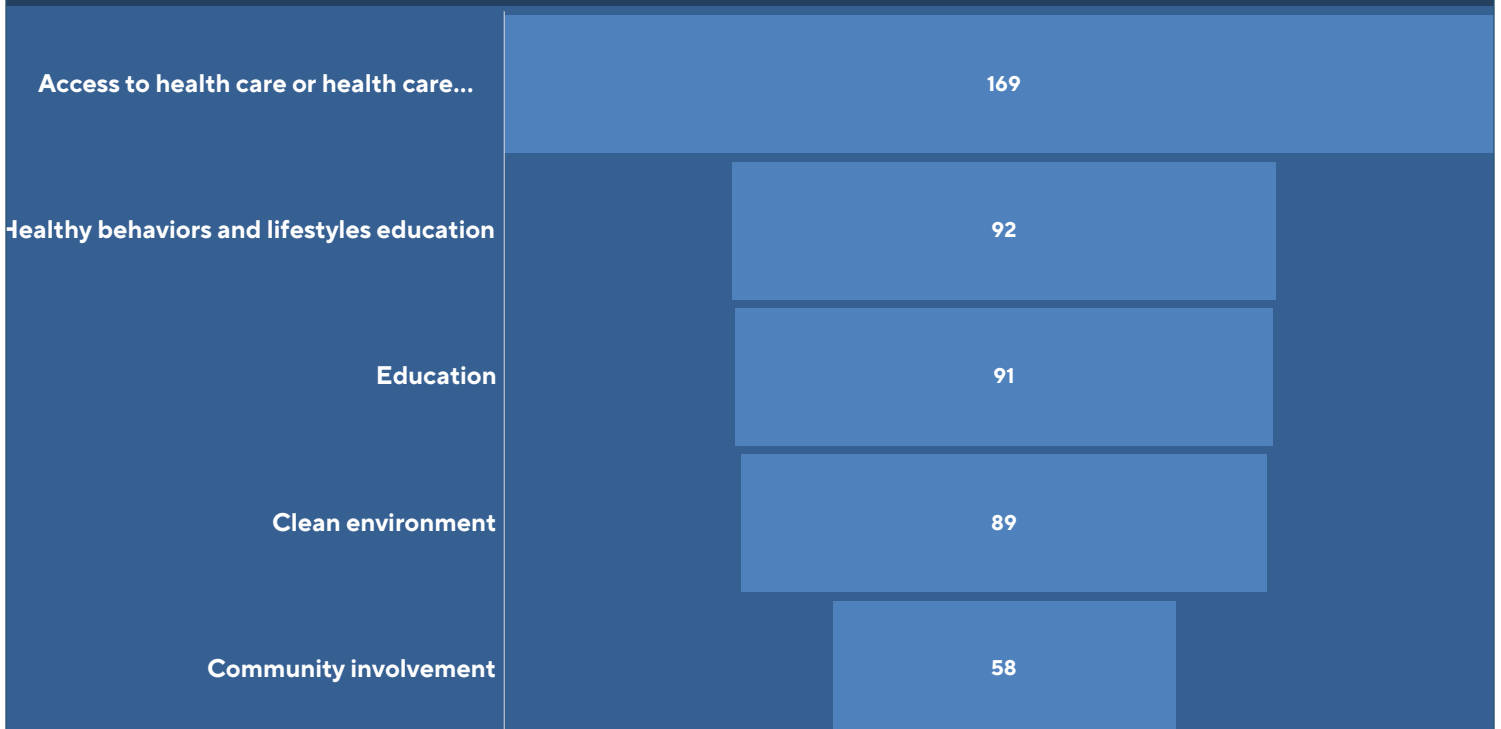
**USE OF PREVENTATIVE HEALTH SERVICES:**

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?



**KEY FACTORS FOR A HEALTHY COMMUNITY:**

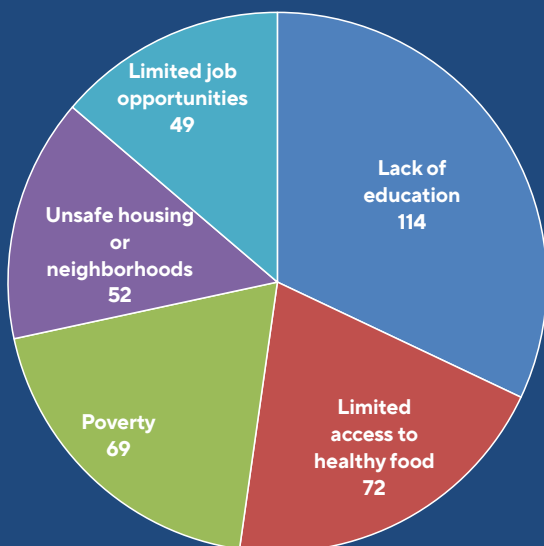
**SELECT THE MOST IMPORTANT FOR CREATING A HEALTHY COMMUNITY**



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

Language barriers	122
Lack of transportation	121
Lack of knowledge	120
Long wait times	119
Lack of health insurance	118
Availability of providers	117
Cost of care	116

**PERSPECTIVE ON FACTORS THAT CONTRIBUTE MOST TO HEALTH CONCERNS IN THE COMMUNITY**



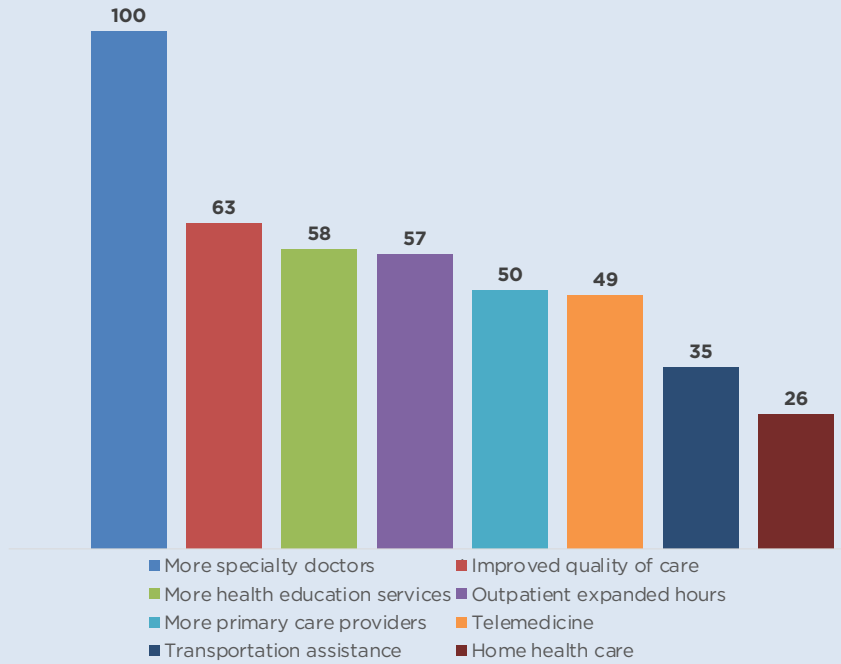
**Key Insights:**

Survey results show the biggest contributor to health concerns is “lack of education,” with “limited access to healthy food” and “poverty” being the next biggest contributors.

Considered less significant were “limited job opportunities” and unsafe housing.

**Community perspective on how to improve the community's access to health care.**

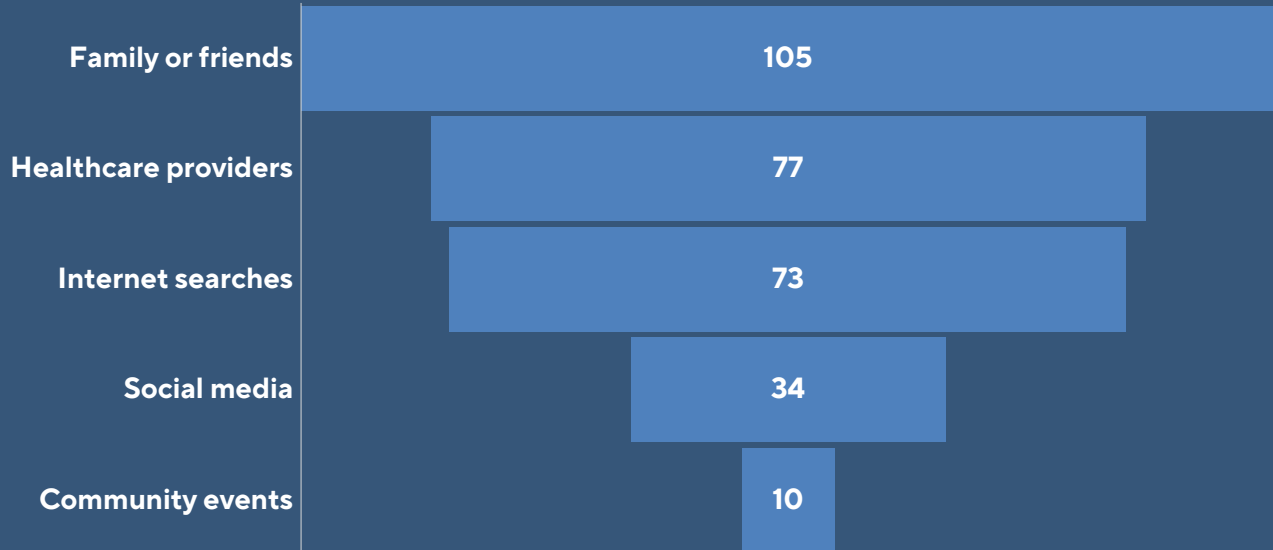
**Key Insight:** Based on survey responses, the need for more specialty care providers was identified as the top way to improve access to health care. Following closely behind were improved quality of care, more health education services, outpatient expanded hours, more primary care providers, and telemedicine. Other options, such as transportation and home health care services, were chosen less frequently.



**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?**



**When asked how the respondents typically receive information regarding available health services, the replies were:**



**Key Insight:** Overall, the survey responses indicate that informal, personal networks are the primary way people learn about health services, followed by professional advice and online research. Other traditional methods were less popular options.

### **Community Insights: Overall Themes**

#### **Overall insights from survey respondents:**

- ❖ **Access to Care and Need for Providers**
  - ❖ **More primary care providers**
  - ❖ **Specialty providers**
  - ❖ **Travel hardship**
- ❖ **Community and Wellness Programs**
  - ❖ **Exercise programs**
  - ❖ **Need for Mental and Behavioral Health Providers**
- ❖ **Costs/Affordability**

**“It is a hardship for people, especially the elderly, to have to travel out of town for services.”**

❖ **Improve Access to Healthcare Services.**

- Respondents identified multiple barriers: availability of providers, language barriers, limited access to healthcare, including high costs, transportation challenges, and a need for education around healthy lifestyles and healthy behavior. Addressing these barriers comprehensively will significantly improve community health outcomes.

❖ **Expand Availability of Specialty Services.**

- Community members highlighted a strong need for specialized medical services—particularly Ear, Nose, and Throat (ENT), OB/Gyn, Pulmonology or Cardiology, and Orthopedics. Increasing these specialty services locally would reduce the necessity for residents to travel long distances for care. Also mentioned throughout the survey was the need for psychiatry.

❖ **Increase Awareness/Education of Available Healthcare Services.**

- The assessment revealed a substantial gap in community awareness of existing healthcare resources. Effective strategies to enhance awareness may include meeting the community where they are – whether it is a church, school, social media, or healthcare providers – to make health education approachable, consistent, and personalized. These strategies may significantly aid in addressing behavioral health and chronic health concerns.

**PRIORITIZE COMMUNITY  
HEALTH ISSUES | STEP FIVE**

**Magnolia Regional Medical Center must adopt an implementation strategy before the 15<sup>th</sup> day of the fifth month after the end of the taxable year in which the hospital finishes conducting the Community Health Needs Assessment.**

<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

**DOCUMENT &  
COMMUNICATE RESULTS | STEP SIX**

**\*THIS IS AN ONGOING PROCESS\***

- **Develop work groups**
- **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**

**IMPLEMENT STRATEGIES & NEXT STEPS**

**STEP EIGHT**

- Arkansas Rural Health Partnership will provide the Magnolia Regional Medical Center with the Community Health Needs Assessment Report by September 12, 2025.
- ARHP and Magnolia Regional Medical Center Steering Committee will draft the implementation plan and communicate back to the advisory committee.
- Conduct annual progress assessment with the advisory committee.



# THANK YOU!

Arkansas Rural Health Partnership

**Lynn Hawkins**

Chief Operations Officer

[lynnhawkins@arruralhealth.org](mailto:lynnhawkins@arruralhealth.org)





# MEETING AGENDA

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- 02** The CHNA Process
- 03** Survey Results
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- 05** Questions

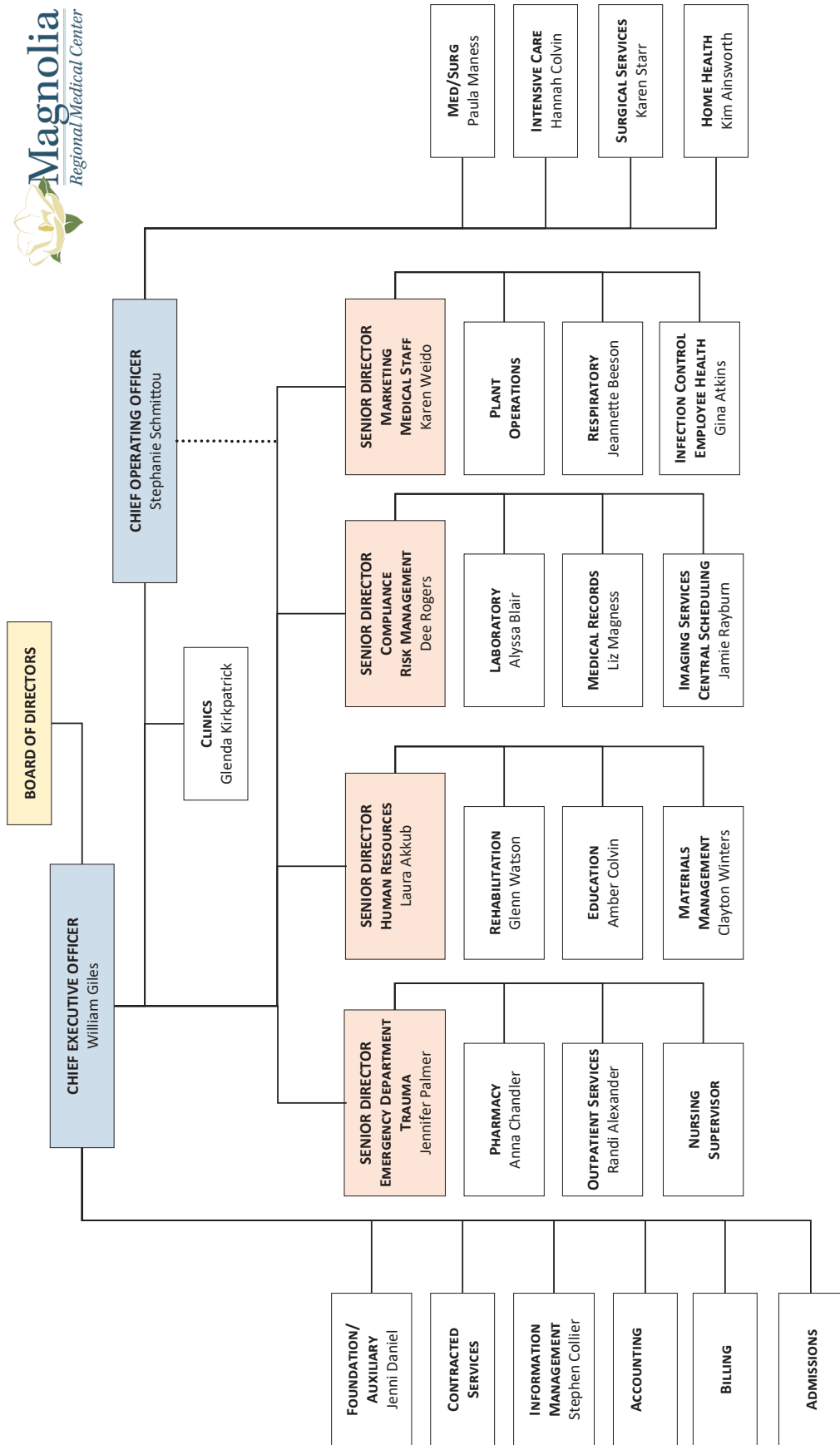
# ATTACHMENT C.

## Community Advisory Attendance Roster



FIRST NAME	LAST NAME	ORGANIZATION
Laurie	Story	Magnolia City Council
Jamie	Waller	Peoples Bank
William	Giles	MRMC CEO
Karen	Weido	MRMC Marketing Director
Stephanie	Schmittou	MRMC COO
Dr. John	Alexander	Magnolia Regional Medical Center
Angie	Glass	Mustard Seed Wealth Management
Todd	Emmert	Agriculture
Jonathan	Baird	Mustard Seed Wealth Management
Wally	Wood	Wood & Wood Ltd.
Jeff	Whitener	Farmers Bank & Trust

# ATTACHMENT D. Organizational Chart



8/25/25

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