

**ARKANSAS RURAL
HEALTH PARTNERSHIP**



ARKANSAS RURAL HEALTH PARTNERSHIP

McGehee Hospital



Community Health Needs Assessment 2025

PREPARED FOR



**McGehee
Hospital**

Introduction.....3

Healthcare in 2025.....4

Relevant Data7

About Our Hospital..... 15

Mission/Values 15

History 15

Leadership 16

Governance 16

Current Community Initiatives..... 17

Topic Specific Data — Priorities..... 18

Current Outreach Programs in Desha County 22

2025 Community Health Needs Assessment..... 23

CHNA Facilitation Process..... 24

Results Overview: McGehee Hospital’s 2025 CHNA..... 27

2025–2028: McGehee Hospital CHNA Strategic Implementation Plan 28

Qualifications of the Report Preparer 30

About the Arkansas Rural Health Partnership..... 30

Documentation 31

References..... 55



McGehee Hospital — a critical access hospital located in the City of McGehee in Desha County, Arkansas — is a 501(c)3 not-for-profit organization. As part of its mission and to maintain its tax-exempt status, McGehee Hospital implements programs and services designed to assess and address local healthcare needs. Every three years, the hospital conducts a comprehensive Community Health Needs Assessment (CHNA) to evaluate the healthcare challenges faced by Desha County residents and stakeholders in the surrounding areas.

To fulfill its mission and maintain its tax-exempt status, McGehee Hospital is dedicated to providing programs and services that intentionally assess and respond to local community health needs. These community benefits include offering health education, free community health screenings — supporting local community activities, and implementing various community health initiatives. A key component of this commitment is the Community Health Needs Assessment (CHNA) — which McGehee Hospital conducts every three years. This assessment gathers input from Desha County residents and hospital stakeholders throughout the surrounding region, including individuals with public health expertise. These participants form a community advisory committee, which assists hospital staff in collecting survey data to identify the most pressing health concerns in the hospital's service area.

Following the identification of these health priorities, McGehee Hospital's Community Health Needs Assessment's steering committee is tasked with creating an action plan. This plan outlines how the hospital will address selected issues using available resources. The completed CHNA report is then made available to the public.

The McGehee Hospital 2025 Community Health Needs Assessment was prepared by the leadership and staff of the Arkansas Rural Health Partnership and McGehee Hospital, in accordance with the requirements of Section 9007 of the *Patient Protection and Affordable Care Act of 2010*.



Background

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

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

Key Challenges in Rural Healthcare in 2025

BEHAVIORAL HEALTH CRISIS

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

AGING POPULATION NEEDS

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

HEALTHCARE WORKFORCE SHORTAGES

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

Arkansas Strengths

- Low prevalence of excessive drinking.
- High prevalence of fruit and vegetable consumption.
- Low percentage of households experiencing severe housing problems.

Arkansas Alarming Challenges

- Arkansas ranks #50 in food insecurity (% of households), with a 18.9% food insecurity per household rate.
- Arkansas ranks #48 in Adverse Childhood Experiences (% of children ages 0-17), with a rate of 21.3%.

Arkansas Highlights

- Smoking rate decreased by **39%** — from 24.7% to 15.0% of adults between 2014 and 2023.
- The population of uninsured decreased by **25%** — from 11.8% to 8.9% of the population between 2014 and 2023.

<https://www.americashealthrankings.org/learn/reports/2024-annual-report/state-summaries-arkansas>

Arkansas Measures

- Overall rank: 48

SOCIAL & ECONOMIC FACTORS			
Measure	State Rank	State Value	U.S. Value
<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	12.6%	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)

Sexual Health			
• Chlamydia (Cases per 100,000 population)	43	588.3	495.0
• High-Risk HIV Behaviors (% of adults)	34	6.2%	5.7%
• Teen Births (Births per 1,000 females ages 15-19)	49	24.6	13.6
Sleep Health			
• Insufficient Sleep (% of adults)	43	38.7%	35.5%
Smoking and Tobacco Use			
• E-Cigarette Use (% of adults)*	47	10.6%	7.7%
• Smoking (% of adults)	39	15.0%	12.1%
OVERALL HEALTH OUTCOMES			
Measure	Value	Rank	
• Overall Health Score	-0.759	48	
BEHAVIORAL HEALTH OUTCOMES			
Measure	Value	Rank	
• Depression (% of adults)	26.6%	38	
• Drug Deaths (per 100,000)	21.7	10	
• Excessive Drinking (% of adults)	14.5%	6	
• Frequent Mental Distress (% of adults)	18.9%	45	
• Non-medical Drug Use (% of adults)	18.2%	34	
• Suicide Rate (per 100,000)	18.0	30	
MORTALITY			
Measure	Value	Rank	
• Premature Death (years lost before age 75 per 100,000)	11,504	42	
• Premature Death Racial Disparity (ratio)	1.3	11	
PHYSICAL HEALTH			
Measure	Value	Rank	
• Frequent Physical Distress (% of adults)	16.1%	46	
• High Health Status (% of adults reporting good or excellent health)	41.4%	46	

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

Regional Data

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

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

County Data

• Desha 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 Desha County, Arkansas:

GENERAL DEMOGRAPHICS			
Demographic Metric	Desha County		Arkansas
Population	10,771		3,045,637
% Below 18 years of age	24.8%		22.9%
% 65 and older	20.2%		17.8%
% Non-Hispanic Black	46.6%		15.3%
% American Indian or Alaska Native	0.5%		1.1%
% Asian	1.1%		1.8%
% Native Hawaiian or Other Pacific Islander	0.2%		0.5%
% Hispanic/Latino	7.4%		8.6%
% Non-Hispanic/Latino	43.2%		71.0%
% White	43.2%		71.0%
% Male	47.56%		49.4%
% Female	52.9%		50.6%
INCOME DEMOGRAPHICS			
Income Metric	Desha County		Arkansas
Median Household Income	\$31,893		\$48,952
POVERTY STATISTICS			
Population Segment	Desha County	Arkansas	United States
All People	28.9%	15.7%	12.5%
Under 18 Years of Age	42.6%	20.9%	16.0%
18 to 64 Years of Age	27.1%	14.7%	11.5%
65 and Older	16.2%	12.1%	11.3%

RELEVANT DATA (Continued)

MIGRATION DEMOGRAPHICS

Migration Metric	Desha County	Arkansas
Moved From a Different State	1.0%	2.4%
Moved within the Same County	4.5%	6.0%
Moved from a Different County, Same State	4.2%	3.4%
Moved from a Different State	1.0%	2.3%
Moved Abroad	—	0.3%

HEALTHCARE COVERAGE

Coverage Metric	Desha County	Arkansas
Uninsured (%)	11%	10%

HEALTHCARE PROVIDER DEMOGRAPHICS

Population Segment	Desha County	Arkansas	U.S. Top Performing Counties
Primary Care Physicians Ratio	2,220:1	1,480:1:1	1,330:1
Dentists Ratio	2,160:1	2,160:1	1,240:1
Mental Health Providers Ratio	440:1	440:1	290:1
Preventable Hospital Stays (per 100,000)	5,129	5,129	2,761
Mammography Screening (%)	37%	37%	50%
Flu Vaccinations (%)	45%	45%	53%

HEALTH STATISTICS

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

Mission

To provide personalized healthcare using conventional and innovative services.

Values

In order to fulfill our mission and serve our community to the best of our ability, it is important that all members of our team adhere to our Core Values with every action and interaction. Our Core Values include the following:

- **Service:** *Quality service is the foundation of any successful business and is even more essential in the provision of healthcare. Our success is dependent upon each employee's desire and commitment to serve others in the best way possible.*
- **Honesty:** *Adherence to the moral values of fairness, integrity and honor in all relationships is of utmost importance.*
- **Respect:** *Patients are to be treated with concern and respect. Maintaining our patients' dignity and worth is essential in providing quality, compassionate care.*
- **Stewardship:** *We prudently commit our resources, using our talents and strengths in an effective and efficient manner. Our facilities and equipment are maintained with special pride and to the benefit of those we serve.*
- **Performance:** *It is expected that all employees and staff members give their best at all times to ensure that our patients have the best experience possible. Our employees have initiative and are dedicated, talented and knowledgeable. The highest possible performance from all employees is always expected, but never at the expense of our values.*

History

McGehee Hospital, established in 1965, is a Critical Access Hospital serving the rural communities of McGehee, Desha County, and five surrounding Arkansas counties. Its long-standing presence underscores a deep commitment to providing essential healthcare services in the region.

A remarkable aspect of McGehee Hospital's continued operation is the strong financial support it receives from both current and former residents. This unwavering dedication is a testament to the community's significant investment in its local healthcare infrastructure. A prime example of this commitment is the "Share the Pride" comprehensive fundraising campaign, which saw 365 local and former residents collectively donate an impressive \$2.2 million.

The tangible impact of this community-led initiative is evident in the McGehee Family Clinic. This new facility, which opened its doors on July 29, 2017, is located adjacent to McGehee Hospital and stands as a direct result of the "Share the Pride" campaign's success. It exemplifies how community engagement and financial contributions can directly translate into enhanced healthcare services for rural populations.

Leadership

- Terry Amstutz, *President and Chief Executive Officer*
- Bill Couch, *Chief Financial Officer*
- Sarah Calvert, *Chief Nursing Officer*
- Teresa Morgan, *Vice President*
- Carla Taylor, *Vice President/Revenue Cycle*

Governance

McGehee Hospital:

Board of Directors

- Andrew Wargo, III, *Chairman Emeritus*
- Eddie Allen, *Chairman*
- Clarissa Herren, *Vice Chairman*
- Bob Lucky, *Member*
- Alfonzo Dixon, *Member*

- Mike Smith, *Member*
- Lisa Hutchison, *Member*
- Don Smith, *Member*

Organizational Chart included as Attachment E.

Hospital Services

- | | | |
|--------------------------------|--------------------------|---------------------------|
| • Emergency Department | • Patient Support Groups | • Rural Health Clinic |
| • Respiratory | • Physical Therapy | • Hospice Home Care |
| • Infection Isolation Room | • Health Screenings | • Outpatient Services |
| • Laboratory | • Occupational Therapy | • Arkansas Hospice |
| • Outpatient Cardiology Clinic | • CT Scanner | • Sleep Lab |
| • General X-ray | • Speech Therapy | • Pulmonary Function Lab |
| • Smoking Cessation | • Ultrasound | • Chronic Care Management |
| • Swing Bed | • AR SAVES Stroke Center | |

Family Medicine Providers

- Clint Akin, MD
- James Renfro, MD
- Kendall Cox, APN
- Sarah Pearce, APN

Current Community Initiatives

McGehee Hospital is actively engaged across Desha County — sponsoring health fairs, educational workshops, free screenings and a variety of other outreach activities to improve the well-being of our neighbors. As a committed member of the Desha County Hometown Health Initiative (HHI) — a program of the Arkansas Department of Health — McGehee Hospital partners with consumers, business leaders and healthcare providers to identify local health priorities and implement lasting solutions.

McGehee Hospital's current community health initiatives emphasize:

- Collaboration among diverse stakeholders
- Building strong community coalitions
- Prioritizing the most pressing health challenges
- Designing — and sustaining — locally driven community health strategies

At the conclusion of the McGehee Hospital survey and community advisory board processes, there were three priorities that were targeted for the hospital to address over the next three years: Behavioral Health, Chronic Disease, and Access to Specialty Care. The following data highlights the issues around these topics at the federal, state, and local levels.

Behavioral Health

FEDERAL

At the federal level, the United States is confronting a profound and multifaceted mental health crisis. Roughly one in five adults experiences a mental illness each year, and nearly 60 million Americans — or more than 23% of adults — met the criteria for a mental health condition in the past year, with nearly 6% enduring a severe illness. Anxiety disorders remain the most common concern, but the situation is deteriorating most rapidly among young people: in 2024, 43% of adults reported greater anxiety than the year before, and among adolescents aged 12–17, diagnosed mental or behavioral health conditions have surged by over 35 percent since 2016. Between 2016 and 2023, adolescent anxiety diagnoses jumped from ten to more than sixteen percent, and depression rose from 5.8 to 8.4 percent; in 2023 alone, four in ten high school students reported persistent feelings of sadness or hopelessness, and one in five seriously considered suicide. Suicide now claims nearly 50,000 lives annually, ranking as the second or third leading cause of death for those aged ten through thirty-four, and its age-adjusted rate has climbed by more than a third since 2000.

Yet despite these alarming trends, access to care remains woefully inadequate. Over 28% million adults with mental illness receive no treatment, and more than half of those who do seek help encounter barriers such as provider shortages, cost, inadequate insurance coverage, and stigma. Adolescents face growing obstacles, too: in 2023, six in ten young people needing counseling or treatment struggled to obtain it. Sparse insurance reimbursement further discourages providers from participating in mental health networks.

All sources referenced (Appendix A).

ARKANSAS

Arkansas is facing a significant mental health crisis, characterized by a high prevalence of mental illness, substantial barriers to accessing care, and a severe shortage of mental health professionals, particularly in rural areas. Experts and recent data paint a concerning picture of the state's mental health landscape, impacting adults, adolescents, and specific demographic groups.

Approximately one in five Arkansans experiences some form of mental illness. Statistics indicate that a significant portion of these individuals, especially those with mild to moderate conditions, do not receive necessary treatment. For instance, reports suggest that about 65.5% of residents with mild mental illness, 39% with moderate mental illness, and over 33% with severe mental illness go untreated.

A critical factor exacerbating the crisis is the severe shortage of mental health professionals. Across

Arkansas, 73 out of 75 counties are designated as Mental Health Professional Shortage Areas (HPSAs). This includes a lack of psychiatrists, psychologists, licensed therapists, and social workers. The scarcity is particularly acute in rural communities — making it incredibly difficult for residents in these areas to find local treatment options.

Access to behavioral health services in Arkansas is undermined by financial, social, and geographic obstacles. Many residents cannot afford the out-of-pocket costs of treatment, and gaps in insurance coverage leave them unable to initiate or sustain care. At the same time, the stigma surrounding mental illness—fueled by fear of judgment and discrimination — discourages individuals from seeking help even when services are available. These barriers are compounded by the state’s rural geography: with providers clustered in urban centers, many Arkansans must travel great distances — often without reliable transportation—to reach the nearest clinic or specialist.

Youth mental health in particular has emerged as a critical concern. Between 2016 and 2020, Arkansas recorded the third-highest rise in childhood anxiety and depression nationwide, and an annual average of 15.3% of adolescents aged 12–17 reported experiencing at least one major depressive episode in the years leading up to 2019. This surge in emotional distress among students places extraordinary demands on schools, families, and community support.

The mental health crisis in Arkansas is closely intertwined with substance use disorders. Rising rates of opioid addiction and alcohol dependency frequently overlap with untreated depression, anxiety, and trauma — creating a dual challenge for overburdened treatment systems. Without sustained investment in prevention, early intervention, and a strengthened behavioral-health workforce, Arkansas risks deepening the mental health epidemic — particularly in its most rural communities.

All sources referenced (Appendix A).

DESHA COUNTY

Desha County faces pronounced gaps in behavioral health access and outcomes. Residents report an average of 6.9 mentally unhealthy days in the past 30 days well above the Arkansas state average of 5.1 days. The county’s mental health workforce is exceptionally thin, with just one provider for every 1,386 residents — more than three times the national median ratio of approximately 400:1. Approximately 11% of adults in Desha County lack health insurance, further limiting access to care. Although the county’s provisional age-adjusted suicide rate was recorded as 0.0 per 100,000 in 2022, this does not necessarily mean that no suicides occurred. Arkansas suppresses county-level counts of fewer than ten deaths to protect individual privacy, and provisional figures may be revised as late or incomplete death records are finalized. In a sparsely populated area like Desha County, even a handful of cases can drive the rate from zero to a measurable value, but until the data are fully verified and released, small numbers remain hidden in the “zero” category.

Moreover, age-adjustment standardizes rates across different population structures, yet it can obscure the fact that very few events have taken place. Reporting lags, classification differences (for example, in determining intent), and occasional filing errors can all introduce gaps in the official record. For these reasons, public health officials and community stakeholders should continue suicide-prevention efforts, gather qualitative insights (such as local crisis calls or anecdotal reports), and monitor multiple data sources. A reported rate of zero should be seen as a prompt for vigilance, not a signal that no risk exists.

All sources referenced (Appendix A).

Chronic Disease

FEDERAL

The United States experiences a substantial chronic disease burden. In 2023, 14.7 percent of adults have been diagnosed with diabetes—approximately 38 million individuals. Obesity affects 40.3 percent of adults (August 2021–August 2023). Physical inactivity is reported by 23.8 percent of adults (2018–2020). These factors contribute to premature mortality: during 2020–2022, the age-adjusted premature death rate (deaths under age 75 per 100,000 population) was 407. Together, these metrics underscore a national need for enhanced prevention efforts, expanded chronic disease management services, and community-driven health promotion strategies.

All sources referenced (Appendix A).

ARKANSAS

Arkansas experiences a similarly heavy chronic disease burden. In 2023, 13.1 percent of adults in Arkansas have been diagnosed with diabetes. Obesity affects 40.0 percent of the adult population. Physical inactivity is reported by 32.5 percent of adults. These risk factors translate into high premature mortality: during 2020–2022, the age-adjusted premature death rate was 552 per 100,000. These indicators highlight the need within Arkansas for targeted prevention initiatives, increased access to disease management programs, and community-led health promotion efforts.

All sources referenced (Appendix A).

DESHA COUNTY

Desha County experiences a heavy chronic disease burden. In 2023, 16 percent of adults have been diagnosed with diabetes—higher than both state and national averages. Obesity affects 45.1 percent of the adult population, ranking Desha County second-highest among Arkansas counties. Physical inactivity is reported by 42.4 percent of residents, also the second-highest rate statewide. These risk factors translate into elevated premature mortality: in 2020, the age-adjusted premature death rate was 939 per 100,000—reflecting the toll of chronic conditions on community health. Together, these indicators underscore an urgent need for targeted prevention efforts, expanded chronic disease management

services, and community-driven health promotion strategies in Desha County.

(Data from the Centers for Medicare & Medicaid Services, the Census Bureau, and the Centers for Disease Control and Prevention to break down mental health care access in Desha County, Arkansas.)

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).

DESHA COUNTY

Desha County experiences an even greater chronic disease burden. In 2023, 16.0 percent of adults have been diagnosed with diabetes—higher than both state and national averages. Obesity affects 45.1 percent of the adult population, ranking among the highest in Arkansas. Physical inactivity is reported by 42.4 percent of residents, also among the highest statewide. These risk factors correspond with an age-adjusted premature death rate of 939 per 100,000 during 2020, reflecting the significant impact of chronic conditions on local health. Together, these data underscore an urgent need for targeted prevention efforts, expanded chronic disease management services, and community-driven health promotion strategies within Desha County.

All sources referenced (Appendix A).

CURRENT OUTREACH PROGRAMS IN DESHA COUNTY

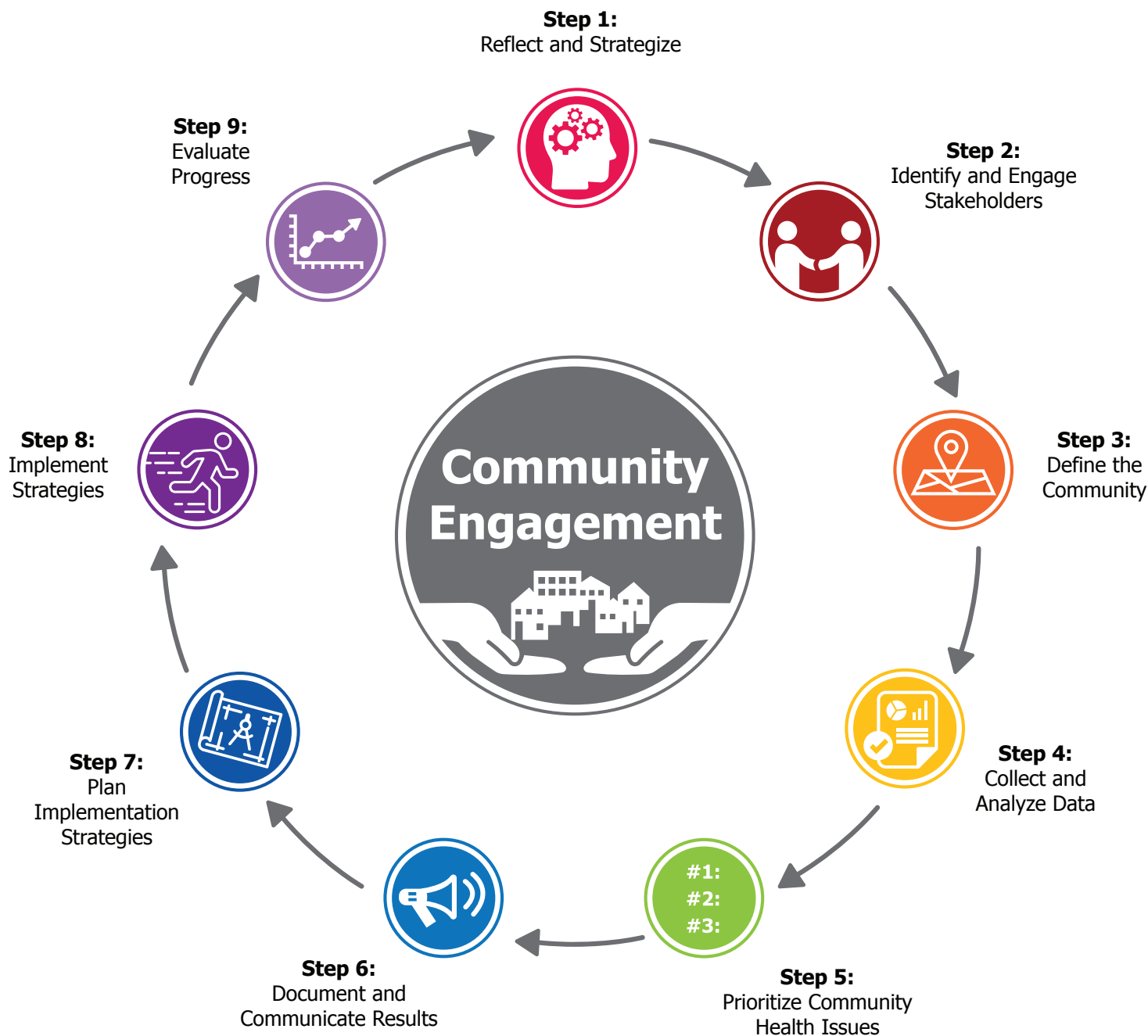
McGehee Hospital is dedicated to improving the health of Desha County residents through a range of community-driven initiatives — from health fairs and educational workshops to free screening events. As an active partner in the Desha County Hometown Health Initiative — a program led by the Arkansas Department of Health, the hospital works alongside consumers — business leaders and healthcare providers to identify and tackle the county’s most urgent health concerns.

Key priorities of this initiative include:

- Fostering collaboration across sectors
- Building coalitions to confront health disparities
- Prioritizing the issues that matter most to local residents
- Designing and sustaining community-led health strategies

In addition, McGehee Hospital collaborates with the Arkansas Rural Health Partnership — a nonprofit network of 19 rural hospitals, two Federally Qualified Health Centers and three teaching institutions — to strengthen healthcare infrastructure and drive economic growth across South Arkansas. This alliance leverages shared resources, expertise and strategic partnerships to expand access to quality care and support long-term well-being throughout the region.

Community Engagement Process



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

CHNA Facilitation Process

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

Public participation is a cornerstone of the CHNA process. Initially, the McGehee Hospital staff steering committee met with Arkansas Rural Health Partnership (ARHP) representative Lynn Hawkins to strategize community involvement. Key members of the McGehee Hospital steering committee included Terry Amsutz, CEO; Cynthia Smith, Marketing & Public Relations Director; and Elizabeth Yelvington, Administrative Assistant/ Human Resources. Together with ARHP staff, they facilitated the organization of hybrid community meetings and collaborated closely on developing both the community health needs assessment and the subsequent strategic implementation plan.

Given the extensive size of the service area, the steering committee chose to utilize a focused group comprising community leaders and professionals from health-related sectors. The McGehee staff steering committee identified and invited approximately 30 community members to serve on this Community Advisory Committee. Ten invited participants attended the initial advisory committee meeting, where ARHP staff delivered an educational presentation outlining the CHNA process. During this initial gathering, participants reviewed health statistics pertinent to the service area and individually completed the 2025 health needs survey.

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

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

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

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

(Continued)

Steering Committee

- Terry Amstutz, *Chief Executive Officer, McGehee Hospital*
- Cynthia Smith, *Marketing & Public Relations Director, McGehee Hospital*
- Elizabeth Yelvington, *Administrative Assistant/Human Resources, McGehee Hospital*
- Lynn Hawkins, *Chief Operating Officer, Arkansas Rural Health Partnership*
- Camille Watson, *Chief Program Officer, Arkansas Rural Health Partnership*

Community Advisory Committee

Terry Amstutz	McGehee Hospital
Darius Barnes	McGehee Police Department
Carolyn Blissett	Mayor of Arkansas City
Jean Cristopher	Retired
Alfonzo Dixon	Board Member/Director CB King School
Terry Donaldson	McGehee Police Department
Brandy Dunnahue	C.B. King Memorial School
John Ellis	Retired
Josephine Ellis	Retired
Justin Holt	Assistant Superintendent
Lisa Huthinson	Desha County Collector's Office
Jane Lucky	Retired/ Hospital Auxiliary
Valerie Maddox	McGehee Mayor's Office
Jonie Massey	C.B. King Memorial School
Malcom Massey	Clearwater Paper Mill
Theresa McGaha	Clearwater Paper
Paula Mote	McGehee Chamber of Commerce
Al Murphy	City Council
Doran Newhouse	Retired Postmaster
Jeff Owyong	Mayor of McGehee
Sarah Parker	Desha County Health Dept.
Brenda Reaves	Desha County Health Dept.
Glory Richardson	St. Peter AMC Church
Larry Richardson	Retired
Cynthia Smith	McGehee Hospital
Jaime Stallans	McGehee Bank

2025 COMMUNITY HEALTH NEEDS ASSESSMENT

(Continued)

Community Advisory Committee (Continued)

Willie Stills	Retired
Maranda Taylor	McGehee Hospital Nurse
Jennifer Vertner	C.B. King Memorial School
Jackie Walker	McGehee Water Department
Michelle Powell	Jefferson Regional
Peter Austin	Jefferson Regional
Jeremy Jeffery	Jefferson Regional
Layton Anderson	Jefferson Regional
Karen Blevins	Jefferson County OEM
Lawrence Fikes	Pine Bluff Community Foundation

RESULTS OVERVIEW: 2025 COMMUNITY HEALTH NEEDS ASSESSMENT

There were **106** completed surveys through McGehee Hospital’s 2025 Community Health Needs Assessment process. All of the results of the survey can be found in *Attachment D*.

TOP ISSUES IDENTIFIED

Behavioral Health.

Behavioral health access emerged as a primary concern: nearly 60% of respondents reported difficulty obtaining mental health or substance-use services within the past year — with average wait times for a first appointment exceeding six weeks. Participants and research highlighted a severe shortage of licensed providers — just one for every 1,386 residents — along with transportation barriers and high out-of-pocket costs as the main obstacles to care.

Chronic Disease.

Chronic disease management also ranked among the top issues. 16% of adults report a diabetes diagnosis, and 45.1% are classified as obese — while 34% live with two or more chronic conditions. 42% of survey participants indicated that a lack of local resources for ongoing disease education, prevention and management significantly impedes their ability to stay healthy.

Specialty Services.

The availability of specialty services continues to challenge area residents. More than 70% of respondents must travel outside Desha County—an average of 45 miles one-way—to see a specialist, most commonly in cardiology, endocrinology and orthopedics. Long wait times (often eight weeks or more for a new-patient visit) and limited transportation options further exacerbate these access gaps.

2025-2028: MCGHEE HOSPITAL CHNA STRATEGIC IMPLEMENTATION PLAN

McGehee Hospital's 2025–2028 Strategic Implementation Plan transforms the Community Health Needs Assessment into a clear, action-oriented roadmap. Developed in partnership with the Arkansas Rural Health Partnership and the McGehee Hospital Board of Directors, it establishes quarterly milestones and fulfills IRS reporting requirements. Hard copies of the assessment and plan are available upon request at McGehee Hospital, and the full report can be viewed on our website. Simultaneously, the Arkansas Rural Health Partnership is gathering input from its member hospitals to broaden this strategy across the region. By pooling resources, aligning funding, and fostering regional collaboration, this three-year initiative will expand access to care, close critical gaps, and build sustainable health systems throughout the Arkansas Delta.

Objective 1. Expand Behavioral Health Access.

- **On-Site Behavioral Health.** Establish on-site “warm-hand-off” partnerships with licensed counselors and substance-use specialists.
- **Utilize Telehealth.** Launch tele behavioral health services — with secure videoconferencing suites at the hospital and satellite clinics.
- **Behavioral Health Integration.** Embed mental-health screening and brief interventions into primary-care visits.
- **Behavioral Health Education.** Offer community education workshops on stress management, substance-use prevention, and crisis resources.
- **Establish Partnerships.** Collaborate with local schools, faith groups and social-service agencies to create referral pathways and reduce stigma.

Objective 2. Expand Behavioral Health Access.

- **Diabetes Self-Management Education.** Design and launch a comprehensive DEEP curriculum that combines interactive group workshops with tailored one-on-one coaching to empower patients in goal setting, blood-sugar monitoring and lifestyle modification.
- **Mobile Screening Outreach.** Utilize the Arkansas Rural Health Partnership's mobile unit to conduct blood-pressure, A1C and BMI screenings in neighborhoods with the highest need—bringing early detection and referral services directly into the community.
- **Community Wellness Partnerships.** Collaborate with local faith-based organizations and community centers to offer nutrition education, group exercise sessions and tobacco-cessation support—leveraging trusted venues to foster healthy behaviors.
- **Integrated Care Coordination Team.** Assemble and train a multidisciplinary cohort—nurses, dietitians and community health workers—to provide coordinated support for individuals managing two or more chronic conditions.

Objective 3. Expanding Availability of Specialty Services.
<ul style="list-style-type: none">• Increase the Frequency of Visiting Specialists. Strengthen partnerships with regional specialty providers to bring ENT, cardiology, and OB/GYN specialists to McGehee Hospital on a regular basis.
<ul style="list-style-type: none">• Enhance Tele-Specialty Care. Expand telehealth consultations for cardiology, endocrinology, and pre-natal care, reducing the need for patients to travel out of the county.
<ul style="list-style-type: none">• Recruit Full-Time Specialists. Explore funding opportunities and collaborate with medical schools to recruit full-time OB/GYN, cardiologists, and ENT specialists to serve Desha County.
<ul style="list-style-type: none">• 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 McGehee Hospital'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 22 Arkansas rural hospitals, 4 Federally Qualified Health Centers, and 3 teaching medical institutions. This unique network is the largest healthcare service provider in the area and serves as a hub for economic growth and development across the region. ARHP efforts aim to support and improve existing healthcare infrastructure while strengthening healthcare delivery across rural south Arkansas.



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

- **Attachment A.** Community Advisory Committee Education PowerPoint Presentation.
- **Attachment B.** Community Advisory Committee Meeting Agenda.
- **Attachment C.** Community Advisory Attendance Roster.
- **Attachment D.** Community Advisory Committee Meeting PowerPoint Presentation & 2025 McGehee Hospital Survey Results.
- **Attachment E.** Organizational Chart

McGehee Hospital

COMMUNITY HEALTH NEEDS ASSESSMENTS 2025

Advisory Committee
Informational
Meeting

MEETING AGENDA

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

McGehee Hospital 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.

WHY DO WE DO A
COMMUNITY HEALTH
NEEDS ASSESSMENT?



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

COMMUNITY BENEFIT MEANS . . .

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

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

THEREFORE, ALL NON-PROFIT HOSPITALS MUST . . .

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

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

THE CHNA PROCESS



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

COMMUNITY ENGAGEMENT IS CENTRAL . . .

Benefits for Your Hospital

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

Benefits for Your Community

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

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

- ❖ Others may be identified prior to the next meeting.

We are looking for community members who:

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

IDENTIFY & ENGAGE STAKEHOLDERS | STEP ONE

While McGehee Hospital serves patients primarily from Desha County, patients served by the hospital include residents from neighboring Arkansas counties.

DEFINE THE COMMUNITY | STEP TWO

ATTACHMENT A. Community Advisory Committee Education PowerPoint Presentation (Continued)

- ❖ Surveys include sections about overall health, you & your family's health, you & your community, and demographic questions about the respondent.
- ❖ Community Advisory Committee will be instrumental in gathering data through surveys.
- ❖ Surveys will be available on McGehee Hospital website and Facebook page. Also available by text & email. Surveys are confidential & open now.
- ❖ All data will be compiled & presented at next meeting on Tuesday, June 3, 2025.

COLLECT & ANALYZE DATA

STEP THREE

NEXT STEPS . . .

- ❖ Complete the survey (If you provided your email address, we will email you the link to the survey.)
- ❖ Talk to your friends and family about the survey and ask them to complete it.
- ❖ Talk to your friends and family about their health care concerns for the community.
- ❖ Attend meeting #2 on June 3, 2025.
- ❖ At the next meeting, we will 1) Review data collected; 2) Identify key health concerns to address; and 3) Outline a plan to address concerns over the next 3 years.

THANK YOU!

Arkansas Rural Health
Partnership

MEETING AGENDA

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

ATTACHMENT C.

Community Advisory Attendance Roster

Terry Amstutz	McGehee Hospital
Darius Barnes	McGehee Police Department
Carolyn Blissett	Mayor of Arkansas City
Jean Christopher	Retired
Alfonzo Dixon	Board Member/Director CB King School
Terry Donaldson	McGehee Police Department
Brandy Dunnahue	C.B. King Memorial School
John Ellis	Retired
Josephine Ellis	Retired
Justin Holt	Assistant Superintendent
Lisa Hutchinson	Desha County Collector's Office
Jane Lucky	Retired/ Hospital Auxiliary
Valerie Maddox	McGehee Mayor's Office
Jonie Massey	C.B. King Memorial School
Malcom Massey	Clearwater Paper Mill
Theresa McGaha	Clearwater Paper
Paula Mote	McGehee Chamber of Commerce
Al Murphy	City Council
Doran Newhouse	Retired Postmaster
Jeff Owyong	Mayor of McGehee
Sarah Parker	Desha County Health Dept.
Brenda Reaves	Desha County Health Dept.
Glory Richardson	St. Peter AMC Church
Larry Richardson	Retired
Cynthia Smith	McGehee Hospital
Jaime Stallans	McGehee Bank
Willie Stills	Retired
Maranda Taylor	McGehee Hospital Nurse
Jennifer Vertner	C.B. King Memorial School
Jackie Walker	McGehee Water Department

McGehee Hospital

COMMUNITY HEALTH NEEDS ASSESSMENT

June 3, 2025

MEETING AGENDA

01

Introductions

02

The CHNA Process

03

Survey Results

04

Discussion/Plans

05

Questions

THE CHNA PROCESS



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

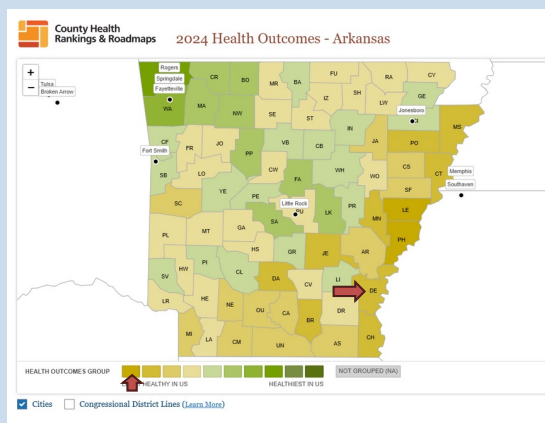
While McGehee Hospital serves patients primarily from Desha County, patients served by the hospital include residents from neighboring Arkansas counties.

DEFINE THE COMMUNITY | STEP THREE

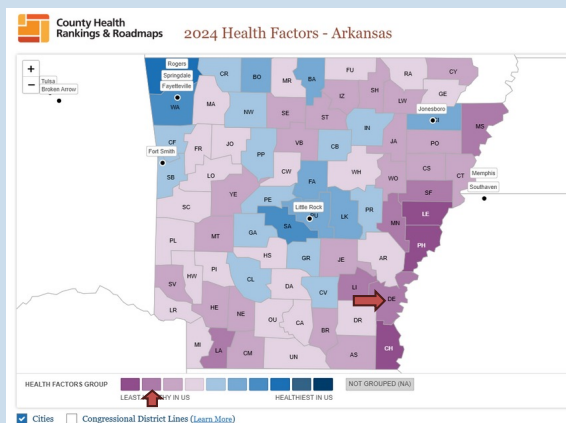
DESHA COUNTY, ARKANSAS

According to the 2024 County Health Rankings by the University of Wisconsin Population Health Institute, Desha County, Arkansas, is ranked with less favorable health outcomes and health factors among the state's 75 counties.

HEALTH OUTCOMES



HEALTH FACTORS



COUNTY HEALTH RANKINGS & ROADMAPS, 2024

WHO IS DESHA COUNTY?

Key insights per the CHNA Survey

106 SURVEY RESPONSES

75%

75% of the respondents were from Desha County. Additional responses were received from Chicot and Drew with one each from the following counties: Ashley, Cleveland, Mississippi, Washington, and one unknown.

83%

83% of respondents were female. Male (16%) and undisclosed respondents (1%) preferred not to say.

46 to 65
Ages

The two largest respondent age groups were 46- 55 (21.7%) and 56-65 (22.6%). However, there were responses received from the remaining age groups, 18-25 (10.4%), 26-35 (18%), 36 to 45 (10.4%), 66 -75 (12.3%), and 76-85 (.05%)

66%

The largest racial group represented was White (66%). Black/African American (30%), Hispanic or Latino (.02%) and undisclosed respondents (.02%) made up a smaller portion of participants.

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 March 31st to May 29th.

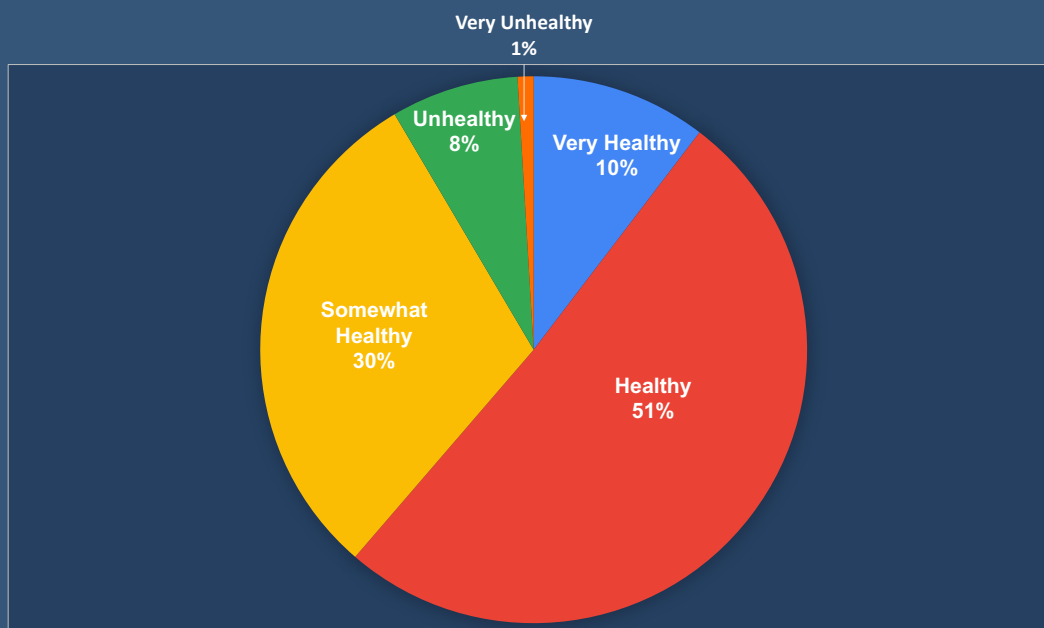
COLLECT & ANALYZE DATA | **STEP FOUR**

DATA ANALYSIS

- Survey responses (N=106) 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.

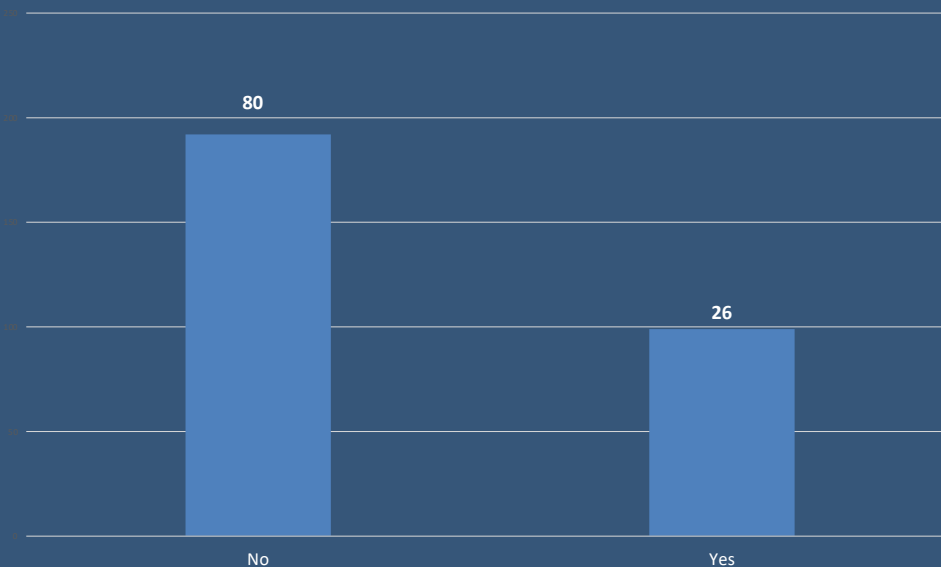
COLLECT & ANALYZE DATA | **STEP FOUR**

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



Key Insight: The majority perceive themselves as healthy or somewhat healthy.

**PERSONAL HEALTH :
DID YOU OR SOMEONE IN YOUR HOUSEHOLD GO WITHOUT HEALTHCARE OR
DELAYED RECEIVING HEALTHCARE IN THE PAST THREE YEARS. ?**

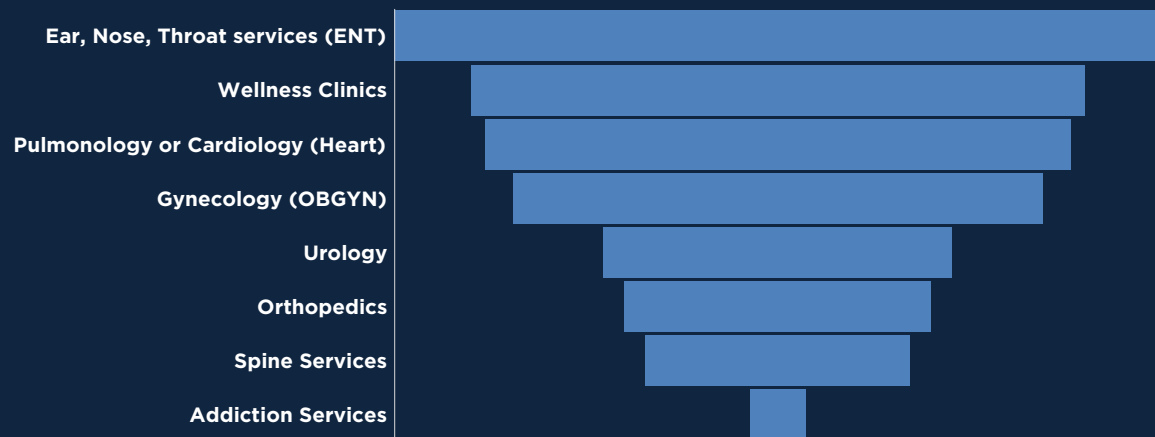


WHEN ASKED WHY HEALTHCARE WAS NOT RECEIVED, THE MOST NOTABLE RESPONSES ARE IDENTIFIED BELOW:

- The primary responses received were as follows in this order:
 - No insurance (38)
 - No appointment available (10)
 - Could not get off work/Clinic was not open (8)
 - Too long a wait time (8)
- Less notable responses were:
 - Transportation/distance (6)
 - Insurance did not cover the service needed (2)



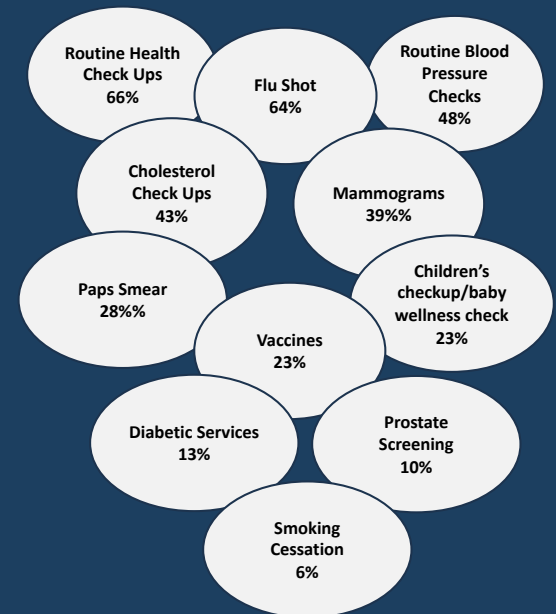
MOST NEEDED HEALTHCARE SERVICES: WHAT HEALTHCARE SERVICES WOULD YOU USE IF THEY WERE AVAILABLE?



Community response: Survey responses show that the most used service, if available, would be ENT, with wellness clinics, pulmonology or cardiology, and OB/GYN following.

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?

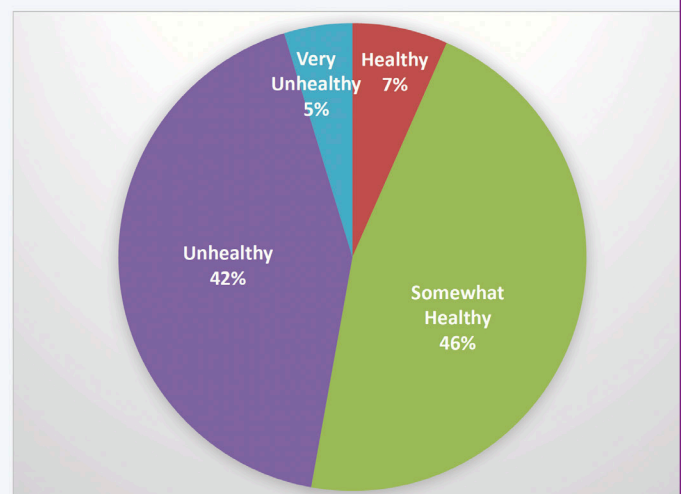


Key Insight: While survey respondents reported a good foundation for general check-ups and flu shots, the data highlights a significant need to improve the uptake of specific disease screenings, chronic disease management services, and lifestyle intervention programs. 3% of the survey respondents reported utilizing no preventative services at all.

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

When asked to rate the general health of their community:

- ❖ There appears to be a **marked difference in optimism**: Respondents are significantly more optimistic about their *personal* health (61% "Very Healthy" or "Healthy") compared to their *community's* health (only 7% "Healthy" and none specifically "Very Healthy" in the given community chart).
- ❖ A much **larger percentage of respondents view their community as "Unhealthy" or "Very Unhealthy" (47%)** than view their personal health in the same negative categories (9%).
- ❖ The highest single percentage for community health perception is "Somewhat Healthy" (46%), whereas for personal health, "Healthy" (51%) is the largest category.



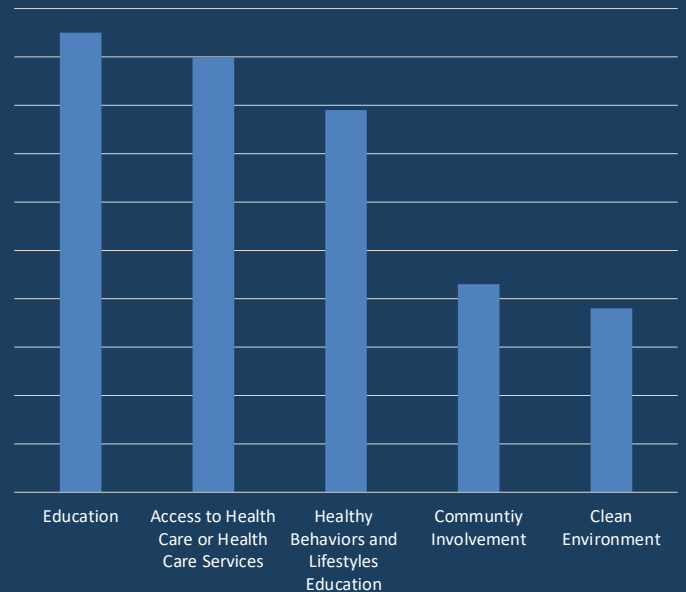
Key Insight: While individuals may feel personally well, they perceive broader health challenges or deficiencies within their community, indicating an awareness of systemic issues or collective health burdens.

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

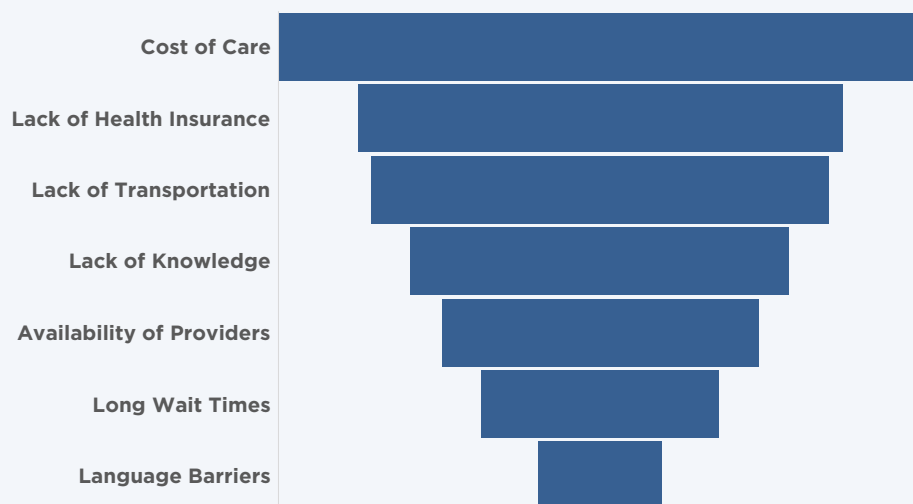
Respondents identified the most important elements for a healthy community:

KEY INSIGHTS:

- ❖ **Education is Perceived as Most Important:** "Education" stands out as the top-ranked factor, with the tallest bar, indicating it was selected by the most respondents as crucial for a healthy community.
- ❖ **Access to Healthcare and Healthy Behaviors are Highly Valued:** "Access to Health Care or Health Care Services" and "Healthy Behaviors and Lifestyles Education" follow closely behind education, suggesting they are also considered critically important by respondents.
- ❖ **Community Involvement and Clean Environment are Important, but Less So:** "Community Involvement" and "Clean Environment" are seen as important factors, but they rank lower than the top three, indicating they are perceived as less critical than education, healthcare access, and healthy behaviors.



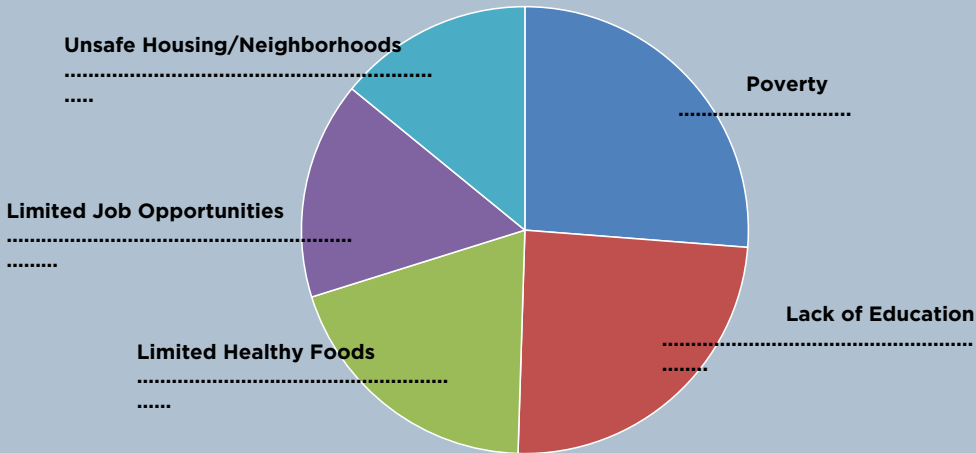
BARRIERS TO HEALTHCARE ACCESS: WHAT ARE THE BIGGEST CHALLENGES TO ACCESSING HEALTHCARE IN YOUR COMMUNITY?



Key Insight: The slide clearly identifies **Cost of Care** as the overwhelming primary barrier to healthcare access, selected 73 times by respondents. This is followed by **Lack of Health Insurance (55)** and **Lack of Transportation (52)**, indicating that financial and logistical challenges are highly significant for the community. Other notable barriers include **Lack of Knowledge (43)** and **Availability of Providers (36)**, suggesting issues with health literacy and the supply of healthcare professionals. **Long Wait Times (27)** and **Language Barriers (14)** are also present, but to a lesser degree than the top concerns.

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

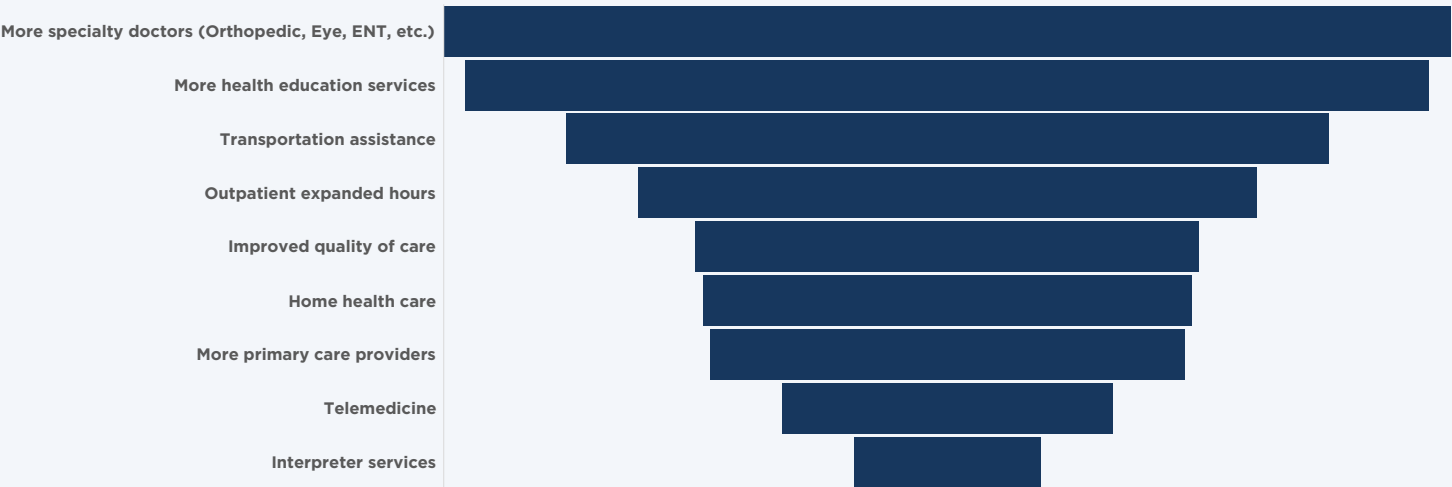
Respondents identified the health concerns below as the most that contribute:



Key Insight: Survey respondents primarily attribute health concerns to **poverty and lack of education**, ranking them as the top two drivers. **Limited access to healthy foods** is another key contributing factor, reinforcing the importance of healthy lifestyle education. Interestingly, **limited job opportunities and unsafe housing/neighborhoods**, while recognized, were perceived as having a less direct impact on overall community health compared to the other identified factors.

Community Perspective on how to improve the community’s access to health care.

When asked about what would improve the community’s access to health care the following results were provided.



Key Insight: The survey indicates that the community’s primary focus for enhancing healthcare access is on increasing the **number of specialty doctors**, **providing greater health education**, and **transportation assistance**. Additional suggestions include **extending outpatient hours**, **improving care quality**, **expanding home health care**, and **adding more primary care providers**. **Telemedicine and interpreter services** were noted as lower priorities.

**ATTACHMENT D. Community Advisory Committee Meeting PowerPoint
Presentation & 2025 McGehee Hospital Survey Results (Continued)**

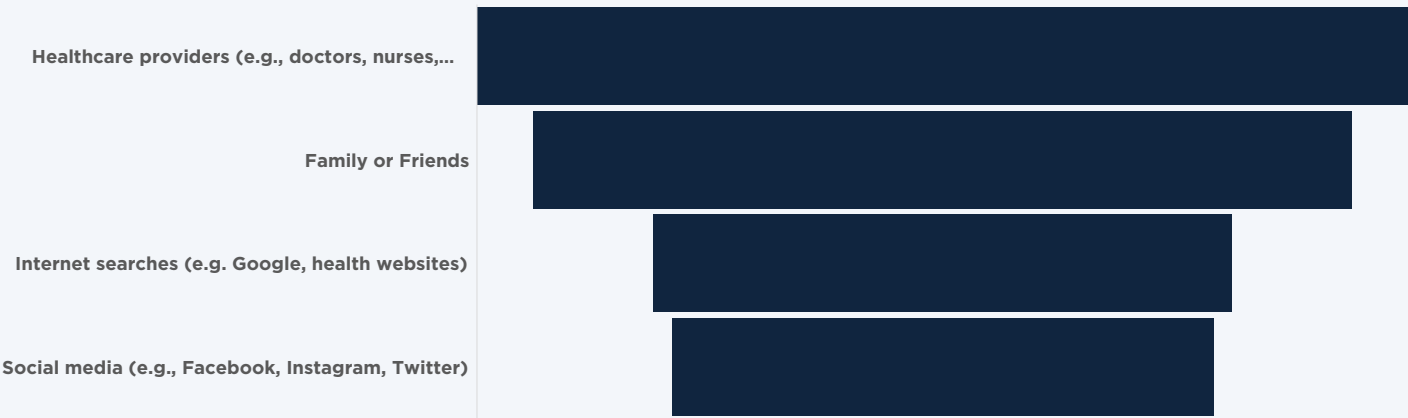
**PERSPECTIVE ON MAJOR HEALTH CONCERNS IN THE COMMUNITY:
IN THE FOLLOWING LIST, WHAT DO YOU THINK ARE THE THREE MOST SERIOUS HEALTH
CONCERNS IN YOUR COMMUNITY?**

*Respondents identified the
most serious health
concerns affecting their
community:*



Key Insight: The survey respondents identify Alcohol/Substance Use, Diabetes, and Obesity as the most critical health concerns. Additionally, Heart Disease, Cancer, and Mental Health are recognized as significant issues, while lifestyle factors and other chronic conditions are also noted, though less frequently.

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



Key Insight: Responses highlight a multi-faceted approach to information dissemination, with **healthcare providers being the most influential source, followed by personal networks and online resources.** Marketing materials (flyers, brochures, etc.), traditional media, and community groups also contribute to how people learn about available health services, but survey respondents selected these at a much lower rate.

❖ **Improve Accessibility to Healthcare Services.**

- Respondents identified multiple barriers limiting access to healthcare, including high costs, lack of knowledge, a need for education around healthy lifestyles and healthy behavior, a lack of insurance, and transportation issues. Addressing these barriers comprehensively will significantly improve community health outcomes.

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

- The assessment revealed a substantial gap in community awareness about existing healthcare resources. Effective strategies to enhance awareness may include targeted marketing, social media campaigns, community education, and direct outreach by healthcare providers. These strategies may significantly aid in addressing behavioral health and chronic health concerns.

❖ **Expand Availability of Specialty Services.**

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

PRIORITIZE COMMUNITY HEALTH ISSUES | STEP FIVE

- **McGehee Hospital must adopt an implementation strategy before the 15th day of the fifth month after the end of the taxable year in which the hospital finishes conducting the CHNA.**

<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**

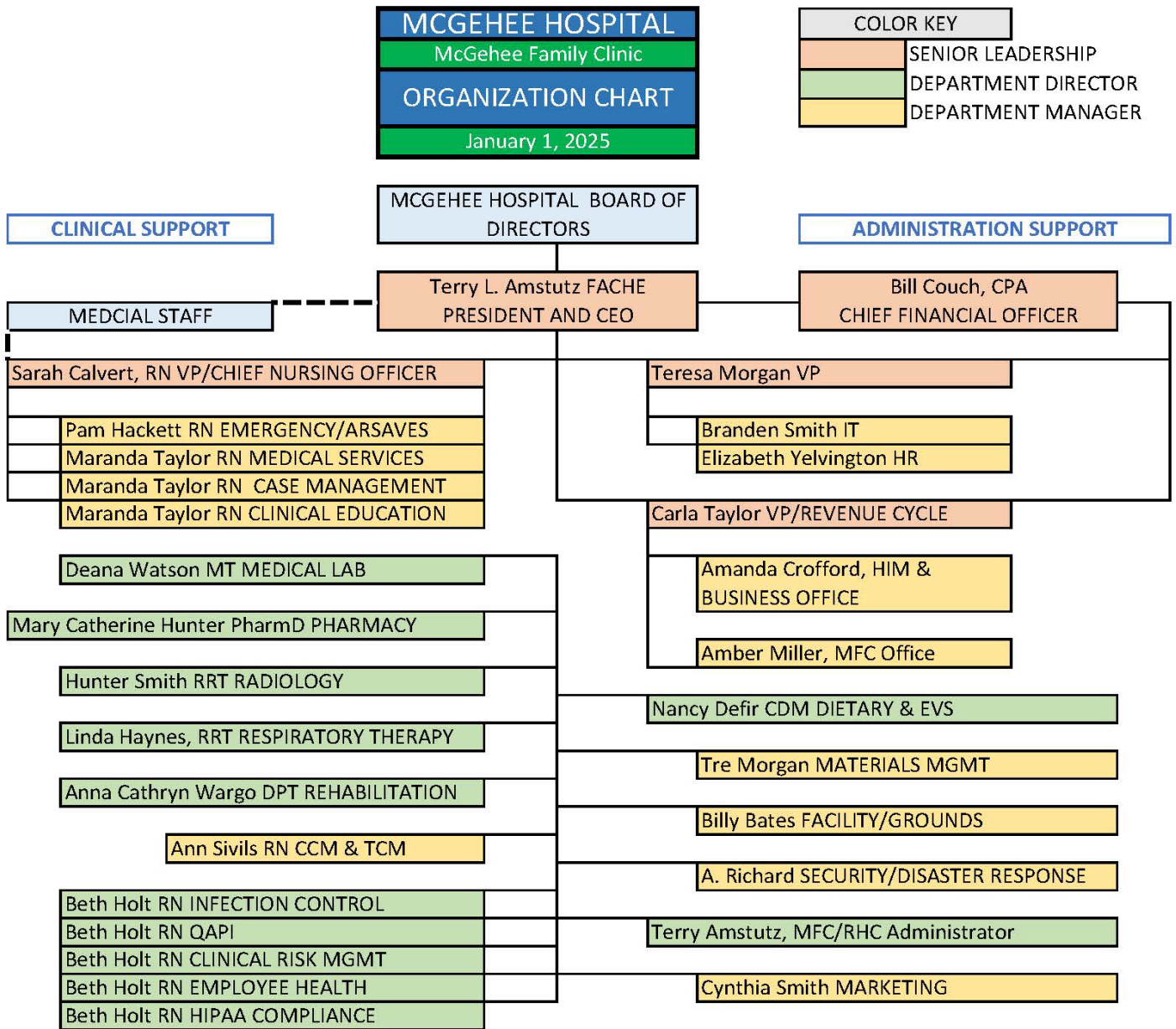
- Arkansas Rural Health Partnership will provide McGehee Hospital with the Community Health Needs Assessment Report by June 19, 2025.
- ARHP and McGehee Hospital Steering Committee will draft the implementation plan and communicate back to the advisory committee.
- Conduct annual progress assessment with the advisory committee.

IMPLEMENT STRATEGIES & NEXT STEPS | **STEP EIGHT**

THANK YOU!

Arkansas Rural Health
Partnership

ATTACHMENT E. Organizational Chart



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APPENDIX A. *References* (Continued)



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