

# Community Health Needs Assessment

Mercy Hospital Berryville

Fiscal Year 2022





# Our Mission

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

# Our Values

Dignity  
Excellence  
Justice  
Service  
Stewardship

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# Impact Evaluation of Previous CHNA

The 2019 Community Health Needs Assessment identified two priority health areas:



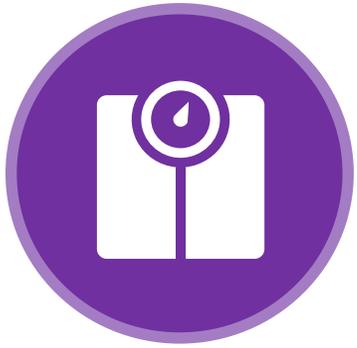
Mercy Berryville developed and implemented a community health improvement plan which included a variety of programs and initiatives to address the needs identified in the 2019 CHNA.



# Impact Evaluation of Previous CHNA

## Access to Care

- **Community Health Worker (CHW).** A Community Health Worker has been serving at Mercy since 2018, serving as a liaison/link between health care and community and social services, screening for needs related to social determinants of health and facilitating access to services. Our CHW provided resources and assistance to 520 patients over the last three years. 250 patients successfully obtained Mercy Financial Assistance, and 67 patients were enrolled in Medicaid.
- **School-Based Clinic.** A school-based clinic was launched in 2019 at The Learning Center of North Arkansas, a nonprofit organization serving children with developmental and other disabilities in Carroll and Boone Counties. The clinic operated for several months, providing primary and acute care to students and families, but had to close in March 2020 due to the COVID-19 pandemic.
- **Senior Life Solutions.** Senior Life Solutions, an outpatient geriatric behavioral health program focusing on screening, education and referrals closed in 2019 due to staffing and operational challenges.



# Impact Evaluation of Previous CHNA

## Obesity and Overweight

- **Health Fairs.** Mercy Berryville participated in the annual Tyson employee health fair in 2019 at the Berryville and Green Forest plants by providing screenings and health education related to obesity & overweight and co-morbidities. The health fairs did not occur in 2020 or 2021 due to the COVID-19 pandemic.

## Other Community Health Initiatives

Other community health initiatives, not directly related to the 2019 Community Health Improvement Plan, were undertaken over the last three years. The CDC-recognized Diabetes Prevention Program began in March 2020. Participants received instruction in healthy eating and increasing physical activity. COVID-19 vaccine events at community sites, focusing on underserved populations were held in 2021, delivering 149 vaccines. Mercy supports the ECHO Clinic, a clinic for homeless individuals in Eureka Springs, AR, with vouchers for lab and x-ray tests. A food pantry at the Green Forest Family Medicine Clinic was begun in 2021, serving about five families per month with food and necessary supplies.

# Executive Summary

Mercy Hospital Berryville is a 25-bed critical access hospital located in Berryville, Arkansas affiliated with Mercy, a large Catholic health system. Headquartered in St. Louis, Mercy serves millions of people each year in multiple states across the central United States. For the purposes of this Community Health Needs Assessment (CHNA), the community served by Mercy Berryville will be defined as Carroll County, Arkansas. Carroll County is considered to be part of the larger four-county Northwest Arkansas metropolitan area which includes Benton, Carroll, Madison, and Washington Counties.

Northwest Arkansas is rapidly growing and changing, with a 23% increase in population since 2010 and a significant increase in Hispanic and Marshallese community members. Carroll County is a rural county with a lower median income and higher poverty rate than the overall NWA region. Income and health disparities are apparent, poverty rates are high, especially among non-White residents, and uninsurance rates are higher than state and national averages.

# Executive Summary *(continued)*

Mercy Berryville is committed to carrying out its mission to deliver compassionate care and exceptional service for all members of the communities it serves, with special attention to those who are marginalized, underserved, and most vulnerable. As part of this CHNA, Mercy convened a collaboration of area health care and non-profit partners to conduct a comprehensive community health survey. Available secondary health data was also obtained, and NWA indicators were compared to those of Arkansas and the United States. Five identified health needs emerged during the CHNA process. A group of Mercy Berryville representatives and community stakeholders reviewed and prioritized the needs based on several criteria.

The 2022 prioritized community health needs are:

- Access to Care
- Behavioral Health





# Executive Summary *(continued)*

These prioritized needs will be the basis of Mercy Berryville's three-year community health improvement plan (CHIP), which will guide the coordination and targeting of resources and the planning, implementation, and evaluation of new and existing programs and interventions. This community health needs assessment, along with the resulting community health improvement plan, will provide the framework for Mercy Berryville as it works in collaboration with community partners to advance the health and quality of life for the community members it serves.

# Community Profile

## Carroll County, Arkansas

Population  
28,260

74.9% White,  
15.2% Hispanic,  
2% Asian,  
1.5% Marshallese

Median  
household  
income  
\$46,110



# Community Profile

## Carroll County, Arkansas

For the purposes of this CHNA, Mercy Berryville defines its community served as Carroll County, Arkansas. Mercy also serves some patients who live in Southwest Missouri, but these counties are not included in this CHNA. Carroll County, with a population of 28,260, is nestled in the Ozark Mountains of Northwest Arkansas.

Although the majority Carroll County residents are White, the Northwest Arkansas region as a whole has welcomed an increasingly diverse population over the past few decades. Currently, 15.2% of residents of Carroll County are Hispanic. Northwest Arkansas is also home to a large and rapidly increasing population of Marshall Islanders, making up 1.5% of the population of Carroll County. Marshallese persons are free to live, work and travel in the United States do to a Compact of Free Association Agreement (COFA) dating back to 1983.





# Community Profile

## Carroll County, Arkansas *(continued)*

The median household income of Carroll County residents is \$46,110, which is lower than Arkansas at \$47,597 and the United States at \$65,712. 18.8% of children live in families below 100% of the federal poverty level (FPL) and 13.4% of Carroll County residents fall under the FPL.

Access to health care is an issue for a sizeable portion of Carroll County residents. 15.1% of adults under age 65 and 8.8% of children under age 19 do not have health insurance. This rate is higher than the state of Arkansas and the U.S. average. Nationwide, Hispanics have a lower rate of insurance coverage of any race or ethnicity, at just 80%. Recent estimates put the uninsurance rate of Marshallese migrants at 37%.

# Community Profile

## Demographics

Age and Racial Distribution	Carroll Co.	Arkansas	U.S.
<b>Population size (number of persons)</b>	28,260	3,011,524	331,449,281
<b>Age distribution</b>			
Under 18 years	22.8%	22.7%	21.8%
18 to 44 years	29.6%	35.1%	36.1%
45-64 years	25.8%	24.5%	25.1%
65 years and over	21.8%	17.7%	16.9%
<b>Race distribution</b>			
White alone	74.9%	68.5%	60.1%
Black or African American	0.3%	14.9%	13.4%
American Indian and Alaska Native	0.9%	0.7%	1.3%
Asian	2.0%	1.7%	5.9%
Native Hawaiian and Other Pacific Islander	1.5%	0.5%	0.2%
<b>Ethnicity distribution</b>			
Hispanic or Latino (of any race)	15.2%	8.5%	18.5%

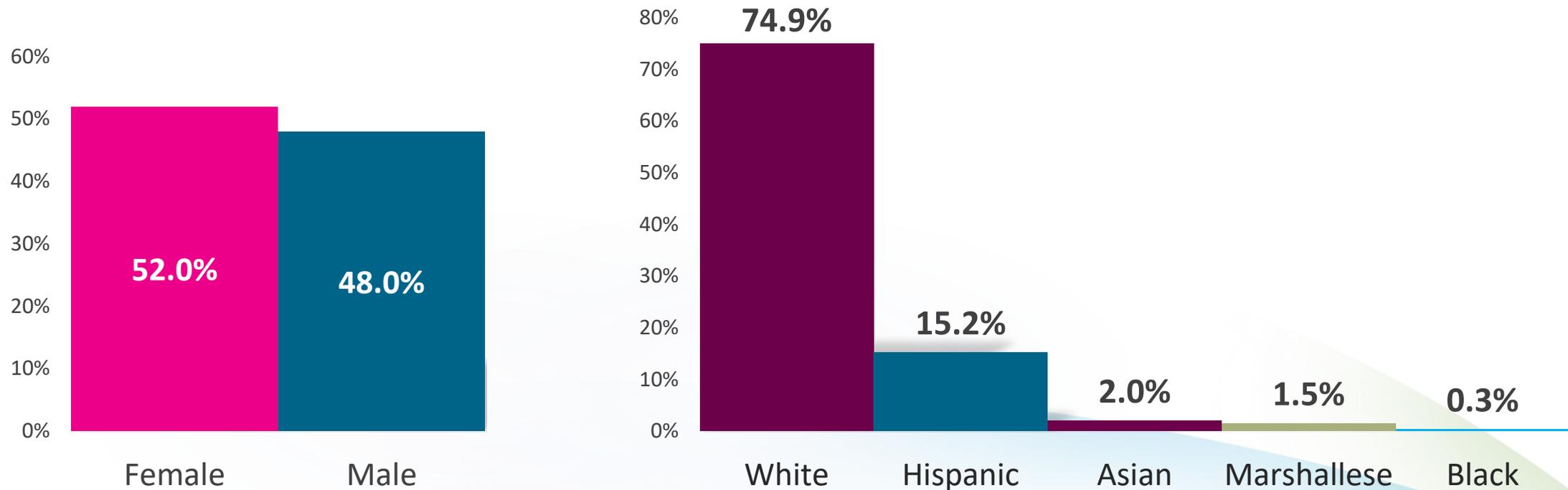
Source: US Census, 2020, and Mercy market analytics



# Community Profile

## Demographics

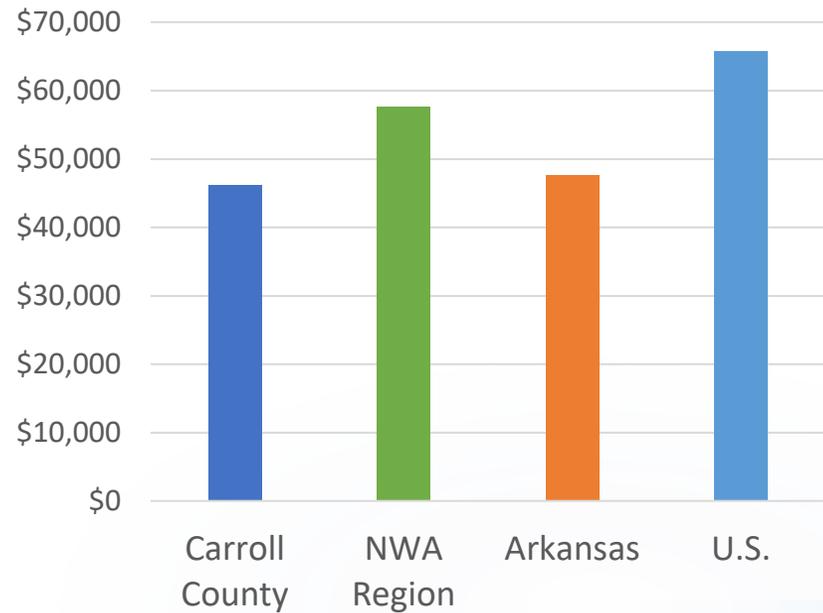
Population: 28,260



Source: US Census, 2020

# Community Profile

## Median Household Income



Source: US Census Bureau, American Community Survey. 2015-19, accessed via Data USA.

# Community Profile

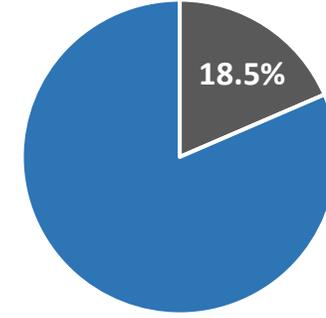
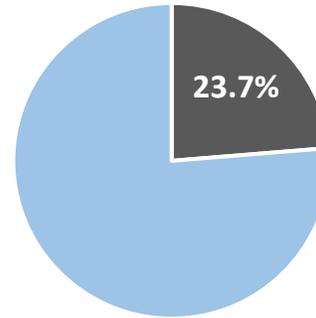
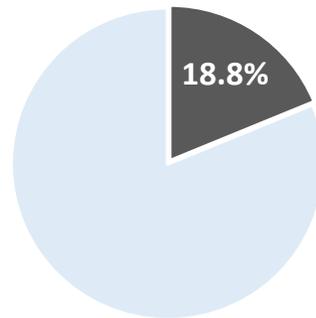
## Poverty Statistics

Carroll County

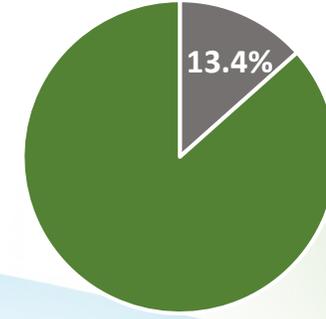
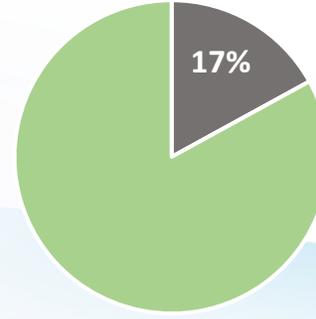
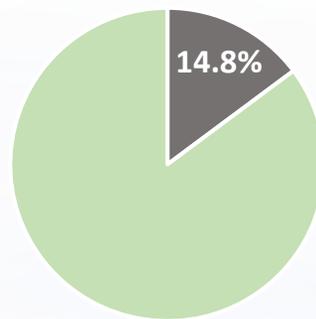
Arkansas

United States

Percent of children in families below 100% FPL



Percent of population below 100% FPL



# Community Profile

## Education

Level	Carroll County	Arkansas	U.S.
Less than High School	12.2%	13.3%	12%
High School Degree	35.9%	34%	27%
Some College or Assoc. Degree	29.1%	29.6%	28.9%
Bachelor's Degree	14.4%	14.8%	8.3%
Graduate or Professional Degree	6.8%	8.4%	12.4%

Source: US Census Bureau, American Community Survey. 2015-19, accessed via SparkMap, CARES University of Missouri Extension.



# Community Profile

## Insurance Coverage

### NWA Region

Medicare – 15.8%

Medicaid – 22.5%

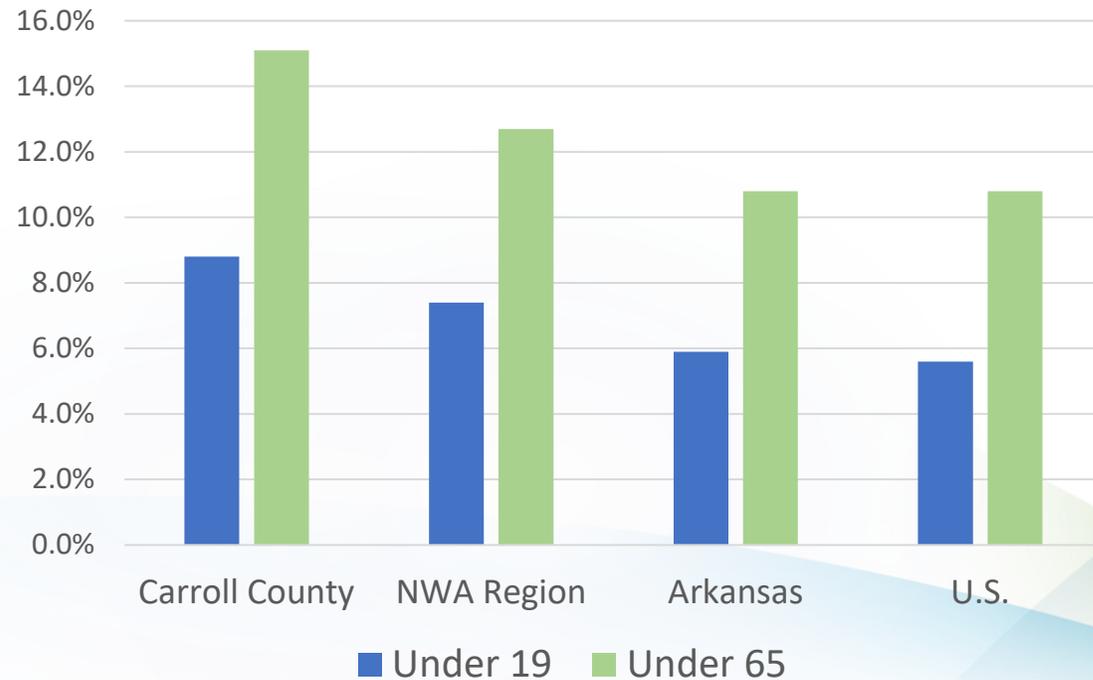
Commercial – 50.3%

### Carroll County

#### Uninsured Rates

- Under 19 – 8.8%
- Under 65 – 15.1%

## Adult and Child Uninsured Rates



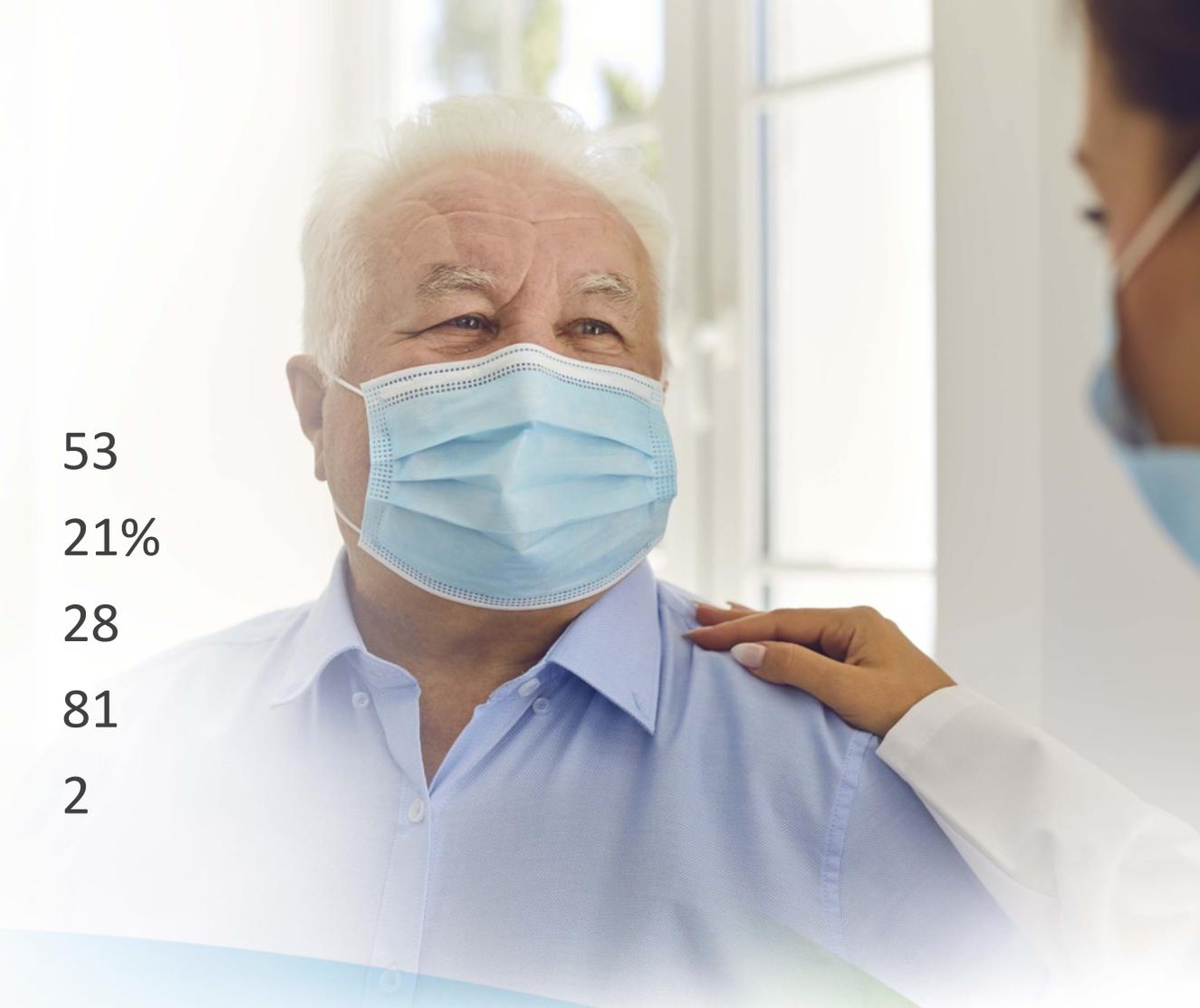
Source: US Census Bureau, Small Area Health Insurance Estimates, 2019, and Mercy market analytics.

# Community Profile

## Access to Care

- Primary Care Physicians per 100,000 53
- Percent of adults with no PCP 21%
- Dentists per 100,000 28
- Mental Health Providers per 100,000 81
- Critical access hospitals 2

Source: County Health Rankings, 2021.



# Our Assessment Process

## Overview and Community Input

In conducting its Community Health Needs Assessment, Mercy Berryville collected and analyzed a significant quantity of primary and secondary data. Primary data was collected, and community input was solicited, by means of the 2021 Northwest Arkansas Community Health Survey, which was led by Mercy. Secondary data was collected and analyzed from publicly available data resources, listed below, and from internal Mercy data.

The thoughts and opinions of people within Mercy's service area of Carroll County were central to the health needs assessment process. Input from people representing broad interests of the community was solicited through a robust survey process guided by a Mercy-led community coalition and by seeking input from community partners.

Northwest Arkansas is home to Hispanic and Marshallese minority populations that include members who are low-income, medically underserved, and experience significant health disparities. Input from these groups was sought by intentionally seeking out their participation in the survey and by soliciting input from organizations representing these groups, specifically Arkansas Advocates for Children and Families, the Marshallese COVID-19 Task Force, the University of Arkansas for Medical Sciences Office of Community Health, and Community Clinic NWA.

Appendix B of this report lists relevant primary and secondary data related to six identified health needs.

# Our Assessment Process

## Community Partners

Organizations with whom Mercy collaborated in conducting the CHNA and NWA Community Health Survey:

- Arkansas Children's Northwest
- Arkansas Department of Health
- Benton, Madison, and Washington County Health Units
- Community Clinic Northwest Arkansas
- Hark at the Excellerate Foundation
- Marshallese Consulate and COVID-19 Task Force
- Mercy Hospital Berryville
- NWA Council Health Care Transformation Division
- Ozark Guidance Center
- University of Arkansas
- University of Arkansas for Medical Sciences
- VA Medical Center
- Washington Regional Medical Center
- Whole Health Institute



# Our Assessment Process

## Northwest Arkansas Community Health Survey

Mercy convened a community coalition of 17 Northwest Arkansas health care and social service organizations to conduct a comprehensive community health survey in 2021. The survey was developed to build on the 2018 NWA Community Health Survey and to incorporate input and specific needs of the coalition partners. The final survey was made up of 30 questions focused on health issues and needs most important to the respondents, wellness, mental health, barriers to care, COVID-19 vaccination, childhood immunizations, and the NWA COVID-19 response. The survey was translated into Spanish and Marshallese by certified medical interpreters.

The Northwest Arkansas Council hosted the survey on their website from July to September 2021 in the three languages. The NWA Council promoted the survey on social media, and each partner organization distributed the survey electronically to their co-workers, patients, clients, and community members by email and through social media.



# Our Assessment Process

## Northwest Arkansas Community Health Survey *(continued)*

Flyers and business cards with QR codes for the survey in each language were produced and distributed by coalition partners in the community and at community events. Surveys were also made available in paper format for participants who preferred to complete it manually or did not have computer access. Intentional efforts were made to include and oversample Hispanic and Marshallese community members by attending community events, reaching participants at workplaces, using culturally specific social media outlets, and utilizing Hispanic and Marshallese Community Health Workers.

2,231 responses were included in the final analytic sample. 53% of respondents were from Benton County, 39% from Washington County, 5% from Carroll County, and 3% from Madison County. 1,647 (74%) of respondents were White, 194 (9%) were Hispanic, 123 (6%) were Marshallese or Other Pacific Islander. American Indian/Alaska Native, Black/African American, Asian, and other races made up the remainder of respondents. Complete results of the 2021 NWA Community Health Survey are included in Appendix A.

# Our Assessment Process

## Resources

The following external sources of published data were used as part of the collection of secondary data during the assessment process:

- Arkansas Department of Health Vital Statistics, 2019. <https://www.healthy.arkansas.gov/programs-services/topics/vital-statistics>
- Centers for Disease Control and Prevention Overweight & Obesity Statistics, 2020. <https://www.cdc.gov/obesity/data/prevalence-maps.html#overall>.
- Centers for Disease Control and Prevention United States Diabetes Surveillance System, 2019. <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
- County Health Rankings, 2021. <https://www.countyhealthrankings.org/>
- Feeding America – Hunger in America, 2019. <https://map.feedingamerica.org/>
- Johns Hopkins University Coronavirus Resource Center, 2021. <https://coronavirus.jhu.edu/us-map>

# Our Assessment Process

## Resources *(continued)*

**The following external sources of published data were used as part of the collection of secondary data during the assessment process:**

- Small Area Health Insurance Estimates, 2019. <https://www.census.gov/programs-surveys/sahie.html>
- SparkMap – Center for Applied Research and Engagement Systems (CARES), University of Missouri, 2018-2020. <https://sparkmap.org/report/>
- U.S. Census Bureau American Community Survey, 2019. <https://www.census.gov/programs-surveys/acs/data.html>
- U.S. Census Bureau, 2020 Census Results. <https://www.census.gov/>
- UAMS Public Health in Arkansas' Communities, 2021. <http://www.uams.edu/phacs/index.html>

# Prioritized Needs



Access to Care



Behavioral Health



# Prioritized Needs

## Prioritizing Identified Health Needs

Five identified health needs emerged during the process of analyzing primary and secondary data for the CHNA. Needs were identified if they were ranked highly as a need by survey respondents, identified as a health disparity by public health data, or were prioritized in a prior CHNA. Relevant indicators for each need are summarized in Appendix B. The identified health needs were Access to Care, Behavioral Health, Diabetes, Heart Disease, and Obesity and Overweight.

A meeting of Mercy Berryville representatives and community stakeholders was convened in February 2022 to prioritize the five identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and took into account the hospital's strategic plan. The committee used a nominal group technique to rank the five finalized priority health needs using five criteria: 1) Magnitude of Need, 2) Feasibility to Change, 3) Alignment with Mission/Strategic Goals, 4) Resources Available, and 5) Importance to Community. Scores were totaled for all participants. The committee then chose the top two needs, Access to Care and Behavioral Health, as the prioritized health needs. Results of the nominal group technique are included in the table below.

# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

Based on the results of the 2022 CHNA, Mercy Berryville has prioritized two health needs: Access to Care and Behavioral Health. Access to Care is carried over from the 2019 CHNA, and Behavioral Health is a newly identified need. Mercy Berryville will maintain current strategies which have been implemented and have been shown to be making positive impacts in the priority area of Access to Care and will continue to seek out programs, interventions, and community partnerships to meet all of the prioritized health needs.

### *Nominal Group Ranking Results*

Identified Health Need	Total Score	Chosen as Priority Need
Access to Care	153	Yes
Behavioral Health	109	Yes
Diabetes	93	No
Heart Disease	95	No
Obesity & Overweight	69	No

# Prioritized Needs

## Access to Care



Access to health care refers to comprehensive, timely, and quality health care services that result in the best health outcomes. In particular, vulnerable populations suffer from limited access due to a variety of structural and individual factors. Such barriers include the high cost of care, lack of health insurance coverage or inadequate insurance coverage, limited availability of services, and transportation barriers. Those without care are not as able to obtain treatment for acute or chronic diseases, resulting in further exacerbation of their health conditions, increased cost of care, and, at times reduction in quality of life and premature death.

Despite expansion of Medicaid in Arkansas and availability of insurance through Affordable Care Act Marketplace plans, the numbers of uninsured adults and children in Northwest Arkansas remain high. 15.1% of Carroll County residents under age 65 are uninsured, which is higher than the state of Arkansas at 10.8% and the U.S. at 10.8%. Northwest Arkansas has relatively large populations of immigrants, particularly Hispanic immigrants, many of whom are undocumented, and migrants from the Marshall Islands.

# Prioritized Needs

## Access to Care *(continued)*

Another barrier to access to care is adequate numbers of primary care physicians (PCPs) for the population. Other than Washington County, which is home to a branch of the University of Arkansas for Medical Science, all NWA counties experience a shortage of primary care physicians. The rate of 53 PCPs per 100,000 population in Carroll County is particularly low, and lower than the Arkansas rate of 66.

Respondents to the 2021 NWA Community Health Survey ranked Access to Affordable Health Care as the most important issue health care organizations are working on in NWA. Affordable health insurance ranked second and was chosen by 41% of survey respondents as something that would help them get healthy or stay healthy.

Access to care was chosen as a priority health need for Mercy Berryville's 2019 CHNA. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted several programs to address this need.



# Prioritized Needs

## Behavioral Health

Mental or behavioral health (these terms will be used interchangeably for the purposes of this CHNA) includes our emotional, psychological, and social well-being. Mental and physical health are equally important components of overall health. While mental illness is not the same as mental health, mental illnesses are among the most common health conditions in the United States. More than 50% of people will be diagnosed with a mental illness or disorder at some point in their lifetime.<sup>1</sup>

Respondents to the NWA Community Health Survey indicated that mental and behavioral health was the most important health issue or problem to them and the people in their households. 36% of respondents chose this as one of their top three health issues. Respondents ranked mental and behavioral health second in importance from a list of nine health issues health care organizations are working on in NWA (first was access to care).

# Prioritized Needs

## Behavioral Health *(continued)*

Better sleep and learning and using new ways to reduce stress ranked first and third as things that would help them get healthy and stay healthy.

Secondary data on mental and behavioral health is challenging to obtain at the county level. As a nation, however, the data is clear that mental health is a very significant health issue. Just 17% of U.S. adults are felt to be in a state of optimal mental health.<sup>2</sup> Suicide rates have increased 24% over the past decade, from 11.3 to 14.0 per 100,000 population (age adjusted) from 2007 to 2017.<sup>3</sup> The suicide rate for Carroll County was 26 per 100,000 in 2019.

Carroll County has a very low number of mental health providers at 81 per 100,000, much lower than the NWA region of 284 and the state of Arkansas of 238. Mercy Health System is planning to implement several virtual behavioral health services across its ministry over the next several years, benefiting the community of Northwest Arkansas, and Mercy remains committed to finding solutions to meet this significant health need.



Behavioral Health

# Prioritized Needs

## References

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/mentalhealth/learn/index.htm>
2. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/determinants>
3. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data>

Please refer to the NWA Community Health Survey Results in Appendix A for primary data collected by the survey. The reference list in Appendix B: Identified Health Needs contains references for statistics collected during the secondary data analysis.

# Resources

Mercy Berryville collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the Mercy Berryville region. These organizations are sources of potentially available resources to address the significant health needs identified in this CHNA.

- American Diabetes Association
- Arkansas Department of Health
- Arkansas Diabetes Advisory Council
- Carroll County Health Unit
- Loaves & Fishes Food Bank of the Ozarks
- Ozark Guidance Center
- University of Arkansas
- University of Arkansas for Medical Sciences Northwest

# Appendices

- Appendix A: Northwest Arkansas Community Health Survey Results
- Appendix B: Identified Health Needs

Appendices are available as separate, supplemental pdf documents to this Community Health Needs Assessment Report.



*Your life is our life's work.*

# Mercy Berryville CHNA 2022

## Appendix A

### NWA 2021 Community Health Survey Report

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#### Introduction

Mercy Hospital convened a group of 17 health care and public health agencies from across the four-county Northwest Arkansas (NWA) region to conduct a comprehensive community health survey as part of their 2022 Community Health Needs Assessment (CHNA) process. The Northwest Arkansas region is made up of Benton, Washington, Carroll, and Madison Counties.

This project built on the 2018 NWA Community Health Survey, which supported Mercy and several other hospitals' 2019 CHNAs, was the first collaborative project of its kind since a community-wide health assessment conducted in 2004 by the Northwest Arkansas Hometown Health Improvement Project.

#### Methods

##### Survey

A community coalition of 17 Northwest Arkansas health care and social services organizations formed in January 2021 to develop the survey and met monthly through 2021. The collaboration was made up of 17 organizations representing health care, public health, and nonprofit organizations. See Table 1 for the list of collaborative partners.

<b><u>Table 1</u></b>		
<b><i>Survey Collaborative Partner Organizations</i></b>		
Arkansas Children's Northwest	Marshallse COVID-19 Task Force	University of Arkansas for Medical Sciences
Arkansas Department of Health	Mercy Hospital Berryville	VA Medical Center
Benton County Health Unit	Mercy Hospital NWA	Washington County Health Unit
Community Clinic NWA	NWA Council Health Care Transformation Division	Washington Regional Medical Center
Hark at the Excellerate Foundation	Ozark Guidance Center/ Arisa Health	Whole Health Institute
Madison County Health Coalition	University of Arkansas	

A small committee of the coalition wrote the survey, taking into account input and specific needs of the coalition partners. The survey consisted of 30 questions. Seven of these were specific to children and did not populate on the electronic version of the survey if the respondent indicated they had no children under

18 years old in their household. Questions about health issues and needs most important to respondents were asked in two different ways. We used an open-ended question requesting respondents to list three issues or needs most important to them and the people in their households and included an additional multiple-choice question asking respondents to pick three of nine needs currently prioritized by NWA organizations. The survey also included questions about COVID-19 vaccination, childhood immunizations, mental health, wellness, barriers to care, the NWA COVID-19 response, and demographics. No identifying information was collected other than the respondent's zip code.

The survey was translated into Spanish and Marshallese by certified medical interpreters. The NWA Council hosted the survey, using the Survey Monkey platform, in three languages on its website. The survey was piloted for one week prior to its launch in all three languages, then revised based on feedback on the translations and specific wording of several questions. The survey went live online on July 7, 2021 and remained open until September 15, 2021.

### **Distribution**

The survey was distributed electronically and in-person. The NWA Council promoted the survey on social media and advertised a drawing for five \$100 Walmart gift cards for anyone entering an optional email address at the end. Each partner organization distributed the survey electronically to their co-workers, patients, clients, and community members by email and through social media. Flyers and business cards with QR codes for the survey in each language were produced and distributed by coalition partners in the community and at community events. Surveys were also made available in a paper format for participants who preferred to complete it manually or did not have computer access. Intentional efforts were made to include and oversample Hispanic and Marshallese community members by attending community events, reaching participants at workplaces, using culturally specific social media outlets, and utilizing Hispanic and Marshallese Community Health Workers.

### **Analysis**

A total of 3,825 respondents opened the survey online in one of the three languages during the active survey period. Of these, many completed only the first two or three questions before abandoning the survey. The following criteria were used to produce the final analytical sample of 2,231 responses: 1) Responses from participants under age 18 and from zip codes outside of Benton, Washington, Carroll and Madison Counties were removed. Responses with no zip code were analyzed and compared with IP addresses of responses with known NWA zip codes. If the IP address of a response with a blank zip code matched an IP address associated with responses from NWA zip codes or could be established to be in NWA by searching an online IP address database, the survey was included in the sample. Partial survey responses were included if the participant answered at least questions 1-7. Ninety-six paper surveys were received, and answers were transcribed and entered into an Excel spreadsheet by undergraduate public health students.

An open-ended item asked respondents to list the "three health issues or problems that are most important to you and the people in your household." Responses in Spanish and Marshallese were translated to English by certified medical interpreters. Across all respondents, a total of 5000 responses were received. The responses were coded by category, initially placed into 91 categories, then condensed further into a total of 49 different categories. Any concern mentioned less than 5 times was included in the "other" category. For example, men's health, acute pain, and Parkinson's were each mentioned by 1 or 2 respondents.

## Results

### Demographics and Descriptive Statistics

The NWA Community Health Survey received a total of 2,231 valid responses, more than twice the number of responses received in 2018. The geographical breakdown of respondents is shown in Table 2. The response rate from each county was roughly equivalent to that county's proportion of the total population of Northwest Arkansas, with the exception of overrepresentation from Benton County.

**Table 2**

*Survey respondents by county*

<u>County</u>	<u>n of participants</u>	<u>% of participants</u>	<u>2020 Census County Total</u>	<u>County Population % of Total NWA Survey Area</u>
Benton	1,185	53%	284,333	49%
Washington	871	39%	245,871	43%
Carroll	114	5%	28,260	5%
Madison	61	3%	16,521	3%
<b>Total</b>	<b>2,231</b>		<b>574,985</b>	

Racial and ethnic breakdown of survey respondents is shown in Table 3. Seventy-six percent were White, 9% were Hispanic/Latino, and 6% were Marshallese, Native Hawaiian, or Other Pacific Islander. The Marshallese community was oversampled, as was intentional, and the Hispanic response rate was less than anticipated.

**Table 3**

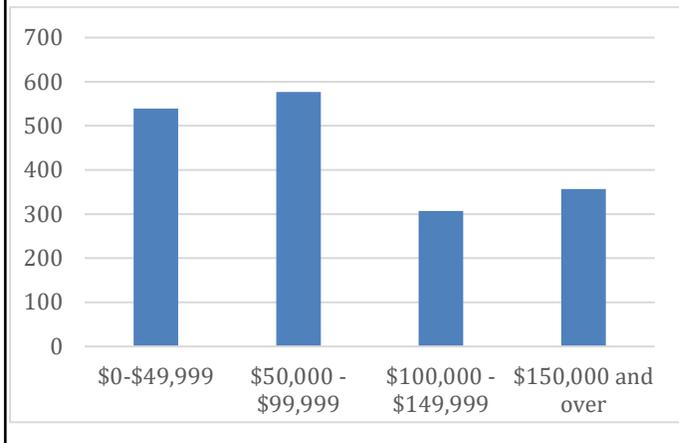
*Survey respondents by race/ethnicity*

<u>Race/ethnicity</u>	<u>n of responses</u>	<u>% of responses</u>	<u>% of NWA population by race/ethnicity</u>
White or Caucasian	1,647	74%	67%
Hispanic/Latino	194	9%	17%
Marshallese, Hawaiian, or Other Pacific Islander	124	6%	2%
American Indian or Alaska Native	67	3%	1%
Black or African American	54	2%	2%
Asian	46	2%	2%
Other	39	2%	

The survey was available in English, Spanish, and Marshallese. The English version received 2044 responses, the Spanish version received 108 and the Marshallese version received 79. The majority (78%) of survey respondents were female. About 53% percent of respondents were under 50 years of age and 47% were over 50 or over. Overall, respondents to the survey tended to have higher household incomes and higher education levels than the general population. See Figures 1 and 2 for income and education levels of survey respondents.

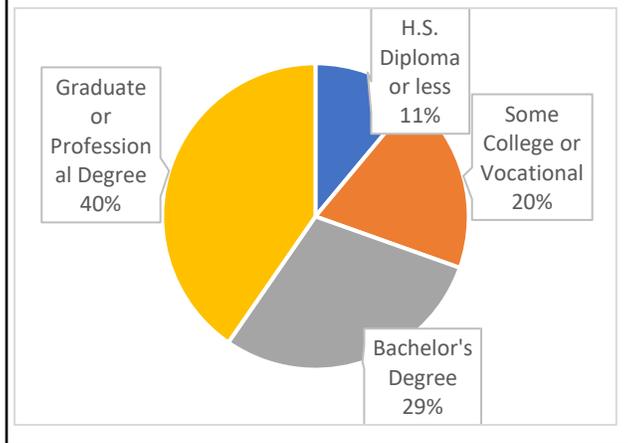
**Figure 1**

*Survey respondents by income level*



**Figure 2**

*Survey respondents by educational level*



The majority of those surveyed obtain health insurance through their employer (67%), and 11% of respondents reported being uninsured (see Table 4). Participants were allowed to choose more than one type of insurance, so the number and percentage of responses does not equal the number of participants.

**Table 4**

*Health insurance coverage of respondents*

Type of health insurance	<i>n</i> of responses	% of responses
Health insurance from your job	732	67%
ARKids First	182	17%
Medicare	164	15%
Medicaid	139	13%
Affordable Care Act/Marketplace Plan	80	7%
Veteran (VA) Benefits	42	4%
Indian Health Services	10	1%
Uninsured/No coverage	122	11%
Don't know	9	1%

As shown in Table 5, the majority of respondents indicated that they or a member of their family typically went to a primary care doctor or office to receive care, at 73%. Urgent care/convenient care/walk-in clinic and the Community Clinic Northwest Arkansas were each chosen by 23% of respondents. Eleven percent of respondents reported receiving health care at a hospital emergency room.

**Table 5*****Locations where respondents receive healthcare***

<u>Location</u>	<u>n of responses</u>	<u>% or responses</u>
Primary care doctor or office (family doctor, internal medicine doctor, or pediatrician)	795	73%
Urgent care/convenient care/walk-in clinic	249	23%
Community Clinic Northwest Arkansas (St. Francis House)	235	22%
Hospital emergency room	120	11%
Free clinic	70	6%
Health Department	65	6%
Veterans Clinic (VA)	30	3%
Boston Mountain Rural Health Center	23	2%
Healer/alternative medicine	19	2%
Indian Health Clinic	4	0.4%
Do not seek healthcare services	38	4%

**Health Issues, Problems and Wellness**

In order to determine community members' overall perceptions of health needs in Northwest Arkansas, the following questions were asked of survey respondents. Responses were analyzed for all respondents and by race and ethnicity, income level, and for Carroll County specifically for the purposes of the Mercy Berryville CHNA.

- What 3 health issues or problems are most important to you and the people in your household? (open response question)
- Pick 3 things from a list of 9 issues that health care organizations are working on in NWA you think are the most important.
- What things below would help you and others in your household get healthy or stay healthy?

***All Respondents***

Overall, survey participants selected mental and behavioral health, access to affordable health care, diabetes, nutrition and weight management, and COVID-19 as the issues most important to them and the people in their households. Mental and behavioral health was the top health issue or concern for survey respondents. 36% of respondents chose this issue as one of their top three health issues when asked to list three issues, followed by COVID-19 at 22% and diabetes at 19%. When asked to rank three issues that health organizations are working on as most important, respondents chose access to affordable health care (66%), mental or behavioral health (59%), and wellness and health education (35%) as their top three. Tables 6-8 display the top responses in descending order for each of the three core questions.

**Table 6***What 3 health issues or problems are most important to you and the people in your household?*

<b>Priority Rank</b>	<b>Health Issue or Problem</b>	<b><i>n</i> of responses</b>	<b>%</b>
1	Mental and Behavioral Health	656	36%
2	COVID-19	394	22%
3	Diabetes	343	19%
4	Nutrition and Weight Management	285	16%
5	Cardiovascular Health	273	15%
6	Wellness	263	15%
7	Hypertension	236	13%
8	Access to Health Care	203	11%
9	Affordable Health Care & Medication	188	10%
10	Obesity	173	10%

**Table 7***Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.*

<b>Priority Rank</b>	<b>Health Issue</b>	<b><i>n</i> of responses</b>	<b>%</b>
1	Access to Affordable Health Care	1,445	66%
2	Mental or Behavioral Health	1,285	59%
3	Wellness and Health Education	770	35%
4	Affordable Housing	750	35%
5	Food Insecurity	568	26%
6	Obesity	547	26%
7	Diabetes	508	23%
8	Cancer	451	21%
9	Immunizations, not including COVID-19	406	19%

**Table 8*****Which things below would help you and others in your household get healthy or stay healthy?***

<b>Priority Rank</b>	<b>Item</b>	<b><u>n of responses</u></b>	<b><u>%</u></b>
1	Better Sleep	1,014	48%
2	Affordable health insurance	857	41%
3	Learning and using new ways to reduce stress	723	35%
4	Having enough money to pay for everything we need	636	30%
5	Learning and using special skills (like yoga, tai chi, mindfulness, or others)	633	30%
6	Access to exercise groups	560	27%
7	Information on meal planning and nutrition	548	26%
8	Someone to keep me on track with healthy habits	544	26%
9	Access to a health coach	543	26%
10	Access to healthy food	514	25%

***Responses by Race and Ethnicity***

Because the majority (74%) of survey respondents were White, results of White respondents mirrored the results of all respondents. Hispanic respondents' top three health issues were mental or behavioral health, diabetes, and obesity, and they were less concerned about COVID-19 than White respondents. Marshallese respondents' top concerns were diabetes, COVID-19, and hypertension. Mental or behavioral health was chosen by only 15% of Marshallese respondents as an area of concern. Marshallese respondents chose diabetes as their most important health issue, with 57% of respondents choosing diabetes. Hispanic respondents chose diabetes as their second most important health issue at 29%. White and Marshallese respondents chose COVID-19 more often than Hispanic, Black and Asian participants. Tables 9 and 10 show results for important health issues by race and ethnicity.

**Table 9*****What are 3 health issues or problems that are most important to you and the people in your household? Responses by Race and Ethnicity.***

<b>What are three health issues or problems that are most important to you and the people in your household?</b>																	
<b>Note:</b> Open-ended survey item for which each respondent could list up to three issues or problems. Some responses were coded as belonging to multiple categories.																	
<b>Number of Total Respondents</b>		<b>Total (n=2231)</b>		<b>White (n=1647)</b>		<b>Hispanic (n=194)</b>		<b>Marshallese/Other PI (n=124)</b>		<b>American Indian/Alaska Native (n=67)</b>		<b>Black (n=54)</b>		<b>Asian (n=46)</b>		<b>Other (n=46)</b>	
<b>Number of Respondents to this question</b>		<b>1813</b>		<b>1499</b>		<b>126</b>		<b>67</b>		<b>62</b>		<b>45</b>		<b>37</b>		<b>46</b>	
		<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
First	Mental & Behavioral Health	656	36%	570	38%	42	33%	10	15%	38	61%	9	20%	7	19%	17	37%
Second	COVID-19	394	22%	346	23%	16	13%	28	42%	14	23%	4	9%	6	16%	5	11%
Third	Diabetes	343	19%	244	16%	36	29%	38	57%	16	26%	10	22%	7	19%	8	17%
Fourth	Nutrition & Weight Management	285	16%	252	17%	21	17%	4	6%	8	13%	2	4%	3	8%	7	15%
Fifth	Cardiovascular Health	273	15%	244	16%	10	8%	4	6%	11	18%	6	13%	3	8%	5	11%
Sixth	Wellness	263	15%	212	14%	16	13%	0	0%	11	18%	20	44%	7	19%	2	4%
Seventh	Hypertension	236	13%	174	12%	14	11%	20	30%	10	16%	12	27%	6	16%	3	7%
Eighth	Access to Health Care	203	11%	160	11%	12	10%	10	15%	14	23%	5	11%	3	8%	6	13%
Ninth	Affordable Health Care	188	10%	159	11%	18	14%	3	4%	12	19%	5	11%	5	14%	8	17%
Tenth	Obesity	187	10%	139	9%	32	25%	10	15%	8	13%	8	18%	9	24%	5	11%
Eleventh	Cancer	173	10%	110	7%	9	7%	13	19%	6	10%	5	11%	5	14%	39	85%

**Table 10**

***Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.*** Responses by Race and Ethnicity.

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.																	
Number of Total Respondents		Total (n=2231)		White (n=1647)		Hispanic (n=194)		Marshallese/ Other PI (n=124)		American Indian/ Alaska Native (n=67)		Black (n=54)		Asian (n=46)		Other (n=46)	
Number of Respondents to this question		2173		1645		183		122		66		53		45		46	
		#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
First	Access to Affordable Health Care	1445	66%	1125	68%	124	68%	67	55%	45	68%	34	64%	28	62%	28	61%
Second	Mental or Behavioral Health	1285	59%	1046	64%	89	49%	33	27%	38	58%	28	53%	27	60%	30	65%
Third	Wellness and Health Education	770	35%	568	35%	74	40%	45	37%	20	30%	21	40%	27	60%	17	37%
Fourth	Affordable Housing	750	35%	581	35%	54	30%	41	34%	32	48%	24	45%	8	18%	24	52%
Fifth	Food Insecurity	568	26%	445	27%	31	17%	34	28%	22	33%	17	32%	5	11%	12	26%
Sixth	Obesity	547	26%	410	25%	43	23%	31	25%	13	20%	10	19%	14	31%	14	30%
Seventh	Diabetes	508	23%	280	17%	69	38%	90	74%	16	24%	18	34%	12	27%	8	17%
Eighth	Cancer	451	21%	325	20%	48	26%	28	23%	10	15%	15	28%	10	22%	7	15%
Ninth	Immunizations	406	19%	304	18%	33	18%	28	23%	15	23%	10	19%	14	31%	4	9%

### ***Responses by Income Level***

Survey respondents had higher incomes and education levels than the general population of Northwest Arkansas. Over half of the survey respondents reported a household income of over \$100,000 per year and 38% reported having graduate or professional degrees. To analyze the data in more depth, the two questions asking about health issues most important to respondents were analyzed by income level. Respondents in all income categories chose mental or behavioral health as their most important health issue for the open response survey item. When asked to rank priority needs health systems are working on, respondents in all categories chose access to affordable health care first and mental or behavioral health second. Tables 11 and 12 show results for important health issues by race and ethnicity. Two health issues showed trends by income level. As income level of respondents rose, the number of participants who chose COVID-19 as a priority need also rose. Diabetes showed the opposite trend, with the importance of the health issue falling in those with higher income levels. See Figure 3 for an illustration of the trends of top health needs by income level.

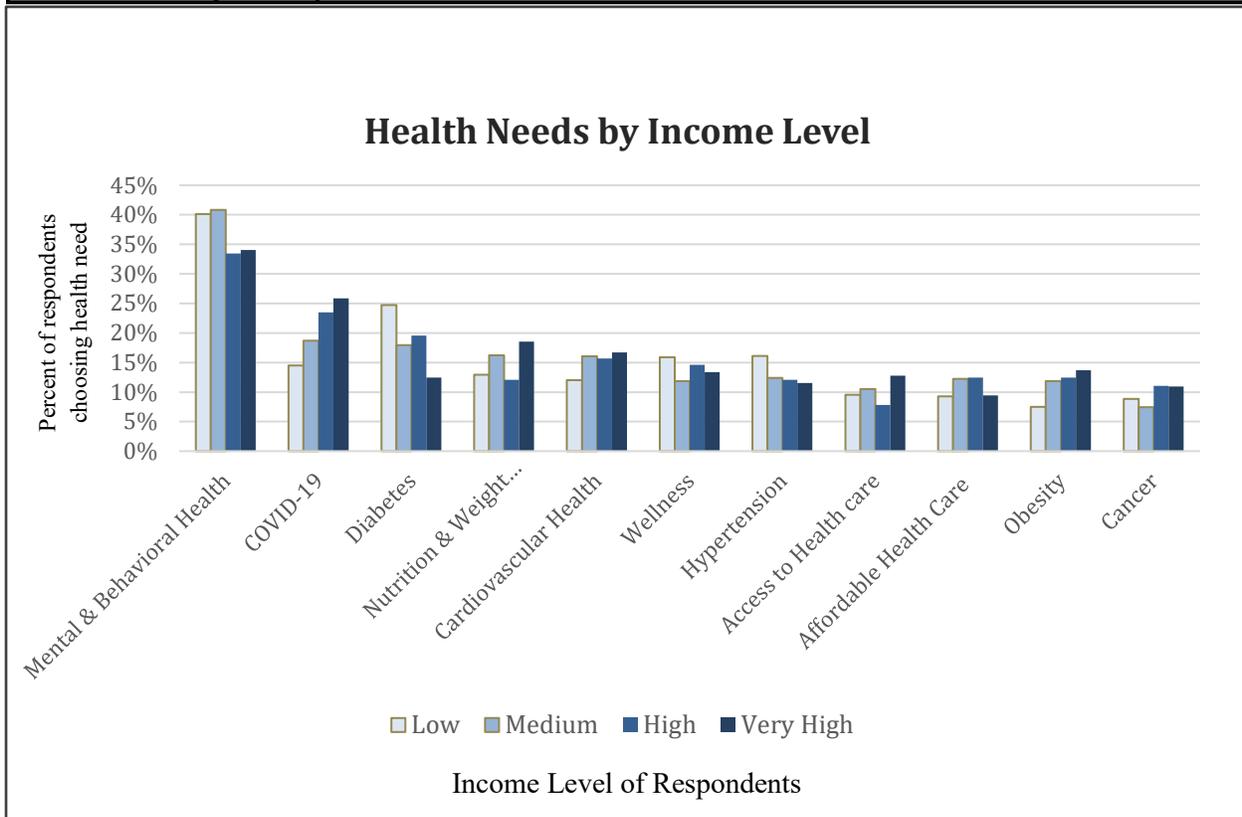
**Table 11**

***What are 3 health issues or problems that are most important to you and the people in your household?*** Responses by Income Level.

What are three health issues or problems that are most important to you and the people in your household?											
Note: Open-ended survey item for which each respondent could list up to three issues or problems. Some responses were coded as belonging to multiple categories.											
Number of Total Respondents		Total (n=2231)		\$0 - \$49,999 (n=539)		\$50,000 - \$99,999 (n=577)		\$100,000 - \$149,999 (n=307)		\$150,000 and over (n=357)	
Number of Respondents to this question		1813		441		524		281		329	
		#	%	#	%	#	%	#	%	#	%
First	Mental & Behavioral Health	656	36%	177	40%	214	41%	94	33%	112	34%
Second	COVID-19	394	22%	64	15%	98	19%	66	23%	85	26%
Third	Diabetes	343	19%	109	25%	94	18%	55	20%	41	12%
Fourth	Nutrition & Weight Management	285	16%	57	13%	85	16%	34	12%	61	19%
Fifth	Cardiovascular Health	273	15%	53	12%	84	16%	44	16%	55	17%
Sixth	Wellness	263	15%	70	16%	62	12%	41	15%	44	13%
Seventh	Hypertension	236	13%	71	16%	65	12%	34	12%	38	12%
Eighth	Access to Health care	203	11%	42	10%	55	10%	22	8%	42	13%
Ninth	Affordable Health Care	188	10%	41	9%	64	12%	35	12%	31	9%
Tenth	Obesity	187	10%	33	7%	62	12%	35	12%	45	14%
Eleventh	Cancer	173	10%	39	9%	39	7%	31	11%	36	11%

**Figure 3**

*What are 3 health issues or problems that are most important to you and the people in your household? Responses by Income Level.*



**Table 12**

*Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important. Responses by Income Level.*

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.

Number of Total Respondents		Total (n=2231)		\$0 - \$49,999 (n=539)		\$50,000 - \$99,999 (n=577)		\$100,000 - \$149,999 (n=307)		\$150,000 and over (n=357)	
		#	%	#	%	#	%	#	%	#	%
First	Access to Affordable Health Care	1445	66%	357	67%	413	72%	206	67%	208	58%
Second	Mental or Behavioral Health	1285	59%	280	53%	370	65%	189	62%	230	64%
Third	Wellness and Health	770	35%	169	32%	197	34%	117	38%	136	38%
Fourth	Education	750	35%	233	44%	214	37%	91	30%	85	24%
Fifth	Affordable Housing	568	26%	165	31%	146	26%	69	22%	91	25%
Sixth	Food Insecurity	547	26%	107	20%	132	23%	84	27%	120	34%
Seventh	Obesity	508	23%	168	32%	113	20%	63	21%	61	17%
Eighth	Diabetes	451	21%	110	21%	104	18%	54	18%	84	24%
Ninth	Cancer	406	19%	108	20%	90	16%	64	21%	71	20%
	Immunizations										

## **Other Results**

### ***Mental Health Disorders***

41% of respondents indicated that they or another adult in their household has ever had depression or anxiety. 6% reported a history of another serious mental illness, such as bipolar, schizophrenia, or psychosis. 22% of respondents reported that a child in their household has ever had depression or anxiety, and 6% reported another serious mental illness.

### ***Barriers to Accessing Health Care and Mental Health Care***

35% of adults indicated they had problems getting health care or medicine. The most common reasons for these barriers were not having health insurance or needing to work instead. 31% of adults reported barriers in getting mental health care. Of those who experienced barriers, 53% did not have insurance coverage, 38% needed to work instead, and 35% could not find a place to go or could not get an appointment. 18% of respondents indicated that children in their household had problems getting mental health care they needed. Of those, the most common reason was lack of health insurance coverage. 12% of respondents reported barriers in getting telehealth visits. Of those, the most common reason was lack of health insurance.

### ***Immunizations***

95% of survey respondents reported that their children were up to date on their immunizations or that they planned on updating them. 2% reported not planning to bring their children up to date, and another 2% were not sure. 11% of respondents reported their children got their immunizations at the health department, and the rest listed a doctor's office or clinic as the primary location.

### ***COVID-19 Vaccination***

89% of survey respondents indicated they had received at least one COVID-19 vaccine at the time of the survey. During the survey period, about 45% of the population of NWA was fully vaccinated. The most common reasons for not being vaccinated were worry about possible side effects, plans to wait and see if it is safe, not being sure if the vaccine will protect them, not trusting COVID-19 vaccines, and not trusting the government.

### ***Pandemic Response***

In response to a question about how have health care and social services agencies in NWA done in response to the COVID-19 pandemic, 37% chose very good or excellent, 40% chose good, 18% chose fair, and 2% chose poor. 1140 participants responded to the invitation to comment on what actions health care and social services could take in the event of another pandemic. A sample of 500 of these responses was analyzed using qualitative analysis software, coded, and categorized into ten themes. 35% of respondents recommended better education and communication and 29% wanted a coordinated response. 21% of respondents accepted public health guidance and recommendations and 5% did not agree with masks, vaccines, or social distancing. Several respondents asked for no action at all. Mental health and access to health care also came up in these responses. One respondent said, "Access to mental health care is very limited in NWA already. The pandemic greatly increased the need of mental health resources, and patients who already have depression or anxiety were forced to isolate, often times making their depression or anxiety worse. We need better access for our community." Table 13 summarizes themes and codes identified, and Figure 4 is a word cloud image of responses.

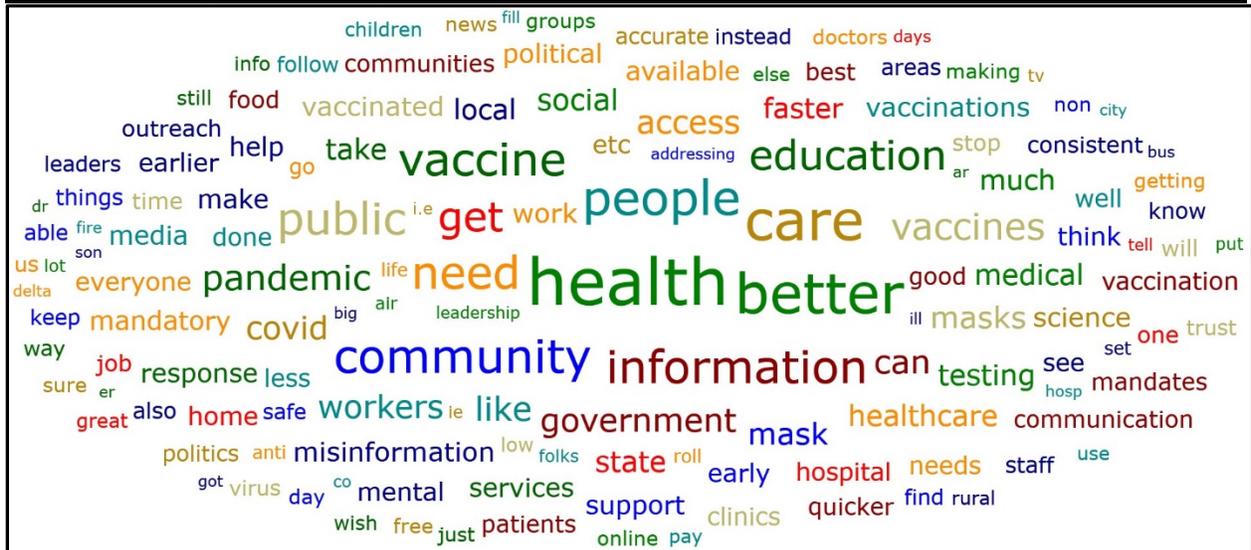
**Table 13**

*If we ever have another pandemic, what actions would you like to see health care and social services groups take that you did not see with their response to COVID-19? (of 500 responses analyzed)*

<b>Theme</b>	<b>Coded Responses Included in Theme</b>	<b><i>n</i></b>	<b>%</b>
Education and communication	Accurate information, Communication, Education, Government action, Trust medical experts, Vaccine information	176	35%
Coordinated response	Government action, Minority community, Not political, Preparation, Quick action, United effort	147	29%
Vaccination	Vaccine acceptance, Vaccine delivery, Vaccine distrust, Vaccine information, Vaccine mandate	131	26%
Access to health care	Access to health care, Access to health care not related to COVID-19, Access to PPE, Clinical care, Mental health, More medical staff, Vaccine delivery	117	23%
COVID-19 guidance acceptance	Mask mandate, Support for shutdowns, Trust medical experts, Vaccine acceptance, Vaccine mandate	104	21%
COVID-19 specific response topics	Contact tracing, Mask mandate, Social distance, Testing access, Vaccine delivery	80	16%
Masks	Mask mandate, Mask no mandate	31	6%
Social determinants of health	Access to food, Affordable housing and food instability, Childcare, Financial assistance, Safety, Social connection, Transportation	30	6%
COVID-19 guidance resistance	Mask no mandate, No action, No shutdown, Vaccine distrust	23	5%

**Figure 4**

**Word cloud of pandemic response question responses**



## **Discussion**

The 2021 Northwest Arkansas Community Health Survey obtained 2,231 valid responses from community members in the four-county Northwest Arkansas area. Responses from the counties generally reflected the population of the area except for a higher number of participants from Benton County. Responses also reflected the overall racial and ethnic diversity of the region, with good participation from members of the Hispanic and Marshallese communities. Residents of Northwest Arkansas are concerned with a wide range of health-related needs and issues. Overall, survey respondents indicated that they were most concerned with issues related to mental and behavioral health, access to affordable health care, diabetes, nutrition and weight management, and issues related to COVID-19.

### **Mental and Behavioral Health**

Mental and behavioral health replaced obesity as the top health concern when compared to the 2018 NWA Community Health Survey. When asked to list three health issues that are most important to you and the people in your household, respondents across all income levels listed this issue as their top priority. When comparing responses across racial and ethnic groups, however, Marshallese and Black respondents ranked mental and behavioral health as their fifth and fourth most important issue, respectively. The high ranking that respondents, overall, gave this issue correlates to high self-reported prevalence of depression, anxiety, and serious mental illness in both adults and children. One third of respondents who reported barriers to receiving mental health care they needed said they could not find a place to go or get an appointment.

### **Access to Affordable Health Care**

When asked to rank three health issues out of a list of nine that health care organizations are working on as most important, respondents of all races and ethnicities and across all income levels ranked access to affordable health care as the most important issue. Affordable health insurance was chosen as the second most important thing that would help you and others in your household get healthy or stay healthy, after better sleep. One third of all respondents indicated they had problems getting health care or medicine, and the most common reasons for these barriers were not having health insurance or needing to work instead.

### **Diabetes**

Diabetes was listed as the third most important health issue by all respondents. More Marshallese and Hispanic respondents chose diabetes than other racial and ethnic groups as a key health issue, and Marshallese respondents chose it as their top health issue. Trends across income levels showed a decrease level of importance of diabetes to respondents as income levels rose.

### **Nutrition and Weight Management**

Nutrition and weight management was listed as the fourth most important health issue by all respondents. When asked to rank three health issues out of a list of nine that health care organizations are working on, respondents ranked wellness and health education third overall. Respondents in the highest household

income level, \$150,000 per year and above, were more concerned about this issue than respondents in all other income levels.

## **COVID-19**

Survey respondents listed COVID-19 as the second most important health issue overall. More Marshallese respondents (42%) chose COVID-19 as a top health issue than respondents of any other race or ethnicity. The importance of COVID-19 as an issue rose as income levels rose across participant groups. Survey respondents overall were more educated and of higher income levels than the general population of NWA which likely explains a much higher COVID-19 vaccination rate among survey respondents than NWA residents. 75% of survey respondents thought the pandemic response of NWA health care and social services agencies was good, very, good or excellent. Many respondents suggested more education and communication and a more coordinated response in the event of another pandemic.

## **Conclusion**

The 2021 Northwest Arkansas Community Health Survey provides detailed quantitative and qualitative data describing the health needs, issues, and barriers to care most important to Northwest Arkansas residents. The results of this survey will be used by Mercy Hospital and by collaborating partners as part of their community health needs assessments to help understand and prioritize community needs and implement appropriate interventions by these organizations.

# Northwest Arkansas Community Health Survey | 2021

We want to hear your thoughts on important health issues in our community. We will use the results of this survey to help improve health care and direct investment in programs in Northwest Arkansas. Your responses are completely anonymous. Thank you very much for participating!

1) What is your age? \_\_\_\_\_

2) Below is a list of age groups. How many people in each of the age groups (including yourself) live in your household?

<u>Age</u>	<u>0 people</u>	<u>1 person</u>	<u>2 people</u>	<u>3 people</u>	<u>4 people</u>	<u>5 or more</u>
0-17 Years	<input type="radio"/>					
18-39 Years	<input type="radio"/>					
40-59 Years	<input type="radio"/>					
60-74 Years	<input type="radio"/>					
75 Years or Older	<input type="radio"/>					

3) In the last 12 months, have you or people in your household gotten health services at any of the place below? Choose all that apply

- Arkansas Children’s Northwest
- Boston Mountain Rural Health Center
- Community Clinic Northwest Arkansas
- Health Department
- Indian Health Services
- Mercy Hospital or Clinic
- Northwest Medical Center Hospital or Clinic
- Ozark Guidance Center/ Arisa Health
- UAMS Northwest
- University of Arkansas Pat Walker Health Center
- VA Medical Center or Clinic
- Washington Regional Medical Center or Clinic
- A doctor’s office or clinic not listed above

- 4) Are all of the children in your household up to date on their childhood immunizations (shots)?
- Yes
  - No, but we plan to immunize our children
  - No, and we do not plan to immunize our children
  - I am not sure
  - There are no children in my household
- 5) Where do the children in your household usually get their childhood immunizations (shots)?
- Health Department
  - Community Clinic NWA
  - Arkansas Children's Northwest
  - School-based clinic
  - A doctor's office or clinic
  - Other (please specify): \_\_\_\_\_
  - We do not choose to immunize our children
  - There are no children in this household
- 6) What are three health issues or problems that are most important to you and the people in your household?
- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 7) Here is a list of things health care organizations are working on in Northwest Arkansas. Please pick three things from this list you think are the most important.
- Diabetes
  - Obesity
  - Housing we can afford
  - Mental or behavioral health
  - Immunizations (shots), not including COVID-19 Vaccine
  - Access to health care we can afford
  - Wellness and health education
  - Cancer
  - Not having enough food or being worried food might run out
- 8) Have you or another adult in your household ever been told by a health care worker that you have any of the following? Choose all that apply
- Depression or anxiety
  - Another serious mental illness, such as bipolar, schizophrenia, or psychosis

- Substance abuse
- None of these

9) Have you ever been told by a health care worker that a child in your household has any of the following? Choose all that apply

- Depression or anxiety
- Another serious mental illness, such as bipolar, schizophrenia, or psychosis
- Substance abuse
- None of these
- There are no children in my household

10) Which things below would help you or others in your household to get healthy or stay healthy? Please select all that apply

- Information on healthy habits
- Information on meal planning and nutrition or cooking classes
- Access to healthy food
- Learning and using new ways to reduce stress
- A safe neighborhood
- A safe home
- Knowing where I will live or stay for the long-term
- Transportation
- Access to exercise groups
- Healthier relationships
- Better sleep
- Access to a health coach who can help me set and reach personal health goals
- Someone to keep me on track with health habits
- Learning and using special skills (like yoga, tai chi, mindfulness, or others)
- Learning and using tips to manage money better
- A deeper faith experience
- Finding meaning and purpose in my life
- Having enough money to pay for everything we need
- Affordable health insurance
- Steady work or job
- Higher level education
- Information or resources about how to be a better parent
- Other (please specify): \_\_\_\_\_

11) In the last 12 months, which of these problems kept you or other adults in your household from getting the health care or medicine you needed? (Choose all that apply)

- Adults did not need health care or medicine
- Adults did not have problems getting health care or medicine we needed
- Did not have health insurance or our insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in my preferred language
- Cultural or religious reasons
- Others (please specify): \_\_\_\_\_

12) In the last 12 months, which of these problems has kept you or other adults in your household from getting the mental health care you needed? Choose all that apply

- Adults did not need health care or medicine
- Adults did not have problems getting health care or medicine we needed
- Did not have health insurance or our insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in my preferred language
- Cultural or religious reasons
- Others (please specify): \_\_\_\_\_

13) In the last 12 months, which of these problems kept children in your household from getting the mental health care they needed? Choose all that apply

- Children did not need any mental health care
- Children did not have problems getting the mental health care they needed
- Did not have health insurance or our health insurance did not cover what we needed
- Needed to work instead
- Did not have a way to get there
- Could not find a place to go or could not get an appointment
- Could not find a place to get care in our preferred language
- Cultural or religious reasons
- Other (please specify): \_\_\_\_\_
- There are no children in my household

14) In the last 12 months, which of these problems kept you or anyone in your household from getting a telehealth or video visit with a health care worker? Choose all that apply

- No one in my household needed a telehealth or video visit
- No one in my household had problems getting telehealth or video visits
- Did not have health insurance or our health insurance did not cover what we needed
- Needed to work instead
- Could not find a place that offered telehealth or video visits, could not get an appointment
- Could not find a place to get care in our preferred language
- Cultural or religious reasons
- Did not have a computer or smartphone
- Did not have internet access
- Other (please specify): \_\_\_\_\_

15) Have you gotten at least one COVID-19 vaccine?

- Yes, I have received 1 or 2 COVID-19 vaccines
- No, I have not received any COVID-19 vaccines, but I plan to do so
- No, I have not received any COVID-19 vaccines, and I do not plan to do so
- No, I have not received any COVID-19 vaccines, and I am not sure if I will

16) Now that COVID-19 vaccines are available for children ages 12 to 15 have the children in your household been vaccinated, or will you have them get the vaccine?

- Yes
- No
- I am not sure
- There are no children in my household ages 12 to 15 in my household

17) When COVID-19 vaccines are available for children under the age of 12, will you have the children in your household get the vaccine?

- Yes
- No
- I am not sure
- There are no children under the age of 12 in my household

18) If you do not plan, get a COVID-19 vaccine for yourself, or you are not sure about being vaccinated, what are your reasons? (Choose all that apply)

- I am worried about possible side effects
- I am not sure if the vaccine will protect me

- I do not think I need a vaccine
- I do not like vaccines
- My doctor has not suggested I get it
- I plan to wait and see if it is safe
- Other people need it more than I do right now
- I worry it will cost too much
- I do not trust COVID-19 vaccines
- I do not trust the government
- Getting it goes against my religious believes
- I have received the COVID-19 vaccine, or plan to do so
- Other (please specify): \_\_\_\_\_

19) Think about the health care and social services organizations you know in the Northwest Arkansas. How do you feel about the work they have done in response to the COVID-19 pandemic?

- Very good
- Good
- Fair
- Poor
- Very poor

20) If we ever have another pandemic, what actions would you like to see health care and social services groups take that you did not see with their response to COVID-19?

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21) What is your zip code? \_\_\_\_\_

22) What is your gender?

- Female
- Male
- Non-binary
- Prefer to self- describe (please specify): \_\_\_\_\_

23) Do you think of yourself as?

- Heterosexual or straight
- Homosexual, gay or lesbian
- Bisexual
- Prefer to self-describe (please specify): \_\_\_\_\_

24)What is your race or ethnicity? (Choose all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African – American
- Hispanic or Latinx
- Marshallese, Native Hawaiian, or another pacific islander
- White
- Other (please specify): \_\_\_\_\_

25)What is the main language used in your home most of the time?

- English
- Spanish
- Marshallese
- Other (please specify): \_\_\_\_\_

26)Which adults in your household have health insurance?

- No adults in my households have health insurance
- Some adults in my household have health insurance
- All adults in my household have health insurance

27)Which children in your household have health insurance?

- No children in my household have health insurance
- Some children in my household have health insurance
- All children have health insurance
- There are no children in my household

28)Which health insurance do members of your household have now? Choose all that apply

- Medicaid
- ARKids First
- Medicare or Medicare Advantage plan
- Health insurance from a job, or other private insurance
- Tri-care or veterans' (VA) benefits
- Affordable Care Act/ Marketplace Plan
- Indian Health service
- Student health insurance
- Other (please specify): \_\_\_\_\_
- No one in my household has health insurance

29) Think of the person in your household with the most education. What is their highest level of education?

- Less than a high school diploma
- High school diploma or GED
- Vocational or technical training
- Some college but no degree
- Associate's degree
- Bachelor's degree
- Graduate or professional degree

30) What was the total combined income of all members of your household last year before taxes?

- \$0-\$9,999
- \$10,000-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,000
- \$150,000-\$149,000
- \$200,00 or more
- I prefer not to answer

## NWA Community Health Survey 2021 Carroll County Results

**Total respondents – 114**

### Demographics

#### Race/Ethnicity

White	99
Hispanic	6
American Indian	6
Marshallese/Other PI	5
Black	3
Asian	2

#### Primary Language Spoken at Home

English	105
Marshallese	4
Spanish	2
Other	2

#### Age Range of Respondent

18-39	29
40-59	35
60-74	43
75 and over	7

#### Sexual Orientation

Heterosexual or straight	107
Homosexual	3
Prefer to self describe	2
Bisexual	1

#### Gender

Female	81
Male	31
Prefer to self describe	1

#### Education

Less than a high school diploma	1
High school diploma	19
Vocational or technical training	6
Some college or no degree	15
Associate's degree	15
Bachelor's degree	23
Graduate or professional degree	33

### Household Income Range

0-9,999	7
10,000 – 24,999	8
25,000 – 49,999	20
50,000 – 74,999	17
75,000 – 99,999	11
100,000 – 149,999	13
150,000 – 199,999	10
200,000 or more	8
Prefer not to answer	18

### Health Insurance

Which adults in your household have health insurance?

All adults	100
Some adults	6
No adults	7

Which children in your household have health insurance?

All children	25
Some children	0
No children	25

Which health insurance do members of your household have now?

Health insurance from a job/private insurance	75
Medicare or Medicare Advantage Plan	35
Medicaid	12
Affordable Care Act/Marketplace Plan	10
Tri-care or Veteran's (VA) Benefits	9
ARKids First	6
No one in my household has health insurance	5
Indian Health Service	2
Other	2

### Health Care Providers

In the last 12 months, locations where household members received health care

Mercy Hospital or Clinic	83
Washington Regional Medical Center or Clinic	41
Boston Mountain Rural Health Center	17
A doctor's office or clinic not listed above	15
Northwest Medical Center Hospital or Clinic	10
Health Department	8
Arkansas Children's Northwest	7
Ozark Guidance Center/Arisa Health	7
UAMS Northwest	3
VA Medical Center or Clinic	3

Indian Health Services	1
Community Clinic Northwest Arkansas	0
University of Arkansas Pat Walker Health Center	0

### Health Needs and Issues

What are 3 health issues or problems are most important to you and the people in your household?

Mental and Behavioral Health	25
Affordable Health Care and Medication	17
Diabetes	16
Preventive Care & Wellness	16
Cancer	14
Cardiovascular Health	12
Arthritis	11
COVID-19	10
Nutrition and Weight Management	10
Access to Health Care	9
Hypertension	9
Other	9
Obesity	7
Chronic Pain	5
Gastrointestinal Health	5
Women's Health	4
Acute Illness	3
Neurological Health	3
Oral and Dental Health	3
Thyroid	3
Vision	3
Autism	2
Cholesterol	2
Chronic Illness	2
Elder Health	2
Memory and Dementia	2
Orthopedic Health	2
Sleep	2

Pick 3 things from this list of issues that health care organizations are working on in NWA you think are the most important.

Access to Affordable Health Care	82
Mental or Behavioral Health	61
Wellness and Health Education	41
Obesity	39
Diabetes	34
Cancer	32
Affordable Housing	22
Not having enough food or being worried food might run out	19

## Health and Wellness

Which things below would help you and others in your household get health or stay healthy?

Better sleep	53
Affordable health insurance	46
Having enough money to pay for everything we need	41
Information on meal planning and nutrition or cooking classes	31
Someone to keep me on track with healthy habits	31
Access to healthy food	27
learning and using new ways to reduce stress	27
Access to exercise groups	27
Learning and using special skills (like yoga, tai chi, mindfulness, or others)	27
Information on healthy habits	23
Access to a health coach who can help me set and reach personal health goals	23
Finding meaning and purpose in my life	23
Learning and using tips to manage money better	17
Steady work or job	17
Healthier relationships	14
A deeper faith experience	14
Higher level or education	12
Other	11
Knowing where I will live or stay for long-term	10
Information or resources about how to be a better parent	8
Transportation	6
A safe neighborhood	5
A safe home	4
Education on Health Conditions	2
Access to Health Care	2
Increase in Wages	1
Childcare	1
Dental Care	1
Mental Health Care	1
Medication Management	1
Employment	1

## Mental Health

Have you or another adult in your household ever been told by a health care worker that you have any of the following?

Depression or Anxiety	37
Another serious mental illness, such as bipolar, schizophrenia, or psychosis	11
Substance Abuse	5
None of the Above	73

Have you ever been told by a health care worker that a child in your household has any of the following?

Depression or Anxiety	7
Another serious mental illness, such as bipolar, schizophrenia, or psychosis	
Substance Abuse	2
None of the Above	23

## Barriers

### Adult Medical Care

Adults did not have problems getting health care or medicine we needed	50
Did not have health insurance or our insurance did not cover what we needed	29
Needed to work instead	21
Adults did not need health care or medicine	17
Could not find a place to go or could not get an appointment	13
Could not find a place to get care in my preferred language	3
Did not have a way to get there	2
Insurance deductible too high	2
Cultural or religious reasons	1
Other	2

### Adult Mental Health Care

Adults did not need mental health care	63
Adults did not have problems getting the mental health care we needed	22
Did not have health insurance or our insurance did not cover what we needed	17
Could not find a place to go or could not get an appointment	16
Needed to work instead	6
Other	2

### Child Mental Health Care

Children did not need mental health care	18
Children did not have problems getting the mental health care they needed	4
Did not have health insurance or our insurance did not cover what we needed	4

Needed to work instead	1
Did not have a way to get there	1
Could not find a place to go or could not get an appointment	2
Could not find a place to get care in my preferred language	0
Cultural or religious reasons	0
There are no children in our household	2
Other	1

## COVID-19 Vaccine

Have you gotten at least one COVID-19 vaccine?

Yes, I have received 1 or 2 COVID-19 vaccines	90
No, I have not received any COVID-19 vaccines, but I plan to do so	13
No, I have not received any COVID-19 vaccines, and I am not sure if I will	8
No, I have not received any COVID-19 vaccines, and I do not plan to do so	2

Now that COVID-19 vaccines are available for children ages 12-15, have the children in your household been vaccinated or will you have them get the vaccine?

Yes	6
I am not sure	5
No	9
There are no children ages 12-15 in my household	10

When COVID-19 vaccines are available for children under age 12, will you have the children in your household get the vaccine?

Yes	4
No	7
I am not sure	8
There are no children under the age of 12 in my household	8

If you do not plan to get a COVID-19 vaccine for yourself or are not sure about being vaccinated, what are your reasons?

I have received the COVID-19 vaccine, or plan to do so	78
I am worried about possible side effects	18
I plan to wait and see if it is safe	16
I am not sure if the vaccine will protect me	9
I do not trust COVID-19 vaccines	9
I do not trust the government	8
I do not think I need a vaccine	7
I do not like vaccines	6
Other people need it more than I do right now	4
I worry it will cost too much	2
Getting it goes against my religious beliefs	2

Other	2
My doctor has not suggested I get it	1

### COVID-19 Pandemic Response

How have health care and social services agencies in NWA done in response to the COVID-19 pandemic?

Very Good	50
Good	35
Fair	19
Poor	5

If we ever have another pandemic, what actions would you like to see health care and social services groups take that you did not see with their response to COVID-19? (Responses from Carroll County only)

Faster vaccine
More FREE clinics
mobilize units to go into the areas and vaccinate
Work to replace legislature with sane individuals!
Be more forceful about precautions.
Improved coordination on Fed and State levels
Much, MUCH more support from state government.
Speak louder than politicians.
Better communication
Better coordination of information and care available
Less reliance on internet for those who don't have access
Better support for staff, not expecting staff to work themselves to death
More formal collaboration amongst government and healthcare providers
Do more research
Provide food for the needy
Don't close things down
Require people to stay home and wear masks..and enforce it
Don't Know
Stop repeating everything in the news all day long
Early response
A rapid response and position on the issue
Enough vaccine for everyone, not oldest, health care workers, etc.
Immediate contact tracing
Advocate for better community compliance
Just keep doing what they are doing
Fund the mental health crisis as well
Masks mandate and pretty much do as California has done.
Getting the word on prevention out better
More awareness in different languages

Have ample ppp supplies and plan of action ready to go.
allow to make own choices not mandate
Not pushing a vaccine on the employees that work for a facility in order for them to keep their job.
Be better prepared and faster reaction to the outbreak.
Nothing, feel our local facility did a great job meeting up to the needs of our community.
Having helped with a drive-through clinic we also need a way to make out reach to people who arena't able to get transportation to such a clinic. We need to do more out reach to the community and meet them where they are
Open-Ended Response
Health department lack of regular services
Public information campaign.
Help care for elders
Quicker response to the issue
I am not sure. I think that scare tactics were used and it frightened people. Just tell me the facts and don't give me your opinion. I am strong enough to form my own opinion and think for myself.
Sanctions or limitations for those who are not vaccinated.
I don't know. I think... KNOW they did an amazing job!!!
Stop making people afraid.
I feel the health care in our area was excellent
Taking the vaccine to people where they are. I was able to easily travel to a clinic but there are a lot of people that have problems with transportation are getting out of their home. And I would have gladly volunteered to participate in that but there was no such program at least that I was aware of.
I thought a good job was done considering the disinformation spread by the Trump Administration and conspiracy sites.
I would like to see our elected officials support and listen to our medical experts.
IDK JUST ANYTHING TO HELP US GET BACK THROUGH IT AGAIN AND THOSE THINHS THAT DIDNT WORK DONT DO THEM DO DIFFERENTLY

# Mercy Berryville CHNA 2022

## Appendix B

### Identified Health Needs

#### ***Access to Care***

A lack of access to care results in barriers to positive health behaviors and outcomes. These barriers disproportionately impact those who are low-income, members of racial or ethnic minority groups, or are immigrants. Access to care is determined by availability and accessibility of resources and services and includes such factors as lack of access to preventive care, limited health knowledge, insufficient availability of services, and Social Determinants of Health.

#### Access to Care Indicators

- 15.1% of Carroll County residents are uninsured, which is higher than the state of Arkansas (10.8%) and the U.S. (12.1%).<sup>1</sup>
- There are 53 primary care physicians per 100,000 population in Carroll County, a rate lower than the state (66).<sup>2</sup>
- 21% of adults in Carroll County report having no personal doctor. This is lower than the Arkansas rate of 50%.<sup>3</sup>
- Respondents to the 2021 NWA Community Health Survey ranked Access to Affordable Health Care as the most important issue health care organizations are working on in NWA.
- Affordable health insurance ranked 2<sup>nd</sup> and was chosen by 46% of survey respondents as something that would help them get healthy or stay healthy.

## **Behavioral Health**

Mental or behavioral health (for the purpose of this report, the terms will be used interchangeably) can be defined as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.

### Behavioral Health Indicators

- Percent of adults reporting 14 or more days of poor mental health in past 30 days in NWA is 4.8%, which is lower than the state of Arkansas (5.3%).<sup>2</sup>
- 35% of Carroll County adults reported fewer than 7 hours of sleep per night on average. This compares to 37% of adults in Arkansas overall.<sup>2</sup>
- Number of deaths due to suicide in Carroll County is 26 per 100,000, which is higher than the Arkansas rate of 19 per 100,000.<sup>2</sup>
- There are 81 mental health care providers per 100,000 population in Carroll County, much lower than the state (238).<sup>2</sup>
- Responses to the 2021 NWA Community Health survey revealed:
  - Mental and behavioral health ranked as the top health issue by survey respondents. 36% indicated that mental health was one of the three biggest health issues or problems in the community.
  - Respondents ranked mental and behavioral health as the second most important issue health care organizations are working on in NWA.
  - Better sleep and learning and using new ways to reduce stress ranked 1<sup>st</sup> and 7<sup>th</sup> as things that would help them get healthy and stay healthy.

### ***Diabetes***

Diabetes is a common chronic illness in which the body is unable to adequately process blood glucose, resulting in blood sugar levels being too high. Diabetes contributes to many long-term health issues. Addressing diabetes and its causes is important in improving the overall health of the community.

#### Diabetes Indicators

- 6.6% of adults in Carroll County have been diagnosed with diabetes, which is lower than the Arkansas state rate of 12.4%.<sup>4</sup>
- Diabetes ranked as the third most important health issues identified by 2021 survey respondents.

### ***Heart Disease***

The term “heart disease” refers to several types of heart conditions. In the U.S., the most common such condition is coronary artery disease, which affects the blood flow to the heart and can lead to a heart attack.

#### Heart Disease Indicators

- Heart disease is the leading cause of death in Arkansas, causing 26% of all deaths.<sup>7</sup>
- 24.5% of the Medicare fee for service population in Carroll County has heart disease, which is lower than Arkansas (31%) and the U.S. (27%).<sup>8</sup>
- Survey respondents chose cardiovascular health as the 6<sup>th</sup> most important health issue or problem.

## ***Obesity and Overweight***

A weight that is higher than what is considered as a healthy weight for a given height is described as overweight or obese. Overweight and obesity contribute to many issues that negatively impact health and contribute to chronic diseases.

### Obesity/ Overweight Indicators

- AR ranks 9th in the nation in self-reported adult obesity rates, with a prevalence of 31%<sup>9</sup>
- Obesity disproportionately affects individuals of non-White races and those of Hispanic ethnicity.<sup>9</sup>
- Of adults aged 20 and older living in NWA, 25.9% self-reported a BMI > 30.0 (obese). This is lower than the state of Arkansas (31%) but higher than the overall U.S. rate (27.6%).<sup>8</sup>
- Responses to the 2021 NWA Community Health survey revealed:
  - Obesity was the 4<sup>th</sup> most important prioritized health issue by Carroll County respondents.

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