

MOUNTAIN HOME, ARKANSAS

COMMUNITY HEALTH NEEDS ASSESSMENT

STRATEGIC IMPLEMENTATION PLAN

2025

COMPASSIONATE CARE BEYOND MEASURE

BAXTER HEALTH

WHERE QUALITY OF LIFE MEETS QUALITY HEALTHCARE

Baxter Health is a fully integrated non-profit health system focused on providing compassionate care beyond measure and has been serving patients of north central Arkansas and south central Missouri since 1963. The world-class healthcare team consists of an exceptional medical staff of over 270 primary care and specialty care providers, an ANCC Magnet® Recognized nursing program and an elite roster of healthcare support staff that exemplify compassion and excellence. The state-of-the-art healthcare system encompasses a 268-bed short-term acute care hospital, outpatient surgery center, ambulatory surgery center, and over 40 primary care clinics and specialty care clinics. This allows Baxter Health to offer some of the latest advancements in medicine across a comprehensive array of specialties that include: family medicine, emergency medicine, cardiology, heart and vascular surgery, neurosurgery, general surgery, orthopaedics, women's health, and more.

OUR COMMITMENT

A PLAN BUILT FOR OUR COMMUNITY

Since the implementation of the Affordable Care Act, tax-exempt hospitals have been required under Section 501(r) of the Internal Revenue Code to conduct a Community Health Needs Assessment (CHNA) every three years and adopt a written implementation strategy to address the priority needs identified.

This document is Baxter Health's Strategic Implementation Plan in response to the 2025 Community Health Needs Assessment. It outlines the actions Baxter Health intends to take, the anticipated impact of those actions, the resources we plan to commit, and the partners we will collaborate with to address each priority need.

Our service area is largely rural, older than the national average, and faces meaningful gaps in access to primary care, specialty care, and behavioral health. Closing those gaps requires more than a health system, it requires a community that works together as one.

This plan reflects the collective work of our Community Health Needs Steering Committee, Senior Leadership Team, Clinical and Operational Leadership, Community Partners, and the Patients and Neighbors we serve. We are grateful for their input and committed to the work ahead.

We are Baxter Health. Compassionate Care Beyond Measure.

SERVING NORTH CENTRAL ARKANSAS

The Community Health Needs Assessments was built on data from Baxter Health’s Primary Service Area (Baxter, Fulton, and Marion Counties).

71,465

Combined population across Baxter, Marion, and Fulton counties.
* U.S. Census Bureau

56%

Of the community’s population is over the age over 45, well above the average of 42% both in Arkansas and nationally. This age group tends to use more healthcare services.

2,693:1

Population to primary care provider ratio average compared to the Arkansas average of 1,440:1 and Nationally of 1,310:1.

\$44,774

Is the average household income compared to the Arkansas average of \$58,773 and Nationally of \$78,538 suggesting that many members of the community could have difficulty obtaining healthcare, especially preventative care.

HOW WE IDENTIFIED OUR PRIORITIES

The Baxter Health CHNA Steering Committee convened community residents, key informants, and community-based organizations to gather input. The committee reviewed leading causes of death, county-level health rankings, primary and secondary data, and survey and interview findings.

OUR THREE PRIORITY NEEDS FOR THE NEXT 3 YEARS

Health needs were then prioritized and evaluated to determine which were the most significant to the community. Three priority health needs emerged. Each is addressed in detail in the pages that follow, with specific actions and anticipated impact.

01

HEALTH AND WELLNESS EDUCATION

Equipping our workforce, our schools, and our community with knowledge and resources to live healthier lives.

02

ACCESS TO AFFORDABLE HEALTHCARE

Strengthening primary, preventive, and specialty care across a rural footprint where provider shortages are real and growing.

03

MENTAL HEALTHCARE

Including substance abuse treatment and prevention. Expanding behavioral health capacity, screening, education, and partnerships.

01

P R I O R I T Y O N E

HEALTH AND WELLNESS EDUCATION

WHY THIS IS A PRIORITY

Twenty-two percent of Baxter County adults report fair or poor health, compared with 17 percent nationally. Residents report 5.3 physically unhealthy days per month versus 3.9 nationally. With nearly three in ten residents over age 65 and one in five children living in poverty, education on chronic disease management, nutrition, and screening can bring meaningfully change for our neighbors.

ACTION 1.1

Utilize the new Mountain Home Community Center to expand staff health and wellness education opportunities.

Anticipated Impact: A healthier workforce that models and sustains a culture of wellness inside and outside the hospital or clinic.

ACTION 1.3

Include more access to preventative Health and Wellness at the annual Community Health Fair and Expo.

Anticipated Impact: Broader distribution of preventative educational information, screenings, and community resources to those attending.

ACTION 1.5

Continue operation of the Baxter Health Food Pantry.

Anticipated Impact: By helping meet basic nutrition needs, the pantry supports better overall health, strengthens chronic disease management, reduces barriers to recovery, and connects individuals and families with a practical resource during times of need.

ACTION 1.2

Collaborate with area schools to provide students with health and wellness education.

Anticipated Impact: Improved health literacy among students and reduced complications related to preventable conditions.

ACTION 1.4

Screen inpatients for social drivers of health, including age-friendly hospital care criteria.

Anticipated Impact: Earlier identification of food insecurity, transportation barriers, caregiver stress, and social vulnerability, with timely connection to community resources.

ACTION 1.6

Host quarterly heart health education and screening events for the public and complete a community cardiovascular health assessment.

Anticipated Impact: Earlier identification of residents at risk for heart disease, increased awareness of heart attack warning signs and prevention, and stronger connection to primary care, cardiology, or community resources for residents who need follow up.

02

P R I O R I T Y T W O

ACCESS TO AFFORDABLE HEALTHCARE

WHY THIS IS A PRIORITY

Primary care access is uneven across our footprint. Baxter County's primary care ratio is 1,290:1, but Fulton County climbs to 4,310:1, well above the national benchmark of 1,310:1. Eleven percent of residents under 65 are uninsured, and preventable hospital stays for ambulatory-care sensitive conditions exceed the national benchmark in Baxter and Fulton Counties. Closing this gap requires recruitment, retention, and creative care delivery.

ACTION 2.1

Maintain in-house physician recruitment and grow the provider base across our service area.

Anticipated Impact: A larger, more sustainable provider pool, reducing the deficit in primary and specialty care.

ACTION 2.3

Expand the use of advanced practice providers (APPs) across primary and specialty clinics.

Anticipated Impact: Improved patient access by extending physician capacity and shortening time to appointment.

ACTION 2.5

Screen uninsured inpatients and emergency room patients for coverage assistance opportunities.

Anticipated Impact: Easier access to ongoing healthcare and reduced reliance on emergency care for primary care needs.

ACTION 2.2

Baxter Health will continue to offer medical scholarships.

Anticipated Impact: A pipeline of locally connected clinicians more likely to return to Baxter Health for employment.

ACTION 2.4

Improve access through population health activities, including care management, remote patient monitoring, and wellness visits.

Anticipated Impact: Stronger continuity of care, fewer avoidable hospitalizations, and better chronic disease outcomes.

03

P R I O R I T Y T H R E E

MENTAL HEALTHCARE

Including Substance Abuse Treatment & Prevention

WHY THIS IS A PRIORITY

Baxter County residents report 6.2 mentally unhealthy days per month versus 5.1 nationally. Mental health provider ratios vary sharply across the service area, from 330:1 in Baxter County to 8,800:1 in Fulton County. Suicide death rate for Baxter Health Primary Service Area is 31.2 per 100,000 populations which is significantly higher than Arkansas (19.2) and nationally (14.5).

ACTION 3.1

Collaborate with area school districts to provide classroom education on mental health.

Anticipated Impact: Earlier identification of mental health concerns in young people and improved help-seeking behavior, with the potential to reduce teen suicide.

ACTION 3.3

Screen patients for suicide risk per evidence-based protocols.

Anticipated Impact: Earlier identification of patients at risk and timely connection to appropriate prevention resources.

ACTION 3.5

Expand Mental Health partnerships for prevention and education.

Anticipated Impact: Help support the community's behavioral health experts and partner to help them provide education and prevention for patients.

ACTION 3.2

Support continued growth in the mental healthcare service line.

Anticipated Impact: Expanded access to inpatient and outpatient mental health treatment for the communities we serve.

ACTION 3.4

Continue support for First Step Alcohol and Pain Medication Detox.

Anticipated Impact: A safe, local environment for recovery from alcohol and pain medication dependency.

FORMAL ADOPTION

Adoption by an Authorized Governing Body

This Strategic Implementation Plan was reviewed and adopted by the Baxter Health Board of Directors as the authorized governing body of the organization, in compliance with Section 501(r) of the Internal Revenue Code and the requirements that an implementation strategy be adopted no later than the 15th day of the fifth month following the close of the taxable year in which the Community Health Needs Assessment was conducted.

Date of final board approval: May 27, 2026

PUBLIC COMMENT

Sharing Your Voice

The 2025 Community Health Needs Assessment and this Strategic Implementation Plan are available to the public on the Baxter Health website at www.baxterhealth.org/about-us/community-health-needs-assessment. We welcome public comments on either document. Comments may be directed to:

Baxter Health Administration

624 Hospital Drive
Mountain Home, Arkansas 72653
870.508.1000
www.baxterhealth.org/contact-us

REFERENCES

Sources Cited

1. Baxter Health 2025 Community Health Needs Assessment. <https://www.baxterhealth.org/images/CHNA-2025.pdf>
2. CARES Engagement Network. www.engagementnetwork.org/assessment/
3. County Health Rankings & Roadmaps. www.countyhealthrankings.org
4. HealthyPeople 2030. www.healthypeople.gov/
5. CMS Hospital Service Area File. www.cms.gov
6. Internal Revenue Service. Section 501(r) of the Internal Revenue Code and Treasury Regulation Section 1.501(r) governing community health needs assessments and implementation strategies.
7. Cost Report Data. Online Medicare Cost Report Worksheets and Data Sets. www.costreportdata.com/

Acknowledgments

Baxter Health acknowledges the contributions of the CHNA Steering Committee, community residents, key informants, community-based organizations, and the Senior Leadership Team in the development of the 2025 Community Health Needs Assessment and this Strategic Implementation Plan.