BAXTER HEALTH

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COMMUNITY HEALTH NEEDS
ASSESSMENT

ASSESSMENT YEAR 2025
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BAXTER HEALTH

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INTRODUCTION

This is a joint community health needs assessment for Baxter Health (Medical Center) and Baxter Health Fulton County Hospital (Hospital), collectively known as Baxter Health System (Baxter Health). The Medical Center is located in Mountain Home, Arkansas, and the Hospital is located in Salem, Arkansas.

The Medical Center and the Hospital are Arkansas nonprofit hospitals as described in Section 501(c)(3) of the Internal Revenue Code (IRC). As a fully integrated healthcare organization, Baxter Health has been serving residents of north central Arkansas and south central Missouri for more than 60 years. With more than 310 primary care and specialist physicians and mid-level providers on the medical staff and approximately 2,186 employees, Baxter Health is the region's leader in quality healthcare. The organization is guided by a values-based culture of excellence whose purpose is to preserve Baxter Health as a strategically comprehensive, independent, community-focused health system in order to optimize access to quality healthcare for patients in the communities it serves. A 10-member board of directors governs Baxter Health and ensures that medical services are available to the residents of Mountain Home and surrounding areas.

About Community Health Needs Assessments

As a result of the *Patient Protection and Affordable Care Act*, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. Compliance with Section 501(r)(3) of the IRC requires that a tax-exempt hospital facility:

- Conduct a community health needs assessment every three years.
- Adopt an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, evaluate the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by the hospital facility, including those with special knowledge of or expertise in public health and those representing low-income, medically underserved, or minority populations in the community. The hospital facility must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document Baxter Health's compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that Baxter Health may adopt an implementation strategy to address specific needs of the community.

The process involved:

- A comprehensive evaluation of the implementation strategy that was developed as a result of the community health needs assessment conducted in 2022.
- Collection and analysis of a large range of data, including demographic, socioeconomic, and health statistics; healthcare resources; and patient use rates.
- Interviews with individuals who represent a) broad interests of the community, b) populations of need, and c) persons with specialized knowledge in public health.

This document is a summary of all the available evidence collected during the community health needs assessment required by the IRS during tax year 2025. It will serve as a compliance document, an assessment of the impact of the previous implementation strategy, and a resource until the next assessment cycle.

Acknowledgments

The community health needs assessment research team would like to thank all those who contributed to the community health needs assessment described herein. We are grateful for the many key informants who gave their time and expertise to inform both the direction and outcomes of the study. We greatly appreciate the contribution of their stories.

Summary of Community Health Needs Assessment Process

The purpose of the community health needs assessment is to understand the unique health needs of the community served by Baxter Health and to document compliance with new federal laws outlined above.

Baxter Health engaged Forvis Mazars, LLP (Forvis Mazars) to assist in conducting a formal community health needs assessment. Forvis Mazars is ranked among the largest public accounting firms in the United States, with approximately 7,000 dedicated team members who serve clients in all 50 states and internationally through the global network. The community health needs assessment was conducted July 2025 through November 2025.

The following steps were conducted as part of Baxter Health's community health needs assessment:

- An evaluation of the impact of actions taken to address the significant health needs identified in the 2022 community health needs assessment was completed to understand the effectiveness of Baxter Health's current strategies and programs. This evaluation is included in the Evaluation of Progress on the 2022 Community Health Needs Assessment section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in Appendices). The health status of the community was then reviewed. Information on various metrics of population health and well-being and community conditions reported for the community by CountyHealthrankings.org was analyzed. Health factors with significant opportunity for improvement were noted.
- An inventory of healthcare facilities and resources was prepared.
- Community input was provided through 14 key interviews and any comments received providing feedback on the previous assessment and implementation strategy. Results and findings are described in the Key Interviewees portion of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons, minority groups, and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence Baxter Health has to impact the need and the health needs impact on overall health for the community. Any information gaps identified during the prioritization process would have been reported.

EVALUATION OF PROGRESS ON THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Baxter Health developed a comprehensive implementation strategy in response to the priorities identified in the 2022 Community Health Needs Assessment. The following section outlines each priority area and summarizes the actions taken from 2022 through 2025.

Health and Wellness Education

- Baxter Health implemented multiple initiatives to expand community and employee access to health and wellness education.
- Baxter Health launched Active Fit, an internal wellness platform that offers numerous health and wellness resources for employees and their families. The organization also introduced outpatient nutritional consultations to support disease prevention and help patients manage nutrition-related conditions.
- Baxter Health strengthened partnerships with area schools by providing classroom education, mentoring, and hands-on learning opportunities. This included the annual Teddy Bear Clinic, which teaches children of all ages about basic health and wellness concepts. Baxter Health delivered Talk Saves Lives suicide prevention education to approximately thirteen thousand students. The area-wide White Coat Program was expanded to Cotter and Flippin School Districts, and Baxter Health placed an APRN in two Missouri schools to support school-based health services.
- Baxter Health hosted an annual community health fair and expanded the event to the Harrison community in 2024.
- The Baxter Health Community Support Houses provided health education, support, and resources.
- Employee wellness screenings continued each year. Baxter Health hosted three farmers market events annually for employees and families, offering access to affordable fresh produce. Baxter Health also established Pam's Pantry, which offers employees a wide variety of frozen meats, dairy, and dry goods at cost.
- Baxter Health screened inpatients for social drivers of health and provided resources to address identified needs, including food insecurity, housing instability, and transportation barriers. The organization offered a blessing box, an in-house food pantry, community resource listings on its website, donation bins on each unit, and a sock drive. Baxter Health also participated in community resource meetings and donated supplies to the Christian Clinic, which supports underserved patients.

Substance Abuse

- Baxter Health continued to serve as a strong community partner in addressing substance abuse prevention, treatment, and recovery.
- Baxter Health remained an active supporter of the Community Drug Task Force and continued its focus on substance abuse prevention strategies.
- Baxter Health collaborated with regional school districts to provide substance abuse prevention education to students. The organization also participates in the SEAD Coalition, which meets monthly to address drug and alcohol awareness among children.

- Baxter Health supported community drug take back initiatives each year. The Interventional Pain Clinic became an official medication take back location.
- Baxter Health continued to support First Step Alcohol and Pain Medication Detox, which provides a safe recovery environment for individuals with alcohol or pain medication dependence. A Medication Assistance Program was added to support this recovery pipeline.
- Baxter Health expanded the Interventional Pain Management suboxone program into West Plains, Missouri, and Harrison, Arkansas, allowing for additional patient inductions. Ten percent of appointment capacity was reserved for suboxone patients, and the clinic added an alternative treatment option through sublocade injections.

Mental Healthcare

- Baxter Health expanded mental health support and education throughout the region through clinical services, school-based outreach, and community partnerships.
- Baxter Health worked closely with area schools to provide mental health education. Programs offered over the past three years included Talk Saves Lives presentations, an art contest, Harvest to Hope, and the Run for Tomorrow event.
- Baxter Health pursued grant funding to strengthen community mental health resources. Through ACHN grant support, Baxter Health offered an outpatient telehealth service line.
- Baxter Health broadened its mental healthcare outreach through social media, billboard campaigns, community events, ABHIN engagement, and the Baxter Health ethics event.
- Baxter Health screened all emergency department patients eight years of age and older for suicide risk. Based on screening results, an automatic referral to Behavioral Health was initiated for further assessment.

Access to Healthcare

- Baxter Health continued to improve access to healthcare services across its service region through recruitment, care coordination, and new patient support initiatives.
- Baxter Health maintained an in-house physician recruiter and continued to support the growth of primary and specialty care providers across the region.
- Baxter Health continued to award medical scholarships to encourage students to return to the community to practice.
- Baxter Health supported the use of mid-level providers in its clinics to address shortages in primary and specialty care.
- Baxter Health expanded access to care through multiple population health programs including care management, remote patient monitoring, wellness visits, the ACO program, and the Wound Healing Supplement program.
- Baxter Health initiated efforts to pursue redesignation for the ANCC Magnet Recognition Program, which further enhances the quality and consistency of patient care.
- Baxter Health installed a Safe Haven Baby Box on its campus. This device allows mothers in crisis to safely, securely, and anonymously surrender a newborn under the state Safe Haven Law.

- Baxter Health created a Health Equity Steering Committee to reduce disparities in coverage, access, and quality for 2024 and 2025. In 2025, this group transitioned into the Community Health Needs Steering Committee.
- Baxter Health screened uninsured inpatients and emergency department patients for opportunities to obtain coverage. The organization maintains a follow up list and conducts outreach by phone and letter to assist patients in qualifying for Medicaid when possible. Patients not eligible for Medicaid are referred to a financial counselor to explore Baxter Health's financial assistance program or other payment options.

COMMUNITY SERVED BY BAXTER HEALTH

The Medical Center is located in Mountain Home, Arkansas, in Baxter County. Mountain Home is approximately two and a half hours east of Fayetteville, Arkansas, and two hours south of Springfield, Missouri, the closest metropolitan areas. The town is not served by any divided highways.

The Hospital is located in Salem, Arkansas, in Fulton County. Salem is approximately two and a half hours north of Little Rock, Arkansas, and two and a half hours south of Springfield, Missouri, the closest metropolitan area. The town is not served by any divided highways.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of healthcare providers, Baxter Health is the single largest provider of acute care services. For this reason, the utilization of hospital services provides the clearest definition of the community. In preparing the 2025 community health needs assessment, management determined that Baxter Health's community was best defined as Baxter, Fulton, and Marion counties, all located in northern Arkansas.

COMMUNITY CHARACTERISTICS

Rural Status of the Community

The community served by Baxter Health is located in the largest frontier area of Arkansas. Frontier areas are sparsely populated rural regions that are geographically isolated from population centers and services. Every county Baxter Health serves is federally designated as a Health Professional Shortage Area (HPSA). Baxter Health is the sole source of emergency care, specialty services, and advanced procedures such as interventional cardiology, vascular surgery, and cardiothoracic surgery. Baxter Health also provides extensive outreach through mobile clinics, telehealth, and home health programs to ensure access for even the most remote patients.


NORTH CENTRAL ARKANSAS: ARKANSAS' LARGEST FRONTIER AREA
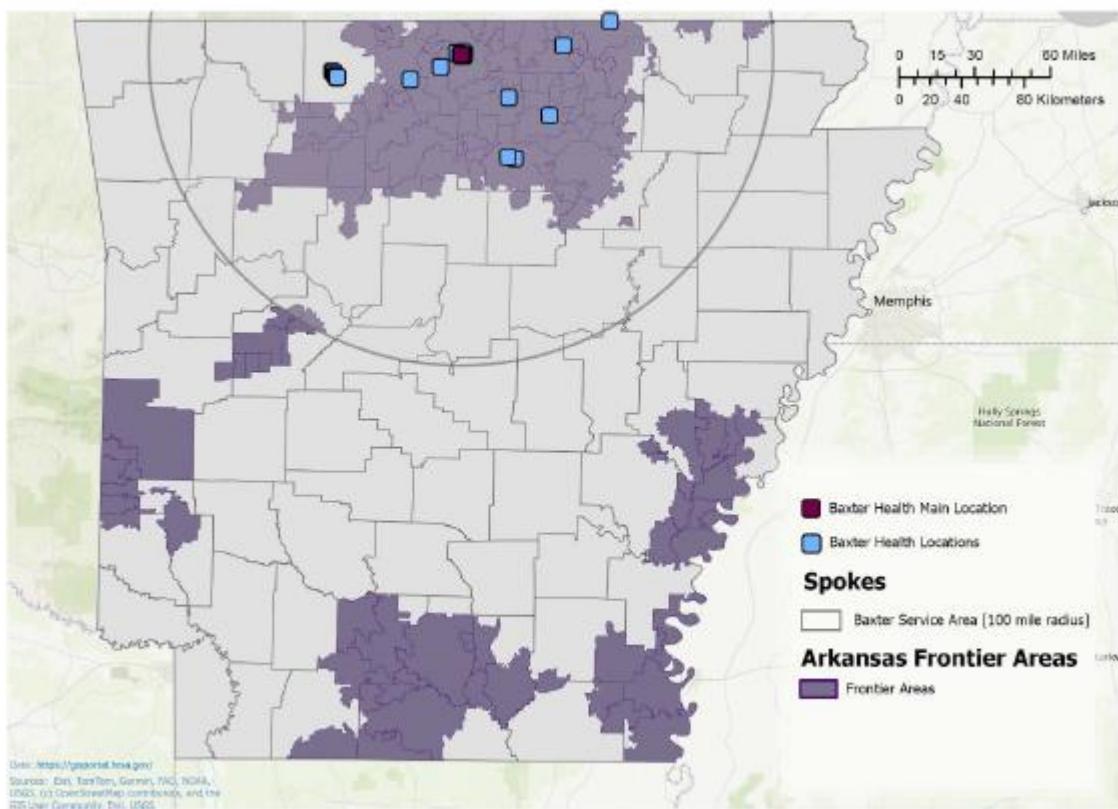
Community Population and Demographics

The community served by Baxter Health is a rural area in North Central Arkansas. According to the most recent U.S. Census Bureau estimates, about 71,465 people live in the three counties included in the community.

Community Population by Age Group

Ages 65+
21,241

18.4%

Under Age 17
13,148

29.7%

25.2%

Ages 45-64
19,085

26.7%

Ages 18-44
17,991
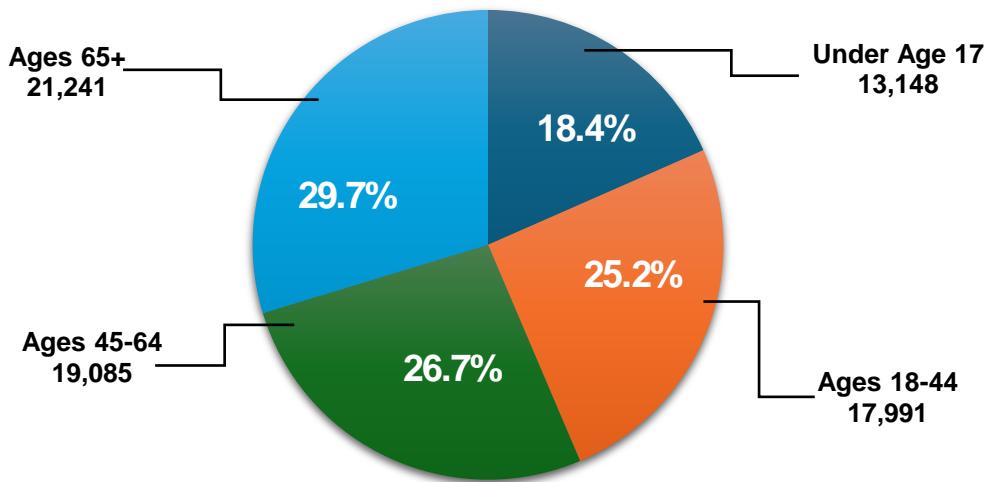
Source: CARES Engagement Network

A major distinguishing feature of Baxter Health's community is the age breakdown of this population. The chart above shows the breakdown of the community's population by age group. According to the U.S. Census Bureau, about 56% of the community's population is over age 45, as compared to 42% in Arkansas and in the United States as a whole. This age group tends to use more health services than any other; consequently, Baxter Health could experience an increase in patient volume in the future.

Socioeconomic Characteristics of the Community

The socioeconomic characteristics of a geographic area influence the way residents access healthcare services and perceive the need for healthcare services within society. Factors such as educational attainment, poverty levels, unemployment rates, and insurance coverage levels contribute significantly to the health status of a community.

Socioeconomically, the community served by Baxter Health is similar to many other parts of rural Arkansas. About 17% of the population age 25 and older has obtained a bachelor's degree or higher, compared to about 25% of Arkansas and 35% of the U.S., while about 12% of the population age 25 and older does not have a high school diploma, which is comparable to Arkansas and slightly higher than the country as a whole. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community.

Population Age 25+ with Bachelor's Degree or Higher, Percent

0%   100%

● Report Location (17.45%)
● Arkansas (25.11%)
● United States (35.00%)

Population Age 25+ with No High School Diploma, Percent

0%   50%

● Report Location (11.62%)
● Arkansas (11.44%)
● United States (10.61%)
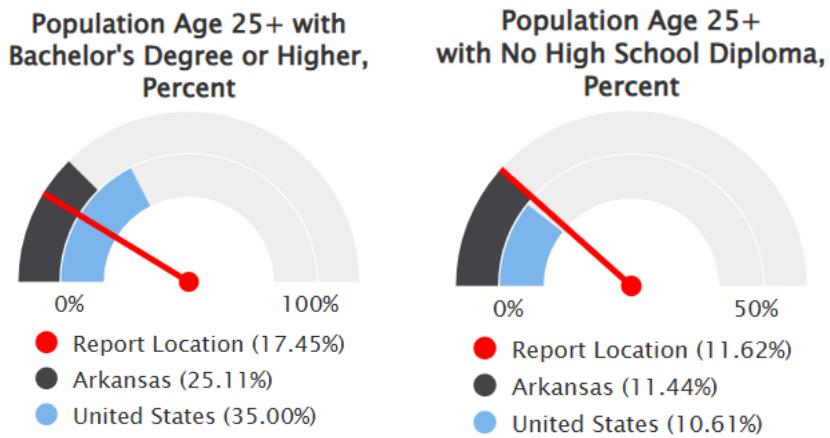
The income levels of individuals within the community also have a significant effect on their ability to access health services. The average median household income in Baxter Health's community is $44,774, compared to $58,773 for the state of Arkansas and $78,538 for the United States. Lower-than-average median household income suggests that many members of the community may have difficulty obtaining healthcare, especially preventive care.

The chart below shows the percentage of the community's population living below the federal poverty line according to the most recent U.S. Census Bureau American Community Survey, with the percentage of children under age 18 shown separately. The federal poverty line for 2025 is $15,650. The specific health needs of low-income members of the community should be considered carefully throughout the preparation of this assessment.

Population in Poverty

Source: CARES Engagement Network
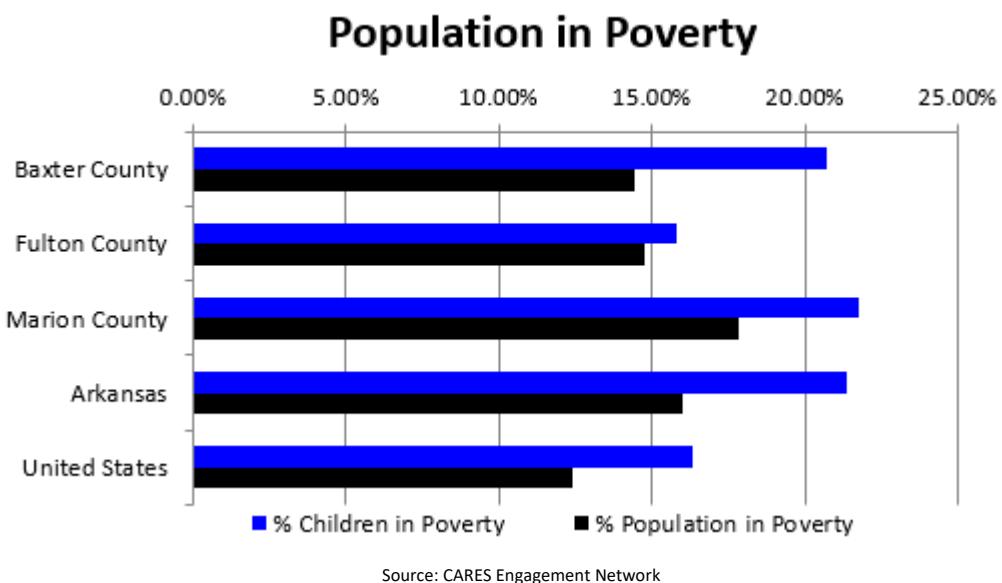
One socioeconomic measure that has been improving steadily over the past several years is the unemployment rate. The graph below reflects a spike in 2020 due to the impacts of the COVID-19 pandemic. Since then, the unemployment rate of the community has been decreasing and returned to pre-pandemic levels, along with those of the state of Arkansas and the United States. As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened and access to healthcare improved.

Unemployment Rates, 2019 – 2023

Source: CARES Engagement Network
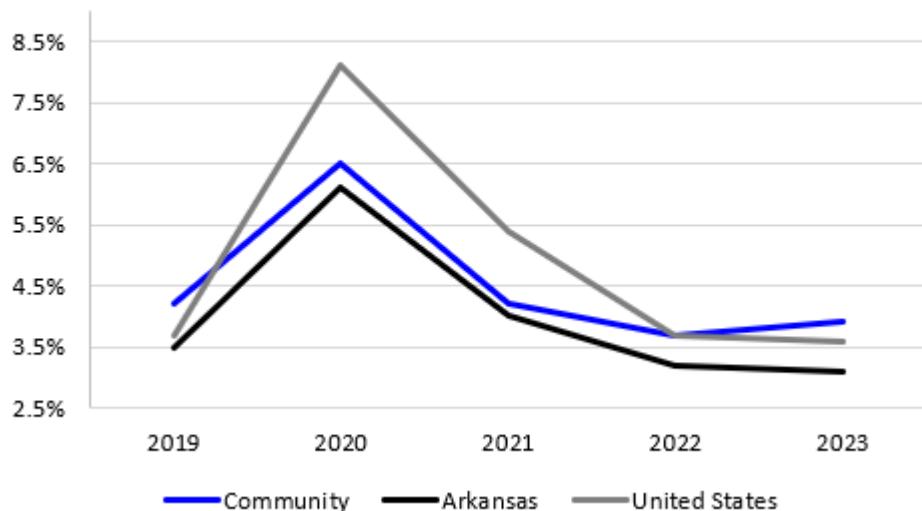
HEALTH STATUS OF THE COMMUNITY

This section of the assessment reviews the health status of Baxter, Fulton, and Marion county residents. As in the previous section, comparisons are provided with the state of Arkansas and the United States as a whole. This assessment of the various metrics of population health and well-being and community conditions will enable Baxter Health to identify priority health issues related to the health status of its community's residents.

Good health can be defined as a state of physical, mental, and social well-being, rather than the absence of disease or infirmity. According to Healthy People 2030, the national health objectives released by the U.S. Department of Health and Human Services, individual health is closely linked to community health. Community health, which includes both the physical and social environment in which individuals live, work, and play, is profoundly affected by the collective behaviors, attitudes, and beliefs of everyone who lives in the community. Healthy people are among a community's most essential resources.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate healthcare and medical services.

Studies by the American Society of Internal Medicine conclude that up to 70% of an individual's health status is directly attributable to personal lifestyle decisions and attitudes. Persons who do not smoke, who drink in moderation (if at all), use automobile seat belts (car seats for infants and small children), maintain a nutritious low-fat, high-fiber diet, reduce excess stress in daily living, and exercise regularly have a significantly greater potential of avoiding debilitating diseases, infirmities, and premature death.

The interrelationship among lifestyle and behavior, personal health attitudes, and poor health status is gaining recognition and acceptance by both the general public and healthcare providers. Some examples of lifestyle and behavior and related healthcare problems include the following:

Lifestyle	Primary Disease Factor
Smoking	Lung cancer
	Cardiovascular disease
	Emphysema
	Chronic bronchitis
Alcohol/drug abuse	Cirrhosis of liver
	Motor vehicle crashes
	Unintentional injuries
	Malnutrition
	Suicide
	Homicide

Lifestyle	Primary Disease Factor
	Mental illness
Poor nutrition	Obesity
	Digestive disease
	Depression
Overstressed	Mental illness
	Alcohol/drug abuse
	Cardiovascular disease

Population Health and Well-Being and Community Conditions

An analysis of various measures of population health and well-being and community conditions for a particular community can, if improved, help make that community a healthier place to live, learn, work, and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

Counties in each of the 50 states are assigned a health group rank ranging from 1 to 10 according to summaries of a variety of health measures. Those having high health group ranks, e.g., 1 or 2, are considered to be the "healthiest in the United States" and those with a health group rank of 10 are considered to be the "least healthy in the United States." Health group ranks are assigned based on the following summary measures:

- Population Health and Well-Being — health group rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Community Conditions — health group rankings are based on weighted scores of three types of factors:
    - Health infrastructure (nine measures)
    - Physical environment (seven measures)
    - Social and economic factors (eight measures)

A more detailed discussion about the ranking system, data sources and measures, data quality, and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the health needs assessment for the community, the community counties will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture, and environment.

The following table, from County Health Rankings, summarizes the 2025 population health and well-being and community conditions metrics. Each measure is described, and measures where the community underperforms the state average are highlighted in red.

	Baxter County Metric	Rank	Fulton County Metric	Rank	Marion County Metric	Rank	Arkansas	National Benchmark
Population Health and Well-Being		5		7		6		
Length of Life								
Premature death – Years of potential life lost before age 75 per 100,000 population (age adjusted)	10,800		13,000		11,700		11,200	8,100
Quality of Life								
Poor physical health days – Average number of physically unhealthy days reported in past 30 days (age adjusted)	5.3		5.8		5.4		5.2	3.9
Low birthweight – Percent of live births with low birthweight (<2,500 grams)	7%		8%		8%		9%	8%
Poor mental health days – Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	6.2		6.8		6.4		6.4	5.1
Poor or fair health – Percent of adults reporting fair or poor health (age adjusted)	22%		28%		23%		23%	17%
Community Conditions		5		7		7		
Health Infrastructure								
Flu vaccinations – Percent of fee-for-service Medicare enrollees that had an annual flu vaccination	45%		38%		34%		46%	48%
Access to exercise opportunities – Percentage of population with adequate access to locations for physical activity	59%		26%		31%		63%	84%
Food environment index – Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)	6.6		6.7		6.6		4.4	7.4
Primary care physicians – Ratio of population to primary care physicians	1,290:1		2,480:1		4,310:1		1,440:1	1,310:1
Mental health providers – Ratio of population to mental health providers	330:1		1,140:1		8,800:1		360:1	290:1
Dentists – Ratio of population to dentists	1,790:1		6,210:1		5,840:1		2,020:1	1,340:1
Preventable hospital stays – Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	3,174		3,298		2,167		3,014	2,666
Mammography screening – Percent of female Medicare enrollees age 65–74 that received an annual mammography screening	48%		34%		45%		41%	44%
Uninsured – Percent of population under age 65 without health insurance	11%		9%		10%		10%	10%
Physical Environment								
Severe housing problems – Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities	11%		15%		13%		13%	17%
Driving alone to work – Percentage of the workforce that drives alone to work	77%		79%		74%		80%	70%
Long commute - driving alone – Among workers who commute in their car alone, the percentage that commute more than 30 minutes	14%		43%		39%		28%	37%
Air pollution: particulate matter – Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	7.6				7.5		8.3	7.3
Drinking water violations – Indicator of the presence of health-related drinking water violations. 'Yes" indicates the presence of a violation, 'No' indicates no violation	Yes		Yes		Yes			
Broadband access – Percentage of households with broadband internet connection	85%		69%		86%		85%	90%
Library access – Library visits per person living within the library service area per year	3		1		<1		2	2
Social and Economic Factors								
Some college – Percentage of adults ages 25–44 with some post-secondary education	60%		50%		56%		59%	68%
High school completion – Percentage of adults ages 25 and over with a high school diploma or equivalent	89%		88%		86%		89%	89%
Unemployment – Percentage of population ages 16 and older unemployed but seeking work	3.6%		3.8%		4.1%		3.3%	3.6%
Income inequality – Ratio of household income at the 80th percentile to income at the 20th percentile	3.9		3.9		3.8		4.8	4.9
Children in poverty – Percent of people under age 18 in poverty	21%		25%		26%		20%	16%
Injury deaths – Number of deaths due to injury per 100,000 population	106		112		102		95	87
Social associations – Number of membership associations per 10,000 population	11.1		7.3		8.7		11.7	9.1
Child care cost burden – Child care costs for a household with two children as a percent of median household income	37%		27%		33%		30%	28%
Note: Blank values reflect unreliable or missing data.								

The following tables show additional health outcomes related to drug abuse and suicide. Rate of death due to poisoning (including drug overdose) for Baxter Health's community of 15.6 per 100,000 population is lower than Arkansas and United States, with rates of 19.7 and 30.6, respectively. Suicide death rate for Baxter Health's community of 31.2 per 100,000 population is significantly higher than Arkansas and United States, with rates of 19.2 and 14.5, respectively.

Poisoning Mortality, Crude Death Rate (Per 100,000 Pop.)

0   150

● Report Location (15.6)
● Arkansas (19.7)
● United States (30.6)

Suicide, Crude Death Rate (Per 100,000 Pop.)

0   50

● Report Location (31.2)
● Arkansas (19.2)
● United States (14.5)
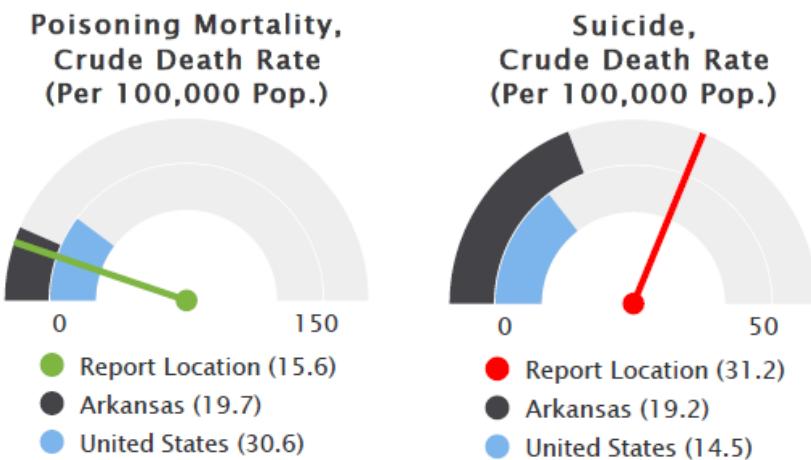
Source: CARES Engagement Network

HEALTHCARE RESOURCES

The availability of health resources is a critical component to the health of a community and a measure of the soundness of the area's healthcare delivery system. An adequate number of healthcare facilities and healthcare providers is vital for sustaining a community's health status. Fewer healthcare facilities and healthcare providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the healthcare delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of such care. This section will address the availability of healthcare resources to the residents of Baxter Health's community.

Hospitals and Health Centers

The Medical Center has 175 acute beds and is the largest hospital located in the community. The Hospital is a critical access hospital and has 25 beds. Because the community spans a large geographic area, there are several other hospitals that receive a share of the community's patients. The chart below summarizes hospital services available to the residents of Baxter, Fulton, and Marion counties:

		Facility Type	Miles From Medical Center	Miles From Hospital	Bed Size	Annual Discharges
Baxter Health	Mountain Home, AR	Short-term Acute Care	-	38	175	9,807
Izard Regional Hospital	Calico Rock, AR	Critical Access	28	33	25	135
Baxter Health Fulton County Hospital	Salem, AR	Critical Access	38	-	25	188
Ozarks Medical Center	West Plains, MO	Short-term Acute Care	49	32	111	4,496
North Arkansas Regional Medical Center	Harrison, AR	Short-term Acute Care	50	87	120	1,865
Stone County Medical Center	Mountain View, AR	Critical Access	50	56	25	323
White River Health	Batesville, AR	Short-term Acute Care	75	57	190	8,438
Mercy Hospital – Springfield	Springfield, MO	Short-term Acute Care	106	136	611	37,123
CoxHealth	Springfield, MO	Short-term Acute Care	111	141	794	33,515

Source: Costreportdata.com

The following is a brief description of the healthcare services available at each of these facilities:

Izard Regional Hospital – Established in 1952, Izard Regional Hospital is a critical access medical center located in Calico Rock, Arkansas. It offers a variety of services that include inpatient, emergency, nutritional, surgery, swing bed, rural health clinic, laboratory, radiology, and physical therapy.

Ozarks Medical Center – Located in West Plains, Missouri, Ozarks Medical Center is an acute care facility offering inpatient and outpatient services.

North Arkansas Regional Medical Center (NARMC) – Located in Harrison, Arkansas, NARMC is an acute care facility offering a full range or inpatient and outpatient services, such as cancer treatment, cardiac rehabilitation services, women's services, and community education.

Stone County Medical Center (SCMC) – Located in Mountain View, Arkansas, SCMC offers emergency medicine, cardiology, cardiopulmonary rehabilitation, imaging, physical and occupational therapy, sleep center, swing bed, wound care, family medicine, and orthopedic surgery services.

White River Health (WRH) – Located in Batesville, Arkansas, WRH has a variety of services that include cancer care, outpatient therapy, radiology services, surgical services, woman and newborn health, etc.

Mercy Hospital-Springfield (Mercy) – Formerly known as St. John's Hospital, Mercy is a large, full-service hospital that offers a wide range of services, including a cancer center, children's care, and integrative medicine.

CoxHealth – With two locations in Springfield, Missouri (CoxNorth and CoxSouth), CoxHealth is a large, full-service hospital that provides a wide variety of healthcare services, including a Level I Trauma Center.

Baxter Health Market Share

The market share of a hospital relative to that of its competitors may be based largely on the services required by patients and the availability of those services at each facility. For this study, the market share of Baxter Health was considered based on the type of services required by those patients in the community. The ability to attain a certain relative market share (percentage) of the community varies based on a number of factors, including the services provided, geographical location, and accessibility of each competing facility. The chart below presents the relative market share of each hospital that had discharges of residents from the community. This table presents an analysis of data for the most currently available year, showing the percentage of total discharges from each hospital. This information provides an idea of summary market share, as well as the outmigration of patients from the community. For 2024, the Medical Center and the Hospital maintained approximately 92% and 1%, respectively, of all discharges from the community. The remaining 7% of discharges is made up of numerous hospitals, each with less than 1% of the total community discharges.

Market Share by Medicare Discharges, 2024

Legend: ■ Baxter Health   ■ Baxter Health Fulton County Hospital   ☐ All Other Hospitals (<1% each)
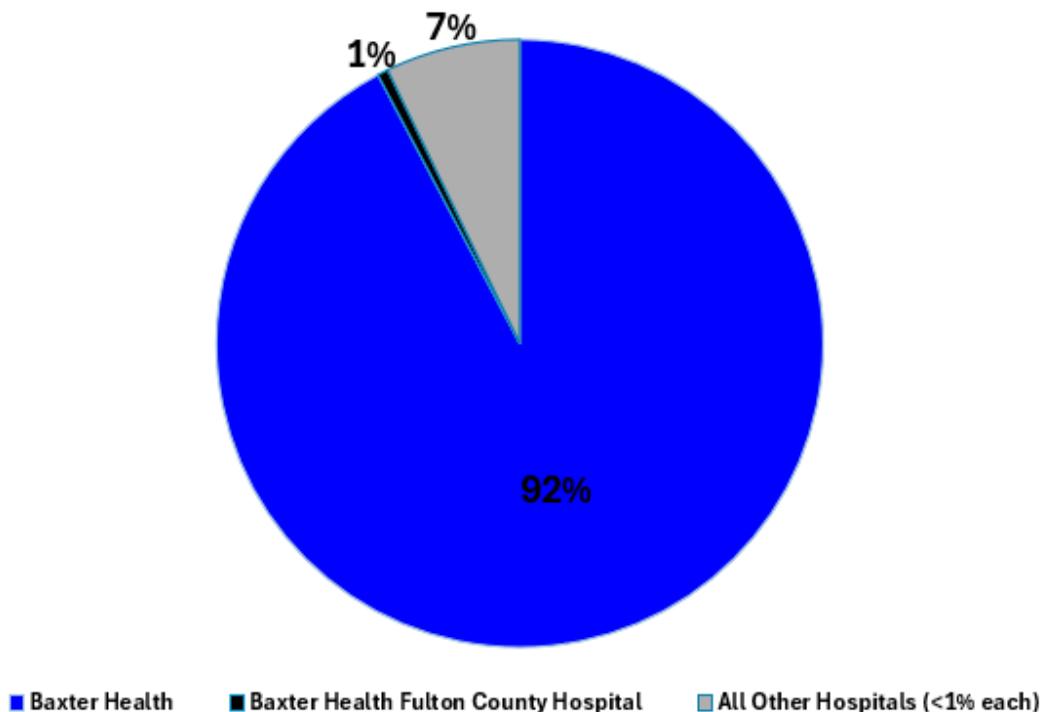
Because Arkansas law prohibits the Arkansas Department of Health from providing hospital-specific discharge information, the data in the chart above was estimated based on Medicare discharges by ZIP code and hospital, which is available from the Centers for Medicare & Medicaid Services.

Other Healthcare Facilities and Providers

In addition to the hospitals and health centers mentioned above, Baxter, Fulton, and Marion counties have other resources for residents seeking healthcare, including the following:

Mountain Home Christian Clinic – Located in Mountain Home, Arkansas, this faith-based clinic provides free medical care for adults who are below the federal poverty level and have no insurance.

Kindness, Inc. – Located in Mountain Home, Arkansas, Kindness, Inc. is a nonprofit organization that provides nonmedical services such as transportation to medical and other appointments, grocery shopping assistance, respite for primary care givers, minor home repairs, installation of safety bars and wheelchair ramps, reassurance calls, and friendly visitation to seniors and other individuals in the community. Kindness, Inc. closed effective August 31, 2025.

Home Health Agencies – The community is home to several home health agencies that provide services such as medicine supervision, companionship, housekeeping, personal care, and in-home nursing to seniors and other homebound residents of the community.

Area Agencies on Aging – With locations in Baxter, Fulton, and Marion counties, Area Agencies on Aging provide various services to senior citizens in the community, including adult day care, emergency response systems, housing, Meals on Wheels, caregiver support programs, medical supply delivery, and in-home care.

Hometown Health Initiative – A branch of the Arkansas Department of Health, the Hometown Health Initiative works with local communities and organizations to identify health issues and implement solutions that improve the health of local citizens.

County Health Departments – The Health Departments of Baxter, Fulton, and Marion counties exist to prevent, promote, and protect the public's health. The departments provide WIC (Women, Infants, and Children) Support Programs for families who meet certain nutritional and financial guidelines. Other services include family planning; health education; immunizations; and screenings for blood pressure, hepatitis, sexually transmitted diseases, HIV, and tuberculosis.

Area Nursing Homes – There are several nursing homes in the area. They provide residential, medical, and rehabilitative services to the elderly and disabled in the community.

KEY INTERVIEWEES

Speaking with key interviewees (community stakeholders who represent the broad interest of the community with knowledge of or expertise in public health or those representing low-income, medically underserved, or minority populations within the community) is a technique employed to assess public perceptions of the county's health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community. Key interviewees included the county health department directors from each county in Baxter Health's community, as well as individuals who are knowledgeable about populations within the community whose health and quality of life may not be as good as others, such as representatives of organizations serving the medically indigent, children in poverty, or the elderly.

Methodology

Dialogues with 14 key interviewees were conducted in the Fall of 2025. Interviewees were determined based on their specialized knowledge or expertise in public health or their involvement with underserved and minority populations.

All interviews were conducted by Baxter Health's personnel using a standard questionnaire. A copy of the interview instrument is included in the appendix. A summary of their opinions is reported without judging the truthfulness or accuracy of their remarks. Community leaders provided comments on the following issues:

- Health and quality of life for residents of the primary community
- Barriers to improving health and quality of life for residents of the primary community
- Opinions regarding the important health issues that affect community residents and the types of services that are important for addressing these issues
- Delineation of the most important healthcare issues or services discussed and actions necessary for addressing those issues

Interview data was initially recorded in narrative form. Interviewees were assured that personal identifiers such as name or organizational affiliations would not be connected in any way to the information presented in this report.

This technique does not provide a quantitative analysis of the leaders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Interview Results

As stated earlier, the interview questions for each key informant were identical. The questions on the interview instrument are grouped into four major categories for discussion:

1. General opinions regarding health and quality of life in the community
2. Underserved populations and communities of need
3. Barriers to improving health and quality of life
4. Most important health and quality of life issues

While many issues were raised during the interviews, a few items stood out as being mentioned consistently by nearly all of the interviewees. These issues are summarized below:

- Eight of the 14 interviewees felt that quality of life in the community had improved over the last three years, while three mentioned it had stayed the same, and three felt it had declined.
- The majority of the interviewees who had mentioned that the health or quality of life within the community has improved commented that this was related to the increase in healthcare services offered within the community, increased number of healthcare providers, collaboration of providers in the community, and promotion of available healthcare and wellness services.
- The major barriers to improving health and quality of life in the community noted by the majority of the interviewees were transportation challenges, poverty, low wages, limited employment opportunities, limited and high-cost housing options, lack of affordable healthcare and insurance, lack of nutritional food choices for people in need, lack of healthcare providers including primary, specialty, mental, and dental care. Declining mental health and substance abuse were mentioned by almost all interviewees as a critical health issue in the community.

- Comments that the interviewees gave regarding what should be done to correct the major health or quality of life problems within the community included: continued effort for health and wellness education, focus on mental health including substance abuse treatment and prevention, adding transportation services for easier access to healthcare, need for more telehealth options, focus on proactive and preventative healthcare, accessible and affordable healthcare, and continued collaboration among leaders and businesses in the community to address health and quality of life issues.
- The majority of the interviewees stated that low-income individuals and the elderly population have many barriers to healthcare and their health or quality of life may not be as good as others. Interviewees noted that affordable healthcare and easier access to healthcare is crucial for improving the health and quality of life in the community.

IDENTIFICATION AND PRIORITIZATION OF HEALTH NEEDS

Based on a review of the data gathered during this assessment, including leading causes of death, rankings of health outcomes and factors, as well as surveys and interviews, numerous health needs were identified. These needs were prioritized and evaluated to determine which were significant to the community.

The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons living in poverty or members of an underserved population, and availability of community resources to address the need.

As a result, the following list of significant needs was identified:

1. Health and wellness education
2. Access to affordable healthcare, including primary care with emphasis on preventive care, and specialty care
3. Mental healthcare, including substance abuse treatment and prevention

Baxter Health will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on Baxter Health's website. Public comments on this assessment may be directed to Baxter Health Administration at 624 Hospital Drive, Mountain Home, Arkansas 72653.

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APPENDICES

KEY INFORMANT INTERVIEW

Community Health Needs Assessment for: Baxter Health

Interviewer's Initials: _____

Date: _____ Start Time:___End Time: _____

Name: _____ Title:_____

Agency/Organization: _____

# of years living in County: # of years in current position:

E-mail address: _____

<u>Introduction</u>: Good morning/afternoon. My name is _____. Thank you for taking time out of your busy day to answer these questions.

Baxter Health is gathering local data as part of developing a plan to improve health and quality of life in _____ County. Community input is essential to this process. A combination of surveys and key informant interviews are being used to engage community members. You have been selected for a key informant interview because of your knowledge, insight, and familiarity with the community. The themes that emerge from these interviews will be summarized and made available to the public; however, individual interviews will be kept strictly confidential.

To get us started, can you tell me briefly about the work that you and your organization do in the community?

Thank you. Next, I'll be asking you a series of questions about health and quality of life in _____ County. As you consider these questions, keep in mind the broad definition of health adopted by the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," while sharing the local perspectives you have from your current position and from experiences in this community.

Questions:

1. In general, how would you rate health and quality of life in County?

2. In your opinion, has health and quality of life in _____County improved, stayed the same, or declined over the past few years?

3. Why do you think it has (based on answer from previous question: improved, declined, or stayed the same)?

4. What other factors have contributed to the (based on answer to question 2: improvement, decline **or** to health and quality of life staying the same)?

5. What barriers, if any, exist to improving health and quality of life in _____ County?

6. In your opinion, what are the most critical health and quality of life issues in _____ County?

7. What needs to be done to address these issues?

8. The prior CHNA indicated the following as the most significant health needs. Is there anything that is not on the list that should be?

- Health and wellness education
- Substance abuse
- Mental healthcare
- Access to healthcare

9. What do you think is the most critical health need included on the list above or other of the community?

10. Do you think any of the above have improved over the last 3 years? Why or why not? What needs to be done to continue to improve in these areas?

11. In your opinion, are any the following areas in which the hospital should be addressing? Why or why not?

- Economic Development
- Affordable Housing
- Poverty
- Education
- Healthy Nutrition
- Physical Activity
- Drug and Alcohol Abuse

12. Are you aware of the available health screenings at Baxter Health? If not, where would you look to obtain information of the available screenings? What can Baxter Health do to increase awareness?

13. Are there people or groups of people in ____County whose health or quality of life may not be as good as others? Who are these persons or groups?

14. Are there people or groups of people who have a more difficult time obtaining necessary/preventive medical services? If so, who are these persons or groups? Why do you think they have a more difficult time? What can be done to improve the situation?

15. How would you rate the hospital's efforts on communicating how it is addressing the identified health needs? How have you received communication regarding the hospital's efforts?

16. What do you think is the hospital's role in addressing the identified health needs of the community?

<u>Close:</u> Thanks so much for sharing your concerns and perspectives on these issues. The information you have provided will contribute to develop a better understanding about factors impacting health and quality of life in _____County. Before we conclude the interview, is there anything you would like to add?

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SOURCES

SOURCES

CARES Engagement Network,
<https://engagementnetwork.org/assessment/>

County Health Rankings & Roadmaps,
<www.countyhealthrankings.org>

Cost Report Data. Online Medicare Cost Report Worksheets and Data Sets,
<http://www.costreportdata.com/index.php>

HealthyPeople 2030,
<https://odphp.health.gov/healthypeople>

CMS Hospital Service Area,
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Hospital-Service-Area-File/index.html>