



CHI St. Vincent Morrilton

Morrilton, Arkansas

2025 Community Health Needs Assessment

Report adopted by the Board of Directors in May 2025.

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI St. Vincent Morrilton. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

Community Definition

CHI St. Vincent Morrilton is a 28-bed faith-based hospital located at 4 Hospital Drive, Morrilton, AR 72110. For the purposes of this report the hospital defines its primary service area as Conway County and Perry County.

The population of the service area is 30,837. Children and youth, ages 0-17, make up 22.5% of the population, 57.8% are adults, ages 18-64, and 19.8% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identify as non-Hispanic White residents (83.7%), 8.2% of the population are non-Hispanic Black or African American residents and 4% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.3% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and those who identify with a race and ethnicity not listed represent 0.1% of the service area population.

In the service area, 96.2% of the population, 5 years and older, speak only English in the home. Among the area population, 3.3% speak Spanish, 0.3% speak an Asian or Pacific Islander language, and 0.1% speak an Indo-European language in the home.

Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 43.2% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 10.2% of adults, ages 25 and older,

lack a high school diploma, which is lower than the state rate (11.8%). 17.8% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Conway County, Perry County and Arkansas, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

St. Vincent Morrilton conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Eleven (11) interviews were completed between October 2024 and February 2025. Community stakeholders identified by the hospitals were contacted and asked to participate in the interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the area who spoke about issues and needs in the communities. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

List of Prioritized Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources.

- Access to care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Healthy eating and active living
- Mental health
- Preventive practices (screenings, vaccines, injury prevention)
- Substance use

Process and Criteria to Identify and Prioritize Significant Health Needs

Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.

- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospitals should place on addressing the issue.

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community stakeholders were also asked to indicate the level of importance of the health needs. The stakeholders prioritized the significant health needs in the following order:

1. Economic insecurity
2. Substance use
3. Mental health
4. Food insecurity
5. Chronic disease
6. Preventive care
7. Access to health care
8. Healthy eating and active living

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Vincent Morrilton Board of Directors in May 2025. This report is widely available to the public on the hospital website at <https://www.commonspirit.org/stvincent/about-stvincent#our-community> and a paper copy is available for inspection, upon request, at the CHI St. Vincent Mission Integration Office. Written comments on this report can be submitted to Michael Millard at the Mission Integration Office at 2 St. Vincent Circle Little Rock, Arkansas 72205 or by email at mwmillard@commonspirit.org.

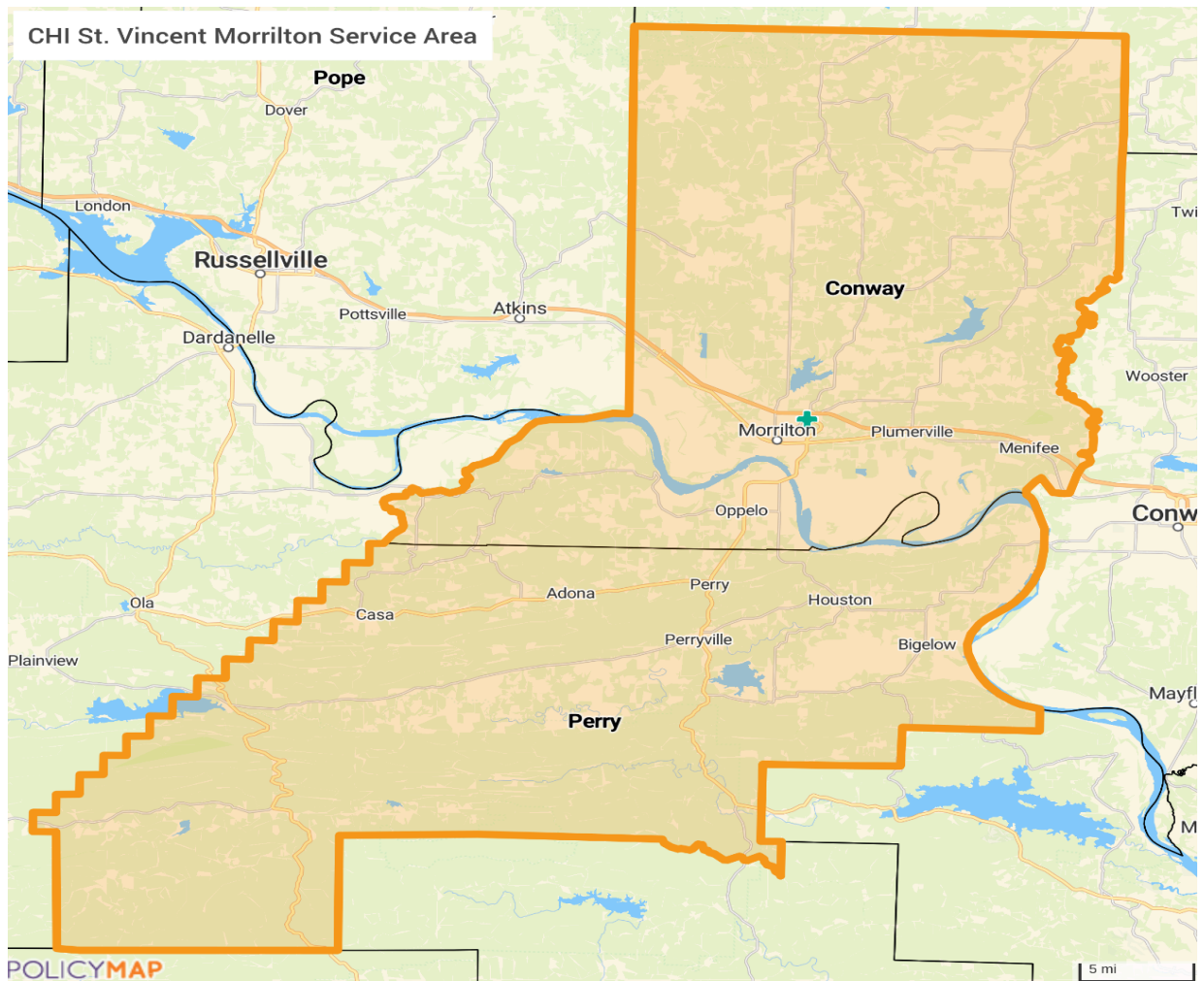
Community Definition

Service Area

CHI St. Vincent Morrilton is a 28-bed faith-based hospital located at 4 Hospital Drive, Morrilton, AR 72110. The hospital tracks counties of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report the hospital defines its primary service area as Conway County and Perry County. A listing of the county ZIP Codes can be found in Attachment 1.

The Central Public Health Region of Arkansas is comprised of seven counties, including Perry County, in addition to Faulkner, Garland, Saline, Grant, Lonoke, and Perry Counties. The Northwest Region includes 19 counties, including Conway County. Some report data reference these geographical units.

CHI St. Vincent Morrilton Service Area Map



In addition to CHI St. Vincent Morrilton, the service area contains no other short-term-stay hospitals, extended care hospitals, rehabilitation hospitals, behavioral health hospitals, or surgical centers.

Source: 2024 PolicyMap, utilizing CDC's 2020 Social Vulnerability Index, 2016-2020 ACS data. <https://www.policymap.com/>

The population of the service area is 30,837. Children and youth, ages 0-17, make up 22.5% of the population, 57.8% are adults, ages 18-64, and 19.8% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identify as non-Hispanic White residents (83.7%), 8.2% of the population are non-Hispanic Black or African American residents and 4% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.3% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and those who identify with a race and ethnicity not listed represent 0.1% of the service area population.

In the service area, 96.2% of the population, 5 years and older, speak only English in the home. Among the area population, 3.3% speak Spanish, 0.3% speak an Asian or Pacific Islander language, and 0.1% speak an Indo-European language in the home.

Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 43.2% are at 200% of FPL or below. In Conway County, 20.9% of the population lives in poverty. In Perry County, 43.8% of the population qualify as low-income. Among children, 27.5% are living in poverty, 12% of senior adults, and 39.8% of female heads-of-household (HoH), living with their own children, under the age of 18 are experiencing poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 6.3%. The median household income in the service area is \$51,438.

In the service area, 20.5% of the population experienced food insecurity in 2022. Among children in the service area, 26.3% lived in households that experienced food insecurity. Feeding America estimated that 63% of those experiencing food insecurity in Conway County and 55% in Perry County were income-eligible for nutritional programs such as SNAP.

In the service area, 93.4% of the civilian, non-institutionalized population has health insurance. Among adults, ages 19 to 64, 90.3% in the service area have coverage, Among area residents, 25.4% have Medicaid coverage.

Educational attainment is a key driver of health. In the hospital service area, 10.2% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (11.8%).

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Conway and Perry Counties are designated as Medically Underserved Areas (MUAs) for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Conway and Perry Counties are designated as Health Professional Shortage Areas (HPSAs) for low-income residents for primary care, dental health and mental health. *Source: U.S. Department of Health and Human Services, HPSA-find and MUA-find tools. Accessed October 7, 2024. <https://data.hrsa.gov/tools/shortage-area>.*

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Conway County, Perry County, and Arkansas, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 2 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

St. Vincent Morrilton conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Eleven (11) telephone interviews were conducted from October 2024 to February 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing who spoke to issues and needs in the communities served by the hospitals. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their

responses would remain confidential, and consent to proceed was given. Attachment 3 lists the stakeholder interview respondents, their titles and organizations. Governmental Public Health representatives did not respond to the interview requests.

The interviews were structured to obtain greater depth and richness of information on significant health needs. First, interview participants were asked to describe, from their professional perspective, some of the major health issues impacting the community as well as the social determinants of health contributing to poor health in the community. Interview participants were also asked to rate the impact and importance of each health need on a brief survey prior to participating in the telephone interviews. Attachment 4 provides stakeholder responses to the interview questions.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to care
- Chronic diseases
- Economic insecurity
- Food insecurity
- Healthy eating and active living
- Mental health
- Preventive practices (screenings, vaccines, injury prevention)
- Substance use

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. St. Vincent Morrilton invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at <https://www.commonspirit.org/stvincent/about-stvincent#our-community>. No written comments have been received.

Project Oversight

The CHNA process was overseen by:
Michael W. Millard, M.Div., HEC-C
Market Director of Mission Integration
Ethics Chair
CHI St. Vincent, Arkansas

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The population of the CHI St. Vincent Morrilton (Morrilton) service area is 30,837. From 2017 to 2022, the service area population decreased by 1.4%.

Total Population and Change in Population

	Total Population	Change in Population 2017-2022
Conway County	20,782	-0.8%
Perry County	10,055	-2.6%
Morrilton Service Area	30,837	-1.4%
Arkansas	3,018,669	1.4%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. <http://data.census.gov>

The service area population is 49.6% female and 50.4% male.

Population, by Gender

	Male	Female
Conway County	49.8%	50.2%
Perry County	51.5%	48.5%
Morrilton Service Area	50.4%	49.6%
Arkansas	49.4%	50.6%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov>

Children and youth, ages 0-17, make up 22.5% of the service area population, 57.8% are adults, ages 18-64, and 19.8% of the population are senior adults, ages 65 and older.

Population, by Age

	Morrilton Service Area		Arkansas	
	Number	Percent	Number	Percent
Age 0-4	1,630	5.3%	181,324	6.0%
Age 5-17	5,303	17.2%	515,944	17.1%
Age 18-24	2,269	7.4%	289,554	9.6%
Age 25-44	7,082	23.0%	767,924	25.4%
Age 45-64	8,461	27.4%	744,489	24.7%
Age 65-74	3,556	11.5%	304,000	10.1%
Age 75-84	1,859	6.0%	158,344	5.2%
85+	677	2.2%	57,090	1.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

When the service area is examined by county, both counties have a similar percentage of children and youth (22.5% in Conway County and 22.4% in Perry County). Perry

County has a higher percentage of senior adults, ages 65 and older (20.3%) than Conway County (19.5%).

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Conway County	20,782	22.5%	19.5%
Perry County	10,055	22.4%	20.3%
Morrilton Service Area	30,837	22.5%	19.8%
Arkansas	3,018,669	23.1%	17.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

Senior adults living alone may be isolated and lack adequate support systems. Of the 6,092 senior adults who live in the service area, the percentage who live alone in Conway County is 28.7%, and in Perry County it is 24.1%.

Senior Adults Living Alone

	Total Senior Adults	Percent Living Alone
Conway County	4,048	28.7%
Perry County	2,044	24.1%
Morrilton Service Area	6,092	27.1%
Arkansas	519,434	27.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02 & DP05. http://data.census.gov

Race and Ethnicity

The largest portion of the population in the service area identify as non-Hispanic White residents (83.7%). 8.2% of the population are non-Hispanic Black or African American residents and 4% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.3% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and those who identify with a race and ethnicity not listed represent 0.1% of the service area population.

The service area has a higher percentage of non-Hispanic White residents and a lower percentage of all other listed races and ethnicities than the state. In the service area, Perry County has a higher percentage of non-Hispanic White residents (90.5%) multiracial residents (3.7%) and residents who identify as a race or ethnicity other than those listed (0.1%). In the service area, Conway County has a higher percentage of non-Hispanic Black or African American residents (11%), Hispanic or Latino residents (4.4%), non-Hispanic Asian residents (0.4%), and non-Hispanic American Indian or Alaska Native residents (0.4%).

Race and Ethnicity

	Morrilton Service Area	Conway County	Perry County	Arkansas
White, non-Hispanic	83.7%	80.5%	90.5%	69.7%
Black or African American, non-Hispanic	8.2%	11.0%	2.3%	15.1%
Hispanic or Latino	4.0%	4.4%	3.3%	8.1%
Multiracial, non-Hispanic	3.4%	3.3%	3.7%	4.6%
Asian, non-Hispanic	0.3%	0.4%	0.1%	1.5%
American Indian or Alaska Native, non-Hispanic	0.3%	0.4%	0.1%	0.4%
Some other race, non-Hispanic	0.1%	**	0.1%	0.2%
Native Hawaiian or Pacific Islander, non-Hispanic	**	**	**	0.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/> **No residents identified as this race or ethnicity in the area during this time period.

Language

In the service area, 96.2% of the population, 5 years and older, speak only English in the home. Among the area population, 3.3% speak Spanish, 0.3% speak an Asian or Pacific Islander language, and 0.1% speak an Indo-European language in the home.

Language Spoken at Home for the Population, 5 Years and Older

	Morrilton Service Area	Conway County	Perry County	Arkansas
Population, 5 years and older	29,207	19,631	9,576	2,837,345
English only	96.2%	95.7%	97.2%	92.2%
Speaks Spanish	3.3%	3.8%	2.4%	5.6%
Speaks Asian or Pacific Islander language	0.3%	0.5%	0.1%	1.2%
Speaks non-Spanish Indo-European language	0.1%	**	0.3%	0.8%
Speaks other language	**	**	**	0.17%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/> **No residents identified as speaking this language at home in the area during this time period.

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 1.3% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Conway County	1.5%
Perry County	0.8%
Morrilton Service Area	1.3%
Arkansas	3.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <https://data.census.gov/>

Veteran Status

In the service area, 10.2% of the civilian population, 18 years and older, are veterans. This is higher than the state rate (7.9%).

Veteran Status

	Percent
Conway County	9.6%
Perry County	11.3%
Morrilton Service Area	10.2%
Arkansas	7.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Citizenship

In the service area, 2.1% of the population is foreign-born, which is lower than the state rate (5%). Of the foreign-born, 73.7% in the service area are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Morrilton Service Area	Conway County	Perry County	Arkansas
Foreign born	2.1%	2.7%	1.0%	5.0%
Of the foreign born, not a U.S. citizen	73.7%	71.1%	88.9%	64.5%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county’s residents. Arkansas has 75 counties, which are ranked from 1 to 75 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 75 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Perry County is ranked 20, and Conway County is ranked 27.

Social and Economic Factors Ranking

	County Ranking (out of 75)
Conway County	27
Perry County	20

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6.3%. This is higher than the state unemployment rate (5.1%). The higher rate of unemployment was found in Conway County (7.1%).

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Conway County	9,639	681	7.1%
Perry County	4,024	184	4.6%
Morrilton Service Area	13,663	865	6.3%
Arkansas	1,391,084	71,601	5.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of \$14,880 for one person and \$29,678 for a family of four. Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 43.2% are at 200% of FPL or below. In Conway County, 20.9% of the population lives in poverty. In Perry County, 43.8% of the population qualify as low-income.

Poverty Levels, <100% FPL and <200% FPL

	<100% FPL	<200% FPL
Conway County	20.9%	43.0%
Perry County	15.3%	43.8%
Morrilton Service Area	19.1%	43.2%

	<100% FPL	<200% FPL
Arkansas	16.2%	38.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/>

In the service area, 27.5% of children, 12% of senior adults, ages 65 and older, and 39.8% of female heads-of-household (HoH), living with their own children, under the age of 18, live in poverty. Conway County has a higher rate of poverty among children (31.4%) and senior adults (12.5%). Perry County has a higher rate of poverty among female HoH living with minor children (47.2%).

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	Children	Senior Adults	Female HoH with Children*
Conway County	31.4%	12.5%	38.0%
Perry County	19.4%	11.0%	47.2%
Morrilton Service Area	27.5%	12.0%	39.8%
Arkansas	22.2%	10.7%	39.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & *S1702. <http://data.census.gov/>

The poverty rate among multiracial residents (35.4%) and Black or African American residents (22.9%) exceeds the overall service area poverty rate (19.1%).

Poverty Level, <100% FPL, by Race and Ethnicity

	Morrilton Service Area	Conway County	Perry County	Arkansas
Native HI or Pacific Islander	**	**	**	32.3%
Multiracial	35.4%	33.0%	38.9%	17.4%
Black or African American	22.9%	23.2%	**	28.9%
White, non-Hispanic	18.9%	20.5%	14.7%	12.9%
Hispanic or Latino	15.4%	15.1%	15.8%	20.9%
Some other race	**	**	**	22.1%
American Indian or AK Native	**	**	**	20.3%
Asian	**	**	**	12.0%
Total <100% FPL	19.1%	20.9%	15.3%	16.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. <http://data.census.gov/> **No one of this race or ethnicity, or for whom income level was known, recorded in the county, or fewer than 10 individuals.

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. 60% of Perry County students and 89% of Conway County students are eligible to receive free or reduced-price lunches.

Eligibility for Free and Reduced-Price Lunches

	Percent
Conway County	89%
Perry County	60%
Arkansas	65%

Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America, 2019 & 2021 data, via County Health Rankings, 2024. <http://www.countyhealthrankings.org>

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- People are struggling to pay their bills, get transportation, they are food insecure, and people just aren't prioritizing health. It is at the bottom of their concerns. They are focused on where they are going to sleep, trying to prevent themselves from being evicted, and determining where their next meal is coming from.
- People are becoming more vulnerable. Everything is so much more expensive. A lot of our folks get SNAP benefits, but their benefits have not increased at the same rate of inflation as groceries and housing. Utility bills have increased three or four times and there is another increase scheduled again in January. Across the board, the cost of living has gone up, but people's incomes have not increased at the same rates. People used to be able to get by on their SNAP benefits, now they cannot.
- Rent is getting so expensive that we are seeing parents and children becoming homeless. Family homelessness is exploding in rural Arkansas. We've had a 30% increase in child homelessness, post-Covid, in the last three years. When we talk to families, both parents are working minimum wage jobs, which used to cover rent, but it doesn't now.
- Conway County seems to have an overabundance of semi-unemployable people due to previous bad choices. A lot of them are previously incarcerated or they don't have driver's licenses. We have a fair number of seniors on fixed incomes. Everybody's just struggling to get things paid. Younger people leave the community, and we are not getting new businesses because we do not meet the demographics of an educated workforce.
- Thirty years ago, we had the Levi Strauss plant. We had cotton mills. They have left and nothing has replaced them. Cities on either side of us have exploded in growth. We have not.
- There are not enough full-time jobs available here.
- We have no industry here, so jobs and job training are very difficult. There are generations of people who have not worked, and their children probably won't work. Generational poverty is a big social concern.
- Sometimes we see kids who are struggling with attending their appointments with the juvenile courts. The parents are struggling with attending all the appointments and all the services the court has ordered the kids and family to be in. Especially if it

is a single parent family, that parent is having to take off work to try to meet all the requirements.

- Inflation is much more aggressive than our ability to earn and keep pace. It is magnified by children in poverty who have been abandoned by their parents.
- About 75% of our population are employed but don't make enough money to survive on. They make just enough that they are not eligible for any support programs.
- Economic insecurity is the root of our food insecurity. Barriers are lack of transportation, lack of Internet access, the inability to read or to speak the language to access assistance or even find information that might help them move forward.
- The job market has changed. We know a lot of people are struggling to pay rent, utilities, and make car payments. Groceries have gone up 20-40%. But when we advertise for a job, we used to have several applicants. Now we don't get applicants. I don't know what folks are doing. Some people just stopped working.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at an educational and health care competitive disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care, as Broadband access to providers holds the promise of closing gaps in care.

Arkansas ranks 49 out of the 50 U.S. states in terms of Broadband coverage, per *BroadbandNow's* annual ranking of internet coverage, speed, and availability. Arkansas ranks 48 out of 50 states for access to at least 100Mbps broadband, and 39 out of 50 states for access to 1G broadband. 76.2% of Perry County residents have Broadband coverage (a minimum of 25/3 Mbps) in their area, and 64.7% of Conway County residents have Broadband coverage.

Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Conway County	64.7%	60.5%	60.5%
Perry County	76.2%	65.8%	20.8%
Arkansas	86.3%	78.0%	54.7%

Source: *BroadbandNow*, 2024 data. <https://broadbandnow.com/Arkansas>

Transportation

Service area workers spent on average, 30.4 minutes a day commuting to work. 80.4% of workers drove alone to work and 47.9% of solo drivers have a long commute (greater than 30 minutes one way). 11.2% of area workers carpooled to work. Very few workers commuted by public transportation (0.1%) or walked to work (0.8%), and 6.4% worked

from home. It should be noted that these data span from 2018 to 2022, from pre- to post-Pandemic. As such, it may not be fully reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	Morrilton Service Area	Conway County	Perry County	Arkansas
Mean travel time to work (in minutes)	30.4	28.4	35.1	22.2
Drove alone to work	80.4%	78.9%	83.8%	80.7%
Solo drivers with a long commute**	47.9%	41.5%	62.2%	27.7%
Carpooled to work	11.2%	12.1%	9.0%	9.6%
Commuted by public transportation	0.1%	0.1%	0.1%	0.3%
Walked to work	0.8%	0.7%	0.9%	1.5%
Other means	1.2%	1.3%	1.0%	1.2%
Worked from home	6.4%	6.8%	5.2%	6.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03 & **S0802; defined as >30 min. one way. <https://data.census.gov/> *Weighted average of the area means.

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply_page

In the service area, there are 12,251 households and 14,605 housing units. Over the last five years, the population decreased by 1.4%, yet the number of households increased by 3.1%, suggesting an easing of constraints on household formation and/or smaller household sizes. From 2017 to 2022, owner-occupied households decreased by 1.9% and renter-households increased by 17.5%. Housing units decreased by 0.9%, and vacant units decreased by 17.6%, to 16.1% of overall housing stock.

Households and Housing Units and Percent Change, Morrilton Service Area

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	14,735		14,605		-0.9%
Vacant	2,858	19.4%	2,354	16.1%	-17.6%
Households	11,877		12,251		3.1%
Owner occ.	8,809	74.2%	8,645	70.6%	-1.9%
Renter occ.	3,068	25.8%	3,606	29.4%	17.5%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. <http://data.census.gov/>

The weighted average of the median household income in the service area is \$51,438 and is lower in Conway County (\$50,282) than in Perry County (\$53,980).

Median Household Income

	Households	Median Household Income
Conway County	8,422	\$50,282
Perry County	3,829	\$53,980
Morrilton Service Area	12,251	\$51,438
Arkansas	1,171,694	\$56,335

Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. <http://data.census.gov/> *Weighted average of the medians.

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 20% of owner and renter occupied households in the service area spend 30% or more of their income on housing. Among renters-only, the rates are higher, with 44.8% of renter households being cost burdened, compared to 11.9% for owner households. Conway County has the higher rates of cost-burdened renter (47.9%) and owner (12.4%) households.

Households that Spend 30% or More of Income on Housing

	All Households	Owner Households	Renter Households
Conway County	22.0%	12.4%	47.9%
Perry County	15.5%	11.0%	35.0%
Morrilton Service Area	20.0%	11.9%	44.8%
Arkansas	25.3%	16.6%	44.5%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP04. <http://data.census.gov/>

Households by Type

In the service area, 19.9% of households are family households (married or cohabiting couples) with children under 18 years old. 5.8% of households are households with a female as head of household with children, with no spouse or partner present, and 13.5% of area households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Conway County	8,422	18.3%	7.3%	13.8%
Perry County	3,829	23.5%	2.5%	12.8%
Morrilton Service Area	12,251	19.9%	5.8%	13.5%
Arkansas	1,171,694	20.0%	5.9%	12.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/> *Family Households refers to

married or cohabiting couples with householder's children under 18.

Homelessness

A point-in-time count of homeless people is normally conducted biannually in Arkansas. It is scheduled to occur on a single night in the third week of January, unless the weather does not permit. Conway and Perry Counties are part of the Balance of State Continuum of Care (BoS CoC) for Arkansas. Within the Arkansas Balance of State CoC, there are Local Homeless Coalitions (LMCs), including the Toadsuck Coalition, which serves Conway and Perry Counties, as well as Faulkner County.

On the night of January 26, 2023, there were an estimated 234 individuals experiencing homelessness in the two counties counted by the Toadsuck Coalition LHC. 229 of these individuals were counted in Faulkner County (125 in shelters) and five in Conway County, one sheltered and four unsheltered. There were no unhoused people counted in Perry County. From 2015 to 2023, the population experiencing homelessness rose 19.6% in the BoS CoC, while the proportion of sheltered homeless declined from 49.9% in 2015 to 44.7% in 2023. The proportion of sheltered homeless people in emergency housing versus transitional housing rose from 81.3% in 2015 to 84.1% in 2023.

Homeless Point-in-Time Count, Arkansas Balance of State CoC, 2015 to 2023

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2015	365	295	68	728
2017	435	305	82	822
2019	545	221	45	811
2023	482	327	62	871
Faulkner County, 2023	104	125		229
Conway County, 2023	4	1		5

Source: U.S. Department of Housing and Urban Development (HUD), 2022 Continuum of Care (CoC) Homeless Populations and Subpopulations report. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/> and (for county counts) Arkansas BoS 2023 PIT Count, Toadsuck Coalition. <https://www.arboscoc.org/point-in-time-count/>

Among sheltered and unsheltered people who were experiencing homelessness in the two counties counted by the Toadsuck Coalition, 4.4% were children, under age 18, 11.1% were 'transition-age youth', ages 18 to 24, 6.7% were veterans, and 23.3% were chronically homeless. Among unhoused adults, 33.9% were identified as having a mental health illness, 23.3% were identified as having a substance use disorder, and 7.2% as being survivors of domestic violence.

Homeless Subpopulations, Toadsuck Coalition LMC, 2023

	Count	Percent
Children, under age 18	37	15.8%
Youth, ages 18 to 24	14	6.0%
Parenting youth, ages 18 to 24	2	0.9%

	Count	Percent
Unaccompanied youth, under age 24	8	3.4%
Veterans	11	4.7%
Chronically homeless	22	9.4%
Transgender, nonbinary or questioning	3	1.3%
Adults with mental health illness	54	23.1%
Adults with substance use disorder	13	5.6%
Survivors of domestic violence	29	12.4%
Total	234	100%

Source: Arkansas Balance of State 2023 PIT Count, Toadsuck Coalition. <https://www.arboscoc.org/point-in-time-count/>

Fewer people identifying as Hispanic or Latino residents, White residents, Asian or Asian American residents, or multiracial residents were experiencing homelessness, as compared to the makeup of the general population. More people identifying as Black, African American or African residents were experiencing homelessness in the area, as compared to the makeup of the general population.

Homeless Population, by Race and Ethnicity, Conway County & Toadsuck Coalition LMC

	Percent of General Population, Conway County	Percent of Homeless Population, Toadsuck Coalition LMC
Non-Hispanic or Latino	95.6%	97.9%
Hispanic or Latino	4.4%	2.1%
White	81.0%	68.4%
Black or African American or African	11.4%	27.4%
American Indian or Alaska Native or Indigenous	0.3%	-
Asian or Asian American	1.0%	0.4%
Native Hawaiian or Pacific Islander	0.01%	-
Multiracial	4.2%	3.8%

Source: Arkansas Balance of State 2023 PIT Count, Toadsuck Coalition. <https://www.arboscoc.org/point-in-time-count/> and *Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. <http://data.census.gov/>

There were 323 children experiencing homelessness in Conway County and 26 in Perry County during the 2022-2023 school year. The vast majority (95% in Conway County and 100% in Perry County) were reported to be living 'doubled up', meaning they were staying with friends or relatives after having lost their housing. 1.2% of children experiencing homelessness in Conway County were reported to be living in a homeless shelter, 2.8% were reported to be living unsheltered, and 0.9% of the school children in Conway County were said to be living in a hotel or motel.

Homeless Schoolchildren

	Conway County		Perry County	
	Count	Percent	Count	Percent
Sheltered	4	1.2%	0	-
Unsheltered	9	2.8%	0	-
Hotels or motels	3	0.9%	0	-
Doubled up (living with others)	307	95.0%	26	100%
Total	323	100%	26	100%

Source: Arkansas Balance of State 2023 PIT Count, Toadsuck Coalition. <https://www.arboscoc.org/point-in-time-count/>

Public Program Participation

In the service area, 8.3% of households received SSI benefits, 1.8% received cash public assistance income, and 12.7% of households received food stamp benefits. The rates of access to SSI and food stamp assistance were higher in Conway County.

Household Supportive Benefits

	Morrilton Service Area	Conway County	Perry County	Arkansas
Total households	12,251	8,422	3,829	1,171,694
Supplemental Security Income (SSI)	8.3%	9.8%	5.1%	6.3%
Public Assistance	1.8%	1.8%	1.9%	1.9%
Food Stamps/SNAP	12.7%	14.4%	9.2%	11.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov>

Food Stamp Eligibility and Participation Among Senior Adults

According to the National Council on Aging, 72.7% of eligible senior adults in Arkansas are not enrolled in the SNAP, or food stamp, program. In the multi-county area that includes Conway and Perry Counties, 78.2% of eligible senior adults did not enroll.

Food Stamp Non-Participation, Number and Percent of Unenrolled Eligible Senior Adults

	Number	Percent
Conway, Perry, Johnson, Pope and Yell Counties	Not available	78.2%
Arkansas	53,696	72.7%

Source: National Council on Aging, Benefits Participation Map, 2024, 2018 data. <https://www.ncoa.org/benefits-participation-map>

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In the service area, 20.5% of the population experienced food insecurity in 2022. Among children, 26.3% lived in households that experienced food insecurity. Feeding America estimated that 63% of those experiencing food insecurity in Conway County and 55% in Perry County were income-eligible for nutritional programs such as SNAP. They further estimated that 78% of Conway County children and 81% of Perry County children experiencing food insecurity lived in households that were income-eligible for nutritional programs.

Food Insecurity Experienced During the Year

	Total Population		Children Under 18	
	Number	Rate	Number	Rate
Conway County	4,370	21.1%	1,340	28.5%
Perry County	1,940	19.3%	490	21.9%
Morrilton Service Area*	6,310	20.5%	1,830	26.3%

Arkansas	567,110	18.6%	168,430	24.2%
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Source: Feeding America, 2022. <https://map.feedingamerica.org/county/2022/overall/Arkansas/county/san-mateo> *Percentages are weighted averages calculated from county data, using 2018-2022 ACS 5-Year Population Estimates.

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- We see people coming to the pantry to offset the increased costs of living. When people come here it isn't so much about food, but it is a free resource. We don't have many free resources that go toward rental assistance or utilities. They come here to get groceries and hygiene items so they can use the \$50 or \$100 they save on food and put it toward rent.
- We are down to two grocery stores in town. We lost Kroger's three years ago. We have an area that is a food desert. We have a lot of people who do not drive.
- We are the only emergency food pantry in this county. There are also some small churches that have food pantries.
- Summertime gets very difficult for a lot of families, because during the school year, the kids are getting a free breakfast and lunch. Most families can provide at least one meal, but in the summertime, there are several months when they have to provide more.
- We are seeing more lines at our food pantries. We are trying to get more people on SNAP benefits, but the application is long, and the questions are intrusive. We are one of the lowest SNAP utilization states in the country. We must figure out how to better utilize some of these federal programs.
- We see a lot of people coming into the pantries who may skip meals to pay for prescriptions, or their car breaks down and they can't afford to repair the care, but they also have to eat.
- Inflation and underemployment are issues. The majority of people coming to the food pantries are employed, but they are underemployed.
- Families who were once sufficient now must seek services to make it through the month. It is much more severe now than it was pre-pandemic and even during the pandemic.
- About one in five people struggle with food insecurity in our community. 26% of those are children and many others are senior adults.
- Often seniors don't want to admit that they are food insecure because they fear the loss of independence.
- There is a real lack of education on how to stretch a budget and nutrition.
- Accessing SNAP benefits is complicated. There is a lack of interpreters. They will ask you on the application if you need an interpreter, but when the time comes for an interview, there is no one to translate.
- We are the number one in the country for food insecurity. We've been in the top five for over 30 years. If you can't provide food for your children, that has a huge impact

on your mental health. People have to decide between spending money on food or going to a doctor, or food or school supplies, or food or rent. These are very real decisions people are having to make in Arkansas.

Educational Attainment

Educational attainment is a key driver of health. In the service area, 10.2% of adults, ages 25 and older, lack a high school diploma. 17.8% of area adults have a bachelor's degree or higher degree, which is lower than the state rate (24.7%).

Education Levels, Population 25 Years and Older

	Morrilton Service Area	Conway County	Perry County	Arkansas
Population, 25 years and older	21,635	14,483	7,152	2,031,847
Less than 9 th grade	3.6%	3.8%	3.4%	4.4%
9 th to 12 th grade, no diploma	6.5%	7.0%	5.6%	7.4%
High school graduate	43.6%	43.2%	44.5%	34.1%
Some college, no degree	20.2%	17.7%	25.2%	21.5%
Associate's degree	8.2%	9.2%	6.1%	7.9%
Bachelor's degree	13.1%	14.1%	10.9%	15.6%
Graduate/professional degree	4.8%	5.0%	4.3%	9.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov/>

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, only Perryville School District did not meet this objective for the 2022-2023 school year.

High School Graduation Rates, 2022-2023

	Percent
East End School District	>95%
Nemo Vista School District	>95%
Perryville School District	89.5%
South Conway County School District	94.2%
Wonderview School District	>95%
Arkansas	89.0%

Source: Arkansas Department of Education, Division of Elementary and Secondary Education, Graduation Rate Files by Year, 2010-Present, 2023 Graduation Rates.

<https://dese.ade.arkansas.gov/Offices/public-school-accountability/school-performance-and-monitoring/cohort-graduation-rates>

Crime and Violence

The Arkansas Crime Information Center reports crimes in four categories. Crimes against persons include crimes such as homicide, assault, sexual assault, intimidation and sex trafficking. Crimes against property are divided into Section A, which includes crimes such as arson, bribery, burglary, vandalism, extortion, embezzling and fraud, and Section B, which includes crimes such as robbery, theft and motor vehicle theft. Finally,

crimes against society include crimes such as drugs, gambling, prostitution, animal cruelty and weapons violations.

The crime numbers and rates are those crimes reported by the agencies located in the county, regardless of where the crimes may have occurred. In Conway County, reporting agencies included the Conway County Sherrif’s Office and the Morrilton, Plumerville and the U of A CC Morrilton Police Departments. In Perry County they consist of the Perry County Sheriff’s Office and the Perryville Police Department.

Crime rates in all four categories are lower in the service area than the state rates. Conway County has the higher rates of the two service area counties, and its rate of crimes against society (7,734.9 crimes per 100,000 persons) exceeds the state rate.

Violent Crime and Property Crime, Rates per 100,000 Persons

	Crimes Against Persons		Crimes Against Property – A		Crimes Against Property – B		Crimes Against Society	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Conway County	358	1,708.3	294	1,402.9	410	1,956.4	1,621	7,734.9
Perry County	70	692.2	85	840.5	107	1,058.0	351	3,470.8
Morrilton Service Area	428	1,377.5	379	1,219.8	517	1,664.0	1,972	6,347.0
Arkansas	63,129	2,163.4	49,020	1,680.0	60,926	2,088.0	207,265	7,103.4

Source: Arkansas Department of Public Safety, Arkansas Crime Information Center, Crime Statistics, Crime in Arkansas 2023, Offence by Contributor. <https://www.dps.arkansas.gov/crime-info-support/arkansas-crime-information-center/crime-statistics/>

In the service area, the rate of children under 18 who experienced abuse in Perry County was 6.4 per 1,000 children. These rates represent children with a substantiated maltreatment allegation. No rate is available for Conway County.

Substantiated Child Abuse, Rates per 1,000 Children

	Conway County	Perry County	Arkansas
Substantiated cases of child abuse and neglect	NA	6.4	13.5

Source: Arkansas Community Foundation, Aspire Arkansas 2021. <https://www.aspirearkansas.org/families/child-abuse-and-neglect>

Air and Water Quality

Average Daily Density of Fine Particulate Matter

Fine particulate matter, also called PM2.5 because it is particulate matter of 2.5 micrometers or less in diameter, is a type of air pollution that can cause serious health problems. In 2019, the average daily density of fine particulate matter pollution in Conway County was 9.5 µg/m3 of air. In Perry County it was 9.4 µg/m3.

Average Daily Density, Fine Particulate Matter (PM2.5), Micrograms/Cubic Meter (µg/m3)

	Conway County	Perry County	Arkansas
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Average daily density of PM2.5	9.5	9.4	8.9
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Source: Environmental Public Health Tracking Network, 2019 data, via 2024 County Health Rankings.
<http://www.countyhealthrankings.org>

Drinking Water Quality Violations

For 2022, there were no health-related drinking water violations reported for the two service area counties.

Water Quality Violations

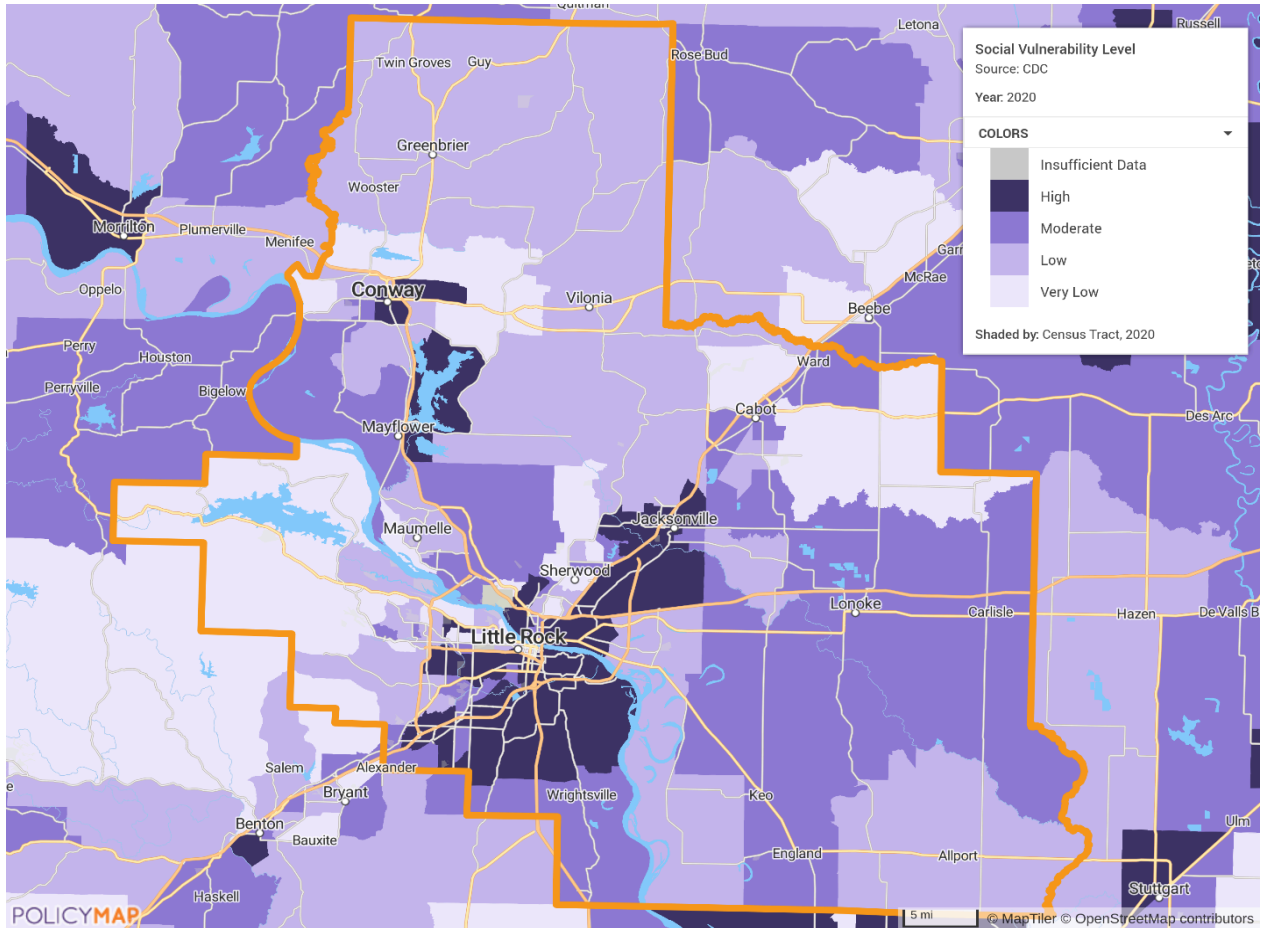
	Conway County	Perry County
Monitoring and reporting violations	No	No

Source: Safe Drinking Water Information System, 2022 data, via 2024 County Health Rankings.
<http://www.countyhealthrankings.org>

Social Vulnerability

One tool used to assess health needs is the Social Vulnerability Index (SVI). The SVI analyzes data at the Census Tract level. Social vulnerability refers to populations that are particularly vulnerable to disruption and health problems as a result of natural disasters, human-made disasters, climate change, and extreme weather. The SVI was created to help flag areas that will be in greatest need of support and recovery assistance in the case of a disaster or extreme weather event. The index is comprised of four categories of vulnerability: socioeconomic status, household composition and disability, minority status and language, and housing and transportation.

Perry County is assessed as ‘High’ vulnerability based on SVI criteria, Conway County is ‘Moderate’ vulnerability, and Perry County is ‘Low’ overall. Conway County, however, does have some ‘High’ rated regions, in and around Conway and Lake Conway. In Perry County there are areas of high vulnerability in and around Jacksonville, McAlmont, North Little Rock, Little Rock, College Station, and Sweet Home.



Source: 2024 PolicyMap, utilizing CDC's 2020 Social Vulnerability Index, 2016-2020 ACS data. <https://www.policymap.com/>

National Risk Index for Environmental Hazard

The National Risk Index from the Federal Emergency Management Agency (FEMA) is a dataset and online tool to help illustrate the U.S. communities most at risk for 18 natural hazards. The risk equation behind the Risk Index includes three components: a natural hazards component (Expected Annual Loss, in 2022 U.S. dollars), a consequence enhancing component (Social Vulnerability, as seen on the above map), and a consequence reduction component (Community Resilience).

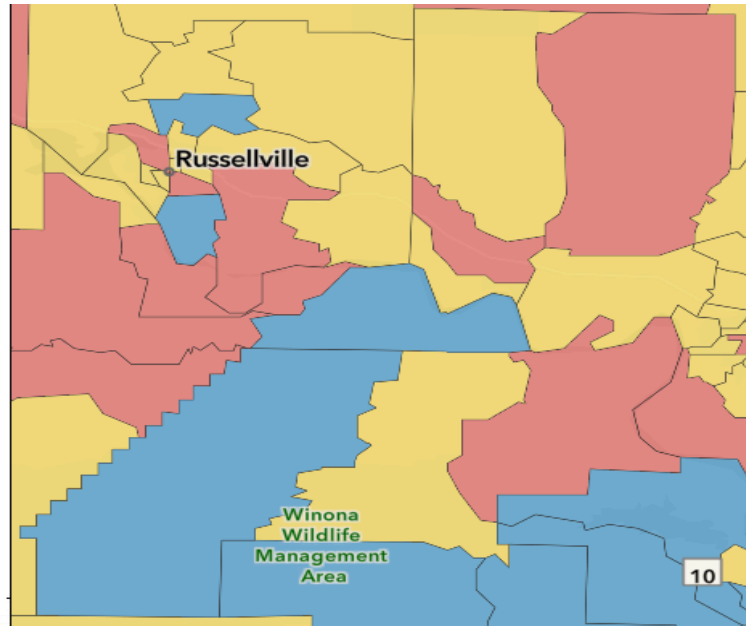
There are three Census Tracts in the service area which are rated as 'relatively high' on the Risk Index (light red): one in the northeast corner of Perry County, one in the northeast corner of Conway County, which extends south across much of the county, and a third around Morrilton and extending northwest. In addition, much of the rest of Conway County and the central part of Perry County have a "relatively moderate" (yellow) Risk Index score.

Of the 18 natural hazard risks, the "relatively high Risk Index" Census Tracts in the service area are considered, depending on the precise tract, to be at 'very high' risk

from ice storm, strong wind, tornado and winter weather, 'very high' to 'relatively high' risk of lightning, 'relatively high' risk from cold wave and heat wave, 'relatively high' to 'relatively moderate' risk of hail, landslide, and riverine flooding, 'relatively high' to 'relatively low' risk of earthquake, 'relatively moderate' risk from drought (for agricultural crop impacts), and 'relatively moderate' to 'relatively' low risk of wildfire.

Risk Index

-  Very High
-  Relatively High
-  Relatively Moderate
-  Relatively Low
-  Very Low
-  No Rating
-  Not Applicable
-  Insufficient Data



Source: U.S. Federal Emergency Management Agency (FEMA), National Risk Index <https://hazards.fema.gov/nri/map>

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 93.4% of the civilian, non-institutionalized population in the service area have health insurance. The rates in Conway County (92.7%) and Perry County (94.7%) meet the Healthy People objective. 95.4% of children in the service area have health insurance coverage. Among adults, ages 19 to 64, 90.3% in the service area have coverage.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	Total Population	Children Ages 0-18	Adults Ages 19-64
Conway County	92.7%	96.9%	88.6%
Perry County	94.7%	92.4%	93.8%
Morrilton Service Area	93.4%	95.4%	90.3%
Arkansas	91.2%	94.6%	87.2%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. <http://data.census.gov/>

The lowest overall rate of health insurance in the service area (66.3%) is among residents who identify as a race and ethnicity Other than those listed, followed by Hispanic residents (73.4%). Other-identifying residents have the lowest rate of health insurance coverage among children (73.9%) and adults, ages 19 to 64 (57.5%). Hispanic residents have the second-lowest rate of coverage (81.1% for children and 64.8% for adults, ages 19 to 64). All senior adults, ages 65 and older, in the service area were reported to have health insurance coverage. NOTE: Rates based on low numbers (an estimated 87 American Indian or Alaska Native residents living in the service area, only 16 of whom are children, or the estimated 92 Asian residents, only 26 of whom are children) should be interpreted with caution.

Health Insurance, by Race and Ethnicity, and Age Group, for the Service Area

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Asian	100.0%	100.0%	100.0%	**
Black or African American	94.7%	98.6%	91.7%	100.0%
Non-Hispanic White	94.2%	96.6%	91.2%	100.0%
American Indian or Alaskan Native	93.1%	81.3%	94.4%	100.0%
Multiracial	92.7%	93.1%	89.9%	100.0%
Hispanic	73.4%	81.1%	64.8%	100.0%
Other race	66.3%	73.9%	57.5%	100.0%
Native Hawaiian or Pacific Islander	**	**	**	**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, C27001B thru C27001I. <http://data.census.gov/> **No residents of this category were recorded, or no health insurance coverage information for them was available.

35.3% of service area residents have coverage through an employer’s plan, 4.2% through private insurance, 1.8% through Tricare, the VA or another military plan, 7.5% through Medicare alone, and 6.6% are uninsured. 25.4% of service area residents have health insurance coverage through Medicaid alone, 3.6% through a combination of Medicaid and Medicare, and 15.5% through some combination of two or more other types of coverage.

Health Insurance, by Type, All Ages

	Conway County	Perry County	Morrilton Service Area	Arkansas
Employer-based only	34.1%	37.8%	35.3%	39.1%
Direct purchase only	3.8%	4.9%	4.2%	5.6%
Tricare/military or VA only	1.8%	1.8%	1.8%	1.3%
Medicare only	7.5%	7.6%	7.5%	7.1%
Medicaid only	26.8%	22.5%	25.4%	20.3%
Medicaid and Medicare	3.9%	3.1%	3.6%	2.8%
Other two-or-more types	14.8%	16.9%	15.5%	15.0%
Uninsured	7.3%	5.3%	6.6%	8.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, B27010. <http://data.census.gov/>

Annual Checkup

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In the service area, 78.6% of adults had seen a doctor for a routine checkup within the prior year.

Visited Doctor for Routine Checkup, Past Year, Adults

	Percent
Conway County	78.4%
Perry County	79.0%
Morrilton Service Area*	78.6%
Arkansas*	78.4%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of county rates.

Primary Care Physicians

The ratio of the population to primary care physicians in Perry County is 4,982:1, while the ratio in Conway County is 1,739 residents to each primary care physician.

Primary Care Physicians, Number and Ratio

	Conway County	Perry County	Arkansas
Number of primary care physicians	12	2	2,047
Ratio of population to primary care physicians	1,739:1	4,982:1	1,478:1

Source: County Health Rankings, 2024; data from 2021. <http://www.countyhealthrankings.org>

HPSA and MUA Designations

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Conway and Perry Counties are designated as Medically Underserved Areas (MUAs) for primary care.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Conway and Perry Counties are designated as Health Professional Shortage Areas (HPSAs) for low-income residents for primary care, dental health and mental health. *Source: U.S. Department of Health and Human Services, HPSA-find and MUA-find tools. Accessed October 7, 2024.*

<https://data.hrsa.gov/tools/shortage-area>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area counties and information from the Uniform Data System (UDS)¹, 42.4% of the population in the service area is low-income (200% of Federal Poverty Level) and 18.2% of the population are living in poverty. There are two Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area: Arcare, and Boston Mountain Rural Health Center Inc.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 1,063 patients in the service area, which equates to 8.4% penetration among low-income patients and 3.5% penetration among the total population. From 2020-2022, the Community Health Center providers served 312 additional patients for a 41.5% increase in patients served in the service area. There remain 11,653 low-income residents, 91.6% of the population, at or below 200% FPL, that are not served by an FQHC.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
12,716	1,063	8.4%	3.5%	11,653	91.6%

Source: Health Center Program GeoCare Navigator, 2024, 2017-2021 population numbers. <https://geocarenavigator.hrsa.gov/>

Dental Care

Among service area adults, 50.5% had visited a dentist in the prior year, which is lower than the state rate (54.7%). The rate was higher in Perry County (54.5%) than in Conway County (57%). Whether senior adults, ages 65 and older, have any remaining natural teeth serves as an indicator of access to dental care. Among service area senior adults, 17.3% lack any natural teeth, which is lower than the state average (18.6%). The rate was higher in Perry County (17.6%) than Conway County, where 17.2% of senior adults have no natural teeth remaining.

Visited Dentist, Past Year, Adults, Has No Natural Teeth, Senior Adults, Ages 65 and Older

	Visited Dentist, Past Year, Adults	No Natural Teeth, Senior Adults
Conway County	48.6%	17.2%
Perry County	54.5%	17.6%
Morrilton Service Area*	50.5%	17.3%
Arkansas*	54.7%	18.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

* Weighted average of county rates.

The ratio of residents to dentists in Conway County is 2,338:1, which is fewer dentists per capita than in the state (2,044:1). There were no data for Perry County in 2022.

Dentists, Number and Ratio

	Conway County	Perry County	Arkansas
Number of dentists	9	No Data	1,490
Ratio of population to dentists	2,338:1	No Data	2,044:1

Source: County Health Rankings, 2024; data from 2022. <http://www.countyhealthrankings.org>

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- Our clients told us if we brought health care to the same place where they got their food, and obtained utility and rent assistance, they would engage in medical care. And overwhelmingly they have. People are getting health screenings, medications, talking to providers, and signing up for health insurance.

- Getting a specialist in Morrilton is a problem. You must go to Conway or Little Rock. It can be months before you can see someone. But overall, primary care access here is good. We have two clinics.
- We just got a dentist in town. Dental care here is just appalling. Many people have rotten teeth or don't have teeth. Before he was in town, it was 35 minutes by car to get to a dentist.
- We don't have a lot of good transportation options, so people who have appointments often cancel or are no-shows.
- Everyone is good at accepting Medicaid for kids for general care. But for testing a child who may be on the autism spectrum, there aren't many facilities that will take Medicaid. It is also harder for adults to find care who are on Medicaid.
- We see a lot of individuals who don't have insurance. We also see barriers with transportation. Going to the doctor means lost wages, travel time, transportation costs.
- Childcare needs are another huge issue.
- If you can't afford a car or if you live in an area that has poor public transportation, which is in most of the state, that is problematic.
- If you have health insurance, you can easily get primary care coverage. If you're on Medicaid, it is more difficult to access care.
- We have a segment of our population that is Spanish speaking. They may work at low wage jobs, they don't have health insurance, and due to their immigration status, they are not going to get public benefits. They are underserved and showing up in the ED.

Birth Characteristics

Births

From 2019 to 2023 there were, on average, 315 births per year in the service area counties combined.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 7.4% of total births (74.4 per 1,000 live births). This rate is higher than the state rate of 7.2% (71.7 per 1,000 live births).

Births to Teen Mothers (Under Age 20) Rate, per 1,000 Live Births, 5 Year Average

	Morrilton Service Area		Arkansas
	Number	Rate	Rate
Births to teen mothers	23	74.4	71.7

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Teen fertility (births to teens, ages 15 to 19, per 1,000 teen girls) occurred at an average annual rate of 24 births per 1,000 teen girls in Perry County and 30 births per 1,000 teen girls in Conway County. Among groups where sufficient teen births occurred with available race and ethnicity data in Conway County, the teen fertility rate was 31 births per 1,000 teens among non-Hispanic Black teens, and 32 births per 1,000 teens among non-Hispanic White teens.

Births to Teens (Ages 15 to 19), Rate per 1,000 Teen Girls, by Race and Ethnicity

	Conway County	Perry County	Arkansas
Black teens, non-Hispanic	31	**	**
White teens, non-Hispanic	32	**	**
All teens, ages 15 to 19	30	24	30

*Source: National Center for Health Statistics – Natality Files; Census Population Estimates Program, 2016-2022, via County Health Rankings. **Not available, whether due to statistical instability based on small numbers, or (for state) not being made available. <http://www.countyhealthrankings.org>*

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measure, a lower rate is a better indicator. The rate of service area low-birth-weight babies is 8.2% (82.0 per 1,000 live births). This rate is better than the state rate of 9.5% (95.0 per 1,000 live births).

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births, 5 Year Average

	Morrilton Service Area		Arkansas
	Number	Rate	Rate
Low birth weight	26	82.0	95.0

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

The rate of low-birth-weight babies is 9% in Conway County and 8% in Perry County. In Conway County the rate is higher in non-Hispanic Black birthing parents (17%) than in non-Hispanic White birthing parents (7%).

Low Birth Weight (Under 2,500g), Percent of Live Births, by Race and Ethnicity

	Conway County	Perry County	Arkansas
Black mothers, non-Hispanic	17%	**	**
White mothers, non-Hispanic	7%	**	**
All birthing parents	9%	8%	9%

Source: National Center for Health Statistics – Natality Files, 2016-2022, via County Health Rankings. **Not available, whether due to statistical instability based on small numbers, or (for state) not being made available. <http://www.countyhealthrankings.org>

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 206 per 1,000 live births. This rate of late entry into prenatal care translates to 20.6% of women entering prenatal care late or not at all, while 79.4% of women entered prenatal care on time.

Late Entry to Prenatal Care, After 1st Trimester, Rate per 1,000 Live Births

	Morrilton Service Area		Arkansas
	Number	Rate	Rate
Late entry to prenatal care	65	206.0	251.1

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 11.8% (118.3 per 1,000 live births).

Premature Births before Start of 38th Week, Rate per 1,000 Live Births

	Morrilton Service Area		Arkansas
	Number	Rate	Rate
Premature births	37	118.3	119.8

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Maternal Smoking During Pregnancy

The rate of women who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 15.8% (158.3 per 1,000 live births), which was higher than the state average.

Women Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births, 5 Year Avg

	Morrilton Service Area		Arkansas
	Number	Rate	Rate
Mothers who smoked	50	158.3	96.2

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Infant Mortality

In this report the infant mortality rate is defined as deaths of infants under 1 year of age. The infant mortality rate in the service area counties, from 2019 through 2023, was 9.54 deaths per 1,000 live births. This rate is higher than the state rate (7.93 per 1,000 live births) and does not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality, Rate per 1,000 Live Births, Six Year Average, 2015-2021

	Morrilton Service Area		Arkansas
	Number	Rate	Rate
Infant mortality	3	9.54	7.93

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Breastfeeding

Breastfeeding has been proven to have considerable benefits to babies and mothers. The U.S. CDC highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates recorded on birth certificates in the service area in 2018 and 2019 showed that between 89.1% (Conway County) and 91.3% (Perry County) of mothers initiated breastfeeding in the hospital after delivery.

Breastfeeding Initiation Rates, 2018-2019

	Conway County	Perry County	Arkansas
Breastfeeding initiation	89.1%	91.3%	73.0%

Source: U.S. CDC, Division of Nutrition, Physical Activity and Obesity, Breastfeeding Initiation Rates by County or County Equivalent, 2018-2019. <https://www.cdc.gov/breastfeeding/data/county/2018-2019/arkansas.html>

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Conway and Perry Counties is 74.1 years. Death before the age of 75 is considered a premature death. The rate of premature death in Conway County was 527 deaths per 100,000 persons, and in Perry County it was 534 deaths per 100,000 persons under the age of 75. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for Perry County was 10,939 years, and for Conway County it was 11,428 years.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Conway County	Perry County	Arkansas
Life expectancy at birth in years	74.1	74.1	74.3
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	527	534	527
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	11,428	10,939	10,823

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. <http://www.countyhealthrankings.org>

Mortality Rates

Every year, approximately 434 residents die in the Morrilton service area. The crude mortality rate in the service area was 1,391 deaths per 100,000 persons, which was higher than the state rate (1,197.7 deaths per 100,000 persons). The state's age-adjusted mortality rate was 970.6 deaths per 100,000 persons.

Mortality Rates, per 100,000 Persons, 5 Year Average

	Morrilton Service Area		Arkansas	
	Average Annual Deaths	Crude Rate	Crude Rate	Age-adjusted Rate
Mortality rates	434	1,391.0	1,197.7	970.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Leading Causes of Death

The top two leading causes of death in the service area were heart disease and cancer. The heart disease mortality rate in the service area was 281.0 deaths per 100,000 persons. The service area death rate from ischemic heart disease (a subcategory of heart disease deaths) was 139.2 deaths per 100,000 persons. The cancer death rate in the service area was 233.6 deaths per 100,000 persons, which was higher than state rate (215.6 deaths per 100,000 persons). In addition to heart disease and cancer, Chronic Lower Respiratory Disease (CLRD), COVID-19 and stroke were in the top five causes of death in the service area. The rates for all listed causes were higher in the

service area than for the state, with the exceptions of heart disease/ischemic heart disease and COVID-19.

Leading Causes of Death, Crude Rate per 100,000 Persons, 2018-2022* Averaged

	Morrilton Service Area		Arkansas
	Avg. Annual Deaths	Rate	Rate
Heart disease	88	281.0	282.0
Ischemic heart disease	43	139.2	165.6
Cancer	73	233.6	215.6
Chronic Lower Respiratory Disease	34	110.4	78.8
COVID-19*	31	98.6	114.0
Stroke	21	66.7	55.6
Essential hypertension and hypertensive renal disease	20	65.4	14.3
Unintentional injuries	20	64.8	59.4
Alzheimer's disease	18	56.5	52.1
Diabetes	15	47.5	43.0
Kidney disease	10	32.1	24.3
Pneumonia and influenza	9	28.9	21.0
Septicemia	8	25.7	18.0
Liver disease and cirrhosis	6	19.9	17.8
Suicide	6	18.0	18.8
Parkinson's disease	4	Unreliable	12.0
Homicide	2	Unreliable	10.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER.

<https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

*Except for COVID-19, which is a 3-year average, 2020-2022.

Cancer

All-site cancer mortality in the service area counties (159.9 deaths per 100,000 persons) is less than the all-site cancer mortality rate at the state level (168.2 deaths per 100,000 persons). The rate of lung and bronchus cancer in the service area is 42.9 per 100,000 persons. The rate for colorectal cancer mortality in Conway County is 11.3 deaths per 100,000 persons, and the rate for pancreatic cancer is 10.8 deaths per 100,000 persons.

Cancer Mortality, Rates per 100,000 Persons, Age-Adjusted

	Service Area Counties*	Arkansas
Cancer all sites	159.9	168.2
Lung and bronchus	42.9	45.6

	Conway County	Arkansas
Colon and rectum	11.3	15.0
Pancreas	10.8	11.3

Source: National Cancer Institute, GIS Portal for Cancer Research, 2018-2022 data, accessed October 4, 2024.

<https://gis.cancer.gov/canceratlas/app/> *Weighted average of service area counties' age-adjusted rates.

Perry County has the higher all-cancer mortality rate (170.9 deaths per 100,000 persons). In Conway County, non-Hispanic White residents have a higher all-cancer mortality than do non-Hispanic Black or African American residents.

Cancer Mortality, Rates per 100,000 Persons, Age-Adjusted, by Race and Ethnicity

	Conway County	Perry County	Morrilton Service Area*
Black or African American, non-Hispanic	125.9	**	**
White, non-Hispanic	162.6	173.5	166.1
All races and ethnicities	154.6	170.9	159.9

Source: National Cancer Institute, GIS Portal for Cancer Research, 2018-2022 data, accessed October 4, 2024.

<https://gis.cancer.gov/canceratlas/app/> *Weighted average of service area counties' age-adjusted rates. **Not available

Drug Overdose Deaths

From 2018 through 2022, on average, the rate of death by drug overdose from all drug classes was lower in the service area (12.8 deaths per 100,000 persons) than the state (17.4 deaths per 100,000). The number of deaths from opioid drugs is too low to meet statistical validity and/or privacy concerns and so is suppressed for the service area.

Drug Overdose Deaths, Crude Rates, per 100,000 Persons, 5 Year Average

	Average Annual Count	Crude Rate
Conway County	2.8	Unreliable
Perry County	1.2	Unreliable
Morrilton Service Area	4	12.8
Arkansas	526	17.4

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER.

<https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Acute and Chronic Disease

Hospitalizations by Diagnoses

In Conway County, the top three primary diagnoses resulting in hospitalization were: disorders of the circulatory system, infectious and parasitic diseases, and disorders of the respiratory system. In Perry County, the top three primary diagnoses resulting in hospitalization were: disorders of the circulatory system, the musculoskeletal system, and the respiratory system.

Hospitalizations, by Principal Diagnoses, Top Twelve Causes, 2018-2020

	Conway County	Perry County
Circulatory system	12.0%	12.3%
Infectious and parasitic diseases	10.7%	9.4%
Respiratory system	10.0%	10.0%
Newborns with conditions originating in perinatal period	9.2%	9.0%
Complications of pregnancy, childbirth and postpartum period	9.2%	9.5%
Musculoskeletal system and connective tissue	8.9%	10.8%
Digestive system	7.8%	8.2%
Nervous system	6.0%	6.4%
Kidney & urinary tract	5.3%	4.7%
Mental illness	5.0%	5.1%
Endocrine, nutritional, and metabolic diseases and disorders	4.0%	4.0%
Liver, gallbladder, bile ducts, and pancreas	2.7%	2.5%

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. <https://datatools.ahrq.gov/hcupnet/>

Disparities in Preventable Hospitalization Stays

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Among Medicare enrollees in Arkansas, there were 3,015 preventable hospitalizations per 100,000 persons. In Perry County, there were 1,882 preventable hospitalization stays per 100,000 Medicare enrollees, and in Conway County there were 1,900 preventable hospitalization stays per 100,000 Medicare enrollees. In Conway County, the rate of preventable hospitalization stays was higher among non-Hispanic White residents (1,845 preventable stays per 100,000 Medicare enrollees) than among non-Hispanic Black residents (1,452 preventable stays per 100,000 Medicare enrollees).

Preventable Hospitalizations, Rate per 100,000 Medicare Enrollees, by Race and Ethnicity

	Conway County	Perry County	Arkansas
Black, non-Hispanic	1,452	**	**
White, non-Hispanic	1,845	**	**
All residents	1,900	1,882	3,015

Source: Mapping Medicare Disparities Tool, via County Health Rankings, 2024; data from 2021. **Not available, whether due to statistical instability based on small numbers, or (for state) not being made available. <http://www.countyhealthrankings.org>

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 16.4% of service area adults answered ‘yes’. Of the two area counties, Conway County had the higher rate of adults diagnosed with diabetes (16.8%) compared to Perry County (15.5%).

Diabetes, Adults

	Percent
Conway County	16.8%
Perry County	15.5%
Morrilton Service Area*	16.4%
Arkansas*	14.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

* Weighted average of county rates.

Among the Prevention Quality Indicators (PQIs) created to identify hospital admissions that may be avoided through access to high-quality outpatient care, four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For short-term complications and the composite PQI, hospitalization rates were higher in Conway and Perry Counties than in the state. Conway County also had a higher rate of hospital admissions due to uncontrolled diabetes than did the state, and Perry County had a higher rate of lower-extremity amputations among diabetes patients than did the state.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Conway County	Perry County	Arkansas
Diabetes short term complications	174.7	161.5	122.3
Diabetes long term complications	88.1	89.8	109.7
Lower-extremity amputation among patients with diabetes	22.0	43.9	37.1
Uncontrolled diabetes	57.8	48.4	55.1
Diabetes composite	327.7	317.4	301.5

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. <https://datatools.ahrq.gov/hcupnet/>

Heart Disease and Stroke

10.3% of adults in the service area reported being told by a health professional that they have heart disease. The rate of diagnosed heart disease was 10.4% in Conway County and 10% in Perry County.

5% of service area adults reported being told by a health professional they have had a stroke. The rate of stroke was 5.2% in Conway County and 4.6% in Perry County.

Heart Disease and Stroke Prevalence, Adults

	Heart Disease	Stroke
Conway County	10.4%	5.2%
Perry County	10.0%	4.6%
Morrilton Service Area*	10.3%	5.0%
Arkansas*	8.6%	4.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>
 * Weighted average of county rates.

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rates of admission related to heart failure in service area counties were lower than the state rate of 450.8 hospitalizations per 100,000 persons. Conway County had a rate of 342.6 annual hospitalizations per 100,000 persons, risk-adjusted, and Perry County had a rate of 301.3 annual hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Conway County	Perry County	Arkansas
Hospitalization rate due to heart failure	342.6	301.3	450.8

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. <https://datatools.ahrq.gov/hcupnet/>

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percentage of adults who reported being diagnosed with high blood pressure was 44.1% in the service area, and for high cholesterol it was 40.1%. Higher rates of diagnosed high blood pressure (45.1%) and high cholesterol (40.6%) were reported in Conway County.

High Blood Pressure and High Cholesterol

	Hypertension	High Cholesterol
Conway County	45.1%	40.6%
Perry County	42.1%	39.0%
Morrilton Service Area*	44.1%	40.1%
Arkansas*	39.9%	36.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of county rates.

Among those who had been diagnosed with high blood pressure (hypertension), the percentage of adults who reported being on medication to control their high blood pressure was 80.4% in the service area, which is higher than the state rate (78.3%).

Taking Medication for High Blood Pressure

	Percent
Conway County	80.1%
Perry County	80.9%
Morrilton Service Area*	80.4%
Arkansas*	78.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>
 * Weighted average of county rates.

In addition to heart failure, the remaining Prevention Quality Indicator (PQI) related to heart disease is hypertension. The rate of admissions related to hypertension in Conway County (87.2 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (76.9 hospitalizations per 100,000 persons). The rate in Perry County was 74.8 hospitalizations per 100,000 persons.

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Conway County	Perry County	Arkansas
Hospitalization rate due to hypertension	87.2	74.8	76.9

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. <https://datatools.ahrq.gov/hcupnet/>

Cancer

In the combined service area counties, the highest rates of cancer diagnoses are for female breast, lung and bronchus, prostate, and colon and rectal cancers. Rates of female breast, lung and bronchus, melanoma, oral cavity and pharynx, leukemia, and liver and intrahepatic bile duct cancers are all higher in the service area than the state.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	Service Area Counties*	Arkansas
All sites	450.0	454.9
Breast (female)	133.1	123.9
Lung and bronchus	81.2	68.2
Prostate (males)	75.3	103.4
Colon and rectum	39.1	41.1
Melanoma of the skin	30.1	22.4

	Conway County	Arkansas
Kidney and renal pelvis	18.0	21.2
Non-Hodgkin lymphoma	16.8	17.4
Oral cavity and pharynx	16.5	13.3
Leukemia	16.1	13.6

	Conway County	Arkansas
Urinary bladder	15.4	18.5
Pancreas	11.9	12.8
Liver and intrahepatic bile duct	11.9	8.2

Source: National Cancer Institute, GIS Portal for Cancer Research, 2017-2021 data, accessed October 4, 2024. <https://gis.cancer.gov/canceratlas/app/> *Weighted average of service area counties' age-adjusted rates.

In the service area, Perry County has the lower all-cancer incidence rate (407.4 diagnosed cancers per 100,000 persons versus 470.6 for Conway County per 100,000 persons). In Conway County, Hispanic residents have the highest rate of cancer diagnoses, although this is based on relatively few cases due to low population numbers.

Cancer Incidence*, Rates per 100,000 Persons, Age-Adjusted, by Race and Ethnicity

	Conway County	Perry County	Service Area*
Hispanic	682.5	**	**
White, non-Hispanic	468.6	407.0	448.5
Black or African American, non-Hispanic	466.9	**	**
All races and ethnicities	470.6	407.4	450.0

Source: National Cancer Institute, GIS Portal for Cancer Research, 2017-2021 data, accessed October 4, 2024. <https://gis.cancer.gov/canceratlas/app/> *Weighted average of available service area counties' age-adjusted rates. **Suppressed due to statistical instability and privacy issues related to low numbers.

Asthma and Chronic Obstructive Pulmonary Disease

The reported rate of adult asthma in the service area was 11.2%. Conway County had a diagnosed asthma rate of 11.4%, and Perry County had a rate of 10.9%.

Asthma Prevalence, Adults

	Percent
Conway County	11.4%
Perry County	10.9%
Morrilton Service Area*	11.2%
Arkansas*	10.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> * Weighted average of county rates.

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of mortality in the hospital service area. 11.3% of service area adults have been diagnosed by a medical professional as having COPD, which is higher than the state rate (9.1%). The rate is higher in Conway County (11.8%) and lower in Perry County (10.3%).

COPD Prevalence, Adults

	Percent
Conway County	11.8%
Perry County	10.3%
Morrilton Service Area*	11.3%
Arkansas*	9.1%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>
 * Weighted average of county rates.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. From 2018 through 2020, the rate of COPD and asthma hospitalizations among adults, ages 40 and older, was 312.3 hospitalizations per 100,000 persons for Conway County, and 278 hospitalizations per 100,000 persons for Perry County. These rates are lower than the statewide rate of 444.9 hospitalizations per 100,000 older adults. The rate of hospitalizations in Conway County for asthma among young adults, ages 18 to 39, was 33.6 hospitalizations per 100,000 persons, and in Perry County it was 39.1 hospitalizations per 100,000 persons. These rates are higher than the statewide rate of 31.2 hospitalizations per 100,000 younger adults.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Conway County	Perry County	Arkansas
COPD or asthma in older adults, ages 40+	312.3	278.0	444.9
Asthma in younger adults, ages 18 to 39	33.6	39.1	31.2

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. <https://datatools.ahrq.gov/hcupnet/>

Tuberculosis

Tuberculosis (TB) rates in the Central Region of Arkansas, of which Perry County is one of seven counties, rose slightly in 2023, continuing a three year upward trend for the region. The rate of TB in the Central Region was 1.6 cases per 100,000 persons, which was below the state rate of 2.7 TB cases per 100,000 persons. The rate in the Northwest Region, of which Conway County is one of 19 counties, does not show a clear trend. The rate in that region for 2023 was 2.0 cases per 100,000 persons, which was also below the state average. 67% of the 2023 state cases occurred among U.S.-born residents.

Tuberculosis, Number and Crude Rates, per 100,000 Persons

	2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate
Central Region	11	1.3	12	1.4	14	1.6
Northwest Region	29	2.7	32	2.9	21	2.0
Arkansas	69	2.3	68	2.2	83	2.7

Source: Arkansas Department of Health, Tuberculosis Prevention Program, Tuberculosis Annual Statistical Report, 2023. <https://healthy.arkansas.gov/wp-content/uploads/2023-Tuberculosis-Morbidity-Annual-Statistical-Report.pdf>

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 24.1% of the non-institutionalized

civilian population identified as having a disability, with the rates being 24.4% in Conway County and 23.5% in Perry County.

Disability, Five Year Average

	Morrilton Service Area	Conway County	Perry County	Arkansas
Population with a disability	24.1%	24.4%	23.5%	17.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. <http://data.census.gov>

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- A lot of clients come in with treatable illnesses like diabetes, but they aren't getting treatment or taking medications. We are saturated with health care providers in Conway, but our homeless clients aren't getting care outside of the ED. When we ask why don't go to the doctor instead, they tell us either they don't have insurance, or they are not engaged with a primary care physician.
- Transportation to get to care can be an issue. Many people have vehicles that are not good enough to make it to Conway. Also, the fact that Conway has roundabouts terrifies people, and they won't go.
- We see individuals struggle to take time off work to attend physical therapy and other programs prescribed to them. Also, they have limited funds to cover prescription costs.
- For individuals with allergies or specific medical concerns, the food pantry may or may not be able to meet their needs. When you're having donated items, it's not like going to a grocery store and you can select what you want. So, allergens and restricted diets are a challenge for those reliant on food banks and food pantries.
- Taking care of your health comes in second to being able to get food to eat. It's hard to tell people that they must eat healthy when they're struggling just to put enough food on the table. We are working on a prescription produce program to offer fresh fruits and vegetables to people with diet related chronic illnesses.
- The high cost of health care, even among the insured, often keeps people from seeking out health care. They won't come in because of the high cost of the insurance deductible or their co-pay. We see that as a barrier.
- There's a segment of our population who doesn't have insurance or are underinsured. They're Spanish speaking and they need a primary care doctor and help dealing with chronic health conditions.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. Arkansas has 75 counties, which are ranked from 1 (healthiest) to 75 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Perry County was ranked 15 and Conway County was ranked 53.

Health Behaviors Ranking

	County Ranking (out of 75)
Conway County	53
Perry County	15

Source: County Health Rankings, 2023. <http://www.countyhealthrankings.org>

Obesity

40.3% of adults in the service area are obese, which is higher than the state rate (37.8%). The rate was higher in Conway County (41.5%) than in Perry County (37.7%). The Healthy People 2030 objective for obesity is for no more than 36% of adults, ages 20 and older, to be obese, which neither county meets.

Obesity, Adults, Ages 18 and Older

	Percent
Conway County	41.5%
Perry County	37.7%
Morrilton Service Area*	40.3%
Arkansas	37.8%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>

* Weighted average of county rates.

Access to Healthy Food

Low-income individuals who do not live close to a grocery store are considered to have limited access to healthy foods. 5% of the population of Perry County is considered to have limited access to healthy food, and 10% of the population of Conway County have limited access to healthy foods.

Limited Access to Healthy Foods

	Percent
Conway County	10%
Perry County	5%
Arkansas	10%

Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America, 2019 & 2021 data, via County Health Rankings, 2024. <http://www.countyhealthrankings.org>

The Food Environment Index is an index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). With rates of 6.1 in Conway County and 6.9 in Perry County, the service area counties have better access to healthy foods than the state average score of 4.7.

Food Environment Index Score

	Food Environment Index
Conway County	6.1
Perry County	6.9
Arkansas	4.7

Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America, 2019 & 2021 data, via County Health Rankings, 2024. <http://www.countyhealthrankings.org>

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 35.4% of service area adults had not engaged in any leisure-time physical activity. Residents of Conway County were more sedentary (36.9%) than residents of Perry County (32.2%).

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Percent
Conway County	36.9%
Perry County	32.2%
Morrilton Service Area*	35.4%
Arkansas	31.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>

* Weighted average of county rates.

Proximity to exercise opportunities can increase physical activity in a community. 46% of Conway County residents and 48% of Perry County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
Conway County	46%
Perry County	48%
Arkansas	64%

Source: County Health Rankings, 2024; utilizing 2020, 2022, and 2023 combined data. <http://www.countyhealthrankings.org>

Community Input – Healthy Eating and Active Living

Stakeholder interviews identified the following issues, challenges and barriers related to healthy eating and active living. Following are their comments edited for clarity:

- Food banks are getting more nutritious foods. We are getting fresh healthy foods donated from the local universities. They used to just throw all that away and now we are getting it.
- Healthy food can be out of people’s food stamp price range. The generations of people who have stayed here, their mamas didn’t cook, and they don’t cook either. And they really don’t know any difference. They buy frozen meals to heat up.
- Kids are always on their phones, computers, and games. They don’t play outside anymore.
- People say good food is more expensive. People tend to spend their money on what they want to eat and most of us want to eat junk because it tastes good.
- During the Depression, the government taught people how to can so they could feed themselves. Prior to the Depression, canning wasn’t that common. And within a couple of generations, we’ve lost that again.
- We are working on a Food as Medicine pilot. We are hoping to do a prescription or referral to a pantry.
- If you are food insecure, you're buying cheaper food, which tends to be higher in calories, higher in carbohydrates. Nutrient dense food is more expensive, and it takes more time to prepare. Currently people can't buy prepared foods with food stamps, which means they must buy the raw ingredients to cook that food. Most of our food insecure people are multiple job holders. We're asking them to continue to hold multiple jobs and cook every meal from scratch.

Sexually Transmitted Infections (STI)

The rate of chlamydia in Conway County was 375.5 cases per 100,000 persons, and in Perry County the rate was 193.7 cases per 100,000 persons. The rate of gonorrhea was also higher in the service area in Conway County (114.1 cases per 100,000 persons) than in Perry County (67.8 cases per 100,000). The rate of early syphilis in Conway County was 47.5 cases diagnosed per 100,000 persons, and in Perry County it was 29.1 cases per 100,000 persons.

STI Cases and Rates, per 100,000 Persons

	Chlamydia		Gonorrhea		Early Syphilis*	
	Cases	Rate	Cases	Rate	Cases	Rate
Conway County	79	375.5	24	114.1	10	47.5
Perry County	20	193.7	7	67.8	3	29.1
Total of service area counties	99	315.6	31	98.9	13	41.5
Arkansas	17,911	591.0	6,788	224.0	1,457	48.1

Source: Arkansas Department of Health, Arkansas STI Surveillance Report, 2022.
<https://healthy.arkansas.gov/wp-content/uploads/AR-STI-Surveillance-Report-2022.pdf> *Early syphilis includes Primary, Secondary, and Early non-Primary non-Secondary types.

HIV

The rate of new HIV cases in the Central Region, of which Perry is one of seven counties, was 15.7 cases per 100,000 persons. The rate of new HIV infections in the Central Region was higher than the state rate (11.4 cases per 100,000 persons), as was the rate of HIV (341.1 cases per 100,000 persons). The rate of new HIV cases in the Northwest Region, of which Conway is one of 19 counties, was 8.2 cases per 100,000, up from 4.7 cases per 100,000 persons in 2019. There were 89 new cases of HIV diagnosed in 2021. The rate of new HIV infections in the Northwest Region remains lower than the statewide rate, as does the rate of persons living with HIV (130.5 cases per 100,000 persons).

HIV, Cases and Rates, per 100,000 Persons

	Central Region		Northwest Region		Arkansas	
	2019	2021	2019	2021	2019	2021
Number of newly diagnosed cases	133	133	50	89	284	346
Rate of new diagnoses	15.8	15.7	4.7	8.2	9.4	11.4
Number of persons living with HIV	2,797	2,887	1,324	1,408	6,409	6,775
Rate of HIV	332.3	341.1	124.3	130.5	212.4	223.6

Source: Arkansas Department of Health, Arkansas 2021 HIV Surveillance Report.
https://healthy.arkansas.gov/wp-content/uploads/2021_HIV_Surveillance_Report.pdf

There were no cases of HIV diagnosed in Conway or Perry Counties in 2021. The rate of HIV in Conway County (144.4 cases per 100,000 persons) is higher than the rate in Perry County (99.5 cases per 100,000 persons).

HIV Cases and Rates*, per 100,000 Persons

	Conway County	Perry County	Service Area Total
Number of newly diagnosed cases	0	0	0
Rate of new diagnoses	-	-	-
Number of living cases	30	10	40
Rate of HIV	144.4	99.5	129.7

Source: Arkansas Department of Health, Arkansas 2021 HIV Surveillance Report.
https://healthy.arkansas.gov/wp-content/uploads/2021_HIV_Surveillance_Report.pdf *Rates calculated utilizing 2018-2022 ACS population numbers.

Mental Health

Depression

27.5% of service area adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder, which was higher than the state rate (26.7%).

Depression, Ever, Adults

	Percent
Conway County	27.5%
Perry County	27.4%
Morrilton Service Area*	27.5%
Arkansas*	26.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of county rates.

Mental Health, and Frequent Mental Distress

The average number of days residents of service area counties said they had been mentally unhealthy in the past month was 5.9 days for residents of Conway County and 5.8 days for residents of Perry County.

Mentally Unhealthy Days, Average in Past Month, Adults

	Percent
Conway County	5.9
Perry County	5.8
Arkansas	5.8

Source: County Health Rankings, 2024 ranking, utilizing 2021 BRFSS data. <http://www.countyhealthrankings.org>

Frequent Mental Distress is defined as experiencing 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 20.4%, which was higher than the state rate (19.6%). 20.9% of adults in Conway County and 19.3% in Perry County had frequent mental distress.

Frequent Mental Distress, Adults

	Percent
Conway County	20.9%
Perry County	19.3%
Morrilton Service Area*	20.4%
Arkansas*	19.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

*Weighted average of county rates.

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Conway County, the ratio of residents to mental health providers is 376:1. Perry County did not have any mental health providers registered in the county in 2023, or the data were unavailable.

Mental Health Providers, Number and Ratio

	Conway County	Perry County	Arkansas
Number of mental health providers	56	-	7,976
Ratio of population to mental health providers	376:1	-	382:1

Source: County Health Rankings, 2024; data from 2023. <http://www.countyhealthrankings.org>

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- A lot of people will tell us that though they were getting by and functioning fairly well before they are not doing so well now. We are seeing more behavioral issues from people. We are seeing violent outbursts and threats of suicide. We think it's tied to substance use. People seem to be desperate and hopeless, and things are getting harder for them. We hear about violent fights at home, increased domestic problems. It's all tied together. People who were just barely making it before are struggling to make it, and I feel like their mental health is crumbling.
- We are seeing more physical and sexual violence against women. We try to help them, but they don't have money, they don't have employment, they don't have their own bank account, they don't have family support or anywhere to go. It is a very common narrative.
- There are all kinds of domestic violence. There is emotional, sexual, mental, financial. We are also seeing an increase in catfishing, which is online relationships that are created to gain access to someone's finances. This is difficult to overcome because the mental stronghold they have on the individual is incredibly strong. Sometimes they are human traffickers.
- People remain isolated. Churches are seeing less attendance. More people are homeschooling their kids. There is a lot of isolation activity.
- If a kid gets removed from a home, there's always trauma related to that removal. We see a lot of physical abuse cases where the sibling has already died and that was connected to the removal reason. There is a large amount of substance use and dependency with parents as well. We see kids as young as four years old exposed to drug use in the home.
- When you don't have money to do anything, it impacts your mood. We see increased depression symptoms. We see kids being made fun of because the

clothes they wear are worn or they don't have electronic devices like the other kids, or they can't afford extracurricular activities.

- Post pandemic we are seeing kids who lack social skills. They just weren't exposed to that early on. We also see teens who are more comfortable communicating virtually through social media and not going out much in the community.
- Kids sometimes have a difficult time coping with the fast-paced world of social media and staying up with people who are more entitled and have more than they do. Many of our kids don't grow up in a good family life and they are struggling with getting their basic needs met, meaning food, shelter, clothing, and warmth. At an early age they have no sense of trust of an adult or any authority figure in their life. These kids are being left behind at school because we are unable to find ways to teach them and give them an opportunity to catch up.
- Many individuals repeat, generationally, what is around them. They are drawn to that spiraling family life that they find familiar and comforting. It is difficult to break away.
- Disparities contribute to one's basic mental health.
- Food security, like housing insecurity, economic insecurity, or health insecurity, is very stressful, and does not happen in a vacuum. If you are food insecure, you're also worried about paying rent. If you're food insecure, you're also dealing with deferred health maintenance issues, like not getting your teeth cleaned. There are layers of stress and then stress exacerbates health problems.
- It is hard to make referrals for services if someone doesn't have health insurance. There aren't enough free or low-cost mental health services in central Arkansas.
- There's a delineation between substance use and mental health. But it's all tied up in behavioral health or a mental and behavioral health space. A lot of times mental health and substance use go hand in hand. Someone might have started self-medicating because of a mental health challenge. That leads them into a pattern of use that develops a substance use disorder.
- We have very few resources for uninsured people who need crisis stabilization. It is a critical shortage.
- The gateway to serious mental illness and substance use disorder is trauma. A lot of times the responding agency to trauma is law enforcement, so we incarcerate or imprison people. That, too, is very traumatic, and then they lose their children. They aren't getting trauma informed care while incarcerated. In fact, their trauma is being compounded.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In the hospital service area, 22.1% of adults smoke cigarettes, which is higher than the state rate (18.5%). 23.3% of Conway County adults and 19.7% of Perry County adults smoke cigarettes.

Smoking, Adults

	Percent
Conway County	23.3%
Perry County	19.7%
Morrilton Service Area*	22.1%
Arkansas	18.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>
 * Weighted average of county rates.

The Youth Risk Behavior Survey (YRBS) is administered biannually to high school students. The most-recently available data is for 2021. Cigarette and e-cigarette use among teens in Arkansas dropped from 2019 to 2021. In 2021, 4.9% of high school students said they had smoked a cigarette at least once within the prior 30 days, and 6% said they had smoked an e-cigarette at least once. In general, cigarette and e-cigarette use rise with grade level.

Cigarette Use, High School Students, Past Month, Arkansas

	Cigarettes		E-Cigarettes	
	2019	2021	2019	2021
9 th Grade	4.9%	3.5%	4.6%	3.4%
10 th Grade	9.1%	5.7%	6.1%	5.8%
11 th Grade	11.6%	5.3%	8.2%	5.6%
12 th Grade	13.2%	5.3%	15.2%	9.4%
Total	9.7%	4.9%	8.5%	6.0%

Source: U.S. CDC, High School Youth Risk Behavior Survey, 2019 & 2021. <https://nccd.cdc.gov/Youthonline/App/Default.aspx>

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 15.1% in the service area reported having engaged in binge drinking in the previous 30 days, which was lower than the state rate (16.1%). 16.1% of adults in Perry County and 14.6% in Conway County said they had engaged in binge drinking in the past month. The Healthy People 2030 objective is for

no more than 25.4% of adults to engage in binge drinking in the prior month, which area counties met.

Binge Drinking, Past 30 Days, Adults

	Percent
Conway County	14.6%
Perry County	16.1%
Morrilton Service Area*	15.1%
Arkansas	16.1%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

* Weighted average of county rates.

In 2019, 25.4% of high school students said they had used alcohol within the past month, and 12.2% said they had engaged in binge drinking (4 or more drinks in a row within a couple of hours for girls, and 5 or more for boys) within the past month. For 2021 those numbers were lower, with 22.1% of students saying they had used alcohol at least once in the past month and 9.6% saying they had participated in binge drinking at least once. Rates of alcohol use and misuse increase with grade level.

Alcohol Use and Binge Drinking, High School Students, Arkansas

	Alcohol Use		Binge Drinking	
	2019	2021	2019	2021
9 th Grade	13.8%	17.3%	4.3%	7.0%
10 th Grade	23.9%	22.8%	10.0%	7.5%
11 th Grade	28.9%	21.6%	15.6%	10.4%
12 th Grade	36.0%	26.7%	19.5%	14.3%
Total	25.4%	22.1%	12.2%	9.6%

Source: U.S. CDC, High School Youth Risk Behavior Survey, 2019 & 2021. <https://nccd.cdc.gov/Youthonline/App/Default.aspx>

Marijuana Use

In 2019, 33.9% of Arkansas high school students said they had tried marijuana, and 17.5% had used it within the past month. In 2021, 28.1% of students said they had tried marijuana, and 13.9% said they had used it at least once in the past month. Rates of having tried marijuana, and current usage, generally rise with grade level.

Marijuana Experience and Use, High School Students, Arkansas

	Have Ever Tried		Past Month	
	2019	2021	2019	2021
9 th Grade	25.1%	19.5%	14.6%	9.1%
10 th Grade	24.6%	29.2%	13.1%	14.4%
11 th Grade	41.4%	31.9%	19.4%	14.7%
12 th Grade	44.3%	32.7%	22.6%	17.6%
Total	33.9%	28.1%	17.5%	13.9%

Source: U.S. CDC, High School Youth Risk Behavior Survey, 2019 & 2021. <https://nccd.cdc.gov/Youthonline/App/Default.aspx>

Non-Fatal Drug Overdose

The age-adjusted rate of ER visits in 2023 due to non-fatal drug overdoses, among the service area counties, was higher in Perry County (177.9 ER visits per 100,000 persons) than in Conway County (87.2 ER visits per 100,000 persons). Of the two counties, however, Conway County had the higher rate of EMS personnel administering Naloxone (Naloxone is a life-saving medication that can be used to reverse an overdose of opioids). There were 143.5 administrations per 100,000 persons in Conway County, and Perry County had Naloxone administrations by EMS at a rate of 109.6 per 100,000 persons.

Non-Fatal Drug Overdoses, Age-Adjusted Rates, per 100,000 Persons

	ER Visits Due to Non-Fatal Overdoses		EMS Naloxone Administration Incidence	
	Cases	Rates	Cases	Rates
Conway County	16	87.2	30	143.5
Perry County	17	177.9	15	109.6
Arkansas	3,937	N/A	4,270	N/A

Source: Arkansas Department of Health, Substance Misuse Education and Prevention Section, 2023 data, accessed October 5, 2024. <https://experience.arcgis.com/experience/2ad87ac5b6934707a7625fc6068bb198>

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- The number one drug in Arkansas is and probably always will be methamphetamine.
- Many people are not interested in inpatient services, especially families who have children. They don't want to lose their kids or have anyone watch their kids while they go to treatment.
- We predominately see meth use, fentanyl and opioids. Even though opioids are making a big show in our area, it still is not as common as seeing people use meth.
- Drugs are so much more potent now and laced with things that cause people to overdose. People are getting addicted more quickly.
- Drug use is rampant here. We are right on I-40, so there is a lot of drug trafficking that comes through our area.
- We are a dry county, but there is a drug problem here. Part of it is people are making money from it. We see in school kids with learning disabilities and behavioral issues because their parents abuse drugs.
- There are no inpatient services, rehab or detox type organizations for kids.
- We see a lot of meth opiates being abused. And a large amount of marijuana. Young kids in the home think this is normal, and it often leads them to thinking this is a normal coping skill, that when life gets difficult or things are too much, that substances are acceptable. With a lot of substance use we typically see exposure to

domestic violence as well.

- We have nine- and ten-year-old kids telling us they drink and smoke with their parents. When we do our intakes, we ask kids “when was the first time they tried all these different substances.” It is usually around age seven.
- For long term treatment for adults, there are not many options, either they don’t take Medicaid, or they are religious based, and a lot of people don’t want to study the Bible as part of their treatment.
- We have a drug court where judges will say before this person is released, they need a shot of Vivitrol. That is a long-acting naltrexone that keeps opioid receptors clear of opioids. It can also be used with people with alcohol use disorder. But there is a misunderstanding. If you really wanted someone to have an effective long acting injectable, you should use a long-acting buprenorphine. Sometimes a more nuanced approach is better. And we can’t just give someone an injection. We need to connect them with a specialist who is going to visit them every 30 days when they need that injection and provide community-based resources. There isn’t a system of care. Clinical resources and community-based resources are disconnected.
- There are a lot of funding formulas that have shifted to opioid use. Opioid use has been on the rise, and we’ve seen high overdose rates and overdose death rates. There are cash settlements that have been coming into the state, cities and counties. As a result, organizations are incentivized to treat opioid use disorder. We are going to see cash strapped agencies trying to do good work and seek funding, and they may say they are treating it when they aren’t – we are going to see inflated numbers for opioid use disorder.
- The resources for methamphetamine use, recovery and treatment are scarce. Our crisis stabilization unit is not doing methamphetamine detox anymore. Methamphetamine is a drug that causes intense psychosis. It's also a drug with a very short half-life. Methamphetamine will move through your system in a day and a half, two days, three at most. So short-term detoxification for someone experiencing methamphetamine psychosis can be effective, but we don't have that resource. There are no detox beds at CHI St. Vincent anymore and that was a huge blow.
- If you're a person or a family member trying to get someone into treatment and you call on Friday afternoon, you must wait until Monday for an assessment and admission. That's a real challenge, especially with detox, because you're either going to go detox somewhere safe or you're going to try to detox on your own, which can be dangerous. People try to detox by using other drugs. Those experiencing methamphetamine psychosis may take an opioid to calm down.
- People use the stigmatizing language “tweaking” that is when people will have very intense physical reactions to the drugs they’ve taken. You can have an intense period of auditory and visual hallucinations. When people are looking for detox, sometimes they are currently experiencing psychosis. In the middle of an episode,

they may get picked up by law enforcement. That is an opportunity. If you make it through your first year in recovery, your chances of staying in recovery long term without relapses are a lot higher.

Preventive Practices

Childhood Immunizations

74.3% of children in Conway County, ages 19 to 35 months, are up to date with the Combined 7 Series Immunizations. The Combined 7 series includes 4+DTaP, 3+IPV, 1+MMR, 3+ Hib, 3+ HepB, 1+ Varicella and 4+ PCV. Fewer children of that age group are up to date with their immunizations in Perry County (63.3%).

Childhood Immunizations Up-To-Date, Children, Ages 19 to 35 Months

	Conway County	Perry County	Arkansas
Childhood immunizations up-to-date	74.3%	63.3%	66.7%

Source: Arkansas Department of Health, Epidemiology Department, WebIZ. Current data as of September 10, 2024. Map received via email.

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 42.7% of Conway County adults and 47.2% of Perry County adults received a flu shot.

Flu Vaccines

	Conway County	Perry County	Arkansas	
Received flu vaccine, ages 6 mo. to 17 years	N/A	N/A	58.5%	
Received flu vaccine, ages 18 to 64 years	42.7%	46.2%	47.2%	38.4%
Received flu vaccine, ages 65 and older				74.1%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for state). N/A = Not Available. <https://www.cdc.gov/fluview/interactive/general-population-coverage.html>

Mammograms, Pap Smears, and Colorectal Screenings

For mammograms, the Healthy People 2030 objective is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 70.8% of women had obtained mammograms in the prior two years, which did not meet this objective. Rates were 70.6% in Conway County, and 71.2% in Perry County.

For Pap smears, the Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. With 79.6% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years. The service area does meet this objective. Rates were 79.7% in Conway County, and 79.5% in Perry County.

For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 60.4% of service area residents, ages 50-75, met the colorectal cancer screening guidelines. The service area has a lower rate than the

state (61.6%) and does not meet the Healthy People 2030 objective. Rates were 60.6% in Conway County, and 60% in Perry County.

Mammogram in the Past 2 Years, Women, Ages 50-74, 2 Year Average, Pap Test Past 3 Years, Women, Ages 21-65, Screening for Colorectal Cancer, Adults, Ages 50-75

	Mammograms	Pap Smears	Colorectal Cancer Screenings
Conway County	70.6%	79.7%	60.6%
Perry County	71.2%	79.5%	60.0%
Morrilton Service Area*	70.8%	79.6%	60.4%
Arkansas*	71.4%	76.9%	61.6%

Source for mammogram and colorectal cancer screening data: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> * Weighted average of county rates.
 Source for Pap smear data: For county and service area: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2020 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For Arkansas data U.S. CDC BRFSS, 2020 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- We have a walk-in medical clinic at least one day a week. They can get health screenings, renew a prescription, etc. The practitioners have told me they are seeing a pretty noticeable uptick in sexually transmitted diseases, especially Hepatitis C and HIV.
- There are a lot of people around who will not get vaccines.
- There has been a tremendous pushback during Covid about getting vaccines. There is a distrust of vaccines.

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community
- Improving or worsening of an issue in the community
- Availability of resources to address the need
- The level of importance the hospital should place on addressing the issue

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, access to health care, healthy eating and physical activity, and substance use had the highest scores for severe and very severe impact on the community. Substance use, mental health, and food insecurity were the top three needs that had worsened over time. Mental health, economic insecurity, and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access health care	81.8%	36.4%	37.5%
Chronic disease	70%	11.1%	37.5%
Economic insecurity	83.3%	54.5%	87.5%
Food insecurity	75%	63.6%	25%
Healthy eating and physical activity	81.8%	55.6%	50%
Mental health	72.7%	70%	100%
Preventive care	72.7%	33.3%	37.5%
Substance use	80%	77.8%	87.5%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Economic insecurity, substance use, and mental health were ranked as the top three priority needs in the service area.

Calculations resulted in the following prioritization of the significant needs.

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Economic insecurity	3.82
Substance use	3.80
Mental health	3.63
Food insecurity	3.45
Chronic disease	3.44
Preventive care	3.40
Access health care	3.27
Healthy eating and physical activity	3.10

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Arkansas 211 at <https://arkansas211.org/>.

Significant Health Needs	Community Resources
Access to care	Arkansas Center for Health Disparities, Arkansas Center for Health Improvement, Conway County Christian Clinic, Conway Interfaith Clinic, Conway Medical Clinic, Cooperative Christian Ministries and Clinic, Pine Street Free Clinic Inc.
Chronic diseases	Arkansas Center for Health Disparities, Arkansas Center for Health Improvement, Conway County Christian Clinic, Conway Interfaith Clinic, Conway Medical Clinic, Cooperative Christian Ministries and Clinic, Pine Street Free Clinic Inc.
Economic insecurity	Abundant Life Pregnancy Resources, Arkansas Advocates for Children's and Family, Arkansas Foodbank, Catholic Charities of Arkansas, Community Action Program for Central Arkansas (CAPCA), Conway Care Center, Conway Ministry Center, Feeding America, Help Network Inc., Hunger Relief Alliance, Partners for Progress, Storehouse Food Pantry, The Safe Place
Food insecurity	Arkansas Advocates for Children's and Family, Arkansas Hunger Relief Alliance, Birdtown Community Pantry, Catholic Charities of Arkansas, Conway Care Center, Conway Food Pantry, Conway Ministry Center, Feeding America, Arkansas Foodbank, Hunger Relief Alliance, Loaves and Fishes Food Pantry, Partners for Progress, Project Hope Food Bank, Salvation Army, Storehouse Food Pantry
Healthy eating and active living	Arkansas Center for Health Disparities, Community Action Program for Central Arkansas (CAPCA), Hunger Relief Alliance
Mental health	Abundant Life Pregnancy Resources, Arkansas Advocates for Children's and Family, Arkansas Crisis Center, Cooperative Christian Ministries and Clinic, Counseling Associates, National Suicide Prevention Hotline, River Valley Arts Center (RVAC), The Safe Place
Preventive care	Abundant Life Pregnancy Resources, Arkansas Center for Health Improvement, Community Action Program for Central Arkansas (CAPCA), Conway County Christian Clinic, Conway Interfaith Clinic, Conway Medical Clinic, Cooperative Christian Ministries and Clinic, Pine Street Free Clinic Inc.
Substance use	Counseling Associates, Shalom Recovery Centers, The Father's House, Wolfe Street Foundation

Impact of Actions Taken Since the Preceding CHNA

In 2022, St. Vincent Morrilton conducted the previous CHNA, and significant health needs were identified from issues supported by primary and secondary data sources. The hospital’s Implementation Strategy associated with the 2022 CHNA addressed:

Access to Care - improve access to primary care services, with an emphasis on prenatal care, in rural communities least served by existing resources. Partner with local government to expand and support access to community resources and provide better access to behavioral health care.

Education - improve the general health of the community by increasing basic health knowledge and awareness and building confidence in and respect for health care in communities that traditionally lack this attitude.

The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Primary Care, Mental Health Care, Substance Use Resources and Transportation

Strategy or Program Name	Summary Description
Community Outreach Programs	A Community Outreach program included a Community Health Coordinator and two Community Health Workers.
Connected Community Network	A patient centered, integrated network of social, medical, and behavioral health services that provided access to post-acute care, especially for the homeless community and the poor.
Transportation	Provided transportation resources to increase the ability of the poor and vulnerable in rural communities to travel to medical appointments and procedures.

Education about Health, Chronic Conditions, Domestic Violence and Human Trafficking

Strategy or Program Name	Summary Description
Community Health Campaigns	Formed partnerships with local government, schools, and community groups to provide materials and expertise to educate the community on the impact of the social determinants of health.
Community Outreach Programs	A Community Outreach program included a Community Health Coordinator and two Community Health Workers.

Attachment 1: County Service Area ZIP Codes

Conway County	Perry County
72027	72001
72030	72016
72063	72025
72080	72070
72110	72125
72127	72126
72156	
72157	

Attachment 2: Benchmark Comparisons

Where data were available, the St. Vincent Morrilton service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	89.5% - >95%	90.7%
Child health insurance rate	95.4%	92.4%
Adult health insurance rate	88.6% - 93.8%	92.4%
Cancer deaths	159.9	122.7 per 100,000 persons
Lung cancer deaths	42.9	25.1 per 100,000 persons
Colon/rectum cancer deaths	11.3 (Conway County only)	8.9 per 100,000 persons
Infant death rate	9.54	5.0 per 1,000 live births
Adult obese (ages 18 and older)	40.3%	36.0%, adults ages 20+
Adults engaging in binge drinking	15.1%	25.4%
Cigarette smoking by adults	22.1%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	79.6%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	70.8%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	60.4%	68.3%
Annual adult influenza vaccination	42.7% - 46.2%	70.0%

Attachment 3: Community Stakeholder Interviewees

Community input was obtained from interviews with stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Sylvia Blain	Chief Executive Officer	Arkansas Hunger Relief Alliance
Justin Buck	Executive Director	Wolfe Street Foundation
Becky Chote	Assistant Director	Project Hope Food Bank
Gary Gibson	Executive Director	Southern Christian Home
Vicki Gill	Director	Partners for Progress of Perry County
Spring Hunter	Executive Director	Conway Ministry Center
Sherri Jones	Chief Programs Officer	Arkansas Foodbank
Dennis Lee	Chancellor for Administrative Affairs; Executive Director	Diocese of Little Rock; Catholic Charities of Arkansas
Cindy Lucariello	Director	Conway County Care Center
Kathleen Moix, LPC, CIT	Mental Health Therapist	Southern Christian Home
Mary Wood	Executive Director	The Safe Place

Attachment 4: Community Stakeholder Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in their community. Responses included:

- Homelessness, food insecurity.
- Domestic violence, drug abuse and addiction.
- A lack of jobs. Opportunities are far and few between here for the younger generation.
- Poverty.
- Mental health, trauma, depression, anxiety.
- Mental health, neglect, trauma.
- Food insecurity has increased dramatically in the last few years.
- We are seeing a huge uptick in the number of families, children, and seniors who are facing hunger.
- No health insurance

Interview participants were asked what factors or conditions contribute to those health issues? (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- Economic insecurity, inflation.
- People do not have self-worth and self-esteem.
- There is a greater need for foster homes in Arkansas. They are very limited, so kids move around a lot more often. Also, we need more training for parents interested in adopting because we have a lot of failed adoptions.
- Early childhood neglect, a lack of parenting, lack of care and nurturing kids at a young age during their critical brain development years.
- Inflation, food costs.
- In addition to general poverty, transportation is an issue. Governmental bureaucracy with SNAP.
- Economics. Immigrant status.
- Housing insecurity, substance use disorder.

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Low-income families, homeless individuals.
- Victims of domestic abuse of some type.
- Children, families, lower income.

- Elderly populations, low-income families.
- Immigrant populations who don't speak English.

Stakeholders were asked about community members who were impacted by climate hazards.

- We had a bad cold snap that broke people's water pipes. There were leaks and floods.
- Weather has a direct impact on hunger. People on the street and many families have limited resources to pay for heat and air conditioning. So, they go to community resources, like cooling centers.
- We've had two major tornado outbreaks in two different parts of the state and people lost their homes, some of them lost all their food. This caused people to fall further into debt and they were unable to care for their families.
- We had tornados that took out quite a few of the poor neighborhoods. Housing costs have gone up, so finding replacement housing was difficult. Also, many people were uninsured or underinsured.
- We had a massive tornado that was devastating and took a huge mental health toll. We don't have any overnight emergency shelter. So, when it's cold, there are people freezing on the street. We see that every year because we don't have that resource.