



A member of CommonSpirit



CHI St. Vincent Infirmiry

Little Rock, Arkansas

CHI St. Vincent North

Sherwood, 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 Infirmery and CHI St. Vincent North. 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 North is a 60-bed faith-based hospital located at 2215 Wildwood Ave., Sherwood, AR 72120, and CHI St. Vincent Infirmery is a 600-bed faith-based hospital and level II trauma center, located at 2 St. Vincent Circle, Little Rock, AR 72205. The hospitals track counties of origin for all patient admissions and include all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, these hospitals have a shared primary service area defined as Faulkner County, Lonoke County, and Pulaski County.

The population of the service area is 597,225. Children and youth, ages 0-17, make up 23.2% of the population, 61.5% are adults, ages 18-64, and 15.3% 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 (60.6%), 27.9% of the population are non-Hispanic Black or African American residents and 5.8% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 1.8% are non-Hispanic Asian residents, 0.2% are non-Hispanic American Indian or Alaskan Native residents, and 0.04% are non-Hispanic Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.2% of the service area population. In the service area, 93.2% of the population, 5 years and older, speak only English in the home. Among the area population, 4.2% speak Spanish, 1.2% speak an Indo-European language other than Spanish or English, and 1.0% speak an Asian or Pacific Islander language in the home.

Among the residents in the service area, 15.8% are at or below 100% of the federal poverty level (FPL) and 34.9% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 8% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (11.8%). 34% 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 Faulkner County, Lonoke County, Pulaski 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 North and St. Vincent Infirmary conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Ten (10) interviews were completed during December 2024. 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 Faulkner, Lonoke, and Pulaski Counties 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 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. Access to health care
2. Chronic disease
3. Economic insecurity
4. Food insecurity
5. Healthy eating and active living
6. Mental health
7. Preventive care
8. Substance use

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

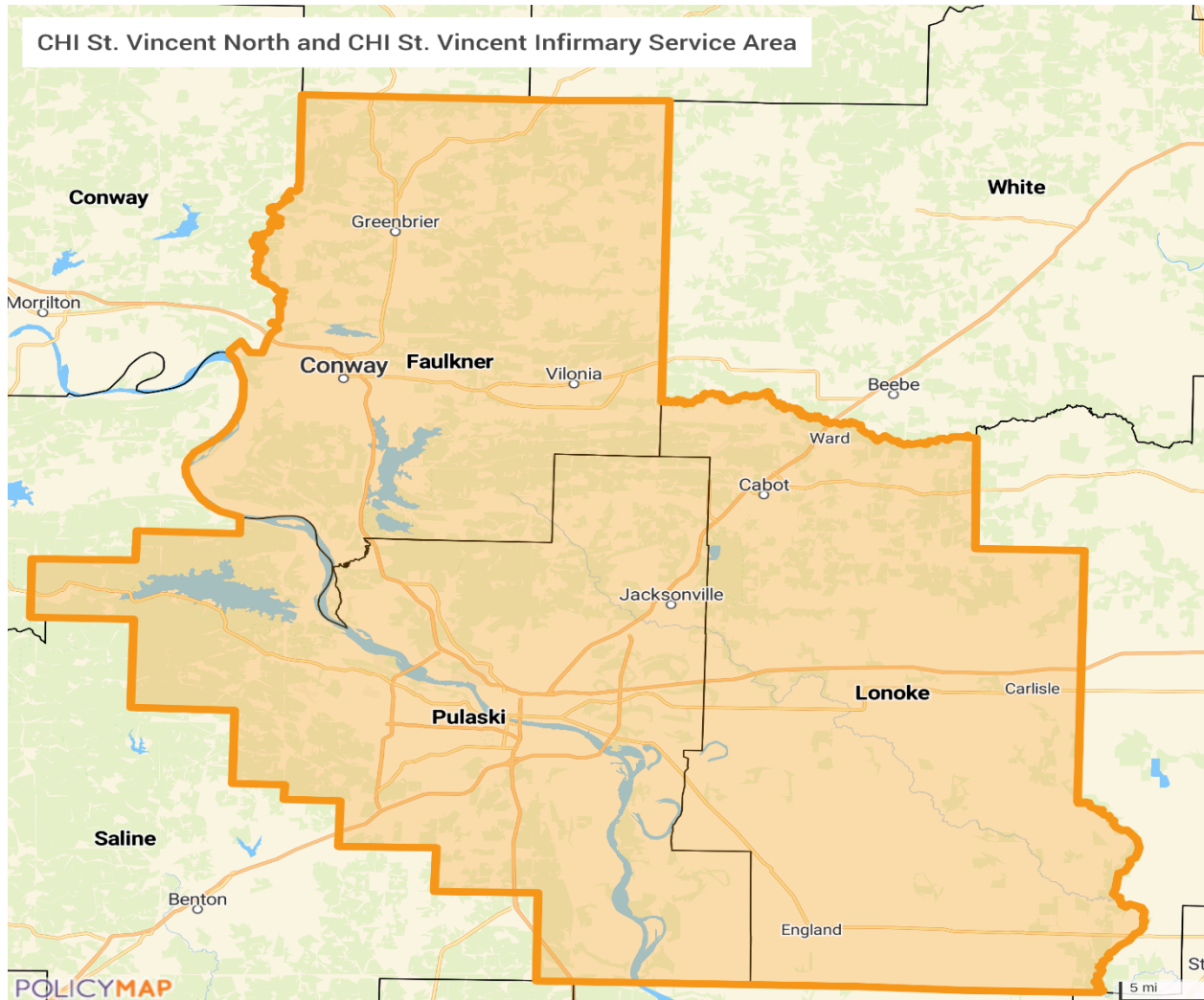
This CHNA report was adopted by the St. Vincent North and Infirmary Boards of Directors in May 2025. This report is widely available to the public on the hospital website at <https://www.commonspirit.org/stvincent/about-stvincent#our-community> and a paper copy is available for inspection, upon request, 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 North is a 60-bed faith-based hospital located at 2215 Wildwood Ave., Sherwood, AR 72120, and CHI St. Vincent Infirmiry is a 600-bed faith-based hospital and level II trauma center, located at 2 St. Vincent Circle, Little Rock, AR 72205. The hospitals track counties of origin for all patient admissions and include all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, these hospitals have a shared primary service area defined as Faulkner County, Lonoke County, and Pulaski County. A listing of the county ZIP Codes can be found in Attachment 1. The Central Public Health Region of Arkansas comprises seven counties, including the three service area counties plus Garland, Saline, Grant, and Perry Counties. Some report data reference this geographical unit.

CHI St. Vincent North and Infirmiry Service Area Map



In addition to CHI St. Vincent Hospital North and CHI St. Vincent Infirmary, the service area contains a VA Hospital in Little Rock, the Arkansas Children's Hospital in Little Rock, and ten short-term-stay hospitals: Baptist Health Medical Center-Conway and Conway Regional Health System in Conway, Baptist Health Medical Center-North Little Rock and Arkansas Surgical Hospital in North Little Rock, and Baptist Health Medical Center-Little Rock, Executive Surgery Center of Little Rock, Arkansas Heart Hospital LLC, Centerview Surgery Center LLC, Legacy Surgery Center, and UAMS Medical Center, in Little Rock.

The service area also contains two extended-care hospitals in Little Rock (Baptist Health Extended Care Hospital and Cornerstone Hospital), three rehabilitation hospitals (CHI St. Vincent Sherwood Rehabilitation Hospital in Sherwood, Conway Regional Rehabilitation Hospital in Conway, and Baptist Health Rehabilitation Institute in Little Rock), and six behavioral health hospitals (The Bridge Way, Inc. in North Little Rock, Conway Behavioral Health in Conway, Freedom Behavioral Hospital in Jacksonville, United Methodist Behavioral Hospital in Maumelle, and Arkansas State Hospital and Pinnacle Pointe Behavioral Health System in Little Rock).

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

The population of the service area is 597,225. Children and youth, ages 0-17, make up 23.2% of the population, 61.5% are adults, ages 18-64, and 15.3% 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 (60.6%), 27.9% of the population are non-Hispanic Black or African American residents and 5.8% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 1.8% are non-Hispanic Asian residents, 0.2% are non-Hispanic American Indian or Alaskan Native residents, and 0.04% are non-Hispanic Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.2% of the service area population. In the service area, 93.2% of the population, 5 years and older, speak only English in the home. Among the area population, 4.2% speak Spanish, 1.2% speak an Indo-European language other than Spanish or English, and 1.0% speak an Asian or Pacific Islander language in the home.

Among the residents in the service area, 15.8% are at or below 100% of the federal poverty level (FPL) and 34.9% are at 200% of FPL or below. The highest poverty and low-income rates in the service area are found in Pulaski County, where 16.6% of the population lives in poverty and 35.8% qualify as low-income. Among children, 21.7% are living in poverty, and 9.1% of senior adults are experiencing poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 4.7%. The median household income in the service area is \$60,009.

In the service area, 16.4% of the population experienced food insecurity in 2022. Among children in the service area, 25.1% lived in households that experienced food insecurity. Feeding America estimated that 49% of those experiencing food insecurity in Faulkner County, 42% in Lonoke County, and 47% in Pulaski County were income-eligible for nutritional programs such as SNAP.

In the service area, 91.6% of the civilian, non-institutionalized population has health insurance. Among adults, ages 19 to 64, 88.2% in the service area have coverage, Among area residents, 17.7% have Medicaid coverage.

Educational attainment is a key driver of health. In the hospitals' service area, 8% 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. Faulkner County and Lonoke County are designated as Medically Underserved Areas (MUAs) for primary care, as are portions of Pulaski County, including but not limited to: Jacksonville and central and southwest Little Rock.

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. Faulkner, Lonoke and Pulaski Counties are designated as HPSAs for low-income residents for primary care, and Lonoke is designated as a HPSA for low-income residents for dental health and mental health.

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 Faulkner County, Lonoke County, Pulaski 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 North and St. Vincent Infirmery 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.

Ten (10) telephone interviews were conducted during December 2024. Interview participants included a broad range of stakeholders concerned with health and wellbeing who spoke about 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. Governmental Public Health representatives did not respond to the invitation to participate in the CHA through an interview request.

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. 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 North and St. Vincent Infirmary 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 North and CHI St. Vincent Infirmiry (North and Infirmiry) service area is 597,225. From 2017 to 2022, the service area population increased by 2%.

Total Population and Change in Population

	Total Population	Change in Population 2017-2022
Faulkner County	124,611	2.7%
Lonoke County	74,292	3.8%
Pulaski County	398,322	1.4%
North and Infirmiry Service Area	597,225	2.0%
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 51.7% female and 48.3% male.

Population, by Gender

	Male	Female
Faulkner County	48.8%	51.2%
Lonoke County	49.6%	50.4%
Pulaski County	47.9%	52.1%
North and Infirmiry Service Area	48.3%	51.7%
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 23.2% of the service area population, 61.5% are adults, ages 18-64, and 15.3% of the population are senior adults, ages 65 and older.

Population, by Age

	North and Infirmiry Service Area		Arkansas	
	Number	Percent	Number	Percent
Age 0-4	36,938	6.2%	181,324	6.0%
Age 5-17	101,499	17.0%	515,944	17.1%
Age 18-24	60,992	10.2%	289,554	9.6%
Age 25-44	162,651	27.2%	767,924	25.4%
Age 45-64	143,825	24.1%	744,489	24.7%
Age 65-74	55,530	9.3%	304,000	10.1%
Age 75-84	25,016	4.2%	158,344	5.2%
85+	10,774	1.8%	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, Lonoke County has the highest percentage of children and youth (25%) and Pulaski County has the highest percentage of senior adults, ages 65 and older (16.2%). Faulkner County has the lowest percentage of children and youth (22.6%) and of senior adults (13.3%).

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

	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Faulkner County	124,611	22.6%	13.3%
Lonoke County	74,292	25.0%	14.0%
Pulaski County	398,322	23.0%	16.2%
North and Infirmary Service Area	597,225	23.2%	15.3%
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 91,320 senior adults who live in the service area, those who lived alone ranged from 23.5% in Faulkner County to 30.7% in Pulaski County.

Senior Adults Living Alone

	Total Senior Adults	Percent Living Alone
Faulkner County	16,523	23.5%
Lonoke County	10,411	24.7%
Pulaski County	64,386	30.7%
North and Infirmary Service Area	91,320	28.7%
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 (60.6%), 27.9% of the population are non-Hispanic Black or African American residents and 5.8% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 1.8% are non-Hispanic Asian residents, 0.2% are non-Hispanic American Indian or Alaskan Native residents, and 0.04% are non-Hispanic Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.2% of the service area population.

In the service area, the highest percentage of non-Hispanic White (84.3%), multiracial (4%) and Native Hawaiian or Pacific Islander residents (0.12%) live in Lonoke County. Pulaski County has the highest percentage of non-Hispanic Black or African American residents (37.2%), Hispanic or Latino residents (6.4%), and Asian residents (2.2%). Faulkner County has the highest percentage of American Indian or Alaska Native residents (0.3%).

Race and Ethnicity

	North and Infirmiry Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
White, non-Hispanic	60.6%	78.9%	84.3%	50.4%	69.7%
Black or African American, non-Hispanic	27.9%	11.3%	5.5%	37.2%	15.1%
Hispanic or Latino	5.8%	4.4%	4.8%	6.4%	8.1%
Multiracial, non-Hispanic	3.4%	3.8%	4.0%	3.2%	4.6%
Asian, non-Hispanic	1.8%	1.0%	1.0%	2.2%	1.5%
Some other race, non-Hispanic	0.2%	0.3%	0.1%	0.3%	0.2%
American Indian or Alaska Native, non-Hispanic	0.2%	0.3%	0.1%	0.2%	0.4%
Native Hawaiian or Pacific Islander, non-Hispanic	0.04%	0.01%	0.12%	0.03%	0.37%

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

Language

In the service area, 93.2% of the population, 5 years and older, speak only English in the home. Among the area population, 4.2% speak Spanish, 1.2% speak an Asian or Pacific Islander language, and 1% speak an Indo-European language other than Spanish or English, and 0.4% speak some other language in the home.

The highest percentage of Spanish-speakers (4.8%), Asian or Pacific Islander language speakers (1.4%), speakers of some other Indo-European language (1.2%), and speakers of some other language (0.5%) are found in Pulaski County.

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

	North and Infirmiry Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Population, 5 years and older	560,287	117,370	69,743	373,174	2,837,345
English only	93.2%	95.4%	92.1%	93.2%	92.2%
Speaks Spanish	4.2%	2.9%	3.1%	4.8%	5.6%
Speaks Asian or Pacific Islander language	1.2%	0.8%	0.7%	1.4%	1.2%
Speaks non-Spanish Indo-European language	1.0%	0.7%	0.4%	1.2%	0.8%
Speaks other language	0.4%	0.2%	0.2%	0.5%	0.17%

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

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the service area, 2.4% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Faulkner County	1.4%
Lonoke County	1.5%
Pulaski County	2.9%
North and Infirmary Service Area	2.4%
Arkansas	3.2%

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

Veteran Status

In the service area, 8.3% of the civilian population, 18 years and older, are veterans. This is higher than the state rate (7.9%).

Veteran Status

	Percent
Faulkner County	5.9%
Lonoke County	11.4%
Pulaski County	8.5%
North and Infirmary Service Area	8.3%
Arkansas	7.9%

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

Citizenship

In the service area, 4.4% of the population is foreign-born, which is lower than the state rate (5%). Of the foreign-born, 56.7% 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

	North and Infirmary Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Foreign born	4.4%	3.5%	2.7%	5.1%	5.0%
Of the foreign born, not a U.S. citizen	56.7%	53.9%	46.9%	58.2%	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. Faulkner County is ranked 3, Lonoke County is ranked 6, and Pulaski County is ranked 18.

Social and Economic Factors Ranking

	County Ranking (out of 75)
Faulkner County	3
Lonoke County	6
Pulaski County	18

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 4.7%. This is lower than the state unemployment rate (5.1%). The highest rate of unemployment was found in Pulaski County (4.7%), and the lowest unemployment rate was in Faulkner County (3.3%).

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Faulkner County	60,237	1,959	3.3%
Lonoke County	34,984	1,570	4.5%
Pulaski County	196,961	10,340	5.2%
North and Infirmiry Service Area	292,182	13,869	4.7%
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, 15.8% are at or below 100% of the federal poverty level (FPL) and 34.9% are at 200% of FPL or below. The highest poverty and low-income rates in the service area are found in Pulaski County, where 16.6% of the population lives in poverty and 35.8% qualify as low-income. Lonoke County has the lowest rate of poverty (11.8%) and low-income residents (29.9%).

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

	<100% FPL	<200% FPL
Faulkner County	15.5%	35.1%
Lonoke County	11.8%	29.9%
Pulaski County	16.6%	35.8%
North and Infirmiry Service Area	15.8%	34.9%
Arkansas	16.2%	38.2%

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

Pulaski County has the highest rate of poverty among children (25.3%), and Faulkner County has the highest rate of poverty among senior adults (13.9%), and female heads-of-household (HoH), living with their own children, under the age of 18 (39.3%).

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

	Children	Senior Adults	Female HoH with Children*
Faulkner County	13.9%	13.9%	39.3%
Lonoke County	16.1%	7.9%	33.5%
Pulaski County	25.3%	8.0%	37.1%
North and Infirmiry Service Area	21.7%	9.1%	37.0%
Arkansas	22.2%	10.7%	39.8%

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

In the service area, the highest poverty rate is among Native Hawaiian or Pacific Islander residents (31.5%). The poverty rates among American Indian or Alaska Native residents (28.2%), Black or African American residents (26.4%), Hispanic or Latino residents (22.7%), residents who identify as an 'Other' race (21.2%), and multiracial residents (17%) exceed the overall service area poverty rate (15.8%). When population numbers are small, particularly among Native Hawaiian or Pacific Islander residents, care should be taken when comparing rates.

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

	North and Infirmiry Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Native HI or Pacific Islander	31.5%	0.0%	33.3%	33.3%	32.3%
American Indian or AK Native	28.2%	11.1%	0.0%	35.7%	20.3%
Black or African American	26.4%	24.4%	28.0%	26.6%	28.9%
Hispanic or Latino	22.7%	27.1%	21.5%	22.0%	20.9%
Some other race	21.2%	21.9%	27.7%	20.5%	22.1%
Multiracial	17.0%	17.3%	14.4%	17.5%	17.4%
White, non-Hispanic	10.4%	13.4%	10.1%	9.0%	12.9%
Asian	10.4%	19.5%	14.9%	8.8%	12.0%
Total <100% FPL	15.8%	15.5%	11.8%	16.6%	16.2%

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

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. 47% of students in Faulkner County, 43% of Lonoke County students, and 76% of Faulkner County students are eligible to receive free or reduced-price lunches.

Eligibility for Free and Reduced-Price Lunches

	Percent
Faulkner County	47%
Lonoke County	43%
Pulaski County	76%
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:

- We work with people who are victims of violence, domestic violence, sexual violence, human trafficking, child abuse. We see a connection between abused women and children and homelessness. We know that people's lifestyles change when they decide to get out of a situation that's abusive.
- We're in a housing crisis right now and there are not a lot of housing options for people who are coming through our shelter for fair market value, which is pretty low. Housing is being offered at prices our clients can afford.
- People are more economically insecure since the pandemic. I don't know if it is more visible, or that during the pandemic there was a lot of money that was funneled through systems to get people housing. There is still money, but there is no housing available.
- The job market has changed. I don't know where people are working or what they're doing. Maybe people don't want certain kinds of jobs anymore. That changed with Covid. People just stopped working, but you must support yourself, so I don't know what people are doing.
- A lot of people struggle to pay their rent, struggle to pay utilities, struggle to make car repairs. The cost of groceries has gone up anywhere from 20 to 40%.
- People who are unhoused are more visible than they once were, and their numbers have increased. Not everyone who is homeless wants to be in a shelter. Sometimes they want to be left alone and live in a tent in the woods, but it's against the law.
- We resettle refugees here and we have trouble finding safe, affordable, decent housing. It's not easy to find housing in Little Rock.

- We are seeing more people in need of affordable permanent housing. We saw during Covid more families fell into homelessness. Many people are one paycheck away or one disaster away from sinking into a dark hole. And we are seeing a slowdown of people getting housed. But our city government is putting some dollars behind it.
- We are opening Providence Park, which is 50 acres and will provide permanent housing and wraparound services. We will have 400 homes. We have a medical clinic that is opening with mental, medical and dental care. We have a huge community center and a garden. And people can stay permanently.
- Affordable housing is increasingly an issue in the area because people were displaced after the tornado and had to find additional housing. One of the senior living communities had to send their residents to Mississippi and to northwest Arkansas where beds were available for them. That's impactful and stressful for seniors, as change is more difficult when you are older. The housing that is available is not necessarily attainable for the salaries in the area.
- Economic insecurity is at the root of our food insecure population. 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. Transportation is probably what we hear more than anything else. If you can't afford a car or you live in an area that has poor public transportation, which is most of the state, that is a significant barrier.
- Economic instability hits hardest for Black single mothers who have a child under the age of five or who are pregnant. For a low-income family to get assistance with childcare, they have to be employed full time, and they have to demonstrate employment in the application. And to get employment, you already must have obtained childcare. There is this loop that new or younger parents will often get caught in where it's hard to do both simultaneously while you're also trying to care for yourself and your child. In the last year, there are fewer childcare facilities that are safe and affordable, so childcare has become scarcer than it was before.
- Poverty undergirds all these issues. I would argue that racism also contributes to lack of access to services and a generational experience of illness. The social safety net system itself is unique. The health care system does not meet the needs of our homeless individuals. The system itself is not being built in a way that can efficiently, adequately, and affordably meet the needs of those who are the least stable, who have the fewest resources in our community.
- At the end of the pandemic there was a kind of a renaissance for the laborer who worked in the essential jobs. They were housekeepers at hotels, security guards at buildings, fast food, and childcare workers. Historically, those positions were lower wage jobs. During the pandemic there was a realization that they are important to our daily lives. As a result, people are starting to get paid \$15 an hour.

- Some of the shelters that used to be somewhat open access have changed to a pre-qualification process. If you show up, saying I'm unsheltered and if you're not on their list, you're turned away.
- There are two separate initiatives going on. The city is building a small village for transient housing, and the county is building a very large community called Providence Park. Providence Park will be permanent homes for the chronically homeless, those have been homeless for five years or more.
- Homelessness ebbs and flows with the economy. As the economy is worsening and housing prices in Little Rock are increasing, we are seeing an increase in homelessness. And that ties to the unemployment rate and the increase in opiate use. These are contributing factors.
- Very few nonprofits incorporate back to work programs. We know the direct link of employment to increased health and increased education to increase health. We need organizations more involved in finding people work.
- A lot of our clients haven't worked enough hours to even apply for Social Security.
- We don't have a hard time getting people employed. A lot of people with felony backgrounds have a challenge getting employed because many employers won't employ people with a felony background. We have good relationships with employers and can usually help people get employed.
- There are a lot of barriers when women with children seek employment, due to a lack of childcare.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care 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 in their area, 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, according to *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. 97.5% of Lonoke County residents have Broadband coverage (a minimum of 25/3 Mbps) in their area, and 89.7% of Faulkner County residents have Broadband coverage. When it comes to access to 1G broadband, Lonoke County has the lowest rate in the service area (54.4%), followed by Faulkner County (72.6%), with Pulaski County having 94.7% of residents covered.

Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Faulkner County	89.7%	87.8%	72.6%
Lonoke County	97.5%	97.3%	54.4%
Pulaski County	97.3%	96.8%	94.7%
Arkansas	86.3%	78.0%	54.7%

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

Transportation

Service area workers spent on average 22.6 minutes a day commuting to work. 80.8% of workers drove alone to work and 39.9% of solo drivers have a long commute (greater than 30 minutes one way). 8.5% of area workers carpooled to work. Very few workers commuted by public transportation (0.5%) or walked to work (1.1%), and 7.7% 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

	North and Infirmary Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Mean travel time to work (in minutes)	22.6	25.9	29.2	20.3	22.2
Drove alone to work	80.8%	83.4%	83.6%	79.5%	80.7%
Solo drivers with a long commute**	39.9%	46.9%	20.8%	28.2%	27.7%
Carpooled to work	8.5%	7.9%	8.9%	8.5%	9.6%
Commuted by public transportation	0.5%	0.2%	0.01%	0.7%	0.3%
Walked to work	1.1%	1.1%	1.1%	1.2%	1.5%
Other means	1.4%	0.9%	1.0%	1.6%	1.2%
Worked from home	7.7%	6.5%	5.4%	8.5%	6.7%

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

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 242,746 households and 273,090 housing units. Over the last five years, the population increased by 2%, and the number of households increased by 7.6%. From 2017 to 2022, owner-occupied households increased by 7.5% and renter-households increased by 7.8%. Housing units grew by 4.8%, and vacant units decreased by 13.4%, to 11.1% of overall housing stock.

Households and Housing Units and Percent Change, North and Infirmiry Service Area

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	260,574		273,090		4.8%
Vacant	35,023	13.4%	30,344	11.1%	-13.4%
Households	225,551		242,746		7.6%
Owner occ.	136,828	60.7%	147,062	60.6%	7.5%
Renter occ.	88,723	39.3%	95,684	39.4%	7.8%

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 \$60,009, and ranges from \$58,326 in Pulaski County to \$68,078 in Lonoke County.

Median Household Income

	Households	Median Household Income
Faulkner County	47,396	\$61,273
Lonoke County	27,582	\$68,078
Pulaski County	167,768	\$58,326
North and Infirmiry Service Area*	242,746	\$60,009
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.” 29.3% of owner and renter occupied households in the service area spend 30% or more of their income on housing. The county with the highest percentage of households spending 30% or more of their income on housing is Pulaski County (30.4%) followed by Faulkner County (29.4%). Among renters-only, the rates are higher, with 48.2% of service area renter households being cost burdened, as opposed to 17.9% for owner households. Faulkner County has the highest rate of cost-burdened renter (48.9%) and owner (18.4%) households, followed closely by Pulaski County (48.6% for renter households and 18.2% for owner households).

Households that Spend 30% or More of Income on Housing

	All Households	Owner Households	Renter Households
Faulkner County	29.4%	18.4%	48.9%
Lonoke County	22.3%	15.6%	42.7%
Pulaski County	30.4%	18.2%	48.6%

	All Households	Owner Households	Renter Households
North and Infirmiry Service Area	29.3%	17.9%	48.2%
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, 18.2% of households are family households (married or cohabiting couples) with children under 18 years old, 7% of households are households with a female as head of household with children, with no spouse or partner present, and 10.8% 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
Faulkner County	47,396	23.3%	4.6%	8.2%
Lonoke County	27,582	23.9%	6.7%	9.3%
Pulaski County	167,768	15.9%	7.7%	11.8%
North and Infirmiry Service Area	242,746	18.2%	7.0%	10.8%
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. Two of the three service area counties are part of the Little Rock/Central Arkansas CoC, which serves Pulaski, Lonoke, Prairie and Saline Counties. Faulkner County is 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 Faulkner, as well as Conway and Perry Counties.

On the night of January 26, 2023, in the Little Rock/Central Arkansas CoC, there were 773 homeless persons, which was a 27.5% reduction in the number of persons experiencing homelessness in 2019 (1,066 persons). The proportion of unsheltered homeless people has risen, from 40.8% in 2015 to 60% of all people experiencing homelessness in 2023, largely due to a reduction in transitional housing.

Homeless Point-in-Time Count, Little Rock/Central Arkansas CoC, 2015 to 2023

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2015	339	254	237	830
2017	550	316	140	1,006
2019	573	292	201	1,066
2023	464	227	82	773

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/>

Among sheltered and unsheltered people who are homeless in Little Rock and Central Arkansas, 9.6% were children, under age 18, 4 of whom were unaccompanied minors, one with a child of their own, 8% were 'transition-age youth' (18 to 24 years old), two of whom were parents of a child, 7.9% were veterans, and 66.1% were chronically homeless. Among unhoused adults, 12.4% were identified as having a severe mental illness, 11.6% were identified as having a chronic substance use disorder, 13.2% as being survivors of domestic violence, 0.6% were transgender or gender non-conforming, and 0.6% had HIV or AIDS.

Homeless Subpopulations, Little Rock/Central Arkansas CoC

	Count	Percent
Children, under age 18	74	9.6%
Parenting minors, under age 18	1	0.1%
Unaccompanied minors	4	0.5%
Youth, ages 18 to 24	62	8.0%
Parenting youth, ages 18 to 24	2	0.3%
Veterans	61	7.9%
Chronically homeless	511	66.1%
Transgender, nonbinary or questioning	5	0.6%
Adults with severe mental illness	96	12.4%
Adults with chronic substance use disorder	90	11.6%
Survivors of domestic violence	102	13.2%
With HIV/AIDS	5	0.6%

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/>

There were an estimated 234 homeless individuals in the three counties counted by the Toadsuck Coalition LHC. 229 of these individuals experiencing homelessness were counted in Faulkner County (125 in shelters) and 5 in Conway County. From 2015 to 2023, the population rose 19.6% in the BoS CoC, and 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

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 three 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%
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/>

The proportions of people experiencing homelessness by race and ethnicity are substantially different when compared to the general population of Faulkner County (while the Toadsuck Coalition also serves Conway and Perry Counties, only 5 of the homeless individuals counted were not in Faulkner County). 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 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, Faulkner County & Toadsuck Coalition LMC

	Percent of General Population, Faulkner 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/>

According to information reported to the Arkansas Department of Education by public school districts, there were 839 homeless children in Faulkner County during the 2022-2023 school year. The majority (82.6%) were reported to be living ‘doubled up’, meaning they were staying with friends or relatives after having lost their housing. 6.9% of children experiencing homelessness in Faulkner County were reported to be living in a homeless shelter, 8.1% were reported to be living unsheltered, and 2.4% of the schoolchildren experiencing homelessness in Faulkner County were said to be living in a hotel or motel.

Homeless Schoolchildren

	Faulkner County	
	Count	Percent
Sheltered	58	6.9%
Unsheltered	68	8.1%
Hotels or motels	20	2.4%
Doubled up (living with others)	693	82.6%
Total	839	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, 6% of households received SSI benefits, 1.8% received cash public assistance income, and 10.4% of households received food stamp benefits. The rates of all three types of public assistance are highest in Pulaski County.

Household Supportive Benefits

	North and Infirmary Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Total households	242,746	47,396	27,582	167,768	1,171,694
Supplemental Security Income (SSI)	6.0%	4.6%	4.9%	6.5%	6.3%
Public Assistance	1.8%	1.3%	1.5%	2.0%	1.9%
Food Stamps/SNAP	10.4%	8.4%	9.6%	11.1%	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. Participation is lower in the multi-county area that includes Faulkner and Lonoke Counties, with 77.5% of eligible senior adults failing to enroll. Pulaski County has a participation rate similar to the state's, with 73% of eligible senior adults, or 6,029 people, not enrolled in the food stamp program.

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

	Number	Percent
Faulkner and Lonoke Counties	Not Available	77.5%
Pulaski County	6,029	73.0%
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, 16.4% of the population experienced food insecurity in 2022. Among children in the service area, 25.1% lived in households that experienced food insecurity. Feeding America estimated that 49% of those experiencing food insecurity in Faulkner County, 42% in Lonoke County, and 47% in Pulaski County were income-eligible for nutritional programs such as SNAP. They further estimated that 62% of Faulkner County children, 64% of Lonoke County children, and 66% of Pulaski 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 Age 18	
	Number	Rate	Number	Rate
Faulkner County	20,650	16.6%	5,270	18.7%
Lonoke County	12,050	16.2%	3,530	19.0%
Pulaski County	65,010	16.3%	25,850	28.2%
North and Infirmary Service Area*	97,710	16.4%	34,650	25.1%
Arkansas	567,110	18.6%	168,430	24.2%

Source: Feeding America, 2022 <https://map.feedingamerica.org/county/2022/overall/arkansas/county/lonoke>.

Community Input – Food Insecurity

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

- There are a lot of resources available before school, after school, during holiday

breaks, and summer breaks, so there are food resources available for young people. But parents must know about those resources to have access to them.

- Our elderly residents don't have as many resources available to them and they don't have a lot of contact with the community. Food insecurity is a concern for the elderly.
- We see a lot more families doing homeschooling or some type of private schooling, which means they don't have access to all the food resources at the schools.
- We are trying to figure out how to ramp up food pantries and place them in food desert areas. Everyone wants to open a food pantry in Little Rock, but who wants to open one in the Delta in Arkansas? Another issue is we get highly processed foods at the pantries.
- Transportation is a big issue. We hear that people can't get to food pantries and can't get to grocery stores. We often hear they are also experiencing issues with funding transportation to their doctor's appointments. I'm certain that's also a health issue.
- If an individual has more than \$2,500 in assets, they do not qualify for SNAP. That threshold can include vehicles or even a burial plot. If the burial plot is worth more than \$2,500, they're required to sell it and then spend that money before they can access food benefits. People must fill out a form online, then they have an online interview. Many people don't get automated notifications of their interview and then they get denied benefits because they missed their interview. Then people must start the process over again. Issues include language barriers and a lack of translators. People will indicate on their application they need a translator for their interview, but when the time comes for the interview, there is no translator.
- SNAP is a federal program, but the state has leeway on how they administer the program. We are one of only nine states that have very low asset limitations. The Federal requirement is that people apply and qualify and get benefits within 30 days. In Arkansas, it can take 60 to 90 days and then people get dropped and must start over. So, they are out of federal compliance.
- If you can't provide food for your children, that has a huge impact on your mental health. In Arkansas, people are having to decide between buying food, going to the doctor, getting school supplies, and paying the rent. These are very real decisions. When people are food insecure, they buy cheaper food, which tends to be higher in calories, and higher in carbohydrates. Nutrient dense foods are more expensive and take longer to prepare.
- Groceries are very expensive, regardless of how you are paying for them. There is a food desert in North Little Rock. All they have is a Dollar General in lieu of a grocery store with a produce section.
- We are a relatively rural state, and in our more rural areas, food insecurity is more pronounced.

- Talking to our homeless brothers and sisters, they tell me it's not difficult to eat fairly frequently. There is a robust system of soup kitchens and food pantries. And almost every church on every corner has some sort of food pantry. Paradoxically, the homeless are less food insecure than the working poor. That is where the real need is. It is the working poor who are either uninsured or underinsured.

Educational Attainment

Educational attainment is a key driver of health. In the service area, 8% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (11.8%). 34% of area adults have a bachelor's degree or higher degree, which is higher than the state rate (24.7%). Residents of Pulaski County are the most likely to have a bachelor's degree or a graduate or professional degree. Residents of Lonoke County are the most likely to lack a high school diploma, and the least likely to have a college degree.

Education Levels, Population 25 Years and Older

	North and Infirmary Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Population, 25 years and older	397,796	77,167	49,756	270,873	2,031,847
Less than 9 th grade	2.9%	3.0%	3.1%	2.8%	4.4%
9 th to 12 th grade, no diploma	5.1%	4.0%	7.0%	5.1%	7.4%
High school graduate	27.6%	29.7%	37.1%	25.3%	34.1%
Some college, no degree	21.9%	22.7%	22.2%	21.6%	21.5%
Associate's degree	8.5%	8.2%	10.6%	8.1%	7.9%
Bachelor's degree	20.4%	20.2%	13.3%	21.8%	15.6%
Graduate/professional degree	13.6%	12.3%	6.6%	15.3%	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, Cabot, Conway, England, Jacksonville North Pulaski, Little Rock, Lonoke, North Little Rock and Pulaski County Special School Districts did not meet this objective for the 2022-2023 school year.

High School Graduation Rates, 2022-2023

	Percent
Cabot Public Schools	87.2%
Carlisle School District	> 95%
Conway Public Schools	90.0%
England School District	86.0%
Greenbrier School District	> 95%
Guy-Perkins School District	> 95%
Jacksonville North Pulaski School District	74.9%
Little Rock School District	80.9%
Lonoke School District	80.6%

	Percent
Mayflower School District	91.1%
Mount Vernon-Enola School District	93.6%
North Little Rock School District	78.8%
Pulaski County Special School District	85.6%
Vilonia School District	94.4%
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 Faulkner County, reporting agencies include the Conway, Guy, Mayflower, Vilonia, and UCA Police Departments. In Lonoke County they consist of the Lonoke County Sheriff's Office and the Austin, Cabot, Carlisle, England, Lonoke and Ward Police Departments. In Pulaski County they include the Pulaski County Sheriff's Office, the Alexander, Cammack Village, Camp Robinson, Jacksonville, Little Rock, Maumelle, North Little Rock, Sherwood and Arkansas State Capitol Police Departments, as well as the U of A-Little Rock, U of A-Pulaski Technical College and UAMS Police Departments.

Crime rates in all four categories are higher in the service area than the state rates. Pulaski County and Faulkner County have rates in all four categories which exceed the state rates, while Lonoke County has rates, which are below the state rates in all four categories. Pulaski County has the highest rates among the service area counties.

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
Faulkner County	2,002	2,609.7	1,472	1,918.8	2,029	2,644.9	7,160	9,333.4
Lonoke County	1,323	1,741.8	895	1,178.3	1,095	1,441.6	3,835	5,048.8
Pulaski County	16,570	4,110.2	12,718	3,154.7	16,100	3,993.6	50,021	12,407.7
North and Infirmary Service	19,895	3,579.4	15,085	2,714.0	19,224	3,458.7	61,016	10,977.7

Area								
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 age 18 who experienced abuse ranged from 5.1 per 1,000 children (Lonoke County) to 7.6 per 1,000 children (Faulkner County). These rates were based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse, Rates per 1,000 Children

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Substantiated cases of child abuse and neglect	7.6	5.1	6.3	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 Faulkner County was 10.1 micrograms per cubic meter of air, in Lonoke County it was 9.8 µg/m³, and in Pulaski County it was 10.3 µg/m³. All area county rates were higher than the state rate (8.9 µg/m³).

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

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Average daily density of PM2.5	10.1	9.8	10.3	8.9

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 three service area counties.

Water Quality Violations

	Faulkner County	Lonoke County	Pulaski County
Monitoring and reporting violations	No	No	No

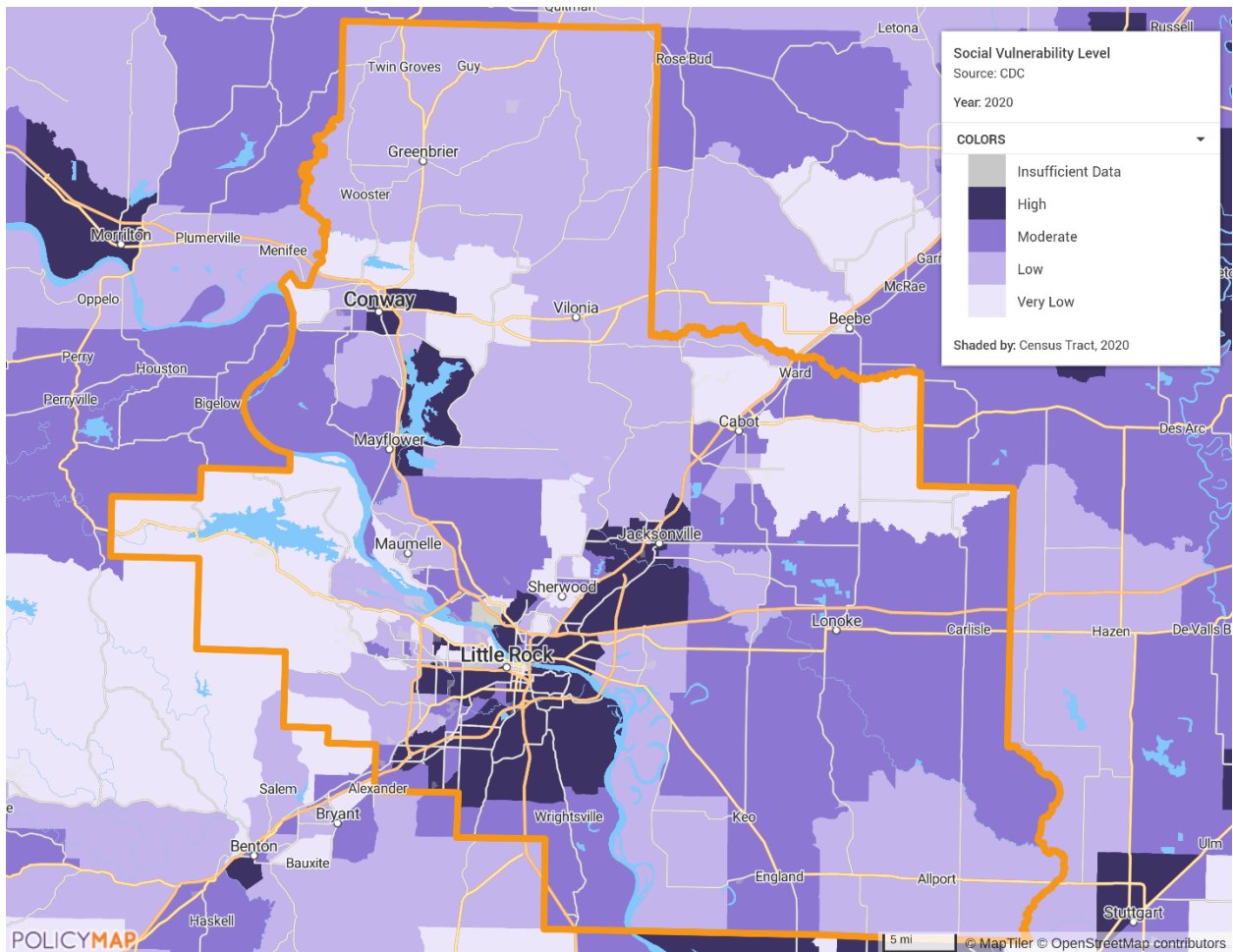
Source: Safe Drinking Water Information System, 2022 data, via 2024 County Health Rankings. <http://www.countyhealthrankings.org>

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 because 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.

Pulaski County is considered to be 'High' vulnerability based on SVI criteria, Faulkner County is 'Moderate' vulnerability, and Lonoke County is 'Low' overall. Faulkner County, however, has some 'High' rated regions, in and around Conway and Lake Conway. In Pulaski County there are large 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/>

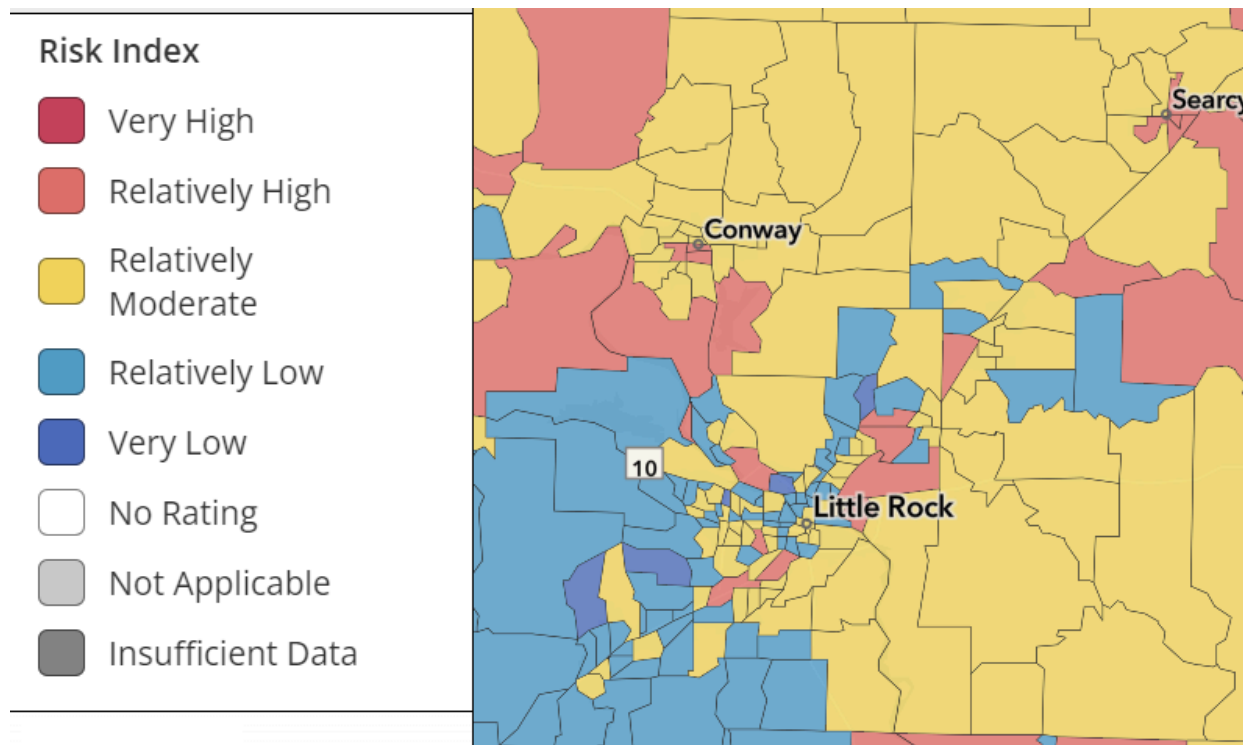
National Risk Index for Environmental Hazard

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).

A tract titled 'Greyhawk Addition' in the northwest corner of Lonoke County, several tracts to the west and south of Jacksonville, to the southwest of Little Rock, some larger tracts in the south of Faulkner County, and in and around the City of Conway all have a "relatively high" (light red) Risk Index score, and large areas of all three counties have a "relatively moderate" (yellow) Risk Index score.

Of the 18 natural hazard risks, the "relatively high Risk Index" Census Tracts in the service are considered to be at 'very high' risk from tornado, very high risk to relatively high risk from cold wave, hail, heat wave, lightning, riverine flooding, strong wind, and winter weather, relatively high to relatively moderate risk from earthquake, and relatively moderate to relatively low risk of ice storm, landslide or wildfire.



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. 91.6% of the civilian, non-institutionalized population in the service area have health insurance. The rates in Faulkner County (92.2%) and Pulaski County (91.2%) do not meet the Healthy People objective. Rates are higher among children, with 95% in the service area having coverage. Among adults, ages 19 to 64, 88.2% in the service area have coverage, and rates range from 87.5% in Pulaski County to 90% in Lonoke County.

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

	Total Population	Children Ages 0-18	Adults Ages 19-64
Faulkner County	92.2%	95.9%	89.1%
Lonoke County	92.5%	94.3%	90.0%
Pulaski County	91.2%	94.8%	87.5%
North and Infirmiry Service Area	91.6%	95.0%	88.2%
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 (63.7%) is among residents who identify as an Other race and ethnicity, followed by Hispanic residents (67.5%). Other identifying residents also have the lowest rate of health insurance coverage among adults, ages 19 to 64 (52.3%), and senior adults (73%), with Hispanic residents having the second-lowest rates (56.7% for adults and 81.2% for senior adults). Native Hawaiian residents have the lowest rate of health insurance coverage among children (42.9%), followed by children of an Other race or ethnicity (80.3%), and Hispanic children (81.6%). Rates based on low numbers (such as the estimated Native Hawaiian or Pacific Islander residents) should be interpreted with caution.

Health Insurance, by Race and Ethnicity, and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Non-Hispanic White	94.1%	96.4%	91.4%	99.8%
Asian	92.2%	92.6%	91.0%	100.0%
Black or African American	90.9%	96.2%	87.0%	99.3%
Multiracial	90.2%	96.1%	83.2%	100.0%
Native Hawaiian or Pacific Islander	86.4%	42.9%	100.0%	100.0%
American Indian or Alaskan Native	86.1%	97.1%	77.5%	97.3%
Hispanic	67.5%	81.6%	56.7%	81.2%
Other race	63.7%	80.3%	52.3%	73.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, C27001B thru C27001I. <http://data.census.gov/>

When looked at by type of coverage, 42% of service area residents have coverage through an employer’s plan, 6.1% through private insurance, 2.4% through Tricare, the VA or another military plan, 5.8% through Medicare alone, and 8.4% are uninsured. 17.7% of service area residents have health insurance coverage through Medicaid alone, 2.2% 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

	Faulkner County	Lonoke County	Pulaski County	North and Infirmary Service Area	Arkansas
Employer-based only	49.5%	39.9%	40.0%	42.0%	39.1%
Direct purchase only	6.4%	4.7%	6.3%	6.1%	5.6%
Tricare/military or VA only	0.9%	6.1%	2.1%	2.4%	1.3%
Medicare only	5.8%	4.9%	5.9%	5.8%	7.1%
Medicaid only	14.2%	17.4%	18.9%	17.7%	20.3%
Medicaid and Medicare	1.9%	2.1%	2.3%	2.2%	2.8%
Other two-or-more types	13.5%	17.3%	15.7%	15.5%	15.0%
Uninsured	7.8%	7.5%	8.8%	8.4%	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 can improve continuity of care and decrease unnecessary emergency room visits. In the service area, 80.3% of adults had seen a doctor for a routine checkup within the prior year.

Visited Doctor for Routine Checkup, Past Year, Adults

	Percent
Faulkner County	78.6%
Lonoke County	78.1%
Pulaski County	81.2%
North and Infirmary Service Area*	80.3%
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 Pulaski County is 848:1, which is better than the state ratio of 1,478 persons per primary care physician. The ratio in Faulkner County is 1,691:1, while the ratio in Lonoke County is 6,793 residents to one primary care physician.

Primary Care Physicians, Number and Ratio

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Number of primary care physicians	74	11	469	2,047
Ratio of population to primary care physicians	1,691:1	6,793:1	848:1	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. Faulkner County and Lonoke County are designated as Medically Underserved Areas (MUAs) for primary care, as are portions of Pulaski County, including but not limited to: Jacksonville and central and southwest Little Rock.

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. Faulkner, Lonoke and Pulaski Counties are designated as HPSAs for low-income residents for primary care, and Lonoke is designated as a HPSA for low-income residents for dental health and mental health. Source: U.S. Department of Health and Human Services, HPSA-find and MUA-find tools. Accessed October 5, 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, 35.1% of the population in the service area is low-income (200% of Federal Poverty Level) and 15.1% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Arcare, Boston Mountain Rural Health Center Inc., Healthy Connections Inc., Jefferson Comprehensive Care System, and Mid-Delta Health Systems Inc.

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs

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)

have a total of 27,776 patients in the service area, which equates to 13.7% penetration among low-income patients and 4.7% penetration among the total population. From 2020-2022, the Community Health Center providers served 1,863 additional patients for a 7.2% increase in patients served in the service area. There remain 174,422 low-income residents, 86.3% of the population, at or below 200% FPL, that are not served by an FQHC.

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
202,198	27,776	13.7%	4.7%	174,422	86.3%

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

Dental Care

Among service area adults, 58.9% had visited a dentist in the prior year, which is higher than the state rate (54.7%). Rates were highest in Faulkner County (60.4%) and lowest in Lonoke 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, 15.4% lack any natural teeth, which is lower than the state rate (18.6%). Rates are highest in Faulkner County (15.8%) and Pulaski County, where 15.7% of senior adults have no natural teeth remaining.

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

	Visited Dentist, Past Year, Adults	No Natural Teeth, Senior Adults
Faulkner County	60.4%	15.8%
Lonoke County	57.0%	12.9%
Pulaski County	58.8%	15.7%
North and Infirmiry Service Area*	58.9%	15.4%
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 Pulaski County is 1,300:1, which is more dentists per capita than in the state (2,044:1). The ratio of residents to dentists in Faulkner County is 2,321:1, and in Lonoke County there are 3,419 residents per dentist.

Dentists, Number and Ratio

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Number of dentists	55	22	307	1,490
Ratio of population to dentists	2,321:1	3,419:1	1,300:1	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:

- When you look at health disparities, like food insecurity, domestic violence, substance abuse, the highest numbers are with African American residents. We also have a large Latino population in certain parts of our city and people need to realize disparities impact health and the way people live.
- People who don't have insurance have to pay out of pocket, so they go without health care and won't go to the doctor. When their conditions worsen, they go to the ED. It ties up the hospitals and that care is expensive. We see people who must decide whether to pay for a prescription or buy groceries.
- A lot of the people who are unhoused in central Arkansas look at the ED as their doctor. It is their first response for assistance.
- Access to care can be very difficult, especially if you're trying to see specialists in Arkansas. Many of the physicians have long wait times for appointments. If you live in the rural parts of Arkansas, even an hour outside of Little Rock, it's going to be more difficult to find a primary care physician, a dentist, some subspecialists, and especially women's health and maternal health. Outside of Little Rock and outside the population centers in northwest Arkansas, it's very difficult to find a maternal health provider.
- We don't have enough maternal health physicians in our state. We know we have a high maternal mortality rate and high infant mortality rates in Arkansas. A lot of our health outcomes are quite low.
- There are not many places where people who don't have insurance can get care. Navigating the health care system, understanding medical bills, making payments, finding a practitioner or getting access to a specialist, these are all challenges.
- Many of the primary care clinics are saturated and many clinics are not seeing any more Medicaid patients. As a result, people stop trying to seek out care and they become over dependent on the EDs to provide their primary care.
- People who are utilizing the emergency department, their root cause is either addiction, mental illness or poverty. We don't set up our hospitals to deal with these patients. We just continue the high recidivism rate over and over, year after year. It's driving up uncompensated care, driving up costs, and decreasing health outcomes.
- Some unhoused clients may go to the hospital for care, but the wait time is long, so they may leave because many shelters ask you to check in between 3 pm and 7 pm. People would rather have a shelter bed than get health care.

Birth Characteristics

Births

From 2019 to 2023 there were, on average, 1,369 births per year in Pulaski County. The number of births for Faulkner County and Lonoke County is not available from the CDC.

Teen Birth Rate

Teen fertility (births to teens, ages 15 to 19, per 1,000 teen girls) in service area counties ranged from an average annual rate of 18 births per 1,000 teen girls in Faulkner County to 28 births per 1,000 teen girls in Pulaski County. Among groups where sufficient teen births occurred for race and ethnicity data to be available, the highest teen fertility rate in Faulkner and Pulaski Counties was among Hispanic teens, and in Lonoke County it was among non-Hispanic Black teens.

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

	Non-Hispanic Black Teens	Hispanic Teens	Non-Hispanic White Teens	Non-Hispanic Multiracial Teens	All Teens, Ages 15 to 19
Faulkner County	24	32	16	25	18
Lonoke County	31	18	23	23	24
Pulaski County	35	42	16	23	28
Arkansas	**	**	**	**	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 low-birth-weight babies in service area counties ranges from 8% in Faulkner and Lonoke Counties to 12% in Pulaski County. Rates are lowest among Hispanic birthing parents of any race and non-Hispanic White birthing parents, and highest in non-Hispanic Black birthing parents.

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

	Non-Hispanic Black	Non-Hispanic Asian	Hispanic	Non-Hispanic White	Non-Hispanic Multiracial	All Birthing Parents
Faulkner County	13%	8%	6%	7%	8%	8%
Lonoke County	16%	**	8%	7%	13%	8%
Pulaski County	16%	10%	8%	8%	11%	12%
Arkansas	**	**	**	**	**	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, preterm births, and maternal smoking metrics are available only for

Faulkner and Pulaski Counties, due to the lower population and, therefore, low overall births and/or privacy concerns in Lonoke County.

Prenatal Care

Pregnant women in Faulkner County entered prenatal care after the first trimester at a rate of 215.8 per 1,000 live births. This rate of late entry into prenatal care translates to 21.6% of women entering prenatal care late or not at all, while 78.4% of women in Faulkner County entered prenatal care on time.

The rate of late entry into prenatal care in Pulaski County was 285.4 births per 1,000 live births, which equates to 28.5% of pregnant women in Pulaski County entering prenatal care late or not at all, and 71.5 entering prenatal care on time.

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

	Faulkner County		Pulaski County		Arkansas
	Number	Rate	Number	Rate	Rate
Late entry to prenatal care	1,593	215.8	7,047	285.4	282.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2019-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Preterm Births

The rate of premature birth occurring before the start of the 38th week of gestation, in Faulkner County is 11.6% (115.8 per 1,000 live births). In Pulaski County, the rate of premature birth is 13.6% (136.0 per 1,000 live births).

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

	Faulkner County		Pulaski County		Arkansas
	Number	Rate	Number	Rate	Rate
Premature births	860	115.8	3,388	136.0	119.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2019-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Maternal Smoking During Pregnancy

The rate of women who smoked regularly during pregnancy (at least once per day for at least three months) in Faulkner County was 7% (70.2 per 1,000 live births). The rate in Pulaski County was 3.8%, or 37.7 mothers having smoked, per 1,000 live births.

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

	Faulkner County		Pulaski County		Arkansas
	Number	Rate	Number	Rate	Rate
Pregnant mothers who smoked	519	70.2	927	37.7	95.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2019-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

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, from 2015 through 2021, was 7 deaths per 1,000 live births in Faulkner County, 8 deaths per 1,000 live births in Lonoke County, and 9 deaths per 1,000 live births in Pulaski County. These rates do 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

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Infant mortality	7	8	9	8

Source: National Center for Health Statistics – Natality and Mortality Files, 2015-2021, via County Health Rankings. N/A = Not available, due to small numbers. <http://www.countyhealthrankings.org>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. 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 75.5% of mothers in Pulaski County, 77.2% of mothers in Lonoke County, and 92.2% of mothers in Faulkner County initiated breastfeeding in the hospital after delivery.

Breastfeeding Initiation Rates

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Breastfeeding initiation	92.2%	77.2%	75.5%	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 Faulkner County is 75.8 years, in Lonoke County it is 74.6 years, and in Pulaski County it is 74.3 years. Death before the age of 75 is considered a premature death. The rate of premature death in Faulkner County was 447 deaths per 100,000 persons, in Lonoke County it was 482 deaths per 100,000 persons, and in Pulaski County there are 520 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 Faulkner County was 8,956 years, for Lonoke County it was 9,424 years, and for Pulaski County it was 11,672 years. Residents of Faulkner and Lonoke Counties have a greater life-expectancy compared to the state, while Pulaski County has a similar or lower life-expectancy than the state.

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

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Life expectancy at birth in years	75.8	74.6	74.3	74.3
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	447	482	520	527
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	8,956	9,424	11,672	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>

There are differences in life expectancy, premature mortality, and years of potential life lost (YPLL) among service area residents of different races and ethnicities. Of the racial and ethnic groups for whom data are available, Hispanic residents have the highest life expectancy, lowest number of premature deaths, and lowest years of potential life lost in Faulkner and Lonoke Counties. In Pulaski County, non-Hispanic Asian residents have the highest life expectancy and lowest number of premature deaths. Non-Hispanic White residents have a higher life expectancy and lower number of premature deaths and years of potential life lost than do non-Hispanic Black residents.

Life Expectancy, Premature Mortality, & Years of Potential Life Lost, by Race and Ethnicity

	Faulkner County			Lonoke County			Pulaski County		
	Life Expectancy	Premature Mortality	YPLL	Life Expectancy	Premature Mortality	YPLL	Life Expectancy	Premature Mortality	YPLL
Non-Hispanic Asian	**	**	**	**	**	**	85.4	153	**
Hispanic	81.0	300	6,466	**	**	**	84.8	286	7,253

Non-Hispanic White	76.0	428	8,638	74.3	492	9,629	75.8	459	9,894
Non-Hispanic Black	72.4	617	12,527	71.7	652	13,544	71.2	678	15,397

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. **Not available due to statistical instability related to small numbers. <http://www.countyhealthrankings.org>

Mortality Rates

The crude mortality rate in the service area was 980 deaths per 100,000 persons, which was lower 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, Five-Year Average

	North and Infirmary Service Area		Arkansas	
	Average Annual Deaths	Crude Rate	Crude Rate	Age-adjusted Rate
Mortality rates	2,042	980.0	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 was 208.2 deaths per 100,000 persons, which was lower than the state rate (282 deaths per 100,000 persons). The death rate from ischemic heart disease was 117.8 per 100,000 persons. The cancer death rate in the service area was 179.7 per 100,000 persons, which was lower than state rate (215.6 deaths per 100,000 persons). In addition to heart disease and cancer, COVID-19, unintentional injuries, and Chronic Lower Respiratory Disease (CLRD) are in the top five causes of death in the service area.

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

	North and Infirmary Service Area		Arkansas
	Avg. Annual Deaths	Rate	Rate
Heart disease	1,239	208.2	282.0
Ischemic heart disease	719	117.8	165.6
Cancer	1,070	179.7	215.6
COVID-19*	490	81.9	114.0
Unintentional injuries	364	61.2	59.4
Chronic Lower Respiratory Disease	333	56.0	78.8
Alzheimer's disease	332	55.7	52.1
Stroke	320	53.8	55.6
Diabetes	280	47.0	43.0
Kidney disease	132	22.2	24.3
Septicemia	115	19.3	18.0
Pneumonia and influenza	99	16.6	21.0
Suicide	97	16.3	18.8
Homicide	91	15.3	10.5

Liver disease and cirrhosis	90	15.1	17.8
Parkinson's disease	64	10.7	12.0

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

Age-adjusted mortality rates for cancer are available at the county level from the National Cancer Institute. All-site cancer mortality in the service area counties combined (154.9 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 highest rates of cancer in the service area were from lung and bronchus cancers (39.1 deaths per 100,000 persons), prostate cancer (20 deaths per 100,000 men), and female breast cancer (18.8 deaths per 100,000 women). Rates were not available for Lonoke County for some of the less-common cancers. As a result, only Faulkner County and Pulaski County rates were combined below.

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

	Faulkner, Lonoke, and Pulaski Counties**	Arkansas
Cancer all sites	154.9	168.2
Lung and bronchus	39.1	45.6
Prostate (males)	20.0	19.9
Breast (female)	18.8	19.9
Colon and rectum	13.2	15.0
Pancreas	12.2	11.3
Liver and intrahepatic bile duct	7.2	7.7
Leukemia	5.6	6.1
Brain and other nervous system	5.5	5.0
Non-Hodgkin lymphoma	4.9	5.2
Kidney and renal pelvis	4.0	4.4
Esophagus	3.3	4.2

	Faulkner and Pulaski Counties*	Arkansas
Ovary (females)	5.6	5.7
Urinary bladder	4.0	4.2
Myeloma	3.8	3.1

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.

Lonoke County has the highest all-cancer mortality rate (173.7 deaths per 100,000 persons). In the service area, non-Hispanic Black or African American residents have a higher all-cancer mortality rate than do non-Hispanic White residents. In Pulaski County, Hispanic residents have the lowest all-cancer mortality rate.

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

	Faulkner County	Lonoke County	Pulaski County	North and Infirmary Service Area*
Black or African American, non-Hispanic	136.2	224.5	172.2	171.2
White, non-Hispanic	154.7	175.1	145.9	151.4
Asian or Pacific Islander, non-Hispanic	**	**	141.3	**
Hispanic	**	**	90.5	**
All races and ethnicities	150.3	173.7	152.8	154.9

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

Non-Hispanic White residents of the service area have a higher mortality rate from lung and bronchus cancer than do non-Hispanic Black or African American residents. Black or African American residents of Pulaski County have higher mortality rates from prostate and female breast cancers than do White residents.

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

	Lung and Bronchus	Prostate**	Female Breast**
Black or African American, non-Hispanic	38.3	33.3	22.1
White, non-Hispanic	39.8	17.3	19.2

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. **Pulaski County only.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the service area are almost consistently higher than the statewide rate.

Drug Overdose Deaths, Rates per 100,000 Persons, Age-Adjusted*

	2013	2014	2015	2016	2017	2018	2019	2020	2021*	2022*
North & Infirmary Service Area	13.2	14.4	10.6	15.0	15.9	19.3	18.9	23.6	29.8	28.6
Arkansas	11.1	12.6	13.8	14.0	15.5	15.7	13.5	19.1	21.1	20.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2013-2022, on CDC WONDER.
<https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html> *Age-adjusting is not available from the CDC at the state level for 2021 and 2022, and so rates for these years are crude rates.

From 2018 through 2022, on average, the rate of death by drug overdose is highest in Pulaski County (27.5 deaths per 100,000 persons), followed by Lonoke County (20.8 deaths per 100,000), and lowest in Faulkner County (15.2 deaths per 100,000).

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

	Average Annual Count	Crude Rate
Faulkner County	19	15.2
Lonoke County	15	20.8
Pulaski County	109	27.5

	Average Annual Count	Crude Rate
North and Infirmiry Service Area	143	24.1
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>

In 2022, the crude rate from opioid overdoses in the service area was 20.6 deaths per 100,000 persons, which was higher than the state rate (12.7 deaths per 100,000 persons). From 2018 through 2022, averaged, the overdose death rate in Faulkner County was 8.9 deaths per 100,000 persons, in Lonoke County it was 13.5 deaths per 100,000 persons, and in Pulaski County it was 18.7 deaths per 100,000 persons.

Opioid Drug Overdose Deaths, Crude Rates, per 100,000 Persons, 2018 - 2022

	Annual Rate				
	2018	2019	2020	2021	2022
North and Infirmiry Service Area	11.2	11.0	16.5	20.6	20.6
Arkansas	6.9	6.6	9.4	12.8	12.7

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/mcd-icd10-expanded.html>

Opioid Drug Overdose Deaths, Crude Rates, per 100,000 Persons, 3 Year Average

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Opioid drug overdose deaths	8.9	13.5	18.7	9.7

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/mcd-icd10-expanded.html>

Acute and Chronic Disease

Hospitalizations by Diagnoses

In Faulkner County, the top three primary diagnoses resulting in hospitalization were newborns with conditions originating in the perinatal period, complications of pregnancy, childbirth and the postpartum period, and disorders of the circulatory system.

In Lonoke County the top three primary diagnoses resulting in hospitalization were disorders of the circulatory system, complications of pregnancy, childbirth and the postpartum period, and disorders of the musculoskeletal system and connective tissues.

In Pulaski County, the top three primary diagnoses resulting in hospitalization were disorders of the circulatory system, complications of pregnancy, childbirth and the postpartum period, and newborns with conditions originating in the perinatal period.

Hospitalizations, by Principal Diagnoses, Top Twelve Causes

	Faulkner County	Lonoke County	Pulaski County
Circulatory system	11.4%	11.2%	11.4%
Complications of pregnancy, childbirth and postpartum period	12.8%	10.6%	11.0%
Newborns with conditions originating in perinatal period	12.8%	10.0%	10.5%
Musculoskeletal system and connective tissue	9.8%	10.5%	9.4%
Respiratory system	9.2%	10.1%	8.5%
Nervous system	6.0%	7.1%	7.2%
Infectious and parasitic diseases	8.1%	6.9%	7.1%
Digestive system	7.0%	7.3%	7.0%
Mental illness	3.4%	4.7%	6.1%
Kidney and urinary tract	4.7%	5.0%	4.6%
Endocrine, nutritional, and metabolic diseases and disorders	3.4%	4.2%	3.7%
Liver, gallbladder, bile ducts, and pancreas	2.4%	2.4%	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. The rate was lower in all three service area counties. Black residents in Faulkner County and Pulaski County and Asian residents in Lonoke County have higher rates of preventable hospitalizations.

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

	Black Residents	Asian Residents	Hispanic Residents	White Residents	All Residents
Faulkner County	4,782	**	**	2,716	2,794
Lonoke County	2,044	5,575	**	2,678	2,701
Pulaski County	3,727	2,463	1,092	2,225	2,526
Arkansas	**	**	**	**	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

13.5% of service area adults had been diagnosed with diabetes by a health professional. Among area counties, Pulaski County had the highest rates of adults diagnosed with diabetes (14.1%), and Faulkner County the lowest (11.8%).

Diabetes, Adults

	Percent
Faulkner County	11.8%
Lonoke County	13.1%
Pulaski County	14.1%
North and Infirmiry Service Area*	13.5%
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.

Of 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 all four PQI measures, and the composite PQI, hospitalization rates were lower in Faulkner County than in the state. For short-term complications, uncontrolled diabetes, and the diabetes composite, the rates were higher in Lonoke and Pulaski Counties than the state.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Diabetes short term complications	85.4	151.0	129.8	122.3
Diabetes long term complications	95.1	104.7	104.3	109.7
Lower-extremity amputation among patients with diabetes	30.5	28.2	37.1	37.1
Uncontrolled diabetes	35.8	43.6	58.3	55.1
Diabetes composite	229.1	306.9	304.5	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

7.5% of adults in the service area reported being told by a health professional that they have heart disease. The highest rate of diagnosed heart disease in area counties was seen in Lonoke County (7.8%) and Pulaski Counties (7.7%), and the lowest in Faulkner County (6.7%).

3.8% of service area adults reported being told by a health professional they have had a stroke. The highest rate was in Pulaski County (4%), and the lowest diagnosed rate was in Faulkner County (3.2%).

Heart Disease and Stroke Prevalence, Adults

	Heart Disease	Stroke
Faulkner County	6.7%	3.2%
Lonoke County	7.8%	3.6%
Pulaski County	7.7%	4.0%
North and Infirmiry Service Area*	7.5%	3.8%
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 all three service area counties are lower than the state rate of 450.8 hospitalizations per 100,000 persons. The highest rate in the service area is found in Pulaski County (408.6 annual hospitalizations per 100,000 persons, risk-adjusted) and the lowest rate is found in Lonoke County (340.3 annual hospitalizations per 100,000 persons).

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Hospitalization rate due to heart failure	349.9	340.3	408.6	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 38.7% in the service area, and for high cholesterol it was 34%. The highest rates of diagnosed high blood pressure (40.6%) and high cholesterol (35.7%) were reported in Lonoke County, and the lowest in Faulkner County.

High Blood Pressure and High Cholesterol

	Hypertension	High Cholesterol
Faulkner County	33.6%	32.9%
Lonoke County	40.6%	35.7%
Pulaski County	37.7%	34.0%
North and Infirmiry Service Area*	38.7%	34.0%
Arkansas	40.7%	37.2%

Source: For county and service area: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. <https://www.policymap.com/> *Weighted average; calculated using 2018-2022 ACS adult population estimates. For Arkansas data U.S. CDC BRFSS, 2021 data: <https://www.cdc.gov/brfss/brfssprevalence/>

Among those who said they had been diagnosed with high blood pressure (hypertension), the percentage of adults who reported being on medication to control their high blood pressure was 76.9% in the service area, which is lower than the state rate (78.3%). The lowest reported rate of taking medication for high blood pressure was in Faulkner County (75.8%) and the highest reported rates were in Lonoke (77.1%) and Pulaski (77.2%) Counties.

Taking Medication for High Blood Pressure

	Percent
Faulkner County	75.8%
Lonoke County	77.1%
Pulaski County	77.2%
North and Infirmiry Service Area*	76.9%
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-untb>
*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 Faulkner County (106.7 hospitalizations per 100,000 persons, risk-adjusted) and Pulaski County (98.8 hospitalizations per 100,000 persons) are higher than the state rate (76.9 hospitalizations per 100,000 persons), while the rate in Lonoke County (43.7 hospitalizations per 100,000 persons) is lower.

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Hospitalization rate due to hypertension	106.7	43.7	98.8	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, prostate, lung and bronchus, and colon and rectal cancers. Rates of female breast, prostate, melanoma, non-Hodgkin lymphoma, oral cavity and pharynx,

pancreas, brain and other nervous system, and stomach cancers are 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)	130.4	123.9
Prostate (males)	108.2	103.4
Lung and bronchus	59.7	68.2
Colon and rectum	35.3	41.1
Melanoma of the skin	25.8	22.4
Corpus uteri (females)	24.9	25.7
Kidney and renal pelvis	19.5	21.2
Non-Hodgkin lymphoma	18.2	17.4
Urinary bladder	16.3	18.5
Oral cavity and pharynx	14.1	13.3
Pancreas	13.6	12.8
Leukemia	12.8	13.6
Thyroid	10.5	10.9
Ovary (females)	9.9	10.1
Liver and intrahepatic bile duct	8.3	8.2
Cervix uteri (females)	8.1	9.5
Brain and other nervous system	7.5	6.5
Stomach	6.7	5.9
Esophagus	3.9	4.5

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 Pulaski County, non-Hispanic American Indian or Alaska Native residents have the highest rate of cancer diagnoses, although this is based on relatively few cases due to low population numbers. In Lonoke County, non-Hispanic Black or African American residents have the highest rate of cancer diagnoses, and Hispanic residents have the lowest rate of cancer diagnoses. In Faulkner County, White residents have the highest rate of cancer diagnoses.

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

	Faulkner County	Lonoke County	Pulaski County	North and Infirmary Service Area *
American Indian and Alaska Native, non-Hispanic	**	**	606.4	606.4
Black or African American, non-Hispanic	451.1	524.3	439.9	452.7
White, non-Hispanic	452.4	475.0	442.4	448.5
Asian and Pacific Islander, non-Hispanic	365.4	**	435.4	418.7
Hispanic	425.1	472.3	406.4	418.5
All races and ethnicities	452.1	476.1	444.5	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.

Non-Hispanic Asian or Pacific Islander female residents of Pulaski County have a higher rate of breast cancer diagnoses than Hispanic female residents of the county, and both groups have higher breast cancer incidence than non-Hispanic Black or African American residents and White residents of Faulkner and Pulaski Counties, combined. Black or African American men have a higher incidence of diagnosis for prostate cancer than non-Hispanic White men in the service area. Black or African American residents of the service area have higher rates of lung and bronchial cancers than do non-Hispanic White residents, and Hispanic residents of Pulaski County have the highest rate. Black or African American residents of the service area have higher rates of colorectal cancers than do non-Hispanic White residents,

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

	Female Breast**	Prostate
Black or African American, non-Hispanic	126.5	157.3
White, non-Hispanic	130.9	96.4
Hispanic	**163.5	**73.3
Non-Hispanic Asian or Pacific Islander	**207.8	Not available

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. **Faulkner and Pulaski Counties only, or – for Hispanic and non-Hispanic Asian or Pacific Islander residents - Pulaski County only.

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

	Lung and Bronchus	Colorectal**
Black or African American, non-Hispanic	60.4	45.0
White, non-Hispanic	58.7	32.4
Hispanic	**67.3	**18.6

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. **Faulkner and Pulaski Counties only, or – for Hispanic and non-Hispanic Asian or Pacific Islander residents - Pulaski County only.

Asthma and Chronic Obstructive Pulmonary Disease

The reported rate of adult asthma in the service area was 10.7%. Lonoke (10.9%) and Pulaski (10.8%) Counties had the highest rates of diagnosed asthma. Faulkner County had a slightly lower rate of diagnosed adult asthma (10.5%).

Asthma Prevalence, Adults

	Percent
Faulkner County	10.5%
Lonoke County	10.9%
Pulaski County	10.8%
North and Infirmiry Service Area*	10.7%
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 fifth leading cause of mortality in the hospital service area. 7.4% of service area adults have been diagnosed by a

medical professional as having COPD. The rate is highest in Lonoke County (8.3%) and lowest in Faulkner County (6.8%).

COPD Prevalence, Adults

	Percent
Faulkner County	6.8%
Lonoke County	8.3%
Pulaski County	7.5%
North and Infirmary Service Area*	7.4%
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-untb>

*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 or asthma hospitalizations among adults, ages 40 and older, was 220.7 hospitalizations per 100,000 persons for Pulaski County, 294.1 hospitalizations per 100,000 persons for Faulkner County, and 298 hospitalizations per 100,000 persons for Lonoke County. The rate of hospitalizations in Faulkner County for asthma among young adults, ages 18 to 39, was 12.4 hospitalizations per 100,000 persons, in Pulaski County it was 21.6 hospitalizations per 100,000 persons, and in Lonoke County it was 22 hospitalizations per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Faulkner County	Lonoke County	Pulaski County	Arkansas
COPD or asthma in older adults, ages 40+	294.1	298.0	220.7	444.9
Asthma in younger adults, ages 18 to 39	12.4	22.0	21.6	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 rose in 2023, continuing a three-year upward trend for the region. The rate of TB was 1.6 cases per 100,000 persons, which was below the state rate of 2.7 TB cases per 100,000 persons. 67% of the 2023 state cases occurred among U.S.-born residents.

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

	2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate
Central Region	11	1.3	12	1.4	14	1.6
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, 19.4% of the non-institutionalized civilian population identified as having a disability, with rates ranging from 15.8% in Pulaski County to 24.7% in Lonoke County.

Disability, Five-Year Average

	North and Infirmary Service Area	Faulkner County	Lonoke County	Pulaski County	Arkansas
Population with a disability	15.4%	14.1%	16.2%	15.6%	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:

- People don't focus on chronic disease management. Their focus is day to day, what am I eating, and where am I going to live.
- It is also very hard to get in to see a specialist here unless you know someone who knows someone.
- There is 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 care for their chronic conditions. Diabetes and high blood pressure are prevalent.
- We used to have a clinic that operated on Wednesday nights and we did primary care and had specialists come once a month, like a dermatologist, chiropractor, ophthalmologist. We had a charitable pharmacy, but medications are expensive, so we have to be careful about loading up on medications and having them expire.
- We need more services for senior adults who need dementia assessments. Neuropsychologists, neuropsychiatrists, that type of service. There aren't enough in Arkansas, and for those that are here, they are overbooked. We had to go to northwest Arkansas to get a PET scan for Alzheimer's disease, and dementia.
- There is a huge intersection of need for better access to care coordination and medication management. Our clients are often disconnected from health insurance and as a result, they have serious health conditions that go unaddressed for a long time. That can have lasting impacts on their life expectancy and overall wellness. People experiencing homelessness often have higher rates of exposure to environmental hazards like unsafe living conditions or lack of quality, healthy nutrition, which also impact on their chronic illnesses.
- Chronic disease outcomes are very poor in this area because of a much higher rate of obesity. We're seeing a lot of out-of-control hypertension, diabetes, renal disease,

all related to obesity.

- The root cause of these issues is social determinative health barriers. Most of these residents either come from impoverished environments or low socioeconomic situations. That's associated with lower rates of insurance or the lower rates of insured populations.
- If we were able to invest heavily in increasing education and employment in the community, that would have a direct impact on chronic disease management. To help with chronic disease, you must invest in the social determinant root causes.

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. A ranking of 4 for Faulkner County, 5 for Pulaski County, and 8 for Lonoke County, put them in the top tier of Arkansas counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 75)
Faulkner County	4
Lonoke County	8
Pulaski County	5

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

Obesity

37.8% of adults in the service area are obese. Rates of obesity in service area counties ranged from 36.3% in Faulkner County to 38.4% in Lonoke County. The Healthy People 2030 objective for obesity is for no more than 36% of adults, ages 20 and older, to be obese, which these counties do not meet.

Obesity, Adults, Ages 18 and Older

	Percent
Faulkner County	36.3%
Lonoke County	38.4%
Pulaski County	38.1%
North and Infirmiry Service Area*	37.8%
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-untb>

*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 Lonoke County is considered to have limited access to healthy foods, 12% of the population of Faulkner County, and 13% of the population of Pulaski County have limited access to healthy foods.

Limited Access to Healthy Foods

	Percent
Faulkner County	12%
Lonoke County	5%

	Percent
Pulaski County	13%
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 ranging from 6.7 (Faulkner and Pulaski Counties) to 7.5 (Lonoke County), area counties have better access to healthy foods than the state average score of 4.7.

Food Environment Index Score

	Food Environment Index
Faulkner County	6.7
Lonoke County	7.5
Pulaski County	6.7
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, 26.8% of service area adults had not engaged in any leisure-time physical activity. Residents of Pulaski County were the most likely to have been sedentary (27.4%), followed closely by residents of Lonoke County (27%), and 24.6% of residents in Faulkner County were sedentary.

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

	Percent
Faulkner County	24.6%
Lonoke County	27.0%
Pulaski County	27.4%
North and Infirmiry Service Area*	26.8%
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-untb>

*Weighted average of county rates.

Proximity to exercise opportunities can increase physical activity in a community. 83% of Pulaski County residents, 64% of Faulkner County residents, and 55% of Lonoke County residents live near exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
Faulkner County	64%
Lonoke County	55%
Pulaski County	83%
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:

- People are being handed food, are digging for food in the trash or they have \$2 to grab something in the convenience store. There needs to be more education around healthy eating that tastes good too.
- There is infrastructure in place to increase physical activity, but we are not there yet. I don't think people fully understand how to utilize some of the things that are available, whether it is a trail down by the river, or accessing low-cost foods. Sometimes there is a stigma around those services. We must engage in conversations to normalize getting help.
- In Arkansas you can't buy prepared foods with food stamps, which means you must buy raw ingredients to cook that food. Most of our food insecure people are multiple job holders. We are asking them to continue to hold multiple jobs and cook every meal from scratch.
- It is hard to tell people to eat healthy when they are struggling to put enough food on the table. We have a Produce Prescription Program. We work with community clinics to offer fresh foods and vegetables to people with chronic illnesses.
- We need education about healthy eating and physical activity that's culturally informed and relevant. Sometimes it is unrealistic for someone to be able to integrate that modification into their life whether due to transportation, because there isn't a local grocery store, or there is only a Dollar General and they don't have SNAP benefits.
- The idea of leisure time, which is when people choose to be physically active, is taken away when you're economically insecure. Leisure time and spare time is a privilege and requires baseline economic stability.
- There are activity-based initiatives and people who really embrace health and exercise, and then there are those who are sedentary. We rank close to the bottom in the nation. We have large portions of our state that are food deserts. Many

impoverished neighborhoods don't have grocery stores or fresh fruits and vegetables. However, we did a cooking program in southwest Little Rock, and we found it wasn't so much an access issue as an education issue. You can put fruits and vegetables in the grocery stores in these areas and they just rot on the shelves because there isn't the education on how to prepare those foods. Obesity is an accepted norm within the state.

Sexually Transmitted Infections

In 2022, the rate of chlamydia in Pulaski County was 984.8 cases per 100,000 persons, and in Faulkner County the rate was 527.9 cases per 100,000 persons. The rate of gonorrhea was highest in Pulaski County (449.6 cases per 100,000 persons). The rate of early syphilis was also highest in Pulaski County, with 70.7 cases diagnosed per 100,000 persons.

STI Cases and Rates, per 100,000 Persons

	Chlamydia		Gonorrhea		Early Syphilis*	
	Cases	Rate	Cases	Rate	Cases	Rate
Faulkner County	670	527.9	223	175.7	35	27.6
Lonoke County	248	335.5	106	143.4	24	32.5
Pulaski County	3,870	984.8	1,767	449.6	278	70.7
North and Infirmary Service Area	4,788	806.3	2,096	352.9	337	56.7
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 Central Public Health Region of Arkansas covers Faulkner, Pulaski and Lonoke Counties, in addition to Garland, Saline, Grant, and Perry Counties. In 2021, the rate of new HIV cases in the Central Region was 15.7 cases per 100,000 persons, with the same number of individuals newly diagnosed (133) as in 2019. The rate of new infections in the 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), up from a rate of 332.3 cases per 100,000 persons in 2019.

HIV, Cases and Rates, per 100,000 Persons

	Central Region		Arkansas	
	2019	2021	2019	2021
Number of newly diagnosed cases	133	133	284	346
Rate of new diagnoses	15.8	15.7	9.4	11.4
Number of living cases	2,797	2,887	6,409	6,775
Rate of HIV	332.3	341.1	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

In 2021, there were 97 cases of HIV diagnosed in Pulaski County, 17 in Faulkner County, and fewer than 10 cases diagnosed in Lonoke County. The rate of new HIV diagnoses in Pulaski County (48.3 cases per 100,000 persons) is above the service area average. The rate of HIV in Pulaski County (550.1 cases per 100,000 persons) is above the Faulkner County (172.3 cases per 100,000 persons) and Lonoke County (92.9 cases per 100,000 persons) rates.

HIV Cases and Rates*, per 100,000 Persons

	Faulkner County	Lonoke County	Pulaski County	North and Infirmary Service Area
Number of newly diagnosed cases	17	<10	97	115 - 123
Rate of new diagnoses	14.0	1.3 - 12.1	24.4	19.3 - 20.6
Number of living cases	209	69	2,191	2,469
Rate of HIV	172.3	92.9	550.1	413.4

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

26% of service area adults reported having ever been told by a doctor, nurse, or other health professional they had a depressive disorder. The highest rate in the service area was found in Lonoke County (27.8%), followed closely by Faulkner County (27.5%).

Depression, Ever, Adults

	Percent
Faulkner County	27.5%
Lonoke County	27.8%
Pulaski County	25.2%
North and Infirmiry Service Area*	26.0%
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 that service area residents said they had been mentally unhealthy in the past month was 5.5 days for residents of Faulkner County, and 5.8 days for residents of Lonoke and Pulaski Counties.

Mentally Unhealthy Days, Average in Past Month, Adults

	Percent
Faulkner County	5.5
Lonoke County	5.8
Pulaski 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 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 19%. Service area counties had rates ranging from 18.6% in Pulaski County to 19.7% of adults in Faulkner County and 19.9% in Lonoke County.

Frequent Mental Distress, Adults

	Percent
Faulkner County	19.7%
Lonoke County	19.9%
Pulaski County	18.6%
North and Infirmiry Service Area*	19.0%
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 Pulaski County, the ratio of residents to mental health providers is 197:1. The ratio in Lonoke County is 550:1 and the ratio in Pulaski County is 929 residents per one mental health practitioner.

Mental Health Providers, Number and Ratio

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Number of mental health providers	232	81	2,030	7,976
Ratio of population to mental health providers	550:1	929:1	197:1	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:

- 80-90% of people who come into our shelter have a mental health concern. By the time we can get them an appointment for mental health, they are gone from the shelter before they get the services they need.
- Domestic violence just seems to increase. We have 54 beds in our shelter and they're full all the time. We are going to increase to 132 beds.
- In central Arkansas, we have 29 domestic violence shelters around the state. On average, a person will have to go to 21 locations to get the services they need: getting kids registered for school, getting a driver's license or state ID, Social Security care, birth certificates, orders of protection. We've worked with the court system to try to minimize these steps, but it's been slow. Having to go to 21 locations with kids on the bus, that is a lot. And many people will think it's just better to go back to the abuser.
- It is hard to refer someone for services who doesn't have insurance. There aren't enough low cost or free cost mental health services in central Arkansas.
- Oftentimes homelessness is caused by a traumatic loss of family, which could be a divorce, loss of custody of a child, a death in the family, or an abusive situation.
- We've seen increases in depression and anxiety, and there's a general lack of available providers. A lot of the providers have long wait lists. And rather than having preventive and secondary preventive services, people end up seeking emergency services for a lot of the things that could have been dealt with in a different way. That is partly due to the shortage of providers, but it is also the nature of mental illness, people don't always seek services.
- We see children and adolescents who are in therapeutic foster care. These are children and adolescents who were not successful in their homes or in the foster care program. They need more intensive services. We have the largest foster care

program in the state. It is continually full because we do have a large number of foster kids, and they have a lot of needs.

- We provide psychiatric residential services for adolescent girls who have been sex trafficked. We have two main interstate highways that come through Arkansas that are east west corridors. Within one to two hours, someone can be out of the state because of our highway system.
- Food insecurity, like housing insecurity or health insecurity, is very stressful, and they almost never happen in a vacuum. If you're food insecure, you're also worried about paying your rent. If you're food insecure, you've also put off health issues or getting your teeth cleaned. That deferred maintenance issues cause you to worry. There are layers of stress that go along with that, and then stress, of course, exacerbates health problems.
- Our digital age, our lack of interaction among each other and engagement in communities, and our political divisiveness, is isolating and is impacting our mental health more than we realize.
- There is a lack of services for children with behavioral health challenges. There's a higher incidence of children with behavioral challenges, with high levels of anxiety, children on the autism spectrum, children who have a challenging time self-regulating in the classroom. It can be difficult to connect them with the right level of care to prevent them from being suspended from school and thriving in a regular school environment.
- Most mental health services have long wait lists or have a lot of red tape regarding insurance and establishing care visits. The way mental health services are rendered just doesn't line up with the needs of a person experiencing a mental health crisis.
- The history of racism in accessing health care is very long and very ugly, and it makes an impact on the lived experience of people today. Our case managers report that often their clients, who are largely women of color, are not believed when they go to the doctor about something. Because of historic trauma associated with distrust and disrespect is a hesitancy to engage, which creates lasting mental health challenges.
- It's very hard to get acute care for the uninsured. With mental illness it can be hard to maintain Medicaid or other insurance. It's a constant revolving door or circuitous cycle that needs to be broken. It's very hard to do as an individual without a team involved and medication compliance.
- If you have insurance, you can get care almost anywhere. If you don't have insurance, we're really struggling to get care. The lack of having insurance is a real predictor of those with mental illness and their outcomes. We don't have many inpatient beds around the entire state, especially for the uninsured.
- So much mental illness that we deal with is situational and social determinant based and it's not organic mental illness. If we can remove the stressor of the lack of a

home, the lack of a car, the hunger that they're facing, if we remove those situational issues, we may decrease the actual perceived mental illness.

- We make a delineation between substance use and mental health, but it's all tied up together. A lot of times mental health and substance use go hand in hand. Someone might have started their drug abuse self-medicating to address a mental health challenge.
- There is decent mental health treatment available in central Arkansas. We have some robust resources when it comes to inpatient mental health treatment, and outpatient therapeutic treatment, depending on what insurance is available. It can be challenging if you don't have insurance. We have very few resources for the uninsured who need a 4–7-day crisis stabilization stay.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In the service area, 16.2% of adults smoke cigarettes, which is lower than the state rate (18.5%). In Lonoke County, 18.3% of adults smoke cigarettes.

Smoking, Adults

	Percent
Faulkner County	14.7%
Lonoke County	18.3%
Pulaski County	16.3%
North and Infirmiry Service Area*	16.2%
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-untb>

* Weighted average of county rates.

The Youth Risk Behavior Survey (YRBS) is administered biannually to high school students. Cigarette and e-cigarette use among teens in Arkansas dropped between 2019 and 2021. In 2019, 9.7% of high school students said they had smoked a cigarette at least once within the prior 30 days, and 8.5% said they had smoked an e-cigarette at least once. In 2021 those numbers were 4.9% for cigarettes and 6% for e-cigarettes. 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, 17.3% in the service area reported having engaged in binge drinking in the previous 30 days, which was higher than the state rate (16.1%). Area rates of binge drinking ranged from 16.8% in Faulkner County and 16.9% in Lonoke County to 17.6% in Pulaski County. The Healthy People 2030 objective is for no more than 25.4% of adults to engage in binge drinking in the prior month, which all three area counties meet.

Binge Drinking, Past 30 Days, Adults

	Percent
Faulkner County	16.8%
Lonoke County	16.9%
Pulaski County	17.6%
North and Infirmary Service Area*	17.3%
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 rise 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, those numbers were slightly lower, with 28.1% of students saying they had tried marijuana, and 13.9% saying 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 overdoses, in the service area, was highest in Faulkner County (197.6 ER visits per 100,000 persons) and lowest in Lonoke County (69.7 ER visits per 100,000 persons). However, Faulkner County had the lowest rate of EMS personnel administering Naloxone (Naloxone is a life-saving medication that can be used to reverse an overdose of opioids). There were 93.9 administrations per 100,000 persons in Faulkner County. Lonoke County had Naloxone administrations by EMS at a rate of 119.7 per 100,000 persons and Pulaski County at a rate of 203.5 administrations per 100,000 persons. From 2018 through 2022, averaged, the overdose death rate in Faulkner County was 8.9 deaths per 100,000 persons, in Lonoke County it was 13.5 deaths per 100,000 persons, and in Pulaski County it was 18.7 deaths 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
Faulkner County	251	197.6	117	93.9
Lonoke County	51	69.7	91	119.7
Pulaski County	379	97.0	800	203.5
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:

- We have people coming through the shelter who use substances as a way of numbing pain, or they are addicted.
- There's still stigma inside the recovery community about medication assisted treatment. If you are using buprenorphine or methadone or another medication that is FDA approved for opioid or for substance use disorders, a lot of times the sober living housing or the other community based providers don't accept people who are using medications because it's just another drug that they're taking, or we don't accept people who are taking mental health medications because it presents a risk for us. That's especially true with faith-based treatment providers or faith-based community providers. They don't take people on any medications.
- In the past three years, we've had a lot of opioid settlement funds moving into the community. There is a lot more naloxone or Narcan and education around overdose awareness and reversal. But there are other more effective or other equally effective

prevention and education methods. At the same time, overall, there is a lot less funding for community-based substance use recovery services.

- We need more peer recovery support specialists and more mobile social workers. We need more people in the field, meeting people where they are. Not just those who are unhoused, but also people at work, or family members.
- There is a lack of capacity in central Arkansas for substance use support.
- First responders have saved countless lives with naloxone. The more we can get it out into the community, the more community-based training, and asking users to please wear your naloxone around your neck, the better. It is an immediate lifesaver.
- We have seen a downturn with inpatient opiate use disorder bed availability. We used to have more within the city. Many have left for financial or reimbursement reasons. We do not have a lot of opportunities to get immediate treatment for these patients.
- Substance use treatment is difficult to navigate, especially when you don't have insurance, or you have Medicaid insurance that doesn't cover inpatient treatment. Medicaid in Arkansas right now does not cover inpatient treatment, which is a huge barrier to people getting the help they need to start their recovery journey.
- The gateway to serious mental illness and substance use disorder is trauma. It shows up and the responding agency is law enforcement, so we incarcerate or imprison people, and they lose their children. That is very traumatic for everyone and drives up ACEs scores. The child may already be experiencing high ACE scores due to living in a home with substance abuse. You will not find trauma informed care at Pulaski County Detention Center. A lot of people who are seeking care, their trauma is being compounded.
- We have drug court where judges will order clients to have a shot of Vivitrol before their release. It is a long-acting naltrexone that keeps opioid receptors clear of opioids. It can also be used for people with alcohol use disorder. But there is a misunderstanding. If you really wanted someone to have a effective long acting injectable, you should use a long acting buprenorphine. We need to connect people 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. Our 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 and death rates. There are large financial settlements that have been coming into states, cities and counties. And what is happening is organizations are being incentivized to serve 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 number one drug in Arkansas is and probably always will be methamphetamine.

- The resources for methamphetamine use, recovery and treatment are scarce. I heard at a homeless coalition meeting that 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 just don't have that resource. There are no detox beds at CHI St. Vincent anymore and that was a huge loss.
- 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 very dangerous. People try to detox by using other drugs. Those experiencing methamphetamine psychosis may take an opioid to calm down. That may cause an overdose.
- 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 relapse is a lot higher.

Preventive Practices

Childhood Immunizations

74.3% of children in Faulkner 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 Lonoke County (68.7%), or Pulaski County (68%).

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

	Faulkner County	Lonoke County	Pulaski County	Arkansas
Childhood immunizations up to date	74.3%	68.7%	68.0%	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. 42.3% of Faulkner County adults, 45.3% of Lonoke County adults, and 49.1% of Pulaski County adults received a flu shot.

Flu Vaccines

	Faulkner County	Lonoke County	Pulaski County	Arkansas	
Received flu vaccine, ages 6 mo. to 17 years	N/A	N/A	N/A	58.5%	
Received flu vaccine, ages 18 to 64 years	42.3%	45.3%	49.1%	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/fluvoxview/interactive/general-population-coverage.html>

Mammograms, Pap Smears, and Colorectal Screenings

The Healthy People 2030 objective for mammograms 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, 74.4% of women had obtained mammograms in the prior two years. Rates were 72.3% in Lonoke County, 74.1% in Faulkner County, and 74.9% in Pulaski 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 81.6% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, the service area does meet this objective. The lowest rate among area counties was in Faulkner County, with 79.9% of women obtaining the screening.

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). 63.3% of service area residents, ages 50-75, met the colorectal cancer screening guidelines. The lowest rate of compliance was in Faulkner County (60.1%).

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
Faulkner County	74.1%	79.9%	60.1%
Lonoke County	72.3%	81.0%	63.3%
Pulaski County	74.9%	83.3%	64.4%
North and Infirmiry Service Area*	74.4%	81.6%	63.3%
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:

- The high cost of health care, even among the insured, often keeps people from seeking out care.
- We are seeing increased teen pregnancies in Little Rock. We've got a high need among Black female students who are in high school. The state of Arkansas has one of the highest maternal mortality rates specifically for Black women. Layer onto that high school students who maybe don't have the education or the language skills. And then they're placed within a medical system where they're already at risk. That is a big need in our community.
- With our adult clients, there is a need for HIV screening, general sex education and family planning. Young women need to have conversations about birth control and intimate partner violence.
- Our clients go to the ED when they have a problem because they haven't established consistent primary care. We've had multiple clients tell us I don't want to work with that therapist because they are White.
- There are a number of counties in the southeast part of the state, which is one of the most impoverished areas, called the Mississippi Delta. The entire county doesn't have a physician, and the closest health care provider is a pharmacist. About 15

years ago, Arkansas became one of the most wired states in the nation with T-1 lines, through a \$120 million grant to wire every hospital in the state, to allow us to do telemedicine. I think it is still a tremendously underutilized system to provide care in the more rural areas.

- Physicians are being pushed hard to see more and more patients per day in their clinics. As a result, there's very little time to sit down with their patients and do preventative care. They barely have time to adjust medications. Six out of every ten patients in our waiting room called their doctor first and were told to come to the ED. With the reimbursement model of primary care, it's at a level where to keep their offices open and their staff paid, they must see more and more patients to stay afloat.

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. Access to health care and mental health had the highest score for severe and very severe impact on the community. Mental health and economic insecurity were the top two needs that had worsened over time. Mental health and economic insecurity also 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 to health care	100%	75%	50%
Chronic disease	62.5%	37.5%	25%
Economic insecurity	87.5%	87.5%	87.5%
Food insecurity	87.5%	62.5%	50%
Healthy eating and physical activity	50%	50%	37.5%
Mental health	100%	100%	100%
Preventive practices	50%	37.5%	50%
Substance use	87.5%	75%	75%

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. Access to health care, mental health, economic insecurity, and substance use were ranked as the top four 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)
Access to health care	4.00
Mental health	4.00
Economic insecurity	3.75
Substance use	3.71
Food insecurity	3.63
Chronic disease	3.29
Healthy eating and physical activity	3.14
Preventive practices	3.14

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	ARcare, Arkansas Medical, Blue & You Foundation, Dental and Pharmaceutical Association (AMDPA), Arkansas Minority Health Commission, Catholic Charities, Center for Arkansas Healthy Initiatives, Centers for Youth and Families, Divine Mercy Health Center, Harmony Health Clinic, Healthy Connections, Inc., Jefferson Comprehensive Care System, Inc., Little Rock Community Health Center, Metroplan, Providence Park, Shepherd's Hope Free Clinic, VA Healthcare Center, Your Options Understood YOU Center
Chronic diseases	ARcare, Arkansas Cancer Coalition, Arkansas Coalition for Obesity Prevention, Arkansas Minority Health Commission, Blue & You Foundation, Center for Arkansas Healthy Initiatives, Divine Mercy Health Center, Harmony Health Clinic, Healthy Connections, Inc., Jefferson Comprehensive Care System, Inc., Little Rock Community Health Center, Providence Park, Rural Community Alliance, Shepherd's Hope Free Clinic
Economic insecurity	Abba House, Arkansas Advocates for Children's and Family (AACF), Arkansas Division of Workforce Services, Arkansas Hunger Relief Alliance, Arkansas Regional Innovation Hub, Canvas Community, Catholic Charities, Central Arkansas Team Care for the Homeless (CATCH), City Connections, Compassion Center, Depaul USA Jericho Way, Gaines House, Goodwill Industries, Human Trafficking Task Force, Immerse Arkansas, Job Corps, Lucie's Place, Our House Shelter, People Trust Loan Fund, Providence Park, Salvation Army, St. Francis House, United Way, Women and Children First
Food insecurity	Arkansas Foodbank, Arkansas Hunger Relief Alliance, Catholic Charities, Compassion Center, Depaul USA Jericho Way, Potluck Food Rescue, Providence Park, Rural Community Alliance, St. Francis House,
Healthy eating and active living	ARcare, Arkansas Hunger Relief Alliance, Arkansas Minority Health Commission, Bike/Walk Arkansas, Center for Arkansas Healthy Initiatives, Divine Mercy Health Center, Jefferson Comprehensive Care System, Inc., Providence Park, Rural Community Alliance
Mental health	Arkansas ConnectNow, Arkansas Transgender Equality Coalition, Behavioral Health Services of Arkansas, Blue & You Foundation, BridgeWay Behavioral Health, Centers for Youth & Families, Chenel Family Therapy of Little Rock, Depaul USA Jericho Way, Divine Mercy Health Center, Families, Inc., Family Service Agency, Gaines House, Healthy Connections, Inc., Immerse Arkansas, Inspiration Day Treatment, InTRANSitive, Jefferson Comprehensive Care System, Inc., Life Strategies Counseling Inc., Little Rock Community Health Center, National Alliance on Mental Illness (NAMI), Open Hands Clinic, Our House Shelter, Providence Park, Pulaski County Crisis Stabilization Unit, Trans Lifeline, Trevor Project, Veteran's Crisis Line
Preventive care	ARcare, Arkansas Coalition Against Domestic Violence (ACADV),

Significant Health Needs	Community Resources
	Arkansas Medical, Dental and Pharmaceutical Association (AMDPA), Arkansas Minority Health Commission, Camp Hope, Catholic Charities, Center for Arkansas Healthy Initiatives, Centers for Youth and Families, Divine Mercy Health Center, Forest of Hope Family Peace Center, Harmony Health Clinic, Healthy Connections, Inc., Jefferson Comprehensive Care System, Inc., Little Rock Community Health Center, Providence Park, Shepherd's Hope Free Clinic, VA Healthcare Center, Your Options Understood YOU Center
Substance use	ARcare, Better Community Development, BridgeWay Behavioral Health, Centers for Youth and Families, Compassion Center, Divine Mercy Health Center, Family Service Agency, Harbor House Inc., Healthy Connections, Inc., Inspiration Day Treatment, Jefferson Comprehensive Care System, Inc., Landmark Recovery, Life Forward Counseling, Little Rock Community Health Center, Magnolia Recovery, Our House Shelter, Providence Park, Recovery Centers of Arkansas, Safe Harbor of Little Rock, Six Bridges Clinic, Union Rescue Mission Dorcas House, Union Rescue Mission Nehemiah House, Wolfe Street Foundation

Impact of Actions Taken Since the Preceding CHNA

In 2022, St. Vincent North and St. Vincent Infirmery 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 - Impact the general health of our community by improving access to primary care services in communities least served by existing resources, partnering with local government to expand and support access to community resources, and providing better access to behavioral health care, especially among our growing homeless populations.

Education - Improve the general health of the community by improving the level of basic health knowledge and awareness, and by building a greater level of confidence in and respect for health care in communities where traditionally this sentiment has been lacking.

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

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.
Southwest Little Rock Mission Clinic	This clinic is in a severely medically underserved area in Southwest Little Rock. It provided primary care medical services and access to existing community resources to address the social needs of patients.
Respite Care	Partnered with local government and social services to create a safe place for medical and behavioral health patients, especially the homeless, to continue their recovery in a post-acute setting.

Basic Health Knowledge and Awareness, Chronic Conditions, Food and Nutrition, Domestic Violence and Human Trafficking, and Substance Abuse

Strategy or Program Name	Summary Description
Academies of Central Arkansas	A partnership with a local high school and the Chamber of Commerce fostered interest in careers in the medical sciences.
Anti-Violence and Human Trafficking	A partnership with local law enforcement improved the community's awareness and response to the growing threat of violence and trafficking in our area.
Community Outreach Programs	A Community Outreach program included a Community Health Coordinator and two Community Health Workers.
Food Insecurity Initiatives	Added hospital leaders to local boards that are working on hunger issues in Arkansas. Conducted food drives that benefited local partners serving people experiencing hunger. Partnered with city government and community leaders during the cold weather and provided meals to people in need at the local warming centers in central Arkansas. Hosted SNAP outreach events and signed up 20 people for SNAP benefits. Donated funds to the Arkansas Hunger Alliance. Discussed launching a Food Prescription program

Attachment 1: County Service Area ZIP Codes

Faulkner County	Lonoke County	Pulaski County
72032	72007	72076
72034	72023	72099
72035	72024	72113
72047	72046	72114
72058	72072	72116
72061	72086	72118
72106	72176	72120
72111		72135
72173		72142
		72199
		72201
		72202
		72204
		72205
		72206
		72207
		72209
		72210
		72211
		72212
		72223
		72227
		72255

Attachment 2: Benchmark Comparisons

Where data were available, the St. Vincent North and St. Vincent Infirmiry 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	North and Infirmiry Service Area Data	Healthy People 2030 Objectives
High school graduation rate	74.9% - >95%	90.7%
Child health insurance rate	95.0%	92.4%
Adult health insurance rate	88.2%	92.4%
Cancer deaths	154.9	122.7 per 100,000 persons
Colon/rectum cancer deaths	13.2	8.9 per 100,000 persons
Lung cancer deaths	39.1	25.1 per 100,000 persons
Female breast cancer deaths	18.8	15.3 per 100,000 persons
Prostate cancer deaths	20.0	16.9 per 100,000 persons
Infant death rate	7 - 9	5.0 per 1,000 live births
Adult obese (ages 18 and older)	37.8%	36.0%, adults ages 20+
Adults engaging in binge drinking	17.3%	25.4%
Cigarette smoking by adults	16.2%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	81.6%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	74.4%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	63.3%	68.3%
Annual adult influenza vaccination	42.3% - 49.1%	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
Rachael Bornè	Director of Programs	Our House Shelter
Justin Buck	Executive Director	Wolfe Street Foundation
LaTissle Cummings	Director	Depaul USA Jericho Way
Tina Hunter, MS	Grant Writer and Administrator	Centers for Youth and Families
Paige Krueger	Health and Wellness Coordinator	Our House Shelter
Dennis Lee	Chancellor for Administrative affairs; Executive Director	Diocese of Little Rock; Catholic Charities of Arkansas
Angela McGraw, MPH	Executive Director	Women and Children First
Errin Stanger	Chief Executive Officer and Founder	Providence Park
Lee Wilbur, MD	Founder Physician; Emergency Physician	Divine Mercy Health Center; CHI St. Vincent

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:

- Mental health and food insecurity are the top of my list.
- The people we work with don't have health insurance, they work low wage jobs or are unable to work due to retirement age. And most of the people are Spanish speaking. If they don't have immigration status, they can't apply for public benefits.
- Mental health and addictions. And access to dental care. Respite care for people experiencing homelessness is another niche issue.
- We are seeing changes in food security and the availability of nutritious foods. And mental health has gotten worse since the pandemic.
- Access to care, obtaining or navigating insurance, mental health, sexual health and sex education for youth and family planning.
- Behavioral health and mental health.
- We have a large undocumented immigrant population. Poverty is very big in our area. We also have poor chronic disease outcomes.
- Transportation, housing, food insecurity, and personal safety for those sleeping out in the environment.
- Housing insecurity and substance use disorder, or stimulant use disorder, which includes methamphetamine use, but also opioid use disorder. The drug supply is tainted with fentanyl.

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

- Post Covid, there are no providers. Everyone is booked. Resources are soaked up in a minute.
- For food insecurity, a lot of people are secluded so resources and information may not be getting to them.
- People work low wage jobs or are unable to work due to retirement age. And most of the people are Spanish speaking. If they don't have immigration status, they can't apply for public benefits.
- Everything is more expensive now and as a result, people have less access. When you must make hard economic decisions, that impacts economic stability, food security and mental wellbeing.
- Outside of general poverty, I think there are serious significant issues to federal SNAP benefits that our state puts in place, making people unable to receive benefits they may be qualified for.

- Living in poverty and all that comes with that, whether it's systemic injustice, housing quality, public transportation, access to resources, or economic stability. It is hard to point to something that doesn't impact one's mental health.
- The unsheltered population is increasing. It used to be localized to downtown mainly and to Southwest Little Rock. It seems to be permeating into many other ZIP Codes throughout the city and the surrounding areas.
- A lot of our clients don't have an income, are homeless, and have lower levels of education. And some have physical limitations. This contributes to them being able to be employable.

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:

- For mental health, it is all groups.
- Food insecurity impacts youth and the elderly.
- Low income, immigrants.
- Children, older populations and veterans.
- Immigrant populations, elderly populations, our low-income families. 75% of our population is ALICE (Asset Limited, Income Constrained), which means they are employed but don't have enough money to support themselves.
- Single parents, specifically black mothers who have a child under the age of five and need childcare or are pregnant. Any marginalized community.
- People of color, people with chronic mental illness.
- People who are 18 and older, veterans, elderly, and people experiencing homelessness.

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

In the past three years, were area residents impacted by extreme heat, wildfires and/or wildfire smoke, drought, flooding, water quality, insect infestations and West Nile virus? If your clients were impacted by a climate hazard event, tell us how it impacted their quality of life and wellbeing (health, economic stability, housing, mental health, etc.).

- We've had people become homeless because of tornados. People lost jobs because they didn't have transportation after losing their vehicle during the tornado.
- We had a tornado last year that took out quite a few of the poor neighborhoods in North Little Rock. Replacement housing has been a problem in the last couple of years. And many people didn't have insurance, or they were underinsured. And then they must wrestle with the insurance companies and adjusters.

- Last year when the ice moved in and we had our tornado, we had one of the highest number of amputee situations that we've ever had in our homeless community. That was devastating because access to care dwindled. Even after the amputee occurs, follow-up appointments and care to make sure the limb heals properly is very difficult for the homeless community.
- The tornado was absolutely devastating. We couldn't find our homeless community. Many of them didn't make it, and some were wounded and had to go to the hospital. They lost everything and had to start over. Because the need was so huge, everything was wiped out, and services were stretched thin.
- Fewer than 50% of those impacted by tornados had homeowners' insurance. It was an older, more established neighborhood with single family homes and apartment complexes. A lot of people left the community and didn't rebuild.
- 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, they were unable to care for their families.
- Extreme heat, lack of shelter in the winter, and tornados.
- Our clients are extremely low income, experience poverty, they cannot afford expensive housing. What is left for them is often unsafe living conditions with mold or mildew, with leaks and pest infestations. I have talked to clients who have had their water shut off for long periods of time because of a lack of responsiveness from a landlord. Also, there is the environmental hazard of crime and domestic violence.
- Some of the most impoverished areas are southwest Little Rock and that involves the 72209 and 72204 ZIP Codes. And then southeast Little Rock is probably just as vulnerable and that is linked mainly to the median income education level. Undocumented immigrants are very vulnerable.
- A lot of our clients sleep outside and don't have access to quality water, or a clean area around them. They lose their health with the rain, heat, ice storms, and tornados.
- We don't have any overnight emergency shelter. When it's cold, there are people freezing on the street. We see that every year because we don't have that resource.