Community Health Needs Assessment

Image: http://www.bhotsprings.com/hot-springs.jpg

Executive Report

Levi Hospital

300 Prospect Avenue

Hot Springs National Park, Arkansas 71901

2016

Acknowledgments

Levi Hospital wishes to thank the following organizations and individuals, who greatly enhanced this assessment through their partnership and support.

Contributing Organizations
Arkansas Hospice
CHI – St. Vincent Hot Springs
City of Hot Springs
Cooperative Christian Ministries and Clinic
Community Counseling Services
Community Service, Inc.
Difference Makers of Hot Springs
Garland County Coroner's Office
Garland County Health Unit
Garland County Public Library
Garland County Sheriff's Department
Garland County Suicide Prevention Coalition
Gateway Community Association
Greater Hot Springs Chamber of Commerce
Hot Springs Police Department
Hot Springs School District
Hot Springs YMCA
Johnston Chiropractic
Lake Hamilton School District
Mountain Pine School District
National Park College
Ouachita Children's Center
Project HOPE
Project HOPE Food Bank
Salvation Army
United Way of Garland County
University of Arkansas Cooperative Extension Service
Webb Community Center

Community Advisory Committee

Dr. Bob Aspell	Lynn Blankenship	Dr. Sally Carder
Dr. Joyce Craft	George Dooley	Don Gooch
Janet McAdams	Leon Massey	Bart Newman
Dr. Jack Porter	Susie Reece	Dr. Gene Shelby
Jason Stachey	Gary Troutman	Willie Wade
Jean Wallace	Chris Chapmond	Chris Rowland

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2016 COMMUNITY HEALTH NEEDS ASSESSMENT EXECUTIVE REPORT

Summary of Key Findings

Levi Hospital's 2016 Community Health Needs Assessment has identified the following four issues, in order of importance, as priorities for the 2016-2018 Assessment cycle:

1) Poverty
2) Substance Abuse
3) Obesity
4) Suicide

Introduction

Description of Community Served

Levi is a small hospital providing a number of unique services. Most of Levi's patients come from Hot Springs or surrounding cities in Garland County; this is due to the presence of a high-quality Physical Therapy program in the hospital. A percentage of patients also come from various places around the state for treatment in the inpatient psychiatric unit. However, attempting to address the health needs of residents across the entire state would not accurately reflect the needs of Levi's true "community," as it is those closest to Hot Springs that utilize the hospital's services most often. Taking into account services offered, as well as considering overlapping services provided by surrounding facilities, Levi has chosen to continue to focus on Garland County as the "community" for the 2016 Assessment.

Note: Please see Appendices B and D for a list of community resources. A complete list of resources is available online at www.hsresourceguide.org.

Description of Process

This year's Assessment consisted of four key processes: a Community Health Survey, a Community Leader Questionnaire, evaluation of secondary data, and review and revision of findings and strategies by the Community Advisory Committee.

The Assessment was conducted between November 2015, when the Community Health Survey was released to the public, and April 2016, when the survey was closed to begin data compilation. Secondary data was gathered in March and April 2016, and Community Leader Questionnaires were completed between December 2015 and April 2016.

Issues present across all three data components were considered when choosing the top health needs for this Assessment cycle.

Information from Community Representatives

As with the 2013 Assessment, the Garland County Health Unit provided a number of secondary data points, as well as weighing in on health needs that employees and administrators have observed in the community. The Garland County Health Unit has become a key partner for Levi Hospital in the implementation of various strategies from the 2013 Assessment; this partnership will continue to grow in future endeavors as both organizations work to address the health needs of the community's most vulnerable populations.

Another key partner in gathering information on the needs of the poor and minorities is Cooperative Christian Ministries and Clinic (CCMC). This is a non-profit located in Hot Springs whose mission is, "maximizing community resources to reduce poverty." As the leader in a massive effort to combat poverty in Garland County, nurturing our relationship with CCMC will ensure that we are always aware of the needs of the poor.

Relationships have also been formed with key groups representing both the African American population and the Hispanic population in Garland County. The ongoing dialogue with organizations such as the Webb Community Center and St. John's Catholic Church ensures that the needs of Garland County's minority population are not overlooked.

Methods

Evaluation of Secondary Data

In order to be as comprehensive as possible, data was gathered for 250 key statistics over seven broad categories. These categories include general population characteristics, income and housing, education, crime, transportation, health and health care, and risky behaviors among youth.

Data came from a variety of outside sources, including 2014 ACS Estimates, the Garland County Health Unit and Arkansas Department of Health (ADH), the Centers for Disease Control and Prevention (CDC), Arkansas Department of Human Services (DHS), the Kaiser Family Foundation, Healthy People 2020, and many other credible groups and institutions. These key statistics were compiled into a single document in order to pinpoint problem areas and to validate results from Levi's own Community Health Survey. Some data points, such as the weighted averages for county-wide literacy test results and ACT scores, were hand calculated using the appropriate data source.

Each Key Statistic had up to five reported figures for comparison:

1. US statistic
2. Arkansas statistic
3. Garland County statistic
4. Healthy People 2020 Goal
5. Trend (This column is a comparison between what was reported in the 2013 Assessment and what is being reported in the current Assessment for **Garland County**. The result, when the statistic is available on both reports, is categorized as "rising," "falling," or "stable," and allows

viewers to see areas of progress and areas of concern at a glance. This column is also color-coded to make it more user friendly, as a "falling" number can be an improvement for some categories, while being a cause for concern in others. Green cells indicate an improvement and red cells indicate a setback. Yellow cells are for neutral, new, or stable data points.)

All Key Statistics can be found in **Appendix A: Secondary Data**.

Community Leader Questionnaires

In lieu of focus groups and personal interviews, the 2016 Assessment utilized a community leader questionnaire to gather key population-level information. This change was made in consideration of the time-constraints of busy community leaders. These leaders offer valuable input, but many do not have time available for one-on-one interviews. Additionally, many of these leaders are also chosen to serve on the Community Advisory Committee, which allows them to share information and experiences and provide input regarding implementation strategies, while limiting the number of meetings they must attend.

Forty-four individuals from a wide variety of backgrounds were chosen to receive questionnaires. Recipients were chosen based on the segment of the population represented, the number of individuals represented, and the ability to understand and communicate the needs of those represented. Twenty-nine responses were received, for a response rate of 67%.

Questionnaire recipients were asked to answer the following questions:

1) Describe your community.
2) Describe your vision of a healthy community.
3) What are some key resources for residents of Garland County?
4) What do you perceive to be the primary health concern or problem for residents of Garland County?
5) What barriers to Garland County residents encounter when seeking health care or trying to improve their health?
6) What suggestions would you make for improving health care and the health status of Garland County residents?
7) List any goals, objectives, or specific activities that might contribute to addressing the issues and/or making the improvements you noted in questions 4, 5, and 6.

Recipients also indicated whether their organization/institution served any of the following population segments: minorities, poor, disabled, medically underserved, elderly, or children.

Aggregated responses can be found in **Appendix B: Community Leader Response Graphs**.

Community Health Survey

The health survey for this Assessment cycle was created using the previous survey as a template. This enabled questions to be compared across years to track trends. Several questions from the 2013 survey that did not provide useful data were removed. Additionally, three new questions were added to ask

about general health knowledge, and two added questions inquired about the perceived impact of the implementation strategies from the 2013 Assessment.

This resulted in a 12 page, 61 question survey covering a variety of health topics, including personal and family health, community improvement, access to health care, demographic identifiers, opinion questions, and space for comments on the previous assessment. A copy of the survey can be viewed in **Appendix C: Health Survey 2016**.

Community members had two options for filling out the survey: a web link or a paper copy (with an addressed, postage-paid return envelope attached). Both the web link (printed on flyers) and the paper copy were left at various locations in the community, such as the library, laundromats, the bus depot, the local health unit, and several community centers, and were also passed out at community events over the course of several months. A number of these locations have high contact with the poor population, which ensured that the survey could be completed even by residents without internet access. Community Leaders receiving a leader questionnaire were also asked to complete a survey for themselves.

A total of 239 surveys were completed by Garland County residents.

Aggregated survey results for all 61 questions are not included in this report due to length. A copy of **Appendix F: Health Survey Data**, can be requested by email at kmalkmus@levihospital.com, or by calling (501) 622-3325. Open response results, separated by answer category, can be found attached in **Appendix D: Open Response Graphs**.

Community Advisory Committee

An Advisory Committee of 12 community leaders met on September 8, 2016 to review the preliminary findings and draft of the Executive Report. Members were encouraged to offer input on the findings, as well as the goals and strategies outlined in the draft. The final report was updated to reflect this input, including the addition of relevant strategies suggested by the group.

Input from Previous Assessment

Over 200 copies of the 2013 Community Health Needs Assessment Executive Report were distributed across Garland County between December 2013 and December 2015. Having this information--particularly the findings and the secondary data--readily accessible enabled various community members and organizations to support their own assertions when submitting grant applications. As a support document, the 2013 Assessment has helped bring in valuable funds for community projects in the more than two years since its release to the public.

Written comments on the previous Assessment were solicited as part of the 2016 Community Health Survey as an open response question. Reactions to the previous Assessment ranged from a complete lack of knowledge that such a report exists, to responses commending the number of changes made over the last several years.

By far, the most common comment was that many resources and programs (both old and new) are available for Garland County residents, but those needing access to these resources are **still not aware** of their existence. Taking this information into account, a greater focus on *targeted* advertising will be implemented when executing strategies and goals in the 2016 Assessment. This will help assure that resources and programs are brought to the attention of appropriate participants.

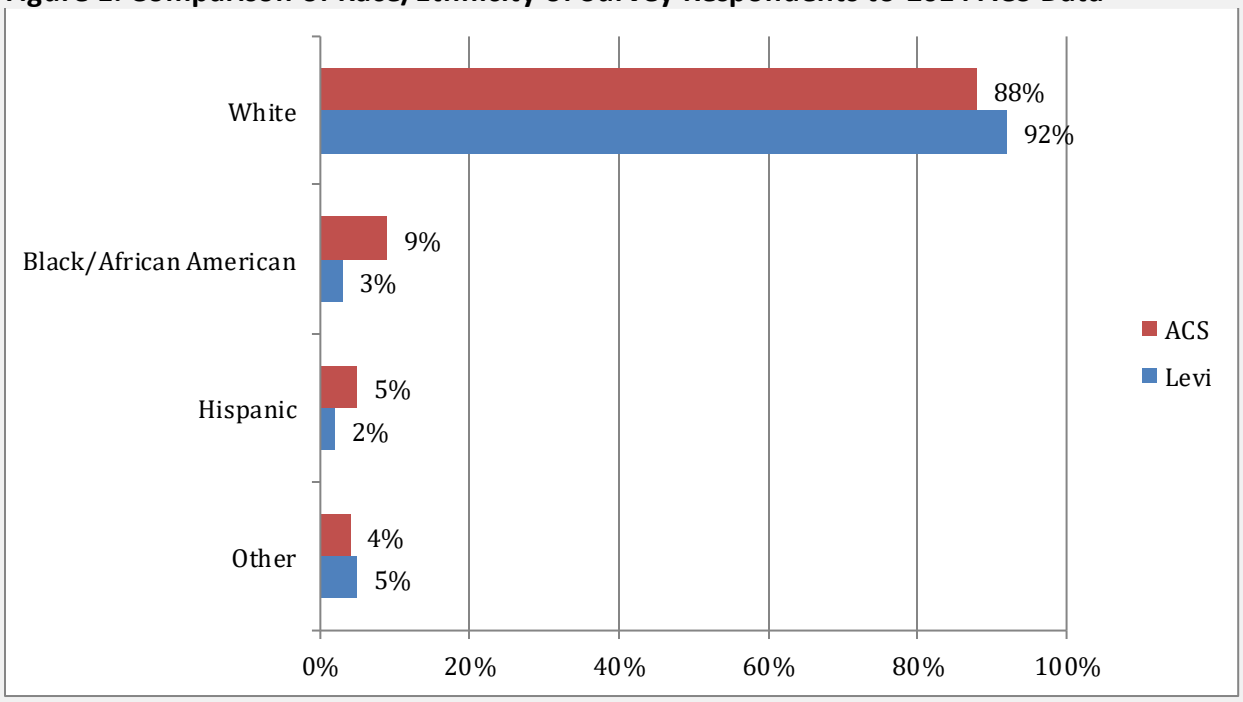
For all activities conducted to meet strategies developed in the 2013 Assessment, please see **Appendix E: 2013 Implementation Strategy Progress Sheet**.

Findings

Secondary data, survey responses, and community leader questionnaires were analyzed in search of themes that were common across all three components.

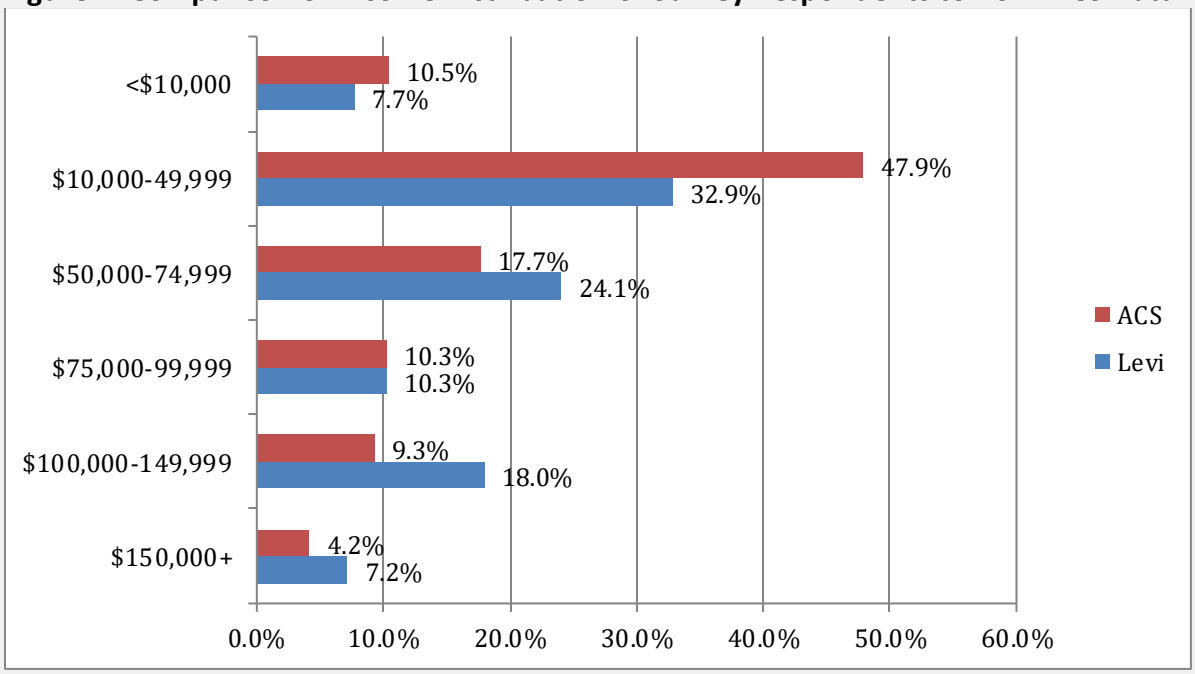
To ensure the integrity of survey responses, Levi's 2016 Community Health Survey demographics were compared to Garland County demographics reported by the American Community Survey. The results of these comparisons show that the relatively small sample size accurately reflected the larger community in some areas, while it did not in others. Community Leader Questionnaires were skewed toward certain populations in order to help close these gaps.

Figure 1: Comparison of Race/Ethnicity of Survey Respondents to 2014 ACS Data



*Please note that totals do not add up to 100%, as Hispanic individuals can identify as any race.

Figure 2: Comparison of Income Distribution of Survey Respondents to 2014 ACS Data



*ACS Data:
http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S1901&prodType=table

Approximately 40.5% of respondents made less than $50,000 a year, while 59.5% made $50,000 a year or greater. This is in comparison to ACS data showing that approximately 58.4% of Garland County residents made less than $50,000, while 41.6% made $50,000 or greater.

Although the survey was not a perfect sample, the demographic characteristics outlined in the two figures above are similar enough to ACS data for a reasonably accurate comparison to the county at large. Under this assumption, Figures 3 – 13 present U.S., Arkansas, Garland County, and Health Survey data to support the findings of Levi's 2016 Community Health Needs Assessment.

Figures 3 – 6 outline additional characteristics that were important contributors to the identification and prioritization of health needs for the 2016 cycle.

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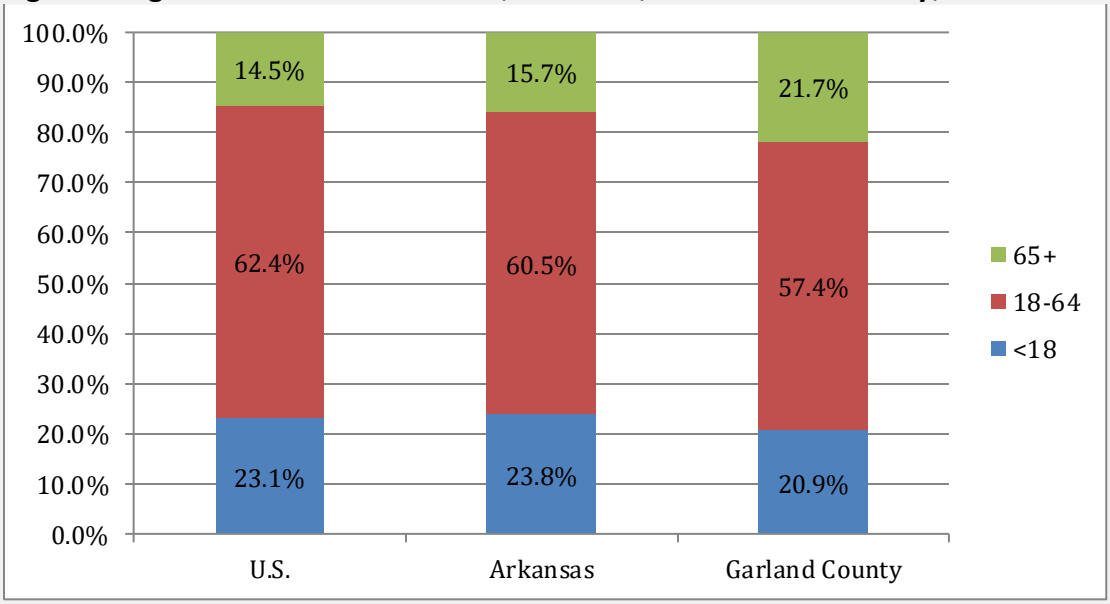
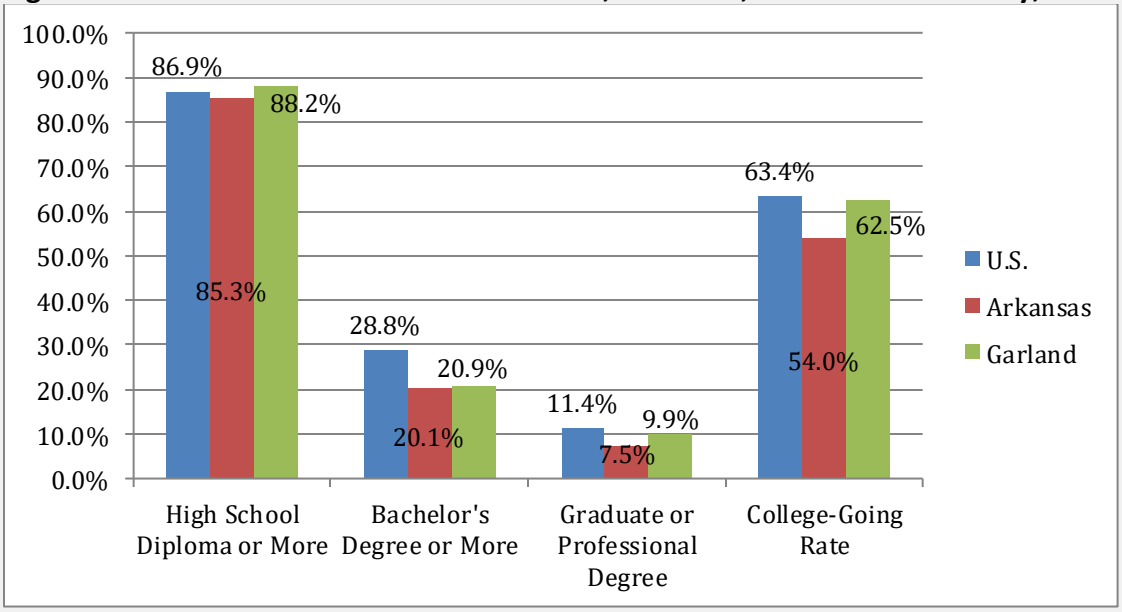
Figure 3: Age Distribution of the U.S., Arkansas, and Garland County, 2014



As in the last Assessment, ACS data showed Garland County to have a high proportion of residents over the age of 65, resulting in lower-than-average proportions of both children and adults between the ages of 18 and 64. This unique distribution not only means that health needs must be tackled differently than in predominantly younger communities, but that the issues themselves may be different and unique.

Figure 4: Educational Attainment in the U.S., Arkansas, and Garland County, 2014



This year's Assessment shows a rise in the percentage of residents who have completed high school and a significant rise in the percentage of residents with a Graduate or Professional degree. Additionally, a new indicator, college-going rate, shows that Garland County residents are choosing to attend college at a higher rate than the state, and only slightly below the national rate. These improvements will continue

to contribute to an improved overall health status in the community more educated residents graduate, start lives of their own, and raise educated children in Garland County.

Figure 5: Labor and Earnings in the U.S., Arkansas, and Garland County, 2014

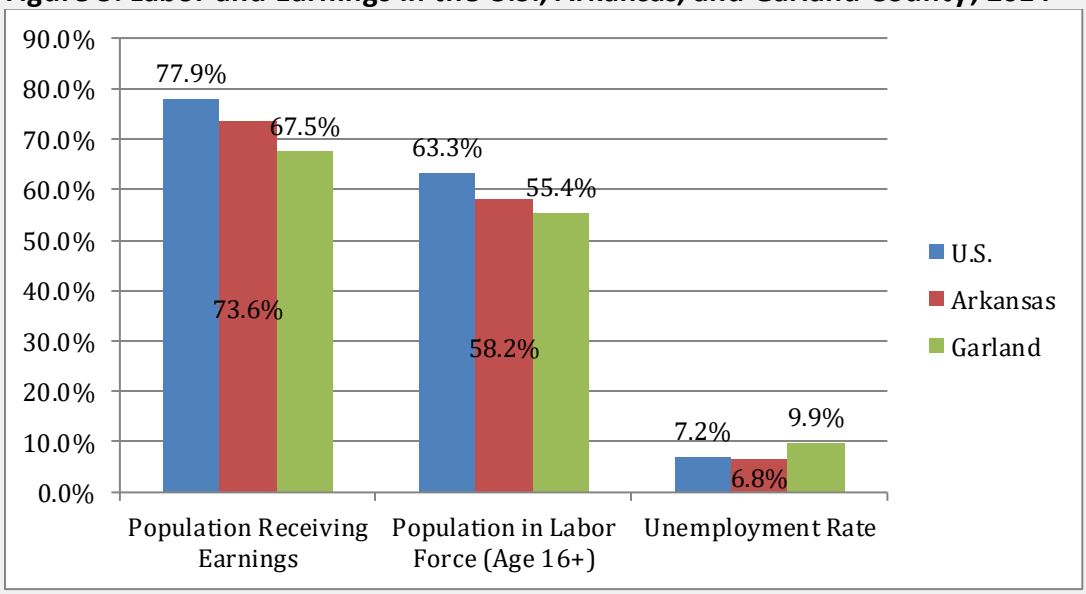


Figure 6: Select Poverty Characteristics in the U.S., Arkansas, and Garland County, 2014

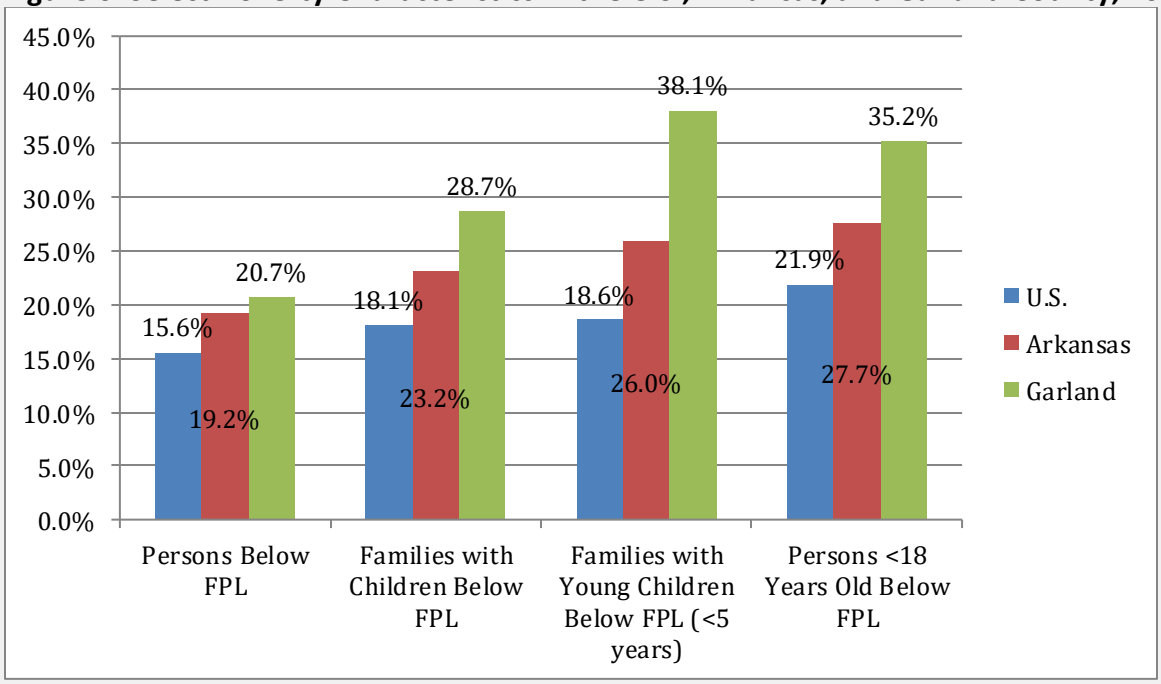


Figure 5 and **Figure 6** reveal a significant difference in the economic self-sufficiency of Garland County residents when compared with state and national levels. Fewer community members are working, and a staggering portion of the population lives below the federal poverty level, with more than one in three children in Garland County living in poverty. This information also plays a key role in identifying needs and determining the most appropriate intervention strategies for the identified needs.

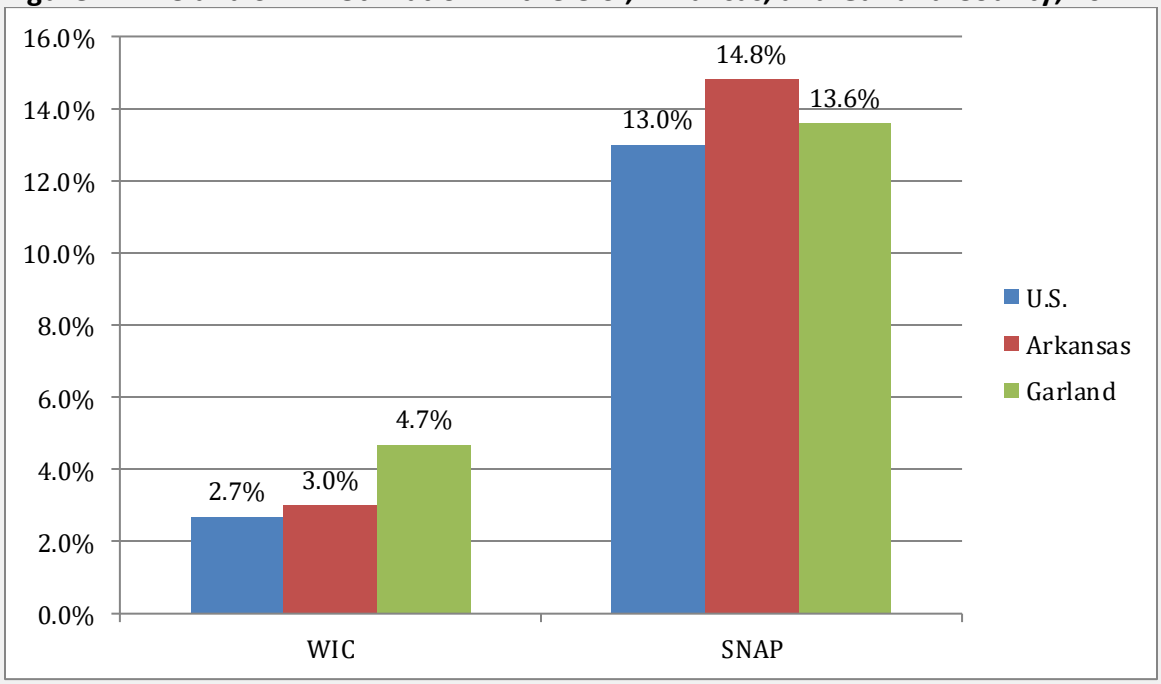
Analysis revealed that four key issues were discussed in each of the major components of the study. These needs included poverty, substance abuse, obesity, and suicide. Refer to **Appendices A, B, D, and F** to view the data in each Assessment component.

Poverty

Figures 5 and 6 (above) begin to paint a picture of poverty in Garland County. The impact of poverty on the overall health of the community was made abundantly clear by both Health Survey respondents and community leaders. Census blocks within the City of Hot Springs have a median household income as low as $14,631 with up to 46% of block residents falling below the poverty line (Tract 106, Block AR051010600-3). It is areas such as this where health needs are felt most acutely, but impoverished residents live throughout the entire county.

As seen below in **Figure 7**, the community utilizes WIC at a higher rate than both the nation and the state, and has a higher percentage of SNAP beneficiaries than the nation, but a lower percentage than the state.

Figure 7: WIC and SNAP Utilization in the U.S., Arkansas, and Garland County, 2014



Garland County also has a large percentage of children living in single parent households—a situation often linked with poverty. 73.5% of female head-of-households (no husband present) have children under eighteen years old living in the house, and 48.5% of male head-of-households (no wife present) have children under eighteen years old living in the house.

Further analysis reveals that income is linked to the health of Garland County residents. When filtered by income level, only 34% of Health Survey respondents with a household income below $30,000 per year described their overall health as "very good" or "excellent," compared with 60% of those whose household income was above $50,000 per year. Using the same parameters, 30% of the low income

group reported "fair" or "poor" health, while only 9% of the higher income group reported "fair" or "poor" health. Additionally, while only 10% of the high income group did not have a primary care physician, 60% of low income respondents did not have a PCP. This limits access to preventive care and regular check-ups, as well as foregoing the benefit of having sick appointments with a physician that is familiar with the patient's history.

Other survey responses also support poverty as a top-priority issue in the community. A forced-answer question yielded poverty as the overwhelming leader among fifteen listed issues, with over 40% of all respondents selecting poverty as the issue MOST affecting quality of life in the community. Poverty was also frequently mentioned in an open response question asking Health Survey respondents to name significant issues in the community. Further, community leaders identified poverty as the top barrier to receiving health care and improving personal health.

Substance Abuse

Substance abuse was another common theme across all three data components of the Assessment. Though the traditional definition of substance abuse typically includes only drugs and alcohol, the negative health effects of smoking are well-known, so tobacco use is also included in this category. Concern about tobacco use was frequently expressed across all components of the Assessment. For this reason, strategies and goals will address traditional substance abuse prevention and treatment, as well as tobacco use prevention and treatment.

Health Survey respondents identified substance abuse prevention as the number one health behavior that people in Garland County need to know more about, indicating a high concern for the rate of substance abuse in the community. Illegal Drugs were identified as the number two issue most affecting quality of life in Garland County (second to poverty, as mentioned above). Additionally, substance abuse was the second most frequently mentioned "significant issue" in the open response section of the survey, and Community Leader Questionnaire respondents also named substance abuse as the second most significant health issue in the community.

As seen below in **Figure 8**, Garland County residents report a higher rate of adult smoking than both the nation and the state. Although data is not available at the county level, Arkansas also reports a slightly lower percentage of smokers attempting to quit—59.3% compared to the national rate of 60.9%. This figure also shows that the rate of binge drinking among adults in the county is the same as the state rate, which is lower than the national average, but does not meet national top-performer standards, leaving ample room for improvement.

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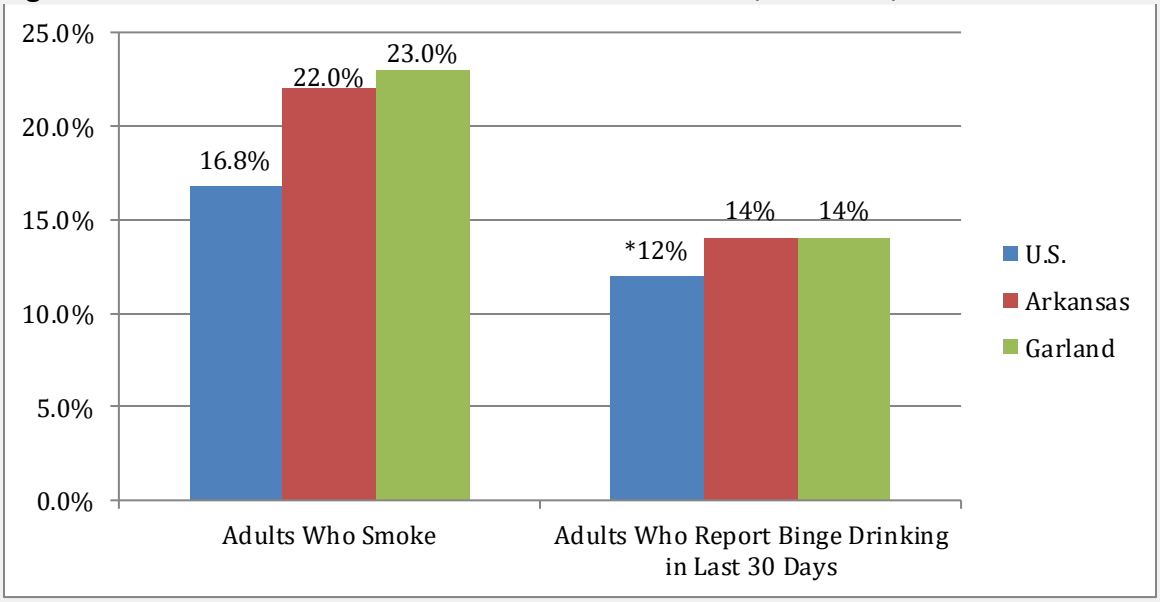
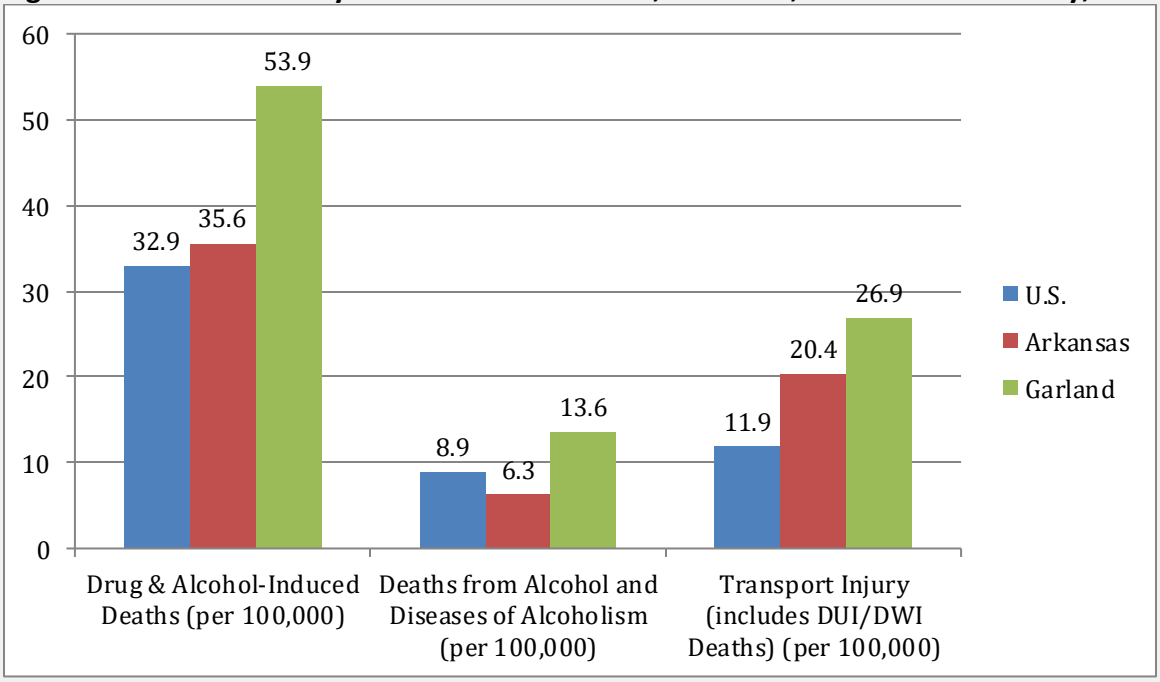
Figure 8: Select Substance Use Characteristics in the U.S., Arkansas, and Garland County, 2014



*Data reported for top-performers

Mortality indicators highlight the consequences of substance abuse in Garland County and across the nation. **Figure 9**, below, shows that Garland County has consistently higher death rates from substance use- and abuse- related causes.

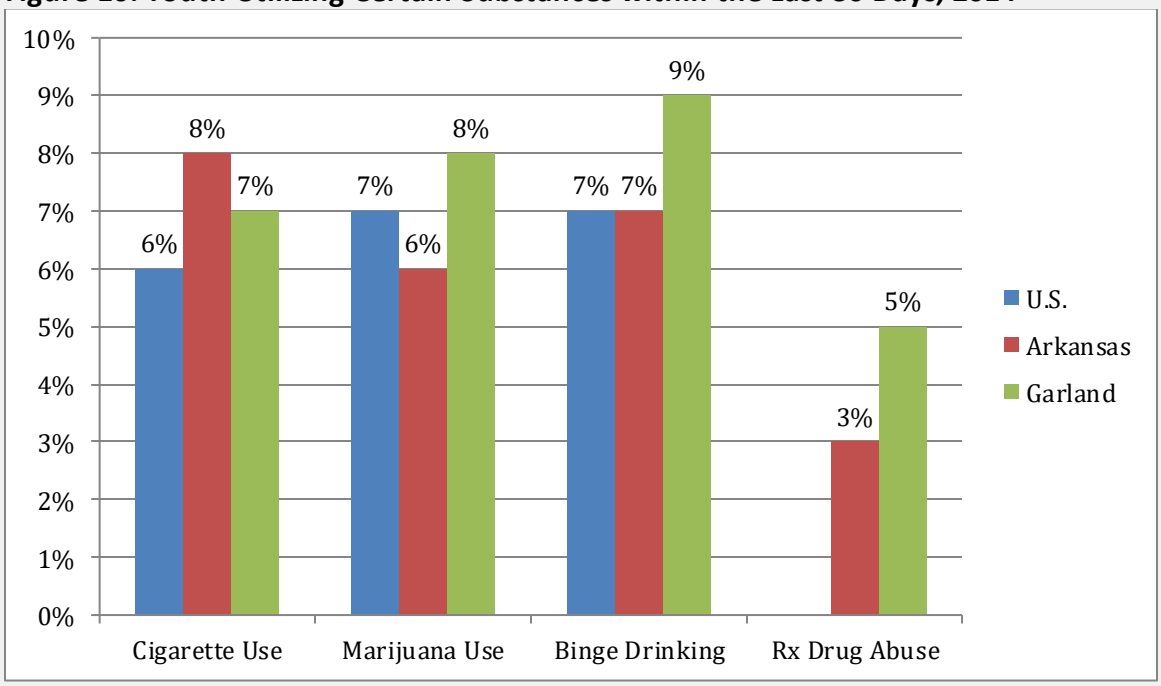
Figure 9: Select Mortality Indicators for the U.S., Arkansas, and Garland County, 2010-2014



While these death rates continue to climb in the county (when compared to data reported in the 2013 Community Health Needs Assessment), the number of individuals receiving substance abuse treatment has declined in the same time frame, creating additional cause for concern.

Finally, The Arkansas Prevention Needs Assessment Survey, given to 6th, 8th, 10th, and 12th graders across the state of Arkansas, revealed additional worrying data. Across the board, Garland County youth were more likely to use marijuana, binge drink, and abuse prescription drugs than their peers at the national and state levels. Garland County youth were also more likely to have smoked cigarettes in the last 30 days than their peers at the national level, but fell below the state average. This information is summarized in **Figure 10**.

Figure 10: Youth Utilizing Certain Substances within the Last 30 Days, 2014



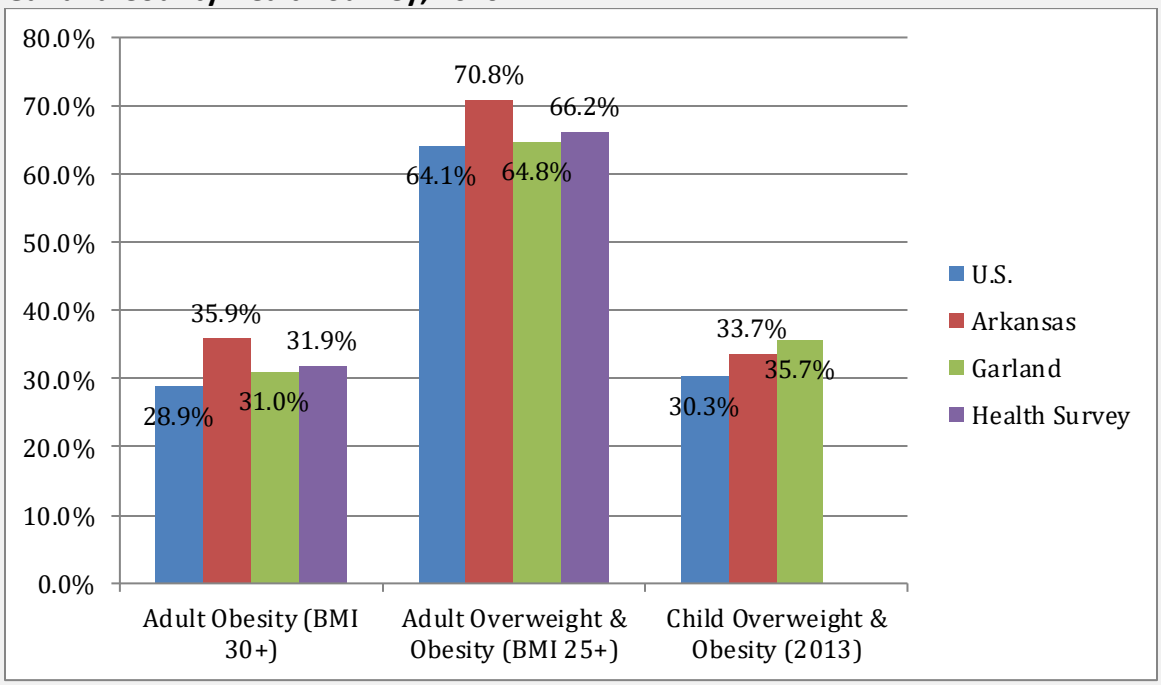
*Comparable Rx drug abuse data at U.S. level not available

Obesity

Obesity was the most frequently cited health issue across all three data components of the Assessment. This issue received further attention when related chronic conditions such as Type 2 Diabetes, and related challenges such as access to healthy foods, were included. See **Appendices A, B, D, and F** for the breakdown of this information.

In 2014, Arkansas became the fattest state in the nation—a title which no state wants to earn. **Figure 11** shows the breakdown of overweight and obesity in adults and children, and how Garland County compares with the state, the nation, and Health Survey respondents. This astonishing data illustrates how Arkansas earned the title of "Fattest State."

Figure 11: Select BMI Characteristics for the U.S., Arkansas, and Garland County, 2014, and Garland County Health Survey, 2016



*Child data not available for health survey

Although Garland County numbers are not as high as the state average in every category, this data still calls for immediate action.

Approximately two-thirds of Garland County adults and over one-third of children in Garland County are overweight or obese. This alone makes obesity a high-priority issue, and community members are speaking out about the need to tackle this epidemic. Community Leader Questionnaire respondents *and* Health Survey respondents both identified obesity as the number one issue in the community (open response format, **Appendix D**). When responses listing associated chronic illnesses are included, this health issue was mentioned over twice as many times as the next closest issue on the Community Leader Questionnaire and 55% more times than the next closest issue on the Health Survey. The prevalence of a few of these conditions is outlined in **Figure 12**.

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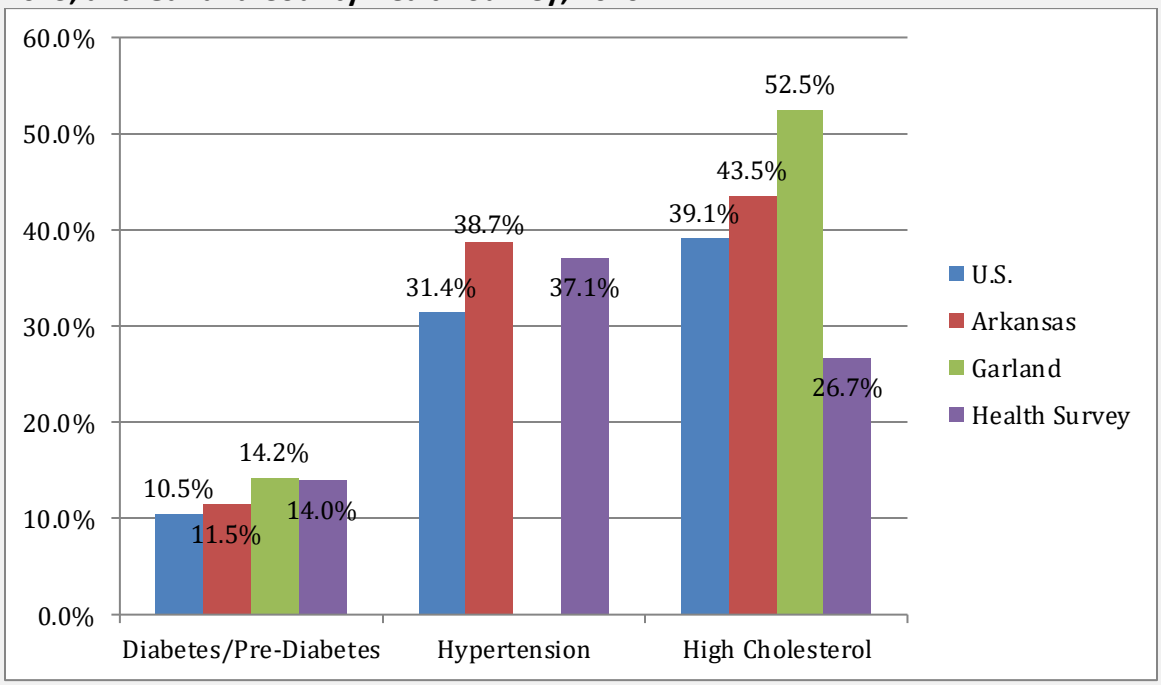
Figure 12: Prevalence of Select Chronic Conditions in the U.S., Arkansas, and Garland County, 2013, and Garland County Health Survey, 2016



*Health Survey data from 2016; Hypertension data not available for comparable year at the county level

Additionally, 38% of Health Survey respondents reported no physical activity or exercise during a typical week. This rate is nearly double the rate of inactivity in top-performing cities and towns, where inactivity has been reduced to around 20%. Coupled with inability to access healthy foods (ranked sixth on the list of significant issues by both community leaders and health survey respondents) and a lack of knowledge about how to eat well (health survey respondents ranked nutrition as the second most important behavior Garland County residents need to know more about, with weight management coming in fifth place), it is evident that obesity is an overwhelming epidemic that will take many years to impact significantly, but one that Garland County residents are ready to tackle.

Suicide

Although suicide was not *mentioned by name* as frequently as mental health, a look at the secondary data implores action. **Figure 13** looks at suicide rates over a three-year period from 2013 to 2015.

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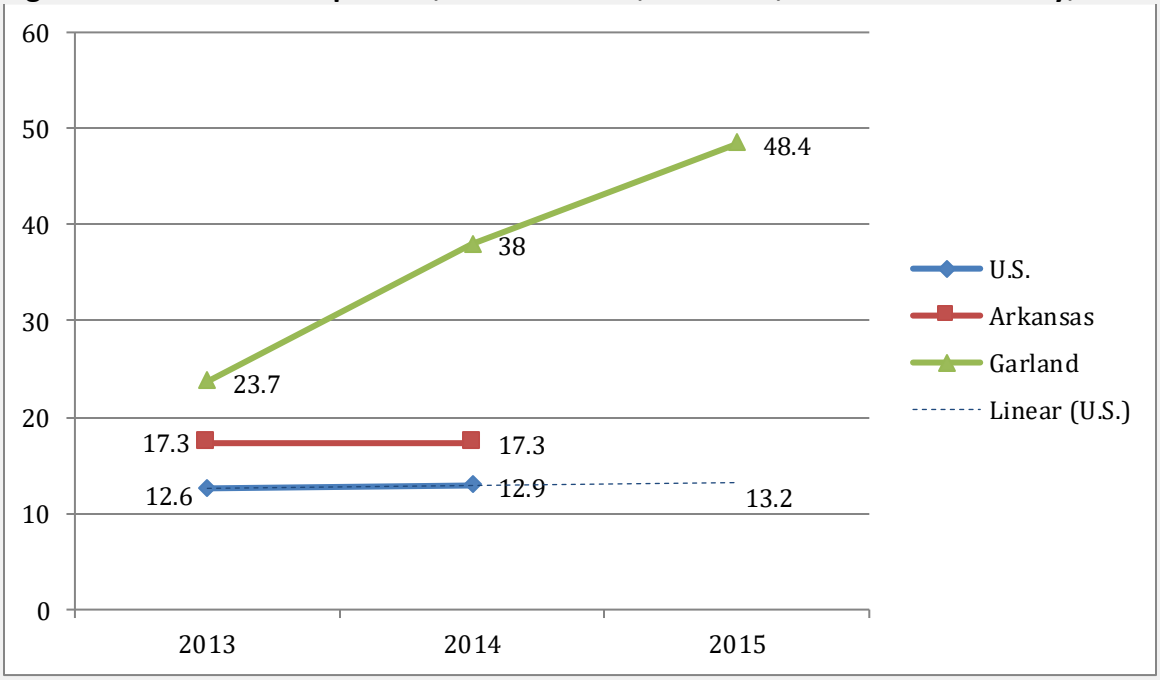
Figure 13: Suicide Rates per 100,000 in the U.S., Arkansas, and Garland County, 2013 - 2015



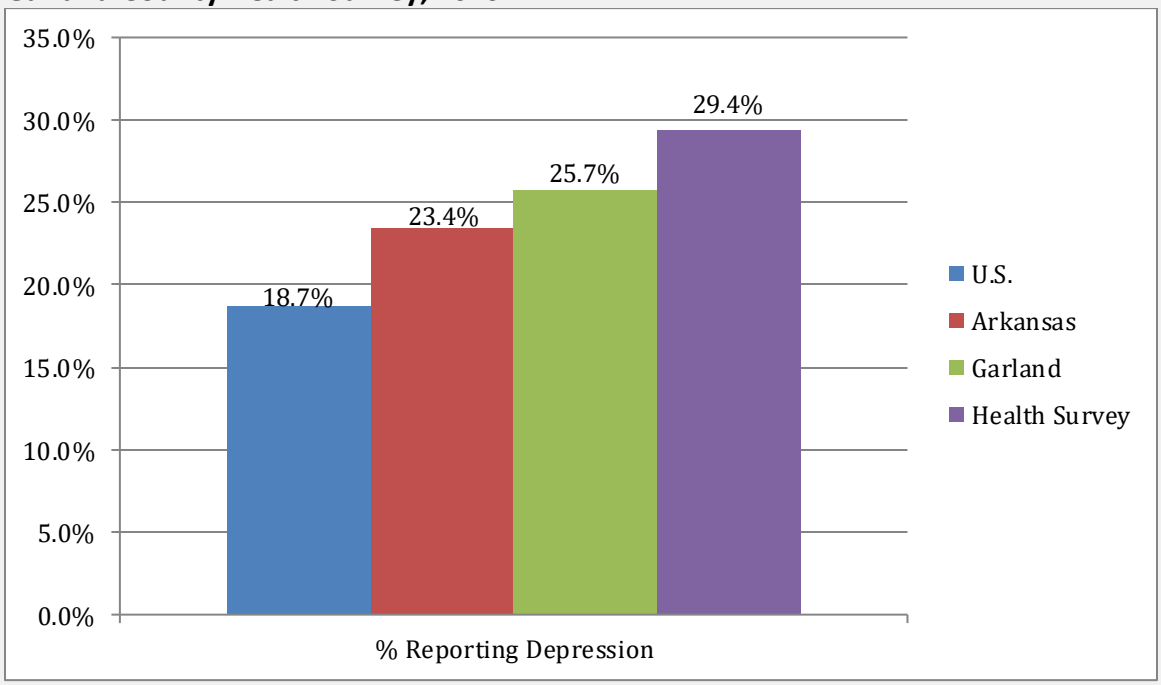
*Source: http://afsp.org/about-suicide/suicide-statistics/ & Garland County Coroner
*U.S. and Arkansas data not yet available for 2015

As shown above, while national and state suicide rates have remained relatively stable, suicide rates in Garland County have continued to rise at an alarming rate. If it is assumed that the national average continues to follow its current trend into 2015 (shown as a dotted line on the graph, as U.S. data is not yet available for 2015), Garland County's suicide rate will be more than *3.5 times* the national average for the year.

Suicide is often the result of an untreated mental health condition, so while suicide is not always mentioned by name (partially due to the stigma still associated with the word), the community is adamant that mental health is a pressing issue in Garland County. Mental Health was the third most common issue listed on the Community Leader Questionnaire. When combined with responses that *specifically* identified suicide as a significant issue (listed separately for clarity, see **Appendix B**), this issue ties for top priority. Health Survey respondents identified mental health as the fourth most important community health need, with only one point fewer than "Access to & Adequacy of Health Care." This one point separation is especially significant due to the fact that many of the issues identified with access to and adequacy of health care in the community were specifically related to mental health services.

Further, according to BRFSS data, Garland County has a higher prevalence of depression than both the nation and the state.

Figure 14: Prevalence of Depression in the U.S., Arkansas, and Garland County, 2013, and Garland County Health Survey, 2016



Approximately 15% of Health Survey respondents stated that they have had at least one day in the last month that feeling sad or worried has kept them from going about their normal business. Over 16% of respondents stated that they have needed mental health or psychiatric services in the past twelve months, 39% of which did not receive the needed services. These factors, along with many others, can contribute to suicidal ideation and suicide attempts.

Taking this information into account, strategies and goals for this need will focus not only on suicide prevention, but also on addressing the underlying mental health issues that can contribute to suicidal ideation and suicide attempts, as well as on closing gaps in the continuum of care in Garland County.

Implementation Strategies

How Needs and Priorities Were Established

Poverty, substance abuse, obesity, and suicide were common themes across all three data components of the Assessment. These topics became the four primary health needs. From there, needs were prioritized based on the amount of feedback and the perceived burden of each need.

Obesity and Suicide remain on the list of top community health needs in the 2016 Assessment cycle, but both have moved to lower-priority standings because of the impact that has already been made on these needs since their identification in 2013. For example, suicide rates appear to be falling (based on preliminary 2016 data from the Garland County Coroner). Further, the Garland County Suicide Prevention Coalition is now well-established in the community, and has been providing suicide prevention programming since 2014. This work will continue on behalf of the coalition with a reduced

time commitment from Levi, freeing up additional time to focus on topics such as poverty, where intensive work in the community is just beginning and more time needs to be dedicated to getting programs off the ground. Obesity prevention work is also continuing in the community through various outlets, so improved outcomes will continue in this area while resources are shifted to focus on other community needs. For these reasons, the two newly identified needs, poverty and substance abuse, were given higher priority. Because poverty has a direct impact upon every other identified health need, it was given top priority. It often co-occurs with substance abuse, obesity, and mental health issues that may play a part in suicide risk, so dedicating time to poverty prevention will likely decrease the burden of the other three identified health needs over time. Addressing poverty will also improve the overall quality of life for *all* residents of Garland County.

Intended Actions and Levi's Role in Addressing High-Priority Needs

Each of the four identified health needs requires a unique approach and a different level of involvement from Levi. Intended actions can be divided into two sub-groups: advancement strategies and SMART goals. SMART goals are specific actions that are outcome-oriented and time-bound. These goals are designed to be completed by Levi within the specified time frame and will directly impact the identified need area. Advancement strategies are broad actions that support other efforts in the community. These actions are not necessarily time-bound, and do not always have a specific objective for Levi to complete. For example, an advancement strategy to partner with another organization whose primary mission impacts one of the four identified health needs allows Levi to assist the organization as they achieve their *own* SMART goals. These actions will make a direct impact on the identified needs, but Levi is primarily working in a support role.

Poverty

Advancement Strategies:

1. Partner with Cooperative Christian Ministries and Clinic to support the Bridges out of Poverty program, to include having a representative serve on the Bridges Steering Committee.
2. Attend monthly South West Arkansas Partnership meetings, which address area homelessness.
3. Support area economic development efforts where possible.
4. Partner with Garland County REACH to address teen pregnancy and its association with generational poverty.
5. Develop and/or support Community Development Block Grant projects.
6. Seek opportunities to educate school administrators and school Boards about the impact of poverty on the overall health of the community.
7. Support existing efforts to improve public transportation options and hours for working families and individuals.
8. Attend monthly Project H.O.P.E (Health, Opportunities, People, Education) meetings, to include participation in any relevant sub-committees.
9. Research (and potentially develop) other successful programs that target poverty, to include seeking grant funds (directly or through a partner organization) for the implementation of appropriate programs.
10. Develop and implement community activities that contribute to the eradication of poverty.
11. Promote access to and awareness of resources available for community members impacted by poverty.

12. Support, wherever possible, the implementation of poverty eradication programming led by other organizations.

SMART Goals:

1. Provide funding for at least one Bridges out of Poverty course, through any combination of private donation and grant funds, by the end of FY2017*.
2. By the end of FY2016, host at least one focus group with community members identifying as "very low income" to assess concerns specific to this highly vulnerable group and develop special strategies to begin addressing the identified issues.

Substance Abuse

Advancement Strategies:

1. Promote the Arkansas Tobacco Quit Line, including working with legislators to ensure continuity of funding.
2. Support tobacco-free areas and encourage local organizations to adopt tobacco-free policies.
3. Partner with Community Service, Inc. to support the message of Regional Prevention Providers as they work to prevent substance abuse in the community.
4. Partner with local organizations and coalitions to develop safe, positive, and healthy activities for area teens, to include the support of existing programs such as mentoring and Teen Kick-Backs.
5. Encourage neighborhoods to adopt a Neighborhood Watch as a way to improve visibility and decrease criminal behavior such as drug deals.
6. Include tobacco treatment services as part of Levi Hospital's employee wellness program, Wellness Works (see SMART Goal 3 under Obesity).
7. Further develop Levi's relationship with current substance abuse treatment and prevention providers to explore prospective support roles.
8. Assist with roll-out of the Sources of Strength peer leadership program in Garland County school districts.
9. Seek opportunities to educate school administrators and school Boards about the impact of substance abuse on the overall health of the community.
10. Research (and potentially develop) other successful substance abuse treatment, prevention, and restorative justice programs, to include seeking grant funds (directly or through a partner organization) for the implementation of appropriate programs.
11. Develop and implement community activities that contribute to substance abuse treatment and prevention.
12. Promote access to and awareness of resources available for community members impacted by substance abuse.
13. Support, wherever possible, the implementation of substance abuse treatment and prevention and restorative justice programming led by other organizations.

SMART Goals:

1. Send a representative to Tobacco Treatment Training by the end of FY2017.
2. Collaborate with other stakeholders to reinstate Garland County C.A.R.E.S by the end of FY2017.

3. Conduct a resource and needs study of substance abuse treatment services available to Garland County residents by the end of FY2017.
4. Conduct a thorough feasibility study for the addition of acute detoxification beds at Levi by the end of FY2017.
5. Cut current employee smoking rates at Levi Hospital by at least 15% by the end of FY2018.
6. Institute a tobacco-free hiring policy at Levi Hospital by the end of FY2019.

Obesity

Advancement Strategies:

1. Support existing efforts to increase walkability in the community.
2. Continue partnership with the Hot Springs Farmer's Market, to include the continuation of SNAP at the Market volunteering and sponsorship of SNAP transaction fees.
3. Lead the celebration of Food Day in Garland County for the third year running (and beyond).
4. Attend quarterly Arkansas Coalition for Obesity Prevention (ArCOP) meetings, to include serving on any relevant sub-committees and participating in the Growing Healthy Communities Hot Springs initiative.
5. Develop and promote various programs that encourage physical activity, such as an Annual Fitness Challenge for community members or the NFL's Play 60 initiative.
6. Advance priority areas, strategies, and action steps outlined in the Governor's "Healthy Active Arkansas" plan.
7. Seek opportunities to educate school administrators and school Boards about the impact of obesity on the overall health of the community.
8. Research (and potentially develop) other successful obesity and chronic disease prevention programs, to include seeking grant funds (directly or through a partner organization) for the implementation of appropriate programs.
9. Partner with local organizations and coalitions to develop safe, positive, and healthy activities for area teens, to include the support of existing programs such as mentoring and Teen Kick-Backs.
10. Develop and implement community activities that contribute to obesity and chronic disease treatment and prevention.
11. Promote access to and awareness of resources available for community members impacted by obesity and related chronic conditions.
12. Support, wherever possible, the implementation of obesity and chronic disease treatment and prevention programming led by other organizations.

SMART Goals:

1. Launch the Summer Fun Series, a park-based physical activity program for children in the community, in May 2016.
2. Host at least six education sessions related to healthy eating and/or physical activity each year through the end of FY2018 (can include educational activities at a Levi table/booth at health fairs, etc.).
3. Launch Levi Hospital's employee wellness program, Wellness Works, in July 2016. This program has its own set of SMART goals aimed at improving the overall health of employees and reducing the organization's healthcare costs.

4. Launch a Heart Healthy hot lunch option at least once per week at Levi Hospital by the end of FY2017, with a hot Heart Healthy option to be available daily by the end of FY2018.
5. Begin a local Walk with a Doc program, to take place at least quarterly, by the end of FY2017.
6. Attend the annual Arkansas Chronic Disease Forum yearly through the end of FY2018.

Suicide

Advancement Strategies:

1. Promote the Suicide Prevention Lifeline.
2. Attend monthly Garland County Suicide Prevention Coalition meetings.
3. Attend statewide suicide prevention meetings and/or conferences.
4. Assist with roll-out of the Sources of Strength peer leadership program in Garland County school districts.
5. Seek opportunities to educate school administrators and school Boards about the impact of suicide on the overall health of the community.
6. Research (and potentially develop) other successful suicide prevention programs, to include seeking grant funds (directly or through a partner organization) for the implementation of appropriate programs.
7. Develop and implement community activities that contribute to suicide prevention.
8. Promote access to and awareness of resources available for community members impacted by suicide and/or mental health crises.
9. Support, wherever possible, the implementation of suicide prevention programming led by other organizations.

SMART Goals:

1. Host, in partnership with the Garland County Suicide Prevention Coalition, at least three Continuum of Care Town Hall meetings designed to bring key organizations together to identify and address gaps in mental health care in Garland County by the end of FY2016.
2. Conduct a thorough feasibility study for Crisis Intervention training for First Responders and/or a Mobile Crisis Unit for Garland County by the end of FY2016.
3. Host, as the lead agency or as a sponsor, at least three suicide prevention conferences or trainings each year through the end of FY2018.
4. Send a representative to T4T (Training for Trainers) for an evidence-based suicide prevention program (such as ASIST) by the end of FY2017.
5. Host, as the lead agency, at least one ASIST (or similar evidence-based suicide prevention program) each year through the end of FY2018.
6. Host, as the lead agency or as a sponsor, at least one presentation or training each year through the end of FY2018 for area First Responders to improve their knowledge and practice of responding to mental health calls.

*FY refers to the fiscal year for Levi Hospital, which runs January through December.

Anticipated Impact of Actions

Each of these actions is designed to have a direct impact on one of the four identified health needs either through the efforts of Levi Hospital staff, or through the efforts of countless partner organizations and coalitions in Garland County and across the state of Arkansas.

It is hoped that these strategies and goals will work in unison to reduce the burden of poverty, substance abuse, obesity, and suicide in Garland County.

Plan to Evaluate Impact

The impact of the 53 advancement strategies and SMART goals outlined above will be evaluated based on completeness, secondary data, and community response. These three criteria will be applied using a continuous improvement process, where successes (and failures) will constantly be evaluated and modified to improve future outcomes.

Because each SMART goal is designed to contribute to the improvement of the identified health needs, it is important for these goals to be completed. Although it is reasonable to expect bumps and road blocks that will prevent some goals from being completed on time, we will aim to have at least 90% of the SMART goals completed within their individually-specified time frame, with a goal of at least 97% of all 53 strategies and goals completed by the end of the 2016 CHNA cycle. This cycle will be considered complete when the 2019 CHNA Executive Report is published. The impact of these completed strategies and goals should be visible in the secondary data as the 2019 Assessment is underway.

As mentioned above, secondary data will also be used to evaluate the level of impact of the identified strategies and goals. For example, providing first responder trainings will lead to more knowledgeable and appropriate handling of mental health crises, which will be reflected in a measurable reduction in suicide rates. As updated data becomes available, we will continuously track changes, and alter strategies and goals as necessary to ensure continuous improvement.

Finally, community response is also an important gauge of success. Secondary data availability typically lags several years behind the current year, making it difficult to assess changes in a timely manner. This is where community response becomes important; community members can provide accurate and timely feedback regarding the efficacy of programs and services. This feedback will also fuel the continuous improvement cycle.

Community Health Survey respondents in 2019 will also be asked to describe the changes they have seen in poverty, substance abuse, obesity, and suicide over the course of the 2016 Assessment cycle. This information will be utilized, as it was in this Assessment, to make modifications to the way strategies and goals are designed and implemented in the following CHNA cycle.

Approval

The Community Advisory Committee reviewed and approved the Community Health Needs Assessment and Action Plan on 09/08/16.

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Chairman of Advisory Committee Date

Levi Hospital's Board of Directors reviewed and approved the Community Health Needs Assessment and Action Plan on 6/14/16.

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Chairman of Board Date

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Appendices