



City of

HOT SPRINGS

ARKANSAS

**COMMUNITY HEALTH
NEEDS ASSESSMENT**

Executive Report

Levi Hospital

300 Prospect Avenue

Hot Springs National Park, Arkansas 71901

2022

Acknowledgments

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

Contributing Organizations

City of Hot Springs
Cooperative Christian Ministries and Clinic
Diamonds in the Rough
Difference Makers of Hot Springs
Department of Health and Human Services
Garland County Health Unit
Garland County Public Library
Garland County Sheriff's Department
Garland County Health Alliance
Greater Hot Springs Chamber of Commerce
Hot Springs Police Department
Hot Springs Rotary Club
Hot Springs School District
Hot Springs Sentinel-Record
KUHS Community Radio Program
Literacy Council of Garland County
NAACP-Hot Springs
National Park College
Ouachita Children's Center
Project HOPE
Southwest Arkansas Partnership
United Way of the Ouachitas
Webb Community Center

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2022 Community Health Needs Assessment

Executive Report

Summary of Key Findings

Through primary and secondary data analysis, personal interview commentary, results of a community health survey, and discussions with the Community Advisory Committee, Levi Hospital's Community Health Needs Assessment has identified five issues in order of importance. The following health needs were determined from highest to lowest for the 2022-2024 Assessment cycle:

- 1) Poverty
- 2) Substance Use Disorder
- 3) Homelessness
- 4) Mental Health
- 5) Crime/Crime Prevention

Introduction

About Levi Hospital/Description of Community Served

Since 1914, Levi Hospital has provided specialty care for the mind and body. Levi is a small hospital providing a number of unique services. Most Levi patients come from Hot Springs or surrounding cities in Garland County due to the presence of a high-quality Physical Therapy program in the hospital. A significant 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 those closest to Hot Springs utilize the hospital most often.

Mission

Levi Hospital provides specialty care for residents in Hot Springs and surrounding areas. We will serve all people without regard to race, religion, creed, nationality, origin, gender, age, disability, or economic means. We promise to provide the specialty care service using the resources this organization has at its disposal.

Vision

The vision of Levi Hospital is to improve the health status of individuals within our community by focusing on the strengths of the organizations, striving to enhance their mission through appropriate collaboration, increasing capacity in the area where is need is established and redirecting resources in new areas which will provide a benefit for all.

As a not-for-profit facility, Levi continues to dedicate itself to improve the health and well-being of its community and assure its focus on Garland County to conduct the Community Health Needs Assessment every three years. The process of the three-year cycle is to revisit the progress made on priority health topics set forth in the preceding Community Health Needs Assessment. Findings from this report will be used to identify and develop implementation plans for the upcoming assessment cycle.

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

Assessment Process

The 2022 Assessment consisted of key processes to determine the top health needs for this assessment cycle. This includes a Community Health Survey, a Community Leader Questionnaire, Community Focus Groups, Evaluation of secondary data, and review and revision of findings and strategies by the Community Advisory Committee.

The assessment opened with the public release of the Community Health Survey in February of 2022. The Assessment closed in April of 2022 so that data could begin being compiled. Secondary data was gathered from Focus Groups in April of 2022 along with Community Leader Questionnaires completed in June of 2022.

All data were considered when determining the top health needs for the 2022 assessment cycle.

Information from Community Representatives

Relationships have been formed with community representatives throughout the years with key organizations representing demographics by race, ethnicity, and underserved populations. Some community organizations across Garland County reflect the number of representatives weighing in on health needs that leaders and administrators have observed in the community such as the physical environment, health behaviors, and socio-economic status. It is our hope that partnerships throughout each organization will continue to grow in future endeavors to address the barriers of the community's most vulnerable populations and to ensure they are not overlooked in the upcoming years.

Methods

Evaluation of Secondary Data

Levi Hospital began the CHNA process by compiling quantitative data (e.g., demographics, disease prevalence, and education,) and outside sources to pinpoint “those in need areas” including medical under-served populations, low-income persons, and minority groups that center around the community. Data was collected from a variety of outside sources including the 2019 American Community Survey (ACS), the Arkansas Health Department (ADH), the Center for Disease Control and Prevention (CDC), the Department of Housing and Development (HUD), Behavior Risk Factor Surveillance System (BRFSS), Federal Bureau of Investigation Crime Data Explorer, and many other creditable groups and institutions. Some figures listed by the original gatherer were analyzed and hand calculated to create useful data for this year’s assessment.

Community Leader Questionnaire and Focus Groups

The Community Leader Questionnaire and Focus Groups represented the needs and challenges of the communities in Garland County. Community leaders provided their special knowledge of community health needs and the availability of community resources for the medically underserved and vulnerable population. The focus groups pointed out the health needs and barriers of concern in the community and the impact of health issues on the populations they serve. Additionally, questions were included for both community leaders and focus groups to obtain feedback about the community needs and how to address the vulnerabilities moving forward.

Community Health Survey

This year’s community health survey focused on questions that were most useful. Additionally, new questions were added to give in-depth insight and opportunities to voice concerns of the surrounding community during the past couple of years. As with the previous community health surveys, paper copies were dispersed throughout Garland County and made available at multiple locations such as the Garland County Library, Garland County Health Department, Hot Springs Chamber of Commerce, The Department of Health and Human Services, Levi Hospital, Charitable Christian Medical Clinic, and the Webb Center.

The survey consisted of 37 questions to satisfy the timeliness of the survey and to receive more responses than in the past. Also, community input was collected through an online survey hosted by Survey Monkey. The survey was promoted across Garland County to receive input from the community survey respondents.

A total of 334 surveys were completed by Garland County residents and the results were compiled and discussed with the community advisory team.

Aggregated survey results for all 37 questions are not included in this report due to length. A copy of **Appendix D: Health Survey Data** can be requested by email at achatman@levihospital.com, or by calling (501) 622-3325. **Community Leader and Focus Group Responses can be found in Appendix B.**

Community Advisory Committee

The advisory committee consist of 17 community leaders that met on Thursday, October 6, 2022 to review the preliminary findings and draft of the Community Health Needs Assessment Executive Report. The committee offered valuable input and perspective on the findings, data collected, goals, and strategies outlined in the executive report. The final report was updated to reflect relevant strategies suggested by the group.

Community Health Needs Assessment Availability

The 2022 Community Health Needs Assessment Executive Report is posted on the hospital's website, www.levihospital.com. Printed copies are dispersed throughout Garland County and surrounding areas. Printed copies are available at Levi Hospital, 300 Prospect Avenue, Hot Springs, AR.

Community Profile and Findings

To ensure the integrity of the survey responses, Levi's 2022 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 large 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 shows that Garland County had a population around 99,386 people in 2019. Between 2019-2020, Garland County grew from 99,386 to 99,806, which is an increase of 0.526%.

Figure 2 gives a demographic breakdown of the race category showing the population as White/Caucasian (87%) and Black/African American (8%). When considering the population of Garland County by ethnicity the county has a percentage of the population that identifies as Hispanic (6%), and other (2%). In 2019, there were 10 times more White (Non-Hispanic) residents in Garland County than any other race or ethnicity. Overall, 97.7% of the residents in Garland County are U.S. citizens. Secondary data and survey responses were analyzed to depict the range of the demographic variables.

Figure 1: Garland County Population 2019-2020 ACS Data

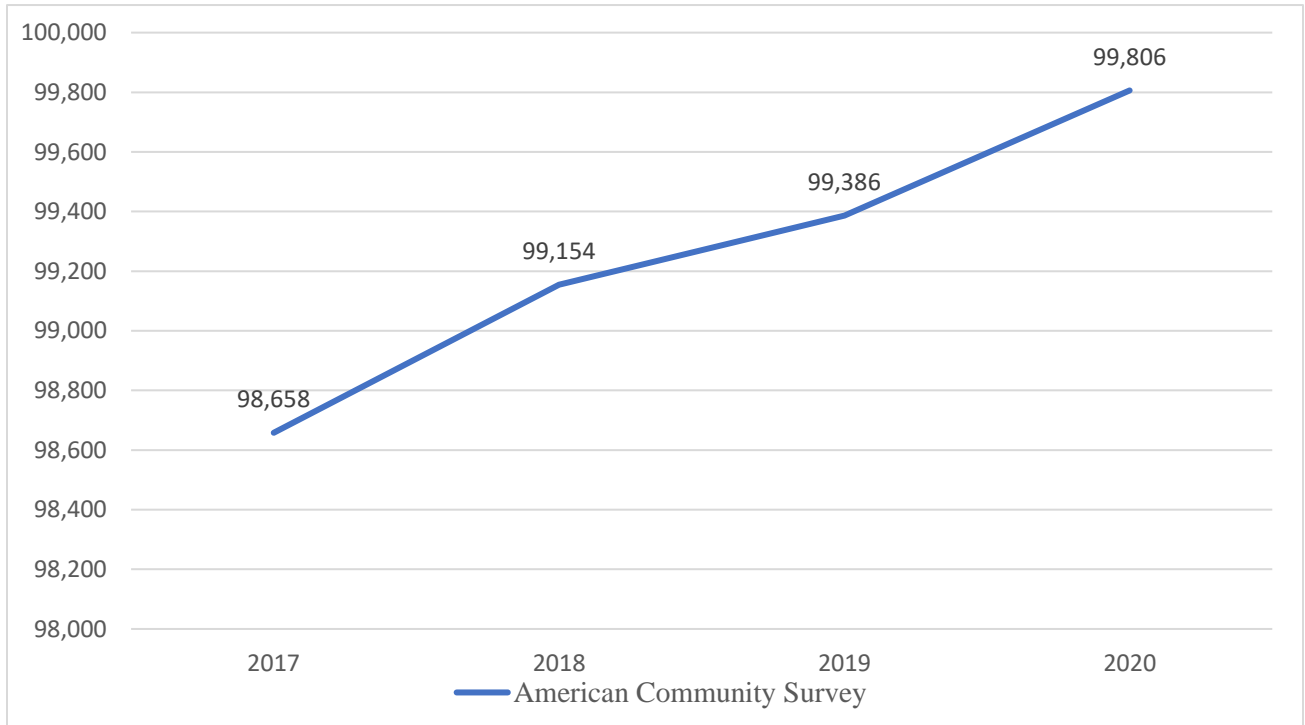
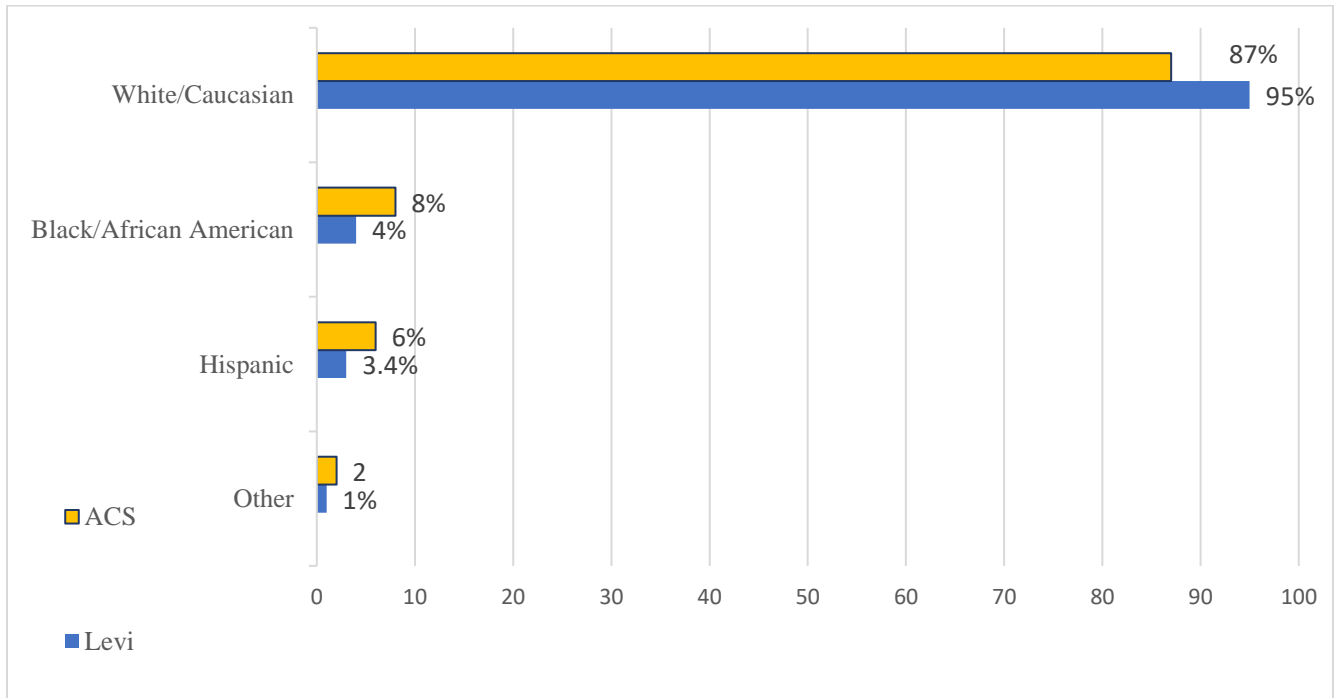


Figure 2: Comparison of Race/Ethnicity of Survey Respondents to 2019 ACS Data



One of the factors influencing socioeconomic status is income, driven mostly by employment status. Having a job may afford a person the ability to maintain safe and adequate housing, remain up to date on healthcare visits, and purchase healthy foods. Some concerns are about the elderly population, known to live on a fixed income and rely on social security to support all their needs. Veterans that are not able to afford adequate housing including individuals and families that are unable to work because childcare workers are limited causes these families to struggle to make ends meet. Food insecurity among all ages in Garland County from the Feeding America source, allows us to see the percentages on the state and national level. Garland County is at 17.4% compared to Arkansas at 16.6% and U.S. at 10.9%. This raises concerns for the Garland County community.

Figure 3 depicts approximately 16%-20% of respondents made less than \$50,000 a year, while 19.7%, made over 50,000 a year or greater. This is in comparison to the community survey showing that approximately 80% of Garland County residents made more than \$50,000 while 8.3% made \$10,000 less which is greater than previous years.

The median household income in Garland County is around \$44,777 (dollars in 2019). This means Garland County’s income is lower than the median income across the entire United States which is around \$65,720. The median income of 43,146 in 2018 reflects an annual growth of 3.78%. **Figure 4** reflects a map showing the median household income in Garland County by area. High-earning areas are marked in green while low-earning areas are in red located mostly in the central areas. According to the map, residents in Garland County are living in low-earning households, ranging between \$16,000 - \$21,000.

According to the 2019 census, Garland County has 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 18-64 seen in **Figure 5**. This may allow us to view the younger aged individuals and discuss root causes to help identify appropriate and effective interventions.

Figure 3: Comparison of Income Distribution of Survey Respondents to 2019 ACS Data

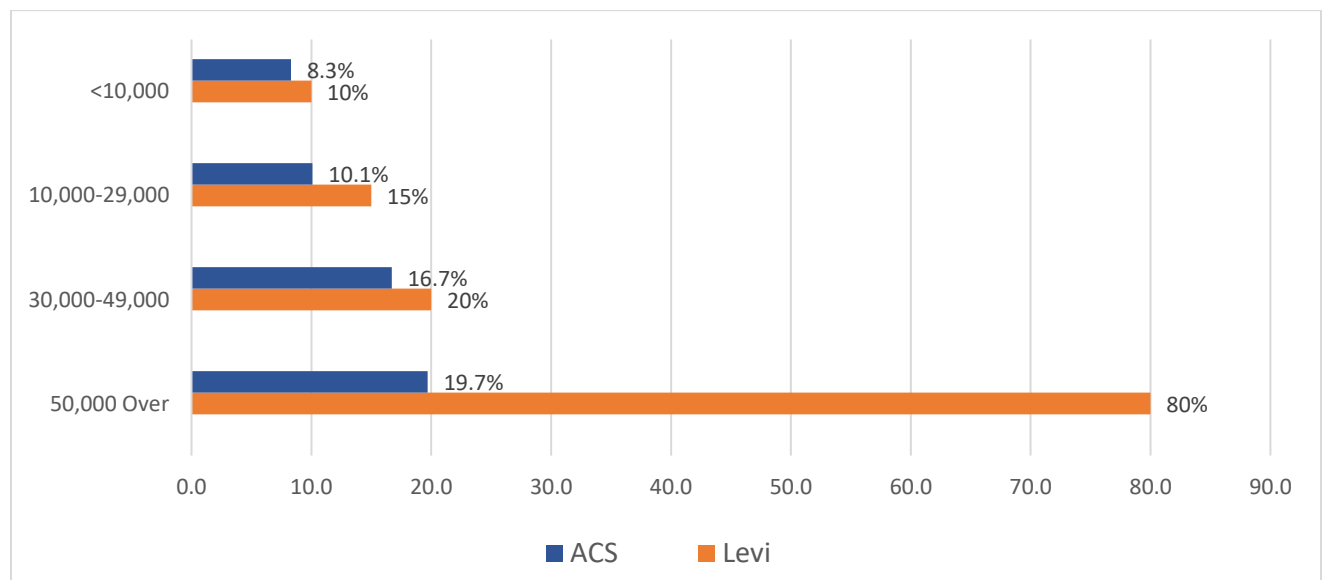


Figure 4: Garland County Income by Location

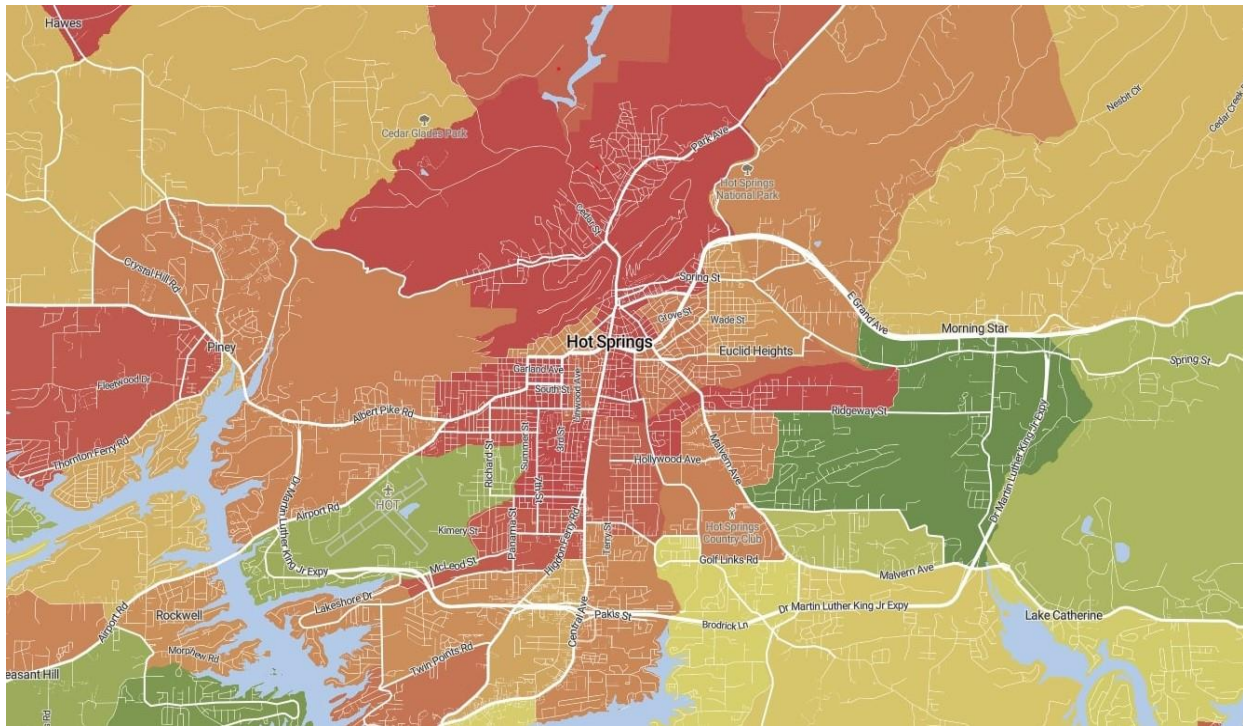
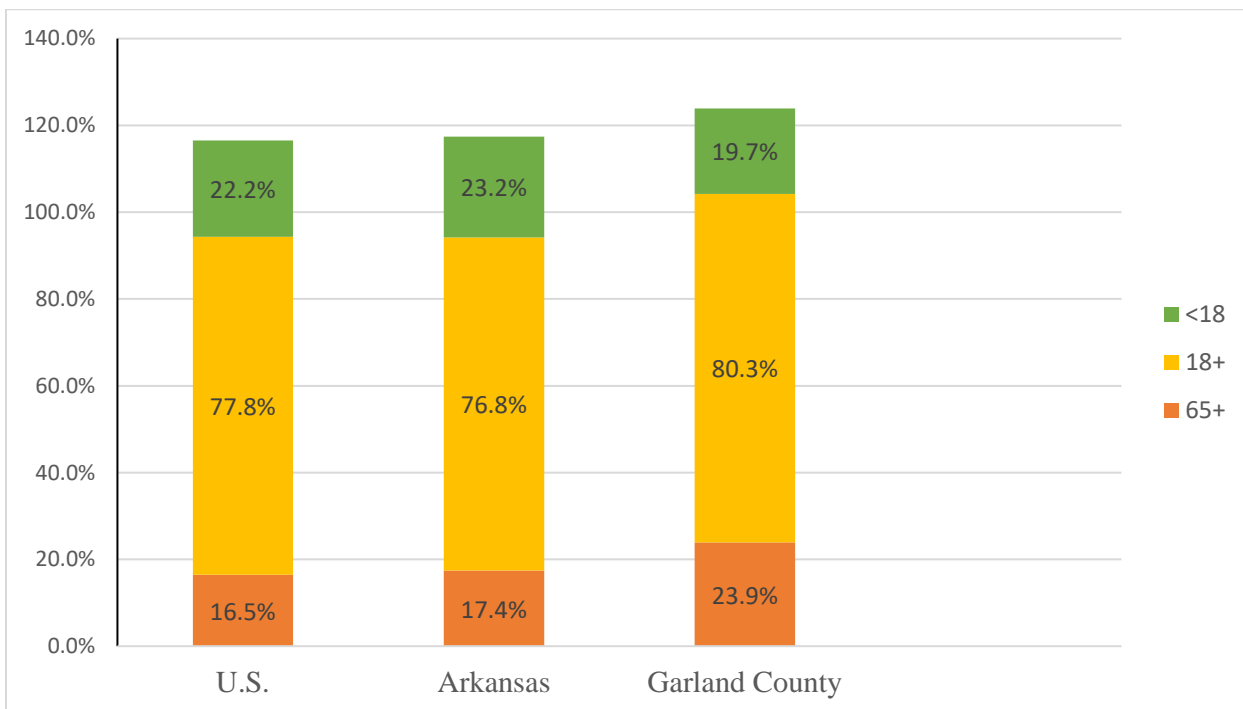


Figure 5: Age Distribution of the U.S., Arkansas, and Garland County, 2019 ACS Data

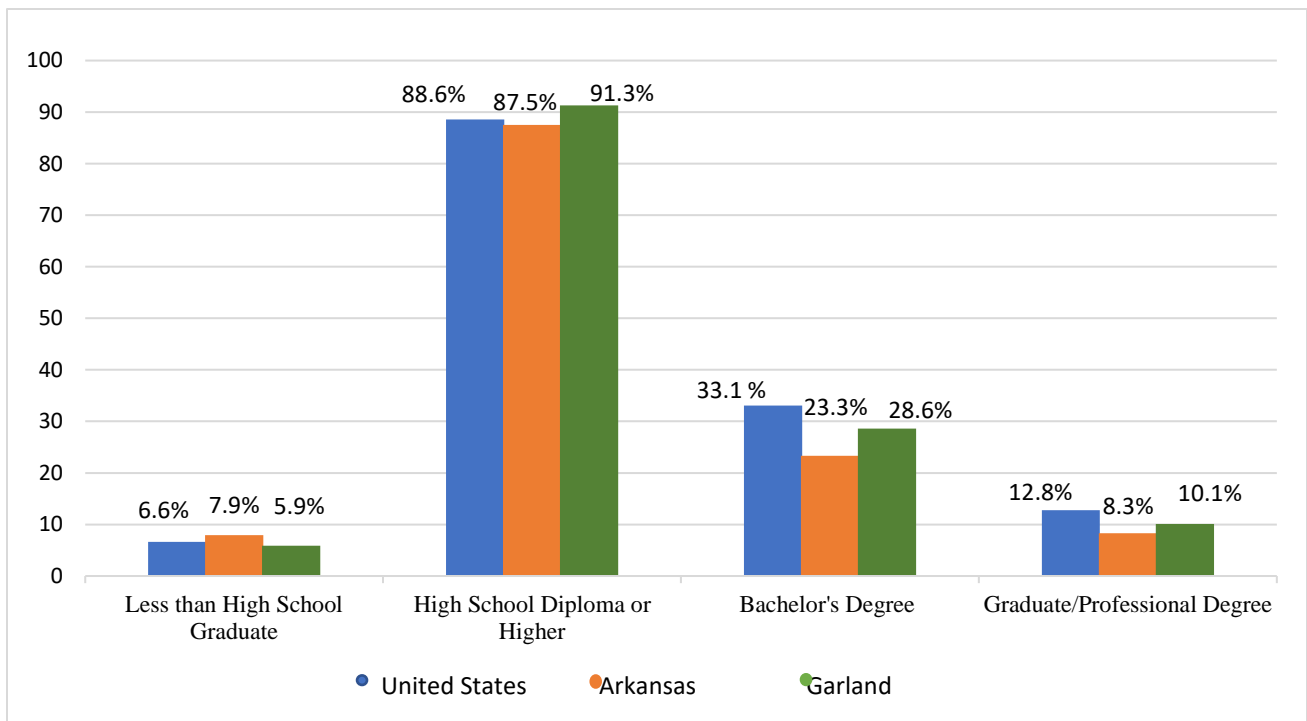


Educational attainment levels have been known to be a predictor of life expectancy. **Figure 6** shows the educational attainment in the U.S., Arkansas, and Garland County. Individuals who attain higher education levels are likely to create opportunities for better health and tend to earn more money in the workforce.

Therefore, a more educated community may have a better health outcome than a lower-educated community. Right now, we see Garland County showing more strengths in educational attainment than the Arkansas average.

Additionally, a new indicator shows that Garland County residents are choosing to graduate high school at a higher rate than the state and national rates. Improvements like this will continue to be a priority to ensure the overall health status in the community and transition successfully to adulthood.

Figure 6: Education Attainment U.S., Arkansas, and Garland County, 2019 ACS Data



Poverty

Poverty remains as a top priority in our community bringing significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. As with the 2016 and 2019 CHNA, poverty still raises problems that pertain to individual and family households, educational achievement, and access to workforce opportunities. A top concern involving individuals and family households is affordable housing. The purpose to address housing needs, especially in lower-income households is to fulfill a basic human need that contributes to the household's overall well-being. As a result, it becomes an

increased responsibility to act to the rising demand for affordable housing and to ensure there is sufficient housing to meet the diverse needs of all residents. Another concern in dealing with poverty is literacy. Literacy allows an individual to move out of poverty and gain a sustainable living by facilitating employment whereby individuals can contribute to helping the wider economy and community to thrive. Parents with strong literacy skills can also ensure their children will receive a quality education and the opportunity to enhance their developmental skills.

According to **Figure 7-8**, the U.S. Census, in the 2017-2019 period, approximately 13.4 percent of people in the U.S. were living in poverty. At 17%, Arkansas poverty rate was above the U.S. average. At 18.6%, Garland County’s poverty rate was above the Arkansas and U.S. average. Compared to the 2019 CHNA, the poverty level for Garland County is steadily decreasing by 0.25%. Further analysis reveals that income and children living in single-parent households are often linked to the health of Garland County residents. Fewer community members are working, and numerous portions of the population live below the poverty level.

Among the residents in Garland County identifying as White or Caucasian (87%), only 15.4% in 2019 of white families lived below the poverty level. 46.1% of Black or African American and 26.7% of Hispanic or Latino families are below the poverty level which is more than three times the rate. Unsurprisingly, health disparities exist along poverty and racial/ethnic lines. This information also plays a key role in identifying needs and determining the most appropriate intervention strategies for the identified needs.

Figure 7: Poverty Characteristics in the U.S., Arkansas, and Garland County, 2019 ACS Data

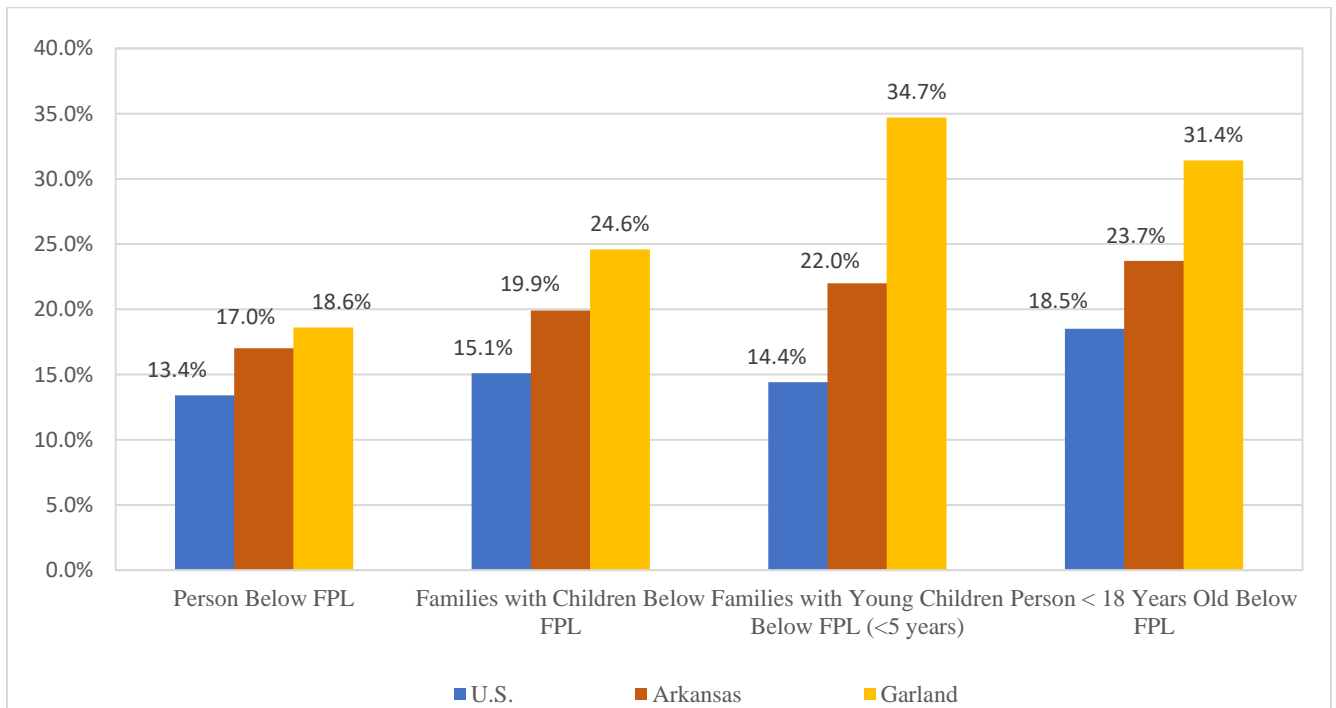


Figure 8: Specified levels of Poverty by Race/Ethnicity, Garland County, 2019 ACS Data

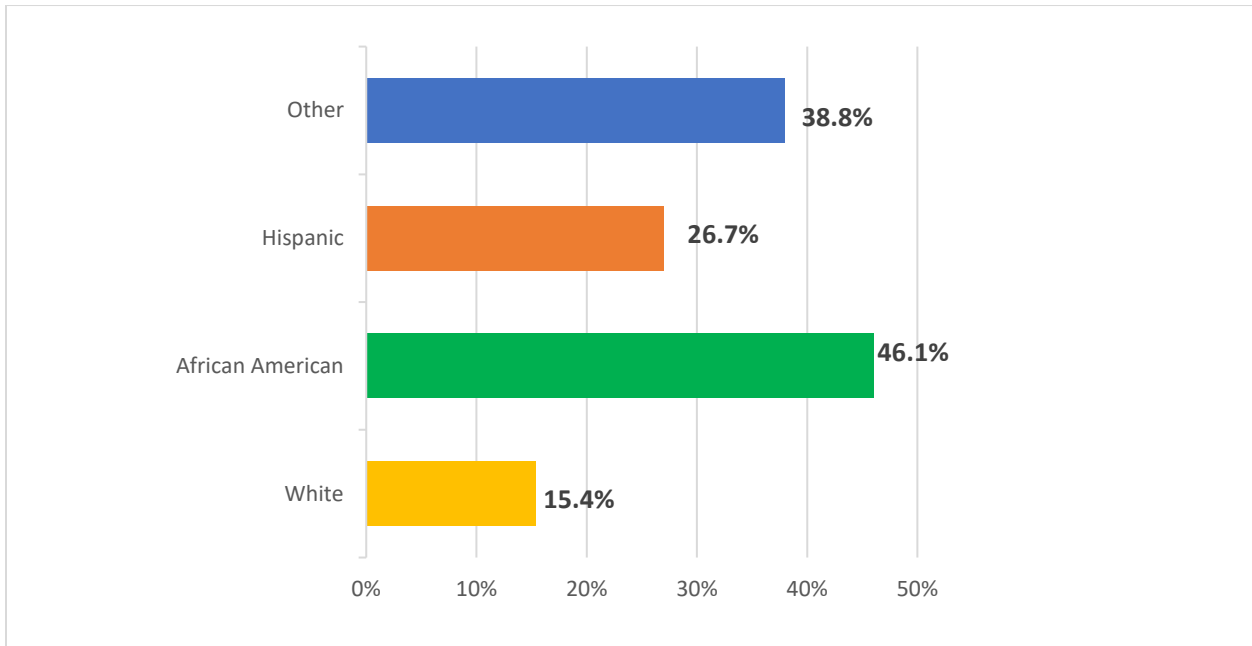
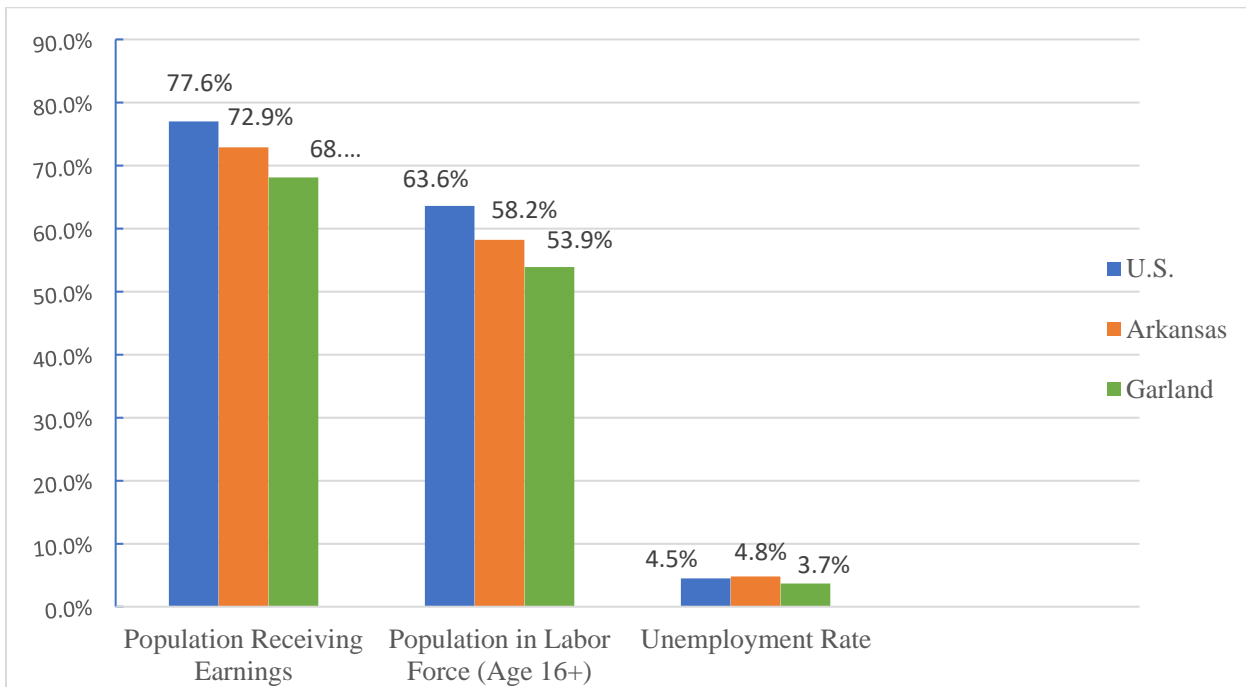


Figure 9: Labor and Earnings in the U.S., Arkansas, and Garland County 2019



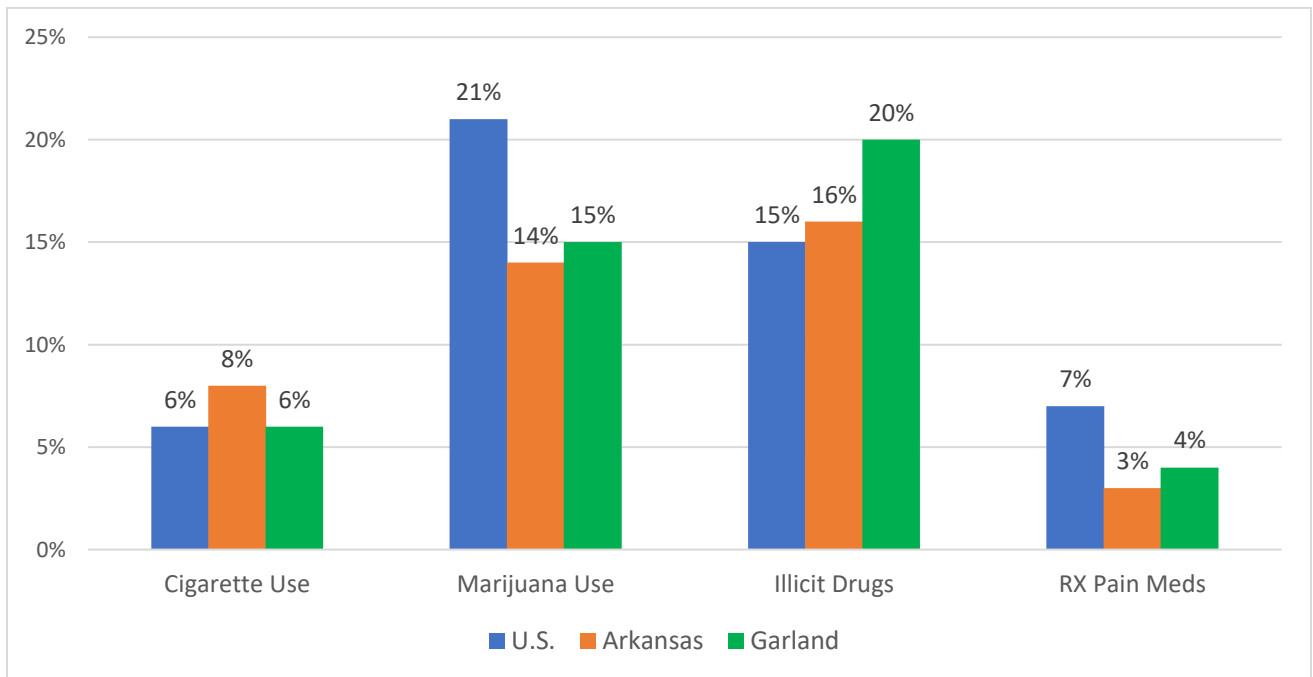
Source: ACS Data

Substance Use Disorder

Substance Use Disorder remains the number two issue most affecting the quality of life in Garland County. Unfortunately, several individual residents indicated illegal drug use was one of the biggest health problems within the community and is one of the most important risk behaviors in Garland County. Substance use refers to the harmful or dangerous use of substances which can include alcohol and illicit drugs. Psychoactive substance use can lead to dependence and addiction, so there are difficulties in controlling substance use, even despite harmful consequences.

Substance use by Garland County youth is a primary concern of many community survey respondents and community leaders. 60% of respondents indicated substance use is a major concern of the county. Marijuana, prescription drugs, methamphetamine, poverty, homelessness, and mental health problems were cited as contributing factors. As these factors intertwine, mental health issues such as depression, suicide, hopelessness, and isolation (especially those exposed to traumas in early life) are perceived to be increasing in severity. The Arkansas Prevention Needs Assessment Survey and the Youth Risk Behavior Surveillance System monitor priority health behaviors and experiences among students across the county, state, and U.S. This reflects high school teens that were more likely to have smoked cigarettes and marijuana, use illicit drugs and Rx pain medicine in the last 30 days from 2019-2020. This information is summarized in **Figure 10**.

Figure 10: High School Utilizing Certain Substances within the last 30 days 2019-2020



Homelessness

The word homelessness, also known as a state of being unhoused or unsheltered, is a condition of lacking stable, safe, and adequate housing. When people experience homelessness, these individuals sleep in a public or private place that is not designed for use as regular sleeping accommodations for human beings. When people think of homelessness, this category reflects persons living on the streets, living in cars, and living in shelters.

We see people daily that live in the Garland County community without a standard of living adequate for the health and well-being of themselves and their families. Rent regulations also have a small effect on shelter and street populations. Now, some may choose to be homeless as a personal lifestyle choice. They may feel a sense of freedom that living in a house or even an apartment can cause too much stress and the likely hood of being away from people may cause them to feel more at ease. However, if this barrier is not approached in a manner to create a healthy environment for all individuals many significant risks can take place. Some challenges for homelessness include:

1. Health impacts of extreme weather events such as extreme heat and cold, storms and heavy rain. Extreme weather may bring emergency events causing reduced health care and difficulty in maintaining health care.
2. Health care for homeless people is a major public health challenge. Chronic diseases, mental illness, alcoholism, and substance use are all often greater in the homeless population than in the general population.
3. Crimes are often associated with homelessness such as domestic violence and theft, due to not having the support or income forcing them to take drastic measures.
4. Legal documentation, finding it difficult to document their date of birth or their address due to the fact that individuals have no place to store possessions and often lose their belongings.

As the community leaders, focus groups and respondents identify homelessness as one of the high-priority issues in Garland County, the inequalities associated with homelessness are often complex and long-standing, as a result, they are not quickly addressed. Providing resources, establishing partnerships, and state and federal programs implemented to make positive impacts in this priority area for citizens should be placed at the forefront of development.

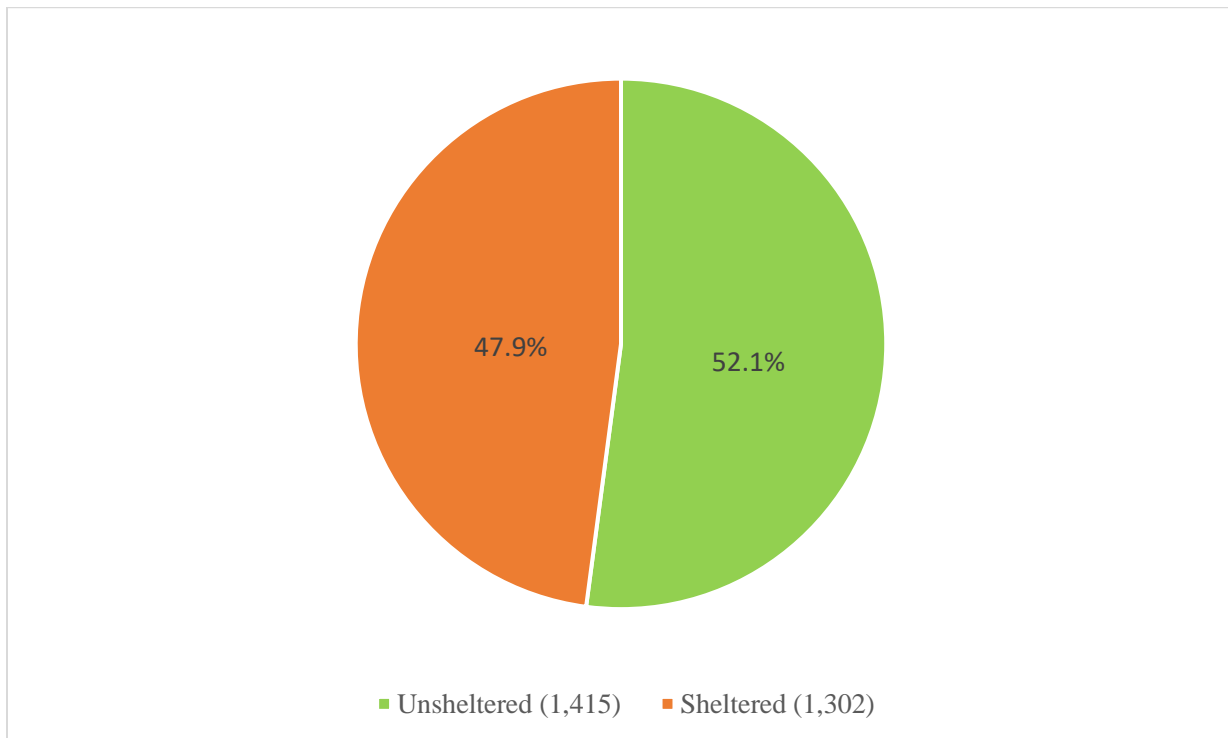
The 2019 Annual Homeless Assessment Report presented by the U.S. Department of Housing and Urban Development (HUD) demonstrated data to bring progress toward ending homelessness. Local planning bodies known as “Continuums of Care” (CoC) coordinate a full range of services to the homeless population to cover the areas in the city or the entire state. According to the Largely Rural CoCs with the highest rates of unaccompanied youth staying in unsheltered locations, two states were at the highest peak. Northwest Alabama (95%) and the Balance of the State of Arkansas (90%).

Figure 11 reflects the state estimates overall number of total homeless individuals in 2019. For that year, 2,717 homeless individuals were in Arkansas. This reflects that 9.0 in every 10,000 people were experiencing homelessness in Arkansas.

Figure 12 depicts the states with the highest percentages of homeless individuals who were unsheltered in 2019. At 57.8%, Arkansas placed 5th according to the U.S. Department of Housing and Urban Development Annual Homeless Assessment Report.

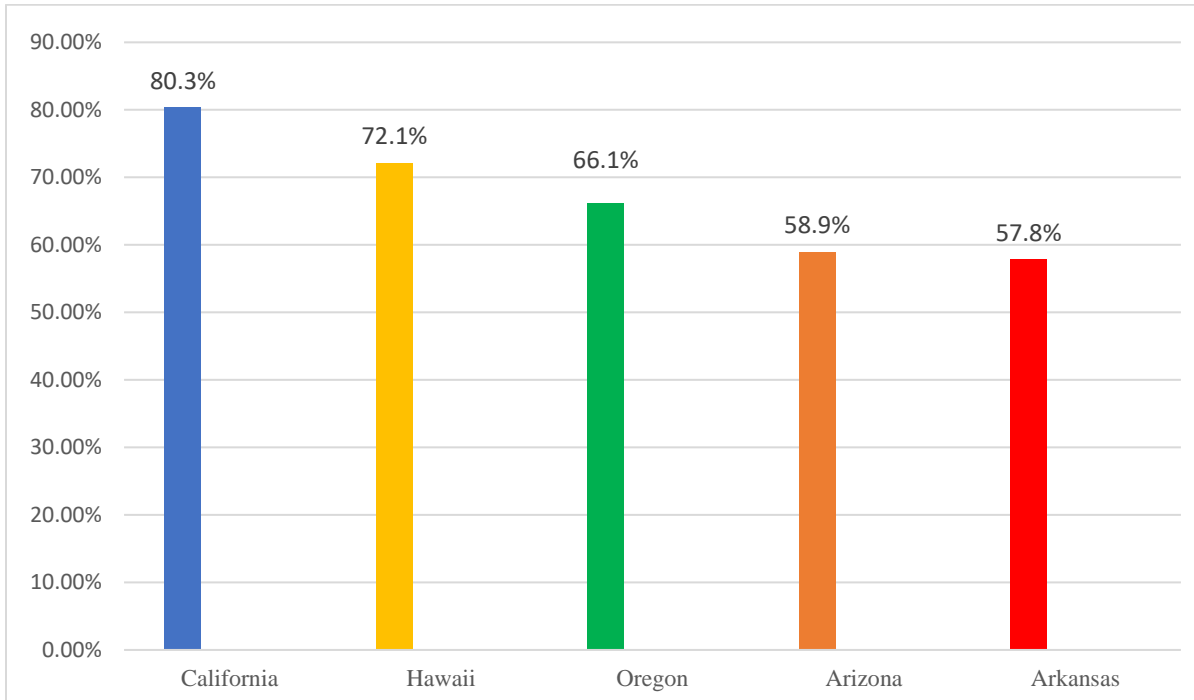
The Point-in-Time (PIT) count which is conducted annually is organized by the Southwest Arkansas Partnership (SWAP). The PIT count is a count of sheltered and unsheltered people experiencing homelessness in a single night. As for the youth, the McKinney Vento Homeless Assistance Act supports the enrollment and education of homeless students who are also temporarily sheltered doubled-up with family or staying in a motel. **Figure 13** gives a breakdown of unsheltered and sheltered status in Garland County. Once this information is collected and reported by SWAP, the Homeless Management Information System (HMIS) is used to track the status of the homeless population.

Figure 11: Homeless individualized in Arkansas, 2019



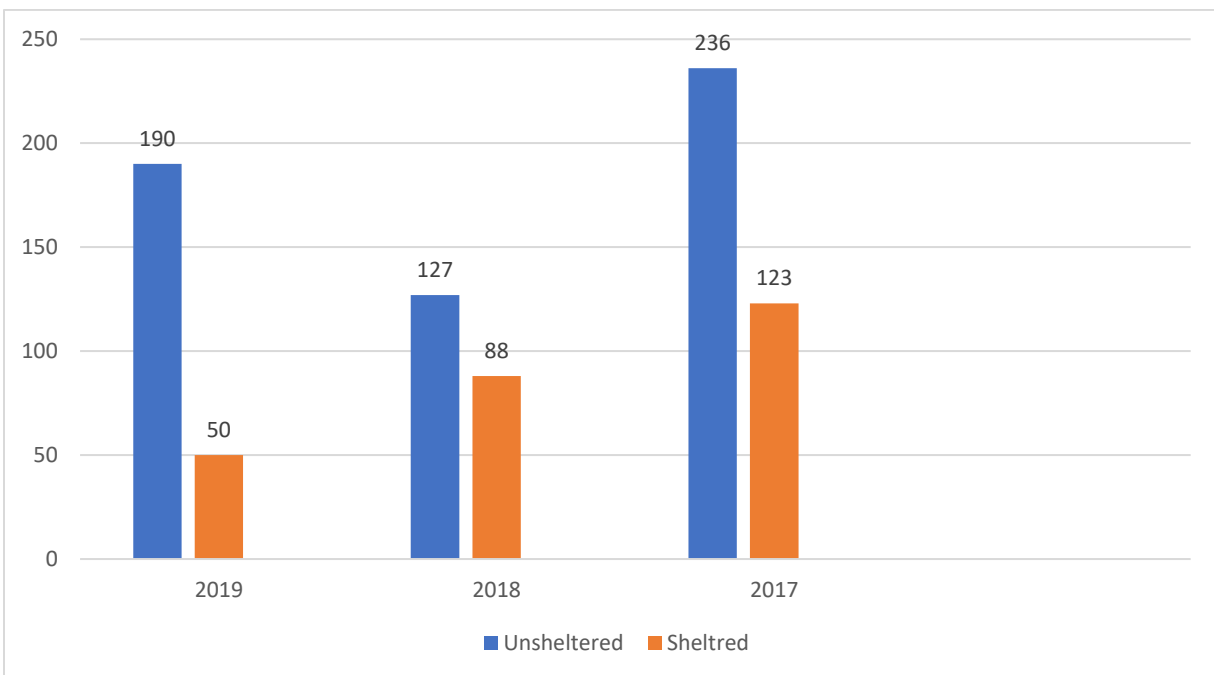
Source: PIT 2007-2019 U.S. Department of Housing and Urban Development Annual Homeless Assessment Report

Figure 12: States with the Highest Percentage of Homeless Individuals who were Unsheltered, 2019



Source: PIT 2007-2019 U.S. Department of Housing and Urban Development Annual Homeless Assessment Report

Figure 13: Garland County Homelessness Chart 2017-2019 Point in Time Count



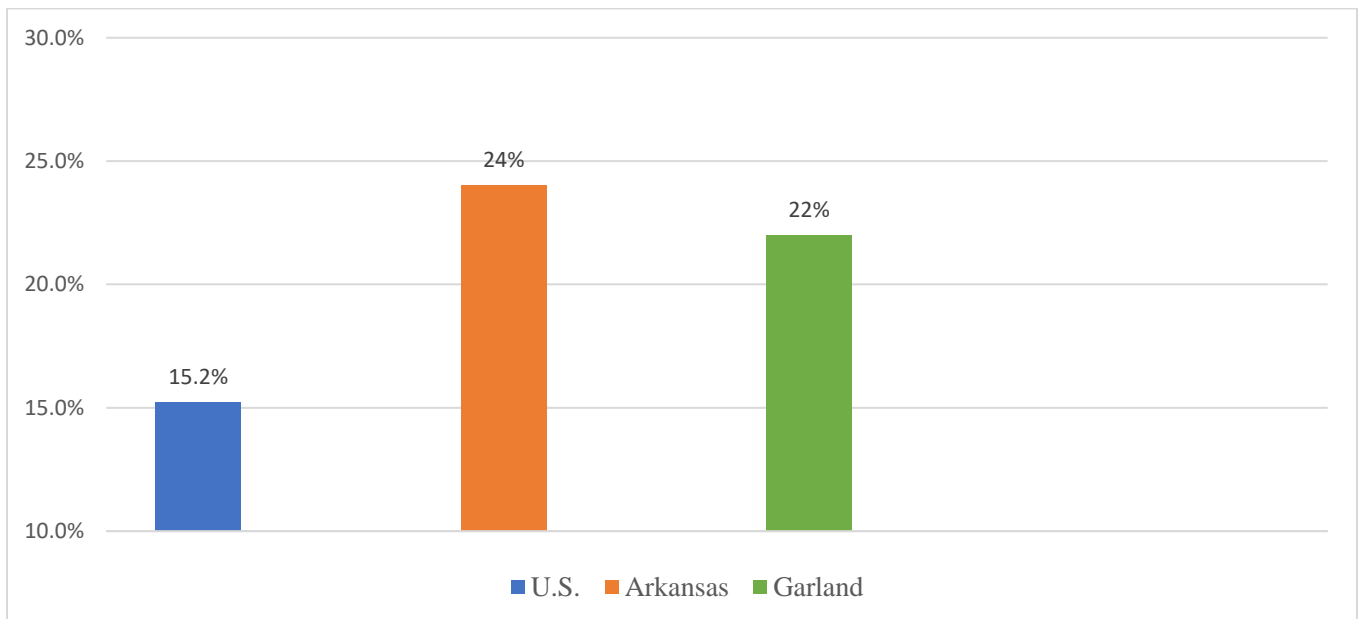
Mental Health

The mental health rate in Garland County is continuing to be a health issue of concern. More individuals continue to report anxiety, depression, feeling suicidal, along with facing trauma that stems from many factors. Mental health affects how we think, feel, and act. It also helps determine how we manage stress. Prior to COVID-19, Centers for Disease Control and Prevention data found 1 in 5 children had a mental disorder, but only 20 percent of those children received care from a mental health provider. We know the staggering statistics that one in four American adults suffer from a diagnosable mental health disorder in a given year.

With proper monitoring, treatment, and finding the best strategies to expand access to behavioral healthcare, members of our community can lead healthy, productive lives. The difficulty lies in identifying these issues and linking these individuals with these services.

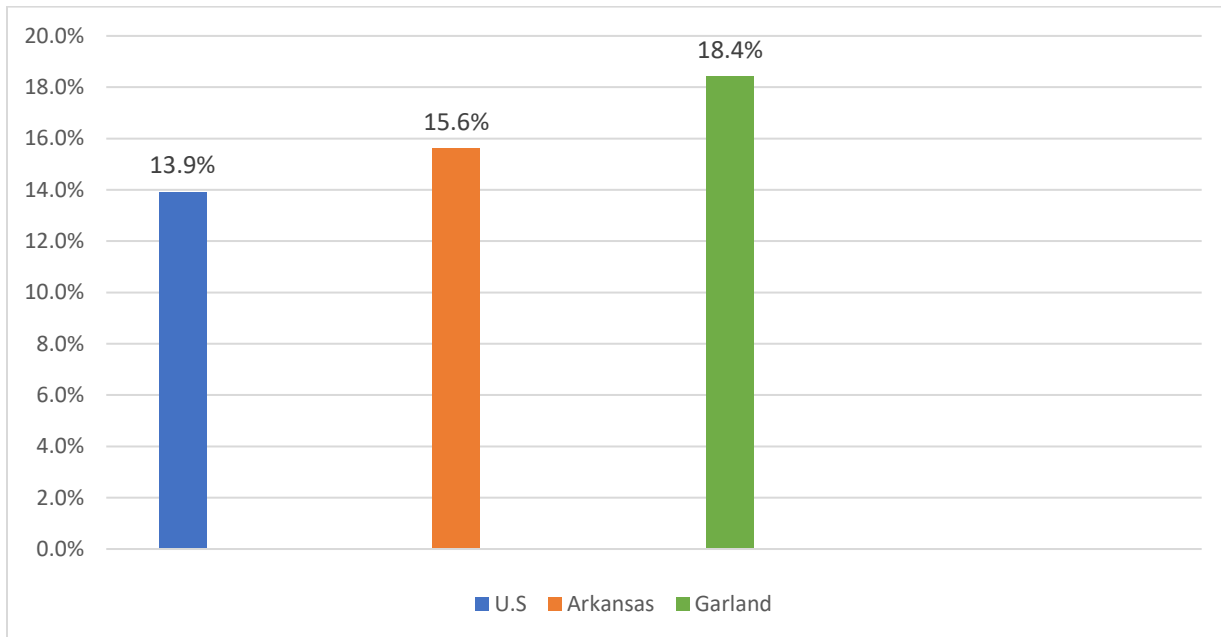
The goal of a healthy community is to continue to improve the mental health status by viewing and talking about the value of the data, how we would use the data to drive health outcomes through prevention, and access to appropriate quality mental health services but also to provide support, skill training and positive social interaction that can alleviate some of the struggles.

Figure 14: Ever Told Had Depressive Disorder, 2019



*State percentages calculated using county totals and may differ slightly from state-level BRFSS estimates

Figure 15: Mental Health not good for >=14 days among adults aged >=18 years-2019



https://nccd.cdc.gov/PLACES/rdPage.aspx?rdReport=DPH_500_Cities.ComparisonReport

age-adjusted prevalence% County values are model-based small area estimate

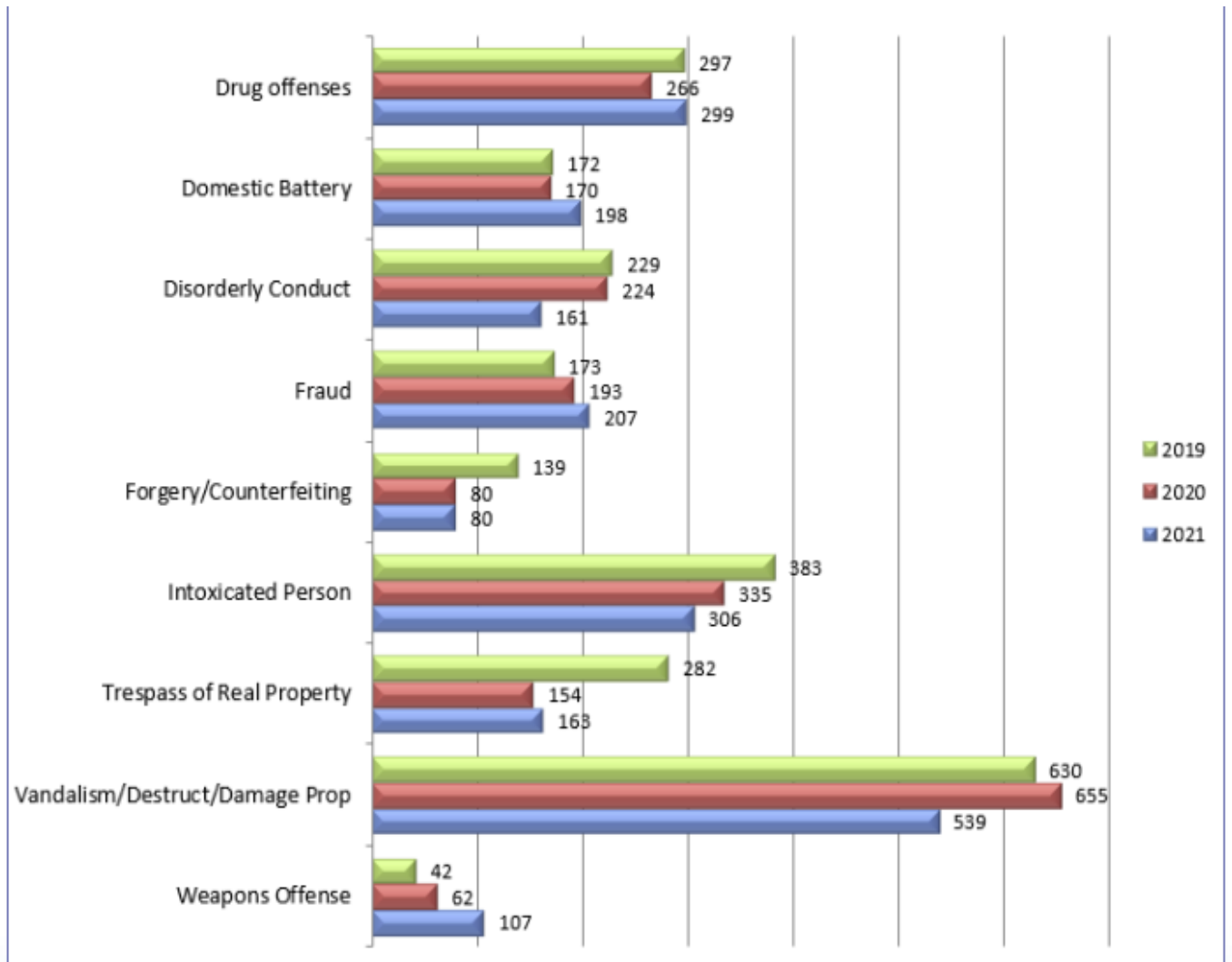
Crime

Crime and Crime Prevention was another top health need identified by the community survey participants. Crime will influence people’s feelings of safety in their neighborhoods. Their perceptions of being unsafe could affect one’s mental health. This can include high rates of vacant housing in a community that reflects low property values and can also affect crime rates and civic participation. Extremely low vacancy rates can indicate that many people are priced out of scarce housing which in turn affects mental health by increasing stress levels/behaviors and engaging in destructive social criminal activities.

Figure 16 provides a three-year comparison of lesser offenses in Hot Springs along with major crimes that reflect some decreases in areas that are centered around violent crimes. Hot Springs Police Department implemented a robust crime reduction strategy to include a crime task force along with technology platforms to bring safety measures and special policing techniques to continue to work toward a brighter and more positive future.

Crime prevention concentrates on the dual concept of eliminating or minimizing criminal opportunities, whenever possible, and encouraging citizens to be responsible for their own security and the security of others. Finding ways to prevent criminal activities such as community outreach, educational opportunities, and training will shape a positive and productive neighborhood causing reduced crime and victimization in the Garland County community.

Figure 16: Crimes with 3 Year Comparison of Lesser Offenses 2019-2021



SOURCE: SPILLMAN HUB - LAW INCIDENT STATISTICAL REPORTS (Report Name: rplwtiro)

Major Crime Trends w/ 3-Year Annual Comparison

% Change from 2020

Category	2019	2020	2021	
 Arson	8	9	9	 No Change
 Assault - Aggravated Only	66	97	76	 Down 21%
 B&E	475	411	146	 Down 64%
 Burglary	291	270	233	 Down 14%
 Drug and Narcotic Offenses	635	602	613	 Up 2%
 Homicide	13	15	7	 Down 53%
 Larceny Theft	1806	1549	1884	 Up 22%
 Motor Vehicle Theft	231	202	239	 Up 15%
 Rape	41	39	25	 Down 36%
 Robbery	42	47	41	 Down 13%
	3,608	3,241	3,273	

SOURCE: COMPSTAT DASHBOARD – OFFENSES: MAJOR CATEGORIES, BY YEAR

Implementation Strategies

How Needs and Priorities were Established

Poverty, Substance Use and Abuse, Homelessness, Mental Health, and Crime/Crime Prevention were the prevalent themes across the data components of the Assessment. These topics became the five primary health needs in Garland County. From there, needs were prioritized based on the amount of feedback from residents, community leaders, and focus groups. These health issues are structural and complex and will require a collective impact approach to hardwire positive, lasting change. We see that Poverty, Substance Use Disorder and Mental Health is still given top priority however, the two newly identified needs, Homelessness and Crime/Crime Prevention, were put on the list as top priority health needs as well. All five health needs will consist of more continued, dedicated time and strategic action plans to improve the overall quality of life for all residents in Garland County.

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

The five identified needs for the assessment will be addressed using the Advancement Strategies and SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) goals. These two approaches will focus on a direct impact to respond to, withstand, and recover adverse situations. Each health need requires an approach and supportive role to be completed by Levi Hospital to directly impact the identified need area. These actions will allow Levi Hospital to assist community organizations, to complete the health needs in a timeframe that strategically improves the health status within the community.

Poverty

Advancement Strategies

1. Seek opportunities to educate the community about the impact of poverty and how it affects the overall health of the community.
2. Research successful programs that target poverty including seeking funding for appropriate programs.
3. Support Community Outreach and initiatives such as Bridges out of Poverty, Project HOPE, Getting Ahead Program, Dolly Parton's Imagination Library, Diamonds in the Rough, Empowerment Conference, Difference Makers Back to School Community Health and Resource Fair.
4. Support after-school, summer and mentorship programs for families with children in low-income communities.
5. Seek grant funding and programs that target poverty to successfully decrease all facets linked to poverty.

6. Research programs that target poverty to include grant funds directly or through a partner organization.

SMART goals:

1. Ensure that all individuals, in particular the poor and vulnerable, having equal access to economic resources and services such as healthcare, daycare, transportation, affordable housing, mentoring and afterschool programs. 2 yrs.
2. Build resilience in vulnerable situations and reduce exposure and vulnerability to extreme events and other economic, social and environmental shocks and disasters. 2yrs.
3. Ensure significant resources from a variety of sources and policies to end poverty in all its dimensions. 2yrs.
4. Implement more youth mentoring and afterschool programs to equip and empower the next generation. 2yrs.

Substance Use Disorder

Advancement Strategies

1. Collectively assess and address our local communities with substance use concerns in collaboration with hospitals, community partners and coalition committees.
2. Increase prevention efforts and resources of substance use.
3. Research substance use treatment, prevention, and restorative programs to include grant funds for implementation of appropriate programs.
4. Partner with local organizations and coalitions to develop educational, safe, and positive activities for the community and environment.
5. Ensure that drug prevention and community outreach strategies are developed to disseminate effective drug information for youth, adults, educators and officials to the schools, centers, and workplaces.

SMART goals:

1. Implement a social marketing campaign to increase the perception of harm of substance use. 2yrs.
2. Improve substance use by partnering with community organizations and local leaders to develop a reliable continuum of addiction care or support groups. 2 yrs.
3. Educate more individuals to take advantage of the NARCAN training to save lives from an opioid overdose. 2yrs.
4. Find ways to implement drug testing to identify those who need treatment in the workplace and schools. 2 yrs.
5. Collaborate with organizations to work together to increase public awareness, activities, and drug-free social events. 2yrs.

Homelessness

Advancement Strategies

1. Identify risk and protective factors to prevent chronic homelessness among persons who are already homeless.
2. Promote evidence-based homelessness prevention and early intervention programs.
3. Strengthen outreach, preventive, and awareness activities.
4. Encourage state and local entities to coordinate services and housing.
5. Work with city officials and organizations to maintain a policy focus on homelessness, including homelessness as a result of a disaster.
6. Explore opportunities with local, state, and federal partners to develop joint initiatives related to homelessness.

SMART goals:

1. Encourage efforts to improve the community response toward individuals and families experiencing homelessness. 2yrs.
2. Help homeless individuals and families receiving health, housing, educational, and social services. 2yrs.
3. Assist with the Point-in-Time (PIT) count to identify homelessness in the community and seek ways to find housing opportunities for homeless individuals and families. Yearly.
4. Encourage community leaders and city officials to partner with Southwest Arkansas Partnership (SWAP) coalition to find ways to reduce and/or end homelessness. 2 yrs.
5. Find ways to educate the homeless population with the basic needs of living and secure shelter and housing for individuals and families. Yearly.

Mental Health

Advancement Strategies

1. Offer more mental health resources to increase awareness and support of residents dealing with mental health issues.
2. Maximize outreach efforts via community events, seminars, and conferences.
3. Improve access to mental health services within the community.
4. Increase the availability of mental health services for vulnerable populations.
5. Create a vision of how the community will address the mental health needs of individuals and families.

SMART goals

1. Explore community partnership opportunities to address mental health and behaviors. Time Frame?
2. Host community events and meetings to start an ongoing dialogue to plan, implement, and evaluate efforts. 3yrs.
3. Incorporate and/or offer more depression screenings and free assessments in wellness centers, during community events and health fairs. Yearly.
4. Host seminars and presentations to bring emphasis on mental health in the community through training and education. 3 yrs.
5. Campaign with local organizations to reduce the stigma of mental illness. Yearly.
6. Conduct a mental health mapping process to identify mental health resources by facility and hospital coverage areas. 2 yrs.

Crime

Advancement Strategies

1. Develop a crime risk assessment to find ways to investigate criminal activity with special attention to children and youth.
2. Establish Peer, School, and Community programs targeting the risk factors associated with behaviors and formulating partnerships with behavioral health agencies.
3. Strategize more neighborhood watch opportunities to reduce crime and other opportunities for crime by way of reporting to the police and educating the public on suspicious activities in the community.
4. Support law enforcement by surveying the community to determine perceptions of police and levels of trust.
5. Receive grant funding to address crimes in the community and improve a safer environment.

SMART goals:

1. Create different projects that seek to improve community safety and prevent crime by investing in youth and improving the physical landscape of the neighborhood. 3 yrs.
2. Support and create crime prevention programs that enhance public safety and strengthen the community. 2yrs
3. Collaborate with the Hot Springs Police Department and other authorities to bring positive relationships to the community. Yearly.
4. Complete Crisis Intervention training and programs to ensure the best approach to intervening in the lives of those at high risk engaging in or becoming victims. 2 yrs.

Anticipated impact of Actions

Each of these strategies are designed to positively impact the ongoing efforts by showing that the top health needs in Garland County can be lessened to create a healthier behavior and lifestyle. It is hoped that the 2022 Community Health Needs Assessment results in specifying theories of action to continue to reduce the overall health needs of Poverty, Substance Use Disorder, Homelessness, Mental Health, and Crime/Crime Prevention in the Garland County community and throughout the state of Arkansas.

Plan to Evaluate Impact

The impact of the strategies and SMART goals will be evaluated based on completeness, secondary data, and community responses. The goal is to evaluate the level of effectiveness of these efforts to reflect future positive outcomes. The goals that are set during the cycle should meet a specific time frame and have a high percentage of completion by the next assessment in 2025. Although stumbling blocks may occur that will prevent some goals from being completed on time, we will make every effort to meet 90% of the goals that have been set for the 2022-2024 cycle.

The 2025 Community Health Survey will continue to allow residents to provide valuable input and describing any changes seen in poverty, substance use, homelessness, mental health and crime. As updated data becomes available, we will continue to track changes and alter strategies and goals as necessary to evaluate the success of continuous improvement. The Community Advisory Committee will review updated issues, discuss efforts to continue to improve the community as a whole, and make the necessary modifications in a way that these strategies and goals are implemented in the following Community Health Needs Assessment.

Approval

The community advisory committee reviewed and approved the Community Health Needs Assessment and Action plan on

Chairman of Advisory Committee

Date

Levi Hospital's Board of Directors reviewed and approved the Community Health Needs Assessment and Action Plan on

Chairman of the Board

Date

Appendices

Appendix A: Secondary Data

Appendix B: Implementation Strategy Progress Sheet

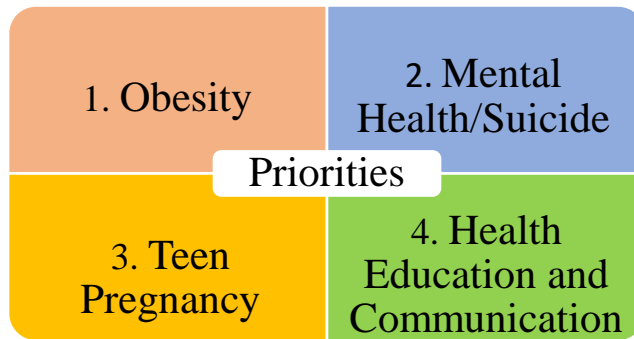
Appendix C: Top Priority Health Needs

Appendix D: Community Leader Questions/Answers and Health Survey Response

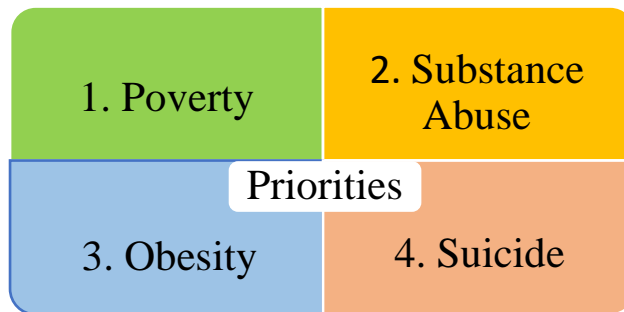
Appendix E: Community Health Survey Data

Appendix C: Garland County Top Priority Health Needs through the Years

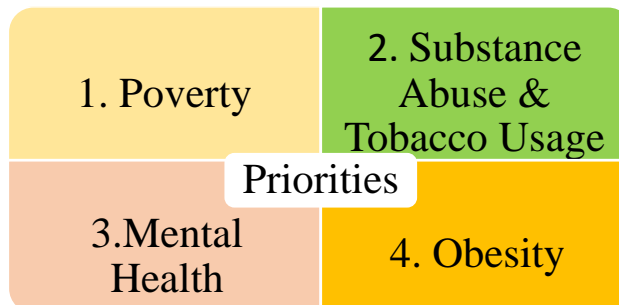
2013



2016



2019



Appendix D: Community Leader Questions and Community Health Survey Answers

Community Leader Questions/Answers

What suggestions would you make for improving health care and the health status of Garland County residents?

- Get key industry leaders to prioritize the health and well-being of the community, schools, and employees.
- Additional resources are needed in the community at an affordable cost along with educating the community on what is available and how to use it.
- Bring health topics and healthcare goals to the forefront and educate people to put their health and well-being as a top priority.
- Make telemedicine/health available and educate the community about health literacy
- Work to develop greater partnerships in the community.

What do you perceive to be the major needs, issues and health problems for residents in the community?

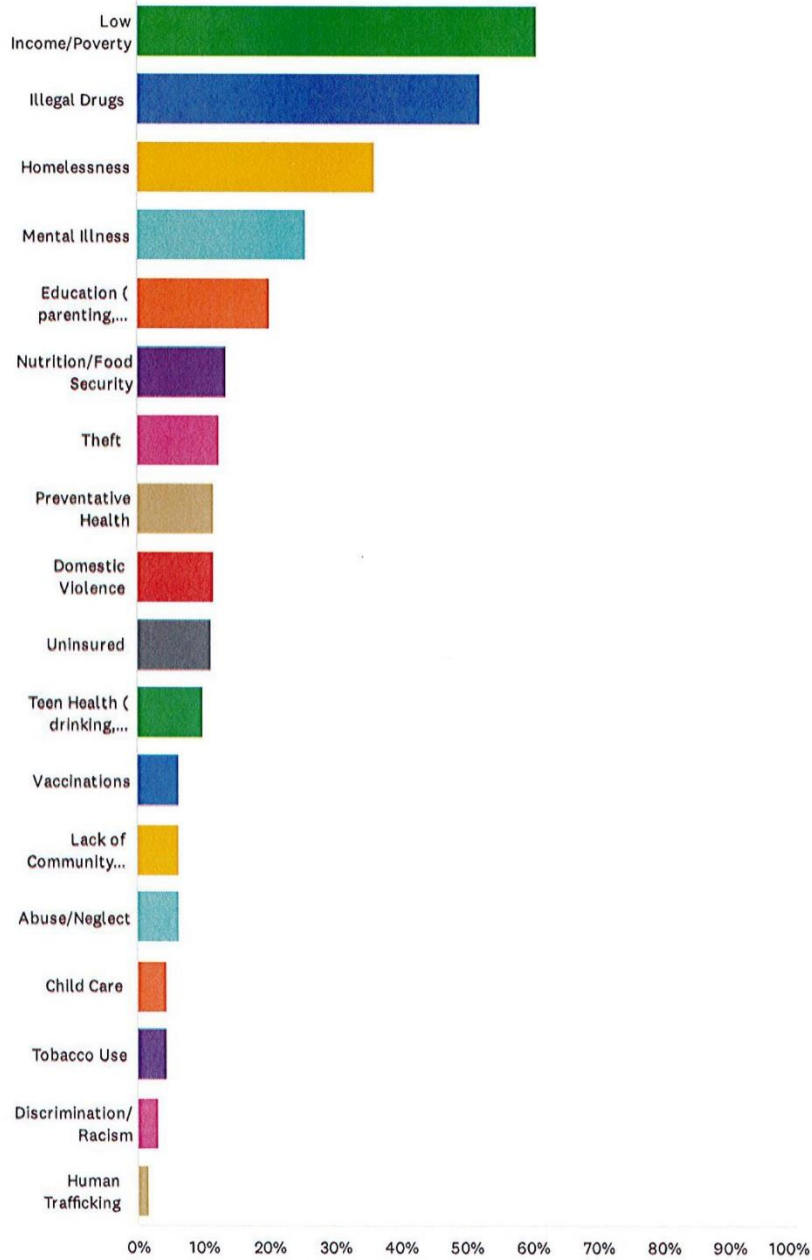
- Mental health and the lack of Mental Health resources for our residents is a concern.
- Drug/alcohol addiction and abuse
- Food/ Housing assistance
- Job replacement
- Low-income and Low literacy individuals to understand and access quality healthcare.

What suggestions would you make for improving the health status of Garland County residents?

- Individuals and families that are facing obstacles such as healthcare, homelessness, substance use, and food insecurity to provide feedback and/or suggestions to make impactful goals and action plans.
- Stronger partnerships and collaborations, working together to provide high-quality, affordable health care for ALL.
- Encourage people to get annual exams, counseling, or any type of assistance to identify and find solutions in advance.
- Get key community leaders and officials to develop a scorecard for the overall health of our community and estimate what kind of infrastructure we need and communicate any gaps.
- Additional resources at affordable cost and inform the community even more on what is available.

Community Health Survey

What are the Significant Issues that most affects the quality of life in Garland County?



Appendix E: Health Survey Data

Document length: 8-10 pages

Please request this document by calling Alisha Chatman at (501) 622-3325 or email:
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