



CHRISTUS[®] DUBUIS

Hospital of Fort Smith

Community Health Needs Assessment

2017-2019

Table of Contents

Figures..... 3

Acknowledgements..... 4

Executive Summary..... 5

Introduction 7

Methodology..... 7

 Quantitative Indicators 8

 Key Informant Interview Protocol 9

 Focus Group Protocol 10

Findings 11

 Demographics and Socio-economic Measures..... 11

 Healthcare Access 14

 Health Outcomes 16

 Hospital Data..... 17

Summary and Discussion of Prioritized Community Health Needs 19

 Prioritization Process 19

 Issues Not Selected for Prioritization..... 21

 Available Resources and Opportunities for Action..... 21

 Community Impact Thus Far 22

Appendix A. Source List..... 23

Appendix B. Matrix of Key Informants Meeting IRS Requirement Guidelines 24

Appendix C. Recommendations & Organizations / Community Assets Mentioned by Respondents 25

Figures

Figure 1. Age distributions 11

Figure 2. Race distributions 12

Figure 3. Educational status 13

Figure 4. Poverty and unemployment 13

Figure 5. Disability by age 14

Figure 6. Health insurance 15

Figure 7. Health provider rates 15

Figure 8. Medicare hospital stays for ambulatory care sensitive conditions 16

Figure 9. Total mortality rate 17

Figure 10. Mortality rates by cause 17

Figure 11. Hospital discharges by cause 18

Acknowledgements

This report was developed under the care and guidance of the Community Benefit Department at the CHRISTUS Health System Office in Irving, Texas. In addition, the following individuals contributed to the data collection, analysis, writing, and editing of this report.

Sandra Veronica Serna, MPH
Louisiana Public Health Institute

Karen Mason, MSPH
Louisiana Public Health Institute (formerly)

Heather Farb, MPH
Louisiana Public Health Institute

Jackie Hammers-Crowell
Louisiana Public Health Institute (formerly)

Lisanne Brown, Ph.D., MPH
Louisiana Public Health Institute

A special acknowledgment also goes to Keith Rogers, MBA, Administrator at CHRISTUS Dubuis of Fort Smith, and all of the individuals who participated in the key informant interviews, focus group discussion, and the numerous prioritization and planning sessions conducted to develop this report. This report could not have been completed without your time, effort, and dedication.

About the Louisiana Public Health Institute:

Founded in 1997, Louisiana Public Health Institute (LPHI) is a 501(c)(3) nonprofit organization that serves as a partner and convener to improve population-level health outcomes. LPHI's mission is to improve health and quality of life for all. This is achieved through the coordination and management of public health programs and initiatives in the areas of health information, public policy, applied research, and community capacity enhancement. Through these initiatives, LPHI provides an array of services to meet the needs of local, regional, and national partners and to develop community-oriented solutions that improve community health and well-being.

Executive Summary

CHRISTUS Dubuis of Fort Smith is a long term acute care hospital located within Mercy Hospital Fort Smith. CHRISTUS Dubuis of Fort Smith is part of CHRISTUS Dubuis Health System, a non-profit long term acute care hospital (LTACH) system sponsored by CHRISTUS Health to provide care to patients who require acute care over an extended period of time. CHRISTUS Health was formed in 1999 to strengthen the Catholic faith based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. Founded on the mission “to extend the healing ministry of Jesus Christ”, CHRISTUS Health’s vision is to be a leader, a partner and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.

As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health System Office contracted with the Louisiana Public Health Institute (LPHI) and the Texas Health Institute (THI) to develop a uniform, comprehensive CHNA process for its facilities in Texas and Louisiana.

LPHI was responsible for conducting the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for CHRISTUS Dubuis of Fort Smith. This report serves as the CHRISTUS Dubuis of Fort Smith CHNA report for 2017 - 2019, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals’ CHNA.

The CHNA report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), and the U.S. Centers for Disease Control and Prevention WONDER database, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. This input was gathered through individual interviews, a focus group discussion, and meetings comprised of hospital leaders, staff, and community partners. As a result, three community health needs were identified as top priorities. These priorities were selected based off of issue prevalence and severity according to county and regional secondary data in addition to the stakeholder input provided. The top needs identified through the process are as follows:

1. Living Conditions

Access to economic opportunity and quality living conditions can result in better health outcomes.¹ Similarly, the inability to meet basic needs can adversely affect all aspects of a person’s life. While leadership at CHRISTUS Dubuis of Fort Smith acknowledge that their ability to directly improve living conditions for Fort Smith residents is limited at best, they realize reduced quality of life is a community issue that could not be ignored. Poverty levels in the Fort Smith area are higher than the state. Additionally, poverty and low education attainment were common concerns among focus

¹ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited June 30, 2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

group and interview participants, who also reported high rates of homelessness and negative job growth in the area—all factors that negatively impact one’s quality of life.

2. Access to care

When it comes to access to care, several participants expressed that finances drive accessibility, with health care quality described as “good for people with insurance, poor for people who don’t.” Leadership at CHRISTUS Dubuis of Fort Smith acknowledge that without adequate access to care, quality of life is diminished, thus making this issue an essential need in the community.

3. Chronic Conditions

The CDC cites chronic diseases and conditions, such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis, as some of the most common, costly, and preventable of all health problems affecting the American public.² In the Fort Smith region, heart disease is the primary cause of death, followed by malignant neoplasms. Many participants flagged obesity as a community concern, citing poor nutrition and a lack of healthy options. They also noted that many residents in the area suffer from food insecurity, and that heart disease and diabetes are also quite prevalent. Similarly, CHRISTUS Dubuis of Fort Smith leaders noted that the high rates of chronic disease unduly influence treatments provided to patients, with most having been admitted with a chronic condition.

The CHNA report presents data for a number of needs for the CHRISTUS Dubuis of Fort Smith region, as well as additional information specific to the above prioritized community health needs. This report will be used by CHRISTUS Dubuis of Fort Smith as a resource to developing implementation strategies to improve community health over the next three years.

² Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

Introduction

CHRISTUS Dubuis of Fort Smith, Arkansas is a long term acute care hospital located within Mercy Hospital Fort Smith. Opened in May 1993, CHRISTUS Dubuis currently has total of 25 long-term acute care beds to provide care to medically complex patients—patients who require extended acute care hospitalization with specialty programs focusing on ventilator dependency, wound care, and rehabilitation. As part of the larger CHRISTUS Health system, CHRISTUS Dubuis of Fort Smith is one of several facilities striving to serve as “a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.”³ As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for several CHRISTUS Dubuis hospitals, of which the Dubuis facility in Fort Smith is one.

This document serves as the CHRISTUS Dubuis of Fort Smith CHNA report for 2017 - 2019, and will be made publically available on the CHRISTUS Health website for future reference. The purpose of the CHNA is to identify needs, assets, and opportunities to answer the following research questions:

1. What constitutes the community/ communities which CHRISTUS Dubuis of Fort Smith serve(s)?
2. What are the community’s attributes (i.e., demographics, health status, etc.)?
3. What are the community’s health needs?
4. What are the community’s assets and opportunities?
5. What action can CHRISTUS Dubuis of Fort Smith feasibly take to meet identified health needs?

These questions were answered using a mixed-methods approach (described in further detail below), and the report presented here describes the methods used for data collection and a summation of findings based on hospital data, publically available secondary data, key informant interviews and focus group discussions.⁴ This summation was further discussed and analyzed by a panel of experts comprised of both CHRISTUS staff and external partners representing various community organizations, and with guidance from LPHI. The panel met on May 24, 2016 to prioritize and select needs, and began to chart the next steps for their community health implementation plan (CHIP). The CHIP is provided in a separate document.

Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI when contracted in 2012 to complete the CHNA report for CHRISTUS Health Shreveport-Bossier. Originally informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO), this approach was further refined through discussions with Texas Health Institute (THI) and the CHRISTUS Health corporate office. Representatives

³ <http://www.christusadvocacy.org/>

⁴ All statements and opinions herein were expressed by key informants and focus group respondents and do not necessarily represent the opinions or viewpoints of LPHI or its contractors.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

from the CHRISTUS Health corporate office were especially interested in formulating a process for CHNA report development that could serve as a template to all hospitals within its southeastern footprint in the U.S., including but not limited to its facilities in Louisiana, New Mexico, and Texas. As a result, both LPHI and THI agreed to conduct a combination of key informant interviews, focus groups, and other validation meetings to provide CHRISTUS Health with critical input from various community representatives to assist each CHRISTUS facility with determining what priorities will be addressed over the next three years. This feedback was used to supplement the quantitative data provided by the host hospital and available from secondary sources, such as the American Community Survey (ACS) and the U.S. Centers for Disease Control and Prevention WONDER database. A full list of data sources referenced in this report is listed in Appendix A.

Each step of the CHNA process essential to this methodology is explained in detail below.

Quantitative Indicators

LPHI and THI worked with CHRISTUS Health to adapt a list of potential indicators for analysis based off of prior CHNA reports completed by both public health institutes and a list of recommended indicators provided by the Catholic Health Association. In most cases, indicators were chosen based on availability. For topics in which secondary data was not readily available, these topics were representatively addressed in the qualitative instruments developed by LPHI.

The geographic region of focus was based off of the catchment area of CHRISTUS Dubuis of Fort Smith's host hospital, Mercy Hospital Fort Smith. Both CHRISTUS Dubuis and Mercy Hospital serve patients residing in the following counties in Arkansas, as well as Oklahoma.

CHRISTUS Dubuis of Fort Smith Counties	
Arkansas	
Crawford	Scott
Franklin	Sebastian
Johnson	Yell
Logan	
Oklahoma	
Adair	Le Flore
Haskell	Sequoyah
Latimer	

Existing data for this twelve-county footprint was compiled from local and national sources by an experienced biostatistics epidemiologist. Data was compiled and analyzed using SPSS. A full list of indicators provided in this report can be viewed in the list of Figures on page 3. As previously mentioned, all data sources referenced in this report are listed in Appendix A. For benchmarking, data at the zip code level were compared to county level and state level data, where applicable. This data is presented in the Findings section starting on page 11.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

Key Informant Interview Protocol

The key informant semi-structured interview guide was designed to illicit responses about both the direct and indirect factors that influence the health of community members. Major areas of focus of the guide included: community health and wellness, behavioral risk factors, health care utilization, and access to care. Additional probes and follow up questions were designed to ensure the participant provided detailed responses, including opportunities to share information on assets in the community that could be tapped for future implementation planning. The guide was reviewed and approved by CHRISTUS Health representatives in January 2016.

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

“(1) Persons with special knowledge of or expertise in public health; (2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and (3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.

Treasury and the IRS expect that certain persons may fall into more than one of the categories listed above in paragraphs (1) through (3). For example, taking into account input from certain government officials with special knowledge of or expertise in public health may allow a hospital organization to satisfy the requirements described in both paragraphs (1) and (2).”

In order to satisfy these requirements, the Community Benefit Director and/ or Hospital Administrator from each CHRISTUS facility, with input from CHRISTUS Health System Office, provided LPHI with a list of potential key informants, many of whom met one or more of these requirements and were able to speak to the geographic region served by CHRISTUS Dubuis of Fort Smith.

Key informants were contacted by phone or email to initiate the scheduling of the interview. The interviewer provided a brief introduction to the project and explained the purpose of the interview, including how the data will be used and the time commitment to complete the interview. All key informants were ensured that no names would be associated with responses in any way and that all results would be reported in aggregate. If the key informant agreed to participate, phone interviews were scheduled depending on interviewer and participant availability.

At the beginning of the scheduled interview, consent was obtained to record the phone call. All interviews were recorded using an audio recorder. Recording did not begin until all instructions were provided and agreed upon. The interviewer assigned a study number to the participant and no identifiers were captured on the recording. Participants were only asked about their names, job titles, and affiliation with CHRISTUS to determine if they met one of the three IRS requirements listed above.

On average, most Interviews took around 45 minutes. Detailed notes comprised of quotes, key themes, and the interviewer’s general comments regarding each interview were typed up and synthesized into a larger master notes document for each facility or hospital region. For CHRISTUS Dubuis of Fort Smith, vigorous outreach by Dubuis administrators resulted in a total of 2 interviews conducted.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

Focus Group Protocol

Focus groups were also selected as an additional mechanism to obtain community input. Like the key informant interview guide, the focus group guide was also designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person's health status within the geographic area of focus. Questions inquiring about existing community assets and ways CHRISTUS could partner with others, to address some of the factors discussed, were included in the guide. The guide was reviewed and approved by CHRISTUS Health representatives in January, 2016.

As part of the protocol, one of LPHI's qualitative experts provided all community benefit directors with a one hour virtual focus group facilitation training. All directors were responsible for conducting a 90-minute focus group with participants, who were recruited to represent CHRISTUS patients and/or other community stakeholders with knowledge and awareness of health issues impacting the region. Individuals who participated in a key informant interview were not recruited for these groups.

All focus groups were audio recorded to accurately capture responses. Additionally, at least one note taker was assigned to take notes in person and, within the notes, each participant was assigned and referred to by a corresponding number to provide anonymity. Staff from LPHI also listened in via phone or Skype to observe conversation and take their own notes. The notes taken onsite and the audio recording were then provided to LPHI, who combined all notes for a given facility within one master document.

The focus group for CHRISTUS Dubuis of Fort Smith occurred on March 17, 2016. Information provided during this session is incorporated into the findings shared in the following pages.

Findings

The quantitative data and qualitative data were analyzed independently and then cross-walked together to identify areas of agreement and areas of disconnect. Notes from both the interviews and focus groups were carefully read through to identify major themes, which are summarized below. For the purposes of this report, “participant” refers to key informant interview participants and focus group participants, unless specified.

Demographic and Socio-Economic Indicators

The area served by CHRISTUS Dubuis of Fort Smith host hospital, Mercy Hospital Fort Smith, includes seven counties in Arkansas: Crawford, Franklin, Johnson, Logan, Scott, Sebastian and Yell. The catchment area also includes five counties in Oklahoma: Adair, Haskell, Latimer, Le Flore, and Sequoyah. The total population of this area is 446,641. Age distributions shows a similar pattern compared to the state of Arkansas (Figure 1). The majority of the population are Caucasian race (74%) (Figure 2), with a lower percentage of African Americans compared to the state of Arkansas (3% vs 15%). Other races and Hispanics are slightly more prevalent than in the state as a whole.

A larger Latino and racial population categorized as “other” correspond with focus group observations that many construction and blue collar jobs in the area are now typically completed by crews who are not local. Additionally, several participants commented on the communication barriers experienced when seeking care, reporting that English is a second language for some of the physicians serving the area.

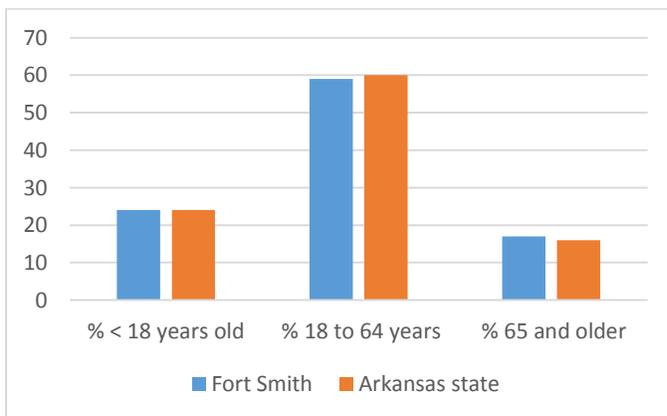


Figure 1: Age distributions in Fort Smith area compared to the state of Arkansas (Fort Smith ACU 2016)

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

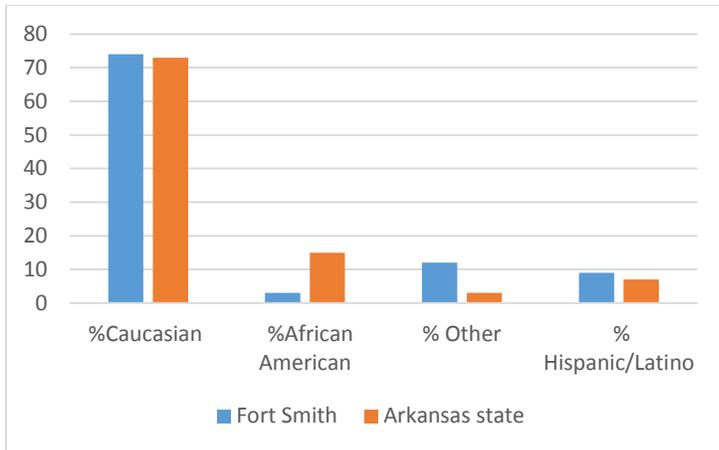


Figure 2: Race distributions in Fort Smith area compared to the state of Arkansas (Fort Smith ACU 2016)

The Fort Smith area has lower levels of education than the state, with greater percentage with less than high school education and fewer with college are graduate degrees (Figure 3). Poverty rates are also higher in the Fort Smith area compared to Arkansas; however, percent unemployed is about the same (Figure 4).

Both poverty and low education attainment were common concerns listed by participants. They reported high rates of homelessness and negative job growth in the area. This was an area known for manufacturing and people used to be able to attain a good paying job without a college degree. Now things are different—job/ skills training programs are lacking, and a significant number of employers have moved from the community or have downsized.

The lack of high wage prospects have impacted the area in other ways. Participants commented that safety is an issue as there is a lack of sufficient police officers resulting from a decreasing tax base and reduction of publicly provided services.

Participants acknowledged the low percentage of the population with high school educations, and the low literacy levels among many in the community.

Participants also reported a high teenage pregnancy rate. According to the U.S. Centers for Disease Control and Prevention, teen pregnancy and births are “significant contributors to high school dropout rates among girls,” with only about 50% of teen mothers receiving a high school diploma by the age of 22.⁵

⁵ Reproductive Health: Teen Pregnancy [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Centers of Disease Control and Prevention [2016]. Available from: <http://www.cdc.gov/teenpregnancy/about/>.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

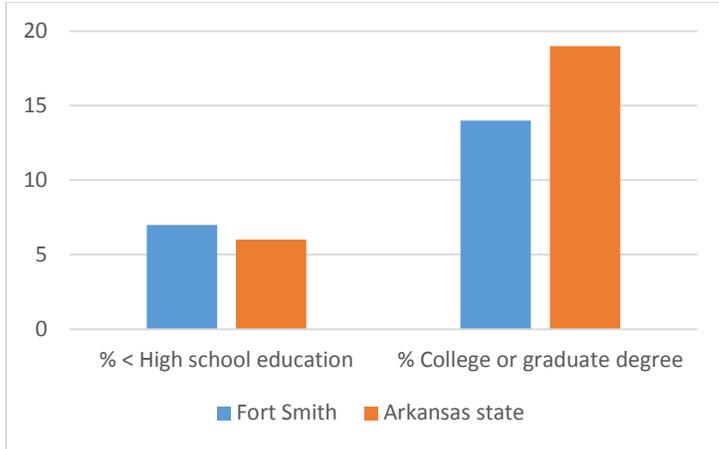


Figure 3: Educational status in Fort Smith area compared to state of Arkansas (Fort Smith ACU 2016)

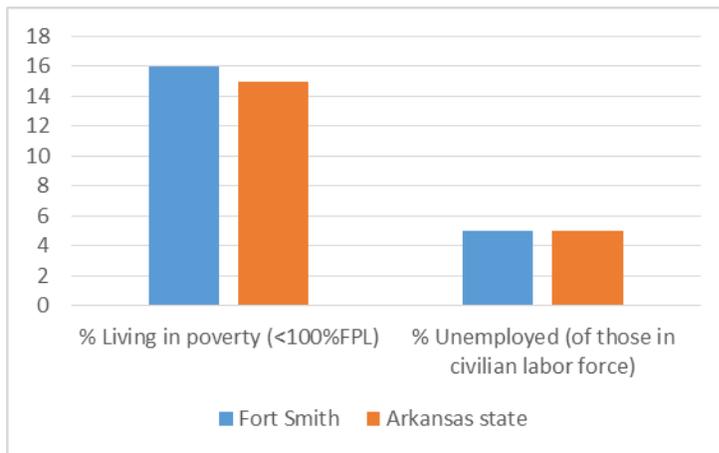


Figure 4: Poverty and unemployment Fort Smith area compared to the state of Arkansas (Fort Smith ACU 2016)

Measures of overall disability show a greater burden in the Fort Smith area than the state as a whole (Figure 5). This is mostly evident in ages 18 and above. All disability rates are higher than the USA with 12.3% of the total population disabled, 10% in ages 18-64 years, and 36% over 65 years. Disability includes: hearing, vision, cognitive, ambulatory, self-care and independent living.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

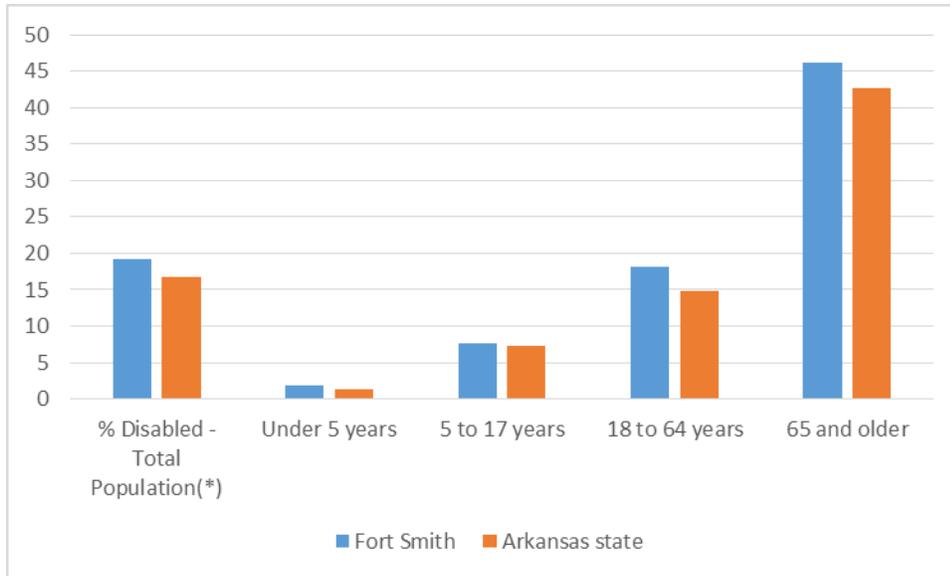


Figure 5: Disability by age in Fort Smith area compared to the state of Arkansas (ACS 2014)

Health Care Access Indicators

Access to healthcare is an indisputable determinant of health. In 1993, The Institute of Medicine defined access as the “timely use of personal health services to achieve the best health outcomes.”⁶ Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity,” and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.⁷

In the twelve-county area served by both CHRISTUS Dubuis of Fort Smith and Mercy Hospital Fort Smith, the percentage of the population who have no health insurance is 11%, comparable to the state of Arkansas (Figure 6). Private insurance is lower and Medicaid and Medicare slightly higher, indicating a poorer population in the area overall.

⁶ Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington, DC: National Academies Press; 1993

⁷ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

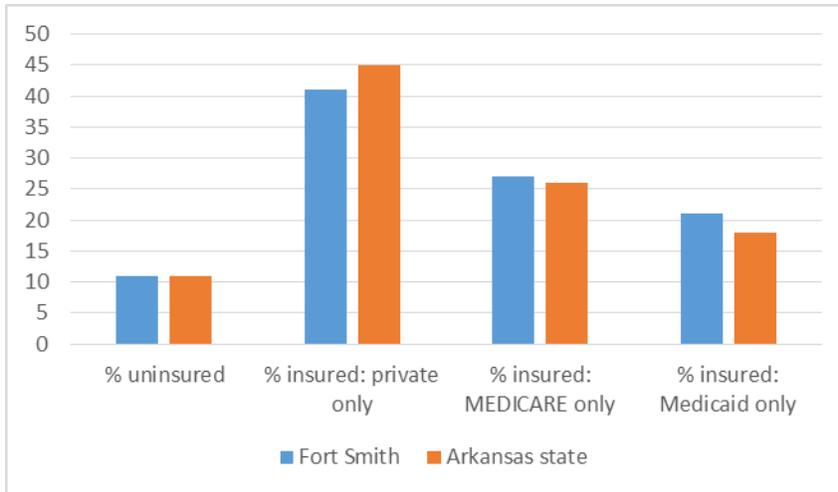


Figure 6: Health insurance in Fort Smith area compared to the state of Arkansas (Fort Smith ACU 2016)

Several participants expressed that finances drive accessibility, with health care quality described as “good for people with insurance, poor for people who don’t.” Even with Medicaid expansion and the coverage changes resulting from the Affordable Care Act, the cost of co-pays and deductibles has discouraged people from enrolling, with many choosing to rather pay the penalty and take a hit on their tax return.

It was also reported that while some physicians accept Medicaid and Medicare, that list appears to be growing smaller and smaller. One participant stated that insurance companies are also cutting back on what’s covered, including cancer screenings.

Primary care physicians and specialists are less available in Fort Smith area than in the state as a whole (Figure 7). The shortage of primary care physicians was frequently brought up during the interviews and focus group discussions.

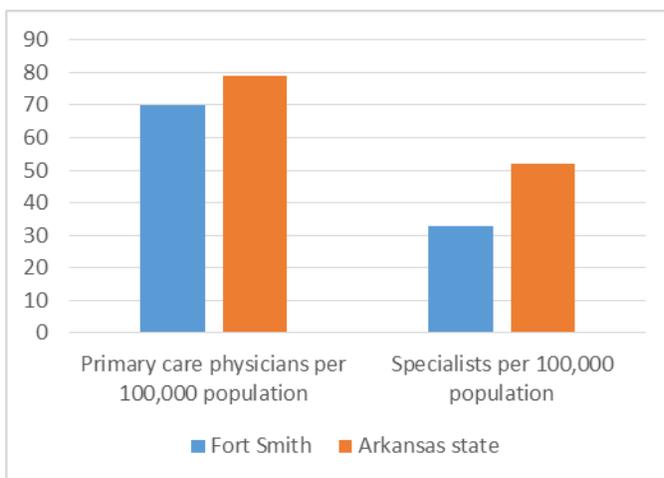


Figure 7: Health provider rates in Fort Smith area compared to the state of Arkansas (Fort Smith ACU 2016)

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

Participants cited provider retention as an issue, with other geographies both within and outside of the state seen as more lucrative, and graduates of local nursing schools moving out of the area for higher paying jobs. One participant noted that specialty care is not as readily available as in larger cities, with the closest ones being Fayetteville and Tulsa, which are about 1 hour and 2 hours away, respectively. Lack of transportation and resources, particularly in the more rural counties, was mentioned as a barrier to access.

Many participants expressed that the lack of primary care in the area directly impacted emergency room usage, with non-emergency issues flooding the ER's. Many felt those who can't afford to pay for health care services go to the ER because the hospital "doesn't make them pay." Others commented that it is now uncommon for patients to develop a relationship with a family/ primary care physician for ongoing, personalized care and advice. Additionally, there is a local clinic that offers free care to those who are eligible but they are [the clinic is] struggling.

Health Outcome Indicators

Ambulatory Care Sensitive Conditions (ACSC) are those *for which good outpatient care can potentially prevent the need for hospitalization* or for which early intervention can prevent complications or more severe disease.⁸ Figure 8 shows that in the Medicare population, a much greater rate of admissions due to ACSC are found in the Fort Smith area compared to Arkansas. This indicates a need to focus on better primary care for these conditions in order to reduce the number admitted to hospital.

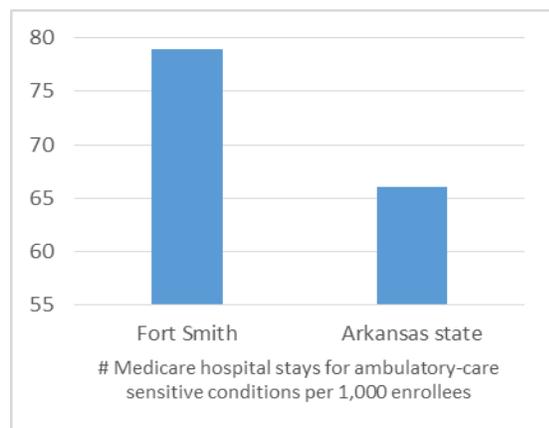


Figure 8: Medicare hospital stays for ambulatory care sensitive conditions in the Medicare population per 1,000 Medicare enrollees (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)

The total mortality rate in Fort Smith is higher than the state of Arkansas (Figure 9). This higher rate is found in three of the top four causes of mortality (Figures 10). Diseases of the heart are the primary cause, closely followed by malignant neoplasms.

⁸ Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Prevention Quality Indicators Overview. http://www.qualityindicators.ahrq.gov/Modules/pqi_overview.aspx

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

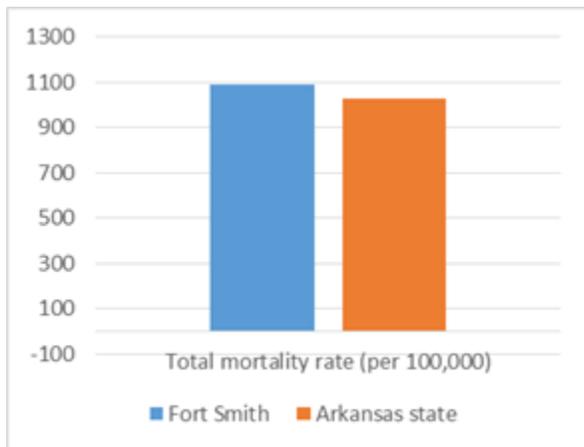


Figure 9: Total mortality rate (CDC Wonder 2014)

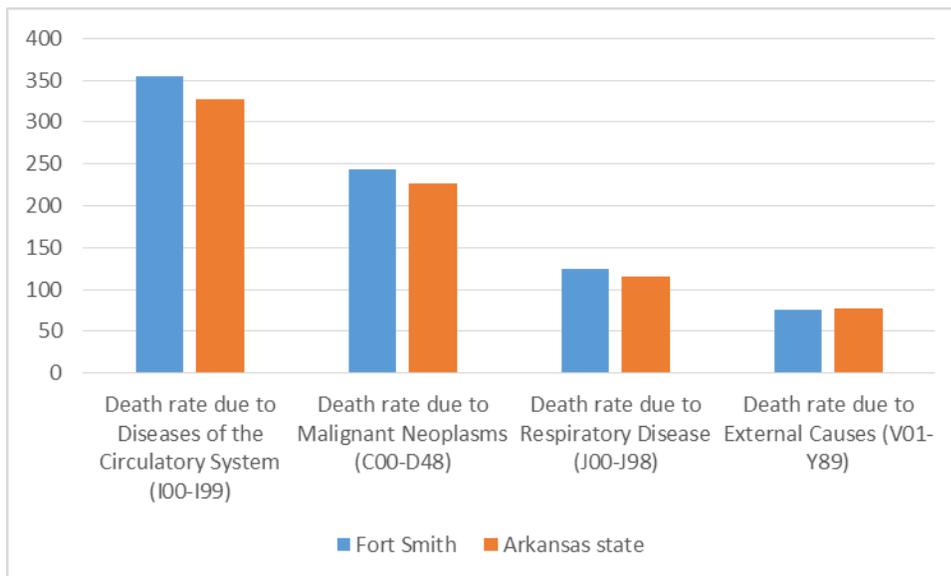


Figure 10: Mortality rates by cause (CDC Wonder 2014)

Participants flagged obesity as a large issue, largely due to poor nutrition and a lack of healthy restaurants. They also noted that many suffer from food insecurity, and that heart disease and diabetes are also quite prevalent. One participant also stated that cancer rates are rising.

Hospital Data

Hospital discharges for the top nine causes are shown in Figure 11, and compare Mercy Hospital Fort Smith with all hospital discharges within the twelve-county area observed in this report. Percentages shown are of the total for the nine causes only, births and pediatric causes are omitted. The major cause of hospitalizations is due to cardiovascular conditions, followed by gastroenterology and pulmonary.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

Mercy Hospital Fort Smith has markedly less admissions for behavioral health conditions than the total for all area hospitals.

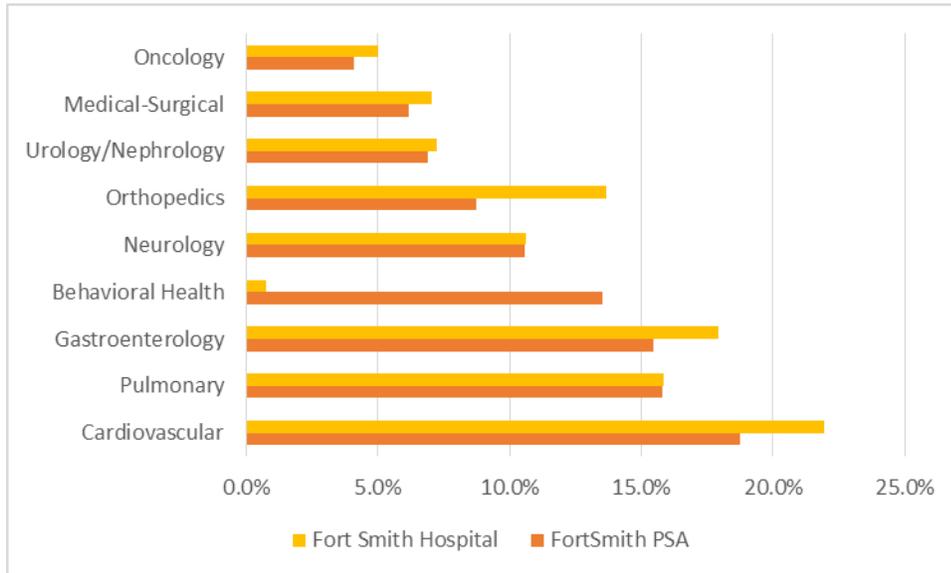


Figure 11: Hospital discharges by cause (Fort Smith ACU 2016)

Concerns about unmet mental health needs in the area were mentioned by a majority of participants. Many expressed a lack of mental health services and facilities. Mental health/substance abuse care was also reported as not cohesive, and there is no continuity of care. A lack of psychiatrists in the area was also noted.

Most participants brought up the link between poor mental health and substance abuse. Substance abuse was considered to be high among adults and teenagers, with veterans also seen as impacted (suffering from prescription pain medication addiction). Meth addiction was also noted as prevalent in the community.

The lack of detox units in this area was a point of concern, as was the practice of housing mental health patients/ addicts in jails due to the of lack of facilities.

Another mental health issue of concern was suicide, with some participants reporting an increase in suicide rates among youth over the past several years. According to the Arkansas Department of Health, Arkansas ranks 17th in the country for suicide.⁹

⁹ Statewide Injury Prevention Program, Arkansas Department of Health. Suicide Fact Sheet [2016]. http://www.healthy.arkansas.gov/programsServices/injuryPreventionControl/injuryPrevention/SIPP/Documents/SIPP_Suicide.pdf

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

Other Issues Highlighted by Qualitative Data: Contributing Factors & Community Perspective

At least one participant indicated they were unaware of CHRISTUS's existence until having been asked to participate in the CHNA process.

Environmental health concerns mentioned by participants included sewage issues and water quality. Participants described limited public transportation within the city and no public transportation outside of the city.

Domestic abuse was cited as a concern in the community.

The needs of kids in foster care remain largely unmet.

One participant expressed that there is a substantial population of military veterans who experience health issues but have trouble receiving the care they need at the VA. This person also reported that there are not many organizations or resources devoted to this population.

Another participant shared that coverage for dental care services is also very limited. Although, a few dentists in the area offer deferred payment options. The known association between periodontal disease and heart disease was also noted.

Summary and Discussion of Prioritized Community Health Needs

Prioritization Process

Once the quantitative and qualitative data were analyzed and gathered into an initial draft CHNA report, the draft report was shared with CHRISTUS Health leadership for CHRISTUS Dubuis of Fort Smith. A panel of experts comprised of both CHRISTUS staff and external partners representing various members of the community was tasked with reviewing the initial findings and determining which priority issues would be selected to address over the next three years as part of a community health implementation plan. This initial meeting occurred on May 24, 2016.

Initially, participants decided to prioritize among the following issues: chronic conditions, access to care, mental health, living conditions/ quality of life, and violence/ domestic abuse. After ranking each topic, the panel determined that the issues of living conditions, access to care, and chronic conditions were the most pressing.

The panel took a number of things into consideration when choosing priorities. Some priorities were selected based off of issue prevalence and severity according to county and regional secondary data. Input provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data is less available. Detailed rationale regarding these top priorities is provided below.

1. Living Conditions

Access to economic opportunity and quality living conditions can result in better health outcomes.¹⁰ Similarly, the inability to meet basic needs can adversely affect all aspects of a person's life. While leadership at CHRISTUS Dubuis of Fort Smith acknowledges that their ability to directly improve living conditions for Fort Smith residents is limited at best, they realize reduced quality of life is a community issue that could not be ignored. Poverty levels in the Fort Smith area are higher than the state. Additionally, poverty and low education attainment were common concerns among focus group and interview participants, who also reported high rates of homelessness and negative job growth in the area—all factors that negatively impact one's quality of life.

2. Access to care

When it comes to access to care, several participants expressed that finances drive accessibility, with health care quality described as "good for people with insurance, poor for people who don't." Leadership at CHRISTUS Dubuis of Fort Smith acknowledges that without adequate access to care, quality of life is diminished, thus making this issue an essential need in the community.

3. Chronic Conditions

¹⁰ Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited June 30, 2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.

CHRISTUS Dubuis of Fort Smith 2017 – 2019 CHNA

The CDC cites chronic diseases and conditions, such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis, as some of the most common, costly, and preventable of all health problems affecting the American public.¹¹ In the Fort Smith region, heart disease is the primary cause of death, followed by malignant neoplasms. Many participants flagged obesity as a community concern, citing poor nutrition and a lack of healthy options. They also noted that many residents in the area suffer from food insecurity, and that heart disease and diabetes are also quite prevalent. Similarly, CHRISTUS Dubuis of Fort Smith leaders noted that the high rates of chronic disease unduly influence treatments provided to patients, with most having been admitted with a chronic condition.

Issues Not Selected for Prioritization

In an effort to maximize any resources available for the priority areas listed above, leaders and staff at CHRISTUS Dubuis of Fort Smith determined that the following issues would not be explicitly included in their community health improvement plan (CHIP):

- Mental health
- Violence/domestic abuse

While hospital leaders acknowledged both issues are tremendously important to the community, CHRISTUS Dubuis of Fort Smith does not have the expertise to address these issues in an impactful way.

Available Resources and Opportunities for Action

As previously mentioned, participants involved in each step of the CHNA process were encouraged to offer ideas for implementation or provide examples of other organizations or local assets in the community that CHRISTUS Dubuis of Fort Smith could possibly engage or utilize when tackling the priority issues listed above. A list of recommendations provided by interview and focus group participants is provided in Appendix C. Participants also listed some of the organizations working on the various issues mentioned in this report, which is also available in Appendix C. Leaders, partners, and staff at CHRISTUS Dubuis of Fort Smith noted additional ways the hospital could take action on these priorities. These items include:

- Develop and print a resource guide to distribute to other organizations that lists services available to low-income populations (possibly partner with local United Way to make this happen/ improve reach)
- Participate in community health fairs to provide education to attendees so that they may avoid needing to be admitted to a long term acute care hospital
- Educate patient and family beyond what is required of normal discharge planning and provide information on topics like nutrition, resources in community, etc.
- Work with pharmaceutical assistance programs to assist patients with medications
- When possible, provide charity care for patients who can't afford treatment / care

¹¹ Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

Community Impact Thus Far

CHRISTUS Dubuis Hospital of Fort Smith (formerly Advance Care Hospital of Fort Smith), a long term acute care hospital located in West-Central Arkansas, serves a population of medically complex, acutely ill patients for extended periods of time. Due to the nature of the long term acute care industry and the regulatory bodies that oversee and govern the types of services that are provided, the hospital has a limited scope of service and is subject to penalties if serving patients that do not meet the strict requirements for admission. The hospital only provides inpatient acute care services to patients whose length of stay exceeds 25 days and fall into a limited number of diagnoses. Low profit margins further restrict the scope of community health activities the hospital undertakes.

Each year, CHRISTUS Dubuis Hospital of Fort Smith offers extensive training for health professional students. Their major focus for community health is to offer on-site training of medical students so they receive hands-on experience in providing health care services. The students include Bachelor level and associate level nursing and physical therapy assistant programs. Through their services, they are able to increase the number of health care providers in the community.

Appendix A: Source List

Quantitative data utilized in this report were obtained through the following sources:

- Fort Smith ACU 2016
- United States Census Bureau American Community Survey (ACS) 2013
- U.S. Centers for Disease Control and Prevention WONDER database (2014)
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care
- Mercy Hospital Fort Smith admission data

Appendix B: Matrix of Key Informants Meeting IRS Requirement Guidelines

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each category. It should be noted that several respondents fall into more than one category, which is reflected in the counts below.

Key Informant Affiliations Required by the IRS	Number of Key Informants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	2
2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility	1
3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	2

Appendix C: Recommendations & Local Organizations / Community Assets Provided by Interview and Focus Group Respondents

Recommendations

- Improved collaboration with other clinics and social service organizations throughout the region was highly cited as a general recommendation and to improve recognition of CHRISTUS out in the community. Visibility at health fairs, increased public relations/ media coverage, and the distribution of flyers or pamphlets regarding assets available to the community were also given as ways this could occur. Development of a formal resource guide of community assets was specifically suggested.
- Tailoring activities created for low-income populations in terms of when the events are scheduled and how they are communicated. Specifically, one participant recommended providing prevention screenings outside of the usual clinic setting, to offer more “one-stop shop” type of opportunities for folks to receive services.
- Another respondent suggested providing incentives to busy parents to encourage participation in classes or activities that promote health and wellness (e.g. group exercise classes)—such as offering simultaneous activities for their kids that is more than just babysitting.

Local Organizations & Community Assets

- Boys and Girls Club
- Rescue Mission
- United Way
- Hamilton House
- Next Step Day Room
- Churches- support, food programs and food banks
- Narcotics Anonymous groups
- Food banks
- Community Rescue Mission
- Good Samaritan Clinic
- Heart-to-Heart
- Fort Smith Public Library
- Mercy Clinics
- Crawford-Sebastian Community Development Council, Inc.- provide homeownership counseling, rehab assistance for health and safety repairs for low income populations, utility assistance, etc.
- Good Samaritan- sliding fee scale
- University of Arkansas Fort Smith- hygienist students do teeth cleaning