CHRISTUS DUBUIS
Hospital of Hot Springs

Community Health Needs Assessment

2017-2019

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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 Hot Springs, Arkansas is a long term acute care hospital located within CHI St. Vincent Hot Springs. CHRISTUS Dubuis of Hot Springs 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 Hot Springs. This report serves as the CHRISTUS Dubuis of Hot Springs 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), USDA Environmental Food Atlas, 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. **Poverty**

   While leadership at CHRISTUS Dubuis of Hot Springs are uncertain that they will be able to move the needle on poverty in their community, one look at the data convinced them that poverty is a major community issue that could not be ignored. The Hot Springs area has higher poverty levels than the state, particularly for those under 18 years of age and adults ages 18-64 years. Poverty is also pronounced among racial and ethnic minorities in the area. Realizing poverty impacts other priority areas, participants reported that the poor are especially impacted when it comes to obtaining health care, as it is expensive and many are uninsured.

2. Access to care

Just over 17% of the population residing in the area served by CHRISTUS Dubuis of Hot Springs and CHI St. Vincent Hospital do not have health insurance, compared to 15.8% of the population in the state. Interview and focus group participants identified several barriers to accessing primary care, including a lack of insurance/ financial challenges, a lack of primary care physicians, a lack of transportation, and lack of knowledge about access. While access to health care is a critical issue in the Hot Springs area, this is one priority area that CHRISTUS Dubuis of Hot Springs felt they could directly address.

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.[1] In the Hot Springs region, heart disease is the primary cause of death, closely followed by malignant neoplasms. Additionally, data available on health risk factors for adults in the area show that obesity and physical inactivity are prevalent. Obesity and poor nutrition, including childhood obesity, was reported as a large issue by several participants. They noted that those with low-paying jobs often can't afford nutritious food, directly tying into priority area #1. Chronic conditions are some of the most prevalent issues CHRISTUS Dubuis of Hot Springs sees among their patient population, so addressing this need over the next three years was a logical choice.

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

[1] 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 Hot Springs, Arkansas is a long term acute care hospital located within CHI St. Vincent Hot Springs. Opened in March 1999, CHRISTUS Dubuis currently has total of 27 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 Hospital of Hot Springs, AR 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."[2] 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 Hot Springs is one.

This document serves as the CHRISTUS Dubuis of Hot Springs 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 Hot Springs 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 Hot Springs 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.[3] This summation was further discussed and analyzed by a panel of experts comprised of both CHRISTUS Dubuis staff and external partners representing various community organizations, and with guidance from LPHI. The panel met on May 25, 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

[2] http://www.christusadvocacy.org/

[3] 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.

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 Hot Springs's host hospital, CHI St. Vincent Hot Springs. Both CHRISTUS Dubuis and CHI St. Vincent serve patients residing in the following counties in Arkansas.

CHRISTUS Dubuis of Hot Springs Counties	
Clark	Howard
Garland	Montgomery
Hot Springs	Pike

Existing data for this six-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.

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 Hot Springs.

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 Hot Springs, a total of 3 interviews were conducted.

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 Hot Springs occurred on March 16, 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 Hot Springs host hospital, CHI St. Vincent Hospital, includes six counties in Arkansas: Clark, Garland, Hot Springs, Howard, Montgomery, and Pike. The total population of this area is 187,049. Age distributions shows a higher older population (65 years and more) compared to the state (Figure 1), most of whom are Caucasian (Figure 2).

Participants also noted the large senior community residing in the area, reflecting that some of the more common health conditions impacting this population are dementia, heart conditions, and cancer. Additionally, participants reported that many seniors suffer from food insecurity, calling for more services to be made available to this population. Suggested services include financial assistance and resources designated for geriatric care.

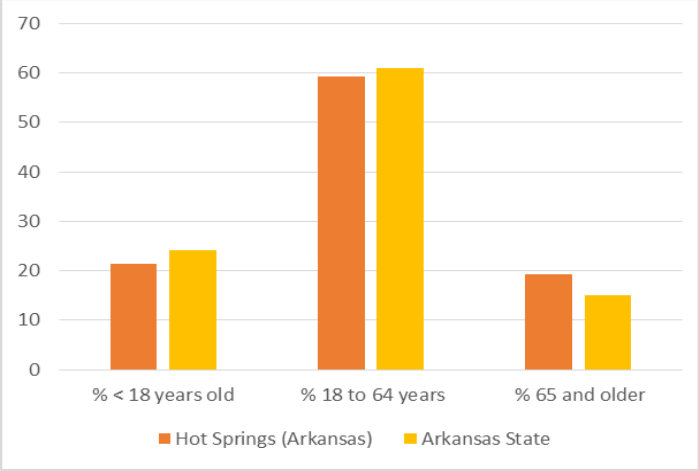

Figure 1: Age distributions in Hot Springs area compared to the state of Arkansas (ACS 2014)

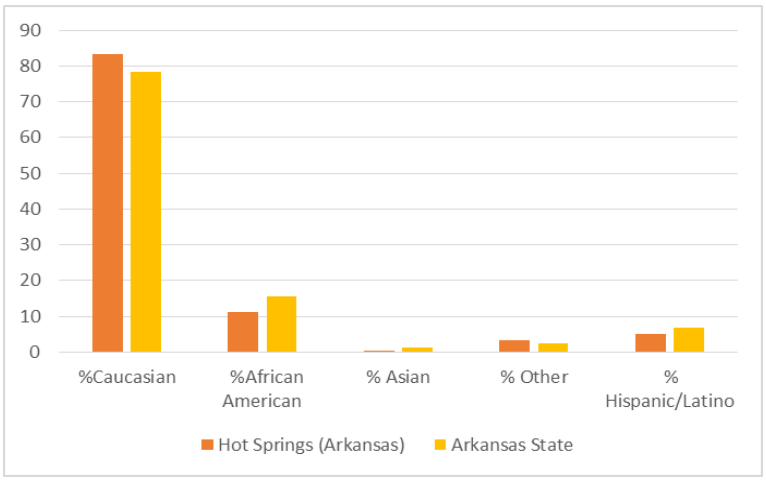

Figure 2: Race distributions in Hot Springs area compared to the state of Arkansas (ACS 2014)

The Hot Springs area has higher poverty levels than the state, particularly for the young (<18 years of age) and adults (18-64 years) (Figure 3). All races have slightly higher poverty levels, except for Asians. Hispanics in Hot Springs show a much higher percent living in poverty than the state of Arkansas (Figure 4).

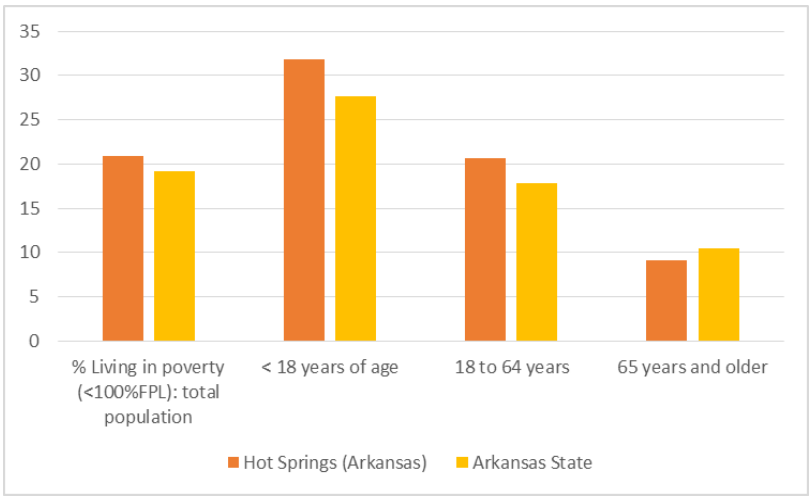

Figure 3: Poverty by age in Hot Springs area compared to the state of Arkansas (ACS 2014)

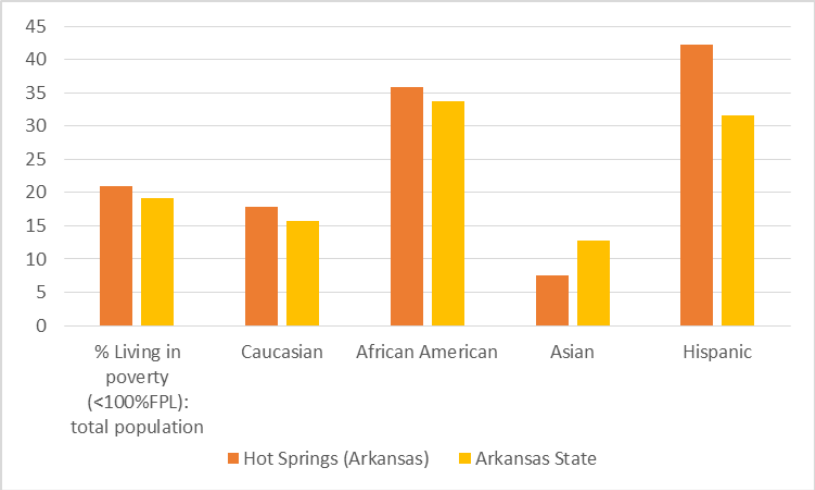

Figure 4: Poverty by race in Hot Springs area compared to the state of Arkansas (ACS 2014)

Among interview and focus group participants, poverty was an economic concern, particularly childhood poverty, which can affect not only the health of these children but their cognitive development. Participants reported that the poor are especially impacted when it comes to obtaining health care, as it is expensive and many are uninsured.

Unemployment contributes to poverty. There are few people in the labor force and unemployment is only slightly higher than the state (9.3% vs 8.4%) (Figure 5). The high percentage of the population who are not in the labor force may reflect the higher percent of people aged 65 and older (see Figure 1).

Participants also reported a limited number of industries in the area, which has led to a shortage of good-paying jobs. Additionally, many individuals work in the service industry, in jobs that are low paying without health benefits.

Participants also reported a need for schools to better prepare students for college and other trades, as high quality education and job training appear to be lacking. Focus group participants, in particular, discussed a concern with a low skill labor force in the area and how that may have been a contributing factor to the relocation of a local company to a neighboring state.

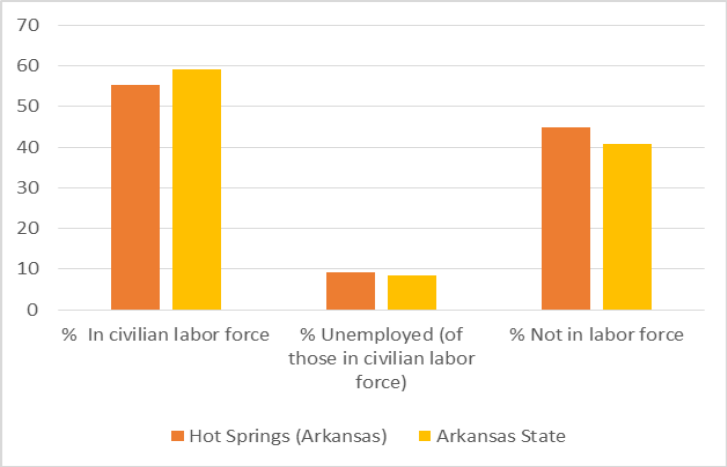

Figure 5: Employment in Hot Springs area compared to the state of Arkansas (ACS 2014)

Measures of overall disability show a greater burden in the Hot Springs area than the state as a whole (Figure 6). This is true an all age groups but those younger than 5 years. Disability includes hearing, vision, cognitive, ambulatory, self-care, and independent living.

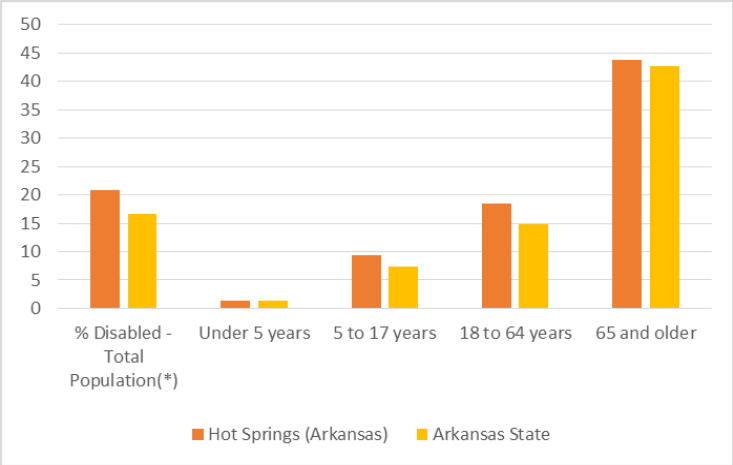

Figure 6: Disability by age in Hot Springs area compared to the state of Arkansas (ACS 2014)

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."[4] 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.[5]

In the area served by CHRISTUS Dubuis of Hot Springs and CHI St. Vincent Hospital, the percentage of the population who have no health insurance is 17.5%, compared to 15.8% in the state (Figure 7). The largest gap is with adults 18-64 years of age. In addition, a lower percentage have private insurance (Figure 8), indicating a poorer population overall.

As previously mentioned, the high cost of health care, particularly for the uninsured, is a barrier to access. However, one participant reported that the percentage of uninsured individuals is decreasing as a result of the Affordable Care Act.

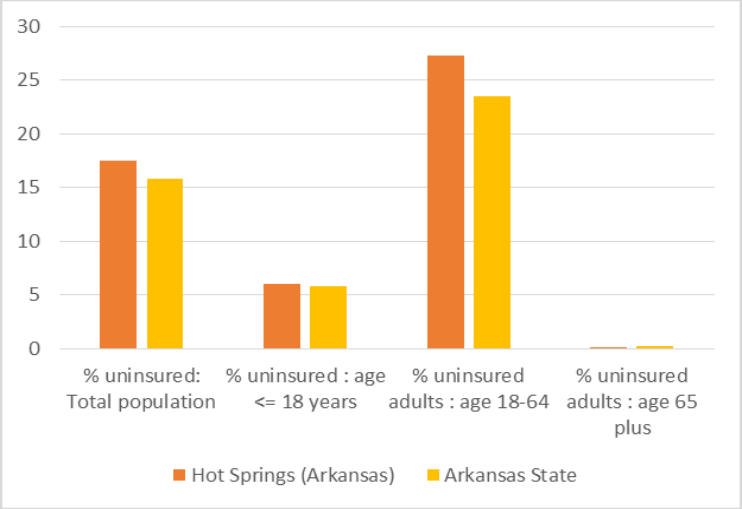

Figure 7: Uninsured by age in Hot Springs area compared to the state of Arkansas (ACS 2014)

[4] 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

[5] 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.

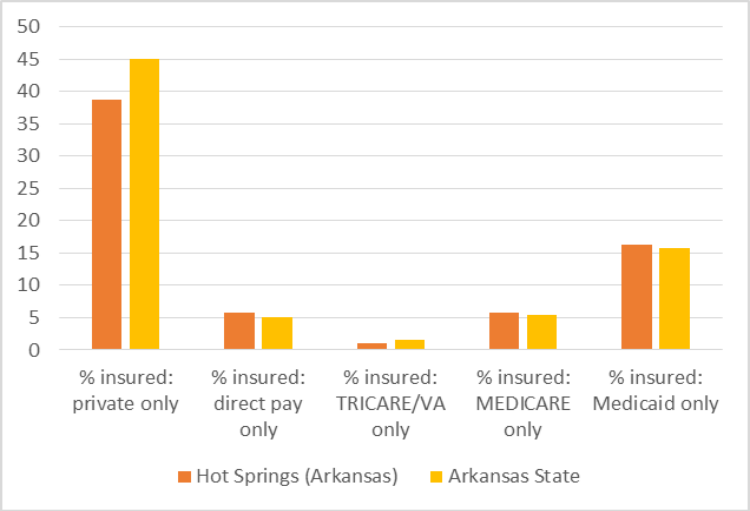

Figure 8: Insurance types in Hot Springs area compared to the state of Arkansas (ACS 2014)

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.[6] Figure 9 shows that in the Medicare population, a much greater rate of admissions due to ACSC are found in the Hot Springs area compared to the state. This indicates a need to focus on better primary care for these conditions in order to reduce the number admitted to hospital.

While not just limited to the Medicare population, participants identified several barriers to accessing primary care. These include lack of insurance/ financial challenges, lack of primary care physicians, lack of transportation, lack of knowledge about access, and a large population of single parents with little to no support system.

Additionally, participants expressed a concern that many low-income folks in the community use the ER as primary care, but hopefully Medicaid expansion will change this. One participant expressed that individuals nowadays seem more inclined to seek preventive care than past generations. However, another participant described how many delay receiving medical care (possibly due to the barriers listed above) and may not receive critical screenings, so diseases like cancer are diagnosed and caught much later when the condition is more difficult to treat.

[6] 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

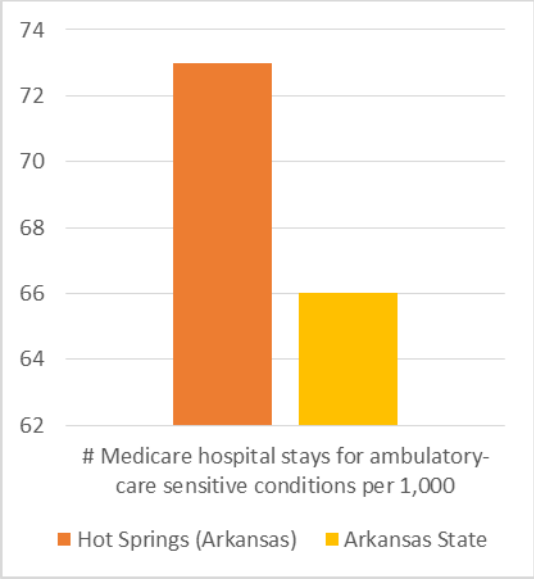

Figure 9: Medicare hospital stays for ambulatory care sensitive conditions per 1,000 Medicare enrollees (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)

The total mortality rate in the Hot Springs area is higher than the state of Arkansas (Figure 10). This higher rate is seen in the top five causes of mortality, and the differences are fairly marked (Figures 10 & 11). Diseases of the heart are the primary cause, closely followed by malignant neoplasms. The death rate due to chronic lower respiratory disease and accidents are also higher in the Hot Springs area than the state (Figure 12).

Smoking and lung cancer were highlighted as large health issues among participants, in addition to heart disease and other types of cancer.

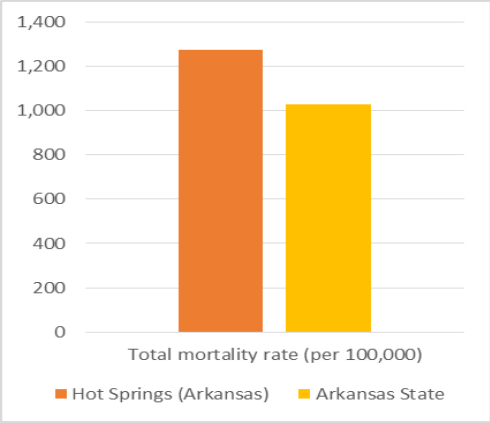

Figure 10: Total mortality rate (CDC Wonder 2014)

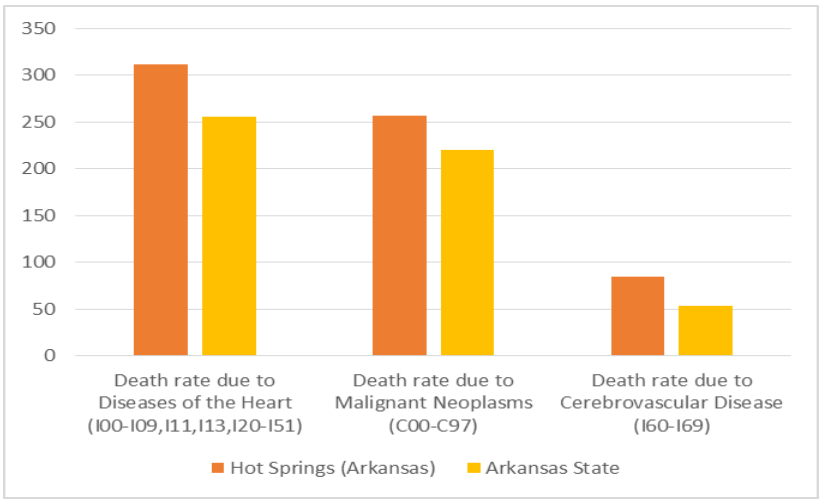

Figure 11: Mortality rates by cause – heart disease, malignant neoplasms, & cerebrovascular disease (CDC Wonder 2014)

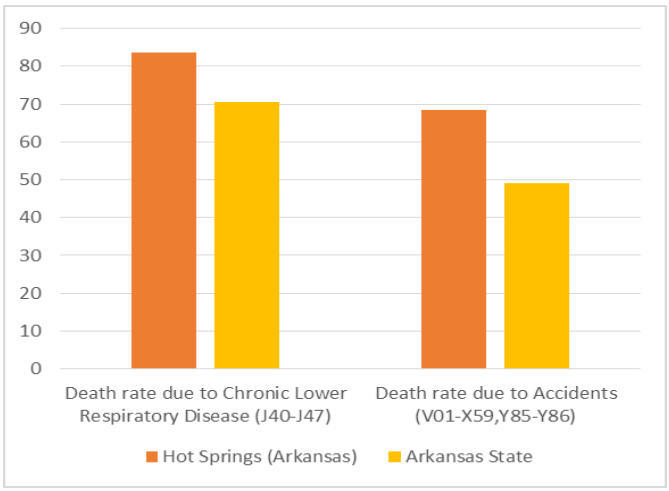

Figure 12: Mortality rates by cause – chronic lower respiratory disease & accidents (CDC Wonder 2014)

Health Risk Factors

Obesity and physical inactivity are common risk factors in the Hot Springs area (Figure 13). Percentages of these factors in the adult population are similar to the state of Arkansas, or very slightly lower.

Obesity and poor nutrition, including childhood obesity, was reported as a large issue by several participants. Many with low-paying jobs can't afford nutritious food and even if they are able to afford it, participants felt many families need classes on the right way to eat and what to buy. Participants understood that poor nutrition is related to obesity and diabetes, which in turn leads to other health complications. They also shared that many individuals do not exercise.

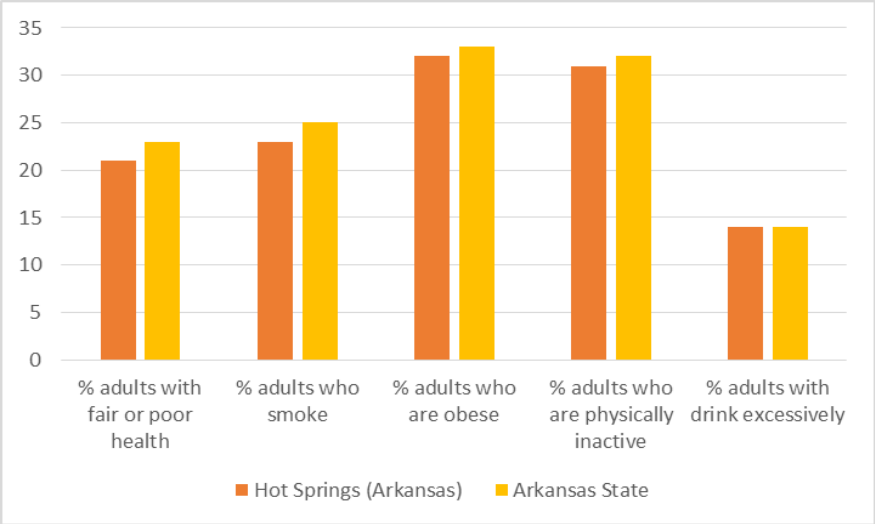

Figure 13: Health risk factors in adults (BRFSS 2014)

Socio-Environmental Factors

The social and built environment of a community facilitates access to health. In particular, access to healthy foods is critical to disease prevention and health promotion. Figure 14 shows while a lower percentage of the population in the Hot Springs area experiences food insecurity compared to the state, a higher percentage of the population have limited access to healthy foods.

Participants reported many positive aspects of the community's environment, describing the six-county region as abundant in lakes and state parks, but in one participant's words: "the natural environment is terrific, but the built environment is lacking." They suggested that access to recreational areas is inequitable, with a lack of safe playgrounds in low-income areas. Several participants reported poor and/or limited public transportation to the facilities that do exist, in addition to safety concerns.

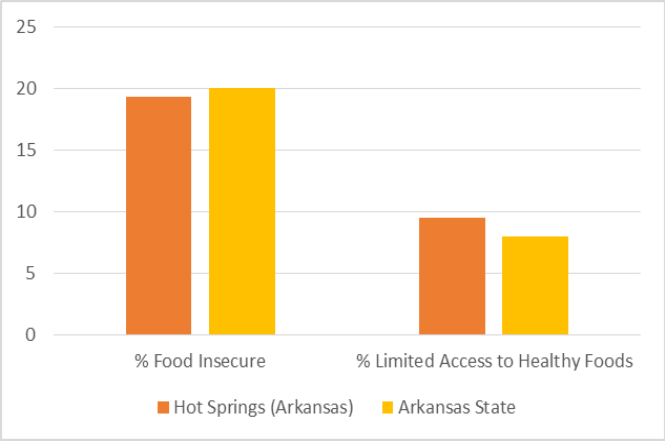

Figure 14: Food insecurity and access[7]

[7] Food Insecurity from 'Map the Meal Gap' – 2013. Limited access to health foods from the USDA Environmental Food Atlas (2010).

Another social factor that can impact health is crime. While some participants felt there was a large amount of violence in the city limits, Figure 15 shows a lower violent crime rate in the Hot Springs area compared to the state (332 vs 484 per 100,000 population). Nationally, the rate of violent crime in 2013 was 369. Thus, the violent crime rate in the six-county area is slightly lower than the national rate. However, it should be noted that participants also felt that most of the violence in the area is drug related, reporting methamphetamine abuse and addiction as one of the drivers of violence.

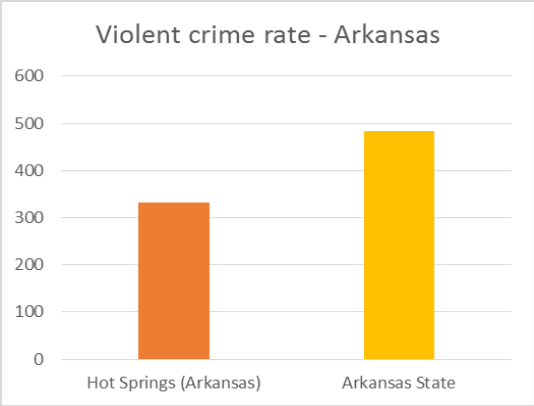

Figure 15: Violent crime rate (FBI UCR 2013)

Suicide rates have been rising in the past decade. It ranks the second major cause of death in those 10 to 34 years of age, and fourth for those between 35 and 54 years[8]. Similar to national data that shows the percent increase in suicide rates for males was greatest for those aged 45–64,[9] one participant reported that locally the suicide rate for men 55 and older has dramatically increased. Overall, the rate of suicide in the Hot Springs area is higher than the state (22.8 vs 16.7) as shown in Figure 16. According to the Arkansas Department of Health, Arkansas ranks 17th in the country for suicide.[10]

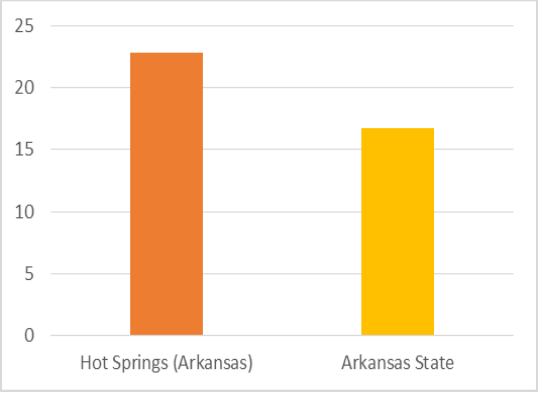

Figure 16: Suicide rate per 100,000 population (CDC Wonder: Average of 2011-2014)

[8] National Vital Statistics System, National Center for Health Statistics, CDC.
[9] Curtin SC, Warner M, Hedegaard H. Increase in suicide in the United States, 1999–2014. NCHS data brief, no 241. Hyattsville, MD: National Center for Health Statistics. 2016.
[10] 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

Participants discussed a lack of mental health providers in the area. They reported various barriers to accessing mental health services, including a lack of both in-patient and out-patient services, a general lack of awareness/ education on available resources, and social stigma—"nobody wants to be tagged [as] unstable."

HIV and sexually transmitted infections were also listed as issues of concern among participants, tying into the perceived lack of mental health services and substance abuse rates in the area.

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

Participants also mentioned affordable housing and homelessness, both of which are likely impacted by the high rates of poverty, unemployment, and disability seen in the quantitative data. Participants reported that affordable housing is often sub-standard, and low-income individuals suffer from high rent and utility bills. Additionally, working with landlords to address these issues can be difficult, and HUD housing is at least a year behind on their waiting list.

Human trafficking, child abuse, and a high number of registered sex offenders were also mentioned.

At least one participant stated that many community members are unaware of CHRISTUS Dubuis's existence.

There is a lack of transportation, especially outside of city limits. This also limits access to healthy foods.

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 Hot Springs. 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 occurred on May 25, 2016 and was supplemented by additional discussions.

Initially, they decided to prioritize among the following issues: poverty, chronic conditions, access to primary care, suicide, the number of uninsured, and limited access to healthy foods. After ranking each topic, the panel determined that the issues of poverty, 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. Poverty

While leadership at CHRISTUS Dubuis of Hot Springs are uncertain that they will be able to move the needle on poverty in their community, one look at the data convinced them that poverty is a major community issue that could not be ignored. The Hot Springs area has higher poverty levels than the state, particularly for those under 18 years of age and adults ages 18-64 years. Poverty is also pronounced among racial and ethnic minorities in the area. Realizing poverty impacts other priority areas, participants reported that the poor are especially impacted when it comes to obtaining health care, as it is expensive and many are uninsured.

2. Access to care

Just over 17% of the population residing in the area served by CHRISTUS Dubuis of Hot Springs and CHI St. Vincent Hospital do not have health insurance, compared to 15.8% of the population in the state. Interview and focus group participants identified several barriers to accessing primary care, including a lack of insurance/ financial challenges, a lack of primary care physicians, a lack of transportation, and lack of knowledge about access. While access to health care is a critical issue in the Hot Springs area, this is one priority area that CHRISTUS Dubuis of Hot Springs felt they could directly address.

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.[11] In the Hot Springs region, heart disease is the primary cause of death, closely followed by malignant neoplasms. Additionally, data available on health risk factors for adults in the area show that obesity and physical inactivity are prevalent. Obesity and poor nutrition, including childhood obesity, was reported as a large issue by several participants. They noted that those with low-paying jobs often can't afford nutritious food, directly tying into priority area #1. Chronic conditions are some of the most prevalent issues CHRISTUS Dubuis of Hot Springs sees among their patient population, so addressing this need over the next three years was a logical choice.

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 Hot Springs determined that the following issues would not be explicitly included in their community health improvement plan (CHIP):

- Accidents
- Transportation

CHRISTUS Dubuis of Hot Springs does not provide emergency or short term acute care that would be needed for accident victims. Additionally, transportation was not selected because the hospital has determined it does not have the resources or ability to impact transportation in community.

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 Hot Springs 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; this is also available in Appendix C. Leaders, partners, and staff at CHRISTUS Dubuis of Hot Springs noted additional ways the hospital could take action on these priorities. These items include:

- Develop and print a resource guide to distribute to local churches and other organizations that lists services available to low-income populations (possibly partner with local United Way to make this happen/ improve reach)
- Educate the community on available services specifically for the low-income, uninsured, and underinsured
- Partner with other organizations to sponsor health fairs
- Work with the Charitable Christian Clinic

Community Impact Thus Far

[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.

CHRISTUS Dubuis Hospital of Hot Springs (formerly Advance Care Hospital of Hot Springs), a long term acute care hospital located in 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. CHRISTUS Dubuis Hospital of Hot Springs is located in a rural area, with a very small census, which further restricts its capability of providing extensive community health activities.

CHRISTUS Dubuis Hospital of Hot Springs provides a training site for health care students to increase access of providers in the community. They have RN and LPN nursing, respiratory, pharmacy, and health information management students. Each year, the students are provided the following services: supervision, mentoring, shadowing, and preceptors to develop their skills as health care providers.

Appendix A: Source List

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

- United States Census Bureau American Community Survey (ACS) 2013
- U.S. Centers for Disease Control and Prevention WONDER database (2011- 2014)
- Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care
- USDA Environmental Food Atlas (2010)
- Federal Bureau of Investigation Uniform Crime Reporting (2013)
- Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) data for Arkansas 2014

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	**3**
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	**3**

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

Recommendations

- Use CHRISTUS print shop to print posters and flyers and to print/ advertise the website - www.hsresourceguide.org - to let the community know this is out there for them to utilize these resources. "Be a source of information on what's available to the community."
- LTACH leadership should be involved in current community initiatives including Hometown Health Coalition
- Partner with local ministers/ churches, particularly to reach the African American community, for which the local church is seen as a community hub
- Put into place hospital case managers
- Partner with the public library
- CHRISTUS needs to increase community awareness and visibility of its services as most people are not familiar with the CHRISTUS Dubuis facility
- Partner with area schools for mentoring and intern opportunities

Local Organizations & Community Assets

- Community Counseling Services- outpatient walk-in counseling services
- YMCA- activities for all ages
- National Park College
- Garland County Detention Center/ Community Garden
- Hot Springs High School Superintendent
- United Way- financial support to over 22 agencies
- Project Hope
- Food banks
- Safe Haven for women and children
- Jackson House- offers one meal each day
- Salvation Army- provides meals five times a week
- www.hsresourceguide.org – lists all resources available to the community
- Churches- helping immigrants, violence, food security, health
- Hot Springs City Government
- Habitat for Humanity
- Cooperative Christian Ministries and Clinic- free health services
- Oaklawn Foundation- seniors
- Boys and Girls Club
- Senior Olympics
- Drug court
- Catholic Diocese
- Arkansas Economic Development Corporation- immigration
- Greater Hot Springs Chamber of Commerce
- Hot Springs Metro Partnership- recruiting businesses
- Hometown Health Coalition/ Department of Health- coalition of hospitals, health department, community groups; working on trafficking and other issues
- Boy Scouts and Girl Scouts
- Schools- childhood obesity
- Garland Suicide Prevention Coalition
- Quapaw House- substance abuse