



# Community Health Needs Assessment

CHI St. Vincent Health System | Arkansas

June 15, 2022



Since 1888, our ministry's vision is and has always been to improve the overall health of the communities we serve by building healthier communities, advocating for those who are poor and vulnerable, and creating innovative solutions to the most complex healthcare problems in the United States. The past 24 months pushed us beyond simple innovation and instead challenged us to bring effective solutions quickly to the forefront that could address the needs that COVID-19 brought to the patients and communities we serve. As we reflect on how far we have come, we understand that there are still more challenges facing our patient populations when it comes to access to healthcare services and there is continued work to be done.

The pages that follow outline the most pressing health issues facing Arkansans as identified through our 2022 Community Health Needs Assessment (CHNA) process. This work reflects hours of research, conversation with our community members, patients, and peers and thoughtful reflection on our ever-evolving role as partners with those we serve. The findings outlined in this document affirm the importance of our community outreach efforts and guide our actions as we strive to make healthcare in Arkansas more accessible. Through a new look at population health and a renewed interest in the social determinants of health, this report guides CHI St. Vincent in addressing identified health needs.

We are grateful for every partner who joined with us in the CHNA process, and we look forward to building new partnerships in health as we take our next steps forward in this work. Our pathway is paved by compassion, a commitment to social justice and the common good, and our desire to recognize the dignity of every individual we encounter in our work.

We are proud of the work we are undertaking as a vital mission-driven partner in our local communities. Moving forward, we will enhance existing partnerships and build new ones to ensure that every brick we lay in our journey will pave the way for a healthier tomorrow. We look forward to our next steps taken in partnership with all those who share our mission and vision for community health on behalf of all Arkansans. Thank you for your willingness to walk that path with us!

A handwritten signature in black ink, appearing to read "C Aduddell".

**Chad Aduddell**

Market Chief Executive Officer

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# Acknowledgements

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At St. Vincent, we remember the sacrifices and the successes of the Sisters who founded our hospitals. We also celebrate those who have accepted the continuing responsibility of caring for God's children with dignity, compassion, and love.

We offer a very special thank you to all of those who have helped in a multitude of ways in the development of this Community Health Needs Assessment. Whether a coworker in a hospital, a clinic, or a leader in the community, they are our partners in our ministry.

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# Executive Summary

## Standing on the Shoulders of Giants

Catholic healthcare exists in Arkansas because three orders of religious women answered God’s call to be the hands and feet of the healing ministry of Jesus Christ in a time of need. In 1888, the Sisters of Charity of Nazareth journeyed to Little Rock to found what is still the oldest continuously operating hospital in Arkansas, St. Vincent Infirmery. In the same year, the Sisters of Mercy responded to the pleas of the people of Hot Springs to found St. Joseph Hospital, now St. Vincent Hot Springs. In 1925, the Dominican Sisters of St. Scholastica founded St. Anthony’s, now St. Vincent Morrilton, in Conway County.

These courageous women stepped out in faith to care for those people who were the most in need. They brought compassion, mercy, and grace to the sick, the poor, and the dying because that is exactly what Our Savior did and called others to do as well. CHI St. Vincent Health System continues that tradition of providing quality care to those who are in need, and strives to ensure that we answer that same call to mission and ministry that motivated our foundresses 134 years ago.

**A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.** (Ethical and Religious Directives for Catholic Health Care Services, Sixth Edition, Directive 1.)

## Community Definition

Following the guidelines established by the IRS and CMMS, the Mission and Strategic Planning Teams established that the areas of primary commitment shall be defined as those counties which housed up to 75% of unique medical records at each facility.

Hospital Facility	Community Definition
CHI St. Vincent Infirmery	<b>Pulaski County</b> , Saline County, Lonoke County, Jefferson County, Faulkner County, White County
CHI St. Vincent Hot Springs (with Arkansas Extended Care Hospital)	<b>Garland County</b> , Saline County, Hot Spring County
CHI St. Vincent North	<b>Pulaski County</b> , Faulkner County, Lonoke County
CHI St. Vincent Morrilton	<b>Conway County</b> , Perry County

These Community Definitions do not exclude St. Vincent’s participation in any county or community in the state of Arkansas. It merely provides focus areas where our efforts should initially be targeted.

A listing of Zip Codes for each county in the Community Definition is found in Appendix L.

## Methodology

The Community Health Needs Assessment (CHNA) process is formalized by section 501(r)(3) of the Affordable Care Act, which requires non-profit, tax-exempt hospital organizations to conduct a needs assessment every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. Per IRS requirements, the CHNA must include input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and be made widely available to the public. For CHI St. Vincent, this process of assessing and responding to the needs of the community is a perpetual part of our mission. An example of this is our system's response to the community need for COVID vaccine once it became available in early 2021. St. Vincent identified those in our communities who were most vulnerable and partnered with local organizations to provide the vaccine through vaccine events held in those communities.

The Mission and Strategic Planning teams are guided by an appreciation of the Social Determinants of Health (SDoH) and the County Health Rankings Model (CHRM).

The Mission and Strategic Planning teams used primary and secondary data sources to establish perceived needs in the community as well as to consider how best St. Vincent can most significantly affect the community policy, community health factors, and community health outcomes. Secondary data was obtained from multiple publicly available resources. This statistical data was analyzed according to the CHRM, weighing each of the categories: physical environment, social and economic factors, clinical care, and health behaviors. Ultimately, all data was evaluated in light of how it influenced the population's length of life and quality of life and how we as a health care system can most significantly improve each category in the community.

Collection of the primary data occurred in two stages, the Key Informant Survey in June and July 2021, and the Personalized Community Surveys (PCS) which were conducted in various locations from October 2021 through April of 2022. One of the notable effects of the COVID-19 pandemic was the difficulty in conducting focus groups similar to those held in previous years. Therefore, the Mission and Strategic Planning Teams decided to rely on the PCS as a means for collecting information from the community in a safe and responsible manner.

## 2022 Significant Community Health Needs

Using the Social Determinants of Health and the County Health Rankings Model, the data compiled from our primary and secondary sources, and our experience in each of the communities our hospital serves, this is the assessment for each of our Commitment Areas priorities:

	<b>Access to Care</b> - As close to vulnerable populations as possible	<b>Education</b> - To leverage the skills and energy of our ministry to offer educational resources to the community and to advocate for safer lifestyles and improved health outcomes.
<b>SV Infirmery and SV North</b>	Mental Health Care Primary Health Care	Basic Health Chronic Conditions Domestic Violence and Human Trafficking Food and Nutrition Substance Abuse
<b>SV Hot Springs</b> (with Arkansas Extended Care Hospital)	Mental Health Care - emphasis on substance abuse treatment and recovery Primary Health Care	Substance Abuse - awareness and education Chronic Conditions Domestic Violence and Human Trafficking Food and Nutrition
<b>SV Morrilton</b>	Primary Health Care - emphasis on prenatal care Mental Health Care - emphasis on substance abuse treatment and recovery	Substance Abuse - awareness and education Chronic Conditions Domestic Violence and Human Trafficking Food and Nutrition

Consistent with the 2019 CHNA, **Access to Care** remains the primary focus throughout the ministry. Making health care available to the poor and the vulnerable in our communities means building relationships and trust as well as eliminating barriers which limit access to quality doctors, nurses, and the medications that they need.

**Education** is a new focus for 2022. It calls upon St. Vincent to leverage our people and our knowledge to engage with the community where they are, using language that they understand, to teach and influence people how to make wise decisions about their health care, learn about when and how to access the resources that are available, and to build trust between ourselves and the community.

The CHI St. Vincent Health System Board of Directors adopted the 2022 Community Health Needs Assessment on May 5, 2022. The document will be published and made available to the public in a prominent location on the St. Vincent website and in hardcopy when requested. The publication date is June 15, 2022.

## Implementation Plan

In anticipation of implementing this Community Health Needs Assessment for the 2022-2025 triennium, CHI St. Vincent Health System has formed a Community Health Outreach Committee made up of the senior executive leadership of each facility, members of the boards of directors, and community leaders. This committee will meet quarterly to oversee our implementation of the 2022 CHNA. Further, the Values in Action Committee which is made up of coworkers at each facility and our clinics will serve as our “boots on the ground” throughout the market. This will allow us to identify, plan, advocate, and record community benefit and outreach information in accordance with the CHNA for each Community Definition. Once approved by the St. Vincent Board of Directors, the Community Health Implementation Plan will be published alongside the Community Health Needs Assessment in a prominent location on the St. Vincent website and in hardcopy when requested. The deadline for publication is November 15, 2022.



# Introduction

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In gratitude to our Lord for sparing Little Rock from the yellow fever outbreak that devastated Memphis in the 1870's, Alexander Hager, a prominent Arkansas businessman, pledged his fortune to the Catholic Diocese of Arkansas upon his death to establish a hospital. In 1888, answering the call of Bishop Edward Fitzgerald, five Sisters of Charity of Nazareth made the journey from Kentucky to Arkansas to found Charity Hospital, later renamed St. Vincent Infirmary. Today, the Infirmary is the oldest continuing operating hospital in the state of Arkansas.

That same year, the people of Hot Springs made a similar appeal, which was answered by the Sisters of Mercy. The sisters, journeying from Little Rock to Hot Springs with one dollar, established St. Joseph's Hospital in the Spa City. In 2014, Mercy St. Joseph's became part of CHI St. Vincent Health System and was renamed St. Vincent. St. Vincent Hot Springs is the second oldest hospital in the state and operates the only Level II trauma center in southwest Arkansas. Located on the third floor of the CHI St. Vincent Hot Springs campus is Arkansas Extended Care Hospital, co-owned and operated by LHC Group. Because of the close connection between the hospitals, Arkansas Extended Care Hospital continues to participate in the CHI St. Vincent Community Health Needs Assessment

In 1925, the Benedictine Sisters of Saint Scholastica established St. Anthony's Hospital in Morrilton, Arkansas. These sisters had established schools throughout northwest Arkansas and answered God's call to provide much needed medical services to the people of Conway County. In 1994, St. Anthony's became a part of the St. Vincent Health System and in 2011 was renamed CHI St. Vincent Morrilton. St. Vincent Morrilton is a critical access hospital.

St. Vincent, North in Sherwood, Arkansas opened in October 1999 to serve the people of north Pulaski County. St. Vincent North is now the home of the Arkansas Neuroscience Institute which is an internationally recognized center incorporating all aspects of neurosurgery and the spectrum of neurological disorders.

Also participating in the CHNA process is Christus Dubuis Hospital in Hot Springs. Christus Dubuis is a long-term acute care hospital that operates on the third floor of the Hot Springs campus. Currently licensed for 27 beds and owned and operated by the LHC Group of Lafayette, Louisiana, the hospital opened in 1999 to provide care to medically complex patients who require continued acute care services for long periods of time.

In 2019, Catholic Health Initiatives (CHI) and Dignity Health merged to form CommonSpirit Health. As part of CommonSpirit, St. Vincent continues the mission to the poor and vulnerable which began 134 years ago when our founding women religious opened our doors. We continue the Church's tradition to be the hands of feet of our Savior and to extend the healing ministry of Jesus Christ to all those who are in need.

## Mission

As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## Vision

A healthier future for all - inspired by faith, driven by innovation, and powered by our humanity.

## Values

### Compassion

- Care with listening, empathy, and love.
- Accompany and comfort those in need of healing.

### Inclusion

- Celebrate each person's gifts and voice.
- Respect the dignity of all.

### Integrity

- Inspire trust through honesty.
- Demonstrate courage in the face of inequity.

### Excellence

- Serve with fullest passion, creativity, and stewardship.
- Exceed expectations of others and ourselves.

### Collaboration

- Commit to the power of working together.
- Build and nurture meaningful relationships.

A Catholic institutional health care service is a community that provides health care to those in need of it. This service must be animated by the Gospel of Jesus Christ and guided by the moral tradition of the Church.

(Ethical and Religious Directives for Catholic Health Care Services, Sixth Edition, Directive 1.)

# General Impressions - Arkansas Market

## Community Definition

CHI St. Vincent Health System, a wholly owned subsidiary of CommonSpirit Health, comprises three (3) acute care hospitals, one (1) critical access hospital, over 70 clinics, and the Arkansas Health Network (AHN), the largest clinically integrated health network in Arkansas. As such, St. Vincent treats patients from all over the state as well as transfers from out of state sources. Following the guidelines established by the IRS and CMMS, the Mission and Strategic Planning Teams established that the areas of primary commitment shall be defined as those counties which housed up to 75% of unique medical records at each facility. While we will continue to look upon all of Arkansas as our mission field, these counties will be the primary focus of our community efforts.

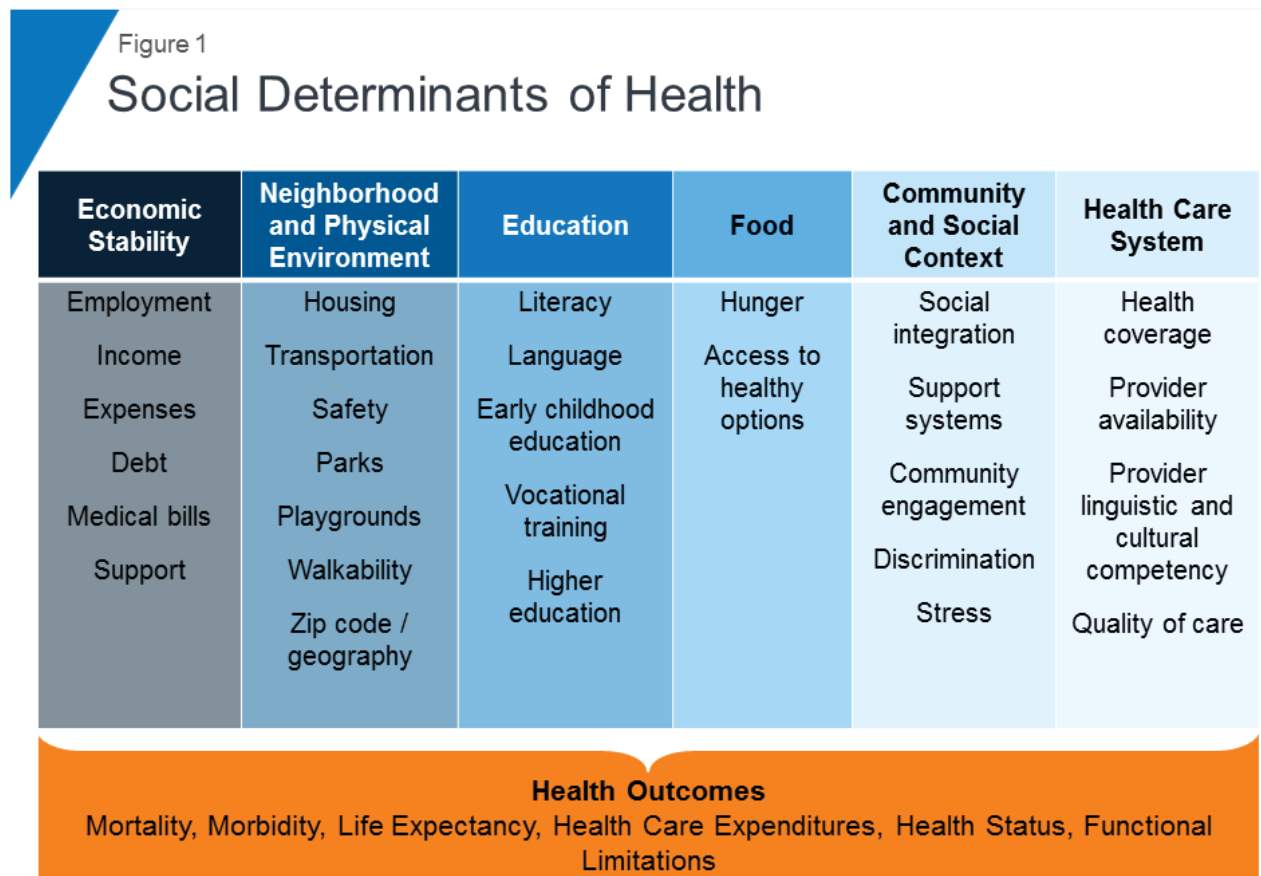
Hospital Facility	Community Definition
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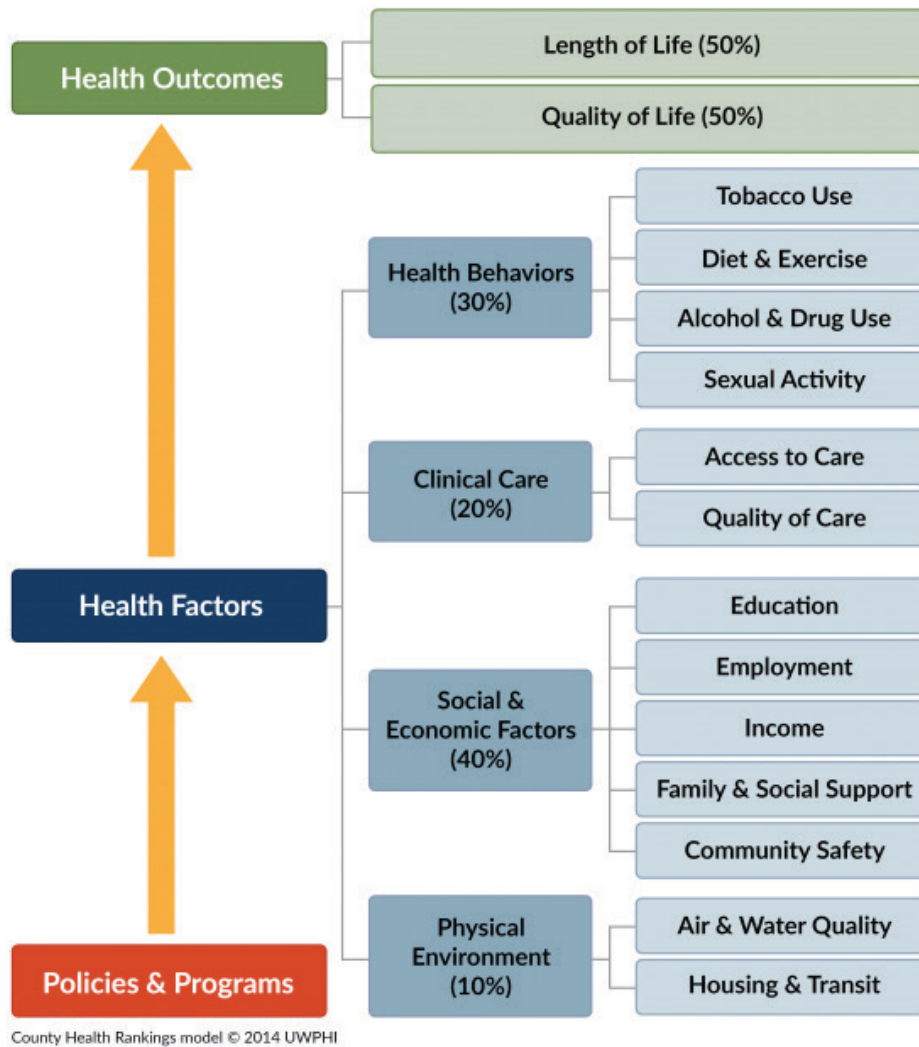
As the chart indicates, a few counties fall into multiple Community Definitions. For example, the unique medical records for patients from Saline County are divided between the Infirmery and Hot Springs. The western end of the county tends to utilize Hot Springs while the eastern end goes to the Infirmery. This is also indicative of the demographic breakdown of the population as the western end of the county houses a large retirement community which predominantly utilizes Hot Springs and has influenced each facility's assessment accordingly. A listing of Zip Codes for each of the counties in the Community Definition is located in Appendix L.

## Methodology

The Community Health Needs Assessment (CHNA) process is formalized by section 501(r)(3) of the Affordable Care Act, which requires non-profit, tax-exempt hospital organizations to conduct a needs assessment every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. Per IRS requirements, the CHNA must include input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and be made widely available to the public. For CHI St. Vincent, this process of assessing and responding to the needs of the community is a perpetual part of our mission. An example of this is our system’s response to the community need for COVID vaccine once it became available in early 2021. St. Vincent identified those in our communities who were most vulnerable and partnered with local organizations to provide the vaccine through vaccine events held in those communities.

The Mission and Strategic Planning teams are guided by an appreciation of the Social Determinants of Health (SDoH) and the County Health Rankings Model (CHRM).





The Mission and Strategic Planning teams used primary and secondary data sources to establish perceived needs in the community as well as to consider how best St. Vincent can most significantly affect the community policy, community health factors, and community health outcomes. Much of the focus on the information gathering was to solicit a broad range of input from the communities deemed to be the most marginalized by partnering with groups in the community that represent minority populations, homeless, and seniors. Secondary data was obtained from multiple publicly available resources. This statistical data was analyzed according to the CHRM, weighing each of the categories: physical environment, social and economic factors, clinical care, and health behaviors. The degree of influence on health outcomes of each of these factors is weighted with social and economic factors carrying the greatest weight (40%). Ultimately, all data was evaluated in light of how it reflected influence on the population’s length of life and quality of life and how we as a health care system can most significantly improve each category in the community.

Collection of the primary data occurred in two stages, the Key Informant Survey in June and July 2021, and the Personalized Community Survey from October through November. Secondary data was collected and evaluated from October through December 2021.

## Primary Data

Solicitation of community input was achieved by two methods: 1) Key Informant Surveys and 2) Personalized Community Surveys. For consistency, the Key Informant Survey was based on the surveys used in the 2019 CHNA process, modified slightly to incorporate questions regarding the effect of the COVID 2019 pandemic on the community. This survey was distributed to a large group of community members including physicians, hospital employees, churches, schools, community groups, agencies, public safety, and public health personnel. The survey was sent by Survey Monkey to approximately 4,500 email addresses throughout St. Vincent's Community Definition. A further solicitation was made to the CHI St. Vincent newsletter mailing list which consists of approximately 70,000 unique addresses. By the end of the survey period, 377 had been completed, 355 of those live in one of our hospital's commitment areas. This represented a significant increase of responses over 2019 (111). Responses to this Key Informant Survey were predictably heaviest in Pulaski and Garland Counties, the location of our three acute care facilities. Please see Appendix B for a copy of the survey.

Personalized Community Surveys (PCS) were used to solicit community input in this model because of the limitations of group gatherings during the COVID-19 pandemic. PCSs were conducted at multiple sites utilizing volunteers to interview willing participants. The occasions for these interviews were predominantly COVID vaccination events run by St. Vincent in communities that were particularly in need and were at risk for complications from the disease for socio-economic or medical reasons. Please see Appendix [x] for a copy of the survey.

Sites where the PCS was administered included Jericho Way, a day facility for the homeless in Pulaski County (November 2021); the St. Vincent East Clinic, a mission clinic that serves the poor and the vulnerable populations in east and central Little Rock, Vaccination Event (October 2021); the McAuley Senior Adult Services Center in Garland County (November/December 2021), and the St. Vincent Morrilton campus (April 2022). This resulted in a total of 90 in person interviews. In addition to this, high level one on one interviews were conducted with health care leaders bringing the total to 96.

Some conclusions:

- Lack of access to primary care physicians, senior services, and specialists was of chief concern among a majority of respondents.
- Obesity and substance abuse were both identified as leading health concerns followed closely by mental health.
- The greatest barriers to health care are high cost/lack of insurance, lack of access to primary doctors, and lack of knowledge about accessing health care.
- The most vulnerable populations are those with low incomes, who are homeless, and the uninsured/underinsured.

## Secondary Data

The Mission and Strategic Planning teams made a review of publicly available data to examine and evaluate health trends in the United States, Arkansas, and at the county level. This data was collected and reviewed between November 2021 and January 2022, allowing for the capturing of the most recently available data. The data was compiled in accordance with the CHRM model and compared to the 2019 CHNA data for consistency.

The review of data indicated that in most categories, Arkansas continues to rank in the bottom quartile of most health indicators. Initial data review focused on Arkansas' ranking according to several indicators that correspond to the health factors that fall under the categories of clinical care and health behaviors on the CHRM model. Also considered is the social and economic factor of education. Key Informant Survey results as well as anecdotal and experiential data helped to focus on this data. Further, attention was focused upon those indicators in which Arkansas, and the counties which make up our Community Definition, are ranked lowest compared to the national average or top performers.

Specific ZIP Code demographics will be applied to health data when discussing each facility's community needs and formulating their implementation strategies..

Based on United Health Foundation's 2021 Report, Arkansas was ranked:

- 43th in Access to Care
- 44th in Avoided care due to cost
- 48th in Dental care providers
- 30th in Mental health providers (highly specific to particular zip codes)
- 44th in Primary care providers
- 31st in Uninsured population (highly specific to particular zip codes)
- 43rd in High risk HIV behavior
- 50th in Teen births
- 48th in Smoking
- 45th in Adult depression
- 50th in Frequent mental distress
- 44th in Premature death
- 46th in Overall physical health
- 48th in Frequent physical distress
- 46th in Multiple chronic conditions
- 44th in Occurances of cancer
- 48th in Cardiovascular disease
- 46th in COPD
- 44th in Diabetes
- 47th in High blood pressure
- 47th in High cholesterol
- 41st in Obesity

## Approvals and Adoption

During the month of April 2022, the data and recommendations will be reviewed by the Mission and Strategic Planning teams of CHI St. Vincent Arkansas and the Community Benefits team of CommonSpirit Health. It will be presented to the Market Executive Council, and the administrative bodies at each facility (Infirmery, North, Hot Springs, and Morrilton) which include executive leadership from the medical groups, Heart Institute, and the Arkansas Health Network.

The 2022 CHI St. Vincent Community Health Needs Assessment was presented and adopted by the CHI St. Vincent Health System Board of Directors on May 5, 2022. The anticipated publication date is June 15, 2022 according to IRS requirements 501(r)-3(b)(7).

The CHNA Implementation Plan will then be produced, reviewed and approved using the same model of adoption as the CHNA. That document will be published no later than November 15, 2022.

Per guidelines, the two most recent CHNAs will be published and made available on the CHI St. Vincent website and provided in hard copy form at no charge to anyone who requests a copy.



# CHI St. Vincent Infirmiry and CHI St. Vincent North

Since St. Vincent North opened in 1999, the hospital has shared a tax ID number, resources, and Community Definition with St. Vincent Infirmiry. Both facilities are located in Pulaski County, the Infirmiry in Little Rock and North in Sherwood, north of the Arkansas River. Because both facilities share so much in common, they will be considered together in this Community Health Needs Assessment. However, input from Key Informant Surveys, one on one interviews with hospital leadership, and examination of individual ZIP Code demographics have been used to adjust the assessment for each facility and will also be used in the formulation of the Implementation Plan.



## CHI St. Vincent Infirmiry Community Definition

The Infirmiry is a leading center for cardiovascular in the State of Arkansas, and as such draws patients from all over the state and region. Following the guidelines established by the IRS and CMS, the Mission and Strategic Planning Teams established that the areas of primary commitment shall be defined as those counties which housed up to 75% of unique medical records at each facility. While we will continue to look upon all of Arkansas as our mission field, these counties will be the primary focus of our community efforts.

The Mission and Strategic Planning teams have therefore identified the Community Definition for the Infirmiry to be Pulaski County, Saline County, Lonoke County, Jefferson County, Faulkner County, and White County. A review of unique medical records indicates that admissions from these counties make up 75% of the admissions to the Infirmiry for the study period.

## CHI St. Vincent North Community Definition

CHI St. Vincent North is an internationally recognized center for neurology serving as the host for the Arkansas Neurosciences Institute. Following the guidelines established by the IRS and CMMS, the Mission and Strategic Planning Teams established that the areas of primary commitment shall be defined as those counties which housed 75% of unique medical records at each facility. While we will continue to look upon all of Arkansas, and indeed the world, as our mission field, these counties will be the primary focus of our community efforts.

The Mission and Strategic Planning teams have therefore identified the Community Definition for the St. Vincent North to be Pulaski County, Faulkner County, Lonoke County, and Saline County. A review of unique medical records indicate that admissions from these counties make up 75% of the admissions to North for the study period. A listing of Zip Codes for each of the counties in the Community Definition is located in Appendix L.

## Secondary Data Review

The Mission and Strategic Planning teams made a review of publicly available data to examine and evaluate health trends in the United States, Arkansas, and at the county level. This data was collected and reviewed between November 2021 and January 2022, allowing for the capturing of the most recently available data. The data was compiled in accordance with the CHRM model and compared to the 2019 CHNA data for consistency. See Appendix A.

In addition, information collected from the Key Informant and Personalized Community Surveys helped to sharpen the selection of data from several available sources. Further use of ZIP Code level information helps to refine the areas of significant community need and will be used in the development of the Infirmar’s and North’s Implementation Plans.

Using the County Health Rankings Model (CHRM) and the Social Determinants of Health (SDoH), the Community Health and Mission teams selected factors that provided the best insight into the needs of the communities served by St. Vincent Infirmar and St. Vincent North. These choices were informed by a review of the state level health rankings, input from the Key Informant and Personalized Community Surveys, the 2019 CHNA, input from internal stakeholders, and leaders of the two facilities.

The teams looked at factors divided into five main categories: Length of Life, Quality of Life, Health Factors, Clinical Care, and Social and Economic Factors. County level data is compared to nationwide Top Performer data (90th percentile for positive factors / 10th percentile for negative factors). Looking at the six counties that make up the Infirmar and North Commitment Areas, there are several conclusions that can be drawn.

	Infirmar and North				North		90th percentile for positive factors 10th percentile for negative factors
	Pulaski	Saline	Lonoke	Faulkner	Jefferson	White	Top US Performers
<b>Length of Life</b>							
Life Expectancy	76.3	77.3	75.4	76.7	73.5	75.8	81.1
Premature Age Adjusted Mortality (number of deaths under 75 per 100,000 pop.)	440	400	450	410	580	450	280
<b>Quality of Life</b>							
Frequent Mental Distress	15%	14%	16%	15%	17%	16%	12%
Frequent Physical Distress	14%	13%	14%	14%	17%	15%	10%
<b>Health Factors</b>							
Obesity	34%	30%	41%	37%	43%	33%	26%
Teen Births (number of births per 1,000 pop. ages 15-19)	33	22	28	23	45	31	12
Food insecurity	17%	13%	14%	16%	20%	17%	9%

Clinical Care							
Uninsured	8%	7%	8%	8%	8%	10%	6%
Primary Care Physicians (Ratio of pop. to primary care physicians)	840:1	2,170:1	5,260:1	1,860:1	1,620:1	1,920:1	1,030:1
Mental Health Providers (Ratio of pop. to mental health providers)	220:1	740:1	1,700:1	660:1	440:1	510:1	270:1
Social and Economic Factors							
Violent Crime	1,060	352	340	361	1,009	344	63
Suicides (number of deaths due to suicide per 100,000)	16	20	22	17	19	13	11
Children in Poverty	20%	15%	15%	16%	33%	20%	10%
Demographics							
Population	391,911	122,437	73,309	126,007	66,824	78,753	
%<18	23.10%	23.10%	25.40%	22.80%	21.70%	23.00%	
%>65	16.10%	18.20%	13.80%	12.90%	18.00%	16.80%	
% Non-Hispanic Black	37.50%	8.20%	6.20%	12.00%	57.00%	4.50%	
% Non-Hispanic White	51.60%	83.40%	85.80%	79.90%	38.30%	87.70%	
% Hispanic	6.20%	5.10%	4.60%	4.20%	2.20%	4.40%	
% Female	52.30%	51.20%	50.90%	51.20%	50.60%	51.30%	
% Rural	12.30%	36.20%	44.80%	38.80%	30.90%	54.30%	

Data drawn from the 2021 County Health Rankings

Of particular interest, Life Expectancy in all six counties trails the Top Performers, and the rate of Premature Age Adjusted Mortality is significantly higher than the Top Performers as well.

The percentage of adults with a BMI > or = to 30 kg/m sq is higher in all six counties and significantly so in Lonoke and Jefferson.

The number of teen births per 1,000 female population is higher in all six counties with Jefferson being almost four times the Top Performers and Pulaski almost triple.

The percentage of the population who lack adequate access to food is higher in all six counties, even in Pulaski which is the most urbanized county in the survey.

Significant to the issue of access to care, Lonoke County has a Federal designation from the Health Resources & Services Administration as a Primary Care Health Professional Shortage Area (HPSA). Jefferson County and White County have designations as Mental Health - Health Professional Shortage Areas.

In addition to these designated areas, there are other communities that lack services, and residents have to travel out of the community to receive care, such as in the southwestern part of Little Rock in Pulaski County.

This can be a particular challenge when the lack of services is in a low-income area because residents may lack reliable transportation.

Considering concerns about mental health as expressed in primary survey results, both the number of suicides per 100,000 population and the percentage of adults reporting 14 or more poor mental health days per month are higher than the Top Performers across all six counties.

Finally, a major concern for our hospital’s leadership as well as a majority of our Key Informant Survey participants is violent crime. All six counties are above the Top Performers with Pulaski and Jefferson being significantly so, 1,060 and 1,009 reported violent crimes per 100,000 population respectively.

## Primary Data Review

### Key Informant Survey

The Key Informant Survey survey was distributed to a large group of community members including physicians, hospital employees, churches, schools, community groups, agencies, public safety, and public health personnel. The survey was sent by Survey Monkey to approximately 4,500 email addresses throughout St. Vincent’s Community Definition. A further solicitation was made to the CHI St. Vincent newsletter mailing list which consists of approximately 70,000 unique addresses. By the end of the survey period, 377 had been completed, 355 of those live in one of our hospital’s commitment areas. This represented a significant increase of responses over 2019 (111). For the CHI St. Vincent Infirmiry and North Commitment Area, 183 surveys were received, surpassing the 2019 CHNA survey response of 78.

Three questions from the surveys are of particular interest and give insight into the factors which most contribute to the community’s length and quality of life in the eyes of the respondents.

These are:

- Which socioeconomic factors have the greatest impact on the community?
- What are the biggest health issues in the community?
- What are the potential barriers that impact accessing or receiving health care services in the community?

When analyzed at the state level, the respondents prioritized:

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• Lack of Access - Mental Health</li> <li>• Lack of Substance Addiction Recovery Programs</li> <li>• Limited Household Income / Presence of Poverty</li> <li>• Presence of Domestic Violence / Trauma</li> <li>• Presence of Child Abuse / Neglect</li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Mental Health (Depression, Counseling, etc.)</li> <li>• Substance Abuse (Alcohol, Drugs)</li> <li>• Heart Disease</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• No Primary Care Doctor</li> <li>• Lack of Insurance</li> <li>• Does Not Know Where to Go for Services</li> <li>• No Reliable Transportation</li> <li>• Lack of Access to Primary Care / Preventative Services</li> </ul>

At the state level, when asked to identify the populations that were most vulnerable in the community, 56.11% of respondents identified Low-income, 54.44% identified Homeless, 40.83% identified Underinsured/uninsured, and 30.28% identified African-American or Black.

When the data is further analyzed specifically for St. Vincent Infirmiry and for North, the results are consistent with the market level prioritization with two exceptions. For the Infirmiry, Presence of Child Abuse / Neglect moves up to the second most selected Socioeconomic Factor while Lack of Substance Addition Recovery Programs drops to fifth. For North, Lack of Insurance is the top rated Potential Barrier, Does Not Know Where to Go for Services is second, and Lack of Access to Primary Care / Preventative Services is third.

CHI St. Vincent Infirmiry:

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• Lack of Access - Mental Health</li> <li>• <b>Presence of Child Abuse / Neglect</b></li> <li>• Limited Household Income / Presence of Poverty</li> <li>• Presence of Domestic Violence / Trauma</li> <li>• <b>Lack of Substance Addiction Recovery Programs</b></li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Mental Health (Depression, Counseling, etc.)</li> <li>• Substance Abuse (Alcohol, Drugs)</li> <li>• Heart Disease</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• No Primary Care Doctor</li> <li>• Lack of Insurance</li> <li>• Does Not Know Where to Go for Services</li> <li>• No Reliable Transportation</li> <li>• Lack of Access to Primary Care / Preventative Services</li> </ul>

CHI St. Vincent North:

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• Lack of Access - Mental Health</li> <li>• Lack of Substance Addiction Recovery Programs</li> <li>• Limited Household Income / Presence of Poverty</li> <li>• Presence of Domestic Violence / Trauma</li> <li>• Presence of Child Abuse / Neglect</li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Mental Health (Depression, Counseling, etc.)</li> <li>• Substance Abuse (Alcohol, Drugs)</li> <li>• Heart Disease</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• <b>Lack of Insurance</b></li> <li>• <b>Does Not Know Where to Go for Services</b></li> <li>• <b>Lack of Access to Primary Care / Preventative Services</b></li> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• No Primary Care Doctor</li> <li>• No Reliable Transportation</li> </ul>

The demographic information for the Key Informant Surveys is most easily analyzed at the Market Level, again most of the responses came from the two largest counties, Pulaski and Garland, where the three acute care hospitals are located. The majority of respondents were from age 35 to 64 (78.05%). The majority of the respondents were female (75.28%). By race, the respondents were: White (75.21%), Black (9.86%), Asian (1.13%), Hispanic (.83%) or other / preferred not to answer.

## Personalized Community Survey

Two groups of PECs were obtained through opportunistic interviews conducted by volunteers at a community COVID vaccination event sponsored by CHI St. Vincent and at a facility for the homeless with whom St. Vincent's partners.

The first was conducted at the CHI St. Vincent East Clinic on 6th Street in Little Rock. This clinic was established 30 years ago to serve the poor and vulnerable populations of east and central parts of the city. Of approximately 85 visitors to the event, 29 agreed to participate.

The survey asked five (5) open ended questions. They were:

- What grade (A,B,C,D, or F) would you give health care in your community?
- Why?
- What are the most significant health care challenges facing your community?
- What are the most significant health care needs of your community?
- What do you think is needed to improve the health of your community?

Demographic information was obtained by asking the participant's age and noting by observation the participant's race and gender. Please see the Appendix for the complete report.

**Initial Conclusions:** This sample was representative of a wide area of Pulaski County. While we did not capture specific demographic information about residence as part of the survey, anecdotal conversations with the participants revealed that many came from central and west Little Rock as well as east and southwest Little Rock. Further, the same conversations revealed a distribution of financial and educational backgrounds.

As expected, access to care was a primary concern of our participants, as was the cost of care and insurance. This supports the need already identified for an additional mission clinic in the southwest part of Little Rock and emphasizes the importance of the East Clinic ministry.

Of interest are the responses that point to our opportunities to lead in the areas of education in the community. It seems that there is a real need for enhanced education and communication in the community especially in the areas of knowledge about how to access healthcare and how to navigate insurance issues as well as education on healthy living and how to make good lifestyle choices. The emphasis on engagement and outreach also factors into both of these areas. It speaks to the need of St. Vincent to be an active and visible partner in our community, particularly in those populations that we identify as underserved.

The lack of specific reference to mental health needs is somewhat surprising.

The second opportunity was held at Jericho Way, a day facility for homeless people in the south east part of Little Rock. This survey was administered by the staff at Jericho Way over a period of about three weeks in November 2021. There were 19 unique participants during that period.

The survey asked five (5) open ended questions. They were:

- What grade (A,B,C,D, or F) would you give health care in your community?
- Why?
- What are the most significant health care challenges facing your community?
- What are the most significant health care needs of your community?
- What do you think is needed to improve the health of your community?

Demographic information was obtained by asking the participant's age and noting by observation the participant's race and gender. Please see the Appendix for the complete report.

A prevalent theme is access to care (6), particularly the need for shelters and facilities for the homeless population as well as access to emergency care. Transportation (2) is an issue especially since the LR bus routes no longer connect to the East Clinic. Also mentioned was the need for better availability of insurance (3), mental health resources (1), and education about health issues (1). COVID (2) was directly mentioned as well.

Access to care remains the predominant identified need (5), but here, access to medications (3) and mental health (3) are prominent answers. As one would expect, this population is seeking increased access to services for the homeless (3), senior care (1), and housing aid (1). COVID vaccinations (1) also are a need. More outreach to the community is the leading response to the question about how to improve health care in the community (5), followed by access to care (4), and increased resources (3). The predominant theme seems to focus on a desire for a more compassionate, kind, and outreach based approach to caring for this population. Medication accessibility (1), education (1), and assistance specifically for the homeless (2) are also mentioned.

**Initial Conclusions:** This is a group of clients at Jericho Way, some of whom are transient but many of whom regularly visit the shelter for services and food. Anecdotally, through conversations with the staff, I know that most of their clients have some form of income and health insurance (mostly through medicaid). Transportation is a significant problem for many as LR bus routes have changed and no longer run directly to the East Clinic on 9th street. There is also a strong desire for compassionate care and the delivery of services.

For this population, the urban homeless, one potentially serious problem is making a safe discharge from an inpatient stay in the hospital. While not specifically mentioned by the clients, the staff at Jericho Way are advocates for a Medical Respite Service for LR that would provide a "step-down" facility for patients who are ready to leave the acute care setting, are not eligible for rehab, but may not be ready to return to life on the streets.

## Assessment

Examination of the secondary data reveals a profound shortage of primary care and mental health opportunities in a majority of the counties that make up St. Vincent's Community Definition. This is especially true in Lonoke County. Pulaski County, while the only county ahead of the Top Performers, has significant areas both north and south of the Arkansas River that are classified as medically underserved areas. These ZIP Codes are also easily identifiable as having the highest rates of poverty and the highest rates of uninsured and undocumented people. These are the areas on which St. Vincent's ongoing mission to the poor and vulnerable has been focused and will remain focused for the foreseeable future.

The results of the primary data as well as interviews with hospital leaders and experience working in the community supports a need for increased access to medical and mental resources at locations that are as close to the people in need as possible. Surveys and personal experiences support that transportation is an

issue for many in the communities most at risk. This makes it difficult for many to make and keep doctor's appointments or seek routine care before the need becomes urgent or emergent.

Additionally, the data indicates that Arkansas and this Community Definition continue to face problems in managing chronic medical conditions such as obesity. Surveys indicate that obesity, mental health, substance abuse, heart disease, and smoking continue to be the health issues of most concern. With the ultimate goals of positively impacting the lives of our community, most especially those who are the most vulnerable and in need, CHI St. Vincent Infirmery and CHI St. Vincent North identifies the following as our significant health needs for the next triennium:

**ACCESS TO CARE** - As close to the vulnerable populations as possible.

- Mental Health Care
- Primary Health Care

**EDUCATION** - To leverage the skills and energy of our ministry to offer educational resources to the community and to advocate for safer lifestyles and improved health outcomes.

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

The CHI St. Vincent Infirmery and North Implementation Plan will focus on forming partnerships with community organizations and leaders to address these identified needs. This will build on the work that has been ongoing since the 2019 CHNA identified access to care and mental health as the two key themes for these facilities. The 2019 CHNA, St. Vincent Infirmery and St. Vincent North is published per IRS guidelines on the St. Vincent Health System website and will remain so following the publishing of the 2022 CHNA in June. To date, CHI St. Vincent Health System has received no comments in writing regarding the 2019 CHNA.

### **Impacts of Actions Taken**

Over the past three years, St. Vincent has formed partnerships with Jericho Way, the City of Little Rock, the Mexican Consulate in Little Rock, the Catholic Diocese of Little Rock, community leaders in Little Rock and North Little Rock, the Boys' and Girls' Club of Arkansas, and local and state departments of health to address these issues.

For the last two years, CHI St. Vincent has been the principal medical partner in 18 COVID vaccination events provided for our vulnerable communities. Similar events were held in conjunction with the Catholic Diocese in parishes serving poor, minority, and immigrant communities.

For more information please see the St. Vincent Infirmery and St. Vincent North Schedule H Narratives found in Appendix I.

St. Vincent's mission to the poor and the vulnerable is to provide quality medical care to all those who are in need regardless of their ability to pay. For fiscal year 2021, St. Vincent provided charity care to our Arkansas community of over 35 million dollars. This commitment will continue as St. Vincent seeks to provide mission based primary care and mental health care to our communities through existing structures while exploring new and innovative ways to bring quality health care to the people where and when they need it.



## Resources Potentially Available

In anticipation of implementing this Community Health Needs Assessment for the 2022-2025 period, CHI St. Vincent Health System has formed a Community Health Outreach Committee made up of the senior executive leadership of each facility, members of the boards of directors, and community leaders. This committee will meet quarterly to oversee our implementation of the 2022 CHNA. Further, the Values in Action Committee which is made up of coworkers at each facility and our clinics will serve as our “boots on the ground” throughout the market. This will allow us to identify, plan, advocate, and record community benefit and outreach information in accordance with the CHNA.

# CHI St. Vincent Hot Springs (with Arkansas Extended Care Hospital)



In 2014, Mercy St. Joseph joined the CHI St. Vincent Health System becoming CHI St. Vincent Hot Springs. Founded by the Sisters of Mercy, St. Vincent Hot Springs is the second oldest continuously operating hospital in Arkansas. Built upon the Catholic principles of compassion and care for the poor and vulnerable, St. Vincent continues to be dedicated to serving all those who seek the healing hands of Christ regardless of their ability to pay.

Arkansas Extended Care Hospital – Hot Springs is a long term acute care hospital located within CHI St. Vincent Hospital of Hot Springs and is co-owned and operated by LHC Group of Lafayette, LA. CHRISTUS Health entered into a joint partnership with LHC Group in September of 2017 maintaining 40% ownership of the facility. Currently the hospital is licensed for 27 LTACH beds. Please see Appendix H for more information.

## CHI St. Vincent Hot Springs Community Definition

The Mission and Strategic Planning teams have therefore identified the Community Definition for St. Vincent Hot Springs to be Garland County, Saline County, and Hot Spring County. Saline County is also part of the CHI St. Vincent Infirmity Commitment Area because both hospitals serve a significant number of patients from Saline County. As such, data from Saline County will be used in both assessment processes and, when possible, refined using ZIP Code level data. A review of unique medical records indicate that admissions from these counties make up 75% of the admissions to St. Vincent Hot Springs for the study period. A listing of Zip Codes for each of the counties in the Community Definition is located in Appendix L.

## Secondary Data Review

The Mission and Strategic Planning teams made a review of publicly available data to examine and evaluate health trends in the United States, Arkansas, and at the county level. This data was collected and reviewed between November 2021 and January 2022, allowing for the capturing of the most recently available data. The data was compiled in accordance with the CHRM model and compared to the 2019 CHNA data for consistency. See Appendix A.

In addition, information collected from the Key Informant and Personalized Community Surveys helped to sharpen the selection of data from several available sources. Further use of ZIP Code level information helps to refine the areas of significant community need and will be used in the development of Hot Springs' Implementation Plan.

Using the County Health Rankings Model (CHRM) and the Social Determinants of Health (SDofH), the Community Health and Mission teams selected factors that provided the best insight into the needs of the communities served by St. Vincent Hot Springs. These choices were informed by a review of the state level health rankings, input from the Key Informant and Personalized Community Surveys, the 2019 CHNA, input from internal stakeholders, and leaders of the facility.

The teams looked at factors divided into five main categories: Length of Life, Quality of Life, Health Factors, Clinical Care, and Social and Economic Factors. County level data is compared to nationwide Top Performer data (90th percentile for positive factors / 10th percentile for negative factors). Looking at the three counties that make up the Hot Springs Commitment Area, there are several conclusions that can be drawn.

	Hot Springs			90th percentile for positive factors 10th percentile for negative factors
	Garland	Saline	Hot Spring	Top US Performers
<b>Length of Life</b>				
Life Expectancy	75	77.3	74	81.1
Premature Age Adjusted Mortality (number of deaths under 75 per 100,000 pop.)	500	400	530	280
<b>Quality of Life</b>				
Frequent Mental Distress	16%	14%	17%	12%
Frequent Physical Distress	16%	13%	16%	10%
<b>Health Factors</b>				
Obesity	29%	30%	35%	26%
Teen Births (number of births per 1,000 pop. ages 15-19)	40	22	42	12
Food insecurity	18%	13%	18%	9%
<b>Clinical Care</b>				
Uninsured	10%	7%	8%	6%
Primary Care Physicians (Ratio of pop. to primary care physicians)	1,510:1	2,170:1	4,810:1	1,030:1
Mental Health Providers (Ratio of pop. to mental health providers)	370:1	740:1	510:1	270:1
<b>Social and Economic Factors</b>				
Violent Crime	645	352	230	63
Suicides (number of deaths due to suicide per 100,000)	28	20	30	11
Children in Poverty	24%	15%	27%	10%
<b>Demographics</b>				
Population	99,386	122,437	33,771	
%<18	19.90%	23.10%	20.60%	
%>65	24.30%	18.20%	19.30%	
% Non-Hispanic Black	8.50%	8.20%	11.10%	
% Non-Hispanic White	81.70%	83.40%	82.30%	
% Hispanic	5.90%	5.10%	3.70%	
% Female	51.90%	51.20%	47.70%	
% Rural	36.90%	36.20%	66.00%	

Data drawn from the 2021 County Health Rankings

Of particular interest, Life Expectancy in all three counties trails the Top Performers, and the rate of Premature Age Adjusted Mortality is significantly higher than the Top Performers as well.

The percentage of adults with a BMI > or = to 30 kg/m sq is higher in all three counties and significantly so in Hot Spring County.

The number of teen births per 1,000 female population is higher in all three counties with Garland and Hot Spring Counties substantially ahead of the Top Performers..

The percentage of the population who lack adequate access to food is double the Top Performers in Garland and Hot Spring Counties.

Significant to the issue of access to care, Hot Spring County has a Federal designation from the Health Resources & Services Administration as a Primary Care Health Professional Shortage Area (HPSA). Garland County and Hot Spring County have designations as Mental Health - Health Professional Shortage Areas.

Considering concerns about mental health as expressed in primary survey results, both the number of suicides per 100,000 population and the percentage of adults reporting 14 or more poor mental health days per month are higher than the Top Performers across all three counties.

A major concern for our hospital's leadership as well as a majority of our Key Informant Survey participants is violent crime. All three counties are above the Top Performers with Garland County reporting 645 violent crimes per 100,000 population compared to the Top Performers' 63.

Finally, not indicated on the chart above but significant for this commitment area, Garland County has the second highest ranking in Arkansas for Drug Overdose Deaths, 28 per 100,000 population as compared to the Top Performers' 11.

## Primary Data Review

### Key Informant Survey

The Key Informant Survey survey was distributed to a large group of community members including physicians, hospital employees, churches, schools, community groups, agencies, public safety, and public health personnel. The survey was sent by Survey Monkey to approximately 4,500 email addresses throughout St. Vincent's Community Definition. A further solicitation was made to the CHI St. Vincent newsletter mailing list which consists of approximately 70,000 unique addresses. By the end of the survey period, 377 had been completed, 355 of those live in one of our hospital's commitment areas. This represented a significant increase of responses over 2019 (111). For the CHI St. Vincent Hot Springs Commitment Area, 190 surveys were received, surpassing the 2019 CHNA survey response of 56.

Three questions from the surveys are of particular interest and give insight into the factors which most contribute to the community's length and quality of life in the eyes of the respondents.

These are:

- Which socioeconomic factors have the greatest impact on the community?
- What are the biggest health issues in the community?
- What are the potential barriers that impact accessing or receiving health care services in the community?

When analyzed at the state level, the respondents prioritized:

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• Lack of Access - Mental Health</li> <li>• Lack of Substance Addiction Recovery Programs</li> <li>• Limited Household Income / Presence of Poverty</li> <li>• Presence of Domestic Violence / Trauma</li> <li>• Presence of Child Abuse / Neglect</li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Mental Health (Depression, Counseling, etc.)</li> <li>• Substance Abuse (Alcohol, Drugs)</li> <li>• Heart Disease</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• No Primary Care Doctor</li> <li>• Lack of Insurance</li> <li>• Does Not Know Where to Go for Services</li> <li>• No Reliable Transportation</li> <li>• Lack of Access to Primary Care / Preventative Services</li> </ul>

At the state level, when asked to identify the populations that were most vulnerable in the community, 56.11% of respondents identified Low-income, 54.44% identified Homeless, 40.83% identified Underinsured/uninsured, and 30.28% identified African-American or Black.

When the data is further analyzed specifically for St. Vincent Hot Springs, the results are consistent with the market level prioritization with two exceptions. Under the category of Health Issues, Substance Abuse (Alcohol, Drugs) ranks number one, Obesity ranks number two, and Mental Health (Depression, Counseling, etc.) ranks third. Additionally, under Potential Barriers, Lack of Insurance ranks number two ahead of No Primary Care Doctor.

CHI St. Vincent Hot Springs -

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• Lack of Access - Mental Health</li> <li>• Lack of Substance Addiction Recovery Programs</li> <li>• Limited Household Income / Presence of Poverty</li> <li>• Presence of Domestic Violence / Trauma</li> <li>• Presence of Child Abuse / Neglect</li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• <b>Substance Abuse (Alcohol, Drugs)</b></li> <li>• <b>Obesity</b></li> <li>• <b>Mental Health (Depression, Counseling, etc.)</b></li> <li>• Heart Disease</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• <b>Lack of Insurance</b></li> <li>• <b>No Primary Care Doctor</b></li> <li>• Does Not Know Where to Go for Services</li> <li>• No Reliable Transportation</li> <li>• Lack of Access to Primary Care / Preventative Services</li> </ul>

The demographic information for the Key Informant Surveys is most easily analyzed at the Market Level, again most of the responses came from the two largest counties, Pulaski and Garland, where the three acute care hospitals are located. The majority of respondents were from age 35 to 64 (78.05%). The majority of the respondents were female (75.28%). By race, the respondents were: White (75.21%), Black (9.86%), Asian (1.13%), Hispanic (.83%) or other / preferred not to answer.

## Personalized Community Survey

One group of PECs was obtained through opportunistic interviews conducted by the staff of the McAuley Senior Adult Services Center located northwest of Hot Springs and operated by CHI St. Vincent Hot Springs in cooperation with the Arkansas Area Agencies on Aging. Visitors to this facility come from both Garland and Saline Counties. The surveys were performed during November and December 2021 with 20 individuals participating.

The survey asked five (5) open ended questions. They were:

- What grade (A,B,C,D, or F) would you give health care in your community?
- Why?
- What are the most significant health care challenges facing your community?
- What are the most significant health care needs of your community?
- What do you think is needed to improve the health of your community?

Demographic information was obtained by asking the participant's age and noting by observation the participant's race and gender. Please see the Appendix for the complete report.

A prevalent theme is access to care (13), particularly the need for specialists in geriatrics, neurology, and cardiac care. Specifically mentioned, was the need for better transportation (2), especially for those who do not drive, and the need for emergency care in the community. Also mentioned was the need for better healthcare for seniors (1) and for the general public (1). This may also reflect a need for greater education about healthcare in those two areas.

This is a mostly homogenous group of senior adults of the same age range and race. Gender is fairly evenly divided. The participants in this survey are attendees at the McAuley Adult Senior Services Center located on Hwy 7 just outside of Hot Springs Village, a large retirement community that straddles the Garland County and Saline County line. It is uncertain how many of the respondents reside in The Village or in the neighboring communities.

It is not surprising that the respondents place a high value on convenience and access to care that is specific to the senior population. Of note is the recognition of a need for emergency care in the area. Despite the size of Hot Springs Village and the presence of many outlets for medical care, this is still a rural part of Arkansas that straddles the Garland County and Saline County line. This is a population that has a much higher likelihood of accessing healthcare on a regular basis and can pay for it. These concerns about access to care are even more significant when considering those seniors in the area who are living on tightly fixed incomes which may limit their ability to have transportation or access to home based modalities of care. Please see Appendix [x] for the complete report.

## Assessment

Examination of the secondary data reveals a shortage of primary care and mental health services in the counties that make up St. Vincent's Community Definition. This is especially true in Hot Spring and Saline Counties. While Garland County is closer to the Top Performers in terms of Primary Care Providers, the

entirety of the Community Definition is classified as a Medically Underserved Area by the HRSA. It is also significant to this assessment that Garland County ranks 2nd in the state for overdose deaths. This is also emphasized in the Key Informant Surveys. These are the areas that St. Vincent's ongoing mission to the poor and vulnerable has been focused on and will remain focused on for the foreseeable future.

The results of the primary data as well as interviews with hospital leaders and experience working in the community supports a need for increased access to medical and mental health resources at locations that are as close to the people in need as possible. Surveys and personal experiences support that substance abuse is an issue for many in the communities most at risk.

Surveys indicate that obesity, mental health, substance abuse, heart disease, and smoking continue to be the health issues of concern.

With the ultimate goals of positively impacting the lives of our community, most especially those who are the most vulnerable and in need, CHI St. Vincent Hot Springs, with Arkansas Extended Care Hospital - Hot Springs, identifies the following as our significant health needs for the next triennium:

**ACCESS TO CARE** - As close to the vulnerable populations as possible.

- Mental Health Care - emphasis on substance abuse treatment and recovery
- Primary Health Care

**EDUCATION** - To leverage the skills and energy of our ministry to offer educational resources to the community and to advocate for safer lifestyles and improved health outcomes.

- Substance Abuse - awareness and education
- Chronic Conditions
- Domestic Violence and Human Trafficking Prevention
- Food and Nutrition

The CHI St. Vincent Hot Springs Implementation Plan will focus on forming partnerships with community organizations and leaders to address these identified needs. This will build on the work that has been ongoing since the 2019 CHNA identified access to care and mental health as the two key themes for these facilities. The 2019 CHNA, St. Vincent Hot Springs is published per IRS guidelines on the St. Vincent Health System website and will remain so following the publishing of the 2022 CHNA in June. To date, CHI St. Vincent Health System has received no comments in writing regarding the 2019 CHNA.

### **Impacts of Actions Taken**

Over the past three years, St. Vincent has formed partnerships with the Christian Coalition Mission and Clinic (CCMC) in Hot Springs, the City of Hot Springs, the Catholic Diocese of Little Rock, community leaders in Hot Springs, Oaklawn, the Arkansas Area Agencies on Aging, and local and state departments of health to address these issues.

For the last two years, CHI St. Vincent has been a principal medical partner in 6 COVID vaccination events provided for our vulnerable communities, as well as providing flu vaccines and supplies to the CCMC.

For more information please see the St. Vincent Infirmery and St. Vincent North Schedule H Narratives found in Appendix J.

St. Vincent's mission to the poor and the vulnerable is to provide quality medical care to all those who are in need regardless of their ability to pay. For fiscal year 2021, St. Vincent provided charity care to our Arkansas community of over 35 million dollars. This commitment will continue as St. Vincent seeks to provide mission

based primary care and mental health care to our communities through existing structures while exploring new and innovative ways to bring quality health care to the people where and when they need it.

### **Resources Potentially Available**

In anticipation of implementing this Community Health Needs Assessment for the 2022-2025 period, CHI St. Vincent Health System has formed a Community Health Outreach Committee made up of the senior executive leadership of each facility, members of the boards of directors, and community leaders. This committee will meet quarterly to oversee our implementation of the 2022 CHNA. Further, the Values in Action Committee which is made up of coworkers at each facility and our clinics will serve as our “boots on the ground” throughout the market. This will allow us to identify, plan, advocate, and record community benefit and outreach information in accordance with the CHNA.



# CHI St. Vincent Morrilton



## CHI St. Vincent Morrilton

CHI St Vincent Morrilton is a critical access hospital located in Conway County, Arkansas. Morrilton is northwest of Little Rock astride Interstate 40 on the way to Fort Smith, Arkansas. St. Anthony's hospital was founded in 1925 by the Benedictine Sisters of St. Scholastica who, recognizing the need for health care in rural northwest Arkansas, transitioned their ministry from school teaching to nursing. Now a part of the CHI St. Vincent Health System and renamed St. Vincent Morrilton, this hospital remains one

of the only sources of healthcare for a very rural part of the state. Founded on the Catholic principles of compassion and care for the poor and vulnerable, St. Vincent continues to be dedicated to serving all those who seek the healing hands of Christ regardless of their ability to pay.

## CHI St. Vincent Morrilton Community Definition

The Mission and Strategic Planning teams have therefore identified the Community Definition for the Infirmary to be Conway County and Perry County. A review of unique medical records indicate that admissions from these counties make up 75% of the admissions to St. Vincent Hot Springs for the study period. A listing of Zip Codes for each of the counties in the Community Definition is located in Appendix L.

## Secondary Data Review

The Mission and Strategic Planning teams made a review of publicly available data to examine and evaluate health trends in the United States, Arkansas, and at the county level. This data was collected and reviewed between November 2021 and January 2022, allowing for the capturing of the most recently available data. The data was compiled in accordance with the CHRM model and compared to the 2019 CHNA data for consistency. See Appendix A.

In addition, information collected from the Key Informant and Personalized Community Surveys helped to sharpen the selection of data from several available sources. Further use of ZIP Code level information helps to refine the areas of significant community need and will be used in the development of Morrilton's Implementation Plan.

Using the County Health Rankings Model (CHRM) and the Social Determinants of Health (SDofH), the Community Health and Mission teams selected factors that provided the best insight into the needs of the communities served by St. Vincent Morrilton. These choices were informed by a review of the state level health rankings, input from the Key Informant and Personalized Community Surveys, the 2019 CHNA, input from internal stakeholders, and leaders of the facility.

The teams looked at factors divided into five main categories: Length of Life, Quality of Life, Health Factors, Clinical Care, and Social and Economic Factors. County level data is compared to nationwide Top Performer data (90th percentile for positive factors / 10th percentile for negative factors). Looking at the two counties that make up the Morrilton Commitment Area, there are several conclusions that can be drawn.

	Morrilton		90th percentile for positive factors 10th percentile for negative factors
	Conway	Perry	Top US Performers
<b>Length of Life</b>			
Life Expectancy	74.8	76.1	81.1
Premature Age Adjusted Mortality (number of deaths under 75 per 100,000 pop.)	500	440	280
<b>Quality of Life</b>			
Frequent Mental Distress	17%	18%	12%
Frequent Physical Distress	16%	17%	10%
<b>Health Factors</b>			
Obesity	40%	36%	26%
Teen Births (number of births per 1,000 pop. ages 15-19)	40	31	12
Food insecurity	19%	18%	9%
<b>Clinical Care</b>			
Uninsured	8%	8%	6%
Primary Care Physicians (Ratio of pop. to primary care physicians)	1,490:1	5,180:1	1,030:1
Mental Health Providers (Ratio of pop. to mental health providers)	370:1	n/a	270:1
<b>Social and Economic Factors</b>			
Violent Crime	211	519	63
Suicides (number of deaths due to suicide per 100,000)	24	19	11
Children in Poverty	23%	24%	10%
<b>Demographics</b>			
Population	20,846	10,455	
% < 18	22.60%	22.60%	
% > 65	19.70%	20.50%	
% Non-Hispanic Black	11.30%	2.00%	
% Non-Hispanic White	81.40%	91.70%	
% Hispanic	4.00%	3.10%	
% Female	50.80%	50.40%	
% Rural	70.50%	100.00%	

Data drawn from the 2021 County Health Rankings

Of particular interest, Life Expectancy in both counties trails the Top Performers, and the rate of Premature Age Adjusted Mortality is significantly higher than the Top Performers as well.

The percentage of adults with a BMI > or = to 30 kg/m sq is higher in both counties and much more so in Conway County.

The number of teen births per 1,000 female population is significantly higher in both counties, 40 and 31, and both counties are ranked as having more than twice the number of children living in poverty compared to the Top Performers..

The percentage of the population who lack adequate access to food is double the Top Performers in both counties.

Significant to the issue of access to care, Conway County and Perry County have designations as Mental Health - Health Professional Shortage Areas.

Considering concerns about mental health as expressed in primary survey results, both the number of suicides per 100,000 population and the percentage of adults reporting 14 or more poor mental health days per month are higher than the Top Performers across both counties.

A major concern for our hospital's leadership as well as a majority of our Key Informant Survey participants is violent crime. Conway and Perry counties are above the Top Performers with Perry County reporting 519 violent crimes per 100,000 population compared to the Top Performers' 63. This is a significant indicator especially for such a rural population.

## Primary Data Review

### Key Informant Survey

The Key Informant Survey survey was distributed to a large group of community members including physicians, hospital employees, churches, schools, community groups, agencies, public safety, and public health personnel. The survey was sent by Survey Monkey to approximately 4,500 email addresses throughout St. Vincent's Community Definition. A further solicitation was made to the CHI St. Vincent newsletter mailing list which consists of approximately 70,000 unique addresses. By the end of the survey period, 377 had been completed, 355 of those live in one of our hospital's commitment areas. This represented a significant increase of responses over 2019 (111). For the CHI St. Vincent Morrilton Commitment Area, 17 surveys were received, slightly less than the 2019 CHNA survey response of 19.

Three questions from the surveys are of particular interest and give insight into the factors which most contribute to the community's length and quality of life in the eyes of the respondents.

These are:

- Which socioeconomic factors have the greatest impact on the community?
- What are the biggest health issues in the community?
- What are the potential barriers that impact accessing or receiving health care services in the community?

When analyzed at the state level, the respondents prioritized:

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• Lack of Access - Mental Health</li> <li>• Lack of Substance Addiction Recovery Programs</li> <li>• Limited Household Income / Presence of Poverty</li> <li>• Presence of Domestic Violence / Trauma</li> <li>• Presence of Child Abuse / Neglect</li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• Obesity</li> <li>• Mental Health (Depression, Counseling, etc.)</li> <li>• Substance Abuse (Alcohol, Drugs)</li> <li>• Heart Disease</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• No Primary Care Doctor</li> <li>• Lack of Insurance</li> <li>• Does Not Know Where to Go for Services</li> <li>• No Reliable Transportation</li> <li>• Lack of Access to Primary Care / Preventative Services</li> </ul>

At the state level, when asked to identify the populations that were most vulnerable in the community, 56.11% of respondents identified Low-income, 54.44% identified Homeless, 40.83% identified Underinsured/uninsured, and 30.28% identified African-American or Black.

When the data is further analyzed specifically for St. Vincent Morrilton, the results differ slightly. Under the category of Socioeconomic Factors, Lack of Substance Addiction Recovery Programs ranks number one with Lack of Access - Mental Health and Limited Household Income / Presence of Poverty ranking second and third respectively. Similarly, under Health Issues, Substance Abuse (Alcohol, Drugs) ranks number one, Obesity ranks number two, and Heart Disease ranks third. Finally, in the Potential Barriers category, Lack of Insurance is ranked second and No Reliable Transportation is third. Presumably transportation, or lack thereof, plays a much greater role in this rural community than in the other Commitment Areas.

Socioeconomic Factors	<ul style="list-style-type: none"> <li>• <b>Lack of Substance Addiction Recovery Programs</b></li> <li>• <b>Lack of Access - Mental Health</b></li> <li>• <b>Limited Household Income / Presence of Poverty</b></li> <li>• Presence of Domestic Violence / Trauma</li> <li>• Presence of Child Abuse / Neglect</li> <li>• Lack of Services for Seniors such as Adult Daycare</li> </ul>
Health Issues	<ul style="list-style-type: none"> <li>• <b>Substance Abuse (Alcohol, Drugs)</b></li> <li>• <b>Obesity</b></li> <li>• <b>Heart Disease</b></li> <li>• Mental Health (Depression, Counseling, etc.)</li> <li>• Smoking / Vaping / Tobacco Use</li> </ul>
Potential Barriers	<ul style="list-style-type: none"> <li>• High Costs of Care (Copay, Deductible, etc.)</li> <li>• <b>Lack of Insurance</b></li> <li>• <b>No Reliable Transportation</b></li> <li>• No Primary Care Doctor</li> <li>• Does Not Know Where to Go for Services</li> <li>• Lack of Access to Primary Care / Preventative Services</li> </ul>

The demographic information for the Key Informant Surveys is most easily analyzed at the Market Level, again most of the responses came from the two largest counties, Pulaski and Garland, where the three acute care hospitals are located. The majority of respondents were from age 35 to 64 (78.05%). The majority of the respondents were female (75.28%). By race, the respondents were: White (75.21%), Black (9.86%), Asian (1.13%), Hispanic (.83%) or other / preferred not to answer.

## Personalized Community Survey

The participants of this survey were attending a BBQ lunch hosted and prepared by the leadership of St. Vincent Morrilton, a critical access hospital in rural Conway County. Attendees were a mixture of hospital coworkers and community members. The event was open to the public. Based on the comments, the grading of healthcare in the community seemingly fell into two categories, those who were specifically grading the hospital, and those who had a larger view of community health. There were also several comments specifically about education and the need for increased resources.

The survey asked five (5) open ended questions. They were:

- What grade (A,B,C,D, or F) would you give health care in your community?
- Why?
- What are the most significant health care challenges facing your community?
- What are the most significant health care needs of your community?
- What do you think is needed to improve the health of your community?

The majority of responses to this question about health care challenges centered on cost and availability of insurance (7), cost of medications (4), and the availability of resources (5). Also cited was the prevalence of chronic diseases like obesity and diabetes (4), substance abuse (2), and social conditions such as poverty, lack of transportation, and lack of free clinics and resources for the homeless.

The comments to the question about health care needs were wide spread with the most relating to lack of affordable insurance (4). An equal number (3) cited the need for more resources like doctors, nurses, and equipment, and concerns over chronic conditions like heart disease, cancer, and diabetes. Substance abuse, access to care, access to mental health care, transportation, and a need for more outreach to the community were each mentioned as well (2).

To improve health care in the community, a majority answered that more resources were needed (6). Close behind, better education, more outreach, and improved access to affordable insurance options were cited (4 each).

Demographic information was obtained by asking the participant's age and the participant's race and gender. Please see the Appendix for the complete report.

Please see Appendix [x] for the complete report.

## Assessment

Examination of the secondary data reveals a shortage of primary care and mental health opportunities in the counties that make up St. Vincent's Community Definition. Additionally, the entirety of the Community Definition is classified as a Medically Underserved Area by the HRSA. Suicide rates in Conway and Perry Counties are basically twice that of the Top Performers. Unfortunately, specific data on drug overdose deaths is not readily available for either county, but the Arkansas Department of Health indicates that Conway County is in the range of 9.7 to 13.6 drug related deaths per 100,000. The presence of a substantial substance abuse problem is supported by the Key Informant Surveys.

Both counties also indicate a high rate of teenage pregnancy and a high rate of children living in poverty. These factors tend to indicate a higher need for prenatal care. This was an identified need in the 2019 CHNA for Morrilton as well. These are the areas that St. Vincent's ongoing mission to the poor and vulnerable has been focused on and will remain focused for the foreseeable future.

The results of the primary data as well as interviews with hospital leaders and experience working in the community supports a need for increased access to medical and mental resources, with a continued emphasis on substance abuse issues and prenatal care, at locations that are as close to the people in need as possible. Surveys and personal experiences support that substance abuse is an issue for many in the communities most at risk.

With the ultimate goals of positively impacting the lives of our community, most especially those who are the most vulnerable and in need, CHI St. Vincent Morrilton identifies the following as our significant health needs for the next triennium:

**ACCESS TO CARE** - As close to the vulnerable populations as possible.

Primary Health Care - emphasis on prenatal care

Mental Health Care - emphasis on substance abuse treatment and recovery

**EDUCATION** - To leverage the skills and energy of our ministry to offer educational resources to the community and to advocate for safer lifestyles and improved health outcomes.

Substance Abuse - awareness and education

Chronic Conditions

Domestic Violence and Human Trafficking Prevention

Food and Nutrition

The CHI St. Vincent Morrilton Implementation Plan will focus on forming partnerships with community organizations and leaders to address these identified needs. This will build on the work that has been ongoing since the 2019 CHNA identified access to care and mental health as the two key themes for these facilities. The 2019 CHNA, St. Vincent Morrilton is published per IRS guidelines on the St. Vincent Health System website and will remain so following the publishing of the 2022 CHNA in June. To date, CHI St. Vincent Health System has received no comments in writing regarding the 2019 CHNA.

## **Impacts of Actions Taken**

Over the past three years, St. Vincent Morrilton has formed partnerships with the City of Morrilton, the leadership of Conway County, the Catholic Diocese of Little Rock, community leaders in Conway County, and the Conway County Public Health Office.

For the last two years, CHI St. Vincent Morrilton has been a principal medical partner in numerous COVID vaccination events provided for our vulnerable communities, as well as providing flu vaccines and supplies to the community.

For more information please see the St. Vincent Infirmery and St. Vincent North Schedule H Narratives found in Appendix K.

St. Vincent's mission to the poor and the vulnerable is to provide quality medical care to all those who are in need regardless of their ability to pay. For fiscal year 2021, St. Vincent provided charity care to our Arkansas community of over 35 million dollars. This commitment will continue as St. Vincent seeks to provide mission based primary care and mental health care to our communities through existing structures while exploring new and innovative ways to bring quality health care to the people where and when they need it.

## Resources Potentially Available

In anticipation of implementing this Community Health Needs Assessment for the 2022-2025 period, CHI St. Vincent Health System has formed a Community Health Outreach Committee made up of the senior executive leadership of each facility, members of the boards of directors, and community leaders. This committee will meet quarterly to oversee our implementation of the 2022 CHNA. Further, the Values in Action Committee which is made up of coworkers at each facility and our clinics will serve as our “boots on the ground” throughout the market. This will allow us to identify, plan, advocate, and record community benefit and outreach information in accordance with the CHNA.

# Appendices

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## Appendix A: Data Sources

- Arkansas Department of Health
- County Health Rankings and Roadmaps
- America's Health Rankings, United Health Foundation
- National Center for Health Statistics
- Behavioral Risk Factor Surveillance System
- United States Diabetes Surveillance System
- National Center for HIV/AIDS, Viral Hepatitis, and TB Prevention
- Map the Meal Gap
- USDA Food Environment Atlas
- Small Area Health Insurance Estimates
- CMS, National Provider Identification
- EDFacts
- American Community Survey, 5 year estimates
- Stanford Education Data Archive
- Small Area Income and Poverty Estimates
- National Center for Education Statistics
- US Census Population Estimates
- Bureau of Labor Statistics
- Uniform Crime Reporting - FBI
- Comprehensive Housing Affordability Strategy (CHAS) Data

## Appendix B: Key Informant Survey - Internal Stakeholders

This survey was distributed to a large group of community members including physicians, hospital employees, churches, schools, community groups, agencies, public safety, and public health personnel. The survey was sent by Survey Monkey to approximately 4,500 email addresses throughout St. Vincent's Community Definition. A further solicitation was made to the CHI St. Vincent newsletter mailing list which consists of approximately 70,000 unique addresses.

## Appendix C: Key Informant Survey - Community Survey

This survey was distributed to a large group of community members including physicians, hospital employees, churches, schools, community groups, agencies, public safety, and public health personnel. The survey was sent by Survey Monkey to approximately 4,500 email addresses throughout St. Vincent's Community Definition. A further solicitation was made to the CHI St. Vincent newsletter mailing list which consists of approximately 70,000 unique addresses.



## Appendix D: Personalized Community Survey - Jericho Way

### Personal Survey

Location: Jericho Way, East Little Rock Homeless Day Center

Date: November 2021

Total Surveys Completed: 19

### What grade would you give the healthcare in your community?

A: 5 B: 7 C: 2 D: 3 F: 2

### Why?

The participants of this survey are clients at the Jericho Way homeless day center located in East Little Rock and operated by St. Vincent DePaul. The center provides weekday access to bathroom and shower facilities, a clothing ministry, meals, access to the internet, and social service access for the homeless. St. Vincent Health System has conducted at least four COVID vaccination clinics at Jericho Way since the vaccine became available early in 2020. Based on comments provided, the majority of respondents give healthcare a passing grade, but do identify several items that are of particular concern for the homeless population.

These are an example of the comments:

"Can't get Medicaid."

"I have Ambetter."

"No help available to me."

"I can't get my meds or medicaid."

"Hospitals open but no patients."

"Go out of the way make sure have medicine and treatment." [sic]

"Due to pandemic provides much assistance."

"Some things take longer than usual."

"They try to take care of our needs as much as they can."

"You and all the centers have been helpful with helping me get access to mental health services."

"Because they were of real good help to us."

"There's nothing to help the homeless as far as clothes, shower, winter stuff."

"My wrist is awesome after surgery. Also, they are nice and friendly when I visit for my physical appointments."

"Not enough caring and kind organizations. Not enough facilities or free clinics available."

### What are the most significant healthcare challenges facing your community?

A prevalent theme is access to care (6), particularly the need for shelters and facilities for the homeless population as well as access to emergency care. Transportation (2) is an issue especially since the LR bus routes no longer connect to the East Clinic. Also mentioned was the need for better availability of insurance (3), mental health resources (1), and education about health issues (1). COVID (2) was directly mentioned as well.

Examples:

"Access to and information about [healthcare]."

"No emergency care available."

"More beds available."

"The qualifications for healthcare require too much."

"We need help getting our meds."

"Not enough resources."

"COVID."

"Transportation."

"Insurance."

"People self-medicate."

"Not having insurance."

"Transportation or to commit to an appointment at one's own distance."

### **What are the most significant healthcare needs of your community?**

Access to care remains the predominant identified need (5), but here, access to medications (3) and mental health (3) are prominent answers. As one would expect, this population is seeking increased access to services for the homeless (3), senior care (1), and housing aid (1). COVID vaccinations (1) also are a need.

Examples:

"[Help with} substance abuse."

"More facilities for homeless people."

"Medicine."

"More services, rehab programs."

"More vaccines for COVID, more housing assistance."

"Doctors."

"Free clinic."

"Elderly and disabled people."

"Mental health and vaccinations."

"More free clinics, more free medications."

### **What do you think is needed to improve the health of your community?**

More outreach to the community is the leading response (5), followed by access to care (4), and increased resources (3). The predominant theme seems to focus on a desire for a more compassionate, kind, and outreach based approach to caring for this population. Medication accessibility (1), education (1), and assistance specifically for the homeless (2) are also mentioned.

Examples:

"Have more people to help people get help."

"More shelters in East LR."

"Medicine."

"More outreach in the community."

"Public resourcing [sic], more affordable clinics."

"Everyone should work together like they should."

"More compassionate people running the system."

"Education of health needs."

"Caring staff who are not in it for financial gain or financial pursuit."

### **May I ask your age?**

Age Distribution: 0-17: 0; 18-29: 2; 30-49: 11; 50-69: 6; 70-89: 0; 90+: 0

### **Observed: Race, Gender**

Race: White: 10; Black: 7; Asian: 0; Hispanic: 0

Gender: Male: 11; Female: 6

## Initial Conclusions:

This is a group of clients at Jericho Way, some of whom are transient but many of whom regularly visit the shelter for services and food. Anecdotally, through conversations with the staff, I know that most of their clients have some form of income and health insurance (mostly through medicaid). Transportation is a significant problem for many as LR bus routes have changed and no longer run directly to the East Clinic on 9th street. There is also a strong desire for compassionate care and the delivery of services.

For this population, the urban homeless, one potentially serious problem is making a safe discharge from an inpatient stay in the hospital. While not specifically mentioned by the clients, the staff at Jericho Way are advocates for a Medical Respite Service for LR that would provide a "step-down" facility for patients who are ready to leave the acute care setting, are not eligible for rehab, but may not be ready to return to life on the streets.

## Appendix E: Personalized Community Survey - CHI East Clinic

### Personal Survey

Location: East Clinic

Date: October 23, 2021

Total Visitors: ~85      Total Surveys Completed: 29

### What grade would you give the healthcare in the SW LR community?

A: 8    B: 12    C: 7    D: 1    F: 0

### Why?

The answers to why the individual graded healthcare as they did ran a wide gamut. Some answered as if they were only considering their visit at the clinic that day. Those comments were universally favorable accounting for the large majority of the "A"s.

These are an example of the comments:

"Hospitals [waiting times] too long especially in waiting rooms. Rushed visits. Don't listen to patients"

"Need to make more accessible to the community."

"Quality of healthcare depends on income and insurance."

"No hospitals. A few urgent cares. [Need] more that accept Medicaid."

"Lack of Communication between doctors and nurses."

"[Lack of] Transportation."

"Hard to get appointments. False advertisements. Don't accept insurance. Lack of organization."

"Hard to get in. Transportation."

"Appointments full. Long waits."

"Clinics like this one."

From these answers, it appears that many of the respondents were grading based on their ability to access care quickly and efficiently. They value timeliness, convenience, and communication. Transportation also features as an important criteria.

### **What are the most significant healthcare challenges facing your community?**

The top answers to this question were access to care (8), cost of medical care or insurance (7), and the need for better education about medical issues and healthy lifestyles (3). Also mentioned was a lack of senior care, need for better mental healthcare, lack of transportation, and COVID. It strikes me as significant that the comment about mental health came from a 15 year old.

Some examples:

"Expenses not covered, expensive medication, doctor bills."

"Access to care."

"Lack of education."

"Cost of healthcare for seniors, can't afford to get sick."

"Not enough PCPs."

"More rooms in the doctor's office, long waits."

### **What are the most significant healthcare needs of your community?**

The top two answers to this question are consistent with the previous, access to care (10), and the need for better education (5). Also mentioned, cost of healthcare and insurance, access to better and healthier food, and lack of senior care. Surprisingly, there mental health was not named as a need here.

Some examples:

"Locations."

"More clinics in lower economic areas."

"More facilities, access to care."

"More knowledge, education."

"Education."

"More PCPs"

"Access to dentistry."

### **What do you think is needed to improve the health of your community?**

The respondents to this question addressed improving the health of the community with a slightly different emphasis: Education and communication (9), engagement (5), and access to care (4). The majority of the respondents seem to recognize the need for more education about healthcare, how to access healthcare, and how to live healthier lives. Here, I have added the category of engagement which can also be expressed as outreach.

Some examples:

"More advocates."

"Accessibility for everybody."

"Education."

"Better exercise and diet."

"Education about insurance."

"General education."

"Transparency."

"More doctors."

"Understanding, awareness."

"More time with doctors"

"Healthy food."

### May I ask your age?

Age Distribution: 0-17: 4; 18-29: 2; 30-49: 15; 50-69: 6; 70-89: 2; 90+: 0

### Observed: Race, Gender

Race: White: 8; Black: 14; Asian: 1; Hispanic: 4

Gender: Male: 10; Female: 18

**Initial Conclusions:** This sample was representative of a wide area of Pulaski County. While we did not capture specific demographic information about residence as part of the survey, anecdotal conversations with the participants revealed that many came from central and west Little Rock as well as east and southwest Little Rock. Further, the same conversations revealed a distribution of financial and educational backgrounds.

As expected, access to care was a primary concern of our participants, as was the cost of care and insurance. This supports the need already identified for an additional mission clinic in the southwest part of Little Rock and emphasizes the importance of the East Clinic ministry.

Of interest are the responses that point to our opportunities to lead in the areas of education in the community. It seems that there is a real need for enhanced education and communication in the community especially in the areas of knowledge about how to access healthcare and how to navigate insurance issues as well as education on healthy living and how to make good lifestyle choices.

The emphasis on engagement and outreach also factors into both of these areas. It speaks to the need of St. Vincent to be an active and visible partner in our community, particularly in those populations that we identify as underserved.

The lack of specific reference to mental health needs is somewhat surprising.

## Appendix F: Personalized Community Survey - McAuley Senior Services Center

### Personal Survey

Location: McAuley Center

Date: November/December 2021

Total Surveys Completed: 20

### What grade would you give the healthcare in your community?

A: 4 B: 9 C: 5 D: 2 F: 0

### Why?

The participants of this survey are visitors to our Senior Adult Services Center located outside Hot Springs Village. This represents an aging population from both inside and outside of the Village and potentially from Garland and Saline Counties. It is a safe bet that these participants are middle class and above and have considerable experience accessing healthcare.

These are an example of the comments:

“My doctor has attended to my needs. Hot Springs and Little Rock are available with a lot of specialists.”

“Meets our needs.”

“Good access to UAMS.”

"We have good healthcare, but it moves slowly at times."

"There are a couple of doctors who don't need to be here. Not enough specialists."

"Not as good as larger cities."

"Average. Facilities are not convenient to get to."

"You don't hear about any help or information offered."

"Recent experience: Incompetent, ordered wrong test, lacked communication for test results."

### **What are the most significant healthcare challenges facing your community?**

A prevalent theme is access to care (13), particularly the need for specialists in geriatrics, neurology, and cardiac care. Also specifically mentioned, was the need for better transportation (2), especially for those who do not drive, and the need for emergency care in the community. Also mentioned was the need for better healthcare for seniors (1) and for the general public (1). This may also reflect a need for greater education about healthcare in those two areas.

#### **Examples:**

"Getting to appointments - those who do not drive."

"Availability of homecare."

"Lack of specialists."

"Not enough physicians."

"Aging need appropriate specialists."

"Keeping primary care physicians - I've been through 3 or 4."

"Not enough specialists."

"Aging."

"Obesity and diabetes."

"No emergency care in this community."

"Need more variety in healthcare options."

"Not getting service we need - many don't drive and can't get down to Hot Springs for care."

"Finding a neurologist - I have to go to Little Rock."

### **What are the most significant healthcare needs of your community?**

The vast majority again stressed the need for increased access to healthcare (9), specifically the need for more qualified specialists. The need for convenient and emergency care was also specifically mentioned. Also there was one specific comment about the need for mental health care and transportation. General health education was also a topic (4).

#### **Examples:**

"Home assistance."

"Obesity, arthritis."

"Back and arthritis care. More care and resources for alzheimers."

"Specialists - cancer, heart."

"Orthopedic care - Mental health."

"More qualified specialists are needed."

"Better access to caring physicians, not just 9-5."

"Food/diets related to kids - their poor diet habits."

"Walk-in clinic or emergency physicians needed."

"Senior care - more qualified physicians."

"More full-time physicians M-F."

### **What do you think is needed to improve the health of your community?**

No surprises here. The vast majority continue to identify access to care (11) as the primary way to improve the health of their community. Special emphasis is placed on more and better physicians and facilities. The need for emergency care is again emphasized. Senior health and general population health get one (1) answer each. There is also a call for better education, specifically on how to access healthcare information.

#### **Examples:**

"More availability of hours - emergency care needed."

"More services for the homebound."

"Access to more physicians."

"Advancements in aging."

"My Chart needs tutorial to get best use. Nice system."

"Recruit more qualified physicians. I would much rather stay in Hot Springs and not have to drive to Little Rock all the time."

"Need more doctors and better doctors."

"More physicians that are good with seniors / geriatric care. Tired of driving 30-50 minutes to doctor appointments."

"Restaurants offer better choices."

"Better facilities to bring better doctors."

"More services - senior care."

#### **May I ask your age?**

Age Distribution: 0-17: 0; 18-29: 0; 30-49: 0; 50-69: 4; 70-89: 15; 90+: 1

#### **Observed: Race, Gender**

Race: White: 19; Black: 0; Asian: 0; Hispanic: 0

Gender: Male: 5; Female: 14

#### **Initial Conclusions:**

This is a mostly homogenous group of senior adults of the same age range and race. Gender is fairly evenly divided. The participants in this survey are attendees at the McAuley Adult Senior Services Center located on Hwy 7 just outside of Hot Springs Village. It is uncertain how many of the respondents reside in The Village or in the neighboring communities.

It is not surprising that the respondents place a high value on convenience and access to care that is specific to the senior population. Of note is the recognition of a need for emergency care in the area. Despite the size of Hot Springs Village and the presence of many outlets for medical care, this is still a rural part of Arkansas that straddles the Garland County and Saline County line. This is a population that has a much higher likelihood of accessing healthcare on a regular basis and can pay for it. These concerns about access to care are even more significant when considering those seniors in the area who are living on tightly fixed incomes which may limit their ability to have transportation or access to home based modalities of care.

## Appendix G: Personalized Community Survey - St. Vincent Morrilton

### Personal Survey

Location: SV Morrilton

Date: April 14, 2022

Total Surveys Completed: 22

### What grade would you give the healthcare in your community?

A: 10 B: 7 C: 1 D: 3 F: 1

### Why?

The participants of this survey were attending a BBQ lunch hosted and prepared by the leadership of SV Morrilton, a critical access hospital in rural Conway County. Attendees were a mixture of hospital coworkers and community members. The event was open to the public. Based on the comments, the grading of healthcare in the community seemingly fell into two categories, those who were specifically grading the hospital, and those who had a larger view of community health. There were also several comments specifically about education and the need for increased resources.

These are an example of the comments:

"Love that our ER wait time is not long."

"Everyone works together."

"I feel our community health care goes above and beyond."

"Substance abuse, lack of health care education, poverty, inability to afford meds, lack of social support."

"Many overweight and undereducated patients."

"Having a hospital in our community is a plus."

"A lot overweight."

"Uneducated people in the community."

"Not enough investment in health care."

"Physician turnover. Lot's of services like OB/GYN aren't offered putting babies, children, and women at risk."

### What are the most significant healthcare challenges facing your community?

The majority of responses to this question about health care challenges centered on cost and availability of insurance (7), cost of medications (4), and the availability of resources (5). Also cited was the prevalence of chronic diseases like obesity and diabetes (4), substance abuse (2), and social conditions such as poverty, lack of transportation, and lack of free clinics and resources for the homeless.

Examples:

"Prescription abuse."

"Staff shortages."

"Insurance coverage."

"Addiction resources."

"Distance to bigger hospitals."

"Lack of insurance coverage."

"Cost of medications."

"Low income."

"Too many fast food places."



"Not enough free clinics and homeless shelters."  
"Uncontrolled diabetes."  
"Obesity."  
"Lack of OB/GYN."

### **What are the most significant healthcare needs of your community?**

The comments to the question about health care needs were wide spread with the most relating to lack of affordable insurance (4). An equal number (3) cited the need for more resources like doctors, nurses, and equipment, and concerns over chronic conditions like heart disease, cancer, and diabetes. Substance abuse, access to care, access to mental health care, transportation, and a need for more outreach to the community were each mentioned as well (2).

Examples:

"More doctors and nurses."  
"More specialty doctors."  
"Heart and cancer concerns."  
"People cannot afford care."  
"Start another community transportation van for going to and from hospital."  
"Better, easier transportation for patients."  
"Diabetes and chronic disease management."  
"Access to affordable medicine."  
"Better insurance coverage."  
"Homeless shelter."  
"Mental health services."  
"Addiction services."

### **What do you think is needed to improve the health of your community?**

To improve health care in the community, a majority answered that more resources were needed (6). Close behind, better education, more outreach, and improved access to affordable insurance options were cited (4 each).

Examples:

"Upgraded equipment."  
"Sufficient staffing."  
"More education regarding nutrition and exercise."  
"More screening."  
"Health care that insurance will cover."  
"More funding to be able to provide help to those in need."  
"Smoking cessation programs."  
"Homeless resources."  
"Education on better health habits."  
"Free clinics."  
"Education."  
"Less drugs (illicit)."  
"Availability of MDs."  
"Help with insurance and medication needs."

## May I ask your age?

Age Distribution: 0-17: 0; 18-29: 2; 30-49: 9; 50-69: 9; 70-89: 0; 90+: 1

## Observed: Race, Gender

Race: White: 16; Black: 2; Asian: 0; Hispanic: 0

Gender: Male: 2; Female: 17

## Initial Conclusions:

It seems that many of the items identified by this survey group were largely social in character. This includes the concerns about the high cost and availability of insurance and coverage for medications as well as access to resources in the community such as free clinics and homeless services. There is also a notable recognition of a lack of education, particularly about chronic health conditions. The prevalence of substance abuse issues as well as mental health issues, exacerbated by the COVID pandemic, are also recognized as an access to care issue as well as an educational issue in the community. Being a decidedly rural community, transportation is also a concern, particularly due to the distance to the larger hospitals in Conway, North Little Rock, and Little Rock.

## Appendix H: Arkansas Extended Care Hospital - Hot Springs

Arkansas Extended Care Hospital – Hot Springs is a long term acute care hospital located within CHI St. Vincent Hospital of Hot Springs and is co-owned and operated by LHC Group of Lafayette, LA. CHRISTUS Health entered into a joint partnership with LHC Group in September of 2017 maintaining 40% ownership of the facility. Currently the hospital is licensed for 27 LTACH beds.

Opening in March 15, 1999, the Arkansas Extended Care Hospital – Hot Springs provides care to medically complex patients who require continued acute care services over an extended period of time. Some of the specialty areas of focus for the facility are ventilator weaning, IV antibiotic therapy and wound care. Arkansas Extended Care Hospital – Hot Springs primarily serves the adult population and provides employment for approximately 65 persons. The geographical area of focus is Garland County, AR, but the facility also serves the surrounding counties of Montgomery, Scott, Clark, and Hot Springs, AR.

Approximately 200 patients are served in the Arkansas Extended Care Hospital – Hot Springs annually. The average age of patients admitted to Arkansas Extended Care Hospital – Hot Springs is 66, and over 79% of all patients are admitted directly from CHI St. Vincent Hospital. The primary admitting diagnoses are respiratory, infectious disease, and wound related to co-morbidities such as diabetes, obesity and cardiovascular issues that complicate the treatments for primary diagnoses, which result in extended hospitalizations.

## Appendix I: St. Vincent Infirmary and St. Vincent North Schedule H Narrative

### SV Infirmary and North (Sherwood): Community outreach for the poor

St. Vincent continues to sponsor its volunteers-in-medicine program through which it provides primary care to those without health insurance at three clinic locations in greater Little Rock. It uses the services of volunteer, retired St. Vincent physicians to deliver these services and it maintains a network of physician specialists to whom it can also refer as needs arise.

Beyond the direct care provided at these clinics, St. Vincent has donated medical supplies in several instances where needed, as well as medications that patients otherwise could not afford. In terms of primary care clinics, we also maintain our 40+ year partnership with the city of Little Rock at St. Vincent Health Clinic–

East where dental services have been restored and help to meet a significant need in our community. This clinic also provides free school physicals to many children in greater Little Rock each summer. St. Vincent also has a program that specifically provides financial counseling and services to Medicaid patients. In fiscal year 2016 we acquired another clinic in Conway Arkansas which serves the needs of the uninsured and underinsured. The St. Vincent Conway Interfaith Clinic provides medical and dental services to low income persons in Faulkner County. In FY 2019, the Conway Interfaith Dental Clinic provided free blood pressure screenings, dental screenings and fluoride treatments for the homeless community through Project Homeless Connect. This is an event that CAPCA does annually to provide free services to the homeless community.

### **Community outreach for the broader community**

St. Vincent continues to be one of the largest providers of inpatient behavioral health services to Medicaid patients in the state of Arkansas. In this service line, it accepts a significant number of referrals from different parts of Arkansas that are outside its primary service area. If St. Vincent did not offer this service, inpatient behavioral health resources for Medicaid patients would be significantly diminished in the broader community. St. Vincent also added an inpatient geriatric-psychiatric unit in FY 2019 in order to serve the mental health needs for the senior population. Similarly, St. Vincent maintains emergency departments at both its infirmary and north campuses. Under the state's new trauma system, the Infirmary emergency department has been designated a Trauma 2 location and North a Trauma 3 site. In addition, St. Vincent provides community education and awareness on several topics surrounding mental health such as signs to recognize suicidal ideation and how to deal with trauma.

St. Vincent continues to be an engaged community partner engaging in health promotion activities including health fair screening for low income communities like the Latino community (in conjunction with the Mexican embassy) and a minority health fair. St. Vincent's also provides medical services, screenings, educational materials and aid stations at the Little Rock marathon, Heart Walk, several employers around the state such as Southwest Power Pool, Camp Aldersgate, L'oreal, several school districts and Arkansas Department of Health. These screening events provide an opportunity for people to learn more about healthy eating, meal planning, and encourages heart healthy lifestyles.

In 2020, St. Vincent Infirmary is partnering with state and local authorities to provide the COVID-19 vaccine, free of charge, to the community according to the Arkansas Department of Health's prioritization guidelines.

### **New Outlook women's cancer recovery program**

St. Vincent continues to sponsor its New Outlook women's cancer recovery program. This effort provides needed supplies and emotional support to women across Arkansas recovering from various forms and stages of cancer. It does so at no cost to these recipients. The purpose of this program is to offer all Arkansas women diagnosed with cancer a full range of supportive, non-medical services to strengthen the whole woman (body, mind and spirit) regardless of her economic situation or where she is receiving treatment. New Outlook services reach into every county in Arkansas, and even other states when women seek treatment in Arkansas. New Outlook also assists children and men undergoing cancer treatment. Services provided by New Outlook include counseling, regular support group meetings at multiple locations, wigs and headwear, cosmetic makeovers, access to a medical library, stress management classes, mastectomy and lymphedema services, and referrals to physicians for various services.

### **Intern Training Site**

St. Vincent serves as a training site for nursing interns as well as students pursuing various allied health fields such as radiology, nuclear medicine, ultrasound, and respiratory services, allowing first and second year students from various educational programs around the Greater Little rock area complete their clinical training at St. Vincent. These students give back to the community by volunteering at the ALS Walk, Susan

G. Komen Walk, and with the Arkansas Food Bank. In addition to serving as a training site for future health care professionals, St. Vincent also donates free meeting spaces for various student associations, professional associations, local support groups and several clinical organizations. These meeting spaces help host a variety of educational and community events that bring together people of all ages for professional and personal growth.

## **Appendix J: St. Vincent Hot Springs Schedule H Narrative**

### **SV Hot Springs: Community outreach for the poor**

St. Vincent continues to provide ancillary lab, radiology and other services to the Charitable Christian Medical Clinic as they serve the poor. Our hospital facilities and operating rooms are available to specialists wishing to treat patients at no cost including all types of surgery and specialized procedures. We operate a pregnancy clinic to care for low income women who are uninsured or underinsured to give them specialized pre-natal care and address low birthweight infants and other complications. Our breast center and mobile mammography van have a particular focus on serving the needs of the poor and uninsured and our van travels the state providing free mammograms to women who are unable to pay for such services. Beyond the direct care provided at these clinics, St. Vincent has donated medical supplies in several instances where needed, as well as medications that patients otherwise could not afford. In terms of primary care clinics, we also maintain our partnership with the McAuley Clinic that serves the uninsured and Medicaid population in our community.

### **Community outreach for the broader community**

St. Vincent has a particular concern and commitment to the elderly population. We operate two senior centers and the meals on wheels program for Garland County. We regularly hold health fairs for seniors at the Mount Ida Senior Center. Although these programs receive funding through the Older Americans Act and other sources we leverage these funds to provide enhanced services to the elderly through donations of space, ancillary support, administrative support, grant writing etc. We currently serve approximately 500 meals on wheels recipients and 300 congregate meal recipients. We also partner with the Oaklawn Center on Aging to provide programming and biometric screenings for the large senior citizen population. Additionally, we also provide free space to allow the senior citizen population to learn computer programming. All this is provided at no cost. St. Vincent also partnered with the Gethsemene RICE Project to provide screenings to the residents of a local low-to-no-income men's home.

In 2020, St. Vincent Hot Springs is partnering with state and local authorities to provide the COVID-19 vaccine to the community, free of charge, through the hospital and clinics. In addition, St. Vincent's Hot Springs has partnered with Catholic Charities of Arkansas and CHI St. Vincent East Little Rock Clinic to offer flu vaccines to underserved communities free of charge.

St. Vincent's trauma program fulfills a crucial need serving the majority of southwest Arkansas. This program is run at a substantial loss but serves a significant community need. There is no other Level II trauma center in our part of the state and our hospital provides the majority of neurosurgical and orthopedic care to our part of the state. St. Vincent serves as a training site for nursing interns allowing first and second year students from various educational programs around Garland County complete their training at St. Vincent. In addition, these students also give back to the community by volunteering at various events.

St. Vincent continues to be an engaged community partner engaging in health promotion activities including health fair screening for low income communities like the Latino community (in conjunction with the Mexican embassy) and minority health fairs at Our Lady of Guadalupe Church in Glenwood and at the

Webb Center. We also held health fairs at the Hot Springs Chamber of Commerce, Hot Springs Village, and Hot Springs National Park Rotary meetings where we had our physicians talk about healthy eating, meal planning, and living heart healthy lifestyles. St. Vincent's also provides medical services, screenings and aid stations at the SPA 10k race, American Cancer Society Relay for Life, and farmers market. We also held community health education events for various diseases such as the HPV Virus and the importance of the HPV Vaccine. St. Vincent also donates free meeting spaces for various student associations, professional associations, local support groups and several clinical organizations. These meeting spaces help host a variety of educational and community events that bring together people of all ages for professional and personal growth.

St. Vincent also held a number of events and trainings on mental health education, suicide awareness, suicide intervention skills, and bullying prevention presentations. These events were held at different locations such as Garland County Sheriff's Office, National Park College, Advocates for Arkansas Children, River Valley Prevention Coalition, and Garland County Detention Center and at several schools in Crossett, Dardanelle and Hot Springs County.

St. Vincent continues to sponsor numerous support groups through its cancer center and other service lines. Its "Look Good Feel Better" program assists women fighting breast cancer. This effort provides needed supplies and emotional support to women across Arkansas recovering from various forms and stages of cancer. It does so at no cost to these recipients. The Cancer center provides other resources such as support groups for patients and survivors, food assistance programs, discounted gas cards and other educational materials for dealing with the disease. In FY 2019, helped organize and host the local American Cancer Society – Relay for Life Event which drew over 800 participants.

#### **New Outlook Women's Cancer Recovery Program:**

St. Vincent continues to sponsor its New Outlook women's cancer recovery program. The purpose of the program is to offer all Arkansas women diagnosed with cancer a full range of supportive, non-medical services to strengthen the whole woman (body, mind and spirit) regardless of her economic situation or where she is receiving treatment. New Outlook services reach into every county in Arkansas, and even other states when women seek treatment in Arkansas. New Outlook also assists children and men undergoing cancer treatment. Services provided by New Outlook include counseling, regular support group meetings at multiple locations, wigs and headwear, cosmetic makeovers, access to a medical library, stress management classes, mastectomy and lymphedema services, and referrals to physicians for various services.

#### **Perinatal bereavement services' journey program:**

St. Vincent offers perinatal bereavement services at no cost to families who have suffered infant loss through ectopic pregnancy, stillbirth, miscarriage and neonatal death. These issues affect families irrespective of socioeconomic status and this program has received considerable acclaim for the sensitive, comprehensive manner in which it helps the grief-stricken to deal with their loss. An average of 30 families are served/month on an inpatient basis. In addition, approximately 15 consultation requests are received monthly from people living outside St. Vincent's primary service area. Finally, a monthly support group serves an average of 6 people at each session.

**Project Search Arkansas: Access Initiative** is an innovative job-training program providing a nine-month internship for young adults with developmental disabilities. Interns in the program complete (3) ten-week rotations at a partnering business with the goal of gaining necessary skills to obtain competitive employment. Upon completion of the program, staff provide assistance with finding employment within the community and continued support during employment. In addition to providing internships to young adults with developmental disabilities, St. Vincent Hot Springs also donates space for the program and required supplies. Multiple leaders from the staff spend their time with the interns training them during

their internship and providing them professional counseling.

Beyond the direct care provided at these clinics, St. Vincent has donated medical supplies in several instances where needed, as well as medications that patients otherwise could not afford. In terms of primary care clinics, we also maintain our 40+ year partnership with the city of Little Rock at St. Vincent Health Clinic – East where dental services have been restored and help to meet a significant need in our community. This clinic also provides free school physicals to many children in greater Little Rock each summer. St. Vincent also has a program that specifically provides financial counseling and services to Medicaid patients. In fiscal year 2016 we acquired another clinic in Conway Arkansas which serves the needs of the uninsured and underinsured. The St. Vincent Conway Interfaith Clinic provides medical and dental services to low income persons in Faulkner County. In FY 2019, the Conway Interfaith Dental Clinic provided free blood pressure screenings, dental screenings and fluoride treatments for the homeless community through Project Homeless Connect. This is an event that CAPCA does annually to provide free services to the homeless community.

### **Community outreach for the broader community**

St. Vincent continues to be one of the largest providers of inpatient behavioral health services to Medicaid patients in the state of Arkansas. In this service line, it accepts a significant number of referrals from different parts of Arkansas that are outside its primary service area. If St. Vincent did not offer this service, inpatient behavioral health resources for Medicaid patients would be significantly diminished in the broader community. St. Vincent also added an inpatient geriatric-psychiatric unit in FY 2019 in order to serve the mental health needs for the senior population. Similarly, St. Vincent maintains emergency departments at both its infirmary and north campuses. Under the state's new trauma system, the Infirmary emergency department has been designated a Trauma 2 location and North a Trauma 3 site. In addition, St. Vincent provides community education and awareness on several topics surrounding mental health such as signs to recognize suicidal ideation and how to deal with trauma.

## **Appendix K: CHI St. Vincent Morrilton Schedule H Narrative**

St. Vincent Morrilton provides free medications to patients in need at discharge. St. Vincent Morrilton also donated food packets and meals for those who could not afford one. In FY 2019, St Vincent Morrilton employees collected food for Thanksgiving and socks for the Care Center in Morrilton. St Vincent Morrilton employees were also able to make food donations to the local food pantry.

### **Community outreach for the broader community**

St. Vincent Morrilton service excellence employee council raised school supply items for the local Morrilton Elementary School. In FY 2019, St. Vincent Morrilton employees hosted a party for the foster children at the Southern Christian Home.

### **Community outreach health fairs:**

St. Vincent Morrilton regularly participates in community outreach health fair for local business in the area. The senior center also holds a health fair for its members of the community. St. Vincent Morrilton provided blood glucose checks and various information regarding services at the hospital. Community was invited to participate in games and take a tour of a local fire truck and ambulance. The employees donated food for the care center. Typically, this event reaches about 200 people each year.

## Medical Legal Partnership

St. Vincent Morrilton offers a program that provides assistance with legal issues that impact health, in partnership with AR Legal Aid. In fiscal year 2017, this program served 99 persons from the greater Morrilton area. In addition, St. Vincent Morrilton also offers financial counseling and services for its Medicaid patients.

## Appendix L: Community Definition Zip Codes\*

### CHI St. Vincent Infirmiry Community Definition:

Pulaski County - 72135, 72223, 72210, 72212, 72211, 72207, 72204, 72209, 72201, 72206,

Saline County - 72019, 72022, 72015, 72011, 72103, 72065, 72210

Lonoke County - 72142, 72083, 72046, 72037, 72072, 72024, 72086, 72023, 72007, 72176, 72170, 72076

Jefferson County - 71601, 71603, 71602, 72132, 72152, 72168, 72046, 72004, 72175, 71644, 72079

Faulkner County - 72106, 72034, 72032, 72173, 72111, 72047, 72181, 72058, 72039, 72061, 72131, 72120

White County - 72012, 72102, 72060, 72068, 72082, 72143, 72045, 72111, 72136, 72137, 72085, 72121, 72081, 72020, 72139, 72010, 72006

### CHI St. Vincent North Community Definition:

Pulaski County - 72113, 72118, 72199, 72120, 72099, 72116, 72114, 72117, 72142, 72023,

Faulkner County - 72106, 72034, 72032, 72173, 72111, 72047, 72181, 72058, 72039, 72061, 72131, 72120

Lonoke County - 72142, 72083, 72046, 72037, 72072, 72024, 72086, 72023, 72007, 72176, 72170, 72076

### CHI St. Vincent Hot Springs Community Definition:

Garland County - 71913, 71901, 71964, 71933, 71968, 71956, 71909, 71949

Saline County - 72122, 72087, 72019, 71909, 72126

Hot Spring County - 72104, 71941, 71929, 72084, 71923, 71921, 71933, 71964, 71913

### CHI St. Vincent Morrilton Community Definition:

Conway County - 72110, 72127, 72157, 72156, 72063, 72027, 72030, 72080, 72125, 72001, 72025, 72823, 72141

Perry County - 72025, 72001, 72125, 72070, 72016, 72126, 72857, 72853, 71949

\* Zip code data gathered from POLICYMAP.