



*City of*

**HOT SPRINGS**

ARKANSAS

COMMUNITY HEALTH  
NEEDS ASSESSMENT

EXECUTIVE REPORT

LEVI HOSPITAL

300 PROSPECT AVENUE

HOT SPRINGS NATIONAL PARK, ARKANSAS 71901

2019

## **Acknowledgments**

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

### **Contributing Organizations**

City of Hot Springs  
Cooperative Christian Ministries and Clinic  
Difference Makers of Hot Springs  
Garland County Health Unit  
Garland County Public Library  
Garland County Sheriff's Department  
Greater Hot Springs Chamber of Commerce  
Growing Healthy Communities-Hot Springs  
Hot Springs Police Department  
Hot Springs Sentinel-Record  
Hot Springs School District  
National Park College  
Ouachita Area Youth Council  
Project HOPE  
Quapaw Community Center  
Salvation Army  
Southwest Arkansas Partnership  
Suicide Prevention Allies  
Smoke Free Hot Springs  
Teen Pregnancy Prevention Project  
United Way of Garland County  
Webb Community Center

### **Community Advisory Committee**

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# 2019 Community Health Needs Assessment

## Executive Report

### **Summary of Key Findings**

Through secondary data analysis, personal interview commentary, results of a community health survey, and discussions with the Community Advisory Committee, Levi Hospital's Community Health Needs Assessment has identified four high priority issues in order of importance, as priorities for the 2019-2021 Assessment cycle:

- 1) Poverty
- 2) Substance Abuse and Tobacco Usage
- 3) Mental Health
- 4) Obesity

### **Introduction**

#### **Description of Community Served**

Levi is a small hospital providing a number of unique services. Most of Levi patients come from Hot Springs or surrounding cities in Garland County; this is due to the presence of a high-quality Physical Therapy program in the hospital. A percentage of patients also come from various places around the state for treatment in the inpatient psychiatric unit. However, attempting to address the health needs of residents across the entire state would not accurately reflect the needs of the Levi's true "community" as it is those closest to Hot Springs that utilize the hospital most often. Taking into account Levi's services as well as considering overlapping services provided by surrounding facilities, Levi chose to focus on Garland County as the "community" for the 2019 Community Health Needs Assessment.

**Note: Please see Appendices B for a list of community resources. A complete list of Garland County resources is available online at [www.hsresourceguide.org](http://www.hsresourceguide.org)**

#### **Description of Process**

The 2019 Assessment consisted of key processes to determine the top health needs for this assessment cycle. This includes a Community Health Survey, a Community Leader Questionnaire, evaluation of secondary data and review and revision of findings and strategies by the Community Advisory Committee.

The assessment was conducted between March 2019, when the Community Health Survey was released to the public, and June 2019, when the survey was closed to begin data compilation. Secondary data was gathered in June 2019 and the Community Leader Questionnaires were completed in May 2019.

All data were considered when determining the top health needs for the 2019 assessment cycle.

### **Information from Community Representatives**

As with the 2013 and 2016 Assessment, the Garland County Health Unit provided a few secondary data points, as well as weighing in on health needs that employees and administrators have observed in the community. Many local community leaders partnered with Levi Hospital and work tirelessly in the community and on the Community Advisory Committee to address the needs of the community's impoverished population.

A couple of other key partners gathered information and expressed the needs of our community in an informative yet concerning way. The Cooperative Christian Ministries and Clinic (CCMC), Difference Makers of Hot Springs and Project Hope. All three non-profits located in Hot Springs work daily in the community to provide resources and to bring preventative services and awareness to the underserved and minority population.

Additional representatives addressed the Hispanic population during personal interviews from the Hot Springs School District. These individuals expressed concern toward health barrier issues, lack of health insurance and resources along with servicing low-income families.

## **Methods**

### **Secondary Data Collection**

Levi Hospital began the CHNA process by compiling, reviewing and analyzing secondary information available including information at the local, state and national level of the population, income, health, education and health care, etc. among the community. Data was gathered and compiled from a variety of outside sources including the Arkansas Department of Health (ADH), the Center for Disease Control and Prevention (CDC), American Community Survey (ACS), Behavioral Risk Factor Surveillance System (BRFSS), Kids Count and Data Book, and Arkansas Foundation for Medical Care (AFMC). These statistics were compiled into a single document to pinpoint problem areas and to validate results from Levi's own Community Health Survey.

Some figures listed by the original gatherer was analyzed with credible information and hand calculated to create useful data for this year's assessment.

## **Community Leader Questionnaire and Personal Interviews**

The 2019 assessment utilized a community questionnaire and personal interviews to gather key population information. Both interviews and questionnaires specifically addressed the needs of the community and offer different segments of the population that the leaders serve from underprivileged, minorities, children, elderly and disabled. Key leaders responded to eight questions both on a personal level and a perceptual level of their organization using the questions from the 2019 questionnaire.

Twenty-three individuals who play an important role in the community and their organization were chosen to receive questionnaires and interviews. As a result, the questionnaire gave insight into general concerns of the Garland County community, as well as other valuable input into the development of the questions presented in the questionnaire. Ten responses were received, and five interviews from minority and Hispanic representatives were conducted for a response rate of 65%.

Questionnaires and Personal interviews were asked some of the following questions:

- 1) What is your vision of a healthy community?
- 2) What are the significant issues in the Garland County community?
- 3) What are some key resources for residents in Garland County?
- 4) How to improve the health status of individuals in Garland County?
- 5) Some issues that we encounter to be a concern or problem in the community?

Responses can be found in **Appendix B&E: Community Leader Response Graphs and Personal Interviews**

## **Community Health Survey**

The community health survey was dispersed throughout the community to ensure residents had an opportunity to input their thoughts about general health knowledge and address all relevant topics including community involvement, health care, nutrition, income, demographics identifiers, opinion questions and open space for comments about previous health barriers from past assessments. The Hot Springs Sentinel Record released an article featured in the local newspaper to describe the nature of the project and encourage residents to complete the survey to tackle the varies needs in the community.

Community residents had the opportunity to fill out a paper copies of the surveys that were distributed across Garland County and made available at multiple locations such as, the Hot Springs Garland County Health Department, Hot Springs Garland County Library, Hot Springs Chamber of Commerce, Hot Springs Quapaw Center, Charitable Christian Medical Clinic, Hot Springs Community Webb Center and Levi Hospital. Paper copies were also handed out at various health fairs, faith-based groups and community events and socials. Residents with internet access also had an opportunity to fill out the survey online.

A total of 210 surveys were completed by Garland County residents.

Aggregated survey results for all 61 questions are not included in this report due to length. A copy of **Appendix D: Health Survey Data** can be requested by email at [achatman@levihospital.com](mailto:achatman@levihospital.com), or by calling ( 501) 622-3325. **Community Leader and Open Responses can be found in Appendix B.**

### **Community Advisory Committee**

An advisory committee of 14 community leaders met on September 16 to review the preliminary findings and draft of the Executive Report. Members were encouraged to offer valuable input and perspective on the findings, as well as the goals and strategies outlined in the draft. The final report was updated to reflect this input including the addition of relevant strategies suggested by the group.

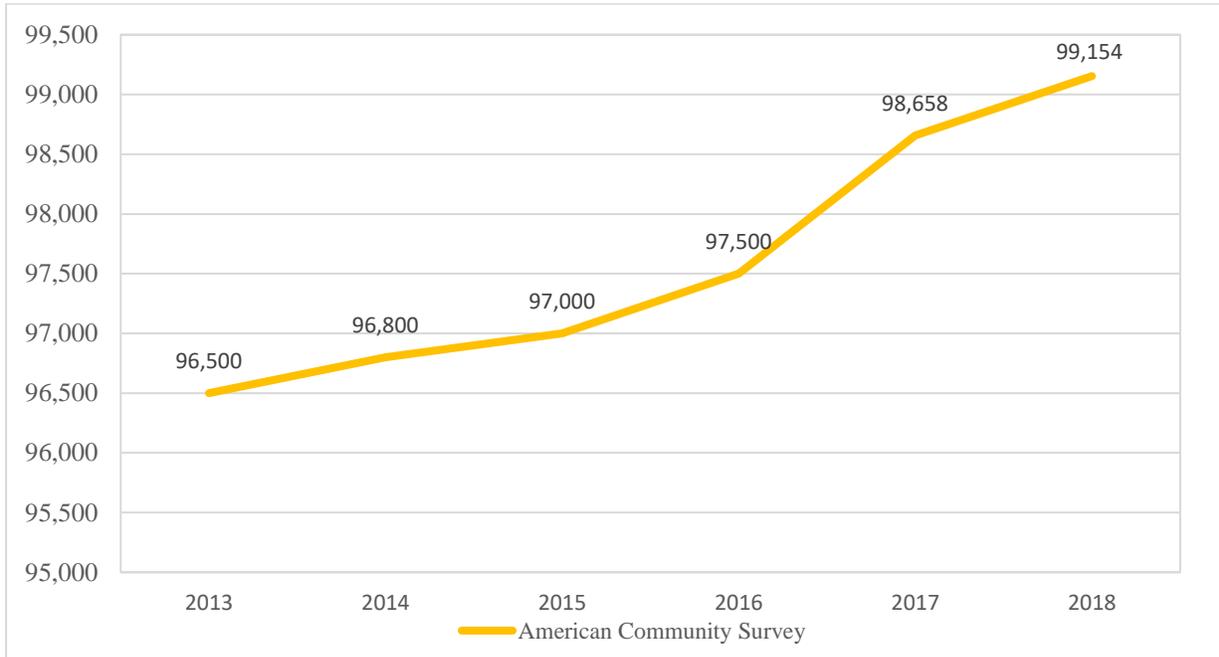
### **Community Profile and Findings**

The population estimate reported by the American Community Survey (ACS) reflects Garland County's rate of growth is increasing by 3.3 percent since 2010. Garland County is the 8<sup>th</sup> most populated county in the state of Arkansas out of 75 counties. Garland county is continuing to experience positive growth in the south-central region of Arkansas while other counties in the same region (Clark -3.7) (Montgomery -6.1) (Pike -5.2) have seen a decline. In addition, the community demographics also show the sample size accurately reflecting the different settings of the community that stand apart from other surrounding communities.

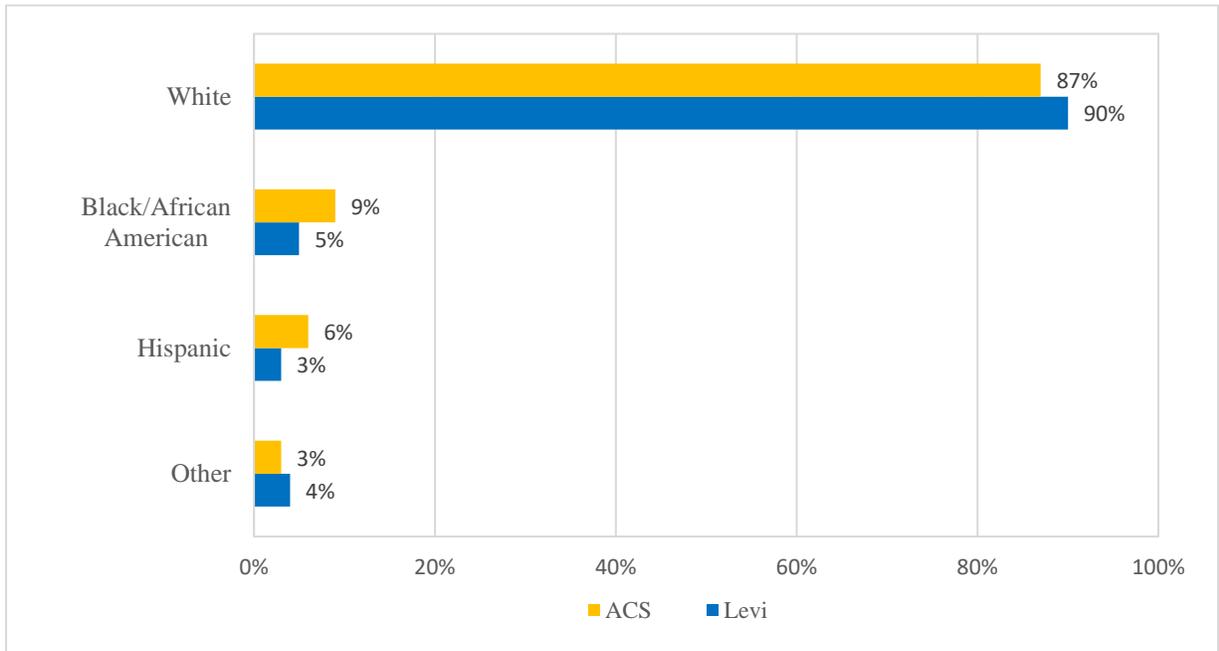
Secondary data, survey responses, community leader questionnaires and interviews were analyzed to depict a range of the demographic's variables in **Figure 2**. Community Questionnaires were skewed toward a certain population to help close these gaps as well.

Population Growth Estimate US Census Estimate 2017	
<b>County</b>	<b>Population growth</b>
Clark	-3.7
<b>Garland</b>	<b>3.3</b>
Hot Springs	1.4
Montgomery	-6.1
Pike	-5.2

**Figure 1: Garland County Population 2017 ACS Data**



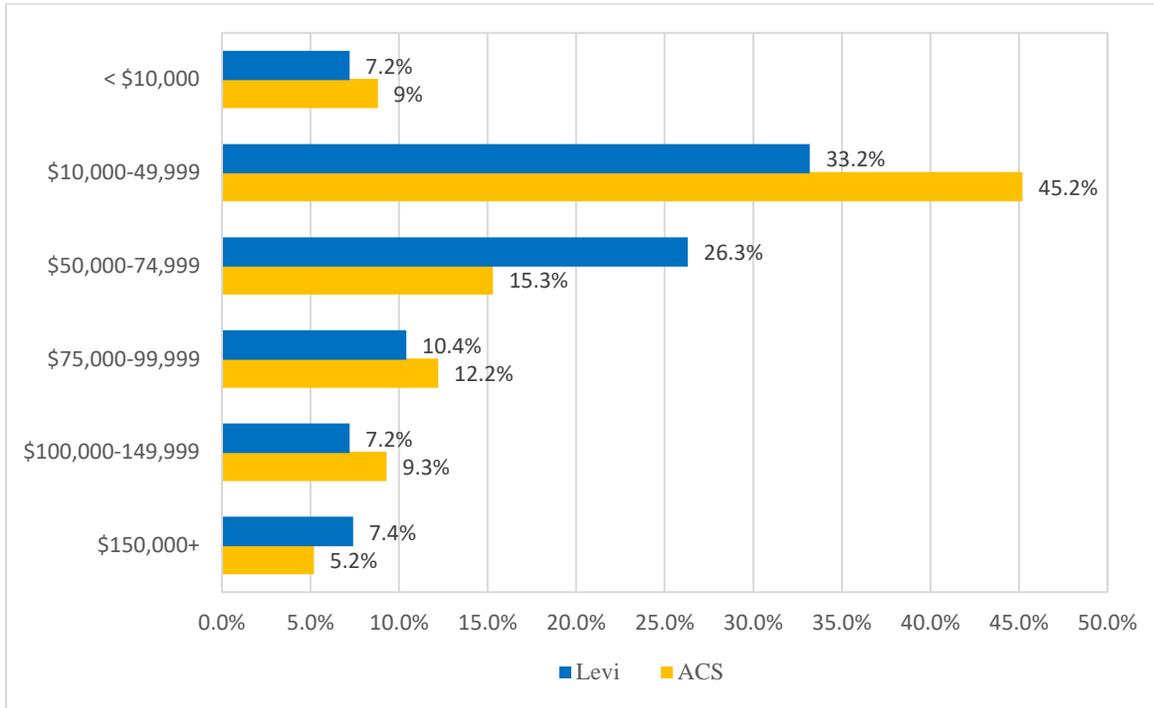
**Figure 2: Comparison of Race/Ethnic of Community Health Survey Respondents and 2017 ACS Data**



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

American Community Survey (ACS) data: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

**Figure 3: Comparison of Income Distribution of Survey Respondents to 2017 ACS Data**



American Community Survey (ACS) Data:

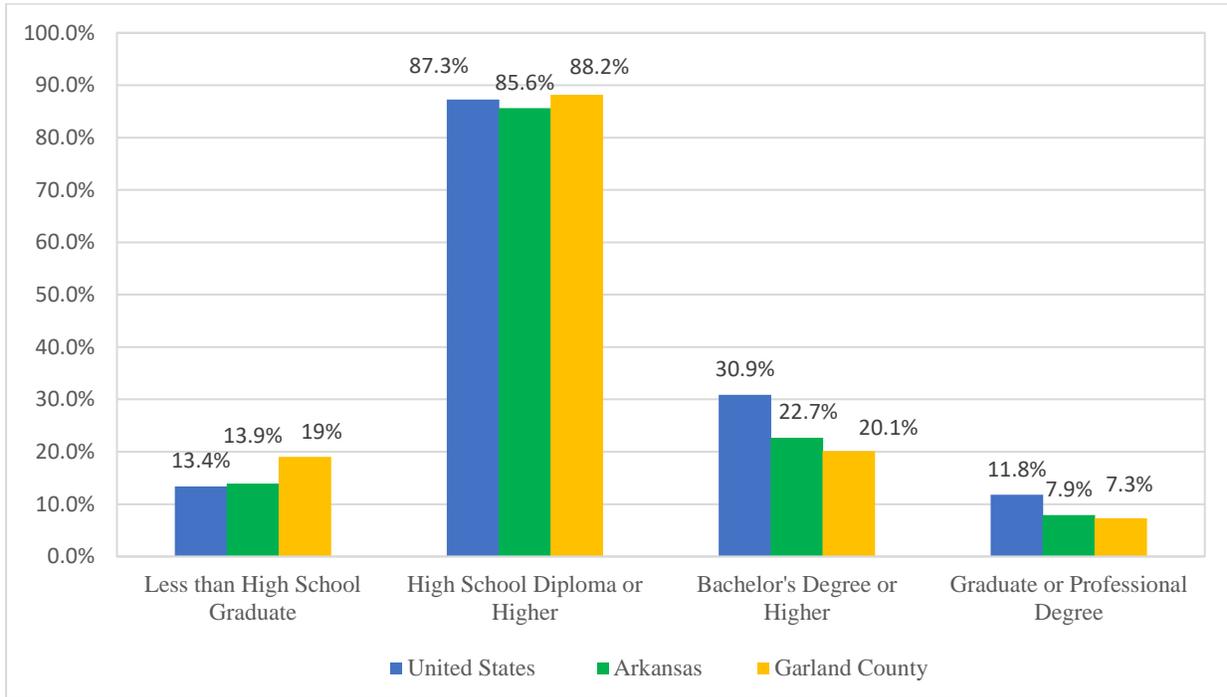
[https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_14\\_1YR\\_S1901&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_14_1YR_S1901&prodType=table)

Adequate employment and income can provide a lifestyle that offers the options that influence health status and the environment such as housing, food, health care and coverage along with transportation. There are still significant income disparities compared to the ACS data.

**Figure 3** provides a breakdown of income and shows differences in being limited by poor health in everyday activities in relation to income. Approximately 41.2% of respondents made less than 50,000 a year, while 60% made over 50,000 a year or greater. The overall median annual income for Garland County (41,672) is still lower than the state of Arkansas (46,409).

Although the survey was not a perfect sample, the overall outline of **Figures 2 -3** present U.S., Arkansas, Garland County, and Health Survey data to support the findings of the 2019 Community Health Needs Assessment and identifying the overall health needs for the assessment cycle.

**Figure 4: Education Attainment in the US, Arkansas, and Garland County, 2017**

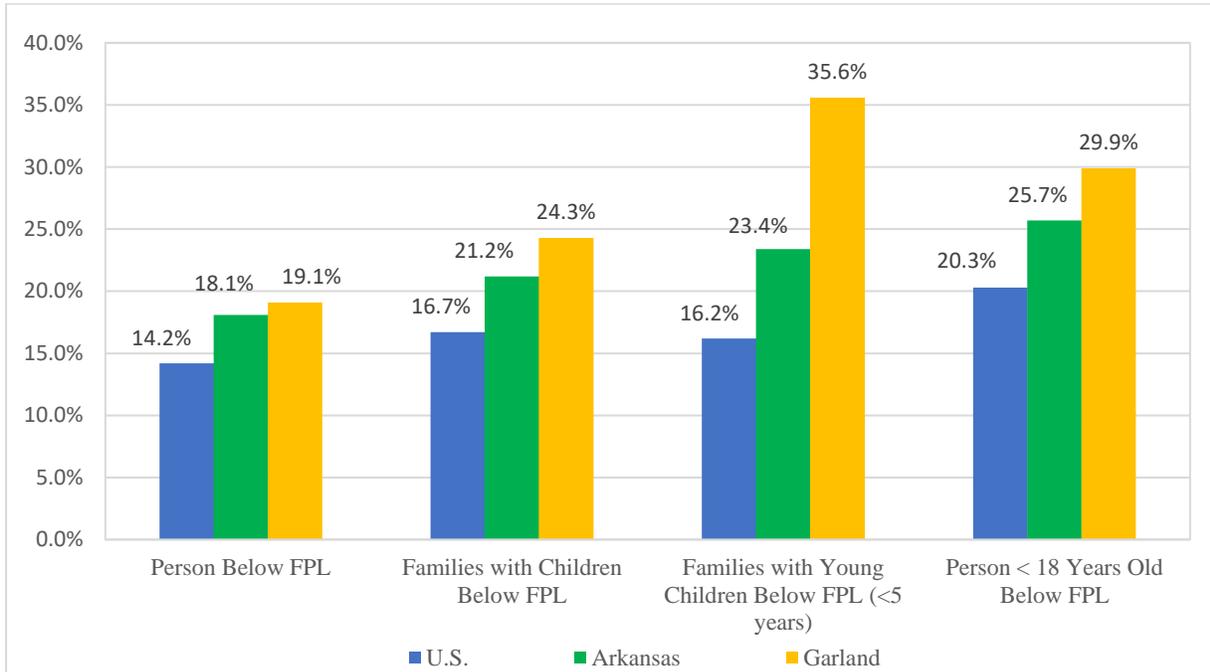


ACS Data: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

This year's assessment shows that the percentage of those who have completed high school remains stable however it reflects a slight decrease in pursuing a higher education degree. The completion of high school remains stable throughout the years but 22% or more do not graduate on time. This data means that parents taking care of children do not have optimal educational attainment. The family structure and stability to engage more in children's learning in the household may suffer from a lack of basic needs (Poverty) and affect their classroom performance. Children living in poverty are more likely to have physical, behavioral and emotional health problems.

**Figure 4** shows that children living in poverty have lower achievement scores and are less likely to graduate from high school. Addressing these gaps will be key to ensuring the students remain in school, participate in summer or after school programs to help struggling students avoid falling behind and raise educated children to remain in school, graduate and successfully transition to adulthood.

**Figure 5: Poverty Characteristics in the U.S., Arkansas, and Garland County, 2017**

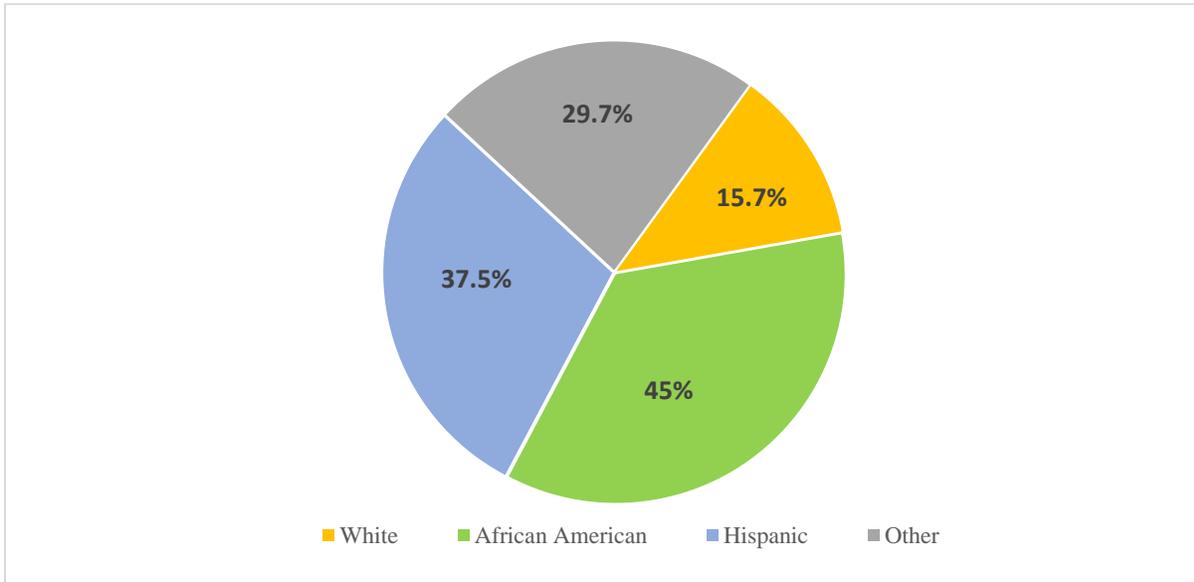


## Poverty

With Arkansas ranking 46<sup>th</sup> in poverty at 18.1 %, Garland County shows a higher rate of 19.1% than the state and national average. Over one-third of children in Garland County live in low-income families or an extended family household. Although the overall poverty rates in Garland County are slowly declining (from 20.9 percent in 2013 to 19.1 percent in 2017), **Figure 5** shows that families with children have a higher than average rate (24.3 percent compared to 16.7 percent for the nation). The results allow us to better understand the strong associations between children’s living arrangements and their psychological, behavioral and educational outcomes.

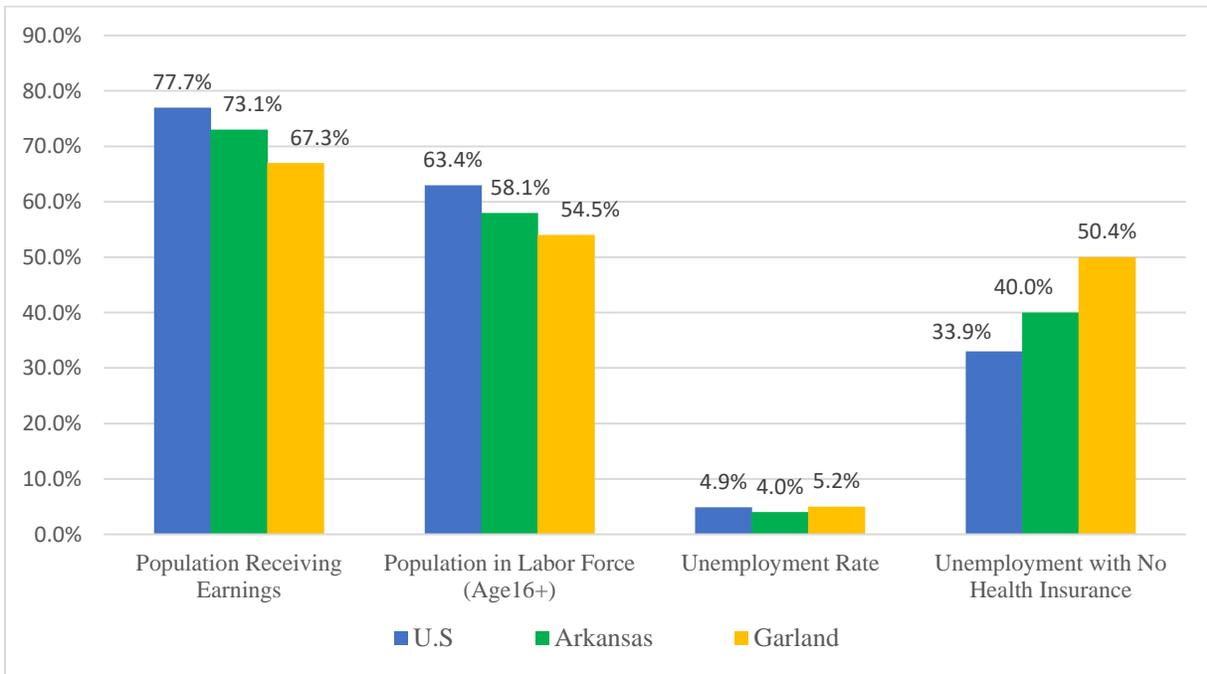
As seen below in **Figure 6** and **Figure 7**, the highest poverty rate by race is found among African Americans and those who are of Hispanic and other races. The American Community Survey (ACS) census uses a set of thresholds that vary by family size and composition to determine who classifies as impoverished. Poverty thresholds are intended for use as a statistical yardstick, not a complete description of what people and/or families actually need to live. If the family total income is less than the family’s threshold than that family is considered living in poverty. Many factors can contribute to inequitable access to opportunities, which may result in poverty. Without a stable income, education level, health care, etc., residents are more likely to engage in unhealthy behaviors and continue to perpetuate the generational cycle of living in poverty.

**Figure 6: Specified levels of Poverty by Race/Ethnicity, Garland County 2017 ACS Data**



ACS Data: [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)

**Figure 7: Labor and Earnings in the U.S., Arkansas and Garland County, 2017**



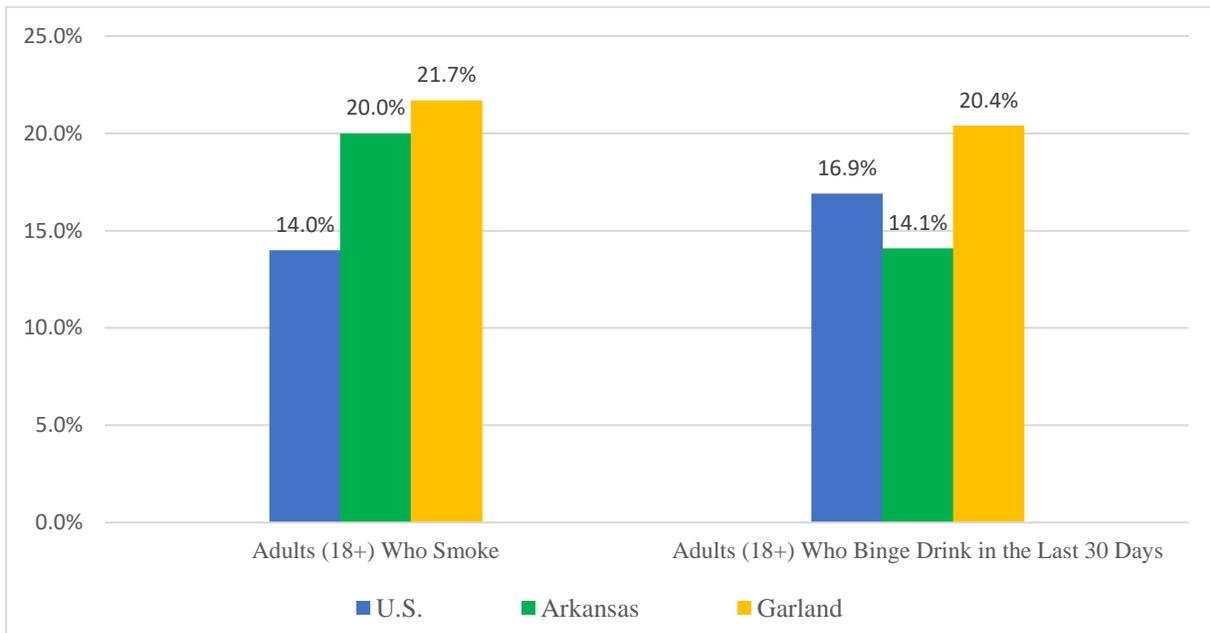
## Substance Abuse and Tobacco Usage

The drug crisis among our adults and youth is linked to easy access to get these types of substances as well as over-prescribing medications to adults. The usage has become a worldwide issue. Illicit drugs, e-cigarettes, vapors, prescription pain medications and alcohol raise an important concern in our community.

After a steady increase in the overall national opioid prescribing rate in 2012, the number of prescriptions dispensed declined in 2017. However, in 2017, prescribing rates continue to remain very high in certain states and counties. According to **Figure 9**, Garland County has the highest prescribing rate of 157.8% of prescription medications than 58.7% (U.S.) and 105.4% (Arkansas) per 100 persons.

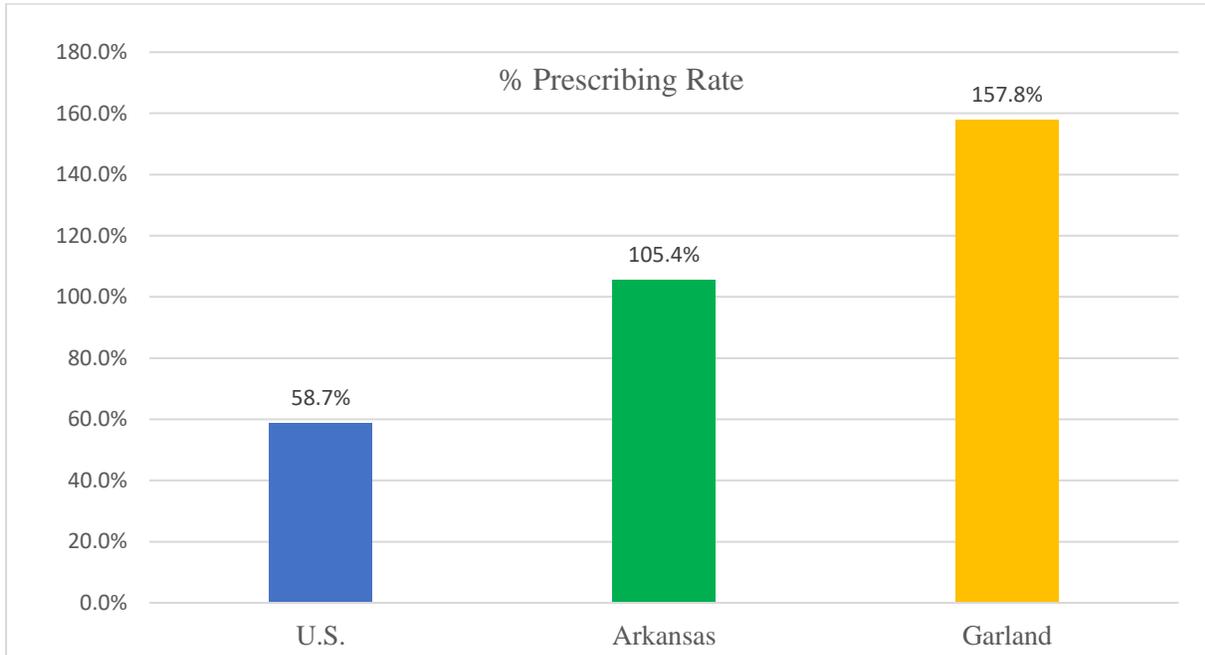
Seen below in **Figures 8, 9 and 10**, Cigarette smoking remains the leading cause of preventable death and disability in the United States with an increase of e-cigarettes among adults and teenagers. In 2017, individuals 18 years or older in the U.S. (14%) currently smoke cigarettes, Arkansas (20%) and Garland County (22%). Additionally, e-cigarettes went up among middle and high school students showing behavioral patterns along with alcohol and marijuana. According to the health survey, the urgency to address and educate more about substance abuse will allow local leaders to address mental health within substance abuse recovery.

**Figure 8: Substance Use Characteristics in the U.S., Arkansas, and Garland County, 2017**

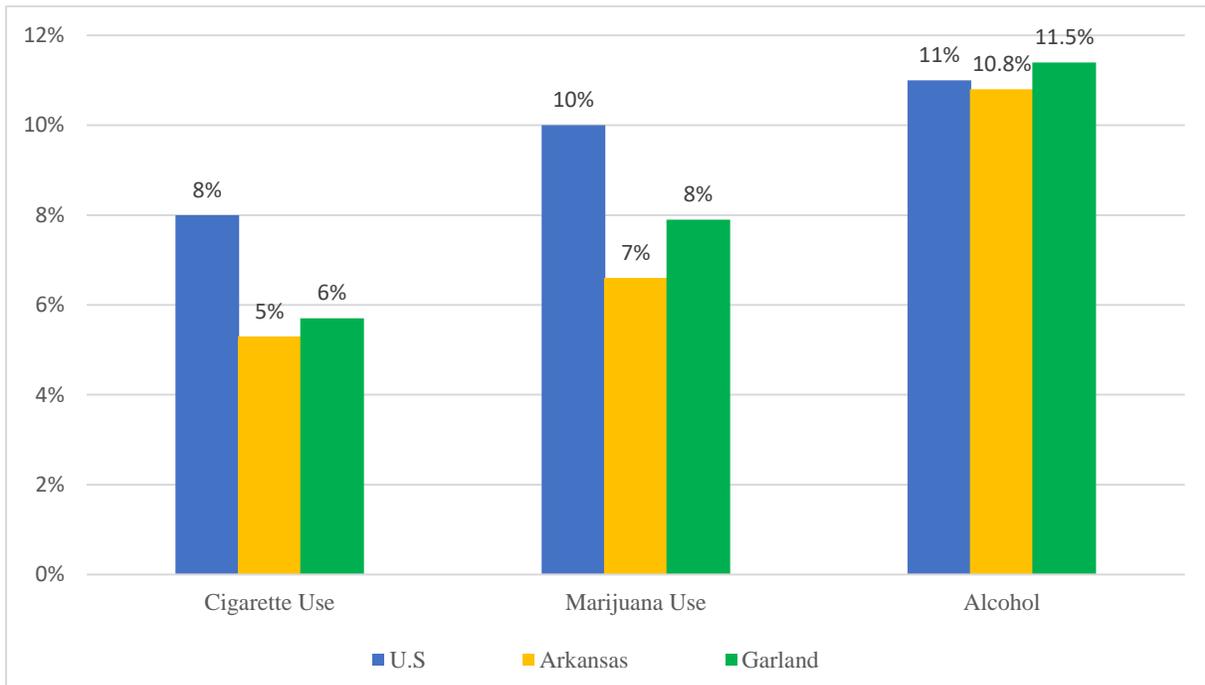


\*State percentages calculated using county totals and may differ slightly from state-level BRFSS estimate

**Figure 9: Prescribing Rate in the U.S., Arkansas, and Garland County, 2017**



**Figure 10: Percentage of Youth Using Certain Substances in the Past 30 Days, 2017**

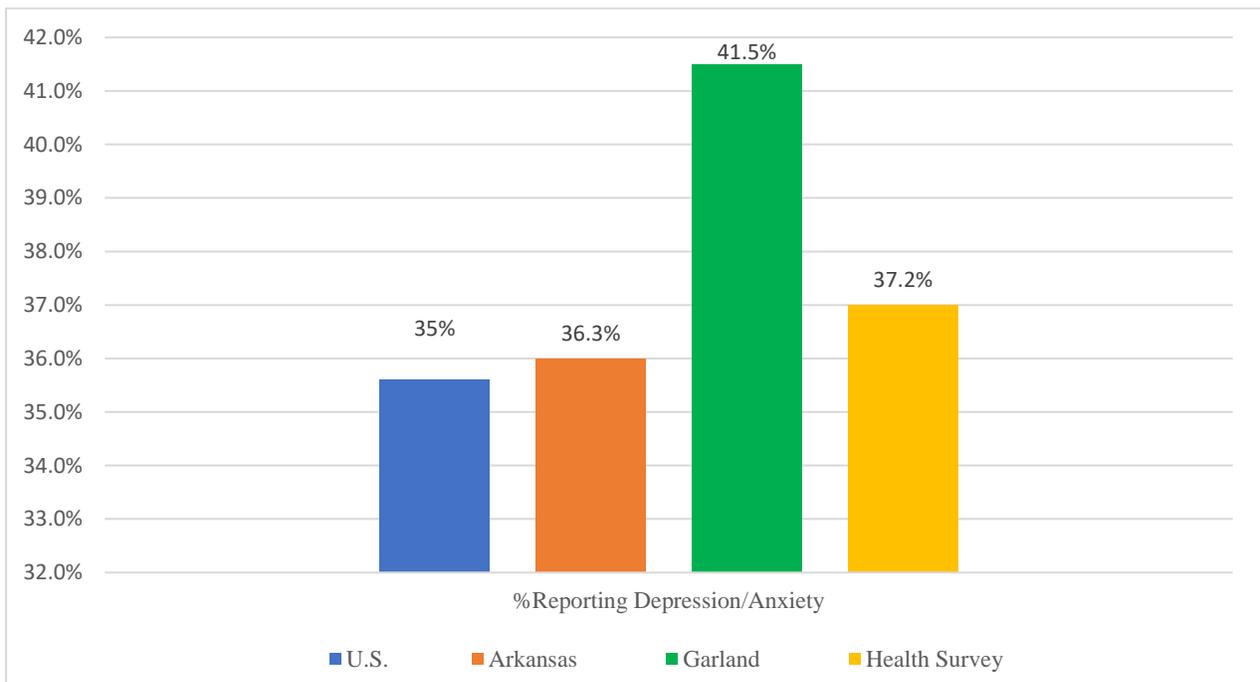


## Mental Health

Mental health is connected to the top two health needs causing health problems, respectively. Seen below in **Figure 11**, about 41% of Garland County reported that a member of the household has been feeling sad, worried, stressed or depressed. Such conditions may be occasional or long-lasting and affect someone’s ability to relate to others and function each day. Many risk factors also play a causal role to determine whether someone will have an increase in mental illness and both poverty and substance abuse fall under that category.

Health survey respondents identified mental health as the third most important community health need. This need moved to higher priority standing because of the impact that has already been made. Further, according to the BRFSS data, Garland County continues to have a higher prevalence of depression than both the nation and the state.

**Figure 11: Prevalence of Depression in the U.S., Arkansas, and Garland County in the Past 30 Days, 2017 and Garland County Health Survey 2018**

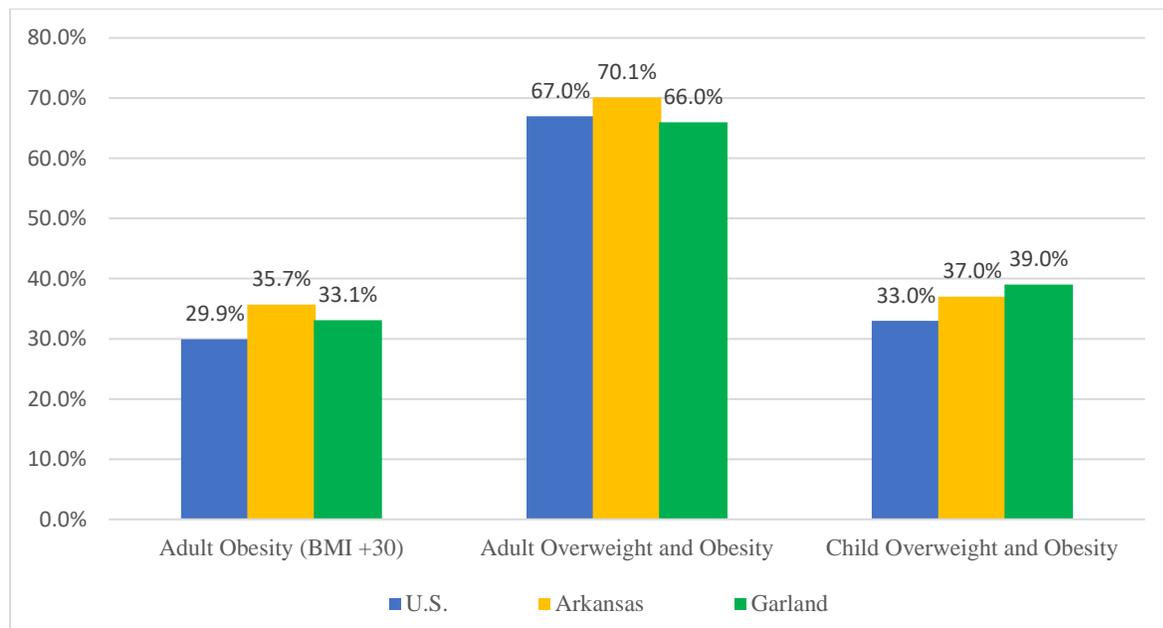


## Obesity

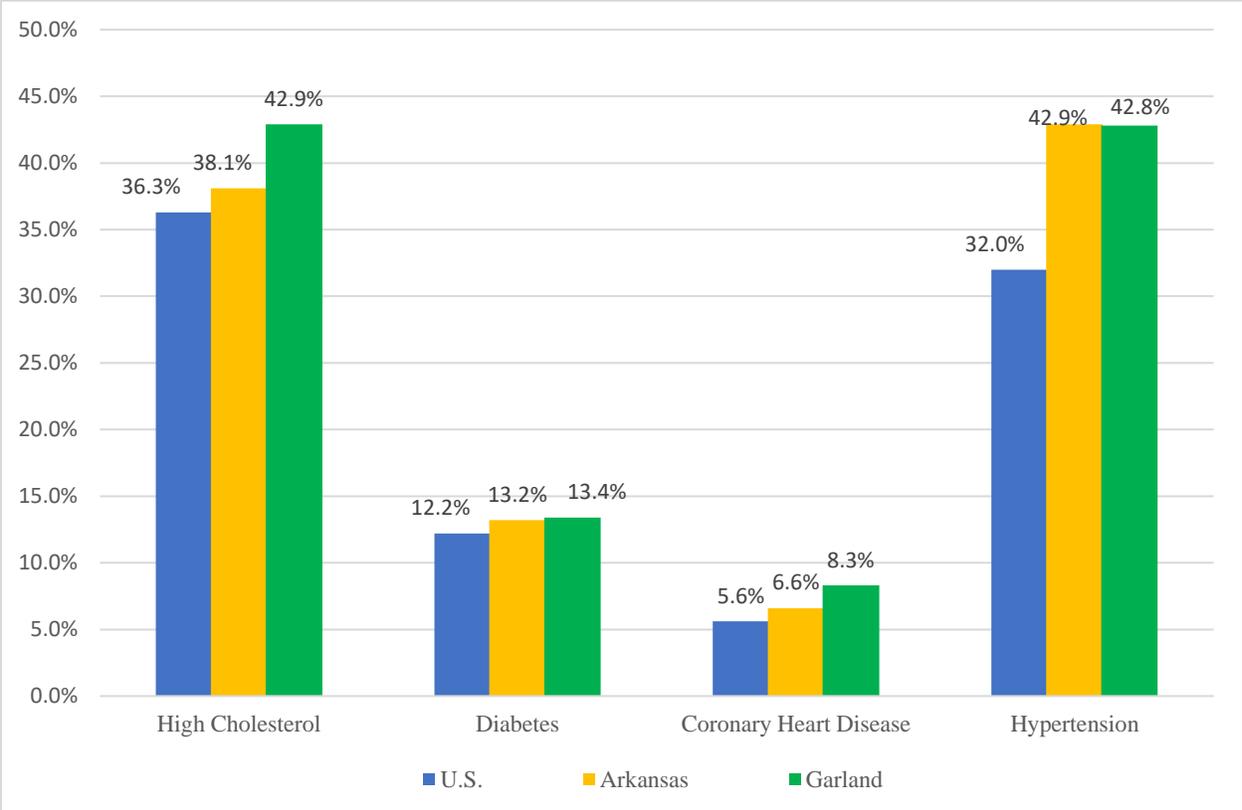
Obesity throughout the state of Arkansas has seen a small decline since 2016 from 35.9 % to 35.7%. However, Arkansas still has the 7<sup>th</sup> highest adult obesity rate in the nation and the 20<sup>th</sup> highest rate among children. This crisis continues to remain a top health barrier and demands attention as it continues to relate to chronic conditions such as high cholesterol, diabetes, hypertension and heart disease.

Over half of the children in Garland County are facing this health barrier. Due to the lack of education on the importance of healthy eating, lack of participation in physical activity and lack of healthy dietary choices, mention in the health survey, community leaders must increase the number of obesity prevention activities and by focusing efforts on younger age groups and their families, including low income families and underserved minorities. This alone may take a leading role in decreasing the obesity rates in Garland County.

**Figure 12: Select BMI Characteristics for the U.S., Arkansas, and Garland County, 2017**



**Figure 13: Prevalence of Select Chronic Conditions in the U.S., Arkansas and Garland County, 2017**



## **Implementation Strategies**

### **How Needs and Priorities Were Established**

Poverty, Substance Abuse/Tobacco Usage, Mental Health and Obesity were named the four common themes across the 2019 assessment. These top four health needs received significant feedback and the most discussed topics than those that received less based upon certain criteria.

Poverty and Substance Abuse/Tobacco Usage remain on the list as the top two community health needs in the 2019 assessment cycle. Although poverty rates have slightly declined from the previous assessment, Garland County's average rate is still higher than the state and national rates. Substance abuse/Tobacco usage continues to rise due to the increase of illicit drugs, e-cigarettes and prescription medications causing this health need to remain second on the list followed by Mental Health and Obesity. Continuing to identify these four health needs in the community will likely ensure that health improvement efforts and resources are aligned with community health priorities.

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

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

### **Poverty**

Advancement strategies

1. Continue to partner with Cooperative Christian Ministries and Clinic to support the Bridges out of Poverty program.
2. Attend Southwest Arkansas Partnership (SWAP) meetings and assist with the Point in Time (PIT) homeless count.
3. Continue to partner with Teen Pregnancy Prevention Project to bring awareness and educate the community about teen pregnancy and the perpetuating cycle of poverty of teenage parents.
4. Continue to seek opportunities to educate the community about the impact of poverty on the overall health of the community

5. Seek grant funding and programs that target poverty to successfully decrease all facets linked to poverty.
6. Place a greater focus on communicating the overall development planning framework, roles of various community organizations and support wherever possible of poverty eradication programming.
7. Find resources to increase the literacy rate and provide support and partnership by supporting the Dolly Parton Imagination Library to provide books to children birth to 5 years old
8. Provide after-school, summer and mentorship programs for “at risk children” specifically targeting low-income communities
9. Refer individuals in poverty to “Getting Ahead” classes.
10. Establish more job fairs for employment opportunities throughout the City of HS.

#### SMART goals:

1. Collaborate with community organizations to host a city-wide job fair. 2 yrs.
2. Assist the Point in Time (PIT) homeless count to identify homelessness in the community and seek grants to award the community with housing opportunities. 2 yrs.
3. Strengthen the monitoring process of children’s environment and partner with a community organization to ensure coverage of programs for vulnerable families and children. 2 yrs.
4. Support the efforts to increase city transportation operating hours to accommodate working families and individuals without transportation. 1 yr.

#### **Substance Abuse/Tobacco Usage**

##### Advancement strategies:

1. Increase prevention efforts and resources of substance abuse.
2. Encourage a city-wide walk for youth and adults to bring awareness about the epidemic of substance abuse, tobacco usage and prescription pain killers.
3. Seek opportunities to educate school districts and participate in Red Ribbon Week and bring positive teen activities to the community.
4. Partner with community organizations such as Smoke-Free Hot Springs and Substance Abuse Prevention Coalition to bring more education and resources to the community.
5. Collaborate with officers and city officials during the prescription drug take-back program.
6. Educate the community about the opioid and prescription drug epidemic.
7. Promote the opioid overdose kits “Naloxone or Narcan” to prevent overdose deaths.

#### SMART Goals:

1. Send a representative to opioid training to educate the community on this severe epidemic. 2 yrs.
2. Send a representative to the Prescription Drug Abuse Summit. 1 yr.
3. Support local officers and medication drop off site(s) during the Prescription Drug Take-Back program within the community. 1 yr.
4. Advocate during Red Ribbon Week to encourage the community and local school districts to be drug-free. 2 yrs.
5. Improve substance abuse/tobacco usage by partnering with community organizations and local leaders to develop a reliable continuum of addiction care or support groups. 2 yrs.

#### **Mental Health**

##### Advancement strategies:

1. A public awareness campaign to normalize mental health with a focus on prevention.
2. Integration of mental health into medical offices and community services.
3. Explore more mental health resources and education and collaborate with community organizations.
4. Increase mental health access and recruit more mental health providers.
5. Attend and speak at community events about the importance of mental health challenges such as stress, anxiety, depression, thoughts of suicide, etc.
6. Increase more family and individual counseling in the community.

##### SMART Goals:

1. Attend 4 community events and set up speaking engagements and/or resource table about mental health within our community annually. 2 yrs.
2. Start a campaign with local community organizations to destigmatize and normalize mental health. 2 yrs.
3. Meet with local health providers and bring mental health into medical offices to help identify mental health issues at an early stage. 2 yrs.
4. Reintroduce the range of mental health services available in the community. 1 yr.
5. Incorporate and support more depression screenings and free assessments during city health fairs, community events, etc., in Garland County. 2 yrs.

## **Obesity**

### Advancement Strategies

1. Collaborate with local community organizations to teach, encourage and promote adequate and appropriate nutrition and physical activity in the community to reduce obesity.
2. Continue to partner with Hot Springs Farmers Market to continue the SNAP at the Market volunteering annually.
3. Continue to host the Annual Food Day to educate the community about eating healthy and bringing real food to the table.
4. Implement community activities that contribute to decreasing obesity rates and incentivize access to health foods
5. Continue to help employees reduce the health care cost of obesity-related chronic conditions
6. Continue to increase the worksite wellness program and employee participation in the program

### SMART Goals:

1. Implement at least three healthy eating education opportunities (health fairs, city festivals, cooking matters). yearly
2. Improve access to healthy food through employee volunteer opportunities and innovative community partnerships. 2 yrs.
3. Increase and expand the availability of obesity programs in the community by providing educational programs that focus on the heart, diabetes and high blood pressure and overall wellness. 3 yrs.
4. Promote and incentivize access to healthy foods in the workplace, retail food outlets, gas stations and convenience stores. 2 yrs.
5. Launch healthier snack and drink options in the vending machines at Levi Hospital and other community facilities. 2 yrs.
6. Work with local and state partners to reduce consumption of sugar-sweetened beverages. 2 yrs.

### **Anticipated impact of Actions**

Each of these strategies is designed to positively impact the ongoing efforts by showing that the top health needs in Garland County can be lessened to create more healthy behaviors and lifestyles.

It is hoped that the 2019 Community Health Needs Assessment result in specifying theories of action to continue to reduce the overall health needs of Poverty, Substance Abuse, Mental Health and Obesity in the Garland County community and throughout the state of Arkansas.

### **Plan to Evaluate Impact**

The impact of the strategies and SMART goals will be evaluated based on completeness, secondary data and community responses. The goal is to evaluate the level of effectiveness of these efforts to reflect future positive outcomes. The goals that are set during the cycle should meet a specific time frame and have a high percentage of completion by the next assessment in 2022. Although stumbling blocks may occur to that will prevent some goals from being completed on time, we will make every effort to meet 90% of the goals that have been set for the 2019-2021 cycle.

The 2022 Community Health Survey will continue to allow residents to provide valuable input and describing any changes seen in poverty, substance abuse, mental health and obesity.

As updated data becomes available, we will continue to track changes and alter strategies and goals as necessary to evaluate the successfulness of continuous improvement. The Community Advisory Committee will review updated issues, discuss efforts to continue to improve the community as a whole and make the necessary modifications in a way that these strategies and goals are implemented in the following Community Health Needs Assessment.

