CHI St. Vincent™

A member of CommonSpirit

CHI St. Vincent Hot Springs

Hot Springs, Arkansas

2025 Community Health Needs Assessment

Report adopted by the Board of Directors in May 2025.

Contents

Executive Summary

Purpose Statement
The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by CHI St. Vincent Hot Springs. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement
The hospital's dedication to engaging with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with its 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.

Community Definition
CHI St. Vincent Hot Springs is a 280-bed faith-based hospital, located at 300 Werner St, Hot Springs, AR 71913. For the purposes of this report, the hospital defines its primary service area as Garland County, Saline County, and Hot Spring County.

The population of the service area is 257,138. Children and youth, ages 0-17, make up 21.3% of the population, 58.1% are adults, ages 18-64, and 20.6% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identify as non-Hispanic White residents (81.3%), 8.5% of the population are non-Hispanic Black or African American residents and 5.5% are Hispanic or Latino residents. 3.2% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.9% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and 0.1% are non-Hispanic Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.2% of the service area population. In the service area, 94.3% of the population, 5 years and older, speak only English in the home. Among the area population, 4.2% speak Spanish, 0.9% speak an Indo-European language other than Spanish or English, and 0.7% speak an Asian or Pacific Islander language in the home.

Among the residents in the service area, 13.7% are at or below 100% of the federal poverty level (FPL) and 32.4% are at 200% of FPL or below. Educational attainment is a key driver of health. In the hospital service area, 9% of adults, ages 25 and older, lack a

high school diploma, which is lower than the state rate (11.8%). 25.5% of area adults have a bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Garland County, Hot Spring County, Saline County and Arkansas, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

St. Vincent Hot Springs conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Eight (8) interviews were completed during October and November 2024. Community stakeholders identified by the hospitals were contacted and asked to participate in the interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Garland, Saline, and Hot Spring Counties who spoke about issues and needs in the communities. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

List of Significant Health Needs

Significant health needs were identified from an analysis of the primary and secondary data sources.

- Access to Care
- Chronic Diseases
- Economic Insecurity
- Food Insecurity
- Healthy Eating and Active Living
- Mental Health
- Preventive Practices (screenings, vaccines, injury prevention)
- Substance Use

Process and Criteria to Identify and Prioritize Significant Health Needs

Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health or community issue as it affects the health and

lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospitals should place on addressing the issue.

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community stakeholders were also asked to indicate the level of importance of the health needs. The stakeholders prioritized the significant health needs in the following order:

1. Access to health care
2. Mental health
3. Substance use
4. Economic insecurity
5. Healthy eating and active living
6. Preventive care
7. Chronic disease
8. Food insecurity

Resources Potentially Available to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. A partial list of community resources can be found in the CHNA report.

Report Adoption, Availability and Comments

This CHNA report was adopted by the St. Vincent Hot Springs Board of Directors in May 2025. This report is widely available to the public on the hospital website at https://www.commonspirit.org/stvincent/about-stvincent#our-community and a paper copy is available for inspection, upon request, at the CHI St. Vincent Mission Integration Office. Written comments on this report can be submitted to Michael Millard at the Mission Integration Office at 2 St. Vincent Circle Little Rock, Arkansas 72205 or by email at mwmillard@commonspirit.org.

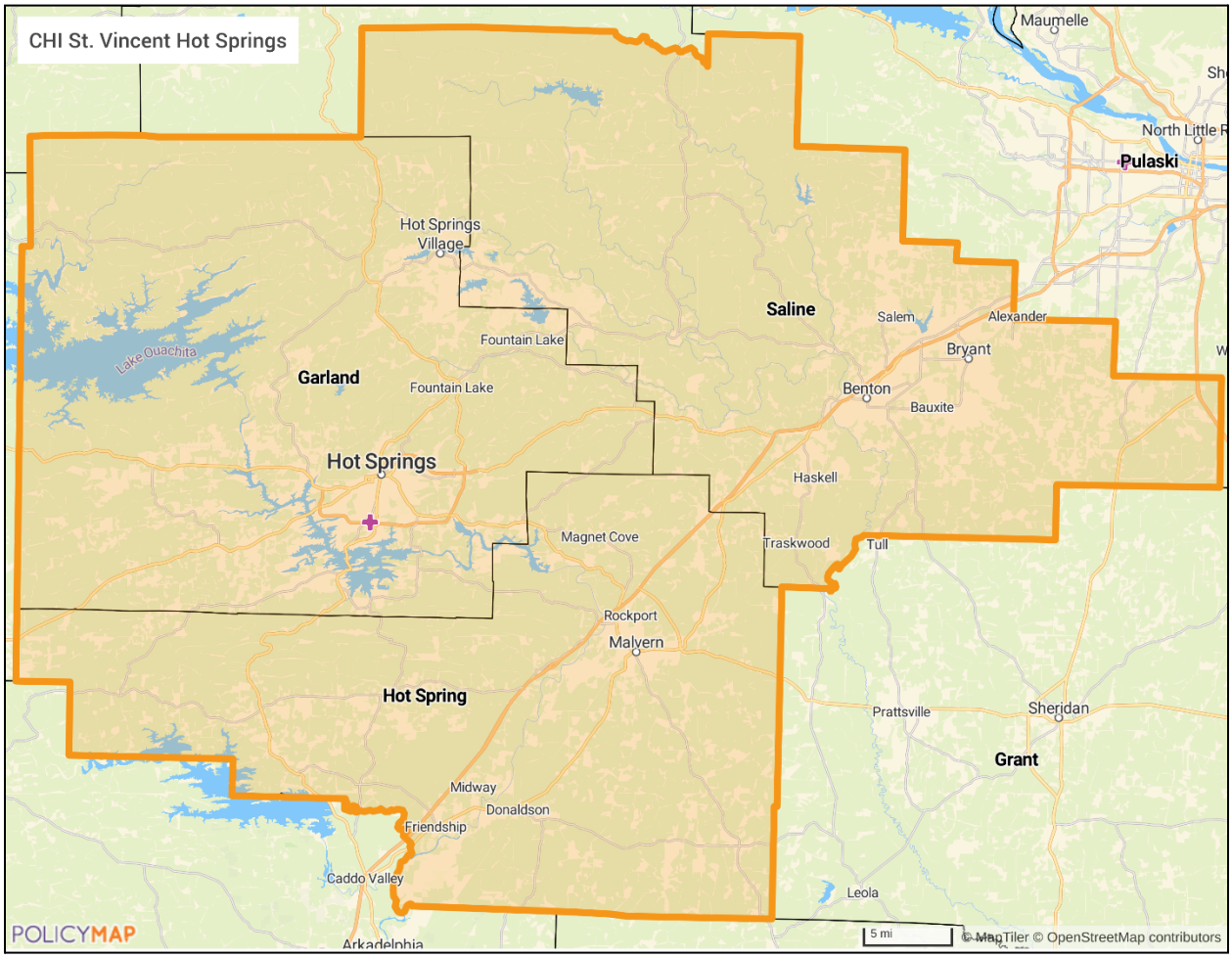
Community Definition

Service Area

CHI St. Vincent Hot Springs is a 280-bed faith-based hospital, located at 300 Werner St, Hot Springs, AR 71913. The hospital tracks counties of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as Garland County, Saline County, and Hot Spring County. A listing of the county ZIP Codes can be found in Attachment 1.

The Central Public Health Region of Arkansas comprises seven counties, including Garland and Saline Counties, as well as Faulkner, Grant, Lonoke, Perry, and Pulaski Counties. The Southwest Public Health Region contains Hot Spring County as well as 16 other counties. Some report data reference these geographical units.

CHI St. Vincent Hot Springs Service Area Map



In addition to CHI St. Vincent Hot Springs, the service area contains five hospitals and one behavioral health center: Baptist Health Medical Center – Hot Spring County, Christus Dubuis Hospital of Hot Springs, Levi Hospital (Hot Springs), National Park Medical Center (Hot Springs), Rivendell Behavioral Health Services of Arkansas (Saline County), and Saline Memorial Hospital (Saline County). *Source: 2024 PolicyMap, utilizing CDC's 2020 Social Vulnerability Index, 2016-2020 ACS data. https://www.policymap.com/*

The population of the service area is 257,138. Children and youth, ages 0-17, make up 21.3% of the population, 58.1% are adults, ages 18-64, and 20.6% of the population are seniors, ages 65 and older. The largest portion of the population in the service area identify as non-Hispanic White residents (81.3%), 8.5% of the population are non-Hispanic Black or African American residents and 5.5% are Hispanic or Latino residents. 3.2% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.9% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and 0.1% are non-Hispanic Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.2% of the service area population. In the service area, 94.3% of the population, 5 years and older, speak only English in the home. Among the area population, 4.2% speak Spanish, 0.9% speak an Indo-European language other than Spanish or English, and 0.7% speak an Asian or Pacific Islander language in the home.

Among the residents in the service area, 13.7% are at or below 100% of the federal poverty level (FPL) and 32.4% are at 200% of FPL or below. The highest poverty and low-income rates in the service area are found in Hot Spring County, where 19.7% of the population lives in poverty and 39.2% qualify as low-income. Among children, 19.8% are living in poverty, and 9.4% of senior adults are experiencing poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 4.6%. The median household income in the service area is $62,666.

In the service area, 17.4% of the population experienced food insecurity in 2022. Among children in the service area, 21.8% lived in households that experienced food insecurity. Feeding America estimated that 45% of those experiencing food insecurity in Garland County, 51% in Hot Spring County, and 31% in Saline County were income-eligible for nutritional programs such as SNAP.

In the service area, 92.7% of the civilian, non-institutionalized population has health insurance. Among adults, ages 19 to 64, 88.7% in the service area have coverage, Among area residents, 18% have Medicaid coverage.

Educational attainment is a key driver of health. In the hospital service area, 9% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (11.8%).

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Hot Spring County is designated as a Medically Underserved Area (MUA) for primary care, as are portions of Garland County and Saline County.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Hot Spring County is designated a Health Professional Shortage Area (HPSA) for low-income residents for primary care, dental health, and mental health.

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use, and preventive practices. Where available, these data are presented in the context of Garland County, Hot Springs County, Saline County, and Arkansas, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 2 compares Healthy People 2030 objectives with service area data.

Primary Data Collection

St. Vincent Hot Springs conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Eight (8) telephone interviews were conducted during October and November 2024. Interview participants included a broad range of stakeholders concerned with health and wellbeing who spoke to issues and needs in the communities served by the hospitals. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their

responses would remain confidential, and consent to proceed was given. Attachment 3 lists the stakeholder interview respondents, their titles and organizations. The interviews were structured to obtain greater depth and richness of information on significant health needs. First, interview participants were asked to describe, from their professional perspective, some of the major health issues impacting the community as well as the social determinants of health contributing to poor health in the community. Interview participants were also asked to rate the impact and importance of each health need on a brief survey prior to participating in the telephone interviews. Attachment 4 provides stakeholder responses to the interview questions.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The interviews focused on these significant health needs:

- Access to Care
- Chronic Diseases
- Economic Insecurity
- Food Insecurity
- Healthy Eating and Active Living
- Mental Health
- Preventive Practices (screenings, vaccines, injury prevention)
- Substance Use

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. St. Vincent Hot Springs invited written comments on the most recent CHNA report and Implementation Strategy both in the documents and on the web site where they are widely available to the public at https://www.commonspirit.org/stvincent/about-stvincent#our-community. No written comments have been received.

Project Oversight

The CHNA process was overseen by:
Michael W. Millard, M.Div., HEC-C
Market Director of Mission Integration
Ethics Chair
CHI St. Vincent, Arkansas

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an

independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The population of the CHI St. Vincent Hot Springs (Hot Springs) service area is 257,138. From 2017 to 2022, the service area population increased by 3.8%.

Total Population and Change in Population

	Total Population	Change in Population 2017-2022
Garland County	100,021	2.1%
Hot Spring County	33,129	-1.0%
Saline County	123,988	6.7%
Hot Springs Service Area	**257,138**	**3.8%**
Arkansas	**3,018,669**	**1.4%**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP05. http://data.census.gov

The service area population was 50.7% female and 49.3% male.

Population, by Gender

	Male	Female
Garland County	48.3%	51.7%
Hot Spring County	53.2%	46.8%
Saline County	49.0%	51.0%
Hot Springs Service Area	**49.3%**	**50.7%**
Arkansas	**49.4%**	**50.6%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05.http://data.census.gov

Children and youth, ages 0-17, make up 21.3% of the service area population, 58.1% are adults, ages 18-64, and 20.6% of the population are senior adults, ages 65 and older. The service area percentages ages 0-44 were lower than state rates, while the rates of adults, ages 45 to 85 and older, were higher than state rates.

Population, by Age

	Hot Springs Service Area		Arkansas	
	Number	Percent	Number	Percent
Age 0-4	13,761	5.4%	181,324	6.0%
Age 5-17	41,021	16.0%	515,944	17.1%
Age 18-24	19,242	7.5%	289,554	9.6%
Age 25-44	63,518	24.7%	767,924	25.4%
Age 45-64	66,550	25.9%	744,489	24.7%
Age 65-74	30,627	11.9%	304,000	10.1%
Age 75-84	17,321	6.7%	158,344	5.2%
85+	5,098	2.0%	57,090	1.9%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/

When the service area is examined by county, Saline County has the highest percentage of children and youth (23%) and the lowest percentage of senior adults (18.3%). Garland County has the highest percentage of senior adults, ages 65 and older, in the service area (24%).

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Garland County	100,021	19.8%	24.0%
Hot Spring County	33,129	19.6%	19.2%
Saline County	123,988	23.0%	18.3%
Hot Springs Service Area	**257,138**	**21.3%**	**20.6%**
Arkansas	**3,018,669**	**23.1%**	**17.2%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/

Senior adults living alone may be isolated and lack adequate support systems. Of the 53,046 senior adults who live in the service area, the percentage who live alone ranged from 20.9% in Saline County to 29.3% in Garland County.

Senior Adults Living Alone

	Total Senior Adults	Percent Living Alone
Garland County	24,045	29.3%
Hot Spring County	6,368	23.7%
Saline County	22,633	20.9%
Hot Springs Service Area	**53,046**	**25.1%**
Arkansas	**519,434**	**27.3%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02 & DP05. http://data.census.gov

Race and Ethnicity

The largest portion of the population in the service area identify as non-Hispanic White residents (81.3%), 8.5% of the population are non-Hispanic Black or African American residents and 5.5% are Hispanic or Latino residents. 3.2% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.9% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and 0.1% are non-Hispanic Native Hawaiian or Pacific Islander residents. Those who identify with a race and ethnicity not listed represent 0.2% of the service area population.

The service area has a higher percentage of White residents and a lower percentage of all other listed races and ethnicities than the state. The highest percentage of Black or African American residents in the area is found in Hot Spring County (11.4%), while Garland County has the highest percentage of Hispanic or Latino residents (6.2%), multiracial residents (3.8%), and American Indian or Alaska Native residents (0.5%). Saline County has the highest percentage of Asian residents (1.1%).

Race and Ethnicity

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
White, non-Hispanic	81.3%	80.8%	81.8%	81.6%	69.7%
Black or African American, non-Hispanic	8.5%	7.9%	11.4%	8.3%	15.1%
Hispanic or Latino	5.5%	6.2%	3.8%	5.4%	8.1%
Multiracial, non-Hispanic	3.2%	3.8%	2.4%	3.0%	4.6%
Asian, non-Hispanic	0.9%	0.7%	0.3%	1.1%	1.5%
American Indian or Alaska Native, non-Hispanic	0.3%	0.5%	0.3%	0.2%	0.4%
Some other race, non-Hispanic	0.2%	0.1%	0.02%	0.4%	0.2%
Native Hawaiian or Pacific Islander, non-Hispanic	0.1%	0.1%	0.02%	0.1%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/

Language

In the service area, 94.3% of the population, 5 years and older, speak only English in the home. Among the area population, 4.2% speak Spanish, 0.9% speak an Indo-European language other than Spanish or English, and 0.7% speak an Asian or Pacific Islander language in the home.

The highest percentage of Spanish-speakers (4.8%) and speakers of some other Indo-European language (1.5%) are found in Garland County, while the highest percentage of Asian or Pacific Islander language speakers (0.8%) is found in Saline County.

Language Spoken at Home for the Population, 5 Years and Older

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
Population, 5 years and older	**243,377**	**94,801**	**31,601**	**116,975**	**2,837,345**
English only	94.3%	93.1%	95.9%	94.8%	92.2%
Speaks Spanish	4.2%	4.8%	3.5%	3.8%	5.6%
Speaks non-Spanish Indo-European language	0.9%	1.5%	0.3%	0.6%	0.8%
Speaks Asian or Pacific Islander language	0.7%	0.6%	0.3%	0.8%	1.2%
Speaks other language	0.01%	0.01%	0.00%	0.02%	0.17%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English "less than very well." In the service area, 2.2% of the population is linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Garland County	2.7%
Hot Spring County	1.5%
Saline County	2.0%
Hot Springs Service Area	**2.2%**
Arkansas	**3.2%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. https://data.census.gov/

Veteran Status

In the service area, 9.2% of the civilian population, 18 years and older, are veterans. This is higher than the state rate (7.9%).

Veteran Status

	Percent
Garland County	10.3%
Hot Spring County	7.7%
Saline County	8.7%
Hot Springs Service Area	**9.2%**
Arkansas	**7.9%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Citizenship

In the service area, 3.2% of the population is foreign-born, which is lower than the state rate (5%). Of the foreign-born, 57% in the service area are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
Foreign born	3.2%	3.9%	1.1%	3.2%	5.0%
Of the foreign born, not a U.S. citizen	57.0%	59.0%	32.0%	57.4%	64.5%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. Arkansas has 75 counties, which are ranked from 1 to 75 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 75 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Saline County is ranked 2, Garland County is ranked 36, and Hot Spring County is ranked 39.

Social and Economic Factors Ranking

	County Ranking (out of 75)
Garland County	36
Hot Spring County	39
Saline County	2

Source: County Health Rankings, 2023 http://www.countyhealthrankings.org

Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 4.6%. This is lower than the state unemployment rate (5.1%). The highest rate of unemployment was found in Garland County (5.7%), and the lowest unemployment rate was in Saline County (3.8%).

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Garland County	44,837	2,541	5.7%
Hot Spring County	13,439	620	4.6%
Saline County	61,476	2,340	3.8%
Hot Springs Service Area	**119,752**	**5,501**	**4.6%**
Arkansas	**1,391,084**	**71,601**	**5.1%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov/

Poverty

The Census Bureau annually updates official poverty population statistics. For 2022, the Federal Poverty Level (FPL) was set at an annual income of $14,880 for one person and $29,678 for a family of four. Among the residents in the service area, 13.7% are at or below 100% of the federal poverty level (FPL) and 32.4% are at 200% of FPL or below. The highest poverty and low-income rates in the service area are found in Hot Spring County, where 19.7% of the population lives in poverty and 39.2% qualify as low-income. Saline County has the lowest rate of poverty (9.5%) and low-income residents (26%).

Poverty Levels, <100% FPL and <200% FPL

	<100% FPL	<200% FPL
Garland County	16.9%	38.3%
Hot Spring County	19.7%	39.2%
Saline County	9.5%	26.0%
Hot Springs Service Area	**13.7%**	**32.4%**
Arkansas	**16.2%**	**38.2%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/

Hot Spring County has the highest rate of poverty among children (31.1%), senior adults (12.1%), and female heads-of-household (HoH), living with their own children, under the age of 18 (45.4%) in the service area. Saline County has the lowest rate of poverty among these groups.

Poverty Among Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	Children	Senior Adults	Female HoH with Children*
Garland County	25.4%	11.0%	41.9%
Hot Spring County	31.1%	12.1%	45.4%
Saline County	13.4%	7.0%	21.8%
Hot Springs Service Area	**19.8%**	**9.4%**	**33.7%**
Arkansas	**22.2%**	**10.7%**	**39.8%**

*Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701 & *S1702. http://data.census.gov/ **No female HoH with Children recorded in county.*

The poverty rate among Black or African American residents (24.9%) exceeds the service area poverty rate (13.7%). The poverty rates among multiracial residents (22.9%), Hispanic or Latino residents (19.2%) and American Indian or Alaska Native residents (18.8%) also exceed the overall service area poverty rate. When population numbers are small, as with various groups, particularly in Hot Spring County where a rate may refer to as few as 61 people, care should be taken when comparing rates.

Poverty Level, <100% FPL, by Race and Ethnicity

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
Black or African American	24.9%	44.3%	28.6%	9.4%	28.9%
Multiracial	22.9%	28.2%	16.9%	19.1%	17.4%
Hispanic or Latino	19.2%	16.7%	51.8%	15.8%	20.9%
American Indian or AK Native	18.8%	21.2%	38.5%	4.4%	20.3%
White, non-Hispanic	11.9%	13.7%	17.1%	9.2%	12.9%
Native HI or Pacific Islander	11.3%	22.1%	**	0.0%	32.3%
Some other race	5.4%	4.4%	0.0%	6.4%	22.1%
Asian	4.3%	7.0%	51.8%	0.0%	12.0%
Total <100% FPL	**13.7%**	**16.9%**	**19.7%**	**9.5%**	**16.2%**

*Source: U.S. Census Bureau, American Community Survey, 2018-2022, S1701. http://data.census.gov/ **No one of this race or ethnicity recorded in the county.*

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. 41% of students in Saline County, 62% of Hot Spring County students, and 67% of Garland County students are eligible to receive free or reduced-price lunches.

Eligibility for Free and Reduced-Price Lunches

	Percent
Garland County	67%
Hot Spring County	62%
Saline County	41%
Arkansas	**65%**

Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America, 2019 & 2021 data, via County Health Rankings, 2024. http://www.countyhealthrankings.org

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- As a school, we are ensuring that we have the resources available to meet the needs of students so they can be successful. I feel like we do a great job with that in our school district. I feel like our community has a lot of resources available. There are some things that we just can't pay for and that becomes a challenge. For instance, we can't pay everybody's electric bills. But when it comes to meeting the needs of the child, providing clothing, providing food, we can meet those needs.
- The challenge we're facing is that kids are coming to us at the age of five and they're already behind. Most of that we see is a result of poverty. In contrast, in homes that are not in poverty, the parents are educated, and they are giving their children opportunities and teaching their children along the way, reading to them, taking them to the grocery store and talking about what they're seeing around them.
- Hot Springs is the most beautiful community, but we have very little industry. Our biggest industry is tourism. And a lot of times those are not the highest paying jobs. It's a lot of restaurants, motels, and convention work.
- The longer someone is unhoused, the longer it takes them to reverse their homelessness. Homelessness may be experienced by someone who just got laid off from their job, and they are living paycheck to paycheck.
- After the housing bubble bust, a lot of people lost their homes and their mortgages. People went from owning their homes to renting, which caused a supply and demand issue with rental properties. And landlords don't have any incentive to fix their properties up because people must take what they can get because there's nothing else available. Combined with economic insecurity, a person is unable to get a job and their rent has tripled. That contributes to our homelessness issue.

- When people fall behind in their utility bills, it impacts their quality of life. They have no electricity or water. They can't cook or bathe. With most agencies around here, the money runs out fast because the needs are so great. We only offer help once every 12 months and we work with them to stabilize their situations. These are not the same people seeking help each month.
- During the pandemic there were some safety nets that were put in place. After the pandemic, those safety nets have been removed. And now people are in worse condition because of inflation and housing costs. We have seen an uptick in people who need help.
- People are having a difficult time buying gas and groceries. There are food insecurities with the high cost of living these days. I think in the state of Arkansas, for ALICE, which is $40,000 or $45,000, a family of four would be out of money in a month just paying the basic needs like rent. Rent has gone sky high. It's not affordable around here and there's not enough housing.
- There has been a noticeable increase in homelessness. Previously, we wouldn't see this number of people on the streets, the greenway, and living in the woods.
- A contributing issue is a childcare shortage in Garland County. When helping people get employed, we find it's cheaper for them to stay at home and not work versus putting their child in daycare and getting a job.
- Transportation is another massive problem.
- Many of our patients live in extremely crowded households because they must live with a large group of people to just stay sheltered, which also impacts their health.
- A lot of people who come to the food pantries may skip meals because they have prescription drugs they need to pay for, or their car broke down and they can't afford to repair the car.
- A two-person family unit has more monetary resources. When that is broken apart from the identification or an allegation of abuse toward one primary adult in that child's life, economic security is challenged or created.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care in their area, as Broadband access to providers holds the promise of closing gaps in care.

Arkansas ranks 49 out of the 50 U.S. states in terms of Broadband coverage, according to *BroadbandNow's* annual ranking of internet coverage, speed, and availability.

Arkansas ranks 48 out of 50 states for access to at least 100Mbps broadband, and 39 out of 50 states for access to 1G broadband. 93.3% of Saline County residents have Broadband coverage (a minimum of 25/3 Mbps) in their area, but only 68% of Hot Spring County residents have Broadband coverage.

Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	**100+ Mbps**	**1 Gig**
Garland County	86.3%	85.6%	84.1%
Hot Spring County	68.0%	67.9%	66.9%
Saline County	93.3%	92.4%	91.3%
Arkansas	**86.3%**	**78.0%**	**54.7%**

Source: BroadbandNow,2024 data. https://broadbandnow.com/Arkansas

Transportation

Service area workers spent on average 24.2 minutes a day commuting to work. 80.8% of workers drove alone to work and 34.8% of solo drivers have a long commute (greater than 30 minutes one way). 10.8% of area workers carpooled to work. Very few workers commuted by public transportation (0.2%) or walked to work (1.2%), and 5.9% worked from home. It should be noted that these data span from 2018 to 2022, from pre- to post-Pandemic. As such, it may not be fully reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
Mean travel time to work (in minutes)	24.2	21.5	28.0	25.2	22.2
Drove alone to work	80.8%	80.0%	81.3%	81.2%	80.7%
Solo drivers with a long commute**	34.8%	23.8%	45.8%	40.1%	27.7%
Carpooled to work	10.8%	10.9%	12.5%	10.3%	9.6%
Commuted by public transportation	0.2%	0.3%	0.2%	0.1%	0.3%
Walked to work	1.2%	1.6%	2.2%	0.7%	1.5%
Other means	1.1%	1.6%	1.3%	0.7%	1.2%
Worked from home	5.9%	5.5%	2.4%	6.9%	6.7%

*Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03 & **S0802; defined as >30 min. one way. https://data.census.gov/*

Households

Many factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find

replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.
http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 103,585 households and 118,557 housing units. Over the last five years, the population increased by 3.8%, and the number of households increased by 8.3%. From 2017 to 2022, owner-occupied households increased by 10.5% and renter-households increased by 2.3%. Housing units grew by 4.9%, and vacant units decreased by 13.6%, to 12.6% of overall housing stock.

Households and Housing Units and Percent Change, Hot Springs Service Area

	2017		2022		Percent Change
	Number	Percent	Number	Percent	
Housing units	112,992		118,557		4.9%
Vacant	17,325	15.3%	14,972	12.6%	-13.6%
Households	95,667		103,585		8.3%
Owner occ.	69,460	72.6%	76,780	74.1%	10.5%
Renter occ.	26,207	27.4%	26,805	25.9%	2.3%

Source: U.S. Census Bureau, American Community Survey, 2013-2017 & 2018-2022, DP04. http://data.census.gov/

The weighted average of the median household income in the service area is $62,666, and ranges from $50,260 in Hot Spring County to $73,236 in Saline County.

Median Household Income

	Households	Median Household Income
Garland County	43,220	$54,229
Hot Spring County	11,900	$50,260
Saline County	48,465	$73,236
Hot Springs Service Area*	**103,585**	***$62,666**
Arkansas	**1,171,694**	**$56,335**

*Source: U.S. Census Bureau, 2018-2022 American Community Survey, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 23.4% of owner and renter occupied households in the service area spend 30% or more of their income on housing. The county with the highest percentage of households spending 30% or more of their income on housing is Garland County (27.8%). Among renters-only, the rates are much higher, with 40% of service area renter households being cost burdened, as opposed to 18.4% for owner households. Garland County also has the highest rate of cost-burdened renters (42%) and owner (21.9%) households.

Households that Spend 30% or More of Income on Housing

	All Households	Owner Households	Renter Households
Garland County	27.8%	21.9%	42.0%

	All Households	Owner Households	Renter Households
Hot Spring County	21.2%	18.1%	36.5%
Saline County	20.1%	15.6%	38.1%
Hot Springs Service Area	**23.4%**	**18.4%**	**40.0%**
Arkansas	**25.3%**	**16.6%**	**44.5%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP04. http://data.census.gov/

Households by Type

In the service area, 20.8% of households are family households (married or cohabiting couples) with children under 18 years old, 5.4% of households are households with a female as head of household with children, with no spouse or partner present, and 12.8% of area households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Garland County	43,220	16.2%	6.5%	16.3%
Hot Spring County	11,900	19.9%	3.7%	12.7%
Saline County	48,465	25.1%	4.8%	9.8%
Hot Springs Service Area	**103,585**	**20.8%**	**5.4%**	**12.8%**
Arkansas	**1,171,694**	**20.0%**	**5.9%**	**12.1%**

*Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

Homelessness

A point-in-time count of homeless people is normally conducted biannually in Arkansas. It is scheduled to occur on a single night in the third week of January, unless the weather does not permit. Two of the three service area counties are part of the Balance of State Continuum of Care (BoS CoC) for Arkansas. Within the Arkansas Balance of State CoC, there are Local Homeless Coalitions (LMCs), including the Southwest Arkansas Partnership (SWAP), which serves Garland and Hot Spring Counties, in addition to Clark, Montgomery, Nevada and Pike Counties. Saline County is part of the Little Rock/Central Arkansas CoC, which also serves Pulaski, Prairie, and Lonoke Counties.

On the night of January 26, 2023, there were an estimated 180 homeless individuals in the 6 counties counted by the Southwest Arkansas Partnership LHC. 140 of these homeless individuals were counted in Garland County (10 in shelters) and 33 in Hot Spring County, all unsheltered. From 2015 to 2023, the homeless population rose 19.6% in the BoS CoC, while the proportion of sheltered homeless declined from 49.9%

in 2015 to 44.7% in 2023. The proportion of sheltered homeless persons in emergency housing versus transitional housing rose from 81.3% in 2015 to 84.1% in 2023.

Homeless Point-in-Time Count, Arkansas Balance of State CoC, 2015 to 2023

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2015	365	295	68	728
2017	435	305	82	822
2019	545	221	45	811
2023	482	327	62	871
Garland County, 2023	130	10		140
Hot Spring County, 2023	33	0		33

Source: U.S. Department of Housing and Urban Development (HUD), 2022 Continuum of Care (CoC) Homeless Populations and Subpopulations report. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/ and (for county counts) Arkansas BoS 2023 PIT Count, Southwest Arkansas Partnership. https://www.arboscoc.org/point-in-time-count/

Among sheltered and unsheltered persons who were experiencing homelessness in Southwest Arkansas, 4.4% were children, under age 18, 11.1% were 'transition-age youth', ages18 to 24, 6.7% were veterans, and 23.3% were chronically homeless. Among unhoused adults, 33.9% were identified as having a mental health illness, 23.3% were identified as having a substance use disorder, and 7.2% as being survivors of domestic violence.

Homeless Subpopulations, Southwest Arkansas Partnership LMC, 2023

	Count	Percent
Children, under age 18	8	4.4%
Youth, ages 18 to 24	20	11.1%
Parenting youth, ages 18 to 24	0	-
Veterans	12	6.7%
Chronically homeless	42	23.3%
Transgender, nonbinary or questioning	0	-
Adults with mental health illness	61	33.9%
Adults with substance use disorder	42	23.3%
Survivors of domestic violence	13	7.2%

Source: Arkansas Balance of State 2023 PIT Count, Southwest Arkansas Partnership (SWAP). https://www.arboscoc.org/point-in-time-count/

The proportions of people experiencing homelessness by race and ethnicity are substantially different when compared to the general population of the county. Fewer people identifying as White residents, Asian or Asian American residents, or multiracial residents were experiencing homelessness, as compared to the makeup of the general population. More people identifying as Black, African American or African residents, Hispanic or Latino residents, and Native Hawaiian or Pacific Islander residents were experiencing homelessness, as compared to the makeup of the general population.

Homeless Population, by Race and Ethnicity, Southwest Arkansas Partnership LMC

	Percent of General Population*	Percent of Homeless Population
Non-Hispanic or Latino	94.4%	93.3%
Hispanic or Latino	5.6%	6.7%
White	84.3%	74.4%
Black or African American or African	8.8%	23.9%
Native or Indigenous	0.5%	0.6%
Asian or Asian American	0.6%	-
Native Hawaiian or Pacific Islander	0.1%	0.6%
Multiracial	4.5%	0.6%

*Source: Garland County Human Services Agency (HAS), 2022 One Day Homeless Count. https://www.smcgov.org/hsa/2022-one-day-homeless-count and *Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP05. http://data.census.gov/*

According to information reported to the Arkansas Department of Education by public school districts, there were 436 homeless children in Garland County during the 2022-2023 school year, and 130 homeless children in Hot Spring County. The vast majority (87.6% in Garland County and 93.8% in Hot Spring County) were reported to be living 'doubled up', meaning they were staying with friends or relatives after having lost their housing. 6.2% of the homeless schoolchildren in Garland County and 3.8% in Hot Spring County were said to be living in a hotel or motel. 19 children in Garland County were reported to be living in a homeless shelter, and 8 schoolchildren in Garland County and 3 in Hot Spring County were reported to be living unsheltered.

Homeless Schoolchildren

	Garland County		Hot Spring County	
	Count	Percent	Count	Percent
Sheltered	19	4.4%	0	-
Unsheltered	8	1.8%	3	2.3%
Hotels or motels	27	6.2%	5	3.8%
Doubled up (living with others)	382	87.6%	122	93.8%
Total	**436**	**100%**	**130**	**100%**

Source: Arkansas Balance of State 2023 PIT Count, Southwest Arkansas Partnership (SWAP). https://www.arboscoc.org/point-in-time-count/

In the Little Rock/Central Arkansas CoC (which includes Saline County, in addition to Pulaski, Prairie, and Lonoke Counties), there was a 27.5% reduction in the number of persons experiencing homelessness from 2019 (1,066 persons) to 2023 (773 persons). The proportion of unsheltered homeless people has risen, from 40.8% in 2015 to 60% of all homeless persons in 2023, largely due to a reduction in transitional housing.

Homeless Point-in-Time Count, Little Rock/Central Arkansas CoC, 2015 to 2023

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2015	339	254	237	830
2017	550	316	140	1,006

Year of Count	Unsheltered	Sheltered		Total Homeless Persons
		Emergency	Transitional	
2019	573	292	201	1,066
2023	464	227	82	773

Source: U.S. Department of Housing and Urban Development (HUD), 2022 Continuum of Care (CoC) Homeless Populations and Subpopulations report. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

Among sheltered and unsheltered persons who are homeless in Little Rock and Central Arkansas, 9.6% were children, under age 18, 4 of whom were unaccompanied minors, one with a child of their own, 8% were 'transition-age youth' (18 to 24 years old), two of whom were parents of a child, 7.9% were veterans, and 66.1% were chronically homeless. Among unhoused adults, 12.4% were identified as having a severe mental illness, 11.6% were identified as having a chronic substance use disorder, 13.2% as being survivors of domestic violence, 0.6% were transgender or gender non-conforming, and 0.6% had HIV or AIDS.

Homeless Subpopulations, Little Rock/Central Arkansas CoC

	Count	Percent
Children, under age 18	74	9.6%
Parenting minors, under age 18	1	0.1%
Unaccompanied minors	4	0.5%
Youth, ages 18 to 24	62	8.0%
Parenting youth, ages18 to 24	2	0.3%
Veterans	61	7.9%
Chronically homeless	511	66.1%
Transgender, nonbinary or questioning	5	0.6%
Adults with severe mental illness	96	12.4%
Adults with chronic substance use disorder	90	11.6%
Survivors of domestic violence	102	13.2%
With HIV/AIDS	5	0.6%

Source: U.S. Department of Housing and Urban Development (HUD), 2022 Continuum of Care (CoC) Homeless Populations and Subpopulations report. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

Public Program Participation

In the service area, 6.1% of households received SSI benefits, 2.1% received cash public assistance income, and 9.4% of households received food stamp benefits. The rates of SSI and food stamp benefits are highest in Hot Spring County, and the rate of cash public assistance income is highest in Saline County.

Household Supportive Benefits

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
Total households	103,585	43,220	11,900	48,465	1,171,694
Supplemental Security Income (SSI)	6.1%	7.2%	7.6%	4.7%	6.3%
Public Assistance	2.1%	1.8%	2.2%	2.3%	1.9%

Food Stamps/SNAP	9.4%	11.5%	13.7%	6.4%	11.0%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov

Food Stamp Eligibility and Participation Among Senior Adults

According to the National Council on Aging, 72.7% of eligible senior adults in Arkansas are not enrolled in the SNAP, or food stamp program. Participation is lower in the multi-county area that includes Garland and Hot Spring Counties along with Clark and Montgomery Counties, with 78.6% of eligible senior adults failing to enroll. Saline County has the lowest participation rate in the service area, with 81.6% of eligible senior adults, or 2,995 people, not enrolled in the food stamp program.

Food Stamp Non-Participation, Number and Percent of Unenrolled Eligible Senior Adults

	Number	Percent
Garland, Hot Spring, Clark, and Montgomery Counties	Not Available	78.6%
Saline County	2,995	81.6%
Arkansas	53,696	72.7%

Source: National Council on Aging, Benefits Participation Map, 2024, 2018 data. https://www.ncoa.org/benefits-participation-map

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In the service area, 17.4% of the population experienced food insecurity in 2022. Among children in the service area, 21.8% lived in households that experienced food insecurity. Feeding America estimated that 45% of those experiencing food insecurity in Garland County, 51% in Hot Spring County, and 31% in Saline County were income-eligible for nutritional programs such as SNAP. They further estimated that 75% of Garland County children, 74% of Hot Spring County children, and 54% of Saline County children experiencing food insecurity lived in households that were income-eligible for nutritional programs.

Food Insecurity Experienced During the Year

	Total Population		Children Under 18	
	Number	Rate	Number	Rate
Garland County	19,560	19.6%	5,170	26.2%
Hot Spring County	6,770	20.4%	1,820	28.0%
Saline County	18,430	14.9%	4,940	17.3%
Hot Springs Service Area*	**44,760**	**17.4%**	**11,930**	**21.8%**
Arkansas	**567,110**	**18.6%**	**168,430**	**24.2%**

Source: Feeding America, 2022. https://map.feedingamerica.org/county/2022/overall/Arkansas/county/garland

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- We have great partners across our community to help us. We have the Project Hope Food Bank. We have Jackson House, who helps feed the homeless. We have several partnerships with faith-based community members and churches that help us with backpack food for our kids. Our Board of Realtors does a major food drive and helps us with Thanksgiving boxes for families. And as a result, we can provide a lot of food support to students and families.
- The need for food has increased by almost 40% over the past year. I believe it is due to food prices. We're seeing families that were once self-sufficient now seeking help to make it through the month.
- The current situation is much more severe than it was during the pandemic and a lot more severe than 2019, prior to the pandemic. We are seeing such high food prices and it's just unreal how many people are struggling.
- In Garland County, the latest results show that about one in five people struggle with food insecurity and an alarming 26% of those are children.
- Often seniors don't want to admit they are food insecure because they fear the loss of independence.
- Arkansas has been identified by the USDA as the number one state in the country for food insecurity. We have a lot of food deserts.
- We're seeing a lot more lines at our pantries. During the pandemic, we had more federal assistance to provide healthy foods. During the pandemic, there was a lot of food that was sitting around, and they couldn't sell, like distribution centers. The Federal government went in and worked with food banks across the nation to redistribute that food at no cost to the food banks. Now we are having to fund ourselves more through our private donations.
- In the state of Arkansas, at our food bank, we cover 33 counties. Pre pandemic we were distributing about 28 million pounds of food a year. And we are currently on track to distribute 42 million pounds of food this year. During Covid, we did 40 million. At present, we are distributing more than during Covid. And that's not just us, that's nationwide. It is impacting every single state.
- We are one of the lowest SNAP utilization states in the country. Food banks are trying to get the community to get their SNAP benefits increased. That funding doesn't come from the state, it comes from the federal government. People haven't signed up because of a lack of education and knowledge about available resources. The other part of it is the application is over 30 pages long; it is extremely difficult and intrusive. Local food banks are now hiring case managers to help individuals fill out the paperwork for SNAP.

Educational Attainment

Educational attainment is a key driver of health. In the service area, 9% of adults, ages 25 and older, lack a high school diploma, which is lower than the state rate (11.8%).

25.5% of area adults have a bachelor's degree or higher degree, which is higher than the state rate (24.7%). Residents of Garland County are the most likely to have a graduate or professional degree. Residents of Saline County are the most likely to have a bachelor's degree. Residents of Hot Spring County are the most likely to lack a high school diploma, and the least likely to have a college degree.

Education Levels, Population 25 Years and Older

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas
Population, 25 years and older	**183,114**	**72,911**	**24,022**	**86,181**	**2,031,847**
Less than 9th grade	2.6%	2.5%	2.6%	2.6%	4.4%
9th to 12th grade, no diploma	6.5%	6.9%	8.9%	5.5%	7.4%
High school graduate	32.2%	31.2%	39.3%	31.0%	34.1%
Some college, no degree	23.9%	24.4%	25.3%	23.1%	21.5%
Associate's degree	9.4%	9.8%	8.4%	9.3%	7.9%
Bachelor's degree	16.8%	15.8%	10.1%	19.6%	15.6%
Graduate/professional degree	8.6%	9.4%	5.4%	8.9%	9.1%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Among area school districts, Bismark, Cutter-Morning Star, Glen Rose, Hot Springs, Lake Hamilton, Magnet Cove, and Malvern School Districts did not meet this objective for the 2022-2023 school year.

High School Graduation Rates, 2022-2023

	Percent
Bauxite School District	95.0%
Benton School District	94.9%
Bismarck School District	89.2%
Bryant Public Schools	94.8%
Cutter-Morning Star School District	90.3%
Fountain Lake School District	93.9%
Glen Rose School District	82.7%
Harmony Grove School District	92.2%
Hot Springs School District	85.1%
Jessieville School District	92.1%
Lake Hamilton School District	88.1%
Lakeside School District	>95%
Magnet Cove School District	86.3%
Malvern School District	88.1%
Mountain Pine School District	>95%
Ouachita School District	>95%
Arkansas	**89.0%**

Source: Arkansas Department of Education, Division of Elementary and Secondary Education, Graduation Rate Files by Year, 2010-Present, 2023 Graduation Rates.
https://dese.ade.arkansas.gov/Offices/public-school-accountability/school-performance-and-monitoring/cohort-graduation-rates

Crime and Violence

Arkansas' Crime Information Center reports crimes in four categories. Crimes against persons include crimes such as homicide, assault, sexual assault, intimidation and sex trafficking. Crimes against property are divided into Section A, which includes crimes such as arson, bribery, burglary, vandalism, extortion, embezzling and fraud, and Section B, which includes crimes such as robbery, theft and motor vehicle theft. Finally, crimes against society include crimes such as drugs, gambling, prostitution, animal cruelty and weapons violations.

The crime numbers and rates are those crimes reported by the agencies located in the county, regardless of where the crimes may have occurred. In Garland County, reporting agencies included the Garland County Sherriff's Office and the Hot Springs Police Department. In Hot Spring County they consist of the Malvern Police Department. In Saline County they include the Benton, Bryant, Haskell and Shannon Hills Police Departments as well as the Saline County Sheriff's Office.

Crime rates in all four categories are highest among the service area counties in Hot Spring County. Rates in Saline County for all four categories of crime are below the rates in the other two counties. The overall service area rate of crimes against persons and crimes against society are lower than the state rates for such crimes, whereas the area rate for Section A property crimes is higher than the state rate.

Violent Crime and Property Crime, Rates per 100,000 Persons

	Crimes Against Persons		Crimes Against Property – A		Crimes Against Property – B		Crimes Against Society	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Garland County	1,368	1,365.4	2,348	2,343.6	2,668	2,663.0	7,327	7,313.2
Hot Spring County	175	1,587.9	266	2,413.6	298	2,703.9	827	7,503.9
Saline County	1,423	1,130.8	1,576	1,252.4	1,892	1,503.6	5,999	4,767.4
Service Area Total	**2,966**	**1,251.2**	**4,190**	**1,767.6**	**4,858**	**2,049.4**	**14,153**	**5,970.6**
Arkansas	**63,129**	**2,163.4**	**49,020**	**1,680.0**	**60,926**	**2,088.0**	**207,265**	**7,103.4**

Source: Arkansas Department of Public Safety, Arkansas Crime Information Center, Crime Statistics, Crime in Arkansas 2023, Offence by Contributor. https://www.dps.arkansas.gov/crime-info-support/arkansas-crime-information-center/crime-statistics/

In the service area, the rate of children under age 18 who experienced abuse ranged from 5.7 per 1,000 children (Saline County) to 10.8 per 1,000 children (Hot Spring County). These rates were lower than the state rate of 13.5 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	Garland County	Hot Spring County	Saline County	Arkansas
Substantiated cases of child abuse and neglect	7.6	10.8	5.7	13.5

Source: Arkansas Community Foundation, Aspire Arkansas 2021. https://www.aspirearkansas.org/families/child-abuse-and-neglect

Air and Water Quality

Average Daily Density of Fine Particulate Matter

Fine particulate matter, also called PM2.5 because it is particulate matter of 2.5 micrometers or less in diameter, is a type of air pollution that can cause serious health problems. In 2019, the average daily density of fine particulate matter pollution in Garland County was 8.9 micrograms per cubic meter of air, which is the same rate of particulate matter per cubic meter found in Arkansas. Rates of fine particulate matter air pollution in Hot Spring County (9.7 µg/m3) and Saline County (10.1 µg/m3) were higher than the state rate.

Average Daily Density, Fine Particulate Matter (PM2.5), Micrograms/Cubic Meter (µg/m3)

	Garland County	Hot Spring County	Saline County	Arkansas
Average daily density of PM2.5	8.9	9.7	10.1	8.9

Source: Environmental Public Health Tracking Network, 2019 data, via 2024 County Health Rankings. http://www.countyhealthrankings.org

Drinking Water Quality Violations

For 2022, there were no health-related drinking water violations reported for the three service area counties.

Water Quality Violations

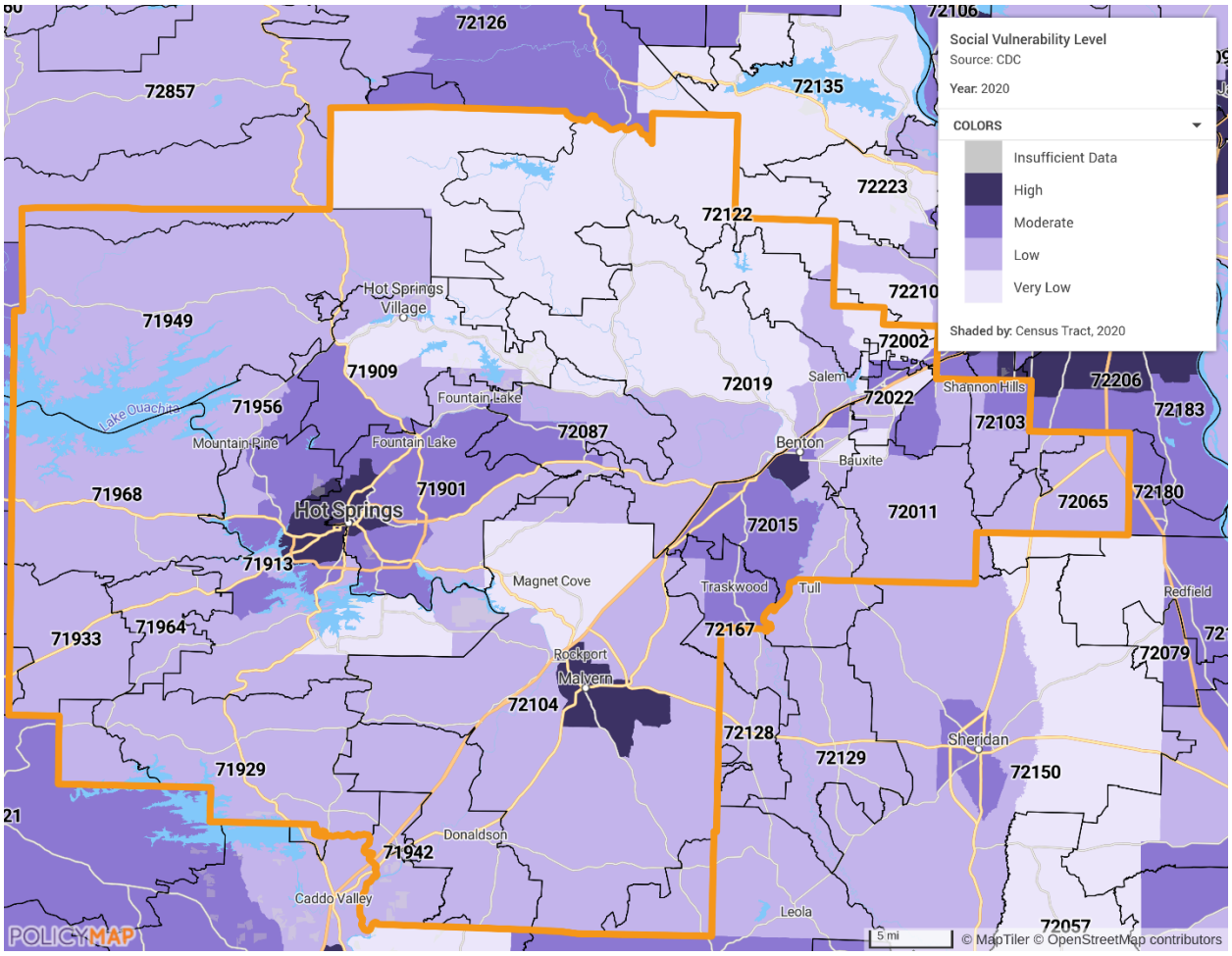
	Garland County	Hot Spring County	Saline County
Monitoring and reporting violations	None	None	None

Source: Safe Drinking Water Information System, 2022 data, via 2024 County Health Rankings. http://www.countyhealthrankings.org

Social Vulnerability

One tool used to assess health needs is the Social Vulnerability Index (SVI). The SVI analyzes data at the Census Tract level. Social vulnerability refers to populations that are particularly vulnerable to disruption and health problems as a result of natural disasters, human-made disasters, climate change, and extreme weather. The SVI was created to help flag areas that will be in greatest need of support and recovery assistance in the case of a disaster or extreme weather event. The index is comprised of four categories of vulnerability: socioeconomic status, household composition and disability, minority status and language, and housing and transportation.

Garland County is considered to be ‘High’ vulnerability based on SVI criteria, Hot Spring County is ‘Moderate’ vulnerability, and Saline County is ‘Low’ overall. Each area county, however, does have a ‘High’ rated region. In Garland County it is a large area in and around northwestern Hot Springs. In Hot Spring County it is the south side of Rockport, into Malvern and Perla and extending southeast of Perla. In Saline County there is an area of high vulnerability on the southwest side of Benton.



Source: 2024 PolicyMap, utilizing CDC’s 2020 Social Vulnerability Index, 2016-2020 ACS data. https://www.policymap.com/

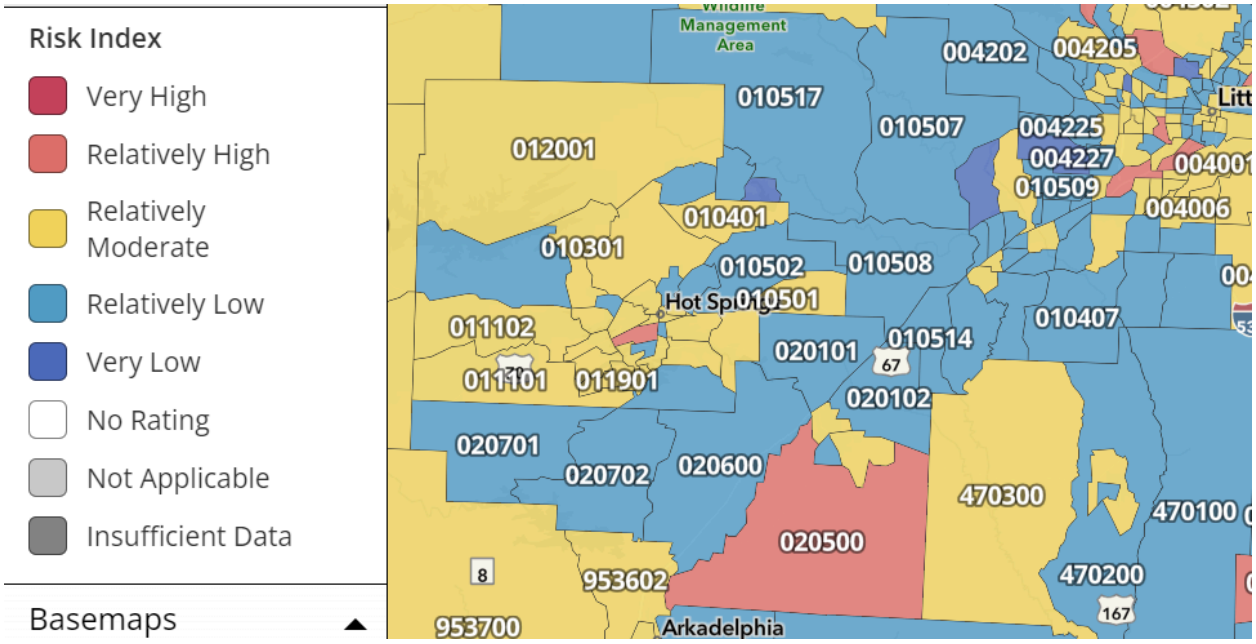
National Risk Index for Environmental Hazard

An additional tool is the National Risk Index from the Federal Emergency Management Agency (FEMA), which is a dataset and online tool to help illustrate the U.S. communities most at risk for 18 natural hazards. The risk equation behind the Risk Index includes three components: a natural hazards component (Expected Annual Loss, in 2022 U.S. dollars), a consequence enhancing component (Social Vulnerability, as seen on the above map), and a consequence reduction component (Community Resilience).

A large Census Tract in the southeast corner of Hot Spring County and a smaller one in the city of Hot Springs have a relatively high Risk Index score, and large areas of Garland County and small areas of Saline County have a relatively moderate Risk Index score.

Of the 18 natural hazard risks, the tract in Hot Spring County is considered to be at 'very high' risk from riverine flooding and strong winds, relatively high risk from hail, heat wave, lightning, tornado, and winter weather, and relatively moderate risk from ice storms and landslide.

The tract in the city of Hot Springs is at very high risk from lightning, strong winds, tornadoes, and winter weather, relatively high risk from cold wave, hail, heat wave, and landslide, and relatively moderate risk from ice storms.



Source: U.S. Federal Emergency Management Agency (FEMA), National Risk Index https://hazards.fema.gov/nri/map

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 92.7% of the civilian, non-institutionalized population in the service area has health insurance. However, the rates in Hot Spring County (92.3%) and Garland County (90.8%) do not meet the Healthy People objective. Rates are higher among children, with 96.2% in the service area having coverage, and all three counties meet the objective. Among adults, ages 19 to 64, 88.7% in the service area have coverage, and rates range from 85.4% in Garland County to 91.2% in Saline County.

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	Total Population	Children Ages 0-18	Adults Ages 19-64
Garland County	90.8%	95.1%	85.4%
Hot Spring County	92.3%	95.9%	88.6%
Saline County	94.2%	97.0%	91.2%
Hot Springs Service Area	**92.7%**	**96.2%**	**88.7%**
Arkansas	**91.2%**	**94.6%**	**87.2%**

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP03. http://data.census.gov/

The lowest overall rate of health insurance in the service area is among Hispanic residents (77.2%), who also have the lowest rate among adults, ages 19 to 64 (63.2%), and senior adults (91.3%). Black or African American residents have the lowest rate of health insurance coverage among children (92.2%). NOTE: Rates based on low numbers (such as the estimated 168 Native Hawaiian or Pacific Islander residents living in the service area, only 15 of whom are senior adults) are unreliable and should be interpreted with caution.

Health Insurance, by Race and Ethnicity, and Age Group, for the Service Area

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Native Hawaiian or Pacific Islander	100.0%	100.0%	100.0%	100.0%
American Indian or Alaskan Native	98.5%	97.8%	98.0%	100.0%
Non-Hispanic White	94.0%	97.0%	90.5%	99.8%
Multiracial	91.7%	97.0%	86.2%	95.6%
Asian	91.5%	100.0%	87.9%	100.0%
Black or African American	88.7%	92.2%	85.4%	99.0%
Other race	80.9%	95.5%	71.2%	92.3%
Hispanic	77.2%	93.6%	63.2%	91.3%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, C27001B thru C27001I. http://data.census.gov/ N/A = No residents of this category were recorded, or no health insurance coverage information for them was available.

When looked at by type of coverage, 39% of service area residents have coverage through an employer's plan, 5.9% through private insurance, 1.5% through Tricare, the VA or another military plan, 7.9% through Medicare alone, and 7.3% are uninsured. 18% of service area residents have health insurance coverage through Medicaid alone, 2.4% through a combination of Medicaid and Medicare, and 17.9% through some combination of two or more other types of coverage.

Health Insurance, by Type, All Ages

	Garland County	Hot Spring County	Saline County	Hot Springs Service Area	Arkansas
Employer-based only	29.7%	33.5%	47.8%	39.0%	39.1%
Direct purchase only	6.0%	5.3%	6.0%	5.9%	5.6%
Tricare/military or VA only	1.5%	1.8%	1.4%	1.5%	1.3%
Medicare only	8.9%	9.5%	6.7%	7.9%	7.1%
Medicaid only	22.3%	24.3%	13.0%	18.0%	20.3%
Medicaid and Medicare	2.9%	3.4%	1.8%	2.4%	2.8%
Other two-or-more types	19.4%	14.7%	17.5%	17.9%	15.0%
Uninsured	9.2%	7.7%	5.8%	7.3%	8.8%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, B27010. http://data.census.gov/

Annual Checkup

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. In the service area, 79.6% of adults had seen a doctor for a routine checkup within the prior year.

Visited Doctor for Routine Checkup, Past Year, Adults

	Percent
Garland County	80.6%
Hot Spring County	79.4%
Saline County	78.8%
Hot Springs Service Area*	**79.6%**
Arkansas*	**78.4%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of county rates.*

Primary Care Physicians

The ratio of the population to primary care physicians in Garland County is 1,209:1, which is higher than the state ratio of 1,478 persons per primary care physician. The ratio in Saline County is 2,556:1 and the ratio in Hot Spring County is 4,144 residents to 1 primary care physician.

Primary Care Physicians, Number and Ratio

	Garland County	Hot Spring County	Saline County	Arkansas
Number of primary care physicians	83	8	49	2,047
Ratio of population to primary care physicians	1,209:1	4,144:1	2,556:1	1,478:1

Source: County Health Rankings, 2024; data from 2021. http://www.countyhealthrankings.org

HPSA and MUA Designations

The U.S. Health Services Administration (HRSA) designates medically underserved areas/populations (MUA) as areas or populations having too few primary care providers, high infant mortality, high poverty, or a high elderly population. Hot Spring County is designated as a Medically Underserved Area (MUA) for primary care, as are portions of Garland County and Saline County.

There are three categories of Health Professions Shortage Area (HPSA) designations based on the health discipline that is experiencing a shortage: 1) primary medical, 2) dental, and 3) mental health. The primary factor used to determine a HPSA designation is the number of health professionals relative to the population with consideration of high need. Hot Spring County is designated a Health Professional Shortage Area (HPSA) for low-income residents for primary care, dental health, and mental health.

Source: U.S. Department of Health and Human Services, HPSA-find and MUA-find tools. https://data.hrsa.gov/tools/shortage-area. Accessed Sept. 25, 2024.

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area counties and information from the Uniform Data System (UDS)[1], 32.9% of the population in the service area is low-income (200% of Federal Poverty Level) and 12.9% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Arcare, Cabun Rural Health Services Inc., Healthy Connections Inc., and Jefferson Comprehensive Care System.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 8,774 patients in the service area, which equates to 10.5% penetration among low-income patients and 3.4% penetration among the total

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

population. From 2020-2022, the Community Health Center providers served 1,357 additional patients for an 18.3% increase in patients served in the service area. There remain 74,845 low-income residents, 89.5% of the population, at or below 200% FPL, that are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
83,619	8,774	10.5%	3.4%	74,845	89.5%

Source: Health Center Program GeoCare Navigator, 2024, 2017-2021 population numbers. https://geocarenavigator.hrsa.gov/

Dental Care

Among service area adults, 59.3% had visited a dentist in the prior year, which is higher than the state rates (54.7%). Rates were highest in Saline County (62.7%) and lowest in Hot Spring County (51.8%). Whether senior adults, ages 65 and older, have any remaining natural teeth serves is an indicator of access to dental care. Among service area senior adults, 16.6% lack any natural teeth, which is lower than the state rate (18.6%). However, rates are higher in Garland County (17.8%) and Hot Spring County, where 21.8% of senior adults have no natural teeth remaining.

Visited Dentist, Past Year, Adults, Has No Natural Teeth, Senior Adults, Ages 65 and Older

	Visited Dentist, Past Year, Adults	No Natural Teeth, Senior Adults
Garland County	57.7%	17.8%
Hot Spring County	51.8%	21.8%
Saline County	62.7%	13.8%
Hot Springs Service Area*	**59.3%**	**16.6%**
Arkansas*	**54.7%**	**18.6%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

The ratio of residents to dentists in Garland County is 1,641:1, which is more dentists per capita than in the state (2,044:1). The ratio of residents to dentists in Saline County is 2,962:1, and in Hot Spring County there are 3,689 residents per every dentist.

Dentists, Number and Ratio

	Garland County	Hot Spring County	Saline County	Arkansas
Number of dentists	61	9	43	1,490
Ratio of population to dentists	1,641:1	3,689:1	2,962:1	2,044:1

Source: County Health Rankings, 2024; data from 2022. http://www.countyhealthrankings.org

Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments edited for clarity:

- With the Medicaid changes post Covid, a lot of our families didn't sign-up again. The kids are going to qualify for Medicaid. But a parent must be able to fill out the application. They must know where to go to get the application. They must know the deadlines; they must know the processes. We have barriers with some illiterate individuals who can't do all of that on their own.
- We have a lot of health care options in our community, and the access is there.
- Post pandemic, we have made wonderful progress in health care. We have access for low-income people and that has helped people be able to focus some of their funding on other needs like food and gas.
- Transportation issues and a lack of education are barriers.
- We need to work together so there are no gaps in services. Giving someone a sheet of paper that says follow-up with this organization on Monday isn't enough. Maybe they don't have transportation, or they are sick and need help in navigating the system. We need more overlapping of services.
- Sometimes people cannot afford a vehicle or the fuel costs and sometimes they have trouble getting the help they need.
- For dental, there are no preventive services offered. But we have 13 dental clinics in our community who will see patients. They do simple extractions, and some dentists will go the extra mile to help a patient save their teeth.
- One of the challenges our population faces is illiteracy. Most of our patients do not speak English and a substantial number of them cannot read or write in their own language. In that instance, handing them a brochure is useless. We have found some simple resources with words and illustrations that are helpful.
- We have a high death rate for perinatal mental health, especially among the African American community. Depression, anxiety, mental illness, especially when they are pregnant is huge. And in many cases, they are not getting the care they need. There may be substances in play, or they might be in an abusive relationship. And that leads to one of the highest death rates in Arkansas. Pregnant women are dying by suicide. We are working to counsel these women, especially in rural counties, providing services at the pregnancy clinics.
- A lot of people we see don't have insurance. They may have prescription bills to pay for and now they don't have enough money for food. Most people we see are employed; they just don't make enough to support all the needs in their budget.
- At food banks we hear that people may be able to get to a food pantry, but they can't necessarily get to a doctor's appointment. Transportation is an issue.

Birth Characteristics

Births

From 2019 to 2023 there were, on average, 2,669 births per year in the service area counties combined.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 6.5% of total births (65.0 per 1,000 live births). This rate is lower than the state rate of 7.2% (71.7 per 1,000 live births).

Births to Teen Mothers (Under Age 20) Rate, per 1,000 Live Births, 5 Year Average

	Hot Springs Service Area		Arkansas
	Number	Rate	Rate
Births to teen mothers	174	65.0	71.7

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Teen fertility (births to teens, ages 15 to 19, per 1,000 teen girls) in service area counties ranged from an average annual rate of 18 births per 1,000 teen girls in Saline County to 35 births per 1,000 teen girls in Garland County. Among groups where sufficient teen births occurred for race and ethnicity data to be available, the highest teen fertility rate in Garland County was among non-Hispanic Black teens, in Hot Spring County it was among non-Hispanic White teens, and in Saline County it was among Hispanic teens.

Births to Teens (Ages 15 to 19), Rate per 1,000 Teen Girls, by Race and Ethnicity

	Non-Hispanic Black Teens	Hispanic Teens	Non-Hispanic White Teens	All Teens, Ages 15 to 19
Garland County	51	58	28	35
Hot Spring County	27	**	34	33
Saline County	20	28	16	18
Arkansas	**	**	**	**30**

*Source: National Center for Health Statistics – Natality Files; Census Population Estimates Program, 2016-2022, via County Health Rankings. **Not available, whether due to statistical instability based on small numbers, or (for state) not being made available. http://www.countyhealthrankings.org*

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measure, a lower rate is a better indicator. The rate of service area low-birth-weight babies is 8.9% (89.4 per 1,000 live births). This rate is better than the state rate of 9.5% (95.0 per 1,000 live births).

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births, 5 Year Average

	Hot Springs Service Area		Arkansas
	Number	Rate	Rate
Low birth weight	239	89.4	95.0

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

The rate of low-birth-weight babies in service area counties ranges from 8% in Saline County to 9% in Garland County and Hot Spring County. Rates are lowest among non-Hispanic White birthing parents and Hispanic birthing parents of any race, and highest in non-Hispanic Black birthing parents.

Low Birth Weight (Under 2,500g), Percent of Live Births, by Race and Ethnicity

	Non-Hispanic Black	Non-Hispanic Asian	Hispanic	Non-Hispanic White	Non-Hispanic Multiracial	All Birthing Parents
Garland County	16%	**	8%	8%	10%	9%
Hot Spring County	21%	**	7%	8%	**	9%
Saline County	14%	9%	7%	7%	9%	8%
Arkansas	**	**	**	**	**	**9%**

*Source: National Center for Health Statistics – Natality Files, 2016-2022, via County Health Rankings. **Not available, whether due to statistical instability based on small numbers, or (for state) not being made available. http://www.countyhealthrankings.org*

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 224.8 per 1,000 live births. This rate of late entry into prenatal care translates to 22.5% of women entering prenatal care late or not at all, while 77.5% of women entered prenatal care on time.

Late Entry to Prenatal Care, After 1st Trimester, Rate per 1,000 Live Births

	Hot Springs Service Area		Arkansas
	Number	Rate	Rate
Late entry to prenatal care	600	224.8	251.1

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 11.9% (118.6 per 1,000 live births).

Premature Births before Start of 38th Week, Rate per 1,000 Live Births

	Hot Springs Service Area		Arkansas
	Number	Rate	Rate
Premature births	316	118.6	119.8

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Maternal Smoking During Pregnancy

The rate of women who smoked regularly during pregnancy (at least once per day for at least three months) in the service area was 9.8% (97.8 per 1,000 live births), which was higher than the state rate of 9.6%.

Women Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births, 5 Year Avg

	Hot Springs Service Area		Arkansas
	Number	Rate	Rate
Mothers who smoked	261	97.8	96.2

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Infant Mortality

In this report the infant mortality rate is defined as deaths of infants under 1 year of age. The infant mortality rate in the service area counties, from 2019 through 2023, was 7.94 deaths per 1,000 live births. This rate does not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births, 5 Year Average

	Hot Springs Service Area		Arkansas
	Number	Rate	Rate
Infant mortality	21	7.94	7.93

Source: Calculations provided on 10/21/2024 via email by Arkansas Department of Health, Health Statistics Branch. Data for 2019 through 2023. 2021, 2022 and 2023 data are provisional.

Breastfeeding

Breastfeeding has been proven to have considerable benefits to babies and mothers. The CDC highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates recorded on birth certificates in the service area in 2018 and 2019 showed that between 71.9% (Garland County) and 83.1% (Saline County) of mothers initiated breastfeeding in the hospital after delivery.

Breastfeeding Initiation Rates, 2018-2019

	Garland County	Hot Spring County	Saline County	Arkansas
Breastfeeding initiation	71.9%	72.6%	83.1%	73.0%

Source: U.S. CDC, Division of Nutrition, Physical Activity and Obesity, Breastfeeding Initiation Rates by County or County Equivalent, 2018-2019. https://www.cdc.gov/breastfeeding/data/county/2018-2019/arkansas.html

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Saline County is 75.9 years, and in Garland County and Hot Spring County it is 73 years. Death before the age of 75 is considered a premature death. The rate of premature death in Saline County was 449 deaths per 100,000 persons, in Hot Spring County it was 587 deaths per 100,000 persons, and in Garland County there are 591 deaths per 100,000 persons, under the age of 75. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for Saline County was 9,308 years, for Hot Spring County it was 11,669 years, and for Garland County it was 13,218 years. Residents of Saline County have a greater life-expectancy compared to the state, while Garland County and Hot Spring County have a lower life-expectancy than the state.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Garland County	Hot Spring County	Saline County	Arkansas
Life expectancy at birth in years	73.0	73.0	75.9	74.3
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	591	587	449	527
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	13,218	11,669	9,308	10,823

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed, and calculations performed by County Health Rankings, 2024; data from 2019-2021. http://www.countyhealthrankings.org*

Differences in life expectancy, premature mortality, and years of potential life lost (YPLL) can be seen among Garland County residents of different races and ethnicities. Of the racial and ethnic groups for whom data are available, Hispanic residents have the highest life expectancy, lowest number of premature deaths, and lowest years of potential life lost. Non-Hispanic White residents have a higher life expectancy and lower number of premature deaths than do non-Hispanic Black residents in all three area counties, but in Saline County they have a higher number of years of potential life lost, indicating a younger age of death among those who died prematurely in that county.

Life Expectancy, Premature Mortality, & Years of Potential Life Lost, by Race and Ethnicity

	Garland County			Hot Spring County			Saline County		
	Life Expectancy	Premature Mortality	YPLL	Life Expectancy	Premature Mortality	YPLL	Life Expectancy	Premature Mortality	YPLL
Hispanic	80.2	378	8,834	N/A	N/A	N/A	89.3	236	5,145
Non-Hispanic White	73.3	579	12,787	73.1	577	11,386	75.5	465	9,785
Non-Hispanic Black	67.4	868	19,887	69.2	811	15,983	73.7	490	9,162

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2024; data from 2019-2021. N/A = Not available due to statistical instability related to small numbers. http://www.countyhealthrankings.org*

Mortality Rates

The crude mortality rate in the service area was 1,319.7 deaths per 100,000 persons, which was higher than the state rate (1,197.7 deaths per 100,000 persons). The state's age-adjusted mortality rate was 970.6 deaths per 100,000 persons.

Mortality Rates, per 100,000 Persons, Five Year Average

	Hot Springs Service Area		Arkansas	
	Average Annual Deaths	Crude Rate	Crude Rate	Age-adjusted Rate
Mortality rates	3,396	1,319.7	1,197.7	970.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

Leading Causes of Death

The top two leading causes of death in the service area were heart disease and cancer. The heart disease mortality rate in the service area was 301.7 deaths per 100,000 persons, which was higher than the state rate (282 deaths per 100,000 persons). The service area rate from ischemic heart disease was 161.8 deaths per 100,000 persons, which was lower than the state rate (165.6 per 100,000 persons). The cancer death rate in the service area was 231.6 per 100,000 persons, which was higher than state rate (215.6 deaths per 100,000 persons). In addition to heart disease and cancer, COVID-19, Chronic Lower Respiratory Disease (CLRD), and unintentional injuries are in the top five causes of death in the service area. The rates for all listed causes were higher in the service area than for the state, with the exceptions of ischemic heart disease, diabetes, and homicide deaths.

Leading Causes of Death, Crude Rate per 100,000 Persons, 2018-2022* Averaged

	Hot Springs Service Area		Arkansas
	Avg. Annual Deaths	Rate	Rate
Heart disease	776	301.7	282.0
Ischemic heart disease	416	161.8	165.6
Cancer	596	231.6	215.6
COVID-19*	306	118.2	114.0
Chronic Lower Respiratory Disease	229	89.1	78.8
Unintentional injuries	185	72.0	59.4
Alzheimer's disease	175	68.2	52.1
Stroke	146	56.9	55.6
Diabetes	93	36.1	43.0
Kidney disease	73	28.2	24.3
Suicide	67	26.1	18.8
Pneumonia and influenza	58	22.6	21.0
Liver disease and cirrhosis	56	21.6	17.8

Homicide	21	8.3	10.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER.
https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
**Except for COVID-19, which is a 3-year average, 2020-2022.*

Cancer

Age-adjusted mortality rates for cancer are available at the county level from the National Cancer Institute. All-site cancer mortality in the three service area counties, combined (156.4 deaths per 100,000 persons) is less than the all-site cancer mortality rate at the state level (168.2 deaths per 100,000 persons). The highest rates of cancer in the service area were lung and bronchus cancers (43 deaths per 100,000 persons), female breast cancer (20.7 deaths per 100,000 women), and prostate cancer (15 deaths per 100,000 men). Rates were not available for Hot Spring County, for some of the less-common cancers, and so for those, only Garland and Saline County rates were combined, as shown below.

Cancer Mortality Rates, per 100,000 Persons, Age-Adjusted,

	Service Area Counties*	Arkansas
Cancer all sites	**156.4**	**168.2**
Lung and bronchus	43.0	45.6
Breast (female)	20.7	19.9
Prostate (males)	15.0	19.9
Colon and rectum	13.8	15.0
Pancreas	10.3	11.3
Liver and intrahepatic bile duct	8.4	7.7

	Garland and Saline Counties*	Arkansas
Leukemia	6.5	6.1
Brain and other nervous system	5.5	5.0
Non-Hodgkin lymphoma	5.2	5.2
Ovary (females)	4.6	5.7
Kidney and renal pelvis	4.0	4.4
Urinary bladder	3.9	4.2
Esophagus	3.7	4.2
Oral cavity and pharynx	3.1	3.1
Myeloma	3.1	3.1

Source: National Cancer Institute, GIS Portal for Cancer Research, 2018-2022 data, accessed Sept. 23, 2024.
*https://gis.cancer.gov/canceratlas/app/ *Weighted average of service area counties' age-adjusted rates.*

Of the three counties, Hot Spring has the highest all-cancer mortality rate (175.8 deaths per 100,000 persons). In the service area, non-Hispanic Black or African American residents have a higher all-cancer mortality than do non-Hispanic White residents.

Cancer Mortality Rates, per 100,000 Persons, Age-Adjusted, by Race and Ethnicity

	Garland County	Hot Spring County	Saline County	Hot Springs Service Area*
Black or African American, non-Hispanic	199.1	198.2	174.5	187.4

White, non-Hispanic	157.3	176.4	153.9	158.1
All races and ethnicities	**154.9**	**175.8**	**152.4**	**156.4**

*Source: National Cancer Institute, GIS Portal for Cancer Research, 2018-2022 data, accessed Sept. 23, 2024. https://gis.cancer.gov/canceratlas/app/ *Weighted average of service area counties' age-adjusted rates.*

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the service area are consistently higher than the statewide rate.

Drug Overdose Deaths, Rates per 100,000 Persons, Age-Adjusted*

	2013	2014	2015	2016	2017	2018	2019	2020	2021*	2022*
Hot Springs Service Area	15.8	19.1	17.7	18.5	31.7	19.7	24.5	31.0	29.4	25.7
Arkansas	11.1	12.6	13.8	14.0	15.5	15.7	13.5	19.1	21.1	20.3

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2013-2022, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html *Age-adjusting is not available from the CDC at the state level for 2021 and 2022, and so rates for these years are crude rates.*

From 2018 through 2022, on average, the rate of death by drug overdose is highest in Garland County (30.7 deaths per 100,000 persons), followed by Saline County (23.7 deaths per 100,000), and lowest in Hot Spring County (15.5 deaths per 100,000).

Drug Overdose Deaths, Crude Rates, per 100,000 Persons, Five Year Average

	Average Annual Count	Crude Rate
Garland County	31	30.7
Hot Spring County	5	15.5
Saline County	29	23.7
Hot Springs Service Area	**65**	**25.3**
Arkansas	**526**	**17.4**

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2022, the crude death rate from opioid overdoses in the service area was 14.2 deaths per 100,000 persons, which was higher than the state rate (12.7 deaths per 100,000 persons). From 2018 through 2022, averaged, the overdose death rate in Garland County was 14.2 deaths per 100,000 persons, and in Saline County it was 14.5 deaths.

Opioid Drug Overdose Deaths, Crude Rates, per 100,000 Persons, 2018 - 2022

	Annual Rate				
	2018	2019	2020	2021	2022
Hot Springs Service Area	8.7	10.6	13.6	17.8	14.2
Arkansas	6.9	6.6	9.4	12.8	12.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER. https://wonder.cdc.gov/mcd-icd10-expanded.html

Opioid Drug Overdose Deaths, Crude Rates, per 100,000 Persons, 2018 - 2022, Averaged

	Garland County	Hot Spring County	Saline County	Arkansas
Opioid drug overdose deaths	14.2	**	14.5	9.7

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2022, on CDC WONDER. https://wonder.cdc.gov/mcd-icd10-expanded.html **Suppressed due to statistical instability and/or privacy issues related to low numbers.*

Acute and Chronic Disease

Hospitalizations by Diagnoses

In Garland County, the top three primary diagnoses resulting in hospitalization were disorders of the circulatory system, disorders of the musculoskeletal system and connective tissues, and disorders of the respiratory system. In Hot Spring County the top three primary diagnoses resulting in hospitalization were disorders of the circulatory system, mental illness, and disorders of the musculoskeletal system and connective tissues. No data were available for Saline County.

Hospitalizations, by Principal Diagnoses, Top Twelve Causes, 2018-2020

	Garland County	Hot Spring County
Circulatory system	13.7%	12.5%
Musculoskeletal system and connective tissue	11.6%	10.0%
Respiratory system	11.0%	9.8%
Digestive system	8.5%	7.4%
Infectious and parasitic diseases	8.1%	7.5%
Nervous system	7.3%	6.1%
Complications of pregnancy, childbirth and postpartum period	7.1%	7.4%
Newborns with conditions originating in perinatal period	7.0%	7.3%
Kidney & urinary tract	6.4%	5.7%
Endocrine, nutritional, and metabolic diseases and disorders	3.5%	3.9%
Liver, gallbladder, bile ducts, and pancreas	3.1%	2.7%
Mental illness	2.7%	10.5%

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. https://datatools.ahrq.gov/hcupnet/

Disparities in Preventable Hospitalization Stays

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Among Medicare enrollees in Arkansas in 2021, there were 3,015 preventable hospitalizations identified per 100,000 persons. The rate was higher in Saline County, where there were 4,223 preventable hospitalization stays

per 100,000 Medicare enrollees. In Garland County there were 3,005 preventable hospitalizations and in Hot Spring County there were 2,865 preventable stays.

Preventable Hospitalizations, Rate per 100,000 Medicare Enrollees, by Race and Ethnicity

	Black Residents	Hispanic Residents	White Residents	All Residents
Garland County	3,678	2,426	2.969	3,005
Hot Spring County	5,602	N/A	2,695	2,865
Saline County	5,150	N/A	4,166	4,223
Arkansas	**N/A**	**N/A**	**N/A**	**3,015**

Source: Mapping Medicare Disparities Tool, via County Health Rankings, 2024; data from 2021. N/A = Not available, whether due to statistical instability based on small numbers, or (for state) not being made available. http://www.countyhealthrankings.org

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 14% of service area adults answered 'yes'. Among area counties, Hot Spring County had the highest rates of adults diagnosed with diabetes (15.6%), and Saline County the lowest (12.6%).

Diabetes, Adults

	Percent
Garland County	15.3%
Hot Spring County	15.6%
Saline County	12.6%
Hot Springs Service Area*	**14.0%**
Arkansas*	**14.5%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Of the Prevention Quality Indicators (PQIs) created to identify hospital admissions that may be avoided through access to high-quality outpatient care, four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For all four PQI measures, and the composite PQI, hospitalization rates were higher in Garland County than in the state, and for short-term complications and amputations the rates were higher in Hot Spring County than the state. Data for Saline County were suppressed.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Garland County	Hot Spring County	Saline County	Arkansas
Diabetes short term complications	147.2	176.8	Suppressed	122.3
Diabetes long term complications	153.3	109.9	Suppressed	109.7
Lower-extremity amputation among patients with diabetes	49.9	39.7	Suppressed	37.1
Uncontrolled diabetes	70.5	52.8	Suppressed	55.1

Diabetes composite	**393.3**	**352.7**	**Suppressed**	**301.5**

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. https://datatools.ahrq.gov/hcupnet/

Heart Disease and Stroke

8.8% of adults in the service area reported being told by a health professional that they have heart disease. The highest rate of diagnosed heart disease in area counties was seen in Garland County (10%) and the lowest rate was in Saline County (7.7%).

4% of service area adults reported being told by a health professional they have had a stroke. The highest rates were in Garland and Hot Spring Counties (4.5%), and the lowest diagnosed rate was in Saline County (3.5%).

Heart Disease and Stroke Prevalence, Adults

	Heart Disease	Stroke
Garland County	10.0%	4.5%
Hot Spring County	9.5%	4.5%
Saline County	7.7%	3.5%
Hot Springs Service Area*	**8.8%**	**4.0%**
Arkansas*	**8.6%**	**4.3%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rates of admission related to heart failure in Garland County (539.3 annual hospitalizations per 100,000 persons, risk-adjusted) and Hot Spring County (509.0 annual hospitalizations per 100,000 persons) are higher than the state rate of 450.8 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Garland County	Hot Spring County	Saline County	Arkansas
Hospitalization rate due to heart failure	539.3	509.0	Suppressed	450.8

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. https://datatools.ahrq.gov/hcupnet/

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percentage of adults who reported being diagnosed with high blood pressure was 40.8% in the service area, and for high cholesterol it was 39.8%. The highest rates of diagnosed high blood pressure (42%) and high cholesterol (41.4%) were reported in Garland County, and the lowest in Saline County.

High Blood Pressure and High Cholesterol

	Hypertension	High Cholesterol
Garland County	42.0%	41.4%
Hot Spring County	41.8%	40.6%
Saline County	39.6%	38.3%
Hot Springs Service Area*	**40.8%**	**39.8%**
Arkansas	**40.7%**	**37.2%**

*Source: For county and service area: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2021 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For Arkansas data U.S. CDC BRFSS, 2021 data: https://www.cdc.gov/brfss/brfssprevalence/*

Among those who said they had been diagnosed with high blood pressure (hypertension), the percentage of adults who reported being on medication to control their high blood pressure was 79.5% in the service area, which is higher than the state rate (78.3%). The lowest reported rate of taking medication for high blood pressure was in Saline County (78.1%) and the highest reported rate was in Garland County (81.4%).

Taking Medication for High Blood Pressure

	Percent
Garland County	81.4%
Hot Spring County	79.1%
Saline County	78.1%
Hot Springs Service Area*	**79.5%**
Arkansas*	**78.3%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2021 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

In addition to heart failure, the remaining Prevention Quality Indicator (PQI) related to heart disease is hypertension. The rate of admissions related to hypertension in Garland County (73.2 hospitalizations per 100,000 persons, risk-adjusted) and Hot Spring County (63.8 hospitalizations per 100,000 persons) are lower than the state rate (76.9 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Garland County	Hot Spring County	Saline County	Arkansas
Hospitalization rate due to hypertension	73.2	63.8	Suppressed	76.9

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. https://datatools.ahrq.gov/hcupnet/

Cancer

Cancer incidence rates are available at the county level from the National Cancer Institute. In the combined service area counties, the highest rates of cancer diagnoses are for female breast, prostate, lung and bronchus, and colon and rectal cancers. Rates were not available for some of the less common cancers, and so for those, Garland County and Saline County rates were combined, as shown below.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	Service Area Counties*	Arkansas
All sites	**463.7**	**454.9**
Breast (female)	123.8	123.9
Prostate (males)	116.0	103.4
Lung and bronchus	65.1	68.2
Colon and rectum	36.9	41.1
Melanoma of the skin	25.2	22.4
Corpus uteri (females)	23.5	25.7
Urinary bladder	22.4	18.5
Kidney and renal pelvis	20.4	21.2
Non-Hodgkin lymphoma	19.6	17.4
Oral cavity and pharynx	15.0	13.3
Thyroid	13.8	10.9
Leukemia	13.6	13.6
Pancreas	11.9	12.8
Liver and intrahepatic bile duct	9.2	8.2

	Garland and Saline Counties*	Arkansas
Cervix uteri (females)	9.5	9.5
Ovary (females)	8.4	10.1
Brain and other nervous system	8.1	6.5
Stomach	5.2	5.9
Esophagus	4.4	4.5

*Source: National Cancer Institute, GIS Portal for Cancer Research, 2017-2021 data, accessed Sept. 23, 2024. https://gis.cancer.gov/canceratlas/app/ *Weighted average of service area counties' age-adjusted rates.*

Of the three counties, Hot Spring County has the highest all-cancer incidence rate (486.4 diagnosed cancers per 100,000 persons). In the service area as a whole, non-Hispanic Black or African American residents have the highest rate of cancer diagnoses, and non-Hispanic Asian and Pacific Islander residents of Garland and Hot Spring Counties, combined, have the lowest rate of cancer diagnoses.

Cancer Incidence* Rates, per 100,000 Persons, Age-Adjusted, by Race and Ethnicity

	Garland County	Hot Spring County	Saline County	Service Area*
Black or African American, non-Hispanic	526.1	496.3	522.6	511.5
White, non-Hispanic	458.8	457.8	482.9	461.4
Hispanic	376.0	479.3	**	429.8
American Indian and Alaska Native, non-Hispanic	336.2	**	**	336.2
Asian and Pacific Islander, non-Hispanic	308.2	310.6	**	309.7
All races and ethnicities	**463.0**	**486.4**	**458.1**	**463.7**

*Source: National Cancer Institute, GIS Portal for Cancer Research, 2017-2021 data, accessed Sept. 23, 2024. https://gis.cancer.gov/canceratlas/app/ *Weighted average of available service area counties' age-adjusted rates. **Suppressed due to statistical instability and privacy issues related to low numbers.*

White female residents of Garland and Saline Counties, combined, have a higher rate of breast cancer diagnoses than non-Hispanic Black or African American female residents. Non-Hispanic Black or African American men have a higher incidence of diagnosis for prostate cancer than non-Hispanic White men in the service area. Black or African American residents also have higher rates of lung and bronchial cancer than do non-Hispanic White residents.

Cancer Incidence* Rates, per 100,000 Persons, Age-Adjusted, by Race and Ethnicity

	Female Breast**	Prostate	Lung and Bronchus
Black or African American, non-Hispanic	100.2	201.5	72.2
White, non-Hispanic	122.7	111.6	65.9

*Source: National Cancer Institute, GIS Portal for Cancer Research, 2017-2021 data, accessed Sept. 23, 2024. https://gis.cancer.gov/canceratlas/app/ *Weighted average of service area counties' age-adjusted rates. **Garland and Saline Counties only.*

Asthma and Chronic Obstructive Pulmonary Disease

The reported rate of adult asthma in the service area was 10.3%. Hot Spring County had the highest rate of diagnosed asthma (10.8%). Saline County had the lowest rate of diagnosed adult asthma in the service area (10%).

Asthma Prevalence, Adults

	Percent
Garland County	10.6%
Hot Spring County	10.8%
Saline County	10.0%
Hot Springs Service Area*	**10.3%**
Arkansas*	**10.9%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Chronic Obstructive Pulmonary Disease (COPD) is the fourth leading cause of mortality in the hospital service area. 8.5% of service area adults have been diagnosed by a medical professional as having COPD, which is lower than the state rate (9.1%). Rates are higher in Garland County (9.2%) and Hot Spring County (10.1%).

COPD Prevalence, Adults

	Percent
Garland County	9.2%
Hot Spring County	10.1%
Saline County	7.5%
Hot Springs Service Area*	**8.5%**
Arkansas*	**9.1%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. From 2018 through 2020, the rate of COPD and asthma hospitalizations among adults, ages 40 and older, were 291.4 hospitalizations per 100,000 persons for Garland County and 301.4 hospitalizations per 100,000 persons for Hot Spring County. The rate of hospitalizations in Garland County for asthma among young adults, ages 18 to 39, was 29.1 hospitalizations per 100,000 persons, and in Hot Spring County it was 25.4 hospitalizations per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Garland County	Hot Spring County	Saline County	Arkansas
COPD or asthma in older adults, ages 40+	291.4	301.4	Suppressed	444.9
Asthma in younger adults, ages 18 to 39	29.1	25.4	Suppressed	31.2

Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project (HCUPnet), 2018-2020 aggregated data. https://datatools.ahrq.gov/hcupnet/

Tuberculosis

Tuberculosis (TB) rates in the Southwest Public Health Region of Arkansas rose in 2023, continuing a four year upward trend for the region, and rose slightly for the Central Region, continuing a three year upward trend. The rate of TB in the Southwest Region was 4.2 cases per 100,000 persons, which was above the state rate of 2.7 TB cases per 100,000 persons. The rate in the Central Region was 1.6 TB cases per 100,000 persons. 67% of the 2023 state cases occurred among U.S.-born residents.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate
Central Region	11	1.3	12	1.4	14	1.6
Southwest Region	10	3.3	12	4.0	13	4.2
Arkansas	**69**	**2.3**	**68**	**2.2**	**83**	**2.7**

Source: Arkansas Department of Health, Tuberculosis Prevention Program, Tuberculosis Annual Statistical Report, 2023. https://healthy.arkansas.gov/wp-content/uploads/2023-Tuberculosis-Morbidity-Annual-Statistical-Report.pdf

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 19.4% of the non-institutionalized civilian population identified as having a disability, with rates ranging from 15.8% in Saline County to 24.7% in Hot Spring County.

Disability, Five Year Average

	Hot Springs Service Area	Garland County	Hot Spring County	Saline County	Arkansas

Population with a disability	19.4%	22.1%	24.7%	15.8%	17.7%

Source: U.S. Census Bureau, American Community Survey, 2018-2022, DP02. http://data.census.gov

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- The patients that we see are at the federal poverty level, yet they don't qualify for any kind of insurance. We have a very limited family practice where we can refer our patients to providers that have agreed to see them. But the pro bono services generally stop after one visit. If a person has a chronic health condition and has been able to see a specialist or receive a special procedure, follow- up is going to be very challenging. Even with insurance, the cost of health care is prohibitive for many people.
- In our clinic we frequently see patients with diabetes and hypertension. And the reason for that is linked back to poverty. People are limited in purchasing healthier foods.
- We have several patients who are insulin dependent. This costs hundreds and hundreds of dollars a month for people who are in poverty and don't have insurance.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. Arkansas has 75 counties, which are ranked from 1 (healthiest) to 75 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 2 for Saline County, and 6 for Garland County, put them in the top tier of Arkansas counties for healthy behaviors. Hot Spring County is ranked 31 out of 75 counties.

Health Behaviors Ranking

	County Ranking (out of 75)
Garland County	6
Hot Spring County	31
Saline County	2

Source: County Health Rankings, 2023. http://www.countyhealthrankings.org

Obesity

37.6% of adults in the service area are obese, which is similar to the state rate (37.8%). Rates of obesity in service area counties ranged from 37.4% in Saline County to 38.7% in Hot Spring County. The Healthy People 2030 objective for obesity is for no more than 36% of adults, ages 20 and older, to be obese.

Obesity, Adults, Ages 18 and Older

	Percent
Garland County	37.6%
Hot Spring County	38.7%
Saline County	37.4%
Hot Springs Service Area*	**37.6%**
Arkansas	**37.8%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Access to Healthy Food

Low-income individuals who do not live close to a grocery store are considered to have limited access to healthy foods. 8% of the population of Saline County is considered to have limited access to healthy foods, and 11% of the population of Garland and Hot Spring Counties have limited access to healthy foods.

Limited Access to Healthy Foods

	Percent
Garland County	11%
Hot Spring County	11%

	Percent
Saline County	8%
Arkansas	**10%**

Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America, 2019 & 2021 data, via County Health Rankings, 2024. http://www.countyhealthrankings.org

The Food Environment Index is an index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best). With rates ranging from 6.1 (Hot Spring County) to 7.7 (Saline County), area counties have better access to healthy foods than the state average score of 4.7.

Food Environment Index Score

	Food Environment Index
Garland County	6.2
Hot Spring County	6.1
Saline County	7.7
Arkansas	**4.7**

Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America, 2019 & 2021 data, via County Health Rankings, 2024. http://www.countyhealthrankings.org

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 28.8% of service area adults had not engaged in any leisure-time physical activity. Residents of Hot Spring County were the most likely to have been sedentary (33.6%), and residents of Saline County the least likely to have been sedentary (26.5%).

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Percent
Garland County	30.1%
Hot Spring County	33.6%
Saline County	26.5%
Hot Springs Service Area*	**28.8%**
Arkansas	**31.0%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Proximity to exercise opportunities can increase physical activity in a community. 72% of Garland County residents, 57% of Saline County residents, and 17% of Hot Spring County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities

	Percent
Garland County	72%
Hot Spring County	17%
Saline County	57%
Arkansas	**64%**

Source: County Health Rankings, 2024; utilizing 2020, 2022, and 2023 combined data. http://www.countyhealthrankings.org

Community Input – Healthy Eating and Active Living

Stakeholder interviews identified the following issues, challenges and barriers related to healthy eating and active living. Following are their comments edited for clarity:

- It's expensive to eat healthy food. If you're going to incorporate fresh fruits and vegetables, they've got to be available and affordable. And it's not always affordable, especially for people who are just barely getting by on their wages.
- We don't have challenges or barriers with active living. We live in a beautiful community that has a myriad of outdoor activities and opportunities. We have a greenway walking path. Our city is a national park, so we go hiking, and we are surrounded by lakes.
- We need more education for kids to get them more involved in their nutrition and teach them cooking. We need to educate families about how to stretch their budgets and create health-conscious meals.
- If you don't know how your body works and you don't understand the impact that food and exercise have on your body's function, then you're not going to make informed decisions.
- There's not enough education about healthy eating. Even though you may not have enough money, there are ways to eat healthily and on a budget. Obesity in Arkansas is a substantial issue.
- Our food banks are trying to increase our fresh produce levels. In 2018 we were distributing 5 million pounds of fresh produce a year. Now we are distributing 12 million pounds of produce a year.
- With the food bank, we're not always giving them the best options. Sometimes our products are sodas and candy. Are we perpetuating what they already know, are we changing them?
- It not only links back to food scarcity, but the economic impact that it can have on a family and purchasing fresh vegetables versus the less expensive food that is full of sodium and preservatives.
- Health care providers oftentimes do a prescription for a medication. Should a health

care provider prescribe somebody to participate in 30 minutes of walking every single day? And should a health care provider prescribe somebody to eat fruits and vegetables to prevent some of these chronic diseases? And with that prescription, maybe we could have some partnering grocery stores that would provide food at a discounted rate because it was prescribed by their health care provider.

- For children, it goes back to snacks and what has been normalized in the media and in grocery stores – those high carb foods with no nutritional value. We know it's been hard to get kids active again because they're so addicted to screen time, whether that's TV, an iPad or a cell phone.
- Families that rely on food stamps tend to purchase the most affordable meals, and sometimes they may not be the healthiest meals options. So that's when it becomes an issue. We do have local Farmers Markets that promote healthier food options. However, not all areas have Farmers Markets.

Sexually Transmitted Infections

In 2022, the rate of chlamydia in Garland County was 459 cases per 100,000 persons, and in Hot Spring County the rate was 458.8 cases per 100,000 persons. The rate of gonorrhea was highest in Hot Spring County (201.3 cases per 100,000 persons). The rate of early syphilis was highest in Hot Spring County, with 159.8 cases diagnosed per 100,000 persons. The rate of congenital syphilis in Arkansas is higher than the U.S. rate and rising. Although county rates are not available due to the relatively low numbers, the statewide rate rose from 57.4 cases per 100,000 live births in 2019 to 191.9 cases per 100,000 live births in 2022, more than doubling from 2020 to 2021.

STI Cases and Rates, per 100,000 Persons

	Chlamydia		Gonorrhea		Early Syphilis*	
	Cases	Rate	Cases	Rate	Cases	Rate
Garland County	458	459.0	183	183.4	71	71.2
Hot Spring County	155	458.8	68	201.3	54	159.8
Saline County	462	372.7	154	124.2	31	25.0
Total of service area counties	**1,075**	**417.4**	**405**	**157.3**	**156**	**60.6**
Arkansas	**17,911**	**591.0**	**6,788**	**224.0**	**1,457**	**48.1**

Source: Arkansas Department of Health, Arkansas STI Surveillance Report, 2022.
*https://healthy.arkansas.gov/wp-content/uploads/AR-STI-Surveillance-Report-2022.pdf *Early syphilis includes Primary, Secondary, and Early non-Primary non-Secondary types.*

HIV

The Central Public Health Region of Arkansas covers Garland and Saline Counties, while Hot Spring County is part of the Southwest Region. In 2021, the rate of new HIV cases in the Central Region was 15.7 cases per 100,000 persons, with the same number of individuals newly diagnosed (133) as in 2019. While the rate of cases for the Southwest Region remains slightly lower (14.1 cases per 100,000 persons), it is an increase from the 6.7 cases per 100,000 persons in 2019. The rate of new infections in

both regions was higher than the state rate (11.4 cases per 100,000 persons), as was the rate of HIV in the Central Region (341.1 cases per 100,000 persons), up from a rate of 332.3 cases per 100,000 persons in 2019.

HIV, Cases and Rates, per 100,000 Persons

	Central Region		Southwest Region		Arkansas	
	2019	2021	2019	2021	2019	2021
Number of newly diagnosed cases	133	133	21	44	284	346
Rate of new diagnoses	15.8	15.7	6.7	14.1	9.4	11.4
Number of people living with HIV	2,797	2,887	567	635	6,409	6,775
Rate of HIV	332.3	341.1	179.7	202.9	212.4	223.6

Source: Arkansas Department of Health, Arkansas 2021 HIV Surveillance Report.
https://healthy.arkansas.gov/wp-content/uploads/2021_HIV_Surveillance_Report.pdf

In 2021, there were 16 cases of HIV diagnosed in Hot Spring County, but fewer than 10 cases diagnosed in Garland County or Saline County. The rate of new HIV diagnoses in Hot Spring County (48.3 cases per 100,000 persons) is above the service area average, which is between 7 and 13.2 cases per 100,000 persons, depending on the actual number of cases diagnosed in Garland and Saline Counties. The rate of HIV in Garland County (244.9 cases per 100,000 persons) is higher than the Hot Spring County rate (241.5 cases per 100,000 persons). The Saline County rate of HIV is below the other two counties, with 113.7 cases per 100,000 persons.

HIV Cases and Rates*, per 100,000 Persons

	Garland County	Hot Spring County	Saline County	Service Area Total
Number of newly diagnosed cases	<10	16	<10	18 – 34
Rate of new diagnoses	1.0 - 9.0	48.3	0.8 - 7.3	7.0 -13.2
Number of living cases	245	80	141	466
Rate of HIV	244.9	241.5	113.7	181.2

Source: Arkansas Department of Health, Arkansas 2021 HIV Surveillance Report.
*https://healthy.arkansas.gov/wp-content/uploads/2021_HIV_Surveillance_Report.pdf *Rates calculated utilizing 2018-2022 ACS population numbers.*

Mental Health

Depression

27% of service area adults reported having ever been told by a doctor, nurse, or other health professional they had depressive disorder, which was higher than the state rate (26.7%). The highest rate in area counties was found in Garland County (28.4%).

Depression, Ever, Adults

	Percent
Garland County	28.4%
Hot Spring County	26.4%
Saline County	26.1%
Hot Springs Service Area*	**27.0%**
Arkansas*	**26.7%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Mental Health, and Frequent Mental Distress

The average number of days that service area residents said they had been mentally unhealthy in the past month was 5.6 days.

Mentally Unhealthy Days, Average in Past Month, Adults

	Percent
Garland County	5.6
Hot Spring County	5.6
Saline County	5.6
Arkansas	**5.8**

Source: County Health Rankings, 2024 ranking, utilizing 2021 BRFSS data. http://www.countyhealthrankings.org

Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 18.2%, which was lower than the state rate (19.6%). Service area counties had rates ranging from 18% in Saline County and 18.1% in Garland County to 19.6% of adults in Hot Spring County.

Frequent Mental Distress, Adults

	Percent
Garland County	18.1%
Hot Spring County	19.6%
Saline County	18.0%
Hot Springs Service Area*	**18.2%**
Arkansas*	**19.6%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Garland County, the ratio of residents to mental health providers is 335:1. The ratio in Hot Spring County is 431:1 and the ratio in Saline County is 650 residents per one mental health practitioner.

Mental Health Providers, Number and Ratio

	Garland County	Hot Spring County	Saline County	Arkansas
Number of mental health providers	299	77	196	7,976
Ratio of population to mental health providers	335:1	431:1	650:1	382:1

Source: County Health Rankings, 2024; data from 2023. http://www.countyhealthrankings.org

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- We have kindergarteners entering school with major behavioral needs and challenges. Parents lack the skills to help their children be successful in life and in school.
- Our incoming kindergarten needs are shifting. And that's not just in our school district. We have several kindergartners who are not potty trained. We have several kindergartners who have extreme behavior challenges unlike anything that we've seen in the past. We're trying to figure out how to engage our parents in a positive way because we have a lot of parents who aren't parenting.
- Mental health is one of the leading causes of homelessness that I deal with. People are self-medicating and have a dual diagnosis. There is a lack of treatment, and a lack of transportation to get treatment, if services are available. People who are experiencing homelessness don’t have transportation or a phone, so that makes obtaining health care extremely difficult, especially if they're in rural areas.
- I tell clients there's no cure for your mental health and your mental illness. There's only management. It's very hard for someone to know they're going to be taking medications forever and there's no end in sight. That's a very difficult conversation and you must be very realistic on the front end so they're not under any misconceptions about what they're going to have to deal with and manage for the rest of their life. Number two, people need to understand that doctors aren't magicians. Medication is only one piece of a puzzle that works in concert with a support network and a good environment.
- We have one acute mental health unit at Levi Hospital, and someone in need can only stay at their acute psychiatric services for five days. Mental health is a massive problem, a massive issue for people especially those who are homeless. There are not enough services and the services that are available are not adequate for the

needs that we see. After five days, the doors open and they are right back where they were.

- For some of our homeless population, jail is a place they can go for a shower and a meal. Part of the reason is the trauma people experience when they are in poverty. People have unresolved traumas and have lived their lives under threat of either not having enough to eat or not having a place to sleep or not having access to the kinds of care that is needed to be stable. That is why we see generational poverty. It is because trauma begets trauma.
- There are not enough inpatient beds for adults, especially if they are seriously mentally ill. A lot of times people sit in jail, where they don't need to be, waiting for a bed to open. For children and adolescents in acute crises, we don't have any inpatient psychiatric units.
- We do not have a crisis stabilization unit to work with the police department. A lot of times, someone is homeless and maybe there is a misdemeanor, or someone violated probation, so they end up in jail. They have started a diversion program, instead of going to jail, but it is just a pilot right now.
- We do not have enough therapists to meet the needs of the community. Sometimes there's a waiting list and sometimes our therapists have large caseloads. That is a barrier, not having the adequate number of licensed professional counselors or licensed clinical social workers. There are not a lot of people who want to work with the populations that we work with.
- There is a need for more care coordination for people with mental illness in the emergency rooms. We would like to have a mental health professional and case manager who work in the ER so we can get patients started in services right away. They don't necessarily need to go to an acute hospital, but they do need services. Right now, when they leave, the hospital may give them a referral source. But half the time, the hospital doesn’t know what happens to them after they leave. If we had someone embedded in the ER, we would have a direct connection with the patient to set up an appointment and we may be more successful in establishing a relationship and getting them services.
- If a child has undergone sexual abuse and trauma, it is critical that it be brought to the surface and dealt with. We have seen through the ACE study that these children can grow up and their trauma can manifest itself in a very detrimental way, both physically and psychologically.

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In the service area, 16.4% of adults smoke cigarettes, which is lower than the state rate (18.5%). In Hot Spring County, 21.4% of adults smoke cigarettes.

Smoking, Adults

	Percent
Garland County	16.4%
Hot Spring County	21.4%
Saline County	15.1%
Hot Springs Service Area*	**16.4%**
Arkansas	**18.5%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

The Youth Risk Behavior Survey (YRBS) is administered biannually to high school students. Cigarette and e-cigarette use among teens in Arkansas dropped between 2019 and 2021. In 2019, 9.7% of high school students said they had smoked a cigarette at least once within the prior 30 days, and 8.5% said they had smoked an e-cigarette at least once. In 2021, those numbers were 4.9% for cigarettes and 6% for e-cigarettes. In general, cigarette and e-cigarette use rise with grade level.

Cigarette Use, High School Students, Past Month, Arkansas

	Cigarettes		E-Cigarettes	
	2019	2021	2019	2021
9th Grade	4.9%	3.5%	4.6%	3.4%
10th Grade	9.1%	5.7%	6.1%	5.8%
11th Grade	11.6%	5.3%	8.2%	5.6%
12th Grade	13.2%	5.3%	15.2%	9.4%
Total	**9.7%**	**4.9%**	**8.5%**	**6.0%**

Source: U.S. CDC, High School Youth Risk Behavior Survey, 2019 & 2021. https://nccd.cdc.gov/Youthonline/App/Default.aspx

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 16.1% in the service area and the state reported having engaged in binge drinking in the previous 30 days. Area rates of binge drinking ranged from 15.2% in Garland County, to 16.9% in Saline County. The Healthy People 2030 objective is for no more than 25.4% of adults to engage in binge drinking in the prior month, which all three area counties meet.

Binge Drinking, Past 30 Days, Adults

	Percent
Garland County	15.2%
Hot Spring County	15.8%
Saline County	16.9%
Hot Springs Service Area*	**16.1%**
Arkansas	**16.1%**

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
** Weighted average of county rates.*

In 2019, 25.4% of high school students said they had used alcohol within the past month, and 12.2% said they had engaged in binge drinking (4 or more drinks in a row within a couple of hours for girls, and 5 or more for boys) within the past month. For 2021, those numbers were lower, with 22.1% of students saying they had used alcohol at least once in the past month and 9.6% saying they had participated in binge drinking at least once. Rates of alcohol use and misuse rise with grade level.

Alcohol Use and Binge Drinking, High School Students, Arkansas

	Alcohol Use		Binge Drinking	
	2019	2021	2019	2021
9th Grade	13.8%	17.3%	4.3%	7.0%
10th Grade	23.9%	22.8%	10.0%	7.5%
11th Grade	28.9%	21.6%	15.6%	10.4%
12th Grade	36.0%	26.7%	19.5%	14.3%
Total	**25.4%**	**22.1%**	**12.2%**	**9.6%**

Source: U.S. CDC, High School Youth Risk Behavior Survey, 2019 & 2021. https://nccd.cdc.gov/Youthonline/App/Default.aspx

Marijuana Use

In 2019, 33.9% of Arkansas high school students said they had tried marijuana, and 17.5% had used it within the past month. In 2021, those numbers were slightly lower, with 28.1% of students saying they had tried marijuana, and 13.9% saying they had used it at least once in the past month. Rates of having tried marijuana, and current usage, generally rise with grade level.

Marijuana Experience and Use, High School Students, Arkansas

	Have Ever Tried		Past Month	
	2019	2021	2019	2021
9th Grade	25.1%	19.5%	14.6%	9.1%
10th Grade	24.6%	29.2%	13.1%	14.4%
11th Grade	41.4%	31.9%	19.4%	14.7%
12th Grade	44.3%	32.7%	22.6%	17.6%
Total	**33.9%**	**28.1%**	**17.5%**	**13.9%**

Source: U.S. CDC, High School Youth Risk Behavior Survey, 2019 & 2021. https://nccd.cdc.gov/Youthonline/App/Default.aspx

Non-Fatal Drug Overdose

The age-adjusted rate of ER visits in 2023 due to non-fatal overdoses, among service area counties, was highest in Garland County (355.6 ER visits per 100,000 persons) and lowest in Saline County (49.3 ER visits per 100,000 persons). Of the three counties, Garland County also had the highest rate of EMS personnel administering Naloxone (Naloxone is a life-saving medication that can be used to reverse an overdose of opioids). There were 218.9 administrations per 100,000 persons in Garland County, while Saline County had Naloxone administrations by EMS at a rate of 84.6 per 100,000 persons. The two counties had similar opioid overdose mortality rates from 2018 through 2022 (14.2 deaths per 100,000 persons in Garland County and 14.5 deaths per 100,000 persons in Saline County).

Non-Fatal Drug Overdoses, Age-Adjusted Rates, per 100,000 Persons

	ER Visits Due to Non-Fatal Overdoses		EMS Naloxone Administration Incidence	
	Cases	Rates	Cases	Rates
Garland County	318	355.6	240	218.9
Hot Spring County	83	247.4	63	153.7
Saline County	58	49.3	112	84.6
Arkansas	**3,937**	**N/A**	**4,270**	**N/A**

Source: Arkansas Department of Health, Substance Misuse Education and Prevention Section, 2023 data, accessed September 24, 2024. https://experience.arcgis.com/experience/2ad87ac5b6934707a7625fc6068bb198

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- We have students who are impacted by drugs, and that affects their health and mental health. We have students who are raising siblings, because their parents are in jail, and that impacts their health and mental health too.
- We have a drug problem in our community. We have a homelessness problem in our community.
- The biggest challenge in our schools is vaping, which is targeted at kids. The kids are sticking THC in vapes. As a result, we have a drug issue as well as tobacco and nicotine addictions.
- We have vape detectors in the bathrooms in our schools. In fact, we have the first prevention recovery specialist and pilot program in the state where a staff member can immediately visit students and their families and connect them to resources if there are concerns about addiction. If we know there's a problem in the house, we can send that staff person to the house and try to build a relationship and get the family to stop that cycle.
- There are people making a living being drug dealers. And unfortunately, some kids

see that at home and think, why do I need an education? I'm just going to do that too. It's a huge concern.

- We're trying to create a resource center and we're having to fight the "not in my backyard" point of view and getting people to buy-in and contribute.
- When people hear homelessness, they immediately think of our chronically unhoused who have been homeless for five or more years, who have been self-medicating for five or more years, have not been given mental health or health treatment for five or more years.
- Oftentimes, addiction is an undercurrent in why people find themselves in a perpetual state of crises. Like every other community, opioid addiction is a big concern. And meth is reaping a lot of havoc on families as well.
- We don't have enough inpatient substance use beds for women and their children. A single mom doesn't want to go into treatment because she doesn't want to leave her kids. We also don't have enough clinicians who provide outpatient substance abuse treatment counseling. We also need more general inpatient substance abuse beds in this area.
- Methamphetamines, alcohol use and fentanyl use have increased. Opiate use is still there but may have declined.

Preventive Practices

Childhood Immunizations

75% of children in Saline County, ages 19 to 35 months, are up to date with the Combined 7 Series Immunizations. The Combined 7 series includes 4+DTaP, 3+IPV, 1+MMR, 3+ Hib, 3+ HepB, 1+ Varicella and 4+ PCV. Fewer children of that age group are up to date with their immunizations in Hot Spring County (70.2%), or Garland County (69.8%).

Childhood Immunizations Up to Date, Children, Ages 19 to 35 Months

	Garland County	Hot Spring County	Saline County	Arkansas
Childhood immunizations up to date	69.8%	70.2%	75.0%	66.7%

Source: Arkansas Department of Health, Epidemiology Department, WebIZ. Current data as of September 10, 2024. Map received via email.

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 42.9% of Hot Spring County adults, 44.3% of Garland County adults, and 49.4% of Saline County adults received a flu shot.

Flu Vaccines

	Garland County	Hot Spring County	Saline County	Arkansas	
Received flu vaccine, ages 6 mo. to 17 years	N/A	N/A	N/A		58.5%
Received flu vaccine, ages 18 to 64 years	44.3%	42.9%	49.4%	47.2%	38.4%
Received flu vaccine, ages 65 and older					74.1%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for state). N/A = Not Available. https://www.cdc.gov/fluvaxview/interactive/general-population-coverage.html

Mammograms, Pap Smears, and Colorectal Screenings

For mammograms, the Healthy People 2030 objective is for 80.3% of women, between the ages of 50 and 74, to have a mammogram in the past two years. In the service area, 71.5% of women had obtained mammograms in the prior two years, which did not meet this goal. Rates were 66.3% in Hot Spring County, 70.5% in Garland County, and 73.8% in Saline County.

For Pap smears, the Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. With 81.9% of women, ages 21 to 65, having had a cervical cancer screening in the prior 3 years, the service area does meet this objective. The lowest rate among area counties was in Hot Spring County, with 80% of women obtaining the screening, which still meets the Healthy People 2030 objective.

For colorectal cancer screenings, the Healthy People 2030 objective for adults, ages 50 to 75 years old, is for 68.3% to obtain a screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 62.6% of service area residents, ages 50-75, met the colorectal cancer screening guidelines. The service area has a higher rate than the state (61.6%) but does not meet the Healthy People 2030 objective. The lowest rates of compliance were in Saline County (60.9%) and Hot Spring County (61.7%).

Mammogram in the Past 2 Years, Women, Ages 50-74, 2 Year Average, Pap Test Past 3 Years, Women, Ages 21-65, Screening for Colorectal Cancer, Adults, Ages 50-75

	Mammograms	Pap Smears	Colorectal Cancer Screenings
Garland County	70.5%	81.3%	65.0%
Hot Spring County	66.3%	80.0%	61.7%
Saline County	73.8%	82.9%	60.9%
Hot Springs Service Area*	**71.5%**	**81.9%**	**62.6%**
Arkansas*	**71.4%**	**76.9%**	**61.6%**

*Source for mammogram and colorectal cancer screening data: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb * Weighted average of county rates.*
*Source for Pap smear data: For county and service area: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2020 data. https://www.policymap.com/ *Weighted average; calculated using 2018-2022 ACS adult population estimates. For Arkansas data U.S. CDC BRFSS, 2020 data: https://www.cdc.gov/brfss/brfssprevalence/*

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- We have an increased need for immunizations because people who've moved into our area have never been vaccinated or haven't been sufficiently vaccinated. It's required for school age children to attend school, so we're seeing an increased need for immunizations. We are also seeing an increased need for testing and treatment of sexually transmitted infections.
- A big barrier for our patients is transportation. Many of them are employed under the table. If they don't work, they don't get paid, so getting preventive services is a challenge. If they must take off work to come to our clinic, they're not being paid.
- In the schools we provide Body Safety Prevention programs. So just like schools have fire safety and tornado safety, they have body safety. We then wait to see if there are any disclosures afterwards with the schools. Many kids don't know that it is ok to tell someone about what has happened to them.
- During the pandemic we saw a 33% spike in physical abuse cases with children. Post pandemic, these numbers have stayed higher.
- In the past few years, we've seen an increase in children accessing technology. Consequently, children are being approached by predators through technology.
- Technology has created isolation for our children. We're seeing an increase in

children not being involved in sports at school. And predators learn how to access those online avenues, and they start communicating, building trust and friendship. Through grooming, which we now call manipulation, they build this relationship with the child.

- If the mother and father are working all the time, or it is a single-family household without much structure or oversight, or a child has a disability, these can be vulnerabilities that can be preyed upon. When it's finally recognized, that's where the entrapment occurs, where there is shame and guilt, and they don't want to speak out and they don't.
- You will find in tourist communities like Hot Springs, no one believes that anyone's sexually trafficked here.

Prioritized Description of Significant Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community
- Improving or worsening of an issue in the community
- Availability of resources to address the need
- The level of importance the hospital should place on addressing the issue

The stakeholder interviewees were sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, mental health, food insecurity and substance use had the highest scores for severe and very severe impact on the community. Mental health, food insecurity and substance use were the top three needs that had worsened over time. Economic insecurity, mental health and substance use had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access health care	69.2%	23.1%	38.5%
Chronic disease	61.5%	23.1%	30.8%
Economic insecurity	100%	61.5%	84.6%
Food insecurity	92.3%	69.2%	53.8%
Healthy eating and active living	76.9%	38.5%	38.5%
Mental health	100%	76.9%	84.6%
Preventive care	61.5%	15.4%	23.1%
Substance use	92.3%	69.2%	84.6%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to health care, mental health, and substance use were ranked as the top three priority needs in the service

area. Calculations resulted in the following prioritization of the significant needs.

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Access health care	4.00
Mental health	4.00
Substance use	4.00
Economic insecurity	3.92
Healthy eating and active living	3.77
Preventive care	3.77
Chronic disease	3.69
Food insecurity	3.69

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Arkansas 211 at https://arkansas211.org/.

Significant Health Needs	Community Resources
Access to care	Aspire Arkansas, Cooperative Christian Ministries and Clinic, Disability Rights Arkansas, Garland County Health Department, Healthy Connections, Hot Springs Senior Center, ICAN! of Arkansas, Lions Club, Medicaid Shuttle, Rotary Club, SAILS Spa Area Independent Living Services
Chronic diseases	Cooperative Christian Ministries and Clinic, Healthy Connections
Economic insecurity	100 Families, American Red Cross, Arkansas Balance of State Continuum of Care, Arkansas Community Foundation, Arkansas Rehabilitative Services, Arkansas Workforce Services, Bridging the Gaps of Arkansas, Community Services Office, Disabled Veterans Outreach Program, Every Child Arkansas, Garland County Veteran Service Office, Garland Towers Housing, Jackson House, Potter's Clay Ministries, Project Hope Food Bank, Restore Hope Community Justice Innovations, Saline County Care, Salvation Army, Samaritan Ministries, Second Chance Education, St Luke Episcopal Rental and Utility Assistance, The Aristocrat Housing, The Ark of Praise, United Way of the Ouachitas
Food insecurity	Arkansas Department of Health Women Infant Children, Arkansas Hunger Relief Alliance, Community Services Office, Faith Pointe Ministries, Feeding America, First United Methodist Church Open Arms Food Pantry, Food for Thought Saturdays, Hot Springs County Homeless Coalition, Jackson House, Project for Assistance in Transition from Homelessness (PATH), Project Hope, Saline Cares, Salvation Army, The Giving Team, United Way
Healthy eating and active living	Cooperative Christian Ministries and Clinic, Healthy Connections, YMCA
Mental health	Arkansas Crisis Center, Chenal Family Therapy, Day Spring Behavioral Health School Based Counseling, Evolve Behavioral Health and Medication Management, Healthy Connections, Levi Hospital, Life Strategies Counseling, Living Hope Hot Springs, NAMI Arkansas, Ouachita Behavioral Health & Wellness, Small Group Therapy, The Garage Church
Preventive practices	Cooper Anthony Mercy Child Advocacy Center, Healthy Connections, Hot Springs AIDS Resource Center Tuggle Clinic, Partners Against Trafficking Humans
Substance use	Arkansas Opioid Recovery Partnership, Evolve Behavioral Health and Medication Management, Harbor House, Healthy Connections, Ideal Option Outpatient Medication Assisted Treatment, Living Hope Hot Springs, Pointe Behavioral Healthcare, Recovery Centers of Arkansas, Shalom Reclaimed, St. Luke's Episcopal Church, The Father's House, The Garage Church, The Hope Movement

Impact of Actions Taken Since the Preceding CHNA

In 2022, St. Vincent Hot Springs conducted the previous CHNA, and significant health needs were identified from issues supported by primary and secondary data sources. The hospital's Implementation Strategy associated with the 2022 CHNA addressed:

Access to Care - St. Vincent Hot Springs hopes to improve the general health of the community by increasing the availability of access to primary care and behavioral health care especially focusing on substance abuse treatment and recovery; establishing a connected community resource network; and enhancing senior adult services.

Education - The intent is to improve the general health of the community by improving the level of basic health knowledge and awareness and by building a greater level of confidence in and respect for health care in communities that traditionally has been lacking.

The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Primary Care, Mental Health Care, and Senior Services

Strategy or Program Name	Summary Description
Community Outreach Programs	A Community Outreach program included a Community Health Coordinator and two Community Health Workers.
Connected Community Network	A patient centered, integrated network of social, medical, and behavioral health services that provided access to post-acute care, especially for the homeless community and the poor.
Cooperative Christian Ministries and Clinic (CCMC)	Increased cooperation with CCMC to improve the delivery of medical and behavioral health care to the most vulnerable members of the community with an emphasis on addressing substance abuse.
Rural Maternal and Obstetrics Management (RMOMS)	RMOMS is a grant funded project to enhance maternal and obstetric care in rural Southwest Arkansas. This project is aimed at addressing maternal health disparities in underserved areas by improving access to high-quality prenatal and obstetric care. RMOMS expanded access to care, integrated telehealth services, and fostered community education for 230 women,
Senior Adult Services	Reopened the Hot Springs Senior Adult Services Center in cooperation with the Arkansas Area Agency on Aging, Oaklawn Senior Services, the City of Hot Springs, and Garland County.

Education about Chronic Conditions, Food and Nutrition, Domestic Violence and Human Trafficking, and Substance Abuse

Strategy or Program Name	Summary Description
Community Outreach Programs	A Community Outreach program included a Community Health Coordinator and two Community Health Workers.
Cooperative Christian Ministries and Clinic (CCMC)	Increased cooperation with CCMC to improve the delivery of medical and behavioral health care to the most vulnerable members of the community with an emphasis on addressing substance abuse.
Food Insecurity Initiatives	Added hospital leaders to local boards that are working on hunger issues in Arkansas. Conducted food drives that benefited local partners serving people experiencing hunger. Partnered with city government and community leaders during the cold weather and provided meals to people in need at the local warming centers in central Arkansas. Hosted SNAP outreach events and signed up 20 people for SNAP benefits. Donated funds to the Arkansas Hunger Alliance. Discussed launching a Food Prescription program
Health Resources and Education in Local Schools	Utilized existing St. Vincent operated school-based clinics and provided health education for students and their families, especially to address issues of behavioral health and substance abuse issues.

Attachment 1: County Service Area ZIP Codes

Garland County	Hot Spring County	Saline County
71901	71929	72002
71909	71933	72011
71913	71941	72015
71949	72104	72019
71956		72022
71964		72065
71968		72103
72087		72122
		72167

Attachment 2: Benchmark Comparisons

Where data were available, the St. Vincent Hot Springs service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**82.7%** - >95%	90.7%
Child health insurance rate	96.2%	92.4%
Adult health insurance rate	**88.7%**	92.4%
Cancer deaths	**231.6**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**13.8**	8.9 per 100,000 persons
Lung cancer deaths	**43.0**	25.1 per 100,000 persons
Female breast cancer deaths	**20.7**	15.3 per 100,000 persons
Prostate cancer deaths	15.0	16.9 per 100,000 persons
Infant death rate	**7.94**	5.0 per 1,000 live births
Adult obese (ages 18 and older)	**37.6%**	36.0%, adults ages 20+
Adults engaging in binge drinking	16.1%	25.4%
Cigarette smoking by adults	**16.4%**	6.1%
Pap smears, ages 21-65, screened in the past 3 years	81.9%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	**71.5%**	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**62.6%**	68.3%
Annual adult influenza vaccination	**42.9% - 49.4%**	70.0%

Attachment 3: Community Stakeholder Interviewees

Community input was obtained from interviews with stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Tracy Childress, CFI	Executive Director	Cooper Anthony Mercy Child Advocacy Center
Becky Chote	Assistant Director	Project Hope Food Bank
Sallie Culbreth, MH	Executive Director	Cooperative Christian Ministries and Clinic
Sherri Jones	Chief Programs Officer	Arkansas Foodbank
Susan Lester	Garland County Health Department Administrator, LHU Administrator	Garland County Health Unit
Boyce Mitchell	Project Assistance that helps Transition from Homelessness (PATH) Case Manager	Ouachita Behavior Health and Wellness
Stephanie Nehus, EDD	Superintendent	Hot Springs School District
Susan L. Smith, LPC	Chief Executive Officer	Ouachita Behavioral Health and Wellness

Attachment 4: Community Stakeholder Interview Responses

Each interview began by asking participants to name the most significant health issues or needs in their community. Responses included:

- Mental health needs and the complication with the high turnover among mental health professionals, which results in the lack of services needed to meet the need.
- We are seeing a huge uptick in the number of families and seniors and children who are facing food insecurity.
- Mental health and homelessness, lack of transportation.
- In Garland County, we have seen an increase in requests for WIC, which is a supplemental food program for women, infant and children.
- Housing, transportation, mental health, behavioral health.
- Food insecurity.
- Mental health issues, trauma, physical abuse, sexual abuse.

Interview participants were asked what factors or conditions contributed to these health issues? (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- Things have been different since Covid. Not everyone came back. We are finding that people who stayed in virtual learning a bit longer or who didn't come back to school for a while were really having social issues.
- Food insecurity impacts daily lives and mental health. People wonder where their next meal is coming from or whether they have funding to make it through the month.
- Inflation.
- A lack of funds to purchase food. Prices have gone up and it's made it harder to afford baby formula.
- In our community, about 48% of people live in poverty. 17% are considered ALICE: Asset Limited Income Constrained Employed, our working poor, and the rest fall at or below the federal poverty level.
- Environment is a factor, parenting skills, not having access to care, financial difficulties.
- Inflation is impacting groceries and gas. And there is underemployment.
- Trauma.

Who or what groups in the community are most affected by these issues? (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Kids in poverty.
- Children, seniors.
- Women, infants and children.
- People experiencing homelessness.
- We have a very high veteran population.
- Families experiencing food insecurity.
- Lower economic families.

Stakeholders were asked about community members who were impacted by climate hazards. In the past three years, have the people you served been impacted by extreme heat, wildfires and/or wildfire smoke, drought, flooding, water quality, insect infestations and West Nile virus.

If your clients were impacted by a climate hazard event, tell us how it impacted their quality of life and wellbeing (health, economic stability, housing, mental health, etc.)?

- Weather has a direct impact on hunger.
- We work with the local cooling and warming shelters. Often those who are impacted the most are people on the streets or families that have limited resources to pay for heat and air conditioning.
- An electrical fire left 50 people displaced. The Red Cross put them in a hotel for 1.5 weeks and provided some food. But they didn't have insurance. When you're on a fixed income, you don't have money for rental insurance. People must decide whether to eat and pay rent. These decisions affect the quality of life.
- On occasion we hear about bed bugs, but I don't think it is widespread.
- The heat in the summer, especially for those who find their utilities turned off, is brutal and life threatening. Many people have their utilities turned off because they've fallen behind in their bills.
- With poverty comes rodents and pests of all kinds. And we do have some substantial storms.
- We have a church that has a cooling center. We have a lot of unhoused people who also have mental health issues and substance use issues. And we have people who don't understand how to get resources or what to do in certain situations, some of it is poor management of the houses and insect infestations.