

# 2025 Community Health Implementation Strategy and Plan

**Adopted November 2025**






## **CHI St. Vincent Morrilton**

CHI St. Vincent is a  
member of CommonSpirit

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## At-a-Glance Summary

<p><b>Community Served</b></p> 	<p>CHI St. Vincent Morrilton is a critical access hospital located in Conway County, on Interstate 40 between Conway and Fort Smith, Arkansas. The area served by St. Vincent Morrilton is predominantly rural.</p>		
<p><b>Significant Community Health Needs Being Addressed</b></p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital's most recent Community Health Needs Assessment (CHNA).</p> <p>Needs surveyed in the latest CHNA are:</p> <table border="1" data-bbox="410 709 1409 919"> <tr> <td data-bbox="410 709 846 919"> <ul style="list-style-type: none"> <li>● Access care</li> <li>● Chronic disease</li> <li>● Economic insecurity</li> <li>● Food insecurity</li> </ul> </td> <td data-bbox="854 709 1409 919"> <ul style="list-style-type: none"> <li>● Healthy eating and active living</li> <li>● Mental health</li> <li>● Preventive practices</li> <li>● Substance use</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>● Access care</li> <li>● Chronic disease</li> <li>● Economic insecurity</li> <li>● Food insecurity</li> </ul>	<ul style="list-style-type: none"> <li>● Healthy eating and active living</li> <li>● Mental health</li> <li>● Preventive practices</li> <li>● Substance use</li> </ul>
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<p><b>Strategies and Programs to Address Needs</b></p> 	<p>The hospital intends to take actions and to dedicate resources to address these needs, including:</p> <ul style="list-style-type: none"> <li>● Economic and food insecurity</li> <li>● Access to mental health care</li> <li>● Access to substance use treatment</li> </ul>		

Planned resources and collaborators to help address these needs, as well as anticipated impacts of the strategies and programs, are described in the “Strategies and Program Activities by Health Need” section of the document.

This document is publicly available online on the hospital's website. Written comments on this strategy and plan can be submitted to Michael Millard at the CHI St. Vincent Mission Integration Office at 2 St. Vincent Circle Little Rock, Arkansas 72205 or by email at [mwmillard@commonspirit.org](mailto:mwmillard@commonspirit.org).

## Our Hospital and the Community Served

### About the Hospital

CHI St. Vincent Morrilton is a part of CommonSpirit Health, one of the largest nonprofit health systems in the U.S., with more than 2,200 care sites in 24 states coast to coast, serving patients in big cities and small towns across America.

- The hospital is located at 4 Hospital Drive, Morrilton, AR 72110 and has 28 beds.
- The hospital originated as St. Anthony's Hospital. The Benedictine sisters at St. Scholastica Monastery established St. Anthony's Hospital in 1925.
- CHI St. Vincent is one of the largest employers in the community.
- Hospital services include gynecology, general surgery, home health, intensive care, emergency services, laboratory services, orthopedics, outpatient/same-day surgery, radiology and imaging, rehabilitation, sleep lab services, urology and wound care.

### Our Mission

The hospital's dedication to assessing significant community health needs and helping to address them in conjunction with the community 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.

### Financial Assistance for Medically Necessary Care

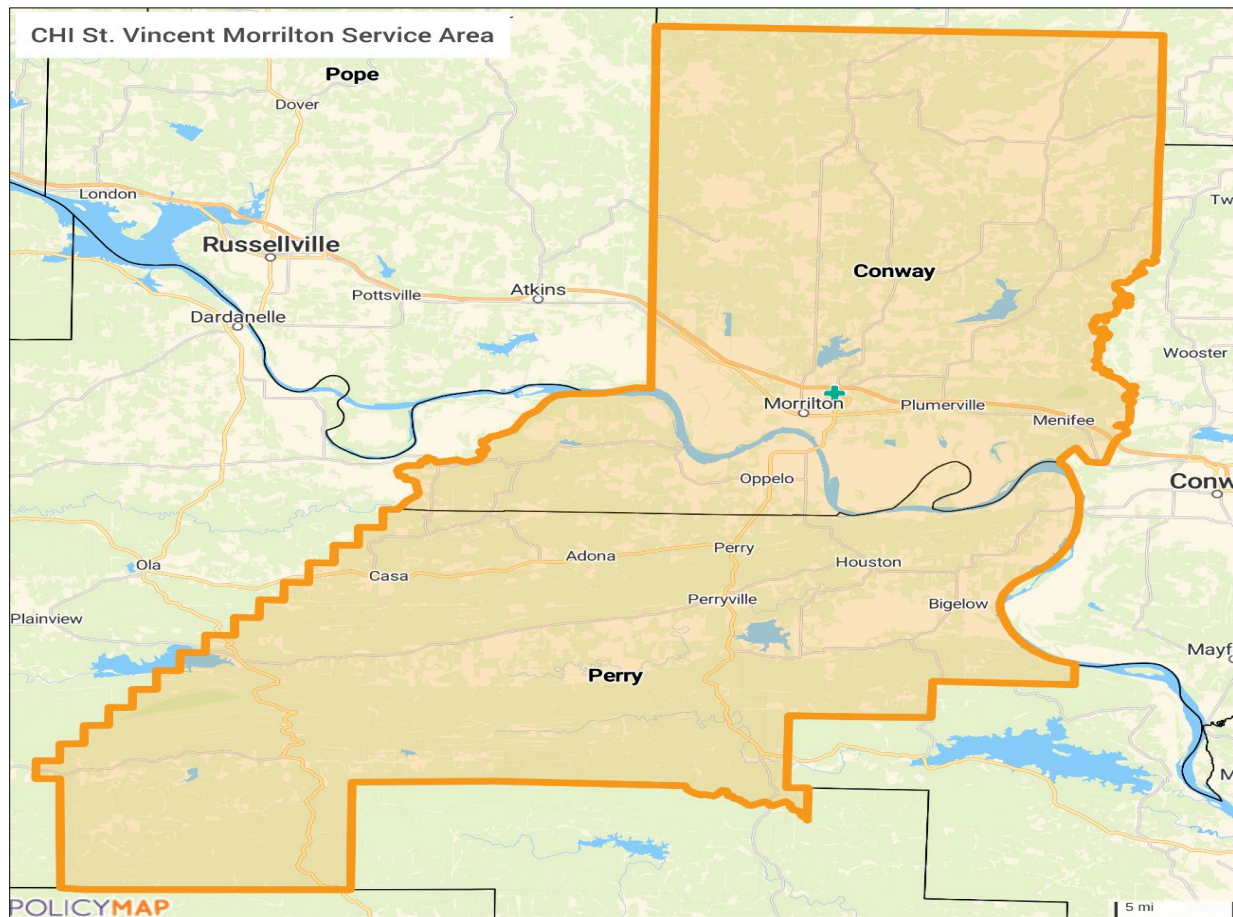
It is the policy of CommonSpirit Health to provide, without discrimination, emergency medical care and medically necessary care in CommonSpirit hospital facilities to all patients, without regard to a patient's financial ability to pay.

This hospital has a financial assistance policy that describes the assistance provided to patients for whom it would be a financial hardship to fully pay the expected out-of-pocket expenses for such care, and who meet the eligibility criteria for such assistance. The financial assistance policy, a plain language summary and related materials are available in multiple languages on the hospital's website.



## Description of the Community Served

The hospital serves Conway County and Perry County<sup>1</sup>. A summary description of the community is below, and additional details can be found in the CHNA report online.



The population of the service area is 30,837. Children and youth, ages 0-17, make up 22.5% of the population, 57.8% are adults, ages 18-64, and 19.8% 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 (83.7%), 8.2% of the population are non-Hispanic Black or African American residents and 4% are Hispanic or Latino residents. 3.4% of the population identifies as non-Hispanic multiracial (two-or-more races), 0.3% are non-Hispanic Asian residents, 0.3% are non-Hispanic American Indian or Alaskan Native residents, and those who identify with a race and ethnicity not listed represent 0.1% of the service area population.

In the service area, 96.2% of the population, 5 years and older, speak only English in the home.

<sup>1</sup> Conway County ZIP Codes include 72027, 72030, 72063, 72080, 72110, 72127, 72156 and 72157. Perry County ZIP Codes include 72001, 72016, 72025, 72070, 72125, and 72126.

Among the area population, 3.3% speak Spanish, 0.3% speak an Asian or Pacific Islander language, and 0.1% speak an Indo-European language in the home.

Among the residents in the service area, 19.1% are at or below 100% of the federal poverty level (FPL) and 43.2% are at 200% of FPL or below. In Conway County, 20.9% of the population lives in poverty. In Perry County, 43.8% of the population qualify as low-income. Among children, 27.5% are living in poverty, 12% of senior adults, and 39.8% of female heads-of-household (HoH), living with their own children, under the age of 18 are experiencing poverty. The unemployment rate in the service area among the civilian labor force, averaged over 5 years, is 6.3%. The median household income in the service area is \$51,438.

In the service area, 93.4% of the civilian, non-institutionalized population has health insurance. Among adults, ages 19 to 64, 90.3% in the service area have coverage, Among area residents, 25.4% have Medicaid coverage.

Educational attainment is a key driver of health. In the hospital service area, 10.2% 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. Conway and Perry Counties are designated as Medically Underserved Areas (MUAs) for primary care.

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. Conway and Perry Counties are designated as Health Professional Shortage Areas (HPSAs) 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. Accessed October 7, 2024. <https://data.hrsa.gov/tools/shortage-area>)

## Community Assessment and Significant Needs

The health issues that form the basis of the hospital's community health implementation strategy and plan were identified in the most recent CHNA report, which was adopted in May 2025. The CHNA report includes:

- description of the community assessed consistent with the hospital's service area;
- description of the assessment process and methods;
- data, information and findings, including significant community health needs;
- community resources potentially available to help address identified needs; and
- impacts of actions taken by the hospital since the preceding CHNA.

Additional details about the needs assessment can be found in the CHNA report, which is publicly available on the hospital's website or upon request from the hospital, using the contact information in the At-a-Glance Summary.

## Significant Health Needs

The CHNA identified the significant needs in the table below, which also indicates which needs the hospital intends to address. Identified needs may include specific health conditions, behaviors or health care services, and also health-related social and community needs that have an impact on health and well-being.

Significant Health Need	Description	Intend to Address?
Access to health care	Access to health care refers to the availability of primary care, specialty care, vision care and dental care services. Health insurance coverage is considered a key component to ensure access to health care. Barriers to care can include lack of transportation, language and cultural issues.	●
Chronic disease	A chronic disease or condition usually lasts for three months or longer and may get worse over time. Chronic diseases can usually be controlled but not always cured. The most common types of chronic diseases are cancer, heart disease, stroke, diabetes, and arthritis.	
Economic insecurity	Economic insecurity is correlated with poor health outcomes. People with low incomes are more likely to have difficulty accessing health care, have poor-quality health care, and seek health care less often.	●
Food insecurity	The USDA defines food insecurity as limited or uncertain availability of nutritionally adequate foods or an uncertain ability to acquire foods in socially acceptable ways.	●
Healthy eating and active living	Overweight and obesity are linked to a lack of physical activity and unhealthy eating habits.	
Mental health	Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.	●
Preventive care	Preventive practices refer to health maintenance activities that help to prevent disease. For example, preventive care	

Significant Health Need	Description	Intend to Address?
	includes vaccines, routine health screenings (mammogram, colonoscopy, Pap smear) and injury prevention strategies.	
Substance use	Substance use is the use of tobacco products, illegal drugs, prescription drugs, over-the-counter drugs or alcohol. Excessive use of these substances or use for purposes other than those for which they are meant to be used, can lead to physical, social or emotional harm.	●

**Significant Needs the Hospital Does Not Intend to Address**

Taking existing hospital and community resources into consideration, CHI St. Vincent Morrilton Hospital will not directly address the remaining significant health needs identified in the CHNA, which include chronic disease, healthy eating and active living, and preventive practices. Knowing there are not sufficient resources to address all the community health needs, the hospital chose to concentrate on those significant health needs that can most effectively be addressed given the organization’s areas of focus and expertise. The hospital has insufficient resources to effectively address all the identified needs, and, in some cases, the needs are being addressed by others in the community.

**2025 Implementation Strategy and Plan**

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years, including resources for and anticipated impacts of these activities.

Planned activities are consistent with current significant needs and the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant, such as changes in community needs or resources to address them.



**Creating the Implementation Strategy**

The hospital is dedicated to improving community health and delivering community benefit with the engagement of its staff, clinicians and board, and in collaboration with community partners.

The CHNA served as the resource document for the review of the significant health needs as it provided statistical data on the severity of issues and included community input. Also, the community prioritization of the significant health needs was taken into consideration.

The programs and initiatives described here were selected based on:

- **Existing Infrastructure:** There are programs, systems, staff and support resources in place to address the issue.
- **Established Relationships:** There are established relationships with community partners to address the issue.
- **Ongoing Investment:** Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- **Focus Area:** The hospitals have acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.

CHI St. Vincent Morrilton engaged the hospital Leadership to examine the significant health needs and select priority health needs.

## Community Health Core Strategies

The hospital believes that program activities to help address significant community health needs should reflect a strategic use of resources. CommonSpirit Health has established three core strategies for community health improvement activities. These strategies help to ensure that program activities overall address strategic aims while meeting locally identified needs.

- **Core Strategy 1** : Extend the care continuum by aligning and integrating clinical and community-based interventions.
- **Core Strategy 2** : Implement and sustain evidence-informed health improvement strategies and programs.
- **Core Strategy 3** : Strengthen community capacity to achieve equitable health and well-being.

## Vital Conditions and the Well-Being Portfolio

Community health initiatives at CommonSpirit Health use the Vital Conditions framework and the Well-Being Portfolio<sup>2</sup> to help plan and communicate about strategies and programs. Investments of time, resources, expertise and collaboration to improve health and well-being can take different approaches. And usually, no single approach can fully improve or resolve a given need on its own.

One way to think about any approach is that it may strengthen “vital conditions” or provide “urgent services,” both of which are valuable to support thriving people and communities. A set of program activities may seek to do one or both. Taken together, vital conditions and urgent services compose a well-being portfolio.

### What are Vital Conditions?

These are characteristics of places and institutions that all people need all the time to be healthy and well. The vital conditions are related to social determinants or drivers of health, and they are inclusive of health care, multi-sector partnerships and the conditions of communities. They help create a community environment that supports health.

### What are Urgent Services?

These are services that anyone under adversity may need temporarily to regain or restore health and well-being. Urgent services address the immediate needs of individuals and communities, say, during illness.

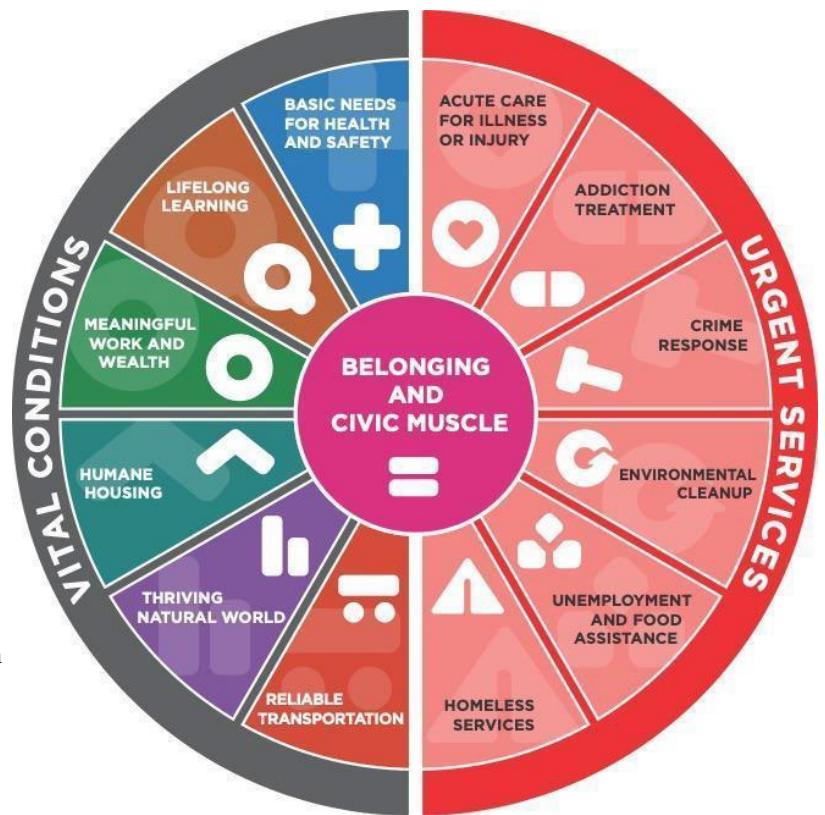
### What is Belonging and Civic Muscle?

This is a sense of belonging and power to help shape the world. Belonging is feeling part of a community and valued for what you bring. Civic muscle is the power of people in a society to work across differences for a thriving future.

### Well-Being Portfolio in this Strategy and Plan

The hospital’s planned strategies and program activities that follow are each identified as aligning with one of the vital conditions or urgent services in this figure.

This helps to identify the range of approaches taken to address community needs, and also acknowledges that the hospital is one community resource and stakeholder among many that are dedicated to and equipped for helping to address these needs and improve health.



<sup>2</sup> The Vital Conditions framework and the Well-Being Portfolio were created by the Rippel Foundation, and are being used with permission. Visit <https://rippel.org/vital-conditions/> to learn more.

## Strategies and Program Activities by Health Need

Health Need	Access to Health Care, Including Mental Health and Substance Use				
Population(s) of Focus	Individuals who experience barriers to accessing health care, mental health care and substance use services. Uninsured and underinsured people.				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: Extend care continuum	Strategy 2: Evidence - informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Community Health Improvement Grants	Offers grants to nonprofit community organizations that provide health care access mental health programs and substance use services.	●		●	Acute care for illness or injury
Community Outreach Programs	The Community Outreach program includes a Community Health Coordinator and two Community Health Workers.	●	●	●	Acute care for illness or injury
Connected Community Network	A patient centered, integrated network of social, medical, and behavioral health services that provide access to post-acute care, especially for the homeless community and the poor.	●	●	●	Acute care for illness or injury and addiction treatment
Transportation	Provide transportation resources to increase the ability of the poor and vulnerable in rural communities to travel to medical appointments and procedures.	●			Reliable transportation
Planned Resources	Community health outreach staff, education and research resources from the hospital and System Community Outreach Office. Staff medical and social work specialists to participate in community events, and philanthropic cash grants and sponsorships.				

<b>Health Need</b>	<b>Access to Health Care, Including Mental Health and Substance Use</b>
Planned Collaborators	City of Morrilton, Conway County Quorum Court, Conway County Health Coalition, Arkansas Department of Health, mental health and substance use agencies, youth organizations and senior centers.

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Increase access to health care for the medically underserved and reduce barriers to care.	Reduce to 5.9% the proportion of people who can't get medical care when needed.	Healthy People 2030
Reduce drug and alcohol addiction.	14% of people, ages 12 and older, receive substance use treatment when needed.	Healthy People 2030
Increase prevention, screening, assessment, and treatment of mental health disorders.	65.6% of adults, ages 18 and older with depression, receive treatment.	Healthy People 2030

Health Need	Economic Insecurity and Food Insecurity				
Population(s) of Focus	Individuals and families who experience economic insecurity (low-income and job insecurity) and food insecurity (limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways).				
Strategy or Program	Summary Description	Strategic Alignment			
		Strategy 1: Extend care continuum	Strategy 2: Evidence - informed	Strategy 3: Community capacity	Vital Condition (VC) or Urgent Service (US)
Community Health Improvement Grants	Grant funds are awarded to nonprofit organizations that improve access to economic support and food for vulnerable populations.		●	●	Basic needs for health and safety.
Economic and food support	Provide resources to increase the availability of food and economic support services for the poor and vulnerable in rural communities.			●	Unemployment and food assistance
Planned Resources	Community health education and outreach staff, social work experts, program management support, philanthropic cash grants and sponsorships.				
Planned Collaborators	City of Morrilton, Conway County Health Coalition, Arkansas Department of Health, food pantries, faith-based organizations, senior centers				

Anticipated Impacts (overall long-term goals)	Measure	Data Source
Reduce household food insecurity and reduce hunger.	6.0% of households are food insecure.	Healthy People 2030
Reduce the proportion of people living in poverty	8.0% of people live below the poverty threshold.	Healthy People 2030

