Community Health Needs Assessment

2026 – 2028
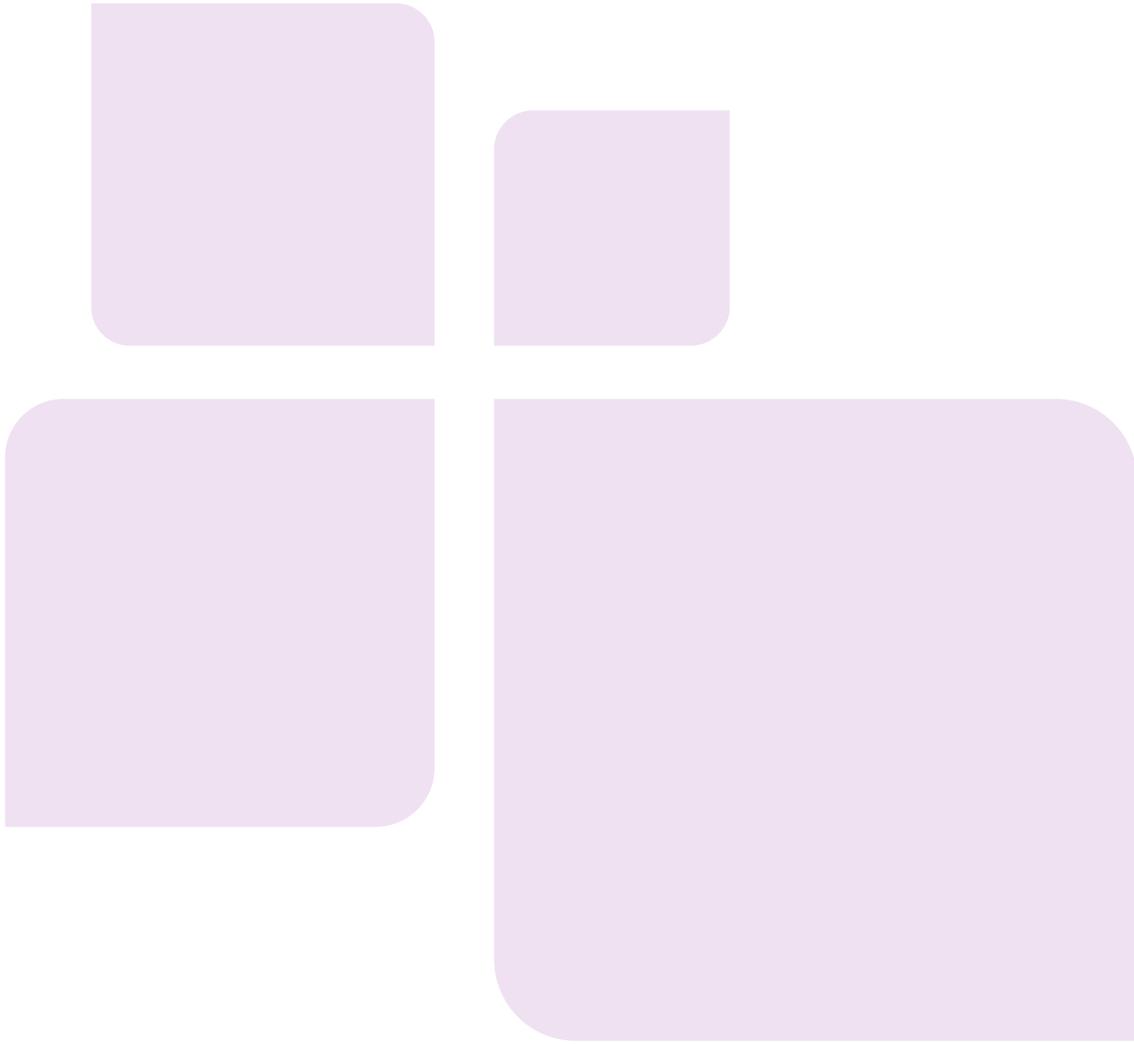
CHRISTUS® ST. MICHAEL Health System

Table of Contents

Chapter 1: Letter to the Community

Letter to the Community

A Message of Gratitude

Thank you for sharing your experiences, your challenges, and your hopes for a healthier future. Every response to our Community Health Needs Assessment was more than data—it was a story, a call to action, and a reminder of the resilience and strength that define this region.

Through your input in our 2023–2025 CHNA, you made it clear that chronic illness—cancer, heart disease, diabetes, and obesity—continues to touch too many families. You voiced concerns about mental health and substance use, and you reminded us how essential it is to improve access to care, especially for those struggling to make ends meet. You named food insecurity, unemployment, and tobacco use as issues that must be addressed, not ignored. We heard you, and we acted. For example, we implemented the Food Box RX program to help those facing food insecurity while promoting healthy eating and impacting those who experience heart disease and diabetes. Additionally, we implemented an early lung screening initiative to help reduce lung cancer deaths in our community. Now, as we look toward the 2026–2028 CHNA priorities, your voices have once again led us forward. You've spoken about the impacts of poverty, not just as a statistic, but as something deeply personal that touches every part of health and daily life. You've shared your concerns around food insecurity, awareness of available resources, and the prevalence of trauma, resulting from abuse, and neglect. We've heard your fears about rising suicide rates, your calls for better continuity of care across state lines, and the overuse of emergency rooms when people lack access to primary care. You've also called attention to critical issues that deserve our urgent attention: cancer, healthy births, behavioral health, and the toll these illnesses take on families and caregivers.

What we've heard loud and clear is this: health is about more than what happens within hospital walls. Health care is about understanding the full picture of a person's life—what they eat, how safe they feel, what support systems they have, and whether they feel seen, respected, and cared for. At CHRISTUS St. Michael Health System, we are deeply honored to walk alongside you. Your insight is shaping how we invest, how we collaborate, and how we show up—not just as a health care provider but as a trusted partner in the well-being of this community since 1916, when we were invited to provide care for the Ark-La-Tex area by community leaders.

Thank you for trusting us with your voices. We're listening, we're learning, and we're with you—every step of the way.

Jason Adams
President and Chief Executive Officer
CHRISTUS St. Michael Health System

Statement of Health Access and Serving as an Anchor Institution

At CHRISTUS Health, our core values — dignity, integrity, excellence, compassion and stewardship — guide everything we do. We believe these values are not just words, but principles that inspire us to serve our community dedication. Through this assessment, we seek to understand your unique needs and challenges. By listening to your stories and experiences, we seek to identify areas where health disparities exist and work alongside you to find meaningful solutions. Together, we can create an inclusive and equitable health care environment for everyone, regardless of background or circumstance. We recognize that health goes beyond medical care. It encompasses the social determinants that shape our lives, such as housing, education, employment and access to nutritious food. Addressing these factors can build a stronger, healthier community where everyone thrives. Your participation in this assessment is invaluable. Your voice matters deeply to us as we strive to tailor our services to meet your needs and aspirations. We invite you to share your insights, concerns and hopes with us so that we can pave the way for a brighter, healthier future together. Thank you for being an integral part of our CHRISTUS Health family. Let's continue to care for and uplift one another, embodying our values in every interaction and endeavor.

David Karchut
Vice President of
Mission Integration
**CHRISTUS St. Michael
Health System**

Marcos Pesquera
Chief Diversity Officer
and Vice President of
Community Health
CHRISTUS Health

Board Approval

The final Community Health Needs Assessment (CHNA) report was completed, and the Ministry CEO/President and Executive Leadership Team of CHRISTUS St. Michael Health System reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on July 31, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the Board of Directors on July 31, 2025.

Executive Summary

CHRISTUS St. Michael Health System (CSMHS) has served as a cornerstone of healing, hope and health in the greater Texarkana region for more than a century. From its founding in 1916, CSMHS has grown alongside the people it serves — rooted in a legacy of faith, compassion and a mission to extend the healing ministry of Jesus Christ. Generations of families have turned to CSMHS for trusted care, and today, that trust is carried forward by a team of physicians, Associates and volunteers who are proud to call this community home.

At CSMHS, health is about more than treating illness — it's about building strong, connected communities where everyone can thrive. That's why every three years, we lead a Community Health Needs Assessment (CHNA): a shared effort to listen, learn and take meaningful action. This process is powered by collaboration — residents, nonprofits, faith leaders, educators and health professionals all contributing their insights and experiences to shape the future of health in our region.

This CHNA reflects the voices and lived experiences of individuals and families across our service area. Together with community partners, local organizations and residents, we've examined the health challenges, strengths and opportunities that define our region. The insights shared throughout this process are not only informative — they are foundational to the work ahead.

Our 2026–2028 CHNA takes a lifespan approach, assessing needs across four key stages of life — maternal and early childhood, school-age children and adolescents, adults and older adults — recognizing that health priorities shift across age and circumstance. We also examine the social determinants of health — housing, food access, income, transportation, education and more — that profoundly influence health outcomes and access to care.

Maternal and Early Childhood Health

We know that the earliest stages of life have a lasting impact on long-term health and well-being. In the Texarkana region, we are encouraged by community partnerships that have enhanced prenatal education and increased awareness of maternal mental health and child wellness. However, barriers persist, including access to OB/GYN care and broader awareness and utilization of available services.

Addressing these disparities is key to a healthier community. By focusing on healthy beginnings, we lay the groundwork for healthier generations to come.

School-Age Children and Adolescent Health

Our youth are the future of our communities, and the importance of nurturing their physical, emotional and social development cannot be overstated. Through this CHNA, families and educators shared both inspiring progress and persistent concerns. Positive efforts include youth-focused wellness programs and increased awareness of mental health.

At the same time, families continue to face challenges such as suicide prevention, abuse and neglect and persistent food insecurity. A strong and supportive environment — at home, in school and in the community— remains essential for young people to flourish. Collaborating with school districts and other community partners will support positive change.

Adult Health

Adults in our region serve as caregivers, workers and leaders, and yet many continue to experience significant barriers to maintaining their own health. While we've seen meaningful progress in community health outreach, education and access to mental health support, there is still more to be done.

Heart disease, mental health concerns, food insecurity and the need for coordinated care across state lines remain challenges for our community. Our focus moving forward will be on strengthening continuity of care, building on our efforts to enhance heart health and continuing to collaborate with community partners to promote a healthier community.

Older Adult Health

Texarkana's older adult population is growing, as is the need to ensure aging is supported with dignity and care. We've seen essential advances in caregiver support and chronic disease management, but challenges persist — including access to care, overuse of emergency services for primary care needs and limited resources.

Older adults shared concerns about social isolation, affordability of medications and reliable access to food and transportation. These voices reinforce the importance of building systems that support aging and ensure our elders remain valued, connected and cared for.

The communities we serve are strong, resourceful and resilient. Through this CHNA, the people of Texarkana have spoken clearly about both the progress they are proud of and the challenges they continue to face. These insights will serve as the foundation of our work over the next three years.

At CHRISTUS St. Michael Health System, we remain deeply committed to walking alongside our communities, developing initiatives rooted in collaboration, advancing equity and strengthening the health of every life we touch. Together with our partners, we will continue to invest in the well-being of our region, building a future where members of our community, at every stage of life, have the opportunity to live fully and healthily.

Key Findings

The chart below summarizes the leading indicators of the communities we serve.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

• Healthy births
• Trauma
	• Behavioral health
	   o Suicide
		• Behavioral health
		   o Mental health
			• Chronic diseases
			   o Heart disease

• Poverty • Awareness of resources	• Abuse and neglect • Poverty • Food insecurity	• Heart disease • Continuity of care/treatment across state lines • Food insecurity	o Diabetes o Cancer • Alzheimer's/dementia • Overutilization of the emergency room • Poverty

Chapter 3: Introduction

Introduction

Located at the intersection of Texas, Arkansas, Louisiana and Oklahoma, Texarkana is a city shaped by its four-state identity and deep sense of community pride. This distinctive location offers residents and visitors a one-of-a-kind experience — such as standing in two states at once at the iconic Texarkana Federal Courthouse downtown.

Texarkana's vibrant culture comes to life through annual traditions like the Four States Fair & Rodeo, Mardi Gras parades and festive holiday celebrations that fill the streets with music, laughter and connection. Events like the Taste of Texarkana and the Run the Line Half-Marathon not only celebrate community spirit but also raise support for local organizations and causes that strengthen the region.

For those drawn to art and history, the Four States Auto Museum offers a nostalgic look at vintage vehicles, while The Gallery at 1894 showcases the creativity of local and regional artists. The historic Parot Theatre continues to merge the glory of Texarkana history with performing arts that reach all audiences and age groups. Outdoor enthusiasts can find peace and recreation at numerous parks, enjoy a day by the water at Millwood Lake, Lake Wright Patman or bring their family and furry friends to the plethora of outdoor spaces designed to cater to the whole family.

Texarkana is a place where tradition and progress go hand in hand — where residents take pride in their roots while working together toward a healthier, more vibrant future. As part of this diverse and close-knit community, CHRISTUS St. Michael Health System is honored to walk alongside its neighbors, listening to their voices and partnering to address the health needs that matter most. This Community Health Needs Assessment reflects that commitment — a collaborative step toward building lasting well-being for all who call Texarkana home.

Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) serves as a foundational tool for understanding the health priorities of the region and guiding efforts to improve the well-being of its residents. As a not-for-profit health care ministry, CHRISTUS St. Michael Health System is dedicated to addressing the health needs of the communities within its service area. The CHNA process, required under the Patient Protection & Affordable Care Act (ACA) of 2010, ensures that not for profit hospitals conduct a comprehensive assessment of local health challenges and available resources at least once every three years. This structured approach enables us to identify key health priorities, collaborate with community stakeholders and develop strategic plans to address the most urgent health concerns.

In accordance with the ACA, the CHNA not only informs the hospital's community health initiatives but also satisfies certain IRS tax reporting requirements under Form 990, Schedule H. The findings and data presented in this report directly support the development of an implementation strategy, which aligns hospital resources with the needs of underserved and vulnerable populations, ensuring meaningful and measurable interventions.

This document represents the 2026-2028 CHNA for CHRISTUS St. Michael Health System and serves as a comprehensive resource for understanding the current health landscape in the four states region of its service area. It provides an in-depth analysis of:

- Community demographics and population trends
- Existing health care resources and access to care
- Significant health needs and disparities
- Data collection and prioritization methodologies
- Community engagement efforts and stakeholder input

The findings from this CHNA not only fulfill IRS reporting requirements but also play a critical role in shaping ongoing health planning and decision-making within our hospital system and among our local partners.

Additionally, this assessment reflects the impact of past CHNAs, highlighting areas of progress, as well as areas requiring continued focus to meet the evolving health needs of the community. The insights gained will inform the development of targeted programs, funding decisions and strategic partnerships designed to drive sustainable improvements in health equity across the community.

Overview of the Health System

CHRISTUS Health

CHRISTUS Health is a Catholic, not-for-profit health system established in 1999 to preserve and strengthen the healing ministries founded by the Sisters of Charity of the Incarnate Word of Houston and San Antonio — religious congregations whose commitment to compassionate care began in 1866, on the shores of Galveston/Houston In 2016, the Sisters of the Holy Family of Nazareth joined as the third sponsoring congregation, deepening the system's spiritual foundation and ongoing mission of service.

Today, CHRISTUS Health operates more than 60 hospitals and 175 clinics across Texas, Louisiana, New Mexico and Arkansas. The system also extends its healing ministry internationally, with facilities in Mexico, Colombia and Chile. Across every location, CHRISTUS Health remains united by a singular purpose: to extend the healing ministry of Jesus Christ — delivering high-quality, compassionate care to individuals and communities, especially those most in need.
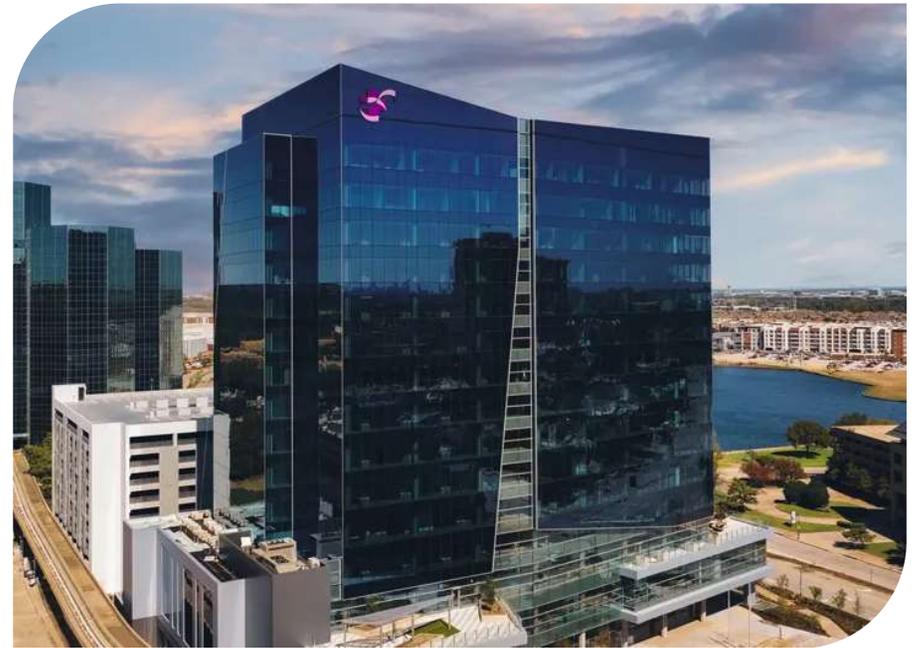
CHRISTUS St. Michael Health System

As part of CHRISTUS Health, CHRISTUS St. Michael Health System is a faith-based, not-for-profit health system serving the four-states region of Texas, Arkansas, Oklahoma and Louisiana with more than 2,000 Associates. Established in 1916, CHRISTUS St. Michael offers a full scope of expansive health care services including women's health, emergency services, senior health, cancer care, heart care, surgical services, imaging, orthopedics, sports medicine and rehabilitation. Sponsored by the Sisters of Charity of the Incarnate Word of Houston, Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of the Holy Family of Nazareth, our mission is to extend the healing ministry of Jesus Christ to every individual we serve.

CHRISTUS St. Michael Hospital - Main

This flagship facility offers comprehensive medical services including emergency and trauma care, cardiology, intensive care, imaging and radiology, outpatient rehabilitation, sleep medicine, wound care, general surgery and more. It features advanced technologies like the da Vinci® XI Surgical System for minimally invasive procedures and a Level III NICU for neonatal care. The hospital is recognized for its excellence in heart care, stroke rehabilitation and women's services.

CHRISTUS St. Michael Hospital - Atlanta

This community hospital provides emergency services, impatient care, cardiac and pulmonary rehabilitation, outpatient therapy and wound care. The Atlanta campus extends our service are and connects members of Cass County to the array of services provided by the CHRISTUS St. Michael Health System.

CHRISTUS St. Michael Rehabilitation Hospital

This specialized hospital focuses on helping patients recover from injury or illness. Services include physical, occupational and speech therapy, stroke and amputee rehabilitation and transitional living support. The facility uses an interdisciplinary approach to maximize patient recovery and independence, offering individualized care plans and family training.

CHRISTUS Health Pine Street

Formerly Wadley Regional Medical Center, this facility provides 24/7 emergency and inpatient services in addition to X-ray, diagnostics, ultrasound, vascular/carotid ultrasound, CT and MRI imaging, laboratory and an inpatient pharmacy. It continues the legacy of over 100 years of care and is now part of the CHRISTUS network, offering expanded access to high-quality, compassionate health care.

CHRISTUS Emergency Center - Texarkana

This 12,000-square-foot facility offers 24/7 emergency care with 12 treatment rooms, advanced imaging and onsite lab services. Staffed by emergency medicine physicians and nurses, it provides seamless access to hospital services and specialists. The center is designed for walk-in patients and accepts most insurance plans, including Medicare and Medicaid.

Community Health

At CHRISTUS Health, community health and community benefit initiatives are central to the mission of extending the healing ministry of Jesus Christ. Guided by a commitment to equity, dignity and social responsibility, CHRISTUS Health works to improve the health and well-being of individuals and communities, particularly those who are underserved and marginalized.

Community health at CHRISTUS Health is a proactive approach to addressing the social, economic and environmental factors that impact health outcomes. Through strategic partnerships, innovative programs and targeted interventions, CHRISTUS Health collaborates with local organizations, public health agencies and community leaders to create sustainable solutions that promote health and wellness beyond the walls of its hospitals and clinics. Key focus areas include chronic disease prevention, maternal and child health, wholistic care, food security and access to care.

Community benefit represents our health system's ongoing investment in community-driven health initiatives, ensuring that resources are allocated where they are most needed. These efforts are an expression of our mission to serve the health needs of the broader community, especially those who are uninsured, underinsured or facing significant health disparities. This includes:

- **Financial assistance:** providing support for uninsured and underinsured patients to ensure access to necessary medical care
- **Subsidized health programs:** offering health services at reduced cost to vulnerable populations, ensuring they receive the care they deserve
- **Health education initiatives:** promoting wellness, prevention and healthy behaviors through community outreach, educational workshops and public health campaigns
- **Support for not-for-profit organizations:** partnering with local not for profit organizations working to address critical health disparities and social determinants of health

These programs are part of how we meet our obligations as a not-for-profit health system, but more importantly, they're how we put our mission into action — serving with compassion, dignity and justice. By combining clinical care with community action, CHRISTUS Health aims to reduce health disparities, build stronger communities and extend the healing ministry of Jesus Christ to all we serve.

The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS St. Michael Health System serves a diverse and multi-state population across Texas, Arkansas, Oklahoma and Louisiana. In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS St. Michael defines its primary service area (PSA) as the collection of ZIP codes that account for approximately 80% of hospital utilization (see Table 1 and Figure 1). This data-driven approach ensures the Community Health Needs Assessment (CHNA) reflects the communities most directly impacted by the health system's care and outreach.

The PSA spans a wide geographic area — including urban hubs, rural communities and cross-border regions — each with distinct health needs, challenges and community assets. This diversity calls for a collaborative, equity-informed approach that centers local voices and prioritizes the social and structural factors influencing health.
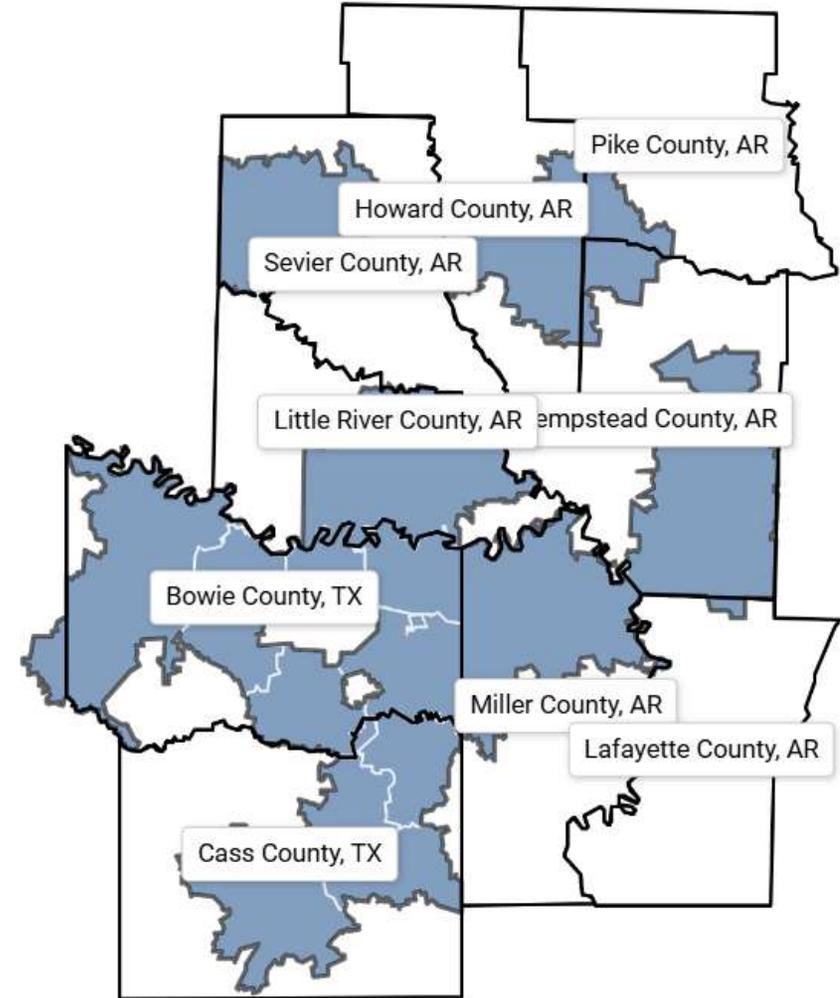

Figure 1. Primary Service Area (PSA) Map of CHRISTUS St. Michael

CHRISTUS ST. MICHAEL'S PSA			
Bowie County	Cass County	Hempstead County	Howard County
75501, 75503 75570, 75561 75559, 75569 75567	75551 75572 75563	71801	71852
Little River County	Miller County		Sevier County
71822	71854 71837		71832

Table 1. Primary Service Area (PSA) of CHRISTUS St. Michael

The Strength of Our Communities

At CHRISTUS Health, we believe the heart of a healthy community is found in the relationships we build with individuals, neighborhoods and the many local organizations working every day to make a positive impact. These community partners are not just part of our work — they are essential to it. Together, we support the health and well-being of our neighbors by addressing the challenges that affect everyday life, from access to care and chronic diseases to mental health, food insecurity and maternal and child health.

These partnerships enable us to reach more people, remove barriers and provide the kind of support that truly meets individuals where they are. Working side by side, we bring health care and community services together to build stronger, healthier communities.
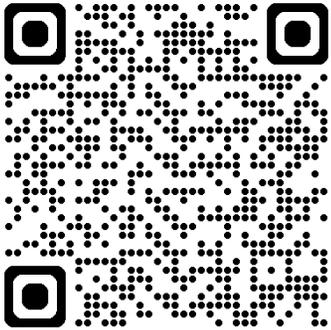
To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it's not a comprehensive list, it highlights the broad range of support available across our region.

To find even more free or low-cost services near you — including help with food, housing, transportation and mental health — visit **FindHelp.org**. This easy-to-use tool lets you search by ZIP code to connect with programs and resources in your area.

Whether listed here or searchable on FindHelp, these organizations are a vital part of our shared mission. Their work strengthens our communities and ensures that help is always within reach.

NAME	DESCRIPTION
CHRISTUS St. Michael Health System	A regional health system with acute care hospitals in Texarkana and Atlanta, a rehabilitation hospital, imaging centers, cancer center, free standing emergency center and orthopedic sports medicine services; designated as a Level III trauma center and Level III neonatal intensive care unit in Texarkana and Level IV trauma center in Atlanta
Harvest Regional Food Bank	Collects and distributes food to individuals, shelters and not for profit organizations across southwest Arkansas and northeast Texas to combat hunger and food insecurity
Community Healthcore	The Local Mental Health Authority provides crisis response, psychiatric care and behavioral health services in Bowie and surrounding counties; operates a 24/7 Regional Crisis Response Center
Genesis PrimeCare	Federally Qualified Health Center delivering primary care, pediatrics and OB/GYN, focused on serving uninsured and Medicaid/Medicare patients
Texarkana Bowie County Health Unit	Offers immunizations, WIC, STI and pregnancy testing, diabetes education and reproductive health services at low or no cost for residents of Bowie County
Grace Clinic	A free clinic providing limited medical care on a first-come, first-served basis to uninsured individuals, run by volunteers and community medical professionals
Mission Texarkana	A not for profit providing daily meals, a food pantry, job readiness support and spiritual care to individuals and families experiencing poverty or housing instability
Domestic Violence Prevention, Inc.	A not-for-profit organization supporting victims of domestic abuse, sexual violence and elder abuse through emergency shelter, legal advocacy, counseling and educational outreach in Texarkana and surrounding areas
Miller County Health Unit	Public health agencies offer services such as immunizations, STI/HIV testing and treatment, maternity and family planning services, tuberculosis testing, breast health screenings and home health programs

Chapter 4: Impact

Impact

Since The Last Community Health Needs Assessment...

The Community Health Needs Assessment (CHNA) is designed to be part of a dynamic, three-year cycle of listening, action and evaluation. A key element of this process is reviewing progress made in addressing the health needs identified in the previous Community Health Needs Assessment (CHNA). By examining these efforts, CHRISTUS St. Michael Health System and the communities it serves can better focus their strategies and ensure future investments are responsive, effective and community-driven.

In the 2023–2025 CHNA cycle, CHRISTUS St. Michael prioritized the following areas based on community input and data analysis:

Over the past three years, CHRISTUS St. Michael Health System, community partners, clinical teams and trusted local organizations have worked together to design and implement interventions aimed at reducing disparities and improving outcomes in these areas. Many of these efforts intentionally focused on reaching populations most impacted by health inequities.

The following pages highlight key initiatives, partnerships and outcomes that emerged from this work, demonstrating our continued commitment to building healthier, more resilient communities rooted in dignity, compassion and justice.

ADVANCE HEALTH AND WELL-BEING	BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS
• Chronic illness (cancer, diabetes, heart disease, obesity) • Behavioral health (mental health and substance abuse)	• Reducing smoking and vaping • Improving employment • Improving food access

Prioritized Needs

During the 2023-2025 CHNA cycle, the priorities for the communities served by CHRISTUS St. Michael Health System (CSMHS) fell into two domains underneath an overarching goal of achieving health equity. CSMHS advanced multiple strategies aimed at reducing disparities in chronic illness, behavioral health and access to care. Key areas for building resilient communities and improving social determinants of health were also addressed and included reducing smoking and vaping, improving employment and food access. These initiatives prioritized vulnerable populations, including uninsured residents, individuals with limited access to care and communities facing persistent poverty.

ADVANCE HEALTH AND WELL-BEING

Chronic Illness (Cancer, Diabetes, Heart Disease, Obesity)

Strategy: Provide screening and education opportunities about heart disease, cancer, diabetes and obesity and providing specialty care in conjunction with schools, events and community requests for support.

Highlights:

- We expanded access to cardiology care by increasing the number of providers and offering community education and screening information at area health fairs.
- In collaboration with our local food bank, CSMHS provided referrals to the Food Box Prescription Program for patients who suffer from diabetes and/or heart disease and are experiencing food insecurity.

- We collaborated with Go Noodle to provide service area schools with digital resources and materials to increase overall wellness to children in our community. We provided free physicals for student athletes, band members, drill teams and cheerleaders in more than 20 area schools.
- During the 2023/2024 school year, service area schools were provided with 648 patient encounters from the mobile asthma clinics focused on symptom management and education for children, faculty, staff and parents.
- We implemented new lung screening criteria to help providers identify patients who would benefit from low-dose CT lung cancer screening. Earlier detection leads to improved lung cancer treatment outcomes.

Progress:

- Provided education, health screenings and resources at over 20 local fairs focused on health and well-being and supported over 60 community-focused organizations addressing service area needs
- Provided heart healthy eating education and distributed food boxes to almost 100 community members experiencing diabetes and/or heart disease, and food insecurity in the last year
- Provided access to state-of-the-art education and resources focused on physical and mental well-being to 63 elementary and middle schools in four counties
- Provided lifesaving education and early detection lung screenings to over X at various community events and through our partnerships with local providers; provided 648 area students with asthma screening, education and ongoing care

Behavioral Health (Mental Health and Substance Abuse)

Strategy: Enhance collaboration with local behavioral health service agencies including providing resource guides and financial and in-kind support.

Highlights:

- With the support from the CHRISTUS Fund, we enhanced access to resources focused on mental, emotional and behavioral health services with several organizations.
- We funded state-of-the-art behavioral health and well-being resources for area schools and families.

Progress:

- Provided behavioral health screenings, stabilizations and/or referrals to X of patients experiencing mental health struggles
- Funded access to state-of-the-art mental health resources designed to teach life coping and stress management skills to children, educators and staff through a collaborative partnership with 50 service area schools

Access to Care

Strategy: Develop, participate and expand community collaboration to increase access to care and follow-up care. A special target program was to provide access to care in area schools.

Highlights:

- Rolled out EPIC across our ministry, including CHRISTUS Trinity Clinics, improving patients and providers ability to manage and navigate access across the continuum of care
- Participated in and funded Bridging the Gaps of Arkansas community event focused on providing health and wellness resources and education for expecting /young parents and families
- Provided a team of certified specialists who connect uninsured individuals and families with low to no cost Marketplace health plans; provided premium support to cover the cost of monthly insurance premiums for low-income individuals and families

Progress:

- EPIC enabled us to identify patients with social determinates of health and roll out programs targeted for those patients, such as the Food Box Prescription Program.
- The Bridging the Gaps of Arkansas event connected underserved, expectant mothers and families with local medical education, baby care necessities and community-based programs to help improve the health and wellness of their newborn.
- Annually, over 300 individuals were enrolled in an affordable, low-to-no cost health plan and received financial assistance with monthly insurance premiums.

Reducing Smoking and Vaping

Strategy: Contribute to community-based smoking cessation efforts and partner with schools to reduce vaping among students.

Highlights:

- The Spirit of St. Michael Mobile Pediatric Asthma Clinic provided a certified nurse practitioner who presented education to students in grades 7-12 about the dangers of smoking and vaping.
- We provided smoking and vaping cessation resources along with increased lung screenings.

Progress:

- We provided education on the dangers of smoking and vaping to students. The education was presented by a certified nurse practitioner with the help of school-based nurses.
- We provided resources and smoking/vaping cessation counseling to X individuals in our service area.

Improving Employment

Strategy: Collaborate and partner with the community to improve employment.

Highlights:

- Provided funding to AR-TEX Regional Economic Development Inc. (AR-TEX-REDI) to create job opportunities and training designed to improve the economic development of our service area
- Provided funding to local colleges to increase the number of adjunct faculty in order to expand nursing programs
- Provided training, mentorship and scholarship funding for students in a multitude of career paths within the health care field

Progress:

- AR-TEX REDI recruited new industries into the community resulting in over 100 new jobs in 2024 and expanded vocational training programs at local colleges.
- The local university added an additional adjunct professor advancing BSN student population by 15 annually, contributing to the growth and development of nursing staff in our service area. The college has 59 new nursing students scheduled to start in the fall of 2025.
- Annually, over 2,600 students enrolled in health care courses received education through mentoring and hands-on learning.

Improving Food Access

Strategy: Cultivate and maintain partnerships to improve access to healthy food and provide nutritional education for individuals and families.

Highlights:

- Awarded a CHRISTUS Fund grant to Harvest Regional Food Bank in 2023 and 2024 to continue their work to increase our collective impact on hungry individuals and families with a special emphasis on patients with underlying health issues
- Awarded a CHRISTUS Fund grant to Hands on Texarkana to fund the transportation program, which takes senior citizens to medical appointments and the grocery store, and their mobile food pantry
- Support community-based organizations such as Randy Sams Outreach Center who have programs focused on those with food insecurity and housing needs

Progress:

- Harvest Regional Food Bank provided healthy food boxes to over 100 households through the Food Box Prescription Program. Additionally, with the assistance of our funding over 1.4 million meals were made possible across our service area.
- We created an additional access point for patients enrolled in the Food Box Prescription Program to receive food boxes in a location closer to the city center and near a public transportation stop.
- Hands on Texarkana averaged servicing over 300 senior citizens per month in 2024 through both their mobile food pantry program and grocery store transportation services.

CHNA Process

The 2026–2028 Community Health Needs Assessment (CHNA) process began with a thorough review of data from previous assessment cycles to evaluate progress on the health priorities identified in earlier years. This retrospective analysis helped shape the foundation for a comprehensive, forward-looking approach. Aligned with the Results-Based Accountability (RBA) framework, the CHNA process focused on outcomes across the lifespan and integrated input from community members and stakeholders at every step. Results-Based Accountability (RBA) is a structured methodology that enables organizations to translate data into meaningful action by first articulating the desired community outcomes — such as improved maternal, child or senior health — and then selecting clear, measurable indicators to monitor progress. It integrates a focus on population-level accountability, which considers broad community results, with performance accountability for specific programs and services, prompting stakeholders to systematically ask, "How are we doing?" and "What works?" This disciplined approach ensures that strategies are continuously evaluated and refined, and that resources are directed toward interventions with the greatest impact.

To ensure a comprehensive understanding of community health needs, CHRISTUS Health collected both quantitative and qualitative data from various sources, engaging key stakeholders, including residents, health care providers, local leaders and nonprofit organizations. This process underscored the importance of listening to those who live and work in the community, providing deep insight into the social, economic and environmental conditions that impact health.

Metopio, a data platform designed for community engagement, supported the CHNA by enabling real-time data visualization and exploration. Through Metopio, participants could better understand indicators and provide meaningful input on which issues were most relevant to their communities.

The data collection steps included the following:

- **Community survey**
  Distributed to Associates, patients and residents to gather insights on social needs and health challenges
- **Community indicator workgroups**
  Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data dictionary work sessions**
  Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community focus groups**
  Brought together diverse voices to contextualize the data and validate findings through lived experience
- **Windshield surveys**
  Offered direct observations of community environments to identify physical and social determinants of health

This multi-step, mixed-methods approach was designed to ensure the CHNA was community-informed, data-driven and aligned with local health priorities. Together, the findings serve as a robust foundation for the development of targeted implementation strategies that reflect the voices and experiences of the people CHRISTUS Health is called to serve.

Quantitative Data Collection

Quantitative data for this Community Health Needs Assessment was collected in collaboration with Metopio, an advanced analytics platform that aggregates and visualizes data from reputable state, regional and national sources. Metopio partners closely with St. Michael to deliver comprehensive and accurate health-related data.

Key data sources integrated by Metopio include:

- Bureau of Vital Records and Health Statistics (BVRHS)
- Youth Risk and Resiliency Surveys (YRRS)
- Centers for Disease Control and Prevention (CDC)
- National Center for Health Statistics
- CDC WONDER
- Behavioral Risk Factor Surveillance System (BRFSS)

To further enrich our understanding of community health indicators, supplementary data sources were utilized, providing deeper context and additional insights. These additional sources include, but are not limited to:

- Department of Housing and Urban Development (HUD)
- Central repositories from statewide law enforcement agencies
- National Health and Nutrition Examination Survey (NHANES)

This comprehensive data approach provides a robust foundation for effectively identifying and addressing community health priorities.

Qualitative Data Collection

Qualitative data were gathered to provide context and deeper insight into the quantitative findings. These qualitative insights illuminate the root causes behind the statistics by drawing upon the lived experiences, knowledge, and expertise of community members. Participants shared firsthand stories of how these issues impact their own lives or those they serve within our community.

The qualitative data collection process focused intentionally on those who know the community best—residents, direct service providers, and influential community leaders. Their perspectives deepen our understanding of the social, economic, and environmental conditions that shape health outcomes, enriching the narrative behind the quantitative data.

Below is a description of each qualitative data collection method, along with the sources used to capture these valuable community perspectives.

Community Survey

705
Survey
Respondents

As part of the 2026–2028 CHNA, CHRISTUS Health and Metopio created a community survey to hear directly from Associates, patients, and residents about the social and health-related challenges they face. The survey was offered online and on paper, in English, Spanish, Vietnamese, and Marshallese, to reach as many people as possible. It included questions aligned with clinical social needs screening tools—covering issues like food, housing, transportation, and the ability to pay for care. While not designed to be statistically representative, the survey gave a valuable look into real-life concerns across diverse communities. These insights help shape a more inclusive Implementation Plan that reflects both the data and the voices of the people we serve.

Community Indicator Workgroups

32
Participants

The Community Indicator Workgroups brought together residents, local leaders, and partners to define what good health looks like at every life stage—from early childhood to older adulthood. Participants discussed the signs, or indicators, that show whether communities are meeting those health goals. Together, they selected the most important indicators by asking: Can we trust the data? Is it easy to understand and talk about? And does it represent something bigger? The indicators that stood out became the top priorities and will guide our focus for the next three years to improve health where it matters most.

Data Dictionary Work Sessions

20 Participants

The Data Dictionary Work Sessions were a key part of the CHNA process, where community members and stakeholders came together to make sure each health measure was clear, meaningful, and easy to understand. For every leading indicator identified, participants reviewed both simple and technical definitions, along with graphs and charts, to ensure the data made sense and reflected community priorities. These sessions helped confirm that the data we use is not only accurate but also truly represents the issues that matter most to the people we serve—laying the groundwork for deeper conversations in the focus groups that followed.

Community Focus Groups

4 Focus Groups

To better understand local health needs, CHRISTUS Health held community focus groups with people from all walks of life—case managers, students, church members, front-line staff, and residents. These sessions took place at familiar community gatherings and were offered in multiple languages to make participation easier and more inclusive. Using data from earlier work sessions as a starting point, participants shared how health issues show up in their lives and communities. Their stories added depth and context to the numbers, helping us see the full picture and ensuring community voices directly shaped the health priorities moving forward.

Key Informant Interviews

7
Participants

In addition to focus groups, one-on-one interviews were held with local experts who have firsthand experience working with underserved communities. These key informants included professionals in areas like mental health, chronic illness, maternal and child health, and access to care. Their deep knowledge helped us understand how health challenges show up in everyday life, especially for those facing the greatest barriers. These interviews added valuable context to the data and will help shape a more responsive and inclusive Community Health Implementation Plan.

Windshield Survey

7
Participants

In addition to other data methods, CHRISTUS Health used Windshield Surveys to better understand the physical and social conditions of our communities. This involved driving through neighborhoods to observe things like housing, green spaces, transportation, and overall community upkeep, factors that aren't always visible in the data. These surveys gave a clearer picture of how the environment helps or hinders health and well-being and allowed us to connect what we see with how people live. These insights help ensure our assessment reflects both the numbers and the everyday realities in the places we serve.

Participants

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS

- CHRISTUS St. Michael
- Texarkana Children's Advocacy Center
- St. Edward's Outreach
- City of Texarkana
- Texarkana MPO
- Salvation Army
- Bowie County Health Departments

- Area Agency on Aging Community HealthCore
- East Texas Food Bank
- Ark-Tex Council of Governments
- Harvest Regional Food Bank
- Restoration of Hope
- Housing Authority of Texarkana, TX
- St. James Resource Center

DATA DICTIONARY WORK SESSION PARTICIPANTS

- David Karchut
- Sylvia Ingram
- Teresa Smith
- Shelly Crouch

- Dr. Robinson, CMO
- Kathy Armijo-Etre

KEY INFORMANT INTERVIEW PARTICIPANTS

- Texarkana, AR Independent School District
- CHRISTUS St. Michael President
- CHRISTUS St. Michael Chief Medical Officer

- Congressman Nathaniel Moran's office
- Haven Homes
- Director of Women & Children's Services
- City of Texarkana. TX

COMMUNITY FOCUS GROUPS

Maternal and Early Childhood School Age Children and Adolescents

- CHRISTUS St. Michael Leadership
- CHRISTUS St. Michael Case Management
- Bridging the Gaps of Arkansas
- Fearfully and Wonderfully Made
- The Salvation Army of Greater Texarkana
- Texarkana, AR Independent School District
- Spirit of St. Michael
- Kiwanis Club
- Temple Memorial Rehabilitation Center
- First Choice Pregnancy Center
- Court Appointed Special Advocates (CASA)
- Domestic Violence Prevention

Adults and Older Adults:

- CHRISTUS St. Michael Spiritual Care
- CHRISTUS St. Michael Community Development
- Alzheimer's Alliance
- Randy Sams Outreach Shelter
- Congressman Nathaniel Moran's office
- Haven Homes
- Community Healthcore
- Hands On Texarkana
- Texarkana, TX Police Dept.
- First Methodist Church, Texarkana, TX
- City of Texarkana
- Community Development
- East Texas Food Bank
- First United Methodist Church, Texarkana, AR
- Northwood Presbyterian Church
- First Baptist Church, Texarkana, TX
- St. Edwards Catholic Church
- Victory Tabernacle
- Walker Chapel CME
- Sunset Baptist Church

Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS St. Michael Health System organized the assessment around four key life stages: maternal and early childhood, school-age children and adolescents, adults, and older adults. Community Indicator Workgroups—made up of residents, community leaders, and partners—helped identify what good health looks like at each stage of life and what signs (or "indicators") can help track our progress.

Using a Results-Based Accountability (RBA) approach, each potential indicator was carefully reviewed to ensure it was meaningful, measurable, and reflective of the community's priorities. The most important, or "leading," indicators were selected based on their ability to clearly communicate needs, represent broader health concerns, and be backed by reliable data. These indicators will guide our efforts to improve health outcomes over the next three years.

This life stage approach ensures that the needs of people at every age are considered. By focusing on the most urgent and meaningful indicators, we can better align our resources, programs, and partnerships with the goals of the community.

The following pages list all the indicators discussed during the CHNA process, representing a broad range of health concerns and community priorities identified across each life stage.

ALL INDICATORS			
Maternal Health & Early Childhood Health	**School-Age Children & Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth, and development.	*Children will be well-equipped with care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support, and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure can age*
• Health literacy • Poverty • Cancer • Awareness of resources • Trauma • Prevention for pregnant women • Vaccination • Nutrition/food insecurity • Postpartum depression/Mental health • Human trafficking • Affordable/Available child care • Drug addiction in pregnant women • Housing standards • Prenatal care in 1st trimester • Developmental challenges • Lack of access to drug/Alcohol treatment for pregnant woman • Environment/Industry contributors • Low birth weight • Premature babies • Hepatitis exposure	• Poverty • Abuse and neglect (physical/sexual) • Lack of behavioral health for youth • Nutrition • Suicide • Behavioral issues • Awareness/lack of resources • Vaping • Lack of access to pediatric care • Lack of dental and vision care • Bullying • After school care (Availability, transportation) • Stateline division of resources/funding • Lack of identification of social and emotional behavior • Human trafficking • Knowledge of family medicine • Discrimination • Latch key students	• Mental health • Cardiovascular issues • Continuity of care/treatment • Food insecurity • Lack of insurance access • Substance use / addiction • Medication access • Lack of primary care providers • Differing minimum wages along state lines • Access to health care • Low knowledge of community resources • Access to dental care • Smoking/vaping • Medication compliance • Reducing barriers to care • Housing (Affordability) • Health literacy/Navigation • Discrimination and racism • Low trust in medical providers • Lack of spiritual guidance • Lack of family support	• Diabetes • Cardiovascular disease • Cancer • Poverty / Fixed income • Overutilization of the ER • Alzheimer's / Dementia • Mental health • Food insecurity • Limited continuity of care across state lines • Lack of primary care providers • Medication access • Dental and vision care • Lack of insurance access • Health literacy/Navigation • Cognitive care • Lack of family support • Managed care challenges • Substance abuse • Isolation / Loneliness • Digital literacy • Judgement and racism • Suicide

	• Safety (Green spaces for students' physical activity) • Lack of personal belongings, clothing	• Schizophrenia • Generational trauma • Suicide • Trafficking	• Lack of trust in medical system • Health information exchange across medical entities • Differing minimum wage • Smoking/vaping • Generational trauma • Discrimination in workplace • Lack of spiritual guidance • Barrier reductions

These are followed by a second table that highlights the leading indicators our communities are facing.

LEADING INDICATORS			
Maternal Health & Early Childhood Health	School-Age Children & Adolescent Health	Adult Health	Older Adult Health
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth, and development.	*Children will be well-equipped with care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support, and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure can age.*

• Healthy births
• Trauma
• Poverty
• Awareness of resources
	• Behavioral Health
	   o Suicide
	• Abuse and Neglect
	• Poverty
	• Food Insecurity
		• Behavioral health
		   o Mental health
		• Heart disease
		• Continuity of care/treatment across state lines
		• Food insecurity
			• Chronic Diseases
			   o Heart Disease
			   o Diabetes
			   o Cancer
			• Alzheimer's / Dementia
			• Overutilization of the ER
			• Poverty

Data Needs and Limitations

For the 2026–2028 Community Health Needs Assessment (CHNA), CHRISTUS Health and our partners worked extensively to collect, review, and analyze both primary and secondary data. While this effort provided valuable insights, there are key data needs and limitations to consider:

Data Needs:

- A major need was obtaining up-to-date and localized data on health indicators, particularly social determinants of health (SDOH).
- Despite including community surveys, key informant interviews, and focus groups, there remain gaps in data collection, especially regarding mental health, substance use, and complex health issues.
- Granular data on underrepresented populations, such as specific age groups, immigrant communities, and low-income residents, is needed to address health disparities.

Limitations:

- Timeliness of data: population health data is often delayed, meaning the most recent trends may not be fully captured.
- Geographic variability: data is reported at varying geographic levels (e.g., census tract, county, state), complicating comparisons across regions with differing socio-economic conditions.

- Data gaps in specific health issues: issues like mental health, substance use, and education outcomes remain underrepresented, with existing data often framed from a deficit-based perspective.
- Variations in data reporting: inconsistent data availability across different regions and communities affects the comparability of datasets.

Despite these challenges, the data collected, along with insights from community focus groups and key informant interviews, offers a comprehensive understanding of health needs. Moving forward, CHRISTUS Health will continue to address these gaps and collaborate with local partners to enhance data accuracy and inclusion in future assessments.

CHNA Data

This chapter presents the results of the Community Health Needs Assessment (CHNA) for the CHRISTUS St. Michael Health System's service area, offering a detailed portrait of the community's health status, assets, and challenges. Drawing from both local and national data sources—including the U.S. Census, American Community Survey, and Metopio—the findings explore a wide range of demographic, socioeconomic, environmental, and health indicators. The chapter begins by examining who lives in the region and how factors such as age, race, gender, income, and language influence access to care and overall well-being. It then delves into the broader social determinants of health— conditions in which people are born, grow, live, work, and age— highlighting how housing, education, transportation, and economic opportunity shape community outcomes.

Subsequent sections focus on health access, chronic disease, behavioral health, maternal and child health, infectious disease, substance use, and health risk behaviors. Special attention is given to disparities that affect vulnerable populations, as well as barriers to care unique to the region, including provider shortages, insurance gaps, and challenges to rural infrastructure. By examining these interconnected indicators, this chapter provides the foundation for identifying strategic priorities and guiding collective action to improve health equity across the four-state service are of Texas, Arkansas, Oklahoma, and Louisiana respectively.

Community Demographics

Between 2010 and 2020, Texas added nearly 16% more people and Arkansas about 3%, but most of these rural border counties lost residents—even Lafayette County shrank by 17%. Birth rates swing widely—from about 23 births per 1,000 women in Hempstead to 87 in Howard—yet every county here sees far more deaths than either state average. Many homes sit empty, with occupancy dipping below 80% in places like Hempstead and Pike versus roughly 90% statewide. Poverty is also more severe, topping out at 27% overall in Lafayette and with child poverty rates often well above state levels.

TOPIC	ARKANSAS	TEXAS	HEMPSTEAD COUNTY, AR	LAFAYETTE COUNTY, AR	LITTLE RIVER COUNTY, AR	MILLER COUNTY, AR	PIKE COUNTY, AR	SEVIER COUNTY, AR	BOWIE COUNTY, TX	CASS COUNTY, TX	HOWARD COUNTY, TX
Population *residents* 2019-2023	3,032,651	29,640,343	19,778	6,211	11,959	42,588	10,182	15,797	92,321	28,582	33,127
Population density *residents/ mi^2* 2019-2023	58.33	113.45	27.20	11.73	22.51	68.25	16.96	28.03	104.33	30.51	36.78
Change in population *% change* 2010-2020	3.28	15.91	-11.25	-17.19	-8.69	-1.98	-9.92	-7.15	0.35	-6.60	-0.43
Land area *square miles* 2020	51,992.85	261,267.84	727.20	529.47	531.66	624.04	600.34	563.57	884.93	936.95	900.79
Birth rate *births per 1,000 women ages 15-50* 2019-2023	53.81	56.61	23.17	53.49	66.67	69.40	24.09	39.22	44.61	69.65	87.10

TOPIC	ARKANSAS	TEXAS	HEMPSTEAD COUNTY, AR	LAFAYETTE COUNTY, AR	LITTLE RIVER COUNTY, AR	MILLER COUNTY, AR	PIKE COUNTY, AR	SEVIER COUNTY, AR	BOWIE COUNTY, TX	CASS COUNTY, TX	HOWARD COUNTY, TX
Mortality rate, all causes *deaths per 100,000 2019-2023*	983.1	819.3	1,351.8	1,763.8	1,646.4	1,341.3	1,590.3	1,192.1	1,339.7	1,722.5	1,225.2
Occupied *% of housing units 2019-2023*	86.00	90.38	77.34	65.08	78.90	82.34	77.46	84.18	87.46	84.33	85.20
Poverty rate *% of residents 2019-2023*	16.02	13.80	18.99	27.22	16.46	21.05	18.84	19.63	16.29	17.26	15.07

Age

The age distribution in CHRISTUS St. Michael Counties reveals a predominantly middle-aged and elderly population, with the largest groups being those aged 40-64 years and 65 years and older. This demographic trend underscores the need for robust health care services and elderly care facilities to support an aging community effectively.

Population by Age
CHRISTUS St. Michael (Counties), 2019-2023

Legend:
- 0-4 years
- 5-17 years
- 18-39 years
- 40-64 years
- 65 and older

6.1%
17.9%
18.3%
31.2%
26.5%
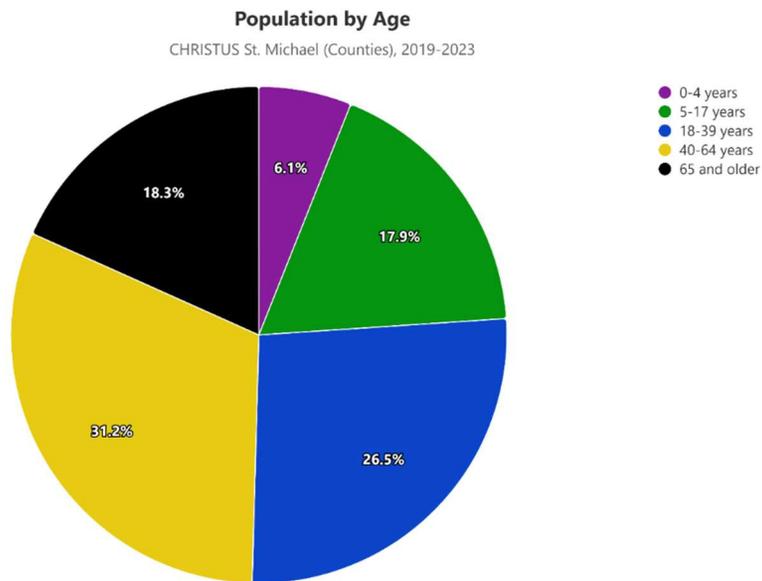
Created on Metopio | metop.io/i/xrc4kqgg | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Sex and Gender

The population distribution within the CHRISTUS St. Michael Counties shows a nearly balanced demographic between males and females, with women slightly outnumbering men, totaling 121,186 compared to 118,933. This balance in population demographics emphasizes the need for gender-neutral planning in community services and resources, ensuring equitable access and opportunities for all residents. Addressing this balance will be crucial in fostering a well-supported and thriving community environment.

Population by Sex
CHRISTUS St. Michael (Counties), 2019-2023

Legend:
- Female
- Male

49.5%
50.5%
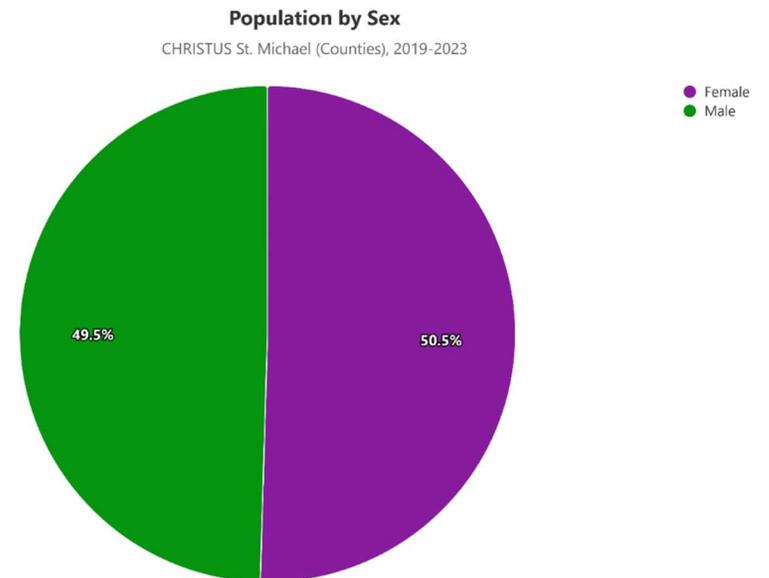
Created on Metopio | metop.io/i/vdd63ty8 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

The demographic composition of the CHRISTUS St. Michael region highlights a majority of Non-Hispanic Whites at approximately 64%, followed by significant representations of Non-Hispanic Blacks at 22% and Hispanics or Latinos at around 9%. This diversity has profound implications on community services and integration efforts, necessitating tailored health care and educational programs to cater to the cultural and social needs of these varied groups.

Demographics by Race/Ethnicity, CHRISTUS St. Michael (Counties)

Bar chart, % of residents:
- Non-Hispanic White: 63.36
- Non-Hispanic Black: 22.39
- Asian: 0.86
- Hispanic or Latino: 9.56
- Native American: 0.53
- Pacific Islander/Native Hawaiian: 0.14
- Two or more races: 2.95
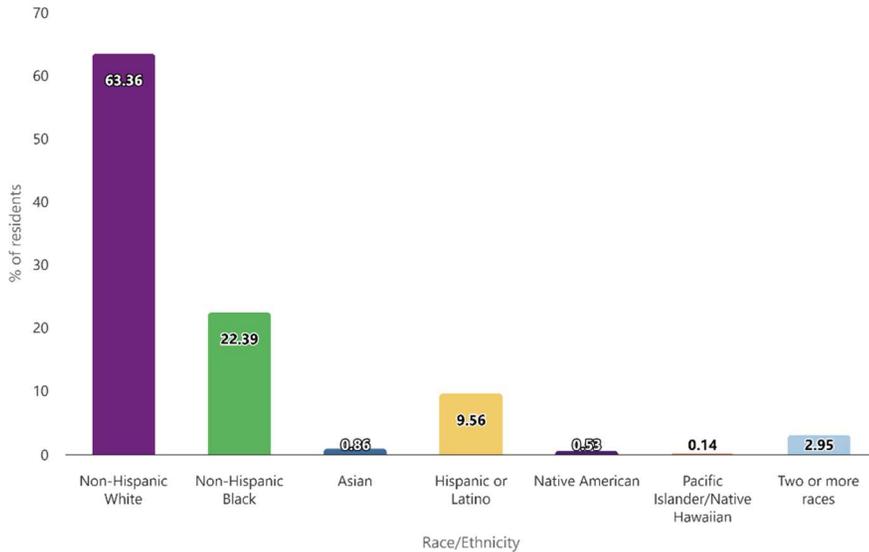
Created on Metopio | metop.io/i/mhu2w429 | Data sources: U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau: Decennial Census (2020 data only)
Demographics: Percent of residents within each major demographic group. Use this to explore age, gender, and racial/ethnic breakdowns. This data is expressed as a percent; to see a breakdown of all residents by count, use Population.

Limited English Proficiency

The data highlights Limited English proficiency across various regions, with Texas showing the highest rate at 12.84%, significantly above the national average of 8.39%. CHRISTUS St. Michael, covering multiple counties, reports a rate of 3.17%, while Arkansas has a slightly higher rate of 3.25%. These disparities indicate varying levels of language barriers and the need for targeted language support services in different areas.

Limited English proficiency, 2019-2023

Bar chart, % of residents:
- CHRISTUS St. Michael (Counties): 3.17
- Arkansas: 3.25
- Texas: 12.84
- United States: 8.39
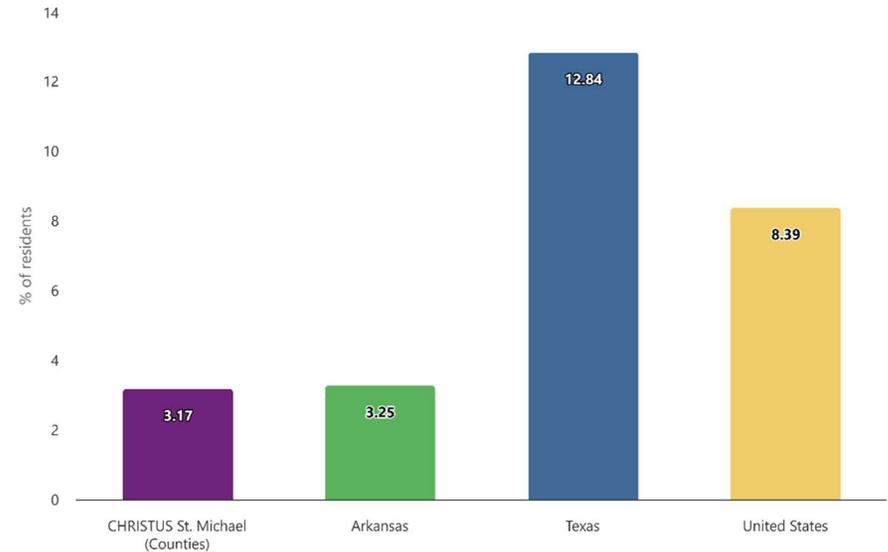
Created on Metopio | metop.io/i/aj89jhhq | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B16004)

Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well".

Foreign Born Population

The data reveals a varied prevalence of foreign-born populations across different regions, with Texas showing a significantly higher percentage at 17.19% compared to Arkansas at 5.22% and CHRISTUS St. Michael (Counties) at 4.49%. This diversity notably impacts community dynamics, influencing cultural exchange, economic contributions, and the need for inclusive services and policies to accommodate a diverse populace.

Foreign born, 2019-2023

% of residents

CHRISTUS St. Michael (Counties)	4.61
Arkansas	5.22
Texas	17.19
United States	13.87
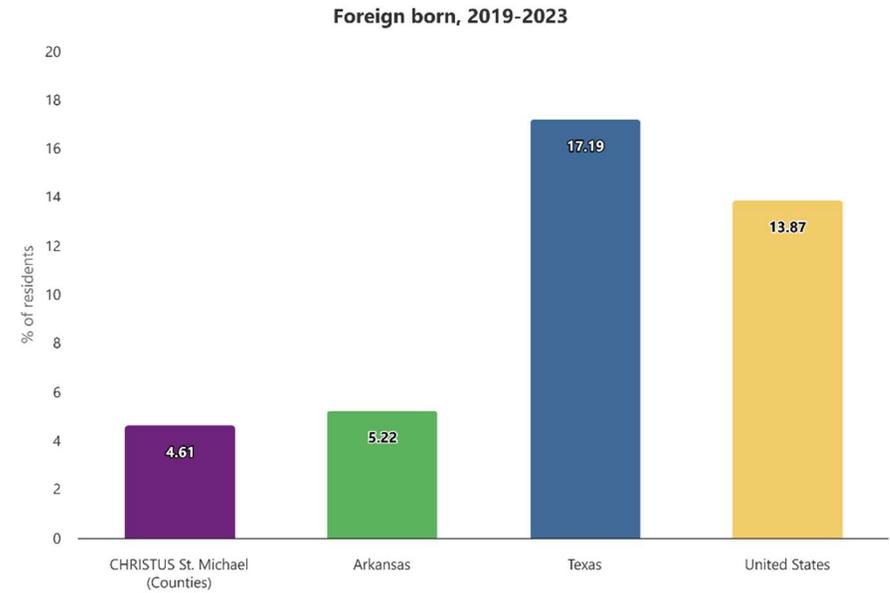
Created on **Metopio** | metop.io/i/bc9jff9p | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B05002)

Foreign born: Percent of residents who were not U.S. citizens at the time of birth (includes both naturalized citizens and those who are not currently citizens).

Household/Family

Single-Parent Households

Single-parent households are a significant demographic across various regions in the United States. The data highlights that CHRISTUS St. Michael, encompassing multiple counties, has the highest rate at 8.8%. Arkansas and Texas follow with rates of 7.1% and 7.23%, respectively. Nationally, the average rate of single-parent households is 6.18%, indicating regional variations in family structures.
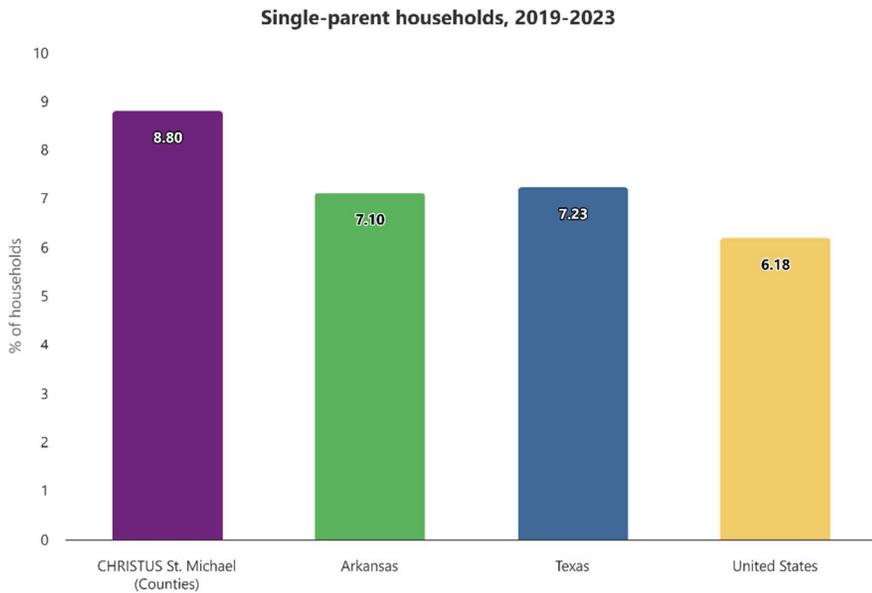
Single-parent households, 2019-2023

Single-parent households: Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

Seniors Living Alone

Seniors living alone in CHRISTUS St. Michael (Counties) have consistently been higher than the national average from 2008 to 2022. The percentage in this region peaked at 29.96% in 2018-2022, while the national average was 26.37%. Arkansas and Texas also experienced higher rates compared to the national average, but CHRISTUS St. Michael (Counties) had the highest rates overall. These trends indicate a significant portion of seniors in these areas are living alone, which could have implications for social services and community support.
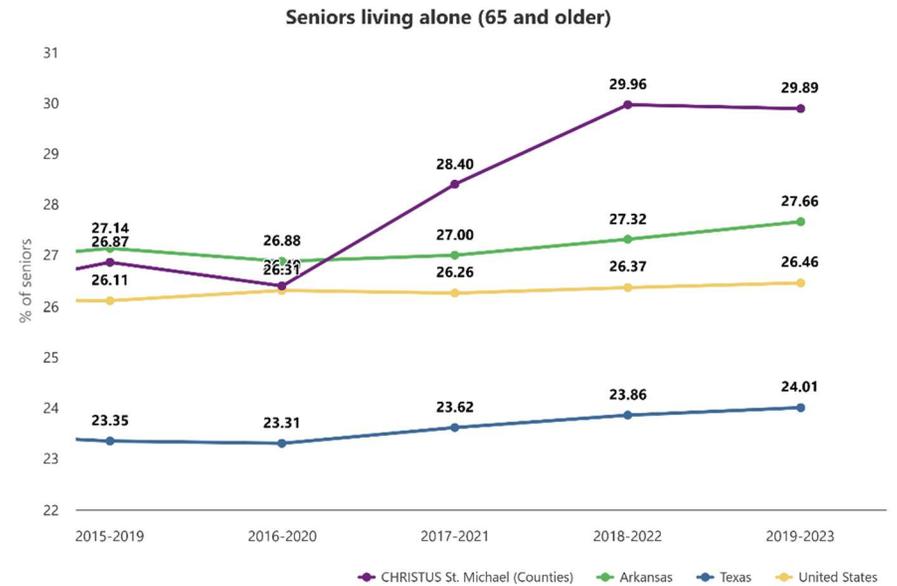
Seniors living alone (65 and older)

Seniors living alone: Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Economics

Median Household Income

The median household income in the United States has generally increased over the years, from $72,743.46 in 2005-2009 to $78,538.00 in 2019-2023. Texas has also seen a rise in median household income, starting at $68,180.11 in 2005-2009 and reaching $76,292.00 in 2019-2023. However, Arkansas has experienced a slight decline in median household income, from $54,519.76 in 2005-2009 to $58,773.00 in 2019-2023. CHRISTUS St. Michael, a specific county in Texas, has seen fluctuations in median household income, with a low of $50,313.53 in 2011-2015 and a high of $57,125.89 in 2016-2020.

Median Household Income by Race and Ethnicity

The median household income varies significantly across different racial and ethnic groups in the United States, with Asian households having the highest median income at $127,438.15. In CHRISTUS St. Michael (Counties), the median household income for the full population is $54,100.89, which is lower than the national median of $78,538.00. Notably, Native American households in this region have a median income of $113,384.88, which is significantly higher than the median for Native American households nationwide.

Median household income

Created on Metopio | metop.io/i/ijc5a1ri | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median household income by Race/Ethnicity, 2019-2023
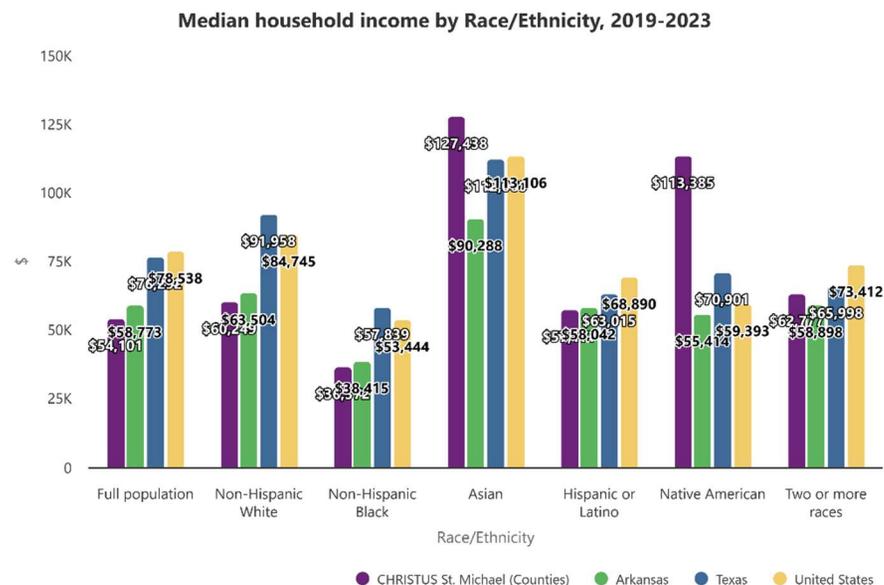
Created on Metopio | metop.io/i/qdptcich | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate

The poverty rate in the areas served by CHRISTUS St. Michael is 18.0%, which is higher than the state averages for both Arkansas (16.02%) and Texas (13.8%). Nationally, the United States has a lower poverty rate of 12.44%. This indicates that the areas served by CHRISTUS St. Michael face greater economic challenges compared to the broader regions they are part of.

Poverty rate, 2019-2023

Location	% of residents
CHRISTUS St. Michael (Counties)	18.00
Arkansas	16.02
Texas	13.80
United States	12.44
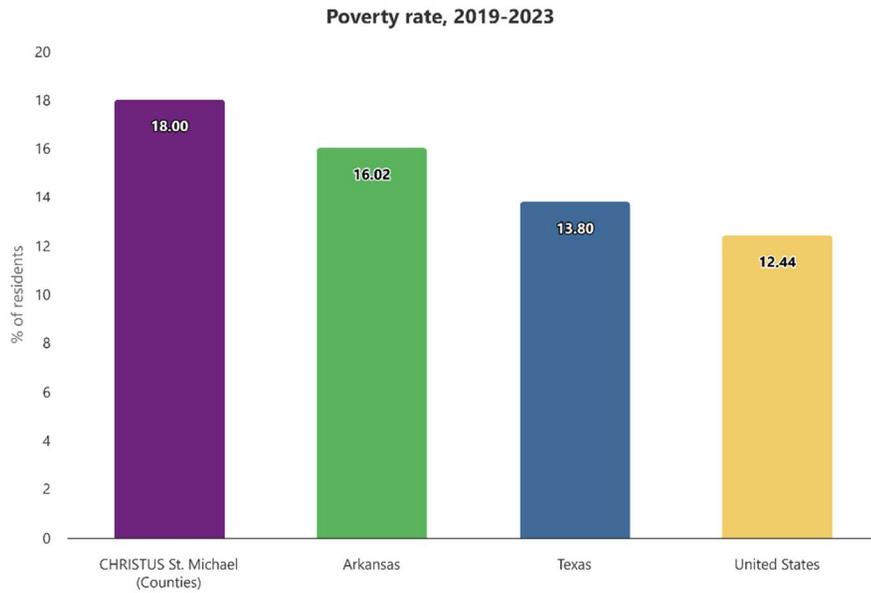
Created on Metopio | metop.io/i/18gg4jub | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Education

High School Graduation Rate

The high school graduation rate for CHRISTUS St. Michael, encompassing several counties, is 87.28%. Arkansas has a slightly higher rate at 88.56%, while Texas is lower at 85.7%. The United States as a whole has the highest rate at 89.39%. This indicates that CHRISTUS St. Michael's performance is below the national average but within the range of state-level rates.

High school graduation rate, 2019-2023
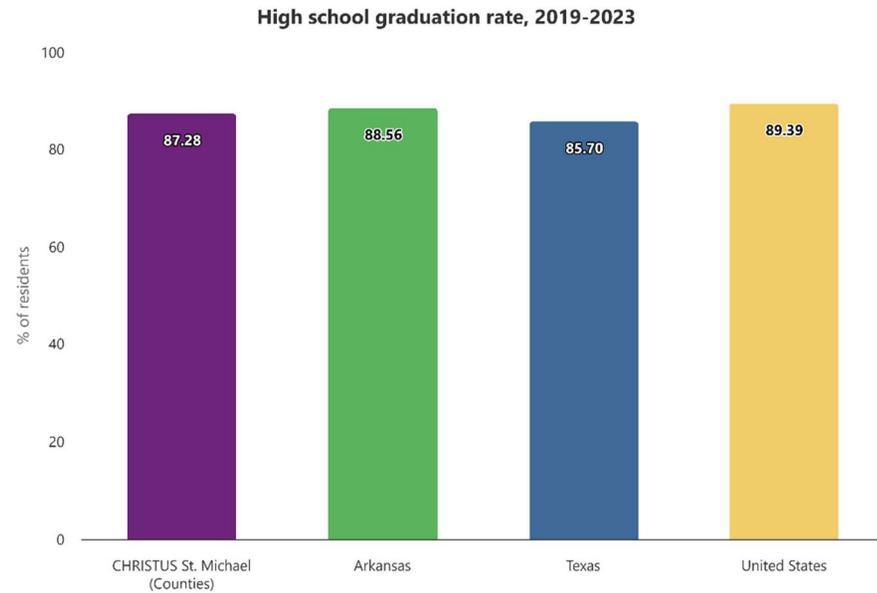
Created on Metopio | metop.io/i/v69ezu3y | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

High school graduation rate: Residents 25 or older with at least a high school degree: including GED and any higher education

Higher Degree Graduation Rate

The higher degree graduation rate in the United States is 43.78%. Texas has a rate of 40.82%, slightly below the national average, while Arkansas stands at 33.08%. CHRISTUS St. Michael, covering multiple counties, has the lowest rate at 25.95%. This indicates a significant variation in educational attainment across different regions.

Higher degree graduation rate, 2019-2023
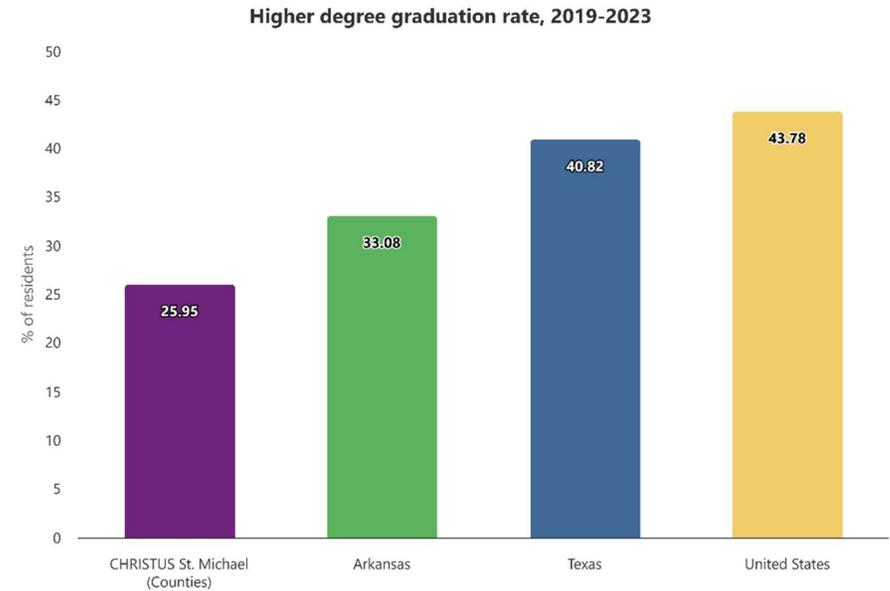
Created on Metopio | metop.io/i/tv1cbcgb | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B15002)

Higher degree graduation rate: Residents 25 or older with any post-secondary degree, such as an Associates or bachelor's degree or higher

Employment

The unemployment rates across the United States, specific counties within CHRISTUS St. Michael, and Arkansas reflect a relatively stable economic condition, with rates hovering around the mid-5% range. This consistency suggests that the impact of unemployment on these communities is somewhat uniform, potentially affecting local economies and the stability of household incomes similarly across these regions.

Unemployment rate (18-64 years), 2019-2023

Location	Rate (%)
CHRISTUS St. Michael (Counties)	5.41
Arkansas	5.23
Texas	5.21
United States	5.28
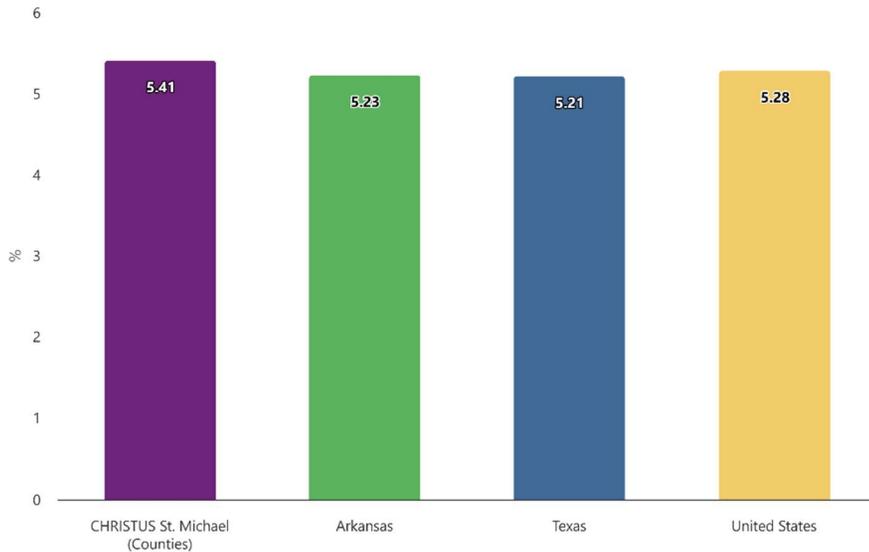
Created on Metopio | metop.io/i/wv362rjf | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Life expectancy
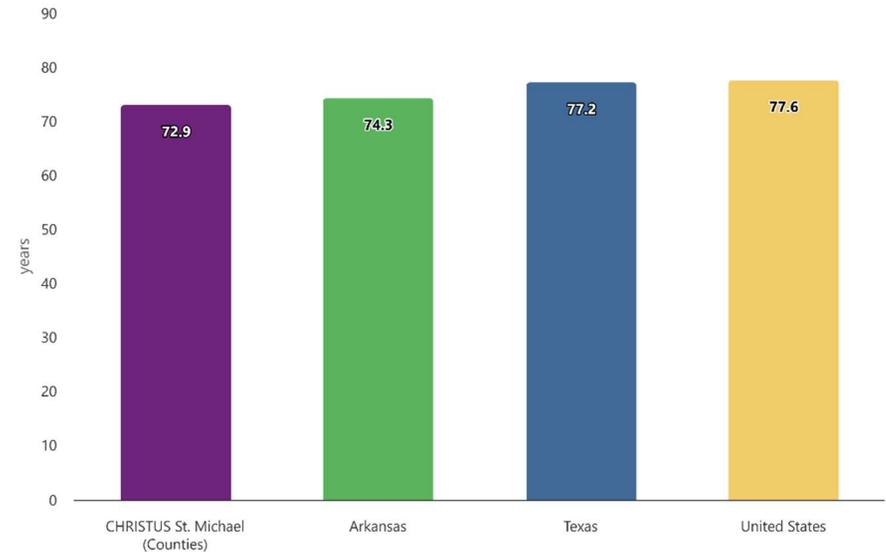
Life expectancy varies across different regions, with CHRISTUS St. Michael having the lowest at 72.9 years. Arkansas follows with 74.3 years, while Texas and the United States have higher life expectancies at 77.18 and 77.59 years, respectively. The data indicates a general trend of increasing life expectancy from local to national levels. This variation highlights the impact of regional factors on life expectancy.

Life expectancy, 2019-2021

Location	years
CHRISTUS St. Michael (Counties)	72.9
Arkansas	74.3
Texas	77.2
United States	77.6

Created on Metopio | metop.io/i/nggpo2os | Data source: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI)
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Health Access and Barriers to Care

Communities served by CHRISTUS St. Michael Health System face a complex web of access challenges that span geography, socioeconomic factors, and emergent social issues:

Four-State Continuum of Care

Located in the unique Texarkana metro, which straddles Texas, Arkansas, Louisiana, and Oklahoma our patients often cross state lines for services. This dynamic creates administrative hurdles, as differing Medicaid eligibility requirements, varied insurance networks, and mismatched electronic health record systems can disrupt care continuity. For example, a patient discharged from our Texas hospital may struggle to find an in-network primary care provider just a few miles north, complicating medication refills, follow-up appointments, and chronic disease management.

Transportation and Provider Shortages

Many of our rural and semi-urban neighbors lack reliable transportation or broadband, barriers that make scheduling appointments or engaging in telehealth difficult. At the same time, shortages in specialties such as mental health, obstetrics, and pediatric subspecialties force some families to travel long distances or endure lengthy wait times, delaying critical interventions.

Economic and Cultural Factors

High rates of poverty and under- or uninsured contribute to delayed preventive care and increased emergency department utilization. Language and health-literacy gaps—particularly among Hispanic and Vietnamese populations—can lead to misunderstandings about treatment plans or hesitancy to seek care until acute crises arise.

Human Trafficking and Exploitation

As a transport corridor along I-30, our region is vulnerable to human trafficking. Survivors often present with complex physical and mental health needs—ranging from untreated trauma and substance use to infectious diseases—yet may fear seeking help due to stigma or concerns about legal repercussions. Ensuring confidentiality, trauma-informed assessment, and strong partnerships with law-enforcement and social services is essential to connect these individuals to healing and justice.

Together, these barriers underscore the importance of flexible, culturally attuned outreach; seamless information-sharing across state systems; and multidisciplinary partnerships. Only by addressing the social, logistical, and systemic dimensions of access can CHRISTUS St. Michael truly upholds its mission of extending compassionate, lifesaving care to every neighbor, on both sides of the state line.

Health Care Coverage

Uninsured Rate

The uninsured rate in the United States is 8.55%. Texas has a significantly higher uninsured rate at 17.36%, while Arkansas's rate is 8.99%. CHRISTUS St. Michael, which covers multiple counties, has the highest uninsured rate at 13.26%. This data highlights the regional disparities in health care coverage across the U.S.

Uninsured rate, 2019-2023
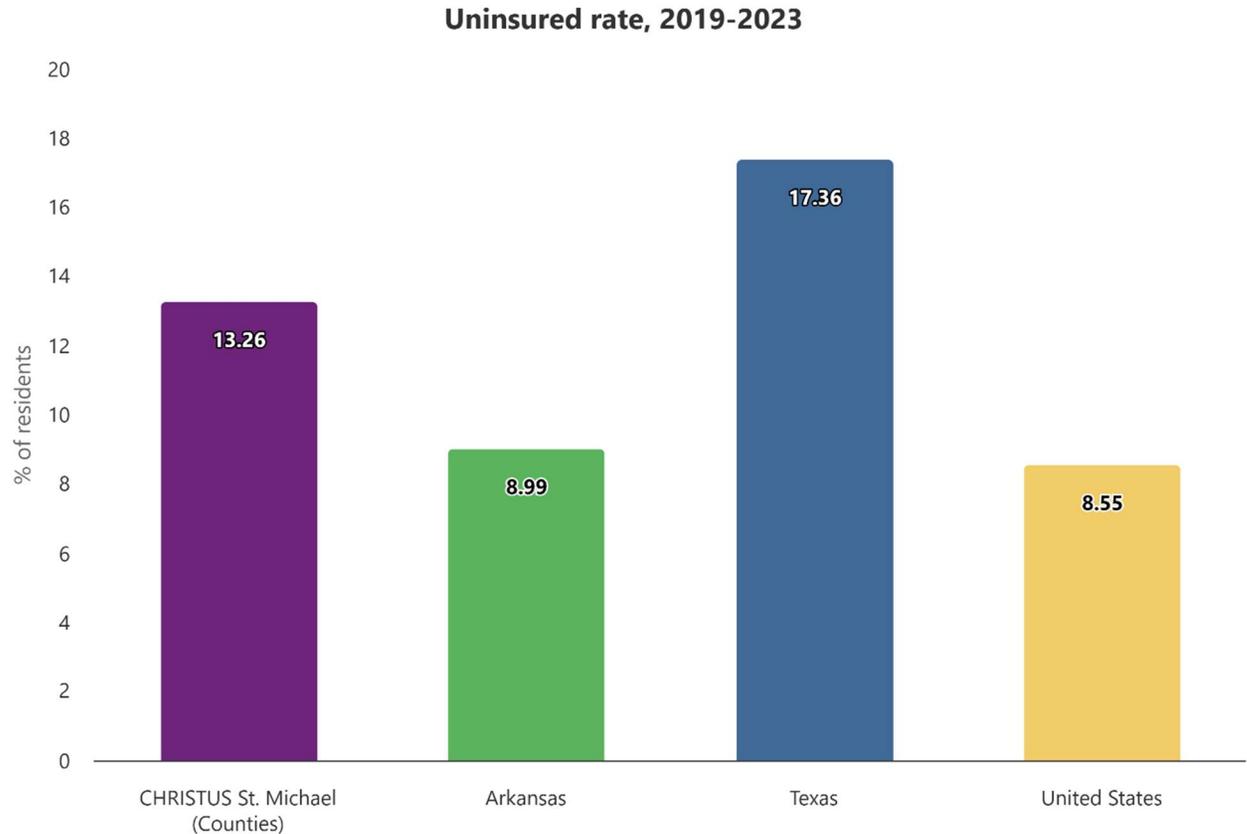
Created on Metopio | metop.io/i/6r5gmqa5 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Uninsured Rate by Race and Ethnicity

The uninsured rate varies significantly across different racial and ethnic groups in the United States. Hispanic or Latino individuals have the highest uninsured rate at 27.04%, followed by Native Americans at 24.64%. In contrast, Asian individuals have the lowest uninsured rate at 10.06%. The uninsured rates in Arkansas and Texas are higher than the national average, with CHRISTUS St. Michael counties having an overall uninsured rate of 13.26%.

Uninsured rate by Race/Ethnicity, 2019-2023
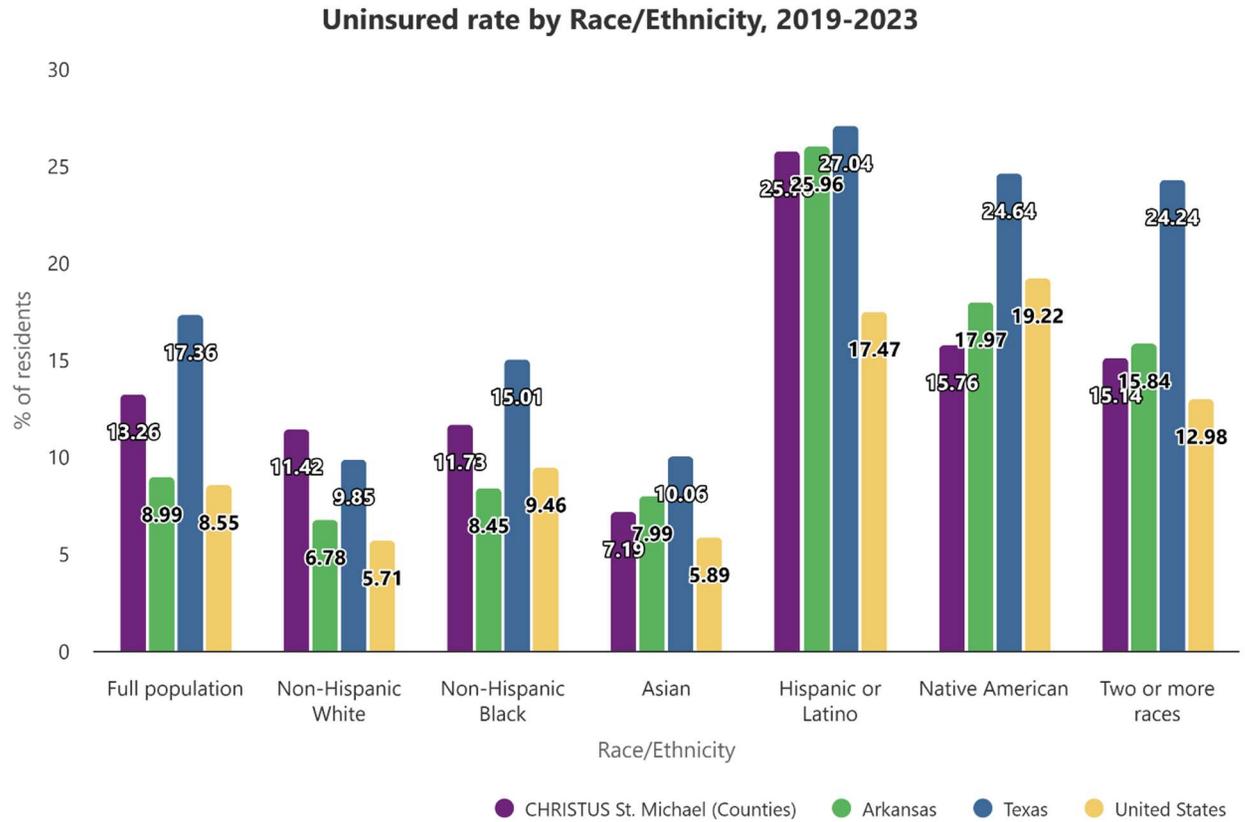
Created on **Metopio** | metop.io/i/usecgzfo | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).

Private Health Insurance

Private health insurance coverage varies significantly across different regions. In the United States, 67.33% of the population has private health insurance. Texas has a slightly lower coverage rate at 62.61%, while Arkansas's rate is 59.5%. CHRISTUS St. Michael, encompassing multiple counties, reports the lowest coverage at 56.63%.

Private health insurance, 2019-2023
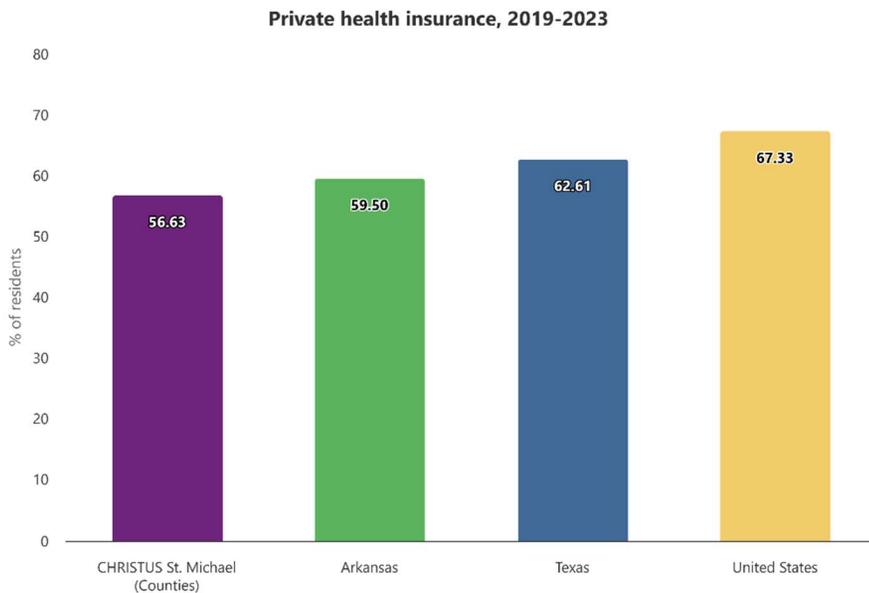
Created on Metopio | metop.io/i/8c1ecuaq | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or TriCare.

Public Health Insurance

Public health insurance coverage varies significantly across different regions in the United States. CHRISTUS St. Michael, encompassing several counties, reports a coverage rate of 43.56%. Arkansas has a slightly higher rate at 43.88%, while Texas lags behind at 28.9%. Nationwide, the average public health insurance coverage stands at 36.31%. These disparities highlight the need for targeted health care policy interventions to address regional gaps in coverage.

Public health insurance, 2019-2023
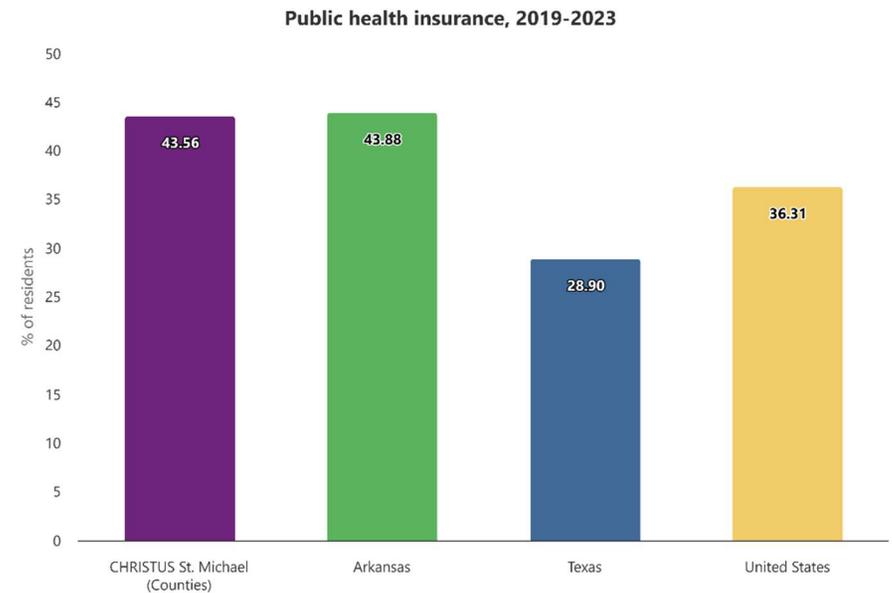
Created on Metopio | metop.io/i/gpbienqt | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

Access to Care

Primary Care Providers Per Capita

The data shows the number of primary care providers (PCP) per capita in various regions from 2008 to 2022. CHRISTUS St. Michael, which covers several counties, saw a fluctuating trend with a peak in 2022 at 65.88 PCPs per capita. Arkansas and Texas also experienced fluctuations, with Texas generally having a higher PCP rate. The United States overall had a higher PCP rate compared to the other regions, peaking in 2022 at 90.83 PCPs per capita.
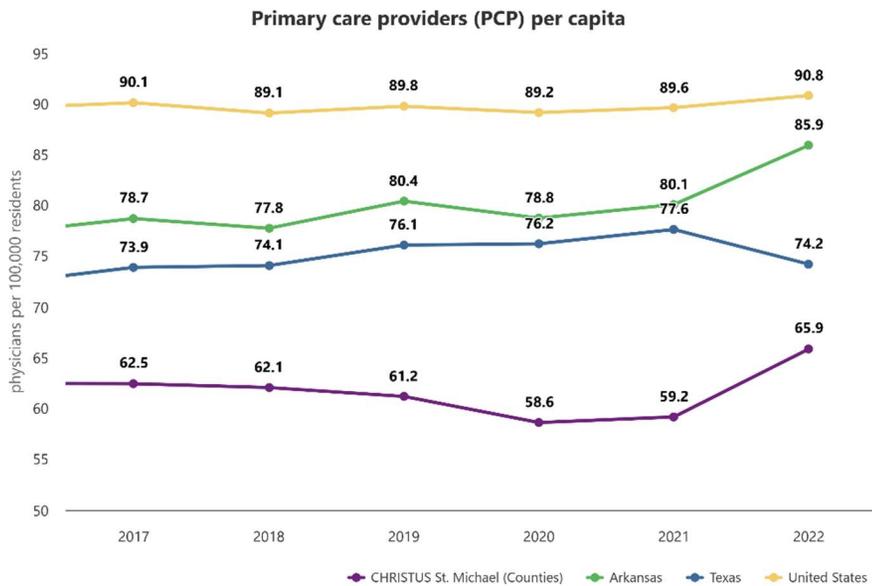
Primary care providers (PCP) per capita

CHRISTUS St. Michael (Counties): 62.5 (2017), 62.1 (2018), 61.2 (2019), 58.6 (2020), 59.2 (2021), 65.9 (2022)
Arkansas: 78.7, 77.8, 80.4, 78.8, 80.1, 85.9
Texas: 73.9, 74.1, 76.1, 76.2, 77.6, 74.2
United States: 90.1, 89.1, 89.8, 89.2, 89.6, 90.8

Mental Health Providers Per Capita

The data illustrates the number of mental health providers per capita in various regions from 2021 to 2025. CHRISTUS St. Michael, a specific entity, shows a steady increase in providers per capita, reaching 198.41 in 2025. Arkansas and Texas also see increases, with Arkansas rising significantly from 314.63 in 2021 to 408.26 in 2024, and Texas from 171.0 to 384.09 in 2025. The United States overall experiences a substantial increase, reaching 689.6 in 2025. This trend indicates a growing focus on mental health services across all regions.

Mental health providers per capita

CHRISTUS St. Michael (Counties): 133.3 (2021), 175.5 (2022), 179.6 (2023), 175.1 (2024), 198.4 (2025)
Arkansas: 314.6, 333.0, 334.3, 408.3, 511.9
Texas: 171.0, 261.7, 281.8, 287.1, 384.1
United States: 381.9, 500.8, 530.2, 545.1, 689.6

Nutrition

Food Insecurity by Race and Ethnicity

The data highlights food insecurity rates across different racial and ethnic groups in the counties served by CHRISTUS St. Michael, which are located in Arkansas and Texas. Overall, the food insecurity rate in these counties is 19.45%, slightly higher than the Texas state average of 17.6%. Non-Hispanic Black individuals experience the highest rate of food insecurity at 33.93%, significantly above the overall rate. Hispanic or Latino individuals also face a higher rate of 24.48%, while Non-Hispanic White individuals have a lower rate of 14.85%. These disparities indicate that food insecurity disproportionately affects minority communities in these regions.

Food insecurity by Race/Ethnicity, 2019

Food Stamps (SNAP) by Race and Ethnicity

The data shows the percentage of the population receiving food stamps (SNAP) across different racial and ethnic groups in the United States. The national average is 11.77%, with significant variations among different groups. Non-Hispanic Black individuals have the highest participation rate at 24.91%, while Asians have the lowest at 8.5%. Hispanic or Latino individuals also have a high participation rate at 18.48%. The data highlights disparities in food stamp usage among different racial and ethnic groups.

Food stamps (SNAP) by Race/Ethnicity, 2019-2023

Physical Activity

No Exercise

No exercise is a significant issue across various regions in the United States. CHRISTUS St. Michael, covering multiple counties, reports the highest rate at 31.03%. Arkansas follows closely with 30.2%, while Texas has a slightly lower rate of 27.64%. Nationwide, the average rate of no exercise is 23.68%, indicating a widespread concern. These figures highlight the need for targeted interventions to promote physical activity across the country.

Access to Exercise Opportunities

Access to exercise opportunities is a critical aspect of public health. The data reveals that Texas has a higher access rate (81.95%) compared to Arkansas (63.1%). CHRISTUS St. Michael, a health care provider operating across multiple counties, reports an access rate of 51.34%, significantly lower than the national average of 84.17%. This disparity highlights the need for targeted interventions to improve access to exercise opportunities in underserved areas.

No exercise, 2022

% of adults

CHRISTUS St. Michael (Counties): 31.0
Arkansas: 30.2
Texas: 27.6
United States: 23.7

Created on Metopio | metop.io/i/736r5p6h | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)
No exercise: Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Access to exercise opportunities, 2022

% of population

CHRISTUS St. Michael (Counties): 51.34
Arkansas: 63.10
Texas: 81.95
United States: 84.17

Created on Metopio | metop.io/i/u3thaifc | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)
Access to exercise opportunities: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Substance Use

Cigarette Smoking Rate

The data presents the cigarette smoking rate across various regions, with CHRISTUS St. Michael (Counties) having the highest rate at 20.1%. Arkansas follows closely at 19.23%, while Texas and the United States have lower rates at 14.8% and 14.61%, respectively. The higher rates in CHRISTUS St. Michael (Counties) and Arkansas indicate a significant public health concern in these areas. Addressing smoking rates in these regions could lead to substantial health improvements.

Cigarette smoking rate, 2022

Binge Drinking

Binge drinking rates vary across different regions within the United States. CHRISTUS St. Michael, encompassing several counties, reports a rate of 17.37%. Arkansas and Texas have slightly higher rates at 17.49% and 17.86%, respectively. Nationally, the United States has an average binge drinking rate of 18.58%. These figures highlight the prevalence of binge drinking and the need for targeted interventions in these areas.

Binge drinking, 2022

Alcohol-Impaired Driving Deaths

Alcohol-impaired driving deaths have been a significant concern across various regions in the United States. In CHRISTUS St. Michael (Counties), the rate of such incidents was notably high, peaking at 28.99 in 2014-2018. Arkansas and Texas also experienced fluctuations, with Texas showing a decrease to 25.17 in 2017-2021. Nationally, the rate has generally declined, reaching 26.32 in 2018-2022. These trends highlight the ongoing efforts and challenges in reducing alcohol-impaired driving fatalities across different regions.

Alcohol-impaired driving deaths
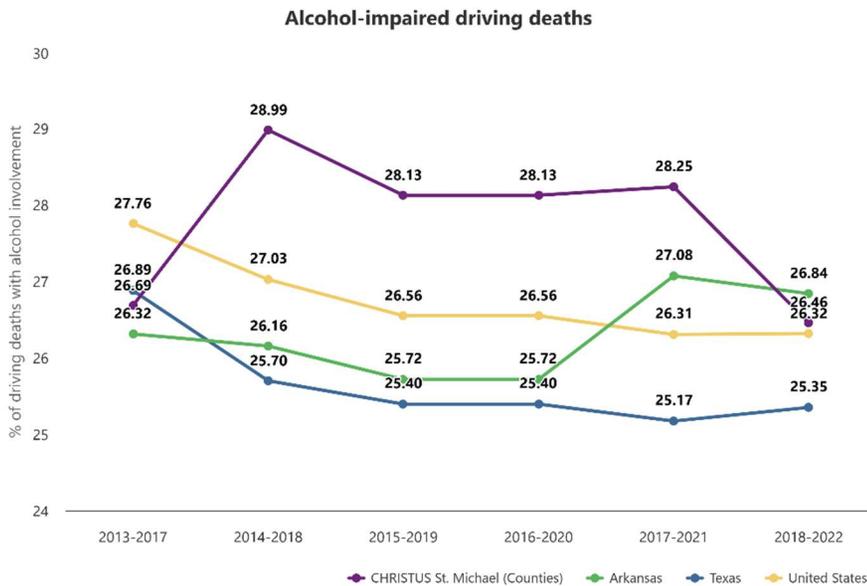
Created on Metopio | metop.io/i/sq3injg9 | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System)
Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence.

Drug Overdose Mortality

Drug overdose mortality rates vary significantly across different regions in the United States. CHRISTUS St. Michael, encompassing several counties, reports a rate of 14.59 deaths per 100,000 people. Arkansas has a higher rate at 18.85, while Texas is slightly lower at 15.74. Nationwide, the drug overdose mortality rate is substantially higher at 29.24, indicating a more severe issue on a national scale compared to these specific regions.

Drug overdose mortality, 2019-2023
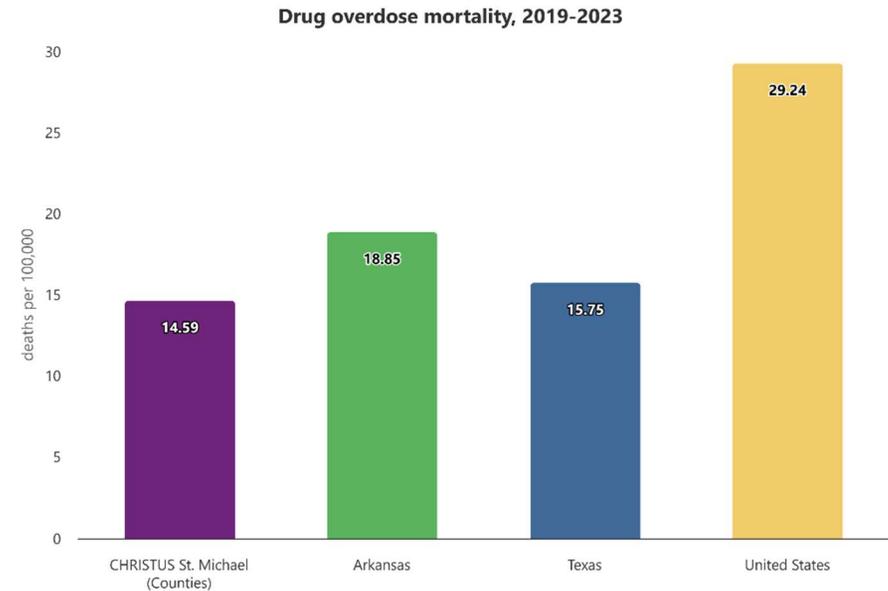
Created on Metopio | metop.io/i/4nsefb76 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Opioid Dispensing Rate

The opioid dispensing rate varies significantly across different regions. CHRISTUS St. Michael, encompassing several counties, has a rate of 68.49. Arkansas has a higher rate at 71.5, while Texas is notably lower at 32.2. The United States overall has an average rate of 37.4. These disparities highlight the regional differences in opioid prescribing practices.

Opioid Dispensing Rate, 2023

Region	prescriptions per 100 people
CHRISTUS St. Michael (Counties)	68.5
Arkansas	71.5
Texas	32.2
United States	37.4
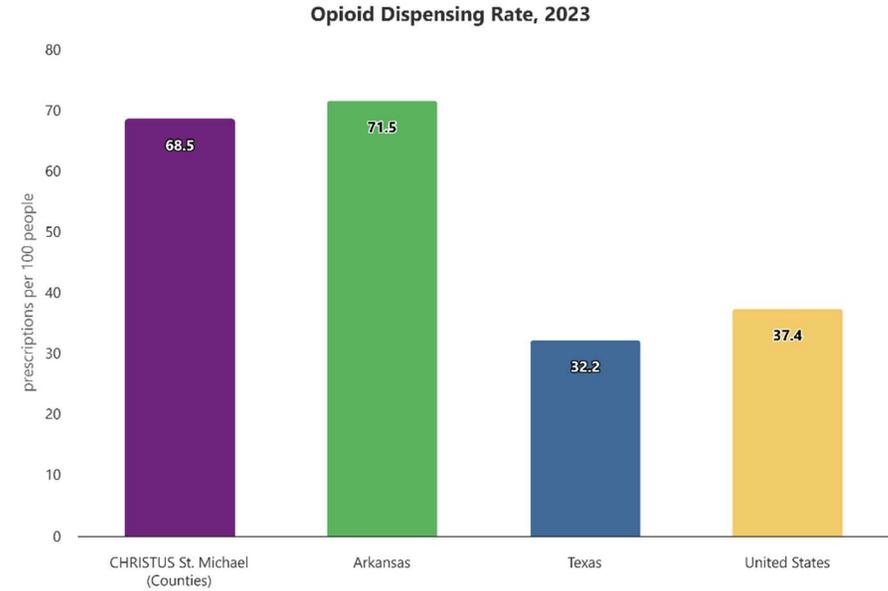
Created on Metopio | metop.io/i/rkdgomnq | **Data source:** Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

The Social Vulnerability Index (SVI) measures the resilience of communities when confronted by external stresses on human health. The data indicates that CHRISTUS St. Michael, encompassing multiple counties, has the highest SVI at 86.0. Arkansas and Texas have SVIs of 68.02 and 76.77, respectively, both above the national average of 58.4. This suggests that these regions may be more vulnerable to health-related challenges. Understanding these vulnerabilities is crucial for targeted interventions and resource allocation.

Hardship Index

The Hardship Index is a measure of economic distress across various regions. CHRISTUS St. Michael, encompassing multiple counties, has the highest Hardship Index at 65.35. Arkansas follows with an index of 57.97, while Texas has a slightly lower index of 54.75. The United States as a whole has a Hardship Index of 48.44, indicating a lower level of economic distress compared to the other regions mentioned.
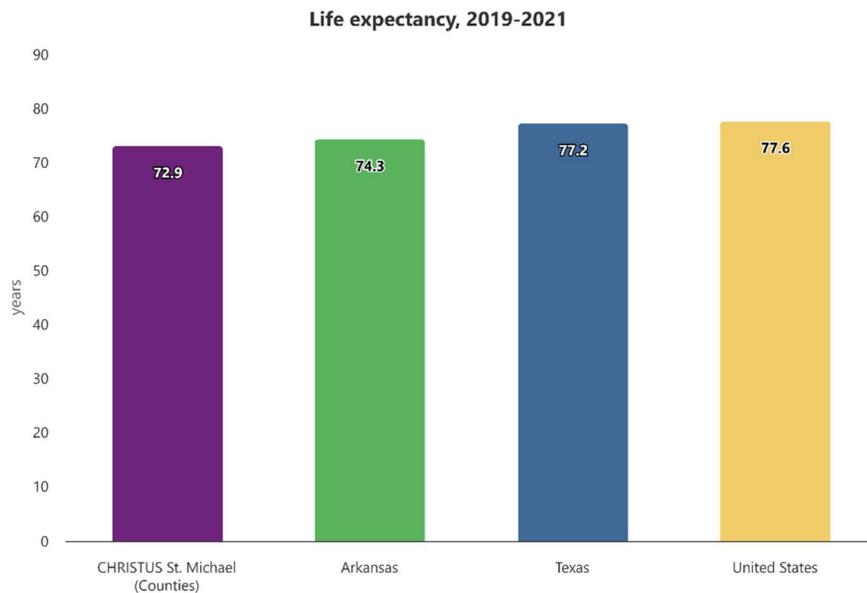
Life expectancy, 2019-2021

Region	Value
CHRISTUS St. Michael (Counties)	72.9
Arkansas	74.3
Texas	77.2
United States	77.6

Created on Metopio | metop.io/i/nggpo2os | Data source: Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI)
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Hardship Index, 2019-2023

Region	Score
CHRISTUS St. Michael (Counties)	65.3
Arkansas	58.0
Texas	54.8
United States	48.4

Created on Metopio | metop.io/i/7gy5xixio | Data source: U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

Hardship Index: The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

Childhood Opportunity Index

The Child Opportunity Index 3.0 measures the quality of resources and conditions that impact children's development across various locations. The data shows that the Child Opportunity Index for CHRISTUS St. Michael, encompassing multiple counties, is 35.49. In comparison, Arkansas has an index of 51.5, Texas stands at 52.62, and the United States overall has an index of 52.16. This indicates that the opportunities for children in these specific counties are lower than the national average. The data highlights the need for targeted interventions to improve child development resources in these areas.

Child Opportunity Index 3.0, 2017-2021
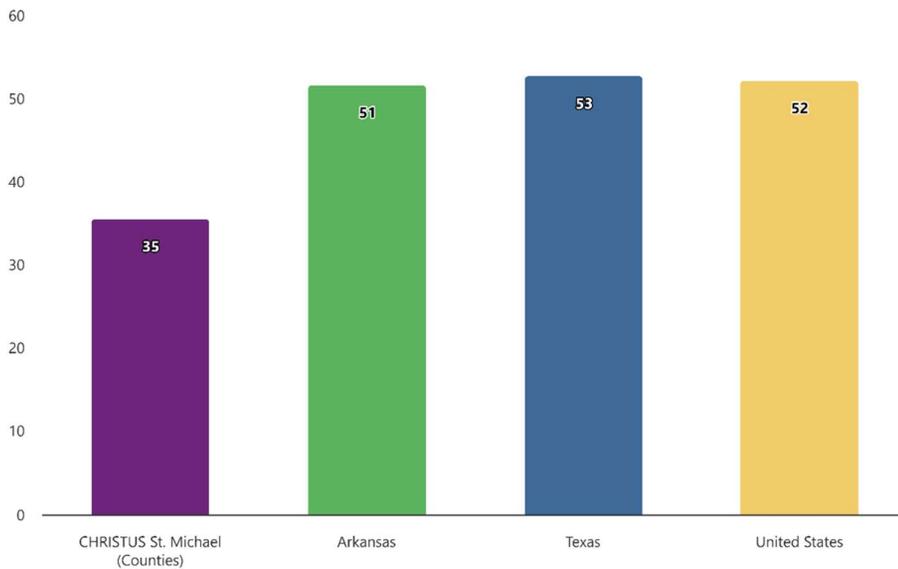
Created on Metopio | metop.io/i/xtf5w8bp | **Data source:** diversitydatakids.org: Child Opportunity Index 3.0

Child Opportunity Index 3.0: A composite index that captures neighborhood resources and conditions that matter for children's healthy development scored as Very Low (1-19), Low (20-39), Moderate (40-59), High (60-79), and Very High (80-100).

Social Engagement Index

The Social Engagement Index measures the level of community involvement and social interaction within various regions. CHRISTUS St. Michael, encompassing several counties, has a Social Engagement Index of 72.34. Arkansas and Texas have slightly lower indices of 71.08 and 74.04, respectively. The United States, as a whole, has the highest Social Engagement Index at 75.5. This indicates a strong level of social engagement across the country, with regional variations reflecting local community dynamics and initiatives.

Social Engagement Index, 2019-2023
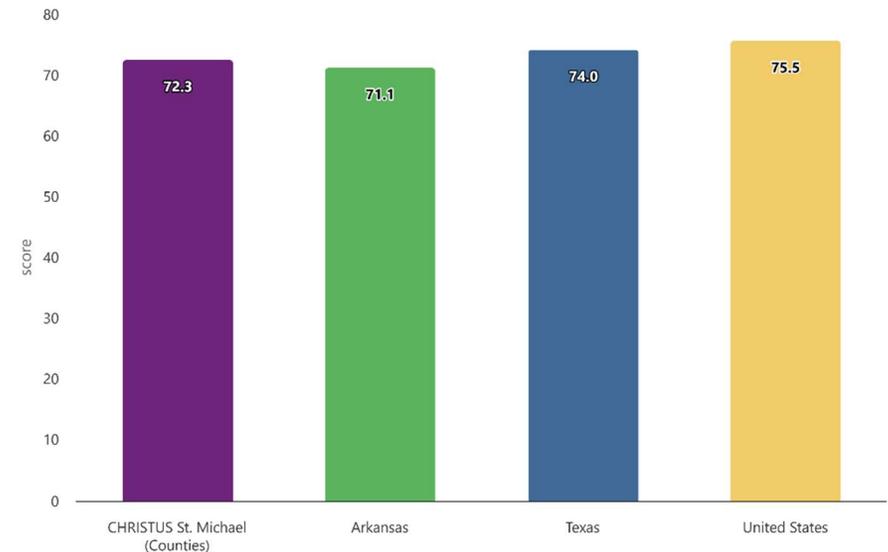
Created on Metopio | metop.io/i/fmwsm5wg | **Data source:** Metopio

Social Engagement Index: The Social Engagement Index is a composite score measuring elements of civic engagement and social isolation, especially those that are affected by the built environment. It incorporates information about neighborhood resiliency (five-year change in rent prices, how often residents move, and housing vacancy) and barriers to social engagement (opportunity youth, proportion of seniors living alone, residents with cognitive and ambulatory disabilities, limited English proficiency,

Households Below ALICE Threshold

Households below the ALICE (Asset Limited, Income Constrained, Employed) threshold have been a significant concern across various regions in the United States. In CHRISTUS St. Michael (Counties), the percentage of such households increased from 43.36% in 2010 to 52.31% in 2022. Arkansas and Texas also saw rising percentages, with Texas reaching 46.91% in 2021 and Arkansas at 47.0% in 2022. Nationwide, the percentage fluctuated but remained relatively stable, ending at 42.0% in 2022. This trend indicates a growing financial strain on households in these regions.

Households below ALICE threshold
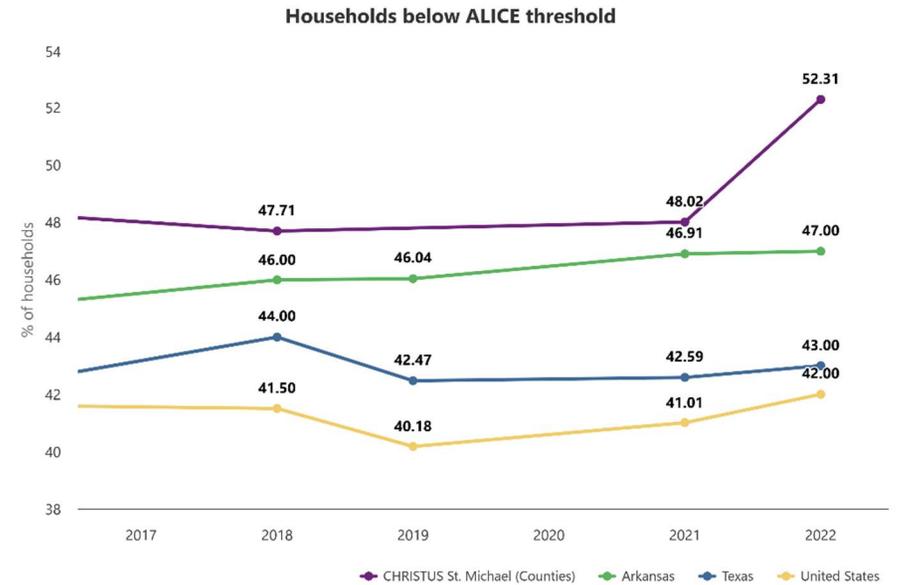
Created on Metopio | metop.io/l/ofypit7a | **Data source:** United for Alice: United Way ALICE Data

Households below ALICE threshold: ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

Environmental Health

Particulate Matter Concentration

The data points represent particulate matter (PM 2.5) concentrations in various regions, including counties, states, and the United States as a whole. The highest concentration is found in CHRISTUS St. Michael (Counties) with 8.78, followed by Arkansas with 7.99, Texas with 7.34, and the United States with 6.93. The data suggests that the concentration of PM 2.5 is higher in specific counties compared to the national average. This indicates a potential need for targeted air quality improvement measures in these regions.
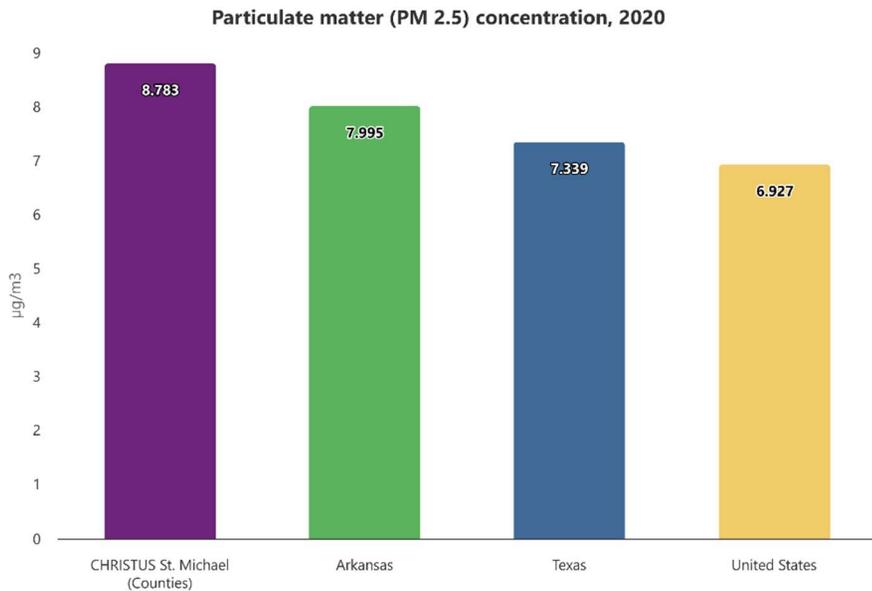
Particulate matter (PM 2.5) concentration, 2020

Environmental Burden Index

The Environmental Burden Index for CHRISTUS St. Michael (Counties) in Arkansas, Texas, and the United States shows a general increase from 2022 to 2024. In 2022, the index was 51.03, which was higher than the state and national averages. By 2024, the index rose to 51.37, while Arkansas and the United States saw significant increases, and Texas experienced a notable rise.
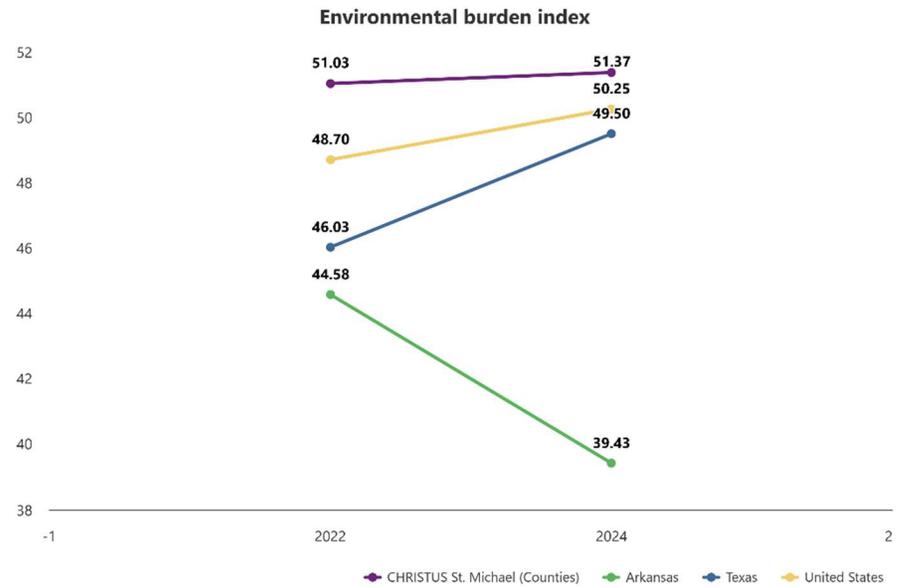
Environmental burden index

Internet

No Internet

The data indicates the percentage of households without internet access across various regions. CHRISTUS St. Michael, encompassing several counties, has the highest rate at 16.19%. Arkansas follows with 12.33%, while Texas and the United States have lower rates of 7.56% and 7.7%, respectively. This suggests a significant disparity in internet access between specific regions and the national average. Addressing this digital divide is crucial for ensuring equitable access to information and opportunities.

No internet, 2019-2023
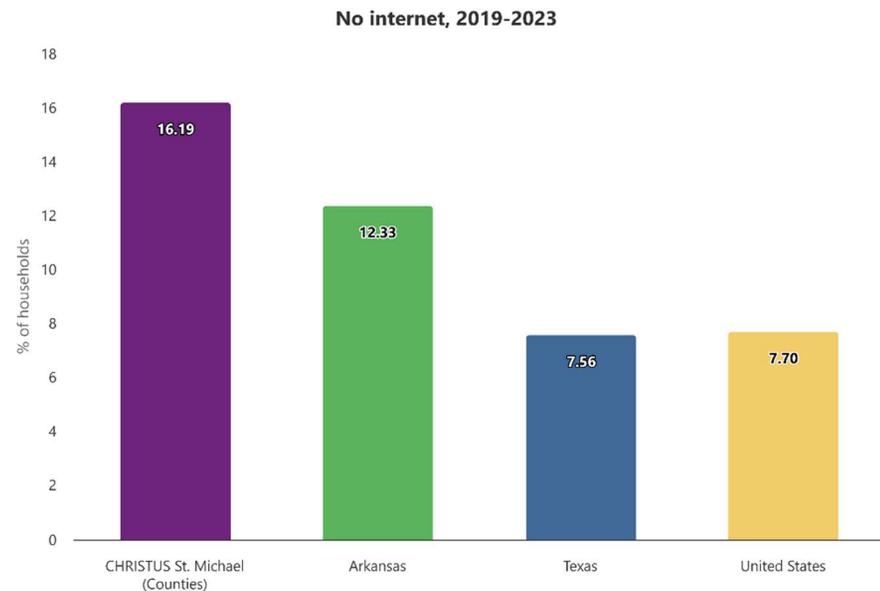
Created on Metopio | metop.io/i/t2kjsisc | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

No internet: Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data, or any other service.

Internet Access

The data highlights Internet access across various regions, with a focus on CHRISTUS St. Michael counties, Arkansas, Texas, and the United States as a whole. CHRISTUS St. Michael counties have an Internet access rate of 83.81%, which is the lowest among the regions listed. Arkansas follows with 87.67%, while Texas and the United States have higher rates of 92.44% and 92.3%, respectively. This indicates that Texas and the United States have better Internet access compared to Arkansas and CHRISTUS St. Michael counties. The data suggests a need for improved Internet infrastructure in CHRISTUS St. Michael counties to match the national average.

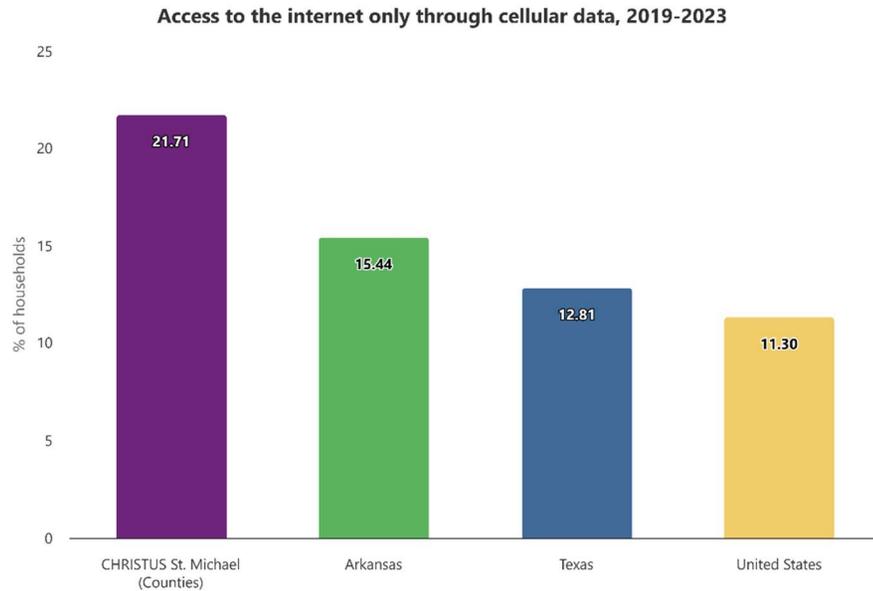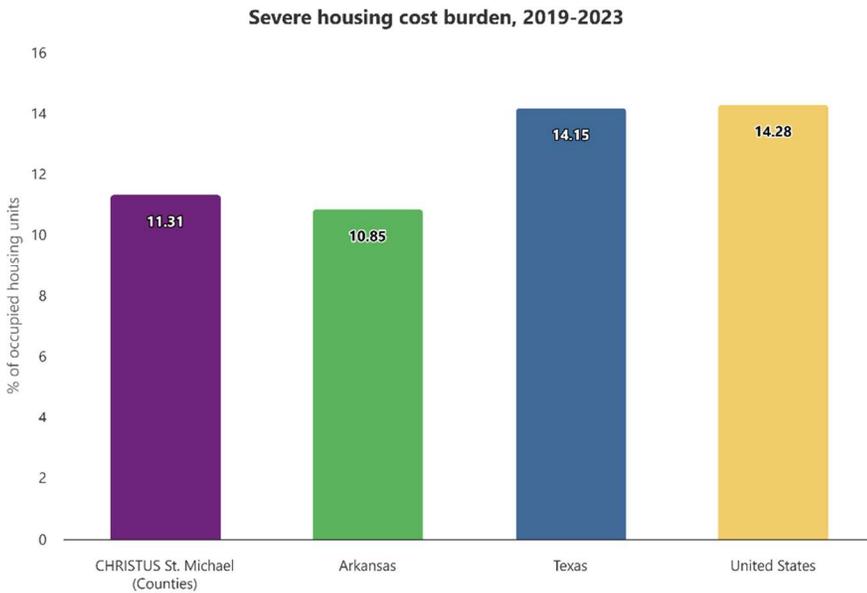**Internet access, 2019-2023**
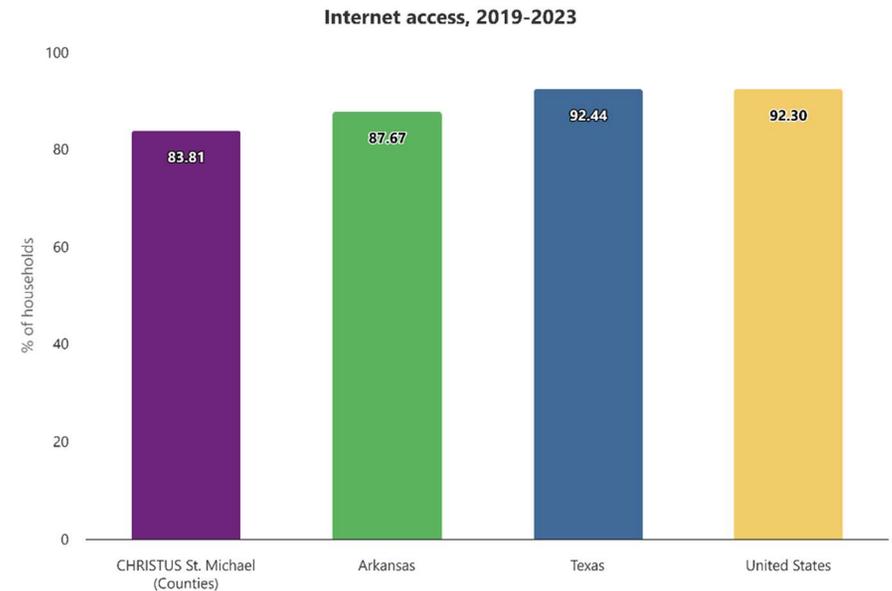
Created on Metopio | metop.io/i/s8qv1aqw | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Internet access: Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

Access to the Internet Only Through Cellular Data

Access to the internet only through cellular data is a significant issue in various regions. CHRISTUS St. Michael, covering multiple counties, has the highest rate at 21.71%. Arkansas follows with 15.44%, while Texas and the United States have lower rates at 12.81% and 11.3%, respectively. This disparity highlights the need for improved internet infrastructure in certain areas to ensure equitable access. The higher rates in specific regions may impact educational and economic opportunities for residents.

Access to the internet only through cellular data, 2019-2023

Created on Metopio | metop.io/i/z9cge6y5 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Access to the internet only through cellular data: Percentage of households who only have access to the internet through cellular data, and have no other internet subscription.

Housing

Severe Housing Cost Burden

Severe housing cost burden is a significant issue affecting various regions across the United States. The data indicates that Texas has a higher rate of severe housing cost burden at 14.15%, compared to the national average of 14.28%. Arkansas has a slightly lower rate at 10.85%, while CHRISTUS St. Michael counties have the lowest rate at 11.31%. These disparities highlight the varying levels of housing affordability and economic strain experienced by residents in different areas. Addressing this issue requires targeted interventions to alleviate the financial burden on households and improve housing affordability.

Housing Insecurity

Housing insecurity is a significant issue in Texas, with a statewide rate of 16.92%. The data highlights that CHRISTUS St. Michael, encompassing multiple counties, has an even higher rate of housing insecurity at 18.26%. This indicates that the counties served by CHRISTUS St. Michael are experiencing greater challenges in securing stable housing compared to the state average. Addressing housing insecurity in these areas is crucial for improving overall community well-being and health outcomes.

Severe housing cost burden, 2019-2023

Created on Metopio | metop.io/i/ik4cv4ic | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Housing Insecurity, 2022

Created on Metopio | metop.io/i/echeihyr | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS)

Housing Insecurity: The percent of adults who were not able to pay mortgage, rent, or utility bill in the past 12 months.

Moved Within County in Past Year

The data shows the percentage of people who moved within the same county in the past year across various regions. CHRISTUS St. Michael, encompassing several counties, has the lowest rate at 4.49%. Arkansas and Texas have higher rates at 6.86% and 7.7% respectively. The United States overall has a rate of 6.62%, indicating that Texas has a slightly higher rate of within-county moves compared to the national average.
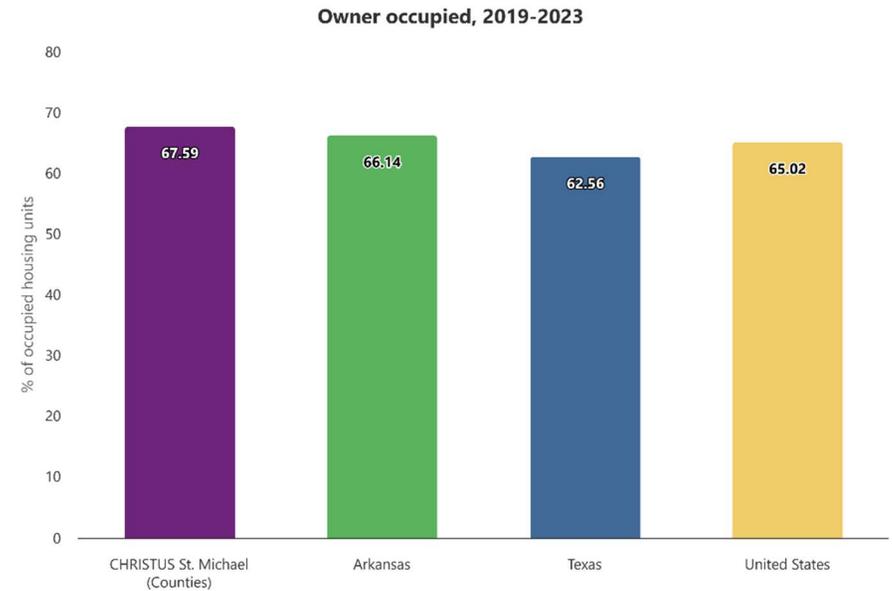
Moved within county in past year, 2019-2023

Region	% of residents
CHRISTUS St. Michael (Counties)	4.49
Arkansas	6.86
Texas	7.70
United States	6.62
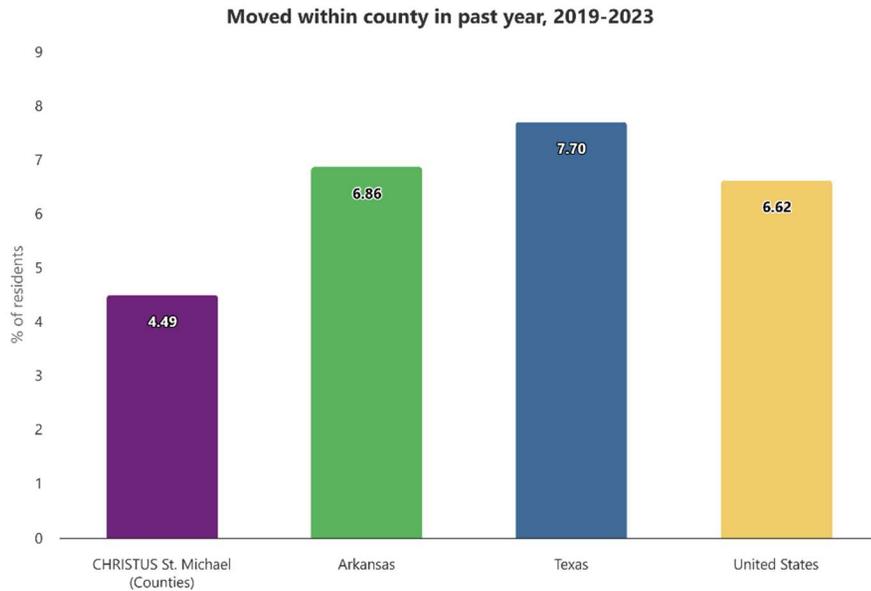
Created on Metopio | metop.io/i/62z5iis9 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B07001)

Moved within county in past year: Percent of residents 1 year and older who moved into current residence from within the same county in the past year. This can be used to proxy for evictions, especially when looking at vulnerable populations (infants, seniors) for whom frequent moving can be disruptive.

Owner Occupied

Owner-occupied housing rates vary across different regions in the United States. CHRISTUS St. Michael, encompassing several counties, has the highest rate at 67.59%. Arkansas follows closely with 66.14%, while Texas lags slightly behind at 62.56%. The national average for owner-occupied housing in the United States is 65.02%. These variations highlight the diverse housing market conditions across different areas.

Owner occupied, 2019-2023

Region	% of occupied housing units
CHRISTUS St. Michael (Counties)	67.59
Arkansas	66.14
Texas	62.56
United States	65.02

Created on Metopio | metop.io/i/j5uodtku | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25003)

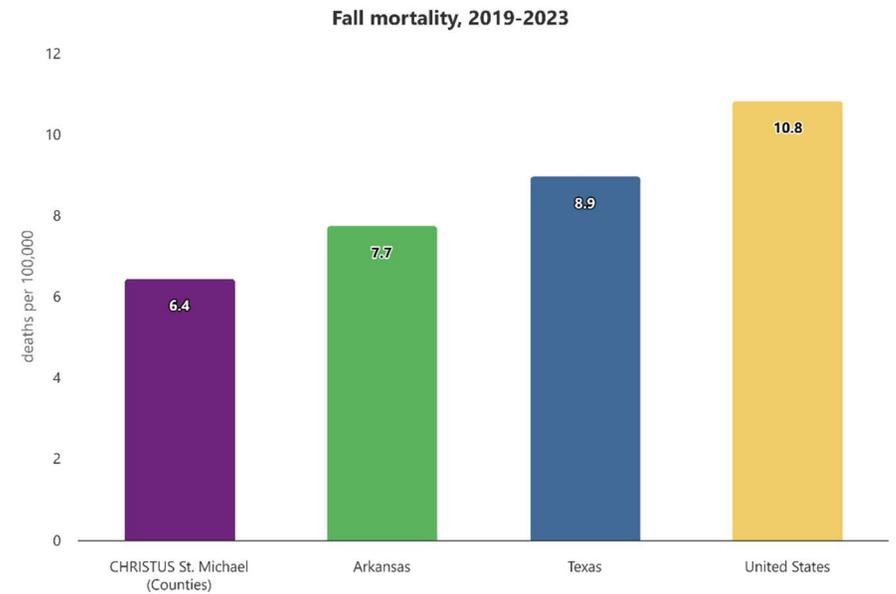**Owner occupied:**

Injury

Injury Mortality

Injury mortality rates vary significantly across different regions in the United States. CHRISTUS St. Michael, covering several counties, reports the highest rate at 95.77. Arkansas follows closely with a rate of 92.49, while Texas has a lower rate of 69.61. The national average for injury mortality in the United States is 82.94, indicating that some areas experience higher rates than the national norm.
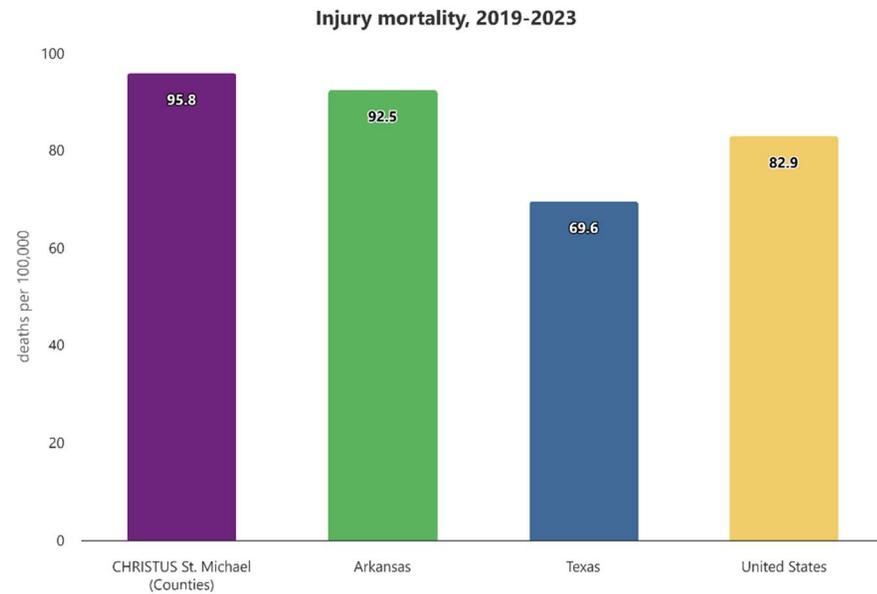
Injury mortality, 2019-2023

deaths per 100,000

| CHRISTUS St. Michael (Counties) | Arkansas | Texas | United States |

95.8 — 92.5 — 69.6 — 82.9

Fall Mortality

Fall mortality rates vary significantly across different regions. CHRISTUS St. Michael, covering several counties, reports the lowest rate at 6.42. Arkansas has a slightly higher rate of 7.74, while Texas sees a notable increase to 8.94. The United States overall has the highest fall mortality rate at 10.81. These variations highlight the importance of regional health care strategies in addressing fall-related deaths.

Fall mortality, 2019-2023

deaths per 100,000

| CHRISTUS St. Michael (Counties) | Arkansas | Texas | United States |

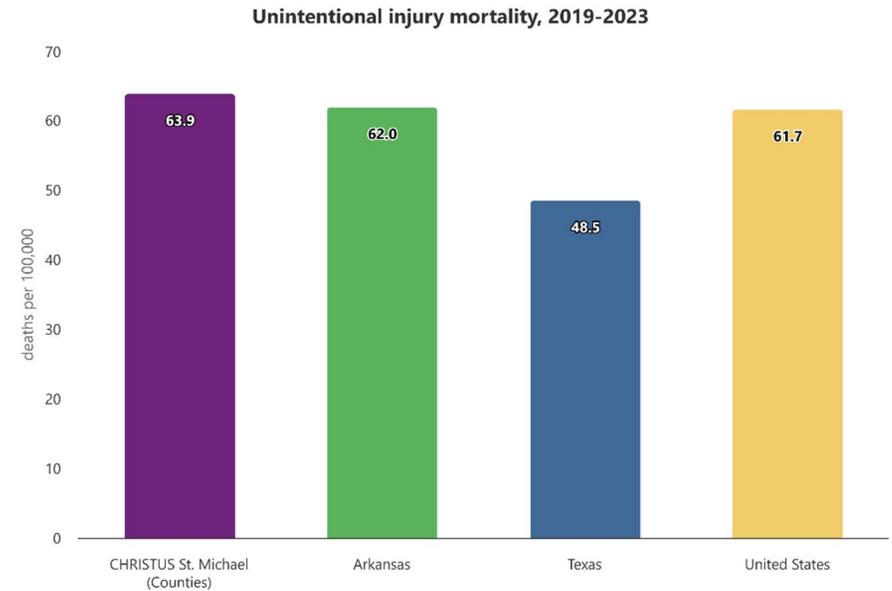6.4 — 7.7 — 8.9 — 10.8

Motor Vehicle Traffic Mortality

Motor vehicle traffic mortality rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, has the highest rate at 25.47. Arkansas follows with a rate of 20.32, while Texas and the United States have lower rates of 13.97 and 12.36, respectively. This data highlights the regional disparities in traffic-related fatalities, with CHRISTUS St. Michael and Arkansas experiencing notably higher rates compared to the national average. These differences underscore the need for targeted interventions to improve road safety in these areas.
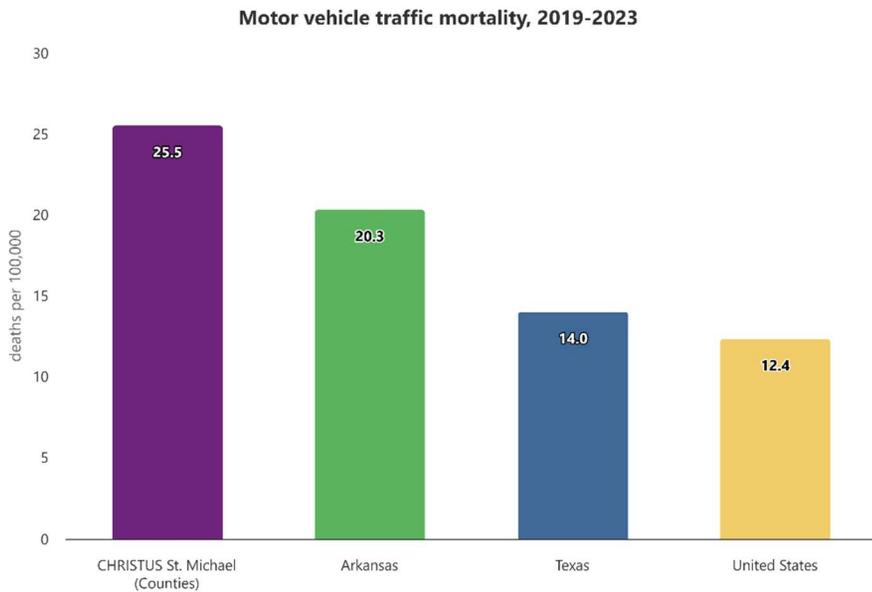
Motor vehicle traffic mortality, 2019-2023

deaths per 100,000

CHRISTUS St. Michael (Counties)	Arkansas	Texas	United States
25.5	20.3	14.0	12.4

Created on Metopio | metop.io/i/68otzuc5 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2).

Unintentional Injury Mortality

Unintentional injury mortality rates vary significantly across different regions. CHRISTUS St. Michael, covering several counties, reports the highest rate at 63.86. Arkansas follows closely with 61.96, slightly above the national average of 61.65. Texas has a notably lower rate at 48.52. These variations highlight the need for targeted interventions in regions with higher mortality rates.

Unintentional injury mortality, 2019-2023

deaths per 100,000

CHRISTUS St. Michael (Counties)	Arkansas	Texas	United States
63.9	62.0	48.5	61.7

Created on Metopio | metop.io/i/74tt2ykm | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

Transportation

Transportation Burden

The data indicates the transportation burden across various regions, with a focus on CHRISTUS St. Michael, which encompasses multiple counties. CHRISTUS St. Michael has the highest transportation burden at 59.64%, followed by Arkansas at 57.06%, and Texas at 54.46%. The United States, as a whole, has a transportation burden of 49.85%. This suggests that transportation costs are a significant burden in these regions, potentially impacting residents' financial stability and access to essential services.

Transportation burden, 2022
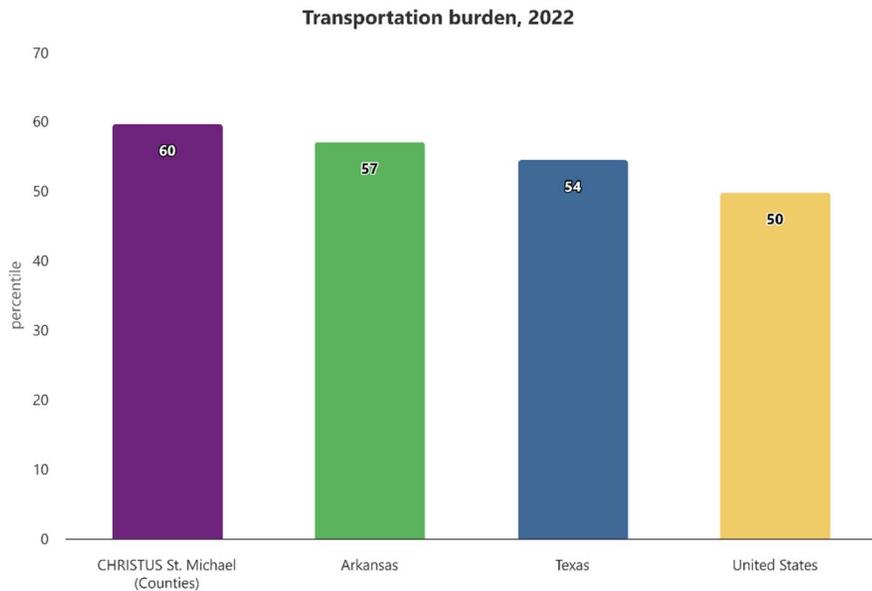
Created on Metopio | metop.io/i/b2rc2p4j | **Data source:** Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

No Vehicle Available

The data indicates the percentage of households with no vehicle available across various regions. CHRISTUS St. Michael, which encompasses multiple counties, has the highest rate at 7.08%. Arkansas and Texas follow with rates of 5.91% and 5.32%, respectively. The United States as a whole has a rate of 8.32%, suggesting that CHRISTUS St. Michael's rate is lower than the national average, while Arkansas and Texas are even lower. This disparity highlights the varying levels of vehicle accessibility across different regions.

No vehicle available, 2019-2023
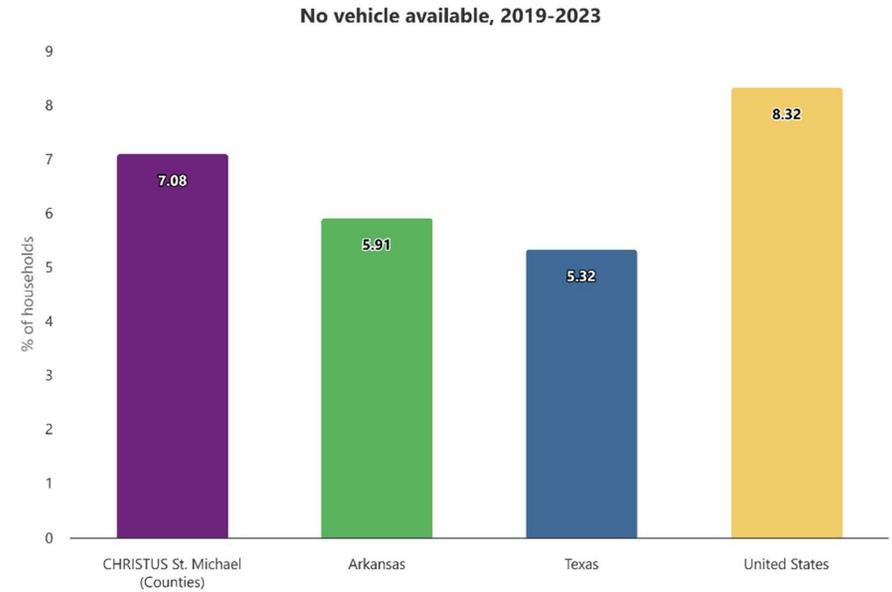
Created on Metopio | metop.io/i/hdh3c973 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

No vehicle available: Percent of occupied households with no vehicles available.

Disability

Hearing Difficulty

Hearing difficulty rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, reports the highest rate at 4.45%. Arkansas follows closely with a rate of 4.94%. Texas and the United States have lower rates, at 3.31% and 3.57% respectively. These disparities highlight the need for targeted health care interventions in specific regions.
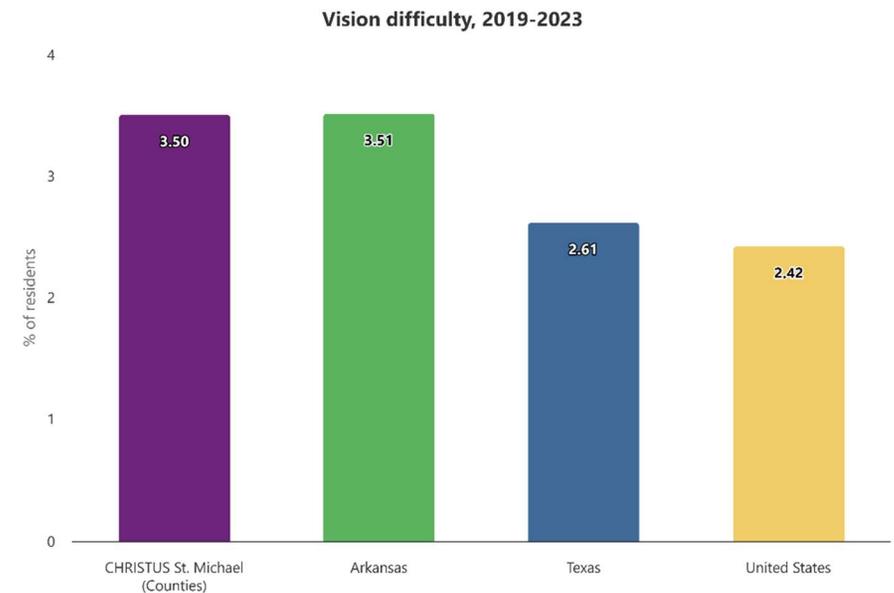
Hearing difficulty, 2019-2023
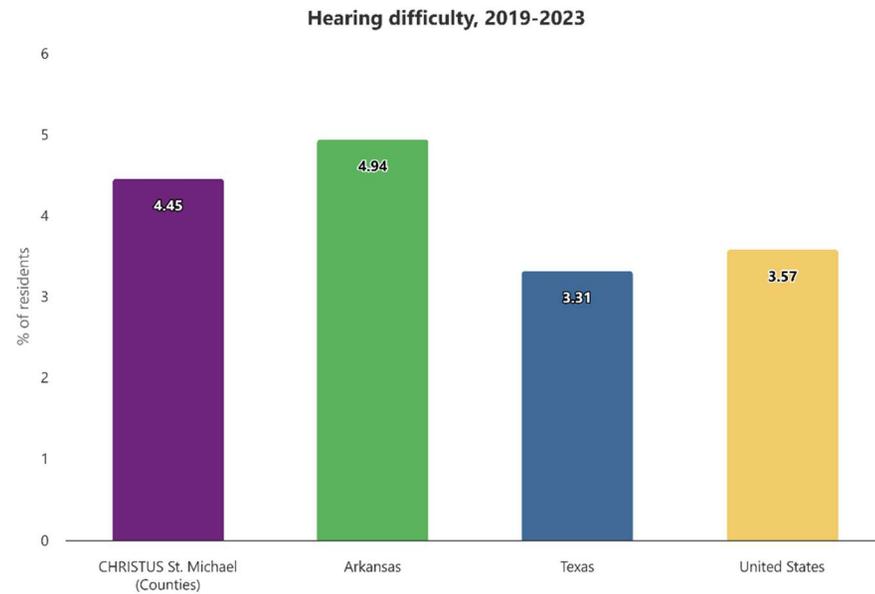
Created on **Metopio** | metop.io/i/8qbgz5rp | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Hearing difficulty: Percent of residents reporting a hearing difficulty.

Vision Difficulty

The data presents the prevalence of vision difficulty across various regions in the United States. CHRISTUS St. Michael, encompassing several counties, reports a vision difficulty rate of 3.5%. Arkansas has a slightly higher rate at 3.51%, while Texas and the United States have lower rates at 2.61% and 2.42%, respectively. This indicates that vision difficulty is more prevalent in the specified counties and Arkansas compared to the national average. The data highlights regional disparities in vision health, suggesting a need for targeted interventions in higher prevalence areas.
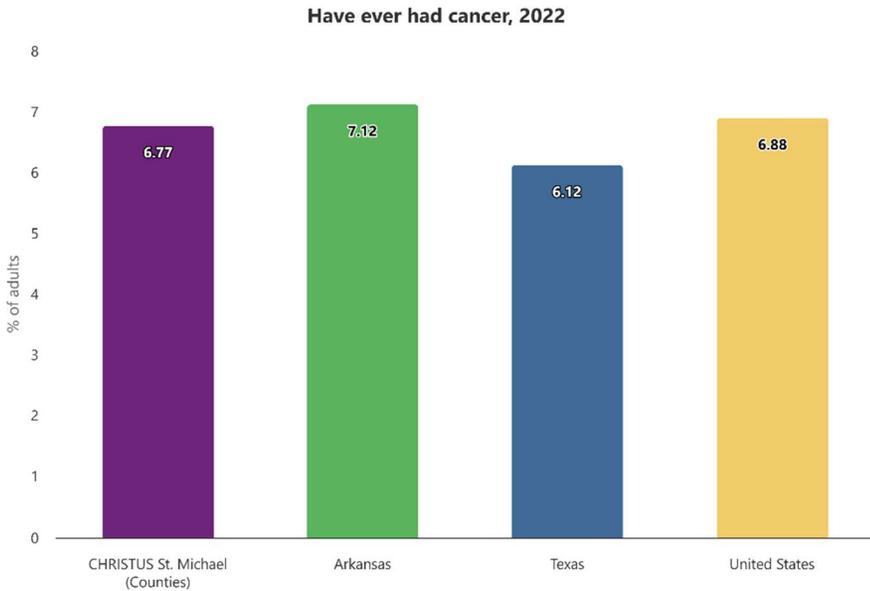
Vision difficulty, 2019-2023

Created on **Metopio** | metop.io/i/d2qtbs1t | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Vision difficulty: Percent of residents reporting a vision difficulty.

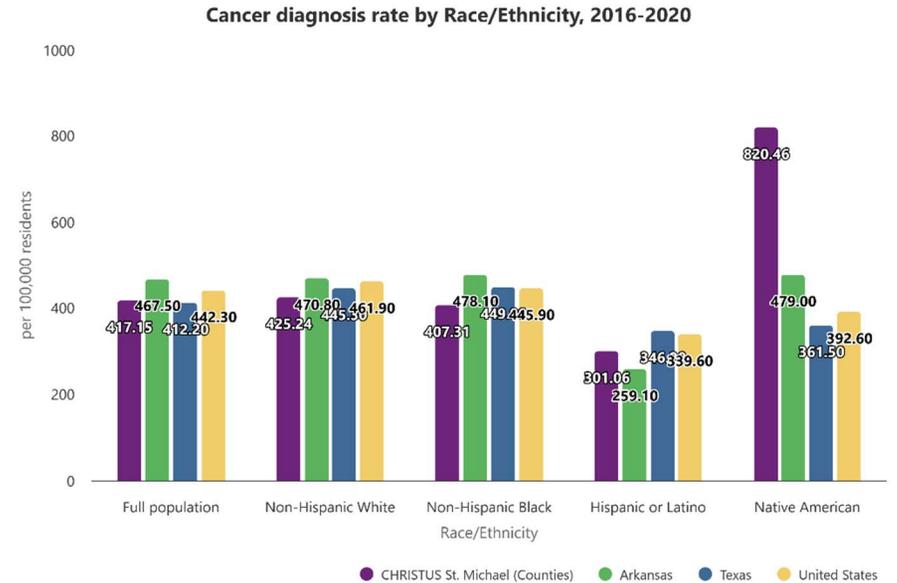# Cancer

Have Ever Had Cancer

The data represents the prevalence of individuals who have ever had cancer across different regions in the United States. The highest prevalence is observed in Arkansas at 7.12%, followed closely by CHRISTUS St. Michael counties at 6.77%. Texas has a slightly lower prevalence at 6.12%, while the national average stands at 6.88%. These figures highlight regional variations in cancer incidence, with Arkansas having the highest rate among the regions analyzed.

Have ever had cancer, 2022

Cancer Diagnosis Rate by Race and Ethnicity

The data presents cancer diagnosis rates across different racial and ethnic groups in CHRISTUS St. Michael, encompassing counties in Arkansas and Texas, compared to the United States overall. The full population rate in CHRISTUS St. Michael is 417.15, slightly higher than the national rate of 412.2. Notably, Native Americans in this region have the highest diagnosis rate at 820.46, significantly surpassing all other groups. Hispanic or Latino individuals have the lowest rate at 301.06, well below the national average. These disparities highlight the varying impact of cancer across different demographic groups in this specific region.

Cancer diagnosis rate by Race/Ethnicity, 2016-2020

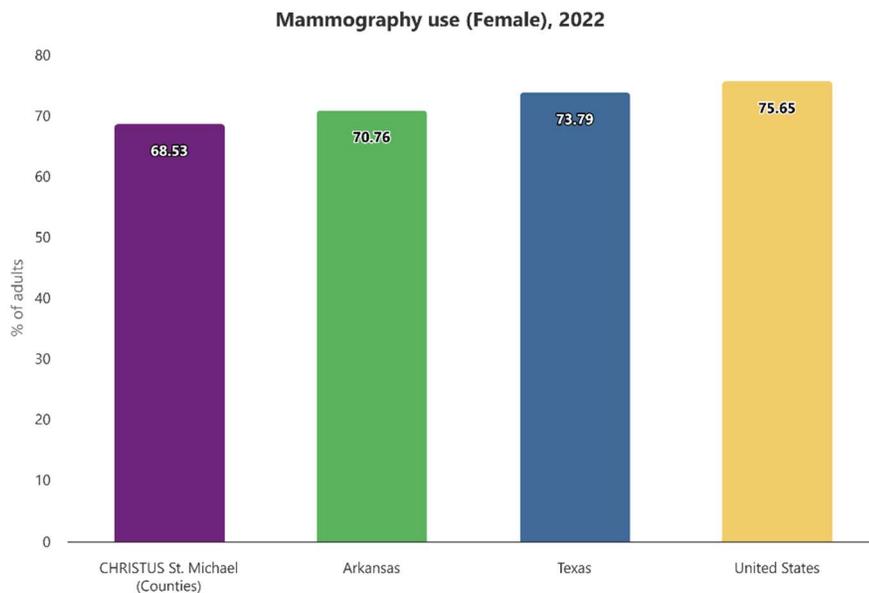# Cancer Mortality Rate by Race and Ethnicity

Cancer mortality rates vary significantly across different racial and ethnic groups in the United States. The data indicates that Non-Hispanic White individuals have the highest mortality rate at 293.26 per 100,000 people in CHRISTUS St. Michael counties, which is higher than the national average of 150.82. Non-Hispanic Black individuals also experience a high mortality rate of 225.89 in these counties, compared to the national average of 167.12. In contrast, the overall cancer mortality rate in Arkansas is 186.4, and in Texas, it is 169.38, both higher than the national average.

Cancer mortality by Race/Ethnicity, 2019-2023

Legend: CHRISTUS St. Michael (Counties) · Arkansas · Texas · United States
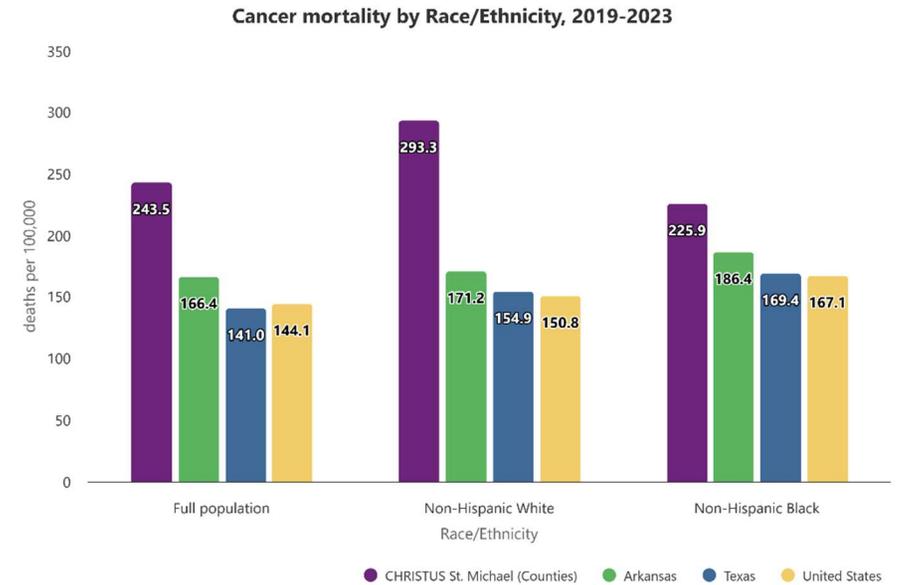
Created on Metopio | metop.io/i/zhgf4r4q | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)
Cancer mortality: Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).
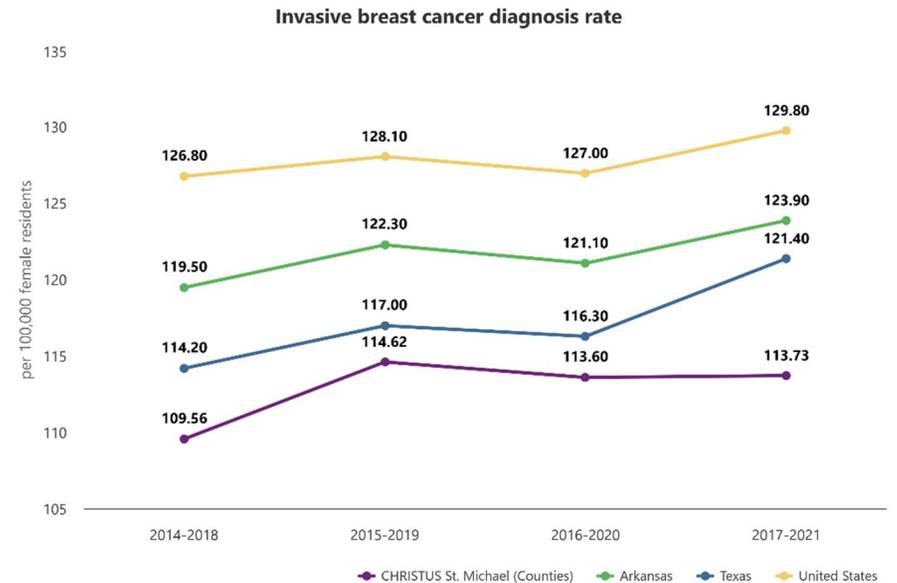
Mammography Use

Mammography use is a critical indicator of breast cancer screening and early detection efforts. The data shows that mammography use in Texas is slightly higher than in Arkansas, with both states falling below the national average. CHRISTUS St. Michael, serving multiple counties, reports a mammography use rate of 68.53%, which is the lowest among the listed regions. The national average for mammography use is 75.65%, indicating that there is room for improvement in both Arkansas and Texas. Increasing awareness and access to mammography services in these regions could help bridge the gap and improve early detection rates.

## Invasive Breast Cancer Diagnosis Rate

Invasive breast cancer diagnosis rates have been tracked across various regions from 2014 to 2021. CHRISTUS St. Michael, encompassing several counties, reported rates below the national average. Arkansas and Texas showed similar trends, with rates fluctuating around the national average. The United States overall saw a slight increase in diagnosis rates over the observed period.

Mammography use (Female), 2022

Created on Metopio | metop.io/i/g9ib4ib4 | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Invasive breast cancer diagnosis rate

Created on Metopio | metop.io/i/y4a97dmv | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Invasive breast cancer diagnosis rate: Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.
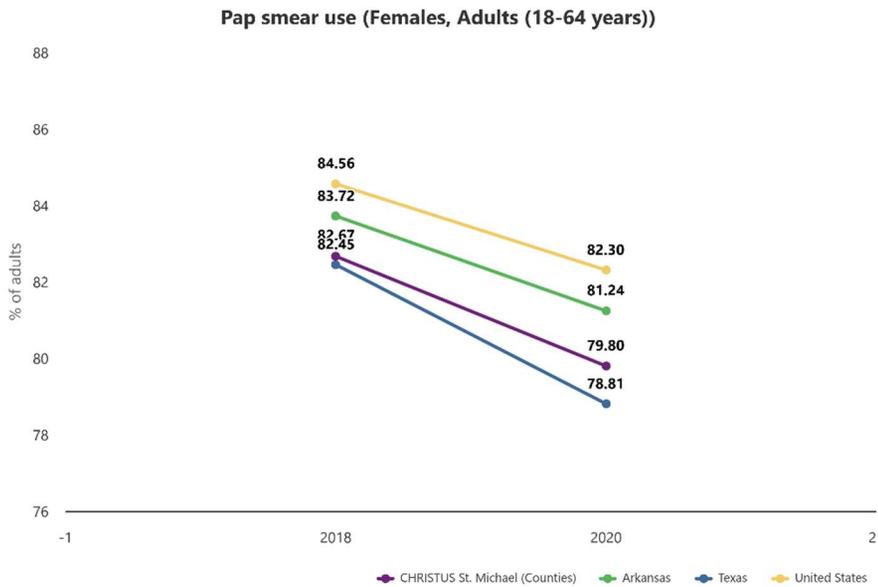
Breast Cancer Mortality

Breast cancer mortality rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, reports a notably high rate of 18.79. In comparison, Arkansas has a rate of 10.94, while Texas and the United States have slightly lower rates of 10.62 and 10.46, respectively. This data highlights the disparities in breast cancer mortality across different areas, with CHRISTUS St. Michael having a significantly higher rate than the national average.

Breast cancer mortality, 2019-2023

deaths per 100,000

CHRISTUS St. Michael (Counties)	18.8
Arkansas	10.9
Texas	10.6
United States	10.5
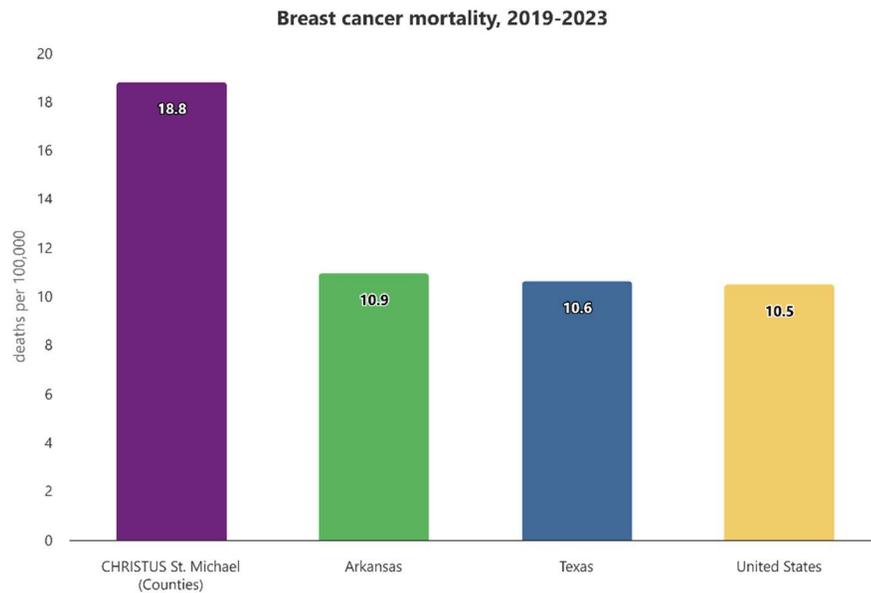
Created on Metopio | metop.io/i/a9ru6jte | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Breast cancer mortality: Deaths per 100,000 residents due to breast cancer (ICD-10 code C50). Includes males; stratify by females to see the female-specific rate.
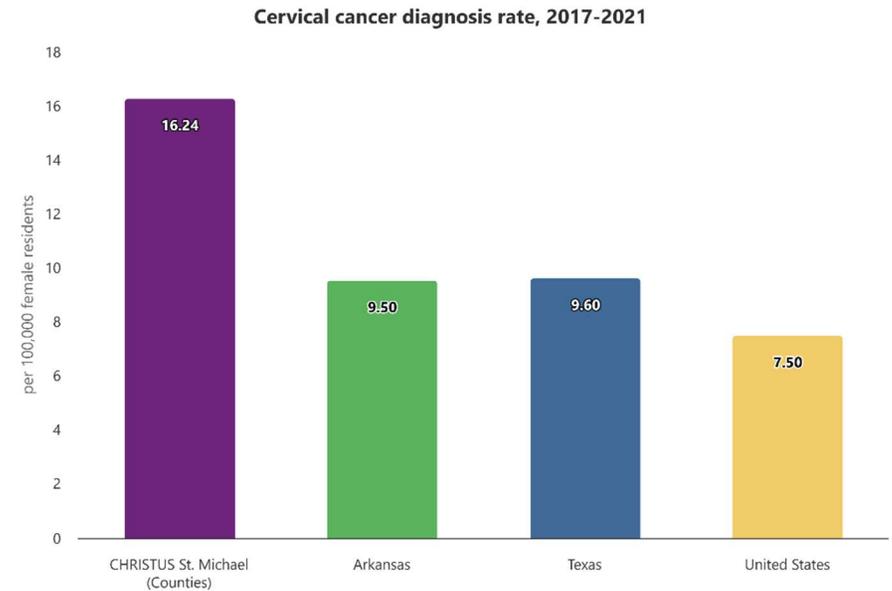
Pap Smear Use

The data represents Pap smear usage rates across various regions, including CHRISTUS St. Michael (Counties), Arkansas, Texas, and the United States. In 2018, the Pap smear usage rate in CHRISTUS St. Michael (Counties) was 82.67%, slightly higher than the Texas rate of 82.45% but lower than the national rate of 84.56%. By 2020, the rate in CHRISTUS St. Michael (Counties) decreased to 79.8%, reflecting a broader decline observed in Texas and the United States, with rates dropping to 78.81% and 82.3%, respectively. This decline in Pap smear usage rates suggests a potential issue in women's health screening that may need to be addressed.

Cervical Cancer Diagnosis Rate

Cervical cancer diagnosis rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, reports the highest rate at 16.24. Arkansas and Texas follow with rates of 9.5 and 9.6, respectively. The national average in the United States is notably lower at 7.5. This indicates a higher prevalence of cervical cancer diagnoses in specific localized areas compared to the national average.

Pap smear use (Females, Adults (18-64 years))

Legend: CHRISTUS St. Michael (Counties) — Arkansas — Texas — United States

Data points (2018): 84.56, 83.72, 82.67, 82.45
Data points (2020): 82.30, 81.24, 79.80, 78.81

Cervical cancer diagnosis rate, 2017-2021

per 100,000 female residents

| Region	Rate
CHRISTUS St. Michael (Counties)	16.24
Arkansas	9.50
Texas	9.60
United States	7.50

Colorectal Cancer Screening

Colorectal cancer screening rates vary across different regions and health care providers. CHRISTUS St. Michael, covering several counties, reports a screening rate of 55.18%. Arkansas has a slightly higher rate at 56.34%, while Texas lags behind at 54.64%. The United States overall has a higher screening rate of 58.85%. These variations highlight the need for targeted interventions to improve screening rates in specific areas.

Colorectal cancer screening, 2022
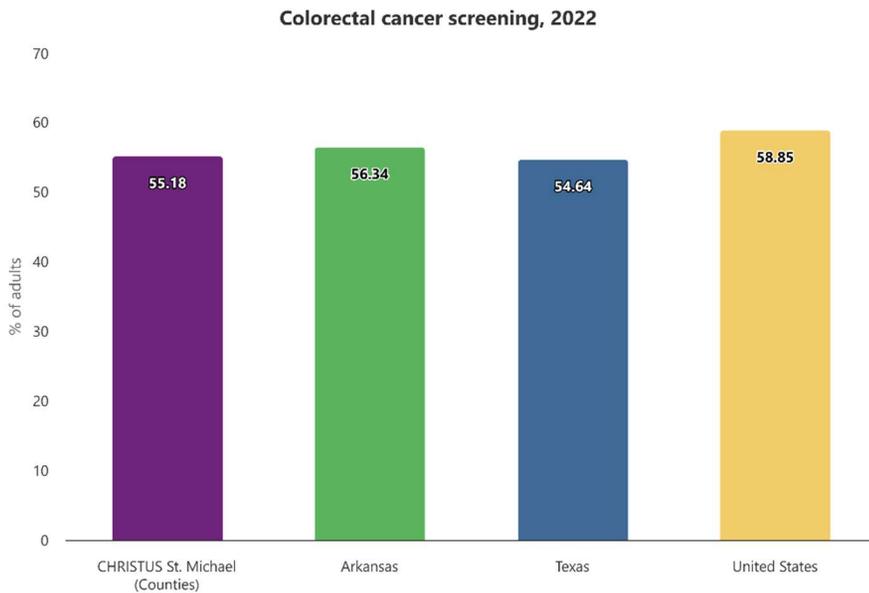
Created on Metopio | metop.io/i/vju3pz1d | Data sources: Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Colorectal cancer screening: Percent of resident adults aged 50-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Colorectal Cancer Diagnosis Rate

The data presents the colorectal cancer diagnosis rates across various regions, including specific counties, states, and the national average. CHRISTUS St. Michael, covering multiple counties, has the highest rate at 39.73. Arkansas has the highest with a rate of 42.2, while Texas and the United States have lower rates of 37.1 and 36.5, respectively. These figures highlight regional disparities in colorectal cancer diagnosis rates, with some areas experiencing significantly higher rates than the national average. This information is crucial for targeted health care interventions and resource allocation to address these disparities.

Colorectal cancer diagnosis rate, 2016-2020
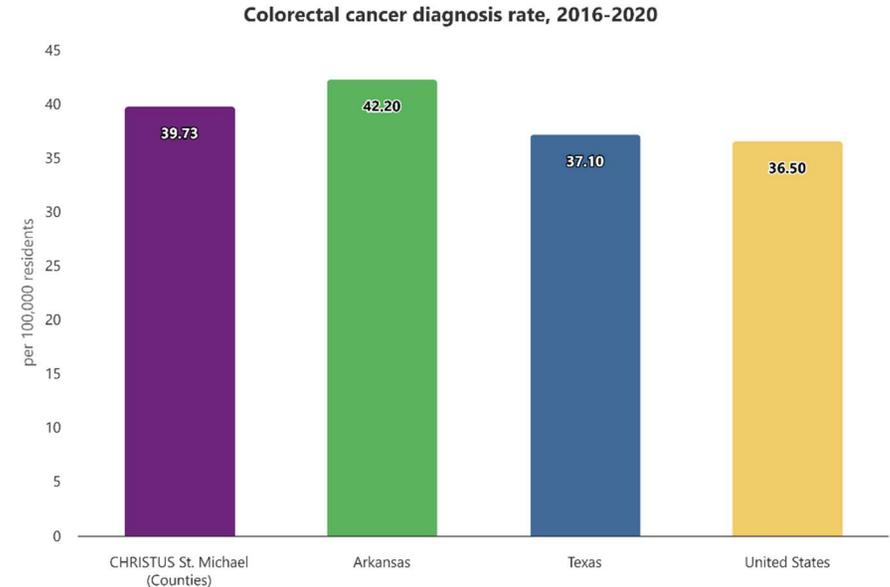
Created on Metopio | metop.io/i/nvrrz985 | Data source: National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Colorectal cancer diagnosis rate: Annual diagnosis rate for colorectal cancer. Ages 15 and over, risk-adjusted.

Colorectal Cancer Mortality

Colorectal cancer mortality rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, reports the highest rate at 23.03. Arkansas follows with 15.72, while Texas and the United States have lower rates at 14.02 and 13.08, respectively. These disparities highlight the need for targeted health care interventions in high-risk areas.

Colorectal cancer mortality, 2019-2023
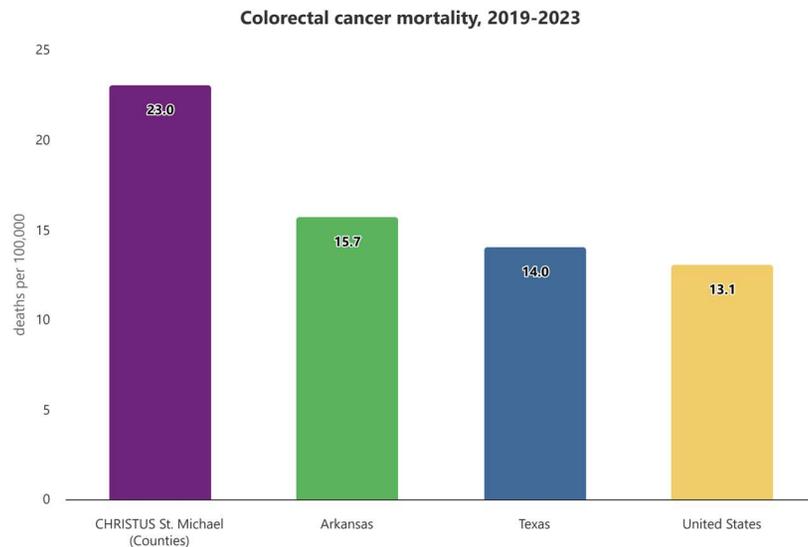
Created on Metopio | metop.io | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

Prostate Cancer Diagnosis Rate

Prostate cancer diagnosis rates vary significantly across different racial and ethnic groups in the United States. The overall rate is 113.2 per 100,000 people. Non-Hispanic Black individuals have the highest rate at 179.7, while Non-Hispanic White individuals have a rate of 107.9. In Texas, the rate is 108.3, slightly above the national average, and in Arkansas, it is 103.4. CHRISTUS St. Michael, encompassing multiple counties, has a notably lower rate of 81.25.
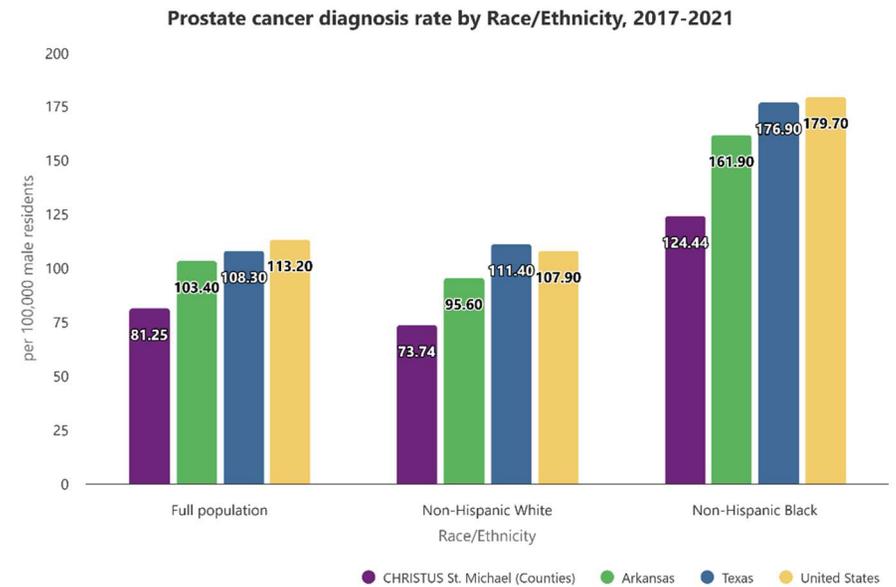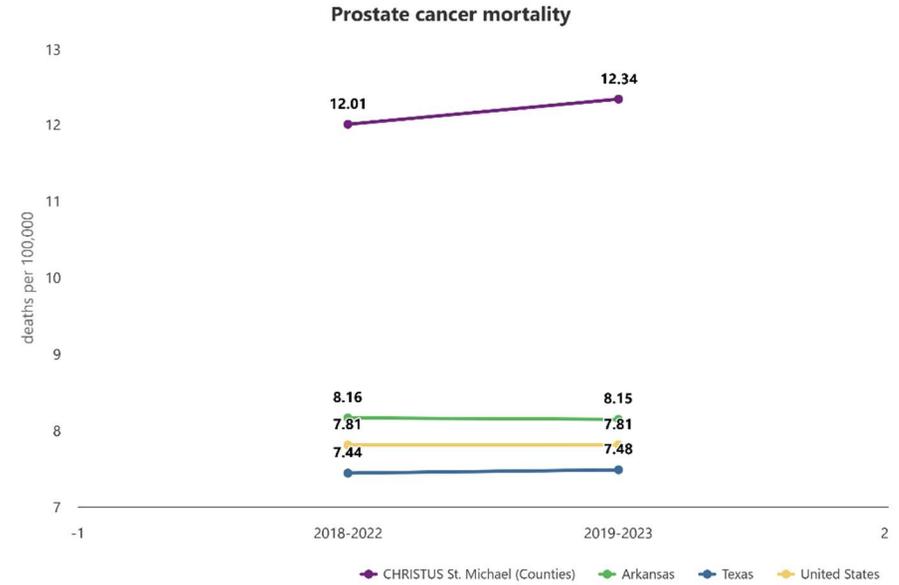
Prostate cancer diagnosis rate by Race/Ethnicity, 2017-2021

Created on Metopio | metop.io/i/umznwy6i | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

Prostate Cancer Mortality Rate

Prostate cancer mortality rates have been analyzed across various regions from 2018 to 2023. CHRISTUS St. Michael, encompassing several counties, reported the highest mortality rate at 12.34 per 100,000 individuals in the most recent period. Arkansas and Texas followed with rates of 8.14 and 7.48, respectively, while the United States averaged 7.81. The data indicates a slight increase in mortality rates over the observed period, with CHRISTUS St. Michael showing the most significant rise. These findings highlight the need for targeted health care interventions in high-risk areas.

Prostate cancer mortality

deaths per 100,000

	2018-2022	2019-2023
CHRISTUS St. Michael	12.01	12.34
Arkansas	8.16	8.15
United States	7.81	7.81
Texas	7.44	7.48

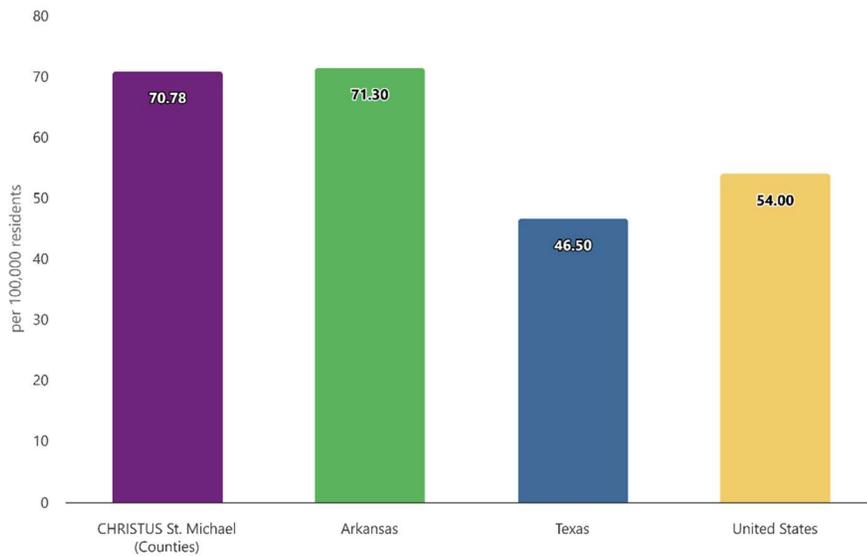CHRISTUS St. Michael (Counties) — Arkansas — Texas — United States

Lung Cancer Diagnosis Rate

Lung cancer diagnosis rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, has the second highest rate at 70.78. Arkansas has the highest with a rate of 71.3. Texas has a notably lower rate of 46.5, while the United States overall has a rate of 54.0. These disparities highlight the need for targeted health care interventions in different areas.

Lung cancer diagnosis rate, 2016-2020

Created on **Metopio** | metop.io/i/pug66bmm | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality

Lung, trachea, and bronchus cancer mortality rates vary significantly across different regions. CHRISTUS St. Michael, encompassing multiple counties, reports the highest rate at 65.5. Arkansas follows with a rate of 44.21, while Texas and the United States have lower rates at 27.84 and 31.29, respectively. The data highlights the need for targeted interventions in high-risk areas to reduce mortality rates.
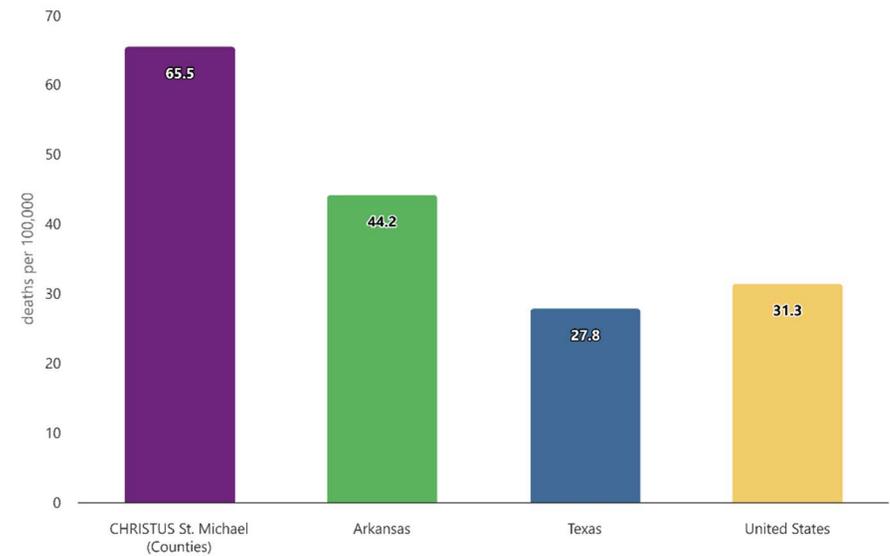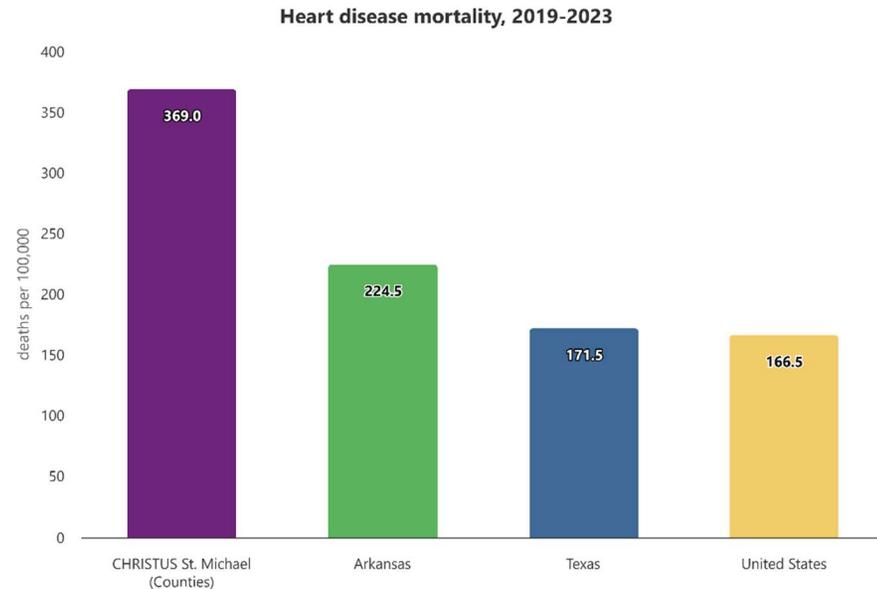
Lung, trachea, and bronchus cancer mortality, 2019-2023

Created on **Metopio** | metop.io/i/pdm3roti | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

Cardiovascular Disease
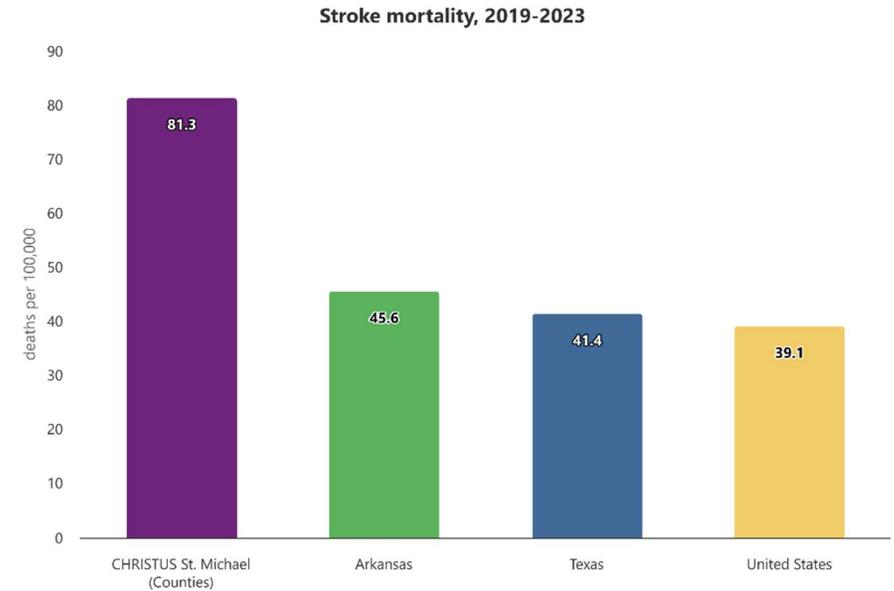
Heart Disease Mortality

Heart disease mortality rates are presented for various regions, including a specific health care provider, a state, and the entire United States. The highest rate is observed in CHRISTUS St. Michael, a health care provider, at 368.95 deaths per 100,000 people. Arkansas follows with a rate of 224.48, while Texas and the United States have lower rates of 171.5 and 166.48, respectively. This data highlights significant regional and provider-specific variations in heart disease mortality. The higher rates in certain areas may indicate a need for targeted health care interventions.

Heart disease mortality, 2019-2023

Stroke Mortality

Stroke mortality rates vary significantly across different regions. CHRISTUS St. Michael, encompassing multiple counties, reports the highest rate at 81.29 per 100,000 people. Arkansas follows with a rate of 45.61, while Texas and the United States have lower rates of 41.35 and 39.05, respectively. These disparities highlight the need for targeted health care interventions in specific regions to reduce stroke mortality.

Stroke mortality, 2019-2023

High Cholesterol

High cholesterol levels in CHRISTUS St. Michael, encompassing several counties in Arkansas and Texas, have shown a concerning upward trend from 2017 to 2021. Initially, in 2017, the cholesterol levels were slightly above the national average at 31.63%. By 2021, these levels had increased significantly to 33.17%, surpassing both state and national averages. This rise indicates a growing health issue in the region, which could have broader implications for public health and health care services. The data highlights the need for targeted health interventions and awareness programs to address this rising trend in cholesterol levels.

High cholesterol

CHRISTUS St. Michael (Counties) — Arkansas — Texas — United States

High Blood Pressure

High blood pressure is a prevalent health issue in the United States. The data indicates that CHRISTUS St. Michael, a health care provider, has the highest rate of high blood pressure cases at 36.73%. Arkansas follows closely with a rate of 36.61%, while Texas has a slightly lower rate of 32.22%. Nationwide, the average rate of high blood pressure stands at 30.32%. These figures highlight the need for targeted interventions to address this health concern.
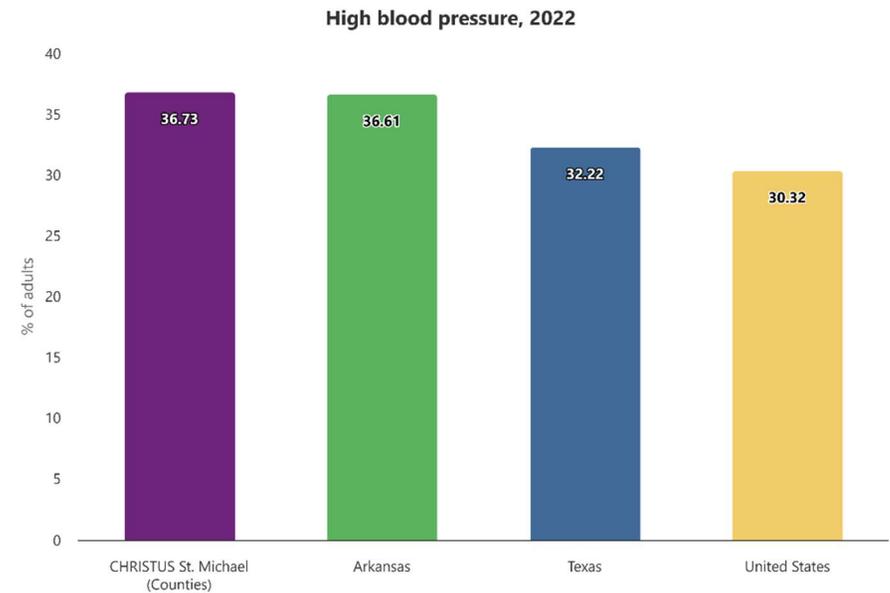
High blood pressure, 2022

Diabetes

Diagnosed Diabetes

The data presents diagnosed diabetes rates across various regions, with a focus on CHRISTUS St. Michael counties, Arkansas, Texas, and the United States as a whole. CHRISTUS St. Michael counties have the second highest rate at 13.23%, with Texas having the highest rate at 13.37%. Arkansas's rate is slightly lower at 12.69%, while the national average is 10.84%. These figures highlight regional disparities in diabetes prevalence, with CHRISTUS St. Michael counties and Texas showing significantly higher rates than the national average. This data underscores the need for targeted health care interventions in these areas to address the higher incidence of diabetes.

Diagnosed diabetes, 2022

Diabetes Mortality

Diabetes mortality rates vary significantly across different regions in the United States. CHRISTUS St. Michael, encompassing several counties, reports the highest rate at 36.55. Arkansas follows with a mortality rate of 34.31, while Texas and the United States have lower rates at 25.5 and 23.65, respectively. These disparities highlight the need for targeted health care interventions in specific regions to address the higher mortality rates associated with diabetes.
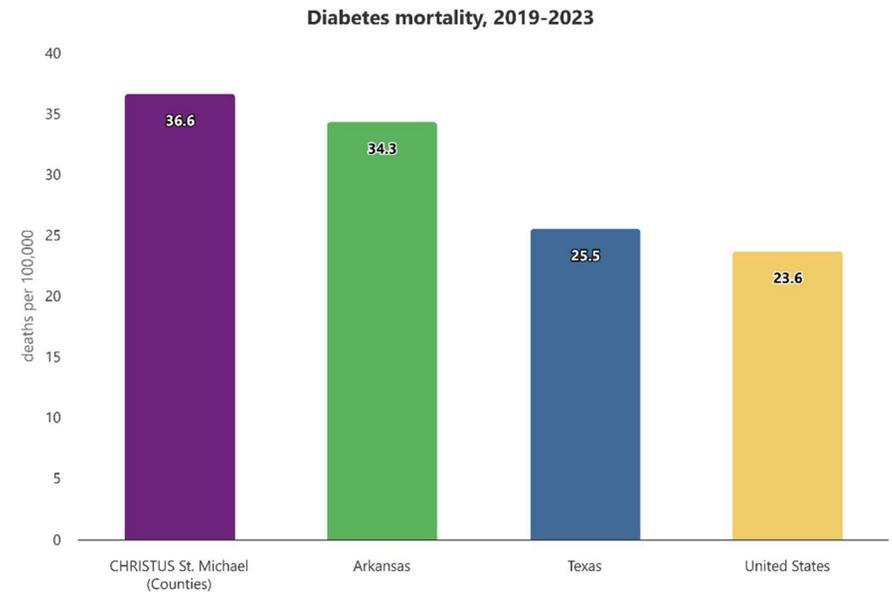
Diabetes mortality, 2019-2023

Mental Health

Depression

The data shows the prevalence of depression in the United States, with a specific focus on Texas and Arkansas. The depression rate in the United States has been steadily increasing from 18.4% in 2019 to 22.53% in 2022. Texas has consistently had a higher depression rate compared to the national average, with a significant increase from 24.75% in 2019 to 27.47% in 2022. Arkansas, on the other hand, has the highest depression rate among the three, with a notable rise from 22.75% in 2019 to 25.68% in 2022. These trends indicate a growing mental health crisis in these regions, highlighting the need for increased mental health resources and support.

Self-Reported Poor Mental Health

Self-reported poor mental health varies across different regions in the United States. The data indicates that CHRISTUS St. Michael, encompassing several counties, has the highest rate at 20.87%. Arkansas follows closely behind with a rate of 20.57%, while Texas and the United States as a whole have lower rates at 17.83% and 17.35%, respectively. This suggests that mental health challenges are more pronounced in specific regions, highlighting the need for targeted interventions. The higher rates in certain areas compared to the national average underscore the importance of addressing local factors contributing to mental health issues.

Depression

% of adults

24.75 — 23.63 / 24.24 — 25.30 — 27.47
22.75 — 24.23 — 25.68
19.63 — 20.21 / 19.94 — 21.14 / 21.75 — 22.53 / 21.82
18.40

2019 2020 2021 2022

— CHRISTUS St. Michael (Counties) — Arkansas — Texas — United States

Created on Metopio | metop.io/i/mn7knst4 | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

Self-reported poor mental health, 2022

% of adults

CHRISTUS St. Michael (Counties): 20.87
Arkansas: 20.57
Texas: 17.83
United States: 17.35

Created on Metopio | metop.io/i/7ogc3zjv | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Poor Mental Health Days

Poor mental health days have been a significant concern across various regions in the United States. In CHRISTUS St. Michael, which encompasses several counties in Arkansas, Texas, the average number of poor mental health days has increased from 4.50 in 2017 to 6.11 in 2022. This trend is mirrored in Arkansas and Texas, with Arkansas's average rising from 3.8 in 2017 to 5.78 in 2021, and Texas's average increasing from 3.5 in 2007 to 5.13 in 2022. Nationally, the average number of poor mental health days has also seen an upward trend, rising from 4.0 in 2017 to 5.15 in 2022. This data highlights a growing mental health crisis across the country, with significant implications for public health and policy.

Poor mental health days
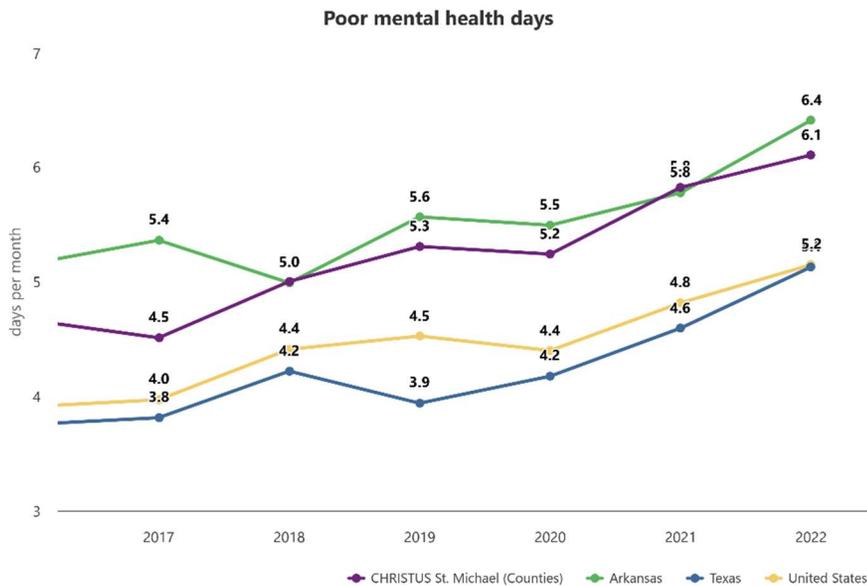
Created on Metopio | metop.io/i/4x4aofkq | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)
Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

Suicide Mortality

Suicide mortality rates vary significantly across different regions. CHRISTUS St. Michael, encompassing several counties, reports the highest rate at 22.07. Arkansas follows with a rate of 19.17, while Texas and the United States have lower rates of 13.94 and 13.98, respectively. These disparities highlight the need for targeted interventions in areas with higher suicide mortality rates. Addressing these regional differences can help reduce the overall suicide rate in the United States.
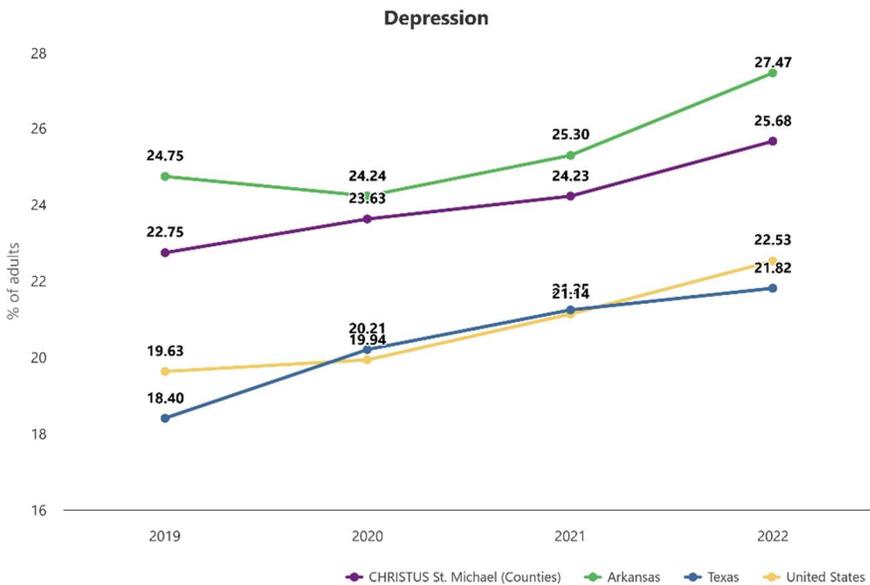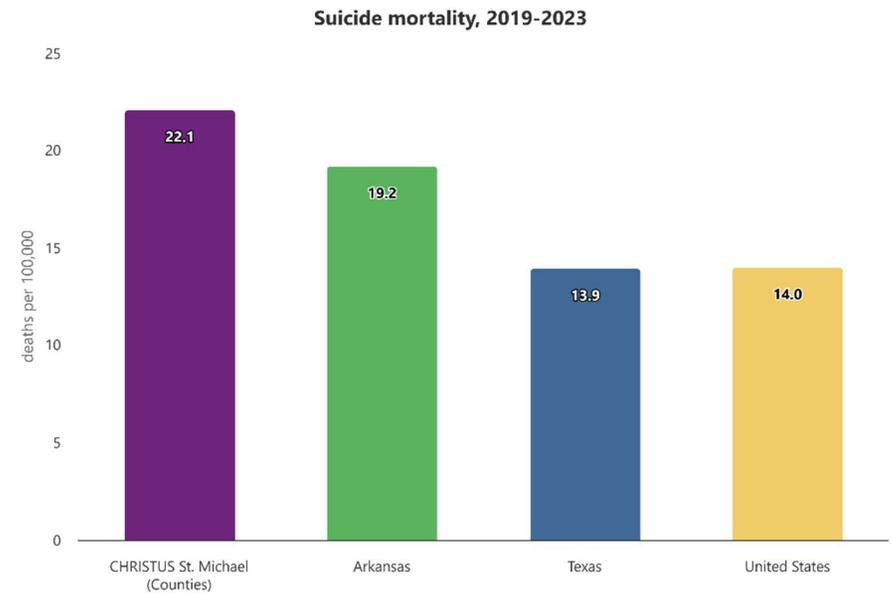
Suicide mortality, 2019-2023

Created on Metopio | metop.io/i/jrbkq6nr | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD-10 codes *U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Respiratory Illness

Current Asthma

The data presents the prevalence of current asthma in various regions, including CHRISTUS St. Michael counties, Arkansas, Texas, and the United States as a whole. The highest prevalence is observed in Arkansas at 11.01%, closely followed by CHRISTUS St. Michael counties at 10.99%. Texas has a slightly lower prevalence at 9.43%, while the national average stands at 10.35%. This indicates that Arkansas and CHRISTUS St. Michael counties have a higher-than-average asthma prevalence compared to the national rate.

Influenza and Pneumonia Mortality

Influenza and pneumonia mortality rates vary significantly across different regions. CHRISTUS St. Michael, covering multiple counties, reports the highest rate at 16.97. Arkansas follows closely with a rate of 16.47, while Texas and the United States have lower rates at 10.91 and 11.61, respectively. These disparities highlight the regional variations in health outcomes related to influenza and pneumonia. Understanding these differences can help in targeting interventions and resources to areas with higher mortality rates.

Current asthma, 2022

CHRISTUS St. Michael (Counties): 10.99
Arkansas: 11.01
Texas: 9.43
United States: 10.35
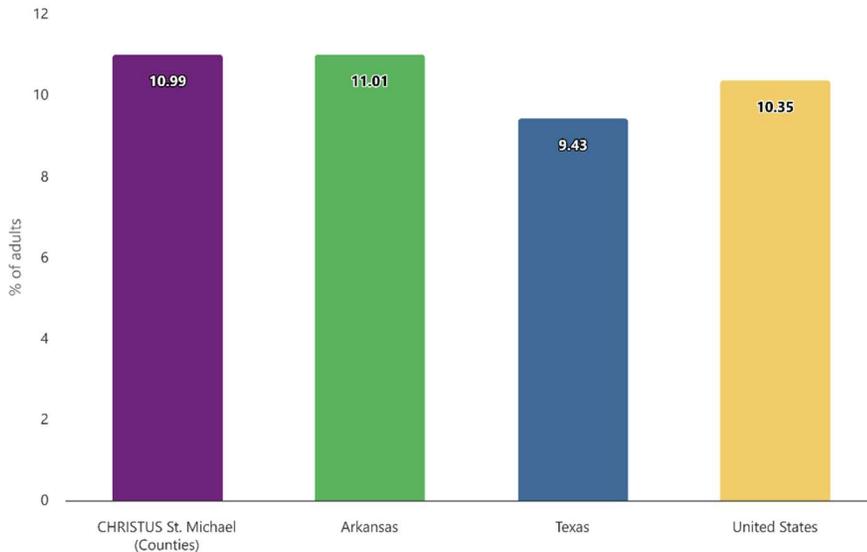
Created on Metopio | metop.io/i/u81mzzt3 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Influenza and pneumonia mortality, 2019-2023
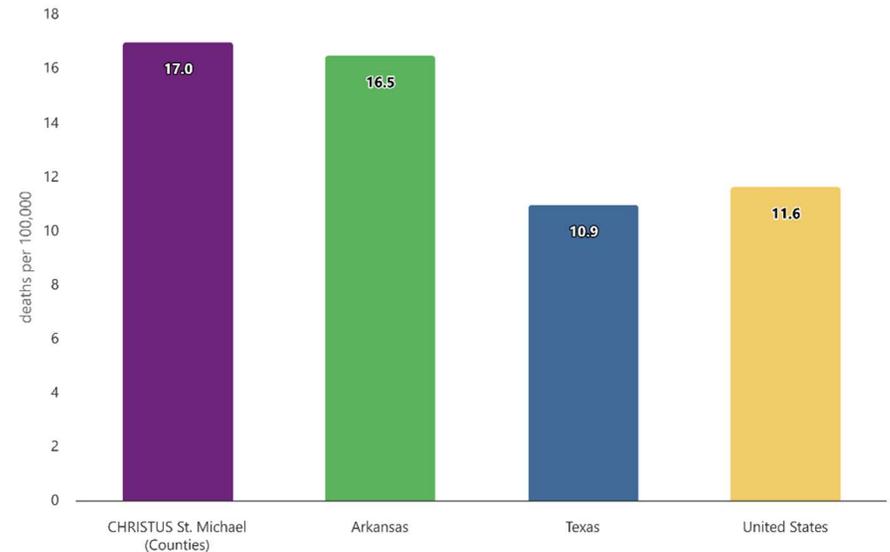
CHRISTUS St. Michael (Counties): 17.0
Arkansas: 16.5
Texas: 10.9
United States: 11.6

Created on Metopio | metop.io/i/7upapht3 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Influenza and pneumonia mortality: Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

Current asthma

Chronic obstructive pulmonary disease (COPD) prevalence varies across different regions. In the United States, the national average is 6.37%. Texas has a slightly lower prevalence at 6.23%, while Arkansas's rate is higher at 8.02%. CHRISTUS St. Michael, encompassing multiple counties, reports the highest rate at 8.39%. These variations highlight the need for targeted health care interventions in high-prevalence areas.

Chronic obstructive pulmonary disease (COPD), 2022
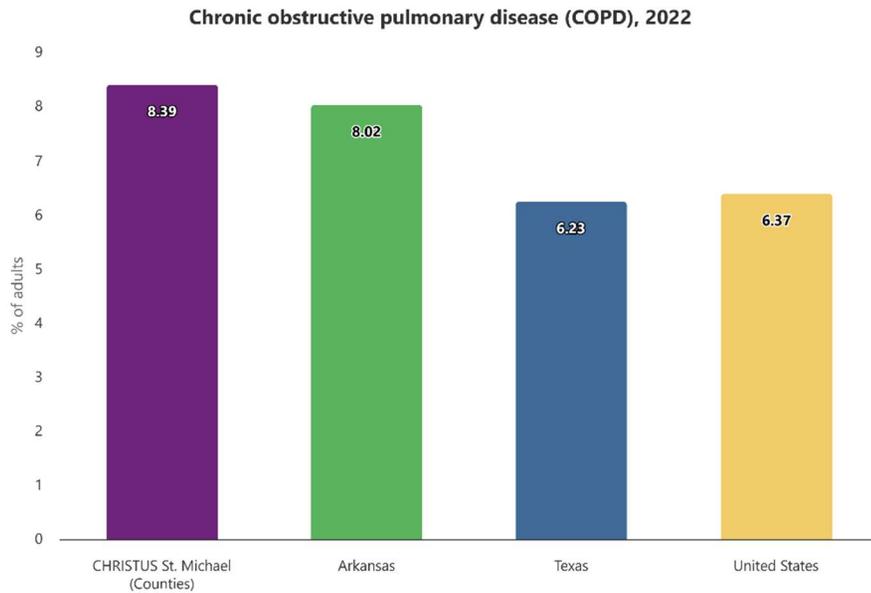
Created on Metopio | metop.io/l/kyfjsqda | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Chronic obstructive pulmonary disease (COPD): Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

COVID-19

COVID-19 Case Rate

The COVID-19 case rate in the United States is 31,139.28. Texas has a case rate of 30,734.16, while Arkansas has a higher rate of 32,341.56. CHRISTUS St. Michael, covering multiple counties, has a rate at 27,861.98. These figures highlight regional variations in COVID-19 case rates across different areas.
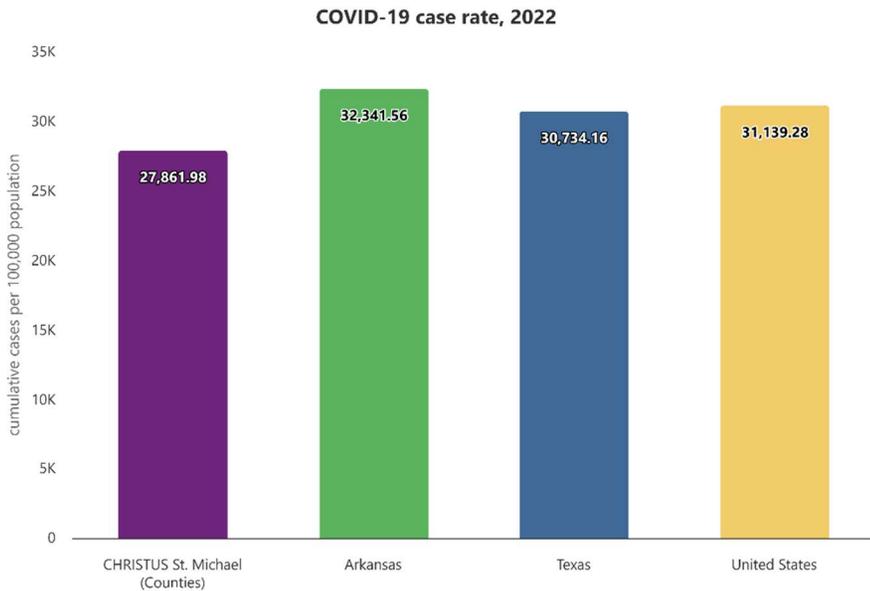
COVID-19 case rate, 2022

COVID-19 death rate

The data presents COVID-19 death rates across various regions, with CHRISTUS St. Michael (Counties) having the highest rate at 511.35. Arkansas follows with a rate of 426.29, while Texas and the United States have lower rates of 344.02 and 336.76, respectively. This indicates a significant variation in death rates, with CHRISTUS St. Michael (Counties) experiencing a notably higher rate compared to the national average. The data suggests potential regional disparities in health care outcomes related to COVID-19. Further investigation into the factors contributing to these differences could provide valuable insights for public health interventions.
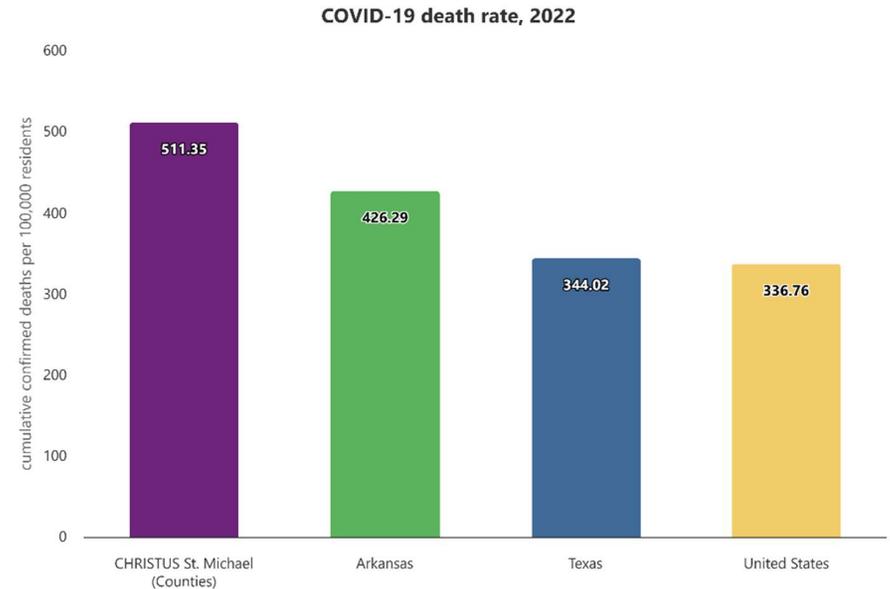
COVID-19 death rate, 2022

STI

Sexually Transmitted Infection Incidence

Sexually transmitted infection incidence is depicted across various locations, including counties, states, and the entire United States. CHRISTUS St. Michael, covering multiple counties, reports the highest incidence at 1324.64 cases. Arkansas and Texas follow with 1108.0 and 1193.4 cases respectively. The United States overall has an incidence rate of 1113.6 cases. These figures highlight regional variations in sexually transmitted infection rates.
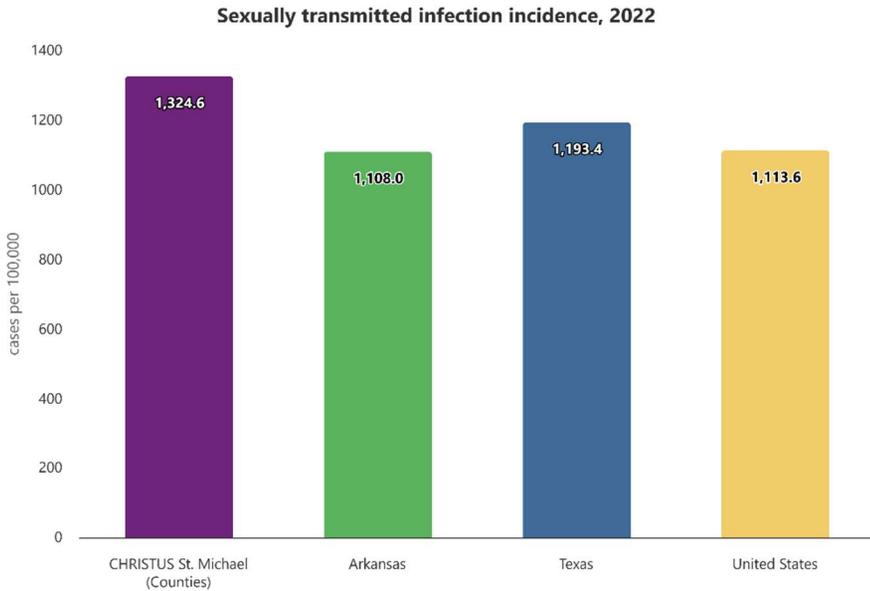
Sexually transmitted infection incidence, 2022

Created on Metopio | metop.io/i/mofi7r26 | **Data source:** Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Sexually transmitted infection incidence: The number of sexually transmitted infections per 100,000 residents. Includes chlamydia, gonorrhea, syphilis, and HIV/AIDS cases. More than half of these cases are from chlamydia alone.

Chlamydia Incidence

Chlamydia incidence rates vary significantly across different regions. The highest incidence is reported in CHRISTUS St. Michael Counties, with a rate of 665.12 cases per 100,000 people. Arkansas follows with 588.3 cases per 100,000, while Texas reports 517.8 cases per 100,000. The United States has an overall incidence rate of 495.0 cases per 100,000 people. These figures highlight the regional disparities in Chlamydia incidence.
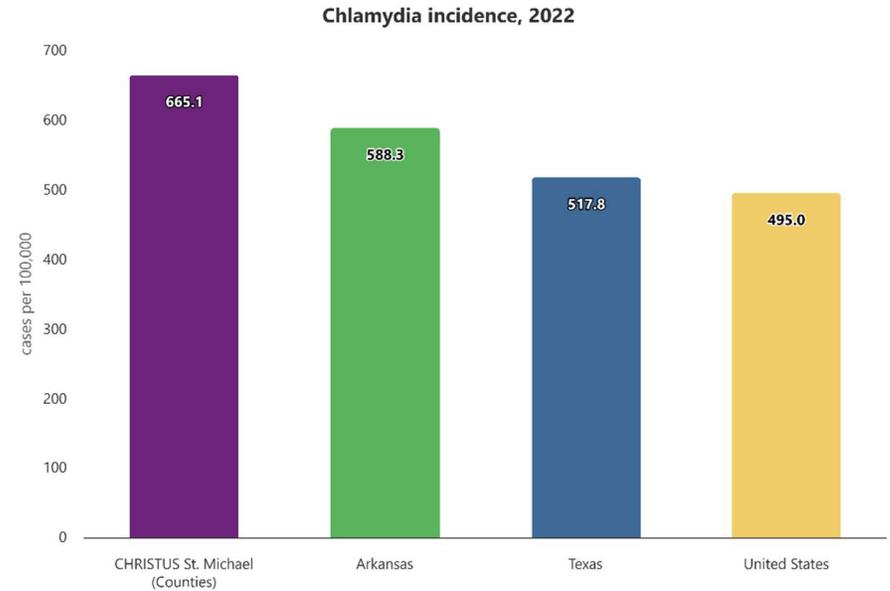
Chlamydia incidence, 2022

Created on Metopio | metop.io/i/b3inbcrw | **Data source:** Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Chlamydia incidence: Reported chlamydia cases per 100,000 residents. Chlamydia is a common sexually-transmitted disease, especially among young women aged 15-24.

Syphilis Case Rate

The data points relate to the syphilis case rate across various regions. CHRISTUS St. Michael, encompassing multiple counties, has the highest syphilis case rate at 56.6 per 100,000 people. Arkansas follows with a rate of 47.8, while Texas has a slightly lower rate of 43.9. The United States overall has a syphilis case rate of 34.8.

Syphilis case rate, 2022

Created on Metopio | metop.io/i/1iydwmxx | **Data source:** Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Syphilis case rate: Reported syphilis cases per 100,000 residents, including primary and secondary syphilis (the initial stages of the disease) and early latent syphilis (the stage with no symptoms). Syphilis is a sexually-transmitted disease that progresses through a series of clinical stages and can cause long-term complications if not treated correctly.

Gonorrhea Incidence

Gonorrhea incidence rates are presented for various locations. The highest incidence is in CHRISTUS St. Michael, with a rate of 299.0 cases per 100,000 people. Arkansas follows with 223.0 cases per 100,000 people. Texas and the United States have lower rates, at 206.5 and 194.4 cases per 100,000 people, respectively. These rates highlight regional variations in gonorrhea incidence.

Gonorrhea incidence, 2022
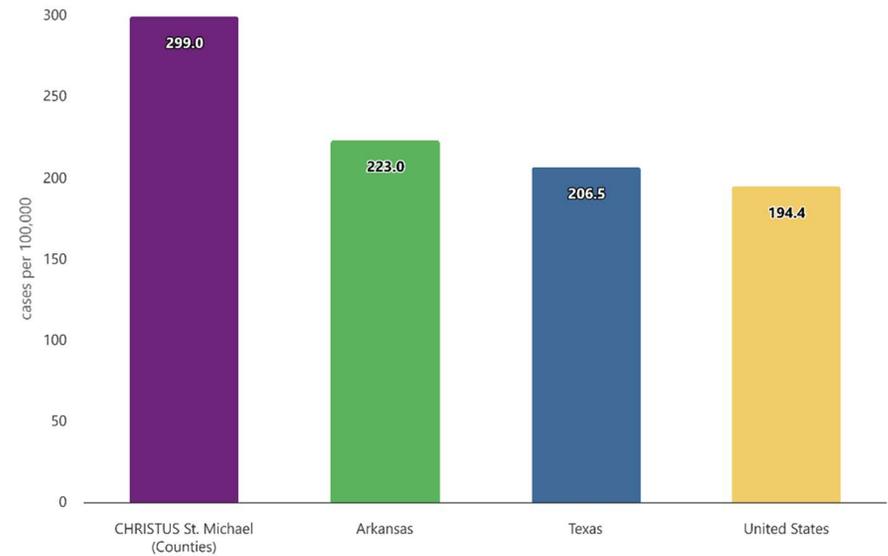
Created on Metopio | metop.io/i/afgc8813 | **Data source:** Centers for Disease Control and Prevention (CDC); National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
Gonorrhea incidence: Reported gonorrhea cases per 100,000 residents. Gonorrhea is a sexually transmitted infection that is especially common among teenagers and young adults.

HIV Prevalence

The data presents HIV prevalence rates across various locations in the United States. CHRISTUS St. Michael, a health care provider operating in multiple counties, reports a prevalence at 303.93 cases per 100,000 people. Arkansas and Texas have rates of 248.9 and 425.2, respectively. The national average in the United States is 386.6 cases per 100,000 people. These figures highlight regional variations in HIV prevalence, with Texas having a notably higher rate compared to the national average.
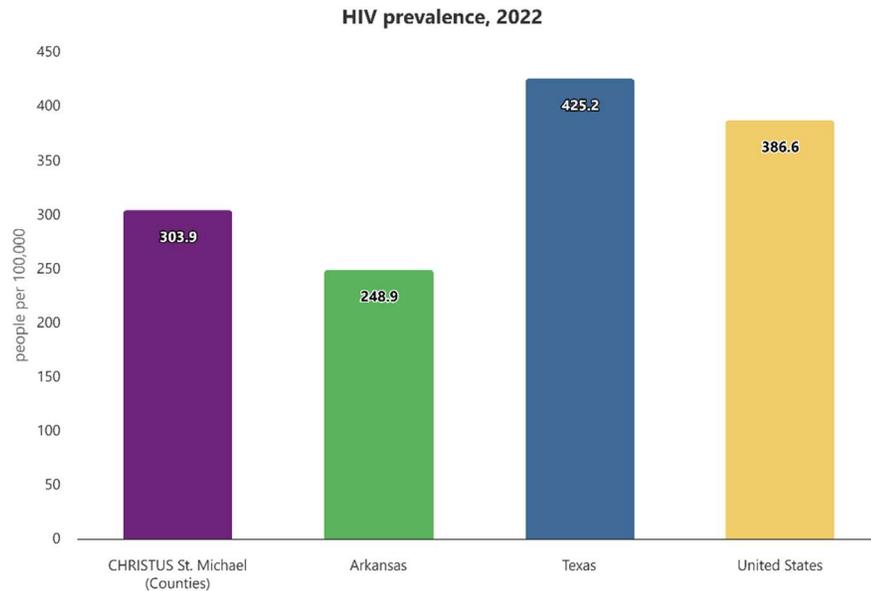
HIV prevalence, 2022

Created on Metopio | metop.io/i/x7ezb2u9 | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus
HIV prevalence: Reported cases of adolescents and adults aged 13 years and older, per 100,000, living with HIV (human immunodeficiency virus), an incurable viral infection which leads to AIDS. This indicator is the prevalence (people living with HIV), not the incidence (new diagnoses of HIV). It increases with newly diagnosed cases and decreases with deaths (whether caused by AIDS or not).

Obesity

Obesity

Obesity rates in the United States are a significant public health concern. The data indicates that CHRISTUS St. Michael, covering multiple counties, has the highest obesity rate at 41.03%. Arkansas follows with an obesity rate of 38.19%, while Texas has a slightly lower rate of 36.76%. Nationwide, the obesity rate stands at 33.83%, highlighting the widespread nature of this issue across the country.

Obesity, 2022
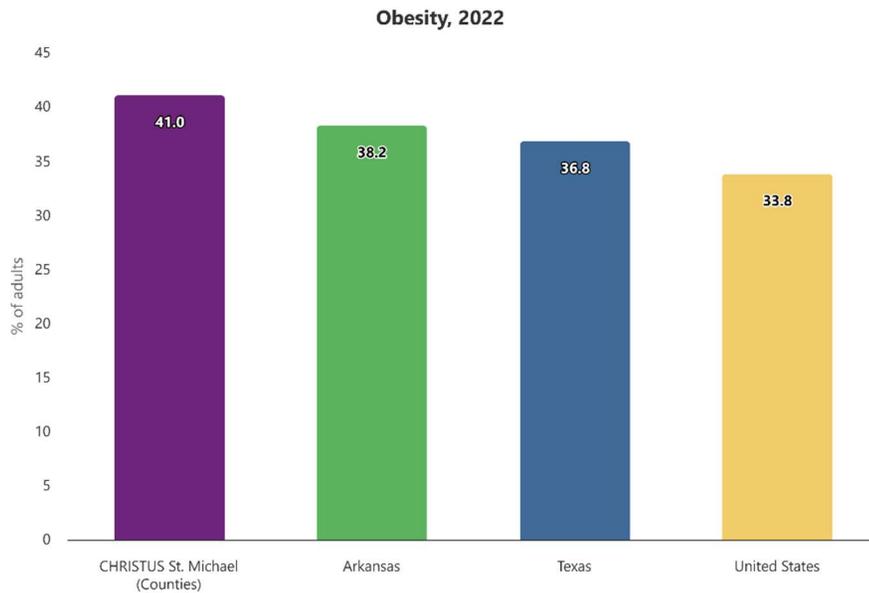
Created on Metopio | metop.io/i/d6ned1sq | **Data sources:** Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) ≥30.0 kg/m² calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Hospital Utilization Data

Clinical utilization data offers a valuable window into the health issues most affecting our communities. By examining hospital and clinic diagnoses across outpatient, emergency, inpatient and behavioral health settings, we gain insight into the conditions driving care needs; highlighting where prevention, chronic disease management or improved access may be needed.

This section summarizes the most common diagnoses across CHRISTUS St. Michael's facilities from 2022 to 2025, including outpatient and pediatric visits, emergency department use, hospital admissions and behavioral health encounters. These data reflect the realities of care delivery on the ground and help identify where community resources and system efforts can be better aligned to improve health outcomes. With these insights, we can better respond to the community and meet people where they are, building a healthier future together.

How Our Emergency Rooms Are Being Used

CHRISTUS ST. MICHAEL HOSPITAL - ATLANTA	CHRISTUS ST. MICHAEL HOSPITAL	CHRISTUS ST. MICHAEL REHABILITATION HOSPITAL
Upper respiratory infection	Chest pain	Other malaise
Covid-19	Covid-19	Repeated falls
Chest pain	Sepsis	Weakness
Influenza	Urinary tract infection	Orthopedic aftercare following surgical amputation
Nausea	Influenza	Displaced fracture
Urinary tract infection	Other viral infection	Aortocoronary bypass graft
Gastroenteritis	Acute upper respiratory infection	Back pain
Hypertension	Pneumonia	Not specified
Chronic obstructive pulmonary disease	Syncope	Myocardial infarction
Pneumonia	Nausea	Pain

What This Data Tells Us

Emergency room data from St. Michael Hospital, St. Michael Hospital - Atlanta and St. Michael Rehabilitation Hospital reveals a diverse mix of acute medical conditions, infectious diseases, chronic illness exacerbations, and post-surgical care needs. These patterns reflect the system's vital role in responding to urgent health concerns and supporting patients through complex recovery processes.

- **Respiratory and Infectious Conditions** -Upper respiratory infections, influenza, COVID-19, and other viral infections are among the most frequent diagnoses leading to hospitalization.
- **Pain and Symptom-Driven Admissions—** Chest pain, nausea, weakness, and general malaise are common reasons for emergency hospitalization. These symptoms may indicate a range of underlying conditions—from cardiac events to gastrointestinal issues.
- **Chronic and Acute Disease Management**—Hypertension, chronic obstructive pulmonary disease (COPD), pneumonia, and myocardial infarction are key contributors to emergency hospitalizations. These conditions reflect the ongoing burden of chronic illness and the need for proactive outpatient management to prevent acute episodes.
- **Neurological and Cardiovascular Events- Syncope** and aortocoronary bypass graft-related complications point to serious cardiovascular and neurological concerns that require immediate attention

Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS ST. MICHAEL HOSPITAL- ATLANTA	CHRISTUS ST. MICHAEL HOSPITAL	CHRISTUS ST. MICHAEL REHABILITATION HOSPITAL
Sepsis	Sepsis	Fractures
Pneumonia	Heart/circulatory	Orthopedic aftercare
Heart/circulatory	Respiratory system	Surgical aftercare
Respiratory system	Pneumonia	Paralysis
Infections	Kidney failure/disease	Brain hemorrhage
Kidney failure/disease	Cardiorenal disease	Other malaise
Pancreatitis	Childbirth	Encephalopathy
Cardiorenal disease	Maternal care	Cerebral infraction
Urinary tract infection	Infections	Pneumonia
Palliative care	Urinary tract infection	Infections

What This Data Tells Us

Inpatient data from St. Michael Hospital, St. Michael Hospital - Atlanta and St. Michael Rehabilitation Hospital reveals a wide range of acute medical conditions, chronic disease complications, and post-surgical care needs that lead to inpatient hospitalizations. These trends reflect the system's essential role in managing complex health issues and supporting patients through critical transitions in care.

- **Respiratory and Infectious Conditions** -Sepsis, pneumonia, respiratory system disorders, and other infections are among the most frequent diagnoses resulting in hospitalization. These conditions often require intensive treatment and monitoring, particularly for older adults and immunocompromised patients.
- **Cardiovascular and Renal Disorders**—Heart and circulatory conditions, cardiorenal disease, hypertension, and strokes are major contributors to emergency hospitalizations.
- **Post-Surgical and Orthopedic Care**—Orthopedic aftercare, surgical aftercare, and displaced fractures point to the hospital's role in managing recovery and rehabilitation following surgery or injury.
- **Neurological and Systemic Conditions**- Paralysis, encephalopathy, brain hemorrhage, and syncope represent serious neurological concerns that require immediate and specialized care. These diagnoses often signal underlying systemic issues and demand rapid diagnostic and therapeutic response.
- **Maternal and Pediatric Care** - Childbirth and maternal care continue to be significant reasons for inpatient admission.
- **Acute and Chronic Conditions** - Pancreatitis, kidney failure, nausea, malaise, and pain are common symptom-driven diagnoses that often mask more serious underlying conditions. Palliative care admissions also indicate the hospital's role in supporting patients with advanced illness and end-of-life needs.

How Our Outpatient Clinics Are Being Used

CHRISTUS ST. MICHAEL HOSPITAL - ATLANTA	CHRISTUS ST. MICHAEL HOSPITAL	CHRISTUS ST. MICHAEL REHABILITATION HOSPITAL
Mammogram	Mammogram	Type 2 diabetes
Respiratory infection	Not specified	Gangrene
Urinary tract infection	Type 2 diabetes	Back pain
Chest pain	Chest pain	Aftercare following joint replacement surgery
Back pain	Radiculopathy	Radiculopathy
Covid-19	Hypertension	Type 2 diabetes
Hypertension	Chemotherapy	Pain
Abdominal pain	Atherosclerotic heart disease	Not specified
Influenza	Urinary tract infection	Pain in right knee
Knee pain	Atrial fibrillation	Chronic pain syndrome

What This Data Tells Us

Outpatient clinic data from St. Michael Hospital, St. Michael Hospital - Atlanta and St. Michael Rehabilitation Hospital reflects a broad spectrum of preventive care, chronic disease management, and symptom-driven visits. These trends highlight the essential role of primary care and pediatric services in promoting early detection, managing long-term conditions, and addressing acute concerns in the community.

- **Preventive and Routine Care -** Mammograms and follow-up care after joint replacement surgery are among the most common outpatient visits.
- **Chronic Disease Management**—Type 2 diabetes, hypertension, atherosclerotic heart disease, atrial fibrillation, and chronic pain syndrome are leading diagnoses in the outpatient setting. These conditions require ongoing monitoring, medication management, and lifestyle support to prevent complications and reduce hospitalizations.
- **Symptom-Driven Visits**—Chest pain, back pain, abdominal pain, knee pain, and generalized pain are frequent reasons for outpatient consultations. These symptoms often require diagnostic workups to rule out serious conditions and guide appropriate treatment plans.
- **Infectious and Respiratory Conditions**- Respiratory infections, urinary tract infections, influenza, and COVID-19 continue to drive outpatient visits, particularly during seasonal peaks.
- **Neurological and Musculoskeletal Concerns**- Radiculopathy and chronic pain-related conditions are increasingly common, reflecting the need for integrated pain management and physical therapy services. These diagnoses often impact quality of life and require multidisciplinary care approaches.

How Behavioral Health is Showing Up in our Hospitals

CHRISTUS ST. MICHAEL HOSPITAL	CHRISTUS ST. MICHAEL HOSPITAL – ATLANTA
Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)	Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)
Alcohol drug abuse or dependence without rehabilitation therapy with major complications or comorbidities (MCC)	
Organic disturbances and intellectual disability (dementia)	
Psychoses	
Alcohol drug abuse or dependence left against medical advice (AMA)	
Acute adjustment reaction and psychosocial dysfunction	
Depressive neuroses	
Neuroses except depressive	
Operating room procedures with principal diagnosis of mental illness	

What This Data Tells Us

Behavioral health data from St. Michael Hospital, St. Michael Hospital - Atlanta and St. Michael Rehabilitation Hospital a complex mix of substance use disorders, psychiatric conditions, and cognitive impairments. These patterns reflect the growing demand for integrated mental health and addiction services across inpatient and outpatient settings.

- **Substance Use Disorders -** Alcohol and drug abuse or dependence—both with and without rehabilitation therapy—are among the most frequent behavioral health diagnoses. Cases where patients leave against medical advice highlight the challenges of engaging individuals in sustained treatment. The presence of major complications or comorbidities in some cases underscores the need for comprehensive care models that address both physical and behavioral health.

- **Cognitive and Organic Disorders—** Organic disturbances, including dementia and intellectual disabilities, represent a significant portion of behavioral health diagnoses. These conditions require long-term care planning, caregiver support, and coordination with neurology and geriatric services to ensure safety and quality of life.

- **Mental Illness—**Psychoses and depressive neuroses are leading diagnoses, reflecting the need for intensive psychiatric care, medication management, and ongoing support.

- **Emotional and Behavioral Disorders-** Acute adjustment reactions and non-depressive neuroses are common, often triggered by life stressors, trauma, or environmental factors.

- **Procedural Mental Health Care-** Outpatient and inpatient procedures with a principal diagnosis of mental illness indicate the system's capacity to provide surgical and therapeutic interventions for psychiatric conditions.

Community Survey

As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients, and residents across the region. The survey was available in both online and paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese and Marshallese. This year, the survey included questions aligned with our clinical social needs screening tools to ensure consistency across community and clinical data. These questions focused on key social determinants of health (SDOH) such as food insecurity, housing instability, transportation access, and ability to pay for medical care.

A total of 705 surveys were completed by Associates, community residents, and patients within the communities that the CHRISTUS St. Michael Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of Implementation Plans, ensuring they are responsive to both lived realities and data trends.

Responses by Race and Ethnicity

The data represents survey responses from CHRISTUS St. Michael, covering various racial and ethnic categories. The majority of respondents identified as Non-Hispanic White, with Hispanic or Latino being the second-largest group. This indicates a diverse but predominantly white respondent base.

CHRISTUS survey responses by Race/Ethnicity

- Non-Hispanic Black
- Hispanic or Latino
- Two or more races
- Non-Hispanic White
- Unknown

5.9%
12.1%
2.0%
10.9%
69.0%
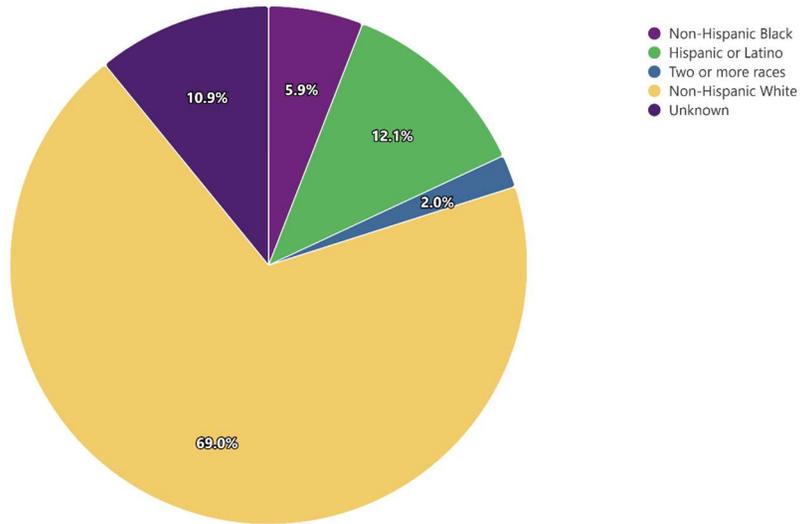
Created on Metopio | metop.io/i/imgukae9 | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Responses by Sex

The survey responses for CHRISTUS St. Michael indicate a significant gender disparity, with 472 female respondents compared to 200 male respondents. Additionally, 13 individuals preferred not to disclose their gender. This data highlights a notable gender imbalance in the survey participants.

CHRISTUS survey responses by Sex

- Female
- Male
- Prefer not to respond

1.9%
29.2%
68.9%

Created on Metopio | metop.io/i/925dd4mz | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Responses by Type of Survey

The data represents survey responses from different categories related to CHRISTUS St. Michael, specifically focusing on its zip codes. The survey includes responses from CHRISTUS employees, patients, and residents of the community. Notably, the highest number of responses comes from CHRISTUS patients, indicating a significant engagement from this group. This suggests a strong connection between the health care services provided and patient feedback.

Responses by Age

The survey responses for CHRISTUS St. Michael, covering various zip codes, reveal a significant participation from older age groups. Specifically, 338 respondents are aged 65 and older, while 280 fall into the 40-64 years category. Younger adults, aged 18-39 years, constitute 48 respondents, and 29 individuals preferred not to disclose their age. This data highlights the engagement of older adults in the survey, suggesting a strong interest or impact within this demographic.

CHRISTUS survey responses by CHRISTUS survey type

- CHRISTUS Employee
- CHRISTUS Patient
- Resident of the Community

12.8% (89)
26.6% (185)
60.6% (421)

Created on Metopio | metop.io/i/q1fn1ovk | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

CHRISTUS survey responses by Age

- 18-39 years
- 40-64 years
- 65 and older
- Prefer not to respond

4.2% (29) 6.9% (48)
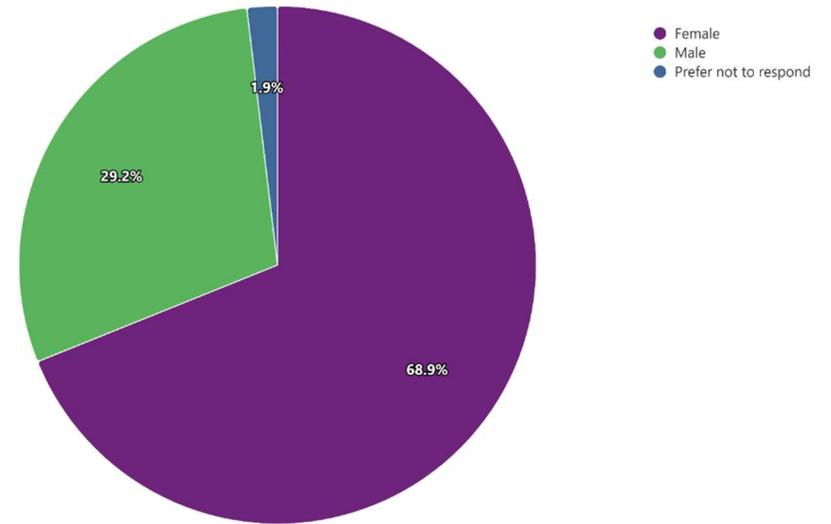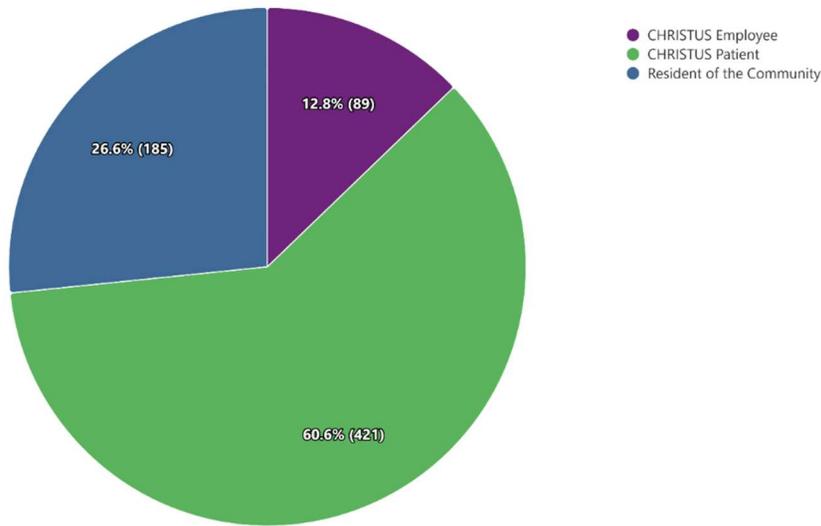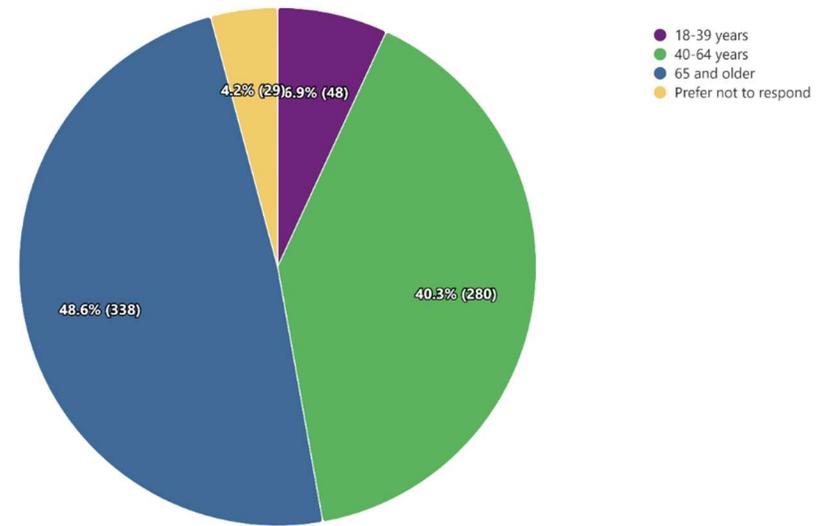48.6% (338)
40.3% (280)

Created on Metopio | metop.io/i/58om7wby | Data source: Metopio (via Alchemer API)

CHRISTUS survey responses: The number of CHNA survey respondents from zip codes within CHRISTUS primary service areas, as of 02/19/2025.

Social Concerns

The data illustrates how respondents from the CHRISTUS St. Michael Community Health Survey ranked various social concerns. Smoking and vaping, access to healthy food, and health care access emerged as key areas of concern. Respondents also highlighted housing, employment, and extreme temperatures as significant challenges, underscoring the role of environmental and economic stressors in shaping health outcomes in the community.

The chart's legend uses four distinct colors to indicate problem severity:

- ■ Not at all a problem
- ■ Minor problem
- ■ Moderate problem
- ■ Serious problem

How much of a problem are each of the following social concerns?

Concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Smoking and vaping	39.42%	14.19%	17.15%	29.24%
Access to healthy food items	40.16%	18.77%	18.57%	22.51%
Access to overall healthcare	36.57%	19.52%	22.24%	21.67%
Employment opportunities	38.49%	16.35%	24.16%	21.01%
Housing and homelessness	42.08%	20.19%	19.61%	18.12%
Extreme temperatures	34.34%	28.80%	19.25%	17.61%
Social isolation / loneliness	37.03%	28.21%	23.19%	11.57%
Environmental impact	41.59%	32.51%	15.36%	10.55%
Access to prenatal care	57.00%	22.94%	9.34%	10.73%
Property crime	40.05%	30.31%	20.06%	9.58%
Teen pregnancy	58.26%	16.71%	14.81%	10.22%
Motor vehicle crash injuries	49.06%	24.61%	18.51%	7.81%
Natural disasters	52.80%	33.86%	8.10%	5.24%

Health Concerns

This chart summarizes community perceptions of health concerns based on responses from the CHRISTUS St. Michael Community Health Survey. Obesity, diabetes, and mental health were among the most frequently cited "serious" or "moderate" problems, while infectious diseases and maternal/child health were more often rated as lesser concerns. These insights reflect local perceptions of pressing chronic and behavioral health issues in the St. Michael service area.

The chart's legend uses four distinct colors to indicate problem severity:

■ Not at all a problem

■ Minor problem

■ Moderate problem

■ Serious problem

How much of a problem are each of the following health concerns?

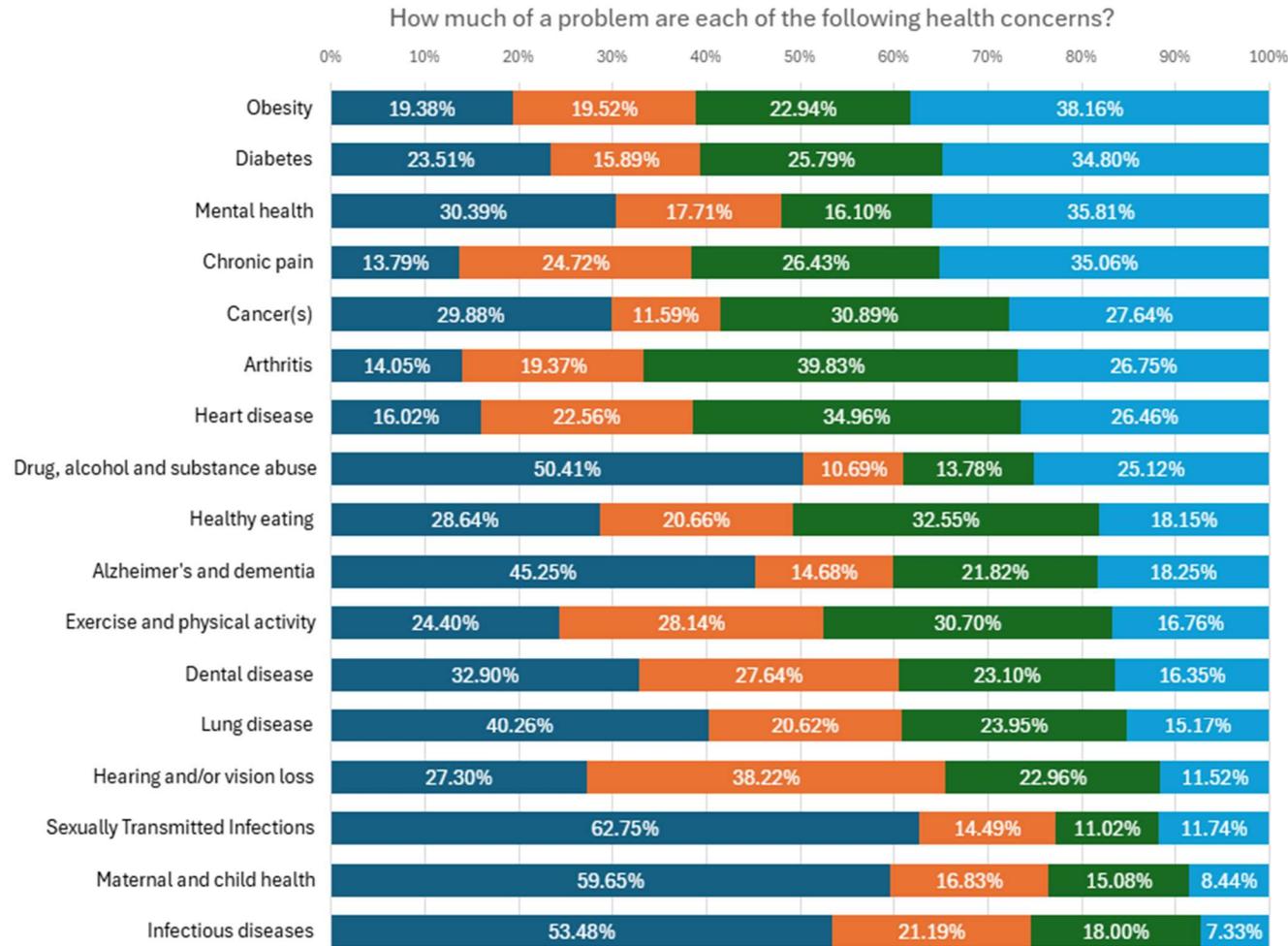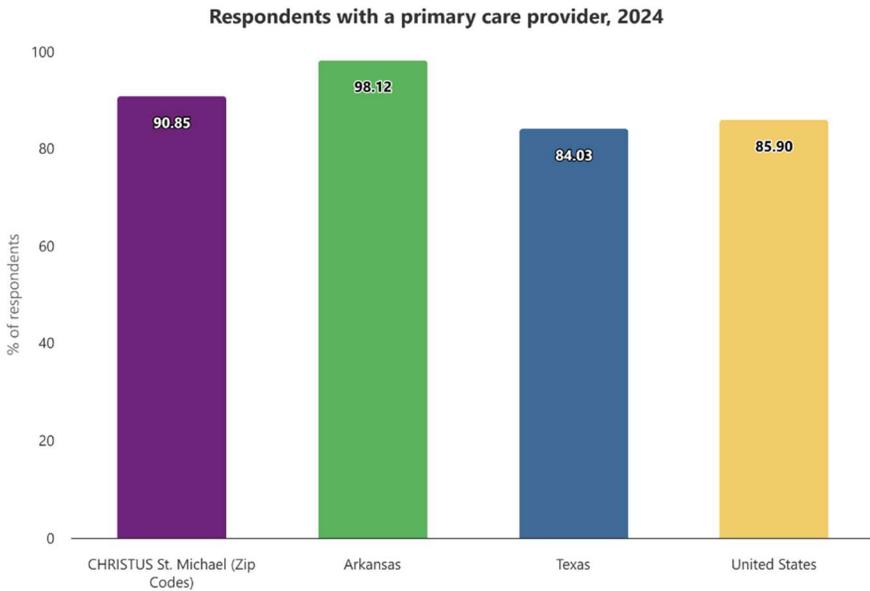| Health concern	Not at all a problem	Minor problem	Moderate problem	Serious problem
Obesity	19.38%	19.52%	22.94%	38.16%
Diabetes	23.51%	15.89%	25.79%	34.80%
Mental health	30.39%	17.71%	16.10%	35.81%
Chronic pain	13.79%	24.72%	26.43%	35.06%
Cancer(s)	29.88%	11.59%	30.89%	27.64%
Arthritis	14.05%	19.37%	39.83%	26.75%
Heart disease	16.02%	22.56%	34.96%	26.46%
Drug, alcohol and substance abuse	50.41%	10.69%	13.78%	25.12%
Healthy eating	28.64%	20.66%	32.55%	18.15%
Alzheimer's and dementia	45.25%	14.68%	21.82%	18.25%
Exercise and physical activity	24.40%	28.14%	30.70%	16.76%
Dental disease	32.90%	27.64%	23.10%	16.35%
Lung disease	40.26%	20.62%	23.95%	15.17%
Hearing and/or vision loss	27.30%	38.22%	22.96%	11.52%
Sexually Transmitted Infections	62.75%	14.49%	11.02%	11.74%
Maternal and child health	59.65%	16.83%	15.08%	8.44%
Infectious diseases	53.48%	21.19%	18.00%	7.33%

The Story Behind the Health and Social Concerns

The community health survey responses highlight several recurring themes regarding health and social issues in the neighborhood. A significant concern is the lack of access to specialized and primary health care, which may require residents to travel long distances for care. There is a small, yet vocal social and local media narrative that continues to paint CHRISTUS St. Michael as a perceived monopoly, ignoring the reality that CHRISTUS Health's acquisition of a bankrupt local hospital ensured continuity of care and saved over 500 jobs in the community. Mental health issues, among children and adults alike, are frequently mentioned. Social issues such as poverty, high living costs, access to transportation, food insecurity and thinly stretched community resources are also prevalent. Additionally, respondents expressed concerns about city infrastructure, including cleanliness, vacant buildings, and the need for more recreational facilities and activities for children and families in some parts of our service area. An opportunity for a more integrated approach to how various organizations, dedicated to serving the needs of the community, could collaborate in the future also emerged amidst the multitude of discussions in the process of this community health needs assessment.

Primary Care Provider

Respondents with a primary care provider were surveyed across various locations. The highest percentage was found in Arkansas at 98.12%, followed by CHRISTUS St. Michael with 90.85%. Texas and the United States had lower percentages, at 84.03% and 85.9% respectively. This indicates a significant variation in primary care provider access across different regions.
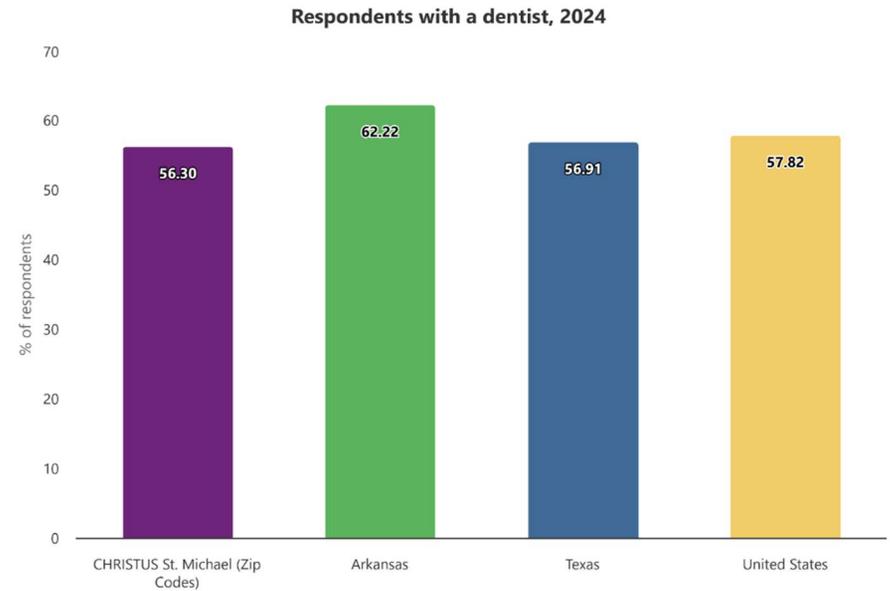
Respondents with a primary care provider, 2024

Location	% of respondents
CHRISTUS St. Michael (Zip Codes)	90.85
Arkansas	98.12
Texas	84.03
United States	85.90

Created on Metopio | metop.io/i/pg8afvws | **Data source:** CHRISTUS Community Health Survey

Respondents with a primary care provider: Percent of respondents answering 'Yes' to the question: Do you have a medical or healthcare professional that you see regularly (primary care provider/ doctor/ pediatrician/ cardiologist, etc.)?

Dentist

The data indicates that 56.3% of respondents in the CHRISTUS St. Michael service area have a dentist. This is slightly lower than the national average of 57.82% and significantly lower than the state averages for Arkansas (62.22%) and Texas (56.91%). The data suggests that there may be a need for increased dental care access in the CHRISTUS St. Michael service area.

Respondents with a dentist, 2024

Location	% of respondents
CHRISTUS St. Michael (Zip Codes)	56.30
Arkansas	62.22
Texas	56.91
United States	57.82

Created on Metopio | metop.io/i/35aphdrw | **Data source:** CHRISTUS Community Health Survey

Respondents with a dentist: Percent of respondents checking 'Dental exam' in response to the question: Within the last 12 months have you had any of the following (please check all that apply).
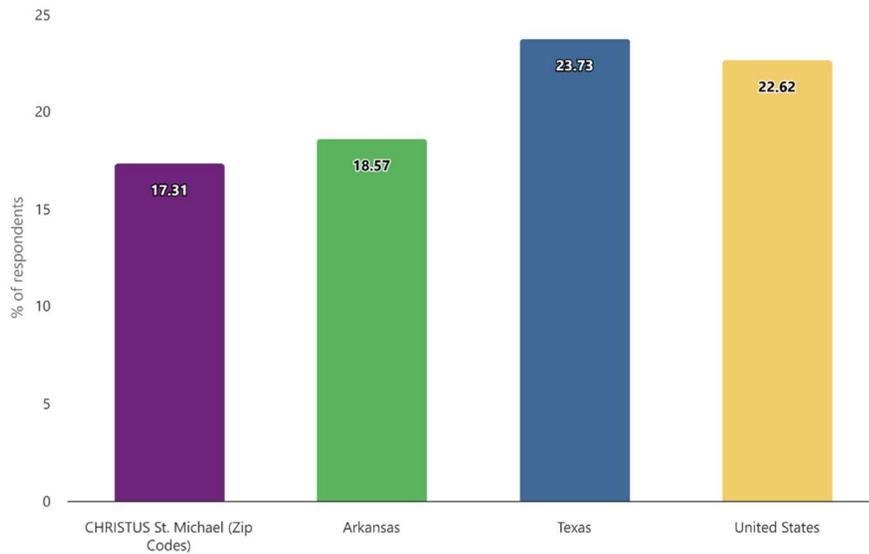
Mental Health

The data indicates that respondents in need of mental health treatment vary across different regions, with Texas having the highest percentage at 23.73%. This is followed closely by Arkansas at 18.57% and CHRISTUS St. Michael, which covers specific zip codes, at 17.31%. The national average in the United States is 22.62%, showing that Texas exceeds this average significantly.

Respondents in need of mental health treatment, 2024

Region	%
CHRISTUS St. Michael (Zip Codes)	17.31
Arkansas	18.57
Texas	23.73
United States	22.62

Created on Metopio | metop.io/i/27rc1u3x | Data source: CHRISTUS Community Health Survey

Respondents in need of mental health treatment: Percent of respondents answering 'Yes' to the question: During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

Basic Needs

Respondents across various regions struggle to pay for basics, with CHRISTUS St. Michael (Zip Codes) having the highest rate at 32.78%. Arkansas follows closely at 34.85%, while Texas and the United States have lower rates at 24.38% and 25.75%, respectively. This indicates a significant financial strain in these areas. The data highlights the need for targeted financial assistance programs in these regions.
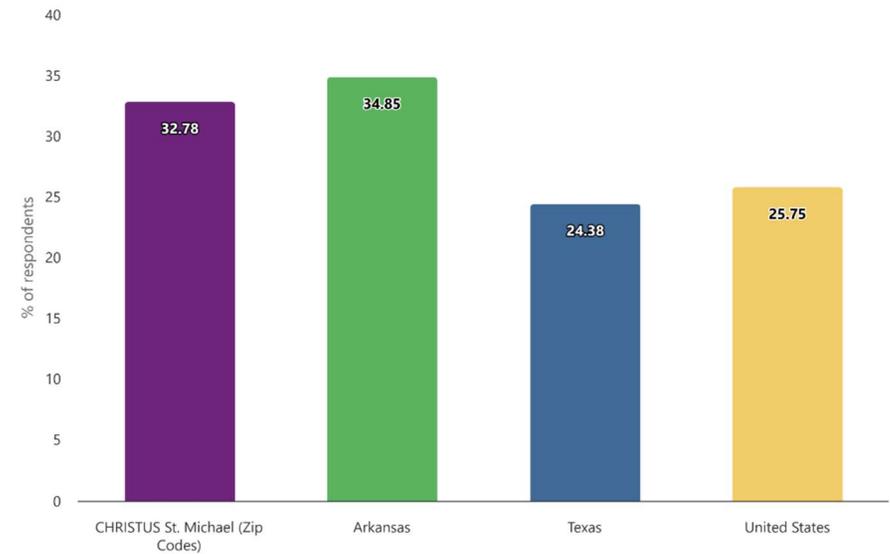
Respondents that struggle to pay for basics, 2024

| Region	%
CHRISTUS St. Michael (Zip Codes)	32.78
Arkansas	34.85
Texas	24.38
United States	25.75

Created on Metopio | metop.io/i/mfgta6wn | Data source: CHRISTUS Community Health Survey

Respondents that struggle to pay for basics: Percent of respondents answering 'Hard' or 'Very hard' to the question: How hard is it for you to pay for the very basics like food, housing, medical care, and heating?

Food Insecurity

Food insecurity among respondents is notably high in the CHRISTUS St. Michael service area, which encompasses specific zip codes. Arkansas and Texas also report higher rates of food insecurity compared to the national average. The United States overall has a food insecurity rate of 26.99%, indicating a significant issue nationwide. These disparities highlight the varying levels of food insecurity across different regions.
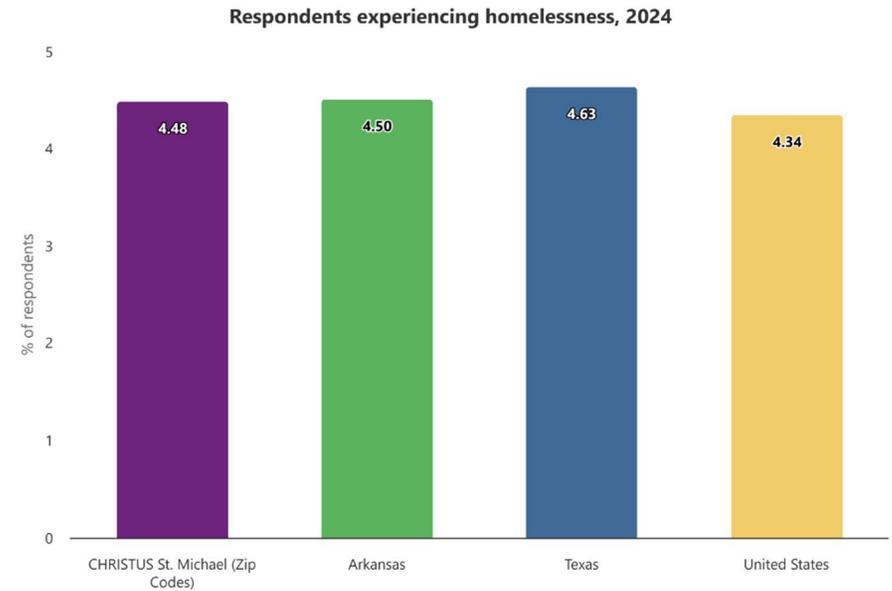
Food insecure respondents, 2024
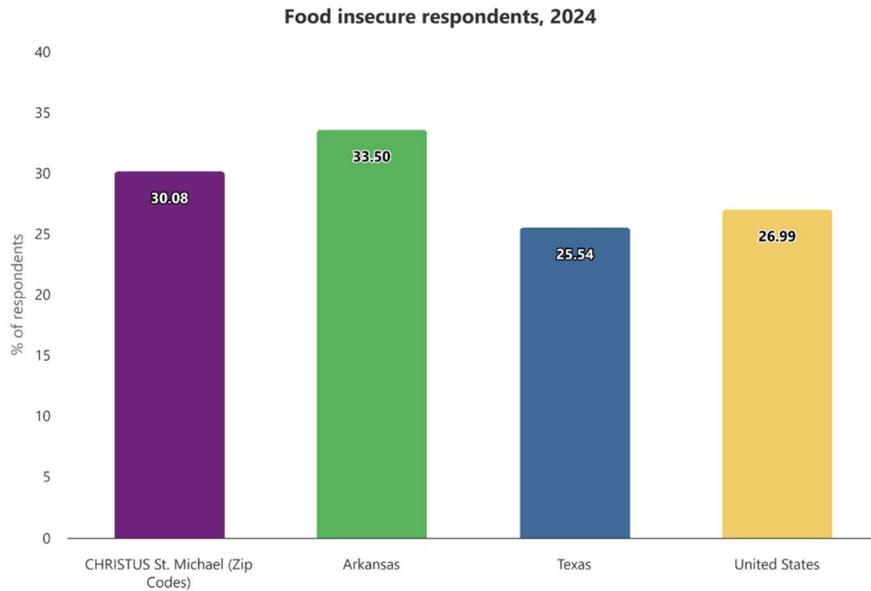
Created on Metopio | metop.io/i/pmnd1hvt | Data source: CHRISTUS Community Health Survey

Food insecure respondents: Percent of respondents answering 'Often true', or 'Sometimes true' to the statement: Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

Homelessness

The data highlights the percentage of respondents experiencing homelessness across various regions, with Texas having the highest rate at 4.63%, followed closely by Arkansas at 4.5%. CHRISTUS St. Michael, identified by its zip codes, reports a slightly lower rate of 4.48%. Nationally, the United States has an average rate of 4.34%, indicating that Texas and Arkansas are above the national average in this regard.

Respondents experiencing homelessness, 2024

Created on Metopio | metop.io/i/ev5xmchu | Data source: CHRISTUS Community Health Survey
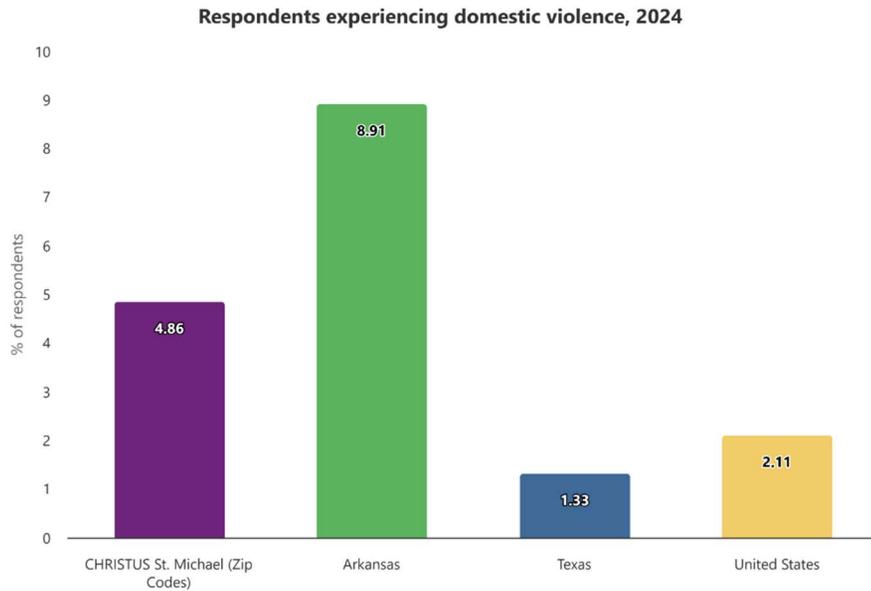
Respondents experiencing homelessness: Percent of respondents answering 'Yes' to the question: In the last 12 months, was there a time when you did not have a steady place to sleep or slept in a shelter (including now)?

Domestic Violence

The data reveals the percentage of respondents experiencing domestic violence across various locations. CHRISTUS St. Michael, identified by its zip codes, reports the highest rate at 4.86%. Arkansas has the second highest rate at 8.91%, followed by Texas at 1.33%, and the United States overall at 2.11%. This indicates a significant variation in domestic violence rates across different regions.

Respondents experiencing domestic violence, 2024

Created on Metopio | metop.io/i/j8fw8zvk | Data source: CHRISTUS Community Health Survey

Respondents experiencing domestic violence: Percent of respondents answering 'Yes' to the question: Within the last year, have you been afraid of your partner or ex-partner?
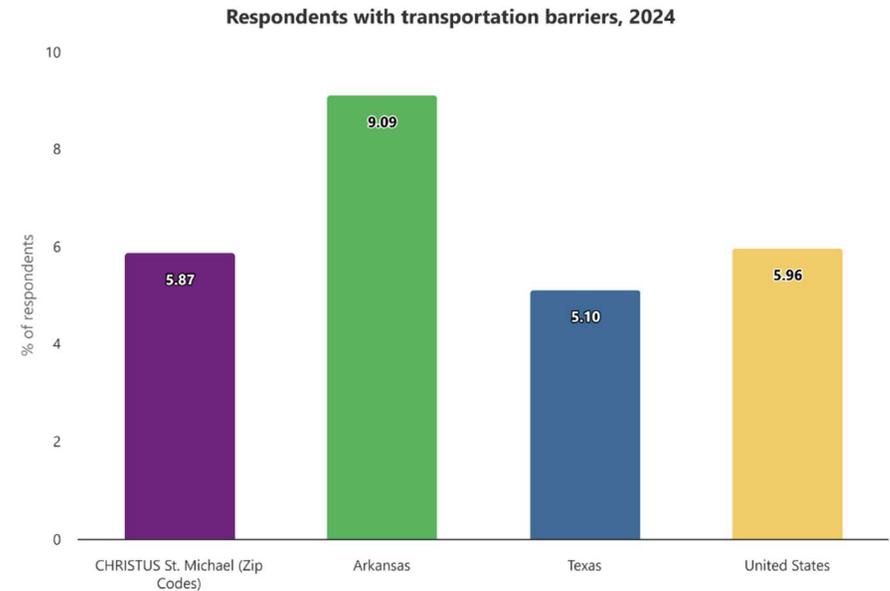
Transportation Barriers

Respondents with transportation barriers were identified across various locations. CHRISTUS St. Michael, located in specific zip codes, reported the percentage at 5.87%. Arkansas had the highest rate at 9.09%, while Texas and the United States had lower percentages at 5.1% and 5.96%, respectively.

Respondents with transportation barriers, 2024

Created on Metopio | metop.io/i/1rpef5vm | Data source: CHRISTUS Community Health Survey

Respondents with transportation barriers: Percent of respondents answering 'Yes' to the question: Has the lack of transportation kept you from medical appointments or from getting medications?
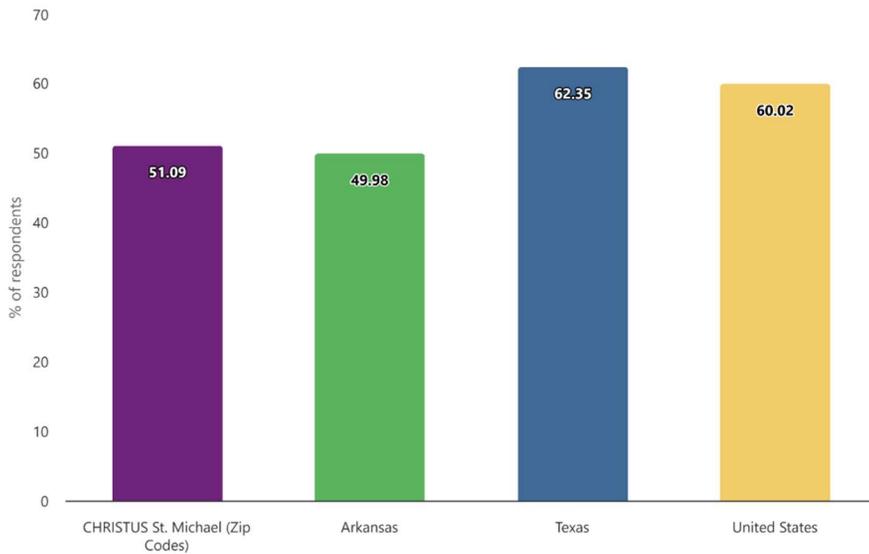
Flu Vaccination

The data represents the percentage of flu vaccinated respondents in various categories, including specific locations and broader regions. CHRISTUS St. Michael, identified by its zip codes, has a vaccination rate at 51.09%. Texas has the highest rate with 62.35%, while the United States overall has a slightly lower rate of 60.02%. Arkansas has the lowest rate among the listed categories at 49.98%.

Flu vaccinated respondents, 2024

Created on Metopio | metop.io/i/rbu715ie | **Data source:** CHRISTUS Community Health Survey

Flu vaccinated respondents: Percent of respondents checking 'Flu shot' in response to the question: Within the last 12 months have you had any of the following (please check all that apply).

COVID-19 Vaccination

The data indicates the percentage of COVID-19 vaccinated respondents across various regions. CHRISTUS St. Michael, identified by its zip codes, has the lowest vaccination rate at 19.87%. In contrast, Arkansas and Texas report higher vaccination rates of 23.19% and 29.56%, respectively. The United States overall has a vaccination rate of 28.72%, which is slightly lower than the rate in Texas.
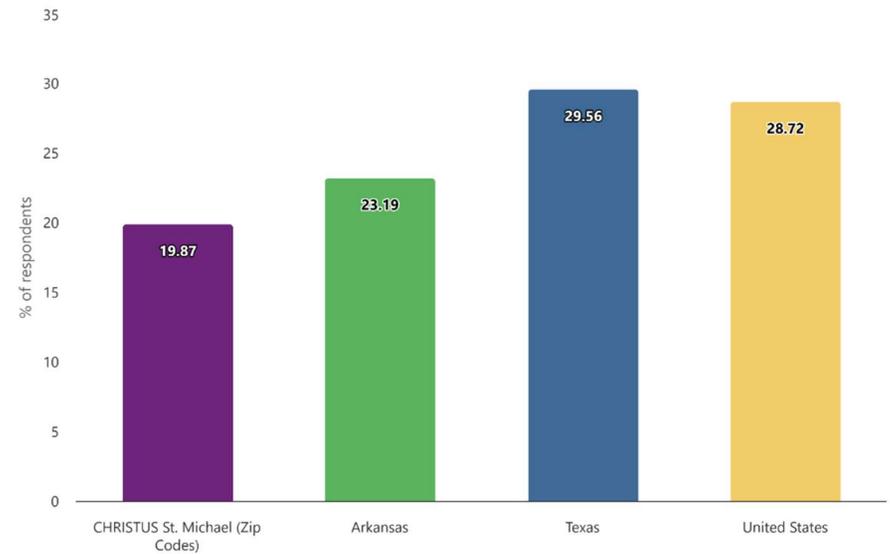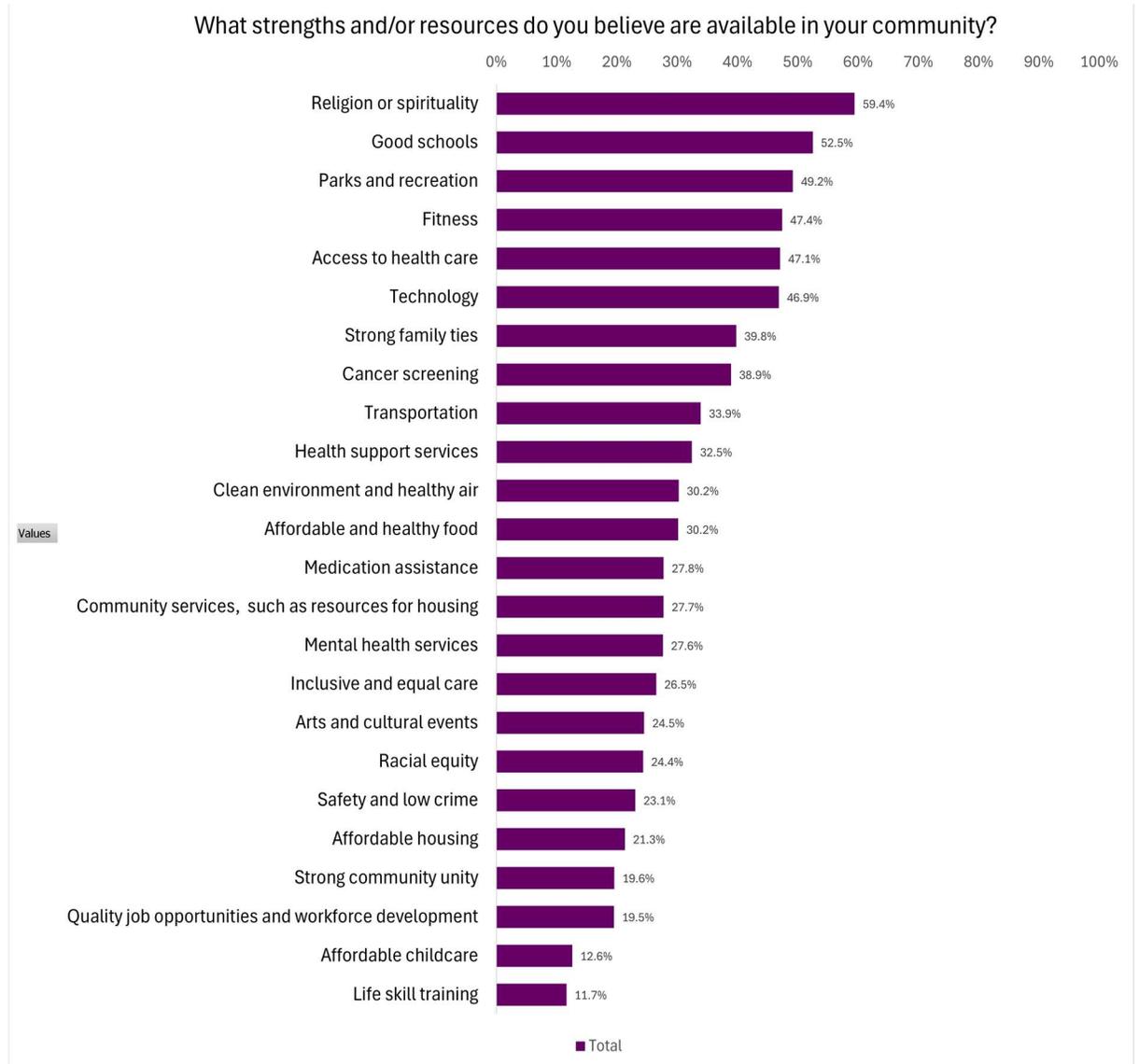
COVID-19 vaccinated respondents, 2024

Created on Metopio | metop.io/i/3pq19jsv | **Data source:** CHRISTUS Community Health Survey

COVID-19 vaccinated respondents: Percent of respondents checking 'COVID-19 vaccine or booster' in response to the question: Within the last 12 months have you had any of the following (please check all that apply).

Strengths and Resources Available

The common themes identified from the community health survey open-ended responses include the neighborhood's central location, which provides convenient access to larger cities like Little Rock, Dallas, and Shreveport. There is a noted need for more active health care services, particularly for communities that cannot afford them. Access to nature areas and reasonable quality medical treatment are also mentioned as neighborhood strengths. However, there is a sentiment that community values have shifted, with fewer people volunteering for community functions and needs.

What strengths and/or resources do you believe are available in your community?

Category	Value
Religion or spirituality	59.4%
Good schools	52.5%
Parks and recreation	49.2%
Fitness	47.4%
Access to health care	47.1%
Technology	46.9%
Strong family ties	39.8%
Cancer screening	38.9%
Transportation	33.9%
Health support services	32.5%
Clean environment and healthy air	30.2%
Affordable and healthy food	30.2%
Medication assistance	27.8%
Community services, such as resources for housing	27.7%
Mental health services	27.6%
Inclusive and equal care	26.5%
Arts and cultural events	24.5%
Racial equity	24.4%
Safety and low crime	23.1%
Affordable housing	21.3%
Strong community unity	19.6%
Quality job opportunities and workforce development	19.5%
Affordable childcare	12.6%
Life skill training	11.7%

Values

■ Total

Opportunities for Services or Resources

The survey also had spaces for open-ended survey responses, which were then categorized thematically by the assessment team. These themes were not derived from focus groups or interviews, and no quantitative percentages are associated with them—rather, they reflect common patterns and sentiments that surfaced across written community feedback.

The community health survey responses highlight several recurring themes regarding additional services needed in the neighborhood. Many participants expressed a need for improved and affordable health care services, including mental health resources, elder care, and access to specialists. Affordable and accessible transportation, particularly for seniors and those without personal vehicles, was frequently mentioned. There is also a strong demand for more community engagement opportunities, such as family-friendly events, and educational programs. Additionally, respondents emphasized the need for affordable housing, better food options, and support for low-income families. Concerns about the quality and accessibility of existing services, such as health care and housing, were also prevalent, with calls for more aggressive code enforcement and better communication about available resources.

Are there any additional services or resources you want in our community to help residents maintain or improve their health?

Understanding the health of a community requires more than just examining illness; it also requires looking at people across every stage of life. This chapter explores the key health and social factors that impact individuals at four critical life stages: Maternal and Early Childhood, School-Age Children and Adolescents, Adults, and Older Adults. By focusing on each stage, we gain deeper insight into how early conditions shape long-term health, how prevention and support opportunities vary across age groups, and how health systems and communities must evolve to meet changing needs.

Each stage of life brings distinct challenges and opportunities. The foundation for lifelong health is established before birth and in the earliest years, making maternal and early childhood support a powerful investment. As children transition into adolescence, they encounter new social and emotional pressures that shape their behaviors and future health. In adulthood, chronic disease, mental health needs, and systemic barriers like cost and access become more prominent. For older adults, priorities shift toward managing complex conditions, maintaining independence, and aging with dignity.

In this chapter, we examine the priority indicators selected to represent each life stage and analyze trends using available regional, state, and national data. Each graph, where possible, includes data from the Ministry's Primary Service Area (PSA) counties, allowing comparisons to broader state and national benchmarks. While not all indicators contain data for all three geographic levels, this comparative approach helps illustrate the unique realities and disparities facing each community. Community voices and narratives are also included throughout to bring lived experience and local context to the numbers.

This life stage framework not only supports the development of targeted strategies and equitable interventions but also reinforces a central truth: healthier communities begin when we recognize and respond to the unique needs of people across the full span of their lives.

Maternal and Early Childhood Health

Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth, and development.

A child's lifelong health journey begins long before their first steps. The maternal and early childhood life stage encompasses three critical phases—pregnancy, newborns, infants and toddlers—each representing foundational opportunities to influence a child's well-being and a family's future stability.

Across the communities we serve, multifaceted priority indicators were identified to represent this life stage:

- Healthy births
- Trauma
- Poverty
- Awareness of resources

These indicators not only reflect current health outcomes but also illuminate systemic challenges and opportunities for upstream intervention. Investing in the earliest stages of life—when brain development is most rapid, and families are forming critical bonds—can profoundly shape educational achievement, chronic disease risk, and emotional resilience later in life. Addressing maternal and early childhood health is not just a health care imperative; it's a commitment to ensuring every child has a strong, healthy start and every parent has the support they need to thrive.

How Are We Doing?
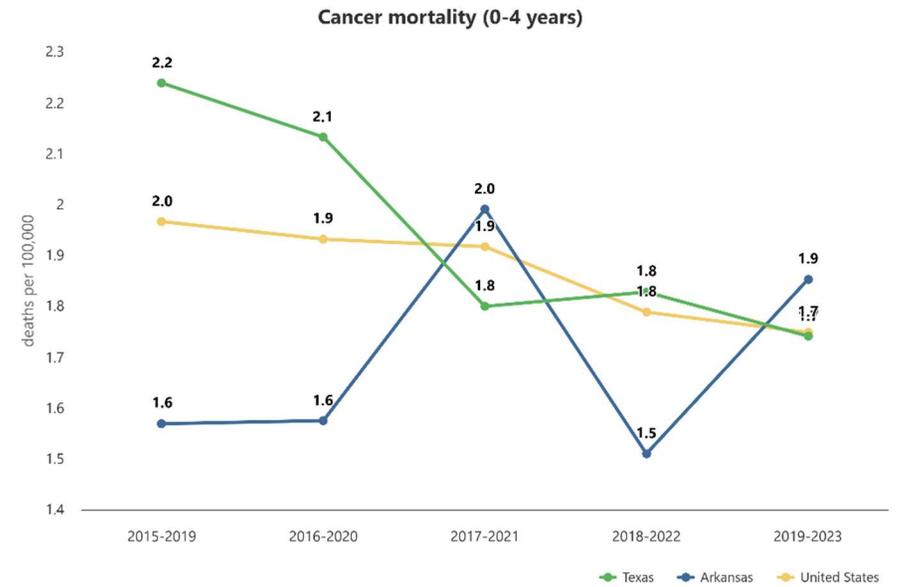
Prenatal Care in First Trimester

Prenatal care in the first trimester is a critical indicator of maternal and infant health. CHRISTUS St. Michael Health System, serving several counties, saw an improvement in prenatal care rates from 68.65% in 2017-2019 to 72.19% in 2020-2022. However, this rate remains lower than the state of Texas, Arkansas, and the United States as a whole. Despite these improvements, there is still a significant gap compared to the national average of 78.06%.

Prenatal care in first trimester

Cancer Mortality (0-4 years)

Cancer mortality rates in the United States have shown a general decline from 1.97 in 2015-2019 to 1.75 in 2019-2023. Texas has also seen a decrease, with rates dropping from 2.24 to 1.74 over the same period. In contrast, Arkansas experienced a slight increase in 2017-2021 to 1.99 before declining to 1.85 in 2019-2023. Overall, the data indicates a positive trend in reducing cancer mortality across these regions.

Cancer mortality (0-4 years)

2019 – 2023 Cancer Mortality (0–4 years)	United States	Texas	Arkansas
	1.7	1.7	1.9

Poverty Rate (0 – 4 years)

The poverty rate in the counties served by CHRISTUS St. Michael is consistently higher than the state of Texas, Arkansas, and the United States as a whole. From 2015-2019 to 2019-2023, the poverty rate in these counties decreased from 29.24% to 26.21%. However, it remains significantly above the national average of 17.58%. The data indicates a positive trend in reducing poverty, but the disparity with national and state rates persists. This highlights the ongoing need for targeted interventions in these counties.
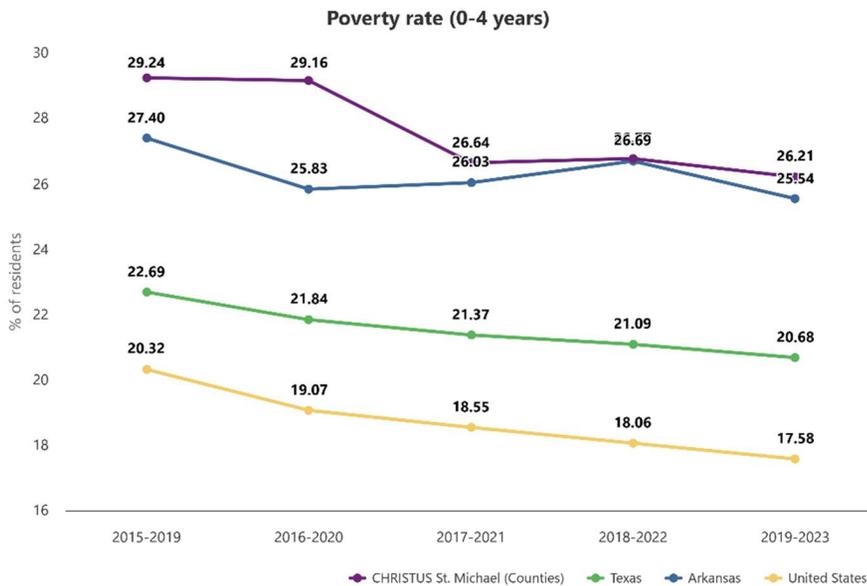
Poverty rate (0-4 years)

Households In Poverty Not Receiving Food Stamps

The data shows the percentage of households in poverty not receiving food stamps (SNAP) across various regions over multiple years. CHRISTUS St. Michael Health System (Counties) consistently has the highest rates, starting at 59.13% in 2015-2019 and peaking at 61.42% in 2017-2021. Texas and Arkansas follow similar trends, with Texas slightly higher in most years. The United States overall has the lowest rates, ranging from 57.03% to 59.4%.
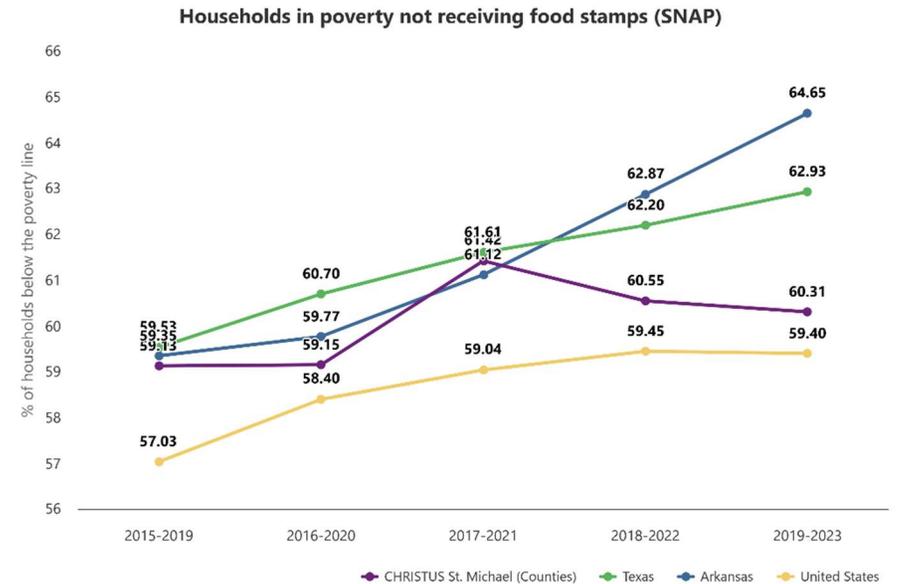
Households in poverty not receiving food stamps (SNAP)

What is the Story Behind the Data?

Focus group participants emphasized significant barriers to healthy births and prenatal care in the community. Common challenges included lack of access to early prenatal care, food insecurity, substance use during pregnancy, and fear or mistrust of health care systems—especially among marginalized and low-income individuals. One community member noted, "A lot of women, while they're pregnant, still use substances."

Furthermore, community members noted some women delay or avoid prenatal visits due to stigma, transportation issues, or fear of CPS involvement. Emergency rooms are often used for care due to being perceived as less invasive and more anonymous. There's a need for more culturally sensitive outreach, education on substance use during pregnancy, and accessible prenatal support services.

Social determinants like poverty and lack of insurance contribute heavily to poor maternal outcomes. Domestic violence and financial abuse significantly limit women's ability to access care, with one individual noting, "Their abuser will not let them access finances, will not let them have a job, will not let them access medical care, prenatal care."

Child care was consistently identified as a major barrier to both health and well-being. Several participants mentioned the high cost of quality child care, limited availability of early learning programs, and the absence of flexible care options for working parents. They emphasized how these constraints affect not only the child's development but also the parent's ability to attend appointments or work.

Nutrition and food access were additional concerns, with participants highlighting the need for better education on infant and toddler nutrition as well as easier access to healthy food. Some mentioned relying on WIC or food banks but noted that these supports don't always cover what they need. A few participants pointed out how fast food is often the most accessible option due to time and financial constraints.

School Age Children and Adolescent Health

Children will be well-equipped with the care and support to grow up physically and mentally healthy.

School-age children and adolescents represent the future of every community. This life stage marks a period of critical development—physically, mentally, emotionally, and socially. As children transition through school and adolescence, they begin forming lifelong habits, establishing their identities, and encountering new pressures and environments that shape their health and well-being.

Recognizing the importance of this stage, priority indicators were identified to reflect the health status and needs of youth in our communities:

- Behavioral health
  - Suicide
- Abuse and neglect
- Poverty
- Food insecurity

Adolescents have distinct health needs that differ from both younger children and adults. Unfortunately, not all youth have equal access to the protective factors that foster resilience, such as supportive relationships, safe environments, and accessible behavioral health care. Concerning trends persist in areas such as mental health, obesity, and substance use, underscoring the urgent need for targeted, upstream solutions. By focusing on this life stage, we have an opportunity to intervene early—supporting not just better health outcomes for young people, but long-term benefits for families, schools, and the broader community.

How Are We Doing?

Poverty Rate (5 – 17 years)

The poverty rate in the service area of CHRISTUS St. Michael, encompassing several counties, has been consistently higher than the state of Texas, Arkansas, and the United States as a whole from 2015 to 2023. Initially at 26.5% in 2015-2019, the rate has gradually decreased to 22.41% in 2019-2023, indicating some improvement. Despite this decline, the poverty rate in the service area remains notably above the national average of 15.89% in the same period. The data suggests a persistent economic disparity in the region compared to broader state and national trends. This gap highlights the ongoing need for targeted interventions to address poverty in the area.

Poverty rate (5-17 years)
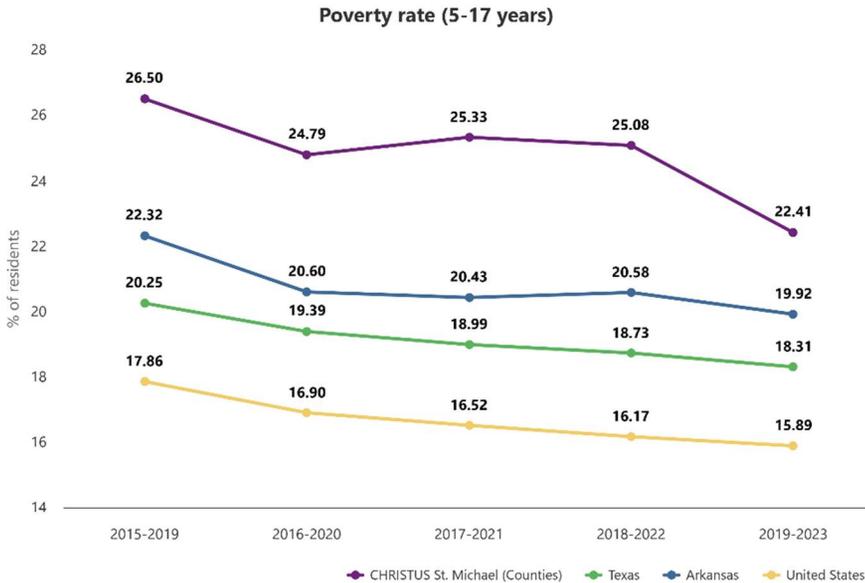
Created on Metopio | metop.io/i/pjuxpa2j | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

Adverse Childhood Experiences (ACEs)

The data shows that a significant percentage of children in both Texas and Arkansas have experienced two or more adverse childhood experiences (ACEs), indicating ongoing challenges in ensuring safe and supportive environments for youth. Both Texas and Arkansas have higher percentage of children who have experienced ACEs compared to the national average. This suggests that children in Texas and Arkansas are disproportionately exposed to stressful or traumatic experiences—such as parental incarceration, substance abuse in the home, or discrimination—which are known to negatively impact long-term physical and mental health.

Adverse Childhood Experiences, 2021-2022
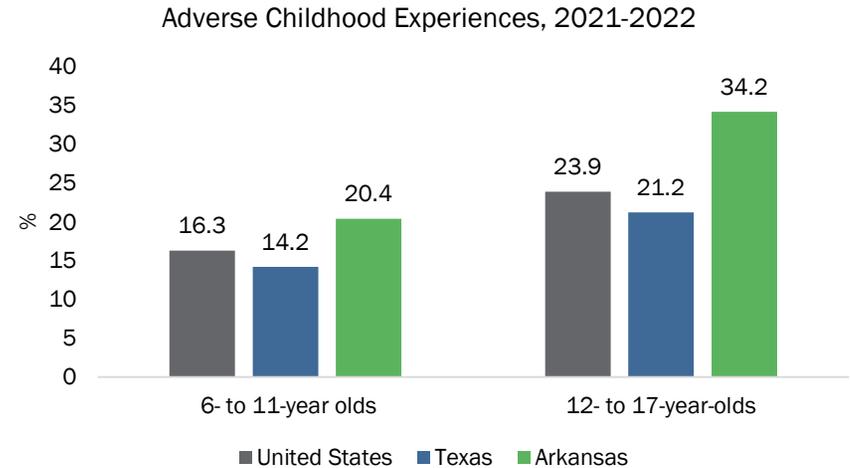
Source: National Survey of Children's Health | Adverse Childhood Experiences: Percentage of children ages 0-17 who have ever experienced two or more of the following: parental divorce or separation; household with an alcohol or drug problem; neighborhood violence victim or witness; household with mental illness; domestic violence witness; parent served jail time; treated or judged unfairly due to race/ethnicity, sexual orientation, gender identity, or a health condition or disability; or death of a parent (2-year estimate)

Teen Suicide

The teen suicide rates in both Texas and Arkansas are alarmingly high, with Texas reporting 12.1 deaths and Arkansas 11.6 deaths per 100,000 adolescents between 2020 and 2022. These numbers reflect a growing mental health crisis among youth in both states. While the rates are relatively close, the fact that over 11 adolescents per 100,000 are dying by suicide underscores the urgent need for expanded mental health support, early intervention, and trauma-informed care.

Teen Suicide by Rate, 2020-2022
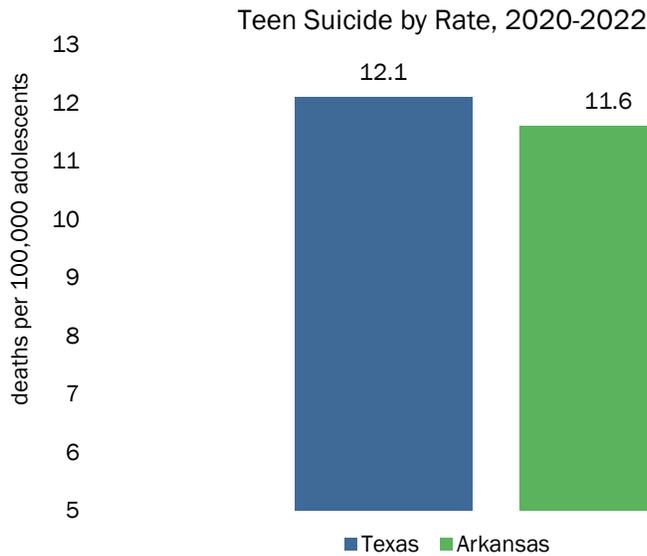
Source: America's Health Rankings| Teen Suicide by State, 2020-2022: Number of deaths due to intentional self-harm per 100,000 adolescents ages 15-19

Mental Health Providers Per Capita

Mental health providers per capita have shown a significant increase across all regions from 2021 to 2025. In CHRISTUS St. Michael Health System (Counties), the number rose from 133.29 in 2021 to 198.41 in 2025. Texas saw a substantial increase from 171.0 to 384.09 during the same period. Arkansas experienced a notable rise from 314.63 to 511.92, while the United States as a whole saw an increase from 381.91 to 689.6. These trends indicate a growing focus on mental health services nationwide.
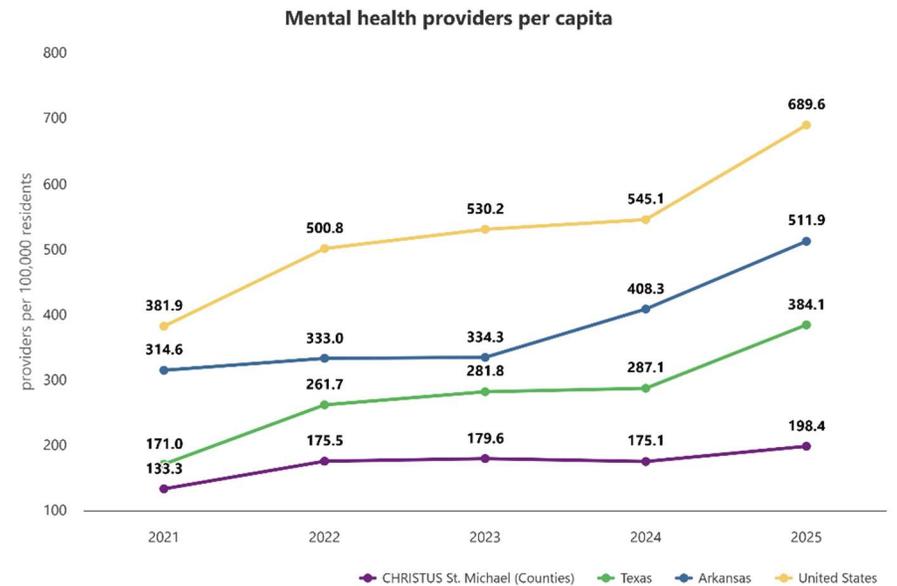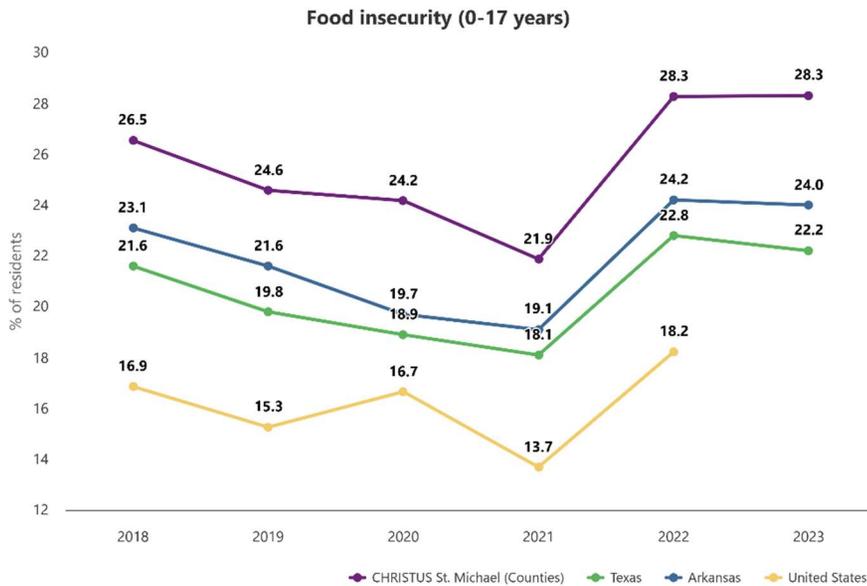

Created on Metopio | metop.io/i/bem6gg3z | **Data source:** Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Mental health providers per capita: Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners.

Food Insecurity (0 – 17 years)

Food insecurity rates in CHRISTUS St. Michael Health System's service area, which includes several counties, have fluctuated over the past few years. In 2018, the rate was 26.54%, which was higher than both Texas and Arkansas, and significantly higher than the national average. By 2022, the rate had increased to 28.27%, again surpassing Texas, Arkansas, and the United States. The most recent data for 2023 shows a slight decrease to 28.3%, but it remains higher than the state and national averages. Overall, food insecurity in this region has been a persistent issue, with rates consistently above those of Texas, Arkansas, and the United States.

Food insecurity (0-17 years)

Created on Metopio | metop.io/i/2n5koutt | **Data source:** Feeding America: Map the Meal Gap

Food insecurity: Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

What is the Story Behind the Data?

For school-aged children, community members noted rising mental health challenges and experiences of trauma. Many children are growing up in environments with domestic violence, substance abuse, and family instability, contributing to high rates of adverse childhood experiences (ACEs). One individual noted, "Many kids in our community come from households with alcohol or drug problems, neighborhood violence, domestic violence."

The community also noted gaps in sex education and emotional health awareness in schools. Stakeholders called for stronger school-based mental health supports, early interventions, and trauma-informed education approaches. Despite the challenges, participants acknowledged the protective role of extended family, particularly grandparents, in supporting children's resilience.

Nutrition and physical activity were also key themes. Several parents mentioned difficulty accessing healthy meals outside of school-provided lunches, especially during weekends and summer breaks. Participants expressed support for expanding free meal programs and creating more structured opportunities for physical activity—especially in communities where recreational spaces are unsafe or unavailable.

Safety concerns, including bullying and neighborhood violence, emerged as significant stressors for children and parents. Participants wanted schools to do more to ensure emotional safety alongside physical security and to foster inclusive, respectful environments. Some also shared concerns about children walking to school in high-traffic or poorly lit areas.

Access to routine health care—including dental, vision, and immunizations—was inconsistent. Many parents cited transportation barriers or difficulty taking time off work for appointments. There was support for bringing services into schools through mobile clinics or wellness events.

Adult Health

Adults will have access to the care, support, and opportunities needed to maintain physical and mental health throughout their lives.

Adults form the core of our communities—raising families, supporting local economies, and often caring for both children and aging relatives. This life stage spans a wide range of experiences, from early career to retirement, and is shaped by evolving responsibilities, stressors, and health risks.

To better understand the needs of this population, priority indicators were identified to represent Adult Health across our communities:

- Behavioral Health
  - Mental Health
- Heart Disease
- Continuity of care/treatment across state lines
- Food insecurity

The cumulative impact of earlier life experiences and social conditions often influences an individual's health in adulthood. While many adults report good health, disparities persist due to differences in income, employment, education, housing, and access to care. Chronic diseases such as diabetes, heart disease, and hypertension often emerge or progress during this stage, and mental health challenges, including anxiety, depression, and substance use, are commonly reported. Addressing adult health requires a focus on prevention, early detection, and equitable access to services that support physical, emotional, and social well-being. By investing in the health of adults today, we strengthen families, workplaces, and the fabric of our communities for generations to come.

How Are We Doing?

Poor Self-Reported Mental Health

Self-reported poor mental health has been on the rise in CHRISTUS St. Michael Health System's service area, Texas, Arkansas, and the United States from 2018 to 2022. In 2022, CHRISTUS St. Michael counties had the highest rate at 20.87%, followed by Arkansas at 20.57%, Texas at 17.83%, and the United States at 17.35%. Texas and Arkansas have consistently reported lower rates compared to CHRISTUS St. Michael counties. The increasing trend highlights a growing mental health crisis across all regions.


Self-reported poor mental health
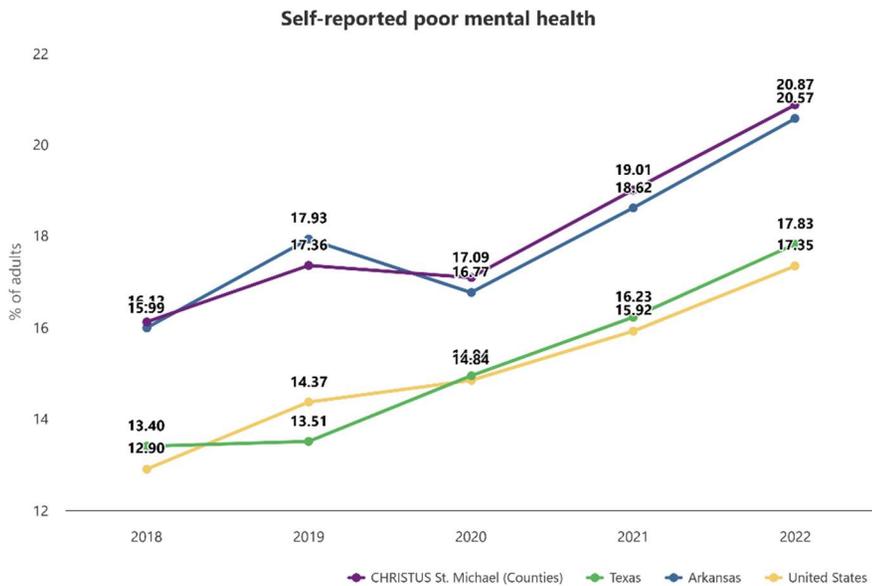
Created on Metopio | metop.io/i/h6e1hpek | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Suicide Mortality

Suicide mortality rates in CHRISTUS St. Michael Health System (Counties) have shown a concerning increase from 18.68 in 2015-2019 to 22.07 in 2019-2023. This trend contrasts with Texas, where rates have remained relatively stable around 13.11 to 13.94 over the same periods. Arkansas and the United States have also seen fluctuations, with Arkansas experiencing a slight increase to 19.17 and the United States maintaining rates around 13.79 to 14.0. The data highlights a significant regional disparity, with CHRISTUS St. Michael (Counties) experiencing higher rates compared to the broader state and national averages.
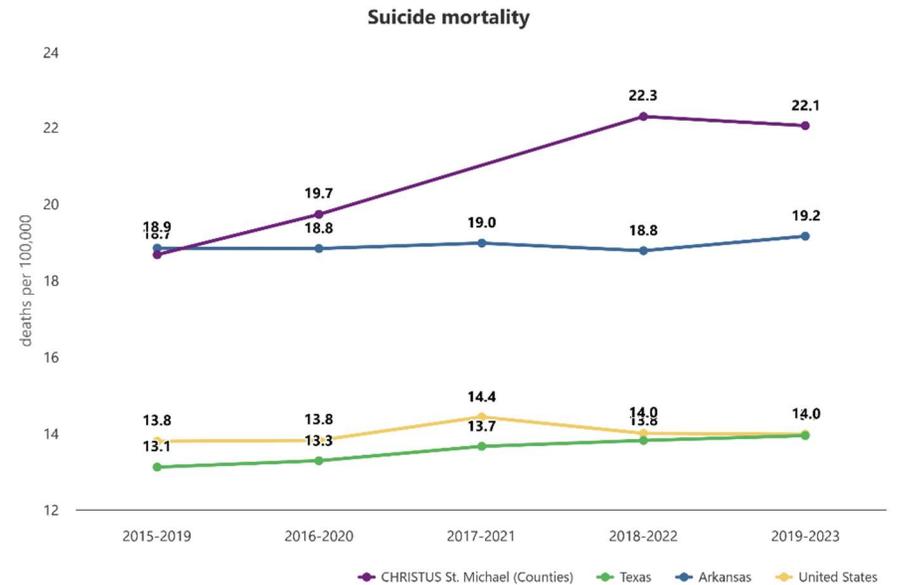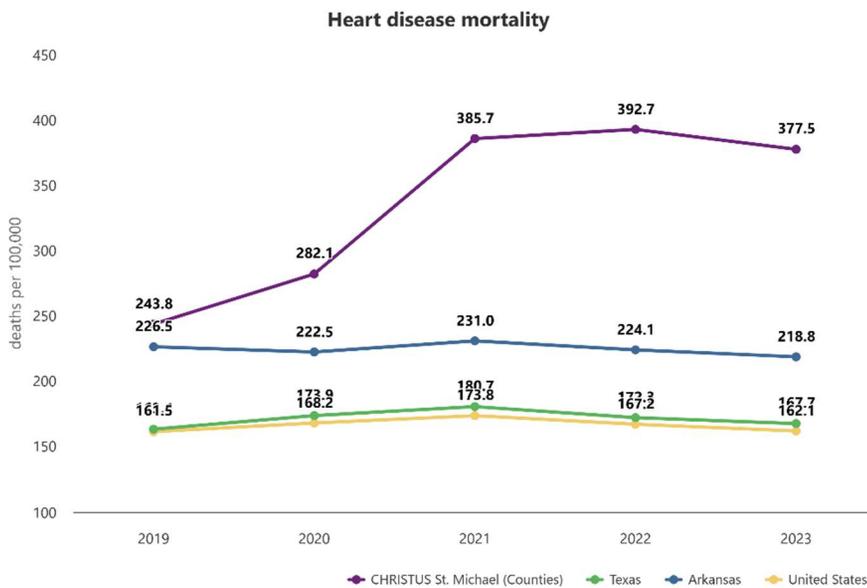

Suicide mortality

Created on Metopio | metop.io/i/2r3vj18x | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

Suicide mortality: Deaths per 100,000 residents due to suicide (ICD 10 codes *U03, X60 X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."

Heart Disease Mortality

Heart disease mortality rates in CHRISTUS St. Michael Health System; s counties have been consistently higher than the national average from 2019 to 2023. In 2021, the rate peaked at 385.68 deaths per 100,000 people, significantly above the national rate of 173.78. Texas and Arkansas have also seen fluctuations, with Texas experiencing a slight increase over the years, while Arkansas has seen a decline since 2021. The national trend shows a slight decrease in heart disease mortality rates over the same period. Overall, CHRISTUS St. Michael counties face a more significant challenge with heart disease mortality compared to Texas, Arkansas, and the United States as a whole.

**Heart disease mortality**

High Blood Pressure

High blood pressure rates in CHRISTUS St. Michael Health System (Counties), Texas, Arkansas, and the United States show varying trends over the years. In 2017, the rate in CHRISTUS St. Michael (Counties) was 37.57%, higher than Texas (32.76%), Arkansas (36.24%), and the United States (29.7%). By 2022, the rate in CHRISTUS St. Michael (Counties) decreased to 36.73%, while Texas (32.22%), Arkansas (36.61%), and the United States (30.32%) also saw slight changes. The data indicates a general stability in high blood pressure rates across these regions, with slight fluctuations over time.
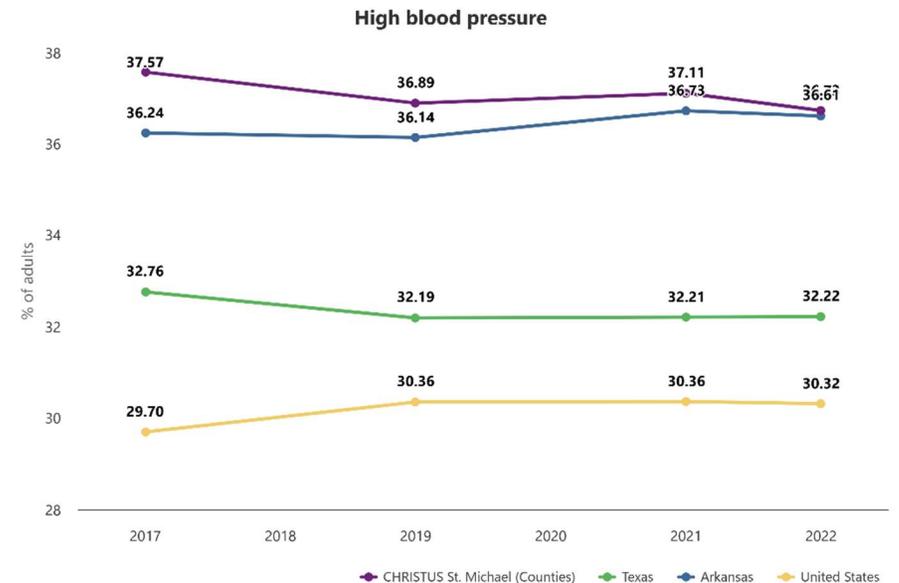
High blood pressure

Uninsured Rate

The uninsured rate in the United States has shown a slight decline from 8.84% in 2015-2019 to 8.55% in 2019-2023. Texas has consistently had a higher uninsured rate than the national average, ranging from 17.24% to 17.58% over the same period. Arkansas also had a higher uninsured rate than the national average, but it decreased from 8.51% to 8.99%. CHRISTUS St. Michael, covering multiple counties, had the highest uninsured rate, peaking at 13.33% in 2018-2022.
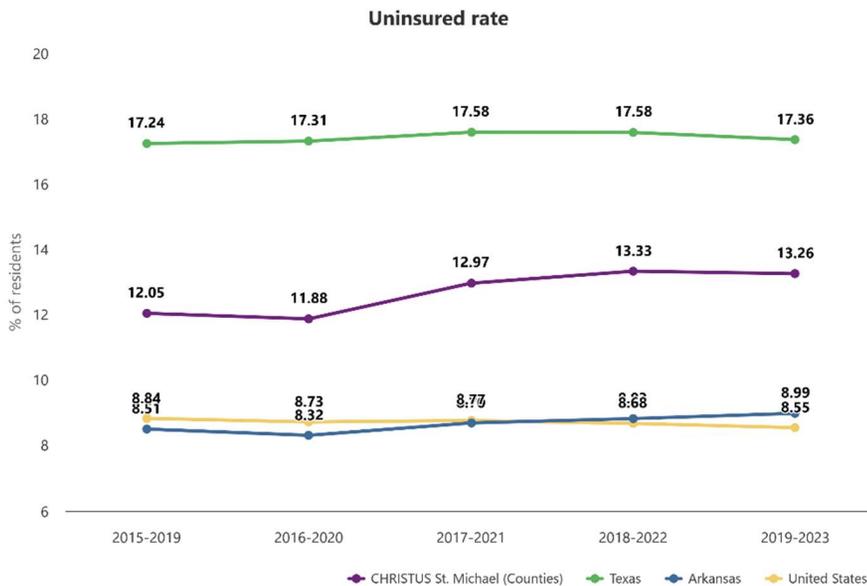
Uninsured rate

Food Insecurity

Food insecurity rates in CHRISTUS St. Michael Health System counties have been consistently higher than both Texas and the United States as a whole. In 2022, the rate in these counties reached 18.0%, significantly above the national rate of 13.3%. Arkansas has also seen a notable increase in food insecurity, surpassing Texas in 2022. The data for 2023 shows a further rise in CHRISTUS St. Michael counties, reaching 19.45%, while national data for that year is unavailable.

Food insecurity

What is the Story Behind the Data?

Key health needs identified by community members included accessible and affordable mental health care, culturally competent and trauma-informed providers, crisis intervention resources (including telepsychiatry and psychiatric nurse practitioners), and robust preventive services, especially for high-risk groups. "Nobody would judge you for having a bad knee or a sick liver, but you have a chemical imbalance in your brain somehow that makes you less of a person." This quote reveals how deeply entrenched stigma remains, comparing mental health conditions unfavorably to physical ailments and highlighting the added burden of shame for those seeking support.

Disparities are most acute among those experiencing financial hardship, racial and ethnic minorities (notably marginalized Hispanic community members), those with disabilities, and rural or underserved populations. Social determinants like poverty, domestic violence, and lack of child care or transportation further compound barriers to care.

Health literacy and navigation difficulties were frequently mentioned. Many adults shared that they felt overwhelmed when trying to schedule appointments, interpret lab results, or understand treatment plans. They expressed a strong need for patient navigators, bilingual support, and providers who take the time to explain care in accessible terms.

Employment and housing insecurity significantly impacted health. Participants shared experiences of living in substandard housing with mold or pests, and how this exacerbated asthma and allergies. Others mentioned jobs without paid sick leave or insurance, forcing them to delay care or ignore symptoms.

Prioritizing interventions should focus on expanding provider capacity, integrating mental health into primary care and schools, reducing stigma through education, and creating low-barrier access points for at-risk groups, with special attention to confidentiality, follow-up care, and network building across existing community services. "There isn't a lot of funding, and there isn't a lot of providers. So I think the call for us as a system, as a community, is to start talking about this and trying to figure out, how do we build some kind of a network between the few organizations that are in the community, so that we know where to go, and we know how to reach out for help ourselves and connect someone who see them struggling?" This statement emphasizes systemic limitations, the fragmentation of available services, and the need for building collaborative care networks to address gaps and improve access.

.

Older Adult Health

Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.

Older adults are the wisdom-keepers, caregivers, and community anchors who have helped shape the places we call home. As people live longer, healthier lives, the older adult population continues to grow, bringing both opportunities and unique challenges for communities and health systems.

To better understand and address these needs, key indicators were identified to represent Older Adult Health across the communities we serve:

- Chronic Diseases
  - Heart Disease
  - Diabetes
  - Cancer
- Alzheimer's / Dementia
- Overutilization of the ER
- Poverty

Health in older adulthood is deeply influenced by a lifetime of experiences, shaped by social, economic, and environmental factors. Many older adults live with multiple chronic conditions, mobility limitations, or cognitive changes, and they often face barriers such as social isolation, transportation challenges, and fixed incomes. Access to coordinated care, affordable medications, safe housing, and supportive services are becoming increasingly essential in this stage of life. By focusing on the well-being of older adults, we honor their contributions and ensure that our communities remain inclusive, age-friendly, and responsive to the needs of every generation.

How Are We Doing?

Diabetes Mortality (65 and older)

Diabetes mortality rates in CHRISTUS St. Michael Health System (Counties) were significantly higher than the national average from 2015 to 2023, with a peak of 147.58 per 100,000 people in 2015-2019. Texas also had higher rates compared to the national average, with a high of 114.03 in 2019-2023. Arkansas had the highest rates among the regions analyzed, peaking at 145.51 in 2019-2023. Nationally, diabetes mortality rates remained relatively stable, ranging from 94.31 to 102.24 per 100,000 people over the same period.
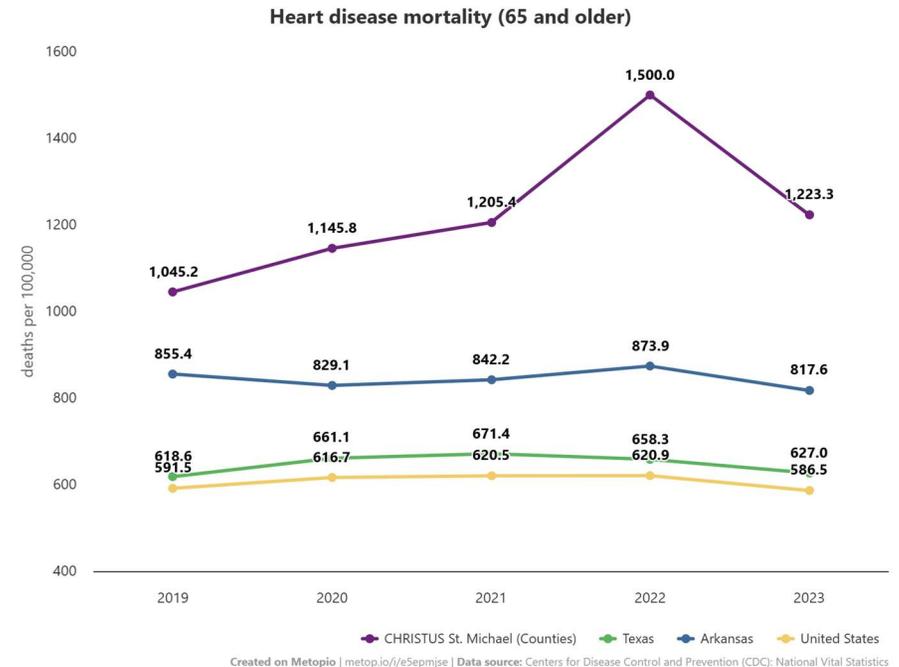
Diabetes mortality (65 and older)

CHRISTUS St. Michael (Counties) — Texas — Arkansas — United States

Created on Metopio | metop.io/i/po3w262k | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics
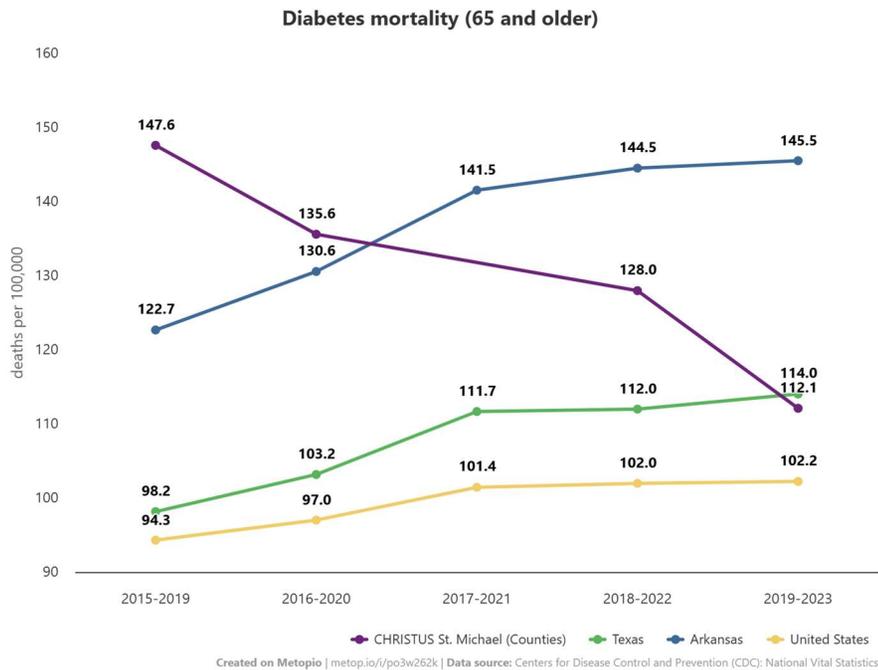
Heart Disease Mortality (65 and older)

Heart disease mortality rates have been tracked across various regions, including CHRISTUS St. Michael Health System counties within, Texas, Arkansas, and the United States from 2019 to 2023. In 2022, CHRISTUS St. Michael counties experienced a significant spike in heart disease mortality, reaching 1499.97 deaths per 100,000 population, the highest rate among the regions analyzed. Texas and Arkansas also saw fluctuations in their rates, with Texas showing a general increase over the years, peaking in 2022, while Arkansas's rates varied with a slight upward trend. In contrast, the United States maintained a relatively stable rate, slightly increasing from 591.55 in 2019 to 620.91 in 2022 before dropping to 586.47 in 2023.

Heart disease mortality (65 and older)

CHRISTUS St. Michael (Counties) — Texas — Arkansas — United States

Created on Metopio | metop.io/i/e5epmjse | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics

Cancer Mortality (65 and older)

Cancer mortality rates in CHRISTUS St. Michael Health System (Counties) have shown a significant increase from 884.16 in 2019 to 1167.84 in 2022, before slightly decreasing to 1022.82 in 2023. In contrast, Texas, Arkansas, and the United States have seen relativel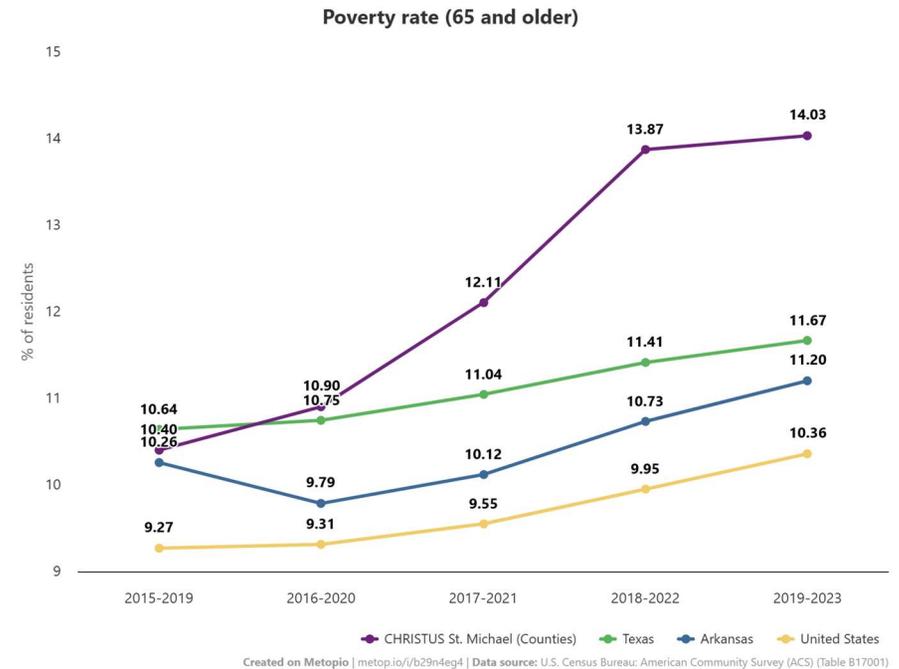y stable rates over the same period. Texas consistently had the lowest rates, ranging from 658.62 to 676.69. Arkansas and the United States had similar rates, with Arkansas slightly higher in most years. The data indicates that CHRISTUS St. Michael (Counties) has a notably higher cancer mortality rate compared to the broader regions.

Cancer mortality (65 and older)

Created on Metopio | metop.io/i/jhhgmm11 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
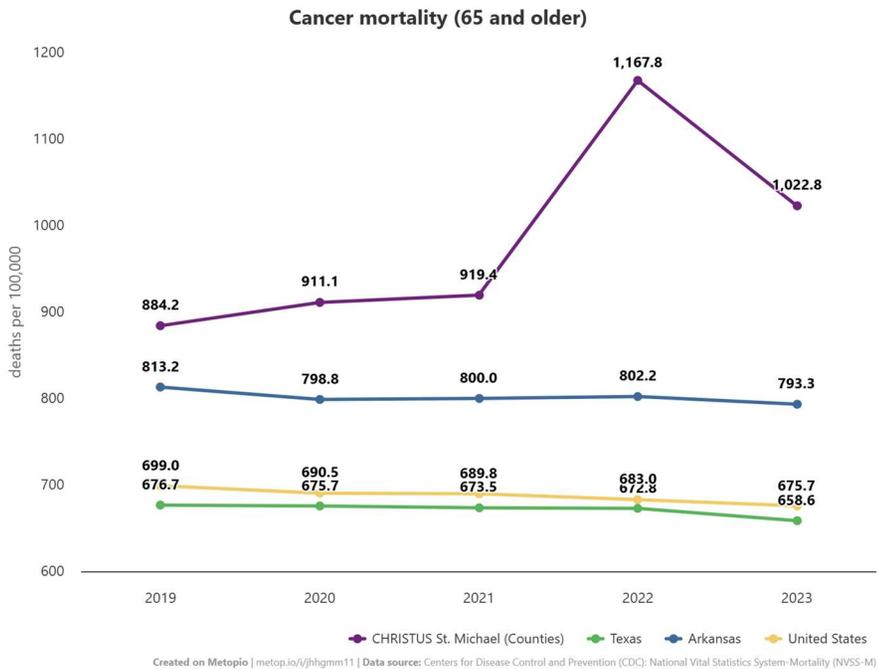
Poverty Rate (65 and older)

The poverty rate in the service area of CHRISTUS St. Michael Health System, encompassing several counties, has been consistently higher than the state of Texas, Arkansas, and the United States as a whole from 2015 to 2023. Initially, the rate was 10.4% in 2015-2019, slightly above Texas' 10.64% and Arkansas' 10.26%, but below the national rate of 9.27%. Over the years, the poverty rate in the service area has increased significantly, reaching 14.03% in 2019-2023, while Texas and Arkansas saw more moderate increases, and the national rate rose to 10.36%. This trend indicates a growing disparity in poverty rates between the service area and the broader regions. The increasing poverty rate in the service area highlights a concerning trend that may require targeted interventions to address the underlying socio-economic challenges.

Poverty rate (65 and older)

Created on Metopio | metop.io/i/b29n4eg4 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Medicare Emergency Department Visit Rate

The Medicare emergency department visit rate for CHRISTUS St. Michael Health System is higher than the state, regional, and national averages. In 2019, the rate was 741.06 per 1,000 beneficiaries, compared to 673.05 in Texas, 675.1 in Arkansas, and 658.88 in the United States. Although the rate decreased in 2020, it remained above the average. By 2023, the rate had decreased to 616.27, but it was still higher than the state, regional, and national averages.

Medicare emergency department visit rate
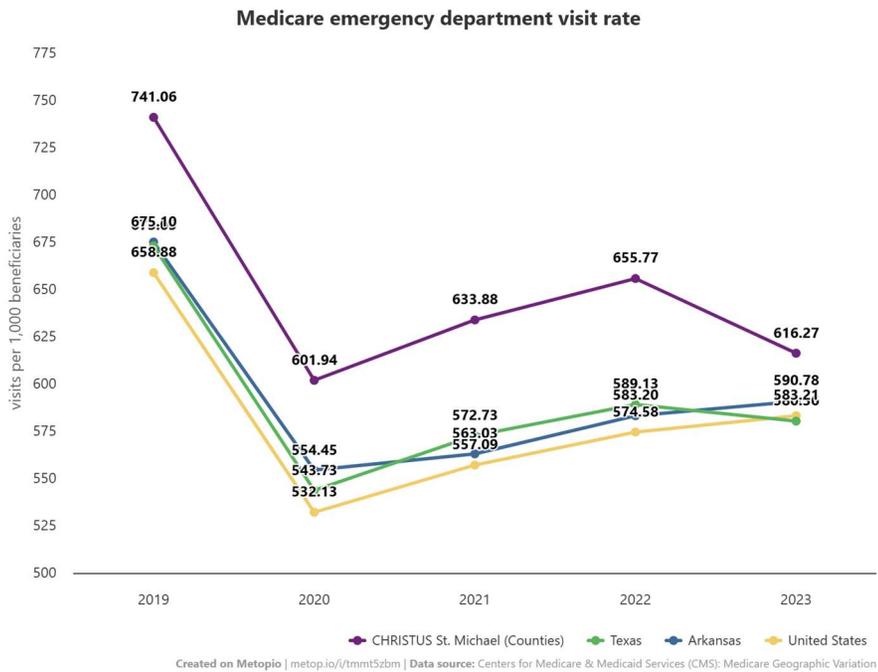
Alzheimer's Disease Mortality (65 and older)

Alzheimer's disease mortality rates are presented for CHRISTUS St. Michael Health System Texas, counties within the United States from 2015 to 2023. In CHRISTUS CSMHS (Counties), the mortality rate decreased from 457.52 in 2015-2019 to 358.79 in 2019-2023. Texas and Arkansas saw slight increases in their rates over the same period, with Texas rising from 109.94 to 116.04 and Arkansas from 132.58 to 138.91. The United States' rate remained relatively stable, fluctuating slightly around 89. The data indicates regional variations in Alzheimer's disease mortality trends over time.

Alzheimer's disease mortality (65 and older)
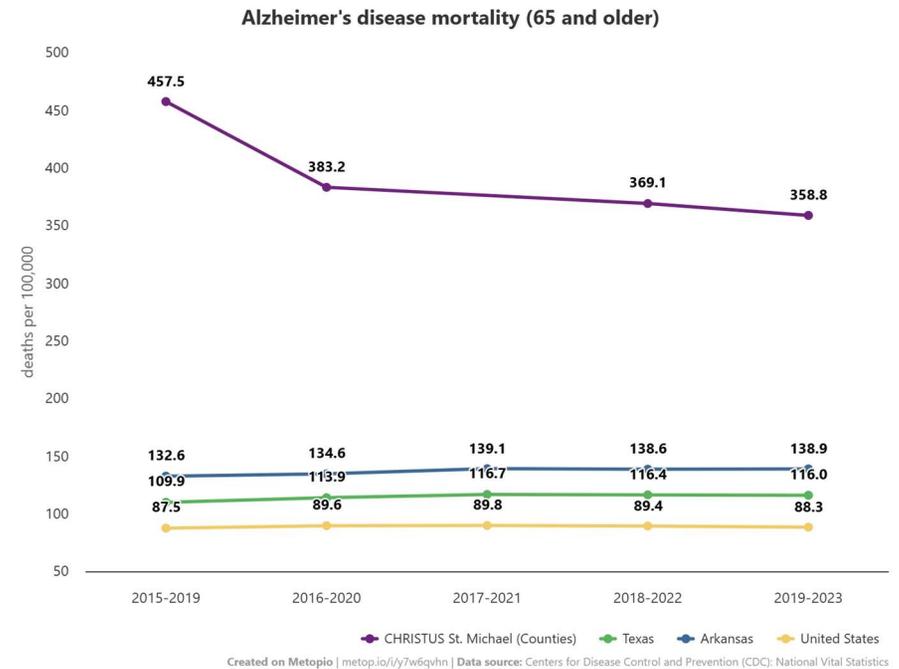
What is the Story Behind the Data?

For older adults, the most discussed health issues included caregiver burnout, dementia-related illnesses like Alzheimer's, and gaps in long-term mental health support. Caregivers, especially spouses, face high levels of depression and emotional strain with few resources for respite or support. One individual noted, "Where we're seeing a lot of depression is with the caregivers, mainly the spousal caregivers."

Social isolation was another prominent theme. Participants spoke about feeling lonely or disconnected, especially after the pandemic. They described losing touch with friends or family and lacking opportunities for meaningful interaction. Many suggested that more senior centers, hobby groups, or volunteer opportunities could significantly improve their mental health.

Cognitive health and dementia support were also important issues. Several participants shared concerns about memory loss—either their own or a loved one's—and said they didn't know where to go for help.

They wanted more public education on early signs of dementia and access to caregiver support groups.

Physical mobility and fall prevention were discussed frequently. Older adults noted that many homes and public spaces are not age-friendly, lacking ramps, railings, or safe sidewalks. They expressed interest in home modifications, exercise programs for balance, and affordable devices like walkers and grab bars.

Organizations providing dementia care noted that while patients were generally stable due to proper medication and family involvement, their caregivers often suffered silently. There's a need for more mental health support targeted at caregivers, better coordination with health care providers, and affordable respite services. Participants also raised concerns about limited placement options for older adults with unmanaged mental health issues.

Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) concludes with deep gratitude for the many individuals and organizations who contributed their time, expertise, and lived experience to this community-driven process. This CHNA reflects the shared commitment of CHRISTUS Health, internal teams, and local partners to understand and address the root causes of health disparities across our communities.

This assessment is not only a regulatory requirement, but also a reflection of our mission to extend the healing ministry of Jesus Christ by engaging with those we serve, listening deeply to their experiences, and responding with compassion, clarity, and action. Across multiple phases—from surveys and focus groups to data analysis and community-led workgroups—diverse voices guided our understanding of health needs and helped shape the priorities for the next three years. The process was grounded in the Results-Based Accountability (RBA) framework to ensure that our strategies and metrics are meaningful, measurable, and mission-driven. It is our hope that the insights shared in this report not only inform action plans but also deepen relationships and build stronger, more equitable systems of care.

Looking Ahead

As we move from assessment to action, the findings in this CHNA will directly inform the development of the 2026–2028 Community Health Implementation Plan. Our next steps include:

- Sharing findings with internal teams, community members, and key stakeholders
- Collaborating across sectors to design evidence-based, community-centered strategies
- Aligning programs and investments with the identified health priorities
- Tracking impact using the RBA framework to ensure accountability and transparency

With continued partnership, we remain committed to creating healthier, more equitable communities across every stage of life. We are grateful for all those who walk with us, and look forward to what we can achieve together in the years ahead.

Acknowledgements

This CHNA was made possible by the collective effort of countless individuals and organizations who committed their time and voices to this work. We offer our heartfelt thanks to each of you.

CHRISTUS St. Michael Health System Leadership Team

We extend our sincere gratitude to the CHRISTUS St. Michael Health System Leadership Team for their unwavering support throughout the development of this Community Health Needs Assessment. Their leadership ensured that this report reflects both the pressing health needs of our region and the mission and values of CHRISTUS Health.

CHNA Report Preparation Team

This report was developed under the direction and guidance of the CHRISTUS St. Michael Health System Mission Integration Department and CHRISTUS Health's Community Health & Health Equity Team. The following individuals played key roles in data collection, analysis, writing, and editing:

- David Karchut, Vice President of Mission Integration
- Jason Adams, Ministry President
- Loren Robertson M.D., Chief Medical Officer
- Micah Johnson, Chief Nursing Officer
- Bridget Reimers, Executive Assistant
- Francine Francis, Program Director of Community Development
- Kathleen Brodie, Financial Analyst
- Sylvia Ingram, Director of Health Plans
- Kathy Armijo-Etre, AE Consulting
- Chara Abrams, System Director, Community Health & Health Equity
- Nadine Nadal Monforte, Director, Community Health
- Jessica Guerra Martinez, Program Manager, Community Development
- Kala Guidry, Program Director, Health Equity Analytics
- Stephen Thomas, Ada Abaragu and Micah Dennis, AmeriCorps VISTA Members
- Tariro Nyamandi, Community Health Intern
- Sarah Vanausdall and Annie Elliott, Metopio
- Amanda White, Graphic Designer
- Shakira Del Toro, Copywriter

Community Indicator Workgroup

We extend our sincere appreciation to the individuals who participated in the Community Indicator Workgroup. Their expertise in identifying and prioritizing key health indicators has been instrumental in shaping this assessment.

Data Dictionary Work Sessions

The Data Dictionary Work Sessions provided essential guidance in defining and refining the key indicators for the assessment. Your feedback ensured that our data is both accessible and meaningful. We extend our appreciation to the individuals who contributed to this effort.

Community Survey Workgroup & Distributors

We are grateful to the members of the Survey Workgroup who reviewed, disseminated, and analyzed community surveys. Your efforts helped us accurately capture the voices of our communities. Special thanks to our distribution partners who expanded the survey's reach.

Community Focus Groups

We are especially thankful for the residents, faith leaders, students, front-line workers, and others who shared their experiences during focus groups. Your stories brought depth and humanity to our findings.

Key Informants

Thank you to the key informants who offered critical insight into populations and topics that needed deeper exploration beyond the focus groups. Your expertise strengthened the community context of this assessment.

Windshield Survey Participants

We appreciate the team members and partners who participated in Windshield Surveys. Your firsthand observations of the built environment helped us better understand the places where people live, work, and heal.

CHRISTUS Community Impact Fund Grantees

To our grant partners—thank you for your tireless work to address health disparities. Your impact is an extension of our shared mission and a vital force for change in our communities.

Community Partners

·To our community partners—thank you for walking with us throughout this process. Your commitment to collaboration and equity made this work possible.

Board of Directors

We are grateful to the Board of Directors for your ongoing support, leadership, and alignment with our mission. Your guidance helps ensure we remain responsive to evolving community needs.

Subject Matter Experts & Consultants

We appreciate the contributions of consultants and technical experts who provided research support, data analysis, and facilitation of the CHNA process. Their expertise has been instrumental in ensuring a comprehensive and data-driven assessment.

Contact Information

We are grateful to the scholars, hospital staff, advocacy leaders, partners, and stakeholders who have expressed appreciation for easy access to previous CHNAs to reference comprehensive data on local community health status, needs, and issues. We hope the collaborative nature of the 2026 CHNA is valued as an enhanced asset. We invite all members of the community to submit questions and feedback regarding this collective assessment.

To request a print copy of this report, or to submit your comment, please contact:

David Karchut, VP of Mission Integration

david.karchut@christushealth.org

Francine Francis, Director of Community Development

francine.francis@chrisushealth.org

Sylvia Ingram, Director of Health Plans

sylvia.ingram@christushealth.org

An electronic version of this Community Health Needs Assessment is publicly available at:

CHRISTUS Health's Website:
https://www.christushealth.org/connect/community/community-needs

THIS PAGE IS INTENTIONALLY LEFT BLANK