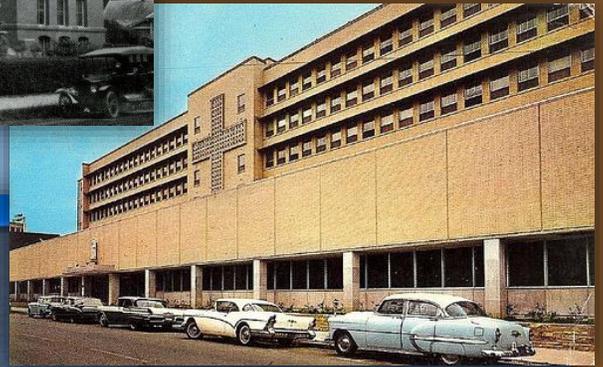


ST. FRANCIS MEDICAL CENTER
*Community Health
Needs Assessment*

2019



ST. FRANCIS
MEDICAL CENTER

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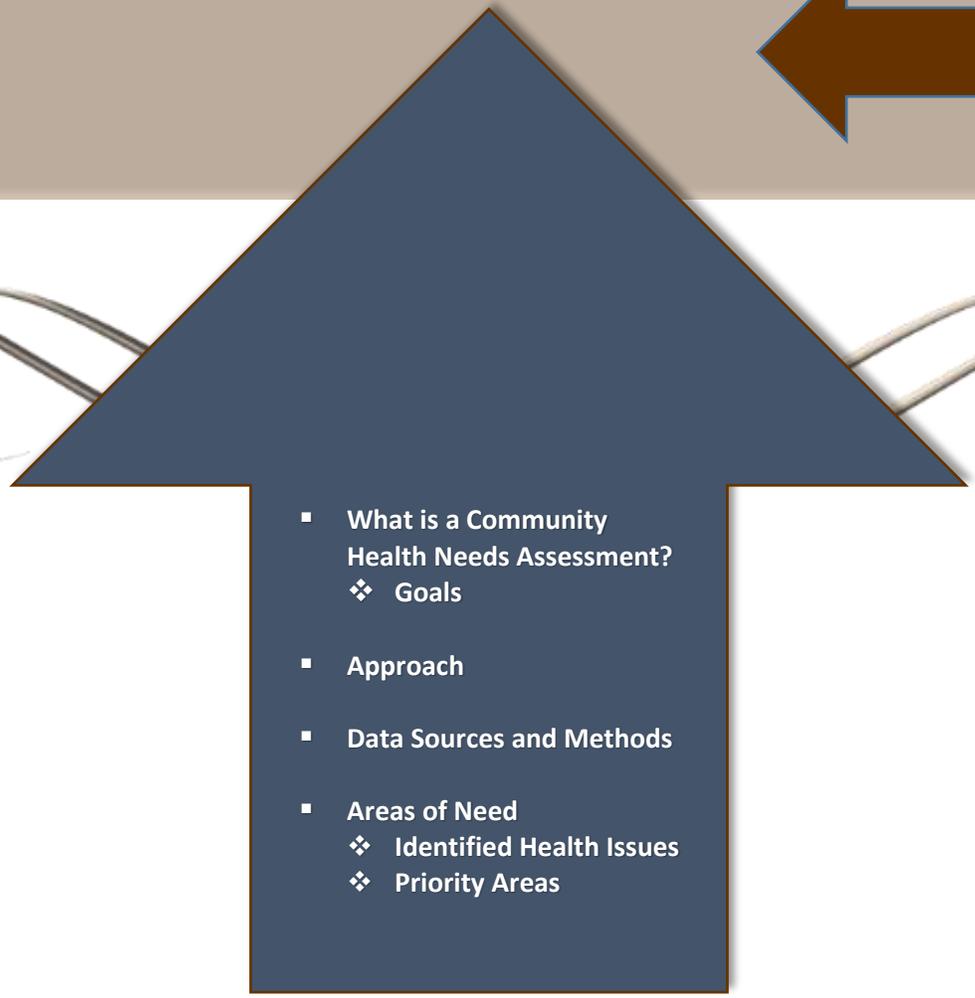
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Preach the **GOSPEL** at all times.
When *necessary*, use **w o r d s** .

St. Francis of Assisi



EXECUTIVE SUMMARY



- What is a Community Health Needs Assessment?
 - ❖ Goals
- Approach
- Data Sources and Methods
- Areas of Need
 - ❖ Identified Health Issues
 - ❖ Priority Areas

What is a **Community Health** Needs Assessment?

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. To meet the ACA requirements, hospitals must identify the health needs of their community/service area and devise an implementation strategy to address the identified needs. As a not-for-profit, tax-exempt organization, St. Francis Medical Center (SFMC) is pleased to present this document, its 2019 CHNA, which provides an overview of the significant community health needs identified in its service area.

THE GOALS OF THIS CHNA ARE TO:

- Provide a data-driven understanding of the health needs of the people SFMC serves,
- Help guide SFMC's community benefit planning efforts, and
- Develop measurable, effective implementation strategies to improve the health and wellness of SFMC's community/service area.

In the previous CHNA measurement period, SFMC partnered with its joint venture P&S Surgical Hospital. On September 1, 2018, P&S Surgical Hospital became St. Francis P&S Surgery & Heart Center. It is now part of SFMC and is no longer a joint venture. As such, only one CHNA has been produced for the upcoming measurement period to represent how the now unified organization will address the communities' needs.

SFMC has developed this CHNA as a meaningful overview of the health needs of the people of Region 8 of Northeast Louisiana. The CHNA will help guide SFMC's community benefit planning and the development of implementation strategies to address prioritized needs. The CHNA research focused on spotlighting health disparities, the needs of vulnerable populations, and service gaps. The report fulfills the IRS requirements of Internal Revenue Code section 501(r)(3) to conduct a CHNA in order to determine if the services and programs SFMC provides as part of its non-profit status appropriately address the needs of the people we are privileged to serve, but it is not simply a response to the ACA requirement.

This CHNA represents SFMC's commitment to responding to the needs of the people we have been privileged to serve for more than 100 years. Service and Reverence and Love for All of Life are part of SFMC's Core Values as an organization, and the work to be done through the strategies that evolve from this CHNA are a significant part of ensuring that the people of this region are appropriately served with timely, high-quality care.

Thank you for allowing us to care for you and for your loved ones.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPROACH

SFMC used data from Healthy Communities Institute (HCI) as the basis for conducting its CHNA for Region 8 of Northeast Louisiana. Analysis was constructed based on determinants of health, which included a comprehensive characterization of community health taking into account significant secondary data regarding social, economic, and physical factors, as well as health risks and outcomes. SFMC requested feedback through a regional community survey that helped garner input from community partners, business and education leaders, healthcare professionals, government/civic officials, and the community-at-large. The results offered valuable insights about perceived health needs in Region 8 and defined what is seen as high-priority health issues. This information, compared with the data provided through HCI and feedback from stakeholder interviews, allowed SFMC to define CHNA Priority Areas and to create related implementation strategies.

Through the work to be done in the implementation strategies that support the 2019 CHNA, SFMC will be better positioned to contribute to community health improvement efforts in accountably measurable ways. SFMC's 2019 CHNA and its related implementation strategies were developed with the collaboration of the United Way of Northeast Louisiana, which works with many of SFMC's community partners, is known to be a Region 8 leader in outcomes-based community improvement, and was a pioneer in Northeast Louisiana in program accountability; additionally, many members of the health, business, government/civic, and education community contributed to the assessment through responses to surveys, and community partners who were interviewed helped prioritize the health needs and potential for the greatest positive impact.

DATA SOURCES AND METHODS

An extensive collection of data was analyzed for the SFMC 2019 CHNA, which incorporated multiple reports and comparisons to define health disparities and trends for SFMC's community/service area. Indicators of key preventable causes of hospitalizations were analyzed at the local and parish levels and compared to core health indicators and demographic information. This data, which highlighted patterns and geographic disparities in core indicators, enabled SFMC to design a community survey which guided the selection of Priority Areas. The community information gathering process yielded 614 responses from an electronic survey. This information supplemented – and gave a “face” – to the HCI data, which helped SFMC and its CHNA Advisory Committee gain a better understanding of how the information translated into real-life, actionable strategies.

Online survey links were sent to the following groups:

- **Education:** Grambling University, Louisiana Tech University, University of Louisiana at Monroe
- **Government / Civic:** City of Bastrop, City of Farmerville, City of Monroe, City of Rayville, City of Ruston, City of West Monroe, Monroe Chamber of Commerce, Monroe City Council, NOVA Workforce Development of Northeast Louisiana, Ouachita Economic Development Council, Ouachita Parish Police Jury, West Monroe / West Ouachita Chamber of Commerce
- **Healthcare Professionals:** SFMC internal newsletter, SFMC Board of Directors
- **Community Partners:** ARCO, Caldwell Parish Council on Aging, Children's Coalition for Northeast Louisiana, Food Bank of Northeast Louisiana, MedCamps, Morehouse Parish Council on Aging,

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

Ouachita Parish Council on Aging, Rays of Sonshine, Tensas Parish Council on Aging, United Way of Northeast Louisiana, WellSpring Alliance, West Ouachita Senior Center

- **Community-at-Large:** Accounts for 57.49% of 614 total respondents; survey link posted at <http://www.stfran.com> and sent to patients through MyChart, a personalized, secure online access portal which allows patients to communicate with their medical team and access portions of their medical record and visit history.

AREAS OF NEED

SFMC's CHNA is intended to be an overview of the current health status and current health priorities of the people of Region 8 of Northeast Louisiana with strategies focused on a community defined by SFMC as a service area that can be best affected with measurably effective implementation strategies that will improve the health and wellness of the people SFMC serves. The 2019 CHNA Priority Areas have been defined by the information gathered from HCI, interviews, and community surveys with particular attention given to areas with the greatest SocioNeeds Index.¹

Survey respondents were asked to choose what they felt were the top four health issues facing Northeast Louisiana residents. After examination of the survey data (more information and details about the survey can be found in this CHNA beginning on page 13) and comparison to feedback gained from interviews with community partners, several overarching themes developed:

OBESITY AND SEDENTARY LIFESTYLES ARE A MAJOR CONCERN FOR THE PEOPLE OF THIS REGION AND ARE A CONTRIBUTING FACTOR TO OTHER CONCERNS.

Obesity and sedentary lifestyles have been shown to be closely connected to other health issues, such as diabetes, heart attack/stroke and healthy eating.

CHRONIC DISEASE MANAGEMENT IS AN IMPORTANT ISSUE AFFECTING PATIENTS ON MORE THAN ONE LEVEL.

When patients do not understand how to manage chronic diseases and appropriately access care, they are more likely to be repeatedly readmitted for the same health problems and to perpetuate poor health outcomes across generations.

BARRIERS TO CARE CAN CAUSE SIGNIFICANT, NEGATIVE HEALTH IMPACTS.

Lack of transportation and financial barriers limit people's ability to seek timely, appropriate care, which can cause ongoing, unaddressed health disparities, including lack of care for chronic diseases.

SUBSTANCE ABUSE IS A PROBLEM THROUGHOUT REGION 8.

Ranging from legal substances, such as tobacco and alcohol, to illegal substances, such as marijuana, cocaine, and methamphetamines, substance abuse is an issue that crosses all socioeconomic barriers. Addiction is not limited to older or younger people, and it cannot be classified by race or gender.

¹ HCI's SocioNeeds Index combines a set of socioeconomic factors for all zip codes in the United States. Determinants are standardized, averaged, and weighted to arrive at a composite index value, which maximizes the correlation to poor health outcomes based on premature deaths and preventable hospitalizations. The SocioNeeds Index can be used to set a perimeter around geographic service areas at the zip code level and then rank the zip codes from 1 to 5 to identify the most vulnerable populations. Areas ranked as a 5 represent the highest, most immediate needs across a range of socioeconomic indicators.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

A VARIETY OF FACTORS LIMIT A PERSON'S ABILITY TO SEEK TIMELY, APPROPRIATE CARE.

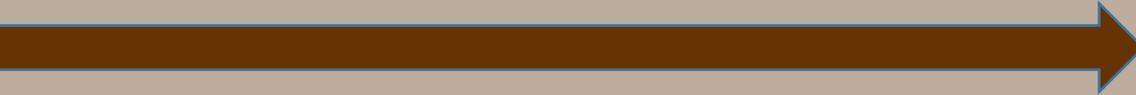
By implementing effective, long-term interventions and measurable strategies and collaborating with community partners, SFMC can begin to work with patients to address some of the factors that create their health disparities.

CARING FOR THE ELDERLY IS A PRIORITY AS PEOPLE ARE LIVING LONGER LIVES.

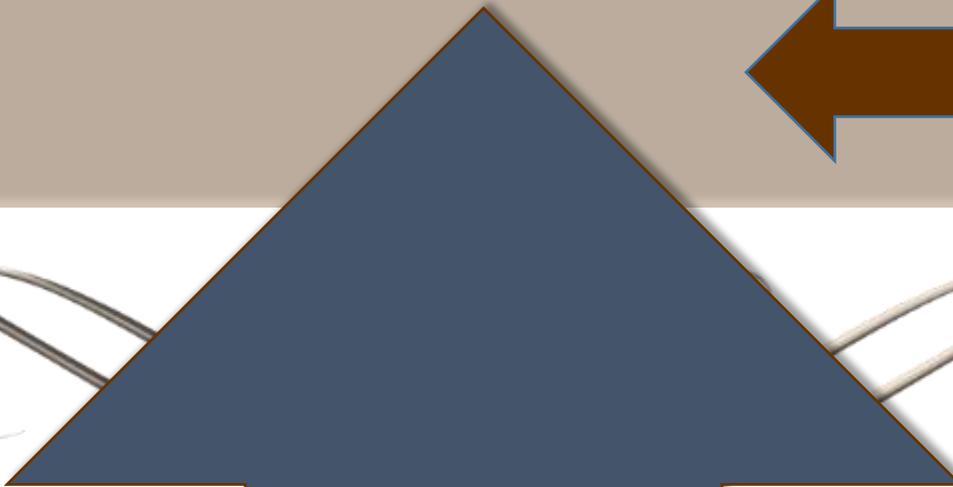
As the average lifespan increases, the healthcare system and social services in the community must evolve to care for a growing number of elderly residents who need healthcare and are choosing to live independently, often without assistance from loved ones.

Based on a comprehensive data analysis and feedback received from the community survey and interviews, SFMC has selected the following Priority Areas for its 2019 CHNA:

- 
- 
1. CHRONIC DISEASE MANAGEMENT
 2. OBESITY/SEDENTARY LIFESTYLES
 3. SUBSTANCE ABUSE
 4. ACCESS TO CARE
 5. CARE FOR THE ELDERLY



BACKGROUND



- Defining SFMC's Community / Service Area
- Who We Are
 - ❖ Our Vision
 - ❖ Our Mission
 - ❖ Our Core Values
 - ❖ Leadership / Operations Team
- Consultants

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

WHO WE ARE

For more than 100 years, SFMC's mission of extending the healing ministry of Jesus Christ to those most in need has remained constant. From its modest beginning in July 1913 as a three-story building with 75 patient beds, SFMC has grown to become Northeast Louisiana's largest healthcare provider. We are part of the Baton Rouge-based Franciscan Missionaries of Our Lady Health System (FMOLHS), which serves more than 50% of Louisiana's residents, and SFMC partners with more than 300 physicians in various specialties to provide high-quality medical, surgical, and emergency services for the residents of Northeast Louisiana. SFMC is located in downtown Monroe and offers a full range of medical and surgical specialties, including cardiology and cardiovascular surgery, orthopedics, neurology and neurosurgery, oncology, physical medicine, critical care for infants, children and adults, emergency services, obstetrics, general surgery, general medicine, skilled care, rehabilitation, and outpatient care. The St. Francis Medical Group operates clinics in Ouachita and Lincoln Parishes as well. A complete listing of all clinics and the healthcare providers at each location can be accessed at <https://stfran.com/services/medical-group>.

OUR VISION

To make a significant difference in our communities through Catholic health services.

OUR MISSION

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

OUR CORE VALUES

- ❖ **SERVICE:** The privilege of reaching out to meet the needs of others.
- ❖ **REVERENCE AND LOVE FOR ALL OF LIFE:** Acknowledging that all of life is a gift from God.
- ❖ **JOYFULNESS OF SPIRIT:** An awareness of being blessed by God in all things.
- ❖ **HUMILITY:** Being authentic in serving as an instrument of God.
- ❖ **JUSTICE:** Striving for equity and fairness in all relationships with special concern for those most in need.

LEADERSHIP / OPERATIONS TEAM

President and Chief Executive Officer: **Kristin Wolkart**

SFMC Board Chair: **William E. Cheek**

- **Tammy Belleau**, Divisional Director of Ancillary Clinical
- **Terri Hicks**, Vice President of Procedural Services
- **Sabrina Hogan**, Vice President of Physician Services and Chief Operating Officer of the St. Francis Medical Group

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

- **Kayla Johnson**, Chief Nursing Officer
- **John Kahl**, Assistant Vice President of the St. Francis Medical Group
- **Aimee Kane**, President of the St. Francis Foundation
- **Jeremy Rogers**, Chief Financial Officer
- **Jason Saucer**, Divisional Director of Facilities
- **Victor Vidaurre**, Vice President of Mission Integration

CONSULTANTS

SFMC collaborated with the United Way of Northeast Louisiana to write this CHNA and worked with an internal CHNA Advisory Committee to write the related implementation strategies; however, two consulting groups also contributed.

Healthy Communities Institute

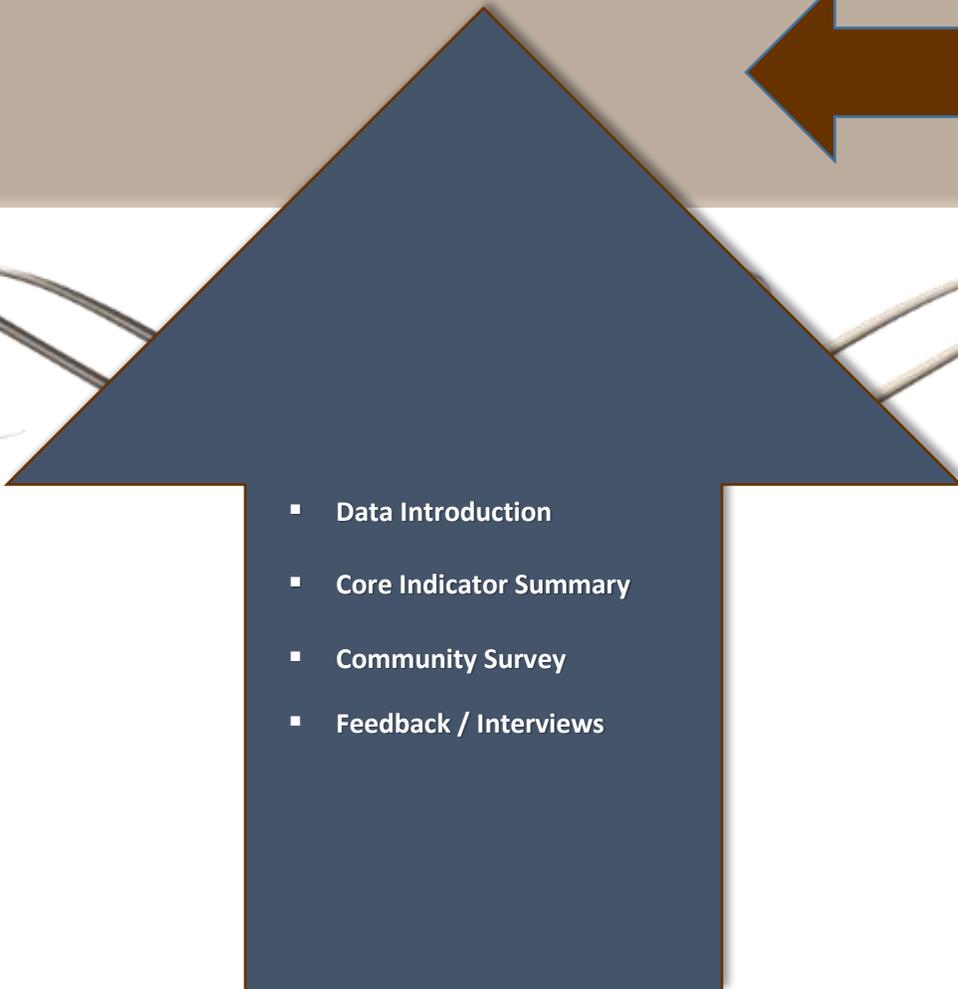
SFMC used data provided by the Healthy Communities Institute (HCI) to create disparities dashboards and to gather information describing the demographics, health indicators, and socioeconomic data of Northeast Louisiana. This information helped outline the Priority Areas and community/service area. HCI's mission is to improve the health, environmental sustainability, and economic viability of cities, counties, and communities worldwide. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement at the University of California at Berkeley. HCI offers a spectrum of technology and services to support community health improvement. HCI's web-based dashboard system makes data easy to understand and visualize. The web system and services enable planners and community stakeholders to understand all types and sources of data and then take concrete action to improve target areas of interest. HCI has more than 100 implementations of its dashboard for clients in 40+ states. The HCI team is composed of experts in public health, health informatics, and health policy. The services team provides customized research, analysis, convening, planning, and report writing to meet the organizational goals of health departments, hospitals, and community organizations. To learn more about HCI, visit www.HealthyCommunitiesInstitute.com.

KPMG

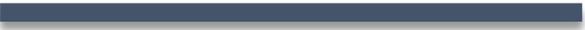
SFMC worked with KPMG LLP, an audit, tax, and advisory firm, to assess the CHNA and implementation strategies to determine whether they meet the requirements of Internal Revenue Code section 501(r)(3). KPMG is the U.S. member firm of KPMG International Cooperative ("KPMG International") and is a global network of professional firms providing audit, tax, and advisory services. Operating in 155 countries with more than 162,000 employees working in member firms around the world, KPMG delivers a globally consistent set of multidisciplinary services based on deep industry knowledge. Their industry focus helps KPMG professionals develop a deeper understanding of clients' businesses and the insight, skills, and resources required to address industry-specific issues and opportunities. KPMG is committed to providing high-quality, professional services in an ethical manner to entities that are listed on capital markets around the globe. Their Transparency Report articulates the steps they take to uphold their professional responsibilities and describes the firm's structure, governance, and approach to quality control. To learn more about KPMG and to view the report, visit www.KPMG.com.



METHODS



DATA INTRODUCTION

SFMC's CHNA originated from a systematic, quantitative analysis of secondary data indicators specific to the Region 8 parishes of Northeast Louisiana. 

After narrowing the parishes to those in closer proximity to Ouachita Parish and further drilling the data down into a disparities dashboard, SFMC chose Lincoln and Ouachita Parishes as the defined community/service area for the 2019 CHNA. The data framework assessed 158 demographic, economic, and education indicators and 122 health indicators, with comparisons to 21 HP2020 goals.

Additionally, the findings were compared to 614 survey responses from the community-at-large, members of the not-for-profit, business, healthcare, education, government/civic sectors, as well as SFMC's team members, Board members, and leadership.

CORE INDICATOR SUMMARY

The core indicators included in the SFMC 2019 CHNA originated from HCI's online database (www.HealthyCommunitiesInstitute.com). The core indicators cover health outcomes, behaviors contributing to health, and other influences, such as demographics, education, and economics. The data available through HCI is continuously monitored and updated as new data becomes available, and the data used to generate the 2019 CHNA was current as of January 2019. Detailed information can be found in Appendix B beginning on page 55. The general health status of Lincoln and Ouachita Parishes was assessed one indicator at a time using three comparison methods:

- ***Geography:*** Comparisons began with all of Region 8 of Northeast Louisiana and were narrowed to parishes in immediate proximity to SFMC. From this information and analysis, SFMC chose Lincoln and Ouachita Parishes to define its community/service area.
- ***Disparities:*** By comparing data trends in each indicator, disparities were noted in geographic and demographic subcategories. Disparities are wide differences among indicators, e.g. people living in a particular zip code experiencing higher hospitalization rates for a disease than people living in other zip codes. Where there are significant differences, disparities exist.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

- **Benchmarks:** Indicator values were compared to the nationally recognized Healthy People 2020 benchmarks, which can be accessed at www.healthypeople.gov/HP2020. Benchmarks are points of reference used to evaluate performance or levels of quality.

The availability of subpopulation data varied by indicator, which resulted in a few indicators that did not have comparable data. These variances were taken into account when choosing Priority Areas and did not affect the final selections. After comparisons were evaluated, indicators were aggregated into a Disparities Stoplight Report by topics (see Appendix B beginning on page 54). The report categorizes the indicators and their current outcomes into three categories – Green, Yellow, and Red. Indicators marked as Green are performing well in Lincoln and Ouachita Parishes compared to benchmarks. Indicators marked as Yellow have room for improvement but have not yet reported outcomes poor enough to be classified as Red. Indicators marked as Red have the greatest opportunity and need for improvement when compared to the benchmarks.

COMMUNITY SURVEY

An online survey was used to garner feedback. Responses (614) were collected in the last quarter of 2018 and the first five weeks of 2019. Some respondents received a link by email requesting their participation, and others clicked the link from a request for participation posted at <https://www.stfran.com>. Different links were used for different requests for participation in order to determine from where responses originated. SFMC did not have problems obtaining input from sources; however, because the survey was sent to select audiences, it is not intended to be completely representative of the population as a whole but rather as a snapshot of the community's needs.

Of the 614 respondents, 57.49% (353) were from the community-at-large, and 42.51% (261) were from professionals who work in healthcare, education, workforce development, the not-for-profit sector, government/civic roles, or other professional roles. These 42.51% of respondents were specifically targeted because their responses give a picture of the Priority Areas as defined by professionals who are in touch with the community's needs through the work they do. All the organizations providing input, such as Region 8 universities, government agencies, businesses, non-profit organizations, workforce development agencies, mental health providers, and more, serve populations which cut across income and racial barriers to address issues for any person in need; however, many of their services are provided to low-income, minority populations who have traditionally experienced the greatest barriers to care. Following is a summary of the survey results:

HEALTH ISSUE 1 (total respondents = 610; skipped 4; weighted average = 3.41)

- **Access To Care** = 19.67%, 120 respondents
- **Cancer** = 18.20%, 111 respondents
- **Chronic Disease Management** = 17.05%, 104 respondents
- **Obesity/Sedentary Lifestyles** = 14.26%, 87 respondents

HEALTH ISSUE 2 (total respondents = 603; skipped 11; weighted average = 4.40)

- **Chronic Disease Management** = 18.74%, 113 respondents
- **Obesity/Sedentary Lifestyles** = 14.43%, 87 respondents
- **Mental Health** = 13.60%, 82 respondents
- **Substance Abuse** = 11.61%, 70 respondents

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

- *Heart Disease/Stroke* = 11.28%, 68 respondents

HEALTH ISSUE 3 (total respondents = 601; skipped 13; weighted average = 4.72)

- *Substance Abuse* = 15.14%, 91 respondents
- *Chronic Disease Management* = 14.14%, 85 respondents
- *Heart Disease/Stroke* = 13.81%, 83 respondents
- *Obesity/Sedentary Lifestyles* = 11.81%, 71 respondents
- *Care for the Elderly* = 11.65%, 70 respondents

HEALTH ISSUE 4 (total respondents = 601; skipped 13; weighted average = 4.75)

- *Substance Abuse* = 14.81%, 89 respondents
- *Mental Health* = 13.48%, 81 respondents
- *Care for the Elderly* = 12.98%, 78 respondents
- *Obesity/Sedentary Lifestyles* = 11.48%, 69 respondents
- *Access to Care* = 10.98%, 66 respondents
- *Chronic Disease Management* = 10.82%, 65 respondents

The survey also asked respondents to write in what they felt were critical health issues facing the people of Northeast Louisiana. Following are samples of feedback received from this open-ended question:

- “Make physical access to hospital easier”
- “Medication non-compliance”
- “Food insecurity”
- “Preventing readmission within 30 days. Health education and compliance.”
- “Helipad and more access for heart-related issues”
- “Diabetes”
- “Affordable healthcare”
- “Prenatal care”
- “Pain management”
- “Early detection and prevention of chronic illness”
- “STD’s in young adults”
- “Not being able to afford medications”
- “Lack of choice for specialty care”
- “Treatment for individuals with Autism Spectrum Disorder”
- “Non-compliance”
- “There’s very limited access to doctors who accept Medicaid for children.”
- “Immunizations for kids”
- “Poverty and illiteracy”
- “Eating problems”
- “Access to care but specifically around patients’ lack of transportation to get to a provider clinic, therefore ambulance/ER”
- “Tobacco use”

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

- “Premature birth rate”
- “Lack of proper nutrition, dental care”
- “Cost of health care”
- “Culture – unhealthy lifestyles”

When asked the best way to address health issues in the region, 345 respondents answered with a variety of solutions. Among the answers were the following:

- “Public service announcements”
- “Be more aware of this problem.”
- “Improve overall experience within Emergency Departments”
- “School and media”
- “Have accessible primary care doctors”
- “Control group surveys”
- “Community outreach organizations”
- “More teachings and provide transportation to the elderly”
- “Education and prevention training in the workplace”
- “Cheaper insurance”
- “Free healthcare that does not require someone to sit all day in the medical office”
- “Teach the importance of prevention and healthy living in schools”
- “Forums”
- “More doctors”
- “Social media”
- “Medicare for all”
- “Faith-based organizations, church”
- “Health fair to inform the public where their needs can be met”
- “Special events and health fairs”
- “Low-cost state hospitals”
- “Provide other avenues for seniors to have access to more fruits and vegetables”
- “Make high school seniors go to school all day. Roaming the streets aimlessly creates bad habits that matriculate into poor health.”
- “Traveling RV clinics”
- “Better insurance coverage that is affordable to all. Strengthen the Affordable Care Act! Stop trying to repeal it. It is already well known prevention is the key, so well care access would make a major dent in all of the critical health issues. But that takes insurance, reasonable health cost, and individuals who make policy who are not rich!”
- “The community to come together and review data and set up a plan to address”
- “Free or low-cost healthcare screenings”

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

- “I am not sure how to address the issues in the region. What I see a lot of is people who just do not want to change. As a provider of care in the region, one can offer a variety of help, but if the public in general is unwilling to make the changes, then I’m not sure what can be done. I see it all the time. We seem to live in an environment where people first of all will not admit there are issues; therefore, they do not seek out nor do they want treatment.”
- “The hardest thing to me is getting appointments after work.”
- “The City of Monroe should provide sidewalks and bike lanes so that more people can have an option outside of driving. This would increase activity.”
- “Working together rather than competing for dollars”

Survey respondents indicated they spent most of their professional time in the following parishes:

PARISH	PERCENTAGE	TOTAL
Caldwell	0.49%	3
East Carroll	0.16%	1
Franklin	0.98%	6
Jackson	0.16%	1
Lincoln	13.19%	81
Madison	0.16%	1
Morehouse	1.63%	10
Ouachita	78.18%	480
Richland	2.12%	13
Union	1.95%	12
Tensas	0.00%	0
West Carroll	0.98%	6
TOTAL		614

INTERVIEWS

LYNN V. CLARK, Executive Director, Children’s Coalition for Northeast Louisiana

117 Hall Street, Monroe, LA 71201, (318) 323-8775

Personal interview: 2/15/2019

The Children’s Coalition for Northeast Louisiana works with Region 8 communities to facilitate positive changes for children and families who need connections with resources. Among the programs the Coalition supports is Early Head Start, Childcare Connections, and the Family Resource Center, as well as a community garden, which teaches the community to understand gardening as both an activity for growing food and fitness and supplies part of the food for the Early Head Start centers.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

SHEILA L. HUTSON, RN, Office of Public Health, Louisiana Department of Health, Region 8

1650 Desiard St., Monroe, LA 71201, (318) 361-7724

Phone interview: 1/29/2019; Personal interview: 2/18/2019

The goal of all OPH offices is to protect and promote health and ensure access to medical, preventive, and rehabilitative services for all citizens of the State of Louisiana. As a center of emergency preparedness, primary care and rural health, community and preventive health, vital records, and opioid surveillance, Region 8 OPH is an important collaborating partner as SFMC seeks to address the needs of the people of the area, especially its most vulnerable populations.

JOHN KAHL, Assistant Vice President, St. Francis Medical Group

309 Jackson Street, Monroe, LA 71201, (318) 966-4000

Personal interview: 2/6/2019

John Kahl was part of the SFMC CHNA Advisory Committee that assisted with the development, measurement, and tracking of the CHNA Implementation Strategies during the previous CHNA measurement period. As part of the Franciscan Missionaries of Our Lady Health System, the St. Francis Medical Group has a mission of helping those most in need. According to their website, “Our clinically integrated services will treat our patients with efficient and state-of-the-art methods while delivering respectful and compassionate care to our patients, especially for those most in need.”

KIM LOWERY, Director of Community & Organizational Strategy, United Way of Northeast Louisiana

1201 Hudson Lane, Monroe, LA 71201, (318) 325-3869

Personal interviews: 6/25/2018, 2/15/2019

The United Way of Northeast Louisiana engages volunteers in the 12-parish area of Region 8 to address some of the toughest problems facing the area in regional and local efforts – homelessness, hunger, the effect of childhood literacy on dropout rates – and their 2-1-1 service is a free services designed to offer information on community services and programs for anyone who needs help locating information on what is available in the region.

LYNDA MCGEHEE, Executive Director, Ouachita Council on Aging, Inc.

2407 Ferrand Street, Monroe, LA 71201, (318) 387-0535, ext. 203

Phone Interview: 1/29/2019; Personal interview: 2/12/2019

The Council on Aging works in the communities it serves to connect seniors with resources, such as medical information, meals, Medicaid enrollment, activities, nutrition counseling/education, material aid, housekeeping, legal aid, and other similar services that allow these elderly citizens to remain independent and in the community longer. The Council’s services are open to all citizens age 60 and over regardless of race, religion, color, or national origin.

LINDA SOUTHWELL, Senior Services Strategy Manager, FMOL Health System

309 Jackson St., Monroe, LA 71201, (318) 966-4577

Personal interviews: 2/19/2019

Linda Southwell was part of the SFMC CHNA Advisory Committee that assisted with the development, measurement, and tracking of the CHNA Implementation Strategies during the previous CHNA measurement period. Linda’s position with the FMOL Health System is focused on addressing one of the primary objectives of the FMOLHS Strategic Plan: “To develop innovative approaches of care for vulnerable populations, notably the elderly and children and those with mental health issues.” As Senior Services Strategy Manager, her work focuses on the elderly who are vulnerable in our communities and often crosses into mental health as well.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

After interviewing the above-listed community partners, a few takeaways emerged:

- These community partners have established a variety of highly specific, impactful Priority Areas that are as varied as their individual missions.
- These community partners are potential collaborators who are willing to help work on improving the health status of the people of Region 8.
- While it appears on the surface to be very different, much of the work these community partners are doing and the work they are planning to do in the future is complementary. Meaningful collaboration could benefit the people of Region 8 much more than the work each organization is doing separately.
- There is a substantial focus in the community on improving the quality of life for families and the elderly, especially those who are vulnerable and living with socioeconomic disparities.

Discussing accountable, effective implementation strategies for the SFMC 2019 CHNA was a discussion that needed to extend to community partners and into the community/service area, but it is a discussion that also needed to take place within SFMC's own walls with the St. Francis Medical Group (SFMG). An appropriate, balanced CHNA must include the work that is already being done to determine the potential for quality improvement as we examine what can be done even better in the future to reach vulnerable populations.

Whereas in past CHNA efforts SFMC took an implementation approach of creating strategies that asked community partners and physicians to assist with projects that rested heavily on dashboards and data, the SFMC 2019 CHNA is built on a foundation of seeking collaborations that will move the progress meter as far as possible for the people we serve in tangibly measurable ways.

The goal is the same:

SERVE PEOPLE WITH COMPASSIONATE, HIGH-QUALITY CARE.

That has certainly not changed.

The change is in the philosophy of what it means to conduct and implement strategies related to a CHNA. During discussions with the SFMG, it was discussed that the old ways of thinking about projects and implementations were not necessarily the only ways. Coming up with a list of goals and objectives and expecting community partners to come to the table to collaborate on them is not always the best path to progress. Instead, SFMC and the SFMG are looking at ways to move into the community and find ways to fit into the work that is taking place.

- How can SFMG physicians and nurse practitioners provide education to the community-at-large?
- Are there faith communities that can be reached to break down barriers and increase health and wellness awareness and understanding?
- Could the SFMG's Mobile Health Unit collaborate with primary care providers, specialists, rural hospitals, businesses, faith communities, or others in the community to provide access to care for those experiencing barriers such as transportation?
- Rather than look at what quality measures the SFMG can track, how can the SFMG work within departments that provide services such as tobacco cessation to disparate populations to ensure SFMG physicians and nurse practitioners refer patients who need follow-up care? How can SFMC make sure progress is tracked?

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With these thoughts in mind, SFMC placed a new set of eyes on the interviews with community partners and thought intentionally about how implementation strategies will be best executed in the community and how collaborations will look with each partner.

SFMC worked closely with the United Way of Northeast Louisiana (UWNELA) to conduct/create the SFMC 2019 CHNA through phone and personal interviews, as well as collaboration to produce the final document. During interviews with the United Way of Northeast Louisiana (UWNELA), for example, SFMC learned about the work the UWNELA is doing in the region to bring together Partner Agencies and regional stakeholders to accomplish the following Community Impact goals and strategies:

Children, Youth, and Young Adults Successful in School and Life

- Children enter school ready.
- Students are successful in elementary school and prepared for middle/secondary school.
- Youth gain the knowledge, skills, and credentials so that they are prepared for the workforce and are able to obtain family-sustaining employment.

Economic Opportunity for All

- Individuals and families have adequate and sustainable resources to support their needs.
- Individuals and families have the skills, knowledge, relationships, and economic pathways they need to effectively increase and manage their income.
- Vulnerable populations maximize their ability to live with independence and dignity.
- People/organizations continue to work together to support a thriving, prosperous, robust economy.

Healthy and Safe Individuals, Families, and Community

- Families/individuals live in a healthy and safe environment.
- People/organizations work together to strengthen and build a more inclusive community.

Based on these goals, SFMC plans to partner with the UWNELA and its Partner Agencies on an ongoing basis through projects that complement SFMC's implementation strategies wherever possible to support the goal of "Healthy and Safe Individuals, Families, and Community" and will lend support through volunteer participation, committee membership, annual campaign participation, and community support throughout the year as opportunities arise in other areas to ensure projects are supported in SFMC's community/service area. While the other projects the UWNELA takes part in throughout the year do not directly support SFMC's 2019 CHNA implementation strategies, they still contribute to the community and help improve the health and wellness of the people we all serve.

SFMC interviewed Lynn Clark from The Children's Coalition for Northeast Louisiana to further understand the needs of children and parents in Region 8. The Children's Coalition is a "membership-based, 501(c)3 non-profit organization dedicated to creating communities where children and families thrive. We address the needs of children and youth 0-18 in four main areas: Early Care and Education, Healthy Living, Parent Education and Youth Development." The Children's Coalition seeks strategic and innovate partnerships throughout Northeast Louisiana to raise the level of care and support for children ages 0-18 and "to create a stronger, more empowered community that will bring prosperity to Northeast Louisiana."

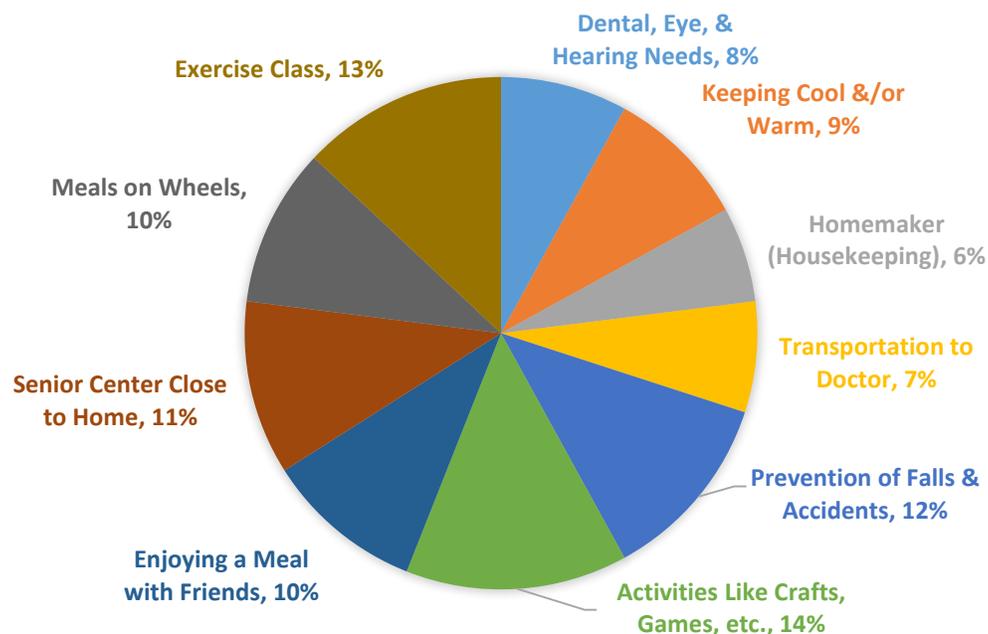
During the interview, partnerships were discussed, including the potential for SFMC to be involved in programs addressing both health-related and community-wide issues, such as homelessness, drug abuse,

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early childhood education, and parenting. SFMC's contributions to the Children's Coalition's efforts will continue to be a dynamic effort throughout the CHNA measurement period as initiatives develop and the possibility for collaboration is presented. Initial ideas include collaborating with the Children's Coalition and the Director of Prevention Services from Louisiana Tech University to educate youth in Jackson, Lincoln (part of SFMC's defined community/service area), and Union Parishes about the dangers of tobacco use and determining how SFMC might assist the Children's Coalition with a project to pull together community resources to tackle homelessness through health and educational resources.

The needs of seniors in the region were also emphasized prominently in SFMC's community surveys. During interviews with the Ouachita Council on Aging, SFMC learned of several areas for potential collaboration in the Area Plan for 2019-2023 that was submitted to the Louisiana's Office of the Governor. The data shared and potential areas for collaboration focus on what seniors in the region self-reported as their Priority Areas in a 2018 Council on Aging survey. Following is a summary of this information:

TOP 10 SENIOR NEEDS SURVEY RESULTS



The Senior Needs Assessment Survey was distributed to 3,000 seniors in the Primary Service Area.³ Approximately 497 written responses were received, representing a 16.5% response rate. The Ouachita Council on Aging also conducted three Public Meetings in November 2018 at the Carolyn Rose Strauss Senior Center in Monroe, West Ouachita Senior Center in West Monroe, and Bessie McKinnis Senior Center in Sterlington to gather information. Based on the survey responses received, the top 12 needs for seniors in this area are:

1. Fun activities (crafts, music, games, etc.)
2. Exercise classes and learning healthy eating habits
3. Preventing falls and accidents
4. Having a senior center close to home

³ According to the Ouachita Council on Aging Area Plan, "Not only did we include our program participants, but those seniors who attend various social clubs, church functions, VFW meetings, etc."

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5. Having a meal with friends, i.e. congregate meals
6. Home-delivered meals
7. Keeping warm and/or cool when the weather changes
8. Dental care, eye care, hearing aids
9. Transportation to the doctor or the senior center
10. Housekeeping service
11. Someone to call when I am lonely or feel threatened
12. Information on various health issues and medication management

According to feedback received during the three-month survey process, which also took into account feedback from surveys and interviews with professional stakeholders, the top five concerns/priorities identified as Priority Areas for the Area Plan for the Ouachita Council on Aging are:

1. Nutrition Program: Home-delivered meals and congregate meals
2. Senior Centers/Activity sites close to home
3. Recreation and wellness activities, i.e. exercise, crafts, etc.
4. Transportation to Senior Center, doctors' offices, grocery stores, etc.
5. Safety in the home, i.e., emergency call system, homemaker/housekeeping, preventing falls and accidents, someone to call when feeling lonely or threatened

Based on these concerns and goals, SFMC and the Ouachita Council on Aging are collaborating to identify ways the two organizations can combine their efforts to help care for the elderly populations of Region 8, specifically focusing on Ouachita Parish with programs that could be replicated to other Councils. Ideas might include topics such as education programs, assisting with medication management, and service referrals as the implementation strategies are written and evolve throughout the measurement period for SFMC's 2019 CHNA and beyond.

The Louisiana Department of Health Office of Public Health for Region 8 (Region 8 OPH) will be one of SFMC's collaborating community partners as well throughout the 2019 CHNA measurement period – potentially in all five Priority Areas. As one of SFMC's primary collaborating community partners, Sheila Hutson from Region 8 OPH had a great deal of information to contribute to the SFMC CHNA information-gathering process in regards to community benefit work taking place, both in the immediate community surrounding SFMC and throughout Northeast Louisiana. Among the topics discussed at length were emergency preparedness, the opioid crisis and the potential for collaboration among various organizations to facilitate medication take-back days, improving outcomes for families and children through groups that are already functioning within Region 8 OPH and how to connect with their monthly and quarterly strategy meetings, how SFMC and Region 8 OPH can coordinate efforts with Region 8 OPH to strategically help the people of its community/service area, and how SFMC can support the efforts of Region 8 OPH to best utilize limited resources to effect positive, long-term outcomes.

After the initial personal interview, SFMC and the Region 8 OPH combined efforts to share information in order to produce a community resource guide of information similar to information included in this CHNA on pages 28-43. Additionally, representatives from the UWNELA resource Louisiana 2-1-1 were involved in the review process and contributed information. The SFMC 2019 CHNA link posted at <https://stfran.com/about-us/community-health-needs-assessment> was shared with Region 8 OPH team members as an available community resource.

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Potential strategies for collaboration under consideration with the Region 8 OPH include:

- Addressing/managing the opioid crisis
- Ensuring access to care during community crises
 - Floods, tornados, other weather-related disasters
 - Region-wide technological disruptions
 - Health epidemics
- Addressing outcomes for families
 - Through the CHNA process, SFMC representation has been added to Strengthening Families and the Community Action Advisory Team, groups strategically mobilizing organizations and resources from Region 8.

SFMC also interviewed Linda Southwell, an internal collaborating partner functioning on behalf of the community through the FMOL Health System (FMOLHS) as the Senior Services Strategy Manager. Senior Services was established in local markets from an FMOLHS strategic plan objective “To develop innovative approaches of care, especially for vulnerable populations: notably the elderly, children, and those with mental health issues.” Linda’s focus is primarily on connecting organizations and community resources to ensure seniors and their caregivers receive appropriate, timely care and education to help seniors remain healthy and living independently in the community longer. Among the priorities discussed during the interview were the following:

- Lack of understanding of mental health care for seniors and follow-up between physicians and mental health providers when a diagnosis has been made
- Critical nursing shortage to handle the growing demands of an aging population and work taking place in the region to address it
 - *Example:* A \$300,000 grant awarded to Workforce Development Board 83 to train Masters-level registered nurses to be clinical nurse instructors in order to graduate an additional 180 nurses than they would otherwise have the capacity to produce; targets the following parishes: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll; <http://www.wdb83.com>.
- Continued work on reduction of readmission rates (see page 50)
- Regional education opportunities regarding topics such as living wills, Respecting Choices advanced care planning, understanding dementia, chronic disease management, and medication management

TOP PRIORITY AREAS

Based on data collected from HCI and initial feedback from community partners, the following nine significant community health needs identified (listed in priority order) were used as a foundation from which to begin determining the SFMC 2019 CHNA Priority Areas:

1. Chronic Disease Management
2. Obesity / Sedentary Lifestyles
3. Substance Abuse
4. Mental Health
5. Cancer
6. Access To Care
7. Heart Disease / Stroke

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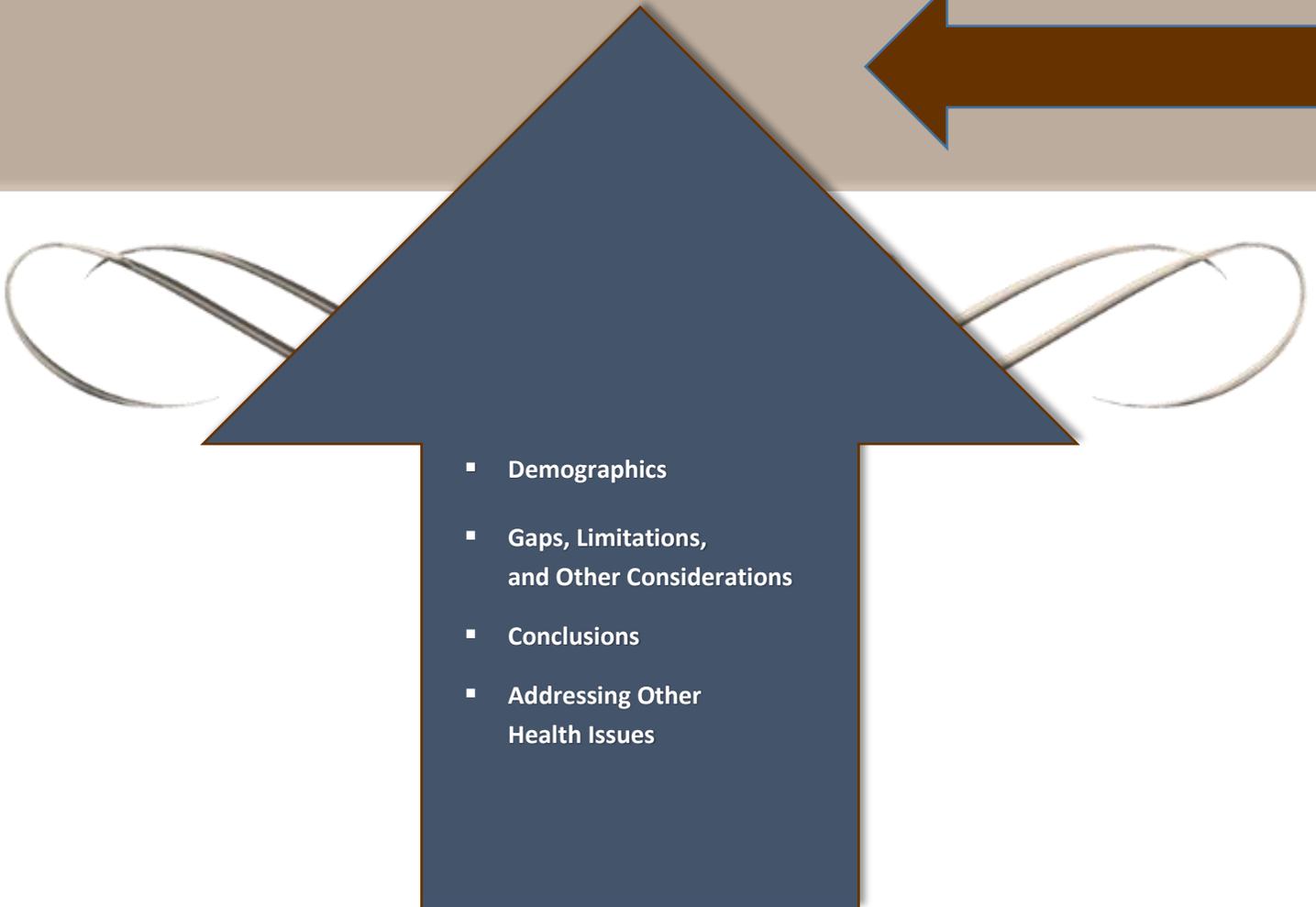
8. Care for the Elderly
9. Preventable Hospital Stays

From these nine identified significant health issues, SFMC chose the following five Priority Areas to address in its 2019 CHNA implementation plan, as referenced previously on page 6.

- 
- **CHRONIC DISEASE MANAGEMENT**
 - **OBESITY/SEDENTARY LIFESTYLES**
 - **SUBSTANCE ABUSE**
 - **ACCESS TO CARE**
 - **CARE FOR THE ELDERLY**
- 



CHNA SUMMARY



- Demographics
- Gaps, Limitations, and Other Considerations
- Conclusions
- Addressing Other Health Issues

Understanding the Priority Areas for SFMC’s 2019 CHNA requires understanding the demographics of the community/service area.

To **APPROPRIATELY** serve people, you **MUST** understand *who* they are, where they are *from*, the type of **environment** in which they *live*, what **education** they have, how they *work*, what their **family** structures are,
and so much more.

DEMOGRAPHICS 

A community’s demographics significantly impact its health profile. Differences in ethnicity, age, gender, and socioeconomic factors may create unique needs and require varied approaches to how those needs are addressed. This section of SFMC’s 2019 CHNA focuses on the demographics of residents in Lincoln and Ouachita Parishes in Region 8 of Northeast Louisiana, the area defined as SFMC’s community/service area. All information was retrieved from HCI at www.HealthyCommunitiesInstitute.com.

POPULATION

An estimated 205,383 people reside in Lincoln and Ouachita Parishes. Of those people, 47,934 reside in Lincoln Parish, and 157,150 reside in Ouachita Parish.

GENDER

Both Lincoln and Ouachita Parishes report more females than males, although the numbers are close.

PARISH	MALES	FEMALES
Lincoln	23,426 (48.87%)	24,508 (51.13%)
Ouachita	75,609 (48.11%)	81,541 (51.89%)

ETHNICITY

Both Lincoln and Ouachita Parishes are primarily white; however, the health disparities typically lie heavily in the Black/African American community. In Lincoln Parish, 53.59% of residents are white, compared to 41.5% of residents who are Black/African American. Hispanic/Latino residents comprise 3% of the population, Asian residents account for 1.4%, and 1.49% are classified as “Some Other Race.”

In Ouachita Parish, 58.85% of residents are white, compared to 37.11% of residents who are Black/African American. Hispanic/Latino residents comprise 2.419% of the population, Asian residents account for .946% and .85% are classified as “2+ Races.” English is the primary language spoken in 89.33% of Lincoln Parish homes and 90.91% of Ouachita Parish homes.

AGE

The median age in Lincoln Parish in 2018 is 28.9. The median age in Ouachita Parish in 2018 is 35.5.

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LINCOLN PARISH	POPULATION BY AGE	POPULATION BY AGE (%)
Age <18	9,967	20.79%
Age 18+	37,966	79.20%
Age 25+	26,463	76.07%
Age 65+	6,366	13.28%
Ouachita Parish	Population by age	Population by age (%)
Age <18	39,523	25.14%
Age 18+	117,927	75.04%
Age 25+	101,659	64.69%
Age 65+	22,914	13.48%

INCOME

The median household income in Lincoln Parish is \$37,842, and the average household income is \$61,321. The median household income in Ouachita Parish is \$40,167, and the average household income is \$62,699. Both parishes report lower median household income than Louisiana as a whole (\$49,216).

POVERTY

A higher percentage of Lincoln Parish residents (19.70%) and Ouachita Parish residents (19.00%) live below the federal poverty level compared to Louisiana (15.10%). These numbers have improved for both parishes and the state since the SFMC 2016 CHNA. At that time, Lincoln Parish reported 20.55% of families living below the federal poverty level, which is an improvement of .85%. Ouachita Parish reported 20.09% compared to 19.00% in 2018, which is a 1.09% improvement. Additionally, Louisiana has had the most dramatic improvement with 19.1% of families reporting to be below the federal poverty line in 2016 compared to 15.10% in 2018 – a 4% improvement.

HIGH SCHOOL GRADUATION RATES

Despite the availability of universities and other institutions of higher learning in both parishes, 14.75% of Lincoln Parish males and 11.65% of Lincoln Parish females age 25+ did not graduate from high school. In Ouachita Parish, those numbers rise to 15.96% of males and 14.14% of females age 25+. This gap represents an educational barrier that can affect indicators such as unemployment rates, understanding of health and wellness, and income potential. Louisiana as a whole reports that 17.87% of males and 13.95% of females age 25+ do not graduate from high school.

UNEMPLOYMENT

The gap in unemployment rates have changed since the 2016 SFMC CHNA with the gap’s widening between unemployed males and females. In 2016, males and females were unemployed in Ouachita Parish at nearly the same rate – males at 8.36% and females at 8.78%. Since that time, the rate for males has dropped only slightly to 8.23%; however, the rate for females is now 7.38%.

In Lincoln Parish, the unemployment gap between males and females has widened further as well. Whereas in 2016, the unemployment rate for males was 12.97% of males compared to 10.08% of females,

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the unemployment rates are now 13.70% for males and 9.30% for females. Overall, Lincoln Parish has a higher percentage of unemployed residents with an 11.49% unemployment rate compared to 7.79% in Ouachita Parish.

PARISH RANKINGS

All zip codes, parishes/counties, and parish/county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To help find the areas of highest need in each community, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value.

PARISH	ZIP CODE / LOCATION	RANKING	INDEX VALUE
Lincoln	71245 / Grambling	95.9	5
	71270 / Ruston	84.7	4
	71275 / Simsboro	67.6	3
	71227 / Choudrant	54.0	2
	71235 / Dubach	45.4	1
Ouachita	71202 / South Monroe	98.7	5
	71292 / South West Monroe	84.2	5
	71238 / Eros	70.0	4
	71203 / North Monroe	65.7	4
	71225 / Calhoun	46.6	3
	71280 / Sterlington	40.5	2
	71291 / West Monroe	39.9	2
	71201 / Monroe	37.9	1

GAPS, LIMITATIONS & OTHER CONSIDERATIONS

No significant gaps were encountered during examination of the collected data. With the understanding that the 614 survey responses received were from people living and working in Region 8 of Northeast Louisiana, SFMC concluded that the responses received were a fair representation of the region’s health concerns. Additionally, there were a few indicators included in the data retrieved from HCI that were lacking one or more pieces of information needed for comparison. However, after looking at the overall needs of the communities and comparing it to the survey responses, interviews conducted, and disparities dashboards, these missing data points were determined to be insignificant to the overall CHNA findings.

This CHNA is subject to limitations of the methods used for summarizing core data indicators and key informant interview findings. The scoring system used could not account for the inherent relationships between health and wellness topics and the number of indicators available for how each topic area varied. Nonetheless, the 2019 CHNA utilized an extensive data set derived from the best, most current public

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health data available. Other indicators are based on surveys, which are subject to variability due to sampling errors and the inherently inconsistent accuracy of self-reported data.

Despite the minor limitations, this CHNA provides an appropriate snapshot of the health and quality of life challenges for the people of Lincoln and Ouachita Parishes in Region 8 of Northeast Louisiana, and the outlined needs provide an appropriate guide for community benefit planning. As implementation strategies are formulated based on the needs identified in the 2019 CHNA, SFMC will explore what these indicators look like in the community/service area.

- ✓ **Who** are the people experiencing these outcomes?
- ✓ **What** factors contribute to their health and wellness?
- ✓ **How** do socioeconomic factors beyond our control affect their outcomes?

Understanding these answers will help guide SFMC toward the most effective intervention strategies.

Although SFMC solicited comments in its 2016 CHNA report by providing an address to which written comments could be submitted, SFMC did not receive any written comments from the community/service area in regard to its 2016 CHNA or implementation strategy. Community feedback is welcome in regard to this 2019 CHNA and its related implementation strategies. Written comments may be addressed to:

Vice President of Mission Integration
309 Jackson St.
Monroe, LA 71201

CONCLUSIONS

There are many health needs of the people SFMC serves. Any Priority Area that is chosen would be well worth the time and effort of addressing. However, resources, including time, people, and the ability to partner in the community to affect sustainable change where it will have the greatest impact, can be limited. Decisions must be made about what the most suitable Priority Areas are that can truly be affected in positive ways rather than taking on too much and falling short of the stated goals.

For these reasons, SFMC assessed the top priorities stated in the community survey, information received from interviews, and data gathered during research to determine the best approach to choose Priority Areas for the 2019 CHNA to promote positive change for the health and wellness of the defined community/service area. As previously stated, the final Priority Areas for the 2019 SFMC CHNA are: Obesity/Sedentary Lifestyles, Chronic Disease Management, Substance Abuse, Access to Care, and Care for the Elderly.

SFMC and its community partners acknowledge that the health needs of the people of Region 8 of Northeast Louisiana span all indicators and could never be captured on a list of five to nine Priority Areas. Some issues impact a larger proportion of the population while others affect primarily one subgroup more than others. Overall, most of the region's health issues are alarming compared to state and national data. Many of the Healthy People 2020 indicators are not being addressed at the same rate as in other areas of the country, and there is no substantial advancement toward long-term, measurable, positive outcomes. There are three issues from the original list of nine issues that SFMC has chosen not to include in the

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Priority Areas for various reasons: Mental Health, Heart Disease/Stroke, Cancer, and Preventable Hospital Stays.

As SFMC formulates implementation strategies, a considerable number of contributing factors will be taken into account, including data indicators and organization-specific capabilities and limitations, to create an action-ready plan to produce measurable, sustainable outcomes. SFMC will work with community partners to positively affect the health of the people of Lincoln and Ouachita Parishes and will attempt to incorporate strategies which can be replicated in the chosen Priority Areas.

RESOURCES TO ADDRESS HEALTH ISSUES

The first phase of implementation for the SFMC 2019 CHNA will concentrate on SFMC's community/service area in Ouachita Parish as implementation strategies focus on creation of best practices that can be replicated. SFMC will work with its CHNA Advisory Committee and community partners to manage strategy implementation and monitoring. Upon establishment of foundational activities, SFMC will expand its CHNA outreach to Lincoln Parish. All data will be reported to the SFMC Board of Directors and the Franciscan Missionaries of Our Lady Health System (FMOLHS) and will be made publicly available as required.

SFMC recognizes the significance of all nine health issues identified as concerns from the data analysis, surveys, and interviews. As we implement strategies in each of the five selected Priority Areas, we expect to encounter linkages among the nine identified health issues that were included in the original survey. For example, while we do not plan to directly address Mental Health as a Priority Area, we have chosen Substance Abuse and Access to Care, which could have tie-ins with Mental Health. Additionally, we do not plan to directly address Cancer, but work done in the Priority Area of Access to Care or Care for the Elderly may connect patients with cancer-related care.

All of the health issues noted impact the people SFMC serves in some way, and any one of the nine issues would have been meaningful choices for the final list of Priority Areas. However, SFMC chose the final Priority Areas primarily for the following reasons:

- They are Priority Areas in which a significant amount of work still needs to take place in the defined community in order to truly see a positive, sustainable impact.
- They are Priority Areas frequently mentioned by survey respondents and community partners, and the collected data supports their inclusion on the final list.
- They are Priority Areas that have a notable influence on Region 8's vulnerable populations, and they are issues that, if improved, could affect the outcomes of other health issues not being directly addressed.

SFMC will collaborate with community partners to address the other health issues that were not identified as Priority Areas as opportunities arise. Following is the list of issues presented in SFMC's community survey and the work currently being done by SFMC programs and by others in the community:

OBESITY/SEDENTARY LIFESTYLES

According to America's Health Rankings in 2018, Louisiana ranks in the bottom percentages in physical activity, obesity, and ranks as 50th in overall health. In response to this, programs throughout the state are attempting to address the obesity/sedentary lifestyles of Louisiana residents that affect their overall

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health and contribute to a worsening effect of other health problems. For example, SFMC offers Healthy Lives, an employer-driven health program offering coaching, assessments, analytics, and wellness screenings to team members, their spouses, and their dependents. SFMC is also a Level Two WellSpot (see below for more information about the Well-Ahead Louisiana program) and has begun offering healthier options in the hospital's cafeteria to encourage better eating among team members and visitors. Items include baked chips, an expanded fruit selection, and more grilled options, just to name a few. For patients who wish to take a different route to a healthier, less obese lifestyle and choose to pursue weight loss surgery, St. Francis P&S Surgery & Heart Center is designated as a Bariatric Center of Excellence by the American Society for Metabolic & Bariatric Surgery, the largest society for bariatric surgery specialization in the world. Additionally, throughout Northeast Louisiana, there are youth-focused sports associations and school-based teams available to engage young people in activities such as football, baseball/softball, cross country/track, soccer, volleyball, and cheerleading.

In the 2013 CHNA measurement period, SFMC addressed the Priority Area of Obesity/Sedentary Lifestyles by implementing a strategy of increasing the percentage of women who initiate breastfeeding during postpartum hospitalization (baseline = 50%; target = 55%; result = 54% in year one, 55% in year two). In the 2016 CHNA measurement period, SFMC addressed Obesity/Sedentary Lifestyles by implementing multiple strategies, which included increasing the number of lactation counselors (a goal which transitioned to the successful retention of two lactation counselors as community resources shifted), increasing the number of patients receiving lactation counseling (target = 110 average/quarter; result = 311 average/quarter), ensuring at least 90% of patients receive breastfeeding education as their primary source of information about newborn nutrition (result = 100%), distributing information to providers and new parents showing breastfeeding as an evidence-based strategy to combat obesity (target = 120; result = 124), and increasing the number of adults receiving BMI screenings and follow-up education to 51.5% among the SFMG patient population (target = 51.5%; result = 67.46%).⁴

Resources to combat obesity and encourage active lifestyles include the following:

- **Glenwood Regional Medical Center**, Fitness class schedules available on hospital website; offers weight loss surgery and free weight loss seminars, 503 McMillan Rd., West Monroe, LA, (318) 329-4200, <http://glenwoodregional.org>
- **The Health Hut**, Non-profit Louisiana Medicaid provider whose mission is to serve the medical needs of the uninsured population of Lincoln Parish through mobile medical care, 310 West Mississippi Ave., Ruston, LA, (318) 513-1212, <https://www.thehealthhut.org>
- **LSU AgCenter**, Provides education services, such as Master Nutrition Program, which certifies volunteers to teach nutrition and food safety to the public; Smart Choices, a community nutrition education program to improve family health; SNAP-Ed, an educational dietary program for SNAP recipients; Smart Choices for Youth, a community nutrition program for grades 5-8; Smart Portions, a healthy weight program; Smart Bodies, a nationally recognized child wellness program; Louisiana School Wellness Policy, which teaches parents and children the importance of making healthier choices; FNP Smart Choices for Seniors, nutrition facts targeting older adults; Tips to Help You Eat Fruits; and Healthy Holidays to You, teaches participants how to enjoy the holidays without putting on extra pounds, (318) 387-9376, 704 Cypress St., West Monroe, LA, <https://lsuagcenter.com>

⁴ See information beginning on page 45 about implementation strategies related to the Priority Area Obesity/Sedentary Lifestyles in the 2016 CHNA measurement period.

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- **Ochsner LSU Health Shreveport-Monroe Medical Center** – According to its previous CHNA, focuses obesity outreach on continuing development of a breastfeeding program and maintaining a baby-friendly designation, providing volunteers and food donations to the Northeast Louisiana Food Bank and Grace Place Ministries, continuing health food offerings in its own facilities, promoting its WellSpot designation (see WellSpot below) and offering nutrition and diabetes education, 4864 Jackson St., Monroe, LA, (318) 330-7700, <http://www.uhsystem.com/conway>
- **Well-Ahead Louisiana**, Initiative started by the Louisiana Department of Health aimed at improving the health and wellness of Louisiana residents, promotes and recognizes healthy choices in spaces and places where people live and work to encourage healthier and happier lives, organizations designated as “WellSpots,” (844) 522-4323, <http://wellaheadla.com>

CHRONIC DISEASE MANAGEMENT

According to Healthcare.gov, Chronic Disease Management is “an integrated care approach to managing illness, which includes screenings, checkups, monitoring and coordinating treatment, and patient education. It can improve your quality of life while reducing your healthcare costs if you have a chronic disease by preventing or minimizing the effects of a disease.”⁵

SFMC employs a Transitions Care Coordinator who calls on patients after discharge to ensure they are following the instructions they were given. This person works primarily with patients who are living with chronic diseases, such as kidney disease and Chronic Obstructive Pulmonary Disease (COPD). By calling them, questions can be asked such as, “Do you understand your medications,” “Are you eating correctly,” “Do you need to schedule follow-up appointments,” “Have there been any changes in your condition,” and other questions that let the Coordinator assist patients in managing their conditions and avoiding unnecessary hospital stays. The Transitions Care Coordinator also calls physicians to obtain immediate appointments when patient conditions warrant earlier interventions, to remove roadblocks to care, and to connect patients with community resources.

Some of the resources in the region addressing chronic disease management include:

- **Diabetes Resources**
 - **Glenwood Regional Medical Center**, 503 McMillan Rd., West Monroe, LA, (318) 329-4200, <http://www.glenwoodregional.org>
 - **The Health Hut**, Non-profit Louisiana Medicaid provider whose mission is to serve the medical needs of the uninsured population of Lincoln Parish through mobile medical care, 310 West Mississippi Ave., Ruston, LA, (318) 513-1212, <https://www.thehealthhut.org>
 - **Morehouse Community Medical Centers, Inc.**, Offers a behavioral health program for established patients, visit <http://www.mcmcinc.org> for a complete list of hours of operation and addresses
 - **Bastrop-Main**, (318) 283-8887
 - **Mer Rouge**, (318) 239-8011
 - **Pediatric**, (318) 556-8444
 - **Marion**, (318) 292-2795

⁵ Retrieved online at the following address: <https://www.healthcare.gov/glossary/chronic-disease-management>

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- **Bastrop High School-Based Health Center (SBHC)**, (318) 239-3883
- **Morehouse Jr. High SBHC**, (318) 281-8422
- **Riser Middle SBHC**, (318) 325-0973
- **West Monroe High SBHC**, (318) 387-8420

- **Diabetes Prescription Assistance**, <http://www.diabetes.org/living-with-diabetes/health-insuranceprescription-assistance.html>

- **Primary Health Services Center**, 2913 Desiard St., Monroe, LA, (318) 651-9914, <http://www.phscenter.org>

- **St. Francis Medical Center**, 309 Jackson St., Monroe, LA, (318) 966-4000

- **St. Francis Medical Group**, Diabetes and healthy eating education provided in medical practices through registered dietitians, <https://stfran.com/services/medical-group>

- **Ochsner LSU Health Shreveport-Monroe Medical Center**, Nutrition and diabetes education, 4864 Jackson St., Monroe, LA, (318) 330-7700, <http://www.uhsystem.com/conway/home>

- **Asthma Resources**
 - **The Health Hut**, Non-profit Louisiana Medicaid provider whose mission is to serve the medical needs of the uninsured population of Lincoln Parish through mobile medical care, 310 West Mississippi Ave., Ruston, LA, (318) 513-1212, <https://www.thehealthhut.org>

 - **Morehouse Community Medical Centers, Inc.**, Offers a behavioral health program for established patients, visit <http://www.mcmcinc.org> for a complete list of hours of operation and addresses.
 - **Bastrop-Main**, (318) 283-8887
 - **Mer Rouge**, (318) 239-8011
 - **Pediatric**, (318) 556-8444
 - **Marion**, (318) 292-2795
 - **Bastrop High School-Based Health Center (SBHC)**, (318) 239-3883
 - **Morehouse Jr. High SBHC**, (318) 281-8422
 - **Riser Middle SBHC**, (318) 325-0973
 - **West Monroe High SBHC**, (318) 387-8420

 - **Primary Health Services Center**, 2913 Desiard St., Monroe, LA, (318) 651-9914, <http://www.phscenter.org>

SUBSTANCE ABUSE and MENTAL HEALTH

SFMC is in a Health Professional Shortage Area (HPSA) related to mental health; however, there are organizations in the region attempting to care for people with mental health needs. Allegiance Health operates an inpatient/outpatient behavioral unit located on the former St. Francis North campus in North Monroe. Additionally, there are other providers in the area working to ensure appropriate access to substance abuse and mental health.

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In January 2015, SFMC opened its Tobacco Cessation Program to help patients overcome tobacco addiction. Currently, SFMC does not offer other substance abuse programs and does not offer its own mental health/counseling programs. There are programs in the area that do, including the following:

- ***Allegiance Behavioral Health Center***, 3421 Medical Park Dr., Monroe, LA, <https://allegiancebehavioralhealthcenter.com>
 - **Allegiance Behavioral Health Center of Monroe**, (318) 966-4686
 - **Allegiance Health Center of West Monroe**, (318) 329-2174
 - **Allegiance Health Center of Ruston**, Inpatient (318) 255-8085, Outpatient (318) 251-5311
- ***Bastrop Behavioral Health Clinic***, Specializes in substance abuse services, provides partial hospitalization/day treatment, hospital inpatient and outpatient, methadone/buprenorphine or vivitrol options, 320 South Franklin St., Bastrop, LA, (318) 283-0868
- ***Children’s Coalition for Northeast Louisiana***, Utilizes “Al’s Pals,” a program used in Pre-K and kindergarten using the adventures of puppets (Al and his friends) to help children make healthy choices, life skills and substance abuse prevention program, 117 Hall St., Monroe, LA, (318) 323-8775, <https://www.childrenscoalition.org>
- ***Center for Children and Families***, Face-to-face crisis screening and in-home stabilization for children and youth under age 18, 622 Riverside Dr., Monroe, LA, (318) 398-0945, <http://www.standforhope.org/>
- ***Columbia Behavioral Health Clinic***, 5159 Hwy. 4 East, Columbia, LA, (318) 649-2333
- ***Cypress Grove Behavioral Health System***, Short-term acute care inpatient facility serving children and adolescents ages 5-17 who have psychiatric disorders and also offering adult outpatient psychiatric services, 4673 Eugene Ware Blvd., Bastrop, LA, (318) 281-2448, <https://www.cypressgrovebh.com>
- ***The Extra Mile***, Peer support specialists and wraparound funds for clients in need, 1900 Lamy Lane, Monroe, LA, (318) 388-6088
- ***The Louisiana Center Against Poverty***, Utilizes “Life Skills” and “Kids Don’t Gamble (Wanna Bet),” programs targeting major social and psychological factors that promote initiation of substance abuse, gambling, and other risky behaviors, 1900 Lamy Lane, Monroe, LA, (318) 324-9963, <http://lacap8.org>
- ***Lincoln Parish DARE (Drug Abuse Resistance Education) Program***, 100 W. Texas, Ruston, LA, (318) 251-5111, <https://dare.org/louisiana>
- ***Louisiana Tech University***, Utilizes “Project Northland,” a multilevel intervention involving students, peers, parents, and the community in programs aimed at delaying the first use of alcohol and other negative behaviors, P.O. Box 7924, Ruston, LA, (318) 257-2651
- ***Monroe Area Guidance Center and Fairhaven Homeless Shelter***, Short-term bed-and-board offering individualized rehabilitation services while preparing residents for independent living, 1900 Garrett Rd., Monroe, LA, (318) 343-9200

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- **Monroe Mental Health**, Focuses on the evaluation, prevention, diagnosis, and treatment of mental, emotional, and behavioral health issues, 4800 Grand St., (318) 362-3339
- **Monroe Peer Support Center**, Lets people discover who they are, learn skills and tools that promote recovery, who they can be, and the unique contributions they can offer (a service of Northeast Delta Human Services Authority), 511 Bres Ave., Monroe, LA, (318) 322-5972
- **Morehouse Community Medical Centers, Inc.**, Offers a behavioral health program for established patients, 518 Durham St., Bastrop, LA, (318) 283-8887, visit <http://www.mcmcinc.org> for a complete list of hours of operation and addresses.
- **Monroe VA Community-Based Outpatient Clinic (CBOC)**, 1691 Bienville Dr., Monroe, LA, (318) 343-6100, https://www.va.gov/find-locations/facility/vha_667GB
- **Northeast Delta Human Services Authority Adult Mental Health Services**, Assessment and referral, on-call, outpatient mental health counseling, medication management, outpatient services for addictive disorders, behavioral health pharmacy services, offices in Monroe, Columbia, Bastrop, Tallulah, Winnsboro, and Ruston, visit <https://nedeltahsa.org/program-descriptions/adult-mental-health-services> for a complete list of hours of operation and addresses
 - **NEDHSA Monroe Clinic**, (318) 362-3339
 - **NEDHSA Columbia Clinic**, (318) 649-2333
 - **NEDHSA Bastrop Clinic**, (318) 283-0868
 - **NEDHSA Tallulah Clinic**, (318) 574-1713
 - **NEDHSA Women & Children’s Clinic (Monroe)**, (318) 362-5188
 - **NEDHSA Winnsboro Outreach**, (318) 649-2333 or (#18) 435-2146
 - **NEDHSA Ruston Clinic**, (318) 251-4125
- **Ouachita Parish DARE (Drug Abuse Resistance Education) Program**, 400 St. John St., Monroe, LA, (318) 329-1200, <https://dare.org/louisiana>
- **Primary Health Services Center Behavioral Health Clinic**, 2913 Desiard St., Monroe, LA, (318) 325-7740, <http://www.phscenter.org>
- **Rayville Recovery**, Inpatient detox and rehab, family education, 307 Hayes St., Rayville, LA, (318) 728-5488, <http://www.rayvillerecovery.com>
- **Rays of Sonshine**, Women’s addictive recovery residence specializing in quality, long-term residential care for women who suffer from substance and chemical dependency, who may also have co-occurring mental health disorders; woman can bring their children, and pregnant women are also invited, 200 Breard St., Monroe, LA, (318) 323-0502, <http://www.raysofsonshine.com>
- **Second Beginnings Peer Support Center**, Peer support and social activities (a service provided by Northeast Delta Human Services Authority), 901 White St., Ruston, LA, (318) 251-4150, <https://nedeltahsa.org/second-beginnings-peer-support-center-2>

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- **Southern Oaks Addiction & Recovery Treatment Center and Starting Point Detoxification Center**, Offers a supportive atmosphere to begin the recovery journey from chemical dependency, 1416 Natchitoches St., West Monroe, LA, (318) 362-5430
- **SYNAR-Goodwill Industries of North Louisiana, Inc.**, Uses underage volunteers to attempt to buy tobacco products and educates merchants, students, and community about the consequences; reinforces the request for identification and explains the need for compliance, (318) 629-5980, <http://goodwillnla.org>
- **West Carroll Safe and Drug-Free Volunteers, Inc.**, Utilizes “Positive Action/Life Skills” and “TNT (Tobacco No Tobacco),” 706 East Main St., Oak Grove, LA, (318) 428-2652
- **Wellspring Alliance for Families**, Provides services for individuals who are severely mentally ill, along with substance use disorders and/or co-occurring disorders, 1515 Jackson St., Monroe, LA, (318) 807-6200, <http://wellspringofnela.org>
- **YMCA**, Life skills and substance abuse prevention program, 1505 Stubbs Ave., Monroe, LA, (318) 387-9622, <http://www.ynela.org>

ACCESS TO CARE

SFMC provides a substantial portion of the charity care provided in Region 8 of Northeast Louisiana to help make care accessible for uninsured or underinsured patients. Many of SFMC’s community partners also work diligently to help eliminate barriers to care. The following information highlights some of SFMC’s partners and the services/programs they offer to facilitate access to care:

- **Dental Resources**
 - **Outpatient Medical Center Dental Clinic**, 804 Beech St., Tallulah, LA, (800) 308-7566
 - **Primary Health Services Center Dental Clinic**, 2914 Betin Ave., Monroe, LA, (318) 323-4450, <http://www.phscenter.org>
 - **Tensas Community Health Center Dental Clinic**, 1115 Levee Rd, St. Joseph, LA, (318) 766-9115
 - **University of Louisiana at Monroe Dental Hygiene Clinic**, Caldwell Hall, 700 University Ave., Monroe, LA, (318) 342-1616
 - **University of Louisiana at Monroe Dental Clinic at Riser Middle School School-Based Health Center**, Care provided solely to Riser Middle School students, 100 Price Dr., West Monroe, LA, (318) 325-0973
- **Maternal, Parenting, and Early Childhood Resources**
 - **ARCO, A Community Resource**, Works with people with disabilities and their families to enable those people to have richer, more rewarding lives, 901 North 4th St., Monroe, LA, (318) 387-7817, <http://www.arcomonroe.org>
 - **ARCO, The Children’s Center**, 211 N. 3rd St., Suite A, Monroe, LA, (318) 322-8974

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- **Autism Center/University of Louisiana at Monroe**, Serves as a comprehensive resource to enhance the quality of life for individuals with Autism Spectrum Disorder (ASD) and their families, Sugar Hall 155, ULM, 700 University Ave., Monroe, LA, (318) 342-3190, <https://www.ulm.edu/autismcenter/index.html>
- **The Children's Coalition for Northeast Louisiana**, 117 Hall St., Monroe, LA, (318) 323-8775, <https://www.childrenscoalition.org>
- **Developmental Disabilities Services/Northeast Delta Human Services Authority**, Women & Children's Clinic, 3200 Concordia, Monroe, LA, (318) 362-5188, <https://nedeltahsa.org/program-descriptions/developmental-disabilities-services>
- **Families Helping Families of Northeast Louisiana, Inc.**, 5200 Northeast Rd., Monroe, LA, (318) 361-0487, <http://www.fhfnela.org>
- **Glenwood Regional Medical Center**, 503 McMillan Rd., West Monroe, LA, (318) 329-4200, <http://www.glenwoodregional.org>
- **Lincoln Parish Early Childhood Center**, 801 E. Mississippi, Ruston, LA, (318) 513-1470, <http://www.lincolnschools.org/lpecc>
- **Northern Louisiana Medical Center**, 401 E. Vaughn Ave., Ruston, LA, (318) 254-2100, <https://northernlouisianamedicalcenter.com>
- **Parish Health Units**
 - **Caldwell Parish Health Unit**
 - 501 East Collins Rd., Columbia, LA, (318) 649-2393
 - **East Carroll Parish Health Unit**
 - 403 Second St., Lake Providence, LA, (318) 559-2012
 - **Franklin Parish Health Unit**
 - 6614 Main St., Winnsboro, LA, (318) 435-2143
 - **Jackson Parish Health Unit**
 - 228 Bond St., Jonesboro, LA, (318) 259-6601
 - **Lincoln Parish Health Unit**
 - 405 E. Georgia Ave., Ruston, LA, (318) 251-4120
 - **Madison Parish Health Unit**
 - 123 Bailey St., Tallulah, LA, (318) 574-3311
 - **Morehouse Parish Health Unit**
 - 650 School Rd., Bastrop, LA, (318) 283-0806
 - **Ouachita Parish Health Unit**
 - 1650 Desiard St., Monroe, LA, (318) 361-7370
 - **Richland Parish Health Unit**
 - 21 Lynn Gayle Robertson Rd., Rayville, LA, (318) 728-4441
 - **Tensas Parish Health Unit**
 - 1115 Levee St., St. Joseph, LA, (318) 766-3515
 - **Union Parish Health Unit**
 - 1002 Marion Hwy., Farmerville, LA, (318) 368-3156

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- **West Carroll Parish Health Unit**
 - 402 Beale St., Oak Grove, LA, (318) 428-9361
- **Primary Health Services Center**, visit <http://www.phscenter.org> for a complete hours of operation and a list of addresses
 - **Desiard Street Clinic**, (318) 651-9914
 - **Mobile Health Clinics**, (318) 503-5020 and (318) 503-5006
 - **Pediatric & Women's Health Clinic**, (318) 651-9945
- **St. Francis Medical Center**, 309 Jackson St., Monroe, LA, (318) 966-4000, <http://www.stfran.com/services>
- **Ochsner LSU Health Shreveport-Monroe Medical Center**, OB/GYN and pediatrician onsite, 4864 Jackson St., Monroe, LA, (318) 330-7000, <http://www.uhsystem.com/conway/home>
- **Military Veterans' Resources**
 - **Louisiana Department of Veterans' Affairs**
 - **Caldwell Parish office**
 - 201 Main St., Ste. 6, Columbia, LA, (318) 649-2552
 - **East Carroll Parish office**
 - 407 2nd St., Ste. 5, Lake Providence, LA, (318) 559-4887
 - **Franklin Parish office**
 - 6558 Main St., Courthouse, First Floor, Winnsboro, LA, (318) 435-2141
 - **Jackson Parish office**
 - 322 6th St., Courthouse Annex, Jonesboro, LA, (318) 259-2100
 - **Lincoln Parish office**
 - 307 N. Homer St., 2nd Floor, Ruston, LA, (318) 251-4142
 - **Madison Parish office**
 - 402 E. Green St., Tallulah, LA, (318) 574-3870
 - **Morehouse Parish office**
 - 129 N. Franklin St., Bastrop, LA, (318) 283-0841
 - **Ouachita Parish office**
 - 704 Cypress St., West Monroe, LA, (318) 362-5137 / 3002
 - **Richland Parish office**
 - 708 Julia St., Rayville, LA, (318) 728-2472
 - **Tensas Parish office**
 - 205 Hancock St., St. Joseph, LA, (318) 766-3542
 - **Union Parish office**
 - 303 E. Water St., Ste. 106, Farmerville, LA, (318) 368-3271
 - **West Carroll Parish office**
 - 310 Skinner Lane, Oak Grove, LA, (318) 428-2671

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- **Monroe VA Community-Based Outpatient Clinic (CBOC)**, 1691 Bienville Dr., Monroe, LA, (318) 343-6100, https://www.va.gov/find-locations/facility/vha_667GB
- **Northeast Louisiana Veterans' Home**, 6700 Hwy. 165 North, Monroe, LA, (318) 362-4206, <https://www.vetaffairs.la.gov/benefit/la-veterans-homes>
- **Overton Brooks VA Medical Center**, 510 E. Stoner Ave., Shreveport, LA, (318) 221-8411, <https://www.shreveport.va.gov>
- **Minority Health Resources**
 - **Bureau of Minority Health Access and Promotions**, <http://www.dhh.state.la.us/index.cfm/page/210/n/170>, The Bureau of Minority Health Access and Promotions has reviewed the resources listed at this site and recommends them because they have relevant, informative content about health disparities, minority health access, and related topics and may provide help, answer questions, or indicate resources. The list changes as programs and services are added or discontinued.
 - **Centers for Disease Control and Prevention**, <https://www.cdc.gov/minorityhealth>
 - **Indian Health Service**, <https://ihs.gov>
 - **Office on Women's Health**, <https://www.womenshealth.gov>
 - **U.S. Department of Health & Human Services Office of Minority Health**, <https://minorityhealth.hhs.gov>
- **Prescription Drug Resources**
 - **CVS, Target, Walgreens, and Walmart** offer generic pharmacy discount programs for an average of \$4 per 30-day prescription.
 - **Prescription Assistance for Diabetic Patients**, <http://www.diabetes.org/living-with-diabetes/healthinsurance/prescription-assistance.html>
 - **FamilyWize Prescription Savings Card**, Pulls together millions of people who have no health insurance or have high medication costs or need to buy medicine not covered by their health plan. FamilyWize negotiates with pharmacies to get discounts similar to what they give large groups like insurance companies and employers and passes through 100% of these negotiated discounts to the people using the card to purchase their medicine. In 2014, the average savings was 42%. The card is free to everyone, guarantees all FDA-approved prescription medications, and is accepted at more than 60,000 pharmacies nationwide. Free savings cards can be downloaded/printed at <http://FamilyWize.org> or picked up at the United Way of Northeast Louisiana, 1201 Hudson Lane, Monroe, LA, (318) 325-3869.
 - **Partnership for Prescription Assistance**, Offers a single point of access to more than 475 public and private programs and connects millions of Americans with free or reduced-cost prescription medicines, (888) 477-2669, <http://www.pparx.org>

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- **St. Vincent DePaul Community Pharmacy**, Provides free prescription medications to people who are unable to pay for them, 502 Grammont St., Monroe, LA, (318) 387-7868
- **Winnsboro Health Clinic Prescription Assistance Program**, (318) 435-4571
- **Wisner Medical Clinic – Patient Assistance Program**, (318) 724-7008
- **Primary Care Resources**

The following resources are included because they are known to offer discounted rates for primary care services on a sliding fee scale based on a patient’s income. Prior to arriving for an appointment, a patient should call to confirm the type(s) of documentation that will be required to receive the discounted services and to ensure that policies for providing the discount have not changed since publication of this CHNA.⁶

 - **Franklin Medical Center**, 104 Verona St., Newellton, LA, (318) 467-9949
 - **Morehouse Community Medical Centers, Inc.**, Offers chronic disease management for diabetes, visit <http://www.mcmcinc.org> for a complete list of hours of operation and addresses.
 - **Bastrop-Main**, (318) 283-8887
 - **Mer Rouge**, (318) 239-8011
 - **Morehouse Jr. High SBHC**, (318) 281-8422
 - **St. Francis Medical Group**, <https://stfran.com/services/medical-group>
 - **Outpatient Medical Center**, 804 North Beech Street, Tallulah, LA, (800) 308-7566
 - **Primary Health Services Center Wellness Clinic**, 2915 Betin Ave., Monroe, LA, (318) 651-9914, <http://www.phscenter.org>
 - **St. Joseph Health Clinic**, 448 Newton St., St. Joseph, LA, (318) 766-8506
 - **Tensas Community Health Center**, 1115 Levee Rd., St. Joseph, LA, (318) 766-1967
 - **Ochsner LSU Health Shreveport-Monroe Medical Center**, 4864 Jackson St., Monroe, LA, (318) 330-7414, <https://www.uhsystem.com>
 - **Winnsboro Health Clinic**, 2104 Loop Rd., Suite C, Winnsboro, LA (318) 435-4571
 - **Wisner Medical Clinic**, 126 Watson Rd., Wisner, LA, (318) 724-7008
- **Additional Health Resources**
 - **Bayou Health**, According to Bayou Health their “overriding goal is to encourage enrollees to own their own health and the health of their families.” With Bayou Health, Medicaid recipients enroll

⁶ A portion of the information for this section was gathered from “Healthcare Resources for the Uninsured,” a pamphlet distributed by the Louisiana Health Care Commission. Available online for each Region of Louisiana at <https://www.lhi.la.gov/consumers/insurance-type/healthinsurance/cover-the-uninsured>

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in a health plan, which can differ from one to another in several ways, such as provider networks, referral policies, health management programs, and services/incentives offered. Each health plan is accountable to the Department of Health and Hospitals (DHH), which monitors all complaints, grievances, and appeals to ensure the system is accountable to the enrollees and to the state.

- **Louisiana 2-1-1**, A single access point 24 hours a day for information and referrals to health and human services for Louisiana citizens' everyday needs and in times of crisis, dial 211 just as you would dial 911 in an emergency, <http://www.Louisiana211.org>

CARE FOR THE ELDERLY

SFMC's parent organization, the Baton Rouge-based Franciscan Missionaries of Our Lady Health System (FMOLHS), employs a Senior Services Strategy Manager who is based in Monroe (see interview notes from SFMC's conversation with this person during the CHNA development process beginning on page 20). This person (Linda Southwell) leads initiatives regarding how SFMC addresses Care for the Elderly and partners with senior-focused organizations, such as Communities Acting to Benefit Louisiana's Elderly (CABLE), nursing homes/assisted living centers, and home health agencies, to help people age 55+ stay active, healthy, and in the community longer. For people who already reside in nursing homes/assisted living centers, the Senior Services Strategy Manager helps the team at these facilities implement ways to improve or maintain the highest quality of care in order to prevent residents from requiring hospitalization.

Additional community organizations/groups helping address care for the elderly include:

- **Communities Acting to Benefit Louisiana's Elderly (CABLE)**, Non-profit organization made up of concerned citizens who band together to help enhance the lives of the senior population of Ouachita Parish, P.O. Box 877, West Monroe, LA, <http://facebook.com/cableouachita>
- **Louisiana Governor's Office of Elderly Affairs**, Serves as a focal point for Louisiana's senior citizens and administers a broad range of home- and community-based services through a network of Area Agencies on Aging, (225) 342-7100, <http://www.goea.louisiana.gov>
- **Caldwell Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP in-home respite, NFCSP material aid, NFCSP public education, nutrition counseling, nutrition education, outreach, recreation, transportation, wellness, Area Agency on Aging, Council on Aging, Senior Center, 307 Main St., Columbia, LA, (318) 649-2584, <http://caldwellcoa.org>
- **East Carroll Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP individual counseling, NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, transportation, utility assistance, visiting, wellness, Council on Aging, 600 First St., Lake Providence, LA, (318) 559-2774
- **Franklin Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP individual counseling, NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, transportation, utility assistance, visiting, wellness, Council on Aging, 714 Adams St., Winnsboro, LA, (318) 435-7579 / (800) 613-4710

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- **Jackson Parish Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP individual counseling, NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, transportation, visiting, wellness, Council on Aging, 120 Polk Ave., Jonesboro, LA, (318) 259-8962 / 800-256-3607
- **Lincoln Area Agency on Aging**, Assistance with chores, assisted transportation, congregare meals, home-delivered meals, home repair, information and assistance, legal and material aid, medication management, National Family Caregiver Support Program (NFCSP) information/assistance, NFCSP in-home respite, NFCSP material aid, nutrition education, outreach, recreation, transportation, wellness, Area Agency on Aging, Council on Aging, 1000 Saratoga St., Ruston, LA, (318) 255-5070
- **Madison Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP counseling, NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, visiting, wellness, Council on Aging, 203 Elm St., Tallulah, LA, (318) 574-3666
- **Morehouse Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, medication management, NFCSP information/assistance, NFCSP in-home respite, NFCSP personal care , NFCSP public education, NFCSP support groups, nutrition counseling, nutrition education, outreach, recreation, telephoning, transportation, wellness, Area Agency on Aging, Council on Aging, 200 Elm St., E. Madison Park, Bastrop, LA, (318) 283-0845 / (800) 256-3006, <http://www.morehousecoa.org>
- **North Delta Regional Planning and Development District**, Area Agency on Aging, supportive services, home-delivered meals, congregare meals, preventive health, senior centers, wellness, transportation, 3000 Kilpatrick Blvd., Monroe, LA, (318) 387-2572, <https://www.northdelta.org>
- **Ouachita Council on Aging**, Congregate meals, home-delivered meals, information and assistance, legal and material aid, medication management, NFCSP information/assistance, NFCSP individual counseling, NFCSP in-home respite, NFCSP material aid, NFCSP outreach, NFCSP personal care, NFCSP public education, NFCSP sitter service, nutrition counseling/education, outreach, recreation, telephoning, transportation, utility assistance, wellness, Area Agency on Aging, Council on Aging, Senior Center, 2407 Ferrand St., Monroe, LA, (318) 387-0535, <http://www.ouachitacoa.com>
- **Richland Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP counseling, NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, transportation, utility assistance, visiting, wellness, Council on Aging, 414 Harrison St., Rayville, LA, (318) 728-2646 / (800) 794-5605
- **Tensas Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP counseling, NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, transportation, visiting, wellness, Council on Aging, 118 Plank Rd., St. Joseph, LA, (318) 766-3770
- **Union Council on Aging**, Congregate meals, home-delivered meals, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP counseling,

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NFCSP in-home respite, NFCSP sitter service, nutrition education, outreach, recreation, telephoning, transportation, visiting, wellness, Council on Aging, 606 East Boundary St., Farmerville, LA, (318) 368-2205 / (800) 256-2846

- **West Carroll Council on Aging**, Congregate meals, home-delivered meals, homemaker, information and assistance, legal, material aid, medication management, NFCSP information/assistance, NFCSP individual counseling, NFCSP in-home respite, NFCSP material aid, NFCSP public education, NFCSP sitter service, nutrition education, outreach, recreation, transportation, utility assistance, visiting, wellness, Area Agency on Aging, Council on Aging, 600 1st St., Lake Providence, LA, (318) 599, 2774
- **Food Resources**
 - **Food Bank of Northeast Louisiana**, Offers a program for seniors that provides approximately 30 pounds of non-perishable food each month, 4600 Central Ave., Monroe, LA, (318) 322-3567, <https://www.foodbanknela.org>
 - **To find food pantries/local resources in parishes throughout Region 8, visit the following link on the Food Bank of Northeast Louisiana's website:** <https://www.foodbanknela.org/find-food>
 - **Food for Families/Food for Seniors**, Participants must be age 60+, program approval requires a state-issued identification and proof of household income, (800) 522-3333, <http://www.ccano.org/food-for-families-seniors>
 - **Meals on Wheels**, <http://mealsonwheelsamerica.org>
 - **Caldwell Parish Council on Aging**, 307 Main St., Columbia, LA, (318) 649-2584, <http://caldwellcoa.org>
 - **East Carroll Council on Aging**, 600 First St., Lake Providence, LA, (318) 71254
 - **Franklin Council on Aging**, 714 Adams St., Winnsboro, LA, (318) 435-7579
 - **Lincoln Council on Aging**, P.O. Box 1058, Ruston, LA, (318) 255-5070
 - **Madison Council on Aging**, 203 South Elm St., Tallulah, LA, (318) 574-3650
 - **Morehouse Council on Aging, Inc.**, 200 Elm St., Bastrop, LA, (318) 283-0845, <http://www.morehousecoa.org>
 - **North Delta Area Agency on Aging**, 1913 Stubbs Ave., Monroe, LA, (318) 387-2572
 - **Ouachita Council on Aging, Inc.**, 2407 Ferrand St., Monroe, LA, (318) 0535, <http://www.ouachitacoa.com>
 - **Union Council on Aging**, 606 E. Boundry St., Farmerville, LA, (318) 368-2205
 - **West Carroll Council on Aging**, 207 East Jefferson St., Oak Grove, LA, (318) 428-4217

CANCER

Some of the healthcare organizations and non-profit organizations working to address cancer in Region 8 of Northeast Louisiana include:

- **American Cancer Society**, 1761 N. 19th St., Monroe, LA, (318) 398-7248, <https://www.cancer.org/about-us/local/louisiana.html>

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- **Cancer Foundation League of Northeast Louisiana**, Free screenings for the community, cancer survivors' celebration, located at the Northeast Louisiana Cancer Institute, 411 Calypso St., First Floor, Monroe, LA, (318) 966-1953, <http://www.cancerfoundationleague.com>
- **The Health Hut**, Non-profit Louisiana Medicaid provider whose mission is to serve the medical needs of the uninsured population of Lincoln Parish through mobile medical care, 310 West Mississippi Ave., Ruston, LA, (318) 513-1212, <https://www.thehealthhut.org>
- **Northeast Louisiana Cancer Institute**, Cancer screening, nutritional supplements, speakers' bureau, cancer survivors' day celebration, educational and resource materials, research grants, educational seminars, 411 Calypso St, Monroe, LA, <http://lacancerfoundation.org>
- **Primary Health Services Center Pediatric & Women's Health Clinic**, 2915 Betin Ave., Monroe, LA, (318) 651-9945, <http://www.phscenter.org>
- **St. Francis Kitty DeGree Breast Health Center**, Community screenings and support group, Tomosynthesis 3D mammography, digital mammography with computer-aided detection, breast MRI with computer-aided evaluation, breast ultrasound, Tomosynthesis 3D/stereotactic-guided breast biopsy, ultrasound-guided breast biopsy, MRI-guided breast biopsy, lymphedema therapy, bone density screening, 2600 Tower Dr., Suite 409, and 312 Grammont St., Monroe, LA, (318) 812-PINK (7465), <https://stfran.com/services/kitty-degree-breast-health-center>
- **Susan G. Komen for the Cure**, 3418 Medical Park, Suite 1, Monroe, LA, (318) 966-8130, <https://komennorthlouisiana.org>

HEART DISEASE/STROKE

SFMC is an Accredited Chest Pain/Stroke Center, which means SFMC has demonstrated expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent criteria and undergoing an onsite accreditation review. Key areas in which an Accredited Chest Pain/Stroke Center must demonstrate expertise include:

- ✓ Integrating the emergency department with the local emergency medical system
- ✓ Assessing, diagnosing, and treating patients quickly
- ✓ Effectively treating patients with low risk for acute coronary syndrome and no assignable cause for their symptoms
- ✓ Continually seeking to improve processes and procedures
- ✓ Ensuring the competence and training of Accredited Chest Pain Center personnel
- ✓ Maintaining organizational structure and commitment
- ✓ Having a functional design that promotes optimal patient care
- ✓ Supporting community outreach programs that educate the public to promptly seek medical care if they display symptoms of a possible heart attack.

Other entities are also working to address the many issues that the public needs to understand about heart disease and stroke. Following is a list of some of those organizations and healthcare providers who, along with the region's physicians, and are working to raise awareness in order to improve health and wellness:

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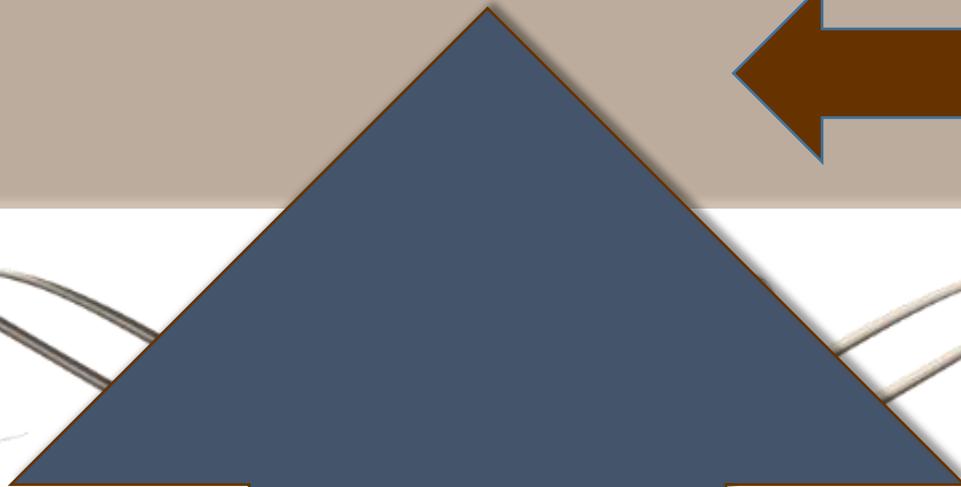
- **American Heart Association**, No Region 8 office – offices in Dallas, Texas, and Jackson, Mississippi, that work with representatives placed in communities throughout North Louisiana to conduct fundraising events, (800) AHA-USA-1, <http://www.heart.org>
- **The Health Hut**, Non-profit Louisiana Medicaid provider whose mission is to serve the medical needs of the uninsured population of Lincoln Parish through mobile medical care, 310 West Mississippi Ave., Ruston, LA, (318) 513-1212, <https://www.thehealthhut.org>
- **Morehouse Community Medical Centers, Inc.**, Offers a behavioral health program for established patients, visit <http://www.mcmcinc.org> for a complete list of hours of operation and addresses.
 - **Bastrop-Main**, (318) 283-8887
 - **Mer Rouge**, (318) 239-8011
 - **Pediatric**, (318) 556-8444
 - **Marion**, (318) 292-2795
 - **Bastrop High School-Based Health Center (SBHC)**, (318) 239-3883
 - **Morehouse Jr. High SBHC**, (318) 281-8422
 - **Riser Middle SBHC**, (318) 325-0973
 - **West Monroe High SBHC**, (318) 387-8420
- **Primary Health Services Center**, 2913 Desiard St., Monroe, LA, (318) 651-9914, <http://www.phscenter.org>
- **Hospitals in Region 8 offering emergency services during a heart attack or stroke**
 - **Caldwell Memorial Hospital**, 411 Main St., Columbia, LA, (318) 649-6111, <http://caldwellmemorial.org>
 - **Citizens Medical Center**, 939 Hwy. 165, Columbia, LA, (318) 649-6106, <https://citizensmedicalcenter.org>
 - **Franklin Medical Center**, 2106 Loop Rd., Winnsboro, LA, (318) 435-9411, <http://www.fmc-cares.com>
 - **Glenwood Regional Medical Center**, 503 McMillan Rd., West Monroe, LA, (318) 329-4200, <https://www.glenwoodregional.org>
 - **Jackson Parish Hospital**, 165 Beech Springs Rd., Jonesboro, LA, (318) 259-4435, <http://www.jacksonparishhospital.com>
 - **Madison Parish Hospital**, 900 Johnson St., Tallulah, LA, (318) 574-2374, <https://www.madisonparishhospital.com>
 - **Morehouse General Hospital**, 323 W. Walnut Ave., Bastrop, LA, (318) 283-360, <http://mghospital.com>
 - **Northern Louisiana Medical Center**, 401 E. Vaughn Ave., Ruston, LA, (318) 254-2100, <https://www.northernlouisianamedicalcenter.com>
 - **Ochsner LSU Health Shreveport-Monroe Medical Center**, 4864 Jackson St., Monroe, LA, (318) 330-7700, <http://www.uhsystem.com/conway/home>
 - **Richardson Medical Center**, 254 Hwy. 3048, Rayville, LA, (318) 728-4181, <http://www.richardsonmed.org>

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- **Richland Parish Hospital**, 407 Cincinnati St., Delhi, LA, (318) 878-5171, <http://www.delhihospital.com>
- **St. Francis Medical Center**, 309 Jackson St., Monroe, LA, (318) 966-4000, <http://www.stfran.com>
- **Union General Hospital**, 901 James Ave., Farmerville, LA, (318) 368-9751, <https://uniongen.org>
- **West Carroll Memorial Hospital**, 706 Ross St., Oak Grove, LA, (318) 428-3237, <http://wchsystems.com>



APPENDICES



- **APPENDIX A:**
2016 CHNA Summary
 - ❖ SFMC & P&S Dashboards
 - ❖ Impact Summary
 - ❖ Other Community Benefits
- **APPENDIX B:**
Disparities Stoplight Report

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

→ In 2016, SFMC published a CHNA addressing the Priority Areas of Obesity/Sedentary Lifestyles, Chronic Disease Management, Heart Attack/Stroke, and Tobacco Use. At that time, SFMC was involved in a joint venture with P&S Surgical Hospital, which also published a CHNA focused on Obesity and Access to Dental Care. Following are the results obtained during the implementation to evaluate the impact of the actions taken. While an overall change in the statistical outcomes reported the 2016 CHNA community/service area has yet to be realized, results can be measured on a smaller scale using patient records, testimonials, and scorecards related to the initiatives undertaken. ←

ST. FRANCIS MEDICAL CENTER COMMUNITY BENEFIT DASHBOARD / FISCAL YEAR 2017							
OBESITY / SEDENTARY LIFESTYLES							
	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Increase number of certified lactation counselors from 1 to 4	4	NA	3	3	2	2	2
2: Number of patients receiving lactation counseling	110	140	-	-	114	-	114
3: Percentage of patients receiving breastfeeding education as primary source of information about newborn nutrition	90%	100%	100%	100%	100%	100%	100%
4: Implementation of screening tool to gauge understanding of materials, initiation of breastfeeding	Yes	NA	Yes	Yes	Yes	Yes	Yes
5: Distribute information to providers and new parents showing breastfeeding as an evidence-based strategy to combat obesity	120	150	-	-	124	-	124
6: Increase the percentage of adults receiving BMI screenings and follow-up education to 51.5%	51.5%	55.0%	54.86%	53.27%	31.93%	35.86%	43.98%
Comments: Four team members sat for the lactation counselor exam, but only three successfully passed. The person who did not pass left the organization before sitting for it again. The third lactation counselor retired, and the manager did not receive approval to fill the open positions. The patients continued to be served with two counselors, so the patient load did not justify additional counselors. Data related to pregnant mothers is aggregated and reported annually in March, which is why data was not reported in the first two quarters in Indicators 2 and 5. With an average breastfeeding rate of 7.67% among 14 participating health units/WIC clinics, the St. Francis WIC Clinic reports the third highest rate with 10.25% (Caldwell Parish Health Unit = 10.53%, Lincoln Parish Health Unit = 16.43%).							
CHRONIC DISEASE MANAGEMENT							
	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Define a business plan with goals and strategies for reducing readmissions.	6/30/17	5/31/17	NO	NO	NO	YES	YES
2: Create a speakers' bureau to be implemented by December 31, 2017 (SECOND YEAR GOAL)	12/31/17	10/31/17	NO	NO	NO	YES	YES

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

3: Increase in health and wellness knowledge from pre-test to post-test among participants in SBHC PARENTAL outreach (SECOND YEAR GOAL)	50%	75%	-	-	-	-	2 nd year goal
4: Increase in participants who indicate an interest in improving their health and wellness from pre-test to post-test in SBHC PARENTAL outreach (SECOND YEAR GOAL)	-	-	-	-	-	-	2 nd year goal
5: Increase in health and wellness knowledge from pre-test to post-test among participants in SBHC YOUTH outreach (SECOND YEAR GOAL)	-	-	-	-	-	-	2 nd year goal
6: Increase in participants who indicate interest in improving their health and wellness from pre-test to post-test in SBHC YOUTH outreach (SECOND YEAR GOAL)	-	-	-	-	-	-	2 nd year goal

Comments:

1. Year 2 Speakers' Bureau goals were changed to relate to how many speakers were connected to opportunities (goal = 6; stretch goal = 10).
2. The SFMC SBHC goals' timelines were revised post-adoption to reflect work taking place in the SBHC. The Wellness Intervention Network project, which was taking place at the time of the implementation plan's adoption, was developed under the previous manager's direction. The manager who took over the role developed the WIN project with different but effective deliverables that were well received by the Community Advisory Committee and the Living Well Foundation who collaborated with the SBHC.

HEART ATTACK & STROKE

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Increase the percentage of St. Francis Medical Group patients receiving effective clinical care for Coronary Artery Disease through antiplatelet therapy	70%	75%	87.40%	87.45%	87.25%	74.13%	84.06%
2: Provide education to at least 90% of SFMC orientation sessions	90%	100%	100%	100%	100%	100%	100%
3: Present information to at least one of each of the following: first responders, women's groups, community organization, school, business, healthcare professionals	6	12	7	4	7	6	24
4: Improve time from hospital arrival to percutaneous intervention	< 90 minutes	< 75 minutes	48 minutes average time	68 minutes average time	66 minutes average time	68 minutes average time	62.5 minutes average time

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

(PCI) for eligible patients with heart attacks (baseline = 100% at 90 minutes or less)							
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Comments: Heart Attack/Stroke information is now presented to new SFMC team members through a computer-based learning opportunity in order to gauge understanding of the information and have an online tracking mechanism for who received the data and when. Of the 164 new team members who came to SFMC during FY '17, 100% completed the CBL. The one person who did not complete the CBL in the last quarter was marked as exempt.

TOBACCO USE

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Increase the number of new patients who attend an intake session and at least one group session (baseline = 179)	225	275	68	55	50	81	254
2: Establish a tobacco cessation support group	2	4	0	0	0	2	2
3: Evaluate policies / procedures related to inpatient tobacco users and propose changes to incorporate nicotine replacement therapy and education as standard (SECOND YEAR GOAL)	12/31/17	11/30/17	-	-	-	-	2nd year goal
4: Develop team member and medical staff education plan to hardwire referral process and patient education	6/30/17	5/31/17	-	-	-	-	2nd year goal

Comments:

1. In the establishing year, the support group went through a planning phase. In subsequent years, the goal was set to meet quarterly in the implementation plan with at least 10 participants per meeting. The group shortened the timeline to meet every other month, per patients' request.
2. The policy/procedures goals are not due to be completed yet. They are a second-year goal.
3. The development of a team member and medical staff education plan was tabled until FY '18 because of an unexpected long-term medical leave for the full-time Certified Tobacco Treatment Specialist employed by the Tobacco Cessation Program. This put the program in a position of not being able to handle the increase in referrals that would naturally occur after the education plan was implemented.

ST. FRANCIS MEDICAL CENTER COMMUNITY BENEFIT DASHBOARD / FISCAL YEAR 2018

O B E S I T Y / S E D E N T A R Y L I F E S T Y L E S

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Retain two certified lactation counselors	2	3	2	2	2	2	2
2: Number of patients receiving lactation counseling (average/quarter)	200	300	417	420	114	295	311

2019 COMMUNITY HEALTH NEEDS ASSESSMENT
APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

3: Percentage of patients receiving breastfeeding education as primary source of information about newborn nutrition	90%	100%	100%	100%	100%	100%	100%
4: Increase the percentage of adults receiving BMI screenings and follow-up education to 51.5%	51.5%	55.0%	49.59%	31.93%	94.15%	94.18%	67.46%

Comments: Four team members sat for the lactation counselor exam, but only three successfully passed it, and the person who did not pass the exam left the organization before sitting for it again. The third lactation counselor retired, and the manager did not received approval to hire team members to replace the ones who left. The patients continued to be served with the two existing counselors, so the patient load did not justify hiring two additional counselors. Data related to pregnant mothers is aggregated and reported in March of each year, which is why data was not reported in the first two quarters for the dashboard in Indicators 2 and 5. With an average breastfeeding rate of 7.67% among the 14 participating health units and WIC clinics in Region 8, the St. Francis WIC Clinic reports the third highest rate with 10.25% (Caldwell Parish Health Unit = 10.53%, Lincoln Parish Health Unit = 16.43%).

CHRONIC DISEASE MANAGEMENT

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Implement and promote a speakers' bureau throughout community; track, report encounters	2/1/18	12/31/17	YES	YES	YES	YES	YES
2: Reduce readmission rates for patients over the age of 65 (Baseline = 9.28%)	8.66%	8.50%	8.63%	10.77%	5.97%	9.07%	8.61%

Comments: Meetings took place about the Speakers' Bureau and how to best implement it in the community with a tracking system to capture what SFMC is doing throughout the organization and community and how to further collaborate with community partners. Tasks and timelines were discussed, but deployment of the project into the region was delayed in favor of projects with a more immediate return on investment for patient care, such as reducing readmission rates. Goals related to the School-Based Health Center were removed for Year 2 as the SBHC transitioned away from being an SFMC-managed entity to a Federally Qualified Healthcare Center (FQHC) under different management in order to best ensure its long-term ability to care for the students of Monroe City Schools.

HEART ATTACK & STROKE

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Increase the percentage of St. Francis Medical Group patients receiving effective clinical care for Coronary Artery Disease through antiplatelet therapy	70%	75%	80.01%	87.25%	82.33%	81.66%	82.81%
2: Provide education to at least 90% of SFMC orientation sessions	90%	100%	100%	100%	100%	100%	100%
3: Present information to at least one of each of the following: first responders, women's groups, community organization, school, business, healthcare professionals	6	12	1	0	0	4	5

2019 COMMUNITY HEALTH NEEDS ASSESSMENT
APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

4: Improve time from hospital arrival to percutaneous intervention (PCI) for eligible patients with heart attacks (baseline = 100% at 90 minutes or less)	< 90 minutes	< 75 minutes	60.5 minutes average time	67 minutes average time	65 minutes average time	74 minutes average time	66.625 minutes average time
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T O B A C C O U S E

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Increase the number of new patients who attend an intake session and at least one group session (baseline = 179)	275	325	83	32	75	79	269
2: Establish a tobacco cessation support group	4	6	1	1	2	2	6
3: Evaluate policies / procedures related to inpatient tobacco users and propose changes to incorporate nicotine replacement therapy and education as standard (SECOND YEAR GOAL)	12/31/17	11/30/17	NO	NO	NO	NO	NO
4: Develop team member and medical staff education plan to hardwire referral process and patient education	6/30/17	5/31/17	NO	NO	NO	NO	NO

Comments:

- The Tobacco Cessation Program proposes to make changes to policies /procedures related to inpatient tobacco users and incorporating nicotine replacement therapy and education as standard practice. These changes were delayed until after Epic Go-Live. Ideas have been outlined and reworked several times as strategies have evolved. While the policies that are in place have been reviewed and updated, no new policies have been put in place to incorporate NRT as a standard practice upon admission due to lack of a physician champion. This goal has been tabled until a later date.
- The team member and medical staff education plan will be presented after approval of the policies / procedures plan in order to incorporate this information. The Tobacco Cessation Program and Human Resources have collaborated on how best to present the plan, but the rollout has been tabled until after policies and procedures are in place for NRT standing orders.

P&S SURGICAL HOSPITAL COMMUNITY BENEFIT DASHBOARD / FISCAL YEAR 2017

O B E S I T Y							
	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Employment/retention of one dietitian	1	-	1	1	1	1	1
2: Retain Center of Excellence designation	Yes	-	Yes	Yes	Yes	Yes	Yes
3: Retain Center of Distinction designation	Yes	-	Yes	Yes	Yes	Yes	Yes
4: Provide a support group	Yes	-	Yes	Yes	Yes	Yes	Yes

2019 COMMUNITY HEALTH NEEDS ASSESSMENT
APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

Comments: The Center of Excellence designation is evaluated through OptumHealth Clinical Sciences Institute, a group of more than 100 practicing clinical experts, who help develop the criteria to quantify excellence and stratify providers of complex health care. Evaluation criteria are reviewed and revised on a regular basis to incorporate current quality parameters and benchmarks as they related to bariatrics, and P&S is evaluated annually on how it is meeting each indicator. Along with condition-specific, outcomes-based indicators, general measures include: volumes and outcomes of procedures; demonstration of best-practice medicine; quality of relationships with referring physicians and payors; makeup and stability of the program team; clinical research and results; program depth and breadth; treatment planning and coordination; quality of patient/family-oriented services and proof of a multidisciplinary approach to health care. The Center of Distinction designation is evaluated through the BlueCross BlueShield Association's Blue Distinction Centers for Bariatric Surgery. Evaluation is based primarily on facilities' responses to the detailed clinical request for information survey that examines structure, process and outcome measures for bariatric surgery services. Blue Distinction Centers for Bariatric Surgery are required to provide a comprehensive set of surgical options for all types of bariatric patients. A facility must score a minimum total of 90 points (out of 100) to become eligible, which consists of a combination of all 20 points in the Required criteria plus a minimum of 70 points from the Core criteria.

ACCESS TO DENTAL CARE

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Maintain an average number of dental cases	35 cases per month / 105 per quarter	50 cases per month / 150 per quarter	98 average / month; 294 total	78 average / month; 233 total	92 average / month; 276 total	92 average / month; 277 total	90 average / month; 270 average / quarter

Comments: P&S has consistently been one of the few providers offering this type of care, so the caseload continues to be higher than anticipated.

P&S SURGICAL HOSPITAL COMMUNITY BENEFIT DASHBOARD / FISCAL YEAR 2018

O B E S I T Y

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Employment/retention of one dietitian	1	-	1	1	1	1	1
2: Retain Center of Excellence designation	Yes	-	Yes	Yes	Yes	Yes	Yes
3: Retain Center of Distinction designation	Yes	-	Yes	Yes	Yes	Yes	Yes
4: Provide a support group	Yes	-	Yes	Yes	Yes	Yes	Yes

Comments: The Center of Excellence designation is evaluated through OptumHealth Clinical Sciences Institute, a group of more than 100 practicing clinical experts, who help develop the criteria to quantify excellence and stratify providers of complex health care. Evaluation criteria are reviewed and revised on a regular basis to incorporate current quality parameters and benchmarks as they related to bariatrics, and P&S is evaluated annually on how it is meeting each indicator. Along with condition-specific, outcomes-based indicators, general measures include: volumes and outcomes of procedures; demonstration of best-practice medicine; quality of relationships with referring physicians and payors; makeup and stability of the program team; clinical research and results; program depth and breadth; treatment planning and coordination; quality of patient/family-oriented services and proof of a multidisciplinary approach to health care. The Center of Distinction designation is evaluated through the BlueCross BlueShield Association's Blue Distinction Centers for Bariatric Surgery. Evaluation is based primarily on facilities' responses to the detailed clinical request for information survey that examines structure, process and outcome measures for bariatric surgery services. Blue Distinction Centers for Bariatric Surgery are required to provide a comprehensive set of surgical options for all types of bariatric patients. A facility must score a minimum total of 90 points (out of 100) to become eligible, which consists of a combination of all 20 points in the Required criteria plus a minimum of 70 points from the Core criteria.

ACCESS TO DENTAL CARE

	TARGET	STRETCH TARGET	JULY-SEPTEMBER	OCTOBER-DECEMBER	JANUARY-MARCH	APRIL-JUNE	FISCAL YEAR
1: Maintain an average number of dental cases	35 cases per month / 105 per quarter	50 cases per month / 150 per quarter	117 average / month; 350 total	96 average / month; 289 total	86 average / month; 258 total	89 average / month; 267 total	97 average / month; 291 average / quarter

Comments: P&S has consistently been one of the few providers offering this type of care, so the caseload continues to be higher than anticipated.

APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY**Impact Summary** 

SFMC's greatest lessons and most significant impact in its 2016 CHNA were in the Priority Area of Chronic Disease Management. Initially, many of the strategies were assigned to the SFMC School-Based Health Center (SFMC SBHC), which was transitioned during the 2016 CHNA measurement period to a different management structure with another entity in the community/service area in order to sustain the care provided to students in the Monroe City Schools. With this change, SFMC revised the Chronic Disease Management section of the implementation plan to remove four strategies that had already been moved from Year One to Year Two as the future of the SFMC SBHC was being determined. The speakers' Bureau strategy (see page 44) had also been moved to Year Two. Meetings and discussions had taken place, but there were limited resources at that time to pursue a full-scale speakers' bureau as anticipated, and other strategies had been suggested.

- **ALTERNATE STRATEGY: Address escalating readmission rates among seniors.**
 - Even though the speakers' bureau strategy remained on the implementation strategy dashboard in FY '18, the Chronic Disease Management focus shifted more toward reducing readmission rates (specifically among seniors), a strategy that could show a more defined, real-world, real-time return on the investment of time, funds, and energy for patients served.
 - With a baseline of 9.28% and a target of 8.66% (stretch target 8.5%), SFMC was able to achieve the stretch target in the first quarter (July through September 2016) by implementing a series of effective, accountable measures designed to work on processes not only internally but in collaboration with community partners at assisted living facilities, nursing homes, home health agencies, and other healthcare offices/practices.
 - The success of this strategy was directly attributable to having met the goal in Year One of defining a business plan with goals and strategies for reducing readmissions.

Strategies tied to the Priority Area of Heart Disease/Stroke both met and, in some cases, exceeded Targets and Stretch Targets. For example, with a goal of increasing the percentage of SFMG patients receiving effective clinical care for Coronary Artery Disease through antiplatelet therapy (Target = 70%; Stretch Target = 75%), SFMC reported exceeding this goal by the end of the first measurement period with a final report at the end of FY '17 of an average of 82.94% and a further improvement by the end of FY '18 to 83.63%. SFMC regularly presented information in the community/service area about Heart Disease/Stroke during the CHNA measurement period. During FY '17, 24 groups, including first responders, women's groups, community organizations, faith groups, schools, businesses, and healthcare professionals were educated with a target of only 6 and a stretch target of 12. During FY '18, 5 similar groups were educated.

Areas that SFMC was not able to accomplish the strategies as well with include increasing the number of lactation counselors (see comments on page 44 for a full explanation) and increasing the percentage of adults receiving BMI screenings and follow-up education to 51.5%. In regard to BMI screenings and follow-up education, what the SFMG discovered as they set out to find out why their numbers were low is that patients were receiving the information, but practitioners' documentation that it had occurred was inconsistent, which meant appropriate credit wasn't being given for the encounters. While this was a nice thing to find out – it meant that patients were, in fact, being educated – it did not help with the quality

APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

scores and indicated a gap in processes. In this way, the implementation strategy had an unforeseen impact on SFMC rather than directly on a vulnerable patient population as it pointed out something internally for improvement.

Additionally, the Tobacco Use Priority Area struggled throughout the CHNA measurement period as the SFMC Tobacco Cessation Program faced operational challenges. Without a full team in place to see patients, program growth was problematic. The tobacco cessation support group was established and was well received by patients, although the number of participants was inconsistent and very affected by simple things, such as weather. The strategy “Increase the number of new patients who attend an intake session and at least one group session” was easily met in FY '17 but was more difficult to meet in FY '18 with challenges, such as lack of a full-time Certified Tobacco Treatment Specialist and a brief downtime due to implementation of an electronic medical record.

Some strategies didn't quite work out

the way they were planned – SFMC SBHC and Tobacco Cessation policies –

*and **some strategies affected POSITIVE change** –*

collaborating with community partners to reduce readmissions

and improving hospital arrival time to percutaneous intervention (PCI) for eligible patients with heart attack.

**All in all, the CHNA implementation process was worthwhile,
and SFMC gained valuable insight that helped shaped the 2019 CHNA.**

Many stories emerge from SFMC on a daily basis – the “good catches” our team members make as they go about their daily work. For every delayed strategy, there are more that takes its places to help patients restore health, help babies come into the world, help patients connect with life-sustaining resources, help families understand how to help loved ones, and so much more. Caring, compassion, outreach, and constant search for improvement are at the foundation of the CHNA process, and they are at the center of what SFMC tries to do each day as we care for those most in need.

Other Community Benefits

The implementation strategies chosen for each SFMC CHNA are only a small part of the picture of the greater community need in Region 8 of Northeast Louisiana. There are many needs that could be addressed – from all-encompassing categories that could apply across all socioeconomic boundaries equally to disparities that perhaps target highly specific locations in very precise ways that do not impact others outside those immediate areas but are very impactful to those affected.

And when people are affected by a disparity, others are ultimately affected as well, whether the need is widespread or localized, as they are affected in how they function at work, at school, at church, in the community, in their neighborhoods, and in their families. As mentioned earlier in this CHNA on page 9, SFMC’s mission is to create a spirit of healing for the people we are privileged to serve, especially those most in need.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

“Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people,

→ especially those most in need. ←

We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.”

SFMC understands it is impossible to capture every activity the organization takes part in that benefits the community or helps disparate populations. We attempt on an ongoing basis to monitor what we do in an effort to determine if the things we do help the people we serve and provide direct community benefit. Many of these activities fall outside the Priority Areas chosen for the CHNAs and are, therefore, not captured on the scorecard listed above, such as:

- Meals donated to Meals on Wheels to help fight hunger (in collaboration with Ouachita Council on Aging)
- Free flu shots for Auxiliary members, student interns, outside licensed independent practitioners, and contract/agency personnel
- Free mammography screenings for St. Francis Auxiliary members who do not have insurance to cover the total cost
- Subsidized health services for groups such as Louisiana Baptist Children's home, obstetrics patients who do not have insurance, patients admitted through rural hospitals when the patient needs a service the rural hospital cannot provide, Veteran's Administration patients, patients applying for disability, and University of Louisiana at Monroe athletes
- Volunteer hours logged on behalf of health-related organizations, such as American Heart Association, Area Health Education Center (AHEC), the Children's Coalition for Northeast Louisiana, Susan G. Komen for the Cure, the United Way of Northeast Louisiana, and more
- Support for organizations helping further health-related programs in the community both in the form of donations and time spent helping with events, project assistance, and consulting
- Administrative support on the Boards of community-based organizations promoting positive outcomes for people of all ages and socioeconomic backgrounds
- Mentoring programs which provide hundreds of hours of clinical instruction for nursing, radiology, respiratory, health information management, and laboratory students

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APPENDIX A: 2016 CHNA EVALUATION IMPACT SUMMARY

- Medications provided to patients who cannot afford to purchase them
- Taxi expenses for patients who do not have a safe means of travel to reach their home when they are discharged from SFMC
- Backpacks and school supplies donated by team members to help children whose families cannot afford back-to-school costs

In all SFMC does, whether it's at the hospital, a clinic, at the Community Health Center, or in the community when team members give of their time and compassion to help others on behalf of the organization, we are serving the people of Northeast Louisiana with the Core Values that all people deserve to be treated with:

- **SERVICE:** *The privilege of reaching out to meet the needs of others*
←
- **REVERENCE AND LOVE FOR ALL OF LIFE:** *Acknowledging that all of life is a gift from God*
→
- **JOYFULNESS OF SPIRIT:** *An awareness of being blessed by God in all things*
←
- **HUMILITY:** *Being authentic in serving as an instrument of God*
→
- **JUSTICE:** *Striving for equity and fairness in all relationships with special concern for those most in need*



2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX B: DISPARITIES STOPLIGHT REPORT

CATEGORY	VALUE	HP 2020	TREND	GREEN	YELLOW	RED
Adults Age 20+ Who Are Obese	Percentage	30.5%				
Louisiana		☒			34.5%	
Lincoln Parish		☒	Significant increase over time		36.0%	
Ouachita Parish		☒	Significant increase over time		34.9%	
Adults Age 20+ Who Are Sedentary	Percentage	32.6%				
Louisiana		✓			29.6%	
Lincoln Parish		✓	Non-significant decrease over time		27.6%	
Ouachita Parish		✓	Non-significant increase over time			30.4%
Age-Adjusted Death Rate Due To Coronary Heart Disease	Deaths per 100,000 population	103.4				
U.S.		✓	NA	96.8		
Louisiana		☒	NA	103.6		
Lincoln Parish		✓	Significant decrease over time	48.8		
Ouachita Parish		✓	Significant decrease over time	52.3		
Age-Adjusted Death Rate Due To Cerebrovascular Disease (Stroke)	Deaths per 100,000 population	34.8				
U.S.		☒	NA		37.2	
Louisiana		☒	NA		45.9	
Lincoln Parish		☒	Significant decrease over time	35.4		
Ouachita Parish		☒	Significant decrease over time		41.5	
Age-Adjusted Death Rate Due To Breast Cancer	Deaths per 100,000 females	20.7				
U.S.		☒	NA		20.9	
Louisiana		☒	NA		23.7	
Lincoln Parish		☒	Non-significant decrease over time			27.0
Ouachita Parish		☒	Non-significant decrease over time			25.1
Age-Adjusted Death Rate Due To Cancer	Deaths per 100,000 population	161.4				
U.S.		☒	NA		163.5	
Louisiana		☒	NA		187.8	
Lincoln Parish		☒	Non-significant decrease over time		188.9	
Ouachita Parish		☒	Significant decrease over time			195.9

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX B: DISPARITIES STOPLIGHT REPORT

CATEGORY	VALUE	HP 2020	TREND	GREEN	YELLOW	RED
Age-Adjusted Death Rate Due To Colorectal Cancer	<i>Deaths per 100,000 population</i>	14.5				
U.S.		<input checked="" type="checkbox"/>	NA		15.8	
Louisiana		<input checked="" type="checkbox"/>	NA		17.5	
Lincoln Parish		<input checked="" type="checkbox"/>	Significant decrease over time		16.6	
Ouachita Parish		<input checked="" type="checkbox"/>	Significant decrease over time		17.5	
Age-Adjusted Death Rate Due To Lung Cancer	<i>Deaths per 100,000 population</i>	45.5				
U.S.		<input checked="" type="checkbox"/>	NA	43.4		
Louisiana		<input checked="" type="checkbox"/>	NA		53.6	
Lincoln Parish		<input checked="" type="checkbox"/>	Non-significant decrease over time	46.5		
Ouachita Parish		<input checked="" type="checkbox"/>	Non-significant decrease over time			60.2
Age-Adjusted Death Rate Due To Prostate Cancer	<i>Deaths per 100,000 population</i>	21.8				
U.S.		<input checked="" type="checkbox"/>	NA	19.5		
Louisiana		<input checked="" type="checkbox"/>	NA	21.6		
Lincoln Parish		<input checked="" type="checkbox"/>	Significant decrease over time			27.6
Ouachita Parish		<input checked="" type="checkbox"/>	Significant decrease over time			27.9
Age-Adjusted Death Rate Due To Prostate Cancer	<i>Deaths per 100,000 population</i>	21.8				
U.S.		<input checked="" type="checkbox"/>	NA	19.5		
Louisiana		<input checked="" type="checkbox"/>	NA	21.6		
Lincoln Parish		<input checked="" type="checkbox"/>	Significant decrease over time			27.6
Ouachita Parish		<input checked="" type="checkbox"/>	Significant decrease over time			27.9
Colorectal Cancer Incidence Rate	<i>Cases per 100,000 population</i>	39.9				
U.S.		<input checked="" type="checkbox"/>	NA	39.2		
Louisiana		<input checked="" type="checkbox"/>	NA		46.5	
Lincoln Parish		<input checked="" type="checkbox"/>	Significant decrease over time	37.2		
Ouachita Parish		<input checked="" type="checkbox"/>	Significant decrease over time		44.2	
Babies With Low Birth Weight ⁷	<i>Percentage</i>	10.9%				
U.S.		<input checked="" type="checkbox"/>	NA	8.2%		
Louisiana		<input checked="" type="checkbox"/>	NA	10.7%		
Lincoln Parish		<input checked="" type="checkbox"/>	Significant increase over time		10.9%	
Ouachita Parish		<input checked="" type="checkbox"/>	Non-significant decrease over time			11.8%

⁷ Green indicates the “best” 50th percentile, yellow represents the 50th to 25th percentile, and red represents the “worst” quartile. The red cutoff is 11.8%. The green cutoff is 10.7%.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX B: DISPARITIES STOPLIGHT REPORT

CATEGORY	VALUE	HP 2020	TREND	GREEN	YELLOW	RED
Infant Mortality	<i>Deaths per 1,000 live births</i>	6.0				
U.S.		✓	NA	6.0		
Louisiana		☒	NA		8.1	
Lincoln Parish		✓	Significant decrease over time	5.6		
Ouachita Parish		☒	Significant decrease over time		8.8	
Mothers Who Smoked During Pregnancy	<i>Percentage</i>	1.4%				
U.S. ⁸		☒	NA	8.4%		
Louisiana		☒	NA	7.3%		
Lincoln Parish		☒	Non-significant decrease over time		8.3%	
Ouachita Parish		☒	Non-significant decrease over time	6.9%		
Age-Adjusted Death Rate Due To Unintentional Injuries	<i>Death rate per 100,000 population</i>	36.4				
U.S.		☒	NA	43.2		
Louisiana		☒	NA		53.5	
Lincoln Parish		✓	Non-significant decrease over time	35.7		
Ouachita Parish		☒	Not statistically significant change over time		52.9	
Adults Who Drink Excessively⁹	<i>Percentage</i>	25.4%				
U.S.		☒	NA		18.0%	
Louisiana		☒	NA		18.5%	
Lincoln Parish		☒	Not statistically significant change over time	16.9%		
Ouachita Parish		☒	Not statistically significant change over time	15.2%		
Adults Who Smoke	<i>Percentage</i>	12.0%				
U.S.		☒	NA		17.1%	
Louisiana		☒	NA			22.8%
Lincoln Parish		☒	Not statistically significant change over time			23.2%
Ouachita Parish		☒	Current value higher than previous value			23.0%
High School Graduation	<i>Percentage</i>	87%				
U.S.		☒	NA	84.1%		
Louisiana		☒	NA		78.1%	
Lincoln Parish		✓	Significant increase over time	95.7%		
Ouachita Parish		☒	Significant increase over time	84.2%		

⁸ Green indicates the “best” 50th percentile, yellow represents the 50th to 25th percentile, and red represents the “worst” quartile. The red cutoff is 13.3%. The green cutoff is 9.9%.

⁹ Green indicates the “best” 50th percentile, yellow represents the 50th to 25th percentile, and red represents the “worst” quartile. The red cutoff is 20.3%. The green cutoff is 17.3%.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX B: DISPARITIES STOPLIGHT REPORT

CATEGORY	VALUE	HP 2020	TREND	GREEN	YELLOW	RED
Workers Commuting By Public Transportation	<i>Percentage</i>	5.5%				
U.S.		<input checked="" type="checkbox"/>	NA	5.1%		
Louisiana		<input checked="" type="checkbox"/>	NA	1.3%		
Lincoln Parish		<input checked="" type="checkbox"/>	Non-significant increase over time		.2%	
Ouachita Parish		<input checked="" type="checkbox"/>	Significant decrease over time	1.2%		
Workers Who Walk to Work	<i>Percentage</i>	3.1%				
U.S.		<input checked="" type="checkbox"/>	NA	2.8%		
Louisiana		<input checked="" type="checkbox"/>	NA		1.8%	
Lincoln Parish		<input checked="" type="checkbox"/>	Non-significant change over time	3.3%		
Ouachita Parish		<input checked="" type="checkbox"/>	Current value higher than previous value			.8%
Adults With Health Insurance	<i>Percentage</i>	100%				
Louisiana		<input checked="" type="checkbox"/>			84.7%	
Lincoln Parish		<input checked="" type="checkbox"/>	Non-significant increase over time			82.9%
Ouachita Parish		<input checked="" type="checkbox"/>	Significant increase over time	85.2%		
Housing Units With No Vehicle	<i>Percentage</i>					
Louisiana		NA			8.37%	
Lincoln Parish		NA	Non-significant decrease over time			10.2%
Ouachita Parish		NA	Significant decrease over time			9.1%
Age-Adjusted Hospitalization Rate Due to Asthma	<i>Hospitalizations per 10,000 population</i>					
Louisiana		NA		4.9		
Lincoln Parish		NA				5.3
Ouachita Parish		NA		4.3		
Chronic Kidney Disease: Medicare Population	<i>Percentage</i>					
Louisiana		NA			19.9%	
Lincoln Parish		NA	Significant increase over time	17.1%		
Ouachita Parish		NA	Significant increase over time			21.8%
Age-Adjusted Death Due to Chronic Lower Respiratory Diseases	<i>Deaths per 100,000 population</i>					
Louisiana		NA		43.9		
Lincoln Parish		NA	Significant increase over time	44.5		
Ouachita Parish		NA	No statistically significant change over time		55.8	

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX B: DISPARITIES STOPLIGHT REPORT

CATEGORY	VALUE	HP 2020	TREND	GREEN	YELLOW	RED
Age-Adjusted Hospitalization Rate Due To Dehydration	<i>Hospitalization per 10,000 population¹⁰</i>					
Louisiana		NA	NA		18.4	
Lincoln Parish		NA	NA			24.0
Ouachita Parish		NA	NA			23.4
Premature Deaths	<i>Per 100,000 population</i>					
U.S.		NA	NA	6,658.10		
Louisiana		NA	NA			9,440.40
Lincoln Parish		NA	Non-significant decrease over time		8,360.60	
Ouachita Parish		NA	Significant decrease over time			9,518.40
Premature Deaths – Black Residents	<i>Hospitalization per 10,000 population</i>					
Lincoln Parish		NA	Higher than overall value by 43.71%			12,015.20
Ouachita Parish		NA	Higher than overall value by 24.77%			11,876.30
Premature Deaths – White Residents	<i>Hospitalization per 10,000 population</i>					
Lincoln Parish		NA	Lower than overall value by 23.8%	6,370.50		
Ouachita Parish		NA	Lower than overall value by 12.49%		8,329.20	
Age-Adjusted Death Due to Chronic Lower Respiratory Diseases	<i>Deaths per 100,000 population</i>					
U.S.		NA	NA	40.9		
Louisiana		NA	NA	43.9		
Lincoln Parish		NA	Significant increase over time	44.5		
Ouachita Parish		NA	No statistically significant change over time		55.58	
Age-Adjusted Hospitalization Rate Due to Chronic Obstructive Pulmonary Disease¹¹	<i>Hospitalizations per 10,000 population</i>					
Louisiana		NA	NA	22.7		
Lincoln Parish		NA	NA			60.8
Ouachita Parish		NA	NA			84.2
Alzheimer’s Disease or Dementia: Medicare Population	<i>Deaths per 100,000 population</i>					
U.S.		NA	NA	28.4		
Louisiana		NA	NA		41.2	
Lincoln Parish		NA	Significant increase over time		38.3	
Ouachita Parish		NA	Significant increase over time			56.4

¹⁰ Age 18+, 2014-2016.

¹¹ Ages 65-84, 2015-2017.

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

APPENDIX B: DISPARITIES STOPLIGHT REPORT

CATEGORY	VALUE	HP 2020	TREND	GREEN	YELLOW	RED
Age-Adjusted Death Rate Due To Diabetes	<i>Deaths per 100,000 population</i>					
U.S.		NA	NA	21.1		
Louisiana		NA	NA		24.6	
Lincoln Parish		NA	Significant increase over time			79.2
Ouachita Parish		NA	Significant increase over time			97.9
Preventable Hospital Stays: Medicare Population	<i>Discharges per 1,000 Medicare enrollees</i>					
U.S.		NA	NA	49.4		
Louisiana		NA	NA		65.8	
Lincoln Parish		NA	Significant decrease over time			71.0
Ouachita Parish		NA	Significant decrease over time		60.2	