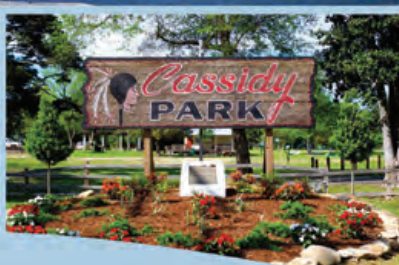


2018 COMMUNITY HEALTH NEEDS ASSESSMENT



OUR LADY
OF THE ANGELS
HOSPITAL

Executive Summary

The Approach

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act or the ACA, requires not-for-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) at three year intervals. This is the second CHNA Our Lady of the Angels Hospital has conducted in Washington Parish and the findings in this document will guide strategy and community-focused activities over the next three years.

Our Lady of the Angels Hospital strived to be inclusive of both community partners and the social determinants of health. The intention for this document, and, the resulting Implementation Strategy, is to be a road map for the many stakeholders who serve Washington Parish to coordinate and enhance activities that improve the health outcomes for residents. It will take robust partnerships and time to meaningfully influence the significant health outcome indicators in our community. Therefore, the Steering Committee has invited each individual and organization who gave input to remain involved in the CHNA process and join in our three year implementation cycle.

Data Sources and Methods

The Steering Committee used a thorough and rigorous approach to gather data and assess our community's needs. The committee conducted a secondary data review, drawing from multiple federal and state data sources to establish baseline conditions. Following this initial review, the Committee facilitated two focus groups, one for faith-based leaders and one for community stakeholders, distributed a survey to hospital employees, community stakeholders and community members, and conducted one-on-one interviews with six elected officials and community leaders. From this combination of primary and secondary data, the committee prioritized the significant health needs.

Prioritized Areas of Need

After completing the data collection, the Steering Committee reconvened to review the data, the results and to prioritize the needs identified in the primary and secondary. The committee took into account the needs expressed by community members and stakeholders through interviews, focus groups, and surveys. The committee also considered the overarching strategic goals of the organization as well as those significant health needs identified two years ago in the first CHNA process. Finally, the committee considered the ongoing work, both with the hospital and with community partners, to assess the viability of leveraging success and building partnerships during implementation. From this process, the Steering Committee chose to focus on behavioral health and barriers to healthy choices as priority areas for this implementation cycle.

Next Steps

The Steering Committee also designed an Implementation Strategy to respond to the significant health needs identified. This Implementation Strategy is a separate document that accompanies this CHNA. The hospital is committed to collecting data and assessing progress on the Implementation Strategy quarterly over the three year implementation timeline. As a living document, the Implementation Strategy may be revised over the three year implementation period to reflect successful completion of certain objectives or emerging opportunities.

Message from the CEO

At **Our Lady of the Angels Hospital**, we know that healthcare is about people. That's why every decision we make is viewed through the lenses of our patients, their families and our team members. We are more than a community hospital. We are a partner in health for the people we are privileged to serve.



Our team comes to work each day and provides the exceptional care our community expects and deserves. Since 2014, we've invested over \$10M in facility upgrades, including an extensive expansion and remodel, and a brand new, expanded Behavioral Health Unit. Each year, we provide more than 250,000 x-ray, lab and outpatient procedures, care for more than 40,000 people in our outpatient clinics, deliver more than 200 babies, and treat more than 20,000 people in our Emergency Department.

Our team could choose to work anywhere, yet they've answered the call to share their gifts and talents across our healthcare ministry. Our hospital and the services we provide mean a great deal to the people we serve, but it's the manner in which we provide those services that truly sets us apart. I never get tired of hearing our patients and guests describe how our compassion, warmth and authenticity gave them a sense of dignity and hope.

We are honored to partner with organizations across our community in a relentless quest for a healthier, happier community.

Sincerely,

A handwritten signature in black ink, appearing to read "Rene J. Ragas". The signature is fluid and cursive, with a long horizontal line extending to the right.

Rene J. Ragas, MHA

President and CEO



INTRODUCTION

In order to comply with ACA requirements, hospitals must identify the significant health needs of the community they serve and construct an Implementation Strategy (IS) to address the identified needs. As a not-for-profit, tax-exempt hospital, Our Lady of the Angels Hospital is pleased to publish this 2018 CHNA, which provides an overview of the significant health needs of the hospital's primary service area, Washington Parish, Louisiana. The purpose of this CHNA is to provide a data and engagement-driven analysis to determine the community's significant health needs and to help guide local efforts, both hospital and non-hospital, in addressing these needs through the Implementation Strategy.

Who We Are

On March 17, 2014, the state-run healthcare facility in Bogalusa, Louisiana became Our Lady of the Angels Hospital (OLOAH) and an official hospital in the Franciscan Missionaries of Our Lady Health System (FMOLHS). FMOLHS assumed the management and operations of the 98-bed, non-profit hospital, formerly known as LSU Bogalusa Medical Center, to continue healthcare services and graduate medical education under a public-private partnership with the State of Louisiana.

FMOLHS has maintained a strong healthcare presence in Louisiana for more than a hundred years. In addition to OLOAH, FMOLHS also includes Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana, Our Lady of Lourdes Regional Medical Center in Lafayette, Louisiana, St. Francis Medical Center in Monroe, Louisiana, and St. Elizabeth Hospital in Gonzales, Louisiana.

OLOAH is the only full-service acute care hospital within a forty-five minute radius. The hospital also serves as one of the three largest private employers in Washington Parish, with nearly 500 team members and 130 physicians. OLOAH operates the only Rural Family Medicine Residency



Program in Louisiana in partnership with Louisiana State University (LSU).

Following in the footsteps of our Founders, the Franciscan Missionaries of Our Lady, our team members and physicians are called to provide exceptional care and compassion to all people, especially those most in need.

Upon becoming a member of the Franciscan Missionaries of Our Lady Health System, the hospital undertook its first CHNA process. This assessment will be the second for OLOAH.



OUR 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.*

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 those 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 VISION

To make a significant difference in the communities that we serve.

Leadership

- **Rene Ragas**, *President & Chief Executive Officer*
- **Reverend Robert Adams**, *Board Chair*
- **Brooke Cummings**, *Vice President of Finance & Controller*
- **Ralph Serpas**, *Chief Nursing Officer*
- **Hamad Hussain**, *Vice President, Medical Services & Chief Medical Officer*
- **Derek Covert**, *Assistant Vice President, Mission Integration*
- **Michele Lyons**, *Practice Administrator*

Our Ministry Area

For the purposes of this assessment, OLOAH has defined its service area as Washington Parish, Louisiana. Therefore, the health needs presented in this assessment pertain only to individuals living in Washington Parish at the time the assessment was prepared. Our Lady of the Angels Hospital does not define its community to exclude medically underserved, low-income, or minority populations. When determining how to define its community for the purposes of this assessment, Our Lady of the Angels Hospital took into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under its financial assistance policy.



Consultants

Our Lady of the Angels Hospital contracted with inHealth Strategies, LLC to lead the CHNA process and provide technical assistance. inHealth Strategies worked with the Steering Committee at Our Lady of the Angels Hospital to collect primary and secondary data, draft the assessment, and construct the Implementation Strategy. Our Lady of the Angels Hospital also contracted with KPMG, LLP, an audit, tax, and advisory firm, to review the CHNA and IS to ensure they comply with the latest regulatory requirements in Internal Revenue Code section 501(r)(3).



Progress Since the Last CHNA

Written Comments Received

The Steering Committee invited written comments on the 2016 CHNA and IS. No comments have been received thus far. The Steering Committee welcomes comments and feedback on this and past CHNAs. Written comments may be sent to the CHNA Workgroup/Administration 433 Plaza Street, Bogalusa, Louisiana 70427.

Overcoming Barriers to Good Health

Since the last CHNA in 2016, OLOAH has launched several programs to address barriers to good health. OLOAH was designated a Well Spot by the Louisiana Department of Health meeting policy and programmatic criteria. The hospital started the “Walk with a Doc” program

to encourage physical activity and increase access to physicians. The program has been well received and continues to make an impact. OLOAH also partnered in the Bogalusa Farmers’ Market and the United Way Born Learning Trail initiatives.

In an effort to extend the resources of the hospital into the community, OLOAH sponsors a diabetes self-management program recognized by the American Diabetes Association. The hospital is also partnering with the LSU AgCenter, the Louisiana Department of Health, and the Mayor of Bogalusa to develop a multi-sectoral healthy community coalition. While relatively new, the coalition has identified several goals to pursue collectively, including: creating a community resource guide, performing a walking audit in Bogalusa, sponsoring a Mayor’s Walk, and providing health education opportunities in community settings.

OLOAH has promoted increased access to healthy food and increased physical activity as part of the prior CHNA. Since 2015, the percentage of individuals without access to healthy food fell from 10% to 5%, although the rate of those living with food insecurity rose from 18% to 19%. Physical inactivity among adults in Washington Parish rose from 34% to 39% from 2015 to 2018.





CASE STUDY: **Walk with a Doc**

Since the Fall of 2017, Our Lady of the Angels Hospital has organized the “Walk with a Doc” program. The program has over 375 chapters across 45 states and 20 countries and OLOAH launched the program in Washington Parish not only to improve health, but to build community and empower residents. Each week that the OLOAH team hosts a walk, an average of 30 community members participate. During the inaugural season in Fall 2017, participants lost more than 200 waist inches and nearly 50 pounds. OLOAH will continue to support this program through this current CHNA.

Senior Services

Since 2016, OLOAH has expanded services and health education for seniors. Staff has given end-of-life seminars in community and clinic settings and partnered with Westminster Woods for monthly health education events. Clinical staff has expanded the number of home visits and the hospital has placed a nurse practitioner or physician assistant in nursing homes across Washington Parish. The hospital has plans to establish a palliative care team moving forward.

Since the beginning of 2017, OLOAH staff has spent 55.5 hours on senior services programming and developing additional partnerships. Staff has met with 4 local senior living facilities. Housing has been identified as a major issue for seniors. Since 2015, the percentage of individuals living in substandard housing, as defined by the Department of Housing and Urban Development, in Washington Parish has increased from 15% to 17%.

Our **APPROACH** and **METHODOLOGY**

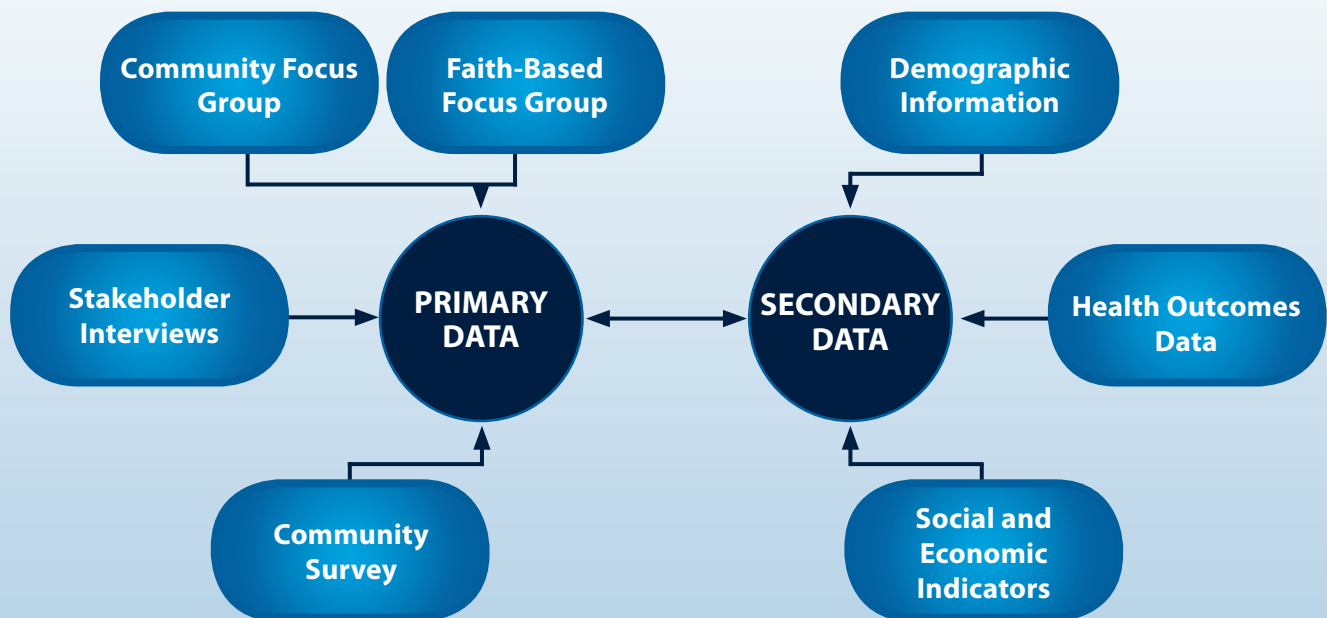
The Steering Committee undertook a comprehensive process to determine the significant health needs of the community. The committee reviewed secondary data and collected primary data through surveys, focus groups, and one-on-one interviews to form the assessment.

Steering Committee

The Steering Committee was comprised of leaders from across the organization. The team met monthly to plan data collection activities, review collected information, prioritize significant health needs, and review drafts of the assessment. The Steering Committee was comprised of:

- Derek Covert, Assistant Vice President, *Mission Integration*
- Elizabeth Garbo, *Director of Nursing*
- Angela Lambert, *Director of Marketing*
- Kathy Warner, *Director of Social Services*

DATA COLLECTION PROCESS



Primary data collection

The Steering Committee collected primary data by administering surveys, facilitating focus groups, and conducting one-on-one interviews.

The survey was administered electronically in February 2018 and paper copies were also distributed where requested or appropriate. One hundred and fifteen community members submitted responses to the survey. Survey responses were sought in healthcare settings, in local faith-based organizations, and at community events. The survey was also electronically distributed to OLOAH team members.

Two focus groups were conducted in January 2018: one for leaders of the faith-based community and another for community stakeholders. The following organizations participated in the focus groups:

COMMUNITY STAKEHOLDERS

- Access Health Louisiana
- Franklinton Police Department
- Our Lady of the Angels Residency Program
- Louisiana Department of Health
- Washington Parish Council on Aging

FAITH-BASED ORGANIZATIONS

- Baptist Associations of Southeast Louisiana
- Brightside Social Services
- First Baptist Church
- Memorial Baptist Church

The Steering Committee also conducted a series of one-on-one interviews with elected leaders across Washington Parish. These included State Senator Beth Mizell, State Representative Melinda White, and Bogalusa Mayor Wendy Perrette. The team also interviewed Taffy Morrison, Well-Ahead Louisiana Coordinator Region 9, , Dr. Gina LaGarde, the Regional Medical Director for Region 9, and Rev. R. L. Palmer, Pastor of the St. Paul A.M.E. Church in Bogalusa.

Participants in the focus groups and stakeholder interviews helped the Steering Committee identify additional community resources and programs. Many of these were affiliated with state and local government agencies or faith-based organizations.

PARTICIPATING ORGANIZATION	POPULATIONS REPRESENTED			
	PUBLIC HEALTH	MEDICALLY UNDERSERVED	LOW-INCOME	MINORITY
Access Health Louisiana		●		
Baptist Associations of Southeast LA			●	●
Brightside Social Services		●	●	●
Franklinton Police Department	●		●	
First Baptist Church			●	
Our Lady of the Angels Residency Program	●	●	●	●
Louisiana Department of Health	●	●	●	
Memorial Baptist Church			●	
St. Paul A.M.E. Church			●	●
Washington Parish Council on Aging		●	●	●

Secondary data review

The Steering Committee also reviewed secondary data from multiple sources to better understand demographics and health outcomes across the parish. These sources included the Robert Wood Johnson Foundation's County Health Rankings, the US Census Bureau, the Centers for Disease Control's Health Status Indicators, the Community Commons Data Set, and the Bureau of Labor Statistics. The indicators included demographic information, health outcomes data, and data on the social determinants of health (including economic, education, housing, transportation, crime, and access to healthy food and physical activity indicators)

The data collected from these sources was shared with individuals participating in focus groups as well as the Steering Committee. The Steering Committee noted in the assessment process that many of these data sets included data several years old as a result of the lag time in collection and publication. Combined with the information from primary data collection, these sources were used to identify and prioritize health needs.

Gaps, Limitations & Other Considerations

No significant gaps were encountered after examination of the collected data, nor were there any problems soliciting input from required sources. This CHNA utilized an extensive data set derived from the best, most current public health data available.

Some of the data used, such as survey instruments, are subject to limitations of variability due to sampling error and the accuracy of self-reported data. The process did not exclude the health needs or input of the low-income, minority, and medically underserved populations.

Our FINDINGS

Summary

Through the data collection process, the Steering Committee learned much about Washington Parish's challenges and strengths. Many of Washington Parish's challenges are not unfamiliar to communities across the state and country. However, they are often more pronounced. The challenges are one of the reasons OLOAH chose Washington Parish as the service area. Furthermore, OLOAH chose Washington Parish as the service area, since OLOAH is the only hospital in a 45 minute radius and 79% of the patients are from Washington Parish.

Washington Parish has a rural, dispersed population, and the Steering Committee heard time and again in

interviews and focus groups that the proud, loyal, giving nature of the residents is a major strength. There is a sense of community and interconnectedness that helps bring residents closer together.

There are also acute challenges in Washington Parish. Behavioral health and substance abuse issues are a major concern, and significant stigma around them makes seeking treatment more challenging. These issues are more acute due to a lack of treatment options available to community members in both outpatient behavioral health and substance abuse..

Community members are worried about the lack of economic opportunities available to provide for themselves and their families. While there is a lack of jobs with livable wages , there is also room to develop a local workforce to fill the jobs available. Many of the higher paying jobs in the parish are filled by workers who drive in from other parishes or counties.

Lack of economic opportunity makes cost a significant barrier to seeking care. Cost also plays a role in making healthy choices. Many individuals identified a healthy lifestyle as more expensive, which becomes a significant barrier for individuals and families concerning health and wellness..

Looking into the future, interviewees and focus group participants noted a lack of educational and achievement opportunities. They were also concerned about the lack of programs and activities for children and teens outside of the school system.

Overall, Washington Parish is currently experiencing poor health outcomes in comparison to the state, the country, or historically. There are social and structural issues underlying these results. An intentional part of this assessment is to identify the social determinants contributing to these negative health outcomes and provide leadership to drive change.





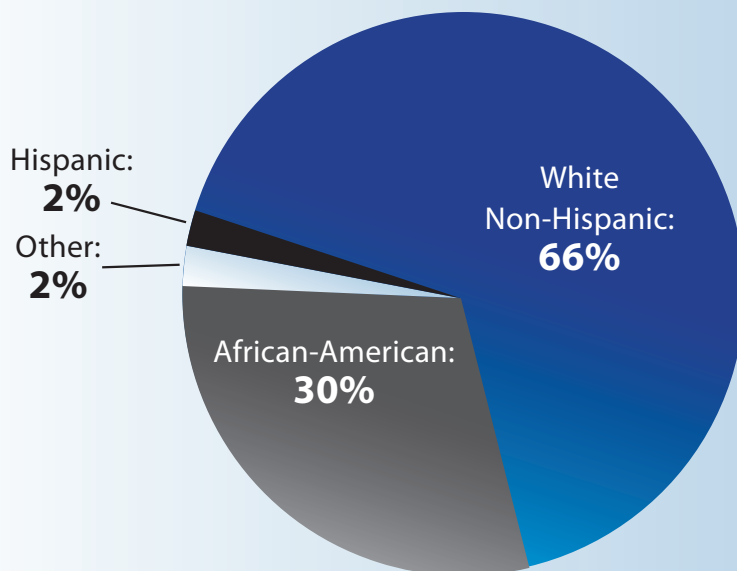
Demographic Report

For the purposes of this assessment, the primary service area was determined to be Washington Parish, Louisiana. Data from a variety of sources led to the following characterization of the service area:

As of 2015, Washington Parish is home to 46,371 individuals. 66% of the population is non-Hispanic white, 30% is African-American, 2% Hispanic, and 2% other. Only 1% of the individuals who live in the parish are not proficient in English. 17% of residents are over 65 years of age while 24% are under 18.

RACIAL COMPOSITION WASHINGTON PARISH

As of 2015



The median household income in Washington Parish (\$30,705) is significantly lower than both the state and national average and the unemployment rate is 8.6%. The percentage of individuals receiving Supplemental Nutrition Assistance Program (SNAP) benefits, 29%, is nearly double the state (16%) and national average (13%).

Only 82% of students in Washington Parish graduate on time. Furthermore, 23% of residents over the age of 25 do not have a high school diploma or equivalent, which is significantly higher than the state (17%) or national (13%) averages.

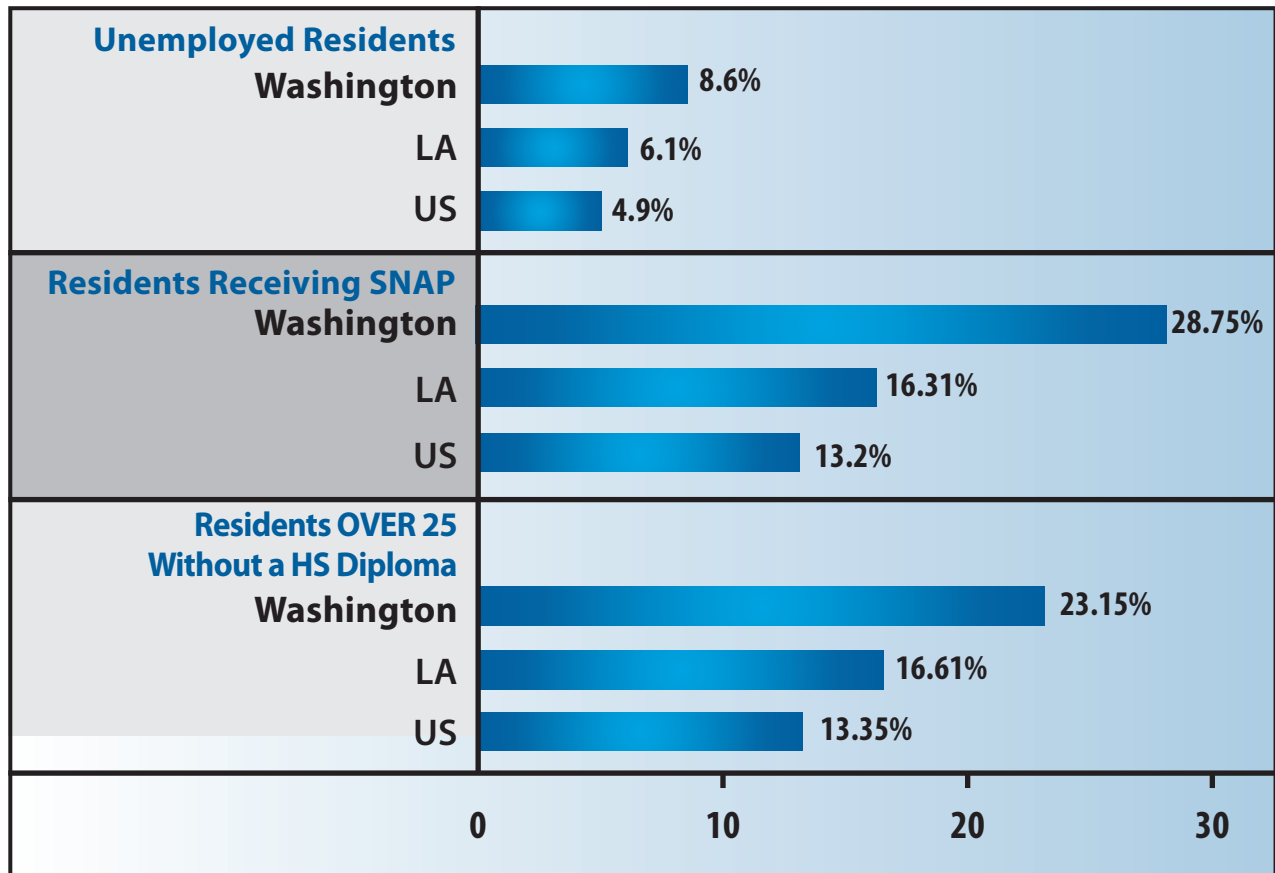
Washington Parish residents experience below average

access to recreation and fitness facilities compared to both the state and the country. Grocery store access is average (21.20 per 100,000 compared to a national average of 21.19) and there are slightly fewer fast food restaurants than elsewhere (Washington has 9 less per 100,000 residents than the rest of the state). There are 13.9% of residents who were categorized as having low food access.

Health outcomes for Washington Parish are particularly poor compared to national averages. 37.4% of adults in Washington Parish are obese while 49.8% have hypertension, 54.4% have high cholesterol, and 13.2% are diabetics. Of patients on Medicare, 35.53% are diabetic.

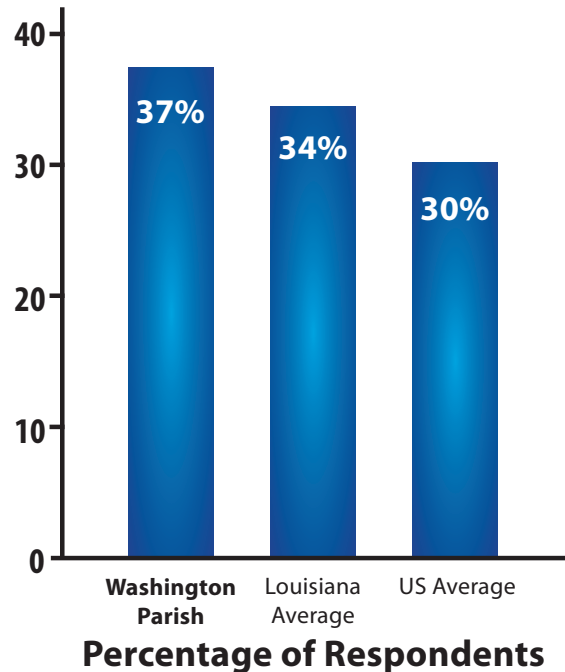
SOCIOECONOMIC INDICATORS

Washington Parish Relative to Louisiana, US Averages



PREVALENCE OF OBESITY

Washington Parish Relative to State, US Averages



Washington Parish also has a breast cancer incidence rate of 127.3/100,000, higher than the national average of 123/100,000. Additionally, Washington Parish is ranked 63 out of 64 parishes in length of life by the Robert Wood Johnson Foundation's County Health Rankings and has 39% higher rates of premature death than the state average.

In healthcare, Washington Parish has 75.6 mental health providers per 100,000 residents which is much lower than the national average of 202.8. There are also less primary care providers (73 per 100,000) than the state (78) or national average (88). There are 24% of individuals who report not seeing a doctor due to cost and 21% of residents do not have a regular physician. Washington Parish also has very low access to dental services and fewer dental providers than average.

There are 29% of adults who classify themselves as smokers, which is much higher than the national average of 18%, and 10% report binge drinking regularly. There are 82.1% of adults who report inadequate consumption of fruits and vegetables and 33.3% report having no regular physical activity.

Rates of violent crime are higher in Washington (584/100,000) than in the state of Louisiana (510/100,000) or the country (380/100,000). The teen birth rate (61.3/100,000) is higher than the state (50.2) and national average (36.6); however, lower than three years ago (68.9).

Survey Results

The survey reinforced many trends the Steering Committee identified through other primary data collection. Many respondents were from zip code 70427 (Bogalusa) and a significant percentage (67%) identified as healthcare providers, likely from the survey being distributed to team members at OLOAH. There were 24% of respondents who identified as community members. The remaining were either community organizations or government agencies.

Weight management, and associated co-morbidities, was the greatest need identified, although other themes included behavioral health and substance abuse as well as caregiving/senior services. When asked to identify the top needs facing themselves, their families, or their communities, respondents identified weight management (66%), high blood pressure (54%), joint or back pain (39%), diabetes (31%), heart disease (19%), and cancer (18%). Other notable responses were mental health issues (9%),

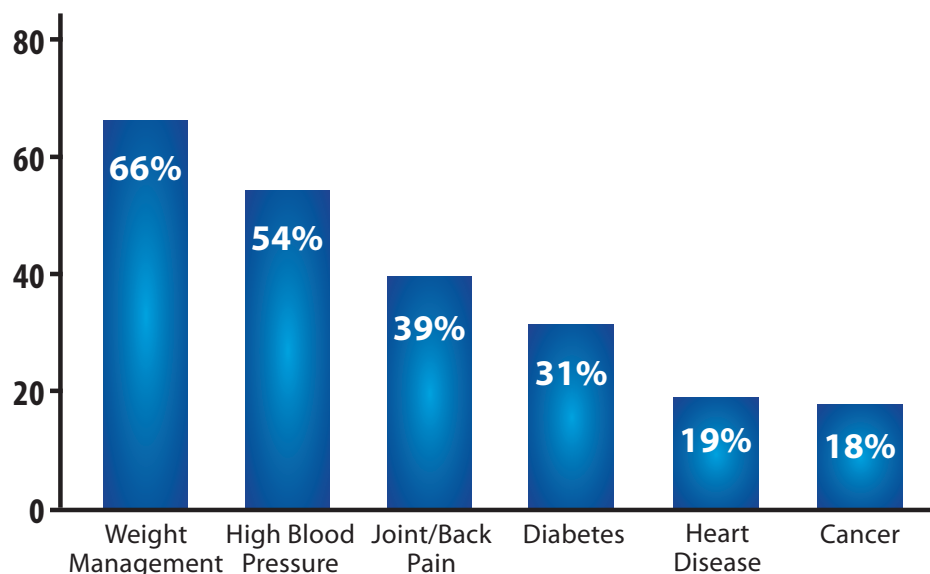
substance abuse (6%) and caregiving/senior services (9%; increasing to 12% if combined with end-of-life concerns).

Survey respondents also were asked to identify potential solutions. Many addressed the social determinants of health and the structural underpinnings of the identified needs. These included traditional interventions like access to healthy food (39%), safe places to walk and play (36%), wellness services and educational classes (29%), and free or affordable health screenings (26%). Respondents also identified solutions outside of the typical public health or healthcare responses like better schools (32%), job opportunities (24%), and affordable health insurance (26%). These social determinants of health echo concerns raised in the two focus groups and interviews.

When asked if there were any issues preventing respondents from accessing medical care, respondents identified an inability to pay co-pays or deductibles (36%), a lack of available doctors (29%), transportation (14%), and a lack of trust or fear in the healthcare system (14%).

WHAT WERE RESPONDENTS' PRIMARY HEALTH CHALLENGES?

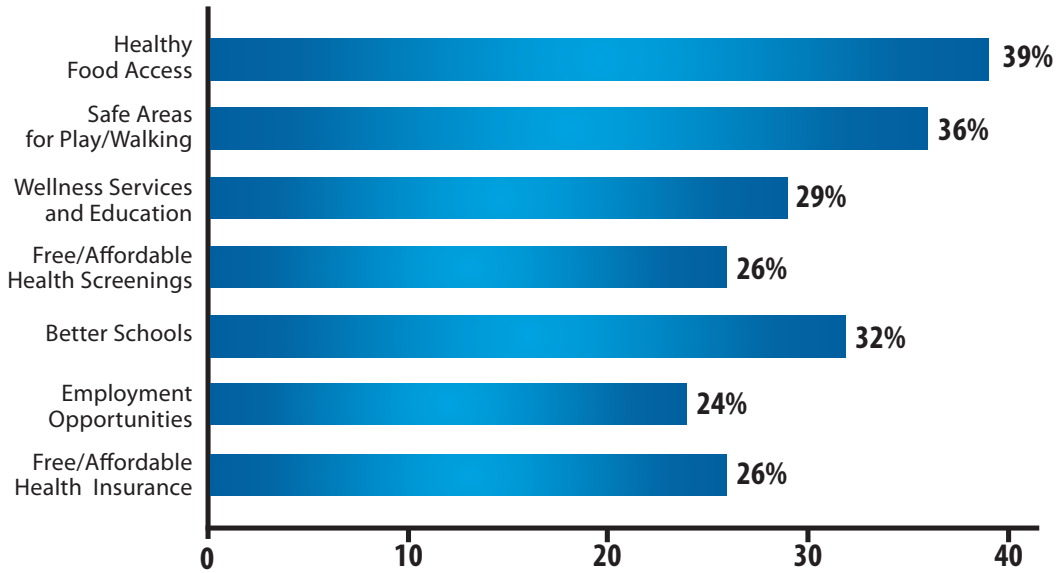
Washington Parish Residents' Most Frequent Responses



PERCENTAGE OF RESPONDENTS

WHAT WOULD IMPROVE HEALTH FOR RESPONDENTS' FAMILIES?

Washington Parish Residents' Most Frequent Responses

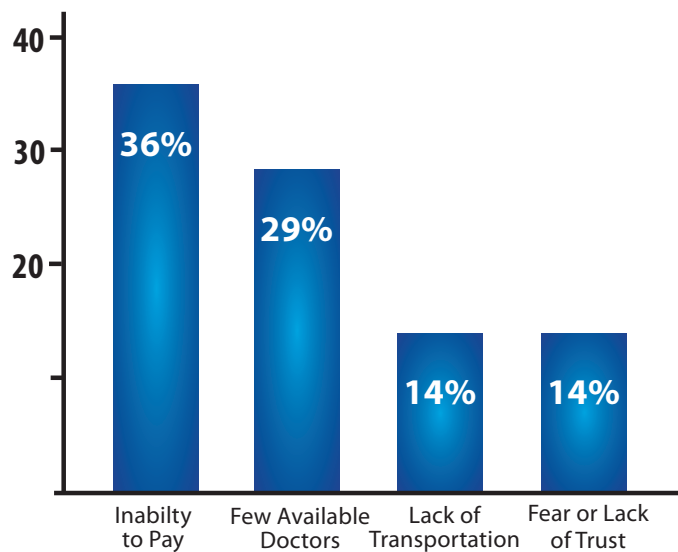


These high rates of financial barriers and difficulties finding providers support the findings of the demographic research; Washington Parish has a high rate of uninsured individuals and fewer providers than other parishes in Louisiana.

On the whole, the responses received through the community survey support the demographic research conducted as well as the input from stakeholders in interviews and focus groups.

WHAT ARE THE BARRIERS TO ACCESSING MEDICAL CARE?

Washington Parish Residents' Most Frequent Responses



PERCENTAGE OF RESPONDENTS

Focus Group Results

Two focus groups were held in January of 2018. The first was attended by stakeholders from various faith-based organizations. The second was attended by stakeholders representing diverse interests across Washington Parish.

Participants in the focus groups identified strengths of Washington Parish. There was agreement that the people of Washington Parish are proud, self-reliant, and family-oriented. The participants emphasized both the advantages of a small town environment and the disadvantages, including increased stigma for individuals with various needs due to familiarity. Government officials are easily accessible and residents feel their voices are heard. Participants also noted programs like the rural family medicine residency program at the hospital, the “Walk with a Doc” program, and community events like backpack giveaways have been positive influences. Finally,

“...programs like the rural family medicine residency program at the hospital, the “Walk with a Doc” program, and community events like backpack giveaways have been positive influences.”

the strong faith-based community in Washington Parish is an important community builder and support system.

Behavioral health and substance abuse issues were noted as a major concern. Law enforcement officials were seeing a steady increase in the number of calls related to mental health and substance abuse. They did not feel there were adequate support services to assist these calls. Faith-based leaders emphasized that many individuals struggled with feelings of hopelessness or feeling trapped and with pressure and stress in making it day-to-day.

NEEDS IDENTIFIED BY THE FOCUS GROUPS

- Behavioral health
- Economic opportunities
- Transportation
- Weight management

Providers also confirmed they have seen increased numbers of behavioral health and substance abuse patients over the last few years. There are inadequate outpatient resources to respond to the need in this area.

Many participants also acknowledged a lack of well-paying jobs and a general poor economic environment in the parish. Participants stated that residents do not have access to the education and training needed for high-paying jobs, and this, combined with the scarcity of those jobs in the parish, leads to a cycle of poverty that

is difficult to break.

Transportation was identified as a challenge for both individuals seeking employment and healthcare, as well as for businesses having

access to Washington Parish and being able to create jobs within the parish boundaries.

Participants identified the difficulty in accessing a healthy lifestyle. The lack of public transportation makes it difficult for many residents to go to a healthcare provider or to a safe place to be physically active. Eating healthier is believed to be more difficult since it is perceived as more expensive and choices are limited in local restaurants. It was also noted that individuals and families had less time to cook, which contributed to seeking quick and

inexpensive options, particularly fast food.

Racial disparities and attitudes were barely touched on during the focus groups. However, several participants brought these up to facilitators afterward as being key contributors to the social and economic stumbling blocks discussed during the focus groups.

Stakeholder Interview Results

Interviews with stakeholders confirmed several trends from the secondary data and revealed more recent developments.

Every interviewee recognized both the people of Washington Parish and the strong faith-based identity as a strength. Several indicated that the churches had a larger role to play, particularly in behavioral health and general wellness education. Dr. LaGarde, medical director for the Louisiana Department of Health Region 9, helped focus the committee on available resources and the committee leaned on her expertise in prioritizing.

The Steering Committee heard numerous times about the scarcity of resources in general. Many interviewees indicated these constraints disproportionately affect

“ Every interviewee mentioned behavioral health as a primary concern and an area where the need outweighs the available resources, particularly outpatient resources. ”

certain populations. Every interviewee mentioned behavioral health as a primary concern and an area where the need outweighs the available resources, particularly outpatient resources. This manifests itself in a variety of ways such as difficulties arising from parenting and home life, a general sense of hopelessness that often leads to substance abuse, and inadequate school resources to assist troubled young people.

Another area of agreement was the challenges associated with an underperforming education system and lack of job opportunities and economic development. Many interviewees linked these two concerns together stating the community was not doing enough in the schools to prepare individuals for career success and local companies hire individuals from other parishes or move their businesses away altogether. Several elected officials mentioned that transportation and lack of easy access to the parish plays a role in the lack of economic development.

Most interviewees identified weight management as a persistent challenge. Several noted diet was the biggest local contributor to obesity. Healthy food is both harder to find and perceived as more expensive, which limits the ability of families to make healthy choices. Elected officials noted Washington Parish has been unhealthy for decades, so now there's a sense of complacency around issues like obesity and diabetes.

Many themes that emerged across the focus groups and surveys were also commonalities among those interviewed. However, interviewees were more likely to touch on sensitive topics such as race relations or disputes

between jurisdictions in Washington Parish. Several interviewees emphasized that racial discrimination and disparities were still a major

concern in Washington Parish. Several mentioned that disagreements between the cities of Bogalusa and Franklinton and the two school districts were keeping the parish from working together as one.

How We Prioritized

The Steering Committee created a list of needs identified by the statistical data review, survey results, focus group insights, and stakeholder interviews. That list was organized thematically and is presented below in alphabetical order:

From this list, the Steering Committee reassessed the primary and secondary data available to prioritize the significant community health needs and designed an Implementation Strategy to respond to these needs.

Significant Health Needs

The Steering Committee compiled the results of the surveys, interviews, and focus groups with the secondary data research and demographic report to identify commonalities. The committee also considered the significant health needs identified in the 2016 assessment during the prioritization process as well as the overarching strategic goals of the organization. Finally, ongoing work was considered, both within the hospital and with community partners, to assess the viability of leveraging success and building partnerships during implementation.

Identified needs (in alphabetical order):

- **Barriers to healthy choices**
 - Healthy choices are more expensive, people don't cook as frequently
 - Lack of options in restaurants/stores
 - Transportation limits options and access to choices
 - Access to medical care
 - Fewer behavioral and physical health providers than state and national averages
 - Cost barrier to accessing care
- **Behavioral health**
 - High rates of substance abuse
 - Behavioral health services/lack of outpatient options
 - Cycle of poverty/generational poverty/feeling trapped or tired
 - Feelings of hopelessness and desperation
 - Stigma of behavioral health issues amplified in small town
- **Too overburdened to take care of self and others**
- **Education**
 - Competing education systems
 - Lack of focus on early childhood programs
 - Poor educational attainment and quality
- **Lack of economic opportunities**
 - Demand for jobs with livable wages outweighs supply
 - Individuals and families can't afford healthcare services
 - Demand for trained, local workers outweighs supply
- **Transportation**
 - Barrier to individuals accessing healthcare and healthy choices (see above)
 - Barrier to economic development due to lack of access to parish from outside

From this process, the Steering Committee chose to focus on behavioral health and barriers to healthy choices as priority areas for this implementation cycle. Barriers to healthy choices was identified in 2016 (called Overcoming Barriers for Good Health) and continued to be a theme in this assessment. The committee is choosing to focus on access to care and health education underneath the barriers to healthy choices priority to respond to community input.

SIGNIFICANT HEALTH NEEDS IDENTIFIED

- Behavioral health
- Barriers to healthy choices

Behavioral Health

Throughout the primary data collection process, stakeholders and community members spoke to the increasing behavioral health crisis in Washington Parish. Behavioral health resources are not robust enough to meet the demand and many individuals do not know how to access the services that exist. The secondary data strongly supports these observations: Washington Parish has 75.6 mental health providers per 100,000 residents, which is much lower than the national average of 202.8. Washington Parish also experienced rising rates of substance abuse in tandem with the national opioid crisis.

Barriers to Healthy Choices

Individuals and families in Washington Parish have significant challenges in taking responsibility for their health and wellness. Many residents have difficulty accessing routine or preventative health care due to transportation limitations, financial obstacles, or access. Survey results manifested several obstacles in accessing care including co-pays or deductibles (36%), a lack of available doctors (29%), transportation (14%), and a lack of trust or fear in the healthcare system (14%).

There are limited opportunities for children and families to learn about healthy lifestyle choices either in school or in community settings. The committee chose to focus on these barriers with a special interest in how these barriers impact weight management and senior services. In the community survey, when asked to identify the top needs facing themselves, their families, or their communities, respondents identified weight management (66%), high blood pressure (54%), joint or back pain (39%), and diabetes (31%). Each of these have significant modifiable risk factors, which may be addressed through health education and wellness programs.

Community Assets

Many of the organizations listed throughout the document are excellent resources within the community. Throughout the primary data collection process, it was clear that Washington Parish has great strengths and successful programs addressing many of the significant health needs in the parish. There have been some efforts to compile a resource directory; however, it is challenging to keep the information current. The aim of this document is not to create a list of community assets but rather to identify key partners who can play a role in changing the trajectory of health outcomes in Washington Parish. To that end, the Steering Committee invited each individual interviewed or who attended a focus group to continue to participate in the process through reviewing drafts of this document and being a partner with Our Lady of the Angels Hospital in the Implementation Strategy. The Steering Committee also made note of additional individuals and organizations who were mentioned in interviews, focus groups, or the survey. These individuals and organizations may be potential resources and partners.

NEXT STEP

Implementation Plan

The Steering Committee designed an Implementation Strategy to respond to the significant health needs identified. This Implementation Strategy is a separate document that Our Lady of the Angels Hospital will make public along with this CHNA. The hospital is committed to collecting data and assessing progress on the Implementation Strategy quarterly over the three-year implementation timeline. As a living document, the Implementation Strategy may be revised over the three-year implementation period to reflect successful completion of certain objectives or emerging opportunities.

OLOAH is committed to providing resources toward the Implementation Strategy as well as further community partnerships to make an impact on the identified significant health needs. OLOAH will continue to provide staff resources to support initiatives in each of the identified significant health needs, including a behavioral health educator and nurse for senior services. OLOAH doctors and residents will continue to support the “Walk with a Doc” program and clinical resources will be used for tobacco cessation, diabetes management, and wellness education programs.



APPENDIX A: Stakeholder interview questions

The following list of questions was used to conduct stakeholder interviews. Stakeholders were also briefed on the purpose of the assessment and made aware that the Steering Committee's focus was broader than clinical care to include the social determinants of health.

***If stakeholder participated in the process before:**

- How did you participate in the assessment last time?
- What went well? Are there examples of success since the last assessment?
- What was challenging?
- In your experience, how was the assessment and plan used or measured last time?
- What would you like to see done differently?

***If not, skip to here:**

- As a leader and someone invested in the success of this community, what makes this community special?
- What do you consider are some of the strengths in your community?
- What do you consider are some of the challenges for your community?
- What do you consider to be the major health concerns for the population you serve?
- What do you consider to be some of the needs for the population you serve that are not being addressed?
 - Can you narrow it down to a single biggest need? Why or why not?
- In your opinion, why are these needs not being addressed? What are the barriers?
- Is there anything else you'd like us to know?

APPENDIX B: Focus group guiding questions

The following list of questions and sub questions was used to guide both the community and faith-based focus groups. Participants were first briefed on the purpose of the assessment and made aware that the Steering Committee's focus was broader than clinical care to include the social determinants of health.

- What do you view as strengths of your community?
 - Every community has assets or organizations that can be leaned on to address challenges ...
 - What are sources of pride for the community?
 - What can be leveraged to improve the current situation?
- What are some of the things that you see as lacking in your community?
 - What are services or needs that you wouldn't know where to go for or who to turn to?
- With your family or friends, what are your biggest concerns?
 - What challenges have people you've known faced in getting or staying healthy?
- Which of these needs would you say is the most important?
 - Is there anything that is driving other concerns?
- What could be done to address these needs?
 - If you were in a position to change your community, what are the first things you'd do?
 - What is the "low hanging fruit" in your community?

At the conclusion, participants were asked to summarize their most important thoughts or any items that had not been discussed on index cards that were collected by the facilitators.

APPENDIX C: Community survey questions

1. What is your primary zip code?

- 70426
- 70467
- 70427
- 70429
- 70438
- 70450
- 70467

2. Please choose your Gender?

- Male
- Female
- Would rather not say

3. Please choose your age group?

- 18-29 yrs. old
- 30-39 yrs. old
- 40-49 yrs. old
- 50-59 yrs. old
- 60 + yrs. old

4. Please choose the group that best describes you:

- Community member
- Healthcare provider
- Community organization
- Government agency

5. How would you describe your overall health?

- Excellent
- Very Good
- Fair
- Poor

6. Please select the top 3 health challenges that you or your family face.

- Cancer
- Diabetes
- Weight management
- Lung disease
- High blood pressure
- Stroke
- Heart disease
- Joint or back pain
- Mental health issues
- Alcohol overuse
- Drug addiction
- Access to medical care
- Housing
- Musculoskeletal disorders
- Access to physical activity
- Transportation
- Dental care
- Caregiving/senior services
- End of life concerns

APPENDIX C: Community survey questions

7. Where do you go for routine healthcare?

(Check all that apply)

- Primary Care Physician
- Emergency Room
- Urgent Care
- Other Clinic
- I Do Not Receive Routine Healthcare

8. Are there any issues that prevent you from accessing medical care?

- Can't Find a Doctor/Lack of Available Doctors
- No Health Insurance
- Cultural/Religious Beliefs
- Transportation
- Unable to Pay Co-pays or Deductibles
- Lack of Trust or Fear of the Healthcare System

9. What are the top 3 items below that would improve health for you and your family?

- Access to Healthy Food
- Safe Places to Walk and Play/Recreation Facilities
- Easier Access to Medical Services
- Transportation
- Wellness Services or Educational Classes
- Free or Affordable Health Screenings
- Substance Abuse Services
- Affordable Housing
- Better Schools
- Job Opportunities
- Affordable Health Insurance
- Senior Services

10. Where do you receive information about health or health care? (Check all that apply)

- Cable/Public Access/Local Morning Shows
- Newspapers/Local Publications/Magazines
- Radio Ads
- Medical Providers
- Community Programs
- Social Media Networks
- Health Fairs/Other Public Events
- Patient Portal
- Internet
- Other (please specify)

11. Are there any additional comments or suggestions you would like to share?

NOTES



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