

OUR LADY OF ANGELS &
OUR LADY OF THE LAKE SURGICAL HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT

*On March 17, 2014,
the state-run healthcare facility in Bogalusa, Louisiana,
became Our Lady of The Angels Hospital (OLOAH),
an official hospital within 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 are located at Our Lady of the Lake Regional Medical Center and Our Lady of the Lake Children’s Hospital in Baton Rouge, Our Lady of the Lake Ascension in Gonzales, Our Lady of Lourdes Regional Medical Center and Our Lady of Lourdes Women’s and Children’s, and Our Lady of Lourdes Heart Hospital in Lafayette, St. Francis Medical Center in Monroe, Assumption Community Hospital in Napoleonville, and St. Dominic Health Services in Jackson, Mississippi.

OLOAH is the only full-service acute care hospital within a 45-minute radius. The hospital 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). OLOAH also partners with FMOLHS’ Northshore Region to bring care to the people we are privileged to serve. This includes the services of primary care physicians in Slidell and Covington, specialty care physicians in Covington, and collaborations with two surgery facilities – Our Lady of The Lake Pontchartrain Surgery Center in Covington and Our Lady of the Lake Surgical Hospital in Slidell. Additionally, Our Lady of the Lake Regional Medical Center (through Our Lady of the Lake Northshore facilities, which is comprised of primary care and specialty physicians in St. Tammany Parish, as well as OLOL Pontchartrain Surgery Center and OLOL Surgical Hospital) is helping lead the way in Executive Wellness Services and Concierge Health Services in the region as patients seek alternatives to traditional practices for care.

Following in the footsteps of our Founders, the Franciscan Missionaries of Our Lady, OLOAH 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 FMOLHS, OLOAH undertook its first CHNA process in 2016 and its second in 2019. OLOL Surgical Hospital published its first CHNA as OLOL Surgical Hospital in 2020 after being acquired by OLOL. This 2021 CHNA and its related

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implementation plan will be a joint CHNA. For the purposes of this document, the two organizations will be referred to collectively under the banner “OLOAH” except where necessary for individual clarification.

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.

CONSULTANTS

OLOAH worked with an internal CHNA Steering Committee to write the 2021 CHNA and its related Implementation Strategy; however, outside firm KPMG, LLP, also contributed.

KPMG

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OLOAH 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.

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 needs. Region 9 of Southeast Louisiana is home to the not-for-profit organizations Our Lady of The Angels (OLOAH) in Bogalusa (Washington Parish) and Our Lady of The Lake Surgical Hospital in Slidell (St. Tammany Parish). Together, these healthcare providers are pleased to present a joint 2021 CHNA, which provides an overview of the significant community health needs identified in its community/service area.

THE GOALS OF THIS CHNA ARE TO:

- To provide a balance of data-driven and community-driven understandings of the health needs of the people OLOAH serves,
- To help guide OLOAH's community benefit planning, and
- To develop measurable, effective implementation strategies which help improve the health and wellness of OLOAH's community/service area.

OLOAH has developed this CHNA as a meaningful overview of the health needs of the people of its community/service, defined for the purposes of this CHNA as Washington and St. Tammany Parishes. OLOAH reports 76.7% of its patients originating from Washington Parish and 11.2% originating from St. Tammany Parish in fiscal year 2021. OLOL Surgical Hospital reported the highest number of its patients originating from St. Tammany Parish (42%) and 1.1% originating from Washington Parish. As members of the FMOL Health System and with a common vision of serving those most in need, these two organizations, along with OLOL Ponchartrain Surgery Center, have committed to work together to ensure that all people in St. Tammany and Washington Parishes are receiving the care they need, especially vulnerable populations. Based on feedback from focus groups and community surveys, OLOAH determined that all three organizations should combine their efforts to address issues related to patients in both parishes and to increase the access to the services of all three organizations equally.

The CHNA will help guide OLOAH's community benefit planning and the development of implementation strategies to address Priority Areas. OLOAH's CHNA research spotlighted health disparities and social determinants of health, needs of vulnerable populations, and service gaps. The CHNA fulfills the requirements of Internal Revenue Code section 501(r)(3) to conduct a CHNA to determine if the services and programs provided as part of OLOAH's non-profit status appropriately address the needs of the people it is privileged to serve, but it is not simply a response to the ACA requirement. This CHNA represents OLOAH's commitment to addressing the needs of our community/service area. Service, Reverence and Love for All of Life, Joyfulness of Spirit, Humility, and Justice are part of OLOAH's Core Values as an organization, and the outcomes of the implementation strategies will help ensure the people of Region 9 are appropriately served with timely, high-quality care.

Our Ministry

OLOAH does not define its community to exclude medically underserved, low-income, or minority populations. When determining how to define its community/service area for the purposes of this assessment, OLOAH considered 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.

The CHNA Approach

The findings in this document will guide strategic, community-focused activities over the next three years. OLOAH strived to be inclusive of community partners' input from both Washington and St. Tammany Parishes and of the social determinants of health in completing this CHNA with the intention of creating a road map for coordinating and enhancing activities that improve health outcomes. It will take strong partnerships and time to meaningfully influence the identified Priority Areas in the community/service area. Therefore, the Steering Committee has invited individuals and organizations who contributed their input to remain involved in the CHNA process and join in the three-year implementation cycle.

The Steering Committee was comprised of leaders from across the OLOAH organization. The team met regularly to plan data collection activities, review collected information, prioritize significant health needs, and review CHNA progress. The Steering Committee is comprised of:

- **Rafael Flores**, Director, *Mission Integration*
- **Elizabeth Garbo**, Director of Nursing
- **Angela Lambert**, Director of Marketing
- **Kathy Warner**, Manager of Social Services

The Steering Committee requested feedback through a community survey sent to healthcare professionals, OLOAH Board members, and community/service area residents. The results

offered valuable insights about perceived health needs in St. Tammany and Washington Parishes and defined what respondents see as significant. This information, compared with the data provided through demographic and health outcome analysis and focus group and stakeholder interviews, allowed OLOAH to define 2021 CHNA Priority Areas and to create related implementation strategies. Through the work to be done with the implementation strategies that support the 2021 CHNA, OLOAH will be better positioned to contribute to community health improvement efforts in accountably measurable ways.

Data Sources and Methods

The Steering Committee used a thorough approach to gather data and to assess the community's needs. An extensive data collection that incorporated multiple reports and comparisons to define health disparities and trends for OLOAH's community/service area was analyzed for the 2021 CHNA. Indicators of key preventable causes of hospitalizations were analyzed at the local and parish levels and compared to core health indicators and demographic data.

This information, which highlighted patterns and geographic disparities in core indicators, enabled OLOAH to design a community survey which guided the selection of Priority Areas. The community survey yielded 77 responses with an overall response rate of 33%. This information supplemented – and gave a “face” – to the demographic and health outcomes data, which helped the Steering Committee gain a better understanding of how the information translated into real-life, actionable strategies.

Following the data review and survey analysis, the Steering Committee facilitated a focus group for community stakeholders. The following organizations participated (detailed information regarding focus group feedback on page 17):

- Access Health Louisiana (addresses access to care for patients who need all types of care, help with prescriptions, transportation, etc. and includes school-based health centers)
- Bogalusa High School (representing adolescents and the views of educators on the front lines with these students and their needs)
- Bogalusa Schools (representing equitable behavioral health access)
- Community Member, retired (patient perspective)
- Louisiana Department of Health, Regions 2 & 9, Southeast Area Health Education Center (focus on increasing access to care for all Louisiana residents, especially vulnerable populations)
- Mary Bird Perkins Cancer Center (representing cancer patients and professionals)
- Northlake Homeless Coalition (private and public service providers working together to eliminate homelessness in southeast Louisiana)

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- Northshore Technical Community College (local school where students can seek higher education and financial assistance to find living wage jobs; working with local high schools to encourage more participation)
- New Orleans Firemen’s Federal Credit Union (business perspective; financial institution working in the local area to teach financial literacy, such as avoiding payday loans, understanding budgeting, etc.; partnering with businesses to help employees get out of debt)
- ViaLink (non-profit counseling and crisis intervention, including substance abuse and suicide prevention)
- Washington Parish School Board, representing District 8 – Franklinton and Coco (patient perspective; school/student perspective; long-time resident who has seen the history of both parishes evolve)

One-on-one interviews were conducted with the following stakeholders (information about these interviews is detailed on page 18):

- **Gina LaGarde, MD, MBA**, Regional Medical Director/Administrator, Region 9 Louisiana Office of Public Health
- **Gordon Thomas**, OLOAH Patient Advocate, Diversity Equity & Inclusion Council and Mission & People Council member
- **Judy Wamsley**, OLOAH Board member, Bogalusa business owner, generational resident with ties in both St. Tammany and Washington Parishes

The core indicators included in the OLOAH 2021 CHNA originated from online research of sites such as CDC.gov and the Louisiana Department of Public Health’s OpenData Health Portal. The core indicators cover health outcomes, behaviors contributing to health, and other influences, such as demographics, education, and economics. The data reviewed was compared over the period of 2016-2021 to examine trends.

An online survey was used to garner feedback. Responses (77) were collected in the second quarter of 2021. Respondents received a link by email requesting their participation. OLOAH did not experience 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 but rather as a snapshot of the community’s needs. Of the 77 respondents, 33% (19) were from the community-at-large, and 67% (58) were from professionals who work in healthcare roles in some capacity in the community and see the issues that are facing patients daily. These 67% 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 respondents providing input cut across income and racial barriers to address issues for any person in need; however, many of their services are provided to low-income, vulnerable populations who have traditionally experienced the greatest barriers to care. Following is a summary of the survey results:

HEALTH ISSUE 1 (total respondents = 76; skipped 1; weighted average = 5.26)

- **Barriers to Care** = 7.89%, 6 respondents
- **Cancer** = 6.58%, 5 respondents
- **Care For The Elderly** = 0%, 0 respondents
- **Chronic Disease Management** = 21.05%, 16 respondents
- **Heart Disease/Stroke** = 7.89%, 6 respondents
- **Behavioral Health** = 6.58%, 5 respondents
- **Obesity/Sedentary Lifestyles** = 11.84%, 9 respondents
- **Preventable Hospital Stays** = 1.32%, 1 respondent
- **Substance Abuse** = 35.53%, 27 respondents
- **Pain Management** = 1.32%, 1 respondent

HEALTH ISSUE 2 (total respondents = 75; skipped 2; weighted average = 5.25)

- **Barriers to Care** = 4.00%, 3 respondents
- **Cancer** = 4.00%, 3 respondents
- **Care For The Elderly** = 9.33%, 7 respondents
- **Chronic Disease Management** = 14.67%, 11 respondents
- **Heart Disease/Stroke** = 12.00%, 9 respondents
- **Behavioral Health** = 18.67%, 14 respondents
- **Obesity/Sedentary Lifestyles** = 13.33%, 10 respondents
- **Preventable Hospital Stays** = 0.00%, 0 respondent
- **Substance Abuse** = 20.00%, 15 respondents
- **Pain Management** = 4.00%, 3 respondents

HEALTH ISSUE 3 (total respondents = 75; skipped 2; weighted average = 5.07)

- **Barriers to Care** = 4.00%, 3 respondents
- **Cancer** = 4.00%, 3 respondents
- **Care For The Elderly** = 9.33%, 7 respondents
- **Chronic Disease Management** = 14.67%, 11 respondents
- **Heart Disease/Stroke** = 12.00%, 9 respondents
- **Behavioral Health** = 18.67%, 14 respondents
- **Obesity/Sedentary Lifestyles** = 6.67%, 5 respondents
- **Preventable Hospital Stays** = 5.53%, 4 respondents
- **Substance Abuse** = 16.00%, 12 respondents
- **Pain Management** = 9.33%, 7 respondents

HEALTH ISSUE 4 (total respondents = 75; skipped 2; weighted average = 4.91)

- **Barriers to Care** = 10.67%, 8 respondents
- **Cancer** = 6.67%, 5 respondents
- **Care For The Elderly** = 12.00%, 9 respondents
- **Chronic Disease Management** = 12.00%, 9 respondents

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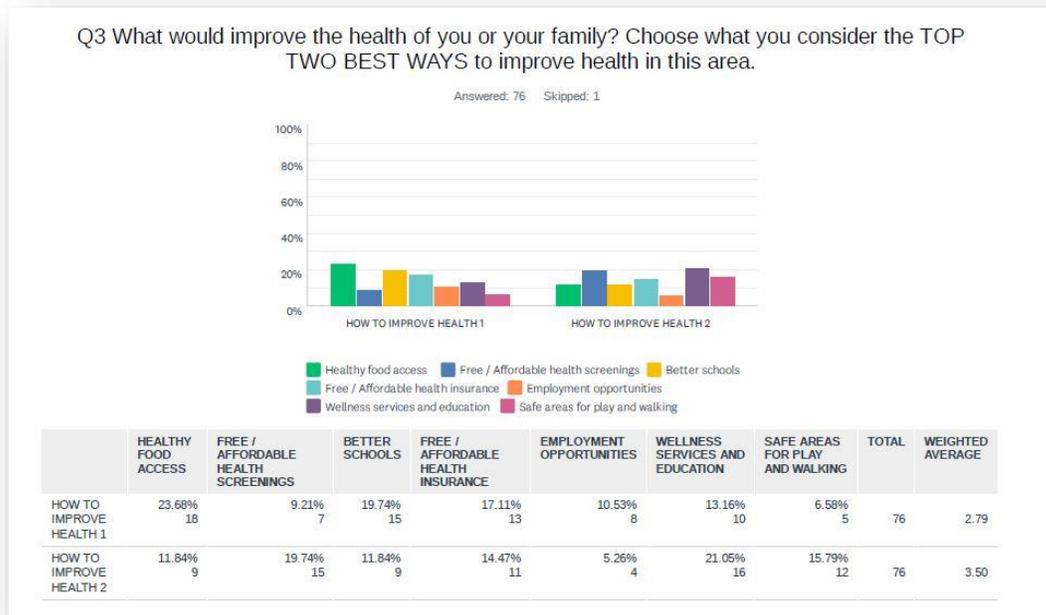
- **Heart Disease/Stroke** = 8.00%, 6 respondents
- **Behavioral Health** = 9.33%, 7 respondents
- **Obesity/Sedentary Lifestyles** = 17.33%, 13 respondents
- **Preventable Hospital Stays** = 9.33%, 7 respondents
- **Substance Abuse** = 8.00%, 6 respondents
- **Pain Management** = 6.67%, 5 respondents

Survey respondents were asked the open-ended question, “Are there other critical health issues not listed in Question 1?” Following are samples of the feedback received:

- Infectious diseases
- Heart disease, COPD, obesity
- Early childhood development
- Non-compliance and frequent readmissions
- Education and awareness
- Sickle cell anemia
- Access to specialists and cost of healthcare
- Medical education of patients about disease
- Pulmonary and orthopedic inpatient consults
- Homelessness
- Skin cancer
- Sexually transmitted diseases
- Access to birth control
- Rheumatology issues
- Financial barriers
- Transportation
- Health literacy and financial barriers

In question three, survey respondents were asked what would improve their health and the health of their families. The following chart illustrates the responses received:

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When asked if there were other ways to improve health not listed in question 3, the following open-ended responses were received:

- More options for recreational activities for the youth
- Weight loss program
- Free wellness services
- Person specifically assigned/employed to educate patients
- Having enough primary care physicians available
- Better education
- Healthy food
- Better specialty services
- No hospital charges associated with physician office services
- More availability of doctors, not just NPs or PAs¹
- Health education
- Transportation methods to get to medical appointments
- Assistance with healthy meal planning
- Free transportation
- All the ways are important
- Mental health services

¹ Nurse practitioners and Physician assistants

Demographics

For the purposes of this joint CHNA, the community/service area is St. Tammany and Washington Parishes in Louisiana. Washington Parish ranks 60 out of 64 parishes in the 2020 Louisiana Health Rankings for Health Outcomes and 52 out of 64 for Health Factors. St. Tammany ranks 2 out of 64 in Health Outcomes and 1 out of 64 in Health Factors.²

In 2019, Washington Parish was home to 46,194 residents. Of that number, 6.7% were under the age of 5, 23.8% were under the age of 18, and 18.5% were ages 65+.³ City-data.com reported in 2019 that Washington Parish was comprised of 22,816 males, which represented 49.3% of the overall population. There were 23,464 females, which accounted for 50.7% of the population. In 2019, St. Tammany Parish was home to 260, 419 residents. Of that number, 5.9% were under the age of 5, 23.7% were under the age of 18, and 17.5% were ages 65+.⁴ City-data.com reported in 2019 that St. Tammany Parish was comprised of 125,610 males, which represented 48.2% of the overall population. There were 134,809 females, which accounted for 51.8% of the population.

While the diversity of St. Tammany Parish varies from the diversity of both Washington Parish and Louisiana overall, there are also a few areas in which all three show a few similarities, as illustrated in the following chart:⁵

Diversity (rank order, highest to lowest %)					
St. Tammany		Washington Parish		State of Louisiana	
White alone	83.2%	White alone	67.30%	White, alone	62.80%
Black or African American, alone	12.7%	Black or African American, alone	30.40%	Black or African American, alone	32.80%
Hispanic or Latino	5.9%	Hispanic or Latino	2.50%	Hispanic or Latino	5.30%
Two or more races	2.0%	Two or more races	1.50%	Two or more races	1.80%
Asian, alone	1.5%	American Indian/Alaska Native, alone	0.50%	Asian, alone	1.80%
American Indian/Alaska Native, alone	.6%	Asian, alone	0.30%	American Indian/Alaska Native, alone	0.80%

² Retrieved online at https://www.countyhealthrankings.org/sites/default/files/media/document/CHR2020_LA_v2.pdf

³ Retrieved online at <https://www.census.gov/quickfacts/fact/table/washingtonparishlouisiana,LA/PST045219>

⁴ Retrieved online at <https://www.census.gov/quickfacts/fact/table/sttammanyparishlouisiana,LA/PST045219>

⁵ Retrieved online at <https://www.census.gov/quickfacts/fact/table/washingtonparishlouisiana,LA/PST045219> and <https://www.census.gov/quickfacts/fact/table/sttammanyparishlouisiana,LA/PST045219>

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Native Hawaiian/Other Pacific Islander, alone	Z (value greater than half unit of measure shown)	Native Hawaiian/Other Pacific Islander, alone	0.00%	Native Hawaiian/Other Pacific Islander, alone	0.10%
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The diversity rankings look different when analyzed based on race-specific poverty, according to City-data.com.

Race-Specific Poverty (rank order, highest to lowest %)			
St. Tammany Parish		Washington Parish	
Other race	44.10%	Two or more races	56.00%
Two or more races	26.20%	Black or African American	29.70%
Hispanic or Latino, alone	25.60%	Hispanic or Latino, alone	29.20%
Black or African American	17.70%	White, non-Hispanic	21.00%
American Indian	16.60%	Other race	13.00%
White, non-Hispanic	10.80%	American Indian	11.10%

The median household income in 2019 in Washington Parish (\$37,570) was significantly lower than the state average (\$49,469); however, the unemployment rate of 7% as of May 2021⁶ was lower than the 8.6% unemployment rate reported in the previous CHNA and on par with the 7.1% overall Louisiana unemployment rate reported for the same data period. In St. Tammany Parish, the median household income in 2019 was \$68,905, representing a \$31,335 economic gap between St. Tammany and Washington Parishes. St. Tammany exceeds the state median household income by \$19,436. The unemployment rate in St. Tammany Parish in May 2021 was 4.6%,⁷ which was significantly lower than the state average for the same period and for neighboring Washington Parish.

Washington Parish residents experience below average access to recreation and fitness facilities compared to both the state and the nation, and St. Tammany residents report greater access to such facilities, both because of fewer barriers to transportation and because of a greater number of adequate facilities. Health outcomes for Washington Parish are particularly poor compared to state averages with 17% of residents under age 65 reporting a disability compared to only 10.7% in St. Tammany Parish (11.10% in Louisiana)⁸ and mental health, primary care, OB/GYN, and specialty care physicians trending toward the low end of the scale per 100,000 residents. St. Tammany ranks on the higher end of the scale when compared with other parishes in the state per 100,000 residents in all categories of physician specialties. Among Louisiana parishes in 2018,

⁷ Retrieved online at <https://data.recordonline.com/unemployment/st-tammany-parish-la/CN2210300000000/>

⁸ Retrieved online at <https://www.census.gov/quickfacts/fact/table/sttammanyparishlouisiana, washingtonparish louisiana, LA/PST045219>

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Washington Parish was one of five parishes with the highest teenage birth rate in the state. St. Tammany was ranked in the five parishes with the lowest teenage birth rate in the same year.

Not all health indicators vary greatly for St. Tammany and Washington Parishes, though. Both St. Tammany and Washington Parishes are nearly at the state goal of 75% of children ages 9-35 months with series coverage for vaccinations with 72 and 73% respectively, which are also above the national (70.7%) and state (69.0%) averages.⁹

St Tammany ranks 18 (497.8 per 100,000 age-adjusted rate) and Washington Parish ranks 23 (491.7 per 100,000) of 64 parishes in cancer rates. With 1,499 reported cases in the 2013-2017 measurement period, the number of cases was noted to be falling. Washington Parish was reported to be stable with 292 cases for the same period.¹⁰ For example, the Louisiana Department of Health and Hospitals 2019 Louisiana Health Report Card stated that, “Statewide, the rate of opioid-involved overdoses was 9.8 per 100,000 residents. Opioid overdose death rates vary across the state, with many parishes seeing no deaths in 2018, and others, such as Washington, St. Tammany, and Jefferson seeing high rates. Eight parishes have rates higher than the state rate of opioid-involved deaths per 100,000 residents.” Both St. Tammany and Washington Parish were included in those eight parishes.¹¹

There are two WIC Offices in Washington Parish serving a population of 46,449 residents in an area of 670 square miles. There are also two WIC Offices in St. Tammany Parish, and those offices serve a population of 249,201 people in an area of 846 square miles. There is one WIC office per 23,224 residents and one WIC office per 334 square miles in Washington Parish, and in St. Tammany, there is one WIC Office per 124,600 people and one WIC Office per 422 square miles. In Louisiana, Washington Parish is ranked 28 out of 64 parishes in WIC offices per capita and 17 out of 64 parishes in WIC offices per square mile. St. Tammany Parish is ranked 54 out of 64 parishes in WIC Offices per capita and 26 out of 64 parishes in WIC Offices per square mile.¹²

Parish Demographics of Children Living in Households			
	St. Tammany Parish	Washington Parish	Louisiana
Children Living in Households	61,214	11,204	1,105,881
Children Under Age 6 Living in Households	30.1%	32.1%	33.4%

⁹ Retrieved online at <https://ldh.la.gov/index.cfm/page/1307>

¹⁰ Retrieved online at <https://statecancerprofiles.cancer.gov/incidencerates/index.php?stateFIPS=22&areatype=county&cancer=001&race=00&type=incd>; reflects all stages[^], 2013-2017, all races, box sexes, all ages, 95% confidence interval.

¹¹ Retrieved from p. 43, https://ldh.la.gov/assets/oph/Center-PHI/2019_Health_Report_Card.pdf

¹² Retrieved online at <http://www.countyoffice.org>

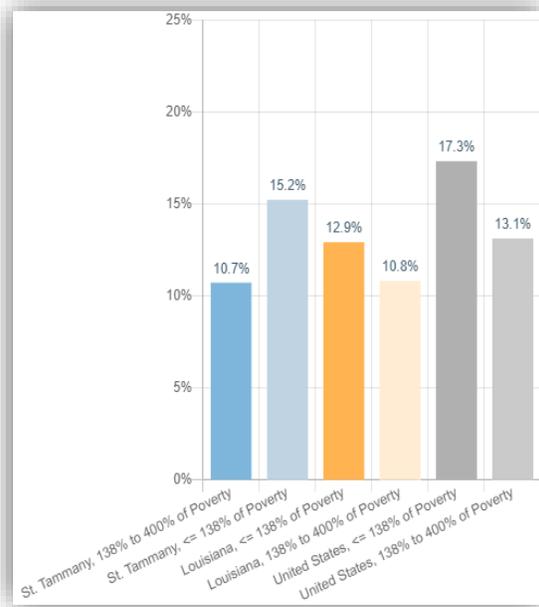
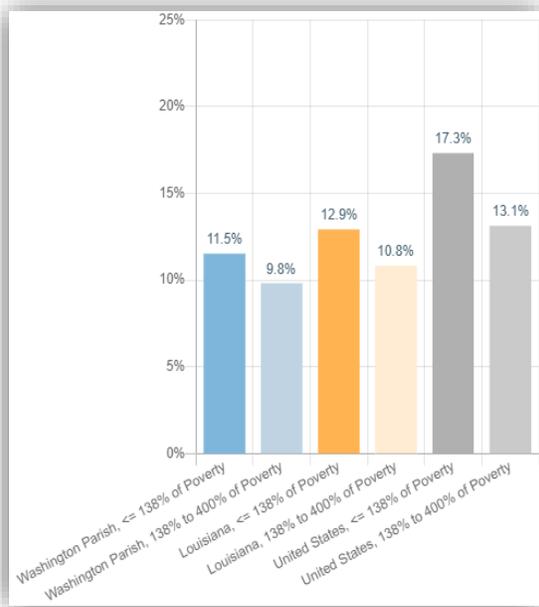
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Parish Demographics of Children Living in Households			
	St. Tammany Parish	Washington Parish	Louisiana
Children Aged 6 to 11 Living in Households	32.8%	33.2%	33.7%
Children Aged 12 to 17 Living in Households	37.1%	34.6%	32.9%
Children With Disabilities	5.2%	9.7%	5.4%
Unmarried Partner of Householder Present	7.5%	9.3%	8.2%

Parish Income of Family Households with Children			
	St. Tammany	Washington Parish	Louisiana
Median Income of Households with Children	\$86,320	\$41,125	\$58,444
Children Living in Households Receiving Public Assistance	18.2%	49.2%	33.3%
Children Living in Households Below the Poverty Line	14.4%	36.2%	27.4%
Children Living in Households At or Above the Poverty Line	85.6%	63.8%	72.6%

The population of Washington Parish compares somewhat favorably in the category of health insurance coverage by income to federal poverty threshold ratio (based on most recent data available from 2018). Washington Parish generally has fewer people living with no health coverage than both the state and national average. St. Tammany Parish reports numbers not that dissimilar to Washington Parish and Louisiana, but St. Tammany’s numbers reflect more residents under the age of 65 who have health coverage.

Population under 65 with no health insurance coverage by income to federal poverty threshold ratio, 2018¹³



The number for preventable hospital stays per 1,000 Medicare beneficiaries is not as favorable in Washington Parish with 91.5 per 1,000 compared to a rate of 65.8 per 1,000 in Louisiana as a whole. In St. Tammany, the number drops to 60.9 per 1,000 Medicare beneficiaries.

Crime in the United States is ranked on a scale of 1 to 100. In Washington Parish, violent crime is ranked 44.3 (U.S. average is 22.7), and property crime is ranked 69.2 (U.S. average is 35.4). In St. Tammany, violent crime is ranked at 22.7 on par with the U.S. average, and property crime is ranked 40.8, below Washington Parish but still above the U.S. average.¹⁴

City	Violent per 100k	Property per 100k	Pop.	Miles	Data Year
Franklinton, LA (Washington Parish)	1,169.9	3,722.4	3,761	6	2019
Bogalusa, LA (Washington Parish)	1,258.5	4,614.3	11,681	12	2019
Covington (St. Tammany Parish)	281.5	2092.3	10,658	11	2018
Slidell (St. Tammany Parish)	270.1	2848.6	27,768	13	2019

¹³ Retrieved online at <https://unitedwayseladashboard.org/washington-parish/personal-wellness> and <https://www.unitedway seladashboard.org/st-tammany-parish/personal-wellness/#percent-of-vulnerable-populations-receiving-high-quality-care>

¹⁴ Retrieved online at <https://www.bestplaces.net/crime/county/louisiana/washington> and https://www.bestplaces.net/crime/county/louisiana/st._tammany

Focus Groups

A focus group of representatives from both St. Tammany and Washington Parishes was held July 6, 2021, at the First Church Youth Center in Bogalusa. Sixteen participants attended, along with Steering Committee members who served as facilitators. Participants identified strengths and challenges of St. Tammany and Washington Parishes. There was a great deal of discussion at the tables about the change in Washington Parish's culture in recent years from one of pride to disenchantment. It was mostly agreed that a sense of loyalty remains among many residents and that there is still hope in the community that Washington Parish can return to the strong, thriving area it once was. There was agreement that many of the issues are economically driven, which causes other problems related to health, education, substance abuse, mental/behavioral health, etc. The discussion about St. Tammany tended to be more positive and focus on development and positive economic trends. There was more talk about opportunity for living wage jobs, access to entertainment, and different educational opportunities that attracted families away from Washington Parish.

Residents participating in the focus group who had lived in the area longer tended to provide more negative answers about the long-term effects of job losses, racial divides, lack of specialty care physicians, transportation barriers for people who need access to healthy foods and medical appointments, and the educational system when talking about Washington Parish. When speaking about St. Tammany Parish, they tended to focus on more positive trends and what they felt was going well. However, they noted that there are racial and socioeconomic divisions in St. Tammany Parish, just as there are in Washington Parish, that can make change difficult. Participants also reported that when seeking care in one parish versus the other, they do not always feel they are treated the same. In Washington Parish, they sometimes feel their immediate needs are addressed but that their long-term health issues are not thoroughly investigated and managed; however, when they seek care in St. Tammany where providers are more accustomed to working with insured patients who understand how to navigate the healthcare system, patients have a perception that they are likely to receive more testing and follow-up care and "personal treatment rather than just a quick fix," as one participant stated.

Residents participating in the focus group who had lived in the area a shorter period tended to use words such as "fertile" and "possible" when describing Washington Parish's future and potential and talked in terms of leveraging partnerships and educational systems to overcome the parish's problems. Words such as "opportunity," "positive," and "potential" were used frequently in describing St. Tammany Parish. Many focus group participants brought up a persistent lack of living wage jobs and a disparate economy, especially when comparing the neighboring parishes. Participants stated that many Washington Parish residents do not have access to the education and training needed for living wage jobs, and this, combined with the scarcity of those jobs in the parish, leads to a cycle of poverty that is difficult to break.

Residents who want different opportunities than the two school systems in Washington Parish (one of only two parishes in the state with a divided school system) can provide send their

children to St. Tammany for a private education. Similarly, there are many people who work in Washington Parish who commute in daily and return to St. Tammany each night because of a perception of a higher quality of living.

Transportation was identified as a challenge for individuals seeking employment and health care, as well as for businesses needing access to Washington Parish. This, in turn, makes it difficult to create and retain jobs within the parish. Maintaining healthy lifestyle choices was also discussed. Without personal transportation or access to public transportation, residents in both parishes can have barriers to access when they need to seek health care or when they want a safe place for their families to be active. Residents persistently choose unhealthy foods because these types of food are perceived to be less expensive and, therefore, more budget-friendly. In Washington Parish especially, there are limited local restaurant choices to supplement meals.

Racial disparities and inequality were discussed and were mentioned to be an ongoing issue in the community/service area. According to one focus group participant, “We have to bring the siloed communities of Washington Parish together.... There is a lack of trust between the communities that make up Washington Parish.” Participants pointed out that within the parish, there is polarization not just within racial classes but town to town and parish to parish as well, such as Bogalusa vs. Franklinton and Washington Parish vs. St. Tammany Parish. Participants shared their frustrations that this makes progress toward common goals difficult, especially when addressing issues such as race.

When asked about what a healthy community might look like in St. Tammany and Washington Parishes, participants were fairly consistent as they responded with answers such as improved access to specialty care, more community partnerships to address disparities in vulnerable populations, mobile medical clinics to take care to where people need it rather than expecting them to find transportation, health education literacy programs so patients understand the healthcare system better, and economic improvement in the town to help reduce the number of people experiencing mental/behavioral health and substance abuse problems, as well as the number of people who are unemployed and left without food and basic necessities.

Stakeholder Interviews

OLOAH solicited and considered input from a variety of sources in identifying and prioritizing significant health needs and identifying resources potentially available to address those health needs. One-on-one interviews with stakeholders included the Regional Medical Director of the public health department, a member of the minority population of the community served who has experience with life in both St. Tammany and Washington Parishes, and a representative who works with vulnerable population groups daily and understands the needs of the communities in both parishes.

- **Gina LaGarde, MD, MBA (interviewed June 17, 2021)**
Regional Medical Director/Administrator, Region 9 Louisiana Office of Public Health

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- **Gordon Thomas (interviewed May 26, 2021)**
OLOAH Patient Advocate, Diversity Equity & Inclusion Council and Mission & People Council member
- **Judy Wamsley (interviewed May 25, 2021)**
OLOAH Board member, Bogalusa business owner, generational resident

Interviews with stakeholders echoed the information from data analysis and focus groups. All three interviewees offered a personal, in-depth perspective that helped shape the findings. The interviewees repeatedly mentioned the disparities in the community/service area, as well as the impact that the social determinants of health have on residents and their ability to access care. They were clear on how barriers to care and the overall lack of understanding of health and wellness are cross-generational issues. Mental/behavioral health and substance abuse, as well as the poor economy, were persistent topics as well.

The underperformance of the educational system and lack of living wage jobs were mentioned as barriers to the success of residents, and these two areas were linked to the idea that companies do not want to bring jobs to the area because there are not enough skilled nor trainable workers available. Two of the three interviewees also mentioned that without a major road coming into Washington Parish, there is less likelihood that large businesses will want to relocate there, which makes the area less attractive to potential residents as well. The impact of COVID-19 and the lingering isolation and potential for substance abuse and mental/behavioral problems was also discussed. A lack of health literacy among all socioeconomic groups and misinformation in social media was discussed as difficult to overcome in this regard but something that must be addressed to fight the spread of the virus.

Summary

Through the CHNA process, the Steering Committee learned much about St. Tammany and Washington Parishes' strengths and challenges. Many of the challenges are quite like communities across the state and nation; however, they are often more pronounced in the rural, dispersed, frequently socioeconomically disparate population of Washington Parish, especially when compared with the more affluent, less disparate St. Tammany Parish where health outcomes are traditionally better with more programs and services in place to address vulnerable populations.

Just as in discussions in previous CHNA periods, The Steering Committee heard that the proud, loyal nature of residents can be a strength but can also be a drawback, and that is true in both Washington and St. Tammany Parishes. While there has been a sense of community and interconnectedness in the past, the current community culture is slow to adapt to change, especially from those perceived to be from the "outside," and many people who work in the area live outside the parishes.

Mental/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 clinical treatment options available to community members in both outpatient behavioral health and substance abuse, a problem that is common in many markets. Community members are also worried about the lack of economic opportunities available to provide for themselves and their families. There is an overall lack of jobs with living wages, but there is room to develop a local workforce prepared to fill available jobs. Many higher paying jobs in the parishes are filled by workers who drive in from other parishes or counties, especially in Washington Parish.

Lack of economic opportunity makes cost a significant barrier to seeking care, and cost plays a role in making healthy choices. Focus groups participants identified healthy lifestyles as being more expensive. Focus group participants also pointed out that there is a lack of educational and achievement opportunities for all age groups, and they were especially concerned about the lack of programs and activities for children and teens, both inside and outside the school system, in Washington Parish.

Areas of Need

After completing the data collection and review, the Steering Committee discussed the results to prioritize the significant needs identified. The committee considered the needs expressed by community members and stakeholders and considered the significant needs identified in the previous CHNA process. Finally, the committee considered the ongoing work, both within the hospital and with community partners, to assess the viability of leveraging success and building partnerships during implementation. From this process, the Steering Committee saw the following significant health needs emerge: **Economy / Poverty, Barriers to care, Substance abuse, Education, Jobs, Health literacy, Racism, Mental health, Transportation, Specialty care, and Obesity.**

After Steering Committee and internal OLOAH discussions on how best to address the list of possibilities for improving health in the community/service area, the 2021 CHNA Priority Areas are:

→ Eliminating Barriers to Care
and
Improving Health Literacy ←

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OLOAH will address the Priority Areas in the following ways:

Eliminating Barriers To Care: Eliminating Barriers To Care is the area in which OLOAH anticipates having the greatest impact in the community, particularly among vulnerable populations. Feedback during the CHNA process indicated a need to assist patients with topics such as understanding how to access the healthcare system and ensuring there is attention given to diversity, equity, and inclusion throughout the organization. OLOAH will work both internally and in collaboration with community partners to address these topics. OLOAH will also draw on its synergies as part of the FMOL Health System to implement best practices from other facilities in the organization who have successfully tackled similar issues. OLOAH will work with Bogalusa Strong, local schools, media outlets, and physicians throughout Washington and St. Tammany Parishes to eliminate both real and perceived barriers to care.

Improving Health Literacy: By Improving Health Literacy, OLOAH can begin to improve overall health outcomes. One of the primary ways OLOAH will accomplish this is through an ongoing collaboration with Bogalusa Strong to bring health-related programming to the community. The health literacy message will be spread through local schools and media outlets in both Washington and St. Tammany Parish. Speaking opportunities will be sought throughout the measurement period to localize the messages for various audiences with individual needs, and OLOAH will continue to participate in community health fairs and sponsor its own health fairs as well. Additionally, there will be an internal effort in OLOAH facilities to work with patients to improve their understanding of the care offered and how to manage their own health by working with case managers and healthcare providers.

OLOAH will not address the following areas of need individually: Economy, Education, Jobs, Mental health, Obesity, Poverty, Racism, Specialty care, Substance abuse and Transportation.

- ***Economy:*** Addressing the economy is not something OLOAH has direct authority over. However, OLOAH will continue to collaborate with groups such as Bogalusa Strong, the United Way of Southeast Louisiana, and other community partners on projects that strengthen the community's/service area's economic outlook. FMOLHS is also part of the Healthcare Anchor Network whose stated long-term goal is "to reach a critical mass of health systems adopting as an institutional priority to improve community health and well-being by leveraging all their assets, including hiring, purchasing, and investment for equitable, local economic impact." The Healthcare Anchor Network specifically addresses root causes of racial and economic inequities that cause barriers to health and other social determinants of care for communities.
- ***Education:*** There will be goals and objectives that will be educational in nature as OLOAH addresses Eliminating Barriers to Care and Improving Health Literacy; however, they are not intended to take on the educational system to seek reform. It is probable that some of the Implementation Plan strategies will occur within the school systems and provide education for young people, and opportunities often arise throughout the year to be

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involved. There will also be many opportunities for education within the community/service area.

- **Jobs:** OLOAH is dedicated to retaining jobs and to making new jobs available as needs arise, as well as working with local resources to place qualified workers in open positions whenever possible. Part of OLOAH's participation in the Healthcare Anchor Network as part of the FMOLHS includes working within the local community to help break down racial and economic barriers to employment opportunities. Partially due to this reason and the ongoing work of others in the community as well, OLOAH chose not to place Jobs on the Priority Area list.
- **Mental health:** OLOAH intends to reach out in the community/service area with information related to mental/behavioral health throughout the three-year cycle but will not make this a Priority Area. There are organizations already working on improving this in the area, such as Vialink, an organization that will be collaborating with OLOAH.
- **Obesity:** OLOAH already addresses obesity in several ways, such as being a designated WellSpot, providing the Walk With a Doc program, and encouraging healthy eating and lifestyles through community outreach activities and health fairs. There are community-based programs as well, such as the Bike Restoration Project, Playground & Exercise Stencil Project, and Community Walking Clubs. Because this is already an ongoing focus, the Steering Committee recommended continuing the work taking place and placing the Priority Area focus on areas that need additional attention.
- **Poverty:** Poverty is an issue that is not directly within OLOAH's scope of power. However, OLOAH can work with team members to provide financial counseling in collaboration with local charitable counseling organizations and credit unions to give team members the chance to get out of debt and avoid payday loans, to provide more financial education to patients, and to help patients understand how to navigate health insurance to avoid debt. Community groups administer programs such as Weekend Backpacks for Kids Food Program and the Bogalusa Helping Hands Homeless Committee. All these activities will address Poverty during the three-year CHNA measurement cycle, even though it is not identified as a Priority Area.
- **Racism:** OLOAH is aware that racism is an issue in our nation and specifically in the community/service area it is privileged to serve. Through the work of our Diversity, Equity & Inclusion Council, OLOAH will educate team members and physicians throughout the three-year CHNA cycle about cultural competence and understanding topics such as implicit bias. This will be a sub-focus under Eliminating Barriers to Care but will not be the only focus in that area.
- **Specialty care:** Rather than make Specialty Care a Priority Area, OLOAH chose to focus on improving access to specialty care and helping patients understand how to overcome barriers with specialists. This goal and its related objectives will be featured in the Implementation Plan along with Eliminating Barriers to Care.
- **Substance abuse:** There are Substance Abuse counseling centers and ways for residents to get information in both St. Tammany and Washington Parishes and online, such as

through the Washington Parish Opioid Consortium, PALS Support Group, and Child of Addiction Support Group. These groups, and others like them, are actively working to improve access to clinical outpatient substance abuse counseling options, not only for the opioid crisis but also for tobacco cessation and alcohol abuse. OLOAH chose not to prioritize Substance Abuse due to a lack of direct resources to staff this area of need, but work will take place to overcome the stigma of getting help and to educate team members on how to make referrals for Substance Abuse patients.

- **Transportation:** Transportation outlets exist for patients, but they often don't know how to access them appropriately, which leads to non-compliance with medical appointments. OLOAH does not intend to address this need directly by providing transportation or by addressing it as a Priority Area but will help facilitate transportation whenever possible for patients experiencing issues as a barrier to care.

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.

Community Progress

OLOAH's 2016 CHNA identified five Priority Areas: Overcoming Barriers to Good Health, Heart Disease and Stroke, Older Adults and Aging (Senior Services), Other Chronic Diseases, and Mental Health and Mental Disorders. Concerning Overcoming Barriers to Good Health, OLOAH continued a successful "Walk With a Doc" program to encourage physical activity and to increase the community's access to physicians and health education. OLOAH offered free community education opportunities and health screenings at local health fairs, schools, and community organizations, such as the Rotary Club of Bogalusa, the United Way and numerous area churches, which allowed the organization to target not only the broader community but also vulnerable populations. OLOAH held its annual communitywide health fair, Family Fest, in which community partners collaborate to share information about health resources. OLOAH provides health screenings, including, but not limited to, blood pressure, cholesterol, and biometrics.

OLOAH has continued services and health education for seniors with monthly education programs and health screenings at the Council on Aging and Westminster Woods Apartments. OLOAH made home visits with both nurse practitioners and physicians' residents from the Rural Family Medicine program. The team continues to provide end-of-life education/advance care planning in community and clinic settings.

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In the fall of 2018, OLOAH completed a CHNA continuing its focus on some of the previous Priority Areas, including Overcoming Barriers to Healthy Choices, Behavioral Health, and Senior Services. During fiscal year 2020, OLOAH continued to adapt its strategy and develop a network of community partnerships to better meet the overwhelming needs of the community, particularly in response to the COVID-19 pandemic. OLOAH’s 2018 identified five significant Priority Areas: Overcoming Barriers to Healthy Choices, Behavioral Health, Education, Lack of Economic Opportunities, and Transportation.

Concerning Overcoming Barriers to Healthy Choices, OLOAH continued a successful “Walk With a Doc” program, just as it had during the 2016 CHNA measurement period and continued offering community education sessions/health screenings at local health fairs, Councils on Aging, schools, businesses, and community organizations. This work continued regularly until the COVID-19 pandemic required COVID-19 to discontinue in-person outreach to safeguard the health of both the public and OLOAH team members. In lieu of the traditional annual health fair Family Fest, OLOAH began partnering with area churches to bring the health screenings directly to people who needed them several times a year. The pilot health fair occurred at Bethlehem Baptist Church on Martin Luther King, Jr., Day, in 2020. In collaboration with numerous community partners, OLOAH shared resources and provided in-depth breakout sessions with physicians and free health screenings and consultations, including, but not limited to, blood pressure, cholesterol, and biometrics.

While OLOAH has been actively working to fight COVID-19, it has remained as active as possible in the community/service area while protecting the safety of the residents and OLOAH team members. Additionally, OLOAH continues its significant leadership role with Bogalusa Strong, a “collaborative partnership of community members, leaders, businesses, and organizations working together to improve our quality of life by promoting physical, social, and environmental health where we live, learn, work, pray and play. Bogalusa Strong is supported by the Mayor, the Mayor’s Wellness Council, Our Lady of The Angels Hospital, LSU AgCenter, the Louisiana Department of Health Well-Ahead Louisiana, and community members.”¹⁵ More than 85 community partner organizations work together to facilitate Bogalusa Strong’s physical, social, and environmental projects. Established from a desire to improve health outcomes and activity rates for the people of Washington Parish, the members of Bogalusa Strong set forth the following Vision, Mission, Purpose, and Focus Areas:

Vision:

Creating a healthier community where all people thrive

Mission:

Empowering people to create healthy environments and lead healthy lives

¹⁵ Retrieved online at <https://www.bogalusa.org/egov/apps/document/center.egov?view=item;id=668>

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Purpose:

To improve the quality of life in our local community by removing barriers to good health and by promoting physical, emotional, and environmental health where we live, learn, work, pray and play

Focus Areas:

Behavioral & Emotional Health; Healthy Places: School & Early Childhood, Businesses/Workplaces, Senior Services, Churches (Health Ministers), Environments; Healthy Eating; Get Moving, Be Healthy; Breaking Barriers to Good Health

Bogalusa Strong projects include:

- Parks Alive – Neighborhood Park Revitalization
- Bogalusa Helping Hands Homeless Committee
- Cutt’N The Pressure (Barbershop Blood Pressure Screenings)
- Cancer Survivorship Support Group Activities
- Congregational Wellness Initiative (Church Health Minister/Wellness Committees)
- Weekend Backpack for Kids Food Program
- Wise Woman Ambassadors – Heart Health
- Bogalusa Unity Initiative
- Improve Environment – Eliminate Physical Blight
- Buckle Me Up – Child Safety Initiative
- WellSpot Designations
- Eldercize Senior Exercise Programs
- City of Bogalusa Bike Path
- Family Bike Nights
- Playground & Exercise Stencil Project
- Community Walking Clubs
- Bike Restoration Project
- Annual Mayor’s Walk
- Walk With A Doc Program
- Community Resource Guide
- Bereavement Support Groups
- Promote Washington Parish Detox Center
- PALS (Parents of Addicted Loved Ones) Support Group
- Child of Addiction Support Group
- Operation Angel Community Promotion
- Mental Health Service for Seniors
- Community Announcement System
- Washington Parish Opioid Consortium
- Faithful Families – Faith-Based Program
- Healthy Check-Outs for Local Stores
- Neighborhood/Schools Community Garden Projects
- City and Cancer Survivor’s Community Garden Projects

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- City-Wide Weight Loss Campaign
- Independence From Tobacco City-Wide Campaign
- Teen Pregnancy

At the height of the COVID-19 pandemic, OLOAH recognized that the community's served needed a single source of truth, accessible to all residents. Unable to deliver community outreach in traditional ways, OLOAH partnered with Bogalusa Mayor Wendy Perrette to convert a popular local radio program, "The Trading Post," into a five-day-a-week, hour-long informational COVID-19 radio show airing the lunch hour. The program aimed at dispelling myths and bringing information directly to all people who tuned in, and it featured reports from U.S. Senator Bill Cassidy, U.S. Representative Ralph Abraham, State Senator Beth Mizell, State Representative Malinda White, and other local and state leaders and community partners. Each show featured an OLOAH physician to help the navigate the community's fear and virus challenges, and an area faith leader to offer a moment of prayer and a word of encouragement. The program aired for more than two months before expanding its outreach to include social media and video interview programming to help residents learn how to access available resources. During the pandemic, OLOAH expanded its outreach further throughout the community to work with the F.O.C.U.S. Franklinton Healthy Community Coalition and consolidated Bogalusa Strong and F.O.C.U.S. Franklinton under the title "Washington Parish Community Connect."

To address Behavioral Health, OLOAH began fiscal year 2020 by attending monthly meetings held by the Washington Parish Coalition, a group of Washington and St. Tammany Parish agencies. The meetings served to identify resources and points of collaboration between local agencies across the two parishes. OLOAH conducted educational meetings with school personnel to address the mental health needs of students and staff, which resulted in 114 direct educational contacts, and met with Bogalusa Mental Health and Washington Mental Health (FQHC) to formulate a process to link local students with mental health services. Other outreach efforts included working with social work staff to assist opioid-addicted pregnant women, creating a mental health resource website page, monthly virtual education programs for seniors, and ongoing tobacco cessation programming.

Next Steps

To address the Priority Areas the Steering Committee felt could make the greatest impact on the health and wellness of the people in the community/service area, the committee designed an Implementation Strategy, which is a separate document that complements this CHNA. OLOAH is committed to collecting and reporting data and assessing progress on the Implementation Strategy over the three-year implementation timeline.

As a living document, the Implementation Strategy may be revised during the implementation period to reflect successful completion of related objectives or emerging opportunities. The work completed throughout the implementation cycle will be captured going forward in Lyon Software's CBISA online database. The Steering Committee received training on how to use the software July 6, 2021, and will begin utilizing it fully with this CHNA cycle. Data from the previous

CHNA was reported to the FMOL Health System Mission Integration and Finance departments, to the OLOAH Board, and in the FMOLHS Schedule H (Form 990).

Comments and CHNA Review

Although OLOAH, OLOL Pontchartrain Surgery Center, and OLOL Surgical Hospital solicited comments in their previous CHNA documents by providing an address to which written comments could be submitted, none were received. Community feedback is welcome regarding this CHNA and/or the previous CHNAs. Written comments may be addressed to:

Director of Mission Integration
433 Plaza St.
Bogalusa, LA 70427

2021 CHNA documents are kept on file for public review in the administrative offices of each of the three organizations represented in this CHNA:

- **Our Lady of The Angels**, 433 Plaza Street, Bogalusa, Louisiana, 70427
- **Our Lady of The Lake Pontchartrain Surgery Center**, 4407 North Causeway Boulevard, Covington, Louisiana, 70471
- **Our Lady of The Lake Surgical Hospital**, 700 Lindberg Drive, Slidell, Louisiana, 70458

APPENDIX A:

Focus group guiding questions

Question 1: Word association.

Ask participants their first thoughts about a series of words. They can call out their answers or be asked to write them down on a sheet of paper. They can work at their tables and come up with a list and then report out by table to the larger group to compile an overall list if you prefer.

- Washington Parish
- Healthcare
- Emergency room
- Social determinants of health
- Opioids
- Education
- Mission
- Compassion
- Faith-based care
- Specialist
- Community
- Mental health, Youth, Elderly, Chronic Disease, Choice

Question 2:

What are some things that are impacting the health of the people of Washington Parish negatively? Categories include social, economic, environmental, technological, educational, etc.

Question 3:

What are some things that are impacting the health of the people of Washington Parish positively? Categories include social, economic, environmental, technological, educational, etc.

Question 4:

If you could choose one thing to change positively for the people of Washington Parish, what would it be, and how do you think it would make life better?

Question 5:

What is your vision of a healthy community, and what will it take to move from where we are today to achieving that vision?

APPENDIX B:

Community survey questions

Question 1:

What are the most critical health issues facing the people of this area? Choose what you consider to be the TOP FOUR health issues from the following choices.

Choices:

- Barriers to Healthy Choices
- Cancer
- Care For The Elderly
- Chronic Disease Management
- Heart Disease/Stroke
- Behavioral Health
- Obesity/Sedentary Lifestyles
- Preventable Hospital Stays
- Substance Abuse
- Pain Management

Question 2 (open-ended, write-in):

Are there other critical health issues not listed in Question 1? List them below.

Question 3:

What would improve the health of you or your family? Choose what you consider the TOP TWO BEST WAYS to improve health in this area.

Choices:

- Healthy Food Access
- Free/Affordable Health Screenings
- Better Schools
- Free/Affordable Health Insurance
- Employment Opportunities
- Wellness Services and Education
- Safe Areas for Play and Walking

Question 4 (open-ended, write-in):

Are there other ways to improve the health of you or your family not listed in question 3? List them below.

Question 5 (open-ended, write-in):

What makes it difficult to access care when you need it?