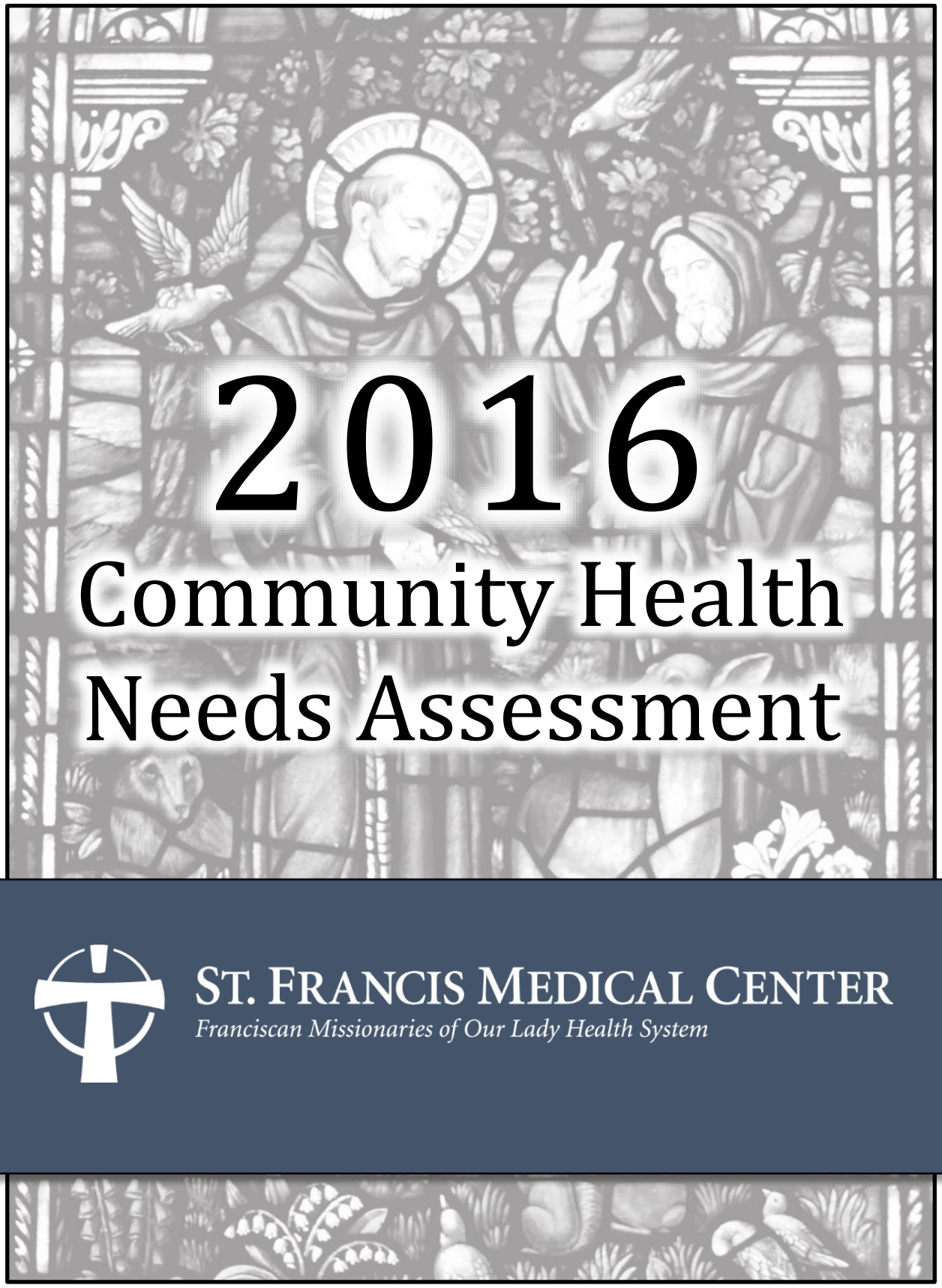

2016 Community Health Needs Assessment

ST. FRANCIS MEDICAL CENTER

Franciscan Missionaries of Our Lady Health System

PRAYER OF ST. FRANCIS

Lord, make me an instrument of Your peace.
Where there is hatred, let me sow love.
Where there is injury, pardon.
Where there is doubt, faith.
Where there is despair, hope.
Where there is darkness, light.
Where there is sadness, joy.

O Divine Master,
grant that I may not so much
seek to be consoled, as to console;
to be understood, as to understand;
to be loved, as to love.

For it is in giving that we receive.
It is in pardoning that we are pardoned,
and it is in dying that we are born to Eternal Life.

Amen.

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EXECUTIVE SUMMARY

St. Francis Medical Center (SFMC) has developed this Community Health Needs Assessment (CHNA) as a meaningful overview of the health needs of the people of Region 8 of Northeast Louisiana. The purpose of this CHNA is to help guide our community benefit planning and the development of implementation strategies to address prioritized needs. The focus of the CHNA research has been to spotlight health disparities, the needs of vulnerable populations and service gaps. The report fulfills the IRS requirements of Internal Revenue Code section 501(c)(3) to conduct a CHNA in order to determine if the services and programs we are providing as part of our non-profit status are appropriately addressing the needs of the people we are privileged to serve.

APPROACH

In 2015, SFMC used data from Healthy Communities Institute (HCI) to conduct a CHNA for Region 8 of Northeast Louisiana. Our analysis was constructed based on determinants of health, which included a comprehensive characterization of community health taking into account significant secondary data regarding social, economic and physical factors, as well as health risks and outcomes. SFMC requested feedback through a community survey that helped garner input from business, education, non-profit and healthcare professionals. The survey results offered valuable insights about the health needs of the people of this region and what issues community leaders feel are the highest priority. This information, compared with the data provided through HCI, allowed SFMC to select priority areas and to create this CHNA and implementation strategies.

Through this work, we will be better prepared to contribute to community health improvement efforts. The CHNA and implementation strategies were developed by SFMC without the collaboration of community partners; however, members of the health, government and education and business communities were asked to respond to a survey to help prioritize the area's health needs so that we may advance health and wellness outcomes for the people of Northeast Louisiana.

DATA SOURCES AND METHODS

An extensive collection of data was analyzed for this CHNA which incorporated multiple disparities reports and comparisons to define health disparities and trends for our service area. Indicators of key preventable causes of hospitalizations were analyzed at the local and parish levels and compared to core health indicators and demographic information. This data, which highlighted patterns and geographic disparities in core indicators, enabled SFMC to design a community survey which guided the selection of priority areas. The community survey process yielded 345 responses via an online survey. This information supplemented – and gave a "face" – to the HCI data, which helped us gain a better understanding of how the information translated into real-life, actionable strategies. Among the participants were members of the health, government, education and business communities, including members of our Board.

AREAS OF NEED

This CHNA is an overview of the health of the people of Northeast Louisiana. The areas of need have been defined by the information gathered from HCI and community surveys with particular attention given to areas of the greatest SocioNeeds Index. HCI's SocioNeeds Index combines a set of socioeconomic factors for all zip codes in the United States. Determinants are standardized, averaged and weighted to arrive at a composite index value, which maximizes the correlation to poor health

outcomes based on premature deaths and preventable hospitalizations. The SocioNeeds Index can be used to set a perimeter around geographic service areas at the zip code level and then rank the zip codes from 1 to 5 to identify the most vulnerable populations. Areas ranked as a 5 represent the highest, most immediate needs across a range of socioeconomic indicators.

The community survey findings revealed six primary areas of need in the region: Obesity/Sedentary Lifestyles, Chronic Disease Management, Heart Attack /Stroke, Substance Abuse, Nutrition/Healthy Eating and Care for The Elderly. Survey respondents were asked to choose the top four health needs from a list of nine options[1]:

- Chronic Disease Management (236 responses; ranked number 2)
- Obesity/Sedentary Lifestyles (275 responses; ranked number 1)
- Access to Care (84 responses)
- Care for The Elderly (140 responses)
- Substance Abuse (146 responses)
- Mental Health (122 responses)
- Heart Attack/Stroke (164 responses; ranked number 3)
- Communicable/Infectious Disease (56 responses)
- Nutrition/Healthy Eating (141 responses)

Respondents were also asked an open-ended question regarding additional areas of need. The number of responses were relatively low for this question, but the answers provided additional insight about areas of importance. The primary areas noted in the write-in responses were care for cancer patients, health education, diabetes, patient compliance and cost of medical care and prescriptions. After examination of the data and comparison to community feedback, several overarching themes emerged:

Obesity and sedentary lifestyles are a major concern for the people of this region and are a contributing factor to other concerns.

Obesity and sedentary lifestyles are closely related to other health issues, such as diabetes, heart attack/stroke and healthy eating.

Health literacy is a determining factor in patients' compliance rates and outcomes.

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

Barriers to care result in greater health impacts.

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

Greater health needs and impacts are found in areas with a higher SocioNeeds Index.

Socioeconomically disadvantaged people experience poorer health outcomes and are less likely to have access to a medical home and a full spectrum of health services.

[1] The options are listed in the order in which they were included in the survey and are not listed in order of how they were prioritized by respondents. Respondents prioritized the list as follows from highest priority to lowest: Obesity/Sedentary Lifestyles, Chronic Disease Management, Heart Attack/Stroke, Substance Abuse, Nutrition / Healthy Eating, Care for the Elderly, Mental Health, Access to Care and Communicable/Infectious Diseases.

Effective interventions must begin with community collaboration.

With so many varied health disparities and a wide range of possible priorities, it is imperative that community partners review the needs and collaborate to implement effective, long-term strategies.

Based on the data analysis and community feedback, SFMC has selected the following priorities:

- Obesity/Sedentary Lifestyles
- Heart Attack/Stroke
- Chronic Disease Management
- Tobacco Use (related to Substance Abuse)

INTRODUCTION

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's requirements, hospitals must identify the health needs of their community and devise an implementation strategy to address the identified needs. As a not-for-profit, tax-exempt organization, SFMC is pleased to present its 2016 CHNA report, which provides an overview of the significant community health needs identified in our service area. The goal of this CHNA is to provide a data-driven picture of the health needs of our community and to help guide our community benefit planning efforts and implementation strategy development.

DEFINING OUR SERVICE AREA

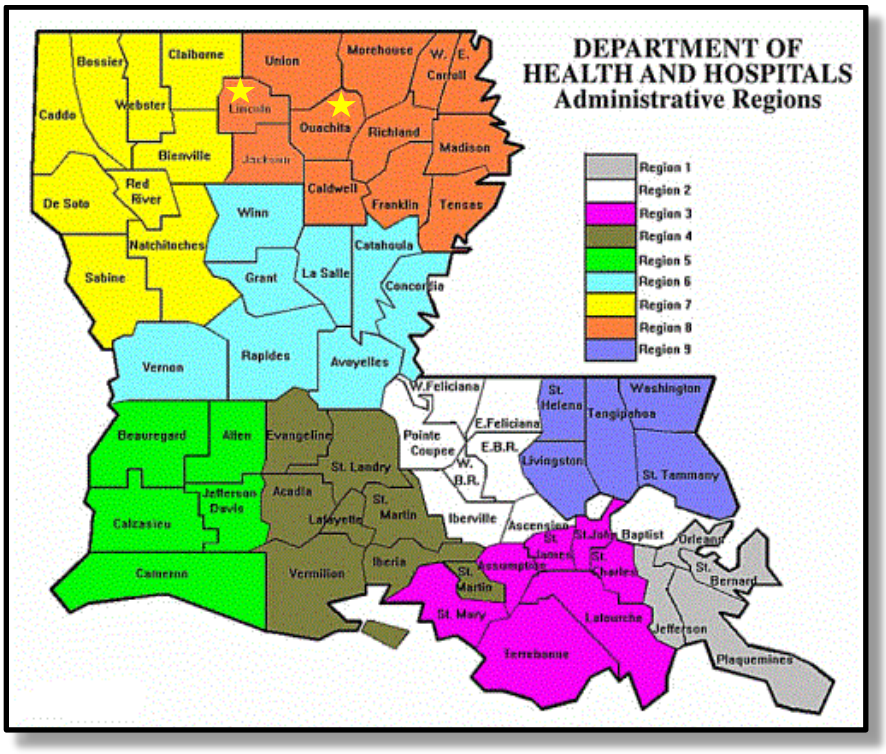
For the purposes of this CHNA, SFMC defines the service area as Lincoln and Ouachita Parishes where 67.9% of our 12,697 patients seen in fiscal year 2015 originated. Even though residents of other parishes have significant health needs as well and regularly access SFMC programs and services, this assessment and its related implementation plan specifically target Lincoln and Ouachita Parish only. Reasons for this choice include:

- Insufficient resources to address health needs in every parish
- Additional parishes being addressed by other facilities
- Alignment with our strengths/mission/priorities
- Opportunities to intervene at prevention levels
- Opportunities for partnership
- Feasibility of interventions

SFMC does not define its community to exclude medically underserved, low-income or minority populations. When determining how we define our service area for the purposes of this CHNA, we 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 our financial assistance policy.

Lincoln and Ouachita Parishes serve as the geographical boundaries and the focus for related data, demographics and implementation strategies. As such, the health needs presented in this assessment pertain only to individuals living within these parishes at the time the assessment was prepared. When relevant, highlights are provided for subgroups within the parishes (i.e., zip code breakouts, information divided by race or gender, etc.). Lincoln and Ouachita Parishes were chosen to represent our community based on several factors, which are detailed in this CHNA's Methods section beginning on page 9. Our defined service area is illustrated in the following map:

Figure 1[2]: Louisiana Department of Health and Hospitals Administrative Regions



WHO WE ARE

For more than 100 years, SFMC's mission of extending the healing ministry of Jesus Christ to those most in need has remained constant. From its modest beginning in July 1913 as a three-story building with 75 patient beds, SFMC has grown to become Northeast Louisiana's largest healthcare provider. We are part of the Baton Rouge-based Franciscan Missionaries of Our Lady Health System (FMOLHS), which serves more than 60% of Louisiana's residents, and we partner with more than 300 physicians in various specialties to provide high quality medical, surgical and emergency services for the residents of Northeast Louisiana. SFMC's is located in downtown Monroe and offers a full range of medical and surgical specialties, including cardiology and cardiovascular surgery, orthopedics, neurology and neurosurgery, oncology, physical medicine, critical care for infants, children and adults, emergency services, obstetrics, general surgery, general medicine, skilled care, rehabilitation and outpatient care.

The St. Francis Community Health Center (CHC), located in midtown Monroe at 2600 Tower Drive, offers the Kitty DeGree Breast Health Center, a drive-through pharmacy, cardiac rehab, walk-in urgent care clinic, occupational medicine, diabetes and nutrition center, outpatient rehabilitation, laboratory services, imaging services and physicians' offices. The St. Francis Walk-In Clinic is located at 1805 South Jackson Street in Monroe. Established to provide care where residents experience many barriers to care, the clinic also serves as the primary ADHD clinic for the area. SFMC also operates a School-Based Health Center (SBHC) in Monroe. SFMC's SBHC primarily serves the students and faculty of Carroll Junior High School (where it is located) and Carroll High School. However, services are open to anyone who works in or attends a school in the Monroe City School District. The St. Francis Medical Group operates clinics in

[2] http://dhh.louisiana.gov

Ouachita and Lincoln Parishes as well. A complete listing of all clinics and the healthcare providers at each location can be accessed at https://stfranmedgroup.com.

OUR VISION

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

OUR MISSION

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

OUR CORE VALUES

- **Service:** The privilege of reaching out to meet the needs of others.
- **Reverence and Love for All of Life:** Acknowledging that all of life is a gift from God.
- **Joyfulness of Spirit:** An awareness of being blessed by God in all things.
- **Humility:** Being authentic in serving as an instrument of God.
- **Justice:** Striving for equity and fairness in all relationships with special concern for those most in need.

LEADERSHIP

- **Kristin Wolkart**, President & Chief Executive Officer
- **Susan Hoffmann**, SFMC Board Chair
- **Sabrina Hogan**, Vice President / Chief Operating Officer of the St. Francis Medical Group
- **Kayla Johnson**, Vice President of Patient Care Services & Chief Nursing Officer
- **Aimee Kane**, President of the St. Francis Foundation
- **Eve Van Sickle**, Vice President of Mission Integration

CONSULTANTS

SFMC did not collaborate with any outside organizations to write this CHNA and implementation strategies; however, the organization worked with two consulting groups.

Healthy Communities Institute

SFMC used data provided by the Healthy Communities Institute (HCI) to create disparities dashboards and to gather information describing the demographics, health indicators and socioeconomic data of Northeast Louisiana. This information helped shape the priority areas and service area. HCI's mission is to improve the health, environmental sustainability and economic viability of cities, counties and

communities worldwide. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement at the University of California at Berkeley. HCI offers a spectrum of technology and services to support community health improvement. HCI's web-based dashboard system makes data easy to understand and visualize. The web system and services enable planners and community stakeholders to understand all types and sources of data and then take concrete action to improve target areas of interest. HCI has more than 100 implementations of its dashboard for clients in 40+ states. The HCI team is composed of experts in public health, health informatics and health policy. The services team provides customized research, analysis, convening, planning and report writing to meet the organizational goals of health departments, hospitals and community organizations. To learn more about HCI, visit www.HealthyCommunitiesInstitute.com.

KPMG

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

METHODS

SFMC CHNA originated from a systematic, quantitative analysis of secondary data indicators specific to the parishes of Region 8 in Northeast Louisiana. After narrowing the parishes to those in closer proximity to Ouachita Parish and further drilling the data down into a disparities dashboard, SFMC chose Lincoln and Ouachita Parishes as the defined community for this CHNA. The data framework assessed 12 demographic indicators, 79 health indicators and 17 economic and educational indicators. Additionally, the CHNA findings were compared to the responses received from 345 community surveys submitted to leaders in the non-profit sector, healthcare, government and education, as well as the SFMC Board of Directors, Executive Council and team members.

CORE INDICATOR SUMMARY

The core indicators included in our CHNA originated from the Healthy Communities Institute (www.HealthyCommunitiesInstitute.com). The core indicators cover health outcomes, behaviors contributing to health, and other influences, such as demographics, education and economics. The data available through HCI is continuously monitored and updated as new data becomes available, and the data used to generate this CHNA was current as of October 2015. Detailed information on all indicators can be found in Appendix A.

The general health status of Lincoln and Ouachita Parishes was assessed one indicator at a time using three comparison methods:

- *Geography*: Comparisons began with all of Region 8 of Northeast Louisiana and were narrowed to parishes in immediate proximity to SFMC. From this information and analysis, we chose Lincoln and Ouachita Parishes to define our community.

- *Disparities*: By comparing the data trends in each indicator, disparities were noted in geographic and demographic subcategories. Disparities are wide differences among indicators, e.g. people living in a particular zip code experiencing higher hospitalization rates for a disease than people living in other zip codes. Where there are significant differences, disparities exist.

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

The availability of subpopulation data varied by indicator, which resulted in a few indicators that did not have comparable data. These variances were taken into account when choosing priority areas and did not affect the final selections.

After comparisons were evaluated, indicators were aggregated into a Disparities Stoplight Report by topics (see Appendix B). The report categorizes the indicators and their current outcomes into three categories – Green, Yellow and Red. Indicators that were marked as Green are indicators that are performing well in Lincoln and Ouachita Parishes compared to benchmarks. Indicators marked as Yellow have room for improvement but have not yet reported outcomes poor enough to be classified as Red. Indicators marked as Red have the greatest opportunity and need for improvement when compared to the benchmarks.

HEALTH PROFESSIONAL FEEDBACK

On June 10, 2015, the Office of Public Health for Region 8 assembled a group of 88 professionals from throughout the region to discuss "Creating a Blueprint for the Future." The goal of the meeting was to begin establishing a list of priorities for the region to be used by the regional Health Units as they conducted their community health needs assessments and developed implementation strategies. The meeting's attendees represented the following sectors[3]:

- Healthcare – 41.79% (28)
- Government – 17.91% (12)
- School/Education – 13.43% (9)
- Community-Based Organizations – 11.94% (8)
- Law Enforcement – 5.97% (4)
- Other – 4.48% (3)
- Business Employers – 2.99% (2)
- Mental Health/Substance Abuse – 1.49% (1)

Meeting attendees from these sectors represented organizations that serve people who are underserved in socioeconomic categories such as education, health and employment. For example, among the attendees were representatives from the following:

- *Regional health departments* – addressing special health needs, women's and children's health, immunizations, nutrition programs and infectious diseases primarily for those who are underserved
- *School boards* – working with children from all socioeconomic groups to ensure all have a voice
- *Not-for-profit healthcare entities* – special focus on providing care to those who are medically underserved and traditionally are the most likely to experience barriers to care
- *Healthy Communities Coalition* – Region 8 coalition focused on preventing youth and adult obesity and decreasing initiation of tobacco use in youth; goal is to "Improve Louisiana's health ranking;" work focuses greatly on working with populations who are the most vulnerable.
- *Louisiana Public Health Institute* – Mission is "to improve the health and quality of life of all Louisianans regardless of where they live, work, learn or play;" coordinates and manages public health programs and initiatives in health systems development and community health improvement.
- *Children's Coalition for Northeast Louisiana* – Work at ground and system levels to identify problems, collaborate with policymakers and partners to devise and implement solutions in the areas of early childhood, parenting, healthy living and youth development
- *Office of Addictive Disorders* – Services provided for people (and their families and friends) suffering from addictions to drugs, alcohol or gambling; aims to provide services to groups most in need with no waiting period or a minimal waiting period.
- *Northeast Delta Human Services Authority* – Serves as a catalyst for individuals with mental health, developmental disabilities and addictive disorders by creating greater access to health services and to quality, competent care.
- *Economic development districts* – Network of organizations and partners dedicated to helping communities attract, grow and maintain businesses in order to enhance workforce development efforts and overall economic wellness for the people of Region 8.

Each of these groups make it a primary part of their mission to ensure that health, wellness and equal opportunities are provided to people of all socioeconomic categories with special focus on those most in

[3] Only 67 of the 88 attendees responded to the question.

need. As such, these groups were the ideal gathering of healthcare professionals to address the questions presented about the community needs in Region 8.

The three objectives stated for the day included identifying the top three regional health priorities, exploring regional health assets, challenges and trends and beginning to identify local resources and strategies to address priority issues identified. Attendees were presented with information about health rankings for Region 8 parishes, regional and statewide health trends and how to take the information presented and create a priority list after a detailed analysis of the Strengths, Weaknesses, Opportunities and Threats (SWOT) of each. From this meeting, the following priority list was created in ranking order:

- Healthcare and Insurance – 42.05%
    - Medical/dental/school-based health access, providers/services, quality, equity, medication access/affordability, etc.
- Unemployment/Economic Development – 40.91%
    - Poverty, jobs, wage scales, skills set/levels, etc.
- Behavioral Health/Mental Health/Addictive Disorders – 40.91%
    - Access to providers/services, quality, equity, suicide, etc.
- Chronic Disease Management – 39.77%
    - Obesity, asthma, diabetes, hypertension, cancer, etc.
- Alcohol Abuse/Illicit Drug Use – 20.45%
- Nutrition/Healthy Eating – 18.18%
    - Breastfeeding, access to affordable and healthy food options, vending, lunches, etc.
- Transportation Services – 15.91%
- Violence/Crime/Intentional Injuries – 12.50%
    - High incarceration rates, homicides, etc.
- Education Levels/Attainment – 12.50%
    - Low graduation rates, quality, curricula, funding, etc.
- Communication Infectious Diseases – 11.36%
    - STD's, HIV, TB, vaccine preventable immunizations, etc.
- Access to Physical Activity – 10.23%
    - Parks, gyms, bike lanes, walking paths, etc.
- Child Care/Elder Care – 7.95%
- Infrastructure – 6.82%
    - Roads, physical environment/infrastructure, etc.
- Tobacco Use – 5.68%
    - Smoking, chewing, etc.
- Disaster Preparedness/Emergencies/Bioterrorism – 4.55%
    - Natural and manmade
- Homelessness – 4.55%
- Environmental Health and Safety – 2.27%
    - Safe foods, drinking water, lead/healthy homes, sanitation/sewage, toxic sites, etc.
- Veteran Affairs – 2.27%
- Health and Safety Laws/Regulations – 1.14%
    - Too many, not enough, too restrictive, etc.
- Discrimination – 0.00%
    - Age, race, ethnicity, gender identity, economic status, religion, etc.
- Occupational Health and Safety – 0.00%
- Immigrant Health and Safety – 0.00%

From this information, the Office of Public Health generated a priority list with the following ranking:

1. Healthcare and Insurance
2. Unemployment/Economic Development
3. Behavioral Health/Mental Health/Addictive Disorders
4. Chronic Disease Management
5. Nutrition/Healthy Eating

This priority list, along with detailed information about regional stakeholders and the process for gathering the data and determining priorities was presented at a follow-up meeting on August 19, 2015. Priority area presentations and discussions were presented by the following:

- Healthcare and Insurance
  - Brian Burton, Director of Southwest Louisiana Area Health Education Center and ACA Navigators
  - Angela Marshall, Medicaid Program Manager with Bayou Health
- Unemployment and Economic Development
  - Tana Trichel, President and Chief Executive Officer of Northeast Louisiana Economic Alliance
  - Christine Rambo, Senior Vice President of Communications and Business Development with Northeast Louisiana Economic Partnerships
  - Doretha Bennett, Executive Director of Ouachita Parish Workforce Investment Board
- Behavioral Health/Mental Health/Substance Abuse
  - Dr. Monteic Sizer, Executive Director of Northeast Delta Human Services Authority

Based on information and feedback derived from surveys and from work groups that conducted and reported on table exercises at the first meeting in June, a SWOT analysis was presented at the second meeting in August on the three topics listed above. Emerging themes were discussed in each of the SWOT categories. Details of these emerging themes and other conclusions drawn from each of the two meetings and related surveys can be found at http://new.dhh.louisiana.gov/index.cfm/page/2181.

Representatives from SFMC attended these meetings and provided feedback as part of the process. Additionally, we were provided the link to the survey results by the Office of Public Health for Region 8 Medical Director/Administrator who was aware that SFMC would be using the information in part to help shape our own community survey, CHNA and implementation strategies. SFMC used this Region 8-specific information gathered and reported by the Office of Public Health as a basis for the community survey sent to key stakeholders in the community to gain further insight into the healthcare components. We chose not to list the priority areas in the same order as they were listed on the Office of Public Health survey in order to avoid any appearance of duplication of effort or intention to influence the results in a particular direction.

COMMUNITY SURVEY

An online survey was used to garner feedback from representatives of various community sectors, including non-profit organizations, healthcare, government and education. Responses (345) were collected in October 2015. SFMC did not have problems obtaining input from any required sources; however, because the survey was sent to select audiences, it is not intended to be representative of the population as a whole but rather as a snapshot of the community's needs as defined by the professionals who are in touch with the community's needs through the work they do. Responses were received from professionals involved in healthcare, business, economic and workforce development,

government and education, as well as organizations addressing domestic violence, homelessness, access to care for low-income/medically underserved patients, parenting and youth services. All these organizations serve populations which cut across income and racial barriers to address issues for any person who is need; however, many of their services are provided to low-income, minority populations who have traditionally experienced the greatest barriers to care.

In the first question, respondents were asked to choose the top four health issues facing the people in this region based on issues chosen from the core indicator analysis for the general population:

- Chronic Disease Management
- Obesity/Sedentary Lifestyles
- Access to Care
- Care for The Elderly
- Substance Abuse
- Mental Health
- Heart Attack/Stroke
- Communicable/Infectious Diseases
- Nutrition/Healthy Eating

Question two was optional. Respondents were asked to write in other critical health issues they feel need to be addressed that were not listed in the first question. Following are a representative sample of the responses received:

- "Cost of healthcare deters people from seeking treatment"
- "Proper utilization of ER – not using as primary care"
- "Substandard living conditions as it relates to healthy living"
- "Patient noncompliance is the biggest issue I have witnessed."
- "Lack of green, open space for exercise and socialization within the parish; lack of sidewalks in most neighborhoods"
- "Not having copay to pay the doctor's office and/or prescriptions either"
- "Women's health issues"
- "Cancer treatment"
- "Diabetes, also lack of education and follow-up education on ALL types of disease processes"
- "Substance abuse and lack of parental care for children"
- "STD and other diseases similarly transmitted"
- "The level of poverty influences health issues in many ways. Poor nutrition choices, lifestyle choices, abuse of ER visits as first line of medical care, to name just a few."
- "Homelessness, unclean water, not having proper food to eat"
- "Pain management"
- "COPD"
- "Renal"
- "Allergies"
- "Lack of specialty physicians to see Medicaid patients"
- "Smoking cessation"
- "Services for children with autism and other development disabilities"
- "Violence, role modeling/parenting, overuse of antibiotics"
- "Transportation and follow-up on health issues"

In question three, respondents indicated in which parish they spend most of their professional time. Most of the responses received were from community members in Ouachita and Lincoln Parishes with a

small percentage of responses received from Caldwell, East Carroll, Franklin, Jackson, Morehouse, Union and West Carroll Parishes.

COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

DEMOGRAPHICS

A community's demographics significantly impact its health profile. Differences in ethnicity, age, gender and socioeconomic factors may create unique needs and require varied approaches. This section of the CHNA focuses on the demographics of residents in Lincoln and Ouachita Parishes in Region 8 of Northeast Louisiana, the area defined as the SFMC community. All information was retrieved from Health Communities Institute at www.HealthyCommunitiesInstitute.com.

Population

An estimated 205,192 people reside in Lincoln and Ouachita Parishes. Of those people, 47,777 reside in Lincoln Parish, and 157,415 reside in Ouachita Parish. In Lincoln Parish, the majority of residents live in the 71270 zip codes (Ruston – 33,479). In Ouachita Parish, the majority of residents live in the 71203 zip code (North Monroe – 38,223), followed closely by the 71291 zip code (West Monroe – 33,539).

Gender

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

Parish	Males	Females
Lincoln	23,252 (48.67%)	24,525 (51.33%)
Ouachita	75,612 (48.03%)	81,803 (51.97%)

Ethnicity

Both Lincoln and Ouachita Parish are primarily white; however, the health disparities typically lie heavily in the Black/African American community (See Appendix A). In Lincoln Parish, 53.04% of residents are white, compared to 41.9% of residents who are Black/African American. Hispanic/Latino residents comprise 2.94% of the population, Asian residents account for 1.8%, and 1.44% are classified as "Some Other Race." In Ouachita Parish, 59.42% of residents are white, compared to 37.16% of residents who are Black/African American. Hispanic/Latino residents comprise 2.35% of the population, Asian residents account for 1% and 1.29% are classified as "2+ Races." English is the primary language spoken in 95.57% of Lincoln Parish homes and 97.3% of Ouachita Parish homes.

Age

The median age in Lincoln Parish in 2015 is 28.9. The median age in Ouachita Parish in 2015 is 34.8.

Lincoln Parish	Population by age	Population by age (%)
Age <18	9858	20.63%
Age 18+	37919	79.37%
Age 25+	26476	55.42%
Age 65+	5951	12.46%
Age <18	34.8	
Ouachita Parish	**Population by age**	**Population by age (%)**
Age <18	40,645	25.82%
Age 18+	116,770	74.18%
Age 25+	99,830	63.42%
Age 65+	21,221	13.48%

Income

The median household income in Lincoln Parish is $39,309, and the average household income is $56,809. The median household income in Ouachita Parish is $37,472, and the average household income is $56,366. Both parishes report lower median household income than Louisiana as a whole ($44,874).

Poverty

A higher percentage of Lincoln Parish residents (20.55%) and Ouachita Parish residents (20.09%) live below the federal poverty level compared to Louisiana (19.1%). Families living below poverty with children represent 16.89% of Lincoln Parish residents and 16.3% of Ouachita Parish residents.

High School Graduation Rates

Despite the availability of universities and other institutions of higher learning in both parishes, 15.41% of Lincoln Parish residents and 15.3% of Ouachita Parish residents did not graduate from high school. This gap represents an educational barrier that can affect indicators such as unemployment rates, understanding of health and wellness and income potential.

Unemployment

Ouachita Parish unemployment rates are nearly the same for males (8.36%) and females (8.78%). However, in Lincoln Parish, 12.97% of males are unemployed, compared to 10.08% of females. Overall, Lincoln Parish reports a higher percentage of unemployed residents.

Parish Rankings

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

Parish	Zip Code / Location	Ranking	Index Value
Lincoln	71245 / Grambling	97.3	5
	71270 / Ruston	79.2	4
	71275 / Simsboro	74.7	4
	71227 / Choudrant	53.6	2
	71235 / Dubach	42.9	2
Ouachita	71202 / South Monroe	98.5	5
	71292 / South West Monroe	76.7	4
	71238 / Eros	68.6	3
	71203 / North Monroe	62.2	3
	71201 / Monroe	53.7	2
	71280 / Sterlington	50.7	2
	71225 / Calhoun	39.5	2
	71291 / West Monroe	34.1	2

GAPS, LIMITATIONS AND OTHER CONSIDERATIONS

No significant gaps were encountered during examination of the collected data. The survey data was somewhat limited by the number of respondents from the community at large; however, the responses received were from community members actively working in non-profit, educational, governmental and

healthcare industries in this region. With the understanding that the 345 responses received were from people living and working in this area who are keenly aware of the ongoing and immediate needs of the people they serve, we concluded that the responses received were a fair representation of the region's health concerns. Additionally, there were a few indicators included in the data retrieved from HCI that were lacking one or more pieces of information needed for comparison. However, after looking at the overall needs of the communities and comparing it to the survey responses and disparities dashboard, these missing data points were determined to be insignificant to the overall CHNA findings.

This CHNA is subject to limitations of the methods used for summarizing core data indicators and key informant interview findings. The scoring system used could not account for the inherent relationships between health and wellness topics, and the number of indicators available for each topic area varied. Nonetheless, this CHNA utilized an extensive data set derived from the best, most current public health data available. The variability in accuracy and precision of data indicators, as well as the comparisons used, are further limitations. Some indicators, such as those from vital statistics, are based on accurate counts and are more exact. Other indicators are based on surveys, which are subject to variability due to sampling errors and the unreliable accuracy of self-reported data.

Despite the minor limitations, this CHNA provides an appropriate snapshot of the health and quality of life challenges for the people of Lincoln and Ouachita Parishes in Region 8 of Northeast Louisiana, and the outlined needs provide a guide for community benefit planning. As we formulate implementation strategies based on the needs identified in the 2016 joint CHNA, we will explore what these indicators look like in our community. Who are the people experiencing these outcomes? What factors contribute to their health and wellness? How do socioeconomic factors beyond our control affect their outcomes? Understanding these answers will help guide SFMC toward the most effective intervention strategies.

Although we did not receive any written comments from the community in regards to our 2013 CHNAs, we welcome any feedback community members may have in regards to the 2016 CHNA and its related implementation strategies. Written comments may be addressed to Vice President of Mission Integration, 309 Jackson St., Monroe, LA 71201.

CONCLUSIONS

Based on feedback from professionals working with underserved populations and internal research efforts related to community demographics and needs assessments, SFMC has determined a list of the top health priorities of the people we serve. These priorities (in rank order) are:

- Obesity/Sedentary Lifestyles
- Chronic Disease Management
- Heart Attack/Stroke
- Substance Abuse
- Nutrition/Healthy Eating
- Care for the Elderly
- Mental Health
- Access to Care
- Communicable/Infectious Diseases.

The health needs of the people of Region 8 of Northeast Louisiana span all indicators. Some issues impact a larger proportion of the population while others affect primarily one subgroup more than others. Overall, the region's health issues are alarming compared to the state and national data

reported in the same indicators. Many of the Healthy People 2020 indicators are not being addressed at the same rate as in other areas of the country, and there is no substantial advancement toward long-term, measurable, positive outcomes.

For example, Obesity/Sedentary Lifestyles was a priority area in SFMC 2013 CHNAs as well. SFMC reported a positive increase in the percentage of women who initiate breastfeeding during post-partum hospitalization from a baseline of 50% to an average of 55% for the period ranging from July 1, 2014, to June 30, 2015. While research shows that breastfeeding can be a key determinant in whether children will be overweight[4], this is just one component of the magnitude of work required to address obesity in this region if we are to make a sustainable, measurable impact.

As we formulate our implementation strategies, we will take into account a considerable number of contributing factors, data indicators and organization-specific capabilities and limitations to create an action-ready plan which will produce measurable, sustainable outcomes. We will work with community partners to positively affect the health of the people of Lincoln and Ouachita Parishes and will attempt to incorporate strategies which can be replicated in other areas in the areas of Obesity/Sedentary Lifestyles, Heart Attack/Stroke and Chronic Disease Management.

[4] http://www.who.int/elena/titles/bbc/breastfeeding_childhood_obesity/en/, World Health Organization, September 2014.

PRIORITY AREAS

Selecting Priorities

Through comprehensive data review and a community survey which collected 345 responses from internal and external sources, SFMC has prioritized four critical community health needs:

- Obesity/Sedentary Lifestyles
- Heart Attack/Stroke
- Chronic Disease Management
- Tobacco Use (related to Substance Abuse)

The first phase of implementation will primarily concentrate on our immediate service area in Ouachita Parish as we begin to focus the related implementation strategies and work toward the creation of best practices that can be replicated throughout Region 8. We will establish a CHNA Advisory Committee which will manage the implementation process and continuously monitor our progress. Upon establishment of foundational activities and the CHNA Advisory Committee, we will expand the outreach to Lincoln Parish, where we are currently constructing a medical office building to serve as the hub of activities in that area. All data will be reported to the SFMC Board of Directors and the Franciscan Missionaries of Our Lady Health System (FMOLHS) and will be made publicly available as required.

Addressing Other Health Issues

SFMC acknowledges the significance of all nine health issues identified as concerns from the data analysis. As we implement strategies in each of the three priority areas, we expect to encounter linkages among the various areas. For example, while we are not planning to directly address Nutrition/Healthy Eating as a priority area, we have chosen Obesity/Sedentary Lifestyles, which could have tie-ins with how people eat. Additionally, we do not plan to directly address Care for The Elderly, but work done in the three priority areas we have chosen may overlap with the needs of the elderly populations of Lincoln and Ouachita Parishes. All of the issues noted by the data impact the health of the people we serve in some way, and any one of the nine issues would have been acceptable choices for the final list of priorities. However, we feel the chosen areas are the most appropriate focus for this CHNA for the following reasons:

- They are the three areas in which the greatest amount of work still needs to take place in our service area in order to truly see a positive impact.

- They are the three areas most frequently mentioned by survey respondents/community partners, and the collected data supports this.

- These three areas have a noteworthy influence on the vulnerable populations of this region, and they are the five areas that, if brought under control, could have a deeper, more lasting impact on the people affected.

SFMC will work with community partners to address the other health issues identified as needs as opportunities arise in the service area. Following is the list of issues presented in SFMC community survey and the work currently being done by our own resources and by the programming of our community partners:

Chronic Disease Management: According to Healthcare.gov, Chronic Disease Management is "an integrated care approach to managing illness which includes screenings, checkups, monitoring and coordinating treatment and patient education. It can improve your quality of life while reducing your healthcare costs if you have a chronic disease by preventing or minimizing the effects of a disease."[5] For the purposes of this CHNA, we define chronic disease as four primary areas – cancer, diabetes, cardiovascular disease and asthma.

- **Cancer Resources**
  - *American Cancer Society*
    1761 N. 19th St., Monroe, LA, (318) 398-7248
  - *Cancer Foundation League of Northeast Louisiana* (located at the Northeast Louisiana Cancer Institute, a joint venture of IASIS – Glenwood Regional Medical Center and SFMC)
    411 Calypso St., First Floor, Monroe, LA, (318) 966-1953
  - *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
    310 West Mississippi Ave., Ruston, LA, (318) 245-4555
  - *St. Francis Kitty DeGree Breast Health Center* (community screenings and support group)
    3421 Medical Park Dr., Monroe, LA, (318) 812-PINK (7465)
  - *Primary Health Services Center* (breast and cervical cancer screenings)
    2815 Betin Ave., Monroe, LA, (318) 388-1250
  - *Susan G. Komen for the Cure*
    2600 Tower Dr., Monroe, LA, (318) 966-8130
- **Diabetes Resources**
  - *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
    310 West Mississippi Ave., Ruston, LA, (318) 245-4555
  - *Prescription Assistance*
    http://www.diabetes.org/living-with-diabetes/health-insurance/prescription-assistance.html
  - *Primary Health Services Center*
    2815 Betin Ave., Monroe, LA, (318) 388-1250
  - *St. Francis Diabetes & Nutrition Center*
    2600 Tower Dr., Monroe, LA, (318) 966-5219
  - *St. Francis Walk-In Clinic*
    1805 Jackson St., Monroe, LA, (318) 966-6165
- **Cardiovascular Disease Resources**

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

- *American Heart Association*
  There is no local office for the American Heart Association. However, there are offices in Dallas, Texas, and Jackson, Mississippi, which work with the representatives placed in the communities throughout North Louisiana to conduct the annual fundraising events, such as the Heart Walk and Go Red for Women. The American Heart Association can be reached by calling 1-800-AHA-USA-1 or by visiting http://www.heart.org.

- *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
  310 West Mississippi Ave., Ruston, LA, (318) 245-4555

- *Primary Health Services Center*
  2815 Betin Ave., Monroe, LA, (318) 388-1250

- *St. Francis Walk-In Clinic*
  1805 Jackson St., Monroe, LA, (318) 966-6165

- *University Health System – Conway*
  4864 Jackson St., Monroe, LA, (318) 330-7000

- **Asthma Resources**
  - *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
    310 West Mississippi Ave., Ruston, LA, (318) 245-4555

  - *Louisiana Asthma Friendly Schools* (Currently only West Carroll Parish School District in Region 8 has received the designation.)
    Program Contact: Mark A. Perry, MPA (Mark.Perry@la.gov)

  - *Primary Health Services Center*
    2815 Betin Ave., Monroe, LA, (318) 388-1250

  - *St. Francis Walk-In Clinic*
    1805 Jackson St., Monroe, LA, (318) 966-6165

Obesity/Sedentary Lifestyles: SFMC offers the Healthy Lives program, an employer-driven health program offering coaching, assessments, analytics and wellness screenings, to team members, their spouses and their dependents. There are also various youth-focused sports associations available throughout Northeast Louisiana to engage young people in activities such as baseball/softball, soccer, football and cheerleading.

- *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
  310 West Mississippi Ave., Ruston, LA, (318) 245-4555

- *Ouachita Well* (A partnership with the YMCA of Northeast Louisiana, the Ouachita Parish Police Jury, Ouachita Parish School Board and the cities of Monroe and West Monroe)
  http://www.ouachitawell.org

Access to care: SFMC provides a substantial portion of the charity care provided in this region to help make care accessible for uninsured or underinsured patients. Many of our community partners are also

working diligently to help eliminate barriers to access. Following are a few of our partners and the services/programs they offer to facilitate access to care:

- **Dental Resources**
  - *Primary Health Services Center – Dental Clinic*
    2914 Betin Ave., Monroe, LA, (318) 323-4450

  - *University of Louisiana at Monroe Dental Hygiene Clinic*
    Caldwell Hall, 700 University Ave., Monroe, LA, (318) 342-1616

  - *University of Louisiana at Monroe Dental Clinic at Riser Middle School School-Based Health Center* – Care provided solely to Riser Middle School students
    100 Price Dr., West Monroe, LA, (318) 325-0973

- **Maternal, Parenting and Early Childhood Resources**
  - *Health Units*
    - *Caldwell Parish Health Unit*, 501 Collins Rd., Columbia, LA, (318) 649-2393
    - *East Carroll Parish Health Unit*, 403 2nd St., Lake Providence, LA, (318) 559-2012
    - *Franklin Parish Health Unit*, 6614 Main St., Winnsboro, LA, (318) 435-2143
    - *Jackson Parish Health Unit*, 228 Bond St., Jonesboro, LA, (318) 259-6601
    - *Lincoln Parish Health Unit*, 405 E. Georgia Ave., Ruston, LA, (318) 251-4120
    - *Madison Parish Health Unit*, 123 Bailey Rd., Tallulah, LA, (318) 574-3311
    - *Morehouse Parish Health Unit*, 650 School Rd., Bastrop, LA, (318) 283-0806
    - *Ouachita Parish Health Unit*, 1650 Desiard St., Monroe, LA, (318) 361-7281
    - *Richland Parish Health Unit*, 21 Lynn Gayle Robertson Rd., Rayville, LA, (318) 728-4441
    - *Tensas Parish Health Unit*, 1115 Levee St., St. Joseph, LA, (318) 766-3515
    - *Union Parish Health Unit*, 1002 Marion Hwy., Farmerville, LA, (318) 368-3156
    - *West Carroll Parish Health Unit*, 402 Beale St., Oak Grove, LA, (318) 428-9361

  - *St. Francis School-Based Health Center* – open to Monroe City Schools students
    2945 Renwick St., Monroe, LA, (318) 966-6625

  - *The Children's Coalition for Northeast Louisiana*
    1363 Louisville Ave., Monroe, LA, (318) 323-8775

  - *Primary Health Services Center – Wellness Clinic* – OB/GYN and pediatrician onsite
    2815 Betin Ave., Monroe, LA, (318) 651-9914

  - *University Health System – Conway* – OB/GYN and pediatrician onsite
    4864 Jackson St., Monroe, LA, (318) 330-7000

- **Military Veterans' Resources**
  - *Louisiana Department of Veterans' Affairs*
    - *Caldwell Parish office*, 201 Main St., Ste. 6, Columbia, LA, (318) 649-2552
    - *East Carroll Parish office*, 407 2nd St., Ste. 5, Lake Providence, LA, (318) 559-4887
    - *Franklin Parish office*, 210 Main St., Winnsboro, LA, (318) 435-2141
    - *Jackson Parish office*, 322 6th St., Jonesboro, LA, (318) 259-2100

- *Lincoln Parish office*, 307 N. Homer St., Ruston, LA, (318) 251-4142
- *Madison Parish office*, 402 E. Green St., Tallulah, LA, (318) 574-3870
- *Morehouse Parish office*, 129 N. Franklin St., Bastrop, LA, (318) 283-0841
- *Ouachita Parish office*, 704 Cypress St., West Monroe, LA, (318) 362-5137 / 3002
- *Ouachita Parish office*, 6700 Hwy. 165 N., Monroe, LA, (318) 362-4206
- *Richland Parish office*, 708 Julia St., Rayville, LA, (318) 728-2472
- *Tensas Parish office*, 205 Hancock St., St. Joseph, LA, (318) 766-3542, ext. 17
- *Union Parish office*, 303 E. Water St., Ste. 106, Farmerville, LA, (318) 368-3271
- *West Carroll Parish office*, 310 Skinner Lane, Oak Grove, LA, (318) 428-2671

- *Monroe Community-Based Outpatient Clinic*
  250 Desiard Plaza Dr., Monroe, LA, (318) 343-6100; Toll-free (800) 832-3525

- **Minority Health Resources**
  - *Bureau of Minority Health Access and Promotions*
    - http://www.dhh.state.la.us/index.cfm/page/210/n/170
    - The Bureau of Minority Health Access and Promotions has reviewed the resources listed at this site and recommends them because they have relevant, informative content about health disparities, minority health access and other related topics and may provide help and answer questions or indicate resources. The list changes as programs and services are added or discontinued.

- **Prescription Drug Resources**
  - *CVS, Target, Walgreens and Walmart offer generic pharmacy discount programs for an average of $4 per 30-day prescription.*

  - *FamilyWize Prescription Savings Card* – Pulls together millions of people who have no health insurance or have high medication costs or need to buy medicine not covered by their health plan. FamilyWize negotiates with pharmacies to get discounts similar to what they give large groups like insurance companies and employers and passes through 100% of these negotiated discounts to the people using the card to purchase their medicine. In 2014, the average savings was 42%. This card is free to everyone, guarantees all FDA-approved prescription medications and is accepted at more than 60,000 pharmacies nationwide. Free savings cards can be downloaded and printed at http://FamilyWize.org or can be picked up at the United Way of Northeast Louisiana office located at 1201 Hudson Lane in Monroe.

  - *Partnership for Prescription Assistance* – Offers a single point of access to more than 475 public and private programs and connects millions of Americans with free or reduced-cost prescription medicines. The program can be reached toll-free at (888) 477-2669 or online at www.pparx.org.

  - *St. Vincent DePaul Community Pharmacy* – Provides prescription medicines free of charge to people who are unable to pay for them. The Monroe St. Vincent DePaul Community Pharmacy is located at 502 Grammont Street and can be contacted by calling (318) 387-7868.

- **Primary Care Resources**

- *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
  310 West Mississippi Ave., Ruston, LA, (318) 245-4555

- *St. Francis Walk-In Clinic*
  1805 Jackson St., Monroe, LA, (318) 966-6165

- *Primary Health Services Center Wellness Clinic*
  2915 Betin Ave., Monroe, LA, (318) 651-9914

- *University Health System – Conway*
  4864 Jackson St., Monroe, LA,
  - Hospital – (318) 330-7000
  - Family Medicine Clinic – (318) 330-7600
  - Partners in Wellness – (318) 330-7571, Toll-free (800) 378-7161

- **Additional Health Resources**
  - *Louisiana 2-1-1* – A single access point 24 hours a day for information and referrals to health and human services for Louisiana citizens' everyday needs and in times of crisis
    Dial: 211 (just as you would dial 911 in an emergency)
    Website: www.Louisiana211.org

  - *Primary Health Services Transportation* – Ouachita Parish
    (318) 651-9914

Additionally, Bayou Health is the way most of Louisiana's Medicaid and LaCHIP recipients receive healthcare services. According to Bayou Health their "overriding goal is to encourage enrollees to own their own health and the health of their families." With Bayou Health, Medicaid recipients enroll in a health plan, which can differ from one to another in several ways, such as provider networks, referral policies, health management programs and services/incentives offered. Each of the health plans is accountable to the Department of Health and Hospitals (DHH), which monitors all complaints, grievances and appeals to ensure the system is accountable to the enrollees and to the state. Medicaid, which is an assistance program providing medical coverage for low-income people who meet certain eligibility qualifications, currently serves more than 1.2 million people in Louisiana.

Care for the elderly: SFMC's parent organization, the Baton Rouge-based Franciscan Missionaries of Our Lady Health System (FMOLHS), has recently hired a Senior Services Strategy Manager who will be based in Monroe. This person will lead initiatives in regards to how we address Care for the Elderly and will partner with senior-focused organizations, such as Communities Acting to Benefit Louisiana's Elderly (CABLE), nursing homes and home health agencies, to help people age 55+ stay active, healthy and in the community longer. For people who already reside in nursing homes, the Senior Services Strategy Manager will help the nursing homes improve or maintain the highest quality of care in order to prevent the residents from requiring hospitalization.

At the state level, Louisiana has established the Governor's Office of Elderly Affairs, which serves as a focal point for Louisiana's senior citizens and administers a broad range of home- and community-based services through a network of Area Agencies on Aging. Their website can be accessed at goea.louisiana.gov for a full list of services and programs offered.

In Lincoln Parish, the contact is the Lincoln Parish Council on Aging located at 1000 Saratoga Street in Ruston, which can be contacted at (318) 255-5070. Services offered through the Lincoln Parish Council on Aging include assistance with chores and transportation, congregate meals, home-delivered meals, home repair, information and assistance, legal and material aid, medication management, National Family Caregiver Support Program (NFCSP) information and assistance, NFCSP in-home respite care, NFCSP material aid, nutrition education, outreach, recreation, transportation and wellness.

In Ouachita Parish, there are two contacts – the North Delta Regional Planning and Development District (which offers Area Agency on Aging Services) and Ouachita Council on Aging (which offers congregate meals, home-delivered meals, information and assistance, legal and material aid, medication management, NFCSP information and assistance, NFCSP individual counseling, NFCSP ,in-home respite care, NFCSP material aid, NFCSP outreach, NFCSP personal care, NFCSP public education, NFCSP sitter service, nutrition counseling and education, outreach, recreation, telephoning, transportation, utility assistance, wellness and a senior center. North Delta Regional Planning and Development District is located at 1913 Stubbs Avenue in Monroe and can be reached at (318) 387-2572. Ouachita Council on Aging is located at 2407 Ferrand Street in Monroe and can be reached at (318) 387-0535.

Substance abuse: In January 2015, SFMC opened its Tobacco Cessation Program, which is located at 3510 Magnolia Cove, Suite 170, in Monroe, to help residents of Louisiana overcome tobacco addiction. At this time, SFMC does not offer other substance abuse programs. However, there are programs in the area that do, including the following:

- *Children's Coalition for Northeast Louisiana* – Life skills and substance abuse prevention program
  1363 Louisville Ave., Monroe, LA, (318) 323-8775

- *Lincoln Parish DARE (Drug Abuse Resistance Education) Program*
  100 W. Texas, Ruston, LA, (318) 251-5111

- *Louisiana Tech University* – Life skills and substance abuse prevention program
  P.O. Box 7924, Ruston, LA, (318) 257-2651

- *Northeast Delta Human Services Authority* – Addiction and mental health clinic
  4800 Grand St., Monroe, LA, (318) 362-3339

- *Northeast Delta Human Services Authority Women & Children's Clinic* – Addiction, mental health and developmental disabilities clinic
  3200 Concordia St., Monroe, LA, (318) 362-5188

- *Ouachita Parish DARE (Drug Abuse Resistance Education) Program*
  400 St. John St., Monroe, LA, (318) 329-1200

- *Rays of Sonshine* – Inpatient treatment services 24 hours a day for women and dependent children with addictive disorders
  200 Breard St., Monroe, LA, (318) 680-4095

- *Rayville Recovery*
  307 Hayes St., Rayville, LA, (318) 728-5488

- *Southern Oaks Addiction and Recovery Treatment Centers*
  4781 South Grand St., Monroe, LA, (318) 362-5430

- *Wellspring Alliance for Families* – Provides services for individuals who are severely mentally ill, along with substance use disorders and/or co-occurring disorders
  1515 Jackson St., Monroe, LA, (318) 807-6200

- *YMCA* – Life skills and substance abuse prevention program
  1505 Stubbs Ave., Monroe, LA, (318) 387-9622

Mental health: SFMC is located in a Health Professional Shortage Area (HPSA) related to mental health; however, there are quite a few organizations in the area attempting to care for people with mental health needs. Allegiance Health has recently opened an inpatient/outpatient behavioral unit located in North Monroe. Additionally, there are other providers in the area working to ensure appropriate access to mental health service:

- *Liberty Healthcare System – Bastrop*
  4673 Eugene Ware Blvd., Bastrop, LA, (318) 281-2448

- *Monroe Behavioral Health Clinic* and *Behavioral Health After-Hours*
  4800 S. Grand St., Monroe, LA, (318) 362-3339; Toll-free (800) 256-2522

- *Monroe Behavioral Health Clinic – Women and Children Services*
  3200 Concordia Ave., Monroe, LA, (318) 362-5188

- *Primary Health Services Center Behavioral Health Clinic* – Individual, family and group counseling
  2915 Betin Ave., Monroe, LA, (318) 325-7740

- *Ruston Behavioral Health Clinic* – Pediatric and adult services
  602 E. Georgia, Ruston, LA, (318) 251-4125

Northeast Delta Human Services Authority is a key organization in the service area working in the mental health field. Northeast Delta serves as a catalyst for individuals with mental health, developmental disabilities, and addictive disorders to realize their full human potential. Their vision is "to build a unified Northeast Louisiana where individuals are thriving and reaching their full human potential." Their partners in Lincoln and Ouachita Parish include:

- *Center for Children and Families* – Face-to-face crisis screening and in-home stabilization for children and youth under age 18
  622 Riverside Dr., Monroe, LA, (318) 398-0945

- *Children's Coalition for Northeast Louisiana* – Life skills and substance abuse prevention program
  1363 Louisville Ave., Monroe, LA, (318) 323-8775

- *Easter Seals of Louisiana* – Intensive case management, medication management and transitional housing services
  300 Washington St., Monroe, LA, (318) 388-0293

- *The Extra Mile* – Peer support specialists and wraparound funds for clients in need
  1900 Lamy Lane, Suites C & D, Monroe, LA, (318) 388-6088

- *Gail Durbin* – Gambling addictions counselor
  3200 Concordia St., Monroe, (318) 362-4196

- *Louisiana Tech University* – Life skills and substance abuse prevention program
  P.O. Box 7924, Ruston, LA, (318) 257-2651

- *Monroe Area Guidance Center* and *Fairhaven Homeless Shelter*– Short-term bed-and-board while preparing consumers for independent living
  1900 Garrett Rd., Monroe, LA, (318) 343-9200

- *Monroe Peer Support Center* – Place for consumers (peers) to promote acceptance and independence
  912 St. John St., Monroe, LA, (318) 322-5972

- *Northeast Delta Human Services Authority* – Addiction and mental health clinic
  4800 Grand St., Monroe, LA, (318) 362-3339

- *Northeast Delta Human Services Authority Women & Children's Clinic* – Addiction, mental health and developmental disabilities clinic
  3200 Concordia St., Monroe, LA, (318) 362-5188

- *Rays of Sonshine* – Inpatient treatment services 24 hours a day for women and dependent children with addictive disorders
  200 Breard St., Monroe, LA, (318) 680-4095

- *Region 8 Community Health Task Force* – Law enforcement trained to properly respond to mental health crises
  219 Stone Creek, Monroe, LA, (318) 329-2606

- *Second Beginnings Peer Support Center* – Peer support and social activities
  901 White St., Ruston, LA, (318) 251-4150

- *Wellspring Alliance for Families* – Provides services for individuals who are severely mentally ill, along with substance use disorders and/or co-occurring disorders
  1515 Jackson St., Monroe, LA, (318) 807-6200

- *YMCA* – Life skills and substance abuse prevention program
  1505 Stubbs Ave., Monroe, LA, (318) 387-9622

Additional psychiatric inpatient and outpatient programs and mental health initiatives in Region 8 of Northeast Louisiana can be reviewed at www.nedeltahsa.org.

Heart attack/Stroke: SFMC is an Accredited Chest Pain Center, which means it has demonstrated expertise and commitment to quality patient care by meeting or exceeding a wide set of stringent

criteria and undergoing an onsite accreditation review. Key areas in which an Accredited Chest Pain Center must demonstrate expertise include:

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

- *American Heart Association*
  1-800-AHA-USA-1 / http://www.heart.org.

- *The Health Hut* (Mobile medical care at no cost for the uninsured of Lincoln Parish)
  310 West Mississippi Ave., Ruston, LA, (318) 245-4555

- *Primary Health Services Center*
  2815 Betin Ave., Monroe, LA, (318) 388-1250

- *Hospitals in Region 8 offering emergency services during a heart attack or stroke*
  - *Caldwell Memorial Hospital*, 411 Main St., Columbia, LA, (318) 649-6111
  - *Citizens Medical Center*, 7939 Hwy. 165, Columbia, LA, (318) 649-6106
  - *Franklin Medical Center*, 2106 Loop Rd., Winnsboro, LA, (318) 435-9411
  - *Glenwood Regional Medical Center*, 503 McMillan Rd., West Monroe, LA, (318) 329-4200
  - *Jackson Parish Hospital*, 165 Beech Springs Rd., Jonesboro, LA, (318) 259-4435
  - *Madison Parish Hospital*, 900 Johnson St., Tallulah, LA, (318) 574-2374
  - *Morehouse General Hospital*, 323 W. Walnut Ave., Bastrop, LA, (318) 283-3600
  - *Northern Louisiana Medical Center*, 401 E. Vaughn Ave., Ruston, LA, (318) 254-2100
  - *Richardson Medical Center*, 254 Hwy. 3048, Rayville, LA, (318) 728-4181
  - *Richland Parish Hospital*, 407 Cincinnati St., Delhi, LA, (318) 878-5171
  - *St. Francis Medical Center*, 309 Jackson St., Monroe, LA, (318) 966-4000
  - *Union General Hospital*, 901 James Ave., Farmerville, LA, (318) 368-9751
  - *University Health System – Conway,* 4864 Jackson St., Monroe, LA, (318) 330-7000
  - *West Carroll Memorial Hospital*, 706 Ross St., Oak Grove, LA, (318) 428-3237

Communicable/Infectious disease: The St. Francis Medical Group employs a full-time physician dedicated to addressing infectious diseases. Khawar Khurshid, MD, practices in Monroe near SFMC and can be reached at (318) 966-8050. Physicians who specialize in infectious disease have expertise in infections of the sinuses, heart, brain, lungs, urinary tract, bowel, bones and pelvic organs. Their extensive training focuses on all kinds of infections, including those caused by bacteria, viruses, fungi and parasites. Along with their specialized knowledge comes greater insight into the use of antibiotics and their potential adverse effects. Infectious disease physicians also have additional training in

immunology (how the body fights infection), epidemiology (how infections spread) and infection control.[6]

SFMC also has two full-time infection control practitioners to ensure that all our campuses are providing as clean, healthy and safe an environment as possible. Besides continuously monitoring the facilities and team education needs, SFMC's Infection Control department stays abreast of developing situations, such as the recent Ebola scare and ongoing concerns about the West Nile Virus. The team is an integral part of the leadership responsible for implementing appropriate, effective strategies to keep these and many other infectious disease issues from becoming a problem for our facilities. Additionally, SFMC team members are given free flu shots and tuberculosis tests each year by the Employee Health team in partnership with the University of Louisiana at Monroe Nursing School students.

The state of Louisiana has established an Infectious Disease Epidemiology Program staffed by 30 epidemiologists and support staff who act as disease detectives to track the causes and consequences of infectious diseases. Their purpose is to study the distribution of infectious diseases and to carry out or coordinate programs that prevent the spread of communicable diseases. Funded through cooperative agreements with the state of Louisiana and the Centers for Disease Control and Prevention (CDC), the program is also involved in several collaborative efforts with Louisiana State University Veterinary School and Tulane University School of Public Health.

The Infectious Disease Epidemiology Program conducts surveillance on bioterrorism, school manuals, antibiotic sensitivity, MRSA infections, foodborne/waterborne diseases, healthcare-associated infections, hepatitis, influenza and other respiratory viruses and rabies. The program can be further reviewed at www.dhh.state.la.us/index.cfm/page/299/n/267.

Nutrition/Healthy eating: SFMC provides the services of a nutritional support staff who work with patients to ensure they are receiving a proper diet while they are in the hospital and that they understand any dietary restrictions they may have before they are discharged. We also offer a Diabetes & Nutrition Center located at SFMC's Community Health Center (CHC) at 2600 Tower Drive in Monroe. To contact the Diabetes & Nutrition Center, call (318) 966-5219.

Schools in Lincoln and Ouachita Parish provide nutrition instruction through health classes, and physician often speak to patients about the importance of eating healthy foods and having balanced, nutritious meals. These efforts are not getting to the root cause of nutrition and health eating issues, though, and are not effective on a large scale as they do not have the ability to focus resources solely on this issue. The problem is really two-fold – people don't know how to eat healthy, and they often don't have access to healthy foods.

That's where community-based groups come into the picture. For example, LSU Ag Center has developed a mobile kitchen concept which allows program staff to go into a home or a group setting and teach people how to cook foods that are healthier and still within a budget. When the instruction is completed, the pots, pans and utensils used to cook are left for the participant to use so he/she may put the ideas that were learned into practice. For people who do not have adequate food supplies, there are community programs such as Meals on Wheels, which provide meals for people in need. SFMC helps

[6] Retrieved online from the American College of Physicians at the following address: https://www.acponline.org/patients_families/about_internal_medicine/subspecialties/infectious_disease

support this important outreach by donating meals to Meals on Wheels, and the following organizations are part of the Meals on Wheels network in Lincoln and Ouachita Parishes:

- *Hope Street Ministries,* Downsville, LA, (318) 982-5690
- *Lincoln Council on Aging,* Ruston, LA, (318) 255-5070
- *North Delta Area Agency on Aging,* Monroe, LA, (318) 387-2572
- *Nutrition Healthy Choice of Monroe,* Monroe, LA, (318) 388-5277
- *Ouachita Council on Aging,* Monroe, LA, (318) 387-0535
- *Senior Citizens Outreach Facility,* Monroe, LA, (318) 398-0770
  West Ouachita Senior Center, West Monroe, LA, (318) 324-1280

The Food Bank of Northeast Louisiana (318-322-3567) is also a significant resource for food distribution in Northeast Louisiana. The Food Bank serves the following parishes: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll. The Food Bank offers the Adopt-A-Senior Program, which is designed to help supplement seniors (age 60 and older) who are living at or below poverty level by providing a large box of food every month for one year. The goal is to supplement seniors' nutritional needs so they are not faced with the difficult decision of choosing between buying food or other life-sustaining necessities, such as medications, rent or utilities. With more food in the household, seniors do not have to skip meals, they experience improved nutrition and can stretch their budgets by saving money on food costs. The Adopt-A-Senior Program serves approximately 1,435 seniors each month.

The Food Bank also provides a BackPack Program, a national program supported by Feeding America (www.feedingamerica.org). In Northeast Louisiana, there are 60,000 school-age children, and 65% are enrolled in free and reduced lunch. The BackPack Program allows children to bring home nutritious food when other resources are not available, such as on the weekends or during school vacations. Backpacks are filled by volunteers with child-friendly, non-perishable, vitamin-fortified food which are discreetly distributed to at-risk children at local schools.

The Food Bank also distributes commodities to eligible, needy families under the Food Bank Program in the following places in Lincoln and Ouachita Parishes:

- *Anchor Tabernacle,* 3836 Elm St., Choudrant, LA, (318) 768-3015
- *Christian Community Action,* 108 S. Bonner St., Ruston, LA, (318) 251-3282
- *Ruston Teen Challenge,* 411 E. California Ave., Ruston, LA, (318) 254-2830
- *IAM Food Pantry,* 118 Bennett Rd., Grambling, LA, (318) 247-3793
- *Calhoun Church of Christ,* 1288 Hwy. 151, Calhoun, LA, (318) 644-2216
- *Calvary Missionary Baptist Church,* 201 S. 9th St., West Monroe, LA, (318) 323-0238
- *City of West Monroe,* 1800 N. 7th St., West Monroe, LA, (318) 324-1280
- *Jackson House Image,* 820 Jackson St., Monroe, LA, (318) 410-1751
- *Macedonia SDA Church,* 2300 Lee Ave., Monroe, LA, (318) 323-3239
- *Monroe Area Guidance,* 1900 Garrett Rd., Monroe, LA, (318) 450-1038
- *Mt. Pleasant Community Development,* 105 Bernice Dr., Monroe, LA, (318) 323-3632
- *Ouachita Multi-Purpose,* 315 Plum St., Monroe, LA, (318) 322-7151
- *Ray of Hope Ministries,* 1935 Winnsboro Rd., Monroe, LA, (318) 322-9244
- *Rays of Sonshine,* 411 S. 1st St., Monroe, LA, (318) 323-0502
- *St. Jude Baptist Church,* 5301 Blanks St., Monroe, LA, (318) 345-2956
- *The Assembly South,* 713 S. 8th St., Monroe, LA, (318) 342-8000
- *True Vine Baptist Church,* 1400 Dilling St., Monroe, LA, (318) 547-1235
- *West Ouachita Senior Center,* 1800 N. 7th St., West Monroe, LA, (318) 324-1280

- *White's Ferry Road Church of Christ,* 3201 N. 7th St., West Monroe, LA, (318) 343-3319

The Region 8 Health Units also address Nutrition/Healthy Eating and connect parents with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which provides Federal grants to States for supplemental foods, healthcare referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

- *Caldwell Parish Health Unit*, 501 Collins Rd., Columbia, LA, (318) 649-2393
- *East Carroll Parish Health Unit*, 403 2nd St., Lake Providence, LA, (318) 559-2012
- *Franklin Parish Health Unit*, 6614 Main St., Winnsboro, LA, (318) 435-2143
- *Jackson Parish Health Unit*, 228 Bond St., Jonesboro, LA, (318) 259-6601
- *Lincoln Parish Health Unit*, 405 E. Georgia Ave., Ruston, LA, (318) 251-4120
- *Madison Parish Health Unit*, 123 Bailey Rd., Tallulah, LA, (318) 574-3311
- *Morehouse Parish Health Unit*, 650 School Rd., Bastrop, LA, (318) 283-0806
- *Ouachita Parish Health Unit*, 1650 Desiard St., Monroe, LA, (318) 361-7281
- *Richland Parish Health Unit*, 21 Lynn Gayle Robertson Rd., Rayville, LA, (318) 728-4441
- *Tensas Parish Health Unit*, 1115 Levee St., St. Joseph, LA, (318) 766-3515
- *Union Parish Health Unit*, 1002 Marion Hwy., Farmerville, LA, (318) 368-3156
- *West Carroll Parish Health Unit*, 402 Beale St., Oak Grove, LA, (318) 428-9361

APPENDICES

Appendix A: 2013 CHNA Summary

Appendix B: Disparities Dashboard

Appendix C: Disparities Stoplight Report

Appendix D: Road Map to IRS Requirements

APPENDIX A: 2013 CHNA SUMMARY

In 2013, SFMC published a CHNA addressing the priority areas of obesity, diabetes, tobacco use, asthma, adolescent health and mental health. Following are the results obtained to evaluate the impact of the actions taken in our community. While an overall change in the statistical outcomes reported in our community has yet to be realized, results can be measured on a smaller scale using patient records, testimonials and scorecards related to the initiatives undertaken with the previous CHNAs.

ST. FRANCIS MEDICAL CENTER COMMUNITY BENEFIT DASHBOARD / FISCAL YEAR 2014							
OBESITY							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Increase the percentage of women who initiate breastfeeding during post-partum hospitalization (baseline = 50%)	55%	60%	46%	56%	57%	55%	54%
Comments: Childbirth classes were revamped to present breastfeeding as the norm rather than the exception.							
2: Investigate a congregational health mode to address obesity and other health risks	Identify a pilot community and develop plan	Implement plan within a pilot community	-	Complete – Marbles & Powell Community Centers	Plan and budget submitted to the City of Monroe	-	Stretch target met
Comments: Through the support of a City Council member, SFMC was able to pilot a program with the Monroe City Parks Department at Marbles Community Center. A group of community organizations, including the University of Louisiana at Monroe, Delta Community College and the Children's Coalition for Northeast Louisiana, joined with SFMC to apply for a grant that would allow for an expanded program. The grant application was declined; however, the group continues to seek alternate funding sources.							
DIABETES							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Provide diabetes educational opportunities for school nurses employed by Monroe City Schools and Ouachita Parish School Board	4	6	1	0	2	10	13
2: Increase the number of people receiving foot exams at the Diabetes & Nutrition Center	90%	100%	96%	96%	94%	95%	95%

APPENDIX A: 2013 CHNA SUMMARY

TOBACCO USE							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Increase the number of patient contacts through the Fax-to-Quit line (baseline = 0)	20	40	1	2	23	3	29
2: Offer smoking cessation classes to the public.	2	4	0	0	0	0	0
Comments: After the implementation plan was developed, 2 was expanded to the development of a comprehensive tobacco cessation program, which debuted in the community in January 2015.							

ASTHMA							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Assess the elementary schools in Ouachita Parish for asthma-friendly readiness designation	22	28	Target = 0% (1 junior high in MCS surveyed)	0	0	2	2
Comments: Carroll Junior High, which is part of Monroe City Schools, was evaluated in October 2013. In May 2014, all Ouachita Parish Schools were surveyed, but only four replied – Highland Elementary, Swart Lower Elementary, Riser Middle School and Sterlington High School.							

ADOLESCENT HEALTH							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Provide educational sessions to adolescents on lifestyle health risks	8	12	1	0	2	6	8
Comments: Sessions included tobacco avoidance, diabetes, healthy living and hand hygiene, avoiding and understanding sexual assault and how to assist someone who has been assaulted, CPR certification, CPI (Non-Violent Crisis Intervention) class and chest pain/stroke session. Information on tobacco was also provided to the public at the annual Dia de la Familia event.							

MENTAL HEALTH							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Community education on mental health issues	12	16	3	7	3	3	16
2: Organize and offer a mental health symposium	1	Offer annually	1	0	0	0	1
Comments: On September 27, 2013, 82 participants attended a mental health symposium presented by SFMC's behavioral health program. After initially setting a stretch target to offer a mental health symposium annually, we assessed the feasibility and decided to offer the symposium no more than once every other year and to partner with Bayou Health for offerings in the off year.							

APPENDIX A: 2013 CHNA SUMMARY

ST. FRANCIS MEDICAL CENTER COMMUNITY BENEFIT DASHBOARD / FISCAL YEAR 2015							
OBESITY							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Increase the percentage of women who initiate breastfeeding during post-partum hospitalization (baseline = 50%)	55%	60%	59%	52%	52%	56%	55%
DIABETES							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Provide diabetes educational opportunities for school nurses employed by Monroe City Schools and Ouachita Parish School Board	2	4	2	6	7	7	21
Comments: SFMC also provided more than 20 consultation services for school nurses.							
2: Increase the number of people receiving foot exams at the Diabetes & Nutrition Center	90%	100%	100%	100%	100%	100%	100%
TOBACCO USE							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Successfully enroll clients in tobacco cessation program (number/month)	10	20	0	0	71	54	62.5
Comments: SFMC also strengthened its Tobacco Use policy. A Franciscan Ministry Fund grant was received to start the St. Francis Tobacco Cessation Program, which opened January 6, 2015.							
ASTHMA							
Comments: In Fiscal year 2015, SFMC debuted a Walk-In Clinic which is effectively helping patients manage many chronic conditions, including asthma, thereby avoiding unnecessary emergency room visits.							

APPENDIX A: 2013 CHNA SUMMARY

ADOLESCENT HEALTH							
	Target	**Stretch Target**	**July-September**	**October-December**	**January-March**	**April-June**	**Fiscal Year**
1: Provide educational sessions to adolescents on lifestyle health risks	8	12	3	2	2	1	8
MENTAL HEALTH							
Comments: Fiscal year 2015 was a time of transition in mental health services and programs. While we did not specifically focus on mental health expansion and outreach, we did offer behavioral counseling through the newly developed tobacco cessation program, which provided counseling and education about mental health topics such as addiction, avoiding triggers, dealing with emotions, etc., to 269 patients between January 10, 2015, and January 15, 2016.							

Other Community Benefits

While we know it is impossible to capture every activity in which SFMC participates each year, we try to monitor activities that provide direct community benefit and impact as closely as possible. Many of the things we do fall outside the priority areas chosen for the CHNAs and are, therefore, not captured on the scorecard listed above, such as:

- Meals donated to Meals on Wheels to help fight hunger
- Volunteer hours logged on behalf of health-related organizations, such as American Heart Association, March of Dimes, Susan G. Komen for the Cure, the United Way of Northeast Louisiana, the Children's Coalition for Northeast Louisiana, Region 8 Healthy Communities Coalition and many more
- Financial support of organizations helping further health-related programs in the community
- Administrative support on the Boards of community-based organizations promoting positive outcomes for people of all ages and socioeconomic backgrounds
- Mentoring programs which provide hundreds of hours of clinical instruction hours for nursing, radiology, health information management, laboratory students and health information management and marketing students
- Medications provided to patients who cannot afford to purchase them
- Taxi expenses for patients who do not have a safe means of travel to reach their home when they are discharged
- Backpacks and school supplies donated by team members to help children whose families cannot afford back-to-school costs

APPENDIX A: 2013 CHNA SUMMARY

Impact Summary

SFMC made the greatest, most quantifiable impact in the 2013 CHNA and implementation strategies in the area of Tobacco Use. Positive outcomes were reported in other areas as well, and many targets were met. However, the greatest impact can be felt with the implementation of strategies related to Tobacco Use. When the 2013 CHNA was approved and the related implementation strategies were put in place, there was already a tobacco-free campus policy in place for all our properties. This policy had been in place since 2007 but had not been reviewed or updated since then.

As part of the work done through the 2013 CHNA, the tobacco-free campus policy was reviewed and strengthened to stop patients from leaving the hospital to use tobacco products and to prevent team members from using tobacco products during paid work hours. Additionally, our behavioral standards were updated to include a provision that states team members may not report to work smelling like tobacco products. As part of the transition to this new policy, there was a mandatory education session provided to all team members to ensure understanding and compliance. After the sessions, team members were asked to complete a survey asking for feedback about the policy and its implementation. All questions were answered and reported in a single document that was presented at a nursing leadership meeting for review and later posted on the hospital's intranet.

Our focus on tobacco use also brought about the debut of St. Francis' Tobacco Cessation Program. Even though our initial target was simply to offer tobacco cessation classes to the public as an educational outreach, we determined there was a greater need in the community. On January 10, 2015, the program registered its first patients, and, to date, there have been 269 patients come through the program with an 82% success rate. The program has expanded from approximately 20 hours per week to 40 hours per week with the addition of a full-time Certified Tobacco Treatment Specialist, and the program reports an average of 118 patient contacts per month and a nearly 100% patient satisfaction score.

Patient feedback and testimonials are vital to managing the tobacco cessation program and knowing if what we are doing is working. Following are a few examples told to the program's team by patients:

- "My husband has tried for nearly 40 years to quit smoking. He tried hypnosis, medications, other programs, you name it. This is the first thing that has worked." (One year later, the patient is still smoke-free.)

- "I don't have anyone who will support me in this. They all think I'm crazy for wanting to quit." (After seeing the patient's success, her brother-in-law and sister have joined the program and successfully quit as well.)

- "I wish my wife would join, but she just isn't ready." (Both the patient and his wife have now quit smoking and are consistent advocates for the program in the community.)

- "My carbon monoxide levels were off the chart. It was dangerous. At my last session, I had dropped to the level of a non-smoker, and it made me feel good to see that number drop so low." (Carbon monoxide levels are monitored at each session, and education is provided about why this is important.)

APPENDIX A: 2013 CHNA SUMMARY

Just as with all the programs offered at SFMC, every person who comes into the tobacco cessation program has a story to tell, and that is where our impact is – in the people we help. Scorecards are a nice way to show outcomes, and the data is important when reporting to the public and to our internal audiences. However, we feel our strength – and our greatest impact – lies in the individual lives we are honored to have touched.

It's the sisters who were 40+ year smokers but have relied on each other as support to quit.

It's the home health nurse whose patient had joined the program and referred her, and now not only has she quit after nearly 50 years of smoking, but two of her sisters have joined the program as well.

It's the man who was soon to be a grandfather and knew he needed to quit for his grandson who can now hold that little boy without fear of exposure to secondhand and thirdhand smoke.

It's the lady who has little income and has to ration her bus passes who makes sure she makes it to her appointments so she can quit smoking and improve her quality of life.

It's the mother who is now able to stay overnight and enjoy the trip when she takes her son to his medical appointments in New Orleans because of the money she saved from no longer buying cigarettes.

The stories go on and on. These stories – these *people* – are our legacy. Their success defines our impact, and the generation-upon-generation impact of tobacco cessation is nearly immeasurable.

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
ACCESS TO HEALTH SERVICES				
Adults with health insurance	Yellow, borderline Red	Unmet	=	No significant disparities
Non-physician primary care provider rate	Green	-	-	No data available
Preventable hospital stays	Red, borderline Yellow	-	-	No data available
Primary care provider rate	Green	-	-	No data available
ADOLESCENT HEALTH				
High school graduation rate	No data available	Unmet	Improving	No data available
CANCER				
Age-adjusted death rate due to breast cancer *(deaths/100,000 females)*	Yellow	Unmet	=	Black – 36.9 White – 17.9 Overall – 23.3
Age-adjusted death rate due to cancer *(deaths/100,000 population)*	Red, borderline Yellow	Unmet	=	Black – 243 White – 185.1 Other – 200.6
Age-adjusted death rate due to colorectal cancer *(deaths/100,000 population)*	Yellow, borderline Red	Unmet	=	Female – 17.1 Male – 23.4 Black – 28.9 White – 16.8 Overall – 19.9
Age-adjusted death rate due to lung cancer *(deaths/100,000 population)*	Yellow, borderline Red	Unmet	=	Female – 44.6 Male – 85.5 Overall – 61.1
Age-adjusted death rate due to prostate cancer *(deaths/100,000 males)*	Red	Unmet	=	Black – 64.9 White – 23.2 Overall – 30.8
All cancer incidence *(cases/100,000 population)*	Yellow, borderline Red	-	-	Female – 411.9 Male – 584.9

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
				Black – 483.7 Hispanic – 193.3 White – 485.7 Overall – 482.7
Breast cancer incidence *(cases/100,000 females)*	Yellow, borderline Red	-	-	No significant disparities
Cancer: Medicare population	Green	-	-	<65 – 2.3% 65+ – 8.1% Overall – 6.9%
Colorectal cancer incidence *(cases/100,000 population)*	Yellow	-	-	Female – 41 Male – 58.5 Black – 65.9 White – 42.2 Overall – 48.4
Lung and bronchus cancer incidence *(cases/100,000 population)*	Yellow, borderline Red	-	-	Female – 59.6 Male – 104.2 Black – 69.6 White – 80.2 Overall – 78.0
Mammography screening: Medicare Population	Yellow	-	-	No data available
Prostate cancer incidence *(cases/100,000 males)*	Red, borderline Yellow	-	-	Black – 219.1 White – 146.4 Overall – 162.2

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
DIABETES				
Adults with diabetes	Yellow	-	-	No significant disparities
Age-adjusted death rate due to diabetes *(deaths/100,000 population)*	Red	-	-	Female – 81.9 Male – 103.1 Black – 148.3 White – 71.8 Overall – 90.4
Age-adjusted hospitalization rate due to diabetes *(hospitalizations/100,000 population)*	Red, borderline Yellow	-	-	Hospitalizations heaviest in 65-84 age range, followed closely by 85+ and 25-44. Female – 38.6 Male – 23.3 Black – 53.5 White – 21.3 Overall – 31.2
Age-adjusted hospitalization rate due to long-term complications of diabetes *(hospitalizations/100,000 population)*	Red	-	-	Hospitalization heaviest in 85+ age range. Female – 22 Male – 13.8 Black – 32.7 White – 11.5 Overall – 18

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to short-term complications of diabetes *(hospitalizations/100,000 population)*	Red, borderline Yellow	-	-	Hospitalization heaviest in 25-44 age range. Female – 13.5 Male – 6 Black – 15 White – 7.6 Overall – 9.9
Age-adjusted hospitalization rate due to uncontrolled diabetes *(hospitalizations/100,000 population)*	Red, borderline Yellow	-	-	Hospitalization heaviest in 65-84 age range. Black – 4.5 White – 1.8 Overall – 2.6
Diabetes: Medicare Population	Yellow	-	-	No significant disparities
ENVIRONMENTAL HEALTH				
Workers commuting by public transportation	Green	Unmet	=	16-19 – 7.1% 20-24 – 1.9% 25-44 – 1.0% 45-64 – 0.9% 55-59 – 1.4% 60-64 – 2.1% 65+ - 0.5% American Indian/Alaskan Native – 4.5% Black – 4.1% White – 0.1% Overall – 1.3%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Workers who walk to work	Red	Unmet	=	Disparities noted in 25-44 age range and in males Black – 1.5% Hispanic/Latino – 6.3% Other – 5.4% White, non-Hispanic – 0.5% Overall – 0.9%
FAMILY PLANNING				
Teen birth rate	Green, borderline Yellow	-	-	No data available
HEART DISEASE / STROKE				
Age-adjusted death rate due to cerebrovascular disease (stroke) *(deaths/100,000 population)*	Yellow	Unmet	=	Black – 55.6 White – 38.4 Overall – 42.4
Age-adjusted death rate due to coronary heart disease *(deaths/100,000 population)*	Green	Met	=	Black – 40.7 White – 46.7 Overall – 45.8
Age-adjusted hospitalization rate due to heart failure *(hospitalizations/10,000 population)*	Yellow	-	-	25-44 – 6.1 45-64 – 34.6 65-84 – 160.4 85+ – 479.9 Female – 41.6 Male – 53.9 Black – 64.6 White – 39.7 Overall – 46.8

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to hypertension *(hospitalizations/10,000 population)*	Red	-	-	25-44 – 6.3 45-64 – 17.5 65-84 – 36.7 85+ – 77.8 Female – 18.1 Male – 11.7 Black – 23.5 White – 11.6 Overall – 15.3
Atrial fibrillation: Medicare Population	Yellow, borderline Red	-	-	Disparities noted in 65+ age range
Heart failure: Medicare Population	Red	-	-	No data available
Hyperlipidemia: Medicare Population	Green	-	-	Disparities noted in 65+ age range
Hypertension: Medicare Population	Red	-	-	Disparities noted in 65+ age range
Ischemic heart disease: Medicare Population	Red	-	-	Disparities noted in 65+ age range
Stroke: Medicare Population	Red	-	-	Disparities noted in 65+ age range
IMMUNIZATIONS / INFECTIOUS DISEASE				
Age-adjusted death rate due to influenza and pneumonia *(deaths/100,000 population)*	Yellow	-	-	Female – 14.4 Male – 22.7 Overall – 17.5
Age-adjusted hospitalization rate due to bacterial pneumonia *(hospitalizations/10,000 population 18+ years)*	Yellow, borderline Red	-	-	Black – 34.4 White – 51.3 Overall – 47.1

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to hepatitis *(hospitalizations/10,000 population 18+ years)*	Green	-	-	No significant disparities noted
Age-adjusted hospitalization rate due to immunization-preventable pneumonia and influenza *(hospitalizations/10,000 population)*	Green	-	-	45-64 – 1.9 65-84 – 5.6 Overall – 1.7
Chlamydia incidence rate	Red	-	-	No data available
Gonorrhea incidence rate	Red	-	-	No data available
MATERNAL, INFANT & CHILD HEALTH				
Babies with low birth weight	Yellow	Unmet	Negative trend	No data available
Infant mortality rate	Red	Unmet	Negative trend	No data available
Mothers who smoked during pregnancy	Green	Unmet	-	No data available
Mothers who received early and adequate prenatal care	Yellow	-	-	No data available
MENTAL HEALTH / MENTAL HEALTH DISORDERS				
Depression: Medicare Population	Yellow	-	-	Disparities noted in <65 age range
Age-adjusted death rate due to suicide	Yellow	Unmet	=	No data available
Mental health provider rate	Green	-	-	No data available
MORTALITY DATA				
Premature death	Yellow, borderline red	-	-	No data available
NUTRITION / WEIGHT STATUS / PHYSICAL ACTIVITY				
Adults who are obese	Red	Unmet	=	No significant disparities
Adults who are sedentary	Red	Unmet	=	Female – 36.2% Male – 29.1% Overall – 32.9%
Child food insecurity rate	Yellow	-	-	No data available
Food insecurity rate	Red, borderline Yellow	-	-	No data available
Low-income preschool obesity	Green	-	-	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
OLDER ADULTS & AGING				
Age-adjusted death rate due to Alzheimer's Disease *(deaths/100,000 population)*	Red	-	-	Female – 47.6 Male – 39.4 Black – 38.8 White – 46.9 Overall – 45.1
Alzheimer's Disease or Dementia: Medicare Population	Red	-	-	Disparities noted in 65+ age range
ORAL HEALTH				
Dentist rate	Green	-	-	No data available
OTHER CHRONIC DISEASES				
Chronic kidney disease: Medicare Population	Red	-	-	Disparities noted in 65+ age range
Osteoporosis: Medicare Population	Red	-	-	Disparities noted in 65+ age range
Rheumatoid arthritis or osteoarthritis: Medicare Population	Red	-	-	Disparities noted in 65+ age range
OTHER CONDITIONS				
Age-adjusted hospitalization rate due to dehydration *(hospitalizations/10,000 population)*	Red, borderline Yellow	-	-	20-24 – 3.9 7.4 – 7.4 45-64 – 17.6 65-84 – 8.9 85+ – 269.5 Black – 33.1 White – 26.1 Overall – 27.4

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to urinary tract infections *(hospitalizations/10,000 population)*	Yellow	-	-	20-24 – 7.2 25-44 – 5.5 45-64 – 10.2 65-84 – 84.1 85+ – 374.7 Females – 35.2 Males – 14.2 Overall – 26.5
PREVENTION & SAFETY				
Age-adjusted death rate due to unintentional injuries *(deaths/100,000 population)*	Green	Unmet	=	Female – 28.2 Male – 64.2 Black – 32.9 White – 51.5 Overall – 45.1
RESPIRATORY DISEASES				
Age-adjusted death rate due to chronic lower respiratory diseases *(deaths/100,000 population)*	Yellow	-	-	Female – 46.7 Male – 64.0 Black – 29.2 White – 60.8 Overall – 53.5

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to adult asthma *(hospitalizations/100,000 population 18+ years)*	Green	-	-	Disparities noted in 65-85+ age range Female – 10.0 Male – 4.3 Black – 9.5 White – 6.7 Overall – 7.5
Age-adjusted hospitalization rate due to asthma *(hospitalization/10,000 population)*	Green	-	-	0-4 – 33.3 5-9 – 13.4 10-14 – 6.0 25-44 – 2.9 45-64 – 10.3 65-84 – 17.7 85+ – 21.6 Black – 12.0 White – 7.8 Overall – 9.3

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to COPD *(hospitalizations/10,000 population; value may be statistically unstable and should be interpreted with caution)*	Yellow, borderline Red	-	-	25-44 – 0.9 45-64 – 37.9 65-84 – 136.1 85+ – 152.8 Black – 20.3 White – 40.8 Overall – 35.2
Age-adjusted hospitalization rate due to pediatric asthma *(hospitalizations/10,000 population)*	Green	-	-	0-4 – 33.3 5-9 – 13.4 10-14 – 6.0 Female – 8.1 Male – 20.8 Black – 19.1 White – 10.9 Overall – 14.6
Asthma: Medicare Population	Green	-	-	No significant disparities noted
COPD: Medicare Population	Yellow	-	-	No significant disparities noted
SUBSTANCE ABUSE				
Adults who drink excessively	Green	Met	=	No data available
Adults who smoke	Yellow	Unmet	=	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: OUACHITA PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to alcohol abuse *(hospitalizations/10,000 population; value may be statistically unstable and should be interpreted with caution)*	Green	-	-	25-44 – 1.4 45-64 – 3.8 65-84 – 2.0 Female – 0.8 Male – 3.4 Black – 1.5 White – 2.4 Overall – 2.0
Death rate due to drug poisoning	Green	-	-	No data available
WELLNESS & LIFESTYLE				
Life expectancy for females	Red, borderline yellow	-	-	No data available
Life expectancy for males	Red	-	-	No data available
Self-reported general health assessment: Poor or Fair	Yellow, borderline red	-	-	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
ACCESS TO HEALTH SERVICES				
Adults with health insurance	Red	Unmet	=	No significant disparities
Non-physician primary care provider rate	Yellow, borderline Red	-	-	No data available
Preventable hospital stays	Red, borderline Yellow	-	-	No data available
Primary care provider rate	Green	-	-	No data available
ADOLESCENT HEALTH				
High school graduation rate	No data available	Met	Improving	No data available
CANCER				
Age-adjusted death rate due to breast cancer *(deaths/100,000 females)*	Red	Unmet	=	Black – 41.0 White – 34.2 Overall – 41.1
Age-adjusted death rate due to cancer *(deaths/100,000 population)*	Red, borderline Yellow	Unmet	=	Female – 152.4 Male – 259.7 Black – 230 White – 181.7 Overall – 196.1
Age-adjusted death rate due to colorectal cancer *(deaths/100,000 population)*	Yellow, borderline red	-	-	Female – 14.7 Male – 31.2 Overall – 22.0

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted death rate due to lung cancer *(deaths/100,000 population)*	Green	Met	=	Female – 34.9 Male – 60.0 Black – 56.3 White – 40.4 Overall – 45.1
Age-adjusted death rate due to prostate cancer *(deaths/100,000 males)*	Red, borderline Yellow	Unmet	=	Black – 182.3 White – 112.8 Overall – 133.8
All cancer incidence *(cases/100,000 population)*	Green	-	-	Female – 377.5 Male – 550.8 Overall – 447.3
Breast cancer incidence *(cases/100,000 females)*	Red, borderline Yellow	-	-	No significant disparities
Cancer: Medicare population	Green	-	-	Disparities noted in 65+ age range
Colorectal cancer incidence *(cases/100,000 population)*	Yellow, borderline Red	Not met	=	Female – 35.7 Male – 66.6 Black – 59.6 White – 44.9 Overall – 48.8

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Lung and bronchus cancer incidence *(cases/100,000 population)*	Green	-	-	Female – 51.3 Male – 82.2 Overall – 64.3
Mammography screening: Medicare Population	Yellow	-	-	No data available
Prostate cancer incidence *(cases/100,000 males)*	Exactly on the line of Green and Yellow	-	-	Black – 182.3 White – 112.8 Overall – 133.8
DIABETES				
Adults with diabetes	Green	-	-	No significant disparities
Age-adjusted death rate due to diabetes *(deaths/100,000 population)*	Red	-	-	Female – 53.2 Male – 70.6 Black – 99.2 White – 43.3 Overall – 61.2
Age-adjusted hospitalization rate due to diabetes *(hospitalizations/100,000 population)*	Red	-	-	Disparities noted in 65+ range Female – 41.3 Male – 27.5 Overall – 34.6 Black – 72.0 White – 14.8 Overall – 34.6

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to long-term complications of diabetes *(hospitalizations/100,000 population)*	Red	-	-	Disparities noted in 65+ age range Black – 38.3 White – 8.4 Overall – 18.5
Age-adjusted hospitalization rate due to short-term complications of diabetes *(hospitalizations/100,000 population)*	Red	-	-	Disparities noted in 45-64 age range Black – 23.8 White – 4.5 Overall – 11.3
Age-adjusted hospitalization rate due to uncontrolled diabetes *(hospitalizations/100,000 population; value may be statistically unstable and should be interpreted with caution)*	Yellow, borderline Red	-	-	Black – 7.6 White – 1.7 Overall – 3.8
Diabetes: Medicare Population	Yellow	-	-	No significant disparities
Diabetic screening: Medicare Population	Yellow	-	-	No significant disparities
ENVIRONMENTAL HEALTH				
Workers commuting by public transportation	Green	Unmet	=	Disparities noted in 202-24 age range

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Workers who walk to work	Green	Met	=	Disparities noted in 16-24 age range Asian – 12.4% Black – 5.9% Hispanic/Latino – 1.9% Other – 8.1% White, non-Hispanic – 2.9% Overall – 4.1%
FAMILY PLANNING				
Teen birth rate	Green	-	-	No data available
HEART DISEASE / STROKE				
Age-adjusted death rate due to cerebrovascular disease (stroke) *(deaths/100,000 population)*	Green	Unmet	=	Black – 65.9 White – 22.3 Overall – 36.5
Age-adjusted death rate due to coronary heart disease *(deaths/100,000 population)*	Green	Met	=	Female – 44.6 Male – 91.5 Overall – 64.3
Age-adjusted hospitalization rate due to heart failure *(hospitalizations/10,000 population)*	Yellow	-	-	Disparities noted in 65+ age range Black – 84.4 White – 33.0 Overall – 50.6

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to hypertension *(hospitalizations/10,000 population)*	Red	-	-	Disparities noted in 65+ age range Black – 35.1 White – 7.2 Overall – 17.0
Atrial fibrillation: Medicare Population	Exactly on the line of Green and Yellow	-	-	No significant disparities
Heart failure: Medicare Population	Yellow, borderline Red	-	-	-
Hyperlipidemia: Medicare Population	Green	-	-	No significant disparities
Hypertension: Medicare Population	Yellow	-	-	No significant disparities
Ischemic heart disease: Medicare Population	Green, borderline Yellow	-	-	No significant disparities
Stroke: Medicare Population	Red	-	-	No significant disparities
IMMUNIZATIONS / INFECTIOUS DISEASE				
Age-adjusted death rate due to influenza and pneumonia *(deaths/100,000 population)*	Red	-	-	No data available
Age-adjusted hospitalization rate due to bacterial pneumonia *(hospitalizations/10,000 population 18+ years)*	Yellow, borderline Red			No significant disparities
Age-adjusted hospitalization rate due to hepatitis *(hospitalizations/10,000 population 18+ years)*	-	-	-	-
Age-adjusted hospitalization rate due to immunization-preventable pneumonia and influenza *(hospitalizations/10,000 population)*	Yellow, borderline Green	-	-	No data available
Chlamydia incidence rate	Red	-	-	No data available
Gonorrhea incidence rate	Red	-	-	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
MATERNAL, INFANT & CHILD HEALTH				
Babies with low birth weight	Green	Unmet	Negative trend	No data available
Infant mortality rate	Yellow, borderline Red	Unmet	Improving	No data available
Mothers who smoked during pregnancy	Green	Unmet	-	No data available
Mothers who received early, adequate prenatal care	Red	Unmet	-	No data available
MENTAL HEALTH / MENTAL HEALTH DISORDERS				
Depression: Medicare Population	Green	-	-	Disparities noted in <65 age range
Age-adjusted death rate due to suicide	-	-	-	-
Mental health provider rate	Green	-	-	No data available
MORTALITY DATA				
Premature death	Green	-	-	No data available
NUTRITION / WEIGHT STATUS / PHYSICAL ACTIVITY				
Adults who are obese	Red, borderline Yellow	Unmet	=	No significant disparities
Adults who are sedentary	Green	Met	=	No significant disparities
Child food insecurity rate	Yellow, borderline Red	-	-	No data available
Food insecurity rate	Red	-	-	No data available
Low-income preschool obesity	Yellow, borderline Red	-	-	No data available
OLDER ADULTS & AGING				
Age-adjusted death rate due to Alzheimer's Disease *(deaths/100,000 population)*	Yellow	-	-	No data available
Alzheimer's Disease or Dementia: Medicare Population	Red	-	-	No significant disparities
ORAL HEALTH				
Dentist rate	Yellow	-	-	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
OTHER CHRONIC DISEASES				
Chronic kidney disease: Medicare Population	Green, borderline Yellow	-	-	No significant disparities
Osteoporosis: Medicare Population	Yellow	-	-	No significant disparities
Rheumatoid arthritis or osteoarthritis: Medicare Population	Green			No significant disparities
OTHER CONDITIONS				
Age-adjusted hospitalization rate due to dehydration *(hospitalizations/10,000 population)*	Yellow, borderline Red	-	-	25-44 – 5.9 45-64 – 18.3 65-84 – 82.0 85+ - 271.0 Black – 35.9 White – 21.8 Overall – 26.0
Age-adjusted hospitalization rate due to urinary tract infections *(hospitalizations/10,000 population)*	Red, borderline Yellow	-	-	Disparities noted significantly in 85+ age range Female – 41.6 Male – 22.6 Overall – 34.0
PREVENTION & SAFETY				
Age-adjusted death rate due to unintentional injuries *(deaths/100,000 population)*	Green	Unmet	-	Female – 31.1 Male – 45.3 Overall - 38

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
RESPIRATORY DISEASES				
Age-adjusted death rate due to chronic lower respiratory diseases *(deaths/100,000 population)*	Green	-	-	No significant disparities
Age-adjusted hospitalization rate due to adult asthma *(hospitalizations/100,000 population 18+ years)*	Green	-	-	Disparities noted in 45+ age range Black – 14.5 White – 4.4 Overall – 8.0
Age-adjusted hospitalization rate due to asthma *(hospitalization/10,000 population)*	Yellow	-	-	0-4 – 41.2 5-9 – 30.6 25-44 – 4.0 45-64 – 12.8 65-84 – 11.8 Overall – 11.6
Age-adjusted hospitalization rate due to COPD *(hospitalizations/10,000 population; value may be statistically unstable and should be interpreted with caution)*	Yellow	-	-	Disparities noted heavily in 65+ age range
Age-adjusted hospitalization rate due to pediatric asthma *(hospitalizations/10,000 population)*	Yellow	-	-	0-4 – 41.2 5-9 – 30.6 Overall – 21.9
Asthma: Medicare Population	Green	-	-	No significant disparities
COPD: Medicare Population	Green	-	-	No significant disparities
SUBSTANCE ABUSE				
Adults who drink excessively	Green	Met	=	No data available
Adults who smoke	Green	-	-	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: HEALTH		GEOGRAPHY: LINCOLN PARISH		
	Comparison (Red/Yellow/Green)	**HP 2020 (Met/Unmet)**	**Trend (Good/Bad)**	**Disparities (Age, Gender, Race)**
Age-adjusted hospitalization rate due to alcohol abuse *(hospitalizations/10,000 population; value may be statistically unstable and should be interpreted with caution)*	Green	-	-	No significant disparities
Death rate due to drug poisoning	Green	-	-	No data available
WELLNESS & LIFESTYLE				
Life expectancy for females	Yellow, borderline Red	-	-	No data available
Life expectancy for males	Yellow, borderline Red	-	-	No data available
Self-reported general health assessment: Poor or Fair	Red, borderline Yellow	-	-	No data available

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
MEDIAN HOUSEHOLD INCOME				
Ouachita	-	-	-	American Indian/Alaskan Native - $21,273 Asian - $71,094 Black - $23,362 Hispanic/Latino - $46,164 Other - $46,520 Two or more races - $34,097 White - $49,786 Overall - $38,955
Lincoln	-	-	-	American Indian/Alaskan Native - $21,531 Asian - $42,366 Black - $20,406 Hispanic/Latino - $30,324 Other - $51,797 Two or more races - $12,321 White - $51,471 Overall - $35,769

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PER CAPITA INCOME				
Ouachita	-	-	-	American Indian/Alaskan Native - $19,336 Asian - $27,952 Black - $12,656 Hispanic/Latino - $18,115 Other - $17,915 Two or more races - $21,755 White - $27,685 Overall - $21,917
Lincoln	-	-	-	American Indian/Alaskan Native - $35,884 Asian - $11,426 Black - $11,745 Hispanic/Latino - $12,735 Other - $11,474 Two or more races - $4,831 White - $28,313 Overall - $20,633

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
CHILDREN LIVING BELOW POVERTY LEVEL BY AGE				
Ouachita	-	-	-	<6 – 40.8% 6-11 – 34.9% 12-17 – 27.7% Overall – 34.5%
Lincoln	-	-	-	<6 – 45.0% 6-11 – 35.0% 12-17 – 21.9% Overall – 34.2%
CHILDREN LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY				
Ouachita	-	-	-	Asian – 5.9% Black – 56.3% Hispanic/Latino – 17.9% Other – 28.3% Two or more races – 51.2% White – 15.3% Overall – 34.5%
Lincoln	-	-	-	Asian – 31.1% Black – 53.1% Hispanic/Latino – 44.1% Other – 46.2% Two or more races – 38.6% White – 17.4% Overall – 34.2%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
FAMILIES LIVING BELOW POVERTY LEVEL				
Ouachita	-	-	-	American Indian/Alaskan Native – 45.3% Asian – 13.0% Black – 38.6% Hispanic/Latino – 5.8% Other – 4.9% Two or more races – 12.7% White – 9.8% Overall – 19.3%
Lincoln	-	-	-	Asian – 36.7% Black – 37.2% Hispanic/Latino – 38.8% Other – 20.0% Two or more races – 21.3% White – 9.3% Overall – 20.4%
PEOPLE 65+ LIVING BELOW POVERTY LEVEL BY AGE				
Ouachita	-	-	-	65-74 – 10.5% 75+ – 16.4% Overall – 13.1%
Lincoln	-	-	-	65-74 – 8.2% 75+ – 10.8% Overall – 9.4%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE 65+ LIVING BELOW POVERTY LEVEL BY GENDER				
Ouachita	-	-	-	Female – 17.1% Male – 7.4% Overall – 13.1%
Lincoln	-	-	-	Female – 11.9% Male – 5.9% Overall – 9.4%
PEOPLE 65+ LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY				
Ouachita	-	-	-	American Indian/Alaskan Native – 7.5% Asian – 0.0% Black – 25.0% Hispanic/Latino – 28.4% Other – 0.0% Two or more races – 0.0% White – 9.8% Overall – 13.1%
Lincoln	-	-	-	Black – 19.5% Hispanic/Latino – 29.2% Two or more races – 0.0% White – 5.0% Overall – 9.4%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE LIVING BELOW POVERTY LEVEL BY AGE				
Ouachita	-	-	-	<6 – 40.8% 6-11 – 34.9% 12-17 – 27.7% 18-24 – 30.5% 25-44 – 20.0% 45-64 – 16.6% 65-74 – 10.5% 75+ – 16.4% Overall – 23.2%
Lincoln	-	-	-	<6 – 45.0% 6-11 – 35.0% 12-17 – 21.9% 18-24 – 56.5% 25-44 – 27.7% 45-64 – 16.4% 65-74 – 8.2% 75+ – 10.8% Overall – 30.4%
PEOPLE LIVING BELOW POVERTY LEVEL BY GENDER				
Ouachita	-	-	-	Female – 26.3% Male – 19.6% Overall – 23.2%
Lincoln	-	-	-	Female – 33.1% Male – 27.4% Overall – 30.4%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE LIVING BELOW POVERTY LEVEL BY RACE/ETHNICITY				
Ouachita	-	-	-	American Indian/Alaskan Native – 18.3% Asian – 12.6% Black – 40.8% Hispanic/Latino – 16.4% Other – 13.1% Two or more races – 35.6% White – 12.9% Overall – 23.2%
Lincoln	-	-	-	American Indian/Alaskan Native – 33.7% Asian – 41.7% Black – 45.8% Hispanic/Latino – 34.3% Other – 35.9% Two or more races – 50.8% White – 18.2% Overall – 30.4%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE 25+ WITH A BACHELOR'S DEGREE OR HIGHER BY AGE				
Ouachita	-	-	-	25-34 – 22.5% 35-44 – 24.1% 45-64 – 23.8% 65+ – 20.2% Overall – 22.9%
Lincoln	-	-	-	25-34 – 41.3% 35-44 – 38.6% 45-64 – 30.5% 65+ – 30.1% Overall – 34.4%
PEOPLE 25+ WITH A BACHELOR'S DEGREE OR HIGHER BY GENDER				
Ouachita	-	-	-	Female – 23.8% Male – 21.8% Overall – 22.9%
Lincoln	-	-	-	Female – 36.5% Male – 32.1% Overall – 34.4%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE 25+ WITH A BACHELOR'S DEGREE OR HIGHER BY RACE/ETHNICITY				
Ouachita	-	-	-	American Indian/Alaskan Native – 14.7% Asian – 35.1% Black – 13.0% Hispanic/Latino – 9.0% Other – 5.2% Two or more races – 20.2% White – 28.0% Overall – 22.9%
Lincoln	-	-	-	American Indian/Alaskan Native – 10.0% Asian – 65.5% Black – 26.4% Hispanic/Latino – 12.4% Other – 36.5% Two or more races – 17.1% White – 39.1% Overall – 34.4%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER BY AGE				
Ouachita	-	-	-	25-34 – 87.1% 35-44 – 85.3% 45-64 – 86.9% 65+ – 77.3% Overall – 84.7%
Lincoln	-	-	-	25-34 – 87.1% 35-44 – 85.8% 45-64 – 85.2% 65+ – 82.2% Overall – 85.1%
PEOPLE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER BY GENDER				
Ouachita	-	-	-	Female – 86.5% Male – 82.6% Overall – 84.7%
Lincoln	-	-	-	Female – 86.9% Male – 83.1% Overall – 85.1%

APPENDIX B: DISPARITIES DASHBOARD

CATEGORY / TOPIC: ECONOMY & EDUCATION		GEOGRAPHY: BOTH PARISHES		
	Comparison (Red/Yellow/Green)	HP 2020 (Met/Unmet)	Trend (Good/Bad)	Disparities (Age, Gender, Race)
PEOPLE 25+ WITH A HIGH SCHOOL DEGREE OR HIGHER BY RACE/ETHNICITY				
Ouachita	-	-	-	American Indian/Alaskan Native – 88.4% Asian – 85.5% Black – 76.9% Hispanic/Latino – 72.2% Other – 68.8% Two or more races – 89.3% White – 88.9% Overall – 84.7%
Lincoln	-	-	-	American Indian/Alaskan Native – 93.3% Asian – 86.9% Black – 79.5% Hispanic/Latino – 41.1% Other – 71.2% Two or more races – 88.8% White – 89.9% Overall – 85.1%

APPENDIX C: Disparities Stoplight Report

Category	Value	Green	Yellow	Red
Median Household Income	*Dollars*			
Ouachita				$38,955
Lincoln				$35,769
Infant Mortality	*Deaths/1,000 live births*			
Ouachita				12.5
Lincoln			10.2	
Preventable Hospital Stays	*Discharges/1,000 Medicare Enrollees*			
Ouachita				84
Lincoln				86
Drinking Water Violations				
Ouachita				35.5
Lincoln				20.4
Adults With Health Insurance	*Percent*			
Ouachita				75.3
Lincoln				71.1
Self-Reported General Health Assessment: Poor or Fair	*Percent*			
Ouachita				20.2
Lincoln				22.0
Mental Health Provider Rate	*Providers/100,000 population*			
Ouachita		149		
Lincoln		120		
Age-Adjusted Death Rate Due to Influenza and Pneumonia	*Deaths/100,000 Population*			
Ouachita			17.5	
Lincoln				25.8
Stroke: Medicare Population	*Percent*			
Ouachita				5.5
Lincoln				4.3
Chronic Kidney Disease: Medicare Population	*Percent*			
Ouachita				17.4
Lincoln		13.8		
Heart Failure: Medicare Population	*Percent*			
Ouachita				20.1
Lincoln			16.1	
Food Environment Index	*Value*			
Ouachita				5.3
Lincoln				5.0

APPENDIX C: Disparities Stoplight Report

Category	Value	Green	Yellow	Red
Adults Who Are Sedentary	*Percent*			
Ouachita				32.9
Lincoln		26.8		
Diabetes: Medicare Population	*Percent*			
Ouachita			27.9	
Lincoln			27.3	
Physical Environment Ranking	*Value*			
Ouachita				55
Lincoln			41	
Children Living Below Poverty Level	*Percent*			
Ouachita				34.5
Lincoln				34.2
Life Expectancy for Males	*Years*			
Ouachita				71.6
Lincoln			73.3	
Life Expectancy for Females	*Years*			
Ouachita				78.1
Lincoln			78.5	
Mothers Who Received Early and Adequate Prenatal Care	*Percent*			
Ouachita			74.9	
Lincoln				65.9
Mortality Ranking	*Value*			
Ouachita		24		
Lincoln		2		
Teen Birth Rate	*Live births/1,000 females aged 15-19*			
Ouachita		52.4		
Lincoln		26.0		
Babies With Low Birth Weight	*Percent*			
Ouachita			12.3	
Lincoln		10.1		
Adults With Diabetes	*Percent*			
Ouachita			11.5	
Lincoln		10.6		
Adults Who Are Obese	*Percent*			
Ouachita				35.2
Lincoln				34.3
Child Food Insecurity Rate	*Percent*			
Ouachita			25.0	
Lincoln			26.4	

APPENDIX C: Disparities Stoplight Report

Category	Value	Green	Yellow	Red
Food Insecurity Rate	*Percent*			
Ouachita				18.1
Lincoln				20.9
Diabetic Screening: Medicare Population	*Percent*			
Ouachita				77.8
Lincoln			84.2	
Age-Adjusted Death Rate Due to Diabetes	*Deaths/100,000 Population*			
Ouachita				90.4
Lincoln				61.2
Adults Who Smoke	*Percent*			
Ouachita			21.1	
Lincoln		14.9		
Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke)	*Deaths/100,000 population*			
Ouachita			42.4	
Lincoln		36.5		

APPENDIX D: ROAD MAP TO IRS REQUIREMENTS

All IRS requirements are met by this CHNA in the referenced sections:

Community Health Needs Assessment Requirements	REFERENCE
The definition of the community served by the hospital facility	Pages 5-7
Demographics of the community	Pages 15-16; Pages 39-68
Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community	Pages 19-31
How data was obtained	Pages 2-4; Pages 9-14
The health needs of the community, including the primary and chronic disease needs and other health needs of uninsured persons, low-income persons and minority groups	Appendices B and C
The process for identifying and prioritizing community health needs and services to meet the community health needs	Pages 2-4; Pages 9-14
The process for consulting with persons representing the community's interests	Pages 2-4; Pages 9-14
Information gaps that limit the hospital facility's ability to assess all of the community's health needs	Page 16
Make CHNA widely available to the public	http://www.stfran.com