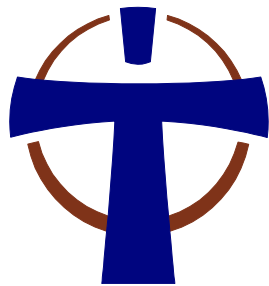


# **2012 COMMUNITY HEALTH NEEDS ASSESSMENT**

## **St. Francis North**



**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.



# ST. FRANCIS NORTH 2012 COMMUNITY HEALTH NEEDS ASSESSMENT

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*“Rooted in our tradition, inspired by the Gospel stories and Catholic teachings, we assess the needs of our communities and make effective plans to address priority needs. We do this not just to preserve tax-exempt status or to answer external challenges, but to act with integrity in word and deed. We conduct community health needs assessments and develop implementation strategies to address community health needs because it is the right thing to do. It arises from our Catholic identity, and it ensures that we act in accordance with what we proclaim.”<sup>1</sup>*

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St. Francis North (SFN) does not determine patient needs based on socioeconomic status, ability to pay or demographics. In fact, our purpose in developing a community health needs assessment (CHNA) extends beyond the federal requirement to do so. We are concerned with people’s health and quality of life, and we are concerned with helping people have access to health care. We have demonstrated this commitment to community health by initiating the CHNA process more than a year ahead of the required timeline.

Our goal is simple – to improve the health of the people we serve. This requires a connection to community-wide resources and specific local information about the health of the people of this region. Assessing the health of our community and implementing strategic initiatives to address the resulting priority areas is a critical success factor in our ability to care for the people we serve both now and in the future. As such, the objectives for the SFN CHNA are:

- Identify health priorities within the community;
- Implement measurable solutions to specific, targeted health priorities;
- Create community benchmarks to monitor future progress; and
- Improve access to health care through our mission of serving those most in need.

The Patient Protection and Affordable Care Act requires non-profit hospitals to perform a CHNA every three years and to adopt an implementation strategy to meet the identified needs as a condition of maintaining the hospital’s federal tax exemption and avoiding costly penalties. The requirement becomes effective for taxable years beginning after March 24, 2012.

In collaboration with our sister facilities and our parent company, the Louisiana-based Franciscan Missionaries of Our Lady Health System (FMOLHS), SFN has elected to prepare a CHNA in 2012 and move forward with implementation a year ahead of schedule. The CHNAs produced by the FMOLHS hospitals are a result of an orchestrated effort to further solidify the Health System’s commitment to serving the people of Louisiana. Approximately 41% of

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<sup>1</sup> “Assessing, Addressing Community Health Needs: Steeped in Catholic Identity and History,” Health Progress, January-February 2012. Julie Trocchio, MS, and Sr. Mary Haddad, RSM, MSW, MBA.

Louisiana residents have potential access to one or more FMOLHS facilities, and these CHNA documents will help guide our efforts for the next three years. As we look at how best to serve the people of Louisiana, the CHNA is critical to guiding our decisions and laying the foundation for appropriate, effective community outreach.

SFN will use the document as a planning tool to assist in initiating strategic initiatives related to meeting the critical health needs of the people we serve. This CHNA is the first step in further developing our community outreach and focus on what is most important – extending the healing ministry of Jesus Christ to God’s people, especially those most in need. In preparing this CHNA, SFN consulted with other FMOLHS facilities and local organizations. We used community health information compared at national, state, regional and local levels and studied reports related to parish health rankings. Additionally, information was gathered from local community partners representing a broad base of knowledge and input. All of this information was combined to create this CHNA, which will serve as a guide for our health outreach and help focus our efforts to improve the health of the people we serve.

Before examining the data and determining conclusions, it is important to understand what a needs assessment is. Needs assessments are “the process by which the program planner identifies and measures gaps between what is and what ought to be through identifying the needs of the target population and determining whether these needs are being met.”<sup>2</sup> Steps involved in the needs assessment include:

- Defining the purpose,
- Gathering and analyzing data,
- Identifying health problems,
- Narrowing the focus and
- Working with internal and external audiences to authenticate the needs.

SFN will publicize its CHNA through our website located at <http://www.stfran.com> and will share the information with both internal and external stakeholders as we move forward with our plans to improve the health of the people we serve. We will also make the report available upon request from members of the community.

### **ABOUT ST. FRANCIS NORTH**

SFN, a subsidiary of the FMOLHS (which was formed in 1984 by the Franciscan Missionaries of Our Lady, North American Province), is part of St. Francis Medical Center (SFMC), the largest hospital in Northeast Louisiana, as well as the second largest private employer in Ouachita Parish.

Other St. Francis campuses include SFMC (located in Downtown Monroe, La.), SFMC Community Health Center and Franciscan House adult day care. SFN operates in a Health Professional Shortage Area (HPSA) which includes all three areas evaluated – primary care, mental and dental services. The hospital offers a 24-hour emergency center, the Kitty DeGree Breast Health Center, Pediatric After-Hours Clinic, KidMed, outpatient laboratory and imaging services and St. Patrick’s Behavior Health.

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<sup>2</sup> [http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/hcheck\\_needs.htm](http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/hcheck_needs.htm).

**Vision:** To make a significant difference in those communities we are privileged to serve through Catholic healthcare services.

**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.

### **WHO WAS INVOLVED IN THE ASSESSMENT**

As previously mentioned, the CHNA process was initiated a year in advance of the national deadline by the FMOLHS. SFN also engaged key community partners who have shown an ongoing dedication to serving the people of this region. For this initial assessment, we did not conduct focus groups or send surveys through the mail. The bulk of the work done in conducting this CHNA was through personal interviews with community partners and research of current health statistics and trends. In preparing this CHNA, the following sources were utilized through reports and online information:

- American Human Development Project
- The Annie E. Casey Foundation
- Centers for Disease Control and Prevention (CDC)
- The Children’s Coalition of Northeast Louisiana
- Communities Acting to Benefit Louisiana’s Elderly
- Council for a Better Louisiana
- County Health Rankings, 2011 (Louisiana)
- FMOLHS Senior Services
- The Henry J. Kaiser Family Foundation
- Monroe Chamber of Commerce
- National Center for Children in Poverty, Mailman School of Public Health, Columbia University
- Office of Mental Health
- Office of Public Health
- Ouachita Council on Aging
- Thomson-Reuters
- Tobacco-Free Living
- The United Way of Northeast Louisiana
- The University of Louisiana at Monroe Social Science Research Laboratory
- The Wellspring Alliance
- West Ouachita Senior Center

Personal interviews and information was also gathered from community partners representing a broad range of interests. Questions were asked regarding what they saw as the primary health concerns of the people of Ouachita Parish and Region 8 and how they view the health of the people of this area. Sources shared their data and referred SFN to reports and online information that could also help draw a clearer picture of the health of the people we serve. Following is the list of community partners who were consulted during the creation of this CHNA. The dates listed after each name represent dates of meetings and interviews with each of these sources.

- **The Children’s Coalition of Northeast Louisiana**  
*Representatives from The Children’s Coalition were chosen because of their work with low-income, minority populations and their regional leadership in addressing the need to connect Northeast Louisiana children with LaCHIP and other insurance sources.*
  - **Lindsey Murry, Healthcare Director**
    - Meetings/interviews September 1, 2011, and October 5, 2011
    - Mrs. Murry has a vast amount of experience in working with low-income, medically underserved populations as she has led the Coalition’s efforts to connect children throughout Region 8 with LaCHIP and other insurance sources. Additionally, many of the programs provided through the Coalition are targeted at low-income parents.
  - **Avius Zimmerman, former Asthma Outreach Coordinator**
    - Meetings/interviews September 1, 2011, and November 4, 2011
    - Mrs. Zimmerman has experience working with the Coalition and the Office of Addictive Disorders an outreach coordinator and information resource.
- **The Living Well Foundation**  
*The Living Well Foundation represents the health needs of people throughout Region 8 from all socioeconomic backgrounds. Their focus is on enhancing the quality of life and health of the people they serve.*
  - **Dr. Jan Corder Pzyner, former Executive Director**
    - Meeting September 16, 2011
    - At the time of the meeting where Dr. Pzyner spoke, she was the current Executive Director of The Living Well Foundation but has since retired. She is the former Director of the University of Louisiana at Monroe School of Nursing and is a ULM Professor and Dean Emeritus. She has served on many state committees including Louisiana Health Workforce Commission and the Louisiana Nursing Supply and Demand Commission. She is a past President of the Louisiana State Nurses Association and past Chairperson of the Louisiana Council of Nurse Education Administrators.
- **DHH/LA Office of Public Health**  
*The Office of Public Health represents leadership in medical issues, community and preventive health, emergency preparedness, environmental health, food inspections, vital records and primary care and rural health for the people of Region 8. Their work centers heavily on medically underserved, low-income populations.*
  - **Shelley C. Jones, MD, MPH, Regional Medical Director**
    - Meetings/interviews November 1, 2011 and February 27, 2012
    - Picked up community health statistical report February 16, 2012
    - Dr. Jones is especially qualified to speak on behalf of public health needs. She has 27 years of experience in Public Health, first as Medical Director of the Ouachita Parish Health Unit and then as Regional Medical Director for the 12 parishes of Region 8 since 1993. She completed her undergraduate work at the University of Louisiana at Monroe and graduated from the Louisiana State University School of Medicine in 1977. Additionally, she earned a Master of

Public Health degree from Tulane School of Public Health and tropical Medicine in 2004.

▪ **Southwest Louisiana Area Health Education Center**

*SWLAHEC provides health interventions, preventative health and public health support to the people of Southwest Louisiana and has served as a resource for SFN in regards to tobacco initiatives, planning and information.*

○ **Rene Stansbury, Tobacco Control Coordinator**

- Meetings/interviews December 6, 2011, and February 6, 2012.
- In addition to her tobacco control role with SWLAHEC, Mrs. Stansbury is the Secretary of the Louisiana Tobacco-Related Health Disparities Coalition. She is also the contact for the statewide Hospital Partnership Project grant program administered through SWLAHEC on behalf of LA DHH.

▪ **St. Francis Medical Center**

*SFMC's mission is, in part, to help those most in need, which includes the medically underserved, low-income and minority groups of Region 8 with primary focus on Ouachita Parish where the majority of its patients originate.*

○ **Stalanda Butcher, MPH, School-Based Health Center Program Manager**

- Meetings/interviews October 12, 2011, and January 27, 2012.
- Mrs. Butcher holds a Master of Public Health degree from the Tulane School of Public Health and Tropical Medicine. She is a former junior high and high school math teacher who left the education arena to pursue a degree in public health and work with adolescents in a different capacity. She is the immediate Past President of the Board of The Children's Coalition of Northeast Louisiana and has served on the Board of The Wellspring Alliance for Families.

○ **Timothy Cotita, BSN, CDE, Diabetes & Nutrition Center Program Manager**

- Meeting/interview September 29, 2011
- Mr. Cotita serves as the Manager of the SFMC Diabetes & Nutrition Center and is a Pastoral Associate at Jesus the Good Shepherd Catholic Church in Monroe, where SFMC is located. He is a registered nurse and a certified diabetes educator and is currently pursuing a Master of Science in Healthcare Ethics from Creighton University.

○ **Cindy Rogers, St. Francis Foundation President/CEO**

- Meetings/interviews October 19, 2011, and December 12, 2011
- Mrs. Rogers is the President of the SFMC Foundation and is a Past President of the Louisiana Hospital Association. She has also served as the CEO of St. Patrick's Behavioral Health, is the 2012 Chairperson of the Monroe Chamber of Commerce and has a lengthy history of work in senior services.

▪ **Tobacco Free Living**

*TFL provides leadership in health and wellness initiatives through its TFL Subcommittee, which brings together healthcare representatives from throughout Ouachita, Lincoln,*

*Union and Morehouse Parishes. Through focus on community mobilization, public health policy, strategic thinking and evidence-based decision making, TFL helps lead the tobacco initiatives in Region 8.*

- **Jennifer Haneline, MSW, LCSW, Region VIII TFL Coordinator**
  - Meetings/interviews September 27 and 29, 2011
  - Mrs. Haneline is a licensed clinical social worker with more than 12 years' experience working in non-profit and clinical settings. She began her career working in psychiatric hospitals, primarily with children and adolescents. For more than seven years, she worked Alzheimer's Association, both at the national and state levels, and served as the Statewide Program Director for Louisiana. In her current role as Region VIII TFL Coordinator, she partners with professionals throughout the region to implement and evaluate comprehensive tobacco control initiatives that prevent and reduce tobacco use and exposure to secondhand smoke.

## **COMMUNITY NEEDS AND DEMOGRAPHIC ANALYSIS**

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For the purposes of this CHNA, SFN defines its community as Ouachita Parish where we are located in Region 8 of Northeast Louisiana. Between January 2011 and March 2012, 85% of SFN patients originated in Ouachita Parish. This equals 19,730 cases out of a total of 23,286 outpatient and emergency room cases during this 15-month period.

In working with SFMC to prepare this CHNA, SFN chose to adopt the following information from the SFMC CHNA, as it paints a broad but well-defined picture of our region. Monroe, where SFN operates, experienced a negative population growth of 8.1% between 2000 and 2010. Monroe reports 27.1% of residents are under the age of 18, and 12.6% are age 65 or older. Black residents account for 63.9% of the population, and white residents make up 33.4% of the population.

Additionally, we see the median household income drop when we focus on Monroe and exclude the rest of Ouachita Parish. In Monroe, the median household income is only \$29,158, compared to \$37,298 for Ouachita Parish and \$42,460 for the state as a whole. While 20.8% of Ouachita Parish residents and 18.4% of Louisiana residents live below the poverty level, we see this number jump to 33.4% when looking specifically at Monroe's demographics.<sup>3</sup>

This information, along with other key statistics related to the health of the people we serve, is part of what helped shape SFN's CHNA. The CHNA conclusions are also based in large part on information related to the Community Need Index (CNI) of areas served by SFN. The CNI is a quantitative means of defining need at a local level by zip code and city name.

Using CNI information helps providers identify and prioritize resource allocation to ensure that their efforts are having the greatest impact on the people they serve. A score of 1.0 indicates a zip code with the least need, while a score of 5.0 represents a zip code with the highest, most immediate needs. The CNI score is an average of five barrier scores that measure socioeconomic

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<sup>3</sup> U.S. Census Bureau, State & Quick Facts, 2010.



indicators of each community. The five barriers are listed below, along with the individual statistics analyzed for each barrier.

**1. Income Barrier**

- a. Percentage of households below poverty line, with head of household age 65 or more
- b. Percentage of families with children under 18 below poverty line
- c. Percentage of single female-headed families with children under 18 below poverty line

**2. Cultural Barrier**

- a. Percentage of population that is minority (including Hispanic ethnicity)
- b. Percentage of population over age 5 that speaks English poorly or not at all

**3. Education Barrier**

- a. Percentage of population over 25 without a high school diploma

**4. Insurance Barrier**

- a. Percentage of population in the labor force, aged 16 or more, without employment
- b. Percentage of population without health insurance

**5. Housing Barrier**

- a. Percentage of households renting their home

Every populated zip code in the United States is assigned a barrier score of 1, 2, 3, 4 or 5 depending upon the zip code's national rank. A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, zip codes that score a 1 for the Education Barrier contain highly educated populations while zip codes with a score of 5 have a very small percentage of high school graduates. Once each zip code is assigned its barrier scores from 1 to 5, all five barrier scores for each zip code are averaged together to yield the CNI score. Each of the five barrier scores receives equal weight (20% each) in the CNI score. A score of 1.0 indicates a zip code with the least need, while a score of 5.0 represents a zip code with the most need.<sup>4</sup>

Knowing that the CNI of a community represents the socioeconomic needs of the group, what can we learn from this? Socioeconomic status is relative to many other factors in the lives of the people we serve. For example, areas with a CNI of 4 or higher have one or more factors that can be preventing the community to prosper. A higher CNI can mean a greater number of health risks and barriers to access to care. Morbidity can be higher, and there may be greater occupational and environmental risks. All of this leads to higher rates of hospitalization and increased cost of health care.

Following is the CNI and demographic breakdown of Region 8 (where SFN is located) with comparisons to data from the United States and Louisiana as a whole. The Region 8, parish-specific data listed in the chart represent averages of all zip codes within each parish.

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<sup>4</sup> 2001 Thomson Reuters (Healthcare) Inc.

Area	Population (2010)	CNI Score	Poverty 65+	Poverty Children	No High School Diploma	Minority	Uninsured
United States	308,745,538	-	14.3%	21%	15%	27.6%	17%
Louisiana	4,533,372	-	17.6%	27%	20.6%	37.4%	18%
Caldwell	10,965	4.0	19%	20.3%	24.3%	17.7%	19.3%
East Carroll	7,989	4.8	33.7%	27%	32%	56%	25.3%
Franklin	19,118	4.32	27.6%	32.6%	32.6%	23.6%	24.8%
Jackson	13,595	4.13	22%	23%	17.3%	26.7%	25.7%
Lincoln	43,762	4.12	21%	25.6%	17.6%	43.4%	30.2%
Madison	11,434	5.0	26%	41%	26%	65%	35%
Morehouse	28,334	4.5	33.7%	32.83%	31%	40.2%	29.2%
Ouachita	150,862	3.82	16.3%	18.7%	15.9%	34%	23.2%
Richland	20,285	4.6	31.7%	31.7%	25.3%	35.3%	26%
Tensas	5,129	5.0	37%	43.3%	27.7%	64%	33.3%
Union	23,117	3.96	23%	20.3%	20.3%	34.3%	20.2%
West Carroll	11,408	4.46	27.3%	29%	33.3%	34%	19.3%
<b>Region 8 Total</b>	210,081	4.39	25%	27%	24%	37%	25%

An examination of this data demonstrates that many of the Region 8 parishes are experiencing higher levels of poverty, especially in children, than the United States or Louisiana as a whole. Additionally, Region 8 reports a higher number of uninsured residents and a higher number of people who have not received a high school diploma. Lower education levels are associated with a higher prevalence of health risk behaviors such as smoking, being overweight and low physical activity levels, and high school graduation rates correlate closely with poor health outcomes.<sup>5</sup>

Following are additional important facts to know about the 12 parishes that comprise Region 8. Each of these facts/statistics helps draw a clearer picture of the barriers in this region and illustrates the importance of conducting this CHNA and implementing strategies to address the health of the people of this region.

<sup>5</sup> Prevention Institute, THRIVE: Tool for Health And Resilience In Vulnerable Environments, <http://thrive.preventioninstitute.org/thrive/factors.php>

- For the 2009-2010 school year, School Performance Scores showed that 856 of Louisiana's 1,279 schools received two stars or less (including 43 schools deemed Academically Unacceptable).<sup>6</sup>
- Louisiana reports alarming statistics for diabetes deaths per 100,000 population. In 2008, diabetes deaths per 100,000 for males was 33.7, compared to a national rate of 25.6. For females, this rate was 26.6 per 100,000, compared to a national rate of 18.8. The number of diabetes deaths per 100,000 for white people was 24.8 (compared to a national rate of 19.9), while deaths among black people was 45.7 (compared to a national rate of 40.5).<sup>7</sup>
- In the 2009 Youth Risk Behavior Fact Survey Sheets published by the CDC, Louisiana ranked worse than the United States average in 33 of 82 categories. Louisiana scored at the same level as the United States average in 43 categories and only scored better than the national average in six categories. This data shows that Louisiana is not always creating safe, appropriate environments for children to develop and excel. Following are a few highlights from this survey:

<b>2009 High School Youth Risk Behavior Survey<sup>8</sup></b>		
<b>Question</b>	<b>Louisiana</b>	<b>United States</b>
Rarely or never wore a seatbelt (when riding in a car driven by someone else)	92.9	84.7
Drove when drinking alcohol one or more times (in a car or other vehicle during the 30 days before the survey)	13.9	9.7
Attempted suicide one or more times (during the 12 months before the survey)	10.9	6.3
Hit, slapped or physically hurt on purpose by their boyfriend or girlfriend (during the 12 months before the survey)	17.8	9.8
Ever tried cigarette smoking (even one or two puffs)	54.8	46.3
Had at least one drink of alcohol on at least one day (during the 30 days before the survey)	47.5	41.8

<sup>6</sup> Council for a Better Louisiana, Louisiana Fact Book 2011.

<sup>7</sup> Kaiser State Health Facts, retrieved online at <http://www.statehealthfacts.org>, April 19, 2012.

<sup>8</sup> CDC, Youth Online, High School Youth Risk Behavior Survey, Louisiana 2009 and United States 2009 Results.

Ever used heroin one or more times	6.4	2.5
Watched television three or more hours per day	40.3	32.8
Did not go to school because they felt unsafe at school or on their way to or from school on a least one day (during the 30 days before the survey)	9.1	5.0

- In Louisiana, 69.7% of households have use of the Internet at some location inside or outside the home, which ranks Louisiana 44<sup>th</sup> in the nation.<sup>9</sup> Healthy People 2020 lists the following among its goals:

  - Increase the proportion of persons who use electronic personal health management tools.
  - Increase the proportion of persons who use the Internet to keep track of personal health information, such as care received, test results or upcoming medical appointments.
  - Increase individuals’ access to the Internet.
  - Increase the proportion of online health information seekers who report easily accessing health information.
  - Increase the proportion of meaningful users of health information technology.

The Healthy People 2020 website states that “Disparities in access to health information, services and technology can result in lower usage rates of preventive services, less knowledge of chronic disease management, higher rates of hospitalization and poorer reported health status.”<sup>10</sup>
- In the 12 parishes of Region 8, the rate of domestic violence reports are almost four times the national average.<sup>11</sup>
- In Louisiana, 35.9% of children are overweight or obese, compared to 31.6% in the United States as a whole.
- Louisiana reports 9.7 infant deaths per 1,000 live births, as compared to the United States rate of 6.8 infant deaths per 1,000 live births.<sup>12</sup>
- In Louisiana, the percentage of residents aged 65 and older grew 10.5% between 1999 and 2009, and the percent living below poverty in Region 8 is reported to be 25% compared to a United States average of 14.3%.<sup>13</sup>

<sup>9</sup> Council for a Better Louisiana, Louisiana Fact Book 2011.

<sup>10</sup> Healthy People 2020, <http://healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=18>.

<sup>11</sup> United Way of Northeast Louisiana, 2011.

<sup>12</sup> The Henry J. Kaiser Family Foundation, [statehealthfacts.org](http://statehealthfacts.org).

<sup>13</sup> Administration on Aging, U.S. Department of Health and Human Services, “A Profile of Older Americans: 2010,” [http://www.aoa.gov/aoaroot/aging\\_statistics/Profile/2010/docs/2010profile.pdf](http://www.aoa.gov/aoaroot/aging_statistics/Profile/2010/docs/2010profile.pdf) and Prevention Institute, THRIVE: Tool for Health And Resilience In Vulnerable Environments, <http://thrive.preventioninstitute.org/thrive/factors.php>

- Louisiana ranks 34<sup>th</sup> in the nation in percentage of private employers who offer health insurance to employees. Besides being a health indicator, this also speaks to the quality of jobs in our state and the vitality of our economy.
- The 2011 Parish Health Rankings for Louisiana indicate that some of the 12 parishes in Region 8 are consistently among the worst in the state for various factors. The numbers shown in the following chart represent each of Region 8's parish rankings among all 64 Louisiana parishes.<sup>14</sup>

Parish	Health Outcomes <sup>15</sup>	Health Factors <sup>16</sup>	Mortality	Health Behaviors	Clinical Care	Social & Economic Factors
Caldwell	14	38	20	11	61	40
East Carroll	64	64	64	60	52	64
Franklin	54	62	55	64	49	57
Jackson	21	19	15	23	57	12
Lincoln	7	14	9	9	25	15
Madison	63	63	63	57	50	61
Morehouse	56	61	50	48	26	60
Ouachita	23	17	25	19	12	32
Richland	39	46	39	41	36	49
Tensas	12	60	14	38	33	62
Union	34	51	41	45	55	48
West Carroll	15	59	16	29	64	59

- The median age of Ouachita Parish residents is 33.1, but this number is expected to rise as the population continues to age and experience longer life spans.<sup>17</sup>
- Louisiana had an overall, age-adjusted death rate in 2007 of 926.4 per 100,000 residents. This is the fourth highest in the United States, meaning Louisiana's citizens die much more prematurely than those in other states. We rank first in age-adjusted deaths from diabetes, second in age-adjusted deaths from HIV/AIDS and second in age-adjusted deaths from cancer.
- Louisiana has the highest incarceration rate in the nation and is at the top with regard to many crime statistics. We rank number one in the nation for the murder rate per 100,000 habitants and sixth in the nation for the violent crime rate per 100,000 habitants.<sup>18</sup>

<sup>14</sup> County Health Rankings 2011: Louisiana.

<sup>15</sup> Represents how healthy a parish is.

<sup>16</sup> What influences the health of the parish – six Region 8 parishes make up the bottom six parishes in the rankings.

<sup>17</sup> U.S. Census Bureau, 2005-2009 American Community Survey

<sup>18</sup> Council for a Better Louisiana, Louisiana Fact Book 2011.

- Louisiana ranks 49<sup>th</sup> in the nation for child wellbeing.<sup>19</sup>
- Forty-four percent of Louisiana's asthmatic children who have Medicaid visited the emergency room in 2011. Better coordination of care may improve management of this chronic disease and decrease unnecessary emergency room utilization.<sup>20</sup>
- Louisianans spent nearly \$5 billion a year at restaurants, and more than two million visitors enjoy the 21 parks and 16 historic sites in Louisiana, resulting in direct primary spending of more than \$41 million.<sup>21</sup>
- The average 75-year-old suffers from at least three chronic medical conditions.<sup>22</sup>

As we begin to narrow our focus to Ouachita Parish, where SFN is located, we see many similar statistics painting a picture of an area with many barriers to care, despite the availability of world-class facilities and technology.

- Health of residents in Ouachita Parish based on CDC Behavioral Risk Factor Surveillance System Survey Questionnaires from 2003 to 2009:
  - General health status score of residents in this parish from 1 (poor) to 5 (excellent) is 3.4. This is significantly worse than average.
  - 62.5% of residents exercised in the past month. This is less than average.
  - 33.1% of adult residents drank alcohol in the past 30 days. This is less than average.
  - 64.9% of residents visited a dentist within the past year. This is about average.
  - Average weight of males is 198 pounds. This is more than average.
  - Average weight of females is 165 pounds. This is more than average.
  - 47.6% of residents keep firearms around their homes. This is more than average.
  - Low-income preschool obesity rate in Ouachita Parish = 14% compared to 13.7% for Louisiana as a whole.
  - Ouachita Parish ranks third in the list of the nation's Top 101 Counties With The Highest Average Weight of Females<sup>23</sup>

Because of the traditionally negative health outcomes related to Region 8, there is a wealth of statistical data regarding this area, which allowed SFMC and SFN to complete this CHNA without encountering any informational gaps. Thanks to the cooperation of our community partners, we were able to obtain information to narrow the list of possible priorities and begin working on an implementation plan to effectively address the prioritized community health needs.

<sup>19</sup> Annie E. Casey Foundation, Kids Count 2010.

<sup>20</sup> Louisiana Department of Health and Hospitals, BayouHealth, "Quick Facts About Louisiana's Health."

<sup>21</sup> Council for a Better Louisiana, Louisiana Fact Book 2011.

<sup>22</sup> National Care Planning Council, retrieved online at <http://www.longtermcarelink.net>, April 19, 2012.

<sup>23</sup> [http://www.city-data.com/county/Ouachita\\_Parish-LA.html](http://www.city-data.com/county/Ouachita_Parish-LA.html).

## **ESTABLISHING PRIORITIES AND ADDRESSING IDENTIFIED NEEDS**

Based on interviews with community partners and health information collected during SFN's CHNA, 11 issues were identified as having significant impacts on the health of the people we serve. Following is a list of these issues in priority order:

- Obesity
- Diabetes
- Tobacco use
- Asthma
- Issues related to care for the aging
- Mental health
- Immunizations
- Premature birth
- Domestic violence
- Adolescent health
- Lack of a medical home/barriers to care

Through comprehensive data review and personal interviews with internal and community partners, SFN has chosen to focus on two of the 11 identified critical community health needs: mental health and adolescent health. Our first phase of implementation will primarily focus on our immediate service area of Ouachita Parish as we begin to establish our programs and work toward the creation of best practices that can be replicated throughout Region 8.

SFN acknowledges the significance of all 11 identified issues and recognizes the linkage between many of these health issues. For example, mental health issues are often related to domestic violence, and lack of a medical home, and barriers to care can sometimes be linked to incidences of premature birth. Diabetes and obesity are often closely linked, as are tobacco use and asthma. Additionally, issues related to care for the aging can be found in many of the other priority areas. As we begin to implement strategies in each of the focus areas, we expect to encounter many linkages among the various areas and projects.

All the issues on this list negatively impact the people of this region in regards to health and wellness. In fact, any of the 11 would have been excellent choices to be one of SFN's focus areas for the purposes of this CHNA. However, SFN feels the chosen issues are the correct focus for this CHNA for the following reasons:

- They are the areas in which a great amount of work still needs to take place in our community to begin to truly see an impact.
- They are among the areas most frequently mentioned by our community partners as the top problems in this region, and the data supports that the health outcomes of the people SFN serves are lacking in these areas.
- These focus areas have a great impact on the vulnerable populations of this region. They are areas that, if brought under control, could have a deep, lasting impact on the people affected.

We will continue to assist our community partners with their endeavors related to the other issues on this list. Following are the nine remaining identified community health needs and a few highlights of what is currently being done by SFN and its community partners to address the needs in our area:

- **Obesity**
  - Employers such as SFMC, CenturyLink and Vantage Health Plans are implementing health and wellness programs within their employee population to encourage better health outcomes.
  - SFMC will focus on obesity in its own CHNA and related implementation plan to be published in fiscal year 2013. SFN will be part of the work done through the plan.
  
- **Diabetes**
  - The SFMC Diabetes & Nutrition Center provides education and nutritional counseling for patients and periodically conducts diabetes screenings in the community and through local employers.
  - SFMC will focus on diabetes in its own CHNA and related implementation plan to be published in fiscal year 2013. SFN will be part of the work done through the plan.
  
- **Tobacco Use**
  - Tobacco-Free Living is actively working to create smoke-free workplaces in Ouachita Parish.
  - SFMC is working with school systems in Region 8 to implement tobacco-free campus policies and is partnering with Southwest Louisiana AHEC as a subcontractor of the Louisiana Department of Health and Hospitals (DHH) in the Hospital Partner Program to promote cessation and tobacco-free policies in Region 8.
  - SFMC will focus on tobacco use in its own CHNA and related implementation plan to be published in fiscal year 2013. SFN will be a part of the work done through the plan.
  
- **Asthma**
  - The Children's Coalition of Northeast Louisiana is partnering with DHH to certify Region 8 schools as asthma-friendly.
  - SFMC is working with DHH to implement the F.L.A.R.E. asthma protocols to promote a better continuum of care and asthma education for asthma patients.
  - SFMC will focus on asthma in its own CHNA and related implementation plan to be published in fiscal year 2013. SFNC will be a part of the work done through the plan.
  
- **Issues Related to Care for the Aging**
  - The Ouachita Council on Aging carries out a wide range of functions relative to advocacy, planning, coordination, inter-agency linkage, information sharing, brokering, monitoring and evaluation designed to lead to the development or enhancement of a comprehensive and coordinated community-based system to serve people age 60 and over in all areas of Ouachita Parish.
  - SFMC is implementing programs such as Nurses Improving Care for Healthsystem Elders (NICHE) and other geriatric-focused programs to better provide care for the area's aging population. SFMC also offers the Franciscan



House Adult Day Health Care program, which features transportation services and programming aimed at helping seniors.

▪ **Immunizations**

- SFMC offers Shots for Tots every Wednesday evening for a minimal cost in an effort to improve immunization rates for area children. Other facilities in the area, such as Glenwood Regional Medical Center, offer immunization programs as well.
- The SFMC SBHC has dramatically increased immunization rates in the students it serves at Carroll Junior High School and Carroll High School.
- SFMC participates in the Louisiana Immunization Network for Kids Statewide (LINKS) through its hospital database and its SBHC.
- SFMC's nursing assessment screens all patients to determine current status for pneumonia and flu vaccines, as well as pediatric immunizations.
- P&S Surgical Hospital (an SFMC joint venture facility) will focus on immunizations in its own CHNA and related implementation plan to be published in fiscal year 2013.

▪ **Premature Birth**

- Ouachita Parish is the home to an active chapter of the March of Dimes, and SFMC collaborates with the staff to promote the annual March of Dimes fundraising walk and educational efforts throughout the area.
- SFMC features a Level III Neonatal Intensive Care Unit (NICU), which is the highest level of maternity care offered in the area.
- SFMC offers a perinatology clinic, prenatal classes and a breastfeeding program and support from a certified lactation consultant. SFMC is also a Guided Infant Feeding Techniques-certified facility.
- The Children's Coalition of Northeast Louisiana sponsors the local Fetal Infant Mortality Review Board, which examines cases of fetal demise for infants up to the age of one.
- Region 8 also features an active Nurse-Family Partnership, which works with mothers throughout the region to help address health needs of both the infant and the family in order to create safe environments for children to prosper.

▪ **Domestic Violence**

- The Wellspring Alliance for Families (formerly YWCA) provides SAFE Haven for people and their children when they are in immediate danger from an abuser. People who stay at SAFE Haven receive services to help them get past the trauma and abuse and transition into a new life.
- The Family Justice Center of Ouachita Parish is an information and service center for people seeking assistance in domestic violence situations. Examples of services include safety planning, domestic violence education, counseling, assistance with obtaining protective orders, assistance with medical care, food vouchers, counseling and referrals to safe, confidential emergency housing.
- SFMC partners with the coroner's office to provide a Sexual Assault Nurse Examiner program through our emergency rooms. SANEs are highly trained in

collecting forensic evidence, referring victims for follow-up services and preserving the dignity of the victims at every step of the process.

▪ **Lack of a Medical Home/Barriers to Care**

- SFMC provides the Franciscan Clinic as a medical home for its insured employees. The clinic provides primary medical care, such as annual wellness assessments and screenings, management of chronic conditions, tobacco cessation and weight loss management. The Franciscan Clinic is a service targeting increased healthcare access, as well as population health management which could be offered to other businesses in the future as SFMC seeks to expand the establishment of the medical home concept for the people we serve.
- LSU Health Sciences Center/EA Conway Medical Center is located in Monroe and is part of Louisiana's charity care system.
- The University of Louisiana at Monroe has received grant funding to provide mobile dental services throughout the area, which helps patients who cannot pay for the services receive basic exams and education.
- The SFMC SBHC provides care to adolescents who have not traditionally had timely, appropriate, convenient access to care.
- The FMOLHS offers Healthy Lives, a wellness program for all employees which provides annual health screenings, targeted financial incentives tied to health improvements and participation in educational activities and reduced insurance premiums for insured employees. Healthy Lives is a population health management strategy for SFMC's 2000+ employees.

All these community health needs present demonstrated health risks warranting health management strategies. SFN will work with its community partners to help address these issues. However, for the purposes of this CHNA and implementation plan, we have prioritized our primary focus in two of the identified needs: mental health and adolescent health. We believe these identified needs present a great opportunity for improved community health. We will place special priority on building on existing programs and working with community partners to reach out to the people we serve.