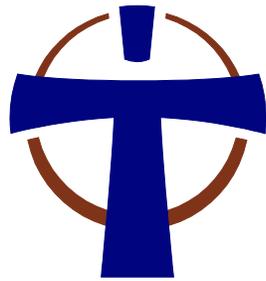


2012 COMMUNITY HEALTH NEEDS ASSESSMENT



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.



ST. FRANCIS MEDICAL CENTER 2012 COMMUNITY HEALTH NEEDS ASSESSMENT

“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.”¹

St. Francis Medical Center 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 SFMC 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), SFMC 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

¹ “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.

SFMC 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. SFMC has a lengthy history of providing healthcare services to the uninsured and underinsured citizens of Northeast Louisiana and partners with numerous community health and social service organizations to provide health services in the community. 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, SFMC consulted with other FMOLHS facilities and with local community partners. 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.”² 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.

SFMC 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 MEDICAL CENTER

What began as a dream of a retired priest has developed into the most comprehensive healthcare facility in Northeast Louisiana. At the turn of the 20th Century, Father Ludovic Enaut promised to provide the money to build a sanitarium in Monroe if Sisters could be found who would give everything to the mission and ask nothing in return. A search was conducted throughout Europe until, in 1911, six Sisters from the Franciscan Sisters of Calais arrived in Louisiana from France to begin a ministry that would touch the lives of hundreds of thousands of people.

² http://www.health.state.mn.us/divs/hpcd/chp/hpkit/text/hcheck_needs.htm.

SFMC, a subsidiary of the FMOLHS (which was formed in 1984 by the Franciscan Missionaries of Our Lady, North American Province), is the largest hospital in Northeast Louisiana, as well as the second largest private employer in Ouachita Parish. We have provided health services to the people of this region since opening our doors to take our first patients in 1913. Other St. Francis campuses include St. Francis North Campus, Community Health Center and Franciscan House adult day care.

SFMC is the tertiary care center for Northeast Louisiana (Region 8). We operate in a Health Professional Shortage Area (HPSA) which includes all three areas evaluated – primary care, mental and dental services. The hospital offers a full range of medical and surgical specialties including orthopedics, cardiology, emergency medicine, behavioral health, neuroscience, oncology, physical medicine, multiple levels of critical care for infants, children and adults, obstetrics/gynecology, surgery, general medicine, skilled care, rehabilitation and outpatient care.

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.

Each year SFMC reports the financial contributions made as part of our mission to serve those most in need. The annual community benefit report lists SFMC’s contributions in each of six categories:

- Community Health Services
- Health Professions Education
- Subsidized Health Services
- Financial and In-Kind Contributions
- Community Building Activities
- Community Benefit Operations

Added to the totals in each of these categories is the annual contribution for charity care (the unreimbursed cost of care), government-sponsored indigent care (Medicaid) and Tricare. For fiscal year 2011, for example, the total SFMC community benefit contribution was \$19,962,000.

These contributions will be enhanced by the implementation of the strategies identified as part of our CHNA, which allow SFMC to further expand our outreach and offer a greater depth of education and wellness tools to the community. With a strong history, foundation and tradition based on our Catholic identity, mission and values, and in alignment with the FMOLHS strategy, SFMC plans to strategically accomplish each of the following in 2011-2016:

- Achieve physician alignment through mutually beneficial relationships with independent physicians as well as employed physicians
- Achieve excellence in quality and safety

- Evolve to an integrated delivery system
- Achieve and sustain a healthy financial profile
- Develop a culture of high performance and accountability
- Optimize physical assets and capital investments
- Lead and grow care for the elderly

The conclusions drawn from this CHNA and the work being done by SFMC's dedicated employees and leadership will help SFMC expand its ability to effectively serve the people of this region. By aligning our strategic plan and the implementation strategies to be put into place with this CHNA, we seek to positively impact lives by improving health and wellness and reducing disparities of care.

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. SFMC 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 SFMC 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 SFMC 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

For the purposes of this CHNA, SFMC defines its community as Ouachita Parish where we are located in Region 8 of Northeast Louisiana. Between January 2011 and June 2012, 70% of SFMC patients originated in Ouachita Parish. This equals 261,196 cases out of a total of 373,741 inpatient, outpatient and emergency room cases during this 18-month period.

Monroe, where SFMC operates along the I-20 corridor, 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.³

This information, along with other key statistics related to the health of the people we serve, is part of what helped shape SFMC's CHNA. The CHNA conclusions are also based in large part

³ U.S. Census Bureau, State & Quick Facts, 2010.

on information related to the Community Need Index (CNI) of areas served by SFMC. 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 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.⁴

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

⁴ 2001 Thomson Reuters (Healthcare) Inc.

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 SFMC 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.

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%
Region 8 Total	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.⁵

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.

- 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).⁶
- 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).⁷
- 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:

2009 High School Youth Risk Behavior Survey⁸		
Question	Louisiana	United States
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

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

⁶ Council for a Better Louisiana, Louisiana Fact Book 2011.

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

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

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
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 44th in the nation.⁹ 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."¹⁰
- In the 12 parishes of Region 8, the rate of domestic violence reports are almost four times the national average.¹¹

⁹ Council for a Better Louisiana, Louisiana Fact Book 2011.

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

¹¹ United Way of Northeast Louisiana, 2011.

- 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.¹²
- 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%.¹³
- Louisiana ranks 34th 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.¹⁴

Parish	Health Outcomes ¹⁵	Health Factors ¹⁶	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

¹² The Henry J. Kaiser Family Foundation, statehealthfacts.org.

¹³ 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 and Prevention Institute, THRIVE: Tool for Health And Resilience In Vulnerable Environments, <http://thrive.preventioninstitute.org/thrive/factors.php>

¹⁴ County Health Rankings 2011: Louisiana.

¹⁵ Represents how healthy a parish is.

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

- 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.¹⁷
- 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.¹⁸
- Louisiana ranks 49th in the nation for child wellbeing.¹⁹
- 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.²⁰
- 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.²¹
- The average 75-year-old suffers from at least three chronic medical conditions.²²

As we begin to narrow our focus to Ouachita Parish, where SFMC 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.

¹⁷ U.S. Census Bureau, 2005-2009 American Community Survey

¹⁸ Council for a Better Louisiana, Louisiana Fact Book 2011.

¹⁹ Annie E. Casey Foundation, Kids Count 2010.

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

²¹ Council for a Better Louisiana, Louisiana Fact Book 2011.

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

- 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 Females²³

Because of the traditionally negative health outcomes related to Region 8, there is a wealth of statistical data regarding this area, which allowed SFMC to complete this CHNA without encountering any informational gaps. Thanks to the cooperation of its community partners, SFMC was 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.

ESTABLISHING PRIORITIES AND ADDRESSING IDENTIFIED NEEDS

Based on interviews with community partners and health information collected during SFMC's CHNA, the following 11 issues were identified as having significant impacts on the health of the people we serve:

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

Through comprehensive data review and personal interviews with internal and community partners, SFMC has prioritized five of the 11 identified critical community health needs: obesity, diabetes, tobacco use, asthma and issues related to care for the aging. 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.

SFMC 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 each of the other four focus areas. As SFMC begins to implement strategies in each of the five 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 SFMC's five

²³ http://www.city-data.com/county/Ouachita_Parish-LA.html.

focus areas for the purposes of this CHNA. However, SFMC feels the chosen issues are the correct focus for this CHNA for the following reasons:

- They are the five areas in which the greatest amount of work still needs to take place in SFMC's community to begin to truly see an impact.
- They are the five 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 SFMC serves are lacking in these areas more than in the other six.
- The programs established to address these five issues are not as well established and/or not as effective. SFMC has a chance to change this.
- These five focus areas have a great impact on the vulnerable populations of this region. They are five areas that, if brought under control, could have a deep, lasting impact on the people affected.

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

- **Adolescent health**
 - SFMC hosts a School-Based Health Center located at Carroll Junior High School. The SBHC also serves students from Carroll High School, which is located adjacent to the junior high and sees students from other schools in the Monroe City School District.
 - There are also SBHCs at Riser Elementary School and West Monroe High School, which are sponsored by the West Monroe-based Living Well Foundation.
 - SFMC offers Healthy Kids, a Medicaid clinic which provides a WIC clinic, KidMed services and primary care for pediatric patients.
 - The Pediatric After-Hours Clinic is open to patients up to the age of 17 and is available seven days a week to help reduce the number of unnecessary emergency room visits when physicians' offices are not available.
 - SFMC features an inpatient pediatric unit, as well as pediatric intensive care, which serves patients from throughout Region 8.
 - SFMC sponsors an annual pediatric symposium which is attended by healthcare professionals from three states.
- **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.
- **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.
- **Mental Health**
 - SFMC offers St. Patrick's Mental Health Services, which provides adult and senior adult care in both inpatient and outpatient settings for behavioral illnesses, including dementia, depression and anxiety disorders. Other providers in the area, such as Glenwood Regional Medical Center, offer similar services.
 - Students enrolled at the SFMC SBHC have access to the counseling services of a licensed art therapist. Any Monroe City Schools student can be seen at the SFMC SBHC once a consent form signed by the student's parent or guardian is on file.
 - Northeast Louisiana Behavioral Health Services serves residents of Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union and West Carroll Parishes. Their work includes outreach specific to mental health and addictive disorders.

- There are many mental health support groups in Region 8, such as National Alliance of Mental Illnesses, Alcoholics Anonymous and Al-Anon.
 - Section 811 disability housing – both supportive and independent living – is offered through services such as SFMC’s Franciscan Apartments and The Jackson House.
- **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. SFMC 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 five of the identified needs: obesity, diabetes, tobacco use, asthma and issues related to care of the aging. We believe these identified needs present the greatest 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.

OBESITY

Perhaps more than any other health indicator, obesity is challenging the wellness and quality of life of the people we serve. Approximately 71% of adults in Ouachita Parish are overweight. Twenty-eight percent of the adult population of Ouachita Parish is considered obese. In a survey released by the Louisiana Obesity Council of 12,000 Louisiana children between the ages of two and 19, it was reported that 46.53% were overweight or obese.

Ouachita Parish is number 14 among 64 parishes in mortality, and we rank 26th in morbidity.²⁴ According to the Department of Health and Hospitals, Louisiana leads the nation in avoidable

²⁴ LSU AgCenter, March 2011, “Ouachita Parish Nutrition Programs: Report to Stakeholders.”

hospital stays and costs. Many of these admissions and costs can be directly correlated to obesity and its associated complications. Louisiana obesity rates have skyrocketed 150% since 1990²⁵, and Louisiana is one of the 12 most obese states.²⁶

Health costs for obese workers are higher than health costs for smokers. According to *The Daily Briefing*, “the average annual health costs for smokers were \$1,275 more than nonsmokers, while obese workers cost \$1,850 more than non-obese workers. Additionally, the cost increased to \$5,000 more per year for morbidly obese workers than non-obese workers.”²⁷ Healthcare workers are not immune to this problem – in a recent study conducted at the University of Maryland School of Nursing, researchers found that approximately 55% of respondents were overweight or obese.

Physicians seem to agree that “the more overweight a person is, the more likely he or she is to have health problems. People who are overweight or obese are at increased risk for chronic disease compared to normal-weight individuals. People who are overweight or obese can gain significant health benefits from losing weight. A person is considered obese if he or she weighs at least 20% more than the maximum healthy weight for his or her height.”²⁸ Some of the health problems associated with obesity include diabetes, heart disease, stroke, high blood pressure, cancer, gout, osteoarthritis and breathing problems (such as sleep apnea and asthma), just to name a few.

DIABETES

Diabetes, which was mentioned repeatedly in SFMC’s interviews with community partners as a health concern for this area, will be closely linked to SFMC’s implementation plan in relation to tackling the problem of obesity in this area. Diabetes disproportionately affects the poor. According to a 2008 Professional Research Consultants, Inc., (PRC) Community Health Assessment sponsored by the Louisiana-based Living Well Foundation, 41 of every 100,000 deaths in Louisiana and 25.1 of every 100,000 deaths in the United States as a whole are due to diabetes. This ranks Louisiana as the number one state for deaths due to diabetes. However, these numbers seem low when compared to the 71.8 of every 100,000 deaths in Ouachita Parish that are attributed to diabetes. In 2006, the total cost of diabetes to Louisiana was approximately \$2.431 billion. Nationwide one of every 10 health care dollars is attributed to diabetes.²⁹

SFMC’s Diabetes & Nutrition Center and Franciscan Clinic will help lead the effort to implement effective, measurable outcomes in our area. We will also reach out to faith communities and business leaders to target congregations and employee groups. Through SFMC’s Healthy Lives program, we will work closely with our employee population to affect better health outcomes and establish our employees as models for the desired behaviors we hope to begin seeing in our patients and in the community at large. Additionally, as we look at how to

²⁵ Louisiana Department of Health and Hospitals, BayouHealth, “Quick Facts About Louisiana’s Health.”

²⁶ Bob Ross, *The Times-Picayune*, July 20, 2011. Retrieved online at Nola.com, “Louisiana is one of the 12 most obese states.”

²⁷ *The Daily Briefing*, “What Costs More: Obesity or Smoking? Mayo Clinic Says Obesity,” April 18, 2012.

²⁸ WebMD, retrieved online April 18, 2012 at <http://www.webmd.com/cholesterol-management/obesity-health-risks>

²⁹ American Diabetes Association, “Economic Costs of Diabetes in the U.S.,” 2007, 2008.

expand our outreach to obese patients who are diabetics, the St. Francis Wound Center will help address the wound care needs of diabetics by offering free public screenings and education.

TOBACCO USE

According to the Louisiana Public Health Institute, “Tobacco use kills more people each year than alcohol, AIDS, car crashes, illegal drug use, murders and suicides combined. Yet, it is the single most preventable cause of death in Louisiana and the United States.” Smokers put their own lives, and the lives of those around them, at risk. Secondhand smoke is a mixture of smoke being generated from a lighted cigarette or cigar and the smoke that is exhaled by the smoker. Secondhand smoke is deadly – it contains more than 4,000 chemicals, 60 of which have been shown to cause cancer. Nonsmokers who live with smokers are at the greatest risk for suffering poor health outcomes. Children are especially at risk in this situation for developing pneumonia, bronchitis and asthma.

Smoking is not just a problem that affects adults who smoke or children who are exposed to secondhand smoke. According to the 2005 Louisiana Health Report Card, more than 79,000 high school and 28,000 middle school students in Louisiana smoke. Tobacco companies target young people because people who begin smoking at a young age are more likely to continue smoking throughout their lives.³⁰

SFMC recently received a \$150,000 grant from Southwest Louisiana AHEC to address tobacco use in Region 8. This funding will help accomplish many things, including:

- Assisting rural hospitals in Region 8 with the implementation of tobacco-free campus policies
- Establishment of a tobacco registry so SFMC can begin to draw a clearer picture of our patient population’s tobacco use in order to tailor education messages and address cessation
- Tobacco cessation classes for employees so that they can improve their health, reduce their health risks and model the behavior we would like to see in the community
- Classes and coaching provided through Healthy Lives and the Franciscan Clinic
- Public tobacco cessation classes
- Regional advocacy efforts
- Work with local governments to make Region 8 parks tobacco-free
- Assistance with signage to support the tobacco-free message
- Collaboration with Nurse-Family Partnership to distribute literature and educational materials to parents in order to help reduce the risk of SIDS and improve the health and wellness of children who are at risk for developing related conditions due to prolonged exposure to secondhand smoke

ASTHMA

Asthma is a chronic lung disease that causes sufferers to experience acute episodes of coughing, chest tightness and shortness of breath. Asthma triggers vary from person to person. The most common triggers include: allergens such as pollen, animal dander, dust mites, molds; irritants such as cold air, strong odors, weather changes; tobacco smoke; cock roaches; upper respiratory infections such as a cold or flu; and physical exercise, especially in cold weather. Asthmatics in Louisiana experience higher mortality rates than asthmatics in other parts of the United States.

³⁰ Louisiana Public Health Institute, <http://lphi.org/home2/section/13/tobacco-use>, 2011.

Louisiana is in the top 25% of states for asthma-related deaths, and an estimated 200,000 Louisiana adults suffer from asthma. There are more females who report having asthma than males in Louisiana, and one in 10 Louisiana households with children has at least one child with asthma. African Americans in Louisiana are more likely to have asthma than Caucasians.³¹

Why focus on asthma rather than other health issues? Asthma places a burden on the healthcare system and can result in a loss of productivity due to the inability to work during acute attacks. It prevents children from going to school and can prevent children who are in school from focusing and excelling because of frequent attacks. In fact, asthma attacks are the number one leading cause of missed days of school both in Louisiana and nationally.³² To affect more positive outcomes and increased education related to asthma, SFMC will partner with local physicians and with the Children’s Coalition of Northeast Louisiana and the Louisiana Department of Health and Hospital’s Louisiana Asthma Management and Prevention Program (DHH LAMP) to help increase asthma awareness and education and to help reach out to schools to help certify them as asthma-friendly. The Children’s Coalition and the DHH LAMP are already working in the region to promote asthma awareness in schools, and SFMC will be joining their efforts beginning in 2012.

ISSUES RELATED TO CARE FOR THE AGING

“People are living longer and, in some parts of the world, healthier lives.

This represents one of the crowning achievements of the last century but also a significant challenge. Longer lives must be planned for.”³³

This quote sums it up – people are living longer, and the healthcare system which cares for this aging population must be prepared to evolve with their evolving needs.

In 2009 in the United States, there were 39.6 million people aged 65 and older, which represents 12.9% of the population or one in every eight Americans. It is estimated that by 2030, there will be approximately 72.1 million people (19% of the total population) in the United States who are age 65 or older. This is more than double the number of this population group in 2000. In Louisiana, the percentage of residents aged 65 and older grew 10.5% between 1999 and 2009, and the percent living below poverty in 2009 was estimated to be 12.4%.³⁴ By comparison, 12.3% of Ouachita Parish residents are age 65 or older.

According to the Administration on Aging, which is an arm of the U.S. Department of Health and Human Services, “the number of Americans aged 45-64 who will reach 65 over the next two decades increased by 26% (between 1999 and 2009).” Additionally, the Administration on Aging notes that the United States population who is 85 years or older is projected to increase from 4.2 million in 2000 to 5.7 million in 2010 (a 36% increase) and then to 6.6 million in 2020 (a 15% increase for that decade).

³¹ Bureau of Primary Care and Rural Health, Louisiana Asthma Prevention and Management.

³² Bureau of Primary Care and Rural Health, The Burden of Asthma in Louisiana, Louisiana Department of Health and Hospitals, 2008

³³ National Institute on Aging and National Institutes of Health, “Why Population Aging Matters: A Global Perspective,” Publication No. 07-6134, March 2007.

³⁴ 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

An aging population presents a host of challenges. The National Institute on Aging, in collaboration with organizations such as the United Nations, U.S. Census Bureau and various experts on aging and demographics, identified nine trends in global aging, which are applicable across the globe and all the way down to the Louisiana level.

- The overall population is aging. For the first time in history, people aged 65 and over will outnumber children under age 5.
- Life expectancy is increasing – for men, the average age has increased to 72, and for women, the average age has increased to 78.
- People aged 85 and older are now the fastest growing portion of many national populations.
- Chronic non-communicable diseases are now the major cause of death among older people in both more developed and less developed countries.
- While world population is aging at an unprecedented rate, the total population in some countries is simultaneously declining. This fact indicates a future where there will be limited numbers of caregivers to care for the rapidly escalating number of aging people in these countries.
- As people live longer and have fewer children, family structures are transformed, leaving older people with fewer options for care.
- Shrinking ratios of workers to pensioners and people spending a larger portion of their lives in retirement increasingly strain existing health and pension systems.
- As social insurance expenditures escalate, an increasing number of countries are evaluating the sustainability of these systems.
- Population aging will have dramatic effects on social entitlement programs, labor supply, trade and savings around the globe and may demand new fiscal approaches to accommodate a changing world.

What do global issues have to do with Louisiana? Simply put, we are increasingly finding ourselves living in a global economy. Issues that affect other nations are not dissimilar to issues we face as well. Louisiana's aging population will have to be addressed as the older generation continues aging and requiring care. Whereas in the past many families took care of their aging relatives, we are seeing that those strong family ties are not in place to the same degree they once were. Perhaps this is because of disconnected families who live farther apart and perhaps it is because of the choice of some people to keep their family small or to not have children at all.

Whatever the reasons, the reality is the same – the people we serve continue to age and have an abundance of health needs that cross over many of the possible focus areas SFMC could have chosen to focus on for the purposes of this CHNA. To accomplish the following goals and objectives and to ensure we are appropriately measuring our outcomes and success, SFMC will work with community partners such as the Ouachita Council on Aging, Office of Aging, West Ouachita Senior Center, CABLE, long-term care facilities and community-based programs such as home health, hospice and elderly housing. SFMC will continue to expand its senior services initiatives, such as the Franciscan House, palliative care, geriatric psychiatry, the FMOLHS PACE and NICHE programs to accomplish these goals and further our outreach into the community.