



**SMART** MEDICINE | **HEALING** GRACE

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### *About the Louisiana Public Health Institute:*

Founded in 1997, Louisiana Public Health Institute (LPHI) is a 501(c) (3) nonprofit organization that serves as a partner and convener to improve population-level health outcomes. LPHI's mission is to improve health and quality of life for all. This is achieved through the coordination and management of public health programs and initiatives in the areas of health information, public policy, applied research, and community capacity enhancement. Through these initiatives, LPHI provides an array of services to meet the needs of local, regional, and national partners and to develop community-oriented solutions that improve community health and well-being.

## EXECUTIVE SUMMARY

CHRISTUS Health Central Louisiana is comprised of two non-profit hospitals in Central Louisiana, CHRISTUS St. Frances Cabrini Hospital located in Alexandria and CHRISTUS Coughatta Health Care Center located approximately 80 miles northwest of Alexandria in Coughatta, Louisiana. CHRISTUS Health Central Louisiana is part of CHRISTUS Health, formed in 1999 to strengthen the Catholic faith based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. Founded on the mission “to extend the healing ministry of Jesus Christ”, CHRISTUS Health’s vision is to be a leader, a partner and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love. As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health corporate office contracted with the Louisiana Public Health Institute (LPHI) and the Texas Health Institute (THI) to develop a uniform, comprehensive CHNA process for its facilities in Texas and Louisiana.

LPHI was responsible for conducting the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for CHRISTUS Health Central Louisiana. This report serves as the CHRISTUS Health Central Louisiana CHNA report for 2017-2019, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals’ CHNA.

The CHNA report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), Louisiana Tumor Registry, and data from the Louisiana Department of Health and Hospitals, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. This input was gathered through individual interviews, a focus group discussion, a publically-advertised community validation meeting, and CHNA Advisory Committee meetings. As a result, four community health needs were identified as top priorities. These priorities were selected based off of issue prevalence and severity according to parish and regional secondary data in addition to the stakeholder input provided. The top needs identified through the process are as follows:

### **1. Access to care**

Access to health care, especially among the uninsured, was a common concern. Access to specialists, especially among the uninsured, was described as being very difficult, and many interview and focus group participants talked about having to travel to larger facilities in Shreveport, Lafayette, Houston, or New Orleans. The greatest barriers to accessing primary care were: transportation (especially outside of Alexandria), being uninsured or underinsured, financial difficulties, lack of knowledge on available services, Medicaid rates and doctors not wanting to take Medicaid patients, wait times, and a shortage of primary care physicians. When looking at Prevention Quality Indicators (PQI), Central LA has much higher admissions for COPD, congestive heart failure, bacterial pneumonia and urinary tract infection compared to the entire state, indicating a need for improved primary care for these conditions.

## **2. Chronic Diseases**

The U.S. Centers for Disease Control and Prevention (CDC) cites chronic diseases and conditions—such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis—as some of the most common, costly, and preventable of all health problems affecting the American public.<sup>1</sup> According to the data, deaths in the Central LA region due to diseases of the heart are considerably higher than the state, with 280 deaths per 100,000 populations versus 220. Additionally, diabetes PQIs for long-term complications and uncontrolled diabetes are higher in this region compared to the state. Overall incidence and mortality rates for lung cancer are much higher in this region as well. Interview respondents reported cancer and heart attacks as health conditions causing the most deaths, and obesity was cited as a major concern.

## **3. Obesity**

Louisiana consistently ranks as one of the most obese states in the U.S. The state had the 4<sup>th</sup> highest obesity rate for adults (34.9% in 2014) and among 10 - 17-year-olds (21.1% in 2011).<sup>2</sup> Poor nutrition, physical inactivity, and obesity, including childhood obesity, were common themes across interviews and the focus groups. Respondents tied these risk factors into diabetes, heart conditions, and other chronic conditions.

## **4. Lack of health literacy and accountability**

The CHNA Advisory committee determined that by focusing on a lack of health literacy and accountability in the community, CHRISTUS Central LA would be able to work on a wider array of issues such as smoking and how to reinforce healthy eating taught to children when parents or guardians are not providing healthy foods at home. While the data shows that this region has lower levels of education attainment compared with the rest of the state, committee members felt this issue cuts across educational and socioeconomic status. Additionally, some focus group and interview respondents suggested that many individuals with chronic conditions are unable, for a variety of reasons, to take care of themselves, or will go long periods of time without taking medications—possibly indicating a need for disease management interventions.

The CHNA report presents data for a number of needs for the Central Louisiana region, as well as additional information specific to the above prioritized community health needs. This report will be used by CHRISTUS Health Central Louisiana as a resource to developing implementation strategies to improve community health over the next three years.

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<sup>1</sup> Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

<sup>2</sup> The State of Obesity. State Briefs <http://stateofobesity.org/states/>. Accessed June 18, 2016.

### Introduction

CHRISTUS Health Central Louisiana region is comprised of two non-profit hospitals in Central Louisiana, CHRISTUS St. Frances Cabrini Hospital located in Alexandria and CHRISTUS Coushatta Health Care Center located approximately 80 miles northwest of Alexandria in Coushatta, Louisiana. As part of the larger CHRISTUS Health system, CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care Center are two of several facilities striving to serve as “a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.”<sup>3</sup> As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports for CHRISTUS Health Central Louisiana.

This document serves as the CHRISTUS Health Central Louisiana CHNA report for 2017-2019, and will be made publically available on the CHRISTUS Health website for future reference. The purpose of the CHNA is to identify needs, assets, and opportunities to answer the following research questions:

1. What constitutes the community/ communities which CHRISTUS Health Central Louisiana serves?
2. What are the community’s attributes (i.e., demographics, health status, etc.)?
3. What are the community’s health needs?
4. What are the community’s assets and opportunities?
5. What action can CHRISTUS Health Central Louisiana feasibly take to meet identified health needs?

These questions were answered using a mixed-methods approach (described in further detail below), and the report presented here describes the methods used for data collection and a summation of findings based on hospital data, publically available secondary data, key informant interviews, and focus group discussions.<sup>4</sup> This summation was further discussed and analyzed by a panel of experts comprised of both CHRISTUS staff and external partners representing various community organizations, and with guidance from LPHI. Formally known as the CHNA Advisory Committee, this panel was established for both CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care Center to assure the needs of both urban and rural populations are met. Both committees assisted in the recruitment of a larger group of stakeholders to attend a community validation meeting, facilitated by LPHI staff, to share findings, refine priorities, and to begin charting next steps for community health improvement implementation plan with a larger audience. This plan is provided in a separate document.

### Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI when contracted in 2012 to complete the CHNA report for another CHRISTUS Health facility, CHRISTUS Health Shreveport-Bossier. Originally informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO), this approach was

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<sup>3</sup> <http://www.christusadvocacy.org/>

<sup>4</sup> All statements and opinions herein were expressed by key informants and focus group respondents and do not necessarily represent the opinions or viewpoints of LPHI or its contractors.

further refined through discussions with LPHI's counterpart conducting the CHNA & CHIP process for CHRISTUS facilities in Texas, Texas Health Institute (THI), and the CHRISTUS Health corporate office. Representatives from the CHRISTUS Health corporate office were especially interested in formulating a process for CHNA report development that could serve as a template to all hospitals within its southeastern footprint in the U.S., including but not limited to its facilities in Louisiana, New Mexico, and Texas. As a result, both LPHI and THI agreed to conduct a combination of key informant interviews, focus groups, and much more widely advertised community validation meetings to provide CHRISTUS Health with critical input from various community representatives to assist each CHRISTUS facility with determining what priorities will be addressed over the next three years. This feedback was used to supplement the quantitative data provided by each hospital and available from secondary sources, such as the American Community Survey (ACS) and the Louisiana Department of Health and Hospitals. A full list of data sources referenced in this report is listed in Appendix A.

Each step of the CHNA process essential to this methodology is explained in detail below.

### Advisory Committee

In order to ensure community input and expert oversight throughout the entire project, an Advisory Committee representing internal and external stakeholders for both CHRISTUS hospitals in the Central Louisiana region was established in late 2015. These advisory committees met periodically on the CHRISTUS campuses throughout this process. The committees were involved in the review of all data collection materials developed by LPHI and THI, including a list of recommended quantitative indicators, the key informant interview guide, and the focus group guide. The committee was also involved in recruitment and outreach for the community validation meeting that occurred on May 9, 2016.

Prior to the validation meeting, the committee for St. Frances Cabrini met on May 4, 2016 to review a draft version of the findings and to determine which priority issues would be presented at the meeting. The committee for Coushatta also met on May 5, 2016 to discuss their priorities stemming from the data in the draft CHNA and specifically in regards to their rural location. Details regarding the prioritization and validation processes are provided on page 29 of this report.

### Quantitative Indicators

LPHI and THI worked with CHRISTUS Health to adapt a list of potential indicators for analysis based off of prior CHNA reports completed by both public health institutes and a list of recommended indicators provided by the Catholic Health Association. In most cases, indicators were chosen based on availability. For topics in which secondary data was not readily available, these topics were representatively addressed in the qualitative instruments developed by LPHI.

The geographic region of focus was determined in collaboration with CHRISTUS. Given that the CHRISTUS Health Central Louisiana region includes two facilities that spans a geographic region with both urban and rural characteristics, it made the most sense to define the community assessed in this report by the population residing in the following parishes, all of which the CHRISTUS Health Central Louisiana's patient population call home.

CHRISTUS Health Central Louisiana Parishes	
Avoyelles	Rapides
Bienville	Red River
Grant	

Existing data for this five-parish footprint was compiled from local and national sources by an experienced biostatistics epidemiologist. Data was compiled and analyzed using SPSS. A full list of indicators provided in this report can be viewed in the list of Figures on page 3. As previously mentioned, all data sources referenced in this report are listed in Appendix A. For benchmarking, data at the zip code level were compared to parish level and state level data, where applicable. This data is presented in the Findings section starting on page 12.

#### Key Informant Interview Protocol

The key informant semi-structured interview guide was designed to illicit responses about both the direct and indirect factors that influence the health of community members. Major areas of focus of the guide included: community health and wellness, behavioral risk factors, health care utilization, and access to care. Additional probes and follow up questions were designed to ensure the participant provided detailed responses, including opportunities to share information on assets in the community that could be tapped for future implementation planning. The guide was reviewed and approved by CHRISTUS Health Central Louisiana representatives in January 2016.

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

*“(1) Persons with special knowledge of or expertise in public health;  
(2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility; and  
(3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.*

*Treasury and the IRS expect that certain persons may fall into more than one of the categories listed above in paragraphs (1) through (3). For example, taking into account input from certain government officials with special knowledge of or expertise in public health may allow a hospital organization to satisfy the requirements described in both paragraphs (1) and (2).”*

In order to satisfy these requirements, the Community Benefit Director from each CHRISTUS facility, with input from CHRISTUS Health corporate office and the CHNA Advisory Committee, provided LPHI with a list of potential key informants, many of whom met one or more of these requirements and were able to speak to the geographic region served by CHRISTUS Health Central Louisiana. A matrix detailing key informant affiliation in compliance with these requirements can be viewed in Appendix B.

Key informants were contacted by phone or email to initiate the scheduling of the interview. The interviewer provided a brief introduction to the project and explained the purpose of the interview,

including how the data will be used and the time commitment to complete the interview. All key informants were ensured that no names would be associated with responses in any way and that all results would be reported in aggregate. If the key informant agreed to participate, phone interviews were scheduled depending on interviewer and participant availability.

At the beginning of the scheduled interview, consent was obtained to record the phone call. All interviews were recorded using an audio recorder. Recording did not begin until all instructions were provided and agreed upon. The interviewer assigned a study number to the participant and no identifiers were captured on the recording. Participants were only asked about their names, job titles, and affiliation with CHRISTUS to determine if they met one of the three IRS requirements listed above.

On average, most interviews took around 45 minutes. Detailed notes comprised of quotes, key themes, and the interviewer's general comments regarding each interview were typed up and synthesized into a larger master notes document for each facility or hospital region. For CHRISTUS Health Central Louisiana, a total of 21 interviews were conducted, with 5 of those representing the surrounding Coushatta area specifically.

#### *Focus Group Protocol*

Focus groups were also selected as an additional mechanism to obtain community input. Like the key informant interview guide, the focus group guide was also designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person's health status within the geographic area of focus. Questions inquiring about existing community assets and ways CHRISTUS could partner with others, to address some of the factors discussed, were included in the guide. The guide was reviewed and approved by CHRISTUS Health Central Louisiana representatives in January, 2016.

As part of the protocol, one of LPHI's qualitative experts provided all community benefit directors with a one-hour virtual focus group facilitation training. All directors were responsible for conducting a 90-minute focus group with participants, who were recruited to represent CHRISTUS patients and/or other community stakeholders with knowledge and awareness of health issues impacting the region. Individuals who participated in a key informant interview were not recruited for these groups.

All focus groups were audio recorded to accurately capture responses. Additionally, at least one note taker was assigned to take notes in person and, within the notes; each participant was assigned and referred to by a corresponding number to provide anonymity. Staff from LPHI also listened in via phone or Skype to observe conversation and take their own notes. The notes taken onsite and the audio recording were then provided to LPHI, who combined all notes for a given facility within one master document.

The focus group for CHRISTUS St. Frances Cabrini Hospital occurred on March 10, 2016. A separate focus group was conducted at CHRISTUS Coushatta Health Care Center on March 8, 2016. Information provided from both these sessions is incorporated into the findings shared in the following pages.

## Findings

The quantitative data and qualitative data were analyzed independently and then cross-walked together to identify areas of agreement and areas of disconnect. Notes from both the interviews and focus groups were carefully read through to identify major themes, which are summarized below. For the purposes of this report, “participant” refers to key informant interview participants and focus group participants, unless specified.

### Demographics and Socio-Economic Measures

The geographic area for CHRISTUS Health Central Louisiana includes the following 5 parishes in Louisiana: Avoyelles, Bienville, Grant, Rapides, and Red River. The total population of these parishes is 219,169, comprising 71% of the total population for Louisiana Department of Health and Hospitals (LA-DHH) Administrative Region 6 from the US Census American Community Survey 2013<sup>5</sup>. This region is the most rural of the three regions in Louisiana analyzed for CHRISTUS Health, with a population density of only 44 people per square mile compared to the overall density of 106 in the state. In comparison, more urban regions, such as LA-DHH Region 1, have a population density of 528 people per square mile.

Age distributions in this area are similar to the state with about 25% under 18 years of age, 60% between 18 and 64 years, and 15% over 65 years (Figure 1). Race and ethnicity shows a larger Caucasian population and lower African American, Asian, and Hispanic/Latino populations compared to the state (Figure 2).

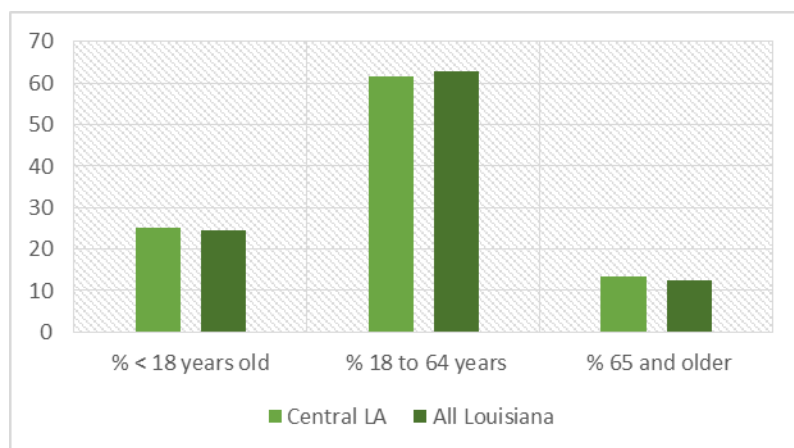


Figure 1: Population age distributions (ACS 2013)

<sup>5</sup> All demographic indicators were compiled from the ACS 5 Year average file (2009-2013) in order to include all parishes with small populations (only the 5 year file includes all parishes regardless of population). This was the most recent file available from the Census at the time of this analysis.

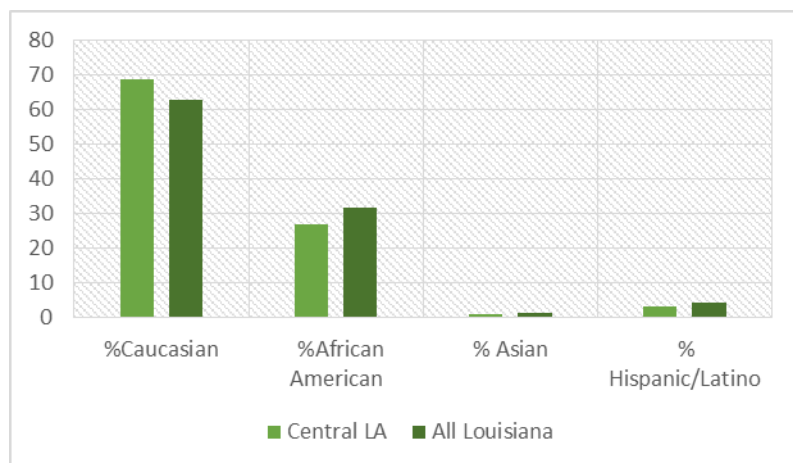


Figure 2: Population race and ethnicity distributions (ACS 2013)

When looking at the data for educational status, the population in Central Region is less educated compared to the state, with a higher percentage of people with less than a high school education (24% vs. 21%), and a lower percentage with college or graduate degrees (15% vs. 22%) (Figure 3).

Many respondents reported that low education levels are one of the greatest economic concerns in the region, limiting employment opportunities for a large proportion of the population. In one respondent's words, "we have a large population that cannot meet the minimal employment standards for jobs we have available... there are companies with jobs, but much of our population cannot do 6th grade math." Individuals with criminal records also have challenges finding jobs. Many of the jobs that are available are service-oriented or require more than a high school degree, but less than a college degree. This is significant given that research provided by the National Bureau of Economic Research have found an inverse relationship between additional levels of education and a decrease in five-year mortality, as well as a decreased risk of morbidity for certain diseases, such as heart disease and diabetes.<sup>6</sup> Respondents expressed a need for apprenticeships, internships, and job training.

<sup>6</sup> Cutler, D. M. & Lleras-Muney, A. (2006, July). *Education and health: Evaluating theories and evidence* (NBER Working Paper No. 12352). Cambridge, MA: National Bureau of Economic Research.

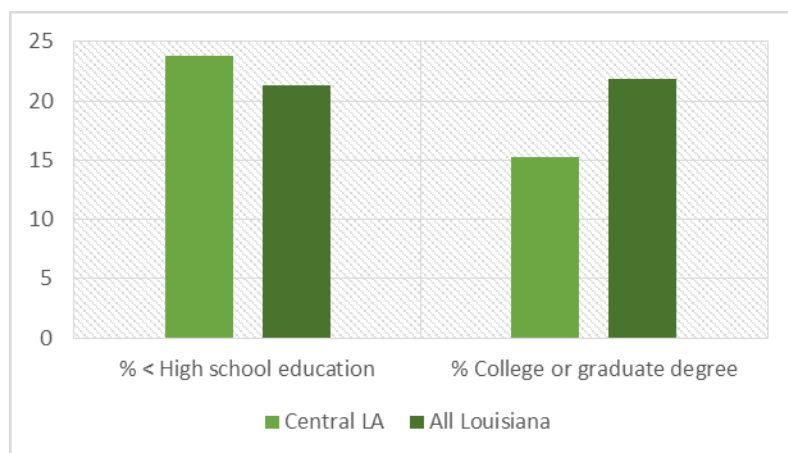


Figure 3: Educational status (ACS 2013)

If one examines three measures of socio-economic status side-by-side (Figure 4), Central LA is quite similar overall to the state, with the largest gap in completing a high school education.

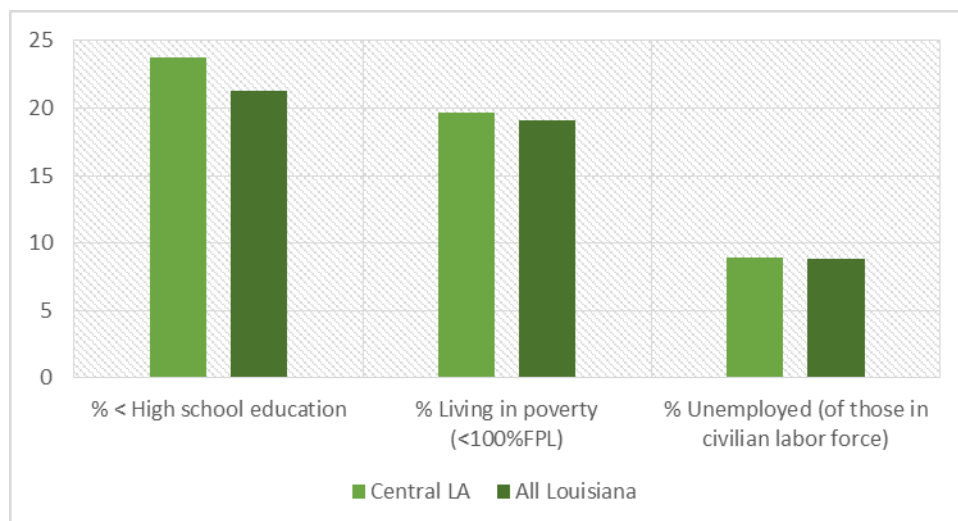


Figure 4: Three measures of poor socio-economic status (ACS 2013)

#### Access to Healthcare

Access to healthcare is an indisputable determinant of health. In 1993, The Institute of Medicine defined access as the “timely use of personal health services to achieve the best health outcomes.”<sup>7</sup> Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity,” and asserts that access encompasses not only health

<sup>7</sup> Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington, DC: National Academies Press; 1993

## CHRISTUS Health Central Louisiana 2017-2019 CHNA

insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.<sup>8</sup>

Central LA has a similar percentage of the population who are uninsured compared to the state, 17.5% vs. 17.1% (Figure 5). The largest group, private insurance, is lower in Central LA by 8%, however the percentage for 'other' types of insurance is higher by 7% compared to the state. 'Other' includes military insurance, such as TRICARE.

Lack of insurance was one of the most common barriers mentioned among interview and focus group respondents. As one respondent stated, "We have a pretty stable medical system. Resources are here but depends on your insurance. If you have insurance there's no problem. If you don't have insurance—that is a problem." Respondents referred to a large indigent population not currently eligible for Medicaid that falls through the gaps.

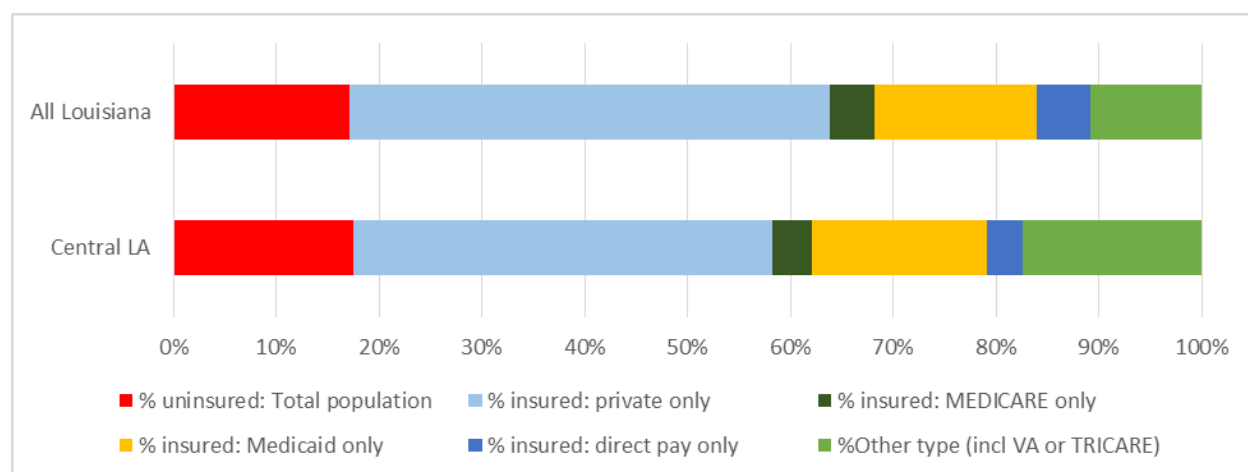


Figure 5: Types of healthcare insurance (ACS 2013)

The parishes within CHRISTUS Health Central Louisiana area have fewer primary care physicians per capita compared to the state (5.5 vs. 6.4), but are consistent with the higher percentage of these parishes in this LA-DHH Administrative Region designated as Health Provider Shortage Areas (HPSA) for physicians (Figures 6 & 7). In addition, both dental and mental health providers are in shorter supply in these parishes compared to the state.

Several participants mentioned the closure of Huey P. Long Medical Center and how this has impacted access to care. While some of these participants indicated that the center's closure left the uninsured with fewer options, others acknowledged the efforts of CHRISTUS St. Frances Cabrini and Rapides Regional Medical Center to step up and fill this gap with the establishment of new clinics. Overall, respondents shared how the number of primary care providers for the indigent population was rather limited: "people need a primary physician, but they don't have access, so the ER is their only choice."

<sup>8</sup> Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

## CHRISTUS Health Central Louisiana 2017-2019 CHNA

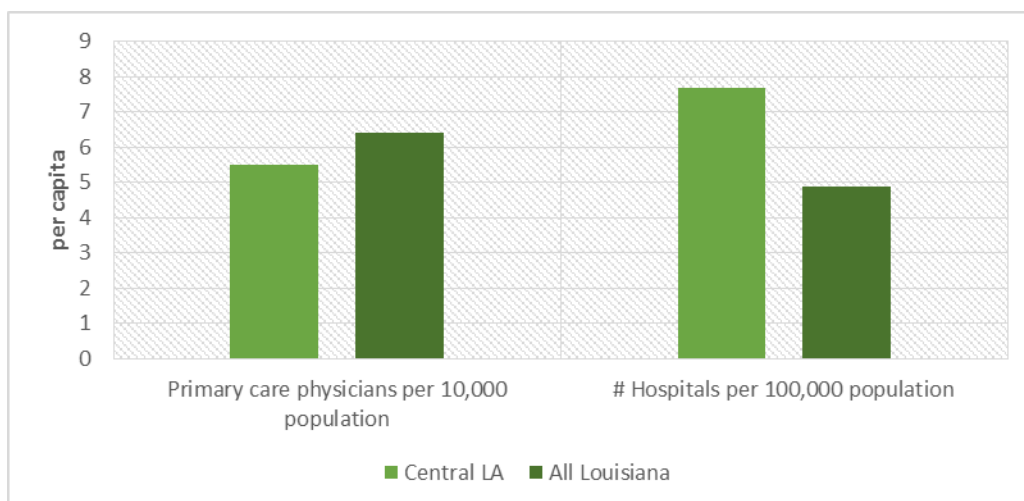


Figure 6: Primary care physicians and hospitals per capita (Area Health Resource File 2014)

Additionally, the shortage of mental health providers, including for the adolescent population, was a major theme throughout interviews, as respondents reported an insufficient number of psychiatrists and psychiatric nurses, and a lack of outpatient and inpatient mental health openings, even for insured patients. Respondents suggest that many individuals travel far distances for mental health services; “the options are all gone, unless you’ve got private insurance. I’m not sure where even they could get help.” Some respondents noted that especially after the closure of Huey P. Long Medical Center, many individuals in mental health or substance abuse crisis “who aren’t safe for society and society isn’t safe for them... end up in jail” or the emergency room (ER). While Central Louisiana State Hospital has a number of mental health services on its grounds, respondents suggested that there is a large amount of uncertainty regarding its future, and “we’re hanging out here in limbo.”

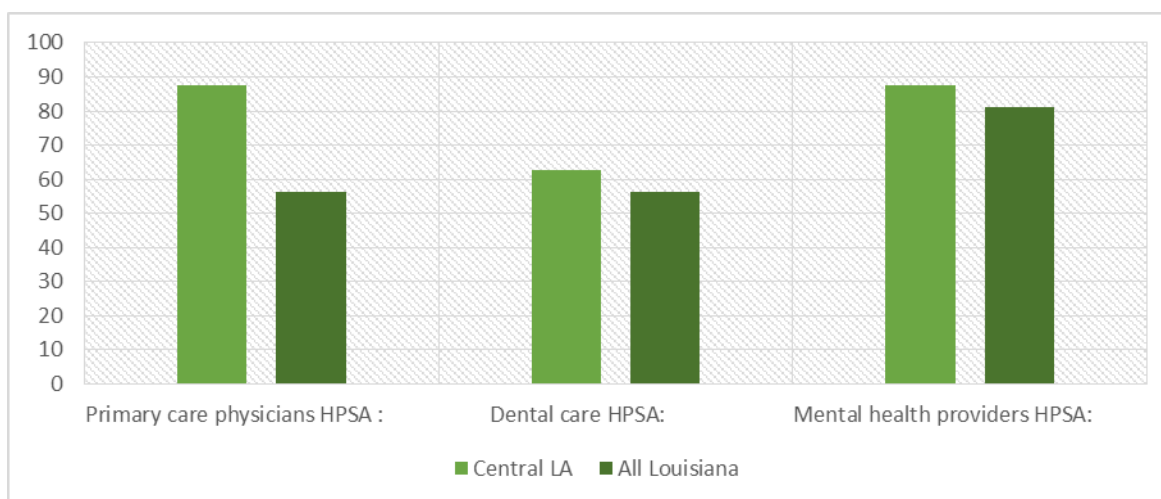


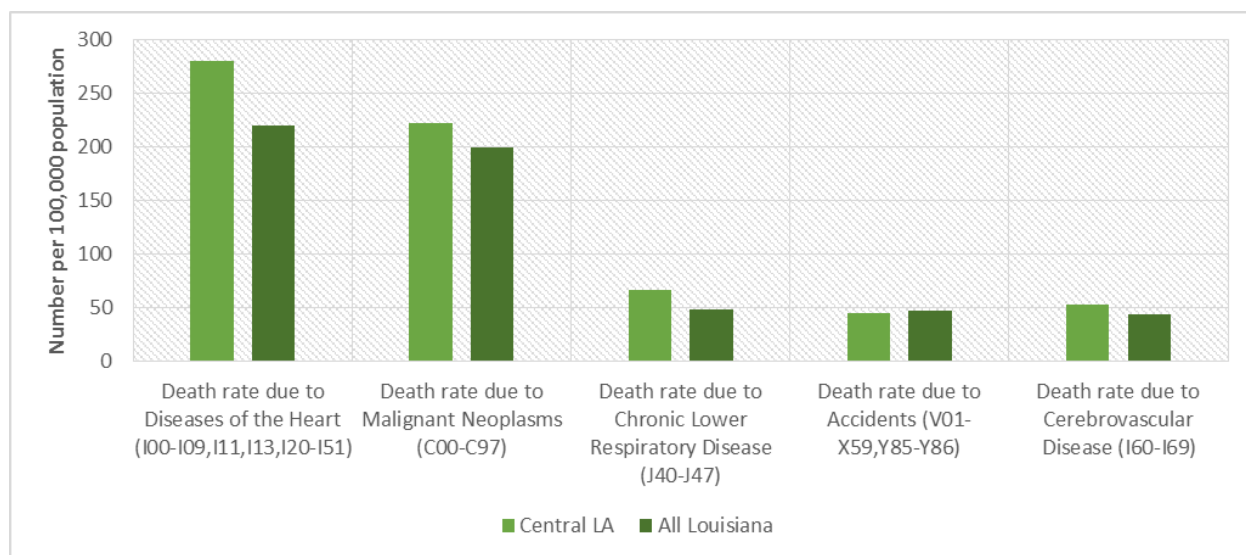
Figure 7: Percentage of counties/ parishes in the region defined as Health Provider Shortage Areas (Area Health Resource File 2014)

## Health Outcomes

### *Physical Health*

The rate of mortality for all top 5 causes in Louisiana is higher in parishes throughout the CHRISTUS Health Central Louisiana region, except for accidents (Figure 8). Deaths due to diseases of the heart are considerably higher than the state, with 280 deaths per 100,000 population versus 220.

Likewise, in the interviews cancer and heart attacks were reported as causing the most deaths. Asthma, especially among children, was also mentioned by a few respondents.



*Figure 8: The top five causes of mortality (Louisiana Department of Health and Hospitals, Vital Statistics 2013)*

The death rate due to suicide in this region is much higher than the state, with 15 deaths per 100,000 population versus 12 (Figure 9). The rate of homicide is lower. In the interviews, one respondent specifically referred to a recent trend of a high teenage suicide rate in Avoyelles Parish, possibly partially due to bullying, and expressed a need for additional mental health services in schools.

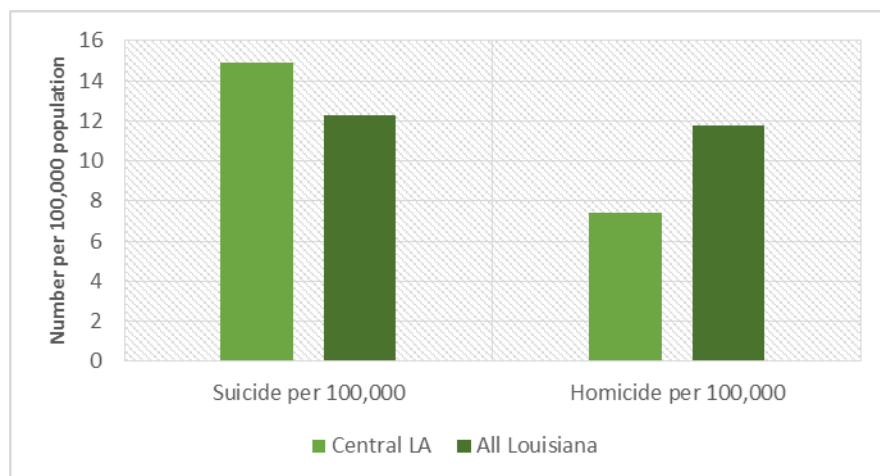


Figure 9: Death rates due to suicide and homicide (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

Prevention Quality Indicators (PQIs) are hospital admission rates for “conditions for which good outpatient care can potentially prevent the need for hospitalization” or for which early intervention can prevent complications or more severe disease.<sup>9</sup> The Agency for Healthcare Research and Quality (AHRQ) promotes the use of PQIs as a “screening tool” to help identify unmet community health care needs such as access to, and quality of, outpatient care. PQIs do not include all hospital admissions but only those referred to as “ambulatory care sensitive conditions.”

A selection of PQI measures are shown for the CHRISTUS Health Central Louisiana region and the state in Figure 10. The greatest differences show Central Louisiana has much higher admissions for chronic obstructive pulmonary disease (COPD), congestive heart failure, bacterial pneumonia, and urinary tract infection compared to the entire state. This indicates a need for improved primary care for these conditions.

<sup>9</sup> Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services, Prevention Quality Indicators Overview. [http://www.qualityindicators.ahrq.gov/Modules/pqi\\_overview.aspx](http://www.qualityindicators.ahrq.gov/Modules/pqi_overview.aspx)

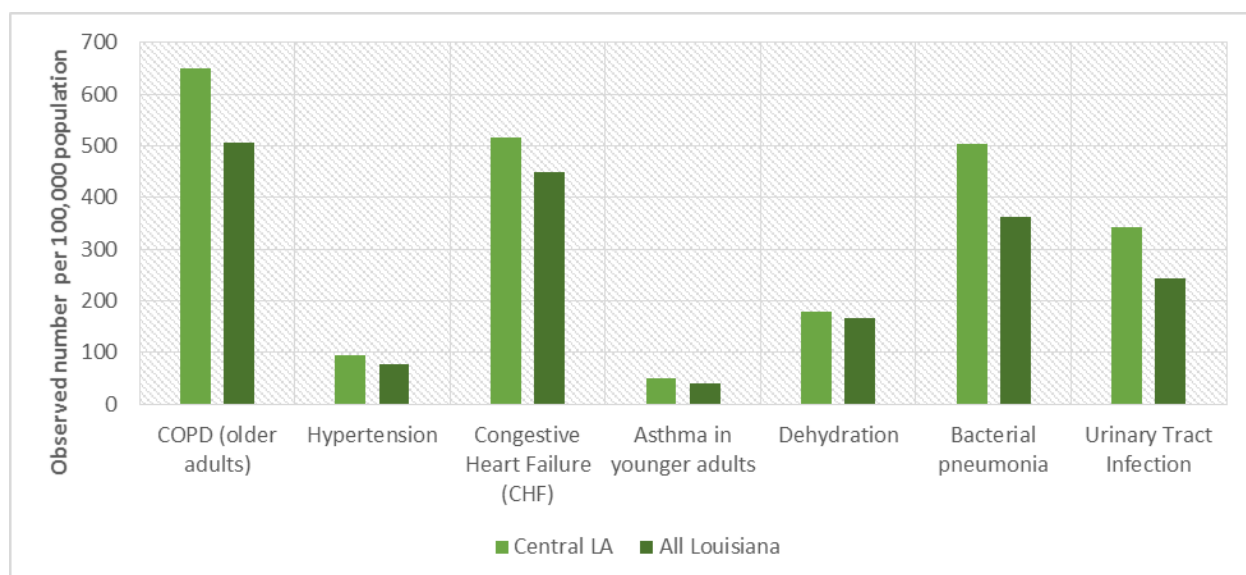


Figure 10: Prevention Quality Indicators observed rates (Louisiana Department of Health and Hospitals, Hospital Inpatient Discharge Data - LAHIDD 2012)

NOTE: These rates include all hospitals serving Region 6.

Diabetes PQIs for long-term complications and uncontrolled diabetes are higher in this region compared to the state (Figure 11). These findings suggest a need to focus on improving monitoring and managing of diabetes in this population. A few respondents suggested that many individuals with diabetes and other chronic conditions are unable, for a variety of reasons, to take care of themselves, or will go long periods of time without taking medications.

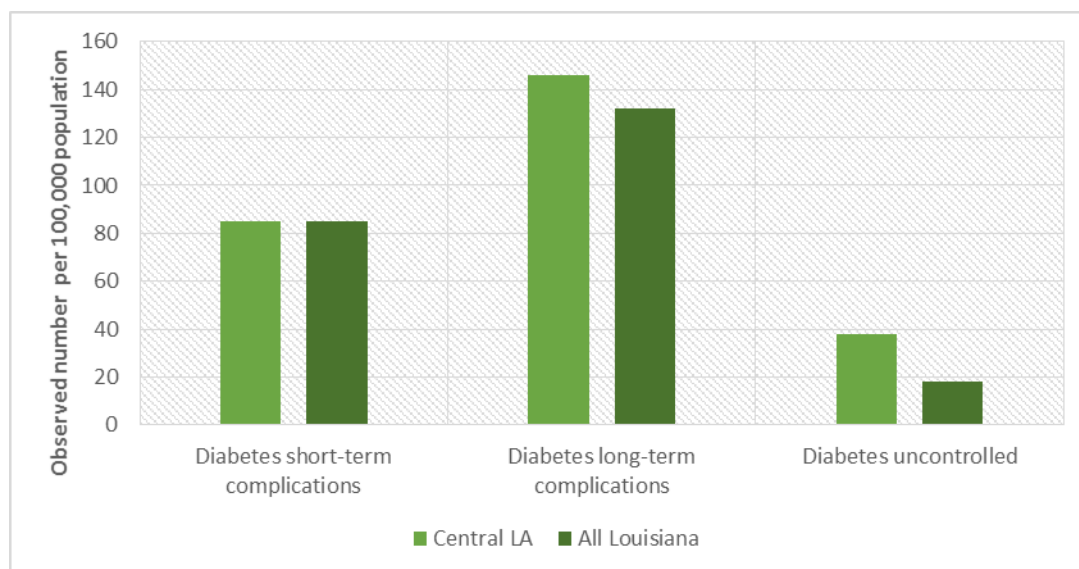


Figure 11: Diabetes Prevention Quality Indicators observed rates (Louisiana Department of Health and Hospitals, Hospital Inpatient Discharge Data - LAHIDD 2012)

## CHRISTUS Health Central Louisiana 2017-2019 CHNA

The Louisiana Tumor Registry collects information from the entire state on the incidence of cancer. The top four cancers commonly reported include: lung, breast, colorectal, and prostate cancer. Figures 12 and 13 look at reported incidence and mortality rates over a combined five-year period (2008 – 2012) for lung cancer and prostate cancer, respectively. For the CHRISTUS Health Central Louisiana region, the greatest difference from the state is for lung cancer incidence and mortality rates among the white population in particular (Figure 12). Overall incidence rates for lung cancer are much higher (81 vs. 73 per 100,000 population), and mortality is higher (62 vs. 58 per 100,000 population). This gap applies to white individuals but not African Americans which show similar rates to the state.

Breast cancer rates are lower in this region than in the state for both races (not shown), colorectal cancers are very slightly elevated in Central Louisiana (not shown), and prostate cancer is slightly lower except for African American males which are much higher than the state (Figure 13).

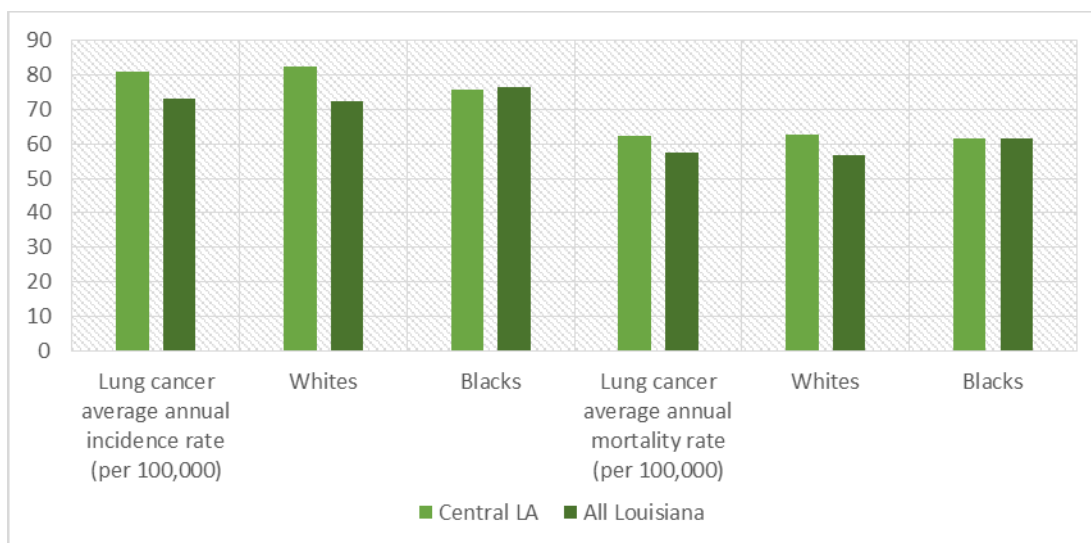


Figure 12: Lung cancer incidence and mortality rates by race (Louisiana Tumor Registry 2008-2012)

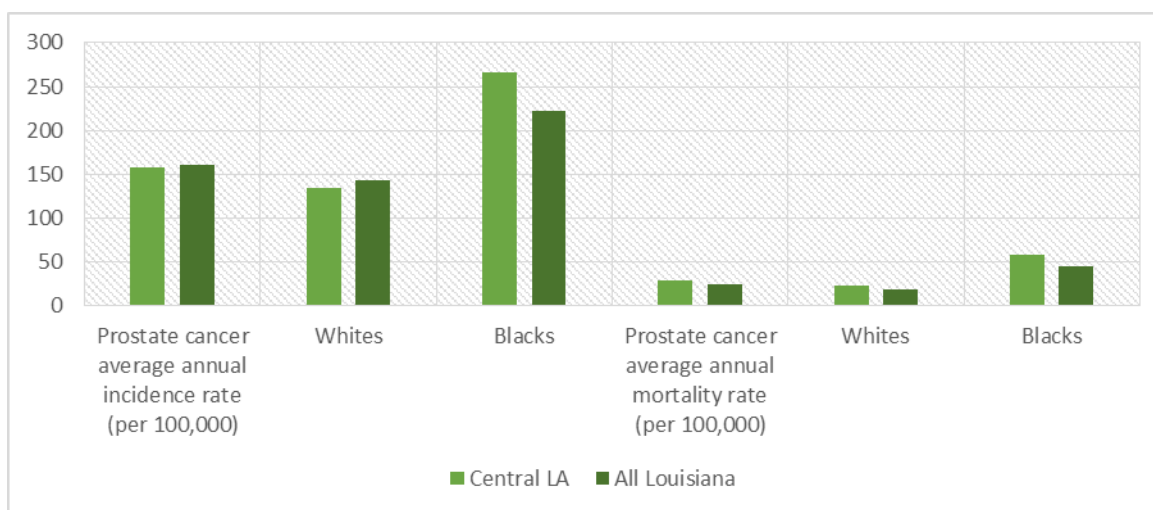


Figure 13: Prostate cancer incidence and mortality rates by race (Louisiana Tumor Registry 2008-2012)

### Mental Health

The Louisiana Office of Behavioral Health reports mental health diagnosis rates by parish in Louisiana for ten categories: Figure 14 shows the distributions for substance and alcohol dependence and abuse for LA-DHH Administrative Region 6, which corresponds with the 5-parish region considered for this report. In this region, the population suffers from higher substance and alcohol dependence rates with rates more than double those for the entire state (459 vs. 196 and 152 vs. 67, respectively). These findings may be related to the higher suicide rate shown in Figure 9 (above).

Substance abuse was also frequently discussed in the interviews. Respondents mentioned that marijuana, stimulants, and prescription drugs were becoming more of a problem. They also reported high rates of alcohol and crack usage, and some meth and cocaine, depending on income. One respondent also referred to a recent huge influx of synthetic marijuana and stated that “it’s a scary thing” because the ERs are unsure of the chemicals being used and do not know how to treat it. While some clarified that substance abuse hasn’t necessarily increased, but rather it’s what is ingested that is changing, another respondent reflected, “the stuff we’re seeing today makes marijuana look like candy.” Respondents believed that substance abuse was highest among 18-35 year olds, but there have also been many cases of people in their 40s, 50s, and 60s engaging in these behaviors.

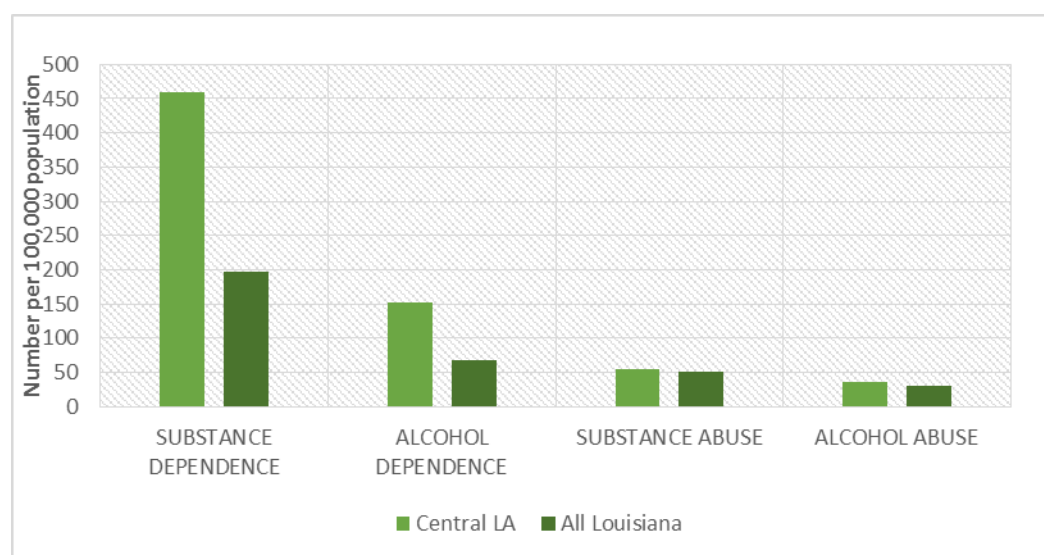


Figure 14: Substance dependence and abuse rates (Louisiana Office of Behavioral Health 2013-2014)

The U.S. Centers for Disease Control and Prevention (CDC) carries out a Behavioral Risk Factor Surveillance Survey (BRFSS) annually in every state. It is a phone-based survey which covers the adult population only, and is carefully weighted based on a rigid sampling procedure incorporating both landlines and cell phones. Among its many goals is to assess health risk behaviors in the population, such as exercise frequency, alcohol consumption, and use of preventative services, such as cancer screenings. BRFSS is the second largest survey done in the U.S. (after the American Community Survey), and as such measures can be reported at the county/ parish level.

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Findings on serious mental illness from the 2014 Louisiana BRFSS show a higher percentage of adults reporting both major depression and serious mental illness in the CHRISTUS Health Central Louisiana region than compared to the state (Figure 15). Again, these findings are consistent with those previously reported indicating mental health may be a critical area of focus in this region.

Mental health issues mentioned by interview respondents include: depression, anxiety, attention deficit hyperactivity disorder (ADHD), schizophrenia, and bipolar disorder. Post-traumatic stress disorder, especially among veterans and individuals that suffered trauma, was also mentioned.

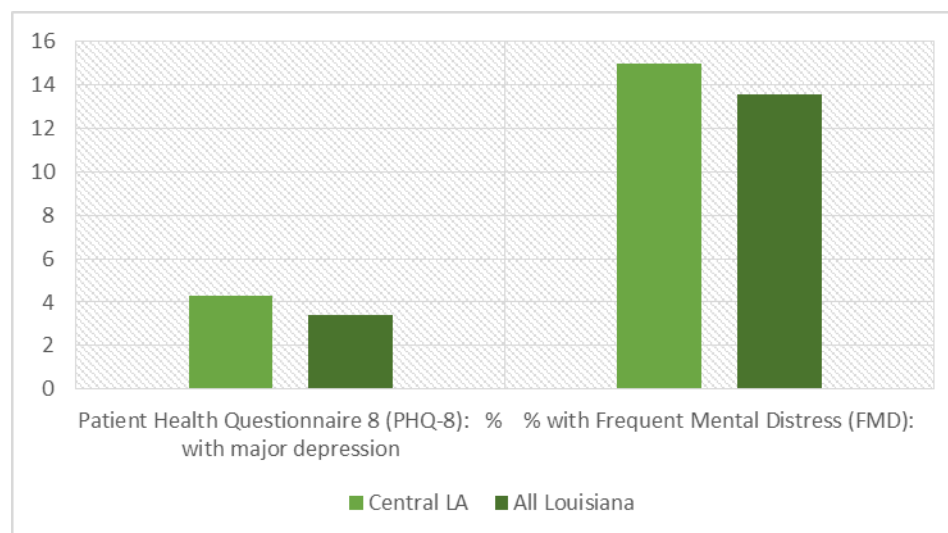


Figure 15: Percent of adult population with serious mental illness (Louisiana BRFSS 2014)

### Maternal and Child Health

Births to mothers aged 15 to 19 years are much higher in the CHRISTUS Health Central Louisiana region than the entire state as seen in Figure 16. A focus on reducing teenage pregnancy could lessen this gap and prevent some of the many costs associated with early pregnancy. According to the U.S. Centers for Disease Control and Prevention, teen pregnancy and births are “significant contributors to high school dropout rates among girls,” with only about 50% of teen mothers receiving a high school diploma by the age of 22.<sup>10</sup>

Several respondents in both the key informant interviews and focus groups mentioned unplanned pregnancy as being a community concern, and indicated a need for parenting education, especially in schools.

<sup>10</sup> Reproductive Health: Teen Pregnancy [Internet]. Atlanta, GA: U.S. Department of Health and Human Services, Centers of Disease Control and Prevention [2016]. Available from: <http://www.cdc.gov/teenpregnancy/about/>.

## CHRISTUS Health Central Louisiana 2017-2019 CHNA

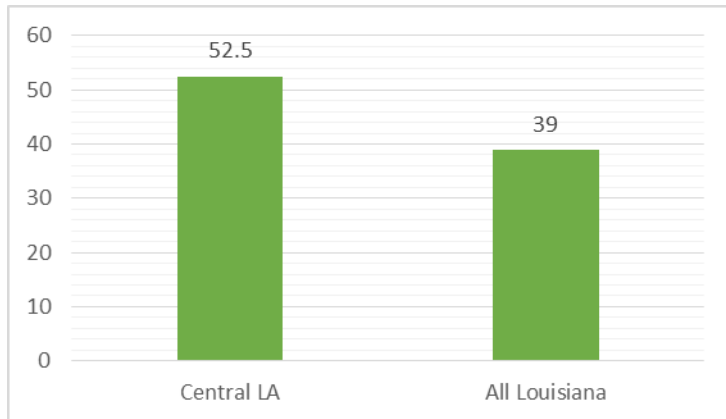


Figure 16: Teen birth rate - number of births per 1,000 mothers aged 15-19 years (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

The infant mortality rate (IMR) and percentage of low birth weight (LBW) in CHRISTUS Health Central LA region are similar to the state, with the exception of African American mothers and mothers of 'other' races who have a slightly higher percent of births with LBW (Figure 17). The IMR was discussed by one respondent, who suggested that some causes of infant mortality could be combated by providing antenatal education to new parents transitioning into their role.

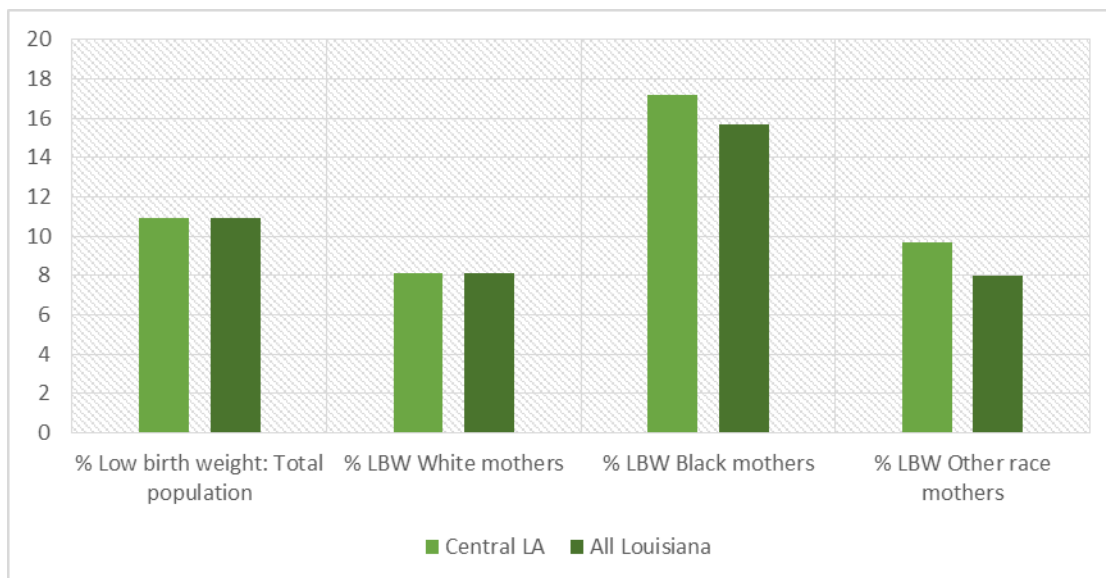


Figure 17: Percent of low birth weight by race (Louisiana Department of Health and Hospitals, Vital Statistics 2013)

### Health Behaviors and Screening

The BRFSS, described above, collects information on screening and health risk behaviors. Figure 18 reports four of these, of which the largest difference from the state is with the percent of adults currently smoking –28% of adults in Central LA smoke compared to 24% throughout the entire state. This is consistent with the higher incidence rate for lung cancer in this region.

Poor nutrition, physical inactivity, and obesity, including childhood obesity, were common themes across interviews and the focus groups. Respondents tied these risk factors into diabetes, heart conditions, and other chronic conditions. A number of respondents shared that there are not enough sidewalks, pedestrian overpasses, bike lanes, and walking trails or that they are inaccessible by low-income individuals and/or located in unsafe areas. Smoking was also mentioned as a significant health risk behavior in interviews.

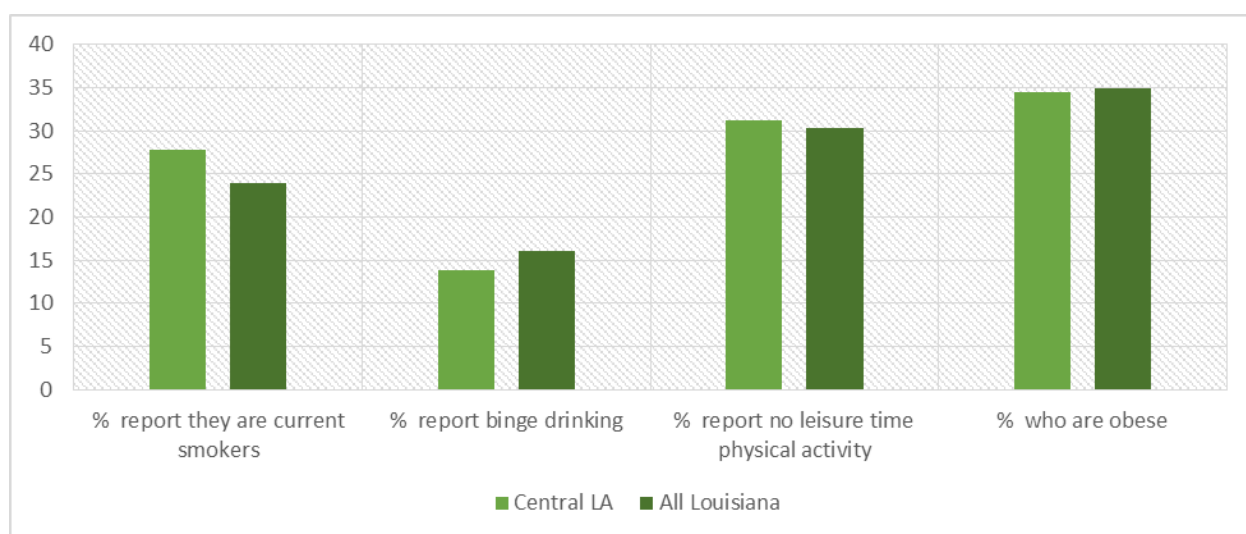


Figure 18: Health-related risk factors in the adult population (Louisiana BRFSS 2014)

Also collected by the BRFSS are the percent of adults who've ever had a screening procedure done (Figure 19). Except for diabetes, the percent of adults who ever had a screening test for three types of cancer is lower in the Central Louisiana region than the state.

## CHRISTUS Health Central Louisiana 2017-2019 CHNA



Figure 19: Screening for health conditions in the adult population (Louisiana BRFSS 2014)

### Hospital Data

All findings in this section refer to primary data provided by the two CHRISTUS facilities in Central Louisiana: CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care Center (Figures 20-24). Comparable data from all hospitals in Louisiana is not available for comparison.

General medicine is the number one cause of hospital admissions for both facilities, comprising over 20% of combined admissions (Figure 20).

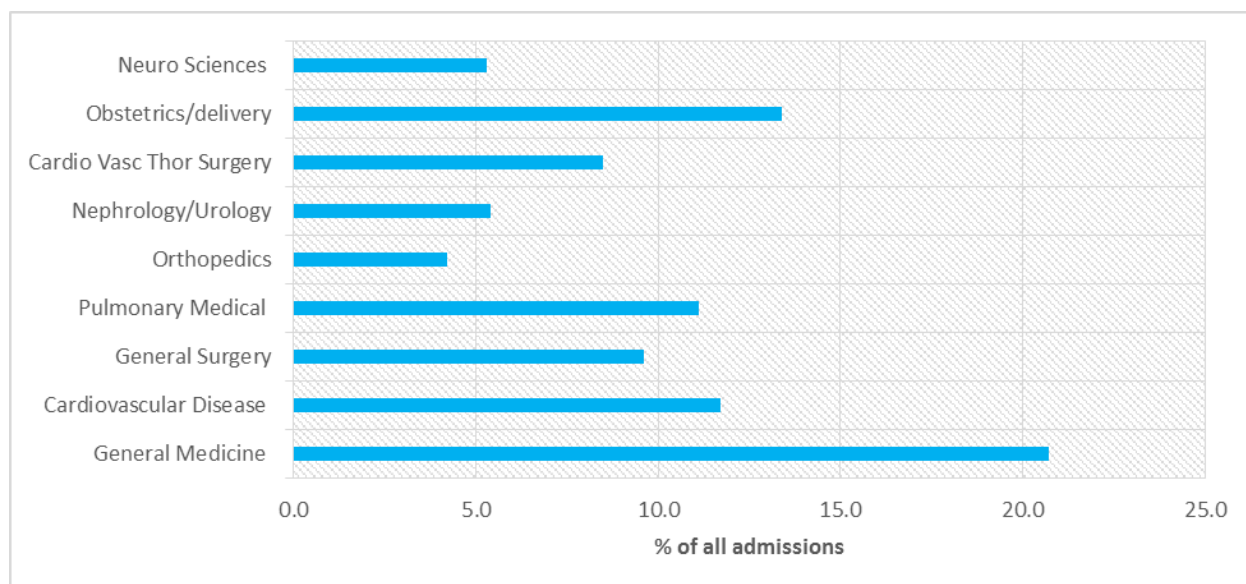


Figure 20: Top causes of admission (Coushatta & Cabrini Hospital admissions data 2013-2014)

## CHRISTUS Health Central Louisiana 2017-2019 CHNA

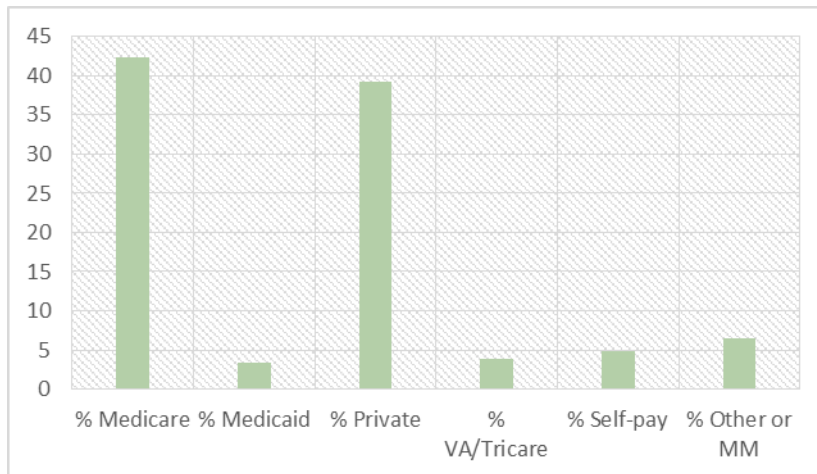


Figure 21: Insurance types for hospital admissions (Coushatta & Cabrini Hospital admissions data 2013-2014)

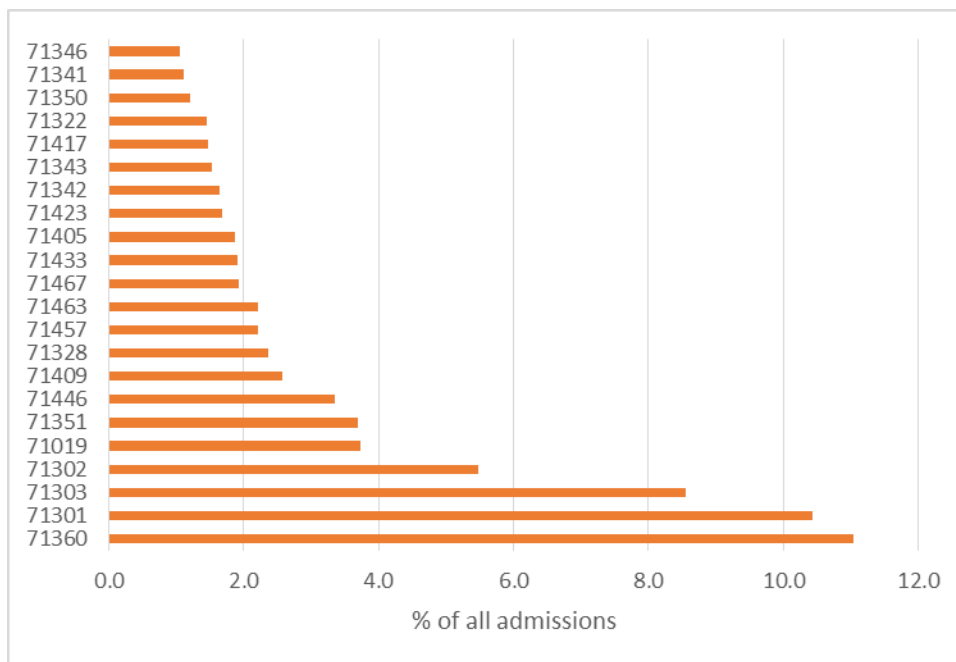


Figure 22: Hospital admissions by the top 20 zip codes (Coushatta & Cabrini Hospital admissions data 2013-2014)

## CHRISTUS Health Central Louisiana 2017-2019 CHNA

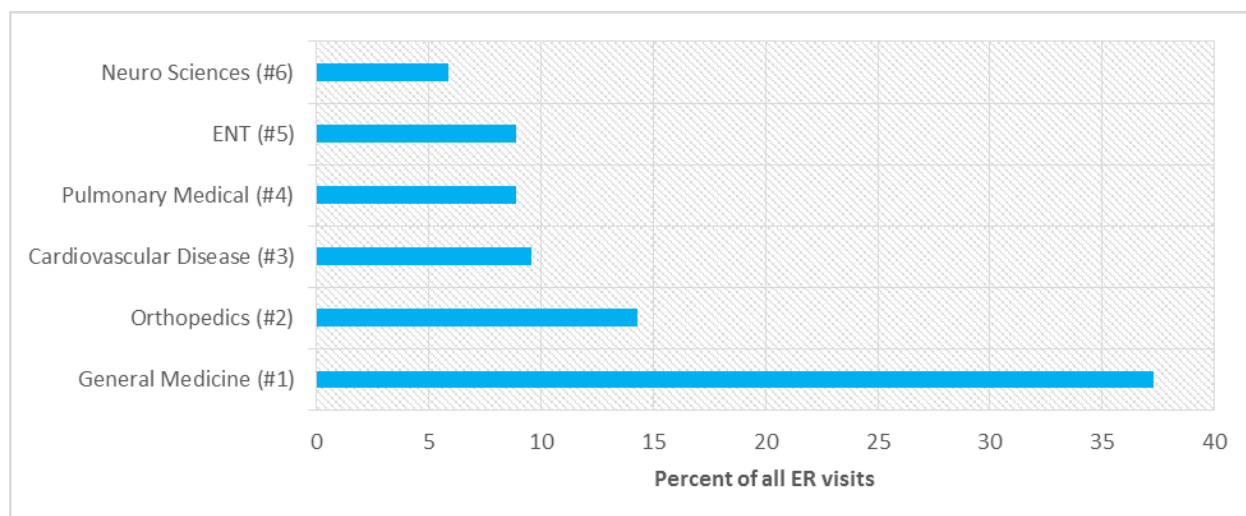


Figure 23: Top causes of emergency room visits (Coushatta & Cabrini Hospital admissions data 2013-2014)

Several interview respondents discussed how many individuals—possibly due to economic concerns or inability to take time off of work—wait to seek care and then go to the ER. Some suggested that there is a need for more education on the difference between the ER and urgent care.

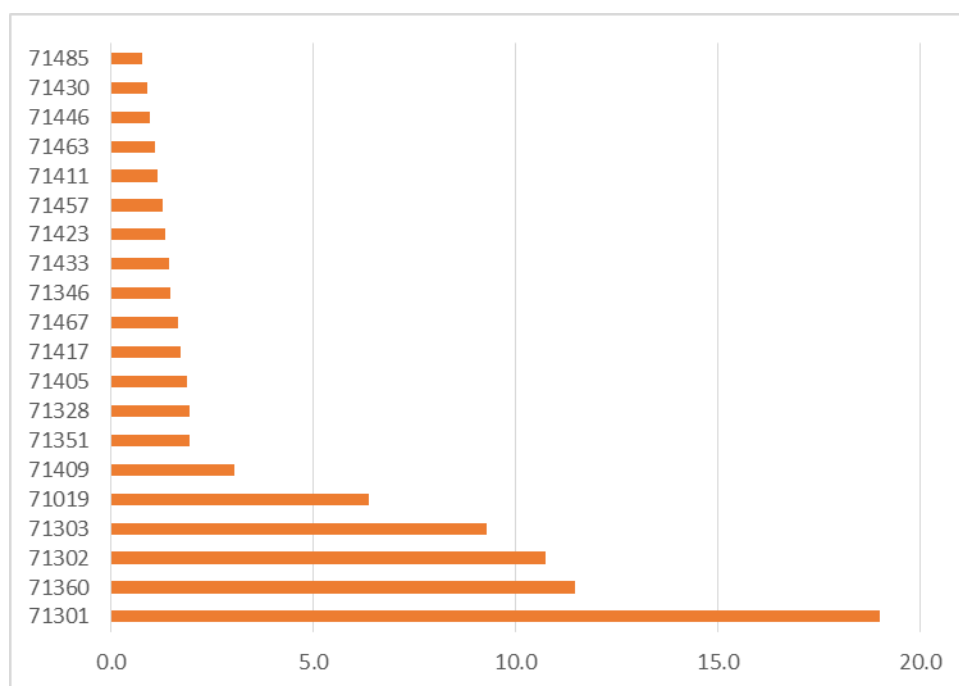


Figure 24: Emergency room visits by the top 20 zip codes (Coushatta & Cabrini Hospital admissions data 2013-2014)

*Other Issues Highlighted by Qualitative Data: Contributing Factors & Community Perspective*

Homelessness, especially among veterans, was an issue mentioned by respondents, and one person shared that Rapides Parish is short 4,000 units of affordable housing. There is a great need for affordable housing in a safe area.

Sexually transmitted infections (STIs), including syphilis, gonorrhea, chlamydia, and HIV, were mentioned by a few respondents. Unprotected sex was also a concern, and at least one respondent expressed a need for education in schools, as “the African American community is being especially disserved by STIs not being addressed in public schools.”

Environmental concerns listed by respondents included air quality, water quality, and smell concerns related to creosote plants and other industry. Some respondents were worried about the effects of these plants on respiratory illness and cancer.

Respondents also expressed concerns regarding the aging population, and the lack of recreational activities for youth.

Access to health care, especially among the uninsured, was a common concern. Access to specialists, especially among the uninsured, was described as being very difficult, and many talked about having to travel to larger facilities in Shreveport, Lafayette, Houston, or New Orleans. The greatest barriers to accessing primary care were: transportation (especially outside of Alexandria), being uninsured or underinsured, financial difficulties, lack of knowledge on available services, Medicaid rates and doctors not wanting to take Medicaid patients, wait times, and a shortage of primary care physicians. In addition to those barriers, barriers to accessing behavioral health services included: individuals lacking education or “looking the other way” instead of admitting they have a problem, stigma (including among providers not wanting to treat the severe and chronic mentally ill), and a lack of psychiatrists and mental health providers. One respondent shared, “there are those in our community who say there is no such thing as mental illness. There is public ignorance regarding mental health here.”

## Summary and Discussion of Prioritized Community Health Needs

### Prioritization Process and Community Validation Meeting Input

Once the quantitative and qualitative data were analyzed and gathered into an initial draft CHNA report, the draft report was shared with CHRISTUS Health leadership and the CHNA Advisory Committees for CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care Center. Both committees were tasked with reviewing the initial findings and determining which priority issues would be presented at a community validation meeting. Access to care, chronic disease, obesity, and lack of health literacy and accountability were the priority areas chosen.

Detailed rationale regarding these top priorities is provided below. Advisory Committee members took a number of things into consideration when choosing priorities. Some priorities were selected based off of issue prevalence and severity according to parish and regional secondary data. Input provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data is less available. All four priorities were confirmed by attendees of the community validation meeting that took place on May 9, 2016.

#### **1. Access to care**

Access to health care, especially among the uninsured, was a common concern. Access to specialists, especially among the uninsured, was described as being very difficult, and many interview and focus group participants talked about having to travel to larger facilities in Shreveport, Lafayette, Houston, or New Orleans. The greatest barriers to accessing primary care were: transportation (especially outside of Alexandria), being uninsured or underinsured, financial difficulties, lack of knowledge on available services, Medicaid rates and doctors not wanting to take Medicaid patients, wait times, and a shortage of primary care physicians. When looking at PQIs, Central LA has much higher admissions for COPD, congestive heart failure, bacterial pneumonia and urinary tract infection compared to the entire state, indicating a need for improved primary care for these conditions.

#### **2. Chronic Diseases**

The CDC cites chronic diseases and conditions, such as heart disease, stroke, cancer, type 2 diabetes, obesity, and arthritis, as some of the most common, costly, and preventable of all health problems affecting the American public.<sup>11</sup> According to the data, deaths in the Central LA region due to diseases of the heart are considerably higher than the state, with 280 deaths per 100,000 population versus 220. Additionally, diabetes PQIs for long-term complications and uncontrolled diabetes are higher in this region compared to the state. Overall incidence and mortality rates for lung cancer are much higher in this region as well. Interview respondents reported cancer and heart attacks as health conditions causing the most deaths, and obesity was cited as a major concern.

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<sup>11</sup> Centers for Disease Control and Prevention. Chronic Disease Overview. Chronic Disease Prevention and Health Promotion Web site <http://www.cdc.gov/chronicdisease/overview/>. Accessed June 18, 2016.

### **3. Obesity**

Louisiana consistently ranks as one of the most obese states in the U.S. The state had the 4<sup>th</sup> highest obesity rate for adults (34.9% in 2014) and among 10 - 17-year-olds (21.1% in 2011).<sup>12</sup> Poor nutrition, physical inactivity, and obesity, including childhood obesity, were common themes across interviews and the focus groups. Respondents tied these risk factors into diabetes, heart conditions, and other chronic conditions.

### **4. Lack of health literacy and accountability**

The CHNA Advisory committee determined that by focusing on a lack of health literacy and accountability in the community, CHRISTUS Central LA would be able to work on a wider array of issues such as smoking and how to reinforce healthy eating taught to children when parents or guardians are not providing healthy foods at home. While the data shows that this region has lower levels of education attainment compared with the rest of the state, committee members felt this issue cuts across educational and socioeconomic status. Additionally, some focus group and interview respondents suggested that many individuals with chronic conditions are unable, for a variety of reasons, to take care of themselves, or will go long periods of time without taking medications—possibly indicating a need for disease management interventions.

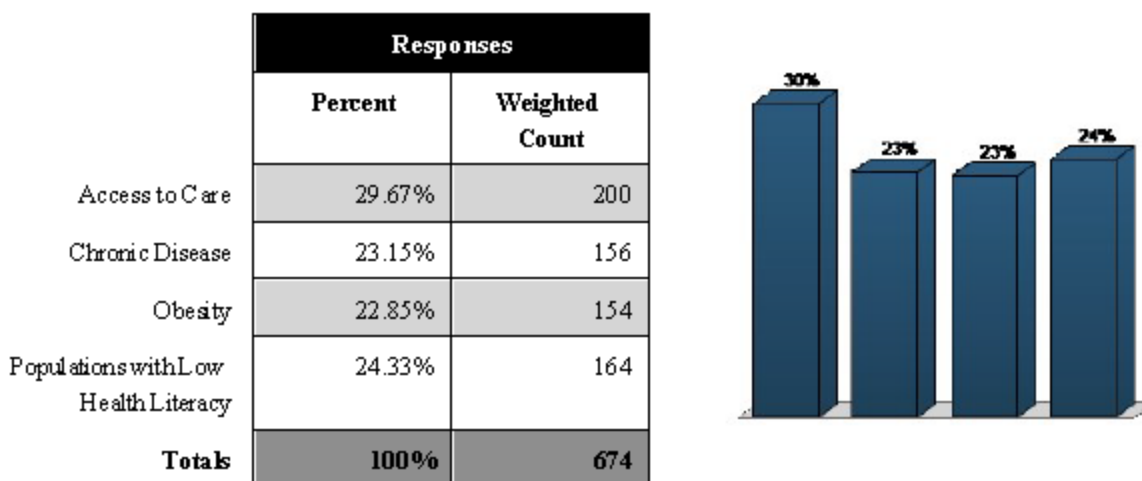
The community validation meeting, which was facilitated by LPHI, served as an additional opportunity to obtain larger community input on the priorities selected for the future community health implementation plan (CHIP). During this meeting, attendees were provided with an overview of some of the quantitative data provided in the draft CHNA. Following the presentation and a question and answer period, attendees were given the opportunity to rank the priorities in terms of which ones they thought were the most pressing or the ones which CHRISTUS Health Central Louisiana may want to devote the most attention or time. The vote was conducted using Turning Point audience response polling software.

Twenty-three (23) individuals participated in priority voting and were asked to rank their top four areas. There was almost an equal distribution among each issue, with almost 30% of participants selecting access to care as the highest priority. Twenty-four percent (24%) selected focusing on populations with low health literacy. Twenty-three percent (23%) voted for chronic disease and obesity as the issue of utmost priority (Figure 25).

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<sup>12</sup> The State of Obesity. State Briefs <http://stateofobesity.org/states/>. Accessed June 18, 2016.

**Rank the priority areas for CHRISTUS Central Louisiana. (Priority Ranking)**



*Figure 25: Priority ranking poll results from CHRISTUS Central LA community validation meeting*

Participants were then broken up into small groups to brainstorm ways CHRISTUS could address the top ranked issues and plan for implementation. The resulting three small groups discussed what could be done for access to care, obesity, and health literacy and accountability. While participants had the option to also work on chronic disease, no one volunteered to do so. Some of these suggestions provided by validation meeting participants are included in the next several pages of this report.

*Issues Not Selected for Prioritization*

In an effort to maximize any resources available for the priority areas listed above, the CHNA Advisory Committee determined that the following issues would not be explicitly included in their community health improvement plan (CHIP):

- Mental health
- Economic Issues (e.g. homelessness, low educational attainment, joblessness)
- STIs
- Environmental health

Committed to focusing on key issues where they could serve as a leader and driver of change in the community, CHRISTUS Health Central Louisiana leadership determined that for the issues listed above there are others in the region already addressing these needs or have more specialized resources at their disposal to address these needs in the near future. This is especially true for issues like environmental health and economic opportunity and development, the latter of which is an area of expertise for the Central Louisiana Economic Development Alliance (CLEDA).

Other issues, like the rates of STI, did not rise to top of the list of concerns when looking at all of the data available.

Finally, CHRISTUS Health Central Louisiana already invests quite a bit to provide inpatient psychiatric resources, and does not have the resources to also provide outpatient services at this time.

It should also be noted that while senior services and maternal / child health were topics not specifically mentioned as a priority area, the Advisory Committee acknowledged that many health concerns critical to these populations will be actively addressed through the four priority areas selected.

### Available Resources and Opportunities for Action

As previously mentioned, participants involved in each step of the CHNA process were encouraged to offer ideas for implementation or provide examples of other organizations or local assets in the community that CHRISTUS Central Louisiana could possibly engage or utilize when tackling the priority issues listed above. A list of recommendations provided by interview and focus group respondents is provided in Appendix C. The various organizations working on some of these issues that were mentioned by respondents are also included in Appendix D.

When selecting the four priority areas, the CHNA Advisory Committees noted several vehicles for change. These items include:

- relationships with faith-based communities,
- community nurse and health navigation programs,
- leaning on the task force for Community Relationship Renewal,
- working with businesses in the area to promote worksite wellness and have CHRISTUS lead by example by removing unhealthy food from their cafeteria and provide incentives to staff for healthy habits,
- piloting programs for mobile outreach,
- utilizing the federal model for chronic disease management by creating support groups like cardiac rehab for other chronic diseases,
- referencing the [Louisiana Office of Public Health State Health Assessment and Improvement Plan](#) (particularly what was developed for Region 6), and
- examples from other states for implementable ideas, such as [Live Well Colorado's strategies to promote local food production](#).

A summary of potential ideas for each priority topic generated during the community validation meeting or other meetings held by CHRISTUS Health Central Louisiana leadership is as follows. It should be noted that many ideas listed below have the potential to work across more than one priority area.

#### **1. Access to care**

In the community validation meeting there was much discussion around partnering with medical schools to recruit providers to the area, particularly in the more rural parts of the region. Ideas for provider retention were also discussed, possibly through incentives like fellowships and medical school loan reimbursement. Encouraging existing providers to accept Medicaid and Medicare reimbursement was another idea that was mentioned.

In addition to focusing on providers, educating the community or increasing communications about the primary care or urgent care clinics that already exist was suggested as a means to reduce ER admissions for non-emergency conditions. Providing medical services or information at health fairs was also recommended in order to strengthen access to care. Utilizing the existing network of school-based health centers could also serve as an opportunity to increase access to care for school-aged youth.

The issue of transportation was also considered. One suggestion was to approach faith-based organizations to borrow church vans to transport parishioners residing in more rural areas to their medical appointments. Another suggestion was to determine if individuals could receive Medicaid reimbursement for costs for transportation. Finally, creating and dispatching mobile health units or services was also suggested as a possibility.

## **2. Chronic Diseases**

While those who attended the community validation meeting did not explicitly discuss ideas to address chronic disease, members of the CHNA Advisory Committee attending the community validation meeting on May 4, 2016 had several suggestions as how to reduce the burden of chronic disease in the area. In particular, establishing and enhancing a wide array of disease management resources was discussed. Some of these resources include the use of social workers to provide case management and support to ensure medication adherence, stress management and pain management programs, increased early screening, a healthcare navigator program, and the establishment of a parish nurse program.

## **3. Obesity**

Suggestions provided in the community validation meeting to address obesity mainly included partnering with community organizations, such as the LSU AgCenter, the food bank, and churches to provide healthy cooking lessons, community gardens, access to healthy foods, and community challenges or group classes to promote increased physical activity. Approaching area employers to implement weight management programs and challenges was also discussed.

In addition, CHRISTUS Health Central Louisiana's already existing network of school-based health centers could serve as a delivery point of nutrition and obesity prevention solutions for younger populations. Children were viewed as a particularly important population on which to focus.

## **4. Lack of health literacy and accountability**

Implementation ideas generated for this priority area stretched across other priorities, with ideas including improved health education for both children and parents; a comprehensive healthy living curriculum for students in pre-kindergarten through 8<sup>th</sup> grade that includes lessons on exercise, nutrition, and substance abuse prevention; and health insurance benefits and guidance for both young adults and employees of partnering employers in the area to assist with insurance enrollment and informed decision making regarding benefits. Better connecting rural health clinics to faith-

## **CHRISTUS Health Central Louisiana 2017-2019 CHNA**

based organizations in the area, as well as improved health education offerings for CHRISTUS's own staff, were some other suggested opportunities for action.

### **Community Impact Thus Far**

A detailed description of key community health activities conducted by CHRISTUS Health Central Louisiana since the previous community health needs assessment (completed in 2014) is provided in Appendix E of this report.

## **Appendix A: Source List**

Quantitative data utilized in this report were obtained through the following sources:

- United States Census Bureau American Community Survey (ACS) 2013
- U.S. Department of Health and Human Services Health Resources and Services Administration Area Health Resource Files (AHRF) 2014
- Louisiana Department of Health and Hospitals Vital Statistics 2013
- Louisiana Department of Health and Hospitals Hospital Inpatient Discharge Data (LAHIDD) 2012
- Louisiana Tumor Registry 2008-2012
- Louisiana Department of Health and Hospitals Office of Behavioral Health data 2013-2014
- Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System (BRFSS) data for Louisiana 2014
- CHRISTUS St. Frances Cabrini Hospital Admissions data 2013-2014
- CHRISTUS Coushatta Health Care Center Admissions data 2013-2014

**Appendix B: Matrix of Key Informants Meeting IRS Requirement Guidelines**

Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each category. It should be noted that several respondents fall into more than one category, which is reflected in the counts below.

Key Informant Affiliations Required by the IRS	Number of Key Informants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	<b>18</b>
2) Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility	<b>15</b>
3) Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility	<b>16</b>

## Appendix C: Recommendations Provided by Interview and Focus Group Respondents

- Involve churches- “On any given Sunday, [churches] have the largest audience overall.”
- Community education and outreach- i.e. on when to use ER, importance of organ donors
- “Continue to be a resource and aligned with our community and our hospital and continue to offer us options. We need to know more about services they offer, especially for the uninsured. Maybe have an open form between them and other providers so we know what they have available to help because we don’t know to ask because we don’t know what they have.”
- “Advertise and have different community meetings”
- Collaborations/ coalitions
  - “Rapides Foundation, Public Health, the Salvation Army, the American Red Cross, the Homeless Coalition, AHEC (Area Health Education Committee) are good partners for CHRISTUS to pursue.”
  - “Work in conjunction with organizations in town to open peoples’ eyes.”
  - “I think CHRISTUS can work to bring the various organizations in the community together as a coalition to identify and address issues. They can have focus groups across health care needs, with CHRISTUS taking the lead.” CHRISTUS is always trying to collaborate with local groups and that is huge.
- ACA enrollment
- Provide more mental health services/ develop a crisis intervention unit
- More free screenings (for example, PVD)
- Mobile clinics
- More marketing of religious background of church
- Expand their footprint
  - “They’ve started by building urgent cares throughout Rapides Parish, to take some pressure off of the hospital, but much more is needed.” “Partner with people here or have a walk-in clinic in the area.”

**Appendix D: Local Organizations / Community Assets Mentioned by Respondents**

- Rapides Foundation: local foundation working on the drop-out rate, homelessness, anti-smoking campaign, education, Wellness Works, Healthy Lifestyles
- Housing Authority
- Homeless Coalition- family resource center
- Chamber of Commerce
- United Way
- Churches- promote and/ or provide local programs for obesity, food bank backpack program, schools and school-based health centers, youth outreach, food pantries, blood drives
- Council of Aging
- Greater Alexandria Economic Development Association- multi-united affordable rental housing
- Central Louisiana Economic Development Alliance- looks at the drop-out rate
- Incarnate Word Clinic- referrals, screening, pharmacy
- Volunteers of America
- Red Cross- helps victims of house fires
- Salvation Army- meals for homeless
- Food Bank- food, community gardens
- Central Louisiana Human Services District
- Nurse Family Partnership- provide pregnancy prevention, can serve to address access
- Community Healthworx- provides medications
- CenLa Medication Access Program
- Area Health Education Committee (AHEC) - jobs in rural areas
- Parents as Teachers- parenting coaches in homes of high risk moms
- Network for Healthy Communities- is a regional coalition
- Rotary Club- addresses bullying at schools
- Louisiana Office of Public Health- working on infant mortality rate, coalitions, smoking ban
- Drug court
- Industries/ employers
- Schools- serve as sites for school-based health centers, track for community
- Pathways – works on substance abuse
- Re-entry Solution Group
- Manna House- free lunch for homeless, could possibly serve as a partner to tackle obesity
- YMCA- provides recreational facilities and could also serve as a partner to tackle obesity
- Central Louisiana Coalition for a Safe and Healthy Environment
- Kent House – have a herb garden, do some healthy food outreach
- Jobs Coalition
- Ware Youth Center
- Elderly Assistance Program
- Meals on Wheels
- Relay for Life
- Susan G. Komen

## Appendix E: CHRISTUS Health Central Louisiana 2014-2016 Community Health Accomplishments

In 2014, CHRISTUS Health Central Louisiana, through a comprehensive Community Needs Assessment identified the following community health needs priorities:

1. Mental health and mental disorders and dementias/substance abuse.
2. Access to health services.
3. Nutrition, physical inactivity and obesity.
4. Heart disease, stroke and diabetes.
5. Maternal, infant and child care.

In response, CHRISTUS Health Central Louisiana developed activities, programs and clinical interventions to address these varied health needs of our communities. These activities were specific to the two hospitals in this region, CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coughatta Health Center.

Described below are some, among many, approaches taken to address the varied health needs across the continuum of care in both hospitals.

### **CHRISTUS St. Frances Cabrini Hospital, Alexandria, LA:**

#### **1. Mental health and mental disorders and dementias/substance abuse:**

**18 Bed Inpatient Psychiatric Unit:** Cabrini planned and implemented an 18 bed inpatient adult Psychiatric Unit for those in need of mental health treatment as well as those with dual diagnoses. This unit met a large demand for care and relieved the emergency department of the many PEC (physician emergency confinement) patients.

**Psychiatric Nurse Assessment Team:** Cabrini developed a psychiatric nurse assessment team for the emergency department (ED). This team assesses at the request of the ED physician each patient presenting with a psychiatric diagnosis or problem. This has been effective at better placement and quicker access to services for this population. This team also acts as intake for our Psychiatric unit as well as appropriate needed transfers.

**Mental Health Education/Support Groups:** Cabrini continues to provide classes and support groups for those suffering from life changing events. For example, Grief Support Groups are provided to help individuals heal from loss appropriately.

#### **2. Access to Health Services:**

**The Incarnate Word Community Clinic:** In December of 2013, Cabrini opened three clinics for the marginalized and indigent population. These three clinics allow access to Primary Care, Urgent Care, and Specialty Care. Much of this population did not have a primary care physician; as a result persons would seek episodic treatment in the ER. This established a “medical home” and started preventive care. Combined these clinics see over 100 patients per day.

**Primary Care** initiated for this population enabled us to increase the health of these patients by managing their diagnosis as well as decrease visits to an already busy ER.

**Urgent Care** clinic offers an alternative to the ER where patients can be treated 7 days a week for minor to moderate issues.

**Specialty Clinics:** These clinics allow access to specialized treatment that would not be available locally to this group of patients. Our specialty clinics include Cardiology, Coumadin, Neurology, Optometry and Ophthalmology, GI, Gynecology, Orthopedics and General Surgery.

**Retail Outpatient Pharmacy:** In 2014, Cabrini opened a retail pharmacy that allows patients to buy their meds at a greatly reduced price. In addition this Pharmacy provides access to drug manufactured Patient Assistance programs. Many patients would not be able to afford their prescribed medication if not for the Cabrini Pharmacy. Currently the pharmacy fills approximately 400 prescriptions per day.

**School Based Health Centers:** During this time period Cabrini maintained 17 school based health centers in 9 parishes surrounding and in Alexandria. These centers were in primary and secondary schools. Staffing for the centers included nurse practitioners, registered nurses, social workers and clinic assistants. 27,882 visits were recorded in FY 2016.

**Campaign for Health Insurance Exchange (HIX) Enrollment:** In the winter of 2015 and 2016 Cabrini collaborated with the local community resources to campaign for those eligible to enroll in the HIX. These campaigns raised awareness of the access to insurance, be it Medicaid, Medicare or other various insurance plans.

**Oncology Research:**

Cabrini entered into a NCORP (NCI Oncology Research Program) under Ochsner's designation to provide National Cancer Institute research trials. We would not be eligible for these trials without the Ochsner relationship though it only affects LA, not SETX.

**Breast and Cervical Program:**

Cabrini received a grant from the Louisiana Breast and Cervical Health Program for a Breast Health Navigator and Data Analyst. This will continue for at least another 5 years. We are also discussing the potential of program expansion that would include a new line of service directed to women's health and not just breast and cervical issues.

**3. Nutrition, physical inactivity and obesity:**

**Health Education:** Through their 17 School Based health centers, Cabrini provided numerous health education activities both group and one on one. In addition Cabrini provided "bike safety" seminars for the community which served two purposes, first to encourage physical activity and second to do it safely. Through Cabrini's Women's and Children's Hospital New Mother Classes along with Lactation consultation and classes were provided to improve the nutrition of new babies.

**Certified Diabetes Center:** In 2015 Cabrini constructed and opened a new area for its Diabetes and Wellness Education. This center staffed by registered nurses and dietitians provides group and individual counseling for diet, exercise, and wellness. During this time period Cabrini was certified by the American Diabetes Association for its Diabetes education program. This certification is recognized by the Centers for Medicaid and Medicare.

**WellSpot Designation:**

Cabrini was federally designated as a “Wellspot” by the DHHS in 2015. The following is a link to the program for quick reference (<http://wellaheadla.com/wellspots>). In a nutshell it reflects that our site is tobacco free and that we are promoting both the “5210” program and the tobacco quit line (there are posters hanging in the copy room and there was digital signage that went out throughout the hospital)

**4. Heart disease, stroke and diabetes:**

**Certified Stroke Center of Excellence:** During this period Cabrini had its inpatient and emergency stroke program certified through the Joint Commission. This certification required public awareness, employee education and preventative services be provided to the public. Various health education classes and public service announcements were provided. In addition, Cabrini improved its response to patients presenting with a Stroke and established a “Tele Stroke Program” with Ochsner Health in New Orleans. This program requires rapid treatment of the patients to reduce the permanent disability effects of a stroke.

**Cardiac Rehabilitation/Support Group:** Cabrini maintained its Cardiac Rehabilitation program and the associated support groups focus on healthy changes to reduce the possibility of reoccurrence of a heart attack as well as recovery.

**Certified Diabetes Center:** (See above)

**Congestive Heart Failure Clinic/Support Group:** Cabrini maintains its Congestive Heart Failure clinic and support group. This clinic focuses on preventative health and support for patients suffering from this chronic disease.

**5. Maternal, infant and child care:**

**March of Dimes – 39 Week Initiative:** Cabrini established policies and medical staff rules to promote no normal delivery before the 39<sup>th</sup> week of gestation. This reduced the use of the Neonatal Intensive Care Unit and Cesarean Section rate. This promotes a healthy start to life.

**Pediatric Therapy Center/Parent Support/Buddy Camps:** Cabrini maintains its outpatient pediatric therapy center. This center serves a vulnerable population. This center not only provides OT, PT and Speech Therapy services but also provides respite care for the parents through “Buddy Night” and “Buddy Camps” where the staff “watch” the children so that the parents can have a break. This past year this clinic expanded its services by becoming certified in a program to serve autistic children.

**School Based Health Centers:** (see above)

**Health Education:** Cabrini continues to provide classes for new mothers, siblings to promote healthy delivery and infant care.

**CHRISTUS Coushatta Health Center, Coushatta, LA**

**1. Mental health and mental disorders and dementias/substance abuse:**

**Geri-psychiatric Outpatient Clinic:** Coushatta currently runs an outpatient geri-psych program open to this community. This clinic provides support to this venerable population.

**2. Access to health services:**

**Expansion of Dental Services:** Coushatta has expanded its dental services to the community by establishing a full time dentist available for care. This program provides access to all regardless of their ability to pay. The next closest dentist is over one hour away. These dental services also provide outreach education and preventative health services to the schools and the community. Also available now at Coushatta is access to pediatric dental surgical services.

**Rural Health Clinics:** Coushatta maintains two Rural Health Clinics. These clinics serve all regardless of their ability to pay. These clinics located in Coushatta LA and in Ringgold, LA are staffed by physicians and nurse practitioners.

**Critical Care Physician:** Coushatta during this period hired a critical care physician who provides hospitalist services. This eliminates the need to transfer many miles away.

**3. Nutrition, physical inactivity and obesity:**

**H.E.A.L:** Healthy energetic active ladies of Coushatta provides education and screenings quarterly to focus on Woman's health issues.

**4. Heart disease, stroke and diabetes:**

**Certified Diabetic Education Program:** Coushatta has established Certified Diabetes Education program along with support groups. Monthly education and support groups are provided in this rural community. This program also includes access to a Podiatrist at the health center for foot care and education.

**Cardiopulmonary Rehabilitation Program:** Coushatta provides cardio pulmonary rehabilitation program in this rural community. This clinic and support groups assists those patients with this chronic disease maintain their health and provides rehabilitation.

**Specialty Clinic:** Coushatta now runs a Cardiology clinic being staffed by a Board Certified Cardiologist; he is the only cardiologist available in the parish.

**5. Maternal, infant and child care:**

**H.E.A.L:** (See Above)

The current programs and activities listed above are not the only ways CHRISTUS Health Central Louisiana will address the community health needs, but they provide a foundation for future planning.