2019 Community Health Needs Assessment

CHRISTUS St. Frances Cabrini Hospital

CHRISTUS Coushatta Health Care Center

CHRISTUS Dubuis Hospital of Alexandria

Savoy Medical Center

CHRISTUS. ST. FRANCES CABRINI Hospital

18-0700

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About the Louisiana Public Health Institute (LPHI)

LPHI, founded in 1997, is a statewide 501(c)(3) nonprofit and public health institute that translates evidence into strategy to optimize health ecosystems. Our work focuses on uncovering complementary connections across sectors to combine the social, economic, and human capital needed to align action for health. We champion health for people, within systems, and throughout communities because we envision a world where everyone has the opportunity to be healthy. For more information, visit www.lphi.org.

Executive Summary

Part of a Catholic, nonprofit system CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Coushatta Health Care Center, and CHRISTUS Dubuis Hospital of Alexandria, along with Savoy Medical Center, a local governmental, non-profit hospital that is managed by CHRISTUS St. Frances Cabrini Health System, serve patients across Central Louisiana including Allen, Avoyelles, Bienville, Evangeline, Grant, Rapides, Red River, and Vernon Parishes. As part of their mission and to meet federal IRS 990H requirements, CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct and document the community health needs assessment (CHNA) and community health improvement plan (CHIP) reports. The requirements imposed by the IRS for tax-exempt hospitals includes conducting a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the assessment. This document, which will be made publically available, serves as the 2019 CHNA report for CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Coushatta Health Care Center, CHRISTUS Dubuis Hospital of Alexandria and Savoy Medical Center.

LPHI worked with CHRISTUS Hospitals in Central Louisiana and Savoy Medical Center using a mixed methods approach to conduct the CHNA. Existing data for this eight-parish footprint was compiled from local and national sources including indicators for demographics, socioeconomic factors, access to care, health outcomes, and other health factors. Primary hospital data was also collected and analyzed from participating hospital facilities. LPHI conducted focus groups, multiple interviews, and a validation meeting to gather input from the persons who represent the broad interests of the community served by the hospital facilities. Multiple priorities were identified based on issues of prevalence and severity according to the secondary data and stakeholder input.

With the guidance of the CHNA Advisory Committee and executive leadership of each facility, three top priorities were identified by each health facility to address in their 2019-2022 CHIP.

CHRISTUS St. Frances Cabrini Hospital	• Mental and Behavioral Health • Chronic Diseases and Conditions (emphasis on diabetes) • Access to Care
CHRISTUS Coushatta Health Care Center	• Mental and Behavioral Health • Access to Care • Social Determinants of Health (emphasis on transportation & knowledge of community resources)
CHRISTUS Dubuis Hospital of Alexandria	• Chronic Diseases and Conditions • Access to Care • Cost of Medications
Savoy Medical Center	• Substance Abuse and Alcoholism • Smoking • Chronic Diseases and Conditions (emphasis on cardiovascular disease and diabetes)

Introduction

CHRISTUS Health continues its mission "to extend the healing ministry of Jesus Christ" in Central Louisiana.[1] Within the region, CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Coushatta Health Care Center, CHRISTUS Dubuis Hospital of Alexandria Savoy Medical Center, a local governmental and non-profit hospital, serve patients across Allen, Avoyelles, Bienville, Evangeline, Grant, Rapides, Red River, and Vernon Parishes.

CHRISTUS St. Frances Cabrini Hospital, located in the city of Alexandria within Rapides Parish, is a 241-bed facility employing approximately 1,600 Associates and a medical staff of over 325 physicians.[2] CHRISTUS Coushatta Health Care Center is a general medical and surgical facility located approximately 80 miles northwest of Alexandria in Coushatta, LA within Red River parish. CHRISTUS Dubuis Hospital of Alexandria, LA is a long term acute care hospital (LTAC) located within CHRISTUS St. Frances Cabrini Hospital. It is owned and operated by a joint venture between LHC Group of Lafayette, LA and CHRISTUS Health. Currently, the hospital is licensed for 25 LTACH beds and has the pleasure of serving approximately 280 patients annually (most are adults).It also provides employment for approximately 75 persons. Savoy Medical Center, managed under CHRISTUS St. Frances Cabrini Hospital, is a 176-bed facility located approximately 50 miles south of Alexandria in the town of Mamou in Evangeline Parish.

As part of the mission 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.[3] The requirements imposed by the IRS for tax-exempt hospitals includes conducting a CHNA every three years and to adopt an implementation strategy to meet the community health needs identified through the assessment.[4] The CHNA must be documented, adopted by an authorized body at the hospital facility, and made publically available. The CHNA must include:

- A definition of the community served by hospital facility and description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified though the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- A description of resources potentially available to address the significant health needs identified.

[1] https://www.christushealth.org/about/our-mission-values-and-vision
[2] https://www.christushealth.org/st-frances-cabrini/about
[3] All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the view points and opinions of LPHI or its contractors.
[4] Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital health care facilities, which is separate from this report.

- An evaluation of the impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA.[5]

This document serves as the CHNA report conducted in FY 2019 for 2019-2022 for CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Dubuis Hospital of Alexandria, CHRISTUS Coushatta Health Care Center, and Savoy Medical Center , which serve a majority of patients from the eight-parish area in central Louisiana. This report will be made publically available on the CHRISTUS Health website for future reference. Questions, comments, or feedback can be given to any of the hospitals' administration offices.

[5] https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI when contracted in 2012 and again in 2016 to complete the CHNA report for numerous CHRISTUS Health facilities. Originally informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association of the United States (CHA), and the National Association of County and City Health Officials (NACCHO), this approach was further refined in partnership with LPHI's counterpart conducting the CHNA & CHIP process for CHRISTUS facilities in Texas, Texas Health Institute (THI), and the CHRISTUS Health corporate office. The process incorporates the following activities.

Advisory Committee

In support of the 2019 CHNA and 2019-2022 CHIP, the CHRISTUS hospitals in central Louisiana and Savoy Medical Center had a joint CHNA Advisory Committee. The CHNA Advisory Committee met periodically with the CHRISTUS St. Frances Cabrini Health System Vice President, Mission Integration to work on various aspects of the CHNA and future CHIP. This Committee was involved in the review of all data collection materials developed by LPHI, including a list of recommended quantitative indicators, the key informant interview guide, and the focus group interview guide. The CHNA Advisory Committee made recommendations for who to interview as key informants and who to invite as focus group participants. On February 12, 2019, the CHNA Advisory Committee met to review the data presented at the Validation meeting on January 23, 2019, as well as the ranking results. The Advisory Committee made recommendations to the St. Frances Cabrini Hospital's executive leadership on which priority issues should be addressed as part of the corresponding community health implementation plan (CHIP). The executive leadership teams of St. Frances Cabrini Hospital, Coushatta Health Care Center, Savoy Medical Center, and Dubuis Hospital of Alexandria made final determinations on what significant health-related issues to include in their 2019-2022 CHIPs. Details regarding the prioritization process are provided later in this report.

Define community

The geographic region was determined in collaboration with CHRISTUS Health. Given that CHRISTUS St. Frances Cabrini Health System, CHRISTUS Coushatta Health Care Center, and Savoy Medical Center primarily serve patients in the following 8-parish region, it made the most sense to define the community assessed in this report by the same region. With approximately 80% of all admits to CHRISTUS Dubuis Hospital of Alexandria coming directly from CHRISTUS St. Frances Cabrini hospitalizations, Dubuis Hospital's analysis was incorporated with St. Frances Cabrini Hospital's for the purpose of this assessment. Although CHRISTUS Coushatta is located further northwest, it is licensed under CHRISTUS St. Frances Cabrini Health System incorporating it into the central Louisiana service area. This eight-parish region will be referred to as Central Louisiana, CLA, or the Region throughout the report.

Central Louisiana Parishes			
Allen	Avoyelles	Bienville	Evangeline
Grant	Rapides	Red River	Vernon

Gather input representing broad community

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;*
>
> *(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.*

In order to satisfy these requirements, focus groups and interviews were conducted with key informants. The Vice President, Mission Integration, with input from the CHNA Advisory Committee, provided LPHI with a list of potential key informants. The key informants (referred to as participants in this report) met one or more of the above requirements and were able to speak to the geographic region served by CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Coushatta Health Care Center, CHRISTUS Dubuis Hospital of Alexandria, and Savoy Medical Center. Appendix A includes a matrix detailing key informant affiliation in compliance with requirements.

Key informant interviews

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. The protocol was similar to the assessment conducted in 2016 with updates and changes based on feedback from CHRISTUS Health, lessons learned, and current relevance.

The key informant interview guide included the following areas of focus: economic, social and environmental concerns, 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 St. Frances Cabrini

Hospital, CHRISTUS Coushatta Health Care Center, and Savoy Medical Center representatives in October 2018 and interviews conducted between November 2018 and January 2019.

Hospital representatives assisted in compiling a list of key informants for their facility. 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 would be used and the time commitment to complete the interview. All key informants were assured that their names would not 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 for interviewers to transcribe the discussion. The interviewer assigned a study number to the participant and no identifiers were shared. Participants were only asked about their names, job titles, and affiliation with CHRISTUS to confirm if they met one of the three IRS requirements listed above.

Most interviews took around 45 minutes. Detailed notes comprised of quotes and the interviewer's general comments regarding each interview were documented, edited, and synthesized into a larger master notes document. Analyses were then conducted to identify major themes, needs, assets, and quotations.

For the Region, a total of 13 interviews were conducted. Ten interviews were conducted with CHRISTUS St. Frances Cabrini Hospital key informants, two with CHRISTUS Coushatta Health Care Center key informants, and one with a Savoy Medical Center key informant. The number of interviews for each facility was decided with CHRISTUS Health staff members based on the size and scope of the facility and patients served.

Focus group feedback

Focus groups served as another mechanism to obtain community input. Like the key informant interview guide, the focus group guide was designed to encourage participants to think about the behavioral, environmental, and social factors that influence a person's health status, as well as health care utilization and the physical and mental health concerns 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 facility representatives in October 2018.

LPHI conducted three focus groups for the Region. The first focus group was held at Savoy Medical Center on November 7, 2018 with 11 participants, the second at CHRISTUS St. Frances Cabrini Hospital on November 8, 2018 with 11 participants, and the final focus group was held at CHRISTUS Coushatta on November 9, 2018 with 16 participants. Each group was diverse, consisting of seniors, patients, providers, non- profit leaders, and others dedicated to their community. LPHI facilitated the 2-hour focus groups with dedicated note takers. Detailed notes were synthesized and analyzed similar to the key informant interviews.

Collect and analyze existing quantitative data

LPHI worked with CHRISTUS Health to adapt a list of potential indicators for analysis based off prior CHNA reports, as well additional measures that became relevant through the process. Existing data for this eight-parish footprint was compiled from local and national sources by an experienced analyst at LPHI. Different indicators that affect health of residents were compiled across the parishes, region, state, and national level

including demographics, socioeconomic factors, access, health outcomes, and health factors that affect residents' behaviors. Where secondary data was not readily available or outdated, topics were representatively addressed in the qualitative instruments developed by LPHI. Primary hospital data was also collected from CHRISTUS Health and analyzed. A list of indicators was reviewed and approved by CHRISTUS representatives in October 2018. A summary of these quantitative indicators and their data sources are listed at end of report.

Community validation and prioritization

After all of the above data were analyzed, LPHI facilitated a 2-hour meeting at CHRISTUS St. Frances Cabrini Hospital presenting a summary of the quantitative and qualitative findings (detailed further in this report) to obtain feedback and validate or adjust findings if needed. Participants represented employees of each hospital, as well as leaders of different organizations and coalitions serving the area. Participants discussed if the data made sense, and if any key indicators were missing or needed clarification. The participants then ranked what they thought were most important concerns using www.polleverywhere.com. Forty-seven of the 66 attendees participated in the ranking exercise at the validation meeting held January 23, 2019 for CHRISTUS Health Central Louisiana.

Feedback from the validation meeting was incorporated into LPHI's findings and then presented to the Vice President, Mission Integration, who shared it with the CHNA Advisory Committee and leadership from CHRISTUS and Savoy Medical to prioritize what the hospitals will feasibly tackle as part of their Community Health Improvement Plans (CHIPs).

Findings

The quantitative data and qualitative data were analyzed independently and then overlaid by theme 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. The Central Louisiana Region referred to in this report includes eight Louisiana parishes: Allen, Avoyelles, Bienville, Evangeline, Grant, Rapides, Red River, and Vernon.

Demographics

Many participants discussed young people leaving their home parish to live and/ or work because of additional opportunities in other areas. According to the 2013-2017 five-year American Community Survey (ACS) population estimates, the total population of these eight parishes was 330,163.[6] Central Louisiana was 55.3% rural, 25.0% urban, and 19.7% suburban with Rapides being the only designated urban parish in the Region. [7] The largest percent increase in parish population since 2000 was in Grant Parish followed by Rapides Parish. Allen, Avoyelles, Bienville, Evangeline, Red River, and Vernon Parishes all experienced population decline from 2000-2017. Bienville and Red River parishes experienced the largest percent decline in population.[8] See figure 1 for population trends and a map of administrative regions and rural parishes are in Appendix B.

	Population			
	2000	2008-2012	2010	2013-2017
Allen, LA (County, 2010) **equivalent to** Allen Parish, LA (County, 2000)	25,440	25,740	25,764	25,667
Avoyelles, LA (County, 2010) **equivalent to** Avoyelles Parish, LA (County, 2000)	41,481	41,925	42,073	41,095
Bienville, LA (County, 2010) **equivalent to** Bienville Parish, LA (County, 2000)	15,752	14,312	14,353	13,806
Evangeline, LA (County, 2010) **equivalent to** Evangeline Parish, LA (County, 2000)	35,434	33,989	33,984	33,750
Grant, LA (County, 2010) **equivalent to** Grant Parish, LA (County, 2000)	18,698	22,049	22,309	22,305
Rapides, LA (County, 2010) **equivalent to** Rapides Parish, LA (County, 2000)	126,337	131,655	131,613	132,080
Red River, LA (County, 2010) **equivalent to** Red River Parish, LA (County, 2000)	9,622	9,068	9,091	8,723
Vernon, LA (County, 2010) **equivalent to** Vernon Parish, LA (County, 2000)	52,531	51,542	52,334	51,906

Figure 1: Population trend for each parish from 2000 through 2013-2017

Age distributions in the Central Louisiana region was similar to the state with about 25% under 18 years of age, 61% between 18 and 64 years, and 14% over 65 years. Race is predominantly white at 68%, black is 27%, and

[6] Demographic indicators were compiled using Community Commons from the ACS 5 Year average file (2012-2016) in order to include all parishes with small populations (Only the 5 year file includes all parishes regardless of population).
[7] Data source: U.S. Census Bureau ACS 2012-16, 5-year estimates.
[8] Aggregated using www.policymap.com. Source: 2000 U.S. Census, Summary File 3; 2010 U.S. Census Summary File 1; 2008-2012 U.S. Census American Community Survey (ACS); 2013-2017 U.S. Census ACS.

Hispanic ethnicity is estimated to be 3%. Sex is approximately 49% female and 51% male across the Region. Figure 2 illustrates the age and race makeup of the region.[9]

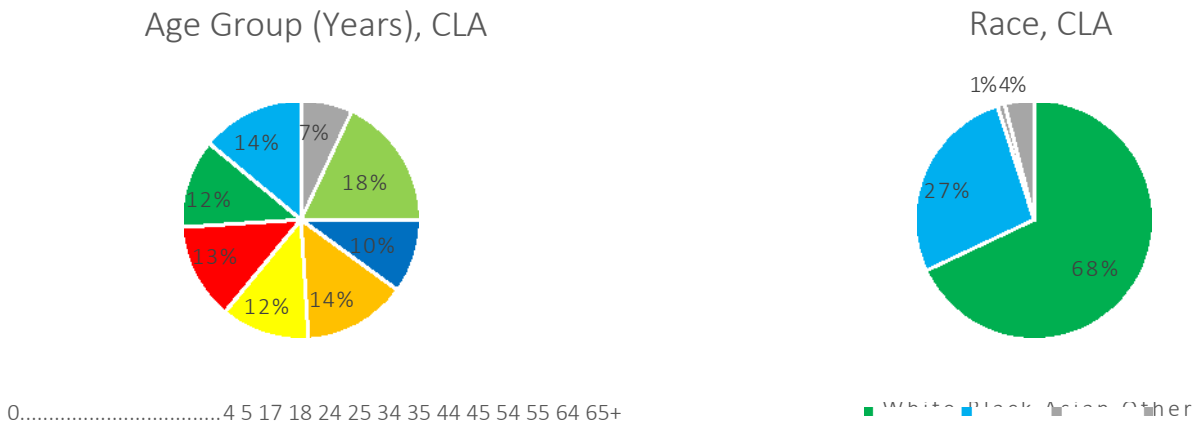


Figure 2: Demographic Profile with age and race, CLA, 2012-2016

Socioeconomic factors

There are many factors outside of clinical care that can impact population health. These factors include access to social and economic opportunities, the quality of schooling, and the cleanliness of water, food, and air.[10] As a result, participants were asked about economic, social and environmental concerns in the region. Participants discussed education, poverty, employment opportunities, transportation, affordable quality housing, and crime as factors they see impacting health in their communities. When looking at percentage of ninth graders graduating high school in 4 years, Avoyelles Parish had the lowest percentage with 72%, followed by Rapides Parish with 74% ninth graders graduating high school in 4 years. Overall, in the Central Louisiana Region, 84% of ninth graders graduated high school in 4 years, which was above both the Louisiana and U.S. percentage. However, less than half (44%) of adults ages 25-44 had some post-secondary education across the Region, which was far below the State average at 56% and U.S. at 65%.

The big deal here is social determinants. The big two are education and income with social status being closely related. Those problems are underlying social issues with nothing to do with health care.

Approximately one in three children under 18 were in poverty across the Region, varying from 21% in Vernon Parish to 38% in Evangeline Parish. The percent of children that live in a household headed by a single parent averaged 40%, which was lower than the state average of 44%. The violent crime rate across the Region was 395 per 100,000 persons, lower than the state average of 510 per 100,000, but still higher than country's rate (380 per 100,000 persons). The crime rate varied across parishes with Rapides experiencing the highest rate at 902.3 per 100,000 persons, followed by Avoyelles at 689.4 per 100,000 persons, and then Evangeline Parish

[9] Data source: U.S. Census Bureau American Community Survey (ACS) 2012-16. 5-year estimates via Community Commons.
[10] https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

reporting the lowest violent crime rate of 132.4 per 100,000 persons. See figure 3 for data on parishes, the Region, the state, and country. [11]

	Allen	Avoyelles	Bienville	Evangeline	Rapides	Red River	Vernon	CLA	LA	US
% High school Graduation	91.0	72.0	92.5	80.0	74.0	87.5	90.0	84.0	80.0	83.0
% Some college	42.4	35.8	45.4	38.2	51.4	40.5	61.0	44.1	56.0	65.0
% Unemployed	6.4	7.1	7.7	7.4	6.1	6.1	7.3	6.9	6.1	4.9
% Children in Poverty	25.1	34.8	34.0	38.3	27.8	35.9	21.0	30.3	28.0	20.0
% Single parent households	33.5	42.1	46.2	43.6	45.9	48.8	26.2	39.6	44.0	34.0
Violent crime rate per 100,000 persons	167.5	689.4	373.3	132.4	902.3	563.9	255.8	395.1	510.0	380

Figure 3: Socio-economic factors including parish, region, state and country comparisons

Many participants discussed difficulties in accessing quality employment, as well as the difficulties employers have finding local employees with the appropriate skills for the high quality jobs. During the focus group in Mamou, LA, participants explicitly discussed a decline in small, local businesses over the years, partly due to folks not having money to spend to support these businesses.

...it's hard to get businesses to open in Mamou. It's hard.

According to participants, many residents have to travel to a different parish (outside of where they reside) to access their job, healthcare, and other necessities. The percentage of the population aged 16 or older unemployed and seeking work in the Region in 2016 was 6.9%, which was higher compared to both the state (6.1%) and nation (4.9%) during the same time period (illustrated in figure 3 above).[12]

According to the Bureau of Labor Statistics, the average employment count from 2017-2018 in the Central Louisiana region was 105,933. Of those employed, 25% worked in the health care and social assistance industry followed by 14% in the retail trade, and 9% in public administration.[13] See percentage of employees by industry sector below in figure 4.

Industry Sector (NAICS)	% Employed
Total number of workers	105,933
Health care and social assistance	25%
Retail trade	14%
Public administration	9%
Accommodation and food services	9%

[11] Sources: High school graduation rate, ED Facts, 2014-2015. Some college ACS, 5 year estimates, 2012-2016. Unemployment Bureau of Labor Statistics, 2016. Children in Poverty, Small Area Income and Poverty Estimates, 2016. Children in single parent households, ACS 5-year estimates, 2012-2016. Violent Crime rate, Uniform Crime Reporting-FBI, 2012-2014.

[12] Source: Unemployment Bureau of Labor Statistics, 2016.

[13] Source: Bureau of Labor Statistics' Quarterly Census of Employment Wages (https://www.bls.gov/cew/home.htm). Industry sector coded to North American Industrial Classification System (NAICS)

Manufacturing	8%
Construction	6%
Educational services	5%
Administrative and waste services	4%
Professional and technical services	4%
Finance and insurance	3%
Transportation and warehousing	3%
Wholesale trade	2%
Other services, except public administration	2%
Agriculture, forestry, fishing and hunting	1%
Real estate and rental and leasing	1%
Utilities	1%
Information	1%
Management of companies and enterprises	1%
Mining	<1%
Arts, entertainment, and recreation	<1%

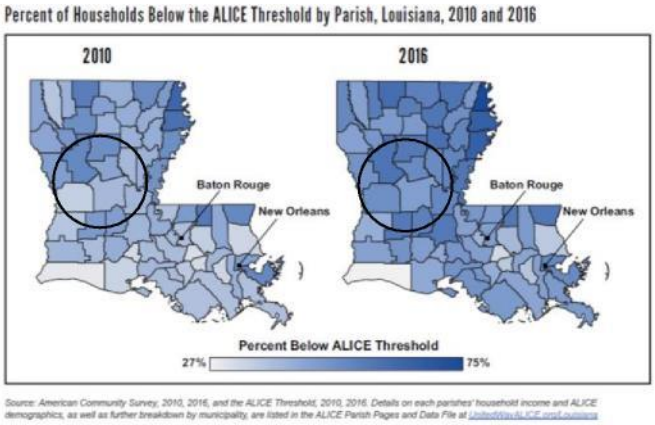
Figure 4: Total number workers and % of total workers by industry sector based on average employment counts for a 1-year period (Q3-Q4 2017, Q1-Q2 2018)

I think that in terms of challenges, finding enough employees that are work ready is a challenge for a number of employers. I think we could always use more jobs. We have a fairly large number of people who are not particularly employable because of drug use or because they can't pass a sixth grade math test.

Since 2016, United Way has produced an Asset Limited, Income Constrained, Employed (ALICE) report for Louisiana. The purpose of the report is to provide community leaders with a more accurate snapshot of the number of families facing financial hardship not captured by traditional federal poverty measures. The ALICE threshold is the average income that a household needs to afford the basic necessities defined by the Household Survival Budget for each parish in Louisiana. The household survival budget (adjusted for different parishes and household types) calculates the actual cost of basic necessities- housing, childcare, food, transportation, health care, technology (phone), and taxes. Households below the threshold include both ALICE and poverty level households.

In the Region, over half of households (52%) did not meet the ALICE threshold. The ALICE threshold is the average income a household needs to afford the basic necessities. The map in Figure 5 illustrates that the percent of households below the Alice threshold (including those in poverty) has increased in many areas from 2010 to 2016, not just in the Central Region, but across the state. Figure 5 also shows the percentage of households in each parish that did not meet the ALICE threshold.[14]

[14] https://www.unitedforalice.org/louisiana



Parish	Total Households	% ALICE & Poverty
Allen	7881	57%
Avoyelles	15016	53%
Bienville	5738	48%
Evangeline	11871	55%
Grant	7286	52%
Rapides	47745	47%
Red River	3491	49%
Vernon	17789	51%

Figure 5: Percentage of households that do not meet the ALICE threshold (including those in poverty)

Poverty and the ability of low-income households to make ends meet were a major concern for all participants across the Region. These issues can impede a family's ability to access housing, transportation, healthy food, and other amenities that can contribute to quality of life.

One of the dynamics of poverty here is that really poor people move around a lot. They get evicted, stay on a friend's couch for a few weeks, to another couch ... [it's] hard on children because they get moved around from school to school, plus not having a stable home life doesn't help a lot either.

Transportation was another overarching issue according to participants, especially with the long distances needed to travel across the large rural Region. The city of Alexandria was described as having a small transit system that was not very dependable and limited in its ability to connect residents regionally, especially those residing in rural areas. Some acknowledge that there are parishes with no public transportation system, with Grant and Avoyelles Parishes and Coushatta mentioned as areas with no transportation options except expensive taxis. The Council on Aging offers transportation services to seniors, but the Council cannot travel beyond parish lines.

You have terrible issues of transportation because there is no regional network.

Participants were also concerned with the lack of affordable quality homes and the risks substandard housing can pose. Participants discussed poor living conditions, such as residents living without running water or electricity.

The figure below illustrates over 31% of the population struggled with low food access as of 2015 and over 25% faced housing cost burden as of 2016. *Low food access* reports the percentage of the population living more than $^{1}/_{2}$ mile from the nearest supermarket, supercenter, or large grocery store. Access to fresh affordable foods was a major concern among participants, particularly in Coushatta. *Housing Cost Burden (30%)* illustrates the percentage of the households where housing costs exceed 30% of total household income each month. This indicator provides a measure of housing affordability and excessive shelter costs for owners and renters. The

data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.[15]

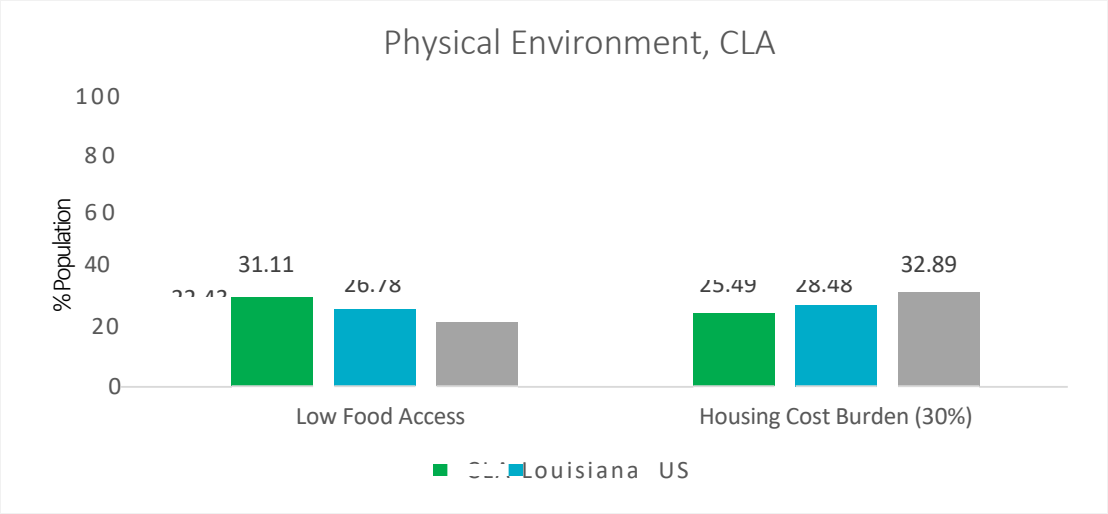


Figure 6: Percentage of population with low food access and housing cost burden, CLA

Participants discussed a range of other issues including human trafficking, high cost of childcare, and homelessness. According to U.S. Department of Homeland Security, human trafficking is a modern form of slavery where people are forced into sex or labor by threats of violence, fraud, coercion, or other forms of exploitation.[16]

We have a huge wait list for housing. There is just not enough. The housing that some of our clients do qualify for or available... is ridiculous. The issues they run into - some of the landlords do not upkeep the property, so they have trouble maintaining heat during winter and, of course, [keeping it] cool in the summertime. And some of them are infested with mice, rodents, ants, things of that nature.

[15] Health Indicators report prepared by Community Commons, November 5 2018. Food Access. US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015. Housing Cost Burden: US Census Bureau, American Community Survey, 2012-16.

[16] https://nam.edu/human-trafficking-is-a-public-health-issue-our-interview-with-nam-fellow-and-human-trafficking-expert-dr-hanni-stoklosa/

Access to Healthcare

Access to healthcare is an indisputable determinant of health. The Institute of Medicine defined access in 1993 as the "timely use of personal health services to achieve the best health outcomes."[17] Healthy People 2020 states that "access to comprehensive quality health care services is important to the achievement of health equity," and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce.[18]

According to participants, finding providers that take new patients, especially with Medicaid, no insurance, or other types of subsidized coverage was difficult and usually entails long waitlists. Cost of care and cost of prescriptions, were all cited by participants as major concerns. Over use and misuse of the Emergency Room was another concern mentioned by participants, but many noted that in some areas urgent cares may have helped this issue.

Why do I need to go to doctor? What if they find something, then it will be treatment medicine and everything I cannot afford…Clients not understanding what benefits are and majority of them do end up in Emergency, because…when things get too bad for them or they are unable to cope with physical or emotional health they end up in the Emergency Room.

Health Insurance

On January 12, 2016, Louisiana Governor John Bel Edwards signed an executive order to expand Medicaid. Subsequently, Medicaid and LaCHIP became Healthy Louisiana. The expansion made Medicaid available to more than 400,000 people living in Louisiana who did not previously qualify for full Medicaid coverage and could not afford to buy private health insurance.

As we have been experienced it through the years, children have typically had access to insurance. Then in the last year or two with expansion of Medicaid, adults have had access to insurance as well. So, I guess the age range that we saw [the most] were indigent or adults with Medicaid who had difficulty finding health care services. Now it seems to be a little bit easier, but it is still not where it could be.

Louisiana has seen dramatic reduction in uninsured population since the governor's executive order went into effect. According to LSU's 2017 Louisiana Health Insurance Survey, the estimated percent of uninsured adults across the state dropped from 22.0% in 2013 to 11.4% after expansion in 2017. As of November 2018, 33,333 newly eligible adults in the Region had enrolled (see the table below). Of those adults, 81% had a doctor's office visit during the past year, and 17,468 individuals (52%) received a preventive healthcare service. Figure 7 (from the Louisiana Medicaid Dashboard) illustrates the number of adults enrolled in Medicaid, percent who had a doctor's visit, and the number of those who went to a doctor's office and also received a preventive healthcare service, such as mammogram or colonoscopy, as of November 2018. [19] Participants acknowledged that

[17] 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

[18] 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.

[19] http://www.ldh.la.gov/HealthyLaDashboard/

Medicaid Expansion reduced the number of uninsured, but also shared that actual access to care remains limited and challenging, especially for specialty services.

Parish	Total number of Adults enrolled in Medicaid Expansion as of November 2018	Percentage of adults who had a doctor's office visit during the year	Adults who visited a doctor and received new preventive healthcare services
Allen	2197	82%	1039
Avoyelles	4863	82%	2204
Bienville	1763	83%	971
Evangeline	3977	79%	2574
Grant	2060	82%	1244
Rapides	13698	78%	6923
Red River	1088	83%	466
Vernon	3687	78%	2047
Total	***33333***	***81%***	***17468***

Figure 7: The LDH Medicaid Expansion Dashboard, November 2018

Access to Providers

Many participants also discussed the difficulty in recruiting quality providers to their area. Lack of health care providers, especially specialists and mental health providers, was a major theme among participants. Central Louisiana region had fewer primary care physicians, fewer dentists, and fewer mental health providers per capita compared to the state and country. Figure 8 below illustrates that in the Region there were 58.5 primary care physicians, 120.5 mental health providers, and 39.3 dentists per 100,000 people. [20] According to participants, the limited providers is exacerbated by the limited transportation options for patients needing to travel long distances to access care, as well as cost, and competing priorities. Finding providers and care for underinsured was also noted as a constant struggle.

You have separate and unequal delivery system. The providers that actually take care of that [the Medicaid] population are the FQHCs and rural health clinics, people who are obliged, Office of Public Health and hospitals through public private partnerships, which was born out of the closure of the state hospital system in Central Louisiana.

Accessing mental health was one of the main challenges for patients according to participants. A lack of transportation, stigma, finding an available bed in a timely manner, finding providers that accept Medicaid, and finding available beds for long-term treatment were all barriers discussed. A few participants mentioned that Cabrini Hospital built an inpatient unit in Alexandria accepting Medicaid, but it is only a short-term facility and is constantly at maximum capacity.

[20] Sources: Primary Care physicians: HRSA, Area Health Resource File, 2014. Mental Health providers: County Health Rankings, 2018. Dentists: HRSA, Area Health Resource File, 2015. Aggregated using Community Commons.

Oral health was also raised as a concern by many participants mainly because of lack of access to dentists in the region, especially rural areas like Coushatta.

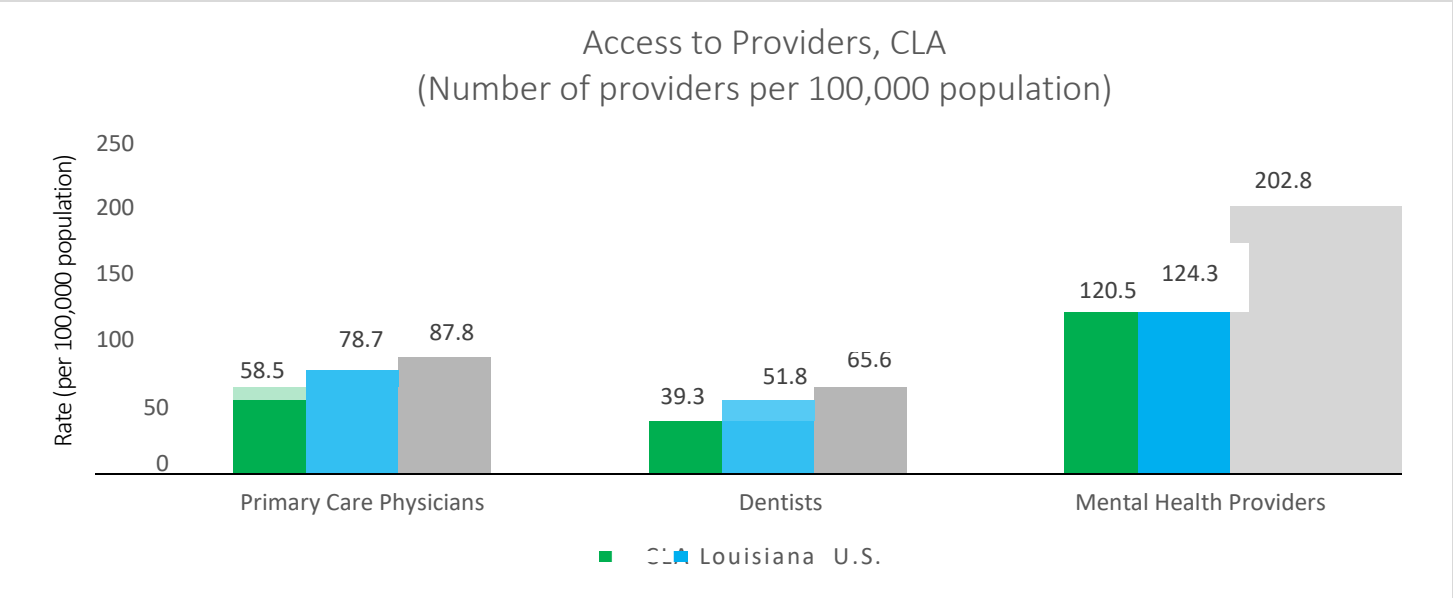


Figure 8: Access to dentists, mental health providers, and primary care physicians, CLA

Participants' comments regarding the limited number of providers in the Region was also consistent with LA-DHH Health Professional Shortage Areas (HPSA). Health Professional shortage Area (HPSA) is a designation that indicates the geographies where health care provider shortages in primary care, dental health, or mental health exist. These shortages may be geographic, population, or facility based. Central Louisiana, as well as most regions of the state, is experiencing shortages in mental health providers with seven parishes being designated geographic mental health provider HPSAs and Rapides Parish designated as a low-income population HPSA. With the exception of Rapides, Avoyelles, and Evangeline Parishes, all parishes in the region are also designated geographic dental HPSAs. The entirety of Allen, Vernon, Grant, Avoyelles, and Bienville parishes are geographically designated Primary Care HPSAs for all populations, whereas Evangeline, Rapides, and Red River parishes are designated Primary Care HPSAs for low-income populations. The three HPSA maps for Louisiana can be viewed in Appendix B.

The [mental health and substance abuse] needs are not satisfied by resources available.

Health Outcomes

Physical Conditions/ Indicators

Participants indicated that chronic health conditions, especially high blood pressure, diabetes, and obesity, were issues for most people in the area. Across the Region, the percentages of adults with diabetes (30.3%), high blood pressure (36.7%), obesity (36.6%), and asthma (13.8%) were higher than the percentages for the state and nation. [21] See figure 9.

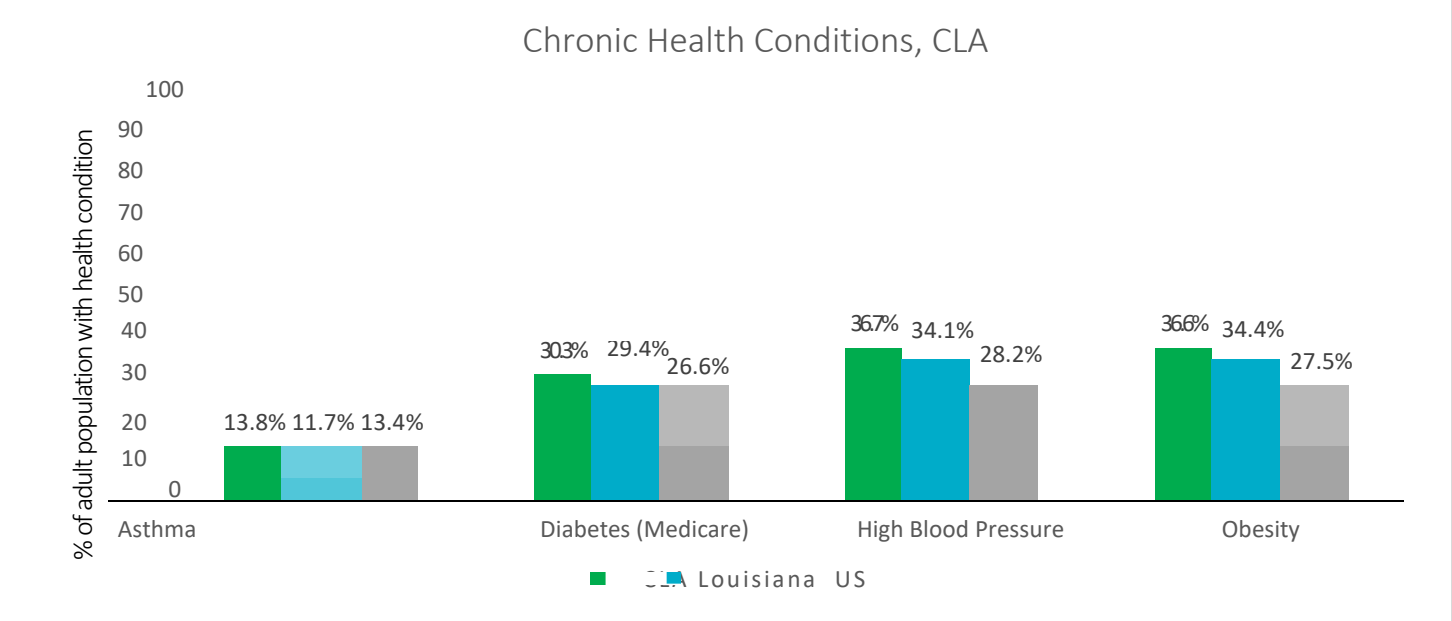


Figure 9: Percent of population with chronic health conditions, CLA

A few acknowledged the spread of sexually transmitted infections particularly syphilis, HIV, chlamydia. Participants also mentioned cancer, heart disease, and stroke continuing to be major problems. According to the Louisiana State Health Assessment and Improvement Plan 2016-2020, the leading causes of death in Louisiana are heart disease, cancers, respiratory disease, and cerebrovascular disease.[22] Figure 10 below lists the top 10 leading causes of death in Central Louisiana. Diseases of the heart was the leading cause of death in CLA with the age-adjusted rate of 248 per 100,000, which incorporates multiple ICD 10 codes and diagnoses. [23]

10 Leading Causes of Death, 2013-2017, CLA	Average Deaths per Year	Age Adjusted Rate Per 100,000
#Diseases of heart (I00-I09,I11,I13,I20-I51)	904	248
#Malignant neoplasms (C00-C97)	716	192
#Chronic lower respiratory diseases (J40-J47)	221	60

21 Sources: Asthma BRFSS 2011-2012, Diabetes CDC 2013, High blood pressure BRFSS 2006-2012, Obesity CDC 2013. Aggregated via Community Commons.

22 Louisiana State Health Assessment and Improvement Plan, 2016-2020. http://ldh.la.gov/assets/oph/SHA_SHIP/SHA-SHIP.pdf

23 Source: US Department of Health & Human Services, Health Indicators Warehouse. CDC, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jan 11, 2019.

#Cerebrovascular diseases (I60-I69)	196	54
#Alzheimer's disease (G30)	183	52
#Accidents (unintentional injuries) (V01-X59,Y85-Y86)	182	55
#Influenza and pneumonia (J09-J18)	100	28
#Diabetes mellitus (E10-E14)	98	27
#Septicemia (A40-A41)	80	22
#Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17- N19,N25-N27)	74	20

Figure 10: Top 10 leading causes of death in the region, annual average 2013-2017, CLA

Central Louisiana Region had higher age-adjusted rates of mortality due to cancer (195 per 100,000), coronary heart disease (151.4 per 100,000), lung disease (58.7 per 100,000) and stroke (51.6 per 100,000) compared to both the state and country. These mortality rates are shown below in Figure 11.[24]

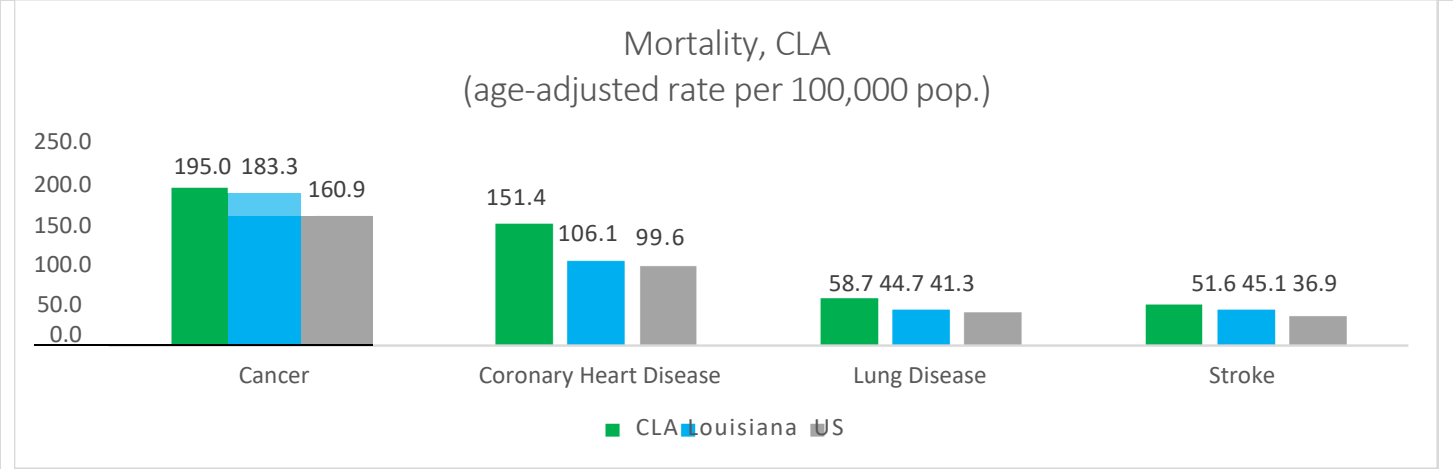


Figure 11: Age-adjusted mortality rates for cancer, heart disease, lung disease, and stroke, 2012-2016, CLA

Like many Louisianans, participants were concerned about cancer rates, especially with the cancer mortality rate being high. The five types of cancer with highest age-adjusted incidence rates in the state (and higher than the national average) were colon & rectal, lung & bronchus, kidney & renal pelvis, breast in females, and prostate in males. In central Louisiana, there were higher incidences of colon & rectum cancers, lung & bronchus cancers, and kidney & renal pelvis cancers, compared to the state where as the incidence rates of breast and prostate cancers were lower in Central LA compared to state averages. Figure 12 below compares the region to the state and country for the incidence rates per year of these five cancer types.[25]

[24] Source: Mortality rates, CDC, National Vital Statistics System. Accessed via CDC WONDER, 2012-2016. Community Commons, 2018

[25] Incidence data are provided by the National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), CDC, and National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program. Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population. Rates are for invasive cancer only. The 1969-2015 US Population Data File [https://seer.cancer.gov/popdata/] is used for SEER and NPCR incidence rates. Parish cancer breakdown was based on highest cancer rate per year https://sph.lsuhsc.edu/wp-content/uploads/2019/01/02_Tables-1-15.pdf.

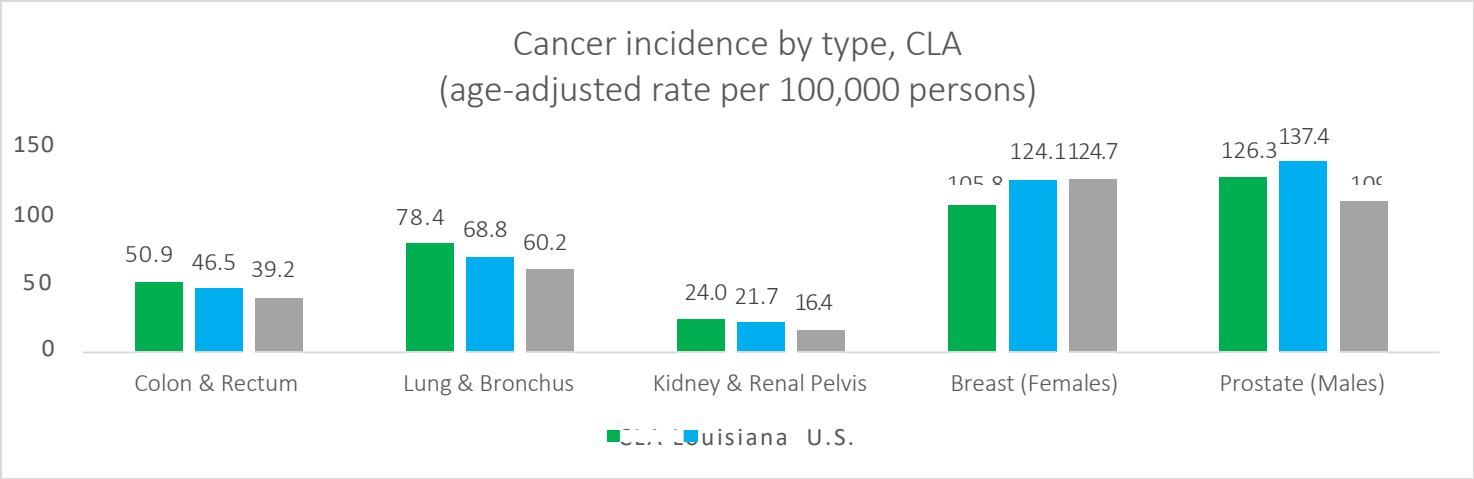


Figure 12: Incidence rates by type of cancer, CLA 2011-2015. *Red River Parish data suppressed in kidney & renal pelvis.[26]

Figure 13 below illustrates the breakdown estimates of type of cancer incidence at the parish level with averages from years 2011-2015. The figure includes average annual counts, age-adjusted rates per 100,000 population, and recent trends for the five parishes, state, and country.[27]

Age-adjusted rates (per 100,000) of Types of Cancer Incidence by Parish, 2011-2015, CLA											
		Allen	Avoyelles	Bienville	Evangeline	Grant	Rapides	Red River	Vernon	LA	U.S.
Colon & Rectum	Rate	**54.9**	**54**	47.9	**73.1**	46.8	48.5	35	47.1	46.5	39.2
	Count	**16**	**27**	9	**27**	12	73	4	21	2347	n/a
	Trend†	□	□	□	□	□	□	□	□	□	□
Lung & Bronchus	Rate	70.6	**79.7**	**83.1**	**81.8**	**84.4**	68.9	69	**89.5**	68.8	60.2
	Count	19	**40**	**17**	**31**	**21**	107	8	**40**	3515	217545
	Trend†	□	□	□	□	□	□	□	□	□	□
Kidney & Renal Pelvis	Rate	**29.6**	19.2	27.3	21.8	20.2	21.5	n/a	28.5	21.7	16.4
	Count	**8**	9	5	8	5	32	n/a	13	1097	n/a
	Trend†	**1'**	□	n/a	□	n/a	□	n/a	□	□	1'
Breast, Females	Rate	98.4	92.8	124.2	98.6	83.3	117.1	122.1	110.1	124.1	124.7
	Count	13	23	12	19	10	94	7	25	3340	n/a
	Trend†	□	□	□	□	□	□	1'	□	1'	□
Prostate, Males	Rate	123.2	125.9	**142.4**	135.9	106.8	**160.3**	92.2	123.8	137.4	109
	Count	17	31	**13**	26	13	**117**	5	27	3387	n/a
	Trend†	□	□	□	□	□	□	□	□	□	□

Figure 13: Average annual counts and incidence rates of different cancer types at the parish level, 2011-2015. †Recent trends: stable (□), falling (□), rising (1')

[26] *n/a: Data has been suppressed to ensure confidentiality and stability of rate estimates. Counts are suppressed if fewer than 16 records were reported in a specific area-sex-race category. If an average count of 3 is shown, the total number of cases for the time period is 16 or more which exceeds suppression threshold (but is rounded to 3).

[27] Source: National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), Centers for Disease Control and Prevention and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program, 2011-2015. https://statecancerprofiles.cancer.gov

Figure 14 below shows that Central Louisiana suffers from high rates of death due to homicides, motor vehicle crashes, and suicides. The homicide death rate in the Region was similar to the state at 12.7 deaths per 100,000, which was over double the national rate of 5.5 per 100,000 persons. The rate of fatalities in the Region due to motor vehicle crashes was 23.4 per 100,000, a much higher rate compared to the state and nation. The death rate due to suicide is also much higher in the Region at 20 per 100,000 persons compared to the state and nation.[28]

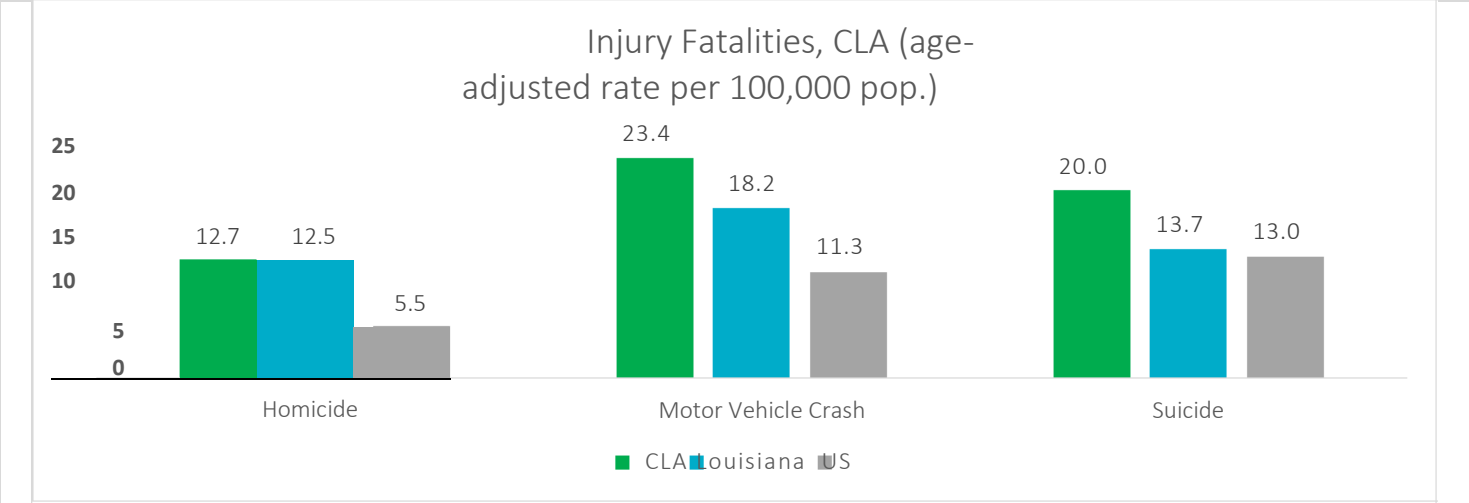


Figure 14: Death rates due to homicide, motor vehicle crash, and suicide, 2012-2016, CLA

Suicide is a Healthy People 2020 Leading Health Indicator for mental health. The age-adjusted target for the national suicide rate in 2020 is 10.2 per 100,000 population, which is much lower than the suicide rate across Central LA and the state. The suicide rate differs based on sex and race in the Region similar to the state differences. Figure 15 illustrates how the suicide age-adjusted rate differs based on sex and race, with higher rates for of suicide for males and whites. [29]

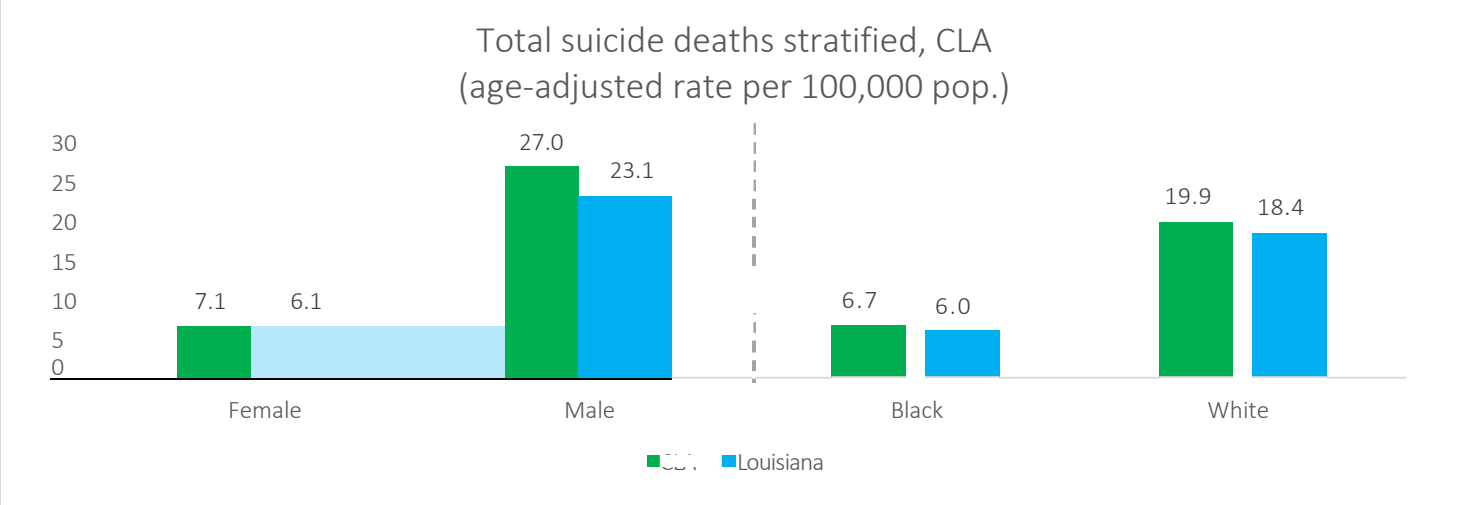


Figure 15: Suicide death rate stratified by sex and race, 2012-2016, CLA

[28] Source: Injury fatalities, CDC Wonder, 2012-2016. Aggregated using Community Commons.
[29] https://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

Suicide was a top issue for participants, including those occurring among teenagers. According to the Centers for Disease Control and Prevention (CDC), suicide is a leading cause of death as rates have steadily increased in nearly every state from 1999 through 2016. Much of the increase is driven by suicides occurring in mid-life and are mostly committed by men. The highest number of suicides among both men and women occurred among those aged 45 to 54.[30] Nationally, suicide is the 3rd leading cause of death in youth ages 10-24.[31] Louisiana saw a 29.3 percent increase in suicides from 1999 to 2016.[32]

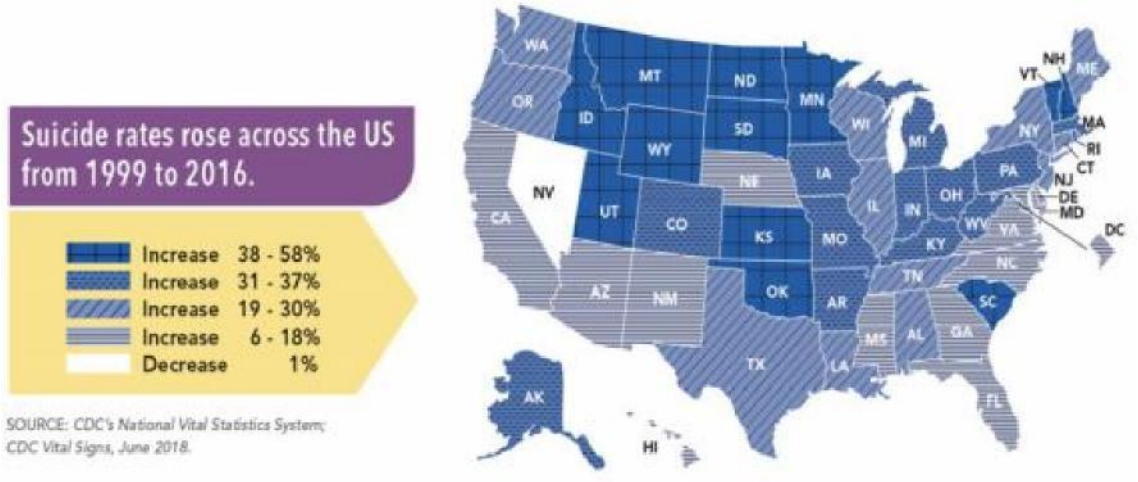


Figure 16: Suicide rates rose across the U.S. from 1999 to 2016

Mental and Behavioral Health

Mental health issues, substance abuse, drug and alcohol addiction, and lack of accessible affordable treatment services (and follow-up services) were major mental and behavioral health concerns in the community cited by participants.

According to the World Health Organization, "mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." Mental health affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Good mental health is freedom from depression, anxiety, and other psychological issues. It affects all racial groups and socio-economic backgrounds.[33]

According to Behavioral Risk Factor Surveillance System (BRFSS) 2016 data, 22.6% of the LA DHH Region 6 population reported having experienced depression. See Appendix B for map of LA-DHH regions. In 2013-2014, 4.5% of all adults in Louisiana reported serious mental illness (SMI) within the past year, a slight increase from 3.8% of all adults in 2010-2011. Among all adults aged 18 or older with any mental illness, 61.8% had not

[30] https://www.cdc.gov/nchs/data/databriefs/db330_tables-508.pdf
[31] https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf
[32] Centers for Disease Control and Prevention: www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1
[33] World Health Organization: www.who.int/features/factfiles/mental_health/en/

received mental health treatment or counseling within the year.[34] It is also important to note that the number of public psychiatric beds in Louisiana decreased from 903 in 2010 to 616 beds in 2016.[35]

[Mental health care] is a big gap. Long-term psychiatric beds are non-existent. Those who can access care are treated acutely for long-term issues.

Across America, approximately 60% of adults and nearly 50% of youth aged 8-15 with a mental illness did not receive mental health services in the previous year.[36] According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2016 National Survey on Drug Use and Health, reasons adults 18 and older were not receiving mental health services included the inability to afford the cost (46.2%), followed by the thought they could handle the problem without treatment (30.5%) and they did not know where to go to access services (28.1%).[37]

Mental illness and substance abuse are often co-occurring. People with serious mental illness and/or substance use disorders often face higher rates of cardiovascular disease, diabetes, respiratory disease, and infectious disease; increased vulnerability due to poverty, social isolation, trauma and violence, and incarceration; lack of coordination between mental and primary health care providers; prejudice and discrimination; side effects from psychotropic medications; and an overall lack of access to health care, particularly preventive care.[38]

We need linkage whenever we treat or see people in ED and they are discharged, particularly those with mental health illness or substance abuse issues. [Providing] that the linkage without side resources (e.g. a residential clinic), that's where the gap occurs that we have to bridge...we [have to] ensure that those people are actually followed up with [by] their provider. Giving people a name and phone number is not sufficient. There needs to be an appointment scheduled and solidified for continuum of care so [they] don't fall through the cracks, particularly for those who come in suicidal. [The system] just seems to not be as formalized and concrete as it could be.

Per year 2013-2014, about 112,000 individuals in Louisiana aged 12 or older (2.9% of individuals in this age group) were dependent on or abused illicit drugs within the year. This is a slight increase from 2010 and similar to the national percentage.[39] CDC's Drug Overdose Death Data show Louisiana had a statistically significant 14.7% increase in its drug overdose death rate from 2015–2016.[40]

Participants expressed concern about opioid and meth addiction in the region, as well as the lack of resources and services to provide adequate treatment. According to the National Institute on Drug Abuse, there were 346

[34] https://www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf
[35] https://www.treatmentadvocacycenter.org/browse-by-state/louisiana
[36] https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf
[37] https://www.samhsa.gov/data/sites/default/files/NSDUH-DR-FFR2-2016/NSDUH-DR-FFR2-2016.htm
[38] Substance Abuse and Mental Health Services Administration: www.samhsa.gov/wellness-initiative
[39] https://www.samhsa.gov/data/sites/default/files/2015_Louisiana_BHBarometer.pdf
[40] https://www.cdc.gov/nssp/documents/success-stories/NSSP-Success-Story-louisiana-drug-abuse-508.pdf

opioid related overdose deaths reported across Louisiana in 2016, a death rate of 7.7 per 100,000 persons (compared to the national rate of 13.3 deaths per 100,000 persons).[41]

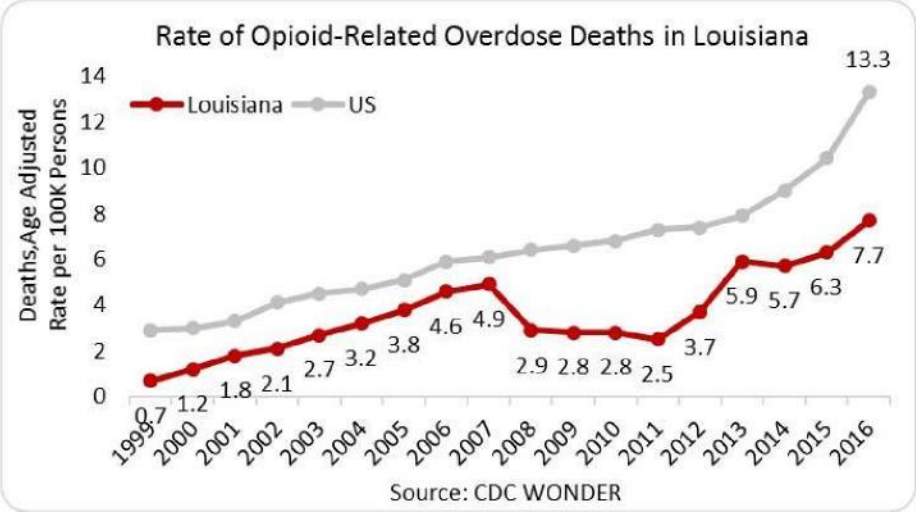


Figure 17: Rate of opioid deaths in Louisiana compared to the U.S. from 1999-2016.

Maternal and Child Health

Sexual health and number of STIs was a concern among many participants in the area. 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.[42] All Central Louisiana parishes had higher rates of teen births averaging 58 births per 1,000 females ages 15-19 compared to the state and country. See figure 18 below for estimated teen birth rate comparing the eight parishes, region, state, and country.[43]

[41] https://www.drugabuse.gov/drugs-abuse/opioids/opioid-summaries-by-state/louisiana-opioid-summary

[42] Source: 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/.

[43] Source: National Center for Health Statistics-Natality Files, 2010-2016.

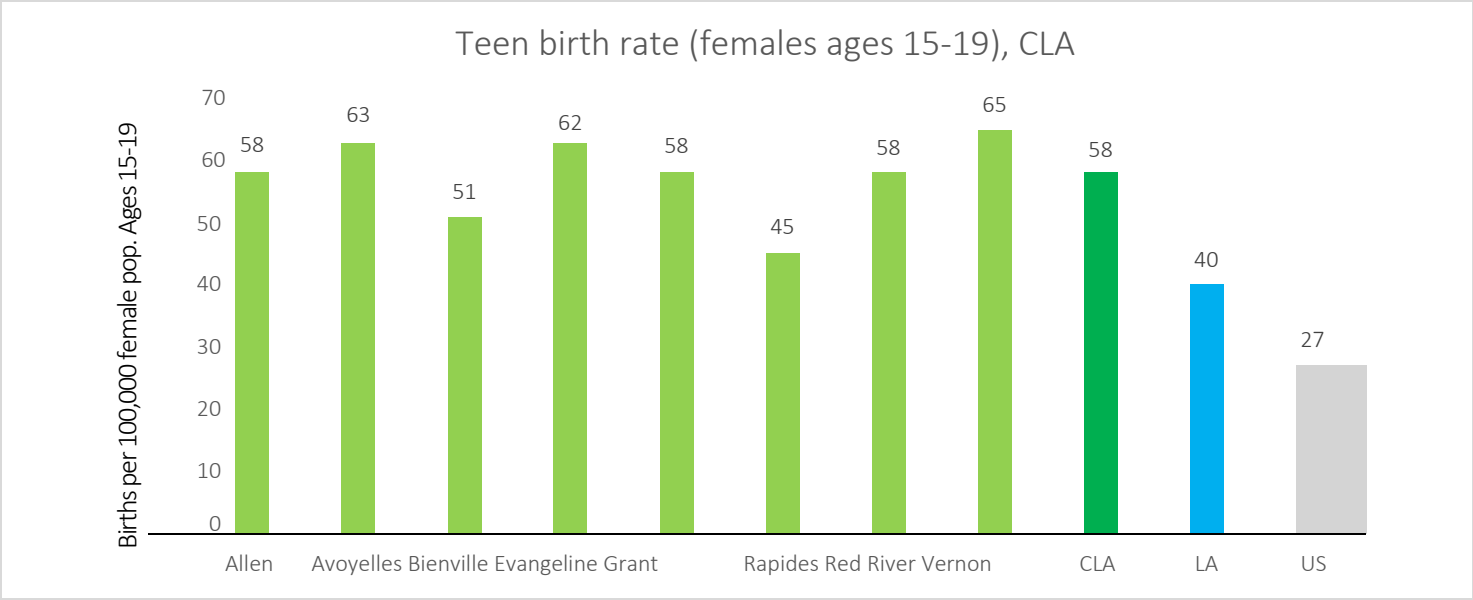
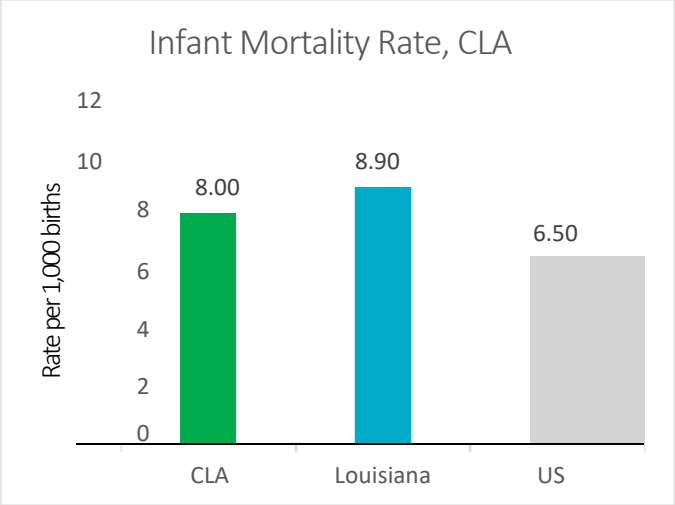
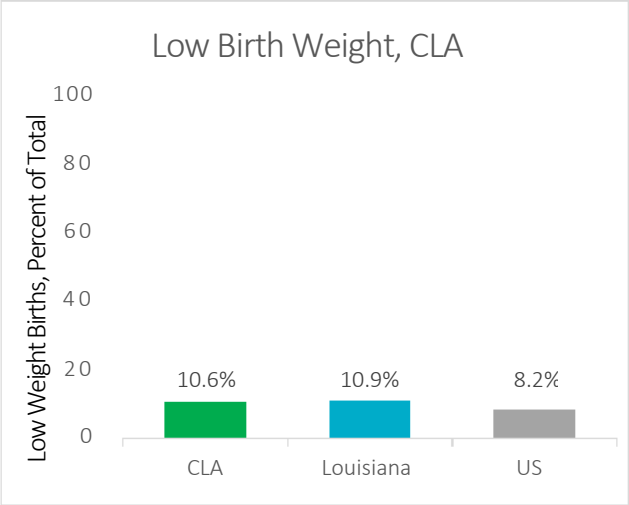


Figure 18: Number of births per 1,000 females ages 15-19 by parish, 2010-2016

Infant mortality is another Healthy People 2020 Leading Health Indicator with a target rate of 6.0 infant deaths (per 1,000 live births, <1 year).[44] The region, with 8.0 deaths per 1,000 births, exceeded the Healthy People 2020 Target and national average of 6.5 deaths per 1,000 births.[45] The percent of low birth weight births was also higher than the national average. There was a difference based on race with a higher percentage of babies born at low birth occurring among African Americans than Caucasians, 15% versus 8% respectively. [46]





See figures 19 and 20.

Figure 19: Infant mortality rate per 100,000 births, 2016 CLA, 2006-2010

Figure 20: Percentage low-birth weight, CLA, 2010-

[44] https://www.healthypeople.gov/sites/default/files/LHI-ProgressReport-ExecSum_0.pdf

[45] Source: HRSA Area Health Resource File, 2006-2010. Aggregated using Community Commons, 2018.

[46] Source: National Center for Health Statistics Natality files, 2010-2016. Aggregated via County Health Rankings, 2018.

Other Health Factors

Many participants discussed the local food culture and a "cowboy culture" as contributors to poor health outcomes in the Central LA Region and throughout the state. Risk taking was mentioned as an acceptable or inevitable norm for some, whether in reference to alcohol and drug use, smoking, driving too fast, recreational vehicle accidents, or other risky activities that are common in the area.

Our access to physical fitness and healthy food can be challenging. Again, it's the mindset... we are raised on fried food and at every place that you look we are within walking distance to fried food.

Figure 21 illustrates comparisons among five health risk factors. The percentage of adults that report a Body Mass index (BMI) of 30 or more in the Region was 37%, which was higher than the national average of 28% and the Healthy People 2020 target of 30.5%. The percentage of adults age 20 and over reporting no leisure time physical activity for the Region and state was also similar at 32%, but higher than the national average of 23%. According to the 2016 Behavioral Risk Factor Surveillance System (BRFSS), the percentage of adults who reported they were current smokers was 21%, which was lower than the state, but higher than the national percentage (17%) and Healthy People 2020 target of 12%. The percentage of adults reporting binge or heavy drinking was 18% in the Region, similar to the state and national percentages. Percentage of alcohol impaired deaths in the region was similar to the state (34%), but again higher than country (29%).[47]

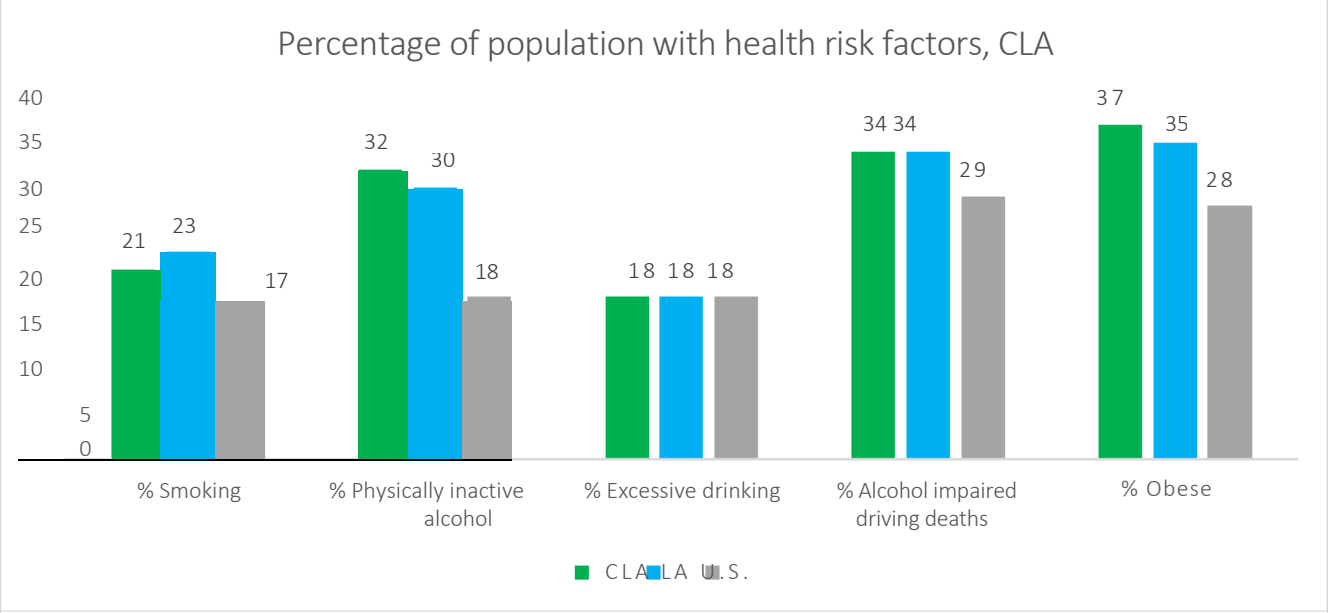


Figure 21: Health related risk factor percentages in the adult population, CLA

[47] Sources: Obesity- CDC Diabetes Interactive Atlas, 2014. Smoking- BRFSS, 2016. Physical inactivity- CDC Diabetes Interactive Atlas, 2014. Excessive drinking- BRFSS, 2016. Alcohol impaired driving deaths- Fatality Analysis Reporting System, 2012-2016. County Health Rankings, 2018

Figure 22 illustrates the differences by parish, region, state, and country for the percentage of residents smoking, physically inactive, reporting excessively drinking, with obesity, and alcohol impaired driving deaths in each parish.

	% Smoking	% Physically inactive	% Excessive drinking alcohol	% Alcohol impaired driving deaths	% Obese
Allen	21	30	19	30	35
Avoyelles	21	35	16	43	39
Bienville	20	35	15	22	39
Evangeline	24	34	17	37	40
Grant	19	29	19	45	36
Rapides	19	31	16	22	36
Red River	22	31	16	33	37
Vernon	21	28	22	41	33
CLA	21	32	18	34	37
LA	23	30	18	34	35
U.S.	17	18	18	29	28

Figure 22: Percentage of adults in each parish with health related risk factors by parish

Hospital Data

The findings in this section refer to data or analysis provided by the hospital facilities directly. Both Savoy Medical Center and CHRISTUS Dubuis Hospital of Alexandria shared written summaries of their patient visits and admittance. Other findings in this section includes primary data analyzed by [PHI from CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care from July 2016 to June 2018 (FY 2017-FY 2018). All data files shared with [PHI were de-identified and aggregated

At CHRISTUS Dubuis Hospital of Alexandria, approximately 280 patients are served in the facility annually. The primary admitting diagnoses are respiratory (35%), infectious disease (24%), and wounds (10%) related to comorbidities with conditions such as diabetes, obesity, and cardiovascular issues, thus requiring longer hospitalizations.

Savoy Medical Center had a total of 6,846 Emergency Department (ED) visits in 2018. The six most common visit diagnoses were pain and headache (30%), psychiatric (20%), diarrhea/ vomiting (10%), shortness of breath (8%), Cough (8%), and Fever (8%).

From July 2016-June 2018, CHRISTUS St. Frances Cabrini hospital had 26,133 in-patient hospitalizations and 96,582 Emergency Department (ED) visits. At the CHRISTUS Coushatta facility, 2,185 hospitalizations and 14,439 ED visits occurred over the same period.

Overall, most inpatient hospitalizations (18.13%) were from patients living in 71301 zip code in Alexandria, [A. Most ED visits (10.96%) were from patients living in the zip code 70601 in Pineville. See figures 23 and 24 below for the top 20 zip codes for number of and percentage of visits for inpatient hospitalizations and ED admissions.

List of ED Visits by top 20 zip codes, total zip codes in target parishes, and all other zip codes				
Parish	**Primary city**	**Zip code**	**# of visits (ED)**	**% total visits**
Rapides	Alexandria	71301	20123	18.13
Rapides	Pineville	71360	12655	11.40
Rapides	Alexandria	71302	12095	10.89
Rapides	Alexandria	71303	9684	8.72
Red River	Coushatta	71019	9015	8.12
Rapides	Boyce	71409	3246	2.92
Avoyelles	Marksville	71351	2155	1.94
Rapides	Deville	71328	2148	1.93
Grant	Colfax	71417	2056	1.85
Rapides	Ball	71405	1729	1.56
Grant	Pollock	71467	1707	1.54
Rapides	Glenmora	71433	1640	1.48
Rapides	Lecompte	71346	1541	1.39
Grant	Dry Prong	71423	1458	1.31
Allen	Oakdale	71463	1324	1.19
Rapides	Alexandria	71309	1147	1.03
Vernon	Leesville	71446	1074	0.97
Rapides	Forest Hill	71430	912	0.82
Avoyelles	Bunkie	71322	905	0.82
Rapides Parish	Woodworth	71485	895	0.81
Total Top 20 Zip Codes in CLA target parishes			87509	78.82%
Total Zip Codes in CLA target parishes			100698	90.70%
All Other Zip Codes			10323	9.30%
ALL Zip Codes			111021	100.0

Figure 23: List of inpatient hospitalizations by top 20 zip codes, total zip codes in target parishes, and all other zip codes, FY 2017-FY2018.

List of Inpatient Hospitalizations by top 20 zip codes, total zip codes in target parishes, and all other zip codes				
Parish	**Primary city**	**Zip cod**	**# of visits (hospital)**	**% total visits**
Rapides	Pineville	71360	3103	10.96
Rapides	Alexandria	71301	2600	9.18
Rapides	Alexandria	71303	2382	8.41
Rapides	Alexandria	71302	1549	5.47
Red River	Coushatta	71019	1307	4.62
Vernon	Leesville	71446	892	3.15
Avoyelles	Marksville	71351	836	2.95
Rapides	Boyce	71409	701	2.48
Rapides	Deville	71328	687	2.43
Allen	Oakdale	71463	614	2.17
Rapides	Glenmora	71433	521	1.84
Grant	Pollock	71467	452	1.60
Rapides	Ball	71405	452	1.60
Grant	Dry Prong	71423	447	1.58
Grant	Colfax	71417	433	1.53
Avoyelles	Bunkie	71322	419	1.48
Rapides	Lecompte	71346	323	1.14
Avoyelles	Mansura	71350	291	1.03
Rapides	Woodworth	71485	281	0.99
Avoyelles	Hessmer	71341	258	0.91
Total Top 20 Zip Codes in CLA target parishes			18548	65.50%
Total Zip Codes in CLA target parishes			23043	81.37%
All Other Zip Codes			5275	18.63%
ALL Zip Codes			28318	100.0

Figure 24: List of emergency department visits by top 20 zip codes, total zip codes in target parishes, and all other zip codes, FY 2017-FY2018.

The top cause of hospital admissions at CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care were births, followed by septicemia and hypertension with complications. The most common diagnoses for emergency department visits included nonspecific chest pain, other upper respiratory infection, abdominal pain, and sprains and strains. See figure 25.

Top 10 most common diagnoses for inpatient hospitalizations, CLA 2017-2018

Rank	Diagnosis	# of hospitalizations	% of all hospitalizations
1	Liveborn	2218	8%
2	Septicemia (except in labor)	1366	5%
3	Hypertension with complications and secondary hypertension	1311	5%
4	Chronic obstructive pulmonary disease and bronchiectasis	898	3%
5	Pneumonia (except that caused by tuberculosis or sexually transmitted disease)	890	3%
6	Acute and unspecified renal failure	764	3%
7	Coronary atherosclerosis and other heart disease	760	3%
8	Diabetes mellitus with complications	751	3%
9	Cardiac dysrhythmias	718	3%
10	Acute myocardial infarction	665	2%
	Total	10341	37%

Top 10 most common diagnoses for ED visits, CLA 2017-2018

Rank	Diagnosis	# of ED visits	% of all ED visits
1	Nonspecific chest pain	4426	4%
2	Other upper respiratory infections	4323	4%
3	Abdominal pain	3987	4%
4	Sprains and strains	3976	4%
5	Spondylosis; intervertebral disc disorders; other back problems	3730	3%
6	Urinary tract infections	3426	3%
7	Superficial injury; contusion	2965	3%
8	Other injuries and conditions due to external causes	2875	3%
9	Skin and subcutaneous tissue infections	2689	2%
10	Headache; including migraine	2350	2%
	Total	34747	31%

Figure 25: Top 10 most common diagnoses for inpatient hospital data and ED visits.

Focus group and interview participants also mentioned the use of emergency rooms for individuals who do not seek preventive care or have a primary care physician, due to a variety of reasons. Below is the percentage of inpatient and emergency department visits by repeat patients primarily at CHRISTUS St. Frances Cabrini.

Patients by number of repeat hospitalizations during 1-year period CLA

Number of visits	% of patients
1	77%
2 to 5	21%
> 5	1%

Patients by number of repeat ED visits during 1-year period CLA

Number of visits	% all ED visits
1	61%
2 to 5	34%
> 5	5%

Figure 26: Number of repeat hospitalizations and number of repeat ED visits during a 1-year period

Half of all inpatient hospitalizations were by Medicare patients, and 22% of visits were made by those covered by Medicaid. For emergency department visits, 40% were by Medicaid patients and 30% by Medicare patients.

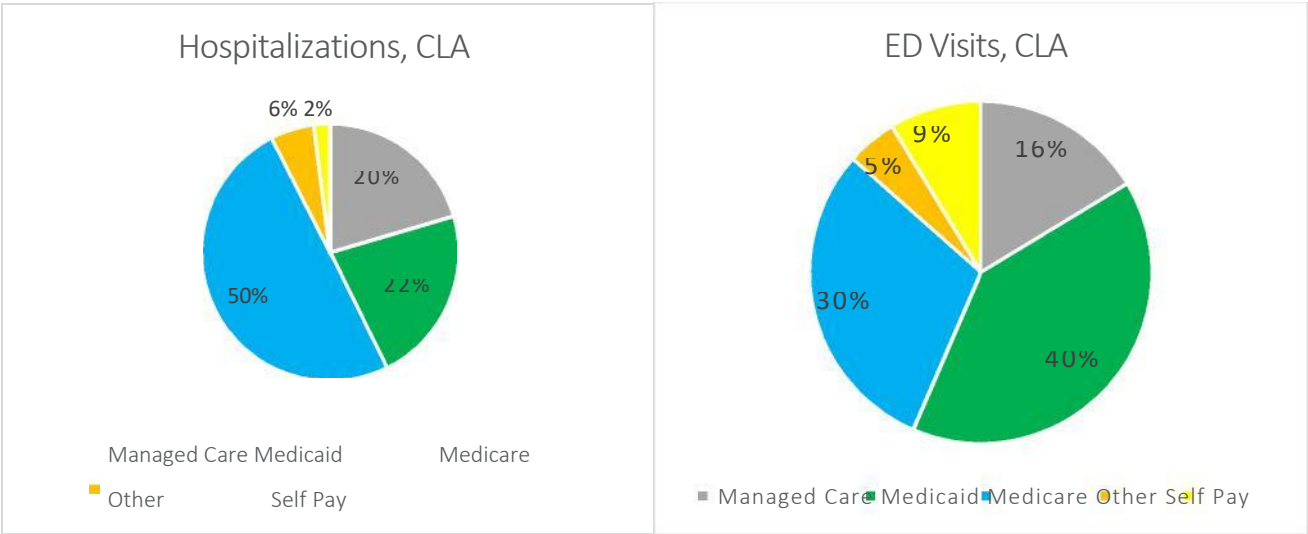


Figure 27: Payer mix for hospital visits and Emergency Department visits

Prioritization

Validation Process

LPHI provided an overview of the quantitative and qualitative findings of major concerns for CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Dubuis Hospital of Alexandria, CHRISTUS Coushatta Health Care Center, and Savoy Medical Center to 66 participants who attended a data validation meeting on January 23, 2019. The validation meeting was held at CHRISTUS St. Frances Cabrini Hospital and participants included leadership and staff from all three facilities, as well as representatives from non-profits, faith based organizations, and other community members and leaders.

Cited concerns were included in the overview if they met the following criteria:

1. the issue or concern was brought up at least 3 times during interviews and/ or the focus group
2. and/or the issue was substantiated through the quantitative analysis.

The major issues discussed were organized into eight categories with assistance from CHRISTUS St. Frances Cabrini Health System's Vice President, Mission Integration.

Social Determinants of Health • Housing and substandard living • Poverty • Transportation • Cost of living • Access to high quality/ paying jobs • Education • Crime, violence, bullying, theft • Lack of resources • Homelessness • Access to healthy food • Walkability*[48]	**Stroke**	**Access to Care** • High cost of care • Cost of prescriptions • Health literacy • Lack of providers, specialists, dentists • Knowing where to get resources • Availability of services after hours
	Mental and Behavioral Health • Anxiety, depression, suicide, PTSD • Access to addiction and substance abuse • Access to mental health services • Drug addiction/ drug use • Support for caregivers	**Quality of water (rural)**
Cancers	**Chronic disease** • Heart Disease • Diabetes • Hypertension • Obesity	**Sexual health** • STIs • Teen pregnancy

Participants discussed the findings via a series of facilitated prompts/ questions:

1. Do these results make sense, and what surprises you the most?
2. Are there specific pieces of data shared that concern you or require additional clarification?

* [48] Walkability was its own category during prioritization activity. Based on CHRISTUS recommendation, walkability was incorporated into social determinants of health after the ranking activity.

Following the facilitated discussion, 47of the 66 participants ranked what they thought were most important concerns that CHRISTUS and partners should address in Central Louisiana using www.polleverywhere.com. The results of the ranking exercise are as follows (in order of most to least important per participant input):

1. Mental and behavioral health
2. Chronic diseases and conditions
3. Access to care
4. Social determinants of health
5. Cancer
6. Sexual health
7. Infant mortality
8. Quality of water (rural areas)
9. Walkability*

*Based on CHRISTUS recommendation, walkability was incorporated into the social determinants of health category after the ranking activity.

Hospital priorities for next 3 years

CHRISTUS Health St. Frances Cabrini Health System Vice President, Mission Integration, and the CHNA Advisory Committee used the information presented at the validation meeting, along with the ranking conducted by participants, to help determine the focal priorities the ministry will address over the next three years through the upcoming 2019-2022 Community Health Improvement Plan (CHIP). Figure 28 lists the selected priorities for each facility.

CHRISTUS St. Frances Cabrini Hospital	• Mental and Behavioral Health • Chronic Diseases and Conditions (emphasis on diabetes) • Access to Care
CHRISTUS Coushatta Health Care Center	• Mental and Behavioral Health • Access to Care • Social Determinants of Health (emphasis on transportation & knowledge of community resources)
CHRISTUS Dubuis Hospital of Alexandria	• Chronic Diseases and Conditions • Access to Care • Cost of Medications
Savoy Medical Center	• Substance Abuse and Alcoholism • Smoking • Chronic Diseases and Conditions (emphasis on cardiovascular disease and diabetes)

Figure 28: Hospital priorities for 2019-2022.

In addition, during the course of the next three years, community benefit initiatives may be added as health-related issues arise that are identified as community needs.

Issues not selected for inclusion in the CHIP

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

CHRISTUS St. Frances Cabrini Hospital	CHRISTUS Coushatta Health Care Center	CHRISTUS Dubuis Hospital of Alexandria	Savoy Medical Center
Social determinants of Health	Cancers	Mental and Behavioral Health	Access to Care
Cancers	Stroke	Social Determinants of Health	Social Determinants of Health
Stroke	Chronic Disease	Cancers	Cancer
Water Quality	Quality of Water	Stroke	Stroke
Infant Mortality	Infant Mortality	Quality of Water	Quality of Water
Sexual Health	Sexual Health	Infant Mortality	Infant Mortality
		Sexual Health	Sexual Health

While all excluded areas are of community concern and important issues, CHRISTUS St. Frances Cabrini Hospital, CHRISTUS Coushatta Health Care Center, CHRISTUS Dubuis Hospital of Alexandria, and Savoy Medical Center determined there are others in the region already addressing or possess more specialized resources to better address the needs around the excluded topics. Examples of resources in the community are described in Appendix D.

Impact Thus Far

Since 2016, CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care Center have been working to address the issues of access to care, chronic disease, obesity, and health literacy and accountability. Leaders at Savoy Medical Center have also been providing health education and services to address alcoholism/ substance abuse, obesity, and cardiovascular disease. CHRISTUS Dubuis Hospital has also been addressing chronic conditions and access to care/ cost of medications, as well as health literacy/ health education. All of these issues were identified as priority areas in the facilities' most recent community health needs assessments. Detailed activities conducted by each facility for each issue are listed in Appendix E.

Sources and Descriptions of Measures

Demographics				
Focus Area	Measure Description	Source	Year	Accessed via...
Population	Population estimate trend by parish	U.S. Census Bureau, American Community Survey (ACS) 5 year estimates	2000, 2013-2017	Policy map, 2018 www.policymap.org
Rural/ Urban/ Suburban	% of total population of 5-county area that is rural, urban, or suburban	Decennial Census	2010	Community Commons www.community commons.org
Age	% of population ages 0-4,5-17,18-24,25-34,45-54,55-64,65+	ACS, 5 year estimates	2012-2016	Community Commons, 2018
Race & Ethnicity	% of population identified as white, black, or other. % of pop. identified as Hispanic	ACS, 5 year estimates	2012-2016	Community Commons, 2018
Gender	% of population identified as male, female	ACS, 5 year estimates	2012-2016	Community Commons, 2018
Socioeconomic Factors				
Focus Area	Measure Description	Source	Year	Accessed via...
Graduated High School	% of ninth grade cohort that graduates in 4 years	ED Facts	2014-2015	County Health Rankings, 2018
Some College	% of adults ages 24-44 with some secondary education	ACS, 5 year estimates	2012-2016	County Health Rankings, 2018
Unemployment	% of population ages 16 and older unemployed but seeking work	Bureau of labor statistics	2016	County Health Rankings, 2018
Children in poverty	% of children under age 18 in poverty	ACS, 5 year estimates	2012-2016	County Health Rankings, 2018
Children in one parent house	% of children that live in a household headed by single parent	ACS, 5 year estimates	2012-2016	County Health Rankings, 2018
Violent crime	Number of reported violent crime offenses per 100,000 population	FBI, Uniform Crime Reporting	2012-2014	County Health Rankings, 2018
Employment	Total number workers and % of total workers by industry sector, SWLA. Based on average employment counts.	The industry sector is coded to North American Industrial Classification System (NAICS)	1-year period (Q3-Q4 2017, Q1-Q2 2018)	U.S. Bureau of Labor Statistics
ALICE & Poverty	% of households below the ALICE threshold (& poverty)	ALICE: A Study of financial hardship in Louisiana, 2018 Report.	2010, 2016	https://www.launitedway.org/alice-report-update-louisiana-released-january-2019
Low food access	% of the population living more than $^1/_2$ mile from the nearest supermarket, supercenter, or large grocery store	US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas	2015	Community Commons, 2018
Housing cost burden	% of the households where housing costs exceed 30% of total household income each month	US Census Bureau, American Community Survey 5 year estimates	2012-2016	Community Commons, 2018
Access to Health Care				
Focus Area	Measure Description	Source	Year	Accessed via...
Medicaid	Number of adults enrolled in Medicaid, % who had a doctor's	Louisiana Department of Health, including modified	November 2018	http://www.ldh.la.gov/HealthyLaDashboard/

	visit, and the # that went to a doctor's office also received a preventive healthcare service	version of the AAP HEDIS® measure		
Dentists	Number of dentist per 100,000 persons	HRSA, Area Health Resource File	2015	Community Commons, 2018
Mental health providers	Number of mental health providers per 100,000 persons	County Health Rankings	2018	Community Commons, 2018
Primary care providers	Number of primary care providers per 100,000 persons	HRSA, Area Health Resource File	2014	Community Commons, 2018
Health Outcomes				
Focus Area	Measure Description	Source	Year	Accessed via...
Asthma	% of adult population with asthma	Behavioral Risk Factor Surveillance (BRFSS), and CARES	2011-2012	Community Commons, 2018
Diabetes	% of Medicare population with diabetes	CMS	2015	Community Commons, 2018
High Blood Pressure	% of adult population with high blood pressure	BRFSS, Health Indicators Warehouse	2006-2012	Community Commons, 2018
Obesity	% of adult population that are obese	CDC	2013	Community Commons, 2018
Leading causes of death	Top 10 leading causes of death (based on categories of multiple ICD codes listed) show in average number of deaths per year and age adjusted rates per 100,000 for SWLA	DHH, Health Indicators Warehouse. National Vital Statistics System. Underlying Cause of Death 1999-2017 on CDC WONDER Database, released December, 2018	2013-2017	Accessed at http://wonder.cdc.gov/ucd-icd10.html on Jan 11, 2019
Mortality rates	Age-adjusted mortality rate (per 100,000 population) for cancer, lung disease, coronary heat, SWLA	CDC, National Vital Statistics System. Accessed via CDC WONDER	2012-2016	Community Commons, 2018
Cancers	Cancer Incidence rates (age adjusted per 100,000) population for the following cancers: Colon & Rectum, Lung & Bronchus, Kidney & renal Pelvis, Breast in females, and prostate in males. SWLA and parish level data. Additional info https://sph.lsuhsc.edu/louisiana-tumor-registry/data-usestatistics/monographs-publications/cancer-incidence-louisiana-census-tract/	National Program of Cancer Registries Cancer Surveillance System (NPCR-CSS), CDC and by the National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) Program	2011-2015	https://statecancerprofiles.cancer.gov/
Injury fatalities	Death rates (Age adjusted per 100,000) due to homicide, motor vehicle crash, and suicide	CDC Wonder	2012-2016	Community Commons, 2018
Suicide	Age adjusted per 100,000 rate of suicides stratified by gender (male and female) and race (African American and Caucasian)	CDC Wonder	2012-2016	County Health Rankings, 2018
Teen births	Number of births per 1,000 female population ages 15-19 by parish	National Center for Health Statistics-Natality Files	2010-2016	County Health Rankings, 2018
Infant mortality	Number of deaths per 1,000 births	HRSA Area Health Resource File	2006-2010	Community Commons, 2018

Low birth weight (LBW)	% of live births with low birthweight (<2500 grams)	National Center for Health Statistics-Natality Files	2010-2016	County Health Rankings, 2018
Obesity	% of adults that report a BMI of 30 or more	CDC Diabetes Interactive Atlas	2014	County Health Rankings, 2018
Smoking	% of adults who are current smokers	BRFSS	2016	County Health Rankings, 2018
Physically inactive	% of adults age 20 and over reporting no leisure-time physical activity	CDC Diabetes Interactive Atlas	2014	County Health Rankings, 2018
Excessive drinking	% of adults reporting binge or heavy drinking	BRFSS	2016	County Health Rankings, 2018
Alcohol impaired driving deaths	% of driving deaths with alcohol involvement	Fatality Analysis Reporting System	2012-2016	County Health Rankings, 2018
Hospital data				
	Measure Description	Source	Year	Accessed via...
	List of inpatient hospitalizations and ED visits by top 20 zip codes, total zip codes in target parishes, and all other zip codes	CHRISTUS St. Frances Cabrini Hospital CHRISTUS Coushatta Medical Center CHRISTUS Dubuis Hospital of Alexandria Savoy Medical Center	July 2016-June 2018	Primary data collection
	Top 10 most common diagnoses for inpatient hospitalizations and ED visits			
	Number of repeat hospitalizations and number of repeat ED visits during a 1-year period			
	Payer mix for hospitalizations and Emergency Department visits			

Appendix A. 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 participants fall into more than one category and other participants identified as business owner, hospital affiliate, or community member. The number of key informants who identified meeting requirements are reflect below.

Input representing broad interests of community served	Number of Participants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	5
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	6
3) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations	6

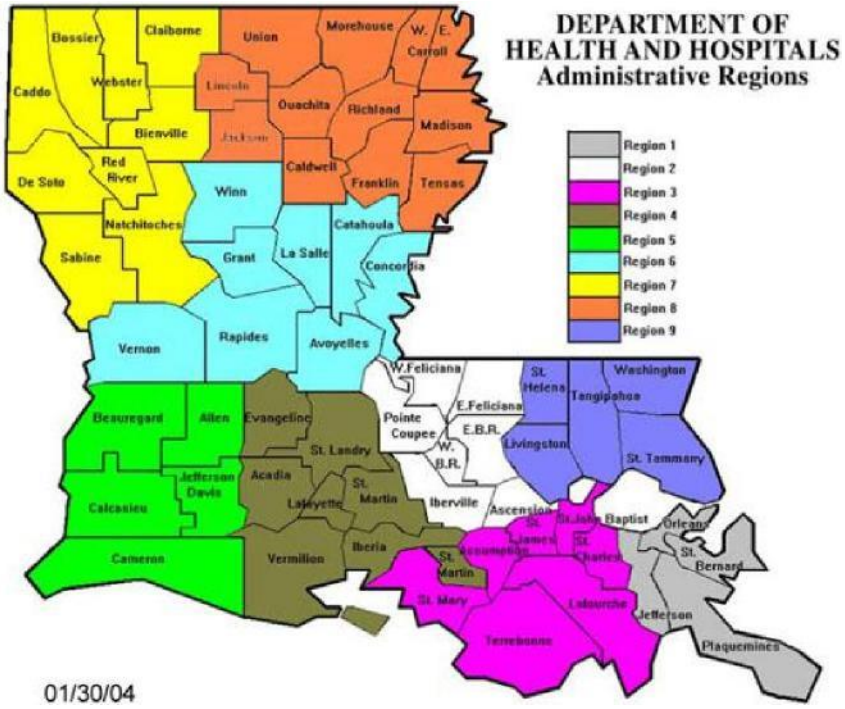
Examples of organizations and populations represented by participants include:

- United Way
- LA AHEC
- Central Louisiana Human Services District
- Parish Health Unit
- Medical Providers
- Business owners
- Volunteers of America
- Mayor of a town
- Retirees
- Rapide's Foundation

And many others...

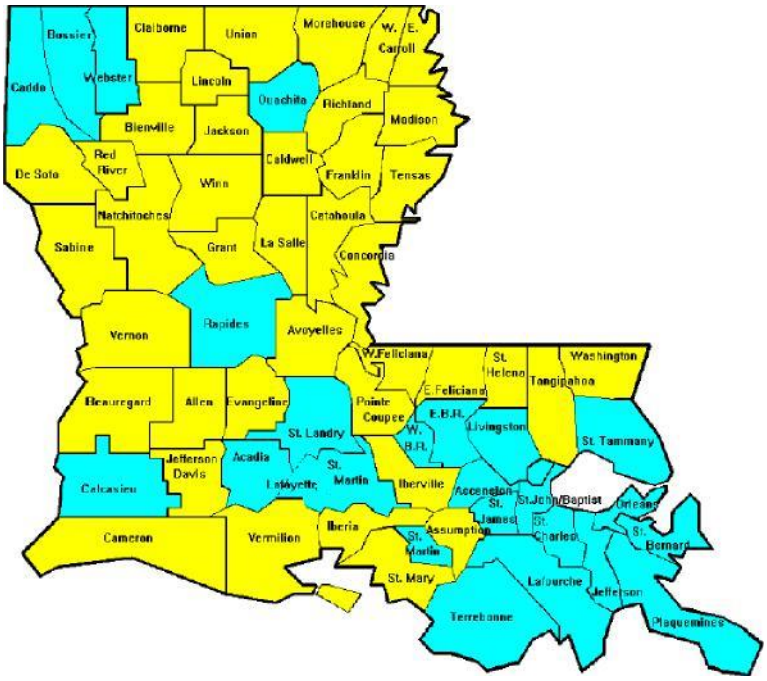
Appendix B. Maps

Louisiana Administrative Regions

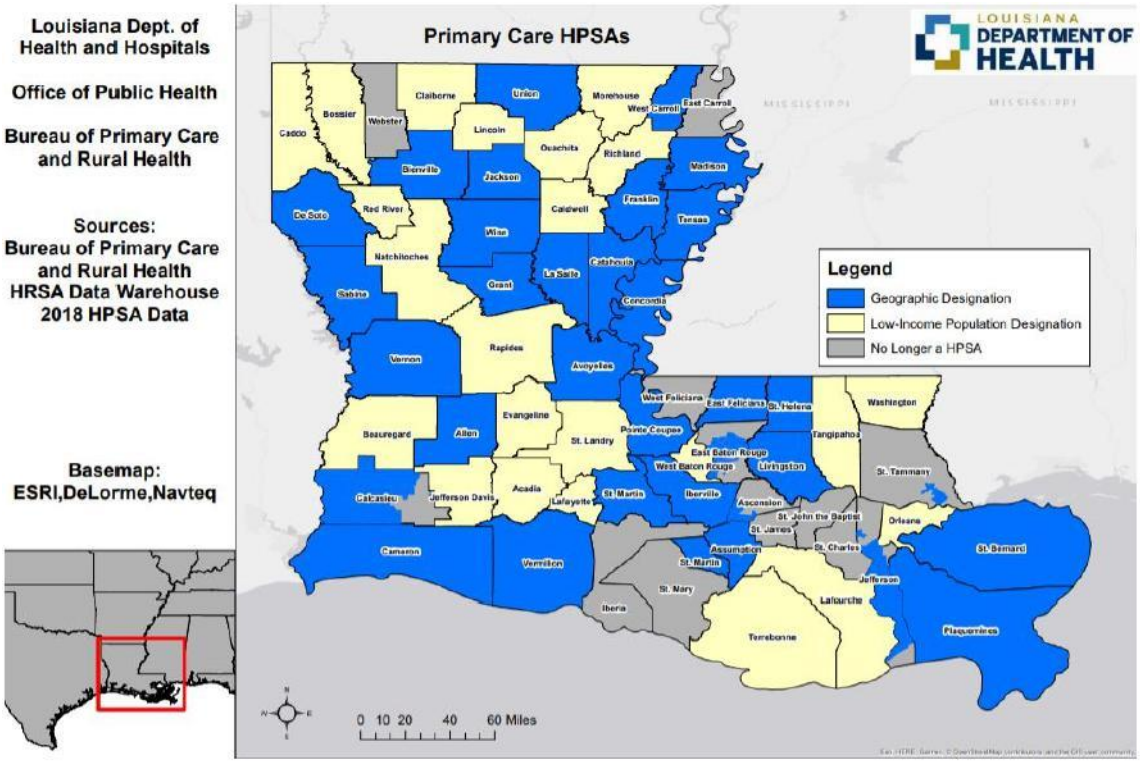


Rural and Urban Parishes

Rural Parishes (Yellow) and Urban (Turquoise Blue) are designated by the Federal Office of Management and Budget.



HPSA Maps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Office of Public Health
Bureau of Primary Care and Rural Health
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2018 HPSA Data
Basemap:
ESRI,DeLorme,Navteq
Primary Care HPSAs
LOUISIANA DEPARTMENT OF HEALTH
Legend
Geographic Designation
Low-Income Population Designation
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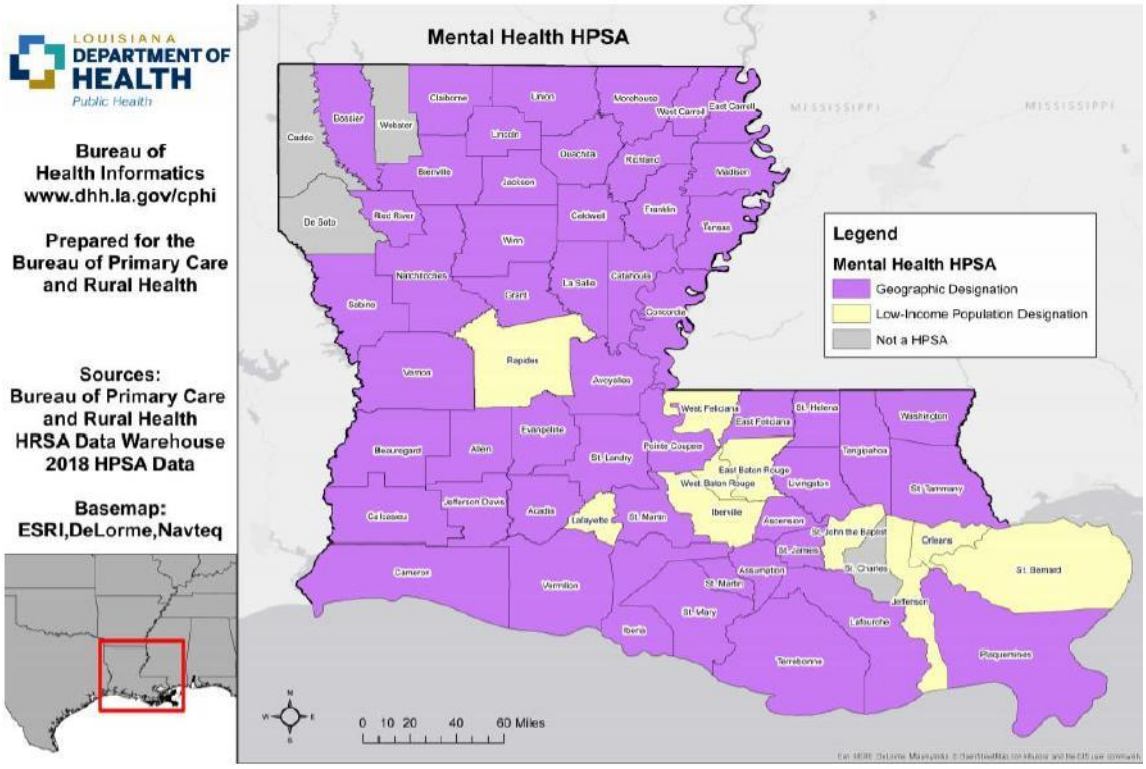
LOUISIANA DEPARTMENT OF HEALTH
Public Health
Bureau of Health Informatics
www.dhh.la.gov/cphi
Prepared for the Bureau of Primary Care and Rural Health
Sources:
Bureau of Primary Care and Rural Health
HRSA Data Warehouse
2018 HPSA Data
Basemap:
ESRI,DeLorme,Navteq
Mental Health HPSA
Legend
Mental Health HPSA
Geographic Designation
Low-Income Population Designation
Not a HPSA
0 10 20 40 60 Miles

Louisiana Dept. of Health

Office of Public Health

Bureau of Primary Care and Rural Health

Sources:
Bureau of Primary Care and Rural Health
HRSA Data Warehouse
2018 HPSA Data

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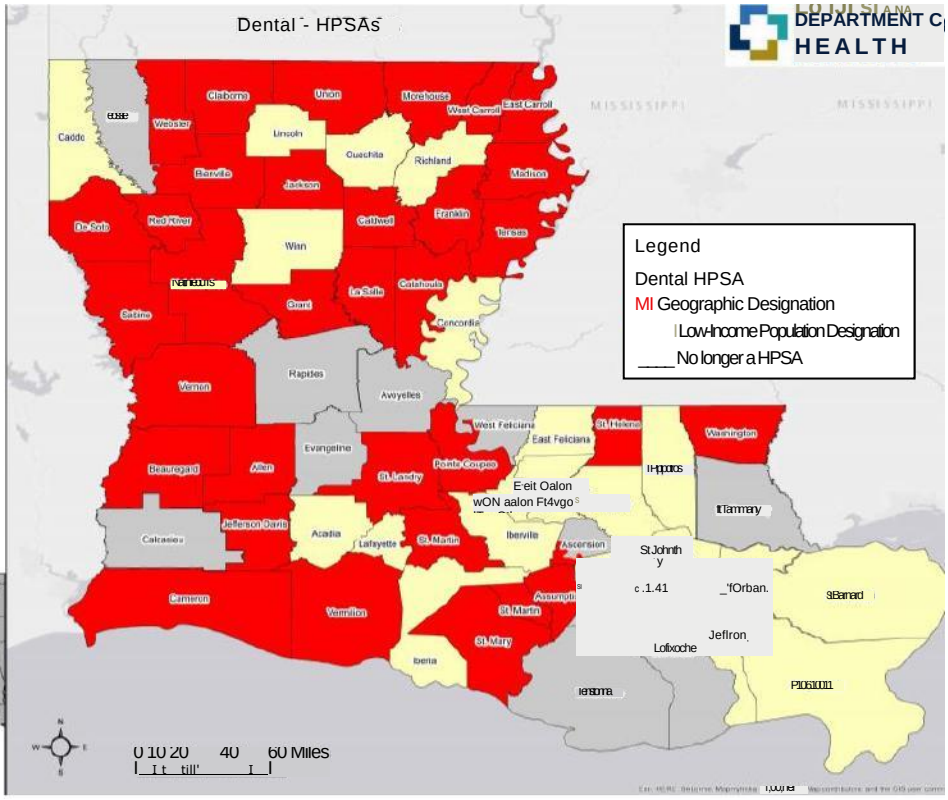

Appendix C. Local Organizations / Community Assets Mentioned by Participants

- LA AHEC (Louisiana Area Health Education Center)- An example, AHEC will be working on education around substance and opioid abuse
- GAEDA (Greater Alexandria Economic Development Authority)
- Intercity Revitalization Corporation (IRC)- housing developer
- Homeless Coalition
- HUD (US Department of Housing and Urban Development)
- Local government- economic development, housing, etc
- Volunteers of America
- United Way
- Central LA Human Services District- serve mental health, addictive disorders, and developmental disability service systems. Serves persons in Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn parishes
- Crisis Intervention Team (CIT) –trains law enforcement and first responders in recognizing mental illness, suicide intervention, substance abuse issues, role of family, legal training, as well as resources to help people in crisis
- HIV/ STD Taskforce
- CLASS (Central LA AIDS Support Services Incorporated)- STI prevention and treatment
- Avoyelles parish health unit worked with Rapides Regional on HPV vaccination awareness
- CLEDA- (Central Louisiana Economic Development Alliance)
- Tobacco Free Living Program
- Healthy Communities Coalition- Region 6
- Well ahead – address physical activity, tobacco, healthy eating....
- 211- resource directory and hub
- Farmers markets- some partnered with SNAP program
- Caring Choices- referral medication management services- difficult to get clients enrolled because so many clients
- Substance Abuse Council on Alcohol and Drug Abuse
- Several small groups working with addictions, cancer support groups, depression and anxiety groups that meet, grief groups (Alexandria)
- Small civic groups and municipalities that have an interest in addressing the environment through walking trails, parks, etc. E.g. In Avoyelles- “Move Bunkee forward”- they have a master plan for the city for improving parks, increasing sidewalk, adding playground equipment, etc.
- Federally Qualified Health Centers (FQHCs) located in Allen, Grant, Avoyelles, Bienville, Evangeline, Rapides, and Vernon parishes
- The Rapides Foundation- formed from non-profit hospital and has begun tackling social determinants
- Civic groups that do after school tutoring.
- Churches help out with food, clothing, and some additional support
- Local foodbank
- Metal and Behavioral Health services- CHRISTUS short-term acute, Ocean’s, Longleaf Hospital, Red River treatment center

Appendix D. Recommendations provided by Interview and Focus Group Participants

- *I don't think we have any detox beds in the 8 Parish area ... That would be something. We have had conversation about contracting with hospital to do that type of thing, but we are forbidden from contracting for hospital beds.*
- *Any kind of recruitment or issues of bringing providers into the area. Mentions workforce pipeline. One of hospital pulled several agencies and staff to discuss shortage issue with professionals in area. It was a broad and overarching area talking about having problems in university to have education to have local workforce trained. That is beyond our reach. We need people right here right now.*
- *Because CHRISTUS in our largest area (Rapides Parish) and has the psych beds... They are often brought there. They do seek out aftercare appointment with us. That is the extent to the follow-up, the hand off. I guess I want to see it improved and it's not just their responsibility. It's ours too. An improved connection there so people actually get into outpatient care after hospitalized.*
- *We need linkage whenever we treat or see people in ED and they are discharged particularly those with mental health illness or substance abuse issues; that the linkage without side resources - residential clinic, that's where the gap occurs that we have to bridge that we ensure that those people are actually followed up with their provider. Giving people name and phone number is not sufficient. There needs to be an appointment scheduled and solidified for continuum of care so [people] don't fall through cracks, particularly for those who come in suicidal. It just seems to be not as formalized and concrete as it could be. That would definitely impact those dynamics. If you look at suicide model that is their premise is that the linkage is not shored up, well established or effectively working.*
- *Increase awareness availability of services. Work on the processes. Have unusual office hours. Make it easier for folks to access care. If at all possible stick to schedule.*
- *I believe they are doing a great job now and of course more can be done, but that needs to be identified. Keep sensibility within a range that can be achieved- when things were closed and reduced, as long as our hospitals continue to offer that care here that is important.*
- *One thing could do as Shreveport and Alexandria -- serve as catalyst to start conversation around integrating healthcare, to bring together and rally the providers that do healthcare. Get them in the same room and start talking together about how they can solve some of these problems... CHRISTUS has the cache to create that kind of dialogue. Especially since you have hospital in Alexandria and here Shreveport*
- *Someone has to bring legislators together to look at finite number of dollars that we have to raise health and economic wellbeing of entire state.*
- *CHRISTUS – they could offer [education] programs directly through hospitals that would cover the cost. Or they could have their own training program or LPN or phlebotomy something for these students as soon as their senior year, after school hours or on the weekend that would encourage some of these students who would never have had the opportunity to go to college, the opportunity to thrive in a higher paying position.*
- *Maybe if they (CHRISTUS) could look at something in community even if it's once a month, something that is free, that may be what sparks their interest in physical fitness, maybe once a month free yoga class or looking at doing something revamping current parks, adding lighting, revamping some of the playground equipment or making sure tracks or safe to walk on.*

- *Couple of groups doing suicide awareness or mental health awareness and some have an App where you can call in and talk to peer – peer, to peer counselor, or social worker. Access to phone where they can talk over phone and then transportation would not be barrier to all.*
- *What about a mobile clinic? Instead of working about patients getting to Alexandria, since that's where the bulk of these professional are, what about having once a month a mental health professional located in Marksville or some type of mobile office that they could hit some of these outskirts of these parishes. That may be more helpful especially for the mental health component, especially for someone who is living in far end of Avoyelles. It's a good hour and 10-15 minutes, but to get to the center of the parish it maybe only 20 minutes. So, they may be able to get transportation for 10-20 minutes - offering some type of mobile service once a month.*
- *There are two big things. Work out some of the specialty issues to get them [patients] in a timely manner to a specialist. Having something more local rather than having to send them out 2 hours away is one of the biggest. The other would be the education about a lot of the social issues, as far as obesity, chronic issues such as diabetes, hypertension education and motivation around exercise. There are small groups trying to do things... I think that people tend to do it in a silo, but then it doesn't get a lot of ground, so people get burned out. It would take some organization to head it up, to start those type of programs and get others involved.*
- *Reasons school-based health centers started was because a community person brought it to us. Be willing to partner when we started working with principals and school boards. We have been collaborating on other things. Reputation has a lot with how you can get things done. We have never charged parents [money for services for children] ... when we first started, we didn't have to worry about money. It was mission of hospital, but through the years, we are billing private insurance, so we can be able to serve these without charging the parents. Even missions aren't totally financially covered. It's when we do our mission portion, there is certain percent that we have to take out from state and everything we get. I had to start to put dollar signs in our eyes.... Working with CHRISTUS and what we have been able to do - the impact with these kids has been tremendous because the staff is dedicated. They are daily caring and loving these kids and sometimes it just knowing that somebody cares that I'm alive or dead this morning....We're seeing that in Glenmor, amazing how community is growing. A nurse that has been with hospital for a long time.... She loves them, and the kids love her. For example, started cross country team because not have that at that school. Kids loved that, because gave them discipline. She would spend her weekends getting her kids there.*

Appendix E. Impact since last CHNA

Since 2016, CHRISTUS St. Frances Cabrini Hospital and CHRISTUS Coushatta Health Care Center have been working to address the issues of access to care, chronic disease, obesity, and health literacy and accountability. Leaders at Savoy Medical Center have also been providing health education and services to address alcoholism/ substance abuse, obesity, and cardiovascular disease. CHRISTUS Dubuis Hospital has also been addressing chronic conditions and access to care/ cost of medications, as well as health literacy/ health education. All of these issues were identified as priority areas in the facilities' most recent community health needs assessments. Detailed activities conducted by each facility for each issue are listed below:

CHRISTUS St. Frances Cabrini Hospital

1. Improve access to care

- CHRISTUS opened two new community clinics in Pineville and Alexandria to help meet the needs of the underserved, underinsured, and uninsured populations of the region. The two clinics provide both primary care and urgent care services. Pineville Community Clinic had 8,832 patient visits from July 2017 (when the clinic opened) through January 2019. The Alexandria Community Clinic had 21,727 patient visits from November 2017 (when the clinic opened) through January 2019. Seventy-two percent of the visits were for patients who were underserved, underinsured, or uninsured.

- The CHRISTUS Community Specialty Clinic for the Medicaid, underserved, underinsured, and uninsured patient populations expanded specialist services. The expansion included adding an additional day for gynecology, adding a pacemaker clinic, and adding a nurse practitioner for neurology services. The specialty clinic continued providing the following services: cardiology, Coumadin, pediatrics, gastroenterology, optometry, ophthalmology, orthopedics, and general surgery. There were 21,975 patient visits for specialty care from July 1, 2016 – January 31, 2019. Ninety-five percent of the visits were for patients who were underserved, underinsured and uninsured.

- From July 1, 2016 – January 31, 2019, 4,423 patients were enrolled in Medicaid after initiating a screening process for eligible patients.

- When Medicaid funding for central Louisiana was at risk, CHRISTUS St. Frances Cabrini Health System conducted extensive lobbying and a postcard mail-in campaign to influence the Louisiana state legislature to continue funding the Medicaid program. After outreach was complete, funding for the Medicaid program remained at a level at which hospital and clinic services could continue to be provided to the Medicaid patient population.

- CHRISTUS School Based Health Centers (SBHCs) continued to provide education, health screenings, immunizations and other primary care, preventive and mental services to the underserved youth. There are 17 CHRISTUS School based Health Centers in 5 Rural Parishes with a SBHC staff of 63 and total school enrollment of more than 11,000. CHRISTUS SBHCs' enrollment is approximately 90% of the student population at which the centers are located. During the 2017-2018 school year, there were 34,843 total health center visits. Of those visits, 10,295 were mental health visits, 1,191 were comprehensive physicals that included lab work, hearing, and vision, height and weight, mental

health assessment and physical by a nurse practitioner or physician assistant, and 7,172 were immunizations including flu vaccines, 520 were asthma visits, 1,802 were endocrine/diabetic visits, 1,235 were licensed dietician visits, and 425 were pre-diabetic screenings. There is no charge to parents for SBHC visits.

2. Address chronic diseases

- In an effort to address the high rates of chronic disease in the Central Louisiana region, CHRISTUS Cabrini provided a variety of diabetes self-management education (DSME) to a total of 1,173 people, including uninsured patients. Of the 1,173 people helped, 692 were one-on-one diabetes education visits, 41 participated in the Diabetes Prevention Program, and 440 participated in the Healthy Eating Active Living (HEAL) Diabetes group classes

- Other activities include exploring the creation of a diabetic management program that would roll-out in Cabrini's Louisiana Athletic Club and a referral process for ED patients with a primary diagnosis of hypertension who do not have primary care physicians. Since the beginning of the ED referral program in April 2018, 116 of 131 patients who met the program criteria, were contacted to refer them to primary care in an attempt to assist them in getting into ongoing care to manage their symptoms and underlying conditions. This program is known as the Equity of Care Program.

- CHRISTUS School Based Health Centers (SBHCs) continue to address chronic diseases among school-aged youth through monitoring and providing treatment at school for children with chronic diseases, along with providing coordinated care with the child's primary care physician. Height, weight, blood pressure, and body mass index (BMI) are gathered from each student who visits the Centers annually, with referrals to a physician for continued management and follow up provided as needed. Students also receive nutrition education when visiting the health center, with referrals to the dietician provided as needed. See example of annual numbers reported above under Access to Care.

3. Obesity

- In addition to providing the services listed above, CHRISTUS Cabrini conducted 15 health fairs to address obesity and to screen for other conditions between July 1, 2016 and January 31, 2019 for a variety of target audiences, with an emphasis on the underserved, underinsured, and uninsured populations.

- Among school-aged youth, the SBHCs continue to monitor the BMI of students and provide counseling to help educate them how to achieve and maintain a healthy BMI and to encourage healthy eating. As previously mentioned, some children are referred to dieticians if needed.

4. Address health literacy and accountability

- Health literacy and patient accountability have been addressed through the provision of health education in a variety of settings. These activities include comprehensive, one-on-one education to all patients at the community clinics and specialty clinic as needed in Alexandria and Pineville, nutrition education to Coumadin Clinic patients, and education provided at local health fairs.

- For students who utilize SBHCs, health education was provided annually to individual students during their visits as well as through classroom education/prevention activities on a variety of topics. For

example, during the 2017-2018 school year, SBHC offered educational sessions on 22 topics, with participation ranging from 10 – 75 student participants in each session. The 2017-2018 sessions included:

Suicide Prevention/Awareness
Breast Health Education
Red Ribbon Drug Prevention Week
Flu Prevention
Anti-Bullying
Handwashing
Hygiene/Puberty
Vehicle Safety
STI/Abstinence
Social Media Dangers
Self Esteem
Services in the Health Center
HPV Vaccine
Bike Safety
Cyberbullying
Sexting Consequences
CPR/AED
Child Abuse Awareness
Pre-Diabetes Prevention
Grief Processing and Empathy
Mock Crash Preparation
Testicular Self-Exam
Sunscreen Protection

- To supplement health education targeted towards students, the SBHC's provided education to parents. For example, for each student visit, printed information was sent home to the parents regarding the reason for the student visit. In addition, each SBHC prepared a quarterly newsletter that was sent home to the parents with information on prevention of medical and behavioral issues. Examples of issues included were flu prevention, sleep concerns, nutrition, activities for youth in the community, communication tips, signs of depression/suicide, and other information for that particular population/school.

- In addition, health education was provided annually to teachers, such as, Health Center services, mandatory reporting of child abuse, Heimlich Maneuver, and faculty health wellness fairs.

- Finally, CHRISTUS Cabrini has also hosted or staffed 11 school health fairs since August 2016 at schools with and without health centers throughout the region and has actively explored opportunities to conduct classroom education/prevention activities in physical education classes or by bringing in guest speakers.

CHRISTUS Coushatta Health Care Center

1. Address chronic diseases, obesity, and health literacy

- Provided nutrition services through Dr. Troxclair's Clinic by offering individualized meal planning, in concordance with dietician assessment to clinic patients. From November 2016 to January 31, 2019, 18 patients with the diagnosis of weight management or obesity were seen in the clinic.

- Enhanced existing diabetes education program to expand reach and impact. As of January 31, 2019, 31 patients have been seen in Dr. Troxclair's clinic for diabetes management.

- Education was sent to the parents of overweight children who were enrolled in the KidMed program at Red River Elementary School.

2. Improve access to care

- Expanded the number of rural health clinics. CHRISTUS Community Health Clinic opened March 2017 to provide healthcare to patients in the remote areas of Boyce, LA. The clinic had a total census of 3,769 for FY18, and the FY19 census is 2,137 as of January 31, 2019.

- Parents at Red River Elementary school have the option to have their child receive a wellness visit performed by a provider from the rural health clinic. Clinic staff visit the school twice a month during the school year. Additionally, the Dental Clinic has provided numerous dental bags containing toothbrushes, toothpastes, and floss to the surrounding schools to promote oral hygiene.

- Moving towards expanding physical therapy services at the rural health clinic in Ringgold, LA. Matrix, a company Coushatta Health Care Clinic contracts with to provide physical therapy services, places a physical therapist at the Ringgold clinic twice a week, on Tuesdays and Thursdays, to give the community access to physical therapy. This location averages 12 visits per week, or 48 visits per month for this service.

- Provided routine consultations and access to treatments typically not eligible in a rural setting through visiting doctor clinics. Dr. Troxclair began his Specialty Care Clinic in November 2016. From November 2016-January 2019, he performed 362 outpatient consultations.

Savoy Medical Center

1. Alcoholism & Substance Abuse
   - Savoy Medical Center's Administrator of Psychiatric Services hosted an educational luncheon on addictions and inpatient and outpatient resources in June 2018. There were 20 participants including church pastors and other local professionals.

2. Obesity Awareness
   - The hospital dietitian has provided community education around nutrition. The dietitian visits the local health unit once per month and sees an average of 5-10 community members each visit. Target audiences were pregnant mothers and 0-5 year old children. The dietician also conducted telephone interviews with patients as needed.

3. Cardiovascular Disease & Community Health Education
   - In 2016, Savoy started a Cancer Breast Walk to promote Cancer awareness and continue to have the walk annually. In October 2017, Savoy began offering the flu vaccine at nursing homes and assisted Living Centers within Evangeline Parish. Savoy also conducts CPR classes for the public three (3) times per month.

CHRISTUS Dubuis Hospital of Alexandria

1. Chronic Conditions

   - Dubuis Alexandria has engaged in efforts to provide education in the larger community around chronic conditions, issues that contribute to people developing such conditions, and strategies to

undo the effects once diagnosed. It's difficult to gauge impact in this area because of the prevalence of so many chronic conditions due to environmental and cultural factors that influence development of certain chronic diseases in central Louisiana. However, Dubuis Alexandria remains committed to providing as much health information as possible to the community in hopes that there will be a resultant decrease in chronic disease diagnoses.

- Dubuis Alexandria began utilizing Krames to develop health plans for disease categories that include education around the disease, its process and its symptoms, care instructions, medicinal guidance, and treatments to consider. These educational packets / plans are written in plain language and available in multiple languages to promote better compliance from health literacy and language access perspectives. The feedback on this new care plan approach has received positive reviews.

- Follow up appointments continue to be made prior to discharge to ensure greater patient compliance, and staff follows up as needed online and via telephone. While metrics on the activities are limited, the facility has found a clear correlation between follow-up reminders and compliance.

2. Access to Care/ Cost of Medications

- Dubuis Alexandria continues to maintain and update a list of agencies and organizations that provide health services at reduced / no cost and shares this information with current and prospective patients. Dubuis Alexandria has no way of knowing, however, how many people follow through in contacting these agencies or if any care / assistance was provided.

- During the past three years, Dubuis Alexandria entered into a Joint Venture with LHC, a for-profit health care provider. As part of this joint venture, a financial decision was made to cease paying the annual fee to Dispensary of Hope. Dispensary of Hope is a national organization that collects and distributes donated medicines annually to pharmacies and safety net clinics to dispense to low-income, chronically ill patients. Referrals are still made to this important organization, and it is hoped that institutional support from Dubuis Alexandria can resume in the near future.

- Dubuis Alexandria has continued to work, with some degree of success, with Pharmaceutical Assistance Programs (PAP) to help lower income patients obtain needed medications that would otherwise be unaffordable. Dubuis also arranges, as much as possible, to obtain sample meds from local providers to give to patients.

3. Health Education/ Health literacy

- Again, utilizing Krames, Dubuis Alexandria provides more robust health education plans / packets for patients now to offer greater assistance with their follow-up care. These plans include any medical discipline that came into contact with the patients, ensuring that the health plan devised is comprehensive, easily understood and accessible in whatever language is spoken by the patient.