2012 Community Health Needs Assessment

In the fall and winter of 2012, CHRISTUS St. Frances Cabrini Hospital (CSFC) and two partners, The Rapides Foundation (TRF) and Rapides Regional Medical Center (RRMC), commissioned a comprehensive process to identify the key health issues of the communities surrounding Alexandria, Louisiana—particularly the civil Parishes of Rapides, Avoyelles, and Grant. As a result, Professional Research Corporation (PRC) produced a statistically valid Community Health Needs Assessment (CHNA). CHRISTUS St. Frances Cabrini Hospital completed its participation in this Community Health Needs Assessment on January 17, 2013, with the meeting of the Community Needs Assessment Advisory Board.

CHRISTUS St. Frances Cabrini Hospital, located at 3330 Masonic Drive in Alexandria, Louisiana, is a 283 bed not-for-profit facility. With approximately 1,600 employees, CHRISTUS Cabrini provides ten parishes in Central Louisiana, but primarily Rapides, Avoyelles, and Grant. The hospital is accredited by The Joint Commission.

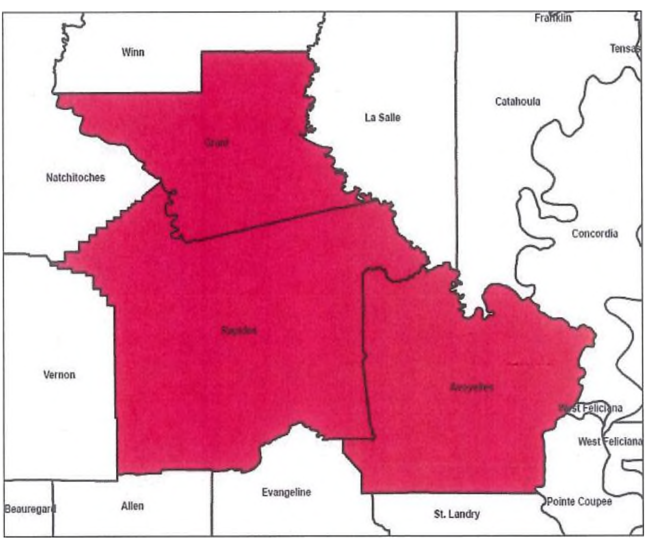
The mission of CHRISTUS St. Frances Cabrini Hospital is to extend the healing ministry of Jesus Christ. The hospital provides the following services: Neuromuscular-Skeletal, Woman's and Children's, Cardiovascular, Surgical, Cancer Care, Rehabilitation, Intensive Care, Neonatal Intensive Care, and Community Outreach. In addition the hospital provides Radiology both on and off campus. It also owns two off-campus fitness centers.

CHRISTUS St. Frances Cabrini Hospital maintains a department dedicated to community outreach, that is (as required by the *Ethical and Religious Directives for Catholic Health Care* Service, especially Part One) to addressing the health of the entire community in addition the health of those who come through its doors. Building on a long tradition of service inspired by the Sisters of Charity of the Incarnate Word of Houston and San Antonio, canonical sponsors of CHRISTUS Health, the hospital's parent company, the Community Outreach Department utilizes the hospital's strengths alongside those of other well-established community partners. This strategy allows CHRISTUS Cabrini to understand better and reach the most vulnerable sectors of the community, while meeting pressing health care needs. The goal is to improve the community's health status by empowering citizens to make healthy life choices.

Definition of the Community Served [IRS Form 990, Schedule H, Part V, Section B, 1a, 2]

CHNA Community Definition

The communities served by CSFCH, as defined for the purposes of this Community Health Needs Assessment, included the civil parishes of Rapides, Avoyelles, and Grant as illustrated in the map below. This community definition was determined because >80% of CSFCH's patients originate from this area.



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Demographics of the Community [IRS Form 990, Schedule H, Part V, Section B, 1b]

The population of the hospital's service area is estimated at 196,073 people. It is predominantly non-Hispanic White (64.5%), but also has substantial African American (30.1%) and Hispanic (4%) populations. As throughout the state and nation, the population is aging, with 13.8% currently age 65 and older. This is projected to increase in coming years as is the need for services to meet the health needs of this older population. Median household income is below the state average of $44,086 in all three parishes. The population living below the poverty level is 19.6%, which is slightly higher than the state level of 18.4% and well above the national level of 14.3%.

Other key demographic data appears in the chart on the following page.

US Census Quick Facts	Rapides	Avoyelles	Grant	Louisiana	USA
Population, 2012 estimate	132,373	41,632	22,068	4,601,893	313,914,040
Population, 2010	131,613	42,073	22,309	4,533,372	308,747,508
Persons under 5 years, percent, 2011	7.1%	6.8%	6.3%	6.9%	6.5%
Persons under 18 years, percent, 2011	25.7%	24.0%	22.8%	24.4%	23.7%
Persons 65 years and over, percent, 2011	13.8%	14.7%	12.6%	12.5%	13.3%
Female persons, percent, 2011	51.8%	49.9%	44.1%	51.1%	50.8%
White persons, percent, 2011 (a)	64.2%	67.3%	80.8%	63.8%	78.1%
Black persons, percent, 2011 (a)	32.1%	29.5%	16.2%	32.4%	13.1%
American Indian and Alaska Native persons, percent, 2011 (a)	0.8%	1,2%	1.1%	0.7%	1.2%
Asian persons, percent, 2011 (a)	1.3%	0.4%	0.3%	1.6%	5.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	z	z	z	0.1%	0.2%
Persons reporting two or more races, percent, 2011	1.5%	1.6%	1.6%	1.4%	2.3%
Persons of Hispanic or Latino Origin, percent, 2011 (b)	2.7%	1.8%	4.4%	4.4%	16.7%
White persons not Hispanic, percent, 2011	62.0%	66.2%	77.0%	60.1%	63.4%
Living in same house 1 year & over, 2007-2011	85.0%	85.1%	87.2%	85.1%	84.6%
Foreign born persons, percent, 2007-2011	2.3%	0.8%	2.9%	3.7%	12.8%
Language other than English spoken at home, pct age 5+, 2007-2011	4.7%	13.0%	5.0%	8.8%	20.3%
High school graduates, percent of persons age 25+, 2007-2011	81.8%	70.2%	77.1%	81.6%	85.4%
Bachelor's degree or higher, pct of persons age 25+, 2007-2011	18.5%	9.6%	10.6%	21.1%	28.2%
Veterans, 2007-2011	11,444	2,997	1,918	314,677	22,215,303
Mean travel time to work (minutes), workers age 16+, 2007-2011	22.1	31.7	30.9	24.9	25.4
Housing units, 2011	55,857	18,081	8,908	1,978,848	132,312,404
Homeownership rate, 2007-2011	67.2%	69.4%	78.8%	67.9%	66.1%
Housing units in multi-unit structures, percent, 2007-2011	15.3%	8.0%	2.5%	18.1%	25.9%
Median value of owner-occupied housing units, 2007-2011	$113,500	$85,000	$80,700	$135,400	$166,200
Households, 2007-2011	47,418	15,801	7,231	1,675,097	114,761,359
Persons per household, 2007-2011	2.67	2.44	2.70	2.60	2.60
Per capita money income in past 12 months (2011 dollars) 2007-2011	$21,959	$17,497	$18,427	$23,853	$27,915
Median household income 2007-2011	$40,470	$32,321	$39,988	$44,086	$52,762
Persons below poverty level, percent, 2007-2011	18.8%	23.9%	16.4%	18.4%	14.3%

Z = Value greater than zero but less than half unit of measure shown..

Existing Healthcare Facilities & Resources

[IRS Form 990, Schedule H, Part V, Section B, 1c]

CHRISTUS St. Frances Cabrini Hospital recognizes that there are many existing health care facilities and resources within the community that are available to respond to the health needs of residents. These organizations include the following:

Acute-Care Hospitals/Emergency Rooms

- Rapides Regional Medical Center
- Veterans Administration Medical Center
- Avoyelles Hospital (Marksville)
- Bunkie General Hospital

Short Stay Hospital/No Emergency Department

- Central Louisiana Surgical Hospital (CLASH)

Federally Qualified Health Centers & Other Safety Net Providers

- Rapides Primary Medical Center (FQHC)
- LSU Health Sciences Center/Huey P. Long Hospital

Nursing Homes/Adult Care

- Bayou Vista Manor
- Faith Foundation Hospice
- Hayes Community Home
- Hilltop Nursing Center
- Lexington House
- Magnolia Management
- Matthews Memorial Health Care Center
- McKindley Group Home
- Naomi Heights Nursing Home
- The Oaks Care Center
- Pecan Grove Training Center
- Roosevelt Community Home
- St. Christina
- The Summit Retirement Center
- Tioga Community Care
- Woods Haven Nursing Care and Rehabilitation

Mental Health Services/Facilities

- Crossroads Regional Hospital
- Oceans Behavioral Hospital

Emergency Medical Services (EMS)

- Acadian Ambulance & Air Med
- Med Express Ambulance Service

Home Healthcare

- All About Families
- Alternative Concept Care Service
- Thompson Home Health

Hospice Care

- Compassionate Care Hospice
- Grace Home of Alexandria
- Guardian Hospice Care
- HCOA-A Hospice Provider
- Harbor Hospice of Alexandria
- Journey Hospice
- Oasis Healthcare
- St. Joseph Hospice
- Still Waters Hospices
- Trusted Hands

School Health Services

- St. Frances Cabrini School-Based Health Center --Buckeye High School
- St. Frances Cabrini School-Based Health Center—Glenmora High School
- St. Frances Cabrini School-Based Health Center—Lessie Moore Elementary School
- St. Frances Cabrini School-Based Health Center—Northwood High School
- St. Frances Cabrini School-Health Center—Pineville Junior High School
- St. Frances Cabrini School-Health Center—Tioga High School
- St. Frances Cabrini School-Health Center—Tioga Junior High School
- St. Frances Cabrini School-Health Center—Avoyelles High School
- St. Frances Cabrini School-Health Center—Avoyelles Public Charter School
- St. Frances Cabrini School-Health Center—Grant High/Junior High School
- St. Frances Cabrini School-Health Center— Pollock Elementary School

Other Community-Based Resources

- CENLA Community Action Committee
- CENLA Medication Access Program
- Central Louisiana Area Health Education Center
- Central Louisiana Coalition to Prevent Homelessness
- Central Louisiana Dental Association
- Community Healthworkx
- Fetal and Infant Mortality Review
- Office of Mental Health, Region VI, State of Louisiana
- Office of Public Health, Region VI, State of Louisiana
- Rapides Council on Aging

How CHNA Data Were Obtained

[IRS Form 990, Schedule H, Part V, Section B, 1d]

Collaboration

[IRS Form 990, Schedule H, Part V, Section B, 4]

As noted above, three community partners, CHRISTUS St. Frances Cabrini Hospital (CSFC), Rapides Regional Medical Center (RRMC), and The Rapides Foundation (TRF) collaborated by hiring Professional Research Corporation, Inc. (PRC) to conduct a community health needs assessment in late 2012. CSFC and RRMC provided roughly equal funding and in-kind support for the assessment project. The project also received input from a Community Health Needs Assessment Advisory Committee, created for this purpose, which included representatives of the partnering organizations as well as other citizens chosen for their relevant experience and interests.

CHNA Goals & Objectives

This Community Health Assessment, a follow-up to similar research conducted in the area in 2002 and 2005, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the hospital's service area. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

PRC Community Health Survey

Survey Instrument

In 2010, a comprehensive health survey of Central Louisiana was completed by PRC on behalf of The Rapides Foundation. Data from this survey for the three-parish Service Area serve to inform this Community Health Needs Assessment for a multitude of indicators.

The survey instrument used was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by The Rapides Foundation and Professional Research Consultants (PRC), and is similar to the previous surveys used in the region, allowing for data trending.

Sample Approach & Design

To ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The data used for this assessment are drawn from a stratified random sample of 1,150 individuals aged 18 and older in the Service Area (200 each in Avoyelles and Grant Parishes and 750 individuals in Rapides Parish), weighted in proportion to the actual population distribution at the parish level. All administration of the surveys, data collection, and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sample Error

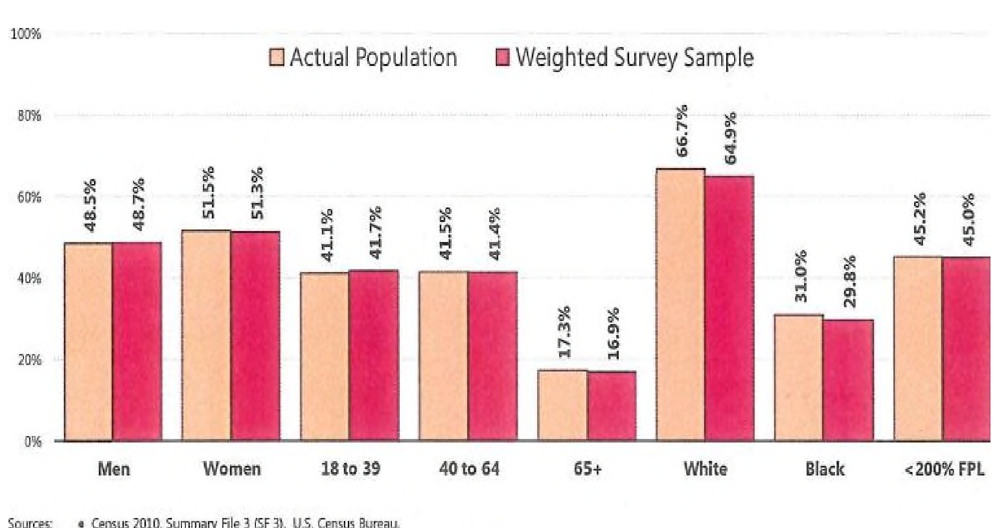
For statistical purposes, the maximum rate of error associated with a sample size of 1,150 respondents is ±3.0% at the 95 percent level of confidence.

Sample Characteristics

To represent accurately the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, and poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

Population & Sample Characteristics

(Service Area, 2010)



Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2009 guidelines -the most current available - place the poverty threshold for a family of four at $22,050 annual household income or lower)*. In sample segmentation: "Very Low Income" refers to community members living in a household with defined poverty status; "Low Income" includes those households living just above the poverty level, earning up to twice the poverty threshold; and "Middle/High Income" refers to households with incomes more than twice the poverty threshold defined for the household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of the Service Area with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Assessment. Data for the three parishes in the Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Centers for Disease Control & Prevention
- CHRISTUS St. Frances Cabrini Hospital School-Based Health Center Data
- ESRI Business Information Solutions (BIS) Demographic Portfolio (Projections Based on the US Census)
- Louisiana State Center for Health Statistics
- Louisiana Youth Risk Behavior Survey National Center for Health Statistics
- U.S. Department of Health and Human Services, Health Resources and Services Administration

Comparison Data

Trending

Similar surveys were administered in the region in 2002 and 2005, and trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Louisiana Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2011 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades Healthy People has established benchmarks

and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state, and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Key Informant Focus Groups

As part of this Community Health Needs Assessment, five focus groups were held on September 12-13, 2012 among key informants in the Service Area, including: representatives from public health; physicians; other health professionals; social service providers; and other community leaders. One group was held in each of Grant and Avoyelles Parishes, each including a mix of these types of individuals.

Two groups were held in Rapides Parish, one comprising physicians and other healthcare professionals and the other social service providers and other community leaders. A fifth group included members of the Community Health Needs Assessment Advisory Committee established as part of this process.

DATE	TIME	PARTICIPANT TYPE & NUMBER	
September 13, 2012	12pm	Grant Parish Key Informants	8
September 13, 2012	7pm	Avoyelles Parish Key Informants	10
September 12, 2012	12pm	Rapides Parish Social Services & Community Leaders	9
September 12, 2012	7pm	Rapides Parish Health Providers	12
September 12, 2012	5:30pm	Community Health Needs Assessment Advisory Committee Members	8

A list of recommended participants for the focus groups was provided by the sponsors. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall. Participants included representatives of public health, as well as several individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions.

Focus group candidates were first contacted by letter to request their participation. Follow-up phone calls were then made to ascertain whether or not they would be able to attend. Confirmation calls were placed the week before the groups were scheduled to insure a reasonable turnout. Audio from the focus groups sessions was recorded, from which verbatim comments in this report are taken. There are no names connected with the comments, as participants were asked to speak candidly and assured of confidentiality.

NOTE: Focus group findings represent qualitative rather than quantitative data. The groups were designed to gather input from participants regarding their opinions and perceptions of the health of the residents in the area. Thus, these findings are based on perceptions, not facts.

Hospital Input

In addition to the key informant focus groups discussed above, qualitative input about the health of community residents was solicited from the hospital sponsors of this study during a separate meeting. Issues arising from this discussion are included as part of the key informant focus group findings throughout this report.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Findings

Significant Trends in the Service Area

The following table highlights both positive and negative trends observed in health indicator for the Service Areas in comparison with baseline data.

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2002 (or 2005, for questions not asked in 2002).

Other Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

	FAVORABLE TRENDS	UNFAVORABLE TRENDS
Access to Healthcare Services	• Health Insurance Coverage • Prescription Drug Coverage • Children's Routine Care • Access Difficulties	
Cancer	• Cancer Deaths • Colonoscopy Screening	• Cancer Prevalence • Blood Stool Testing
Diabetes	• Diabetes Deaths	• Diabetes Prevalence
Heart Disease	• Heart Disease Deaths • Stroke Deaths • Action to Control Blood Pressure • Cholesterol Screening • Action to Control Cholesterol • 1+ Cardiovascular Risk Factors	• Heart Disease Prevalence • Stroke Prevalence • High Blood Pressure • High Blood Cholesterol
HIV	• HIV/AIDS Deaths • HIV/AIDS Incidence	
Immunization & Infectious Disease	• Hepatitis C Incidence	• Pertussis Incidence • Tuberculosis Incidence
Injury & Violence	• Homicide Deaths	• Unintentional Injury Deaths
Kidney Disease	• Kidney Disease Deaths	
Infant Health	• Lack of Prenatal Care • Infant Mortality	• Low-Weight Births
Mental Health	• Depressed Persons Seeking Help	• Chronic Depression • Alzheimer's Disease Deaths
Nutrition & Overweight	• Fruit/Vegetable Consumption • Weight Loss Attempts • Childhood Overweight/Obesity • Children's Fast Food Consumption	• Adult Overweight/Obesity
Physical Activity & Fitness	• Moderate Physical Activity • Strengthening Activity • Meeting Physical Activity Guidelines • Children's Television Viewing Time	
Physical Health		• Activity Limitations • Self-Reported Health Status
Respiratory Disease	• Chronic Lower Respiratory Disease (CLRD) Deaths • Pneumonia/Influenza Deaths	• Chronic Lung Disease Prevalence
STDs	• Gonorrhea Incidence • Hepatitis B Incidence	• Syphilis Incidence • Chlamydia Incidence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Seeking Help for Drug/Alcohol Abuse	• Drinking & Driving • Drug-Induced Deaths
Tobacco Use	• Smoking Cessation Attempts • Tobacco Smoke in the Home • Children Exposed to Smoke at Home	

Community Health Priorities

After reviewing the assessment findings, the Community Health Needs Assessment Advisory Committee — comprised of community members and representatives of local health and social service organizations — met on Thursday, January 17, 2013, to evaluate and prioritize the top health needs of the community. This exercise yielded the following health topics prioritized for action:

Community Health Priorities		
1	**Mental Health & Mental Disorders**	"Fair/Poor" Mental Health Chronic Depression (Adults & Youth) Suicide Attempts (Youth) Access to Mental Health Services Availability of Providers & Treatment Facilities Services for Youth Stigma
2	**Access to Health Services**	Lack of Healthcare Insurance Coverage (Adults 18-64) Medicare Supplemental Insurance (Adults 65+) Medicaid Reimbursement Rates Other Barriers to Access Cost of Prescriptions & Dr. Visits Transportation Availability of Specialists Specific Source of Ongoing Care Overutilization of Emergency Rooms Difficulty Accessing Children's Medical Care
3	**Substance Abuse**	Drug-Induced Deaths Drinking & Driving (Adults & Youth) Alcohol Use (Youth) Prevalence of Drug Use (Adults & Youth) Shortage of Treatment Programs & Facilities
4	**Nutrition, Physical Activity & Weight**	Overweight & Obesity (Adults and Children & Youth) Poor Nutrition Cultural Basis Fruit & Vegetable Consumption (Adults & Youth) Hunger/Food Deserts Participation in Physical Activity (Adults & Youth) Low Youth Participation in Sports Television Viewing (Children & Youth)
5	**Maternal, Infant & Child Health**	Low Birth Weight Infant Mortality
6	**Tobacco Use**	Current Smokers (Adults and Youth) Use of Smokeless Tobacco (Adults and Youth)
7	**Dementias**	Alzheimer's Disease Deaths
8	**Cancer**	Cancer Deaths (Including Lung & Colorectal Cancers) Colorectal Cancer Screening
9	**Heart Disease & Stroke**	Heart Disease Deaths Stroke Deaths Prevalence of Heart Disease Prevalence of Hypertension Cholesterol Screenings 1+ Cardiovascular Risk Factors

In addition, the following health topics were identified as areas of need through this assessment, but were not ranked highly enough by the CHNA Advisory Committee to yield a position in the prioritized list.

Other Community Health Needs Not Prioritized	
Chronic Disabling Conditions	• Prevalence of Arthritis/Rheumatism • Activity Limitations
Chronic Kidney Disease	• Kidney Disease Deaths
Diabetes	• Diabetes Prevalence
HIV	• HIV/AIDS Deaths
Injury & Violence Prevention	• Unintentional Injury Deaths (Including Motor Vehicle) • Homicide Rate • Violent Crime Victimization • Use of Seat Belts (Youth)
Respiratory Diseases	• Chronic Lower Respiratory Disease Deaths • Pneumonia/Influenza Deaths • Prevalence of Chronic Lung Disease

Top Community Health Concerns Among Community Key Informants

At the conclusion of the key informant focus groups, participants were asked to write down what they individually perceive as the top five health priorities for the community, based on the group discussion as well as on their own experiences and perceptions. Their responses were collected, categorized, and tallied to produce the top-ranked priorities as identified among key informants. These should be used to complement and corroborate findings that emerge from the quantitative dataset.

1. Access to Healthcare Services, Including Transportation

Mentioned resources available to address this issue: Community HealthWorx; School-Based Healthcare; Hospitals; Faith-Based Organizations; Cenla Medication Access Program (CMAP); CHRISTUS St. Frances Cabrini Hospital; Rapides Regional Medical Center; Huey P. Long Medical Center; Urgent Care Clinics; Cancer Screening Project; Central Louisiana AIDS Support Services, Inc.; Working Peoples Free Clinic; LSU Health; Public Health; Mammography Mobile Unit; Health Fairs; Grant Parish Health Unit; Avoyelles Parish Health Unit

2. Health Education & Prevention

Mentioned resources available to address this issue: Office of Behavioral Health; Library; Schools; Faith-Based Organizations; Businesses; Community HealthWorx; Central Louisiana AIDS Support Services, Inc.; Health Fairs; Grant Parish Healthy Initiatives Coalition.

3. Mental Health

Mentioned resources available to address this issue: Hospitals; Louisiana Coordinated System of Care (CSoC); Louisiana Behavioral Health Partnership; Private Providers; Crossroads Regional Hospital; Community Homes; Huey P. Long Hospital; VA Medical Center

4. Obesity & Nutrition

Mentioned resources available to address this issue: Rapides Foundation; City; Faith-Based Organizations; School Systems; Cenla Medication Access Program (CMAP); Employers; Library; Local Fitness Facilities; Parks; Public Health; Head Start; LSU Agriculture Center; Exercise Clubs; Snap Fitness; Food Bank of Central Louisiana; YMCA; YWCA; Boy Scouts

5. Substance Abuse

Mentioned resources available to address this issue: Office of Behavioral Health; Central Louisiana Health Services District; Crossroads Regional Hospital; Law Enforcement; Health Units; Hospitals; Alcoholics Anonymous 12-step Programs; YMCA; YWCA

FY2014 Community Benefit (Implementation) Plan

For more than 60 years, CHRISTUS St. Frances Cabrini Hospital has demonstrated a commitment to meeting the health needs of Central Louisiana.

This summary outlines CHRISTUS St. Frances Cabrini Hospital's Community Benefit Plan (Implementation Strategy) for addressing the health needs. At the outset, it seems important to note that the hospital's total Community Benefit Plan includes two other large sums of money not discussed in the following plan, namely, charity care for indigent patents and unreimbursed expenditures for Medicare and Medicaid Services. In FY 2012, the last year for which complete figures are available, CSFC provided $8,640,000 in charity care and another $8,600,000 in unreimbursed costs for government programs or 8.2% of its net patient revenue. This report provides detailed information on $1,400,000 the hospital intends to spend on other health services it provides or subsidizes with the expectation of a very low return or no return at all. Any anticipated returns are already deducted from the figures presented below. CSFC is well on its way toward reporting similar figures for FY 2013.

Hospital-Level Community Benefit Planning

Priority Health Issues To Be Addressed

In consideration of the top health priorities identified through the CHNA process — and taking into account hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined that CHRISTUS St. Frances Cabrini Hospital would focus on developing and/or supporting strategies and initiatives to improve:

- **Mental Health and Mental Disorders & Dementias**
- **Access to Health Services & Maternal, Infant, and Child Health**
- **Nutrition, Physical Activity & Weight**
- **Heart Disease, Stroke, & Diabetes**

Integration With Operational Planning

[IRS Form 990, Schedule H, Part V, Section B, 6e]

Beginning in FY 2014, CHRISTUS St. Frances Cabrini Hospital includes the following Community Benefit section within its operational plan.

Priority Health Issues That Will Not Be Addressed & Why [IRS Form 990, Schedule H, Part V, Section B, 7]

Acknowledging the wide range of priority health issues that emerged from the CHNA process, CHRISTUS St. Frances Cabrini Hospital is proud to report that it has been and in some way intends to address all of the priority health issues identified in the study concluded by PRC on January 17, 2012, and indeed some issues not prioritized. Not all issues, however, will receive the same intensity of attention. Hence, this space seems the proper place to record these limitations.

Health Priorities Addressed with Less Intensity	*Reason*
Substance Abuse	*CSFC has limited resources, services, and expertise available to address alcohol and other drug abuse issues. Other organizations have better infrastructure and programs in place to meet these needs. However, the hospital does not tolerate the consumption of alcohol on its campus—much less intoxication by staff or visitors. Moreover, the hospital's 17 School-Based Health Centers (SBHCs) address this issue.*
Tobacco Use	*Likewise, CSFC has limited resources and expertise available to address tobacco usage. Other community organizations have better infrastructure and programs in place to meet this need. However, it should be noted that that the hospital has a tobacco free campus and a policy of no tolerance for smoking during business hours by staff. Also, , the hospital's 17 SBHCs address this issue on the part of youths and adolescents.*
Cancer	*CSFC has determined that efforts outlined herein to improve access to health care will lead to early detection of cancers and that separate cancer-specific initiatives were not necessary. However, the hospital does provide education on cancer through its Breast Cancer Awareness Program (which adds about $2500 to the hospital's Community Benefit program) and the 17 SBHCs.*
Immunization & Infectious Diseases	*CSFC believes more pressing health needs exist. Limited resources and lower priority excluded this as an area chosen for action. However, students attending the 17 SBHCs, provided their parents consent, receive immunizations on a regular schedule.*
Injury & Violence Prevention	*CSFC has determined that this priority area falls more within the purview of the public health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action. However, the hospital's 17 SBHCs do educate youths and adolescents on injury prevention.*

Other Means of Addressing Community Health Issues

Although not mentioned in Community Health Needs Assessment, CHRISTUS St. Frances Cabrini Hospital addresses health needs through advocacy on behalf of the indigent, uninsured, and under-insured members of the communities it serves (c. $20,000) and by allowing its associates to spend company time working with outside agencies such as the United Way, American Red Cross, and the Central Louisiana Food Bank (c. $8,000).

Implementation Strategies & Action Plans

[IRS Form 990, Schedule H, Part V, Section B, 6f-6h]

The following displays outline CSFC's plans to address those priority health issues chosen for action in FY2014.

Mental Health and Mental Disorders & Dementias	
Community Partners	Various including Diocese of Alexandria, Episcopal Diocese of Western Louisiana, Central Louisiana Coalition to End Homelessness (Street Ministry Project). State of Louisiana Office of Public Health Region VI and School Boards in Rapides, Avoyelles, Grant, Natchitoches, and LaSalle Parishes (School-Based Health Centers)
Goal	**Improve mental health through increased access to treatment programs.**
Outcome Measures	
Timeframe	FY2014
Scope	Rapides Parish (Street Ministry, Sister Ann Brangan, CCVI, LPC; Support Groups); Rapides, Avoyelles, Grant, Natchitoches, and LaSalle Parishes (School-Based Health Centers);
Strategies & Objectives	**Strategy #1: Continue mental health services through School-Based Health Centers.** **Strategy #2: Continue yoga group and support groups for bereaved, widowed, and those suffering Parkinson's and Alzheimer's Disease.** **Strategy #3: Continue counseling provided Sr. Ann Brangan, CCVI, LPC.** **Strategy # 4: Continue working to develop street ministry.** **Strategy # 5: Continue donating to Volunteers of America, United Way, American Red Cross, etc.** **Strategy # 6: Continue other leadership activities.**
Financial Commitment	$ 291,900
Anticipated Outcomes	• • •
Results	

Access to Health Services/Maternal, Infant, and Child Health	
Community Partners	• School Boards in Rapides, Avoyelles, Grant, Natchitoches, and LaSalle Parishes • State of Louisiana Department of Public Health, Region VI (School-Based Health Centers) • Healthworkx (Healthworkx).
Goal	**Increase access to health care services**
Outcome Measures	
Timeframe	FY2014
Scope	Rapides and surrounding parishes especially the four others listed above (SBHCs) and beyond (PTC)
Strategies & Objectives	**Strategy #1: Continue School-Based Health Center program.** **Strategy #2: Continue Pediatric Therapy Program for developmentally challenged children.** **Strategy #3: Continue providing clinical experiences for future laboratory technicians, radiologists, nurses, and social workers.** **Strategy #4: Continue Care Partners and Care Transitions Programs** **Strategy # 5: Continue AHEC and other educational programs** **Strategy # 6: Continue donations to Healthworkx.** **Strategy # 7: Continue participating in Fetal Infant Mortality Review (FIMR) panel.**
Financial Commitment	$464,521
Anticipated Outcomes	• • •
Results	

Nutrition, Physical Activity, & Weight/Maternal, Infant, and Child Health	
Community Partners	• School Boards in Rapides, Avoyelles, Grant, Natchitoches, and LaSalle Parishes • State of Louisiana Department of Public Health, Region VI (School-Based Health Centers) • Manna House (Diocese of Alexandria)
Goal	**Reduce obesity and increase physical fitness**
Outcome Measures	
Timeframe	FY2014
Scope	Rapides and the four other civil parishes named above.
Strategies & Objectives	**Strategy #1: Continue screenings for obesity and other dietary program at SBHCs.** **Strategy #2: Continue donations of food to Manna House.** **Strategy #3: Continue dietetic intern program.**
Financial Commitment	$312,965
Anticipated Outcomes	• • •
Results	

Heart Disease, Stroke, & Diabetes	
Community Partners	• School Boards in Rapides, Avoyelles, Grant, Natchitoches, and LaSalle Parishes • State of Louisiana Department of Public Health, Region VI (School-Based Health Centers) • American Heart Association
Goal	**Increase heart health, decrease heart disease.**
Outcome Measures	
Timeframe	FY2014
Scope	
Strategies & Objectives	**Strategy #1: Continue health screenings in SBHCs.** **Strategy #2: Continue Care Transitions** **Strategy #3: Continue donations and fundraising work on behalf of the American Heart Association**
Financial Commitment	$343,973
Anticipated Outcomes	• • •
Results	

Community Partners	• •
Goal	
Outcome Measures	
Timeframe	FY2014
Scope	
Strategies & Objectives	**Strategy #1:** • • **Strategy #2:** • • **Strategy #3:** • •
Financial Commitment	$
Anticipated Outcomes	• • •
Results	

Adoption of Implementation Strategy

[IRS Form 990, Schedule H, Part V, Section B, 6a-6b]

On May 29, 2013, Regional Governing Board of CHRISTUS Health Central Louisiana, which includes representatives from the local community, met to discuss this plan for addressing the community health priorities identified through our Community Health Needs Assessment. Upon review, the Board approved this Implementation Strategy and the related budget items to undertake these measures to meet the health needs of the community.

Regional Governing Board Adoption:

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By Name & Title

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Date