

ST. FRANCIS MEDICAL CENTER
COMMUNITY HEALTH NEEDS ASSESSMENT

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. To meet the ACA requirements, hospitals must identify the health needs of their community/service and devise an implementation strategy to address the identified needs. As a not-for-profit, tax-exempt organization, St. Francis Medical Center (SFMC) is pleased to present this document, its 2021 CHNA, which provides an overview of the significant community health needs identified in its community/service area.

THE GOALS OF THIS CHNA ARE TO:

- **Provide a data-driven understanding of the health needs of the people SFMC serves,**
- **Help guide SFMC’s community benefit planning efforts, and**
- **Develop measurable, effective implementation strategies to improve the health and wellness of SFMC’s community/service area.**

SFMC has developed this CHNA as a meaningful overview of the health needs of the people of Region 8 of Northeast Louisiana. The CHNA will help guide SFMC’s community benefit planning and the development of implementation strategies to address prioritized needs. The CHNA research focused on spotlighting health disparities, the needs of vulnerable populations, and service gaps. The report fulfills the IRS requirements of Internal Revenue Code section 501(r)(3) to conduct a CHNA to determine if the services and programs SFMC provides as part of its non-profit status appropriately address the needs of the people we serve, but it is not simply a response to the ACA requirement.

This CHNA represents SFMC’s commitment to responding to the needs of the people we have been privileged to serve for more than 100 years. Service and Reverence and Love for All of Life are part of SFMC’s Core Values as an organization, and the work to be done through the strategies that evolve from this CHNA are a significant part of ensuring that the people of this region are appropriately served with timely, high-quality care.

***Thank you for allowing us to care for you
and for your loved ones.***

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

OUR VISION

To make a significant difference in our communities through Catholic health services.

OUR MISSION

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need. We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care.

We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

OUR CORE VALUES

SERVICE: The privilege of reaching out to meet the needs of others.

REVERENCE AND LOVE FOR ALL OF LIFE: Acknowledging that all of life is a gift from God.

JOYFULNESS OF SPIRIT: An awareness of being blessed by God in all things.

HUMILITY: Being authentic in serving as an instrument of God.

JUSTICE: Striving for equity and fairness in all relationships with special concern for those most in need.

CONSULTANTS

SFMC collaborated with an internal CHNA Advisory Committee to write the related implementation strategies for the 2021 CHNA; however, a consulting group also contributed.

KPMG

SFMC worked with KPMG LLP, an audit, tax, and advisory firm, to assess the CHNA and implementation strategies to determine whether they meet the requirements of Internal Revenue Code section 501(r)(3). KPMG is the U.S. member firm of KPMG International Cooperative (“KPMG International”) and is a global network of professional firms providing audit, tax, and advisory services. Operating in 155 countries with more than 162,000 employees working in member firms around the world, KPMG delivers a globally consistent set of multidisciplinary services based on deep industry knowledge. Their industry focus helps KPMG professionals develop a deeper understanding of clients’ businesses and the insight, skills, and resources required to address industry-specific issues and opportunities. KPMG is committed to providing high-quality, professional services in an ethical manner to entities that are listed on capital markets around the globe. Their Transparency Report articulates the steps they take to uphold their professional responsibilities and describes the firm’s structure, governance, and approach to quality control. To learn more about KPMG and to view the report, visit www.KPMG.com.

APPROACH

SFMC used data from a variety of sources while preparing its CHNA for Region 8 of Northeast Louisiana. Analysis considered social determinants of health, health risks, and outcomes. SFMC requested feedback through a regional community survey that collected input from community partners, business and education leaders, healthcare professionals, government/civic officials, and the community-at-large. The results offered valuable insights about perceived health needs in Region 8 and defined what is seen as high-priority health issues. This information, compared with the data provided through a focus group, stakeholder interviews, and data research, allowed SFMC to define CHNA Priority Areas and to create related implementation strategies.

DATA SOURCES AND METHODS

An extensive collection of data was analyzed for the SFMC 2021 CHNA, which incorporated multiple reports and comparisons to define health disparities and trends for SFMC's community/service area. Indicators of key preventable causes of hospitalizations were analyzed at the local and parish levels and compared to core health indicators and demographic information. This data, which highlighted patterns and geographic disparities in core indicators, enabled SFMC to design a community survey which guided the selection of Priority Areas. The community information gathering process yielded 665 responses from an electronic survey. This information supplemented – and gave a “face” – to the demographic and health outcomes data, which helped SFMC gain a better understanding of how the information translated into real-life, actionable strategies.

Online survey links were sent to the following groups:

Education: Grambling University, Delta Community College, Louisiana Tech University, University of Louisiana at Monroe, All Region 8 School Boards

Government/Civic: City of Bastrop, City of Columbia, City of Farmerville, City of Monroe, City of Rayville, City of Ruston, City of Tallulah, City of West Monroe, City of Winnsboro, Monroe City Council, Ouachita Parish Police Jury, West Monroe/West Ouachita Chamber of Commerce

Healthcare Professionals: Affinity Health Group, Franklin Medical Center, Monroe Surgical Center, SFMC internal newsletter, SFMC Leadership, SFMC Medical Group, SFMC Board of Directors

Community Partners: ARCO, Boy Scouts of America, Caldwell Parish Council on Aging, Children's Coalition for Northeast Louisiana, East Carroll Parish Council on Aging, Food Bank of Northeast Louisiana, Franklin Parish Council on Aging, Lincoln Parish Council on Aging, MedCamps, Monroe Chamber of Commerce, Morehouse Parish Council on Aging, NOVA Workforce Development of Northeast Louisiana, Ouachita Economic Development Council, Ouachita Parish Council on Aging, Rays of Sunshine, Tensas Parish Council on Aging, Union Parish Council on Aging, United Way of Northeast Louisiana, WellSpring Alliance, West Carroll Parish Council on Aging, West Ouachita Senior Center

Community-at-Large: Accounts for 78.6% (523) of 665 total respondents; survey link posted at <http://www.stfran.com>, SFMC's social media accounts, and sent to patients through MyChart, a

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

personalized, secure online access portal which allows patients to communicate with their medical team and access portions of their medical record and visit history.

AREAS OF NEED

SFMC's 2021 CHNA is intended to be an overview of the current health status and health priorities of the people of Region 8 of Northeast Louisiana. SFMC defines its community as a service area that can be best affected with measurably effective implementation strategies that improve the health and wellness of the people served. The 2021 CHNA Priority Areas are defined by the information gathered from data sources, interviews, a focus group hosted October 5, 2021, and community surveys with attention given to vulnerable populations, including medically underserved, low-income, and minority populations. Attendees' responses to guiding questions (Appendix A, page 22) focused heavily on access to care, mental health, and making healthy choices.

Focus Group Attendees:

<i>Attendee</i>	<i>Affiliation</i>	<i>Population Served</i>
Monica Bayless	United Way of Northeast Louisiana, 2-1-1 Resource Specialist	All Citizens, Minority Populations, Primarily Medically Underserved, Low-Income
Mike Brame	Region 8 Northeast Louisiana Emergency Preparedness	All Citizens
Felicia Brunson	SFMC, Director of Quality	All Citizens, Medically Underserved, Low-Income, Minority Populations
Fr. James Dominic	SFMC Pastoral Care, Clergy	All Citizens
Earnestine Dunn	The Children's Coalition for Northeast Louisiana, Director of Ancillary Teaching Certificates	All Citizens, Medically Underserved, Low-Income, Minority Populations
Julie Emory	The Children's Coalition for Northeast Louisiana, Early Childhood Comprehensive Systems Program Director	All Citizens, Medically Underserved, Low-Income, Minority Populations
Melissa Epler, BSN	SFMC, Recruitment and Retention, Diversity, Equity & Inclusion Council Member	All Citizens
Jennifer Haneline, MSW, LCSW	Louisiana Public Health Institute	All Citizens, Medically Underserved, Low-Income, Minority Populations
Robyn Hemphill	Monroe Surgical Hospital, Chief Executive Officer, Director of Nursing	All Citizens

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

LaToya McCoy-Holston, CCHC, MSW	Family Resource Center, Program Director	All Citizens, Medically Underserved, Low-Income, Minority Populations
Lisa Messina, BSN	SFMC Nursing Director, WIC Program, Fetal/Material Medicine Program	All Citizens, Medically Underserved, Low-Income, Minority Populations
Rebecca Mixon, MA, M.Ed.	SFMC Tobacco Cessation Program Manager, FMOLHS Community Benefit Coordinator, Diversity, Equity & Inclusion Council Member	All Citizens, Medically Underserved, Low-Income, Minority Populations
John Morgan, MBA, RN	Jackson Parish Hospital, Chief Executive Officer	All Citizens, Medically Underserved, Low-Income, Minority Populations
Sandra Nalley, MBA	FMOLHS Marketing Communications Director, Diversity, Equity & Inclusion Council Member	All Citizens
Allison Payne, MA	Monroe Housing Authority	Medically Underserved, Low-Income, Minority Populations
Sara Beth Prewitt	The Children's Coalition for Northeast Louisiana, Infant Toddler Mental Health Specialist	All Citizens, Medically Underserved, Low-Income, Minority Populations
Christina Randle	SFMC HR Business Partner, Diversity, Equity & Inclusion Council Member	All Citizens
Allyson Sager	United Way of Northeast Louisiana	All Citizens, Minority Populations, Primarily Medically Underserved, Low-Income
Michelle Saucer	United Way of Northeast Louisiana	All Citizens, Minority Populations, Primarily Medically Underserved, Low-Income
Pamela Siegmund, MPA, SPHR, SHRM-SCP	FMOLHS HR Director, Diversity, Equity & Inclusion Council Member	All Citizens
Katy Temple, MBA	SFMC, Academic Affairs	All Citizens
Stephanie Thompson	United Way of Northeast Louisiana, Community Impact Manager	All Citizens, Minority Populations, Primarily Medically Underserved, Low-Income
Michelle Tolar	United Way of Northeast Louisiana, Director of Development	All Citizens, Minority Populations, Primarily Medically Underserved, Low-Income

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Victor Vidaurre, MT, MHA	SFMC, VP, Mission Integration, Diversity, Equity & Inclusion Council Advisor	All Citizens, Medically Underserved, Low-Income, Minority Populations
Jackie White, MD	Medical Director, Region 8 Office of Public Health, Louisiana Department of Health	All Citizens, Primarily Medically Underserved, Low- Income, Minority Populations
Lamont Windom	The Children’s Coalition for Northeast Louisiana, Director of Human Resources	All Citizens, Medically Underserved, Low-Income, Minority Populations

Community Survey respondents were asked to rank what they felt were the top four health issues facing Northeast Louisiana residents. After examination of the survey data and comparison to feedback gained from interviews with community stakeholders, several overarching themes developed:

- Chronic disease management affects patients in many stages of life and across all socioeconomic classes.
- Obesity/sedentary lifestyles is a major concern for the people of Region 8 and is a contributing factor to other health and quality-of-life concerns.
- Access to care can cause significant, negative health impacts. The idea of access is more than lack of physicians and inability to pay – it can be inability to understand how to access care, diversity/inclusion issues, and so much more.
- Substance abuse is a pervasive problem throughout Region 8.
- Caring for the elderly is a priority as people are living longer lives.

***Based on a comprehensive data analysis and feedback received
from the community survey and interviews,
SFMC selected the following Priority Areas for its 2021 CHNA
(in rank order):***

- 1. CHRONIC DISEASE MANAGEMENT**
 - 2. ACCESS TO CARE**
 - 3. OBESITY / SEDENTARY LIFESTYLES**
-

DEFINING SFMC’S COMMUNITY / SERVICE AREA

For the purposes of this CHNA, SFMC defines its community/service area as Lincoln and Ouachita Parishes where 68.95% of the 119,650 patients seen in Fiscal Year 2021 originated (2.81% from Lincoln Parish; 66.14% from Ouachita Parish). Even though residents of other parishes have

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

compared to 665 survey responses from the community-at-large, members of the not-for-profit, business, healthcare, education, government/civic sectors, as well as SFMC’s team members, Board members, and leadership. The core indicators included in the SFMC 2021 CHNA originated from a variety of online resources. The core indicators cover health outcomes, behaviors contributing to health, and other influences, such as demographics, education, and economics.

COMMUNITY SURVEY

An online survey was used to garner feedback. Responses (665) were collected in fourth quarter of 2021. Some respondents received a link by email requesting their participation, and others clicked the link from a request for participation posted at <https://www.stfran.com> and SFMC social media accounts. Different links were used to determine the participants’ locations for each survey. SFMC did not have problems obtaining input from sources; however, because the survey was sent to select audiences in some instances (stakeholders, businesses, educational institutions, etc.), it is not intended to be completely representative of the population but rather as a snapshot of the community’s needs.

Of the 665 respondents, 78.6%% (523) were from the community-at-large, and 21.4% (142) were from professionals who work in healthcare, education, workforce development, the not-for-profit sector, government/civic roles, or other professional roles. These 21.4% of respondents were specifically targeted because their responses give a picture of the Priority Areas as defined by professionals who are in touch with the community’s needs through the work they do. All organizations providing input, such as Region 8 universities, government agencies, businesses, non-profit organizations, workforce development agencies, mental health providers, and more, serve populations which cut across income and racial barriers to address issues for any person in need; however, many of their services are provided to low-income, minority populations who have traditionally experienced the greatest barriers to care.

Survey respondents represented the following parishes in Northeast Louisiana:

PARISH	PERCENTAGE	TOTAL
Caldwell	1.51%	10
East Carroll	0.30%	2
Franklin	1.96%	13
Jackson	1.51%	10
Lincoln	6.78%	45
Madison	0.75%	5
Morehouse	3.31%	22
Ouachita	73.04%	485
Richland	2.41%	16

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Union	3.77%	25
Tensas	0.90%	6
West Carroll	1.20%	8
Other	2.56%	18
TOTAL		665

STAKEHOLDER INTERVIEWS

- **Jackie White, MD, Medical Director, Region 8 Office of Public Health**
 - Interviewed October 11, 2021
 - Participated in the SFMC Focus Group
 - Followed up with an implementation plan strategy meeting with SFMC Executive Council representatives November 8, 2021
- **Jennifer Haneline, MSW, LCSW, Louisiana Public Health Institute Regional Manager, Monroe City School Boards Member**
 - Interviewed October 7, 2021
 - Participated in the SFMC Focus Group
- **Katy Temple, SFMC Academic Affairs Program Operations**
 - Interviewed October 7, 2021
 - Participated in SFMC Focus Group

Dr. White and the Region 8 OPH team will be a collaborating partner with SFMC throughout the 2021 CHNA implementation plan measurement period to address the needs of vulnerable populations within the defined community/service area and throughout Region 8. Dr. White and the OPH team utilized SFMC's previous CHNA document in relation to its Lincoln Parish data and will be working with SFMC on the 2021 CHNA implementation plan. Dr. White and her team shared their regional outline of health priorities and challenges both from patient and operational perspectives, which mirrored the data analysis and community survey results SFMC received during the CHNA process. Discussion during both the October 11 and November 8 meetings centered on how the organizations can collaborate to address the Priority Areas identified in the CHNA in both SFMC's defined community and throughout Region 8.

Jennifer Haneline represents both health needs and social/educational needs through her work with LPHI and the Monroe City Schools and will work with SFMC during the implementation plan measurement period as an education liaison and overall community partner. She provided insight into mental health, healthy living, and substance abuse.

Katy Temple is an SFMC team member who will serve on the CHNA Advisory Committee to integrate implementation strategies and community benefit information into the Academic Affairs program at SFMC. The effort will help establish the social determinants of health and the needs of vulnerable populations for physicians who are starting out in medicine. Katy's insight during the CHNA gave a physician perspective and helped SFMC define how it might address its

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

internal audiences to best be able to reach not only patients with messages of health and wellness but our own healthcare providers to ensure they understand social determinants of health and the importance of the CHNA process as it relates to our Ministry.

PRIORITY AREAS

The following seven significant community health needs identified (listed in priority order) were used as a foundation from which to begin determining the SFMC 2021 CHNA Priority Areas:

1. Chronic Disease Management
2. Access to Care
3. Obesity / Sedentary Lifestyles
4. Mental Health
5. Substance Abuse
6. Heart Disease / Stroke
7. Care for the Elderly

From these seven identified significant health issues, SFMC chose the following three Priority Areas to address in its 2021 CHNA implementation plan, as referenced previously on page 4.

- **CHRONIC DISEASE MANAGEMENT**
- **ACCESS TO CARE**
- **OBESITY / SEDENTARY LIFESTYLES**

DEMOGRAPHICS

A community's demographics significantly impact its health profile. Differences in ethnicity, age, gender, and socioeconomic factors may create unique needs and require varied approaches to how those needs are addressed. This section of SFMC's 2021 CHNA focuses on the demographics of residents in Lincoln and Ouachita Parishes in Region 8 of Northeast Louisiana, the area defined as SFMC's community/service area.²

POPULATION

An estimated 200,021 people reside in Lincoln and Ouachita Parishes. Of those people, 46,474 reside in Lincoln Parish, and 153,279 reside in Ouachita Parish. Both Lincoln and Ouachita Parishes report more females than males, although the numbers are close with 51.3% of residents in Lincoln Parish reported as females and 52.2% in Ouachita.

ETHNICITY

Both Lincoln and Ouachita Parishes are primarily "White, alone." In Lincoln Parish, 55.9% of residents are "White, alone," compared to 40.7% of residents who are "Black or African American alone." Residents listed as "Hispanic or Latino" comprise 3.1% of the population, "Asian alone" residents account for 1.6%, and 1.6% are classified as "Two or More Races." A small percentage

² Retrieved online at <https://www.census.gov/quickfacts/fact/table/LA,US,ouachitaparishlouisiana,lincolnparishlouisiana/PST045219>; data current for July 1, 2019 (V2019)

of residents (0.5%) report being “American Indian and Alaska Native alone, and only 0.1% report being “Native Hawaiian and Other Pacific Islander alone.”

In Ouachita Parish, 59.6% of residents are “White alone”, compared to 37.7% of residents who are “Black or African American alone.” Residents listed as “Hispanic or Latino” comprise 2.2% of the population, “Asian alone” residents account for 1.0%, and 1.3% are classified as “Two or More Races.” Again, a small percentage of residents (0.3%) report being “American Indian and Alaska Native alone, and there were not enough residents reporting being “Native Hawaiian and Other Pacific Islander alone” to register a percentage.

AGE

- **Lincoln Parish**
 - Persons under 5 years: 5.6%
 - Persons under 18 years: 19.9%
 - Persons 65 years and over: 14.0%
- **Ouachita Parish**
 - Persons under 5 years: 6.7%
 - Persons under 18 years: 24.6%
 - Persons 65 years and over: 15.3%

INCOME

The median household income in Lincoln Parish is \$35,467 (down from \$37,842 during the previous CHNA measurement period). The median household income in Ouachita Parish is \$41,121 (an increase from \$40,167 in the previous CHNA measurement period).

POVERTY

A higher percentage of Lincoln Parish residents (29.5%) and Ouachita Parish residents (23.9%) live below the federal poverty level compared to Louisiana (19.0%) and the United States as a whole (11.4%). These numbers have both worsened since the last CHNA measurement period when Lincoln Parish reported 19.2% and Ouachita Parish reported 19.0%, as has the percentage for Louisiana as a whole (previously 15.10%). Between the 2016 CHNA and the 2019 CHNA, both the local and state levels had reported improvement in this indicator.

HIGH SCHOOL GRADUATION RATES

Despite the availability of educational facilities, transportation, and nearby world-class universities and other institutions of higher learning in both parishes, 11.5% of Lincoln Parish and 13.5% of Ouachita Parish residents age 25+ did not graduate from high school. Only 35.6% of Lincoln Parish residents age 25+ have received a bachelor’s degree or higher; in Ouachita Parish, that number drops to 24.2%. This gap represents an educational barrier that can affect indicators such as unemployment rates, understanding of health and wellness, and income potential.

UNEMPLOYMENT

The gap in unemployment rates have changed since the 2016 SFMC CHNA with the gap’s widening between unemployed males and females. In 2016, males and females were

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

unemployed in Ouachita Parish at nearly the same rate – males at 8.36% and females at 8.78%. Since that time, the rate for males has dropped only slightly to 8.23%; however, the rate for females is now 7.38%. In Lincoln Parish, the unemployment gap between males and females has widened further as well. Whereas in 2016, the unemployment rate for males was 12.97% of males compared to 10.08% of females, the unemployment rates are now 13.70% for males and 9.30% for females. Overall, Lincoln Parish has a higher percentage of unemployed residents with an 11.49% unemployment rate compared to 7.79% in Ouachita Parish.

HEALTH INDICATORS

BIRTH WEIGHTS UNDER 1500 GRAMS AND UNDER 2500 GRAMS AS A PERCENTAGE OF TOTAL BIRTHS (LOUISIANA, 2019) ³													
PARISH	SEX	ALL BIRTHS			WHITE			BLACK			OTHER		
		TOTAL	<1500g	<2500g	TOTAL	<1500g	<2500g	TOTAL	<1500g	<2500g	TOTAL	<1500g	<2500g
Lincoln		468	1.9	10.5	213	0.0	5.2	217	4.2	16.1	38	0.0	7.9
	F	217	1.4	10.1	103	0.0	7.8	104	2.9	12.5	10	0.0	10
	M	251	2.4	10.8	110	0.0	2.7	113	5.3	19.5	28	0.0	7.1
Ouachita		2050	2.8	12.9	954	1.4	8.4	978	4.1	17.2	118	3.4	14.4
	F	1000	2.6	13.9	472	1.5	8.5	463	3.5	19.0	65	4.6	16.9
	M	1050	3.0	13.0	482	1.2	8.3	515	4.7	15.5	53	1.9	11.3

HEALTH BEHAVIORS ⁴			
	Louisiana	Lincoln	Ouachita
Adult smoking	21%	22%	24%
Adult obesity	36%	33%	43%
Food environment index⁵	5.2%	5.8%	6.3%
Physical inactivity	28%	35%	31%
Access to exercise opportunities	75%	47%	78%
Excessive drinking	20%	17%	19%
Alcohol-impaired driving deaths	32%	24%	26%
Sexually transmitted infections⁶	774.8	1,302.8	1,000.8
Teen births⁷	32	17 ⁸	36

³ Retrieved online at https://ldh.la.gov/assets/oph/Center-PHI/Low_Birthweights_by_Parish_2019.pdf

⁴ Retrieved online at https://www.countyhealthrankings.org/app/louisiana/2021/compare/snapshot?counties=22_061%2B22_073

⁵ Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best)

⁶ Number of newly diagnosed chlamydia cases per 100,000 population

⁷ Number of births per 1,000 female population ages 15-19

⁸ Lincoln Parish reported one of the lowest teen birth rates in the state in 2018 (most recent data reported in the Louisiana Department of Health data).

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

QUALITY AND LENGTH OF LIFE ⁹			
	Louisiana	Lincoln	Ouachita
Premature death¹⁰	9,500	8,700	10,100
Poor or fair health	21%	23%	24%
Poor physical health days¹¹	4.3	4.5	4.7
Poor mental health days¹²	5.0	5.0	5.2

PRINCIPLE CAUSES OF DEATH BY PARISH OF RESIDENCE (LOUISIANA, 2018) ¹³												
PARISH	ALL DEATHS		DISEASES OF THE HEART		MALIGNANT NEOPLASMS		ACCIDENTS		CEREBRO-VASCULAR DISEASES		CHRONIC LOWER RESPIRATORY DISEASE	
	DEATH	RATE	DEATH	RATE	DEATH	RATE	DEATH	RATE	DEATH	RATE	DEATH	RATE
Lincoln	380	805.2	64	135.6	81	171.6	15	31.8	21	44.5	18	38.1
Ouachita	1699	1099.9	301	194.9	337	218.2	107	69.3	69	44.7	112	72.5

NUMBER AND RATE OF SUICIDES, HOMICIDES & VIOLENT DEATHS BY PARISH OF RESIDENCE (LOUISIANA, 2018) ¹⁴						
	INTENTIONAL SELF-HARM (SUICIDE)		ASSAULT (HOMICIDE)		VIOLENT DEATHS	
	NUMBER	RATE	NUMBER	RATE	NUMBER	RATE
Lincoln	7	***	<5	***	8	***
Ouachita	31	20.1	11	***	42	27.2

GAPS, LIMITATIONS & OTHER CONSIDERATIONS

No significant gaps were encountered during examination of the collected data. This CHNA provides an appropriate snapshot of the health and quality-of-life challenges for the people of Lincoln and Ouachita Parishes in Region 8 of Northeast Louisiana, and the outlined Priority Areas provide an appropriate guide for community benefit planning. As implementation strategies are formulated based on the needs identified in the 2021 CHNA, SFMC will explore what these indicators look like in the community/service area.

- ✓ **Who** are the people experiencing these outcomes?
- ✓ **What** factors contribute to their health and wellness?
- ✓ **How** do socioeconomic factors beyond our control affect their outcomes?

⁹ Retrieved online at https://www.countyhealthrankings.org/app/louisiana/2021/compare/snapshot?counties=22_061%2B22_073

¹⁰ Years of potential life lost before age 75 per 100,000 population (age-adjusted)

¹¹ Average number of physically unhealthy days reported in past 30 days (age-adjusted)

¹² Average number of mentally unhealthy days reported in past 30 days (age-adjusted)

¹³ Retrieved online at https://ldh.la.gov/assets/oph/Center-PHI/2019_Health_Report_Card.pdf

¹⁴ Retrieved online at https://ldh.la.gov/assets/oph/Center-PHI/2019_Health_Report_Card.pdf

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Although SFMC solicited comments in its previous CHNA report by providing an address to which written comments could be submitted, no written comments from the community/service area were received. Community feedback is welcome regarding this 2021 CHNA and its related implementation strategies. Written comments may be addressed to:

Vice President of Mission Integration
309 Jackson St.
Monroe, LA 71201

ADDRESSING HEALTH ISSUES

Any Priority Area would be well worth the time and effort to address. However, resources, including time, people, and the ability to partner in the community to affect sustainable change, can be limited. Decisions must be made about Priority Areas that can positively be affected. For these reasons, SFMC assessed the top identified health needs stated to determine the best approach to choose Priority Areas for the 2021 CHNA. As previously stated, the final Priority Areas for the SFMC 2021 CHNA are: Chronic Disease Management, Access to Care, and Obesity/Sedentary Lifestyles.

SFMC and its community partners acknowledge that the health needs of the people of Region 8 of Northeast Louisiana span all indicators and could never be captured on a list of Priority Areas. Some issues impact a larger proportion of the population while others affect one subgroup more than others. Overall, most of the region's health issues are alarming compared to state and national data. Many of indicators are not being addressed at the same rate as in other areas of the country, and there is little substantial advancement toward long-term, measurable outcomes. There are four issues from the original list of seven health needs that SFMC has chosen not to include in the Priority Areas for various reasons: Mental Health, Substance Abuse, Heart Disease/Stroke, and Care for the Elderly.

SFMC will work with its CHNA Advisory Committee and community partners to manage strategy implementation and monitoring. All data will be reported to the SFMC Board of Directors and the Franciscan Missionaries of Our Lady Health System (FMOLHS) and will be made publicly available as required. SFMC recognizes the significance of all seven health issues identified as concerns from the data analysis, surveys, and interviews. As strategies are implemented in each of the Priority Areas, SFMC expects to encounter linkages among the seven identified health issues. For example, while SFMC will not address Substance Abuse as a Priority Area, it is possible it will be addressed during activities related to Access to Care or possibly it relates to Chronic Disease Management through long-term assistance with tobacco cessation for patients who need assistance quitting and are addressing multiple health issues.

All seven identified health needs impact the people SFMC serves in some way, and any one of them would have been a meaningful choice for the final list of Priority Areas. However, SFMC chose the final three Priority Areas primarily for the following reasons:

- They are Priority Areas in which a significant amount of work needs to take place in the defined community.

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

- They are Priority Areas frequently mentioned by survey respondents and community partners, and the collected data supports their inclusion.
- They are Priority Areas that have a notable influence on Region 8's vulnerable populations, and they are issues that, if improved, could affect the outcomes of other health issues not being directly addressed.

Detailed information about how each Priority Area will be addressed is outlined in the SFMC 2021 CHNA Implementation Plan. Community Resources that will be utilized, among others, to address the Priority Areas include:

- FMOLHS Diversity Equity & Inclusion Council
- Food Bank of Northeast Louisiana
- Lincoln Area Agency on Aging
- Louisiana Tech University, School of Nursing
- Ouachita Council on Aging
- Northeast Delta Human Services Authority Adult Mental Health Services
- Region 8 Office of Public Health
- St. Francis Medical Group
- The Children's Coalition for Northeast Louisiana
- United Way, including United Way 2-1-1, United Way Read. Learn, Succeed, and other programming resources
- University of Louisiana at Monroe, School of Nursing
- University of Louisiana at Monroe, School of Pharmacy

Following is a summary of how each Priority Area will be addressed:

CHRONIC DISEASE MANAGEMENT

The frontline of Chronic Disease Management as a Priority Area will take place in SFMC Case Management. Case managers will refer patients to United Way 2-1-1, when appropriate, for community services referrals and will work with providers to help patients understand their care and discharge instructions to reduce the likelihood of need for further care. SFMC will work with the hospitalists and St. Francis Medical Group to deploy strategies that help patients understand Chronic Disease Management or to avoid chronic disease altogether when possible. Additionally, it is important to note that SFMC will treat tobacco cessation as a chronic disease due to the lifelong nature of nicotine addiction. Some of the work related to tobacco cessation efforts will be related to Chronic Disease Management, particularly work done in the community. Resources SFMC will invest include human resources, salary dollars, social media outreach, funding for collateral / printed materials, support group expenses, and physical space. SFMC's community benefit investment is estimated to be \$20,000+.

ACCESS TO CARE

SFMC will address Access to Care from a variety of perspectives, not solely from the angle of the number of providers and patients' abilities to access transportation, both of which are traditional views of "access." SFMC intends to work with its DE&I Council to investigate issues, such as cultural competency in the organization, that can affect access, especially in vulnerable

populations. SFMC will also consider simple factors such as difficulty with wayfinding, literacy issues that prevent patients from understanding care, and helping patients understand when and how to seek care.

Resources SFMC will invest include human resources (including hands-on training time for students in mentoring programs), salary dollars, social media outreach, funding for collateral / printed materials, medication and transportation costs for patients who are unable to pay, and physical space. SFMC's community benefit investment is estimated to be \$75,000+.

OBESITY / SEDENTARY LIFESTYLES

Long-term, largescale outcomes in the Priority Area Obesity / Sedentary Lifestyles are more difficult to achieve when working alone. For this reason, SFMC will partner with Region 8 OPH to disseminate information through its regional offices. Information could include topics such as healthy living, Ideal Protein, breastfeeding to combat obesity, and staying active. SFMC will also work with community partners, such as the City of Monroe, to assess the need for maps of available free fitness venues, walking parks, activities, and other opportunities to engage the community in active lifestyles. SFMC will also engage its FMOLHS sister facilities to discover how they address Obesity / Sedentary Lifestyles through programs such as the Our Lady of Angels' Walk with a Doc program to identify programs that could be used as a best practice in the SFMC community. Resources SFMC will invest include human resources, salary dollars, social media outreach, funding for collateral / printed materials, and physical space. SFMC's community benefit investment is estimated to be \$10,000+.

SFMC will also collaborate with community partners to address the other identified needs that were not identified as Priority Areas as opportunities arise. SFMC will not address the following identified health needs individually: Mental Health, Substance Abuse, Heart Disease / Stroke, and Care for the Elderly.

- **Mental Health:** There are already numerous providers throughout the area addressing mental health, and SFMC does not currently offer a program targeting mental health. Northeast Delta Human Services Authority is available to assist vulnerable populations, as are counseling centers (both inpatient and outpatient) and private providers. There are great strides to be made in this area in Region 8; however, much of the issues related to Mental Health are not only in still needing more providers but also in helping patients understand how to access care and in helping them overcome the stigma of seeking care for mental health. These are issues that SFMC may be able to assist with, even though Mental Health was designated as a Priority Area. Additionally, there are patients who are seen in SFMC programs and inpatients who are frequently referred for mental health services. By strengthening those partnerships throughout the region and working with local providers, SFMC can still impact this health need.
- **Substance Abuse:** SFMC offers a Tobacco Cessation Program that will address Substance Abuse and will be collaborating with community partners to coordinate drug takeback days. There are other entities also working on Substance Abuse, and this health need will continue to be addressed by groups such as the D.A.R.E program, local school boards, law

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

enforcement officials, United Way 2-1-1 (which makes referrals for substance abuse programs, Rays of Sunshine (a residential recovery program for women), and more.

- **Heart Disease / Stroke:** The American College of Cardiology recognized SFMC for its demonstrated expertise and commitment in treating patients with chest pain and awarded Chest Pain Accreditation with Primary PCI based on rigorous onsite evaluation of the staff's ability to evaluate, diagnose, and treat patients who may be experiencing a heart attack. Both SFMC and Glenwood Regional Medical Center in nearby West Monroe offer cardiac rehabilitation, cardiovascular surgery, interventional cardiology, diagnostic cardiology, a hybrid operating room that is predominantly used for cardiac and vascular procedures including a number of minimally invasive procedures (percutaneous valve replacements or repairs such as transcatheter aortic valve replacement – TAVR – that are done instead of open heart surgery, cardiac catheterization and coronary interventions for high-risk patients, and endovascular procedures). SFMC will continue to work with community partners to promote heart disease / stroke education and awareness in the community and could see a crosswalk with the chosen Priority Areas, all of which could have outcome connections to Heart Disease / Stroke.
- **Care for The Elderly:** FMOLHS Senior Services actively works with community partners to reduce readmissions and implement programs to improve outcomes. Care for the Elderly is a health need that has a clear crosswalk to all three chosen Priority Areas as well. Organizations such as the West Ouachita Senior Center, the Lincoln Council on Aging, and the Ouachita Council on Aging are vital community partners offering a wide range of programming and services that SFMC could assist with if opportunities arise. SFMC will continue its Meals on Wheels outreach and will seek additional ways to minister to the elderly while allowing others who have more capacity to take the lead.

COMMUNITY PROGRESS

SFMC's previous CHNA identified five Priority Areas: Chronic Disease Management, Obesity/Sedentary Lifestyles, Substance Abuse, Access to Care, and Care for The Elderly. While SFMC has been actively working to fight COVID-19 for the majority of the previous CHNA measurement period, it has remained as active as possible in the community/service area while protecting the safety of the residents and SFMC team members.

Many stories emerge from SFMC daily – the “good catches” our team members make as they go about their daily work. For every delayed strategy that resulted from the COVID-19 pandemic, there are more that take their places to help patients restore health, help babies come into the world, help patients connect with life-sustaining resources, help families understand how to help loved ones, and so much more. Caring, compassion, outreach, and constant search for improvement are at the foundation of the CHNA process, and they are at the center of what SFMC tries to do each day as we care for those most in need.

SFMC continued to develop and promote its palliative care program to decrease preventable hospitalizations and assist families seeking care navigation. Patients received prescription assistance cards through Case Management, the Tobacco Cessation Program, Women's &

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Children’s Services, and the St. Francis Medical Group to assist not only with Chronic Disease Management but with Access to Care. Patients were also referred to United Way 2-1-1 for information on accessing healthcare and related services after discharge. SFMC partnered with the United Way in early 2021 to update the 2-1-1 database with evidence-based information for new parents and to initiate a statewide project to help parents have 24-hour access to parenting-specific assistance (project ongoing).

SFMC collaborated with faith groups to set up COVID-19 vaccination clinics and to provide safety information about protecting congregants from contracting or spreading the virus (e.g., mask wearing, handwashing, etc.). SFMC also provided COVID-19 drive-through testing sites at various locations in the area. During the pandemic, team members held food drives to support the Food Bank of Northeast Louisiana and individual efforts by departments to support needs in the community. Additionally, the number of Lifeshare Blood Drives was increased to help fill a critical need for blood in the community. Between September 2020 and June 2021 alone, 289 pints of blood were donated with a conservative estimate of in-kind community benefit of \$7,424 donated factoring in team member time spent coordinating the event and donating during work hours.

During the previous CHNA measurement period, the St. Francis Medical Group addressed Obesity/Sedentary Lifestyles by introducing Ideal Protein, a modified keto diet combined with professional support and healthy eating education that offers a scientific approach to weight loss through a three-phase protocol and personalized, ongoing support for participants. SFMC team members were challenged to participate at a reduced cost, and outcomes were positive for all participants. The program was then promoted to the public through SFMG physicians and social media outlets as a healthy alternative for weight loss.

SFMC also continued its work with new mothers to combat obesity from the beginning of life by only passing out breastfeeding information to new mothers. In response to the COVID-19 pandemic, the breastfeeding and baby care classes transitioned to an online format so the education could continue to be provided, and participation has been consistent. New mothers are continuing to report initiation of breastfeeding, and breastfeeding is the only method discussed unless the mother requests alternate education/information. A total of 702 family members were served with education classes both in-person and online during the CHNA measurement period as of the publishing of this CHNA.

In the previous CHNA measurement period, SFMC began the planning of a prescription takeback day in collaboration with the University of Louisiana at Monroe College of Pharmacy. However, due to the COVID-19 pandemic, the event was placed on hold. The plan will be reinitiated during the 2021 CHNA measurement period, and resources have been allocated. SFMC also plans to partner with the Council on Aging and the West Ouachita Senior Center to conduct similar events.

SFMC participated in the planning and execution of the Ouachita Youth Leadership Summit in partnership with the Children’s Coalition for Northeast Louisiana to educate audiences about the dangers of vaping in young people. In total, 528 adolescents and adults attended the event. Additionally, in the Priority Area of Substance Abuse, SFMC met with Northeast Delta Human Services Authority to discuss plans to work together to treat patients who need mental health

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

services as well as tobacco cessation; discussions are ongoing. SFMC implemented a video visit program in fall 2019 to address Access to Care and Substance Abuse for tobacco cessation patients but was unable to expand the video visits to additional populations (e.g., prison population, home health patients, assisted living centers) as mentioned in the implementation strategy due to other projects that took priority after the COVID-19 pandemic began. At the time of the publishing of this CHNA, 2,244 tobacco cessation patients had completed a telehealth visit.

The SFMC Tobacco Cessation Program also reduced its no-show rate from 27% to 11% by introducing a telehealth program, thereby keeping patients on track with their appointments and improving Access to Care. By promoting the availability of telehealth, referrals from healthcare providers also went up from an average of 33 per month to 52 per month during the CHNA measurement period, which helped more patients receive services. The SFMC Tobacco Cessation Program worked closely with the SFMG and hospitalists to increase referrals and focus on operational issues, such as how providers prefer to send referrals, monthly reports of how many referrals have been received from each provider, follow-up reports on patients, etc., to foster relationships and build the providers as community advocates for the program.

Discussions began in the previous CHNA period with AmeriCorps regarding the deployment of volunteers to the SFMC Emergency Department to work as navigators for patients with substance use disorders. This plan will be reinitiated in the 2021 CHNA since COVID-19 cases are decreasing.

FMOLHS founded a Diversity, Equity, & Inclusion Council at each of its facilities in the previous CHNA measurement period, and SFMC will be piloting collection of community benefit data related to the DE&I Council work. The SFMC Council held a meet-and-greet in the hospital cafeteria September 30, 2021, to introduce three projects underway (Overcoming Implicit Bias in Maternal Care, Tuition Reimbursement Program, and CNA to LPN program).

SFMC hosted the United Way 2-1-1 team on-site in February 2020 to introduce team members to the service. Initially, the team was scheduled to be on-site monthly; however, the COVID-19 pandemic prevented their returning after the first event. Information has been shared through other methods, and the plan will be reinitiated when appropriate.

SFMC provided an average of 548 meals per month at a cost of \$4/meal to Meals on Wheels in partnership with the Ouachita Council on Aging during the previous CHNA measurement period. During many months, the number of meals delivered was higher; however, due to the lower number of meals that were provided due to delivery restrictions and available delivery staff during the COVID-19 pandemic, the number of meals per month dropped dramatically in spring 2020. Prior to the pandemic, SFMC partnered with a Farm-To-Work initiative and promoted the availability of fresh fruits and vegetables to both its own team members and businesses and organizations in the downtown Monroe area as well. The setup was made available where passersby and hospital visitors could access the produce.

The implementation strategies chosen for each SFMC CHNA are only a small part of the picture of the greater community need in Region 8 of Northeast Louisiana. There are many needs that could be addressed – from all-encompassing categories that could apply across all socioeconomic boundaries equally to disparities that perhaps target highly specific locations in very precise ways

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

that do not impact others outside those immediate areas but are very impactful to those affected.

And when people are affected by a disparity, others are ultimately affected as well, whether the need is widespread or localized, as they are affected in how they function at work, at school, at church, in the community, in their neighborhoods, and in their families.

“Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people,

→ especially those most in need. ←

We call forth all who serve in this healthcare ministry, to share their gifts and talents to create a spirit of healing – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care. We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.”

SFMC understands it is impossible to capture every activity the organization takes part in that benefits the community or helps disparate populations. We attempt on an ongoing basis to monitor what we do to determine if the things we do help the people we serve and provide direct community benefit. Many of these activities fall outside the Priority Areas chosen for the CHNAs and are, therefore, not captured on the scorecard listed above, such as:

- Free flu shots for Auxiliary members, student interns, outside licensed independent practitioners, and contract/agency personnel
- Free mammography screenings for St. Francis Auxiliary members who do not have insurance to cover the total cost
- Subsidized health services for groups such as Louisiana Baptist Children's home, obstetrics patients who do not have insurance, patients admitted through rural hospitals when the patient needs a service the rural hospital cannot provide, Veteran's Administration patients, patients applying for disability, and University of Louisiana at Monroe athletes
- Volunteer hours logged on behalf of health-related organizations, such as American Heart Association, Area Health Education Center (AHEC), the Children's Coalition for Northeast Louisiana, Susan G. Komen for the Cure, the United Way of Northeast Louisiana, and more
- Support for organizations furthering health-related programs in the community in the form of donations and time spent helping with events, project assistance, and consulting
- Administrative support on the Boards of community-based organizations promoting positive outcomes for people of all ages and socioeconomic backgrounds
- Mentoring programs which provide hundreds of hours of hands-on clinical instruction for nursing, radiology, respiratory, health information management, and laboratory students
- Medications provided to patients who cannot afford to purchase them

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

- Taxi expenses for patients who do not have a safe means of travel to reach their home when they are discharged from SFMC
- Backpacks and school supplies donated by team members to help children whose families cannot afford back-to-school costs
- Breastfeeding and baby care classes offered online so families from throughout the region can access the education from the convenience of their homes regardless of what barriers to transportation they are experiencing
- Support for a United Way-based literacy program (Read. Learn. Succeed) designed to help second and third graders read on grade-level and improve test scores

APPENDIX A:

Focus group guiding questions

Question 1:

What does your organization consider to be its “community”? What is your primary service area?

Question 2:

On a scale of 1-10 (with 1 being not very and 10 being very), how important do you think COVID-19 is among the health priorities of most people in Region 8 right now?

Question 3:

If you could choose JUST ONE CRITICAL HEALTH NEED to improve for the people of Region 8, what would it be?

Question 4:

What makes care difficult to access when you need it?

Question 5:

What would most improve the health of you and your family?

WORD ASSOCIATION:

Ask participants their first thoughts about a series of words.

- Care for the Elderly
- Barriers to Care
- Equity
- Region 8 / Northeast Louisiana
- Local economy
- Education
- Health Care
- Chronic Disease
- Substance Abuse
- Mental Health
- Healthy Options

APPENDIX B:

Community survey questions

Question 1:

Where do you spend most of your time?

- Caldwell Parish
- East Carroll Parish
- Franklin Parish
- Jackson Parish
- Lincoln Parish
- Madison Parish
- Morehouse Parish
- Ouachita Parish
- Richland Parish
- Tensas Parish
- Union Parish
- West Carroll Parish
- Other (please specify)

Question 2:

What are the most critical health issues facing the people of this area? Choose what you consider to be the TOP FOUR health issues from the following choices.

Choices:

- Access to Care
- Barriers to Healthy Choices
- Cancer
- Care for The Elderly
- Chronic Disease Management (e.g., arthritis, asthma, COPD, diabetes, etc.)
- Heart Disease / Stroke
- Behavioral Health
- Obesity / Sedentary Lifestyles
- Preventable Hospital Stays (e.g., dehydration, flu, pneumonia, urinary tract infection)
- Substance Abuse
- Pain Management

Question 3 (open-ended, write-in):

Are there other critical health issues not listed in Question 2? List them below.

SFMC 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Question 4:

What would improve the health of you or your family? Choose what you consider the TOP TWO BEST WAYS to improve health in this area.

Choices:

- Healthy Food Access
- Free / Affordable Health Screenings
- Better / More Education Opportunities
- Free / Affordable Health Insurance
- Employment Opportunities
- Wellness Services and Education
- Safe Areas for Play and Walking

Question 4 (open-ended, write-in):

Are there other ways to improve the health of you or your family not listed in question 3? List them below.

Question 5 (open-ended, write-in):

What makes it difficult to access care when you need it?