



Community Health Needs Assessment 2016

Savoy Medical Center

Evangeline Parish, Louisiana

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Acknowledgements

This report was developed under the care and guidance of the CHNA team at Savoy Medical Center. The following staff members from Louisiana Public Health Institute contributed to the data collection, analysis, writing, and editing of this report: Alex Lemon and Lisanne Brown, Ph.D., MPH.

The authors of this report also thank the Savoy Medical Center CHNA Advisory Board and all of the individuals who participated in the online survey and the numerous meetings and planning sessions conducted to develop this report. This report could not have been completed without your time, effort, and dedication.

About the Louisiana Public Health Institute:

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

Executive Summary

Savoy Medical Center (SMC) is a non-profit hospital located in Mamou, Louisiana and is managed by CHRISTUS Health. CHRISTUS Health was formed in 1999 to strengthen the Catholic faith based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. Founded on the mission “to extend the healing ministry of Jesus Christ”, CHRISTUS Health’s vision is to be a leader, a partner and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.

This report serves as the Savoy Medical Center CHNA report for 2016-2018, and meets the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals’ CHNA.

The CHNA report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), and data from the Louisiana State Department of Health, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. This input was gathered through an online survey and at CHNA Advisory Board meetings. As a result, five (5) community health needs were identified as top priorities. These priorities were selected, in part, based on the prevalence and severity of health needs identified from secondary data, as well as stakeholder input. Some of the top needs identified through the process are as follows:

1. Alcoholism/ substance abuse

Alcoholism and/or substance abuse was identified as the most important health or medical issue in Evangeline Parish by survey respondents, and drug abuse and addiction was identified as one of the most pressing concerns facing the community. Across Louisiana and the United States, drug overdoses have noticeably increased. In Evangeline Parish, the drug overdose mortality rate was 17.7 per 100,000 persons, higher than both the state and national rates. There is also excessive alcohol consumption in Evangeline Parish. In the majority of Evangeline Parish, 22% of adults self-report heavy alcohol consumption throughout the Parish. Alcohol and drug abuse not only lead to poor physical and social outcomes, but can also have underlying mental problems that are not being addressed.

2. Obesity

Obesity was identified as one of the top health issues in Evangeline Parish by survey participants. In Evangeline, the percentage of people with a body mass index (BMI) greater than or equal to 30 kg/m² has increased 10% from what was reported in the previous CHNA (31.2% to 41.9%). Over 80% of adults aged 18 and over consumed less than the recommended serving of fruits and vegetables a day and 32% of adults aged 20 and older in Evangeline Parish reported no time for physical activity.

3. Cardiovascular Disease

Survey respondents identified cardiovascular disease as one of the most important health issues and heart disease as one of the most present health needs in the community. A larger percentage of Evangeline Parish residents have been diagnosed with heart disease and high cholesterol than adults in Louisiana and the United States. Additionally, more than 50% of adults in Evangeline Parish report that

they have been told by a doctor, nurse or other healthcare professional that they have had high blood cholesterol.

4. Access to care

Although Evangeline Parish is not a designated Health Professional Shortage Area, survey respondents identified being underinsured or uninsured, a general shortage of physicians, especially specialty physicians, and a lack of physicians who accept Medicaid and Medicare as main barriers in access to care. When rating the health care system on a scale of 1 (lowest) to 10 (highest), survey respondents gave a mean score of 5.76 for the cost of health care and a 6.14 for the options in health care. In Evangeline Parish, 20.86% of residents are uninsured and 38.79% of residents are Medicaid beneficiaries.

5. Educational resources regarding health

“Educational resources” was one of the top three economic concerns that survey respondents believe could affect community members’ mental and physical health. When asked how to improve the health and wellness of the community, and how Savoy Medical Center could work with other organizations to improve the health of Evangeline Parish Residents, many respondents stated that increasing education was one of the top ways to improve and promote healthy lifestyles in the community. Providing health education is one of the ways to address the many health issues in Evangeline Parish whose effects could be minimized through increasing knowledge of the benefits of healthy behaviors such as consuming more fruits and vegetables, increasing physical activity and quitting smoking.

Introduction

Savoy Medical Center (SMC) is a non-profit hospital located in Mamou, Louisiana and is managed by CHRISTUS Health. As part of the larger CHRISTUS Health system, SMC is one of several facilities striving to serve as “a leader, a partner and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God’s healing presence and love.”¹ As part of this effort and to meet [federal IRS 990H requirements](#), CHRISTUS Health contracted with the Louisiana Public Health Institute (LPHI) to conduct the community health needs assessment (CHNA) and community health improvement plan (CHIP) report for Savoy Medical Center.

This document serves as the SMC report for 2016, and will be made publically available on the SMC website for future reference. The purpose of the CHNA is to identify needs, assets, and opportunities to answer the following research questions:

1. What are the communities’ attributes? (i.e. demographics, health status, etc.)
2. What are the communities’ health needs?
3. What are the communities’ assets and opportunities?
 - a. What other organizations are there to build partnerships with?
 - b. Who are the key community stakeholders and leaders?
 - c. What are the economic/philanthropic resources?
4. What action can the hospital facility feasibly take to meet identified health needs?
 - a. How can partnerships be built to more comprehensively meet identified health needs?

These questions were answered using a mixed-methods approach (described in further detail below), and the report presented here describes findings based on publically available secondary data and primary data collected through an online survey that was distributed to key informants and partners with knowledge of community issues in Evangeline Parish.² This summation was further discussed and analyzed by a panel of experts comprised of both CHRISTUS staff and external partners representing various community organizations, and with guidance from LPHI. Formally known as the CHNA Advisory Committee, this panel continuously sought community input as they established next steps for the Savoy Medical Center community health improvement implementation plan.

Methodology

The mixed-methods approach conducted for this report was based off methodology used by LPHI for other CHNA clients and informed by assessment materials developed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO). The inclusion of primary data gathered through an online survey ensured that wider community feedback and viewpoints outside of HMC leadership would inform this assessment. This feedback was used to supplement the quantitative data available from secondary sources, such as the American Community Survey (ACS) and the Louisiana Department of Health. A full list of data sources referenced in this report is listed in Appendix A.

¹ <http://www.christusadvocacy.org/>

² All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the opinions or viewpoints of LPHI or its contractors.

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

Community Health Needs Assessment (CHNA) Advisory Board

In order to ensure community input and expert oversight throughout the entire project, a CHNA Advisory Board, comprised of clinicians, social service providers, educators, business owners, and various community members, met periodically throughout this process. The Advisory Board was involved in the review of the survey instrument developed by LPHI. During the month of September 2017, the Advisory Board reviewed a draft version of the findings to determine which priority issues would be addressed as part of the corresponding community health implementation plan (CHIP). Details regarding the prioritization process are provided on page 31 of this report.

Quantitative Indicators

LPHI was asked to provide updated metrics for many of the indicators included in the previous Savoy Medical Center CHNA report developed in 2013. In most cases, indicators were chosen based on availability. For topics in which secondary data was not readily available, these topics were included in the community survey.

The geographic region of focus of this CHNA report was determined by SMC's catchment area, which includes all of Evangeline Parish. Existing data for this geographic area was compiled from local and national sources and analyzed using SPSS when appropriate. A full list of most of the indicators provided in this report can be viewed in the list of Figures on page 3. As previously mentioned, all data sources referenced in this report are listed in Appendix A. This data is presented in the Findings section starting on page 10.

Key Informant Online Survey Protocol

A web-based survey was emailed to various community members identified by SMC leadership and was completed between September 5, 2017 and September 19, 2017. The survey was designed to take about 30 minutes to complete and included questions regarding economic and societal concerns, community assets and needs, behaviors causing negative health effects, care locations by insurance type, barriers to primary, mental and behavioral health care, medical specialties needed, populations affected, and community organizations or foundations that are currently or are poised to help address community needs. The survey instrument was reviewed and approved by SMC leadership in July 2017. An experienced analyst then analyzed the collected survey data, both quantitative and qualitative data, using basic descriptive statistics and exploring common themes expressed by respondents.

The survey was completed by 63 respondents over a two-week period. Per IRS regulations (Section 3.06 of Notice 2011-52), each facility must get input from people who fall into each of these three categories:

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

Treasury and the IRS expect that certain persons may fall into more than one of the categories listed above in paragraphs (1) through (3). For example, taking into account input from certain government

officials with special knowledge of or expertise in public health may allow a hospital organization to satisfy the requirements described in both paragraphs (1) and (2)."

Over half of the respondents reported being a community resident (54%). Of the respondents, almost 10% were public health experts and about 6% were representatives of a local nonprofit, faith-based organization, school, community clinic, or other community organization. An additional 8.45% were individuals with special knowledge and understanding of issues facing historically disadvantaged populations, such as medically underserved, low-income, or minority populations, and about 23% considered themselves to play an “other” role in the community but did not specify the type of role. None of the respondents were local, parish, or state level officials.

Findings

The quantitative data and qualitative data were originally analyzed independently, with all significant findings and major themes as revealed through the survey data summarized starting on page 27. For the purposes of this report, “respondent” refers to key informants who participated in the online survey, unless otherwise specified.

Demographics and Socio-Economic Measures

The 2015 population for Evangeline Parish was estimated to be 33,768, a slight decrease from 2010 population of 33,984. Evangeline Parish anticipates that the population will grow to 36,040 by 2020.³

The 2015 median age for the parish is 35.8 years, which is about the same as the state median of 36.1 years, and the national median of 37.6 years. Additionally, the portion of the population in the Parish over 65 is 14.11%, above the state average of 13.25% and about the same as the national average of 14.1% (Figure 1). Almost thirty percent (28%) of the population is Black non-Hispanic, 68.48% is White non-Hispanic and the Hispanic population comprises 3% (Figure 1).

There are 11,954 households in Evangeline Parish with an average household size of 2.65. Of these households, 24% are making less than \$15,000 a year. For 2011-2015, the median household income was \$30,009 compared to \$45,047 in Louisiana. The median household income nationally was \$58,889. Residents of Evangeline Parish are earning \$15,038 less than the average Louisiana resident, and

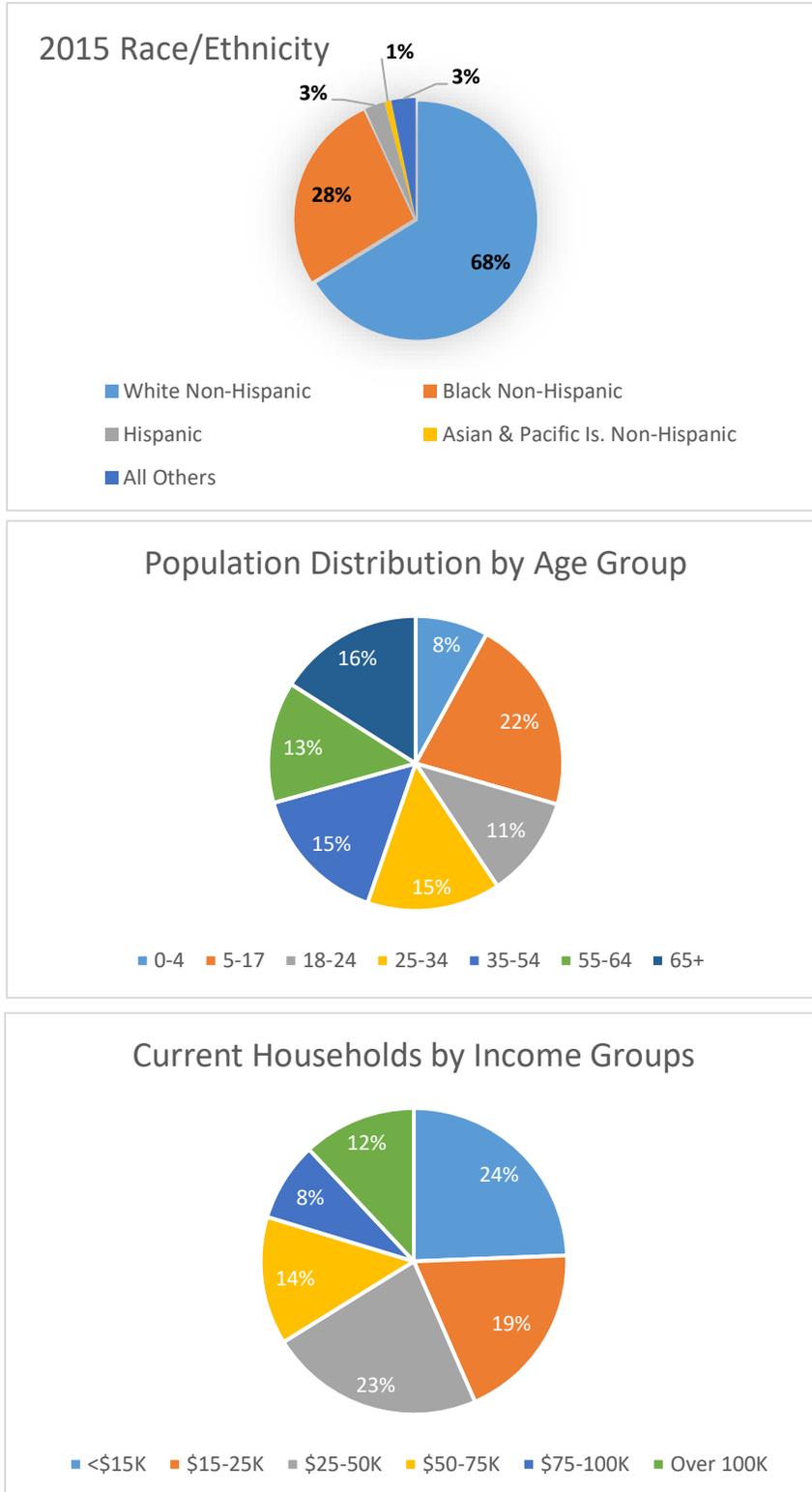
\$28,880 less than the US average.

Area	2015 Population	Median Age	Population 65+	Median Household Income
Evangeline	33,768	35.8	14.1%	\$30,009
Louisiana	4,625,253	36.1	13.3%	\$45,047
US	316,515,021	37.6	14.1%	\$58,889

Table 1: 2015 Benchmarks (US Census Bureau, American Community Survey. 2011-15 – via community commons and Data USA)

³ Office of Electronic Services. Division of Administration, State of Louisiana 2009: (<http://louisiana.gov/PopProjections/ExcelFiles/LA%20Projections%20Technical%20Report.pdf>). Accessed September 13, 2017.

Figure 1: 2015 demographic snapshot (U.S. Census Bureau, American Community Survey 2011-2015 – accessed via Community Commons and Data USA)



When looking at several economic indicators at once (Figure 2), just over 30% of all households in Evangeline Parish report their housing costs exceed 30% of their total household income. This is slightly higher than the percentage for the state and lower than the percentage of households spending more than 30% of their total household income in the U.S. In addition, a larger percentage of the total civilian non-institutionalized population of Evangeline Parish is without health insurance coverage when compared to the state and the United States as a whole. Over 25% of Evangeline Parish residents live 100% below the Federal Poverty Line (FPL), which is more than the state as a whole and the U.S. This current percentage (26.6%) is an increase from the 21.5% previously noted when the last CHNA report was completed in 2013.

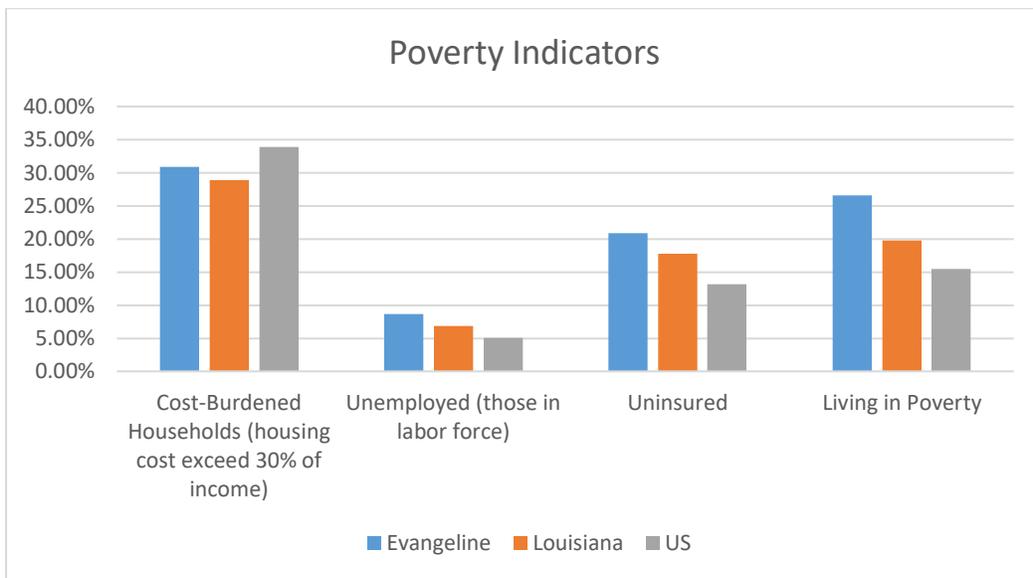


Figure 2: Poverty Indicators (U.S. Census Bureau, American Community Survey, 2011-2015; U.S. Department of Labor, Bureau of Labor Statistics, June 2017; U.S. Census Bureau, Small Area Health Insurance Estimates, 2015 – accessed via Community Commons)

The Health and Social Assistance Industry provides most of the jobs in Evangeline Parish, employing 2,017 residents⁴. Retail trade employs 1,331 people while mining, quarrying, and gas extraction employs 993 people⁴. There are 419 residents that work in the professional, scientific and technology fields while 246 residents work in the administration, support, and waste management services⁴. As seen in the types of employment, Evangeline Parish is dependent on the health and social assistance industry for employment.

⁴ Employment by Industries. Data USA website: https://datausa.io/profile/geo/evangeline-parish-la/#top_occ_num_emp. Accessed September 13, 2017.

As of 2017, the unemployment rate for Evangeline Parish is 8.7, which is higher than both the state rate of 6.9 and the national rate of 5.1 (Figure 3).

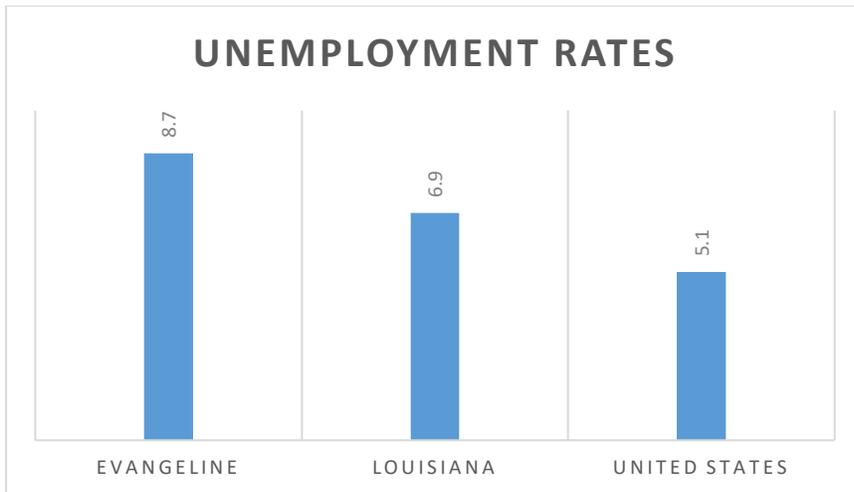


Figure 3: Unemployment rates of those in the civilian labor force (U.S. Department of Labor, Bureau of Labor Statistics June 2017 - accessed via Community Commons)

When looking at the educational attainment, Evangeline falls below state and national averages (Figure 4). By the age of 25, 30.6% of Evangeline residents had no high school diploma, far exceeding the Louisiana (16.7%) and national average (13.4%) (Figure 4). While 37.8% of people nationally and 28.1% of Louisiana residents have an associates level degree or higher, only 18.3% of Evangeline residents have an associates level degree or higher (Figure 4). When looking at the percentage of people who have Bachelor's degrees or higher, only 12.1% of Evangeline residents have Bachelor's degrees or higher, lower than state (22.5%) and national averages (29.8%) (Figure 4).

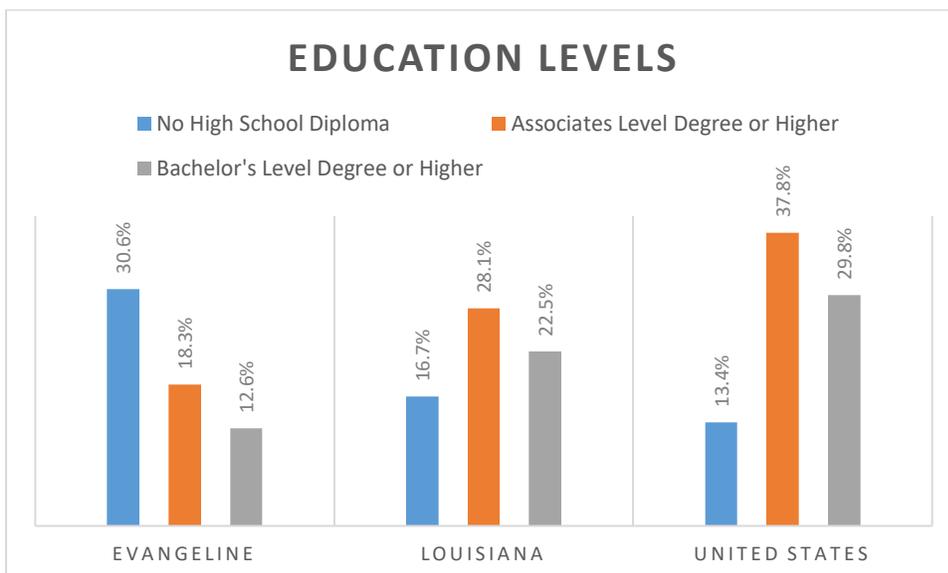


Figure 4: Education Levels (U.S. Census Bureau, American Community Survey, 2011-2015 – accessed via Community Commons)

Access to Healthcare

Access to healthcare is an indisputable determinant of health. In 1993, The Institute of Medicine defined access as the “timely use of personal health services to achieve the best health outcomes”⁵. Healthy People 2020 adds to this definition to state that “access to comprehensive quality health care services is important to the achievement of health equity,” and asserts that access encompasses not only health insurance coverage, but availability and quality of services, timeliness, and sufficient numbers of health care providers within the workforce⁶.

As previously mentioned, a higher percentage of the population in Evangeline Parish (20.9%) is uninsured compared to Louisiana (17.8%) and the U.S. (13.2%). When broken up by age group (Figure 5), children in Evangeline Parish are less likely to be uninsured as compared to Louisiana and the United States. Adults age 18 to 64 are more likely to be uninsured as compared to the state and the U.S.

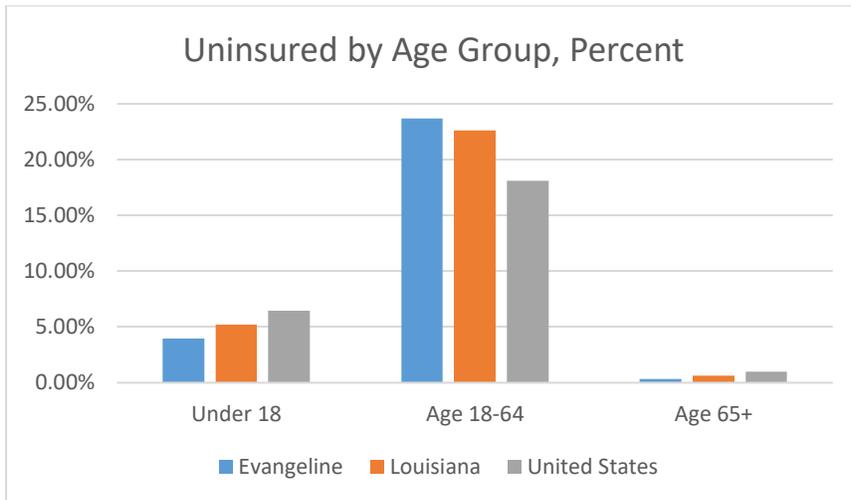


Figure 5: Uninsured population by age group (U.S. Census Bureau, American Community Survey 2011-2015 – accessed via Community Commons).

Of the population who has insurance in Evangeline Parish, 38.7% is enrolled in Medicaid or other means-tested public health insurance (Figure 6). This percentage is higher than the percentage for Louisiana (25.9%) and for the United States (21.2%).

⁵ Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Milman M, editor. Washington, DC: National Academies Press; 1993

⁶ Healthy People 2020 [internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [2016]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>.

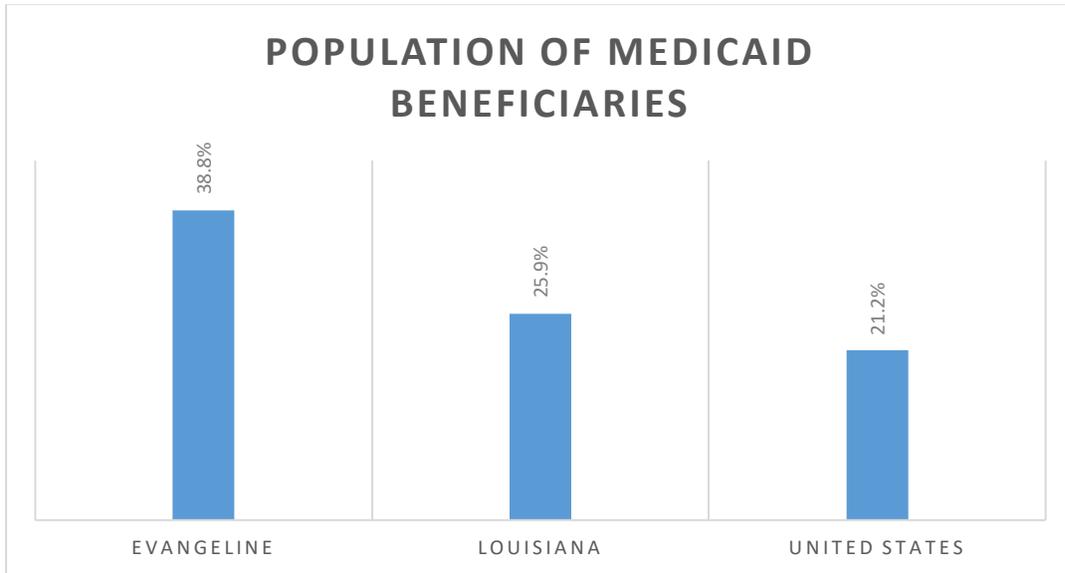


Figure 6: Percentage of Medicaid beneficiaries (U.S. Census Bureau, American Community Survey, 2011-2015 – accessed via Community Commons)

As far as availability of medical services, none of Evangeline Parish is designated as a “Health Professional Shortage Area” (HPSA), which is defined by the U.S. Health Resources and Services Administration (HRSA) as having a shortage of primary medical care, dental or mental health professionals⁷. There are 59.4 primary care physicians, 38.5 dentists, and 50.4 mental health care providers per 100,000 people (Figure 7). In Evangeline, only 4.2% of the population self-reported that they did not have at least one person they think of as their personally doctor or health care provider, which is significantly lower than the state (24.1%) and national rate (22.1%) (Figure 8).

⁷ US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016.

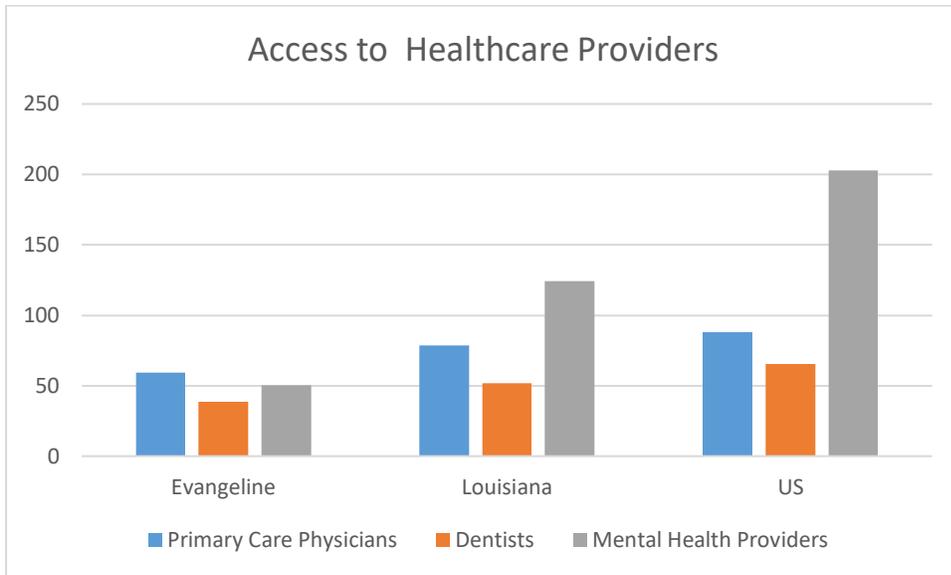


Figure 7: Access to Healthcare Providers (U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014 and 2015 and University of Wisconsin Population Health Institute, County Health Rankings, 2016 – accessed via Community Commons)

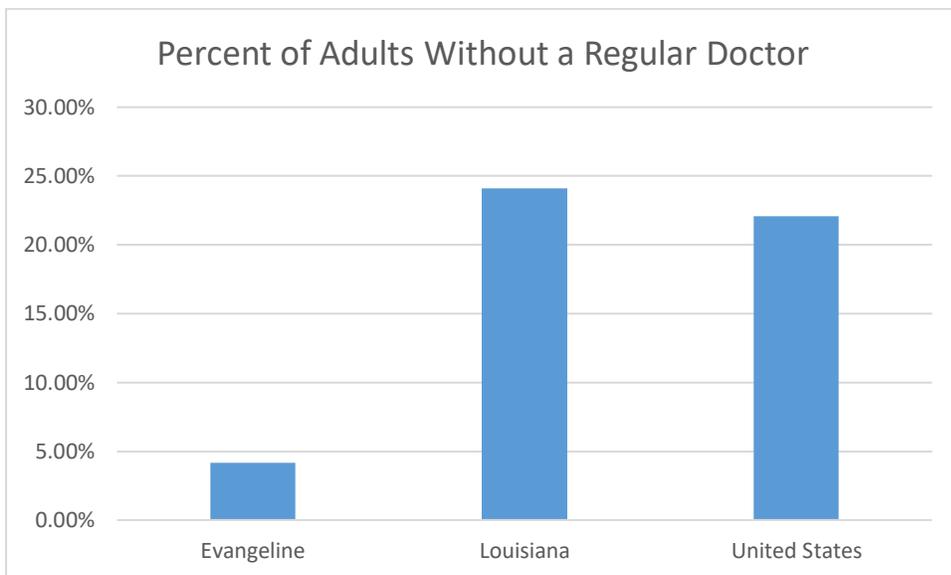


Figure 8: Percent of Adults Without a Regular Doctor (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-2012 – accessed via Community Commons)

Health Outcomes

Physical Health

In Louisiana, the top 5 leading causes of death (in descending order) are diseases of the heart, malignant neoplasms (cancers), accidents, chronic lower respiratory diseases, and cerebrovascular diseases (Figure 9). Louisiana and the United States have the same leading causes of death, however, Louisiana has higher age-adjusted rates of each of the leading causes of death.

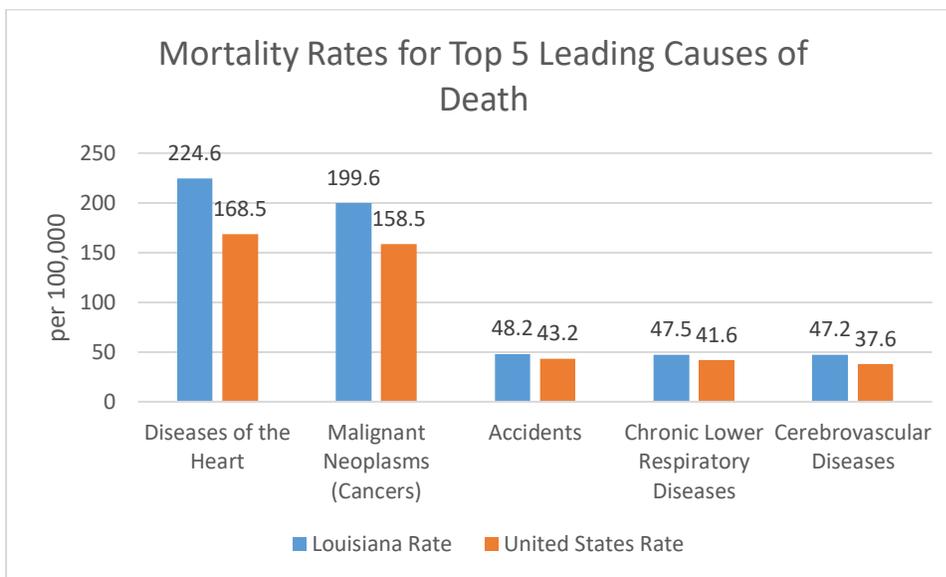


Figure 9: Age-Adjusted Mortality Rates for the Top 5 Leading Causes of Death (Louisiana Department of Health, State Center for Health Statistics, Louisiana Vital Statistics Fact Card 2014 and Centers for Disease Control and Prevention National Center for Health Statistics, Mortality in the United States 2015)

When looking at the incidence rates for certain types of cancer (Figure 10), incidence rates for breast cancer in Evangeline Parish are lower than state and national incidence rates. Evangeline Parish rates for prostate cancer are lower than state incidence rates, but higher than national rates. Lung cancer and colon and rectum cancer incidence rates are higher than both state and national rates.

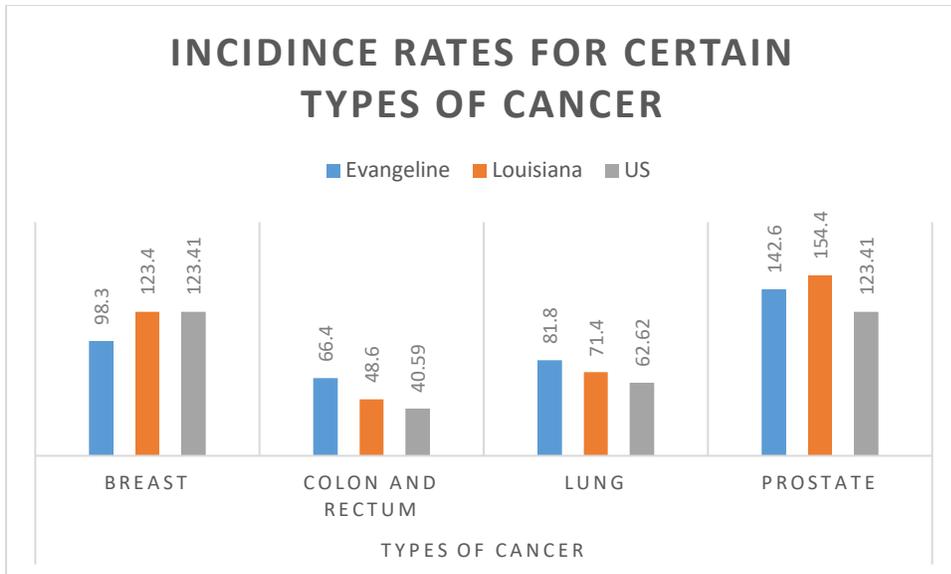


Figure 10: Incidence rates for certain types of cancer (State Cancer Profiles, 2009-2013– accessed via Community Commons)

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

Figure 11 looks at the prevalence rates of some common conditions among the adults population (age-adjusted) provided by the BFRSS and monitored by Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion. The percentage of adults suffering from diabetes (11.2%) and high blood pressure (34.3%) is about the same as the state (11.28% and 34.1%), but they are higher than the national rates (9.2% and 28.2%). However, a larger percentage of Evangeline Parish residents have been diagnosed with asthma, heart disease, and high cholesterol than adults in Louisiana and the United States. In fact, more than 50% of adults in Evangeline Parish report that they have been told by a doctor, nurse or other healthcare professional that they have had high blood cholesterol.

In addition, 41.9% of the adult population (age 20 and older) in Evangeline Parish report a body mass index (BMI) greater than or equal to 30 kg/m², a percentage that has increased 10% from what was reported in the previous CHNA (31.2%).

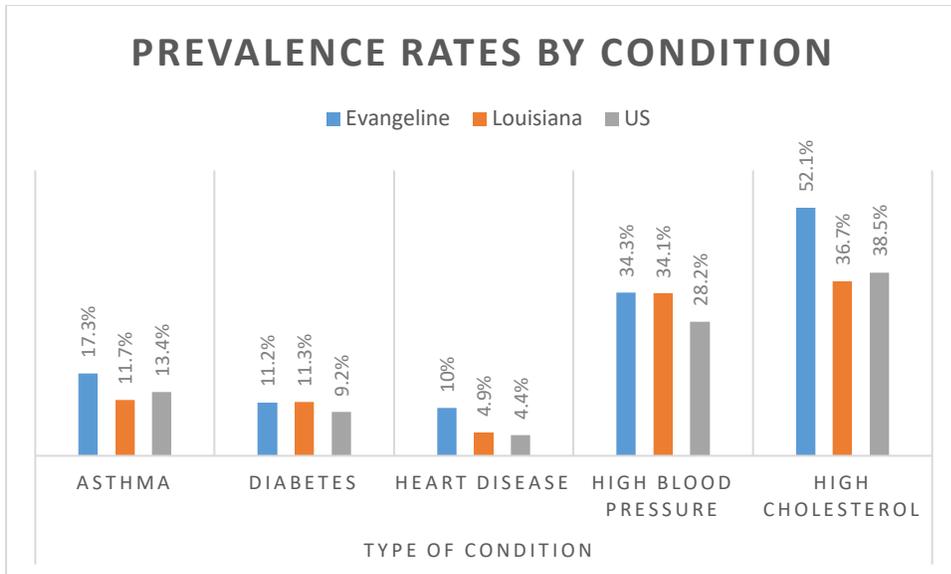


Figure 11: Percent of adults reporting common health conditions (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Additional data analysis by CARES, 2006-12 and 2011-12; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013 – accessed via Community Commons)

When comparing the proportion of the Medicare fee-for-service population experiencing diabetes, heart disease, high blood pressure, and high cholesterol compared to the general adult population in Evangeline Parish (Figure 12), with the exception of high cholesterol, a much larger percentage of those enrolled in Medicare report suffering from diabetes, heart disease and high blood pressure. While age is a risk factor for all of these conditions, these indicators are relevant given that the portion of the population over 65 in Evangeline Parish is higher than the state percentage and about the same as the national percentage.

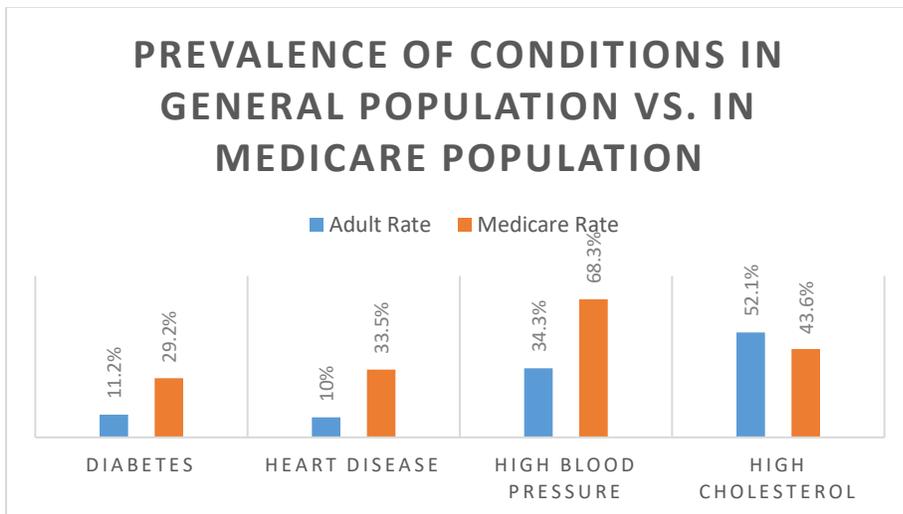


Figure 12: Percent of adults in general population vs. in Medicare in Evangeline Parish reporting common health conditions (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2013; Centers for Medicare and Medicaid Services, 2015; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, Additional data analysis by CARES, 2006-12 and 2011-12– accessed via Community Commons).

Mental Health

As mental health data can be typically more difficult to find than physical health and wellness data, one way to look at the mental health of a community is by looking at the rate of death due to suicide. Figure 13 shows age-adjusted death rates by suicide in Evangeline Parish, Louisiana and the U.S. from 2011 to 2015. The rate for Evangeline Parish (25.3) is over double the Healthy People 2020 target and is an increase from a rate of 19.88 when data for the previous CHNA report was collected. This rate is also considerably higher the rate for the state (12.8), which is similar to the national rate at (12.5).

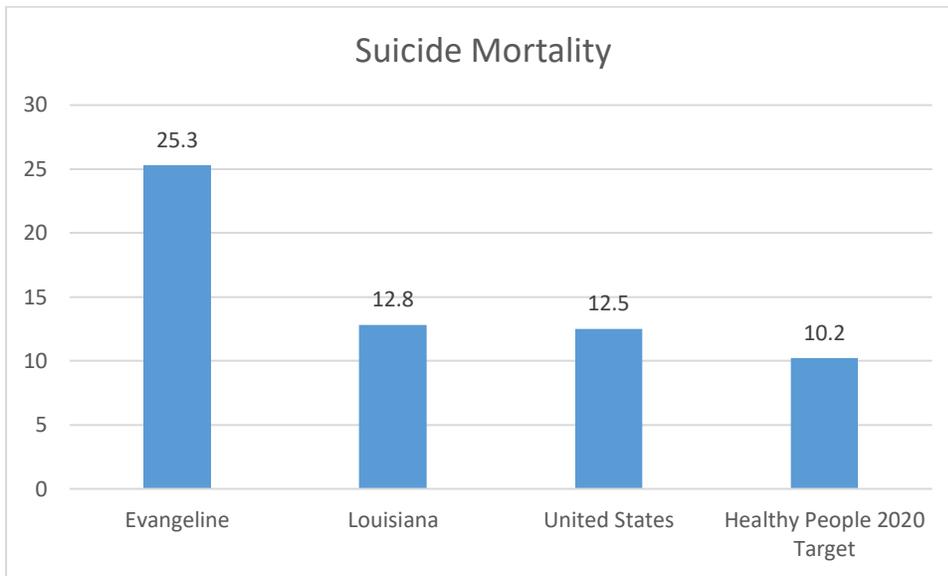


Figure 13: Age-adjusted suicide mortality rate (Centers for Disease Control and Prevention National Vital Statistics System, 2010-2014 – accessed via Community Commons)

Infant Health

Figure 14 shows infant health indicators. In Evangeline Parish, the percent of births in which a newborn weighed less than 5.5 pounds was 10.7%, the same as the state percentage (10.7%) and higher than the national percentage (8.1%). The percent of preterm births in Evangeline Parish (12%) is slightly lower than the state percentage (12.4%), but higher than the U.S. (9.5%).

Infant mortality rates have increased in Evangeline from the rates reported in the previous CHNA from 9.19 per 1,000 births to 9.7 per 1,000 births⁸. In Louisiana the rates have decreased from 9.53 per 1,000 births to 8.9 per 1,000 births and across the United States from 6.71 per 1,000 births to 6.5 per 1,000 births⁸.

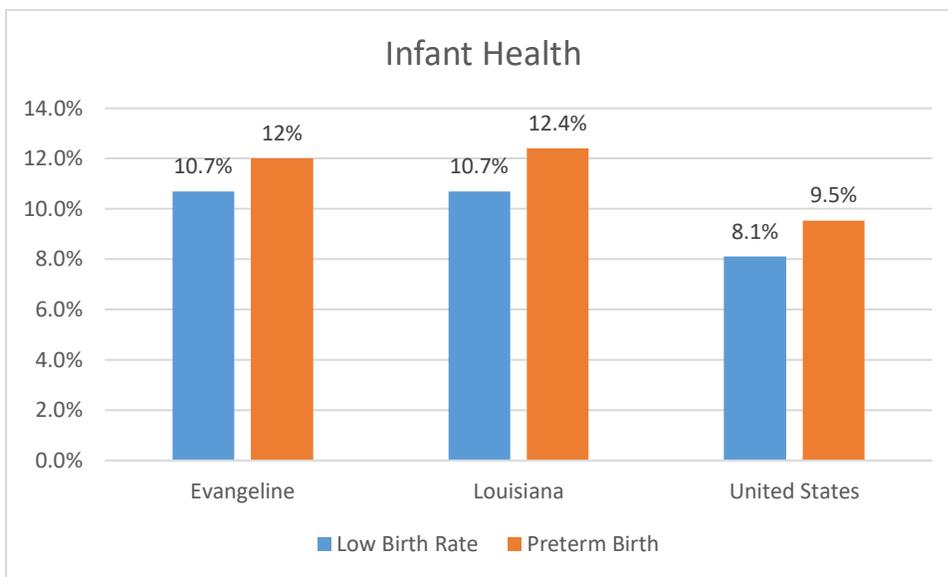


Figure 14: Infant health (Louisiana State Department of Health, Evangeline Parish Maternal and Child Health Profile 2012-2014; Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, Effects of Maternal Age and Age-Specific Preterm Birth Rates on Overall Preterm Birth Rates 2007 and 2014; Centers for Disease Control and Prevention, National Center for Health Statistics)

⁸ US Department of Health & Human Services, Health Resources and Services Administration, [Area Health Resource File](#). 2006-10. – accessed via Community Commons

Health and Behaviors Screening

Figure 15 looks at the percentage of individuals who reported receiving various types of cancer screening. In Evangeline Parish, the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years is 58.1%, which is less than the state and national percentages.

The percentage of women aged 18 and older who self-report that they have had a Pap Test in the past three years in Evangeline Parish is 72.7%, which is less than both the state and national percentage, which are similar at 78.1% and 78.5% respectively.

Finally, the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy in Evangeline Parish is 46.4%, lower than the state (54.5%) and national (61.3%) percentages.

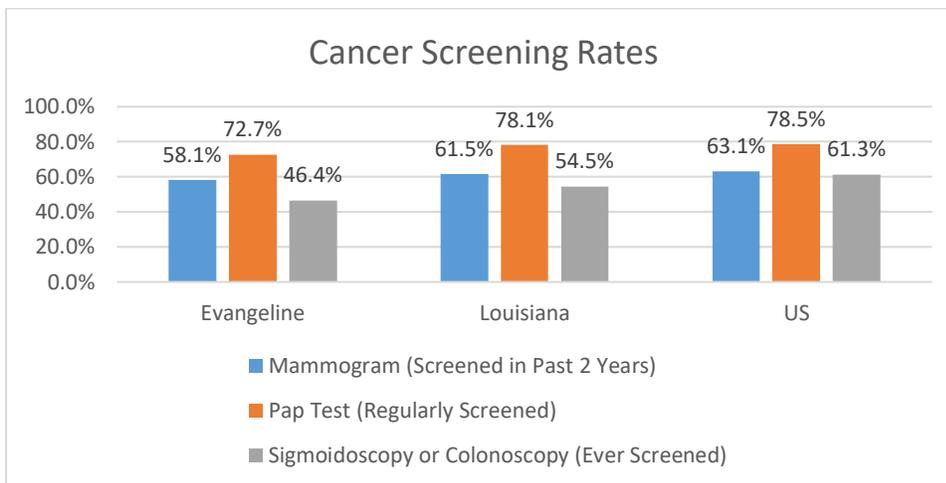


Figure 15: Cancer Screening Rates (Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*, 2014; Centers for Disease Control and Prevention, *Behavioral Risk Factor Surveillance System*. Accessed via the *Health Indicators Warehouse*. US Department of Health & Human Services, *Health Indicators Warehouse*. 2006-12. – accessed via *Community Commons*)

With the exception of sigmoidoscopies or colonoscopies, the number of people receiving cancer screenings in Evangeline Parish are in close range (within 3 to 5 percent) to state and national percentages. At this time, Parish level mortality rates by cancer type are not available to the authors of this assessment. However, the top 5 cancers by mortality rate in Louisiana (in descending order) are lung and bronchus, female breast, prostate, colon and rectum and pancreatic cancer (Figure 16). Low-dose helical computed tomography is a screening tool for lung cancer that has been shown to reduce lung cancer deaths among heavy smokers ages 55 to 74⁹. The percentage of individuals receiving this type of screening is currently not available.

⁹ National Cancer Institute Website (2015, April 29): <http://www.cancer.gov/about-cancer/screening/screening-tests>. Accessed August 31, 2016.

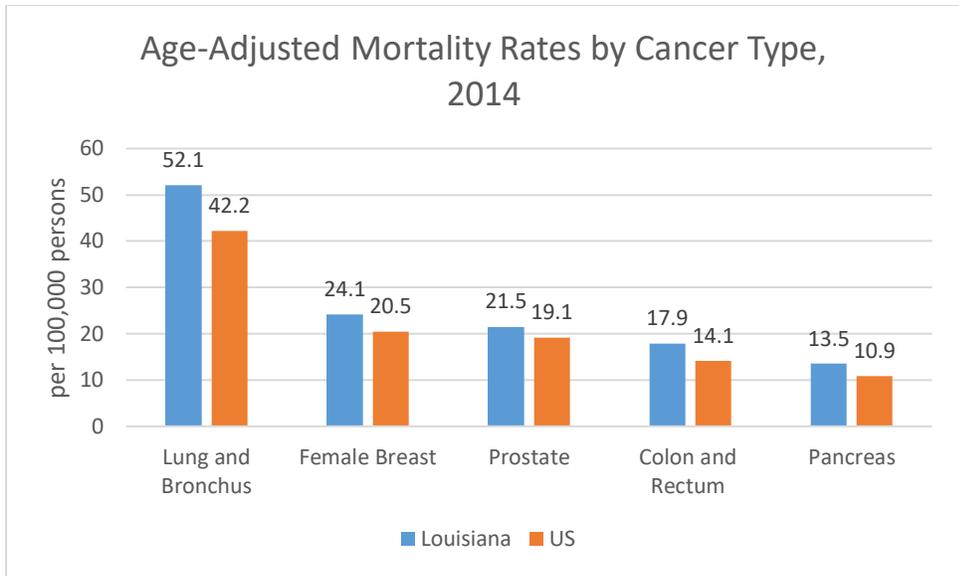


Figure 16: Age-Adjusted Mortality Rates by Cancer Type, 2014 (Centers for Disease Control and Prevention, United States Cancer Statistics, 2014 Cancer Types Grouped by State and Region)

Other health behaviors of note include percentage of adults over the age of 18 consuming less than 5 servings of fruits and vegetables each day (Figure 17), the percentage of adults aged 20 and older self-report no leisure time for activity, and the percentage of adults age 18 or older who self-report smoking cigarettes some days or every day (Figure 18). Almost 10% more adults over the age of 18 in Evangeline Parish consumed less than the recommended serving of fruits and vegetables a day than adults nationwide. Thirty-two percent (32%) of adults aged 20 and older in Evangeline Parish reported no time for physical activity compared 28.2% of Louisiana and 21.8% of adults aged 20 and older nationwide. Finally, the percentage of adults who currently smoke in Evangeline Parish (27.2%) is higher than what was reported in Louisiana (21.9%) and the U.S. (18.1%).

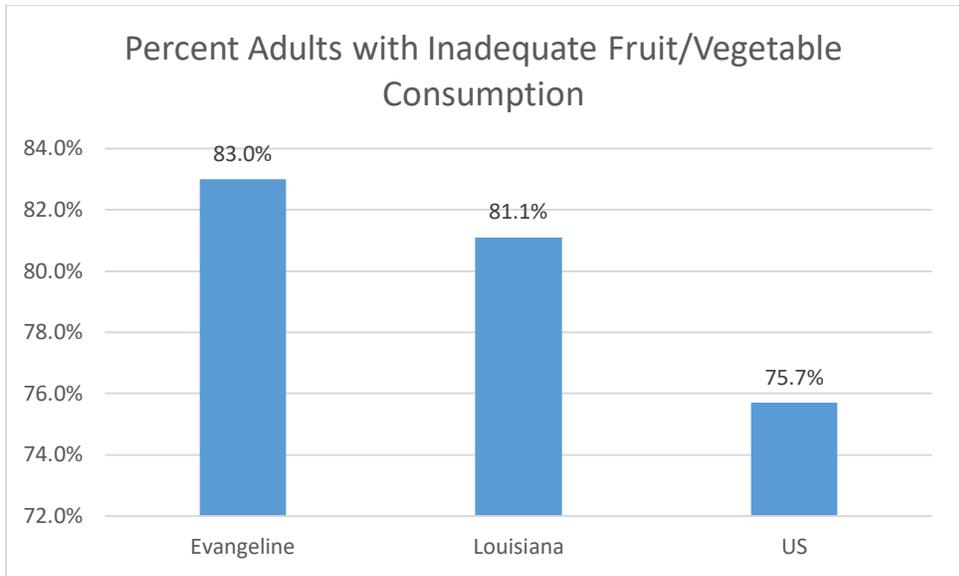


Figure 17: Percent of Adults with Inadequate Fruit/Vegetable Consumption (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2005-09 – accessed via Community Commons)

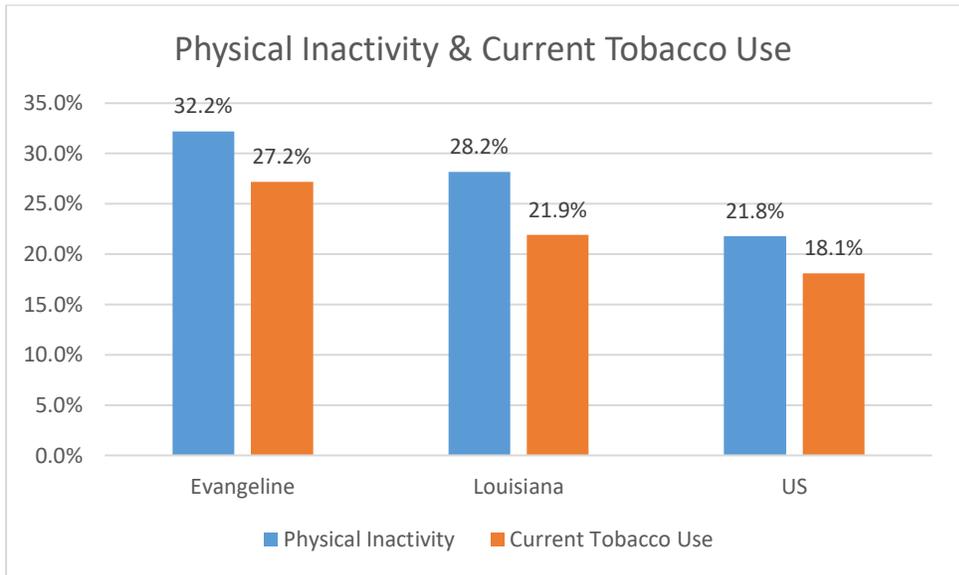


Figure 18: Physical Activity and Current Tobacco Use (Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2013; Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12 – accessed via Community Commons)

Since 1999, the age-adjusted death rate for drug poisoning has more than tripled, making it the leading cause of injury death in the United States¹⁰. From 2013 to 2014, there was a noticeable increase in the amount of drug overdose mortality rates in Louisiana (4.4% increase) and in the United States (2.1% increase) (Figure 19). In Evangeline Parish, the drug overdose mortality was 17.7 per 100,000 persons, higher than both the state and national rates¹¹.

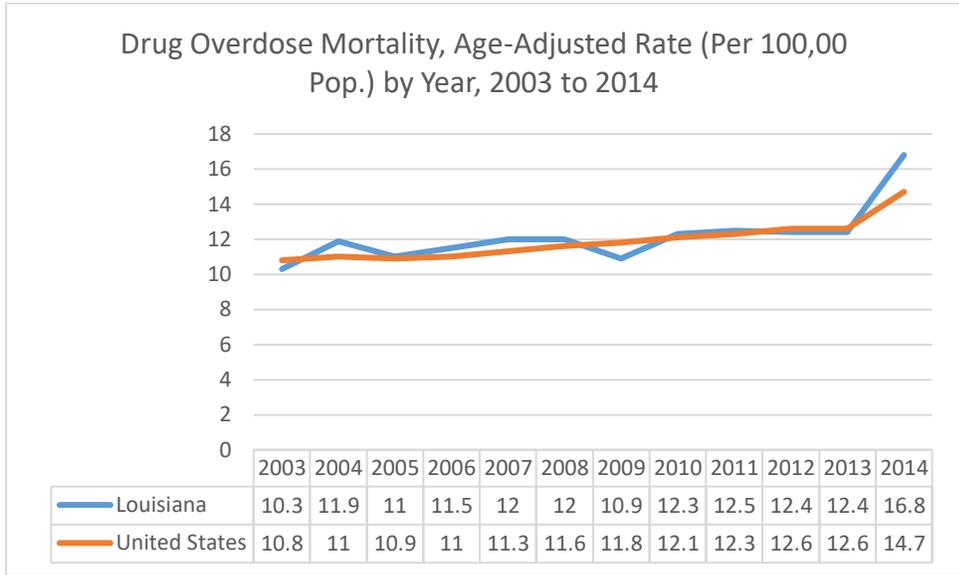


Figure 19: Age Adjusted Drug Mortality Rate, 2003-2014 (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14 – accessed via Community Commons)

¹⁰ Centers for Disease Control and Prevention Website- National Center for Health Statistics. (2016, April 5): https://www.cdc.gov/nchs/data/factsheets/factsheet_drug_poisoning.htm. Accessed September 13, 2017

¹¹ Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2010-14. - accessed via Community Commons.

Excessive alcohol consumption can lead to long term physical and mental health issues, such as certain types of cancer, heart disease, liver disease, and depression as well as social problems such as unemployment and family problems¹². In Evangeline Parish, 19.3% of adults report heavy alcohol consumption, which is defined as more than two drinks per day on average for men and one drink per day on average for women¹³. This is higher than both the state percentage (15.9%) and the national percentage (16.9%). Except for a small area of Evangeline Parish, over 22% of adults self-report heavy alcohol consumption throughout the Parish (Figure 20).

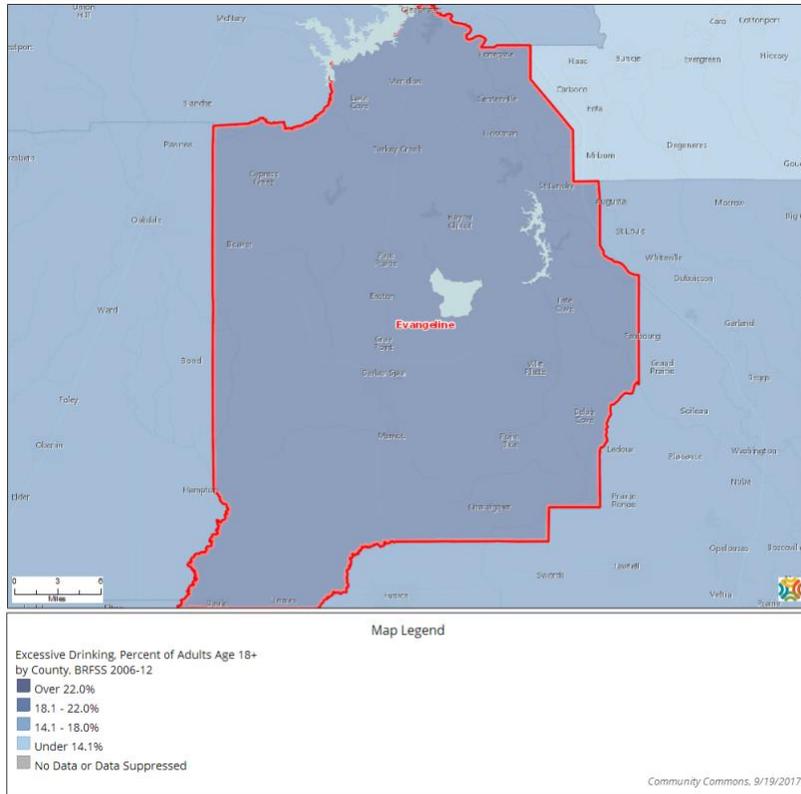


Figure 20: Percent of Adults Self-Reporting Heavy Alcohol Consumption (Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12—access via Community Commons)

¹² Centers for Disease Control and Prevention Website. Alcohol and Public Health. (2016, April 5): <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>. Accessed September 19, 2017

¹³ (Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12—access via Community Commons

Online Survey Results

Respondents were asked to identify community concerns with regards to economic, social, and environmental standpoints. The highest economic concerns that respondents believe could affect community members' mental and physical health were employment (31%), chronic poverty (25%), educational resources (17%) and housing (16%). Neighborhood safety (27%), teen and unplanned pregnancy (21%), and high school dropout rates were the top social concerns. The most commonly identified environmental concerns for Evangeline Parish were water quality (38%), lighting, medians, or other things that enhance town or neighborhood safety (21%), and transportation (16%).

This survey explored how primary care is accessed in Evangeline Parish. Chronic disease management was reported by 63% of respondents to be the largest reason primary care is sought, while only 27% of respondents believed community members seek primary care for preventative services. According to respondents, location of primary care varied by insurance type. The majority of residents with private insurance and other insurance seek primary care in private doctors' offices (87% and 79% respectively). Respondents believe that residents with Medicare/Medicaid largely go to the hospital emergency room (68%) or private doctors' office (24%) to receive primary care while those who are uninsured or underinsured go to either a hospital emergency room (56%) or a free clinic (37%).

In an effort to further explore access to health care, the survey asked about barriers to both primary health care and mental/behavioral health care. The barriers to accessing primary health care were identified as a general shortage of physicians (29%), being uninsured or underinsured (25%), and a lack of physicians that accept Medicaid/Medicare (16%). Respondents believed the top barriers to accessing mental and behavioral health care are being uninsured or underinsured (19%), not knowing where to go (18%), a general shortage of physicians and stigma (both 16%).

Respondents were asked to identify physician specialties they felt were the most needed in Evangeline Parish (see Table 2). Over 10% of respondents stated internal medicine/geriatric physicians were needed. Cardiologists (9%), orthopedic physicians and OB/GYNs (both 8%) rounded out the top 3.

Table 2: Most needed specialties in Evangeline Parish as identified by survey respondents (N=322)

Physician Specialty	Frequency n (%)
Mental Health Providers	24 (7%)
Dentists	5 (2%)
Family Medicine	31 (10%)
Internal Medicine/Geriatrics	40 (12%)
Pediatrics	22 (7%)
Cardiologists	30 (9%)
Hematologist/Oncologist	9 (3%)
Orthopedics	25 (8%)
OB/GYN	25 (8%)
General Surgery	22 (7%)
Pulmonology	16 (5%)
Neurology	14 (4%)
GI	10 (3%)
ENT	17 (5%)
Ophthalmology	7 (2%)
Pain Management	18 (6%)
Physical Medicine and Rehabilitation	7 (2%)

Five themes were identified while assessing the community’s assets and strengths as related to the health and well-being of residents.

1. Many respondents reported that there is a strong sense of community and a culture of helping out. “The Acadian Culture is a very tight knit community. Also with the rural nature of our community and the socioeconomic status of most citizens, it allows for families and communities to work together and rely on each other for assistance and help”. Common descriptions of the community include “tight knit community, “and “willingness to help”.
2. Strong local leadership was identified as an asset in the community. Respondents described local leadership as “excellent” and “strong”.
3. Many respondents stated that having safe and reliable places for children to play in the community and kept them busy was an asset. The new parks and playgrounds as well as organizations such as the Boys and Girls Club were identified as places safe for children to play.
4. There were six responses that mentioned the strength of the health sector. Respondents thought that the local hospital involvement in the community and the different clinics in the community, such as the behavioral health facility and cancer center were assets.
5. The great police department and services were listed by respondents as a strength.

When asked what physical and mental health needs/concerns were present in the community, respondents identified cancer (16%), heart disease (15%), diabetes (14%), drug abuse and addiction (13% and 12% respectively) as the most pressing concerns. Respondents were also asked to identify and rank the health issues they perceived to be the top three most important health issues for the parish. The three most important health or medical issues in Evangeline Parish were identified by respondents as alcoholism and/or substance abuse, obesity, and cardiovascular disease. These were followed by cancer, mental health and/or psychological needs, lack of providers, lack of health insurance (to provide coverage to providers and medications), diabetes, and smoking.

The most common methods to improve the top mental and physical health concerns focused on increasing education and outreach to the community to promote healthy behavior. Respondents suggested starting education on healthy topics at a young age so residents grow up learning healthy behaviors. Many respondents also believe that there needs to be an increase in providers in the area, especially, as one respondent reported, an increase in physicians that specialize in treating heart disease, diabetes, lung, and liver problems. Respondents also stated that there needs to be increased access to affordable, quality healthcare services so everyone’s mental and physical health needs could be met.

The top behaviors to promote health and wellness in the community were exercise, healthy eating, raising awareness and education, civic participation and volunteering. Increased education and quality education around healthy eating, chronic diseases, and how to access care is needed. The number one cause of sickness and death in the community identified by 51 out of 63 respondents was drug use. Poor diet and/or nutrition (49 respondents), drinking (48 respondents), smoking (46 respondents), and lack of physical activity (46 respondents) followed closely behind as causes of sickness and death in the community.

Respondents were asked to rate aspects of the health care system on a scale of 1 to 10. Table 3 illustrates the results from 63 respondents. Respondents seem to be happy with most aspects of the health care system in Evangeline Parish, excluding the cost of the health care system. The need for more affordable health care is reflected in the responses in other sections of the survey. Access to affordable health care play a large factor in whether people receive the care they need. Respondents also recognize the need to increase the options in health care, which is seen in responses stating a need for additional physicians with a larger variety in specialties.

Table 3: Satisfaction rating of health care system in Evangeline Parish (N=63)

Aspect of Health Care System	Mean
Access to health care system	8.08
Cost of health care system	5.76
Availability of services of health care system	7.03
Quality of health care system services	7.65
Options in health care	6.14

The populations most affected by the social, economic, physical, and mental health concerns listed above were recognized as elderly people followed by people of lower socioeconomic status. People who

are unemployed and uneducated are also recognized to be affected. Organizations identified as currently working to address the abovementioned concerns and needs of the community are churches and local foundations and organizations. Several respondents mentioned that Savoy Medical Center and Mamou Health Resources were also already addressing community needs. Several respondents also stated that there was an educational health fair, but, one respondent was not sure if they health fairs are still conducted.

Respondents provided a few common suggestions on how Savoy Medical Center, in partnership with other community organizations, can address the needs of the community. The number one suggestion was to not only educate community members about healthy lifestyles and behaviors, but to also promote the resources that are already available in the community that could contribute to healthy lifestyles. Several respondents suggested conducting health fairs to educate community residents. Respondents also expressed that recruitment of more specialty physicians would address community needs. Finally, residents need assistance with Medicaid and Medicare enrollment and benefits, and would also like to have more opportunities for health screenings.

Summary and Discussion of Prioritized Community Health Needs

As a result, five (5) community health needs were identified as top priorities. These priorities were selected, in part, based on the prevalence and severity of health needs identified from secondary data, as well as stakeholder input. Some of the top needs identified through the process are as follows:

1. Alcoholism/ substance abuse

Alcoholism and/or substance abuse was identified as the most important health or medical issue in Evangeline Parish by survey respondents, and drug abuse and addiction was identified as one of the most pressing concerns facing the community. Across Louisiana and the United States, drug overdoses have noticeably increased. In Evangeline Parish, the drug overdose mortality rate was 17.7 per 100,00 persons, higher than both the state and national rates. There is also excessive alcohol consumption in Evangeline Parish. In the majority of Evangeline Parish, 22% of adults self-report heavy alcohol consumption throughout the Parish. Alcohol and drug abuse not only lead to poor physical and social outcomes, but can also have underlying mental problems that are not being addressed.

2. Obesity

Obesity was identified as one of the top health issues in Evangeline Parish by survey participants. In Evangeline, the percentage of people with a body mass index (BMI) greater than or equal to 30 kg/m² has increased 10% from what was reported in the previous CHNA (31.2% to 41.9%). Over 80% of adults aged 18 and over consumed less than the recommended serving of fruits and vegetables a day and 32% of adults aged 20 and older in Evangeline Parish reported no time for physical activity.

3. Cardiovascular Disease

Survey respondents identified cardiovascular disease as one of the most important health issues and heart disease as one of the most present health needs in the community. A larger percentage of Evangeline Parish residents have been diagnosed with heart disease and high cholesterol than adults in Louisiana and the United States. Additionally, more than 50% of adults in Evangeline Parish report that they have been told by a doctor, nurse or other healthcare professional that they have had high blood cholesterol.

4. Access to care

Although Evangeline Parish is not a designated Health Professional Shortage Area, survey respondents identified being underinsured or uninsured, a general shortage of physicians, especially specialty physicians, and a lack of physicians who accept Medicaid and Medicare as main barriers in access to care. When rating the health care system on a scale of 1 (lowest) to 10 (highest), survey respondents gave a mean score of 5.76 for the cost of health care and a 6.14 for the options in health care. In Evangeline Parish, 20.86% of residents are uninsured and 38.79% of residents are Medicaid beneficiaries.

5. Educational resources regarding health

“Educational resources” was one of the top three economic concerns that survey respondents believe could affect community members’ mental and physical health. When asked how to improve the health and wellness of the community, and how Savoy Medical Center could work with other organizations to

improve the health of Evangeline Parish Residents, many respondents stated that increasing education was one of the top ways to improve and promote healthy lifestyles in the community. Providing health education is one of the ways to address the many health issues in Evangeline Parish whose effects could be minimized through increasing knowledge of the benefits of healthy behaviors such as consuming more fruits and vegetables, increasing physical activity and quitting smoking.

Community Impact 2013-2016

Savoy Medical Center is proud of our efforts and progress implementing initiatives towards the goals identified during the 2013 Community Health Needs Assessment. The implementation of these initiatives has greatly enhanced the overall health and well-being of Evangeline Parish residents.

1. Community Concerns about the future of the Hospital

After much advertising and expansion of services including the opening of 2 additional rural clinics this concern is no longer valid, and, we are also now managed by CHRISTUS Health.

2. Community Education

Our community has a very low graduation rate and very high teen pregnancy rates, obesity rates, and HTN rates.

Action Taken: Savoy Medical Center in conjunction with Mamou Health Resources and the Mamou Health Clinic offer our Dietitian to education their patients on nutrition. We have also started a community wide Anti-Microbial Stewardship Program.

3. Community Health Education

Many health care issues are lifestyle driven and can be helped by improved patient knowledge and motivation to make better personal choices. Savoy Medical Center recognizes the need to strengthen community health education efforts within Evangeline Parish.

Action Taken: Several initiatives were implemented.

We tried to initiate a second Health Fair to increase public health knowledge, but this initiative did not have the success we expected—we had a very low attendance and the health fairs were cancelled. However, in 2015, we started offering Flu vaccines at nursing homes within Evangeline Parish with great success. In 2016, we also started a Breast Cancer Walk to promote cancer awareness with great success and continue to have the walk annually.

4. Obesity Awareness

Clearly, this is a national issue that affects the health of individuals in many negative ways and is a major health problem in Evangeline Parish.

Action Taken: Existing educational programs have been expanded to include a stronger, more robust obesity and chronic disease component and information regarding dietary needs. We also offer diabetes and nutritional counseling by the Hospital's Educations/Nutrition Directors.

Savoy Medical Center Community Health Implementation Plan

Savoy Medical Center proposes the following implementation and action plan based on the prioritized healthcare issues identified. We participate in the Federal 340B program. Funds saved by using this program will be used to help meet the community needs. The implementation of these initiatives will greatly enhance the overall health and well-being of Evangeline Parish residents. The implementation goals do not cover all health needs but does cover the areas of direct impact identified by the Community Advisory Team and supported by the research presented.

1. Alcoholism/ Substance Abuse

Drug addiction has reached epidemic levels across the globe with approximately 247 million drug users worldwide. In America, the problem is no better as over 10 percent of individuals 12 years of age and over have used an illicit drug in the past month in the United States. As a matter of fact, nearly 21 million Americans ages 12 and older had a substance use problem in 2015.

Action Planned: The committee decided that making more people aware that we have both Inpatient and Outpatient treatment available at Savoy Medical Center would be a good idea. We will also have luncheons with Church Pastors and other local professionals.

Implementation Timeline: 6-12 months

2. Obesity Awareness

Clearly, this is a national issue that affects the health of individuals in many negative ways and is a major health problem in Evangeline Parish.

Action Planned: Existing educational programs will be expanded to include a stronger, more robust obesity and chronic disease component and information regarding dietary needs.

- Offer diabetes and nutritional counseling by the hospital's Education/Nutrition Directors.

Implementation Timeline: 6-12 months

3/4. Cardiovascular Disease/Community Health Education

Many health care issues are lifestyle driven and can be helped by improved patient knowledge and motivation to make better personal choices. Savoy Medical Center recognizes the need to strengthen community health education efforts within Evangeline Parish.

Action Planned: Several initiatives will be implemented over the next year to include:

- Initiate community meetings to increase public health knowledge.
- Identify and develop communication channels to provide increased patient education.

Implementation Timeline: 6-12 months

Unaddressed Healthcare Issues

Unfortunately, Savoy is not able to address all of the healthcare issues identified in this assessment.

- **Access to care.** Savoy Medical Center cannot address the individual healthcare burdens of residents in the Paris. However, the hospital provides a significant amount of unfunded care to patients at the hospital. No one has ever been denied care for emergency medical services.

Follow-up. Savoy Medical Center will annually provide an update regarding its progress to address health needs as noted in this document by publishing a report on its website (www.savoymedical.com).

Appendix A: Source List

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

- [Community Commons](#), accessed from August 24, 2017 to September 19, 2017
- United States Census Bureau American Community Survey (ACS) 2011-2015
- U.S. Department of Labor Bureau of Labor Statistics June 2016
- Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) 2005-2012
- U.S. Department of Labor, Bureau of Labor Statistics June 2017
- U.S. Department of Health & Human Services Health Resources and Services Administration 2016
- University of Wisconsin Population Health Institute
- Louisiana Department of Health State Center for Cancer Health Statistics
- Louisiana Department of Health Louisiana Vital Statistics Fact Card 2014
- Centers for Disease Control and Prevention National Center for Health Statistics 2015
- Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report November 2016
- Dartmouth College Institute for Health Policy & Clinical Practice Dartmouth Atlas of Health Care 2014
- Centers for Disease Control and Prevention United States Cancer Statistics 2014
- Centers for Disease Control and Prevention Alcohol and Public Health 2016

Appendix B: Recommendations & Local Organizations/ Community Assets Provided by Survey Respondents

Recommended Activities for SMC

Education about overall health issues and behaviors was a common recommendation, with several respondents suggesting that holding health fairs or education events on diabetes and blood pressure would be helpful to the community. Many respondents also stated that there should be more promotion of existing resources that are available to community members would be very beneficial, and that hearing about services through “word of mouth” is not sufficient means of advertisement. Respondents also reported that assistance with Medicaid/Medicare enrollment and benefits would really help the community.

Some respondents stated it would be helpful to recruitment more physicians, especially specialty physicians that are not currently available. They also recommended having more health screenings and possibly partnering with local churches where these screenings could be conducted. Partnering with local organizations, churches, and businesses to assist with basic resources such as housing, food and employment was another recommendation.

Local Organizations and Community Assets

When asked about other community organizations that meet some of the health needs identified in this report, many respondents referenced local churches and foundations. Respondents also listed Savoy Medical Center, Mamou Health Resources, Savoy Cancer Center and Evangeline Parish Health Unit as local resources that provide care. However, 14 respondents either said that they were not sure who provided these services or that no one provided services.