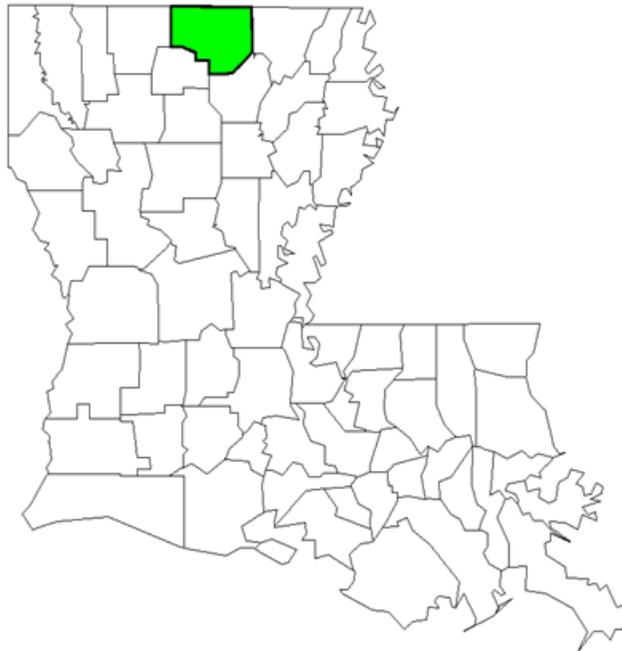


Union Parish Community Health

2012

Prepared for: **Union General Hospital**
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Funding for the project was provided by the Delta Rural Hospital Performance Improvement Project

**Draffin
& Tucker, LLP**
CERTIFIED PUBLIC ACCOUNTANTS

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EXECUTIVE SUMMARY

Purpose

The purpose of this Community Health Needs Assessment (CHNA) is to provide Union General Hospital with a functioning tool that meets the Internal Revenue Service (IRS) guidelines published in Notice 2011-52 on July 7, 2011. The Community Health Needs Assessment report not only meets the guidelines of the Internal Revenue Service, but provides strategic insight for resource development, clinical development, and regional hospital networking and collaboration.

The results of the CHNA will guide the development of Union General Hospital's community benefit programs and implementation strategy. It is anticipated that this report will not only be used by the hospital, but also by other community agencies in developing their programs to meet the health needs of Union Parish.

The assessment was performed by Draffin & Tucker, LLP and funded by the Delta Rural Hospital Performance Improvement (RHPI) Project. Draffin & Tucker is a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 50 years' experience working with small, rural hospitals throughout the Southeastern United States. The Delta RHPI Project is a part of the federal government's initiative for rural health and was first implemented in 2001 to assist hospitals in the Delta Region to:

- Improve financial, quality and operational performance through comprehensive performance improvement activities, assessments and/or consultations
- Help build state and regional capacity by providing ongoing assistance to rural hospitals throughout the Delta Region
- Collect and disseminate information and resources that focus on improving performance.

About the Area

Union Parish is located in Northeast Louisiana and has a population of 22,271. Union General Hospital, a critical access hospital with 25 beds, serves this area of Louisiana. The hospital is located in the county seat of Farmerville. The surrounding areas of Farmerville are rural and the majority of the population struggles with access to healthcare.

The Parish's population is predicted to remain stable for the next 10 years. However, since the percentage of residents aged 45 and older had increased, this identified an immediate need for delivery of healthcare that serves individuals with chronic conditions. The Hispanic population had nearly doubled since 2000, which identifies a pressing health disparity. The Parish will need to address access to care, insurance coverage, and education for this minority group with special attention to language and cultural barriers.

Condition of Health (Morbidity and Mortality)

The occurrence of a specific illness (morbidity) in a population can predict a trend for causes of death (mortality) in a population. In Union Parish, Heart Disease was the leading cause of morbidity; however, it was not the leading cause of death. Cancer was the leading cause of death, which can directly be attributed to lack of screening and inadequate outreach of primary care throughout the Parish. Heart disease was the second leading cause of death and can be attributed to the same factors. Following cancer and heart disease were diseases of the same etiology- stroke and chronic lower respiratory disease.

Cancer

The most prevalent types of cancers can usually be detected the earliest due to known risk factors. Cancer had a considerably higher death rate in the Parish when compared to both the U.S. and Louisiana. There is a major need for cancer prevention programming in the Parish due to the various modifiable risk factors. Lung Cancer, for instance had the highest death rate in Louisiana (30 percent of all cancer deaths). Cigarette, cigar, and pipe smoking were the leading risk factors for lung cancer. These risk factors, coupled with lack of access, contributed to cancer being the leading cause of death in the Parish.

Heart Disease and Stroke

Heart disease and stroke typically affect people 65 years of age and older. Heart disease was the second leading cause of death in the Parish. The death rate for heart disease in Union Parish (236.4) was higher than both the Louisiana (222) and the U.S. (179.8) rates. Stroke was the fourth leading cause of death in the Parish. It has very similar modifiable risk factors as heart disease, and the two can be grouped together when developing health promotion and education programming.

Maternal, Infant and Child Health

Live birth rates, infant mortality rates and teen birth rates provide a snapshot of the overall health of a community. The teen birth rate in Union Parish (65 per 1,000 teens) was significantly higher than Louisiana's average of 52 per 1,000 and the national average of 39 per 1,000. Infant mortality rate (9 per 1,000) was considerably higher than that of the U.S. (6.8 per 1,000). The teen birth rate among Black females was double that of White females, which brings attention to a major health disparity in the community.

Alcohol, Tobacco, and Drug Use

Abused substances have a major impact on the overall health of the community, family, and individual. The use of marijuana, cigarettes, and alcohol had all increased from 2006 to 2010 in young adults. Community members attributed substance abuse to lack of parental supervision and poverty.

Sexually Transmitted Diseases

There was a major health disparity among Black females when compared to White females for contracting sexually transmitted diseases. In Union Parish, Black female Gonorrhea rates were over seven times higher than the rate among White females. The community's consensus focused on socioeconomic status and family life as a key indicator for STDs.

Access to Care

Access to healthcare is impacted by level of income, educational attainment, and insured status. In 2009, Union Parish's population consisted of 21 percent of the population living in poverty. This was a higher percentage than the state average and national average.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In Union Parish, 27.8 percent of adults and five percent of children were uninsured. Education also affects an individual's ability to access care. In the study period, only 55 percent of ninth-graders completed high school in Union Parish. Individuals with low educational attainment were less likely to access healthcare because they do not obtain jobs with health insurance. They were also more likely to engage in risky behaviors, such as substance abuse and unprotected sex.

Local infrastructure and public transit affect access to health care. Consequently, many patients rely on friends and family members for transport.

Health Professionals are less likely to work in rural areas. These areas are often referred to as Health Professional Shortage Areas. Union Parish lacks adequate primary medical care, dental care, and mental health services. Without these services, patients are unable to find a health care provider with whom they can communicate and trust.

Community Prioritization of Needs

Information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, as well as the review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Health priorities were further developed by the CHNA Hospital Steering Committee (CHSC) after careful review of community resources available for these priorities and the future value of the priority. The following priorities were identified by the CHSC:

- Cancer Education
- Heart Disease Prevention-Education on Diet, Exercise and Medicine Management
- Maternal/Infant/Child-Early Education in Schools
- Maternal/Infant/Child-Teen Pregnancy Prevention Program
- Alcohol/Tobacco/Drug Use-Early Education in Schools

These priorities will be further discussed in the Hospital's Implementation Strategy.

THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

IRS Notice 2011-52 provides detailed guidance for conducting the CHNA process. As outlined below, the hospital relied upon this guidance in conducting the assessment.

1. Forming the Hospital's Steering Committee

The hospital's Chief Executive Officer developed a hospital steering committee, referred to in this report as the CHNA Hospital Steering Committee (CHSC). The CEO appointed the following individuals as participants on this committee.

Evalyn Ormond – Chief Executive Officer
Dianne Davidson – Director of Administrative Services/Division Leader
Sherri Cooper -Human Resource Director
Julie Duty - Director HIM/QA/UR
William Adcock - CFO
Claudia Wade - Administrative Secretary
Janice Wyatt - Patient Activities Coordinator

Other members may serve on the CHSC as the committee's work progresses. Each meeting is guided by a written agenda, announced in advance, and minutes are recorded.

2. Defining the Community or Service Area

The CHSC selected a geographic service area definition. This definition was based upon the Hospital's primary service area in a manner that included the broad interests of the community served and included medically underserved populations, low-income persons, minority groups, or those with chronic disease needs. The entire Parish of Union was selected as the community for inclusion in this report.

3. Identifying and Engaging Community Leaders and Participants

The CHSC identified community leaders, partners, and representatives to include in the CHNA process. Individuals, agencies, partners, potential partners, and others were requested to work with the hospital to 1) assess the needs of the community, 2) review available community resources and 3) to prioritize the health needs of the community. Representatives of groups, or individuals, who represent medically underserved populations, low income populations, minority populations, and populations with chronic diseases, were included.

4. Identifying and Engaging Community Stakeholders

Community stakeholders (also called key informants) are people invested in or interested in the work of the hospital, people who have special knowledge of health issues, or are people important to the success of any hospital or health project, or are formal or informal community leaders. The hospital identified 15 potential interviewees, of which 10 were chosen by Draffin & Tucker, LLP for individual interviews.

5. Community Health Profile

A Community Health Profile (Profile) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs of Union Parish. The Profile addressed:

- Access to preventive health services,
- Underlying causes of health problems, and
- Major chronic diseases of the population.
- Secondary data, i.e. health data from a variety of sources including vital records, health status data from a variety of state and national sources, hospital utilization data, etc. comprised the data and indicators used for the Profile.

6. Community Input

Two-hour Community Health Input Meetings (community meetings) and one-hour Community Stakeholder Interviews (interviews) were essential parts of the CHNA process. Three community meetings and ten stakeholder interviews were conducted in order to obtain the community's input into the health needs of Union Parish.

Each community meeting was driven by an agenda planned in advance. Sign-in sheets and evaluations were also used. The Community Health Profile was shared with the participants at each meeting.

Participants were asked about their observation on the health data presented in the Profile. In additions, participants were requested to provide input as to needs that may not have been identified in the Profile. Questions and exchange were encouraged, with the objective that participants would increase their understanding of what the data meant in terms of the burden of chronic diseases, the impact of the demographics of the population on health services, and health status, health behaviors, as well as, access to health care. As the group discussed the health problems or health issues, the facilitator made a list of the health problems the community participants said were important.

At the end of the discussion priority issues were identified. These priorities did not reflect programs, services or approaches to resolving problems, but rather health issues to be addressed.

7. Hospital Prioritization of Needs

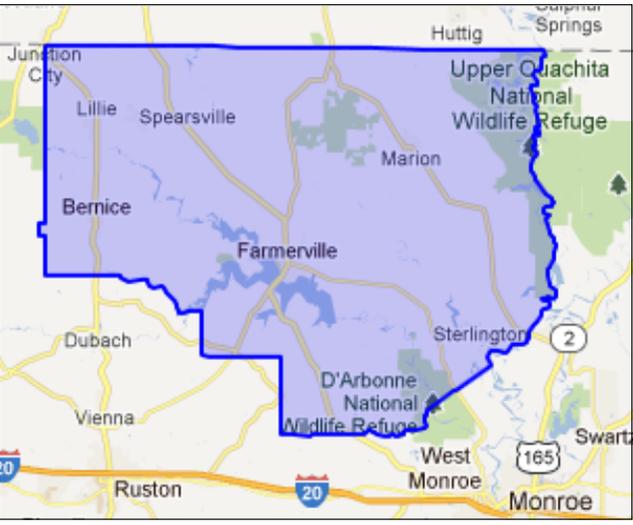
Information gathered from community meetings, stakeholder interviews, discussions with the hospital

leadership team, as well as a review of demographic and health status, and hospital utilization data was used to determine the priority health needs of the population. Draffin & Tucker, LLP provided the CHSC with a written report of the observations, comments, and priorities resulting from the community meetings and stakeholder interviews. The CHSC reviewed this information, focusing on the identified needs, priorities, and current community resources available. The CHSC debated the merits or values of these priorities, considering the resources available to meet these needs. From this information and discussion, the hospital developed the priority needs of the community, each of which will be addressed separately in the Hospital's Implementation Strategy document.

ABOUT UNION PARISH

Union Parish is located in north central Louisiana. The Parish is bordered on the north by Arkansas and by the Ouachita River on the east. At the center of Union Parish is the 15,250 acre Lake D’Arbonne, which is known as a fishing haven and is home of Lake D’Arbonne State Park.

The Parish has a total area of 905 square miles, of which 878 square miles is land and 28 square miles is water.¹ Adjacent parishes are Morehouse (east), Ouachita (southeast), Lincoln (southwest) and Claiborne (west).

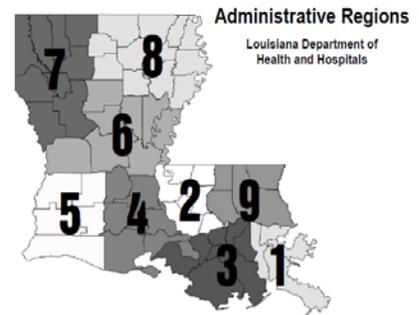


Source: http://www.city-data.com/county/Union_Parish-LA.html

The Parish seat is Farmerville, with a population of 3,860, according to the 2010 census.² Other incorporated communities in Union Parish are Bernice, Downsville, Junction City, Lillie, Marion, and Spearsville.

Union Parish’s primary industries include poultry growing and processing, health care, retail businesses, restaurants, petroleum pipeline construction, and timber processing, and transport.³ The Parish is a Louisiana Certified Retirement Community, largely due to the presence of Lake D’Arbonne.

The Louisiana Department of Health and Hospitals (DHH) have designated nine administrative regions in the state. Union Parish is included in Region 8.



Source: Louisiana Department of Health and Hospitals

Demographics

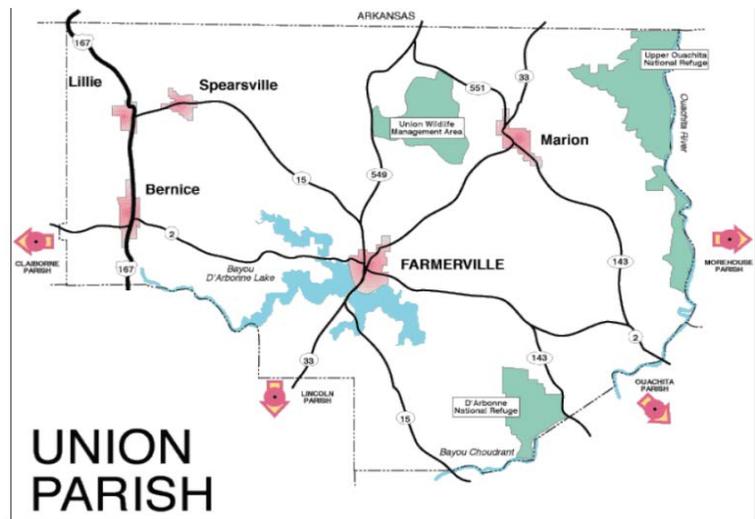
The population profile of Union Parish had not changed significantly since 2001. However, the demographics had shifted toward a higher Hispanic percentage of residents. The Hispanic population has nearly doubled since 2001. Also, it appears that the population was aging in place, with the number of young residents decreasing, while the percentage of middle and older population increasing.

Population Profile

Union Parish is located in north central Louisiana and has a population of 22,721. According to the 2010 census records, there were 8,785 households in the Parish, with an average of 2.54 persons per household.⁴

Population projections indicate that the Parish population will continue to be stable from 2010 until 2020.⁵

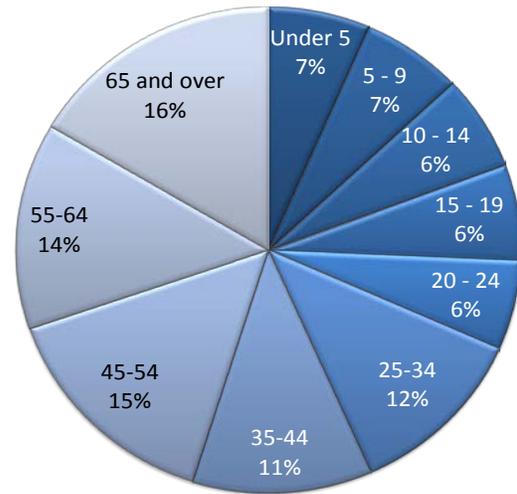
A community's health status is reflective of its population characteristics. Generally, the more aged the population, the greater its health needs, as this group is more likely to develop chronic medical conditions requiring care.



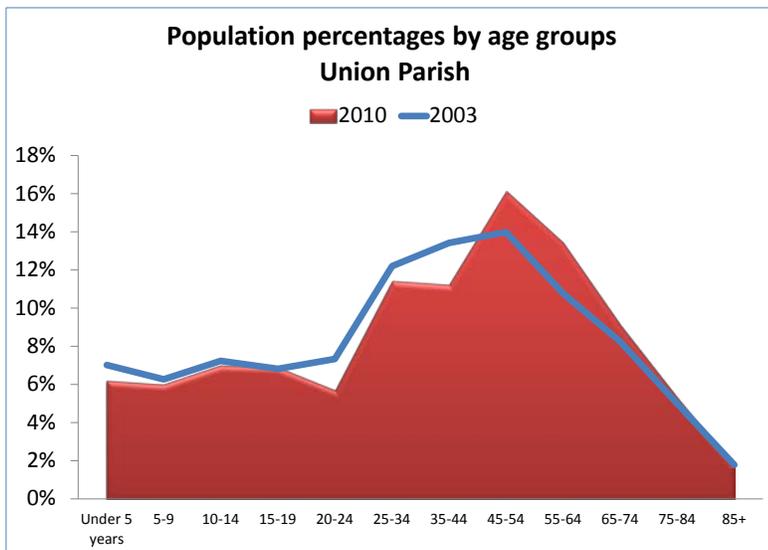
Source: Louisiana Primary Care Association, Inc., *Area Evaluation Union Parish*, July 1, 2008, p.5

**Population percentages by age groups, 2010
Union Parish**

According to the 2010 Census, 16 percent of the Parish population was 65 years of age or older. In Louisiana the percent of the population 65 years of age or older was 12.3 compared to 13 percent for the U.S.⁶



Data Source: US Census, 2010



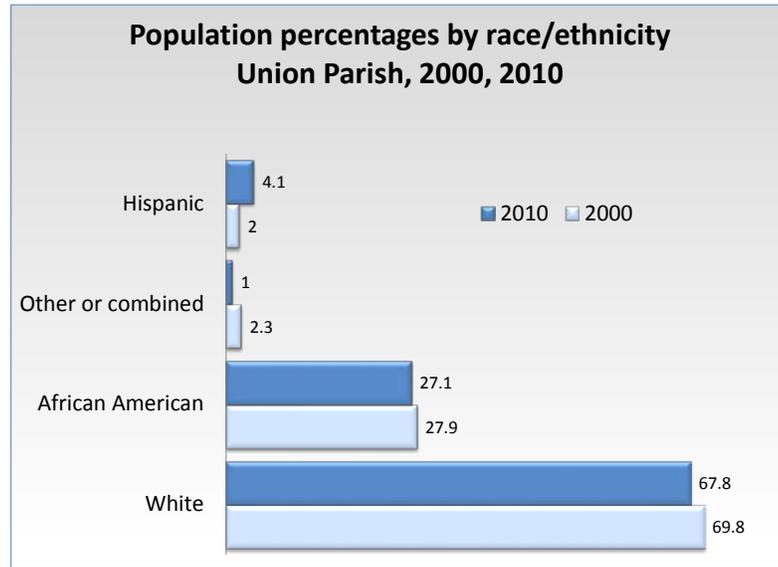
Data Source: U.S. Census, 2010

Comparing the Parish’s population percentage by age groups from 2003 to 2010, it is apparent that the Parish population is aging. According to the Union Parish Chamber of Commerce, “As a Louisiana Certified Retirement Community, the parish also is quickly becoming home to more and more retirees, who are drawn to the shores of beautiful Lake D’Arbonne...and to the relaxed lifestyle in this corner of the South.”⁷ Growth in the number of residents aged 65 and older will have significant impact on the health care delivery system within the Parish.

Race, Ethnicity and Origin Profile

There have been numerous studies conducted identifying the health disparities among racial and ethnic populations. These disparities are due to differences in access to care, insurance coverage, education, occupation, income, genetics, and personal behavior.⁸ Although low income disparities are evident across all racial categories, cultural differences among minorities often contribute to poorer health. The poorer health of racial and ethnic minorities also contributes to higher death rates for many common causes.⁹ By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.¹⁰

According to 2010 U.S. Census records, the Union Parish population was 68 percent White, 27 percent Black, and four percent Hispanic. The Hispanic population had doubled since 2010. However, during the community focus groups, conducted as part of this assessment, community members stated that the Hispanic population is much higher than reflected in the 2010 census records.



Data Source: US Census, 2010

Community Input – ABOUT UNION PARISH

Population is expected to increase.

The Census data appears low.

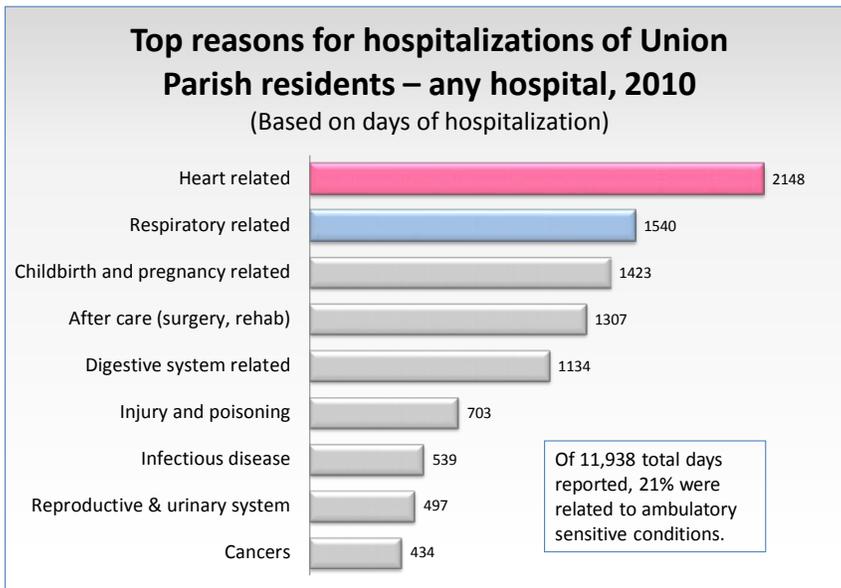
Union Parish is becoming a retirement community.

Hispanic population has increased 98 percent in Parish.

MORBIDITY AND MORTALITY

Hospitalization and Emergency Room Visits

The leading cause of hospitalizations for Union Parish residents was related to heart disease. Other top causes were respiratory related illnesses, childbirth, aftercare related to surgeries, digestive system illnesses, injuries and poisoning, infectious disease, reproductive and urinary system illnesses, and cancer. Although cancer ranked lowest in the top reasons for hospitalizations, it ranked number one among the leading causes of death for Parish residents.



Data Source: Louisiana Health Information Network, Parish Primary Diagnosis Report

The top two reasons for hospitalizations, heart and respiratory, are considered “Common Ambulatory Sensitive Conditions”. These are conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.

Common Ambulatory Care Sensitive Conditions
Asthma – (Respiratory)
Chronic Obstructive Pulmonary Disease – (Respiratory)
Congestive Heart Failure – (Circulatory)
Dehydration
Diabetes – (Endocrine)
High Blood Pressure – (Circulatory)
Pneumonia – (Respiratory)

The top ten reasons for adult visits to Union General Hospital's emergency department from October 1, 2010 through September 30, 2011 were related to abdominal pain, respiratory problems, pain in limbs and joints, headaches, vomiting, chest pain, back aches, urinary issues, dental problems, and syncope (fainting) and collapse. According to hospital staff, many of these visits are considered as non-emergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

TOP TEN ADMITTING DIAGNOSIS FOR UNION GENERAL EMERGENCY ROOM VISITS OCTOBER 1, 2010 - SEPTEMBER 30, 2011				
Adults Only	Male	Female	Combined	
Abdominal pain	126	283	409	26%
Respiratory , cough, shortness of breath	150	191	341	22%
Pain in limb and joints	103	71	174	11%
Headache	48	90	138	9%
Vomiting or nausea	46	84	130	8%
Chest pain	63	63	126	8%
Backache	36	61	97	6%
Urinary retention	25	30	55	4%
Disorder of teeth	16	35	51	3%
Syncope and collapse		42	42	3%

Data Source: Union General Hospital

UNION GENERAL HOSPITAL MALE – TOP 10 ADMITTING DIAGNOSIS FOR EMERGENCY ROOM VISITS OCTOBER 1, 2010 – SEPTEMBER 30, 2011								
Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Insect bite - 109	Pain in limb - 17	Abdominal pain - 48	Headache - 25	Chest pain - 19	Abdominal pain - 26	Respiratory Dyspnea - 21	Joint pain in lower leg - 21
2	Vomiting /nausea - 88	Cough - 9	Respiratory - 17	Back pain - 16	Pain in limb - 16	Chest pain - 17	Painful respiration - 16	Urinary retention - 20
3	Cough - 40	Neck pain - 8	Headache - 16	Chest pain - 15	Cough - 9	Pain in limb - 10	Chest pain - 12	Blood testing - 19
4	Respiratory - 36	Headache - 8	Pain in limb - 11	Pain in limb - 11	Rash - 7	Pain in joint – forearm - 9	Malaise and fatigue - 10	Vomiting /nausea - 22
5	Pain in limb - 29	Backache - 7	Backache - 11	Abdominal pain - 24	Abdominal pain - 10	Diarrhea - 8	Respiratory system/chest - 10	Shortness of breath - 17
6	Abdominal pain - 46	Open wound knee, leg, ankle - 7	Neck pain - 11	Fever - 8	Open wound of fingers - 6	Convulsions - 7	Dizziness and giddiness - 10	Respiratory - 15
7	Contusion of face, scalp, and neck - 23	Generalized pain - 6	Painful respiration - 9	Disorder of teeth - 7	Open wound knee/leg/ankle - 5	Open wound of fingers - 6	Pain in limb - 9	Altered mental status - 13
8	Fever - 14	Abdominal pain - 6	Disorder of teeth - 9	Ankle sprain - 6	Neck Sprain - 5	Cough - 6	Vomiting / nausea - 9	Abdominal pain - 18
9	Head injury - 10	Shortness of breath - 5	Vomiting or nausea - 15	Painful respiration - 6	Backache - 5	Retention of urine - 5	Shortness of breath - 7	Cough - 7
10	Open wound of forehead - 10	Chest pain - 5 Painful respiration - 5 Open wound of forearm - 5	Convulsions – 7 Open wound knee/leg/ankle – 7 Contusion face, scalp, neck - 7	Open wound of fingers - 6	Pain in joints - 16	Respiratory – 4 Backache - 4	Cough - 6	Headache - 7

UNION GENERAL HOSPITAL
FEMALE – TOP 10 ADMITTING DIAGNOSIS FOR EMERGENCY ROOM VISITS
OCTOBER 1, 2010 – SEPTEMBER 30, 2011

Rank	0-13	14-19	20-29	30-39	40-49	50-59	60-69	>69
1	Abdominal pain - 165	Cough -20	Abdominal pain - 89	Headache - 31	Cough - 34	Cough - 27	Shortness of breath - 16	Chest pain - 39
2	Cough - 89	Abdominal Pain - 36	Respiratory -23	Abdominal pain - 64	Pain in limb - 23	Hypotension - 12	Pain in joint: ankle/foot - 13	Syncope and collapse - 35
3	Vomiting /nausea - 47	Acute Pharyngitis -10	Disorder of teeth - 21	Respiratory - 14	Abdominal pain - 48	Vomiting / nausea - 16	Cough - 13	Urinary - 30
4	Pain in limb - 21	Neck pain -7	Headache - 18	Backache - 13	Backache - 18	Abdominal pain - 33	Abdominal pain - 24	Headache - 24
5	Head injury - 19	Headache -7	Fever - 17	Pain in limb - 11	Vomiting /nausea - 26	Respiratory - 10	Respiratory - 10	Altered mental status - 23
6	Rash - 15	Painful respiration -7	Spotting – antepartum - 14	Generalized pain - 9	Constipation - 13	Backache - 10	Diarrhea - 9	Contusion of face, scalp, neck - 18
7	Toxic venom - 14	Rash -6	Shortness of breath - 14	Cough - 9	Chest pain - 18	Headache - 9	Issue of prescriptions - 8	Pain in limb - 14
8	Convulsions -14	Chest pain -6	Backache - 12	Neck pain - 8	Suicidal ideation - 8	Shortness of breath - 8	Backache - 8	Vomiting /nausea - 13
9	Observation after accident - 11	Backache -5	Vomiting /nausea - 17	Disorder of teeth - 7	Headache - 8	Disturbance of skin sensation - 7	Vomiting /nausea - 12	Malaise and fatigue - 12
10	Painful respiration - 10	Vomiting /nausea -7	Pain in limb - 10	Chest pain – 6 Painful respiration - 6	Painful respiration – 7 Neck pain – 7 Disorder of teeth - 7	Syncope and collapse - 7	Malaise and fatigue - 6	Abdominal pain - 25

Community Input – Hospitalizations and Emergency Room Visits

Medicaid children are linked to specific providers. If provider is unavailable to see child quickly, parent will take child to Emergency Room.

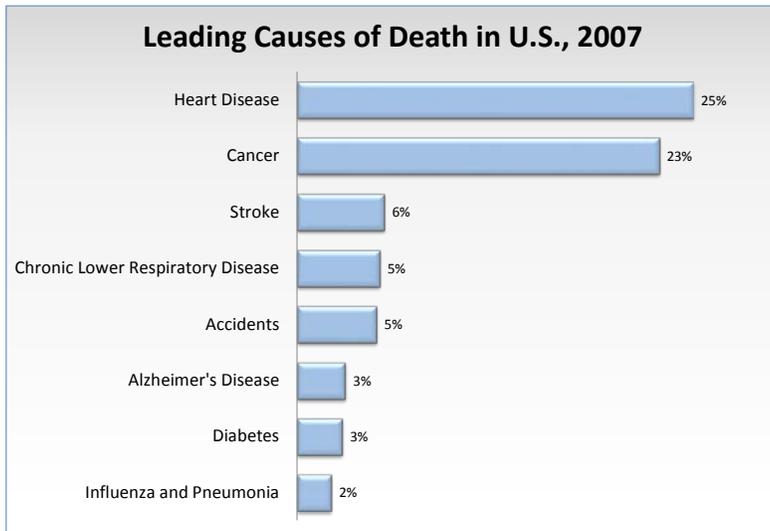
Detention Center sends patients to the Emergency Room instead of clinic.

Overuse of medical services by Medicaid recipients “clog up” the system for other patients seeking care.

There are no consequences for inappropriate use of Emergency Department at hospital.

Leading Causes of Death

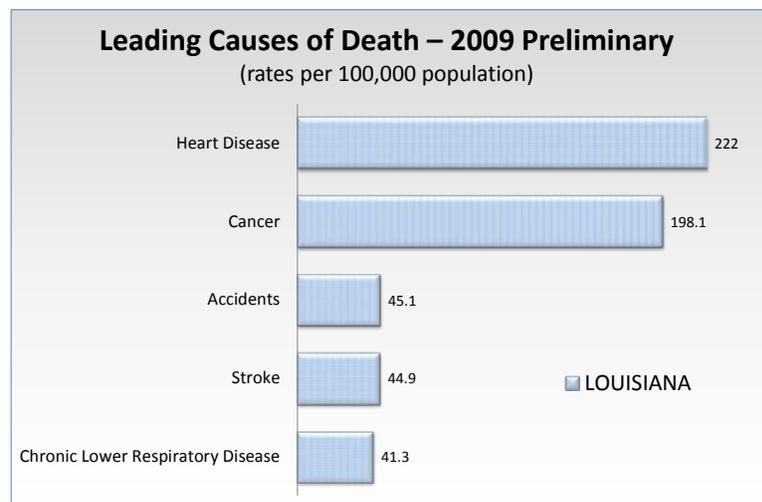
The leading causes of death were caused by modifiable risk factors. The top five causes of death of Union Parish residents were cancer, heart disease, accidents, stroke and chronic lower respiratory disease.



Data Source: Centers for Disease Control -LCWK9 - 2007

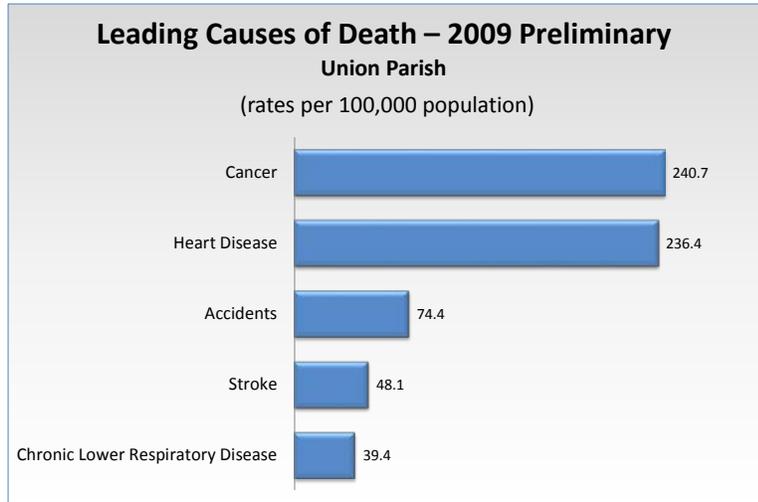
The leading causes of death in the U.S. in 2007 (preliminary) were heart disease, cancer, chronic lower respiratory disease, stroke, and accidents. Heart disease and cancer rates were four times higher than those for the other diseases.

The leading causes of death in Louisiana in 2009 (preliminary) were heart disease, cancer, accidents, stroke, and chronic lower respiratory disease. With the exception of chronic lower respiratory disease, the Louisiana rates were higher than the U.S. rates.



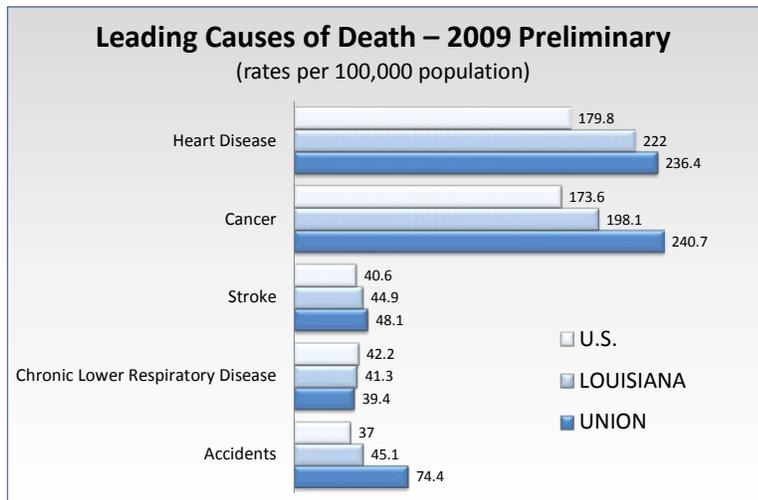
Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B

The leading causes of death in Union Parish in 2009 (preliminary) were cancer, heart disease, accidents, stroke and chronic lower respiratory disease.



Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B

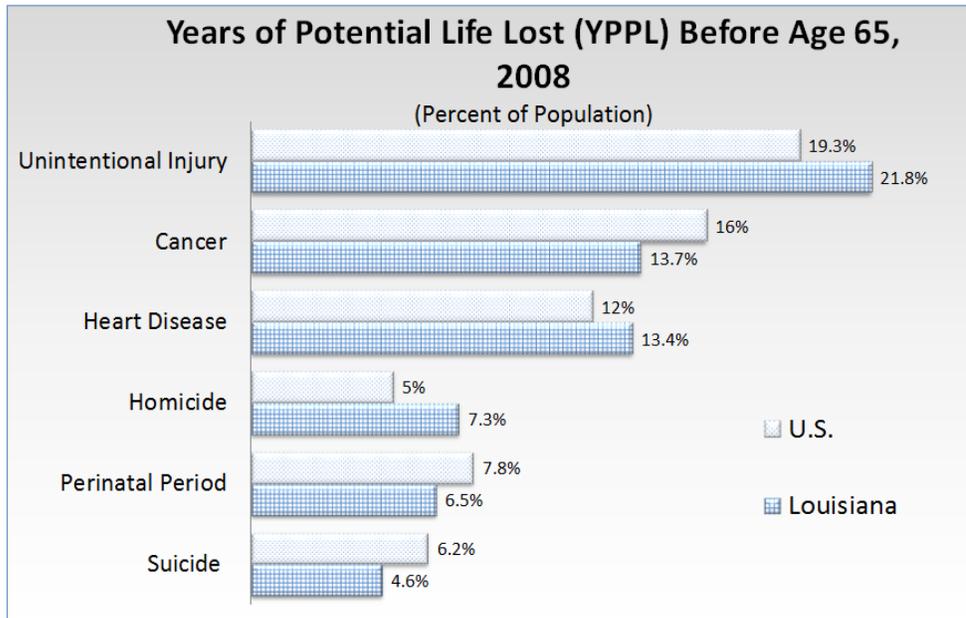
With the exception of chronic lower respiratory disease, the Union Parish leading causes of death rates were higher in all categories than both the Louisiana and U.S. death rates.



Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011.

Premature Death

The leading causes of premature death often highlight those deaths that are preventable. In 2008, unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, falls) were the leading causes of premature deaths. Cancer and heart disease were also among the leading causes of premature death when ranked by years of potential life lost (YPLL) due to deaths prior to age 65. Perinatal deaths include fetal and neonatal deaths.¹¹ YPLL statistics at the Parish level were unavailable for this report.



Data Source: Centers for Disease Control, WISQARS YPLL Report

Years Potential Life Lost - Louisiana Residents – 2005-2009 by Sex and Race/Ethnicity					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 31%	Unintentional injuries 22.1%	Homicides 18%	Cancer 15.4%	Unintentional injuries 47.1%	Congenital anomalies 26.7%
Heart disease 14.3%	Cancer 19.4%	Unintentional injuries 15.9%	Heart disease 14.3%	Homicides 12.4%	Cancer 18.2%
Cancer 13.2%	Heart disease 11.4%	Heart disease 13.9%	Perinatal period 12.5%	Perinatal period 8.9%	Unintentional injuries 7.9%

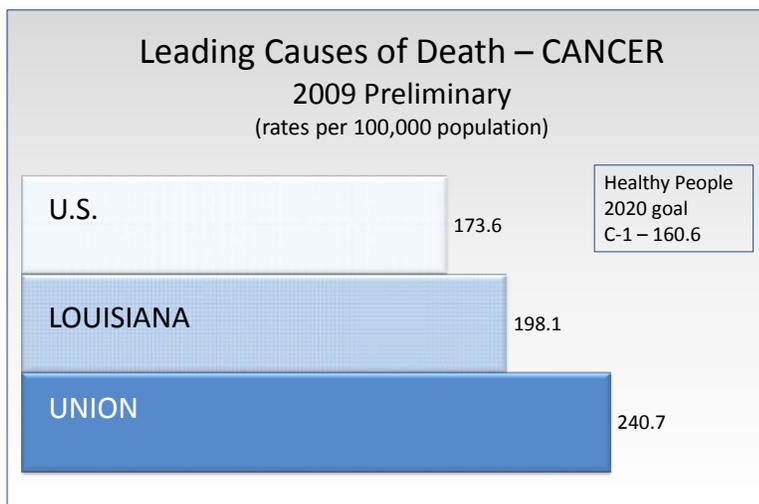
Data Source: Centers for Disease Control, WISQARS YPLL Report

Cancer

Healthy People 2020 Reference – C-1

Cancer was the leading cause of death of Union Parish residents. Cancer rates were higher than those of both Louisiana and the U.S. The cancer death rate exceeded the Healthy People 2020 goal.

Cancer was the second leading cause of death in the United States after heart disease. From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and above and among men 75 years of age and above.¹²



Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011

In Union Parish, the cancer death rate is higher than Louisiana or U.S. rates. According to the 2009 Louisiana Report Card, published by the Louisiana Department of Health and Hospitals, mortality rates for cancers have been declining for most race-sex groups since the early 1990s; however, Louisiana rates remained significantly higher than the U.S. rates.¹³

Why Is Cancer Important?

Many cancers are preventable by reducing risk factors such as:

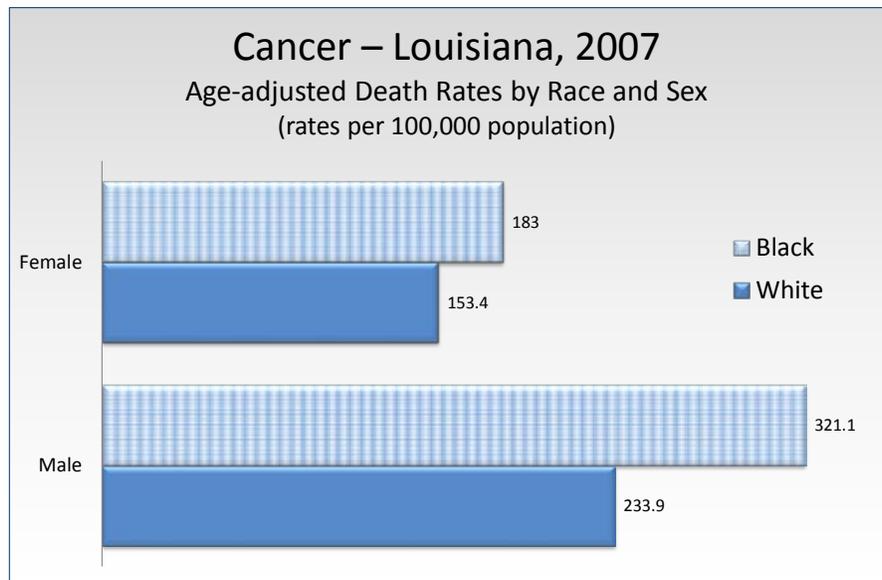
- *Use of tobacco products*
- *Physical inactivity and poor nutrition*
- *Obesity*
- *Ultraviolet light exposure*

Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. Screening is effective in identifying some types of cancers, including:

- *Breast cancer (using mammography)*
- *Cervical cancer (using Pap tests)*
- *Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)*

- *Healthy People 2020*

Age-adjusted cancer death rates in Louisiana were higher among the Black population for both sexes. Cancer deaths among Black males were significantly higher than those of other population groups.



Data Source: DHH/OPH 2009 Louisiana Health Report Card

The five most common cancers among Louisiana males are prostate, lung, colon and rectum, bladder, and non-Hodgkin lymphoma. The five most common cancers among Louisiana females are breast, lung, colon and rectum, non-Hodgkin’s lymphoma, and uterus.¹⁴

Factors that significantly contribute to the cause of death are termed “actual causes of death”. Identification of actual causes can help the community to implement plans and actions to prevent the disease. Risk factors that can be modified by intervention, thereby reducing the likelihood of a disease are known as, “modifiable risk factors”.

Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be internal factors such as genetics and hormones which contribute to the incidence of cancer.

Cancer

Modifiable Risk Factors

- Tobacco smoke
- Diet
- Infections
- Physical inactivity
- Obesity
- Heavy alcohol use
- Stress
- Occupational hazards
- Environmental pollution
- Sun light
- Radiation

Data Source: Major avoidable risk factors of cancer, Aichi Cancer Center Research Institute

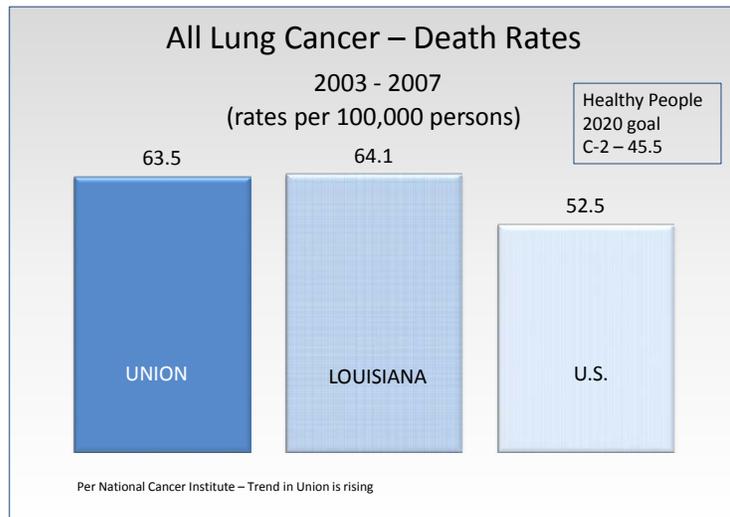
The following pages of this report include a discussion of the types of cancers that were most prevalent, with known risk factors, and which can be detected at early stages through effective screening tests.

Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 15 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More women die from lung cancer than breast cancer.¹⁵

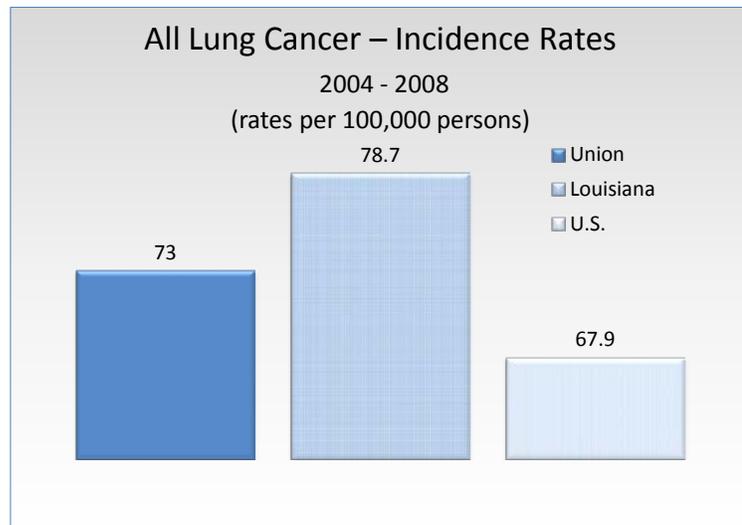
Lung cancer causes 30 percent of all cancer deaths in Louisiana.¹⁶

The Union Parish lung cancer death rate (males and females combined) were slightly lower than the State rate but higher than the U.S. rate.



Data Source: National Cancer Institute

According to the data published in the Louisiana Tumor Registry (2003-2007), incidence rates for lung cancer for males were almost double that of females in Union Parish. The male incidence rates were slightly higher than the State rates; however, the female incidence rates are lower. The combined incidence rate for lung cancer (male and female) was lower in Union County than in the State; however, higher in the US.¹⁷

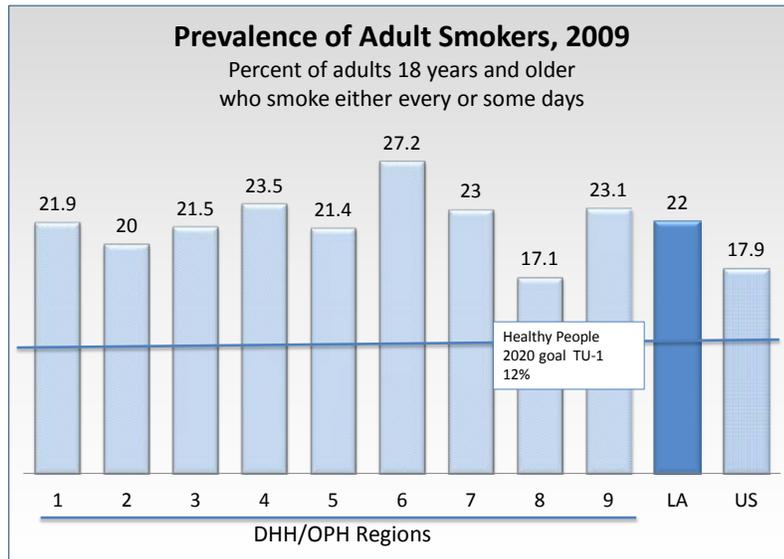


Data Source: National Cancer Institute

Risk Factors

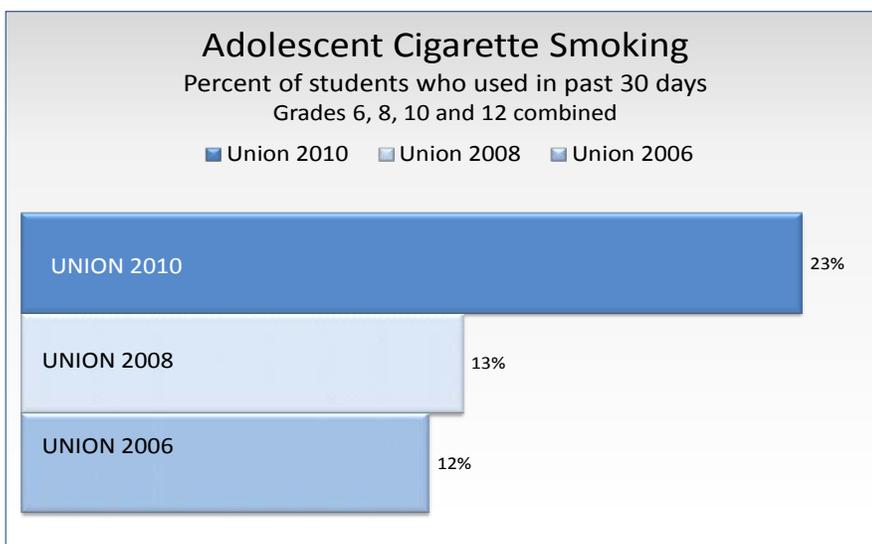
Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. The longer and more often one smokes, the greater the risk.¹⁸

Health District Region 8 (which includes Union Parish) had the lowest prevalence of adult smokers in the State. The Region 8 rate of 17.1 percent was lower than the State rate of 22 percent, and lower than the U.S. rate of 17.9 percent. However, the Region rate was much higher than the Healthy People 2020 target of 12 percent.



Data Source: 2009 BRFS, DHH/OPH Chronic Disease Prevention & Control Unit

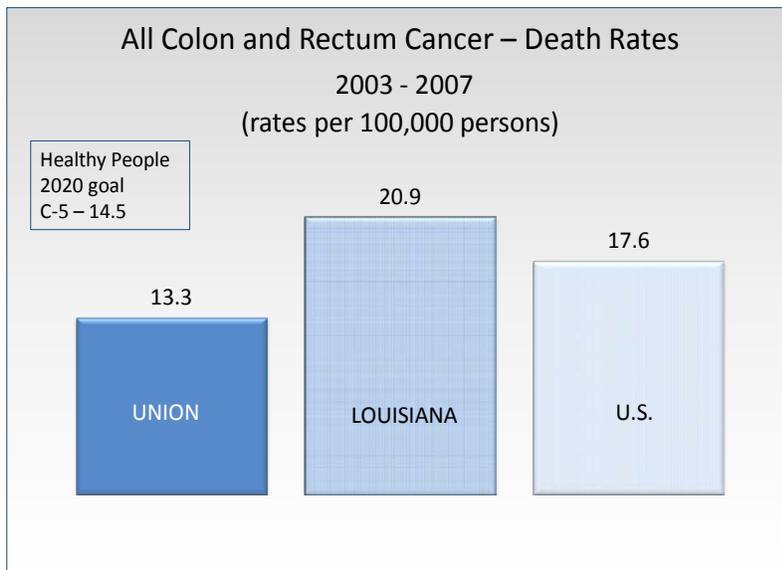
Adolescent smoking in Union Parish almost doubled from 2006 to 2010.



Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

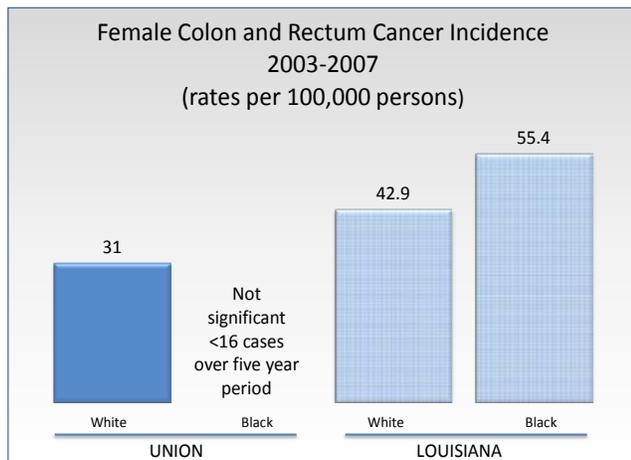
Colon and Rectum

Cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. The American Cancer Society estimates that nine percent of all cancer deaths in 2010 were from colorectal cancer. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.¹⁹ Black persons have a higher incidence and poorer survival rate for colon cancer than for other racial groups.²⁰

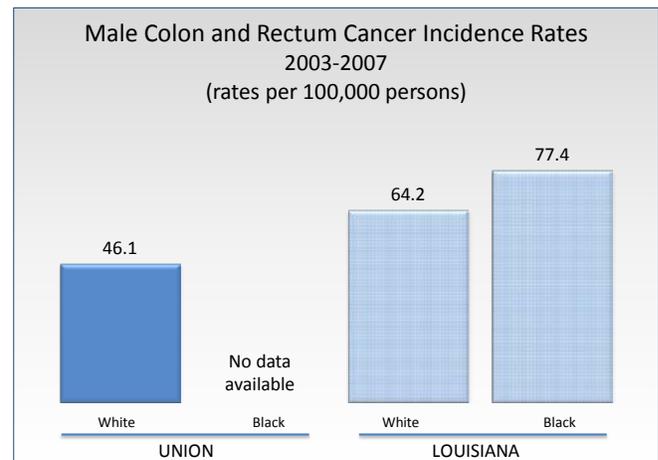


Death rates in Union Parish from colon and rectum cancer were less than the State and U.S. rates.

Data Source: National Cancer Institute



Data Source: Louisiana Tumor Registry, *Cancer in Louisiana, 2003-2007*, Tables D2 & D4



Data Source: Louisiana Tumor Registry, *Cancer in Louisiana, 2003-2007*, Tables D1 & D3

Both male and female colon and rectum cancer incidence rates were lower in Union Parish than in the State. The Black population had higher incidence of colon cancer than that of Whites.

Risk Factors

Colon and rectum cancer risks increase with age. According to the American Cancer Society, 91 percent of cases are diagnosed in individuals aged 50 and older. Modifiable risk factors include:

- Obesity
- Physical inactivity
- Diet high in red or processed meat
- Heavy alcohol consumption, and
- Long-term smoking²¹

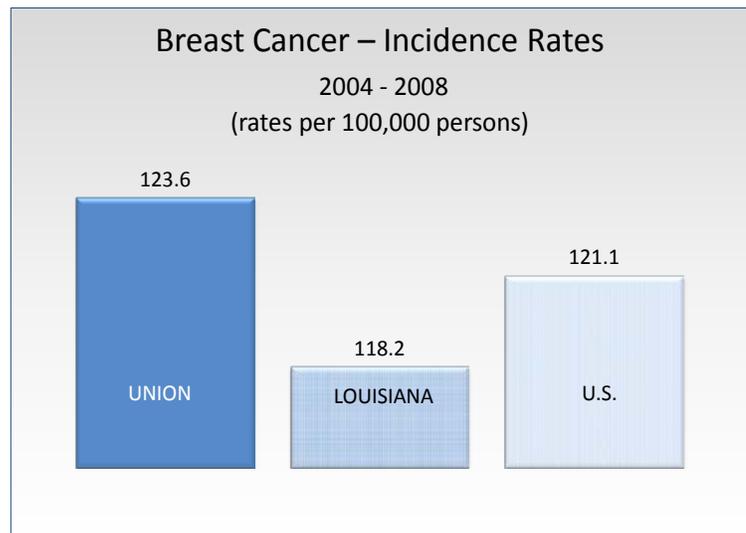
Early detection

Colorectal cancer screening provides early detection. Colorectal polyps may be removed before they become cancerous. Therefore, screening reduces deaths by decreasing the incidence of cancer and by detecting cancers at early, more treatable stages.²² The U.S. Preventive Services Task force recommends that adults 50-75 years of age undergo fecal occult blood testing annually, sigmoidoscopy every five years accompanied by fecal occult blood testing every three years, or colonoscopy every 10 years.²³

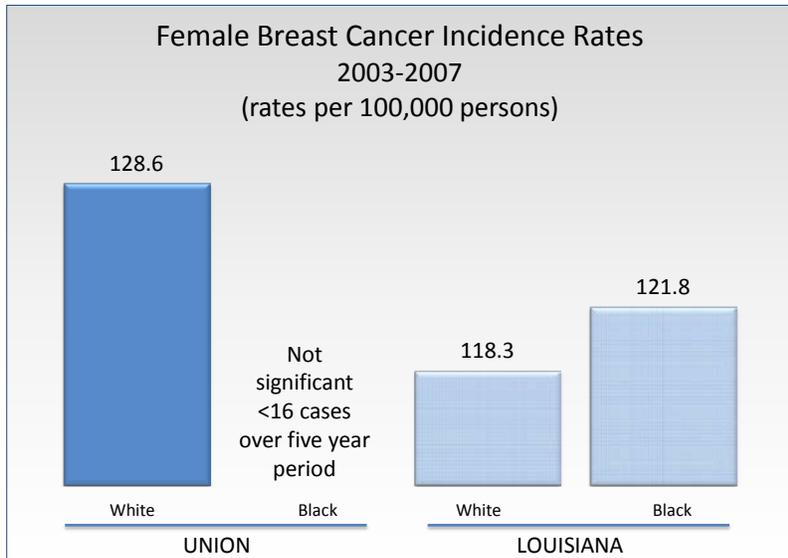
Breast Cancer

Breast cancer is the second most frequently diagnosed cancer in women, with skin cancer being the first. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment.²⁴

The breast cancer incidence rate in Union Parish was higher than that of Louisiana and the U. S.



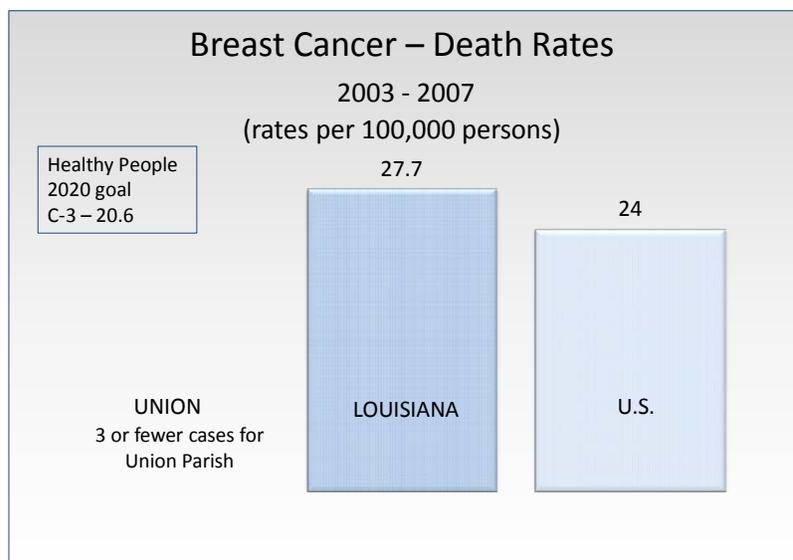
Data Source: National Cancer Institute



Data Source: Louisiana Tumor Registry, *Cancer in Louisiana, 2003-2007*, Tables D2 & D4

In Louisiana, Black females had a higher breast cancer incidence rate than White females.

The female breast cancer death rate in Union Parish was much lower than that of Louisiana and the U.S.



Data Source: National Cancer Institute

Risk Factors

Age is the most important risk factor for breast cancer. Risk is also increased by a personal or family history of breast cancer. Potentially modifiable risk factors include:

- Weight gain after age 18
- Being overweight or obese
- Use of hormones
- Physical inactivity
- Consumption of one or more alcoholic drinks per day

Modifiable factors that are associated with a lower risk of breast cancer include:

- Breastfeeding
- Moderate or vigorous physical activity
- Maintaining a healthy body weight²⁵

Early detection

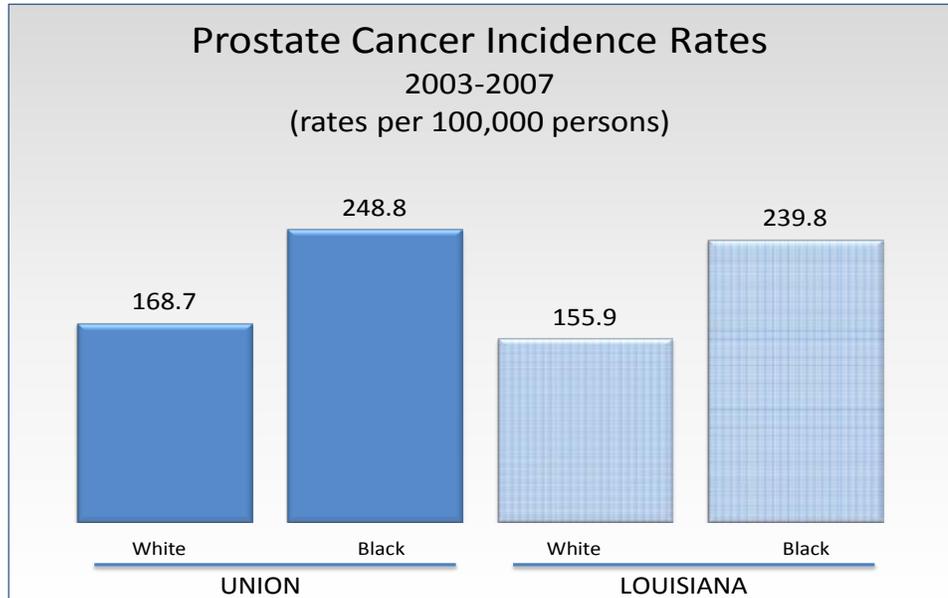
Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, mammography will detect about 80–90 percent of breast cancers in women without symptoms.²⁶

Prostate Cancer

Prostate cancer is the second most frequently diagnosed cancer among men, second only to skin cancer. Prostate cancer is also the second most deadly cancer for males. Prostate cancer incidence and death rates are higher among Black men.²⁷

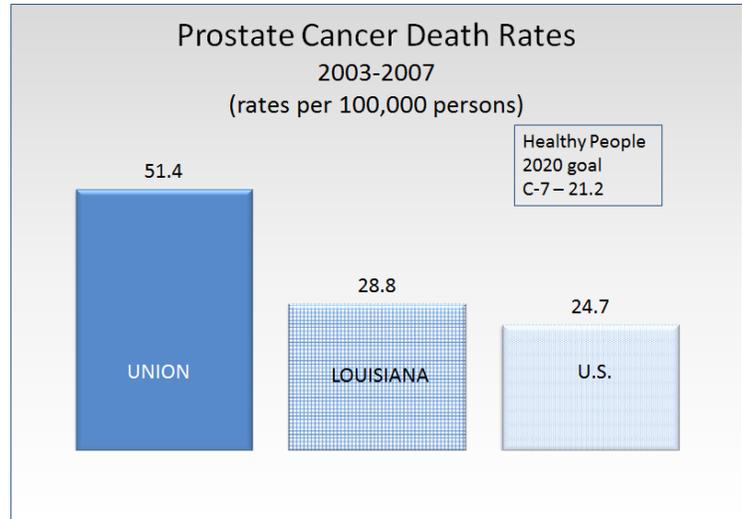
Union Parish had higher incidence rates for prostate cancer than the State.

Black men in the Parish had significantly higher incidence rates.



Data Source: Louisiana Tumor Registry, *Cancer in Louisiana, 2003-2007*, Tables D1 & D3

Union Parish had higher death rates for prostate cancer than that of Louisiana or the U.S.



Data Source: National Cancer Institute

Risk Factors

According to the American Cancer Society, risk factors for prostate cancer include:²⁸

- Age
- Ethnicity
- Family history of prostate cancer

Early detection

Prostate –specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. In March 2010, The American Cancer Society released updated screening guidelines. Although there are benefits associated with prostate cancer screening, there are also risks and uncertainties. Therefore, the revised guidelines recommend that men have the opportunity to make “informed decisions” with their health care provider about whether to be screened.²⁹

Community Input – Cancer

Breast cancer statistics may be low and are on the rise.

There is a mobile mammogram van, provided by LSU, which comes to the hospital. The services include breast and cervical cancer screenings. Appointments must be scheduled one month in advance. There is no charge to patient. The mobile mammography unit in Union Parish has a 50 percent “no show” rate. If not used efficiently, the Parish may lose this service. No shows may be due to transportation issues among patients.

Need to start cancer risk education early – smoking education, tanning beds, sunlight.

Prostate cancer is preventable by screening. Need more education about PSA screenings. Patients may fear results and the “unknown”. A coworker or cancer survivor may be an advocate or champion for education.

Need more community involvement – neighbors helping neighbors.

There are cancer support group meetings at hospital through teleconferencing.

Need more education and information in physician offices and schools about cancer risks.

Louisiana does a good job on breast and cervical screening.

AHEC is working with physicians to promote “Ask Me” program which promotes health screenings through use of posters, brochures and DVDs. Need to do follow-up with physicians on what works and what doesn’t.

The American Cancer Society and National Institute of Health are no longer pushing prostate screenings. The likelihood of death from prostate cancer may not outweigh the risks associated with treatment. Health providers are to use “informed decision-making” only in discussing prostate screenings.

Seventy-five out of 1,000 men may have prostate cancer but die from something else. Prostate cancer is slow to metastasize.

Transportation is number one issue that prevents health screenings. Mammography van has a 50 percent no show rate.

“Don’t Be a Red Fish Program” starts at second grade level to discuss risks of sun exposure. Program is provided to vacation bible schools, Scout programs, Day care and schools.

Heart Disease and Stroke

Heart disease was the second leading cause of death of Union Parish residents. Stroke was the fourth leading cause of death of Union Parish residents. The death rate from both heart disease and stroke was higher than Louisiana and the U.S.

Heart Disease

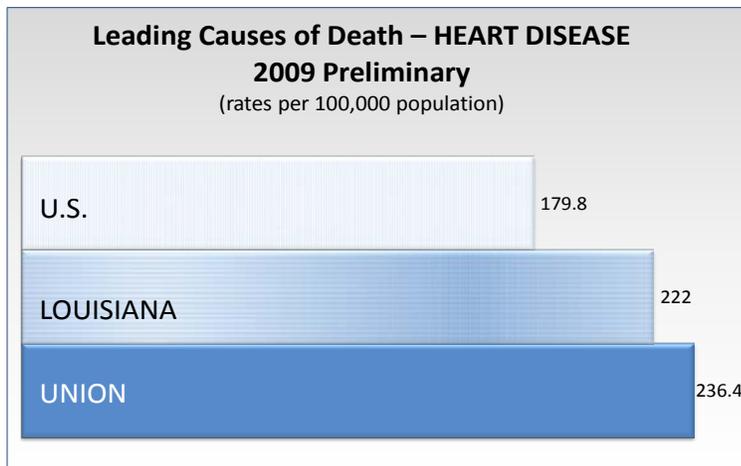
In 2007, heart disease was the first leading cause of death in the United States (25 percent of all deaths), followed by cancer (23 percent of all deaths).³⁰

The majority of heart disease deaths were among people 65 years of age and older. The rates of heart disease were similar for men and women less than 65 years of age. Among older adults, 65 years of age and over, there was a higher prevalence rate for men than women. Heart disease prevalence rates showed little change from 1999 to 2009; however, during the period 1999 to 2007, age-adjusted death rates from heart disease declined by 28 percent.³¹

Why Are Heart Disease and Stroke Important?

Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year.

- Healthy People 2020

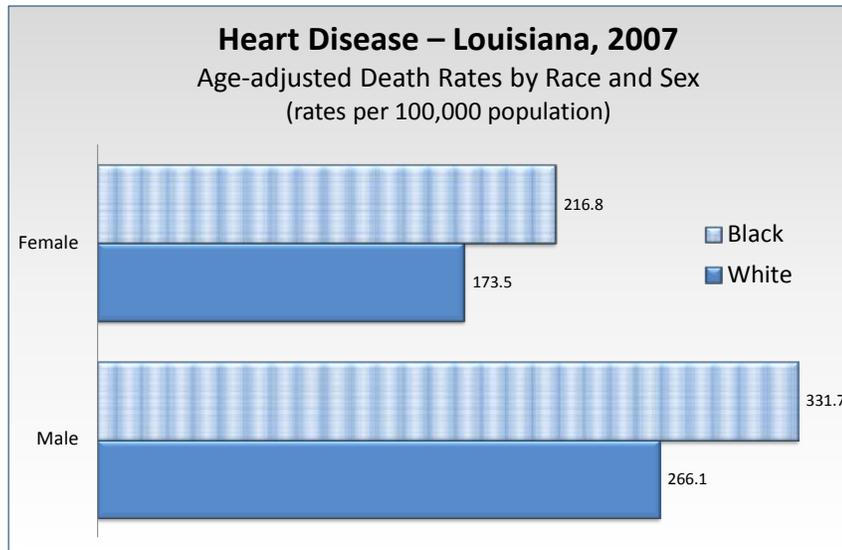


Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011.

Preliminary data for 2009 indicated that the Louisiana death rate from heart disease was 222 per 100,000, which was higher than the U.S. rate of 179.8 per 100,000.³²

Preliminary data for 2009 indicated that the Union Parish death rate from heart disease was 236.4 per 100,000. This rate was higher than that for Louisiana and for the U.S.

Age-adjusted death rates from heart disease in Louisiana for 2007 indicated that the death rate from heart disease was higher for Blacks than for Whites, with the highest rate among Black males.³³



Data Source: DHH/OPH 2009 Louisiana Health Report Card

Risk Factors

For 2009, the following heart disease risk factors were noted in DHH Region 8 (which includes Union Parish)³⁴:

- Not enough fruits and vegetables - 85.8 percent
- Overweight or obese – 67.1 percent
- High cholesterol – 40.2 percent
- High blood pressure – 38.4 percent
- Not enough physical exercise – 31.5 percent
- Smokers – 17.0 percent
- Diabetes – 9.5 percent

Cardiovascular Disease

Modifiable Risk Factors

- Tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight and obesity
- Poor nutrition
- Diabetes mellitus
- Stress
- Alcohol use
- Illegal drugs



Data Source: American Heart Association

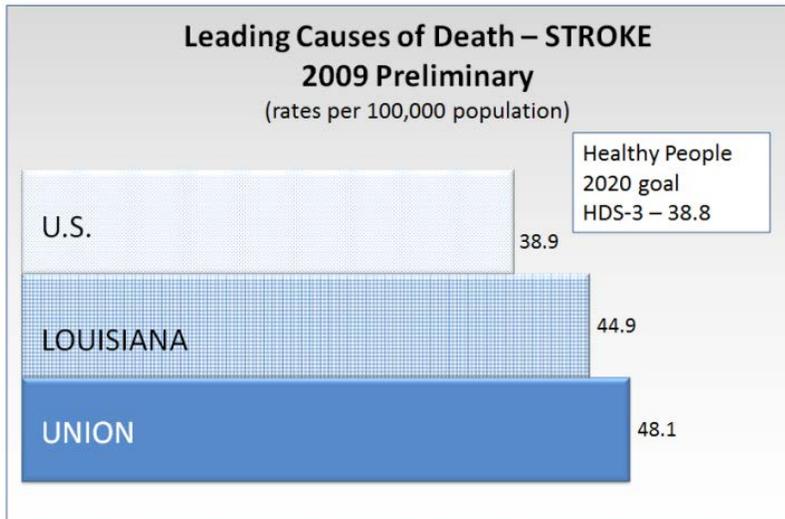
Community Input – Heart Disease

There is a lack of screening by individuals for heart disease.

Diabetes and heart disease are prevalent among Hispanics due to diet and language barriers to education. Need to promote healthy eating within their dietary restrictions.

Strokes

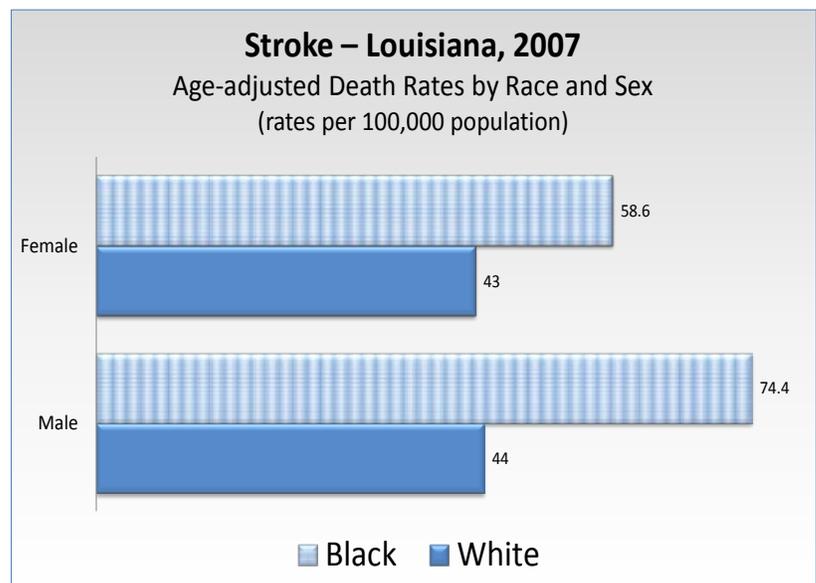
In 2009, cerebrovascular disease (stroke) was the third leading cause of death in the United States. Strokes were the fourth leading cause of death in Louisiana and Union Parish.



The stroke death rate was higher in Union Parish than in the State or U.S. The Healthy People 2020 goal is to reduce stroke deaths to 38.8 per 100,000 population.

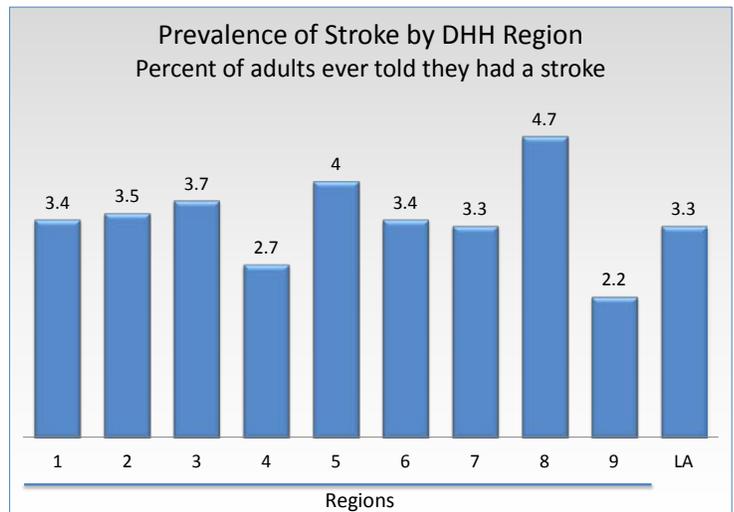
Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011, Table B

The Louisiana stroke rates for Black males and females were significantly higher than that for their White counterparts



Data Source: DHH/OPH 2009 Louisiana Health Report Card

The prevalence of stroke in DHH Region 8 (which includes Union Parish) is the highest in the State.



Data Source: 2009 BRFSS, DHH/OPH Chronic Disease Prevention & Control Unit

Stroke

Modifiable risk factors

- High blood pressure
- Smoking
- Heart disease
- Diabetes
- High cholesterol
- Heavy alcohol usage
- Overweight or obesity



Data Source: Diseases and Conditions, Cleveland Clinic, 2011

Modifiable risk factors for stroke are very similar to those for heart disease.

Community Input – Stroke

People are not taking medications correctly which leads to uncontrolled hypertension.

Reasons for non-compliance with medication are high cost of drugs and lack of education as to need.

The Rural Health Clinic has prescription assistance.

Health literacy is at different levels. Need to design education at level of user and have the right person deliver the education to the specific audience.

Need more access points for free blood pressure checks. The Public Health Unit does free blood pressure checks. Some churches have blood pressure machines.

Accidents

Accidents were the third leading cause of death in Union Parish. The preliminary accident death rate for Union Parish was higher than both the State and U.S. rates.

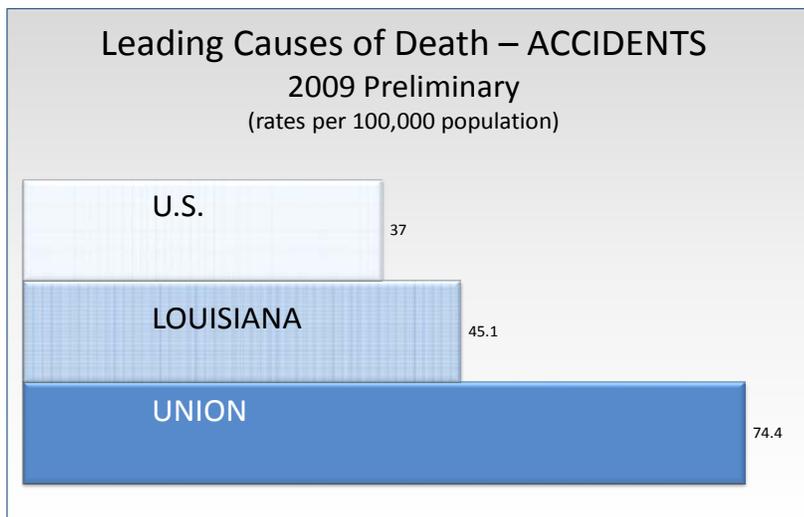
Why Is Injury and Violence Important?

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

-Healthy People 2020

On August 1, 2009, the Louisiana Department of Health and Hospitals issued *the Louisiana Injury Prevention Plan*. According to this report, accidents are the leading cause of death for people ages 1 – 44.³⁵

Based on preliminary 2009 reports, the accident death rate per 100,000 people in Union Parish was 74.4 compared to 45.1 for the State and 37 for the U.S.³⁶ The Healthy People 2020 goal is set at 36.0 per 100,000 population.

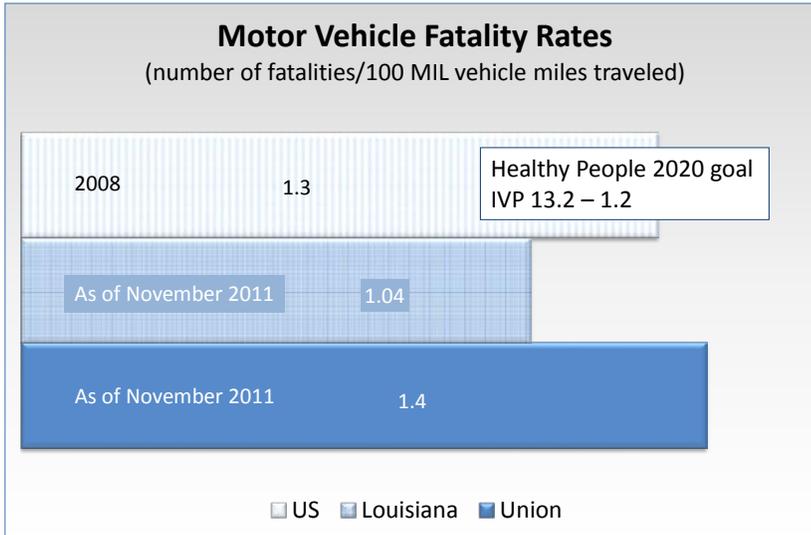


Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011.

Accidental deaths may result from the following causes:

- Motor vehicle accidents
- Firearm accidents
- Poisonings
- Natural/environmental
- Suffocations
- Falls
- Fire
- Drowning

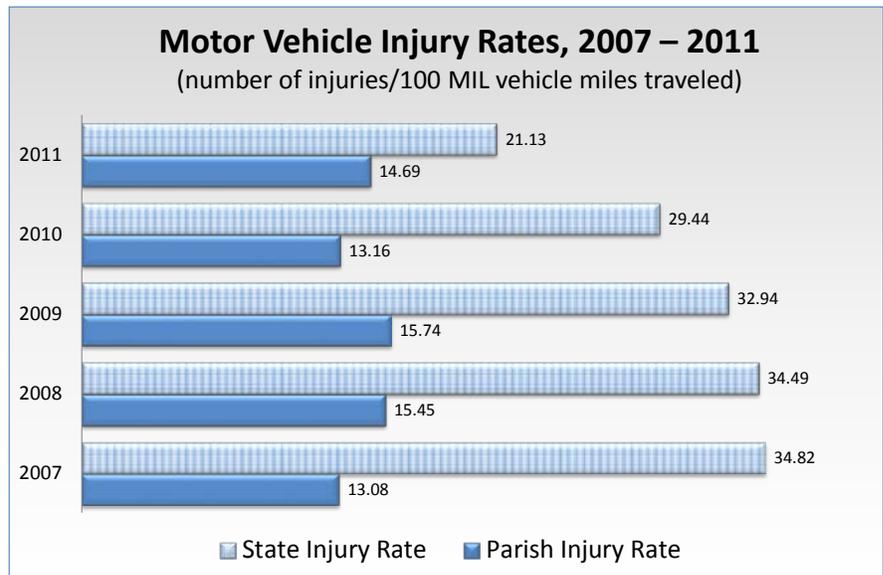
Motor vehicle crashes are the leading cause of accidents. Young drivers are at higher risk of being involved due to inexperience in driving, combined with alcohol use, cell phone usage, speeding and failure to use seat belts. Drivers, aged 75 and older, are at higher risk due to failing eyesight, cognitive issues, and other physical impairments due to aging.³⁷



As of November 2011, there were 1.4 fatalities per 100 million vehicle miles traveled (VMT) in Union Parish. This is higher than the rate for Louisiana (1.04) and the U.S rate as of 2008 of 1.3.³⁸ The Healthy People 2020 goal (IVP 13.2) is set at 1.2 fatalities per 100 million VMT.

Data Source: Data Reports, <http://datareports.lsu.edu/Reports/TrafficReports/2011>

In Union Parish, as of October 2011, the rate of injuries per 100 million VMT was 14.69, compared to the Louisiana rate of 21.13.³⁹



Data Source: Data Reports, <http://datareports.lsu.edu/Reports/TrafficReports/2011>

Motor Vehicle Accident Statistics

As of November 15, 2011	UNION	LOUISIANA
# Crashes	227	
Crash Rate	79.4	262.7
# Fatalities	4	
Fatality Rate	1.4	1.1
# Alcohol Related Fatalities	3	
% Alcohol Related Fatality	75	41.3
# Not wearing Seatbelt Fatalities	4	
# (wearing & not wearing) Seatbelt Fatalities	4	
% Not Wearing Seatbelt Fatality	100	51.5

Data Source: <http://datareports.lsu.edu/Reports/TrafficReports/2011>

As of November 2011, alcohol was involved in 75 percent of fatal crashes in the Parish. Non-use of seat belts was involved in 100 percent of fatal deaths.⁴⁰

The 2010 seatbelt usage rate in the Region including Union Parish was 75.7 percent, compared to 75.8 percent for the State.⁴¹ The Healthy People 2020 objective (IVP-15) is 92.4 percent.

Motor vehicle accidents may be reduced by:

- Increase awareness and knowledge of safe driving to teen drivers
- Increase awareness and knowledge of the effects of distracted drivers
- Increase awareness and knowledge of seat belt usage among teens

Chronic Lower Respiratory Disease

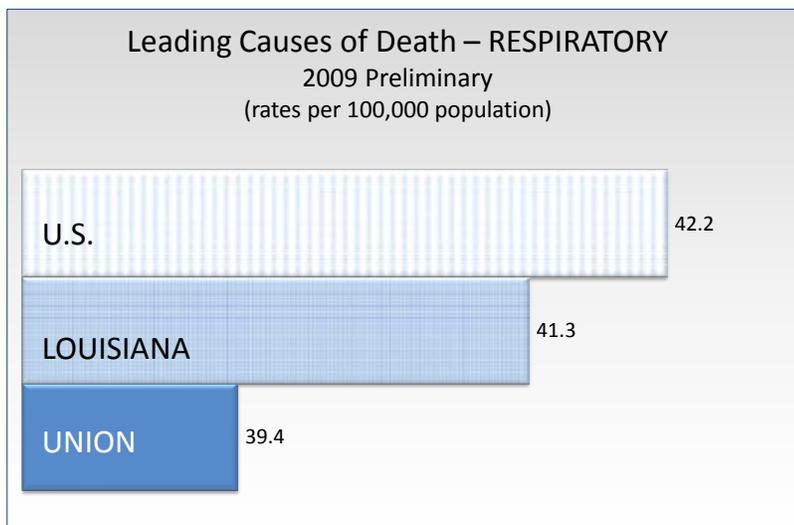
Chronic lower respiratory disease was the fifth leading cause of death in Union Parish. This disease rate is below both the Louisiana and U.S. rates.⁴²

Chronic lower respiratory diseases affect the lungs. The most deadly of these is chronic obstructive pulmonary disease, or COPD. COPD includes both emphysema and chronic bronchitis. Cigarette smoking is a major cause of COPD. Other forms of chronic lower respiratory disease include asthma and acute lower respiratory infections.

Why Are Respiratory Diseases Important?

Currently in the United States, more than 23 million people have asthma. Approximately 13.6 million adults have been diagnosed with COPD, and an approximately equal number have not yet been diagnosed. The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual health care expenditures for asthma alone are estimated at \$20.7 billion.

Healthy People 2020

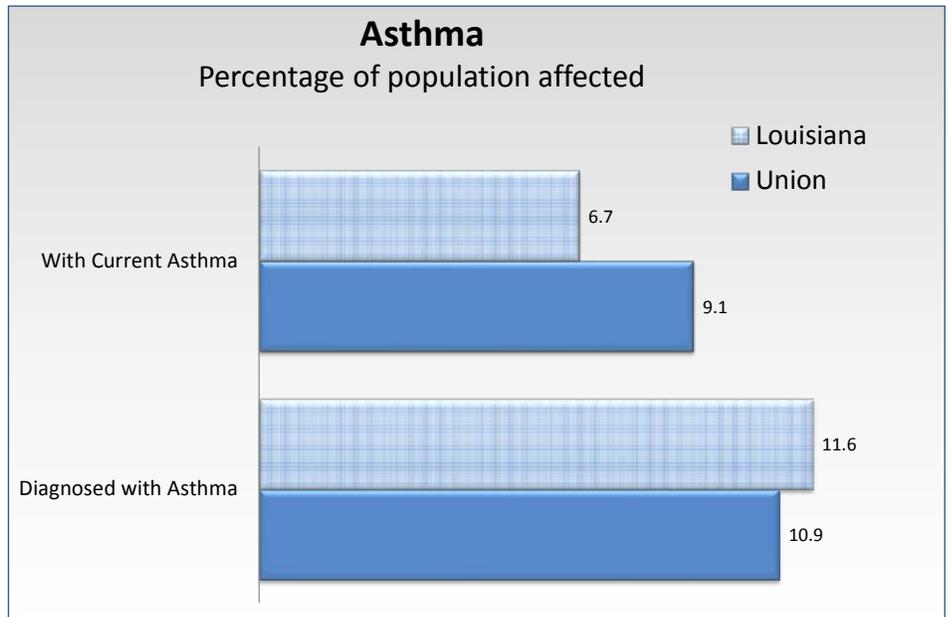


According to 2009 preliminary estimates, the chronic lower respiratory disease rate for Union Parish was 39.4 per 100,000 population, compared to 41.3 for Louisiana and 42.2 for the U.S.

Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011.

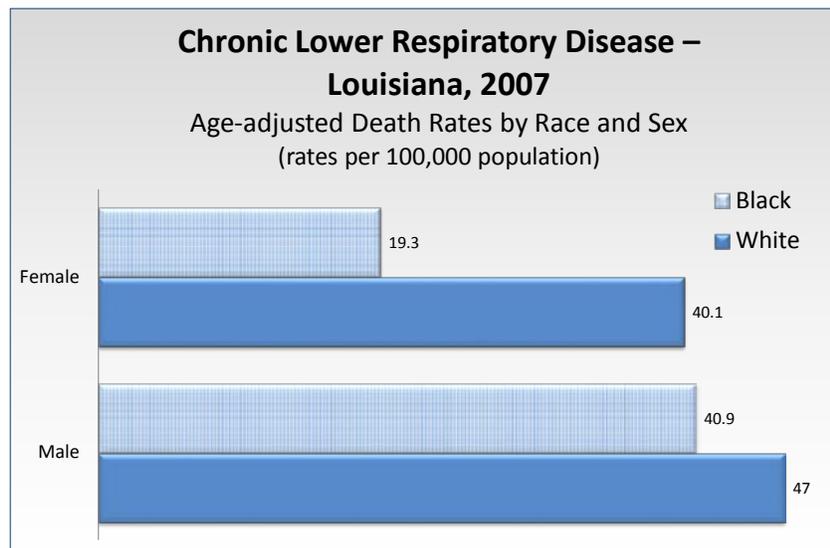
In Union Parish, 9.1 percent of the population currently had asthma, while 10.9 percent was diagnosed with asthma.

The asthma rate for Union Parish (those with current asthma) was over 40 percent higher than the State rate.

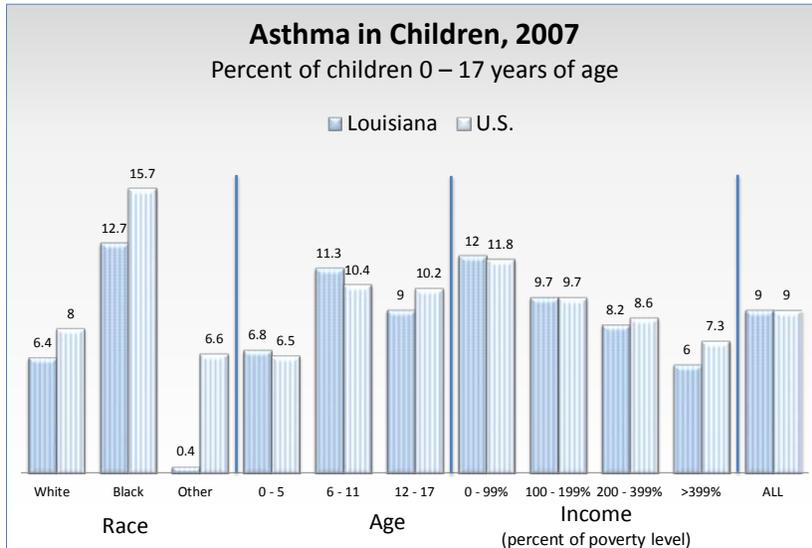


Data Source: Department of Health & Hospitals, Louisiana, BRFSS Data

Age-adjusted death rates, by race and sex for 2007, indicate that both Louisiana White males and females had higher rates than Blacks for respiratory related diseases.



Data Source: DHH/OPH 2009 Louisiana Health Report Card



Data Source: 2007 National Survey of Children's Health, Data Resource Center on Child and Adolescent Health, <http://childhealthdata.org>

According to the 2007 National Survey of Children's Health, Black children had higher incidences of asthma, than among Whites or other population groups. Asthma was more prevalent in lower income populations. Overall, the Louisiana child asthma rate was similar to the U.S. rate.⁴³

For the period October 1, 2010 through September 30, 2011, 22 percent of emergency room visits to Union General Hospital related to respiratory illnesses.⁴⁴ A respiratory diagnosis was among the top 10 reasons for emergency room visits among both sexes and all age groups, with the following exceptions:

- Males aged 40 – 49
- Females > 69

Chronic Lower Respiratory Disease

(includes Asthma, Chronic Bronchitis, Emphysema)

Modifiable Risk Factors

- Tobacco smoke
- Unhealthy diet
- Physical inactivity
- Air pollution
- Allergens
- Occupational agents



Data Source: American Lung Association

Community Input – Respiratory Care

Asthma statistics for children seem low.

Three out of 30 Children are asthmatic.

The data may not reveal the true picture.

Diabetes

The prevalence of adult diabetes in Union Parish was higher than that of Louisiana or the U.S.

Why Is Diabetes Important?

Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes:

- *Lowers life expectancy by up to 15 years.*
- *Increases the risk of heart disease by 2 to 4 times.*
- *Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.*

In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

The rate of DM continues to increase both in the United States and throughout the world.

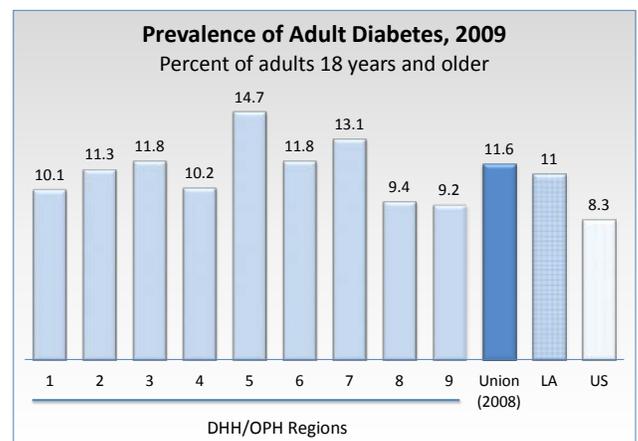
-Healthy People 2020

In 2009, 8.7 percent of the U.S. population reported that they had diabetes. Since 1980, the crude prevalence of diagnosed diabetes has increased by 149 percent.⁴⁵

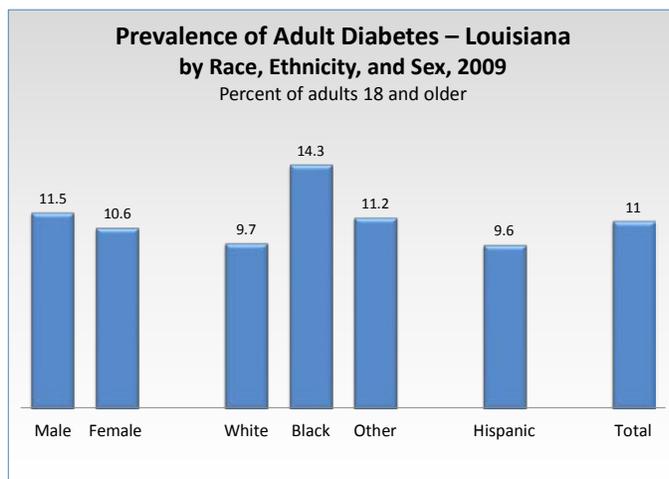
According to the Center for Disease Control's Behavioral Risk Factor Surveillance System (BRFSS), the percentage of Louisiana residents diagnosed with diabetes had steadily risen since 1994, from 6.1 percent to 11 percent in 2009.⁴⁶

The 2009 percentage of Louisiana's population with diabetes (11 percent) was higher than that of the U.S. (8.3 percent).⁴⁷

DHH Region 8 (which includes Union Parish), had the second lowest diabetes incidence rate in the State (9.4 percent); however, the Region 8 rate was higher than the U.S. (8.3 percent).⁴⁸



Data Source: DHH/OPH Chronic Disease Prevention & Control Unit, 2009 Louisiana Behavioral Risk Factor Surveillance System Report, Table 4A and Centers for Disease Control National Diabetes Surveillance System



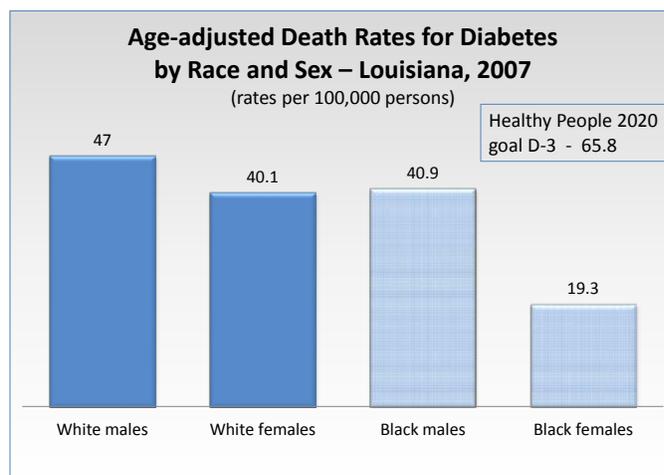
Data Source: DHH/OPH Chronic Disease Prevention & Control Unit, 2009 Louisiana Behavioral Risk Factor Surveillance System Report, Table 4A

In Louisiana, the prevalence of adult diabetes was highest among Blacks.

There was a high rate of diabetes among Hispanics. According to the community focus group input, this high rate may be due to the lack of fruits and vegetables in the Hispanic diet. Hispanic representatives participating in the focus groups cited the high cost of fruits as a barrier to access.

White males had the highest death rate from diabetes in Louisiana.⁴⁹

The Louisiana death rate from diabetes was lower than the Healthy People 2020 goal of 65.8 per 100,000 persons.



Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Louisiana Health Report Card, p. 39

Diabetes

Modifiable Risk Factors

- Overweight/Obesity
- High blood sugar
- High blood pressure
- Abnormal lipids metabolism
- Physical inactivity
- Tobacco smoke
- Heavy alcohol use



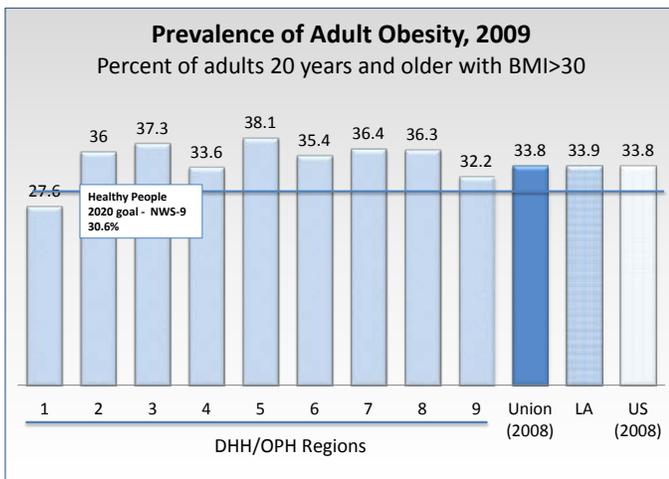
Data Source: Diabetes Basics, Cleveland Clinic, 2011

Anyone can get type 2 diabetes. However, those at highest risk for the disease are those who are obese or overweight and people with metabolic issues such as high cholesterol, high triglycerides, and high blood pressure. In addition, older people are most susceptible to developing the disease. People who smoke or have inactive lifestyles also have an increased risk.⁵⁰

Obesity

The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 34 percent of persons aged 20 years and over were obese in 2005 – 2008. The Healthy People 2020 target for obesity is to reduce this percentage to 30.6 percent.⁵¹

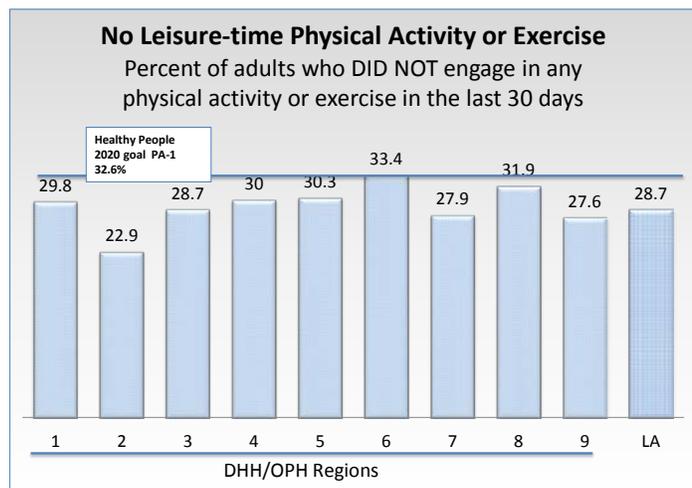
Obesity is a medical condition in which excess body fat has accumulated to the extent that it may have an adverse effect on health, leading to reduced life expectancy and/or increased health problems. Body mass index (BMI), a measurement which compares weight and height, defines people as overweight (pre-obese) if their BMI is between 25 and 30 kg/m², and obese when it is greater than 30 kg/m².⁵²



The prevalence of adult obesity (33.8 percent) in Union Parish was equal to the National rate, however was below the rate of DHH/OPH Region 8, and slightly lower than the rate for Louisiana. The Healthy People 2020 goal is set at 30.6 percent.

Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Louisiana Health Report Card, Table 15a, p. 53 and Centers for Disease Control National Diabetes Surveillance System, 2008

Although higher than the State rate, the percentage of adults who DID NOT engage in leisure time physical activity was lower in DHH/OPH Region 8 (which includes Union Parish) than the Healthy People 2020 target of 32.6 percent.



Data Source: DHH/OPH, Louisiana Center for Health Statistics, 2009 Louisiana Health Report Card, p. 57 and Centers for Disease Control National Diabetes Surveillance System, 2008

Community Input – Obesity

Community members are making bad food choices.

It is hard to eat right in Farmerville.

It's "cheaper to be fat" due to high prices of fruits and vegetables.

There is no nutritionist in Farmerville. Lack of transportation makes it difficult for residents to go out of town for nutritionist services.

There are limited safe walking places in the community.

Need diabetic education classes for Hispanics. Food choices are limited due to cultural and financial barriers. Need to educate on healthy eating within their diet, such as portion control.

Obesity is high among Hispanics due to diet filled with starches.

Lack of organized sports among Hispanics; may not understand baseball, football, and basketball.

There are some Hispanic food sources in Wal-Mart and local Hispanic stores.

There is a produce truck that provides produce to the Hispanic communities.

School system is offering many more salads and three or four vegetable choices each day in school lunches.

Our culture has ingrained in the minds of the less educated that it is a good thing to over eat. We do not promote walking after eating.

There is a nutritionist that comes to public health unit; however, there is a "no show" problem. The WIC program has mandatory nutrition counseling. Food vouchers are given three months at a time with recertification required at the end of each three-month period.

MATERNAL, INFANT AND CHILD HEALTH

Healthy People 2020 Reference – MICH

The teen birth rate in Union Parish was significantly higher than that of Louisiana. The teen birth rate among Black females was double that of White females. Low birth weights were high in Union Parish compared to Healthy People 2020 goals. Infant mortality was also high.

The health of mothers, infants, and children is vital to a healthy community. This population is particularly vulnerable to certain health risks when encountered during pregnancy and early childhood. The mental and physical development of infants and children is affected by the behaviors of their mothers during pregnancy.⁵³

There are many measures of maternal, infant, and child health, however this report will focus on the following:

- Live birth rates
- Infant mortality rates
- Teen birth rates
- Mother receiving adequate prenatal care
- Low and very low birth weights
- Growth indicators
- Breastfeeding
- Immunization rates

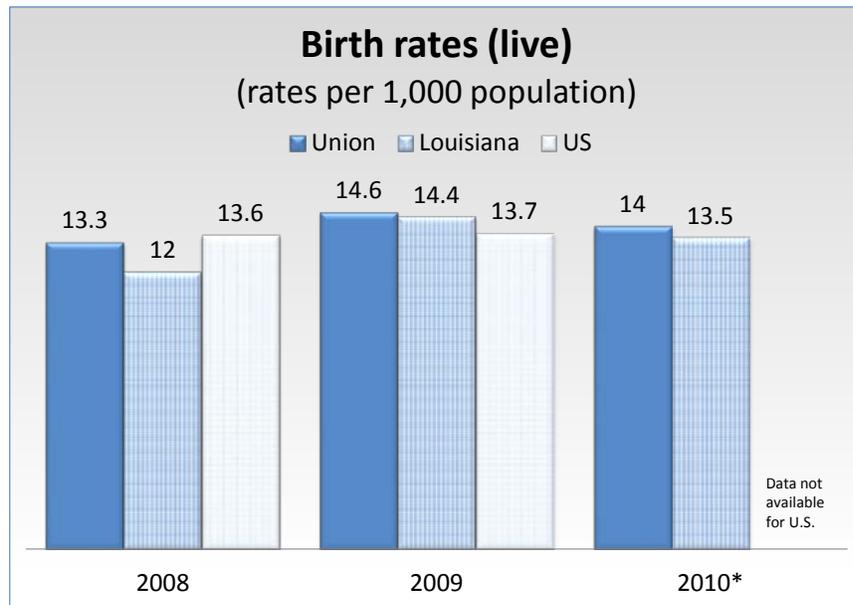
Why Are Maternal, Infant and Child Health Important?

Pregnancy can provide an opportunity to identify existing health risks in women and to prevent future health problems for women and their children. These health risks may include:

- Hypertension and heart disease
 - Diabetes
 - Depression
 - Genetic conditions
 - Sexually transmitted diseases (STDs)
 - Tobacco use and alcohol abuse
 - Inadequate nutrition
 - Unhealthy weight
- Healthy People 2020

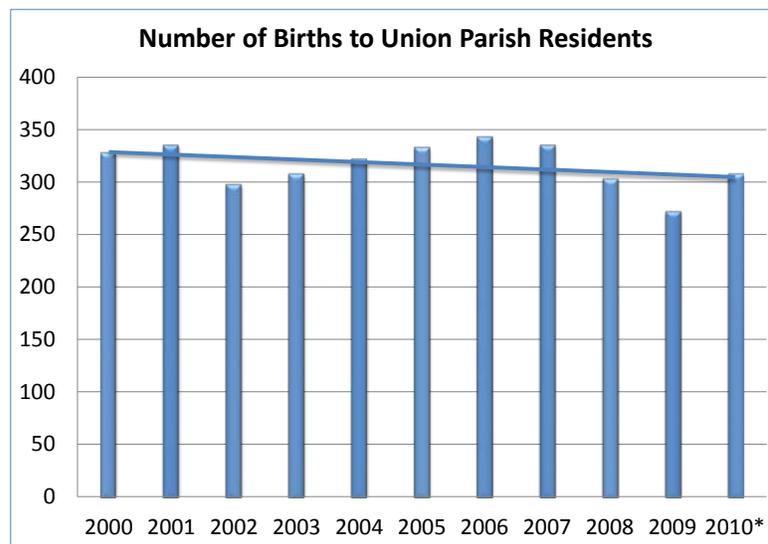
Racial and ethnic disparities were noted among these indicators. Disparities may be due differences in income levels, family structure, age of parents, educational attainment, and access to prenatal care.

From 2008 – 2010, live birth rates, per 1,000 residents, were higher in Union Parish than in the State.



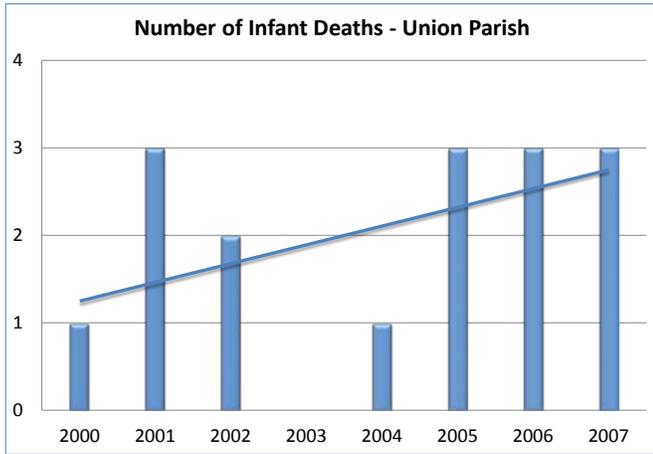
Data Source: Louisiana Center for Health Statistics and National Vital Statistics Reports
*2010 data is preliminary for Union and Louisiana, 2010 data unavailable for US

The number of births to Union Parish residents has been decreasing since 2000.



Data Source: Louisiana Center for Health Statistics and National Vital Statistics Reports
*2010 data is preliminary for Union and Louisiana, U.S. Census Bureau, USA Counties

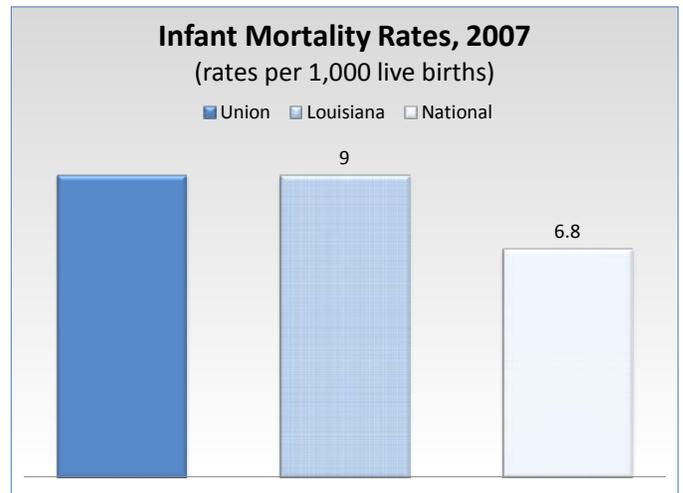
Infant Mortality



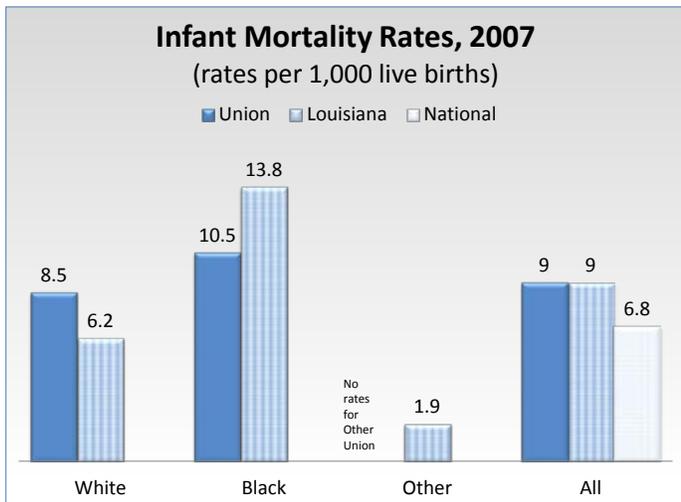
Data Source: Louisiana Center for Health Statistics and 2009 Louisiana Health Report Card

The number of infant deaths in Union Parish had increased since 2000; however, the total number was low.

The infant mortality rate in Union Parish was similar to that of Louisiana, however higher than the U.S. rate



Data Source: DHH/OPH, Louisiana State Center for Health Statistics, 2009 Louisiana Health Report Card

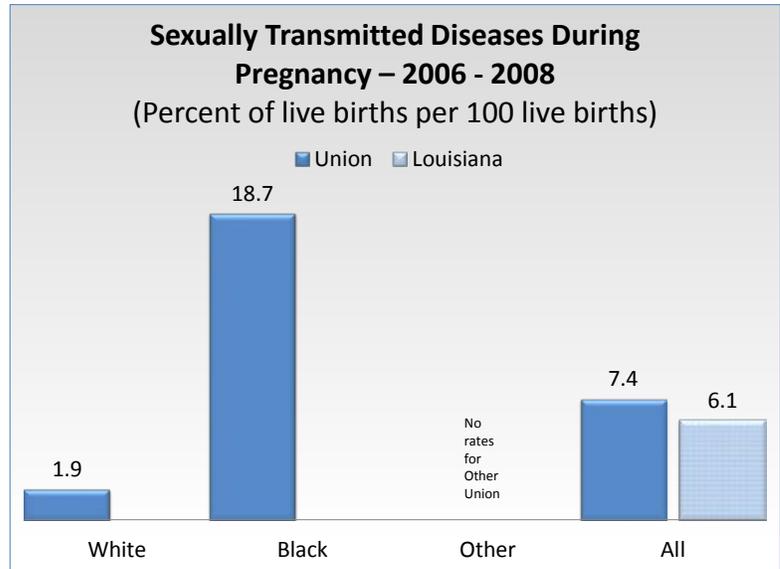


Data Source: DHH/OPH, Louisiana State Center for Health Statistics, 2009 Louisiana Health Report Card

The infant mortality rates in Union Parish were higher for Black mothers than White mothers.

Sexually Transmitted Diseases

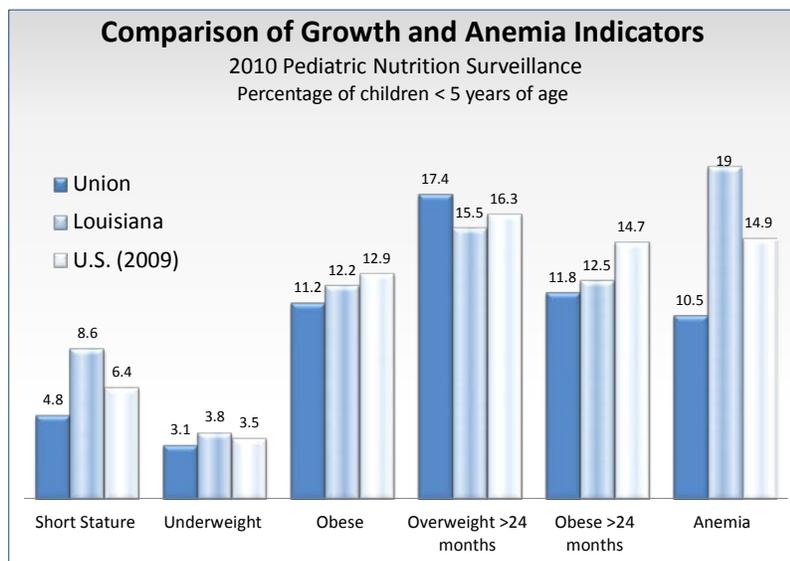
Union Parish had a high incidence of sexually transmitted diseases (18.7 percent) among Black females who were pregnant.



Data Source: DHH/OPH Maternal Child and Health Data profiles 2006-2008

Growth Indicators

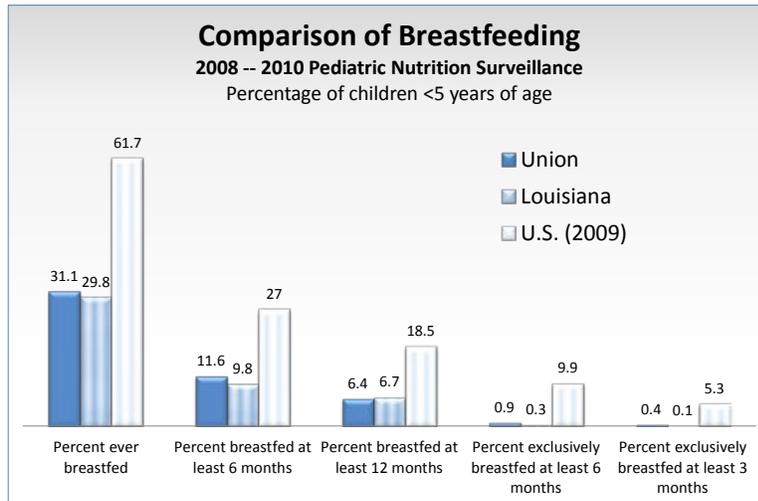
The child growth indicators for Union Parish were favorable when compared to Louisiana and the U.S., except in the measure for overweight children between two and five years of age.



Data Source: 2010 Pediatric Nutrition Surveillance, Louisiana, Table 6A

Breastfeeding

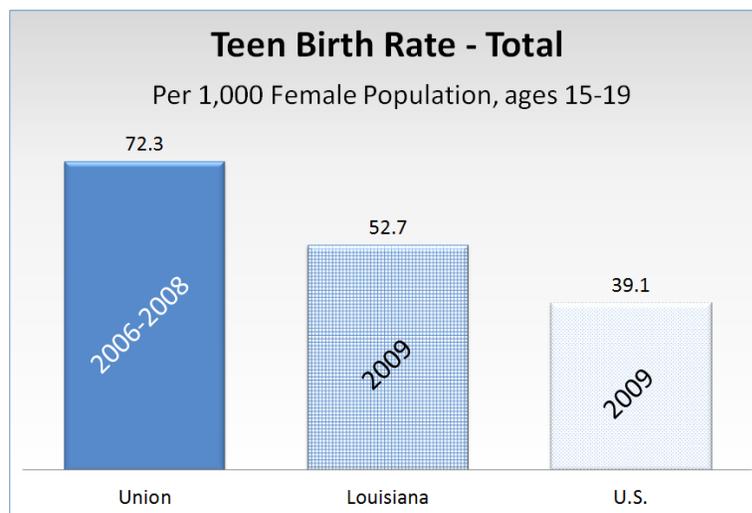
The rates for Union Parish mothers, who breastfed infants and children were comparable to the Louisiana rates; however, the rates were significantly below the U.S. rates.



Data Source: 2010 Pediatric Nutrition Surveillance, Louisiana, Table 7A

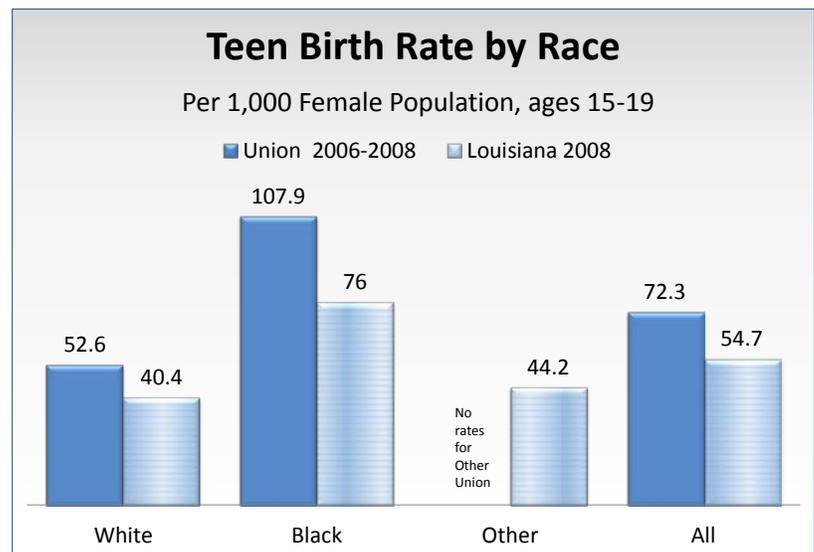
Teen Birth Rate

Pregnant teens were less likely to receive early and adequate prenatal care, which can lead to low birth weight babies and the risk of child developmental delays, illness and mortality.⁵⁴



Data Source: DHH/OPH Maternal & Child Health Program, State Data 2008, Parish Data 2006-2008. DHH/OPH 2009 Louisiana Health Report Card and National Vital Statistics Reports.

Teen birth rates in the Parish were higher than the Louisiana rate, with the Black rate significantly higher than the other population groups.



Data Source: DHH/OPH Maternal & Child Health Program, State Data 2008, Parish Data 2006-2008

Community Input – Teen Pregnancies

Teen pregnancies have reduced over past three years.

Need parenting classes 18 months before repeat pregnancies

Nurse/family partnership can be used – 70 percent success rate in avoiding repeat pregnancies.

Need education prior to pregnancies.

Teen pregnancies may be motivated by the receipt of government benefits and desire for independence by teens.

Access to birth control could be a problem.

The local public health unit provides condoms at no cost. Condoms are located in hallway where individual can walk in and out without interference.

The local public health unit provides free walk-in pregnancy testing.

Unaware of any education offered in school system to address teen pregnancies.

Birth control is offered through the public health unit.

There is no “official” school education through the public health unit; however, staff would be willing to go to schools to provide education.

Community Input – Teen Pregnancies continued

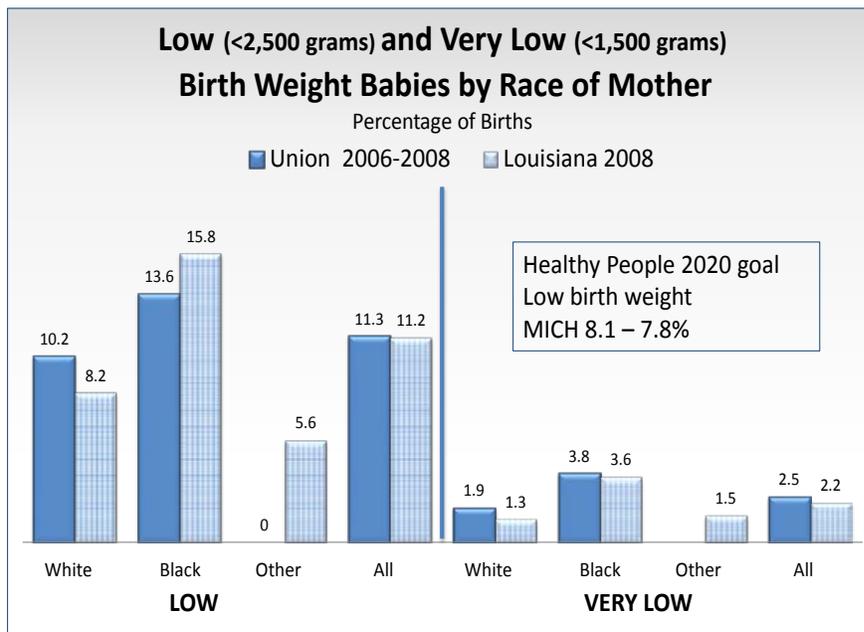
“Healthy Start” programs cover Mom’s prenatal visits up to delivery.

“Healthy Start” workers provide outreach through home visits into the community. These workers recruit pregnant girls into the health unit for services. A pregnant female can apply for LaMOMs services within two weeks. The public health unit staff provides an initial visit, and then the patient moves to a private provider.

Birth Weight

Low birth weights can lead not only to infant death, but also to visual and hearing impairments, developmental delays, and behavioral and emotional problems. The lower the birth weight, the greater will be the chances of these problems. Many factors influence low birth rates, including the age of the mother, race, low income status, and adequate prenatal care.⁵⁵

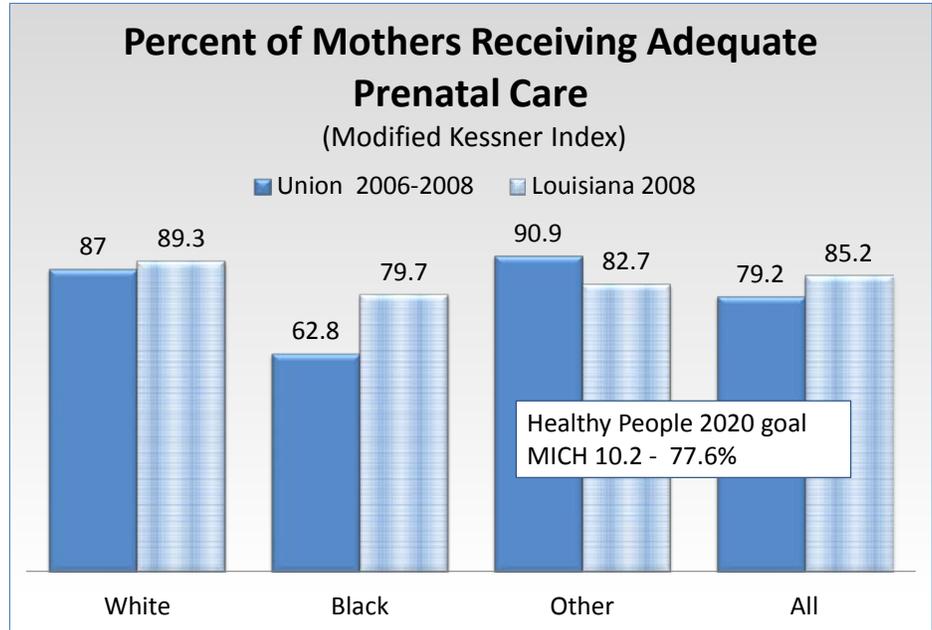
Low birth weight and very low birth weight percentages for Union Parish were slightly higher than the rates for Louisiana.



Data Source: DHH/OPH Maternal & Child Health Program, State Data 2008, Parish Data 2006-2008

In Union Parish, low and very low birth weight babies were born to Black mothers at significantly higher rates than to White mothers.

The percent of mothers receiving adequate prenatal care in Union Parish were lower for Blacks than for Whites and other racial/ethnic groups.

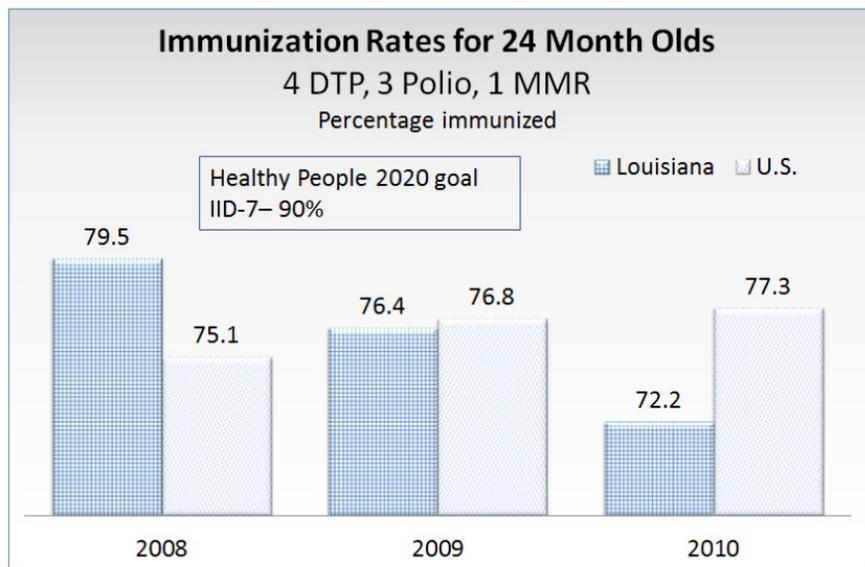


Data Source: DHH/OPH Maternal & Child Health Program, State Data 2008, Parish Data 2006-2008

Immunizations

Children in Louisiana are required to be immunized prior to entering school. Immunizations have drastically reduced the occurrence of serious diseases such as measles, mumps, diphtheria, whooping cough, polio, hepatitis, and chickenpox. In 2010, 72.2 percent of children aged 24 months were immunized in Louisiana compared to a total of 77.3 percent for the U.S. The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent (IID-7).

In 2010, the immunization rates for 24 month old children in Louisiana were below the U.S. rates.



Data Source: National Immunization Survey

ALCOHOL, TOBACCO AND DRUG USE

Healthy People 2020 Reference – TU, SA

Alcohol, tobacco, and drug use has increased among students in Union Parish. There was an increase in tobacco, alcohol, and drug use among students in grades 6-12. The use of marijuana among grades 6-12 had significantly increased in Union Parish.

Tobacco, alcohol, and drug abuse has a major impact not only on the individual and family, but also the community. These substances contribute significantly to health issues including:

- Chronic diseases
- Teenage pregnancy
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Crime
- Homicide
- Suicide⁵⁶

Adolescent Behavior

Drug abuse includes conditions associated with use of mind and behavior altering substances that have negative behavioral and health outcomes.⁵⁷ Nationally, adolescent abuse of prescription drugs has risen over the past five years, with high rates of nonmedical use of Vicodin and OxyContin. Sources of these drugs include the family medicine cabinet, the Internet, and physicians. Many adolescents believe that prescription drugs are safer to take than street drugs.⁵⁸

Why Is Adolescent Health Important?

Adolescence is a critical transitional period that includes the biological changes of puberty and the need to negotiate key developmental tasks, such as increasing independence and normative experimentation. The financial burdens of preventable health problems in adolescence are large and include the long-term costs of chronic diseases that are a result of behaviors begun during adolescence.

There are significant disparities in outcomes among racial and ethnic groups. In general, adolescents and young adults who are African American, American Indian, or Hispanic, especially those who are living in poverty, experience worse outcomes in a variety of areas (examples include obesity, teen pregnancy, tooth decay, and educational achievement) compared to adolescents and young adults who are white.

Healthy People 2020

The 2010 Louisiana Caring Communities Youth Survey summarizes findings from a survey of 6th, 8th, 10th, and 12th grade students in Union Parish. The 2010 report includes comparative data from 2006, 2008, and 2010 surveys. The 2010 survey was conducted in the fall of 2010 and January of 2011.

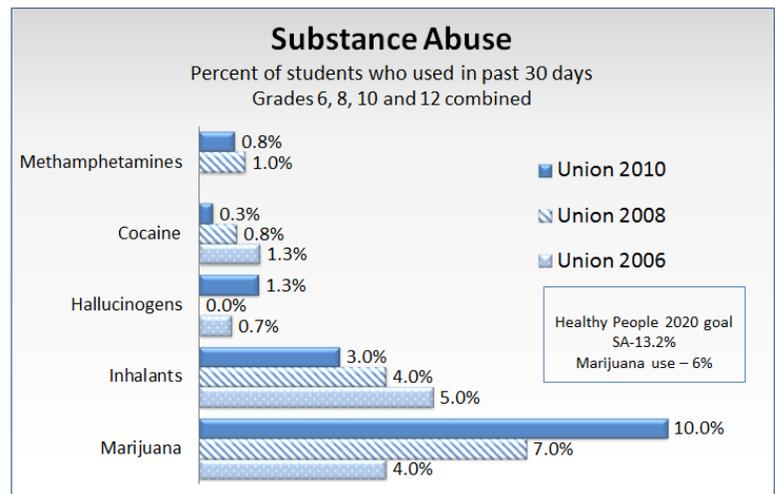
The 2010 report states, “If 60 percent or more of the students participated, the report is a good indicator of the levels of substance use, risk, protection, and antisocial behavior. If fewer than 60 percent participated, consult with your local prevention coordinator or a survey professional before generalizing the results to the entire community.”⁵⁹

The completion rates for Union Parish are as follows:

- 6th grade – 68.1 percent
- 8th grade - 37.4 percent
- 10th grade – 44.5 percent
- 12th grade – 85.8 percent

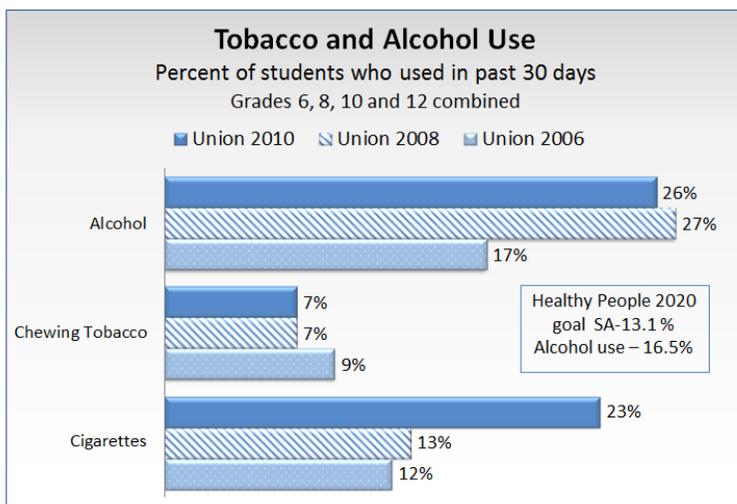
With the exception of marijuana, the survey indicates decreases in the use of drugs among all grade levels combined.

The use of marijuana among grades 6, 8, 10, and 12 combined has significantly increased; from a rate of four percent in 2006 to 10 percent in 2010.



Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

Although the methamphetamines usage appears low, representatives from the community expressed their opinions that this drug’s use is much higher than indicated in the survey.



Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

The survey also indicates significant increases in cigarette smoking and alcohol usage among all grade levels combined.

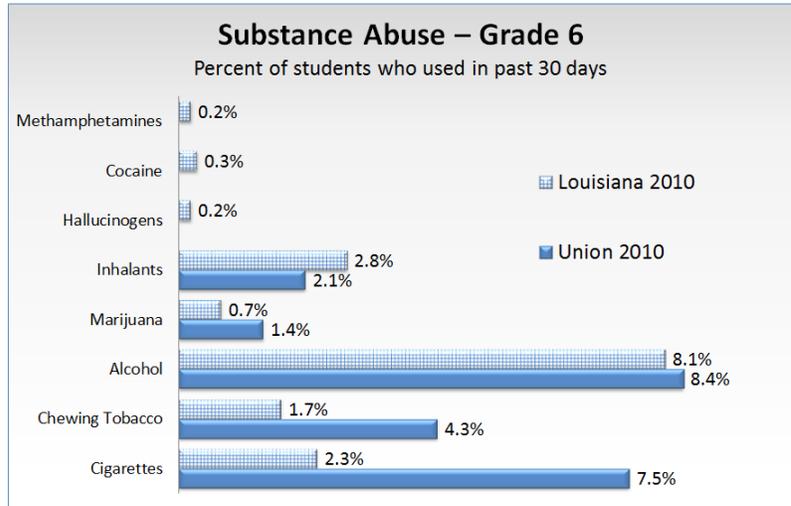
Cigarette usage has almost doubled, from 12 percent in 2006 to 23 percent in 2010.

Chewing tobacco usage and dropped from nine percent to seven percent.

Alcohol usage had significantly increased from 17 percent to 26 percent since 2006. The Healthy People 2020 goal for alcohol use among these student groups is 16.5 percent.

Grade 6 - (68.1 percent participation)

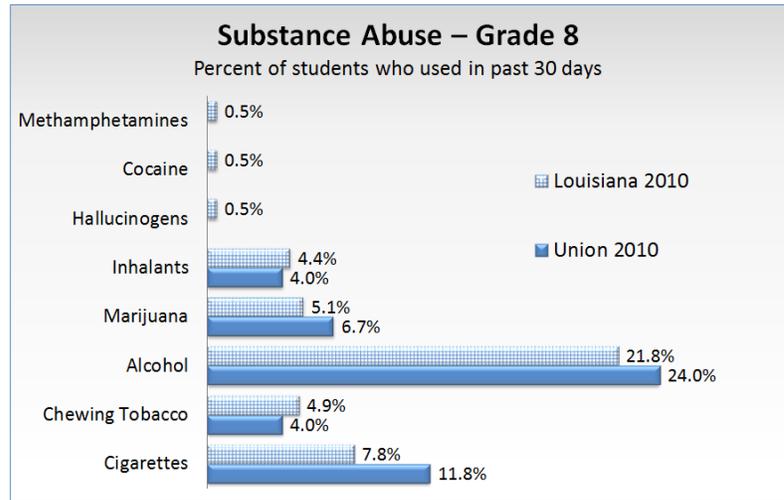
Cigarette use, chewing tobacco, and marijuana usage was higher in Union Parish Grade 6 than that of Louisiana.



Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

Grade 8 - (37.4 percent participation)

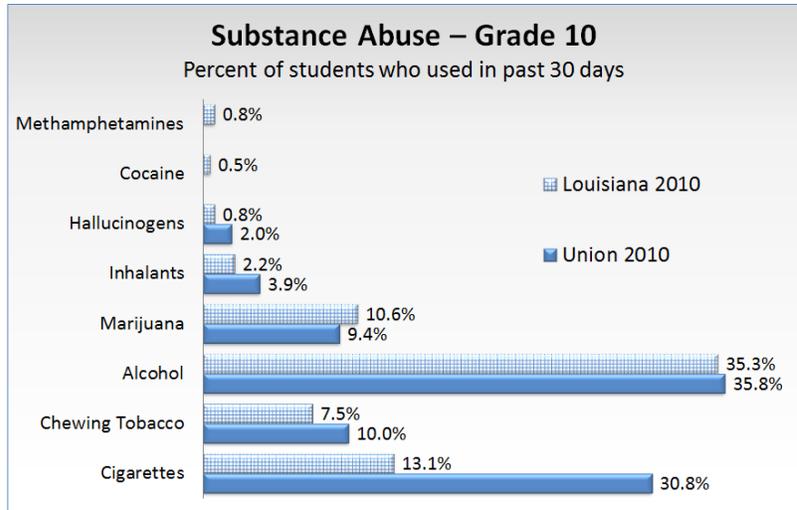
Cigarette use, alcohol, and marijuana usage was higher in Union Parish Grade 8 than that of Louisiana.



Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

Grade 10 - (44.5 percent participation)

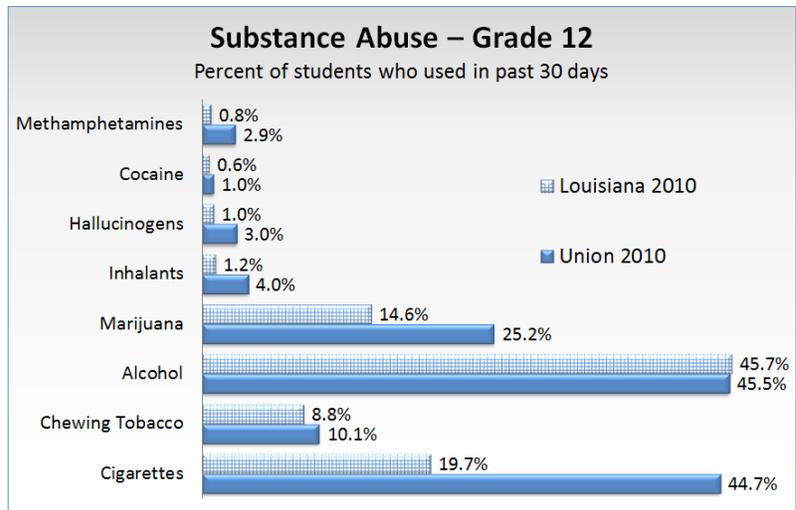
The use of cigarettes, chewing tobacco, alcohol, inhalants, and hallucinogens were higher in Union Parish Grade 10 than that of Louisiana.



Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

Grade 12 - (85.8 percent participation)

With the exception of alcohol, the usage of all categories of substances was higher in Union Parish Grade 12, than in the State.



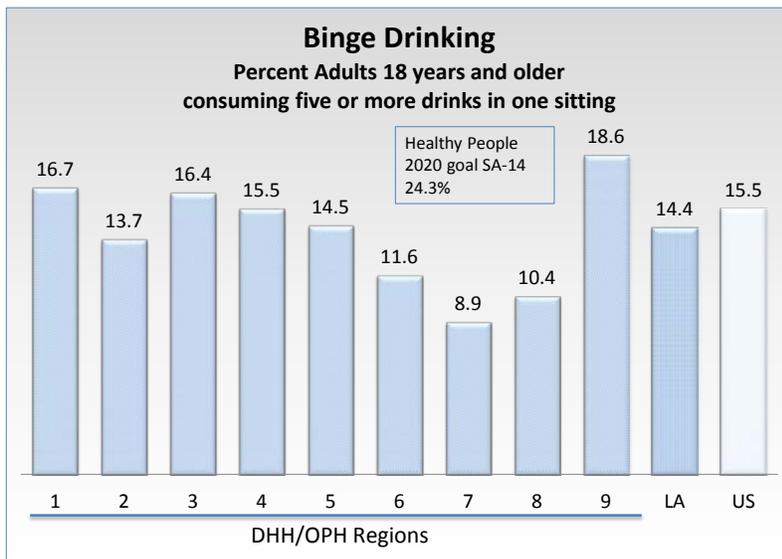
Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish

The 2010 Louisiana Caring Communities Youth Survey also includes information concerning antisocial and other behavioral risks among the students, as well as, information concerning the underlying causes of such behavior.

Adult Alcohol Abuse

The Healthy People 2020 objectives include a reduction in the percent of adults who engage in binge drinking. Binge drinking is defined as drinking five or more alcoholic beverages for men and four or more alcoholic beverages for women at the same time or within a couple of hours of each other.⁶⁰

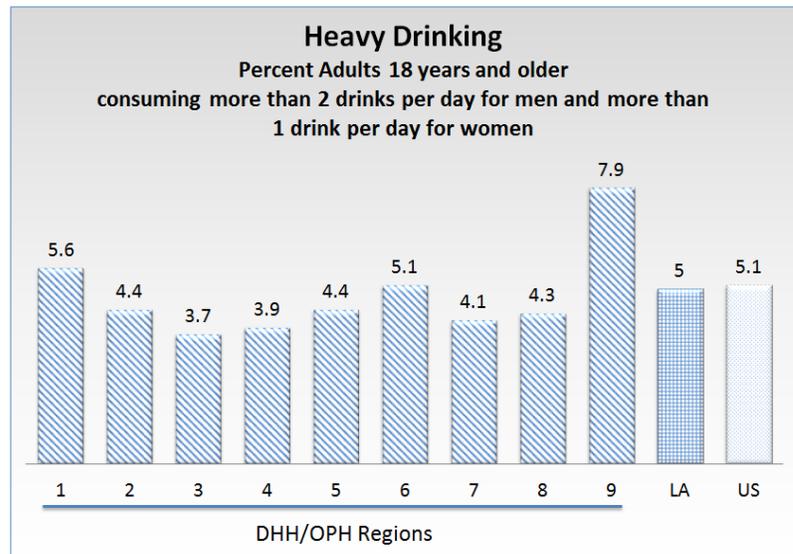
Binge drinking statistics were unavailable at the Parish level. The following chart indicates the adult binge drinking data for the DHH Regions for 2009.



Data Source: 2009 BRFSS, DHH/OPH Chronic Disease Prevention & Control Unit and Centers for Disease Control, BRFSS Alcohol Consumption, 2009

DHH Region 8 (which includes Union Parish) had the second lowest level of binge drinking in the State. The rate was well below that of the State and U.S. rates, as well as, below the Healthy People goal of 24.3 percent.

DHH Region 8 data also compared favorably to the State and U.S. rates for heavy drinking.



Data Source: 2009 BRFSS, DHH/OPH Chronic Disease Prevention & Control Unit and Centers for Disease Control, BRFSS Alcohol Consumption, 2009

Community Input – Adolescent Behaviors

Parish schools operate on a four-day week. This leaves many children on Mondays with no supervision.

Parents who didn't want children in the first place are not caring for child.

There is a lack of responsibility among parents to supervise and care for children.

After-school care is seasonal and sports-centered.

Adolescents may become depressed. There are only two counselors in school system.

Adolescents have low self-esteem and self-worth; lack of hope for anything better.

There is a lack of positive role models, no moral training.

Sports may be a good way to approach education about smoking. School coaches could educate about the dangerous and harmful health outcomes caused by smoking.

School system should be looked upon as a "partner" in addressing health issues.

Union Parish school system does not have a school health service center.

The Sheriff's department conducts DARE program. Issue may be a need for follow-up and continuing education to expand DARE program.

Some resources for adolescents are Boy Scouts, Girl Scouts, and Church Youth Groups. Teen Challenge is in Rushton. There is a recreational center in Farmerville, but it is local only.

Children are taking care of themselves.

There is a school truancy program in the community.

Pastors can be proactive in teaching teens.

Young people aged 18 – 25 are either not physically able or unwilling to work.

Narcotics usage seems higher than statistics indicate.

Community Input – Alcohol, Tobacco and Drugs

Methamphetamine usage is higher than statistics show.

Many residents are unaware of community programs related to substance abuse.

Local industry leader – 10 out of 20 job applicants fail drug tests.

Need programs that “focus on family” in which family members can talk about the effect of substance abuse on family; speak from experience

There are Alcohol Anonymous (AA) meetings on Monday and Friday nights. Meetings are comprised of older adults who have been compliant for 15 years or more. Young people do not get idea of what AA is about. Group does not want drug users in AA. Need counselors and weekly program focused on teens, young adults and families. There are Al-Anon meetings on Mondays. The group meets for one hour.

There are gaps in counselors for alcohol and drugs for families and individuals.

There are lots of emergency room visits related to drugs and alcohol; either drug seekers or results of drug use.

Alcohol usage among teens was not surprising, however cigarette smoking is.

Adolescent Drugs is a big issue.

Children feel neglected and look to drugs as an escape.

Mom and Dad use drugs and stress at home is high.

Peer pressure exists in schools at early ages.

There is a lack of education about drugs and alcohol due to state budget reductions.

Fourth and fifth grade may be too late to educate about drugs.

First graders need education about the risks of smoking and chewing tobacco.

May need to provide alternatives to smoking – Ask why do you smoke?

Smokeless tobacco “provides energy”.

Female teen smokers are rising to levels of males.

SEXUALLY TRANSMITTED DISEASES

Healthy People 2020 Reference – STD 6, STD 7

Sexually transmitted disease (STD) rates were high in Union Parish. Louisiana had among the highest STD rates in U.S. In Union Parish, as well as nationally, the STD rates for Blacks was much higher than for other population groups.

Each year, there are approximately 19 million new STD infections, and almost half of them are among youth aged 15 to 24.⁶¹ Chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases in the country. In many cases, symptoms may not be recognized and the infection may go undetected for long periods of time. Therefore, the infection may be spread without the knowledge of the infected individual.

Why Is Sexually Transmitted Disease Prevention Important?

The Centers for Disease Control and Prevention (CDC) estimates that there are approximately 19 million new STD infections each year—almost half of them among young people ages 15 to 24. The cost of STDs to the U.S. health care system is estimated to be as much as \$15.9 billion annually. Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the United States.

- Healthy People 2020

Top ten states ranked by rate (per 100,000) of reported STD cases: United States, 2009

Rank	Primary and secondary syphilis	Chlamydia	Gonorrhea
1	Louisiana (16.8) ▼	Mississippi (802.7)	Mississippi (246.4)
2	Georgia (9.8)	Alaska (752.7)	Louisiana (204.0) ▼
3	Arkansas (9.6)	Louisiana (626.4) ▼	South Carolina (185.7)
4	Alabama (8.9)	South Carolina (595.0)	Alabama (160.8)
5	Mississippi (8.1)	Alabama (556.2)	Arkansas (156.2)
6	Texas (6.8)	Delaware (540.4)	Illinois (154.7)
7	Tennessee (6.5)	Arkansas (502.7)	North Carolina (150.4)
8	North Carolina (6.3)	New Mexico (478.4)	Michigan (147.0)

Source: Centers for Disease Control and Prevention (2010, November) *Sexually Transmitted Disease Surveillance, 2009*

Louisiana reports some of the highest STD rates in the country. Due to various socio-economic reasons, STD rates are higher among Blacks than among other population groups.

Chlamydia, gonorrhea, and syphilis can be successfully treated with antibiotics. Annual screenings for these infections is encouraged for sexually active young adults.

Chlamydia

Chlamydia is the most commonly reported STD in the U.S. The majority of infected people are unaware that they have the disease, since there may be no symptoms. The CDC estimates that half of new infections go undiagnosed each year.⁶² Chlamydia can lead to other complications that can cause pelvic inflammatory disease, infertility, and other reproductive health problems. Chlamydia can also be transmitted to an infant during vaginal delivery. Chlamydia can be diagnosed through laboratory testing, and is easily treated and cured with antibiotics.

- In 2009, Blacks had 8.7 times the reported chlamydia rates of Whites in the U.S.⁶³
- In the U.S., Chlamydia rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁶⁴
- Louisiana ranked third highest in the U.S. for reported chlamydia cases in 2009.⁶⁵

Clinical Recommendations

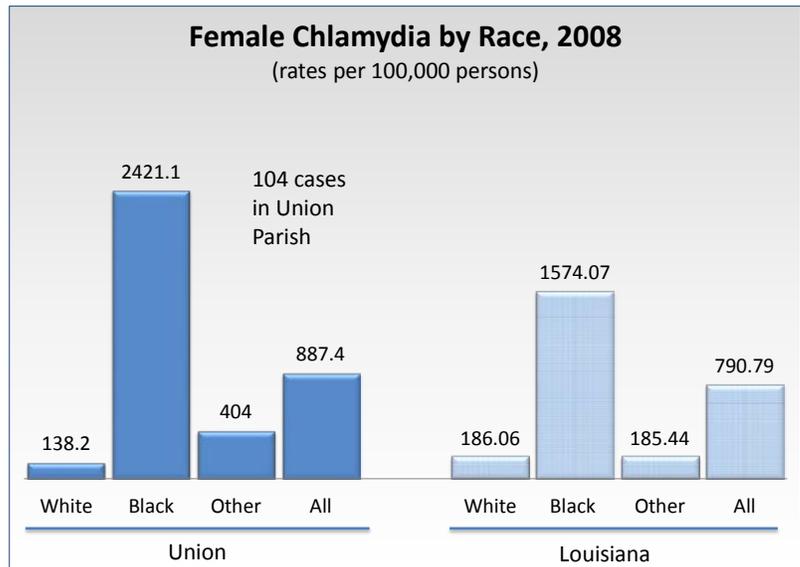
Screening for Chlamydial Infection

- *The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.*
 - *The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.*
- *Healthy People 2020*

For 2008, the female chlamydia rate in Union Parish (887.4 per 100,000) was higher than the State rate (790.79 per 100,000).⁶⁶

For 2008, the female chlamydia rate in Union Parish among Black females (2421.21 per 100,000) was significantly higher than the State rate (1574.07 per 100,000).⁶⁷

The combined (male and female) chlamydia rate in Union Parish in 2008 was 339 per 100,000, while the Louisiana rate was 533.6 per 100,000, and the U.S. rate was 401.3 per 100,000.⁶⁸



Data Source: DHH/OPH 2008 Annual Report, Sexually Transmitted Diseases

Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.⁶⁹ The highest reported gonorrhea cases are among sexually active teenagers, young adults and Blacks. Gonorrhea can be transmitted from mother to infant during delivery. Although symptoms are more prevalent among males, most females who are infected have no symptoms. Gonorrhea can lead to other complications that can cause pelvic inflammatory disease in women. Gonorrhea can also spread to the blood or joints and become life threatening. Antibiotics are used to successfully cure gonorrhea.

Who is at risk for gonorrhea?

Any sexually active person can be infected with gonorrhea. In the United States, the highest reported rates of infection are among sexually active teenagers, young adults, and African Americans.

Centers for Disease Control

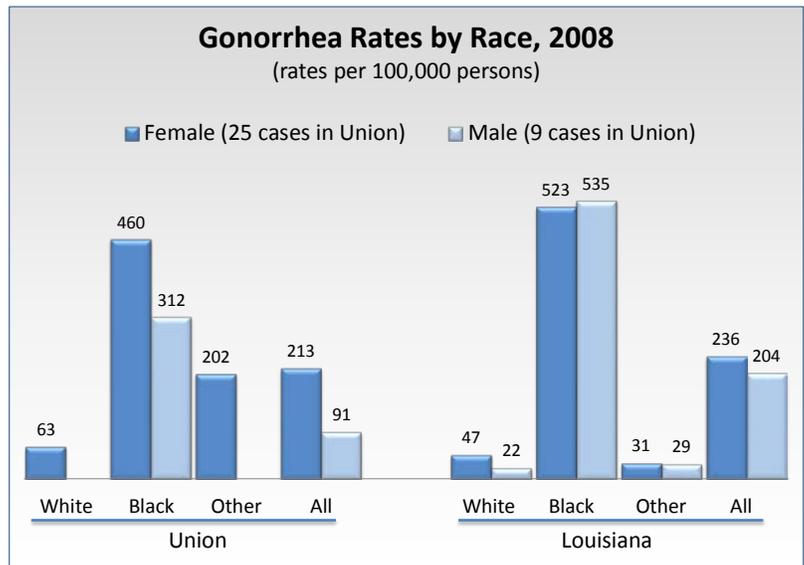
In 2009, Blacks had 20.5 times the reported gonorrhea rates of Whites in the U.S.⁷⁰ Gonorrhea rates among young people (ages 15 to 24) were four times higher than the reported rate of the total population.⁷¹

Louisiana ranked second highest in the U.S. for reported gonorrhea cases in 2009.⁷²

For 2008, the female gonorrhea rate in Union Parish (213 per 100,000) was lower than the State rate (236 per 100,000) and the U.S. rate (284.6 per 100,000).⁷³

Gonorrhea rates among Black females (460 per 100,000) were over seven times higher than the rate among White females in the Parish.⁷⁴

The male gonorrhea rates among Blacks and Whites (91 per 100,000) was significantly less than the State rate of 201 per 100,000, and the U.S. rate of 220.4 per 100,000.⁷⁵



Data Source: DHH/OPH 2008 Annual Report, Sexually Transmitted Diseases

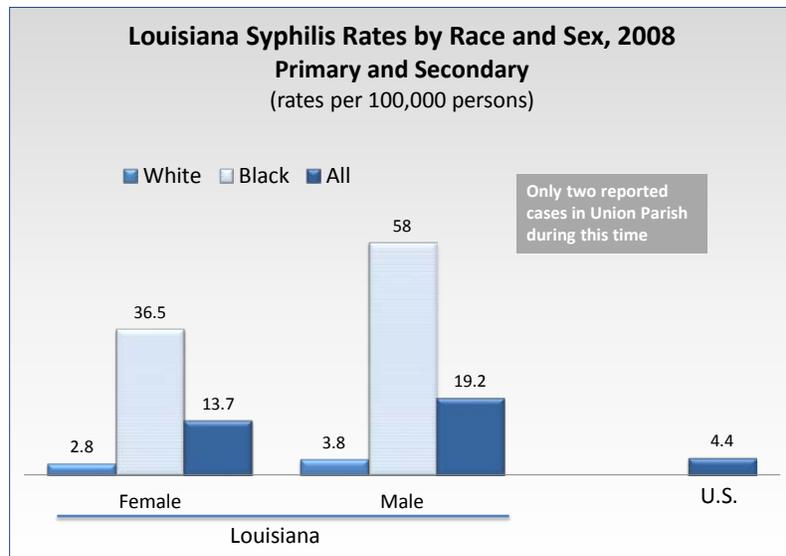
Syphilis

Syphilis is an STD that is passed from person to person through direct contact with syphilis sores. Many people infected may be unaware and the sores may not be recognized as syphilis. Symptoms may not appear for several years. Therefore, the infection may be spread by persons who are unaware that they have the disease. Syphilis is easy to cure in the early stages through the use of antibiotics.⁷⁶

In 2009, Blacks had 9.1 times the reported syphilis rates of Whites in the U.S.⁷⁷

Syphilis rates among adults (ages 20 to 24) were twice the rates of young people between the ages of 15-19.⁷⁸

Louisiana ranked second highest in the U.S. for reported syphilis cases in 2009.⁷⁹



Data Source: DHH/OPH 2008 Annual Report, Sexually Transmitted Diseases

How can syphilis be prevented?

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

Avoiding alcohol and drug use may also help prevent transmission of syphilis because these activities may lead to risky sexual behavior. It is important that sex partners talk to each other about their HIV status and history of other STDs so that preventive action can be taken.

- Centers for Disease Control

Community Input – Sexually Transmitted Disease

The community is shocked at level of STDs and substance abuse.

Financial rewards (government assistance) leads to higher sexual activity.

There is no supervision after school.

There is a lack of education about STDs.

There is no stigma attached to STDs among teens.

Teens seem to only care about contracting herpes or HIV.

Most STDs can be cured or treated with antibiotics.

Need to start STD and teen pregnancy education at an earlier age than 5th grade.

The local public health unit has an STD clinic. Cost is nominal; care is not refused.

Very few males use the public health unit for family planning, but will come in for STD checks.

Education is overplayed. Problems start at home.

More outreach programs are needed.

ACCESS TO CARE

Barriers to access to care can be due to lack of availability of services, an individual’s physical limitations, or an individual’s financial status. “Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone.”⁸⁰

Why Is Access to Health Services Important?

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:

1. *Gaining entry into the health care system.*
 2. *Accessing a health care location where needed services are provided.*
 3. *Finding a health care provider with whom the patient can communicate and trust.*
- *Healthy People 2020*

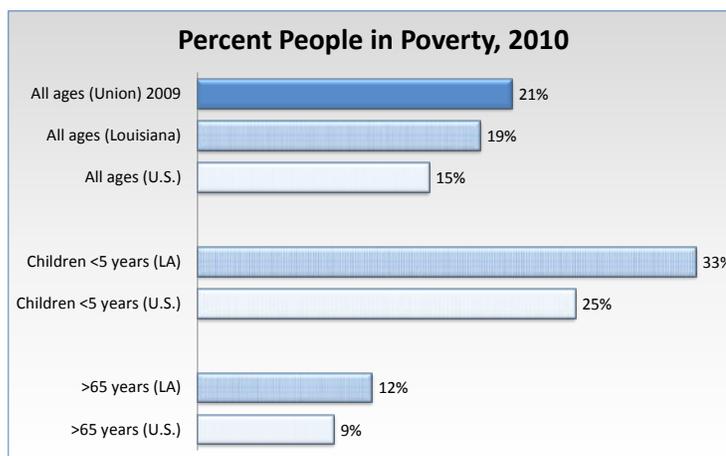
1. Gaining entry into the health care system

Access to care is affected by the social and economic characteristics of the individuals residing in the community. Factors such as income, educational attainment, and insured status are closely linked to an individual’s ability to access care when needed.

Union Parish had a higher percentage of people living in poverty than in Louisiana or the U.S. The unemployment percentage in Union Parish was higher than that of Louisiana. The median household income is well below that of Louisiana and the U.S.

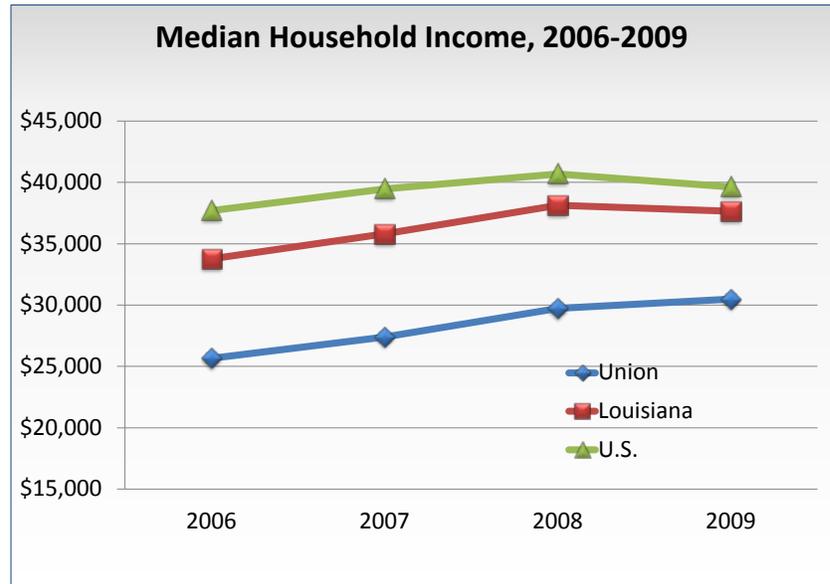
Income and Poverty

In 2009, 21 percent of Union Parish residents were living in poverty, compared to 19 percent in the State and 15 percent in the U.S.⁸¹

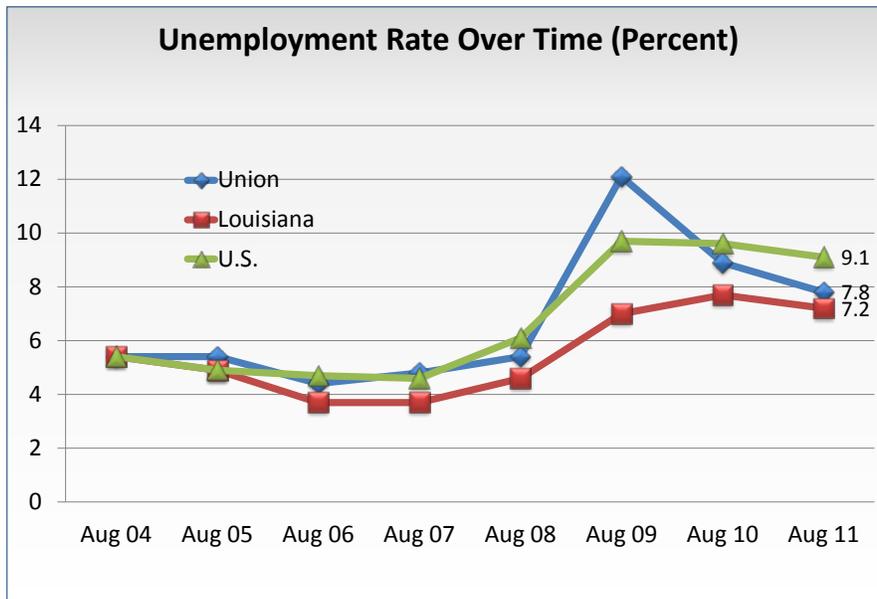


Data Source: U.S. Bureau of the Census, 2010 ACS Survey, www.quickfacts.census.gov 2009

The median household income in 2009 for Union Parish was \$35,269.⁸² This is well below the Louisiana rate for 2010 of \$42,505 and the U.S. rate of \$50,046. (Data was unavailable in 2010 for Union Parish.) For the period 2006-2009, the Union Parish median household income was below that of the State and nation.⁸³



Data Source: Bureau of Economic Analysis, www.bea.gov

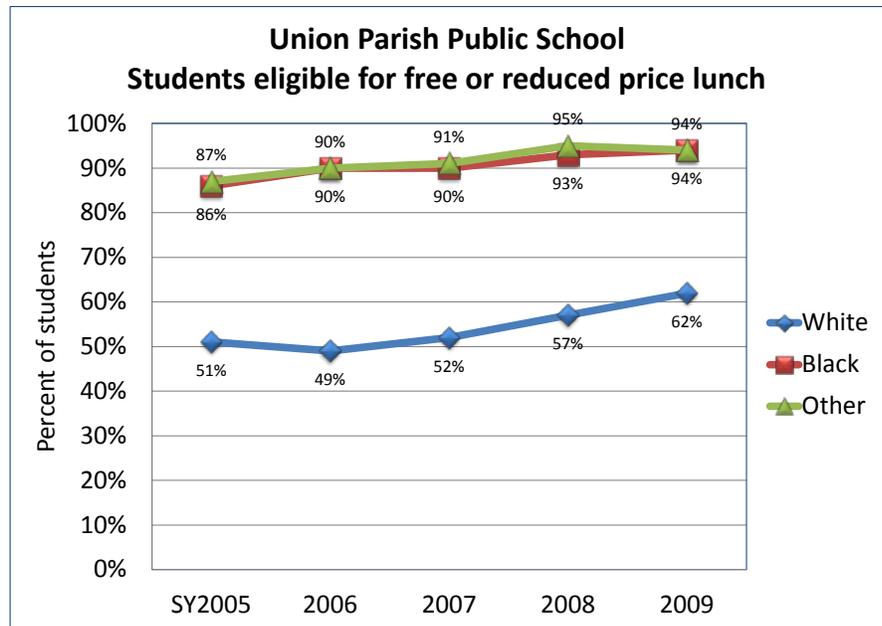


Data Source: Bureau of Land Statistics, Local Area Unemployment Statistics (LAUS) data

The unemployment percentage for Union Parish was between four and six percent until 2009, when it spiked at 12 percent. During 2009, a major employer in the community closed its local poultry processing plant. This plant was later purchased and reopened, which subsequently dropped the unemployment rate to 7.8 as of August 2011. During this same month, the Louisiana unemployment rate was 7.2 percent, while the U.S. rate was 9.1 percent.⁸⁴

The National School Lunch Program provides nutritionally balanced, low-cost or free lunches for more than 31 million children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.⁸⁵

Ninety-four percent of non-White students and 62 percent of White students were eligible for free or reduced price lunches in the Union Parish public schools.⁸⁶

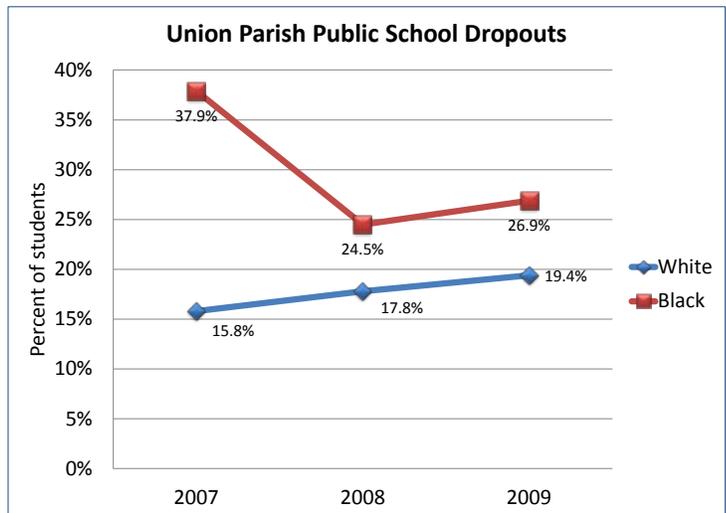


Data Source: 2009 Annie E. Casey Foundation

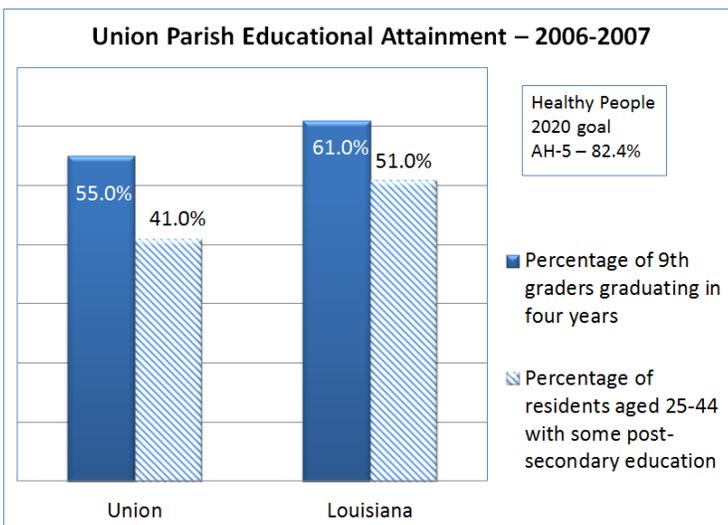
Educational Attainment

The relationship between more education and improved health outcomes is well known. Formal education is strongly associated with improved work and economic opportunities, reduced psychosocial stress, and healthier lifestyles.⁸⁷ According to a study performed by David M. Cutler and Adriana Lleras-Muney, better educated individuals are less likely to experience acute or chronic diseases and have more positive health behaviors.⁸⁸ Individuals with higher educational attainment often secure jobs that provide health insurance. Young people who drop out of school also have higher participation in risky behaviors, such as substance abuse, teen pregnancy, and sexually transmitted diseases.⁸⁹

The Union Parish public school dropout rate decreased from 2007 to 2009 for the Black students (37.9 percent to 26.9 percent), while the rate has increased for the White students (15.8 percent to 19.4 percent).⁹⁰ These percentages could be influenced by the migration of students from the public school system into private schools.



Data Source: 2009 Annie E. Casey Foundation

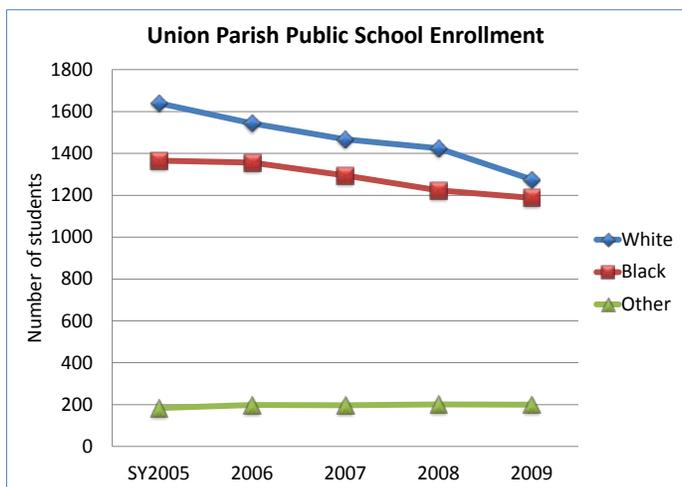


Data Source: County Health Rankings, 2006-2007, www.countyhealthrankings.org/louisiana/union

In the period 2006 – 2007, 55 percent of ninth-graders in Union Parish were expected to graduate high school within four years. This percentage is lower than the Louisiana rate of 61 percent.⁹¹

In the period 2006 – 2007, 41 percent of Union Parish residents had some post-secondary education. This rate is lower than the Louisiana rate of 51 percent.⁹²

From 2005 to 2009, the Union Parish public school enrollment had decreased for both the White and Black populations; however, the rate has remained steady for other racial and ethnic groups.⁹³



Data Source: 2009 Annie E. Casey Foundation

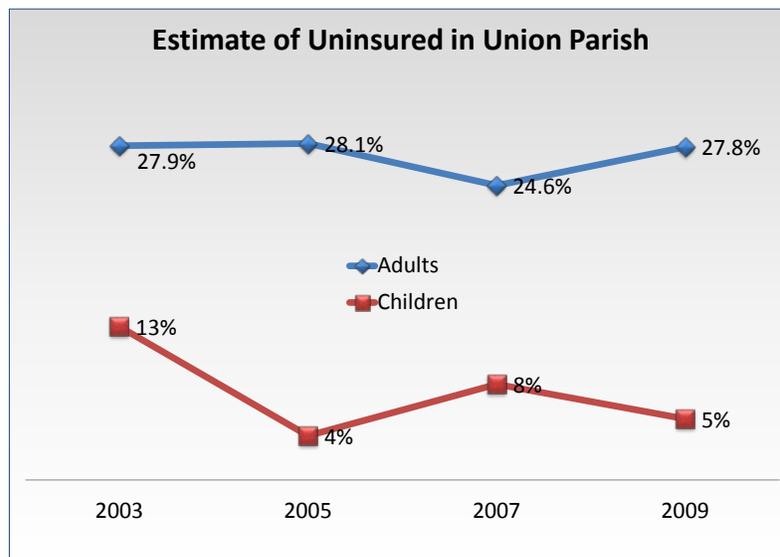
Insured Status

The ability to access healthcare is significantly influenced by an individual's insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered "under insured", due to policy restrictions and high deductibles and coinsurance. The following statistics are taken from the Louisiana Health Insurance Survey.⁹⁴

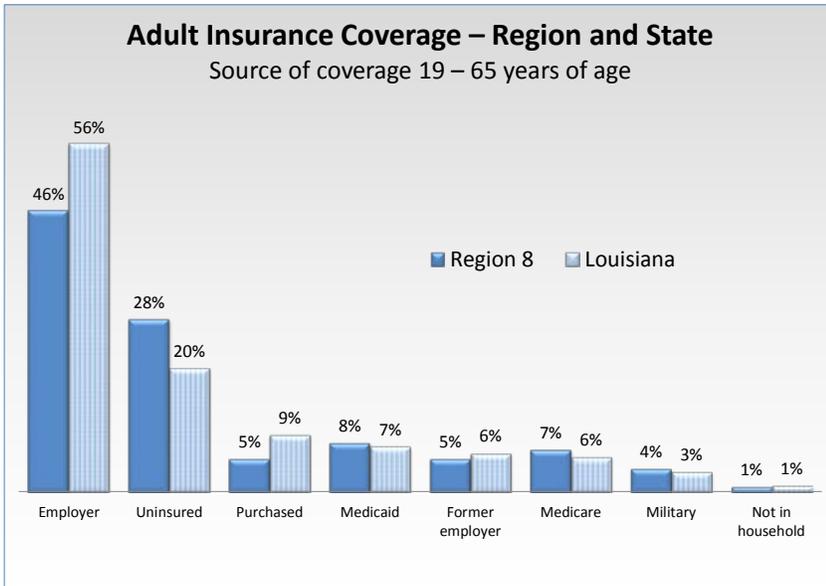
- In Louisiana, 27.16 percent of Black adults were uninsured, as compared to 15.8 percent of White adults.
- In Louisiana, 5.2 percent of Black children were uninsured, as compared to 4.0 percent of White children
- Most of the uninsured were at or below 200 percent of the federal poverty level.
- In Louisiana, 39.1 percent of the uninsured were without a high school education.
- The majority of the uninsured were unemployed.
- Young adults (19 – 21) were most likely to be uninsured. This percentage increased significantly over the past two years from 26.4 percent to 31.7 percent.
- Children (0 – 5) were the least likely to be uninsured.

There are two forms of insurance: private and public. Private insurance includes plans offered through employers or coverage obtained from health insurance companies by individuals. Public insurance includes government-sponsored programs such as Medicare, Medicaid, and LaCHIP. Public programs are targeted to specific segments of the population based on income and/or age. There are individuals eligible for public programs which may not enroll due to paperwork complexity, lack of knowledge of program, or fear of government interference.

In 2009, it was estimated that 27.8 percent of Union Parish adult residents were uninsured, while only five percent of children were uninsured.⁹⁵



Data Source: DHH, Louisiana's Uninsured Population: Parish-level Estimates, 2009



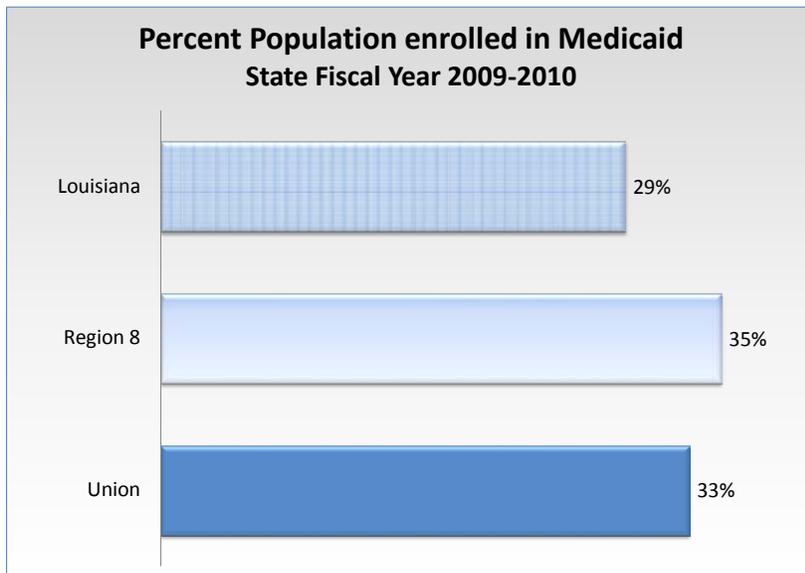
Data Source: DHH, Louisiana Health Insurance Survey, 2009

In DHH/OPH Region 8, (which includes Union Parish), 45.6 percent of adults (aged 19 - 65) were covered under an employer’s health plan during 2009.⁹⁶

Medicaid – Louisiana Medicaid is administered by the Department of Health and Hospitals. The program provides health coverage for low-income residents who meet certain eligibility qualifications. Eligibility is based upon family size and income as compared to Federal Poverty Level (FPL) guidelines.

KidMED is a program which provides preventive health care for Medicaid children under the age of 21.

LaCHIP offers health insurance to children from working families where parents earn up to 200 percent of the FPL. LaCHIP Affordable Plan covers children whose parents earn too much to qualify for LaCHIP but earn below 250 percent of the FPL.



Data Source: DHH, Louisiana Medicaid Annual Report, State Fiscal Year 2009/10

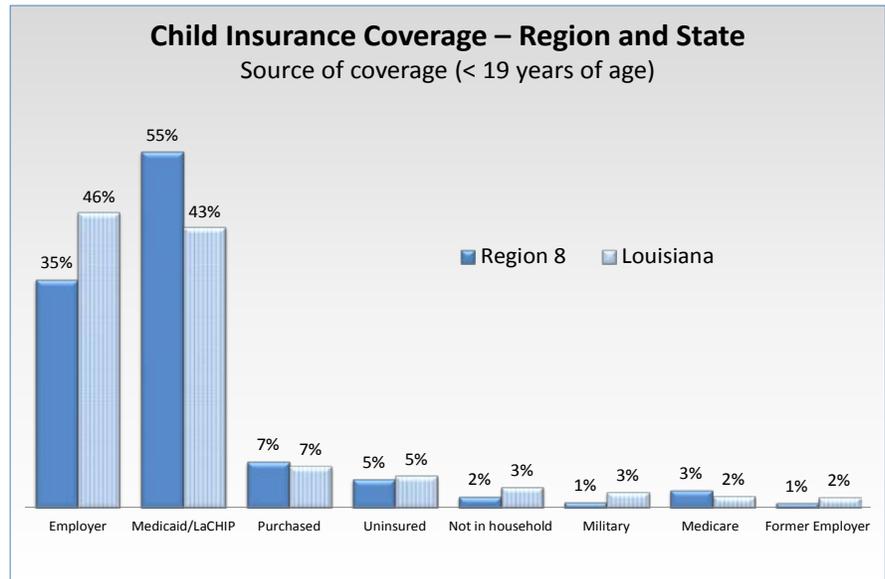
EarlySteps is a program for infant and toddlers who have developmental delays. It provides family support, as well as therapy services for children with certain diagnosed medical conditions.

LaMOMS is a no-cost health insurance plan for pregnant women. It is an expansion of Medicaid coverage for pregnant women with income up to 200 percent of the FPL income guidelines. The program will pay for pregnancy-related services, delivery, and care up to 60 days after the pregnancy ends.

In Region 8, over 55 percent of children under age 19 were insured by the Louisiana Medicaid program during 2009.⁹⁷ Over thirty-five percent of children were insured under employer health plans.

Research shows that fewer low birth weight babies are born to teen moms who have Medicaid or LaCHIP coverage than to teen moms who lack any type of health insurance. Access to proper prenatal care is crucial to improving health outcomes.⁹⁸

Medicare - Most individuals aged 65 and over have insurance coverage under the Medicare program. Medicare helps with the cost of health care, but it does not cover all medical expenses or long-term care. In Union Parish, 16 percent of the population is over the age of 65, making them eligible for Medicare.



Data Source: DHH, Louisiana Health Insurance Survey, 2009

2. Accessing a health care location where needed services are provided

Union Parish has a need for non-emergency transportation resources for residents to access health care services.

Union Parish has a 25-bed Critical Access Hospital (CAH), Union General Hospital, which is located in Farmerville. In addition, Union General Hospital operates two rural health clinics, one in Farmerville and one in Marion. Tri-Ward General Hospital, a 15-bed CAH located in Bernice, also operates a rural health clinic. The closest hospitals operating within Louisiana’s charity system are located in Monroe, 30 miles from Farmerville, and in Shreveport, 90 miles from Farmerville.

Union Parish, which is largely rural, has a land area of 878 square miles.⁹⁹ There is no public transportation system within the community. Many residents depend upon family members or others in the community for their transportation needs. Union General Hospital has two vans that are used to transport Parish residents to the hospital and rural health clinic. The Council on Aging has a van that provides some level of medical transports for senior citizens.

3. Finding a health care provider with whom the patient can communicate and trust

Although Union Parish is designated as a health professional shortage area, community members do have access to primary care and specialty physicians. Many residents are unaware of the health options in the community.

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary medical care, dental, or mental health providers and may be geographic (a county or service area), demographic (low income population), or institutional (comprehensive health center, federally qualified health center or other public facility). Medically Underserved Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty, and/or high elderly population.¹⁰⁰

Union Parish is designated as a medically underserved area and as a HPSA for primary medical care, dental care, and mental health services.

There are two full time internal medicine/pediatric specialists in Farmerville, one cardiologist, and two family practice nurse practitioners. There are two physicians who come to Farmerville three times each month to perform endoscopies. There is a geriatric psychiatrist that provides services through the Union General Hospital Intensive Outpatient Psychiatry program. In nearby Bernice, there is one full-time family practice physician, one full-time nurse practitioner, as well as, visiting specialists.

Community Input – Access to Care

Union Parish is large area. Many residents do not have vehicles. There are a lot of country roads that result in barriers to care.

There are many chronically ill elderly residents with no transportation to doctor.

There is a lack of family support to assist elderly with transportation.

There is limited van transport through Council on Aging and Hospital van.

Medicaid children are linked to specific providers. If provider is unavailable to see child quickly, parent will take child to ED.

We have good doctors, but need some specialists on days to assist those with transportation access issues. Some doctors and specialists won't take Medicaid.

Community Input – Access to Care continued

Senior Transportation is an issue in accessing services, getting to doctors or to pharmacies.

The hospital provides a van service to bring patients to hospital and to rural health clinic.

The Council on Aging has a van that provides some transports for seniors.

Access to DME is becoming an issue due to Medicare and Medicaid cuts.

Many low income referrals from the public health unit are to LSU-Monroe hospital; however the waiting time for services is very long.

Many Hispanic women do not have picture identification cards that are needed to access care at the LSU facilities.

There are issues with ambulance service delays. It is a 20-minute trip one-way from Farmerville to Marion.

A gastrointestinal specialist does come to community twice a month.

Barriers to access include finances, no after-hours or weekend care, or a lack of understanding of the eligibility requirements for financial assistance

There are cultural barriers related to access, such as fear of hospitals and physicians.

Lack of providers in community is not the cause of access issues; its money and transportation.

There is one school nurse for the entire district which contains six schools. There are two LPNs for special needs students in the classrooms.

The school superintendent encourages the hospital to come to the schools and provide health education.

We are trying to get a mobile health clinic in Union Parish.

We need more access points for Hispanic residents.

The rural health clinic has a “prescription assistance” program.

Need more frequent health fairs; take health care out into community.

More outreach programs are needed.

Uninsured wait until they are “dying” to get health care due to cost.

SPECIAL POPULATIONS

There are health disparities which were noted in the population. For seniors, medication management, mental health, and special educational needs were noted. Among Blacks and Hispanics, specific communication and educational styles were noted.. Dental care needs were also highlighted in the community focus group meetings.

Why Do Special Populations Matter?

A health disparity is “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

-Healthy People 2020

Community Input – Senior Issues

There is a need for a community-wide program to assist elderly population.

Medication management is an issue with the elderly that leads to other health problems.

Medicare allows medication management services once a day through home health.

Home health agencies can help with medication management during day; however evening management is an issue.

The public health unit provides blood pressure checks, influenza and pneumonia immunizations to the senior citizens.

Seniors need to understand what the drug is for and how important it is.

Seniors may not be able to afford medications.

Community Input – Senior Issues continued

Many elderly are neglected and are unable to care for themselves. Some have Dementia and Alzheimer's and are in the wrong setting for care. Seniors need assistance with activities of daily living.

Seniors experience loneliness and lack of social interaction.

There is a need for a "listening program" for seniors to provide social therapy to combat loneliness.

Council on Aging provides "Meals on Wheels". Program does have income eligibility criteria and must be homebound with no one to prepare meals.

Seniors need more frequent, less intense education. Do not use written material.

Seniors do not like telemedicine, like face to face contact with care provider.

Community needs a call service to seniors to see how they are doing.

Use the churches as outlet point to let community know about senior services.

Lunch is served daily at Council on Aging Office (COA) for a cost of \$1.00. There is no income eligibility required at COA office, must be 55 or older.

There is a need for collaboration between hospital, home health agencies and Sheriff's department on elder abuse and neglect.

Council on Aging assists seniors in making health care appointments.

Keep elderly education programs short; attention span is about ten minutes.

Services for Alzheimer patients are needed.

Churches need more senior activities and more often.

Community Input – Black Population

Income levels may prevent early screenings for diseases. Black residents may feel tests are a waste of money.

Black women are more prone to seek preventive care.

Black males have a fear of physicians and hospitals.

Black education can take place in the churches, which serve as the community centers for the Black population.

Black men are not as strong emotionally to deal with the unknown. Black men need prodding by wife and Black community leaders.

Black men may feel weak when it comes to health issues.

Black men need education about health issues.

Black males may not understand how to deal with stress. Although reading is a good stress reliever, Black males may instead tend to watch violent television shows that tend to increase stress. Black males are action oriented and may view relaxation as a weakness.

Young blacks need more health programs targeted towards them. Churches will be the best venue.

There is a need for consistent follow-up to young people and those 65 and older. Blacks between ages of 20 and 60 will be difficult to educate.

Ministers should be more holistic rather than gearing everything around a church service. There should be more health related activities at church, particularly if these are free.

Black people will lie to health professionals. Trust and understanding is needed. Most trust their church leaders.

Black churches would like to work with schools and hospitals to provide education.

Let the Black churches provide medical information and activities through the church.

Blacks need lots of visual educational tools, with few words.

In educating Blacks, use more statistics.

Black males are less likely to seek treatment due to lack of availability of Medicaid services to this population.

Community Input – Hispanic Population

There is no Hispanic language education in community.

Health providers could partner with Hispanic groups and collaborate for education.

Claudia Wade at Union General Hospital is a great advocate for Hispanic community.

Hispanics are very family oriented.

Hispanics have a low education level; many cannot read or write.

Education toward Hispanic population should be developed for lower level education status of Hispanics.

Do not just translate written material from English to Spanish. Hispanics must be able to comprehend at their lower education level.

Higher dropout rate among Hispanics may be due to parents' inability to assist with homework.

Hispanics are very open once you find the most beneficial means to communicate.

Hispanics have a poor diet, heavy in starches. There are very few fruits and vegetables due to financial barriers.

Hispanics are very involved in church; may be a good venue for health education.

Hispanics do not realize the need for follow-up care with doctor.

Hispanics are unable or apprehensive to question health care providers; may indicate they understand when they really do not.

There are three Hispanic churches in Parish and there is good collaboration among the pastors.

Hispanic pastors will be a good resource to promote education on health issues.

There are not very many elderly Hispanics.

Education needs to target Hispanic mothers. Although culture is male dominated, Hispanic women can provide influence over children and husbands.

There is no Hispanic staff person at the local public health unit.

There are fear and trust issues among Hispanics.

Community Input – Hispanic Population continued

There is a Hispanic community center in Bernice that provides a good bit of education to Hispanics. This community center helps with language issues and may be a good access point for Hispanic health education.

Hispanics need more interactive teaching methods rather than just written literature.

Health care providers need to educate on risks specific to Hispanic population. (Why do you need to pay attention to this? Why does this put Hispanics at risk?)

Hispanic women are not as aggressive in decision-making as women in other ethnic groups.

If issue poses a “threat” to quality of life of family, Hispanic women will get involved.

The family unit is of high value to Hispanics, therefore focus education on the family.

It is good to educate through Hispanic women – females focus on values, males focus on decision-making.

Hispanic mothers are used to sacrificing themselves for their husbands and children.

To educate Hispanics, focus on the welfare of the entire family. Educate the women to raise awareness.

Bring health fairs to the Hispanic community.

Educate about the Hispanic rights in the health care system.

Language barriers may prevent Hispanics from seeking health care – “Why go if I will not be understood?”

Hispanics may indicate they understand when they really do not.

Trust is a big issue among Hispanic population.

There is an individual with the school system who works with Hispanic families. The Hispanics trust her and see her as “one of them”. She could possibly partner with the hospital also on education.

Community Input – Mental Health

Mental health is an issue for all ages. It is very high in Union Parish.

The elderly have a high mental disability rate.

Elderly issues in parish include: non-compliance with medications, mental health unit moved to Ruston. Shreveport is closest mental health facility for indigent.

Environment and education contributes to mental health problems. Parents' drug use has contributed to mental health issues of children. Need early intervention (0 to three years of age), quality child care and stimulation.

Feel that some parents may not want child to get well due to receipt of government funding for disabled children.

Psychiatric issues are a problem. The closest psychiatrist is in Ruston.

Community Input – Other

Need for "sick" day care. Sick children cannot go to regular daycare which leads to absenteeism at work.

Some residents are non-compliant with medications; live off "samples" and random medications they can get at no cost.

Dental issues are a problem. Need early education in schools.

Dental care is paid by Medicaid during a pregnancy; however appointment may be an issue. Providers of dental services may not be "on board" and dental treatment plans may not be finished by the end of the pregnancy.

Take school kids out into community to visit businesses.

PRIORITIES

Community Input

Focus group participants generated the following health priorities, based on the review of health data, their own experience, and focus group discussions.

The groups used a modified version of the nominal group technique to set priorities. During the meeting, participants were asked to discuss which health needs they felt were of priority interest to the community. During the discussion, the facilitator recorded the health issues on poster paper as identified. When all participants provided their input, the facilitator reviewed the identified needs with the group and, with the advice of the participants, added, deleted, combined, or clarified issues.

Each participant was then provided ten points (in the form of ten sticky dots) and told each dot represented one point. Each participant was asked to study the listings of health issues, get up from their seat, and affix dots to the topic on the health issues/problems list that represents their highest priorities. Participants were asked not to give any one health topic more than four points. This assured each participant identified at least three health issues.

After participants placed their points on the health needs list, the number of points for each health issue was tallied. The facilitator read the top priorities, based on the number of points each problem received. The facilitator asked the following questions:

- Do the votes as tallied reflect the major health problems and highest priority health issues?
- Are you pleased with the priorities this group has chosen?
- Do you think others (not here tonight) would support these priorities?
- Is each health priority amendable to change?

If the answer was no to any of these questions, the facilitator revisited the process and discussed making changes in the priorities. If there were significant barriers associated with the first choices or other anomalies, and if time allowed, voting was repeated. If there was not sufficient time to re-vote the facilitator suggested a way to rectify the identified problems.

The objective was to conclude the session with the top three to five health priorities identified and agreed to by the participants, (i.e., the problems with the three to five highest scores). The community's priority list of health problems listed below was the result of this community health input session.

Focus Group Meetings and Priorities

Community Meeting #1-November 29, 2011

Priorities:

1. Transportation
 - a. No specifics identified
2. Cancer
 - a. Access and awareness to screening
 - b. Education
3. Adolescent Issues
 - a. Drugs
 - b. Teen pregnancy
 - c. STD
4. Mental Health
 - a. Elderly issues
 - b. Early stimulation for young children
 - c. MD's not specialized in MH issues
 - d. Environmental issues
 - e. Drug use
 - f. No local MH services

Community Meeting #2-November 30, 2011

Priorities:

1. Diabetes Education
2. Transportation (seniors and others)
3. Cancer Education about screening, prevention, and "after a diagnosis"
4. STD/Teen pregnancy education

Community Meeting #3-December 1, 2011

Priorities:

1. Substance Abuse
 - a. Education
 - b. Few free organized activities in community
2. Teen Pregnancy
 - a. Self-worth
 - b. Family cycle
 - c. Neglect
 - d. Kids raising kids
 - e. Moral issues
 - f. Sexual abuse
3. Diet/Exercise (wellness)
4. Cancer screening/detection

Hospital Input

In determining the priority health needs of the community, the Community Health Steering Committee (CHSC) met to discuss the observations, comments, and priorities resulting from the community meetings and stakeholder interviews. The CHSC debated the merits or values of these priorities, considering the resources available to meet these needs. The following questions were considered by the CHSC in making the priority decisions:

- Do community members recognize this as a priority need?
- How many persons are affected by this problem in our community?
- What percentage of the population is affected?
- Is the number of affected persons growing?
- Is the problem greater in our community than in other communities, the state, or region?
- What happens if the hospital does not address this problem?
- Is the problem getting worse?
- Is the problem an underlying cause of other problems?

Identified Priorities

After carefully reviewing the observations, comments and priorities of the community, as well as the secondary health data presented, the following priority needs were identified by the CHSC:

- Cancer Education
- Heart Disease Prevention-Education on Diet, Exercise and Medicine Management
- Maternal/Infant/Child-Early Education in Schools
- Maternal/Infant/Child-Teen Pregnancy Prevention Program
- Alcohol/Tobacco/Drug Use-Early Education in Schools

COMMUNITY PARTICIPANTS

Union General Hospital would like to thank the following individuals for their generous contribution of time and effort in making this Community Health Needs Assessment a success. Each person participating provided valuable insight into the particular health needs of the general community, as well as for specific vulnerable population groups.

Union General Hospital Community Health Needs Assessment Steering Committee Members

Evalyn Ormond – Chief Executive Officer
Dianne Davidson – Director of Administrative Services/Division Leader
Sherri Cooper -Human Resource Director
Julie Duty - Director HIM/QA/UR
William Adcock - CFO
Claudia Wade - Administrative Secretary
Janice Wyatt - Patient Activities Coordinator

Community Representatives – Key Stakeholder Interviews

Dr. George Cannon – Superintendent of Union Parish School System
Holly Corley MD – Internal Medicine/Pediatrics Physician
Ms. Bessie Warren – Union General Hospital Board Member, Business Owner
Ms. Mary Barrios – Child Safety Coordinator, Children’s Coalition
Ms. Louise Denton – Director, Council on Aging
Ms. Leah Blythe – Patient Advocate, United Home Care
Rev. Michael Calahan – Minister, Blooming Grove Baptist Church
Ms. DeAnn Powell – Public Health Nurse, Union Parish Health Unit
Ms. Maranda Schoenberger – Program Manager, Cancer Control Officer, AHEC
Father Al Joist – Priest, Our Lady of Perpetual Health Catholic Church
Mr. Stein Baughman – Mayor, Town of Farmerville

Participants in Community Focus Group Meetings

Mr. Billy Jung – Chief, Farmerville Fire Department

Ms. Carolyn Griffin – Application Coordination, Union General Hospital’s Rural Health Clinic Prescription Assistance Program

Mr. Dan Morgan – Union Parish Administrator, Union Parish Police Jury

Ms. Eddy Jo Albritton – Union General Hospital Board Member

Ms. Evelyn Andrews – Administrative Supervisor, Union Parish Health Unit

Ms. Georgia Davis – Owner, West Street Day Care Center

Ms. Janice Wyatt – Patient Activities Coordinator Union General Hospital

Ms. Kay Carroll - Administrator, Arbor Rose

Ms. Lindsay Murray – Health Care Director, Children’s’ Coalition

Ms. Liz Delcambre – Director, Broken Wings Mission

Mr. Mark Dodd, Chief of Police, Town of Marion

Mr. Miguel Barrios – Pastor, Nazareth Baptist Church

Mr. A.J. Smith – Police Juror, Union Parish Police Jury

Ms. Susan Edwards – Director, TRIAD

Mr. Darien Brown – Deputy, Union Parish – Associate Minister

Mr. Fred Futch - Mental Health Provider Focus on Teens.

Mr. Henry Roane – Executive Account Representative, Best Home Health

Mr. Jerry Taylor - Director, Union Parish Chamber of Commerce

Ms. Joan Jung – Retired, Family with Chronic Disease Needs

Mr. John Ellis – Retired Principal, Hospital Board Member

Mr. Kurt Auger – Pastor, First Baptist Church

Ms. Lashonda Braggs – Medicaid Outreach Coordinator, Union General Hospital

Ms. Leah Blythe – Patient Advocate, United Home Care

Ms. Linda Washington – Community Leader, Program to Prevent School Dropouts

Ms. Louise Denton – Director, Council on Aging

Ms. Maranda Schoenberger - Program Manager, Cancer Control Officer, AHEC

Ms. Margaret Foster – Retired Community Member

Ms. Sheree Hicks – Pharmacist, Union General Hospital

Ms. Darra Jung – Director of Nursing, Union General Hospital

Ms. Bessie Warren – Union General Hospital Board Member, Business Owner

Ms. Bobbie Cox – Retired, Community Member

Mr. Bubba Hoggat – Pastor, Marion First Baptist Church

Ms. Claudia Wade – Administrative Secretary Union General Hospital, Hispanic Community Volunteer

Ms. DeAnn Powell – Public Health Nurse, Union Parish Health Unit

Ms. Janice Boley - Financial Officer

Ms. Johnnie Baker – Town Clerk, Town of Marion

Ms. Judy Lewis – Librarian, Union Parish Library

Mr. Richard Davis – Human Resources Director, Foster Farms

Mr. Scott Beder – Editor, Union Parish Gazette

Ms. Sheri Cooper – Human Resources Director, Union General Hospital

Ms. Stephanie Herman – Librarian, Union Parish Library

Ms. Verdell Ventroy, - Retired LA Tech Administrator, Chamber of Commerce

Shelley C. Jones, MD – District 8 Public Health Officer, Louisiana Department of Health and Hospitals

RESOURCE LISTING

In order to access health care, community members should be aware of available resources. The following pages provide information to the community about these resources.

ASSISTED LIVING FACILITIES	
<p>Arbor Rose Assisted Living Facility 243 Sistrunk Rd. Farmerville 318 368 1848</p>	<p>Triad of Union Assisted Living 804 Miller St Farmerville 318 368 0469</p>
BLOOD DONATIONS	
<p>Life Share Blood Blood Donation Center 2909 Kilpatrick Blvd. Monroe 318 322 4445</p>	
PRIMARY CARE CLINICS	
<p>Union General Rural Health Clinic Rural Health Clinic 1025 Marion Hwy Farmerville 318 368 9745</p>	<p>Union Parish Health Unit Public Health Department 1002 Marion Hwy Farmerville 318 368 3156</p>
<p>Union Clinic of Marion Rural Health Clinic 3150 Taylor St Marion 318 292 2795</p>	<p>Reeves Memorial Rural Health Clinic 402 Second St Bernice 318 285 9066</p>

CANCER SUPPORT SERVICES	
Cancer Society 1761 N 19th Street Monroe 318 398 9603	Cancer Institute 411 Calypso Street Monroe 318 327 1960
American Cancer Society 1 800 227 2345	Komen Foundation 1 800 KOMEN
CHILDREN AND FAMILY SUPPORT SERVICES	
Center for Children and Families 318-398-0945	Child Care Connections Child Care and After school 318-323-4522 1-877-206-0820
Child Support Hotline 1-800-256-4650	Children's Coalition of Northeast Louisiana Family Support Services 318-368-3166
Children's Coalition Parenting Counseling and Referral 318-323-8775 1-877-206-0819	D.A.R.T. Social Services/Crisis Counseling 107 E. Bayou St Farmerville 318 368 6181
Domestic Abuse Helpline 318 368 3103	Early Childhood Supports & Services Counseling and Referral 318-362-4676
Families Helping Families Counseling and Referral 318-361-0487 1-888-300-1320	Families in Need of Services 318-327-3415

CHILDREN AND FAMILY SUPPORT SERVICES (continued)

<p align="center">Grandparents as Parents of Louisiana Marion Baptist Church 1455 Lee St. Marion</p>	<p align="center">Office of Community Support Child protection, Foster Care 318-362-3362</p>
<p align="center">Office of Family Support 318-362-3386</p>	<p align="center">Parenting Hotline 1-800-348-5437</p>
<p align="center">Prevent Child Abuse Louisiana 1-800-244-5373</p>	<p align="center">Social Services Child Protection 318 368 7917</p>
<p align="center">The Children's Center at ARCO Counseling and Referral 318-322-8974</p>	<p align="center">The Wellspring - Big Brothers Big Sisters Big Brothers/Big Sisters 318-323-9034</p>
<p align="center">The Wellspring - Counseling Center 24/7 Crisis counseling 318-323-1505</p>	<p align="center">Union Community Action Social Services/Crisis Counseling P.O. Box 520 Farmerville 318 368 9606</p>
<p align="center">United Way Support Services</p>	
<p>CHIROPRACTIC SUPPORT SERVICES</p>	
<p align="center">Carpenter's Chiropractic Clinic 509 Sterlington Hwy Farmerville 318 368 9049</p>	<p align="center">Green Family Chiropractic Clinic 205 E Boundary Farmerville 318 368 9348</p>

CHILDREN HEALTH SERVICES

Shots for Tots
Childhood immunizations
318-387-4878

Children's Special Health Services
318-361-7282

Early Steps
1-877-322-4788

DENTISTS

Dr. Robert Costello
Dentist
7699 Hwy 2
Farmerville
318 368 9518

Arkla Family Dentistry
Dentist
419 E. Fourth St.
Bernice
318 285 9515

LSU Dental
Extraction only Tues & Thurs
Monroe
318 675 5000

DISABLED CITIZENS SERVICES

Office of Citizens with Developmental Disabilities
318-362-3396

EMERGENCIES	
Pafford EMS 307 Bernice Hwy Farmerville 318 251 3276	Poison Helpline 1-800-222-1222
Union Parish 911 911	
FAMILY ASSISTANCE	
Clothing and Food Tree of Hope 318 368 4168	Utility Assistance Community Action 318 368 9601
Food Bank Of Northeast LA Social Services/Crisis Counseling 4600 Central Ave. Monroe 318 322 3567	Broken Wings 318-537-2361 Food and clothing donations
HOSPITALS	
Union General Hospital Critical Access Hospital 901 James Ave Farmerville 318 368 9751	Healthsouth Specialty Hospital of N. La Rehabilitation Hospital 813 N Main St Farmerville 318 368 4142 now renamed LIFECARE
Tri -Ward General Hospital Critical Access Hospital 409 First Street Bernice	

HOME HEALTH

<p>Always Best Care Senior Services Home Health 111 Hudson Lane, Suite 14 Monroe 318-322-2223</p>	<p>Best Home Health Home Health Farmerville 318-368-2424</p>
<p>Capital Health Services Home Health 2205 Liberty Street Monroe 318-340-0221</p>	<p>Care Partners Home Health Home Health 141 DeSiard Street, suite 600 Monroe 318-398-9660</p>
<p>Coram Healthcare Home Health 115 James Drive West, suite 100 Saint Rose 504-366-5932</p>	<p>Home Care Resources Home Health Monroe 318-325-8500</p>
<p>LA Home Care of Miss/Lou Home Health Ferriday 1-800-238-8428</p>	<p>LA Home Care of Monroe Home Health 3418 Medical Park Drive, suite 6 Monroe 318-327-4500</p>
<p>Louisiana Home Care Home Health 206 E. Reynolds Drive, suite A-2 Ruston 318-255-2959</p>	<p>PrimeCare Home Health Home Health 130 DeSiard Street, Suite 401 Monroe 318-322-5461</p>
<p>Professional Home Health Home Health 406 4th Street Bernice 318-285-9347</p>	<p>Stat Home Health Home Health 910 S. Vienna Suite 6 Ruston 318-251-5770</p>
<p>Synergy Home Care Home Health 206 McMillan Road, suite A West Monroe 318-805-0106</p>	<p>United Home Care Home Health 213 Expo Circle West Monroe 318-368-4663</p>

HOSPICE	
Agape' Hospice Group 510 Trenton St. West Monroe 318 387 1115	
HOUSING ASSISTANCE	
Union Parish Housing Authority Housing 318-368-9677	The Wellspring - Counseling Center Housing services 318-807-6200
MEDICAID ENROLLMENT	
Medicaid Office 318-362-6207	LaCHIP 318-251-5105
LaMoms 1-888-342-6207	Union General Hospital Enrollment
MEDICAL EQUIPMENT	
Ark-La-Miss Patient Eq., Inc 238 Byrants Edge Rd. Downsville 318 982 7082	Mattes Pharmacy Marion

MENTAL HEALTH SERVICES	
Union General Intensive Outpatient Mental Health 318 368 4748	Liberty Health Care Mental Health 309 N Main Farmerville 318 368 0110
Ruston Mental Health Services Community Mental Health Center 318 251 4125	Reflections IOP Mental Health 211 N. Main Farmerville 318 368 6574
NURSING HOMES	
Arbor Lake Skilled Nursing Facility 1155 Sterlington Hwy Farmerville 318 368 3103	Farmerville Nursing Skilled Nursing Facility 813 Main ST Farmerville 318 368 2256
Bernice Nursing Skilled Nursing Facility 101 Reeves St. Bernice 318 285 7600	
PHARMACIES AND DRUG ASSISTANCE	
Brookshire's 1018 Sterlington Hwy Farmerville 318 368 2244	Farmerville Drug 300 E. Water St. Farmerville 318 368 9711
Matte's Pharmacy & Gifts 314 Main St. Marion 318 292 4570	Wal-Mart 833 Sterlington Hwy Farmerville 318 368 2535

PHARMACIES AND DRUG ASSISTANCE (continued)

St. Paul
Medication Assistance
502 Grammont St
Monroe
318 387 7868

PHYSICIANS

Dr. Steven Venters
Internal Med/Pediatrics
811 James Ave
Farmerville
318 368 0190

Dr. Steven Unkel
General Practice
811 James Ave
Farmerville
318 368 2238

Dr. Rezaul Islam
Cardiology
606 E Water ST
Farmerville
318 368 6400

Dr. Glenn Figueroa
Internal Med
735 James Ave
Farmerville
318 368 7800

Dr. Holly Corley
Internal Med/Pediatrics
1025 Marion Hwy (UGH RHC)
Farmerville
318 368 9745

Dr. Brian Harris
Family Practice
402 Second St.
Bernice
318 285-9066

NURSE PRACTITIONERS

Lynette Wade FNP
Union Gen Rural Health Clinic
1025 Marion Hwy (UGH RHC)
Farmerville
318 368 9745

Sherryl Dunlap FNP
Union Clinic of Marion

SENIOR CITIZEN SERVICES	
Council on Aging Meals on Wheels, etc. 606 East Boundary Farmerville 318 368 2205	Elderly Protective Services 318 362 4280
Triad of Union 804 Miller St Farmerville 318 368 0469	
SITTER SERVICES	
Hearts Desire 112 N. Main Farmerville 318 368 7475	Angel Care of Louisiana Inc. Sitters 976 Weems Rd Downsville 318 644 0698

ENDNOTES

- ¹ http://en.wikipedia.org/wiki/Union_Parish,_Louisiana
- ² <http://factfinder2.census.gov>
- ³ <http://www.unionparishchamber.org>
- ⁴ US Census Bureau, State and County Quick Facts, www.census.gov
- ⁵ *Projecting Louisiana's Future: Population Trends for Louisiana Parishes, 2010-2030*, Dr. Troy C. Blanchard, Department of Sociology, Louisiana State University
- ⁶ Louisiana Quick Facts, <http://quickfacts.census.gov/qfd/states/22000.html>
- ⁷ www.unionparishchamber.org
- ⁸ Kaiser Family Foundation, Key Facts: Race, Ethnicity, and Medical Care, January 2007 update.
- ⁹ Ibid.
- ¹⁰ Ibid.
- ¹¹ Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). (2008]. www.cdc.gov/ncipc/wisqars
- ¹² National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying*, p.13 Hyattsville, MD. 2011.
- ¹³ *2009 Louisiana Health Report Card*, Louisiana Department of Health and Hospitals, Office of Public Health, p. 78
- ¹⁴ *2009 Louisiana Health Report Card*. p. 79
- ¹⁵ American Cancer Society. *Cancer Facts & Figures 2010*. Atlanta: American Cancer Society; 2010, p.15
- ¹⁶ *2009 Louisiana Health Report Card*, p. 80
- ¹⁷ *Cancer in Louisiana, 2003-2007, Vol. 25, Sept. 2010. Louisiana Tumor Registry*, <http://louisianatumorregistry.lsuhs.edu/>
- ¹⁸ *Cancer Facts & Figures 2010*, p.15
- ¹⁹ *Cancer Facts & Figures 2010*, p.12
- ²⁰ *Health, United States, 2010: With Special Feature on Death and Dying*, p.18
- ²¹ *Cancer Facts & Figures 2010*, p.12
- ²² *Cancer Facts & Figures 2010*, p.12
- ²³ *Health, United States, 2010: With Special Feature on Death and Dying*, p.38
- ²⁴ *Cancer Facts & Figures 2010*, p.9
- ²⁵ *Cancer Facts & Figures 2010*, p.9
- ²⁶ *Cancer Facts & Figures 2010*, p.10
- ²⁷ *Cancer Facts & Figures 2010*, p.23
- ²⁸ *Cancer Facts & Figures 2010*, p.26
- ²⁹ *Cancer Facts & Figures 2010*, p.28
- ³⁰ National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying*, Hyattsville, MD. 2011, p. 4
- ³¹ Ibid., p. 12
- ³² DHH/OPH, Louisiana Center for Health Statistics, 2009 Vital Statistics Data – Tables 26-A & B and National Vital Statistics Reports, Vol. 59, No. 4, March 16, 2011
- ³³ DHH/OPH, *2009 Louisiana Health Report Card*
- ³⁴ *Heart Disease and Stroke in DHH Region 8*, available at www.new.dhh.louisiana.gov/assets/oph/prch/heartdisease/reports/HDS_RegionalFactSheets_2010_8.pdf
- ³⁵ *The Louisiana Injury Prevention Plan*, Department of Health & Hospitals, Office of Public Health, Bureau of Emergency Services, [www.dhh.louisiana.gov/offices/publications/pubs-221/Injury Free Louisiana](http://www.dhh.louisiana.gov/offices/publications/pubs-221/Injury-Free-Louisiana).
- ³⁶ Louisiana Center for Health Statistics, 2009 Vital Statistics Data
- ³⁷ Ibid.
- ³⁸ <http://datareports.lsu.edu>
- ³⁹ Ibid.
- ⁴⁰ Ibid.
- ⁴¹ Ibid.
- ⁴² Louisiana Center for Health Statistics, 2009 Vital Statistics Data

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- ⁴³ 2007 National Survey of Children’s Health, Data Resource Center on Child and Adolescent Health, <http://childhealthdata.org>
- ⁴⁴ Union General Hospital statistical data
- ⁴⁵ Centers for Disease Control, <http://www.cdc.gov/diabetes/statistics/prev/national/figageadult.htm>
- ⁴⁶ Centers for Disease Control and Prevention: National Diabetes Surveillance System, <http://apps.nccd.cdc.gov/DDTSTRS/default.aspx>.
- ⁴⁷ Ibid.
- ⁴⁸ DHH/OPH Chronic Disease Prevention & Control Unit, *2009 Louisiana Behavioral Risk Factor Surveillance System Report*, Table 4A
- ⁴⁹ DHH/OPH Louisiana Center for Health Statistics, *2009 Louisiana Health Report Card*, p. 39
- ⁵⁰ Diabetes.webmd.com/guide/type-2diabetes
- ⁵¹ <http://www.healthypeople.gov/2020/topicsobjectives2020>
- ⁵² <http://en.wikipedia.org/wiki/Obesity>
- ⁵³ www.healthypeople.gov/2020/topicsobjectives2020, *Maternal, Infant and Child Health*
- ⁵⁴ www.countyhealthrankings.org/louisiana/union
- ⁵⁵ DHH/OPH Policy, Planning, and Evaluation Section, *2005 Parish Health Profiles, Union Parish*, p.19
- ⁵⁶ www.healthypeople.org/2020
- ⁵⁷ Ibid.
- ⁵⁸ Ibid.
- ⁵⁹ Department of Health and Hospitals, *2010 Louisiana Caring Communities Youth Survey, Union Parish*, p.4
- ⁶⁰ www.healthypeople.org/2020/LHI/substanceabuse
- ⁶¹ Weinstock H, Berman S, Cates W. Sexually transmitted diseases among American youth: incidence and prevalence estimates, 2000. *Perspectives on Sexual and Reproductive Health* 2004;36(1):6-10.
- ⁶² CDC Commentary: Preventing Chlamydia, Catherine Satterwhite, MSPH, MPH, June 28, 2010
- ⁶³ Centers for Disease control and Prevention, Sexually Transmitted Diseases, STD Rates by Race or Ethnicity, www.cdc.gov/std/health-disparities/race.htm
- ⁶⁴ Centers for Disease control and Prevention, Sexually Transmitted Diseases, STD Rates by Race or Ethnicity, www.cdc.gov/std/health-disparities/age.htm
- ⁶⁵ Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2009*. Atlanta, GA: U.S. Department of Health and Human Services, November 2010.
- ⁶⁶ DHH/OPH *2008 Annual Report, Sexually Transmitted Diseases*
- ⁶⁷ DHH/OPH *2008 Annual Report, Sexually Transmitted Diseases*
- ⁶⁸ DHH/OPH *2008 Annual Report, Sexually Transmitted Diseases*
- ⁶⁹ National Institute of Allergy and Infectious Diseases, www.niaid.nih.gov/gonorrhea
- ⁷⁰ www.cdc.gov/std/health-disparities/race.htm
- ⁷¹ www.cdc.gov/std/health-disparities/age.htm
- ⁷² CDC, *Sexually Transmitted Disease Surveillance, 2009*
- ⁷³ DHH/OPH *2008 Annual Report, Sexually Transmitted Diseases*
- ⁷⁴ DHH/OPH *2008 Annual Report, Sexually Transmitted Diseases*
- ⁷⁵ DHH/OPH *2008 Annual Report, Sexually Transmitted Diseases*
- ⁷⁶ Cdc.gov/std/syphilis/stdfact-syphilis.htm
- ⁷⁷ www.cdc.gov/std/health-disparities/race.htm
- ⁷⁸ www.cdc.gov/std/health-disparities/age.htm
- ⁷⁹ CDC, *Sexually Transmitted Disease Surveillance, 2009*
- ⁸⁰ www.healthypeople.gov/2020/topicsobjectives2020
- ⁸¹ U.S. Bureau of the Census, 2010 ACS Survey, www.quickfacts.census.gov 2009
- ⁸² Ibid.
- ⁸³ Bureau of Economic Analysis, www.bea.gov
- ⁸⁴ Bureau of Land Statistics, Local Area Unemployment Statistics (LAUS) data
- ⁸⁵ Mississippi Department of Education, *Free or Reduced Lunch, 2009-2010*
- ⁸⁶ 2009 Annie E. Casey Foundation

-
- ⁸⁷ 2011 County Health Rankings, Union, Louisiana, High School Graduation
- ⁸⁸ National Poverty Center, Policy Brief, #9, March 2007, www.npc.umich.edu
- ⁸⁹ 2005 Union Parish Health Profile, p. 172
- ⁹⁰ 2009 Annie E. Casey Foundation
- ⁹¹⁹¹ County Health Rankings, 2005-2009, www.countyhealthrankings.org/louisiana/union
- ⁹² Ibid.
- ⁹³ Ibid.
- ⁹⁴ Louisiana State University, The Public Policy Research Lab, *Louisiana's Uninsured Population: Parish Level Estimates, A Report from the 2009 Louisiana Health Insurance Survey*, January 2010
- ⁹⁵ Louisiana State University, The Public Policy Research Lab, *Louisiana's Uninsured Population: Parish Level Estimates, A Report from the 2009 Louisiana Health Insurance Survey*, January 2010, Table 2. Blended Estimates of the Uninsured and Margins of Error
- ⁹⁶ Louisiana State University, The Public Policy Research Lab, *Louisiana's Uninsured Population, A Report from the 2009 Louisiana Health Insurance Survey*, December 2009, Table 7. Sources of Coverage Adults (19-65) by Region
- ⁹⁷ Louisiana State University, The Public Policy Research Lab, *Louisiana's Uninsured Population, A Report from the 2009 Louisiana Health Insurance Survey*, December 2009, Table 3
- ⁹⁸ Louisiana Medicaid, LaMOMS, www.new.dhh.louisiana.gov
- ⁹⁹ http://www.city-data.com/county/Union_Parish-LA.html
- ¹⁰⁰ Health Resources and Services Administration, hpsafind.hrsa.gov