

# Union Parish

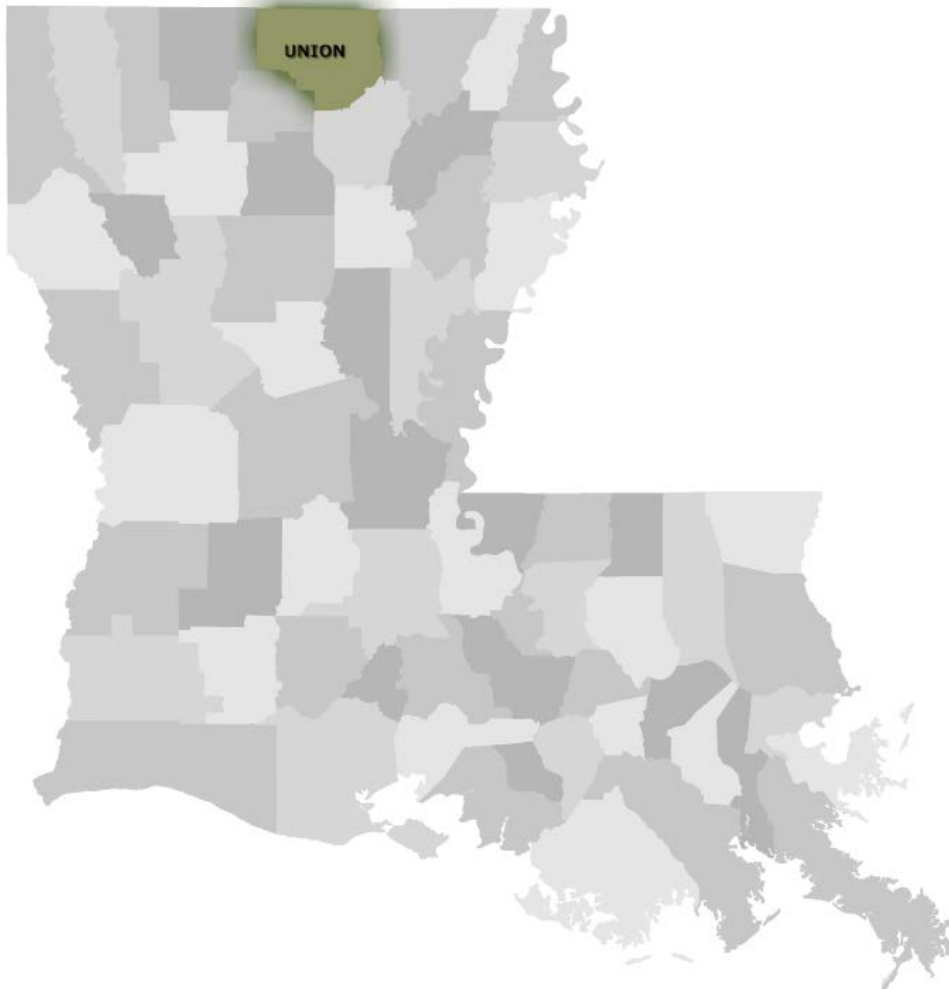
## Community Health Needs Assessment

2015

PREPARED FOR: UNION GENERAL HOSPITAL

901 JAMES AVENUE

FARMERVILLE, LOUISIANA 71241



**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) rules published on December 31, 2014. The Community Health Needs Assessment report not only meets these rules 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, a health care consulting firm with offices in Atlanta and Albany, Georgia. The firm has over 50 years' experience working with hospitals throughout the Southeastern United States. Input was received from hospital, community leaders, and Union Parish residents.

### ABOUT THE AREA

Union Parish is located in Northeast Louisiana and has an estimated 2013 population of 22,576.<sup>1</sup> 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 through 2020.<sup>2</sup> The percentage of residents aged 45 and older continues to increase. The Hispanic population nearly doubled since 2000, which identifies a growing 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 death in Union Parish, followed closely by cancer. Following heart disease and cancer were diseases of the same etiology- stroke and chronic lower respiratory disease.

#### Heart Disease and Stroke

Heart disease and stroke typically affect people 65 years of age and older. Heart disease was the leading cause of death in the Parish. The death rate for heart disease in Union Parish (235.7) was higher than both the Louisiana (219.5) and the U.S. (175) 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.

## Cancer

The most prevalent types of cancers can usually be detected the earliest due to known risk factors. Cancer had considerably higher death rates in the Parish when compared to both the U.S. and Louisiana. There is a need for cancer prevention programming in the Parish due to the various modifiable risk factors. Cigarette, cigar, and pipe smoking are the leading risk factors for many types of cancer. These risk factors, coupled with lack of access, contributed to cancer being the second leading cause of death in the Parish.

## 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 (61.9) was significantly higher than Louisiana's rate (54) and the national rate (31.3). The infant mortality rate (10.6) was higher than that of the State (8.2).

## Sexually Transmitted Diseases

There was a major health disparity among Black females when compared to White females for contracting sexually transmitted diseases.

## **ACCESS TO CARE**

Access to healthcare is impacted by level of income, educational attainment, and insured status. For the period 2009-2013, Union Parish's population consisted of 28 percent of the population living in poverty. This was a higher percentage than the State and U.S. percentages.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In Union Parish, 26.5 percent of adults and 6.7 percent of children were uninsured. Education also affects an individual's ability to access care. In the study period, 47 percent of Union Parish ninth-graders did not graduate within 4 years. 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.

## **Approval**

The Union General Hospital Board of Directors approved this community health needs assessment through a board vote on June 17, 2015.

## KEY FINDINGS

KEY FINDINGS						
	Union		State		U.S.	HP 2020
MORTALITY						
All Cancer Death Rates	224.6	↓	193.7	↓	168.9	↓ 161.4
Lung Cancer Death Rates	74.6	↑	56.4	↓	46	↓ 453.5
Colon and Rectum Cancer Death Rates	22.2	↑	18.3	↓	15.3	↓ 14.5
Female Breast Cancer Death Rates	32.4	↑	24.7	↓	21.6	↓ 20.7
Prostate Cancer Death Rates	21.8	↓	23.1	↓	20.6	↓ 21.8
Heart Disease Death Rates	235.7	↓	219.5	↓	175	↓
Stroke Death Rates	46.9	↓	45.1	↑	37.9	↓ 34.8
Accident Death Rates	63.5	↓	48	↑	38.6	↑
Chronic Lower Respiratory Disease Death Rates	49.5	↑	44	↑	42.2	*
Influenza and Pneumonia Death Rates	38.6	*	19.2	*	15.5	*
Diabetes Death Rates	25.5	*	27	*	21.2	*
Alzheimer's Disease Death Rates	50	*	32	*	24.2	*
Infant Death Rates	10.6	↑	8.2	↓		
MORBIDITY						
Incidence of Breast Cancer Rates	112.3	↓	121.3	↓	122.7	↑
Current Asthma Prevalance	9.1%	●	7.4%	↑	8.9%	
MATERNAL, INFANTS, AND CHILDREN						
Teen Birth Rates	61.9	↓	44.8	↓	31.3	↓
SEXUALLY TRANSMITTED DISEASES						
Chlamydia Rates	517	↓	594	↓		
Gonorrhea Rates	165	↑	193	↓		
ACCESS TO CARE						
Poverty Percentage All Ages	28%	↑	19%	●	15%	●
Unemployment Percentage	7%	↓	6.4%	↓	6.1%	↓
Public School Drop Out Percentage	5.7%	↓	4.1%	↓		
HEALTH BEHAVIORS						
Prevalence of Obesity	33.8%	●	33.1%	↓	34.9%	↑ 30.5%
Lack of Physical Activity	34.7%	*	32.3%	*	32.2%	* 32.6%
Adult Smokers %	24.6%	*	22.1%	↑		12%

HP 2020-Healthy People 2020

### LEGEND

	Worse than State and U.S.
	Better than U.S., worse than State
	Better than State, worse than U.S.
	Better than State and U.S.

- ↑ (Unfavorable trend) Rate/percentage increased since 2012 CHNA
- (Stable trend) Rate/percentage has not changed since 2012 CHNA
- ↓ (Favorable trend) Rate/percentage decreased since 2012 CHNA
- \* Not reported in 2012 CHNA

## COMMUNITY PRIORITIZATION OF NEEDS

Information gathered from community surveys, 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 in order of importance by the CHSC:

- Cancer
- Adolescent behaviors
- Cardiovascular
- Obesity and diabetes
- Dental and oral health
- Sexual health
- Respiratory and asthma
- Mental health
- Alcohol and drug abuse (adults)
- Access to care
- Joint and back pain

These priorities will be further discussed and addressed in the Hospital's Implementation Strategy. The hospital will consider collaboration with other agencies identified in the CHNA Resource Listing.

NOTE: There were no written comments received related to the most recently conducted CHNA and Implementation Strategy for inclusion in this report.

# THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

The December 31, 2014 Federal Register 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  
William Adcock – Chief Financial Officer  
Judy Duty – Medical Records Director  
Claudia Wade – Grant Writer/Administrative Secretary  
Eric Daniel – ER Manager  
Sarah Colvin – Dietary Director

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 10 stakeholders for individual interviews. Below is a list of the organizations represented by the key stakeholders, along with the populations each stakeholder serves.

Organization	Population Served
Internal Medicine/Pediatrics Physician	Children and underserved
Union General Hospital Board Member, Business Owner, Retired Teacher (Special needs)	Caregiver to husband with disability, children with special needs
Minister, leader in the Hispanic community	Hispanic community
Director, Council on Aging	Seniors
Patient Advocate for local nursing home	Seniors and disabled
Minister, Blooming Grove Baptist Church	African-American community
Public Health Nurse, Union Parish Health Unit	Underserved and low-income
Priest, Our Lady of Perpetual Health Catholic Church	Hispanic community
Medicaid Representative/Financial Counselor	Underserved and low-income

## 5. Community Health Indicator Report

A Community Health Indicator Report (Key Findings) was prepared by Draffin & Tucker, LLP to reflect the major health problems and health needs of Union Parish. The report compared health statistics of the local community with the State and U.S. statistics, as well as Healthy People 2020 goals. The findings were presented to the key stakeholders to generate discussion related to the health of the community.

## 6. Community Input

A health needs survey was developed covering various topics and demographic questions including: health education and screening needs, access to care issues, social issues, health challenges, preventative services, and health practices. This survey was distributed to the community through various outlets in order to obtain an unbiased representation of the community's citizens. The health needs survey was provided in English and Spanish languages. The surveys were collected via a downloadable format/email and from several organizations in Union Parish. The survey was distributed to the following locations in the community: Union Parish Health Unit, Foster Farms, Union Parish Chamber of Commerce, Our Lady of Perpetual Help Catholic Church, Nazareth Baptist Church, Union Parish School Board, Union Parish Sheriff's Office, Union General Hospital, Hospital website, Union Parish Council on Aging, TRIAD of Union Parish, Children's Coalition and direct handouts.

During the stakeholder interview process, each stakeholder was asked to rank his/her top three health issues or health needs by using data summarized from the community's health needs survey. The objective was to include this key stakeholder input in the total ranking of the community's health priorities.

## 7. Hospital Prioritization of Needs

Information gathered from community surveys, 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 surveys 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. Using the Basic Priority Ranking formula, the hospital ranked the priority needs of the community.

## DESCRIPTION OF MAJOR DATA SOURCES

### **American Cancer Society**

The American Cancer Society provides statistics related to cancer cases and deaths each year. Regularly updated Facts & Figures publications present the current trends in occurrence and survival. For more information, go to [www.cancer.org](http://www.cancer.org).

### **Bureau of Labor and Statistics**

The Bureau of Labor and Statistics manages a program called Local Area Unemployment Statistics (LAUS). LAUS produces monthly and annual employment, unemployment, and labor force data for census regions and divisions, states, counties, metropolitan areas, and many cities. This data provides key indicators of local economic conditions. For more information, go to [www.bls.gov/lau](http://www.bls.gov/lau).

### **Behavioral Risk Factor Surveillance System**

The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based surveillance system, administered by the Louisiana Department of Health and Hospitals Office of Public Health, and the Centers for Disease Control and Prevention (CDC). The data is collected in the form of a survey that is comprised of questions related to the knowledge, attitude, and health behaviors of the public. For more information, go to [www.cdc.gov/brfss](http://www.cdc.gov/brfss).

### **Centers for Disease Control and Prevention**

The Centers for Disease Control and Prevention (CDC) publishes data that is collected by various surveillance and monitoring projects including:

- National Vital Statistics System: collects and disseminates vital statistics (births, deaths, marriages, fetal deaths) For more information, go to [www.cdc.gov/nchs/nvss.htm](http://www.cdc.gov/nchs/nvss.htm).
- Sexually Transmitted Disease Surveillance: collects and disseminates data derived from official statistics for the reported occurrence of nationally notifiable sexually transmitted diseases (STDs) in the United States, test positivity and prevalence data from numerous prevalence monitoring initiatives, sentinel surveillance of gonococcal antimicrobial resistance, and national healthcare services surveys. For more information, go to [www.cdc.gov/std/stats10/app-interpret.htm](http://www.cdc.gov/std/stats10/app-interpret.htm).

### **County Health Rankings**

County Health Rankings is published online by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. These rankings assess the overall health of nearly every county in all 50 states using a standard way to measure how healthy people are and how long they live. Rankings consider factors that affect people's health within six categories: morbidity, mortality, health behavior, clinical care, social and economic factors, and physical environment. Information is based on the latest publicly available data from sources such National Center for Health Statistics (NCHS) and Health Resources and Services Administration (HRSA). For more information, go to [www.countyhealthrankings.org](http://www.countyhealthrankings.org).



### **Louisiana Department of Health and Hospitals Office of Public Health**

The Louisiana Department of Health and Hospitals Office of Public Health provides detailed information for students and researchers. Documents include recent statistics, policy information and program information. Data can be accessed at [www.dhh.louisiana.gov](http://www.dhh.louisiana.gov).

### **Healthy People 2020**

Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans. It identifies nearly 600 objectives with 1,200 measures to improve the health of all Americans. Healthy People 2020 uses a vast amount of data sources to publish its data. Some examples of these data sources include the National Vital Statistics System and the National Health Interview Survey. The data used is formed into objectives: measurable objectives and developmental objectives. Measurable objectives contain a data source and a national baseline value. Baseline data provide a point from which a 2020 target is set. Developmental objectives currently do not have national baseline data and abbreviated or no operational definitions. For more information, go to [www.healthypeople.gov/2020](http://www.healthypeople.gov/2020).

### **National Cancer Institute**

The National Cancer Institute manages an online tool called *State Cancer Profiles*. *State Cancer Profiles* provides access to interactive maps and graphs, and cancer statistics at the national, state, and county level. This data can be further displayed by geographic regions, race/ethnicity, cancer site, age, and sex. For more information, go to [www.statecancerprofiles.cancer.gov](http://www.statecancerprofiles.cancer.gov).

### **U.S. Census Bureau**

The U.S. Census Bureau manages an online tool called the American FactFinder. American FactFinder provides quick access to data from the Decennial Census, American Community Survey, Puerto Rico Community Survey, Population Estimates Program, Economic Census, and Annual Economic Surveys. The data from these sources includes a wide variety of population, economic, geographic, and housing information at the city, county, and state level. For more information, go to [www.factfinder.census.gov](http://www.factfinder.census.gov).

## **DEFINITIONS**

Age-adjusted death rate - Rate of mortality in a population in which statistical procedures have been applied to permit fair comparisons across populations by removing the effect of differences such as age in the composition of various populations

NOTE: Age-adjusted rates are used in this report unless otherwise noted.

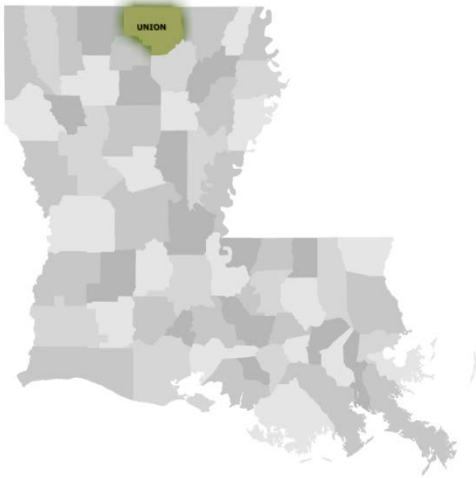
Incidence rate - Number of new cases of a disease, or other condition, in a population divided by the total population at risk over a time period, times a multiplier (e.g., 100,000)

Morbidity - Occurrence of illness or illnesses in a population

Mortality - Occurrence of death in a population

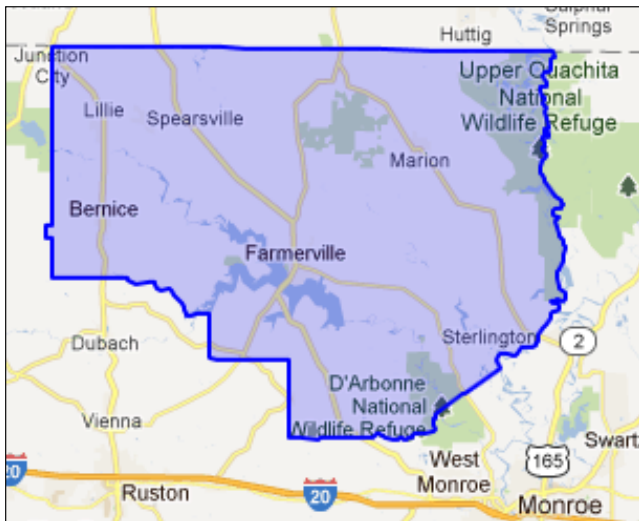
Prevalence - Number of existing cases of a disease or health condition in a population at some designated time

## 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.<sup>3</sup> Adjacent parishes are Morehouse (east), Ouachita (southeast), Lincoln (southwest) and Claiborne (west).



Source: [http://www.city-data.com/county/Union\\_Parish-LA.html](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.<sup>4</sup> 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.<sup>5</sup> 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.



## Demographics

### POPULATION PROFILE

Union Parish is located in north central Louisiana and has an estimate 2013 population of 22,576.<sup>6</sup> According to the 2010 census records, there were 8,785 households in the Parish, with an average of 2.54 persons per household.<sup>7</sup>

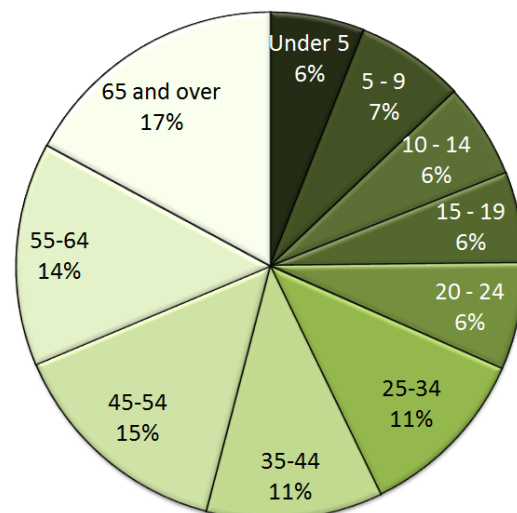
Population projections indicate that the Parish population will continue to be stable from 2010 until 2020.<sup>8</sup>

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.

Summary 2020						
	Total Population	Total Male	Total Female	Total White	Total Black	Total Other
0-4	1430	730	700	1080	350	0
5-9	1440	740	700	1090	350	0
10-14	1480	760	720	1110	370	0
15-19	1430	720	710	1060	360	10
20-24	1200	610	590	870	320	10
25-29	1420	670	750	1090	330	0
30-34	1490	760	730	1160	320	10
35-39	1610	810	800	1280	330	0
40-44	1710	850	860	1400	290	20
45-49	1260	660	600	1020	230	10
50-54	1340	690	650	1010	320	10
55-59	1390	650	740	1050	340	0
60-64	1440	680	760	1070	360	10
65-69	1260	580	680	960	290	10
70-74	1000	460	540	800	200	0
75-79	740	300	440	620	120	0
80-84	530	210	320	430	100	0
85+	580	180	400	370	170	40
<b>Total</b>	<b>22750</b>	<b>11060</b>	<b>11690</b>	<b>17470</b>	<b>5150</b>	<b>130</b>

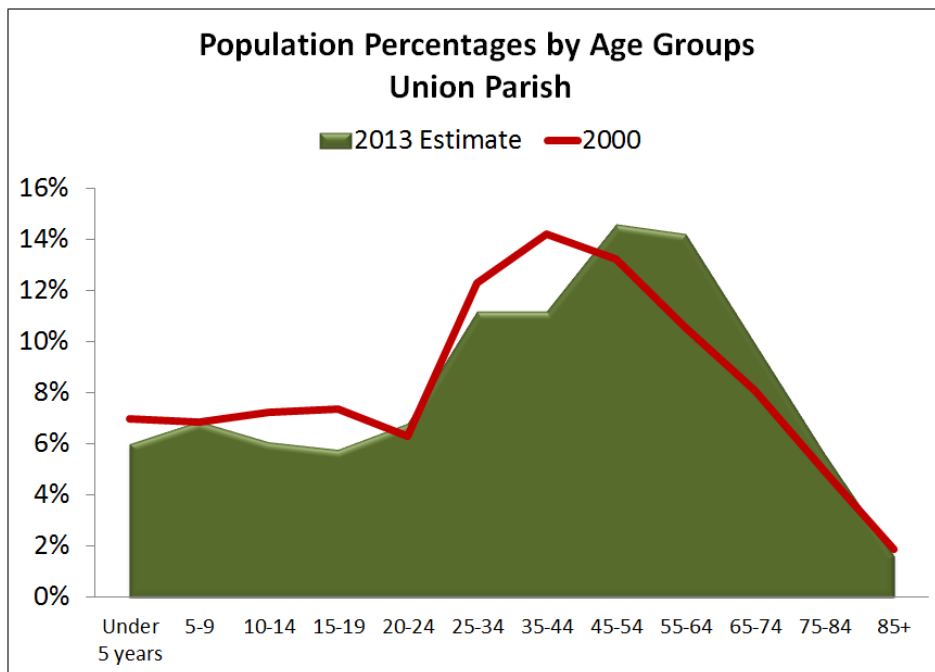
Source: Louisiana Population Projections, Louisiana.gov

Population Percentages by Age Groups, 2013 Estimate  
Union Parish



Data Source: U.S. Census, ACS Demographic and Housing Estimates, 2009-2013 American Community Survey 5-Year Estimates

According to the 2013 population estimates, 17 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 12.7.<sup>9</sup>

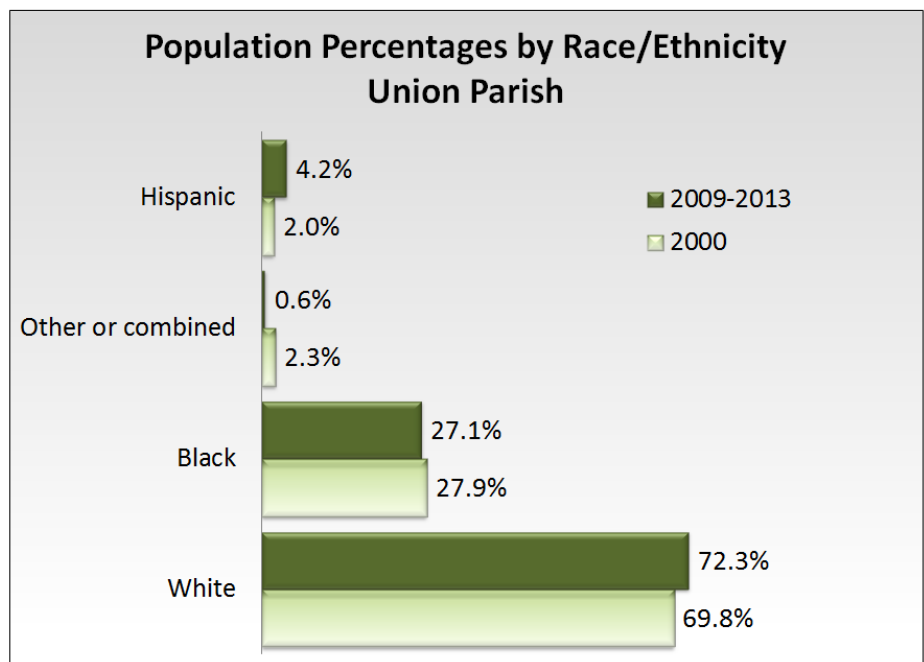


Data Source: U.S. Census, American Community Survey

Comparing the Parish's population percentage by age groups from 2000 to 2013, 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."<sup>10</sup> 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.<sup>11</sup> 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.<sup>12</sup> By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.<sup>13</sup>



Data Source: US Census, 2009-2013 5-Year American Community Survey

According to U.S. Census records, in 2013 it was estimated that the Union Parish population was 72.3 percent White, 27.1 percent Black, and 4.2 percent Hispanic.

## **Community Input – ABOUT UNION PARISH**

- *Slow growth has occurred in the Parish since 2012.*
- *There is a large company (CenturyLink) in a nearby Parish that hires engineers.*
- *The free and reduced price lunch proportion of students is about 70 percent in Union Parish.*
- *The high school graduation rate increased by seven percent compared to last year.*
- *Retention of younger teachers after two years can be difficult.*
- *The school system has good relationships with nearby universities to help provide new teachers to the Parish.*
- *The roads are very dangerous in Union Parish which causes accidents due to hazardous conditions and lack of shoulders.*
- *Farmerville is a retirement community.*
- *The state of the local economy is the biggest factor in any community.*
- *Lake D 'Arbonne is being marketed as a lake community and tourist attraction. Farmerville and lake area is known for hunting and fishing.*
- *The city of Bernice has a higher Hispanic population.*
- *The poultry company, Foster Farms brings a lot of jobs to the local economy.*
- *Timber is a very large commodity and industry in Union Parish.*
- *Finding employment is an issue for younger adults.*
- *Farmerville will be getting a new high school.*
- *Farmerville is the most centrally located and populous city in the Parish.*
- *The relationship between the school system and the hospital is very strong.*
- *The community is developing the lake into a tourism spot. Folly Beach will be the newest project the community works on to make the area a tourist destination.*

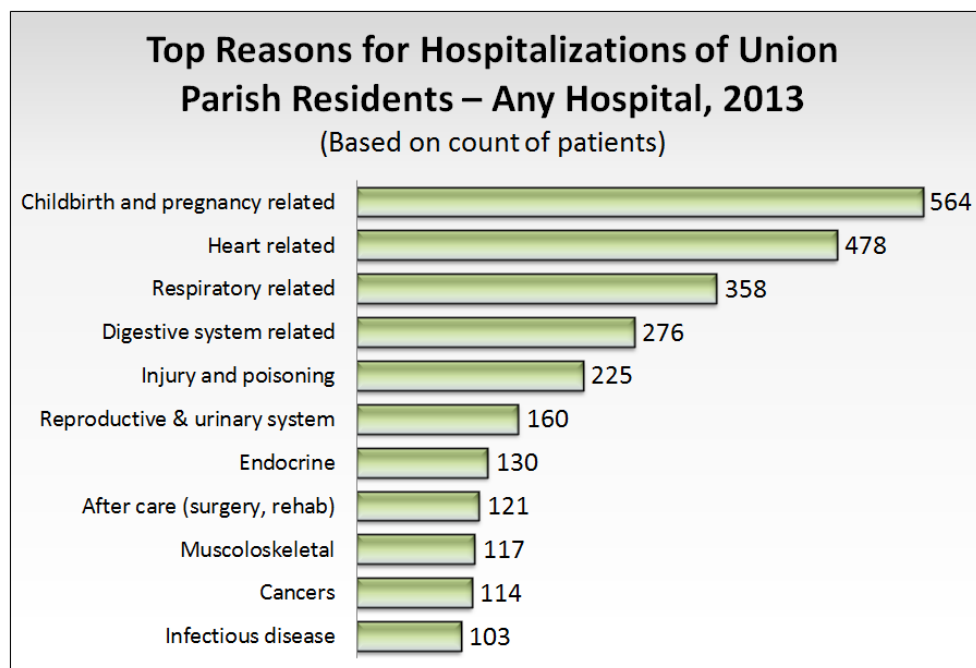
## **Related Community Survey Results**

Overall, when asked what was needed to improve the health of the community, the survey revealed the following top three needs: job opportunities, healthier food choices, and safe places to walk/play. Refer to Appendix B for more survey results.

## MORBIDITY AND MORTALITY

### Hospitalization and Emergency Room Visits

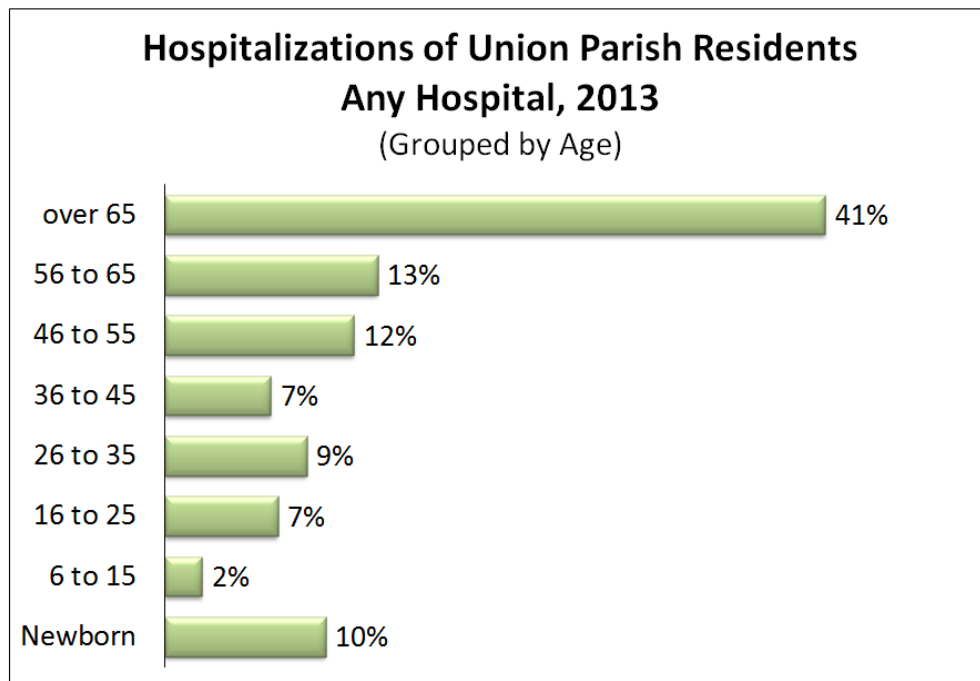
The leading cause of 2013 hospitalizations for Union Parish residents, with the exception of childbirth, was related to heart disease. Although cancer ranked low in the top reasons for hospitalizations, it does rank as one of the highest causes of death.



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

Union Parish Residents – Hospitalizations 2013 by Hospital		
Hospital	# of patients	Percentage of patients
Glenwood Regional Medical Center	800	26%
St Francis Medical Center	687	22%
Northern Louisiana Medical Center	632	20%
Union General Hospital	420	14%
University Health Shreveport	205	7%
University Health Conway	170	5%
	52	6%

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



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

The top reasons for visits to Union General Hospital's emergency department from October 1, 2013 through September 30, 2014 are indicated in the chart below. Many of these visits could be considered as nonemergency conditions. The report section, *Access to Care*, will address many of the reasons that lead to inappropriate use of emergency room facilities.

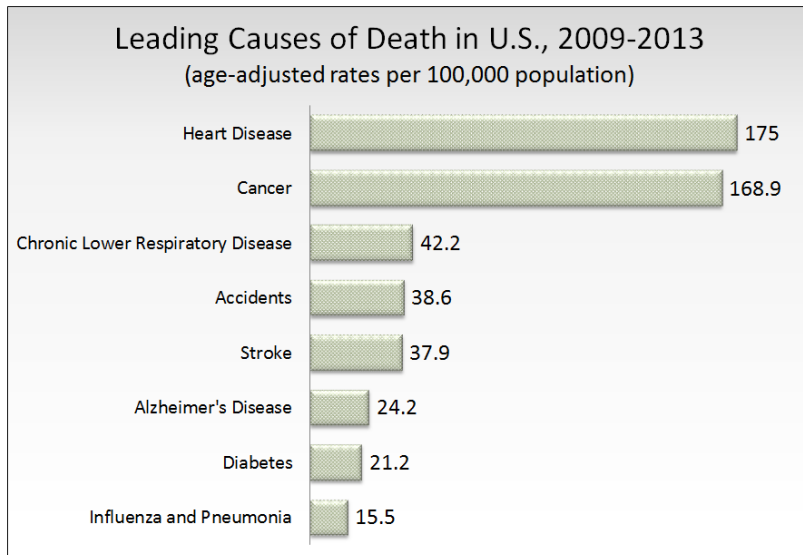
TOP 15 DIAGNOSES IN UNION GENERAL EMERGENCY ROOM									
OCTOBER 1, 2013 THROUGH SEPTEMBER 30, 2014									
RANKING	DX CODE	DX DESCRIPTION	# PTS	MALE	FEMALE	<13	14-39	40-64	65+
1	382.9	OTITIS MEDIA	173	86	87	142	19	12	0
2	599.0	URINARY TRACT INFECTION	153	30	123	13	65	28	47
3	465.9	UPPER RESPIRATORY INFECTION	138	66	72	67	32	23	16
4	463	TONSILLITIS	128	53	75	60	50	15	3
5	008.9	INTESTINAL INFECTION	111	51	60	27	52	18	14
6	401.9	HYPERTENSION	96	37	59	0	23	38	35
7	728.85	SPASM OF MUSCLE	95	35	60	5	40	37	13
8	466.0	BRONCHITIS	91	38	53	26	24	25	16
9	487.1	INFLUENZA	91	39	52	41	33	14	3
10	787.01	NAUSEA AND VOMITING	79	29	50	18	39	16	6
11	564.00	CONSTIPATION	78	42	36	37	15	9	17
12	883.0	OPEN WOUND FINGERS	76	55	21	11	34	23	8
13	920	CONTUSION FACE/SCALP/NECK	74	30	44	27	21	7	19
14	786.52	PAINFUL RESPIRATIONS	72	32	40	3	34	27	8
15	724.2	LUMBAGO	68	31	37	3	23	34	8

### ***Community Input – Hospitalizations and Emergency Room Visits***

- *The hospital has a Medicaid Application Specialist who provides Medicaid application services to a lot of the uninsured ER patients.*
- *A lot of non-emergent patients are referred to a clinic in Marion if they have no insurance.*
- *The ER at Union General Hospital treats a lot of patients before they have a stroke or heart attack.*



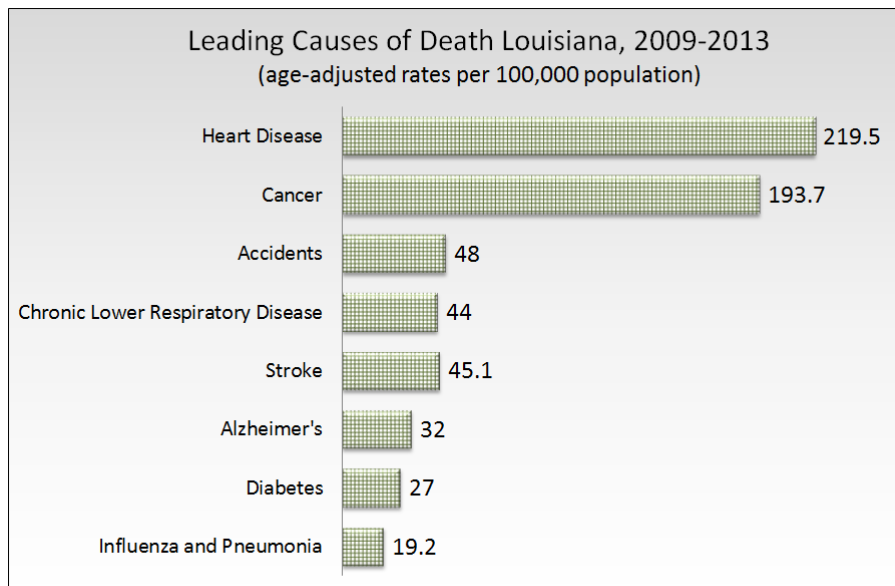
## Leading Causes of Death



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

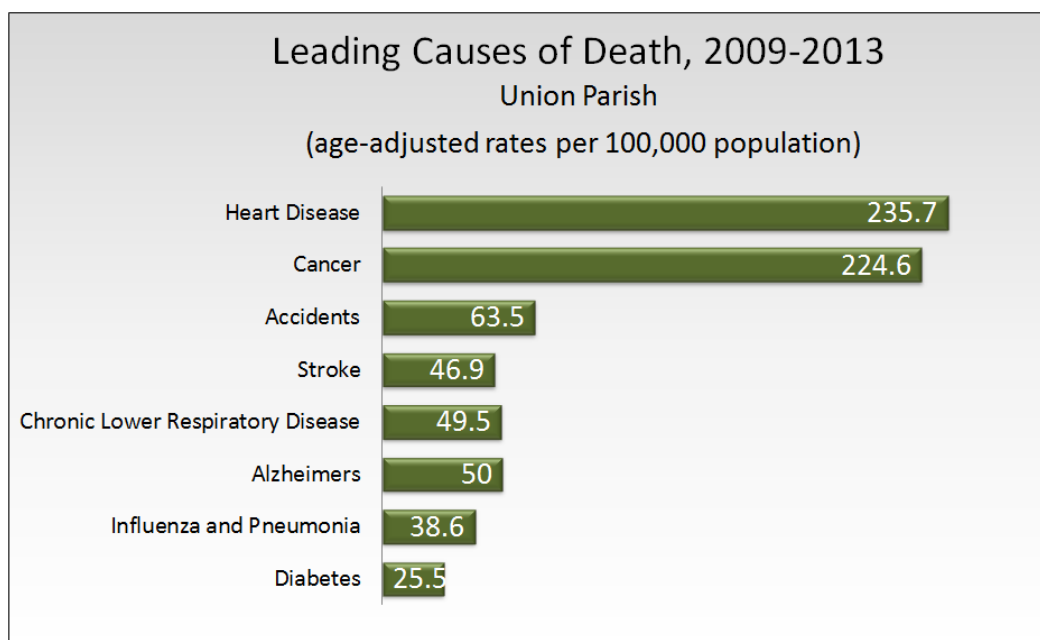
The leading causes of death in the U.S. for the years 2009-2013 were heart disease, cancer, chronic lower respiratory disease, accidents, and stroke. Heart disease and cancer rates were four times higher than the next leading cause.

The leading causes of death in Louisiana for the years 2009-2013 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. In each category, the Louisiana rates were higher than the U.S. rates.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

The leading causes of death in Union Parish for the years 2009-2013 were heart disease, cancer, accidents, stroke, chronic lower respiratory disease, and Alzheimer's disease.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.  
Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

The Union Parish leading causes of death rates were higher than that for the State in all categories, with the exception of diabetes. The table below depicts the number of deaths in each category for the period 2009-2013.

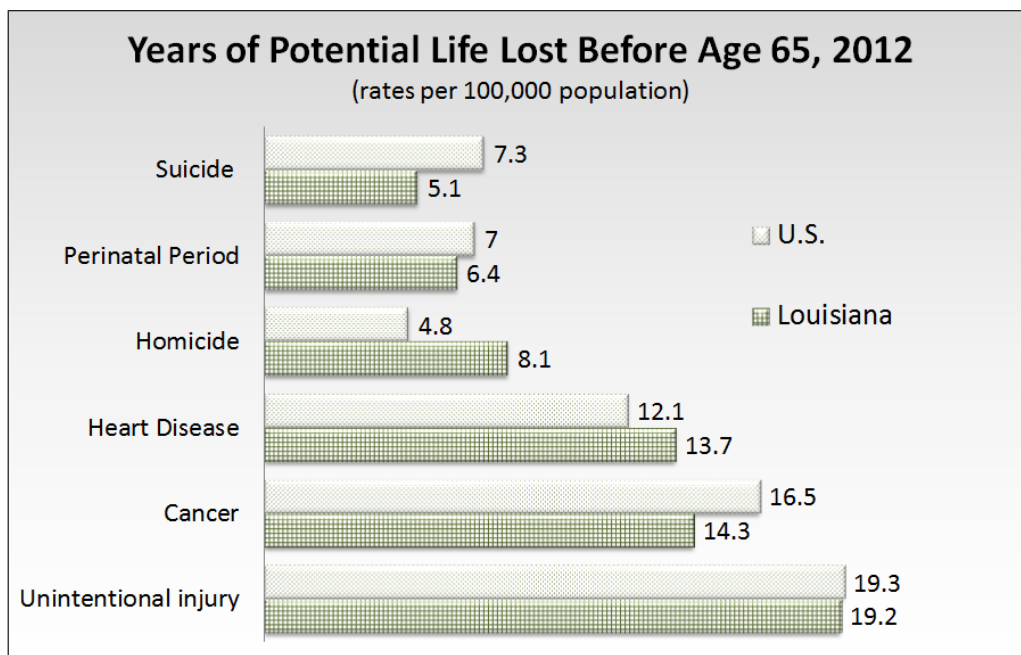
**Union Parish - Leading Causes of Death**  
2009-2013  
(number of deaths)

	Male		Female		Total
	White	Black	White	Black	
Heart Disease	130	41	100	54	325
Cancer	133	41	117	34	325
Accidents*	35	16	16		67
Respiratory	30	11	25		66
Alzheimer's Disease	15		36	12	63
Stroke	16	10	24	12	62
Flu and Pneumonia	22		22		44
Diabetes				10	10

Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.  
Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

## Premature Death

The leading causes of premature death often highlight those deaths that are preventable. Unintentional injuries (e.g. motor vehicle accidents, firearms accidents, poisoning, falls) are 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.<sup>14</sup> 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 – 2009-2012 by Sex and Race/Ethnicity					
White male	White female	Black male	Black female	Hispanic male	Hispanic female
Unintentional injuries 27.7%	Unintentional injuries 20.6%	Homicides 19.6%	Cancer 16.5%	Unintentional injuries 22.8%	Cancer 18.4%
Heart disease 15.0%	Cancer 20.0%	Unintentional injuries 14.1%	Heart disease 14.32	Cancer 10.1%	Perinatal period 14.3%
Cancer 13.3%	Heart disease 11.9%	Heart disease 13.3%	Perinatal period 10.6%	Perinatal period 9.7%	Unintentional injuries 13.9%

Data Source: Centers for Disease Control, WISQARS YPLL Report

## Cancer

### Healthy People 2020 Reference – C-1

#### 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:*

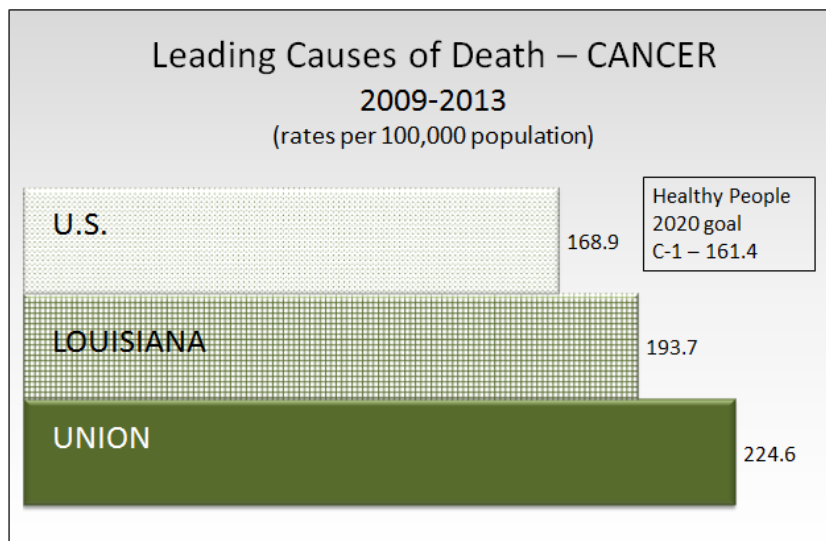
- *Breast cancer (using mammography)*
- *Cervical cancer (using Pap tests)*
- *Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)*

- Healthy People 2020

Cancer is the second most common cause of death in the U.S., exceeded only by heart disease. According to the American Cancer Society, about 1,658,370 new cancer cases and 589,430 deaths from cancer are expected to occur in 2015. However, annual statistics show that the death rate from cancer in the U.S. has fallen 22% since 1991.<sup>15</sup>

The Louisiana Cancer Control Plan focuses on six types of cancer that can be prevented in large part or can be detected at an early state, when treatment is more effective: lung, breast, cervical, colorectal, prostate, and melanoma.<sup>16</sup>

The Union Parish death rates from cancer were higher than both the Louisiana and U.S. rates.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.  
Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

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

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.<sup>17</sup> Cancer most commonly develops in older people; 78% of all cancer diagnoses are in people 55 years of age or older. People

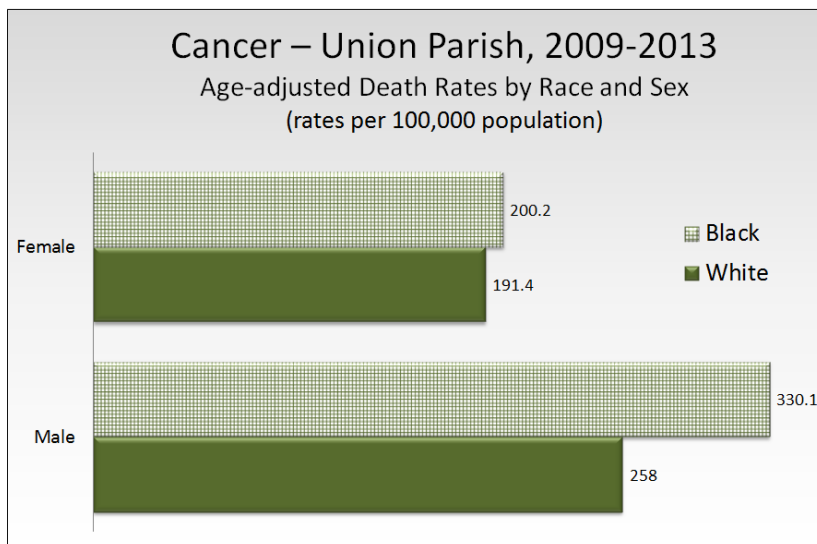
who smoke, eat an unhealthy diet, or are physically inactive also have a higher risk of cancer.<sup>18</sup> According to the American Cancer Society, the five year survival rate for all cancers diagnosed in 2004-2010 was 68%, up from 49% in 1975-1977.<sup>19</sup> Modifiable risk factors related to 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.

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”.

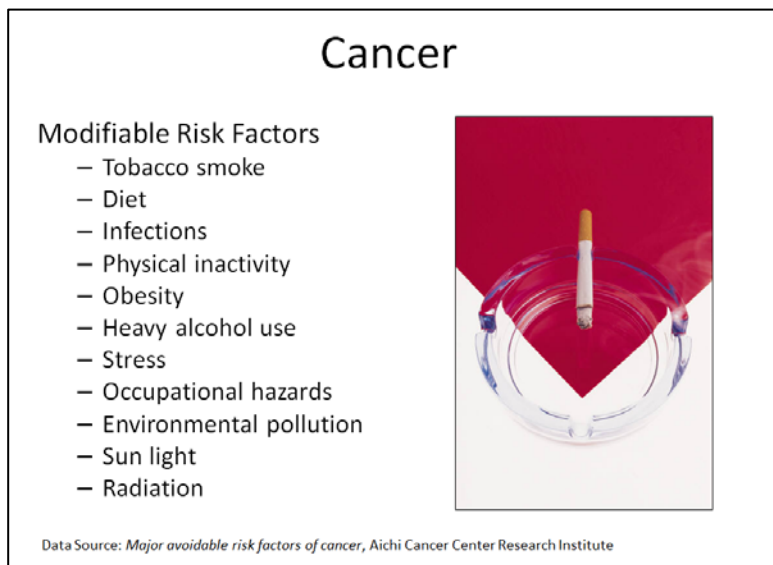
#### Socioeconomic Status

According to the American Cancer Society, people with lower socioeconomic status (SES) have disproportionately higher cancer death rates than those with higher SES, regardless of demographic factors such as race/ethnicity.<sup>20</sup>

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.



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015



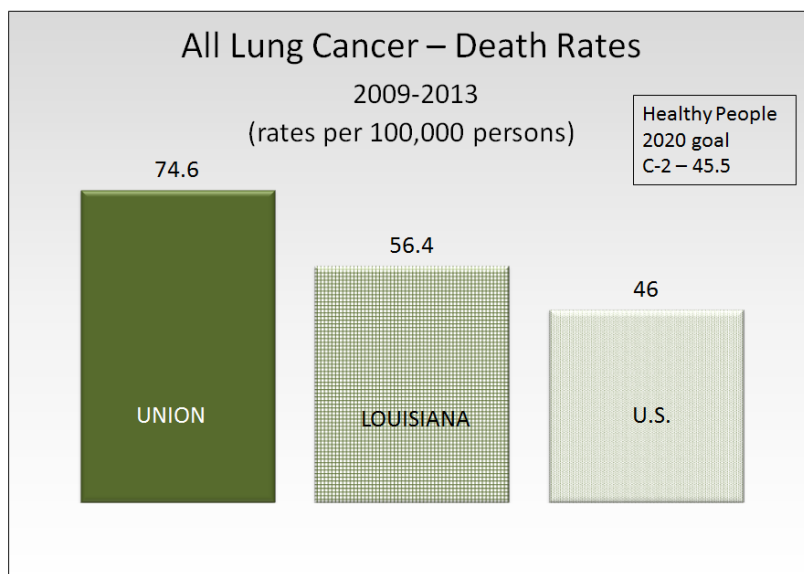
## Lung Cancer

According to the American Cancer Society, lung cancer accounts for about 27 percent of cancer diagnoses in the U.S. Lung cancer accounts for more deaths than any other cancer in men and women. More people die of lung cancer than of colon, breast, and prostate cancers combined.<sup>21</sup>

The estimate number of lung cancer deaths in Louisiana in 2015 is 2,610.<sup>22</sup>

For the period 2009-2013, the Union Parish lung cancer death rates (males and females combined) were higher than both the State and U.S. rates.

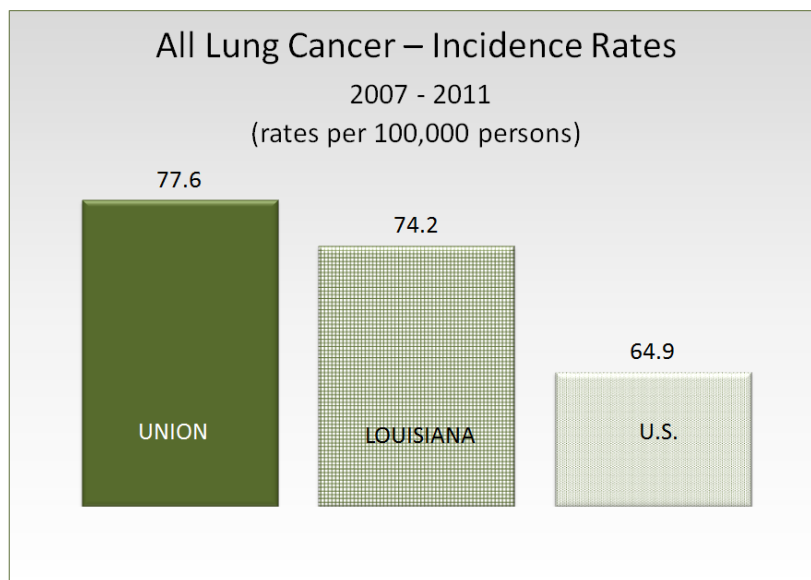
*The Union Parish 2009-2013 lung cancer death rate has **increased** over the 2003-2007 rate (63.5) included in the 2012 Community Health Needs Assessment. Both the State and U.S. rates have declined since that time.*



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

According to the data published by the National Cancer Institute (2007-2011), the incidence rate for lung cancer for males (97.8) was one and one-half times higher than that of females (61.5) in Union Parish. The male incidence rate was slightly higher than the State rate (96.9). The female incidence rate was also higher than the State rate (57.0).<sup>23</sup>

*The Union Parish 2007-2011 the lung cancer incidence rate has **increased** over the 2004-2008 rate (73) included in the 2012 Community Health Needs Assessment. Both the State and U.S. rates have declined since that time.*



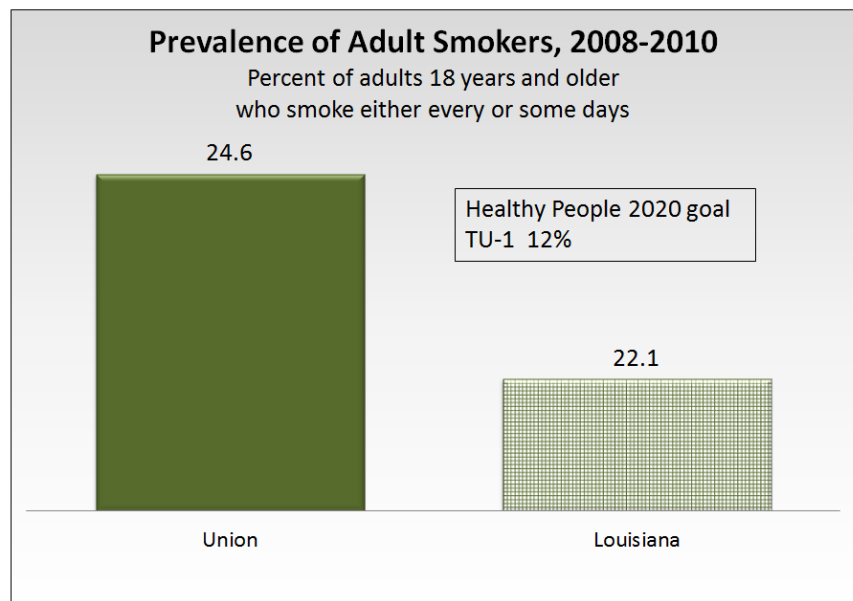
Data Source: State Cancer Profiles, National Cancer Institute



## Risk Factors

According to the American Cancer Society, lung cancer mortality rates are about 22 times higher for men who currently smoke and 1 times higher for women who currently smoke than for men and women who have never smoked.<sup>24</sup> Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

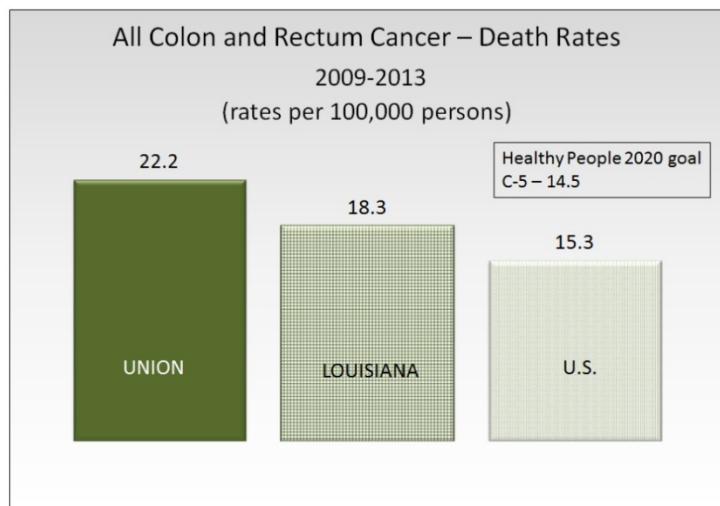
Union Parish had a higher prevalence of adult smokers than that of the State. The rate is double that of the Healthy People 2020 goal of 12%.



Data Source: Department of Health and Human Services Behavioral Risk Factor Surveillance System

## Colon and Rectum

Excluding skin cancers, cancer of the colon and rectum is the third most common cancer in both men and women in the U.S. It is expected to cause about 49,700 deaths in the U.S. during 2015. Death rates have declined over the past twenty years, due to improvements in early detection and treatment.<sup>25</sup> Black persons have a higher incidence and poorer survival rate for colon cancer than for other racial groups.<sup>26</sup>



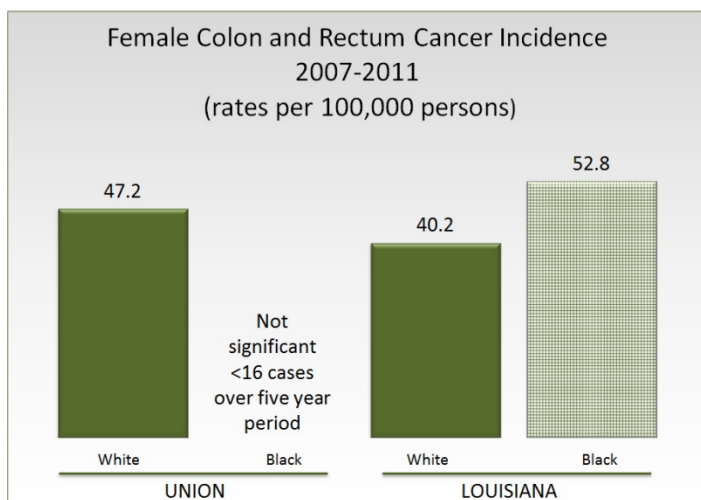
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

The death rate in Union Parish from colon and rectum cancer was higher than the State and U.S. rates for the years 2009-2013.

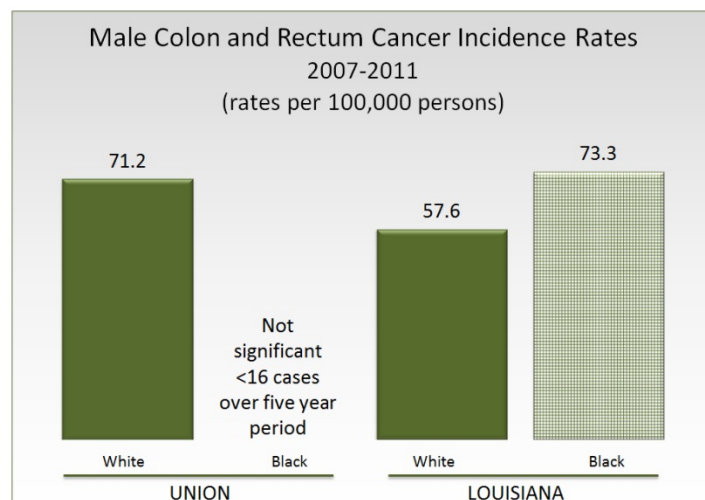
*The Union Parish 2009-2013 the colon and rectum cancer death rate has **increased** over the 2003-2007 rate (13.3) included in the 2012 Community Health Needs Assessment. The State and U.S. rates for Colon and rectum deaths have decreased since that time.*

The White female and male colon and rectum cancer incidence rate was higher in Union Parish than in the State. The Louisiana Black population had higher incidence of colon cancer than that of Whites.

*The Union Parish 2007-2011 colon and rectum cancer incidence rates have **increased** over the 2003-2007 rates (female 31, male 46.1) included in the 2012 Community Health Needs Assessment. The State rates have declined since that time.*



Data Source: State Cancer Profiles, National Cancer Institute



Data Source: State Cancer Profiles, National Cancer Institute



## 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 smoking<sup>27</sup>

## 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. The American Cancer Society recommends that beginning at age 50, both men and women at average risk for developing colorectal cancer use one of the following screening tests:

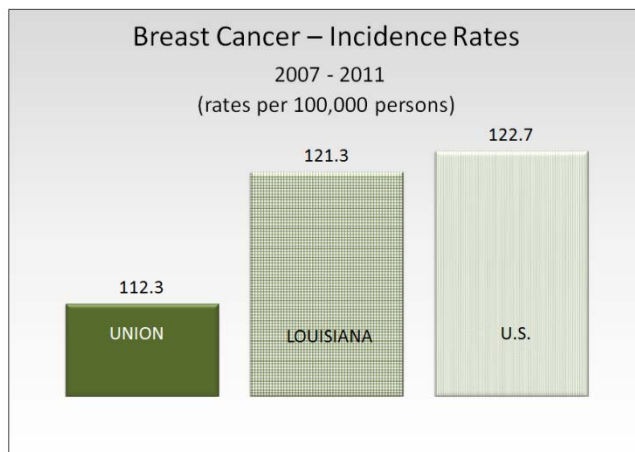
- Flexible sigmoidoscopy every 5 years\*
  - Double contrast barium enema every 5 years\*
  - CT colonography (virtual colonoscopy) every 5 years\*
  - Colonoscopy every 10 years
- \*Colonoscopy should be done if test results are positive<sup>28</sup>

## Breast Cancer

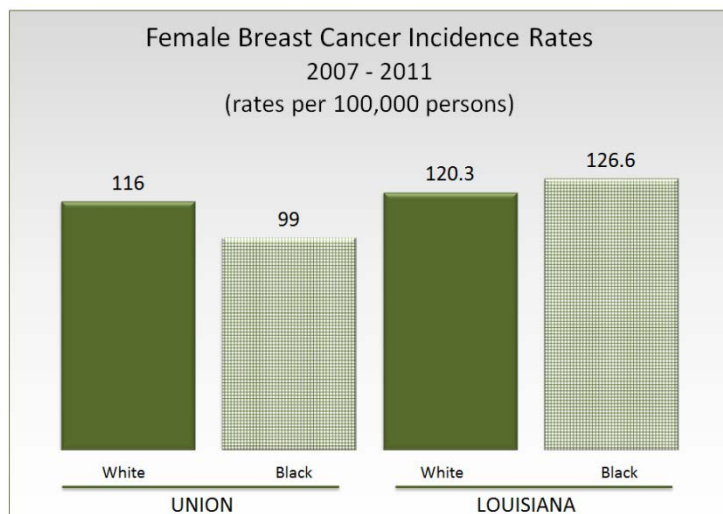
Breast cancer is the second most frequently diagnosed cancer in women, with skin cancer being the first. Breast cancer also ranks second as the cause of cancer death in women (after lung cancer). Female breast cancer death rates have decreased since 1990. This decrease is due to earlier detection and improved treatment. About 1 in 8 (12%) of women in the U.S. will develop invasive breast cancer during their lifetime.<sup>29</sup>

The 2007-2011 breast cancer incidence rate for Union Parish was lower than the rates of Louisiana and the U.S.

*The Union Parish breast cancer incidence rate for 2007-2011 has **decreased** from the 2004-2008 rate (123.6) included in the 2012 Community Health Needs Assessment. The State and U.S. rates have increased since that time.*



Data Source: State Cancer Profiles, National Cancer Institute



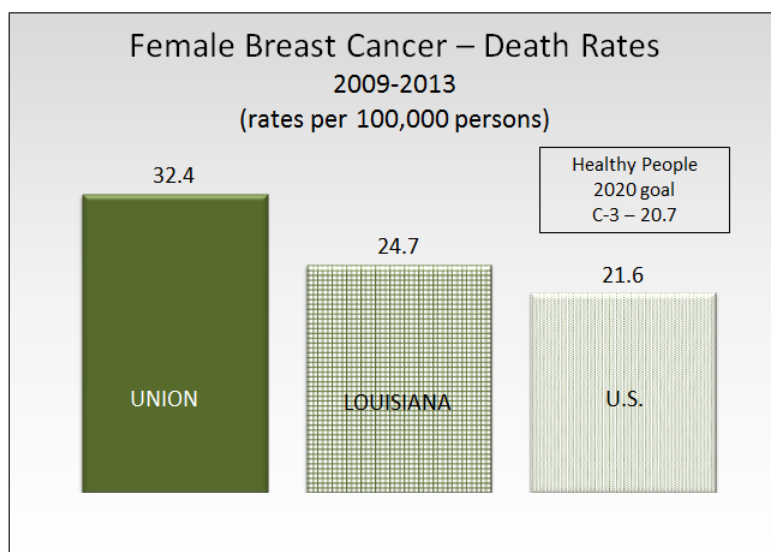
Data Source: State Cancer Profiles, National Cancer Institute

In Louisiana, Black females had a higher breast cancer incidence rate than White females, while in Union Parish the rate was lower.

Nationwide the incidence rates have been stable in White women, but have increased slightly in African American women.<sup>30</sup>

The 2009-2013 female breast cancer death rate in Union Parish was higher than the rates of Louisiana and the U.S.

*The Union Parish 2009-2013 breast cancer death rate has **increased** over the 2003-2007 rate (3 or fewer cases) included in the 2012 Community Health Needs Assessment. The State and U.S. rates have decreased since that time.*



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

## Risk Factors

The risk of breast cancer increases with age. About 1 out of 8 invasive breast cancers are found in women younger than 45, while about 2 out of 3 are found in women age 55 or older. Risk is also increased by a personal or family history of breast cancer.

Potentially modifiable risk factors include:

- Being overweight or obese
- Combined hormone therapy after menopause
- 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 weight<sup>31</sup>

## Early detection

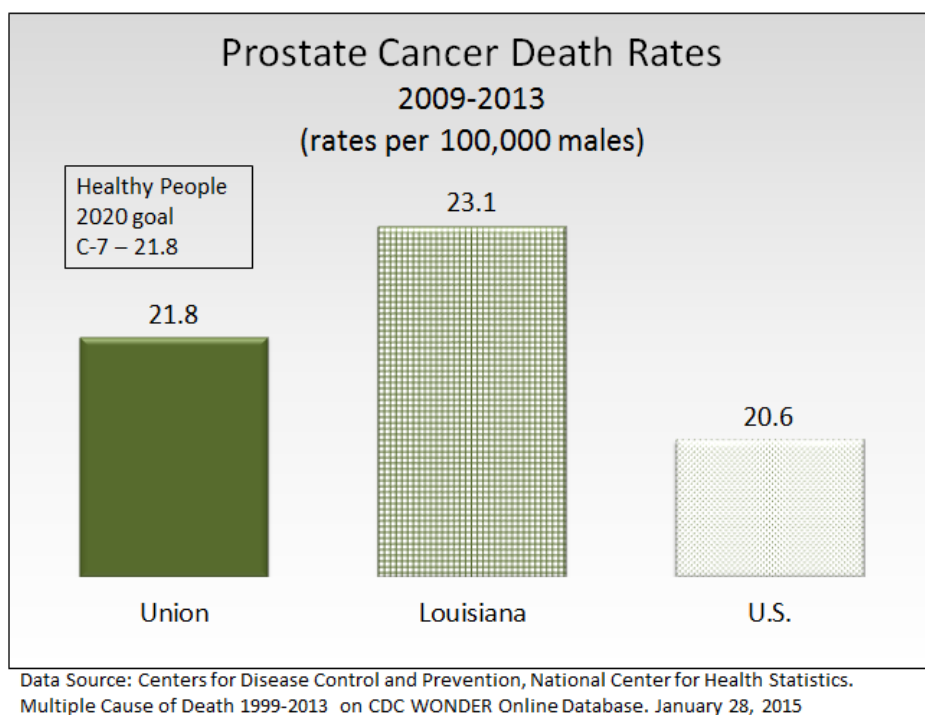
Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.<sup>32</sup>

## 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. About 1 man in 38 will die of prostate cancer, while 1 in 7 will be diagnosed with prostate cancer during his lifetime. Prostate cancer occurs mainly in men 65 years of age or older.<sup>33</sup>

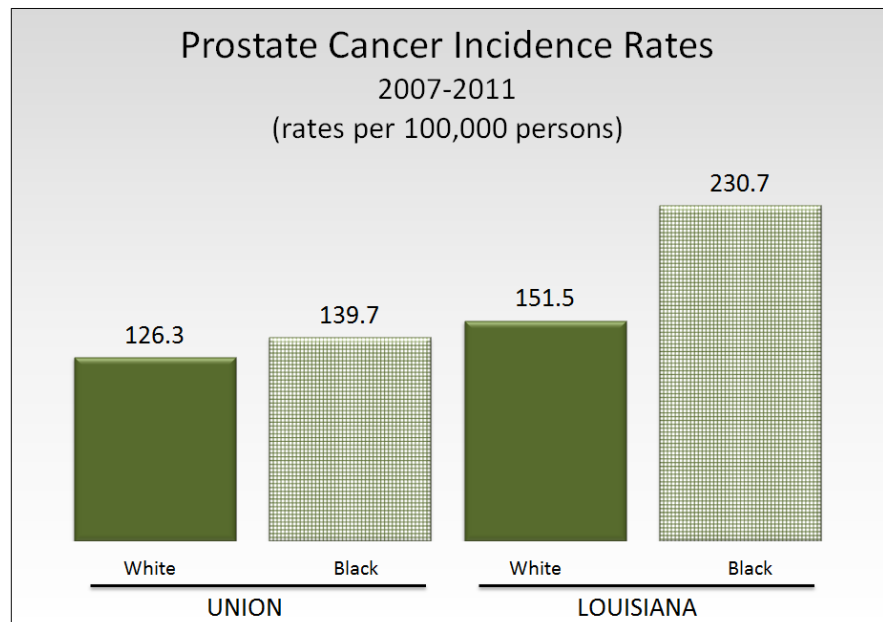
Union Parish had a lower death rate for prostate cancer than those of Louisiana or the U.S.

*The Union Parish 2009-2013 prostate cancer death rate has **decreased** from the 2003-2007 rate (51.4) included in the 2012 Community Health Needs Assessment. The State and U.S. rates have also decreased.*



For the period 2007-2011, Union Parish had lower prostate cancer incidence rates for than the State.

*The Union Parish 2007-2011 overall prostate cancer incidence rates have **decreased** from the 2003-2007 rates (White – 168.7, Black 248.8) included in the 2012 Community Health Needs Assessment. The State and U.S. have also decreased.*



Data Source: State Cancer Profiles, National Cancer Institute

## Risk Factors

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

- Age
- Ethnicity
- Family history of prostate cancer<sup>34</sup>

## 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 which recommend men thinking about having prostate cancer screening should make informed decisions based on available information, discussion with their doctor, and their own views on the benefits and side effects of prostate cancer screening and treatment.<sup>35</sup>

## Community Input – Cancer

- *Cancer is the number one issue among the Senior population.*
- *There is a mobile mammogram unit that comes from Shreveport.*
- *There is an FQHC in Marion that provides a screenings to obtain an order for a mammogram to be performed at a hospital in Bastrop. Hispanic women without social security numbers are permitted to use this service.*
- *Most cancer patients have to go to other places such as Little Rock or Shreveport for specialized care.*
- *Breast cancer education is very active in the community.*
- *The majority of the funerals last month were due to cancer.*
- *Prevention and early screening is important.*
- *There are a lot of young people with different types of cancer.*
- *Poor diet causes cancer. There is a need for more nutrition education in the community.*
- *A local treatment center is needed for cancer care.*
- *There is a need for screening earlier than 40 years of age for mammograms.*
- *Men are less likely than women to get any type of preventative cancer screening.*

### 2012 Implementation Strategy:

Since conducting the 2012 CHNA, Union General Hospital implemented a program to partner with Building Health Communities to help decrease the morbidity and mortality of breast cancer among the uninsured and underinsured women of the community. UGH helps identify women who need mammograms and refer these women to the LA Rural Tele mammography Project. The hospital provides follow-up to ensure women show up to their appointments and receive recommended follow-up care. Attendance rates were 90 percent.

Other outreach efforts include:

- Annual breast cancer education and a celebration for survivors.
- Faith-based education called “Pink Sunday” where the hospital provides handouts and education in African-American churches
- Faith-based cervical cancer education program with ULM School of Nursing
- Assist patients in locating services through “Just Like You” Mastectomy Boutique
- Assist patients with paperwork and obtaining information through Cancer Foundation League

## Heart Disease and Stroke

### Why Are Heart Disease and Stroke Important?

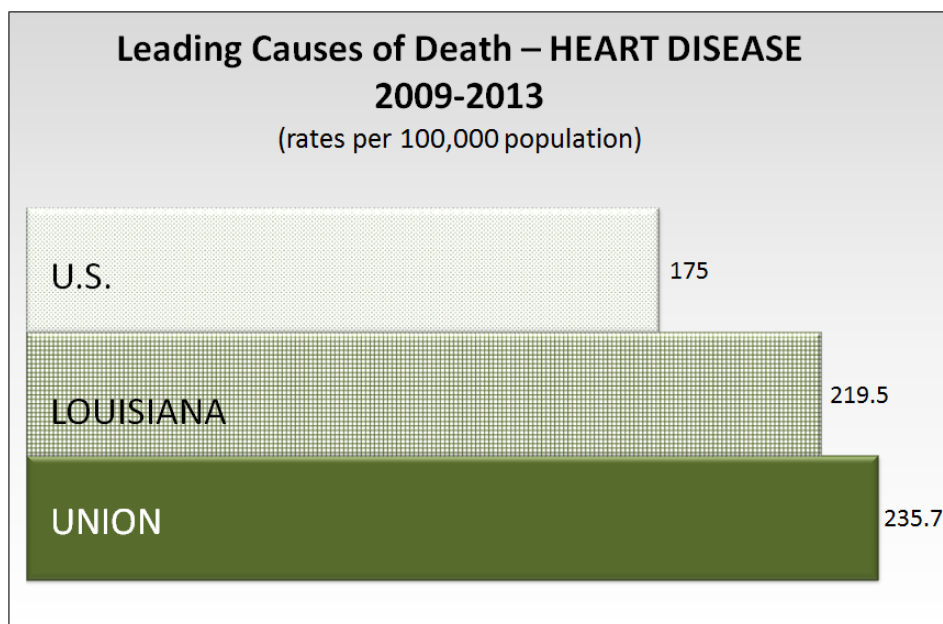
*Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

- Healthy People 2020

### Heart Disease

For the years 2009 through 2013, heart disease was the leading cause of death in the United States. Based on 2012 data, heart disease accounted for 24 percent of all deaths, followed by cancer 23 percent of all deaths.<sup>36</sup>

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.<sup>37</sup>



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

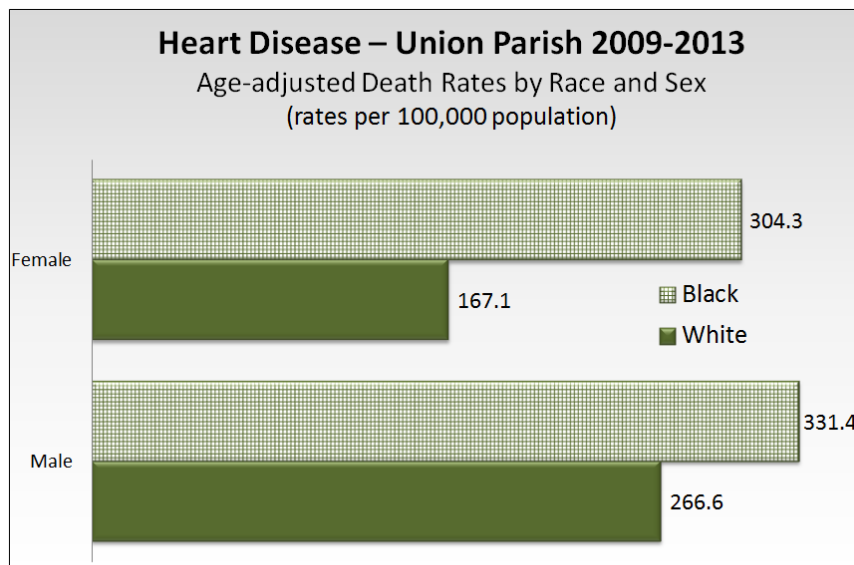
For the period 2009-2013 the Louisiana death rate from heart disease was higher than the U.S. rate. The Union Parish rate was higher than both the State and U.S. rates.

*The Union Parish 2009-2013 heart disease death rate **decreased** from the 2009 Preliminary rate (236.4) included in the 2012 Community Health Needs Assessment. The State rate and U.S. rate also decreased since 2012.*



Age-adjusted death rates from heart disease in Union Parish for 2009-2013 indicated that the death rate from heart disease was higher for Blacks than for Whites, with the highest rate among Black males.

*The Parish heart disease death rates for males have been **stable** since 2007, while the Black female rates have **increased** and the White female rates have **decreased**.*



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

## Risk Factors


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

- 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<sup>38</sup>

**Cardiovascular Disease**

Modifiable Risk Factors

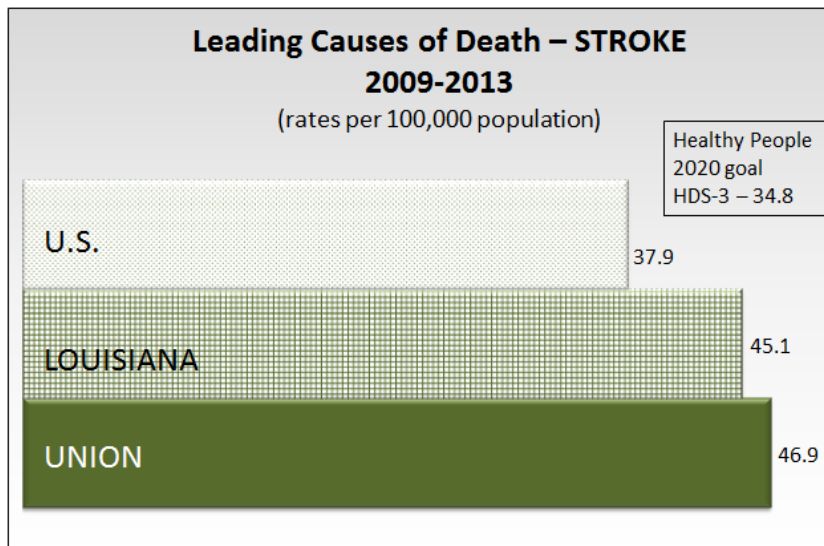
- Tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight and obesity
- Poor nutrition
- Diabetes mellitus
- Stress
- Alcohol use
- Illegal drugs



Data Source: American Heart Association

## Stroke

For the years 2009-2013, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and Louisiana.<sup>39</sup>



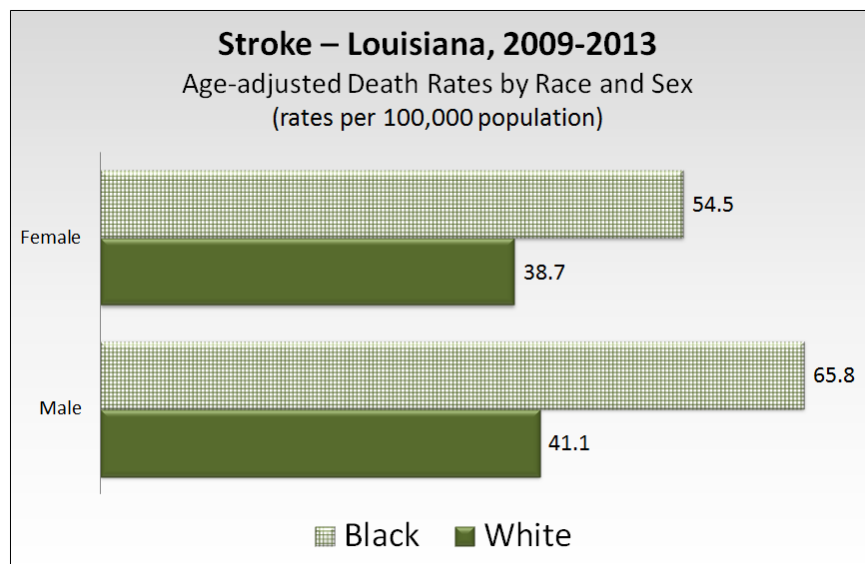
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

The 2009-2013 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 34.8 per 100,000 population.

*The Union Parish 2009-2013 stroke death rate **decreased** from the 2009 Preliminary rate (48.1) included in the 2012 Community Health Needs Assessment. While the U.S. rate also decreased, the State rate increased.*

The Louisiana stroke rates for Black males and females were higher than the rates for their White counterparts.

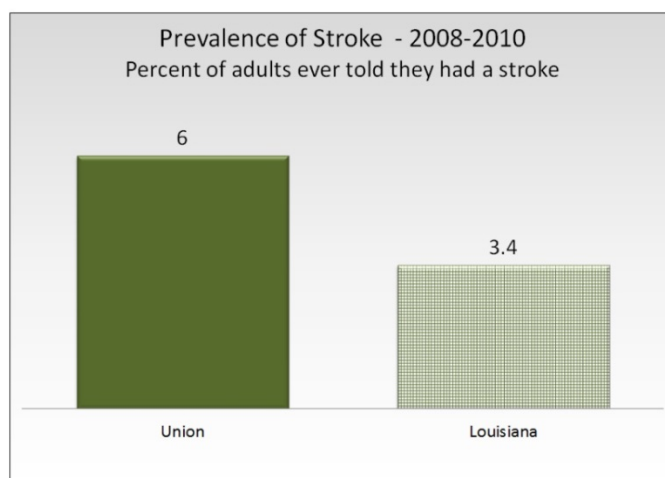
*The 2009-2013 stroke death rates by race and sex were all lower than the 2007 rates included in the 2012 Community Health Needs Assessment.*



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015



According to stroke data for the period 2008-2010, the prevalence of stroke in Union Parish was 1.7 times that of the State.



Data Source: Department of Health and Human Services, Behavioral Risk Factor Surveillance System

## 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 – Heart Disease and Stroke***

- *High blood pressure is more prevalent among African Americans.*
- *There is a “Go Red” program that addresses heart disease prevention.*
- *The health department is always willing and able to provide blood pressure checks.*
- *The barriers to care for heart disease are lack of specialists and lack of a healthy diet.*
- *A cardiac specialist comes into town every week to see patients.*
- *Non-compliance with heart medications is a major problem in this community.*
- *There is a new tele-stroke program that helps stabilize the patient before they can get immediate care.*

### **2012 Implementation Strategy:**

Since conducting the 2012 CHNA, Union General Hospital implemented an educational seminar program related to heart disease and stroke prevention every February called “Go Red.” The hospital provided coupons valued at \$150 to attendees for free cholesterol screenings. The event also provided free screenings for blood pressure, weight, and body mass index to address the comorbidities, diabetes and obesity.

The “Go Red” program reached the following locations in the community:

- Walmart
- Council on Aging
- Local churches
- Hispanic Community through “Day of Family” health fair

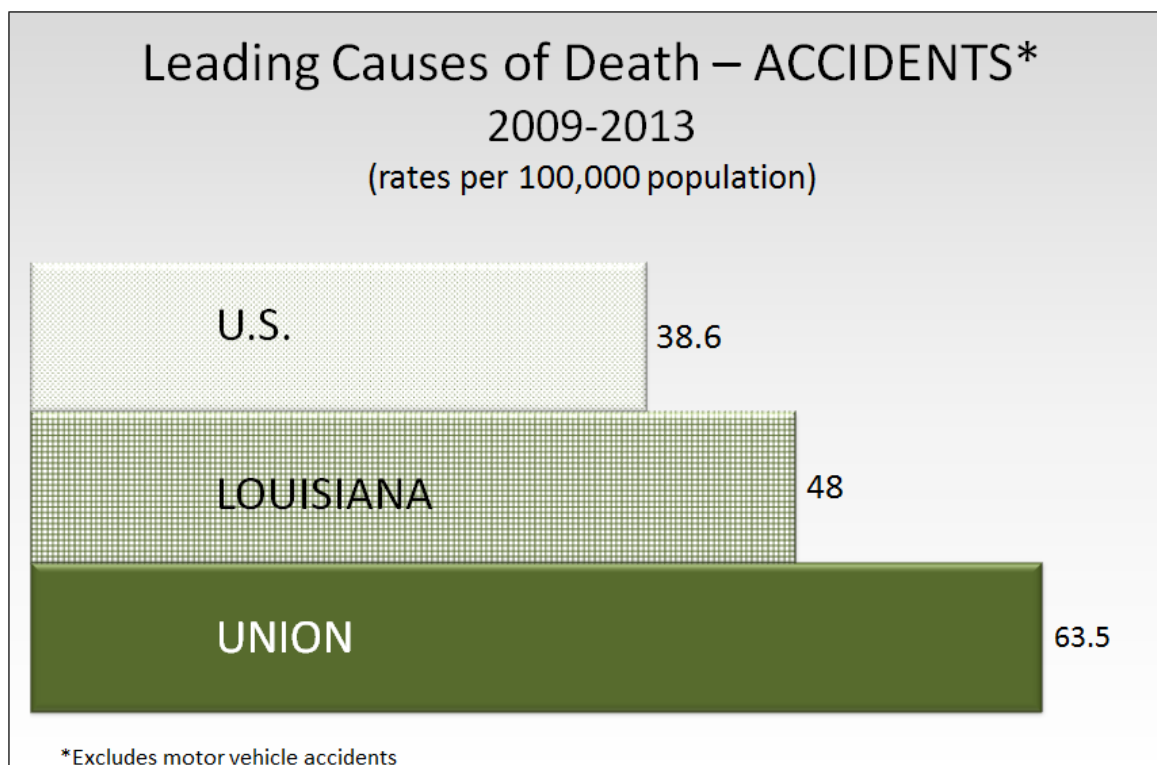
## Accidents (Unintentional Injury)

### **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*

The Union Parish accident (unintentional injury) rate is significantly higher than that of the State or the U.S. This rate does not include motor vehicle accidents. The Union Parish death rate (63.5) **decreased** from the 2009 Preliminary rate (74.4) included in the 2012 Community Health Needs Assessment



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

Although detailed data is unavailable regarding the types of injuries for Union Parish, the following tables depict injury details for the State and U.S.

### 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States - 2012

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 965	Unintentional Drowning 415	Unintentional MV Traffic 339	Unintentional MV Traffic 407	Unintentional MV Traffic 6,910	Unintentional Poisoning 7,737	Unintentional Poisoning 7,899	Unintentional Poisoning 10,340	Unintentional Poisoning 5,431	Unintentional Fall 24,190	Unintentional Poisoning 36,332
2	Homicide Unspecified 170	Unintentional MV Traffic 357	Unintentional Drowning 141	Suicide Suffocation 195	Homicide Firearm 3,931	Unintentional MV Traffic 5,949	Unintentional MV Traffic 4,620	Unintentional MV Traffic 5,359	Unintentional MV Traffic 4,543	Unintentional MV Traffic 6,378	Unintentional MV Traffic 34,935
3	Unintentional MV Traffic 68	Homicide Unspecified 153	Unintentional Fire/Burn 74	Homicide Firearm 124	Unintentional Poisoning 3,175	Homicide Firearm 3,427	Suicide Firearm 2,924	Suicide Firearm 4,113	Suicide Firearm 3,747	Suicide Firearm 4,796	Unintentional Fall 28,753
4	Homicide Other Spec., Classifiable 43	Unintentional Suffocation 138	Homicide Firearm 67	Unintentional Drowning 109	Suicide Firearm 2,218	Suicide Firearm 2,760	Suicide Suffocation 2,054	Suicide Suffocation 2,029	Unintentional Fall 2,168	Unintentional Unspecified 4,664	Suicide Firearm 20,666
5	Unintentional Drowning 43	Unintentional Fire/Burn 101	Unintentional Suffocation 34	Suicide Firearm 104	Suicide Suffocation 1,882	Suicide Suffocation 2,085	Homicide Firearm 1,887	Suicide Poisoning 1,974	Suicide Poisoning 1,485	Unintentional Suffocation 3,403	Homicide Firearm 11,622
6	Undetermined Suffocation 41	Unintentional Pedestrian, Other 98	Unintentional Other Land Transport 24	Unintentional Suffocation 45	Unintentional Drowning 540	Suicide Poisoning 852	Suicide Poisoning 1,251	Unintentional Fall 1,344	Suicide Suffocation 1,172	Unintentional Poisoning 1,655	Suicide Suffocation 10,088
7	Homicide Suffocation 26	Unintentional Struck by or Against 52	Unintentional Poisoning 21	Unintentional Other Land Transport 43	Homicide Cut/Pierce 386	Undetermined Poisoning 557	Undetermined Poisoning 640	Homicide Firearm 1,181	Unintentional Suffocation 677	Adverse Effects 1,639	Suicide Poisoning 6,729
8	Undetermined Unspecified 26	Homicide Other Spec., Classifiable 46	Homicide Unspecified 18	Unintentional Fire/Burn 36	Suicide Poisoning 364	Homicide Cut/Pierce 437	Unintentional Fall 458	Undetermined Poisoning 881	Homicide Firearm 589	Unintentional Fire/Burn 1,021	Unintentional Suffocation 6,238
9	Unintentional Natural/Environment 19	Homicide Firearm 45	Unintentional Pedestrian, Other 18	Unintentional Poisoning 30	Undetermined Poisoning 247	Unintentional Drowning 433	Unintentional Drowning 370	Unintentional Drowning 533	Unintentional Fire/Burn 493	Suicide Poisoning 799	Unintentional Unspecified 5,915
10	Unintentional Fire/Burn 17	Unintentional Natural/Environment 39	Unintentional Struck by or Against 17	Unintentional Firearm 22	Unintentional Fall 218	Unintentional Fall 319	Homicide Cut/Pierce 351	Unintentional Suffocation 451	Undetermined Poisoning 467	Suicide Suffocation 667	Unintentional Drowning 3,551

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.  
Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**10 Leading Causes of Unintentional Injury Deaths, Louisiana  
2013, All Races, Both Sexes**

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 52	Unintentional Drowning ---	Unintentional MV Traffic ---	Unintentional MV Traffic 13	Unintentional MV Traffic 136	Unintentional Poisoning 177	Unintentional Poisoning 186	Unintentional Poisoning 175	Unintentional Poisoning 113	Unintentional Fall 245	Unintentional Poisoning 733
2	Unintentional Fall ---	Unintentional MV Traffic ---	Unintentional Drowning ---	Unintentional Drowning ---	Unintentional Poisoning 52	Unintentional MV Traffic 141	Unintentional MV Traffic 114	Unintentional MV Traffic 131	Unintentional MV Traffic 84	Unintentional MV Traffic 98	Unintentional MV Traffic 727
3	Unintentional MV Traffic ---	Unintentional Suffocation ---	Unintentional Firearm ---	Unintentional Suffocation ---	Unintentional Drowning 12	Unintentional Drowning 11	Unintentional Fall ---	Unintentional Fall 16	Unintentional Fall 33	Unintentional Unspecified 70	Unintentional Fall 311
4	Unintentional Pedestrian, Other ---	Unintentional Fire/burn ---	Unintentional Other Land Transport ---	Unintentional Fall ---	Unintentional Fire/burn ---	Unintentional Suffocation ---	Unintentional Drowning ---	Unintentional Fire/burn 12	Unintentional Unspecified 14	Unintentional Suffocation 59	Unintentional Suffocation 150
5	Unintentional Struck by or Against ---	Unintentional Firearm ---	Unintentional Suffocation ---	Unintentional Firearm ---	Unintentional Firearm ---	Unintentional Other Spec., classifiable ---	Unintentional Other Land Transport ---	Unintentional Drowning 10	Unintentional Suffocation 13	Unintentional Poisoning 28	Unintentional Unspecified 98
6	---	Unintentional Natural/Environment ---	---	Unintentional Poisoning ---	Unintentional Other Land Transport ---	Unintentional Other Transport ---	Unintentional Other Spec., classifiable ---	Unintentional Other Spec., classifiable 10	Unintentional Fire/burn 10	Unintentional Fire/burn 18	Unintentional Drowning 70
7	---	Unintentional Other Land Transport ---	---	---	Unintentional Fall ---	Unintentional Fall ---	Unintentional Other Transport ---	Unintentional Unspecified 10	Unintentional Drowning ---	Unintentional Other Spec., NEC 10	Unintentional Fire/burn 55
8	---	Unintentional Poisoning ---	---	---	Unintentional Suffocation ---	Unintentional Fire/burn ---	Unintentional Firearm ---	Unintentional Suffocation ---	Unintentional Struck by or Against ---	Unintentional Drowning ---	Unintentional Other Spec., classifiable 31
9	---	Unintentional Struck by or Against ---	---	---	Four Tied ---	Unintentional Natural/Environment ---	Unintentional Natural/Environment ---	Unintentional Other Land Transport ---	Five Tied ---	Unintentional Pedestrian, Other ---	Unintentional Other Land Transport 27
10	---	---	---	---	Four Tied ---	Four Tied ---	Four Tied ---	Two Tied ---	Five Tied ---	Unintentional Struck by or Against ---	Unintentional Other Transport 22

Death counts of less than 10 deaths have been suppressed (---).

Source: WISQARS, Centers for Disease Control, National Center for Health Statistics, National Vital Statistics System

## Respiratory Disease

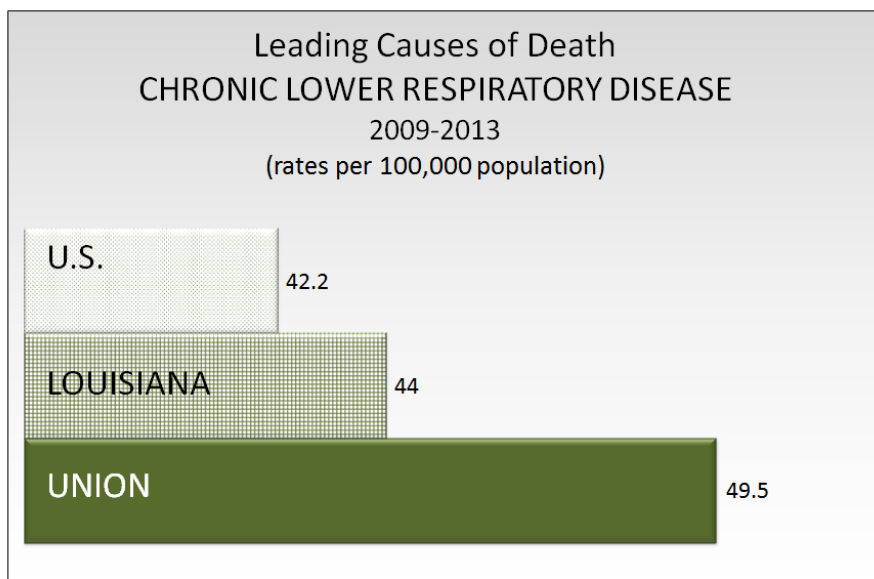
### ***Why Are Respiratory Diseases Important?***

*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*

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.

For the period October 1, 2013 through September 30, 2014 respiratory infections were the third leading cause of emergency room visits to Union General Hospital. A respiratory diagnosis was among the top 10 reasons for emergency room visits among both sexes and all age groups.



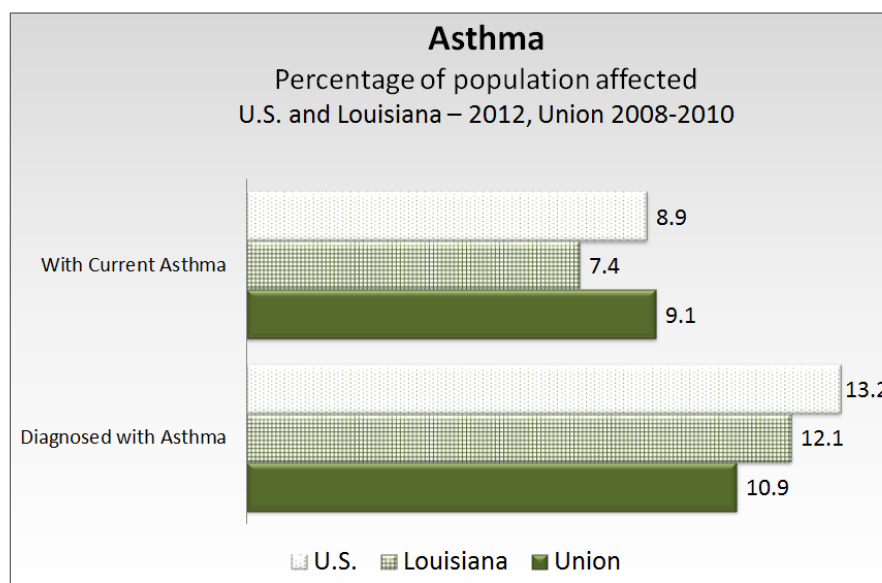
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

For the years 2009-2013, the chronic lower respiratory disease rate for Union Parish was higher than the rates for the State and U.S.

*The 2009-2013 Union Parish death rate **increased** beyond the 2009 Preliminary rate (39.4) included in the 2012 Community Health Needs Assessment. The State death rate also increased, while the U.S. rate remained stable.*

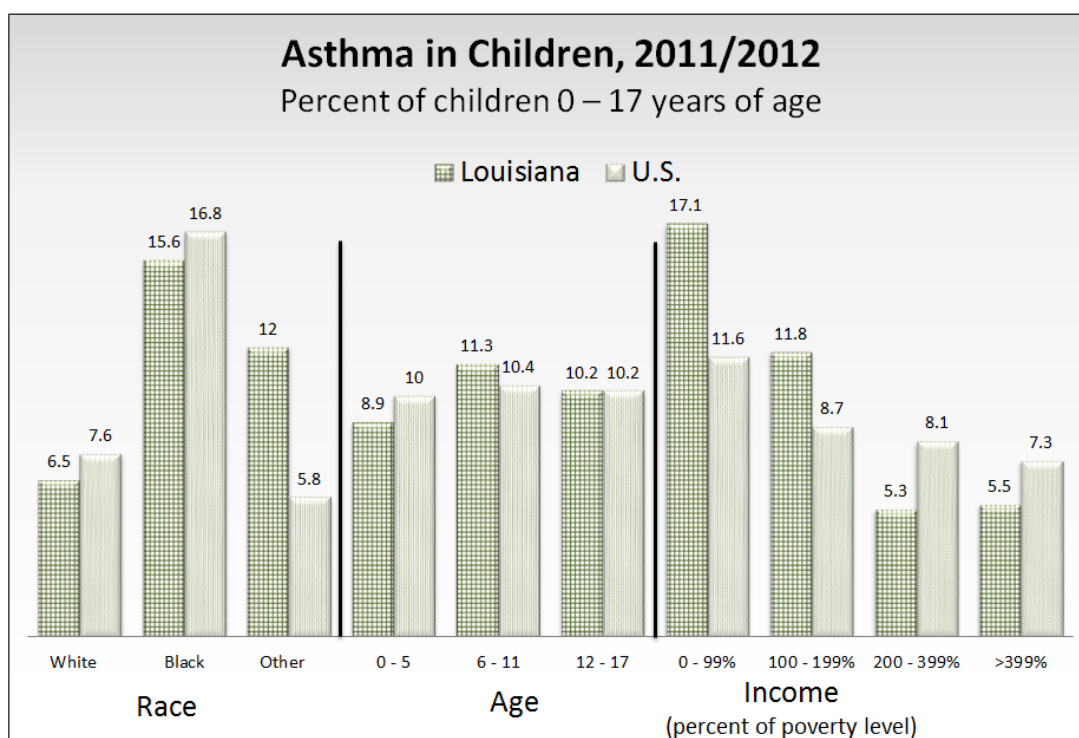


In 2008-2010, 9.1 percent of the population of Union Parish had current asthma, while 10.9 percent were diagnosed with asthma.



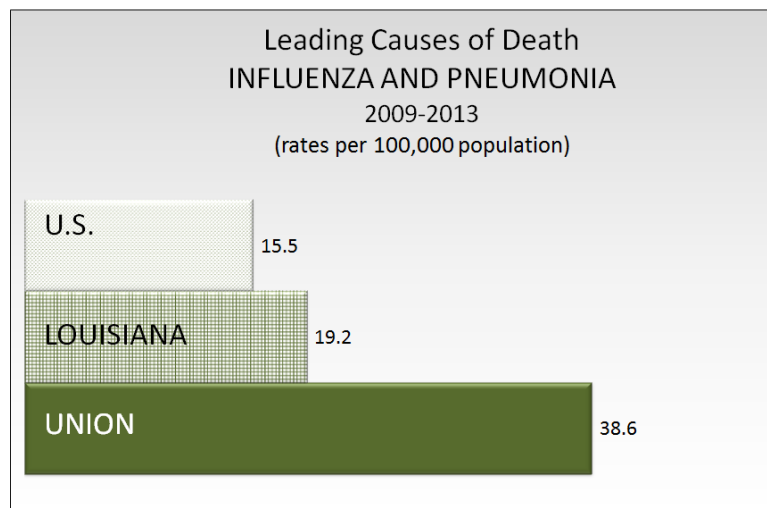
Data Source: Centers for Disease Control, Department of Health & Hospitals, Louisiana, Behavioral Risk Factor Surveillance Survey Data

According to the 2011/2012 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.



Data Source: 2011/2012 National Survey of Children's Health

Influenza (flu) is a contagious respiratory disease caused by a virus and can cause mild to severe illness. The best way to prevent flu is by vaccination. Pneumonia is an infection of the lungs and is the leading cause of death in children younger than 5 years of age worldwide. Pneumonia can often be prevented with vaccines and usually treated with antibiotics or antiviral drugs. You are more likely to become ill with pneumonia if you smoke or have an underlying medical condition, such as diabetes or heart disease.<sup>40</sup>



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

For the years 2009-2013, the Union Parish influenza and pneumonia death rates were more than double the rates for the State and U.S.

### **Community Input – Respiratory Disease**

- *Asthma is an issue in children ages 7-14 and adults 50-60.*
- *Recently, it seems like a lot of patients want to quit smoking.*
- *There is a lot of COPD among chronic smokers.*
- *Most insurance will not pay for tobacco cessation drugs.*

### **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



# Diabetes

## 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.

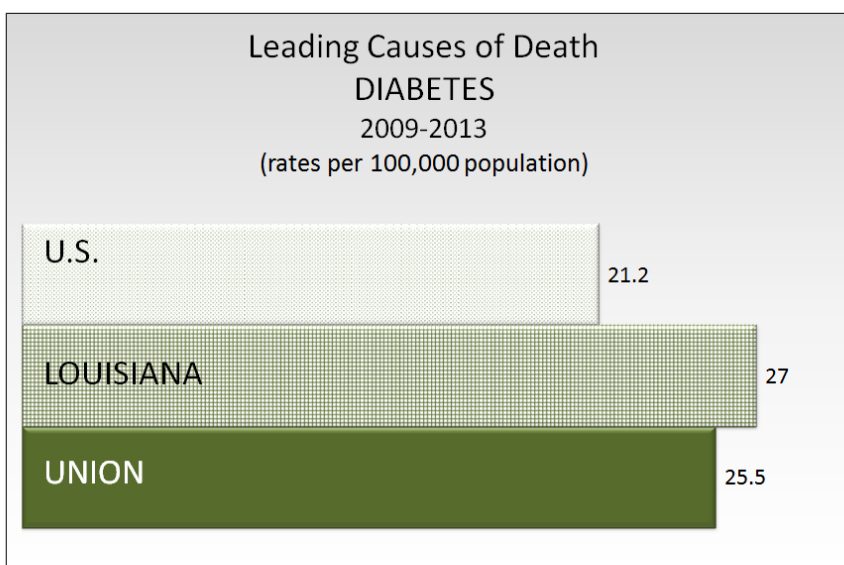
In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

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

-Healthy People 2020

In 2010, an estimated 10.3% of the adult population in Louisiana was diagnosed with diabetes. Diabetes is the fifth leading cause of death for Louisiana and the state ranked 11<sup>th</sup> in the nation for people diagnosed with diabetes. Louisiana has the second highest diabetes mortality in the nation.<sup>41</sup>

The Union Parish diabetes death rate was less than that of the State; however exceeded the rate for the U.S. According to data from the National Center for Health Statistics, the Black population in Union Parish has a higher diabetes death rate than other population groups. (Refer to table *Union Parish Leading Causes of Death* on page 18 of this report.)

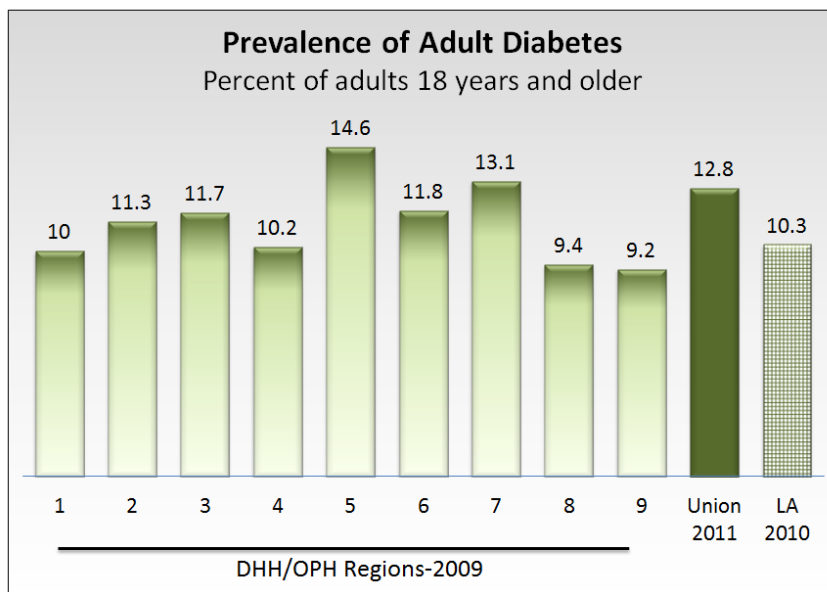


Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

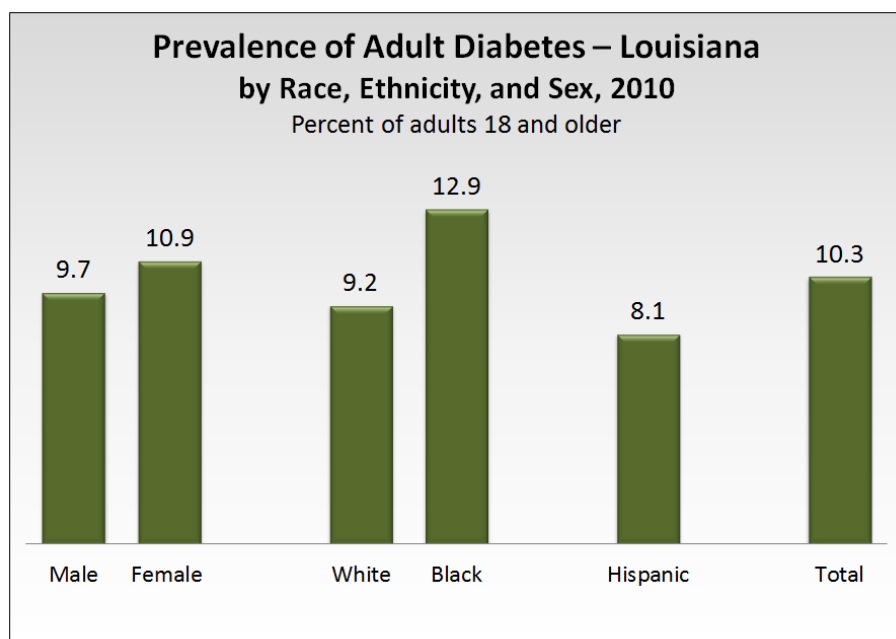
According to the Louisiana Department of Health and Hospitals Diabetes and Prevention Program data, the percentage of Louisiana residents diagnosed with diabetes had steadily risen since 2000, from 6.6 percent to 10.3 percent in 2010.<sup>42</sup> The U.S. rate for diabetes in 2010 was 11.3 percent.<sup>43</sup>

In 2011 the diabetes rate for Union Parish was 12.8 percent.

In 2009 DHH Region 8 (which includes Union Parish), had the second lowest diabetes incidence rate in the State (9.4 percent).



Data Source: 2009 Louisiana Behavioral Risk Factor Surveillance System Report, Centers for Disease Control National Diabetes Surveillance System 2011, DHH Diabetes and Prevention Program 2012 Louisiana Diabetes Fact Sheet



Data Source: Department of Health and Hospitals, 2012 Louisiana Diabetes Factsheet

In Louisiana, the 2010 prevalence of adult diabetes was highest among Blacks. Nationally, the percentage of Blacks with diabetes in 2010 was 18.7 percent.<sup>44</sup>


Females in the state had a higher rate of diabetes than males. Nationally, the percentage of men with diabetes in 2010 was 11.8 percent, while the rate for women was 10.8 percent.<sup>45</sup>

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.<sup>46</sup>

## 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

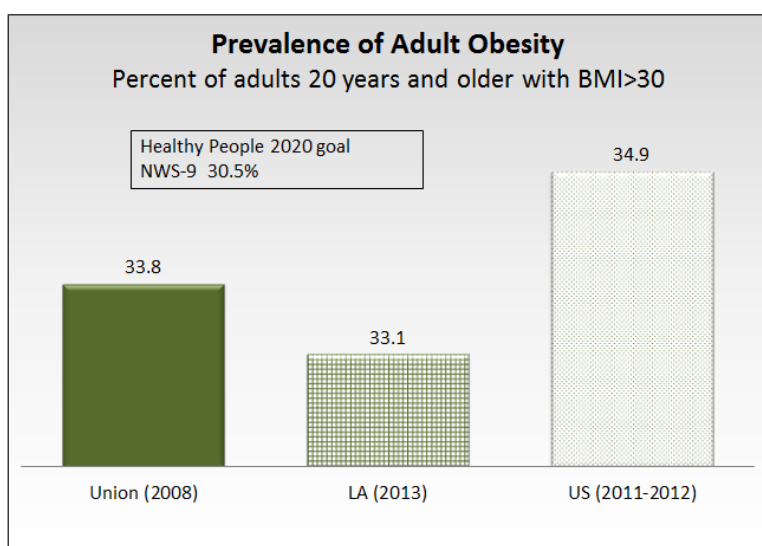
### **Community Input – Diabetes**

- *A lot of the restaurants in the community are starting to offer healthier option menus for individuals with restrictive diets.*
- *Type 2 diabetes seems to affect more of the White and African American population.*
- *A lot of diabetics cannot afford their medications.*
- *Some diabetes patients also have kidney diseases.*
- *Diabetics do not understand the effects of what they eat and how their body reacts – bread immediately turns into sugar.*
- *Insulin is very expensive.*
- *There are some younger children in the community with type 2 diabetes.*
- *There is a need for a diabetes support group led by a dietician to help with questions regarding insulin and nutrition.*
- *There is an increasing population of children who are obese, diabetic, or pre-diabetic.*

## 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 30.5 percent.<sup>47</sup>

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 29.9, while a BMI of 30 or higher is considered obese.<sup>48</sup>

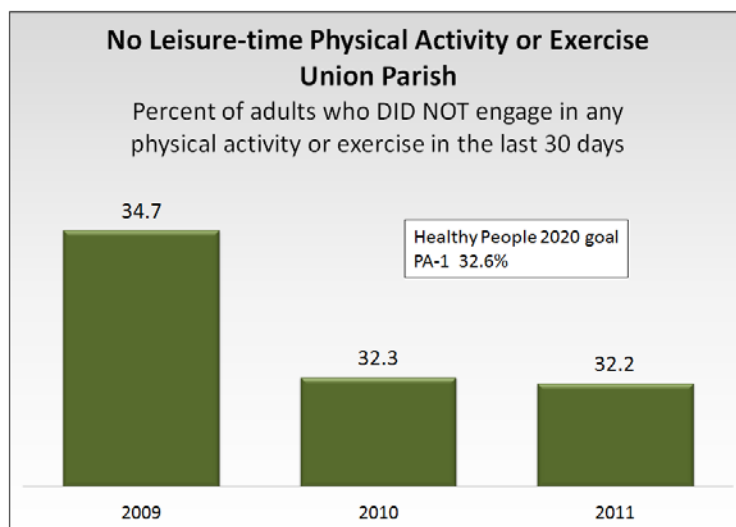


Data Source: Centers for Disease Control and Louisiana Behavioral Risk Factor Surveillance Systems

The prevalence of adult obesity in Union Parish for 2008 was higher than the Healthy People 2020 goal.

The Union Parish 2008 rate is similar to the rates for Louisiana in 2013 and for the U.S. in 2011-2012.

The percent of adults who DID NOT engage in leisure time physical activity in Union Parish has declined slightly over the three year period (2009-2011). The 2010 and 2011 rates are less than the Healthy People 2020 target of 32.6 percent.



Data Source: Centers for Disease Control National Diabetes Surveillance System

## **Community Input – Obesity**

- *The schools are not performing BMI screenings.*
- *School lunches have undergone tremendous change and follow strict federal guidelines for a healthy diet.*
- *The city of Farmerville has a recreation center that provides many sports activities for the youth.*
- *The school system is trying to figure what the new P.E. program will look like.*
- *A lot of the Senior population in the nursing home are obese or overweight.*
- *A lot of chronic diseases like obesity, diabetes, and high blood pressure are issues in the Hispanic community.*
- *Culture plays a major role in obesity.*
- *Convenience foods are all-around the community.*
- *There is no longer access to the track on the football field. The community used this for walking.*
- *There is an overall lack of exercise and physical activity in the community.*
- *The high school offers numerous P.E. classes such as: football, track, powerlifting, basketball, and baseball. The Junior High offers basketball and football.*
- *Contributing factors to obesity are depression and genetics.*
- *There are a lot of “stress eaters” in the community.*
- *More education on food choices would benefit the community.*
- *Obesity is occurring at younger and younger ages.*
- *There is community awareness for the need to improve activity levels. More people are walking and exercising.*
- *The morbidly obese children usually have a lot of emotional issues.*

## MATERNAL, INFANT AND CHILD HEALTH

### Healthy People 2020 Reference – MICH

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.<sup>49</sup>

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

Racial and ethnic disparities were noted among these indicators.

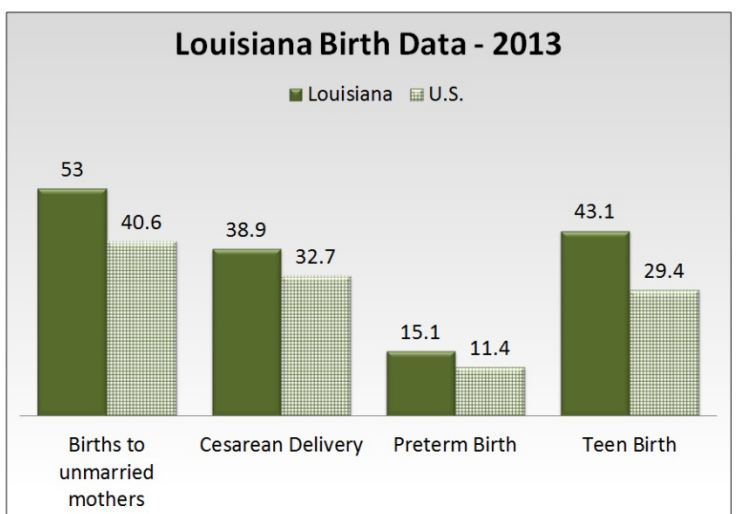
Disparities may be due differences in income levels, family structure, age of parents, educational attainment, and access to prenatal care.

Birth rates to unmarried mothers, cesarean delivery, preterm births, and teen births were higher in Louisiana than the U.S. rates. The teen birth rates in the table to the right are live birth rates per 1,000 females of child-bearing age.

#### ***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*

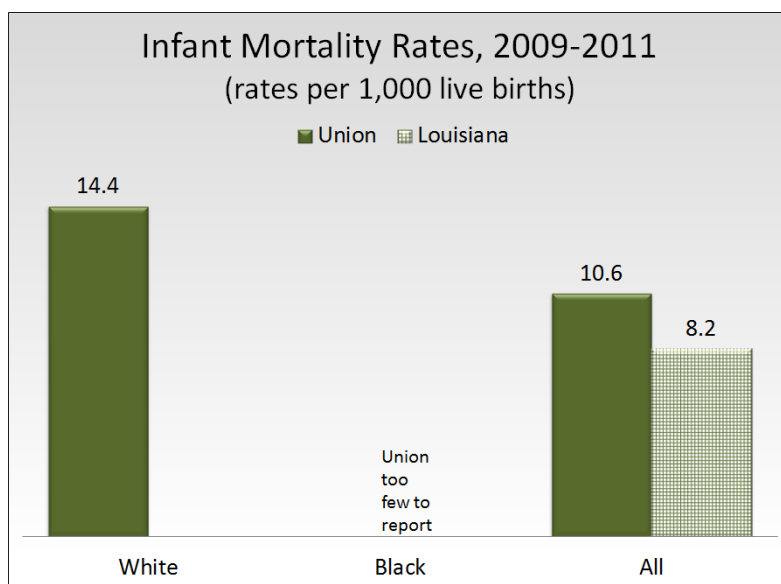


Data Source: CDC, Stats of the State of Louisiana

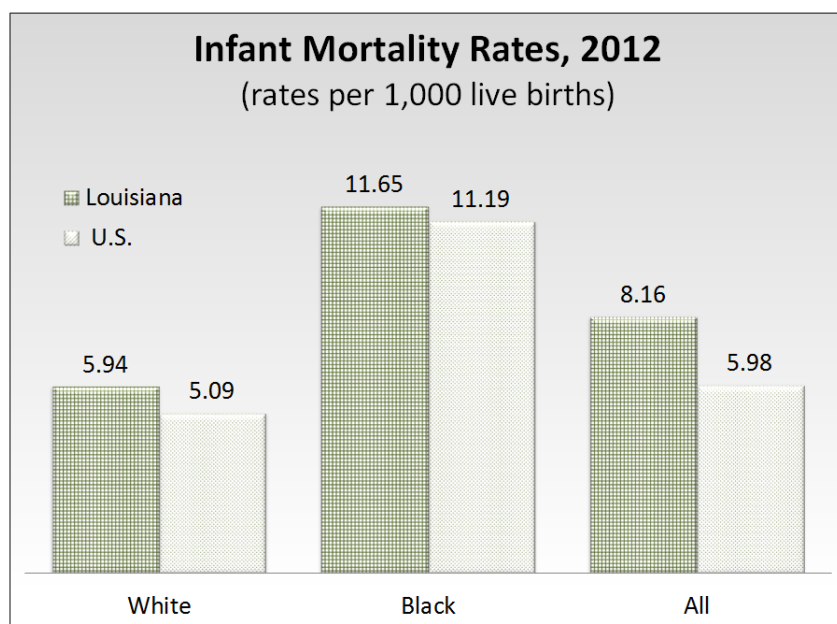
## Infant Mortality

The infant mortality rate represents deaths to infants less than one year of age. During the period 2009-2011, the overall rate for Union Parish was 10.6. For that same period of time, the rate for Louisiana was 8.2.

*The 2009-2011 rate of 10.6 has **increased** over the 2007 Union Parish Infant Mortality rate (9) included in the 2012 Community Health Needs Assessment.*



Data Source: Louisiana Maternal and Child Health Profile for Union Parish 2009-2011



Data Source: National Vital Statistics Report, Vol. 63, No. 9

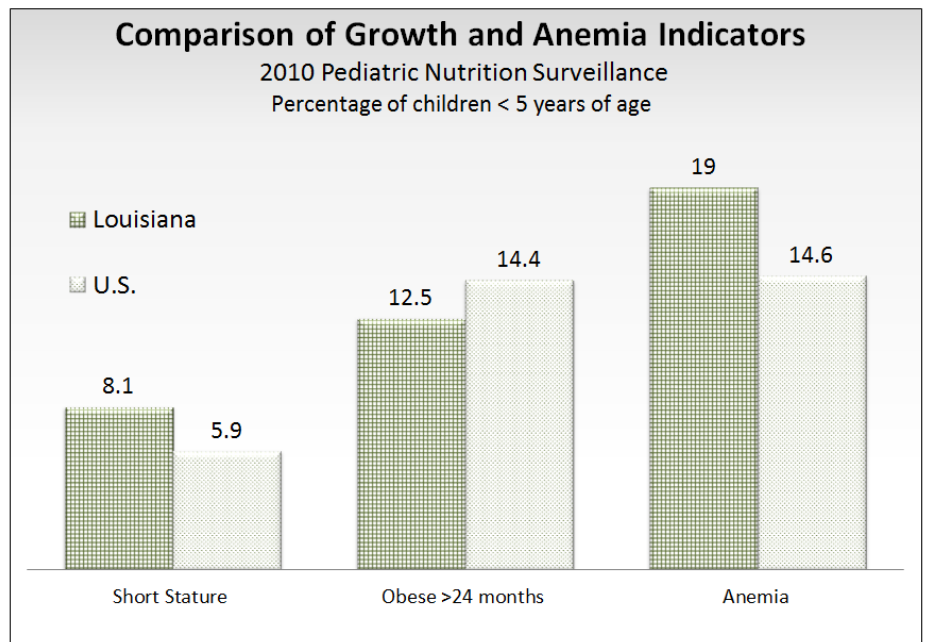
In 2012, the infant mortality rate in Louisiana was higher than that of the U.S.

*The 2012 Louisiana Infant Mortality rate (8.16) was lower than the 2007 rate (9) included in the 2012 Community Health Needs Assessment.*



## Growth Indicators

When compared to the U.S. rates, the child growth indicators for Louisiana were favorable for obesity greater than 24 months, however unfavorable for the short stature and anemia indicators.

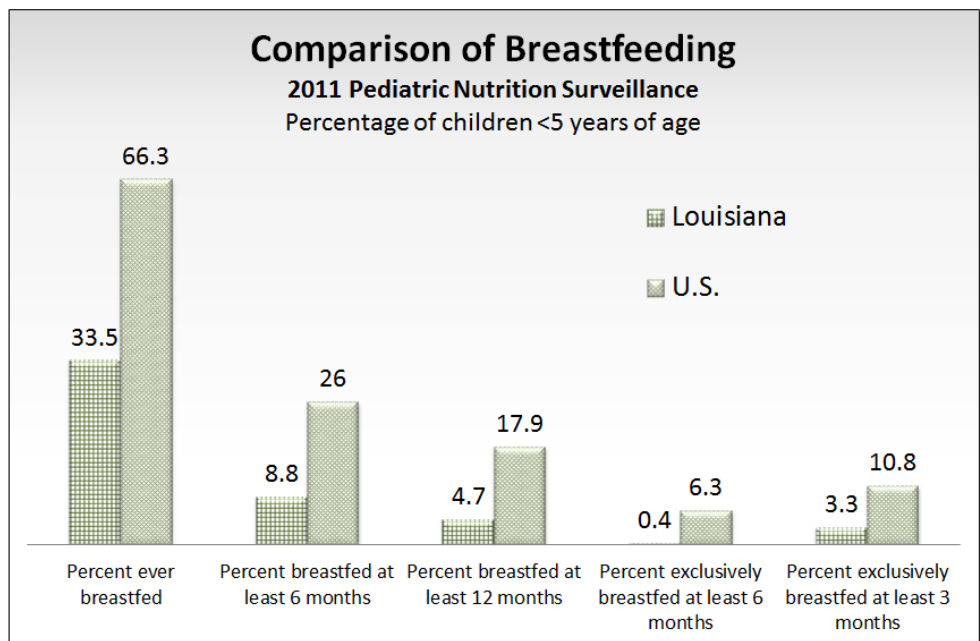


Data Source: 2010 Pediatric Nutrition Surveillance, Louisiana, Table 2

## Breastfeeding

The 2011 rates for Louisiana mothers who breastfed infants and children were below the U.S. rates.

*The 2008-2010 rates used in the 2012 Community Health Needs Assessment also indicated the State rates were lower than the U.S. rates.*



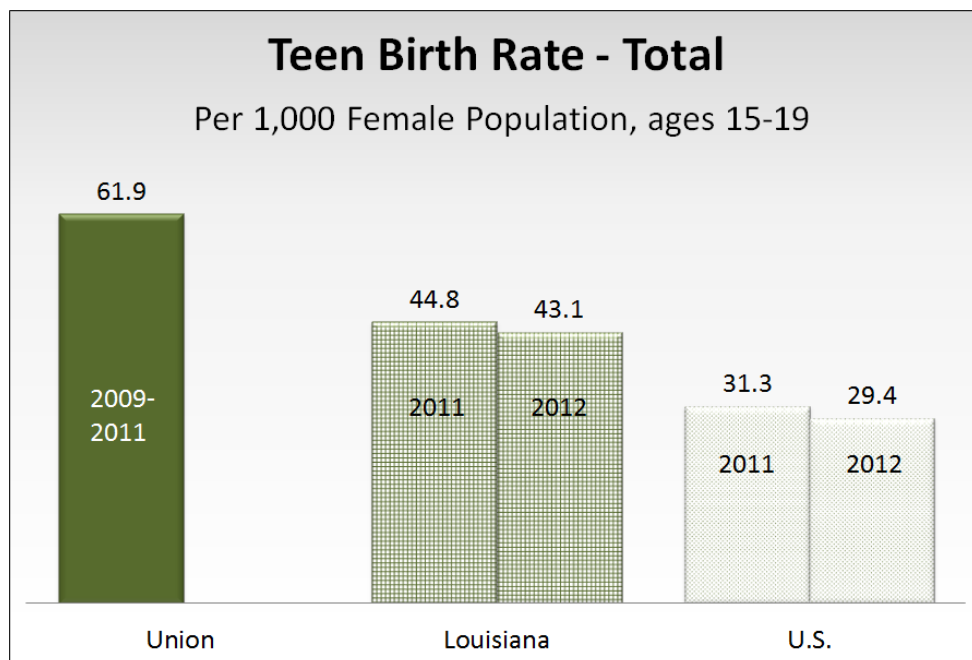
Data Source: 2011 Pediatric Nutrition Surveillance Table 7D



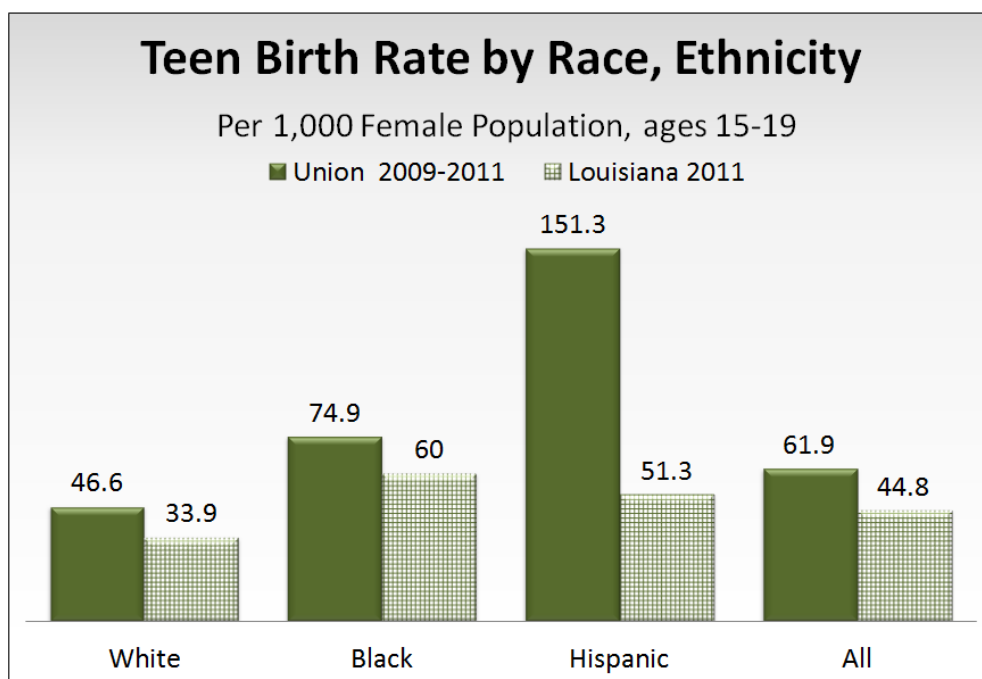
## Teen Birth Rate

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.<sup>50</sup>

*The Union Parish Teen Birth rate of 61.9 has **decreased** from the 2006-2008 rate (72.3) included in the 2012 Community Health Needs Assessment. The State and U.S. rates have also declined since the last assessment.*



Data Source: Maternal & Child Health Program, Parish Data 2009-2011, National Vital Statistics Report, Vol. 62, No. 3, Centers for Disease Control



Data Source: Maternal & Child Health Program, State Data 2011, Parish Data 2009-2011

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

## **Community Input – Teen Pregnancies**

- *The children involved with the “It’s a Girl Thing” program are very engaged with this type of education.*
- *“It’s a Girl Thing” program has really done a lot to improve self-esteem.*
- *There are a lot of teens not married who have babies.*
- *Babies are having babies among all race groups.*
- *There are a lot of children with mental issues because they were born to mothers on drugs during pregnancy.*
- *The “Healthy Start” state program is now called “Nurse Family Partnership.” This program provides education to first-time or high risk moms.*
- *There is not enough sex education. Some parents choose to not allow their child to learn about sex education in school.*
- *Teen pregnancies occur because the individual wants to feel loved.*
- *Teen pregnancy is looked down upon more now than it was 20 years ago.*
- *Teen pregnancy seems more prevalent and accepted among the African American population.*
- *White pregnant teens are more terrified about being pregnant and usually hide it from their parents.*

### **2012 Implementation Strategy:**

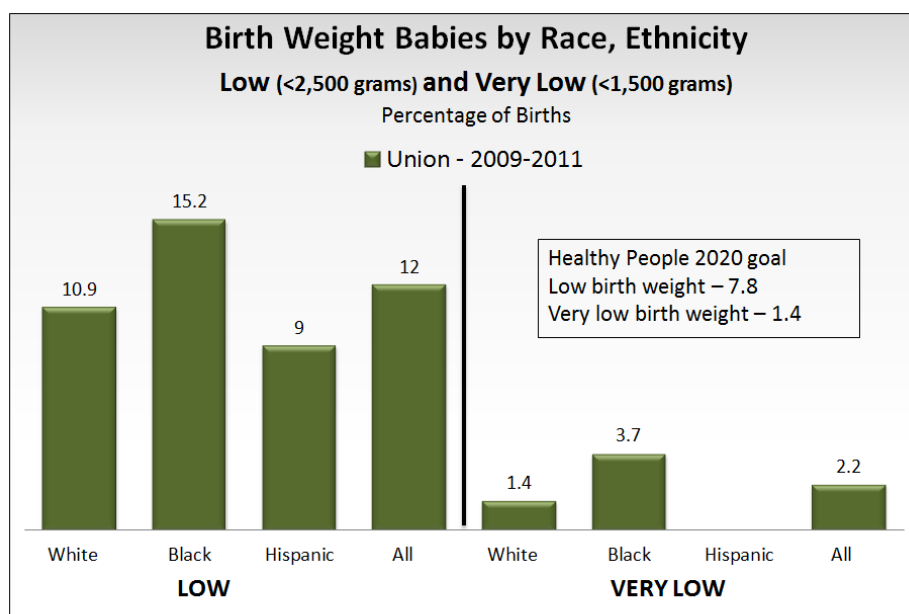
Since conducting the 2012 CHNA, Union General hospital implemented a program to address teen pregnancy and STDs called, “It’s a Girl Thing: Making Proud Choices.” The programs, in partnership with Union Parish School District, helps girls identify ways to avoid early pregnancy and prevent STDs. The program has grown from a simple education offering to a more in-depth, multi-phase program that includes expertise from both clinical and mental health professionals. There are over 200 girls 6<sup>th</sup> to 12<sup>th</sup> grade enrolled in the program across the community. The program has earned recognition on both a state and national level.

## 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.<sup>51</sup>

In each population group, low birth weight babies rates were higher for Union Parish than the Healthy People 2020 goal. The overall very low birth weight rates were also higher than the Healthy People goal.

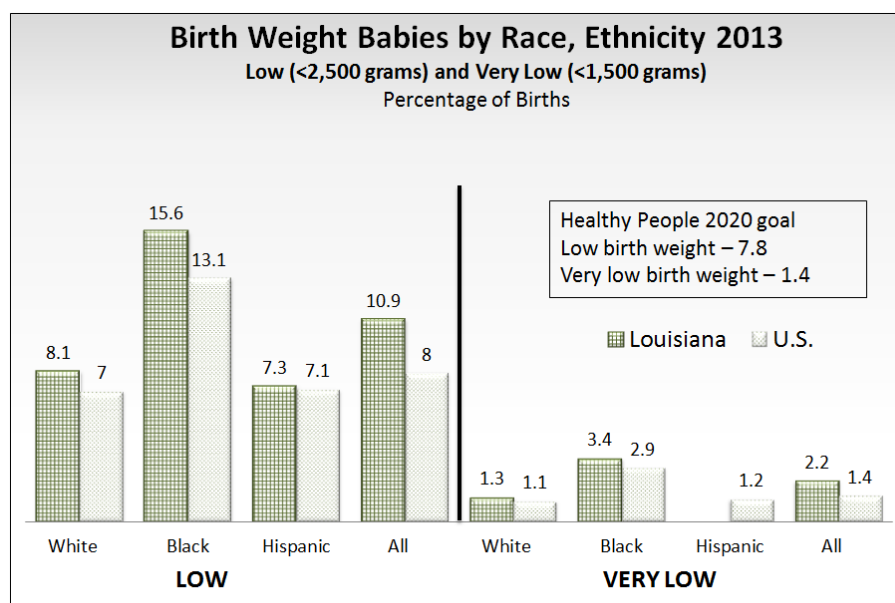
*Compared to the 2006-2008 rates used in the 2012 Community Health Needs Assessment, the Union Parish rates have **increased** in the low birth weight categories, but have **decreased** in the very low birth weight categories.*



Data Source: DHH/OPH Maternal & Child Health Program, Parish Data 2009-2011

The 2013 low and very low birth rate percentages were higher in Louisiana than in the U.S. and the rates exceeded the Healthy People goals.

*Compared to the 2008 rates used in the 2012 Community Health Needs Assessment, the 2013 Louisiana rates have decreased in both the low birth weight and the very low birth weight categories.*



Data Source: National Vital Statistics Reports, Vol. 64, No. 1

## 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.

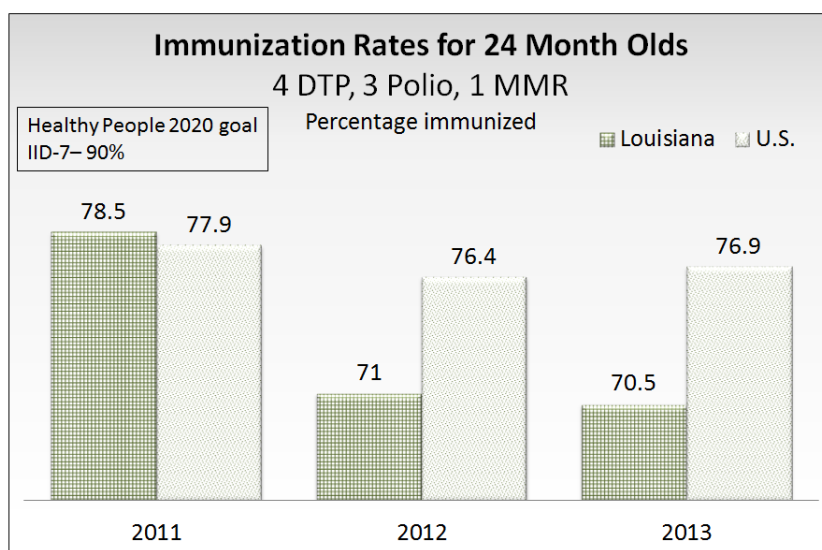
### LOUISIANA

#### IMMUNIZATION REQUIREMENTS FOR SCHOOL

Entering 6 <sup>th</sup> grade or any other grade (11 – 12 Years of Age)	Entering Kindergarten, Pre-K, Daycare or Head Start (4 Years and older)	Entering Pre-K, Daycare or Head Start (Under 4 Years)
One (1) Meningococcal Vaccine (MCV-4)	Booster dose of Poliovirus vaccine (IPV) received on after the 4 <sup>th</sup> birthday.	Three (3) doses of Pneumococcal Conjugate vaccine (PCV) for children less than 24 months of age. If a child is less than 24 months of age and has received 4 doses of PCV-7 he/she is to get a single dose of PCV-13 for Daycare and Head Start. Two (2) or (3) Three doses of polio vaccine (IPV)
Two (2) doses of Measles, Mumps, Rubella vaccine (MMR)	Two (2) doses of Measles, Mumps, Rubella vaccine (MMR)	One (1) Or Two (2) doses of Measles, Mumps, Rubella vaccine (MMR)
Three (3) doses of Hepatitis B vaccine (HBV)	Three (3) doses of Hepatitis B vaccine (HBV)	Three doses of Hepatitis B vaccine (HBV)
Two (2) doses of Varicella vaccine (Var)	Two (2) doses of Varicella vaccine (Var)	One (1) dose of Varicella Vaccine (Var)
One (1) dose of Tetanus Diphtheria Acellular Pertussis vaccine (Tdap)	Booster dose of Diphtheria Tetanus Acellular Pertussis vaccine (DtaP) received on after the 4 <sup>th</sup> birthday	Three (3) or Four (4) doses Diphtheria Tetanus Acellular Pertussis vaccine (DtaP)
		Three (3) doses of Haemophilus Influenza Type B vaccine (Hib)

Source: Louisiana Department of Health and Hospitals, Center for Community and Preventive Health

In 2013, 70.5 percent of children aged 24 months were immunized in Louisiana compared to a total of 76.9 percent for the U.S. The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent (IID-7).



Data Source: National Immunization Survey, 2013

## ALCOHOL, TOBACCO AND DRUG USE

### Healthy People 2020 Reference – TU, SA

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
- Suicide<sup>52</sup>

### Adolescent Behavior

Drug abuse includes conditions associated with use of mind and behavior altering substances that have negative behavioral and health outcomes.<sup>53</sup> 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.<sup>54</sup>

**NOTE: The 2010 Louisiana Caring Communities Youth Survey is the latest data available for this report.**

The 2010 Louisiana Caring Communities Youth Survey summarizes findings from a survey of 6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> 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.”<sup>55</sup>

### ***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 completion rates for Union Parish are as follows:

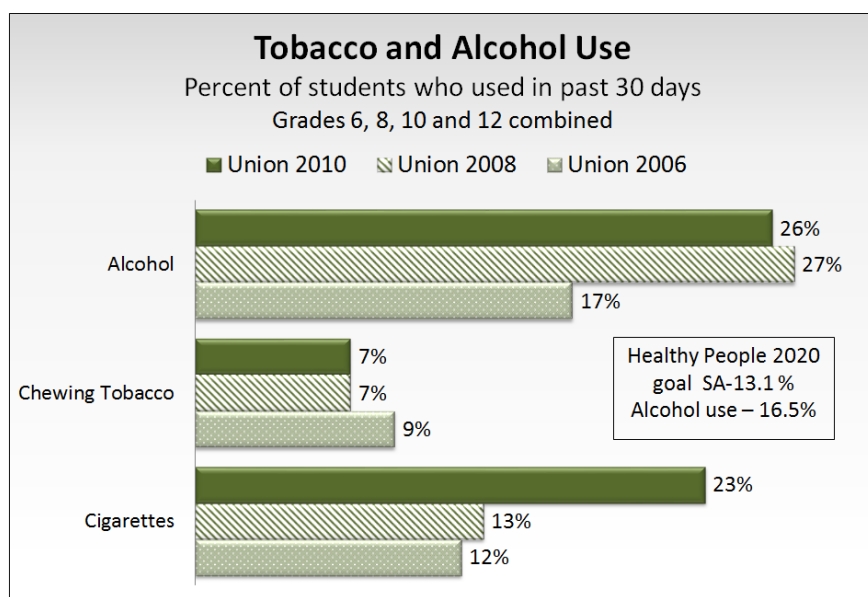
- 6<sup>th</sup> grade – 68.1 percent
- 8<sup>th</sup> grade - 37.4 percent
- 10<sup>th</sup> grade – 44.5 percent
- 12<sup>th</sup> grade – 85.8 percent

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.

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.

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



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

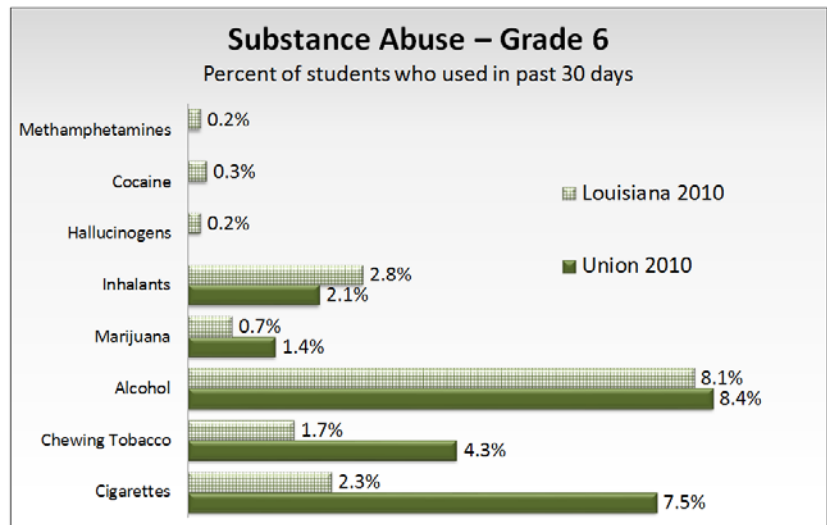
Cigarette usage has almost doubled, from 12 percent in 2006 to 23 percent in 2010.

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)**

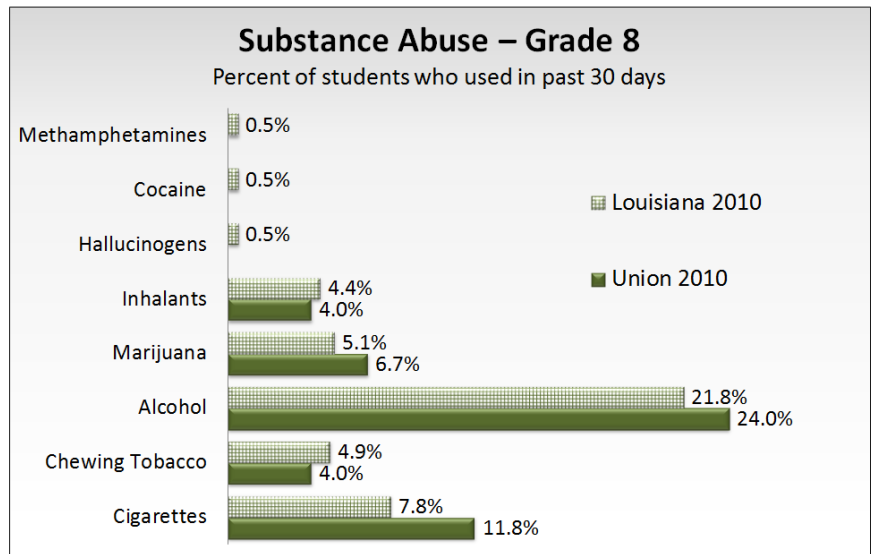
Cigarette use, chewing tobacco, and marijuana usage was higher in Union Parish Grade 6 than that of Louisiana.



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.

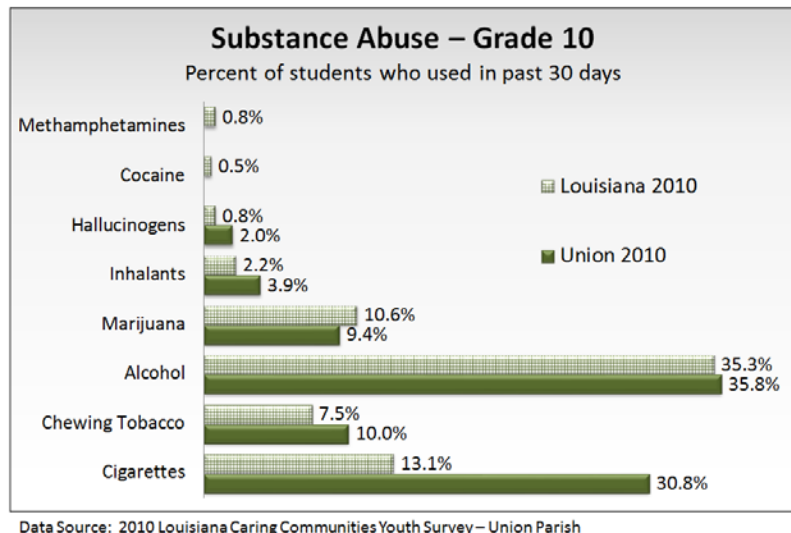


Data Source: 2010 Louisiana Caring Communities Youth Survey – Union Parish



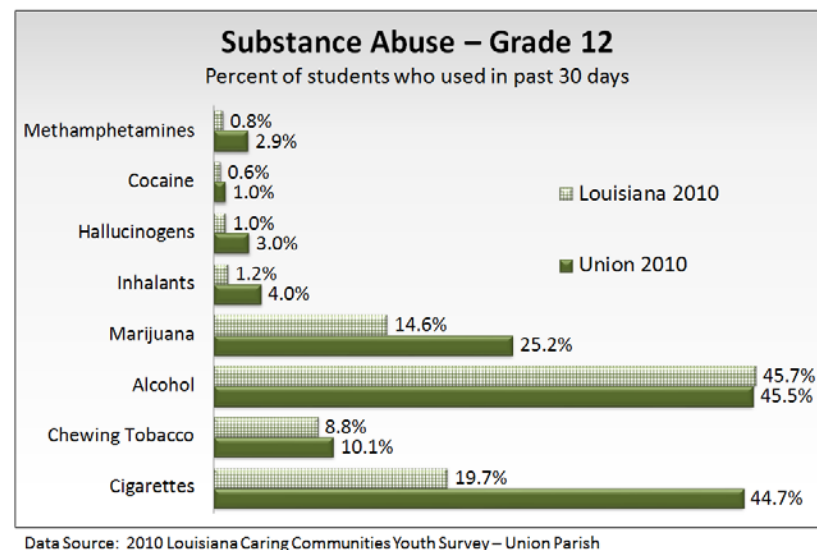
**Grade 10** - (44.5 percent participation)

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



**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.



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.



## **Community Input – Adolescent Behaviors**

- *A partnership exists with the Children’s Coalition and school system on a multi-year project on substance abuse.*
- *There have been reports of a meth lab in the Downsville area of the Parish.*
- *Marijuana is very prevalent in the young adult community.*
- *The Louisiana Tech drug abuse education program will target grades 2-5.*
- *The 21<sup>st</sup> Century Learning Grant provides k-12 enrichment programs for any student in the district.*
- *Churches offer some youth group and afterschool activity.*
- *The general viewpoint of alcohol consumption among youth is that it is okay to consume and normal to drink alcohol underage.*
- *The youth do not understand the training and the steps required to make a career a reality.*
- *Bullying in schools is very significant in this community.*
- *There is no active afterschool program in the community.*
- *Adolescent males are very addicted to dip.*
- *Teenage boys have a lot mental health issues due to lack of supportive parenting. They have been taken care of with food and clothes, but not properly educated and mentored.*
- *You have to capture the youth before a certain stage or else it is too late.*
- *There is a need for a program that helps mentor young men to make better choices and understand the responsibilities of life.*

## **Community Input – Adolescent Behaviors (cont)**

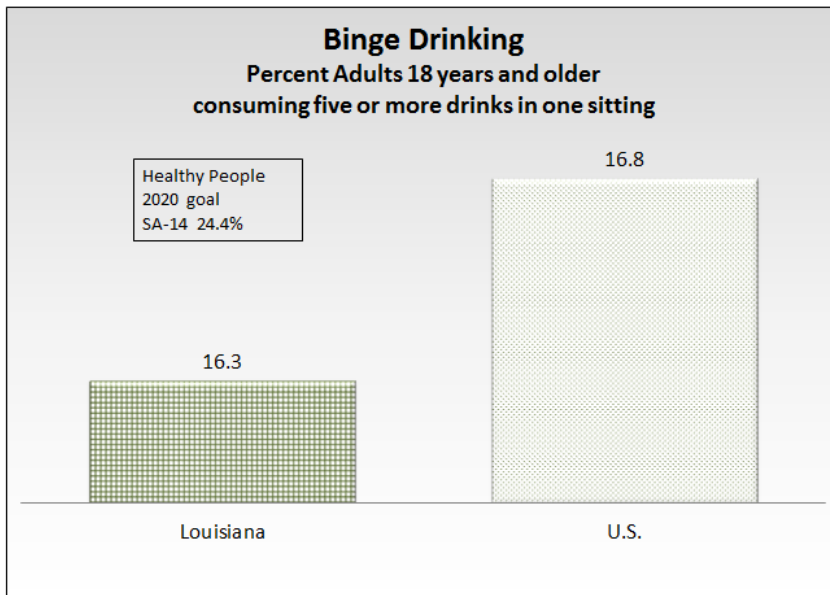
- *Cocaine is the most common drug of choice.*
- *Marijuana, heroin, and PCP are also common.*
- *Substance abuse has gotten worse. Meth, marijuana, benzos, bath salts, synthetic marijuana, narcotics, and cocaine are used frequently by adolescents.*
- *Alcohol abuse is prevalent among teens.*
- *Meth is easily obtained in this community. Somebody is making it in the parish or surrounding area.*

### **2012 Implementation Strategy:**

Since conducting the 2012 CHNA, Union General hospital implemented a program to promote anti-bullying. The hospital partnered with the Union Parish Sheriff’s Office and Union Parish School District to help design anti-bullying education. Materials were developed including a coloring book and a presentation to all 4<sup>th</sup> and 5<sup>th</sup> graders in the entire parish school system. Over 1000 kids are being served by this program during 2013/2014 and 2014/2015 school years. All 4<sup>th</sup> and 5<sup>th</sup> graders have 3 sessions a year on bullying and the effects with skills to identify and deal with bullying in their lives.

## 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.<sup>56</sup>



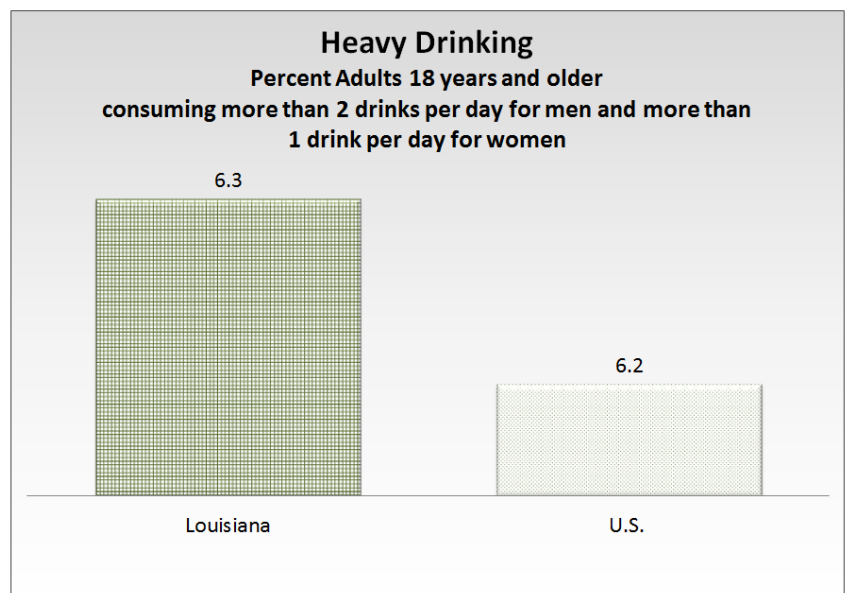
Data Source: Centers for Disease Control, BRFSS Alcohol Consumption, 2013

The 2013 Louisiana binge drinking rate is slightly below the U.S. rate, as well as below the Healthy People goal of 24.4 percent.

*The 2013 rates for both the State and the U.S. are higher than the rates indicated in the 2012 Community Health Needs Assessment (State – 14.4, U.S. -15.5).*

The 2013 Louisiana rate is slightly above the U.S. rate for heavy drinking among adults.

*The 2013 rates for both the State and the U.S. are higher than the rates indicated in the 2012 Community Health Needs Assessment (State – 5, U.S.- 5.1).*



Data Source: Centers for Disease Control, BRFSS Alcohol Consumption, 2013

## **Community Input – Adult Behaviors**

- *There is no shame. Many individuals get arrested for drug use multiple times.*
- *Prescription drug abuse is major problem. There are individuals who will resell leftover pills from his/her prescription.*
- *There is treatment available for alcoholism in Shreveport, but nowhere locally in Union Parish.*
- *Marijuana is viewed as a type of smoking product in some populations. When asked on a health questionnaire if one smokes, a lot of the responses from the patient population are “what type of smoke?”*
- *Stress and depression causes addictive behaviors which in turn, produces the addict.*
- *A lot of children have been raised by their grandparents because their parents got into drugs.*
- *The issues are always the same – alcohol abuse causes issues in the family unit which leads to domestic violence and child neglect.*
- *Alcohol among the Hispanic male population is a very big issue. There is a mentality that it is okay to overindulge in alcohol use.*
- *It is common for many Hispanic males to become addicted to alcohol. Once this occurs, the family is usually struggling financially and emotionally.*

## SEXUALLY TRANSMITTED DISEASES

### Healthy People 2020 Reference – STD 6, STD 7

While sexually transmitted diseases (STDs) can affect individuals of all ages, youth aged 15-24 account for half of the 20 million new STD infections in the U.S. each year.<sup>57</sup> 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.

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.

#### ***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 Four States Ranked by Rate (per 100,000) of reported STD cases: U.S. 2013			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	Georgia (10.3)	Alaska (789.4)	<b>Louisiana (188.4)</b>
2	California (9.3)	<b>Louisiana (624.5)</b>	Alabama (173.7)
3	<b>Louisiana (9.2)</b>	Alabama (611.0)	Mississippi (170.7)
4	Florida (7.8)	New Mexico (587.3)	Alaska (154.2)
5	Maryland (7.7)	Mississippi (585.1)	South Carolina (152.3)

Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2013

On the following pages information is presented concerning the 2013 chlamydia and gonorrhea rates in Union Parish. There were no reported cases of syphilis in Union Parish during 2013.

## 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. 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.<sup>58</sup>

1. Louisiana ranked second in the U.S. for reported chlamydia cases in 2013.<sup>59</sup> The number of chlamydia cases in Louisiana increased by 5 percent from 2012 to 2013.<sup>60</sup>

### Clinical Recommendations

#### Screening for Chlamydial Infection

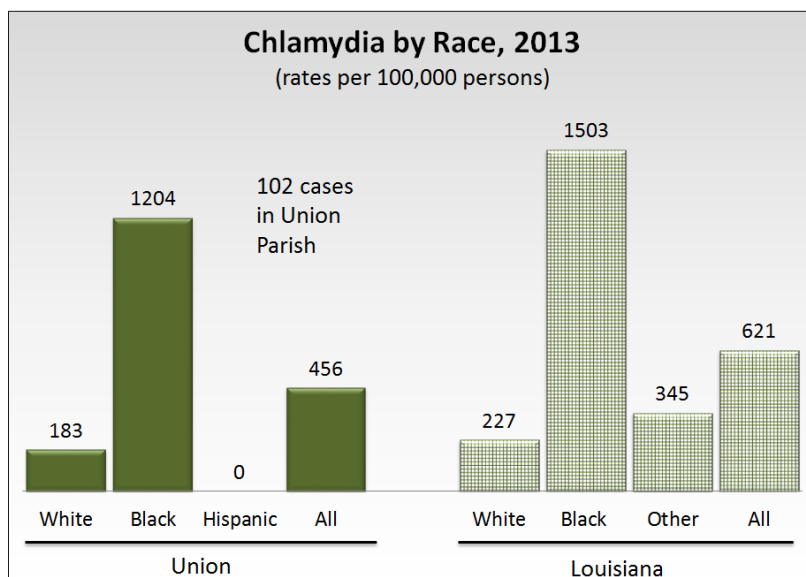
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all pregnant women aged 24 and younger and for older pregnant women who are at increased risk.
- The U.S. Preventive Services Task Force (USPSTF) recommends screening for chlamydial infection for all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

- Healthy People 2020

In 2013, the chlamydia rates in Union Parish were similar to those for the State.

The rates for Black females in Union Parish were significantly higher than the rate for White females.

*The number of cases in Union Parish decreased in 2013 (102) over the 2008 cases (104). The overall rate also decreased from 887.4 in 2008 to 456 in 2013. The State also decreased.*



Data Source: Louisiana 2013 Annual Report, Sexually Transmitted Diseases

## Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.<sup>61</sup> 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.*

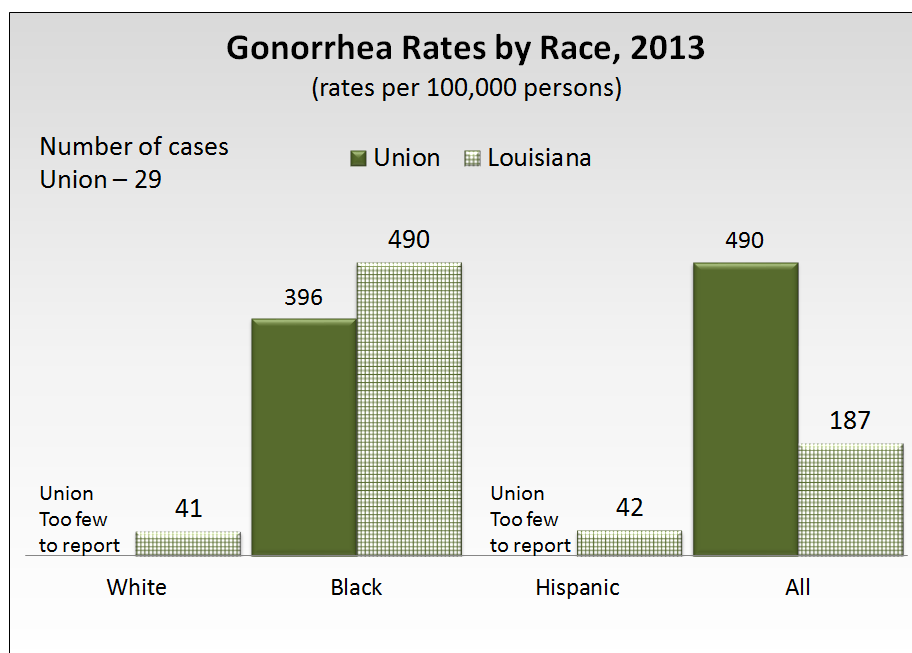
*Centers for Disease Control*

In 2009, the national rate of reported gonorrhea cases reached an historic low of 98.1 cases per 100,000 population. However, during 2009–2012, the rate increased slightly each year, to 106.7 cases per 100,000 population in 2012. In 2013, a total of 333,004 gonorrhea cases were reported, and the national gonorrhea rate decreased slightly to 106.1 cases per 100,000 population.<sup>62</sup>

Louisiana ranked highest in the U.S. for reported gonorrhea cases in 2013.<sup>63</sup> The number of gonorrhea cases decreased 2 percent from 2012 to 2013.<sup>64</sup>

In 2013, the Union Parish gonorrhea rate for Blacks exceeded the rate for Louisiana. Overall the gonorrhea rate for Union Parish was less than that of the State.

*The number of cases of gonorrhea **decreased** in 2013 (29) over the 2008 number of cases (34).*



Data Source: Louisiana 2013 Annual Report, Sexually Transmitted Diseases

## ***Community Input – Sexually Transmitted Disease***

- *The health department provides a lot of reproductive health services to the community such as family planning and STD treatment.*
- *Chlamydia is the most prevalent STD in the community; however, syphilis and gonorrhea are still a concern.*
- *The health department provides free condoms.*
- *There is a need for education on family planning and STDs.*
- *More education is needed on the benefits of vaccinating children with Gardasil to prevent HPV.*

## 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."<sup>65</sup>

### ***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*

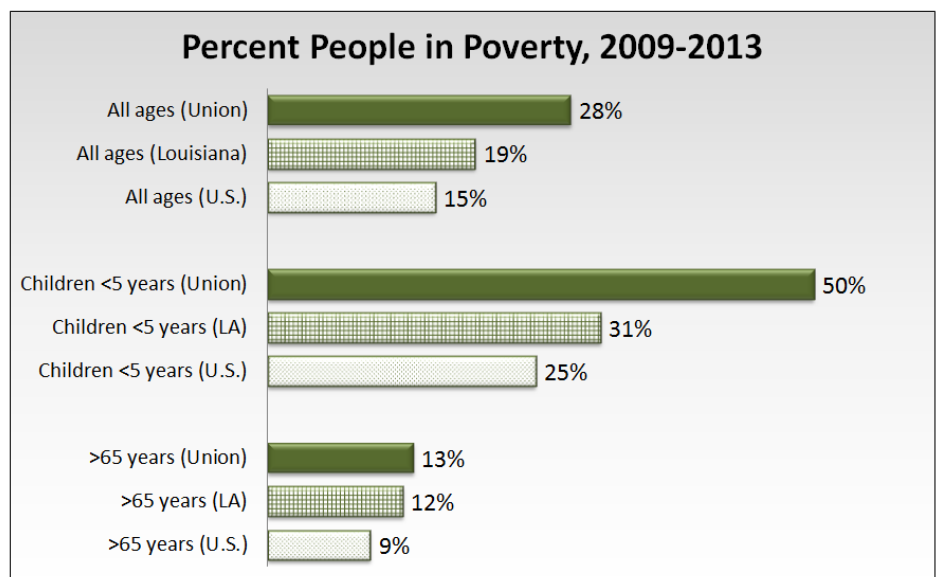
### **1. Gaining entry into the health care system**

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.

#### **Income and Poverty**

For the five year period 2009-2013, 28 percent of Union Parish residents were living in poverty. *This is an **increase** over the 2009 rate of 21 percent as reported in the 2012 Community Health Needs Assessment.*

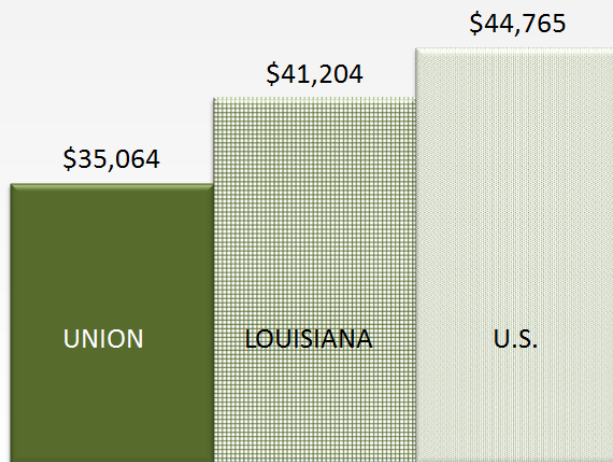
The poverty rate for children under five years of age in Union Parish (50 percent) is double that of the U.S.



Data Source: US Census, 2009-2013 5-Year American Community Survey



### Median Household Income, 2013



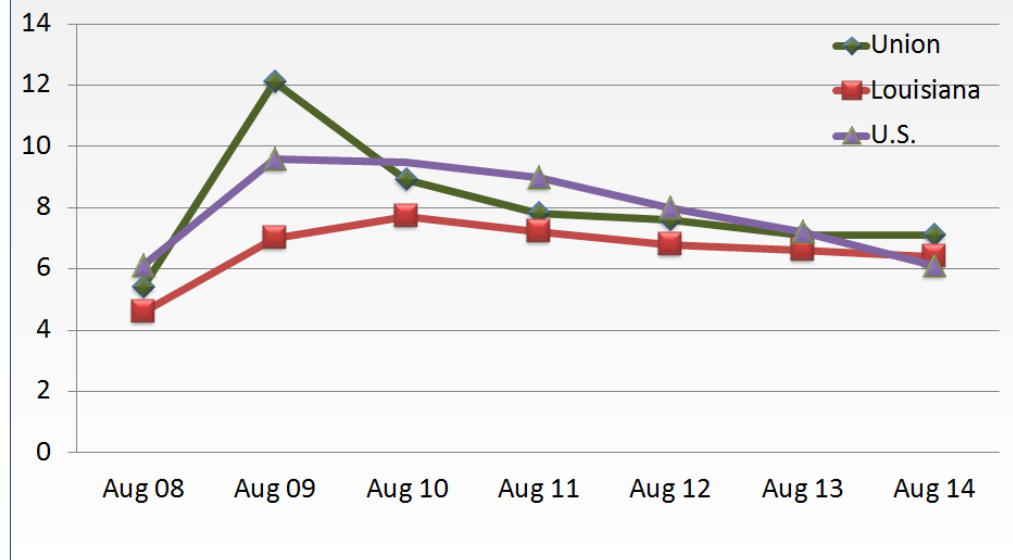
The median household income for Union Parish was \$35,064 in 2013, which was below that of both the State and U.S.

Data Source: Bureau of Economic Analysis, [www.bea.gov](http://www.bea.gov)

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.

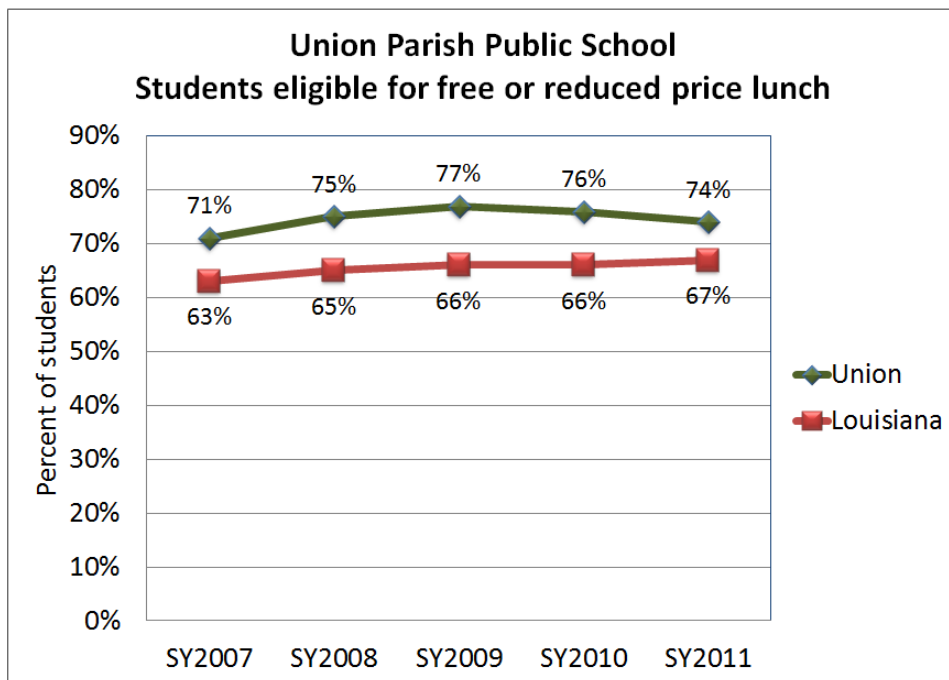
In August 2014, the Union Parish unemployment rate dropped to 7.0 percent, while the State rate dropped to 6.4 and the U.S. rate was at 6.1 percent.

### Unemployment Rate Over Time (Percent)



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

The National School Lunch Program provides nutritionally balanced, low-cost or free lunches to qualifying 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.<sup>66</sup>



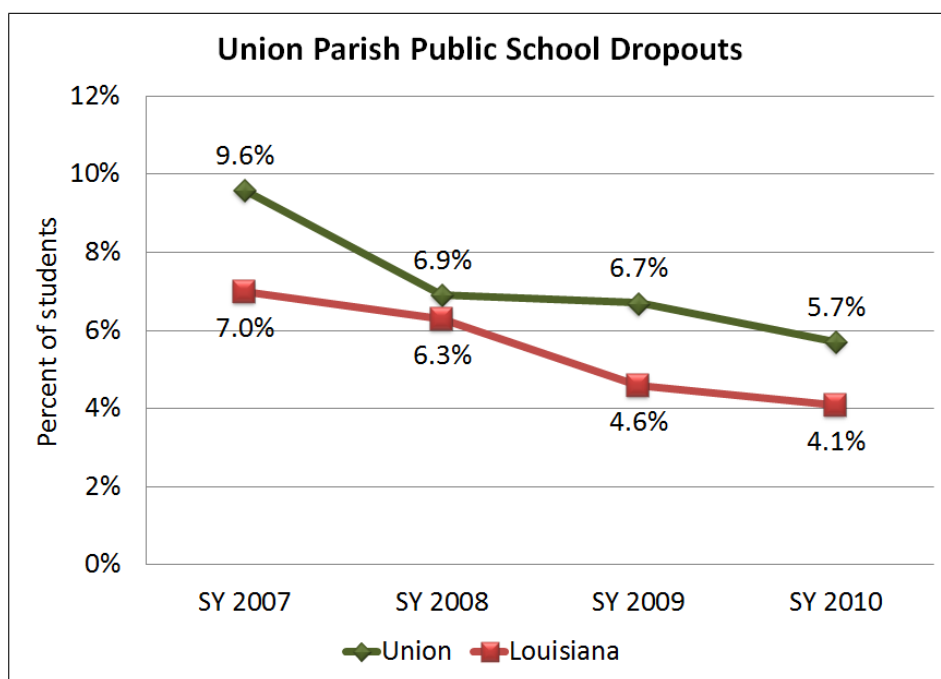
Seventy-four percent of Union Parish students were receiving free or reduced price lunches in SY2011. This is higher than the State rate of 67 percent.

Data Source: Kids Count Data Center, 2011 Annie E. Casey Foundation

## Educational Attainment

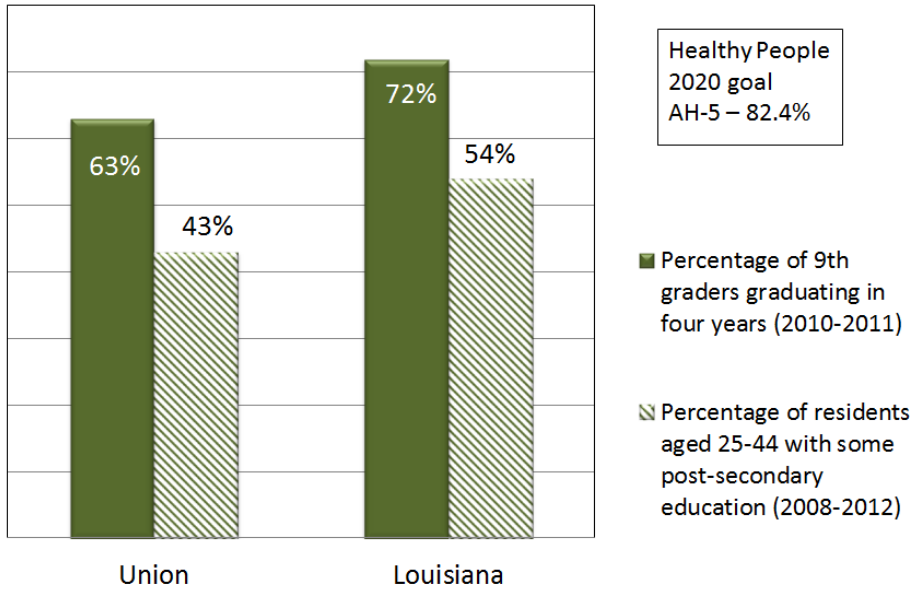
The relationship between more education and improved health outcomes is well known. More education is linked to higher earnings and employment opportunities. Individuals with higher educational attainment often secure jobs that provide health insurance. Higher paying jobs are more likely to provide workers with benefits such as health insurance and sick leave.<sup>67</sup>

The Union Parish public school dropout rate decreased from 2009 to 2010.



Data Source: Kids Count Data Center, Annie E. Casey Foundation

### Union Parish Educational Attainment

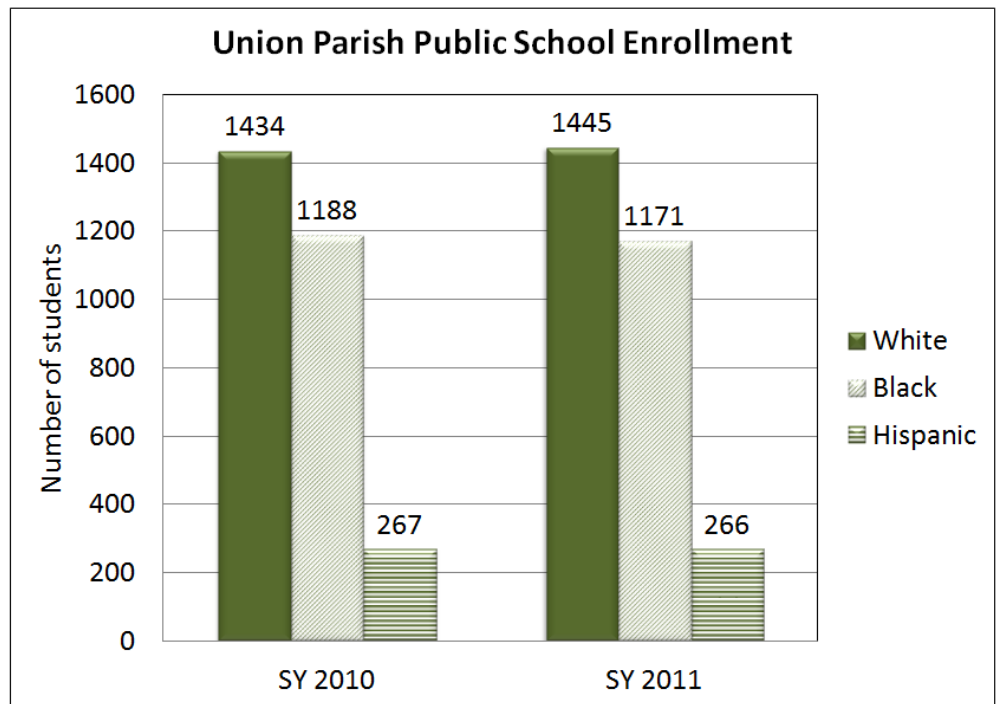


For the period 2010-2011, 63 percent of Union Parish 9<sup>th</sup> graders graduated within four years. *This was an increase over the 55 percent (2006-2007) rate reported in the 2012 Community Health Needs Assessment.*

In the period 2008-2012, 43 percent of Union Parish residents had some post-secondary education. *This was an increase over the 41 percent rate (2006-2007) reported in the 2012 Community Health Needs Assessment.*

Data Source: County Health Rankings, 2014, [www.countyhealthrankings.org/louisiana/union](http://www.countyhealthrankings.org/louisiana/union)

The Union Parish public school enrollment has remained stable from SY2010 to SY2011.



Data Source: 2010 Kids Count Data Center, Annie E. Casey Foundation

## Insured Status

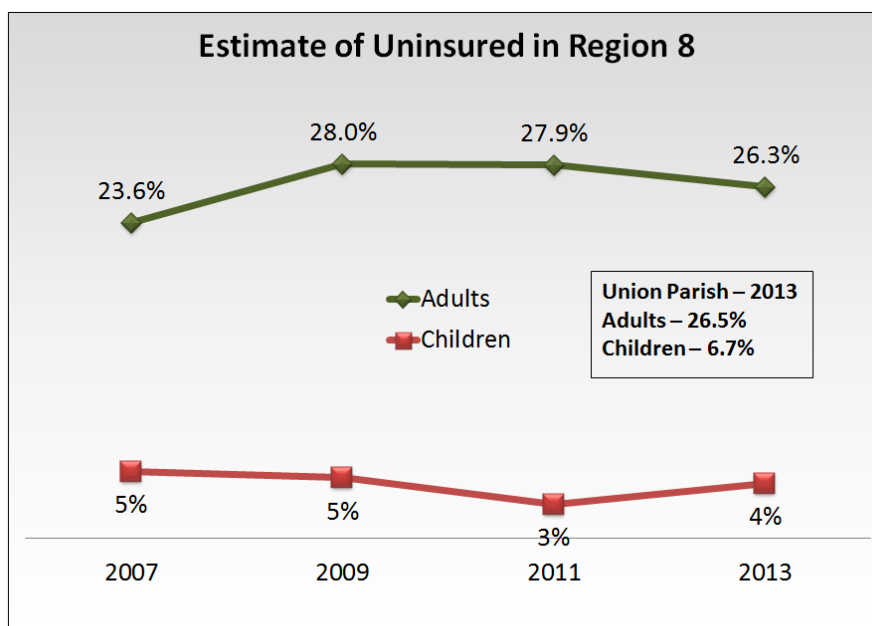
The ability to access healthcare is significantly influenced by an individual's insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered "under insured", due to policy restrictions and high deductibles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

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 2013, it was estimated that 26.5 percent of Union Parish adult residents were uninsured, while only 6.7 percent of children were uninsured. Region 8 rates were 26.3 percent for adults and 4 percent for children.<sup>68</sup>

## Medicaid Expansion

The central goal of the Affordable Care Act (ACA) is to expand health coverage to all through Medicaid and Health Insurance Marketplaces. It is the state's decision whether or not to expand coverage to low-income adults. Currently, there is no deadline for states to implement Medicaid expansion. The state of Louisiana is not adopting Medicaid expansion at this time.<sup>69</sup> In February of 2013, the Governor of Louisiana reiterated his opposition to expanding Medicaid. In May of 2013, the Louisiana Senate rejected an amendment that would permit state voters to decide on Medicaid expansion.<sup>70</sup> In Louisiana, there are 392,000 uninsured adults who would be eligible for Medicaid if the state expanded its program.<sup>71</sup>

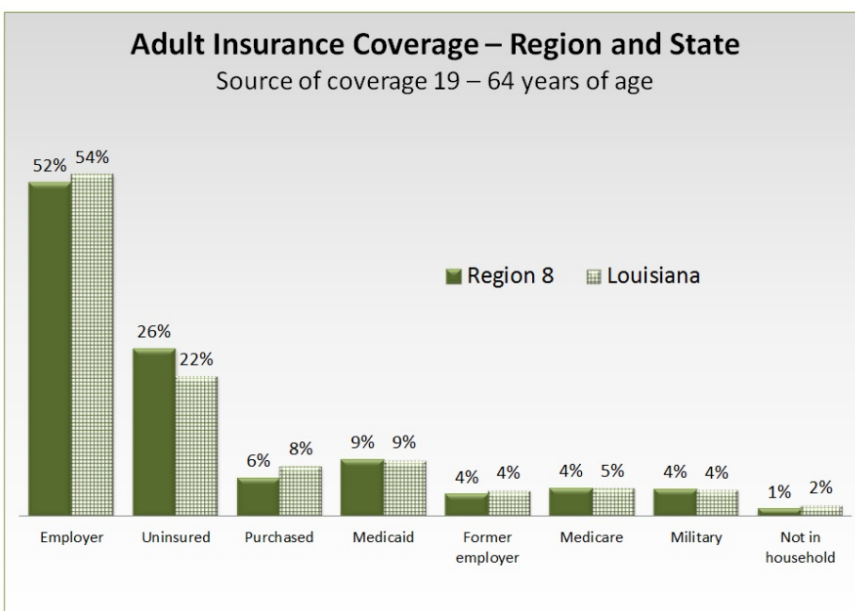


Data Source: Louisiana's Uninsured Population: A Report from the 2013 Louisiana Health Insurance Survey

In DHH/OPH Region 8, (which includes Union Parish), 52 percent of adults (aged 19 - 64) were covered under an employer's health plan during 2013. This rate was less than the State rate of 54 percent.

*The 2013 rate is an increase over the 2009 rate (46 percent) reported in the 2012 Community Health Needs Assessment.*

*In 2013, the uninsured rate for Region 8 was 26 percent, compared to the 2009 rate (28 percent) reported in the 2012 Community Health Needs Assessment.*



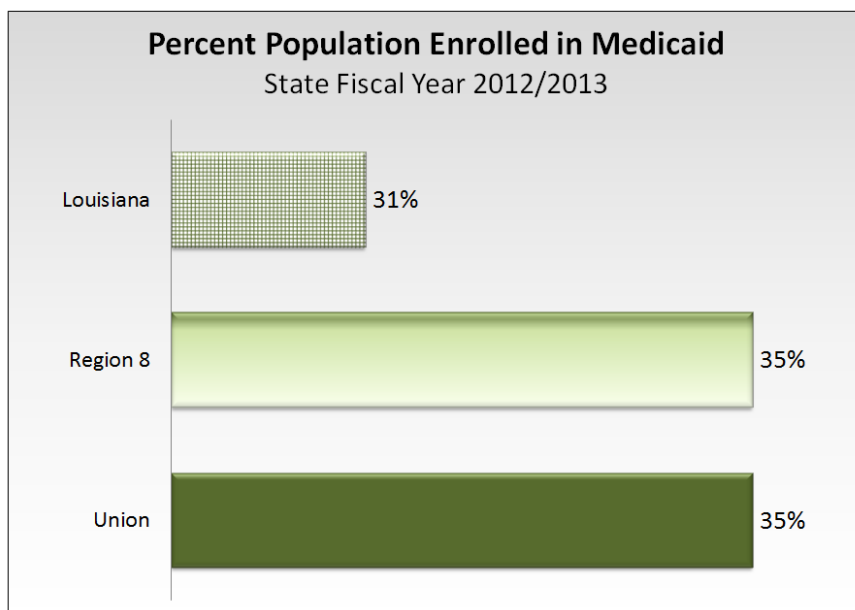
Data Source: DHH, Louisiana's Uninsured Population: A Report from the 2013 Louisiana Health Insurance Survey

**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.

**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.

**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.

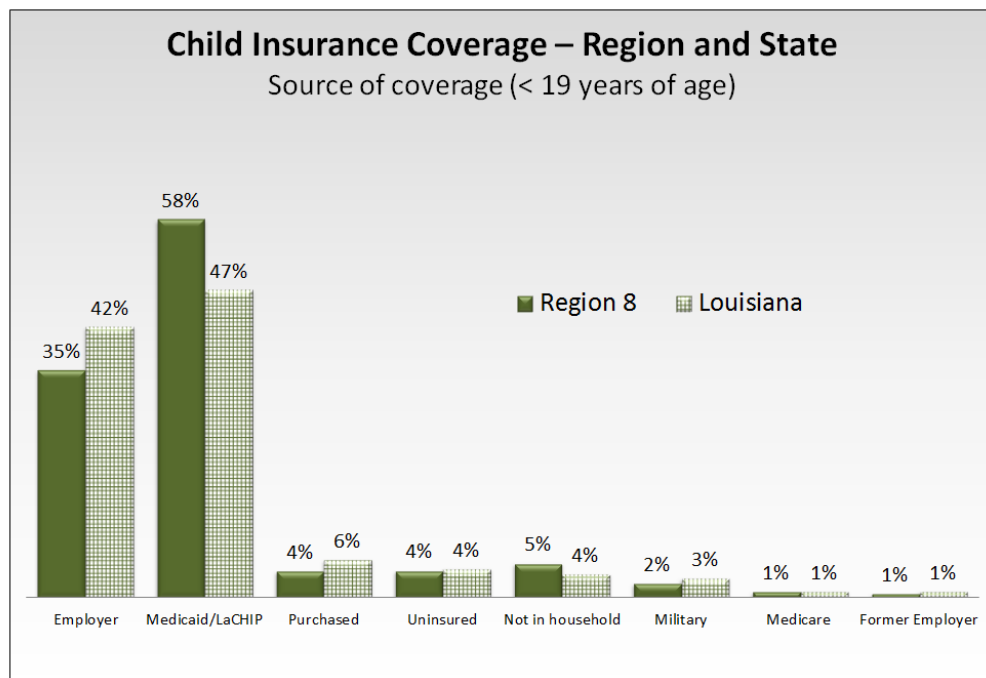
**LaMOMS** is a no-cost health insurance plan for pregnant women. It is an expansion of Medicaid coverage for pregnant women with income up to 200 percent of the FPL income guidelines. The program will pay for pregnancy-related services, delivery, and care up to 60 days after the pregnancy ends.



Data Source: Louisiana Medicaid Annual Report 2012/2013

In Region 8, over 58 percent of children under age 19 were insured by the Louisiana Medicaid program during 2013.<sup>72</sup> 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.<sup>73</sup>



Data Source: DHH, Louisiana Health Insurance Survey, 2013

**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, 17 percent of the population is over the age of 65, making them eligible for Medicare.

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

Union Parish has a 25-bed Critical Access Hospital (CAH), Union General Hospital, which is located in Farmerville. In addition, Union General Hospital operates one rural health clinic in Farmerville. Reeves Memorial Medical Center, a 15-bed CAH located in Bernice, also operates a rural health clinic. Morehouse Community Medical Center operates a FQHC in Marion. 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.<sup>74</sup> 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**

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.<sup>75</sup>

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 general practitioner, one cardiologist, and one family practice nurse practitioner. Since the 2012 CHNA, a Federally Qualified Health Center (FQHC) took over the Marion Rural Health Clinic. 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. There is also a part-time cardiologist.



## **Community Input – Access to Care**

- *There are some individuals in the community who did not receive a good education themselves, so they do not see the value of the next generation receiving a good education.*
- *It is important have parental support in the household to ensure future success.*
- *There is no public transportation in the community.*
- *Poorer families may only have one car, which is used by the individual who works.*
- *The hospital has transportation vans to transport patients to the rural health clinics.*
- *Transportation does not seem be as big of an excuse for accessing care as it was in the past.*
- *There are no specialists in Union Parish for heart, cancer, or diabetes.*
- *The hospital has a Medicaid Application Specialist that provides Medicaid application services to a lot of ER patients who are uninsured.*
- *A lot of individuals are denied insurance through the Affordable Care Act plans because his/her income is too low.*
- *There is a need for a health fair that will provide free health assessments.*
- *Transportation is an issue for those trying to get specialized treatment in nearby parishes.*
- *A clinic for the underserved population is needed.*
- *A lot of community members cannot find jobs, so they do not have health insurance.*
- *The specialty care needed for pediatrics is ENT specialists and dermatologists.*
- *The specialty care needed for adults is endocrinologists and orthopedics.*

## **Related Community Survey Results**

Overall, when asked what was needed to improve the health of the community, the survey revealed the following top three needs: job opportunities, healthier food choices, and safe places to walk/play.

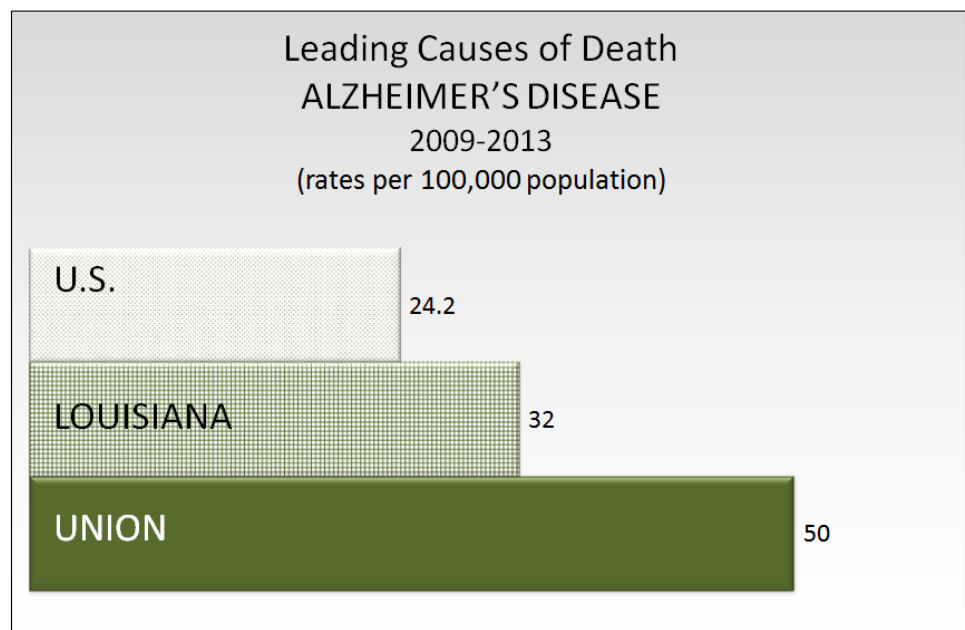
## SPECIAL POPULATIONS

### ***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*

### Senior Population



Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics.  
Multiple Cause of Death 1999-2013 on CDC WONDER Online Database. January 28, 2015

## **Community Input – Senior Issues**

- *Cancer is the number one issue among the Senior population.*
- *The major cancer types among the Senior population is lung and stomach.*
- *Family support comes in all shapes and sizes when a loved one is at a nursing home – some families see the individual too often and others not enough.*
- *Pneumonia is a silent killer among the Senior population – especially in the nursing homes.*
- *Most of the patients in the nursing homes are diabetic. Diabetes patients have the right to eat whatever they want, but are offered healthy choices.*
- *There is a group of volunteers (TRIAD) that provide education to Seniors to prevent fraud and abuse.*
- *A lot of the Senior population in the nursing home are obese or overweight.*
- *Respiratory diseases from smoking affect a lot of the Senior population.*
- *The Council on Aging does a lot of the community's Seniors; however, a lot do not want assistance.*
- *The Council on Aging offers a food delivery service to Seniors.*
- *The Health Department is able to provide the shingles vaccine at a lower cost to the Senior population.*
- *There is a need for adult day care due to the growing elderly population.*
- *Blooming Grove Baptist Church provides ministry to a lot of nursing homes in the Parish and surrounding areas.*
- *The Council on Aging provides home delivery meals, transportation services, homemaker services, respite care, and senior center services to the community.*
- *A lot of Seniors eat a very high fat and high sugar diet.*
- *A lot of Seniors believe, "I am old and it no longer matters what I eat and how little I exercise."*
- *Most of the Senior population will not attend events on healthy eating or exercise.*
- *The African American Senior population suffers more often from diabetes.*
- *It is difficult to serve the very remote areas of the Parish for Seniors who need meal delivery services.*
- *Some families utilize the Senior Center as a part-time day care center.*
- *There is a lot of elderly neglect in the community.*
- *No Hispanics utilize the Senior Center. This may be due to the relatively young age of this particular population.*
- *Loneliness and depression are prevalent issues among this population.*
- *It is very important to get the Senior out of the house when he/she has lost a spouse.*
- *The Council on Aging van will take Seniors grocery shopping.*
- *Hearing aids and dentures are not paid for by Medicare, so they are very difficult to obtain by the poorer Senior population.*
- *A lot of Seniors refuse to go to a nursing home or assisted living facility. They want to stay in their house.*
- *Financially, Seniors have a tough choice every month to pay for their mortgage or pay for their medicine.*

### ***Related Community Survey Results (Survey Respondents 65 or older)***

Top needs to improve the health of the community:

1. Job opportunities
2. Safe places to walk/play
3. Substance abuse services

Major health challenges faced personally:

1. High blood pressure
2. Diabetes
3. Heart disease

Top three issues or concerns in the community:

1. Drugs
2. Alcohol abuse
3. Child abuse

Types of health screenings or education needed to improve the health of the community:

1. Substance abuse
2. Diabetes
3. High blood pressure

## **African American Population**

### ***Community Input – African American***

- *A lot of the African American populations do not focus on prevention because of poor economic status.*
- *The African American population has more high blood pressure issues than other populations.*
- *There is a bigger is better view of body image within the African American population. Women are concerned with being too skinny.*
- *Babies having babies seems to be highest among the African American population.*

### ***Related Community Survey Results (African American Survey Respondents)***

Top needs to improve the health of the community:

1. Job opportunities
2. Wellness services
3. Transportation

Major health challenges faced personally:

1. High blood pressure
2. Joint/ back pain
3. Overweight/obesity

Top three issues or concerns in the community:

1. Drugs
2. Lack of jobs
3. Teen pregnancy

Types of health screenings or education needed to improve the health of the community:

4. Mental health
5. High blood pressure
6. Substance abuse

## Hispanic Population

### Community Input – Hispanic Population

- *There is a chicken plant that employs a large proportion of Hispanic individuals.*
- *It is particularly difficult for Hispanic women to get free mammograms. Hispanic women without social security numbers are qualified to use a FQHC in Marion that provides a screening to obtain an order for a mammogram to be performed at a hospital in Bastrop.*
- *Illegals that have a work permit are able to qualify for a driver's license and alien number.*
- *Landscape companies are in need of Hispanic workers.*
- *Many Hispanics live on the chicken farms and receive free housing and utilities. In addition, they can receive up to \$500 a week if they are working on eight houses.*
- *The younger Hispanics are typically employed by the landscape companies.*
- *Diabetes is very prevalent among the Hispanic population.*
- *Obesity is occurring mainly in the female Hispanic population.*
- *There is a need for more education related to healthy eating. Many Hispanics come from a country where they use everything to cook with; including animal fat and a lot of extra oils.*
- *Hispanics are very receptive to education.*
- *Alcohol among the Hispanic male population is a very big issue. There is a mentality that it is okay to overindulge in alcohol use.*
- *It is common for many Hispanic males to become addicted to alcohol. Once this occurs, the family is usually struggling financially and emotionally.*
- *The Mission is a Hispanic community of churches that provides outreach to the Hispanic community.*
- *The Mission provides food, and in special circumstances, monetary donations to help Hispanic families who are struggling.*
- *Most of the Hispanic community is first generation immigrants. There are very few older Hispanics.*
- *There are some Hispanic adolescents getting involved with drugs – drug of choice seems to be marijuana and cocaine.*
- *Culturally, Hispanic women want to get married early.*
- *Teen pregnancy is not as prevalent among young Hispanic women, but it still is occurring among this group.*
- *A drinking culture exists on the weekends for many Hispanic males. They typically meet with their coworkers to drink.*
- *The Hispanic females are in need for transportation. It is common for the males to have the car during the week while at work, leaving the females at home with the kids.*
- *More interpreters are needed to help translate Spanish to English and vice versa.*
- *Hispanic males are typically the ones who smoke cigarettes among this population.*
- *The Hispanic population is in need of affordable dental care. There is a dentist in Monroe that offers discounted dental care.*
- *As a result of struggling family life among the Hispanic population, the women and children usually suffer from stress and depression.*

- *Healthy foods are not promoted in the Hispanic household. Doritos, Fritos and other junk food are common meals for a lot of the families.*
- *There is a major need for healthy eating education among the Hispanic population.*
- *Dia de la Familia is a one day event devoted to celebrating Hispanic family life. This event is sponsored by the hospital and provides educational opportunities to promote well-being.*
- *The illegal status of Hispanic residents is a barrier to access healthcare.*
- *The Hispanic children become the link between both communities (Hispanic and non-Hispanic).*
- *Transportation is a major issue among the Hispanic population.*
- *The issues are always the same – alcohol abuse causes issues in the family unit which leads to domestic violence and child neglect.*
- *The “Machismo” mentality exists in the Hispanic household. This translates to a strong sense of masculine pride and power.*
- *It is not unusual for a Hispanic male to drink a 24 pack on the weekends.*
- *The city of Bernice has a higher Hispanic population.*  
*A lot of chronic diseases like obesity, diabetes, and high blood pressure are prevalent issues in the Hispanic community.*
- *Many Hispanics need transportation to clinics and the grocery store.*
- *There is a need in the Hispanic community for a program that teaches parents how to pay attention to the emotional needs of their children.*
- *Hispanic families work all day and neglect their children because they do not have time to “parent” their children.*
- *Hispanic parents are overly concerned with providing food and clothing to their children, so do not think about quality time with children.*
- *There are a lot of young, first generation, Hispanic families coming from Mexico, Guatemala and Honduras.*
- *Hispanics work mainly within the poultry industry.*
- *A majority of the Hispanic population are illegal. Illegals are able to work at the chicken farms with little documentation. The legal Hispanics work at the poultry plant.*
- *Younger, undocumented Hispanics usually work for local landscaping companies.*
- *Hispanics living in Union Parish prefer to utilize services at the Rural Health Clinic (RHC).*
- *Like all ethnicities, Hispanics travel to Shreveport or other city if they have a more serious illness.*
- *Most Hispanics stay away from the ER because they understand it is too expensive to use.*
- *Hispanics are very compliant with paying their medical bills fully.*
- *Illegal Hispanics do not qualify for most services in the community. Approximately 80 percent of the Hispanic population is illegal.*
- *The majority of the Hispanic population’s educational level is sixth to eighth grade.*
- *Smoking is very prevalent among the Hispanic population.*
- *“Language Line” is used at the health department to help translate services provided to this population.*



### ***Related Community Survey Results (Hispanic Survey Respondents)***

Top needs to improve the health of the community:

1. Job opportunities
2. Health food choices
3. Safe places to walk/play

Major health challenges faced personally:

1. Dental/oral health
2. Overweight/obesity
3. Joint/back pain

Top three issues or concerns in the community:

1. Drugs
2. Alcohol abuse
3. Lack of jobs

Types of health screenings or education needed to improve the health of the community:

1. Nutrition
2. Diabetes
3. Dental screenings

### ***Community Input – Mental Health (Reference p. 53- Alcohol, Tobacco and Drug Abuse)***

- *There are no mental health services in the community.*

### ***Related Community Survey Results***

Overall, when asked what screenings or education was needed to improve the health of the community, the survey revealed mental health and substance abuse as the top two needs. Additionally, drugs and alcohol were ranked as tops issues in Union Parish. Refer to Appendix B for more survey results.

## PRIORITIES

### Community Input

#### Health Needs Survey

A health needs survey was developed covering various topics and demographic questions including: health education and screening needs, access to care issues, social issues, health challenges, preventative services, and health practices. This survey was distributed to the community through various outlets in order to obtain an unbiased representation of the community's citizens. The health needs survey was provided in English and Spanish languages. The surveys were collected via a downloadable format/email and from several organizations in Union Parish. The survey was distributed to the following locations in the community: Union Parish Health Unit, Foster Farms, Union Parish Chamber of Commerce, Our Lady of Perpetual Help Catholic Church, Nazareth Baptist Church, Union Parish School Board, Union Parish Sheriff's Office, Union General Hospital, Hospital website, Union Parish Council on Aging, TRIAD of Union Parish, Children's Coalition and by direct handouts. The total number of surveys collected from the community was 322.

#### Key Stakeholder Interviews

Key stakeholder interviews were administered to individuals who represent the broad interests of the community. Ten face-to-face interviews were conducted with individuals from public health, the school system, city government, healthcare organizations, religious organizations, and representatives of underserved groups. During the interview process, a series of questions were asked related to morbidity and mortality statistics, status of local economy, access to care issues, and any disparities within the underserved population groups. At the end of the interview process, each stakeholder was asked to rank his/her top three health issues or health needs by using data summarized from the community's health needs survey. The objective was to include this key stakeholder input in the total ranking of the community's health priorities. Below is a list of the organizations represented by the key stakeholders, along with the populations each stakeholder serves.

Organization	Population Served
Internal Medicine/Pediatrics Physician	Children and underserved
Union General Hospital Board Member, Business Owner, Retired Teacher (Special needs)	Caregiver to husband with disability, children with special needs
Minister, leader in the Hispanic community	Hispanic community
Director, Council on Aging	Seniors
Patient Advocate for local nursing home	Seniors and disabled
Minister, Blooming Grove Baptist Church	African-American community
Public Health Nurse, Union Parish Health Unit	Underserved and low-income
Priest, Our Lady of Perpetual Health Catholic Church	Hispanic community
Medicaid Representative/Financial Counselor	Underserved and low-income

## Community Health Priorities

The health priorities from the survey were categorized into three sub-groups: access to care, morbidity and mortality, and contributing health factors. Access to care relates to the barriers within the community that prevent an individual from seeking health care. Morbidity and mortality relates to why individuals are dying or becoming ill from certain health conditions and diseases. Finally, contributing health factors describe the other factors that contribute to illness and death. Categorizing the health factors in this manner further helps the community and the CHSC in understanding cause and effect of the various health factors to better develop an effective implementation strategy.

The community health priorities listed below were the result of both the community health needs survey results and the key stakeholder interviews results.

### Community Priorities:

- Obesity and diabetes
- Cardiovascular
- Joint and back pain
- Dental and oral health
- Respiratory and asthma
- Cancer
- Mental health
- Sexual health
- Adolescent behaviors
- Access to care
- Alcohol and drugs

## 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 health need surveys 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 ranked using the Basic Priority Ranking methodology.

- Cancer
- Adolescent behaviors
- Cardiovascular
- Obesity and diabetes
- Dental and oral health
- Sexual health
- Respiratory and asthma
- Mental health
- Alcohol and drug abuse (adults)
- Access to care
- Joint and back pain

## Approval

The Union General Hospital Board of Directors approved this community health needs assessment through a board vote on June 17, 2015.

## 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  
William Adcock – Chief Financial Officer  
Judy Duty – Medical Records Director  
Claudia Wade – Grant Writer/Administrative Secretary  
Eric Daniel – ER Manager  
Sarah Colvin – Dietary Director

### **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, Retired Teacher  
Mr. Miguel Barrios – Minister, leader in the Hispanic community  
Ms. Louise Denton – Director, Council on Aging  
Ms. Ethyl Wilkes – Patient Advocate for local nursing home  
Mr. Lester Sims – Minister, Blooming Grove Baptist Church  
Ms. DeAnn Powell – Public Health Nurse, Union Parish Health Unit  
Father Al Joist – Priest, Our Lady of Perpetual Health Catholic Church  
Ms. Pamela Hunter – Medicaid Representative/Financial Counselor

## 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.

<b>ASSISTED LIVING FACILITIES</b>	
Arbor Rose Assisted Living Facility 243 Sistrunk Rd. Farmerville 318 368 1848	Triad of Union Assisted Living 710 Holder Rd Farmerville 318 368 0469
<b>BLOOD DONATIONS</b>	
Life Share Blood Blood Donation Center 2909 Kilpatrick Blvd. Monroe 318 322 4445	
<b>PRIMARY CARE CLINICS</b>	
Union General Rural Health Clinic Rural Health Clinic 1025 Marion Hwy Farmerville 318 368 9745	Union Parish Health Unit Public Health Department 1002 Marion Hwy Farmerville 318 368 3156
Morehouse Community Medical Center of Marion 3150 Taylor St Marion 318 292 2795	Reeves Memorial Rural Health Clinic 402 Second St Bernice 318 285 9066



<b>CANCER SUPPORT SERVICES</b>	
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
<b>CHILDREN AND FAMILY SUPPORT SERVICES</b>	
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>Grandparents as Parents of Louisiana Marion Baptist Church 1455 Lee St. Marion</p>	<p>Office of Community Support Child protection, Foster Care 318-362-3362</p>
<p>Office of Family Support 318-362-3386</p>	<p>Parenting Hotline 1-800-348-5437</p>
<p>Prevent Child Abuse Louisiana 1-800-244-5373</p>	<p>Social Services Child Protection 318 368 7917</p>
<p>The Children's Center at ARCO Counseling and Referral 318-322-8974</p>	<p>The Wellspring - Big Brothers Big Sisters Big Brothers/Big Sisters 318-323-9034</p>
<p>The Wellspring - Counseling Center 24/7 Crisis counseling 318-323-1505</p>	<p>Union Community Action Social Services/Crisis Counseling P.O. Box 520 Farmerville 318 368 9606</p>
<p>United Way Support Services 300 West Carolina Avenue Ruston, LA 71270 Office: 318-232-0055</p>	

CHIROPRACTIC SUPPORT SERVICES	
Carpenter's Chiropractic Clinic 509 Sterlington Hwy Farmerville 318 368 9049	Green Family Chiropractic Clinic 205 E Boundary Farmerville 318 368 9348
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	Mini Miracles Pediatric Day Care Medical Daycare Phone: (318) 368-8996 Fax: (318) 368-8997 Email: <a href="mailto:info@minimiraclespdhc.com">info@minimiraclespdhc.com</a>  120 Eagle Point Farmerville, LA 71241
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	

<b>DISABLED CITIZENS SERVICES</b>	
Office of Citizens with Developmental Disabilities 318-362-3396	
<b>EMERGENCIES</b>	
Pafford EMS 307 Bernice Hwy Farmerville 318 251 3276	Poison Helpline 1-800-222-1222
Union Parish 911 911	
<b>FAMILY ASSISTANCE</b>	
Clothing and Food Tree of Hope 318 368 4168	Utility Assistance Community Action 318 368 9601
<b>HOSPITALS</b>	
Union General Hospital Critical Access Hospital 901 James Ave Farmerville 318 368 9751	Reeves Memorial 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>

<b>HOSPICE</b>	
Agape' Hospice Group 510 Trenton St. West Monroe 318 387 1115	
<b>HOUSING ASSISTANCE</b>	
Union Parish Housing Authority Housing 318-368-9677	The Wellspring - Counseling Center Housing services 318-807-6200
<b>MEDICAID ENROLLMENT</b>	
Medicaid Office 318-362-6207	LaCHIP 318-251-5105
LaMoms 1-888-342-6207	Union General Hospital Enrollment 901 James Avenue Farmerville, LA 71241 318-368-9751
<b>MEDICAL EQUIPMENT</b>	
Ark-La-Miss Patient Eq., Inc 238 Byrants Edge Rd. Downsville 318 982 7082	Mattes Pharmacy 314 Main Street Marion, LA 71260 318-292-4570

<b>MENTAL HEALTH SERVICES</b>	
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	
<b>NURSING HOMES</b>	
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	
<b>PHARMACIES AND DRUG ASSISTANCE</b>	
Brookshire's 1018 Sterlington Hwy Farmerville 318 368 2244	Farmerville Drug 300 E. Water St. Farmerville 318 368 9711



PHARMACIES AND DRUG ASSISTANCE (cont)	
Matte's Pharmacy & Gifts 314 Main St. Marion 318 292 4570	Wal-Mart 833 Sterlington Hwy Farmerville 318 368 2535
St. Vincent de 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. Lisa Post General Practitioner 1025 Marion Hwy (UGH RHC) Farmerville 318 368 9745
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

<b>NURSE PRACTITIONERS</b>	
<p>Lynette Wade FNP Union Gen Rural Health Clinic 1025 Marion Hwy (UGH RHC) Farmerville 318 368 9745</p>	<p>Sherryl Dunlap FNP Morehouse Community Medical Center of Marion 3150 Taylor St Marion 318 292 2795</p>

<b>SENIOR CITIZEN SERVICES</b>	
<p>Council on Aging Meals on Wheels, etc. 606 East Boundary Farmerville 318 368 2205</p>	<p>Elderly Protective Services 318 362 4280</p>
<p>Triad of Union Parish 710 Holder Rd Farmerville 318 368 0469</p>	

<b>SITTER SERVICES</b>	
<p>Hearts Desire 112 N. Main Farmerville 318 368 7475</p>	<p>Angel Care of Louisiana Inc. Sitters 976 Weems Rd Downsville 318 644 0698</p>

## Appendix A – Survey Sample

### 2015 UNION PARISH HEALTH NEEDS SURVEY

ZIP CODE OF CURRENT RESIDENCE? \_\_\_\_\_ AGE \_\_\_\_\_ SEX (circle one) Male Female  
 RACE/ETHNICITY: (circle one) CAUCASIAN/WHITE AFRICAN AMERICAN HISPANIC OTHER \_\_\_\_\_  
 NUMBER OF CHILDREN UNDER 18 IN YOUR HOUSEHOLD \_\_\_\_\_  
 NUMBER OF ADULTS OVER AGE 18 IN YOUR HOUSEHOLD \_\_\_\_\_  
 Annual household income:  
 \_\_\_ Less than \$20,000 \_\_\_ \$20,000 to \$50,000 \_\_\_ \$50,001 to \$75,000  
 \_\_\_ \$75,001 to \$100,000 \_\_\_ Over \$100,000

DO YOU HAVE HEALTH INSURANCE: (select one)  
 \_\_\_ Yes, commercial insurance like Blue Cross, Aetna etc. \_\_\_ Medicaid \_\_\_ Other  
 \_\_\_ Medicare \_\_\_ No insurance \_\_\_ Not sure

**In your opinion, which of the following are the top three issues or concerns in Union Parish? (Check three)**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Tobacco use                | <input type="checkbox"/> Alcohol abuse        | <input type="checkbox"/> Automobile accidents | <input type="checkbox"/> Other accidents |
| <input type="checkbox"/> Drugs                      | <input type="checkbox"/> Teen pregnancy       | <input type="checkbox"/> Lack of exercise     | <input type="checkbox"/> Obesity         |
| <input type="checkbox"/> Stress                     | <input type="checkbox"/> Environmental issues | <input type="checkbox"/> Suicide              | <input type="checkbox"/> Elder abuse     |
| <input type="checkbox"/> Spousal abuse              | <input type="checkbox"/> Domestic violence    | <input type="checkbox"/> Unemployment         | <input type="checkbox"/> Poor diet       |
| <input type="checkbox"/> Infant mortality           | <input type="checkbox"/> Homelessness         | <input type="checkbox"/> Eating disorders     | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> Lack of jobs               | <input type="checkbox"/> Poor economy         |   | <input type="checkbox"/> Child abuse     |
| <input type="checkbox"/> Growing elderly population |   | Other: _____                                  |  |

**In your opinion, what do you think are the main reasons that keep people in Union Parish from seeking medical treatment? (Choose the top three)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> No health insurance                       | <input type="checkbox"/> No transportation               | <input type="checkbox"/> Too expensive/cannot afford |
| <input type="checkbox"/> Don't understand the need to see a doctor | <input type="checkbox"/> Doctor is too far away          |  |
| <input type="checkbox"/> Local doctors do not take their insurance | <input type="checkbox"/> Can't get in to see a physician |  |
| Other: _____   |  |  |

**Which of the following does Union Parish need in order to improve the health of the community? (Check the top three)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Healthier food choices   | <input type="checkbox"/> Job opportunities     | <input type="checkbox"/> Safe places to walk/play |
| <input type="checkbox"/> Substance abuse services | <input type="checkbox"/> Recreation facilities | <input type="checkbox"/> Mental health services   |
| <input type="checkbox"/> Wellness services        | <input type="checkbox"/> Transportation        | <input type="checkbox"/> Specialty physicians     |
| Other: _____                                      |  |   |

**What health screenings or education/information services are needed in Union Parish? (Check the top three)**

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Mental health         | <input type="checkbox"/> Substance abuse               | <input type="checkbox"/> Diabetes                   | <input type="checkbox"/> Dental screenings          |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Cholesterol                   | <input type="checkbox"/> Cancer                     | <input type="checkbox"/> Vaccinations/immunizations |
| <input type="checkbox"/> Nutrition             | <input type="checkbox"/> Sexually transmitted diseases | <input type="checkbox"/> Exercise/physical activity |   |
| <input type="checkbox"/> Care during pregnancy | <input type="checkbox"/> Heart disease                 | <input type="checkbox"/> Eating disorders           |   |
- Other: \_\_\_\_\_

**ABOUT YOU**

**What are the major health challenges that YOU face? (Check all that apply)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Dental/oral health  | <input type="checkbox"/> Overweight/obesity | <input type="checkbox"/> Diabetes      |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory disease | <input type="checkbox"/> Heart disease      | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Sexual health       | <input type="checkbox"/> Asthma              | <input type="checkbox"/> Joint/back pain    |  |
- Other: \_\_\_\_\_

**Which of the following preventative services have you had in the past 12 months? (Check all that apply)**

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Physical exam            | <input type="checkbox"/> Flu shot         | <input type="checkbox"/> Blood pressure check | <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Skin cancer screening |
| <input type="checkbox"/> Cholesterol screening    | <input type="checkbox"/> Vision screening | <input type="checkbox"/> Hearing screening    | <input type="checkbox"/> Prostate exam     |  |
| <input type="checkbox"/> Cardiovascular screening | <input type="checkbox"/> Mammogram        | <input type="checkbox"/> Breast exam          | <input type="checkbox"/> PAP smear         |  |

**Do you follow these health practices?**

- |  | Yes                      | No                       | Does not apply           |
|--|--------------------------|--------------------------|--------------------------|
| If over 50, have you had a colonoscopy?              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If over 50, do you have annual prostate exams?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If female over 40, do you have annual mammograms?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If female, do you have a pap smear every other year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get 2.5 hours exercise each week?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you get at least 7 hours sleep a night?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you make healthy meal choices?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please feel free to comment on any other thoughts you may have concerning issues which affect the health of Union Parish residents.

This survey is being conducted by and for Union General Hospital  
in order to help identify the health needs of residents of Union Parish

**WE APPRECIATE YOUR INPUT!**

Please return completed survey by mail to:

Completed surveys should be returned no later than April 1, 2015.

Thank you for helping us better define the healthcare needs of Union Parish.

## Appendix B – Survey Results

### Demographics

The data below is based on a total of 322 responses.

#### Age

18-30	88	27.3%
31-50	132	41.0%
51-64	64	19.9%
65 or older	26	8.1%
Unknown	12	3.7%

#### Gender/Sex

Male	69	21.4%
Female	238	73.9%
Unknown	15	4.7%

#### Race

African American	95	29.5%
White/Caucasian	132	41.0%
Hispanic	86	26.7%
Unknown	18	2.8%

#### Income

less than \$20,000	114	35.4%
\$20,000 to \$50,000	99	30.7%
\$50,000 to \$75,000	23	7.1%
\$75,000 to \$100,000	18	5.6%
Over \$100,000	33	10.2%
Unknown	35	10.9%

#### Insurance Status

Yes, commercial insurance	149	46.3%
No insurance	70	21.7%
Medicaid	39	12.1%
Unknown	29	9.0%
Medicare	24	7.5%
Other	7	2.2%
Not sure	4	1.2%

## Appendix B – Survey Results

### Health of the Community-Overall Results

**322 total responses**

**In your opinion, what do you think are the main reasons that keep people in Union Parish from seeking medical treatment?**

No health insurance	238	73.9%
Too expensive/cannot afford	224	69.6%
No transportation	117	36.3%
Don't understand the need to see a doctor	79	24.5%
Can't get in to see a physician	35	10.9%
Local doctors do not take their insurance	27	8.4%
Doctor is too far away	20	6.2%
Other	10	3.1%
Can't get in to see a physician	1	.3%

**What health screenings or education/information services are needed in Union Parish?**

Substance abuse	107	33.2%
Mental Health	97	30.1%
Nutrition	93	28.9%
High blood pressure	84	26.1%
Diabetes	79	24.5%
Cancer	65	20.2%
Exercise/physical activity	62	19.3%
Sexually transmitted diseases	59	18.3%
Dental screenings	55	17.1%
Care during pregnancy	39	12.1%
Heart disease	35	10.9%
Cholesterol	33	10.2%
Vaccinations/immunizations	21	6.5%
Eating disorders	16	5.0%



**Which of the following does Union Parish need in order to improve the health of the community?**

Job Opportunities	184	57.1%
Healthier food choices	104	32.3%
Safe places to walk/play	104	32.3%
Wellness services	103	32.0%
Substance abuse services	74	23.0%
Transportation	72	22.4%
Specialty physicians	71	22.0%
Recreation facilities	56	17.4%
mental health services	39	12.1%
Dentists	1	.3%

**What are the major health challenges that YOU face?**

High blood pressure	123	38.2%
Overweight/obesity	116	36.0%
Joint/back pain	97	30.1%
Dental/oral health	73	22.7%
Diabetes	56	17.4%
Heart disease	38	11.8%
Cancer	23	7.1%
Mental health	19	5.9%
Asthma	19	5.9%
Respiratory disease	11	3.4%
Sexual health	6	1.9%
Other	4	1.8%

**Which of the following preventative services have you had in the past 12 months?**

Blood pressure check	175	54.3%
Physical exam	132	41.0%
Flu shot	130	40.4%
Blood sugar check	104	32.3%
PAP smear (females only)	95	39.9%
Cholesterol screening	95	29.5%
Vision screening	92	28.6%
Mammogram (females only)	71	29.8%
Breast exam (females only)	66	27.7%
Cardiovascular screening	29	9.0%
Hearing screening	20	6.2%

Skin cancer screening	10	3.1%
Prostate exam (males only)	8	11.6%

**Do you follow these health practices?**

If over 50, have you had a colonoscopy?	52	54.2%
If over 50, do you have annual prostate exams? (males only)	10	45.4%
If female over 40, do you have annual mammograms? (females only)	80	69.0%
If female, do you have a pap smear every other year? (females only)	141	59.2%
Do you get 2.5 hours exercise each week?	147	45.7%
Do you get at least 7 hours sleep a night?	187	58.1%
Do you make healthy meal choices?	193	59.9%

**In your opinion, which of the following are the top three issues or concerns in Union Parish?**

Drugs	171	53.1%
Lack of jobs	77	23.9%
Alcohol abuse	71	22.0%
Teen pregnancy	58	18.0%
Unemployment	45	14.0%
Obesity	44	13.7%
Poor economy	43	13.4%
Tobacco Use	36	11.2%
Stress	31	9.6%
Growing elderly population	27	8.4%
Lack of exercise	26	8.1%
Transportation	25	7.8%
Child abuse	21	6.5%
Domestic violence	20	6.2%
Automobile accidents	12	3.7%
Poor diet	11	3.4%
Suicide	10	3.1%
Spousal abuse	8	2.5%
Homelessness	6	1.9%
Translator	5	1.6%
Other (less than 5 responses)	15	4.5%

## Senior Population

26 total responses

### Gender/Sex

Female	17	65.4%
Male	7	26.9%
Unknown	2	7.7%

### Race

African American	9	34.6%
White/Caucasian	15	57.7%
Hispanic	1	3.8%
Unknown	1	3.8%

### Income

less than \$20,000	8	30.8%
\$20,000 to \$50,000	9	34.6%
\$50,000 to \$75,000	1	3.8%
\$75,000 to \$100,000	3	11.5%
Over \$100,000	2	7.7%
Unknown	3	11.5%

### Insurance Status

Medicare	17	55.8%
Yes, commercial insurance	6	23.1%
No insurance	1	3.8%
Medicaid	1	3.8%
Unknown	1	3.8%

**In your opinion, what do you think are the main reasons that keep people in Union Parish from seeking medical treatment?**

No health insurance	16	61.5%
Too expensive/cannot afford	13	50.0%
Don't understand the need to see a doctor	10	38.5%
No transportation	7	26.9%
Can't get in to see a physician	5	19.2%
Other	3	11.5%
Local doctors do not take their insurance	2	7.7%
Doctor is too far away	2	7.7%

**What health screenings or education/information services are needed in Union Parish?**

Substance abuse	13	50.0%
Diabetes	8	30.8%
High blood pressure	7	26.9%
Heart disease	7	26.9%
Cancer	6	23.1%
Mental Health	6	23.1%
Sexually transmitted diseases	5	19.2%
Nutrition	5	19.2%
Dental screenings	4	15.4%
Exercise/physical activity	3	11.5%
Cholesterol	1	3.8%
Eating disorders	1	3.8%

**Which of the following does Union Parish need in order to improve the health of the community?**

Job Opportunities	16	61.5%
Safe places to walk/play	12	46.2%
Substance abuse services	10	38.5%
Wellness services	9	34.6%
Specialty physicians	6	23.1%
Healthier food choices	4	15.4%
Recreation facilities	4	15.4%
mental health services	3	11.5%
Transportation	3	11.5%

**What are the major health challenges that YOU face?**

High blood pressure	18	69.2%
Diabetes	9	34.6%
Heart disease	8	30.8%
Joint/back pain	7	26.9%
Overweight/obesity	6	23.1%
Dental/oral health	4	15.4%
Respiratory disease	3	11.5%
Asthma	3	11.5%
Cancer	3	11.5%
Other	1	3.8%

**Which of the following preventative services have you had in the past 12 months?**

Blood pressure check	21	80.8%
Physical exam	16	61.5%
Vision screening	16	61.5%
Flu shot	14	53.8%
Blood sugar check	11	42.3%
Cholesterol screening	11	42.3%
Mammogram	11	42.3%
Breast exam	6	23.1%
Cardiovascular screening	6	23.1%
Skin cancer screening	3	11.5%
Prostate exam	2	7.7%
Hearing screening	2	7.7%
PAP smear	1	3.8%

**Do you follow these health practices?**

Have you had a colonoscopy?	16	61.5%
Do you have annual prostate exams? (males only)	5	19.2%
If female, do you have annual mammograms? (females only)	14	53.8%
If female, do you have a pap smear every other year? (females only)	7	26.9%
Do you get 2.5 hours exercise each week?	10	38.5%
Do you get at least 7 hours sleep a night?	26	100%
Do you make healthy meal choices?	18	69.2%

**In your opinion, which of the following are the top three issues or concerns in Union Parish?**

Drugs	19	73.1%
Alcohol abuse	7	26.9%
Child abuse	6	23.1%
Teen pregnancy	5	19.2%
Unemployment	5	19.2%
Poor economy	4	15.4%
Growing elderly population	4	15.4%
Lack of jobs	4	15.4%
Stress	3	11.5%
Obesity	3	11.5%
Tobacco Use	2	7.7%
Domestic violence	2	7.7%
Spousal abuse	2	7.7%
Lack of exercise	1	3.8%
Automobile accidents	1	3.8%
Poor diet	1	3.8%
Infant mortality	1	3.8%

## African American Population

### Age

18-30	16	18.6%
31-50	44	51.2%
51-64	26	30.2%
65 or older	9	10.5%
Unknown	0	0%

### Gender/Sex

Female	74	78%
Male	21	22%

### Income

less than \$20,000	49	51.6%
\$20,000 to \$50,000	32	33.7%
\$50,000 to \$75,000	7	7.4%
\$75,000 to \$100,000	2	2.1%
Over \$100,000	2	2.1%
Unknown	3	3.2%

### Insurance Status

Yes, commercial insurance	48	55.8%
No insurance	17	19.8%
Medicaid	14	16.3%
Medicare	9	10.5%
Other	2	2.3%
Not sure	1	1.2%
Unknown	4	4.7%

**In your opinion, what do you think are the main reasons that keep people in Union Parish from seeking medical treatment?**

No health insurance	81	85.3%
Too expensive/cannot afford	68	71.6%
No transportation	39	41.1%
Don't understand the need to see a doctor	21	22.1%
Local doctors do not take their insurance	12	12.6%
Can't get in to see a physician	11	11.6%
Doctor is too far away	10	10.5%
Other	2	2.1%

**What health screenings or education/information services are needed in Union Parish?**

Mental Health	37	38.9%
High blood pressure	37	38.9%
Substance abuse	33	34.7%
Cancer	27	28.4%
Nutrition	22	23.2%
Sexually transmitted diseases	22	23.2%
Diabetes	20	21.1%
Exercise/physical activity	20	21.1%
Dental screenings	16	16.8%
Care during pregnancy	12	12.6%
Cholesterol	11	11.6%
Heart disease	7	7.4%
Eating disorders	6	6.3%
Vaccinations/immunizations	4	4.2%

**Which of the following does Union Parish need in order to improve the health of the community?**

Job Opportunities	68	71.6%
Wellness services	38	40.0%
Transportation	32	33.7%
Recreation facilities	27	28.4%
Safe places to walk/play	25	26.3%
Healthier food choices	22	23.2%
Substance abuse services	19	20.0%
Specialty physicians	14	14.7%
mental health services	8	8.4%



**What are the major health challenges that YOU face?**

High blood pressure	56	58.9%
Joint/back pain	41	43.2%
Overweight/obesity	38	40.0%
Dental/oral health	18	18.9%
Diabetes	18	18.9%
Mental health	11	11.6%
Heart disease	11	11.6%
Asthma	10	10.5%
Cancer	8	8.4%
Sexual health	4	4.2%
Respiratory disease	3	3.2%
Other	2	2.1%

**Which of the following preventative services have you had in the past 12 months?**

Blood pressure check	66	69.5%
Physical exam	40	42.1%
PAP smear	31	32.6%
Vision screening	31	32.6%
Mammogram	30	31.6%
Flu shot	27	28.4%
Blood sugar check	23	24.2%
Cholesterol screening	22	23.2%
Breast exam	22	23.2%
Hearing screening	8	8.4%
Cardiovascular screening	5	5.3%
Prostate exam	3	3.2%

**Do you follow these health practices?**

If over 50, have you had a colonoscopy?	19	54.3%
If over 50, do you have annual prostate exams? (males only)	5	45.5%
If female over 40, do you have annual mammograms? (females only)	33	76.7%
If female, do you have a pap smear every other year? (females only)	52	70.3%
Do you get 2.5 hours exercise each week?	45	47.4%
Do you get at least 7 hours sleep a night?	53	55.8%
Do you make healthy meal choices?	56	58.9%

**In your opinion, which of the following are the top three issues or concerns in Union Parish?**

Drugs	51	53.7%
Lack of jobs	33	34.7%
Teen pregnancy	25	26.3%
Alcohol abuse	19	20.0%
Unemployment	19	20.0%
Tobacco Use	17	17.9%
Stress	13	13.7%
Poor economy	13	13.7%
Child abuse	9	9.5%
Transportation	8	8.4%
Obesity	7	7.4%
Lack of exercise	5	5.3%
Domestic violence	4	4.2%
Automobile accidents	3	3.2%
Growing elderly population	2	2.1%
Homelessness	2	2.1%
Poor diet	2	2.1%
Environmental issues	2	2.1%
Infant mortality	1	1.1%
Suicide	1	1.1%
Eating disorders	1	1.1%
Spousal abuse	1	1.1%
Other - Race Relations	1	1.1%

## Hispanic Population

### Age

18-30	35	40.7%
31-50	42	48.8%
51-64	5	5.8%
65 or older	1	1.2%
Unknown	3	3%

### Gender/Sex

Male	24	27.9%
Female	55	64.0%
Unknown	7	8.1%

### Race

African American	95	29.5%
White/Caucasian	132	41.0%
Hispanic	86	26.7%
Unknown	18	2.8%

### Income

less than \$20,000	36	41.9%
\$20,000 to \$50,000	27	31.4%
\$50,000 to \$75,000	2	2.3%
\$75,000 to \$100,000	0	0
Over \$100,000	1	1.2%
Unknown	20	23.3%

### Insurance Status

No insurance	43	50.0%
Medicaid	13	15.1%
Yes, commercial insurance	11	12.8%
Other	4	4.7%
Not sure	1	1.2%
Unknown	14	16.3%

**In your opinion, what do you think are the main reasons that keep people in Union Parish from seeking medical treatment?**

No health insurance	64	74.4
Too expensive/cannot afford	60	69.8
No transportation	28	32.6
Don't understand the need to see a doctor	23	26.7
Doctor is too far away	6	7.0
Local doctors do not take their insurance	5	5.8
Can't get in to see a physician	5	5.8
Other	2	2.3
Can't get in to see a physician	1	1.2

**What health screenings or education/information services are needed in Union Parish?**

Nutrition	32	37.2
Diabetes	24	27.9
Dental screenings	23	26.7
High blood pressure	23	26.7
Cancer	20	23.3
Cholesterol	18	20.9
Care during pregnancy	16	18.6
Sexually transmitted diseases	13	15.1
Mental Health	11	12.8
Exercise/physical activity	11	12.8
Vaccinations/immunizations	8	9.3
Substance abuse	7	8.1
Heart disease	6	7.0
Eating disorders	5	5.8

**Which of the following does Union Parish need in order to improve the health of the community?**

Job Opportunities	51	59.3%
Healthier food choices	38	44.2%
Safe places to walk/play	31	36.0%
Specialty physicians	29	33.7%
Wellness services	19	22.1%
Transportation	18	20.9%
Substance abuse services	12	14.0%
mental health services	10	11.6%
Recreation facilities	10	11.6%
Dentists	1	1.2%

**What are the major health challenges that YOU face?**

Dental/oral health	30	34.9%
Overweight/obesity	27	31.4%
Joint/back pain	22	25.6%
Diabetes	21	24.4%
High blood pressure	17	19.8%
Heart disease	10	11.6%
Cancer	5	5.8%
Asthma	4	4.7%
Respiratory disease	3	3.5%
Sexual health	1	1.2%
Mental health	1	1.2%
Other - Cholesterol	1	1.2%

**Which of the following preventative services have you had in the past 12 months?**

Blood sugar check	26	30.2%
PAP smear	26	30.2%
Flu shot	24	27.9%
Physical exam	15	17.4%
Blood pressure check	15	17.4%
Vision screening	14	16.3%
Cholesterol screening	11	12.8%
Breast exam	9	10.5%
Mammogram	7	8.1%
Skin cancer screening	3	3.5%
Cardiovascular screening	2	2.3%
Prostate exam	2	2.3%
Hearing screening	2	2.3%

**Do you follow these health practices?**

If over 50, have you had a colonoscopy?	0	0%
If over 50, do you have annual prostate exams? (males only)	1	100%
If female over 40, do you have annual mammograms? (females only)	6	50.0%
If female, do you have a pap smear every other year? (females only)	29	52.7%
Do you get 2.5 hours exercise each week?	32	37.2%
Do you get at least 7 hours sleep a night?	51	59.3%
Do you make healthy meal choices?	47	54.7%

**In your opinion, which of the following are the top three issues or concerns in Union Parish?**

Drugs	31	36.0%
Alcohol abuse	24	27.9%
Lack of jobs	20	23.3%
Obesity	16	18.6%
Teen pregnancy	14	16.3%
Transportation	14	16.3%
Lack of exercise	13	15.1%
Stress	12	14.0%
Unemployment	12	14.0%
Poor economy	12	14.0%
Tobacco Use	10	11.6%
Translator	5	5.8%
Suicide	5	5.8%
Domestic violence	3	3.5%
Homelessness	3	3.5%
Child abuse	3	3.5%
Bullying	2	2.3%
Spousal abuse	2	2.3%
Automobile accidents	2	2.3%
Growing elderly population	1	1.2%
Eating disorders	1	1.2%
Poor diet	1	1.2%

## ENDNOTES

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- <sup>1</sup> *Louisiana Population Projections*, Louisiana.gov
- <sup>2</sup> Ibid.
- <sup>3</sup> [www.city-data.com/county/union\\_parish-LA.html](http://www.city-data.com/county/union_parish-LA.html)
- <sup>4</sup> <http://factfinder2.census.gov>
- <sup>5</sup> <http://www.unionparishchamber.org>
- <sup>6</sup> *Louisiana Population Projections*, Louisiana.gov
- <sup>7</sup> US Census Bureau, State and County Quick Facts, [www.census.gov](http://www.census.gov)
- <sup>8</sup> *Louisiana Population Projections*, Louisiana.gov
- <sup>9</sup> U.S. Census, *ACS Demographic and Housing Estimates*, 2009-2013 American Community Survey 5-Year Estimates
- <sup>10</sup> [www.unionparishchamber.org](http://www.unionparishchamber.org)
- <sup>11</sup> Kaiser Family Foundation, Key Facts: Race, Ethnicity, and Medical Care, January 2007 update.
- <sup>12</sup> Ibid.
- <sup>13</sup> Ibid.
- <sup>14</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS). [www.cdc.gov/ncipc/wisqars](http://www.cdc.gov/ncipc/wisqars)
- <sup>15</sup> American Cancer Society. *Cancer Facts & Figures 2015*. Atlanta: American Cancer Society; 2015
- <sup>16</sup> *Louisiana Comprehensive Cancer Control Plan 2011-2015*
- <sup>17</sup> National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying*, p.13 Hyattsville, MD. 2011.
- <sup>18</sup> *Cancer Facts & Figures 2015*
- <sup>19</sup> *Cancer Facts & Figures 2015*
- <sup>20</sup> *Cancer Facts & Figures 2015*
- <sup>21</sup> American Cancer Society, *What are the key statistics about lung cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>22</sup> *Cancer Facts & Figures, 2015*
- <sup>23</sup> [statecancerprofiles.cancer.gov/incidencerates](http://statecancerprofiles.cancer.gov/incidencerates)
- <sup>24</sup> *Louisiana Comprehensive Cancer Control Plan 2011-2015*
- <sup>25</sup> American Cancer Society, *What are the key statistics about colorectal cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>26</sup> National Center for Health Statistics. *Health, United States, 2010: With Special Feature on Death and Dying*, p.18
- <sup>27</sup> American Cancer Society, *What are the risk factors for colorectal cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>28</sup> American Cancer Society, *Can colorectal polyps and cancer be found early?*, [www.cancer.org](http://www.cancer.org)
- <sup>29</sup> American Cancer Society, *What are the key statistics about breast cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>30</sup> Ibid.
- <sup>31</sup> American Cancer Society, *What are the risk factors for breast cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>32</sup> American Cancer Society, *Breast Cancer Prevention and Early Detection*, [www.cancer.org](http://www.cancer.org)
- <sup>33</sup> American Cancer Society, *What are the key statistics about prostate cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>34</sup> American Cancer Society, *What are the risk factors for prostate cancer?*, [www.cancer.org](http://www.cancer.org)
- <sup>35</sup> American Cancer Society, *Can prostate cancer be found early?*, [www.cancer.org](http://www.cancer.org)
- <sup>36</sup> National Vital Statistics Reports, Vol. 63, No. 9, Table 10
- <sup>37</sup> Ibid., p. 12
- <sup>38</sup> *Heart Disease and Stroke in DHH Region 8*, available at [www.new.dhh.louisiana.gov/assets/oph/prch/heartdisease/reports/HDSRegionalFactSheets\\_2010\\_8.pdf](http://www.new.dhh.louisiana.gov/assets/oph/prch/heartdisease/reports/HDSRegionalFactSheets_2010_8.pdf)
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