

# 2018

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## Union General Hospital Community Health Needs Assessment

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### Union Parish



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 strategies. 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 in Northeast Louisiana and has an estimated 2017 population of 22,571.<sup>1</sup> Union General Hospital, a critical access hospital with 20 beds, serves this area of Louisiana. The hospital is in the county seat of Farmerville. The surrounding areas of Farmerville are rural and much 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 may indicate 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 (257.5) was higher than both the Louisiana (213.7) and the U.S. (168.2) 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. 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 (40.3) was higher than Louisiana's rate (35.5). The infant mortality rate (13.3) was higher than that of the State (7.6).

## Alcohol, Tobacco, and Drug Use

Abused substances have an impact on the overall health of the community, family, and individual. The use of cigarettes and alcohol decreased from 2012 to 2016 among the youth. Community members cited substance abuse as an issue among the youth in the community and a problem that is probably under-reported due to self-reported statistics. Alcohol and substance abuse among adults was reported to have a generational impact on the youth.

## Sexually Transmitted Diseases

There is a major health disparity among the African American population compared to the White population 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 2012-2016, Union Parish's population consisted of 24.9 percent of the population living in poverty. This was a higher percent than the State and U.S. populations.

Uninsured individuals often face limited resources for treatment and face delays in seeking treatment. In Region 8, 29 percent of adults and 4 percent of children were uninsured. Education also affects an individual's ability to access care. In the study period, 78 percent of Union Parish ninth-graders graduated within 4 years. Individuals with low educational attainment were less likely to access healthcare because they are less likely to 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 transportation.

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

# Community Health Indicator Report

A Community Health Indicator report (key findings) reflects the changes in the major health problems and health needs of Union Parish compared to the last CHNA. 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 community to generate discussion related to the health of the community and evaluate the impact of the last CHNA.

KEY FINDINGS						
	Union		State		U.S.	HP 2020
<b>MORTALITY</b>						
All Cancer Death Rates	189.4	↓	183.3	↓	160.9	↓ 161.4
Lung Cancer Death Rates	53.7	↓	51.5	↓	41.8	↓ 45.5
Colon and Rectum Cancer Death Rates	20.8	↓	17.3	↓	14.4	↓ 14.5
Female Breast Cancer Death Rates	+	n/a	23.3	↓	20.6	↓ 20.7
Prostate Cancer Death Rates	+	n/a	20.9	↓	19.2	↓ 21.8
Heart Disease Death Rates	257.5	↑	213.7	↓	168.2	↓
Stroke Death Rates	46.7	↓	45.1	●	36.9	↓ 34.8
Accident Death Rates	54.8	↓	52.7	↑	41.9	↑ 36.4
Chronic Lower Respiratory Disease Death Rates	44.7	↑	44.7	↑	41.2	↓
Influenza and Pneumonia Death Rates	37.8	↓	16.6	↓	14.8	↓
Diabetes Death Rates	23.1	↓	25.5	↓	21.1	*
Alzheimer's Disease Death Rates	42.2	↓	37.7	↑	26.6	↑
Infant Death Rates	13.3	↑	7.6	↓	5.9	* 6
<b>MORBIDITY</b>						
Breast Cancer Incidence	98.5	↓	123.2	↑	123.5	↑
Poor Mental Health Days	4.5	*	4.3	*		
Lung Cancer Incidence	80.2	↑	70.5	↓	61.2	↓
Current Asthma Prevalance	9.1%	●	7.7%	↑	9.0%	↑
<b>MATERNAL, INFANTS, AND CHILDREN</b>						
Teen Birth Rates	40.3	↓	35.5	↓	24.2	↓ 36.2
<b>SEXUALLY TRANSMITTED DISEASES</b>						
Chlamydia Rates	521	↑	692	↑	497.3	*
Gonorrhea Rates	182	↑	220	↑	145.8	*
<b>ACCESS TO CARE</b>						
Poverty Percentage All Ages	24.9%	↓	19.7%	●	15.1%	●
Unemployment Percentage	5.8%	↓	5.6%	↓	4.4%	↓
High School Graduation (Education)	78%	*	80%	*	83%	* 87%
<b>HEALTH BEHAVIORS</b>						
Prevalence of Obesity	36.1%	↑	35.5%	↑	29.8%	↓ 30.5%
Lack of Physical Activity	31.6%	↓	31.2%	↓	26.0%	↓ 32.6%
Adult Smokers %	33.2%	↑	21.9%	↑	16.7	* 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 2015 CHNA
- (Stable trend) Rate/percentage has not changed since 2015 CHNA
- ↓ (Favorable trend) Rate/percentage decreased since 2015 CHNA
- \* Not reported in 2015 CHNA
- + Data is suppressed due to low number of cases

## **COMMUNITY PRIORITIZATION OF NEEDS**

Based on information gathered from community meetings, stakeholder interviews, discussions with the hospital leadership team, review of demographic and health status, and hospital utilization data, the priority health needs of the population were established. 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:

- Adolescent Behaviors (includes teen pregnancy, STDs, drugs, and bullying)
- Cancer
- Cardiovascular (including stroke)
- Diabetes
- Mental and Behavioral Health

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

### **Approval**

The Union General Hospital Board of Directors approved this community health needs assessment through a board vote on June 27, 2018.



# 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 – Chief Operating Officer  
William Adcock – Chief Financial Officer  
Julie Duty – Compliance/HIPAA Officer  
Claudia Wade – Community Development Manager, Grant Writer  
Darra Jung – Director of Nurses  
Brittany Smith – 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, and minority groups. 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. The CHNA Steering Committee identified over 40 individuals to participate in the community focus groups.

## **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 CHSC identified 8 stakeholders for individual interviews. Below is a list of the organizations represented by the key stakeholders, along with the populations each stakeholder serves.

Stakeholder Organization	Population Served
Intensive Outpatient Program	Senior population and underserved
Community member/ Union Parish Health Department	Underserved, low-income, and Chronic disease
Union General Hospital	Hispanic community and underserved, all groups
City of Farmerville	Underserved, Hispanic, children, all groups
Union Parish School System	Children and underserved
Public Health Nurse, Union Parish Health Department	Underserved and low-income
Children's Coalition	Hispanic community and children
Medicaid Representative/Financial Counselor	Underserved and low-income, African-American Population

## 5. Community Health Profile and Community Health Indicator Report

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

- Access to preventive health services,
- Underlying causes of health problems, and
- Major chronic diseases of the population.

Secondary data, such as health data from a variety of sources including vital records, health status data from a variety of state and national sources and hospital utilization data, comprised the data and indicators used for the Profile.

A Community Health Indicator Report (Key Findings) was also prepared by Draffin & Tucker, LLP to reflect the changes in the major health problems and health needs of Union Parish compared to the last CHNA. 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 community to generate discussion related to the health of the community and evaluate the impact of the last CHNA.

## 6. Community Input

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

## 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

## Information Gaps and Process Challenges

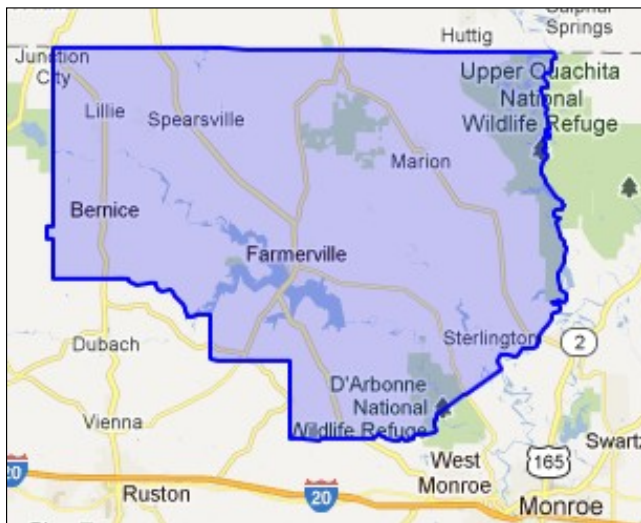
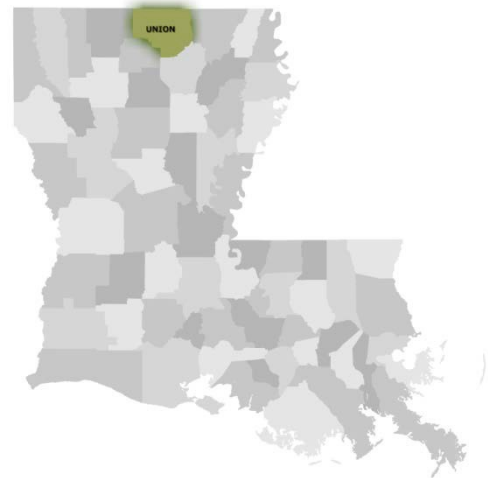
The health data comes from a variety of sources and the sources collect data differently. Most of this community health needs assessment report compared published parish-level data to both the published State and U.S. data. Careful analysis of how the data was collected insured that comparability exists. If comparability is absent, the differences are noted.

This community health needs assessment was designed to be comprehensive. It includes both quantitative and qualitative data from numerous sources. Although numerous health data is included in this report, it is not all inclusive and cannot measure all aspects of community health. Special populations such as undocumented residents, pregnant women, lesbian/gay/bisexual/transgender residents, and members of certain racial/ethnic or immigrant groups may not be specifically identifiable in the data. Some groups are too small to have reliable results. For this reason, small population groups and groups that are not represented in the quantitative data were included as part of the qualitative data collection. Many of the key stakeholder and community focus group meetings devoted time to focus on these population groups. There are some medical conditions that were not specifically addressed.

The community input sections of this report are composed of paraphrased comments provided by participants during focus group meetings and key stakeholder interviews. The comments represent the opinions of participants and may or may not be factual.

## 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 state of Louisiana is divided into five cultural regions related to activities and lifestyle of the residents. Union Parish is included the *North Louisiana* cultural region which is also known as “Sportsman’s Paradise” due to its outdoor activities and historic sites.<sup>3</sup>



Source: [http://www.city-data.com/county/Union\\_Parish-LA.html](http://www.city-data.com/county/Union_Parish-LA.html)

Union Parish’s primary industries include poultry growing and processing, health care, retail businesses, restaurants, petroleum pipeline construction, and timber processing, and transport.<sup>6</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.

The Parish has a total area of 905 square miles, of which 878 square miles is land and 28 square miles is water.<sup>4</sup> Adjacent parishes are Morehouse (east), Ouachita (southeast), Lincoln (southwest) and Claiborne (west).

The Parish seat is Farmerville, with a population of 3,860, according to the 2010 census.<sup>5</sup> Other incorporated communities in Union Parish are Bernice, Downsville, Junction City, Lillie, Marion, and Spearsville.



# Demographics

## POPULATION PROFILE

Union Parish has an estimated 2017 population of 22,571.<sup>7</sup> According to the 2010 census records, there was a population of 22,721 with 9,144 households, and an average of 2.44 persons per household.<sup>8</sup>

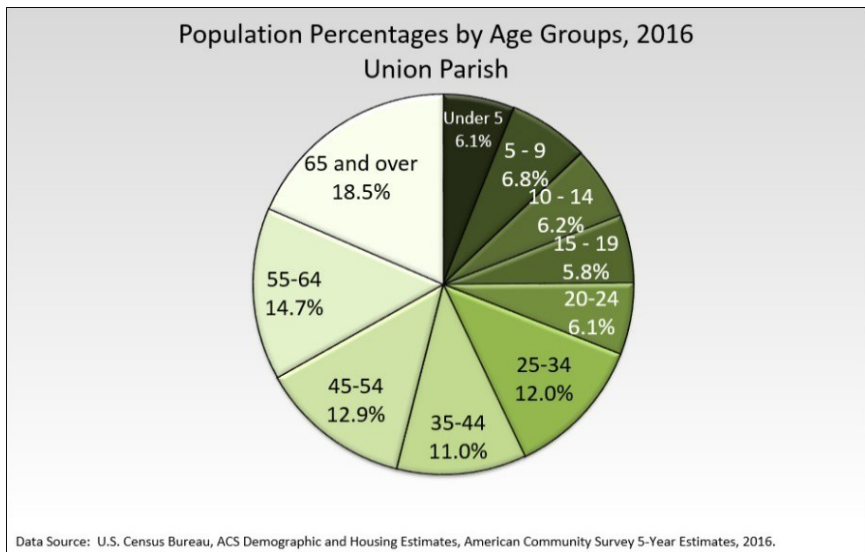
Population projections indicate that the Parish population will continue to be stable from 2010 until 2020.<sup>9</sup>

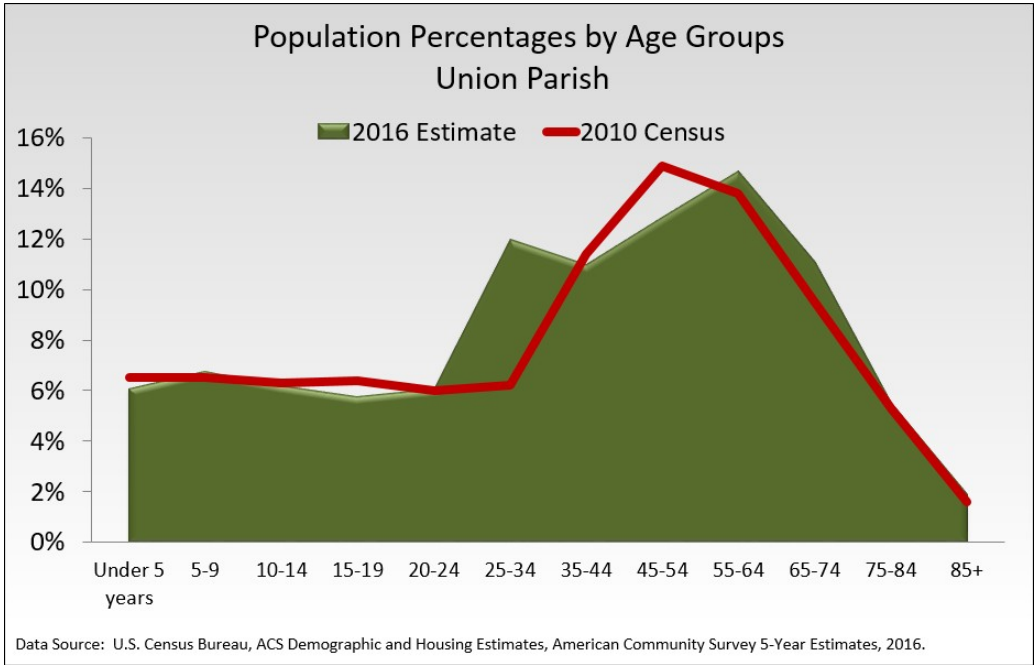
A community’s health status is reflective of its population characteristics. Generally, the more aged the population, the greater its health needs, as this group is more likely to develop chronic medical conditions requiring care.

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

According to the 2016 population estimates, 18.5 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 14.4 percent. In the U.S. the population 65 years and older was 15.2 percent.<sup>10</sup>

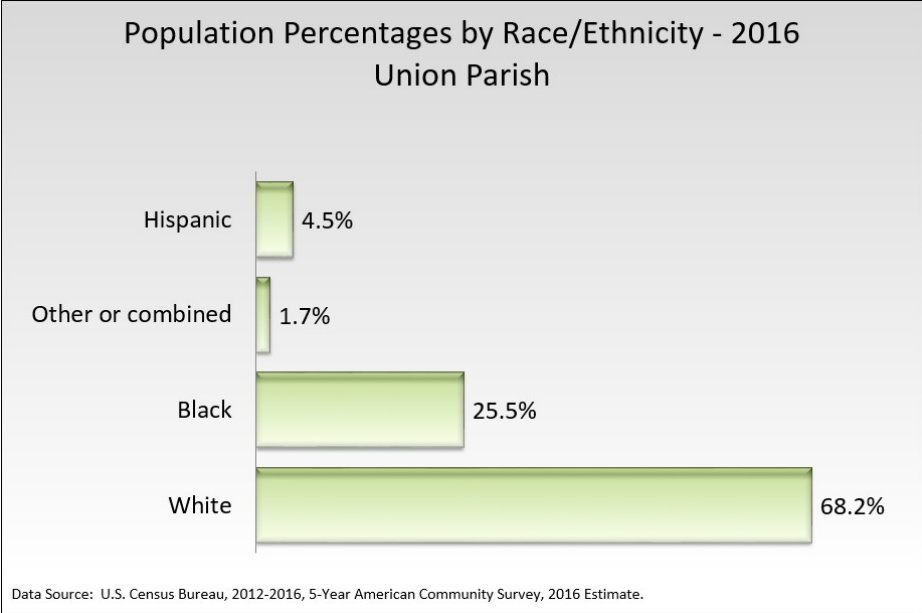




Comparing the Parish’s population percentage by age groups from 2010 to 2016, it is apparent that the Parish population is aging. According to the Union Parish Chamber of Commerce, “As a Louisiana Certified Retirement Community, the parish also is quickly becoming home to more and more retirees, who are drawn to the shores of beautiful Lake D’Arbonne...and to the relaxed lifestyle in this corner of the South.”<sup>11</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>12</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>13</sup> By 2050, it is expected that the racial and ethnic minority population will increase to nearly half of the U.S. population.<sup>14</sup>



According to U.S. Census records, in 2016 it was estimated that the Union Parish population was 68.2 percent White, 25.5 percent Black, and 4.5 percent Hispanic.



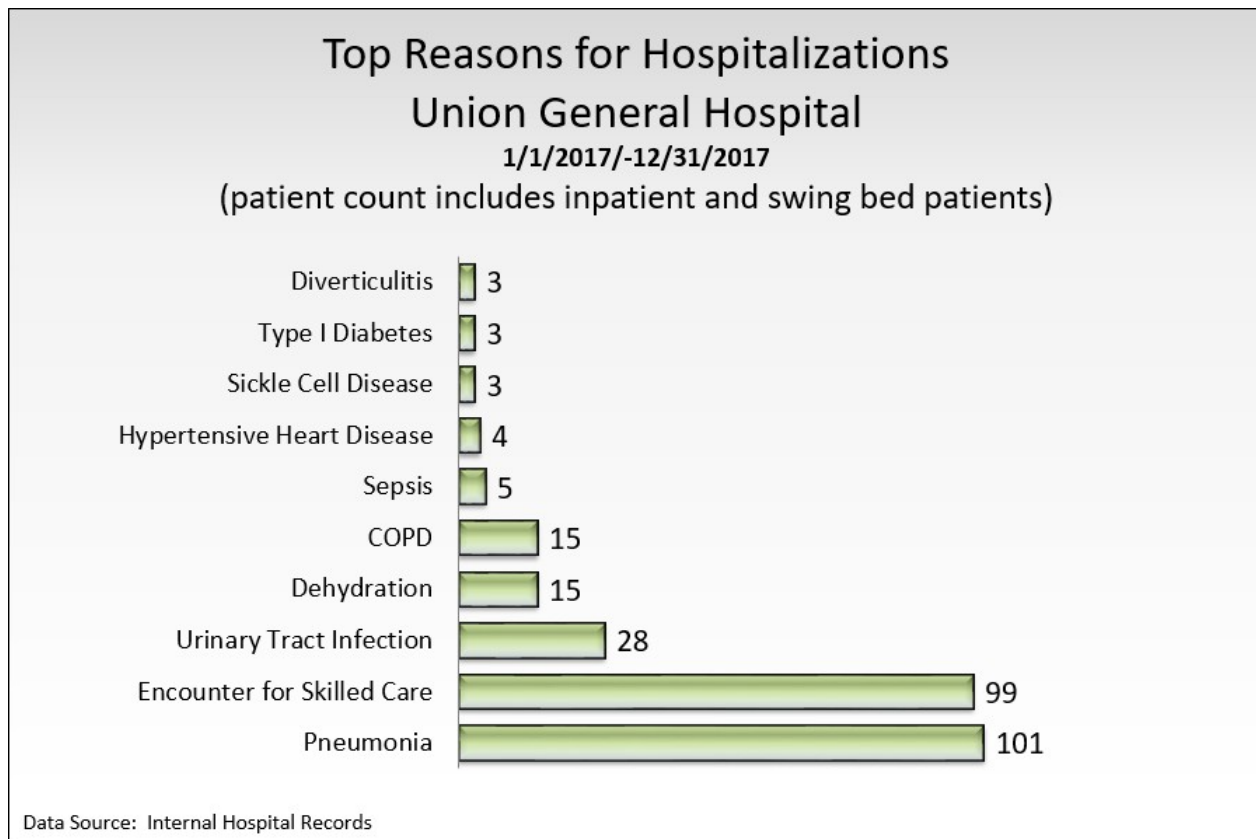
## **Community Input – ABOUT UNION PARISH**

- There is a large Hispanic population in Union Parish.*
- The Hispanic population is probably closer to 12 percent of the population in Union Parish.*
- There are over 1,200 employees at the local poultry plant called Foster Farms.*
- There is need to offer screenings and education to large employers to make a bigger impact in the community.*
- There are a lot of individuals from Arkansas that are going to Union General hospital for the great care received.*
- Farmerville is a designated retirement community.*
  - *Lake D 'Arbonne is being marketed as a lake community and tourist attraction. Farmerville and the lake area are known for hunting and fishing.*
- The city of Bernice has a higher Hispanic population.*
- Timber is a very large commodity and industry in Union Parish.*
- Farmerville is the most centrally located and most populous city in the Parish.*
- A lot of families have generational land that has been in their family for years, so they may live here but work out of town in the oil fields for several weeks at a time.*
- Union Parish is good for growing trees and raising cattle.*
- Twenty-five percent or more of the land in Union Parish is owned by corporations.*
  - *There are a lot of individuals that have never been outside Union Parish so they don't understand the capabilities of where the community can improve.*
- In the last three years the Parish has started to develop more residential homes.*
- There is a stigma about poverty. The eligibility rate for free or reduced lunches is 92 percent of Union Parish students.*

# MORBIDITY AND MORTALITY

## Hospitalization and Emergency Room Visits

The leading cause of 2017 hospitalizations for Union General Hospital were related to chronic disease conditions. The data below includes swing bed patients, so common conditions such as skilled care and pneumonia were ranked high reasons for hospitalizations.



The top reasons for visits to Union General Hospital’s emergency department from October 1, 2016 through September 30, 2017 are indicated in the chart on the next page. 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. Since conducting the 2015 CHNA, the number one reason for visiting the ER changed from Otitis Media (ear infection) to Acute Bronchitis.

## TOP 15 DIAGNOSES IN UNION GENERAL EMERGENCY ROOM

October 1, 2016 through September 30, 2017

Rank	Diagnosis	Description	# pts	Male	Female	≤13	14-39	40-64	>65
1	J20.9	Acute Bronchitis	194	81	113	37	60	71	26
2	R11.2	Nausea with Vomiting	135	52	83	35	51	36	13
3	J06.9	Acute Upper Respiratory Infection	133	48	85	72	42	11	8
4	R07.89	Other Chest Pain	126	64	62	4	42	51	29
5	N39.0	Urinary Tract Infection	107	19	88	6	52	24	25
6	J18.9	Pneumonia	97	57	40	16	6	17	58
7	J02.9	Acute Pharyngitis	94	31	63	37	46	8	3
8	B34.9	Viral Infection	90	41	49	44	30	12	4
9	M54.5	Low Back Pain	89	37	52	1	38	40	10
10	I10	Essential Primary Hypertension	79	28	51	4	14	41	20
11	E86.0	Dehydration	69	32	37	8	19	17	25
12	K59.00	Constipation	69	33	36	16	15	16	22
13	R21	Eruptions	57	25	32	30	20	4	3
14	M94.0	Chondrocostal Junction Syndrome	56	19	37	3	25	17	11
15	R51	Headache	54	23	31	8	30	14	2

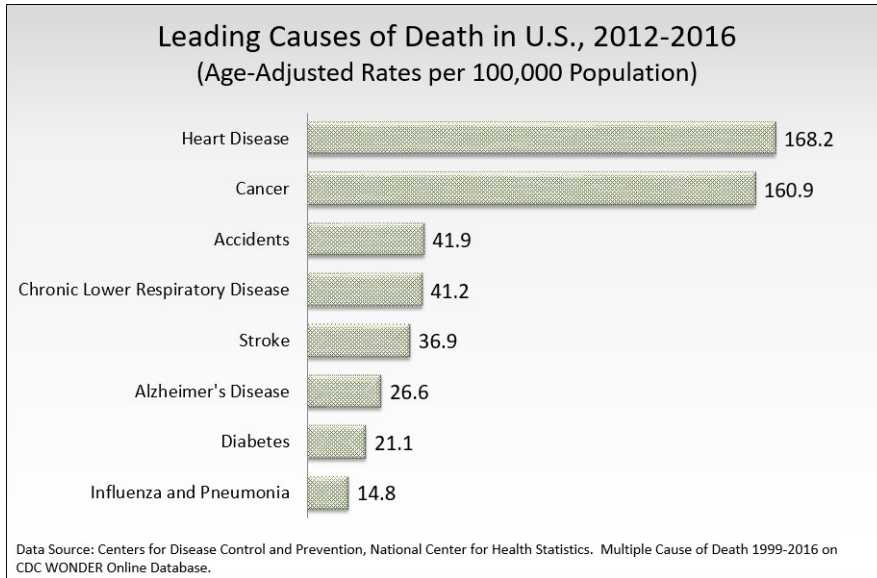
Data Source: Internal Hospital Records

Shaded green indicates top five by gender or age group.

### Community Input – Hospitalizations and Emergency Room Visits

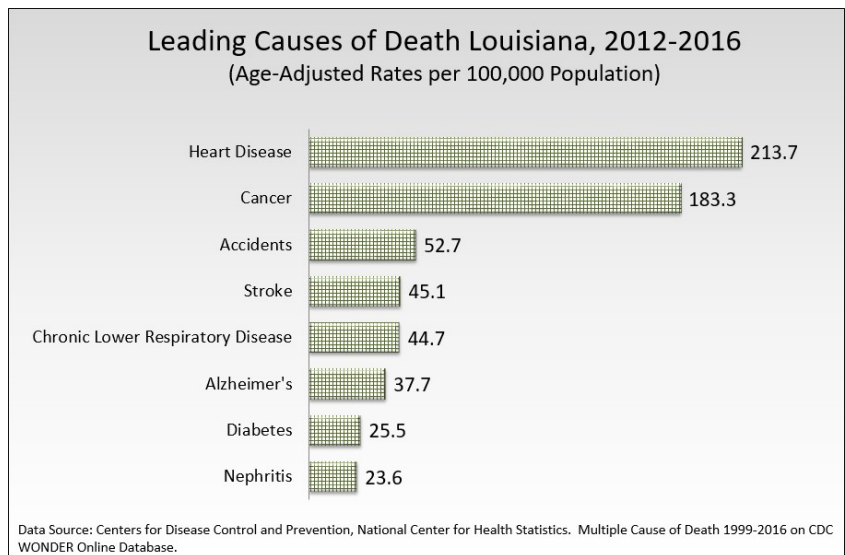
- A lot of people are unaware that Medicaid expansion occurred in Louisiana.
- There is a need for more education on how to apply for health insurance.
- The hospital has a Medicaid Application Specialist who provides Medicaid application services to a lot of the uninsured ER patients.
- A lot of non-emergent patients are referred to a clinic in Marion if they have no insurance.

## Leading Causes of Death

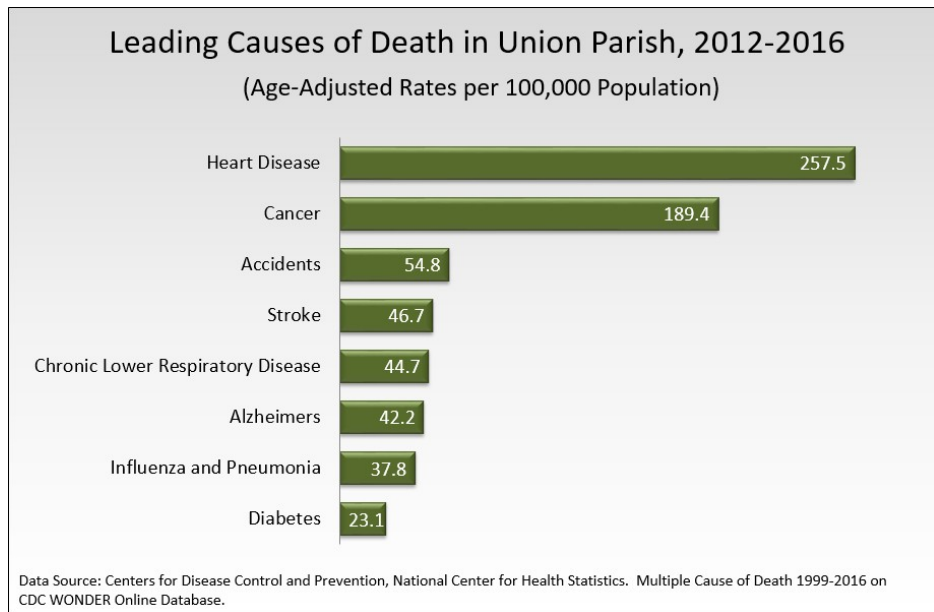


The top five leading causes of death in the U.S. for the years 2012-2016 were heart disease, cancer, accidents, chronic lower respiratory disease, and stroke. Heart disease and cancer rates were approximately four times higher than the next leading cause.

The top five leading causes of death in Louisiana for the years 2012-2016 were heart disease, cancer, accidents, stroke, and chronic lower respiratory disease. In each category, the Louisiana rates were higher than the U.S. rates.



The leading causes of death in Union Parish for the years 2012-2016 were heart disease, cancer, accidents, stroke, and chronic lower respiratory disease. The Union Parish leading causes of death rates were higher than the State in all categories, with the exception of diabetes and chronic lower respiratory disease.



The table below depicts the number of deaths in each category for the period 2012-2016.

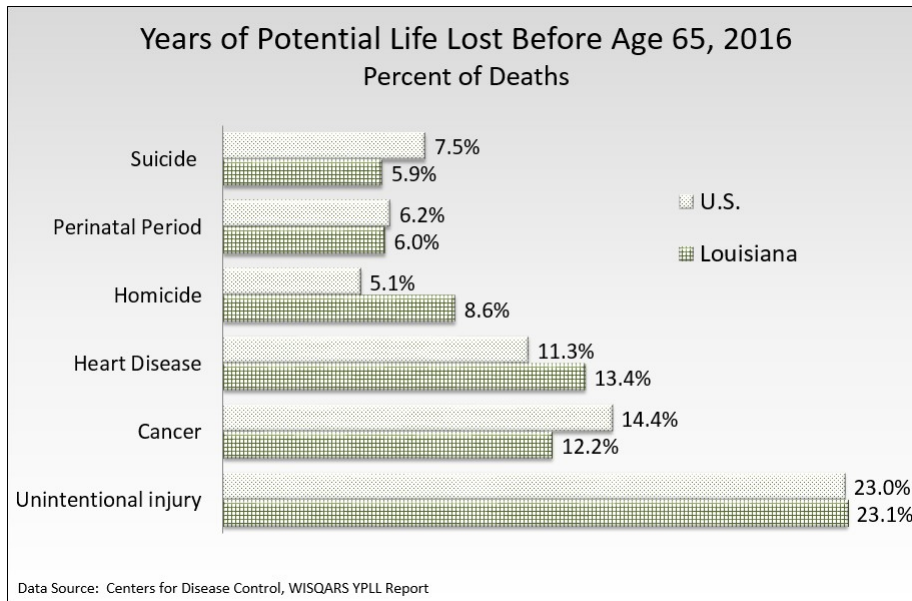
### Union Parish - Leading Causes of Death 2012-2016 (Number of Deaths)

	Male		Female		Total
	White	Black	White	Black	
Heart Disease	158	54	121	49	382
Cancer	133	33	92	24	283
Accidents	29	16	15	*	62
Respiratory	24	*	34	*	69
Alzheimer's Disease	10 male race data suppressed		45	*	61
Stroke	18	*	27	16	68
Flu and Pneumonia	23	*	24	*	54
Diabetes	12	*	*	*	19

\*Data is suppressed for confidentiality  
Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2016 on CDC WONDER Online Database.

## 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.<sup>15</sup> YPLL statistics at the Parish level were unavailable for this report.



Years Potential Life Lost Before Age 65 - Louisiana Residents 2016 - by Sex and Race/Ethnicity					
White Male	White Female	Black Male	Black Female	Hispanic Male	Hispanic Female
Unintentional Injury 30.8%	Unintentional Injury 24.9%	Homicides 20.4%	Heart Disease 15.0%	Unintentional Injury 40.7%	Unintentional Injury 24.6%
Heart Disease 13.8%	Cancer 17.3%	Unintentional Injury 18.4%	Unintentional Injury 14.0%	Heart Disease 8.4%	Perinatal period 18.3%
Cancer 12.1%	Heart Disease 11.1%	Heart Disease 13.8%	Cancer 13.7%	Congenital Anomalies 7.9%	Heart Disease 11.4%

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)

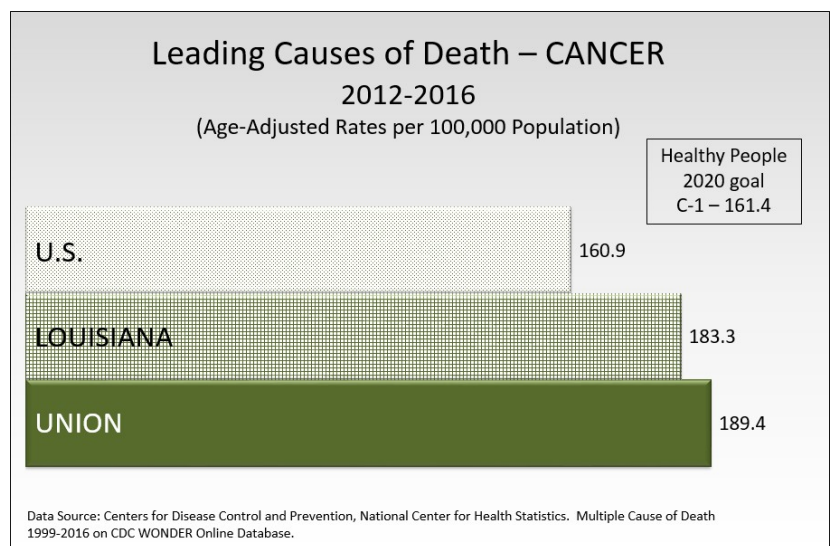
Healthy People 2020

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 1,735,350 new cancer cases and 609,640 deaths from cancer are expected to occur in 2018. However, annual statistics show that the death rate from cancer in the U.S. in 2015 has fallen 26 percent since 1991.<sup>16</sup>

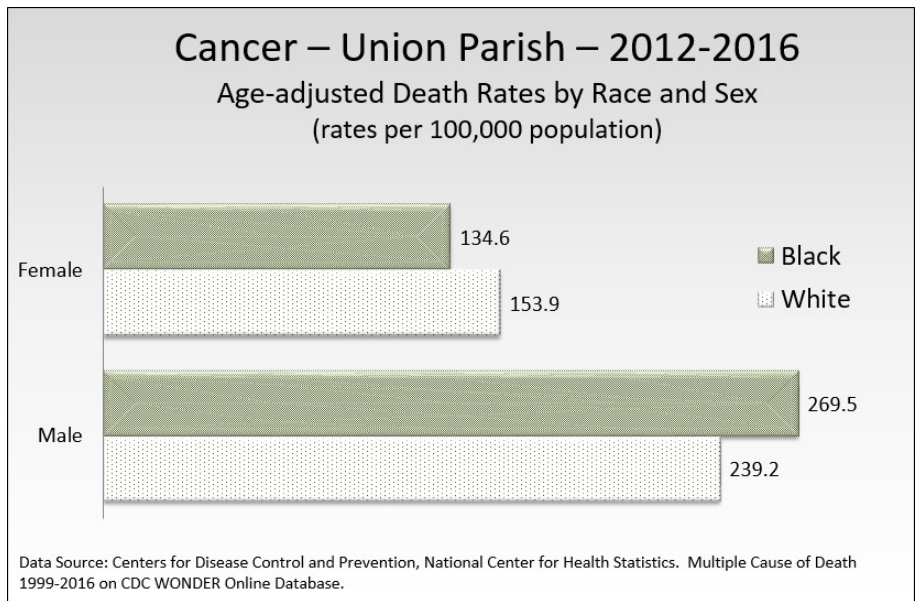
The Louisiana Cancer Control Plan focuses on six types of cancer that can be prevented in large part or can be detected at an early state, when treatment is more effective: lung, breast, cervical, colorectal, prostate, and melanoma.<sup>17</sup>

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

Since conducting the 2015 CHNA, Union Parish Cancer age-adjusted death rates have decreased from 224.6 to 189.4.



Age-adjusted cancer death rates in Union Parish were higher among males compared to females. Cancer deaths among Black males was higher than other population groups.



Louisiana - Hispanic Origin (Age-Adjusted Death Rates Per 100,000 Population)	
Female	70.5
Male	88.6

The Hispanic population did not have a significant number of cases to report rates in Union Parish. The table (left) shows age-adjusted death rates for cancer among Louisiana residents of Hispanic origin.<sup>18</sup> Rates were lower among Hispanics compared to other racial and ethnic groups.

From 1999 to 2009, cancer prevalence rates increased among women 45 years of age and older and among men 75 years of age and older.<sup>19</sup> Cancer most commonly develops in older people; 87 percent of all cancer diagnoses are in people 50 years of age or older. People who smoke, eat an unhealthy diet, or are physically inactive also have a higher risk of cancer.<sup>20</sup> According to the American Cancer Society, the five-year survival rate for all cancers diagnosed in 2008-2014 was 67 percent up from 49 percent in 1975-1977.<sup>21</sup> Modifiable risk factors related to cancer include tobacco, chemicals, infectious organisms, and radiation. There may also be unavoidable factors such as genetics and hormones which contribute to the incidence of cancer.<sup>22</sup>

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>23</sup>

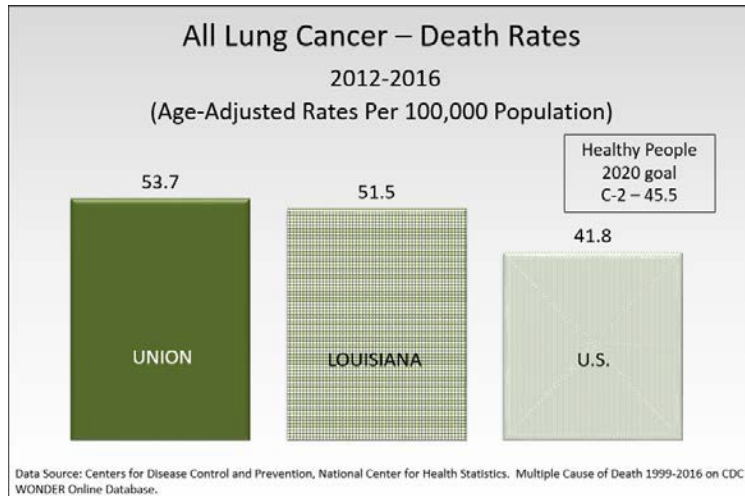
The following pages of this report include a discussion of the types of cancers that were most prevalent, with known risk factors, and which can be detected at early stages through effective screening tests.



## 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>24</sup>

The estimated number of lung cancer deaths in Louisiana in 2017 were 2,610 and estimated deaths for 2018 are 2,580.<sup>25</sup>



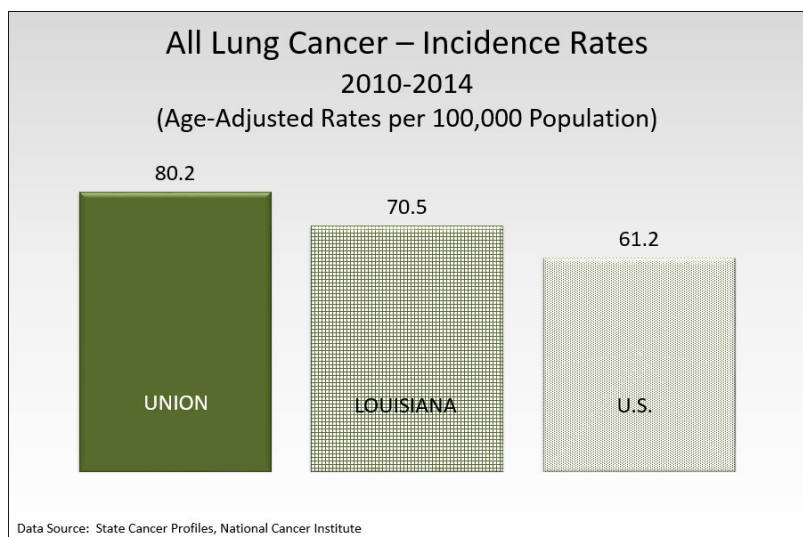
The Union Parish lung cancer death rate was higher than the State and U.S.

*Since conducting the 2015 CHNA, the age-adjusted cancer death rates in Union Parish have decreased from 74.6 to 53.7 per 100,000 population.*

According to the data published by the National Cancer Institute (2010-2014), the incidence rate for lung cancer for males (117.3) was over twice the rate of females (51.1) in Union Parish. The male incidence rate in Union Parish was higher than the State rate of 90.8. The female incidence rate in Union Parish was lower than the State rate of 54.9.<sup>26</sup>

The Union Parish lung cancer incidence rate was higher than the State and U.S.

*Since conducting the 2015 CHNA, the cancer incidence rate in Union Parish has increased from 77.6 to 80.2 per 100,000 population. Louisiana and U.S. rates decreased since that time.*

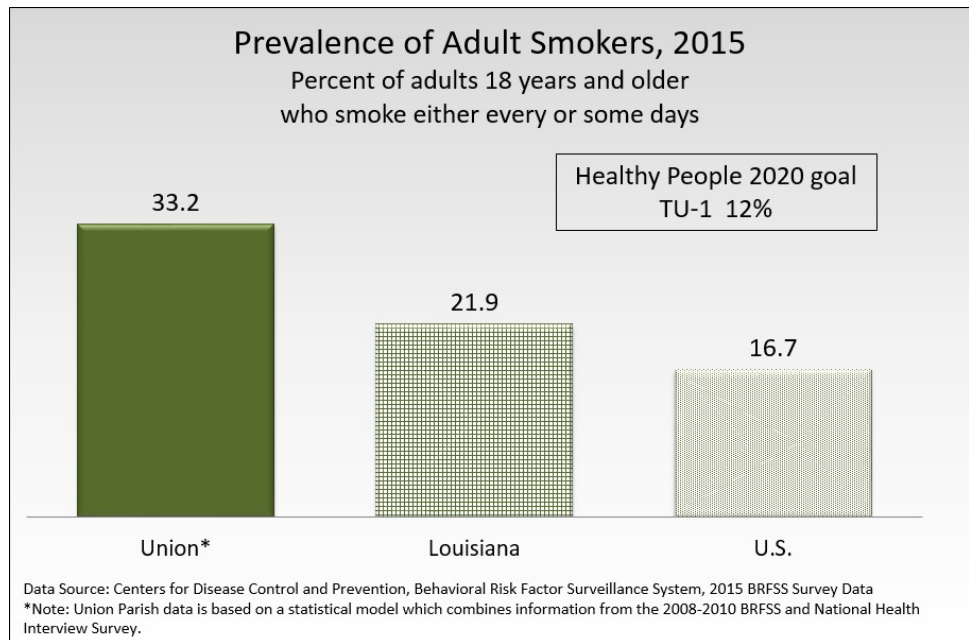


## Risk Factors

According to the American Cancer Society, lung cancer mortality rates are about 22 times higher for men who currently smoke and 12 times higher for women who currently smoke than for men and women who have never smoked.<sup>27</sup> Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer.

Union Parish had a higher prevalence of adult smokers compared to the State. Union Parish's smoking prevalence is nearly triple that of the Healthy People 2020 goal of 12%.

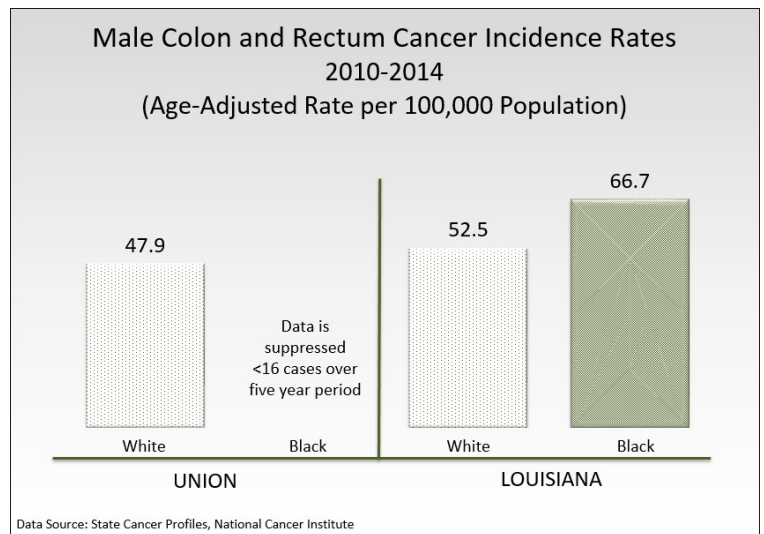
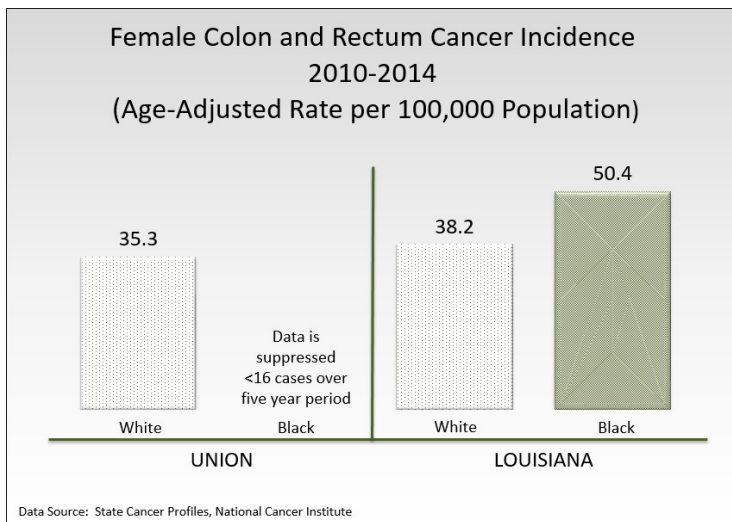
*Since conducting the 2015 CHNA, smoking prevalence in Union Parish has increased from 24.6 percent to 33.2 percent.*



## 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 50,630 deaths in the U.S. during 2018.<sup>28</sup> Death rates have declined over the past twenty years, due to improvements in early detection and treatment.<sup>29</sup> Black persons have a higher incidence and poorer survival rate for colon cancer than for other racial groups.<sup>30</sup>

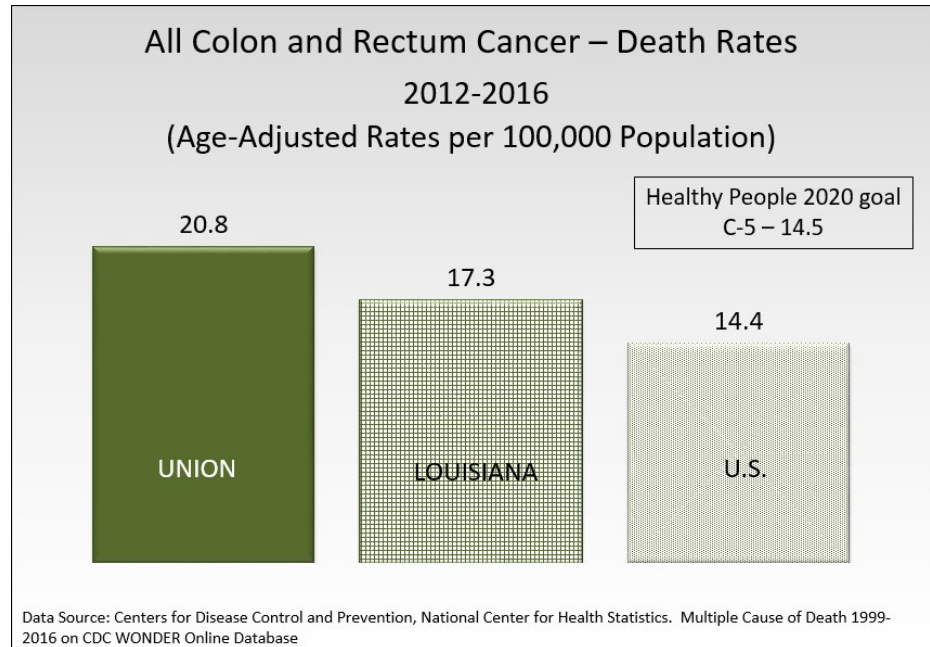
Overall, men had higher rates of colon cancer compared to females. The White female and male colon and rectum cancer incidence rate in Union Parish was lower than the State. There were not enough cases in Union Parish among the Black population to report a rate.



*Since conducting the 2015 CHNA, the colon cancer incidence rates have decreased among the Union Parish White male population from 71.2 to 47.9 per 100,000 population and White female from 47.2 to 35.3 per 100,000 population. The Black incidence rates have remained stable since the 2015 CHNA at <16 cases over the five-year period.*

The death rate in Union Parish from colon and rectum cancer was higher than the State and U.S.

*Since conducting the 2015 CHNA, the colon cancer death rate in Union Parish has decreased from 22.2 to 20.8 per 100,000 population. The State and U.S. rates for Colon and rectum deaths have decreased since that time as well.*



#### 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>31</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:

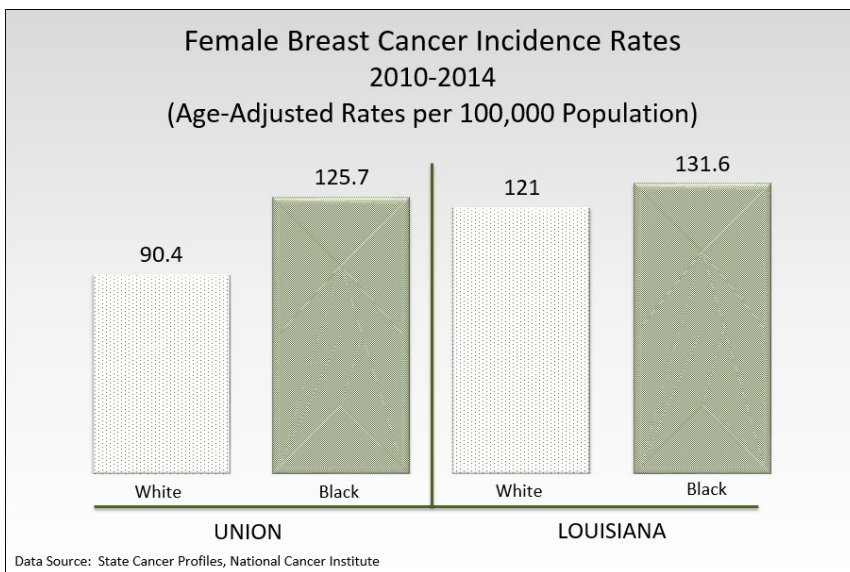
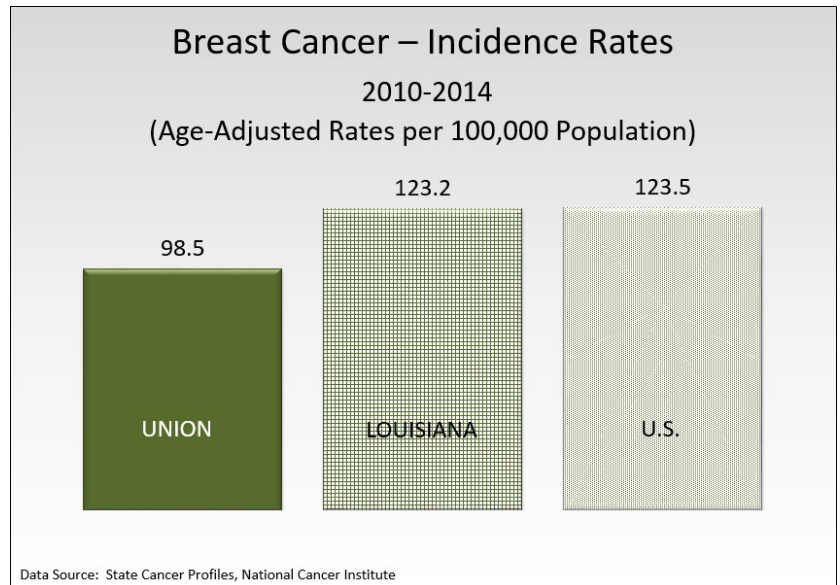
- Flexible sigmoidoscopy every 5 years\*
  - Double contrast barium enema every 5 years\*
  - CT colonography (virtual colonoscopy) every 5 years\*
  - Colonoscopy every 10 years
- \*Colonoscopy should be done if test results are positive<sup>32</sup>

## 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 percent) of women in the U.S. will develop invasive breast cancer during their lifetime.<sup>33</sup>

The breast cancer incidence rate in Union Parish was lower than the State and the U.S.

*Since conducting the 2015 CHNA, the Union Parish breast cancer incidence rate has decreased from 112.3 to 98.5 per 100,000 population. The State and U.S. rates have increased slightly since that time.*



Nationwide the incidence rates have been stable in White women, but have increased slightly in African American women.<sup>34</sup>

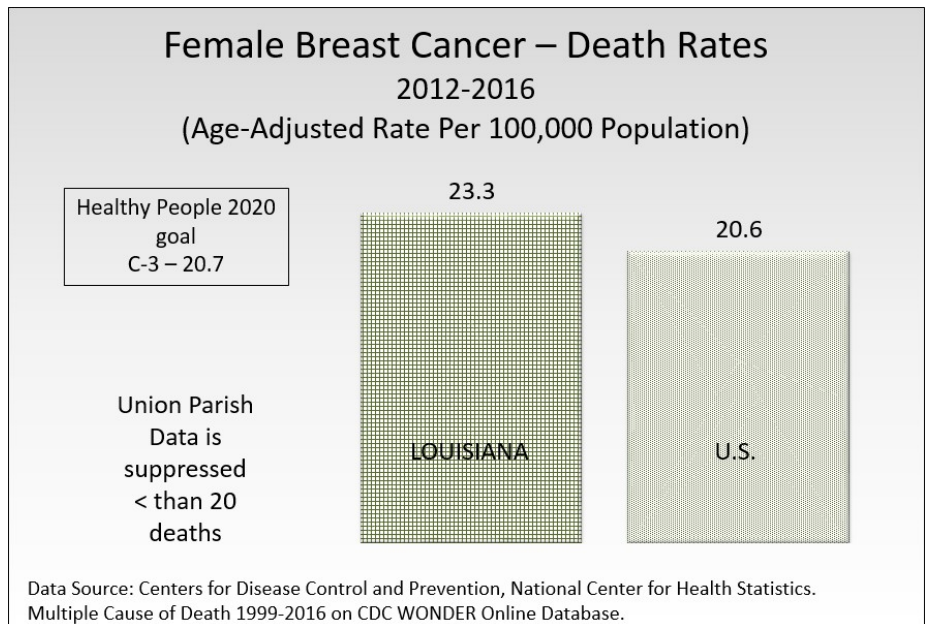
In both Union Parish and Louisiana, Black females had a higher breast cancer incidence rate than White females.

*Since conducting the 2015 CHNA, the female breast cancer incidence rate in Union Parish has increased for the Black population from 99 to 125.7 per 100,000 population and the White population has decreased from 116 to 90.4 per 100,000*

*population.*

The female breast cancer death rate in Louisiana was higher than the U.S. There were less than 20 deaths reported in Union Parish; therefore, a rate was not published.

*Since conducting the 2015 CHNA, the State and U.S. rates have decreased.*



#### 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>35</sup>

#### Early detection

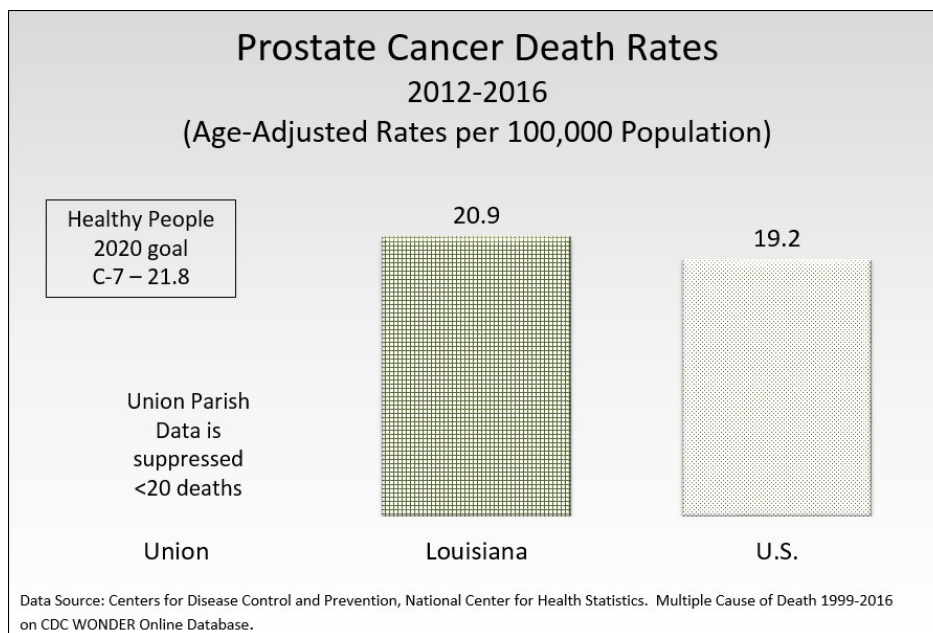
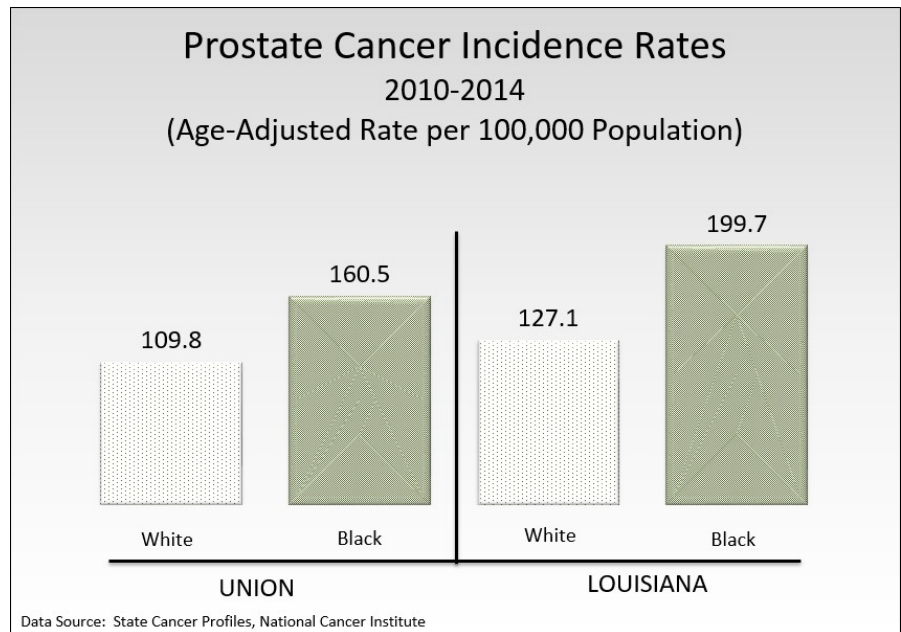
Mammography can be used to detect breast cancer in its early stages. Treatment at an early stage can reduce deaths. According to the American Cancer Society, women age 40 and older should have a mammogram every year and should continue to do so for as long as they are in good health.<sup>36</sup>

## 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>37</sup>

Union Parish had lower prostate cancer incidence rates compared to the State.

*Since conducting the 2015 CHNA, prostate cancer incidence among the Black population has increased from 139.7 to 160.5 per 100,000 population. The State rate for the Black population has decreased from 230.7 to 199.7 per 100,000 population.*



There were less than 20 deaths reported in Union Parish; therefore, a rate was not published. The State had a higher death rate compared to the U.S.

*Since conducting the 2015 CHNA, the prostate cancer death rates in the State and U.S. rates have decreased.*

## Risk Factors

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

- Age
- Ethnicity
- Family history of prostate cancer<sup>38</sup>

## Early detection

Prostate-specific antigen testing of the blood permits the early detection of prostate cancer before symptoms develop. The American Cancer Society recommends that men have a chance to make an informed decision with their health care provider about whether to be screened for prostate cancer.<sup>39</sup>


The discussion of prostate cancer screening should take place in the following scenarios:

- Age 50 for men who are at average risk and expected to live at least 10 more years.
- Age 45 for men at high risk of developing prostate cancer. This includes African Americans and men who have a first-degree relative (father, brother or son) diagnosed with prostate cancer at an early age (younger than 65).
- Age 40 for men at even higher risk (those with more than one first-degree relative who had prostate cancer at an early age).<sup>40</sup>

### Cancer

**Modifiable Risk Factors**

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



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



## Community Input – Cancer

- A lot of individuals find out about cancer when it is too late for successful treatment.
- Cancer rates have increased in this community.
- A lot of individuals find out about their cancer through another health problem that shows up.
  - Cancer rates are on the rise because of an individual's inability to afford treatment and his/her lack of going to the doctor for screenings.
- The hospital is partnering with Omega Labs to offer free colon cancer screenings.
- Most HPV viruses that cause cancer are occurring in women in their 30s or later.
- There is a need for temporary housing close to the hospitals that treat cancer patients (referring to other hospitals outside Union Parish). It is too difficult to travel when getting cancer treatment.
- You cannot go out to eat if you have cancer or other weakened immune system because food must be blanched. There are very limited places to eat that are healthy.
  - There are a lot of patients who don't seek treatment because they do not have a way to get transportation.
- Some of the risk factors associated with cancer are smoking, lack of education, and not observing the warning signs and symptoms.
- There is a need to offer continuous free screenings to the public.
- There is a need for more education surrounding smoking cessation and obesity.
- There is a lack of education to the Hispanic population on cancer risk factors.
- There is a need for cancer support programs that address the fears associated with a cancer diagnosis.
- A majority of the population cannot afford cancer treatments. If it were not for a cancer insurance policy, the average person could not afford a lot of these cancer treatments.
- If cancer runs in your family, it is a good idea to get a cancer insurance policy.
- Cancer treatment is expensive for the average Union Parish resident because of the travel costs associated with getting the treatment.
- There are programs out there that will help individuals with costs of cancer treatment such as gas money, but there is a need for education about these resources. A case manager would serve as good resource to share this knowledge.
- There is an FQHC in Marion that provides a screening 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.
- Oral cancer is a type of cancer that we often forget about. Oral cancer can be caused by dental problems.
- Most primary care physicians can do an initial screening for oral cancer using a light to look for discoloration of the skin.
- There is a need for more education on free mammogram resources.

## **Community Input – Cancer**

- There is a need for more screenings on all types of cancer. If you can find cancer early, the cost of care is so much less.*
- People are horrified about the idea of having cancer so they avoid going to the doctor. They feel like it is death sentence if they have cancer.*
- There is a need for more education on available resources for cancer support and treatment.*

### **2015 - 2018 Implementation Strategy:**

Since conducting the 2015 CHNA, Union General Hospital continued its efforts in education and prevention and increasing available services. Through Susan G. Komen the hospital obtained grants in the amount of \$62,834 to provide additional screenings, ultrasound and pay for professional interpretation. The hospital partnered with other organizations including: Union Parish Health Unit, Martin Luther King Health Center and Pharmacy in Shreveport, and Morehouse Community Medical Center. The hospital expanded services to offer mammograms to patients outside Union Parish.

Other outreach efforts include:

- Annual breast cancer education and a celebration for survivors.
- Faith-based education called “Pink Sunday” where the hospital supports their efforts in education in African-American churches
- Assist patients in locating services through “Just Like You” Mastectomy Boutique
- Assist patients with paperwork and obtaining information through Cancer Foundation League

The hospital provides follow-up to ensure women show up to their appointments and receive recommended follow-up care.

The hospital also began a Colon Cancer Screening and Education Program partnering with Omega Lab and a larger employer in in the Parish to provide colon cancer kits with free testing.

Union General Hospital participates in the American Cancer Society Relay for Life and the Susan G. Komen Race for the Cure.

# Heart Disease and Stroke

## Why Are Heart Disease and Stroke Important?

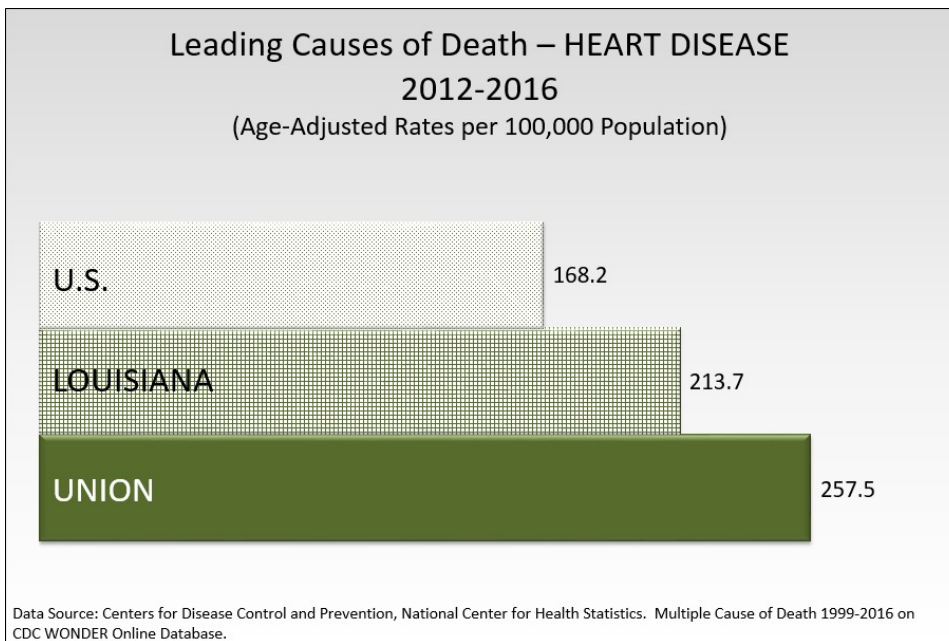
Currently more than 1 in 3 adults (81.1 million) live with 1 or more types of cardiovascular disease. In addition to being the first and third leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in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

Healthy People 2020

## Heart Disease

Heart disease is the leading cause of death in the United States. Based on 2015 data, heart disease accounted for 23 percent of all deaths, followed by cancer at 22 percent of all deaths.<sup>41</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>42</sup>

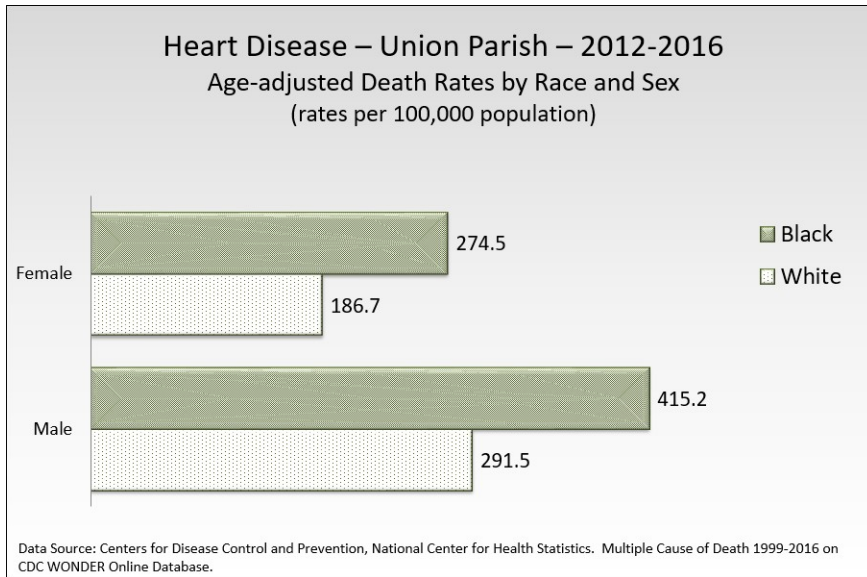


The heart disease death rate in Union Parish was higher than the State and U.S.

Since conducting the 2015 CHNA, the Union Parish heart disease death rate increased from 235.7 to 257.5 per 100,000 population. The State rate and U.S. rates have decreased since 2013.

Heart disease death rates were higher for Blacks compared to Whites, with the highest rate among Black males.

Since conducting the 2015 CHNA, Union Parish’s heart disease death rates for Black and White males and White females increased overall. The Black female rate has decreased from 304.3 per 100,000 population in the 2015 CHNA to 274.5 per 100,000 population reflected in the current 2018 CHNA.



Louisiana - Hispanic Origin (Age-Adjusted Death Rates Per 100,000 Population)	
Female	63.5
Male	102.9

### Risk Factors


For 2015, the following heart disease prevalence rates exist for the following risk factors in Louisiana:

- Obesity – 36.8 percent
- High cholesterol – 39.7 percent
- High blood pressure – 39.3 percent
- Physical inactivity – 68.1 percent
- Smokers – 21.9 percent
- Diabetes – 11.8 percent<sup>43</sup>

**Cardiovascular Disease**

Modifiable Risk Factors

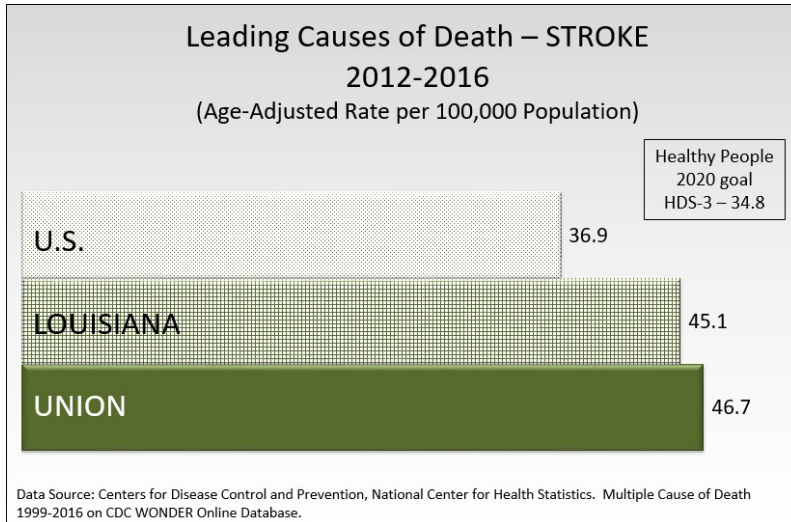
- Tobacco smoke
- High blood cholesterol
- High blood pressure
- Physical inactivity
- Overweight and obesity
- Poor nutrition
- Diabetes mellitus
- Stress
- Alcohol use
- Illegal drugs



Data Source: American Heart Association

## Stroke

For the years 2012-2016, cerebrovascular disease (stroke) was the fifth leading cause of death in the U.S. and Louisiana.<sup>44</sup>



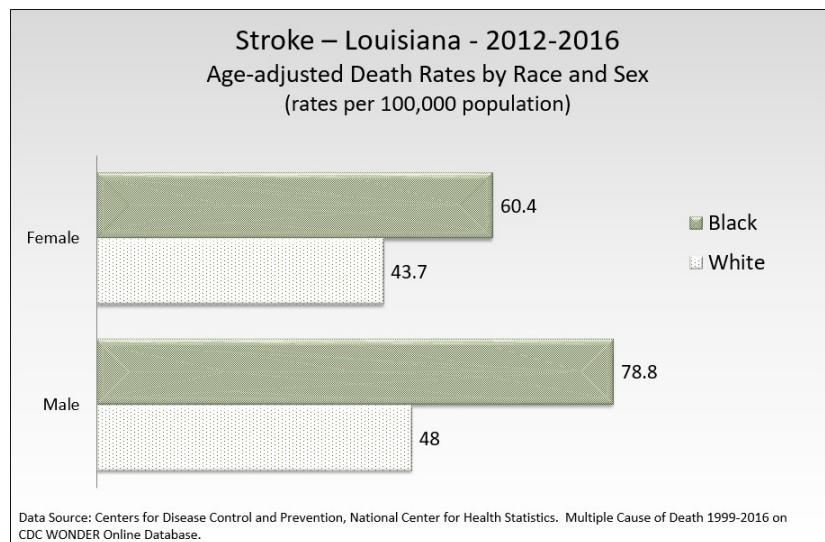
The stroke death rate was higher in Union Parish compared to the State or U.S. The Healthy People 2020 goal is to reduce stroke deaths to 34.8 per 100,000 population.

*Since conducting the 2015 CHNA, the Union Parish stroke death rate decreased slightly from 46.9 to 46.7 per 100,000 population.*

Age-adjusted death rates by race and sex were not available for Union Parish.

In Louisiana, the highest stroke death rates were among Black males. Overall rates were higher among the Black population compared to the White population.

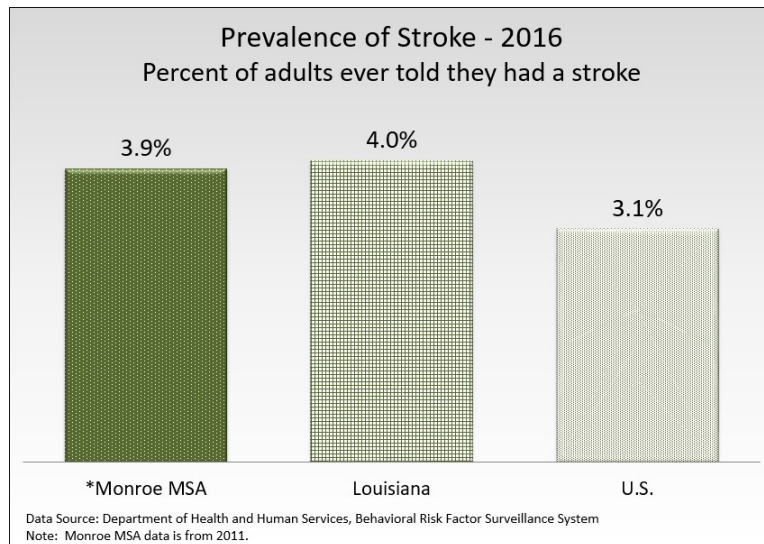
*Since conducting the 2015 CHNA, the following stroke death rate trends have occurred:*



- *Black males: increased from 65.8 to 78.8 per 100,000 population*
- *Black females: increased from 54.5 to 60.4 per 100,000 population*
- *White males: increased from 41.1 to 48 per 100,000 population*
- *White females: increased from 38.7 to 43.7 per 100,000 population*

The percent of adults ever told they had a stroke was higher in Louisiana compared to the U.S. The Monroe Metropolitan Statistical Area (MSA) which includes Union Parish was comparable to Louisiana.


*Since conducting the 2015 CHNA, the stroke prevalence rate has increased in Louisiana from 3.4 percent to 4 percent. The Monroe MSA was not reported in the 2015 CHNA.*



## 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

- *Blood pressure is a major problem among health department patients. Approximately, 30 to 40 percent of patients come in with elevated blood pressure.*
- *There is a “Go Red” program that addresses heart disease prevention.*
- *The health department is always willing and able to provide blood pressure checks.*
- *A cardiac specialist comes into town every week to see patients.*
- *There is a new tele-stroke program that helps stabilize the patient before they can get immediate care.*
- *There are still a lot of people who smoke. There are patients that do not understand or are not convinced that second hand smoke is bad for a baby.*
- *There is a need for education on the signs and symptoms of heart disease.*
- *A lot of the health issues are genetic. Individuals need to understand his/her family history.*
- *It is important to reach other communities besides Farmerville. Location of educational events is important.*
- *It is important to identify community leaders and utilize them to help promote these health programs in their communities.*
- *There is a need for more health screenings.*
- *Heart disease and stroke are two of the top killers in the community.*
- *There are a lot of people that have diabetes or heart disease but do not know their numbers so they are not accountable for their own health.*
- *Medication compliance is an issue among patients with heart disease and diabetes.*

### 2015-2018 Implementation Strategy:

Since conducting the 2015 CHNA, Union General Hospital implemented an educational seminar program related to heart disease and stroke prevention every February called “Go Red.” Union General Hospital’s CEO took the role of chair of the regional Go Red for Women. Her efforts raised over \$200,000 for research and education. Union General continues to implement the Biggest Loser program to encourage weight loss among the employees

Union General Hospital partners with The Louisiana State University Agricultural Center (LSUAg) and the Hospital Registered Dietitian to present a series of Nutrition Workshops twice a month to the community. The program is called “Eat Healthy, Be Active” Community Workshop.

The hospital partners with Oschner Health System in their tele stroke program that gives immediate access to high levels of care and faster transfers.

Over the last three years the hospital has been working to obtain funding that was recently approved for a walking path for the community on hospital grounds.

Union General Hospital participated in raising funds for the North-East Louisiana American Heart Association Heart Walk.

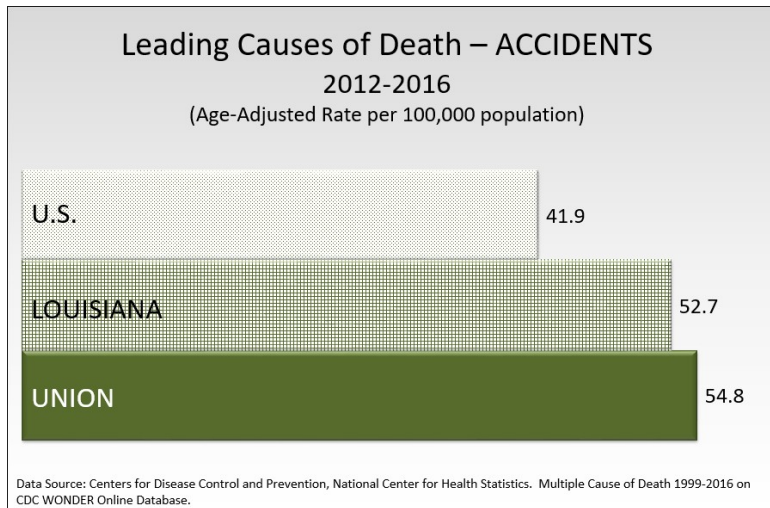
# Accidents (Unintentional Injury)

## 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

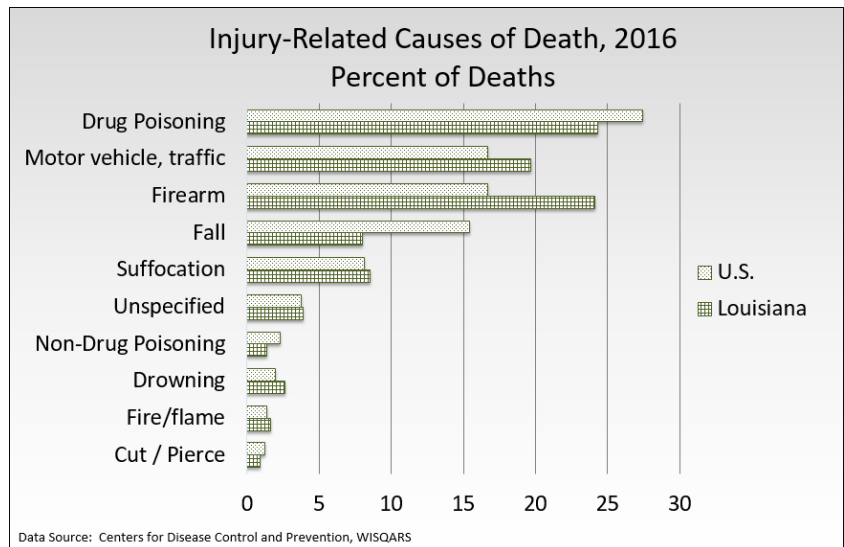
Accidents or unintentional injury is the leading cause of death among persons 1-44. More Americans die from violence or injury such as motor vehicle crashes, falls, or homicides compared to other causes like cancer, HIV or the flu.<sup>45</sup>



The Union Parish accident (unintentional injury) death rate is higher than the State and the U.S.

Since conducting the 2015 CHNA, the Union Parish accident death rate decreased from 63.5 to 54.8 per 100,000 population.

Compared to the U.S., Louisiana had a higher percent of injury deaths related to motor vehicle, firearm, suffocation, drowning, and fire.





The following tables depict injury details for the U.S by age groups.

### 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2015

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 1,126	Unintentional Drowning 390	Unintentional MV Traffic 351	Unintentional MV Traffic 412	Unintentional MV Traffic 6,787	Unintentional Poisoning 11,231	Unintentional Poisoning 10,580	Unintentional Poisoning 11,870	Unintentional Poisoning 7,762	Unintentional Fall 28,486	Unintentional Poisoning 47,478
2	Homicide Unspecified 135	Unintentional MV Traffic 332	Unintentional Drowning 129	Suicide Suffocation 234	Homicide Firearm 4,140	Unintentional MV Traffic 6,327	Unintentional MV Traffic 4,686	Unintentional MV Traffic 5,329	Unintentional MV Traffic 5,008	Unintentional MV Traffic 6,860	Unintentional MV Traffic 36,161
3	Homicide Other Spec., Classifiable 69	Homicide Unspecified 153	Unintentional Fire/Burn 72	Suicide Firearm 139	Unintentional Poisoning 3,920	Homicide Firearm 3,996	Suicide Firearm 2,952	Suicide Firearm 3,882	Suicide Firearm 3,951	Suicide Firearm 5,511	Unintentional Fall 33,381
4	Unintentional MV Traffic 64	Unintentional Suffocation 131	Homicide Firearm 69	Homicide Firearm 121	Suicide Firearm 2,461	Suicide Firearm 3,118	Suicide Suffocation 2,219	Suicide Suffocation 2,333	Unintentional Fall 2,504	Unintentional Unspecified 5,204	Suicide Firearm 22,018
5	Undetermined Suffocation 50	Unintentional Fire/Burn 100	Unintentional Other Land Transport 32	Unintentional Drowning 87	Suicide Suffocation 2,119	Suicide Suffocation 2,504	Homicide Firearm 2,197	Suicide Poisoning 1,835	Suicide Poisoning 1,593	Unintentional Suffocation 3,637	Homicide Firearm 12,979
6	Unintentional Drowning 30	Unintentional Pedestrian, Other 75	Unintentional Suffocation 31	Unintentional Other Land Transport 51	Unintentional Drowning 504	Suicide Poisoning 769	Suicide Poisoning 1,181	Homicide Firearm 1,299	Suicide Suffocation 1,535	Unintentional Poisoning 2,198	Suicide Suffocation 11,855
7	Homicide Suffocation 24	Homicide Other Spec., Classifiable 73	Unintentional Natural/Environment 24	Unintentional Fire/Burn 41	Suicide Poisoning 409	Undetermined Poisoning 624	Undetermined Poisoning 699	Unintentional Fall 1,298	Unintentional Suffocation 777	Adverse Effects 1,721	Unintentional Unspecified 6,930
8	Unintentional Fire/Burn 22	Homicide Firearm 50	Unintentional Pedestrian, Other 20	Unintentional Poisoning 36	Homicide Cut/Pierce 312	Unintentional Drowning 445	Unintentional Fall 482	Undetermined Poisoning 828	Unintentional Unspecified 696	Unintentional Fire/Burn 1,171	Unintentional Suffocation 6,914
9	Undetermined Unspecified 21	Homicide Suffocation 31	Unintentional Poisoning 17	Unintentional Suffocation 26	Undetermined Poisoning 234	Homicide Cut/Pierce 399	Unintentional Drowning 374	Unintentional Suffocation 469	Homicide Firearm 681	Suicide Poisoning 1,005	Suicide Poisoning 6,816
10	Four Tied 12	Unintentional Fall 30	Unintentional Struck by or Against 17	Suicide Poisoning 23	Unintentional Fall 217	Unintentional Fall 324	Homicide Cut/Pierce 291	Unintentional Drowning 450	Two Tied: Undet. Poisoning, Unint. Fire/Burn 565	Suicide Suffocation 908	Unintentional Drowning 3,602

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



### Community Input – Accidents

- Four wheelers and vehicle accidents are the top two injuries among the youth.
- Gun safety is something that needs to improve among all populations. There have been several accidental shootings.

## Respiratory Disease

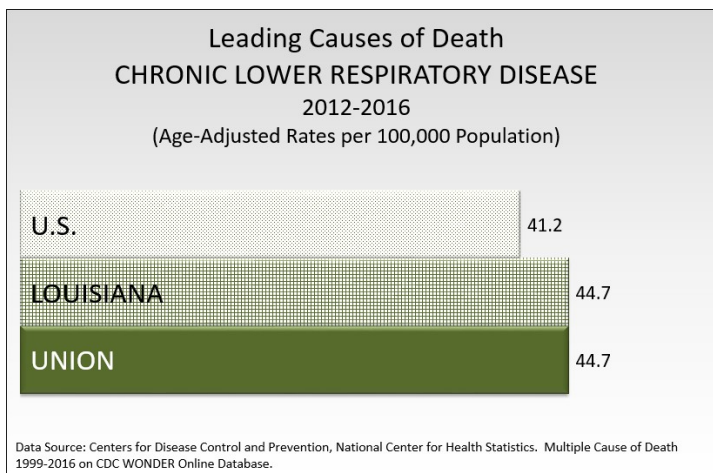
### **Why Are Respiratory Diseases Important?**

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, 2016 through September 30, 2017, acute bronchitis was the number one 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.<sup>46</sup>

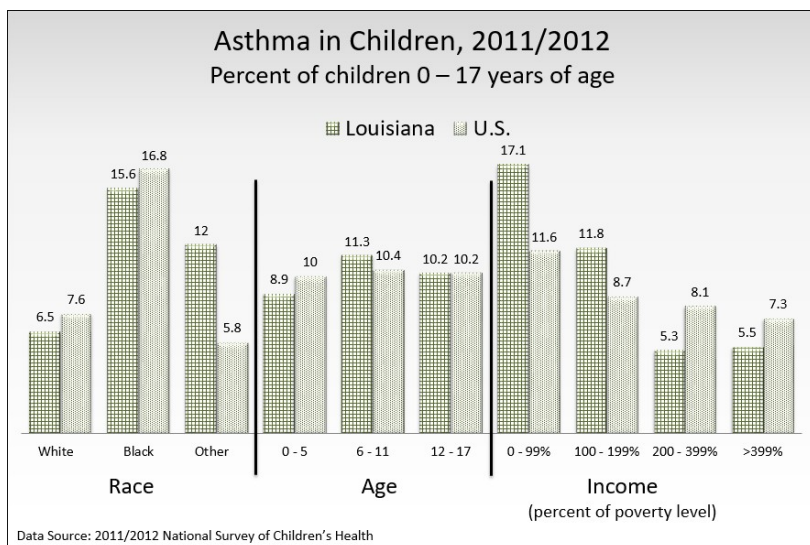
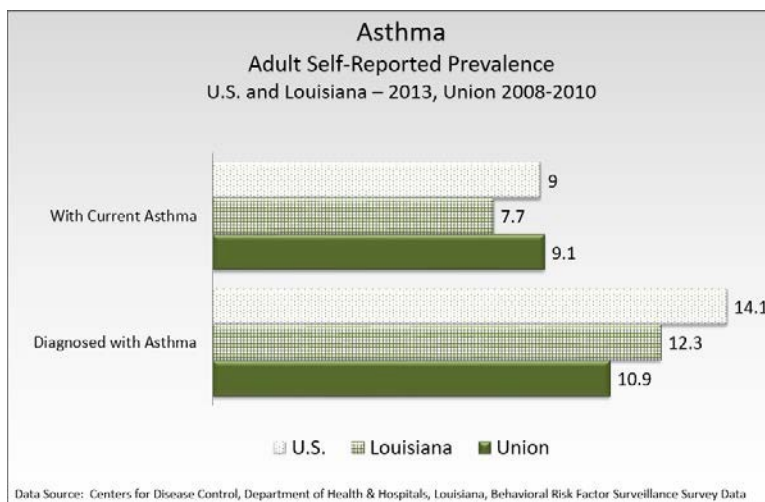


The chronic lower respiratory disease death rate for Union Parish was equal to the State and higher than the U.S.

Since conducting the 2015 CHNA, the Union Parish chronic lower respiratory disease death rate decreased from 49.5 to 44.7 per 100,000 population.

The rates of adults with current asthma were higher in Union Parish compared to the State and U.S. The rates of adults diagnosed with asthma in Union Parish were lower than the State and U.S.

*Since conducting the 2015 CHNA, there were no updated rates for Union Parish; however, Louisiana's adults with current asthma increased slightly from 7.4 percent to 7.7 percent. Louisiana's adults diagnosed with asthma increased slightly from 12.1 to 12.3 percent.*

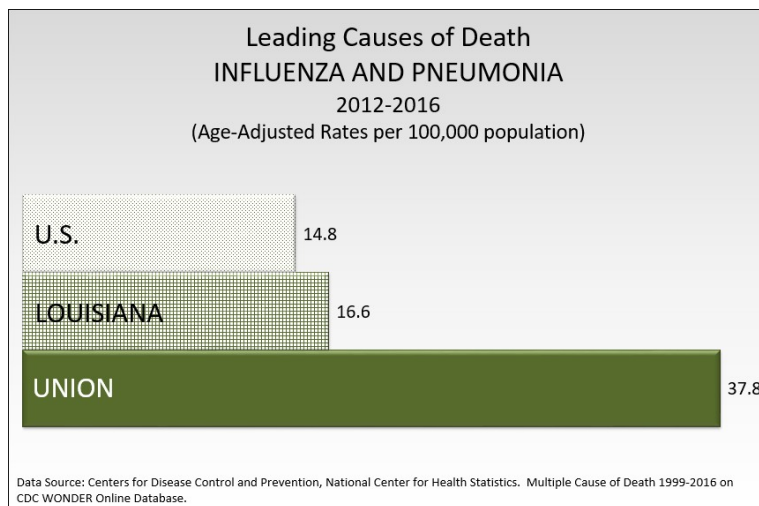


According to the 2011/2012 National Survey of Children's Health, Black children had higher incidences of asthma compared to White children or other population groups. Asthma was more prevalent in lower income populations. There were no recent data updates on this for inclusion in the 2018 CHNA.

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>47</sup>

The Union Parish influenza and pneumonia death rates were more than double the rates compared to the State and U.S.

*Since conducting the 2015 CHNA, the influenza and pneumonia death rates decreased from 38.6 to 37.8 per 100,000 population.*



## 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.

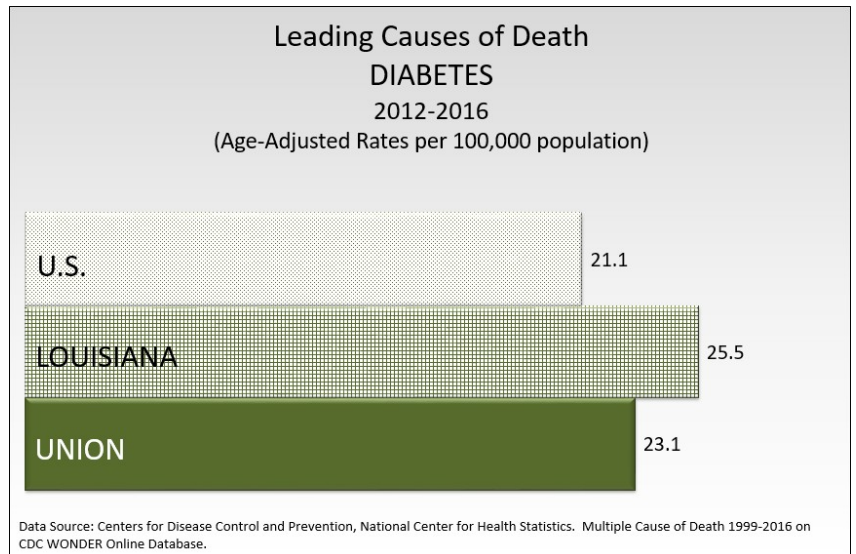
The rate of diabetes continues to increase both in the United States and throughout the world.

Healthy People 2020

In 2017, an estimated 12 percent of the adult population in Louisiana had diabetes.<sup>48</sup> Diabetes is the seventh leading cause of death for Louisiana. The state ranked 42nd in the nation for people diagnosed with diabetes according to America's Health Rankings. Louisiana has the seventh highest diabetes mortality in the nation.<sup>49</sup>

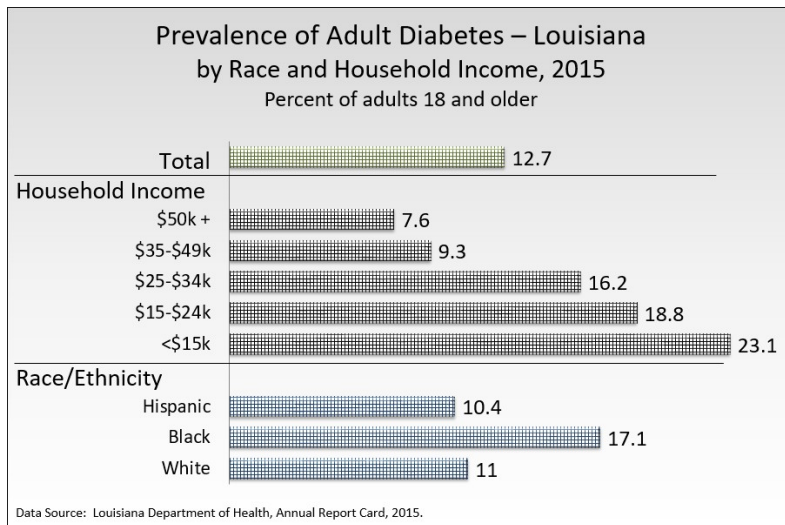
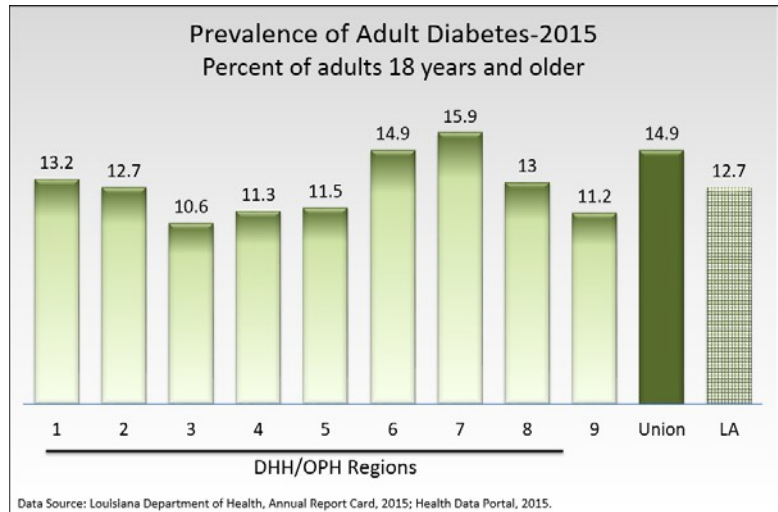
The Union Parish diabetes death rate was less than that of the State; however, greater than the U.S.

Since conducting the 2015 CHNA, the diabetes death rate in Union Parish has decreased from 25.5 to 23.1 per 100,000 population.



The diabetes prevalence rate for Union Parish was 14.9 percent which was higher than Louisiana and DHH Region 8.

Since conducting the 2015 CHNA, Union Parish's diabetes prevalence rate has increased from 12.8 to 14.9 percent. Louisiana has increased from 10.3 to 12.7 percent and DHH Region 8 has increased from 9.4 percent to 13 percent.



In Louisiana, the prevalence of adult diabetes was highest among Black persons compared to White or Hispanic.

The prevalence of adult diabetes among lower incomes was more prevalent compared to higher incomes.


Since conducting the 2015 CHNA, the total diabetes adult prevalence rate has increased from 10.3 to 12.7 percent.

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>50</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

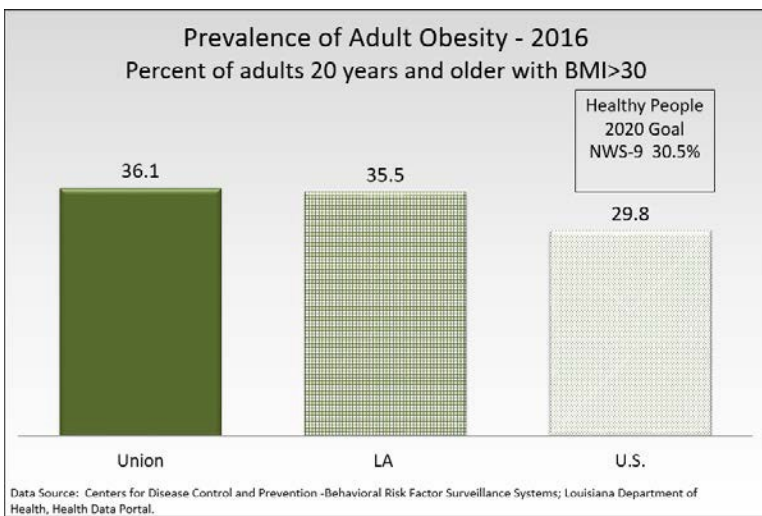
## **Community Input – Diabetes (Comments may be duplicated from the Obesity section)**

- *Diabetes is major issue because a lot of individuals do not know that they have it. If they don't have health insurance, they won't seek treatment. Individuals are in denial about their condition because they are scared they cannot afford treatment.*
- *There is a need for more education on the risk factors associated with diabetes. There is a hospital sponsored program about nutrition that covers what to eat and what not to eat.*
- *About 20 percent of the health department patients have diabetes. If there is a family history, the health department typically screens the patient for diabetes.*
- *There are a lot of diabetics in this community. Heredity can be a risk factor.*
- *People are unaware of the low-cost glucometer. If you give them a monitor and show them how to use a monitor that would be very helpful.*
- *Some families are pre-destined to have diabetes. There is a need for education on risk factors and family history.*
- *There are free nutritional classes offered twice a month at the hospital and no one from the community participates.*
- *Type 2 diabetes is occurring in our children.*
- *There is a lack of education, understanding the risk factors, and screenings for diabetes.*
- *There is a need for inexpensive diabetes drugs.*
- *A lot of individuals do not realize that there are coupons available that can reduce the cost of diabetes medication.*
- *There is a need for specific education to the Hispanic culture on healthy ways to cook and eat.*
- *Typically, the cheapest food is the worst for you.*
- *There are federal regulatory requirements that prohibit the hospital from screening for diabetes with a glucometer. The hospital can give out glucometers.*
- *A lot of the chronic diseases are associated with what we are eating.*
- *Poverty affects the diet.*
- *There are no healthy food choices in Union Parish.*
- *There is a need for appropriate education and outreach for nutrition education.*
- *There are a lot of people that have diabetes or heart disease but do not know their numbers so they are not accountable for their own health.*
- *Medication compliance is an issue among patients with heart disease and diabetes.*

# Obesity

The top modifiable risk factor for diabetes is overweight/obesity. According to Healthy People 2020, 36 percent of persons aged 20 years and over were obese in 2011-2014. The Healthy People 2020 target for obesity is to reduce this percentage to 30.5 percent.<sup>51</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>52</sup>

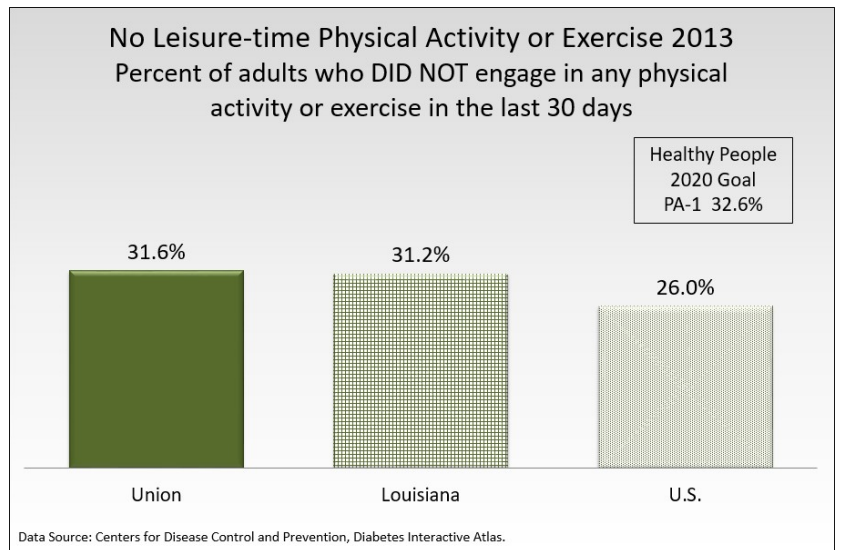


The prevalence of adult obesity in Union Parish was higher than both Louisiana and the U.S.

*Since conducting the 2015 CHNA, the obesity rate in Union Parish increased from 33.8 to 36.1 percent.*

The percent of adults who DID NOT engage in leisure time physical activity in Union Parish was higher than both Louisiana and the U.S.

*Since conducting the 2015 CHNA, the percent of adults who DID NOT engage in physical activity decreased from 32.2 to 31.6 percent.*





## **Community Input – Obesity (comments may be duplicated from the Diabetes section)**

- *Obesity is a common issue. There are some many children who are perfect in weight but parents see other children and babies who are bigger and think that it is healthier for a child to be bigger. Childhood obesity is occurring in all cultures.*
- *Obesity is a major issue among the high school population.*
- *Poor eating habits and lack of education are the contributors to the obesity problem.*
- *When a child is obese, the parent is typically obese as well.*
- *There is no where to eat that is healthy. We need fast food restaurants that offer healthier options.*
- *Most of the fast food places offer “fried and smothered in gravy type foods.”*
- *Typically, the cheapest food is the worst for you.*
- *Poverty affects the diet.*
- *There is a need to get the community to physically move by increasing physical activity through weekend activities.*
- *There is a need for nutrition education to lower obesity rates and risk factors going into adulthood.*
- *The city of Farmerville has a recreation center that provides many sports activities for the youth.*
- *The culture and social activities in Union Parish are centered around food.*
- *A lot of the chronic diseases are associated with what we are eating.*
- *There are no healthy food choices in Union Parish.*
- *People are very busy with activities which impacts time devoted to healthy eating.*
- *There is a need for appropriate education and outreach for nutrition education.*
- *Children are obese and depressed because no one is paying attention to them.*

### **2015-2018 Implementation Strategy (Diabetes and Obesity):**

Since conducting the 2015 CHNA, the Union General Hospital partnered with The Louisiana State University Agricultural Center (LSUAg) and the hospital’s Registered Dietitian to present a series of Nutrition Workshops twice a month to the community. The program is called “Eat Healthy, Be Active” Community Workshop.

Over the last three years the hospital has been working to obtain funding that was recently approved for a walking path for the community on hospital grounds. \$86,200

The hospital offers a Medical Nutrition Therapy Program with our Registered Dietitian through referrals from local physicians.

# 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>53</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.

The Union Parish birth rate per 1,000 population was comparable to the U.S and slightly less than Louisiana.

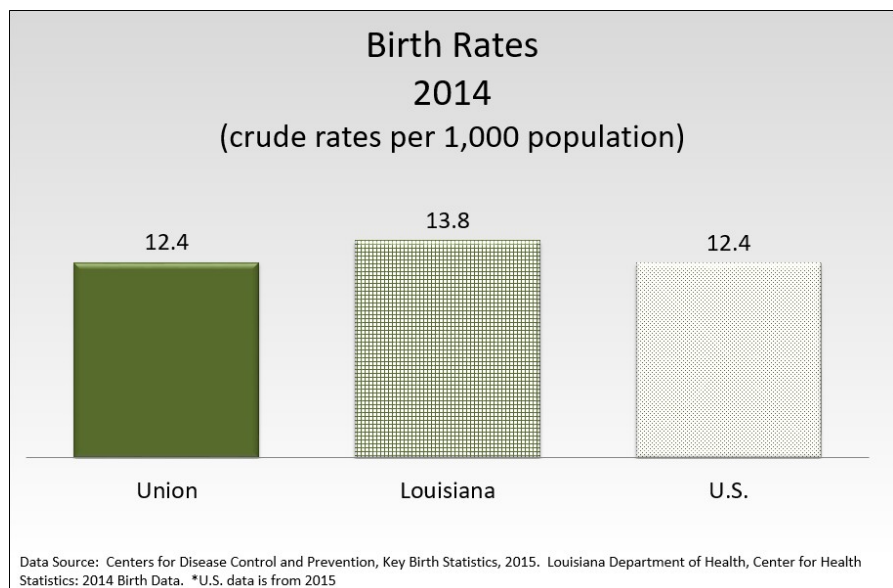
*This data was not reported in the 2015 CHNA.*

### 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

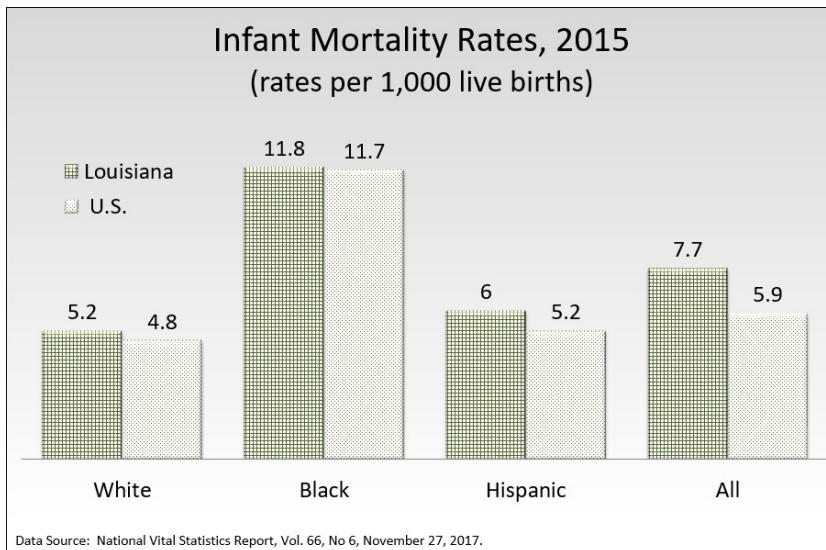
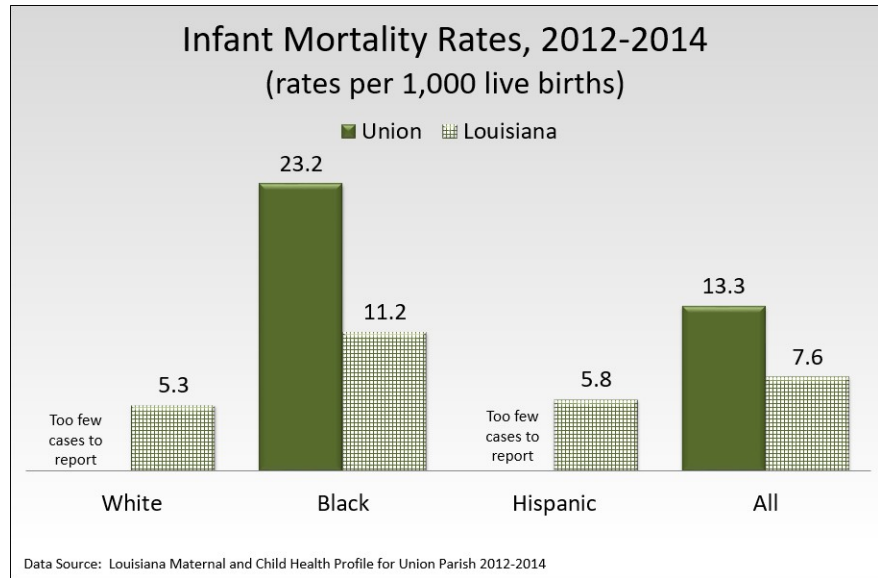
*Healthy People 2020*



## Infant Mortality

The infant mortality rate represents deaths to infants less than one year of age. The overall infant mortality rate for Union Parish was higher compared to Louisiana.

Since conducting the 2015 CHNA, the infant mortality rate in Union Parish has increased from 10.6 to 13.3 per 1,000 live births.



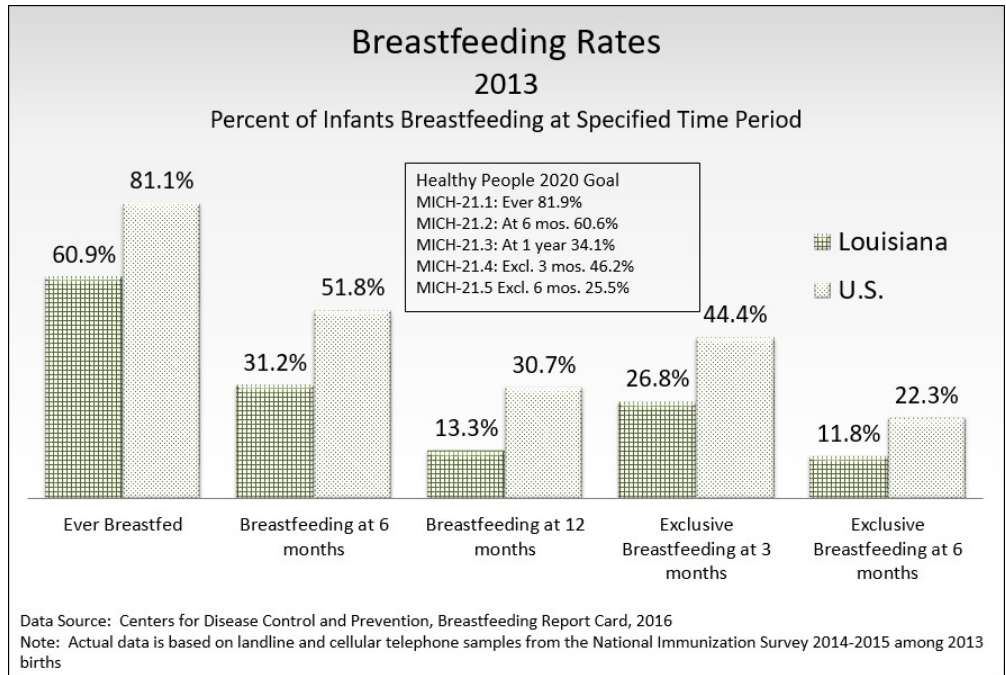
The infant mortality rate in Louisiana was higher than the U.S.

Since conducting the 2015 CHNA, the infant mortality rate in Louisiana decreased from 8.1 to 7.7 per 1,000 live births. The U.S. rate remained unchanged at 5.9 per 1,000 live births.

# Breastfeeding

Louisiana had lower rates of breastfeeding in all breastfeeding timeframes compared to the U.S.

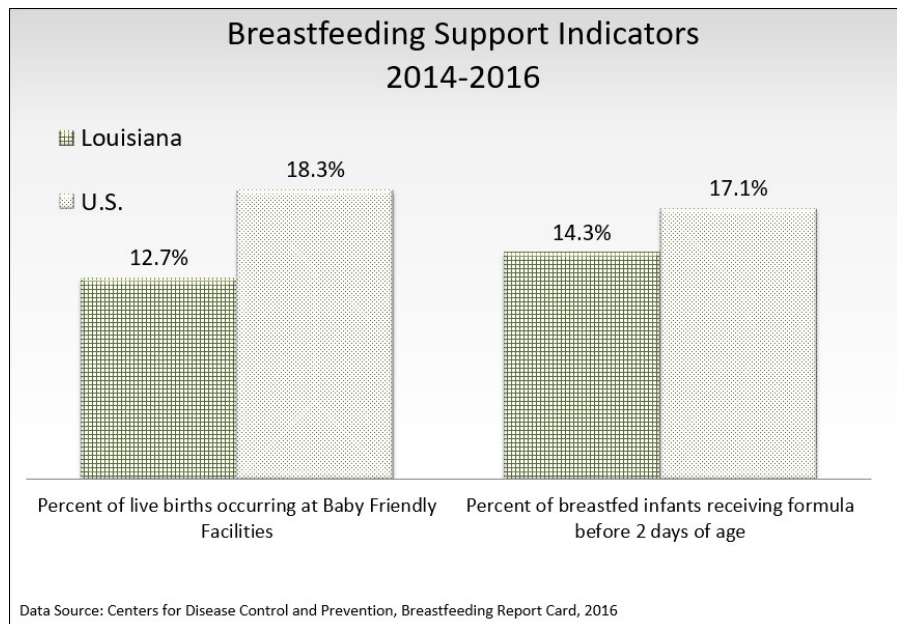
*Since conducting the 2015 CHNA, the breastfeeding rates in Louisiana have increased.*



The Maternity Practices in Infant nutrition and Care( mPINC )score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding Breastfeeding-friendly communities are measured using indicators that assess support from various settings using measures such as percent of live births occurring at Baby Friendly facilities, percent of breastfed infants receiving formula before 2 days of age, number of lactation consultants per 1,000 births and the mPINC score.<sup>54</sup>

Louisiana had a lower percent of births occurring at Baby Friendly facilities compared to the U.S.

Louisiana had a lower percent of breastfed infants receiving formula before 2 days of age compared to the U.S.



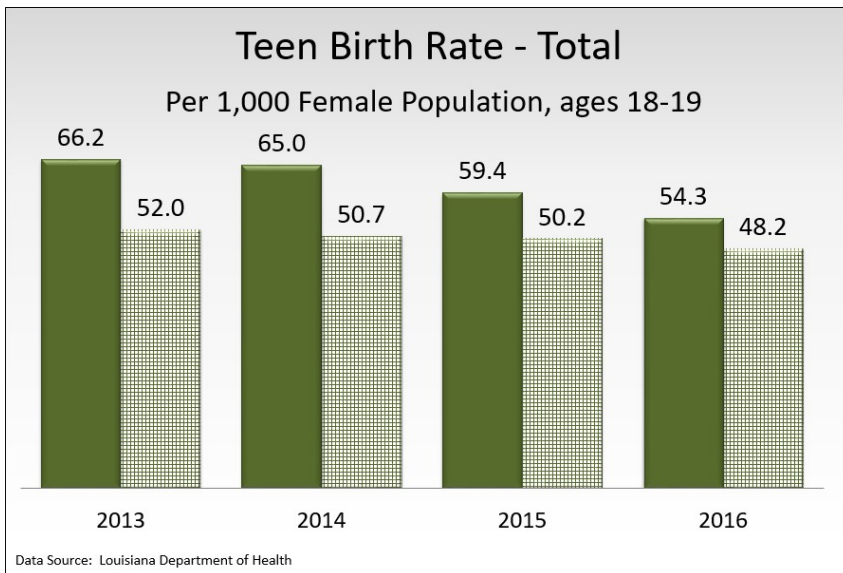
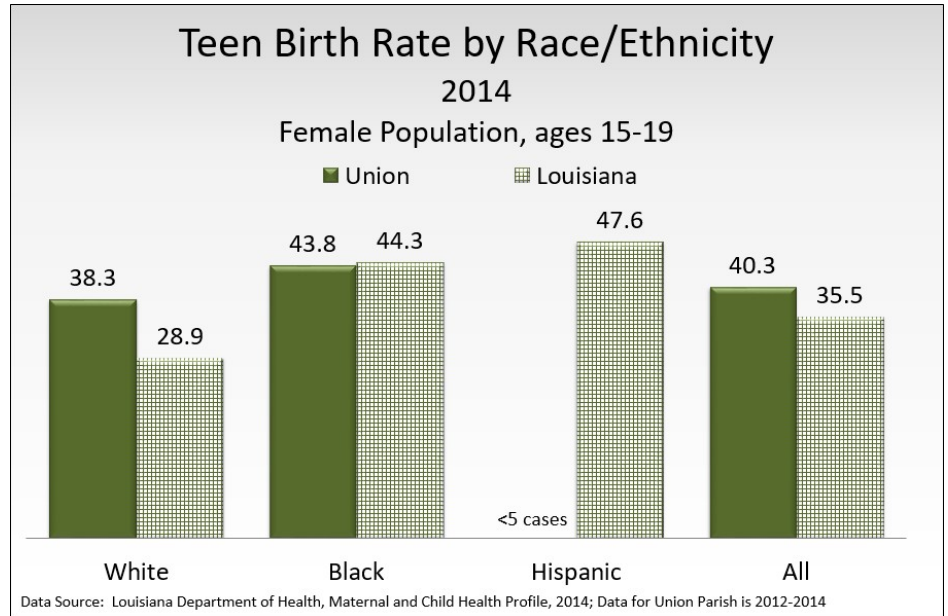
Louisiana had a lower mPINC score compared to the U.S. Louisiana compared favorably to the U.S. with more Certified Lactation Counselors (CLCs); however, Louisiana had less International Board-Certified Lactation Counselors (IBCL) compared to the U.S.

<b>Breastfeeding Support Indicators</b>	<b>Louisiana</b>	<b>U.S.</b>
Average mPINC Score (out of 100)	76	79
Number of CLCs per 1,000 live births	5.2	4.6
Number of IBCLCs per 1,000 live births	2.3	3.8
<small>Note: The mPINC score measures the level at which birth facilities in each state provide maternity care supportive of breastfeeding. The score ranges from 0 to 100. CLC is a Certified Lactation Counselor; IBCL is a International Board Certified Lactation Counselor</small>		

## 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>55</sup>

Since conducting the 2015 CHNA, the Union Parish teen birth rate of decreased from 61.9 to 40.3. The State and U.S. rates have also declined since the last assessment.



Teen birth rates among the 18-19-year-old age group has been declining since 2013.

*This data was not included in the 2015 CHNA.*

## **Community Input – Teen Pregnancies**

- *“It’s a Girl Thing” program has really done a lot to improve self-esteem among young women.*
- *The “It’s a Girl Thing” program is working. There will be a graduate of the program who will be the first person in her family to attend college.*
- *The statistics show that the teen birth rate has been decreasing.*
- *Teen pregnancy rates have remained stabled in the last three years.*
- *Union Parish is a high-risk school district based on high poverty rates. The hospital does a great job collaborating with the school system to decrease the teen pregnancy rate.*
- *The “It’s a Girl Thing” program has had over 80 graduates in its history that are now attending college.*

## **Community Input – Maternal and Child Health**

- *There are still a lot people who smoke. There are patients that do not understand or are not convinced that second hand smoke is bad for a baby.*
- *Compliance with birth control is an issue. Some women will come in for one depo shot, but not show up for the next one.*
- *A nurse practitioner comes in once a week to the health department to assist with IUD procedures for patients.*
- *Syphilis is very dangerous to the fetus. If a woman screens positive for syphilis, she will automatically get a pregnancy test.*

### **2015-2018 Implementation Strategy (referenced in Adolescent Behaviors):**

Since conducting the 2015 CHNA, Union General hospital continues its program to address teen pregnancy and STIs called, “It’s a Girl Thing: Making Proud Choices.” The program, in partnership with Union Parish School District, helps girls identifies 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 300 girls 6th to 12th grade enrolled in the program across the community. The program has continued to earned recognition since 2015 on both a state and national level.

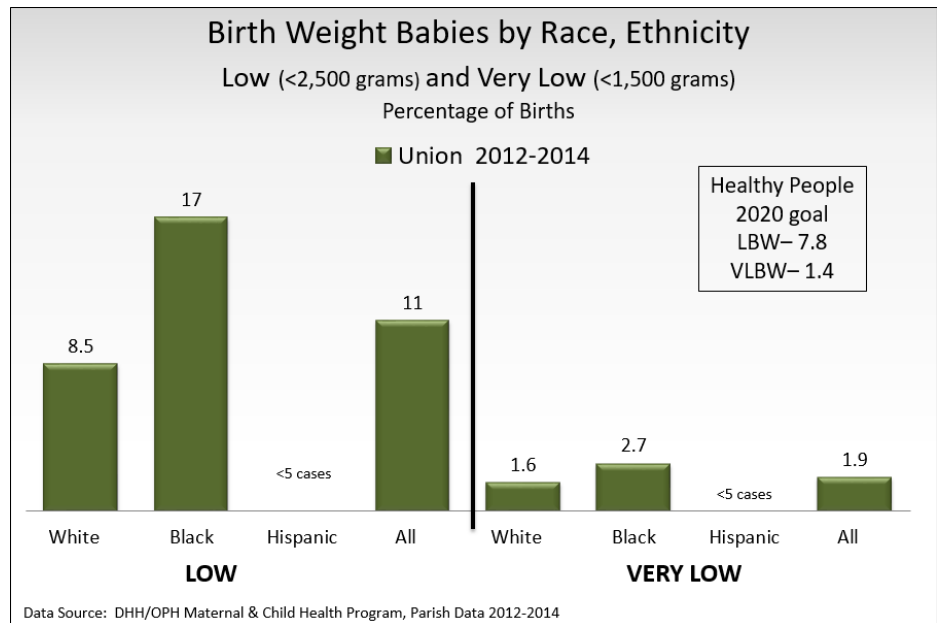
Since the 2015 Union General Hospital has increased its outreach the participation for all Union Parish Schools from 3rd through 5th to Pre-K to 12 grade efforts in partnership with the School District and Crime Stoppers of Union Parish. In addition to the bullying prevention the alcohol, drug and tobacco prevention components were added to the program. The program was presented to over 3,000 children in the parish.

## 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>56</sup>

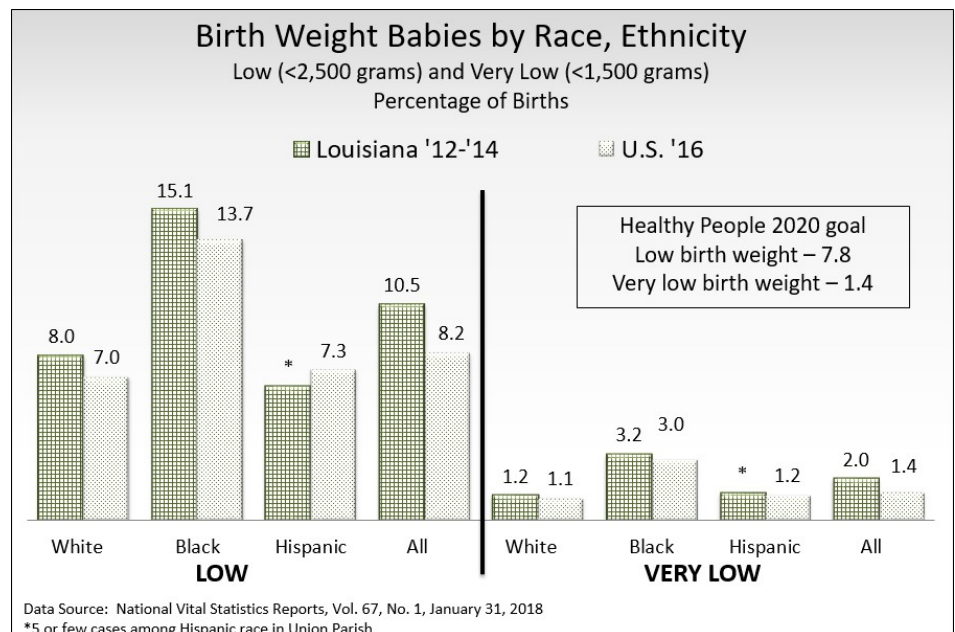
In each population group, low birth weight babies rates were higher for Union Parish than the Healthy People 2020 goal. The overall very low birth weight rates were also higher than the Healthy People goal.

*Since conducting the 2015 CHNA, the Union Parish rates have decreased from 12 to 11 percent in the low birth weight categories, and decreased 2.2 to 1.9 percent in the very low birth weight categories.*



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

*Since conducting the 2015 CHNA, the rates have decreased slightly or remained stable in both the low birth weight and the very low birth weight categories.*





# 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

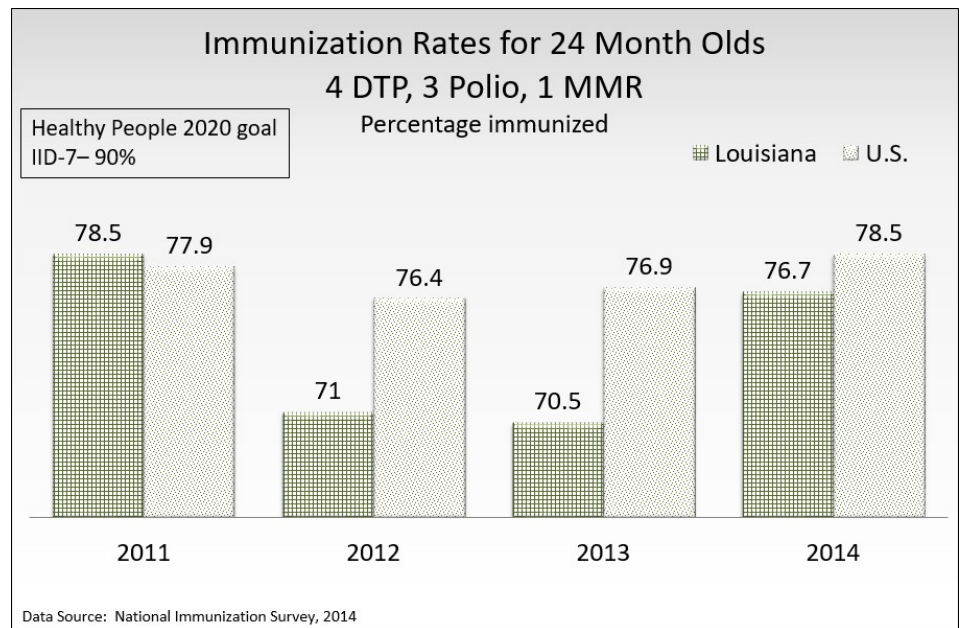
### IMMUNIZATION REQUIREMENTS FOR SCHOOL

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 2014, 76.7 percent of children aged 24 months were immunized in Louisiana compared to a total of 78.5 percent for the U.S. The Healthy People 2020 goal for immunizations by 24 months of age is 90 percent (IID-7).

Since conducting the 2015 CHNA, the rates for immunizations have increased in Louisiana from 70.5 to 76.7 percent.



# 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:

- Teenage pregnancy
- HIV/AIDS
- Sexually transmitted diseases
- Domestic violence
- Child abuse
- Motor vehicle accidents
- Physical fights
- Crime
- Homicide
- Suicide<sup>57</sup>

### Adolescent Behavior

Drug abuse includes conditions associated with use of mind and behavior altering substances that have negative behavioral and health outcomes.<sup>58</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>59</sup>

### **NOTE: The 2016 Louisiana Caring Communities Youth Survey is the latest data available for this report.**

The 2016 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 Region 8 which includes Union Parish. The 2016 report includes comparative data from 2012, 2014, and 2016. The 2016 survey was conducted in the fall of 2016 and completed March of 2017.

The 2016 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>60</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.*

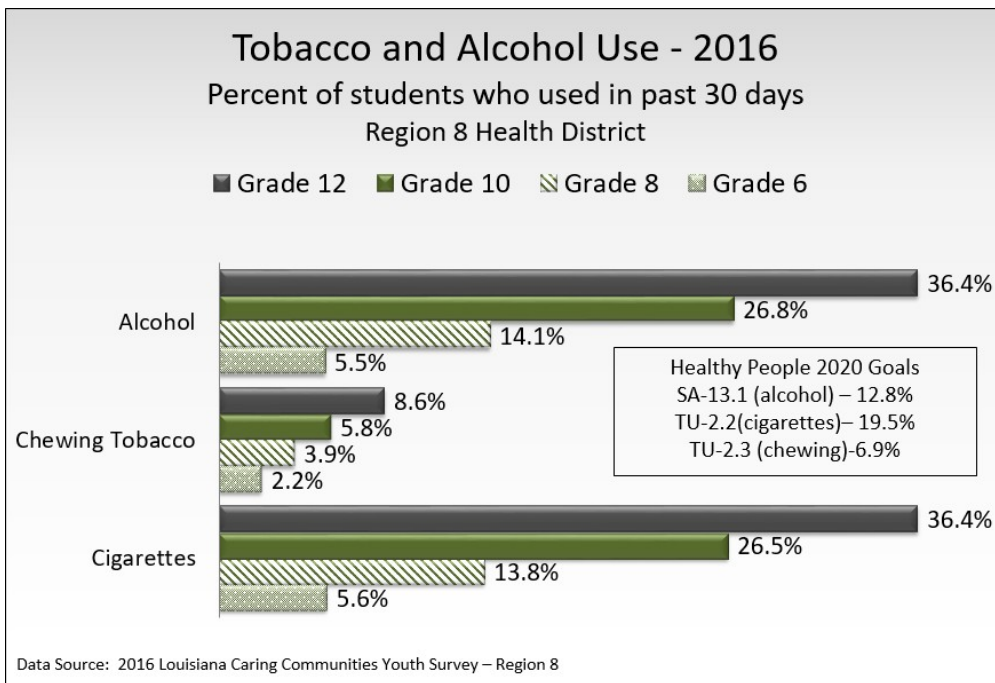
*Healthy People 2020*

The completion rates for Region 8 are as follows:

- 6<sup>th</sup> grade – 52.8 percent
- 8<sup>th</sup> grade – 49.0 percent
- 10<sup>th</sup> grade – 44.7 percent
- 12<sup>th</sup> grade – 44.2 percent

The survey also indicates decreases in cigarette smoking and alcohol use among all grade levels and increases in chewing tobacco use from 2012 to 2016.

The 2016 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.



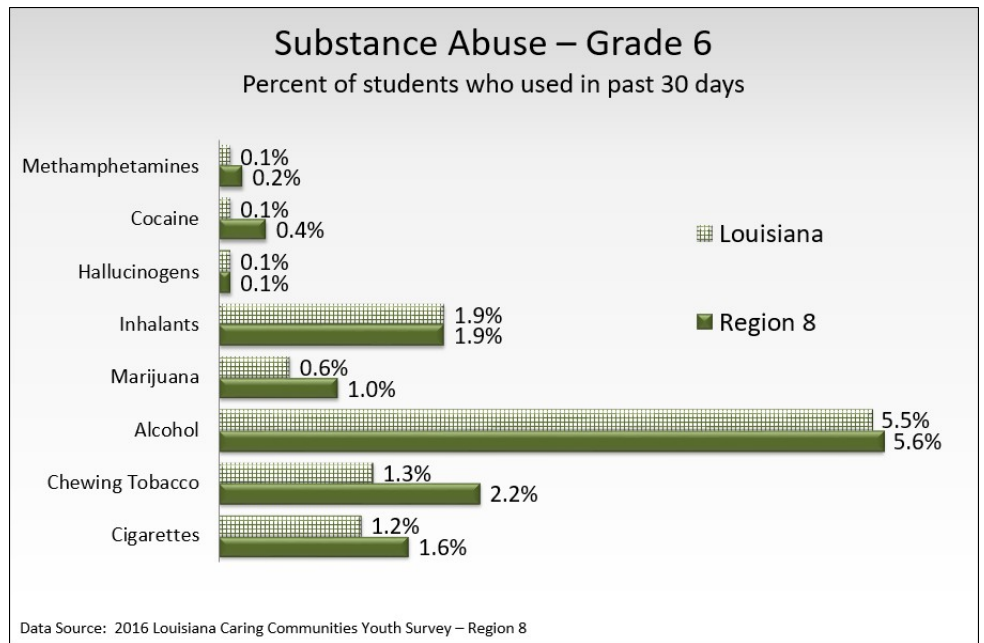
Cigarette use rates were higher than the Healthy People 2020 goal for grades 10<sup>th</sup> and 12<sup>th</sup>.

Alcohol use rates were higher than the Healthy People 2020 goal for grades 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup>.

Chewing tobacco rates were higher than the Healthy People 2020 goal for grade 12<sup>th</sup>.

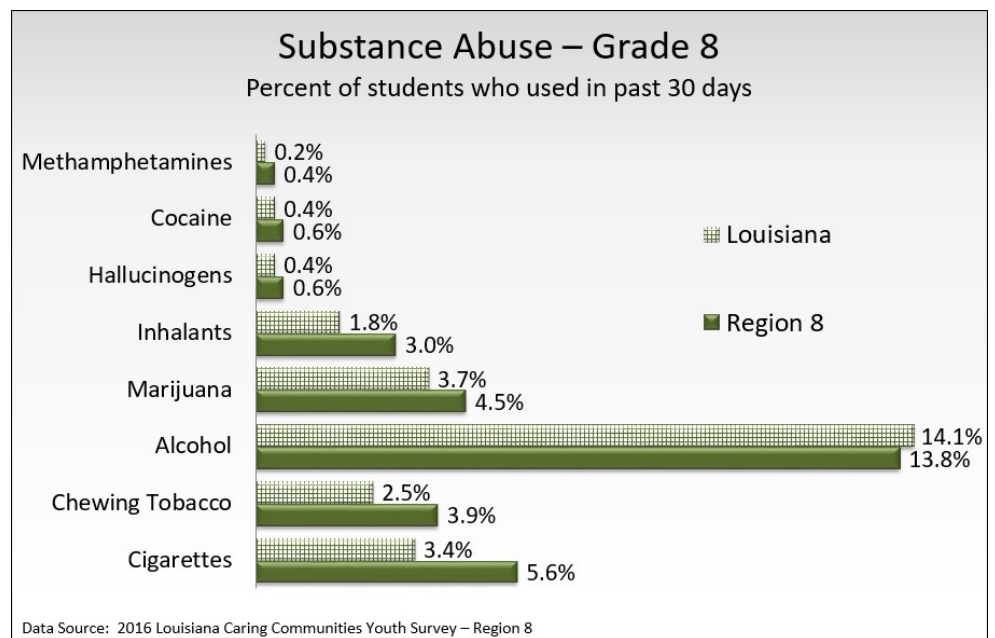
**Grade 6** - (52.8 percent participation)

All substance abuse behaviors were higher in Region 8 compared to the State average, except for inhalants and hallucinogens which were equal.



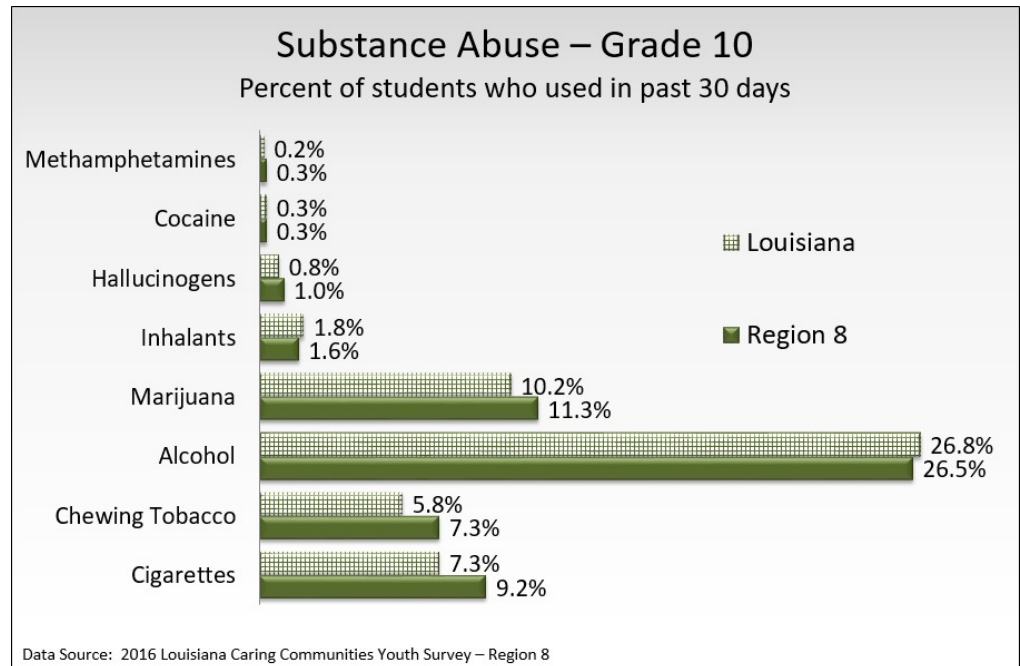
**Grade 8** - (49.0 percent participation)

All substance abuse behaviors were higher in Region 8 compared to the State average, except alcohol which was lower than the State.



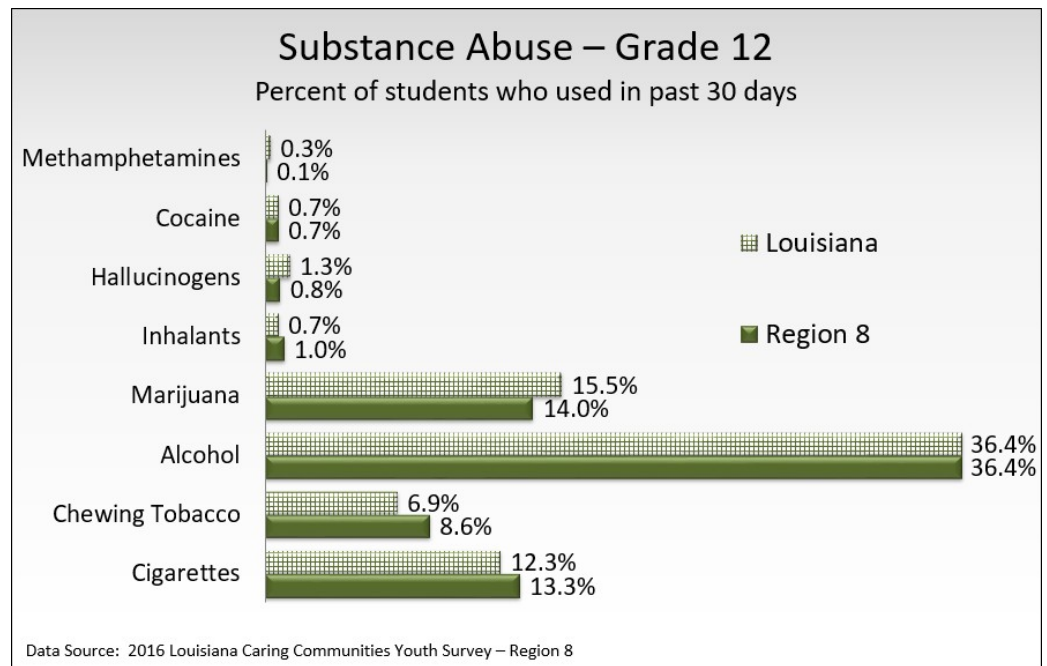
**Grade 10** - (44.7 percent participation)

The use of cigarettes, chewing tobacco, marijuana, hallucinogens, and methamphetamines were higher in Region 8, grade 10 compared to Louisiana.



**Grade 12** - (44.2 percent participation)

The use of cigarettes, chewing tobacco, and inhalants were higher in Region 8, grade 12 compared to Louisiana.



## Community Input – Adolescent Behaviors

**The major sub topics discussed regarding adolescent behaviors included: parenting, substance abuse, bullying, mental health, and teen pregnancy. Teen pregnancy comments can be found in the Teen Birth Rate section of this report.**

### Parenting:

- There is a lack of emotional support.
- There is lack of proper diet and exercise.
- There is a lack of parenting skills.
- It is the responsibility of anyone that works with kids to support them and look out for mental health conditions.
- Cell phones have made children more introverted. There is a lack of communication skills among children.
- The lack of communication skills among youth goes back to parenting.
- It is difficult to address the issue of lack of parenting skills because parents do not want to attend classes that are labeled parenting classes.
- It would be helpful to have parenting classes that focus on sub topics such as technology or communication skills.
- It would be helpful for classes to focus on helpful tips to address adolescent behaviors.
- It is important to target the younger population to really impact behavior change.
- There has been a change in the dynamics of the parent and teacher relationship. Parents use to respect what the teacher said about their children misbehaving. Now parents stick up for their children if they are misbehaving.
- A lot of students that come from broken households find comfort in having a teacher that cares about them like a parent should.
- Cell phones can be used during class in our schools. This should not be allowed and it is disrespectful to the teachers and disrupts the learning environment.

### Substance Abuse:

- There is an alcohol and drug (DARE) program that goes to the school and educates the kids about drugs and alcohol and peer pressure.
- Substance abuse is occurring in the adolescent population due to the generational cycle of substance abuse by the parents.
  - The Children's Coalition works closely to address substance abuse among the children.
  - The opioid problem is starting in the child's home.
- Students are using drugs but they are not bringing them to school.
  - A partnership exists with the Children's Coalition and school system on a multi-year project on substance abuse.
- Youth do not listen to the DARE Program. It is outdated and there is need for better education on drug prevention.

- Once children get on drugs, they cannot get off them. They battle the addiction to drugs daily, while trying to get back on a better path.*
- Many students view marijuana as something that is normal to use.*

**Bullying:**

- There is a lot of fighting and bullying going on in our schools.*
- Lack of parenting is occurring across all walks of life. There is a need for more engaged parents.*
- *There is a program called “Teens, Sex, and the Law” that helps guide the community to protect children from abuse.*
- There is a need for a mentoring program for young, African American males.*
- *The “Making Proud Choices” program can be used for males but it needs to be led by male leaders to be successful.*
- The 21st Century Learning Grant provides k-12 enrichment programs for any student in the district.*
- The Union Parish Sheriff's Office partners with the hospital to produce the anti-bullying program.*

**Mental Health:**

- The main mental health issue among adolescents is lack of coping skills.*
- The mental health stigma does not exist among school aged kids. They talk openly about their counseling appointment or ADD/depression. Most of the students are Medicaid patients.*
- Suicide rates increase in the Summer because a child's school usually offers some support.*
- The Children's Coalition screens 7th and 8th graders for signs of suicide, but there is no where to refer them for help.*
- The number of mental health issues among adolescents has drastically increased. These mental health issues range from depression to suicide attempts.*
- *DART (Domestic Abuse Resistance Team) in Union Parish offers counseling, advocacy, help with protective orders, and other forms of support to victims of violence. It maintains an educational outreach liaison with the local elementary, junior high, and high school in Union Parish. This collaboration enables DART to communicate with teachers and students about domestic and dating violence, as well as children's issues such as bullying.*
- There are mental health counselors in the school system. Not enough though.*

**Other:**

- Four wheelers and vehicle accidents are the top two injuries among the youth.*
- Gun safety is something that needs to improve among all populations. There have been several accidental shootings.*
- There is a lack of activities for adolescents. Most of the recreational sports in this community stop at age 14.*
- The school based clinics are a great model to help teach children at a very young age about healthcare. Through these clinics, they will get used to seeing a provider, so they will not be scared to seek treatment.*

## 2015-2018 Implementation Strategy (referenced in Teen Birth Rate):

Since conducting the 2015 CHNA, Union General hospital continues its program to address teen pregnancy and STIs called, "It's a Girl Thing: Making Proud Choices." The program, in partnership with Union Parish School District, helps girls identifies 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 300 girls 6th to 12th grade enrolled in the program across the community. The program has continued to earned recognition since 2015 on both a state and national level.

Since the 2015 Union General Hospital has increased its outreach the participation for all Union Parish Schools from 3rd through 5th to Pre-K to 12 grade efforts in partnership with the School District and Crime Stoppers of Union Parish. In addition to the bullying prevention the alcohol, drug and tobacco prevention components were added to the program. The program was presented to over 3,000 children in the parish.

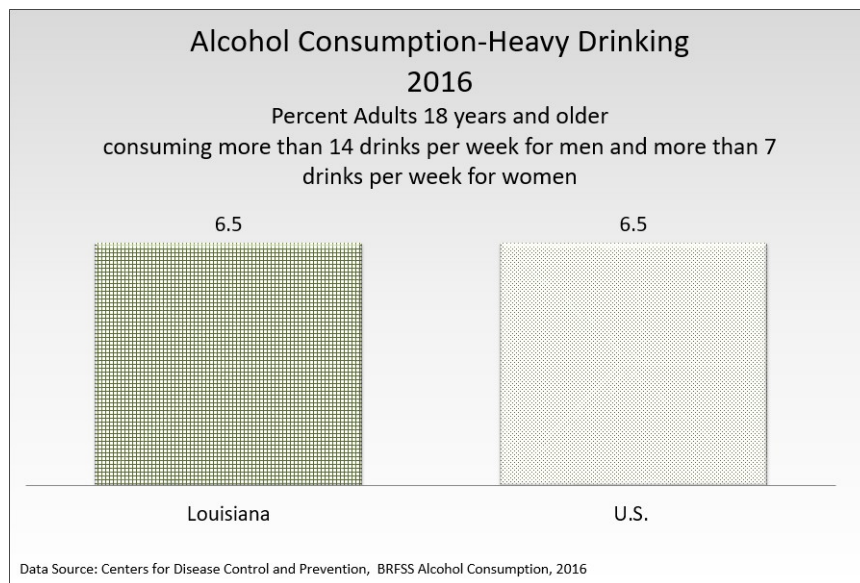
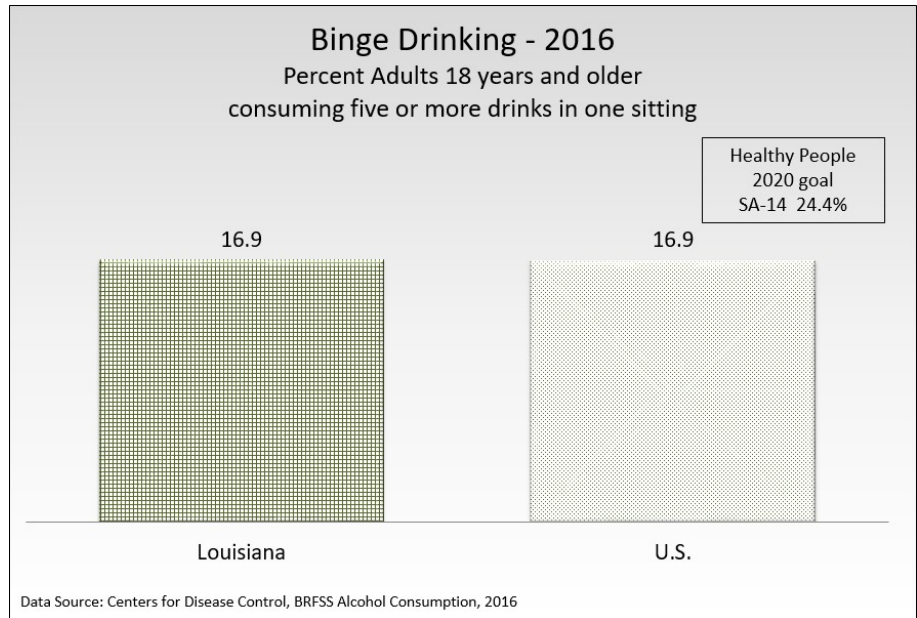


## Adult Alcohol Abuse

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>61</sup>

The Louisiana binge drinking rate was equal to the U.S. rate and below the Healthy People goal of 24.4 percent.

*Since conducting the 2015 CHNA, the Louisiana rate increased from 16.3 to 16.9 percent.*



The Louisiana heavy drinking rate was equal to the U.S. rate for heavy drinking among adults.

*Since conducting the 2015 CHNA, the Louisiana rate increased from 6.3 percent to 6.5 percent.*

## **Community Input – Adult Behaviors**

- *Adult alcohol use is a problem, but there is a great Alcoholics Anonymous program in Union Parish.*
- *Meth is a common drug of choice in this community. It has gotten worse in the last three years.*
- *Crack cocaine, marijuana, and prescription drug abuse are affecting all walks of life in this community.*
- *There is a lot of prescription drug abuse. Patients are going to multiple doctors to get the same prescription and are either selling or using the drugs.*
- *There is treatment available for alcoholism in Shreveport, but not 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?”*
- *The drug of choice in the community seems to be marijuana.*
- *Louisiana Addiction and Recovery opened in Marion. A lot of these patients have Hepatitis C from being former drug users.*
- *Alcohol use is common because there is nothing to do here. People fish fry and drink beer on the weekends to get together.*
- *Tobacco and smoking rates have gotten better. A lot of people are vaping now.*
- *The opioid epidemic does not seem to be as bad here.*
- *Drugs started out as problem among the poorer population, but now the entire population is at risk.*
- *Meth and opioids are the main drug problems here. There is some heroin here. It affects all walks of life. You hear people say, “It was just marijuana.” It could have been sprinkled with some other drug that you can become addicted to.*
- *People are turning to drugs because they are easily accessible. We pay too many people to sit at home and not work. There are some people that plan their life around what they are going to get for free. There is a lack of ambition to better themselves.*
- *Our community is not equipped in dealing with treatment. We can do prevention, but not treatment. There are no resources. They come to the ER for help, but there is nowhere to refer them to.*
- *It takes on average about 7 to 8 treatments to get a drug addict sober.*
- *There is a lot of smoking and chewing tobacco use.*
- *The lack of emotional support is causing the increase in substance abuse.*
- *The decrease in supply of pain pills has led to increase in demand, which has led to individuals using street drugs.*
- *There is lack of knowledge about the risks of drugs.*

# 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>62</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.

On the following pages information is presented concerning the 2016 chlamydia and gonorrhea rates in Union Parish. Note: There were less than four cases of syphilis reported in Union Parish in 2015.

**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*

<b>Top Five States Ranked by Rate (per 100,000) of reported STD cases: U.S. 2016</b>			
Rank	Primary and Secondary Syphilis	Chlamydia	Gonorrhea
1	<b>Louisiana (16.1)</b>	Alaska (771.6)	Mississippi (239.2)
2	Nevada (15.4)	<b>Louisiana (679.3)</b>	<b>Louisiana (230.8)</b>
3	California (15.0)	Mississippi (672.1)	Georgia (201.2)
4	Georgia (13.2)	New Mexico (628.6)	Alaska (196.9)
5	New York (12.4)	Georgia (611.0)	North Carolina (196.0)

Source: Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2016

## Chlamydia

Chlamydia is the most commonly reported STD in the U.S. Many 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>63</sup>

Louisiana ranked second in the U.S. for reported chlamydia cases in 2016.<sup>64</sup> The number of chlamydia cases in Louisiana increased by 8 percent from 2013 to 2016.<sup>65</sup>

### Clinical Recommendations

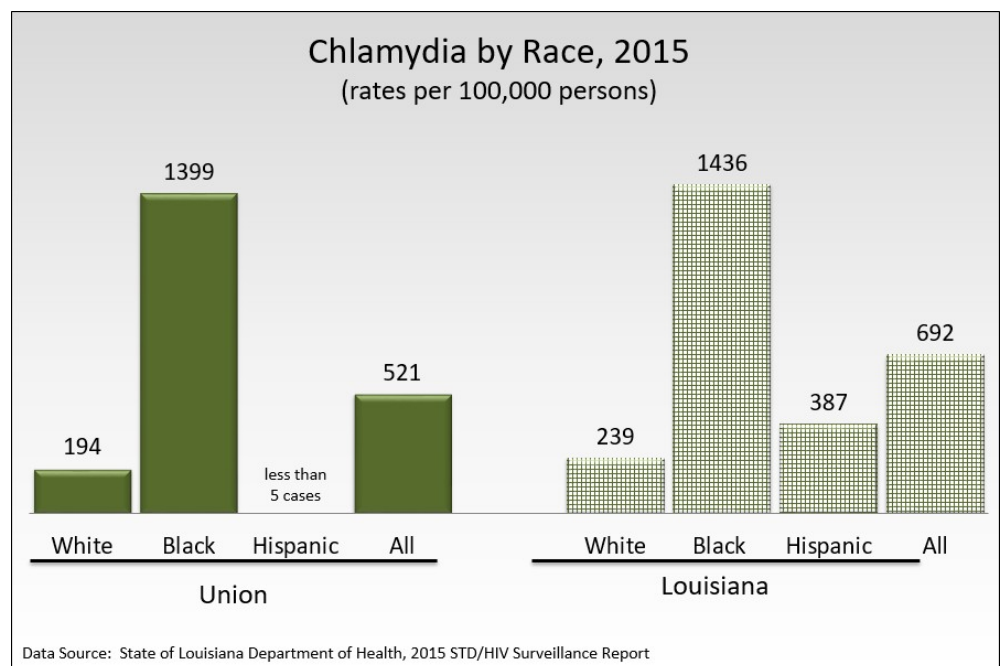
#### Screening for Chlamydial Infection

- 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

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

Since conducting the 2015 CHNA, the chlamydia rate increased from 456 to 521 per 100,000 population.



## Gonorrhea

Gonorrhea and chlamydia often infect people at the same time.<sup>66</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.

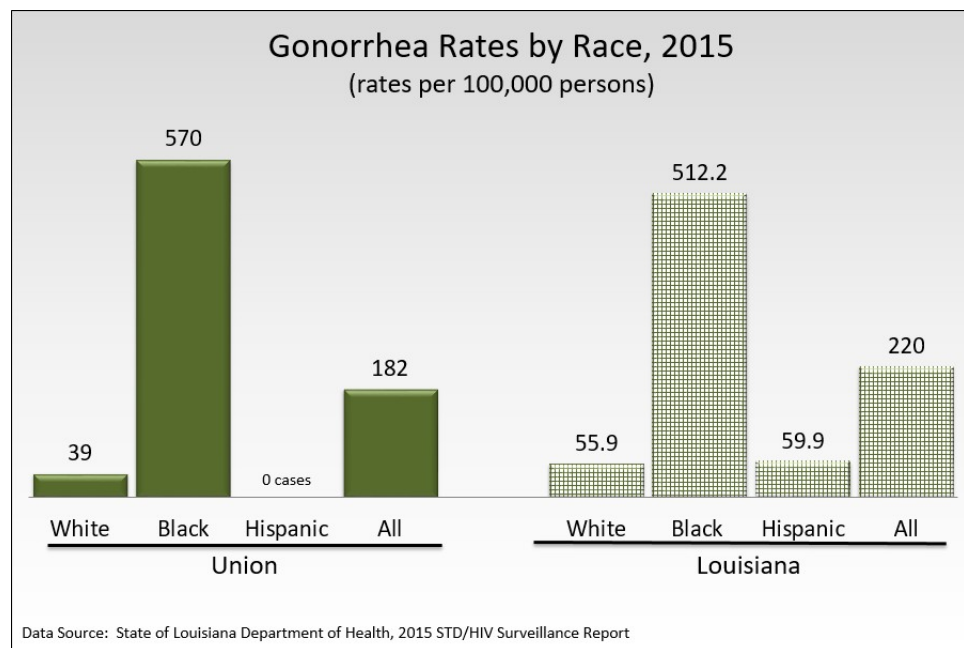
Centers for Disease Control and Prevention

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 2016, a total of 468,5514 gonorrhea cases were reported, and the national gonorrhea rate was 145.8 cases per 100,000 population.<sup>67</sup>

Louisiana ranked second highest in the U.S. for reported gonorrhea cases in 2016.<sup>68</sup> The number of gonorrhea cases increased by 4 percent from 2013 to 2015.<sup>69</sup>

The Union Parish gonorrhea rate for the Black population exceeded the rate for Louisiana. Overall the gonorrhea rate for Union Parish was less than that of the State.

Since conducting the 2015 CHNA, the gonorrhea rate decreased from 490 to 182 per 100,000 population.



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

- *No matter how accessible sexual health is to the community, the two biggest issues will always be STDs and unplanned pregnancies.*
- *A lot of patients seeking STD treatment do not come back for follow-up appointments.*
- *The health department provides a lot of reproductive health services to the community such as family planning and STD treatment.*
- *The health department provides free condoms.*
- *Most of HPV viruses that cause cancer are occurring in women in their 30s or later.*
- *Syphilis is very dangerous to the fetus. If a woman screens positive for syphilis at the health department, she will automatically be tested for pregnancy.*
- *There is a need for more STD education on the risk of having multiple sex partners and infecting partners who have not been treated yet.*

# 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>70</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*

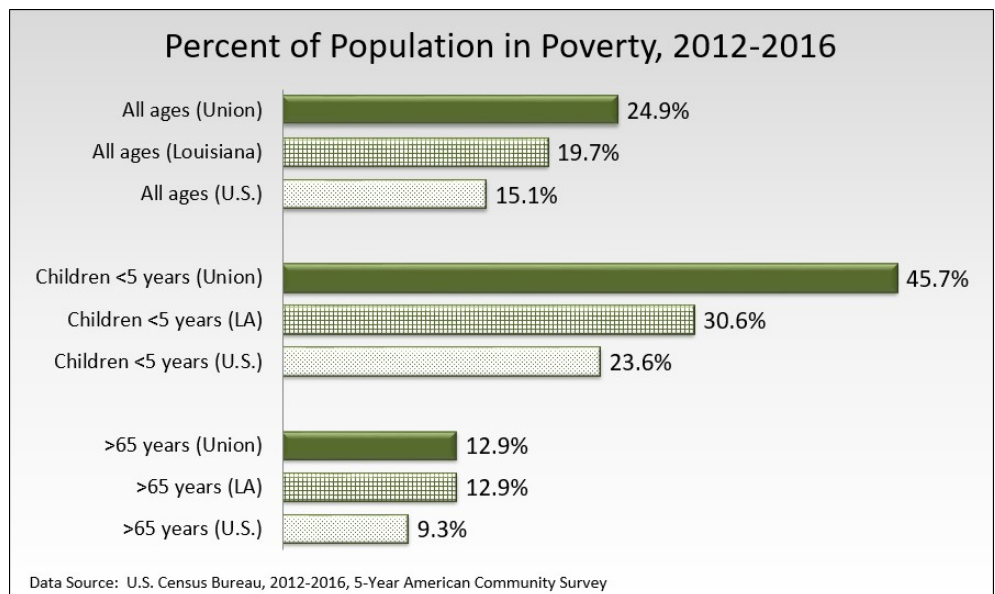
## 1. Gaining entry into the health care system

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.

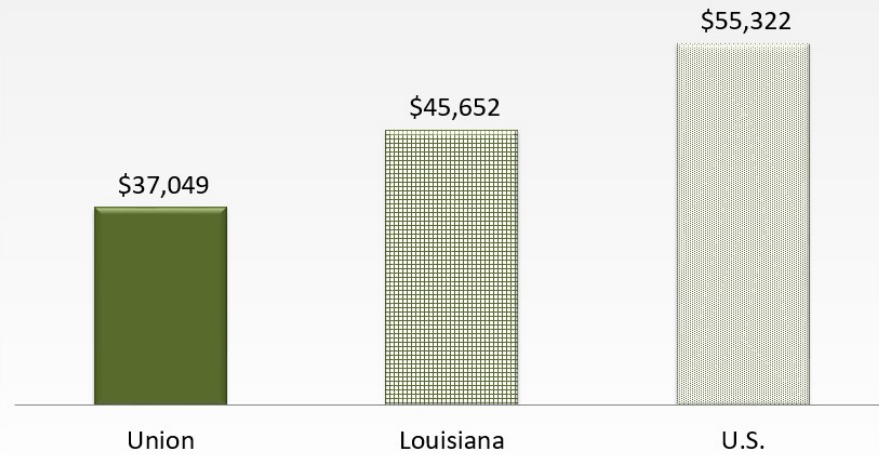
### Income and Poverty

Approximately, 25 percent of Union Parish residents were living in poverty. The poverty rate for children under five years of age in Union Parish is nearly double the rate of the U.S.

Since conducting the 2015 CHNA, the poverty rate decreased overall from 28 percent to 24.9 percent.



### Median Household Income 2012-2016 Estimates



Data Source: U.S. Census Bureau, American Fact Finder, 2012-2016

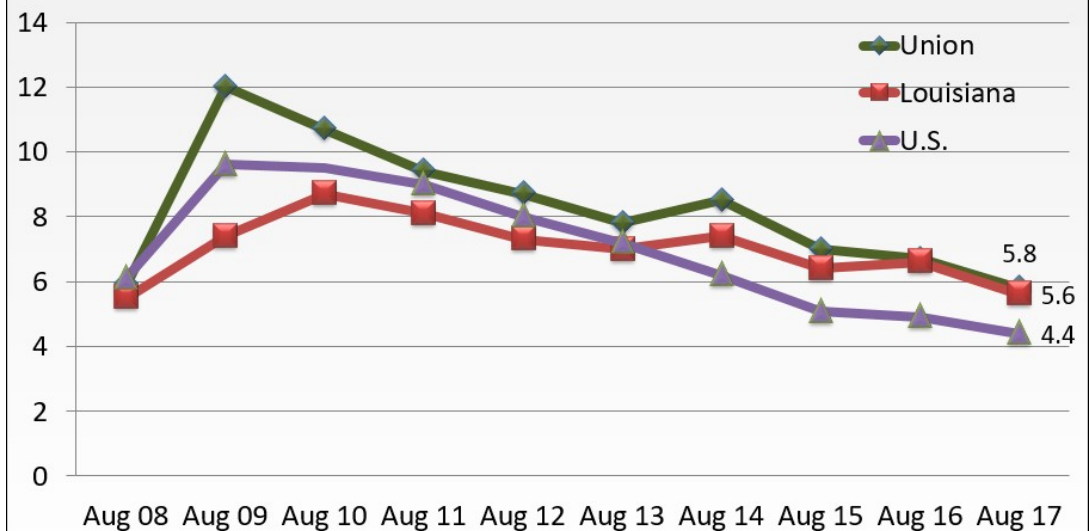
The median household income for Union Parish was lower than Louisiana and the U.S.

*Since conducting the 2015 CHNA, the median household income increased from \$35,064 to \$37,049.*

The unemployment rate 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 2017, the unemployment rate in Union Parish reached 5.8 percent which is back to unemployment rates of 2008.

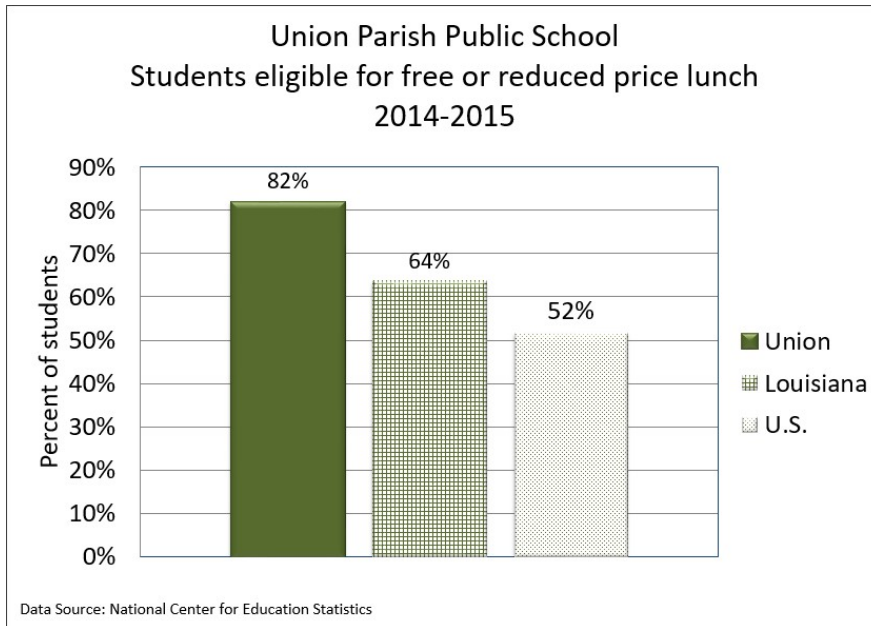
### Unemployment Rate Over Time (Percent)



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



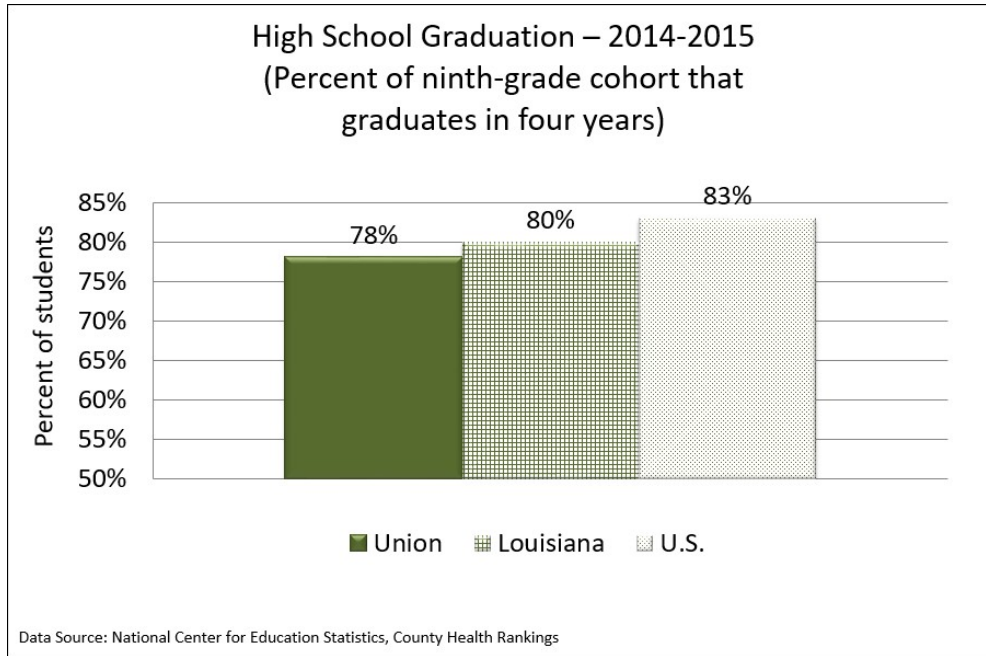
The National School Lunch Program provides nutritionally balanced, low-cost or free lunches to qualifying children in the United States each school day. Children from families with incomes at or below 130 percent of the federally-set poverty level are eligible for free meals, and those children from families with incomes between 130 percent and 185 percent of the federally-set poverty level are eligible for reduced price meals.<sup>71</sup>



Eighty-two percent of Union Parish students were receiving free or reduced price lunches in 2014-2015. This is higher than the State rate of 64 percent.

## 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>72</sup>

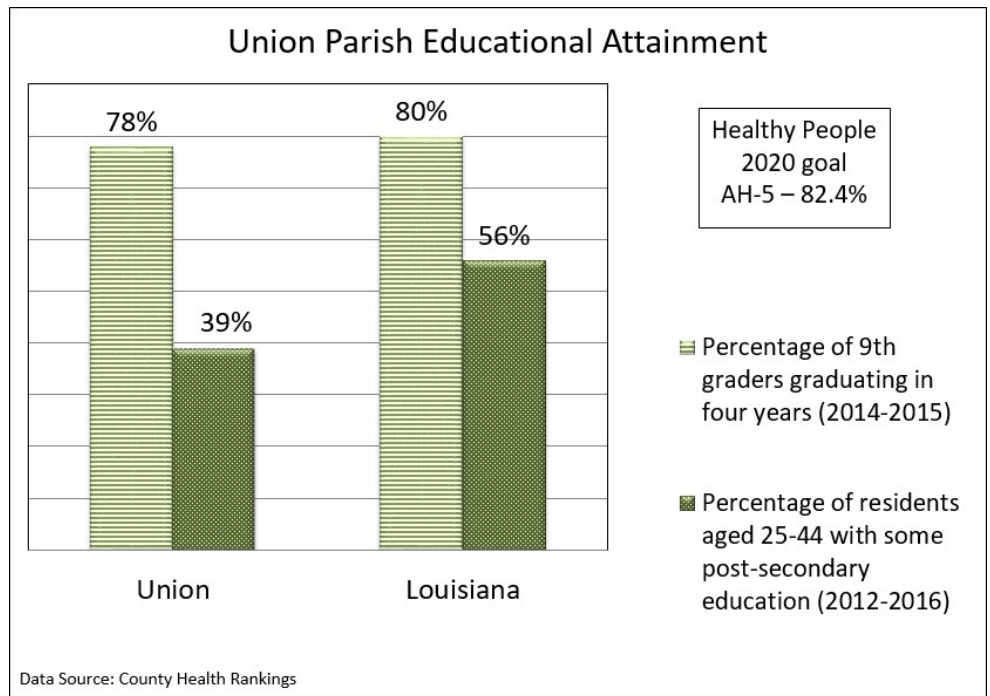


The Union Parish high school graduation rate was lower than both Louisiana and the U.S.

Seventy-eight percent of Union Parish 9<sup>th</sup> graders graduated within four years, which was slightly lower than Louisiana.

There was a lower percentage of Union Parish residents with some post-secondary education compared to Louisiana.

*Since conducting the 2015 CHNA, the graduation rate increased from 63 percent to 78 percent. Also, the percent of residents with some post-secondary education decreased from 43 percent to 39 percent.*



## Insured Status

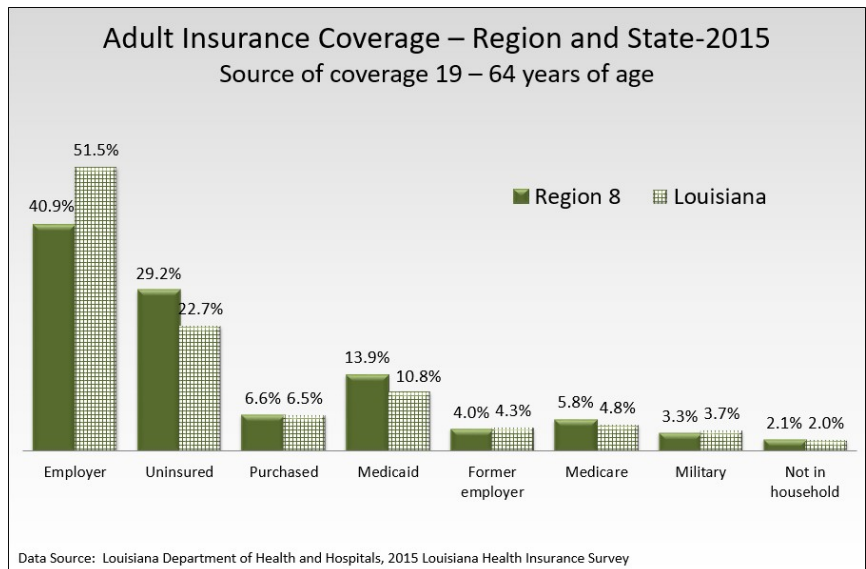
The ability to access healthcare is significantly influenced by an individual’s insured status. People without insurance often face limited access to services and delays in seeking treatment. Many people with insurance are often considered “under insured”, due to policy restrictions and high deductibles 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 2015, Region 8 uninsured rates were 29.2 percent for adults and 5.8 percent for children.<sup>73</sup>

In DHH/OPH Region 8, (which includes Union Parish), 40.9 percent of adults (aged 19 - 64) were covered under an employer’s health plan during 2015. This rate was less than the State rate of 51.5 percent.

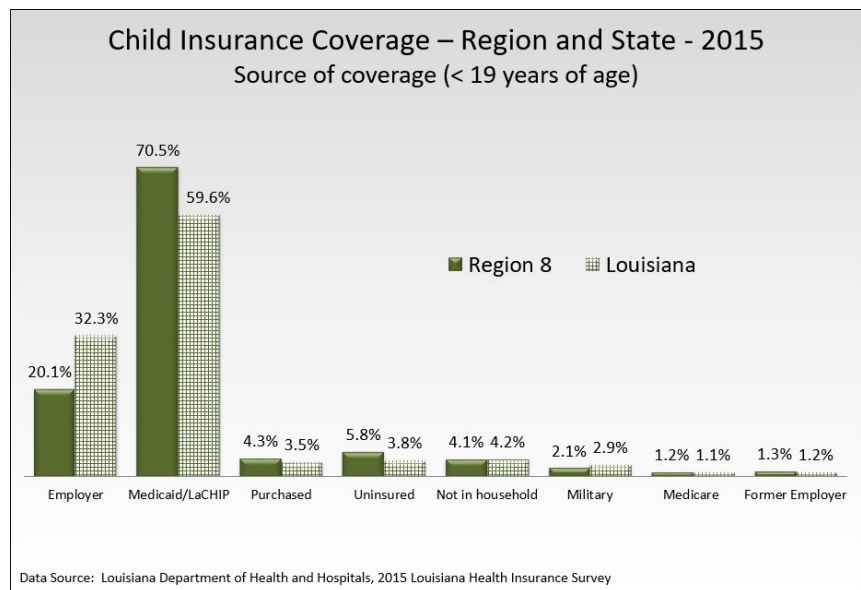
*Since conducting the 2015 CHNA, the uninsured rate increased from 26.3 percent to 29.2 percent. The employer insurance rate decreased from 52.3 percent to 40.9 percent.*



In Region 8, 70.5 percent of children under age 19 were insured by the Louisiana Medicaid program during 2015. Approximately, 20 percent of children were insured under employer health plans.<sup>74</sup>

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>75</sup>

*Since conducting the 2015 CHNA, the uninsured rate increased from 4 to nearly 6 percent. The Medicaid/LaCHIP coverage increased from 58 percent to 70 percent.*



## Medicaid Expansion

On January 12, 2016, the Governor of Louisiana signed Executive Order JBE 16-01 to expand Medicaid. The name of the expansion program is *Healthy Louisiana*. As of March 2018, the program had over 460,000 Louisiana residents enrolled who lacked coverage two years ago. Louisiana's uninsured rate dropped from 21.7 percent (2013) to 12.5 percent in February of 2016 according to a Gallup report.<sup>76</sup>

Any adult who meets the eligibility criteria listed below are eligible to enroll in Healthy Louisiana.

- Aged 19 to 64 years old
- Has a household income less than 138% of the federal poverty level
- Doesn't already qualify for Medicaid or Medicare
- Must meet citizenship requirement<sup>77</sup>

**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. In 2016, the program extended the FPL guidelines under a Medicaid expansion program called *Healthy Louisiana*.

**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.

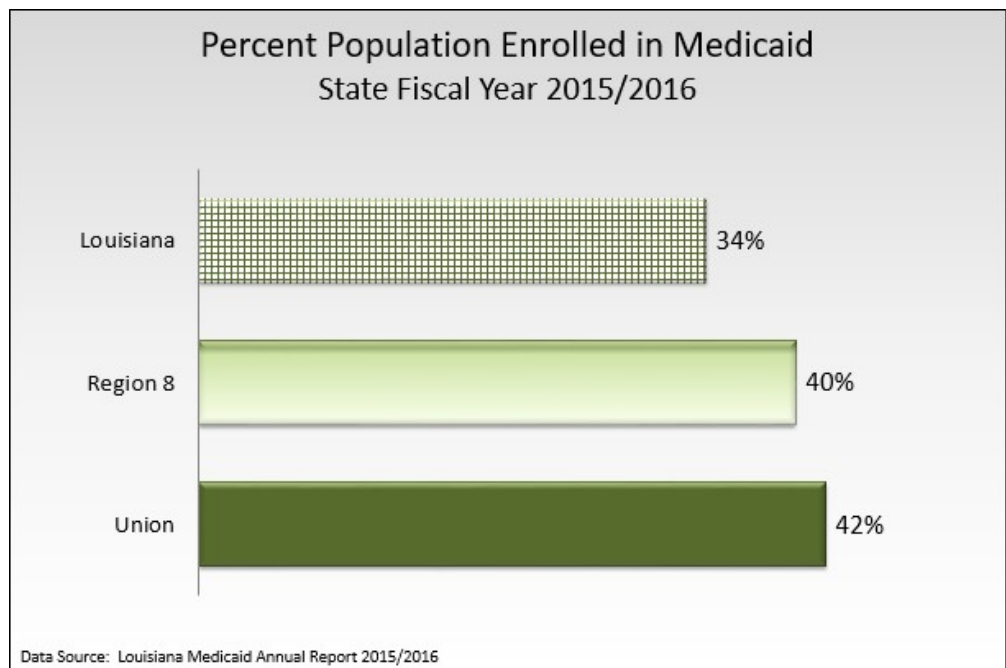
**EarlySteps** is a program for infant and toddlers who have developmental delays. It provides family support, as well as therapy services for children with certain diagnosed medical conditions.

**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.

**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.

Union Parish had a higher percentage of residents enrolled in Medicaid compared to the Region and Louisiana.

*Since conducting the 2015 CHNA, the Medicaid enrollment rate increased from 35 percent to 42 percent.*



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

Union Parish has a 20-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>78</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>79</sup>

Union Parish is designated as a medically underserved area and as a HPSA for primary medical care, dental care, and mental health services.<sup>80</sup>

There is one full time internal medicine/pediatric specialist in Farmerville, one general practitioner, one cardiologist, and four family practice nurse practitioners. There is one physician who comes to Farmerville two times each month to perform endoscopies. There is a geriatric psychiatrist that provides services through the Union General Hospital Intensive Outpatient Psychiatry program. An oncology and hematology physician and family nurse practitioner visit once per week. In nearby Bernice, there are two full-time family practice physician, one full-time nurse practitioner, as well as, visiting specialists.

## Community Input – Access to Care

- There are more people applying for food stamps and Medicaid. A lot people were unaware that the Medicaid expansion happened.*
- Recently, the Medicaid applications for the middle-aged population has increased. Individuals have lost their jobs or their homes.*
- Food stamp benefits now require individuals to have a job or be actively looking for job.*
- Food stamp benefits also require drug testing. A lot of individuals in the community will lose their food stamps with this new drug testing requirement.*
- The hospital has transportation vans to transport patients to the rural health clinics.*
- The hospital has a Medicaid Application Specialist that provides Medicaid application services to a lot of ER patients who are uninsured.*
- Homelessness and poverty is a major issue in this community. A lot of Medicaid clients come into the hospital asking for food, clothes, and diapers for their children.*
- Poverty is an issue because individuals lack the willingness and motivation to work and earn an honest living.*
- The health department does not deny anyone care for lack of payment. Payment is based on a sliding fee scale.*
- The high school drop-out rate is about 4.1 percent.*
- The high school drop-out rate has decreased over the last year.*
- There are a lot of students that do not get served medically because they live in rural areas of the parish. The school system is interested in implementing a telemedicine program to increase access to care.*
- *There are a lot of individuals in the community who do not understand the basics of living a healthy life. There is need for education on “basic lifestyle” which means how to identify safe water, how to purchase car insurance, how much land do you need to grow vegetables for you and your family and how much water are you supposed to drink every day.*
- There is a need for community bike paths or walking paths.*
- The culture of the town would change if the downtown area was more connected with hospital.*
- There is no retirement housing in Union Parish.*
- There is a need for education on how to take your medication and interactions with other medicines.*
- There are a lot of patients who do not seek cancer treatment because they do not have a way to get transportation.*
- *There is a lack of a continuum of care to fully understand the full picture of someone’s health and their condition. There is a need for more follow-up care.*
- *There are a lot of individuals that have never been outside Union Parish so they don’t understand the capabilities of where the community can improve.*
- There is a need to offer screenings and education to large employers to make a bigger impact in the community.*
- What is amazing about Union Parish is the willingness of people to put up their resources to help. The*

churches sent out teams during the flood last year. People are very open to partnership. We may not have all the resources in place, but everyone is great at collaborating.

- There is a need for a resource person to help patients apply for free medications.*
- The age group that typically lacks healthcare resources falls within the age range of 30 to 59.*
- A lot of individuals do not think they need help, and that is why they choose not to attend free educational classes on health topics.*
- There is a lack of knowledge about all the available forms of free transportation services.*
- *There is a need to perform outreach education and screenings at an individual's workplace to increase participation.*
- If someone misses a day of work due to a chronic condition it hurts the employer. There is a need for more worksite wellness screenings.*
- There is a need for better community resource collaboration to increase participation at events.*
- It is difficult to get people to attend educational classes on health promotion topics.*
- There is a need for nutrition education to lower obesity rates and risk factors going into adulthood.*
- It is important to go into the businesses and churches with outreach efforts rather than expecting them to come to you.*
- Sometimes the most impactful messages are visual due to the "shock-factor."*
- Individuals who do not have insurance do not seek preventative screenings.*
- The hospital does not have all the resources to offer free screenings, so it partners with other organizations to help provide these free screenings.*
- A lot of people do not have a primary care doctor to help address health risks before they become a bigger problem.*
- There is a lack of transportation to other communities for more specialized care.*
- The school based clinics are a great model to help teach children at a very young age about healthcare. Through these clinics, they will get used to seeing a provider, so they will not be scared to seek treatment.*



# SPECIAL POPULATIONS

## Why Do Special Populations Matter?

A health disparity is “a 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.”

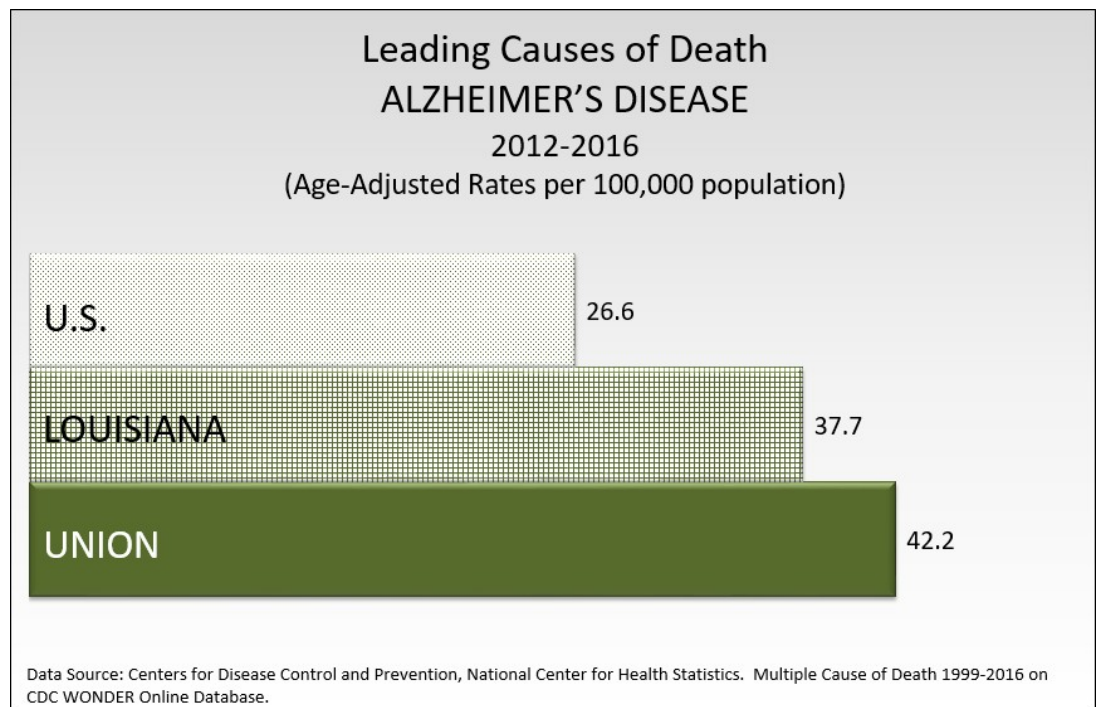
Healthy People 2020

## Senior Population

According to the 2016 population estimates, 18.5 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 14.4 percent. In the U.S. the population 65 years and older was 15.2 percent.<sup>81</sup>

The Alzheimer’s disease death rate was higher in Union Parish compared to Louisiana and the U.S.

Since conducting the 2015 CHNA, the death rate decreased from 50 to 42.2 per 100,000 population.



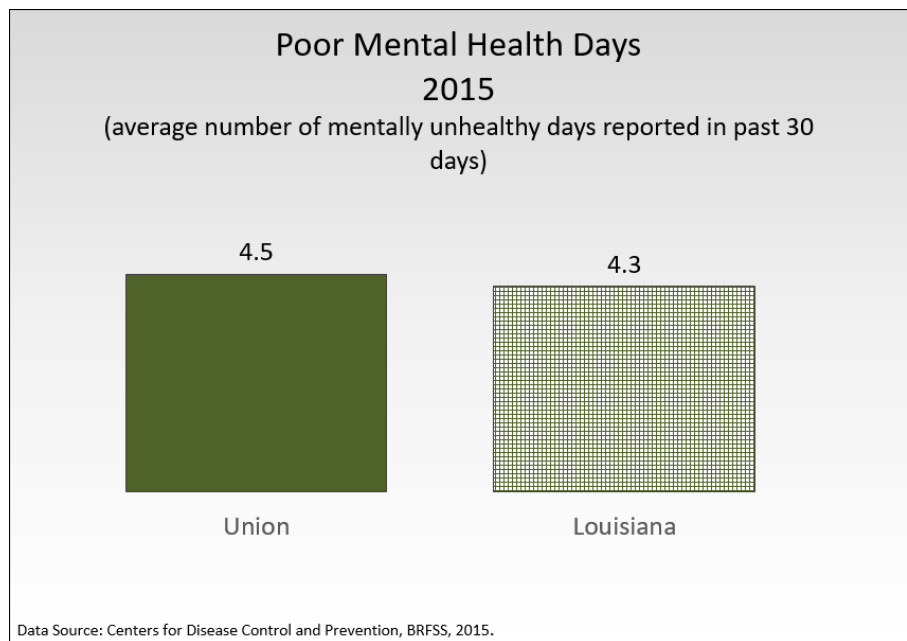
## Community Input – Senior Issues

- There are a lot of grandparents who are raising their grandchildren. Grandparents do not understand technology.
- The senior population typically only qualifies for \$15 a month in food stamps. This is not enough.
- The Council on Aging offers a food delivery service to Seniors.
- The Council on Aging provides home delivery meals, transportation services, homemaker services, respite care, and senior center services to the community.
- Loneliness and depression are prevalent issues among this population.
- The Council on Aging van will take Seniors grocery shopping.
- There is a need for education on available options for low cost medicines. Seniors will forgo their medicine for the month if they do not have enough money for other necessities.
- The death rates are higher than the state average due to the higher proportion of aging population.
- There is need for communication about resources for the elderly.
- The State of Louisiana has a large population that is underserved due to age.

## Mental Health

Poor Mental Health Days is based on a survey response to the question: Thinking about your mental health, which includes stress, depression and problems with emotions, how many days during the past 30 days was your mental health not good?"

Union Parish had a higher average of poor mental health days compared to Louisiana.



## **Community Input – Mental Health (Reference Alcohol, Tobacco and Drug Abuse and Adolescent Behaviors)**

- In Louisiana, suicide is the 5th leading cause of death. The community does not have resources for suicide prevention.*
- There are no mental health resources for adults aged 18 to 65.*
- The Intensive Outpatient Therapy Program is an available mental health resource for the elderly.*
- The scales and tests that are out there to screen for mental health have not proven to reduce suicide.*
- The suicide hotline is housed through a center in Monroe called Wellspring. If you lack transportation, this can be very difficult.*
- Through the anti-bullying program, the community feels they are reaching the younger population.*
- Most of the suicides are age 50 and above. In 2013, there were increases in adolescent suicide from ages 12-15. Since 2014, the youngest was 24 years old.*
- The root cause of mental illness is lack of family support. Maybe if we can get the family healthier, it can have a generational impact.*
- Suicide rates increase in the Summer because a child's school usually offers some support.*
- The Children's Coalition screens 7th and 8th graders for signs of suicide, but there is not anywhere to refer them for help.*
- Louisiana is number one in the nation related to domestic violence and domestic violence related homicides.*
- There is a high prevalence of anger management and domestic abuse in this community.*
- There is a need to initiate a list of local pastors who are willing to reach out to individuals in the hospital that need help.*
- Mental health is big deal but there is huge lack of resources. The health department performs depression screenings during patient visits. A lot of visits have a positive screening for depression. Any positive depression screen is referred to Ruston Behavior Health which offers to see patients on a sliding fee scale.*
- There is a huge correlation between diabetes and mental health. Diabetes affects happiness. Diabetes medications are not "uppers." When you blood sugar is high you are sleepy. Cardiac disease has a lot to do with depression.*
- There is a mental health stigma among the African American culture and the mid-twenties to low sixties population.*
- It would be helpful to have mental health counselors in the school system to increase access to mental healthcare.*
- One of the biggest risk factors associated with a lot of these chronic diseases is mental health and depression.*
- The depression and suicide rates in Union Parish are very high.*
- There are no mental health choices in the community for adolescents.*

## African American Population

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

- There is a need for a mentoring program for the African American adolescent males. Several African American pastors have banded together to reach out to this adolescent population.*
- There is a need for more STD education on the risk of having multiple sex partners and infecting partners who have not been treated yet.*
- Bernice has a larger population of African American.*
- The towns in Union Parish typically have more African Americans while the rural areas have more White population.*
- Heart disease is a major issue among male, African American population. There is a need for education on this topic from a fellow African American pastor or leader to help make an impact.*
- There is a Black Heritage festival. It would be advantageous for the hospital and other organizations to partner in this event to offer health screenings and education.*
- There is a mental health stigma among the black culture and mid-twenties to low sixties population.*
- There is a need to help the African American community identify the risk factors associated with chronic diseases. These risk factors are causing the high death rates among this population group.*

## Hispanic Population

### **Community Input – Hispanic Population**

- The main health issues among the Hispanic population is diabetes, cancer and teen pregnancies.*
- 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.*
- Teen pregnancy is an issue due to lack of education.*
- 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) due to their fluency in English.*
- Transportation is a major issue among the Hispanic population.*
- The city of Bernice has a higher Hispanic population.*
- Hispanics work mainly within the poultry industry and landscaping.*
- 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.*
- *“Language Line” is used at the health department to help translate services provided to this population.*

- There are private translation services offered by individuals who live in the community but they are not a professional or certified translator. Many of the community members reported a concern that these individuals are taking advantage of the Hispanic community and charging them high fees for these services.*
- The Susan G. Komen grant helps with Hispanic outreach effort through providing free mammograms to individuals. Union General Hospital accepts five patients every Thursday to perform a free mammogram.*
- More Hispanic girls go to college compared to males.*
- *The “Language Line” used to help with translation is not user-friendly. There is a need for an on-staff interpreter.*
- The Hispanic community does not feel completely trusting of the healthcare services due to the language barrier.*
- *The Hispanic community believes “a fat kid is a healthy kid”. It is important that we change these culture norms to help other communities understand what healthy looks like.*
- Mental health is an issue for Spanish speaking culture because of the language barrier.*
- A lot of the Hispanic immigrants already have a low literacy rate, so it is difficult to even provide education in Spanish.*
- There are so many contributing factors to mental health in the Hispanic population because they move here not knowing anyone and the language barrier presents many issues.*
- Domestic violence issues among the Hispanic population is an issue because the female is usually reliant on the husband.*
- Usually both parents will work. The males are usually working agriculture or concrete. Several families work at chicken farms.*
- Hispanic teen moms typically get married.*
- The second generation of Hispanic immigrants are prospering in this community. They are opening their own businesses and you see their children participating in extracurricular activities like softball and dance class.*
- There is a bilingual GED program that provides childcare that is offered in Bernice.*
- There is a migrant education program that helps Hispanic families.*
- *The Hispanic culture “smiles and nods,” instead of asking questions. They don’t feel empowered to question authority. They don’t feel comfortable.*
- There are three Hispanic churches that meet weekly. This is a major opportunity for collaboration and outreach.*
- There is a need for a certified medical translator. A lot of parents will check their children out of school to help with translation at medical appointments.*

# Community Input

## Focus Groups

Two focus groups were held on during April 18<sup>th</sup> and 19<sup>th</sup>, 2018. Over thirty individuals participated in these meetings.

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

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

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

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

- » Do the votes as tallied reflect the major health problems and highest priority health issues?
- » Are you pleased with the priorities this group has chosen?
- » Do you think others would support these priorities?
- » Is each health priority amendable to change?

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

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

## Key Stakeholder Interviews

Key stakeholder interviews were administered to individuals who represent the broad interests of the community. On April 17<sup>th</sup>-19<sup>th</sup>, 2018, eight 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 after discussing the community health profile. 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.

Key Stakeholder Organization/Department	Population Served
Intensive Outpatient Program	Senior population and underserved
Community member/Health Department	Underserved, low-income, and Chronic disease
Union General Hospital	Hispanic community and underserved, all groups
City of Farmerville	Underserved, Hispanic, children, all groups
Union Parish School System	Children and underserved
Public Health Nurse, Union Parish Health Unit	Underserved and low-income
Children's Coalition	Hispanic community and children
Medicaid Representative/Financial Counselor	Underserved and low-income, African-American Population

## Community Priorities

Two focus group meetings and eight key stakeholder interviews were held during April 17<sup>th</sup>, 18<sup>th</sup> and 19<sup>th</sup>, 2018.

The following issues were identified as “priority” needs by the community participants. The findings are listed in the order of priority as determined by the focus groups and key stakeholders.

### 1. Adolescent Behavior

- a. There is a need for educational classes for parents on strategies that promote emotional support of the family unit and enhance communication skills of children.
- b. There is a need for education and awareness surrounding healthy lifestyle choices related to alcohol, tobacco and drug use and anti-bullying.
- c. There is a need for sex education and screening programs to prevent teen pregnancies and STDs.
- d. There is a need for education on healthy living related to nutrition and physical activity.
- e. There is a need for education on suicide and available resources for emotional support to prevent suicide.
- f. There is a need for communication of available resources.

Note: The community reported a need for programming targeted for young men.

### 2. Cardiovascular

- a. There is a need for outreach education and awareness on prevention, signs and symptoms of cardiovascular risk, and intervention tactics.
  - i. Medication compliance and “knowing your numbers”
  - ii. Outreach education and screenings
  - iii. Physical activity and diet changes
- b. There is a need for communication of available resources.

Note: The community reported a specific need for outreach related to cardiovascular education and screening to the African American community.

### 3. Cancer

- a. There is a need for education and awareness regarding when and where to get affordable cancer screenings and available treatment options.
- b. There is a need for education and awareness regarding cancer causes, risk factors, and prevention.
- c. There is a need for communication of available resources.

Note: The community reported a specific need for outreach related to cancer education and screening to the Hispanic community.



4. Mental and Behavioral Health

- a. There is a lack of resources for the adult population.
- b. There is a need for more family support of mental health issues.
- c. There is a need to limit prescriptions of pain medication.
- d. There is a need for communication of available resources.

5. Diabetes

- a. There is a need for education on available resources for medication assistance.
- b. There is a need for education on nutrition and physical activity.

Note: The community reported a specific need for outreach related to diabetes education and screening to the Hispanic community.

## 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.

- Adolescent Behaviors (includes teen pregnancy, STDs, drugs, and bullying)
- Cancer
- Cardiovascular (including stroke)
- Diabetes
- Mental and Behavioral Health

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

## Approval

The Union General Hospital Board of Directors approved this community health needs assessment through a board vote on June 27, 2018.

## Special Thanks to Community Participants

Union General Hospital would like to thank all the individuals who participated and for their generous contribution of time and effort in making this Community Health Needs Assessment (CHNA) a success. Each person provided valuable insight into the health needs of the general community, as well as for specific vulnerable population groups. Community participation included participating in a one-on-one key stakeholder interview or attending one of the two focus groups held on April 18<sup>th</sup> and 19<sup>th</sup>. There were over 40 community participants who attended these events.

Also, special thanks to Union General Hospital's Community Health Needs Assessment Steering Committee (CHSC) for their time and effort towards the project.

Evalyn Ormond – Chief Executive Officer  
Dianne Davidson – Chief Operating Officer  
William Adcock – Chief Financial Officer  
Julie Duty – Compliance/HIPAA Officer  
Claudia Wade – Community Development Manager, Grant Writer  
Darra Jung – Director of Nurses  
Brittany Smith – Dietary Director

Union General Hospital and the CHSC look forward to the continuation of this collaborative project with our community. So many great ideas were shared during this process. The CHNA is just the beginning of our efforts to help understand the community's health needs. We look forward to working together on the activities and programs that will be designed to help address the health needs of our community.

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

**CANCER SUPPORT SERVICES**

Cancer Society  
1761 N 19th Street  
Monroe  
318 398 9603

Cancer Institute  
411 Calypso Street  
Monroe  
318 327 1960

American Cancer Society  
1 800 227 2345

Komen Foundation  
1 800 KOMEN

**CHILDREN AND FAMILY SUPPORT SERVICES**

Center for Children and Families  
318-398-0945

Child Care Connections  
Child Care and After school  
318-323-4522  
1-877-206-0820

Child Support Hotline  
1-800-256-4650

Children's Coalition of Northeast Louisiana  
Family Support Services  
318-368-3166

Children's Coalition Parenting  
Counseling and Referral  
318-323-8775  
1-877-206-0819

D.A.R.T.  
Social Services/Crisis Counseling  
107 E. Bayou St  
Farmerville  
318 368 6181

Domestic Abuse Helpline  
318 368 3103

Early Childhood Supports & Services  
Counseling and Referral  
318-362-4676

Families Helping Families  
Counseling and Referral  
318-361-0487  
1-888-300-1320

Families in Need of Services  
318-327-3415

**CHILDREN AND FAMILY SUPPORT SERVICES (continued)**

<p align="center">Grandparents as Parents of Louisiana Marion Baptist Church 1455 Lee St. Marion</p>	<p align="center">Office of Community Support Child protection, Foster Care 318-362-3362</p>
<p align="center">Office of Family Support 318-362-3386</p>	<p align="center">Parenting Hotline 1-800-348-5437</p>
<p align="center">Prevent Child Abuse Louisiana 1-800-244-5373</p>	<p align="center">Social Services Child Protection 318 368 7917</p>
<p align="center">The Children's Center at ARCO Counseling and Referral 318-322-8974</p>	<p align="center">The Wellspring - Big Brothers Big Sisters Big Brothers/Big Sisters 318-323-9034</p>
<p align="center">The Wellspring - Counseling Center 24/7 Crisis counseling 318-323-1505</p>	<p align="center">Union Community Action Social Services/Crisis Counseling P.O. Box 520 Farmerville 318 368 9606</p>
<p align="center">United Way Support Services 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: [info@minimiraclespdhc.com](mailto:info@minimiraclespdhc.com)

120 Eagle Point  
Farmerville, LA 71241

**DENTISTS**

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

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>	
Broken Wings Mission Center and Thrift Store 303 N Main St, Farmerville 318-368-2323	Utility Assistance Community Action 318 368 9601
Union Thrift Store 307 Martin Luther King Jr Dr Farmerville 318-957-1086	
<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 align="center">St Francis Medical Center Home Health 1107 Hudson Ln, Monroe (318) 327-4500</p>	<p align="center">Best Home Health Home Health Farmerville 318-368-2424</p>
<p align="center">Glenwood Home Health Services 4624 Cypress St #4, West Monroe, LA 71291 318-396-0452</p>	<p align="center">MediStar HH 1808 Glenar Ave Mornoe 318-340-0221</p>
<p align="center">Kindred Home Care 2201 N. Serive Rd Ruston 318-805-0106</p>	<p align="center">Haven Home Health 401 Hall St #B Monroe 318-324-8632</p>
<p align="center">Quality Home Health 461 E Madison Ave Bastrop 318-281-4882</p>	<p align="center">Caroll Home Health 927 N. Trenton St. Ruston 318-255-8414</p>
<p align="center">Amedisys Home Care 16581 Louisville Ave Monroe 318-324-0681</p>	<p align="center">PrimeCare Home Health Home Health 300 Washington St Monroe 318-322-5461</p>
<p align="center">TruCare Home Health 1800 Hudson Lane Monroe 318-654-8627</p>	<p align="center">Stat Home Health Home Health 252 N Main St Sibley 318-371-3673</p>
<p align="center">Synergy Home Care Home Health 206 McMillan Road, suite A West Monroe 318-805-0106</p>	<p align="center">United Home Care Home Health 213 Expo Circle West Monroe 318-368-4663</p>

AlphaCare HH 1859 Ave of America Monroe 318-323-7097	Restorative Home Health 1101 Hudson Ln, Monroe 318-450-6131
<b>HOSPICE</b>	
Premier Hospice 1779 Daniel, Suite D Arcadia 318-579-5066	Professional Hospice Care 118 Monticello, Ruston 318-232-1107
Heart of Hospice 111 Hudson Lane, Suite B Monroe 318-329-9300	First Choice Hospice 300 Washington St Monroe 318-322-0049
Hospice Compassus 2213 Justice St Monroe 318-322-0062	Legacy Hospice 215 Arkansas Ave Monroe 318-225-6695
Ascend Hospice Care 4327 Sterlington Rd Monroe 318-398-8190	Aime Hospice 510 Trenton St West Monroe 318-387-1115
Louisiana Hospice/Palliative Care 1101 Hudson Lane Monroe 318-322-2235	St. Joseph Hospice 1890 Hudson Circle Monroe 318-387-2687
<b>HOUSING ASSISTANCE</b>	
Union Parish Housing Authority Housing 318-368-9677	The Wellspring - Counseling Center Housing services 318-807-6200

**MEDICAID ENROLLMENT (Healthy Louisiana)**

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

**MEDICAL EQUIPMENT**

Lihcare  
408 W Mississippi St  
Ruston  
318-254-0260

Marie's Medical  
13 Blanchard St  
West Monroe  
318-388-3550

Midsouth Medical  
107 Bridge St  
West Monroe  
877-600-2620

Professional Care Pharmacy  
4106 Desiard St  
Monroe  
318-345-2891

**MENTAL HEALTH SERVICES**

Union General Hospital  
Intensive Outpatient Mental Health  
761 James Avenue  
318 368 4748

Ruston Mental Health Services  
Community Mental Health Center  
318 251 4125

**Lincoln Counseling**  
Counselor in Farmerville, Louisiana  
201 W Bayou St,  
Farmerville, LA 71241  
**Phone:** (318) 368-3363

**MENTAL HEALTH-ADDICTION RECOVERY**

Aimwell  
1106 Stubbs Ave Suite B  
Monroe, LA  
Phone: (318)816-5329  
Clientele: Male/Female, ages 17-78  
Services: Intensive Outpatient program, treats  
Dual Diagnosis  
Accepts: Medicaid and some private ins.

Brentwood Behavioral Health (136 miles)  
1006 Highland Ave  
Shreveport, LA 71101  
Phone: (318)678-7500 or 877-678-7500  
Fax: (318)227-9296  
Clientele: Male/Female – Psych - all ages  
Addiction - Adults only Dual - Adults only  
Accepts: Medicare, Medicaid, Private insurance,  
and Indigent  
Services: Offers medically supported detox.

CADA (Council on Alcohol and Drug Abuse)  
1525 Fullilove Dr.  
Bossier, LA 71112  
Phone: (318)747-1211  
Fax: (318)317-3333  
Clientele: Male/Female – 18+  
Services: Residential Program; medically  
supported detox unit  
Accepts: All insurances except Tricare-Medicare

CADA (Council on Alcohol and Drug Abuse)  
525 Crockett  
Shreveport, LA 71101  
Phone: (318)226-2890  
Fax: (318)226-2891  
Clientele: Male/Female – 12-17  
Services: Inpatient unit  
Accepts: All insurances except Tricare-Medicare

<p>The Challenge – Bastrop  12139 Old Bonita Rd.  Bastrop, LA 71220  Phone: (318)669-1982 – Director: Aaron Miller  (318)351-4193 – Kolby Boullion  (318)366-2022 - Woman’s Director: Dr. Toni Edwards  (318)366-7777 – Woman’s Assistant Director: Rene Morgan  Clientele: Male/Female – 18+ (Must be able to work)  Services: Residential program, 12 month with a recommended 6 month internship  Accepts: Little to no charge, residents work to fund their stay– funded by donations and cross/kettle corn sells,  *This facility does not accept sex offenders.  **They are a stimulant free facility, meaning no tobacco products, no medications (except some high blood pressure medications), no caffeine (residents are allowed one cup of coffee in the morning with their breakfast).</p>	<p>Delta Recovery  404 E. Craig St.  Tallulah, LA  Phone: (318) 574-4164  Clientele: Male/Female – 13+  Services: Intensive Outpatient Program  Accepts: Medicaid and private ins.</p>
<p>Freshstart Ministry  7060 Prairie  Winnsboro, LA  Phone: (318)435-7061  Clientele: Male/Female – 18+  Services: Inpatient Long term stay (at least 7 months)  Accepts: Private pay only (\$500 induction fee and \$500 a month)  For more complete information, visit <a href="http://www.freshstartministry.com">www.freshstartministry.com</a></p>	
<p><b>NURSING HOMES</b></p>	
<p>Arbor Lake  Skilled Nursing Facility  1155 Sterlington Hwy  Farmerville  318 368 3103</p>	<p>Farmerville Nursing  Skilled Nursing Facility  813 Main ST  Farmerville  318 368 2256</p>
<p>Bernice Nursing  Skilled Nursing Facility</p>	

<p>101 Reeves St. Bernice 318 285 7600</p>	
<p><b>PHARMACIES AND DRUG ASSISTANCE</b></p>	
<p>Brookshire's 1018 Sterlington Hwy Farmerville 318 368 2244</p>	<p>Farmerville Drug 300 E. Water St. Farmerville 318 368 9711</p>
<p>Matte's Pharmacy &amp; Gifts 314 Main St. Marion 318 292 4570</p>	<p>Wal-Mart 833 Sterlington Hwy Farmerville 318 368 2535</p>
<p>St. Vincent de Paul Medication Assistance 502 Grammont St Monroe 318 387 7868</p>	<p>Bernice Pharmacy, LLC 417 East Main Street, Bernice, LA 71222 (318) 285-9521</p>
<p><b>PHYSICIANS</b></p>	
<p>Dr. Steven Venters Internal Med/Pediatrics 811 James Ave Farmerville 318 368 0190</p>	<p>Dr. Steven Unkel General Practice 811 James Ave Farmerville 318 368 2238</p>
<p>Dr. Rezaul Islam Cardiology 606 E Water ST Farmerville 318 368 6400</p>	<p>Dr. Brian Harris Family Practice 402 Second St. Bernice 318 285-9066</p>
<p>Dr. Daniel Thompson Family Practice 402 Second St. Bernice 318 285-9066</p>	<p>Manish Dhawan, M.D Oncology/Hematology. 761 James Ave Farmerville, LA 71241</p>

<b>NURSE PRACTITIONERS</b>	
<p>Lynette Wade FNP  Union Gen Rural Health Clinic  1025 Marion Hwy (UGH RHC)  Farmerville  318 368 9745</p>	<p>Kelly Dodd, FNP  Union Gen Rural Health Clinic  1025 Marion Hwy (UGH RHC)  Farmerville  318 368 9745</p>
<p>Stacey Hackler, RNC-FNP  Union Gen Rural Health Clinic  1025 Marion Hwy (UGH RHC)  Farmerville  318 368 9745</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>	

**SITTER SERVICES**

Hearts Desire  
112 N. Main  
Farmerville  
318 368 7475

Angel Care of Louisiana Inc.  
Sitters  
976 Weems Rd  
Downsville  
318 644 0698

**DIALYSIS CENTERS**

Fresenius Kidney Care Farmerville  
Dialysis Center  
108 W Hill St  
Farmerville  
1-800-881-5101

Fresenius Kidney Care Farmerville  
Dialysis Center  
1012 Sterlington Hwy  
Farmerville  
1-800-881-5101



## ENDNOTES

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<sup>40</sup> Ibid.

<sup>41</sup> National Vital Statistics Reports, Vol. 66, No. 6, November 27, 2017.

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