2016 Community Health Needs Assessment

March 2016



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Executive Summary

Background:

Springhill Medical Center conducted a Community Health Needs Assessment (CHNA) to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. The CHNA is designed in accordance with requirements identified in the Federal Patient Protection and Affordable Care Act and further addressed in 26 CFR, Parts 1, 53, and 602. The completion of the CHNA enabled Springhill Medical Center to take an in-depth look at its greater community. The findings from the assessment were utilized by to prioritize community health issues and will be used to meet the community's needs. Springhill Medical Center is committed to the people it serves and the communities they live in

Executive Summary

Research:

Statistical data from various sources:

- Springhill Medical Center's inpatient and outpatient medical data
- Centers for Disease Control and Prevention
- U.S. Department Of Health and Human Services
- Louisiana Department of Health and Hospitals
- Community Surveys

Key Opportunity Areas:

- Access to Primary Care Extended Hours
- Access to Specialty Care
- Community Education
- Wellness / Preventative Care

Hospital Profile



Springhill Medical Center can trace its roots back to the Springhill Community Hospital, which was located on 1st Street NE in Springhill and began in 1959. The Springhill Community Hospital was relocated in 1975 when Humana, Inc built the facility currently located at 2001 Doctors Drive. Throughout the years, the hospital has been owned by several different for-profit companies, including: Humana, Galen, Columbia, Columbia/HCA, HCA, and LifePoint.

Hospital Profile

In 2000, Greg Simmons, a former employee of Humana and local businessman began working on purchasing the hospital from LifePoint through the creation of Springhill Medical Services, Inc., a not-for-profit corporation. His dream was to provide the highest quality healthcare to Springhill and the surrounding communities and do it in a cost effective way by keeping all profits in the community and use them to keep the hospital on the forefront of technology.

Through his hard work and along with the USDA and local business leaders, he was able to achieve that dream. In November 2000, Springhill Medical Center was born. Greg has long since passed away, but his dream continues to prosper and grow.

Springhill Medical Services Inc., currently consists of Springhill Medical Center, a not-for-profit 58-bed rural hospital with 247 employees. The major services of the hospital include a 6-bed Intensive Care Unit, 12-bed Geriatric/Psychiatric Inpatient Ward, 30-bed Medical/Surgical Ward, Emergency Department, Laboratory, Diagnostic Imaging, Physical Therapy and Wound Care. The organization also has two certified Rural Health Clinics: Doctor's Clinic, located adjacent to the hospital and North Webster Medical Clinic, located in Sarepta, Louisiana. The clinics provide routine family practice services to the service area communities.

Hospital Profile



Doctors Clinic

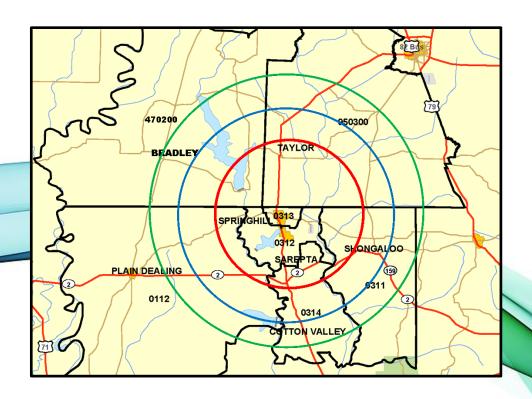
Rural Health Clinics

North Webster Medical Clinic



Community Profile

Service Area



Primary (Most Admits)

71075 – Springhill/Cullen

71071 – Sarepta

71861 – Taylor, AR

Secondary (Strong Source of Admits)

71072 – Shongaloo

71064 – Plain Dealing

Tertiary (Some admits)

71018 – Cotton Valley

71826 – Bradley, AR

Community Profile

- Population not growing
- Approximately 20% of high school students don't graduate
- 15% of population under 65 are disabled
- 40%-50% of the people in our demographics live 200% below the poverty level
- 30% receive Medicaid
- 15%-20% are uninsured

Community Profile

Demographics

Webster Parish

Subject	Number	Percent
Total Population	41,207	100%
Male Population	20,041	48.6%
Female Population	21,166	51.4%
Median Age	40.3	N/A
White	26,469	64.2%
Black/African American	13,823	33.5%
All Other	915	2.3%

^{*}Data from US Census Bureau

Demographics

Population by Race & Sex

Subject	Male	Female	Total
Total	20,041	21,166	41,207
White	13,052	13,417	26,469
Black/African American	6,532	7,291	13,823

*Data from US Census Bureau



Demographics

% Of Population by Various Types

Торіс	Springhill	Webster Parish	Louisiana
% Pop Change 2010-2014	-2.6%	-2.01%	2.6%
HS Education	80.2%	79%	82.8%
Bachelors Degree	17.8%	14.4%	22.1%
With Disability under 65	15.6%	14.7%	11.1%
In Labor Force	46.8%	53%	60.7%
Median Income	\$27,076	\$35,292	\$44,991

^{*}Data from US Census Bureau

Process

Create The Steering Committee:

Springhill Medical Center established a Steering Committee to assist in the development of the CHNA. The Steering Committee consisted of representatives from the hospital's Senior Management:

- Vince Sedminik, CEO
- Dana Jones, Assistant Administrator / Quality Manager
- Rhonda Perez, CNO
- Layla Chase, CFO
- Donna Morris, Group Practice Manager
- Derek Melancon, Human Resources / Marketing
- The Steering Committee served 4 primary purposes:
 - To identify and invite key community stakeholders to serve as CHNA Committee members.
 - To schedule, organize and facilitate CHNA Committee meetings
 - To compile statistical data for consideration by the CHNA Committee
 - To prepare the final report for Springhill Medical Services, Inc.

CHNA Committee Membership:

The Steering Committee conscientiously took into account the hospital's service area when selecting the group of individuals to serve on the CHNA Committee. Involvement in the community was a primary factor when selecting participants as well as ensuring there was adequate diversity from each of the surrounding communities. The Steering Committee identified 30 community members as potential CHNA Committee members. The following community members agreed to participate:

Name	Position	Name	Position		
Carroll Breaux	Mayor of Springhill	Ronda Taylor	Chamber of Commerce, Springhill		
Tim Mouser	Mayor of Shongaloo	Lisa Smith	Family Services, Cullen		
Peggy Adkins	ins Mayor of Sarepta Gladney Hunt		Pastor, Bradley, AR		
Bruce Blanton	Police Juror Webster Parish	John Montgomery	Youth Pastor, Taylor, AR		
David Jeane	Retired Professor, Springhill	Bert Harris	Retired, Springhill		
Jessica Spence	School Principal, Springhill	David Smith	Banker, Springhill		
Randy Morris	EMS, Springhill	Easter White	Retired, Cullen		
Molly McCalman	Willis Knighton, Bradley, AR	Kelly Rolen	LA Homecare, Springhill		
La Shonda Harris	SMC, Cullen	Terrell Mendenhall	David Raines, Cullen		

Community Input:

As indicated previously, the Steering Committee selected a diverse group of individuals to be the primary voice for the community by serving as members of the CHNA Committee. During meetings, CHNA Committee members expressed their concerns and ideas and served as ambassadors for their respective community.

Additionally, the CHNA Committee utilized a survey process to gather community input. There were 105 surveys returned. The following is the process and the survey utilized by the committee:



CHNA Committee Meetings:

The CHNA Committee met in three separate open forum meetings, a synopsis is below:

Meeting 1 (February 11, 2016)

- During the first meeting, a paper survey was given and completed by each member. Members were given additional surveys and tasked to reach out to community members they represented and get at least five surveys filled out and returned before the next meeting. In addition, a card with the survey website was given to the participants to pass out for people to complete the survey on line. The survey tool was adapted from other hospitals as well as the toolkit developed by the National Center for Rural Health Works, Oklahoma State University and Center for Rural Health and Oklahoma Office of Rural Health. This toolkit was recommended to us by the Louisiana Department of Health and Hospitals (DHH). The agenda for the first meeting included:
 - Introduction
 - Overview of Community Health Needs Assessment Process
 - Overview of Services Offered At SMC And Service Area
 - Economic Impact of Springhill Medical Center
 - Presented Two Videos CBN.com How Rural Hospital Closure Affects A Community / H&HN Taking The Pulse Of Rural Healthcare In Today's Tumultuous Environment.
 - Health Survey Questionnaire

CHNA Committee Meetings:

Meeting 2 (February 25, 2016)

- During the second meeting, the committee reviewed national, state, parish and local health indicators provided by Springhill Medical Center. Committee members turned in surveys, and a discussion was initiated with regard to what they felt were the needs of the community, and some ideas to improve services at Springhill Medical Center. The agenda for the second meeting included:
 - Review Of What Was Discussed In Meeting 1
 - Presented National, State and Parish Health Indicators
 - Presented Springhill Medical Center Health Indicators
 - Gather Surveys
 - Began Group Discussion Questions



CHNA Committee Meetings:

Meeting 3 (March 17, 2016)

During the third and final meeting, the committee reviewed the community survey results and prioritized community health issues. The committee, through group discussion, then identified possible ways to resolve the health issues and summarized recommendations.

- Review Of Meeting 2
- Present Survey Results
- Prioritize Community Health Issues
- Discuss Possible Resolution for Health Issues
- Summarize Recommendations



The Survey



Springhill Medical Center Community Health Needs Assesment

Welcome

Springhill Medical Center has developed a community health assessment survey that is the beginning of a process identifying health needs in your community. The purpose of this survey is to identify rural health needs in areas that can be improved upon in the next five years. The information collected will be used to guide Springhill Medical Center in the efforts that will lead to improved healthcare in your community.

You are invited to take part in this survey. We value you input and thoughts, and hope that you will agree to participate in the survey. Your answers will remain confidential and results from this survey will be complied and reported to an advisory committee. After the advisory committee has had an opportunity to review the results will be placed on Springhill Medical Center's website for review by the general public. This should happen in late March 2016.

Again, thank you for taking a few minutes out of your day to help us with this important survey.

Respectfully, Vincent Sedminik, CEO

Springhill Medical Center Community Health Needs Assesment

Demographics

1. What is your zip code?
71075 71072 71071 71018 71021 71861 71826 71740 71753
Other (please specify)
2. What is your age?
18 to 24
25 to 34
35 to 44
45 to 54
55 to 64
65 to 74
75 or older

3. How many people, including yourself, live in your household?						
<u> </u>	4	O 7				
O 2	<u> </u>					
○ 3	O 6					
Other (please specify)						
4. How many children under the age of	18 live in your househ	old?				
O 1	4	O 7				
O 2	<u> </u>					
3	O 6					
Other (please specify)						
5. What is your current employment sta	atus?					
Retired		Collect disability				
Work full time		Not currently seeking employment				
Work part time		Self-employed				
Unemployed, and looking		Student				
Springhill Medical Center Community Health Needs Assesment						
Use of Healthcare Services						

6. In the past three years, was there a time when you or a member of your household thought you needed health care services but did NOT get medical services?					
Yes					
○ No					
7. If you answered yes, what were the Pick your top 3.	three most important reasons why you o	did not receive health care services?			
It cost to much	My insurance didn't cover it	Unsure if services were available			
No Insurance	Could not get off work	Didn't like the doctors			
To long of a wait for an appointment	Too afraid/nervous	Not treated with respect			
Could not get an appointment	To far away	Car problems			
Office Wasn't open when I could go	Didn't know where to go	No one to watch children			
Other (please specify)					
8. In the past three years, have you or day surgery, laboratory, rehabilitation,	your household members received care radiology or emergency care)	in a hospital? (hospitalized overnight,			
Yes					
○ No					

9. If you answered yes, which hospital does your household use MOST for hospital care?						
Springhill Medical Center	Claiborne Regional Medical Center	Christus Schumpert				
Minden Medical Center	Willis Knighton Bossier	VA hospital Shreveport				
Magnolia Regional Hospital	Willis Klnighton Shreveport (any campus)					
Other (please specify)						
10. Thinking about the hospital you use hospital? Pick you top 3.	e most frequently, what are the three mo	st important reasons for choosing that				
Closest to work	Hospital's reputation for quality	Cost of care				
Closest to home	Emergency, had no choice	VA/military requirement				
Prior experience with the hospital	Recommended by friends or family					
Referred by a physician	Required by my insurance					
Other (please specify)						
11. In the past three years have you or your household member seen a primary care provider (such as a family physician, internist, physician assistant or nurse practitioner) for health care services?						
Yes						
○ No						

12.	12. Where was that primary care provider located?						
\bigcirc	Springhill - Doctors Clinic	\bigcirc	Magnolia, AR	\bigcirc	Homer		
\bigcirc	North Webster Medical Clinic	\bigcirc	Bossier City				
\bigcirc	Minden	\bigcirc	Shreveport				
\bigcirc	Other (please specify)						
13.	Why did you select the primary care	pro	vider you are currently seeing (pick	thre	e (3) that apply)?		
	Closest to home		Recommended by friends or family		Cost of care		
	Prior experience with clinic		Length of waiting time		Took previous doctors place		
	Appointment availability		Required by insurance plan		VA/military requirements		
	Reputation for quality		Satisfied with care				
	Other (please specify)						
14. In the past three years have you or a household member seen a health care specialist (other than your primary care provider for health care services?							
\bigcirc	Yes						
\bigcirc	No						

15.	15. What type of health care specialist was seen? (Check all that apply)						
	Dentist		Neurologist Dermatologist		Pediatrician		
	Cardiologist		Ob/Gyn		Social worker		
	Optometrist		Oncologist		Psychiatrist		
	Chiropractor		Podiatrist		Mental Health counselor		
	General surgeon		ENT		Psychologist		
	Radiologist		Rheumatologist		Substance abuse counselor		
	Orthopedic surgeon		Dietician				
	Other (please specify)						
16.	Where was the health care specialis	t loc	cated (Name of town/city):				
0	Springhill		Bossier City				
\bigcirc	Minden		Shreveport				
0	Magnolia		Homer				
0	Other (please specify)						

The following services are available at Springhill Medical Center. Please rate the overall quality for each service if you have used one of them.

17. Emergency Room	
Excellent	Poor
Good	Oon't Know
Fair	
18. Laboratory	
Excellent	Poor
Good	Onn't Know
Fair	
19. Physical Therapy	
Excellent	Poor
Good	Onn't Know
Fair	
20. Other*	
Excellent	Poor
Good	On't Know
Fair	

Other* Includes radiology, x-ray, surgery, outpatient services, outpatient surgery, cardiologist, check-ups, mammography, and cancer services, pulmonary care, hospital stay, and bone density.

22. How like	ely is it tha	t you would	d recomme	end Springh	ill Medical (Center to a	friend or c	olleague?		
Not at all likel	У								Ex	tremely likely
0	1	2	3	4	5	6	7	8	9	10
Springhill	Medical (Center Co	mmunity	Health Ne	eds Asses	ment				
Springhill Awarenes			mmunity	Health Ne	eds Asses	ment				
Awarenes	s of Servi	ices								
	s of Servi	ices					Springhill I	Medical Cei	nter?	
Awarenes	s of Servi	ices			e services a		Springhill !	Medical Cei	nter?	

24. How did you learn about the health care services av	ailable a	t Springhill Medical Center?
Word of Mouth	\bigcirc	Yellow pages
Other	\bigcirc	Employment
Newspaper	\bigcirc	Health Fair
Octor's referral	\circ	Website/Facebook
Hometown Church	\bigcirc	Radio
Other (please specify)		
	1	
25. Which community health resources, other than the h	nospital	or clinic, have you used in the past three
years? (Check all that apply)		
Pharmacy		Senior Center
Dentist		Mental Health
Public Health Department		Long Term Care
Other (please specify)		

26. In your opinion, what would improve your community's access to health care? (Check all that apply)					
More primary care providers	Lower costs				
Longer hours open at clinics	Resources have met my need				
More specialists	Longer Hours at the urgent care clinic				
More health education	Low cost community fitness center				
More resources for poor/uninsured/mentally ill					
Other (please specify)					
27. In your opinion, how important are local health care services to the economic well-being of the community? (Check one) Very Important Important Not Important Don't know					
Springhill Medical Center Community Health Needs Assesment					
Community Health Awareness					

28. How would you rate you community as a healthy community to live in?						
Very healthy	Somewhat health	у				
Healthy	Unhealthy					
29. Using the following list, what do y	ou think are the three (3) most serious he	ealth concerns in your community?				
Alcohol/substance abuse	Heart disease	Mental health issues				
Cancer	Lack of access to health care	Obesity				
Child abuse/neglect	Lack of dental care	Stroke				
Diabetes	Lack of exercise	Tobacco use				
Domestic violence	Underage drinking					
30. Check the three (3) items that you believe are the most important for a healthy community.						
Access to health care	Clean environment	Low death & disease rates				
Good jobs	Affordable housing	Tolerance for diversity				
Healthy lifestyles & behaviors	Strong family life	Arts/cultural events				
Safe neighborhoods	Low level of domestic violence					
Religious/spiritual values	Parks & recreation					
Springhill Medical Center Community Health Needs Assesment						
Hospital Image						

31.	How friendly are the employees at Springhill Medical Center?
\bigcirc	Extremely friendly
\bigcirc	Very friendly
\bigcirc	Moderately friendly
\bigcirc	Slightly friendly
\bigcirc	Not at all friendly
\bigcirc	N/A
32.	How friendly are the employees at The Doctors Clinic?
\bigcirc	Extremely friendly
\bigcirc	Very friendly
\bigcirc	Moderately friendly
0	Slightly friendly
\bigcirc	Not at all friendly
\bigcirc	N/A
33.	How friendly are the employees at North Webster Medical Clinic?
0	Extremely friendly
\bigcirc	Very friendly
\bigcirc	Moderately friendly
0	Slightly friendly
\bigcirc	Not at all friendly
0	N/A

34. Appearance of Springhill Medical Center or one of it's clinics - How professional does it appear?			
Very Professional			
Somewhat Professional			
Needs Improvement			
35. Appearance of Employees - How Professional Do Our Employees Look?			
Very Professional			
Somewhat Professional			
Needs Improvement			
Other (please specify)			
Springhill Medical Center Community Health Needs Assesment			
Health Insurance			

36.	36. What type of medical insurance covers the majority of your household's medical expenses?					
\bigcirc	Employee Sponsored	\bigcirc	None			
\bigcirc	Medicare	\bigcirc	Blue Cross & Blue Shield of Louisiana			
\bigcirc	Self paid	\bigcirc	VA/Military			
\bigcirc	Medicaid					
\bigcirc	Other (please specify)					
37.	37. How well do you think your health insurance covers your health care costs?					
\bigcirc	Excellent	\bigcirc	Fair			
\bigcirc	Good	\bigcirc	Poor			
38. If you do not have medical insurance, why? (Check all that apply)						
	I cannot afford to pay for medical insurance		I cannot get medical insurance due to medical issues			
	I choose not to get medical insurance		Employer does not offer insurance			

Thank You!

Summary of Survey Results

Trends Reviewed

- Hospital
- Primary Care
- Specialty Care
- Hospital Image

Other Items Reviewed

- Would Recommend Springhill Medical Center
- Knowledge of Springhill Medical Center
- Community Health Resources
- Community Access to Healthcare
- Health of the Community
- Importance of Local Healthcare Services
- Community Economic Factors
- Community Health Concerns
- Wellness / Preventative



Trends Hospital

81% of those surveyed used a hospital

Of That 81%

52% Chose SMC 30% WK 18% Elsewhere



Trends Primary Care

91 % Of Those Surveyed Saw A Primary Care Doctor

Of That 91%

76% Used A SMC Clinic





Top 3 Reasons
Closest To Home
Prior Experience
Satisfied With Care

Trends Specialist Care



Trends Hospital Image

Rated Lab, PT, X-Ray, Respiratory

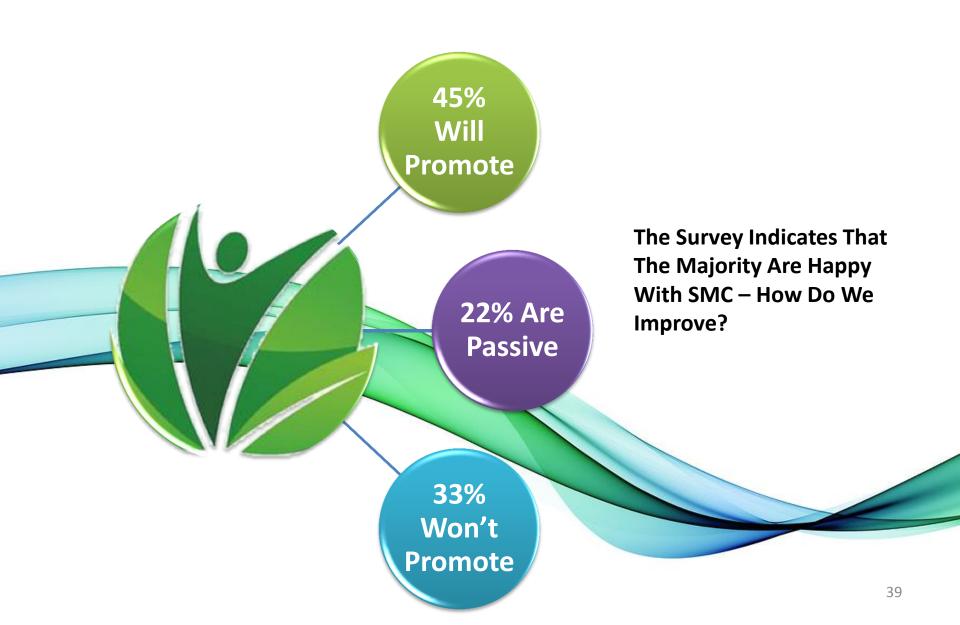


Majority Using These
Services Felt They
Were Good to
Excellent

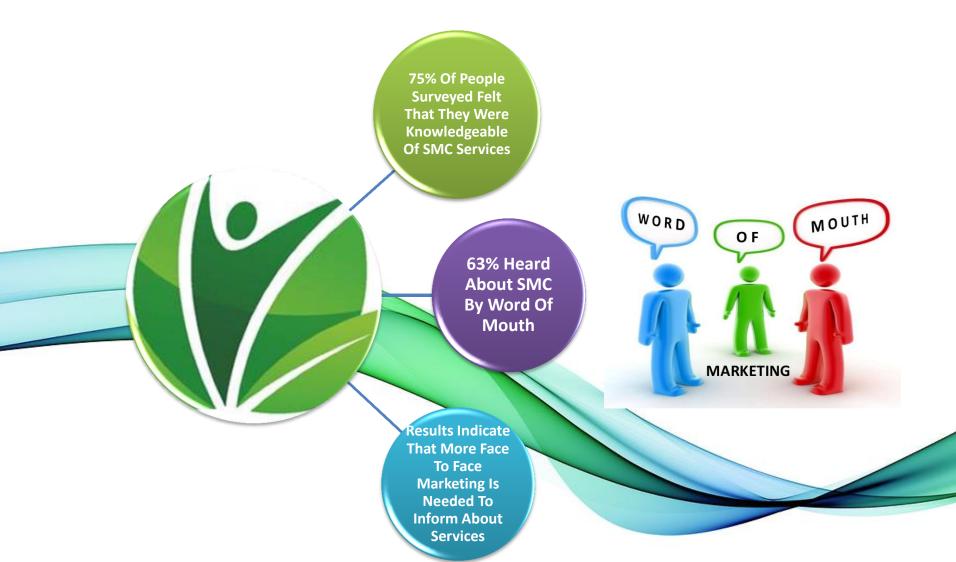


Service In These Frontline Areas Represents High Quality / High Touch Pt Care

Recommend SMC



Knowledge About SMC



Community Health Resources





2. Dentist



3. Senior Center

Top 3 Used In The Community **Other Than** Hospital or Clinic

Community Access To Healthcare

Top Requests To Help Improve Access To Healthcare

1. More Specialists

2. Longer Hours at Clinic

3. More Primary Care Physicians

4. Lower Costs

5. More Resources for the Poor

6. Education

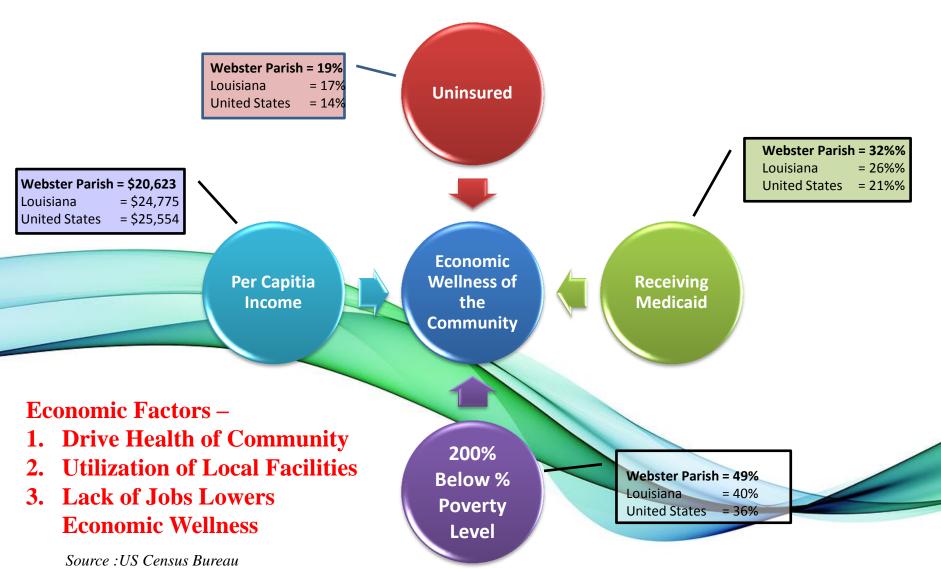
Health of the Community



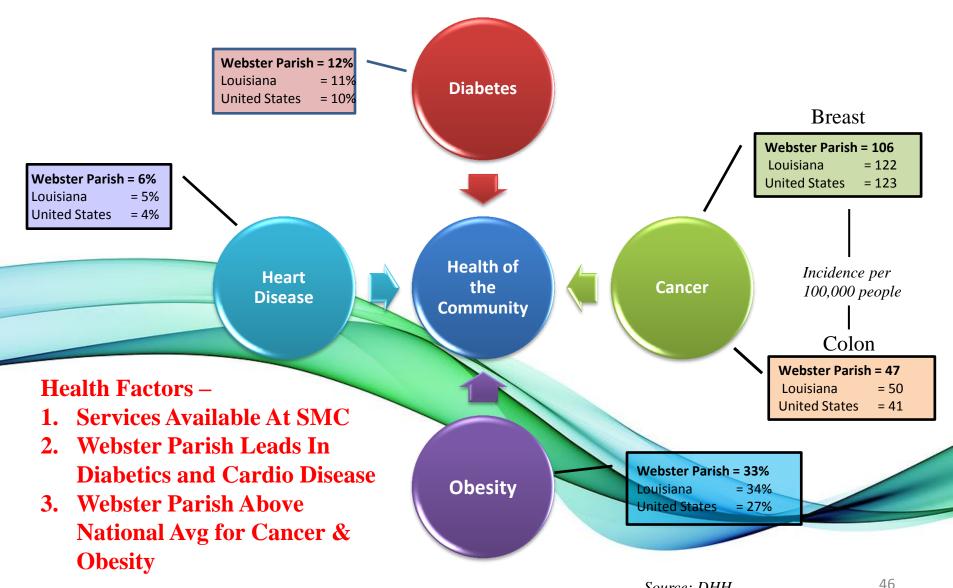
Community Health



Community – Economic Factors

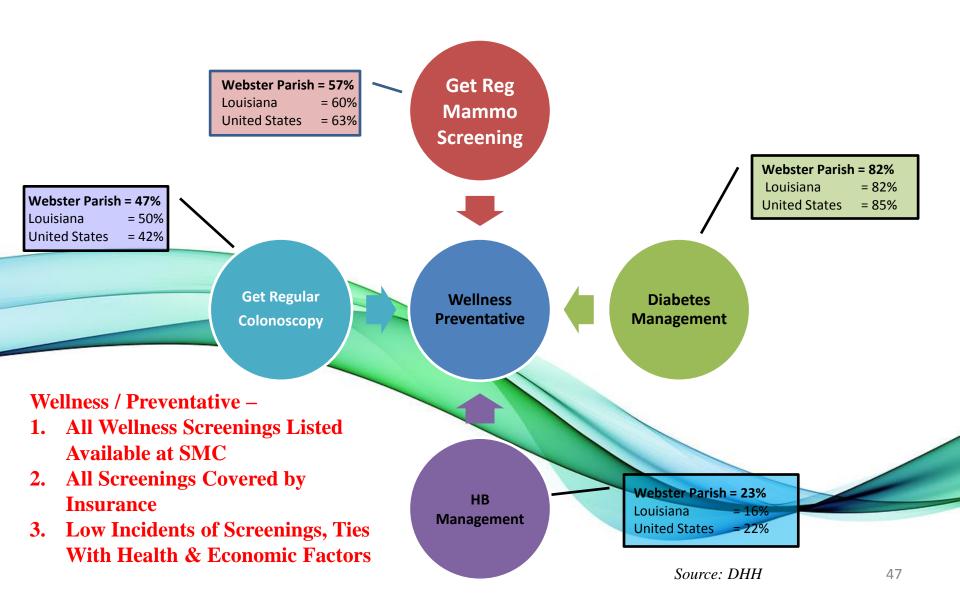


Health Concerns



Source: DHH

Wellness / Preventive

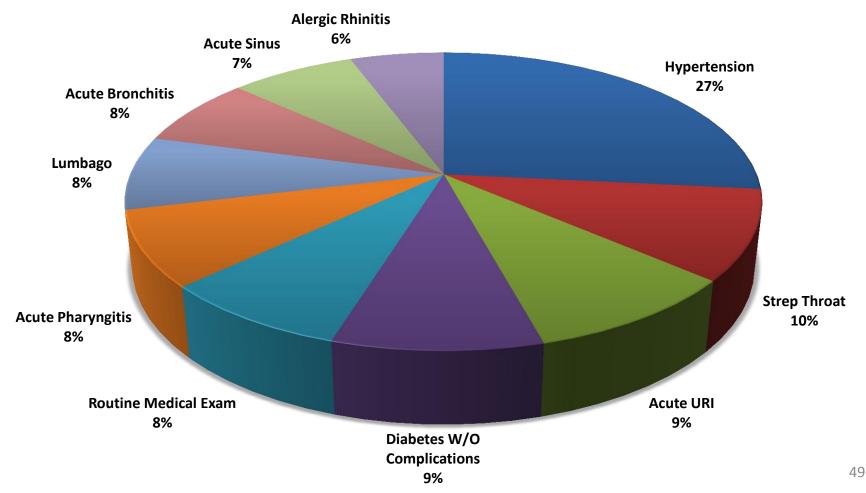


Additional Services

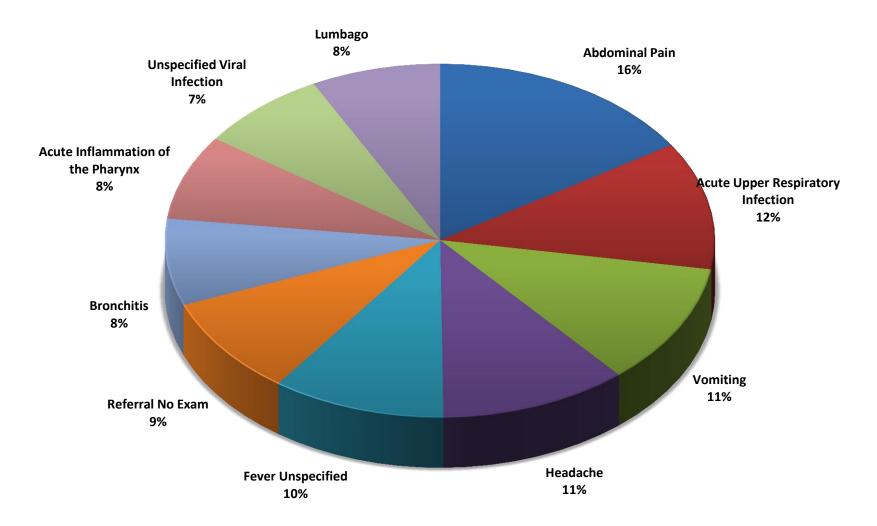
- Pediatrician
- Cancer Unit
- Extended Clinic Hours 5-7 or Saturday Mornings
- OB/GYN
- Podiatrist
- ENT
- Dermatologist
- Quick Care for Weekends and Nights

Indicators – Doctors Clinic / North Webster Combined

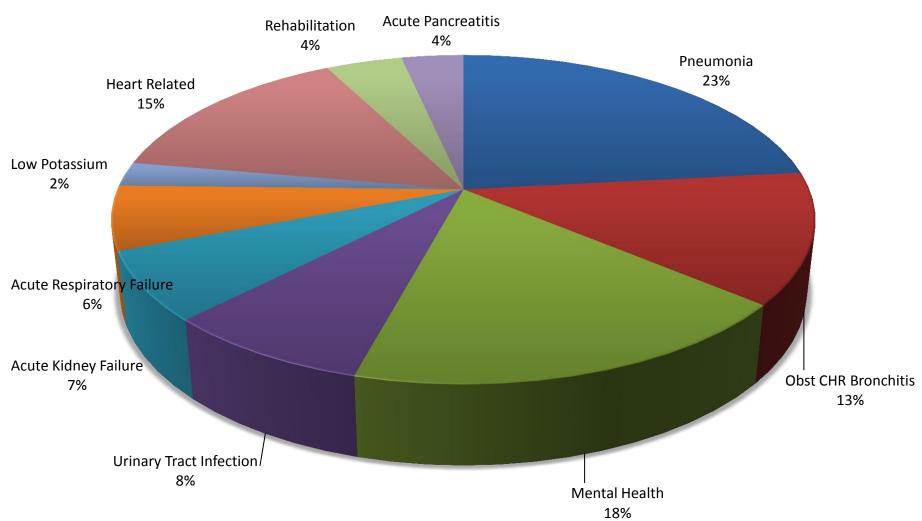
Top 10 Clinic Diagnoses 2015



Indicators – ER Top 10 Reasons For Visit



Indicators - Inpatient Top 10 Reasons For Admits



Indicators Income Per Capita

Income - Per Capita Income

The per capita income for the report area is \$20,081. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Download Data

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Report Area	72,681	\$1,459,528,880	\$20,081
Columbia County, AR	24,400	\$485,377,600	\$19,892
Lafayette County, AR	7,391	\$130,873,904	\$17,707
Webster Parish, LA	40,890	\$843,277,376	\$20,623
Arkansas	2,947,036	\$66,589,237,248	\$22,595
Louisiana	4,601,049	\$113,991,147,520	\$24,775
United States	314,107,072	\$8,969,237,037,056	\$28,554



 ${\it Note: This indicator is compared with the highest state average.}$

Indicators Population Below 200% FPL

Poverty - Population Below 200% FPL

In the report area 48.05% or 33,431 individuals are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population with Income at or Below 200% FPL	Percent Population with Income at or Below 200% FPL
Report Area	69,581	33,431	48.05%
Columbia County, AR	22,826	10,378	45.47%
Lafayette County, AR	7,210	3,660	50.76%
Webster Parish, LA	39,545	19,393	49.04%
Arkansas	2,862,662	1,227,601	42.88%
Louisiana	4,470,780	1,797,196	40.2%
United States	306,226,400	105,773,408	34.54%

Percent Population with Income at or Below 200%

FPL

0 100%

Report Area (48.05%)

Louisiana (40.2%)

United States (34.54%)

Download Data

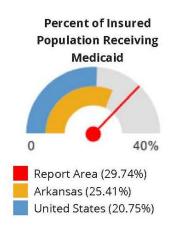
Note: This indicator is compared with the lowest state average.

Indicators Population Receiving Medicaid

Insurance - Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Report Area	71,225	58,939	17,528	29.74%
Columbia County, AR	23,996	20,656	5,299	25.65%
Lafayette County, AR	7,254	5,883	1,908	32.43%
Webster Parish, LA	39,975	32,400	10,321	31.85%
Arkansas	2,893,883	2,437,947	619,388	25.41%
Louisiana	4,497,703	3,750,249	974,276	25.98%
United States	309,082,272	265,204,128	55,035,660	20.75%
United States	309,082,272	265,204,128	55,035,660	



Download Data

Note: This indicator is compared with the lowest state average.

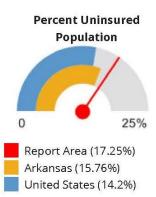
Indicators Uninsured Population

Insurance - Uninsured Population

The lack of health insurance is considered a key driver of health status.

This indicator reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Report Area	71,225	12,286	17.25%
Columbia County, AR	23,996	3,340	13.92%
Lafayette County, AR	7,254	1,371	18.9%
Webster Parish, LA	39,975	7,575	18.95%
Arkansas	2,893,883	455,936	15.76%
Louisiana	4,497,703	747,454	16.62%
United States	309,082,272	43,878,140	14.2%



Download Data

 ${\it Note: This indicator is compared with the lowest state average.}$

Indicators Access to Primary Care

Access to Primary Care

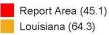
This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate per 100,000 Pop.
Report Area	195,057	88	45.1
Columbia County, AR	24,473	13	53.1
Lafayette County, AR	7,447	1	13.4
Bossier Parish, LA	122,197	50	40.9
Webster Parish, LA	40,940	24	58.6
Arkansas	2,949,131	1,888	64
Louisiana	4,601,893	2,960	64.3
United States	313,914,040	233,862	74.5

Primary Care Physicians, Rate per 100,000 Pop.

Download Data





Note: This indicator is compared with the highest state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2012. Source geography: County

Indicators Poor General Health

Poor General Health

Within the report area 22.7% of adults age 18 and older self-report having poor or fair health in response to the question "Would you say that in general your health is excellent, very good, good, fair, or poor?". This indicator is relevant because it is a measure of general poor health status.

Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
Report Area	56,330	12,761	22.7%	22%
Columbia County, AR	18,995	4,616	24.3%	24%
Lafayette County, AR	5,876	752	12.8%	12.2%
Webster Parish, LA	31,459	7,393	23.5%	22.7%
Arkansas	2,187,717	446,294	20.4%	19.4%
Louisiana	3,372,863	684,691	20.3%	19.6%
United States	232,556,016	37,766,703	16.2%	15.7%

Percent Adults with Poor or Fair Health (Age-Adjusted)

0 25%

Report Area (22%)
Arkansas (19.4%)
United States (15.7%)

Download Data

Note: This indicator is compared with the lowest state average.

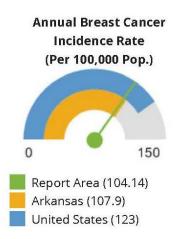
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

Indicators Cancer Incidence - Breast

<u>Cancer Incidence - Breast</u>

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (Under Age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

			Download Data
Report Area	Sample Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	4,705	49	104.14
Columbia County, AR	1,457	15	102.9
Lafayette County, AR	506	5	98.7
Webster Parish, LA	2,741	29	105.8
Arkansas	175,162	1,890	107.9
Louisiana	256,849	3,131	121.9
United States	17,902,845	220,205	123



Download Data

Note: This indicator is compared with the lowest state average.

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program.

State Cancer Profiles. 2008-12. Source geography: County

Indicators Cancer Screening - Mammogram

Cancer Screening - Mammogram

This indicator reports the percentage of female Medicare enrollees, age 67-69, who have received one or more mammograms in the past two years. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67- 69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Report Area	10,161	863	481	55.9%
Columbia County, AR	2,989	255	130	51.4%
Lafayette County, AR	1,447	132	80	60.6%
Webster Parish, LA	5,725	476	270	56.9%
Arkansas	331,335	28,719	16,594	57.8%
Louisiana	369,910	32,336	19,324	59.8%
United States	53,131,712	4,402,782	2,772,990	63%



Download Data

Note: This indicator is compared with the highest state average.

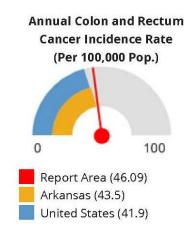
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Indicators Cancer Incidence – Colon & Rectum

Cancer Incidence - Colon and Rectum

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Report Area	9,329	43	46.09
Columbia County, AR	2,947	13	44.1
Lafayette County, AR	1,084	5	46.1
Webster Parish, LA	5,296	25	47.2
Arkansas	333,333	1,450	43.5
Louisiana	474,900	2,384	50.2
United States	33,516,229	140,433	41.9
HP 2020 Target			<= 38.7



Download Data

Note: This indicator is compared with the lowest state average.

Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program.

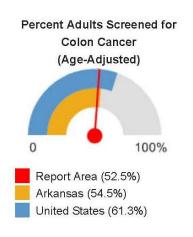
State Cancer Profiles. 2008-12. Source geography: County

Indicators Cancer Screening - Colonoscopy

Cancer Screening - Sigmoidoscopy or Colonoscopy

This indicator reports the percentage of adults 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services

Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Report Area	21,327	10,481	55.5%	52.5%
Columbia County, AR	6,736	3,685	54.7%	48.8%
Lafayette County, AR	2,455	no data	suppressed	suppressed
Webster Parish, LA	12,136	6,796	56%	54.5%
Arkansas	758,335	442,868	58.4%	54.5%
Louisiana	1,068,625	615,528	57.6%	54.5%
United States	75,116,406	48,549,269	64.6%	61.3%



Download Data

Note: This indicator is compared with the highest state average.

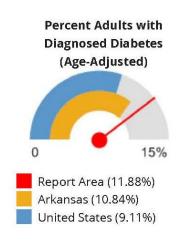
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

Indicators Diabetes (Adult)

Diabetes (Adult)

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age- Adjusted Rate
Report Area	53,767	7,323	13.62	11.88%
Columbia County, AR	17,667	2,226	12.6	11.3%
Lafayette County, AR	5,647	864	15.3	12.4%
Webster Parish, LA	30,453	4,233	13.9	12.1%
Arkansas	2,160,128	257,048	11.9	10.84%
Louisiana	3,363,441	410,234	12.2	11.53%
United States	234,058,710	23,059,940	9.85	9.11%



Download Data

Note: This indicator is compared with the lowest state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health

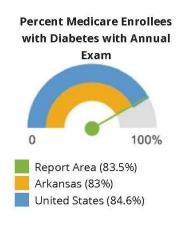
Promotion. 2012. Source geography: County

Indicators Diabetes Management

Diabetes Management - Hemoglobin A1c Test

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 1,196 Medicare enrollees with diabetes have had an annual exam out of 1,432 Medicare enrollees in the report area with diabetes, or 83.5%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Report Area	10,161	1,432	1,196	83.5%
Columbia County, AR	2,989	409	356	87%
Lafayette County, AR	1,447	210	174	83.3%
Webster Parish, LA	5,725	813	665	81.8%
Arkansas	331,335	41,081	34,082	83%
Louisiana	369,910	54,656	44,622	81.6%
United States	53,131,712	6,517,150	5,511,632	84.6%



Download Data

Note: This indicator is compared with the highest state average.

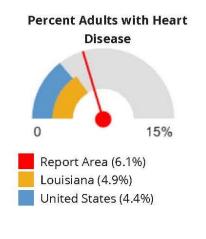
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012.

Indicators Heart Disease (Adult)

Heart Disease (Adult)

3,446, or 6.1% of adults aged 18 and older have ever been told by a doctor that they have coronary heart disease or angina. This indicator is relevant because coronary heart disease is a leading cause of death in the U.S. and is also related to high blood pressure, high cholesterol, and heart attacks.

			Download Data
Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Report Area	56,489	3,446	6.1%
Columbia County, AR	18,248	1,200	6.6%
Lafayette County, AR	no data	no data	no data
Webster Parish, LA	38,241	2,246	5.9%
Arkansas	2,170,495	126,048	5.8%
Louisiana	3,401,880	166,890	4.9%
United States	236,406,904	10,407,185	4.4%



Download Data

Note: This indicator is compared with the lowest state average.

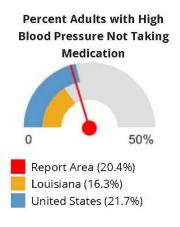
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Indicators High BP Management

High Blood Pressure Management

In the report area, 20.4% of adults, or 11,532, self-reported that they are not taking medication for their high blood pressure according to the CDC's Behavioural Risk Factor Surveillance System (2006-2010). This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. When considered with other indicators of poor health, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Population (Age 18+)	Total Adults Not Taking Blood Pressure Medication (When Needed)	Percent Adults Not Taking Medication
Report Area	56,454	11,532	20.4%
Columbia County, AR	19,044	4,189	22%
Lafayette County, AR	6,004	no data	no data
Webster Parish, LA	31,406	7,343	23.4%
Arkansas	2,187,717	417,130	19.1%
Louisiana	3,372,863	549,507	16.3%
United States	235,375,690	51,175,402	21.7%



Download Data

Note: This indicator is compared with the lowest state average.

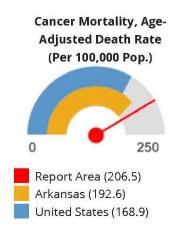
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2006-10. Source geography: County

Mortality Cancer

Mortality - Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

				Dominoud Data
Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	72,994	194	265.5	206.5
Columbia County, AR	24,442	62	253.7	211.2
Lafayette County, AR	7,503	22	290.6	196.2
Webster Parish, LA	41,049	110	268	205.6
Arkansas	2,931,849	6,543	223.2	192.6
Louisiana	4,565,444	9,252	202.7	193.7
United States	311,430,373	577,313	185.4	168.9
HP 2020 Target				<= 160.6



Download Data

Note: This indicator is compared with the lowest state average.

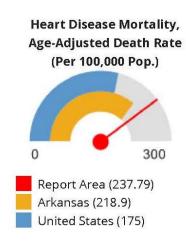
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Mortality Heart

Mortality - Heart Disease

Within the report area the rate of death due to coronary heart disease per 100,000 population is 237.79. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	72,994	227	310.44	237.79
Columbia County, AR	24,442	79	324.03	247.8
Lafayette County, AR	7,503	25	327.88	225.9
Webster Parish, LA	41,049	123	299.16	234
Arkansas	2,931,849	7,304	249.13	218.9
Louisiana	4,565,444	10,130	221.89	219.5
United States	311,430,373	600,899	192.95	175



Download Data

Note: This indicator is compared with the lowest state average.

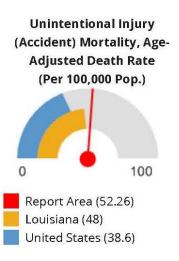
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Mortality Accident

Mortality - Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

				Download Data
Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	72,994	39	53.98	52.26
Columbia County, AR	24,442	14	58.91	57.5
Lafayette County, AR	7,503	7	95.96	95.7
Webster Parish, LA	41,049	18	43.36	41.2
Arkansas	2,931,849	1,468	50.06	48.9
Louisiana	4,565,444	2,185	47.87	48
United States	311,430,373	124,733	40.05	38.6
HP 2020 Target				<= 36.0



Download Data

Note: This indicator is compared with the lowest state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

Mortality Suicide

Mortality - Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

				CONTRACTOR NAME OF THE PROPERTY.
Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Report Area	72,994	12	18.3	18.2
Columbia County, AR	24,442	5	18.8	18.8
Lafayette County, AR	7,503	0	no data	no data
Webster Parish, LA	41,049	7	18	17.8
Arkansas	2,931,849	466	15.9	15.9
Louisiana	4,565,444	554	12.1	12.1
United States	311,430,373	39,308	12.6	12.3
HP 2020 Target				<= 10.2

Suicide, Age-Adjusted Death
Rate
(Per 100,000 Pop.)

50

Report Area (18.2)
Louisiana (12.1)
United States (12.3)

Download Data

Note: This indicator is compared with the lowest state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.

CHNA Committee Recommendations

1. Education (Community) 2. Access (Specialists and extended hours) 3. Wellness (Health Fair events)

Priority



Priorities

The CHNA Committee came up with three (3) priorities to focus on for the next 3 years. Each one of the priorities compliments the other and as such should be marketed in conjunction with each other.

- I. When working with the CHNA Committee, three (3) factors needed to be considered to be able to implement the recommended priorities.
 - Size & prevalence of the issue
 - Effectiveness of interventions
 - The hospital's ability to address the need
- I. The CNHA Committee adopted three (3) areas of opportunity to improve overall community health and awareness.
 - Community Education
 - Services
 - Healthy Lifestyle
 - Access to Primary and Specialty Care
 - Primary Extended hours
 - Specialty Promotion of current specialists
 - Wellness Education / Health Fairs in the community

Implementation

<u>Strategy 1</u> / Community Education: The CHNA committee felt that the community was unaware of specialty services offered at SMC. In addition, they felt that the community needed to have more education programs to provide the community with information about the current primary care physicians and surgical services. To achieve this the following strategies were suggested for review by the Board of Directors of SMC at the annual Strategic Planning Session.

- Advertise and promote our services using methods other than the traditional newspaper and provide education to area business. This will be achieved by, but are not limited to:
 - Face-to-Face marketing to area businesses
 - Internet Marketing
 - Know your MD Town Hall meetings
 - Bi-Annual Newsletter
 - Market Charitable Care for low income, uninsured patients
 - Community Marketing Team

Implementation

Strategy 2 / Access: Access to primary and specialty care is a reoccurring theme with the CHNA committee. In 2013 The committee at that time suggested that we needed more access to our primary care doctors and that the community was not aware of the specialists that came to Springhill. Since 2013 several strategies were put in place or tried and for the most part has helped to get this information out. Since 2013 SMC has increased the number of primary care providers by three (3) and increased the hours to the Quick Care Clinic. As for the specialty services offered numerous attempts were made to get the information out through traditional means. In order to get the word out and promote the services SMC offers the following will be reviewed and placed into service following the completion of the 2016 Strategy Meeting. They are:

- Review the possibility of opening a quick care clinic on Saturday Morning
- Add Dr. Laura Hart in 2017 (Maintain Access)
- Promote our providers seeing Pediatrics (Dr. Ranz, Tommie Cassidy, Kristin Franks, Amy Cannon, Dr Pardue and Dr. Lococo)
- Review the need for the following specialists
 - ENT
 - Podiatrist
- Work with Dr. Ghali, oral surgeon to set up a free or reduced cost dental clinic.

Implementation

<u>Strategy 3</u>/ Wellness: Wellness education is a big part of the first two strategies. In order to get the word out and promote the services SMC offers the following will be reviewed and placed into service following the completion of the 2016 Strategy Meeting. They are:

- Present programs such as Diabetes Education, Breast & Colon Cancer Wellness Screenings, speaking about smoking cessation and weight loss.
- Develop a campaign to remind population of the importance Wellness Checks
- Promote Wellness in the newsletter and at Town Hall meetings, and at public events.

Next Steps

Springhill Medical Center will build on existing community programs and partnerships to address the health needs identified through the Community Health Needs Assessment process. Utilizing the Implementation Plan strategies, the hospital will develop work plans and establish metrics to measure progress within the committee structure of the hospital.

The following list provides an overview of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Name of Facility	Phone Number
Transportation	
Advanced	539-5499
Pafford	539-3900
Life Air	800-762-9562
Webster Transport	539-5696
Springhill City Transport	539-5681
Service Area Hospice:	
Agape	371-1140
Amedisys	1-318-868-8788
LifePath Hospice	866-257-5711
St. Joseph	888-731-3575
Serenity	870-901-0500
Peachtree	1-870-773-4353
Life Touch Hospice	870-234-9112
Lifetouch Hospice house	870-862-0337
Southern Care	318-227-9160
Regional Hospice	318-524-1046

Service Area Home Health	
Amedisys	318-868-8788
Professional	318-539-2501
Louisiana Homecare	318-539-5980
National	318-539-4300
Supra	318-865-3111
Minden Med	318-377-4663
Heritage	800-672-8911
Stat	318-371-3673
Columbia	870-234-6101
Magnolia	870-235-3598
Medistar	318-742-4213
Wentworth Place	870-234-1361
Integrity	870-773-4900
Trinity	888-371-9989
Service Area Nursing Homes	
Summit	870-694-3781
Carrington Place	539-3956

Miscellaneous:	
Arkansas Adult Protection	1-800-482-8049
Louisiana Elder Protection	1-800-259-5284
LA Adult Protection	1-800-898-4910
La Dant of Children and Family Comises	1-855-4LA-KIDS
La Dept. of Children and Family Services	(855-452-5437
Alcoholics Anonymous	209 S Main St, Springhill LA
	1-800-482-8049
Arkansas Adult Protection	www.aradultprotection.com
Arkansas Child Abuse	1-800-482-5964
Dept of Human Services	www.stoparchildabuse.com
Bradley Clinic	(870) 894-3366
Child Protection - Louisiana	LARHIX-1-855-452-5437
Child Protection - Louisiana	
	Hotline 1-800-799-7233 (SAFE)
Domestic Violence	TTY Phone: 1800-787-3224
Domestic violence	Male Victims: 1888-743-5754
	www.thehotline.org
Elderly Protective Services	1-800-259-5884

Families Helping	1-888-735-3722	
Families of Northwest LA	1-000-733-3722	
Family Crisis (Domestic Abuse)	— 210 226 F01F	
Providence House	— 318-226-5015 —	
LA Domestic Hotline	1-888-411-1333	
LA Domestic Hotime	(rings to Providence House)	
LA Adult Abuse (Physically/Mentally	1-800-898-4910 or	
Handicapped)	225-342-9057	
LA Dept. of Children	Hotling, 1, 200, 422, 4452	
& Family Services	Hotline: 1-800-422-4453	
Medicaid Offices	1-888-342-6207	
Narcotics Anonymous	209 S Main St, Springhill LA	
North Caddo Clinic	(318) 326-7272	
Sexual Assault Nurse Examiner SANE Nurse	National #:1-800-656-4673	
(Patient Advocacy)	www.rainn.org	
SPARC Life Services	(318) 847-4356	
Suicide Prevention	National: 1-800-273-8255	
Suicide Prevention	www.suicidepreventionlifeline.org	
Webster Parish Child Protection	318-371-3001	
Wild Goose Ministries	318-578-2262	