



Springhill Medical Center

2019

Community Health Needs Assessment Final Report



*“Patient Centered Care”
From Our Family To Yours*

Prepared by:
Springhill Medical Center
Springhill, Louisiana

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Our Mission

*“Patient Centered Care”
From Our Family To Yours*



Our Vision

To be every patients' first choice for healthcare excellence. We will adapt and expand services to create healthier communities.

Our Values

Patient First

Integrity

Accessible

Accountable

Respect

Teamwork



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Executive Summary

Springhill Medical Center Health Needs Assessment

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.

A Snapshot of the Springhill Medical Center Service Areas

- Springhill Medical Center's primary medical service area includes Springhill, Sarepta, Cullen, LA and Taylor, Arkansas
- The total population of secondary medical service area is 13,478
- The population of Springhill Medical Center's primary medical service area is 11,139 (2010 Census)
- The total population served by Springhill Medical Center is 37,652

Demographic Characteristics from the Community Health Survey

- A total of 214 surveys were collected from paper and online sources.
- 80% of the respondents on the survey were female and 45% were age 55+
- Several identified community leaders and healthcare professionals provided input for this CHNA.
- Thirty one percent (31%) of the residents in the primary medical service area live on an annual income of less than \$30,000 per year.
- 81% of the respondents were White, while 15% were African American. Only 1% were Hispanic, 3% were other.
- Top health needs identified: 1) high blood pressure / heart 2) wellness 3) obesity 4) diabetes

Identified Health Needs of the Springhill Medical Center Primary Service Area

Poor health status can result from a number of factors including: genetic, environmental, behavioral, and socioeconomic. The best way to address this is by identifying the causes of these conditions and challenges and developing interventions in order to decrease the incidence or prevalence of these conditions.

CHNA COMMITTEE MEETINGS

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

Meeting 1 (February 12, 2019)

- 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 videos by employees on what it meant to them to work for a top 100 hospital
 - Presented the state of rural hospitals today
 - Health Survey Questionnaire

Meeting 2 (March 5, 2019)

- 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 12, 2019)

- 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

Top Identified Health Needs of the Community

High Blood Pressure / High Cholesterol / Heart Disease

- 40% of the Springhill Medical Center primary service area has high blood pressure and 6.2% have heart disease. These can be contributed to a poor diet, sedentary lifestyle, and genetic factors.
- High blood pressure and cholesterol are often related to being overweight and obese. Working on solving the growing obesity problem in our service area can help to cut incidents of heart disease.

Overweight and Obesity

- 34% of the Springhill Medical Center primary service area is overweight and obese. As with so many other diseases being overweight can be contributed to poor diet, sedentary lifestyle and genetic make up.
- Overweight and obesity cause many preventable chronic diseases such as type –2 diabetes, heart disease and several types of cancers. The American Medical Association (AMA) now recognizes obesity as a disease, allowing the medical community to provide medical interventions to advance obesity treatment and prevention.

Wellness

- Only 56% of females enrolled in Medicare have had a mammogram in the past 2 years. Springhill Medical Center's primary medical service area has a high incidence of Medicare enrollees.
- Springhill Medical Center's total market medical service area has a high incidence of Colon and Rectum Cancer. 43% per 100,000 population., or 238 new cases annually. Only half of the population eligible for a colonoscopy are being screened. This would indicate the need to educate the benefits of having a colonoscopy. Fear and embarrassment have hindered many from getting their colonoscopy.
- Other screenings indicated were pap smear and prostate cancer wellness screenings.
- Educating the public on all wellness screenings available could help lower the incidence of these cancers. Most of these screenings are paid at 100% by insurance, Medicare and Medicaid.

Diabetes

- CHNA data indicated that 13% age 21 and above have been diagnosed with diabetes. People living with both type I and II diabetes sometimes have problems managing this disease.
- The best way individuals with diabetes can successfully manage their condition is to be properly educated on proper diabetes management techniques. Effective ways to manage diabetes: pay attention to your blood glucose levels throughout the day, and take the Hemoglobin A1c test on a frequent basis. Offering free testing once a month would help for those on limited income.

Mental Health / Suicide (Committee Suggestion)

- It is estimated that over a quarter of people over the age of 18 suffer from an emotional or mental condition in the US.
- Poor mental health can inhibit healthy behaviors. It is important to identify loved ones suffering from mental or emotional issues.

I. Introduction and Description of Springhill Medical Center

Description of the Community Health Needs Assessment

The purpose of the Community Health Needs Assessment is to 1) assess and prioritize the current health needs of the Springhill Medical Center Community, 2) identify available resources to meet the priorities established in the Community Health Needs Assessment, 3) draft implementation strategies to address health priorities, and 4) build capacity and community infrastructure to assist with health issues within the context of Springhill Medical Center existing programs, resources, priorities and partnerships

This report has been compiled in response to the Patient Protection and Affordable Care Act that requires each tax-exempt hospital to conduct a Community Health Needs Assessment (CHNA) every three years. This will be Springhill Medical Center's third survey.

About Springhill Medical Center

Springhill Medical Center, located in Springhill, Louisiana, is a private, 501 (c) (3) non-profit corporation. It serves citizens of Springhill, Sarepta, Cullen, Cotton Valley, Shongaloo in Louisiana as well as Bradley and Taylor, Arkansas. In addition, Springhill Medical Center's Rural Health Clinics in Claiborne Parish serve the Haynesville and Homer market area. This is accomplished by offering a hospital home with a wide range of integrated services, from prevention and treatment to wellness. Springhill Medical Center employees 281 employees and has an annual payroll in excess of \$12 million.

The hospital is a 58 bed acute / surgical / geriatric psychiatric hospital, offering a broad range of

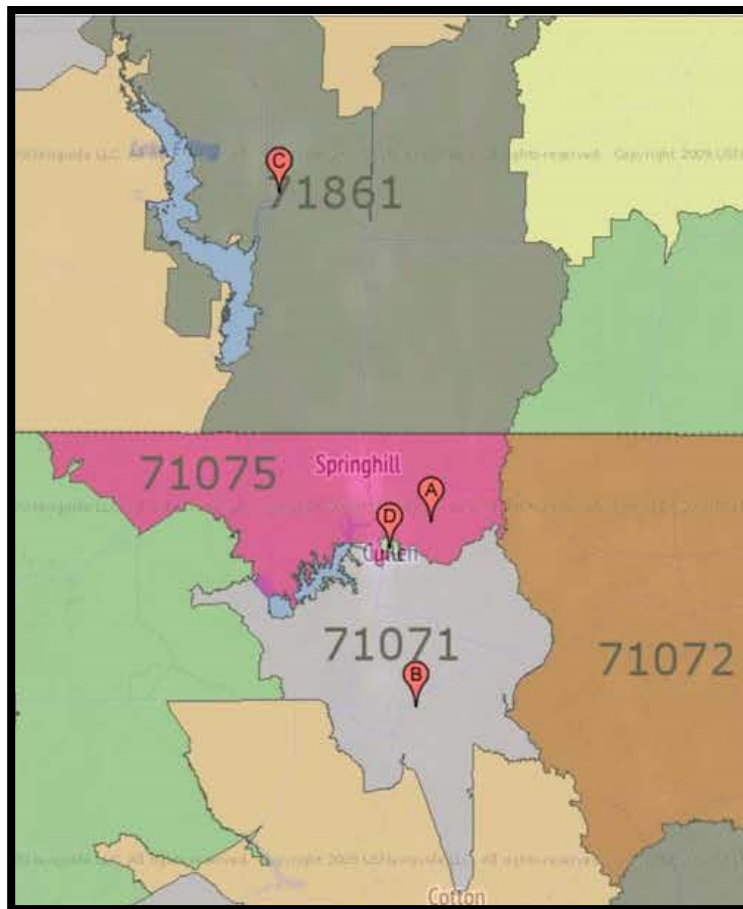
24 Hour Emergency Care Services
Home Health (Partnership with LHC)
Hospitalist Services
Medical-Surgical Units
Physical Therapy Services
Radiology Services, CT, MRI, US
Full Lab Services
Telemedicine
Respiratory Care
Surgical Services
Alcohol & Drug Withdrawal Services
Geriatric Psychiatric Unit

Springhill Medical Center Patient Care Statistics (FY2018)

Patients Served	Patients	Diagnostics & Therapy	Totals Tests
Discharges	953	Laboratory (Inpatient)	16,384
Inpatient Days	4,313	Radiology (Inpatient)	16,360
Outpatient Surgery	661	Radiology All Others	76,623
Inpatient Surgery	32	In-House PT (Inpatient)	1,337
ER Visits	8,690	Hospital PT (Outpatient)	8,014
		PT Clinic	10,343
		All Other Testing	64,843

Description of Primary Medical Service Area

The Community Health Needs Assessment serves the Springhill Medical Center primary medical service area which includes: A: Springhill (71075), B: Sarepta (71071), C: Taylor, AR (71861), D: Cullen (71021),



Springhill (71075)

The population of Springhill is 4,936 according to the 2017 population estimate. The median age is 46, and the unemployment rate is 8.4%.

Cullen (71021)

The 2014 population of Cullen was 1,134. The median age is 48 years and the unemployment rate in Cullen is 8.4%.

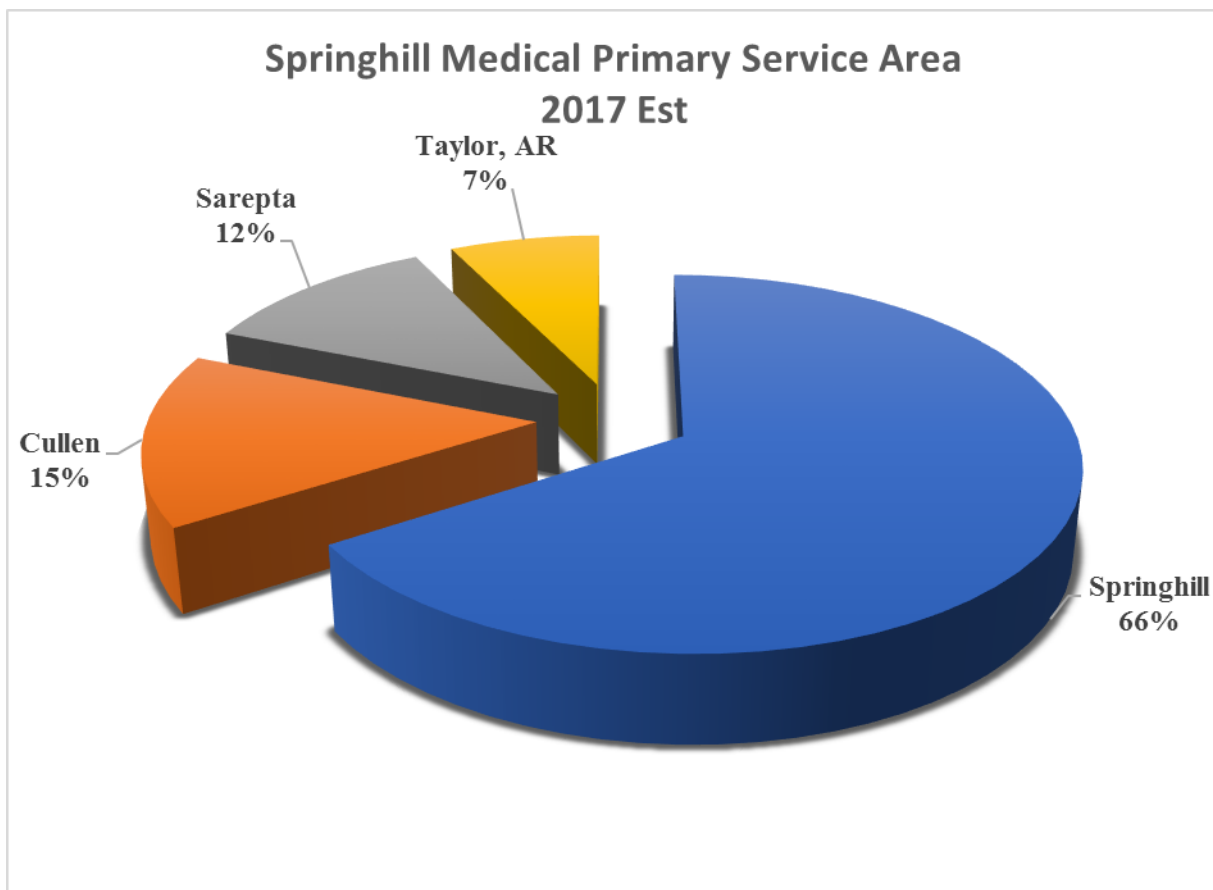
Sarepta (71071)

The 2014 population for Sarepta, LA is 872. The median age is 39 and the unemployment rate is 8.4%

Taylor (71861)

The population as of 2014 was 544 residents. The median age in Taylor, AR is 33 years and the unemployment rate is 6.6%.

The total population for Springhill Medical Center's primary medical service area is 11,139.



Description of Secondary / Tertiary Medical Service Areas

The secondary and tertiary medical service area served by Springhill Medical Center includes the following zip codes:

Zip Code	City	Population
Secondary Market		
71826	Bradley, AR	1,315
71018	Cotton Valley, LA	1,622
71072	Shongaloo, LA	1,530
71064	Plain Dealing, LA	4,096
Tertiary Market		
71038	Haynesville, LA / Emerson, AR	4,064
71040	Homer, LA	2,874

The total population of Springhill Medical Center's secondary and tertiary medical service area is 15,501.

The total population served by Springhill Medical Center in all medical service areas is 22,987.

II. Methodology of the Community Health Survey

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

Primary Data:

To ensure the information provided was gathered from a large sampling of community stakeholders, hard copy versions of the Community Health Survey were distributed in English were given to the participants at the first meeting of the CHNA committee to distribute to friends and relatives as well as distribute at Church. In addition, information was given for completing the survey online. The survey link was posted on Springhill Medical Center’s Facebook page and website to complete. Community leaders were given the survey to distribute.

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 26 community members as potential CHNA Committee members. The following community members agreed to participate:

Name	Position	Name	Position
Ray Huddleston	Mayor of Springhill	Amber Cobb	Main Street Manager
Ronnie Dees	Council Member / Businessman	Kristin Dickinson	FNP-BC
D. Nicole Frazier	Council Member	Sr. Samuel Abshire	Physician
Stacy Willard	Council Member	Laura Tucker	Practice Manager Homer
Ronnie Hearnberger	Council Member / Businessman	Bridgett Salisbury	New Visions Marketer
Rhonda Taylor	Chamber Manager	Bruce Blanton	Police Juror
Margert Edens	School Board Member	Wayne King	Retired Educator
Lisa Smith	Counselor	Tim Mouser	Mayor of Shongaloo
Kindle Masters	Chamber President	Dana Jones	COO, SMC
David Sanders	CFO, SMC	Donna Morris	Bus Development, SMC
Derek Melancon	HRD, SMC	Mike Patronis	CEO, SMC
Kristin Cole	Chief Nursing Officer		

III. Results and Findings

Demographics

The graphics below compare and contrast population makeup of Springhill Medical Center’s medical service area as identified by the US Census data, 2017 est. with findings of the Community Health Survey.

- Race/Ethnicity

Figure 1 represents the makeup of the primary medical service area based on data compiled from the estimated 2017 Census data. Figure 2 shows the racial makeup based on data collected by the Community Health Survey. More Caucasian population completed the survey than African American.

Figure 1

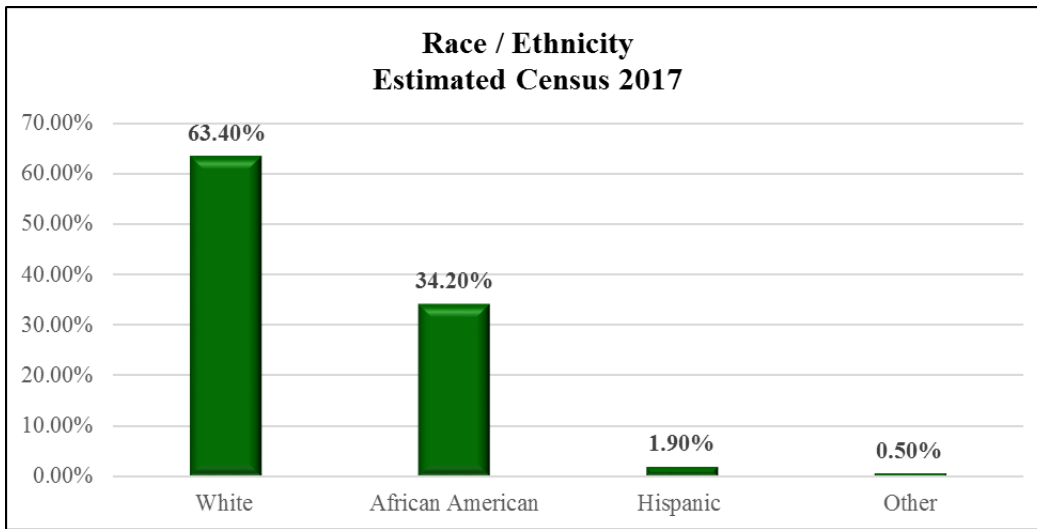
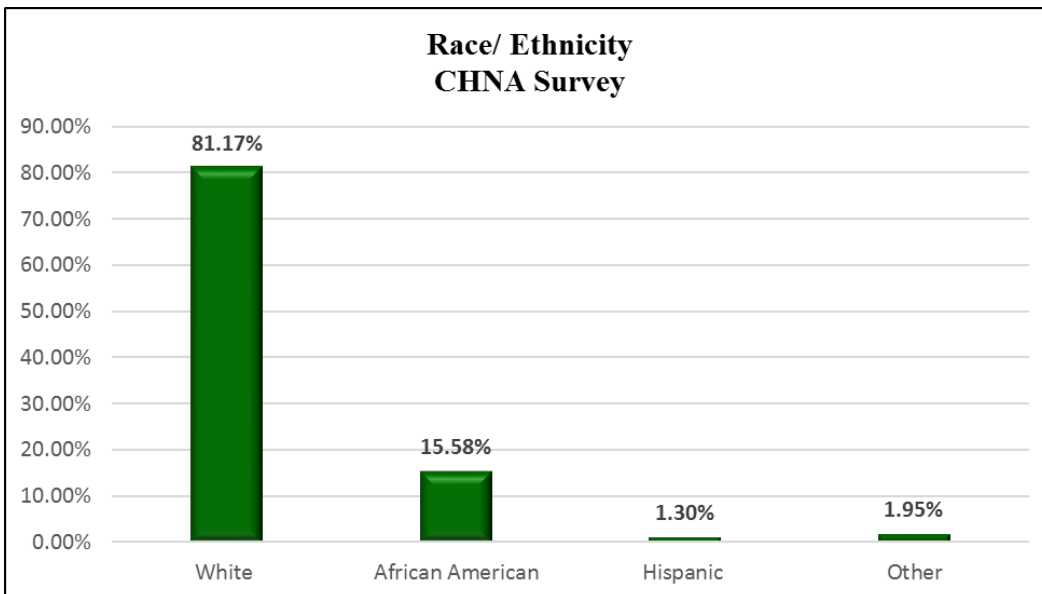


Figure 2



- Gender

Figure 3 displays the gender makeup of the primary medical service area population based on the 2017 estimated Census. Figure 4 represents the gender makeup of the Community Health Needs Survey respondents. At 84%, females are overrepresented among the Community Health Needs Assessment respondents.

Figure 3

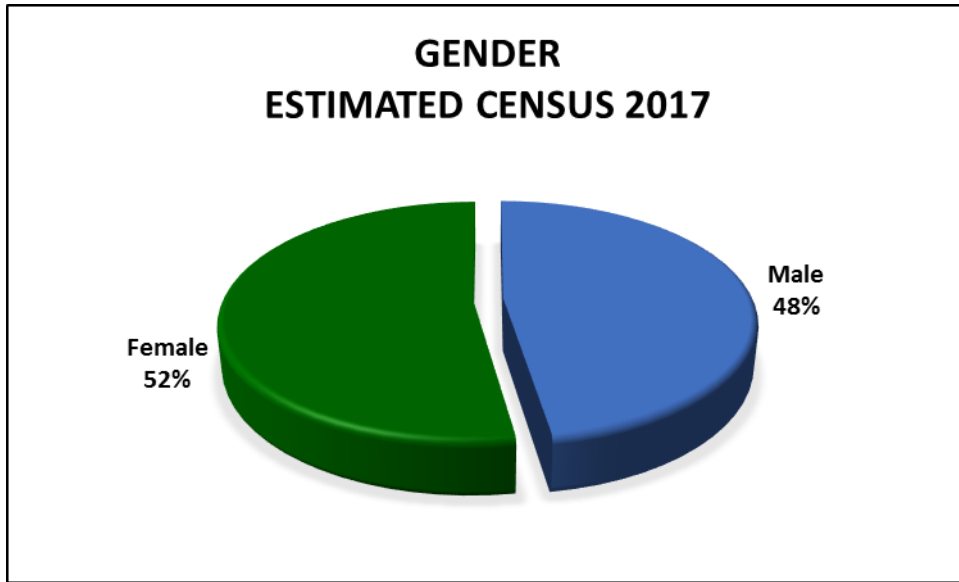
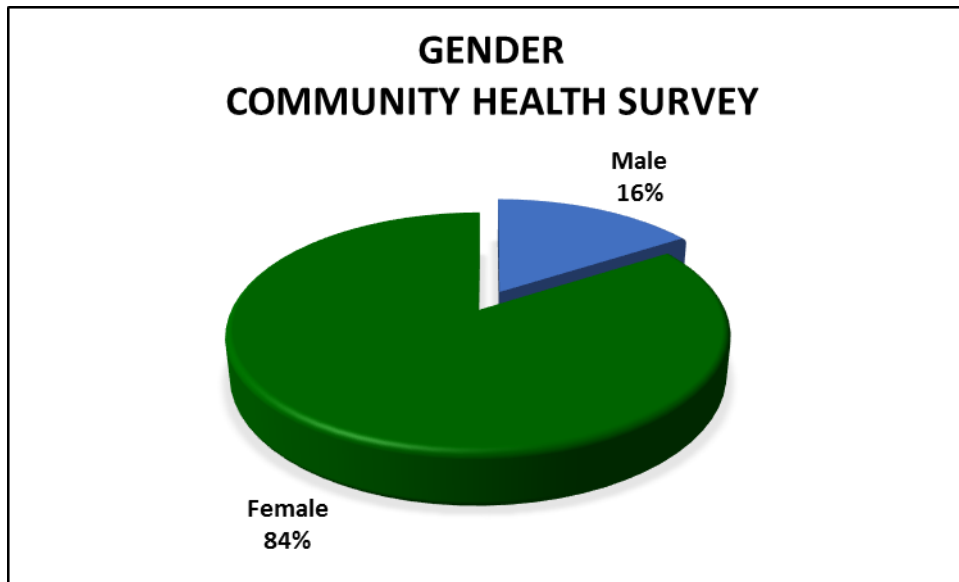


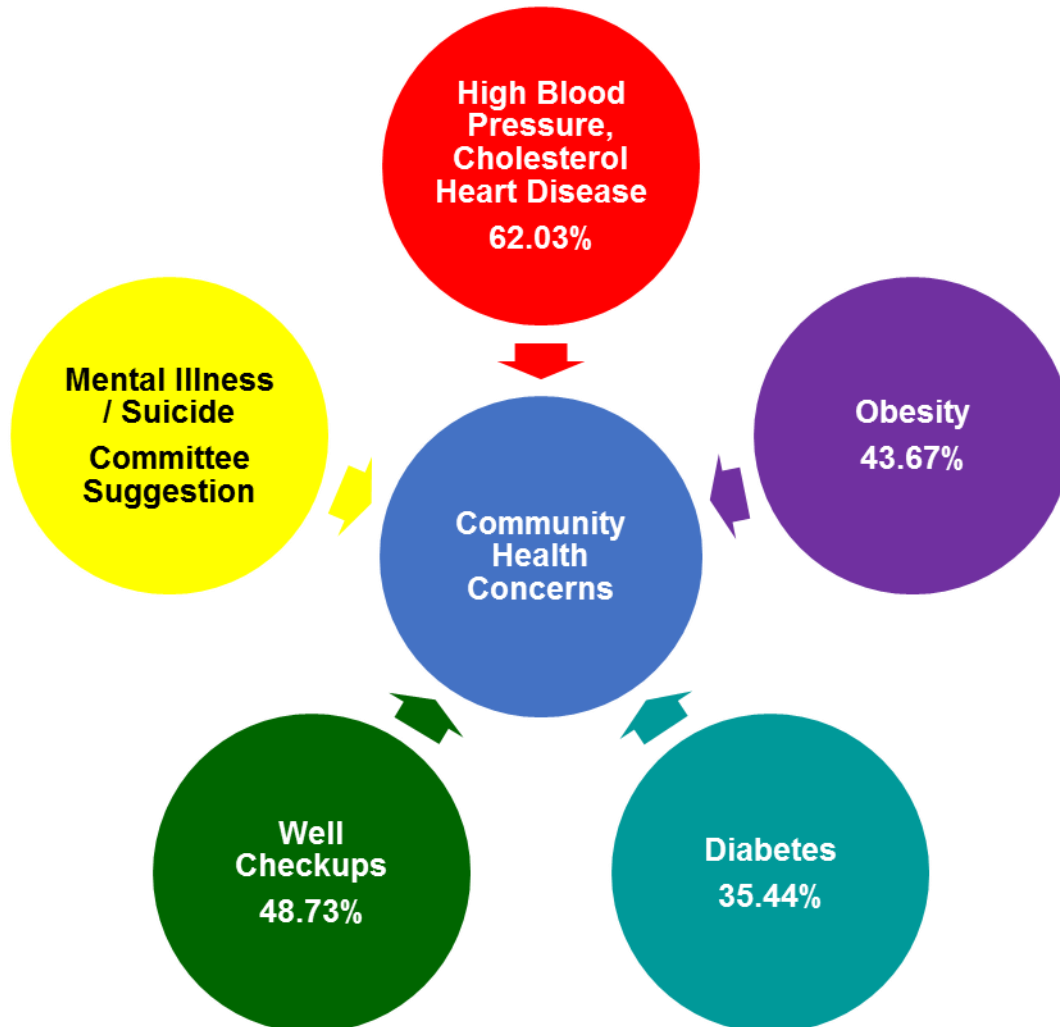
Figure 4



Identified Health Needs of the Community

Community Health Needs respondents indicated that the most commonly occurring conditions, diseases, or challenges with which they believe need to be focused on. Figure 5 identifies

Figure 5



Based on the methodology and criteria described in Section II and survey data, the top four Springhill Medical Center priority health needs are:

- Blood Pressure / Cholesterol / Heart Disease
- Wellness Education / Screenings
- Obesity
- Diabetes / Education / Prevention
- Physicians (Primary, Cardiology, Orthopedics)

Identified Health Needs of the Community (*Community data was very comparable. Over-all Webster Parish was utilized for data to demonstrate the needs.*)

Hypertension / High Cholesterol / Heart Disease

The National Intitule of Health (NIH) reports that high blood pressure affects one in three U.S. adults. Over time, it can damage the heart, blood vessels, kidneys, and other parts of the body. Complications can include heart attacks, heart failure, stroke, and chronic kidney disease. In addition, the NIH states that people with high cholesterol have an increased risk of heart attack or stroke. Many factors affect both high blood pressure and high cholesterol. Among them are poor diet, weight, physical activity and genetics.

As indicated by Figure 6, Webster Parish incidence of high blood pressure is 8.1% higher than the state of Louisiana and 14 % higher than the US Average. The incidence of high cholesterol is nearly 9% higher than the state and US indicated in Figure 7.

Figure 6

High Blood Pressure (Adult)

13,276, or 42.2% of adults aged 18 and older have ever been told by a doctor that they have high blood pressure or hypertension.

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Webster Parish, LA	31,459	13,276	42.2%
Louisiana	3,372,863	1,150,146	34.1%
United States	232,556,016	65,476,522	28.16%



Note: This indicator is compared to the 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, 2008-12. Source geography: County

Figure 7

High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had high blood cholesterol.

Report Area	Survey Population (Adults Age 18+)	Total Adults with High Cholesterol	Percent Adults with High Cholesterol
Webster Parish, LA	33,014	15,596	47.24%
Louisiana	2,503,971	968,611	38.68%
United States	180,861,326	69,662,357	38.52%



Note: This indicator is compared to the 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, 2008-12. Source geography: County

*Source Cares 2010—2012 data

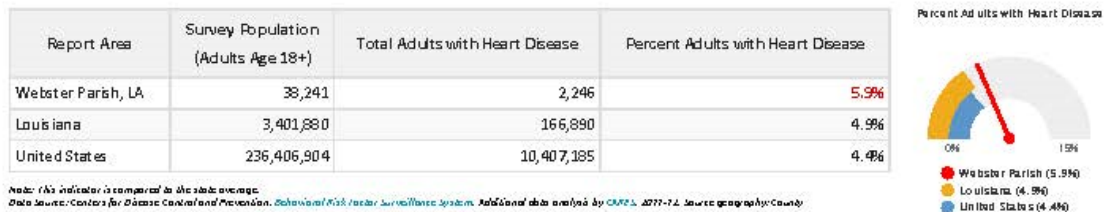
Hypertension / High Cholesterol / Heart Disease

As indicated in Figure 6 and 7, the incidence of high blood pressure and high cholesterol compared to the state of Louisiana and the US has helped to lead to the higher than average number of adults with heart disease in Springhill Medical Center’s primary medical service area (PMSA). 6% for the PMSA compared to 5% for the state of Louisiana and 4.4% for the US. Figure 8.

Figure 8

Heart Disease (Adult)

2,246, or 5.9% 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.



According to the Community Health Needs Survey, 42.42% of the respondents indicated issues with high blood pressure and 9.7% indicated that they struggle with heart disease. The survey participants with high blood pressure mirrored the primary medical service area of SMC, while survey participants with heart disease out paced the primary medical service area in excess of 4%. See Figure 9 below.

Figure 9

Survey respondents reporting issues with blood pressure

Report Area	Total Survey Participants	Survey Respondents with	Percent Diagnosed with
SMC Primary Service Area	211	70	42.42%

Survey respondents reporting issues with heart disease

Report Area	Total Survey Participants	Survey Respondents with	Percent Diagnosed with
SMC Primary Service Area	211	16	9.7%

Survey respondents wanting help with high blood pressure

Report Area	Total Survey Participants	Survey Respondents with	Percent Diagnosed with
SMC Primary Service Area	211	100	62.50%

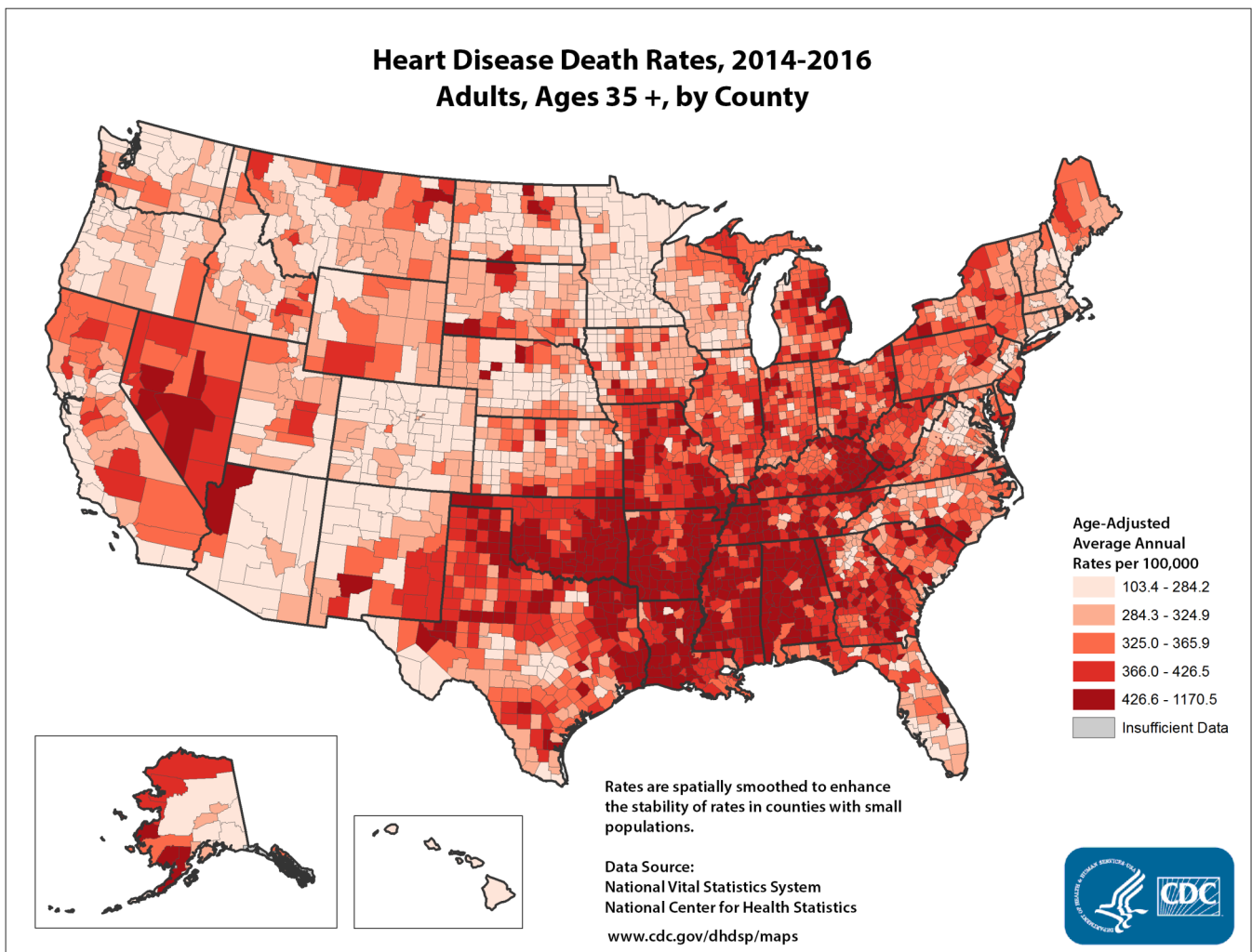
Figure 9

Survey respondents wanting help with high cholesterol

Report Area	Total Survey Participants	Survey Respondents with High Blood Pressure	Percent Diagnosed with High Blood Pressure
SMC Primary Service Area	211	69	43.13%

Survey respondents wanting help with heart disease

Report Area	Total Survey Participants	Survey Respondents with High Blood Pressure	Percent Diagnosed with High Blood Pressure
SMC Primary Service Area	211	48	30%



Wellness / Health Screenings

Wellness and health screenings were the second highest rated area of concern for area residents. Survey findings indicate that 48.73% of the participants wanted information or needed to have wellness screenings that include: mammogram, colonoscopy, prostate, cholesterol and blood pressure. The National Institute of Health only indicated two areas in the primary medical service area for wellness or prevention.

Mammograms Prevention (Medicare) Figure 10

57.2% of women enrolled in Medicare in the primary medical service area for SMC had a mammogram in the past 2 years according to the CARES engagement network. This is below the state of Louisiana and the US national average of 62% and 63.2% respectively. The same report does not show any data for SMC's primary medical service area for primary care prevention.

Figure 10

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
Webster Parish, LA	5,522	507	290	57.2%
Louisiana	374,287	37,421	23,188	62%
United States	26,937,083	2,544,732	1,607,329	63.2%



Note: This indicator is compared to the state average.
 Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care, 2013. Source geography: County

Colorectal Cancer Incidence Rate Figure 11

According to the CARES Engagement Network, 44% or 25 new cases of colorectal cancer cases are reported every year. SMC's primary medical service area compared to the state of Louisiana has 2% lower incidence rate and a 5% higher incidence rate than the US. This was data gathered by CARES from 2011 to 2015.

Figure 11

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	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Webster Parish, LA	5,630	25	44.4
Louisiana	504,731	2,347	46.5
United States	35,701,530	139,950	39.2



Note: This indicator is compared to the state average.
 Data Source: State Cancer Profiles, 2011-15. Source geography: County

Prostate Cancer Incidence Figure 12

According to CARES this indicator is relevant because cancer is the leading cause of death and it is important to identify cancers separately to better target interventions. SMC’s primary medical service area has a 13% lower incidence rate of prostate cancer than the state of Louisiana and a 15% higher rate than the US number. The CDC recommends that men 55-69 should make individual decisions on being screened for prostate cancer. Men that are 70 or older, the CDC recommends against screenings. Men with a family history of prostate cancer should be screened routinely.

Figure 12

Cancer Incidence - Prostate

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate 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	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Webster Parish, LA	2,659	33	124.1
Louisiana	246,506	3,387	137.4
United States	17,439,816	190,639	109



Note: This indicator is compared to the state average.
 Data Source: State Cancer Profiles, 2017-18. Source geography: County

CHNA Survey Results on Wellness, Figure 13

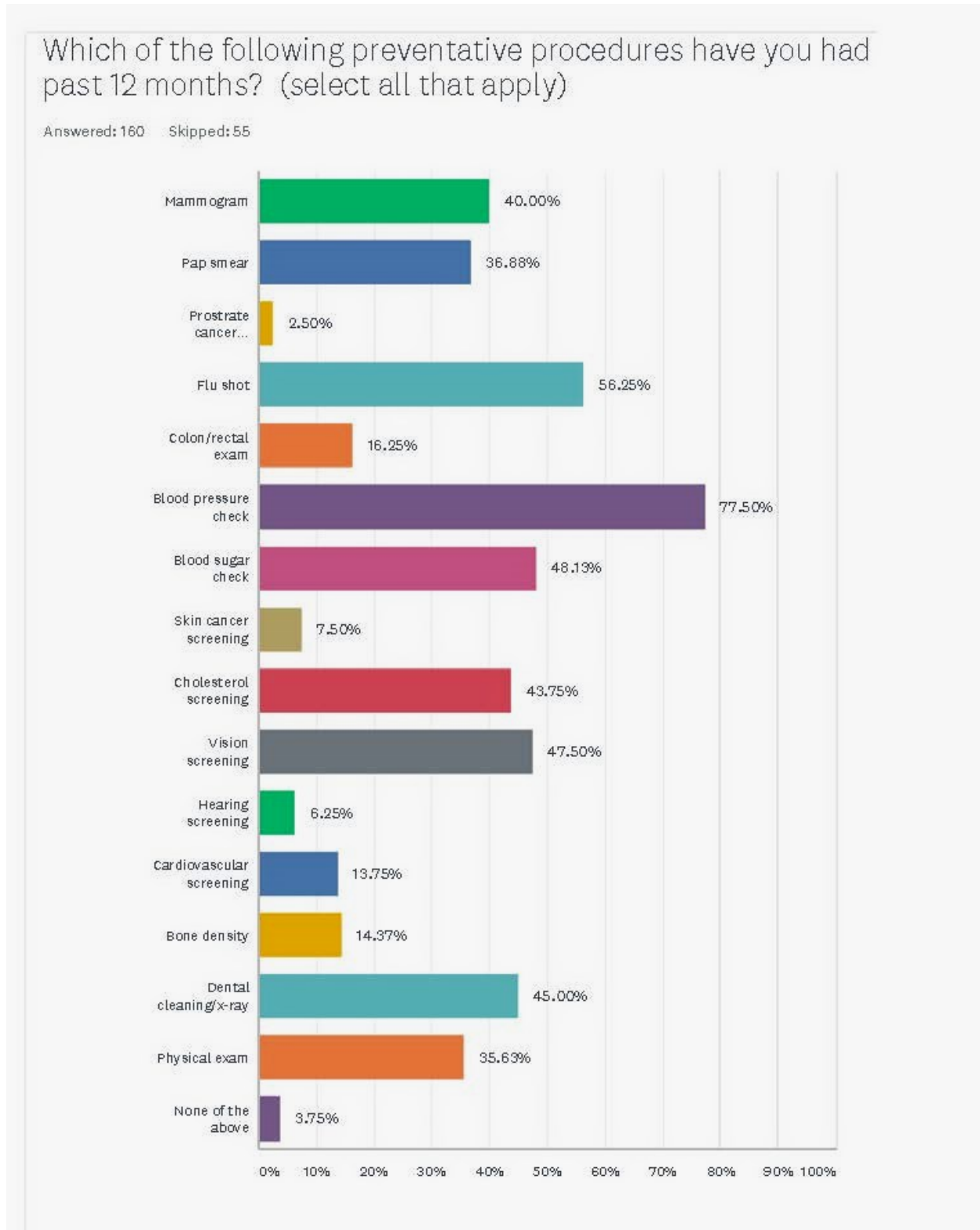
Survey respondents having Wellness Screenings in the past 12 months

Figure 13

Report Area / Screening	Total Survey Participants	Survey Respondent	Percent
Primary Service Area/ Mammogram	214	64	30%
Primary Service Area/Pap Smear	214	69	32%
Primary Service Area/ Colorectal	214	26	12%
Primary Service Area / Prostate	214	4	1.8%
Primary Service Area / Cholesterol	214	70	33%
Primary Service Area / Blood Pressure Check	214	124	60%

Data collected from the 2019 CHNA survey indicates that there is a need for more preventative screening services such as blood pressure, blood sugar, cholesterol. The survey also indicates the need for more education to help the population to understand the importance of being screened for certain conditions such as, breast cancer, colon cancer, prostate cancer and diabetes, as well as the fact that most insurances including Medicare will pay for wellness screenings. Figure 14.

Figure 14



Overweight / Obesity

The National Institutes of Health states that there are many conditions attributed to overweight and obesity. Some include: sleep apnea, osteoarthritis, hypertension, type 2 diabetes, stroke, coronary heart disease and certain types of cancers (colon, breast, endometrial and gallbladder). The reduction of overweight and obesity would help decrease the leading causes of preventable deaths in the United States as well as reduce the medical costs associated with overweight and obesity.

Many factors cause overweight and obesity including: socioeconomic, poor diet, sedentary lifestyles, and low/no access to healthy foods. Programs to reduce the incidence of overweight and obesity would save taxpayer dollars and reduce the incidences of many preventable chronic diseases. As indicated in the 2019 CHNA survey, 44.38% of the participants are looking for guidance in weight loss, 35.63% are wanting help with nutrition issues and 36.88% of the respondents indicated they would like to see more on exercise.

As shown in Figure 15 from the CARES Network the primary medical service are for SMC is 10% higher than the US and 3% higher than the state of Louisiana.

Figure 15

Obesity

38.4% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Webster Parish, LA	30,041	11,566	38.4%
Louisiana	3,437,549	1,211,836	35.1%
United States	238,842,519	67,983,276	28.3%

Note: This indicator is compared to the state average.

Date Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2019. Source geography: County.

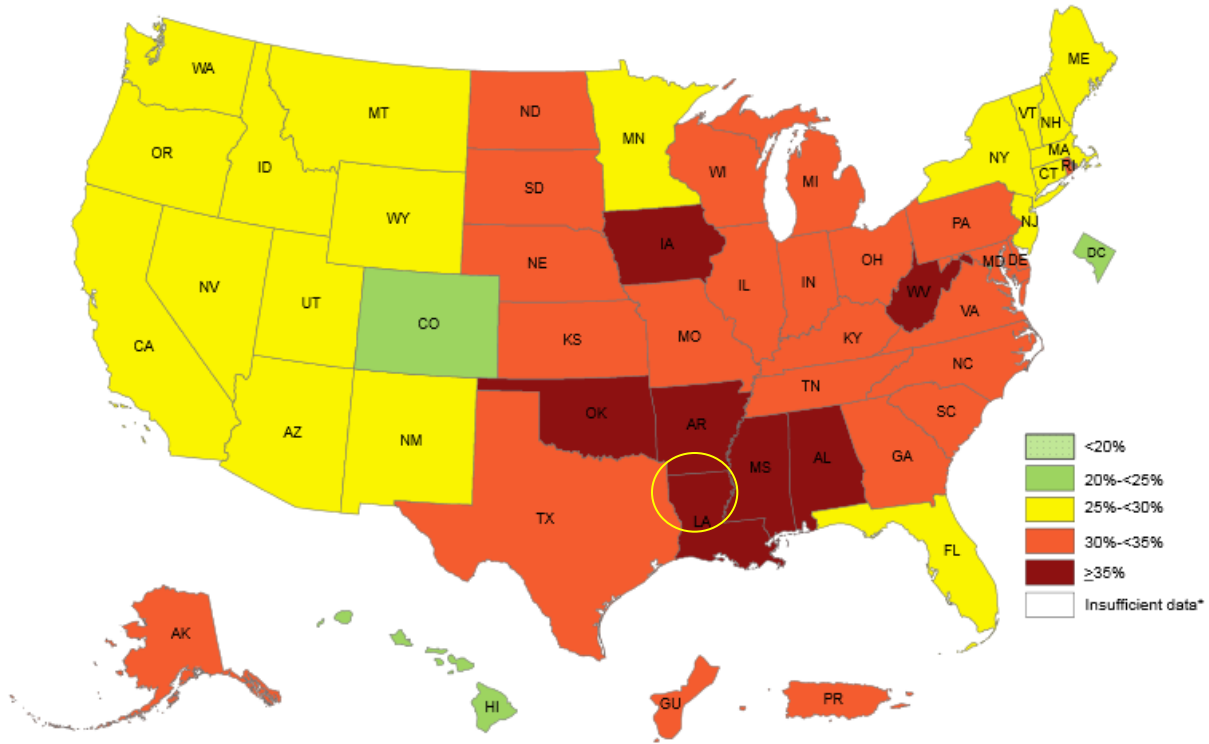


Figure 16

Report Area / Screening	Total Survey Participants	Survey Respondent	Percent
% of Survey Respondents Wanting Weight Loss Help	214	71	33%
% of Survey Respondents Facing Obesity as a Challenge	214	76	36%

Overweight / Obesity

Prevalence of Self-Reported Obesity Among U.S. Adults by State



Source: Behavioral Risk Factor Surveillance System, CDC

Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Glucose is derived from the foods we eat and is used to fuel the processes in the body. A person who has diabetes doesn't have the ability to make sufficient insulin (a hormone that facilitates glucose uptake in the body's cells) causing glucose to build up in the blood. Symptoms include: frequent urination, sudden vision changes, extreme hunger, excessive thirst, unexplained weight loss, and extreme hunger. If not managed properly, diabetes can cause serious health complications like heart disease, kidney failure, lower-extremity amputation and blindness. Risk factors for type 1 diabetes are autoimmune, and genetic. Risk factors for type 2 are overweight/obesity, and physical inactivity.

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, 585 Medicare enrollees with diabetes have had an annual exam out of 700 Medicare enrollees in the report area with diabetes, or 83.7%. 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.

Figure 17

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Webster Parish, LA	5,522	700	585	83.7%
Louisiana	374,287	50,315	42,218	83.9%
United States	26,937,083	2,919,457	2,501,671	85.7%

Percent Medicare Enrollees with Diabetes with Annual Exam



Note: This indicator is compared to the state average.
Data source: DePaul College Institute for Health Policy & Clinical Practice, DePaul's Atlas of Health Care, 2023. Source geography: County

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.

Figure 18

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Webster Parish, LA	30,123	3,916	10.8%
Louisiana	3,436,004	417,327	11.21%
United States	241,492,750	24,722,757	9.28%

Percent Adults with Diagnosed Diabetes (Age-Adjusted)



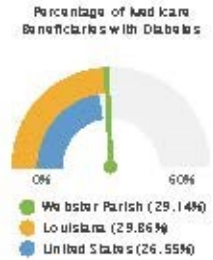
Note: This indicator is compared to the state average.
Data source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2023. Source geography: County

Diabetes (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with diabetes.

Figure 19

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Webster Parish, LA	7,429	2,165	29.14%
Louisiana	513,995	150,923	29.36%
United States	34,118,227	9,057,809	26.55%

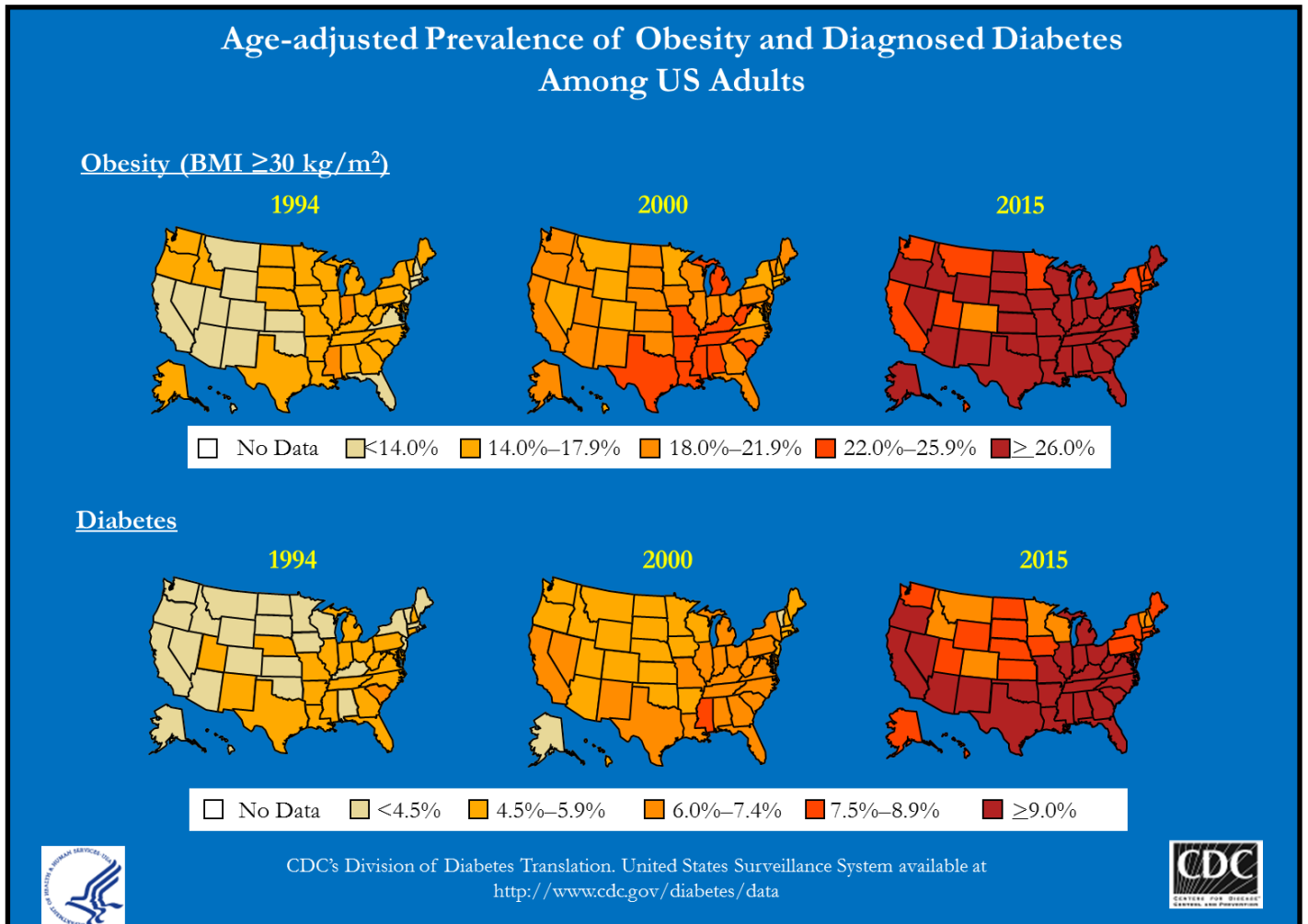


Note: This indicator is compared to the state average.
Data Source: Centers for Medicare and Medicaid Services, 2013. Source geography: County.

Survey respondents needing services or education for diabetes. Figure 16

Figure 20

Report Area / Screening	Total Survey Participants	Survey Respondent	Percent
Diabetes Services	214	57	27%
% of Survey Respondents Facing Diabetes as a Challenge	214	21	10%



Mental Health / Suicide

Community Health Needs Assessment Committee members identified mental illness / suicide as a high priority for our area. Mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” Mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

Mental health and physical health care have a strong correlation. Mental health plays a major role in people’s ability to maintain good physical health. Poor mental health and physical health run on a vicious cycle. Mental illnesses can inhibit individuals in participating in physically healthy behaviors. In turn, poor physical health can seriously impact mental health, causing the individual to not take part in treatment and recovery of chronic diseases.

Data from the CARES Engagement Network shows that The Primary Medical Service Area for Springhill Medical Center has 6% higher incident rate for Suicide than the United States and a 5% higher rate than the State of Louisiana. As shown in Figure 21 From 2012 - 2016 that an average of 8 suicides per year occurred in Webster Parish.

Figure 21

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Webster Parish, LA	40,336	8	19.3	18.9
Louisiana	4,645,886	646	13.9	13.71
United States	318,689,254	42,747	13.4	13

Note: This indicator is compared to the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2014-16. Source geography: County



Nearly **45,000** people died from suicide in 2016

1 death every 12 minutes

If you or someone you know is in crisis, please contact the

National Suicide Prevention Lifeline

1-800-273-TALK (8255)
www.suicidepreventionlifeline.org

Many adults **think about** suicide or **attempt** suicide.

Seriously thought about suicide:
9.8 million

Made a plan for suicide:
2.8 million

Attempted suicide:
1.3 million

IV. Committee Input

(Things that the committee felt were important to serving the community.)

TeleMed

- TeleStroke
- TelePsych
- TelePrimary Care

Need More Primary Care MDs

- Expand the search team
- Develop Strategy / Plan
- Bring Community members in to talk with prospective MDs
- Show what we can offer as a community to the MD, spouse and children
- Go to area residency programs for 2020

Educate the Public on Nurse Practitioners

- Embrace NP's
- Educate public on NP's and their roles
 - TV Ads, Churches, Senior Friends, Lions Club, Rotary Club, Home Health, Move Ads, Facebook.

Mental Health Services

- Suicide
- Services for ages under 55

Promote the Hospital

- Give away BP machines
- Walk with a Doc day
- Sponsor a 5k
- Wellness deals, use gym at Springhill Physical Therapy, Homer Medical Clinic.
- Billboards
- Promote organizations successes on Facebook, Twitter
- Instagram, Snapchat
- Videos
- Geofencing, Pop Ups
- Weekly spotlight on Facebook or paper
- Promote the patient portal
- Community Outreach
- Improve population health management in RHC

V. Description of Community Resources Available to Assist in Addressing Identified Health Needs.

Existing Programs and Resources to Address Top Four Identified Community Needs

High Blood Pressure / Cholesterol / Heart Disease:

The American Heart Association offers a wide variety of information on Blood Pressure, Cholesterol and heart disease under health topics. <https://www.heart.org>.

Springhill Medical Center and its clinics offer free blood pressure checks at the clinics as well as events in the community. Senior Friends members may have their cholesterol checked at no cost.

Wellness Screenings and Education

The US National Library of Medicine offers information about Wellness and Lifestyle on its website under Health Topics / Wellness and Lifestyle at:

<https://medlineplus.gov/wellnessandlifestyle.html>

Springhill Medical Center offers some free health screenings in the community at various times of the year, these include blood pressure and cholesterol.

Overweight / Obesity

The CDC offers information on being overweight and obese at their website. Offering both information on the effects of being over weight and obese at:

<https://www.cdc.gov/obesity/data/adult.html>

A Weight Watchers Studio is available at 119 Pine Street in Minden, 71055. (28.42 miles from Springhill)

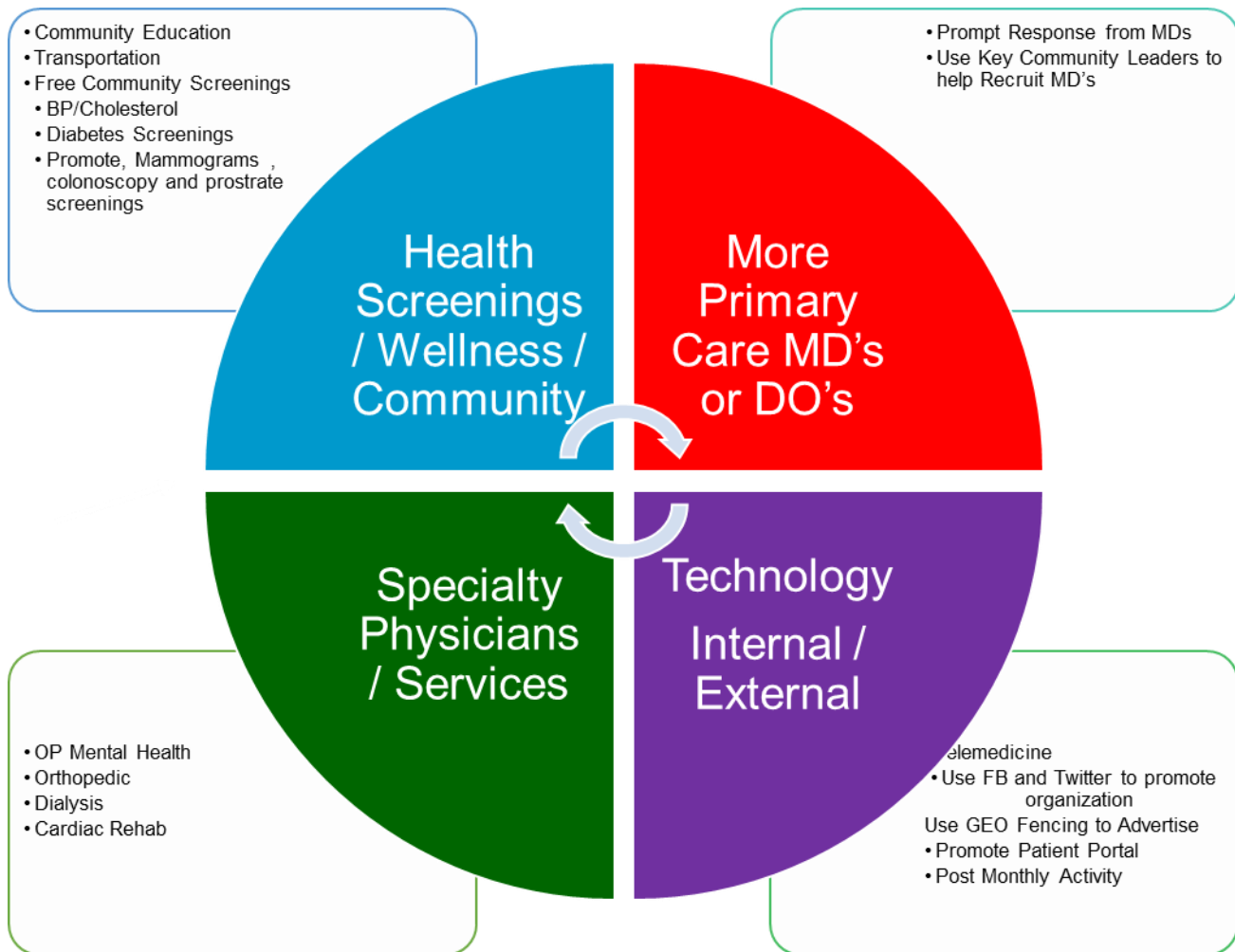
All Hours Fitness in Springhill is available for exercise equipment. Located at 405 Arkansas St. Springhill, LA 71075 (318) 539-2335. [All hours fitness website](#)

Diabetes

Louisiana has the 5th highest diabetes rate in the nation. “Well-Ahead” Louisiana offers information on healthy eating and diabetes management. It also offers links to numerous resources on diabetes, including the [CDC](#), the [American Diabetes Association](#) and others. [Well-Ahead Louisiana](#).

More Resources Information Available at End of Report

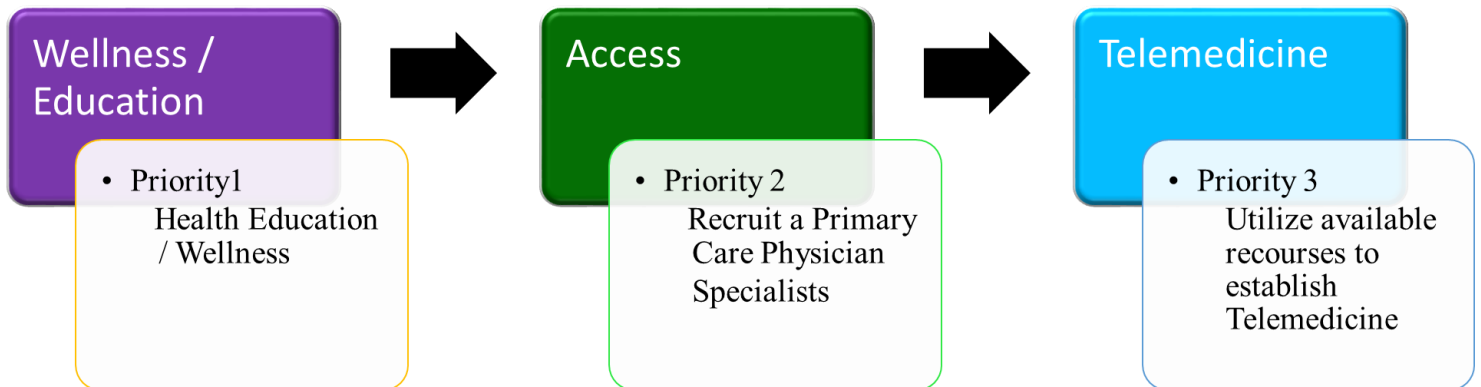
CHNA Committee Recommendations



Additional Recommendations:

- Expand Social Worker / Case Manager to Primary Care Offices
- Psychiatrist or Tele psych / Suicide education
- Market More To the Community
- Need More MDs - Promote benefits offered to HPSA area. Go to resident programs
- Promote and Educate about Nurse Practitioners
- Vocational Day for Seniors
- Promote Hospital and Wellness

Priorities



The CHNA Committee came up with numerous priorities, however the top three (3) were chosen . 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, there(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

II. The CHNA Committee adopted three (3) areas of opportunity to improve overall community health and awareness.

- **Community Education and Wellness**
 - Educate the community on services
 - Educate on Healthy Lifestyles
 - Educate on Role of a Nurse Practitioner
 - Provide preventative health screenings in communities Served by SMC
- **Access to Primary Care MD's and Specialists / Physician Response**
 - Add another Primary Care MD or DO
 - Mental Health Resources / Suicide Prevention
 - Promote Specialty Services
 - Better Response From Current Providers
- **Newer Technology - Telemedicine**
 - Provide Access to Telemedicine Using Our Current Clinic Software
 - Promote the Patient Portal and Services Offered

Implementation

Strategy 1 / Community Education & Wellness: The CHNA committee felt that the community needed more education on the services of Springhill Medical Center and its clinics. In addition, the committee felt that more community involvement in providing free wellness testing and education on the benefits of getting wellness screenings as well as the role of Nurse Practitioners would benefit the community as well as the hospital. To achieve **Strategy 1**, the following strategies were suggested for review by the Board of Directors of SMC at the annual Strategic Planning Session.

- Advertise services using more electronic media such as GEO fencing, Facebook, Twitter as well as direct community involvement. This will be achieved by, but are not limited to:
 - Promote more successes and organization events on line using one of the above media as well as the current billboards
 - Face-to-Face Marketing at events in the area, businesses and small community groups
 - Educate the public on Nurse Practitioner's abilities
 - Provide free wellness screenings for blood pressure, cholesterol, diabetes as a way to encourage people to take advantage of all the screenings the hospital and clinics can provide. This would also serve as a platform for education of these wellness screenings through the ACO program at the clinics.
 - Work to provide mental health resources in the community

Implementation

Strategy 2 / Access: Access to services and providers has traditionally been a key focus point of the CNHA groups in the past. It came as no surprise that in 2019, access is on the priority list. In both the 2013 and 2016 CNHA more access to primary care providers was a focal point. The difference in 2019 is that the CNHA Committee felt that there is a gap in actual MD or DO providers. It is noted that we have plenty of Nurse Practitioners, but there was a need for the community to understand their abilities. Since the 2016 CHNA SMC has lost several physicians in the Doctors Clinic on the campus of the hospital. One through retirement, and two to take positions elsewhere. The Doctors Clinic did gain two fulltime Nurse Practitioners to help fill the loss of the three (3) physicians. The addition of three (3) additional rural health clinics helped to increase the access for patients. In order to recruit a MD or DO and promote the abilities of Nurse Practitioners SMC offers the following to be reviewed by the Board of Directors and placed into service following the completion of the 2019 Strategy Meeting. They are:

- Recruit a primary care physician to the Doctors Clinic and begin 2020 and 2021 recruitment efforts.
- Promote Nurse Practitioners abilities and help ease the hesitation of patients seeing a Nurse Practitioner. With the addition of two Nurse Practitioners in 2018 the clinic was able to increase access.
- Promote the new specialists in cardiology to the community.
- Work to recruit mental wellness providers to the community for ages under 55.
- Review the need for extended hours to compete with the new quick care clinic coming to Springhill.

Implementation

Strategy 3 / Telemedicine (Virtual Health): The future of Telemedicine is very bright. As technology improves and peoples lives become busier, the option of telemedicine will become more important. Currently Springhill is able to do telestroke and teleradiology. The hospital has the capabilities in its clinic software to add the telemedicine option. Telemedicine offers several benefits including improved access, convenience for the patient and provider, cost savings for the patient. There are some challenges including limited coverage by insurers, privacy issues, and sometimes difficulty in diagnosing a complicated patient. With a shortage of primary care physicians and difficulty recruiting to a rural community, telemedicine offers a alternative. According to Georgetown University, a 18.4% growth in telemedicine is predicted in the year 2020. In an effort to move forward with telemedicine, the hospital offers the following for review by the Board of Directors and placed into service following the completion of the 2019 Strategy Meeting. They include:

- Review of clinic software to review the capabilities to use telemedicine
- Review the types of services we would provide to the patient, primary care, mental, etc.
- Kick off services before the end of 2019

Additional Resources In The Community

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 Dept. of Children and Family Services	1-855-4LA-KIDS
	(855-452-5437)
Alcoholics Anonymous	209 S Main St, Springhill LA
Arkansas Adult Protection	1-800-482-8049
	www.aradultprotection.com
Arkansas Child Abuse Dept of Human Services	1-800-482-5964 www.stoparchildabuse.com
Bradley Clinic	(870) 894-3366
Child Protection - Louisiana	LARHIX-1-855-452-5437
Domestic Violence	Hotline 1-800-799-7233 (SAFE)
	TTY Phone: 1800-787-3224
	Male Victims: 1888-743-5754
	www.thehotline.org
Elderly Protective Services	1-800-259-5884
Families Helping Families of Northwest LA	1-888-735-3722
Family Crisis (Domestic Abuse) Providence House	318-226-5015
LA Domestic Hotline	1-888-411-1333
	(rings to Providence House)
LA Adult Abuse (Physically/Mentally and Handicapped)	1-800-898-4910 or
	225-342-9057
LA Dept. of Children & 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 (Patient Advocacy)	National #:1-800-656-4673 www.rainn.org
SPARC Life Services	(318) 847-4356
Suicide Prevention	National: 1-800-273-8255
	www.suicidepreventionlifeline.org
Webster Parish Child Protection	318-371-3001
Wild Goose Ministries	318-578-2262