THE APPROACH

The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act or the ACA, requires not-for-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) at three year intervals. This CHNA is the third that St. Elizabeth Hospital has conducted in Ascension Parish and the findings in this document will guide the ministry’s strategy and community-focused activities over the next three years.

St. Elizabeth Hospital broadened the scope of this third CHNA to be more inclusive of both community partners and the social determinants of health. The intention is that this document and the resulting Implementation Strategy (IS) would be a road map for the many stakeholders that serve Ascension Parish to coordinate and enhance activities that improve the health outcomes for residents. Realizing that it will take a team effort and time to meaningfully change the significant health outcome indicators in our community, the Steering Committee invited each individual and organization that provided input to continue to be involved in the CHNA process and join in the three-year implementation cycle.
4. What are the top 3 items below that would improve health for the people you serve?
   - Access to Healthy Food
   - Safe Places to Walk and Play/Recreation Facilities
   - Easier Access to Medical Services
   - Transportation
   - Wellness Services or Educational Classes
   - Free or Affordable Health Screenings
   - Substance Abuse Services
   - Affordable Housing
   - Better Schools
   - Job Opportunities
   - Affordable Health Insurance

5. What is the best way to inform people of the resources that do exist in the communities you serve? (Please pick the top 3.)
   - Cable/Public Access/Local Morning Shows
   - Newspapers/Local Publications/Magazines
   - Radio Ads
   - Medical Providers
   - Community Programs
   - Social Media Networks
   - Health Fairs/Other Public Events
   - Patient Portal
   - Internet
   - Other (please specify)

6. Are there any additional comments or suggestions you would like to share?
1. What is your primary zip code?
   - 70346 - Donaldsonville
   - 70725 - Darrow
   - 70734 - Geismar
   - 70737 - Gonzales
   - 70769 - Prairieville
   - 70774 - St. Amant
   - 70778 - Sorrento
   - Other (please specify)

2. Please select the top 3 health challenges that the community you serve faces.
   - Cancer
   - Diabetes
   - Weight Management
   - Lung Disease
   - High Blood Pressure
   - Stroke
   - Heart Disease
   - Joint or Back Pain
   - Mental Health Issues
   - Alcohol Overuse
   - Drug Addiction
   - Access to Healthy Foods
   - Access to Medical Care
   - Housing
   - Musculoskeletal Disorders
   - Access to Physical Activity
   - Transportation
   - Dental Care
   - Other (please specify)

3. Which population(s) or areas do you work with?
   - Children
   - Elderly/Senior Services
   - Mental Illness
   - Women's Health
   - Men's Health
   - Other (please specify)
The Steering Committee used a thorough and rigorous approach to gather data and assess the community. The committee conducted a secondary data review, drawing from multiple federal and state data sources to establish baseline conditions. Following this initial review, the committee facilitated two focus groups, one for faith-based leaders and one for community stakeholders; distributed a survey to hospital employees, community stakeholders, and community members; and conducted one-on-one interviews with five elected officials and community leaders. From this combination of primary and secondary data, the committee prioritized the significant health needs that will be the focus of St. Elizabeth and community partners over the next three years.

DATA SOURCES AND METHODS

The Steering Committee also designed an Implementation Strategy to respond to the significant health needs identified. This Implementation Strategy is a separate document that accompanies this CHNA. The hospital is committed to collecting data and assessing progress on the Implementation Strategy quarterly over the three-year implementation timeline. As a living document, the Implementation Strategy may be revised over the three-year implementation period to reflect successful completion of certain objectives or emerging opportunities.

PRIORITIZED AREAS OF NEED

After completing data collection, the Steering Committee reconvened to review the results and prioritize the needs identified in the data and collected through interviews, focus groups, and surveys. The committee also considered the overarching strategic goals of the organization as well as those significant health needs identified two years ago in the most recent CHNA process. Finally, the committee considered ongoing work, both within the hospital and with community partners, to assess the viability of leveraging success and building partnerships during implementation. Behavioral health, health education and prevention, and obesity were selected as the most significant health needs in Ascension Parish and will be the focus of the three-year Implementation Strategy.

NEXT STEPS

Message from the CEO

“In its role as the community’s hospital, St. Elizabeth and its team members, are committed to improving the health and well-being of the greater Ascension community. As part of this commitment, we seek ways in which to be a supportive corporate partner with other organizations and citizens throughout our area to identify needs and establish mechanisms to meet those needs, together, for the betterment of our community.”

-Robert Burgess, St. Elizabeth Hospital Chief Executive Officer
Introduction

To comply with ACA requirements, hospitals must identify the “significant health needs” of the community they serve and construct an Implementation Strategy (IS) to address the identified needs. As a not-for-profit, tax-exempt hospital, St. Elizabeth Hospital is pleased to publish this 2018 CHNA which provides an overview of the significant health needs of the hospital’s primary service area: Ascension Parish, Louisiana. The purpose of this CHNA is to provide a data- and engagement-driven analysis to determine the community’s significant health needs and to help guide local efforts, both hospital and non-hospital, in addressing these needs through the IS.

WHO WE ARE

In 1986, Riverview Medical Center, a hospital in Gonzales, Louisiana was founded. It was a small hospital owned by a large, national for-profit organization. Over the years, Riverview was bought and sold on several occasions to other for-profit entities. The constant change of ownership and a lack of investment caused the hospital to fall short of its potential. In August 2000, Our Lady of the Lake Regional Medical Center, a sponsored hospital of the Franciscan Missionaries of Our Lady Health System, purchased Riverview to ensure continued care for this medically underserved region. The hospital was renamed St. Elizabeth Hospital in honor of St. Elizabeth of Hungary.

In December 2004, St. Elizabeth Hospital obtained separate hospital status and became the fourth hospital in the Franciscan Missionaries of Our Lady Health System, a not-for-profit Catholic health system in Louisiana. St. Elizabeth Hospital offers acute community health care which it delivers to its patients and stakeholders through a licensed acute care 78-bed facility and an extensive physician group providing ambulatory care. The hospital’s key service segments are general inpatient care, emergency services, and outpatient services. As a Catholic healthcare facility, St. Elizabeth Hospital is committed to meeting the health needs of the most vulnerable in the community with compassion, understanding, respect and dignity. The hospital acknowledges its responsibility, born out in its mission, to provide healthcare-related services to the community, especially to those most in need.

In 2007, St. Elizabeth Hospital purchased Lake Ascension Physicians, forming St. Elizabeth Physicians. The practice, already the largest physician group within Ascension Parish, employs 83 physicians and advanced practice providers representing nine specialties and primary care.

St. Elizabeth Hospital has worked industriously to respond to the community through a partnership with Mary Bird Perkins-Our Lady of the Lake Cancer Center to bring advanced cancer services to the area. The hospital also partnered with Ascension Parish Government to establish a Community Clinic for the treatment of uninsured and underinsured members of the community.
6. Please select the top 3 health challenges that your patients face.
   - Cancer
   - Diabetes
   - Weight Management
   - Lung Disease
   - High Blood Pressure
   - Stroke
   - Heart Disease
   - Joint or Back Pain
   - Mental Health Issues
   - Alcohol Overuse
   - Drug Addiction
   - Access to Healthy Foods
   - Access to Medical Care
   - Housing
   - Musculoskeletal Disorders
   - Access to Physical Activity
   - Transportation
   - Dental Care

7. In what areas do you think the community should focus that would have the greatest impact on improving health outcomes for your patients?

8. Is there a specialty you refer your patients to that is not available in this area? If so, what is it?

9. What is the best way to inform people of the resources that exist in the communities that you serve? Pick the top 3.
   - Cable/Public Access/Local Morning Shows
   - Newspapers/Local Publications/Magazines
   - Radio Ads
   - Medical Providers
   - Community Programs
   - Social Media Networks
   - Health Fairs/Other Public Events
   - Patient Portal
   - Internet
   - Other (please specify)

10. Are there any additional comments or suggestions you would like to share?
1. What is the name(s) of the employer/organization through which you provide health care services to residents of Ascension Parish?
   - St. Elizabeth Physicians
   - St. Elizabeth Hospital
   - Other Franciscan Missionaries of Our Lady Health System Facility
   - Post-Acute Care
   - Other (please specify)

2. Please estimate the percent of your patients who do not return for necessary follow-up visits.
   - Less than 25%
   - 25-49%
   - 50-74%
   - 75% or greater

3. Why do you think these patients do not return for follow-up visits? (Check all that apply.)
   - Co-Pay Issues
   - They Felt Better
   - Lack of Education
   - Transportation
   - Forgot Appointment
   - Time Constraints/Work
   - Poor Follow-up/ Call Back System
   - Distance
   - Apathy/Lack of Will to Manage Health
   - Other (please specify)

4. Please estimate the degree to which health care literacy impacts community health.
   - Less Than 25%
   - 25-49%
   - 50-74%
   - 75% or Greater

5. What are the top 3 items below that would improve health for you, your family, and your community?
   - Access to Healthy Food
   - Safe Places to Walk and Play/Recreation Facilities
   - Easier Access to Medical Services
   - Transportation
   - Wellness Services or Educational Classes
   - Free or Affordable Health Care Screenings
   - Substance Abuse Services
   - Affordable Housing
   - Better Schools
   - Job Opportunities
   - Affordable Health Insurance
Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need.

We call forth all who serve in the healthcare ministry, to share their gifts and talents to create a spirit of healing—with reverence and love for all of life, with joyfulness of spirit and with humility and justice for all those entrusted to our care.

We are, with God’s help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

**OUR MISSION**

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God’s people, especially those most in need.

We call forth all who serve in the healthcare ministry, to share their gifts and talents to create a spirit of healing—with reverence and love for all of life, with joyfulness of spirit and with humility and justice for all those entrusted to our care.

We are, with God’s help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

**OUR VALUES**

- **Service**
  The privilege of reaching out to meet the needs of others.

- **Reverence and Love for All of Life**
  Acknowledging that all of life is a gift from God.

- **Joyfulness of Spirit**
  An Awareness of being blessed by God in all things.

- **Humility**
  Being authentic in serving as an instrument of God.

- **Justice**
  Striving for equity and fairness in all relationships with special concern for those most in need.

**OUR VISION**

To make a significant difference in the communities that we serve.
FOR THE PURPOSES OF THIS ASSESSMENT, ST. ELIZABETH HOSPITAL HAS DEFINED ITS COMMUNITY AS ASCENSION PARISH, LOUISIANA, SINCE 72% OF ST. ELIZABETH’S INPATIENT AND OUTPATIENT VOLUME IS FROM ASCENSION PARISH. AS SUCH, THE HEALTH NEEDS PRESENTED IN THIS ASSESSMENT PERTAIN ONLY TO INDIVIDUALS LIVING IN ASCENSION PARISH AT THE TIME THE ASSESSMENT WAS PREPARED. ST. ELIZABETH HOSPITAL DEFINES ITS COMMUNITY TO INCLUDE MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. WHEN DETERMINING HOW TO DEFINE ITS COMMUNITY FOR THE PURPOSES OF THIS ASSESSMENT, ST. ELIZABETH HOSPITAL TOOK INTO ACCOUNT ALL PATIENTS WITHOUT REGARD TO WHETHER (OR HOW MUCH) THEY OR THEIR INSURERS PAY FOR THE CARE RECEIVED OR WHETHER THEY ARE ELIGIBLE FOR ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY.

OUR MINISTRY AREA

St. Elizabeth Hospital contracted with inHealth Strategies, LLC to lead the CHNA process and provide technical assistance. InHealth Strategies worked with the Steering Committee at St. Elizabeth Hospital to collect primary and secondary data, draft the assessment, and construct the Implementation Strategy. St. Elizabeth Hospital also contracted with KPMG, LLP, an audit, tax, and advisory firm, to review the CHNA and IS to ensure they comply with the latest regulatory requirements in Internal Revenue Code section 501(r)(3).

CONSULTANTS

St. Elizabeth Hospital
6. Where do you go for routine healthcare? (Check all that apply)
- Primary Care Physician
- Emergency Room
- Urgent Care
- Other Clinic
- I Do Not Receive Routine Healthcare
- Other (please specify)

7. Are there any issues that prevent you from accessing medical care?
- Can’t Find a Doctor/Lack of Available Doctors
- No Health Insurance
- Cultural/Religious Beliefs
- Transportation
- Unable to Pay Co-pays or Deductibles
- There are No Issues that Prevent Me from Accessing Medical Care
- Other (please specify)

8. What are the top 3 items below that would improve health for you and your family?
- Access to Healthy Food
- Safe Places to Walk and Play/Recreation Facilities
- Easier Access to Medical Services
- Transportation
- Wellness Services or Educational Classes
- Free or Affordable Health Screenings
- Substance Abuse Services
- Affordable Housing
- Better Schools
- Job Opportunities
- Affordable Health Insurance

9. Where do you receive information about health or health care? (Check all that apply)
- Cable/Public Access/Local Morning Shows
- Newspapers/Local Publications/Magazines
- Radio Ads
- Medical Providers
- Community Programs
- Social Media Networks
- Health Fairs/Other Public Events
- Patient Portal
- Internet
- Other (please specify)

10. Are there any additional comments or suggestions you would like to share?
1. What is your primary zip code?
   - 70346 - Donaldsonville
   - 70725 - Darrow
   - 70734 - Geismar
   - 70737 - Gonzales
   - 70769 - Prairieville
   - 70774 - St. Amant
   - 70778 - Sorrento
   - Other (please specify)

2. Please choose your Gender?
   - Male
   - Female

3. Please choose your age group?
   - 18-29 yrs. old
   - 30-39 yrs. old
   - 40-49 yrs. old
   - 50-59 yrs. old
   - 60 + yrs. Old

4. How would you describe your overall health?
   - Excellent
   - Very Good
   - Fair
   - Poor

5. Please select the top 3 health challenges that you or your family face.
   - Cancer
   - Diabetes
   - Weight Management
   - Lung Disease
   - High Blood Pressure
   - Stroke
   - Heart Disease
   - Joint or Back Pain
   - Mental Health Issues
   - Alcohol Overuse
   - Drug Addiction
   - Access to Healthy Foods
   - Access to Medical Care
   - Housing
   - Musculoskeletal Disorders
   - Access to Physical Activity
   - Transportation
   - Dental Care
   - Other (please specify)
Progress Since the Most Recent CHNA

OBESITY AND RELATED CHRONIC DISEASES

St. Elizabeth Hospital identified obesity and related chronic diseases as a significant health need in 2016. In response, the hospital:

- Opened the St. Elizabeth Physician Wellness Clinic in Ascension which specifically targets and addresses nutrition, physical activity and medical counselling for individuals struggling with weight management and chronic disease.
- Continued to operate and fund the St. Elizabeth Physician Diabetes Management Program (DMP). The DMP program provides diabetes education, screenings and access to medical treatment for individuals with diabetes.
- Increased community educational offerings for chronic disease in 2017. In 2016, St. Elizabeth Hospital provided 58 community offerings on obesity and related chronic diseases.
- Provided health coaching and assistance for St. Elizabeth team members with chronic disease through the FMOLHS Healthy Lives program. As a part of this program, 444 St. Elizabeth team members participated in a biometric screening.
- A Lipidologist and Lipidology Clinic to address heart health was added in 2017.
- Since 2015, the adult obesity rate in Ascension Parish has declined from 33% to 31% according to the Robert Wood Johnson Foundation County Health Rankings.

CASE STUDY: OPERATION CHANGE

In response to identifying obesity as a significant health need in the prior CHNA, St. Elizabeth Hospital conducted a controlled, prospective study to evaluate the effectiveness of community-based group education intervention on health choices and physical activity. The study invited 52 participants from the East and West Bank of Ascension Parish (and included residents of St. James and Assumption Parishes). The study collected biometric data as well as survey data from a variety of instruments.

Each group education session in the eight-week program included a teaching component as well as 20-30 minutes of movement. The topics ranged from the role of exercise to stress management to diet and hypertension. The 27 individuals who completed the eight-week program lost an average of 2.3 pounds, saw their BMI decrease, and reduced their blood pressure. The participants also saw positive trends in self-reported data in the following categories: physical functions, role limitations, fatigue, emotional well-being, social function, and pain.

The results of this study show the efficacy of the hospital’s community-based programming and allow for more effective interventions in the future. The educational sessions took place in community spaces (libraries and churches) and provide a platform for future partnerships.

WRITTEN COMMENTS RECEIVED

The Steering Committee invited written comments on the 2016 CHNA and IS via information on the hospital’s web site and verbally during the focus groups. As of publication of this document, no comments have been received. The Steering Committee welcomes comments and feedback on this and past CHNAs.

Written comments may be sent to the CHNA Workgroup/Administration:

1125 West Highway 30, Gonzales, LA 70737.
CANCER

Cancer was another significant need identified in the 2016 assessment. In response, St. Elizabeth Hospital:

- Offered 16 community educational sessions on cancer and related diseases in 2016, including annual skin cancer screenings at the Family Health Festival, community-based prostate cancer screenings and education, and colon cancer screenings.
- Established, in collaboration with Our Lady of the Lake Regional Medical Center, a tobacco cessation program to reduce cancer-related diseases caused by tobacco use. Female employees working for the Franciscan Missionaries of Our Lady Health System who smoke fell by nearly 7% from 2016 to 2017.

MENTAL HEALTH AND SUBSTANCE ABUSE

Mental health and substance abuse was the third significant need identified in the 2016 assessment. In response, St. Elizabeth Hospital worked with community partners and government agencies to:

- Increase the number of mental health related community educational events, in collaboration with other community organizations such as the Ascension Counseling Center and the Gonzales Mental Health Unit.
- In the 2016 calendar year, St. Elizabeth Hospital supported 152 community educational sessions and provided support for groups dealing with mental health related issues. St. Elizabeth continues to support community education on the identification and prevention of mental health and substance abuse in fiscal year 2018.
- Worked with Alzheimer’s Services of Greater Baton Rouge to facilitate bringing a respite center to Ascension Parish for patients suffering with dementia.
- Identified, along with the Franciscan Missionaries of Our Lady Health System, the need for mental health services as a system-wide strategic initiative.
- According to the Robert Wood Johnson Foundation County Health Rankings, self-reported poor mental health days increased from 3.2 days per 30 days to 4.0 days.
The following list of questions and subquestions was used to guide both the community and faith-based focus groups. Participants were first briefed on the purpose of the assessment and made aware that the Steering Committee’s focus was broader than clinical care to include the social determinants of health.

- What do you view as strengths of your community?
  - Every community has assets or organizations that can be leaned on to address challenges ...
  - What are sources of pride for the community?
  - What can be leveraged to improve the current situation?
- What are some of the things that you see as lacking in your community?
  - What are services or needs that you wouldn’t know where to go for or who to turn to?
- With your family or friends, what are your biggest concerns?
  - What challenges have people you’ve known faced in getting or staying healthy?
- Which of these needs would you say is the most important?
  - Is there anything that is driving other concerns?
- What could be done to address these needs?
  - If you were in a position to change your community, what are the first things you’d do?
  - What is the “low hanging fruit” in your community?
- At the conclusion, participants were asked to summarize their most important thoughts or any items that had not been discussed on index cards that were collected by the facilitators.
The following list of questions was used to conduct stakeholder interviews. Stakeholders were also briefed on the purpose of the assessment and made aware that the Steering Committee’s focus was broader than clinical care to include the social determinants of health.

*If stakeholder participated in the process before:

- How did you participate in the assessment last time?
- What went well? Are there examples of success since the last assessment?
- What was challenging?
- In your experience, how was the assessment and plan used or measured last time?
- What would you like to see done differently?

*If not, skip to here:

- As a leader and someone invested in the success of this community, what makes this community special?
- What do you consider are some of the strengths in your community?
- What do you consider are some of the challenges for your community?
- What do you consider to be the major health concerns for the population you serve?
- What do you consider to be some of the needs for the population you serve that are not being addressed?
  - Can you narrow it down to a single biggest need? Why or why not?
- In your opinion, why are these needs not being addressed? What are the barriers?
- Is there anything else you’d like us to know?
Over a period of six months, the Steering Committee undertook a rigorous process to determine the significant health needs of the community. The Committee reviewed secondary data and collected primary data through surveys, focus groups, and one-on-one interviews to form the assessment.

**OUR APPROACH AND METHODOLOGY**

Over a period of six months, the Steering Committee undertook a rigorous process to determine the significant health needs of the community. The Committee reviewed secondary data and collected primary data through surveys, focus groups, and one-on-one interviews to form the assessment.

**STEERING COMMITTEE**

The Steering Committee was comprised of leaders from across the St. Elizabeth organization. The team met monthly to plan data collection activities, review collected information, prioritize significant health needs, and review drafts of the assessment. The Steering Committee, chaired by Victor Vidaurre, was comprised of:

- Randall Falcon, Clinical Operations Manager, St. Elizabeth Physician Practice
- Jon Hirsch, Director of Marketing, St. Elizabeth Hospital
- Charla Johnson, Manager, Community Education and Professional Development, St. Elizabeth Hospital
- Trish Marie, Registered Radiology Technologist, St. Elizabeth Hospital
- Victor Vidaurre, Assistant Vice President of Mission Integration, St. Elizabeth Hospital
- Katherine Willis-Muller, Director of Finance, St. Elizabeth Hospital
- Michael Zarruk, Lean Lead, St. Elizabeth Hospital
The Steering Committee used a three-pronged approach to collect primary data: administering surveys, facilitating focus groups, and conducting one-on-one interviews. Three separate surveys were administered to three target audiences: physicians, community stakeholders, and community members and included responses from 20 physicians, 25 stakeholders, and over 1,700 community members. Stakeholders included representatives from community and faith-based organizations as well as government agencies in Ascension Parish.

Two focus groups were conducted in January and February of 2018; one for leaders of the faith-based community and another for community stakeholders.

### Organizations represented:

<table>
<thead>
<tr>
<th>COMMUNITY STAKEHOLDERS</th>
<th>FAITH-BASED ORGANIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ascension Council on Aging</td>
<td>The Church in St. Amant (2)</td>
</tr>
<tr>
<td>Ascension Counseling Center</td>
<td>Household of Faith Church (2)</td>
</tr>
<tr>
<td>Ascension Parish Health Unit</td>
<td>Life Cathedral Worship Center (2)</td>
</tr>
<tr>
<td>Ascension Parish Sheriff’s Office</td>
<td>St. Theresa of Avila Catholic Church</td>
</tr>
<tr>
<td>Capital Area Agency on Aging</td>
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<tr>
<td>Charlie’s Place</td>
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<tr>
<td>The Church in Donaldsonville</td>
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<tr>
<td>Office of the Parish President</td>
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<tr>
<td>Mary Bird Perkins Cancer Center</td>
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</tr>
</tbody>
</table>

The Steering Committee also conducted a series of one-on-one interviews with elected leaders across Ascension Parish. These included Kenny Matassa (Parish President), Barney Arceneaux (Mayor of Gonzales), Mike Lambert (Mayor of Sorrento), and Leroy Sullivan (Mayor of Donaldsonville). Several parish health officials participated in the interview with President Matassa. The team also interviewed Susanne Hamilton, who leads the Ascension Counseling Center.

Participants in the focus groups and stakeholders interviewed helped the Steering Committee identify additional community resources and programs. Many of these were affiliated with state and local government agencies or faith-based organizations. Subsequently, some of these ongoing community activities, such as collaborations with the Ascension Counseling Center, became part of the Implementation Strategy as partnership opportunities for St. Elizabeth Hospital.

### SECONDARY DATA REVIEW

The Steering Committee reviewed an extensive set of secondary data from multiple sources to better understand demographics and health outcomes across the parish. These sources included the Robert Wood Johnson Foundation’s County Health Rankings, the US Census Bureau, the Centers for Disease Control’s Health Status Indicators, the Community Commons Data Set, and the Bureau of Labor Statistics. The indicators included demographic information, health outcomes data, and data on the social determinants of health (including economic, education, housing, transportation, crime, and access to healthy food and physical activity indicators).

The data mined from these sources was shared with individuals participating in focus groups as well as the Steering Committee. The Steering Committee noted in the assessment process that many of these data sets included data several years old as a result of the lag time in collection and publication. Combined with the information from primary data collection, these were used to identify and prioritize significant health needs.
WEIGHT MANAGEMENT

With nearly 31% of adults classified as obese, Ascension Parish has more obese adults than the national average according to the Robert Wood Johnson Foundation County Health Rankings. Also higher than the national average, 10.9% of adults have a diabetes diagnosis, and nearly 30% of individuals on Medicare have diabetes.

Obesity, and comorbidities like hypertension and diabetes, are prevalent in the community and the community survey identified a great demand for wellbeing and educational services related to weight management (access to healthy food and safe places to walk and play). The Steering Committee also heard that both diet and exercise could improve weight reduction efforts in stakeholder interviews and focus groups.

St. Elizabeth Hospital offers a Diabetes Management Program through partnerships at the system level, and provides weight and diabetes management coaching to employees through the Healthy Lives Program. St. Elizabeth has also increased staffing to facilitate a walk-in clinic for primary care services in Donaldsonville.

COMMUNITY ASSETS

Throughout the primary data collection process, it was clear that Ascension Parish has great strengths and successful programs addressing many of the significant health needs in the parish. There have been some efforts by public agencies to compile a resource directory, but it is challenging to keep the information current. The aim of this document is not to create a list of community assets, but to identify key partners who can play a role in changing the trajectory of health outcomes in Ascension Parish. To that end, the Steering Committee invited all interviewees and/or focus group participants to engage in this process. Specifically, they are invited to review drafts of this document and serve as community partners with St. Elizabeth Hospital in the Implementation Strategy. The Steering Committee also made note of additional individuals and organizations that were mentioned in interviews, focus groups, or surveys and will follow up to invite their participation.

Next Steps

IMPLEMENTATION PLAN

The Steering Committee designed an Implementation Strategy to respond to the significant health needs identified. This Implementation Strategy is a separate document that St. Elizabeth Hospital will make public along with this CHNA. The hospital is committed to collecting data and assessing progress on the Implementation Strategy quarterly over the three-year implementation timeline. As a living document, the Implementation Strategy may be revised over the three-year implementation period to reflect successful completion of certain objectives or emerging opportunities.
SIGNIFICANT HEALTH NEEDS

The Steering Committee matrixed the results of the surveys, interviews, and focus groups with the secondary data research and demographic report to identify commonalities. The committee also considered the significant health needs identified in the 2016 assessment during the prioritization process as well as the overarching strategic goals of the organization. Finally, ongoing work was considered, both within the hospital and with community partners, to assess the viability of leveraging success and building partnerships during implementation.

From this process, the Steering Committee retained both behavioral health and weight management (formerly obesity) as priority areas. Both were supported by strong secondary evidence and were ubiquitous in primary data collection. Obesity was recategorized as weight management to be more inclusive of the many comorbidities that were emphasized by the community in primary data collection.

The committee discussed the list of identified needs above and determined that creating a third priority captured key aspects of the input we received from the community. The group defined “education and prevention” as a third priority that includes elements of cancer prevention, wellness education, and health insurance education and enrollment.

BEHAVIORAL HEALTH

Ascension Parish has a lower rate of behavioral health providers than the national average and community members identified existing outpatient behavioral health services as insufficient for the need. Law enforcement indicated that they are experiencing a greater volume of calls for behavioral health issues and had few options to resolve these calls.

The parish also has a tax millage that funds a counseling center which operates on a sliding fee scale, making behavioral health services accessible for those with transportation to the center. The center also works with law enforcement and clinical providers on programs to divert individuals from the criminal justice system. St. Elizabeth Hospital refers individuals to the Ascension Counseling Center and the Gonzales Mental Health Unit and will continue to provide staff time to conduct programs on behavioral health and substance abuse.

HEALTH EDUCATION AND PREVENTION

Ascension Parish trends negatively against the national average in both adults who have no regular physical activity and adults who do not get the recommended daily allowance of fruits and vegetables. The parish also has above average indications in several cancer types, including prostate and lung. The parish ranks higher than the national average for individuals who report not seeing a doctor due to cost.

The committee felt that creating a health education and prevention priority would allow the Implementation Strategy to address concerns across a broader spectrum of identified needs. This could include cancer and other preventative screenings, the educational programs that the hospital and partners facilitate, as well as the hospital’s status as a Medicaid enrollment and education center. This category touches on several needs the community identified that were in different buckets on the Identified Needs list.

In addition, St. Elizabeth Hospital has staff resources in Community Education and Professional Development to offer educational programming on topics including obesity, diabetes, and arthritis.
The table below illustrates how St. Elizabeth Hospital sought representation and input from public health agencies as well as medically underserved, low-income, and minority populations.

<table>
<thead>
<tr>
<th>PARTICIPATING ORGANIZATION</th>
<th>POPULATIONS REPRESENTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Public Health</td>
</tr>
<tr>
<td>Ascension Council on Aging</td>
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<tr>
<td>Ascension Parish Sheriff’s Office</td>
<td></td>
</tr>
<tr>
<td>Capital Area Agency on Aging</td>
<td>X</td>
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<tr>
<td>Charlie’s Place</td>
<td></td>
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<tr>
<td>The Church in Donaldsonville</td>
<td>X</td>
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<tr>
<td>Life Cathedral Worship Center</td>
<td></td>
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<tr>
<td>Mayor of Donaldsonville</td>
<td>X</td>
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<tr>
<td>Mayor of Sorrento</td>
<td></td>
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<tr>
<td>Office of the Parish President</td>
<td>X</td>
</tr>
<tr>
<td>Mary Bird Perkins-OLOL Cancer Center</td>
<td></td>
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<tr>
<td>St. Theresa of Avila Catholic Church</td>
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</tbody>
</table>

GAPS, LIMITATIONS AND OTHER CONSIDERATIONS

No significant gaps were encountered after examination of the collected data, nor were there any problems soliciting input from required sources. This CHNA utilized an extensive data set derived from the best, most current public health data available.

Some of the data used, such as survey instruments, are subject to limitations of variability due to sampling errors and the accuracy of self-reported data.

The process included the health needs and input of the low-income, minority, and medically underserved populations.
Our Findings

SUMMARY
On the whole, Ascension Parish achieves better economic success and health outcomes than much of the rest of Louisiana, although still falling below national trends in most health measures and several economic data points.

Within the parish, significant disparities exist. Donaldsonville on the West Bank of Ascension Parish experiences notably worse health outcomes and socio-economic indicator data than the rest of the parish. Rates of cancer (particularly lung and prostate) and diabetes are higher on the West Bank while incomes are lower. Depending on the location within the parish, transportation and distance from healthcare services can be a significant barrier. Transportation to resources and government programs located on the East side of the parish can be challenging and effectively limit West Bank residents from accessing some public services.

Health insurance appears to be less of a barrier to accessing care than affordability, particularly after the state expansion of Medicaid.

Weight management, and the associated comorbidities of diabetes, hypertension, and joint and back pain, is a significant issue in Ascension Parish despite decent access to parks, grocery stores, and fitness centers. Compared to the United States, more adults in Ascension Parish have no regular physical activity and fail to consume the recommended amount of fruits and vegetables. Health indicators, such as rates of obesity and diabetes, remain higher than the national average.

As in many communities, behavioral health and substance abuse are needs that outstrip the available resources. While some effective public programs exist, they are centralized and long waiting lists, particularly for behavioral healthcare, can be a barrier.

DEMOGRAPHIC REPORT
For the purposes of this assessment, the primary service area was determined to be Ascension Parish, Louisiana. Data from a variety of sources led to the following characterization of the service area:

As of 2015, Ascension Parish is home to 119,455 individuals. 69% of the population is non-Hispanic white, 23% is African-American, 5% Hispanic, and 3% other. Only 1% of the individuals who live in the parish are not proficient in English. The median household income in Ascension Parish ($70,551) is higher than both the state and national average and the unemployment rate is 5.3% (lower than the state average of 6.1%, but higher than the national average of 4.9%). The share of individuals receiving Supplemental Nutrition Assistance Program (SNAP) benefits is lower than both the state and national averages.

- 88% of students in Ascension Parish graduate on time
- 12% of residents over the age of 25 do not have a high school diploma or equivalent.
- 1.38% of individuals walk or bicycle to work
- Less than 0.2% use public transportation.

Ascension Parish residents enjoy above average access to recreation and fitness facilities compared to both the state and the country. Grocery stores are numerous (22.38 per 100,000 compared to a national average of 21.19) as are fast food restaurants (Ascension has three more per 100,000 residents than the rest of the state).

- 44.8% of residents are categorized as having low food access
- 34.8% of adults in Ascension Parish are categorized as obese
- 28.2% have hypertension
- 34.9% have high cholesterol
- 10.9% have diabetes

Note: 119,455 people resided in Ascension Parish in 2015
The Steering Committee first created a list of needs identified by the statistical data review, survey results, focus group insights, and stakeholder interviews. That list was organized thematically and is presented below in alphabetical order:

<table>
<thead>
<tr>
<th>Affordability</th>
<th>Barriers to Healthy Choices</th>
<th>Behavioral Health*</th>
<th>Cancer</th>
<th>Dental Care</th>
<th>Housing</th>
<th>Preventative Care</th>
<th>Transportation*</th>
<th>Weight Management*</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Health insurance, co-pays, and deductibles are too expensive</td>
<td>• Geographic: the West Bank is harder to reach and fewer services are available there (less youth programming, adult training programs, etc.)</td>
<td>• Substance abuse</td>
<td>• Particularly a lack of affordable housing for seniors</td>
<td>• Lack of access to affordable screenings and preventative care</td>
<td>• Barrier to individuals accessing healthcare and healthy choices</td>
<td>• Difficulty in accessing services on the West Bank (see above)</td>
<td>• Obesity, diabetes, and high blood pressure</td>
<td>• Demand for access to healthy foods and safe places to walk/exercise</td>
</tr>
<tr>
<td>• Cost can be a barrier to seeking care</td>
<td>• Limited access to healthy food</td>
<td>• Behavioral health services</td>
<td></td>
<td>• Lack of access to safe and convenient places to exercise</td>
<td>• Demand for additional educational or well-being resources</td>
<td>• Transitions between care/services can be challenging</td>
<td>• Lack of outpatient services</td>
<td>• Suicide</td>
</tr>
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*More prevalent among stakeholders than in the community survey

From this list, the Steering Committee reassessed the primary and secondary data available to prioritize the significant community health needs and design an Implementation Strategy to respond to these needs.
NEEDS IDENTIFIED BY THE FOCUS GROUPS

- Access to care
- Behavioral health services
- Housing
- Transitions of care
- Transportation

Participants in the focus groups also identified strengths of Ascension Parish that can be built upon through the Implementation Strategy. There was agreement that the people of Ascension were generally giving and felt a sense of responsibility for each other. Faith-based leaders in particular noted that communities in Ascension were like families and had a strong respect for faith, even if they were not people of faith themselves. Many participants also mentioned that Ascension Parish is an accepting place to those moving into the parish.

Individuals also named the school system, the library system, and the parish government as community assets. They felt that St. Elizabeth Hospital was making effective efforts to meet the community’s needs and participating in community events that increased access to healthcare for residents. St. Elizabeth Hospital’s reputation has improved in the last decade, according to participants, due to the services provided and the partnerships established in the community.

STAKEHOLDER INTERVIEW RESULTS

The interviews with stakeholders confirmed several trends from the secondary data and revealed more recent developments.

All interviewees mentioned both weight management and behavioral health as concerns for the populations they serve. There are promising initiatives being launched by parish health services and law enforcement around behavioral health and substance abuse diversion programs, but they are in the early phases. Still, there are strong connections within the existing network of behavioral health providers and several active community coalitions.

Both the Parish President and the Mayor of Donaldsonville observed that the West Bank has unique challenges. There is a lack of specialists and primary care providers available and many of the parish services located in Gonzales are not easily accessible to residents on the West Bank. The hospital in Donaldsonville is improving its image, but some residents refrain from seeking care there as it is a critical access facility which does not provide comprehensive services.

Many stakeholders noted that access to healthcare has improved in recent years due to an increase in specialty services and the growth of St. Elizabeth Hospital to meet community needs. While many wanted to see additional community events and screenings, they were pleased with the trajectory of healthcare services in the parish. Several also mentioned a growing need for after hours options, particularly in more isolated areas of the parish.

Another common theme was the connection between education, job opportunities, and health. The school system is generally seen as a strength, although in Donaldsonville, the schools are struggling to achieve the same level of success as elsewhere in the parish. The demand for skilled labor continues to outstrip the local supply, forcing many of the large manufacturers and plants to hire from outside the parish. Many leaders noted that job training that facilitated local employment would lead to rising incomes and improved health outcomes.
In healthcare, Ascension Parish has 62 mental health providers per 100,000 residents which is much lower than the national average of 202.8. There are also fewer primary care providers (73 per 100,000) than the state (78) or national average (88). Some Ascension Parish residents utilize healthcare providers in other parishes, notably East Baton Rouge Parish, which may help explain the low provider numbers.

- 19% of adults classify themselves as smokers
- 18% report binge drinking regularly
- 84.4% of adults report inadequate consumption of fruits and vegetables
- 28.1% report getting no regular physical activity

Rates of violent crime are lower in Ascension than in the state of Louisiana or the country. The teen birth rate (39.2/100,000) is lower than the state (50.2), but higher than the national average (36.6).
Three separate surveys were conducted over the course of January and February 2018. These surveys were specific for physicians, community stakeholders, and community members.

The physician survey clearly identified weight management issues (diabetes, obesity, high blood pressure, and access to healthy foods) and behavioral health as primary challenges for patients. Many of the suggested interventions and open-ended answers pointed to weight management interventions and addressing the social determinants of health that keep patients from a healthy lifestyle. Health education and community programs were singled out as areas having the greatest impact on improving health outcomes for patients. Physicians recognized transportation and affordability as concerns for patients keeping appointments, but most felt that less than 25% of their patients failed to make necessary follow-up appointments (with the most common reason being that they were feeling better).

The community stakeholder survey heavily emphasized behavioral health and substance abuse concerns, although the stakeholder group also included a significant number of behavioral health providers and proponents. The survey also identified weight management and associated comorbidities as issues for those they serve.

The community stakeholders represented organizations that served children, seniors, and who focused on behavioral health, women’s health, and men’s health. Community Stakeholders suggested interventions that would improve health outcomes: affordable health insurance (56%); substance abuse services (48%); transportation (40%); wellness services or educational classes (40%); safe places to walk and play (24%); easier access to medical services (24%); and free or affordable health screenings (24%).

The community members survey identified weight management, affordable access to care, and behavioral health/substance abuse as areas of need. Behavioral health was less prevalent in the community members’ survey than in the provider or community stakeholder surveys, but the combined responses for mental health issues along with drug abuse and alcohol abuse are significant.

The top health challenges identified by respondents were weight management (60%); high blood pressure (57%); joint or back pain (43%); diabetes (37%); heart disease (24%); and mental health issues (11%). Community members also suggested interventions that impact the social determinants of health: safe places to walk and play (53%); access to healthy food (48%); affordable health insurance (48%); free or affordable health screenings (47%); wellness services or educational classes (45%).

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**SURVEY RESULTS**

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Two focus groups were held in January and February of 2018. The first was attended by 11 stakeholders from various community organizations, government agencies, and faith-based organizations. The second included seven faith leaders from across Ascension Parish. Some individuals who participated in the stakeholder interview process were also present at the initial focus group.

The focus groups identified many areas of need similar to those revealed by the survey results. Transportation is a major challenge in Ascension Parish, particularly for those living on the West Bank. Some transportation services are available for seniors through the Council on Aging, but no broader public transportation services exist. There is also a lack of affordable housing for both seniors and non-seniors in the parish. Faith leaders noted that the cost of housing is disproportionately high for lower income individuals, yet the quality of housing is still low. While most perceptions of St. Elizabeth Hospital were positive, transitions between care environments and a lack of in-home care options prove challenging for residents.

Challenges were also noted with weight management and associated comorbidities such as diabetes and hypertension. Diet was identified as the driving factor by most participants. While healthy options are available at grocery stores and some restaurants, there is a perception that eating healthy is both more expensive and less enjoyable. Many participants suggested increased community education around lifestyle and diet choices as a positive step.

Participants also identified challenges related to behavioral health and substance abuse. A lack of community resources, particularly outpatient resources, was an issue noted in both groups. Ascension Parish lacks services such as a detoxification center or adequate recovery housing, for women in particular. Faith leaders strongly attributed the root of many of these struggles to the breakdown of the nuclear family. In addition, they highlighted the unaddressed spiritual and emotional needs that manifest themselves in coping behaviors and/or behavioral health issues. Faith leaders also noted that many of these coping behaviors were modifiable and that churches had a larger role to play in partnering with healthcare and communities, including accepting referrals for counseling and associated behavioral health services.

Finally, access to care was both a positive and a negative in the discussion. Participants were pleased with the services of healthcare providers, but noted that not all residents had easy and affordable access to care. Many faith leaders requested more free or affordable health screenings to mitigate against individuals avoiding care due to cost.