

Union General Hospital

Implementation Strategy

For FY2013 – 2015 Summary

Union General Hospital (UGH) is a 25-bed Critical Access Hospital located in Farmerville, Louisiana. In 2012, the hospital conducted a Community Health Needs Assessment (CHNA) to identify the health needs of Union Parish. The Implementation Strategy for UGH was developed based on the findings and priorities established in the CHNA and a review of the hospital's existing community benefit activities.

This report summarizes the plans for Union General Hospital to sustain and develop community benefit programs that 1) address prioritized needs from the 2012 Union Parish CHNA and 2) respond to other identified community health needs.

The following priority needs were identified by the community and the CHNA steering committee. Particular focus was placed upon these needs in developing the implementation strategy.

1. Cancer education
2. Heart Disease Prevention – Education on diet, exercise and medicine management
3. Maternal/Infant/Child – Early education and teen pregnancy prevention program
4. Alcohol/Tobacco/Drug Use – Early education in schools

Union General Hospital developed implementation strategies to address each of the health issues identified below, with the exception of item “8d. Access to Care – Mental Health”. This rural, critical access hospital does not have the clinical resources available to address this issue beyond the Intensive Outpatient Mental Health Program currently offered. In addition to this program, there are three specialty mental health providers in the community that are better equipped to meet this need.

Specific implementation strategies for each of the CHNA identified health needs are included as appendices to this report.

1. Breast Cancer (Appendix 1)
 - a. Higher incidence rates than State and U.S.

2. Lung Cancer (Appendix 2)
 - a. Higher death rates than U.S.
 - b. Adolescent smoking had almost doubled in three years

3. Prostate Cancer (Appendix 3)
 - a. Higher death rates than State and U.S.
 - b. Disparity among Black males

4. Heart Disease and Stroke (Appendix 4)
 - a. High heart disease and stroke rates, with disparity among Blacks and Hispanics
 - b. High diabetes rates, with disparity among Blacks and Hispanics

5. Maternal/Infant/Child (Appendix 5)
 - a. High teen pregnancy rates
 - b. Low birth weights, with disparity among Blacks
 - c. High infant mortality rates, with disparity among Blacks
 - d. Inadequate prenatal care among Blacks

6. Alcohol and Drug Use (Appendix 6)
 - a. Increase in alcohol and drug use among adolescents

7. Sexually Transmitted Disease (Appendix 7)
 - a. High STD rates, with disparity among Black females

8. Access to Care (Appendix 8)
 - a. Lack of transportation to health resources
 - b. Poverty and low-income, lack of insurance
 - c. Lack of community awareness of health care resources
 - d. Mental health
 - e. Dental health

Community Work Plan for <i>Breast Cancer</i> <i>Refer to CHNA page - 25</i>	
Health Problem	Outcome Objective
Breast Cancer Deaths	Continue to maintain the breast cancer death rate below the Healthy People 2020 goal of 20.6 per 100,000 females. (C-3)
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> Family history 	<ul style="list-style-type: none"> Educate on family risk factors/genetics
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> Lack of insurance Lack of screenings/self-exams Fear of testing Inconvenience 	<ul style="list-style-type: none"> Provide low-cost or free screenings Promote annual mammograms at age 40 Promote Clinical breast exams Provide community education on early detection Promote and market breast self-exam
Resources Available	Barriers
<ul style="list-style-type: none"> Louisiana Cancer Control Partnership (LCCP) Local Community Churches Hospital staff LSU mammography unit Physician exams 	<ul style="list-style-type: none"> Funding Transportation to resources Loss of LSU support

Description of the health problem, risk factors and contributing factors:

Breast cancer was the second most frequently diagnosed cancer in women, with skin cancer being the first. The breast cancer incidence rate in Union Parish (123.6 per 100,000 population) was higher than that of Louisiana (118.2) and the U.S. (121.1). An active breast cancer screening program will identify breast cancer early, and prevent deaths. The breast cancer death rate in the Parish was lower than State or U.S. rates, which can be related to the higher incidence counts through early detection.

Related Healthy People 2020 objectives:

C-3 – Reduce the female breast cancer death rate -10 percent improvement by 2020 – Goal: 20.6 per 100,000 females.

Implementation Strategies to reduce contributing factors:

Union General partners with Building Healthy Communities, Inc. in a collaborative effort to help decrease morbidity and mortality in the area of breast cancer for the uninsured and underinsured women of their community. The LA Rural Telemammography Project targets women in Union Parish and surrounding areas who are underserved and/or underinsured and have not had a mammogram within one year. The hospital identifies potential patients, provides office space, provides parking space for the van, allows use of telemedicine and videoconferencing equipment, provides access to T1 lines, and assists in scheduling and follow-up of recommended diagnostic testing.

The hospital has worked diligently to insure that patients show up for their appointments with a recent attendance rate of 90 percent.

The hospital plans to continue this collaborative effort in the future in order to identify the incidence of breast cancer and reduce deaths.

The hospital hosts the LSU Cancer Support Group Meeting by teleconferencing equipment the second Thursday of each month. The hospital will provide annual breast education and a celebration for survivors. “Pink Sunday” is an educational awareness project that is scheduled to be held in three African-American churches in the community. Hospital staff will go into the churches by invitation and provide handouts and education. The hospital will participate in a faith-based breast and cervical cancer education program with the ULM School of Nursing. This program will be used to reach the African-American community. The hospital collaborates with the Cancer Foundation League by assisting patients with paperwork and obtaining information. The hospital will also collaborate with “Just Like You” Mastectomy Boutique to assist patients in locating services. The hospital staff will participate in “Pink Day” activities as part of the Mayor’s Proclamation of National Breast Cancer Awareness Month.

Anticipated sources of funding and collaborative efforts:

LCCP

LSU grant funding and collaboration

Hospital staff

Local faith based organizations

Measures:

Number of screenings provided

Number of educational programs

Number of attendees at programs

Breast cancer death rate below 20.6 per 100,000 females

Community Work Plan for <i>Lung Cancer</i> <i>Refer to CHNA page - 22</i>	
Health Problem	Outcome Objective
Lung Cancer Deaths	<ul style="list-style-type: none"> Over the next five years, reduce the lung cancer death rate by 5 percent from 63.5 per 100,000 (2003-2007) to 60.3 per 100,000 Over next three years, provide annual education in elementary, middle, and senior high schools to prevent tobacco use and addiction
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> Smoking 	<ul style="list-style-type: none"> Smoking cessation among adults Smoking education among adolescents Increase smoke-free environments
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> Peer pressure Parents/relatives who smoke 	<ul style="list-style-type: none"> Promote positive role models Peer to peer counseling
Resources Available	Barriers
<ul style="list-style-type: none"> Louisiana Cancer Control Partnership School leaders / coaches Hospital staff American Cancer Society Employers 	<ul style="list-style-type: none"> Parental support Cost of cessation drugs

Description of the health problem, risk factors and contributing factors:

Lung cancer death rates in Union Parish (63.5 per 100,000) were higher than U.S. rate (52.5 per 100,000). Cigarette, cigar, and pipe smoking are the leading risk factors for lung cancer. Adolescent smoking in Union Parish almost doubled from 2006 to 2010.

Related Healthy People 2020 objectives:

C-2 – Reduce the lung cancer death rate - 10 percent improvement by 2020 – Goal: 45.5 deaths per 100,000 population
 ECBP-2.5 – Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in tobacco use and addiction - 10 percent improvement by 2020 – Goal: 89.1 percent

Implementation Strategies to reduce contributing factors:

Hospital staff will collaborate with the Louisiana Cancer Control Partnership and school leaders to provide targeted education to adolescents regarding the health risks of smoking. The program will include graphic depictions of the effect of smoking on an individual’s body. Efforts will be made to include testimonials from lung cancer patients and/or family members who have seen firsthand the effects of this disease. This educational program will be provided to elementary, middle, and senior high school students on an annual basis.

Union General Hospital has become a complete tobacco free facility and encourages local businesses to follow this program. The hospital will offer information and other assistance in accomplishing this goal.

All UGH inpatients are screened for tobacco usage and are counseled and provided literature on the risks of smoking and smoking cessation.

Anticipated sources of funding and collaborative efforts:

Grants
 Louisiana Cancer Control Partnership
 School leaders
 Hospital staff

Measures:

Number of educational programs presented
 Number of attendees
 Decrease in smoking rates

Community Work Plan for <i>Prostate Cancer</i> Refer to CHNA page - 27	
Health Problem	Outcome Objective
Prostate Cancer Deaths	<ul style="list-style-type: none"> Over next five years, reduce the prostate cancer death rate by 5 percent from 51.4 per 100,000 to 46.3 per 100,000
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> Family history African-American race 	<ul style="list-style-type: none"> Education to African-American males
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> Lack of screening Lack of education 	<ul style="list-style-type: none"> Provide information to community about prostate cancer screenings Specifically target the African-American male community for education Involve community/church “leaders” in promoting
Resources Available	Barriers
<ul style="list-style-type: none"> Louisiana Cancer Control Partnership Faith-based organizations Hospital staff Local physicians 	<ul style="list-style-type: none"> Disagreement among medical experts regarding necessity of screenings Fear of screening Lack of insurance Distrust among African-Americans with health care providers Lack of insurance to cover treatment Lack of transportation to attend educational sessions

Description of the health problem, risk factors and contributing factors:

Union Parish had higher death rates for prostate cancer deaths (51.4 per 100,000 population) than for the State (28.8) or the U.S. (24.7). Black men in the Parish had significantly higher incidence rates than other populations.

Related Healthy People 2020 objectives:

C-7 – Reduce the prostate cancer death rate - 10 percent improvement by 2020 – Goal: 21.2 deaths per 100,000 males

Implementation Strategies to reduce contributing factors:

The American Cancer Society recommends that men make an informed decision with their doctor about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The American Cancer Society believes that men should not be tested without learning about what we know and don't know about the risks and possible benefits of testing and treatment.¹

Hospital staff will collaborate with local physicians, the North Louisiana AHEC and the Louisiana Cancer Control Partnership to determine if educational programs targeted toward African American males are beneficial. If so, programs will be coordinated with African American church leaders in the Parish.

Anticipated sources of funding and collaborative efforts:

Louisiana Cancer Control Partnership
 Grants
 Local African-American churches
 Local physicians

¹ www.cancer.org

Measures:

Number of programs presented

Number of attendees

Reduction in prostate cancer death rate

Community Work Plan for <i>Heart Disease and Stroke</i> <i>Refer to CHNA page - 30</i>	
Health Problem	Outcome Objective
Heart Disease and Stroke	In five years, reduce heart disease death rate by 10 percent, from 236.4 per 100,000 in 2009, to 213 per 100,000 population In five years, reduce stroke death rate by 10 percent, from 48.1 per 100,000 in 2009, to 43.2 per 100,000
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> • High blood pressure • Smoking • High cholesterol • Overweight / Obesity • Diabetes • Family history 	<ul style="list-style-type: none"> • Offer blood pressure checks • Smoking cessation education • Offer cholesterol screening • Promote healthy eating /exercise • Provide Diabetes education
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> • Lack of medication management • Unhealthy eating habits • Lack of monitoring blood pressure • Lack of monitoring blood sugar • Lack of insurance 	<ul style="list-style-type: none"> • Educate on how to eat healthy within budget • Free blood pressure monitoring • Free blood sugar monitoring
Resources Available	Barriers
<ul style="list-style-type: none"> • Public health unit • Hospital staff • Rural health clinic • Physicians • Recreation facilities • American Heart Association • American Diabetes Association • Council on Aging • Triad of Union • Faith-based organizations • Children’s Coalition 	<ul style="list-style-type: none"> • Low-income and poverty • Transportation • Language barriers

Description of the health problem, risk factors and contributing factors:

Heart disease was the second leading cause of death of Union Parish Residents. Stroke was the fourth leading cause of death. Union Parish death rate from heart disease (236.4 per 100,000) was higher than the rate for Louisiana (222) and the U.S. (179.8). Union Parish death rate from stroke (48.1 per 100,000) was higher than the rate for Louisiana (44.9) and the U.S. (38.9).

Related Healthy People 2020 objectives:

HDS-2 – Reduce coronary heart disease deaths - 20 percent improvement by 2020 – Goal: 100.8 per 100,000 population

HDS-3 – Reduce stroke deaths- 20 percent improvement by 2020 – Goal: 33.8 per 100,000 population

TU-1.1 – Reduce cigarette smoking by adults – Goal: 12 percent

TU-2.2 – Reduce cigarette use by adolescents within last 30 days – Goal: 16 percent

TU-4 – Increase smoking cessation attempts by adult smokers – Goal: 80 percent

TU-7 – Increase smoking cessation attempts by adolescent smokers – Goal: 64 percent

D-13 – Increase the proportion of adults with diabetes who perform self-blood glucose monitoring at least once daily by 10 percent by 2020 – Goal: 70.4 percent

D-14 – Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education -10 percent improvement by 2020 – Goal: 62.5 percent

D-15 – Increase the proportion of persons with diabetes whose condition has been diagnosed - 10 percent improvement by 2020 – Goal: 80.1 percent

Implementation Strategy to reduce contributing factors:

In February, hospital staff will invite the community to the hospital to attend “Go Red” educational seminars related to heart disease and stroke prevention, as well as the underlying causes such as obesity and diabetes. During the “Go Red” event, hospital will give coupons to attendees to receive free cholesterol screenings – over \$150 value to patient. This may be continued as funding permits. Hospital staff will also provide educational material and free screenings (blood pressure checks, weight, body mass index) to the community at locations such as Walmart, the Council on Aging and local churches. Programs will also be offered to the Hispanic community through the “Day of the Family” health fair. As requested by community members, educational programming will be designed for the intended audience to facilitate understanding (Hispanics, Seniors, Blacks).

If grant funding can be obtained, hospital plans to offer basic blood pressure monitoring training to local church leaders. The grant-funded equipment will be donated to the

<p>church and possibly provided in other key locations within the community.</p> <p>In cooperation with the Children’s Coalition and other organizations, UGH will offer information on healthy eating/lifestyle choices in the Hispanic community.</p>
<p>Anticipated sources of funding and collaborative efforts:</p> <ul style="list-style-type: none">• Grant funding• Collaborate with churches, local businesses, Council on Aging, Hispanic community leaders
<p>Measures:</p> <p>Number of programs</p> <p>Number of attendees</p> <p>Number of free screenings</p> <p>Number of community members trained</p> <p>Reduction in deaths from heart disease</p> <p>Reduction in deaths from stroke</p>

Community Work Plan for <i>Teen Pregnancy, Infant Mortality, Low Birth Weight</i> Refer to CHNA page - 44	
Health Problem	Outcome Objective
Teen Pregnancy Infant Mortality Low Birth Weight	<ul style="list-style-type: none"> Over next five years, reduce teen birth rates by 5 percent to 68.7 per 1,000. Over next five years, reduce infant mortality rate by 5 percent to 8.1 per 1,000 births. Over next five years, reduce low birth weight by 2.5 percent to 11 percent of births.
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> Teen sex Inadequate prenatal care 	<ul style="list-style-type: none"> Education to promote abstinence or protected sex Increase access to prenatal health sources
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> Low self-esteem Peer pressure Family environment Alcohol and drug use Not using birth control 	<ul style="list-style-type: none"> Programs aimed at young girls, such as Girl Talk Education Access to low cost or free birth control
Resources Available	Barriers
<ul style="list-style-type: none"> Local health department provides free condoms and free pregnancy testing Local health department provides maternity care AHEC School System Hospital staff 	<ul style="list-style-type: none"> Parental objections to program School system buy-in Family cyclical behavior Financial incentives (WIC, Food stamps, Medicaid, direct financial assistance) Viewed as acceptable behavior No negative consequences

Description of the health problem, risk factors and contributing factors:

The teen birth rate in Union Parish (72.3 per 1,000) was significantly higher than that of Louisiana (52.7) and the U.S. (39.1). The teen birth rate among Black females was twice that of White females. The infant mortality rate (9 per 1,000 live births) and low birth weight (11.3 percent of births) were also high.

Related Healthy People 2020 objectives:

MICH 1.3 – All infant deaths within one year – 10 percent improvement by 2020 – Goal: 6.0 per 1,000 births
 MICH 8.1 – Reduce low birth weight – 5 percent improvement by 2020 – Goal: 7.8 percent
 ECBP 2.7 – Increase the proportion of elementary, middle, and senior high schools that provide comprehensive health education to prevent unintended pregnancy, HIV/AIDS, and STD infection – 10 percent improvement by 2020 – Goal: 43.2 percent of schools
 FP 8.1 – Reduce pregnancy rates among adolescent females aged 15 to 17 years – 10 percent improvement by 2020 – Goal: 36.2 per 1,000

Implementation Strategy to reduce contributing factors:

Hospital staff will develop educational programs targeting the prevention of teen pregnancies. This will be a collaborative effort involving the local public health unit, school officials, faith-based organizations, AHEC, and parents in the community. Separate programs will be developed, dependent upon age group and gender.

Hospital staff will identify evidence-based interventions in developing this program:

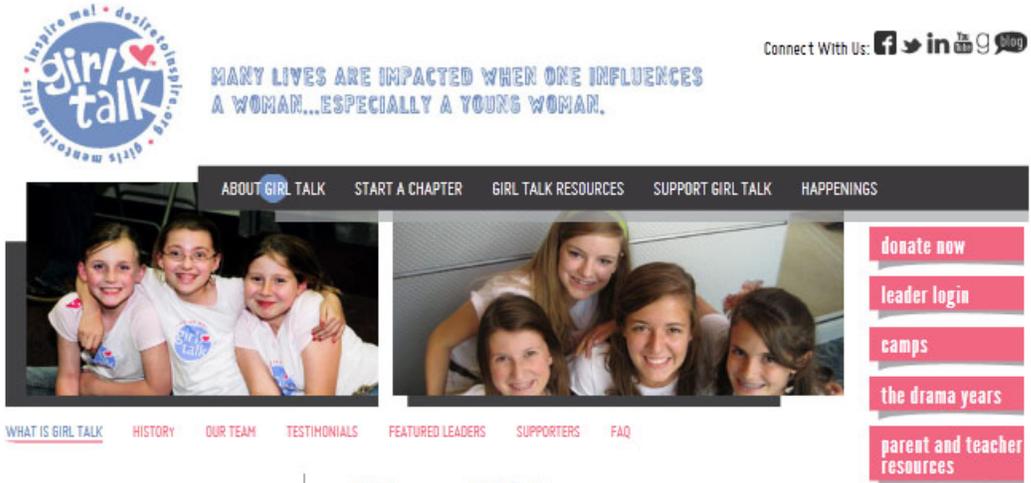
- Peer influences to overcome self-esteem issues
- On-campus role models

Anticipated sources of funding and collaborative efforts:

- Grants
- Collaboration with AHEC, the public health unit, local school officials, faith-based organizations, and parents

Measures:

- Number of programs
- Number of attendees
- Reduction in teen pregnancy rate
- Reduction in low birth weights
- Reduction in infant mortality



Welcome to Girl Talk

High School Girls Mentoring Middle School Girls

Leadership + Mentoring + Community Service = Girls Inspiring Girls

Girl talk is a peer to peer mentoring program with a very simple premise: high school girls mentor middle school girls to help deal with the triumphs and trials of the early teenage years. We provide a positively driven curriculum at no cost that forms the basis for meetings in which all girls have the opportunity to improve themselves AND the playing field of relationships between them.

Girl Talk's program is twofold, giving high school girls the opportunity to share their experiences as positive role models, as well as giving middle school girls the chance to learn from these older peers that they are not alone in the issues they face, and that understanding, kindness and compassion can be the basis for relationships among girls their age. We provide a detailed curriculum of relevant topics (everything from body image to bullying, gossip to getting along with friends, and talking to your parents to T.H.I.N.King before you speak, text or type - a Girl Talk signature!) with conversation starters and guidance for leading fun and meaningful group discussions, friendship building and leadership activities, and community service projects. We emphasize volunteering and service throughout each Chapter's community so that, in addition to improved confidence and self-esteem, every girl involved also comes away with greater compassion and a more caring perspective on the world around her.

To start a chapter, Girl Talk requires at least one high school to serve as a Chapter Leader, and one adult to provide support as an Advisor. Once registered and approved through this website, all of our materials - including over 100 lessons and activities in our curriculum, as well as many other resources - are available online at no cost.

- Mission** Girl Talk's mission is to help young teenagers build self-esteem...
- Goals** Girl Talk is designed to reach ALL middle school girls...
- Why the Need?** Statistics consistently demonstrate the alarming incidence of dangerous...

Community Work Plan for <i>Adolescent Alcohol and Drug Use</i> Refer to CHNA page - 52	
Health Problem	Outcome Objective
Adolescent Alcohol and Drug Use	<ul style="list-style-type: none"> Over next five years, reduce alcohol usage among adolescents by 5 percent, from 26 percent in 2010 to 24.7 percent. Over next five years, reduce marijuana usage among adolescents by 1 percent, from 10 percent in 2010 to 9.9 percent.
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> Family history 	<ul style="list-style-type: none"> Educate on risk
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> Low self-esteem Lack of positive role models Lack of supervision / four day school week No school health service center Irresponsible parenting Teen depression Peer pressure 	<ul style="list-style-type: none"> Adult/peer mentoring programs Teen activities in community on off-days from schools, after-school, weekends Education on signs of teen depression
Resources Available	Barriers
<ul style="list-style-type: none"> DARE program Alcoholic and Narcotics Anonymous Girl Talk State Department of Education Mental Health Providers – Focus on Teens Local library Public health Unit Faith-based organizations Hospital staff 	<ul style="list-style-type: none"> Lack of awareness of problems Few counselors in school Parental denial of problem Home environment Funding for programs No partners for counseling

Description of the health problem, risk factors and contributing factors:

Alcohol and drug use has increased among adolescents in the community. The use of marijuana increased from four percent to 10 percent from 2006 and 2010. In 2010, 26 percent of students in grades 6 – 12 had used alcohol in the past 30 days, while 10 percent had used marijuana.

Related Healthy People 2020 objectives:

SA-2.1 – Increase proportion of at risk adolescents aged 12 – 17 years who in the past year refrained from using alcohol for the first time – 10 percent improvement by 2020 – Goal: 94.4 percent

SA-2.2 - Increase proportion of at risk adolescents aged 12 – 17 years who in the past year refrained from using marijuana for the first time – 2 percent improvement by 2020 – Goal: 96.4 percent

ECBP-2.6 - Increase the proportion of elementary, middle, and senior high schools that provide comprehensive school health education to prevent health problems in alcohol or other drug use – 10 percent improvement by 2020 – Goal: 90 percent

Implementation Strategies to reduce contributing factors:

Hospital staff will work with local law enforcement, school system and faith-based organizations to develop effective education to adolescents about alcohol and drug use, and the consequences of abuse. The education will include graphical depictions of the results of drug and alcohol abuse.

Hospital staff will assist school officials in identifying evidence-based programs to help teens overcome feelings of low self-esteem and hopelessness (See Girl Talk @ www.desiretoinspire.org). Staff will also work with school system officials and local business people to develop programs that present positive role models and career choices.

Anticipated sources of funding and collaborative efforts:

- Local law enforcement
- Grants
- Hospital
- School system officials, teachers and coaches
- Local faith-based organizations
- Recreation department
- Library
- Girl Talk (www.desiretoinspire.org)

Measures:

Number of programs presented

Number of adolescents educated

Number of adults educated

Decrease in alcohol and substance abuse by adolescents

Community Work Plan for <i>Sexually Transmitted Diseases</i> <i>Refer to CHNA page - 59</i>	
Health Problem	Outcome Objective
Sexually Transmitted Diseases	<ul style="list-style-type: none"> Over next five years, reduce sexually transmitted disease rates by 5 percent.
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> Unprotected sex Sex with multiple partners 	<ul style="list-style-type: none"> Low cost or free condoms Education to promote abstinence or monogamy
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> Alcohol and drug use Low self-esteem Lack of adolescent supervision Financial incentives for teen pregnancy Lack of education/understanding of STD 	<ul style="list-style-type: none"> Targeted education to community Programs aimed at young girls, such as Girl Talk Removal of financial incentives for teen pregnancies Educational programs targeting STDs
Resources Available	Barriers
<ul style="list-style-type: none"> Schools Hospital staff Public Health Unit AHEC Faith-based organizations Local physicians 	<ul style="list-style-type: none"> Financial incentives for teen pregnancy Lack of positive role models Family cyclical behavior School system policies Parental push back Multiple resources Appropriate audience

<p>Description of the health problem, risk factors and contributing factors:</p> <p>Louisiana has among the highest STD rates in the U.S. In Union Parish, female Chlamydia rates for Black females (2421.1 per 100,000 population) were much higher than those for Black females in the State (1574.07). Overall in Union Parish the female Chlamydia rate in 2008 was 887.4 per 100,000, while the State rate was 790.79 per 100,000. Gonorrhea rates among Black females (460 per 100,000) were over seven times higher among than White females in the Parish.</p>
<p>Related Healthy People 2020 objectives:</p> <p>STD-2 – Reduce Chlamydia rates among females aged 15 to 44 years (Developmental) STD-6.1 – Reduce gonorrhea rate among females aged 15 to 44 years - 10 percent improvement by 2020 – Goal: 257 new cases per 100,000 population STD 6.2 – Reduce gonorrhea rate among males aged 15 to 44 years - 10 percent improvement by 2020 – Goal: 198 new cases per 100,000 population ECBP 2.7 – Increase the proportion of elementary, middle, and senior high schools that provide comprehensive health education to prevent unintended pregnancy, HIV/AIDS, and STD infection - 10 percent improvement by 2020 – Goal: 43.2 percent of schools</p>
<p>Implementation Strategies to reduce contributing factors:</p> <p>Hospital staff, in collaboration with other health professionals, will develop an educational training program for the school system targeted toward teens. Hospital staff will collaborate with the local school superintendent to offer this program to teachers, parents and children concerning STDs, abstinence, and teen pregnancies. Hospital staff will also offer this program to local Black churches to inform not only adolescents, but also adults about STDs. Educational programs will include visual tools and be designed specifically for the intended audience in order to obtain the greatest impact.</p>
<p>Anticipated sources of funding and collaborative efforts:</p> <p>Grants Collaboration with local physicians, school system, local public health unit Centers for Disease Control/Louisiana Department of Education (see below)</p>
<p>Measures:</p> <p>Number of programs Number of attendees Reduction in STD rates</p>

Community Work Plan for <i>Access to Care</i> <i>Refer to CHNA page - 64</i>	
Health Problem	Outcome Objective
Access to Health Care <ul style="list-style-type: none"> • Financial barriers • Transportation barriers • Provider barriers 	<ul style="list-style-type: none"> • Over the next three years, increase community awareness of health care resources and financial assistance available in community.
Risk Factors	Risk factor interventions
<ul style="list-style-type: none"> • Lack of insurance • Limited number of providers 	<ul style="list-style-type: none"> • Medicaid application assistance • Resource communication to residents
Contributing Factors	Contributing factors interventions
<ul style="list-style-type: none"> • Increased cost of treatment • Recession / employer cutbacks • Difficulty in attracting providers to rural area • Lack of transportation 	<ul style="list-style-type: none"> • Financial assistance program at hospital/clinics/dental offices • Continue physician recruitment • Grant funding to purchase vehicle
Resources Available	Barriers
<ul style="list-style-type: none"> • Hospital staff • Public health unit • Community physicians • Visiting specialists • Rural health clinic • Faith-based organizations • Pharmacy assistance programs 	<ul style="list-style-type: none"> • No funding for transportation • Low income / no insurance • Communication about resources • Undocumented immigrants / distrust • Liability insurance for vehicles • Difficulty in recruiting to rural area

Description of the health problem, risk factors and contributing factors:

Union Parish had a higher percentage of people living in poverty (21 percent) than in the State (19 percent) or U.S. (15 percent). The median household income was below the State and U.S. levels. High school dropout rates were high. Twenty-seven percent of adults were uninsured. Medical transportation was limited. The community was not aware of available health care resources. The Parish was designated as a medically underserved and health professional shortage area.

Related Healthy People 2020 objectives:

AHS-1.1 – Increase proportion of person with medical insurance – 100 percent
 AHS-4 – Increase number of practicing primary care medical providers – Developmental
 AHS-5.1 – Increase the proportion of students who graduate with a regular diploma four years after starting the 9th grade – 82.4 percent

Implementation Strategies to reduce contributing factors:

Socio-economic:

Hospital staff will expand its Medicaid application assistance program to reach potential beneficiaries in their homes, at health fairs, and at other community locations. Hospital staff will partner with local Hispanic leaders to encourage enrollment among the Hispanic population. The hospital will provide information to the community regarding prescription assistance programs. Hospital will publicize its financial assistance policy on hospital web-site and make available in the hospital emergency room.

Transportation:

Union General Hospital provides transportation service to the hospital and to the rural health clinic. Several churches in the community have vans that could be used for transportation to health care providers. Hospital staff will collaborate with these churches to promote this service for church members. Hospital staff will also explore grant opportunities related to transportation needs.

Health care resources:

Hospital staff will continue to recruit providers to Union Parish. The hospital will also publicize a resource directory on its web-site to inform residents of local health resources. Hospital staff will also work with the local newspaper to inform the public of these resources.

Hospital staff will collaborate with local dental care providers to develop financial assistance programs for low-income and uninsured residents.

Although mental health was cited as a need in the assessment, the hospital does not have

the clinical resources, beyond the hospital's intensive outpatient mental health program, to address this issue. There are three additional mental health providers in the community that are better equipped to address this need.

Anticipated sources of funding and collaborative efforts:

- Grants
- Hospital
- Rural health clinic
- Local public health unit
- Churches
- Health care providers

Measures:

Number of Medicaid applications filed
Number of churches providing transportation
Number of dental care providers who will provide financial assistance
Publication of resource directory
Number of newspaper announcements of health care resources
Number of prescription assistance applications filed
Amount of charity assistance provided