



COMMUNITY HEALTH NEEDS ASSESSMENT & IMPLEMENTATION PLAN



“Providing Quality Service With Compassionate Care”

June 30, 2021

The Union General Hospital Board of Directors approved the 2021-2024 Community Health Needs Assessment and Implementation Plan at their meeting on June 30, 2021.

Tim Tettleton, Board Chairman

Union General Hospital

The Community Health Needs Assessments (CHNA) Report is widely available to the public and interested parties can view and download it on the Union General Hospital website (<https://www.uniongen.org/patient-info/community-health/>). Paper copies are available upon request, please contact Claudia Wade, Community Development Manager at (318) 368-7075 or email: cwade@uniongen.org.

The following assessment was prepared by:



And in partnership with:



Center for Public Health Practice & Research

Team Members:

- | | |
|-----------------|--|
| Faculty | Linda Kimsey, Ph.D
Charles Owens, MSA
Bettye Apenteng, Ph.D
Samuel Opoku, MBChB, Ph.D
Angie Peden, MPH |
| Students | Blerta Shehaj, MPH |

HOSPITAL STEERING COMMITTEE

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

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EXECUTIVE SUMMARY

Union General Hospital, a Critical Access Hospital in Union Parish, Louisiana, partnered with Draffin & Tucker, CPAs and the Center for Public Health Practice and Research, Georgia Southern University to conduct a community health needs assessment as required under the Affordable Care Act based on Internal Revenue Section (IRS Section 501(r)(3)(A)(i)) to strengthen non-profit hospital organizations, identify and document community needs and efforts to address as well as enhance community engagement.

The Georgia Southern University team applied a mixed method approach in this assessment. The team gained input from the hospital stakeholders and the general community through focus group discussions with community stakeholders and surveys. Data from secondary sources were also used in assessing the needs of the community. Based on the results, the CHNA Steering Committee, in concert with Public Health, determined the priority areas for the next three years. Goals, objectives, and actions were chosen to address the priority areas that would be meaningful and achievable.

The results from the secondary data analyses suggest that the parish's population is slightly contracting and aging. From 2010 to 2019, overall population decreased in Union Parish, while Louisiana population increased (-2.7% vs. +2.5%). Over this period, Union Parish experienced a decrease in the population under age 65, and an increase in the population 65 and over (Table 2). The proportion of population that is white increased, while all other races decreased. These population trends are projected to continue through 2030. It is also important to note that demographics including income, education, and age, vary by census tract. Furthermore, specific communities experience greater challenges due to factors including lagging economy, limited employment, and lack of transportation (Section 3.4 Community Need Index).

Secondary data agreed with survey and focus group findings in several areas of community health challenges including, but not limited to, obesity, inactivity, drugs, access to specialists, health education, and senior issues. The table that follows highlights where alignment is present in the data across areas of concern.

AREA OF CONCERN	SECONDARY DATA	SURVEY	KEY STAKEHOLDER FOCUS GROUPS
Lack of Adequate Physical Activity	- Obesity, Inactivity, and Diabetes Worse than State	- Obesity and Inactivity Top 2 Negative Influencers of Health	- Senior Inactivity Highlighted - Difficulty Getting to Natural Resources Noted
Mental Health & COVID-19 impacts	- Mental Health Provider Ratio Lower than State - Days of Poor Mental Health in Last 30 Days Comparable to State, but Higher than US	- Was a Top Concern - Social Isolation & Mental Health seen as biggest COVID-19 health impacts - Mental health and bullying were top concerns for children	- Mental issues among all age groups Highlighted
Drug Abuse (Meth)	- Louisiana trend increasing	- Top Issue affecting quality of parish life	- Repeatedly highlighted
Nutrition and Prescription Compliance	- High diabetes - Uneven access to grocery stores	- 1/4 noted having 3 or more chronic conditions - Nutrition identified as top health issue for children - 2/3 don't eat enough fruits and vegetables	- Frequently Mentioned - Need for enhanced coordination/strategy in providing health education identified
Access	- Per capita supply of providers of all types significantly lower than state - Preventable hospital stays higher than state	- Greatest concerns related to access to specialists and certain types of services	- Frequently highlighted (access of residents in remote areas of parish, access to specialty services outside the parish, lack of some services in the parish)
Senior care	- Aging population	- Only 4 in 10 felt that adequate senior care services were available	- Engaging seniors to encourage participation and identify services needed was frequently mentioned

The top needs and goals prioritized by the CHNA Steering Committee based on the results of the primary and secondary data were:

- ▶ PRIORITY AREA ONE: Adolescent Behaviors
 - GOAL: Improve the wellbeing of adolescents in Union Parish
- ▶ PRIORITY AREA TWO: Malignant Neoplasms
 - GOAL: Improve community awareness and use of screenings for malignant neoplasms
- ▶ PRIORITY AREA THREE: Cardiovascular Disease Risk
 - GOAL: Improve knowledge of cardiovascular disease, improve lifestyles & increase access
- ▶ PRIORITY AREA FOUR: Geriatric Behaviors
 - GOAL: Improve the wellbeing of senior citizens in Union Parish
- ▶ PRIORITY AREA FIVE: Mental and Behavioral Health
 - GOAL: Improve the mental wellbeing of Union Parish Residents

1 PURPOSE

The Center for Public Health Practice and Research at the Jiann-Ping Hsu College of Public Health, Georgia Southern University worked in partnership with Union General Hospital to complete a Community Health Needs Assessment (CHNA) for the hospital's primary service area of Union Parish. This report summarizes the findings of the CHNA. The report informs the hospital's strategic service planning and community benefit activities, as well as fulfills the Patient Protection and Affordable Care Act (PPACA) mandate that requires all nonprofit, tax-exempt hospitals to complete a community health needs assessment every 3 years.

2 METHODOLOGY

The project team worked with the hospital CHNA steering committee throughout the project. The steering committee facilitated completion of a community survey, recruited key stakeholders for focus group discussions, and provided information about hospital utilization and the hospital's activities to address community health needs since the last CHNA was completed in 2018.

The community survey that was administered aimed at assessing local health care access and needs of the people residing in the service area of Union General Hospital. The community survey was disseminated to residents of the hospital's primary service area via the hospital's social media webpages and email listservs, as well as those of local community partners. Focus group participants were all key stakeholders in the overall health of Union Parish. Their perspectives provided a well-rounded view of life in the community and the health and health care needs of the residents.

Information from these primary data collection efforts was supplemented by secondary quantitative data on the community's profile, health care access, and utilization. These data were obtained from multiple publicly available sources including the US Census Bureau, the Area Resource File, Centers for Disease Control (CDC) disease and mortality data, Louisiana.gov population projections, County Health Rankings, and Union General Hospital data. The most recently available data were obtained from all data sources.

Findings from all the above-described primary and secondary data collection efforts informed the identification and prioritization of community health needs, as well as provided suggested solutions to address these needs.

Data Analysis

Quantitative data from the community survey and secondary data sources were analyzed using descriptive statistics, including frequencies, means, and standard deviation. Analyses were completed, and charts and graphs were created, using Microsoft Excel Version 16 Software. Qualitative data from the focus groups were analyzed using the NVIVO12 qualitative analysis software.

Strategic Priorities

The project team facilitated an interactive implementation planning meeting with hospital steering committee members and representation from Public Health. Being located across the street from Union General Hospital, Union Parish Health Unit has consistently engaged and continues to be an active partner with Union General as they work collaboratively to develop and execute strategic priorities to best meet the needs of the community. Discussion from this meeting provided the foundation for the implementation plan.

Implementation Planning

For the purposes of evaluation and monitoring, targets were specified for each of the objectives. Once strategic priorities were determined, goals, objectives, and action steps were developed to address them that were specific, meaningful and actionable, realistic, and timely. For monitoring purposes, measures were identified.

Service Area

Union General Hospital's primary service area is Union Parish.



Image retrieved from: <http://mapsopensource.com/location-map-of-union-parish-louisiana>.

Union Parish is located in north central Louisiana, on the Arkansas border. Farmerville is the parish seat. The parish covers 905 square miles, 28 of which are water.¹ The large Lake D'Arbonne provides a valuable resource for participants in outdoor sports and recreation. Poultry product manufacturing is the county's largest industry.²

¹ <https://www.ereferencedesk.com/resources/counties/louisiana/union.html>

² <https://www.unionparishchamber.org/economic-development>

3 SECONDARY DATA ANALYSIS

3.1 POPULATION DEMOGRAPHICS OF PRIMARY SERVICE AREA

Demographic information for Union Parish is presented in Table 1. The parish is less diverse and older than the state (for example the % of Non-Hispanic African American is 25% for the parish versus 32.8% for the state). The proportion of the elderly population in Union Parish is higher than the state proportion (21.1% vs 15.9%). Union Parish has a lower unemployment rate in comparison to Louisiana (7.1% vs 8.3%). A higher proportion of the parish has a disability, compared to the state (17.3% vs 15.3%).

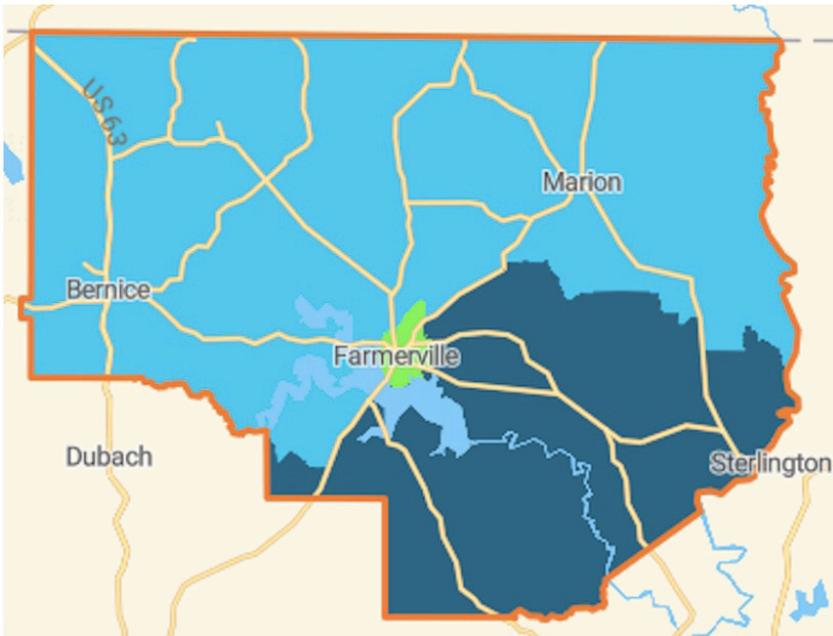
Table 1. Population Demographics, Union Parish, 2019.

Indicator	Union	Louisiana
Population	22,108	4,648,794
% below 18 years of age	21.5	23.4
% 65 and older	21.1	15.9
% Non-Hispanic African American	25.0	32.8
% American Indian and Alaskan Native	0.6	0.8
% Asian	0.3	1.8
% Native Hawaiian or Other Pacific Islander	0.1	0.1
% Multi-racial/Other	1.0	1.8
% Hispanic	4.9	5.3
% Non-Hispanic White	69.1	58.4
% Females	50.4	51.2
% High School graduate or higher, age 25+	85.7	85.2
Unemployment Rate	7.1	8.3
% Below Poverty Level	19.4	19.0
Per capita Income (\$)	24,030	27,923
% Foreign Born	1.8	4.2
% Language Other than English Spoken at Home	2.6	8.0
% People with one or more Disabilities	17.3	15.3

Data Sources: (1) US Census Bureau Quick Facts (2015-2019). (2) Bureau of Labor Statistics (2020 data: unemployment rates). (3) Policy Map (2015-2019 data: percent people with disabilities).

Population demographics vary geographically within the parish. The figures below show select demographic characteristics by census tract.

Figure 1. Population Diversity by Census Tract (2013-2017)

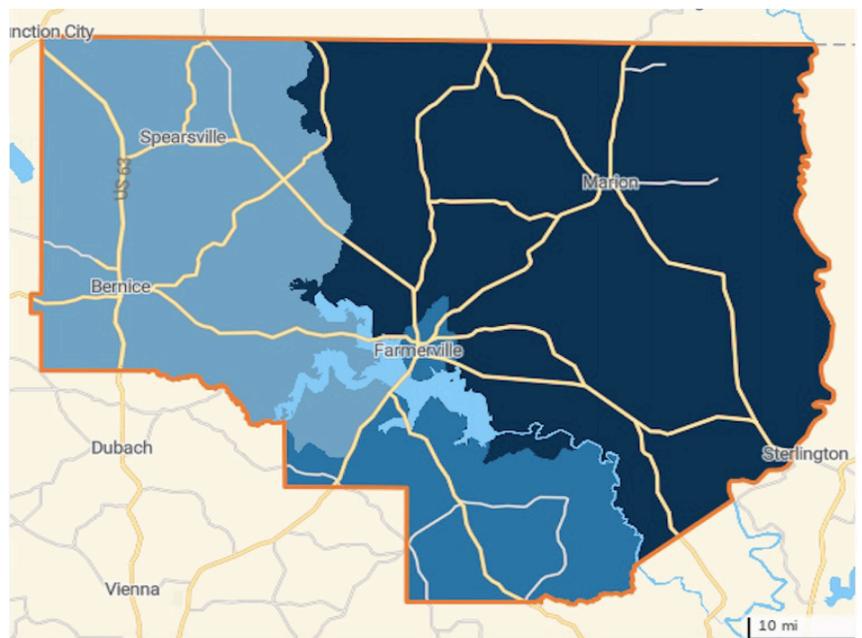


In general, the southern portion of the parish is more than 90% white, while the census tract containing Farmerville is more than 50% black. The northern portion is between 50% and 70% white. (Figure 1).

Predominant Race or Ethnic Group between 2013-2017. PolicyMap.

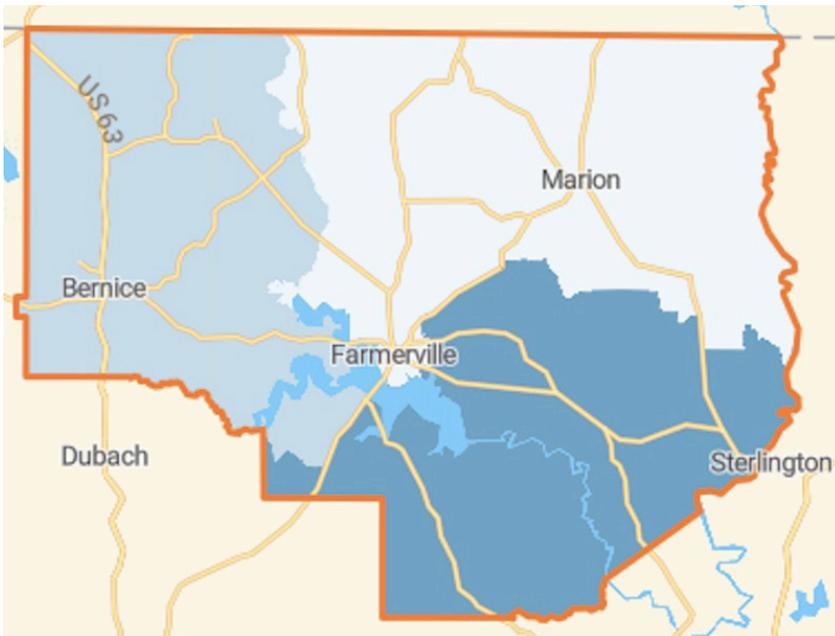
Figure 2. The Proportion of Residents 65+ by Census Tract (2015-2019)

The eastern portion of the parish is older: approximately 25% is over 65. The western portion of the parish is younger: approximately 15% is over 65. The south lies in between at approximately 20% (Figure 2).



Estimated percent of all people 65 or older, between 2015-2019. PolicyMap.

Figure 3. Median Household Income by Census Tract (2015-2019)

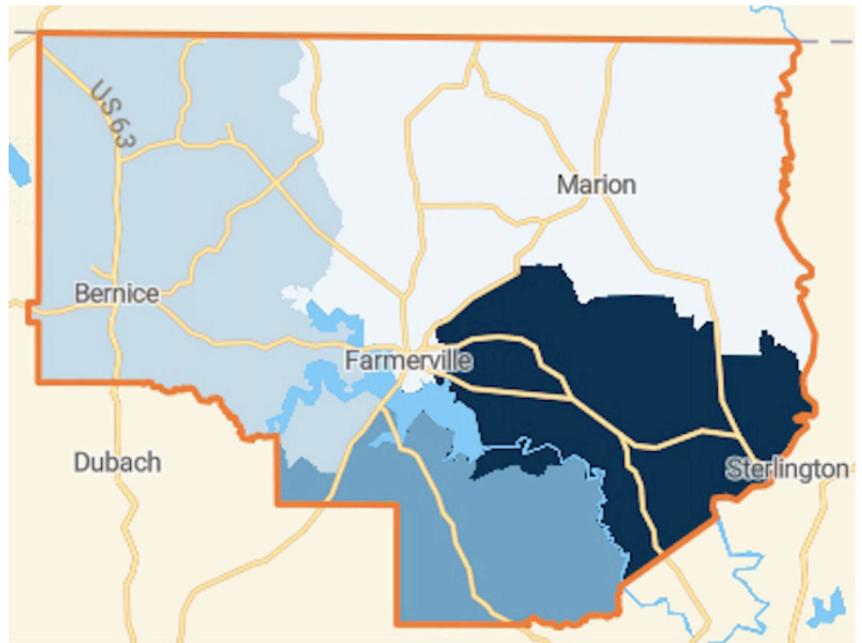


Household income is lowest in the northeastern portion of the parish at less than \$40K, and highest in the southern portion of the parish at ~\$60K.

Estimated Median Income of a Household, between 2015 and 2019. PolicyMap.

Figure 4. High School Education by Census Tract (2015-2019)

Educational attainment is higher in the southeastern portion of the parish (~96%) and lower in the northeastern portion of the parish (<80%).



Estimated percent of people with at least a high school diploma, between 2015-2019. PolicyMap.

3.1.1 Population Change

Between 2010 and 2019, the overall population decreased in Union Parish by 2.7%, while Louisiana’s population grew by 2.5%. Over this period, Union Parish’s proportion of people under 65 decreased, while the proportion of people over 64 increased (Table 2). The population became less diverse between 2010 and 2019, with an increased percentage of white residents and decreasing percentages of black and other residents.

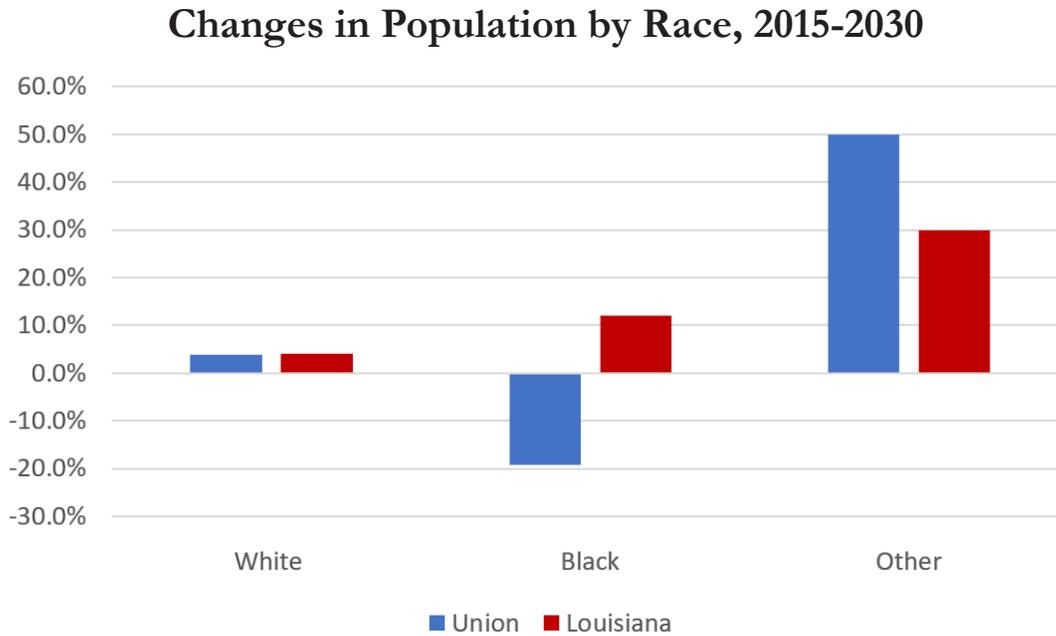
Table 2. Population Trends, 2010 – 2019

Population Trends 2010-2019		
Indicator	Union	Louisiana
Population 2010	22,721	4,533,372
Population 2019	22,108	4,648,794
Change in Total Population	-2.7%	2.5%
Change in Population Under 18 years old	-9.1%	-1.2%
Change in Population 65 years and Older	24.4%	32.5%
Change in Population Between Ages 18 and 64	-7.7%	-1.2%
Change in White Population	3.1%	2.9%
Change in African American Population	-10.6%	5.0%
Change in Other Population	-51.0%	-16.4%

Data sources: Census. <https://www.census.gov/quickfacts/fact/table/LA,unionparishlouisiana/PST045219> & censusviewer.com. Accessed May 24, 2021

The trends observed from 2010 to 2019 are projected to continue. Based on state mid-series projections, between 2015 and 2030, the population in Union Parish is projected to decrease by approximately 1.5 percent, compared to a 7 percent projected increase at the state level. The proportion of elderly population is expected to increase by 14.2%, while those under 65 are projected to decrease by 4.7%. The parish is expected to become less diverse, primarily due to a projected 19.2% decrease in the proportion of African Americans. The share of the population for Non-Hispanic Whites is expected to increase by 3.8% (vs. a 4.1% increase for the state) in 2020 (Figure 5).

Figure 5. Projected Change in Share of Population by Race/Ethnicity, 2015-2030



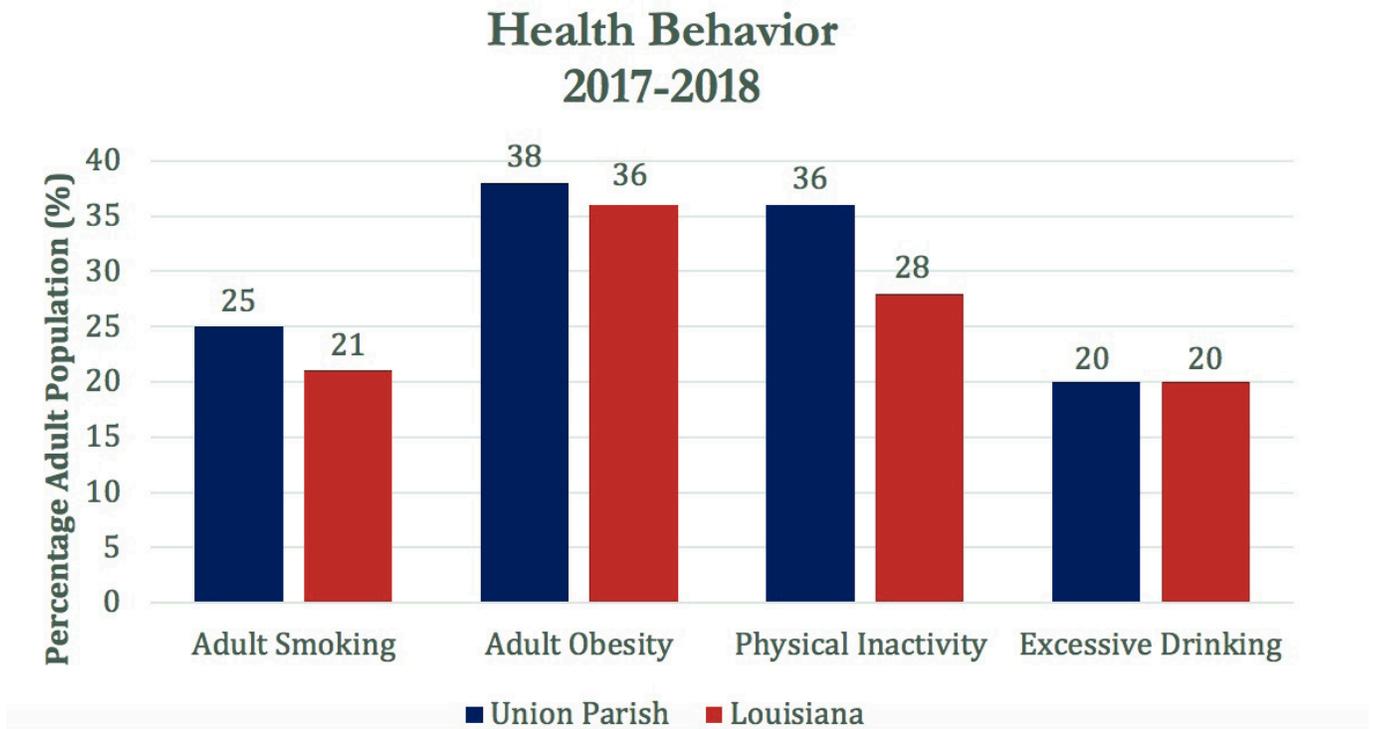
Data sources: Census. <https://www.census.gov/quickfacts/fact/table/LA,unionparishlouisiana/PST045219> & censusviewer.com. Accessed May 24, 2021

3.2 HEALTH NEEDS AND HEALTH OUTCOMES

3.2.1 Health Behaviors

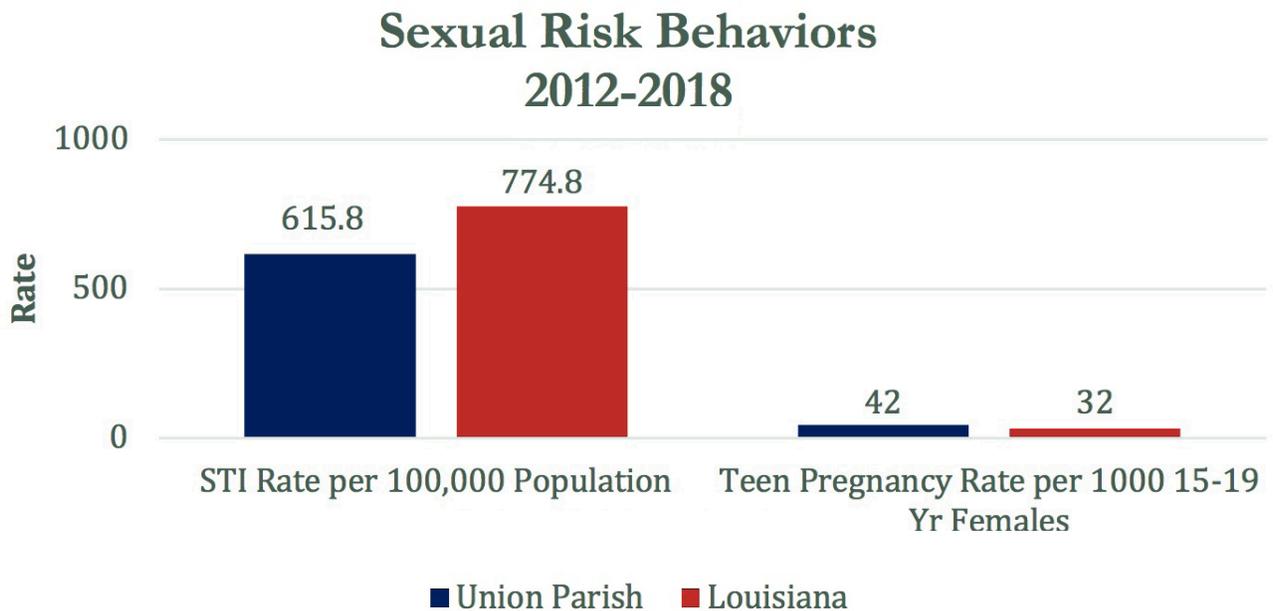
Compared to the state, a higher proportion of adults in Union Parish are obese, physically inactive and engage in smoking. However, data indicates that the proportion of adults who engage in excessive drinking is about the same in Union Parish compared to the state (Figure 6). The rates of sexually transmitted diseases are lower in Union Parish in comparison to the state, but teenage pregnancy rates are higher (Figure 7). With respect to specific sexually transmitted infections, rates of chlamydia, gonorrhea and syphilis are lower than the state; however, the number of new cases has increased since 2013. Rates of secondary syphilis increased significantly from 2016 to 2017 (Figure 7).

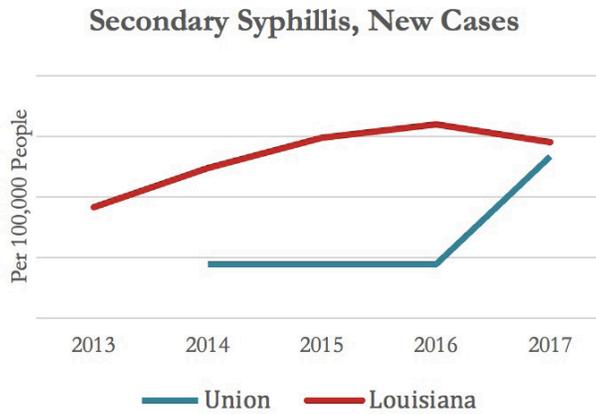
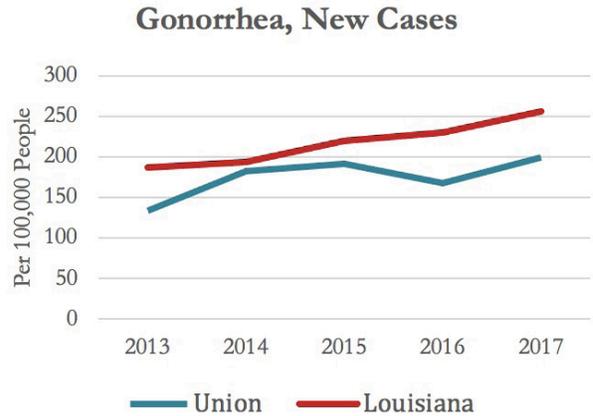
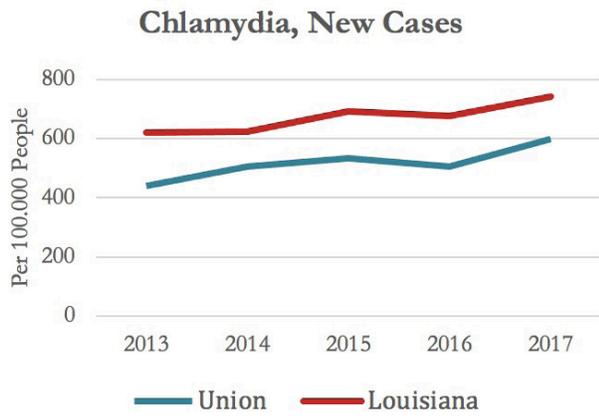
Figure 6. Health Behaviors



Data Source: 2021 Parish Health Rankings by the University of Wisconsin Population Health Institute, and the Robert Wood Johnson Foundation (Data Years: smoking, excessive drinking and obesity (2018); physical inactivity (2017))

Figure 7. Sexual Risk Behaviors



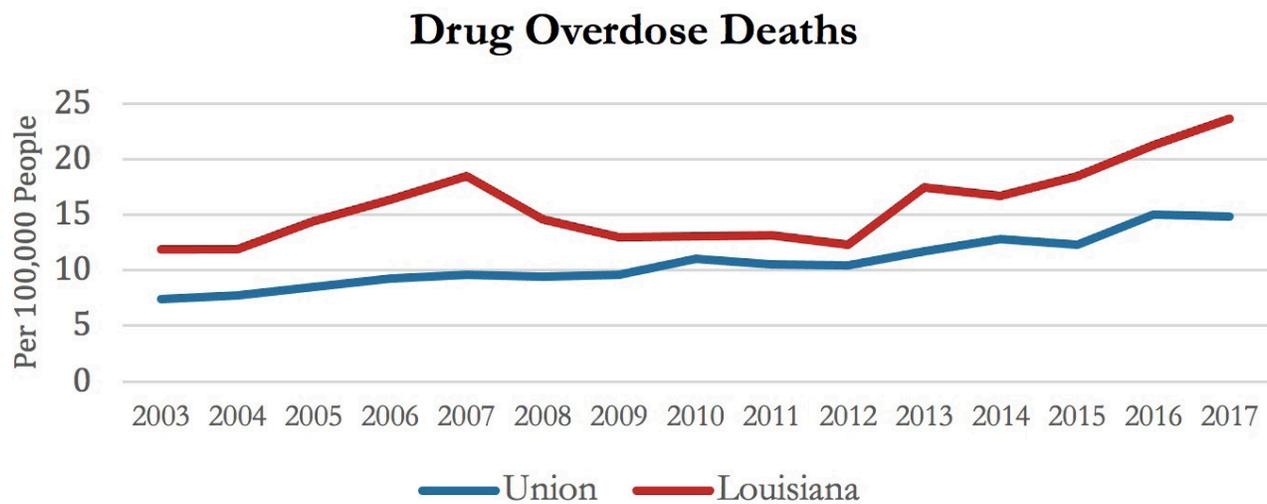


Data Sources: 2021 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. Rate of new chlamydia, gonorrhea, secondary syphilis cases reported per 100,000 people. Policy Map. [https://www.policymap.com/newmaps#/. Accessed May 2021.](https://www.policymap.com/newmaps#/)

Drug Overdose Deaths

Union Parish has constantly had lower drug overdose death rates in comparison to Louisiana. However, similarly to Louisiana, the rate of deaths from drug overdose has been steadily increasing over time.

Figure 8. Drug Overdose Deaths 2003-2017



Estimated rate of death from drug overdose per 100,000 people. Policy Map. <https://www.policymap.com/newmaps#/> Accessed May 2021.

3.2.2 Morbidity

The prevalence rates of obesity and diabetes in Union Parish were higher than the respective average rates at the state level. The prevalence of HIV in the parish was significantly lower than the state average and the cancer rates are slightly lower than the state. The percentage of low birthweight births was about the same as the state level. A higher proportion of residents in the parish reported being in poor or fair health, compared to the state average. On average, residents reported being physically unhealthy on 4.7 days in the last 30 days, compared to a state-level average of 4.3 days. Similarly, on average, residents reported being to be mentally unhealthy on 5.1 days in the last 30 days, compared to a state-level average of 5.0 days.

Table 3. Morbidity Indicators

Indicator	Measurement	Union	Louisiana
Obesity Prevalence (2017)	Percentage of adults that report BMI \geq 30	38	36
Diabetes Prevalence (2017)	Percentage of adults diagnosed with diabetes	20	13
Low Birthweight (2013-2019)	Percentage of births with low birth weight (<2500g)	11	11
Age-Adjusted Cancer Rates, All Sites (2011-2015)	Annual Incidence Rate per 100,000 persons	451.1	481
HIV Prevalence Rate (2018)	Per 100,000 persons	196	541
Poor or Fair Health (2018)	The percentage reporting to be in poor or fair health	23	21
Poor Physical Health Days (2018)	The average number of physically unhealthy days reported in the past 30 days	4.7	4.3
Poor Mental Health Days (2018)	The average number of mentally unhealthy days reported in the past 30 days	5.1	5.0

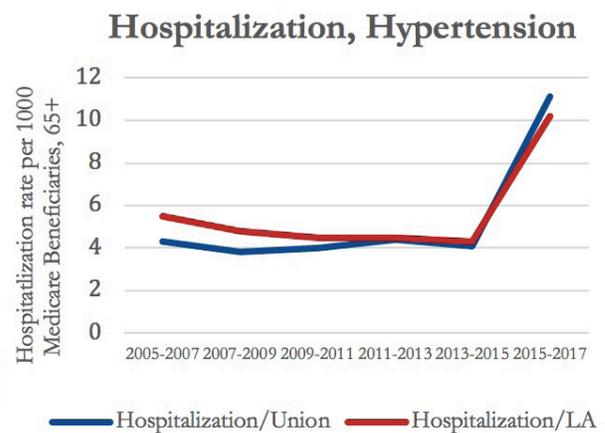
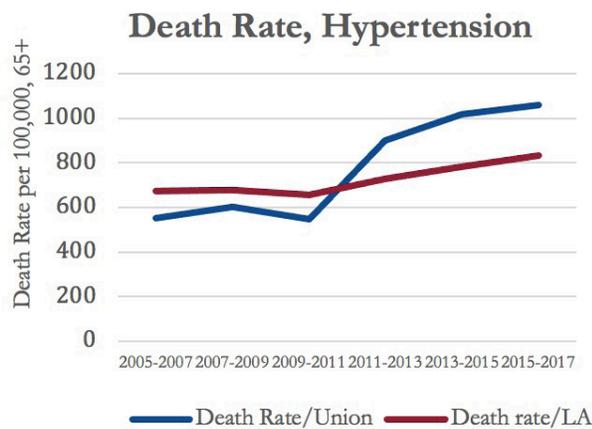
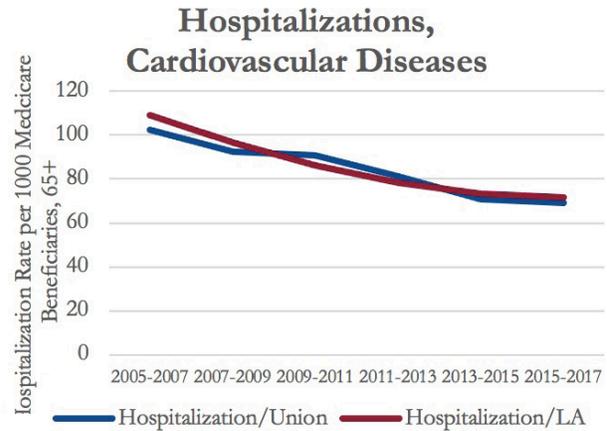
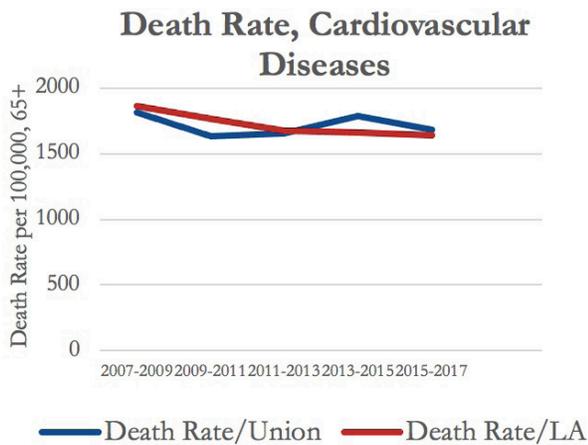
Data sources: (1) National Cancer Institute and the Center for Disease Control and Prevention State Cancer Profiles (cancer rates). (2) The 2021 Parish Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (all other variables).

3.2.2.1 Trends in Morbidity

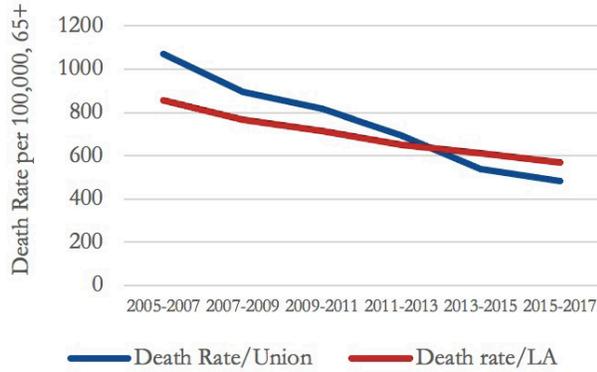
Cardiovascular Diseases

Between 2005 and 2017, hospitalization for major cardiovascular diseases decreased for residents in the hospital’s primary service area of Union Parish, while that for stroke has remained relatively stable. Hospitalization rates for high blood pressure have increased since 2013 (Figure 9). Death rates for cardiovascular disease overall have remained fairly consistent. Death rates from hypertensive disease have increased for parish residents, while death rates for coronary heart disease and heart failure have decreased over time.

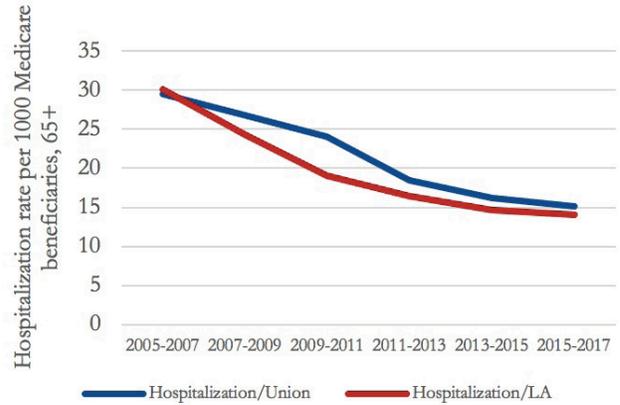
Figure 9. Trends in Death Rate and Hospitalizations for Cardiovascular Diseases



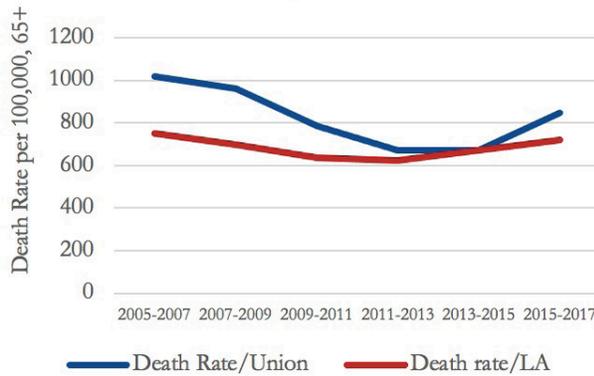
Death Rate, Coronary Heart Disease



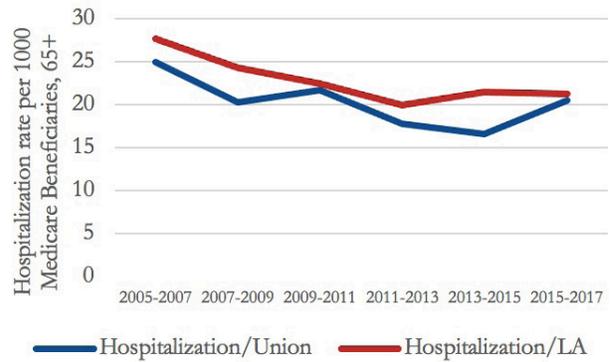
Hospitalization, Coronary Heart Disease



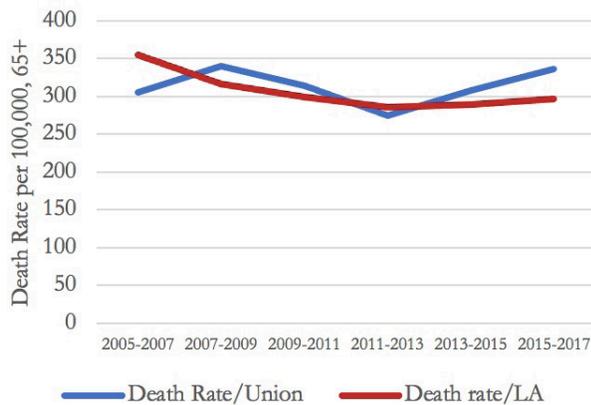
Death Rate, Heart Failure



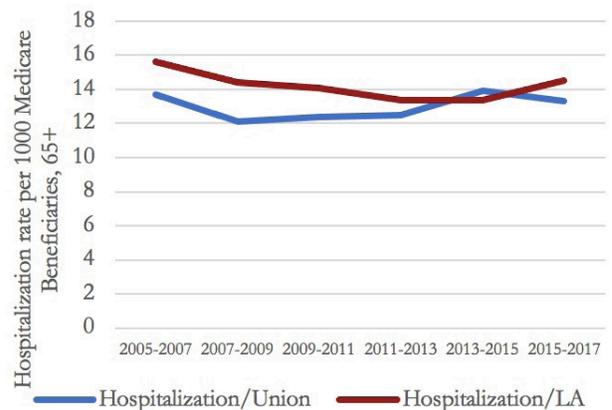
Hospitalization, Heart Failure



Death Rate, Stroke



Hospitalization, Stroke



Data Source: Centers for Disease Control and Prevention. Interactive Atlas of Heart Disease and Stroke

Cancers

The death rate for cancer for Union Parish residents is lower than the state level. Different from the state, death rates for whites are higher in Union Parish than for other groups. Rates for female breast, prostate and colorectal cancers in Union Parish have generally remained below state averages (Figure 10). However, rates for lung and bronchus cancers in Union Parish are higher than the state. The incidence of prostate and breast cancer is higher for the black population (including Hispanics) in comparison to the White Non-hispanic population in Union Parish. The incidence rates for lung cancer are comparable for blacks and whites in the state, but blacks have a much higher rate than whites in Union Parish (86.6 vs 70.2) (Figure 11 & 12).

Figure 10. Cancer Death Rates, 2014-2018

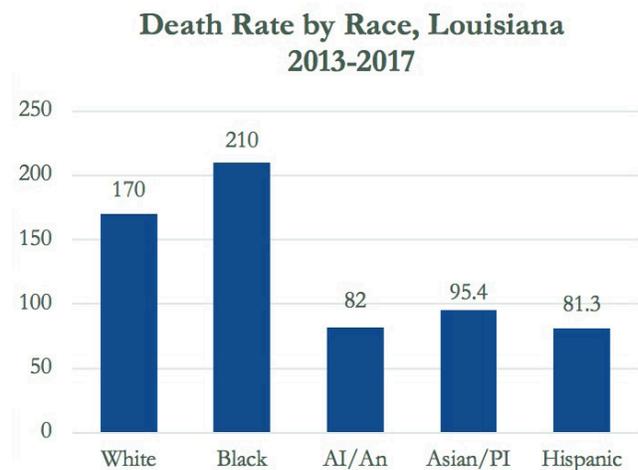
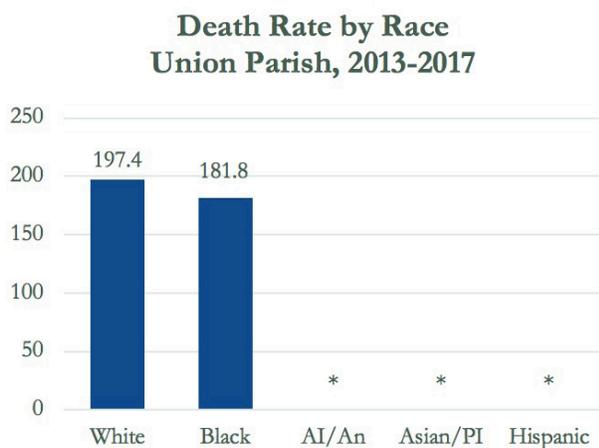
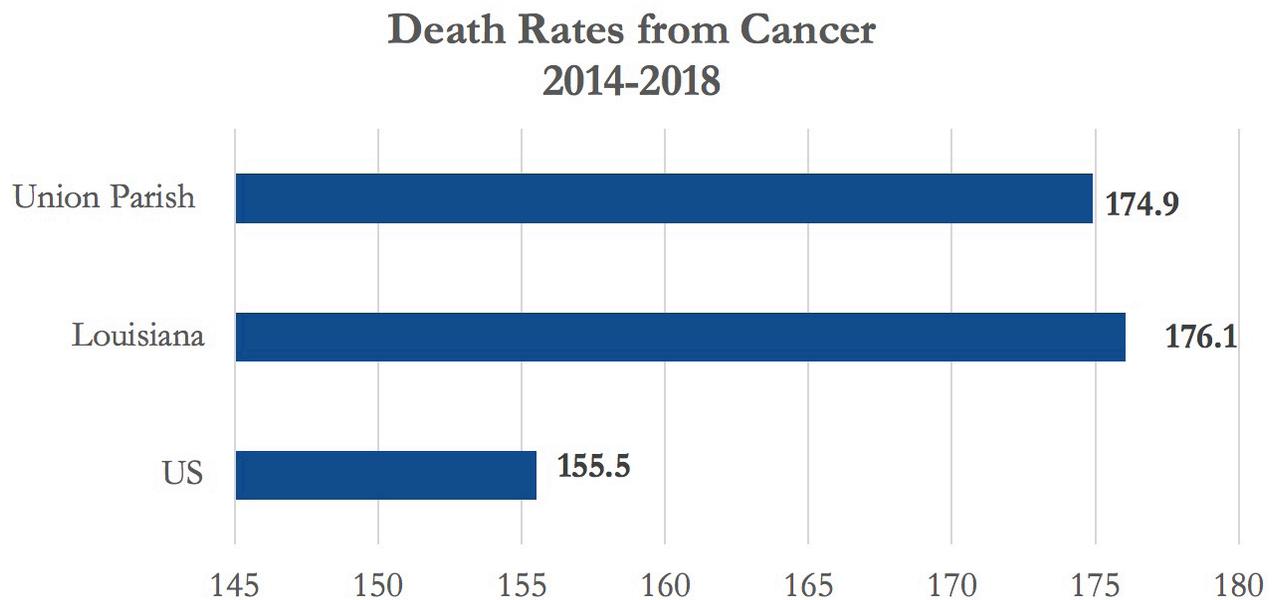


Figure 11. Cancer Incidence Rates

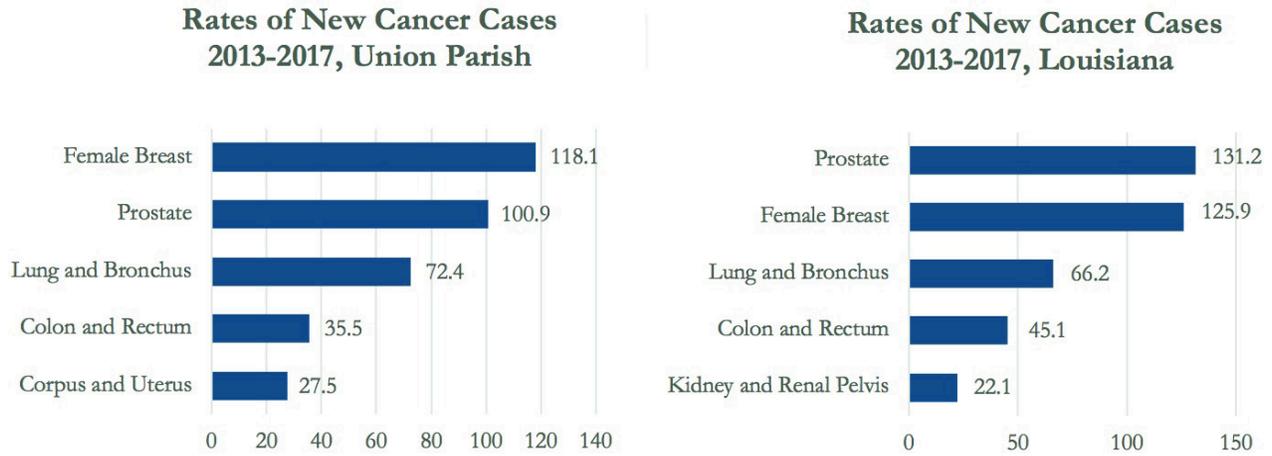
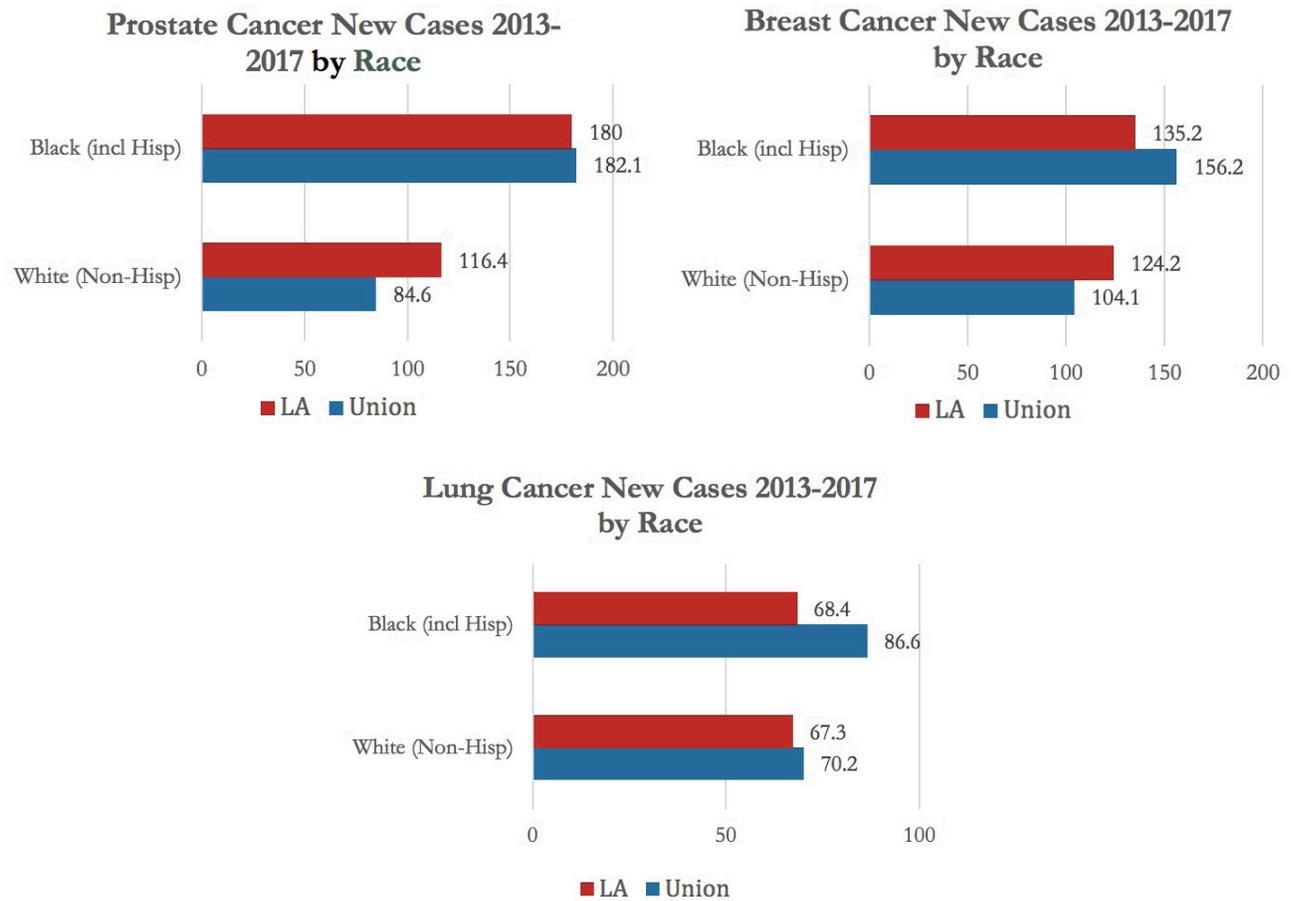


Figure 12. Cancer Incidence Rates by Race



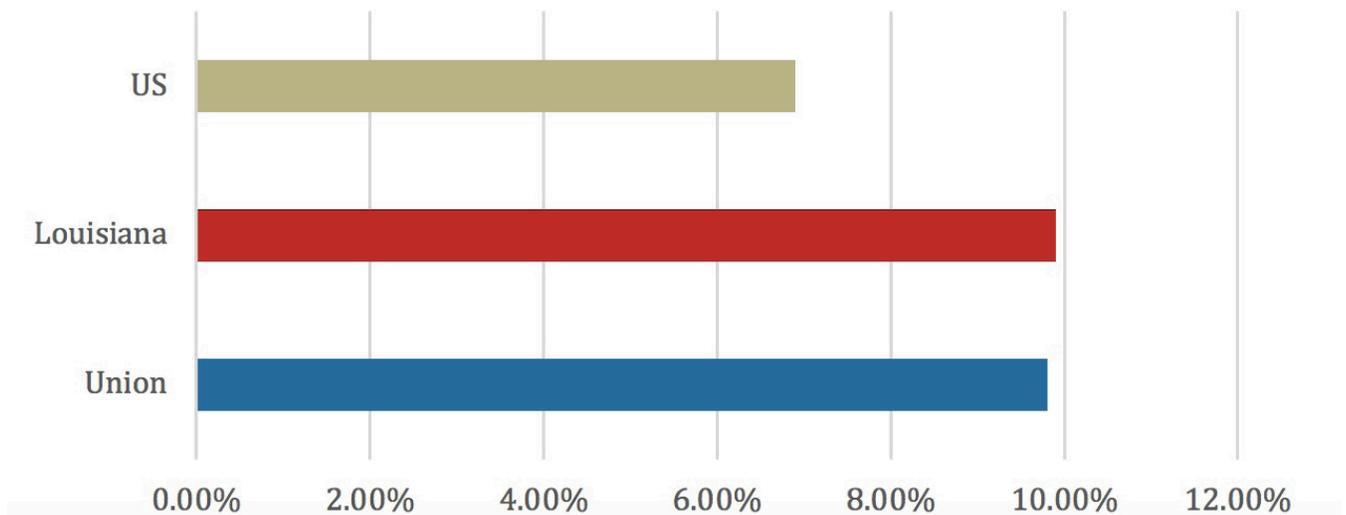
Data Source Fig 10-12: National Cancer Institute, State Cancer Profiles

Respiratory Disorders

The rates of diagnosed Chronic Obstructive Pulmonary Disorders, Emphysema or Chronic Bronchitis in Union Parish (9.8%) is higher than the national level (6.9%) and about comparable to the state level (9.9%) (Figure 13). The rate of adults reporting asthma in Union Parish is lower in comparison to the national and state level (Figure 14).

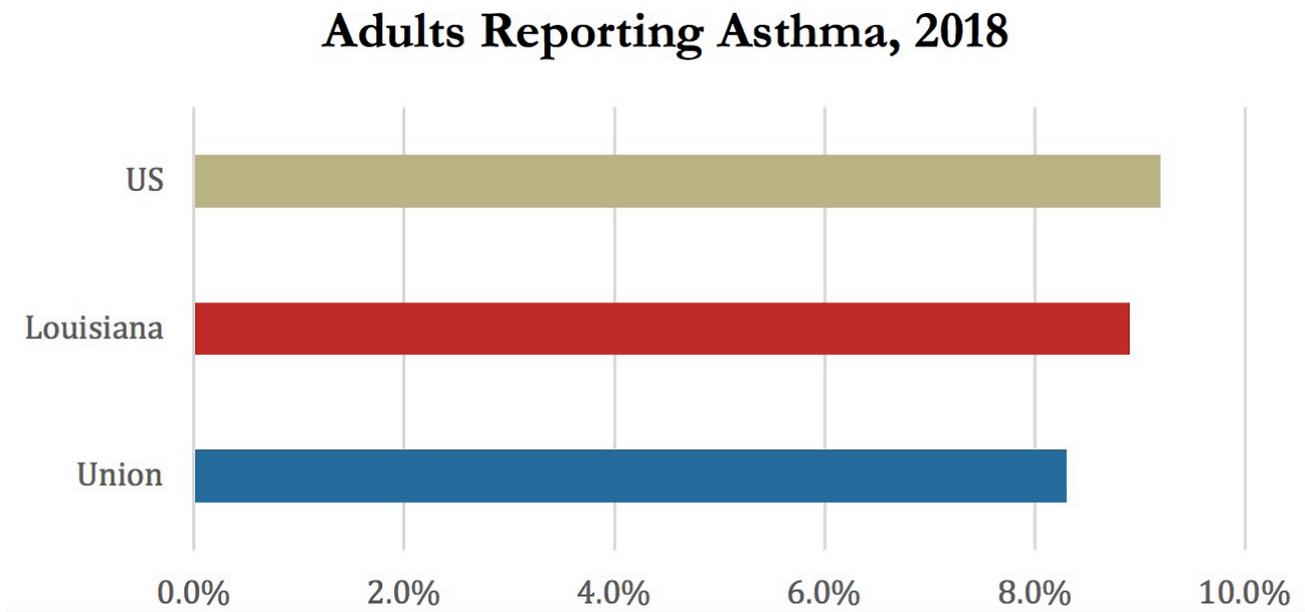
Figure 13. Rates of COPD, Emphysema, or Chronic Bronchitis

COPD, Emphysema or Chronic Bronchitis Ever Diagnosed, 2018



Estimated percent of adults ever diagnosed with chronic Obstructive Pulmonary disease, Emphysema or Chronic Bronchitis. Policy Map. <https://www.policymap.com/newmaps#/>. Accessed May 2021.

Figure 14. Adult Asthma Rates, 2018

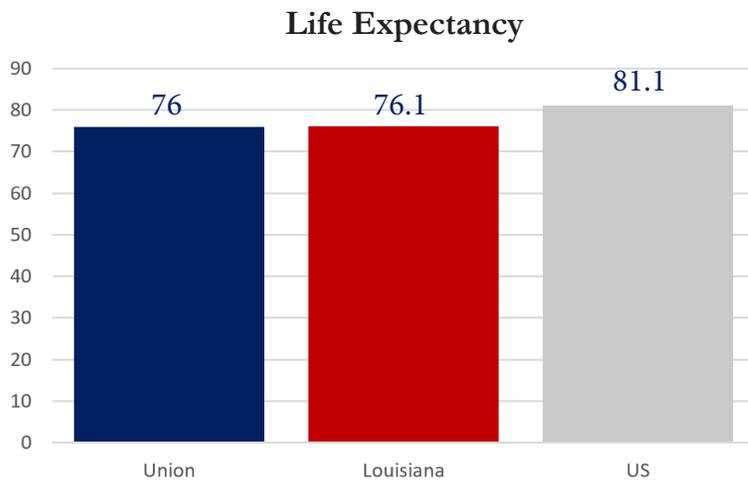


Estimated percent of adults reporting to have asthma in 2018. . Policy Map. <https://www.policymap.com/newmaps#/>. Accessed May 2021.

3.2.3 Mortality

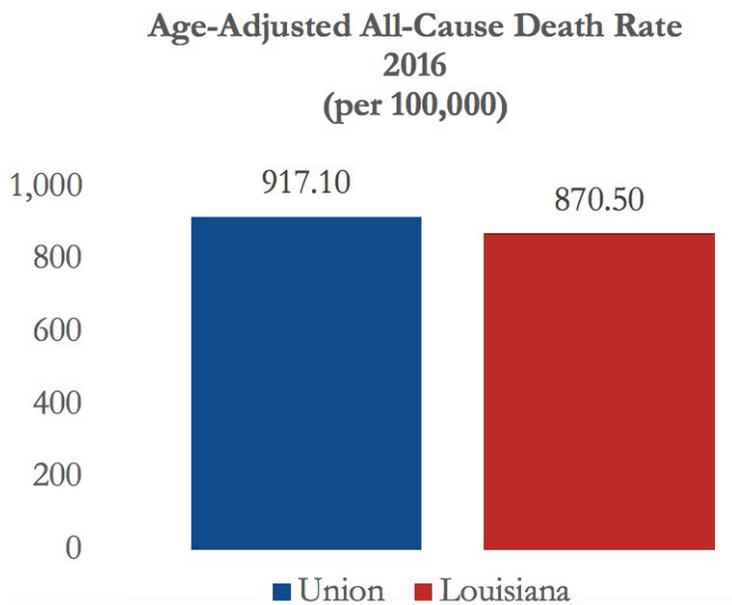
The average life expectancy of residents in Union Parish is slightly lower than the state and significantly lower than the nation (Figure 15). Compared to the state, the age-adjusted all-cause death rate is higher in Union Parish (Figure 16).

Figure 15. Life Expectancy



Data Source: Robert Wood Johnson Foundation. Does where you live affect how long you live? <https://www.rwjf.org/en/library/interactives/whereliveaffectshowlongyoulive.html>

Figure 16. Age-Adjusted All-Cause Death Rate



Data source: CDC Wonder Compressed Mortality Rate

The leading cause of death in Union Parish is malignant neoplasms. The other top five causes of death include diseases of heart (#2), cerebrovascular diseases (#3), Chronic lower respiratory disease (COPD) (#4) and, Alzheimer disease (#5). The top ten causes of death for Union Parish and the relative state ranking for each cause are listed in Table 4 below.

Table 4. Top 10 Causes of Death (2013-2017)

Causes of Death	Union Rank	Louisiana Rank
Malignant neoplasms	1	2
Diseases of heart	2	1
Cerebrovascular diseases	3	4
Chronic Lower Respiratory Disease	4	5
Alzheimer Disease	5	6
Diabetes mellitus	6	7
Influenza and pneumonia	7	10
Accidents (unintentional injuries)	8	3
Nephritis, nephrotic syndrome and nephrosis	9	8
Essential hypertension and hypertensive renal disease	10	15

Data source: Centers for Disease Control and Prevention. Multiple Cause of Death, 1999-2019 on CDC WONDER Online Database

3.3 HEALTH CARE ACCESS AND UTILIZATION

3.3.1 Access to Providers and Services

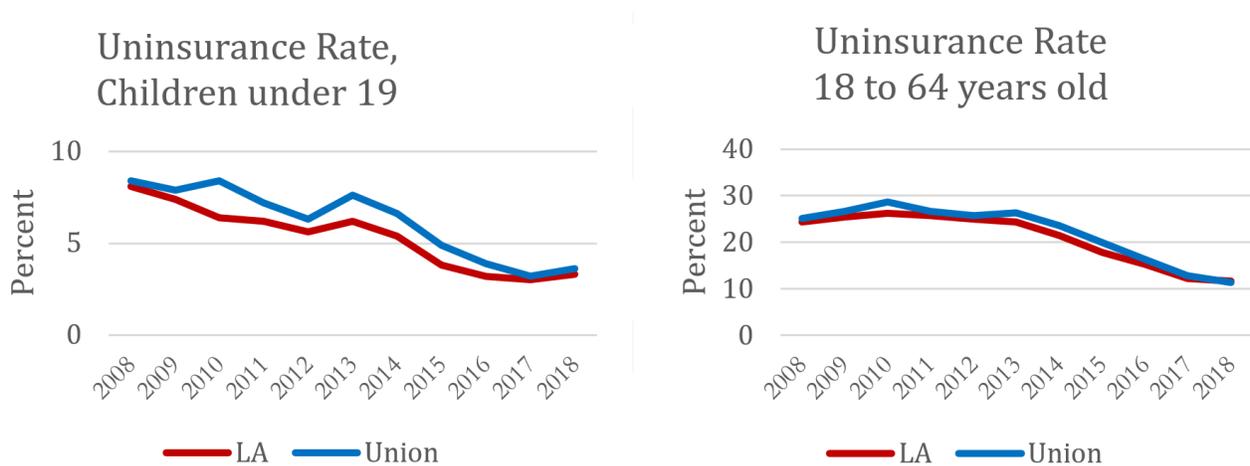
The adult uninsurance rates in Union Parish were slightly lower than the average rate for the state in 2016 (11% vs 12%), whereas the children uninsurance rates were slightly higher (4% and 3%) (Table 5). Similar to statewide trends, the uninsurance rates in the parish have declined, both for children and adults. Over time, the uninsurance rate in the parish has tended to be slightly above that of the state (Figure 17).

The supply of healthcare providers in the service area, including primary care providers, mental health providers, and dentists, remain significantly lower than the state average (Table 5).

Indicator	Indicator	Union	Louisiana
Adult Uninsurance (2016)	Percentage of people 18-64 without insurance	11	12
Children Uninsurance Rate (2016)	Percentage of people under age 19 without insurance	4	3
Provider Supply			
Primary Care Physician Rate (2018)	The ratio of population to primary care physicians	11,170:1	1,470:1
Other Primary Care Provider Rate (2020)	The ratio of population to primary care providers, other than physicians	2,460:1	960:1
Mental Health Provider Rate (2020)	The ratio of population to mental health providers	920:1	330:1
Dentist Rate (2019)	Ratio of population to dentists	11,050:1	1,780:1

Data source: The 2021 Parish Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation

Figure 17. Trends in Uninsurance

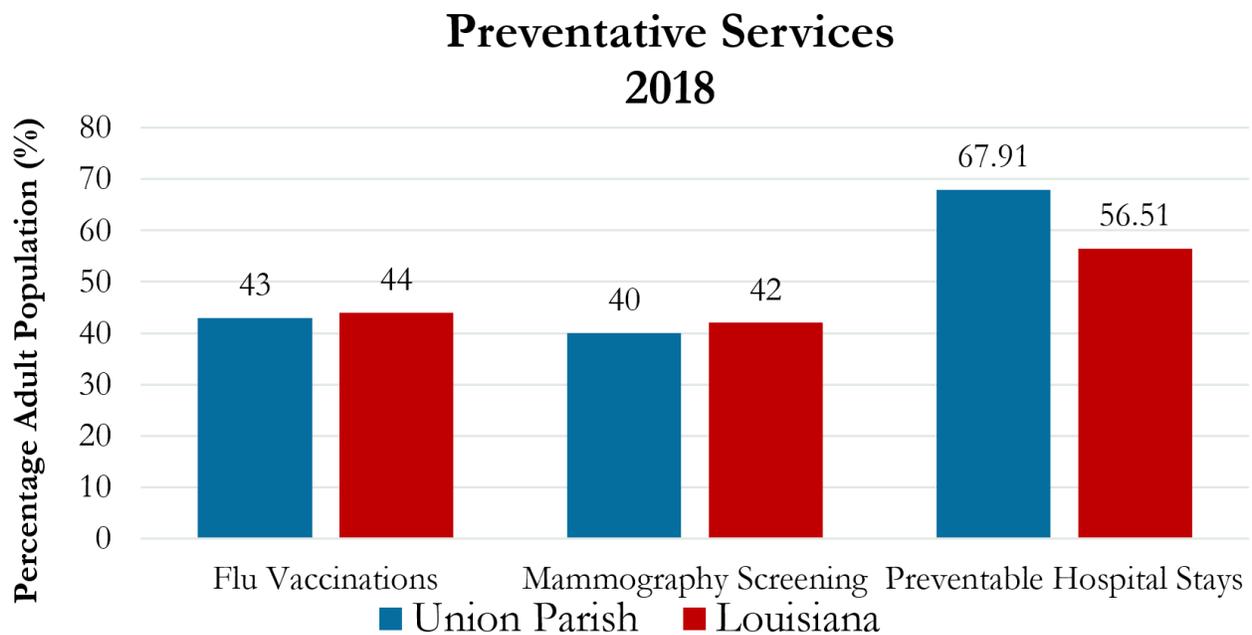


Data Source: Small Area Health Insurance Estimates From The Census Bureau

3.3.2 Use of Preventative Services

Flu vaccinations and mammography screening rates in the service area are slightly lower than the state screening rates. Preventable hospitalization rates (i.e., conditions that respond to timely and effective care in the outpatient setting) are higher for residents of the hospital's primary service area, compared to the state (Figure 18), suggesting that accessing primary care, aimed at reducing unnecessary hospitalization, is an issue in the parish.

Figure 18. Utilization of Preventative Services



Data Source: 2021 County Health Rankings by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation.

3.3.3 Hospital Utilization

The top two reasons for hospitalizations in 2021 were the same as they were in 2017 – swing bed services and pneumonia. For 2021, COVID-19 was the third most frequent reason for admission. Urinary tract infections, dehydration, and chronic conditions like diabetes, sickle cell, and COPD were also common reasons (Figure 19). For Emergency Department diagnoses (excluding COVID-19), respiratory conditions, nausea, hypertension, urinary tract infections and low back pain were common in both 2021 and 2017 (Figure 20).

Figure 19. Union General Hospital Hospitalizations 2017 and 2021

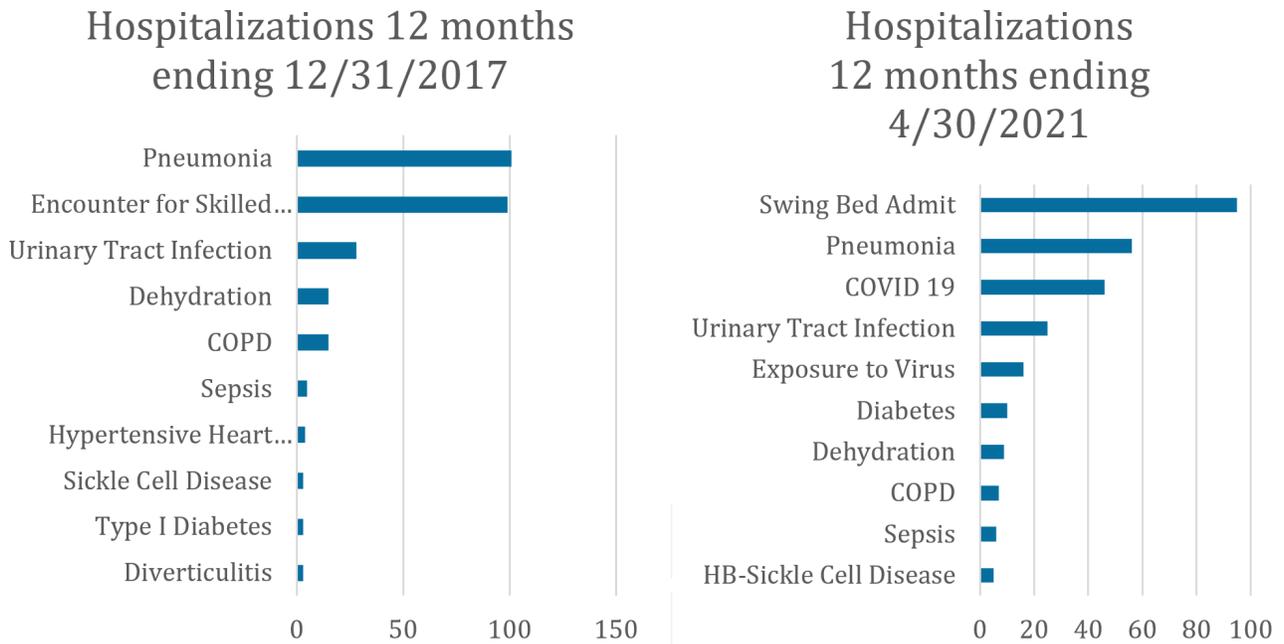
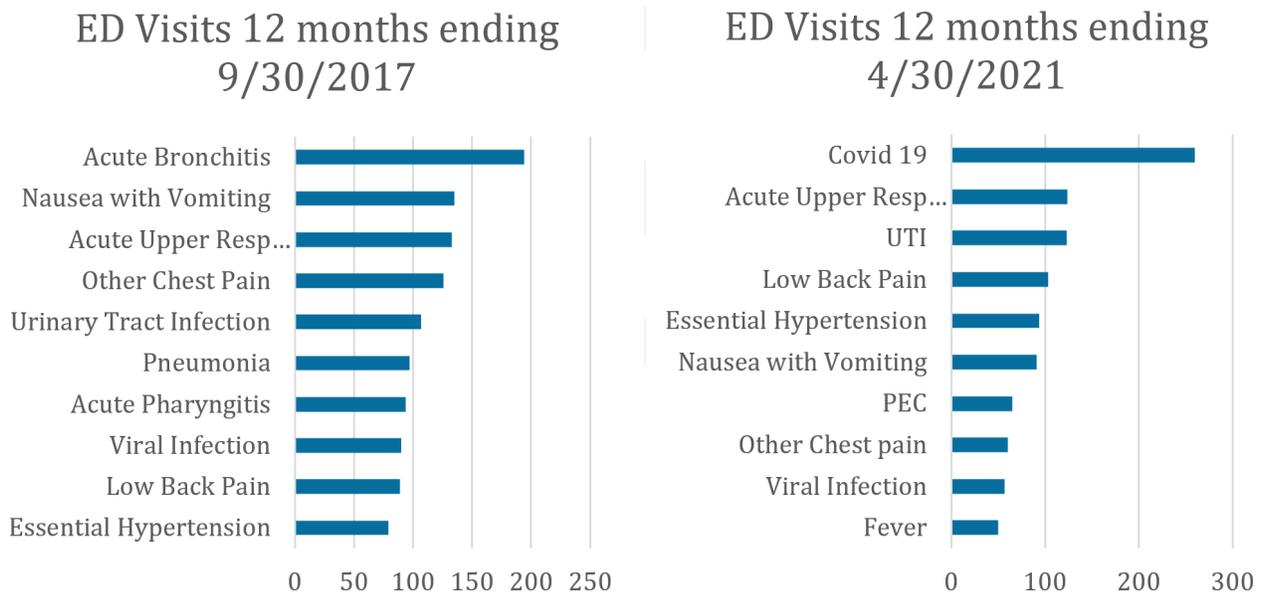


Figure 20. Union General Hospital Emergency Department Visits 2017 and 2021

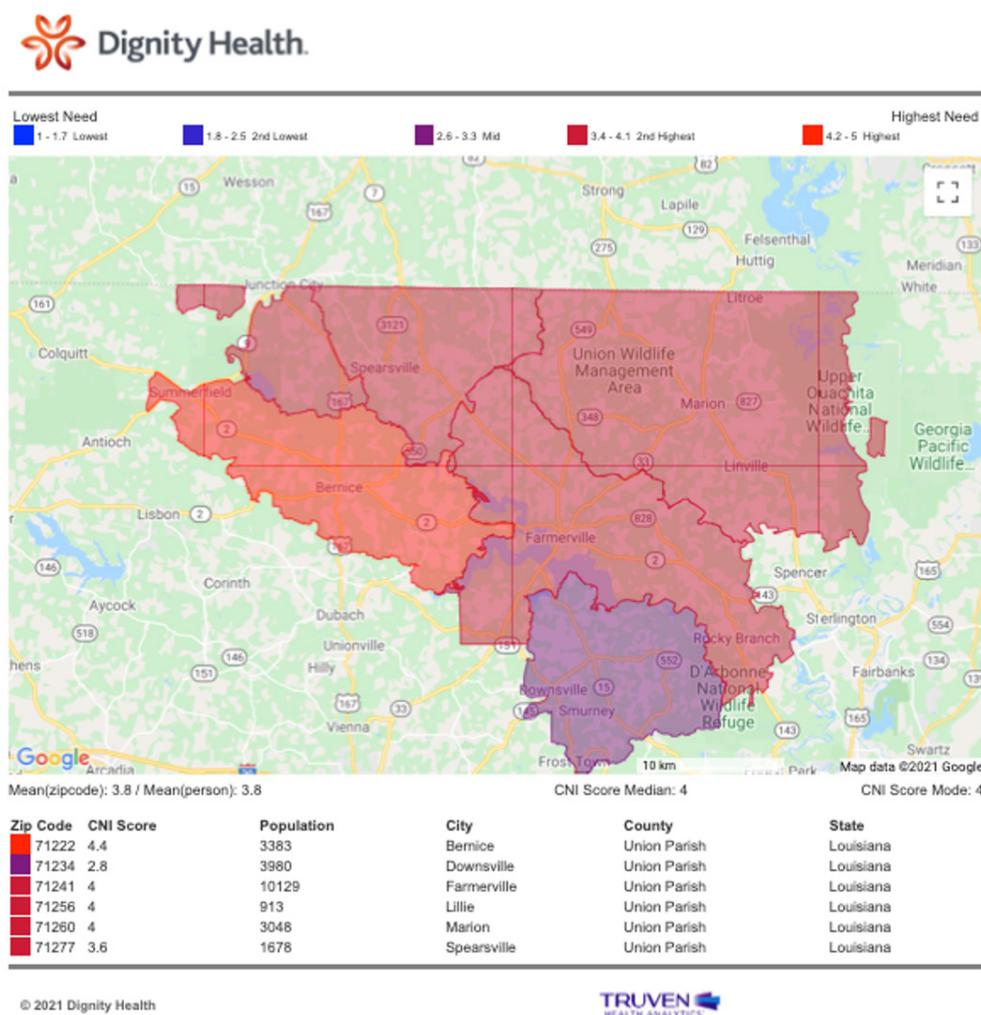


3.4 COMMUNITY NEED INDEX

The community need index (CNI) was developed by Dignity Health and Truven Health to serve as a composite measure of community need. The CNI is an average score of five different socio-economic barrier scores including income barriers (e.g. percentage of families with children below the poverty line), cultural barriers (e.g. percentage of the population that is minority), education barriers (e.g. percentage of the population over 25 without a high school diploma), insurance barriers (e.g. percentage of population without health insurance) and housing barriers (percentage of households renting their home). The CNI methodology has been previously reported.³

Based on the CNI, zip code 71222 was identified as having highest community need, with 71241, 71256, and 71260 also having a high need index score (Figure 21).

Figure 21. Community Need Index



3 Truven Health Analytics. Community Need Index Methodology and Source Notes. Retrieved from http://cni.chw-interactive.org/Truven%20Health_2015%20Source%20Notes_Community%20Need%20Index.pdf

4 COMMUNITY SURVEY

One hundred and twenty-five community online surveys were completed and returned.

4.1 RESPONDENT DEMOGRAPHIC CHARACTERISTICS

The majority of survey respondents were female (85.7%), Non-Hispanic White (67.2%), aged under 65 years (88.33%), married or partnered (58.8%) and employed (80.5%), with at least some college of associate degree (38.2%). Half of the participants reported an annual household income above \$60,000 (50.0%) (Table 6). In terms of parish representativeness, respondents were significantly more likely to be female and somewhat more likely to be under 65. They were also slightly more likely to have graduated high school and to be employed. Otherwise, respondents were representative of the community.

Table 6. Demographic Characteristics of Survey Respondents

	Frequency (N)	Total Respondents	Percentage (%)
Gender		119	
Female	102		85.71
Male	17		14.29
Age		120	
Under 35 years	28		23.33
35-44 years	19		15.83
45-54 years	33		27.5
55-64 years	26		21.67
65-74 years	13		10.83
75 years and older	1		0.83
Race		125	
Non-Hispanic Black	31		24.8
Non-Hispanic White	84		67.2
Hispanic	7		5.6

	Frequency (N)	Total Respondents	Percentage (%)
American Indian/Native Alaskan	2		1.6
Other	1		0.8
Asian	0		0
Native Hawaiian or Pacific Islander	0		0
Education		120	
Less than High School	3		2.5
High School graduate or GED	21		17.5
Some College or Associate Degree	46		38.33
Bachelor Degree	26		21.67
Graduate or Advanced Degree	24		20
Marital Status		120	
Married/Partnered	70		58.33
Divorced/Separated	18		15
Widowed	6		5
Single/Never Married	25		20.83
Other	1		0.83
Household Income		116	
Below \$20,000	8		6.9
\$20,001 - \$40,000	19		13.38
\$40,001 - \$60,000	15		12.93
\$60,001 - \$80,000	16		13.79
\$80,001-\$100,000	13		11.21
Above \$100,000	29		25
Refused/Don't Know	16		13.79

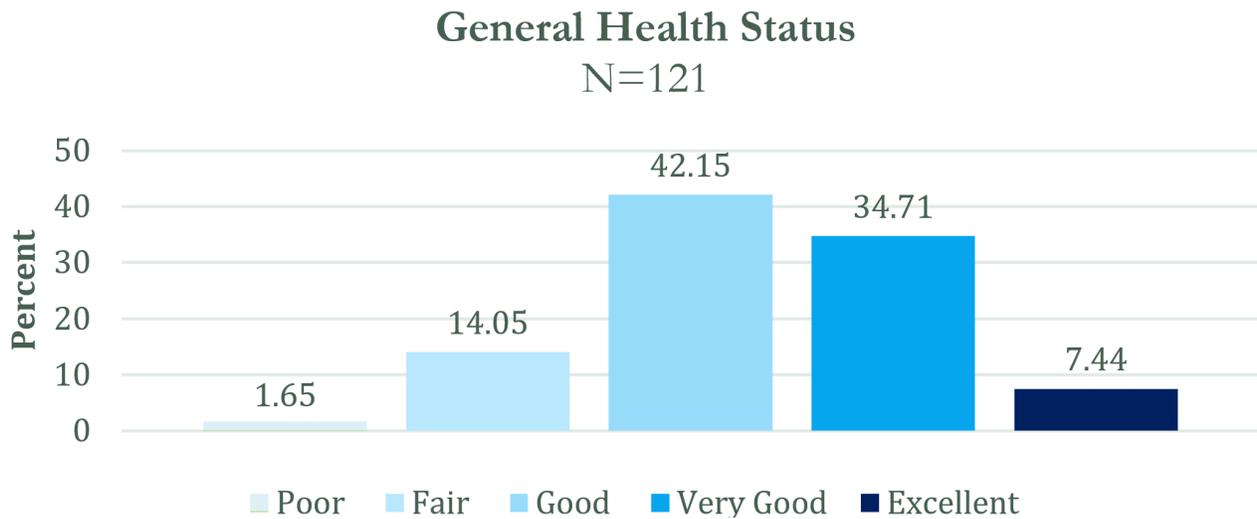
	Frequency (N)	Total Respondents	Percentage (%)
Employment Status		118	
Full-time	82		69.49
Part-time	13		11.02
Retired	18		15.25
Unemployed	5		4.24
Home Ownership		117	
Yes	91		77.78
No	26		22.22
Access to Reliable Transportation		118	
Yes	118		100
No	0		0

Note: Percentages may not add up to 100 due to rounding.

4.2 HEALTH STATUS

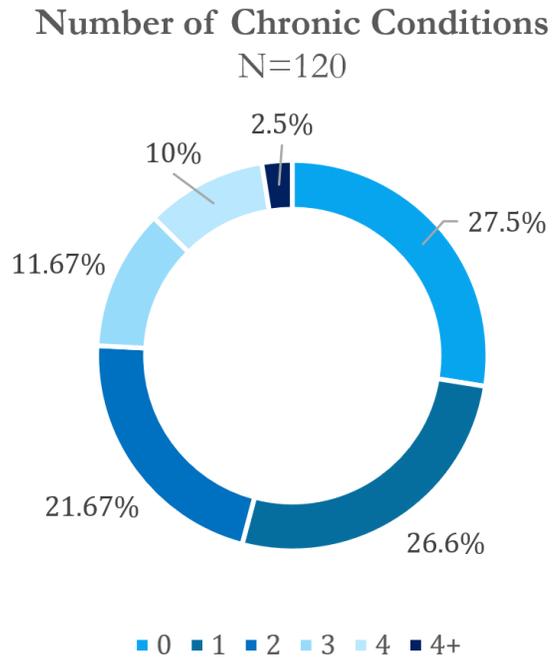
The majority of the survey respondents (76.9%) report their health as either good or very good. Almost 15% of the respondents say their health is poor or fair and almost one quarter reported having three or more chronic conditions. The most common chronic conditions that the participants reported having include high blood pressure (53.4%), overweight/obesity (52.3%) and depression or anxiety (36.4%) (Figures 22-24).

Figure 22. Self-Reported Health Status



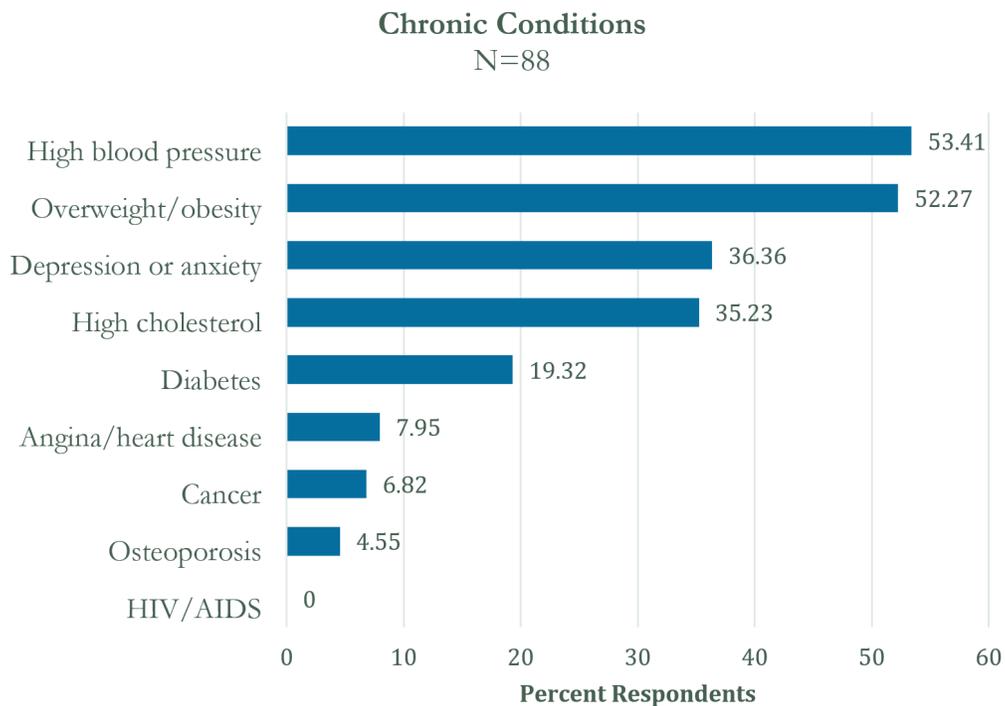
Note: Percentages may not add up to 100 due to rounding.

Figure 23. Burden of Multiple Chronic Conditions



Note: Percentages may not add up to 100 due to rounding.

Figure 24. Most Common Chronic Conditions



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

4.3 HEALTH BEHAVIORS

4.3.1 Smoking, Nutrition and Physical Activity

Among respondents, approximately twenty-one percent reported that they currently used tobacco products (Figure 25). About one out of three (31.9%) reported eating the recommended five servings of fruits and vegetables daily. Near, 30% of all respondents indicated that they were not able to adhere to the recommended guidelines on fruits and vegetable intake because they just don't think about it. About one in four stated that the fruits and vegetables go bad before being consumed (Figure 26).

Figure 25. Smoking Behavior

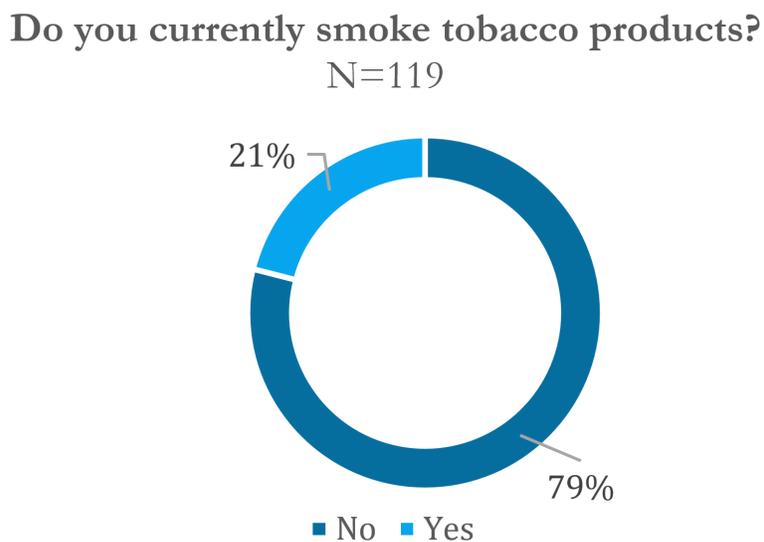
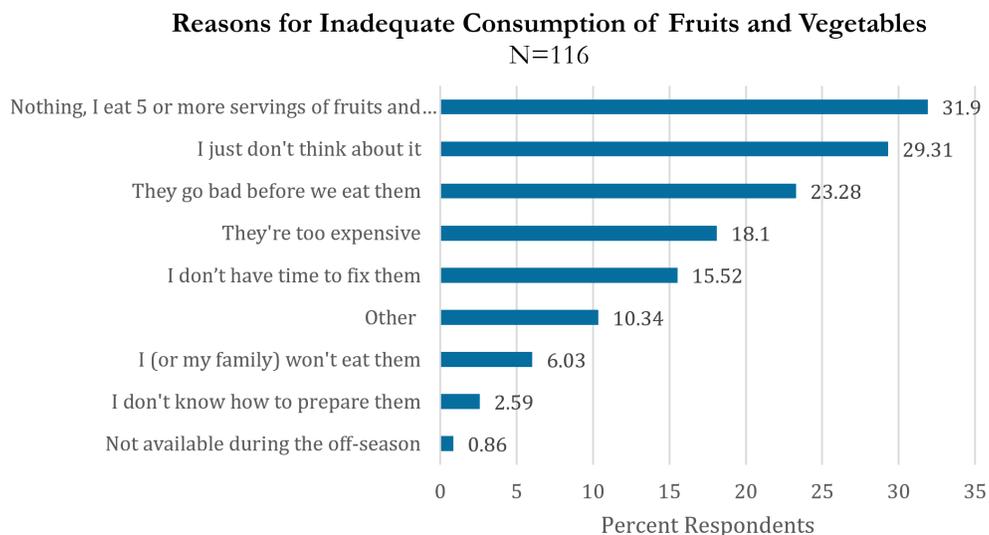


Figure 26. Fruit and Vegetable Consumption



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Regarding physical activity, almost one in four respondents stated that they met daily recommended physical activity guidelines of 30 minutes per day, five times per week. One in three respondents reported that they do not have enough time to exercise (34.45%). Over 40% of participants reported that they feel too tired to exercise or that they lack access to places where they can exercise (Figure 27).

Figure 27. Physical Activity



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

4.3.2 Screening

Respondents were also asked about their utilization of preventive and screening services and their adherence to recommended screening guidelines. Almost seventy percent of those 50 years and older who responded to a question regarding colon cancer screening reported having ever received a colonoscopy (Figure 28). Less than half (47%) of male respondents over 40 years had discussed prostate cancer screening with their health care provider (Figure 29). More than four out of five (83.3%) of female respondents 50 years and older reported that they received annual mammograms (Figure 30). Three out of four (74.5%) of females 21 years and older said that they received a pap smear at least every five years (Figure 31).

Figure 28. Colon Cancer Screening

If you are 50 years or older, have you ever had a colonoscopy?

N=68

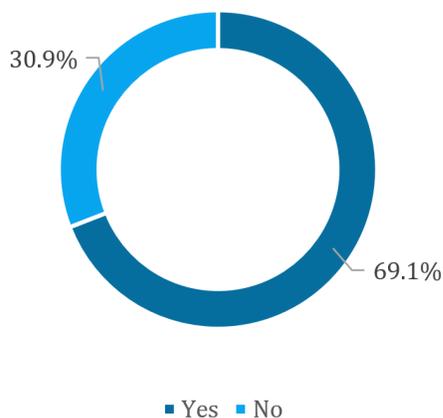


Figure 29. Prostate Cancer Screening

If you are a male over age 40, have you had a discussion with your health care provider about prostate cancer screening?

N=17

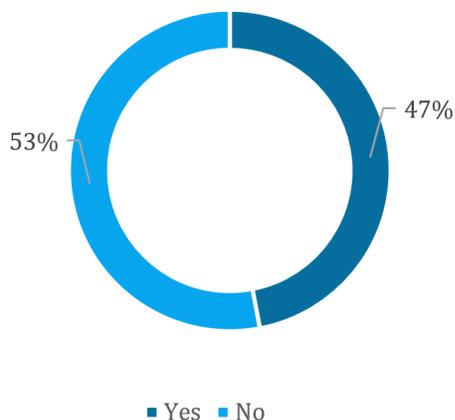


Figure 30. Breast Cancer Screening

If you are a female 50 years or older, do you have an annual mammogram?

N=60

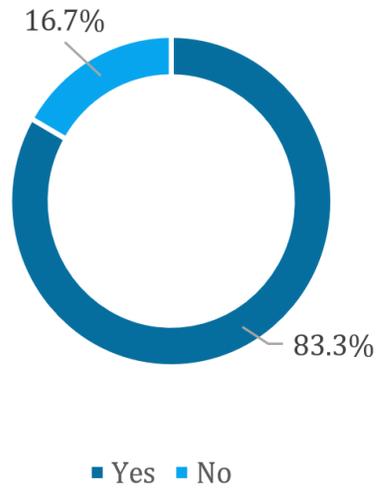
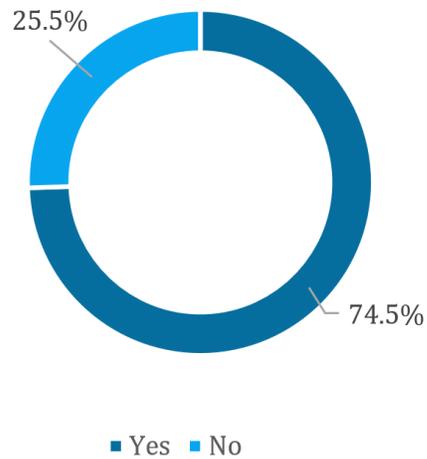


Figure 31. Cervical Cancer Screening

If you are a female 21 years or older, do you have a pap smear at least every 5 years?

N=94

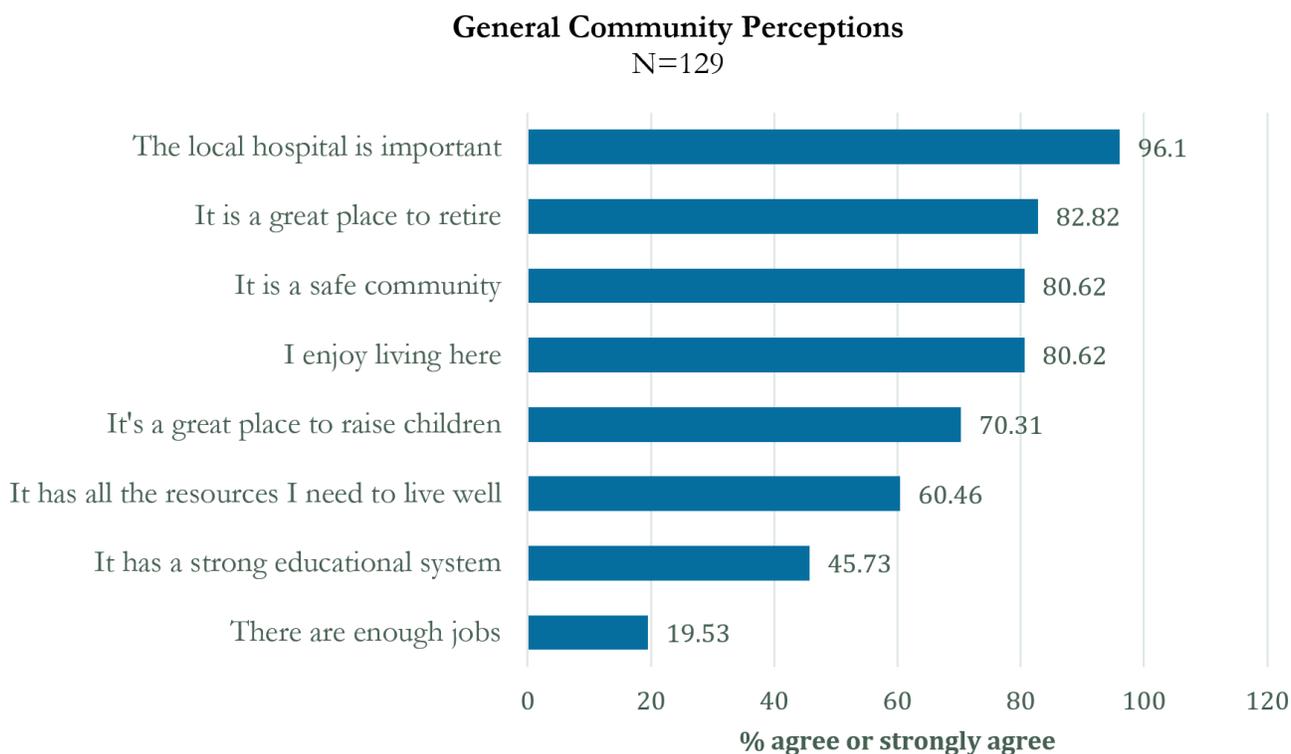


4.4 COMMUNITY PERCEPTION

4.4.1 General Community Perception

In general, respondents had a favorable view of the community, except for the availability of jobs and community resources. Eight out of ten (80.6%) respondents either agreed or strongly agreed that they enjoyed living in the community, while less than 20% felt there were enough jobs and 40% felt that there were not adequate resources available to live well. More than nine out of ten respondents (96.1%) strongly agreed or agreed that the local hospital was important (Figure 32).

Figure 32. General Community Perceptions

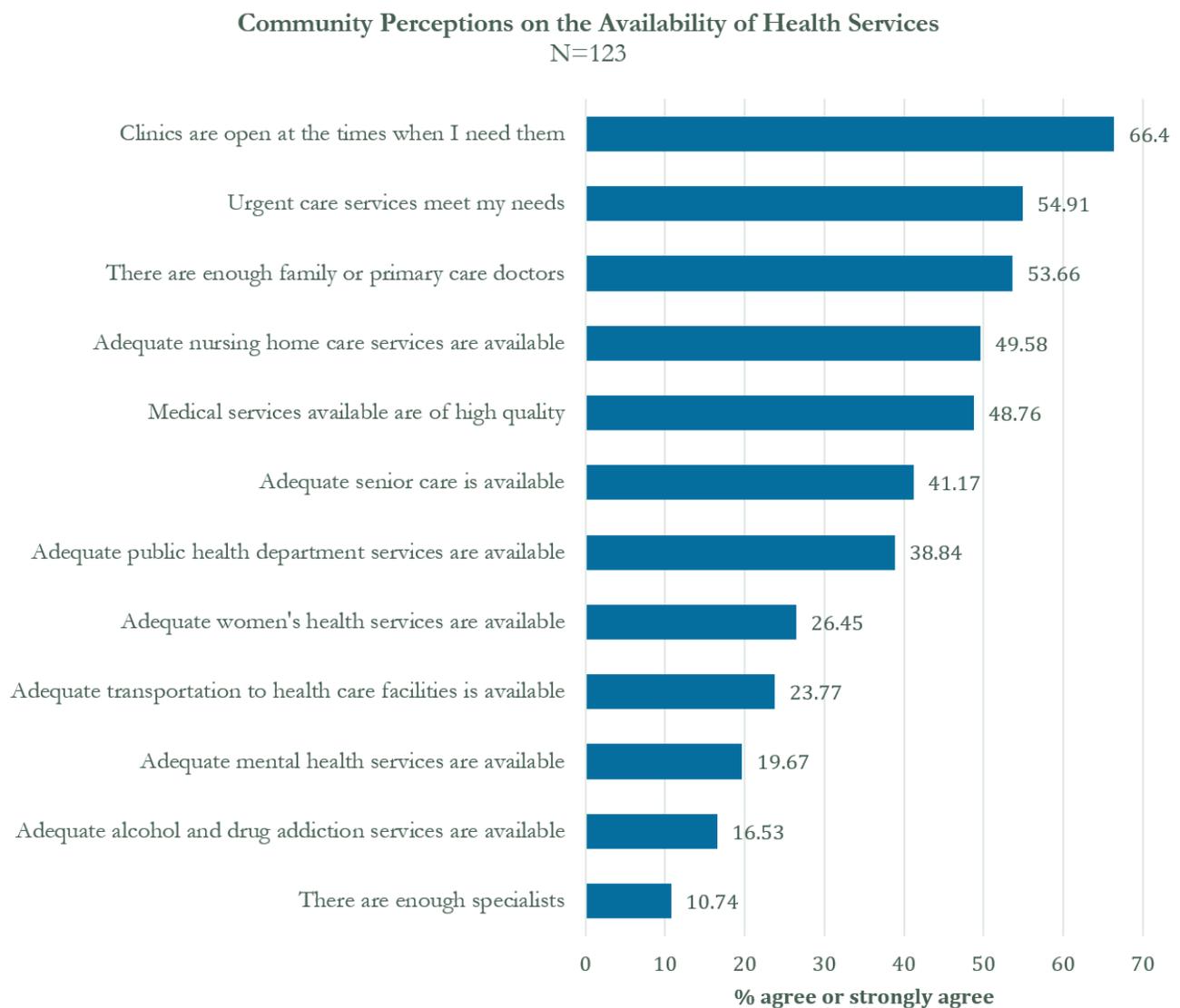


*Average sample size is reported. For each statement, we report valid percentage based on the respective sample size. Sample size ranged from a minimum of 298 to a maximum of 302.

4.4.2 Community Perception Concerning Health Care Services

The respondents' perceptions of the adequacy of medical services within the community were good. Less than half reported availability and adequacy of women's health, public health, and nursing home services. Less than a third of respondents reported adequacy in senior care and less than a quarter reported the availability of specialists, adequate medical transportation, mental health services, and alcohol and drug addiction recovery services (Figure 33).

Figure 33. Community Perceptions Concerning Health Care Services

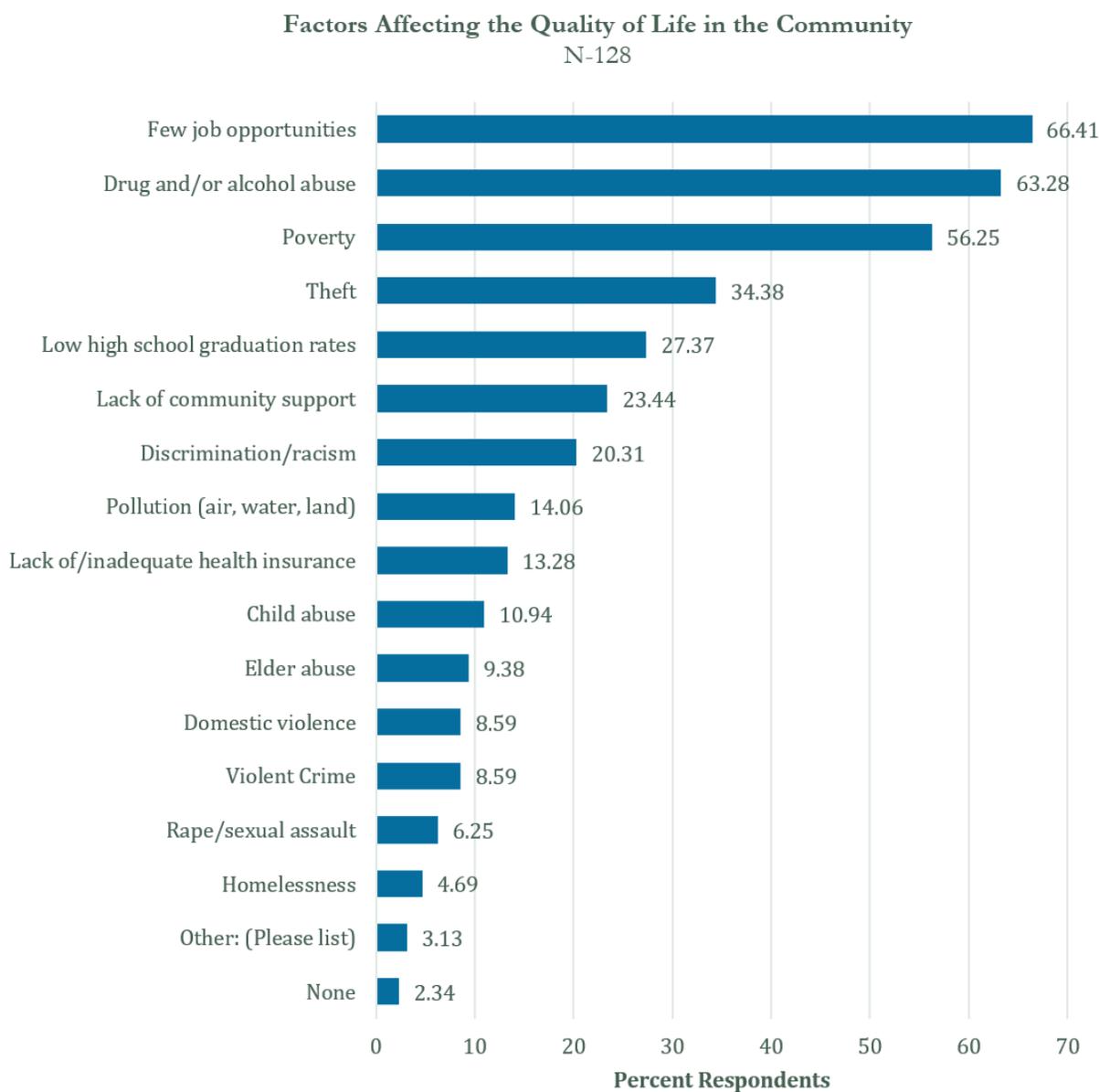


For each statement, we report valid percentages based on the respective sample size.

4.4.3 Community Perceptions Concerning Health and Quality of Life

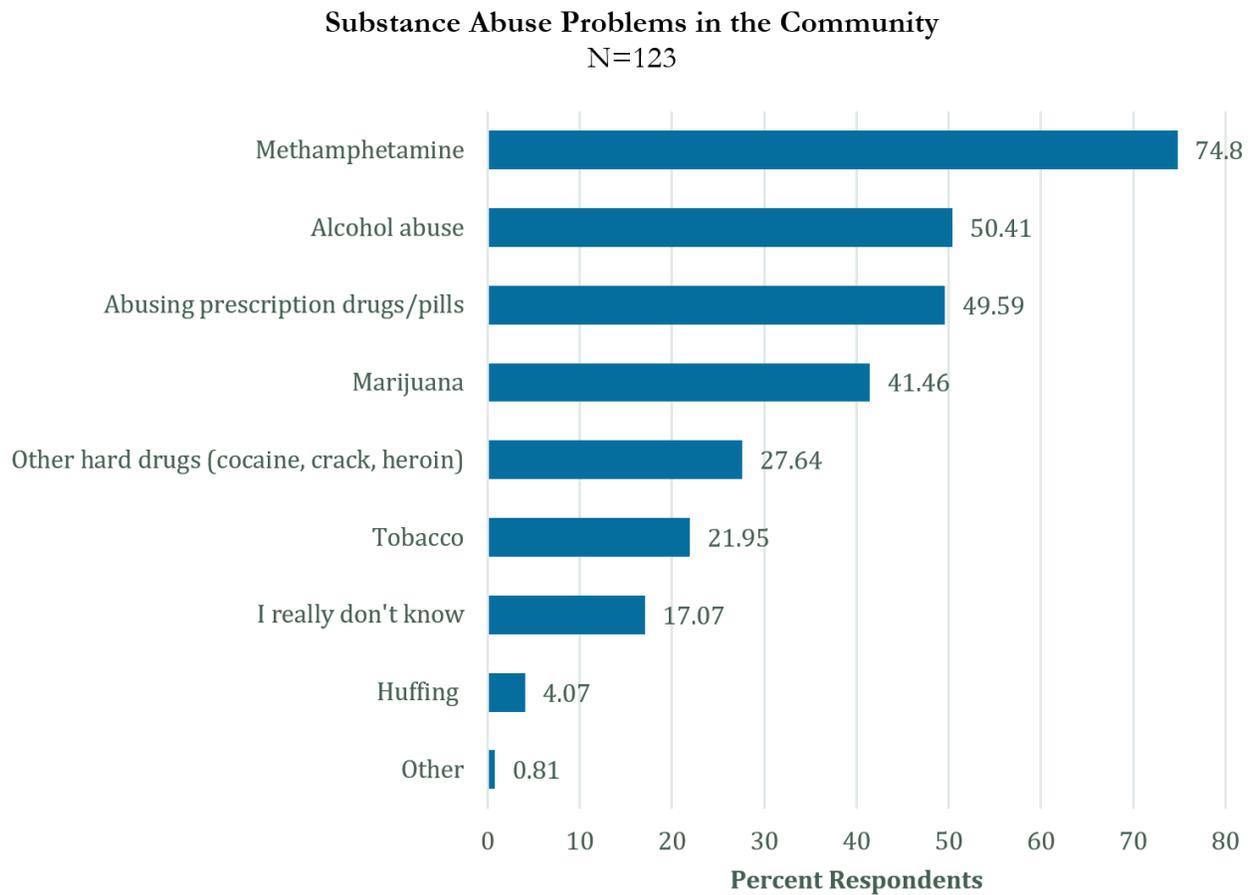
Respondents (66.4%) identified few job opportunities as the most significant factor affecting the quality of life in the community. Drug and alcohol abuse, poverty, theft, and low high school graduation rates rounded out the top five concerns (Figure 34). Concerning substance abuse in the community, methamphetamine was identified as the most commonly abused substance, followed by alcohol and prescription abuse, respectively (Figure 35).

Figure 34. Perceptions Concerning Factors Affecting the Quality of Life in the Community



Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Figure 35. Substance Abuse Problems

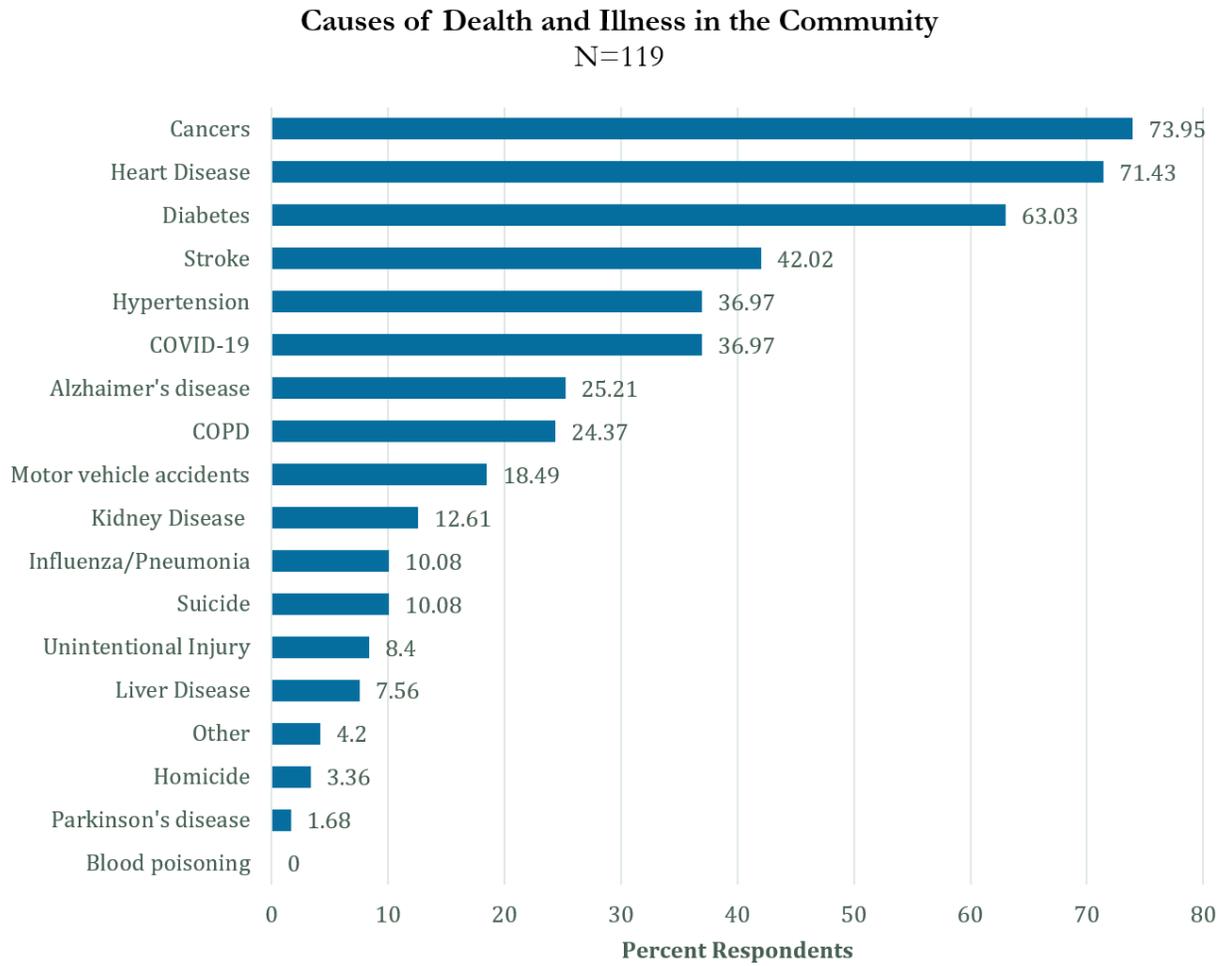


Note: Participants could choose more than one response option. Hence, percentages may not add up to 100.

Cancers, heart disease and diabetes were identified by the survey respondents as the top three causes of mortality and morbidity in the community (Figure 36).

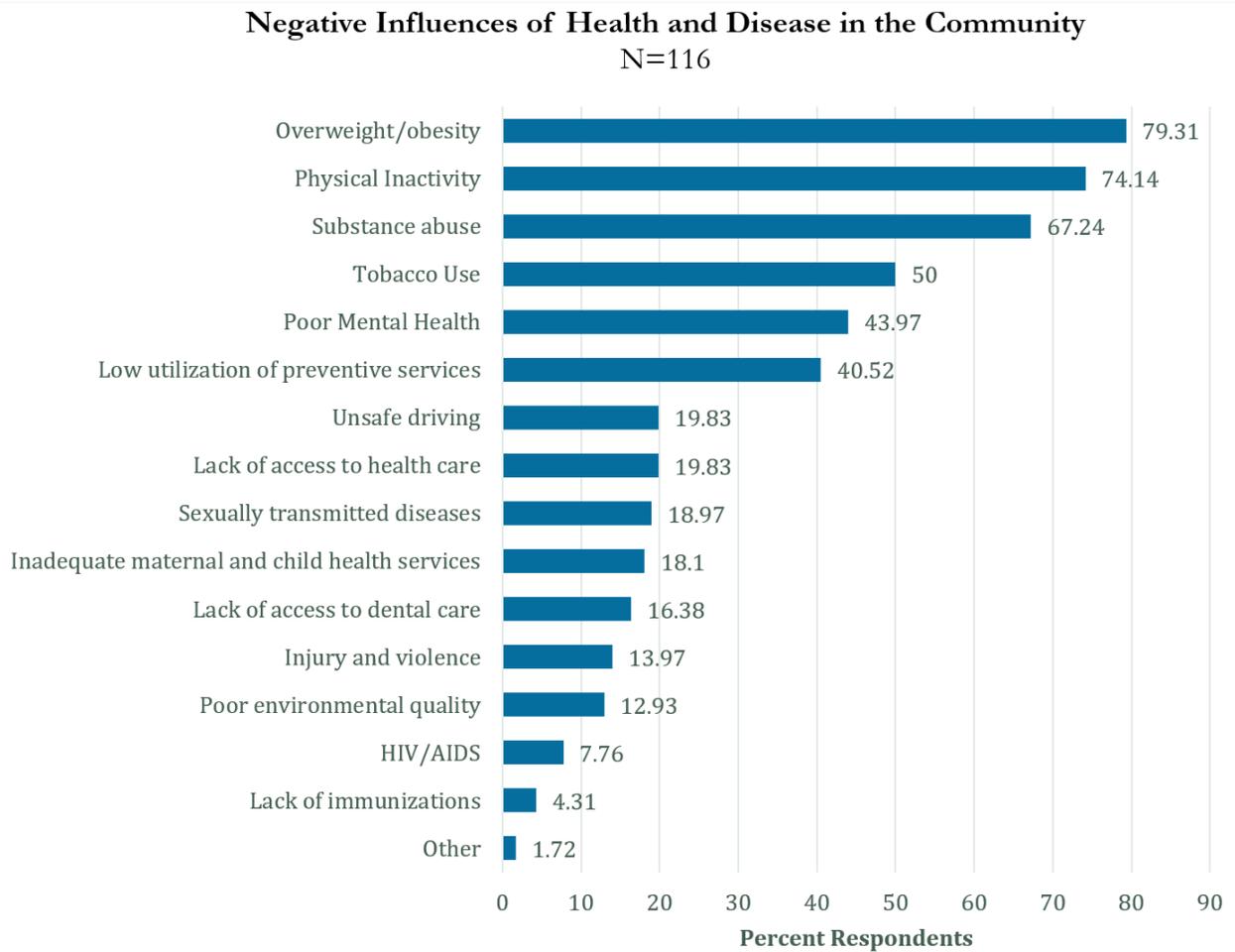
Obesity/overweight, physical inactivity, and substance use were identified as the top three negative influencers of health in the community for adults (Figure 37), while early sexual activity, nutrition and bullying were identified as the top three negative influencers of children's health (Figure 38).

Figure 36. Causes of Mortality and Morbidity



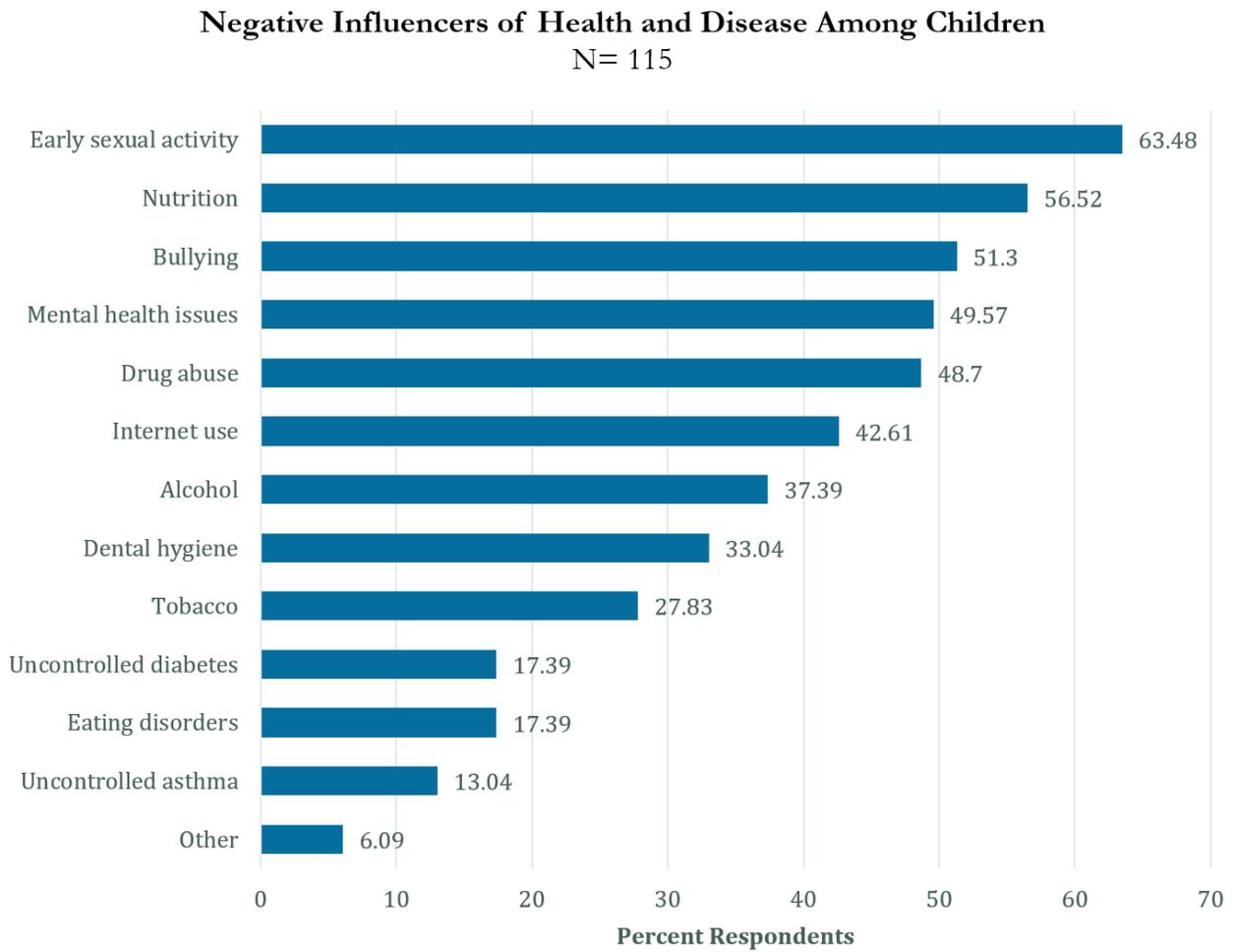
Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 37. Negative Influencers of Community Health



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

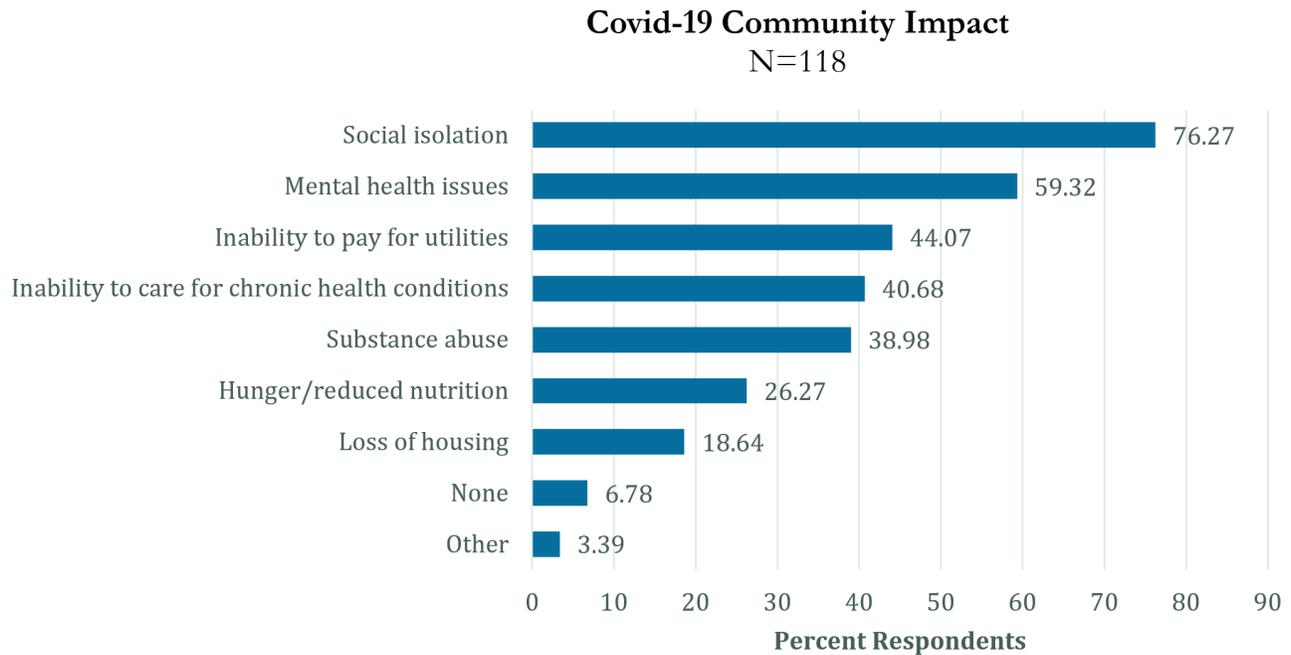
Figure 38. Negative Influencers of Children's Health



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Regarding the impact of Covid-19, respondents reported that social isolation, mental health issues and inability to pay for utilities were the top three issues affecting Union Parish (Figure 39).

Figure 39. COVID-19 Community Impact



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

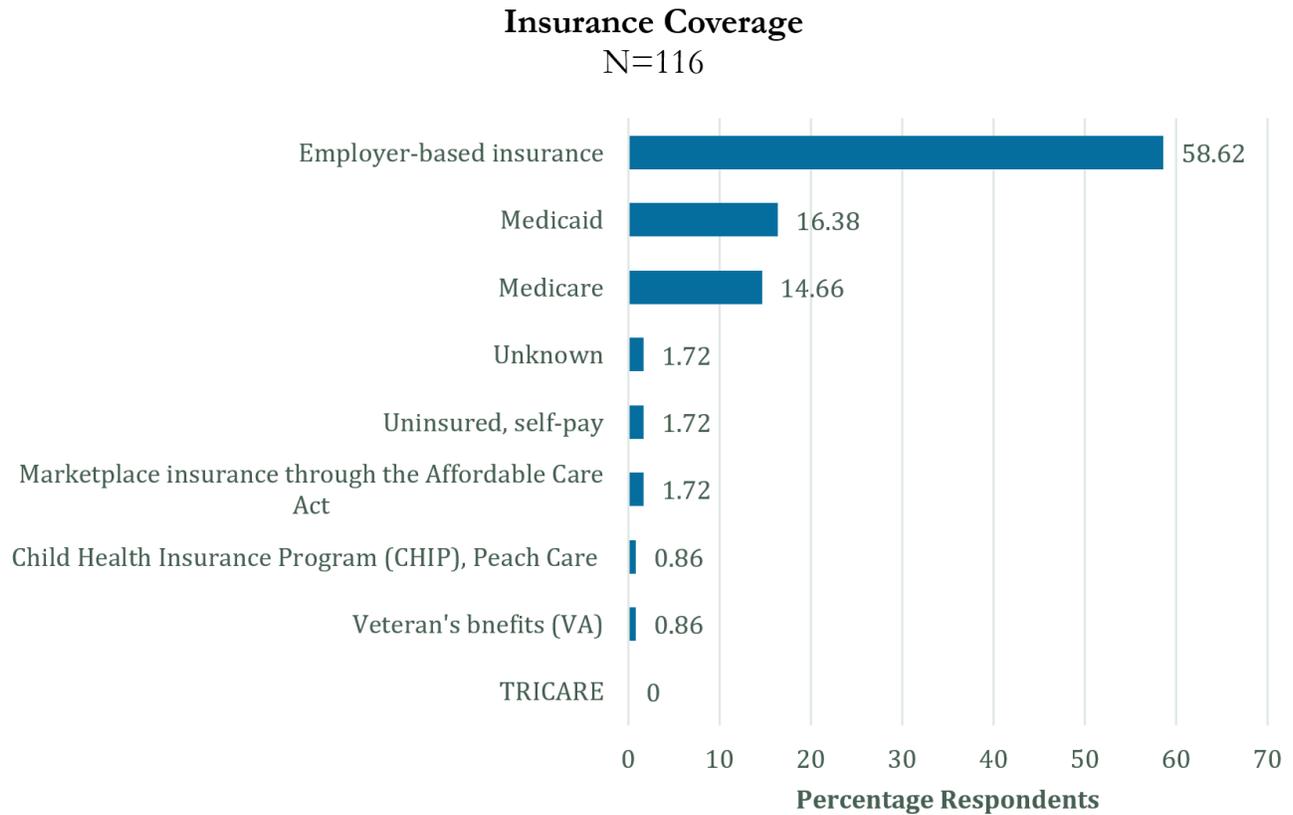
4.5 HEALTH CARE ACCESS

4.5.1 Insurance Coverage and Usual Source of Care

More than half of survey respondents (58.6%) reported that they had employer-based insurance. Over sixteen percent were covered by Medicaid, and fifteen percent were covered through Medicare. Over three percent reported that they were either uninsured or did not know how they were covered (Figure 40).

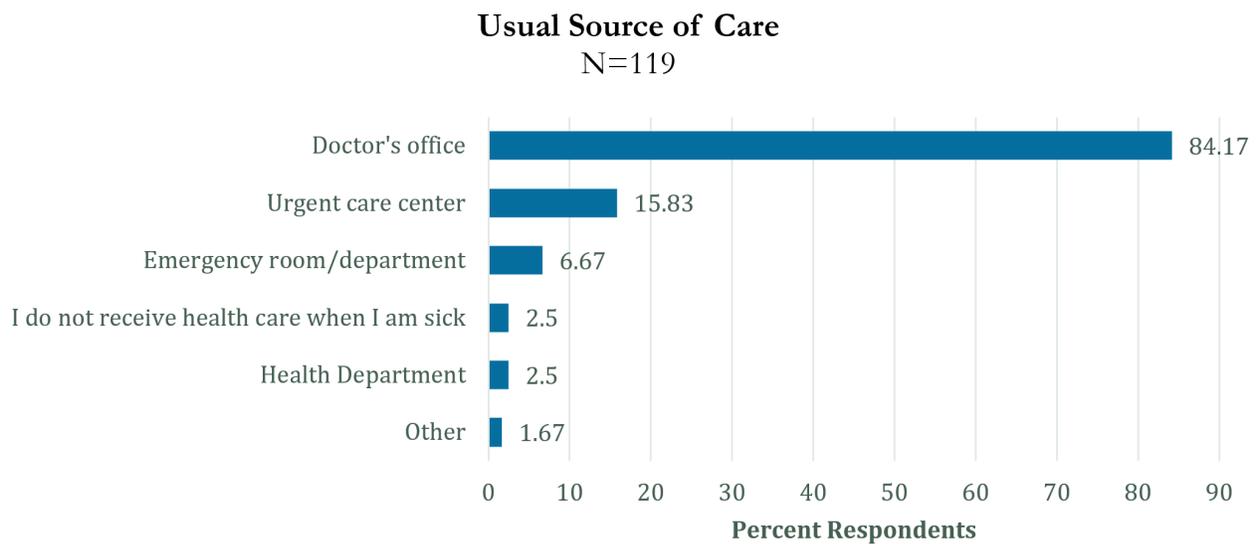
A majority of the respondents (84.2%) identified that their usual source of care as a provider in a doctor's office setting. Over 22% identified either the urgent care setting or the emergency room as their usual source of care (Figure 41).

Figure 40. Insurance Coverage



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 41. Usual Source of Care

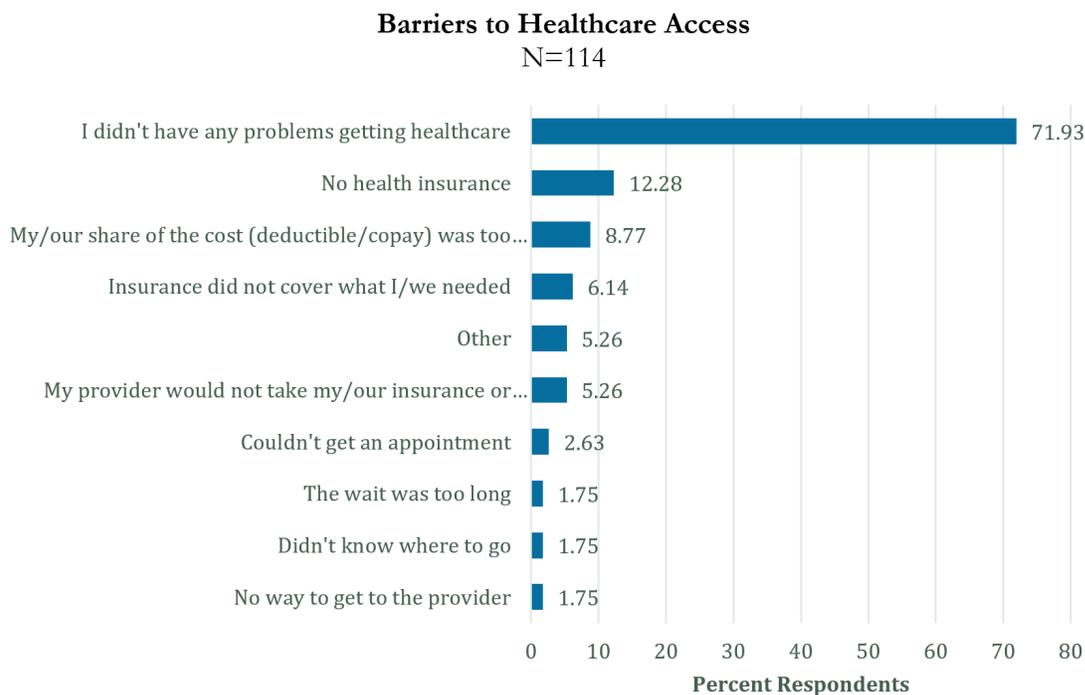


Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

4.5.2 Barriers to Healthcare Access

About one out of three respondents reported experiencing barriers to health care access in the past 12 months, including lack of health insurance (12.3%), high cost (8.8%), insurance not covering what they needed (6.1%) and other reasons (5.3%) (Figure 42). More than four out of five respondents (85.2%) were willing to access specialists via telemedicine if Union General were to offer specialist telemedicine services (Figure 43).

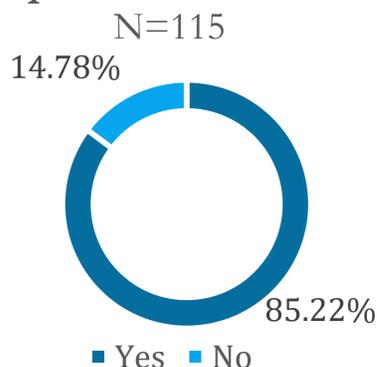
Figure 42. Barriers to Healthcare Access



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

Figure 43. Willingness to Use Telemedicine

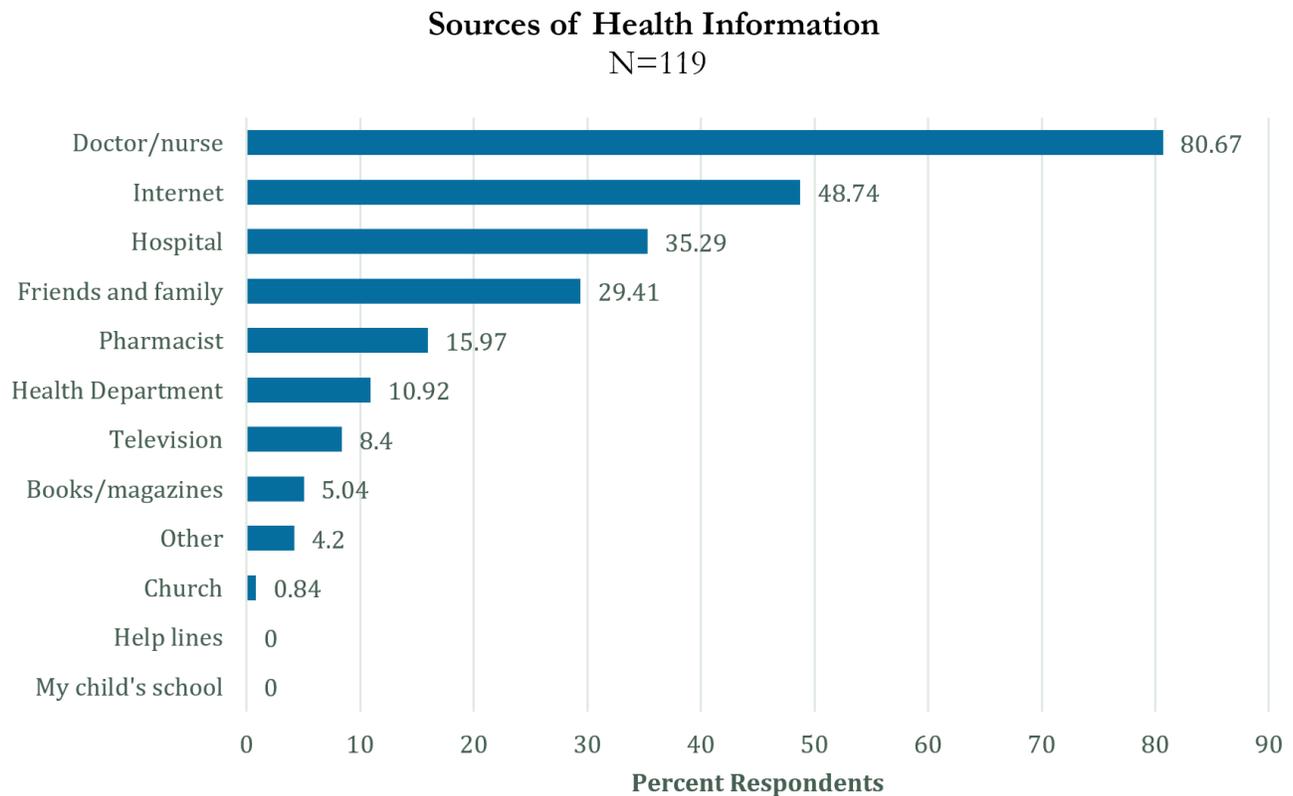
If offered by your local hospital, would you be willing to consult a specialist via telemedicine?



4.5.3 Barriers to Healthcare Access

Respondents most commonly identified their health care provider (doctor/nurse) as their source of health information (80.7%), followed by the internet (48.7%), hospital (35.3%), friends and family (29.4%) and the pharmacist (16.0%) (Figure 44).

Figure 44. Sources of Health Information



Note: Participants could choose more than one response option. Hence, percentages do not add up to 100.

5 KEY STAKEHOLDER FOCUS GROUPS

5.1 PARTICIPANTS' CHARACTERISTICS

Three focus groups of key stakeholders were held in April and May of 2021, with a total of fourteen participants, each of whom represented a vital component of the community. Representatives from law enforcement, economic development, various community-based support organizations, media, and the library participated; each participant represented various segments of the underserved populations given consideration for poverty, race, chronically ill and underserved populations. Focus groups were held via Zoom, and each session lasted approximately 65 minutes on average.

5.2 EMERGING THEMES

The following sections provide details of the focus group discussions by common thread or topic.

Community Perception Overall

Participants, in general, described their community as a close-knit one where the community members have strong ties, trust and reliance with each other.

"What I think most people value about our Community is that ... everyone knows everyone. It is just a caring community where people chip in and help out when needed"

"This year has been an unusual year. We've had 2 hurricanes move through here; we've had multiple tornadoes; we've had record rainfall with flooding; and as Guest 4 says, the whole community comes together to help each other."

They further described the community as "a good place to retire" and one that has abundant natural resources such as parks and lakes. However, the community members emphasized lack of job opportunities and poverty as key areas of concern for residents of the parish.

Participants identified strengths as well as challenges that are present in the community.

STRENGTHS: Engaged Community, Retirement Haven, Faith-Based, Natural Resources, Active Library, Caring Hospital

Overall, participants had a very favorable perception of their community. For many of them the community of Union Parish is **caring and engaged** and as one participant stated: "We all get along very well; we're all like family here." Furthermore, they explained that the parish is very **rich in natural resources** such as woods, lakes, parks and other natural resources which allow for a

healthy lifestyle and make the parish a good place to retire. The **hospital** was discussed favorably especially with consideration to how highly responsive and caring they are to the community needs. Additionally, the **library** is one of the resources that residents appreciate for the frequent children's activities that it sponsors.

The following quotes capture these sentiments:

"I would say our strength is we're a small community and we're really big about helping each other and everybody knows each other. And I would also characterize it as a retirement community. It's got a lot of older people, a lot of retired people living on the lake."

"...[M]y wife had 2 heart attacks the same week and basically they took her to Union General, and the care they provided; the compassion they had; the just being kind and courteous changed my perspective totally on Union General Hospital and rural hospitals in general. I can't say enough about how well they treat their patients."

"[The library] is always having little health programs, little reading programs, providing little miniature libraries throughout the parish. She is very conscious of the health needs of the children and she works very closely with Union General on that."

CHALLENGES: Rurality, Lack of Job Opportunities, Poverty, Dispersed population

Despite the positive aspects of their community, participants noted that challenges exist for the parish. A consistent theme across all focus groups was the **geographically widespread nature of the parish**. Due to the relatively small population compared to parish land mass, it is challenging to reach out to all of the residents and connect them with the community resources. The dispersed population of the parish has numerous implications for quality of life and access to services for those more remote residents. Communication among residents is challenging, and there is lack of high speed internet is an issue for education and healthcare as well. Poor internet connectivity has also negatively affected the children and their ability to participate in virtual school learning during the Covid-19 pandemic.

"We're a very large parish geographically, and so there are people in all corners and spread out all through the parish, and sometimes communication is difficult because of that."

"I think one other issue that goes along with the transportation [is] access to internet. Service [is poor] here, too, is. It is really minimal here. We have a very large parish, and I would say, probably over half the parish, if not more...doesn't even have access to any type of internet service."

Another key concern is the number of residents living in poverty in the parish. The effects of poverty on mental health and substance abuse among residents was a common topic for discussion. Participants noted that there is a lack of business and industries in the parish, which diminishes

job opportunities. Due to the lack of employment opportunities, the youth of the parish has a tendency to leave the parish.

"Well we're rural we're small we don't have the tax base that some communities have we don't have the business opportunities, we're not able to hold the younger generation."

"And it's the issue of poverty and the lack of education that goes with poverty. We've just got people living hand to fist that are in purely survival mode."

"...[W]e're kind of a poor parish somewhat. We don't have a lot of industry here."

"And we literally have people that don't take their kids to healthcare, not because they can't afford it, because their kids are on Medicaid. It's literally because they don't have money to put gas in the car."

Participants described how the lack of transportation limits the access of vulnerable and underserved populations (such as seniors and low-income citizens and single parents) to medical care as well as to health-promoting resources.

"I think transportation is an issue that we run into a lot, and I'm surprised that many people in our parish don't have transportation. They just don't have it."

A lack of **access to fresh foods** was also mentioned. It was also noted that in general, restaurants in the parish do not offer many healthy eating options. Furthermore, for some communities that lost their grocery stores finding fresh fruits and vegetables is hard.

"So, one of our towns is a nice size little community, Bernice, and they lost their grocery store so people that live in that Community that do not have transportation, their only source of groceries is the Dollar General. ...I think that's a really big challenge in the more rural you get, the less opportunities you have in your communities for healthy food options."

Health-Specific Community Characteristics

Themes: Mental Health and Substance Abuse, Diabetes, Lack of Physical Activity

The top health conditions of concern in the parish, identified in all focus groups were mental health and substance abuse. Mental health was noted as a significant concern and was noted as being related to the area's poverty. The link between mental health and substance abuse was also a common theme. Discussions of substance abuse always turned to methamphetamine use as the most significant abuse issue, especially in the southern part of the parish. Other health conditions of concern that were discussed included diabetes and hypertension. Diabetes was identified as a significant community health concern especially with regard to the lack of nutritional education among all demographics - youth, elderly, and ethnic populations. Other health conditions that were mentioned included lack of physical activity, particularly among the elderly population. Top

children health concerns that were mentioned included bullying, mental and behavioral health issues such as Attention Deficit and Hyperactivity Disorder (ADHD).

“And the mental health[issue] is basically [about] the trauma caused, particularly to these kids but also the adults as a result of abuse that’s related to poverty and substance abuse.”

“I would say, mental health...counseling and therapy programs. That would include a range of things, but includes children dealing with ADHD issues to marriage and family.”

Physical activity was mentioned as a challenge for the community. Although there are abundant natural resources, accessing them is not easy. Some resources were mentioned – notably the hospital’s walking path is an asset of the community for promoting physical activity.

“If it wasn’t for the walking track at the hospital, ...there’s not a lot of places they can actually go. ...We have the Rec Center but they have...operating hours.... They do have a little playground with their little trail, but other than that we don’t have it. We have the state park, of course, but it’s kind of like it’s far out for most people who might not have transportation.”

Lack of residents’ knowledge about the need for exercise and wellness is also a problem.

“One of the hindrances that we have of the older population that lives in our community are folks who worked hard, all their lives, so their exercise primarily came from physical activities in work. We don’t have a lot of educated opportunities, I mean their school teachers, but a lot of folks or you know they’re blue collar. They’re getting down and working and so that’s been their primary focus. Not exercise and health, it’s just hard work. They don’t understand jogging and walking...”

Healthcare-Specific Community Characteristics

Themes: Lack of Specialists, Lack of Mental Health and Substance Abuse Services, No Trauma Center, Limited Telehealth

Participants noted that access to healthcare services, in particular specialty care, were a significant challenge for the parish. Women’s Health was a specialty specifically identified as one that requires significant travel to nearby larger cities and is associated with long wait times and scheduling difficulties.

“The lack of specialists... You know both of our two rural hospitals here, you know we have good clinics, but anytime that you need any kind of specialized care, you’re going to have to go out of the parish, set up another appointment, travel another hour, if not more.”

Inadequacy of mental health services and substance abuse services was brought up as a key concern from the participants. Additionally, Union Parish does not have a trauma center, meaning

that for injuries or accidents, residents have to travel a long distance to get the care they need.

"We don't have a trauma center. It's over 100 miles to the nearest trauma center here. Anytime there's a serious accident or serious injury or anything like that, they have to be transported to Shreveport, which is...roughly 100 miles from here."

Telehealth is also an issue for the parish. There are many remote areas where broadband is not available, which means that telehealth is problematic. During the COVID-19 pandemic, lack of internet access was a real issue for educating students at home.

"We've got a problem educating kids from their homes that don't have internet access. The schools have been providing hotspot devices at the houses so they can do their work from home. It's even more basic than healthcare."

Hospital's Role in Advancing Community Health and Wellness

Themes: Proactive Role in Promotions, Community Organization Connectedness, Increasing Community Health Outreach Efforts

All participants spoke very highly of the role that the hospital plays in the community, as well as the quality of services that are offered. The participants praised the hospital's strong presence in the community and noted that they offer education to adolescents on bullying and violence, health screenings, and various community events providing preventive services and education. Communication from the hospital was emphasized as one of its main strengths when it comes to reaching out to residents.

"I would say that if the hospital is aware of a need; they are definitely responsive in working with the stakeholders in a very quick and orderly fashion to see if they can be a part of helping meet that need."

Furthermore, the hospital's active involvement with other community organizations such as the Union Parish Outreach and the Council on Aging was recognized.

"We do have a Union Parish Community Outreach coalition, which is made up of numerous agencies in the parish and outside of the parish, involving mental health, counseling, law enforcement, and the hospital, and we basically work together to try to find these services and stuff for people that are in need."

Respondents were challenged to think of ways for the hospital to improve their health-focused community outreach. One idea that came up more than once was the challenge and benefits of reaching those residents who are hardest to reach.

"...The more we can take whatever it is into the Community, the more participation we get from the Community... I go to the doors and invite and say everybody come, but people don't come so you have

to take your product to them, whatever that is and so that's just something moving forward that we may want to look at how do we do that, how do we connect with more churches, how do we connect with more of our routes that are already in existence to meet some of those needs that we're talking about...."

Health-Specific Wishlist Items

Themes: Community Health Educators, Bilingual Education, Nutrition Education, Physical Activity Promotion

Each focus group was asked about their wishlist for services and resources that would improve the overall health of Union Parish. Participants suggested various measures that could help address the health challenges and barriers that the community faces.

Participants identified several health topics that could benefit from **increased community health outreach efforts**. These health outreach efforts could include classes on nutritious eating, and medication adherence in various target populations such as the elderly, diabetics, the Hispanic population, and also the younger population of the parish, who are increasingly being diagnosed with chronic diseases like diabetes. The potential for using mobile units to provide services and education was also mentioned.

"I think the communities should host more events targeting a certain health issue, because I know that the LSU Ag Center at the university... they do health literacy classes, when I help well I used to teach those classes, they have nutrition educators."

"I think in general health education. You know, be healthier and how do you accomplish that I think someone mentioned a while ago, you know. Are there registered dietitians, nutritionists that could come speak to different groups around the parish? That would, you know, help those of us with diabetes, how can we lower our A1C through diet, through exercise, you know those with high blood pressure, do the same. We just need more education around a healthier living."

"...[D]iabetes education and all that sort of stuff is important and just [saying]... if you eat this or if you know, just somebody was telling me today, you know caffeine can affect your diabetes and like nobody told me that because I took like five cups of coffee a day so. I think just knowing those kind of things like I think especially if it could be something bilingual because I know that there's a lot of Hispanic people with diabetes, and so I think that would be great to be able to offer that. I know that [they] offer classes and things like that, but I think if it was also I know that sometimes like at lunchtime, and which is great, for me, but I think, maybe for some of our families, you know that might be being able to maybe offer that in the communities or maybe even if we did have a mobile unit to be able to do that as a service of the mobile unit would be kind of neat."

Collaborations that capitalize on co-production to increase activity levels of sedentary residents to serve the greater community were also mentioned.

"... We got old folks that are that are sitting down, and they're getting less and less healthy. The hospital has needs, the community has needs...How do we mobilize that senior population to fill some of the needs that we have, and to do some things to get up off the couch to step in to drive somebody? ...I think when people understand the needs that are there, then maybe, we can find ways to plug those people in, and again, I don't think that's necessarily the hospital's responsibility. But ... that's one thing that might solve a couple of problems that we have."

One suggestion to improve coordination of health promotions events and offerings among agencies based on topic or disease was provided. It was noted that individual agencies provide many offerings, but that coordination could increase the reach and impact of these offerings to those with need.

"But I think just having a hub where...instead of ...the hospital sponsoring this and us sponsoring this and... Council on Aging sponsoring this, that we should just have... Community sponsored events where if the topic for that month is diabetes, then the hospital brings their diabetes specialist, LSU Ag Center brings their health literacy specialist you know, and the Council on Aging brings their targeted population and the school can identify those children who do have diabetes, and you know have they picked the parents to participate. I think that even though we said we're really good about resources and helping each other, I think that ... we're still very separate..."

Expansion of services into underserved areas, particularly to schools without a co-located health clinic was also mentioned as a health-related service wish.

Given that Union Parish is large and the population is sparse in many areas, some participants suggested the use of mobile health units to reach out to smaller communities that may have difficulties in accessing the hospital, but also encouraged the use of these units for screening purposes.

A common theme among all of these desires is recognition of the need to reach residents who are not currently being served and meeting residents where they are, whether it be through mobile clinics or strategic, coordinated health education offerings.

5.3 CONCLUSION

In summary, focus group participants, most of whom were long-standing residents of the community, expressed favorable opinions about their community, and the role of the hospital in promoting health. Participants' perspective on ways to improve the health of Union Parish residents was informative. In particular, participants advocated for initiatives to reach those residents who are hardest to reach for health education, primary care, and preventive services. Those initiatives included use of community health workers, improved coordination among participating organizations, and mobile health services. Areas of concern included fitness, nutrition, medication adherence, mental health and substance abuse services, and access.

SUMMARY OF FINDINGS FROM KEY INFORMANT INTERVIEWS AND COMMUNITY FOCUS GROUPS

Community Strengths

- Economic and Population Growth
- Close-Knittedness and Family Orientation
- Strong School System
- Lower Crime and Lower Cost of Living

Factors Hindering Community Health and Wellness

- Limited Transportation Options
- Limited Access to Health and Social Services
- Inadequacy of Existing Mental Health and Substance Abuse Services
- Lack of Healthy Dining Options
- Limited Recreational Options

Community Health Outcomes

- Mental Health and Substance Abuse
- Diabetes
- Obesity
- Cardiovascular Diseases

Barriers to Health Care Access

- Lack of Specialists
- Limited Primary, Mental Health, and Dental Providers
- Lack of Community Awareness of Available Health Resources

Hospital's Role in Promoting Health and Wellness

- Expansion and Increased Advertisement of Hospital Service Offerings
- Increasing Access to Affordable and Accessible Health Services
- Strategically Enhancing Community Health Outreach Efforts

Community and Hospital Collaboration for Health and Wellness

- Enhanced Community Partnerships

6 PRIORITIZATION

6.1 LAST IMPLEMENTATION PLAN

When considering priorities for the 2021 CHNA, a key consideration was outcomes of the hospital's last implementation plan. That plan had five key focus areas: adolescent behavior, cancer, cardiovascular disease, diabetes, and mental/behavioral health. The following is a summary of its outcomes.

1. Adolescent Behavior

- a. Partners with the school district under the 21st Century Grant After School program to offer *It's a Girl Thing: Making Proud Choices* - the hospital's STD/HIV pregnancy prevention program. The hospital educates 6th through 9th grade girls every other week for an hour. New enrollments have continued to increase, and the number of girls attending, as well as the interest of the parents in having their girls enrolled, have also increased. The class is offered to high school girls every other week at the school and once a month at the hospital. (2018-2020: ~79 meetings)
- b. Reinforced mental health, alcohol and drug prevention and suicide prevention in all three of the adolescent health hospital's programs. Programs were developed in partnership with other organizations. The hospital has increased the network in the community and has received attention and recognition of other hospitals and community organizations in and out of state. In spite of COVID-19, the hospital invested over 700 hours in the community through its adolescent health programs in 2020. (2020: 700 hours)
- c. Continues to provide an anti-bullying program for the parish: *Together, We can be Bully-Free*. The program was expanded, and is currently offered to 3rd through 12th grade students in all parish schools, and now encompasses suicide prevention. One hundred and fifty-seven children were added to the program in 2019. Over 3,000 students have participated in the anti-bullying program. Five hundred students participated in the first year, 600 the second year, and over 1,000 in the following years. Students have learned how to recognize, report, and react to bullying. As a result, reports of bullying incidents to the Sheriff's office have decreased. The number of suicide attempts has also decreased. (2018-20: 83 classes)
- d. Established a teen drug prevention program for the parish, using a grant received from the state's SHIP/FLEX supplemental program. The program received the **Outstanding Rural Health Program** of the year award by the Louisiana Rural Health Association in 2019. The program began in March 2018 at the Union Parish Junior High School and Downsville Community Charter School. Hospital staff met with 6th through 12th graders during 2019-2020. Over 300 students are currently enrolled in the program. Meetings take place at schools on Tuesday and Friday each week. The educator is a mental health professional trained in drug prevention. (Current enrollment: >300)
- e. Conducted 149 drug/alcohol/tobacco prevention meetings in 2019. Drug prevention, suicide, and anti-bullying are tied together in the hospital's programs. Rates of suicide have decreased since the programs began after the 2015 needs assessment. The

hospital continues to collaborate with the school district, law enforcement, children's coalition, health unit, local churches, health care providers and other civic and business organizations in the area. (2018-20: 149 meetings)

2. Cancer

- a. Offered free mammograms to the community during 2019 and 2020 in partnership with Susan G. Komen and Public Health. (2018-20: 57 Mammograms)
- b. Offered continuing breast cancer education to the community (2018-20: 5 Fairs supported; educational material disseminated)
- c. Offered free colon cancer screenings to the community in partnership with Omega Labs at local fairs or at the hospital any time (2018-20: 72 kits distributed; 3 Fairs supported; educational material disseminated)

3. Cardiovascular Disease:

- a. Increased access to education and awareness for early prevention of heart disease and stroke in partnership with Ochsner Health System. The hospital is now an emergency level 3 stroke center.
- b. Partnered with Ochsner Clinic Foundation in New Orleans to provide stroke patients immediate access to highly specialized vascular neurologists
- c. Participated in health fairs promoting healthy habits and nutrition, and invited the community for nutrition classes at the hospital
- d. Offered a free health lifestyle workshop monthly in partnership with LSU Ag Center
- e. Provided First AID/CPR/AED classes in partnership with Delta Community College once a year

4. Obesity and Diabetes:

- a. Provided free blood pressure checks, referrals, and educational materials at several health fairs and back to school bashes in partnership with the Union Parish School District, Union Parish Library, First Baptist Church Farmerville, local thrift stores and the Council on Aging
- b. Maintained a Biggest Loser weight loss program (2018-20: 50 participants)
- c. Co-sponsored a Dining with Diabetes 4-part series with LSU Ag Center (2018-20: 4 sessions)
- d. Built a walking trail on hospital grounds to encourage healthy habits and exercise in the community
- e. Provided dietitian-authored nutrition information (2018-20: 21 newspaper articles)
- f. Offered nutrition classes to adults and adolescents (2018-20: 15 classes/114 participants)
- g. Purchased scale that provides body weight, BMI, fat mass %, muscle mass, total body water, visceral body fat, body balance, muscle mass, and fat percentage on each part of the body for use in classes using grant funds

5. Mental Health

- a. Put in place a new policy for monitoring controlled substance prescribing in the Emergency Department (2019)
- b. Offers intensive outpatient program for geriatric mental health

6.2. 2021 PRIORITIZATION

PRIORITY AREA ONE: Adolescent Behaviors

GOAL: Improve the wellbeing of adolescents in Union Parish

OBJECTIVES:

- Objective 1.1: Reduce bullying incidents in school
- Objective 1.2: Reduce teen birth rate increase self-esteem programming
- Objective 1.3: Reduce adolescent suicide
- Objective 1.4: Reduce substance (alcohol/drug/tobacco/methamphetamine) use

PRIORITY AREA TWO: Malignant Neoplasms

GOAL: Improve community awareness and use of screenings for malignant neoplasms

OBJECTIVES:

- Objective 2.1 Provide education on malignant neoplasms
- Objective 2.2 Increase cancer screening rates

PRIORITY AREA THREE: Cardiovascular Disease Risk

GOAL: Improve knowledge of cardiovascular disease, improve lifestyles & increase access

OBJECTIVES:

- Objective 3.1: Provide educational materials at fairs, via social media, and in newspaper
- Objective 3.2: Add a physician to hospital staff
- Objective 3.3: Implement a telecardiology program
- Objective 3.4: Add exercise equipment to the walking path

PRIORITY AREA FOUR: Geriatric Behaviors

GOAL: Improve the wellbeing of senior citizens in Union Parish

OBJECTIVES:

- Objective 4.1: Improve prescription compliance among senior citizens
- Objective 4.2: Provide education on benefits of diet in controlling chronic conditions
- Objective 4.3: Provide education on benefits of exercise in controlling chronic conditions

PRIORITY AREA FIVE: Mental and Behavioral Health

GOAL: Improve the mental wellbeing of Union Parish Residents

OBJECTIVES:

- Objective 5.1: Continue monitoring use of controlled narcotics prescriptions
- Objective 5.2: Increase referrals to local mental health providers

*Maintaining a current resource listing for community providers is a goal for all priority areas.

An implementation plan is outlined on the next page.

7 IMPLEMENTATION PLAN

COMMUNITY PRIORITY AREA 1 – ADOLESCENT BEHAVIORS

Goal: Improve the wellbeing of adolescents in Union Parish			
Action Steps	Measure	Community Partners Involved	Timeframe
Objective 1.1: Reduce bullying incidents in school			
Provide education on bullying	# sessions # participants	Sheriff's Office School District Crime Stoppers D'Arbonne Woods Charter School Downsville Community Charter School	Periodic/ ongoing
Objective 1.2: Reduce teen birth rate increase self-esteem programming			
Continue offering It's a Girl Thing: Making Proud Choices	# sessions # participants	Union Parish Public Health Unit School District Union General Rural Health Clinic Local Providers D'Arbonne Woods Charter School Downsville Community Charter School	Periodic/ ongoing
Offer It's a Boy Thing	# sessions # participants	School District D'Arbonne Woods Charter School Downsville Community Charter School	Periodic/ ongoing
Objective 1.3: Reduce adolescent suicide			
Provide education and awareness of signs of depression and suicide	# sessions # participants	Sheriff's Office Children's Coalition Brokers of Hope Cognitive Development Center of Seaside, Union Counseling Center School District D'Arbonne Woods Charter School Downsville Community Charter School	Periodic/ ongoing

Identify and refer patients to community mental health agencies partnering with Union General Hospital	# referrals	Area Mental Health Providers	Ongoing
Explore telemedicine opportunities	# agreements in place	Area Mental Health Providers	Ongoing
Post educational resources on hospital social media and throughout community	# posts or articles	Chamber of Commerce	Periodic/ ongoing
Objective 1.4: Reduce substance (alcohol/drug/tobacco/methamphetamine) use			
Provide education on awareness of alcohol, tobacco and drug use with a focus on meth	# sessions # participants	School District D'Arbonne Woods Charter School Downsville Community Charter School	Periodic/ ongoing

COMMUNITY PRIORITY AREA 2 – MALIGNANT NEOPLASMS

Goal: Improve community awareness and use of screenings for malignant neoplasms			
Action Steps	Measure	Community Partners Involved	Timeframe
Objective 2.1: Provide education on malignant neoplasms			
Publish articles on social media on website, and in hospital newsletter	# articles	NA	Periodic/ ongoing
Participate in Dia de la Familia	# events # resources distributed	Local churches Children’s Coalition	Annual
Include HPV education in It’s a Girl Thing	# sessions # participants	Union Parish Public Health Unit CommuniHealth Union General Rural Health Clinic Local Providers	Annual
Objective 2.2: Increase screening rates			
Provide free mammograms and colon cancer screening kits	# events # kits # mammograms	Foster Farms LA Cancer Foundation Omega Labs Union Parish Public Health Unit Union General Rural Health Clinic CommuniHealth Local Providers and Pharmacies	Periodic/ ongoing

COMMUNITY PRIORITY AREA 3 – CARDIOVASCULAR DISEASE

Goal: Improve knowledge of cardiovascular disease, improve lifestyles & increase access			
Action Steps	Measure	Community Partners Involved	Timeframe
Objective 3.1: Provide educational materials at fairs, via social media, and in newspaper			
Post educational videos to social media	# posts # views	Public Health Schools Local employers Faith Community	Periodic/ ongoing
Provide educational handouts at health fairs & employer sponsored events	# handouts # events	Local employers	Periodic/ ongoing
Objective 3.2: Add a physician to hospital staff			
Recruit a physician	Y/N added	Union General Hospital and local supportive organizations as needed.	By 2022
Objective 3.3: Implement a telecardiology program			
Begin telecardiology program	Y/N added	N/A	By 2022
Objective 3.4: Add exercise equipment to the walking path			
Seek grant funding for exercise equipment for walking path	Grant received Y/N	As identified during the grant solicitation process.	Until received

COMMUNITY PRIORITY AREA 4 – GERIATRIC BEHAVIORS

Goal: Improve the wellbeing of senior citizens in Union Parish			
Action Steps	Measure	Community Partners Involved	Timeframe
Objective 4.1: Improve prescription compliance among senior citizens			
Promote 340b program for medication assistance in ED and Rural Health Clinic	340b volume	Rural Health Clinic	Periodic/ ongoing
Provide educational materials via social media	# articles/posts	Public Health Schools Local employers Faith Community	Periodic/ ongoing
Objective 4.2: Provide education on benefits of diet in controlling chronic conditions			
Promote nutrition classes	# classes # participants	LSUAg	Periodic/ ongoing
Provide dietitian-created articles for newspaper	# articles	Newspapers	Periodic/ ongoing
Objective 4.3: Provide education on benefits of exercise in controlling chronic conditions			
Provide dietitian-created articles for newspaper	# articles	Newspapers	Periodic/ ongoing

COMMUNITY PRIORITY AREA 5 – MENTAL & BEHAVIORAL HEALTH

Goal: Improve the mental wellbeing of Union Parish Residents			
Action Steps	Measure	Community Partners Involved	Timeframe
Objective 5.1: Monitor use of controlled narcotics prescriptions in the hospital			
Continue monitoring of narcotics prescriptions	# RX not meeting specs	NA	Ongoing
Objective 5.2: Increase access to local mental health providers			
Increase referrals to local mental health providers	# referrals	Local mental health providers	Ongoing
Provide Geriatric psychiatric day services	# patients	Local mental health providers	Ongoing

8 COMMUNITY RESOURCE LISTING

ASSISTED LIVING FACILITIES

Arbor Rose

Assisted Living Facility
243 Sistrunk Rd.
Farmerville
(318) 368-1848

BLOOD DONATIONS

Life Share Blood

Blood Donation Center
2909 Kilpatrick Blvd.
Monroe, LA 71201
(318) 322-4445

CANCER SUPPORT SERVICES

Cancer Society

1761 N 19th Street
Monroe, LA 71201
(318) 398-9603

Cancer Institute

411 Calypso Street
Monroe, LA 71201
(318) 327-1960

American Cancer Society

1-800-227-2345

Louisiana Cancer Foundation

411 Calypso Street
Monroe, LA 71201
(318) 966-1900

CHILDREN HEALTH SERVICES

CommuniHealth Services

Union Parish High School
Based Health Center
1126 Marion Hwy
Farmerville, Louisiana
71241-9305
Phone: 318-974-7525

Union General Rural

Health Clinic
1025 Marion Hwy
Farmerville, LA 71241
(318) 368-9745

CHILDREN AND FAMILY SUPPORT SERVICES

Ascent

502 N. 2nd St.
Monroe, La 71201
(318) 654-4245

Center for Children and Families "Brokers of Hope"

622 Riverside Drive
Monroe, LA 71211
(318) 398-0945

Child Care Connections Child Care and After school

(318) 323-4522
1-877-206-0820

Child Support Hotline

1-800-256-4650

Children’s Coalition of Northeast Louisiana

Family Support Services
(318) 368-3166

Children’s Coalition Parenting

Counseling and Referral
(318) 323-8775
1-877-206-0819

Cognitive Development Center of Seaside

1117 Marion Hwy.
Farmerville, LA 71241
(318) 368-2300

D.A.R.T.

Social Services/Crisis Counseling
107 E. Bayou St
Farmerville, LA 71241
(318) 368-6181

Domestic Abuse Helpline

(318) 368-3103

Early Childhood Supports & Services

Counseling and Referral
(318) 362-4676

Faith and Hope Behavior Health

3000 Kilpatrick Blvd Suite 200
Monroe, La 71201
Phone:318-381-8584
Fax: 877-819-9001

Families Helping Families

Counseling and Referral
(318) 361-0487
1-888-300-1320

Families in Need of Services

(318) 327-3415

Grandparents as Parents of Louisiana

Marion Baptist Church
1455 Lee St.
Marion

Office of Family Support

(318) 362-3386

Office of Community Support

Child protection, Foster Care

(318) 362-3362

Parenting Hotline

1-800-348-5437

Prevent Child Abuse Louisiana

1-800-244-5373

Social Services

Child Protection

(318) 368 7917

The Children’s Center at ARCO

Counseling and Referral
(318) 322-8974

The Wellspring - Big Brothers Big Sisters

(318) 323-9034

The Wellspring - Counseling Center

24/7 Crisis counseling
(318) 323-1505

Union Community Action

Social Services/Crisis Counseling
P.O. Box 520
Farmerville, LA 71241
(318) 368-9606

**United Way
Support Services**

300 West Carolina Avenue
Ruston, LA 71270
Office: (318) 232-0055
211 or (318) 322-0400
FREE 24/7/365
TEXT YOUR ZIP CODE TO 898-211 TO
CONTACT 211
Text Mon – Fri: 8am-5pm

Safe Haven Counseling

Mental Health Services and Children
and Family Support Services
Medicaid Clients from Age 6 to 64
107 Miller Street Farmerville, LA
71241
Office: (318) 368-4755

**CHIROPRACTIC SUPPORT
SERVICES**

Carpenter’s Chiropractic Clinic

509 Sterlington Hwy
Farmerville, LA 71241
(318) 368-9049

Green Family Chiropractic Clinic

205 E Boundary
Farmerville, LA 71241
(318) 368-9348

CHILDREN HEALTH SERVICES

Children’s Special Health Services

(318) 361-7282

Early Steps

(318) 322-4788

Shots for Tots

Childhood immunizations
(318) 387-4878

**Union General Rural Health Clinic
KIDMED PROGRAM**

1025 Marion Hwy
Farmerville, LA 71241
(318) 368-9745

DENTISTS

LSU Dental

Extraction only Tues & Thurs
Monroe
(318) 675-5000

NELA DENTAL

7699 Hwy 2
Farmerville, LA 71241
(318) 368-9518

Mehran Rastegar-Lari, DDS

CommuniHealth Services
Marion Family Practice, Dental, and
Behavioral Health Center
355 Main Street
Marion, LA 71260
Phone: (318) 292-2795

DIALYSIS CENTERS

**Fresenius Kidney Care Farmerville
Dialysis Center**

108 W Hill St
Farmerville, LA 71241
1-800-881-5101

**Fresenius Kidney Care Farmerville
Dialysis Center**

1012 Sterlington Hwy
Farmerville, LA 71241
1-800-881-5101

**DISABLED CITIZENS
SERVICES**

Northeast Delta Human Services Authority

Office for Citizens with Developmental
Disabilities
(318) 362-3396

EMERGENCIES

Pafford EMS

307 Bernice Hwy
Farmerville, LA 71241
(318) 251-3276

Poison Helpline

1-800-222-1222

Union Parish 911

911

FAMILY ASSISTANCE

**Broken Wings Mission Center and
Thrift Store**

712 N Main Street
Farmerville, LA 71241
(318) 368-2323

Utility Assistance Community Action

(318) 368-9601

Union Thrift Store

307 Martin Luther King Jr Dr
Farmerville, LA 71241
(318) 957-1086

**Trees of Righteousness Outreach,
Inc, Thrift Store**

106 Underwood Street
Farmerville, LA 71241
(318) 801-5800

HOSPITALS

Reeves Memorial Medical Center

Critical Access Hospital
409 First Street
Bernice, LA 71222
(318) 285-9066

Union General Hospital

Critical Access Hospital
901 James Ave
Farmerville, LA 71241
(318) 368-9751

HOME HEALTH

**St Francis Medical Center Home
Health**

1107 Hudson Ln,
Monroe, LA 71201
(318) 327-4500

Best Home Health

Home Health
Farmerville, LA 71241
(318) 368-2424

Glenwood Home Health Services

4624 Cypress St #4,
West Monroe, LA 71291
(318) 396-0452

MediStar HH

1808 Glenar Ave
Monroe, LA 71201
(318) 340-0221

Kindred Home Care

2201 N. Servive Rd
Ruston, LA 71270
(318) 805-0106

Haven Home Health

401 Hall St #B
Monroe, LA 71201
(318) 324-8632

Quality Home Health

461 E Madison Ave
Bastrop, LA 71220
(318) 281-4882

Caroll Home Health

927 N. Trenton St.
Ruston, LA 71270
(318) 255-8414

Amedisys Home Care

16581 Louisville Ave
Monroe, LA 71201
(318) 324-0681

PrimeCare Home Health

Home Health
300 Washington St
Monroe, LA 71201
(318) 322-5461

TruCare Home Health

1800 Hudson Lane
Monroe, LA 71201
(318) 654-8627

Stat Home Health

Home Health
252 N Main St
Sibley, LA 71073
(318) 371-3673

Synergy Home Care

Home Health
206 McMillan Road, suite A
West Monroe, LA 71291
(318) 805-0106

United Home Care

Home Health
213 Expo Circle
West Monroe, LA 71291
(318) 368-4663

AlphaCare HH

1859 Ave of America
Monroe, LA 71201
(318) 323-7097

Restorative Home Health

1101 Hudson Ln,
Monroe, LA 71201
(318) 450-6131

HOSPICE**Premier Hospice**

1779 Daniel, Suite D
Arcadia, LA 71001
(318) 579-5066

Professional Hospice Care

118 Monticello,
Ruston, LA 71270
(318) 232-1107

Heart of Hospice

111 Hudson Lane, Suite B
Monroe, LA 71201
(318) 329-9300

First Choice Hospice

300 Washington St
Monroe, LA 71201
(318) 322-0049

Hospice Compassus

2213 Justice St
Monroe, LA 71201
(318) 322-0062

Legacy Hospice

215 Arkansas Ave
Monroe, LA 71201
(318) 225-6695

Ascend Hospice Care

4327 Sterlington Rd
Monroe, LA 71201
(318) 398-8190

Aime Hospice

510 Trenton St
West Monroe, LA 71291
(318) 387-1115

Louisiana Hospice/Palliative Care

1101 Hudson Lane
Monroe, LA 71201
(318) 322-2235

St. Joseph Hospice

1890 Hudson Circle
Monroe, LA 71201
(318) 387-2687

HOUSING ASSISTANCE

Farmerville Housing Authority

Housing
(318) 368-9677

Union Parish Section 8 Housing

(318) 368-1441

Farmerville Square Apartments

(Elderly and Disabled)
(318) 368-7212

The Wellspring - Counseling Center

Housing services
(318) 807-6200

MEDICAID ENROLLMENT

Faith and Hope Behavior Health

Certified Medicaid Application Center
(taking apps in person and via phone)
3000 Kilpatrick Blvd Suite 200
Monroe, La 71201
Phone:318-381-8584
Fax: 877-819-9001

Medicaid Office

(318) 362-6207

LaCHIP

(318) 251-5105

LaMoms

1-888-342-6207

**Union General Hospital
Enrollment**

901 James Avenue
Farmerville, LA 71241
(318) 368-9751

MEDICAL EQUIPMENT

Lihcare

408 W Mississippi St
Ruston, LA 71270
(318) 254-0260

Marie's Medical

13 Blanchard St
West Monroe, LA 71291
(318) 388-3550

Professional Care Pharmacy

4106 Desiard St
Monroe, LA 71201
(318) 345-2891

MENTAL HEALTH SERVICES

Cognitive Development Center of Seaside

1117 Marion Hwy.
Farmerville, LA 71241
(318) 368-2300

**CommuniHealth Services
Marion Family Practice, Dental, and
Behavioral Health Center**

355 Main Street
Marion, LA 71260
Phone: 318-292-2795

INDIA's Intuitive Solutions

Counseling and Recovery
201 West Bayou Street
Farmerville, LA 71241
(318) 368-3363

LA Ark Addiction Rehab

100 McVicker Street
Marion, LA 71260
(318) 436-2421

**Northeast Delta Human Services
Authority**

Treatment for Mental Health, Addictive
Disorders and Developmental Disabilities
4800 South Grand
Monroe, LA 71202
(318) 362-3339
FAX: 318-362-3336

Ruston Mental Health Services

Community Mental Health Center
(318) 251-4125

Safe Haven Counseling

Mental Health Services and Children and
Family Support Services
Medicaid Clients from Age 6 to 64
107 Miller Street Farmerville, LA 71241
Office: (318) 368-4755

**Superior Counseling Services, LLC
Behavioral Health Rehabilitation**

1108 Sterlington Highway
Farmerville, LA 71241
(318) 368-9118

**Superior Counseling Services, LLC
Behavioral Health Rehabilitation**

829 E. Georgia Avenue, Suite 3
Ruston, LA 71270
(318) 242-0730

**Union General Hospital
Intensive Outpatient Mental Health**

761 James Avenue
Farmerville, LA 71241
(318) 368-4748

NURSING HOMES

Arbor Lake

Skilled Nursing Facility
1155 Sterlington Hwy
Farmerville, LA 71241
(318) 368-3103

Farmerville Nursing

Skilled Nursing Facility
813 Main St.
Farmerville, LA 71241
(318) 368-2256

Bernice Nursing

Skilled Nursing Facility
101 Reeves St.
Bernice, LA 71222
(318) 285-7600

**NON-EMERGENCY
MEDICAL TRANSPORTATION**

Ruston – Help Agency

(318) 251-5136

For Medicaid beneficiaries who **DO NOT** receive transportation services through a managed care plan:

Southeastrans 1-855-325-7626

For Medicaid beneficiaries who **DO** receive transportation services from a managed care plan:

Aetna Better Health

877-917-4150
TTY 866-288-3133

Healthy Blue

866-430-1101
TTY 800-846-5277

AmeriHealth Caritas

888-913-0364
TTY 866-428-7588

Louisiana Healthcare Connections

855-369-3723

United Healthcare Community Plan

866-726-1472
TTY 844-488-9724

NURSE PRACTITIONERS

Brent Albritton, FNP

**CommuniHealth Services
Marion Family Practice, Dental, and
Behavioral Health Center**

355 Main Street
Marion, LA 71260
(318) 292-2795

Vanessa Brass, RNC-FNP

Union General Rural Health Clinic

1025 Marion Hwy (UGH RHC)
Farmerville, LA 71241
(318) 368-9745

Lori Farr, FNP

**CommuniHealth Services
Marion Family Practice, Dental, and
Behavioral Health Center**

355 Main Street
Marion, LA 71260
(318) 292-2795

Christina D. Ross FNP

D'Arbonne Healthcare Clinic
206 Boots Drive
Farmerville, LA 71241
(318) 620-0467

**Lynette Wade RNC-FNP
Union General Rural Health Clinic**

1025 Marion Hwy (UGH RHC)
Farmerville, LA 71241
(318) 368-9745

NURSEMIDWIFE SERVICES

**Lisa Smith, CNM
CommuniHealth Services
Marion Family Practice, Dental, and
Behavioral Health Center**

355 Main Street
Marion, LA 71260
(318) 292-2795

**PHARMACIES AND DRUG
ASSISTANCE**

Brookshire's Pharmacy

1018 Sterlington Hwy
Farmerville, LA 71241
(318) 368-2244

Farmerville Drug

208 Boots Rd
Farmerville, LA 71241
(318) 368-9711

Matte's Pharmacy & Gifts

314 Main St.
Marion, LA 71260
(318) 292-4570

Wal-Mart Pharmacy

833 Sterlington Hwy
Farmerville, LA 71241
(318) 368-2535

**St. Vincent de Paul Community
Pharmacy**

Medication Assistance

502 Grammont St
Monroe, LA 71201
(318) 387-7868

Bernice Pharmacy, LLC

417 East Main Street,
Bernice, LA 71222
(318) 285-9521

PHYSICIANS

Dr. Brian Harris

Family Practice
402 Second St.
Bernice, LA 71222
(318) 285-9066

Dr. Jeffrey Combetta

Family Practice
206 Boots Drive
Farmerville, LA 71241
(318) 620-0467

Dr. Rezaul Islam

Cardiology
606 E Water ST
Farmerville, LA 71241
(318) 368-6400

Dr. Daniel Thompson

Family Practice
402 Second St.
Bernice, LA 71222
(318) 285-9066

Dr. Steven Unkel
General Practice
811 James Ave
Farmerville, LA 71241
(318) 368-2238

Dr. Steven Venters
Internal Med/Pediatrics
811 James Ave
Farmerville, LA 71241
(318) 368-0190

PRIMARY CARE CLINICS

CommuniHealth Services
Marion Family Practice, Dental, and Behavioral Health Center
355 Main Street
Marion, Louisiana 71260
(318) 292-2795

Darbonne Healthcare Clinic
206 Boots Drive
Farmerville, LA 71241
(318) 620-0467

Reeves Memorial Rural Health Clinic
402 Second St
Bernice, LA 71222
(318) 285-9066

Union General Rural Health Clinic
1025 Marion Hwy
Farmerville, LA 71241
(318) 368-9745

Union Parish Health Unit
Public Health Department
1002 Marion Hwy
Farmerville, LA 71241
(318) 368-3156

SENIOR CITIZEN SERVICES

Council on Aging
Meals on Wheels, etc.
606 East Boundary
Farmerville, LA 71241
(318) 368-2205

Elderly Protective Services
(318) 362-4280

Triad of Union Parish
710 Holder Rd
Farmerville, LA 71241
(318) 368-0469

SITTER SERVICES

Hearts Desire
112 N. Main
Farmerville, LA 71241
(318) 368-7475

Angel Care of Louisiana Inc. Sitters
976 Weems Rd
Downsville, LA 71234
(318) 644-0698

THERAPY SERVICES

Union General Physical, Occupational and Speech Therapy for Pediatrics and Adults

901 James Avenue
Farmerville, LA 71241
(318) 368-7092

TOBACCO TREATMENT AND CESSATION

Tobacco Treatment and Cessation Program Northeast Delta Human Services Authority

2513 Ferrand Street
Monroe, LA 71201
(318) 362-5342

URGENT CARE

SouthStar Urgent Care Clinic

965 Sterlington Hwy
Farmerville, LA 71241
(318) 252-0734

OTHER COMMUNITY RESOURCES

Betty Street Community Center

605 Betty Street
Farmerville, LA 71241
(318) 355-1141

Hustle & Crow Job Placement

Kirsten Gladen
(318) 791-0871

The Banner News

211 Boyette Rd,
Bernice, LA 71222

The Gazette Newspaper

104 N Washington St,
Farmerville, LA 71241
(318) 368-9732

Union Humane Society

777 Turnage Loop,
Farmerville, LA 71241
(318) 620-0062

Union Parish Chamber of Commerce

116 N Main St,
Farmerville, LA 71241
(318) 368-3947