



Community Health Needs Assessment

November 2017

Table of Contents

Introduction...	Page 1
Community Definition...	Page 3
Community Needs Index...	Page 4
Study Area Zip Codes and Map ...	Page 5
Methodology...	Page 7
Key Stakeholder Interviews...	Page 8
Community Health Priorities...	Page 9
Secondary Data...	Page 14
Appendix A...	Page 15

Introduction

Lake Surgical Hospital, LLC, d/b/a Southern Surgical Hospital, is a 37 bed joint venture and is a physician owned entity providing inpatient and outpatient acute surgical services. Southern Surgical Hospital provides care to approximately 5000 patients annually in its nearly 60,000 square foot facility. The facility includes 32 inpatient surgical beds, 5 intensive care beds, 2 procedure rooms, 6 operating rooms, and a vast array of ancillary services. The hospital provides services to children, adolescents, and adults and focuses on the healthcare needs of our community. Southern Surgical is engaging in the concept of a community health needs assessment which is reinforced by the Patient Protection and Affordable Healthcare Act. Southern has adopted implementation strategies to meet the health needs of our community identified through this process.

Our Mission

Southern Surgical Hospital (SSH), physicians and staff will achieve superior surgical outcomes for patients through medical innovation combined with compassion and high standards. As an extension of the Franciscan Missionaries of Our Lady Health System, we call forth those who serve to share their gifts and talents with patients and family in their time of need. We are privileged to serve our communities in a healing capacity.

About Southern Surgical Hospital

Southern Surgical Hospital is located in southeastern St. Tammany Parish near the Mississippi Gulf Coast, providing healthcare services to both Louisiana and Mississippi residents. Southern Surgical Hospital is a licensed acute care facility providing surgical services to both adults and children. Our commitment to the community has earned the facility a reputation for safety, quality, and excellence in patient care. The focus on patient, physician, and staff satisfaction has developed a culture that supports its reputation for excellence, and its physician dedication and involvement has led to high quality outcomes.

Southern Surgical Hospital has been accredited by The Joint Commission and has received CMS recognition for high quality outcomes. Southern operates as a licensed acute care hospital and is partnered with the Franciscan missionaries of Our Lady Health System, United Surgical Partners International, and local physicians. The hospital provides comprehensive surgical, procedural, and ancillary services to the community in which it serves. Surgical services include orthopedics, ENT, gynecological, bariatric, neurological, podiatric, interventional pain management, general, periodontics, cardiovascular, and general surgery. The hospital also provides weight management, diabetic and nutritional education, imaging, clinical laboratory, respiratory care, rehabilitative therapy, and pharmacy services. Other services in the community and surrounding areas are provided by:

- Ochsner Medical Center Northshore
- Slidell Memorial Hospital
- Sterling Surgical Hospital

The area is also served by nursing homes, public health centers, non-profit health organizations, specialists, private physician groups, and rehabilitation centers. St. Tammany Parish, Council on Aging provides transportation for the elderly and is a resource for education and assistance. Other resources may include:

- Food Bank of Covington
- Food for Families/Food for Seniors
- Lakeview Regional Medical Center Diabetes

- Meals on Wheels
- Community Health Wellness
- Centers for Primary Care
- Elderly Protective Services
- COAST Transportation
- STARC Transportation Services
- Sunrise Transportation

(Contact information for available resources provided in Appendix A)

Aspiring Vision

Through our relationship with the Franciscan Missionaries of Our Lady Health System and our physician partners we will continue to provide clinically integrated high quality care with quality outcomes. The Community Health Needs Assessment is one of many efforts Southern Surgical has pursued in an effort to better serve our community.

In Louisiana, almost half of our children are considered overweight or obese, putting them in a much greater risk of obesity related health problems like diabetes, heart disease, stroke, cancer, and asthma. The number of children considered overweight or obese nationally has tripled in the last 30 years. SSH continues to aspire to grow through relationships with high quality physicians seeking service in a patient centered environment with high patient satisfaction and high quality outcomes. Through our team members and Culture of Excellence we will continue to strive to provide efficient, quality based care to the community. With sustained financial performance we, along with our partners and sponsors, will ensure long-term viability within our community. Through its relationships with specialists, SSH will continue to engage a variety of organizations in a cooperative effort to address the community's needs.

Values

Southern Surgical Hospital's commitment to service, love for all life, and a culture of support and safety for all we encounter, will continue to be the focus of its delivery of quality healthcare. Through its relationship with specially-trained physicians and a partnership with FMOLHS and USPI, Southern Surgical will continue to provide the community with high-quality, efficient, compassionate care.

Assessment

Southern Surgical Hospital became subject to the rules under IRC Section 501(r) when a tax exempt hospital became a partner in October 2015. As such, this is SSH's first CHNA and does not address any written comments or an evaluation of the impact of any actions taken to address significant health needs identified in a prior CHNA.

The CHNA process undertaken by Southern Surgical Hospital included input from persons who represent the broad interests of the community served by SSH (including those with special knowledge of public health issues), data related to vulnerable populations and representatives of vulnerable populations served by the hospital. The facility ensured input from the medically underserved, low-income and minority population through interviews with the Council on Aging and the Parish health authorities.

Community Definition

While community can be defined in many ways, for the purposes of this report, SSH has defined its primary service area as St. Tammany Parish, LA and Pearl River County, MS. The percentages of discharges by Parish for fiscal years 2015 - 2017 were used to determine the hospital's primary and secondary service areas. SSH's primary service area is St. Tammany Parish (33.4%) and Pearl River County, MS (12.1%). Secondary markets include Tangipahoa Parish and Washington Parish.

Demographic Analysis

With 253,602 people, St. Tammany Parish is the 4th most populated parish in the state of Louisiana out of 64 parishes. St. Tammany Parish racial/ethnic groups are White (79.5%) followed by Black (11.7%) and Hispanic (5.2%). In 2015, the median household income of St. Tammany Parish residents was \$62,137. St. Tammany Parish households made slightly more than Livingston Parish households (\$58,251) and St. Charles Parish households (\$59,990). However, 11.4% of St. Tammany Parish residents live in poverty. The median age for St. Tammany Parish residents is 39.8 years young.

With 55,310 people, Pearl River County is the 13th most populated county in the state of Mississippi out of 82 counties. Pearl River County racial/ethnic groups are White (81.8%) followed by Black (13.6%) and Hispanic (3.0%). In 2015, the median household income of Pearl River County residents was \$40,976. Pearl River County households made slightly more than Lowndes County households (\$40,239) and Pontotoc County households (\$40,645). However, 21.5% of Pearl River County residents live in poverty. The median age for Pearl River County residents is 40.7 years young.

<https://www.census.gov/quickfacts/fact/map/sttammanyparishlouisiana>

<https://datausa.io/profile/geo/st.-tammany-parish-la>

Demographic Profile – Key Findings

Demographic data from the Metropolitan Hospital Council of New Orleans (MHCNO) CHNA (originally obtained from Truven Health Analytics) was used in conducting this CHNA. Information pertaining to population change, gender, age, race, ethnicity, education level, housing, income, and poverty data are presented below.

- The study area encompasses more than 3 million residents.
- From 2015 to 2020, St. Tammany Parish is projected to experience a 6 percentage increase in population with a 1.2% annual increase (15,000 people); St. Tammany Parish is also one of the largest parishes in the study area with 253,602 residents.
- Two parishes are expected to have population decline - Washington Parish, LA and Pearl River County, MS.
- The gender breakdown for the study area is generally consistent across the parishes and similar to state and national data. St. Tammany Parish male population consists of approximately 114,000 and a female population of 120,000.

- Pearl River County, MS reports the largest population of residents aged 65 and older (17.1%) followed by Washington Parish, LA with 16.6%.
- Washington Parish, LA reports the lowest household annual income for the CHNA study area at \$46,824.
- Washington Parish is among the highest rates of households that earn less than \$15,000 per year in other words, more than a 1 in every 4 residents of this parish have household incomes less than \$15,000 per year.

Community Needs Index (CNI) (Truven Health Analytics)

In 2005 Catholic Healthcare West, in partnership with Thomson Reuters, pioneered the nation's first standardized Community Need Index (CNI).¹ CNI was applied to quantify the severity of health disparity for every zip code in the study area based on specific barriers to health care access. Because the CNI considers multiple factors that are known to limit health care access, the tool may be more accurate and useful than other existing assessment methods in identifying and addressing the disproportionate unmet health-related needs of neighborhoods or zip code areas.

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

1. Income Barrier
 - a. Percentage of households below poverty line, with head of household age 65 or more
 - b. Percentage of families with children under 18 below poverty line
 - c. Percentage of single female-headed families with children under 18 below poverty line
2. Cultural Barrier
 - a. Percentage of population that is minority (including Hispanic ethnicity)
 - b. Percentage of population over age 5 that speaks English poorly or not at all
3. Education Barrier
 - a. Percentage of population over 25 without a high school diploma
4. Insurance Barrier
 - a. Percentage of population in the labor force, aged 16 or more, without employment
 - b. Percentage of population without health insurance
5. Housing Barrier
 - a. Percentage of households renting their home

Every populated zip code in the United States is assigned a barrier score of 1,2,3,4, or 5 depending upon the zip code's national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics

¹ Truven Health Analytics, Inc. 2015 Community Need Index.

listed, while a score of 5 indicates the highest rank nationally. For example, zip codes that score a 1 for the Education Barrier contain highly educated populations; zip codes with a score of 5 have a very small percentage of high school graduates. A total of 126 of the 151 zip code areas (83.4%) for the MHCNO study area fall above the median score for the scale (3.0), 5 fall at the median, and 20 fall below the median. Being above the median for the scale indicates that these zip code areas have more than average the number of barriers to health care access.

Table 1: Study Area Zip Codes

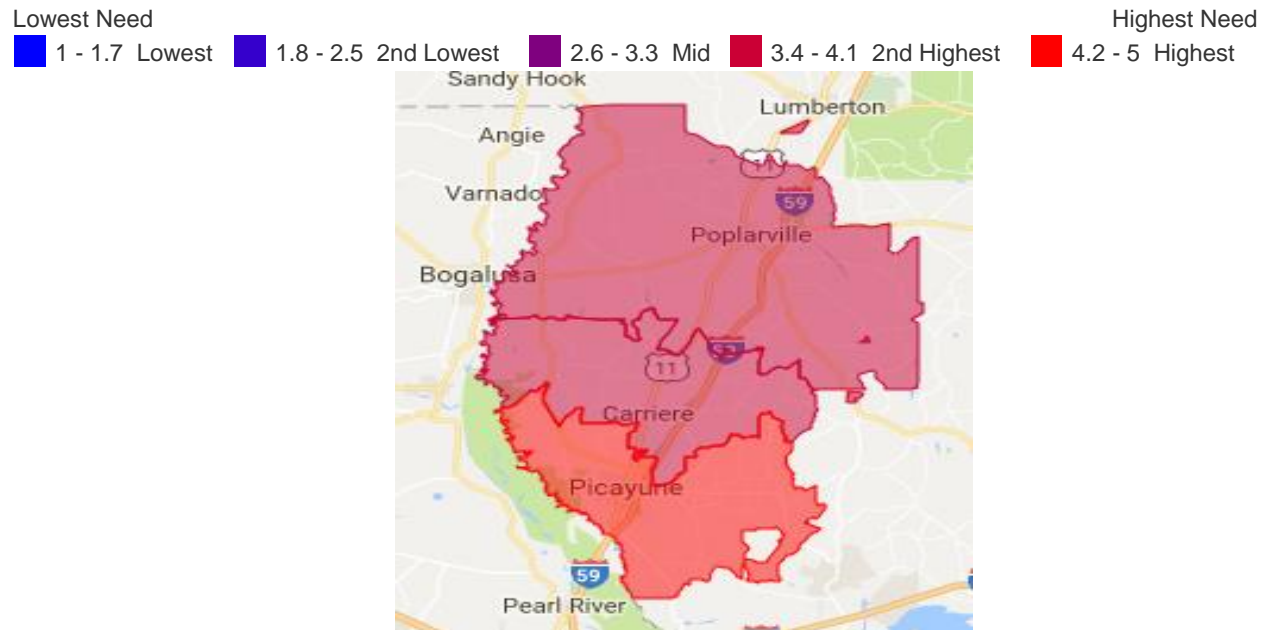
ST TAMMANY Parish, LA Covers 20 ZIP Codes

ZIP Code	Classification	City	Population	Area Code(s)
ZIP Code 70420	General	ABITA SPRINGS	7,345	985
ZIP Code 70431	General	BUSH	5,366	985
ZIP Code 70433	General	COVINGTON	31,133	985
ZIP Code 70434	P.O. Box	COVINGTON	0	985
ZIP Code 70435	General	COVINGTON	16,603	985
ZIP Code 70437	General	FOLSOM	7,918	985
ZIP Code 70445	General	LACOMBE	10,840	985
ZIP Code 70447	General	MADISONVILLE	10,150	985
ZIP Code 70448	General	MANDEVILLE	24,851	985
ZIP Code 70452	General	PEARL RIVER	13,163	985
ZIP Code 70457	P.O. Box	SAINT BENEDICT	0	985
ZIP Code 70458	General	SLIDELL	35,077	985/504
ZIP Code 70459	P.O. Box	SLIDELL	0	985/504
ZIP Code 70460	General	SLIDELL	22,096	985
ZIP Code 70461	General	SLIDELL	27,818	985
ZIP Code 70463	P.O. Box	SUN	126	985
ZIP Code 70464	P.O. Box	TALISHEEK	312	985
ZIP Code 70469	P.O. Box	SLIDELL	0	985/504
ZIP Code 70470	P.O. Box	MANDEVILLE	0	985
ZIP Code 70471	General	MANDEVILLE	21,383	985

PEARL RIVER County, MS Covers 5 ZIP Codes

ZIP Code	Classification	City	Population	Area Code(s)
ZIP Code 39426	General	CARRIERE	16,301	601
ZIP Code 39457	P.O. Box	MC NEILL	0	601
ZIP Code 39463	P.O. Box	NICHOLSON	0	601/769
ZIP Code 39466	General	PICAYUNE	27,738	601/769
ZIP Code 39470	General	POPLARVILLE	13,011	601

Figure 1. Map of Southern Surgical Hospital Study Area
Pearl River County, Mississippi

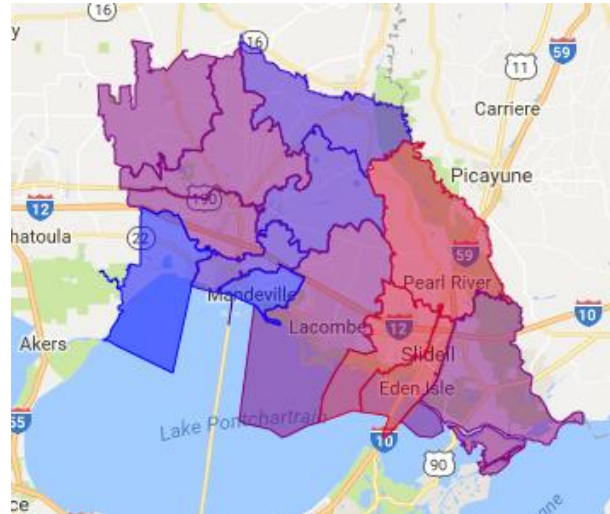


Mean(zip code): 3.9 / Mean(person): 4CNI Score Median: 4.4CNI Score Mode: None

Zip Code	CNI Score	Population	City	County	State
■ 39426	3.4	16415	Carriere	Pearl River	Mississippi
■ 39466	4.4	27819	Picayune	Pearl River	Mississippi
■ 39470	3.8	12730	Poplarville	Pearl River	Mississippi

St. Tammany Parish, Louisiana

Lowest Need
■ 1 - 1.7 Lowest
 ■ 1.8 - 2.5 2nd Lowest
 ■ 2.6 - 3.3 Mid
 ■ 3.4 - 4.1 2nd Highest
 ■ 4.2 - 5 Highest



Mean(zip code): 2.6 / Mean(person): 2.7

CNI Score Median: 2.8

CNI Score Mode: 2.8

Zip Code	CNI Score	Population	City	County	State
■ 70420	2.2	8107	Abita Springs	St. Tammany Parish	Louisiana
■ 70431	2.4	5839	Bush	St. Tammany Parish	Louisiana
■ 70433	2.8	36677	Covington	St. Tammany Parish	Louisiana
■ 70435	2.6	18560	Covington	St. Tammany Parish	Louisiana
■ 70437	2.8	8350	Folsom	St. Tammany Parish	Louisiana
■ 70445	2.8	11394	Lacombe	St. Tammany Parish	Louisiana
■ 70447	1.6	12419	Madisonville	St. Tammany Parish	Louisiana
■ 70448	1.6	26575	Mandeville	St. Tammany Parish	Louisiana
■ 70452	3.6	14038	Pearl River	St. Tammany Parish	Louisiana
■ 70458	3.4	36803	Slidell	St. Tammany Parish	Louisiana
■ 70460	3.8	23367	Slidell	St. Tammany Parish	Louisiana
■ 70461	2.8	29870	Slidell	St. Tammany Parish	Louisiana
■ 70471	2	22917	Mandeville	St. Tammany Parish	Louisiana

<http://cni.chw-interactive.org/>

Methodology

Southern Surgical Hospital facilitated and managed a CHNA resulting in the identification of community health needs. The assessment process gathered input from persons who represent the broad interests of the community served by the facility, including those with special knowledge and expertise of public health issues. The hospital defined its service area related to a zip code methodology and did not exclude

any underserved, low-income or minority populations in the geographic area. The facility determined its patient population without regard for the ability to pay for care received and included in the population those patients that are eligible for assistance under the hospital's financial assistance policies. The needs assessment data collection methodology was completed and there were no gaps in the information collected. One identified barrier to the data used for the CHNA is the use of multiple assessment tools to evaluate policy, disease burden and overall health, therefore; the time periods in which the data was captured varies among the different tools that were used. The facility utilized surveys, interviews and published materials as methods of collecting data for the CHNA. The committee reviewed and analyzed data for episodes and trends. The CHNA was performed by the hospital facility and its leadership, and no contractors were utilized in completing the CHNA. There were no circumstances where the hospital facility could not obtain necessary information for the CHNA.

Key data sources in the CHNA included:

- **Interviews with Key Community Stakeholders:** Hospital Leadership worked closely with the CHNA oversight committee to identify leaders from organizations that included: 1) Public health expertise; 2) Professionals with access to community health related data; and 3) Representatives of underserved populations (e.g., seniors, low-income residents, youth, residents with disabilities, and residents that are uninsured). Such persons were interviewed as part of the needs assessment planning process. This process lasted from July 2017 until November 2017.

Hospital representatives met with Dawn Sharpe Chamber of Commerce CEO to identify community needs as determined by the chamber. The Chamber recognized a lack of public transportation for low-income residents creating limited access to healthcare and other necessities. Ms. Sharpe specifically noted transportation and educational understanding of how to access the healthcare system as the two obstacles to accessing healthcare in St. Tammany Parish.

Although there are several "instant care" medical offices in the community, the service area discussed in the CHNA exhibits a need for additional primary care services.

A stakeholder meeting was held with community leader Julie Agan, Council on Aging (COAST) Executive Director. COAST provides St. Tammany seniors with services designed to maintain and enhance their quality of life, independence and involvement in the community. COAST also recognized transportation and access to primary care as the most needed community service. The Council on Aging verified this community need through surveys provided to its members. Other areas of concern included health promotion and disease prevention, nutrition, and safety and injury prevention. These basic needs were confirmed in discussions with COAST leadership.

Other community leaders included Allyson Villars, St. Tammany Parish Director of Health and Human Services providing essential services to promote the health, safety, and wellbeing to those in need; Lori Franzo, President of ComForCare, providing home care and elder care services; and Linda Timberlake, Marketing Coordinator for Home Instead Senior Care who provides non-medical in-home senior care. All stakeholders identified the following needs for seniors in the community:

- adequate nutrition and access to affordable meals,
- access to medical care while in recovery, and
- transportation

An interview was also conducted with Fr. Pat Wattigny who serves as Priest of St. Luke's Catholic Church and President of Pope John Paul Catholic High School in Slidell. Fr. Wattigny recognized the needs of the elderly in our service area related to transportation and access to healthcare. Fr. Pat also verbalized concerns regarding nutritional status of the elderly and understanding of the healthcare system within the community he serves.

- **Focus Groups and Qualitative Data:** Identification of healthcare issues was determined by service providers in the area. Included in the discussion were representatives of St. Tammany Chamber, ComForCare, Council on Aging (COAST), St. Tammany Parish Department of Health & Human Services, senior care providers, and local religious and educational leaders. Hospital representatives conducted roundtable discussions with clinical staff in an effort to best define and validate the needs of the community. An aggregated list resulted in county health rankings in which the top three needs are prioritized.

Seeking high level input and thorough assessment, the top three priorities were discussed and validated at meetings with stakeholders, presented to the Medical Staff and the Board of Directors. The Medical Staff and the Board of Directors approved the given list after reviewing data and aligning efforts with the defined mission statement. A total of seven diverse organizations representing the voice of our community at large reviewed and reaffirmed the priorities identified.

The report has been reviewed and accepted by the Medical Executive Committee and the Board of Directors of Southern Surgical Hospital.

- **Final CHNA Report:** A final report was developed that summarizes key findings from the assessment process. The report was adopted by the Governing Board of Southern Surgical Hospital and will be published on the hospital's public website.

Key Community Health Priorities

After reviewing existing data, interviews with community stakeholders representing a cross-section of agencies, and survey findings, the following prioritized top community health needs are supported by secondary and/or primary data: 1) Access to health services; 2) Obesity; and 3) Injury Prevention. Other chronic disease needs and health issues include obesity related health problems like diabetes, heart disease, stroke, cancer, and asthma. Limited access to healthcare creates issues related to undiagnosed and untreated medical conditions like hypertension and renal insufficiency which may lead to long-term healthcare requirements.

INCREASING ACCESS TO HEALTHCARE

Limited access to healthcare services is based upon County Health Rankings for Pearl River County and St. Tammany Parish. The service area has available to its residents multiple nursing homes, hospital facilities and primary care physicians. The Council on Aging is a resource that Southern will utilize to disseminate information about the available services to the population served.

Access to Healthcare Services

Access to Mental Health Providers is the consistent need for Pearl River County (PRC) as well as St. Tammany Parish (STP). While STP has access to primary care physicians and dentists greater than the top US performers, PRC has a significant need to access of clinical care.

Financial literacy decreases the burden of limited access. Transportation remains a challenge in accessing healthcare in rural areas.

Socio-economic status creates barriers to accessing health care (e.g., lack of health insurance, inability to afford care, transportation challenges, etc.), which typically have a negative impact on the health of residents. Often, there is a high correlation between poor health outcomes, consumption of healthcare resources, and the geographic areas where socio-economic indicators (i.e., income, insurance, employment, education, etc.) are the poorest.

- The average annual household income of PRC is \$40,976 vs. STP of \$62,137 according to the US Census Bureau 2011-2015 (average for the state of Louisiana \$45,047), there is a contrast between the socio-economic levels that can be found across the study area. There are indications in the secondary data that the geographic pockets of poverty align with data showing fewer providers and poor health outcomes in the same areas.
- For example, residents in zip code areas with higher CNI scores (greater socio-economic barriers to accessing healthcare) tend to experience lower educational attainment, lower household incomes, higher unemployment rates, as well as consistently showing less access to health care due to lack of insurance, lower provider ratios, and consequently poorer health outcomes when compared to other zip code areas with lower CNI scores (fewer socio-economic barriers to accessing healthcare).
- The CNI score for the study area is higher than the median for the scale (3.0) indicating more than average socio-economic barriers to accessing health care across the study area. 126 of the 151 zip code areas (83.4%) for the study area fall above the median score for the scale. Of those 126 zip code areas:

Provider to population ratios for mental health are not adequate enough to meet the need in St. Tammany Parish as well as Pearl River County:

Specialty care is reportedly not always available (i.e., palliative care services for Medicaid beneficiaries, pediatric neurosurgery, pediatric cardiology, endocrinology, trauma unit, diagnostics, care coordination,

after-hours specialty care, HIV services, prescription assistance, primary care (rural areas), and community-based supportive services for seniors). There are additional challenges to accessing specialty care for residents that are uninsured, Medicaid recipients, living in the most rural areas, and/or residents that live in communities with the highest rates of poverty.

- The primary care physician ratio in St. Tammany Parish is better than the state but not the national rate. Dental rates are better than the state but less than national. Mental Health is less than state and national. Pearl River County access to primary care providers and dental are less than both state and national. Mental Health is four times less than the state. That is a significant lack of access to Mental Health Providers. We have two Federally Qualified Health Centers (FQHC) in our service area; St Tammany Community Health Center Access Health Louisiana of Slidell, St. Tammany Community Health Center Covington Access Health Louisiana of Covington. There are no FQHCs in Pearl River County.
- Stakeholders indicated that there are not enough primary care providers to meet the demand for health services; and those numbers are expected to continue to decline due to the age of the physician workforce and retirement. There is a lack of access to the following services: mental health, dental services, and medical specialists.

Limited access to healthcare as a result of transportation issues:

Transportation was discussed as a barrier to accessing health services for residents in local communities with the highest poverty rates.

- Today, stakeholders also acknowledge that the lack of adequate transportation impacts the health of residents in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with healthy foods. The limitations of transportation may restrict the access residents have to employment opportunities, which could be a barrier to insurance and financial stability.

Both Communities:

- There is a barrier to accessing healthcare for seniors and residents in the most rural areas. Many of the health service providers and FQHCs exist in the areas where population is the densest (i.e., Covington and Slidell) and residents of the more rural areas must travel further to secure health services. Transportation challenges in both communities impact the health of residents in a variety of ways by limiting the access residents have to healthy options like medical providers and grocery stores with fresh foods, how to prepare healthy and economical dishes.
- Rural residents often delay seeking health services until the issue becomes an emergency and potential outcomes are often poor. Over utilization of emergency room services is often a result of the delayed treatment.

Stakeholders noted that the need for accessible healthcare among medically vulnerable populations (e.g., uninsured, low-income, Medicaid insured, etc.) has an impact on the health status of residents in a variety of ways and often leads to poorer health outcomes. Several of the noted effects are:

- ✓ Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease.
- ✓ Higher cost of healthcare that results from hospital readmissions and increased usage of costly emergency medical care.
- ✓ Residents delaying medical treatment and/or non-compliant due to the lack of affordable options and limited awareness of what options do exist.
- ✓ Poor outcomes in adult, maternal, and pediatric care due to limited care coordination and lack of patient compliance.
- ✓ Poor health and higher rates of mortality.

INJURY PREVENTION

Limited access to prevention and education:

- ❑ Alcohol related injuries and deaths in the U.S. is a major problem that has seen little improvement over the last decade. Data from the National Traffic Highway Safety Administration (NHTSA) shows that both overall traffic deaths and alcohol-involved traffic fatalities increased in 2016 over the previous year. NHTSA notes that drunk driving deaths accounted for 28% of all traffic deaths.
- ❑ Alcohol related car accidents kill more people between the ages of 17 and 34 than any other cause. In 2016, drunk driving fatalities represented 19% of total traffic deaths in Mississippi, with Pearl River County reporting 26% of premature deaths from alcohol-impaired driving.
- ❑ Overall, Mississippi ranks eighth highest in the nation for the number of injury-related deaths. The most vulnerable population for any injury death in Mississippi is children, ages zero to 19 years of age.
- ❑ Injury deaths and alcohol impaired driving deaths in St. Tammany Parish are consistent with the Louisiana average. Louisiana reported drunk driving fatalities of 30%, with St. Tammany Parish at 32%.

Strategies to reduce or prevent drunk driving

- ✓ School-based instructional programs are effective at teaching teens not to ride with drunk drivers.
- ✓ Sobriety checkpoints allow police to briefly stop vehicles at specific, highly visible locations to see if the driver is impaired. Breath tests may be given if police have a reason to suspect the driver is intoxicated.
- ✓ For people under 21, “zero tolerance” laws make it illegal to drive with any measurable amount of alcohol in their system.

- ✓ Cab services are provided for social events to deter individuals from driving under the influence.

<https://cdan.nhtsa.gov/stsi.htm#>

Stakeholders discussed the implications of limited access to healthy options that residents of the study area have. Increased comorbidities in the study area associated with limited access are:

- ✓ Lifestyle diseases such as obesity, diabetes, cancer, hypertension, and cardiovascular disease. Several of these measures are high in the study area.

OBESITY

Adult obesity in Pearl River County averages 34% which is less than the Mississippi average but greater than the National average. This correlates with an increase in preventable hospital stays related to specific disease processes such as diabetes and vascular disease and is evident by overall poor general health.

Both communities:

- ✓ Emotional, cultural and lifestyle barriers exist causing many obese patients to not search out care for this health condition. There are a limited number of quality-driven programs that deliver positive results to this population. Specialists who provide services for obesity are typically located in higher populated areas and are usually separated by significant distances.
- ✓ Many obese patients often delay seeking healthcare services for emotional and psychological reasons until multiple comorbidities exist. This is also evident in rural areas where obese and non-obese patients delay services until potential outcomes are often poor.
- ✓ Many obese patients are reluctant to seek treatment related to issues of shame and humiliation. Patients do not want to be lectured about their weight and in some instances about compliance with treatment measures. Often, the facility treating these patients lack the appropriate accommodations including proper equipment and furniture.
- ✓ It is difficult for patients to locate physicians who specialize in bariatric intervention and weight-loss management. Often the only source for locating providers is the internet, and frequently these practitioners are located out of the patients' geographic area.
- ✓ Obesity is the second leading cause of preventable death in the United States. An estimated 300,000 deaths per year are due to the obesity epidemic across the country. In both communities, the percentage of obese population exceeds the national average.

Stakeholders discussed the implications of limited availability of obesity services delivering results. Stakeholders discussed access to healthy options that residents of the study area have available, including but not limited to:

- ✓ Vascular disease, hypertension, reflux disease, renal disease, and pulmonary issues are common comorbidities in the service area. While these measures are high in the study area, services

include weight management programs, nutritional education programs, surgical intervention programs, and community programs designed to increase activity among younger population.

Conclusion/Implementation

The facility in collaboration with Lake Physician Group will assist patients in obtaining access to primary care physicians in the market. Southern Surgical Hospital will promote access to primary care services through education and assistance with scheduling appointments and providing individuals with information on available transportation resources. We will continue to work with Lake Physician Group in developing broader access to primary care services. In an effort to educate the service area we will provide educational seminars regarding primary care services available in the community.

In an effort to provide assistance for obesity, the facility in collaboration with Council on Aging will provide nutritional education seminars quarterly to COA members. Southern Surgical Hospital will continue to provide weight loss seminars free of charge to the community we serve. Weight loss seminars are advertised to increase community awareness and held regularly throughout the year.

Southern Surgical Hospital will provide information resources as necessary to assist with reduction in injuries across the community we serve. We will promote resources such as M.A.D.D. and AA already available in the community.

<http://www.countyhealthrankings.org>

Secondary Data

SSH used secondary data on demographics, health status and socio-economic and environmental factors related to the health and needs of residents from St. Tammany Parish, Louisiana and Pearl River County, Mississippi service area.

- **Secondary Data:** County Health Rankings, Truven Health Analytics, CNI, Healthy People 2020, and other additional data sources.

For the CHNA study area there are 3 zip code areas with CNI scores greater than 3.5, indicating significant barriers to health care access. These zip code areas are: 70452 (3.6), 39470 (3.8), and 39466 (4.4).

APPENDIX A

RESOURCES POTENTIALLY AVAILABLE

COMMUNITY CHRISTIAN CONCERN (CCC)

CONTACT: Rev. Eugene Wellington
ADDRESS: 2228 Second St., Slidell, LA 70458
PHONE: (985) 646-0357
FAX: (985) 646-0377
INTERNET: christcome99@hotmail.com
OFFICE HOURS: 9:00 AM-2:00 PM, M-F
AREA SERVED: Slidell, Pearl River, Lacombe
ELIGIBILITY: All.
FUNDING: Church & Private donations.
SERVICES: Emergency food, clothing, medicine (life threatening illnesses only), gas, shelter & rent assistance, utilities (gas & electric only), furniture (priorities only).

COMMUNITY WELLNESS CENTER

CONTACT: Judy Wischkaemper, RN, BSN, Director
LOCATION: 1505 North Florida Street Covington, LA 70433 (behind the Fairgrounds and next to Lyon Elementary School)
PHONE: 985-871-6030
FAX: 985-871-6035
HOURS: Monday – Friday, 8a – 12:30pm
AREA SERVED: St. Tammany and surrounding areas
ELIGIBILITY: Medicaid, Medicare, and under-insured
AGES: All ages
FEES: Medicaid, Medicare, \$10 immunization visits and pregnancy tests; no fee for Medicaid Application assistance
FUNDING: State contracts, private and non-profit donations, and St. Tammany Parish Hospital
SERVICES: WIC, Immunizations, pregnancy tests, certified Medicaid Application Center, Nurse-Family Partnership services to first-time pregnant moms.
CWC has also partnered with Children's Hospital to bring the Audrey Hepburn Care Center to the north shore. In addition to providing the space, CWC provides the services of an R.N. to assist forensic medicine physicians in the non-acute exams of physically and sexually assaulted children ensuring more children get the care and support they need.

Elderly Protective Services... 1-800-533-1297

FOOD BANK OF COVINGTON, INC./VINCENTIANS CENTER

CONTACT: Deacon Joe Lazo/Beverly Sharp
ADDRESS: 840 N. Columbia St., Covington, LA 70433
PHONE: (985) 893-3003 or (985) 871-1638
FAX: (985) 893-7445
OFFICE HOURS: 9:00 AM-3:00 PM, M-TU-F, 9:00 AM-12:00 PM, W-TH
AREA SERVED: West St. Tammany, Washington, Tangipahoa
ELIGIBILITY: Letter of referral from a credible source.
CLIENT AGES: All ages.
FUNDING: Community support.
SERVICES: Food Bank: provides emergency food assistance. Vincentians Center: provides emergency clothing, furniture, prescriptions, gasoline and rent/utilities assistance (when funds are available).

FOOD FOR FAMILIES/FOOD FOR SENIORS

CONTACT: Yolanda Curtis Wilson
ADDRESS: 8326 Apricot St., New Orleans, LA 70118.
PHONE: (504) 861-3555/1-800-522-3333
FAX: (504) 861-1435
OFFICE HOURS: 9:00 AM-5:00 PM, M-F. Times vary for distribution sites.
AREA SERVED: Southeast Louisiana – Northern Louisiana
ELIGIBILITY: Pregnant women, post-partum moms, children up to age 6 and seniors over 60.
FEES: None.
FUNDING: USDA Commodity Supplemental Food Program.
SERVICES: Monthly commodities that are nutritionally designed for moms, children and seniors.
Distribution sites in Covington, Folsom, Lacombe, Madisonville, Mandeville, Pearl River and Slidell.

MEALS ON WHEELS

CONTACT: Barbara Jenkins, Food Service Department Secretary
Karen Nicholson, Marketing & PR Senior & Volunteer Services Coordinator
ADDRESS: C/O St. Tammany Hospital, 1202 S. Tyler St., Covington LA 70433
PHONE: (985) 898-4062 (Food Services) (985) 898-4043 (Senior Services)
FAX: (985) 898-5760 (Food Services) (985) 898-4679 (Senior Services)
INTERNET: www.stph.org
AREA SERVED: Covington, Mandeville, Madisonville, Abita Springs
ELIGIBILITY: Homebound clients who qualify (evaluated by hospital personnel).
CLIENT AGES: Most are elderly, however, the program is based on client's eligibility.
FEES: \$2.50 per day, per person-plus \$50.00 deposit (\$40.00 refunded if program is discontinued, minus any balance due).
FUNDING: Client fees.
SERVICES: Volunteer program that delivers hot lunch meals to homebound, Monday-Friday, holidays excluded.

Mothers Against Drunk Driving... 1-800-438-6233

ST. TAMMANY COUNCIL ON AGING, INC.

CONTACT: Jimmy Corkern Jr.
ADDRESS: 623 Plaza Dr., P.O. Box 171, Covington, LA 70433
PHONE: (985) 892-0377
FAX: (985) 892-2014
INTERNET: stcoa@fastband.com
OFFICE HOURS: 8:30 AM- 5:00 PM, M-F
AREA SERVED: St. Tammany
ELIGIBILITY: 60 years old + or disabled (for transportation)
FEES: Donations accepted.
FUNDING: GOEA
SERVICES: Transportation, congregate meals, home delivered meals (to homebound seniors), homemaker, medic alert, legal assistance, minor home repair, nursing home ombudsman, senior center activities.
SENIOR CNTRS: Folsom Sr. Ctr. (985) 796-9950 / Bush Sr. Ctr. (985) 886-8971
Cov.-Hadden Hall (985) 892-8530 / Lacombe Sr. Ctr. (985) 882-7717
Mandeville Sr. Ctr. (985) 624-3127 / Pearl River Sr. Ctr. (985) 863-2540
Slidell Sr. Ctr.-(985) 641-1852

ST. TAMMANY PARISH HOSPITAL (DIABETES EDUCATION)

CONTACT: Lauren Struck, RN, BSN, CPT – Diabetes Education coordinator, St. Tammany Parish Hospital Outpatient Diabetes Education Program

ADDRESS: St. Tammany Parish Hospital Outpatient Pavilion
16300 Highway 1085, Covington, LA 70433

PHONE: (985) 898-3774

FAX: (985) 898-3778

INTERNET: www.stph.org

OFFICE HOURS: 8:00 AM-4:30 PM, M-F

AREA SERVED: All

ELIGIBILITY: All

CLIENT AGES: 18 and up.

FEES: Determined on individual basis.

SERVICES: The Outpatient Diabetes Education Program offers a variety of services including individual and group self-management education, support group, diabetes dinners and other educational offerings throughout the year.

ST. TAMMANY PARISH HOSPITAL (SENIOR AND VOLUNTEER SERVICES)

CONTACT: Karen Nicholson

ADDRESS: 1202 S. Tyler St., Covington, LA 70433

PHONE: (985) 898-4043

FAX: (985) 898-4679

OFFICE HOURS: 8:00 AM-4:00 PM, M-F

AREA SERVED: St. Tammany, Tangipahoa, and Washington Parishes & surrounding areas

ELIGIBILITY: Age 50 & over

FEES: \$20.00/person, \$30.00/couple, lifetime membership

FUNDING: Membership fees.

SERVICES: Insurance counseling, discounts, educational seminars, health screenings, quarterly newsletters, social events, support groups, health care referral, AARP Safety Driving Program classes, Alzheimer's support group and Meals on Wheels volunteer drivers.

<http://www2.stpgov.org/pdf/socialservicedirectory.pdf>