Natchitoches Parish, Louisiana

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The Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Natchitoches Parish, Louisiana.
2017 Community Health Needs Assessment

Natchitoches Regional Medical Center (NRMC) as the sponsor of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and facilitation company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, and conducted the community survey to assist with determining significant health needs and goals for improvement. Stratasan also facilitated a community health summit to receive community input into the priorities and brainstorm solutions. The Community Health Summit was made possible by the generous support and volunteerism of the Natchitoches Regional Medical Center Guild.

This CHNA assesses health in Natchitoches Parish, the service area of Natchitoches Regional Medical Center.

Starting on August 30, 2017, this report is made widely available to the community via Natchitoches Regional Medical Center’s website, www.nrmchospital.org, and paper copies are available free of charge at NRMC by calling 318-214-4200.

Participants

Eighty-one individuals from forty-three community and health care organizations collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Natchitoches Parish. The three-month process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community to provide direction for the community and hospital to create a plan to improve the health of the community.

Project Goals

1. To implement a formal and comprehensive community health assessment process for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.

2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.

3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.
“We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community and create a coalition to address those needs," said Kirk Soileau, Chief Executive Officer, Natchitoches Regional Medical Center. “It is our goal to use our findings to continue community mobilization to improve the health of our residents.”

“The information we gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by Natchitoches Regional Medical Center to inform and support our strategic plans," added Tom Matuschka, V.P. of Business Development & Philanthropy. "The Community Health Summit was the final step in the assessment process. Now the real work—collaboratively improving the health of the community and implementing proven strategies—begins.”
In April 2017, Natchitoches Regional Medical Center began a Community Health Needs Assessment for Natchitoches Parish. Natchitoches Regional Medical Center sought input from persons who represent the broad interests of the community using several methods:

- 30 community members, not-for-profit organizations (representing medically underserved, low-income, minority populations, elderly and children), schools, health providers, and government representatives participated in a focus group and interviews for their perspectives on community health needs and issues on May 16, 2017.
- Information gathering, using secondary public health sources, occurred in April and May of 2017.
- 300 community telephone surveys were completed between April 27 and May 22, 2017.
- A Community Health Summit was conducted on June 15, 2017 with 52 community stakeholders. The audience consisted of healthcare providers, business leaders, government representatives, not-for-profit organizations, economic development and other community members.
Participation in the focus groups and at the Community Health Summit creating the Natchitoches Parish Community Health Needs Assessment and Improvement Plan included:

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<td>Cane River Children's Services</td>
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<tr>
<td>CASA of Central LA</td>
<td>Summit</td>
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<tr>
<td>Chamber of Commerce, LA Board of Elementary and Secondary Education</td>
<td>Focus Group</td>
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<td>Chief Deputy Coroner</td>
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<td>CHRISTUS</td>
<td>Summit</td>
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<td>City Council - Dist 2</td>
<td>Summit</td>
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<td>City Council - Dist 3</td>
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<tr>
<td>City of Natchitoches</td>
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<td>Collins &amp; Stamey</td>
<td>Summit</td>
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<tr>
<td>DFA, community organizer</td>
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<td>Natchitoches Times</td>
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<td>Exchange Bank</td>
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<td>Hospice of Natchitoches</td>
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<td>LA Workforce Commission</td>
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<td>LSMSA Counselor</td>
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<td>MidSouth Bank</td>
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<td>Natchitoches Coalition on Homelessness</td>
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<td>Natchitoches Junior High, FRJS, NPSB</td>
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<td>Natchitoches Parish</td>
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<td>Natchitoches Parish Library</td>
<td>Summit</td>
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<td>Natchitoches Regional Medical Center</td>
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<td>Natchitoches/DeSoto Head Start</td>
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<td>Northwestern State University</td>
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<td>Parent</td>
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<td>Philadelphia Center</td>
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<td>Retired Attorney</td>
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<td>Retired Educator</td>
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<td>School nurse</td>
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<td>St Anthony Catholic Church</td>
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<td>St. Mary’s School</td>
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<td>Susan G. Komen Nth LA</td>
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<td>The LA Campaign for Tobacco-free Living</td>
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<td>Thompson Home Health (Care Cycle Solutions)</td>
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<td>United Way of Northwest LA</td>
<td>Focus Group, Summit</td>
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<tr>
<td>Women’s Resource Center</td>
<td>Summit</td>
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Input of Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received during the focus groups and the community health summit as well as the community survey. Agencies representing these population groups were intentionally invited to the focus groups, interviews and Summit.

Community Engagement and Transparency

Many members of the community participated in the focus groups, surveys and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of the area. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another; and join in the improvement efforts. The comprehensive data analysis may be obtained via a PowerPoint on the website or by contacting Natchitoches Regional Medical Center.

Photo Credit: Stratasan, NRMC
Natchitoches Parish was the primary focus of the CHNA due to the service area of Natchitoches Regional Medical Center. Used as the study area, Natchitoches Parish provides 83% of inpatient discharges.

The community includes medically underserved, low-income and minority populations who live in the geographic areas from which Natchitoches Regional Medical Center draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Natchitoches Regional Medical Center’s Financial Assistance Policy.

Source: Natchitoches Regional Medical Center, 2016
Key Findings
Community Health Assessment

Information Gaps
While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Process and Methods
Both primary and secondary data sources were used in the CHNA. Primary methods included:
• Community focus group and interviews
• Community telephone surveys – 300 completed
• Community Health Summit

Secondary methods included:
• Public health data – death statistics, County Health Rankings
• Demographics – population, poverty, uninsured
• Psychographics – behavior measured by spending and media preferences

Photo Credit: NRMC Community Health Summit; Stratasan (2017)
The table below shows the demographic summary of Natchitoches Parish compared to Louisiana and the U.S.
- Source: ESRI

<table>
<thead>
<tr>
<th></th>
<th>Natchitoches</th>
<th>Louisiana</th>
<th>USA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>40,323</td>
<td>4,766,833</td>
<td>323,580,626</td>
</tr>
<tr>
<td>Median Age</td>
<td>34.4</td>
<td>36.8</td>
<td>38.0</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$30,561</td>
<td>$44,609</td>
<td>$54,149</td>
</tr>
<tr>
<td>Annual Pop. Growth (2016-21)</td>
<td>0.18%</td>
<td>0.77%</td>
<td>0.84%</td>
</tr>
<tr>
<td>Household Population</td>
<td>16,107</td>
<td>1,829,916</td>
<td>121,786,233</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dominant Tapestry</th>
<th>Diners &amp; Miners (10C)</th>
<th>Southern Satellites (10A)</th>
<th>Green Acres (6A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Businesses</td>
<td>1,696</td>
<td>199,110</td>
<td>13,207,211</td>
</tr>
<tr>
<td>Employees</td>
<td>18,157</td>
<td>2,319,823</td>
<td>162,998,347</td>
</tr>
<tr>
<td>Medical Care Index*</td>
<td>70</td>
<td>88</td>
<td>100</td>
</tr>
<tr>
<td>Average Medical Expenditures</td>
<td>$1,349</td>
<td>$1,691</td>
<td>$1,921</td>
</tr>
<tr>
<td>Total Medical Expenditures</td>
<td>$21.7 M</td>
<td>$3.1 B</td>
<td>$234.0 B</td>
</tr>
</tbody>
</table>

Racial and Ethnic Make-up
- White 54% 61% 71%
- Black 41% 32% 13%
- American Indian 1% 1% 1%
- Asian/Pacific Islander 1% 2% 5%
- Other 1% 2% 7%
- Mixed Race 2% 2% 3%
- Hispanic Origin 2% 5% 18%
Natchitoches Parish, Louisiana

- The population of Natchitoches Parish was projected to increase from 2016 to 2021 (18% per year). Louisiana was projected to increase .77% per year. The U.S. was projected to increase .84% per year.
- Natchitoches Parish was younger (34.4 median age) than LA, 36.8 and the U.S. 38.0. This lower median age was due to the presence of Northwestern State University. However, the percent of the population over 65, 15.3% was higher than the US population over 65 at 14.5%.
- Natchitoches Parish had lower median household income at $30,651 than LA ($44,609) and the U.S. ($54,149). The rate of poverty in Natchitoches Parish was 29.6% which was higher than LA (19.5%) and the U.S. (14.7%).
- The medical care index measures how much the populations spent out-of-pocket on medical care services. The U.S. index was 100. Natchitoches Parish was 70, indicating 30% less spent out of pocket than the average U.S. household on medical care (doctor’s office visits, prescriptions, hospital visits).
- The racial and ethnic make-up of Natchitoches Parish was 54% white, 41% black, 1% American Indian, 1% Asian/Pacific Islander, 1% other, 2% mixed race and 2% Hispanic Origin. (These percentages total to over 100% because Hispanic is an ethnicity, not a race.)
- The median household income distribution of Natchitoches Parish was 12% higher income (over $100,000), 45% middle income and 43% lower income (under $24,999).

2016 Population by Census Tract and Population Change 2016-2021

Source: ESRI

Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. There was one higher population census tract, 7,000-10,999 in southern Natchitoches city, south of the hospital. There was one census tract with 5,000 to 6,999 population in the southern tract in the parish. In the eastern portion of the parish and north of the hospital in Natchitoches city, there were four census tracts with 3,500 to 4,999 population. In the northern portion of the parish, there were two low population census tracts with 1 to 3,499 population.
The Natchitoches Parish population was projected to increase from 2016 to 2021, .18% per year. The southern census tract was projected to increase the most, more than the rate of growth of LA. One census tract in Natchitoches city was projected to decline. The remainder of the parish was projected to increase slightly.

**2016 Median Age & Income**

These maps depict median age and median income by census tract. There were two tracts in southern and western Natchitoches city with a median age in the lowest range, 13-29. This is primarily the home of Northwestern State University. There were two tracts with median ages in the 30-39 range, north of the hospital and the city, near Campti. There were three tracts in the south and eastern part of the parish with median ages in the 40-44 range. One tract in the northern part of the parish was the oldest with median ages in the 45-54 range. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same.

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There were three census tracts with the lower median income range of $9,700-$29,999, in Natchitoches city, surrounding the city center. Three tracts had median incomes in the range of $30,000-$39,999, north, east and south. The highest income areas $40,000-$49,999 were in the western tracts of the parish and in central Natchitoches city. Not all households were at the median in a census tract, but income is an indicator of segments of the population that may need focused attention.

Additionally, Natchitoches Parish’s March 2017 preliminary unemployment was 6.3%, compared to 5.7% for Louisiana and 4.5% for the U.S.

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1. The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.
**Business Profile**

Sixty-six percent of employees in Natchitoches Parish were employed in:

- Educational services
- Retail trade
- Health care and social assistance
- Manufacturing
- Public administration

Retail offers health insurance at a lower rate than healthcare, education, manufacturing, construction or tech jobs.

Many residents leave the parish for retail shopping, thus harming the region’s ability to agglomerate retail/dining, which exacerbates the exodus.

Natchitoches Parish loses 224 net commuters per day commuting outside the parish for work, with 2,562 commuting out of the parish and 2,338 commuting into the parish.
Tapestry Segmentation

The dominant Tapestry Segments in parish were Diners and Miners (16%), Rural Bypasses (15%), College Towns (13%), Southern Satellites (12%) and In Style (7% of the households). For more information on Tapestry Segments, go to http://doc.arcgis.com/en/esri-demographics/data/tapestry-segmentation.htm

Studying the Tapestry Segments in the study area help determine health habits and communication preferences of citizens enabling more effective communication and implementation of solutions.
Health Status Data

Based on the 2016 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin [2], Natchitoches Parish ranked 39th healthiest parish in Louisiana out of the 64 parishes ranked (1= the healthiest; 64 = unhealthiest).

County Health Rankings suggest the areas to explore for improvement in Natchitoches Parish were: higher adult smoking, higher obesity rates, lower food environment index, higher sexually transmitted infections, lower high school graduation, higher percentage of children in poverty and children in single parent households, high violent crime rate, and high income inequality. The areas of strength were identified as lower teen births, higher adults with some college, and lower population per mental health provider ratio.

When analyzing the health status data, local results were compared to Louisiana, the U.S. (where available), and the top 10% of counties in the U.S. (the 90th percentile). Where Natchitoches Parish's results were worse than LA and U.S., groups and individuals have an opportunity to take action and improve these community measures. To become the healthiest community in Louisiana and eventually the Nation, Natchitoches Parish must close several lifestyle gaps. For additional perspective, Louisiana was ranked the 49th healthiest state out of the 50 states. (Source: America's Health Rankings)

2 The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of Wisconsin's counties every year since 2003.
Focus Groups, Interviews, Survey Results, Health Status Comparisons

Focus Group and Interview Results

Thirty community stakeholders representing the broad interests of the community participated in a focus group and interviews on May 16, 2017 for their input into the community’s health. Community participation in the focus group represented a broad range of interests and backgrounds. Below is a summary of the 90-minute discussion as well as individual interviews.

1. How do you define health?
   • Physical, mental, spiritual wellbeing
   • Healthy minds and bodies
   • Financial health
   • Mind, body, spirit, living at an optimal level

2. Generally, how would you describe the community’s health?
   • Fair
   • Unhealthy
   • 5 or 6 out of 10
   • C or D
   • Mediocre
   • Poor
   • Depends on the socioeconomics and where you live

3. What are the biggest health or health care concerns for Natchitoches Parish today?
   • Obesity/health eating/active living
   • Chronic diseases
   • Mental health issues and services
   • Substance abuse
   • Culture
   • Access to Care
   • Socioeconomics
   • Sexually transmitted infections (STI’s)
   • Tooth decay
   • Infant mortality and low birthweight babies
   • Abuse
   • Family dynamics
   • Crime

4. What are the biggest health concerns for medically-underserved, low-income, and minority populations? Seniors?
   • More chronic diseases
   • Sickle cell disease
   • Poverty
   • Skills, employment
   • Violence
• Diabetes
• Poor housing
• Family dynamics
• STI's in college population
• Child care
• Resources
• Access to care

5. **What are the biggest health concerns for children?**
   • Mental health
   • Obesity/healthy eating/physical activity
   • Reactive airway disease
   • Poverty
   • Injuries/safety
   • Good home life
   • Ready to learn
   • Diabetes
   • Health and wellness at an early stage

6. **What behaviors have the most negative impact on health?**
   • Substance use and abuse
   • Unhealthy eating
   • Inactivity
   • Unhealthy sexual practices
   • Accidents
   • Crime
   • Procrastination, not taking medication
   • Suicides and attempts

7. **What environmental factors have the biggest impact on community health?**
   • Water quality
   • Substandard housing
   • Crime/violence
   • Industry – wood processing chemicals
   • Lack of public transportation
   • Family values, dynamics
   • Education levels
   • Air quality – pollen
   • Cancer – environmental issues
   • Poverty
   • Stress

8. **What are the barriers to improving health going forward?**
   • Culture and Trust
• Access to Care
• Resources/jobs
• Crime
• Hot weather and humidity
• Lack of knowledge
• Lack of communication
• Slum lords
• Ruralness and access

9. **What community assets support health and wellbeing?**
   • Public Health Unit
   • Natchitoches Outpatient Medical Center – Federally Qualified Health Center (FQHC)
   • The Community Leaders and Government
   • Northwestern State University
   • Natchitoches Regional Medical Center
   • Outdoor Activities, etc.

10. **Where do members of the community turn for basic healthcare needs?**
    • Outpatient Medical Center
    • Health Unit
    • Natchitoches Regional Medical Center Emergency Department
    • Emergency Department, but by then the condition is too complicated
    • Hospital
    • Community physicians
    • Family Practice Physicians in Natchitoches
    • Walk-in clinic: fantastic, use a lot
    • Alexandria
    • On-line
    • Friends with medical knowledge
    • Shreveport

11. **What does the community need to manage health conditions or stay healthy?**
    • Education
    • Outreach
    • Mental health
    • Access
    • Transportation
    • Information on STIs
    • More specialty healthcare services
    • Jobs
    • Support systems
    • Culturally competent doctors
    • Doctor and patient team
    • Activities for all (children, seniors, etc.)
12. If you had the power you so richly deserve, what priority health improvement actions should the Parish focus on?

- Education
- Outreach
- Access
- Mental health services
- Jobs
- Parenting
Survey Results

A 36-question telephone survey was conducted between April 27 and May 30, 2017. 300 total surveys were completed. At 95% confidence, the error rate was +/-6.0% for the total sample size. Several questions required follow-up answers, so the error rates vary based on the number of responses. The purpose of the surveys was to obtain input into the health needs of the parish.

Health Status

When asked to describe their health, the responses were:

- 67% responded excellent or good
- 32% responded fair or poor

Turn for Healthcare Needs

When asked where they turn for your basic healthcare needs, the responses were:

- My primary care doctor or family physician: 64%
- Hospital: 26%
- Free or low income clinic: 6%
- Urgent care center: 3%
- Use Specialist as PCP: 3%
- VA: 3%
- Health department: 2%
- Retail clinic: 2%
- Friend or Relative: 2%
- Alternative healthcare providers: 1%
- Other: 3%
- I do not have a healthcare provider: 2%

Most turn to primary care physicians for care followed by a hospital.
Access

Doctors

Was there a time you couldn't see a doctor?

- Yes: 88%
- No: 12%

What are some reasons why you could not see a doctor?

- Lack of money/insurance for office visit: 47%
- Doctor unavailable: 22%
- Lack of transportation: 14%
- Inconvenient office hours: 14%
- Don't know how to find a good doctor: 3%
- Lack of access to a physician taking new patients: 3%
- Specific service I needed was not available locally: 3%
- Other: 19%

Twelve percent indicated there was a time they needed to see a doctor but could not. The primary reason was doctor was lack of money/insurance for office visit, followed by doctor unavailable.

Dentists

Was there a time you couldn't see a dentist?

- Yes: 89%
- No: 10%
- Don't know: 1%

What are some reasons why you could not see a dentist?

- Lack of money/insurance for office visit: 72%
- Dentist unavailable: 10%
- Lack of transportation: 7%
- Don't know how to find a good dentist: 7%
- Lack of access to a dentist taking new patients: 3%
- Specific service I needed was not available locally: 3%
- I was too sick: 3%
- Other: 7%

Ten percent indicated there was a time they could not see a dentist. Lack of money/insurance for the office visit was the primary reason given.
Mental Health Professionals

Was there a time when you needed to see a mental health professional but could not?

- Yes: 96%
- No: 2%
- Don't know: 2%

What are some reasons why you could not see a mental health professional?

- Lack of money/insurance for office visit: 40%
- I'm not comfortable with any mental health provider: 20%
- Lack of transportation: 20%
- Specific service I needed was not available locally: 20%
- I don't know: 40%

Two percent indicated there was a time they could not see a mental health professional. Lack of money/insurance for the office visit was the primary answer given.

Substance Abuse

Have you, a relative or close friend experienced substance abuse or addiction?

- Yes: 22%
- No: 76%
- Don't know: 1%

Was there treatment available?

- Yes: 16%
- No: 75%
- Don't know: 9%

What was the substance involved?

- Alcohol: 37%
- Prescription drugs/Pain killers: 31%
- Methamphetamine: 25%
- Cocaine/Crack: 24%
- Marijuana: 18%
- Heroin: 4%
- Hallucinogens: 4%
- Inhalants: 3%
- Don't know: 16%

22% have themselves, or have a close friend or relative that has experienced substance abuse or addiction. 16% responded there was not treatment available. The most common substance involved was alcohol followed by prescription drugs then methamphetamines.
Physical Activity

43% percent of the population does not exercise regularly, and 50% exercise regularly.

Top Three Issues that Impact Health

Respondents said the top issues that impact people's health were smoking (12%), people taking more responsibility for their own lifestyle/health (11%), then substance abuse (11%).
### Top Health Concerns for Children

<table>
<thead>
<tr>
<th>Concern</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy diet</td>
<td>16%</td>
</tr>
<tr>
<td>Access to primary care</td>
<td>11%</td>
</tr>
<tr>
<td>Physical activity</td>
<td>10%</td>
</tr>
<tr>
<td>Responsible, involved parents</td>
<td>10%</td>
</tr>
<tr>
<td>Obesity</td>
<td>8%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>7%</td>
</tr>
<tr>
<td>Immunizations/Vaccinations</td>
<td>4%</td>
</tr>
<tr>
<td>School lunch programs</td>
<td>3%</td>
</tr>
<tr>
<td>Children's health education</td>
<td>3%</td>
</tr>
<tr>
<td>Dental health services</td>
<td>3%</td>
</tr>
<tr>
<td>Child-care/day care options</td>
<td>1%</td>
</tr>
<tr>
<td>Mental health services</td>
<td>1%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>25%</td>
</tr>
<tr>
<td>Other</td>
<td>42%</td>
</tr>
</tbody>
</table>

*Top five responses are highlighted*

The top health concerns for children were healthy diet (16%), access to primary care (11%), physical activity (10%), and responsible, involved parents.

### Disease Prevalence

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung disease</td>
<td>53%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>35%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>35%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>20%</td>
</tr>
<tr>
<td>Overweight or obese</td>
<td>19%</td>
</tr>
<tr>
<td>Cancer</td>
<td>13%</td>
</tr>
<tr>
<td>Heart disease</td>
<td>12%</td>
</tr>
<tr>
<td>Asthma</td>
<td>10%</td>
</tr>
<tr>
<td>Mental or emotional problem</td>
<td>8%</td>
</tr>
<tr>
<td>High blood pressure/hypertension</td>
<td>5%</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>3%</td>
</tr>
<tr>
<td>Developmental/learning concerns</td>
<td>1%</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>1%</td>
</tr>
<tr>
<td>None</td>
<td>20%</td>
</tr>
</tbody>
</table>

When asked, have you ever been told by a doctor you have any of these conditions, diseases or challenges, 79% responded affirmatively. The most prevalent issues were lung disease, high cholesterol, and arthritis.
**Needed to Manage Health**

38% felt they had all they need to manage their health condition(s). Of those who didn't have all they needed, they needed financial assistance and more information/education about their condition.

**What do you need in order to manage your health condition(s)?**

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nothing - I do not need help managing my health condition(s)</td>
<td>38%</td>
</tr>
<tr>
<td>Financial assistance – doctor visits/medical supplies</td>
<td>12%</td>
</tr>
<tr>
<td>More information/education about my condition(s)</td>
<td>10%</td>
</tr>
<tr>
<td>Affordable healthcare/insurance</td>
<td>7%</td>
</tr>
<tr>
<td>More access to physicians/doctors</td>
<td>5%</td>
</tr>
<tr>
<td>Medication</td>
<td>5%</td>
</tr>
<tr>
<td>Exercise</td>
<td>4%</td>
</tr>
<tr>
<td>Transportation to doctor or clinic</td>
<td>3%</td>
</tr>
<tr>
<td>Training on how to care for my condition(s)</td>
<td>2%</td>
</tr>
<tr>
<td>A better support system</td>
<td>2%</td>
</tr>
<tr>
<td>Don't Know</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
</tbody>
</table>
Demographics of the Survey

66% of the respondents were white/Caucasian, 26% African-American, 3% mixed race, and 3% Native American. The survey skewed female with 58% female and slightly older with 46% over 65. Most respondents were insured through Medicare with Supplements, private insurance though an employer or spouse, or Medicare only.
Health Status Analysis and Comparisons

Information from County Health Rankings and America’s Health Rankings was analyzed in the CHNA in addition to the previously reviewed information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, focus groups, and surveys. Data for Louisiana, the U.S. or the top 10% of counties (90th percentile) were used as comparisons when available. Where the data indicated a strength or an opportunity for improvement, it is called out below. To prevent strengths from becoming opportunities for improvement, it’s important to continually focus on them. The full data analysis can be seen in the complete CHNA PowerPoint. There were strengths and opportunities identified for measures and for the parish. Opportunities were denoted with red stars, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

Leading Causes of Death: Age-adjusted deaths per 100,000

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>264.3</td>
<td>216.3</td>
<td>169.8</td>
</tr>
<tr>
<td>Cancer</td>
<td>201.1</td>
<td>186.1</td>
<td>163.2</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease</td>
<td>42.4</td>
<td>45.5</td>
<td>42.1</td>
</tr>
<tr>
<td>Accidents</td>
<td>51.3</td>
<td>49.8</td>
<td>39.4</td>
</tr>
<tr>
<td>Stroke</td>
<td>45.7</td>
<td>45.6</td>
<td>36.2</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>28.4</td>
<td>36.0</td>
<td>23.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>20.5</td>
<td>24.8</td>
<td>21.2</td>
</tr>
<tr>
<td>Influenza and Pneumonia</td>
<td>29.8</td>
<td>17.5</td>
<td>15.9</td>
</tr>
<tr>
<td>Suicide</td>
<td>10.3</td>
<td>*</td>
<td>12.6</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>9.0</td>
<td>*</td>
<td>10.2</td>
</tr>
</tbody>
</table>

Source(s): CDC National Center for Health Statistics

Red areas had death rates higher than the state. The leading causes of death in Natchitoches Parish were heart disease followed by cancer, like LA and the U.S. Lagging as causes of death were accidents, stroke, chronic lower respiratory disease, influenza and pneumonia, Alzheimer’s Disease, diabetes, suicide, and liver disease.
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Natchitoches Parish ranked 38th in Health Outcomes out of 64 Louisiana parishes. Natchitoches Parish ranked 31st in length of life.

**Length of Life**

Length of life was measured by years of potential life lost per 100,000 population prior to age 75, lower is better.

![Graph showing Length of Life](image)

*Source: Parish Health Rankings; National Center for Health Statistics, National Vital Statistics System – Mortality File 2012-2014*

In most of the following graphs, Natchitoches Parish will be blue, Louisiana (LA) will be red, U.S. green and the 90th percentile of counties in the U.S. gold.
Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Natchitoches Parish ranked 48th in Louisiana for quality of life.

Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2015
*indicates a change in the Behavioral Risk Factor Surveillance System Survey calculations of results. 2016 forward cannot be compared to previous year results.

Quality of Life OPPORTUNITIES

- Years of potential life lost per 100,000 population prior to age 75 was 9,583 years for Natchitoches Parish, slightly higher than LA and higher than the U.S.
- Natchitoches Parish had a higher percentage of adults reporting poor or fair health at 24% than LA and the U.S. The community survey also asked this question and revealed 33% of respondents described their health as poor or fair.
- Natchitoches Parish had a higher average number of poor physical health days than Louisiana and the U.S. with 4.8 poor physical health days out of the past 30 days.
- Natchitoches Parish had a higher average number of poor mental health days than Louisiana and the U.S. with 4.8 poor physical health days out of the past 30 days.
- At 12%, Natchitoches Parish also had a higher percentage of low birthweight babies (<5.5 lbs.) than LA and the U.S.
**Health Factors or Determinants**

Health factors or determinants were comprised of measures related to health behaviors, clinical care, social & economic factors, and physical environment. Health behaviors are made up of nine measures and account for 30% of the Parish rankings. Natchitoches Parish ranked 41st out of 64 parishes in Louisiana for both Health Factors and Health Behaviors.

**Source:** Obesity, physical inactivity - County Health Rankings; CDC Diabetes Interactive Atlas, 2013

**Source:** Access to exercise opportunities - County Health Rankings; ArcGIS Business Analyst, Delorme map data, ESRI and U.S. Census Tigerline Files, 2014. Measures the percentage of individuals in a Parish who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools)

**Source:** Smoking - County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS), 2015
The food environment index is comprised of the % of the population with limited access to healthy foods and the % of the population with food insecurity. Limited access to healthy foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

Source: County Health Rankings; USDA Food Environment Atlas, 2010 & 2014
Source: County Health Rankings; CDC WONDER mortality data, 2013-2015
Health Behaviors STRENGTHS

• At 17%, excessive drinking was lower in Natchitoches than LA and the U.S.
• Lower than LA and the U.S., the percentage of driving deaths with alcohol involved in Natchitoches Parish was 23%.
• The drug overdose mortality rate was lower in Natchitoches Parish than LA and the U.S. There was no data for Natchitoches Parish after (2011-2013) due to small volumes. 22% in the community survey responded that they, a relative or a close friend experienced substance abuse or addiction.

Health Behaviors OPPORTUNITIES

• Adult obesity in Natchitoches Parish (35%) was higher than the U.S. and similar to LA. Obesity in Louisiana and the U.S. continue to rise, putting people at increased risk of chronic diseases including: diabetes, kidney disease, joint problems, hypertension and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer’s and often leads to metabolic syndrome and type 2 diabetes. It is a factor in cancers, such as ovarian, endometrial, postmenopausal breast cancer, colorectal, prostate, and others. In the community survey, 19% responded they had been told by a doctor they were obese or overweight.
• Adult smoking in Natchitoches Parish was higher than the U.S. at 22% and equal to LA. Each year approximately 443,000 premature deaths can be attributed to smoking. Cigarette smoking is identified as a cause of various cancers, cardiovascular disease, respiratory conditions, low birthweight, and other adverse health outcomes.
• Physical inactivity was higher in Natchitoches Parish (29%) than the U.S. and equal to LA. In the community survey, 43% responded they never exercise or exercise once in a while, 50% exercise regularly. Additionally, access to exercise opportunities was lower in Natchitoches Parish than LA and the U.S. at 57%
• The food environment index in Natchitoches Parish was lower than LA and the U.S. The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.
Clinical Care

Clinical care ranking is made up of seven indicators, and they account for 20% of the Parish rankings. Natchitoches Parish ranked 22nd out of 64 Louisiana parishes in clinical care.

Uninsured (≤65 without health insurance)

Preventable hospital stays (hospitalization rate for ambulatory-sensitive conditions per 1,000 Medicare enrollees)

Mammography screening (% female Medicare enrollees receiving mammography screening) Higher is better

Diabetic screening (% diabetic Medicare enrollees receiving HbA1c screening) Higher is better

Primary care physicians (pop per physician)

Dentists (pop per dentist)

Mental health providers (pop to mental health providers)

Diabetes (% of adults aged 20 and above diagnosed with diabetes)

Source: Uninsured - County Health Rankings: Small Area Health Insurance Estimates, 2014
Source: Preventable hospital stays, mammography screening, diabetic screening - County Health Rankings; Dartmouth Atlas of Health Care, Medicare claims data, 2014
Clinical Care STRENGTHS

• The percent of diabetic Medicare enrollees receiving diabetic screening was higher than LA and the U.S. at 85%.

• The population per mental health provider was lower in Natchitoches Parish than LA and the U.S. In the community survey, 2% responded there was a time in the past 12 months when they needed to see a mental health professional but could not.

Clinical Care OPPORTUNITIES

• The percent of population under sixty-five without health insurance was higher in Natchitoches Parish (14%) than LA (11%) and the U.S. (9%)

• Preventable hospital stays were equal to LA, but higher than the U.S. However, Natchitoches Parish is trending down, better.

• Mammography screening at 56% was lower than LA and the U.S.

• The population per primary care physician was higher in Natchitoches Parish than LA and the U.S. In the community survey, 12% responded there was a time in the past 12 months when they needed to see a doctor, but could not.

• The population per dentist was much higher in Natchitoches Parish than LA and the U.S. In the community survey, 10% responded there was a time in the past 12 months when they needed to see a dentist, but could not.

• The percent of adults over 20 who had been diagnosed with diabetes, 13%, was higher than LA and the U.S. The telephone community survey indicated 20% had been told by a doctor they had diabetes.
Social & Economic Factors

Social and economic factors account for 40% of the Parish rankings. There are eight measures in the social and economic factors category. Natchitoches Parish ranked 44th out of 64 Louisiana parishes.

Source: High School graduation – County Health Rankings; States to the Federal Government via EDFacts, 2014-2015
Source: Some college - County Health Rankings; American Community Survey, 5-year estimates, 2011-2015
Source: Children in poverty - County Health Rankings; U.S. Census, Small Area Income and Poverty Estimates, 2015
Source: Social associations - County Health Rankings; Parish Business Patterns, 2014
Social & Economic Factors STRENGTHS

• Social associations were higher in Natchitoches Parish than the U.S. and LA. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations. Poor family support, minimal contact with others, and limited involvement in community life are associated with increased morbidity and early mortality.

• Injury deaths were lower in Natchitoches Parish (65 per 100,000) than LA and equal to the U.S.

Social & Economic OPPORTUNITIES

• High school graduation was lower than U.S. and equal to LA at 80% but is increasing.

• Natchitoches equaled Louisiana in the percentage of adults 35-44 with some college at 57%

• The percentage of children in poverty was higher in Natchitoches Parish (36%) than LA and the U.S.

• At 7.5, income inequality was higher in Natchitoches Parish than in LA and the U.S.

• The median household income at $30,561 was lower than LA and the U.S.

• The poverty rate at 29.6% was higher than LA, 19.5% and the U.S. at 14.7%

• The percentage of children in single-parent households was higher at 47% than LA and the U.S.

• Violent crime per 100,000 population was higher in Natchitoches Parish than in LA and the U.S.

• Unemployment at 6.3% was higher than LA, 5.7% and the U.S., 4.5%
Physical Environment

Physical environment contains four measures in the category and accounts for 10% of the Parish rankings. Natchitoches Parish ranked 45th out of 64 Louisiana parishes in physical environment.

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, FY 2013-2014
Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2009-2013
Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2011-2015
Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2012

Physical Environment STRENGTHS

• Natchitoches Parish had lower percentages of commuters driving alone and over 30 minutes to work at 27%

Physical Environment OPPORTUNITIES

• The Parish had drinking water violations in 2016 and 2017
• Natchitoches Parish had a higher percentage of severe housing problems, 21% than LA and the U.S.
There were Four Broad Themes that Emerged in this Process:

- Natchitoches Parish needs to create a "Culture of Health" which permeates throughout the cities, employers, churches, and community organizations to engender total commitment to health improvement.

- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally had the poorest health outcomes.

- While any given measure may show an overall good picture of community health, subgroups such as the census tract northeast of Natchitoches City and the black community face significant challenges.

- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. However, the Parish has many assets to improve health.

Photo Credit: LA Country Magazine, NRMC
Results of the CHNA

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees identified and prioritized the most significant health needs in the community to be addressed in the next three year period. The group used the criteria below to prioritize the health needs.

<table>
<thead>
<tr>
<th>Magnitude/scale of the problem</th>
<th>How big is the problem? How many people does the problem affect, either actually or potentially? In terms of human impact, how does it compare to other health issues?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seriousness of Consequences</td>
<td>What degree of disability or premature death occurs because of this problem? What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?</td>
</tr>
<tr>
<td>Feasibility</td>
<td>Is the problem preventable? How much change can be made? What is the community's capacity to address it? Are there available resources to address it sustainably? What's already being done, and is it working? What are the community's intrinsic barriers and how big are they to overcome?</td>
</tr>
</tbody>
</table>

Photo Credit: NRMC Community Health Summit; Stratasan (2017)
The following needs were prioritized at the Community Health Summit. The groups brainstormed goals and actions to form the foundation of Natchitoches Parish's health initiatives. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the front of the room. The results of the activity are below with higher numbers indicating the number of “votes” or priority by topic. The bullets below the health need are the actual comments received on the sticky notes.

1. **Obesity – Healthy Eating, Active Living – 33**
   - Increase education, provide more opportunities for community health/exercise activities, bring info to rural areas (how to garden, exercise, etc.)
   - Exercise (2)
   - Health/wellness, healthy eating (6)
   - Malnutrition – not enough available/affordable nutritious food, lack of education
   - Lack of wellness visits
   - Hypertension

2. **Education/Outreach – 25**
   - Lack of education regarding top 3 health concerns in Natchitoches
   - Culture – lack of seeking preventative care
   - Population health
   - Lack of personal responsibility (3)
   - Community education – health/wellness/medicine
   - Needs to be a way to reach students outside of their “norm” – normalize mental health, healthy lifestyle

3. **Access to Health Care – 23**
   - Lack of transportation (2)
   - Lack of personal transportation, lack of money to pay others for transport, too much trouble to arrange, won't ask for help
   - Affordable health insurance – health, dental, mental (3)
   - Senior health care
   - Access to open information
   - Meeting the community where they live to address and help provide support and solutions for that community
   - Preventable interventions targeting elementary/middle/high school students
   - No primary care physician

4. **Mental Health – 14**
   - Lack of mental health resources: psychiatrists and therapists (2)
   - Normalize mental health through education in community
   - Affordable mental health providers
   - Depression
   - Mental health for children – need child psychiatrist
   - Suicide (teens and young adults)

5. **Substance Abuse (11)**

6. **Chronic Diseases/Diabetes & Cancer (7)**

7. **Maternal/Child Health (5)**

8. **Sexually Transmitted Infections (STI's) (4)**
5. **Substance Abuse — 11**
   - Violence/Crime/Fear
   - Smoking: increased health care risks, increased frequency (2)
   - Drug Abuse (3)

6. **Chronic Diseases/Diabetes & Cancer — 7**
   - Diabetes (4)
   - Cancer
   - High Blood Pressure

7. **Maternal/Child Health — 5**
   - Family/home environment
   - Youth- single moms
   - Low birthweight infants/infant mortality (3)

8. **Sexually Transmitted Infections (STI’s) — 5**
   - Prevention and treatment

*Photo Credit: NRMC*
Community Health Summit Brainstorming

Focus Areas, Goals

The most significant health needs coalesced into eight categories. Table groups then brainstormed goals and actions around the priority health needs listed above. These suggested goals and actions from the community have been organized below. We encourage community groups to select any of these ideas to spearhead.

Significant Health Need 1: Obesity – Healthy Eating, Active Living

Goal 1 – Decrease childhood obesity by reaching people early in life about healthy living

Action 1 - Offer a summer backpack program with healthy, nutritious food

Action 2 - Establish a community gardening program to teach gardening and cooking skills in schools. Use older gardeners to teach kids how to grow food.

Resources Needed:
• Schools
• Community organizations
• LSU Extension
• Natchitoches Master Gardeners
Goal 2 – Increase exercise opportunities in the parish, especially in the rural areas
Action 1 – Revitalize the parks in the rural areas
Action 2 – Reach out to churches, civic clubs, neighborhoods and create walking clubs and encourage exercise buddies for accountability
Resources Needed:
• Civic Clubs
• Churches
• Municipalities
• Parks & Recreation departments

Goal 3 – Improve senior nutrition
Action 1 – Create awareness of food needs of seniors, high risk seniors, and identify people who need help through churches, neighbors and clubs.
Action 2 – Grow current efforts for food delivery to home; neighbor helping neighbor initiative in coordination with the Council on Aging.
Action 3 – Expand the "Smart from the Start" program which provides teachers with a nutrition curriculum throughout the community. The program supports the use of tokens to purchase fruits and vegetables.
Resources Needed:
• Council on Aging
• Civic clubs
• Churches
• Schools
• Mobile market

Significant Health Need 2: Education/Outreach (Health Literacy)
Goal 1 – Understand how to use the healthcare system: how/where to go, how to make appointments, benefits of insurance, terminology
Action 1 - Integrate healthcare education (how healthcare works) in schools; start educating people at young age so they can pass knowledge on
Action 2 - Medical navigators to coach patients
Resources Needed:
• Patient Portal (increase usage)
• Schools
• Doctors

Goal 2 - Teach people “how to be healthy” (healthy food choices, exercise, etc.)
Action 1 – Healthy lifestyle choices – food choices, what is sodium, etc.
Action 2 – Health fair outreach and its benefits – preventative care, etc.
Resources Needed:
• Churches
• Schools
• “where people congregate”
• Social media
Objective 1 - Personal Health Responsibility: Preventative Care Education and Its Importance
Action 1 – Long term healthcare and what you can do
Action 2 – Health fair outreach and its benefits – preventative care, etc.

Resources Needed:
• Doctors
• Schools
• PTAs
• Churches
• Patient Portal

Significant Health Need 3: Access to Healthcare

Goal 1 – Educate/advertise available services
Action 1 – Marketing/advertising through community outreach
Action 2 – Technology/internet access

Resources Needed:
• NRMC
• Coordinators
• Marketing Department

Goal 2 - Bring mobile health to the public
Action 1 - Utilize mobile health tools like Book Mobile
Action 2 - Utilize community centers and schools with signage

Resources Needed:
• NRMC
• Rapides Foundation Grant
• Medical suppliers

Goal 3 - Expand transportation and network of volunteers
Action 1 - Guild to manage network of volunteers throughout Parish
Action 2 - Purchase vehicle through state or grants (long term)

Significant Health Need 4: Mental Health

Goal 1 – Initiate at least one elementary school-based mental health clinic in Natchitoches Parish in the next 2 to 3 years
Action 1 - Continuing to coordinate and develop plan with NPSB and Outpatient Medical Center
Action 2 - Open elementary school-based mental health clinic within 2-3 years

Resources Needed:
• NPSB
• Outpatient Medical Center
• Provider to be developed
Goal 2 - Expand psychiatric services in the Natchitoches area

Action 1 - Recruit psychiatrists
Action 2 - Investigate funding resources
Action 3 - Find financial resources to make MH services affordable

Resources Needed:
- NRMC
- NPSB
- Local mental health services providers

Goal 3 - Reduce rate of teen suicide in next 2 years

Action 1 - Initiate training in schools and/or public regarding identifying suicide risks ASAP (2 different programs: children and teachers)
Action 2 - Research funding sources to help augment costs

Resources Needed:
- NPSB
- NSU
- United Way existing program
- Youth Mental Health First Aid
- Winterhaven
- Granberry
- QPR

Significant Health Need 5: Substance Abuse

Tobacco use: decrease 5% by 2020

Action 1 - Education
Action 2 - Increase access to smoking cessation products

Resources Needed:
- NRMC/NPSB/DCFS
- State resources
- Pharmacy and drug companies

Goal 2 - Opioid abuse: decrease 5% by 2020

Action 1 - Educate providers
Action 2 - Education through schools (middle school, high school, college)

Resources Needed:
- LDH/State of Louisiana
- DARE
- NPSB
- Churches
**Goal 3 - Illegal drug use in adolescents: decrease 5% by 2020**
Action 1 - Education through schools (include in health education classes)
Action 2 - Education of adults

*Resources Needed:*
- BCBS/United Way/Rapides Foundation
- NRMC
- COA
- CPS
- School Board/NSU

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**Significant Health Need 6: Chronic Diseases – Diabetes and Cancer**

**Goal 1 - Immediate implementation of individualized case management system to connect patients to care providers**
Action 1 - Agreement from providers
Action 2 - Ensure adequate transportation needs met

*Resources Needed:*
- Clinical providers (MDs, HH, clinics, etc.)
- Social workers
- NRMC
- Council on aging
- State transportation
- Volunteers
- Pharmacies

**Goal 2 - Within 6 months, hire community educator to coordinate outreach efforts parish-wide**
Action 1 - Seek out grant money
Action 2 - Schedule events (health fairs, COA, etc.)

*Resources Needed:*
- BCBS/United Way/Rapides Foundation
- NRMC
- COA
- CPS
- School Board/NSU

**Goal 3 – Within 1 year, establish a mobile wide screening unit to bring services to parish residents**
Action 1 - Seek out grant money and partnerships
Action 2 - Screen for variety of chronic diseases
Resources Needed:
• NRMC
• NSU (interns from nursing)
• Philadelphia Center
• St. Luke's Medical
• Local labs
• Physicians
• Pharmacies

Significant Health Need 7: Maternal/Child Health

Goal 1 - Reduce infant mortality rate to 7% in 3 years
Action 1 – Educate early on in life
Action 2 – Community assessment on the current pregnancy prevention education/early education
Action 3 – Bridge the gaps between schools and providers (increase interagency between schools/providers)
Action 4 – Investigate monthly mortality rate on an individual basis (ex: car seats)
Resources Needed:
• NRMC
• O.P. Clinic
• OB physicians
• School boards
• Churches
• Parents
• NSU
• City
• Health unit
• Women’s Resource Center

Goal 2 – Reduce teenage pregnancy by 3 to 5% in 3 years
Action 1 – Host parental education groups, create comfortable learning environment
Action 2 – Work together to create a better transportation system through grants
Action 3 – Encourage teen abstinence programs/social support for teens
Resources Needed:
• Health unit
• FQHC
• NRMC
• City
• NSU
• Parents
• School boards
Goal 3 – Reduce the STI rate by 3% in 3 years and increase access to care for OB/ preventative care
Action 1 – Community assessment to see what is currently being done and who is involved
Action 2 – Create a strong early education program

Resources Needed:
- Health unit
- FQHC & O.P. Clinic
- NRMC
- NSU
- School board
- Churches
- OB
- PCP
- Parents

Goal 1 - Outreach and Education
Action 1 – Signage in public bathrooms (“Flush Facts”); social media campaign
Action 2 – Create task force made up of youth/peers (adult led for high schools, union boards at colleges)
Action 3 – Distribute education materials at parent orientations in schools and utilize existing materials from health unit; educate parents to have open conversations

Resources Needed:
- High schools
- Colleges
- Grants
- Healthcare sponsors

Goal 2 - Increase vaccines and screenings
Action 1 – Advertise and create public service messages to get screened/vaccinated
Action 2 – Doctors/nurses have conversations with patient to get screened/vaccinated
Action 3 – Bring mobile screening to events and communities; condoms in bars/restrooms

Resources Needed:
- Corporations like Walgreens
- Doctors
- Nurses

Goal 3 – In 3 years, decrease the percentage of those infected by 2%
Action 1 – Break down barriers/fear to get treated if infected – create ways (such as hotline or apps) to help young people or those who are intimidated to get medical attention
Action 2 – Use role models to advertise it’s okay to seek treatment: “health care providers don’t judge”
This community input into the goals as well as information from the focus group, surveys and data were combined for the final implementation plan which is included in a separate document.

**Community Assets and Resources**

**Community Asset Inventory**

A separate document that includes list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document.

The focus group also identified community resources to improve health, which are listed on page 19 above.

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*Photo Credit NRMC*
Community Health Needs Assessment

completed by Natchitoches Regional Medical Center in partnership with:

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