



Bossier Parish & Caddo Parish
Louisiana
9.26.2016

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BACKGROUND

In 2012, in order to comply with the new IRS requirement for non-profit hospitals, Willis-Knighton Health System began and completed a Community Health Needs Assessment (CHNA) by end of their fiscal year ending in 2013. In 2016, Willis-Knighton began the process to update that CHNA. This report contains the results of that update and provides information on the health system itself as well as the community that it services. Existing services, current health needs, perceived barriers and implementation strategies lie within this report and serve to provide an overview on the current health needs of Willis-Knighton's community.

Willis-Knighton Health System ("WKHS") is a not-for-profit healthcare system located in northern Louisiana. Founded in 1924, as a Tri-State Sanitarium, Willis-Knighton evolved into a not-for-profit healthcare organization, with a vision to become a leader in the field of healthcare locally, regionally and nationally. Willis-Knighton has grown from one small hospital, to a full health system that includes four satellite hospitals, a full-service retirement community and the Willis-Knighton Innovation Center in Bossier City. WKHS is the largest medical center in Louisiana with 1,192 total beds (901 acute and 291 skilled) and services over 52,000 patients annually. To this day, Willis-Knighton remains the only locally-owned, locally-operated health system in the region and is recognized as the state's fastest-growing health system.

MISSION STATEMENT

To continuously improve the health and well-being of the people we serve.

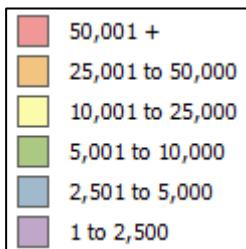
VISION STATEMENT

To be the health care provider of choice in our region and one of the best health care institutions in the nation.

COMMUNITY SERVED

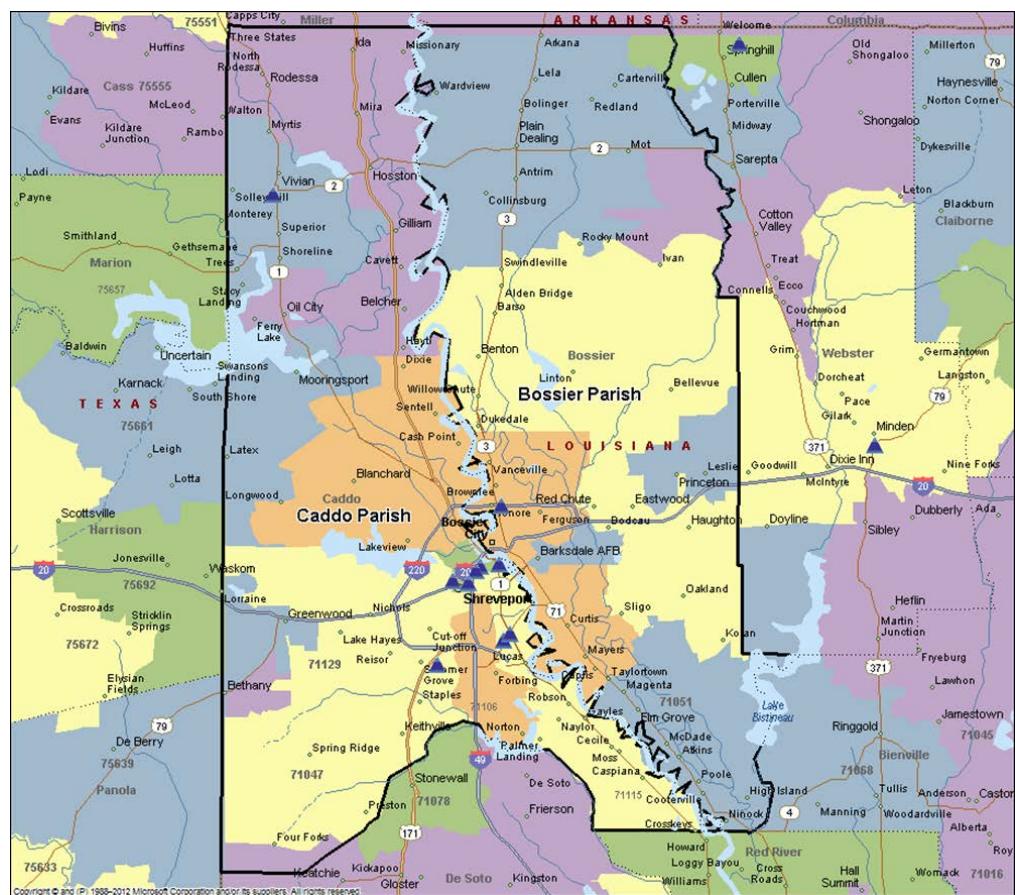
Willis-Knighton's service area is defined by two distinct parishes, Caddo and Bossier, for this assessment. Using a county definition allows for consistent benchmarking and a concluding score. Additionally, this definition of the parishes as the service area is crucial for the analysis as many of the secondary data sources are county specific and serve as a comparison tool to other counties, the state of Louisiana, and the United States. Also, many of the community input sources consider these parishes as their primary service areas. These include public officials, as well as many different community advocacy groups with whom WKHS has relationships.

Population 2016 by Zip Code



Acute Care Hospitals

Pop 2016	
Caddo Parish - LA	250,014
Bossier Parish - LA	127,245
Combined	377,259



Source: Nielsen Claritas

PROCESS AND METHODOLOGY

WKHS identified community health needs by undergoing an assessment process. This process incorporated a comprehensive review by the health system's Community Needs Assessment Steering Committee along with secondary and primary data input using the expertise of Dixon Hughes Goodman, LLP. The team used several sources of quantitative health, social and demographic data specific to Caddo and Bossier Parishes provided by local public health agencies, health care associations and other data sources. This kind of collaboration is not only allowed for the CHNA process, but encouraged. WKHS took advantage of this opportunity to interact with several local organizations, including large employers, schools, healthcare providers and health-related agencies. DHG provided data, organized community input, facilitated priority sessions, and supported the report drafting process.

The assessment process consists of 5 steps pictured below:





DATA ASSESSMENT FINDINGS- SECONDARY DATA

In order to present the data in a way that would tell a story of the community and also identify needs, the framework of Healthy People 2020 was selected to guide secondary data gathering and also community input. This framework was selected based on its national recognition as well as its mission listed below:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, state, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Within this framework, 12 Topics were chosen as “Leading Health Indicators.” These topics guide discussion and research related to this CHNA.



*Data sources and dates of data that were used in this CHNA can be found in Appendix A

The data assessment piece of the CHNA process included data tables, graphs, and maps from various sources widely available. These data elements were used to identify at-risk populations, underserved populations, health need areas, and professional shortage areas. A summary of findings was then created to highlight areas of need within the service area.

ACCESS TO CARE:

Access to care in both Caddo and Bossier Parishes, especially with regard to health insurance coverage, is slightly better than the State of Louisiana. According to the U.S. Census Bureau, Bossier Parish has 17.2% of the population under 65 uninsured, while Caddo Parish has 18.6% of the population under 65 uninsured. Both Parishes show a lower percentage of the population under 65 uninsured than the state of Louisiana, which is 19.1%. Both parishes have shown improvement from the previous years, but this is still a concern in the community.

The number of primary care physicians to serve the communities of Bossier (45.2 per 100,000) and Caddo (105.9 per 100,000) parishes largely variable, with significant differences compared to the 64.5 primary care physicians per 100,000 residents for the state of Louisiana. The percentage of adults reporting poor or fair health for Bossier Parish (20.3%) and Caddo Parish (23.3%) have both increased from the previous assessments and vary from the state (21.2%).

CLINICAL PREVENTIVE SERVICES:

Clinical preventive services are very effective in preventing and/or detecting chronic conditions early. In Bossier and Caddo Parishes, 85.6% and 83.3% of residents, respectively, receive HbA1c screening, with both parishes showing improvement from previous assessment (82.7% and 78.7% respectively). Additionally, both parishes show higher screenings than the state of Louisiana at 82.1% of diabetic Medicare beneficiaries receiving HbA1c screenings. This is particularly important as the percentage of Medicare Beneficiaries with diabetes remains constant in Caddo Parish at 27.0% and slightly increasing in Bossier Parish to 29.0%.

The number of Medicare Beneficiaries with hypertension in Bossier and Caddo Parishes remains high at 59.0% and 58.0%, respectively and in line with the state of Louisiana at 60.0%. Even with the high rates of hypertension, the percent of Medicare beneficiaries with heart failure in both parishes has decreased from the previous years for both Bossier Parish (14.3% down to 13.8%) and Caddo Parish (16.0% down to 15.2%) The heart disease death rates in Bossier (205.5 per 100,000) and Caddo (190.8 per 100,000) parishes are lower than the state of Louisiana (229.0 per 100,000).

Screenings for women, such as mammography screening and pap tests are in line with the state of Louisiana (60.0% and 77.6%, respectively). Bossier Parish mammography screenings have remained constant at 60.0%, while pap tests have decreased slightly from 72.7% to 71.9%. Caddo Parish mammography screenings have decreased from 62.5% to 58.0%, while pap tests have increased from 76.8% to 78.5%. Additional screenings for adults, such as

colonoscopy, have increased slightly for Bossier Parish (54.6% to 59.6%) and for Caddo Parish (53.1% to 58.1%), both higher than the state of Louisiana (54.5%).

Important to note with the increase in screenings is the comparison of cancer incidence and cancer death rates in both Bossier and Caddo Parishes. Louisiana has an all cancer incidence rate of 482.3 per 100,000, compared to Bossier Parish (473.8 per 100,000) and Caddo Parish (483.4 per 100,000). The all cancer death rates for Bossier Parish (172.6 per 100,000) and Caddo Parish (199.4 per 100,000) vary compared to the state of Louisiana (193.5 per 100,000).

Bossier Parish has cancer incidence rates for breast cancer (109.1 per 100,000) and colon cancer (40.4 per 100,000) with death rates for breast cancer (16.6 per 100,000) and colon cancer (15.0 per 100,000), both of which are lower than the state of Louisiana incidence rates for breast cancer (123.4 per 100,000) and colon cancer (48.6 per 100,000) and death rates for breast cancer (24.5 per 100,000) and colon cancer (18.1 per 100,000). Caddo Parish cancer incidence rates for breast (119.6 per 100,000) and colon (49.0 per 100,000) and death rates for breast (24.4 per 100,000) and colon (19.2 per 100,000) are higher than Bossier Parish.

ENVIRONMENTAL QUALITY:

The environment in which we live directly affects our quality and duration of life. Premature death, cancer, and respiratory damage are linked to poor air quality. According to the CDC WONDER Environmental Data, Bossier Parish has 10.8 and Caddo Parish has 10.6 average daily air pollution density, compared to 10.8 for Louisiana. Both parishes have shown significant increases in the previous year's assessment.

INJURY AND VIOLENCE:

According to CDC, injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 136,000 people die from injuries each year. The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities. In addition, beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity. The Healthy People 2020 initiative has set a target of 12.4 deaths per 100,000 population for motor vehicle deaths. Additionally, the Healthy People 2020 target for unintentional injury death is set at 36.0 deaths per 100,000 population.

Bossier Parish and Caddo Parish motor vehicle death rates of 14.2 and 18.3 deaths per 100,000, respectively, are lower than the state's 18.5 per 100,000 deaths. Both parishes have shown a decrease in the motor vehicle death rates, Bossier (16.3 per 100,000) and Caddo (19.3 per 100,000). In addition, the violent crime rate (per 100,000) is 361 for Bossier Parish and 638 for Caddo Parish, both showing significant decrease than the previous assessment (1121 for

Bossier and 851 for Caddo). The state of Louisiana has a violent crime rate of 536 per 100,000. Additionally, the homicide rate (per 100,000) for the state is 12.4, higher than both parishes. Bossier Parish homicide rate has decreased from 6.6 to 5.2 and Caddo Parish homicide rate has decreased from 16.3 to 12.3. Finally, the unintentional injury deaths (per 100,000) are 58.7 for Bossier Parish, 71.5 for Caddo Parish and 74.2 for Louisiana. Unintentional injury deaths include deaths due to all accidents not related to motor vehicle accidents.

MATERNAL, INFANT, CHILD HEALTH:

According to Healthy People 2020, improving the well-being of mothers, infants, and children is an important public health goal for the United States. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the health care system. In addition, during a pregnancy, there is opportunity to identify health risks in women and their unborn children. This can surface problems at an early stage that can also prevent additional health issues postpartum and beyond.

Bossier Parish teen birth rate of 46.2 per 1,000 female population is lower than the state (48.2), while Caddo Parish teen birth rate is higher at 63.4 per 1,000; both parishes have shown a decrease from the previous assessment. In general, infants born to teenage mothers can be at risk from factors of their physical and sociodemographic environments such as family income, maternal education, and health insurance coverage.

The percentage of babies born with low birth rates for Bossier Parish (10.4%) and Caddo Parish (14.6%), have changed from previous assessments (10.9% and 13.6%, respectively). The state of Louisiana has a rate of 10.9% of live births with low birthweights. The current percentages for the state and the parishes remain below the Healthy People 2020 target set at 7.8%. Relative to the state child mortality rate, under age 18, is (74 per 100,000), Bossier Parish rate is 62.0 per 100,000 and Caddo Parish rate is 113.1 per 100,000.

MENTAL HEALTH:

Mental and physical health are closely connected. According to the Healthy People website, mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting activities. In turn, chronic conditions and diseases can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery. Millions of Americans have a seriously debilitating mental illness. Mental health disorders are the leading cause of disability in the US and suicide is the 10th leading cause of death in the US, up from 11 in 2011 and claiming approximately 43,000 lives each year (up from 30,000).

The number of mental health providers per 100,000 for Bossier Parish (56.0) and Caddo Parish (195.6) vary relative to the state (124.2). The number of mentally unhealthy days (30 day average) for Bossier Parish (3.8) and Caddo Parish (3.9) are both lower than Louisiana (4.0).

Along with these findings, the percentage of Medicare beneficiaries with depression for Bossier Parish and Caddo Parish are both 14.0% and lower than Louisiana (15.0%).

NUTRITION, PHYSICAL ACTIVITY, AND OBESITY:

Maintaining a healthy weight, eating nutritiously, and engaging in physical activity is imperative in achieving good health. Doing so can decrease the chances of developing high blood pressure, high cholesterol, diabetes, heart disease, stroke, and cancer. Unfortunately, according to Healthy People 2020 less than 1 in 3 adults eat the recommended servings of fruits and vegetables daily, and over 80% do not engage in the recommended physical activity.

The percentage of population with limited access to healthy food for Caddo Parish has decreased from the previous assessment (from 21.0% to 14.3%), but is higher than the state (9.7%). On the other hand, Bossier Parish remains lower than the state at 6.9% and showed a significant decrease from the previous assessment (16.2%). Obesity rates in both parishes remains of concern as rates show a slight increase in Bossier Parish from 31.1% to 34.2% and Caddo Parish from 32.2% to 34.6%. Both parishes have obesity rates similar to the state of Louisiana, 34.3%.

Physical inactivity in both parishes remains of concern as Bossier Parish (26.6%) and Caddo Parish (31.4%) are high. However, the percentage of the population with access to exercise opportunities for Bossier (81.7%) and Caddo (81.9%) parishes are higher than the state (74.2%). Hopefully the percentage of the population with access to exercise opportunities will continue to remain high and residents will take advantage of the exercise opportunities, which would result in a decrease in the obesity rates across the parishes.

ORAL HEALTH:

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. Lack of access to dental care for all ages remains a public health challenge. Bossier Parish has 54.4 dentists per 100,000 and Caddo Parish has 74.4 dentists per 100,000, both of which are higher than the state at 51.6 per 100,000.

REPRODUCTION AND SEXUAL HEALTH:

According to Healthy People 2020, an estimated 20 million new sexually transmitted diseases (STDs) are diagnosed each year in the US (up from 19 in 2011). Untreated STDs have serious consequences and can lead to reproductive health problems, infertility, cancer, and fetal and perinatal health problems.

Bossier Parish has an increasing chlamydia growing from 532.0 per 100,000 to 548.3 per 100,000 in 2016. On the other hand, Caddo Parish has shown a significant decrease from

1150.0 per 100,000 to 986.4 per 100,000 for 2016, which is still higher than the state (624.5 per 100,000). Also, Bossier Parish has experienced an increase in the HIV prevalence rate from 135.1 to 138.8 per 100,000 and Caddo Parish has also experienced an increase from 338.2 to 416.1 per 100,000. Both parishes still remain below the state HIV prevalence rate of 485.5 per 100,000. These rates continue to be of concern across the parishes and the state of Louisiana.

SOCIAL AND ECONOMIC DETERMINANTS:

According to Healthy People 2020, health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

Relative the state median household income (\$46,924), Bossier Parish remains above average (\$54,910), while Caddo Parish remains below the average (\$41,635). Additionally, Bossier Parish has a lower percentage of families below the poverty level (12.5%), compared to the state (15.4%) and Caddo Parish (16.5%). The unemployment rate has remain relatively constant from the previous assessment to the current assessment for both Bossier Parish (5.8%) and Caddo Parish (7.4%), with the state percentage at 6.4%. This is in line with the percentage of the population with no high school diploma, with Bossier Parish at 9.1% and Caddo Parish at 10.3%, both of which are lower than the state (11.1%). Finally, the number of children in poverty, compared to the state (28.0%), is higher in Bossier Parish (36.5%) and lower in Caddo Parish (21.8%). Both parishes have shown a change from the previous assessment (22.0% and 31.3%, respectively).

SUBSTANCE ABUSE/TOBACCO USE:

We know that it is impossible to protect our health and the health and safety of our children without first reducing substance abuse and tobacco use in our culture. Tobacco use is the single most preventable cause of death and disease in the US and claims more than 480,000 lives each year (up from 440,000 in 2011). More than 16 million Americans live with a smoking-related disease. In addition, tobacco use costs the US \$170 billion annually (down from \$193 billion in 2011) in direct medical expenses and lost productivity.

The percentage of adults that smoke in Bossier Parish has decreased from 27.6% to 21.3%, while the percentage in Caddo Parish has increased from 21.5% to 23.4%. Currently, both parishes show lower percentages than the state (24.0%). The Healthy People 2020 program has set a target of 12% of people that smoke tobacco.

According to the CDC, drinking alcohol provides additional health concerns and excessive alcohol has led to approximately 88,000 deaths and 2.5 million years of potential life lost each year in the country from 2006-2010. Bossier Parish has seen an increase in excessive drinking from 16.3% to 19.6%, similar to the increase in Caddo Parish from 12.5% to 16.9%, both are in line with the state percentage (17.7%). These percentages can impact the percentage of alcohol-impaired driving deaths in Bossier Parish of 20.6% and Caddo Parish of 25.6%, both of which are lower than the state percentage of 32.2%. Finally, the drug overdose mortality rates for Bossier Parish (7.5 per 100,000) and Caddo Parish (7.7 per 100,000) remain lower than the state (15.5 per 100,000).

SUMMARY OF DATA ASSESSMENT

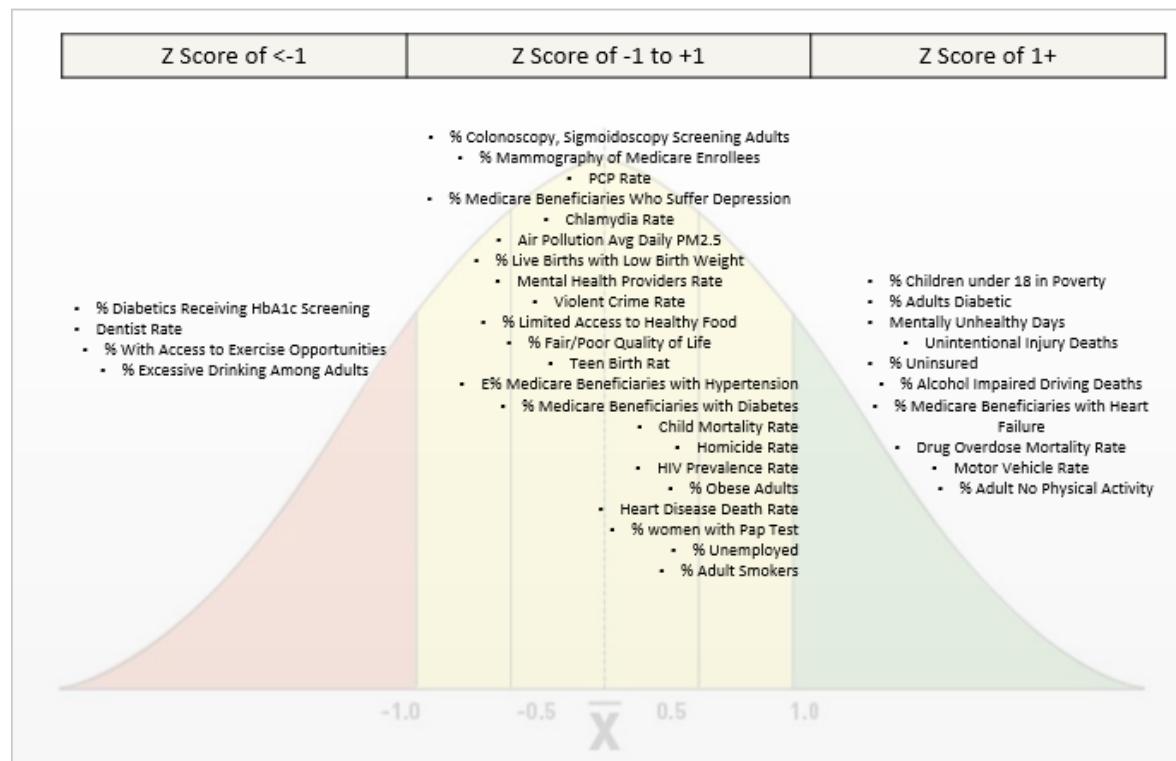
The data assessment phase identified areas where indicators met or exceeded national, state, and/or local standards, and in contrast, areas of particular concern.

The analysis contains approximately 50 indicators in 12 topic areas from various sources. These indicators are expressed in rates, percentages, and other metrics. In order for us to analyze each metric, it is necessary for these different values to be standardized to a common value. The data is presented at a county level as it relates to other counties within that specific state. The “standard value” in this case is the mean value of the counties in that state.

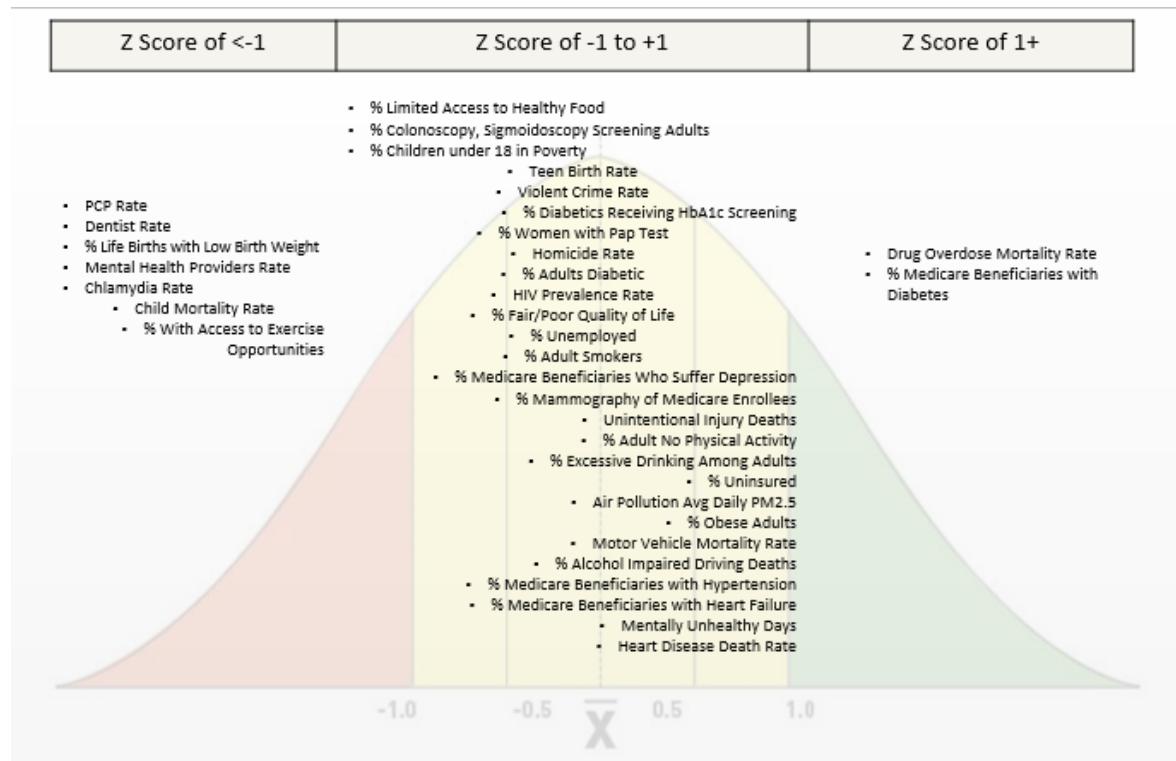
This mean value of the counties (standard score of 0) is used within a particular state to arrive at an estimate of standard deviation (measure of spread). Counties that score within 1 standard deviation of the mean of the county scores are said to have a moderate score for that indicator. Those that exceed +1 are said to have a strong score in the indicator and in contrast, those that score below -1 are said to have a weak score for that indicator.

As illustrated in the graphic, the majority of counties will fall in the middle section, while those weak and strong performers will fall within the tails of the bell curve.

Bossier Parish



Caddo Parish





COMMUNITY INPUT FINDINGS

Subsequent to the secondary data assessment using Healthy People 2020 framework, the Community Needs Assessment Steering Committee facilitated an interviews and utilized an online survey tool with key community partners, including representatives of local health organizations, local employers and community organizations. The interviews were between 30 – 45 minutes each and consisted of at least 6 questions that asked for input around

community health issues such as the most important health concern and biggest barriers in the community, Bossier and Caddo Parishes' health concerns and possible improvement and collaboration opportunities, and a few questions to help identify the organization or individual interviewed.

Key questions are highlighted below with the key summary points:

- The most important health issue(s) facing the communities include diabetes, heart disease / hypertension, obesity and access points.
- The most significant barriers to addressing the health-related issues in the communities are insurance coverage, access points, awareness and education, and transportation.
- The most preventable and easiest to impact health-related issues identified were access points, healthy food options, asthma and health education.
- In the communities there were underserved groups that were identified, and included low income, underinsured, undocumented immigrants and the elderly. The interviews suggested opportunities for improvement in care for underserved groups in the community, particularly tied to insurance coverage and ability to pay for services.
- Through the interviews, opportunities for Willis-Knighton to collaborate with community organizations to better serve the healthcare needs of the community included, LSU Health, shifting focus to prevention services, family / nurse partnerships and early childhood education. The interviews emphasized that there still remains significant opportunity to strengthen non-traditional organizational partnerships in the community, including schools and the food bank.

The interviews and community input revealed two key considerations:

- Access, including physical locations to seek care and insurance coverage to pay for care
- Health Education to target specific communities, leveraging non-traditional partnerships and educating the population on healthy lifestyle choices

Additionally, the interviews and community input revealed two key themes:

- Improving community health with growing challenges
- Optimizing organizational partnerships



PRIORITIZATION OF NEEDS: IDENTIFIED BY DATA AND INPUT

By analyzing and combining perceived (by community) and reported (secondary) data, a number of community health issues surfaced.

There were three types of issues identified as the community input was overlaid with the secondary data assessment.

- Reported and Perceived-** Data assessment showed a need for improvement and the need was also mentioned as a concern during community input
- Not Reported, Perceived-** Data assessment did not uncover an issue, however, the community “perceived” this issue as a health priority.
- Reported, Not Perceived-** Data assessment showed a need for improvement, however, those interviewed did not “perceive” an area of concern.

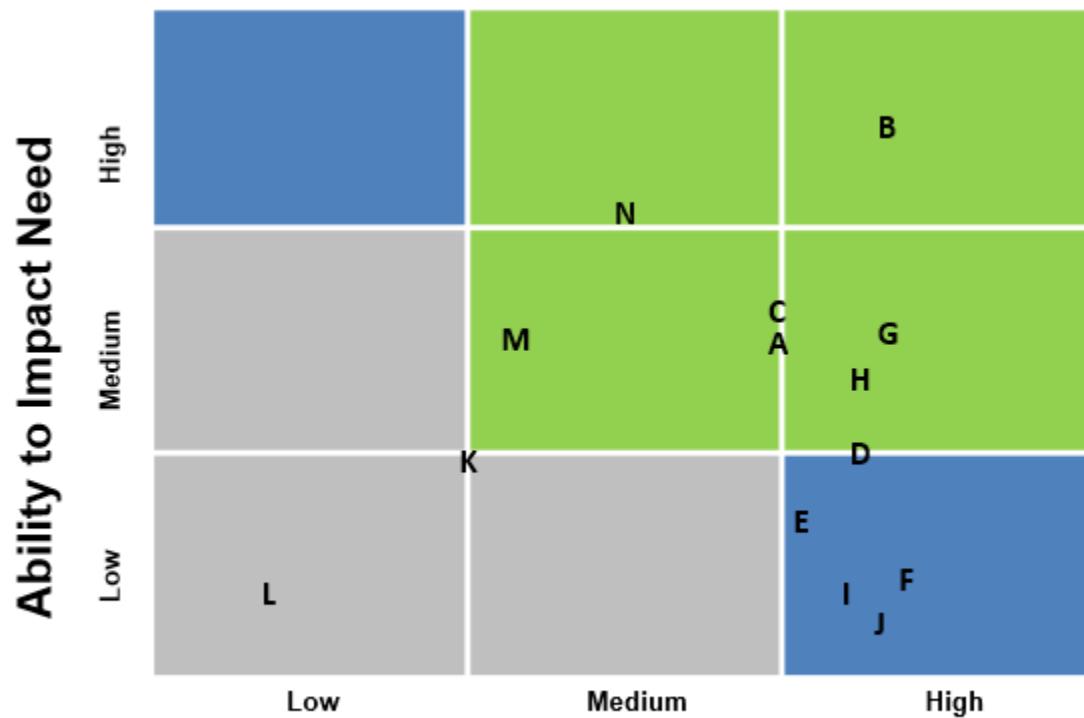
Perceived and Reported	<ul style="list-style-type: none"> Mental health Poverty (children, everyone) Obesity Physical inactivity Access to PCP Access to Mental Health Diabetes Aging population
Perceived but Not Reported	<ul style="list-style-type: none"> Heart disease Access points Healthy food options Asthma Undocumented immigrants
Reported but Not Perceived	<ul style="list-style-type: none"> % of Live Births with Low Birthweight Violent Crime Adults that smoke Excessive drinking STI (Chlamydia, HIV) Preventative screenings (pap, mammography) Average daily air pollution density Cancer (colon, rectum)

A prioritization session was held with members of the Community Needs Assessment Steering Committee and once the above issues/needs were discussed, they were then organized and grouped together in categories. The below chart demonstrates the top 14 health needs that were selected by the Community Needs Assessment Steering Committee as well two dimensions per Community Health Need – Ability to Impact and Significance of Health Need.

	Community Health Need	Ability to Impact (1-5, 5 high)	Significance of Health Need (1-5, 5 high)
A	Obesity	3	4
B	Access	4.5	4
C	Mental Health	3	4
D	Smoking	2	4
E	Sexual Health	2	4
F	Violent Crime	1	4
G	Healthy Food	3	4
H	Diabetes	3	4
I	Aging	1	4
J	Poverty	1	4
K	Excessive Drinking	2	2.5
L	Air Pollution	1	1.5
M	Low Birth Rate	3	2
N	Screening	4	3

This session resulted in the development of a “Prioritization Grid”. The axes of the grid display the significance of the community need and WKHS’s ability to impact that need. This process identified priority health issues for Bossier Parish and Caddo Parish that WKHS feels it has an ability to impact at certain levels.

2016 PRIORITIZATION GRID



From this prioritization grid, the Steering Committee was able to identify those needs that would be included in the implementation strategy. In accordance with Treasury Regulation 1.501(r)-3(c) (3), the Committee also identified which needs would not be addressed in the implementation strategy and why. Those needs that are important but will not be addressed by WKHS due to limited ability to impact include:

- Aging
- Air Pollution
- Excessive Drinking
- Healthy Food
- Low Birth Weight
- Poverty
- Sexual Health
- Smoking
- Violent Crime

Based on the secondary quantitative data, community input, the needs evaluation process, and the prioritization of these needs, the following issues have been chosen for implementation.

- Access
- Diabetes
- Mental Health
- Obesity
- Screenings

WKHS's Community Needs Assessment Steering Committee will develop the implementation strategies for each health priority identified above. This Implementation Plan will be rolled out over the next three years. The team will work with community partners and health issue experts on the following for each of the approaches to addressing health needs listed:

- Identify what other local organizations are doing to address the health priority
- Develop support and participation for these approaches to address health needs
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Develop detailed work plans

The team will then develop a monitoring method at the conclusion of the Implementation Plan to provide status and results of these efforts to improve community health. WKHS is committed to conducting another health needs assessment in three years.

When creating the Implementation Plan, the WKHS Community Health Needs Assessment will utilize the chart in the appendix, which demonstrates the needs selected in their previous CHNA as well as the progress achieved on the implementation strategies to date.

In addition, WKHS will continue to play a leading role in addressing the health needs of those within their community, with a special focus on the underserved. As such, community benefit planning is integrated into their Hospital's annual planning and budgeting processes to ensure they continue to effectively support community benefits.

APPENDIX A- DATA SOURCES USED

2003-2005	2006-2007	2008	2009	2010	2011	2012	2016	2017	2020
Peer County Rankings	National Center for Education Statistics Medicare Claims/ Dartmouth Atlas USDA Food Environmental Atlas CDC- Environmental Protection Agency (EPA)	Health Indicators Warehouse National Center for Health Statistics (NCHS) Health Resources & Services Administration (HRSA)	Behavioral Risk Factors Health Indicators Warehouse CHSI Small Area Health Insurance Estimates (SAHIE)	Health Indicators Warehouse County Health Rankings TRUVEN Health Analytics Medstat	Health Indicators Warehouse County Health Rankings	Nielsen Claritas Physician Lists - Infogroup Outpatient Locations - Infogroup	TRUVEN Health Analytics MD Needs TRUVEN Health Analytics OB Projections Advisory Board IP and OP Estimates	Nielsen Claritas US Census Bureau TRUVEN Health Analytics Projections	Healthy People 2020 Advisory Board IP and OP Estimates

APPENDIX B – WILLIS-KNIGHTON BOSSIER

2013 CHNA IMPLEMENTATION PLANS PROGRESS

2013 Strategies	2013 CHNA Action Steps	Evaluation Impact
1. Access to Primary and Specialty Care	Recruit Additional PCP and Enhance Capabilities	Willis-Knighton Bossier has added several internal medicine physicians and/or hospitalists since 2013. Additionally, 7 pediatricians were added in clinics located throughout the parish. Four physicians are board certified in pediatrics and internal medicine. Additionally, one family medicine practitioner has been added on the W Bossier campus.
	Ensure Access to Physicians Accepting Medicare and Medicaid	At least 4 of the physicians added to the WK network, practicing in Bossier Parish, readily accept Medicaid. Nearly all providers accept Medicare.
	Enhance After Hours Urgent Care	Urgent care hours were increased to 12 hours each day, seven days per week (7 am to 7 pm). The WK Bossier campus features an easily accessible urgent care center.
	Consider Special Populations	WKHS has expanded its uncompensated, uninsured/underinsured patient population since 2013. Uncompensated costs of care have risen more than 20% since FY 2013.
2. Access to Mental Health Services	Ensure Overall Access to Mental and Behavioral Health Services	WK Bossier Emergency and affiliated network clinics may refer to WKHS Behavioral Medicine and Rehabilitation Services, consolidated at the WK Rehabilitation Institute. WK's Behavioral Medicine program provides internship placements and training for behavioral medicine students free of charge.
	Enhance Services Specifically for Substance Abuse Treatment	WK's Behavioral Medicine program supports the Council on Alcoholism and Drug Abuse (local non-profit) financially, in-kind and through joint programmatic programming. WK began an Intensive Outpatient Recovery Program (IOP free care program) and expanded the psychiatric consult team (increased access without regard to payer type).
	Increase Access to Psychiatrists and Related Providers	Since September of 2013, the WK network has added 3 psychiatrists and is currently evaluating the potential use of telehealth in near future.
	Ensure Access to Mental Health Providers Accepting Medicare and Medicaid	Since 2013 WKHS has 3 hired physician extenders, nearly all providers except Medicare and Medicaid.
	Other: Continue to Sponsor Employee Assistance Program	Access requirements have not changed, the program is still offered to all employees.
3. Fragmented Continuum of Care	Enhance Communication Among Providers	WK has conducted a Clinical Integration Network preparedness analysis using contracted professionals. The project/CIN evaluation is ongoing.
	Continue and Improve Medical Record Sharing	WK is implementing Sorian EHR. All facilities are scheduled to go online in 2017.
	Improve Transitioning from One Care Setting to the Next	WK has initiated Lean Team and Six Sigma based efforts to improve patient transitions and work flows in the emergency departments, operating rooms, sterile processing, pre-registration and admitting, improving efficiency and enhancing patient experiences.
	Other: Continue to Support Senior Living Community (The Oaks of Louisiana)	WKHS has continued the operation of The Oaks of Louisiana, a premier senior living campus featuring skilled nursing beds, assisted living and independent living apartments.
4. Natality and Maternal		N/A
		N/A
5. Patient Education and Preventative Care	Increase Education about Available Resources	WKHS has enhanced publication and media distribution of free and low-cost public education services and programmatic scheduling.
	Promote Preventative Care to Specific Populations, such as the Under/Uninsured	Several WK-affiliated clinics in Bossier Parish readily accept Medicaid and underinsured patients. These clinics often sponsor patient education programming.
	Other: Partner with Hospitals in System to Offer Support Groups	WK Bossier hosts the following community support groups: tobacco treatment and cessation classes, Heart to Heart Women's Cardiovascular Support Group and joint replacement support groups.
6. Unhealthy Lifestyle	Address Heart Disease, Stroke, Diabetes, Obesity and Communicable Diseases	WK Bossier hosts diabetes prevention classes and sodium dietary awareness classes.
	Other: Continue to Employ Registered Dietitian and Certified Health Counselor	These offerings have continued.

APPENDIX C – WILLIS-KNIGHTON SOUTH

2013 CHNA IMPLEMENTATION PLANS PROGRESS

2013 Strategies	2013 CHNA Action Steps	Evaluation Impact
1. Access to Primary and Specialty Care	Recruit Additional PCP and Enhance Capabilities	WK South added 6 new primary care physicians since FY 2014. Women's and children's services have greatly expanded.
	Ensure Access to Physicians Accepting Medicare and Medicaid	The WKS campus has added one large OB/GYN clinic dedicated to providing women's health services, pre and postnatal services for all payer classes. Nearly all clinics and service lines accept Medicare patients.
	Enhance After Hours Urgent Care	Urgent care hours were increased to 12 hours each day, seven days per week (7am to 7 pm). The WK South campus features an easily accessible urgent care center.
	Consider Special Populations	WK South has undergone a nearly complete, massive expansion of NICU, PICU and women's health service lines. WK South is currently the only hospital in the region to provide full service pediatric specialty care. WKHS has expanded its uncompensated, uninsured/underinsured patient population since 2013. Uncompensated costs of care have risen more than 20% since FY 2013.
2. Access to Mental Health Services	Ensure Overall Access to Mental and Behavioral Health Services	WK Bossier Emergency and affiliated network clinics may refer to WKHS Behavioral Medicine and Rehabilitation Services, consolidated at the WK Rehabilitation Institute. WK's Behavioral Medicine program provides internship placements and training for behavioral medicine students free of charge.
	Enhance Services Specifically for Substance Abuse Treatment	WK's Behavioral Medicine program supports the Council on Alcoholism and Drug Abuse (local non-profit) financially, in-kind and through joint programmatic programming. WK began an Intensive Outpatient Recovery Program (IOP free care program) and expanded the psychiatric consult team (increased access without regard to payer type).
	Increase Access to Psychiatrists and Related Providers	Since September of 2013, the WK network has added 3 psychiatrists and is currently evaluating the potential use of telehealth in near future.
	Ensure Access to Mental Health Providers Accepting Medicare and Medicaid	Since 2013 WKHS has 3 hired physician extenders, nearly all providers except Medicare and Medicaid.
3. Fragmented Continuum of Care	Enhance Communication Among Providers	WK has conducted a Clinical Integration Network preparedness analysis using contracted professionals. The project/CIN evaluation is ongoing.
	Continue and Improve Medical Record Sharing	WK is implementing Sorian EHR. All facilities are scheduled to go online in 2017.
	Improve Transitioning from One Care Setting to the Next	WK has initiated Lean Team and Six Sigma based efforts to improve patient transitions and work flows in the emergency departments, operating rooms, sterile processing, pre-registration and admitting, improving efficiency and enhancing patient experiences.
4. Natology and Maternal Health Issues	Address low Birth Weight Birth, Pre-term Births, Infant Mortality and Teen Pregnancy	WK South provides the region's only full service pediatric care center including, PICU, NICU and a variety of women's and children's specialty services.
	Other: Offer maternal-fetal care services, pregnancy-related diabetes & nutrition services and pregnancy-related physical therapy	WK South hosts a variety of classes and support groups targeting childbirth preparation, mother-to-be wellness initiatives, childbirth preparation classes, childbirth preparation classes for teens, mother/baby yoga, newborn care education classes and fit pregnancy classes.
5. Patient Education and Preventive Care	Increase Education about Available Resources	WKHS has enhanced publication and media distribution of free and low-cost public education services and programmatic scheduling.
	Promote Preventive Care to Specific Populations, such as Under/Uninsured	Several WK-affiliated clinics in Caddo Parish, including some located on the campus of WK South, readily accept Medicaid and underinsured patients. These clinics often sponsor patient education programming.
	Other: offer support groups in partnership with other hospitals in the system	WK South hosts the following community support groups: tobacco treatment and cessation classes, Growing up for Girls/Boys.
6. Unhealthy Lifestyles	Address Heart Disease, Stroke, Diabetes, Obesity and Communicable Diseases	WK Women of Wellness events, often hosted by WK South's Center for Women's Health, typically address lifestyle choices, healthy eating, obesity and disease issues.

APPENDIX D – WILLIS-KNIGHTON PIERREMONT 2013 CHNA IMPLEMENTATION PLANS PROGRESS

2013 Strategies	2013 CHNA Action Steps	Evaluation Impact
1. Access to Primary and Specialty Care	Recruit Additional PCP and Enhance Capabilities	WK Pierremont added 4 new primary care physicians since FY 2014. Family medical practice, internal medicine and OB/GYN practices have expanded and added physician extenders.
	Ensure Access to Physicians Accepting Medicare and	Many WK providers readily accept Medicaid. Nearly all providers accept Medicare.
	Enhance After Hours Urgent Care	Urgent care hours were increased to 12 hours each day, seven days per week (7 am to 7 pm). One WK urgent care clinic is located very near the WK Pierremont campus.
	Consider Special Populations	WKHS has expanded its uncompensated, uninsured/underinsured patient population since 2013. Uncompensated costs of care have risen more than 20% since FY 2013.
2. Access to Mental Health Services	Avoid unnecessary and improper duplication of services	WK behavioral health and addiction recovery services have been consolidated on one independent campus, the WK Rehabilitation Institute, where providers and clinical staff specialize in their fields.
3. Fragmented Continuum of Care	Enhance Communication Among Providers	WK has conducted a Clinical Integration Network preparedness analysis using contracted professionals. The project/CIN evaluation is ongoing.
	Continue and Improve Medical Record Sharing	WK is implementing Sorian EHR. All facilities are scheduled to go online in 2017.
	Improve Transitioning from One Care Setting to the Next	WK has initiated Lean Team and Six Sigma based efforts to improve patient transitions and work flows in the emergency departments, operating rooms, sterile processing, pre-registration and admitting, improving efficiency and enhancing patient experiences.
4. Natality and Maternal Health Issues	Address low Birth Weight Birth, Pre-term Births, Infant Mortality and Teen Pregnancy	WK Pierremont participates in March of Dimes initiatives (low birth weight) and hosts March of Dimes events (such as the Healthy Babies are Worth the Wait initiative), patient education on early elective deliveries, prevention of low birthweight, safe sleep.
	Other: Offer maternal-fetal care services, pregnancy-related diabetes & nutrition services and pregnancy-related physical therapy	WK Pierremont is a major birthing center for the region and offers maternal-fetal care services, pregnancy-related diabetes & nutrition services and pregnancy-related physical therapy.
5. Patient Education and Preventive Care	Increase Education about Available Resources	WKHS has enhanced publication and media distribution of free and low-cost public education services and programmatic scheduling.
	Promote Preventive Care to Specific Populations, such as Under/Uninsured	Several WK-affiliated clinics in Caddo Parish readily accept Medicaid and underinsured patients. These clinics often sponsor patient education programming.
	Other: offer support groups in partnership with other	WK Pierremont hosts joint replacement informational camps.
6. Unhealthy Lifestyles	Address Heart Disease, Stroke, Diabetes, Obesity and Communicable Diseases	WK Pierremont hosts diabetes prevention classes, sodium dietary awareness classes and tobacco treatment and cessation classes.

APPENDIX E – WILLIS-KNIGHTON MEDICAL CENTER

2013 CHNA IMPLEMENTATION PLANS PROGRESS

2013 Strategies	2013 CHNA Action Steps	Evaluation Impact
1. Access to Primary and Specialty Care	Recruit Additional PCP and Enhance Capabilities	WK Medical Center has added more than a dozen internal medicine practitioners, including hospitalists, since FY 2014.
	Ensure Access to Physicians Accepting Medicare and Medicaid	WK Medical Center provides the most indigent and Medicaid patient care in the WK Health System. Nearly all providers and service lines accept Medicare.
	Enhance After Hours Urgent Care	System-wide WK urgent care hours were increased to 12 hours each day, seven days per week (7 am to 7 pm).
	Consider Special Populations	WK Medical Center specializes in cancer and cardiovascular care. Further, WKHS has expanded its uncompensated, uninsured/underinsured patient population since 2013. Uncompensated costs of care have risen more than 20% since FY 2013. Much of that increase has been incurred at WKMC.
2. Access to Mental Health Services	Ensure Overall Access to Mental and Behavioral Health Services	WK Bossier Emergency and affiliated network clinics may refer to WKHS Behavioral Medicine and Rehabilitation Services, consolidated at the WK Rehabilitation Institute. WK's Behavioral Medicine program provides internship placements and training for behavioral medicine students free of charge.
	Enhance Services Specifically for Substance Abuse Treatment	WK's Behavioral Medicine program supports the Council on Alcoholism and Drug Abuse (local non-profit) financially, in-kind and through joint programmatic programming. WK began an Intensive Outpatient Recovery Program (IOP free care program) and expanded the psychiatric consult team (increased access without regard to payer type).
	Increase Access to Psychiatrists and Related Providers	Since September of 2013, the WK network has added 3 psychiatrists and is currently evaluating the potential use of telehealth in near future.
	Ensure Access to Mental Health Providers Accepting Medicare and Medicaid	Since 2013 WKHS has 3 hired physician extenders, nearly all providers except Medicare and Medicaid.
	Other Strategies: sponsorship of an Employee Assistance Program	Access requirements have not changed, the program is still offered to all employees.
3. Fragmented Continuum of Care	Enhance Communication Among Providers	WK has conducted a Clinical Integration Network preparedness analysis using contracted professionals. The project/CIN evaluation is ongoing.
	Continue and Improve Medical Record Sharing	WK is implementing Sorian EHR. All facilities are scheduled to go online in 2017.
	Improve Transitioning from one Care Setting to the Next	WK has initiated Lean Team and Six Sigma based efforts to improve patient transitions and work flows in the emergency departments, operating rooms, sterile processing, pre-registration and admitting, improving efficiency and enhancing patient experiences.
	Other: Continue to Support Senior Living Community (The Oaks of Louisiana)	WKHS has continued the operation of The Oaks of Louisiana, a premier senior living campus featuring skilled nursing beds, assisted living and independent living apartments.
4. Natality and Maternal Health Issues		N/A
		N/A
		N/A
5. Patient Education and Preventive Care	Increase Education about Available Resources	WKHS has enhanced publication and media distribution of free and low-cost public education services and programmatic scheduling.
	Promote Preventive Care to Specific Populations, such as the Under/Uninsured	Several WK-affiliated clinics in Bossier Parish readily accept Medicaid and underinsured patients. These clinics often sponsor patient education programming.
	Other Strategies: support groups	WKMC hosts the following support groups: Coping with Cancer, General Cancer Support Group, Heart to Heart: Women's Cardiovascular Support Group, Look Good Feel Better, Men to Men: Support Group for Men with Cancer, Multiple Sclerosis Support Group, Parkinson's Support Group, Stroke Support Group, Woman to Woman: Coping with Cancer.
6. Unhealthy Lifestyles	Address Heart Disease, Stroke, Diabetes, Obesity and Communicable Diseases	WKMC hosts the health system's tobacco treatment clinic and provides much off the administrative and educational support for WK Project Neighborhealth initiatives.