



# Community Health Needs Assessment (CHNA)

---

October 2025



**Springhill, Louisiana**

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# EXECUTIVE SUMMARY

A **comprehensive, community health needs assessment (“CHNA”)** was conducted for Springhill Medical Center (SMC) September & October 2025 by Senior Leadership of Springhill Medical Center. This CHNA utilizes relevant health data and stakeholder input to identify the significant community health needs in Springhill, Louisiana.

The CHNA Team, consisting of leadership from SMC, met with members of the community to review the research findings and prioritize the community health needs. Five significant community health needs were identified by assessing the prevalence of the issues identified from the health data findings combined with the frequency and severity of mentions in community input.

The CHNA group participated in a prioritization process to decide the community health needs based on three characteristics: size and prevalence of the issue, effectiveness of interventions and the hospital’s capacity to address the need. Once this prioritization process was complete, the hospital leadership voted on what needs to address and decided to address four of the five prioritized needs in various capacities through a hospital specific implementation plan.

**The five most significant needs, as discussed during the meetings, are listed below:**

- Access to Mental and Behavioral Health Care Services and Providers
- Continued Recruitment & Retention of Providers and Specialists
- Increased Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities Among Specific Populations
- Prevention, Education and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions and Unhealthy Lifestyles
- Access to Dental Care Services and Providers

While SMC acknowledges that this is a significant need in the community, **“Access to Dental Care Services and Providers”** is not addressed largely due to the limited capacity of the hospital to address this need. SMC will continue to support local organizations and efforts to address this need in the community.

SMC leadership has developed an implementation plan to identify specific activities and services which directly address the remaining priorities. The objectives were identified by studying the prioritized health needs, within the context of the hospital’s overall strategic plan and the availability of resources. The plan includes a rationale for each priority, followed by objectives, specific implementation activities, responsible leaders, annual status and progress updates (as appropriate).

The SMC Board was presented with the 2025 Community Health Needs Assessment and Implementation Plan report on October 29, 2025.

# PRIORITIES

## Priority #1: Access to Mental and Behavioral Health Care Services and Providers

Data indicates that residents of Webster Parish face significant barriers to accessing mental and behavioral health care. The parish has a ratio of **1.960 residents per mental health care provider**, which is **below both the state and national averages**. This shortage officially designates Webster Parish as a **Federally Designated Mental Health Professional Shortage Area**.

During CHNA committee meetings, stakeholders consistently emphasized the need for increased availability of mental health professionals—including **therapists, counselors, and licensed social workers**. The limited access was attributed to several recurring challenges:

- **Long wait times** for appointments
- **Affordability and insurance coverage barriers**
- **A limited local workforce and few provider options**

In addition to access concerns, committee members highlighted the growing impact of **substance misuse and abuse**, particularly among **youth populations**. Substance-related issues were frequently cited as contributing to broader mental and behavioral health challenges in the community, compounding the need for early intervention, prevention, and expanded treatment services.

This priority reflects both the **quantitative data** and the **qualitative urgency** expressed by community members. Addressing this need will require a multi-faceted approach, including provider recruitment, expanded service models, and partnerships with regional behavioral health organizations.

## Priority #2: Continued Recruitment & Retention of Healthcare Workforce

Webster Parish falls below both the state and national averages in terms of residents having a personal physician, suggesting reduced continuity of care and fewer established patient-provider relationships.

This gap is further underscored by the parish's designation as a **Health Professional Shortage Area (HPSA)** for both **primary care** and **mental health services**, as defined by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA).

Survey responses and stakeholder input consistently emphasized the need for **recruitment and retention of healthcare professionals** across multiple disciplines. Specific areas of concern included:

- **Primary care physicians**
- **Mental and behavioral health providers**
- **Specialty care providers**, such as ENT, podiatry, and others

While Springhill Medical Center has made notable efforts to improve access to primary care and mental health services—including the addition of new providers—challenges remain. The most frequently cited issue was the **limited availability of specialty providers**, which continues to impact timely access to care and referral coordination.

# PRIORITIES

Committee members expressed appreciation for Springhill Medical Center’s ongoing efforts to improve access to specialty care, including recruitment initiatives and coordination to help patients see specialists. Despite these efforts, the shortage of local specialty providers remains a significant concern. Specific specialties identified as high-need include: **Orthopedics, Local Dialysis options, Dermatology, Pulmonology.**

The lack of availability in these areas has contributed to the **outmigration of patients to Shreveport and Bossier City**, where specialty services are more readily accessible. This trend not only places a burden on patients—especially those with transportation or financial limitations—but also underscores the need for strategic partnerships, visiting specialist programs, and long-term recruitment planning. Addressing specialty care access is essential to improving continuity of care, reducing travel-related barriers, and strengthening the overall healthcare infrastructure in Springhill and Webster Parish.

This priority reflects both the **quantitative data** and the **qualitative urgency** expressed by community members. Addressing this need will require strategic recruitment initiatives, retention incentives, and partnerships with regional health systems and academic institutions to build a sustainable workforce pipeline for Webster Parish.

Committee members discussed the growing demand for **additional dental services** in Webster Parish and how this need is contributing to the **outmigration of patients to Shreveport and Bossier City**, where more comprehensive dental care is available. While a few private practice dental offices operate locally, they are limited in capacity and scope, particularly when it comes to complex procedures and specialty care.

A recurring concern was the **difficulty Medicaid and Medicare patients face in accessing dental services**. Many providers do not accept **Medicaid and Medicare does not include dental coverage**, leaving a significant portion of the population—especially the elderly—without affordable options. As one committee member noted, “Most of them don’t see the dentist,” underscoring the gap in preventive and restorative oral health care for seniors.

This issue is particularly urgent for older adults, who often face compounded health risks due to untreated dental conditions. Despite being identified as one of the top five community health needs, **Springhill Medical Center does not currently address dental care directly**, as it falls outside the hospital’s core business functions. However, SMC remains committed to **supporting local organizations and initiatives** that aim to expand dental access in the community.

## **Priority #3: Increased Emphasis on Addressing Social Determinants of Health to Reduce Health Disparities Among Specific Population**

Data suggests that some residents in the study area face significant cost barriers when accessing the healthcare system. Webster Parish has higher unemployment rates than the state and Springhill, Louisiana is higher than both the state and parish.

# PRIORITIES

Webster Parish also has a higher percentage of families and children living below poverty than the state, with Springhill, LA having higher than both state and parish. Additionally, Webster Parish has a lower median household income than the state, and higher overall child food insecurity rates, higher rates of Supplemental Nutrition Assistance Program (SNAP) recipients. **Springhill's SNAP participation rate is nearly double the state average**, reflecting high levels of economic hardship and food insecurity. Webster Parish also exceeds the statewide rate, reinforcing the need for targeted support services and outreach. These figures align with elevated poverty and unemployment rates in the region.

When asked about which specific groups are at risk for inadequate care, committee members spoke about the elderly, teenagers/adolescents, low income, racial/ethnic. With regards to the elderly population, an increasing need for specialty physicians, transportation barriers, depression, Alzheimer's disease and dementia.

With the teenagers/adolescent population, committee members mentioned obesity and physical inactivity, a need more mental and behavioral health services, and a need to decrease the stigma associated with mental and behavioral health, depression and suicide, as well as alcohol and substance misuse/abuse. Low income residents were discussed as being disproportionately challenged by a need for awareness of programs in the community, insurance/affordability of services, access to healthcare, transportation barriers, alcohol and substance misuse/abuse.

Racial/ethnic groups were discussed as facing transportation issues, particularly African Americans, cultural practices leading to potential barriers like mistrust and generational knowledge, access to health services, particularly for individuals living in depressed areas, depression and suicide as well as alcohol and substance misuse/abuse.

The homeless population was not discussed by committee members. The homeless is a growing population and a group that has an increasing demand for health services, transportation barriers, and a need for affordable and available shelter/housing options.

According to the **2025 Distressed Communities Index (DCI)** by the Economic Innovation Group: **Webster Parish** is classified as “**distressed**”, placing it in the **bottom quintile (bottom 20%)** of U.S. counties for economic well-being. **Springhill, LA**, based on ZIP code-level data (71075), ranks as one of the **most economically distressed communities in Louisiana**, with high poverty rates, low median income, and elevated unemployment.

Springhill and Webster Parish score poorly across multiple indicators, particularly:

- **High poverty and SNAP participation**
- **Low median household income**
- **Above-average unemployment**
- **Limited access to healthcare and specialty services**

# PRIORITIES

These conditions contribute to **health disparities among specific populations**, including low-income families, seniors, and uninsured residents. Addressing these social determinants of health is essential to improving outcomes, reducing barriers to care, and building a healthier, more resilient community.

## **Priority #4: Prevention, Education, and Services to Address High Mortality Rates, Chronic Diseases, Preventable Conditions, and Unhealthy Lifestyles**

Springhill, LA and Webster Parish face elevated rates of chronic disease, preventable conditions, and premature mortality—driven in part by persistent unhealthy behaviors and limited access to preventive care. Data reveals that both the city and parish exceed state and national averages in key health indicators, including: (From County Rankings)

- **Smoking:** 24.9% of adults in Webster Parish smoke, nearly 15.7% above the national average
- **Physical Inactivity:** 26.2% report no leisure-time physical activity
- **Poor/Fair Health Status:** 26% of adults rate their health as poor or fair
- **Life Expectancy:** 70.9 years in Webster Parish, nearly 5 years below the national average
- **Teen Birth Rate:** 35.1 per 1,000—significantly above state and national benchmarks
- **Low Birth Weight:** 13.1% of births, indicating maternal health challenges
- **Heart Disease Prevalence:** 7.5%, above state and national averages
- **Frequent Mental Distress:** 21.8%, reflecting compounding behavioral health burdens
- **COVID/Flu/Pneumonia Mortality:** 134.3 deaths per 100,000—well above state and national rates

Webster Parish demonstrates higher prevalence rates of chronic conditions compared to state averages, including elevated rates of **adult diabetes, arthritis, and high blood pressure**. The parish also reports **significantly higher percentages of residents engaging in unhealthy lifestyle behaviors**, such as **physical inactivity** and **binge drinking**, both of which contribute to poor health outcomes and increased healthcare utilization.

In the area of **maternal and child health**, Webster Parish has a **higher rate of women receiving inadequate prenatal care** than the state, which can lead to complications during pregnancy and long-term health risks for both mothers and infants. These disparities underscore the need for targeted prevention, education, and outreach efforts to reduce chronic disease, improve maternal health, and promote healthier lifestyles across Webster Parish.

These outcomes are closely tied to social determinants of health, including poverty, food insecurity, low educational attainment, and limited access to primary and specialty care. Springhill, in particular, ranks among the **most economically distressed communities in Louisiana**, with high rates of SNAP participation, low median income, and elevated unemployment.

Committee members emphasized the need for:

- **Community-based education and prevention programs**
- **Expanded access to screenings, wellness services, and chronic disease management**

## PRIORITIES

- **Culturally competent outreach targeting youth, seniors, and uninsured populations**
- **Collaborative efforts between Springhill Medical Center, local clinics, schools, and nonprofits**

This priority reflects both the **quantitative health data** and the **qualitative urgency** expressed by residents and stakeholders. Addressing these challenges will require sustained investment in prevention, education, and wraparound services to reduce disparities and improve long-term health outcomes.

## PROCESS & METHODOLOGY

### *Background & Objectives*

This CHNA is designed in accordance with CHNA requirements identified in the Patient Protection and Affordable Care Act and further addressed in the Internal Revenue Service final regulations released on December 29, 2014.

- **The objectives of the CHNA are to:**
    - Meet federal government and regulatory requirements
    - Research and report on the demographics and health status of the study area, including a review of state and local data
    - Gather input, data and opinions from persons who represent the broad interest of the community
    - Analyze the quantitative and qualitative data gathered and communicate results via a final comprehensive report on the needs of the communities served by SHS
    - Document the progress of previous implementation plan activities
    - Prioritize the needs of the community served by the hospital
    - Create an implementation plan that addresses the prioritized needs for the hospital
- 
- **The CHNA components include:**
    - A description of the process and methods used to conduct this CHNA, including a summary of data sources used in this report
    - A biography of SMC
    - A description of the hospital's defined study area
    - Definition and analysis of the communities served, including demographic and health data analyses
    - Findings from the Community Survey
    - A description of the progress and/or completion of community benefit activities documented in the previous implementation plan
    - The prioritized community needs and separate implementation plan, which intend to address the community needs identified
    - Documentation and rationalization of priorities not addressed by the implementation plan
    - A description of additional health services and resources available in the community

# PROCESS & METHODOLOGY

## *Methodology*

- **Springhill Medical Center** developed the essential data and resources necessary to initiate and complete the process, including the definition of the hospital’s study area and the identification of key community stakeholders to attend three (3) meetings.
- **Springhill Medical Center conducted the following research:**
  - A demographic analysis of the study area, utilizing data from several sources as listed in the this document.
  - Conducted three (3) in person meetings with individuals that have knowledge of the community and analyzed results.
  - The CHNA Team Consisted of the following:

Pete Johnson, CEO	Courtney Hash, Bonvenu Bank
Kristin Cole, CNO/COO	Kelly Davison, SMC
Brian Griffin, CFO	Melissa Simmons, SMC
Derek Melancon, HR/Marketing	Bailey Lonidier, Louisiana Homecare
Kindle Masters, HR Asst/Marketing	Rose Thomas Babers, Lee St
Dianne Blake, Marketing	Kathy Beene, Lee Street
Johnathan Goble, Summit Nursing Home	Tim Everet, Pastor
Lonnie More, Pastor	Stacey Tyler, Professional Home Health

- The methodology for each component of this study is summarized in the following section; in some cases, further methodological details are elaborated within the main body of the report.
- **SMC Biography**
  - Background information about SMC, mission, vision, values and services were provided by the hospital marketing department or taken from the hospital website.
- **Study Area Definition**
  - The study area for SMC is based on hospital statistical information and input from the senior staff.

# PROCESS & METHODOLOGY

- **Demographics of the Study Area**
  - Population demographics analyzed in this study include changes in population by race, ethnicity, and age; median household income trends; unemployment rates; and key economic indicators within the defined study area. These metrics provide insight into the social and economic conditions that shape community health and access to resources.
  - Primary data sources include, but are not limited to:
    - **U.S. Census Bureau** (including American Community Survey and Decennial Census data)
    - **U.S. Bureau of Labor Statistics** (for employment and economic trends)
- **Health Data Collection Process**
  - A variety of sources were utilized in the health data collection process
  - Sources are included in the index of this document
- **In Person Meeting / Data Collection**
  - SMC held three (3) meeting with key stakeholders in the community.
  - SMC conducted a online survey to collect data about the health of the community.
- **Evaluation of the Hospitals Impact**
  - This section provides an overview of the progress and completion status of community benefit activities outlined in the previous implementation plan. Springhill Medical Center (SMC) furnished the focus group with a information summarizing its efforts and outcomes since the last Community Health Needs Assessment (CHNA). This information included measurable advancements in priority areas, ongoing initiatives, and areas requiring continued attention. This evaluation serves to inform stakeholders of SMC's commitment to community health improvement and guides the development of future strategies.

## About Us

Springhill Medical Services, Inc. operates a comprehensive network of healthcare facilities serving the Springhill region, including:

- **Springhill Medical Center**
- **Doctors Clinic**
- **North Webster Medical Clinic**
- **Springhill Physical Therapy**

Together, these entities provide a robust continuum of care encompassing surgical services, emergency care, and a wide array of outpatient medical and wellness offerings. SMC's integrated approach ensures accessible, high-quality healthcare for residents across North Webster Parish and surrounding communities.

# HOSPITAL BIOGRAPHY

## *Mission, Vision and Values*

### MISSION

- Our mission is to provide **“Patient Centered Care From Our Family To Yours”**

### VISION

- Our vision is **"To be every patients first choice for healthcare excellence. We will adapt and expand services to create healthier communities."**

### VALUES

- **PATIENT FIRST**
- **INTEGRITY**
- **ACCESSIBLE**
- **ACCOUNTABLE**
- **RESPECT**
- **TEAMWORK**

### SERVICES

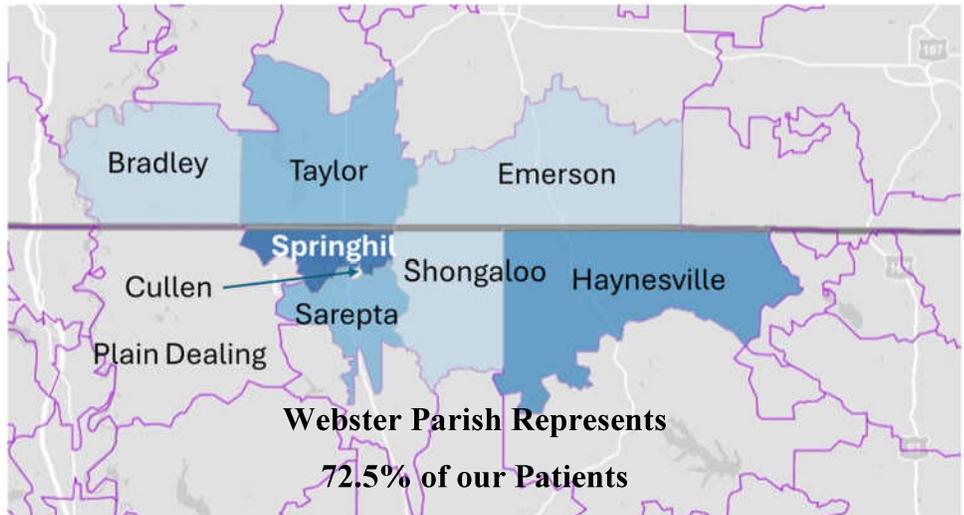
- Cardiology (Visiting Specialists)
- Diagnostic Imaging (MRI, CT, US, 3D Mammo, Bone Density)
- Discharge Planning
- Emergency Department
- Family Medicine / General Surgery
- Mental Health Services
- Senior Mental Health Unit
- Transportation Services
- Inpatient Medical / Surgical Care
- Laboratory
- Sleep Medicine / Respiratory Therapy
- Walk-in Clinic
- Outpatient Physical Therapy
- Outpatient Surgery
- Urology (Visiting Specialist)
- Withdrawal Services



## STUDY AREA

Where our patients come from

Springhill	71075	45.30%
Sarepta	71071	15.87%
Taylor	71861	7.79%
Cotton Valley	71018	6.59%
Shongaloo	71072	6.09%
Cullen	71021	4.74%
Taylor	71826	2.76%
Haynesville	71038	2.15%
Plain Dealing	71064	1.92%
Minden	71055	1%



## POPULATION HEALTH

### Projected 5-Year Population Growth

#### Springhill, LA

- **2025 Population Estimate:** 4,332 residents
- **Annual Decline Rate:** -1.99%
- **5-Year Projection:** If current trends persist, Springhill's population could fall to approximately 3,920 by 2030, representing a **9.5% decrease** over five years.

#### Webster Parish

- **2022 Population Estimate:** 36,761
- **Recent Decline:** Down from 39,631 in 2018, indicating a steady downward trend
- **Projected 2030 Estimate:** Based on historical data, Webster Parish may see a population near 34,000–35,000 by 2030, depending on migration, birth rates, and economic factors.

#### Louisiana

According to recent projections, Louisiana's population is expected to remain relatively stable, with only slight growth anticipated through 2030:

- **2025 Estimate:** ~4.6 million residents
- **2030 Projection:** ~4.65 to 4.67 million residents
- **Growth Rate:** Approximately **0.5% to 1%** over five years

**This slow growth reflects broader demographic trends in the state, including:**

- **Outmigration:** Many younger residents continue to leave for economic opportunities elsewhere.
- **Aging Population:** The median age is rising, contributing to slower natural population growth.
- **Regional Variation:** Urban centers like Baton Rouge and New Orleans may see slight increases, while rural areas—including Webster Parish and Springhill—are projected to decline.

# POPULATION HEALTH

## Population Composition by Race/Ethnicity

### Racial Composition by Area (2025 Estimates)

Race/Ethnicity	Springhill, LA	Webster Parish	Louisiana
White	61.75%	62.87%	57.97%
Black or African American	34.11%	33.45%	31.05%
American Indian/Alaska Native	1.87%	0.32%	0.60%
Asian	0.45%	0.31%	1.73%
Native Hawaiian/Pacific Islander	—	0.09%	0.06%
Some Other Race	0.45%	0.12%	2.32%
Multiracial (Two or More Races)	1.82%	2.84%	6.27%

### Racial Composition Change: 2022 vs. 2028

Race/Ethnicity	Springhill, LA (2022 → 2028)	Webster Parish (2022 → 2028)	Louisiana (2022 → 2028)
White	61.8% → 61.5%	63.0% → 62.5%	58.1% → 57.5%
Black or African American	34.1% → 34.0%	33.4% → 33.2%	31.0% → 30.8%
American Indian/Alaska Native	1.9% → 1.8%	0.3% → 0.3%	0.6% → 0.6%
Asian	0.4% → 0.5%	0.3% → 0.4%	1.7% → 1.9%
Native Hawaiian/Pacific Islander	— → —	0.1% → 0.1%	0.06% → 0.07%
Some Other Race	0.4% → 0.5%	0.1% → 0.2%	2.3% → 2.5%
Multiracial (Two or More Races)	1.8% → 2.0%	2.8% → 3.1%	6.2% → 6.7%

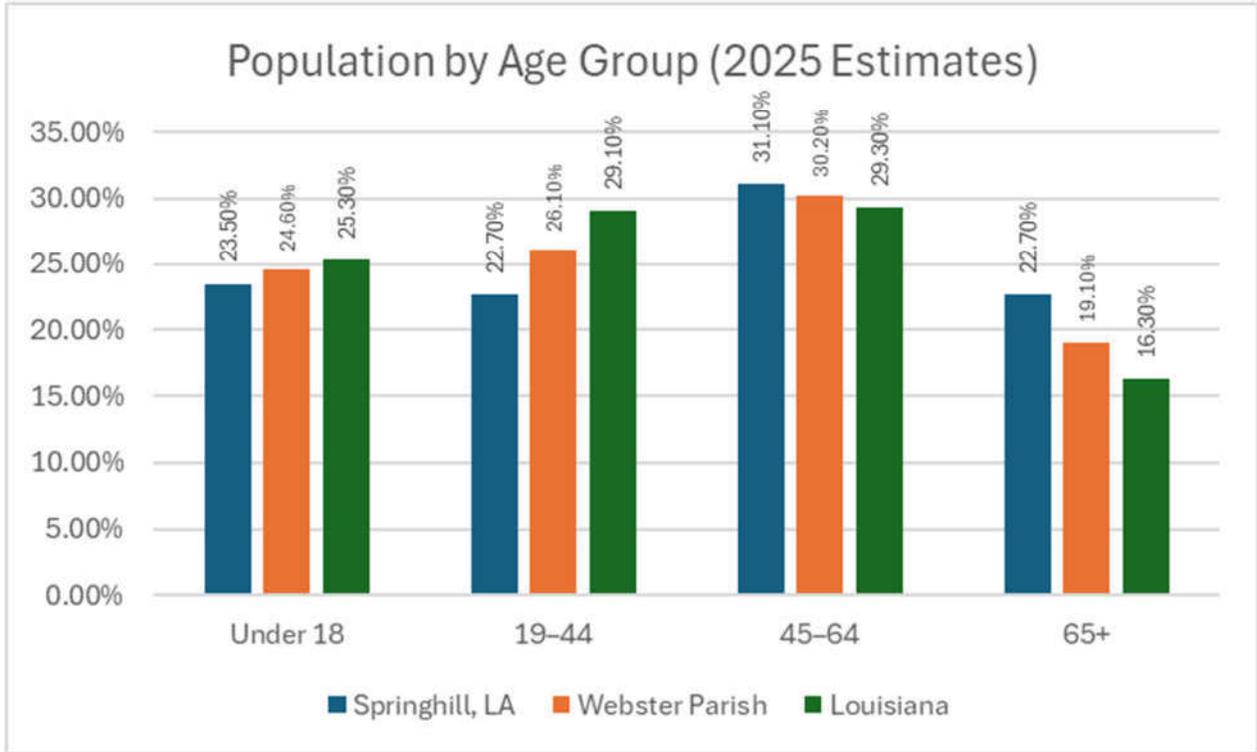
### Key Observations

- **Springhill and Webster Parish remain majority White**, with stable Black populations and minimal change in other racial groups.
- **Louisiana’s diversity is increasing**, particularly in multiracial and Hispanic-identifying populations (not shown in this table but reflected in broader data).
- These trends are important for **culturally competent outreach, equity planning, and targeted health interventions**.

#### Sources:

- Springhill, LA Population by Race – Neilsberg
- Webster Parish Population by Race – Neilsberg
- Louisiana Population by Race – Neilsberg

# POPULATION HEALTH



## Projected Population by Age Group (2022 → 2028)

Age Group	Springhill, LA	Webster Parish	Louisiana
Under 18	24.1% → 23.5%	25.0% → 24.6%	25.6% → 25.3%
19-44	23.5% → 22.7%	27.0% → 26.1%	29.5% → 29.1%
45-64	30.2% → 31.1%	29.8% → 30.2%	28.7% → 29.3%
65+	22.2% → 22.7%	18.2% → 19.1%	16.2% → 16.3%

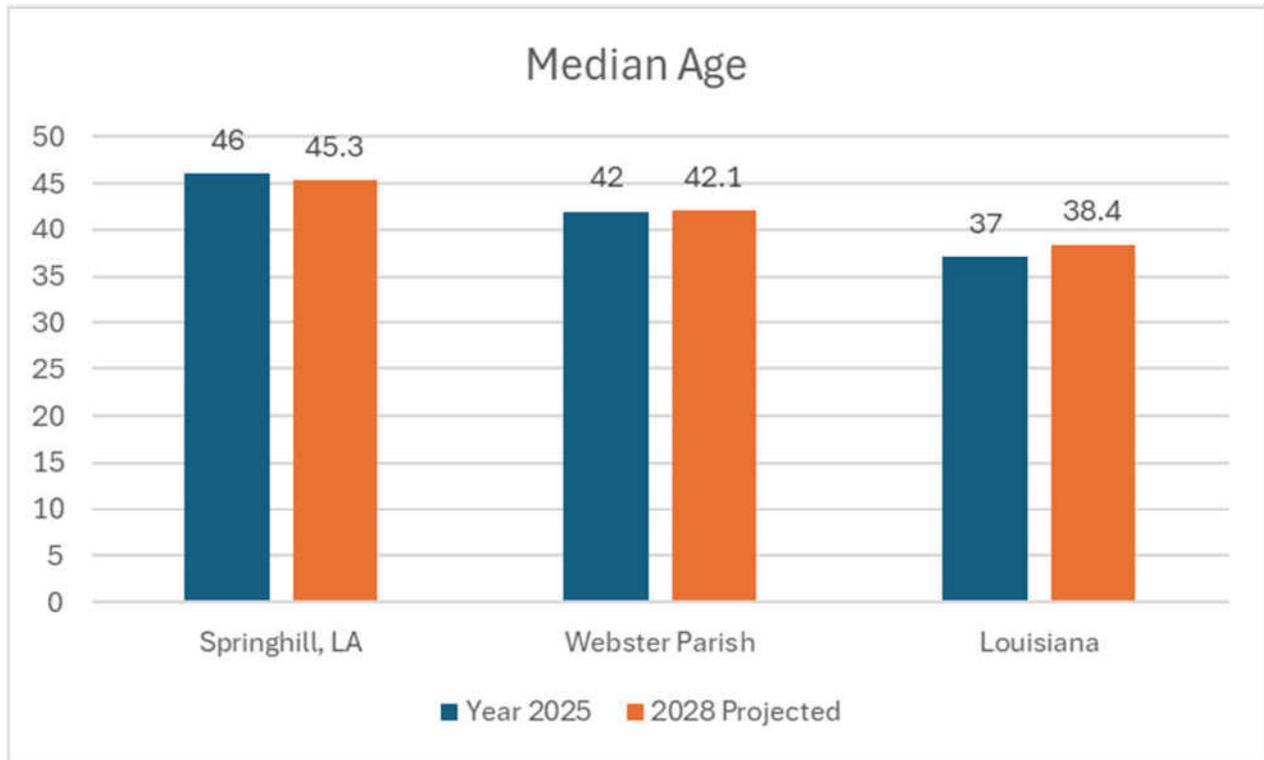
### These shifts underscore the need for:

- **Expanded senior services and chronic disease management** in Springhill and Webster Parish
- Youth retention and **workforce development programs**
- Age-friendly infrastructure and transportation planning
- Preventive care and wellness outreach tailored to aging populations

#### Sources:

- Springhill, LA Population by age– Neilsberg
- Webster Parish Population by age – Neilsberg
- Louisiana Population by age– Neilsberg

# POPULATION HEALTH



## Projected Median Household Income (2025 → 2030)

Year	Springhill, LA	Webster Parish	Louisiana
2025	\$28,223	\$37,000 (est.)	\$55,000 (est.)
2026	\$29,100	\$38,200	\$56,500
2027	\$30,000	\$39,400	\$58,000
2028	\$31,000	\$40,600	\$59,500
2029	\$32,000	\$41,800	\$61,000
2030	\$33,000	\$43,000	\$62,500

### Key Insights

- Springhill’s median income starts at \$28,223 in 2025, with slow growth due to high poverty rates and limited economic diversification.
- Webster Parish is slightly stronger, projected to reach \$43,000 by 2030, but still below state benchmarks.
- Louisiana’s statewide income is expected to exceed \$62,000 by 2030, driven by growth in urban centers and energy, healthcare, and tech sectors.

# POPULATION HEALTH

## Distressed Communities Index

Location	% of Population in Distressed ZIPs	Classification
Springhill, LA	100%	Severely Distressed
Webster Parish	82%	Highly Distressed
Louisiana	41%	At Risk
United States	16%	Mixed Conditions

The index uses seven metrics to assess community well-being:

- No high school diploma
- Housing vacancy rate
- Adults not working
- Poverty rate
- Median income
- Change in employment
- Change in business establishments

Springhill and Webster Parish score poorly across most indicators, particularly in:

- Educational attainment
- Employment rates
- Business growth

Sources:  
 Economic Innovation Group – Distressed Communities Index Hub  
 NHC Housing Resource Center – DCI Overview  
 Data-Smart City Solutions – DCI Map

## Percent of Population Living in Prosperous Communities (2025)

Location	% in Prosperous ZIPs	Classification
Springhill, LA	0%	Severely Distressed
Webster Parish	5%	Predominantly Distressed
Louisiana	24.90%	Mixed Prosperity
United States	24.90%	National Benchmark

### Key Insights

- **Springhill has no ZIP codes classified as prosperous**, reflecting deep economic challenges and limited business growth.
- **Webster Parish has minimal prosperity**, with only a small portion of residents living in ZIP codes that meet the criteria.
- **Louisiana matches the national average**, with nearly one in four residents living in economically thriving areas — mostly concentrated in urban parishes like St. Tammany, Ascension, and East Baton Rouge.

# POPULATION HEALTH

## Unemployment Rate Change (2020 → 2025)

Location	2020 Rate	2025 Rate	Change
Springhill, LA	8.20%	5.40%	-2.8 percentage points
Webster Parish	7.90%	5.10%	-2.8 percentage points
Louisiana	7.90%	4.40%	-3.5 percentage points

- **Springhill's unemployment rate dropped from ~8.2% to ~5.4%**, reflecting modest recovery but still above state averages.
- **Webster Parish saw a similar decline**, improving from 7.9% in 2020 to 5.1% in 2025.
- **Louisiana's statewide rate fell from 7.9% to 4.4%**, outperforming both Springhill and Webster Parish, driven by growth in urban and industrial sectors.

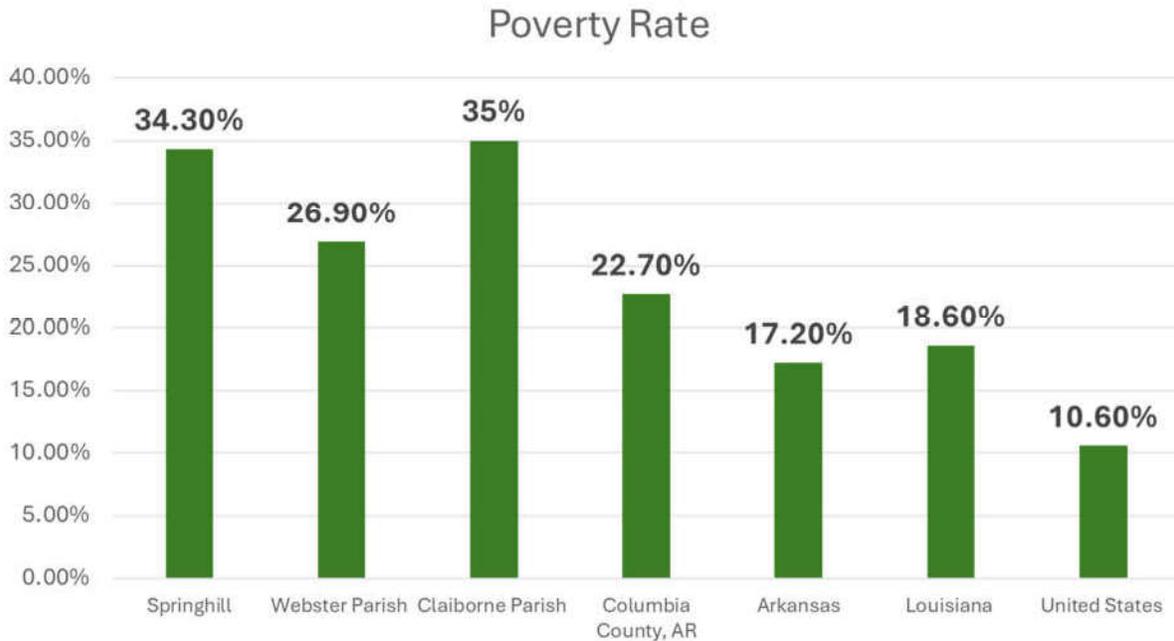
## Workforce by Industry – Webster Parish (2025) (Top 5)

Industry	% of Civilian Workforce
Health Care & Social Assistance	18.60%
Retail Trade	13.20%
Educational Services	11.40%
Manufacturing	10.10%
Accommodation & Food Services	9.30%

## Key Observations

- **Health care and social assistance is the largest employment sector**, reflecting the region's aging population and healthcare needs.
- **Retail and education** also play major roles, consistent with rural service economies.
- **Manufacturing and construction** remain strong contributors, though smaller than in past decades.
- **Professional and technical services** are underrepresented, suggesting opportunities for

# POPULATION HEALTH



- **Low wages and limited employment options:** Many jobs are in retail, food service, and healthcare support, which offer low pay and few benefits.
- **High senior population:** Springhill’s median age is 46, with many older residents on fixed incomes.
- **Educational barriers:** A significant portion of adults lack postsecondary credentials, limiting access to higher-paying jobs.
- **Housing instability:** While property values are low, housing vacancy and aging infrastructure contribute to economic vulnerability.
- **ALICE population:** These are working households that earn above the poverty line but still can’t afford basic necessities like housing, childcare, food, and transportation.

## Child Poverty Rate

Springhill	39%
Webster Parish	34%
Louisiana	26%
United States	17%

## Contributing Factors

- **Low median household income** (\$28,223)
- **High ALICE population** (working poor who earn above poverty but below survival threshold)
- **Limited access to affordable childcare, transportation, and healthcare**
- **High unemployment and underemployment among parents**
- **Educational and housing instability**

Sources:

- ALICE Report – Webster Parish Snapshot (United Way)
- State of ALICE in Louisiana – 2025 Update
- Springhill, LA – Data USA

The **ALICE Report** stands for **Asset Limited, Income Constrained, Employed**.

# POPULATION HEALTH

## Food Insecurity Rates (2025 Estimates)

Location	Food Insecurity Rate	Estimated Affected Population
Springhill, LA	18–20% (est.)	850–950 residents
Webster Parish	15.80%	5,920 residents
Louisiana	16.20%	755,000 residents
United States	11.4% (South region avg)	38 million people (nationally)

## Average Meal Cost (2025 Estimates)

Location	Home-Cooked Meal	Restaurant Meal	Notes
Springhill, LA	\$4.00	\$18.50	Lower cost due to rural pricing
Webster Parish	\$4.10	\$19.00	Slightly higher than Springhill
Louisiana (State)	<b>\$4.31</b>	<b>\$20.37</b>	Statewide average
United States	\$4.50	\$22.00	National average (2025 est.)

## SNAP Participation Rates (June 2025)

Location	% of Population Receiving SNAP	Estimated Recipients
Springhill, LA	<b>39.60%</b>	1,715 residents
Webster Parish	<b>30.10%</b>	10,730 residents
Louisiana	<b>18.70%</b>	855,000 residents
United States	<b>12.5% (2025 est.)</b>	41 million people

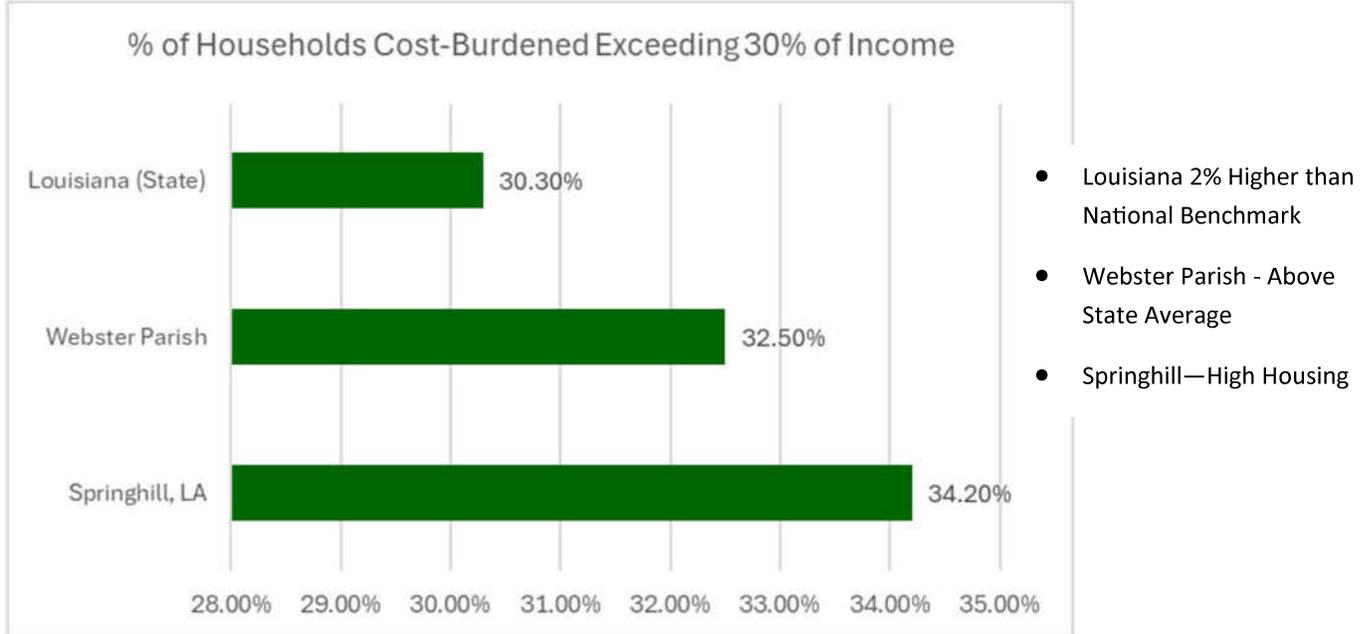
## Key Insights

- **Springhill’s SNAP rate is more than double the state average**, reflecting deep poverty and high ALICE (working poor) populations.
- **Webster Parish also ranks among the highest in Louisiana**, with nearly 1 in 3 residents receiving food assistance.
- **Louisiana’s statewide rate remains elevated**, driven by rural distress and low median incomes.

### •Sources:

- Louisiana DCFS SNAP Statistics – June 2025
- Zipdatamaps – SNAP Participation by Parish
- CBPP – SNAP State Fact Sheets

# POPULATION HEALTH



## Key Insights

- **Springhill's housing burden exceeds both state and national averages**, despite lower median home values, due to low incomes and aging housing stock.
- **Webster Parish also faces elevated housing stress**, particularly among renters and seniors on fixed incomes.
- **Louisiana ranks 32nd nationally** for housing affordability, with over 556,000 households statewide considered cost-burdened.

# HEALTH STATUS

- **The following information outlines specific health data:**
  - Mortality, chronic diseases and conditions, health behaviors, natality, mental health and healthcare access.
- **Data Sources include, but are not limited to:**
  - CDC Vital Statistics
  - USAFacts—Louisiana Leading Cause of Death
  - County Health Rankings
  - Dead or Kicking – Louisiana Death Statistics

# HEALTH STATUS

## Parish Health Ranking and Roadmaps—Webster Parish, Louisiana

### Ranking out of 64 Parishes

#### Key Insights

- **Length of life is a major concern**, with high rates of premature death and chronic disease.
- **Quality of life scores are low**, driven by poor mental health days and physical limitations.
- **Health behaviors** like smoking, obesity, and inactivity are widespread, especially among low-income and senior populations.
- **Clinical care access is limited**, with few providers and high uninsured rates.
- **Social and economic factors** — including poverty, unemployment, and low educational attainment — are among the worst in the state.
- **Physical environment challenges** include aging housing stock, limited public transportation, and environmental exposures.

County Health Rankings 2025

2025 County Health Rankings	Webster Parish
<b>HEALTH OUTCOMES</b>	47
LENGTH OF LIFE	49
QUALITY OF LIFE	45
HEALTH FACTORS	46
<b>HEALTH BEHAVIORS</b>	50
CLINICAL CARE	42
SOCIAL & ECONOMIC	48
PHYSICAL ENVIROMENT	44

### Mortality—Leading causes of Death

Cause of Death	Estimated Annual Deaths	Notes
Heart Disease	160–180	#1 cause statewide and locally
Cancer (all types)	130–150	Lung, breast, and colorectal most common
Chronic Lower Respiratory Diseases	40–50	Includes COPD and emphysema
Unintentional Injuries	35–45	Falls, overdoses, vehicle accidents
Stroke (Cerebrovascular Disease)	30–40	Often linked to hypertension
Diabetes	25–30	High prevalence in low-income areas
Alzheimer’s Disease	20–25	Rising with aging population
Influenza & Pneumonia	15–20	Seasonal spikes common
Kidney Disease	10–15	Often comorbid with diabetes
Suicide	5–10	Elevated risk among veterans and youth
Homicide	5–8	Higher than national average for rural areas
COVID-19 (residual impact)	5–10	Declining but still present

Sources

CDC—Vital Statistics

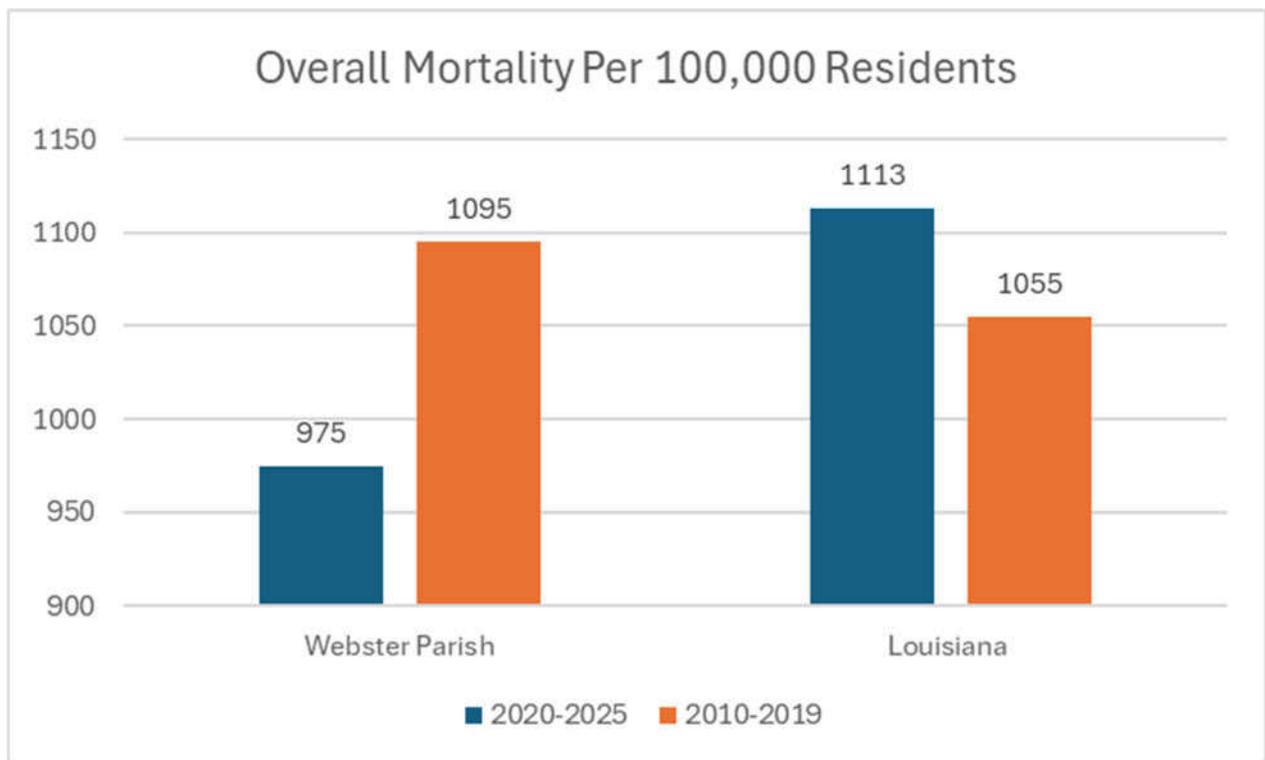
USA Facts—Louisiana Leading Causes of Death

# HEALTH STATUS

## *Mortality—Leading causes of Death*

### Key Observations

- **Heart disease and cancer account for over 40% of all deaths**, consistent with national patterns.
- **Accidental deaths**, including overdoses and vehicle crashes, remain high, especially among younger adults.
- **Stroke and respiratory diseases** reflect chronic conditions exacerbated by smoking, obesity, and limited access to care.
- **Behavioral health-related deaths** (suicide, homicide, overdose) are elevated compared to national averages.
- **COVID-19's impact has declined**, but residual mortality persists in vulnerable populations.



### Key Observations

- **Webster Parish consistently exceeded state and national mortality rates**, reflecting elevated rates of heart disease, cancer, diabetes, and respiratory illness.
- **Louisiana's statewide mortality declined modestly**, but remained among the highest in the U.S.
- **Contributing factors** include high poverty, limited access to care, behavioral health risks, and chronic disease prevalence.

#### Sources

- *CDC – Louisiana Vital Statistics*
- *Louisiana Department of Health – Health Report Card*
- *County Health Rankings – Louisiana Data 2025*
- *Dead or Kicking – Louisiana Death Statistics*

# HEALTH STATUS

## Heart Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	165	265	Among highest in rural LA
Louisiana	12,564	<b>235.5</b>	4th highest in U.S.
United States	695,000	211	National benchmark

### Key Observations

- **Webster Parish’s heart disease death rate exceeds both state and national averages**, reflecting elevated risk factors like smoking, obesity, hypertension, and limited access to care.
- **Louisiana ranks 4th nationally** for heart disease mortality, behind Oklahoma, Mississippi, and Alabama.
- **Rural parishes like Webster** face compounded challenges: aging populations, high poverty, and fewer cardiology services.

## Cancer Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	145	235	Among highest in rural LA
Louisiana	9,340	<b>165.2</b>	Above national average
United States	602,955	146	National benchmark

### Key Observations

- **Webster Parish’s cancer death rate exceeds both state and national averages**, with high rates of lung, breast, and colorectal cancers.
- **Louisiana ranks among the top 10 states** for cancer mortality, driven by environmental exposures, smoking, and limited access to early detection.
- **North Louisiana parishes**, including Webster, are part of the region often referred to as “*Cancer Alley*”, where industrial pollutants and poverty intersect.

## Breast Cancer Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000 women)	Classification
Webster Parish	12–15	23.5–26.0	Above national average
Louisiana	620	<b>22.6</b>	Among highest in U.S.
United States	43,000	19.9	National benchmark

## Prostrate Cancer Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000 men)	Classification
Webster Parish	8–10	22.5–26.0	Above national average
Louisiana	470	<b>20.7</b>	Among highest in U.S.
United States	34,700	18.8	National benchmark

# HEALTH STATUS

## Lung Cancer Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	35–40	60–65	Among highest in rural LA
Louisiana	2,080	<b>38.2</b>	Above national average
United States	127,070	33.5	National benchmark

## Colon Cancer Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	15–18	28–32	Above national average
Louisiana	870	<b>19.8</b>	5th highest in U.S.
United States	52,550	15.7	National benchmark

## Chronic Lower Respiratory Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	40–50	65–75	Elevated rural burden
Louisiana	2,770	<b>48.2</b>	Above national average
United States	142,000	42	National benchmark

### Key Observations

- **Webster Parish’s CLRD death rate exceeds both state and national averages**, driven by high smoking rates, aging populations, and limited pulmonary care access.
- **Louisiana ranks among the top 10 states** for CLRD mortality, with rural parishes disproportionately affected.
- **COPD accounts for the majority of CLRD deaths**, followed by emphysema and chronic bronchitis.
- **Environmental exposures**, such as poor air quality and occupational hazards, contribute to elevated risk in north Louisiana.

## Suicide Related Deaths

Location	Estimated Rate (per 100,000)	Estimated Deaths	Classification
Webster Parish	16.5–18.0	10–12	Elevated rural risk
Louisiana	<b>15.6</b>	719	Above national average
United States	14.1	49,500	National benchmark

### Key Observations

- **Suicide is the 14th leading cause of death in Louisiana**, and the 3rd leading cause among ages 10–24 and 25–34.
- **Webster Parish’s rate exceeds the state average**, reflecting rural isolation, economic stress, and limited behavioral health access.
- **Youth suicide risk remains high**, though recent surveys show a 17% decline in teens reporting suicidal thoughts from 2021 to 2023.
- **Veterans and older adults** in rural areas face elevated risk due to stigma, chronic illness, and lack of support.

# HEALTH STATUS

## Diabetes Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	25–30	42–48	Among highest in rural LA
Louisiana	1,660	<b>36.4</b>	4th highest in U.S.
United States	106,180	31	National benchmark

### Key Observations

- **Webster Parish’s diabetes death rate exceeds both state and national averages**, driven by high obesity rates, limited access to endocrinology care, and economic barriers to disease management.
- **Louisiana ranks 4th nationally** for diabetes mortality, with rural and low-income populations disproportionately affected.
- **Type 2 diabetes accounts for the majority of deaths**, often linked to cardiovascular complications, kidney failure, and infections.
- **Black residents in Louisiana experience significantly higher diabetes-related mortality**, reflecting systemic disparities in care and prevention.

## Accident Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	35–45	60–70	Elevated rural risk
Louisiana	4,430	<b>80</b>	Among highest in U.S.
United States	224,935	67.5	National benchmark

### Key Observations

- **Webster Parish’s accidental death rate exceeds national averages**, driven by traffic fatalities, falls among seniors, and opioid overdoses.
- **Louisiana ranks among the top 5 states** for unintentional injury mortality, with rural parishes disproportionately affected.
- **Motor vehicle crashes are the leading cause of accidental death**, especially in northwest Louisiana, including Webster and Claiborne Parishes.
- **Overdose deaths remain high statewide**, with a drug overdose death rate of **50.6 per 100,000**.
- **Firearm-related accidental deaths and falls** also contribute significantly to the total.

## Alzheimer Related Deaths

Location	Estimated Deaths	Death Rate (per 100,000)	Classification
Webster Parish	20–25	35–42	Elevated rural burden
Louisiana	1,390	<b>24.5</b>	Above national average
United States	119,000	20.2	National benchmark

### Key Observations

- **Webster Parish’s Alzheimer’s death rate exceeds both state and national averages**, driven by high senior population, limited memory care access, and delayed diagnoses.
- **Louisiana ranks among the top 10 states** for Alzheimer’s mortality, with rural parishes disproportionately affected.
- **The number of Louisianans aged 65+ with Alzheimer’s is projected to increase by 19.6% by 2025**,

# HEALTH STATUS

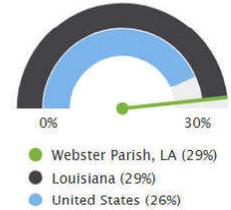
## Chronic Conditions - Diabetes

Report Area	FFS Beneficiaries	Diabetes Prevalence, Total	Diabetes Prevalence, Percent
Webster Parish, LA	4,640	1,346	29%
Louisiana	360,989	104,687	29%
United States	28,408,800	7,386,288	26%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023. → Show more details

Diabetes Prevalence, Percent



Report Area	Population Age 20+	Adults Age 20+ with Diagnosed Diabetes	Adults Age 20+ with Diagnosed Diabetes, Age-Adjusted Rate
Webster Parish, LA	27,230	3,322	10%
Louisiana	3,428,473	400,489	10.5%
United States	232,706,003	23,263,962	8.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → Show more details

Percentage of Adults Age 20+ with Diagnosed Diabetes (Age-Adjusted), 2021



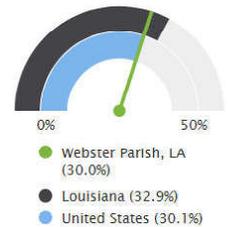
## Chronic Conditions - Obesity

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Webster Parish, LA	27,277	8,183	30.0%
Louisiana	3,428,210	1,128,301	32.9%
United States	232,757,930	70,168,831	30.1%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → Show more details

Percentage of Adults Obese (BMI > 30.0), 2021



Percentage of Adults Obese (BMI > 30.0) by Year, 2004 through 2021



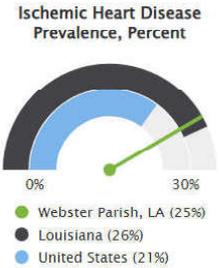
# HEALTH STATUS

## Chronic Conditions - Heart Disease (Medicare)

Report Area	FFS Beneficiaries	Ischemic Heart Disease Prevalence, Total	Ischemic Heart Disease Prevalence, Percent
Webster Parish, LA	4,640	1,160	25%
Louisiana	360,989	93,857	26%
United States	28,408,800	5,965,848	21%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2023. → Show more details

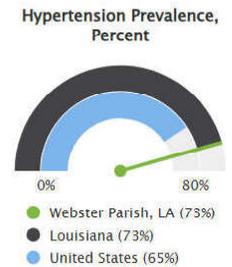


## Chronic Conditions - High Blood Pressure (Medicare)

Report Area	FFS Beneficiaries	Hypertension Prevalence, Total	Hypertension Prevalence, Percent
Webster Parish, LA	4,640	3,387	73%
Louisiana	360,989	263,522	73%
United States	28,408,800	18,465,720	65%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool, 2023. → Show more details

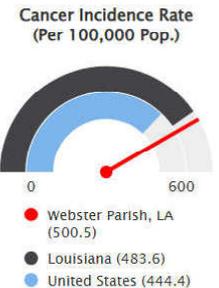


## New Cases of Cancer (All)

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Webster Parish, LA	52,347	262	500.5
Louisiana	5,552,315	26,851	483.6
United States	392,542,529	1,744,459	444.4

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles, 2017-21. → Show more details



### Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2017-2021.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Webster Parish, Louisiana	1 - All Cancer Sites (All Stages <sup>^</sup> ), 2017-2021	262	500.5
Webster Parish, Louisiana	2 - Prostate (All Stages <sup>^</sup> ), 2017-2021	38	150.1
Webster Parish, Louisiana	3 - Lung & Bronchus (All Stages <sup>^</sup> ), 2017-2021	36	64.4
Webster Parish, Louisiana	4 - Breast (All Stages <sup>^</sup> ), 2017-2021	34	125.3
Webster Parish, Louisiana	5 - Colon & Rectum (All Stages <sup>^</sup> ), 2017-2021	26	50.3

# HEALTH STATUS

## Health Behaviors—Physical Inactivity

Report Area	Population Age 20+	Adults Age 20+ with No Leisure Time Physical Activity	Adults Age 20+ with No Leisure Time Physical Activity, Percent
Webster Parish, LA	28,966	7,589	26.2%
Louisiana	3,540,671	823,520	23.3%
United States	241,583,855	47,072,403	19.5%

Percentage of Adults with No Leisure-Time Physical Activity, 2021



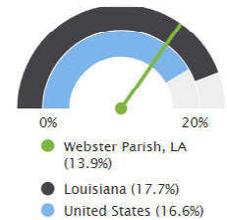
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2021. → Show more details

## Health Behaviors—Binge Drinking

Report Area	Total Population	Adults Age 18+ Binge Drinking in the Past 30 Days (Crude)	Adults Age 18+ Binge Drinking in the Past 30 Days (Age-Adjusted)
Webster Parish, LA	35,643	13.9%	16.0%
Louisiana	4,590,241	17.7%	18.9%
United States	333,287,557	16.6%	18.0%

Percentage of Adults Age 18+ Binge Drinking in the Past 30 Days



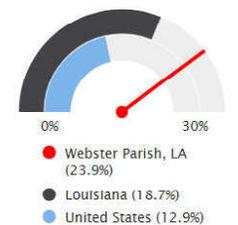
Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details

## Health Behaviors—Smoking

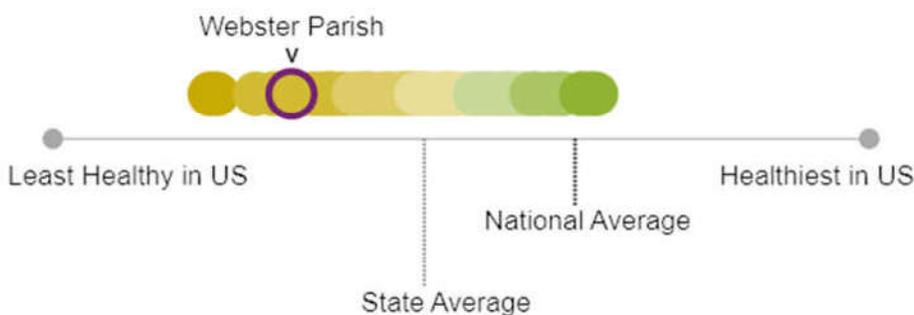
Report Area	Total Population	Adults Age 18+ as Current Smokers (Crude)	Adults Age 18+ as Current Smokers (Age-Adjusted)
Webster Parish, LA	35,643	23.9%	24.9%
Louisiana	4,590,241	18.7%	19.1%
United States	333,287,557	12.9%	13.2%

Percentage of Adults Age 18+ who are Current Smokers



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. → Show more details



Webster Parish  
Population Health and  
Well-being

# HEALTH STATUS

## Screenings

### Mammograms Women 35+

*Data from 2018-2020*

Age Group	Screening Rate (Past 2 Years)
35+ (estimated) Webster Parish	65–70%
35+ (estimated) Louisiana	72–76%

Webster Parish’s rate was likely **5–7 percentage points lower** than the state average due to:

- Limited access to mobile mammography
- Transportation barriers
- Lower insurance coverage
- Fewer outreach campaigns during COVID-19

### Prostate PSA Men 50+

Age Group	PSA Test in Past Year
50+ (estimated) Webster Parish	34–38%
50+ (estimated) Louisiana	38–42%

Webster Parish’s rate was likely **4–6 percentage points lower** than the state average due to:

- Fewer primary care and urology providers
- Transportation and insurance barriers

### Colonoscopy

Age Group	Screening Rate
50–75 Webster Parish	58–61%
50–75 Louisiana	63.20%

Slightly below state average due to:

- Fewer gastroenterology providers
- Transportation and insurance barriers
- Lower outreach and education in rural areas

## Received Flu Shot in 2024

Location	Adults (18+)	Adults 65+	Classification
Webster Parish	36–38%	64–66%	Below national average
Louisiana	39.40%	67–69%	Ranked 44th nationally
United States	47.20%	72.00%	National benchmark

## Uninsured Adults in 2025

Area	Uninsured Rate (Ages 19–64)	Notes
Webster Parish	16.40%	Based on 2023 Louisiana Health Insurance Survey
Springhill (est.)	17–18%	Higher due to rural isolation, poverty, and senior population

### Barriers include:

- Limited employer-sponsored coverage
- Gaps in Medicaid eligibility
- Transportation and digital access issues for enrollment

# HEALTH STATUS

## Healthcare Access—Primary Care Providers

As of 2025, Louisiana has approximately *1 primary care physician for every 1,920 residents*, while Webster Parish has an estimated ratio of *1 physician for every 3,540 residents*. This places Webster Parish at the threshold for federal Health Professional Shortage Area (HPSA) designation.

Location	Population-to-PCP Ratio	Classification
Webster Parish	1:3,540	<i>Meets HPSA shortage threshold</i>
Louisiana (statewide)	1:1,920	<i>Below national average</i>
United States	1:1,310	<i>National benchmark</i>

### Key Observations

- **Webster Parish qualifies as a Primary Care HPSA**, meaning it has a critical shortage of primary care providers relative to its population.
- **Louisiana ranks among the bottom 10 states nationally** for primary care access, with rural parishes like Webster disproportionately affected.
- **Physician shortages are projected to worsen**, with 32.8% of Louisiana doctors nearing retirement age and only 313 primary care residency slots statewide.
- **Low-income and uninsured residents** are most impacted by limited access, often delaying care or relying on emergency services.

## Healthcare Access—Dental Providers

As of 2025, Webster Parish has approximately *1 dental provider for every 4,980 residents*, placing it above the federal threshold for Dental Health Professional Shortage Area (HPSA) designation. Louisiana’s statewide ratio is *1:2,020*, which is also below the national benchmark.

Location	Population-to-Dentist Ratio	Classification
Webster Parish	1:4,980	<i>Meets HPSA shortage threshold</i>
Louisiana (statewide)	1:2,020	<i>Below national average</i>
United States	1:1,530	<i>National benchmark</i>

### Key Observations

- **Webster Parish qualifies as a Dental HPSA**, meaning it has a critical shortage of dental providers relative to its population.
- **Federal guidelines define a shortage as 1 dentist per 5,000 residents or worse**, which Webster Parish meets.
- **Louisiana ranks among the bottom 10 states** for dental access, with rural parishes disproportionately affected.
- **Untreated dental disease contributes to serious health issues**, including infections, chronic pain, and missed school/work days.

# HEALTH STATUS

## Healthcare Access—Mental Health Providers

As of 2025, Webster Parish has approximately *1 mental health provider for every 1,960 residents*, compared to Louisiana’s statewide ratio of *1:590*. This places Webster Parish well above the federal threshold for Mental Health Professional Shortage Area (HPSA) designation.

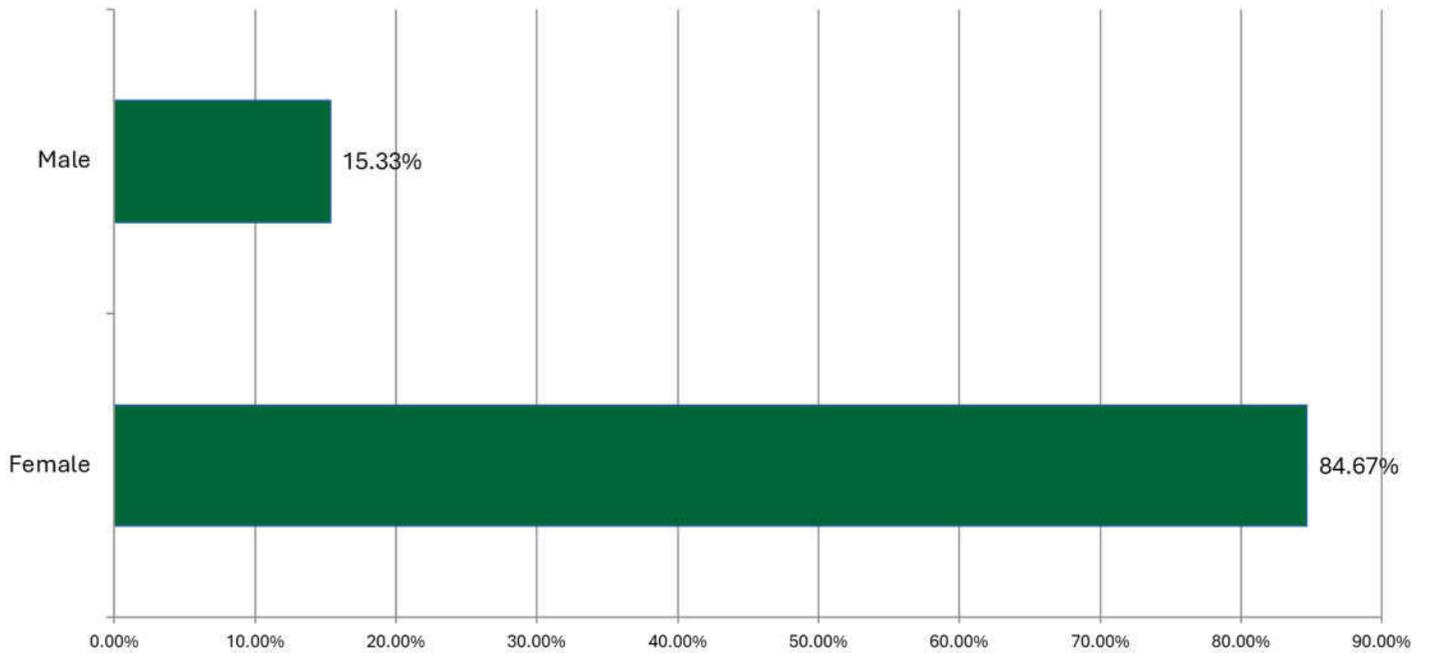
Location	Population-to-MHP Ratio	Classification
Webster Parish	1:1,960	<i>Meets HPSA shortage threshold</i>
Louisiana (statewide)	1:590	<i>Below national average</i>
United States	1:350	

### Barriers include:

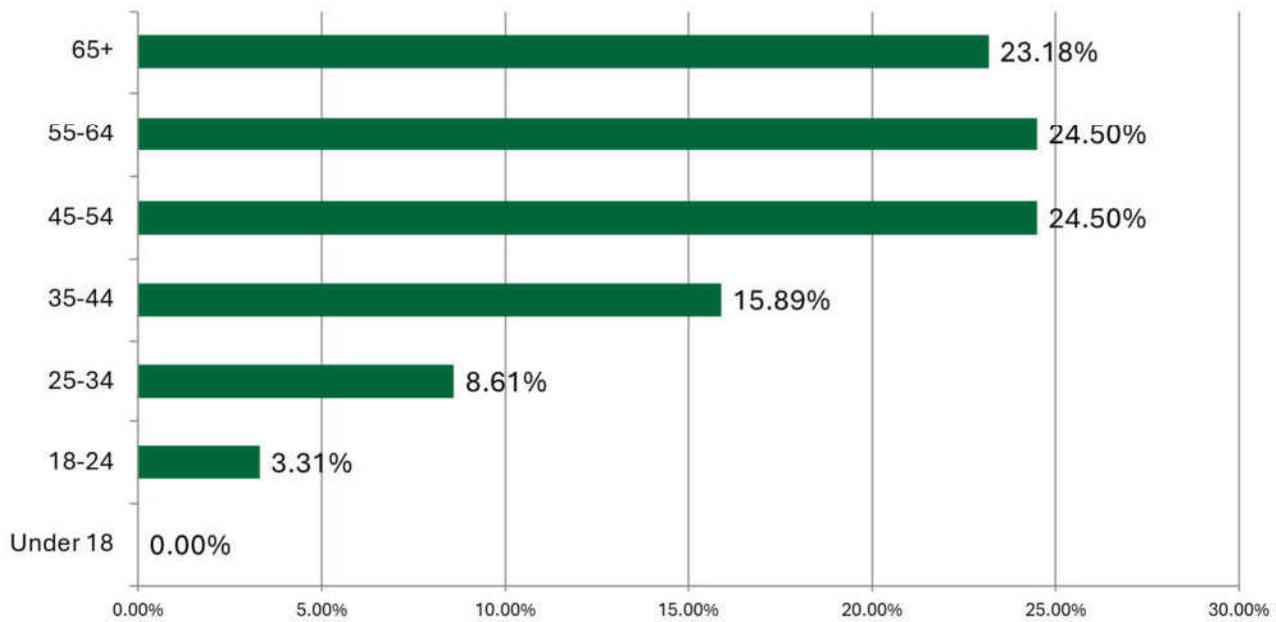
- Few behavioral health clinics
- Limited Medicaid reimbursement for mental health services
- High demand due to poverty, trauma, and chronic illness
- **Telehealth and school-based services** are increasingly used to fill gaps, but provider shortages persist.

# SURVEY RESULTS

What is your gender?

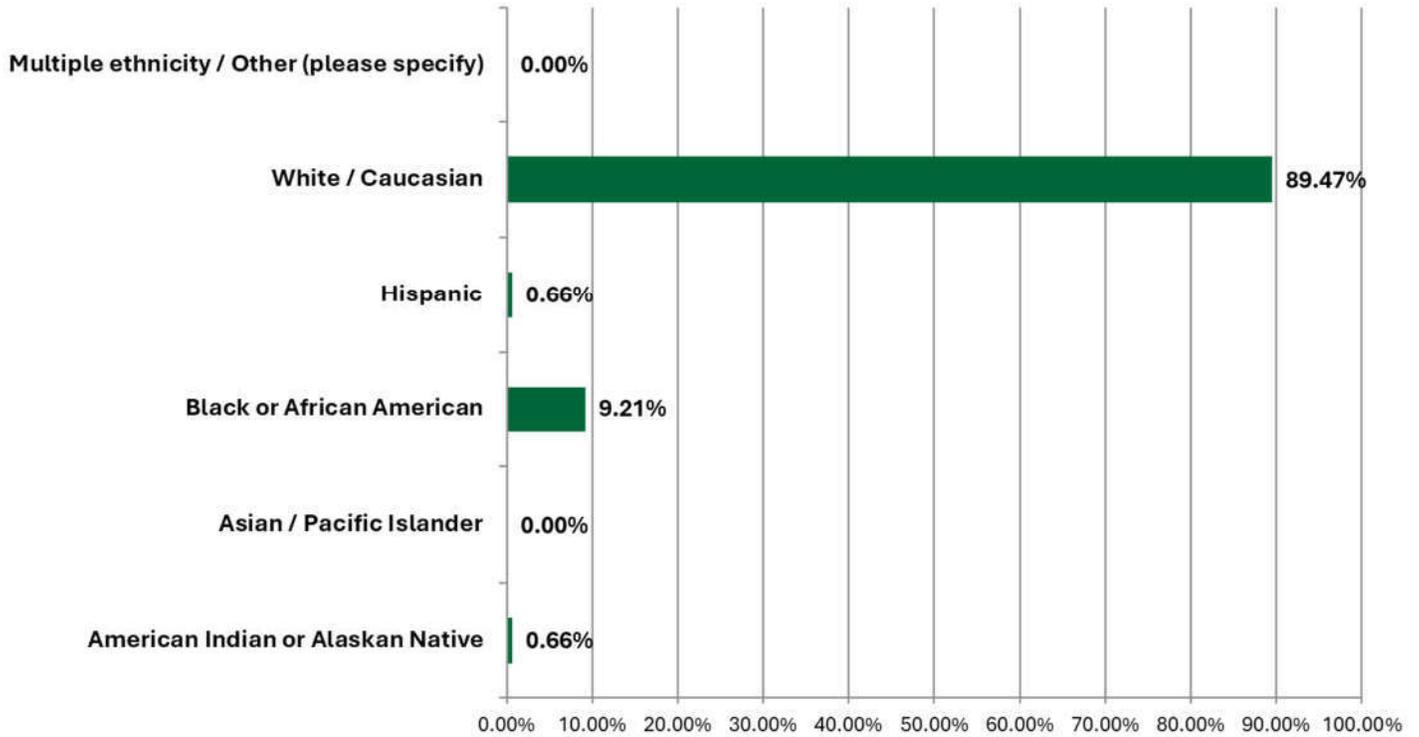


What age range do you fall under?

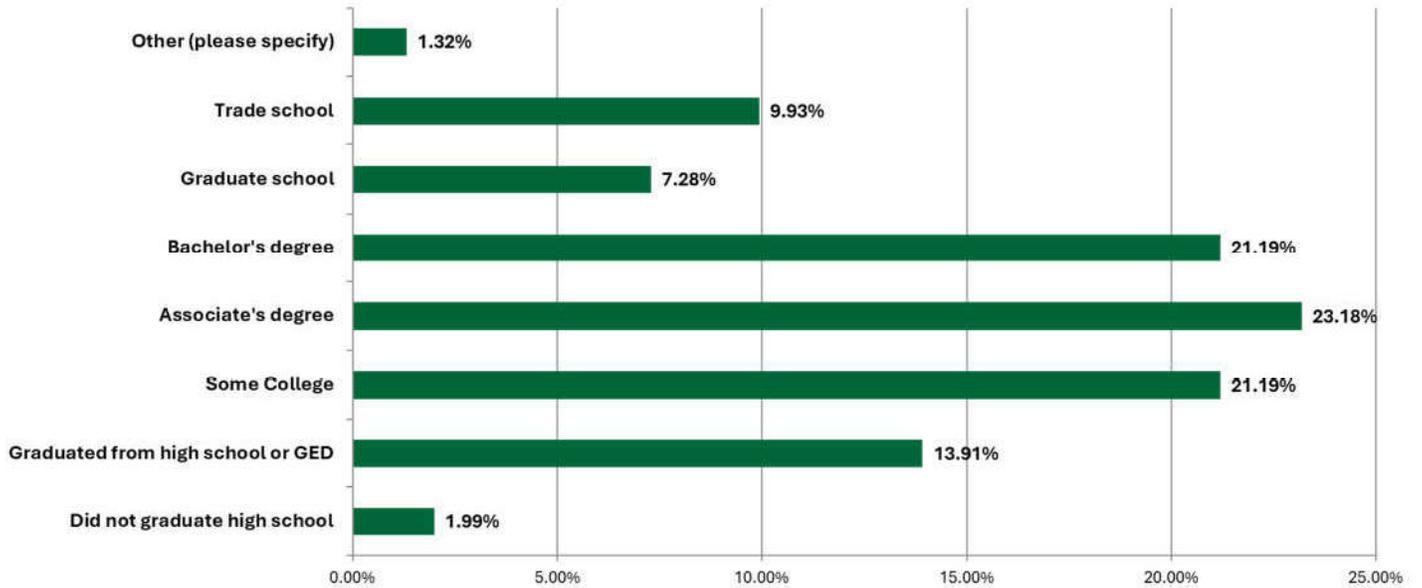


# SURVEY RESULTS

Which race/ethnicity best describes you?

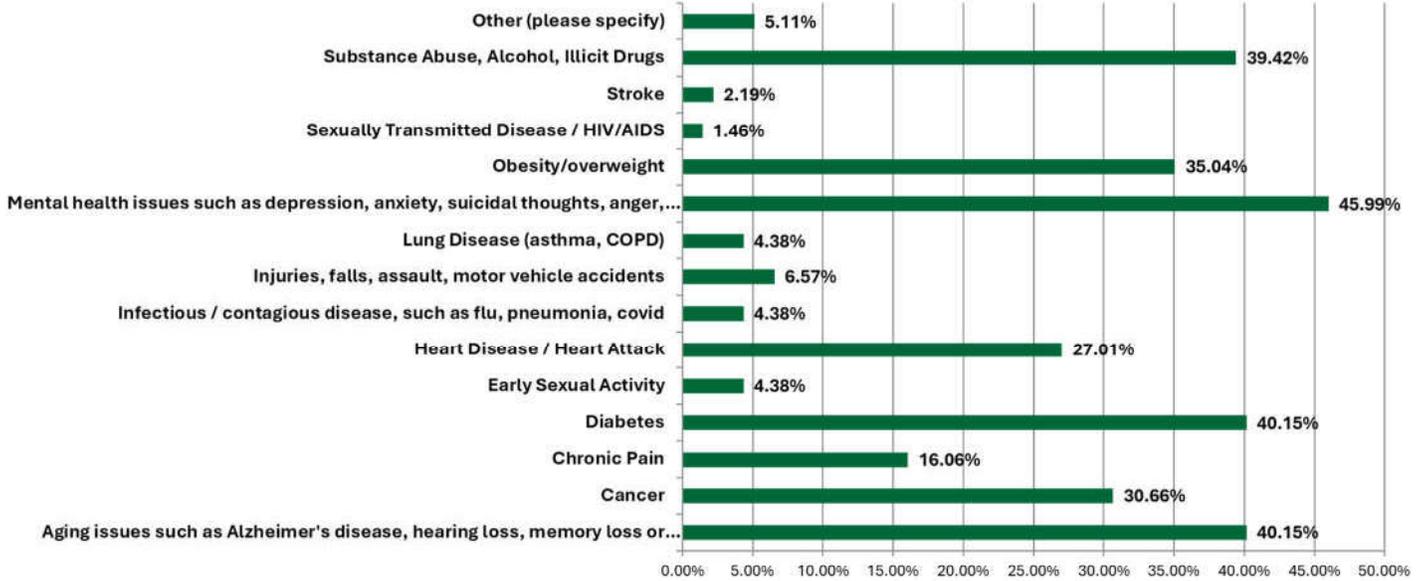


What is the highest level of education you have completed?

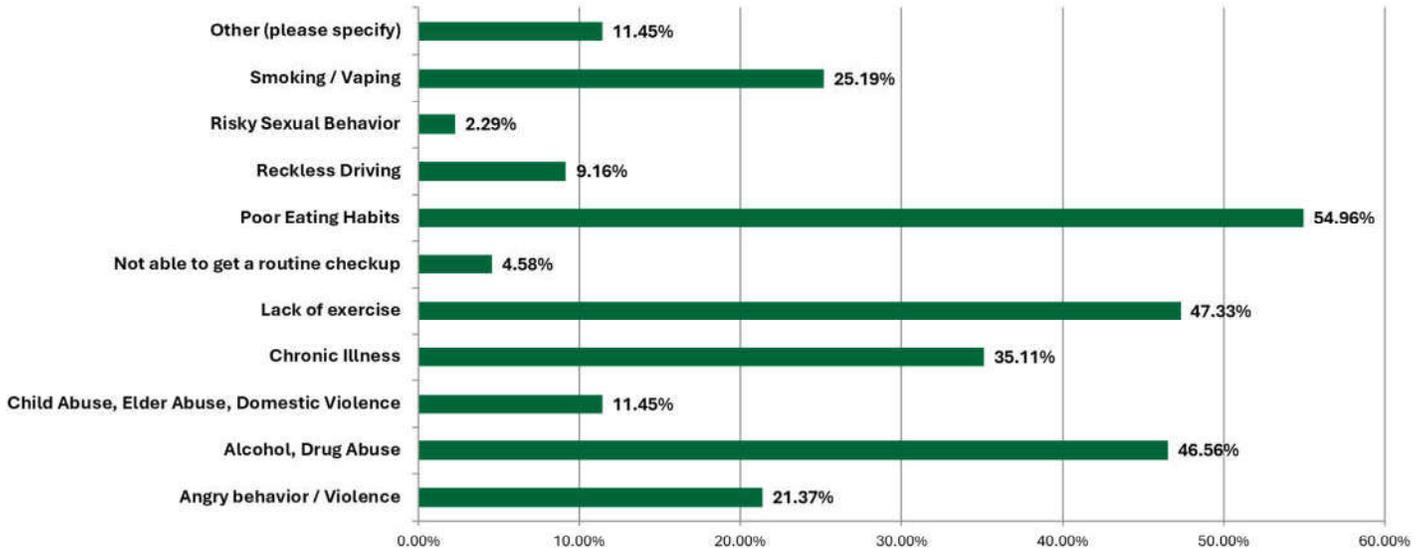


# SURVEY RESULTS

What are the three most important health issues our communities face?

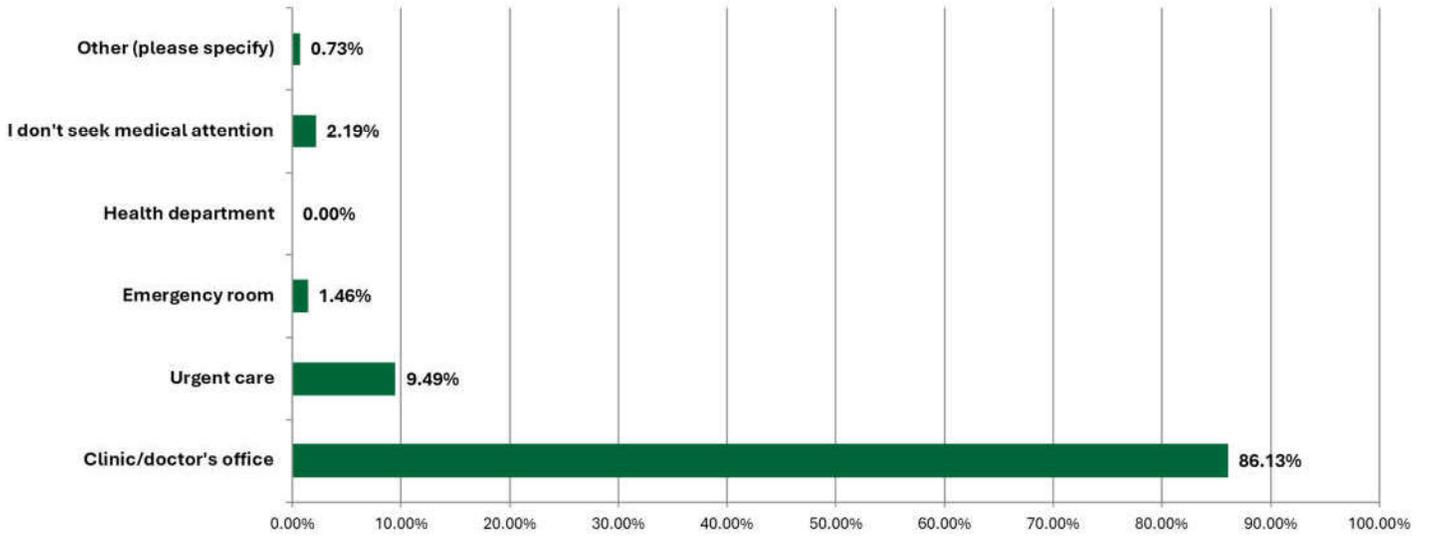


Please identify the three most important factors that impact your well-being in our community.

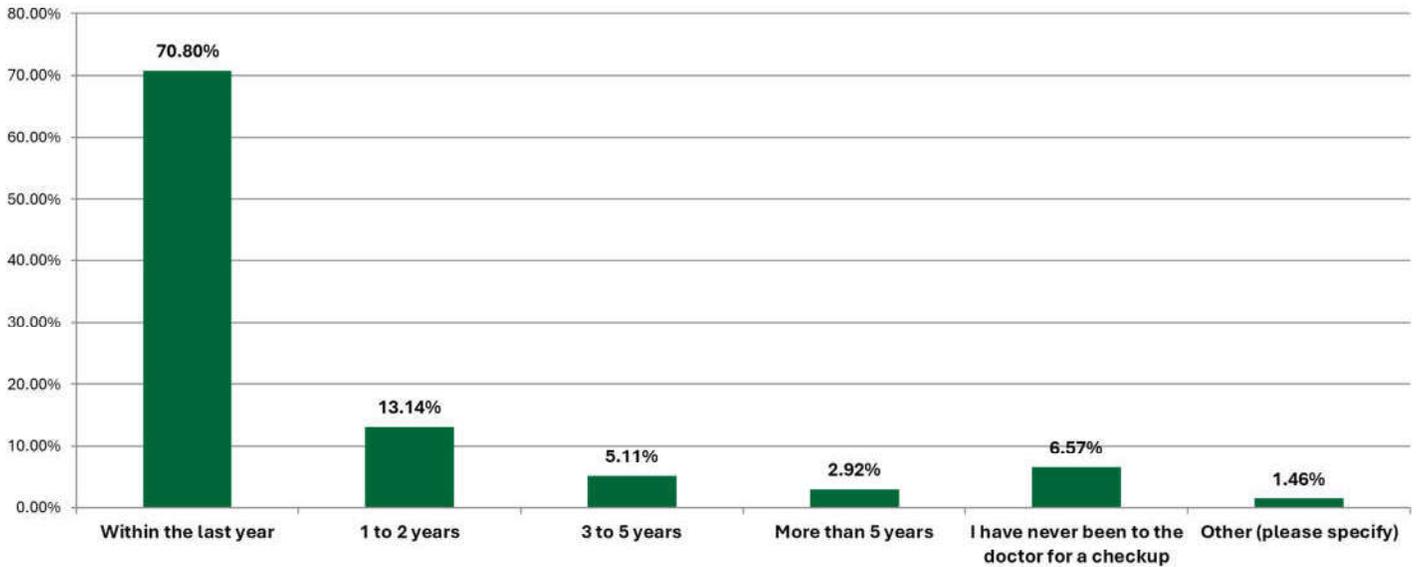


# SURVEY RESULTS

When you get sick where do you go?

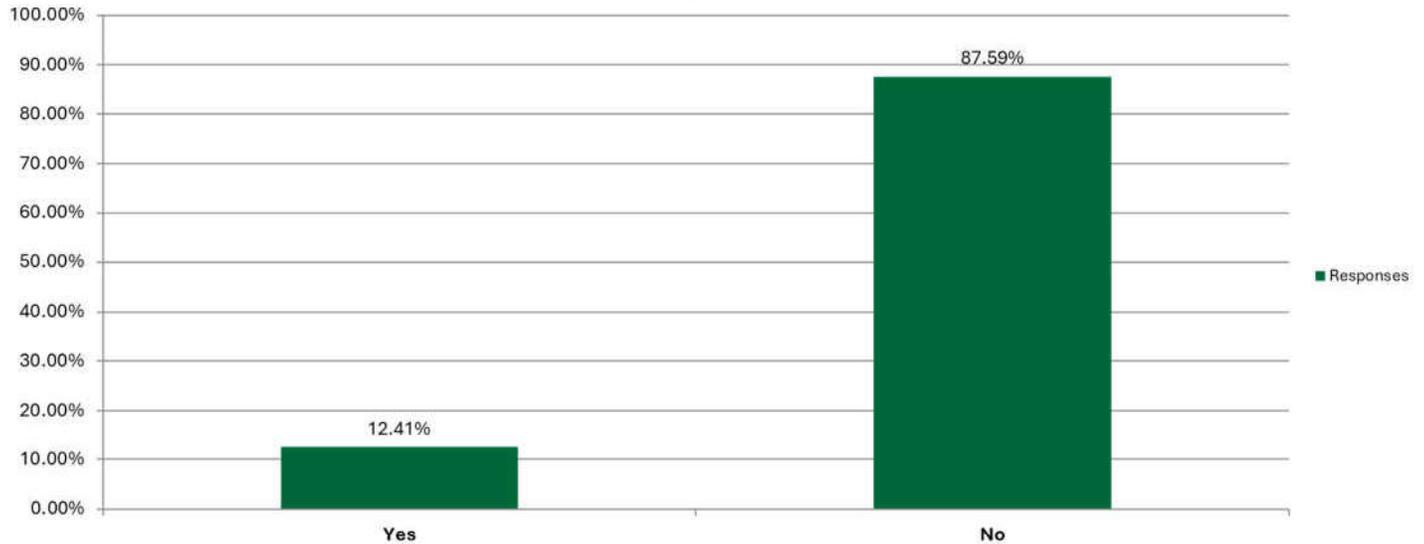


How long has it been since you have been to the doctor to get a checkup when you were well (not because you were sick)

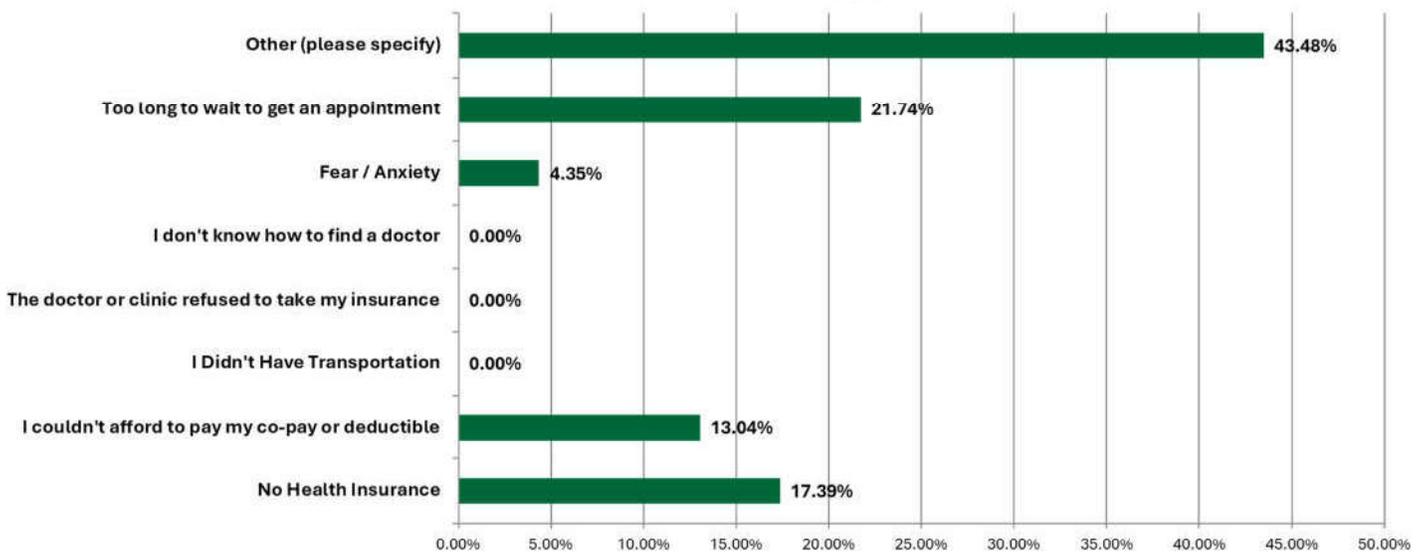


# SURVEY RESULTS

In the last year, was there a time when you needed medical care and were not able to get it?

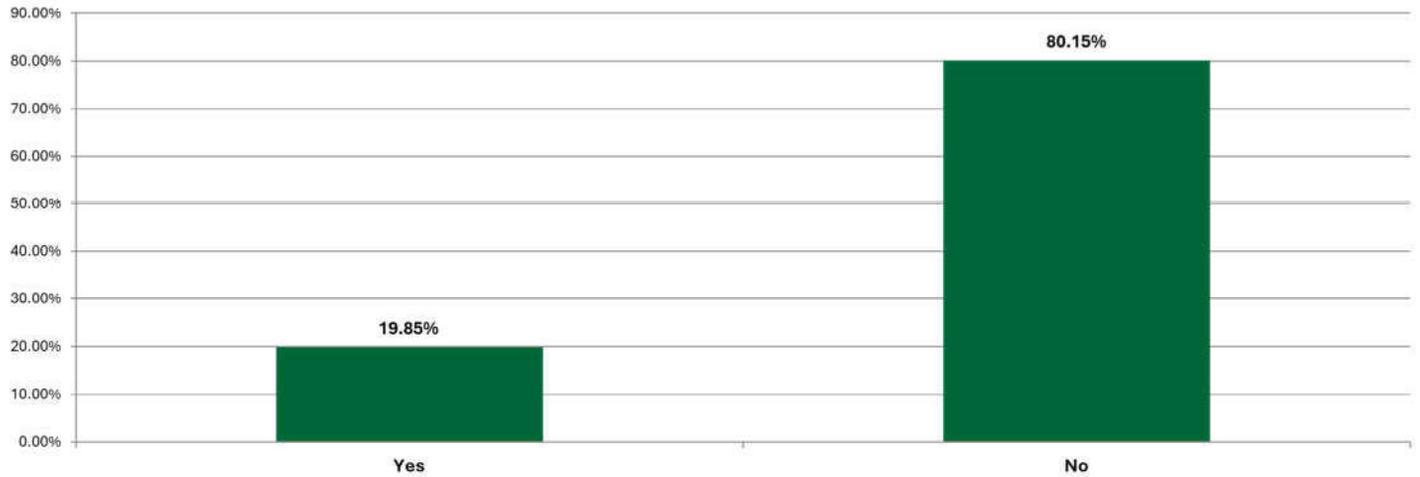


If you answered yes to the previous question, why weren't you able to get medical care? Choose all that apply.

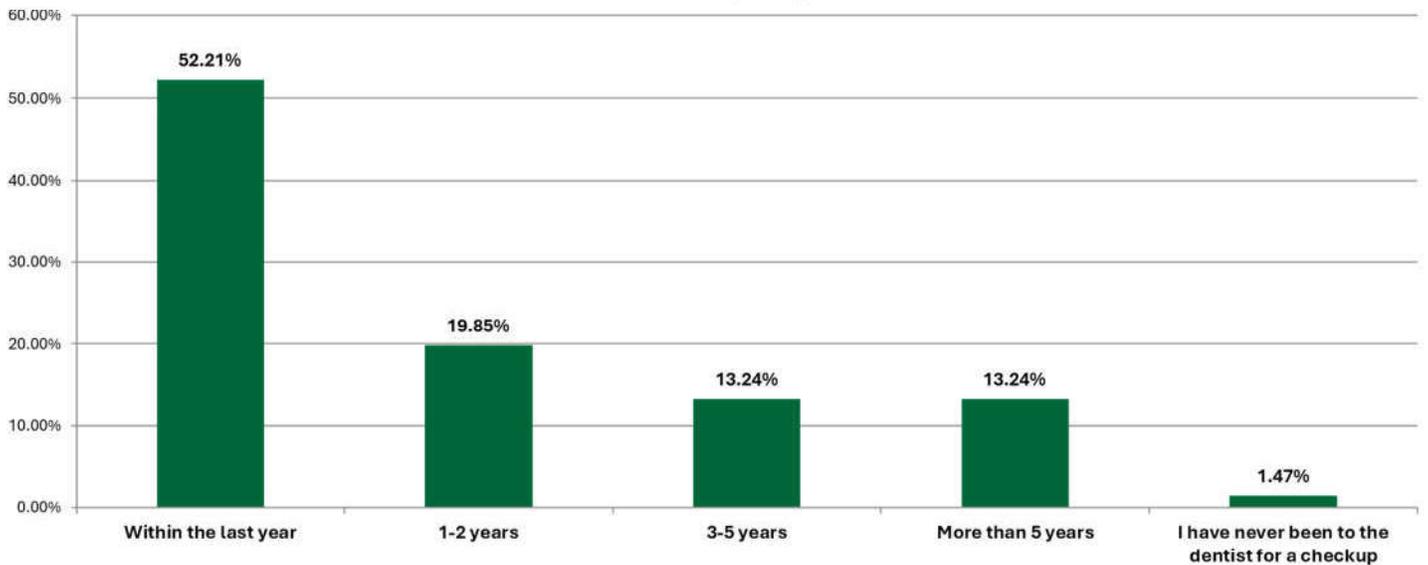


# SURVEY RESULTS

In the last year was there a time when you needed prescription medicine but were not able to get it?

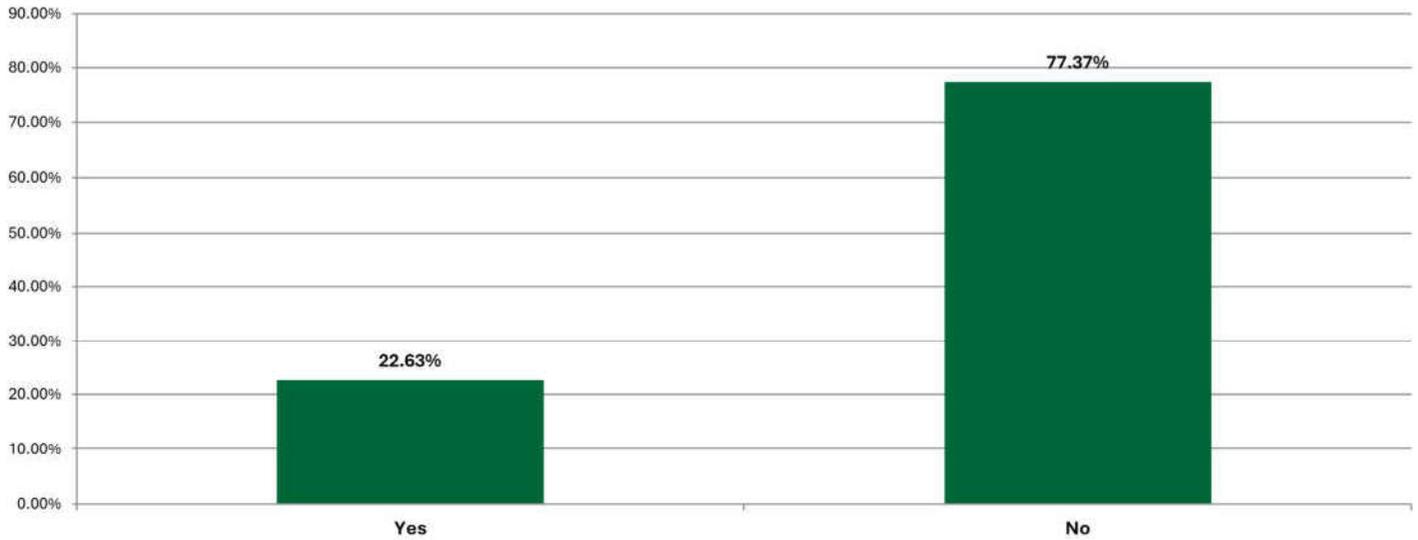


About how long has it been since you have been to the dentist to get a checkup (not for an emergency)

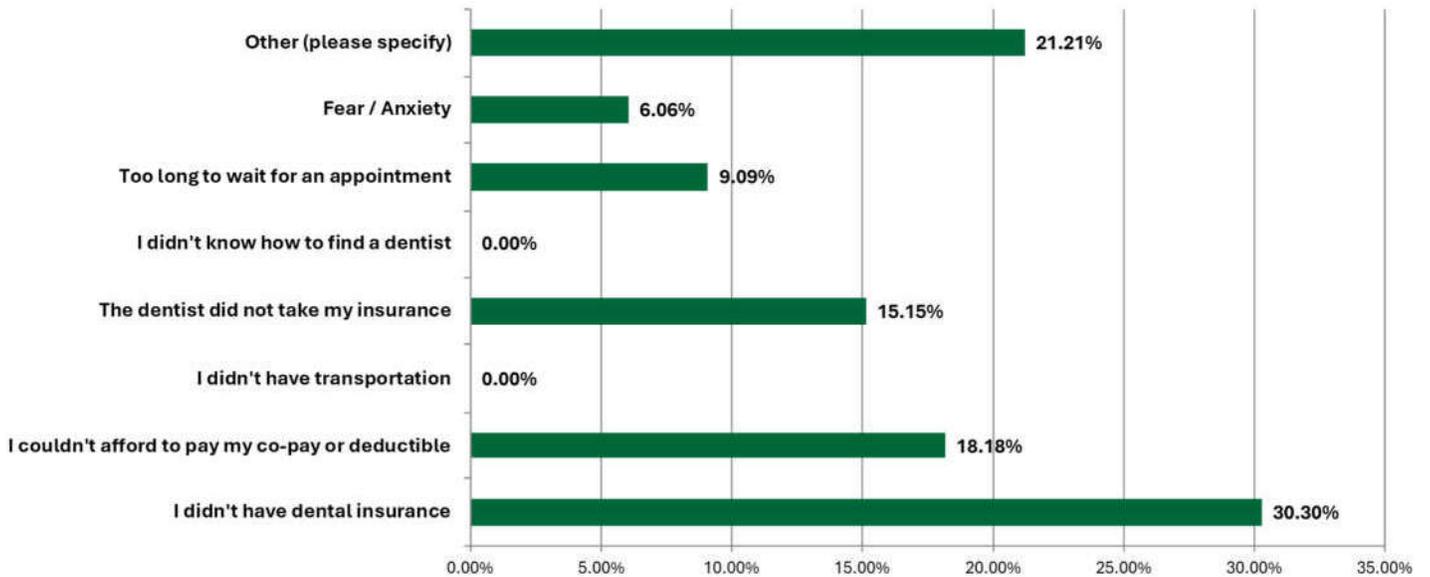


# SURVEY RESULTS

In the last year, was there a time when you needed dental care but could not get it?

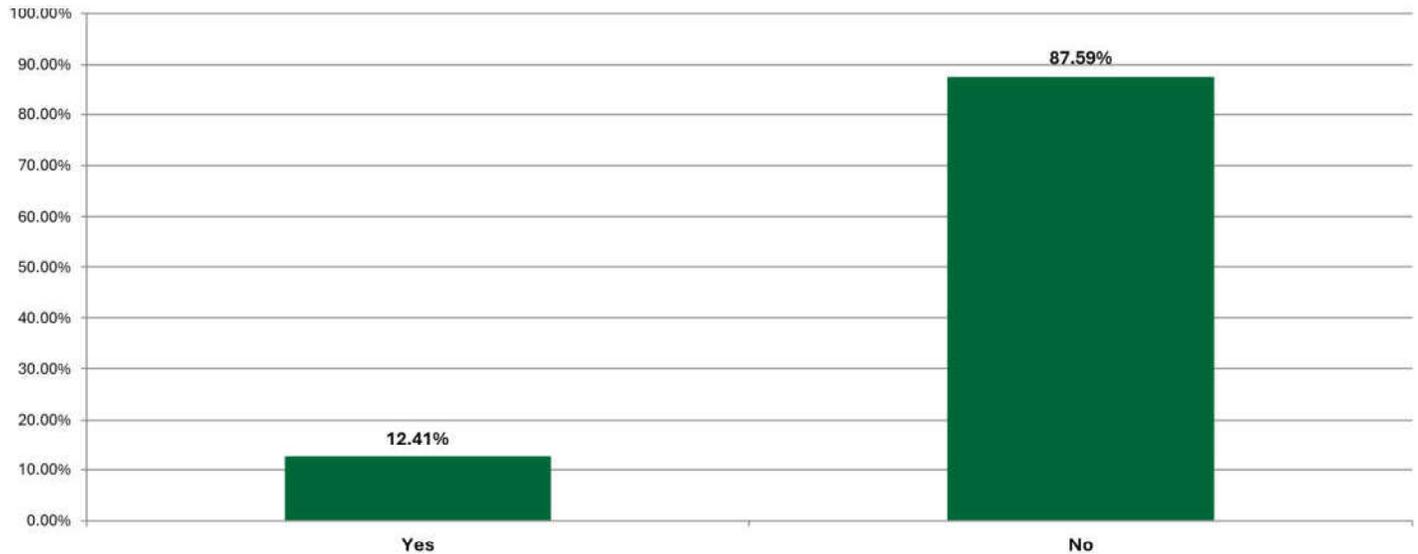


If you answered yes in the previous question, why weren't you able to get dental care? Choose all that apply

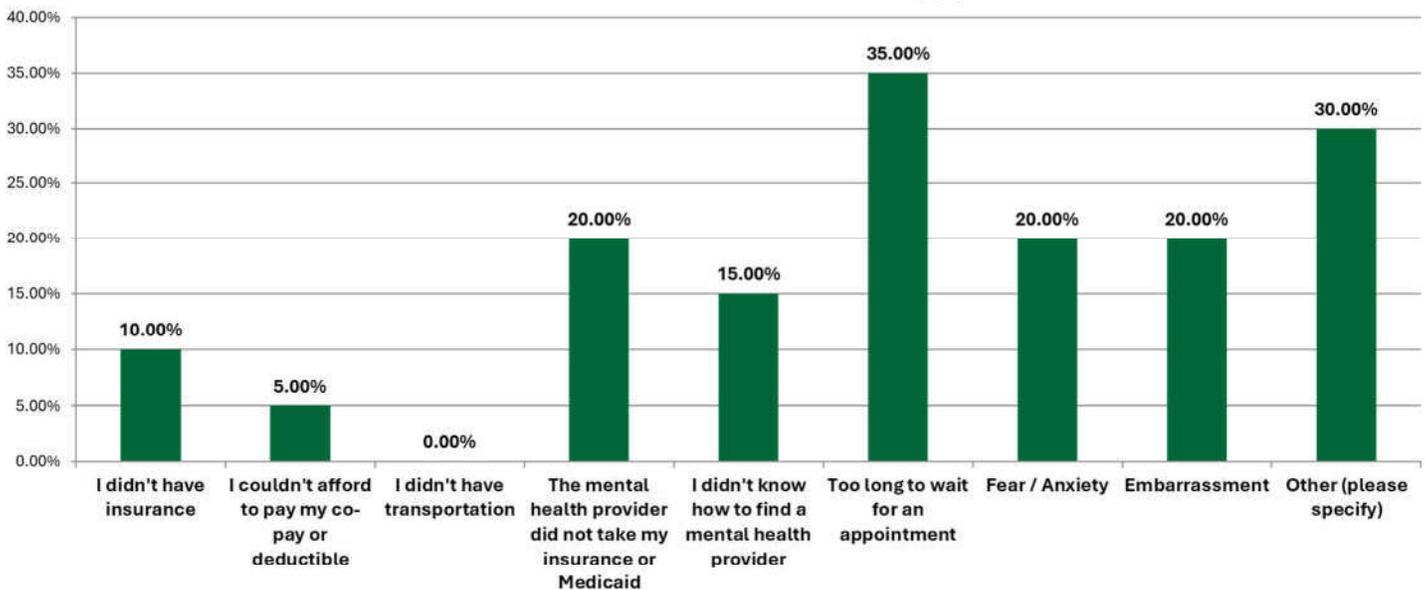


# SURVEY RESULTS

in the last year, was there a time when you needed mental health services but couldn't get in?

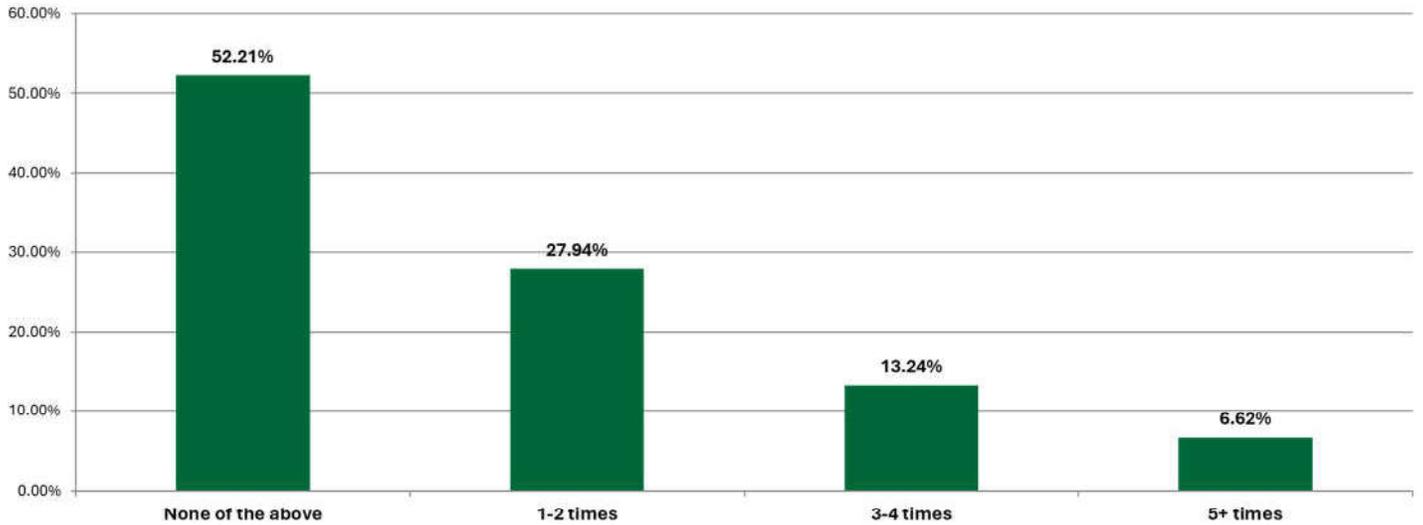


If you answered yes to the previous question, why weren't you able to get mental health services? Choose all that apply

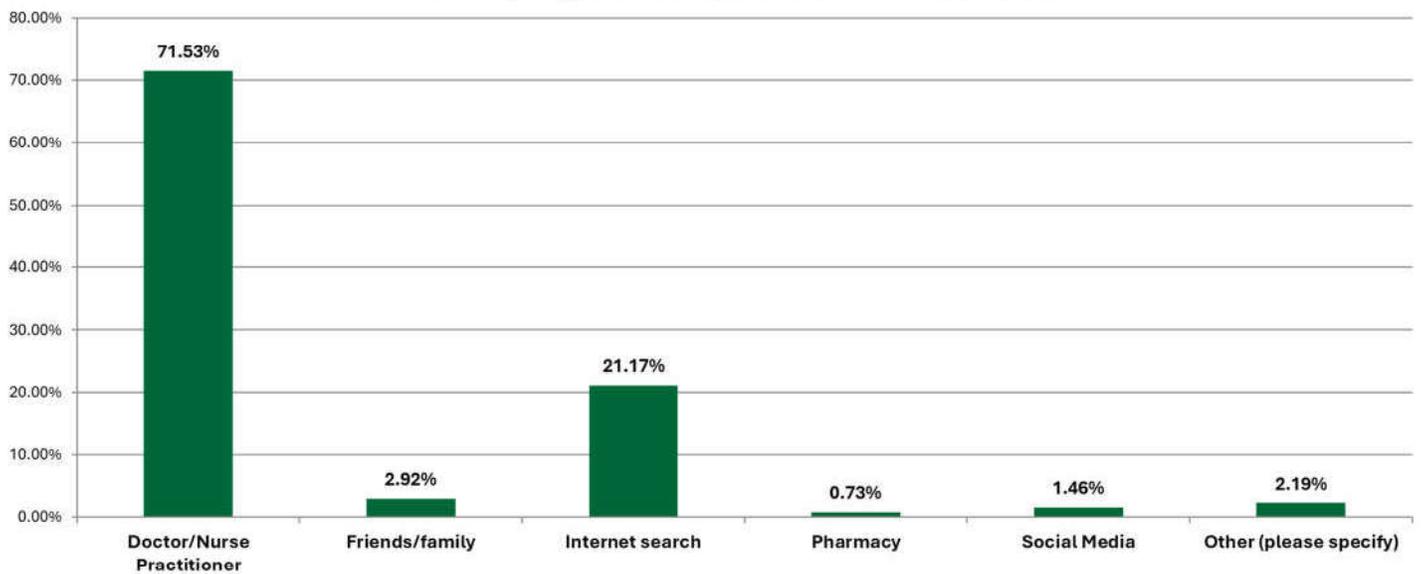


# SURVEY RESULTS

In the last week, how many times did you participate in deliberate exercise, (such as, jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?

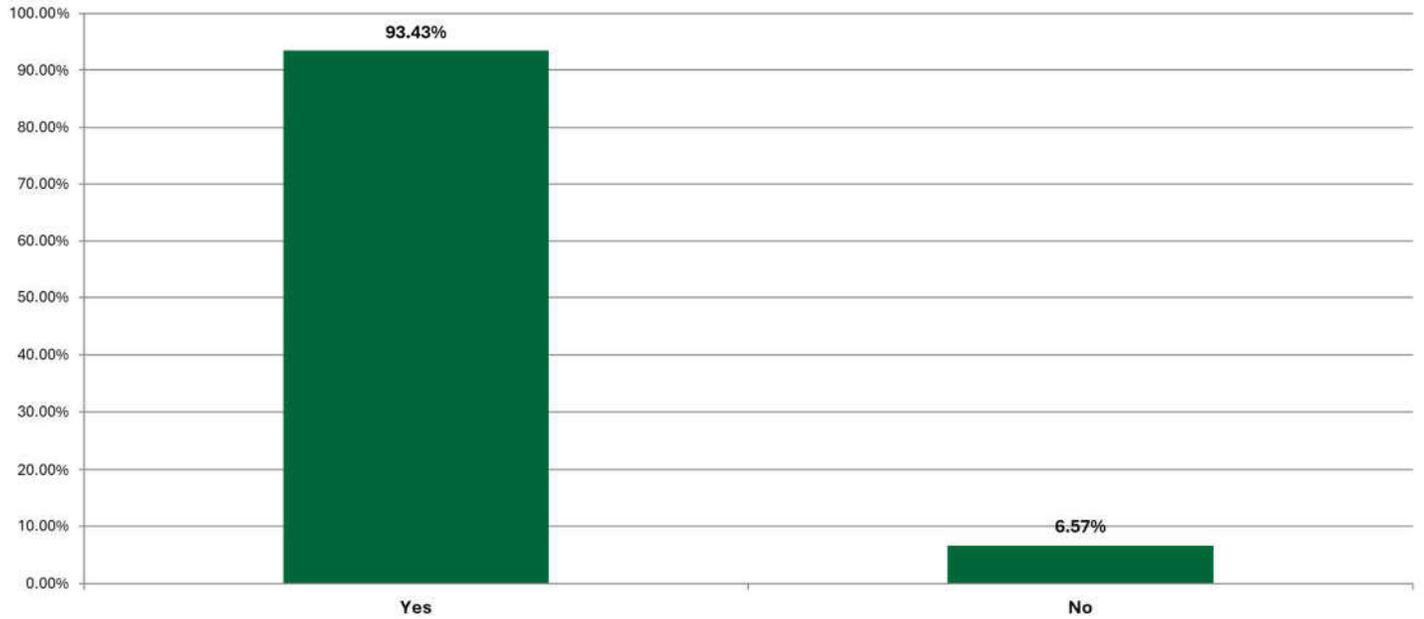


Where do you get most of your medical information?

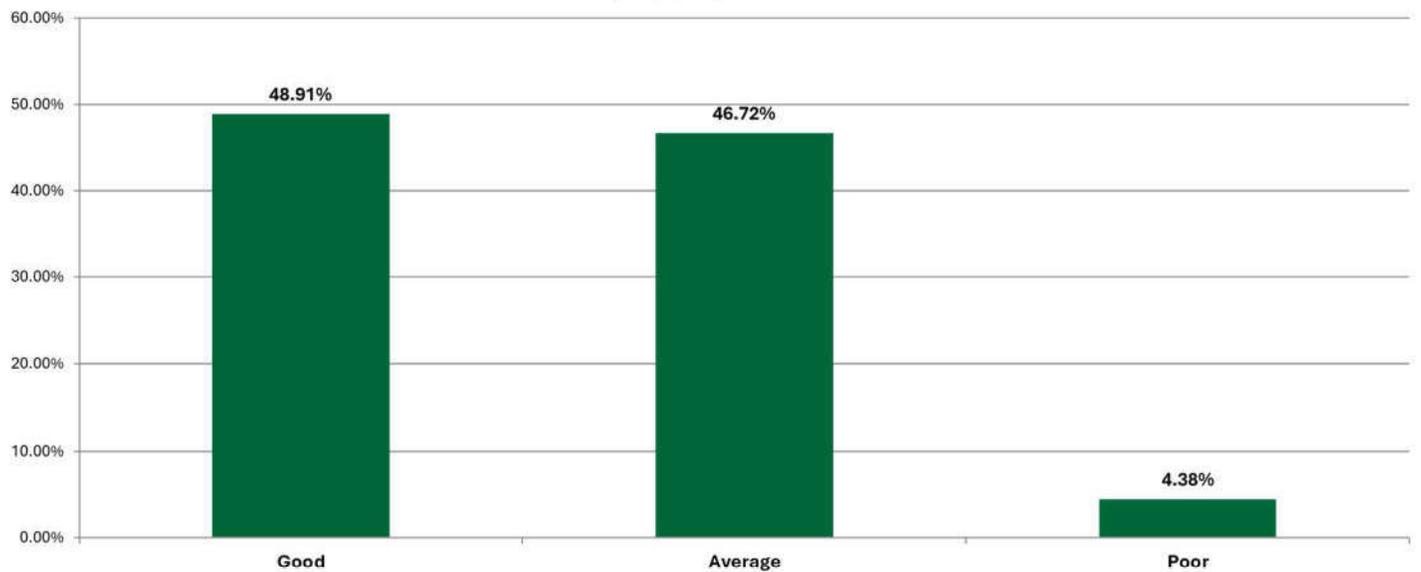


# SURVEY RESULTS

Do you have a primary care physician or nurse practitioner?

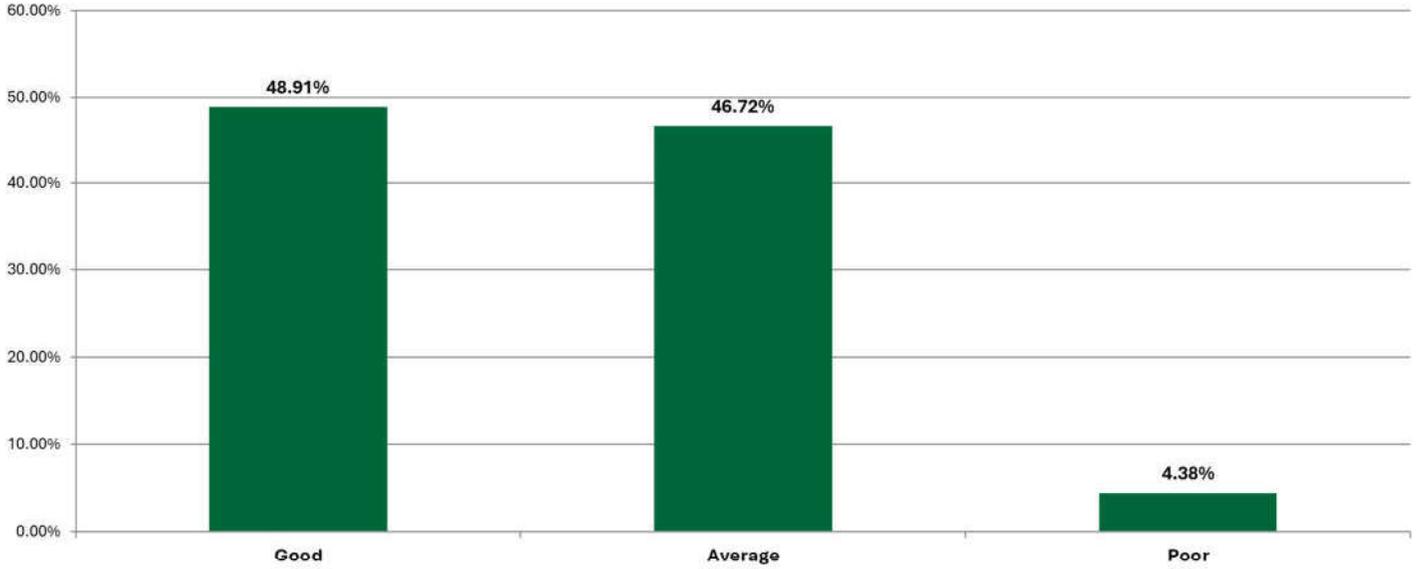


Overall, my physical health is:

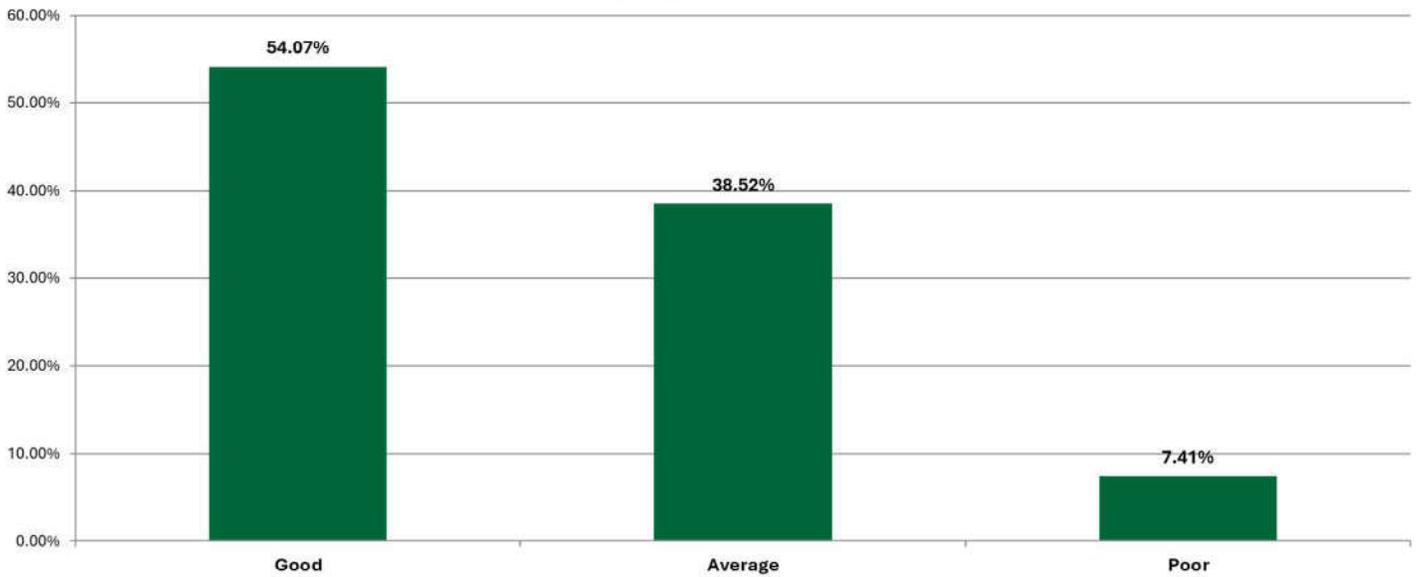


# SURVEY RESULTS

Overall, my physical health is:



Overall, my mental health is:



# SURVEY RESULTS

## **Springhill Medical Center: Listening to Our Community** *Insights from the Community Health Needs Survey*

### **Strengthen Community Connection**

#### **“Be Visible, Be Present”**

- Increase participation in local events and fellowships
- Promote Senior Friends and outreach programs
- Share SMC’s story—small hospital, big heart
- Celebrate personal connections: “Your babysitter is now your nurse”

### **Add Specialized Services**

#### **“Bring Care Home”**

- High demand for dialysis center/clinic
- Add ENT, dermatology, podiatry, nephrology
- Provide dental care with Medicaid coverage
- Offer therapy services for children and adults with disabilities

### **Expand Health Education**

#### **“Empower Through Knowledge”**

- Host quarterly health fairs with free checkups and literature
- Offer classes for all ages: diabetes, first aid, grief counseling
- Provide in-service education for staff and public
- Promote preventive care and screenings more effectively

# SURVEY RESULTS

## **Expand Health Education**

### **“Empower Through Knowledge”**

- Host quarterly health fairs with free checkups and literature
- Offer classes for all ages: diabetes, first aid, grief counseling
- Provide in-service education for staff and public
- Promote preventive care and screenings more effectively

## **Improve Access & Equity**

### **“No One Left Behind”**

- Expand van transportation program
- Improve appointment and medication access
- Provide school health checks and substance abuse support
- Ensure inclusive care for marginalized populations

## **Action Plan & Next Steps**

- Prioritize high-impact service expansions (dialysis, mental health)
- Launch quarterly health education calendar
- Strengthen partnerships for transportation and outreach
- Develop messaging campaign around SMC’s personal care legacy

# HEALTH PROFESSIONAL SHORTAGE AREA / MUA

## Medically Underserved Areas/Populations

- **Medically Underserved Areas (MUAs)** and **Medically Underserved Populations (MUPs)** are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.
- MUAs have a shortage of primary care services for residents within a geographic area such as:
  - A whole Parish
  - A group of neighboring counties
  - A group or urban census tracts
  - A group of county or civil divisions
- **MUPs are specific sub-groups** of people living in a defined geographic area with a shortage of primary care services. These groups may face economic, cultural, or linguistic barriers to health care. Examples include, but are not limited to:
  - Homeless
  - Low income
  - Medicaid eligible
  - Native American
  - Migrant farmworkers
- The **Index of Medical Underservice (IMU)** is applied to data on a service area to obtain a score for the area. IMU is calculated based on four criteria:
  1. Population to provider ratio
  2. Percent of the population below the federal poverty level
  3. Percent of the population over age 65
  4. Infant mortality rate
- The IMU scale is from 1 to 100, where 0 represents ‘completely underserved’ and 100 represents ‘best served’ or ‘least underserved.’
- Each service area or population group found to have an IMU of 62.0 or less qualifies for designation as a Medically Underserved Area or Medically Underserved Population.

data.HRSA.gov

Discipline	MUA/P ID	Service Area Name	Designation Type	Primary State Name	County	Index of Medical Underservice Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1221223606	Webster Parish	Medically Underserved Area	Louisiana	Webster Parish, LA	62.0	Designated	Rural	11/01/1978	07/06/2018
	<b>Component State Name</b>	<b>Component County Name</b>	<b>Component Name</b>	<b>Component Type</b>		<b>Component GEOID</b>	<b>Component Rural Status</b>			
	Louisiana	Webster	Webster Parish	Single County		22119	Rural			

# HEALTH PROFESSIONAL SHORTAGE AREA / MUA

- Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in:
  - Primary care
  - Dental health
  - Mental health
- These shortages may be geographic-, population-, or facility-based:
  - Geographic Area: A shortage of providers for the entire population within a defined geographic area.
  - Population Groups: A shortage of providers for a specific population group(s) within a defined geographic area (e.g., low income, migrant farmworkers, and other groups)
  - Facilities:
    - Other Facility (OFAC)
    - Correctional Facility
    - State Mental Hospitals
    - Automatic Facility HPSAs (FQHCs, FQHC Look-A-Likes, Indian Health Facilities, HIS and Tribal Hospitals, Dual-funded Community Health Centers/Tribal Clinics, CMS-Certified Rural Health Clinics (RHCs) that meet National Health Service Corps (NHSC) site requirements)
- HRSA reviews these applications to determine if they meet the eligibility criteria for designation. The main eligibility criterion is that the proposed designation meets a threshold ratio for population to providers.
- Once designated, HRSA scores HPSAs on a scale of 0-25 for primary care and mental health, and 0-26 for dental health, with higher scores indicating greater need.

# IMPLEMENTATION IDEAS

Priority Area	Goal	Strategies	Lead Roles	Partners	Timeline	Metrics
1. Access to Mental and Behavioral Health Care	Expand access to behavioral health services for all residents	<ol style="list-style-type: none"> <li>1. Recruit NHSA eligible providers</li> <li>2. Launch telepsychiatry</li> <li>3. School based outreach</li> <li>4. Apply for HRSA behavioral grants</li> </ol>	COO/CEO/DON	Local Schools Churches LDH	2026-2027	2 new access points 500+ residents screened annually Hire 2 new providers
2. Recruitment & Retention of Providers and Specialists	Strengthen workforce stability by attracting new providers	<ol style="list-style-type: none"> <li>1. Offer loan repayment, housing stipends</li> <li>2. Partner with LSU, ULM for rural rotations if possible.</li> <li>3. Launch "Live Well, Work Here" campaign</li> </ol>	HR, CEO, CNO, Chief of Staff	LSU Health, ULM, NHSC	2025 –2028	4 new hires <ul style="list-style-type: none"> <li>● 2 Primary</li> <li>● 2 Mental</li> </ul> 90% retention rate 3 recruitment events a year
3. Addressing Social Determinates to Health (SDOH)	Reduce disparities through integrated SDOH screening and referrals	<ol style="list-style-type: none"> <li>1. Screen patients for SDOH</li> <li>2. Refer to SNAP, Medicaid and housing services</li> <li>3. Build a community resource hub</li> </ol>	Providers and Case Management	SNAP, Medicaid and local not-for-profits that could help	2025-2028	75% of patients screened 500+ referrals to the resource hub
4. Prevention, Education & Chronic Disease Management	Lower mortality and chronic disease	<ol style="list-style-type: none"> <li>1. Monthly health campaigns</li> <li>2. Mobile screenings</li> <li>3. Chronic disease coaching</li> <li>4. Partner with the GYM and churches</li> </ol>	Nursing, Marketing, and Providers	Local gym, Chamber of Commerce, Churches	2025-2028	20% increase in screenings 300+ coached patients 10% drop in uncontrolled diabetes
5. Access to Dental Care services and providers	Improve oral health access and outcomes	<ol style="list-style-type: none"> <li>1. Recruit a dentist &amp; hygienist</li> <li>2. Launch a mobile dental clinic</li> <li>3. Integrate oral health into primary care</li> </ol>	CEO & COO, HR	FQHCs, dental schools, HRSA	2027-2028	Reduce the patient to dentist ratio, 2 mobile events a year



# Feedback, Questions or Comments?

Please address any written comments on the CHNA or for requests for a copy of the CHNA to:

## **Springhill Medical Center**

Attn: Administration  
2001 Doctors Drive  
Springhill, LA 71075  
Email: [hr@emailsmc.com](mailto:hr@emailsmc.com)

Please find the most up to date contact information on the Springhill Medical Center website as a direct link under “Contact Us” along the top banner of each page:

[www.smccare.com/contact-us](http://www.smccare.com/contact-us)

### **This CHNA was completed by the following:**

*Pete Johnson, CEO - Meeting Presentation and Discussion Facilitator / Final Input including Implementation*

*Kristin Cole, COO, CNO - Final Input including implementation*

*Derek Melancon , HR/Marketing - Meeting Preparation / Statistical Data Compilation / Final Report*

