



Shriners Children's Shreveport Community Health Needs Assessment 2022

Prepared by: Shriners Children's Shreveport Assessment Advisory Committee

- Susan S. Bryant, PT, MBA, MHA – Director of Performance Improvement & Risk Management
- G. Kim Green, FACHE – Hospital Administrator
- Cary Mielke, MD – Chief of Staff
- Colette Murray, MSN, RN – Interim DPCS / CNE
- Laura Campbell, MHA, RHIA – Manager of Health Information Management / Clinical Analyst
- N. Christian H. Berg, MA – Director of Public Relations
- Fran Wise, RN – Clinical Analyst

Contents

| | |
|--------------------------------------|----|
| Shriners Children’s at a Glance..... | 3 |
| Purpose..... | 6 |
| Process and Methods..... | 12 |
| Key Findings | 13 |
| Action Plan | 18 |
| Conclusion | 23 |
| Exhibits..... | 24 |

Please note that all patients, staff and provider pictures used throughout this 2022 CHNA report for Shriners Children’s Shreveport have given permission to use their photograph or likeness through the signing of either a Patient or Non-Patient General Marketing, Public Relations, or Fundraising form.

Shriners Children's at a Glance

Shriners Children's® is a health care system with locations in the U.S., Canada and Mexico. Our staff is dedicated to improving the lives of children by providing pediatric specialty care, conducting innovative research, and offering outstanding educational programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate are eligible for care, regardless of the families' ability to pay. Within these broad service lines, many types of care are provided. For example, some locations offer reconstructive plastic surgery, treatment for craniofacial abnormalities, or care for sports injuries. Generally, care is provided until age 18, although, in some cases, it may be extended to age 21. All services are provided in a compassionate and family-centered environment. Our patients are our priority. We take the time to care and to listen. At Shriners Children's, every patient and family can expect respectful, compassionate, expert care.

The mission of Shriners Children's is to:

Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries, and other special health care needs within a compassionate, family-centered, and collaborative care environment.

Provide for the education of physicians and other health care professionals.

Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay.

Shriners Children's is committed to its' employees and the diverse patient population which Shriners Children's serves. As a result, no person will be discriminated against because of race, religion, color, sex, sexual orientation, gender identity or expression, age, marital status, citizenship, national origin, genetic information, disability or any other protected class as outlined in applicable state or local regulations.

About Shriners Children's Shreveport

Shriners Children's Shreveport is changing lives every day through innovative pediatric specialty care, research and outstanding medical education. Our facility focuses on a wide range of pediatric orthopedic conditions, including rare diseases and syndromes. This means that when you visit Shriners Children's Shreveport for orthopedic appointments, you might see your neighbors, but you might also meet families visiting from states such as Oklahoma, Texas, Arkansas, Mississippi, or Alabama. We also provide expert sports medicine and cleft lip and palate care. All services are provided in a family-centered environment, regardless of the families' ability to pay.

Shriners Children's Shreveport is affiliated with Louisiana State University Health Sciences Center-Shreveport. The partnership is a result of our efforts to collaborate with leading academic medical centers to help reach more children through leveraging the clinical expertise of each organization. Our facility has been a training site for LSUHSC's orthopedic residents and other trainees.

Shriners Children's Shreveport was founded in 1922 as the first hospital of the Shriners International Fraternity. After World War I, members of the fraternity sought to institute a program for the betterment of humanity. By 1921, planning was underway to establish a hospital dedicated to caring for children affected by polio, congenital orthopedic conditions and injuries such as those incurred on farms. As plans for a hospital dedicated to caring for children developed, the local El Karubah Shriners began campaigning to bring the hospital to Shreveport. Chartered in 1914, the fledgling El Karubah Shriners were led by Shreveport businessman James Horace Rowland who was a prominent Mason and Shriner and the first Potentate of El Karubah. Under Rowland's direction, the group purchased an option on land at the outskirts of town, arranged for an orthopedic surgeon through the Shreveport Medical Society and developed local fundraising efforts. Those efforts were successful. In September of 1921, Rowland and Shreveport Mayor L.E. Thomas traveled to Atlanta, Georgia to present their proposal to the official hospital committee. Following the meeting, Louisiana Shriners were given approval to proceed. On May 12, 1922, the cornerstone for Shriners Hospital for Crippled Children was laid.





Inside Shriners Children's each day, patients and families say thank you to the Shriners – those men in the red fezzes. Our model for care was imagined and established by the Shriners, the fraternal organization for which the health care system is named. Determined to give all children access to specialized pediatric care, the Shriners opened their first hospital in 1922. Polio was reaching epidemic proportions and only families of means had ready access to doctors, leaving thousands of children at risk without health care.

Recognized as leading philanthropy, Shriners Children's has evolved into an international health care system recognized for its devotion to transforming the lives of children through care and research. It is a destination of choice for parents whose children have orthopedic problems, burns, spinal cord injuries, cleft lip and palate, and other complex medical needs.

Purpose

A Community Health Needs Assessment (CHNA) is a report based on epidemiological, qualitative, and comparative methods that assess the health issues in a hospital organization's community and that community's access to services related to those issues.

The Patient Protection and Affordable Care Act (PPACA) enacted on March 23, 2010, requires not-for-profit hospital organizations to conduct a CHNA once every three taxable years that meets the requirements the Internal Revenue Code 501(r) set forth by the PPACA. The PPACA defines a hospital organization as an organization that operates a facility required by a state to be licensed, registered, or similarly recognized as a hospital; or, a hospital organization is any other organization that the Treasury's Office of the Assistant Secretary ("Secretary") determines has the provision of hospital care as its principal function or purpose constituting the basis for its exemption under section 501(c)(3).

This assessment is designed and intended to meet the IRS needs assessment requirement as it is currently understood and interpreted by Shriners Children's leadership.

Shriners Children's Commitment to the Community

After consulting with experts regarding the IRS language pertaining to the CHNA, Shriners Children's can meet the unmet health needs of their respective communities by virtue of the services that we already provide.

Shriners Children's Shreveport is committed to providing care within the scope of our mission without regard for the family's ability to pay. We work collaboratively with our community partners to assess community needs and develop new clinical and community benefit programs that enhance health and well-being of children in our community. Shriners Children's – Shreveport like the other U.S. based hospitals in the Shriners Children's health care system, reaffirms its commitment to excellence of care through the development of its Community Health Needs Assessment (CHNA). Based on the findings, we have developed an action plan to work alongside community stakeholders to address the health needs of the community.

Our Community

Over the last 99 years, Shriners Children's Shreveport has been providing orthopedic care to over 90,000 children. The orthopedic care has included, but is not limited to, treatment for: Amniotic Band Syndrome, Arthrogryposis, Blount's Disease, Brachial Plexus Palsy, Cerebral Palsy, Clubfoot, Charcot-Marie-Tooth Disease, Flat Feet, Fracture Complications, Developmental Dysplasia of the Hip, Juvenile Rheumatoid Arthritis, Legg-Calve-Perthes Disease, Limb Deficiencies / Deformities, Muscular Dystrophy, Neurofibromatosis, Osgood-Schlatter Disease, Osteogenesis Imperfecta, Osteomyelitis, Scoliosis and Other Spine Conditions, Slipped Capital Femoral Epiphysis, Spina Bifida, and Cleft Lip/Palate.

For the first eighty-eight years, the hospital provided care and treatment supported solely through the Shrine fraternity and donations from the public. No family was charged for services; no insurance payments were taken; and no government reimbursement was accepted. Our hospital was the only "free hospital" in the state of Louisiana. However, in 2009 the national Shrine organization realized in order for its hospitals to survive and to continue our commitment in providing world-class care to children, other sources of revenue must be pursued. In February of 2011, our facility began its revenue cycle after 88 years of providing "free care" to the children of a six-state region (Louisiana, Texas, Oklahoma, Mississippi, Arkansas, and Alabama) and to international children from Panama, etc.



It is through our commitment to our pediatric community that we have the privilege of serving the specific health needs of this frequently underserved population.

Economic and Social Impact on the Community

According to the Louisiana Hospital Association's 2020 Hospitals and the Louisiana Economy report, Louisiana hospitals are significant economic agents in local communities and statewide, generating more than \$34.7 billion annually in economic activity and directly employing more than 102,000 people with an annual payroll of \$5.8 billion. The Shreveport Region (Region 7) included over thirty-nine thousand jobs in healthcare with over \$1.5 billion in payroll. Shriners Children's Shreveport employs approximately 187 fulltime and part time staff with approximately 36% (67) being minorities. Employees represent the educational spectrum from no high school diploma in some facility support areas to highly educated physicians who hold board certifications in orthopedics and anesthesiology. It is estimated that Shriners Children's Shreveport contributed more than \$55 million of revenue into the area and state economy. Personnel cost is the main budget cost center with a payroll amount of more than \$12.8 million in 2021.



The healthcare industry worldwide faced significant challenges and changes in 2020, 2021, and continuing in 2022. A novel (new) coronavirus known as SARS-CoV-2 was first detected in December 2019 in Wuhan, Hubei Province, People's Republic of China, causing outbreaks of the coronavirus disease COVID-19. On January 31, 2020, the Secretary of Health and Human Services (HHS) declared a public health emergency under section 319 of the Public Health Service Act (42 U.S.C. 247d), in response to COVID-19. President Trump proclaimed that the COVID-19 outbreak in the United States constitutes a national emergency beginning March 1, 2020. The Governor of the State of Louisiana declared a statewide public health emergency on March 11, 2020 as a result of the imminent threat posed to Louisiana citizens by COVID-19; therefore, Shriners Children's Shreveport activated its emergency incident action plan (HICS) on this date.

Approximately 15,000 patients were seen in our outpatient clinics in 2021. These included clinics for general orthopedics, fractures, scoliosis, juvenile rheumatoid arthritis, cleft lip/palate, hand, and neuromuscular conditions. Our medical staff utilized Telehealth technology to improve continuum of care for our patients during the COVID-19 pandemic with 483 Telehealth visits completed in 2020 and 385 in 2021. Additionally, 769 operations were performed at our hospital in 2021, including 3,435 surgical procedures. The hospital is an active teaching facility, hosting students from over fifteen

educational institutions including LSU Health Sciences Center – Shreveport, Northwestern Louisiana University, Louisiana Tech University, Bossier Parish Community College, Centenary College, Grambling State University, University of Louisiana – Monroe, Southern University, Louisiana Technical College, University of Arkansas, Kilgore College - Texas, and Panola College – Carthage, Texas. The affiliation agreements with these institutions allow our hospital to contribute expertise and resources to the ongoing education and training of tomorrow's physicians, nurses and allied health professionals, the majority of whom continue to work in Louisiana once they have graduated.

Overall Economic Impact of Hospital Operations in Louisiana by Region (\$ in Millions)

| Louisiana Region | Business Transactions | Annual Payroll | Jobs Created and Supported | State and Local Tax Collections |
|------------------|-----------------------|----------------|----------------------------|---------------------------------|
| New Orleans | \$7,152 | \$2,490 | 62,820 | \$336.5 |
| Baton Rouge | \$5,330 | \$1,857 | 47,074 | \$251.0 |
| Houma-Thibodaux | \$1,994 | \$695 | 17,621 | \$94.2 |
| Lafayette | \$4,562 | \$1,589 | 40,285 | \$214.4 |
| Lake Charles | \$2,049 | \$714 | 18,109 | \$96.1 |
| Alexandria | \$2,552 | \$889 | 22,575 | \$119.9 |
| Shreveport | \$4,626 | \$1,611 | 40,753 | \$217.4 |
| Monroe | \$2,982 | \$1,039 | 26,346 | \$140.0 |
| Northshore | \$3,516 | \$1,226 | 31,071 | \$165.6 |

Source: LHA Report: Hospitals and the Louisiana Economy, 2020

Louisiana Industry Employment and Payroll Rankings

| Industry | Employment | Annual Payroll (in Billions) |
|---|----------------|------------------------------|
| Healthcare (Including Hospitals) | 305,667 | \$13.7 |
| Manufacturing | 135,516 | \$10.3 |
| Construction | 160,770 | \$10.1 |
| Retail Trade | 227,951 | \$6.4 |
| Leisure and Hospitality | 244,705 | \$5.2 |
| Wholesale Trade | 69,585 | \$4.6 |
| Mining | 34,396 | \$3.3 |
| Utilities | 13,683 | \$1.0 |

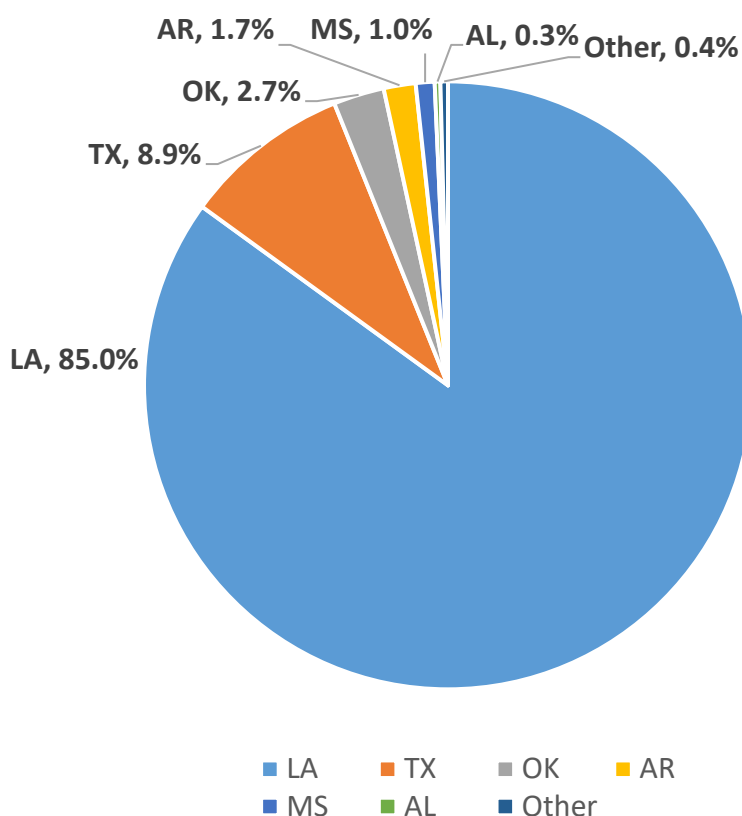
Source: LHA Report: Hospitals and the Louisiana Economy, 2020:

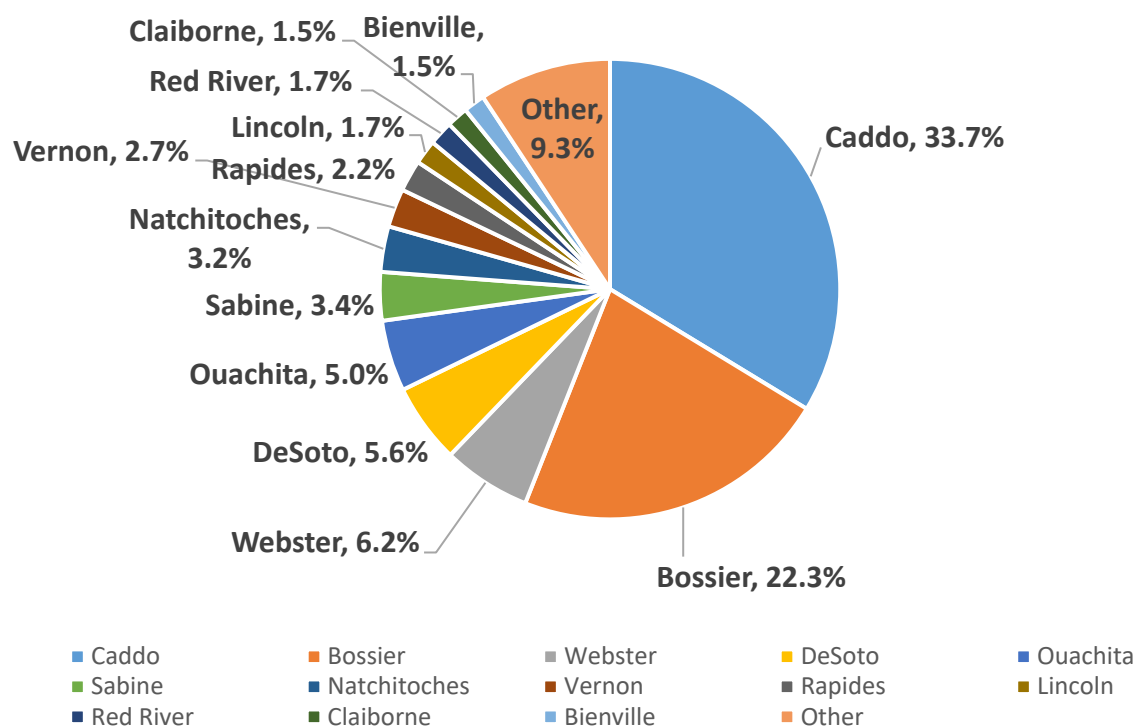
Louisiana Workforce Commission, 2018 Annual Report and U.S. Bureau of Labor Statistics, 2019

SHC-Shreveport's Community Defined

In 2021, the Shreveport hospital had 15,681 patient visits which was a decrease from 18,014 patient visits in 2018. New patient referrals were primarily from physicians with Shriners fraternity members being a secondary source. Family, friend and other sources constitute the remaining new patient referrals. In 2021, 85% of active patients were residents of Louisiana. Over 90% of the patients from Louisiana were from the thirteen parishes in the northwest corner of the state, including: Caddo (33.7%), Bossier (22.3%), Webster (6.2%), DeSoto (5.6%), Ouachita (5.0%), Sabine (3.4%), Natchitoches (3.2%), Vernon (2.7%), Rapides (2.2%), Lincoln (1.7%), Red River (1.7%), Claiborne (1.5%), and Bienville (1.5%). The remainder of the referrals came from Texas (8.9%), Oklahoma (2.7%), Arkansas (1.7%), Mississippi (1.0%), Alabama (0.3%), and all of other states and countries are included in the final 0.4% of referrals. Thus, the primary community served is defined as the pediatric population residing in the state of Louisiana with the secondary community consisting of the pediatric population in Texas.

Shriners Children's – Shreveport Catchment Area: Patient Distribution by State



Shriners Children's – Shreveport Catchment Area: Louisiana Patients by Parish

Process and Methods

The Shriners Children's Shreveport Assessment Advisory Committee commissioned a health needs assessment study. The assessment included two distinct phases: review of published/secondary data and primary data collection that was intended to define behavioral, attitudinal and social determinants of health status of the community's pediatric population from the perspective of the community's primary care physicians, care managers, public health officials, board members and patients/families. Methods of data collection included both random sampling of health care providers and participants selected through community outreach targeting primary care physicians currently serving Shriners Children's Shreveport patients.

The resulting report is based on information garnered from surveys of Shriners Children's Shreveport board members, state public health officials, and community health care providers. In addition, local government and health systems data was reviewed and utilized to prepare this report. Shriners Children's, through its mission to provide healthcare without regard to race, color, creed, sex or sect, disability, national origin, or ability of a patient or family to pay, aims to remove barriers to obtaining healthcare, and improve the quality of life for our patients.

Key Findings

Primary Data Findings

Surveys were distributed to 800 referring providers throughout our catchment area with a 10% completion rate.

Fifty-five percent (55%) of the respondents reported that they have faced barriers obtaining medical care for their pediatric patients in the community. The primary barriers identified include:

- Transportation issues 37%
- Inability to pay (or lack of insurance / underinsured) 33%
- Admission process (backlog, waiting list, etc.) 28%
- Lack of services 16%
- Language barrier 11%
- Lodging/accommodation concerns 11%

Eighty-six percent (86%) of the respondents reported that they are likely to refer to our facility for specialized care for orthopedic conditions, including:

- Scoliosis or other spine conditions 83%
- Prosthetics & orthotics 51%
- Hand or foot surgery 50%
- Fracture clinic 49%
- Hip dysplasia 44%
- Sports medicine 44%
- Pediatric rheumatology 41%
- Cleft lip & palate care 38%
- Rehabilitation / therapy (includes motion analysis center) 31%
- Pediatric dietician and consultation services 14%
- EOS low-dose imaging system 8%

Survey respondents identified several key services that would be beneficial to the patients & families they refer to Shriners, including:

- Financial assistance 82%
- Child Life services (distraction therapy, pet therapy, etc.) 62%
- Activity areas (Tim Tebow playroom, playground, etc.) 46%
- Nutrition services 45%
- Travel assistance from Shriners Fraternity 42%
- Guest rooms available (when necessary) 36%
- Full-time translator on staff 35%

Published/Secondary Data Findings

According to Sg2 Market Demographics 2021, the total population of the thirteen-parish (county) region was approximately 898,483 with a pediatric population (ages 0-17) of 211,001 (23.5%). Of the total population, 57.5% were white Non-Hispanic; 36.7% were black Non-Hispanic; 3.7% were Hispanic and Multiple Races; 1.3% were Asian and Pacific Island Non-Hispanic, and 0.8% includes others. The household income for the majority of the population, 23.5%, is \$25-50K, and the household income for 16.7% of the population in the thirteen-parish (county) region are below \$15K. 35.5% of the total population only has a high school diploma, while another 29.5% have partial college education or an associate degree.

The data presented in the tables below includes 2021 demographic data for the thirteen-parish (county) region in Louisiana for which this Community Health Needs Assessment focuses: Caddo, Bossier, Webster, DeSoto, Ouachita, Sabine, Natchitoches, Vernon, Rapides, Lincoln, Red River, Claiborne, and Bienville.

Table 1: Population Distribution by Age

| POPULATION DISTRIBUTION | | | | |
|-------------------------|----------------|---------------|----------------|---------------|
| Age Distribution | | | | |
| Age Group | 2021 | % of Total | 2027 | % of Total |
| 0-14 | 175,272 | 19.5% | 168,873 | 19.0% |
| 15-17 | 35,729 | 4.0% | 36,270 | 4.1% |
| 18-24 | 91,680 | 10.2% | 92,196 | 10.4% |
| 25-34 | 119,796 | 13.3% | 111,752 | 12.6% |
| 35-54 | 210,853 | 23.5% | 210,616 | 23.7% |
| 55-64 | 107,353 | 11.9% | 96,199 | 10.8% |
| 65+ | 157,800 | 17.6% | 171,226 | 19.3% |
| Total | 898,483 | 100.0% | 887,132 | 100.0% |

Source: Sg2 Claritas Pop-Facts® 2022

Table 2: Race/Ethnicity Distribution

| RACE/ETHNICITY | | |
|-----------------------------|----------------|---------------|
| Race/Ethnicity Distribution | | |
| Race/Ethnicity | 2021 Pop | % of Total |
| White | 516,654 | 57.5% |
| Black / African American | 329,468 | 36.7% |
| Multiple Races | 20,398 | 2.3% |
| Hispanic | 12,701 | 1.4% |
| Asian | 11,062 | 1.2% |
| American Indian / AK Native | 7,499 | 0.8% |
| Native HI/PI | 701 | 0.1% |
| Total | 898,483 | 100.0% |

Source: Sg2 Claritas Pop-Facts® 2022

Table 3: Household Income Distribution

| HOUSEHOLD INCOME DISTRIBUTION | | |
|-------------------------------|---------------------|---------------|
| 2021 Household Income | Income Distribution | |
| | HH Count | % of Total |
| >\$15K | \$59,231 | 16.7% |
| \$15-25K | \$44,455 | 12.6% |
| \$25-50K | \$83,241 | 23.5% |
| \$50-75K | \$57,255 | 16.2% |
| \$75-100K | \$36,168 | 10.2% |
| Over \$100K | \$73,789 | 20.8% |
| Total | \$354,139 | 100.0% |

Source: Sg2 Claritas Pop-Facts® 2022

Table 4: Education Level Distribution

| EDUCATIONAL LEVEL DISTRIBUTION | | |
|--------------------------------|--------------------------------|---------------|
| 2021 Adult Education Level | Educational Level Distribution | |
| | Pop Age 25+ | % of Total |
| Less than High School | 31,235 | 5.2% |
| Some High School | 46,716 | 7.8% |
| High School Degree | 211,390 | 35.5% |
| Some College/Assoc. Degree | 175,827 | 29.5% |
| Bachelor's Degree or Greater | 130,631 | 21.9% |
| Total | 595,799 | 100.0% |

Source: Sg2 Claritas Pop-Facts® 2022

According to the 2020 American Community Survey 5-year estimates for poverty status, the Shreveport-Bossier City metro area has a 31% rate of poverty for children under 18 years of age. This rate is 4% higher than the poverty rate for children in Louisiana and 13.5% higher than the poverty rate for children in the United States. Children living in poverty are at a greater risk of poor academic performance, dropping out of school, abuse and neglect, behavioral or physical problems, and developmental delays. Statistically, this can result in lower long-term prospects in terms of overall educational attainment, earnings, and health. These factors can lead to a continuing cycle of poverty. Poverty limits opportunities for quality housing, healthy food, living wage jobs, and valuable education.

Children (Under 18) (Table B17001) [View table](#)

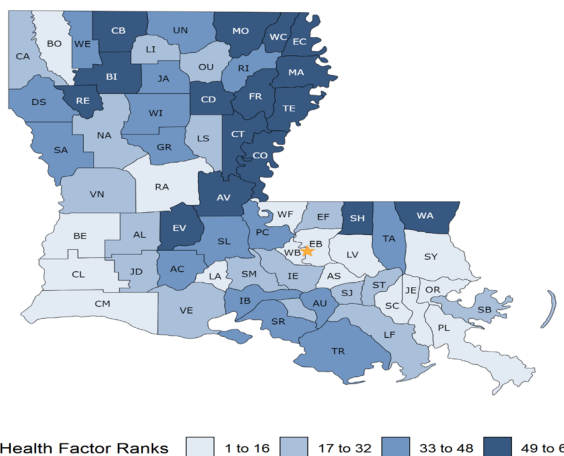
| Column | Shreveport-Bossier City, LA | | | | Louisiana | | | | United States | | | |
|-------------|-----------------------------|-------|--------|----------|-----------|-------|---------|----------|---------------|-------|------------|-----------|
| Poverty | 30.6% | ±1.3% | 28,991 | ±1,447 | 26.3% | ±0.4% | 284,760 | ±4,759.6 | 17.5% | ±0.1% | 12,598,699 | ±54,390.7 |
| Non-poverty | 69.4% | ±1.1% | 65,682 | ±1,984.9 | 73.7% | ±0.3% | 796,337 | ±6,529.9 | 82.5% | ±0.1% | 59,467,075 | ±64,344.3 |

Source: ACS 2020 5-year Poverty Status

According to the 2021 Louisiana County Health Rankings & Roadmaps Report of parish health factors, which are based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment, the northwest Louisiana parishes ranked as follows out of 64 parishes:

- Bossier – 6th
- Rapides – 16th
- Lincoln – 17th
- Caddo – 19th
- Natchitoches – 25th
- Vernon – 26th
- Ouachita – 28th
- De Soto – 42nd
- Webster – 43rd
- Sabine – 44th
- Bienville – 49th
- Red River – 50th
- Claiborne – 56th

2021 Health Factors - Louisiana

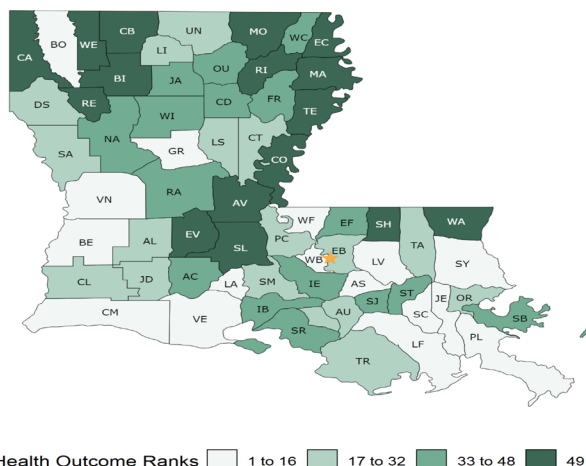


County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

According to the 2021 Louisiana County Health Rankings & Roadmaps Report of parish health outcomes, which are based on an equal weighting of length and quality of life, the northwest Louisiana parishes ranked as follows out of 64 parishes:

- Bossier – 6th
- Vernon – 9th
- Lincoln – 17th
- De Soto – 24th
- Sabine – 27th
- Ouachita – 37th
- Rapides – 45th
- Natchitoches – 48th
- Caddo – 49th
- Webster – 52nd
- Claiborne – 53rd
- Bienville – 57th
- Red River – 58th

2021 Health Outcomes - Louisiana



County Health
Rankings & Roadmaps
Building a Culture of Health, County by County

Considering these rankings, our facility has the opportunity to positively influence the health factors and health outcomes of the pediatric population in Louisiana, including this thirteen-parish region. This can be accomplished through the expertise and resources our facility offers as well as through outreach clinics and telemedicine technology reaching urban, suburban and rural areas in Louisiana and throughout our six state catchment area.

Key Finding Prioritization

| Access Variables | Shriners Children's – Shreveport Community Need | Shriners Children's – Shreveport Strategic Plan | Shriners Children's – Shreveport Resources Available | Community Impact (High - Low) |
|--------------------------------------|---|---|--|-------------------------------|
| Lack of insurance | Yes | Yes | Yes | High |
| Lack of pediatric specialty services | Yes | Yes | Yes | High |

Based on the results above, and given our mission and the resources we have available, Shriners Children's Shreveport has chosen to focus its 2022 CHNA Action Plan on access to unmet healthcare needs related to the following topics:

- Lack of insurance
- Lack of pediatric specialty services

Shriners Children's Shreveport recognizes that there are other identified unmet needs within the identified community population; however, due to the specialty nature of Shriners Children's (its mission, vision and values), its staffing and available resources, Shriners Children's Shreveport is unable to care for these immediate needs. Shriners Children's Shreveport is integrally connected with many resources in the community to refer patients and families should patients require additional assistance. Our Care Management department works closely with local health departments, Child Protective Services, institutions and agencies to help families find the assistance they need.

Action Plan

2019 Action Plan Results

Goal 1 – Continue to improve access to care by providing treatment for acute orthopedic conditions.

Research of the healthcare needs of the pediatric population revealed a significant need in the treatment of acute fractures. A national survey conducted in 2006 and published in AAOS reported: “92% of orthopedic offices agreed to see children with private insurance, but only 38% would take a child on Medicaid”. The survey went on to say that those numbers have dropped to 82% and 24% respectively, which means that a staggering number of children on Medicaid will not be seen, by orthopedic offices indicating access to care for these children is a huge issue. Shriners Children's Shreveport initiated a fracture management program in 2015. The addition of fracture care further demonstrates the commitment of our hospital to the pediatric community of Louisiana. Within the first two months of the program in the spring of 2015, Shriners Children's – Shreveport realized an increase in fracture referrals from 17 to 64 (276% increase). Analysis of the Payer Mix for the patients with fractures from March 2015 – December 2015 revealed that 69% had Medicaid and 24% had commercial insurance. The drastic growth of the program in such a short amount of time confirmed that acute fracture management was an unmet need in our community. Continued growth was noted in 2018 with 1,429 referrals. Analysis of the Payer Mix for the patients with fractures in 2018 revealed that 63% had Medicaid, 28% commercial insurance, 8% had Tricare, and 1% were uninsured. After continued growth in 2019, there was a decrease in fracture referrals to 875 in 2020 possibly attributed to the decrease in organized athletics and social activities during the COVID pandemic. Shriners Children's – Shreveport realized a 56.8% increase in fracture referrals to 1,372 in 2021 as COVID restrictions were relaxed and activities resumed. Analysis of the Payer Mix for the patients with fractures in 2021 revealed that 63% had Medicaid, 30% had commercial insurance, 6.5% had other (Tricare, etc.), and 0.5% were uninsured. Shriners Children's- Shreveport will continue to strive to improve access to care through our programs and services into the future.

Goal 2 – Improve access to care by adding specialists and services to existing personnel and services.

A recommendation related to access to care was the addition of specialists through physician recruitment and the addition of other service lines. In 2018, we had two full-time and six part-time pediatric orthopedic surgeons on staff. We met the goal of adding specialists and service lines to increase access to care when we hired an additional part-time pediatric orthopedic surgeon in May 2019 that specializes in hand and upper extremity conditions. We also added a third full-time pediatric orthopedic surgeon in August 2019 that specializes in complex limb deformity and limb lengthening procedures.

We grew and improved our comprehensive spine program in 2019. Three of our physical therapists earned certifications in the Schroth-Barcelona Institute method for conservative treatment of scoliosis. Our pediatric scoliosis medical treatment program based on the Schroth methodology is the region's only program that is pediatrics focused. Our motion analysis center also added a specialized spine program and our radiology department installed an EOS low-radiation imaging system for spine and scoliosis monitoring.

We also improved access to pediatric care in other specialties in 2019 and 2020. With the addition of another part-time neurosurgeon to our staff in August 2019, we were able to increase our services to include a spasticity management clinic. In May of 2020, we added another radiologist to our medical staff. We expanded our cleft lip and palate service line from two to four part-time oral and maxillofacial surgeons in the summer of 2020.

Goal 3 – Improve access to care by adding satellite clinics and increasing the number of screening clinics and telemedicine locations.

A strategic planning group was commissioned in 2019 to address this recommendation and to plan for expanding our telemedicine services and opening screening clinics and satellite clinics in Louisiana and in the other five states from which we currently draw patients. This group was tasked with assessing the resources needed, costs, timelines for implementation, and determining the feasibility of such an undertaking. Prior to headquarters issuing a travel moratorium due to the COVID-19 pandemic, we finalized a contract with Singing River Health System and conducted an outreach screening clinic in Ocean Springs, Mississippi in early 2020. Site agreements for new outreach clinics in Monroe, Louisiana and Alexandria, Louisiana were also finalized in 2020; however, the travel moratorium prevented scheduling any clinic dates. Due to the COVID-19 pandemic continuing into 2021, these two sites chose to cancel the agreements.

In 2020, the total number of telemedicine patient visits increased by 3,600% due to the COVID-19 pandemic. In 2021, the total number of telemedicine patient visits decreased 20% from the 2020 volumes secondary to a decrease in the regional COVID-19 transmissibility rates and an increase in patient's willingness to travel to our facility. We will continue to focus on providing quality services and to measure the effectiveness of the telemedicine and outreach clinic programs in the future.

Goal 4 – Continue to seek education and research opportunities to improve the health status of our pediatric orthopedic population by actively pursuing alternative funding sources.

Even during the COVID-19 pandemic, we continued to demonstrate a commitment to educating members of our community and increasing our research efforts. In August 2021, we unveiled an exciting interactive display at the Sci-Port Discovery Center in Shreveport, LA. Titled “What is an Orthotic,” the new display introduces visitors at Louisiana’s science and entertainment center to the fabrication and medical applications of orthotic devices.



Below is a list of some of the educational presentations we completed in 2019-2021:

| Month / Year | Presenter(s) | Topic | Audience |
|----------------|-------------------------------------|---|------------------------------------|
| October 2019 | Tommie Hazen, Child Life Specialist | Child Life Considerations for Pediatric Orthopedic Patients | Louisiana Tech Child Life Students |
| March 2020 | Dr. Mielke | Orthopedic Interventions in Juvenile Idiopathic Arthritis | LSUHSC Shreveport |
| June 2020 | Dr. McKie | Pediatric Orthopedic Conditions | Tots to Teens |
| September 2020 | Dr. Mielke | Developmental Dysplasia of the Hip | LSUHSC Shreveport |
| October 2020 | Tommie Hazen, Child Life Specialist | Child Life Considerations for Pediatric Orthopedic Patients | Louisiana Tech Child Life Students |
| January 2021 | Dr. Powell | Pediatric Orthopedic Conditions | Wee Care Peds |
| March 2021 | Dr. Woerner | Cleft Lip & Palate Conditions | Longview Regional NICU |
| May 2021 | Dr. McKie | Pediatric Orthopedic Conditions | Healing Hands Pediatrics |
| May 2021 | Dr. Mielke | Syndromes of Orthopedic Significance | LSUHSC Shreveport |
| June 2021 | Dr. McKie | Diagnosis and Treatment of Clubfoot | LSUHSC Shreveport |
| August 2021 | Dr. Powell | Pediatric Limb Deformity & Lengthening | NWLA Pediatrics Society Meeting |

| | | | |
|----------------|-------------------------------------|---|--|
| August 2021 | Dr. Patel | Cleft Lip & Palate Conditions | Affinity Health-Pediatrics Plus, Monroe |
| September 2021 | Dr. Mielke | Pediatric Orthopedic Conditions | Variety Care Pediatric |
| September 2021 | Tawana Harris-Glover, CNE | Inpatient and Outpatient Pediatric Nursing Care | Louisiana Tech University Nursing Students |
| October 2021 | Tawana Harris-Glover, CNE | Inpatient and Outpatient Pediatric Nursing Care | Louisiana Tech University Nursing Students |
| October 2021 | Tommie Hazen, Child Life Specialist | Child Life Considerations for Pediatric Orthopedic Patients | Louisiana Tech Child Life Students |

Shriners Children's Shreveport was committed to multiple research studies from 2019-2021. Protocols focused on outcomes involving cerebral palsy (CP), Blount disease, knee conditions, spinal conditions, lower limb deficiency, gait studies, and genomics. Research studies included:

Active Study: Single Site (SHC-Shreveport Only)

1. A Retrospective Comparison of Functional Levels of Stratified GMFCS Pediatric Cerebral Palsy Patients and the General Population Using the Pediatric Outcomes Data Collection Instrument
2. Metabolic Testing Before and After Deformity Correction in Pediatric Patients with Mechanical Axis Deviation of Lower Limbs
3. Anatomy Influence on Patellar Instability: A Retrospective Chart Review
4. A Retrospective Comparison of School Services, Ethnicity, Zip Code Population and Income in Pediatric Patients with Cerebral Palsy Using the Pediatric Outcomes Data Collection Instrument
5. Evaluation of Quality of Imaging and Reliability of Radiographic Measurements in Scoliosis and Lower Extremity Limb Deformity Using EOS Versus Conventional Radiography

Active Study: Multisite

1. SHC Genomics and Precision Medicine Project
2. Preferences and Treatment Decision Making in Proximal Femoral Focal Deficiency (PFFD): Formative Qualitative Research for Survey Development
3. Elucidate genetic architecture of CP (Grant with SHC-Northern California)

Grant-Funded Studies:

1. Multicenter Developmental Grant with SHC-Lexington: LEADeR: Lower Extremity Amputation and Deficiency Registry
2. Arthrogryposis Multiplex Congenita (AMC) Registry

Written Comments on the 2019 Community Health Needs Assessment

Shriners Children's Community Health Needs Assessment and implementation was made widely available to the public on Shriners Children's website at

<https://www.shrinerschildrens.org/en/community-health-needs>

In addition to posting the Community Health Needs Assessment, contact information including email were listed. No comments or questions were received.

2022 Action Plan and Performance Measures

Shriners Children's –Shreveport will transition from a hospital to an outpatient clinic in 2022. Regardless of this transition, we feel that we can continue to have a positive impact on the health outcomes of the pediatric population in our community. Erin White of the Claiborne Parish Health Unit stated that Shriners Children's –Shreveport is an "excellent resource for parents who have children with orthopedic needs." One of our board members responded in our CHNA survey that "world class healthcare for all children" was his vision of a healthy pediatric community.

Our 2022 goal is to continue to improve access to care by providing pediatric specialty services regardless of a family's ability to pay or insurance status. Although great progress was made with meeting this need of our community in the last three years, we feel there is continued room for improvement. Our CHNA Physician Survey revealed that fifty-five percent (55%) of the respondents reported that they have faced barriers obtaining medical care for their pediatric patients in the community; therefore, Shriners Children's – Shreveport plans to continue this as a goal for the next five years.

Conclusion

This community health needs assessment provides a framework to help Shriners Children's – Shreveport better serve the pediatric patients of our community. It is a significant step towards mobilizing our staff and our stakeholders to address barriers to improving the health and well-being of the children of our community. It also serves as a tool to collect data and measure progress in efforts taken to improve health outcomes over time.

2022 Community Health Needs Assessment Report Available Online or in Print

The 2022 Community Health Needs Assessment is available at:

<https://www.shrinershospitalsforchildren.org/shc/chna>

05/12/2022

Date adopted by authorized body of hospital

Exhibits

Louisiana Hospital Association: Hospitals and the Louisiana Economy, 2020

University of Wisconsin Population Health Institute: *2021 County Health Rankings & Roadmaps: Louisiana*

Iobst C, et al. "National access to care for children with fractures" AAOS 2013; Abstract 411

Sg2 Market Demographics 2021, Claritas Pop-Facts®: Shriners Children's Shreveport Market Area

U.S. Census Bureau (2016-2020): Poverty Status in the Past 12 Months by Sex by Age American Community Survey 5-year estimates

