



**Shriners Hospitals
for Children®**
Love to the rescue.™

SHC Community Health Needs Assessment Report

Shriners Hospitals for Children® — Shreveport

Prepared by: G. Kim Green, Administrator; Harvey Johnson, Chairman of Board; Philip E. Gates, Chief of Staff; Bruce Easterly, Vice-Chairman of Board; Gail Rains, Director of Patient Services; Lauren Stratton, Director of PI/RM

Mission and Vision

Mission:

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

- Provide for the education of physicians and other healthcare professionals.
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.

Vision:

- Shriners Hospitals for Children will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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Shriners Hospitals for Children
3100 Samford Avenue
Shreveport LA 71103
Tel.: 318-222-5704
shrinershospitalsforchildren.org

Our Commitment to the Community

History and Relationship to Community

Shriners Hospitals for Children — 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.

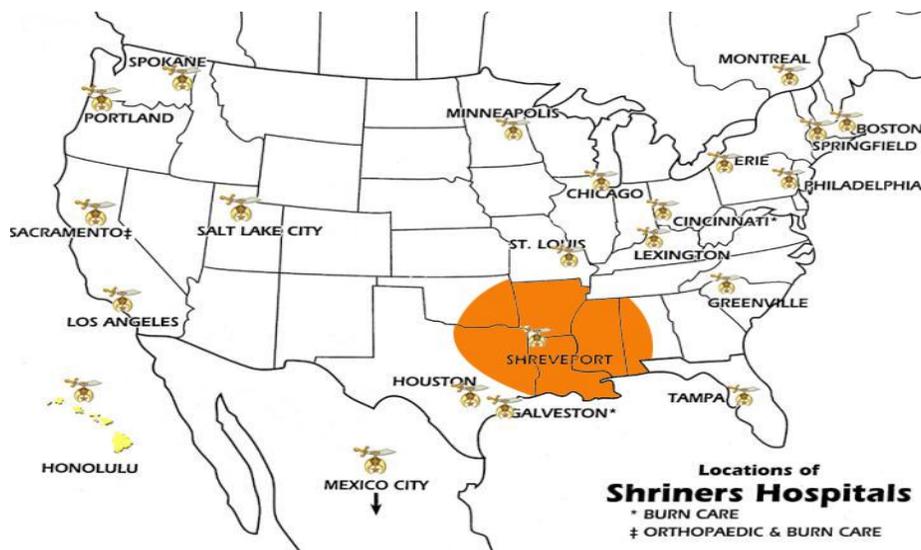


Commitment to the Community

The Shreveport hospital was the first of what was to become a network of twenty Shrine hospitals across the United States and two hospitals in Montreal and Mexico City, respectively. Over the last 90 years, Shriners Hospitals for Children— Shreveport has been providing orthopedic care to over 65,000 children. The orthopedic care has included, but is not limited to, treatment for: Amniotic Band Syndrome, Arthrogyrosis, Blount's disease, Brachial Plexus Palsy, Cerebral Palsy, Clubfoot, Charcot-Marie-Tooth Disease, Dwarfism, Flat Feet, Fracture Complications, Friedreich's Ataxia, Developmental Dysplasia of the Hip, In-Toeing, Juvenile Rheumatoid Arthritis, Kyphosis, Legg-Calve-Perthes Disease,

Limb Deficiencies/Deformities/Length Discrepancies, Lordosis, Muscular Dystrophy, Neurofibromatosis, Osgood-Schlatter Disease, Osteogenesis Imperfecta, Osteomyelitis, Pectus Carinatum, Pectus Excavatum, Rickets, Scoliosis and Other Spine Conditions, Slipped Capital Femoral Epiphysis, Spina Bifida, Spinal Muscular Atrophy, Spondylolysis/Spondylolisthesis and, most recently, 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, the Shriners hospital in Shreveport 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 children from Panama, Honduras, Mexico, et. al.) with the majority of patients being from Louisiana.



Our commitment to this community of children continues today as our mission is perfectly aligned to aid in the pediatric population’s health care needs. The top ten diagnoses treated in 2012 included:

1. Contracture of Tendon (Sheath)
2. Other Congenital Deformity of Hip (Joint)
3. Other Acquired Deformity of Parts of Limb
4. Diplegic Infantile Cerebral Palsy
5. Care Involving Other Physical Therapy
6. Other Congenital Valgus Deformities of Foot

7. Scoliosis [and Kyphoscoliosis], Idiopathic
8. Quadriplegic Infantile Cerebral Palsy
9. Talipes Equinovarus, Congenital
10. Other Acquired Deformities of Ankle and Foot

Additionally, the top ten procedures performed in 2012 included:

1. Internal Fixation of Femur without Fracture Reduction
2. Excision of Other Bone for Graft, Except Facial Bone
3. Tendon Transfer or Transplantation
4. Other Change in Muscle or Tendon Length
5. Wedge Osteotomy of Femur
6. Internal Fixation of tibia and Fibula without Fracture
7. Limb Lengthening Procedures, Tarsals and Metatarsals
8. Recession of Tendon
9. Adductor Tenotomy of Hip
10. Other Division of Tibia and Fibula

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.

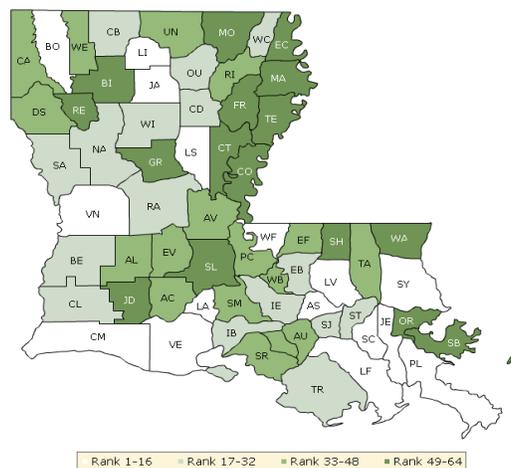
Economic and Social Impact on the Community

Shriners Hospitals for Children — Shreveport employees approximately 200 fulltime and part time staff with approximately 33% (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. According to 2012 budget statistics, the financial impact of Shriners Hospitals for Children – Shreveport contributed more than \$18 million of revenue into the area and state economy. Personnel cost is the main budget cost center with a payroll amount of more than \$4 million in 2012. Approximately 10,800 children were seen in outpatient clinics in 2012. These included clinics for general orthopedics, scoliosis, myelodysplasia, juvenile rheumatoid arthritis, cleft lip/palate, hand, genetics, and cerebral palsy. Outreach clinics in Louisiana and Oklahoma are held annually with telemedicine clinics held monthly. In 2012, these clinics evaluated and treated over 450 patients. Additionally, almost 500 surgical procedures were performed in 2012. 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.

SHC-Shreveport's Community Defined

In 2012, the Shreveport hospital treated a total of 6,017 patients with 3,707 patients coming from Louisiana. Thus 62% of all patients seen were Louisiana residents; and 72% of those patients came primarily from 9 Louisiana parishes. These include Caddo, Bossier, DeSoto, Natchitoches, Webster, Quachita, Vernon, Lincoln, and Rapides. Additionally, of the total patients seen in 2012, 1025 (17%) came from Oklahoma; 613 (10%) from Texas; 369 (6%) from Mississippi; 221 (4%) from Arkansas; and 85 (1.4%) from Alabama. 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 southeast Oklahoma. (Please provide source of statistical information provided above)



Process and Methods

The Shriners Hospitals for Children — Shreveport Community Health Needs Assessment Steering Committee commissioned a health needs assessment study. The health assessment covers all parishes in the state representing the core service area for Shriners Hospitals for Children — Shreveport and Louisiana State University Health Sciences System hospitals in Shreveport, New Orleans, Alexandria, Baton Rouge, and Lake Charles. The resulting report is based on information garnered from focus group interviews, surveys of health care providers, and local government and

health systems data. The assessment included two distinct phases: review of published/secondary data, and primary data collection, which 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, orthopedic physicians, 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 Hospitals for Children — Shreveport patients. Both paper and on-line surveys were utilized. Additionally, primary data collection included data mined from patient/family satisfaction surveys and responses from focus group members.

The Steering Committee identified 3 key indicators that became the focus of the assessment, based upon their prevalence and relevance to the pediatric health status in this region. They were:

- Availability of specialty care
- Quality of screening and/or telemedicine clinics
- Availability of and need for inpatient rehab beds

The primary goals of the community outreach strategy were to:

- Reach underserved and under-represented pediatric populations with orthopedic needs;
- Reach a cross-section of primary care providers;
- Initiate and strengthen relationships with community leaders, primary care physicians, and organizations;
- Set the stage for greater collaboration and collective action at all levels of the community in improving the health status of the pediatric communities we serve.

Key Findings

Published/Secondary Data Findings

Regional Demographics and Economic Statistics

Residents of Shreveport, Bossier City, and the entire state of Louisiana benefit both directly and indirectly from the medical expertise of Shriners Hospital for Children — Shreveport. The facility primarily serves a nine-parish region in the northwest corner of the state – Caddo, Bossier, DeSoto, Lincoln, Natchitoches, Quachita, Rapides, Vernon, and Webster. The total population for this nine-

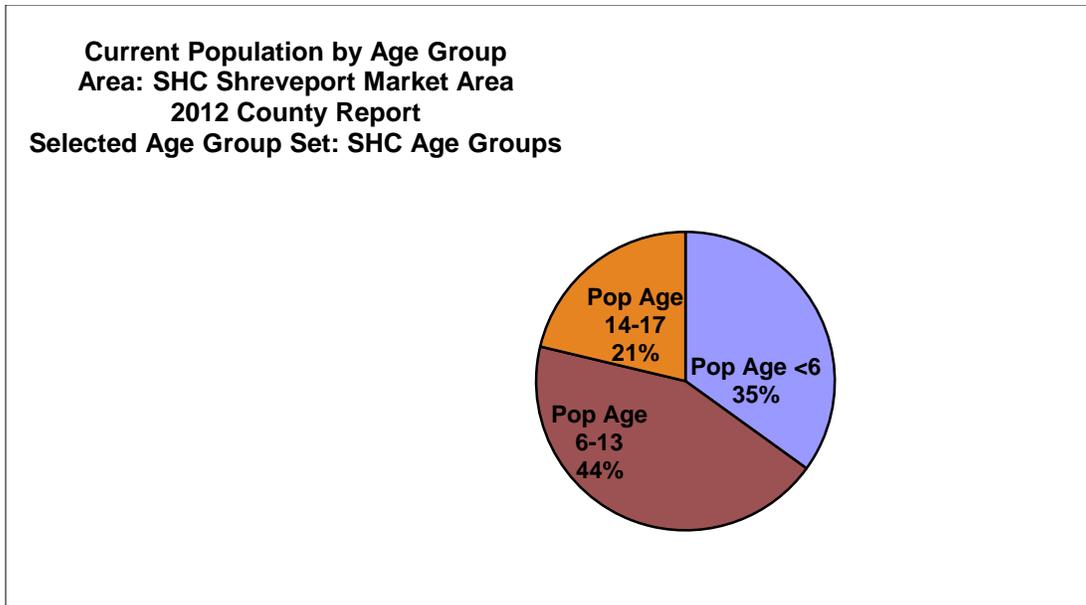
parish region was estimated for the year 2012 at approximately 863,656. The pediatric population (ages 0-17) was estimated for this same region in 2012 to be about 222,036 (26% of the total population).

2012 Pediatric Population for Age, Group, and Sex for 9-Parish Catchment Area

Parish	Total Population	Males <6	Females <6	Males 6-13	Females 6-13	Males 14-17	Females 14-17
Bossier	118,017	5,416	5,118	6,913	6,410	3,460	3,239
Caddo	254,936	10,957	10,622	14,418	13,637	7,338	7,037
DeSoto	26,705	1,167	1,068	1,483	1,419	790	823
Lincoln	46,940	1,852	1,779	2,268	2,122	1,546	1,480
Natchitoches	39,470	1,816	1,652	2,238	2,104	1,065	1,017
Quachita	153,384	7,044	6,716	8,946	8,589	4,743	4,440
Rapides	131,238	5,890	5,717	7,723	7,436	3,957	3,815
Vernon	52,141	2,836	2,917	3,305	2,949	1,604	1,430
Webster	40,825	1,616	1,465	2,279	2,120	1,150	1,094
Total	863,656	38,594	37,054	49,573	46,786	25,653	20,379

Source: 2012 Truven Health Analytics Inc.

The total pediatric population (ages 0-17) of the entire 6-state catchment area was approximately 6,025,081. Of this population, 51.8% were white non-Hispanic; 19.2% were black non-Hispanic; 22.3% were Hispanic; 4.2% were Asian and Pacific Island non-Hispanic, and 2.5% all others. The household income distribution for 26.7% of the population is \$25-50K with 14.1% being below \$15K. According to the data, 27.7% of the total population has only a high school diploma, and another 28.5% also have some college/associate degree.



Source: 2012 Truven Health Analytics, Inc.

Population Distribution of SHC— Shreveport Catchment Area by Age

Age Group	2012	% of Total	2017	% of Total	USA 2012 % of Total
0-14	5,053,241	22.8%	5,416,656	22.9%	20.2%
15-17	971,840	4.4%	986,320	4.2%	4.3%
18-24	2,210,283	10.0%	2,335,207	9.9%	9.9%
25-34	3,267,114	14.7%	3,244,940	13.7%	13.5%
35-54	6,154,414	27.7%	6,262,614	26.5%	28.1%
55-64	2,250,160	10.1%	2,681,646	11.3%	11.4%
65+	2,276,513	10.3%	2,738,877	11.6%	12.9%
Total	22,183,565	100.0%	23,666,260	100.0%	100.0%

Source: 2012 Truven Health Analytics, Inc.

Household Income Distribution of SHC — Shreveport Catchment Area

2012 Household Income	HH Count	% of Total	USA % of Total
<\$15K	1,145,152	14.1%	13.0%
\$15-25K	907,379	11.2%	10.8%
\$25-50K	2,216,464	27.3%	26.7%
\$50-75K	1,523,816	18.8%	19.5%
\$75-100K	920,189	11.3%	11.9%
Over \$100K	1,410,961	17.4%	18.2%
Total	8,123,961	100.0%	100.0%

Source: 2012 Truven Health Analytics, Inc.

Education Level Distribution of SHC — Shreveport Catchment Area

2012 Adult Education Level	Pop Age 25+	% of Total	USA % of Total
Less than High School	1,146,786	8.2%	6.3%
Some High School	1,418,392	10.2%	8.6%
High School Degree	3,864,995	27.7%	28.7%
Some College/Assoc. Deg	3,976,945	28.5%	28.5%
Bachelor's or Greater	3,541,083	25.4%	27.8%
Total	13,948,201	100.0%	100.0%

Source: 2012 Truven Health Analytics, Inc.

According to a summary of parish health outcomes and health factors rankings based upon data from measures which included mortality, morbidity, health behaviors, clinical care, social and economic factors, and the physical environment, the northwest Louisiana parishes ranked as follows out of 64 parishes:

- Caddo – 37th
- Bossier – 5th
- DeSoto – 42th
- Lincoln – 9th
- Natchitoches – 30th
- Quachita – 23rd
- Rapides – 24th
- Vernon – 10th
- Webster – 45th

Considering these rankings, our hospital has the opportunity to positively impact the health outcomes of not only this 9-parish region, but also the entire pediatric population of Louisiana through the expertise and resources that our local hospital offers, as well as through screening clinics and telemedicine technology reaching urban, suburban, and rural areas in Louisiana and throughout our six state catchment area.

In the 2012, Louisiana Hospital Association Benchmark Report, utilization and payer mix data revealed that Medicare recipients accounted for the greatest percentage of utilization for rural Louisiana hospitals at 46.4% in 2011, followed by Medicaid patients at 23.9%, Private Insurance at 21% and Uninsured at 4.7%. Analysis of Shriners Hospitals for Children — Shreveport utilization data for 2012

revealed a payer mix of 48% Medicaid, 47% Private insurance, and 5% Uninsured/Charity. Here again, accepting and acting upon the opportunity to reach this underserved pediatric population is a priority goal and our mission.

Primary Data Findings

Top 5 Key Survey Findings

1. On-line and paper primary care physician (PCP) survey respondents indicated that 80% of them had referred patients to Shriners Hospitals for Children — Shreveport (SHC—S). Of that number, 100% did so because of the availability of specialty care with 50% citing quality of care as a referral determinant. Twenty-five percent of PCPs responding referred patients to SHC—S due to closeness and convenience of hospital location and secondary to a long association with the hospital. None of the respondents cited insurance as a referral determinant.
2. Eighty percent of respondents provided input regarding availability of pediatric services and made specific recommendations of what services should be added to existing services. The following lists those recommendations:

Recommendations	% Respondents
Increase number of screening clinics	44.4%
Increase number of telemedicine locations	14.3%
Provide inpatient pediatric rehabilitation services	16.7%
Provide urgent orthopedic care	16.7%
Provide pediatric orthopedic day camps	14.3%

3. Fifty percent of online and paper focus group survey respondents indicated that distance from the hospital is a concern. These respondents represented community members from central Louisiana, northern Oklahoma, north central Mississippi, and coastal Alabama. This concern was voiced in the recommendations for more screening clinics and increased use of telemedicine technology to increase numbers of patients seen and to decrease travel time and expense for temples providing transportation and lodging costs. Additionally, the burden on patients and families would be lessened. As one respondent stated: “The only concern that I hear from my community is about the distance that a patient has to travel for follow-up visits. I travel 496 miles one way or about 1000 miles round trip to attend meetings. Doctors and others I speak with speak highly of the care that pediatric patients receive at Shreveport. but are

concerned about the impact on a patient to have to make the trips for follow-up care. A regional clinic or telemedicine for follow-up visits would be a big improvement, would increase the number of patients from our area and would greatly reduce the costs of transportation for the Shrine”. Another major concern of the respondents is the current state of health care in the rural areas with a noted trend toward the closing of community hospitals in those areas. This only adds to the decrease in availability and accessibility of specialized pediatric services in already underserved areas, thus heightening the need for more specialty services provided through screening and/or telemedicine clinics.

4. Fifty percent of focus group respondents felt that adding other service lines, specifically cochlear implants, would fill a special need in our pediatric population. We need to “reach children that need special help to improve their quality of life now and for the rest of their lives. We should always look for new ways such as the implant to give deaf children the ability to hear”. This recommendation complimented the concerned voiced by this group of respondents for more specialists. Physician recruitment was a major concern for this group since the community of pediatric orthopedic specialists is limited nationwide, and recruitment efforts in the past have not been fruitful. Other service lines recommended included a more extensive sports medicine program and robotics.
5. The majority of focus group respondents (62.5%) expressed the importance of education and research in providing the needed specialty services for our pediatric patient population. In describing their perceptions of a “healthy pediatric community”, most prescribed continued pursuit of planning for children’s future needs in medical care and the funding of “adequate research into causes and cures for all infant and childhood disease”; “to address the changing needs of children with medical problems”.

Action Plan

Access to Care

Goal 1 – Improve access to care by providing treatment for acute orthopedic conditions and by offering orthopedic day camps.

A key finding from the online and paper PCP survey was a recommendation for acute orthopedic services and orthopedic day camps. Research of pediatric population needs revealed a significant need in the treatment of acute fractures. It was noted from a national survey conducted in 2006 that “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 in 2012 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. So access to care for these children is a huge issue. SHC — Shreveport has recently added acute fracture care to our services. This fills a need within our pediatric community in light of the fact that sports injuries are on the rise. The American Academy of Pediatrics estimates that more than 3.5 million children ages fourteen and under get hurt annually playing sports or participating in recreational activities. Thus, the addition of fracture care further demonstrates the commitment of our hospital to the pediatric community of Louisiana. Additionally, sports and recreational activities contribute to approximately 21% of all traumatic brain injuries among American children with some of those injuries resulting in cerebral palsy, one of the primary conditions treated by SHC — Shreveport.

Another recommendation related to access to care was the holding of orthopedic day camps. We will hold what will be the first of many Spinability Camps in June 2013. We will continue to pursue opportunities to bring this type of outreach to children not only in Louisiana, but throughout our six-state catchment area.

Access to Care

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

One of the recommendations related to access to care is the addition of specialists through physician recruitment and the addition of other service lines, such as cochlear implantation. We recently added cleft lip/palate and have seen that population grow. The bottom line goal here is growth. In order to truly have an impact on the pediatric population of our community, we must grow our services and thus increase the number of specialists and surgeons who will be able to address the health needs of our children. We currently have two full time surgeons and one part time surgeon on staff. Fortunately, we have just hired a third full time surgeon who will be starting in July 2013. Specialists in the fields of neurology, rheumatology, genetics, urology, cerebral palsy, scoliosis, hand abnormalities, and cleft lip/palate will continue to provide needed specialty care. The cochlear implant program is still a possibility even though our first attempt for program approval was denied by the corporate board. We will continue to pursue the cochlear implant program and also the licensure of inpatient rehab beds to further meet the needs of this special pediatric population. The licensure of inpatient rehab beds has been on our radar for the last few years since inpatient pediatric rehab beds are limited with only one hospital in Louisiana, Children’s Hospital in New Orleans, offering this service.

Access to Care

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

The goal is to increase access points by increasing the number of screening clinics and telemedicine locations throughout Louisiana and the other five states from which we currently draw patients. We currently hold two outreach clinics at Holy Angels in Shreveport (February and August) and two in Bethany, Oklahoma (April and October). In the past, we have held clinics in New Orleans but the low volume of patients seen was felt not to be efficient. To address this finding, the first step is to perform a collaborative inventory of communities in Louisiana which are currently underserved. At this time there are only two hospitals which specialize in pediatric orthopedics, since the recently announced closing of Sutton’s Children’s Hospital in Shreveport. The two remaining are Children’s Hospital in New Orleans and SHC— Shreveport. One focus group survey respondent recommended a screening clinic in the central Louisiana community of Alexandria. A strategic planning group will be commissioned to address this recommendation and to plan for opening other strategically-located outreach/telemedicine clinics in Louisiana. This group will assess resources needed, costs and timeline for implementation. To address out-of-state clinic recommendations from focus group participants, we will perform a collaborative inventory of VA hospitals in those states to determine if holding clinics in those facilities is possible. In the past one obstacle to setting up outreach clinics in other states is the requirement for our physicians to be licensed in those states. If a clinic can be established in a VA hospital, that requirement is waived. The same planning group will be tasked with contacting and determining the feasibility of such an undertaking. At this time one of our surgeons is obtaining licensure in Mississippi; and nurse practitioner staff is also pursuing licensure. Pursuit of licensure is a component of this effort and evidence of our commitment.

Education and Research

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.

As stated in the introduction to this assessment, our mission includes “conducting research to discover new knowledge that improves the quality of care and quality of life of children and families”. It is through this commitment to education and research that we have been able to positively impact the lives of so many children with orthopedic conditions. Since it is our mission, we will continue our pursuit of

research opportunities as we have done for the past 90 years. Evidence of this commitment is demonstrated by the following current studies:

- *Evaluation of Advanced Biofidelic Lower Extremity Kids Prosthesis for Kids II (ABLE Kids II)*
The pediatric population is currently in need of improved technology for lower limb prostheses, as technologies implemented in adult prostheses have not been sufficiently scalable as to benefit this population. This project will advance the state-of-the-art of pediatric prosthesis systems by developing a modular, microprocessor controlled ankle system that dynamically makes control adjustments necessary to optimize the dynamic function and safety of a child's prosthesis. This study is sponsored by Orthocare Innovations through a grant with the U.S. National Institute of Health.
- *FARG 3 – Functional Assessment Research Group*
This study evaluates the effect of surgery prior to the index single event multi-level surgery (SEMLS) using an indicator variable and including potential interactions involving this variable.
- *Comparison of Functional Outcomes of Tendon Transfer Surgery, Botulinum Toxin Injections, and Regular Ongoing Treatment for Hemiplegic Upper Extremity Cerebral Palsy –* The specific aims of this study are to determine, for children with upper extremity cerebral palsy:
 1. Does tendon surgery provide superior outcomes compared with botulinum toxin injections and regular on-going treatment?
 2. Does serial administration of botulinum toxin have long-term beneficial effects on upper extremity function?

Action Plan Summary

Achievement of Goals 1-4 will take place over a 5-year time line. The Community Health Needs Assessment Steering Committee will oversee the progress of the strategic planning group in the implementation of improvement strategies and measurement of progress towards the efforts taken. An annual report of progress with periodic updates will be provided to the Joint Conference Committee and the Board of Governors on a biannual basis. Allocation of resources and funding of special projects within the course of implementation will be the responsibility of the Board of Governors.

Conclusion

This community health needs assessment provides a framework to help our hospital better serve the pediatric patients of our community. It is a significant step towards mobilizing our hospital 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. As a result of the outreach process during the primary data collection phase of the project, a group of primary care physicians and community leaders are now a part of a collaborative group whose primary purpose is to improve the health of this special pediatric population.

Works Cited

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- National Safe Kids Campaign*, American Academy of Pediatrics
- National Access to Care for Children with Fractures*. AAOS 2013; Abstract 411.

Exhibits

Exhibit 1: *2010 Louisiana Health Report Card*. Bruce D. Greenstein, Secretary,
Department of Health and Hospitals. April 2012
(Click picture on next page for full document link.)

