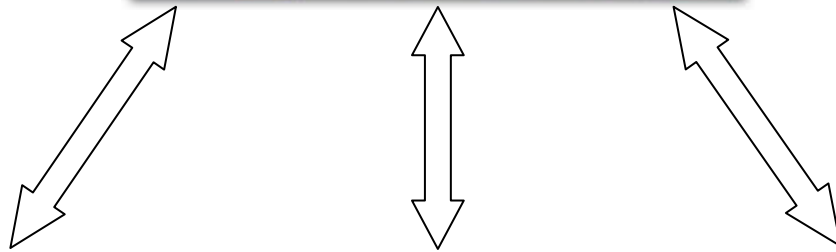


# Phone Survey Form and Results for St. James Parish, Louisiana



**The Rural Hospital Improvement Project**  
Mississippi Delta Project

**April 2010**

**Phone Survey Form and Results  
For St. James Parish, Louisiana**

Prepared for:

St. James Parish, Louisiana

through

Mississippi Hospital Association  
Mississippi Office of Rural Health

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**April 2010**

**St. James Parish, Louisiana  
Telephone Survey Form**

Survey Date: Week of March 21, 2010

**NOTE TO INTERVIEWER: All questions are optional and respondent may, of course, choose not to answer. All answers provided on this form are for facilitation purposes only. If an answer does not "fit" into one of the provided answers, please take down the exact answer given. Thank you.**

**Introduction and screener:**

Hello. My name is \_\_\_\_\_ with \_\_\_\_\_. I am calling on behalf of the local St. James Parish Hospital to look at health care improvement. We are conducting a brief survey on the health care situation in St. James Parish in order to find ways to improve and expand access to health care services. It is very important that we include the opinion of you or someone in your household in this brief but important survey. May I ask, are you over the age of 18?

Qualifier 1: What is your zip code?

- |   |   |
|---|---|
| <input type="checkbox"/> 70723 Convent  | <input type="checkbox"/> 70086 St. James                  |
| <input type="checkbox"/> 70052 Gramercy | <input type="checkbox"/> 70792 Uncle Sam                  |
| <input type="checkbox"/> 70743 Hester   | <input type="checkbox"/> 70090 Vacherie                   |
| <input type="checkbox"/> 70071 Lutcher  | <input type="checkbox"/> Other _____ ( <b>TERMINATE</b> ) |
| <input type="checkbox"/> 70763 Paulina  |   |

Qualifier 2: For classification purposes, what is your age? \_\_\_\_\_

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> 18 to 20 | <input type="checkbox"/> 61 to 70  |
| <input type="checkbox"/> 21 to 30 | <input type="checkbox"/> 71 to 80  |
| <input type="checkbox"/> 31 to 40 | <input type="checkbox"/> Over 80   |
| <input type="checkbox"/> 41 to 50 | <input type="checkbox"/> ( <b>Do Not Read</b> ) Refused ( <b>TERMINATE</b> ) |
| <input type="checkbox"/> 51 to 60 |  |

1a. Do you use a family doctor for most of your routine health care?

- Yes (*Skip to Q2a*)
- No
- (**Do not read**) Don't know/Refused (*Skip to Q2a*)

1b. If no, then what kind of medical provider do you use for routine care? (**Record exact response. Probe for clarification. Do not read list.**)

- |  |   |
|--|---|
| <input type="checkbox"/> Teche Action Center (Community Health | <input type="checkbox"/> Rural Health Clinic            |
| <input type="checkbox"/> Health Unit                           | <input type="checkbox"/> Specialist                     |
| <input type="checkbox"/> Emergency Room/Hospital               | <input type="checkbox"/> Other ( <i>Specify</i> ) _____ |

2a. Which city do you go to for most of your family's routine health care needs? *(Do not read list.)*

- |  |   |
|--|---|
| <input type="checkbox"/> Baton Rouge                   | <input type="checkbox"/> Lutcher <i>(Skip to Q3a)</i>                                 |
| <input type="checkbox"/> Denham Springs                | <input type="checkbox"/> Metairie   |
| <input type="checkbox"/> Donaldsonville                | <input type="checkbox"/> Napoleonville  |
| <input type="checkbox"/> Gonzales                      | <input type="checkbox"/> New Orleans  |
| <input type="checkbox"/> Gramercy <i>(Skip to Q3a)</i> | <input type="checkbox"/> Reserve  |
| <input type="checkbox"/> Kenner                        | <input type="checkbox"/> Thibodaux  |
| <input type="checkbox"/> LaPlace                       | <input type="checkbox"/> Vacherie <i>(Skip to Q3a)</i>                                |
| <input type="checkbox"/> Lockport                      | <input type="checkbox"/> Other <i>(Specify)</i> _____                                 |
| <input type="checkbox"/> Luling                        | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused <i>(Skip to Q3a)</i> |

2b. Why do you or someone in your household use a medical provider for health care needs outside of St. James Parish? *(Record exact response. Probe for clarification. Do not read list.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Better quality of providers               | <input type="checkbox"/> Speed of getting an appointment                         |
| <input type="checkbox"/> Closer/Convenient location                | <input type="checkbox"/> Approved provider for insurance/Health benefits program |
| <input type="checkbox"/> Free charity care                         | <input type="checkbox"/> Work in another community                               |
| <input type="checkbox"/> Have used for years/Personal relationship | <input type="checkbox"/> Other <i>(Specify)</i> _____                            |
| <input type="checkbox"/> Nicer facilities                          | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused                 |
| <input type="checkbox"/> Specialist                                |  |

3a. Have you or someone else in your household been to a primary care doctor in St. James Parish in the past 24 months?

- Yes
- No *(Skip to Q4)*
- (Do not read)* Don't know/Refused *(Skip to Q4)*

3b. How satisfied were you or someone in your household with the quality of care received in St. James Parish? Would you say that you were...*(Read List)* ?

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(Skip to Q4)*

3c. Why do you say that? *(Record exact response. Probe for clarification.)*

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4. Do you think there are enough primary care doctors practicing in St. James Parish?

- Yes
- No
- (Do not read)* Don't know/Refused

5. Are you able to get an appointment with your primary care (family) doctor when you need one?
- Yes
  - No
  - (Do not read)** Don't know/Refused

- 6a. Have you or someone in your household been to a specialist in the past 24 months?
- Yes
  - No **(Skip to Q7)**
  - (Do not read)** Don't know/Refused **(Skip to Q7)**

- 6b. What type of specialist have you or someone in your household been to and in which city did you receive that care?

Type of Specialist	City

- 6c. Did the specialist request further testing, laboratory work and/or x-rays?
- Yes
  - No **(Skip to Q6f)**
  - (Do not read)** Don't know/Refused **(Skip to Q6f)**

- 6d. In which city were the tests or laboratory work conducted? **(Record response below.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Baton Rouge    | <input type="checkbox"/> Metairie                                |
| <input type="checkbox"/> Denham Springs | <input type="checkbox"/> Napoleonville                           |
| <input type="checkbox"/> Donaldsonville | <input type="checkbox"/> New Orleans                             |
| <input type="checkbox"/> Gonzales       | <input type="checkbox"/> Reserve                                 |
| <input type="checkbox"/> Gramercy       | <input type="checkbox"/> Thibodaux                               |
| <input type="checkbox"/> Kenner         | <input type="checkbox"/> Vacherie                                |
| <input type="checkbox"/> LaPlace        | <input type="checkbox"/> Other <b>(Specify)</b> _____            |
| <input type="checkbox"/> Lockport       | <input type="checkbox"/> <b>(Do not read)</b> Don't know/Refused |
| <input type="checkbox"/> Luling         |  |
| <input type="checkbox"/> Lusher         |  |

- 6e. Are you aware that you can have your tests, laboratory work and/or x-rays performed at St. James Parish Hospital regardless of the location of your specialist?
- Yes
  - No
  - (Do not read)** Don't know/Refused

6f. Did the specialist prescribe medication(s)?

- Yes  
 No (*Skip to Q7*)  
 (*Do not read*) Don't know/Refused (*Skip to Q7*)

6g. In which city was the pharmacy located that filled your prescription(s)? Or did you use mail-order?  
*(Record response below.)*

- |   |  |
|---|--|
| <input type="checkbox"/> Baton Rouge    | <input type="checkbox"/> Metairie                                  |
| <input type="checkbox"/> Denham Springs | <input type="checkbox"/> Napoleonville                             |
| <input type="checkbox"/> Donaldsonville | <input type="checkbox"/> New Orleans                               |
| <input type="checkbox"/> Gonzales       | <input type="checkbox"/> Reserve                                   |
| <input type="checkbox"/> Gramercy       | <input type="checkbox"/> Thibodaux                                 |
| <input type="checkbox"/> Kenner         | <input type="checkbox"/> Vacherie                                  |
| <input type="checkbox"/> LaPlace        | <input type="checkbox"/> Mail order                                |
| <input type="checkbox"/> Lockport       | <input type="checkbox"/> Other ( <i>Specify</i> ) _____            |
| <input type="checkbox"/> Luling         | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused |
| <input type="checkbox"/> Lutchet        |  |

7. How many people live in your household? (**Record response below**)

\_\_\_\_\_ (*If respondent is the only person who lives in household, ask for "you" only in Q8a and Q8b.*)

8a. Are *you* covered by health insurance or any type of health benefit program?

- Yes  
 No (*Skip to Q8c*)  
 (*Do not read*) Don't know/Refused (*Skip to Q8c*)

8b. (*If respondent answers Yes to Q 8a, then ask Q8b. Read list if needed. Can provide more than one*)

- Through your work?  
 Through your spouse's work?  
 Through another household members' work?  
 Through COBRA?  
 Through a private insurance plan that you pay for?  
 Through Medicare?  
 Through Medicare Advantage?  
 Through Medicaid?  
 Through LACHIP?  
 Through the Veteran's Administration?  
 Through Champus/TriCare?  
 Other \_\_\_\_\_ (*Specify*)  
 (**Do not read**) Don't know/Refused

- 8c. Are *your family members* covered by health insurance or any type of health benefit program?
- Yes
  - No (*Skip to Q9*)
  - (*Do not read*) Don't know/Refused (*Skip to Q9*)
- 8d. (*If respondent answers Yes to Q 8c, then ask Q8d. Read list if needed. Can provide more than one response.*) Is the coverage provided....
- Through your work?
  - Through your spouse's work?
  - Through another household members' work?
  - Through COBRA?
  - Through a private insurance plan that you pay for?
  - Through Medicare?
  - Through Medicare Advantage?
  - Through Medicaid?
  - Through LACHIP?
  - Through the Veteran's Administration?
  - Through Champus/TriCare?
  - Other \_\_\_\_\_ (*Specify*)
  - (*Do not read*) Don't know/Refused
9. Have you or someone in your household used the non-emergency services of a hospital in the past 24 months?
- Yes
  - No (*Skip to Q15*)
  - (*Do not read*) Don't know/Refused (*Skip to Q15*)
10. At which hospital(s) were services received? (*Do not read list unless prompt is needed. Record exact responses. Allow for responses for more than one hospital.*)
- |   |  |
|---|--|
| <input type="checkbox"/> St. James Parish Hospital ( <i>Skip to Q13</i> ) | <b>Other Hospitals</b>   |
| <b>Baton Rouge Hospitals</b>  | <input type="checkbox"/> Ascension Hospital - Gonzales                 |
| <input type="checkbox"/> Baton Rouge General - Baton Rouge                | <input type="checkbox"/> Assumption Community Hosp. - Napoleonville    |
| <input type="checkbox"/> Our Lady of the Lake - Baton Rouge               | <input type="checkbox"/> Chabert Medical Center - Houma                |
| <input type="checkbox"/> Woman's Hospital - Baton Rouge                   | <input type="checkbox"/> East Jefferson General Hospital - Metairie    |
| <b>New Orleans Hospitals</b>  | <input type="checkbox"/> Lady of the Sea General Hosp. - Golden Meadow |
| <input type="checkbox"/> Ochsner Foundation - New Orleans                 | <input type="checkbox"/> Ochsner Foundation - Kenner                   |
| <input type="checkbox"/> University Hospital - New Orleans                | <input type="checkbox"/> Prevost Memorial Hospital - Donaldsonville    |
| <input type="checkbox"/> Tulane Hospital - New Orleans                    | <input type="checkbox"/> Promise Hospital - Gonzales                   |
| <input type="checkbox"/> Other ( <i>Specify hospital and city</i> ) _____ | <input type="checkbox"/> River Parishes Hospital - LaPlace             |
| <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused        | <input type="checkbox"/> Saint Anne General Hospital - Raceland        |
|   | <input type="checkbox"/> Saint Charles Parish Hospital - Luling        |
|   | <input type="checkbox"/> Saint Elizabeth Hospital - Gonzales           |
|   | <input type="checkbox"/> Thibodaux Regional Med. Center - Thibodaux    |

11. (If any hospital other than St. James Parish Hospital was indicated in Q10, ask Q11, Q12a and Q12b; otherwise, skip to Q13.) You mentioned that you or someone in your household received care at a hospital other than St. James Parish Hospital? Why did you or your family member choose this/these hospital(s)? (Record exact response. Probe for clarification.)

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12a. What hospital services were used there? (Do not read list unless prompt is needed. Record exact response.)

- |   |   |
|---|---|
| <input type="checkbox"/> Birthing services                    | <input type="checkbox"/> Occupational health              |
| <input type="checkbox"/> Bone density                         | <input type="checkbox"/> Oncology/Cancer Care             |
| <input type="checkbox"/> CT Scan (CAT Scan)                   | <input type="checkbox"/> Outpatient surgery               |
| <input type="checkbox"/> Dietary services/Diabetic counseling | <input type="checkbox"/> Physical therapy/Rehab           |
| <input type="checkbox"/> Emergency room                       | <input type="checkbox"/> Radiology (X-Ray)                |
| <input type="checkbox"/> Inpatient stay                       | <input type="checkbox"/> Respiratory therapy              |
| <input type="checkbox"/> Inpatient surgery                    | <input type="checkbox"/> Sleep study                      |
| <input type="checkbox"/> Intensive Care Unit (ICU)            | <input type="checkbox"/> Specialty doctor                 |
| <input type="checkbox"/> Laboratory (blood) tests             | <input type="checkbox"/> Ultrasound                       |
| <input type="checkbox"/> Mammogram                            | <input type="checkbox"/> Wound care                       |
| <input type="checkbox"/> Mental health/Substance abuse        | <input type="checkbox"/> Other (Specify) _____            |
| <input type="checkbox"/> MRI                                  | <input type="checkbox"/> (Do not read) Don't know/Refused |

12b. Why did you use a hospital outside of St. James Parish?

- |  |  |
|--|--|
| <input type="checkbox"/> Approved provider for insurance           | <input type="checkbox"/> Specialist                      |
| <input type="checkbox"/> Better quality of providers               | <input type="checkbox"/> Speed of getting an appointment |
| <input type="checkbox"/> Closer/Convenient location                | <input type="checkbox"/> VA approved provider            |
| <input type="checkbox"/> Have used for years/Personal relationship | <input type="checkbox"/> Other (Specify) _____           |
| <input type="checkbox"/> Nicer facilities                          |  |

13. (If St. James Parish Hospital is mentioned in Q10, ask Q13, Q14a, and Q14b; otherwise, skip to Q15) What hospital services were used at St. James Parish Hospital? (Do not read list unless prompt is needed. Record exact response.)

- |   |   |
|---|---|
| <input type="checkbox"/> Bone density                         | <input type="checkbox"/> Outpatient Surgery               |
| <input type="checkbox"/> CT Scan (CAT Scan)                   | <input type="checkbox"/> Physical therapy/Rehab           |
| <input type="checkbox"/> Dietary services/Diabetic counseling | <input type="checkbox"/> Radiology (X-Ray)                |
| <input type="checkbox"/> Emergency room                       | <input type="checkbox"/> Respiratory therapy              |
| <input type="checkbox"/> Endoscopy                            | <input type="checkbox"/> Sleep Study                      |
| <input type="checkbox"/> Inpatient stay                       | <input type="checkbox"/> Specialty doctor                 |
| <input type="checkbox"/> Inpatient Surgery                    | <input type="checkbox"/> Speech Therapy                   |
| <input type="checkbox"/> Laboratory (blood) tests             | <input type="checkbox"/> Ultrasound                       |
| <input type="checkbox"/> Mammography                          | <input type="checkbox"/> Wound care                       |
| <input type="checkbox"/> MRI                                  | <input type="checkbox"/> Other (Specify) _____            |
| <input type="checkbox"/> Nuclear Medicine                     | <input type="checkbox"/> (Do not read) Don't know/Refused |
| <input type="checkbox"/> Occupational Therapy                 |   |

14a. How satisfied were you or someone in your household with the services you received at St. James Parish Hospital? Would you say you were...*(Read list)*

- Satisfied
- Dissatisfied
- (Do not read)* Don't know/Refused *(Skip to Q15)*

14b. Why do you say that? *(Record exact response. Probe for clarification.)*

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15. Have you or someone in your household used emergency room services in the past 24 months?

- Yes
- No *(Skip to Q20a)*
- (Do not read)* Don't know/Refused *(Skip to Q20a)*

16. At which hospital(s) were emergency room services received? *(Do not read list unless prompt is needed. Record exact responses. Allow for responses for more than one hospital.)*

- |   |  |
|---|--|
| <input type="checkbox"/> St. James Parish Hospital <i>(Skip to Q13)</i> | <b>Other Hospitals</b>   |
| <b>Baton Rouge Hospitals</b>  | <input type="checkbox"/> Ascension Hospital - Gonzales                 |
| <input type="checkbox"/> Baton Rouge General - Baton Rouge              | <input type="checkbox"/> Assumption Community Hosp. - Napoleonville    |
| <input type="checkbox"/> Our Lady of the Lake - Baton Rouge             | <input type="checkbox"/> Chabert Medical Center - Houma                |
| <input type="checkbox"/> Woman's Hospital - Baton Rouge                 | <input type="checkbox"/> East Jefferson General Hospital - Metairie    |
| <b>New Orleans Hospitals</b>  | <input type="checkbox"/> Lady of the Sea General Hosp. - Golden Meadow |
| <input type="checkbox"/> Ochsner Foundation - New Orleans               | <input type="checkbox"/> Ochsner Foundation - Kenner                   |
| <input type="checkbox"/> University Hospital - New Orleans              | <input type="checkbox"/> Prevost Memorial Hospital - Donaldsonville    |
| <input type="checkbox"/> Tulane Hospital - New Orleans                  | <input type="checkbox"/> Promise Hospital - Gonzales                   |
| <input type="checkbox"/> Other <i>(Specify hospital and city)</i> _____ | <input type="checkbox"/> River Parishes Hospital - LaPlace             |
| <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused        | <input type="checkbox"/> Saint Anne General Hospital - Raceland        |
|   | <input type="checkbox"/> Saint Charles Parish Hospital - Luling        |
|   | <input type="checkbox"/> Saint Elizabeth Hospital - Gonzales           |
|   | <input type="checkbox"/> Thibodaux Regional Med. Center - Thibodaux    |

17. *(If any hospital other than St. James Parish Hospital was indicated in Q16, ask Q17; otherwise, skip to Q18.)* You mentioned that you or someone in your household received emergency room care at a hospital other than St. James Parish Hospital. What type of emergency room services have you or someone in your household used in the past 24 months at this hospital? *(Do not read list unless prompt is needed. Record exact response.)*

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac evaluation/Heart                    | <input type="checkbox"/> Stroke/TIA                              |
| <input type="checkbox"/> Laboratory                                  | <input type="checkbox"/> Trauma care                             |
| <input type="checkbox"/> Minor emergencies                           | <input type="checkbox"/> Radiology (X-Ray)                       |
| <input type="checkbox"/> MVA (motor vehicle accident)                | <input type="checkbox"/> Surgery                                 |
| <input type="checkbox"/> Orthopedic care                             | <input type="checkbox"/> Urgent care                             |
| <input type="checkbox"/> Pediatric care                              | <input type="checkbox"/> Other <i>(Specify)</i> _____            |
| <input type="checkbox"/> Respiratory distress/Breathing difficulties | <input type="checkbox"/> <i>(Do not read)</i> Don't know/Refused |
| <input type="checkbox"/> Routine illness                             |  |

18. (If St. James Parish Hospital is mentioned in Q16 ask Q18, Q19a, and Q19b; otherwise, skip to Q20a.) What type of emergency room services have you or someone in your household used in the past 24 months at St. James Parish Hospital? (*Do not read list unless prompt is needed. Record exact response.*)

- |  |  |
|--|--|
| <input type="checkbox"/> Cardiac evaluation/Heart                  | <input type="checkbox"/> Routine illness                           |
| <input type="checkbox"/> Minor emergencies                         | <input type="checkbox"/> Stroke/TIA                                |
| <input type="checkbox"/> Motor vehicle accident (MVA)              | <input type="checkbox"/> Surgery                                   |
| <input type="checkbox"/> Orthopedic care                           | <input type="checkbox"/> Trauma                                    |
| <input type="checkbox"/> Pediatric Care                            | <input type="checkbox"/> Urgent care                               |
| <input type="checkbox"/> Radiology (X-Ray)                         | <input type="checkbox"/> Other ( <i>Specify</i> ) _____            |
| <input type="checkbox"/> Respiratory distress/Breathing difficulty | <input type="checkbox"/> ( <i>Do not read</i> ) Don't know/Refused |

19a. How satisfied were you or someone in your household with the services you received at the emergency room in St. James Parish Hospital? Would you say you were... (*Read list.*)

- Satisfied  
 Dissatisfied  
 (*Do not read*) Don't know/Refused (*Skip to Q20a*)

19b. Why do you say that? (*Record exact response. Probe for clarification.*)

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20a. Have you or someone in your household used the services of the Parish health unit in the past 24 months?

- Yes  
 No (*Skip to Q21*)  
 (*Do not read*) Don't know/Refused (*Skip to Q21*)

20b. How satisfied were you or someone in your household with the services you received at the Parish health unit? Would you say you were... (*Read list*)

- Satisfied  
 Dissatisfied  
 (*Do not read*) Don't know/Refused

20c. Why do you say that? (*Record exact response. Probe for clarification.*)

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21. Are you aware that St. James Parish Hospital provides a full range of health care services including surgical procedures, specialty physician services, and complex radiology procedures such as nuclear medicine, digital mammography, MRI, and CT Scan?

- Yes  
 No  
 (*Do not read*) Don't know/Refused

22. Does your insurance coverage consider St. James Parish Hospital a network provider and will pay for services received at St. James Parish Hospital?

- Yes
- No
- (Do not read)** Don't know/Refused

23. Do you and others in your household routinely receive dental care?

- Yes
- No
- (Do not read)** Don't know/Refused

24. Have you or someone in your household delayed health care due to lack of money and/or insurance?

- Yes
- No
- (Do not read)** Don't know/Refused

25. What additional health care services would you like in the area? **(Record exact response.)**

- |   |  |
|---|--|
| <input type="checkbox"/> Birthing services        | <input type="checkbox"/> Occupational therapy                    |
| <input type="checkbox"/> Cardiology services      | <input type="checkbox"/> Oncology services                       |
| <input type="checkbox"/> Dental services          | <input type="checkbox"/> More primary care                       |
| <input type="checkbox"/> Dermatology              | <input type="checkbox"/> Transportation services                 |
| <input type="checkbox"/> Ear, Nose & Throat (ENT) | <input type="checkbox"/> Other <b>(Specify)</b> _____            |
| <input type="checkbox"/> Eye doctor               | <input type="checkbox"/> <b>(Do not read)</b> Don't know/Refused |

26. What concerns you most about health care in St. James Parish? **(Record exact response.)**

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That completes the survey. Thank you for your time! Thank you from the St. James Parish Hospital.

**St. James Parish, Louisiana  
Telephone Survey Results**

**Q1a. Do you use a family doctor for most of your routine health care?**

Response Category	No.	Percent
Yes	190	95.0%
No	<u>10</u>	<u>5.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q1b. If no, then what kind of medical provider do you use for routine care?**

Response Category	No.	Percent
Emergency room/Hospital	5	50.0%
Health unit	2	20.0%
Specialist	2	20.0%
Teche Action Center (Community Health Center)	<u>1</u>	<u>10.0%</u>
Total	<u>10</u>	<u>100.0%</u>

**Q2a. Which city do you go to for most of your family's routine health care needs?**

Response Category	Parish	No.	Percent	No. by Parish	% by Parish
Lutcher	St. James	84	42.0%	<u>141</u>	<u>70.5%</u>
Vacherie	St. James	39	19.5%		
Gramercy	St. James	13	6.5%		
No city given	St. James	4	2.0%		
Paulina	St. James	<u>1</u>	<u>0.5%</u>		
Gonzales	Ascension	15	7.5%	<u>19</u>	<u>9.5%</u>
Donaldsonville	Ascension	2	1.0%		
Prairieville	Ascension	<u>2</u>	<u>1.0%</u>		
Metairie	Jefferson	6	3.0%	<u>8</u>	<u>4.0%</u>
Kenner	Jefferson	<u>2</u>	<u>1.0%</u>		
LaPlace	St. John the Baptist	<u>8</u>	<u>4.0%</u>	8	4.0%
Baton Rouge	East Baton Rouge	<u>6</u>	<u>3.0%</u>	6	3.0%
Thibodaux	Lafourche	<u>6</u>	<u>3.0%</u>	6	3.0%
Houma	Terrebonne	<u>5</u>	<u>2.5%</u>	5	2.5%
New Orleans	Orleans	<u>3</u>	<u>1.5%</u>	3	1.5%
No city given	Assumption	<u>1</u>	<u>0.5%</u>	1	0.5%
Luling	St. Charles	<u>1</u>	<u>0.5%</u>	1	0.5%
Don't know/No response		<u>2</u>	<u>1.0%</u>	<u>2</u>	<u>1.0%</u>
<b>Total</b>		<u><u>200</u></u>	<u><u>100.0%</u></u>	<u><u>200</u></u>	<u><u>100.0%</u></u>

**Q2b. Why do you or someone in your household use a medical provider for health care needs outside of St. James Parish?**

Response Category	No.	Percent
Have used for years/Personal relationship	22	30.6%
Better quality of providers	14	19.4%
Closer/Convenient location	14	19.4%
Free charity care	6	8.3%
Approved provider for insurance/health benefits program	5	6.9%
Specialist	3	15.0%
Nicer facilities	1	1.4%
Speed of getting an appointment	1	1.4%
Don't know/No response	<u>6</u>	<u>8.3%</u>
<b>Total</b>	<u><u>72</u></u>	<u><u>100.0%</u></u>

Some respondents answered more than once.

**Q3a. Have you or someone else in your household been to a primary care doctor in St. James Parish in the past 24 months?**

Response Category	No.	Percent
Yes	141	70.5%
No	58	29.0%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q3b-1. How satisfied were you or someone in your household with the quality of care received in St. James Parish? Would you say that you were...**

Response Category	No.	Percent
Satisfied	134	95.0%
Dissatisfied	<u>7</u>	<u>5.0%</u>
Total	<u>141</u>	<u>100.0%</u>

**Q3b-1. Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
St. James Parish MSA	95.0%	5.0%	0.0%
Other Surveys Averages	90.3%	8.1%	1.6%
Other Surveys Low Range	82.6%	17.4%	0.0%
Other Surveys High Range	100.0%	0.0%	0.0%

**Q3c-1. Why do you say that you are satisfied with the quality of care in St. James Parish?**

Response Category	No.	Percent
Received good care	31	22.5%
Professional/courteous doctors and staff	26	18.8%
Correct treatment/diagnosis	20	14.5%
Needs were met	19	13.8%
Convenient/quick service	17	12.3%
Established relationship	13	9.4%
No complaints	8	5.8%
Referred to specialist	2	1.4%
Don't know/No response	<u>2</u>	<u>1.4%</u>
<b>Total</b>	<b><u>138</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q3c-2. Why do you say that you are dissatisfied with the quality of care in St. James Parish?**

Response Category	No.	Percent
Lack of concern	3	42.9%
Incorrect diagnosis/treatment	2	28.6%
Medicine unavailable	1	14.3%
Specialist referral denied	<u>1</u>	<u>14.3%</u>
<b>Total</b>	<b><u>7</u></b>	<b><u>100.0%</u></b>

**Q4. Do you think there are enough primary care doctors practicing in St. James Parish?**

Response Category	No.	Percent
No	110	55.0%
Yes	70	35.0%
Don't know/No response	<u>20</u>	<u>10.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q5. Are you able to get an appointment with your primary care (family) doctor when you need one?**

Response Category	No.	Percent
Yes	187	93.5%
No	11	5.5%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q6a. Have you or someone in your household  
been to a specialist in the past 24 months?**

Response Category	No.	Percent
Yes	128	64.0%
No	71	35.5%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q6b-1. What type of specialist have you or someone  
in your household been to?**

Type of Specialist	No.	Percent
<b><i>Top Ten Responses</i></b>		
Cardiologist	41	18.6%
Orthopedist	28	12.7%
OB/GYN	24	10.9%
Dermatologist	17	7.7%
Urologist	15	6.8%
Gastroenterologist	11	5.0%
Neurologist	9	4.1%
Pulmonologist	9	4.1%
Otolaryngologist	8	3.6%
Oncologist	<u>7</u>	<u>3.2%</u>
Subtotal of Top Ten	169	76.8%
<i>All other responses</i>	<u>51</u>	<u>23.2%</u>
Total	<u>220</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q6b-2. What type of specialist have you or someone in your household been to and in which city did you receive that care?**

Type of Specialist	City	No.	Percent
Cardiologist	Thibodaux (16); Baton Rouge (8); LaPlace (5); Gonzales (2); Marrero (2); Metairie (2); New Orleans (2); Hammond (1); Houma (1); Kenner (1); Litcher (1)	41	18.6%
Orthopedist	Baton Rouge (10); Thibodaux (6); Gonzales (3); LaPlace (3); Metairie (3); New Orleans (2); Jefferson (1)	28	12.7%
OB/GYN	Baton Rouge (11); LaPlace (7); Houma (2); Covington (1); Metairie (1); New Orleans (1); Thibodaux (1)	24	10.9%
Dermatologist	LaPlace (7); Baton Rouge (4); Thibodaux (4); Cardova (1); New Orleans (1)	17	7.7%
Urologist	LaPlace (5); Baton Rouge (4); Metairie (2); Thibodaux (2); Gonzales (1); Lafourche (1)	15	6.8%
Gastroenterologist	Gonzales (4); Litcher (3); Metairie (3); LaPlace (1)	11	5.0%
Neurologist	Baton Rouge (3); Gonzales (1); Kenner (1); Lake Charles (1); LaPlace (1); New Orleans (1); Thibodaux (1)	9	4.1%
Pulmonologist	Gonzales (5); New Orleans (2); LaPlace (1); New Iberia (1)	9	4.1%
Otolaryngologist	Baton Rouge (4); Metairie (2); Morgan City (1); Thibodaux (1)	8	3.6%
Oncologist	Baton Rouge (5); Gonzales (1); Thibodaux (1)	7	3.2%
Ophthalmologist	Baton Rouge (2); Gonzales (2); LaPlace (1); New Orleans (1)	6	2.7%
Surgeon	LaPlace (2); New Orleans (2); Baton Rouge (1); McGaff (1)	6	2.7%
Endocrinologist	Baton Rouge (3); Metairie (2); LaPlace (1)	6	2.7%
Pediatrician	Baton Rouge (3); Gramercy (1); LaPlace (1)	5	2.3%
Podiatrist	Baton Rouge (2); LaPlace (2)	4	1.8%
Nephrologist	Baton Rouge (1); Metairie (1); Thibodaux (1)	3	1.4%
Neurosurgeon	Baton Rouge (1); Metairie (1); New Orleans (1)	3	1.4%
Rheumatologist	Baton Rouge (3)	3	1.4%
Internist	Baton Rouge (2)	2	0.9%
Vascular Specialist	Gonzales (2)	2	0.9%
Allergist	Baton Rouge (1)	1	0.5%
Anesthesiologist	Baton Rouge (1)	1	0.5%
Chiropractor	Vacherie (1)	1	0.5%
Hematologist	New Orleans (1)	1	0.5%
Psychologist	Baton Rouge (1)	1	0.5%
Physiatrist	New Orleans (1)	1	0.5%
No specialty given		5	2.3%
<b>Total</b>		<u>220</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q6c. Did the specialist request further testing,  
laboratory work, and/or x-rays?**

Response Category	No.	Percent
Yes	88	68.8%
No	40	31.2%
Total	<u>128</u>	<u>100.0%</u>

**Q6d. In which city were the tests or laboratory work conducted?**

Response Category	Parish	No.	Percent	No. by Parish	% by Parish
Baton Rouge	East Baton Rouge	<u>27</u>	<u>24.1%</u>	27	24.1%
Lutcher	St. James	23	20.5%	26	23.2%
Vacherie	St. James	2	1.8%		
No city given	St. James	<u>1</u>	<u>0.9%</u>		
Thibodaux	Lafourche	16	14.3%	17	15.2%
No city given	Lafourche	<u>1</u>	<u>0.9%</u>		
LaPlace	St. John the Baptist	<u>13</u>	<u>11.6%</u>	13	11.6%
Metairie	Jefferson	5	4.5%	9	8.0%
Kenner	Jefferson	2	1.8%		
Marrero	Jefferson	<u>2</u>	<u>1.8%</u>		
New Orleans	Orleans	<u>9</u>	<u>8.0%</u>	9	8.0%
Gonzales	Ascension	7	6.3%	8	7.1%
Donaldsonville	Ascension	<u>1</u>	<u>0.9%</u>		
Houma	Terrebonne	<u>2</u>	<u>1.8%</u>	2	1.8%
Hammond	Tangipahoa	<u>1</u>	<u>0.9%</u>	<u>1</u>	<u>0.9%</u>
Total		<u>112</u>	<u>100.0%</u>	<u>112</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q6e. Are you aware that you can have your tests, laboratory work and/or x-rays  
performed at St. James Parish Hospital regardless of the location of your  
specialist?**

Response Category	No.	Percent
Yes	89	69.5%
No	38	29.7%
Don't know/No response	<u>1</u>	<u>0.8%</u>
Total	<u>128</u>	<u>100.0%</u>

**Q6f. Did the specialist prescribe medication(s)?**

Response Category	No.	Percent
Yes	93	72.7%
No	34	26.6%
Don't know/No response	<u>1</u>	<u>0.8%</u>
Total	<u>128</u>	<u>100.0%</u>

**Q6g. In which city was the pharmacy located that filled your prescription(s)?  
Or did you use mail-order?**

Response Category	Parish	No.	Percent	No. by Parish	% by Parish
Gramercy	St. James	31	29.2%	65	71.4%
Lutcher	St. James	17	16.0%		
Vacherie	St. James	12	11.3%		
No city given	St. James	<u>5</u>	<u>4.7%</u>		
Gonzales	Ascension	10	9.4%	16	17.6%
Donaldsonville	Ascension	<u>6</u>	<u>5.7%</u>		
LaPlace	St. John the Baptist	<u>6</u>	<u>5.7%</u>	6	6.6%
Thibodaux	Lafourche	<u>2</u>	<u>1.9%</u>	2	2.2%
Baton Rouge	East Baton Rouge	<u>1</u>	<u>0.9%</u>	1	1.1%
Marrero	Jefferson	<u>1</u>	<u>0.9%</u>	1	1.1%
<b>Mail-order</b>	--	<u>15</u>	<u>14.2%</u>	--	--
Total		<u>106</u>	<u>100.0%</u>	<u>91</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q7. How many people live in your household?**

Response Category	No.	Percent
One	20	10.0%
Two	67	33.5%
Three	52	26.0%
Four	36	18.0%
Five	15	7.5%
Six	6	3.0%
Seven	2	1.0%
Eight	1	0.5%
Nine	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q8a. Are you covered by any health insurance or any type of health benefit program?**

Response Category	No.	Percent
Yes	175	87.5%
No	24	12.0%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q8b. Is your coverage provided through...**

Response Category	No.	Percent
Your work	63	30.3%
Spouse's work	51	24.5%
Medicare	40	19.2%
Self-paid, private insurance plan	25	12.0%
Medicaid	20	9.6%
Medicare Advantage	5	2.4%
Another household members' work	1	0.5%
Veterans Administration	1	0.5%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>208</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q8c. Are your family members covered by any health insurance or any type of health benefit program?**

Response Category	No.	Percent
Yes	160	88.9%
No	18	10.0%
Don't know/No response	<u>2</u>	<u>1.1%</u>
Total	<u>180</u>	<u>100.0%</u>

Survey area consisted of 180 households with more than person.

**Q8d. Is your family members' coverage provided through...**

Response Category	No.	Percent
Spouse's work	60	29.4%
Medicare	35	17.2%
Your work	32	15.7%
Medicaid	26	12.7%
Another household members' work	23	11.3%
Self-paid, private insurance plan	13	6.4%
Medicare Advantage	5	2.5%
LaCHIP	4	2.0%
Champus/TriCare	2	1.0%
Veterans Administration	1	0.5%
Don't know/No response	<u>3</u>	<u>1.5%</u>
Total	<u>204</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q9. Have you or someone in your household used the non-emergency services of a hospital in the past 24 months?**

Response Category	No.	Percent
Yes	58	29.0%
No	140	70.0%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q10. At which hospital(s) were non-emergency services received?**

Response Category	No.	Percent	No. by Area	% by Area
<b>St. James Parish Hospital</b>	<u>40</u>	<u>60.6%</u>	40	60.6%
<b>Other Hospitals</b>			20	30.3%
River Parishes Hospital - LaPlace	7	10.6%		
Thibodaux Regional Medical Center	7	10.6%		
Saint Elizabeth Hospital - Gonzales	5	7.6%		
Promise Hospital - Gonzales	<u>1</u>	<u>1.5%</u>		
<b>Baton Rouge Hospitals</b>			3	4.5%
Our Lady of the Lake	1	1.5%		
Surgical Specialty Center	1	1.5%		
Neuromedical Center	<u>1</u>	<u>1.5%</u>		
<b>New Orleans Hospitals</b>			2	3.0%
Ochsner Foundation	<u>2</u>	<u>3.0%</u>		
<b>Don't know/No response</b>	<u>1</u>	<u>1.5%</u>	<u>1</u>	<u>1.5%</u>
Total	<u>66</u>	<u>100.0%</u>	<u>66</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q11. You mentioned that you or someone in your household received care at a hospital other than St. James Parish Hospital. Why did you or your family member choose this/these hospital(s)?**

Response Category	No.	Percent
Referral/Where my doctor works	17	65.4%
Established relationship	3	11.5%
Closer/convenient	2	7.7%
Better service/care/quality	1	3.8%
Insurance	1	3.8%
MRI not available at St. James at the time	1	3.8%
Don't know/No response	<u>1</u>	<u>3.8%</u>
<b>Total</b>	<b><u>26</u></b>	<b><u>100.0%</u></b>

**Q12a. What non-emergency hospital services were used there?**

Response Category	All Categories	Percent	Major Categories	Percent
<b><i>All Radiologic Imaging</i></b>			17	42.5%
Radiology (X-Ray)	6	15.0%		
MRI	5	12.5%		
Mammography	3	7.5%		
Ultrasound	2	5.0%		
CT Scan	<u>1</u>	<u>2.5%</u>		
Laboratory (blood) tests	7	17.5%	7	17.5%
Outpatient surgery	4	10.0%	4	10.0%
Inpatient surgery	3	7.5%	3	7.5%
Specialty doctor	2	5.0%	2	5.0%
Diagnostic testing	1	2.5%	1	2.5%
Immunizations	1	2.5%	1	2.5%
Inpatient stay	1	2.5%	1	2.5%
Intensive care unit	1	2.5%	1	2.5%
Respiratory therapy	1	2.5%	1	2.5%
Don't know/No response	<u>2</u>	<u>5.0%</u>	<u>2</u>	<u>5.0%</u>
<b>Total</b>	<b><u>40</u></b>	<b><u>100.0%</u></b>	<b><u>40</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q12b. Why did you use a hospital outside of St. James Parish?**

Response Category	No.	Percent
Specialist	7	26.9%
Established/Personal relationship	6	23.1%
Better quality of providers	3	11.5%
Referral	3	11.5%
Approved provider for insurance	2	7.7%
Closer/Convenient location	2	7.7%
After-hours care	1	3.8%
More providers	1	3.8%
MRI	<u>1</u>	<u>3.8%</u>
Total	<u>26</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q13. What non-emergency hospital services were used at St. James Parish Hospital?**

Response Category	All Categories	Percent	Major Categories	Percent
<b><i>All Radiologic Imaging</i></b>			27	37.0%
Mammography	11	15.1%		
Radiology (X-Ray)	8	11.0%		
CT Scan	3	4.1%		
MRI	3	4.1%		
Ultrasound	<u>2</u>	<u>2.7%</u>		
Laboratory (blood) tests	19	26.0%	19	26.0%
Bone density testing	5	6.8%	5	6.8%
Dietary services/Diabetic counseling	3	4.1%	3	4.1%
Physical therapy/Rehab	3	4.1%	3	4.1%
Emergency room	2	2.7%	2	2.7%
Inpatient stay	2	2.7%	2	2.7%
Outpatient surgery	2	2.7%	2	2.7%
Respiratory therapy	2	2.7%	2	2.7%
Specialty doctor	2	2.7%	2	2.7%
Endoscopy	1	1.4%	1	1.4%
Nuclear medicine	1	1.4%	1	1.4%
Sleep study	1	1.4%	1	1.4%
Don't know/No response	<u>3</u>	<u>4.1%</u>	<u>3</u>	<u>4.1%</u>
Total	<u>73</u>	<u>100.0%</u>	<u>73</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q14a. How satisfied were you or someone in your household with the non-emergency services you received at St. James Parish Hospital? Would you say that you were...**

Response Category	No.	Percent
Satisfied	38	95.0%
Dissatisfied	1	2.5%
Don't know/No response	1	2.5%
Total	<u>40</u>	<u>100.0%</u>

**Q14a. Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
St. James Parish MSA	95.0%	2.5%	2.5%
Other Surveys Averages	86.4%	11.2%	3.5%
Other Surveys Low Range	56.4%	7.7%	35.9%
Other Surveys High Range	100.0%	0.0%	0.0%

**Q14b-1. Why do you say that you are satisfied with the non-emergency services received at St. James Parish Hospital?**

Response	No.	Percent
Convenient/Fast service	18	34.6%
Good treatment/diagnosis	11	21.2%
Professional/Friendly service	11	21.2%
Quality of service	6	11.5%
Established relationship	4	7.7%
No complaints	2	3.8%
Total	<u>52</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q14b-2. Why do you say that you are dissatisfied with the non-emergency services received at St. James Parish Hospital?**

Response	No.	Percent
Lack of concern for patients	1	100.0%
Total	<u>1</u>	<u>100.0%</u>

**Q15. Have you or someone in your household used  
emergency room services in the past 24 months?**

Response	No.	Percent
Yes	76	38.0%
No	122	61.0%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q16. At which hospital(s) were emergency room services received?**

Response Category	No.	Percent	No. by Area	% by Area
<b>St. James Parish Hospital</b>	<u>58</u>	<u>73.4%</u>	58	73.4%
<b>Other Hospitals</b>			15	19.0%
East Jefferson General Hospital - Metairie	1	1.3%		
River Parishes Hospital - LaPlace	3	3.8%		
Saint Marys Hospital - Morgan City	1	1.3%		
Saint Elizabeth Hospital - Gonzales	4	5.1%		
Thibodaux Regional Medical Center	<u>6</u>	<u>7.6%</u>		
<b>New Orleans Hospitals</b>			3	3.8%
Ochsner Foundation	1	1.3%		
Tulane Hospital	1	1.3%		
Children's Hospital	<u>1</u>	<u>1.3%</u>		
<b>Baton Rouge Hospitals</b>			1	1.3%
LSU Hospital	<u>1</u>	<u>1.3%</u>		
<b>Don't know/No response</b>	<u>2</u>	<u>2.5%</u>	<u>2</u>	<u>2.5%</u>
Total	<u>79</u>	<u>100.0%</u>	<u>79</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q17. What type of emergency room services were used in the past 24 months at a hospital *other than* St. James Parish Hospital?**

Response Category	All Categories	Percent	Major Categories	Percent
<b><i>All Radiologic Imaging</i></b>			6	15.0%
Radiology (X-Ray)	4	10.0%		
MRI	1	2.5%		
Ultrasound	<u>1</u>	<u>2.5%</u>		
Laboratory	8	20.0%	8	20.0%
Routine illness	7	17.5%	7	17.5%
Minor emergencies	4	10.0%	4	10.0%
Urgent care	4	10.0%	4	10.0%
Cardiac evaluation	3	7.5%	3	7.5%
Pediatric care	2	5.0%	2	5.0%
Respiratory distress	2	5.0%	2	5.0%
Birthing services	1	2.5%	1	2.5%
Surgery	1	2.5%	1	2.5%
Trauma care	1	2.5%	1	2.5%
Don't know/No response	<u>1</u>	<u>2.5%</u>	<u>1</u>	<u>2.5%</u>
<b>Total</b>	<b><u>40</u></b>	<b><u>100.0%</u></b>	<b><u>40</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q18. What type of emergency room services have you or someone in your household used in the past 24 months *at St. James Parish Hospital* ?**

Response Category	All Categories	Percent	Major Categories	Percent
<b><i>All Radiologic Imaging</i></b>			23	25.6%
Radiology (X-Ray)	21	23.3%		
MRI	1	1.1%		
Ultrasound	<u>1</u>	<u>1.1%</u>		
Minor emergencies	11	12.2%	11	12.2%
Routine illness	11	12.2%	11	12.2%
Cardiac evaluation	8	8.9%	8	8.9%
Laboratory	8	8.9%	8	8.9%
Urgent care	8	8.9%	8	8.9%
Respiratory distress	6	6.7%	6	6.7%
Trauma care	6	6.7%	6	6.7%
Pediatric care	2	2.2%	2	2.2%
Stroke TIA	2	2.2%	2	2.2%
Orthopedic care	1	1.1%	1	1.1%
Immunization	1	1.1%	1	1.1%
Pneumonia	1	1.1%	1	1.1%
Don't know/No response	<u>2</u>	<u>2.2%</u>	<u>2</u>	<u>2.2%</u>
<b>Total</b>	<b><u>90</u></b>	<b><u>100.0%</u></b>	<b><u>90</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.

**Q19a-1. How satisfied were you or someone in your household with the services you received at the emergency room in St. James Parish Hospital?  
Would you say you were...**

Response Category	No.	Percent
Satisfied	50	86.2%
Dissatisfied	7	12.1%
Don't know/No response	<u>1</u>	<u>1.7%</u>
Total	<u>58</u>	<u>100.0%</u>

**Q19a-2. Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
St. James Parish MSA	86.2%	12.1%	1.7%
Other Surveys Averages	82.8%	14.4%	2.8%
Other Surveys Low Range	62.8%	34.9%	2.3%
Other Surveys High Range	96.8%	3.2%	0.0%

**Q19b-1. Why do you say that you are satisfied with the services received at the emergency room in St. James Parish Hospital?**

Response	No.	Percent
Received good care	18	31.0%
Quick/Convenient	16	27.6%
Professional/Courteous service	12	20.7%
Correct treatment/diagnosis	9	15.5%
No complaints	<u>3</u>	<u>5.2%</u>
Total	<u>58</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q19b-2. Why do you say that you are dissatisfied with the services received at the emergency room in St. James Parish Hospital?**

Response	No.	Percent
Poor quality care	5	62.5%
Inadequate equipment	1	12.5%
No surgeon available	1	12.5%
Slow service	<u>1</u>	<u>12.5%</u>
Total	<u>8</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q20a. Have you or someone in your household used services of the Parish health unit in the past 24 months?**

Response Category	No.	Percent
Yes	25	12.5%
No	174	87.0%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q20b-1. How satisfied were you or someone in your household with the services you received at the Parish health unit?**

Response Category	No.	Percent
Satisfied	23	92.0%
Dissatisfied	<u>2</u>	<u>8.0%</u>
Total	<u>25</u>	<u>100.0%</u>

**Q20b-1. Compared to Other Studies**

Survey Area	Satisfied	Dissatisfied	No Response
St. James Parish MSA	92.0%	8.0%	0.0%
Other Surveys Averages	94.1%	4.2%	1.7%
Other Surveys Low Range	77.4%	9.7%	12.9%
Other Surveys High Range	100.0%	0.0%	0.0%

**Q20c-1. Why do you say that you are satisfied with the services you received at the Parish health unit in the past 24 months?**

Response	No.	Percent
Correct treatment/diagnosis	7	28.0%
Received good care	6	24.0%
No complaints	4	16.0%
Professional/Courteous service	3	12.0%
Quick/Convenient	<u>5</u>	<u>20.0%</u>
Total	<u>25</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q20c-2. Why do you say that you are dissatisfied with the services you received at the Parish health unit in the past 24 months?**

Response	No.	Percent
Slow service	<u>2</u>	<u>100.0%</u>
Total	<u>2</u>	<u>100.0%</u>

**Q21. Are you aware that St. James Parish Hospital provides a full range of health care services including surgical procedures, specialty physician services, and complex radiology procedures such as nuclear medicine, digital mammography, MRI, and CT Scan?**

Response Category	No.	Percent
Yes	154	77.0%
No	45	22.5%
Don't know/No response	<u>1</u>	<u>0.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q22. Does your insurance coverage consider St. James Parish Hospital a network provider and will pay for services received at St. James Parish Hospital?**

Response Category	No.	Percent
Yes	152	76.0%
No	21	10.5%
Don't know/No response	<u>27</u>	<u>13.5%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q23. Do you and others in your household routinely receive dental care?**

Response Category	No.	Percent
Yes	139	69.5%
No	59	29.5%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q24. Have you or someone in your household delayed health care due to lack of money and/or insurance?**

Response Category	No.	Percent
Yes	55	27.5%
No	143	71.5%
Don't know/No response	<u>2</u>	<u>1.0%</u>
Total	<u>200</u>	<u>100.0%</u>

**Q25. What additional health care services would you like in the area?**

Response	All Categories	Percent	Major Categories	Percent
<b>Specialists/Specialty services</b>			78	30.8%
Pediatrician	10	4.0%		
Optometrist	10	4.0%		
More specialists in general	9	3.6%		
Cardiology services	8	3.2%		
Dermatologist	6	2.4%		
Gynecologist	6	2.4%		
Ear, Nose & Throat (ENT)	5	2.0%		
Oncologist	5	2.0%		
Surgeon	4	1.6%		
Endocrinologist	3	1.2%		
Neurologist	3	1.2%		
Orthopedist	3	1.2%		
Gastroenterologist	1	0.4%		
Geriatrician	1	0.4%		
Internist	1	0.4%		
Podiatrist	1	0.4%		
Rheumatologist	1	0.4%		
Urologist	1	0.4%		
<b>Cost</b>			8	3.2%
Clinic for those without insurance	3	1.2%		
More affordable healthcare	3	1.2%		
Doctors who accept Medicaid	2	0.8%		
More primary care providers	32	12.6%	32	12.6%
Dental services	17	6.7%	17	6.7%
Transportation services	4	1.6%	4	1.6%
Urgent care facility/Weekend hours	3	1.2%	3	1.2%
Pharmacy	2	0.8%	2	0.8%
Ambulance service	1	0.4%	1	0.4%
Better coverage for elderly	1	0.4%	1	0.4%
Birthing services	1	0.4%	1	0.4%
Family medical clinic	1	0.4%	1	0.4%
More hospitals	1	0.4%	1	0.4%
Occupational therapy	1	0.4%	1	0.4%
Don't know/No response	103	40.7%	103	40.7%
<b>Total</b>	<u>253</u>	<u>100.0%</u>	<u>253</u>	<u>100.0%</u>

Some respondents answered more than once.

**Q26. What concerns you most about health care in St. James Parish?**

Response Category	All Categories	Percent	Major Categories	Percent
No concerns	85	40.1%	85	40.1%
<b>Availability of medical providers</b>			53	25.0%
Lack of doctors	23	10.8%		
Lack of quality doctors	15	7.1%		
Lack of specialists	12	5.7%		
Lack of Medicaid providers	3	1.4%		
<b>Cost of health care</b>			35	16.5%
Cost of health care	12	5.7%		
Lack of insurance	10	4.7%		
Services not covered by insurance	7	3.3%		
Cost of insurance	5	2.4%		
Lack of affordable dental care	1	0.5%		
Distance to emergency services	10	4.7%	10	4.7%
Sustainability of healthcare in area	5	2.4%	5	2.4%
Access to health care	3	1.4%	3	1.4%
Unfamiliar with doctors/Services available	3	1.4%	3	1.4%
History of incorrect diagnosis	2	0.9%	2	0.9%
Hospital closing	1	0.5%	1	0.5%
Hospital not large enough	1	0.5%	1	0.5%
Lack of birthing services	1	0.5%	1	0.5%
Don't know/No response	13	6.1%	13	6.1%
<b>Total</b>	<b><u>212</u></b>	<b><u>100.0%</u></b>	<b><u>212</u></b>	<b><u>100.0%</u></b>

Some respondents answered more than once.