# OCHSNER HEALTH

## 2024 COMMUNITY HEALTH NEEDS ASSESSMENT: SHREVEPORT, LOUISIANA

# EXECUTIVE SUMMARY

Ochsner Health contracted with Louisiana Public Health Institute (LPHI) and community partners at the United Way of Northwest Louisiana to carry out the 2024 Community Health Needs Assessment (CHNA) for the Shreveport, Louisiana area. This report summarizes the findings of the CHNA for the region and describes community health needs identified as top priorities.

The report serves as the 2024 CHNA for the following hospital facilities:
> Ochsner LSU Health Academic Medical Center
> Ochsner LSU Health St. Mary Medical Center
> Louisiana Behavioral Health

For this assessment, partners defined the Shreveport community as residents of Bossier, Caddo, Bienville, Claiborne, De Soto, and Webster parishes.

LPHI used a collaborative, mixed-methods approach to determine significant needs and concerns. Community input for the CHNA process was drawn from an online survey with community members, interviews with key stakeholders including those serving the community in both health and non-health capacities, and group discussions. This data was complemented by external data from national sources.

As a result of the CHNA process, five community health needs were identified as top priorities. Brief descriptions of each health need are provided in the section that follows.

## PRIORITIES

### Access to healthcare
There are challenges with basic healthcare needs such as primary care, dental and eye care, sexual or reproductive health, as well as senior care and care for people with disabilities. Not having these needs met means that issues may go undiagnosed, causing worse health risks and increased individual and system-level costs over time as evidenced by the high rate of preventable hospital stays in the region.

Successes from the prior CHIP can be further mobilized in three primary ways to address this. First, healthcare access should continue to be promoted, especially for primary care, dental, and maternal care services. Ensuring that MyChart and other newly launched online tools are known and accessible to patients specifically by mobile phone is also important, as is spreading awareness of telehealth options.

Finally, addressing medical costs, appointment availability, and especially systems of transit or medical transport will reduce barriers to people being able to schedule and attend their appointments and essential treatments.

**Health outcomes**

Key health conditions of concern are diabetes, hypertension, obesity, cancer, substance abuse, and mental health. That community members are concerned about these makes sense in the light of external data revealing high rates of obesity in these areas, poor food environments, and physical inactivity rates that are higher than the state average. Lingering impacts from the COVID-19 pandemic also may have played a role in furthering mental health issues, substance use, and social isolation.

Progress and gains from the prior CHIP can continue by promoting and increasing awareness of expanded specialist services, especially for the new women's healthcare, pediatric clinics, and behavioral care facilities. Violence prevention programming should remain a priority and be targeted to adults, youth, and families.

**Educating the next generation**

There is room to build rapport and trust between patients and healthcare providers. This can be done in two primary ways. First, improving the health literacy levels of the community will enhance knowledge about benefits or available assistance programs, and ease community members' ability to advocate for themselves in appointments. Educating health providers is also crucial. Increasing provider familiarity with the needs and challenges of minority groups, especially African-Americans, LGBTQ+ people, and people with disabilities will improve patient trust and reduce experiences of bias.

**Economic development**

Economic concerns around cost of living, jobs, or education, as well as access to quality food and housing cause major challenges to community members in maintaining their health. This can be addressed by supporting wraparound services and referrals to be able to address multiple health needs and increase access to housing. Expansion of services that promote sustained access to healthy foods is also essential. Finally, supporting expansion of broadband access for rural communities can increase opportunities for households as well as improve their access to telehealth services.

**Community Partnerships**

Given the strength of local networks and support systems in the community, community partnerships will be essential to addressing all of the above priorities. Referral networks and comprehensive resource guides can facilitate access to support

for community members. Schools, churches, and law enforcement are trusted institutions that can be engaged to expand mental health and substance use training. Partnering with known organizations can also allow for expansion of health literacy and address topics such as benefits, assistance options, use of online tools, and asking questions during appointments. Finally, partnerships with grocery stores can increase and sustain community access to healthy foods.

The aforementioned priorities are summarized in the table below.

| Access to Healthcare | Health Outcomes | Educating the Next Generation | Economic Development | Community Partnerships |
|---|---|---|---|---|
| • Transportation<br>• Cost of Care<br>• Availability of Appointments<br>• Wraparound Services<br>• Access to Primary Care/ Maternal Care/ Dental Care<br>• Access for Seniors and Adults with Disabilities | • Diabetes<br>• Hypertension<br>• Obesity<br>• Cancer<br>• Substance Abuse<br>• Mental Health | • Mental and Behavioral Health Training<br>• DEI and Cultural Competency for Providers<br>• Violence Prevention<br>• Health Literacy | • Broadband access<br>• Housing<br>• Food Access | • Referral Networks and Community Networks of Support<br>• Community Trust |

# TABLE OF CONTENTS

# ACKNOWLEDGEMENTS

# INTRODUCTION

## BACKGROUND

This report describes the 2024 Community Health Needs Assessment (CHNA) for Ochsner Health facilities in Shreveport and surrounding communities in Louisiana. Although all tax-exempt hospitals are required to conduct a CHNA every three years, the goal of this assessment was to center health equity by taking a thoughtful, collective approach toward gathering meaningful information from community members about ongoing gaps in the catchment areas of these cities. The following report details the CHNA requirements, the process of planning and conducting the CHNA, and detailed results with a focus on the social determinants of health. The report also outlines gaps and priority areas in the context of progress that was made from the community health implementation plan (CHIP) and in the context of Ochsner Health's Healthy State Priorities[1].

## OCHSNER LSU HEALTH SHREVEPORT (OLHS) SYSTEM

Founded in October 2018, Ochsner LSU Health Shreveport (OLHS) is a public-private partnership between the nationally recognized health system Ochsner Health and the academic and research center LSU Health Shreveport. With more than 4,200 employees and approximately 950 physicians, including LSU medical residents and fellows, Ochsner and LSU share a mission to expand access to care and improve the health and wellness of communities, to make North Louisiana a healthy place to live, work and raise a family. Building on the strengths of both partners, OLHS is leading the region in preventative, primary, and acute care services.

The OLHS system is made up of multiple hospital facilities, primary care centers, urgent care centers, and specialty providers. This Community Health Needs Assessment focuses on the two hospital facilities and a behavioral health clinic, jointly run by OLHS and Oceans Healthcare, located in the City of Shreveport and the wider community that the facility serves.

Ochsner LSU Health Academic Medical Center is a 407-bed hospital that provides advanced health care for critically and severely ill patients. The facility houses a 24-hour emergency department, as well as North Louisiana's only Level 1 trauma center, the region's only comprehensive stroke center, and the region's only burn unit.

Ochsner LSU Health St. Mary Medical Center is a 153-bed hospital that offers several focused services, including imaging, outpatient surgery, sports medicine, and woman

---

[1] https://www.ochsner.org/healthystate

and children's health, including a Levell III neonatal intensive care unit and a pediatric intensive care unit.

Louisiana Behavioral Health is a partnership between OLHS and Oceans Healthcare that offers transformative behavioral health care for adolescents, adults, and seniors. The facility offers both inpatient and outpatient behavioral health services, both meant to meet the unique needs of every patient that the facility services.

## OVERVIEW OF CHNA REQUIREMENTS

With the enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a CHNA and develop implementation strategies to better meet the community health needs identified every three years[2]. Section 501(r)(3)[3] requires an authorized body at the hospital facility to adopt a documented CHNA that is available to the public, available for feedback, and includes the following:

- A description of how the community served by the hospital facility was defined or outlined
- A description of the process and methods used to conduct the CHNA
- A description of how input from persons who represent the broad interests of the catchment community was solicited and accounted for
- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used to prioritize
- Resources potentially available to address significant health needs identified
- An evaluation of the impact of any actions that were taken to address significant health needs identified in the prior CHNA.

## ROLE OF LPHI AND IMPLEMENTING PARTNERS

A collaborative approach for the CHNA was taken, with key partners being United Way of Northwest Louisiana, the Louisiana Public Health Institute (LPHI), and Community Benefits officials with Ochsner Health. LPHI was contracted to develop the CHNA and accompanying CHIP reports for participating hospital facilities. LPHI brings extensive history leading and supporting health systems, federally qualified health centers (FQHCs), and state/local health departments in the development of assessments and

---

[2] Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital healthcare facilities, which is separate from this report.

[3] Available at: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3

strategies based in health equity and population health. United Way chapters in Louisiana collaborate across individuals, companies, and agencies to meet essential needs of people in communities. As trusted organizations in North Louisiana, their practices and relationships were a crucial part of being able to accomplish the CHNA. The entire CHNA cycle, including partner engagement, training on data collection protocol, and launch of data collection took place over approximately 9 weeks from April to May 2024.

# The 2024 CHNA took a collaborative approach to emphasize health equity.

## DEFINING THE COMMUNITY

The catchment communities were discussed in close consultation with United Way chapters in North Louisiana, and with Ochsner partners. Because it was recognized that the facilities in Shreveport may serve as an important access point for rural areas, the catchment populations extended beyond the core parishes of Shreveport. Thus, the community was defined as Bienville, Bossier, Caddo, Claiborne, De Soto, and Webster parishes. Because of the broad dissemination strategies for the CHNA survey (see below), however, any survey response that came from Region 7 was included in the Shreveport analysis as well.

## CHNA INSTRUMENTS

After contract negotiations took place to develop agreements between partners, LPHI drafted CHNA instruments drawing from items that had been shared by United Way of Acadiana and other publicly available CHNA resources online. The survey and interviews were developed to consider Ochsner's Healthy State Priorities and were revised based on feedback from Ochsner and United Way partners. The survey consisted of approximately 30 multiple choice or multi-select items covering demographics, access to healthcare, community health issues, and the local environment.

Once finalized, the survey was input into REDCap with a corresponding link and QR code, and a paper version for individuals who did not have a device or internet connection. Surveys were circulated through partner mailing lists and social media, provided at a number of community events such as health fairs, community baby showers, town halls, and at assistance centers and clinics. The interview guide had two versions, one for community members and one for health officials. Interview participants included community members, local leaders, and public health officials. At

the conclusion of data collection, there were a total of 445 surveys with 11 interviews from Shreveport.

There were also town halls and other gatherings that occurred which provided opportunities for partners to host discussions about community needs. Community input provided during these discussions was also captured and incorporated.

Finally, LPHI drew from secondary sources to complement the findings of the community input process. This secondary data included demographic data[4] from the American Community Survey[5], financial vulnerability data from United Way's ALICE tool[6], health and behavioral data from County Health Rankings[7], and environmental risk data from the EPA's EJScreen tool[8].

## OVERVIEW OF DATA COLLECTION PROCESS

LPHI relied on a cohort call model to move the CHNA data collection forward. The first kickoff call served as a way to bring all partners together and introduce one another and the CHNA effort. There was also a group discussion held on UW partners' data collection practices that had worked well for them to engage individuals in the past. This discussion was an essential element that allowed LPHI to develop a data process that would be practical for the on-the-ground settings in which community input was solicited. Protocols included "best practices" documents for the surveys and interviews, template language for survey promotion, a form for recording methods of distributing the survey, interview notetaking templates, and interview guides with questions. These materials were shared on a "Part 2" kickoff call and posted in a SharePoint so that any updates would be available to the group in real time.

Subsequent weekly cohort calls consisted of an icebreaker, announcements and updates, a report of survey counts, and a "share-out" for partners to report on community data activities and ask questions. The general timeline for the CHNA was also included in each call to ensure that deadlines were known and discussed. This

---

[4] U.S. Census Bureau. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*, 2022, https://data.census.gov/table/ACSDP5Y2022.DP05?g=040XX00US22$0500000.

[5] U.S. Census Bureau. "Language Spoken at Home." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601*, 2022, https://data.census.gov/table/ACSST5Y2022.S1601?t=Language Spoken at Home&g=040XX00US22$0500000. Accessed on April 22, 2024.

[6] United for ALICE. Louisiana Overview. https://www.unitedforalice.org/state-overview/Louisiana

[7] University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.

[8] 2024 version. EJScreen. Retrieved: April 22, 2024, from https://ejscreen.epa.gov/mapper/.

structure allowed for two-way discussions: while LPHI was leading the technical assistance portion of the CHNA activities, we received both positive and constructive feedback on guidance which allowed us to make changes in real-time to meet the requests of partners. UW chapters also had important input into the timeline – for example, when some of them mentioned events that were set to occur towards the end of the planned data collection timeline, LPHI extended the survey date to allow for attendees at those events to take the survey.

Outside of weekly check-ins, the LPHI team met regularly with Ochsner partners to share progress and plan ahead.

## DATA ANALYSIS & PRIORITIZATION

Recommendations and key priorities were developed by synthesizing findings across all forms of community input data with external data. The CHNA survey was analyzed using frequencies, with a major emphasis on the community health and access to care sections. Some frequencies were also conducted by race to examine potential differences among Black and White respondents (who were the primary respondents to the survey). Secondary data was utilized at every step to complement and add more context to findings where selection bias may have been present in the survey. Interview notes were examined for major themes and examples or anecdotes that illustrated those themes. Finally, notes from other community input efforts were also utilized where relevant. These data sources were triangulated to highlight major challenges and concerns in the community and steps that could be taken to address them.

Ochsner LSU Shreveport's objectives in the 2021-2023 Community Health Implementation Plan (CHIP) centered five priorities: health education, especially juvenile trauma and crime prevention; access to women and children's services; patient engagement; access to care; and behavioral health. No public comments were received on the CHIP.  The successes from the CHIP are summarized below.

**Increase health education, juvenile trauma, and crime prevention**: In this area, there were a number of new programs offered, including health programs for youth, a FAN club to combat child obesity, and Kids in the Kitchen. To improve the safety of infants and small children, childbirth classes were added alongside increased education efforts on car seat safety and safe sleep. A hospital violence intervention program titled PROTECT was initiated for victims aged seventeen and under.

**Expand access and navigation of women's and children's services with emphasis on prenatal care:** This step focused primarily on expansion through additional clinics. A new women's clinic and a pediatric specialty clinic were both opened in 2022, and a maternal fetal medicine clinic was also added onsite. In Bossier, a clinic was opened in 2023 which provides gynecologic services as well as other specialties.

**Build patient engagement and community partnerships:** The efforts in this priority resulted in deeper partnerships with local community clinics. There were also community events held with a variety of partners, and a corporate health program that started in 2021.

**Increase access to care:** This step was accomplished by investing in the LSU Health Sciences Center Medical School in Shreveport to increase the number of providers available in general but particularly in medically underserved areas. The Ochsner LSU Health – Peggy Prescott Community Health Center was also opened in 2023.

**Behavioral Health Support:** The Louisiana Behavioral Health – Oceans Healthcare system became a part of Ochsner LSU System in 2021, fostering a 77% increase in discharges and a 90% increase in admits from 2022 to 2023. In addition, a fourteen-bed unit for adolescents aged 13 to 17 was added in 2023, alongside robust adolescent and adult outpatient programs. These include dual diagnoses (mental health with substance use disorder), a geriatric group, trauma and post-traumatic stress disorder (PTSD) support, and bereavement support.

## CHNA SURVEY DEMOGRAPHICS

As previously stated, there were 445 surveys for Shreveport across eight different parishes in the region. Over sixty percent of responses were from Caddo, with Bossier having the next largest group of respondents (Figure 1, below).
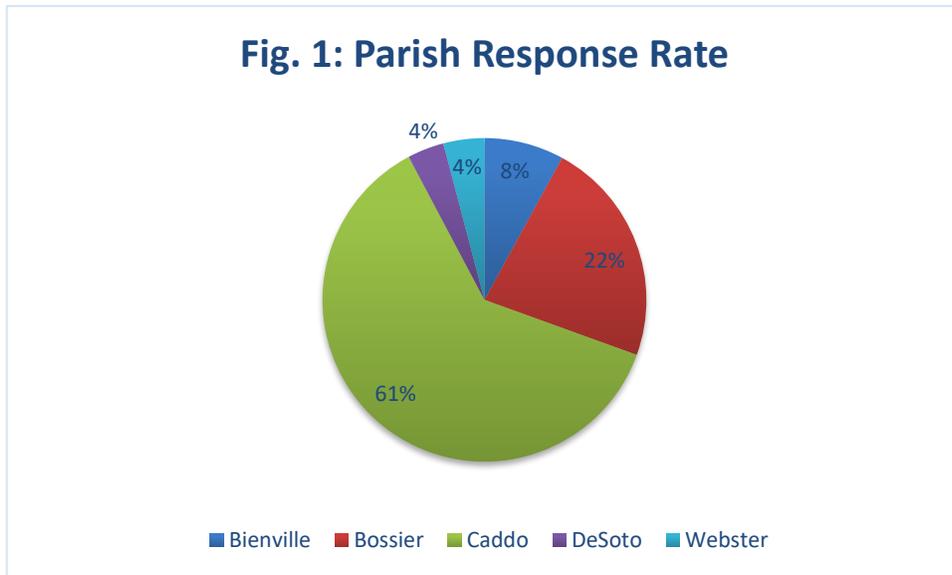


*Figure 1: Graph data from CHNA survey. Parishes with under 1% of responses include Claiborne, Natchitoches, and Red River and are not shown.*

Age range (Figure 2) was relatively even across age groups, with a lower response rate from younger adults aged 18 to 24. Household size varied, with just over half of the sample having two or three individuals in their home (Figure 3).
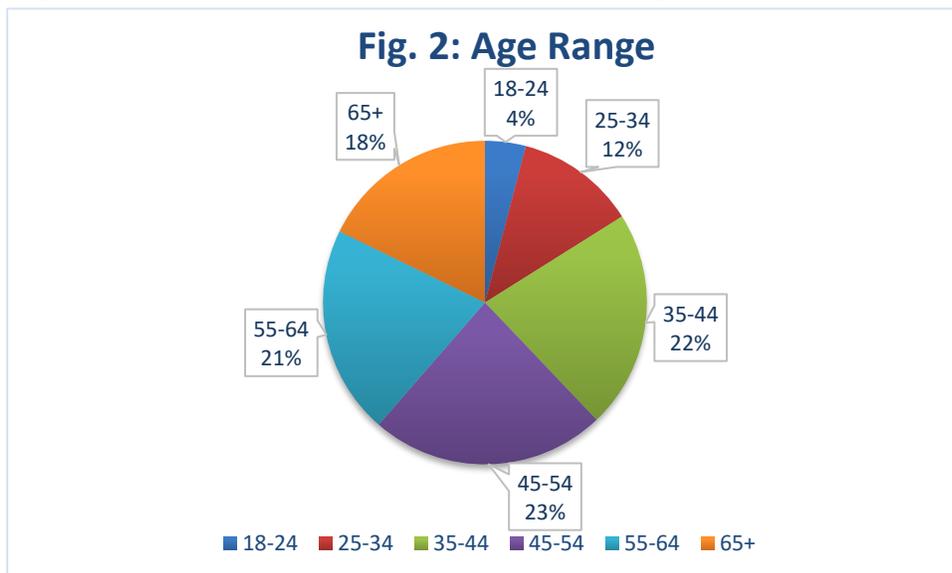


*Figure 2: Graph data from CHNA survey.*
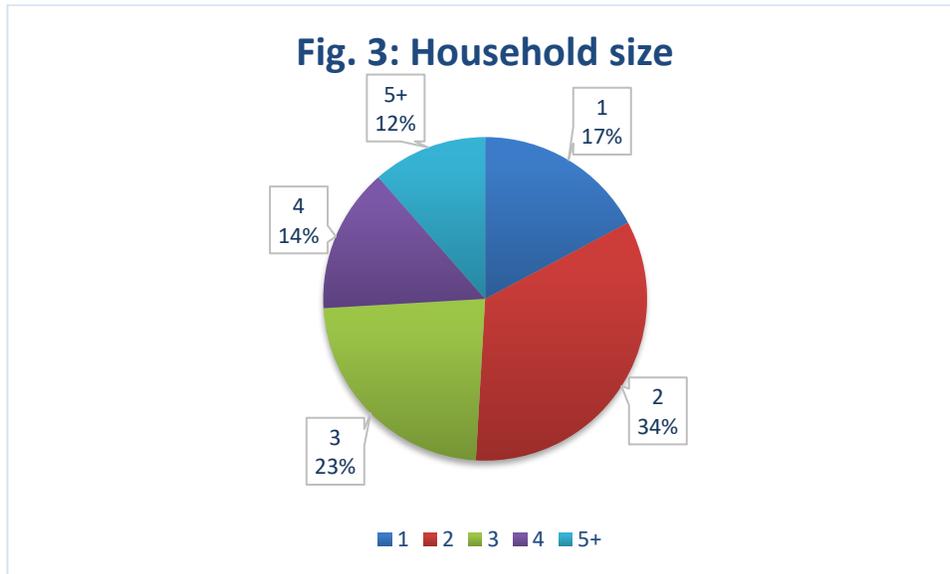
*Figure 3: Graph shows household size from CHNA survey*

Sixty-eight percent of the sample was White, with 31% being Black (Figure 4). Other groups included Hispanic/Latino individuals, as well as those who were Asian, Native American/American Indian/Alaska Native, or multiple racial groups.
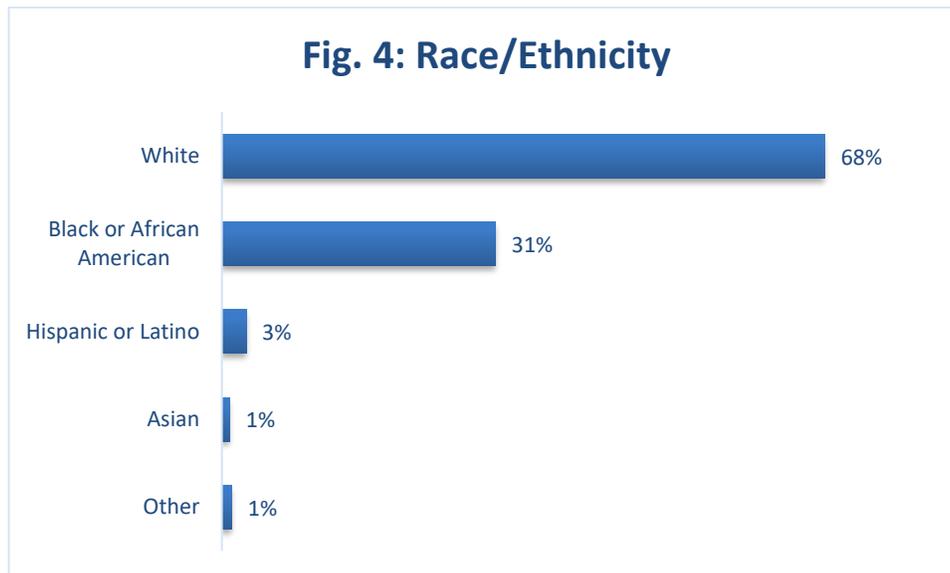


*Figure 4: Graph shows race/ethnicity from CHNA survey. Respondents could choose more than one race/ethnicity. Approximately 12 respondents did so.*

As indicated in the external data below in Table 1, the survey responses do not have proportionate representation from non-black or white races and ethnicities in this

community, with white respondents and black respondents making up nearly all the respondents.

Over eighty percent of respondents were women, with sixteen percent being men and less than one percent identifying as nonbinary, gender fluid, or gender non-confirming (graph not shown). Although the respondents largely identify as heterosexual or straight, 11% chose a different sexual orientation (Figure 5).
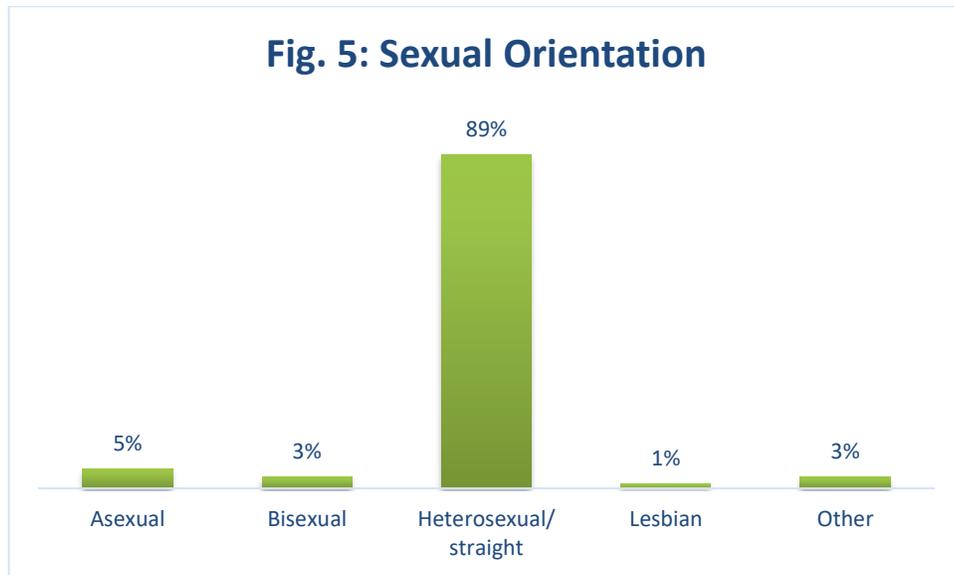


*Figure 5: Graph shows sexual orientation from CHNA survey.*

Thus, because the survey effort utilized a convenience sample, there were slightly fewer responses among some groups compared to their share of the overall population in the Shreveport Region – namely younger adults, African Americans, and men. The table below reflects some of these differences. Still, overall, the responses reflect diversity particularly across age, race, and sexual orientation.

## TABLE 1: DEMOGRAPHIC BACKGROUND OF PARISHES

| | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Age** | | | | | | |
| **Median Age** | 36 | 38.7 | 39.3 | 41.5 | 42.3 | 42.1 |
| **Under 18 yrs** | 24.6% | 23.6% | 23.8% | 22.8% | 19.0% | 22.4% |
| **65 yrs and over** | 14.8% | 17.9% | 18.2% | 20.2% | 21.0% | 20.9% |
| **Race & Language** | | | | | | |
| **African-American/Black** | 25.0% | 50.8% | 35.6% | 34.4% | 52.1% | 42.2% |
| **White** | 71.9% | 47.9% | 64.4% | 65.6% | 48.0% | 56.7% |
| **Hispanic** | 6.9% | 3.0% | 3.3% | 2.3% | 1.8% | 2.2% |
| **American Indian/ Alaska Native** | 1.2% | 1.1% | 2.0% | 0.9% | 0.4% | 1.3% |
| **Asian** | 2.6% | 1.8% | 0.3% | 0.7% | 0.2% | 0.3% |
| **Other** | 4.6% | 2.2% | 1.7% | 0.9% | 2.8% | 2.0% |
| **Speaks a language other than English** | 6.8% | 3.6% | 1.4% | 1.7% | 0.5% | 2.4% |

*Table 1: Data from American Community Survey 2017-2022 estimates*

## CHNA INTERVIEWEES

Eleven interviews were conducted for the Shreveport area and included not only Bossier and Caddo parishes, but also Bienville, Claiborne, Webster, and De Soto parishes. The required public health department interview occurred with an official leading community health worker efforts with the Office of Public Health. Other interviewees were involved with medical or health centers, a help center for pregnant women, served people with disabilities, were City Council members, and nonprofit professionals. Many interview participants wore multiple "hats," having served in education or conducted health assessments for program eligibility, for instance, in addition to their main roles. Major themes from interviews concerned community strengths, healthcare affordability and access, and chronic disease. These themes are further described in the corresponding sections.

## WORKFORCE, EDUCATION, & COST OF LIVING

As one of the Ochsner Healthy State Goals for 2030 is an increase in the Louisiana per-capita income of $4,838, workforce and education play a cornerstone role in achieving this goal. Of the survey respondents in Shreveport, 71% indicated they were employed full-time, and 14% indicated that they were retired. In addition, 71% of survey respondents reported that they had a college degree or higher.

Possibly because of this high proportion, household income also tended to be higher than average, with three quarters of respondents reporting a household income of $50,000 or more (Figure 6). This should be considered in the context of United Way's Asset Limited, Income Constrained, Employed (ALICE) data, which determines the percentage of households in a parish that have a household income higher than the poverty line, but not enough to meet the cost of living in a given parish.
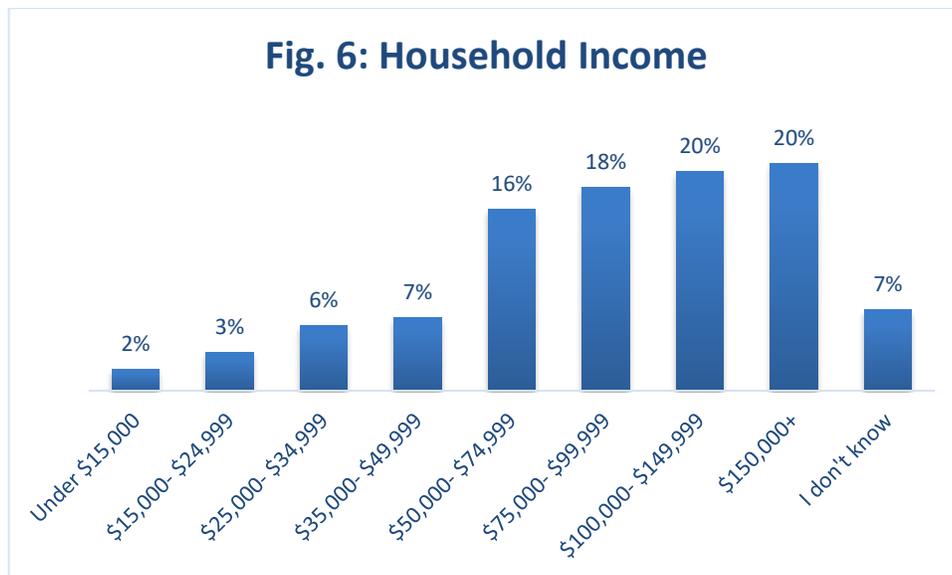


*Figure 6: Graph shows household income from CHNA survey*

Based on the data from the CHNA survey, the majority of respondents were above the threshold for United Way's ALICE metrics, as 59% of respondents were in a household income bracket greater than the highest ALICE thresholds in the survey parishes ($60,000).

It is important to contrast this sample with external ALICE data on income and poverty. Between 33% and 39% of Shreveport communities are comprised of lower-middle income households as demonstrated by Table 2 below. Income inequality is relatively high as well. For instance, in Caddo parish the income inequality is 5.8, which reflects the income ratio of those at the 80th percentile to those at the 20th percentile, revealing a very large disparity. At the same time, the income inequality scores are close to the state-level score of 5.7, suggesting that the financial challenges in Shreveport communities are not dissimilar from those faced elsewhere in Louisiana. Finally, a substantial amount of children are in poverty – up to 37% in Bienville parish, and higher than the state average of 25%.

**41% of survey respondents indicated that lack of well-paying jobs in the area is one of the top 5 social problems in Shreveport**

When asked about the top five social problems in the community, the responses from Shreveport residents underscore the level of financial and economic challenges. 53% selected homelessness or unaffordable housing, 47% chose the lack of education, 41% reported too few well-paying jobs, and 32% reported the high cost of utility bills. This means that at least a third of the sample and in some cases, more than one half, agreed that affordability of basic needs – jobs, money, and housing – were one of the top social challenges in their community.

### TABLE 2: INCOME & POVERTY

|  | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Pct. of ALICE households*** | 36% | 33% | 34% | 39% | 37% | 39% |
| **Children in Poverty**** | 18% | 32% | 28% | 35% | 36% | 37% |
| **Income Inequality *** | 4.9 | 5.8 | 6.2 | 5.2 | 5.5 | 5.3 |

*Table 2: ALICE households, 2010-2021. Children in poverty, County Health Rankings 2022, 2018-2022. State average = 25%. Income inequality, County Health Rankings, 2018-2022. State average = 5.7.*

These overall findings were supported by issues raised in interviews. The biggest concerns in the community were generally described as low economic development, which caused low job opportunities and financial struggles. One interviewee stated a core problem was specifically the lack of a middle class. They felt this resulted in people being either uninsured or under-insured and suffering from lack of appropriate healthcare options, or to be wealthier and seek care out of the area, resulting in continued underinvestment in the local infrastructure and healthcare systems. Further insight from interviews is in the Healthcare Access section.

Thus, Ochsner facilities serve a region that reflects the overall economic hardships faced by the state as a whole. As a result, it is important to focus efforts on addressing barriers and systemic issues that hinder advancement in educational attainment and workforce development.

## HEALTH DISPARITIES

Although health disparities are covered throughout this report, this section focuses more uniquely on thoughts about disparities directly from the voices of community members, which are bolstered by existing data.

As shown in Figure 7 below, nearly half of survey respondents (49%) disagreed or strongly disagreed with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources." When these data were further broken down by race (not shown), Black and African American individuals were more like to strongly disagree (27%) with the statement than white respondents (18%). Further, 35% felt that racism and discrimination was a top five social problem.
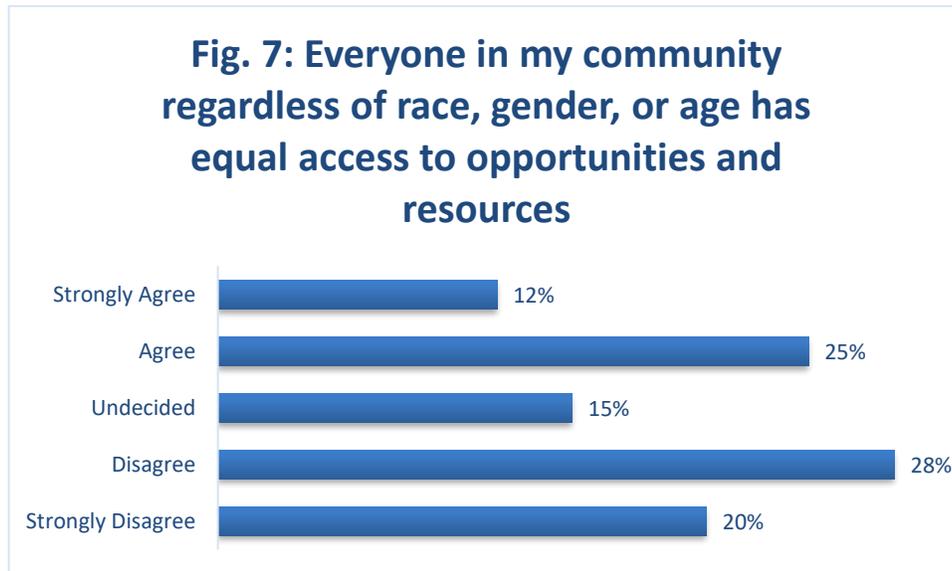


*Figure 7: Graph shows data from CHNA survey.*

Respondents were also asked about the top five health and social problems in their community. These are discussed further in the corresponding topical sections that follow, but some notable findings are discussed here. When disaggregating responses on top five health problems, although the overall priority issues did not change, there were still some differences by race. White respondents prioritized obesity (80% vs. 69%) and substance use/addiction (61% vs 41%) at a higher rate than Black and African-American respondents. Black & African-American respondents prioritized cancer (69% vs 54%), breathing conditions (47% vs 38%), and dental or eye problems (29% vs. 11%) at a higher rate than White respondents.

The Kaiser Family Foundation reports that in 2022, the overdose death rate in Louisiana 36.5 per 100,000 for White individuals and 28.3 per 100,000 for Black and African-American individuals[9]. The death rate from cancer was 158.5 per 100,00 for Whites and 183 per 100,000 for Black and African-Americans. Although these are state-level statistics, it is worth noting that these differences are in line with the issues that seemed to matter more to Black versus White respondents in the CHNA.

In addition, Shreveport interview respondents had different feelings about groups of people that might have more challenges accessing care than others. These included African Americans, Latinos, LGBTQ+ people, seniors, and single parents and mothers. People also echoed concerns about services for senior and adults with developmental disabilities, with 30% of respondents choosing dementia/Alzheimer's as a top five health condition in the community. Many of the healthcare challenges for these groups are further described in the Healthcare Access section.

## 35% of Shreveport respondents felt racism and discrimination were among the top five social problems.

---

[9] KFF analysis of Centers for Disease Control and Prevention (CDC), National Center for Health Statistics. Multiple Cause of Death 2018-2022 on CDC WONDER Online Database, released 2024. Data are from the Multiple Cause of Death Files, 2018-2022, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10.html on May 7, 2024.

## CHRONIC CONDITIONS & REPRODUCTIVE HEALTH

### SMOKING & CANCER

Ochsner has set a Healthy State Goal for 2030 to reduce the number of Louisianians smoking by 214,000 by 2030. In the Shreveport catchment area, external data (Table 3) shows that the percentage of adults that report currently smoking ranges from 19 to 29%. Although smoking did not emerge as a major concern from CHNA community input data, the rates below are generally higher than the Louisiana average of 20%, with De Soto, Webster, and Claiborne having especially higher rates.

### TABLE 3: SMOKING RATES

| | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| Pct. Adults Reporting Currently Smoking | 19% | 23% | 24% | 27% | 29% | 27% |

*Table 3: From County Health Rankings, 2021 data.*

One of the Ochsner Healthy State Goals for 2030 is to reduce the number of Louisiana residents with chronic conditions by 100,000 people. Cancer is of particular concern, making access to screening and treatment critical in improving the health of Louisianians. When asked about what they perceived as the top five health problems in their community, 58% of CHNA survey respondents identified cancer while 70% chose heart disease or high blood pressure, showing major agreement about chronic disease risk.

**58% of Shreveport respondents chose cancer as a top five health problem in the community.**
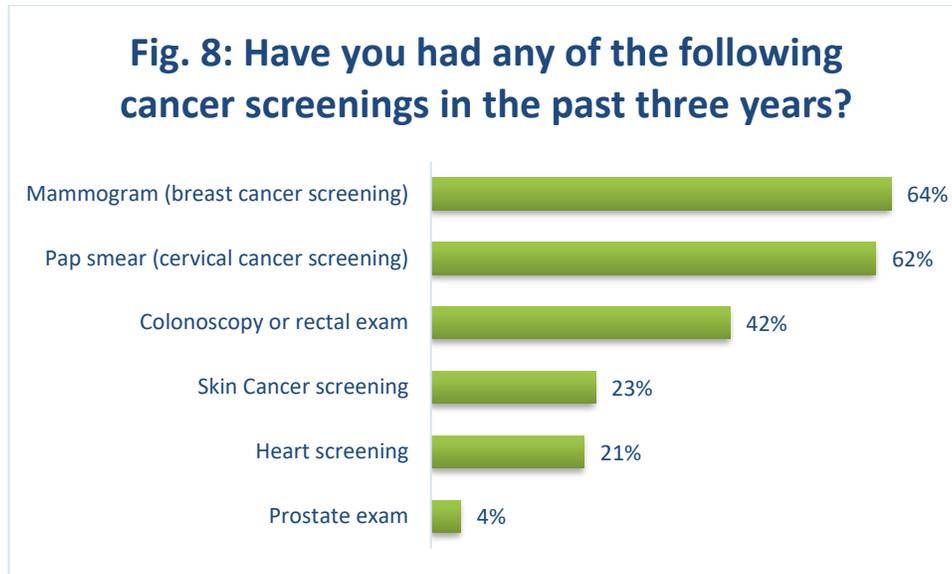
*Figure 8: Graph data from CHNA survey.*

When asked about cancer screenings conducted in the past 3 years, the most common screenings for participants were breast cancer screenings (64%), cervical cancer screenings (62%), and colonoscopy or rectal exam (42%; Figure 8). The least common screening among respondents was prostate exam, with 4% of respondents reporting receiving one in the past three years. As this sample is largely comprised of women (83%), these findings do not necessarily indicate a lower rate of cancer screenings among men.

### TABLE 4: CANCER SCREENINGS

|  | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Pct. Adults Reporting Mammogram screening** | 45 | 44 | 45 | 40 | 38 | 37 |

*Table 4: County Health Rankings, 2021 data. Louisiana rate 43%.*

Based on the table above, rates of mammogram screenings vary across the Shreveport parishes with Bienville parish having a rate as low as 37%. Thus, the CHNA data reveals that the survey respondents may have better access to care or are more knowledgeable about cancer prevention than the average population. Given the risks of cancer and chronic disease in the community, as well as the challenges with basic healthcare access described in the prior sections, efforts to ensure that people get screened for preventable illnesses are essential.

## DIETARY HEALTH

The risks of food and physical activity access challenges in the catchment communities also bear on chronic disease risk. To reduce obesity in Louisiana, Ochsner has set a Healthy State Goal for 2030 to have 182,000 more physically active adults by 2030. The Shreveport area parishes have a high percentage of adults with obesity ranging from 38% in Bossier Parish to 46% in Bienville Parish, as shown by Table 5 below. Claiborne Parish had the highest percentage of physically inactive adults at 39%. Bossier Parish had the least physically inactive adults at 28%.

To combat food insecurity, Ochsner plans to build new partnerships and strengthen current partnerships to help 72,000 more households get the healthy food they need by 2030. The Food Environment Index measures factors of a healthy food environment on a scale of 0 (worst) to 10 (best) by examining access to healthy food based on income and proximity to a grocery store, as well as access to a reliable food source. Bossier and Caddo, the parishes that also house the city of Shreveport, score 7.1 and 6.1 respectively. Bienville Parish, the smallest parish of the Shreveport area, has the lowest index score of 5.2, which is almost two points below Bossier. Although these scores are higher than the Louisiana average of 4.8, they are much lower than the U.S. average of 7.7, indicating a high need for improved food environments both in the Shreveport region and statewide.

### TABLE 5: DIETARY HEALTH

|  | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| Pct. Adults with Obesity | 38% | 42% | 44% | 44% | 44% | 46% |
| Pct. Physically Inactive | 28% | 31% | 33% | 36% | 39% | 37% |
| Food Environment Index* | 7.1 | 6.1 | 6.9 | 5.6 | 6.1 | 5.2 |

*Table 5: County Health Rankings 2019-2021 data. Food environment indicates index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).*

In the CHNA, 77% of respondents reported obesity to be a top health issue in their community. Further, when asked about the top five social problems, the lack of healthy and affordable food emerged as a major issue, with 29% choosing this as a top problem. Respondents were also asked whether environmental factors were important to their health. Among those who said that they were, 23% reported food quality as one of the environmental factors affecting their health.

Finally, CHNA respondents also reported issues related to physical activity. When choosing the top 5 social problems in their community, respondents reported that roads and sidewalks were not maintained (27%), there was a lack of recreational activities for youth (18%), and there were not enough parks or green space (7%). However, 31% of CHNA respondents identified parks and recreation as a community strength, indicating that these features might be more available or higher quality in some neighborhoods or parishes than others.

**29% of Shreveport respondents chose lack of healthy and affordable food as a top issue in their community.**

Taken together, these findings indicate that that Shreveport are aware of the challenges the community faces in having sustained access to healthy foods and that they are aware of the impacts of those challenges on their health.

## SEXUAL & REPRODUCTIVE HEALTH

Statewide, Louisiana reports a chlamydia rate of 730.1 new cases per 100,000 people. Additionally, the teen birth rate in Louisiana was reported as 27 births per 1,000 female persons ages 15-19. In the Shreveport catchment area, the chlamydia rate ranges from 502.5 to 753.8 new cases per 100,000 persons across parishes, with Caddo and Bienville parishes being higher than the state average. The teen birth rate ranges from 22 to 44 births per 1,000. In this indicator, Bienville has the highest teen birth rate with Webster and Claiborne having especially high rates as well. These rates indicate that sexual and reproductive health in Shreveport is similar to or worse than the state overall.

### TABLE 6: SEXUAL & REPRODUCTIVE HEALTH

|  | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Chlamydia Rate*** | 502.5 | 753.8 | 638.5 | 655 | 584.1 | 735.8 |
| **Teen Birth Rate**** | 24 | 33 | 29 | 36 | 36 | 44 |

*Table 6: County Health Rankings data. Chlamydia rate shows new cases per 100,000 people, 2021. Teen births show births per 1,000 female persons ages 15-19, 2016-2022.*

In the CHNA survey, respondents selected sexually transmitted infections at a rate of 30%, prenatal and infant health at 15%, and reproductive health at X %. This suggests

that community members are seeing challenges in the areas of maintaining their sexual and reproductive health. Interviews also spoke to the importance of prenatal health, with some participants describing single parents and mothers as having more challenges accessing and prioritizing their health due to their family or work obligations.

## SUBSTANCE ABUSE, MENTAL HEALTH, & COMMUNITY SAFETY

Community members in Shreveport saw major connections between violence, substance abuse, and mental health. First, 55% of respondents indicated that substance abuse was one of the top 5 health problems in their community. Interviews with members of the community also corroborated the general concern of substance use as a major health problem in the Shreveport area. Data from the County Health Rankings on drug overdose is provided below. Although information is not available for all parishes, it is known that Louisiana was hit hard by the opioid epidemic, especially during the pandemic with nearly 2,000 drug overdose deaths in 2020[10].

"Mental Health matters!" – *Shreveport interview participant*

Most survey respondents have not received mental health services or counseling in the past year (80%; not shown). In reporting barriers that prevented them from seeking mental health support, 35% reported cost or insurance problems. A sizable proportion of respondents identified other barriers (39%) and specified obstacles such as finding a mental health provider who is the right fit for them, lack of available appointments with providers, and finding time in their schedule to attend appointments. Additionally, mental health as a community concern was reiterated in interviews, with some mentioning that the risk of mental health had worsened since the COVID-19 pandemic.

County Health Rankings data describes the ratio of population to mental health providers in the catchment communities below. For the metro counties, Caddo appears to have better access to mental health with a relatively low ratio of 1 provider to 132 people. Of the rural parishes, there is a variety in the level of accessibility with Claiborne parish in particular having only 1 provider for every 916 people. The population to mental health providers ratio also demonstrates a potential inequity in access to mental health services in the rural parishes, as these parishes all generally have a worse ratio than the state and national averages, as reflected in Table 7.

---

[10] Townsend Recovery Center. Addiction and Overdose Statistics in Louisiana. 2024. https://www.townsendla.com/blog/addiction-and-overdose-statistics-in-louisiana

## TABLE 7: SUBSTANCE USE, MENTAL HEALTH, AND COMMUNITY SAFETY

| | Bienville | Bossier | Caddo | Claiborne | DeSoto | Webster | Louisiana | United States |
|---|---|---|---|---|---|---|---|---|
| **Drug Overdose Mortality Rate (per 100,000)** | N/A | 14 | 12 | N/A | 21 | 11 | 40 | 27 |
| **Mental Health Providers Ratio** | 324:1 | 441:1 | 132:1 | 916:1 | 407:1 | 405:1 | 290:1 | 320:1 |
| **Firearm Fatality Rate (per 100,000)** | 30 | 16 | 34 | 25 | 23 | 29 | 24 | 13 |

*Table 7: from County Health Rankings. Drug overdose rates 2019-2021 data. Mental health providers 2023 data. Firearm fatality 2017-2021 data.*

With regards to community safety, the vast majority of respondents (87%) reported crime, violence, and firearms as a top five community issue, reflecting major agreement across an otherwise diverse sample. In addition, 23% reported domestic violence as a top five health problem and 40% agreed that child abuse or neglect was a top five social problem. The data above indicates that several of the Shreveport parishes have firearm fatality rates above Louisiana's average of 24 deaths per 100,000. Caddo parish has the highest rate at 34 per 100,000, exceeding Louisiana's average of 24 deaths per 100,000 and far exceeding the national average of 13 per 100,000. These findings illustrate important connections and trends across family and community violence, mental well-being, and substances.

**87% of respondents in Shreveport felt crime, violence, or firearms were a top five social problem.**

# ACCESS TO HEALTHCARE

## OVERALL HEALTH

Overall, CHNA respondents in Shreveport appear to rate their health as positive, with few days of work missed due to being ill or for health-related caregiving. However, this contrasts with health issues in the state as a whole.

**49% of Shreveport respondents named healthcare affordability as a top five social problem in the community.**

Ninety percent of survey respondents reported that their last physical exam with a doctor took place less than 2 years ago, while only two respondents reported that they had never had a checkup or physical exam with a doctor.

The majority of those who responded to the Shreveport community survey rated their health as Very Good (39%) or Good (39%; not shown). When asked to compare their health to others in their community, 41% reported that their health was "a lot" better and 31% felt their health was "a little" better than others in their community. Overall, survey respondents in Shreveport report favorable health for themselves while perceiving the overall health of their community as worse than their own.

This perception is unsurprising, considering the relatively higher socioeconomic status of the sample as discussed in the Workforce & Education section, as well as the insurance status of the respondents. Two-thirds of respondents report having private insurance through their employer, with only 2% being uninsured.

Despite this, almost half the sample (49%) named the cost of healthcare or affordability as a top five social problem in the community, and 16% of Shreveport respondents named dental or eye problems as a top five health issue, pointing to challenges in basic preventive care. Although County Health Rankings data indicates data[11] shows that the percentage of Shreveport residents that are uninsured ranges from 8 to 10% across the parishes in this region, this stands in stark contrast with data below on preventable hospital stays. Every parish in the Shreveport region had a rate of preventable hospital stays that were higher than the Louisiana average of 3575 per 100,000 people enrolled

---

[11] 2024 County Health Rankings, 2021 data

in Medicare.[12] What this means is that even if the actual rate of uninsured individuals does not appear high, there is a clear gap in access to primary and preventive care.

## TABLE 8: PREVENTABLE HOSPITAL STAYS

|  | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Preventable hospitals stays** | 4376 | 4399 | 3789 | 3746 | 5479 | 4106 |

*Table 8: from County Health Rankings, 2021 data. Indicates rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.*

Interview data from the CHNA supports the idea that residents in the catchment communities are struggling with insurance and other health issues, evidenced by the following sections.

> "[Participant's] client did not have money to properly fix dentures that were not fitted correctly. The dentures were provided through Medicare and there was not another coverage to pay for the adjustment. Because the patient's dentures did not fit well, it affected the food that could be consumed, caused pain for the patient, and eventually caused extreme weight loss which in turn caused the patient to become sicker."
> *–Anecdote shared by Shreveport interview participant*

---

[12] County Health Rankings, 2021. https://www.countyhealthrankings.org/health-data/louisiana?year=2024

## BARRIERS TO HEALTH

The majority of Shreveport survey respondents reported that they are always able to visit a doctor or healthcare provider when they are sick or need healthcare (70%; Figure 9). Less than 20 respondents reported that they are never or rarely able to access healthcare when needed.



*Figure 9: Graph shows data from CHNA survey*

Figure 10 demonstrates the most commonly identified reasons for not seeking care when needed. When asked about reasons for choosing not to see a doctor when they needed to, respondents largely reported that they could not afford it or had insurance problems (16%) or that they could not get time off work (12%). Among those who selected 'Other reasons,' a large number wrote in that appointment availability was a barrier.

## Fig. 10: Top 3 Reasons for Not Seeing a Doctor When Needed

| Reason | Percentage |
|---|---|
| I can't afford it or have insurance problems | 16% |
| I can't get time off work | 12% |
| I am not ready to talk about my health problems | 8% |
| I don't have childcare | 4% |
| The doctor is too far away | 3% |
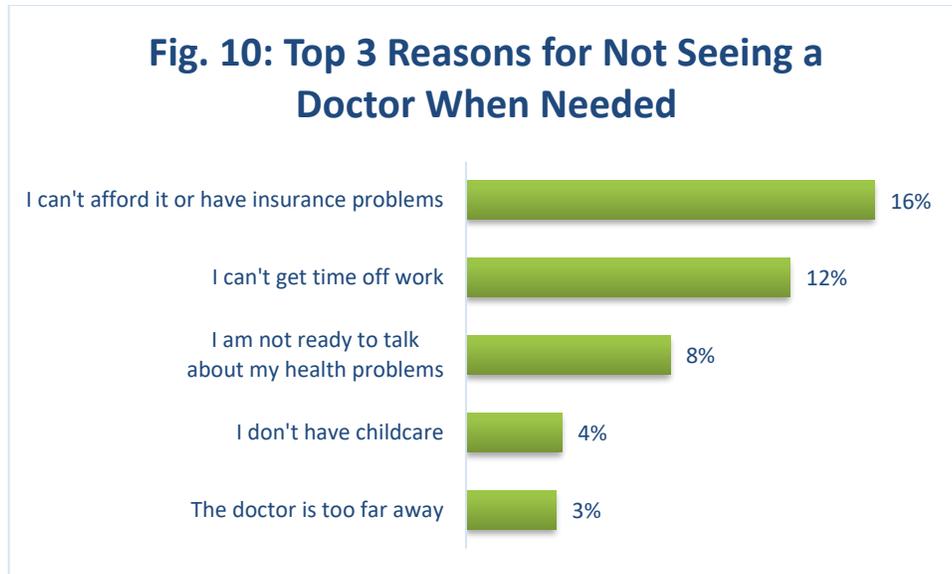
*Figure 10: Graph shows data from CHNA survey.*

As shown in the external data table below, there is a wide range in the availability of primary care providers across these parishes. Caddo has the best ratio, meaning that there is one provider for 796 people, suggesting the easiest access for those within the city of Shreveport. On the other hand, Bienville parish has the least accessibility, with one primary provider for 6388 people. Almost all of these ratios are worse than the Louisiana average of 1 physician per 1440, bolstering the above responses about not being able to schedule an appointment. Despite the relatively high level of physical healthcare access of the CHNA survey sample, interviews speak to the major challenges faced by the community in Shreveport in accessing basic healthcare. These challenges are described below.

### TABLE 9: PRIMARY CARE PHYSICIAN AVAILABILITY

| | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Primary care physician ratio** | 2117:1 | 796:1 | 5384:1 | 1573:1 | 2005:1 | 6388:1 |

*Table 9: from County Health Rankings, 2021 data.*

One of the primary healthcare access issues according to participants is lack of affordability. There is frustration that Medicare and Medicaid constrain the network of

providers. There were also beliefs that even for those with private insurance, costs remain high and there are limited options for primary care and specialists.

In discussion groups, concerns about lack of coverage were even stronger for mental health needs. Participants cautioned that when individuals forego primary care and dental treatment and screenings, this results in worsening of health conditions, major issues going undiagnosed, or acute situations becoming chronic.

A second major challenge of healthcare access is transportation – both the lack of general transit but also medical transport specifically. A plethora of examples were shared about the impacts of poor medical transport (Table 10). Allowing medical transport to bid on Medicaid ride contracts in particular was mentioned in interviews and focus groups as lowering safety and quality for patients. Participants felt that transport problems, combined with the lack of local facilities, meant that people miss more work, spend extra money for gas or childcare, or compromise their health by missing an appointment.

> "You crush their dignity and they're not going to come back. You've lost them at that point." *– Shreveport focus group participant*

Third, there is a lack of trust for medical providers. Multiple individuals described knowing about or personally experiencing racial discrimination from providers. Other participants described needing to educate providers on topics such as preventive HIV medication and feeling inadequately cared for as LGBTQ+ people. This lack of trust may cause people to disengage from medical services and to harbor misunderstandings about what resources are available. For instance, one participant in Bienville parish described that there is a pharmacy in their area but because it was not part of a large corporate chain, patients felt it was not as high quality and did not avail of services. Although some participants described telehealth as being a step forward especially during COVID-19, others felt that a lack of digital health literacy made patients intimidated about e-forms and other online processes.

## TABLE 10: MEDICAL TRANSPORT PROBLEMS

| Medical Transport Problems Described in Shreveport Interviews |
| --- |
| Patients call ambulances for minor needs to go to the ER because they are not on a bus line. |
| The facility provides transportation, but Medicare contracts out the service to a cheaper option even if they do not have necessary tools such as a handicap lift. |
| Patients are sometimes in the ER for 18-24 hours only waiting on vehicle transfers to another facility. |
| Certain insurance providers tell patients certain transportation services will be provided, even though they are not. |
| Participant's niece had her leg amputated and there is no handicap transportation for her to get to appointments. |

*Table 10: Data from CHNA interviews.*

It is important to note that participants described these healthcare access problems as mutually reinforcing: for example, when people cannot afford or get to an appointment, they also lose out on opportunities to build their medical literacy and to be better able to advocate for themselves. This further discourages the maintenance of their health, which can lead to worsening health problems.

## ACCESS AND USE OF TELEHEALTH

The majority of survey respondents have not received care through a telehealth appointment (59%; Figure 11). Although some interview participants mentioned telehealth as a positive step especially during the COVIC pandemic, that was also balanced by other responses that highlighted lack of digital literacy, which could hinder some people from using it.



**Fig. 11: Have you ever had a doctor's appointment through telehealth or teleservices?**

| | |
|---|---|
| Yes | 39% |
| No | 59% |
| I do not know what telehealth or teleservices are | 2% |

*Figure 11: Graph shows data from CHNA survey.*

Among the 39% of survey respondents who have received telehealth care, the majority reported the quality as Very good (40%) or Good (39%; Figure 12). This suggests that the quality of telehealth services are perceived positively overall by community members who have experienced it.

**Fig. 12: How would you rate the quality of the telehealth care you received?**

| Rating | Percentage |
|---|---|
| Very good | 40% |
| Good | 39% |
| Fair | 16% |
| Poor | 4% |
| Very poor | 0.6% |
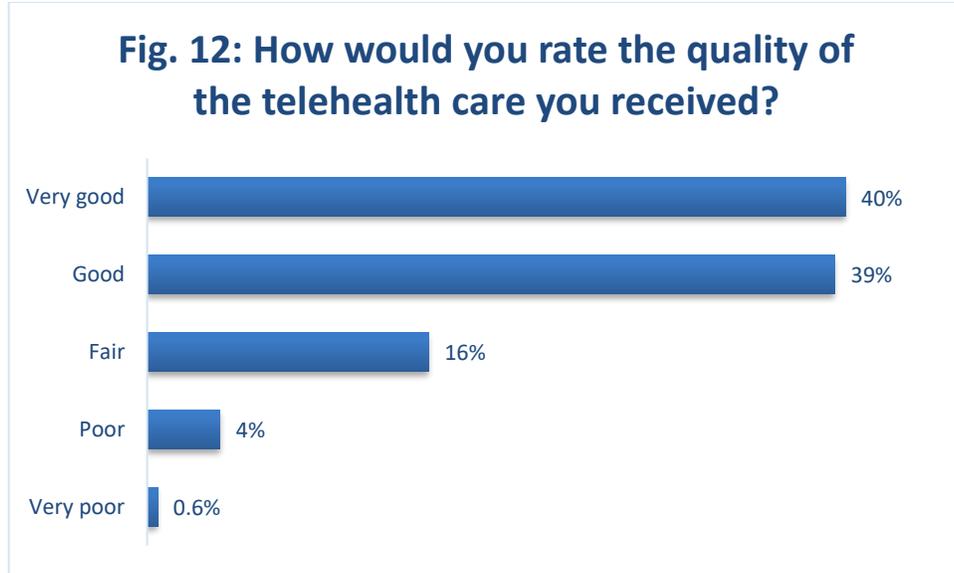
*Figure 12: Graph shows data from CHNA survey.*

It is enlightening to place these responses in the context of data on broadband access. One of the goals Ochsner Health set as a result of the previous CHNA is to increase the number of homes in Louisiana to have high-speed internet by 86,000 homes by 2030. Based on external data from County Health Rankings, 83% of homes in Louisiana have broadband internet. Based on the table below, none of the parishes in the Shreveport area meet the state's level. Caddo Parish has the highest percentage at 79%. While both Bossier and DeSoto parishes have 77%, the percentage of households with broadband access drops greatly in the more rural parishes to as low as 47% in Claiborne.

**TABLE 11: BROADBAND ACCESS**

| | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Pct. Households with Broadband Access*** | 77% | 79% | 77% | 59% | 47% | 65% |

*Table 11: From County Health Rankings, 2018-2022 data.*

In contrast, the overwhelming majority of survey respondents indicated that they have some form of internet access, with either broadband access at home (97%) or possession of a smart phone (96%). Despite this, as mentioned above, more than half

the sample had never had a telehealth appointment. Therefore, improving *both* broadband access *and* awareness of the convenience of telehealth services could assist in achieving access to healthcare.

## CLIMATE & ENVIRONMENT

**92% of Shreveport respondents felt environmental factors were somewhat or very important to their health.**

Survey respondents were asked if they thought that environmental factors played a role their health. 92% indicated that they believed environmental factors play a somewhat or very important role in affecting their health.

Among those who answered that environmental factors were somewhat or very important, over half indicated that drinking water quality (55%; Figure 13) is one of the top 3 environmental factors that affect their health. A substantial proportion indicated that air quality (46%), extreme heat (46%), exposure to mosquitos, ticks, and other insects (45%), and severe storms (35%) are among the top 3 environmental facts affecting their health. Separately, a full 40% of respondents also named breathing conditions as a top five health problem in the community.



**Fig. 13: Top 3 environmental factors that most significantly affect your health**

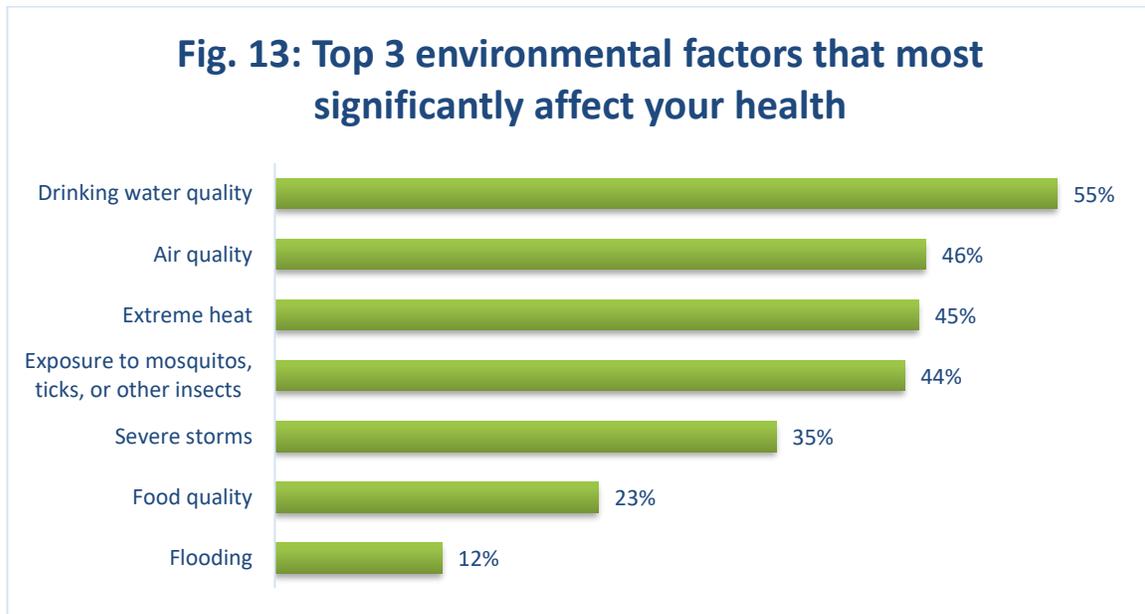| Factor | Percentage |
|---|---|
| Drinking water quality | 55% |
| Air quality | 46% |
| Extreme heat | 45% |
| Exposure to mosquitos, ticks, or other insects | 44% |
| Severe storms | 35% |
| Food quality | 23% |
| Flooding | 12% |

*Figure 13: Graph shows data from CHNA; includes only those categories with at least 10% response rate.*

This data was supplemented from data below from EPA[13] which indicates environmental risk. Superfund Sites is a measure of the concentration of sites within 5 km are considered by the EPA to be uncontrolled or abandoned hazardous waste sites[14]. The state percentile indicates where that parish falls in terms of number of superfund sites in close proximity, relative to the rest of the state. As shown below, all of the parishes have relatively high levels of Superfund proximity, especially Webster parish. According to the Urban Institute, the effects of living near Superfund sites include cancer, birth defects, and developmental disabilities, with increased impacts on children[15].

Wastewater discharge is a measure in the form of a state percentile that reflects the level of pollutants from downstream water bodies, which can create exposure to hormone disruptors, heavy metals, and pathogens[16]. The table below indicates that with the exception of Claiborne parish, several parishes have high levels of wastewater discharge relative to other parishes in the state, with Caddo and Webster being the highest risk.

## TABLE 12: SUPERFUND & WASTEWATER RISK

|  | Bossier | Caddo | DeSoto | Webster | Claiborne | Bienville |
|---|---|---|---|---|---|---|
| **Superfund Sites: State Percentile** | 61 | 66 | 28 | 75 | 63 | 63 |
| **Wastewater Discharge: State Percentile** | 68 | 76 | 61 | 72 | 48 | 67 |

*Table 12: From EPA EJScreen. Superfund proximity is a state percentile measures of concentration of Superfund sites within 5 km; 2022 data. Wastewater discharge is a state percentile of level of pollutants from downstream water bodies; 2020 data.*

Taken together, these findings suggest that not only do Shreveport community members largely perceive climate and the environment as important to their health,

---

[13] U.S. Environmental Protection Agency (EPA), 2023. EJScreen Technical Documentation.

[14] EPA. (2023, October 30). *What is Superfund?*. EPA website. https://www.epa.gov/superfund/what-superfund

[15] Taylor, Amaya. (2022, February 16). Millions of Americans live near toxic waste sites. How does it affect their health? *Housing Matters: An Urban Institute Initiative.* https://housingmatters.urban.org/articles/millions-americans-live-near-toxic-waste-sites-how-does-affect-their-health

[16] Garg, S., Chowdhury, Z. Z., Faisal, A. N. M., Rumjit, N. P., & Thomas, P. (2022). Impact of industrial wastewater on environment and human health. *Advanced Industrial Wastewater Treatment and Reclamation of Water: Comparative Study of Water Pollution Index during Pre-industrial, Industrial Period and Prospect of Wastewater Treatment for Water Resource Conservation*, 197-209.

but there are potential environmental risks from industrial contamination in Superfund sites as well as pollution in wastewater discharge in some of these parishes. Addressing concerns around water and air quality and continuing to monitor localized environmental risk is important.

## SUPPORT & RESOURCES

### COMMUNITY STRENGTHS

This final section of results focuses on insights gleaned directly from Shreveport community members. Although a number of challenges have been highlighted from the assessment thus far, it is also essential to focus on the strengths and positives of the community, and to know how residents draw on assets available to them for knowledge and information. These insights are also crucial to be able to pinpoint areas for increased community engagement.

One of the most common strengths that emerged from Shreveport interviews was the

*"When people want to support things, it allows for programs and services to exist that enhance health. People are happier when basic needs are being met." --*
*Shreveport interview participant*

community's diversity, its familial and social culture, and the ability to pull together and help one another out. If one organization was not able to meet a need, others would rally to meet the need. Similarly, when asked to identify the top positive aspects of the community, the overwhelming majority (75%) indicated faith-based organizations, while 54% chose the diversity of people. The presence of support organizations was also commonly reported in the survey.

This information was reinforced when respondents in Shreveport were asked to identify up to three categories of individuals that they turn to for support during a health crisis. Although almost all reported that they turn to family or relatives (92%), 54% also mentioned friends, neighbors, or co-workers (54%), and several respondents named their pastor or church. This further indicates the role of local networks and trusted institutions in the community.

**Fig. 14: How important are community activities or events for maintaining your overall health and well-being?**



Very important — 48%
Somewhat important — 35%
Not very important — 18%
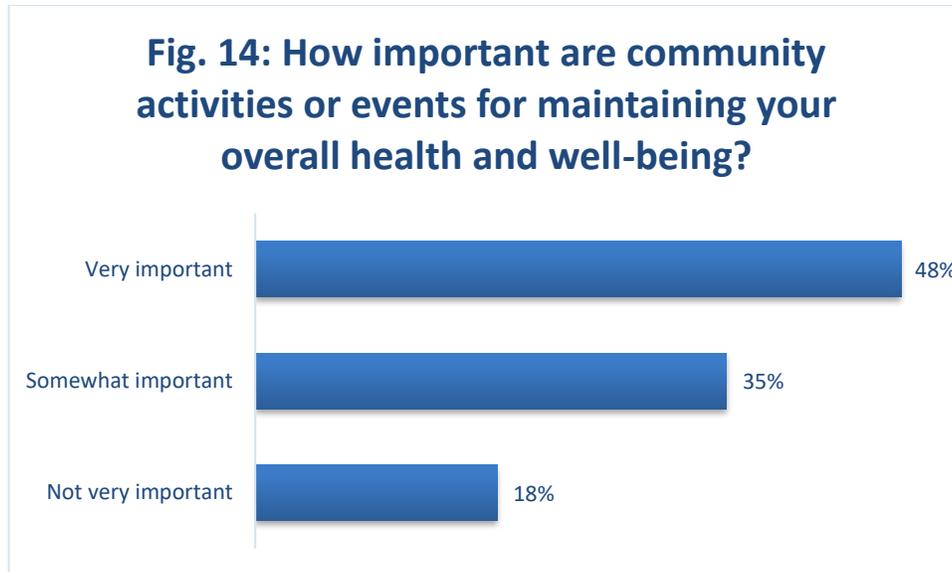
*Figure 14: Graph data from CHNA survey.*

Finally, survey respondents reported in Figure 14 that community activities or events were very important (48%) or somewhat important (35%) for maintaining their overall health and well-being. The responses to this question demonstrate the value of community events for promoting health and well-being of community members through education and linkage to resources.

## HEALTH INFORMATION & RESOURCES

The majority of survey respondents reported that they are very confident in understanding information provided by their doctor (75%; not shown). An additional 20% reported that they are slightly confident. Overall, 95% of survey respondents report some level of confidence in understanding information provided by their doctor.

## Fig. 15: Sources of information on health and wellness

| Source | Percentage |
|---|---|
| Doctors, nurses, pharmacists in my community | 86% |
| Online resources | 73% |
| Family and friends | 41% |
| Your place of work | 22% |
| Hospital | 19% |
| Books | 16% |
| Health fairs | 11% |
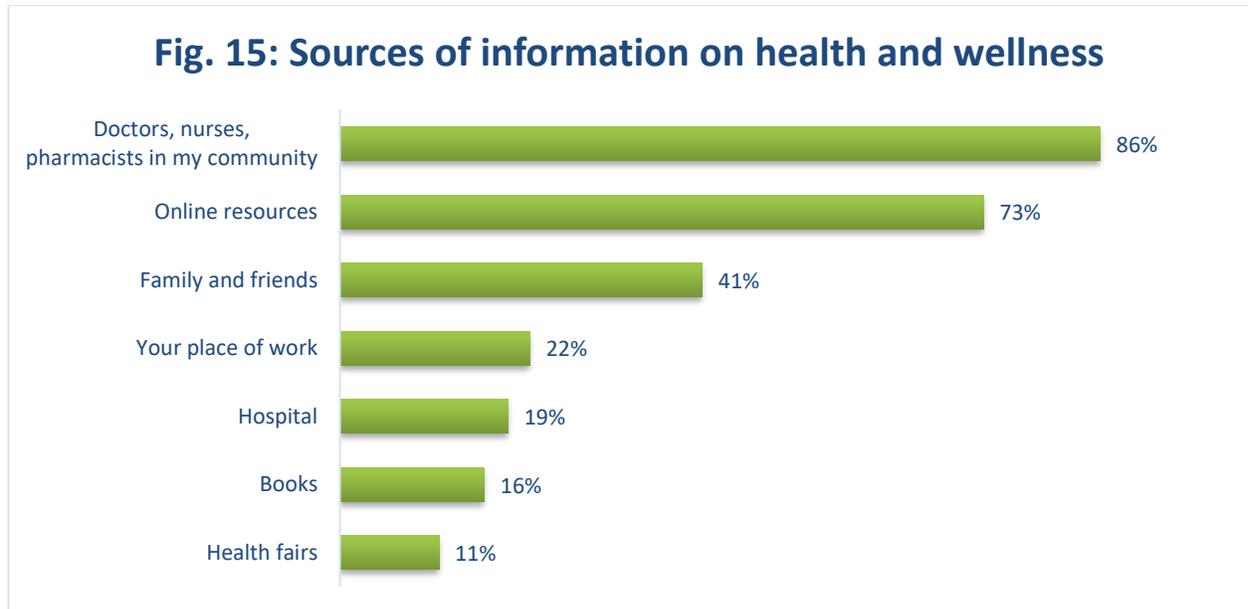
*Figure 15: Graph shows data from CHNA survey. Answer choices that were selected by less than 10% of respondents were excluded. Answer choices not included were television or radio, school or college, social media, newspapers and magazines, church, and health department.*

Survey respondents were asked to identify all the sources they go to for information about health and wellness. In general, survey participants reported going to their doctors, nurses, and pharmacists in their community (86%), online informational resources (73%), and family and friends (41%). Less represented sources included place of work (22%), hospital (19%), books (16%), and health fairs (11%). As healthcare providers in the community serve as a major source of health information, increased access to care can improve health literacy among the population.

In interviews, Shreveport respondents described many programs available to assist people with health or basic needs. These included David Raines clinics, UCAP programs to assist with utility bills, the Joe LeBlanc pantry, the Philadelphia Center, Mercy's Closet, and the Council on Aging. Responses about *awareness* of these options were mixed, however. Many felt that there was not enough awareness. Some felt that people feared using services because of stigma or that they would be taking resources away from those who "actually" needed them. A few interviewees expressed a belief that too many free services existed in the community. These beliefs might possibly make others nervous about publicly utilizing them. This information suggests that focusing on not only increased connections to services, but providing clear channels of information and destigmatizing the use of services would be beneficial.

# SIGNIFICANT ISSUES

In the Shreveport CHNA, qualitative and quantitative data were collected and analyzed in an effort to understand and elevate issues seen across diverse community members (advocates, public health experts, providers) and data sources (community survey, focus groups, interviews, secondary data), with a focus on the social determinants of health.

The survey findings were analyzed alongside qualitative findings to see how the community perceived top issues. Secondary data were then reviewed to reinforce, contradict, or add additional context and complexity to results from the primary data. These three layers of data were analyzed in concert and produced the following key health concerns in the Shreveport area:

- There are major challenges that surround the social determinants of health. These include **cost of healthcare**, economic concerns around **cost of living, jobs, or education, and access to quality food and housing**.

- Although the **diversity of people and support networks** available were considered strengths of the community, **racism and discrimination**, as well as perceptions that not everyone has equal access to opportunities and resources, underscore the **presence of health disparities**.

- Key health conditions of concern are **cardiovascular health (obesity, heart disease, high blood pressure), cancer, substance abuse, and mental health**. That community members are concerned about these makes sense in the light of external data revealing high rates of obesity in these areas, poor food environments, and physical inactivity rates that are higher than the state average. Many interviewees also described **lingering impacts from the COVID-19 pandemic** in furthering mental health issues, substance use, and social isolation.

- There are concerns about **basic healthcare needs such as primary care, dental and eye care, sexual or reproductive health, as well as senior care and care for people with disabilities**. Not having basic healthcare needs met means that issues may go undiagnosed, causing worse health risks and increased individual and system-level costs over time as evidenced by the high rate of preventable hospital stays in the region.

- Healthcare access remains a challenge. Many of the **barriers to care** that emerged from the assessment relate to **insurance, overall costs, and transport**. These include lack of in-network doctors or available appointments, high costs (regardless of insurance status), competing bills, lack of medical transport, **lack of trust** of doctors, **and lack of knowledge about benefits or assistance**.

- Although **telehealth** had not been commonly used among survey respondents, **those who had used it had a positive experience**.

- The majority of community members consider **environmental factors** as being important to their health, and there may be risks to water quality from industrial contamination.

- The community is also concerned about the **impacts of violence, particularly crime and firearms, domestic violence, and child abuse or neglect**. Crime, violence, and firearms were selected as the number one social problem in the assessed communities.

At the same time, there are a number of **gains and opportunities**:
- First, all of the above health issues fit well with **existing Ochsner priorities** and demonstrate opportunities for aligned actions.
- Positive steps have already been taken **during the prior CHIP** in expanding access to care, improving behavioral healthcare, and making violence prevention training available to the community.
- Finally, a consistent positive feature of Monroe communities was described as the **support networks and willingness to help people out**, which is promising for partnership-building efforts to improve access to care and resources.

## PRIORITIES

The following figure illustrates priorities based on the 2024 Shreveport CHNA.

| Access to Healthcare | Health Outcomes | Educating the Next Generation | Economic Development | Community Partnerships |
|---|---|---|---|---|
| •Transportation<br>•Cost of Care<br>•Availability of Appointments<br>•Wraparound Services<br>•Access to Primary Care/ Maternal Care/ Dental Care<br>•Access for Seniors and Adults with Disabilities | •Diabetes<br>•Hypertension<br>•Obesity<br>•Cancer<br>•Substance Abuse<br>•Mental Health | •Mental and Behavioral Health Training<br>•DEI and Cultural Competency for Providers<br>•Violence Prevention<br>•Health Literacy | •Broadband access<br>•Housing<br>•Food Access | •Referral Networks and Community Networks of Support<br>•Community Trust |

## RECOMMENDATIONS

**(1) Access to healthcare**
- *Build on CHIP gains by:*
  - Continuing to promote healthcare access, especially for primary care, dental, and maternal care services.
  - Ensuring MyChart and other newly launched online tools are known and accessible to patients specifically by mobile phone.
  - Spread awareness of telehealth options.
- Address medical costs by targeting affordability, networks of coverage, and payment assistance.
- Take steps to increase appointment availability.
- Support systems of transit or medical transport for people to attend appointments and essential treatment, especially those in rural areas.
- Ensure access for seniors and adults with disabilities.

**(2) Health outcomes**
- Prioritize top health conditions of concern:
  - Diabetes, hypertension, and obesity
  - Cancer
  - Substance abuse

- o  Mental health
- *Build on CHIP gains by:*
  - o  Promoting and increasing awareness of expanded specialist services, women's healthcare, pediatric clinics, and behavioral healthcare.
  - o  Continuing violence prevention programming for adults, youth, and families.

## (3) Educating the next generation
- Improving general community health literacy levels.
- Enhance providers' familiarity with the needs of minority groups, especially African-Americans, LGBTQ+ people, and people with disabilities.

## (4) Economic development
- Support wraparound services and referrals to be able to address multiple health needs and increase access to housing.
- Continue to support and expand services that promote sustained access to healthy foods.
- Encourage expanded broadband access for rural communities.

## (5) Community Partnerships
- Continue to build upon and utilize referral networks and community networks of support.
- Engage schools, churches, and law enforcement to expand mental health and substance use training.
- Partner with trusted organizations to address health literacy to raise knowledge of benefits, assistance options, use of online tools, and ability to self-advocate during appointments.
- Expand partnerships with grocery stores to increase sustained community access to healthy foods.

# APPENDIX A

**CHNA Survey Responses**

The following table displays survey questions and responses as they appeared in the survey that was distributed, as well as the number and percentage of responses for each question. Questions in which participants could choose more than one response are indicated as such.

| Community Health Needs Assessment Survey Results | | |
|---|---|---|
| Individual Health | | |
| | **N** | **Percent** |
| **Would you say that in general your health is** | **N=445** | |
| Excellent | 52 | 12% |
| Very Good | 172 | 39% |
| Good | 172 | 39% |
| Fair | 45 | 10% |
| Poor | 4 | 0.9% |
| | | |
| **Compared to others in my community, my health is** | **N=443** | **%** |
| A lot worse | 4 | 0.9% |
| A little worse | 28 | 6% |
| About the same | 92 | 21% |
| A little better | 139 | 31% |
| A lot better | 180 | 41% |
| | | |
| **Over the last 3 months or so, how many days have you missed work or other activities (i.e. church, school) because you were sick or not feeling well?** | **N=443** | **%** |
| None | 264 | 60% |
| 1-5 days | 146 | 33% |
| 6-10 days | 24 | 5% |
| 11-15 days | 6 | 1% |
| 20 or more days | 3 | 0.7% |
| | | |

| Over the last 3 months or so, how many days have you missed work or other activities (i.e. Church, school) because you were caring for a family member who was ill or disabled? | N=443 | % |
|---|---|---|
| None | 302 | 68% |
| 1-5 days | 115 | 26% |
| 6-10 days | 17 | 4% |
| 11-15 days | 3 | 0.7% |
| 20 or more days | 6 | 1% |
| When you are sick or need healthcare, are you able to visit a doctor/healthcare provider? | N=440 | % |
| Never | 4 | 0.9% |
| Rarely | 13 | 3.0% |
| Sometimes | 63 | 14% |
| Frequently | 51 | 12% |
| Always | 309 | 70% |
| | | |
| If you have ever chosen not to see a doctor when you needed to, what were the reasons? Please select the top 3 reasons. | N=434 | % |
| Lack of language translation services | 2 | 0.5% |
| Doctor does not understand my cultural or religious beliefs | 7 | 2% |
| I do not have transportation | 8 | 2% |
| The doctor is too far away | 15 | 3% |
| I don't have childcare | 16 | 4% |
| I am not ready to talk about my health problems | 34 | 8% |
| I can't get time off work | 54 | 12% |
| Other | 57 | 13% |
| I can't afford it or have insurance problems | 68 | 16% |
| Not applicable | 275 | 63% |

| When was your last physical exam (i.e. checkup, well visit, screening) with a doctor? | N=445 | % |
|---|---|---|
| Less than 2 years ago | 401 | 90% |
| Between 2-5 years ago | 26 | 6% |
| More than 5 years ago | 16 | 4% |
| Never had a checkup or physical exam with a doctor | 2 | 0.4% |
| **Have you ever had a doctor's appointment through telehealth or teleservices?** | **N=436** | **%** |
| Yes | 168 | 39% |
| No | 258 | 59% |
| I do not know what telehealth or teleservices are | 10 | 2% |
| | | |
| **How would you rate the quality of the telehealth care you received?** | **N=168** | **%** |
| Very good | 67 | 40% |
| Good | 66 | 39% |
| Fair | 27 | 16% |
| Poor | 7 | 4% |
| Very poor | 1 | 0.6% |
| | | |
| **Have you had any of the following cancer screenings in the past three years?** | **N=385** | **%** |
| Mammogram (breast cancer screening) | 246 | 64% |
| Pap smear (cervical cancer screening) | 238 | 62% |
| Colonoscopy or rectal exam | 160 | 42% |
| Skin Cancer screening | 88 | 23% |
| Heart screening | 82 | 21% |
| Prostate exam | 16 | 4% |

| How confident do you feel in understanding information provided by your doctor? | N=443 | % |
|---|---|---|
| Not at all confident | 3 | 0.7% |
| Not too confident | 6 | 1% |
| Unsure | 13 | 3% |
| Slightly confident | 89 | 20% |
| Very confident | 332 | 75% |
| | | |
| **Where do you go for information about health and wellness? Please check all that apply.** | **N=445** | **%** |
| Doctors, nurses, pharmacists in my community | 384 | 86.3% |
| Television or radio | 12 | 2.7% |
| Family and friends | 183 | 41.1% |
| School or college | 14 | 3.1% |
| Social media (Facebook, Twitter, Instagram) | 33 | 7.4% |
| Books | 73 | 16.4% |
| Hospital | 85 | 19.1% |
| Online (internet) informational resources | 325 | 73.0% |
| Newspapers and magazines | 29 | 6.5% |
| Church | 12 | 2.7% |
| Health fairs | 50 | 11.2% |
| Health department | 27 | 6.1% |
| Your place of work | 96 | 21.6% |
| Other (please specify) | 10 | 2.2% |
| | | |
| **During health crises, which individuals do you turn to for support? Please select up to three.** | **N=443** | **%** |
| I don't know | 14 | 3% |
| Other | 18 | 4% |
| Online support groups | 27 | 6% |

| Local community organizations | 33 | 7% |
|---|---|---|
| Friends, neighbors, or co-workers | 241 | 54% |
| Family or relatives | 408 | 92% |
| | | |
| **Have you received mental health services or counseling in the past year?** | **N=444** | **%** |
| Yes | 88 | 20% |
| No | 356 | 80% |
| **What barriers, if any, prevent you from seeking mental health support when needed? (Select all that apply)** | **N=321** | **%** |
| I'm not ready to talk about my problems | 68 | 21% |
| Fear of stigma/my friends and family might find out | 39 | 12% |
| Cost or insurance problems | 113 | 35% |
| I don't know how to find mental health support | 28 | 9% |
| Other | 124 | 39% |
| | | |
| **How important are community activities or events for maintaining your overall health and well-being?** | **N=444** | **%** |
| Not very important | 79 | 18% |
| Somewhat important | 154 | 35% |
| Very important | 211 | 48% |

| Community Health | | |
|---|---|---|
| **Please read through the following list and <u>select the 5 items</u> that you think are the <u>top 5 health problems in your community</u>.** | **N=444** | **%** |

| Breathing conditions | 177 | 39.9% |
|---|---|---|
| Heat illness | 23 | 5.2% |
| Cancer | 259 | 58.3% |
| Dementia/Alzheimer's Disease | 131 | 29.5% |
| Dental or eye problems | 72 | 16.2% |
| Workplace injuries | 2 | 0.5% |
| Traffic accidents | 49 | 11.0% |
| Heart disease or high blood pressure | 311 | 70.0% |
| Obesity | 340 | 76.6% |
| Sickle Cell Disease | 17 | 3.8% |
| Prenatal and infant health | 67 | 15.1% |
| Reproductive health | 53 | 11.9% |
| Sexually transmitted infections | 131 | 29.5% |
| Other infectious diseases | 69 | 15.5% |
| Substance use/addiction | 242 | 54.5% |
| Suicide | 45 | 10.1% |
| Domestic Violence | 102 | 23.0% |
| Other (please specify) | 37 | 8.3% |
| | | |
| **Please read through the following list and <u>select the 5 items</u> that you think are the <u>top 5 social problems in your community</u>.** | **N=444** | **%** |
| Crime, violence, or firearms | 385 | 86.7% |
| Child abuse or neglect | 178 | 40.1% |
| Racism and discrimination | 154 | 34.7% |
| Homelessness or unaffordable housing | 235 | 52.9% |
| Cost of healthcare or insurance | 216 | 48.6% |
| High cost of utility bills | 142 | 32.0% |
| Lack of education | 209 | 47.1% |
| Not enough well-paying jobs in the area | 180 | 40.5% |

| Lack of healthy and affordable food | 130 | 29.3% |
|---|---|---|
| Lack of recreational activities for youth | 80 | 18.0% |
| Poor air or water quality | 43 | 9.7% |
| Roads or sidewalks not maintained | 118 | 26.6% |
| Not enough parks/green space | 31 | 7.0% |
| Poor public transportation | 54 | 12.2% |
| Other | 10 | 2.3% |
| | | |
| **Please read through the following list and select the 5 items that you consider the most positive aspects of your community.** | **N=436** | |
| Access to healthy foods | 115 | 26.4% |
| Affordable housing | 88 | 20.2% |
| Childcare/daycare | 89 | 20.4% |
| Diversity of people | 234 | 53.7% |
| Faith-based organizations | 326 | 74.8% |
| Good healthcare | 154 | 35.3% |
| Good jobs | 58 | 13.3% |
| Good schools | 106 | 24.3% |
| Low crime and violence | 50 | 11.5% |
| Parks and recreation | 135 | 31.0% |
| Safe worksites | 55 | 12.6% |
| Sanitation and public works | 113 | 25.9% |
| Services for the elderly | 110 | 25.2% |
| Support organizations | 143 | 32.8% |
| Other (specify) | 16 | 3.7% |
| **How important are environmental factors in affecting your health? (Environmental factors can include aspects of the air, water, food, chemicals, temperature, or weather)** | **N=440** | **%** |
| Not very important | 37 | 8.4% |
| Somewhat important | 109 | 24.8% |
| Very important | 294 | 66.8% |

| Please read through the following list and **select the three environmental factors** that most significantly affect your health. | N=398 | % |
|---|---|---|
| Air quality | 183 | 46.0% |
| Extreme heat | 181 | 45.5% |
| Extreme cold | 26 | 6.5% |
| Exposure to mosquitos, ticks, or other insects | 177 | 44.5% |
| Food quality | 91 | 22.9% |
| Flooding | 47 | 11.8% |
| Severe storms | 141 | 35.4% |
| Stormwater or sewage runoff | 31 | 7.8% |
| Trash or waste near the home | 27 | 6.8% |
| Drinking water quality | 220 | 55.3% |
| Other, please specify | 11 | 2.8% |
| Please select how much you agree or disagree with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources." | N=445 | % |
| Strongly Agree | 52 | 12% |
| Agree | 110 | 25% |
| Undecided | 66 | 15% |
| Disagree | 126 | 28% |
| Strongly Disagree | 91 | 20% |

| **Demographics and Household** | | |
|---|---|---|
| **Parish** | **N=445** | **%** |
| Bienville | 35 | 8% |
| Bossier | 99 | 22% |
| Caddo | 271 | 61% |
| Claiborne | 1 | 0% |
| DeSoto | 16 | 4% |

| Natchitoches | 3 | 1% |
|---|---|---|
| Red River | 2 | 0% |
| Webster | 18 | 4% |
|  |  |  |
| **Age Range** | **N=417** | **%** |
| 18-24 | 17 | 4% |
| 25-34 | 50 | 12% |
| 35-44 | 91 | 22% |
| 45-54 | 98 | 24% |
| 55-64 | 87 | 21% |
| 65+ | 74 | 18% |
|  |  |  |
| **To what race/ethnicity category do you most strongly identify? Please select all that apply.** | **N=436** | **%** |
| Asian | 4 | 0.9% |
| Black or African American | 134 | 30.7% |
| Hispanic or Latino | 12 | 2.8% |
| Middle Eastern or North African | 0 | 0.0% |
| Native American, American Indian, or Alaska Native | 1 | 0.2% |
| Native Hawaiian or other Pacific Islander | 0 | 0.0% |
| White | 295 | 67.7% |
| I identify another way (please specify) | 4 | 0.9% |
| Other | 5 | 1.1% |
| **To which gender identity do you most identify? Please select all that apply.** | **N=439** | **%** |
| Man | 72 | 16% |
| Nonbinary, genderfluid, or gender nonconforming | 2 | 0% |
| Transgender | 0 | 0% |
| Woman | 365 | 83% |
| Intersex | 0 | 0% |
| Other | 1 | 0% |

| How do you define your sexual orientation? Please select all that apply. | N=429 | % |
|---|---|---|
| Asexual | 22 | 5% |
| Bisexual | 13 | 3% |
| Gay | 4 | 1% |
| Heterosexual/straight | 380 | 89% |
| Lesbian | 5 | 1% |
| Queer | 3 | 1% |
| I identify another way | 6 | 1% |
| Other | | 3% |

| Do you have an internet connection at home? | N=444 | % |
|---|---|---|
| Yes | 430 | 97% |
| No | 14 | 3% |
| **Do you have a smartphone?** | **N=441** | **%** |
| Yes | 424 | 96% |
| No | 17 | 4% |
| **How many people are in your household, including you?** | **N=436** | **%** |
| 1 | 75 | 17.2% |
| 2 | 147 | 33.7% |
| 3 | 101 | 23.2% |
| 4 | 63 | 14.4% |
| 5+ | 50 | 11.5% |
| **About how much was your household income last year?** | **N=410** | **%** |
| Under $15,000 | 8 | 2% |
| $15,000- $24,999 | 14 | 3% |
| $25,000- $34,999 | 24 | 6% |
| $35,000- $49,999 | 27 | 7% |
| $50,000- $74,999 | 67 | 16% |
| $75,000- $99,999 | 75 | 18% |
| $100,000- $149,999 | 81 | 20% |
| $150,000+ | 84 | 20% |

| I don't know | 30 | 7% |
|---|---|---|
| | | |

| What is the highest level of education you have completed? | N=419 | % |
|---|---|---|
| Less than high school | 3 | 0.7% |
| High school diploma or GED | 25 | 6.0% |
| Vocational training or Associates degree | 38 | 9.1% |
| Some college | 56 | 13.4% |
| College degree | 141 | 33.7% |
| Graduate or Professional degree | 156 | 37.2% |
| | | |

| Which of the following best describes your employment status? Please select all that apply. | N=442 | |
|---|---|---|
| Disabled | 11 | 2.5% |
| Employed full-time | 315 | 71.3% |
| Employed part-time | 48 | 10.9% |
| Full time student | 8 | 1.8% |
| Homemaker | 17 | 3.8% |
| Retired | 63 | 14.3% |
| Unemployed, looking for work | 2 | 0.5% |
| Unemployed, not looking for work | 2 | 0.5% |
| Other (please specify) | 4 | 0.9% |
| | | |

| Which type of health insurance do you have? | N=436 | % |
|---|---|---|
| Medicare | 74 | 17% |
| Medicaid | 21 | 5% |
| Private Insurance | 293 | 67% |
| Veteran's Administration | 9 | 2% |
| Indian Health Service | 1 | 0% |
| I do not have health insurance | 7 | 2% |
| I don't know | 5 | 1% |
| Other or multiple types | 26 | 6% |

## ABOUT THE LOUISIANA PUBLIC HEALTH INSTITUTE

LPHI, founded in 1997, is a statewide community-focused 501(c)(3) nonprofit and public health institute committed to ensuring all Louisianans have just and fair opportunities to be healthy and well. Our work focuses on areas that touch public health, including tobacco prevention and control, building healthier communities, assessing needs of communities, supporting the whole health needs of individuals and families from early childhood to older adults, COVID-19, and more. We create authentic partnerships with both communities and partners to align action for health. For more information, visit www.lphi.org.