2024 SHREVEPORT

Community Health Needs Assessment

Ochsner | LSU Health SHREVEPORT

United Way of Northwest Louisiana

LPHI LOUISIANA PUBLIC HEALTH INSTITUTE

Ochsner LSU Health Shreveport Academic Medical Center

Ochsner LSU Health Shreveport St. Mary Medical Center

Louisiana Behavioral Health

Drafted July 2024

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Executive Summary

Ochsner Health contracted with the Louisiana Public Health Institute (LPHI) and community partners at the United Way of Northwest Louisiana (UW-NWLA) 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, with Louisiana Behavioral Health conducting a CHNA for the first time:

- **Ochsner LSU Health Shreveport Academic Medical Center**
- **Ochsner LSU Health Shreveport St. Mary Medical Center**
- **Louisiana Behavioral Health**

For this assessment, partners defined the Shreveport community as residents of Bossier, Bienville, Caddo, Claiborne, De Soto, and Webster parishes.
LPHI used a collaborative, mixed-methods approach to determine significant needs and concerns. The collaborative structure involved United Way of Northeast Louisiana leading community engagement efforts including data collection by promoting surveys, conducting interviews, and hosting community discussions. LPHI developed all data collection tools, conducted data analysis, provided technical assistance, and hosted group calls.

Community input for the CHNA was drawn from an online survey with community members, interviews with community stakeholders, and group discussions. These data were complemented by external data from national sources. Community input drove the determination of significant concerns for the CHNA and therefore the priorities.

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High-level oversight and guidance

United Way

United Way
of Northeast Louisiana

Lead community engagement efforts including survey distribution, interviews, community discussions, and participation calls

lphi LOUISIANA PUBLIC HEALTH INSTITUTE

Lead development of data collection tools and protocols, data analysis, and host cohort calls

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.

Description of Needs

Access to Healthcare

Barriers to care include access (public transportation and medical transport, appointment availability) and affordability (medical costs) in care. As a result, many community members expressed challenges in accessing primary care, dental care, eye care, and sexual and reproductive health. Communities that experience more significant challenges in accessing care include older adults and 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.

Health Outcomes & Population Health

Key health conditions of concern include chronic diseases like diabetes, hypertension, obesity, and cancer. In addition to physical health concerns, community members identified behavioral and mental health concerns including substance use, social isolation, and mental health challenges like anxiety and depression. The key health outcomes of concern for community members can be addressed by improving the social determinants of health, especially neighborhood and built environment and social and community context. Improvements in these categories would include access to green space and physical activity, access to affordable and nutritious foods, community support groups, and increased feelings of safety and security.

Educating the Next Generation

Educating the next generation means helping students from kindergarten to medical school, and the community at large, to access educational opportunities, hands on experiences, tools and mentorship they need to pursue successful careers in fields like healthcare and STEM. By creating a more diverse healthcare workforce, there can be a reduction in health disparities. The CHNA illustrates that low health literacy is a key factor contributing to poor health outcomes in the community. Health literacy impacts patient ability to access care and manage their health. Low levels of educational attainment and poor quality of primary and secondary schools are seen as contributing factors to low health literacy. In addition to a need for improved health literacy among the patient population, there also needs to be increased diversity in providers and staff and increased cultural competency trainings to reduce bias and discrimination in care. There is opportunity to build trust, increase feelings of safety and respect, and provide equity centered care for all patients, especially minority groups that include African-Americans, LGBTQ+ people, and people with disabilities.

Economic Development

Income level is connected to health outcomes. Community participants raised economic concerns around cost of living, jobs, or education, as well as affordability of food and housing. These concerns are evidenced by data on income inequality in the region as well as the high percentage of Asset Limited, Income Constrained, Employed (ALICE) families who live above the poverty line but do not make enough to meet the cost of living. Many community members felt being able to improve access to better jobs and education as well as housing and food could improve overall health.

Community Partnerships

Community needs and challenges require collaborative solutions to improve the physical, mental, emotional, educational, and economic health. Social and community context is one of the pillars of the social determinants of health. Community support and 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. The work of the CHIP and CHNA will be under a unified subcommittee. This will improve the community engagement, leadership, and oversight of the assessment and improvement planning process.

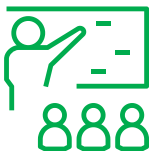
The aforementioned priorities are shown below.

Access to Healthcare

Transportation - Cost of Care - Availability of Appointments Wraparound Services - Access to Primary Care/Maternal Care/Dental Care - Access for Seniors and Adults with Disabilities

Health Outcomes

Diabetes - Hypertension - Obesity - Cancer - Substance Abuse - Mental Health



Educating the Next Generation

Mental and Behavioral Health Training - DEI and Cultural Competency for Providers - Violence Prevention - Health Literacy

Economic Development

Broadband Access - Housing - Food Access

Community Partnerships

Referral Networks and Community Networks of Support - Community Trust

Background

CHNA Overview

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[1]. Section 501(r)(3)[2] 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 definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- Resources potentially available to address the 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.

Assessment Approach & Process

A collaborative approach for the CHNA was taken, with key partners being United Way of Northeast 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 strategies based in health equity and population health.

United Way of Northwest Louisiana was contracted to carry out implementation of data collection tools and community input processes on the ground. 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.

According to the CDC, the social determinants of health refer to “conditions in which people are born, grow, work, live, and age” that can affect a person’s health risks and outcomes. They consist of factors such as neighborhood and build environment, healthcare access and quality, education and opportunity, social and community context, and economic and political systems[3]. This assessment focuses on themes informed by the social determinants of health and is organized by those which proved most salient from the data.

[1] 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.
[2] Available at: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3
[3] CDC. (2024). Social Determinants of Health. Retrieved from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

The assessment approach is centered in health equity, defined as all community members having a fair and just opportunity to be as healthy as possible. Racism is a principal barrier to health equity. Research shows that histories and ongoing systems of racism impact social determinants of health for communities of color, placing communities of color at increased risk for poor health and ultimately increasing health inequities[4]. By applying a health equity framework, the assessment seeks to move beyond identifying health disparities to uncovering and understanding the drivers of inequities in health outcomes.

Overview of Collaborative Data Collection

LPHI relied on a cohort call model to move the CHNA data collection forward. Cohort models can improve capacity establishing an "infrastructure of relationships" that allow efforts to accomplish more in concert than through individual actions alone[1]. 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 question guides. These materials were reviewed by the teams and housed on a data sharing platform to ensure 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 structure allowed for two-way discussions. During these discussions feedback was provided, allowing the teams to adjust and make changes in real-time to best meet the needs of the communities and partners.

Data Analysis & Prioritization

LPHI uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity assessment frameworks. Community input processes were designed through four modes: an online survey, interviews, community discussions, and cohort calls. 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 an emphasis on the community health and access to care questions. 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 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.
As this input was gathered for the purpose of this assessment and participation was limited, these findings may not be generalizable to the larger community. **See Appendices C and D** for details on the assessment approach and methodology, respectively.

[4] CDC. (2023). Racism and Public Health. Retrieved from https://www.cdc.gov/minorityhealth/racism-disparities/index.html.
[5] ORS Impact. (2018). Building Capacity through Cohorts: What the Packard Foundation is Learning. Retrieved from https://www.packard.org/wp-content/uploads/2018/08/Building-Capacity-Through-Cohorts-2018-ORS-Impact.pdf

Using this CHNA

This document serves as the 2024 CHNA report for 3 facilities serving the Shreveport area: Ochsner LSU Health Shreveport Academic Medical Center, Ochsner LSU Health Shreveport St. Mary Medical Center, and Louisiana Behavioral Health. For this assessment, partners defined their community as both metropolitan and rural parishes surrounding Shreveport: Bienville, Bossier, Caddo, Claiborne, De Soto, and Webster parishes.

Health assessments facilitate strategic data collection and analysis to better understand how health outcomes vary across and within parishes, how social determinants of health may influence these outcomes, and the potential role of policies and programming in supporting or restricting equal opportunities for health. Final CHNA reports are available via hospital websites for future reference, feedback, and use by the public.

Therefore, this CHNA serves multiple purposes:

- Provides hospitals and health systems with the information they need to deliver community benefits that can be targeted to address the specific needs of their communities.
- Meets IRS requirements for non-profit hospitals.
- Informs planning of the state and local health departments.
- Provides residents and community organizations with a better understanding of the significant issues in their community and what the hospital is prioritizing.

Overview of Facility

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 Shreveport 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 Shreveport St. Mary Medical Center is a 153-bed hospital that offers several focused services, including imaging, outpatient surgery, sports medicine, and woman 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. This report is the first time that Louisiana Behavioral Health is conducting a CHNA, this means there will be no reported updated on progress from the past CHIP.

Defining the Community

For the purposes of this assessment, CHNA partners and key stakeholders identified the breadth of the assessment should serve the residents of Shreveport (Bossier and Caddo parishes) and surrounding parishes where most patients reside. The community was defined as all residents of Bossier, Bienville, Caddo, Claiborne, De Soto, and Webster parishes. This community includes medically underserved, low income, and minority populations.

Secondary data also illustrates the range of demographic backgrounds of the Shreveport region. As shown in Table 1 below, Caddo and Bossier parishes have the highest populations, reflecting their location near the Shreveport metropolitan areas. All parishes have a high level of racial diversity, with Caddo and Claiborne having a majority Black/African-American population (51% and 52%, respectively). Although the state of Louisiana has a senior population of 16%, some parishes have a higher proportion than this, with Webster, Claiborne, and Bienville parishes having a senior population of at least 20%.

Table 1: Demographic Background of Parishes in Monroe Region Compared to Louisiana

	Bienville	Bossier	Caddo	Claiborne	DeSoto	Webster	Louisiana
	Age						
Median Age	42.1	36	38.7	42.3	39.3	41.5	37.6
Under 18 Years	22.4%	24.6%	23.6%	19.0%	23.8%	21.7%	23.3%
65 Years and Over	20.9%	14.8%	17.9%	21.0%	18.2%	20.2%	16.0%
	Race, Ethnicity, and Language						
African American/Black	42.2%	25.0%	50.8%	52.1%	35.6%	34.4%	33.4%
White	56.7%	71.9%	47.9%	48.0%	64.4%	65.6%	63.8%
American Indian/Alaska Native	1.3%	1.2%	1.1%	0.4%	2.0%	0.9%	1.6%
Asian	0.3%	2.6%	1.8%	0.2%	0.3%	0.7%	2.3%
Other Race	2.0%	4.6%	2.2%	2.8%	1.7%	0.9%	4.5%
Histpanic Ethnicity	2.2%	6.9%	3.0%	1.8%	3.3%	2.3%	5.5%
Speaks a Language Other than English	2.4%	6.8%	3.6%	0.5%	1.4%	1.7%	7.6%
Total Population		128,877	236,259	26,821	36,761	12,958	4,640,546

Note: To better account for multi-racial backgrounds, race is reported both alone and in combination with other races, meaning that it may add up to slightly more than 100% in some cases. Hispanic is a separate category and reflects Hispanic ethnicity alone.

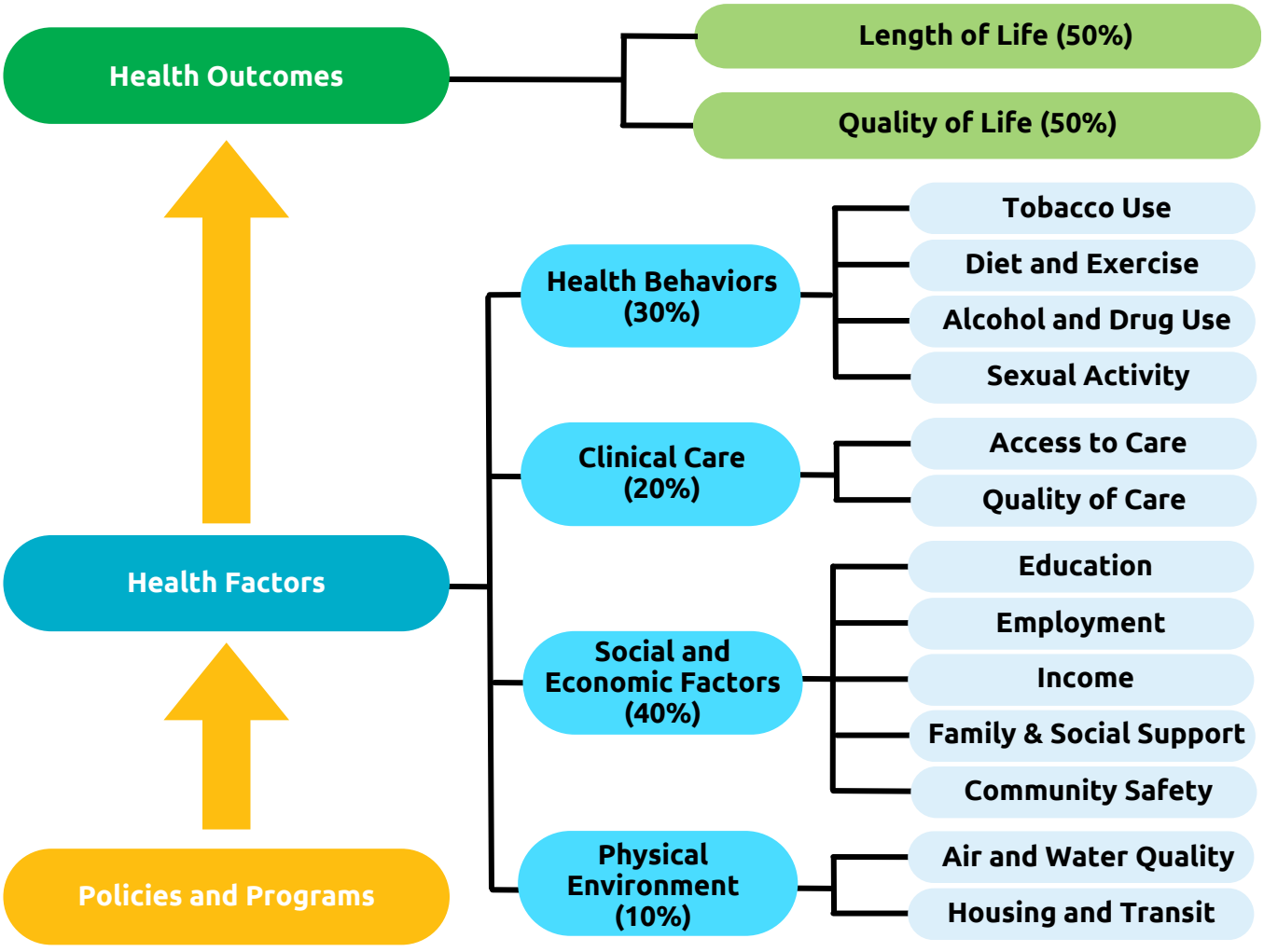
Key Findings

Below are findings that synthesize quantitative data (e.g., community survey and secondary sources) and qualitative data (e.g., from interview and focus groups). Parish level findings are presented with Louisiana data as a baseline. It is important to note here that Louisiana is ranked 50th in health outcomes, according to the 2023 America's Health Rankings Report[6]. This ranking has not changed since the prior CHNA.

The findings are presented in alignment with the County Health Rankings Model, shown below[7]. Figure 1 illustrates how different elements, from system and policy level factors that may shape the natural or built environment (bottom of figure), relate to structures and health behaviors that shape key health outcomes (top of figure).

The results are organized as follows: social and economic factors, built and physical environments, clinical care and healthcare access, and health behaviors and outcomes.

Figure 1: County Health Rankings Model



County Health Rankings modell (c) 2014 UWPHI

[6] United Health Foundation. (2024). America's Health Rankings 2023 Annual Report. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_2023annual_comprehensivereport_final2-web.pdf.
[7] County Health Rankings. (2024). Explore Health Topics. Retrieved from https://www.countyhealthrankings.org/what-impacts-health/county-health-rankings-model.

Social and Economic Factors

Socioeconomic factors such as workforce and cost of living play a major role in shaping healthcare affordability as well as health behaviors of residents in the Shreveport area. Of Shreveport survey respondents, 71% indicated they were employed full-time, and 71% reported that they had a college degree or higher.

Household income of respondents was also 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 an income higher than the poverty line, but not enough to meet the cost of living in a given parish.

It is important to contrast this sample with parish-level ALICE data on income and poverty (Table 2). The Shreveport facility serves a community that is made up of between 33% and 39% lower-middle income families. Further, income inequality (measured by the income ratio of those at the 80th percentile to those at the 20th percentile), is high as well. In Caddo parish the income inequality is 5.8, revealing a very large disparity. This score is similar to the state-level score of 5.7, suggesting that financial challenges in Shreveport communities are similar to those across Louisiana.

Table 2: Income Inequality and ALICE Households in Shreveport

	Bienville	Bossier	Caddo	Claiborne	DeSoto	Webster	Louisiana
Percent of ALICE Households	39%	36%	33%	37%	34%	39%	32%
Income Inequality	5.3	4.9	5.8	5.5	6.2	5.2	5.7

Figure 2 displays disparities by race in the child poverty rate in the Shreveport region. As shown below, the rates of child poverty for Black households is substantially more than that of White households, with Bossier (38% vs 13%), Caddo (43% vs 12%) , and De Soto (47% vs 14%) having some of the largest relative differences. In some parishes, both groups have child poverty rates higher than the state average of 25%.

Figure 2: Child poverty rates are higher among Black Residents (■) than White Residents (●) across all parishes

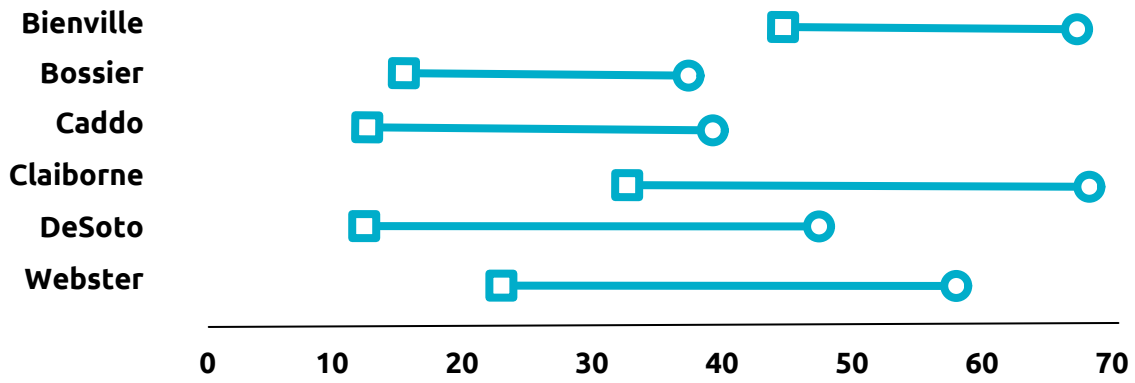


Table 3: Food Envoronment Index (0 to 10 = worst to best)	
Bossier	7.1
DeSoto	6.9
Caddo	6.1
Claiborne	6.1
Webster	5.6
Bienville	5.2
Louisiana	4.8

This data is underscored by CHNA survey data showing that **almost one third (29%) of respondents chose the lack of healthy and affordable food as a top social issue**. In addition, among those respondents who felt that environmental factors were important to their health, 23% reported food quality as one of those factors. Some interviewees also posited that because of an increase in overall costs after the COVID-19 pandemic, affordability greatly impacted access to nutritious foods. This data suggests that community respondents are aware of the challenges the community faces in having sustained access to nutritious foods. Respondents are aware of potential negative impacts of these challenges on their health.

Violence and Community Safety

Social and community context and neighborhood and build environment, as pillars of the social determinants of health, greatly impact overall health and well being. When considering the top social problems, **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% selected domestic violence as a top five health problem, 40% chose child abuse or neglect as a top five social problem**.

Secondary data in Table 4 supports concerns surrounding crime, violence, and firearms. Four of the six 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 and far exceeding the national average of 13 per 100,000.

When asked about the top five social problems in the community, the responses from Shreveport residents further underscore the level of financial and economic challenges in this region. **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** as top five social problems.

These overall findings were supported by issues raised in interviews. 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. Other interviewees bolstered this statement by describing low economic development, which they felt caused low job opportunities and financial struggles.

Environment

Built Environment and Food Access

Built environment consists of factors relating to infrastructure, as well as the natural environment in which people live. Barriers in the physical environment can affect people's health and well-being. This topic encompasses several interrelated factors including housing, walkability, and food access. **27% percent reported roads and sidewalks not being maintained as a top social problem**. This affects the ability of community members to navigate the community as well as to be physically active. However, **31% of respondents identified parks and recreation as a community *strength***, indicating that this is a positive feature that may promote exercise in certain parishes.

The built environment, including where one lives, also relates to food access[8]. Table 3 below describes the Food Environment Index in the region, based on factors of a healthy food environment on a scale of 0 (worst) to 10 (best). The index incorporates access to healthy food based on income and proximity to a grocery store, as well as access to a reliable food source. Bossie, De Soto, and Caddo have the most positive food environments. Bienville Parish, the smallest parish of the Shreveport area, has the lowest index score of 5.2. Although all of the Shreveport region scores are higher than the Louisiana average of 4.8, they are lower than the U.S. average of 7.7, indicating a high need for improved food environments both in the Shreveport region and statewide.

[8]County Health Rankings. (2024). Food Environment Index. Retrieved at https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2024

Table 4: Firearm Fatality Rate (per 100,000)	
Bossier	16
DeSoto	23
Claiborne	25
Webster	29
Bienville	30
Caddo	34
Louisiana	24

This data is bolstered by interviewees who discussed the instability caused by isolation during COVID-19 and the impact of violence on mental health of the community, particularly for youth. As one focus group participant involved in public schools noted, *"We've had some gun violence. We've had neighborhood violence. And then the ripple effect that it causes with the fights in schools…and these kids will tell me, they're fighting at school because it's safe. They're fighting at school because they know they're not going to get killed."*

Broadband Access

Based on Table 5 below, 83% of homes in Louisiana have broadband internet. All parishes in the Shreveport region fall significantly below the state average. 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 5: Percent of Households with Broadband Access	
Caddo	79%
Bossier	77%
DeSoto	77%
Bienville	65%
Webster	59%
Claiborne	47%
Louisiana	83%

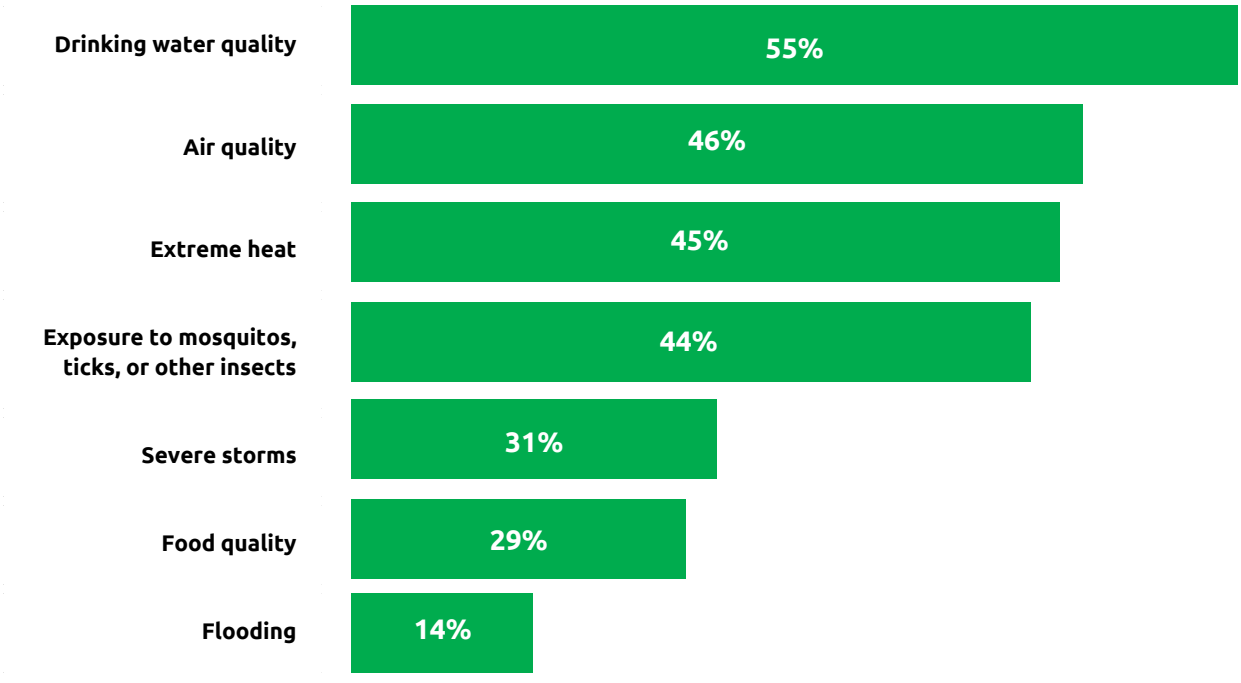
In contrast, the overwhelming majority of survey respondents indicated that they have some form of internet access, with 97% reporting that they have an internet connection at home and 95% reporting that they own a smartphone.

Climate and Natural Environment

When asked whether they thought that the environment affected their health, **92% of Shreveport respondents indicated that they believed environmental factors play a somewhat or very important role in affecting their health**.

Within this group, a variety of specific factors were reported as being important to health (Figure 3). Over half reported that drinking water quality 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 also among the top 3 environmental factors affecting their health. Separately, when asked about top five community health problems, 40% of respondents named breathing conditions. These findings suggest substantial concerns about possible risks from climate or the local natural environment.

Figure 3: Drinking water is an environmental factor that affects health for over half of respondents



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

Overall Health

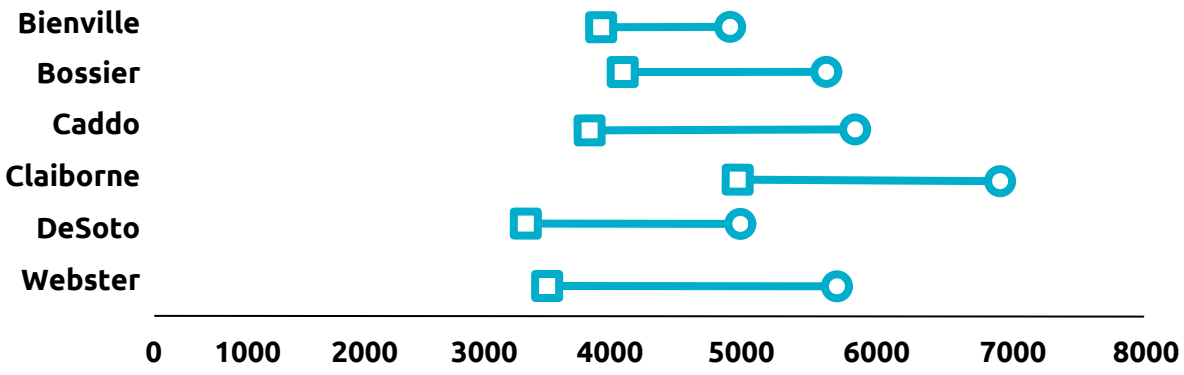
Clinical care, comprised of access to and quality of care can improve the health and wellbeing of communities through prevention and detection of diseases. Overall, CHNA respondents in in Monroe appear to rate their health as positive, with few days of work missed due to being ill or for health-related caregiving. However, this contrasts with health issues in the state as a whole: on average, Louisiana adults report 4.2 poor physical health days, and 5.7 poor mental health days per month[9].

The majority of those who responded to the Shreveport community survey rated their health as Very Good (39%) or Good (39%). 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.

However, **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 external data shows that the percentage of Shreveport residents that are uninsured ranges from 8 to 10% across the parishes in this region[1], this stands in stark contrast with data below on preventable hospital stays, broken down by race (Figure 4).

Louisiana as a whole has a rate of 3,575 per 100,000 Medicare enrolled, preventable hospital stays. As shown in Figure 4, in every parish in the Shreveport region, the rate of preventable hospital stays for Black individuals is higher than that of White individuals and also higher than the Louisiana average. Preventable hospital stays for White individuals are also higher than the state average in Claiborne, Bossier, Caddo, and Bienville parishes.

Figure 4: Black Residents (■) have a higher rate of Preventable Hospital Stays than White Residents (●) across all parishes



[9] 2024 County Health Rankings, 2021 data. Retrieved from https://www.countyhealthrankings.org/health-data/louisiana?year=2024
[10] 2024 County Health Rankings, 2021 data. Retrieved from 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 5).

Figure 5: 70% of respondents are always able to visit a doctor when they need to

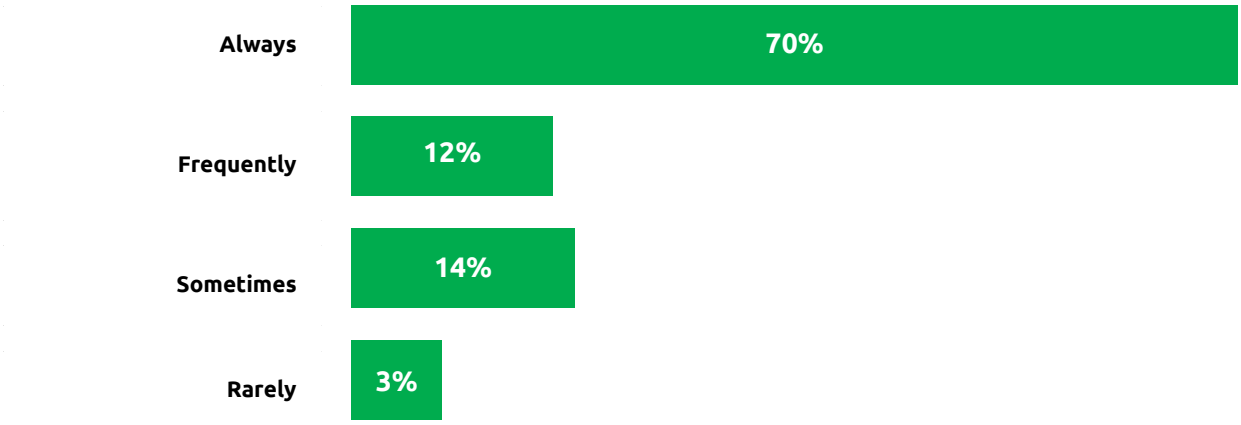


Figure 6 demonstrates the most commonly identified reasons for not seeking care when needed. When asked about reasons for choosing not to see a doctor when they needed to, respondents largely reported that they could not afford it or had insurance problems (14%) or that they could not get time off work (9%). Among those who selected 'Other reasons,' a large number wrote in that appointment availability was a barrier.

Figure 6: Insurance or cost is a top reason for avoiding doctors' visits among respondents

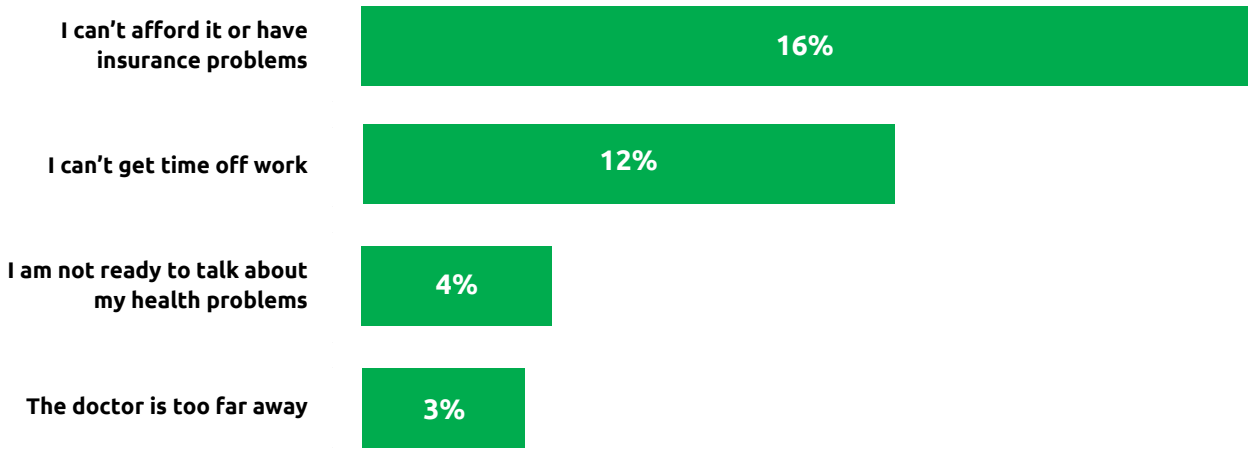


Figure 6 Graph shows data from CHNA survey.

As shown in Table 7 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 1441. The parishes with a larger ratio are more rural than the parishes with lower ratios. Oftentimes, rural communities have increased challenges accessing care due to factors like access to a car, time, and affordability.

Table 6: Ratio of Primary Care Physicians to Population	
Caddo	796:1
Webster	1573:1
Claiborne	2005:1
Bossier	2117:1
DeSoto	5384:1
Bienville	6388:1
Louisiana	1441:1

Several free-text responses from the CHNA survey about barriers include comments such as, “difficulty getting appointment and must go to urgent care,” “primarily not having a doctor I can trust,” and “chose not to go to avoid additional costs.” These responses show agreement with discussions in CHNA interviews in Shreveport that highlight healthcare affordability, transportation, lack of trust, and lack of engagement.

One of the primary healthcare access issues according to interview participants is **affordability**. There is frustration that Medicare and Medicaid constrain the network of providers and beliefs that even for those with private insurance, costs remain high and there are limited options for primary care and specialists. 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. This challenge is bolstered by previously described results on challenges with healthcare affordability and cost of living.

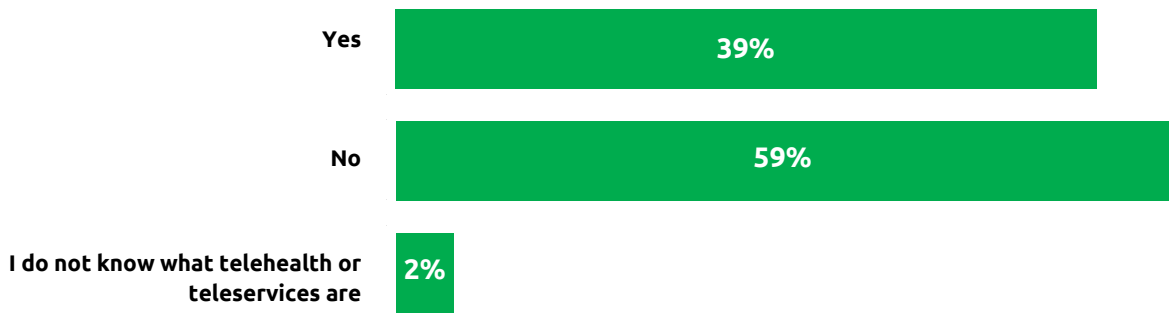
A second major challenge of healthcare access is **transportation, including public transportation and medical transportation**. Interview and focus group participants identified allowing medical transport to bid on Medicaid ride contracts as a method lowering safety and quality for patients.

Third, there is a **lack of trust** of 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**. 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.

Access & Use of Telehealth

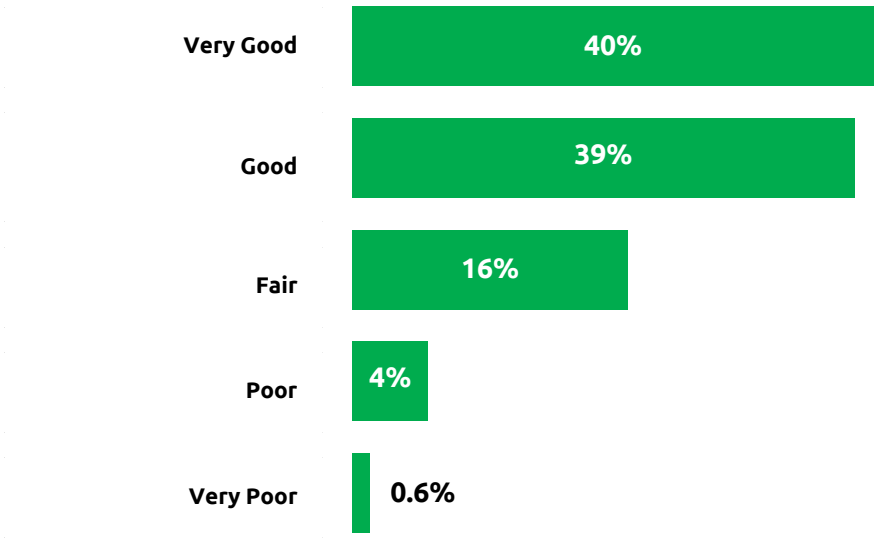
The majority of survey respondents have not received care through a telehealth appointment (59%; Figure 7). **Although some interview participants mentioned telehealth as a positive step during the COVID pandemic, that was also balanced by other responses that highlighted lack of digital literacy, which could hinder some people from using it.**

Figure 7: Fewer than half of respondents have had an appointment through telehealth



Among the 39% of survey respondents who have received telehealth care, the majority reported the quality as Very good (40%) or Good (39%; Figure 8). This suggests that the **quality of telehealth services are perceived positively overall by community members who have experienced it**.

Figure 8: Nearly 80% of respondents who did have a telehealth appointment rated it as Good or Very Good



Health and Support Resources

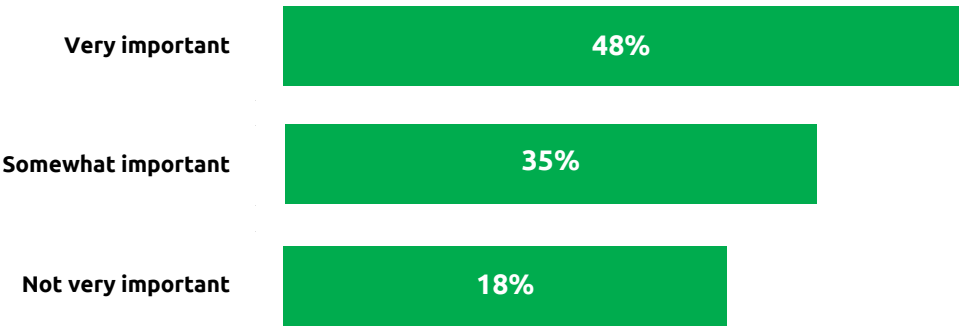
This final section of clinical care access focuses on insights gleaned directly from Monroe community members. Although a number of access challenges have been highlighted thus far, it is also essential to focus on the strengths and positives of the community, and to know how residents draw on assets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

Strength of Community Networks

The most prominent strengths that emerged from Shreveport interviews was the community's familial and social culture, diversity, and the ability to come together and help one another out. 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.

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, and several respondents named their pastor or church. This further indicates the role of local networks and trusted institutions in the community.

Figure 9: 48% of respondents feel that community activities or events are very important to maintaining their health and well-being



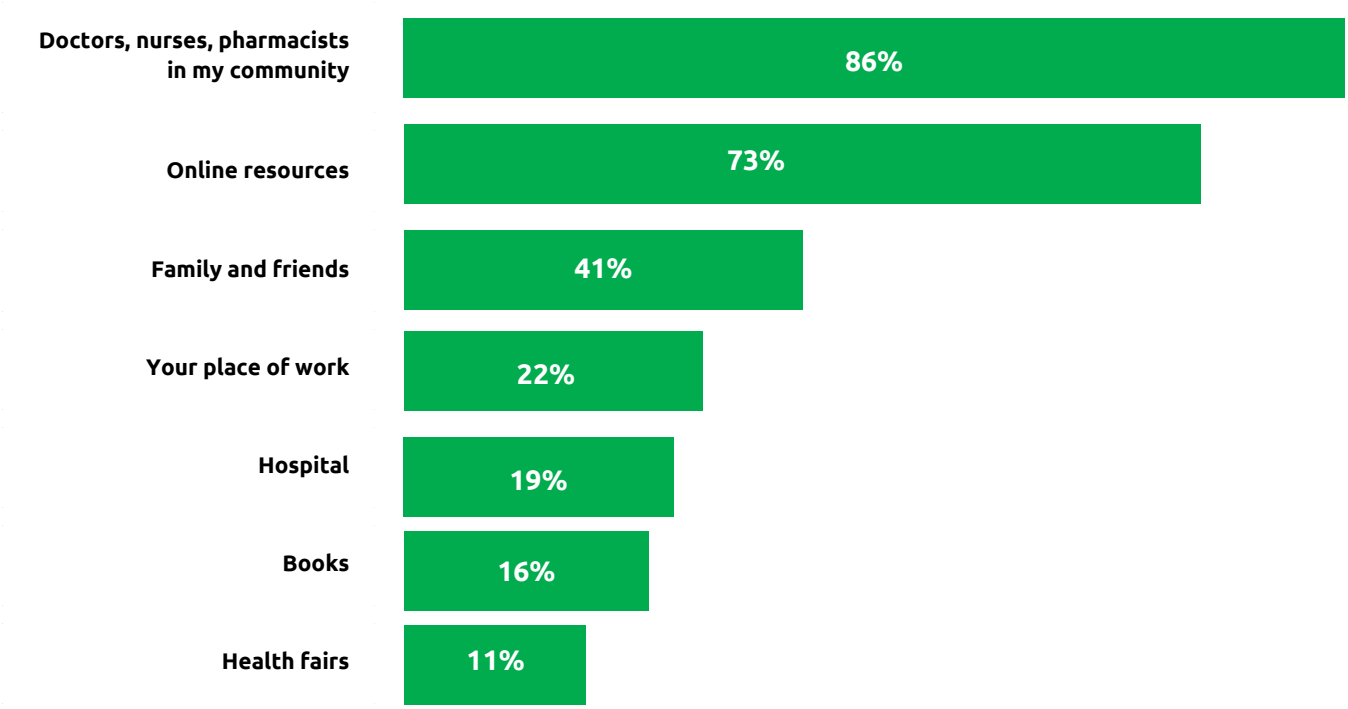
83% of survey respondents reported (Figure 9) that community activities or events somewhat or very important for maintaining their overall health and well-being. The responses to this question demonstrate the value of community events for promoting health and well-being of community members through education and linkage to resources.

Sources of Information and Resources

The majority of survey respondents reported that they are very confident in understanding information provided by their doctor (75%). Overall, almost all survey respondents report some level of confidence in understanding information provided by their doctor.

Survey respondents were asked to identify all the sources they go to for information about health and wellness (Figure. 10). 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%). What this data indicates is that traditional health providers are still a major source of health information, but that online sources are also an important resource, although they may vary in quality and credibility.

Figure 10: Over 70% of respondents go to doctors, nurses, or pharmacists *and* online sources for health information



Answer choices that were selected by 10% or less of respondents were excluded. Answer choices not included were television or radio, school or college, social media, newspapers and magazines, church, and health department.

Shreveport respondents described many programs available to assist people with health or basic needs, which are detailed in Appendix B. However, they felt that community members could be more aware. Many felt that there was not enough awareness, while some suggested 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.

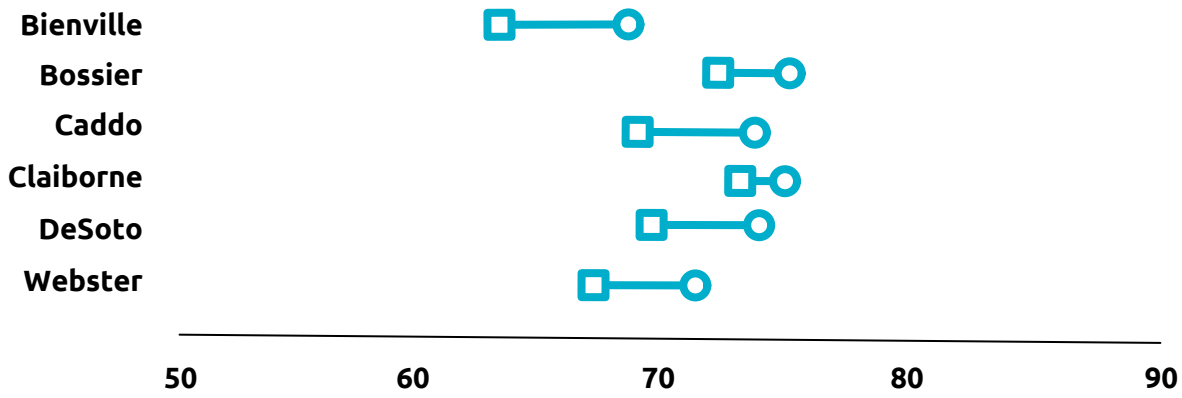
When asked what changes they could make to improve community health, several community members expressed a wish for a holistic center for healthcare, parental classes, mental health and wellness, and nutrition. This information suggests that focusing on **not only increased connections to services, but providing clear channels of information across needs and destigmatizing the use of services** would be beneficial.

Health Behavior and Outcomes

Life Expectancy

Communities of color are often at greater risk for poor health outcomes because of inequitable access to social and economic benefits. One important measure of health is the average life expectancy. Figure 11 illustrates racial disparities in life expectancy in the Shreveport parishes. As shown below, Black individuals have a lower life expectancy in every parish compared to White individuals, with the difference being as much as five or more years in Bienville, Caddo, and DeSoto parishes.

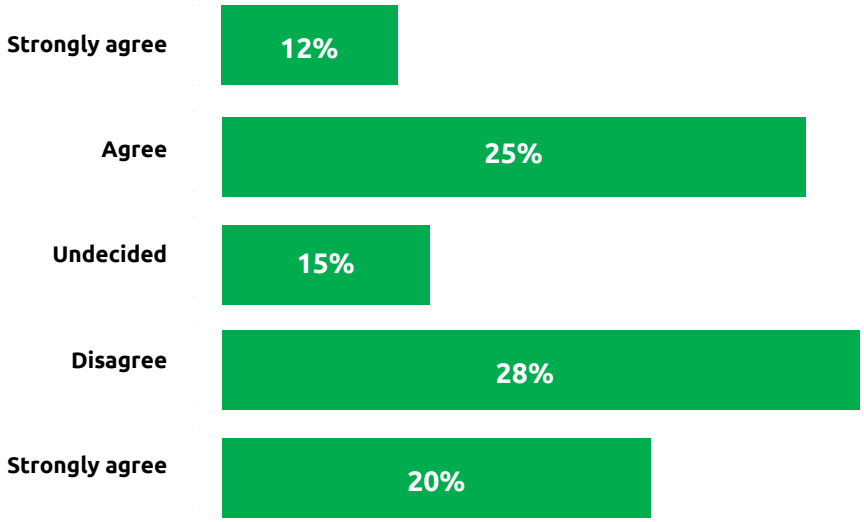
Figure 11: Life Expectance is lower for Black Residents (■) than White Residents (●)



Community members are aware that there are inequities in access to services and opportunities. As shown in Figure 12 below, **nearly half of survey respondents (48%) 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% of **all Shreveport respondents felt that racism and discrimination was a top five social problem** in the community.

Figure 12: 48% of respondents disagree that everyone in the community, regardless of race, gender, or age has equal access to opportunities and resources



Shreveport interview respondents shared 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 seniors and adults with developmental disabilities, with 30% choosing dementia/Alzheimer's as a top five health condition in the community.

Smoking and Cancer

In the Shreveport community, Table 9 shows that the percentage of adults that report currently smoking ranges from 19 to 29%. These rates are generally higher than the Louisiana average of 20%, with Bienville, Webster, and Claiborne having especially higher rates.

Table 8: Percent of Adults Currently Smoking

Bossier	**19%**
Caddo	**23%**
DeSoto	**24%**
Bienville	**27%**
Webster	**27%**
Claiborne	**29%**
Louisiana	**20%**

When asked about what they perceived as the top five health problems in their community, 78% of survey respondents identified cancer. When asked about cancer screenings conducted in the past 3 years (Figure 13), 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.

Figure 13: Over 60% of respondents have had a mammogram or pap smear in the past three years

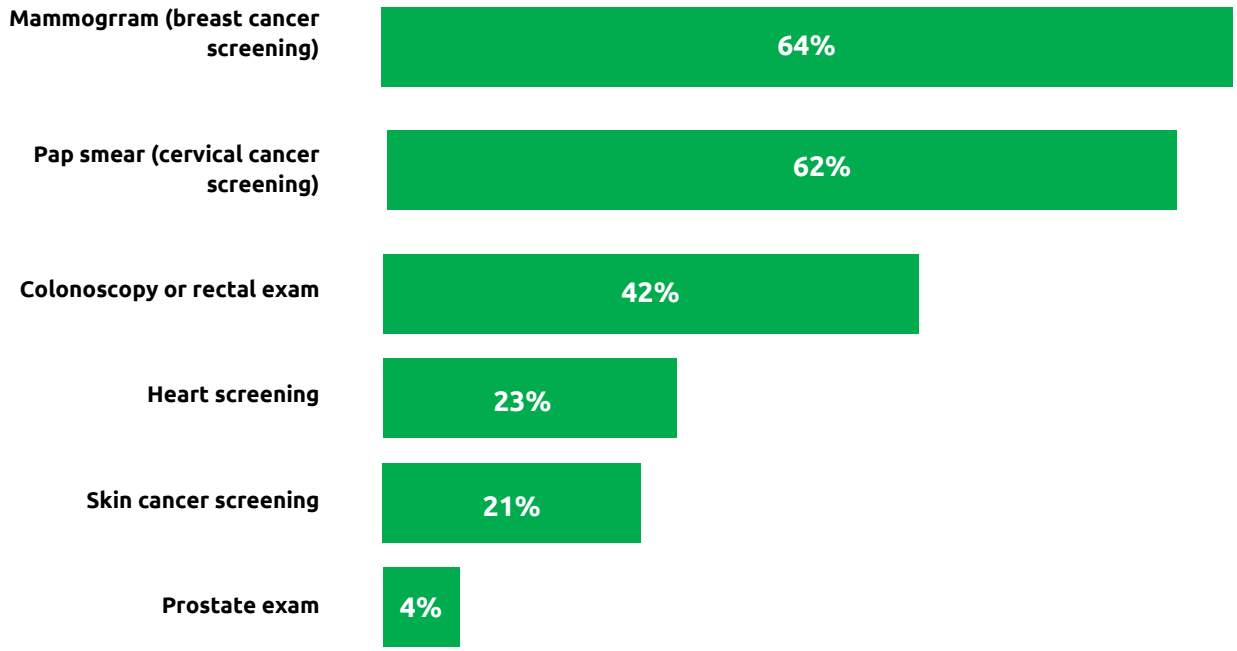
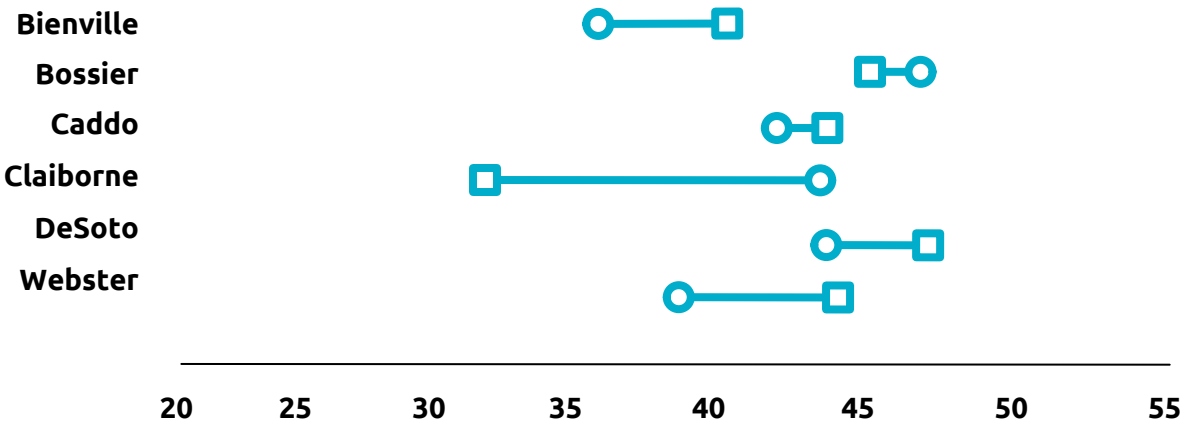


Figure 14 illustrates the percent of female Medicare enrollees aged 65 to 74 conducting an annual mammogram by Black and White individuals. These rates do not differ substantially from the Louisiana average of 43%, however, they do show a lower rate of mammogram screenings among White women in Bienville, Caddo, De Soto, and Webster parishes. In contrast, Claiborne parish has a much lower rate of mammogram screenings among Black women. In addition, because this data is based on a specific age range of the population (65 to 74 years), these trends may or may not apply to a broader age group.

Figure 14: Black Residents (■) have a lower rate of annual mammograms than White Residents (●) across several parishes



Overall, 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, efforts to ensure that people get screened for preventable illnesses are essential.

Heart Disease, Obesity, and Diabetes

Heart disease, obesity, and diabetes are classified as chronic diseases, meaning they are conditions that are long lasting and persistent. Oftentimes, these diseases can be managed through medical interventions and behavior changes. In Louisiana, 40% of adults have been diagnosed with high blood pressure, which is higher than the national average[11]. In addition, CDC reports that from 2001 to 2004 and from 2017 to 2020, the age-adjusted prevalence of diabetes among adults has been consistently increasing across the United States. From 2017 to 2020, diabetes prevalence was at least 16% among Black, Hispanic, and Asian individuals while remaining closer to 11.2% for White individuals[12].

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 10 below. Claiborne Parish had the highest percentage of physically inactive adults at 39%. Bossier Parish had the least physically inactive adults at 28%. Finally, all of the rates of obesity and most for physical inactivity are higher than state averages.

Table 9: Obesity and Physical Inactivity Rates

	Jackson	Lincoln	Morehouse	Ouchita	Union	Louisiana
Percentage Adults with Obesity	44%	44%	42%	37%	42%	39%
Percentage Physically Inactive	32%	31%	37%	31%	33%	28%

In the CHNA, **77% of respondents reported obesity to be a top health issue in their community, while 70% chose heart disease or high blood pressure, indicating high awareness of these health issues in the community**. Findings from primary data collection suggests that community members are aware of behavior changes needed to address chronic conditions and the barriers they face in doing so, due to economic, environmental, and societal constraints.

Reproductive and Sexual Health

Both CHNA and survey data reveal the need for continued attention to reproductive and sexual health as well as corresponding racial disparities. Statewide, Louisiana reports a chlamydia rate of 730.1 new cases per 100,000 people (Table 11). Additionally, the teen birth rate in Louisiana was reported as 27 births per 1,000 female persons ages 15-19. In the Shreveport community, 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.

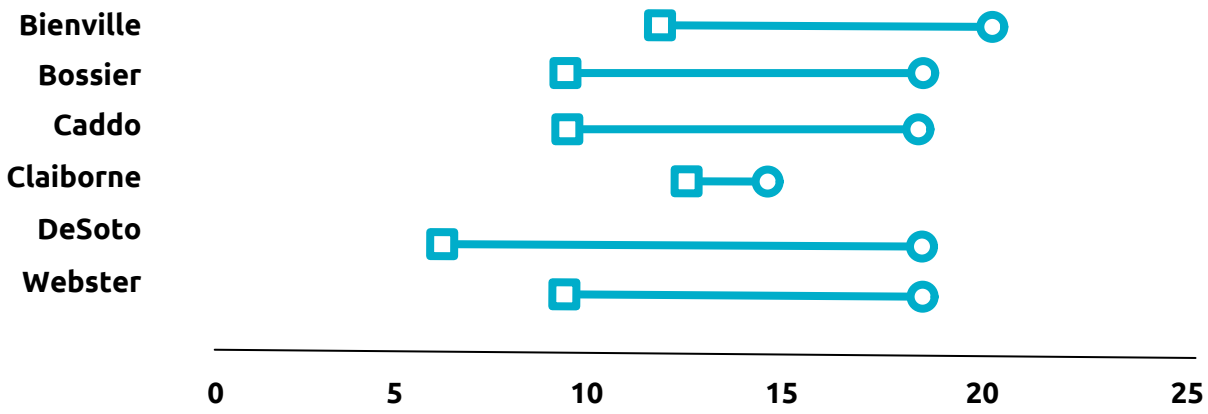
[11] United Health Foundation. (2024). America's Health Rankings 2023 Annual Report. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_2023annual_comprehensivereport_final2-web.pdf.
[12] CDC. (2021). A Deeper Dive into Diabetes Disparities. Retrieved from https://gis.cdc.gov/grasp/diabetes/diabetesatlas-disparities.html.

Table 10: Chlamydia and Teen Birth Rates

	Bossier	Caddo	Claiborne	DeSoto	Bienville	Webster	Louisiana
Chlamydia Rate (per 100,000)	502.5	753.8	548.1	638.5	735.8	655	730.1
Teen Birth Rate (per 1,000)	24	33	36	29	44	36	27

Figure 15 shows the percent of low birthweight babies born to Black and White families. This rate is substantially higher for Black families in almost all parishes, while for White families, the rate is closer to or below the Louisiana average of 11%. Only in Claiborne parish is the disparity slightly smaller. These rates indicate that sexual, reproductive, and prenatal health in Shreveport is similar to or worse than the state overall, with greater gaps in access for Black/African-American families.

Figure 15: Rates of low birthweight babies are higher for Black Residents (■) than White Residents (●)



When selecting the top five community health problems in the CHNA survey, **Shreveport respondents selected sexually transmitted infections at a rate of 30%, prenatal and infant health at 15%, and reproductive health at 12%**. Community interview and discussions 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. This suggests that community members are seeing challenges in the areas of maintaining their sexual and reproductive health, which is corroborated by external data revealing gaps in prenatal and sexual health.

Behavioral Health

Community members in the Shreveport area saw impacts of the connection between substance abuse and mental health, as well as the impacts on mental health from experiencing violence in the community. **Over half of the survey respondents (55%) of respondents indicated that substance abuse was one of the top 5 health problems in their community**.

Interviews echoed concerns about substance abuse as a major health problem in the Shreveport area. Data from the County Health Rankings on drug overdose (Table 12) 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[13].

Table 11: Substance Use and Mental Health

	Bienville	Bossier	Caddo	Claiborne	DeSoto	Webster	Louisiana
Drug Overdose Mortality Rate (per 100,000)	N/A	14	12	N/A	21	11	31
Mental Health Providers Ratio	324:1	441:1	132:1	916:1	407:1	405:1	290:1

Data in Table 12 describes the ratio of population to mental health providers in the Shreveport community. Access to mental health providers follows the trend that rural communities have greater challenges in accessing affordable, timely, and quality care. Combined with data from community input, this suggests a need for increased attention to mental health services access. Caddo has a relatively low ratio of 1 provider to 132 people, whereas, Claiborne parish has 1 provider for every 916 people.

Most survey respondents have not received mental health services or counseling in the past year (80%). Among those who reported 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 several mentioning that mental health and social isolation had worsened since the COVID-19 pandemic**. Community discussions also highlighted stigma around mental health and the fact that conditions were sometimes misunderstood by the public.

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, interviews, secondary data), with a focus on the social determinants of health.

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

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. The County Health Rankings model was also considered to connect social determinants to health outcomes. Analysis from these three layers of data was then synthesized and produced the following key health concerns in the Shreveport area:

- **Access to care**, especially primary, dental, and eye care; sexual, reproductive, and maternal healthcare; services for seniors, and people with disabilities. Access to care also includes affordability of healthcare, being able to navigate transit issues to attend appointments, and relatively low awareness of telehealth services.
- **Built environment issues** including low access to quality food and concerns about community violence.
- **Health outcomes** relating to key conditions of concern: these include cardiovascular health such as diabetes, hypertension, and obesity, as well as cancer, substance abuse, and mental health.
- **Patient trust and rapport** with medical providers which include experiences of bias or discrimination, concerns about inequities in healthcare, and a lack of awareness about benefits or assistance for healthcare needs.
- **Economic concerns** around basic needs, especially overall cost of living and access to quality food and housing.

Steps to Prioritization

The priority areas that were ultimately approved by the Boards of each Ochsner facility in the Shreveport area were created through facilitated discussion with CHNA Steering Committee Members. The CHNA Steering Committee is a group of system and regional leaders who guide the direction of community health needs assessments and community health implementation plans across Ochsner Health. Committee members represent a diverse set of departments including Community Affairs, DEI, Ochsner Xavier Institute for Health Equity Research, Healthy State, Community Health, Regional Community Benefit Leaders, Treasury, Human Resources, and Academics.

Prioritization occurred through the following steps:

1. CHNA results presented to CHNA Steering Committee members
2. Facilitated discussion narrowed findings to five areas: Access to Healthcare, Health Outcomes, Educating the Next Generation, Economic Development, Community Partnerships
3. CHNA results and CHNA Steering Committee recommendation presented to North Louisiana Boards and approved

Priorities

As a result of this process, the following needs were identified by Ochsner LSU Health Shreveport Academic Medical Center, Ochsner LSU Health Shreveport St. Mary Medical Center, and Louisiana Behavioral Health as top priorities. Brief descriptions are provided in each section.

Access to Healthcare

Barriers to care include access (public transportation and medical transport, appointment availability) and affordability (medical costs) in care. As a result, many community members expressed challenges in accessing primary care, dental care, eye care, and sexual and reproductive health.

Communities that experience more significant challenges in accessing care include older adults and 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.

Health Outcomes & Population Health

Key health conditions of concern include chronic diseases like diabetes, hypertension, obesity, and cancer. In addition to physical health concerns, community members identified behavioral and mental health concerns including substance use, social isolation, and mental health challenges like anxiety and depression. The key health outcomes of concerns for community members can be addressed by improving the social determinants of health, especially neighborhood and built environment and social and community context. Improvements in these categories would include access to green space and physical activity, access to affordable and nutritious foods, community support groups, and increased feelings of safety and security.

Educating the Next Generation

Educating the next generation means helping students from kindergarten to medical school, and the community at large, to access educational opportunities, hands on experiences, tools and mentorship they need to pursue successful careers in fields like healthcare and STEM. By creating a more diverse healthcare workforce, there can be a reduction in health disparities. The CHNA illustrates that low health literacy is a key factor contributing to poor health outcomes in the community. Health literacy impacts patient ability to access care and manage their health. Low levels of educational attainment and poor quality of primary and secondary schools are seen as contributing factors to low health literacy. In addition to a need for improved health literacy among the patient population, there also needs to be increased diversity in providers and staff and increased cultural competency trainings to reduce bias and discrimination in care. There is opportunity to build trust, increase feelings of safety and respect, and provide equity centered care for all patients, especially minority groups that include African-Americans, LGBTQ+ people, and people with disabilities.

Economic Development

Income level is connected to health outcomes. Community participants raised economic concerns around cost of living, jobs, or education, as well as affordability of food and housing. These concerns are evidenced by data on income inequality in the region as well as the high percentage of Asset Limited, Income Constrained, Employed (ALICE) families who live above the poverty line but do not make enough to meet the cost of living. Many community members felt being able to improve access to better jobs and education as well as housing and food could improve overall health.

Community Partnerships

Community needs and challenges require collaborative solutions to improve the physical, mental, emotional, educational, and economic health. Social and community context is one of the pillars of the social determinants of health. Community support and 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. The work of the CHIP and CHNA will be under a unified subcommittee. This will improve the community engagement, leadership, and oversight of the assessment and improvement planning process.

The aforementioned priorities are shown in the figure below.

Access to Healthcare

Transportation - Cost of Care - Availability of Appointments Wraparound Services - Access to Primary Care/Maternal Care/Dental Care - Access for Seniors and Adults with Disabilities

Health Outcomes

Diabetes - Hypertension - Obesity - Cancer - Substance Abuse - Mental Health

Educating the Next Generation

Mental and Behavioral Health Training - DEI and Cultural Competency for Providers - Violence Prevention - Health Literacy

Economic Development

Broadband Access - Housing - Food Access

Community Partnerships

Referral Networks and Community Networks of Support - Community Trust

Next Steps

CHNA Report

The Shreveport regional CHNA will be available to the public via each hospital's website. To request a paper copy of this CHNA report or to provide feedback, please contact:

Jessica Diedling, Associate Program Manager, Community Benefit, Ochsner Health: jessica.diedling@ochsner.org

Transition to Planning and Implementation
Following adoption of the CHNA, the hospital will develop a three-year Community Health Implementation Plan (CHIP) describing how they intend to address the key health concerns identified. The CHIP will include:

- Actions the hospital intends to take to address priority concerns,
- Resources the hospital plans to commit,
- Any planned collaborations, and
- Metrics to track progress.

The accompanying CHIP will be a separate written report, also adopted by the hospital facility.

Acknowledgements

This work was conducted with the guidance, collaborative participation, or input from the following partners:

- **Jessica Diedling** – Director of Community Benefit, Community & Public Affairs, Ochsner Health
- **Beverly Lewis** – Director of Economic Development & Community Initiatives, Ochsner LSU Health, Monroe Medical Center
- **Africa Price** – Assistant Vice President, Government Relations Ochsner LSU Health, North Louisiana
- **Kimberly Lowery** – Vice President, Community & Organizational Strategy, United Way of Northeast Louisiana
- **Kimberly Williams** – Associate Director of Health Initiatives, United Way of Northwest Louisiana
- **Marissa Winters** – Director of Community Impact, United Way of Acadiana

Additionally, the following LPHI team members from the Monitoring, Evaluation, and Learning (MEL) Department led the planning, data collection, analysis, writing, and editing for this report:

- **Sarita Panchang** – Senior Manager
- **Sarah Stoltman** – Coordinator
- **Charles Lehigh** – Analyst
- **Sarah Chrestman** – Senior Manager
- **Erica Spears** – Director
- **Hayley Alexander** – Program Manager
- **John Marc Sharpe** – Communications Director

Finally, we express deep gratitude to all community members and organizations in the Shreveport region who took the time to provide community input for this report.

About the Louisiana Public Health Institute

LPHI is a statewide 501(c)(3) nonprofit public health institute that has proudly served the residents of Louisiana since 1997. As the public health landscape shifts and changes at an ever-quickening pace, LPHI's role is to be both responsive to the immediate public health needs of Louisiana residents and to create an environment for long-term public health improvements. LPHI's mission is to ensure that everyone has fair and just opportunities to be healthy and well, which it strives to achieve through its four strategic plan priority areas: Racial Justice and Health Equity, Partnerships and Collaboration, A Healthier Louisiana, and A Thriving Organization. For more information, visit www.lphi.org.

About United Way of Northeast Louisiana

United Way of Northeast Louisiana envisions a community where all individuals and families achieve their human potential through education, income stability, and healthy lives. United Way of NELA focuses on helping people and improving communities. We rely on experienced volunteers, loyal donors, effective partner agencies, and dedicated staff to help achieve the vision for a better Northeast Louisiana. For more information, visit https://www.unitedwaynela.org/.

Ochsner LSU Shreveport St. Mary Medical Center

Ochsner LSU Shreveport (OLHS) St. Mary Medical Center centered five priorities in the 2021-2023 Community Health Implementation Plan (CHIP): 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 by OLHS. These include puberty and wellness programs for youth, a FAN club nutrition class to combat child obesity in partnership with Caddo Schools and the YMCA, and Kids in the Kitchen, a program to provide tangible skills for healthy eating habits among children. These programs also implemented healthy eating options in local school cafeterias and held an annual 5k race to promote physical activity. To improve the safety of infants and small children, classes for new parents were added which focused on baby safety, childbirth education, breastfeeding, and CPR. There were also classes on car seat safety for new parents which included car seat fittings in vehicles. Finally, a hospital violence intervention program titled PROTECT was initiated for youth 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 2023, the Bossier Multispecialty clinic was also added which provides gynecologic services.

Build patient engagement and community partnerships: The efforts in this priority resulted in deeper partnerships with local community clinics and resource centers such as CASSE, MLK Clinic and Pharmacy Center, and Mary's House Pregnancy Center. At Mary's House, quarterly community baby showers are held that provide health education and resources on safe sleep, breastfeeding, and other requested topics. Other community events were held with a variety of partners to promote health education and provide health screenings. These partners included Gingerbread House Child Advocacy Center, Teen Advisory Council for Community Foundation, Volunteers of America, LOPA, Shreveport Parks and Recreation, The HUB Ministry, The Highland Center and YMCA. Finally, a corporate health program was also started in 2021.

Increase access to care: This step was accomplished by collaborating with the LSU Foundation and the LSU Health Science Center Medical School in Shreveport to increase the number of providers across the region as well as in medically underserved areas in rural locations of North Louisiana. A partnership with Lyft improved the ability to get patients from one hospital to another when services were needed. Finally, the Ochsner LSU Health – Peggy Prescott Community Health Center was also opened in 2023, increasing access to care.

Behavioral Health: In 2021 Louisiana Behavioral Health-Oceans Healthcare became a part of the Ochsner Health System, providing an increase access to mental and behavioral health services. After overwhelming requests from the community, a 12-bed adolescent unit was added as well as a Geriatric unit along with robust adolescent and adult outpatient services.

Ochsner LSU Shreveport Academic Medical Center

Ochsner LSU Shreveport (OLHS) Academic Medical Center centered five priorities in the 2021-2023 Community Health Implementation Plan (CHIP): 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 by OLHS. These include puberty and wellness programs for youth, a FAN club nutrition class to combat child obesity in partnership with Caddo Schools and the YMCA, and Kids in the Kitchen, a program to provide tangible skills for healthy eating habits among children. These programs also implemented healthy eating options in local school cafeterias and held an annual 5k race to promote physical activity. To improve the safety of infants and small children, classes for new parents were added which focused on baby safety, childbirth education, breastfeeding, and CPR. There were also classes on car seat safety for new parents which included car seat fittings in vehicles. Finally, a hospital violence intervention program titled PROTECT was initiated for youth aged seventeen and under.

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Appendix B: Local Resources Mentioned by Participants in Shreveport

Name of Organization	Focus Area	Description
David Raines clinics	Access to healthcare (general)	These are local Federally Qualified Health Centers (FQHC's) providing primary care and other services to low-income, underserved, and uninsured families across six locations in five cities in Northwest Louisiana.
Local Parish Health Unit	Access to healthcare (general)	Provides services for WIC and breastfeeding, family planning & pregnancy, sexually transmitted infections (STI's), nutrition, and immunization needs.
Philadelphia Center	HIV care	Clinic providing free HIV testing & medication, access to supportive housing, and syringe services, among others.
Office of Community Support	Behavioral health	Provides mental health, housing, and addiction support services for families in North Louisiana.
The Bridge	Alzheimer's and Dementia care	Alzheimer and Dementia resource center.
Families helping Families	People with disabilities	Provides services and referrals for families with disabilities.
Department of Child and Family Services	Child services	The local Department of Child and Family Services in Shreveport provides services for child welfare, abuse prevention, and other assistance for families.
Joe LeBlanc Pantries	Food access	Food pantry serving the City of Minden and Webster parish.
Local Council on Aging	Senior care	These programs offer meal services and delivery, transportation assistance, SNAP application assistance, and caregiving services along with education and recreation options for seniors.
211 (hosted by United Way of NWLA)	Connection to resources	Multi-lingual, 24 hour a day call line allowing community members to speak with a referral specialist for resources. Provides access to an accurate database of public and community-based resources available.
TRIO Educational Opportunity Center at	Education	Provides free educational outreach including for GED programs, vocational schools, and other post-secondary options
Southern University of Shreveport, Louisiana	Education	A junior college in Shreveport, Louisiana. It is part of the historically black Southern University System
Free cell phone services	Technology access	For those qualifying for the Affordable Connectivity Program, free cell phone services are available through a number of local carriers and were mentioned in several interviews.
Mercy's Closet	Social & economic assistance	Thrift store and nonprofit organization selling discounted clothing, appliances, linens, décor, and other home goods.
United Christian Assistance Program (UCAP)	Social & economic assistance	Provides emergency food, shelter, utility, and rental assistance and resources for those impacted by disasters, largely in Webster parish.
Utility bill payment assistance	Social & economic assistance	This broad service was described by multiple interviewees and may refer to the Caddo Community Action program with David Raines clinics, gas and rent assistance with Catholic Charities of North Louisiana, Life Needs Financial Assistance with Helping Hands for Freedom, or the Shreveport Water Assistance program (SWAP) with the City of Shreveport.

Appendix C: Assessment Approach

LPHI was contracted by Ochsner Health to lead the assessment for the following Ochsner facilities:
Ochsner LSU Shreveport St. Mary Medical Center
Ochsner LSU Shreveport Academic Medical Center
Louisiana Behavioral Health

LPHI followed a modified version of the Community Improvement Cycle to guide the assessment process from April to June 2024.

Primary data collection for the CHNA includes data from 445 survey responses, 11 interviews, and notes from several community input sessions and town halls.

In defining the community, Ochsner and United Way partners decided that the community of focus should include those beyond the core metro parishes where the facilities are located and to include rural parishes from where people frequently travel to seek out health services in Shreveport. As such, it was decided that the community would include all residents of Bossier, Bienville, Caddo, Claiborne, De Soto, and Webster parishes.

Appendix D: Methodology

The methodology was driven by a focus on social determinants of health and by emphasizing community collaborations. LPHI utilized mixed methods to understand and document community input by triangulating primary qualitative data from CHNA interviews and group discussions, primary data from a survey developed for the CHNA, and secondary data gathered from external sources. As the lead technical assistance provider, LPHI developed protocols and CHNA instruments and conducted analysis. As part of the collaborative process, United Way of Northwest Louisiana participated in group cohort calls, provided community expertise in defining the community, and led data collection activities in the community.

CHNA Instruments

After contract negotiations took place to develop agreements between partners, LPHI drafted CHNA instruments drawing from items that had been shared by partners and other publicly available CHNA resources online. The survey and interviews were developed to consider Ochsner's Healthy State Priorities and prioritize the social determinants of health, and were revised based on feedback from Ochsner and United Way partners.

Survey: 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. Because of the broad nature of survey distribution, any survey response from Region 7 was included in the Shreveport regional analysis. At the conclusion of data collection, there were a total of 445 surveys with 11 interviews from Shreveport.

Interviews and focus groups: Interview participants included community members, local leaders, and public health officials. Eleven interviews were conducted for the Shreveport area and included Bossier, Caddo, 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 carried multiple roles in addition to their primary one, having served in education or conducted health assessments for program eligibility, for instance.

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.

Secondary data: LPHI drew from secondary sources to complement the findings of the community input process. This secondary data included demographic data[1] from the American Community Survey[2], financial vulnerability data from United Way's ALICE tool[3], health and behavioral data from County Health Rankings[4], and environmental risk data from the EPA's EJScreen tool[5]. Data was extracted at the parish level, using Louisiana state average for comparison. The full list of secondary sources and description can be found in Appendix F.

Appendix D: Methodology

The following Shreveport organizations provided community input as a part of the CHNA process:

Bienville Parish School Board
Bossier Council on Ageing
Bossier Parish Public Schools
Caddo Parish Division of Family & Community Engagement
Caddo Parish Juvenile Court
Caddo Parish Public Schools
City Council for District 4 and 5
Claiborne Memorial Medical Center
Community Renewal International
Compassion for Lives
Crawford Elementary School leadership, Bienville Parish
Families Helping Families, Region 7
Foster Johnson Health Center, Grambling State University
Gingerbread House Child Advocacy Center
Goodwill Industries of North Louisiana
Humana
Louisiana Behavioral Health
Louisiana Healthcare Connections
Mary's House Pregnancy Care Center
Mercy's Closet, Minden, LA
MLK Health Center & Pharmacy
Northwest Louisiana Pregnancy Care Center
Ochsner St. Mary's Medical Center
Philadelphia Center
Shreveport-Bossier Rescue Mission
The Hub Urban Ministries
Volunteers for Youth Justice
YMCA of Northwest Louisiana

[1] 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.
[2] 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.
[3] United for ALICE. Louisiana Overview. https://www.unitedforalice.org/state-overview/Louisiana
[4] University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.
[5] 2024 version. EJScreen. Retrieved: April 22, 2024, from https://ejscreen.epa.gov/mapper/.

Appendix E: CHNA Survey Results

The following table displays survey questions and responses as they appeared in the Shreveport 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 select the 5 items that you think are the top 5 health problems in your community.	**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 select the 5 items that you think are the top 5 social problems in your community.	**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 <u>select the 5 items</u> that you consider the <u>most positive aspects of your community</u>.	**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 <u>select the three environmental factors</u> 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%

Appendix F: Secondary Data Sources

Section	Focus Area	Measure Description	Source	Year	Accessed Via
Demographics	Age*	Median Age	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Age*	Percent under 18 years old	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Age*	Percent 65 years and over	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent African American/ Black	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent White	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent American/Indian Alaska Native	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent Asian	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent Other Race	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent Hispanic Ethnicity	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Percent who Speaks a language other than English	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Demographics	Race/ethnicity*	Total Population	American Community Survey, 5-yr estimates	2017-2022	US Census Bureau
Social and Economic Factors	Income and Poverty	Percent of ALICE Households	ALICE threshold, American Community Survey	2010-2021	United for ALICE, 2023
Social and Economic Factors	Income and Poverty	Children in poverty (by race)	Small Area Income and Poverty Estimates; American Community Survey, 5-yr estimates	2018, 2018-2022	County Health Rankings, 2024
Social and Economic Factors	Income and Poverty	Income Inequality	American Community Survey, 5-yr estimates	2018-2022	County Health Rankings, 2024
Physical and Social Environments	Built Environment & Food Access	Food Environment Index	USDA Food Environment Atlas; Map the Meal Gap from Feeding America	2019 & 2021	County Health Rankings, 2024
Physical and Social Environments	Violence and Community Safety	Firearm Fatality Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census	2017-2021	County Health Rankings, 2024

* Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

			Population Estimates Program		
Physical and Social Environments	Broadband Access	Percent of Households with Broadband Access	American Community Survey, 5-year estimates	2018-2022	County Health Rankings, 2024
Physical and Social Environments	Climate and Natural Environment	Superfund Site Proximity- State Percentile	EPA	2022	EPA EJScreen
Physical and Social Environments	Climate and Natural Environment	Waste Water Discharge- State Percentile	EPA	2020	EPA EJScreen
Clinical Care	Overall Health	Preventable hospital stays rate for ambulatory-care sensitive conditions (by race; per 100,000 Medicare enrollees)	Mapping Medicare Disparities Tool	2021	County Health Rankings, 2024
Clinical Care	Barriers to Health	Primary care physician ratio	Area Health Resource File/American Medical Association	2021	County Health Rankings, 2024
Health Behaviors & Outcomes	Overview	Life Expectancy	National Center for Health Statistics - Natality and Mortality Files; Census Population Estimates Program	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Smoking & Cancer	Percent Adults Reporting Currently Smoking	Behavioral Risk Factor Surveillance System	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Smoking & Cancer	Percent of female Medicare enrollees aged 65-74 with Annual mammogram (by race)	Mapping Medicare Disparities Tool	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Heart Disease, Obesity & Diabetes	Percent Adults with Obesity	Behavioral Risk Factor Surveillance System	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Heart Disease, Obesity & Diabetes	Percent Physically Inactive	Behavioral Risk Factor Surveillance System	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Reproductive & Sexual Health	Chlamydia Rate (per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Reproductive & Sexual Health	Teen Birth Rate (per 1,000)	National Center for Health Statistics - Natality Files; Census	2016-2022	County Health Rankings, 2024

* Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.

			Population Estimates Program		
Health Behaviors and Outcomes	Reproductive & Sexual Health	Rates of low birthweight (by race)	National Center for Health Statistics - Natality Files	2016-2022	County Health Rankings, 2024
Health Behaviors and Outcomes	Behavioral Health	Drug Overdose Mortality Rate (per 100,000)	National Center for Health Statistics - Mortality Files; Census Population Estimates Program	2019-2021	County Health Rankings, 2024
Health Behaviors and Outcomes	Behavioral Health	Mental Health Providers Ratio	CMS, National Provider Identification	2023	County Health Rankings, 2024

* Note that Louisiana state level demographic indicators are derived from the 2020 Census, whereas parish demographic indicators are from the 2017-2022 American Community survey.