



Ochsner
St. Mary

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Ochsner St. Mary

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The Metropolitan Hospital Council of New Orleans (MHCNO) contracted with the Louisiana Public Health Institute (LPHI) to develop Community Health Needs Assessment (CHNA) and accompanying Community Health Improvement Plan (CHIP) reports for participating hospitals across the area.

This report serves as the 2021 CHNA report for Ochsner St. Mary, which defined their community served as St. Mary Parish. This report summarizes the findings for St. Mary Parish and describes the health needs identified as top priorities.

LPHI used a collaborative mixed methods approach to determine significant needs and concerns in the community. Community input was gathered through interviews, focus groups, and an electronic survey, with a particular focus on those with special knowledge of public health and representatives of vulnerable populations in the communities served by the hospital. Community input drove the determination of significant concerns for this CHNA and therefore the priorities.

The CHNA revealed seven significant concerns in St. Mary Parish: access to and continuity of care, mental and behavioral health, health equity and discrimination in healthcare, poverty and economic opportunity, education & health literacy, environmental factors, and infrastructure factors. As a result of the CHNA prioritization process, the hospital identified five community health needs noted below as top priorities.

ACCESS TO AND CONTINUITY OF CARE

Concerns about access to care were evident among the community. Barriers to care in the community include insurance issues (limited options based on payor, uninsured rates), and inadequate access to specialists and preventive care. There was also a perception that local facilities provided low quality care compared to facilities in larger cities. Past experiences of discrimination from healthcare providers negatively affect the willingness of some individuals in the community to seek care.

HEALTH EQUITY AND DISCRIMINATION IN HEALTHCARE

Health equity and discrimination in healthcare affects patient engagement, access to care, and quality of care. Participants raised examples of healthcare systems discriminating based on race, language, immigration status, sexual orientation, and gender identity/expression. Previous experiences of discrimination contribute to a lack of trust in the healthcare system at the personal and community levels. Lack of diversity in the healthcare workforce was identified as a factor that leads to discrimination.

POVERTY AND ECONOMIC OPPORTUNITY

Lack of economic opportunities was described by assessment participants as a significant issue affecting the health of their community. They felt that most people in the community did not make enough money to meet their basic needs. Jobs were only available in certain industries, such as petroleum and sugarcane, and the jobs that are available often do not provide benefits, such as health insurance, to workers. Many young people from the area chose to leave to pursue professional careers. Data show that economic issues disproportionately impact people of color in St. Mary Parish.

EDUCATION AND HEALTH LITERACY

The CHNA illustrates that low health literacy is a key factor contributing to poor health outcomes in the community for both children and adults. Health literacy affects patients' 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 the community. Participants felt that local schools should be doing more to address the physical and behavioral health needs of their students. Additionally, low health literacy among adults can make it difficult for healthcare providers and public health agencies to effectively communicate important health messages.

MENTAL AND BEHAVIORAL HEALTH

The CHNA revealed mental health conditions as a major problem in the community. Despite the prevalence of these issues, community members said that access to treatment for mental health conditions was severely lacking, including no outpatient treatment and no in-patient facilities for children or adolescents. Community members noted that people with co-occurring physical and mental health conditions struggled to get adequate treatment for both. Shame and stigma also affect access to behavioral health services, particularly for the aging, Black, and Vietnamese populations in the community. Isolation and lack of social support have grown in the community due to the COVID-19 pandemic.

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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\(r\)\(3\)](#) requirements include having an authorized body at the hospital facility 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 immediately preceding CHNA.²

This CHNA was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. COVID-19 continues to pose high risks for all communities, affecting all aspects of how people live, work, and play.

ASSESSMENT APPROACH

Nineteen hospitals eager to collaborate through the CHNA and CHIP processes contracted with LPHI via MHCNO, which is part of the Louisiana Hospital Association (LHA). 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 health assessments and implementation strategies based on health equity and population health strategies.

According to the Centers for Disease Control and Prevention (CDC), the **social determinants of health** are “conditions in the places where people live, learn, work, and play” that can affect a person’s health risks and outcomes. They consist of factors such as economic and educational opportunity, access to transportation and housing, the quality of the natural environment, and access to and quality of healthcare.³ This assessment focuses on themes that relate to social determinants of health, organized by those that proved most salient from the data.

¹Hospital 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 health care facilities, which is separate from this report.

²<https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3>

³Centers for Disease Control and Prevention. (2021). About Social Determinants of Health. Retrieved from <https://www.cdc.gov/socialdeterminants/about.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 racism has impacted social determinants of health for communities of color, driving health inequities and placing communities of color at increased risk for poor health.⁴ By applying a health equity framework, this assessment seeks to move beyond identifying health disparities, to uncovering and understanding the drivers, including racism, which produce inequities in health outcomes.

LPHI uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity frameworks. Collaboration and engagement are central to LPHI's process. The gathering of input representing the broad interests of the community occurred through four modes: an online survey, focus groups, interviews, and data review meetings (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). Validated secondary data was also analyzed and incorporated to corroborate these findings. See Appendices C and D for details on the assessment approach and methodology, respectively.

USING THIS CHNA

This document serves as the 2021 CHNA report for Ochsner St. Mary. Located in the heart of Morgan City, Ochsner St. Mary is a 164-bed acute care facility providing quality medical services to the people of St. Mary Parish and surrounding areas. A healthcare leader in the community, the staff is committed to delivering quality healthcare with a constant commitment to quality measures and patient satisfaction. Ochsner Health assumed management of Ochsner St. Mary, formerly known as Teche Regional Medical Center, in 2019. Health assessments facilitate strategic data collection and analysis to understand where and why health outcomes differ across a parish, how a variety of health factors combine to influence these outcomes, and how policies and programs are supporting — or restricting — opportunities for health for all. Final CHNA reports are available via hospital websites for future reference, feedback, and use by the public.

This CHNA serves multiple purposes:

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

⁴Centers for Disease Control and Prevention. (2021). Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

DEFINING THE COMMUNITY

For this assessment, Ochsner St. Mary defines their community as the geographic area where most (over 50%) of their patients reside, which includes St. Mary Parish. This community includes medically underserved, low-income, and minority populations.

The population of St. Mary Parish is described in the figures below.⁵

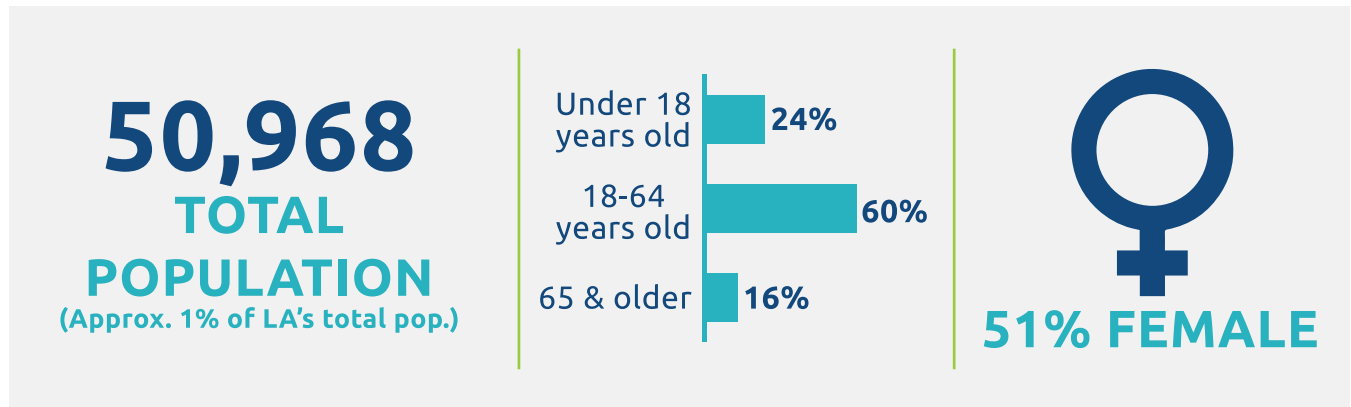


Table 1 shows demographics of St. Mary Parish compared to Louisiana. St. Mary Parish is predominately non-Hispanic White. The percent of Hispanic residents is slightly higher in St. Mary Parish (7.0%) than state levels (5.1%).⁶ The percent of the population that lives in a rural area in St. Mary Parish (13.0%) is lower than that of Louisiana (26.8%).⁷

TABLE 1:
DEMOGRAPHICS OF ST. MARY PARISH COMPARED TO LOUISIANA

Community	% non-Hispanic White	% non-Hispanic Black	% non-Hispanic Asian	% Hispanic	% Rural
St. Mary	56.1%	30.3%	1.4%	7.0%	13.0%
Louisiana	58.7%	32.0%	1.7%	5.1%	26.8%

⁵American Community Survey. (2015-2019).

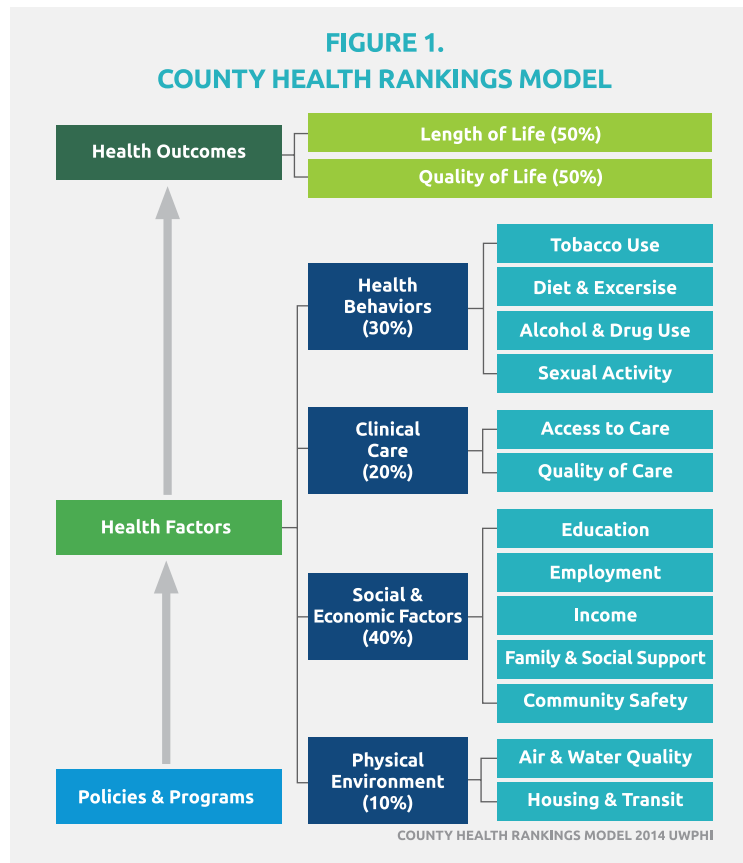
⁶American Community Survey. (2015-2019).

⁷Census Population Estimates. (2010). Retrieved from County Health Rankings, 2021.

KEY FINDINGS FROM ST. MARY PARISH

Below are quantitative (community survey and secondary data) and qualitative (interviews) findings from St. Mary Parish. Parish-level findings are presented with Louisiana data as a baseline. It is important to note that **Louisiana is ranked 50th in health outcomes** according to the 2020 America's Health Rankings Report.⁸

The findings are organized into four sections: social and economic factors, physical environment, clinical care (which is comprised of access to and quality of care), and health behaviors and outcomes. Many of these findings align with the County Health Rankings Model (Figure 1).⁹



SOCIAL AND ECONOMIC FACTORS

Many factors outside of clinical care affect the health of residents and communities in St. Mary Parish. Qualitative participants and survey respondents indicated the importance of social and economic factors, such as poverty and economic opportunities, education and health literacy, and crime and violence.

POVERTY AND ECONOMIC OPPORTUNITIES

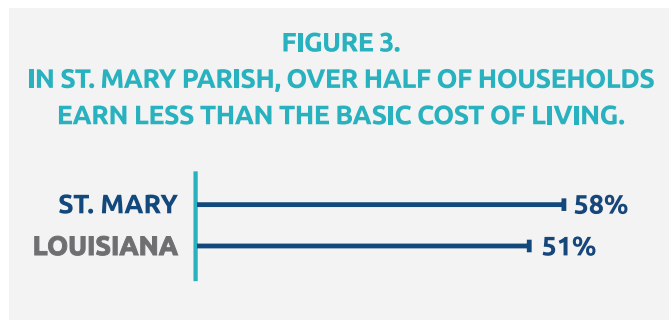
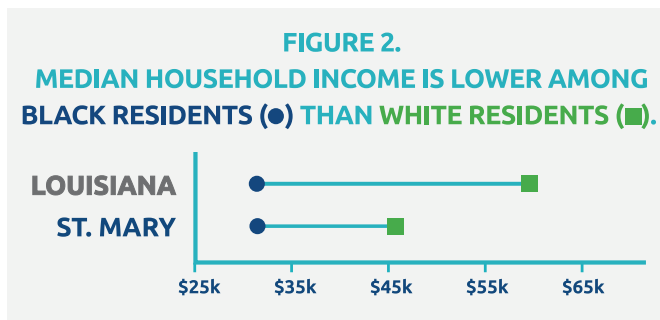
71% OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, "ALL WORKERS IN MY COMMUNITY MAKE MINIMUM INCOME NECESSARY TO MEET BASIC NEEDS."

⁸United Health Foundation. (2021). America's Health Rankings 2020 Annual Report. Retrieved from <https://www.americashealthrankings.org/learn/reports/2020-annual-report>

⁹County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

International and national research connects poverty to ill-health.¹⁰ Qualitative participants indicated that **inequities in wealth and economic opportunity are key factors driving adverse health outcomes**. Several qualitative participants described St. Mary as a generally impoverished parish, but also expressed that there are geographical disparities within St. Mary Parish. For example, they shared that jobs and money are concentrated on the west side of the parish, while there is more poverty and less economic opportunity on the east side. Secondary data show that there is also income inequity by race (Figure 2), with Black residents earning about \$31,000 compared to about \$46,000 for White residents in St. Mary Parish.¹¹

MEDIAN HOUSEHOLD INCOME IS LOWER IN ST. MARY PARISH (\$40,918) COMPARED TO LOUISIANA (\$51,108). ADDITIONALLY...



Qualitative participants shared that **economic opportunities in St. Mary Parish are limited** and there are few jobs outside the petroleum and sugarcane industries. They expressed that many of the jobs that are available are not salaried or do not provide benefits, leaving many people uninsured or unable to take off work to visit the doctor. Furthermore, qualitative participants said that younger people who have obtained an education or established careers tend to leave the area to pursue better job opportunities. Thus, the knowledge of those young professionals is not retained to better St. Mary Parish.

“The out-migration of young professionals is always a challenge... If they get their education and then move away to a larger urban area that feels like it has more opportunity, that’s unfortunate because there goes some of that knowledge that could be harnessed for improvements in health.” - Public Health Expert

Qualitative participants explained that limited wealth and economic opportunities mean that residents of St. Mary Parish often need to rely on social services or public assistance, especially the elderly. However, some participants expressed that **there are many barriers to accessing social services**. For example, qualitative participants described the application processes for these services as lengthy and deter people from applying. Additionally, community members, including the elderly, may be told their income is a little too high to receive services, such as food stamps or assistance with electricity. Finally, other community members may not apply for public assistance because of associated stigma. Concerns about the need for social services is supported by secondary data, which show that **58% of households in St. Mary Parish earn less than the basic cost of living** (Figure 3).¹²

¹⁰Wagstaff, A. (2002). Poverty and health sector inequalities. Retrieved at <https://www.scielosp.org/article/bwho/2002.v80n2/97-105/en/>

¹¹Small Area Income and Poverty Estimates. (2019). Retrieved from County Health Rankings, 2021.

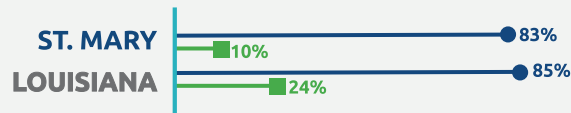
¹²ALICE Threshold, American Community Survey. (2007-2018). Retrieved from ALICE Parish Profiles, 2018

EDUCATION AND HEALTH LITERACY

46% OF SURVEY RESPONDENTS DISAGREED
WITH THE STATEMENT, **“ALL CHILDREN IN MY COMMUNITY**
RECEIVE HIGH QUALITY EDUCATION.”

Higher educational attainment is linked to greater life expectancy, as well as other positive health outcomes.¹³ Secondary data show that in St. Mary Parish the percent of the population with high school degrees and those with Bachelor’s degrees are below state averages (Figure 4).¹⁴ Qualitative participants shared that community members who have worked in manual labor their entire lives may not have high levels of educational attainment.

FIGURE 4.
IN ST. MARY PARISH, THE POPULATION WITH A HIGH SCHOOL DEGREE OR HIGHER (●) AND THE
POPULATION WITH A BACHELOR’S DEGREE OR HIGHER (■) IS LOWER THAN THE LOUISIANA AVERAGES.



Survey respondents and qualitative participants also expressed concerns about the quality of K-12 education in St. Mary Parish. Qualitative participants emphasized the needs of Spanish-speaking students and better hiring practices in school districts.

Participants also expressed concern that **limited educational attainment may contribute to low health literacy**. A non-governmental organization (NGO) director shared that many older adults do not read and write, but they will not share that with others, so it is challenging to put out health education information that can be understood by this population. Qualitative participants recommended teaching health literacy to young people to address these issues.

“Most of my people are not educated and we have a very large diabetes population, very large COPD population. Obesity, I think we’re at the top of the state because of our lifestyle. So, **there’s a lot of misunderstanding about health needs and how to stay healthy.” - NGO Director**

CRIME AND VIOLENCE

Though the violent crime rate in St. Mary Parish is lower than the Louisiana rate,¹⁵ qualitative participants elevated concerns about crime and violence in their communities (see Appendix F for additional secondary data). Participants shared that there has been an increase in domestic violence in St. Mary Parish during the COVID-19 pandemic. Additionally, they expressed that **fear of crime can deter community members from spending time exercising outdoors**. For example, qualitative participants mentioned that, though there are nice walking trails and parks in St. Mary Parish, not everyone feels safe using them due to increased gun violence.

¹³Zajacova, A. & Lawrence, E.M. (2018). The relationship between education and health: reducing disparities through a contextual approach. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5880718/>

¹⁴American Community Survey. (2015-2019).

¹⁵FBI Uniform Crime Reports. (2015-2019). Retrieved from CARES HQ, 2021

“We’re going through a very bad period of gun violence all over the parish... One of our seniors was killed, and she was an innocent victim... That has scared everybody to death.” - NGO Director

PHYSICAL ENVIRONMENT

The physical environment consists of both infrastructure factors and the natural environment in which people live. Barriers in the physical environment can affect health and well-being.¹⁶ Qualitative participants and survey respondents emphasized poor infrastructure factors, such as transportation and housing. They also discussed how flooding and pollution affects community health in St. Mary Parish.

TRANSPORTATION

84% OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, “ALL PEOPLE HAVE ACCESS TO RELIABLE PUBLIC TRANSPORTATION IN MY COMMUNITY.”

Qualitative participants and survey respondents pointed to transportation as a significant issue facing St. Mary Parish. Qualitative participants explained that, because there are few healthcare specialists available in the area, community members must travel long distances to access care. They shared that **community members living in rural areas, especially older adults, face significant challenges accessing healthcare because of transportation.** Qualitative participants shared that there is no local bus system in St. Mary Parish, only a regional bus that passes through a couple of times per week. Additionally, though participants mentioned that free transportation for healthcare is sometimes available, these services have limited times (no nights and weekends) and creates another barrier to accessing care.

“We have [a] lack of transportation getting them to the doctor. We have a lot of people that... can’t get out and get to the doctor, and therefore, they don’t have the medical care that they really need.” - NGO Director

HOUSING

71% OF SURVEY RESPONDENTS DISAGREED WITH THE STATEMENT, “ALL PEOPLE IN MY COMMUNITY LIVE IN SAFE, AFFORDABLE HOUSING.”

Research shows that residents facing housing insecurity are more likely to delay care and report poor health status than residents with stable housing.¹⁷ Qualitative participants and survey respondents expressed that affordable housing is an issue in St. Mary Parish. Secondary data show that prior to the pandemic nearly one-quarter of households in St. Mary Parish are housing cost burdened, meaning that they spend 30% or more of their income on housing costs (Figure 5).¹⁸ Qualitative participants also mentioned that there is a greater percentage of Black people living in low-income housing. They explained that there is limited access to federal housing assistance programs, such as Section 8, which may worsen with the end of the current eviction moratorium put in place due to the COVID-19 pandemic.

¹⁶County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

¹⁷Stahre M, VanEenwyk J, Siegel P, Njai R. (2011). Housing Insecurity and the Association with Health Outcomes and Unhealthy Behaviors. Retrieved at https://www.cdc.gov/pcd/issues/2015/14_0511.htm

¹⁸American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021

FIGURE 5.
IN ST. MARY PARISH, NEARLY ONE-QUARTER OF
HOUSHOLDS ARE HOUSING COST BURDENED.



Additionally, qualitative participants were concerned about **a lack of stable and safe housing in St. Mary Parish, especially for older adults and children.** They expressed that there are housing concerns for community members who live on family land, as it is often not clear who owns the land and they could be kicked off. Concerns around quality of housing, such as working air conditioning and plumbing, were also raised.

FLOODING AND POLLUTION

Qualitative participants shared their concerns about the impact of flooding and environmental pollution on community health in St. Mary Parish. They stated that flooding is an issue, though parish leadership is working to address it. Qualitative participants explained that **flooding impacts health, as it may cause community members to cancel appointments or delay healthcare.** Note that data collection for the assessment occurred prior to Hurricane Ida, which made landfall on August 29, 2021, so information on its effects and recovery are not reflected.

Qualitative participants also expressed concerns about environmental pollution, including the effect of the sugarcane harvest on air quality and toxic soil in land that used to be garbage dumps. They explained that this **environmental pollution leads to health issues such as respiratory problems and high rates of cancer.**

“When the sugarcane starts being cut and brought to grinding, it’s terrible... Everybody just stays in almost. And then when they burn the sugarcane, that’s another problem.” - NGO Director

CLINICAL CARE

Access to affordable, high-quality clinical care can improve the health and wellbeing of communities through prevention and detection of diseases.¹⁹ This section will also include discrimination in healthcare, which was emphasized by qualitative participants and can contribute to inequitable health outcomes.

¹⁹County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

ACCESS TO CARE

43% OF SURVEY RESPONDENTS DISAGREED
WITH THE STATEMENT, **“EVERYONE IN MY COMMUNITY
CAN ACCESS THE HEALTH CARE THEY NEED.”**

Qualitative participants emphasized that **limited availability of providers and time-related issues can inhibit access to care** in St. Mary Parish:

- There are few specialists, so patients must travel long distances for care, such as to Thibodeaux or New Orleans.
- Specialists for certain populations, such as pediatric patients with special needs, are not available in the area.
- Hospitals are understaffed and will not see patients after the early afternoon, creating additional barriers to accessing care for working people.

Concerns about availability of providers are supported by the secondary data, which show that **there are fewer primary care providers, dentists, and mental health providers per capita in St. Mary Parish compared to the state rate** (Figure 6).^{20, 21}

Figure 6. There are fewer providers (per 100,000 population) in St. Mary Parish compared to Louisiana.

	St. Mary	Louisiana
Primary care physicians	54	68
Dentists	39	56
Mental health providers	126	304

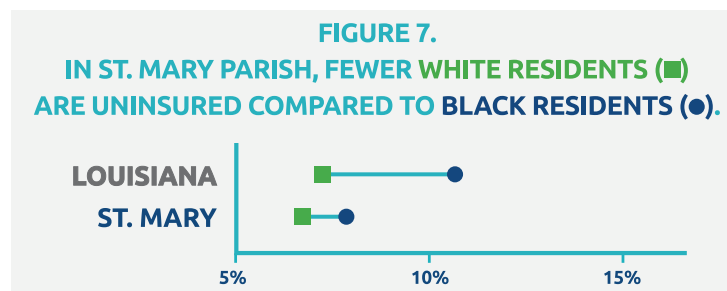
Qualitative participants also elevated issues with insurance as major barriers to accessing care. They shared that Medicaid expansion helped increase access to insurance, but there are still issues with Medicaid, such as limits on home health and pediatric specialties. Qualitative participants also expressed that **there are community members that are underinsured**. They said that private insurance is unaffordable to many due to high deductibles and co-pays. Secondary data show that there are inequities in who has access to insurance. In St. Mary Parish, a higher percentage of Black residents are uninsured compared to White residents (Figure 7) and a higher percentage of Hispanic residents are uninsured compared to non-Hispanic residents of any race (Appendix F).²²

“We have to go to bigger cities like Baton Rouge or Lafayette if we need anything other than primary care.” – Behavioral Health Provider

²⁰Area Health Resource File, American Medical Association. (2018, 2019). Retrieved from County Health Rankings, 2021

²¹CMS, National Provider Identification. (2020). Retrieved from County Health Rankings, 2021

²²American Community Survey. (2015-2019). Retrieved from CARES HQ, 2021.



Additionally, participants shared that other healthcare costs may prevent community members from accessing care; they gave the example of older community members who forego medical care and do not pick up their medications due to high costs.

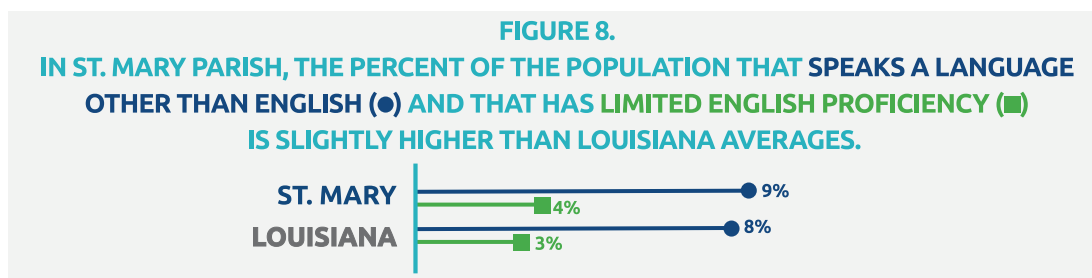
QUALITY OF CARE

Qualitative participants shared concerns about the quality of healthcare and patient engagement in St. Mary Parish. They expressed that providers do not spend enough time with patients, which can negatively affect patient experience. Finally, qualitative participants expressed that community members may have negative perceptions of hospitals that pre-date their current administrations. Although participants recognized that current hospital administrations are working to change these reputations, **community members remain hesitant to use the hospitals where they had negative experiences in the past.**

DISCRIMINATION IN CARE

Discrimination in healthcare affects individuals' access to quality care as well as their willingness to seek care to begin with,²³ and was an issue elevated by qualitative participants. They shared that **communities of color may not trust doctors and the healthcare system due to prior negative experiences.** Qualitative participants explained that this is further complicated by the lack of staff diversity in healthcare settings. For example, community members may avoid certain hospitals due to the lack of providers that are from their same racial/ethnic group.

Qualitative participants expressed that **language-minority communities, especially Spanish- and Vietnamese-speaking populations, face additional barriers in accessing care.** They raised concerns that there are insufficient bilingual providers and interpreters available in healthcare settings, and therefore language-minority patients may not be receiving the crucial health information they need. In St. Mary Parish, the percent of the population that speaks a language other than English and that has limited English proficiency is higher than Louisiana averages (Figure 8).²⁴ Finally, qualitative participants shared that the Hispanic community, especially those who are undocumented, experience discrimination in the wider community in St. Mary Parish, which may discourage them from seeking healthcare.



²³Irena Stepanoikova and Gabriela Oates. (2017). Perceived Discrimination and Privilege in Health Care: The Role of Socioeconomic Status and Race. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5172593/>

²⁴American Community Survey. (2015-2019).

Participants discussed the need for more local diverse voices to be brought into healthcare discussions, such as from Chitimacha, Black, Hispanic, and Vietnamese communities. It was also recommended that hospitals could go to or participate in events held by these communities.

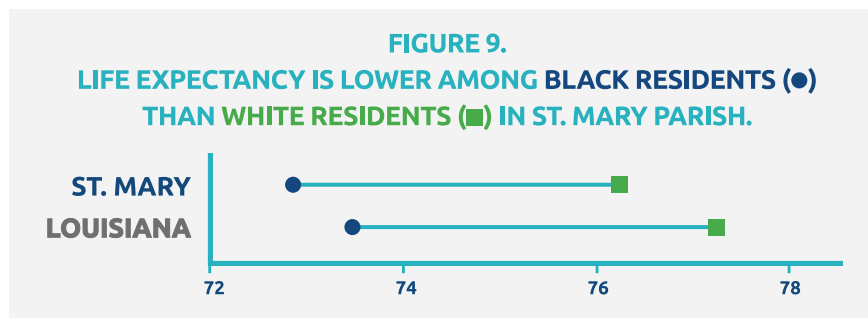
HEALTH BEHAVIORS AND OUTCOMES

Health behaviors, or the actions people take that affect their health, can affect individuals' risk of disease. Health outcomes reflect the physical and mental well-being of communities.²⁵ Health behaviors and outcomes emphasized by qualitative participants and survey respondents, as well as supported by analysis of secondary data, include behavioral health, obesity, physical inactivity, tobacco use, diabetes, heart disease, cancer, and COVID-19.

Communities of color are often at greater risk for poor health outcomes because of inequitable access to social and economic opportunities,²⁶ as shown in previous data on social determinants of health in St. Mary Parish. One important measure of health is average life expectancy. St. Mary Parish has a lower average life expectancy than that of Louisiana.²⁷

Within St. Mary Parish, there are significant disparities in life expectancy by race. **In St. Mary Parish, Black residents have an average life expectancy of 73 years, compared to 76 for White residents** (Figure 9).²⁸

AVERAGE LIFE EXPECTANCY IS 75 YEARS OF AGE IN ST. MARY PARISH. HOWEVER,



²⁵County Health Rankings. (2021). County Health Rankings Model. Retrieved from <https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model>

²⁶Centers for Disease Control and Prevention. (2021). Racism and Health. Retrieved from <https://www.cdc.gov/healthequity/racism-disparities/index.html>

²⁷National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

²⁸National Center for Health Statistics- Mortality Files. (2017-2019). Retrieved from County Health Rankings, 2021

BEHAVIORAL HEALTH

NEARLY 7 IN 10 SURVEY RESPONDENTS
REPORTED THAT **MENTAL HEALTH CONDITIONS** ARE A
MAJOR PROBLEM FOR THEIR COMMUNITY.

Behavioral health, particularly the effects of **isolation** and **stigma** on mental health, was a key concern shared by qualitative participants and survey respondents. Qualitative participants noted that limited socialization and community events during the COVID-19 pandemic led to increased isolation and depression in St. Mary Parish, especially among older adults. They shared that **bullying**, especially on social media, is a driver for mental health concerns among children and teens.

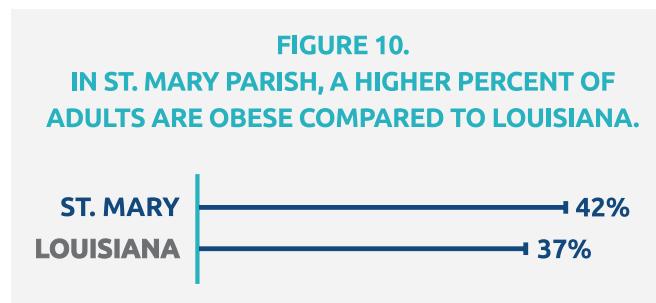
Additionally, qualitative participants shared that there is stigma around accessing mental healthcare, especially in certain communities like the Black, Vietnamese, and older adult communities. One qualitative participant said that community members may avoid seeking mental healthcare because “they don’t want to be marked as crazy.” Additional secondary data on behavioral health outcomes can be found in Appendix F.

“My mom would always say... you only talk to God about it, go talk to the Lord... But as an adult I realized you need to go talk to somebody. So I’ve had to go reach out and seek some mental health just for my wellbeing. And so, **I think it’s the stigma of letting someone else know your problems.**” - School Employee

OBESITY

NEARLY 9 IN 10 SURVEY RESPONDENTS
REPORTED THAT **WEIGHT MANAGEMENT** IS A
MAJOR PROBLEM FOR THEIR COMMUNITY.

Obesity is associated with increased risk for leading causes of death, including diabetes, heart attack, stroke, and different types of cancers. Obesity results from a combination of factors, including behaviors and environmental factors such as access to walking trails and healthy foods.²⁹ **In St. Mary Parish, 42% of adults are obese, compared to 37% in Louisiana** (Figure 10).³⁰

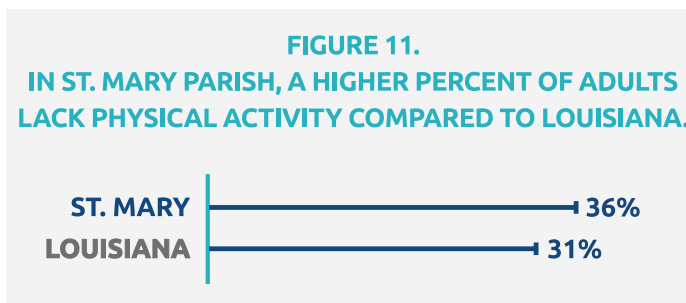


²⁹Centers for Disease Control and Prevention. (2021). Adult Obesity Causes & Consequences. Retrieved from <https://www.cdc.gov/obesity/adult/causes.html>
³⁰Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

PHYSICAL INACTIVITY

NEARLY 6 IN 10 SURVEY RESPONDENTS
REPORTED THAT **PHYSICAL INACTIVITY** IS A
MAJOR PROBLEM FOR THEIR COMMUNITY.

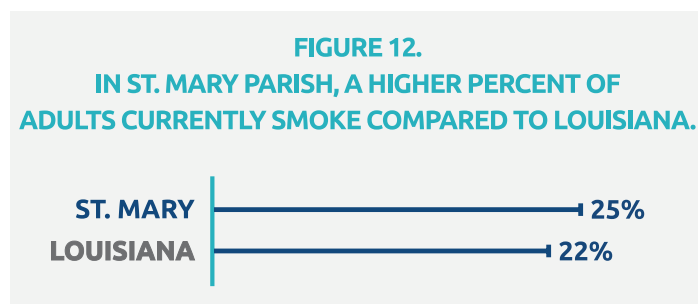
In St. Mary Parish, 36% of adults lack physical activity, compared to 31% in Louisiana (Figure 11).³¹ Decreased physical activity can contribute to heart disease, type 2 diabetes, different kinds of cancer, and obesity. Many communities and school and work environments are not designed for physical activity and improving these environments can promote active communities.³²



TOBACCO USE

6 IN 10 SURVEY RESPONDENTS
REPORTED THAT **TOBACCO/SMOKING** IS A
MAJOR PROBLEM FOR THEIR COMMUNITY.

Smoking can lead to a variety of chronic health conditions, including cancer, heart disease, stroke, lung diseases, and type 2 diabetes. The effects of tobacco use go beyond the smoker and can impact others via secondhand smoke or adverse birth outcomes for infants of smokers. According to the CDC, "tobacco use is the leading cause of preventable disease, disability, and death in the United States."³³ In St. Mary Parish, 25% of adults currently smoke (Figure 12).³⁴



³¹Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

³²Centers for Disease Control and Prevention. (2019). Lack of Physical Activity. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/physical-activity.htm>

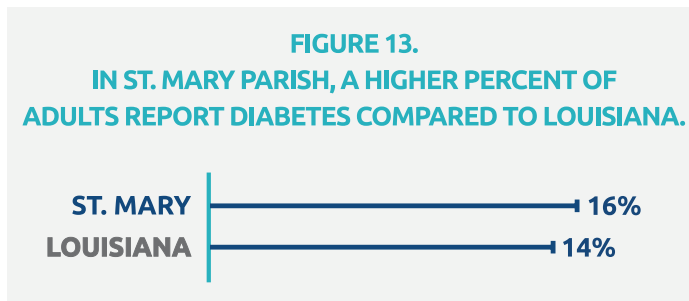
³³Centers for Disease Control and Prevention. (2021). Tobacco Use. Retrieved from <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/tobacco.htm>

³⁴Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

DIABETES

8 IN 10 SURVEY RESPONDENTS
REPORTED THAT **DIABETES** IS A **MAJOR PROBLEM** FOR THEIR COMMUNITY.

In St. Mary Parish, 16% of adults report being told by a health professional that they have diabetes (Figure 13).³⁵ Over time, diabetes can contribute to serious health problems, such as heart disease, vision loss, and kidney disease.³⁶ In St. Mary Parish, qualitative participants mentioned that children are suffering with diabetes.



HEART DISEASE

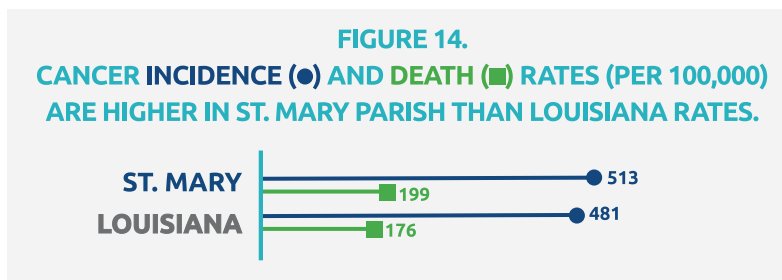
7 IN 10 SURVEY RESPONDENTS
REPORTED THAT **HEART DISEASE** IS A **MAJOR PROBLEM** FOR THEIR COMMUNITY.

Heart disease can lead to heart attack or heart failure. Risk factors for heart disease include smoking, diabetes, obesity, and physical inactivity.³⁷ These risk factors are prevalent in St. Mary Parish. Though the self-reported rate of heart disease is lower in St. Mary Parish compared to Louisiana,³⁸ **heart disease is the leading cause of death in St. Mary Parish**, when adjusted for age.³⁹

CANCER

8 IN 10 SURVEY RESPONDENTS
REPORTED THAT **CANCER** IS A **MAJOR PROBLEM** FOR THEIR COMMUNITY.

Cancer is the second leading cause of death in St. Mary Parish, when adjusted for age.⁴⁰ Cancer incidence (the rate of newly diagnosed cases) and death rates are higher in St. Mary Parish than Louisiana rates (Figure 14).⁴¹



³⁵Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

³⁶Centers for Disease Control and Prevention. (2020). Diabetes Basics- What is diabetes? Retrieved from <https://www.cdc.gov/diabetes/basics/diabetes.html>

³⁷Centers for Disease Control and Prevention. (2021). About Heart Disease. Retrieved from <https://www.cdc.gov/heartdisease/about.htm>

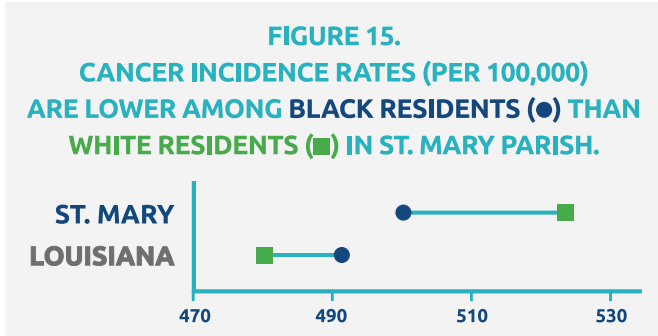
³⁸Behavioral Risk Factor Surveillance System. (2018). Retrieved from CDC PLACES, 2021

³⁹CDC WONDER- Underlying Cause of Death. (2015-2019).

⁴⁰CDC WONDER- Underlying Cause of Death. (2015-2019).

⁴¹National Cancer Institute/ Centers for Disease Control and Prevention. (2013-2017; 2014-2018).

People of color are disproportionately affected by cancer due to a variety of factors, including barriers in access to care and negative environmental conditions.⁴² In St. Mary Parish, cancer incidence rates are higher among White residents than Black residents (Figure 15), but cancer death rates are higher among Black residents than White residents (Figure 16).⁴³ Higher cancer death rates among Black residents are likely due to higher rates of pre-existing conditions, existing social structures, or socioeconomic barriers to timely, quality healthcare.⁴⁴

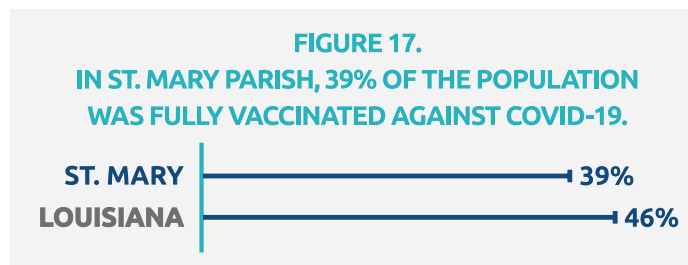


COVID-19

NEARLY 9 IN 10 SURVEY RESPONDENTS
REPORTED THAT COVID-19 IS A MAJOR PROBLEM FOR THEIR COMMUNITY.

COVID-19 can lead to severe medical complications and death, with older adults and people with existing medical conditions at greater risk of these effects.⁴⁵ The Louisiana Department of Health (LDH) reported Louisiana’s first presumptive case of COVID-19 on March 9, 2020.⁴⁶ Since then, Louisiana and the nation have experienced four waves, or surges, of COVID-19 cases, with the latest wave driven by the Delta variant of the disease in July-October 2021.⁴⁷ Because of inequities in the social determinants of health, many racial and ethnic minority groups are at increased risk of infection, severe illness, and death from COVID-19.⁴⁸

The best way to prevent COVID-19 is via vaccination.⁴⁹ **As of October 11, 2021, 39% of the population was fully vaccinated in St. Mary Parish,** compared to 46% of the Louisiana population (Figure 17).⁵⁰ There is an ongoing push from local health providers and public health officials to increase vaccination rates in Louisiana.



For real-time data on COVID-19 cases, deaths, and vaccinations, please refer to the [LDH COVID data dashboard](#).

⁴²National Institutes of Health- National Cancer Institute. (2020). Cancer Disparities. Retrieved from <https://www.cancer.gov/about-cancer/understanding/disparities>

⁴³National Cancer Institute/ Centers for Disease Control and Prevention. (2013-2017; 2014-2018).

⁴⁴American Cancer Society. (2019). Cancer Facts & Figures for African Americans 2019-2021. Retrieved from <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/cancer-facts-and-figures-for-african-americans/cancer-facts-and-figures-for-african-americans-2019-2021.pdf>

⁴⁵Mayo Clinic Staff. (2021). Coronavirus disease 2019 (COVID-19). Retrieved from <https://www.mayoclinic.org/diseases-conditions/coronavirus/symptoms-causes/svc-20479963>

⁴⁶State of Louisiana Office of the Governor. (2020). Gov. Edwards Confirms Louisiana’s First Presumptive Positive Case of COVID-19. Retrieved from <http://gohsep.la.gov/portals/0/News/Covid-Release03092020.pdf>

⁴⁷Weintraub, Karen. (2021). The fourth wave of COVID-19 cases is here. Retrieved from <https://www.usatoday.com/story/news/health/2021/07/16/covid-19-fourth-wave-pandemic-surge-deaths-hospitalizations/7976034002/>

⁴⁸Centers for Disease Control and Prevention. (2020). Introduction to COVID-19 Racial and Ethnic Health Disparities. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/racial-ethnic-disparities/index.html>

⁴⁹Centers for Disease Control and Prevention. (2021). Key Things to Know About COVID-19 Vaccines. Retrieved from https://www.cdc.gov/coronavirus/2019ncov/vaccines/keythingstoknow.html?_cid=10536:%2Bthe%20%2Bcovid%20%2Bvaccine:sem.b:p:RG:GM:gen:PTN:FY21

⁵⁰Louisiana Department of Health. (Oct. 11, 2021). COVID-19 Data Dashboard.

SIGNIFICANT HEALTH ISSUES AND PRIORITIES

Across St. Mary Parish, both qualitative and quantitative data were collected and analyzed to understand and elevate concerns and issues seen across diverse community members (community advocates, public health experts, providers) and data sources (community survey, interviews/ focus groups, secondary data). Special attention was paid to understand and elevate drivers of poor health outcomes and health inequities.

Survey findings were analyzed alongside qualitative findings to understand what community members perceived as the top health issues facing their community. Secondary data were then reviewed and analyzed to reinforce, contradict, or add additional context and complexity to results from the primary data. These three layers of data (survey, qualitative, and secondary) were analyzed in concert and produced the following key health concerns in the St. Mary community:

- Access to and continuity of care
- Health equity and discrimination in healthcare
- Poverty and economic opportunity
- Education and health literacy
- Environmental factors
- Infrastructure (transportation, housing)
- Mental and behavioral health

While these areas of concern are listed separately, they are all interconnected and impact one another as they drive health outcomes.

Focus group and interview participants also discussed resources in the community to address health needs, which are listed in Appendix B.

PRIORITIZATION FOR OCHSNER ST. MARY

LPHI met with Ochsner St. Mary (in addition to Ochsner St. Anne Hospital) on October 12, 2021, through a virtual meeting to review key findings and begin prioritizing key concerns. An initial prioritization activity was conducted with participants using a web-based audience interaction platform. During this activity, participants rated each key concern based on their perceptions of the **impact** addressing the issue would have on their community's health and the **feasibility** of the hospital to address the issue. The initial results of the activity ranked access to and quality of care, and education and health literacy the highest in both impact and feasibility.

After the activity, participants brought the key concerns back to their hospital team and leadership to discuss and finalize priorities. The 2021 CHNA priorities for Ochsner St. Mary are:

- Access to and continuity of care
- Health equity and discrimination in healthcare
- Poverty and economic opportunity
- Education and health literacy

NEXT STEPS

This CHNA will be available to the public via the hospital's website. To request a paper copy of this Ochsner St. Mary CHNA report or to provide feedback, please contact Jessica Diedling, Associate Manager, Community Benefit, at CommunityOutreach@ochsner.org.

TRANSITION TO PLANNING AND IMPLEMENTATION

Following adoption of the CHNA, the hospital will develop a collaborative three-year CHIP describing how the hospital intends to address the key health concerns identified: access to and continuity of care, mental and behavioral health, health equity and discrimination in healthcare, poverty and economic opportunity, and education and health literacy. The accompanying CHIP will be a separate written report, also adopted by the hospital facility. The CHIP will include:

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

ACKNOWLEDGEMENTS

This CHNA report was developed under the care and guidance of participants in the MHCNO. The CHNA workgroup for the 2021 CHNA for Ochsner St. Mary community included:

Allison Sharai, Ochsner Health
Fernis LeBlanc, Ochsner St. Mary
Jennifer McMahon, MHCNO, Louisiana Hospital Association
Jessica Diedling, Ochsner Health
Raymond Pisani, Ochsner St. Mary

The following LPHI team members managed the planning, data collection, analysis, writing, and editing of this report:

Barrie Black, Program Manager, Monitoring, Evaluation, and Learning
Brittany Fowler, Communications and Earned Media Manager
Caitlin Canfield, Associate Director, Monitoring, Evaluation, and Learning
Daniele Farris, Senior Program Manager, Family Health
Jesse Channin and Rachel Powell, Qualitative Research Consultants
Jessica Brewer, Program Coordinator, Monitoring, Evaluation, and Learning
Peggy Sanders, Clinical Integration Manager, Family Health
Trey Lewis, Senior Analyst, Monitoring, Evaluation, and Learning

The authors of this report thank community members and leaders across St. Mary Parish who participated in the interviews, focus groups, and surveys. This report could not have been completed without your time and dedication. For a list of participating organizations, please see **Appendix D**.

ABOUT THE LOUISIANA PUBLIC HEALTH INSTITUTE

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

APPENDIX A: PROGRESS MADE SINCE PREVIOUS CHIP

Since this is the first CHNA conducted by Ochsner St. Mary, an evaluation of the impact of any actions that were taken to address significant health needs identified in the immediately preceding CHNA is not available for this report. Please contact communityoutreach@ochsner.org with any questions.

APPENDIX B: LOCAL RESOURCES MENTIONED BY QUALITATIVE PARTICIPANTS

RESOURCES ADDRESSING SOCIAL OR ECONOMIC NEEDS

Organization	Focus	Parish(es)	Notes
St. Mary EXCEL	A multi-sector investor group that is part of economic development.	St. Mary	St. Mary EXCEL is a non-profit economic diversification organization. They offer free business seminars and legal support services to businesses in the Morgan City and Berwick area. They incorporate a focus on health in their strategic plan.
St. Mary Council on Aging	Senior resources, transportation.	St. Mary	The Council on Aging offers a variety of senior center and home-based services, as well as Title III-E Program respite and personal sitter services. All programs are geared towards improving the quality of life and access to community resources for all seniors within St. Mary Parish. Both congregate and home delivered meals are available each weekday to those who qualify. A non-emergency transportation service is available. Senior centers are located in Patterson, Franklin, and Morgan City.
St. Mary's Parish Chamber of Commerce	Business networking and scholarship fund.	St. Mary	The St. Mary Parish Chamber of Commerce is an active partner with the community and government leaders and works to promote positive economic growth. They support the St. Mary Chamber "Charlie Roe" Scholarship Fund which benefits parish high school students and provides scholarships for the students at South LA Community College - Young Memorial Campus.
St. Mary Vermilion Community Action Agency, Inc.	Child development services, housing, and emergency assistance.	St. Mary, Vermilion	This agency works to alleviate poverty for low-income citizens and guide families and individuals into self-sufficiency. They administer 24 programs and initiatives in St. Mary and Vermilion Parishes. Programs include Head Start, a federal program that promotes school readiness of children ages birth to five from low-income families. Additional community programs include Child and Adult Care Food, Summer Feeding, housing, home buyer classes, rural development, as well as economic development programs including foreclosure mitigation counseling, free tax preparation, and the Small Business Initiative.

ADDITIONAL CLINICAL CARE RESOURCES

Organization	Focus	Parish(es)	Notes
Franklin Foundation Hospital	Hospital.	St. Mary	Franklin Foundation Hospital is a 22-bed hospital that provides a range of healthcare services including 24-hour Emergency Department, inpatient and outpatient surgery, intensive care unit, nutritional services, obstetrics and nursery, physical therapy, occupational therapy, speech therapy, radiology, respiratory, swing bed program, and wound care.
Teche Action Clinic	Federally Qualified Health Center.	St. Mary & other locations in the Bayou Region	Teche Action Clinic is a private, non-profit Federally Qualified Health Center accredited by the Joint Commission as a Primary Care Medical Home. They provide adult, women's health, pediatric, dental, and behavioral health care, as well as pharmacy and patient assistance services. They have clinics in several parishes including St. Mary, Terrebonne, St. John, Lafourche, St. James, Assumption, and surrounding areas.

COLLABORATIVES AND COALITIONS

Organization	Focus	Parish(es)	Notes
Louisiana Maternal Child Health Coalition	Maternal child health advocacy.	Statewide	This is a coalition of organizations and individuals that work to improve maternal and child health through public policy and continuing education.
New Iberia/ Franklin Healthcare Networking Organization	Networking for healthcare professionals.	St. Mary, Iberia	This organization was created for healthcare professionals to network and build relationships.

OTHER RESOURCES

Additional assets mentioned outside of St. Mary Parish include the Healthy Lafourche Coalition, Healthy Houma, Healthy Thibodaux, Lafourche Chamber of Commerce, and Terrebonne Chamber of Commerce.

APPENDIX C: MHCNO ASSESSMENT APPROACH

Collaboration, engagement, and evidence-based practices were central to the assessment process from the onset. The MHCNO assessments included 19 hospitals eager to collaborate through the assessment and planning processes. LPHI was contracted by MHCNO to lead the assessment with the participating hospitals:

- Children’s Hospital of New Orleans
- East Jefferson General Hospital
- New Orleans East Hospital
- Northshore Rehabilitation Hospital
- Ochsner Medical Center - New Orleans (includes Ochsner Baptist and Ochsner - West Bank)
- Ochsner Medical Center - Baton Rouge
- Ochsner Medical Center - Kenner
- Ochsner Medical Center - Northshore
- Ochsner Northshore Extended Care Hospital
- Ochsner Rehabilitation Hospital
- Ochsner St Anne Hospital
- Ochsner St Mary
- River Place Behavioral Health Hospital
- Slidell Memorial Hospital
- St. Tammany Health System
- Touro Infirmary
- Tulane Medical Center (includes Tulane Lakeside Hospital & Lakeview Regional Medical Center)
- University Medical Center New Orleans
- West Jefferson Medical Center

LPHI followed a modified version of the Community Improvement Cycle⁵¹ to guide the community health assessment process with hospitals April - October 2021.

Primary data collection for MHCNO CHNAs consisted of 75 interviews, 10 focus groups, and over 5,000 community survey responses.

DEFINING COMMUNITY WITH MHCNO

The assessment area for MHCNO focused on where most patients reside across participating hospitals rather than each service area separately. Joint assessments were conducted for hospitals serving the same community. Hospitals defined their community geographically based on the parishes where at least 50% of inpatient discharges reside.

Most patients of MHCNO hospitals lived in 18 parishes across Southeast Louisiana, which were divided into the following regions for CHNA process based on communities:

1. Greater New Orleans area: Orleans, Jefferson, St. Bernard, St. John the Baptist, Plaquemines, St. Tammany, St. James, St. Charles Parishes
2. Baton Rouge area: East Baton Rouge, Livingston, and Iberville Parishes
3. Northshore area: St. Tammany, Washington, Tangipahoa Parishes, and Pearl River County, MS
4. Bayou area: St. Mary, Lafourche, St. Charles, and Terrebonne Parishes.

⁵¹ACHI. (2017). Community Health Assessment Toolkit. Retrieved at www.healthycommunities.org/assesstoolkit

APPENDIX D: ST. MARY PARISH METHODOLOGY

DATA COLLECTION AND ANALYSIS

LPHI utilized mixed methods to understand and document community feedback and perspectives by triangulating primary qualitative data from interviews and focus groups, secondary quantitative data from existing data sources, and additional quantitative and qualitative data collected through an online community survey. Due to safety protocols during the COVID-19 pandemic, all data collection and engagement efforts occurred virtually.

Health equity was central to both the data collection and analysis processes. Secondary data were analyzed by race whenever possible. Primary data collection focused on gathering voices of vulnerable populations, such as aging and non-English speaking communities.

SECONDARY DATA

Secondary data from national and statewide databases were compiled and analyzed to identify key concerns in St. Mary Parish and supplement findings from primary data sources. The indicator list for secondary data was developed to align with the County Health Rankings Indicator Model. Data were extracted at the parish level and disaggregated by race/ethnicity where possible. Louisiana averages were used as a baseline for comparison. A full list of data indicators and sources can be found in Appendix F: Secondary Data Sources.

COMMUNITY SURVEY

Between July 13 and August 23, 2021, MHCNO hospitals, LPHI, and LDH distributed an online survey through their networks to community members residing in southeast Louisiana. The survey was available in English, Spanish, and Vietnamese and distributed in all three languages via email, social media, and radio. Ochsner St. Mary focused on distributing the survey to their patients through social media, as well as through clinics and COVID testing/vaccination sites. LPHI and LDH distributed the tool through virtual networks serving the St. Mary network area. The survey was conducted in collaboration with the LDH's Statewide Health Assessment survey, which took place simultaneously, to boost response rates and reduce survey fatigue.

The survey tool was grounded in health equity and informed by evidence-based materials (such as Prevention Institute's *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health*).⁵² It included questions designed to measure respondents' perceptions of determinants of health, health behaviors and exposures, and health outcomes, as well as open-ended questions on local assets and recommendations to improve community health. All survey responses were compiled for analysis in STATA. In St. Mary Parish, 56 community members participated in the survey. The convenience sample approach and limited population size likely contributed to the small total number of respondents; thus, survey findings may not be generalizable to the entire community and should be interpreted in concert with qualitative and secondary data findings. Demographic information on respondents as well as a summary of responses to survey questions can be found in **Appendix E**.

⁵²Prevention institute (2015). *Measuring What Works to Achieve Health Equity: Metrics for the Determinants of Health*. Retrieved at <https://www.preventioninstitute.org/publications/measuring-what-works-achieve-health-equity-metrics-determinants-health>

KEY STAKEHOLDERS INTERVIEWS

Nine interviews were conducted with key stakeholders across the St. Mary Parish via Zoom between June 22 and August 11, 2021. Interviewees included public health experts, government officials, social services employees, school employees, and leaders from local community-focused organizations.

Interviews averaged 45 minutes and focused on health concerns within the community, community resources and assets, and recommendations on how to improve the health of residents. Monetary incentives were provided to eligible participants for their time and input. Transcripts were loaded into Dedoose and coded based on key themes. A thematic analysis was then conducted to synthesize findings.

QUALITATIVE PARTICIPANTS FROM ST. MARY PARISH

LPHI, with the hospital, conducted outreach through virtual platforms to solicit input from persons representing broad interests of St. Mary Parish. Through key stakeholder interviews the team incorporated input from:

- Four Public Health experts.
- One employee of state, regional, or local department of health.
- Nine members, representatives, or leaders of medically underserved, low-income, or minority populations.

Examples of St. Mary Parish organizations participating in interviews include:

- Acadian Ambulance
- Bayou Land Families Helping Families
- City of Patterson
- Louisiana Department of Health
- One Faith Fellowship
- South Central LA Human Services Authority
- St. Mary Community Action Agency – Head Start
- St. Mary Parish Council on Aging
- St. Mary Public Schools

APPENDIX E: ADDITIONAL COMMUNITY SURVEY DATA

DEMOGRAPHIC DATA FROM COMMUNITY SURVEY

N	56*
Parish	
St. Mary	100%

Gender	
Female	85%
Male	15%

Educational Attainment	
Prefer not to answer	4%
Less than high school	5%
High school or GED	21%
Some college	20%
Associates degree	13%
Bachelor's degree	20%
Graduate degree or higher	18%

Age	
18-24	5%
25-35	22%
35-45	20%
46-55	13%
56-65	22%
65+	18%

Zip Code	
70380	29%
70538	27%
70392	22%
70342	9%
70514	5%
70340	2%
70381	2%
70544	2%
70560	2%

Race/Ethnicity	
Non-Hispanic White	60%
Non-Hispanic Black	26%
Latino/Hispanic	8%
Multiracial	4%
Non-Hispanic Asian	2%

*Due to the small total number of survey respondents, survey findings should be interpreted in concert with qualitative and secondary data findings.

DETERMINANTS OF HEALTH

Question: Please think about how much you agree or disagree with the following based on the overall health and wellbeing of your community when responding to the prompts below.

Survey Statement	Strongly Disagree/ Disagree	Strongly Agree/ Agree	Total responses (N)
All people have access to reliable public transportation in my community.	84%	16%	56
All workers in my community make minimum income necessary to meet basic needs.	71%	29%	56
All people in my community live in safe, affordable housing.	71%	29%	55
All people in my community have opportunities to engage with the arts and culture.	59%	41%	56
Individuals and families can get the support they need during times of stress and hardship.	52%	48%	56
All children in my community receive high quality education.	46%	54%	56
Everyone in my community can access the health care they need.	43%	57%	56
People in my community actively work to make the community a better place to live.	41%	59%	56
People in my community take pride in the community and its accomplishments.	41%	59%	56
All people in my community have access to healthy, nutritious foods.	41%	59%	56
Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources.	38%	63%	56
My community has clean air, water, and soil.	21%	79%	56
There are parks and green spaces in my community.	20%	80%	55
My community is a safe place to live.	20%	80%	56

HEALTH BEHAVIORS & EXPOSURES

Question: For each one, please tell me how big a problem you think it is for people in your community — a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Substance abuse and addiction	82%	14%	4%	56
Tobacco/smoking	63%	32%	5%	56
Excessive alcohol use	61%	36%	4%	56
Physical inactivity	55%	34%	11%	56
Physical and emotional trauma	55%	36%	9%	55
Poor nutrition	46%	45%	9%	56
Violence	41%	50%	9%	56
Car/motorcycle accidents	30%	55%	14%	56
Air pollution, water pollution, and chemical exposures	27%	45%	29%	56

HEALTH OUTCOMES

Question: For each one, please tell me how big a problem you think it is for people in your community — a major problem, a minor problem, or not a problem at all.

	A major problem	A minor problem	Not a problem at all	Total responses (N)
Weight management	88%	7%	5%	56
COVID-19	86%	13%	2%	56
Diabetes	82%	14%	4%	56
Cancer	80%	16%	4%	56
Heart disease	71%	25%	4%	56
Mental health conditions	66%	29%	5%	56
Stroke	58%	36%	5%	55
Sexually transmitted infections/diseases	45%	51%	4%	55
Asthma	45%	46%	9%	56
Homicide	29%	55%	16%	55
Suicide	25%	59%	16%	56
Unintentional injury	20%	56%	24%	55
Infant mortality	15%	62%	24%	55

APPENDIX F: ADDITIONAL SECONDARY DATA

This appendix includes additional secondary data to supplement key findings.

SOCIAL AND ECONOMIC FACTORS

Community	Annual violent crime rate (per 100,000)	Homicide death rate (per 100,000)
St. Mary	536.1	9
Louisiana	562.3	13

PHYSICAL ENVIRONMENT

HOUSEHOLDS WITH BROADBAND INTERNET (●) AND HOUSEHOLDS WITH A SMART DEVICE (■)



POPULATION WITH LIMITED ACCESS TO HEALTHY FOODS

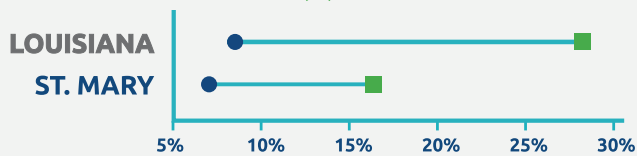


Community	Air pollution- particulate matter (in micrograms per cubic meter)
St. Mary	8.4
Louisiana	8.7

CLINICAL CARE

Community	% population uninsured
St. Mary	8%
Louisiana	9%

UNINSURED NON-HISPANIC (●) AND HISPANIC (■) POPULATION



Note: Due to the small population size of the Hispanic community in St. Mary Parish, there may be a wide margin of error for the indicator percent of the Hispanic population that is uninsured.

HEALTH BEHAVIORS AND OUTCOMES

TOP 5 CAUSES OF DEATH (2015-2019)

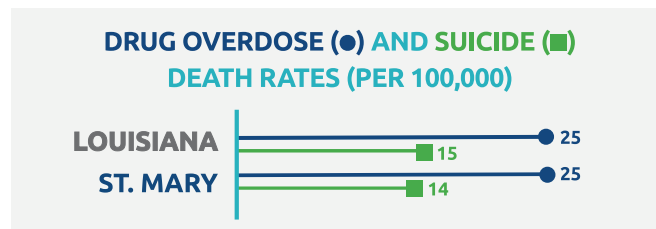
Community	Top 5 causes of death	Age-adjusted death rate per 100,000
Louisiana	Diseases of heart	211.8
	Malignant neoplasms	172.8
	Accidents	58.5
	Cerebrovascular diseases	46.1
	Chronic lower respiratory diseases	42.8
St. Mary	Diseases of heart	212.5
	Malignant neoplasms	202.6
	Accidents	61.2
	Cerebrovascular diseases	51.2
	Chronic lower respiratory diseases	46.4

*Preliminary data show that COVID-19 was a leading cause of death in Louisiana in 2020. Validated data from 2020 is not yet available at the parish level.

CHRONIC HEALTH CONDITIONS

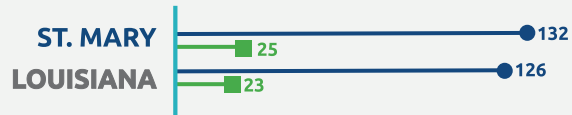
Community	High blood pressure	High cholesterol	Heart disease	14+ days of poor mental health	14+ days of poor physical health
St. Mary	45%	40%	10%	17%	17%
Louisiana	39%	38%	12%	16%	14%

BEHAVIORAL HEALTH

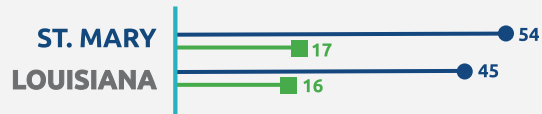


CANCER

BREAST CANCER INCIDENCE (●) AND DEATH (■) RATES (PER 100,000)



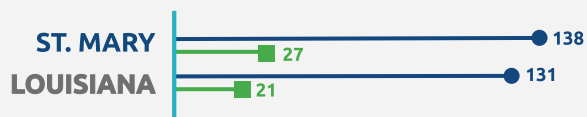
COLON AND RECTUM CANCER INCIDENCE (●) AND DEATH (■) RATES (PER 100,000)



LUNG AND BRONCHUS CANCER INCIDENCE (●) AND DEATH (■) RATES (PER 100,000)

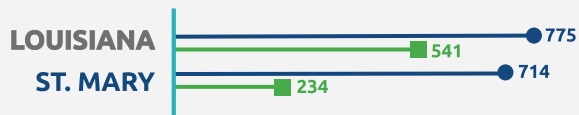


PROSTATE CANCER INCIDENCE (●) AND DEATH (■) RATES (PER 100,000)



STIs

INCIDENCE RATES OF CHLAMYDIA (●) AND PREVALENCE RATES OF HIV/AIDS (■) (PER 100,000)



MATERNAL AND CHILD HEALTH

TEEN BIRTH RATE, PER 1,000 15-19 YEAR OLDS



PREGNANT PEOPLE WHO ENTERED PRENATAL CARE IN THEIR FIRST TRIMESTER



LOW BIRTH RATES



Community	Infant mortality rate (per 1,000 live births)
St. Mary	4.00
Louisiana	7.74

Community	Child death rate (per 100,000)
St. Mary	51
Louisiana	70

APPENDIX G: SECONDARY DATA SOURCES

Section	Focus Area	Measure Description	Source	Year	Accessed via
Demographics	Population	Population estimate trend by parish	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Age	% population under 18	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Age	% population 65 and over	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic Black	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic White	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% non-Hispanic Asian	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Race/ethnicity	% Hispanic	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Gender	% population identified as female	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Demographics	Rural/urban	% population living in a rural area	Census Population Estimates	2010	County Health Rankings, 2021
Social and Economic Factors	Educational attainment	% population 25 and older with high school graduate or higher	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Social and Economic Factors	Educational attainment	% population 25 and older with Bachelor's degree or higher	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Social and Economic Factors	Violent crime rate	Annual violent crime rate (per 100,000)	FBI Uniform Crime Reports	2015-2019	CARES HQ, 2021
Social and Economic Factors	Homicide death rate	Number of deaths due to homicide per 100,000 population	National Center for Health Statistics-Mortality Files	2013-2019	County Health Rankings, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Social and Economic Factors	Income	Median household income	Small Area Income and Poverty Estimates	2019	County Health Rankings, 2021
Social and Economic Factors	Households that earn less than the basic cost of living	% households that are below the ALICE threshold (households that earn less than the basic cost of living)	ALICE Threshold, American Community Survey	2007-2018	ALICE Parish Profiles. 2018
Physical Environment	Smart device access	% households with a smart device	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Physical Environment	Internet access	% households with a broadband Internet subscription	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Physical Environment	Housing cost burden	% households that spend 30% or more on housing costs	American Community Survey	2015-2019	CARES HQ, 2021
Physical Environment	Air pollution	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	Environmental Public Health Tracking Network	2016	County Health Rankings, 2021
Physical Environment	Limited access to healthy foods	% population who are low-income and do not live close to a grocery store	USDA Food Environment Atlas	2015	County Health Rankings, 2021
Clinical Care	Speaks language other than English	% population 5 and older, speaks language other than English	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Clinical Care	Limited English proficiency	% population 5 and older, speaks language other than English, speaks English "less than very well"	US Census Bureau, American Community Survey	2015-2019	American Community Survey, 2021
Clinical Care	Uninsured	% population uninsured	American Community Survey	2015-2019	CARES HQ, 2021
Clinical Care	Primary care physicians	Primary care physicians per 100,000 population	Area Health Resource File, American Medical Association	2018	County Health Rankings, 2021
Clinical Care	Mental health providers	Mental health providers per 100,000 population	CMS, National Provider Identification	2020	County Health Rankings, 2021
Health Behaviors and Outcomes	STI	Chlamydia incidence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	STI	HIV/AIDS prevalence (rate per 100,000)	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2018	CARES HQ, 2021
Health Behaviors and Outcomes	Smoking	% adults current smoking	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Physical inactivity	% adults with no leisure-time physical activity	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Obesity	% adults with BMI >=30	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	High blood pressure	% adults who report ever being diagnosed with high blood pressure	Behavioral Risk Factor Surveillance System	2017	CDC PLACES, 2021
Health Behaviors and Outcomes	High cholesterol	% adults who report being diagnosed with high cholesterol	Behavioral Risk Factor Surveillance System	2017	CDC PLACES, 2021
Health Behaviors and Outcomes	Coronary heart disease	% adults who report ever being told by a health professional that they have angina/coronary heart disease	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Diabetes	% adults who report ever being told by a health professional that they have diabetes	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Poor mental health	% adults who report 14+ days in past 30 days during which mental health was not good	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Poor physical health	% adults who report 14+ days in past 30 days during which physical health was not good	Behavioral Risk Factor Surveillance System	2018	CDC PLACES, 2021
Health Behaviors and Outcomes	Life expectancy	Average number of years a person is expected to live at birth	National Center for Health Statistics- Mortality Files	2017-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Child death rate	Number of deaths among children under age 18 per 100,000 population	National Center for Health Statistics- Mortality Files	2016-2019	County Health Rankings, 2021

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	Drug overdose death rate	Number of drug poisoning deaths per 100,000 population	National Center for Health Statistics- Mortality Files	2017-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Suicide death rate	Number of deaths due to suicide per 100,000 population	National Center for Health Statistics- Mortality Files	2015-2019	County Health Rankings, 2021
Health Behaviors and Outcomes	Top 5 causes of death	Age-adjusted death rate per 100,000 for top 5 causes of death	CDC WONDER- Underlying Cause of Death	2015-2019	CDC Wonder
Health Behaviors and Outcomes	All cancer- death rate	All cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	All cancer- incidence rate	All cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Breast cancer- death rate	Breast cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Breast cancer- incidence rate	Breast cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Colon and rectum cancer- death rate	Colon and rectum cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Colon and rectum cancer- incidence rate	Colon and rectum cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Lung and bronchus cancer- death rate	Lung and bronchus cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute
Health Behaviors and Outcomes	Lung and bronchus cancer- incidence rate	Lung and bronchus cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/ CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Prostate cancer- death rate	Prostate cancer, age-adjusted death rates per 100,000	National Cancer Institute/ CDC	2014-2018	National Cancer Institute

Section	Focus Area	Measure Description	Source	Year	Accessed via
Health Behaviors and Outcomes	Prostate cancer-incidence rate	Prostate cancer, age-adjusted incidence rates per 100,000	National Cancer Institute/CDC	2013-2017	National Cancer Institute
Health Behaviors and Outcomes	Teen birth rate	Teen birth rate, per 1,000 15–19-year-olds	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	Prenatal care	% entered prenatal care in 1st trimester	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	Low birth weight	% of all births born at a low birth weight	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	Infant mortality rate	Infant mortality rate, per 1,000 live births	Bureau of Family Health-Maternal and Child Health Data Indicators	2017-2019	Louisiana Office of Public Health
Health Behaviors and Outcomes	COVID vaccination	% individuals with COVID vaccination series completed	LDH	2021 (Oct. 11)	Louisiana Department of Health, COVID-19 Data Dashboard