

# OCHSNER LSU HEALTH SHREVEPORT

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## 2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Ochsner LSU Health Shreveport-  
Monroe Medical Center

Drafted March 2021  
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## ACKNOWLEDGEMENTS

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The authors of this report also thank community members and leaders in North Louisiana who participated in the interviews, focus groups, and surveys. This report could not have been completed without your time and dedication.

## ABOUT THE LOUISIANA PUBLIC HEALTH INSTITUTE

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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](http://www.lphi.org).



## EXECUTIVE SUMMARY

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Ochsner-LSU Health Shreveport (OLHS) contracted with the Louisiana Public Health Institute (LPHI) to develop the Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) reports. This report serves as the 2021 CHNA report for OLHS Monroe Medical Center meeting the requirements set forth by the IRS in Notice 2011-52, 990 Requirements for non-profit hospitals' CHNA.

LPHI used a collaborative mixed methods approach to determine significant needs and concerns in the community. OLHS defined their community as Region 8 (one of nine public health regions designed by the Louisiana Department of Health). Region 8 includes twelve parishes in Northeast Louisiana. The report contains secondary data from existing sources, such as the American Community Survey (ACS), Behavior Risk Factor Surveillance Survey (BRFSS), and CDC Places, among others. This report also includes input from key informants in the region, particularly those with special knowledge of public health, the health of the communities served by the hospital, and/or vulnerable populations in the communities served by the hospital. Community input was gathered through interviews, focus groups, and electronic surveys distributed to both OLHS staff and community members. LPHI gathered data based on a modified County Health Rankings Model including physical environment, social & economic, clinical care, and health behavior factors that affect health outcomes and wellness. Based on issue prevalence and severity according to parish secondary data, most health factors are a concern in North Louisiana. Community input drove the determination of significant issues for Region 8 and therefore the priorities.

As a result of the CHNA process, OLHS-Monroe Medical Center identified three community health needs as top priorities:

### **1) Access to Care**

Access to care includes financial coverage, provider availability and proximity, and a reduction in barriers to care. Region 8 has fewer primary care physicians (PCPs) and dentists per 100,000 population than the state of Louisiana. Transportation was a barrier to care for residents particularly the lack of public transportation outside of Monroe. According to informants, the lack of reliable transportation translated into many missed appointments. Equally as important, knowledge of health resources or the lack thereof and efficacy to utilize them impact access to care.

## **2) Health Education**

Key informants and focus group participants named chronic illnesses such as obesity, diabetes, and heart disease as top health issues. Community members lacked knowledge on healthy behaviors as well as issues around their own health such chronic disease management and diagnoses. Access to healthy food, exercise, and lack of knowledge of good health practices were cited as reasons for the rates of chronic disease. In Region 8, 41% of adults are overweight or obese. Health literacy as a barrier was an ongoing theme from qualitative data sources. Many residents either were not aware of services in the community or did not know how to access the services.

## **3) Patient Engagement and Building Community Partnerships**

Many key informants and focus group members encouraged and recommended increasing community outreach and collaboration. Key informants and focus groups cited apprehension in community members accessing care due to negative experiences from medical staff and not trusting the system. This means community members forgo appropriate treatment or seeing the doctor when needed.

## **BACKGROUND**

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### **OCHSNER LSU HEALTH SHREVEPORT (OLHS) COMMUNITY**

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. Ochsner LSU Health is comprised of three (3) facilities, two in Shreveport and one in Monroe, Louisiana. With more than 4,000 employees and 1,000 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 — making our region 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.

OLHS consists of hospital facilities, multiple primary care centers, urgent cares, and specialty centers. This report focuses on the hospital facility located in the City of Monroe and the communities it serves:

- Ochsner LSU Health Shreveport – Monroe Medical Center is a 244-bed hospital with a 24-hour Emergency Department. The campus also has an easily accessible urgent care clinic that is open throughout the week for non-emergency care, as well as a family medicine clinic.

OLHS defines their community based on the geographic reach of their inpatient discharges. Over 80% of their patients reside in what the Louisiana Department of Health calls Region 8. The findings shared in this community health needs assessment report are based on findings from this 12-parish area.

## CHNA OVERVIEW

The enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct community health needs assessments (CHNA) and develop implementation strategies to meet the community health needs identified every three years. Section 501(r)(3) requirements include having an authorized body at the hospital facility adopt a documented CHNA that is available to the public and includes the following:<sup>1,2</sup>

- 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.
- A description of 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.

Ochsner-LSU Health Shreveport (OLHS) contracted with the Louisiana Public Health Institute (LPHI) to develop this Community Health Needs Assessment (CHNA) and the accompanying Community Health Implementation Plan (CHIP) report. LPHI brings extensive history leading and supporting health systems, FQHCs, and state/local health departments in the development of health assessments and implementation strategies based on equity and population health strategies.

This CHNA was conducted amid the COVID-19 pandemic, which has exacerbated existing health inequities, especially those experienced by some racial and ethnic groups. The virus which causes COVID-19 continues to pose higher risks for communities of color due to underlying health, social, and economic disparities.<sup>3</sup>

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<sup>1</sup> All statements and opinions herein were expressed by key informants and focus group participants and do not necessarily represent the viewpoints and opinions of LPHI or its contractors.

<sup>2</sup> 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 health care facilities, which is separate from this report.

<sup>3</sup> <https://www.kff.org/policy-watch/growing-data-underscore-communities-color-harder-hit-covid-19/>

## **LPHI'S CHNA/CHIP APPROACH**

LPHI uses a collaborative mixed-methods approach to conducting assessments based on best practices and population health assessment frameworks. Originally informed by national organizations such as the Association for Community Health Improvement (ACHI), the Catholic Health Association (CHA), and the National Association of County and City Health Officials (NACCHO), LPHI's CHNA/CHIP approach was further refined to streamline findings and to guide strategy and action for hospitals, partners, and residents.

There are significant differences in health outcomes according to where people live, how much money people make, and their surrounding systems and structures. Health assessments facilitate strategic data collection and analysis in order to understand where and why health outcomes differ across a parish, how a variety of health factors combine to influence these outcomes, and how our policies and programs are supporting—or restricting—opportunities for health for all.

LPHI gathered data using a modified County Health Rankings framework including physical environment, social & economic, clinical care, and health behavior factors that affect health outcomes and wellness. LPHI worked closely with OLHS to select indicators for secondary analysis, as well as gathering input representing the broad interests of the community through four modes: surveys, focus groups, interviews, and review/ validation meetings. See Appendix A for more information on the methods.

## **HUMAN DEVELOPMENT AND EQUITY SNAPSHOT**

The movement to address equity recognizes that while challenges are great, rewards can be even greater regarding quality of life and life expectancy. Health equity focuses on addressing root causes of inequities in systems and structures that shape the conditions in which people live their daily lives.

Measure of America released their series *A Portrait of Louisiana 2020: Human Development in the Age of Uncertainty* allowing comparisons across different Louisiana groups and geographies based on the concept of “a long healthy life, access to knowledge, and decent standard of living.” A Portrait of Louisiana 2020 uses the American Human Development Index (HDI) based on a global gold standard of measuring wellbeing and opportunity. The scale runs from 1-10. Louisiana's HDI score has improved in the past decade, from 3.92-4.35, primarily because of greater educational attainment. There is much more progress needed with Louisiana measuring more than a point below the national average.



Black Louisianans face the greatest challenges to well-being, with a score of 2.93, as well as both the lowest life expectancy and the lowest median earnings of the four major racial and ethnic groups. The chances of a Louisiana resident being incarcerated are closely connected to the level of human development in their community. Due to systemic racism, segregation, economic exploitation, the creation of oppressive structures, dating back to slavery and continuing in modern times as redlining and other public policy and infrastructure decisions, people of color have worse outcomes in areas like health, education, and earnings.

At the height of slavery in the U.S., enslaved people in the Mississippi delta region made up a larger percentage of the population than anywhere else in the country. In nearly every parish along the Mississippi river, more than 70 percent of the population were enslaved people in 1860. The post-plantation sharecropping system and anti-Black laws continued the exploitation of Black families. Today, these and neighboring parishes in the northeast corner of Louisiana have some of the lowest HDI scores in the country, an enduring legacy of this cruel chapter of American history. **East Carrol parish, located in Region 8, has the lowest HDI score in the state.**<sup>4</sup>

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<sup>4</sup> <http://measureofamerica.org/louisiana2020/>

## USING THIS CHNA

This CHNA meets IRS requirements and guides hospital strategies. It is also structured to be used by the public to better understand significant health issues and coordinate efforts to improve the quality of life. 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.
- Inform other entities of planning efforts to promote alignment and collaboration.
- Provides residents and community organizations with a better understanding of the needs of their community and what the hospital is prioritizing.

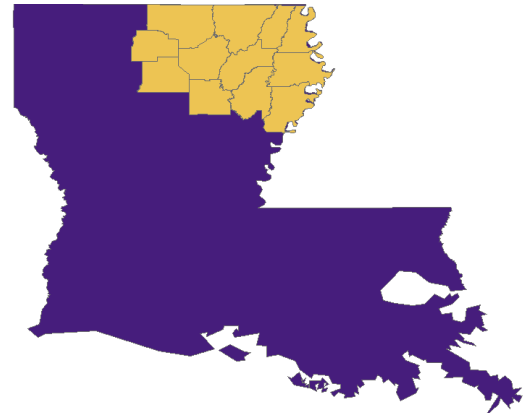
Below are quantitative (community input survey and secondary data) and qualitative (key informant interviews and focus groups) findings of high concern in Region 8. Findings are compared to Louisiana and United States where applicable. Qualitative findings were synthesized into themes for this report. Many of the findings shown in this report align with the County Health Rankings model. This is a baseline report, as such data trends will be captured in future reports.

For questions or comments about this assessment please contact Beverly Lewis at [beverly.lewis@ochsnerlsuhs.org](mailto:beverly.lewis@ochsnerlsuhs.org).

## DEFINE THE COMMUNITY

**Region 8** (located in the Northeast portion of the state) is one of nine public health regions determined by the Louisiana Department of Health. There are twelve parishes that make up Region 8: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll.

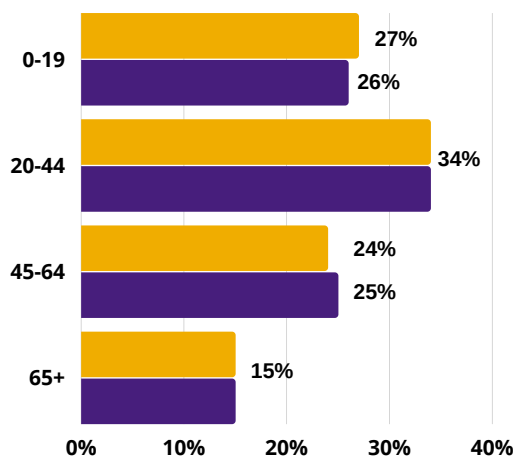
**Region 8** is largely rural and the majority of Ochsner LSU Health Monroe's patients reside in Region 8.



**51%  
FEMALE**

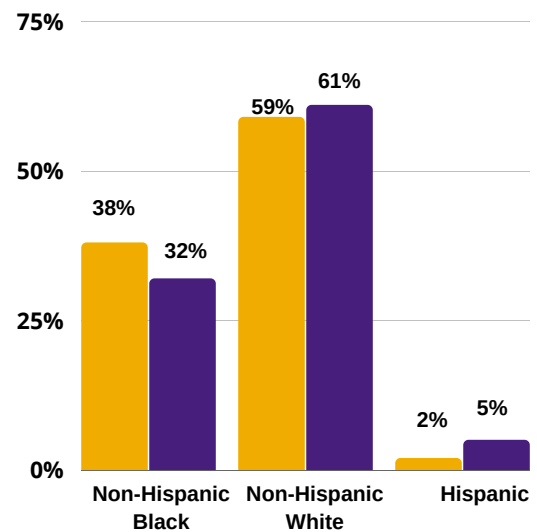
**353,159  
TOTAL POPULATION**  
(Approx. 8% of LA total pop.)

**45%  
RURAL**



Age distribution in **Region 8** mirrors that of **Louisiana**. Both are on the younger side with nearly **2 in 3** residents between the ages of 0-44.

Compared to **Louisiana as a whole**, **Region 8** has a larger Black population and a slightly smaller White as well as Hispanic population.



## KEY FINDINGS

Louisiana is ranked #49 in overall health, according to the 2019 America's Health Rankings Report.<sup>5</sup> According to the 2020 County Health Rankings Report, of Louisiana's 64 parishes, Lincoln is ranked #13, Jackson #25, Union #30, Caldwell #41, West Carroll #42, Ouachita #43, Richland #47, Franklin #48, Tensas #61, Morehouse #62, East Carroll #63, and Madison #64 for health outcomes.<sup>6</sup>

Parish Health Outcomes Ranking out of 64 Parishes, 2020

Parish	County Health Ranking
Lincoln	13
Jackson	25
Union	30
Caldwell	41
West Carroll	42
Ouachita	43
Richland	47
Franklin	48
Tensas	61
Morehouse	62
East Carroll	63
Madison	64

## SOCIAL AND ECONOMIC FACTORS

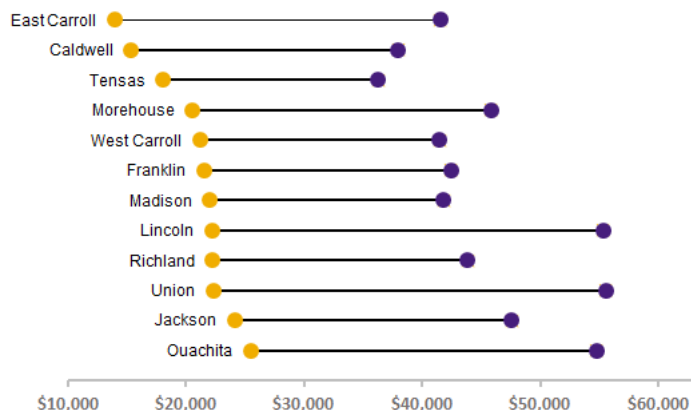
There are many factors outside of clinical care that impact population health such as access to social and economic opportunities, transportation, educational attainment, and housing. Key informants and focus group participants cited many social and economic factors as issues in Region 8 with lack of access to healthy food, crime, domestic violence, and unsafe neighborhoods as top socio-economic issues in the community.

### INCOME INEQUALITY

Poverty and low-income status are associated with a variety of adverse health outcomes. The median income of **Black households** is significantly lower than the median income of **White households** in Region 8. **The median income in Black households is less than \$30,000 per year in every parish of the region.**<sup>7</sup>

According to the Community Input Survey, two in three respondents indicated workers in their community do not make a minimum income to meet their basic needs and 50% of respondents report not everyone in their community has equal access to opportunities and resources.

Median Household Income for **Black** and **White** Residents in Region 8

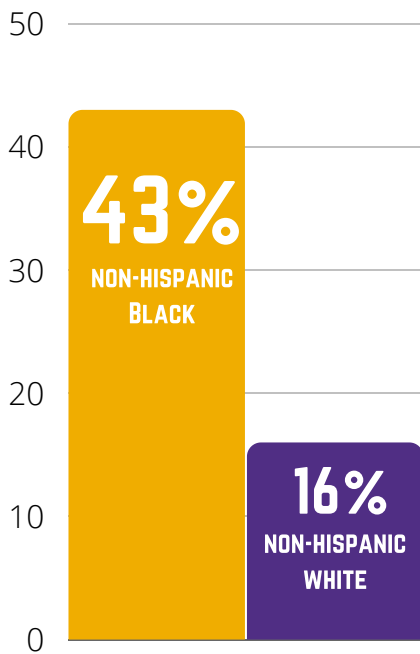


<sup>5</sup> <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

<sup>6</sup> <https://www.countyhealthrankings.org/reports/state-reports/2019-louisiana-report>

<sup>7</sup> Small Area Income and Poverty Estimates, 2017

## POVERTY



Poverty is a fundamental cause of health disparities. It influences health-related behaviors and is linked to an increased risk of mortality and chronic disease. The prevalence of poverty is higher among:

- Females than males.
- Non-Hispanic Black and Hispanic individuals than Asian and Non-Hispanic White individuals.
- Those living in rural areas than metro areas.<sup>8</sup>

According to the 2019 American Community Survey, Louisiana has the highest prevalence of households living in poverty in the United States with 19% of the households living below the federal poverty level. **In Region 8, 43% of Non-Hispanic Black households are living in poverty compared to 16% of Non-Hispanic White households.**<sup>9</sup>

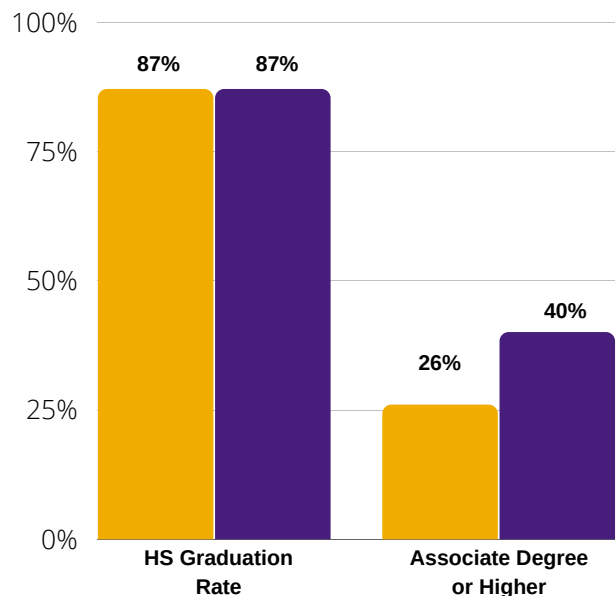
## EDUCATIONAL ATTAINMENT

Level of education is an important indicator of social and economic status. Americans with more education tend to live longer, healthier lives than those with fewer years of education.<sup>8</sup> Higher educational attainment is associated with:

- Better jobs;
- Higher earnings;
- Increased health knowledge;
- Better self-reported health;
- Fewer chronic conditions.<sup>8</sup>

While the high school graduation rate of **Region 8** is consistent with the **national rate**; college completion rates differ significantly. **Less than 1 in 3 residents aged 25 and older in Region 8 have an associate degree or higher, compared to 40% nationally.**<sup>10</sup>

Educational Attainment in **Region 8** and **Nationally**



<sup>8</sup> <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

<sup>9</sup> American Community Survey, 2014-2018

## AFFORDABLE HOUSING

Housing affects health and well-being and substandard housing brings an increased risk of disease, injury, crime, social isolation, and decreased mental health to families and individuals who live there as well as affects development in children.<sup>10</sup> **In Region 8, 28% of residents (approximately 98,885 residents) are living in substandard housing.**<sup>11</sup>

**SUBSTANDARD QUALITY OF LIVING AND HOUSING ARE IDENTIFIED BY THE FOLLOWING CONDITIONS:**<sup>11</sup>



**LACKING COMPLETE  
PLUMBING**



**LACKING COMPLETE  
KITCHEN FACILITIES**



**MULTIPLE OCCUPANTS  
PER ROOM**



**HOUSING COSTS <  
THAN 30% OF  
INCOME**

## FOOD INSECURITY

The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Food insecurity is one way we can measure how many people cannot afford food. Some of the effects of food insecurity include:

- serious health complications, especially when people facing hunger are forced to choose between spending money on food and medicine or medical care;
- damage to a child's ability to learn and grow; and
- difficult decisions for seniors — often living on fixed incomes — such as choosing between paying for food and critical healthcare.<sup>10</sup>

**1 IN 5 REGION 8 RESIDENTS ARE AFFECTED BY FOOD INSECURITY**<sup>11</sup>

According to the Community Input Survey...

**61%**

of respondents report poor  
nutrition

**A MAJOR PROBLEM**

<sup>10</sup> <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

<sup>11</sup> American Community Survey, 2014-2018

## CRIME

**“THERE’S A LOT OF STRESS IN LOW SES [NEIGHBORHOODS]. CRIME, UNSAFE NEIGHBORHOODS, LACK OF HOPE, LACK OF OPPORTUNITIES.”**

-Public Health and Social Service Provider

High levels of violent crimes can cause physical harm and compromise psychological well-being.<sup>12</sup> Violent crimes have been linked to social and emotional distress including injury, liability premature death, depression, anxiety, and post-traumatic stress disorder.<sup>13</sup> The national violent crime rate is 379 offenses per 100,000 people. Louisiana is ranked #46 in the country with a violent crime rate of 541 offenses per 100,000 people. The majority of Region 8 have crime rates lower than the Louisiana average; however, Ouachita parish crime rate is 87% higher than LA at 1378 offenses per 100,000 people.<sup>13</sup>

Ouachita Crime Rate is Significantly Higher than LA and the US

	Caldwell	221
	Franklin	120
	Jackson	144
	Tensas	151
<b>US: 386</b>	Union	271
	Lincoln	402
	West Carroll	402
<b>LA: 541</b>	Richland	485
	Morehouse	571
	Madison	585
	East Carroll	640
	<b>Ouachita</b>	<b>1378</b>

## HEALTH BEHAVIORS AND OUTCOMES

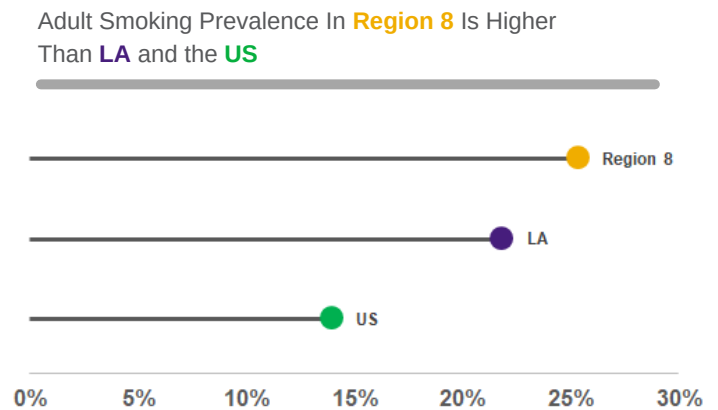
Health behaviors are actions individuals perform over a long period of time that affect their health, positively or negatively. Health behaviors include actions that maintain, attain, or regain good health and prevent disease and illness. It also includes actions that increase one’s risk of disease, such as lack of physical activity, smoking, and eating an unhealthy diet. Many of the leading causes of death and disease are attributed to unhealthy behaviors. It is important to note that these behaviors are not necessarily individuals but often circumstantial. Smoking is associated with heart disease and cancer.<sup>12</sup> An unhealthy diet and lack of physical activity increase one’s risk of developing type 2 diabetes, obesity, and cardiovascular disease. Key informants and focus group participants cited chronic diseases such as diabetes, obesity, and heart disease as the most pressing physical health concerns. Lack of exercise and knowledge of good health practices were cited as reasons for the rates of chronic diseases.

<sup>12</sup> <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

<sup>13</sup> FBI Uniform Crime Report, 2014-2016

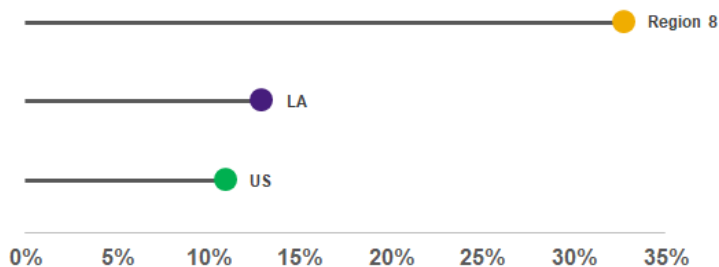
## TOBACCO USE

Tobacco use remains high in Louisiana (21.89%) and is the leading cause of preventable death in the United States. Researchers estimate that tobacco control policies have saved at least 8 million Americans, but 14% of adults still smoke nationally.<sup>14</sup> Each day, nearly 3,200 youth smoke their first cigarette and 2,100 transition from occasional to daily smokers. Adult smoking prevalence in Region 8 (25.4%) is higher than Louisiana and the United States smoking prevalence. Approximately 68,324 adults in Region 8 are current smokers.<sup>14 15</sup>



## LACK OF PHYSICAL ACTIVITY

Physical Inactivity Is Significantly Higher in **Region 8** and **LA** Than **US**



According to the Community Input Survey...

**3 IN 4**  
respondents report  
physical inactivity as a  
**MAJOR PROBLEM**

In Region 8, 1 in 3 residents lack physical activity.<sup>16</sup> Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality-independent of obesity. Nearly 73% of high school students in the US do not meet the CDC's recommended physical activity levels.

Regular physical activity (at least 150 minutes a week) is associated with reduced risk of:

- Cardiovascular diseases, such as heart disease and stroke.
- Hypertension.
- Type 2 diabetes.
- Certain cancers, including bladder, breast and colon cancer.
- Dementia.
- Anxiety and depression.<sup>16</sup>

<sup>14</sup> <https://www.countyhealthrankings.org/app/louisiana/2020/overview>

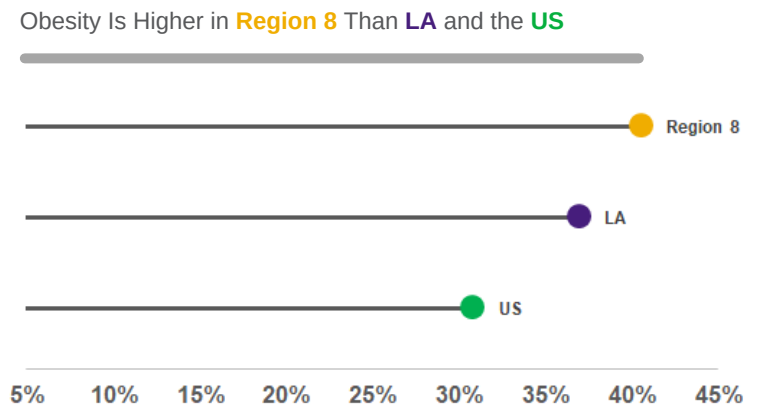
<sup>15</sup> CDC PLACES, 2018 BRFSS

<sup>16</sup> <https://www.americashealthrankings.org/learn/reports/2019-annual-report>



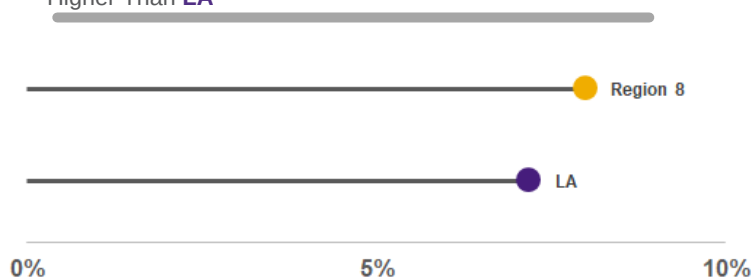
## OBESITY

Obesity is one of the biggest drivers of preventable chronic diseases in the US. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, cancer, dementia, and respiratory problems. One-third of American adults are obese or overweight. In Region 8, 41% of adults are obese or overweight (approximately 110,288 residents) compared to 37% of Louisiana residents who are obese or overweight.<sup>17</sup>



## HEART DISEASE

Coronary Heart Disease Prevalence In **Region 8** is Slightly Higher Than **LA**



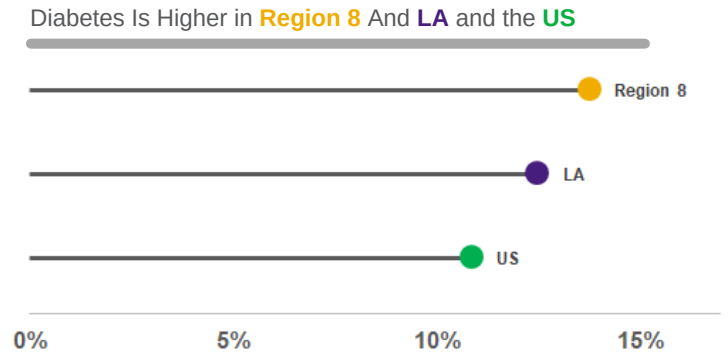
Tobacco use, lack of physical activity, overweight, and unhealthy eating are risk factors for heart disease. The prevalence of these risk factors is high in Region 8. Heart Disease is the leading cause of death in Region 8.<sup>18</sup> Approximately, 21,520 adults in Region 8 have heart disease (8%) which is slightly higher than the prevalence of heart disease in Louisiana (7.2%).<sup>17</sup>

<sup>17</sup> CDC PLACES, 2018 BRFSS

<sup>18</sup> CDC Wonder Mortality Database, 2014-2018

## DIABETES

Approximately, 37,121 adults (13.8%) in Region 8 report being told by a health professional that they have diabetes. Diabetes prevalence is higher in Region 8 than Louisiana (12.5%) and United States (10.9%).<sup>19</sup>



## PHYSICAL HEALTH

Steady and severe physical health problems could have a significant impact on health-related quality of life and overall wellness. The measure for physical health is based on adults who report poor physical health for 14 or more days. In Region 8, 16% of adults (approximately 43,039) report poor physical health 14 days or more compared 14% of adults in Louisiana and 12% of all adults in the United States.<sup>19</sup>

## MENTAL HEALTH

Key Informants and focus group participants cited mental health as a major issue in their community due to stigma and lack of awareness and resources. According to the Community Input Survey, 69% of respondents report mental and behavioral health as a major problem in Region 8. Suicide is an indicator of poor mental health. The rate of suicides in Region 8 is 12 deaths per 100,000 population compared to Louisiana with 15 deaths per 100,000 population, which is slightly higher than the U.S, with approximately 14 deaths per 100,000 population. Good mental health is essential to overall positive health and well-being. In Region 8, 18% of adults (approximately 48,419) report poor mental health 14 days or more compared to 16% of adults in Louisiana and 12% of all adults in the United States.<sup>19</sup>

**”MENTAL HEALTH AFFECTS FAMILIES AND COMMUNITIES. [LEFT] UNTREATED, IT SPILLS OVER AND NO ONE WANTS TO CALL BECAUSE POLICE ARE UNEQUIPPED. NOWHERE FOR PEOPLE TO GET HELP. ”**

**-Dentist**

<sup>19</sup> CDC PLACES, 2018 BRFSS

# MATERNAL AND CHILD HEALTH

Many factors including income, race, and access to care affect the health of mothers and their children before, during, and after childbirth. African American mothers have the highest maternal and infant mortality and morbidity in the U.S. Maternal health, early child development, and childhood experiences are essential to population health and affect the health of future generations.

**“I THINK THERE ARE PROBLEMS WE DON’T KNOW HOW TO SOLVE. HOW DO YOU SOLVE INFANT MORTALITY AND LOW BIRTH WEIGHT? I HAVE TO WORK WITH PEOPLE WHO DON’T THINK YOU CAN SOLVE ALL THESE ISSUES.”**

-Foundation Director

Compared to LA, pregnant women in 6 out of 12 parishes in Region 8 are more likely to receive inadequate prenatal care.<sup>20</sup>

Region 8	Adequacy of prenatal care (inadequate/intermediate)
East Carroll Parish	39%
Tensas Parish	31%
Franklin Parish	23%
Union Parish	23%
West Carroll Parish	23%
Lincoln Parish	22%
<b>Louisiana</b>	<b>22%</b>
Jackson Parish	21%
Morehouse Parish	21%
Ouachita Parish	19%
Madison Parish	16%
Richland Parish	15%
Caldwell Parish	14%

East Carroll and Franklin has the highest infant mortality rate in Region 8.<sup>20</sup>

	Infant mortality rate*
East Carroll Parish	16.1
Franklin Parish	13.5
Richland Parish	12
Morehouse Parish	11.9
Madison Parish	10
West Carroll Parish	9.5
Ouachita Parish	9.4
Union Parish	8.4
Caldwell Parish	7.8
<b>Louisiana</b>	<b>6.3</b>
Lincoln Parish	5.7
Jackson Parish	NA
Tensas Parish	NA

The majority of parishes in Region 8 teen birth rate is significantly higher than LA.<sup>20</sup>

	Teen Births Rate per 1,000 Births
Madison Parish	61.2
Morehouse Parish	52.8
Franklin Parish	43.3
East Carroll Parish	40
Caldwell Parish	36.5
Jackson Parish	34.8
Union Parish	33
Ouachita Parish	32.7
West Carroll Parish	29.6
Richland Parish	28.1
Louisiana	27.2
Tensas Parish	16
Lincoln Parish	12.3

**1 IN 2**

respondents from the Community Input Survey report physical unintended pregnancies as a

**MAJOR PROBLEM**

<sup>20</sup> Louisiana Department of Health Office of Public Health

# ACCESS TO CARE

Access to healthcare impacts one's overall physical, social, and mental health status and quality of life. Health Literacy and education were cited by all key informants and focus group members and a top barrier for accessing care. Focus group participants noted community members lack information not only on knowledge of positive health practices but also knowledge on available health services and resources.

**PROVIDERS PER 100,000 PEOPLE**

	Region 8	LA	US
Dentists	40	52	66
Mental Health Providers	381	298	203
Primary Care Physicians	59	67	77

Region 8 has:

- Fewer Dentists per 100,000 people than LA and the US.
- More Mental Health Providers per 100,000 people than LA and the US.
- Fewer Primary Care Physicians per 100,000 than LA and the US.<sup>21</sup>

Although Region 8 has more mental health providers per 100,000 people than LA and US, both key informants and focus groups site mental health as a major issue in their community due to stigma and lack of awareness.

**“HEALTH LITERACY, KNOWING WHAT BEING HEALTHY IS, KNOWING HEALTH HISTORY, KNOWING HOW TO ACCESS HEALTH, IMMUNIZATION IS HUGE, HELPING PATIENTS HAVE A PLACE TO SLEEP AND EAT MORE THAN TAKING MEDICINE EVERYDAY.”**

-Doctor and Clinic Director

**“THERE ARE A LOT OF RESOURCES AVAILABLE BUT ACCESSING THEM IS A CHALLENGE”**

-Public Health and Social Service Provider

**“DIFFICULTY IN GETTING THE MESSAGE OUT THERE ON HEALTH EVENTS THAT TAKE PLACE AND HOW TO GET THE MESSAGE TO WHO NEEDS IT MOST. ”**

-Public Health Expert

<sup>21</sup> HRSA, Area Health Resource File

# TOP 5 BARRIERS TO ACCESSING HEALTH

FROM THE COMMUNITY INPUT SURVEY

- 1.HIGH COST OF CARE
- 2.INSURANCE
- 3.RELIABLE TRANSPORTATION DUE TO LACK OF PUBLIC TRANSPORTATION
- 4.LIMITED HEALTH LITERACY
- 5.LIMITED AWARENESS OF SERVICES

**43,439** RESIDENTS IN REGION 8  
LACK HEALTH INSURANCE<sup>22</sup>

## IDEAS FROM THE COMMUNITY INPUT SURVEY FOR HOW TO IMPROVE ACCESS TO HEALTH

NON-EMERGENCY MEDICAL TRANSPORTATION  
HEALTH EDUCATION CLASSES  
MENTAL HEALTH AWARENESS  
MORE ADVERTISEMENT OF  
DISEASE PREVALENCE IN THE COMMUNITY

<sup>22</sup> American Community Survey, 2014-2018

## SIGNIFICANT ISSUES AND PRIORTIZATION

The significant issues were identified through a thematic analysis of qualitative responses, as well as supported by the secondary data and community input survey findings. The significant issues were categorized as:

- Barriers to health (things that are obstacles to good health or healthy behavior),
- Barriers to care (things that impede community members from seeking health care),
- Health behaviors & outcomes (negative health outcomes or behavior that leads to negative health outcomes).

Significant issues in Region 8 included:

<b>BARRIERS TO HEALTH</b>
<ul style="list-style-type: none"><li>• Crime/ Neighborhood Safety</li><li>• Domestic Violence/ Abuse</li><li>• Health Education</li><li>• Unemployment</li><li>• Poverty</li><li>• Access to Healthy Food</li><li>• Housing</li></ul>

<b>BARRIERS TO CARE</b>
<ul style="list-style-type: none"><li>• Health Literacy</li><li>• Lack of Resources</li><li>• Respect from Healthcare Providers</li><li>• Trust</li><li>• Affordability of Care</li><li>• Transportation</li></ul>

<b>HEALTH BEHAVIORS &amp; OUTCOMES</b>
<ul style="list-style-type: none"><li>• Drug Addiction/ Substance Abuse</li><li>• Mental Health Disorders</li><li>• Chronic Diseases</li><li>• Risky Sexual Behavior</li><li>• COVID-19</li></ul>

## PRIORITIES

LPHI convened OHLS leadership on March 8, 2021, to review and validate the assessment findings, as well as prioritization of significant needs for each facility. After reviewing the data and discussing the significant concerns, each facility was asked to list 3 significant concerns they want to prioritize based on the feasibility of affecting the issue, as well as the importance and severity of the issue in the community. OLHS-Monroe Medical Center identified the following 3 priorities to address over the next 3 years:

### 1) ACCESS TO CARE

### 2) HEALTH EDUCATION AND HEALTH LITERACY

### 3) PATIENT ENGAGEMENT AND BUILDING COMMUNITY PARTNERSHIPS

# IMPACTS OF ACTIVITIES SINCE PREVIOUS CHNA

Prior to Ochsner LSU Health Shreveport (OLHS) being founded, the Monroe Medical Center facility was referred to as University Health- Conway. Although their previous CHNA was not recovered, their 2017-2019 implementation plan was found. According to the University of Conway previous CHIP, 3 issues were prioritized based on correlated community health need:

**CHRONIC DISEASE PREVENTION AND MANAGEMENT**

- Health Behaviors/Lifestyle Choices
- Physical Inactivity
- Obesity
- Diabetes
- Lack of Health Knowledge

**ACCESS TO HEALTH SERVICES**

- Lack of Access to Services
- Lack of Primary Care Physicians/Hours
- Utilization of Emergency Room for Episodic Care
- Uninsured/Limited Insurance
- Lack of Mental Health Services

**POOR NUTRITION/ LIMITED ACCESS TO HEALTHY FOOD**

- Poor Nutrition/Limited Access to Healthy Food
- Diabetes
- Obesity

Even with the recent transition in ownership, OLHS has made progress addressing many of the community health needs previously identified. According to Beverly Lewis, Director of Economic Development, Community Initiatives, and Pastoral Care of OLHS- Monroe Medical Center, the power of partnership has created incredible results for north Louisiana in terms of access to care, quality of care, and overall patient experience. OLHS shared different community initiatives and progress made in many of these areas below:

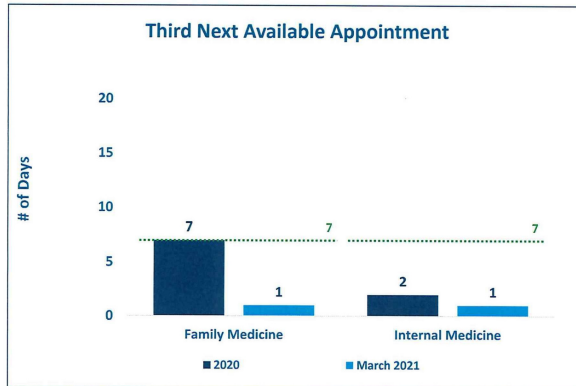
## ACCESS TO CARE/ QUALITY IMPROVEMENTS

Over the first two years of the partnership, Ochsner LSU Health Shreveport made access to care a major focus of our efforts.

Processes, procedures, and protocols were streamlined in all care settings to drive greater efficiency and higher quality. Inpatient admissions increased systemwide by 6% while key quality metrics around hospital inquired infections saw significant decreases of over 50%.

### Decreased Wait Times – Increased Access

Third Next Available Appointment: OLH-M New Patient Wait Time



OLHS outpatient clinics increased their total number of visits by 74,000 (22%) since the partnership's inception. A dramatic reduction in its third next available appointment metric across all specialties was seen across the system. This is a key metric for determining the wait time and availability of appointments. The chart above illustrates the dramatic improvements.

In addition to process improvements in existing facilities, OLHS made significant investments in new facilities to bring care closer to where people live and work. The health system added three offsite urgent care locations (Shreveport, Bossier and Monroe), four primary care clinics (Shreveport & Monroe), and opened numerous specialty care clinics across the community. The health system plans to continue these expansions over the next few years to address the demand for services in the region.



## **CHRONIC DISEASE PREVENTION AND MANAGEMENT**

Increasing access to appropriate services, education, and improving health literacy impact chronic disease prevention and management. The facility achieved Level 2 Well Spot designation meeting the following benchmarks: Tobacco-Free Policy, tobacco cessation coverage, quit line promotion, baby-friendly designated hospital, breastfeeding-friendly workplace, 5-2-1-0 promotion, healthy dining options in cafeteria, weight management education, diabetes self-management, community resources for diabetes, and blood pressure self-management education. Additional progress was made in with tobacco cessation, digital medicine, and preventative screenings.

OLHS expanded smoking cessation efforts with an in-house Tobacco Cessation Program providing services to inpatient and outpatient clientele. This was accomplished by partnering with Tobacco-Free Living to offer smoking cessation classes to the community and to educate on the hazards of secondhand smoking.

OLHS leveraged many of the digital medicine platforms and telehealth that Ochsner Health developed over the past decade. Population health indicators were implemented within electronic medical records to provide better preventative services. In addition, pilot programs for digital hypertension and diabetes are in the early stages of implementation to help patients take control of their health. These programs are a first-of-their-kind in the region and will be expanded in the coming years.

## **COMMUNITY OUTREACH & PARTNERSHIPS**

Community outreach and partnerships is a cornerstone of OLHS to improve community health. OLHS- Monroe Medical Center formed many strategic partnerships with non-profit organizations in the community to advance health and wellness-related initiatives. In 2019, OLHS- Monroe Medical Center collaborated with over 50 partners for community events. Sponsorships with organizations such as the American Heart Association and Louisiana Breast and Cervical Health Program, have been successful in the promotion of health education and provided needed resources to address specific health-related needs.

In 2020, unanticipated outreach and engagement efforts were essential in response to COVID-19 including providing COVID-19 testing sites in rural parishes, supporting the community nursing homes' needs, coordinating a Day Camp to offer childcare services to frontline staff, coordinating the delivery of over 3,000 meals, and many more.

# APPENDIX A

## COLLABORATIVE ASSESSMENT METHODOLOGY

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### PRIMARY DATA

#### *Community Input Survey*

Between January 2021 and February 2021, LPHI distributed an online, English language survey to community members and hospital staff at least 18 years of age residing in Region 8. Seventy-three (73) community members participated, and 23 hospital staff participated. The survey included questions about health behaviors and status, safety, education, quality of life, and quality of healthcare within Region 8's communities. Community-based organizations, OLHS-Monroe Medical Center, and Louisiana Public Health Institute distributed the survey with the intention of gaining insight from priority populations that are typically underrepresented. Some of the priority populations were communities of color, LGBTQ+ community members, and low-income communities as well as compare the perception of the community's health from Ochsner Monroe's staff and that of the community.

The intention of the community input survey was to complement the secondary data analyzed by LPHI. LPHI, Ochsner Shreveport, and the Healthy Communities Coalition took the following steps to develop the survey tool: (1) LPHI drafted a survey based on previous CHNA community input surveys, (2) CHNA committee members from Ochsner and LPHI provided input, (3) LPHI incorporated revisions from the CHNA committee, (4) LPHI made edits after conducting a health literacy review, (5) CHNA committee and LPHI piloted the surveys with hospital staff and members of the community, and (6) LPHI made final edits after piloting the surveys. Survey data analysis was conducted using STATA 16 statistical analysis software.

#### *Focus Groups*

LPHI conducted two focus groups for the Monroe campus. One focus group consisted of service providers that worked in local government, medical directors at FQHCs, and leadership for non-profits. The focus group lasted for 90 minutes and featured seven service providers representing parishes in region 8. The second focus group featured a small number of community advocates from a local congregation. Similar to key informants, focus group participants were probed on issues relating to health in their community, how they defined health and recommendations of how issues could be solved, and how Ochsner could partner with the community.

### ***Key Informant Interviews***

A total number of 10 individuals identified as key informants were interviewed. Key informants were made up of faith-based leaders, government employees, small business owners, and non-profit executives. Averaging around 45 minutes, interviews probed participants on the health concerns of their community, resources and assets of the community, and recommendations on how to improve the health of residents.

Most of the key informants, as well as focus group participants, were recommended by Ochsner-LSU staff. These interviews started in November 2020 and ended in January of 2021

### ***Qualitative Analysis***

Qualitative data from key informant interviews and focus groups went through a thematic analysis. Qualitative responses were coded and top barriers to health and health concerns were counted and ranked in their frequency. Issues and concerns that were mentioned 3 times or more in the key informant interviews and focus groups were listed as significant concerns in the report and prioritization presentation. Responses were categorized in the following categories:

- Barriers to health (social, economic, and environmental)
- Concerns and issues (mental and physical)
- Recommendations
- Resources

## **SECONDARY DATA**

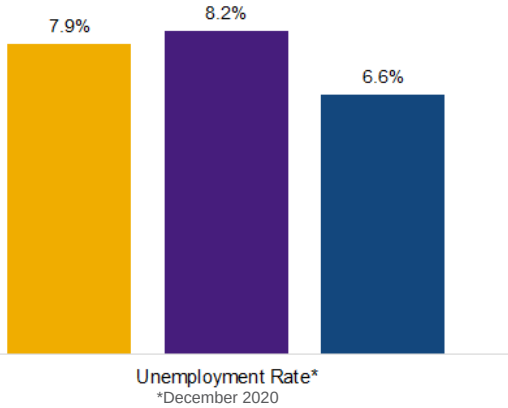
LPHI and the Ochsner CHNA committee worked closely to select the indicators for the secondary data analysis based on CDC Places data and a modified County Health Rankings Model. LPHI identified, compiled, and analyzed secondary data for the CHNA.

# APPENDIX B

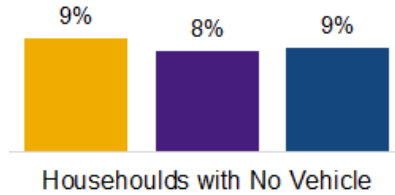
## ADDITIONAL DATA: SOCIAL AND ECONOMIC

■ REGION 8 
 ■ LA 
 ■ US

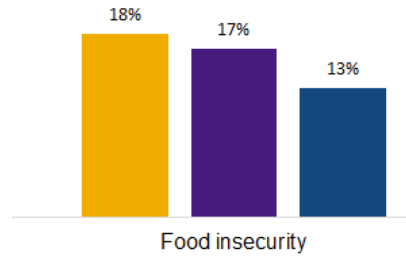
Unemployment Rate Is Higher In **LA** Than In **Region 8** And **LA** And **The US**



Households With No Vehicle In **Region 8** Mirrors **LA** and **US**



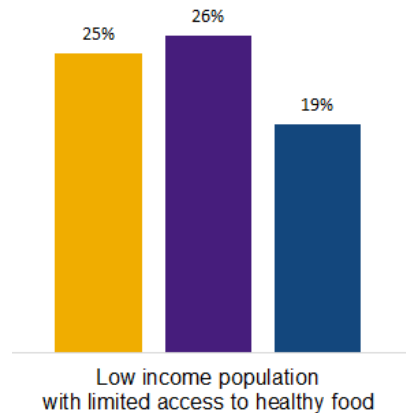
Food Insecurity Is Higher in **Region 8** And **LA** Than **US**



Quachita and Morehouse Are The Only Two Parishes in Region 8 Where The Population Without Broadband Access Is Lower Than LA

Region 8	% of population without fixed and mobile broadband access
Caldwell Parish	48.6%
East Carroll Parish	37.0%
Franklin Parish	50.0%
Jackson Parish	42.1%
Lincoln Parish	17.7%
Madison Parish	31.3%
Morehouse Parish	8.3%
Ouachita Parish	2.9%
Richland Parish	52.3%
Tensas Parish	99.5%
Union Parish	62.0%
West Carroll Parish	68.5%
Louisiana	12.4%

Low Income Population w/ Limited Access To Health Food Is Higher in **Region 8** And **LA** Than **US**



## ADDITIONAL DATA: HEALTH OUTCOMES

### Health Outcomes In Region 8 Compared to LA

Health Outcome (age adjusted prevalence)	Region 8	LA
Arthritis	25.4%	22.7%
Current Asthma	32.8%	29.9%
Coronary Heart Disease	40.6%	37.4%
COPD	40.5%	39.2%
Diabetes	13.8%	12.5%
14 day or more of poor Mental Health	17.8%	16.4%
14 day or more of poor Physical Health	15.8%	14.1%

### STI Outcomes In Region 8 Compared to LA and US

STI Outcomes (Rate per 100,000)	Region 8	Louisiana	US
Chlamydia infections	961.9	774.8	539.9
Gonorrhea Infections	334.1	257.1	179.1
HIV Prevalence	366.7	541	372.8

### Death Rates In Region 8 Compared to LA and US

Age-Adjusted Death Rate (per 100,000 persons)	Region 8	Louisiana	US
Drug Poisoning	13.80	22.3	19.6
Homicide	10.30	13.1	5.7
Suicide	12.4	14.8	13.6
<b>Cancer</b>	<b>187.3</b>	<b>176.3</b>	<b>155.3</b>

## ADDITIONAL DATA: CANCER

Prostate Cancer Incidence and Mortality Rate Per 100,00 People In Region 8

	Prostate Cancer Incidence Rate	Prostate Cancer Mortality Rate
West Carroll	94	NA
Caldwell	105	NA
US	105	19
Union	111	NA
Madison	114	NA
Lincoln	119	30
Jackson	122	40
Tensas	127	NA
Richland	129	NA
Louisiana	131	21
Ouachita	137	25
East Carroll	149	NA
Morehouse	151	24
Franklin	173	NA

Breast Cancer Incidence and Mortality Rate Per 100,00 People In Region 8

	Breast Cancer Incidence Rate	Breast Cancer Mortality Rate
Tensas	70	NA
Lincoln	107	26
Franklin	115	21
Richland	115	NA
Union	118	NA
Morehouse	119	26
Ouachita	122	25
Caldwell	123	NA
Louisiana	126	23
US	126	20
Jackson	127	NA
East Carroll	144	NA
West Carroll	147	NA
Madison	156	48

Lung & Bronchus Cancer Incidence and Mortality Rate Per 100,00 People In Region 8

	Lung & Bronchus Cancer Incidence Rate	Lung & Bronchus Cancer Mortality Rate
Union	55	48
Madison	58	39
West Carroll	66	48
Morehouse	67	52
Jackson	72	43
Franklin	73	48
Louisiana	73	58
Caldwell	75	53
Richland	77	51
US	77	50
Ouachita	82	58
East Carroll	86	68
Lincoln	97	100
Tensas	104	60

Colon & Rectum Cancer Incidence and Mortality Rate Per 100,00 People In Region 8

	Colon & Rectum Cancer Incidence Rate	Colon & Rectum Cancer Mortality Rate
Ouachita	36	16
Tensas	38	14
Jackson	44	13
Richland	44	14
Lincoln	45	16
Caldwell	47	17
US	50	NA
Morehouse	51	19
Union	52	NA
East Carroll	52	29
Franklin	53	25
West Carroll	55	15
Madison	61	NA
Louisiana	68	19

All Cancers Incidence and Mortality Rate Per 100,00 People In Region 8

	All Cancers Incidence Rate	All Cancers Mortality Rate
East Carroll	363	135
Lincoln	408	172
Louisiana	449	156
Franklin	451	175
Richland	458	190
Caldwell	461	218
Union	462	178
West Carroll	476	200
Madison	481	176
Morehouse	494	190
Ouachita	495	169
Jackson	499	162
Tensas	527	258
US	547	214

## ADDITIONAL DATA: HOSPITAL DATA

### Monroe Medical Center Inpatient Information

Rank	DIAGNOSIS	# of hospitalizations
1	Single liveborn infant delivered vaginally	525
2	Single liveborn infant delivered by cesarean	280
3	COVID-19	224
4	Hypertensive heart disease with heart failure	132
5	Pneumonia unspecified organism	122
6	Sepsis unspecified organism	97
7	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease or unspecified chronic kidney disease	97
8	Schizophrenia unspecified	84
9	Maternal care for low transverse scar from previous cesarean delivery	83
10	Acute kidney failure unspecified	81

### Monroe Medical Center Emergency Department

Rank	DIAGNOSIS	# of hospitalizations
1	COVID-19	871
2	Acute upper respiratory infection unspecified	854
3	Contact with and (suspected) exposure to other viral communicable diseases	749
4	Urinary tract infection site not specified	542
5	Influenza due to other identified influenza virus with other respiratory manifestations	511
6	Acute pharyngitis unspecified	457
7	Essential (primary) hypertension	421
8	Streptococcal pharyngitis	412
9	Strain of muscle fascia and tendon of lower back initial encounter	342
10	Chest pain unspecified	339

# APPENDIX C

## LOCAL ASSETS AND RESOURCES MENTIONED IN FOCUS GROUPS AND INTERVIEWS

Name of organization	Work done	Parish/Region
Children's Coalition of NE	The Children's Coalition for Northeast Louisiana is an organization that focuses on early childhood reform through teacher training and provides youth development for children throughout Northeast Louisiana.	Ouachita
Council on Aging	The Council on Aging serves low-income elderly individuals and works to reduce feelings of isolation and improve the health of the elderly population by providing recreational activities and health programs.	Ouachita
Desiard Street Shelter/ Easter Seals	Desiard Street/Easter Seals Shelter is a nonprofit organization focused on equipping individuals with the necessary training (education, training, jobs) in order to prepare individuals for job opportunities.	Ouachita
Helping Hands	Provide services for children from birth up to 21 years of age that have a medical condition or diagnosis that prevents them from attending a traditional day care center or school setting.	Region 8
Lincoln Hut	Lincoln Hut is a Non-profit organization that provides medical services for the uninsured adult population of Lincoln Parish through mobile medical care.	Lincoln
Living Well Foundation	Living Well Foundation provides medical, dental and behavioral health services to all populations including children. Specifically, Region 8 priorities include reducing second-hand smoke exposure, promotion of tobacco cessation programs, improvement of adolescent health and raising awareness of tobacco marketing techniques targeting youth.	Region 8
Louisiana Healthy Communities Coalition	LHCC assist communities with community-level strategic planning and resources to assist communities in making healthier choices.	Region 8
Morehouse General	Morehouse General Hospital provides high quality, cost effective health care services to rural communities of North Louisiana.	Morehouse
NAACP	The National Association for the Advancement of Colored People works to educate and provide individuals with health services through community outreach.	Ouachita
National Pan-Hellenic Council (Divine Nine Organization)	Provide unity and economic empowerment through and by member organizations. In addition, the Divine Nine promotes interaction through providing community service, community outreach and as a liaison to other organizations.	Ouachita
NE Delta Human Service Authority	Northeast Delta HSA focuses on providing behavioral health with primary care services. Services for children and adolescents with behavioral disorders that are at risk for experiencing a psychiatric or behavioral emergency; and collaborations with law enforcement agencies that help first responders know how to recognize mental health issues.	Ouachita, franklin, Jackson, Lincoln, Madison, Morehouse, Richland, Tensas, Union and West Carroll
NELA Sickle Cell Anemia Foundation	The NELA Sickle Cell Anemia Foundation provides support services such as trait counseling, social services, advocacy/community referrals and education and outreach to members of the community.	Ouachita
Salvation Army of NELA	The Salvation Army is an international movement that provides services and goods to individuals in need in surrounding communities.	Ouachita, Caddo and Bossier
Union General Hospital	Union General Hospital is committed to providing Access to Quality Care Close to Home in a safe environment to the residents of the community.	Union
United Way of NELA	United Way of NELA provides support services involving education, financial stability and health to communities of Northeast Louisiana.	Ouachita, Lincoln, Union
University of Louisiana at Monroe	The University of Louisiana Monroe (ULM) is a comprehensive, state-funded institution of higher education that offers high quality educational and experiential opportunities.	Ouachita
West Monroe Community Center and Senior Center	The West Monroe Community Center provides educational and healthy recreational activities for the surrounding neighborhoods.	Ouachita



# APPENDIX D

## RECOMMENDATIONS FROM PARTICIPANTS

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### *Navigation of Resources*

“Individuals need help with navigating through health services. More should be done to incorporate 2-1-1- in order to increase the health of the community.”

### *Community Mobilization/Involvement*

“More working together and going out to each parish to hear from those communities. We can also do this by concentrating on investing in individual parishes at a time. For example, buy-into the community by investing in businesses, planners, schools, highways, superintendents and more.”

“Recreation center for youth to socialize and have activities. Team of people do outreach to community on resources and services.”

“We need more understanding and education on the choices people make. Be honest and tell people what the problem is. More accessible to the people through partnerships because then we can do more. Each organization should play their role.”

“We need more people who want to be mentors. There are some imbalances we need to get to the root of the cause, if not we can't get the help they need. More counseling. Needs to be a mixture of medicine and counseling many places do just medicine for the dollar.”

“Find out what Ochsner is willing to do. Goal of farmer's market to be big enough where Ochsner buys from vendors. Ochsner needs to say what they are willing to do. Whether Ochsner participates or not, we will do what we got to do. Ochsner can set up health kiosk to teach about health, provide testing (covid, BP). Go to the community. If they know the community has high instances of hypertension, come out to provide testing. Come out and get feet wet. Partner with schools and community.”

### *Access to Services*

“Bonified mental health service with full-service clinic [in Morehouse area].”

“More things should be accessible within the community and not the out skirts. We need more face-to- face interaction and to really touch individuals who are suffering.”

### ***Health Education/Outreach***

“Offer car seats to every mom or child that discharges- if it’s a newborn or 5-year-old pediatrician patient. Have the education tied to it and help with installation. Same with safe sleep- if they could offer pack n play Offer PAT [Parents and Teachers] and NFP [Nurse Family Partnership] for every Medicaid patients I don’t see a lot of follow-up after discharge- even if it’s a 3, 6, 9, 12-month schedule just check-in to see how they are doing. Have a case worker/ social worker follow-up for both baby and mother, especially mental and behavioral health follow-up. Even a phone conversation. Continuum of care to see where they need additional support and resources- staying in care with both MOM and baby. Just keep in touch with the first year. If it could work, I’d be in heaven.”

“Ochsner could do better at making sure people receive the right information about their health and provide the assistance that we need with that information. If we can create education classes and work with organizations, we can also decide what they need to have access to regarding information and resources.”

“There are persistent problems that have been around a long time. They need more than 6 weeks. A lot of programs not on the radar. PEEPS program. Granny Owens soup kitchen. Desiard Street Shelter. New programs come in and do not connect with the community. They should consider partnering with small, community-based programs. We also forget, the impact of providers have negative attitudes around the people. That adds to accessibility. We need to look at outreach to population.”

“Outreach and education. An outreach from people with power and resources need to ask what those in need want and be seen as experts and partners in their situation. We need to be more respectful to individuals on articulating their needs and priorities instead of someone telling them what they need.”

“We need to work on community health education. It pains me individuals don’t know about sickle cell crisis; they think they are seeking drugs. What have we have not done is provide educate to service providers on how to address disparities. Until we can educate people about barriers, where they stem from historically then we won’t address the problem. We must be straight forward. We must listen to our clients. There is a power differential between experts and clients. Clients still feel inadequate to advocate for themselves. They don’t feel entitled to speak up because they get free services.”

# APPENDIX E

## COMMUNITY INPUT

LPHI gathered input representing the broad interests of the community through four modes: surveys, focus groups, interviews, and review/ validation meetings.

Key informants that were interviewed covered these categories:

Input representing broad interests of community served	Number of Participants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	2
2) Federal, tribal, regional, state, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility	13
3) Members of medically underserved, low-income, and minority populations in the community served by the hospital facility, or individuals or organizations serving or representing the interests of these populations	6

Thank you to all who participated representing the following entities in this assessment for Region 7. This includes, but is not limited to:

- Children’s Coalition of Northeast LA
- City of Monroe
- Easter Seals/Desire Street Shelter
- Human Services Authority
- LA State representative
- Living Well Foundation
- Lincoln Hut
- Louisiana Department of Health (LDH)
- LDH, Bureau of Family Health
- LDH, Office of Public Health, Region 8
- National Association for the Advancement of Colored People (NAACP)
- NELA Sickle Cell Anemia Foundation
- Reddix Dental Clinic
- Salvation Army of NELA
- St. John Missionary Baptist Church
- United Way of NELA
- University of Louisiana at Monroe
- West Monroe Community Center and Senior Center

# APPENDIX F

## DEMOGRAPHIC DATA FROM COMMUNITY INPUT SURVEY

Community Input Survey	
N	73
Mean Age	30
Black	28.99%
White	68.12%
Other	2.89%
Female	80%
Male	18.57%
Employed for wages	80.82%
Self-employed	6.85%
out of work and looking	0%
out of work and not looking	0%
retired	12.33%
Hospital Staff	
N	23
Mean Age	26
Black	42.86%
White	57.14%
Other	0%
Female	86.96%
Male	13.04%

# APPENDIX G

## DATA SOURCES

Category	Focus Area	Measure Description	Source	Year	Accessed via...
Demographics	Population	Population estimate trend by parish	US Census Bureau, American Community Survey	2014-2018	American Community Survey, 2020
Demographics	Income	Median household Income			
Demographics	Age	% population under 18			
Demographics		% population 65 and over			
Demographics	Race & Ethnicity	% non-Hispanic Black			
Demographics		% non-Hispanic White			
Demographics		% Hispanic			
Demographics	Gender	% of population identified as female			
Demographics	Rural/ Urban	% of county defined as rural	Census Population Estimates	2010	County Health Rankings, 2020
Social & Economic Factors	Population in poverty	% of population below 100% FPL	Small Area Income and Poverty Estimate	2018	County Health Rankings, 2020
Social & Economic Factors	Housing cost burden (30% )	% spending more than 30% of household income on housing	US Census Bureau, American Community Survey	2014-2018	County Health Rankings, 2020
Social & Economic Factors	Graduated High School	% of ninth grade cohort that graduates in 4 years	ED Facts	2017-2018	County Health Rankings, 2020
Social & Economic Factors	Some College	% of adults ages 24-44 with some secondary education	US Census Bureau, American Community Survey	2013-2017	County Health Rankings, 2020
Social & Economic Factors	Un-employment	% of population ages 16 + unemployed but seeking work	Bureau of labor statistics	2020	CARES Engagement Network
Social & Economic Factors	Substandard Housing	% living with one or more of following substandard conditions: incomplete plumbing facilities, incomplete kitchen facilities, 1 or more occupants per room, housing cost more than 30% of income	US Census Bureau, American Community Survey	2014-2018	CARES Engagement Network
Social & Economic Factors	Long commute time-alone	% of workers commuting more than 30 minutes alone in the car	US Census Bureau, American Community Survey	2013-2017	County Health Rankings, 2020
Social & Economic Factors	No motor vehicle	% of household with no motor vehicle	US Census Bureau, American Community Survey	2014-2018	CARES Engagement Network
Social & Economic Factors	Air pollution particulate matter	Daily density of fine particulate matter in microorganisms per cubic meter (PM 2.5)		2014	County Health Rankings, 2020

Social & Economic Factors	Food Insecurity Rate	% of population that experienced food insecurity	Feeding America	2017	CARES Engagement Network
Social & Economic Factors	Broadband Access	% of population without fixed and mobile LTE access	Federal Communications Commission	2017	<a href="https://www.fcc.gov/general/form-477-county-data-internet-access-services">https://www.fcc.gov/general/form-477-county-data-internet-access-services</a>
Social & Economic Factors	Limited access to healthy food	% of population who are low-income and do not live close to a grocery store	USDA Food Environment Atlas	2015	County Health Rankings, 2020
Health Outcomes	STIs	Number of newly diagnosed chlamydia cases per 100,000 population	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2018	County Health Rankings, 2020
Health Outcomes	Teen births	Number of births per 1,000 female population ages 15-19	Louisiana Department of Health Office of Public Health	2018	Louisiana Vitals Data (flat files provided, available upon request)
Health Outcomes	Quality of Life	Frequent physical distress	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Health Outcomes		Frequent mental distress			
Health Outcomes	Arthritis Prevalence (age-adjusted)	Arthritis among adults aged >=18 years	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Health Outcomes	Diabetes Prevalence (age-adjusted)	Diagnosed diabetes among adults aged >=18 years	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Health Outcomes	COPD Prevalence (age-adjusted)	Chronic obstructive pulmonary disease among adults aged >=18 years	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Health Outcomes	Coronary Heart Disease Prevalence (age-adjusted)	Coronary heart disease among adults aged >=18 years	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Health Outcomes	Current Asthma Prevalence (age-adjusted)	Current asthma among adults aged >=18 years	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES

Health Outcomes	Violent crime	Number of reported violent crime offenses per 100,000 population	Uniform Crime Reporting - FBI	2015-2017	CARES Engagement Network
Health Outcomes	Homicide	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2014-2018	County Health Rankings, 2020
Health Outcomes	Suicide	Number of deaths due to suicide per 100,000 population	CDC WONDER mortality data	2014-2018	CARES Engagement Network
Health Outcomes	Drug overdose	Number of deaths due to homicide per 100,000 population	CDC WONDER mortality data	2014-2018	CARES Engagement Network
Health Outcomes	Leading Causes of Death	Summary statistics of death rates		2017	CDC Wonder
Health Outcomes	Cancer	Age adjusted death rates per 100,000 and incidence rates	CDC WONDER mortality data	2014-2018	CDC Wonder
Health Outcomes	Infant mortality	Number of all infant deaths (within one year) per 1,000 births	Louisiana Department of Health Office of Public Health	2014-2018	Louisiana Vitals Data (flat files provided, available upon request)
Healthy Behaviors	Smoking (Age-Adjusted Prevalence)	% of adults smoking	Behavioral Risk Factor Surveillance System	2018	CDC PLACES
Healthy Behaviors	Obesity (Age-Adjusted Prevalence)	% of adults with BMI >30	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Healthy Behaviors	Physical Inactivity	No leisure-time physical activity among adults aged >=18 years	CDC National Center for Chronic Disease Prevention and Health Promotion	2018	CDC PLACES
Access to Healthcare	Uninsured	% uninsured	US Census Bureau, American Community Survey	2014-2018	CARES Engagement Network
Access to Healthcare	Dentists	Number of dentists per 100,000 persons	HRSA, Area Health Resource File	2016	County Health Rankings, 2020
Access to Healthcare	Mental health providers	Number of mental health providers per 100,000 persons	CMS, National Provider Identification	2019	County Health Rankings, 2020
Access to Healthcare	Primary care providers	Number of primary care providers per 100,000 persons	HRSA, Area Health Resource File	2017	County Health Rankings, 2020