

OCHSNER LSU HEALTH SHREVEPORT

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Ochsner LSU Health Shreveport- Academic Medical Center
Ochsner LSU Health Shreveport- St. Mary Medical Center

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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.



EXECUTIVE SUMMARY

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 Academic Medical Center and OLHS St. Mary 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 7 (one of nine public health regions designed by the Louisiana Department of Health). Region 7 includes nine parishes in Northwest 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 concerns for this CHNA and therefore the priorities.

As a result of the CHNA process, each facility identified three community health needs as top priorities:

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1) Behavioral Health

Key informants and focus group members as well as responses from the community input survey cited mental health as a major health concern. While Region 7 has more mental health providers per 100,000 people than the state of Louisiana and the U.S, primary data sources cited stigma and lack of awareness of mental health resources as barriers to obtaining mental health care. These barriers can also be tied to access to care. Unaddressed mental health was also cited as a contributor of community and interpersonal violence by key informants.

2) Juvenile Trauma and Crime Prevention

Crime was a major concern of key informants in region 7. Caddo and Natchitoches have a higher crime rate (638 per 100,000 people) than the Louisiana average. Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those events that occur during childhood. Almost 42% of residents of Region 7 are obese. According to community and hospital staff surveys, two of three respondents reported a lack of physical activity. Diabetes, heart disease, and obesity were the other top health concerns cited by focus group participants, key interview participants, and community survey respondents. According to SAMHSA the need to address trauma and violence is an important part of effective behavioral healthcare and an integral part of the healing process.

3) Increase Access to Care (Focus on Building Quality Relationships with Patients and Communities)

Access to care includes financial coverage, provider availability and proximity, and a reduction in barriers to care, such as transportation. In addition, knowledge of health resources and efficacy to utilize them are part of access to care. Lack of knowledge on resources and general health was a top concern and barrier to care in both focus groups and key informant interviews. Trust of medical institutions and providers served as another barrier mentioned in key informant interviews. Even with Medicaid expansion, affordability of services and medications and lack of health insurance coverage were significant barriers to accessing needed health care. Affordability of care can prompt community members to prioritize other needs such as paying for housing over going to the doctor.

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1) Increase Health Education

The need for increased health literacy and health education were top suggestions from key informants and focus group members. Lack of health literacy serves as a barrier for communities to understand their personal health and make it difficult to access services. This suggestion was cited across key informants including those specialized in maternal and child health. Starting at early childhood and helping parents make healthier decisions accompanied the suggestions of improving health literacy.

2) Expand Access and Navigation of Women's and Children's services with an Emphasis on Prenatal Care

Most parishes within Region 7 have worse negative outcomes for maternal and infant health than the state of Louisiana. Mothers received inadequate prenatal care in all but one parish and infant mortality rates were higher in all parishes in Region 7 in comparison to the state of Louisiana. Key informants cited racial discrimination from medical providers and social issues such as housing costs, lack of access to healthy foods, and interpersonal violence as a reason for the inequality in outcomes for mothers.

3) Patient Engagement and Building Community Partnerships

Trust in medical institutions and providers was cited as a barrier to care for the community in key informant interviews. Patients did not seek care in fear of negative experiences with medical staff or did not trust they would receive adequate care and services. Improving trust between patients and the community with medical institutions can increase the rates of utilization and address negative health outcomes due to inadequate access to health services. Most parishes within Region 7 have worse negative outcomes for maternal and infant health than the state of Louisiana. Mothers received inadequate prenatal care in all but one parish and infant mortality rates were higher in all parishes in Region 7 in comparison to the state of Louisiana. Key informants cited racial discrimination from medical providers and social issues such as housing costs, lack of access to healthy foods, and interpersonal violence as a reason for the inequality in outcomes for mothers.

BACKGROUND

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. 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 is focused on the two hospital facilities located in the City of Shreveport and the communities they serve:

- Ochsner LSU Health Shreveport – Academic Medical Center, often referred to as Kings Highway, is a 452-bed fully accredited nonprofit multispecialty hospital with North Louisiana’s only Level 1 Trauma Center.
- Ochsner LSU Health Shreveport – St. Mary Medical Center is a newly opened 131-bed hospital that includes a number of targeted centers focused on women and children's health, imaging, and outpatient surgery.

OLHS defined their community for these two facilities based on the geographic reach of their inpatient discharges, which was similar for both hospitals. Almost three-quarters of their patients resided in what the Louisiana Department of Health calls Region 7. The findings shared in this community health needs assessment report are based on findings from this 9-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:^{1,2}

- 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 the Community Health Needs Assessment (CHNA) and Community Health Implementation Plan (CHIP) reports. 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.³

This document serves as the Community Health Needs Assessment report for Ochsner LSU Health Shreveport – Academic Medical Center and Ochsner LSU Health Shreveport – St. Mary Medical Center conducted in FY2021 for 2021-2024. This CHNA report will be made available to the public on the Ochsner Medical Center website for future reference and use by the public.

¹ 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.

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

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

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 planning of the state health department.
- Provides residents and community organizations with a better understanding of the needs of their community and what the hospital is prioritizing.

For questions or comments about this assessment please contact Riley Waddell at riley.waddell@ochsner.org.

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

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.”⁴ *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.

Due to systemic racism and 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. Redlining is the name given to the federal government's process to assess mortgage risk and blocking “lower grade” communities from receiving federally guaranteed housing loans during the New Deal era. In Shreveport, this led to Black citizens residing in “high risk” neighborhoods and Whites citizens moving away and to areas like South Highlands, which were better resourced.

Consequences of residential segregation are often mimicked with features of the built environment, such as Interstate 49 running through the center of Shreveport. The neighborhoods west of the interstate are predominantly Black and those to the east, mostly white. Unsurprisingly, South Highlands census tract, east of I49, has the highest HDI score in all of Caddo Parish of 8.55. The score of Caddo Heights is 1.51, located directly across the highway. **In Shreveport, two people born less than a mile apart are expected to have a 13 year difference in the how long they live based on the factors that surround them.**

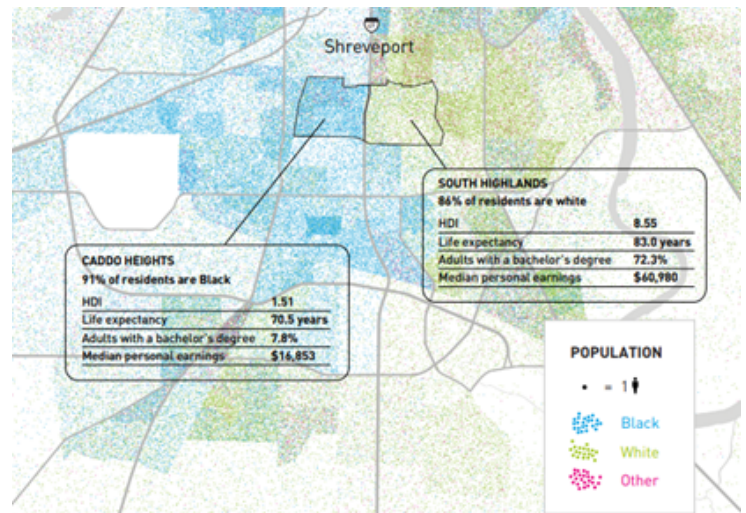


Image credit: Lewis, Kristen. *A Portrait of Louisiana 2020*. New York: Measure of America, Social Science Research Council, 2020

This illustration of deep disparities is not unique to Shreveport but rather, it is seen across Louisiana, especially in more isolated rural areas. In a Bayou Brief article *A Tale of Two Louisianas*, Lamar White Jr noted, “The findings provide a blueprint for ensuring a more equitable future.”⁵

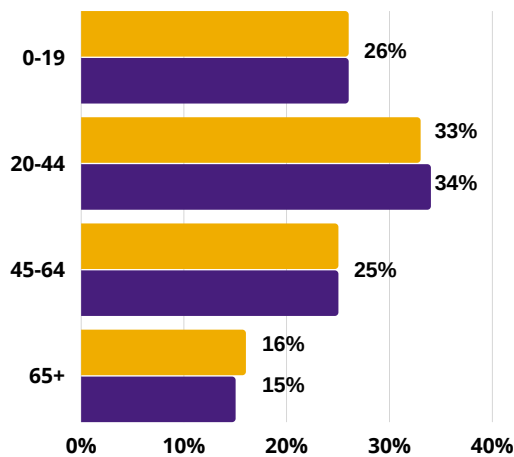
⁴ <http://measureofamerica.org/louisiana2020/>

⁵ <https://www.bayoubrief.com/2020/11/19/a-tale-of-two-louisianas/>

DEFINE THE COMMUNITY

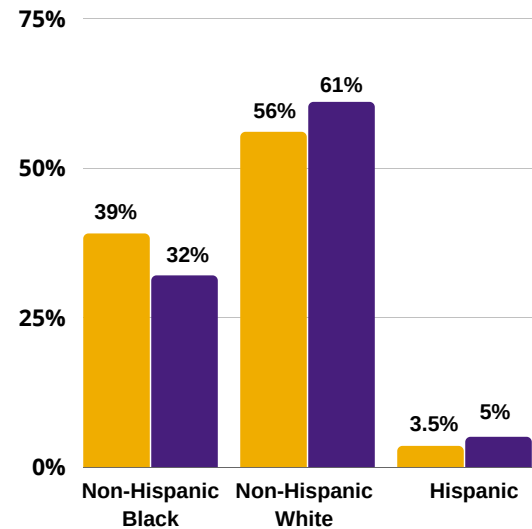
Region 7 (located in the Northwest portion of the state) is one of nine public health regions determined by the Louisiana Department of Health. There are nine parishes that make up Region 7: Bienville, Bossier, Caddo, Claiborne, De Soto, Natchitoches, Red River, Sabine, and Webster Parish.

Region 7 is largely rural with Shreveport, the most populous city in Northwest Louisiana, serving as the educational, commercial, and cultural center of the region. A majority of Ochsner LSU Health Shreveport's patients reside in Region 7.



Age distribution in **Region 7** 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 7** has a larger Black population and a slightly smaller White as well as Hispanic population.



KEY FINDINGS

Below are quantitative (community input survey and secondary data) and qualitative (key informant interviews and focus groups) findings of high concern in Region 7. 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.

Louisiana is ranked #49 in overall health, according to the 2019 America’s Health Rankings Report.⁶ According to the 2020 County Health Rankings Report, of Louisiana’s 64 parishes, Bossier is ranked #7, Sabine #19, De Soto #31, Caddo #5-, Natchitoches #52, Red River #53, Webster # 54, Claiborne #55, and Bienville #56 for health outcomes.⁷

Parish Health Outcomes Ranking out of 64 Parishes, 2020

Bossier	7
Sabine	19
De Soto	31
Caddo	50
Natchitoches	52
Red River	53
Webster	54
Claiborne	55
Bienville	56

SOCIAL AND ECONOMIC FACTORS

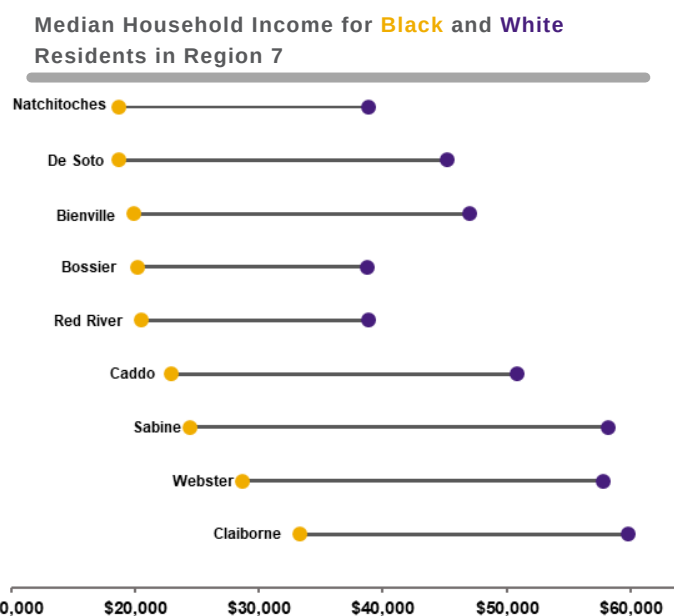
There are many factors outside of clinical care that impact population health such as access to social and economic opportunities, transportation, educational attainment, and housing. Key informants and focus group participants cited many social and economic factors as issues in Region 7 with underemployment, crime, and domestic violence 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 7. **The median income in Black households is less than \$30,000 per year in eight out of nine parishes of the region.**⁸

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.

Key informants cited underemployment as a top socio-economic issue.



⁶ <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

⁷ <https://www.countyhealthrankings.org/reports/state-reports/2019-louisiana-report>

⁸ 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.⁹ 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.⁹

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 7, 36% of Non-Hispanic Black households are living in poverty compared to 16% of Non-Hispanic White households.**¹⁰

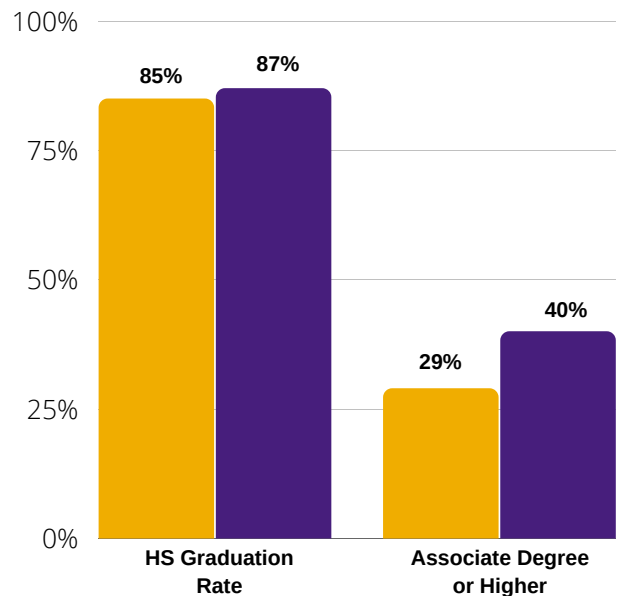
EDUCATIONAL ATTAINMENT

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.⁹ Higher educational attainment is associated with:

- Better jobs;
- Higher earnings;
- Increased health knowledge;
- Better self-reported health;
- Fewer chronic conditions.⁹

While the high school graduation rate of **Region 7** is consistent with the **national rate**; college completion rates differ significantly. **Less than 1 in 3 residents aged 25 and older in Region 7 have an associate degree or higher, compared to 40% nationally.**¹⁰

Educational Attainment in **Region 7** and **Nationally**



⁹ <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

¹⁰ 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.¹¹ **In Region 7, 31% of residents (approximately 168,277 residents) are living in substandard housing.**¹²

SUBSTANDARD QUALITY OF LIVING AND HOUSING ARE IDENTIFIED BY THE FOLLOWING CONDITIONS:¹²



**LACKING COMPLETE
PLUMBING**



**LACKING COMPLETE
KITCHEN FACILITIES**



**MULTIPLE OCCUPANTS
PER ROOM**



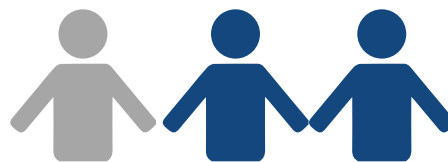
**HOUSING COSTS <
THAN 30% OF
INCOME**



U.S. Department of Housing and Urban Development defines cost-burdened as households who pay more than 30% of their income for housing and may have difficulty affording necessities such as food, clothing, transportation, and medical care.

1 IN 3

**REGION 7 RESIDENTS ARE
HOUSE COST BURDENED**¹²



According to the Community Input Survey...

76%

of respondents

DISAGREE

with the statement,

*All people in my community
live in safe, affordable housing.*

¹¹<https://www.americashealthrankings.org/learn/reports/2019-annual-report>

¹²American Community Survey, 2014-2018

CRIME

“CRIME RATE IS HIGH. WHEN YOU DEAL WITH POVERTY AND LOW EDUCATION PEOPLE TURN TO CRIME.”

-Family Law Informant

High levels of violent crimes can cause physical harm and compromise psychological well-being.¹³ Violent crimes have been linked to social and emotional distress including injury, liability premature death, depression, anxiety, and post-traumatic stress disorder.¹⁴ 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. Seven of the nine parishes in Region 7 have a crime rate lower than the Louisiana average; however, only Sabine and Claiborne violent crime rate are below the national average, 112 and 155 offenses per 100,000, respectively.¹⁴

Sabine and Claiborne Have The Lowest Violent Crime Rate Per 100,000 People

	Sabine	112
	Claiborne	155
US: 386	Webster	368
	Bienville	410
	De Soto	448
	Bossier	480
LA: 541	Red River	508
	Natchitoches	638
	Caddo	688

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.¹³ 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.

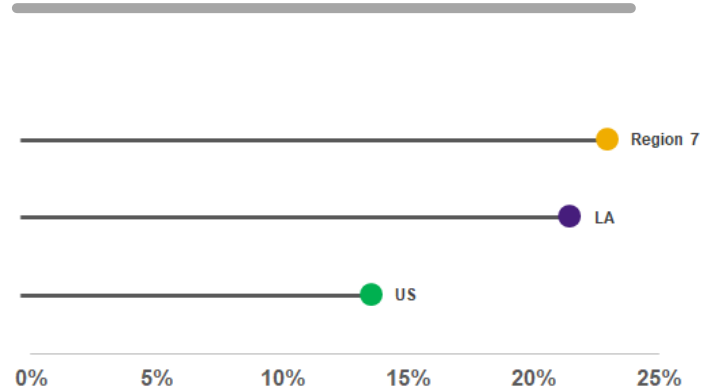
¹³ <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

¹⁴ FBI Uniform Crime Report, 2014-2016

TOBACCO USE

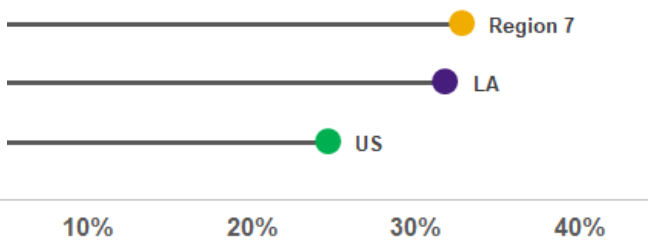
Tobacco use remains high in Louisiana (21.89%) and is the leading cause of preventable death in the United States. Researchers estimate that tobacco control policies have saved at least 8 million Americans, but 14% of adults still smoke nationally.¹⁵ Each day, nearly 3,200 youth smoke their first cigarette and 2,100 transition from occasional to daily smokers. Adult smoking prevalence in Region 7 (23.7%) is higher than Louisiana and the United States smoking prevalence. Approximately 96,530 adults in Region 7 are current smokers.^{15 16}

Adult Smoking Prevalence In **Region 7** Is Higher Than **LA** and the **US**



LACK OF PHYSICAL ACTIVITY

Physical Inactivity Is Higher in **Region 7** and **LA** Than **US**



According to the Community Input Survey...

2 IN 3
respondents report
physical inactivity as a
MAJOR PROBLEM

In Region 7, 1 in 3 residents lack physical activity.¹⁶ 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.¹⁷

¹⁵ <https://www.countyhealthrankings.org/app/louisiana/2020/overview>

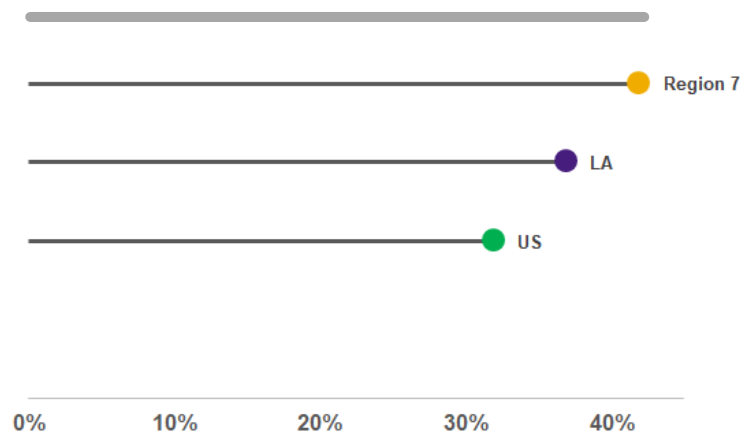
¹⁶ CDC PLACES, 2018 BRFSS

¹⁷ <https://www.americashealthrankings.org/learn/reports/2019-annual-report>

OBESITY

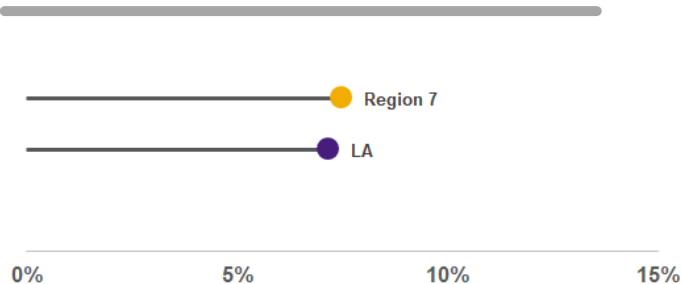
Obesity is one of the biggest drivers of preventable chronic diseases in the US. Being overweight or obese increases the risk for many health conditions, including type 2 diabetes, heart disease, stroke, hypertension, cancer, dementia, and respiratory problems. One-third of American adults are obese or overweight. In Region 7, 42% of adults are obese or overweight (approximately 172,435 residents) compared to 37% of Louisiana residents who are obese or overweight.¹⁸

Obesity Is Higher in **Region 7** Than **LA** and the **US**



HEART DISEASE

Coronary Heart Disease Prevalence In **Region 7** And **LA** Are The Same



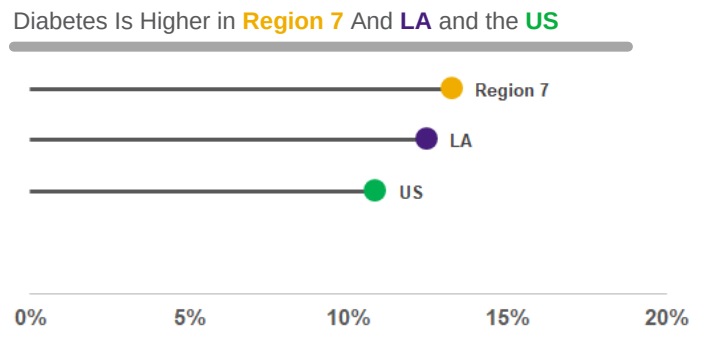
Tobacco use, lack of physical activity, overweight, and unhealthy eating are risk factors for heart disease. The prevalence of these risk factors is high in Region 7. Heart Disease is the leading cause of death in Region 7.¹⁹ Approximately, 30,939 adults in Region 7 have heart disease (7.5%) which mirrors the prevalence of heart disease in Louisiana (7.2%).¹⁸

¹⁸ CDC PLACES, 2018 BRFSS

¹⁹ CDC Wonder Mortality Database, 2014-2018

DIABETES

Approximately, 54,866 adults (13.3%) in Region 7 report being told by a health professional that they have diabetes. Diabetes prevalence is higher in Region 7 than Louisiana (12.5%) and United States (10.9%).²⁰



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 7, 15% of adults (approximately 61,053) report poor physical health 14 days or more compared 14% of adults in Louisiana and 12% of all adults in the United States.²⁰

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. According to the Community Input Survey, 3 out of 4 respondents report mental and behavioral health as a major problem in Region 7. Suicide is an indicator of poor mental health. The rate of suicides in Region 7 and Louisiana is 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 7, 17% of adults (approximately 69,716) report poor mental health 14 days or more compared 16% of adults in Louisiana and 12% of all adults in the United States.²⁰

”RECENTLY MENTAL HEALTH WAS HUSH HUSH. EVERYBODY HAS SOMETHING THEY ARE LIVING WITH AND IT’S LEFT UNTREATED AND CAN LEAD TO CRIME, VIOLENCE, DRUG ADDICTION AND ALCOHOL ABUSE.”

-Juvenile Court Expert

²⁰ 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.

“AFRICAN AMERICAN WOMEN HAVE HIGH PERCENTAGE OF MISCARRIAGES, STILL BIRTHS, PRE-MATURE BIRTH DUE TO RACISM.”

-Juvenile Court Expert

Compared to LA, pregnant women in 8 out of 9 parishes in Region 7 are more likely to receive inadequate prenatal care.²¹

Region 7	Adequacy of prenatal care (inadequate/intermediate)
Claiborne Parish	37%
Natchitoches Parish	29%
Red River Parish	28%
Caddo Parish	26%
Sabine Parish	25%
Bossier Parish	23%
Bienville Parish	22%
De Soto Parish	22%
Louisiana	22%
Webster Parish	21%

Infant mortality rates are higher in all Region 7 parishes compared to LA. Natchitoches has the highest infant mortality rate in Region 7.²¹

	Infant mortality rate*
Natchitoches Parish	14
Claiborne Parish	13
Red River Parish	13
Caddo Parish	10.1
De Soto Parish	9.1
Webster Parish	8.9
Bienville Parish	8.3
Sabine Parish	7.9
Bossier Parish	7
Louisiana	6.3

7 IN 10

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



MAJOR PROBLEM

²¹ 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 7	LA	US
Dentist	52	52	66
Mental Health Providers	437	298	203
Primary Care Physicians	74	67	77

Region 7 has:

- Fewer Dentists per 100,000 people than US.
- More Mental Health Providers per 100,000 people than LA and US.
- More Primary Care Physicians per 100,000 than LA but slightly less than US.²²

Although Region 7 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.

“BEDSIDE MANNER IS A MAJOR ISSUE WITH PROVIDERS. THEY CAN BE RUDE OR LACK OF MANNERS TO PATIENTS CAUSING THEM TO NOT COME BACK. THEY FEEL LIKE THEY ARE BOTHERING THE DOCTOR.”

-Mental Health Expert and Professor

“ACCESS TO HEALTH IS A MAJOR CONCERN IN ADDITION TO THE ECONOMIC SITUATIONS FOR A LOT OF PEOPLE REGARDING THEIR JOBS. SO MANY ECONOMIC FACTORS COME INTO PLAY AND NOT HAVING THE CHANCE TO FOCUS ON HEALTH BECAUSE YOU MUST FOCUS ON OTHER THINGS...YOU CAN'T AFFORD IT [HEALTHCARE] IF YOU DON'T HAVE A JOB.”

-Community Focus Group Member

²² HRSA, Area Health Resource File

TOP 5 BARRIERS TO ACCESSING HEALTH

FROM THE COMMUNITY INPUT SURVEY

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

56,183

**RESIDENTS IN REGION 7
LACK HEALTH INSURANCE²³**

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

²³ 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 7 included:

BARRIERS TO HEALTH	BARRIERS TO CARE	HEALTH BEHAVIORS & OUTCOMES
<ul style="list-style-type: none">• Crime/ Neighborhood Safety• Domestic Violence/ Abuse• Health Education• Unemployment• Poverty• Access to Healthy Food	<ul style="list-style-type: none">• Health Literacy• Lack of Resources• Respect from Healthcare Providers• Trust• Affordability of Care• Transportation	<ul style="list-style-type: none">• Drug Addiction/ Substance Abuse• Mental Health Disorders• Chronic Diseases• Risky Sexual Behavior• COVID-19

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. Each facility identified the following 3 priorities to address over the next 3 years:

OLHS-ACADEMIC MEDICAL CENTER

1. Behavioral Health
2. Juvenile Trauma and Crime Prevention
3. Access to Care (Focusing on Building Quality Relationships with Patients and Communities)

OLHS-ST. MARY MEDICAL CENTER

1. Increase Health Education
2. Expand Access and Navigation of Women and Children's Services with Empahsis on Prenatal Care
3. Patient Engagement and Building Community Partnerships

IMPACTS OF ACTIVITIES SINCE PREVIOUS CHNA

Prior to Ochsner LSU Health System (OLHS) being founded, the Academic Medical Center facility was referred to as University Health- Shreveport under the University Health System. In 2016, a Community Health Needs Assessment was conducted where 15 significant health needs were prioritized:

- Poor nutrition/limited access to healthy food options
- Lack of access to services
- Cost of prescription drugs
- Healthy behaviors/lifestyle choices
- Obesity
- Lack of dental services
- Utilization of emergency room for episodic care
- Lack of primary care physicians/hours
- Children in poverty/homelessness
- Physical inactivity
- Lack of health knowledge/education
- Uninsured/Limited Insurance
- Lack of mental health services
- Transportation
- Diabetes

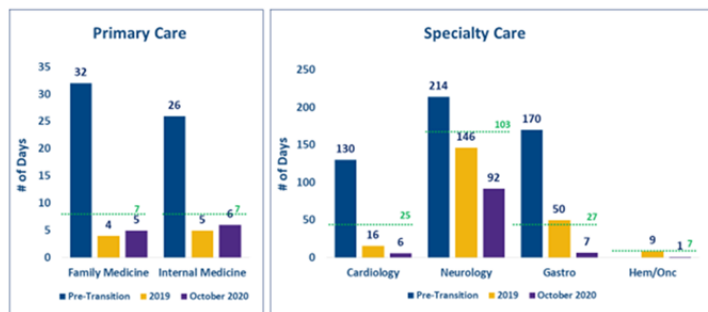
According to Riley Waddell, AVP-Associate Administrator of OLHS, the power of partnership between Ochsner Health and LSU Health Shreveport has created incredible results for north Louisiana in terms of access to care, quality of care and overall patient experience. Although the previous Implementation Strategy was not recovered after the transition in 2018, OLHS has made progress on addressing many of the above-mentioned health needs. 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 System 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 Ochsner | LSU Health SHREVEPORT

Third Next Available Appointment: OLH-S 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.

In addition to new clinics, the health system opened a new hospital campus, Ochsner LSU St. Mary Medical Center, during the summer of 2020. The new St. Mary campus provides expanded Women's and Children's services for the region.

COMMUNITY HEALTH & EDUCATION

In 2020, a new Community Health & Education department was created to address preventative healthcare and educational needs in the community. This department created childbirth classes, community CPR programs, food and nutrition classes for adolescent children (Fan Club), organized drive-thru flu clinics, and created a model for community health and promotion to use post COVID at festivals and gatherings. The department is excited to address nutritional and health issues that persist in our communities across North Louisiana.

BEHAVIORAL HEALTH

Like many areas in the United States, access to behavioral services remains a critical need across North Louisiana. In order to address this need, OLHS began work in late 2019 to open a free-standing behavioral health hospital in Shreveport. Ochsner LSU Health and Ochsner Oceans Health System, a nationally recognized provider of behavioral health services, partnered in this new venture. The new psychiatric hospital will feature 86 inpatient beds for adult and geriatric patients. It is slated to open in the first quarter of 2021.

DIGITAL MEDICINE

OLHS leveraged many of the digital medicine platforms that Ochsner Health has developed over the past decade. Specifically, 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. An Ochsner O Bar opened in the Ambulatory Care Center located on the Academic Medical Center Campus. The O Bar offers the latest in cutting-edge, interactive health technology to help patients seamlessly manage their health and wellness. In addition, the O Bar educates OLHS patients on the Epic MyChart app so they can more easily access their health information.

PARTNERSHIPS

Ochsner LSU Health System formed many strategic partnerships with non-profit organizations in the community to advance health and wellness-related initiatives. Sponsorships with organizations such as the American Heart Association, March of Dimes, Feist-Weiller Cancer Center and LSU Health Foundation have been successful in the promotion of health education and provided needed resources to address specific health-related needs.

OLHS' partnership with the YMCA promotes fitness activities. The YMCA's goals for youth development, healthy living and social responsibility strongly align with OLHS' mission and values. OLHS is in the process of developing new initiatives with the YMCA to expand our collective reach in the community. In addition, the partnership allowed OLHS to offer special benefits to employees to ensure they can be better ambassadors of health promotion in the community.

During the pandemic, the OLHS Community Initiatives Director assisted with 23, 000 mask donations to Caddo Parish Schools and local homeless shelters. OLHS provided COVID-19 community testing, administering more than 40,000 COVID-19 test throughout North Louisiana by partnering with local government entities City of Shreveport and Caddo Parish Commission, local Pastors, and rural area churches. Safe Return Solutions were provided through business development for Southern University System, Bossier Parish Community College, LSUS and Centenary College, as well as several area schools, businesses, and nonprofit organizations. Over 1, 250 meals, hundreds of in-kind donations were organized and distributed to staff from our communities. Essential items were also distributed to staff during the pandemic that was donated by Al Copeland's Foundation. OLHS partnered with NWLA Food Bank, collecting more than 2,000 pounds of food addressing food deserts in communities; hosted over 24 blood drives and antibody testing with LifeShare Blood Bank that helped saved hundreds of lives; and collected over 600 new toys from Toys for Tots to disseminate in our communities.

APPENDIX A

COLLABORATIVE ASSESSMENT METHODOLOGY

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 7. One hundred twenty-six (126) community members participated, and 77 hospital staff participated. The survey included questions about health behaviors and status, safety, education, quality of life, and quality of healthcare within Region 7's communities.

Community-based organizations, Ochsner Shreveport, 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 Shreveport'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

Two focus groups were conducted as part of the CHNA process for OLHS. One focus group consisted of non-profit executives and region 7 government officials. Another focus group featured members of the Louisiana Healthy Communities Coalition (LHCC), which consists of community-based organizations in the Shreveport area. LHCC's mission is to "build healthy thriving communities by mobilizing them to develop and implement policy, systems and environmental (PSE) changes." Both focus groups were conducted during December 2020 and lasted one hour. At the start of the focus group, participants were asked to define "health". Other questions inquired about health concerns, resources and assets that make the community a healthy place to live, and recommendations on what could be done to improve community health.

COLLABORATIVE ASSESSMENT METHODOLOGY

Key Informant Interviews

A total number of 13 individuals identified as key informants were interviewed. Three of the interviewees focused on maternal and child health issues. 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. Interviews focused on maternal and child health asked questions on the needs and current health status of mothers and their families in the community. For example, MCH key informants were asked where mothers received maternal health services as well as what organizations in the community served parents and their families.

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

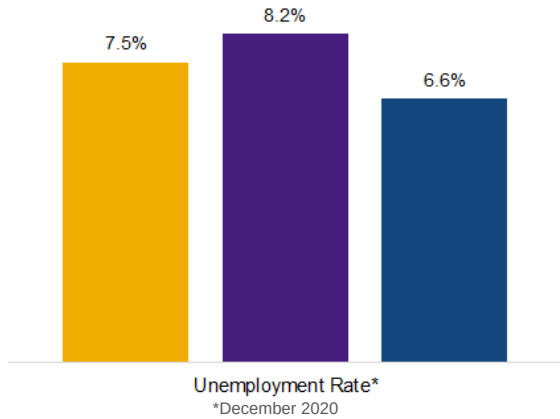
LPHI and the Ochsner CHNA committee worked closely to select the indicators for the secondary data analysis based on CDC Places data and a modified County Health Rankings Model. LPHI identified, compiled, and analyzed secondary data for the CHNA.

APPENDIX B

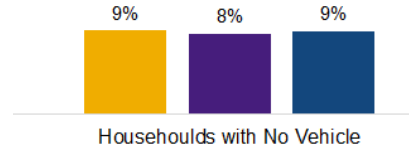
ADDITIONAL DATA: SOCIAL AND ECONOMIC

■ REGION 7
 ■ LA
 ■ US

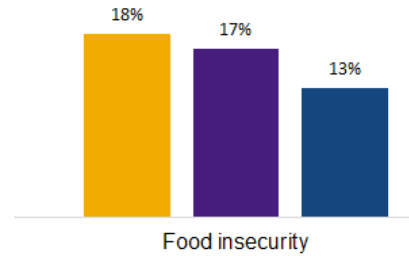
Unemployment Rate Is Higher In **LA** Than In **Region 7** And **LA** And **The US**



Households With No Vehicle In **Region 7** Mirrors **LA** and **US**



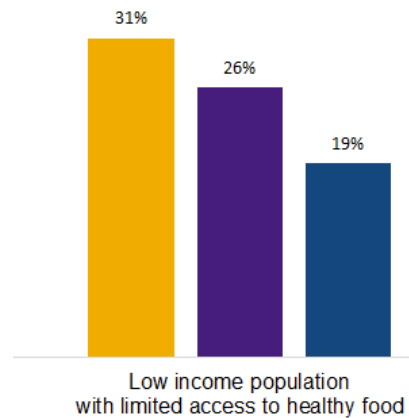
Food Insecurity Is Higher in **Region 7** And **LA** Than **US**



In 4 of The 9 Parishes in Region 7, Over 50% Of The Population Are Without Broadband Access

Region 7	% of population without fixed and mobile broadband access
Caddo Parish	3.90%
Bossier Parish	9.30%
Webster Parish	25.20%
De Soto Parish	30.40%
Natchitoches Parish	32.00%
Claiborne Parish	59.80%
Red River Parish	78.90%
Sabine Parish	93.70%
Bienville Parish	95.50%
Louisiana	12.40%

Low Income Population w/ Limited Access To Health Food Is Higher in **Region 7** And **LA** than **US**



ADDITIONAL DATA: HEALTH OUTCOMES

Health Outcomes In Region 7 Compared to LA

Health Outcome (age adjusted prevalence)	Region 7	LA
Diabetes	13.30%	12.50%
14 day or more of poor Physical Health	14.80%	14.10%
14 day or more of poor Mental Health	16.90%	16.40%
Arthritis	23.40%	22.70%
Current Asthma	31.50%	29.90%
COPD	40.60%	39.20%
Coronary Heart Disease	41.80%	37.40%

STI Outcomes In Region Compared to LA and US

STI Outcomes (Rate per 100,000)	Region 7	Louisiana	US
Gonorrhea Infections	315.6	257.1	179.1
HIV Prevalence	413.3	541	372.8
Chlamydia infections	888.7	774.8	539.9

Death Rates In Region 7 Compared to LA and US

Age-Adjusted Death Rate (per 100,000 persons)	Region 7	Louisiana	US
Drug Poisoning	11.2	22.3	19.6
Homicide	12.4	13.1	5.7
Suicide	14.6	14.8	13.6
Cancer	185.3	176.3	155.3

ADDITIONAL DATA: CANCER

Prostate Cancer Incidence and Mortality Rate Per 100,00 People In Region 7

	Prostate Cancer Incidence Rate	Prostate Cancer Mortality Rate
Red River	82	NA
US	105	19
Bossier	111	19
Caddo	124	22
Natchitoches	124	22
Webster	126	20
Sabine	128	27
Bienville	131	NA
De Soto	131	NA
Louisiana	131	21
Claiborne	153	34

Lung & Bronchus Cancer Incidence and Mortality Rate Per 100,00 People In Region 7

	Lung & Bronchus Cancer Incidence Rate	Lung & Bronchus Cancer Mortality Rate
Bienville	54	43
Claiborne	58	39
Natchitoches	62	46
US	64	44
Webster	65	47
Louisiana	66	48
Red River	68	54
Caddo	68	50
Bossier	70	49
Sabine	76	63
De Soto	78	60

All Cancers Incidence and Mortality Rate Per 100,00 People In Region 7

	All Cancers Incidence Rate	All Cancers Mortality Rate
Sabine	422	217
Claiborne	449	156
Bienville	451	170
US	464	166
Bossier	477	188
Caddo	480	173
Louisiana	481	176
Webster	482	196
Red River	502	198
De Soto	507	196
Natchitoches	525	196

Breast Cancer Incidence and Mortality Rate Per 100,00 People In Region 7

	Breast Cancer Incidence Rate	Breast Cancer Mortality Rate
Sabine	115	NA
Red River	121	NA
US	122	22
Bienville	124	23
Bossier	125	26
Louisiana	126	23
Claiborne	126	20
Natchitoches	127	21
De Soto	128	18
Webster	147	24
Caddo	156	NA

Colon & Rectum Cancer Incidence and Mortality Rate Per 100,00 People In Region 7

	Colon & Rectum Cancer Incidence Rate	Colon & Rectum Cancer Mortality Rate
Sabine	30	NA
Red River	37	17
Claiborne	38	14
Bienville	38	16
US	41	14
Caddo	44	19
Louisiana	45	16
Bossier	45	18
De Soto	47	16
Webster	54	23
Natchitoches	58	15

Teen Birth Rate Per 1,000 Births In Region 7

	Teen Births rate*
Bienville Parish	37
Caddo Parish	35.3
Webster Parish	34.5
Claiborne Parish	31.9
De Soto Parish	30.1
Louisiana	27.2
Red River Parish	24.8
Natchitoches Parish	22.7
Bossier Parish	21.1
Sabine Parish	18.5

ADDITIONAL DATA: HOSPITAL DATA

St. Mary Inpatient Information

Rank	DIAGNOSIS	# of hospitalizations
1	Single liveborn infant delivered vaginally	710
2	Single liveborn infant delivered by cesarean	442
3	Maternal care for low transverse scar from previous cesarean delivery	100
4	Severe pre-eclampsia complicating childbirth	71
5	Streptococcus B carrier state complicating childbirth	59
6	Pre-existing hypertension with pre-eclampsia complicating childbirth	58
7	Maternal care for other known or suspected poor fetal growth third trimester not applicable or unspecified	46
8	Abnormality in fetal heart rate and rhythm complicating labor and delivery	44
9	Full-term premature rupture of membranes onset of labor within 24 hours of rupture	42
10	Full-term premature rupture of membranes unspecified as to length of time between rupture and onset of labor	40

Shreveport Inpatient Information

Rank	DIAGNOSIS	# of hospitalizations
1	COVID-19	408
2	Hb-SS disease with crisis unspecified	349
3	Single liveborn infant delivered vaginally	342
4	Sepsis unspecified organism	333
5	Single liveborn infant delivered by cesarean	217
6	Hypertensive heart disease with heart failure	212
7	Encounter for antineoplastic chemotherapy	199
8	Acute kidney failure unspecified	198
9	Cerebral infarction unspecified	181
10	Bipolar disorder current episode manic severe with psychotic features	170

Shreveport Emergency Department

Rank	DIAGNOSIS	# of hospitalizations
1	Acute upper respiratory infection unspecified	1,180
2	Chest pain unspecified	884
3	COVID-19	795
4	Hb-SS disease with crisis unspecified	591
5	Major depressive disorder single episode unspecified	443
6	Unspecified abdominal pain	388
7	Headache	370
8	Low back pain	346
9	Nausea with vomiting unspecified	332
10	Other chest pain	323

APPENDIX C

LOCAL ASSETS AND RESOURCES MENTIONED IN FOCUS GROUPS AND INTERVIEWS

Name of organization	Work done	Parish/ Region
318 Latino Marketing	318 Latino Marketing works to provide resources and build bridges between communities, as well as keep newly arrived Hispanics and residents informed about the options of services, products, entertainment, education, culture, health, events, active leaders, etc. 318 Latino is a bicultural and bilingual blog in a platform adapted to the new way of communicating to our Hispanic community.	Caddo
Bossier Head start	The Head Start Program of Bossier Parish comes under the Bossier Parish Police Jury, providing preschool services for children 3 1/2 -5 years of age from no-income to low-income families.	Bossier
Brentwood	Brentwood Hospital is the largest psychiatric hospital in the state providing services for patients age 4 and up. They promote crisis resolution, positive self-awareness, social skills, and personal growth through exceptional mental health services and clinical excellence across acute inpatient and outpatient levels of care.	Caddo
Caddo Bossier Mission	Caddo Bossier Mission provides resources for individuals to eat and a place to sleep. Caddo Bossier Mission provides resources for individuals to eat and a place to sleep.	Caddo, Bossier
Caddo Common Park	Caddo Common Park provides outdoor recreation spaces for physical and outdoor activities.	Caddo
Caddo Juvenile Court	The juvenile court system enforces safeguards for the welfare of children.	Caddo
Caddo Parish Schools	Caddo Parish Schools is a public school system that works to educate children of the Caddo Parish community. The Caddo Parish School system staff strives to ensure a safe, nurturing environment conducive to learning.	Caddo
Centenary	Centenary College of Louisiana is a selective, residential, national liberal arts college.	Caddo
Community of Colors Network, Southern University	Communities of Color Network staff works collaboratively with members of the communities, organizations and partners to connect communities to cessation services available to communities of color.	Region 7
Compassion for Lives	The focus of Compassion for Lives provides services focused on reintegrating individuals back into the community. Populations served include: Prison, veterans, at risk youth, and individuals seeking opportunities for growth.	Caddo
David Raines Community Health Centers	David Raines Community Health Centers provides a network of clinics throughout the city. Specifically assisting communities with Medicaid, Medicare, and no insurance. As well as assisting individuals who cannot wait months for appointments.	Bossier, Caddo, Claiborne and Webster

DeSoto Regional Hospital	DeSoto Regional Health System is a not-for-profit hospital that provides a wide range of health services.	DeSoto, Sabine, and Red River Parishes, parts of East Texas, and beyond.
Goodwill Industries of North Louisiana	Goodwill Industries of North Louisiana, Inc. is a 501(c)(3) not-for-profit agency that serves people with disabilities and other barriers to employment.	Region 7
Mary's House of Louisiana	Mary's House of Louisiana offers free pregnancy tests, free ultrasounds and help for women experiencing unexpected pregnancies in the Shreveport, Louisiana area	Caddo
MiniCine-Texas Avenue	MiniCine-Texas Avenue specializes in helping individuals interested in Fine Arts. In addition, to assisting with community action by assisting with medical transportation and locating health services for surrounding communities.	Caddo, Bossier
MLK Clinic	The MLK Clinic provides health services and resources to members of Caddo Parish. In addition, pharmacy donations are offered in order to assist individuals with medication.	Caddo
Morning Starr Baptist Church	Morning Starr Baptist Church is an organization that works to give back to surrounding communities in need.	Caddo
National Pan-Hellenic Council (Divine Nine)	The NPHC strives to assist communities with community outreach and works as a liaison to help individuals locate health resources.	Caddo
Northwest Louisiana Community Development Cooperation (NWCDC)	NWCDC is a non-profit organization collaborates with businesses and neighbors to provide job opportunities, and improvement environments in urban areas. In addition, the NWCDC ensures individuals have adequate training programs and services available in their community to enhance their quality of life.	Bienville, Bossier, Caddo, Claiborne, DeSoto, Lincoln, Natchitoches, Red River, Sabine, and Webster
Northwestern University	Northwestern State University offers certificates and degrees in undergraduate and graduate programs. Northwestern State University is dedicated to improving our region, state, and nation.	Natchitoches
Ochsner LSU Health System	Ochsner LSU Health System works to provide healthcare services to all surrounding communities.	Region 7

Shreveport Behavioral Health Clinic	Shreveport Behavioral Health clinic provides behavioral health and developmental disabilities services to the residents of Louisiana.	Caddo, Bossier, Webster, Claiborne, Bienville, Red River, Desoto, Sabine, and Natchitoches
Shreveport chapter of National Black Nurses Association (NBNA)	NBNA mission is to provide a forum for collective action by African American nurses to represent and provide a forum for black nurses to advocate for and implement strategies to ensure access to the highest quality of healthcare for persons of color.	Caddo
Shreveport Parks & Recreation	Shreveport Public Assembly & Recreation (SPAR) mission is to provide the citizens and visitors of Shreveport cultural opportunities and leisure services by creating a vital parks and recreation system offering quality of life services, promoting natural space, enhancing the local economy and improving community service.	Caddo
Volunteers of America	Volunteers of America North Louisiana is a faith-based ministry of service that works to provide community outreach opportunities through volunteer services.	Caddo, Bossier and Desoto
YMCA	The YMCA is a nonprofit organization that provides health programs and facilities to surrounding neighborhoods.	Caddo

APPENDIX D

RECOMMENDATIONS FROM PARTICIPANTS

Food Insecurity

“... **address food dessert issue**. Make food affordable. Bring in affordable grocery stores. Best way to keep a community healthy, is to address their diet.”

“Ochsner should **partner with agriculture schools**/degree programs and able to provide and rebuild community gardens, they would be investing in the long-term health of your community. You want to promote long term health.”

“The **schools need healthier meals** for the student population. Also, **community gardens** in the food deserts of Caddo Parish would not only teach people how to grow their own food, but it also teaches people to eat healthier, gives them a sense of community (which is great for mental health), and put them outside to soak up Vitamin D.”

Working with Schools and Young People

“More education is key to anything. Place a greater **emphasis on education in school.**”

“I believe incorporating **healthy habits into the school system** would help the overall health of the community. Teaching a child at a young age about healthy eating, portion control, exercising, etc. will help them be healthier adults.”

“There needs to be a collaboration between the school systems, the hospitals, local celebrities, and local elected officials to push and share on their social media pages the different avenues of support that is out there for people in need. So, I **guess a social media campaign** would be best to educate the public. “

“Have **programs to mentor children** to teach them respect and manners. To teach young men how to be young men. Build kids’ self-esteem. Start young to show them the dangers of drugs, bullying, etc. Offer counseling in Desoto parish. Provide health classes for residents and fun activities for kids to get out and get active.”

Outreach, Communication, and Education

“Education is key to accomplishing anything. People need to know where to go to get the help they need, whether it be mental health or physical health. United Way has a **hotline [311] that acts as sort of a directory** where citizens can call regarding any type of health, they need.... but people don't know about it. People are on their phones more than ever now, so utilizing social media is an excellent way to get the word out. “

“What I think would help is seeing politicians coming in to raise awareness. A **wellness day** to share information about what we have in the community.”

“Raise awareness on some of the services that people can get. We are limited with the pandemic, but we always have a seminar type of gathering to share new resources. Resources in general that people don't know about would speak volumes to this community.”

“I wish we had more ability to **educate our patients**- how to access health care, how to take care of themselves. Not enough auxiliary staff to go around.”

“**Educate younger people in making safer decisions.** Also, sexual abuse and the education around sensitive topics can really help with lowering sex trafficking. Bringing more education to be talked about to families and really invoke a conversation about what is going on within our communities.”

“**Diabetic patients**- how to administer insulin, proper diet, etc. Don't have personnel”.

“Work closely with Ochsner to get things done and address issues once we all can gather again. Health is my concern because people wait too long to see someone. **Just because you don't see a need doesn't mean there's not a need.**”

Reaching Communities and Increasing Access

“Set up **neighborhood healthcare facilities**, not in just the more affluent part. Set them up in Allendale or Cedar Grove so they don't have to come to us to take care of all of N. LA and the surrounding parishes need more access.”

“Making sure services are provided and **overcoming the stigma.** We are looking at people through different lenses. Telehealth as well as virtual visits can be something that can help make a difference especially for mental health and other aspects. Violence is now scattered through the community, the places that use to be safe are now not and spilling into other communities.”

“Create a **space where individuals feel safe** to receive health.”

“Applying the ‘**Boots on the ground**’ mentality and really being out there in the community and mingling to spread the message to communities in need.”

“Using the **community ambassador model** and training people from the community so people can get information from people who look like them who already have that trust in the people of their community.”

“More free **health screenings** and outreach. Plenty of health screenings would help with education process and stop from major issues. Screenings paired with Medicaid sign ups would help a lot. If Ochsner has someone solely committed to Medicaid and Medicare, it would bring in more revenue and shows outreach to community.”

“Provide more Hispanic dentist, Hispanic doctors, and allocating resources so the **Hispanic population** know what resources are available and how to access services.”

Other Recommendation Themes Mentioned

- Workforce Development
- Parent/Child Health Education
- Readily Available Nutritionist
- Increase Community Engagement

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 Informants Meeting Requirement
1) Persons with special knowledge of or expertise in public health	26
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	17
3) <i>Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs, in the community served by the hospital facility.</i>	9

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

- OLHS
- 318 Latino Marketing
- Caddo Juvenile Court
- Centenary College
- Parish of Caddo
- Shreveport Parks & Rec
- Mary's House
- Desoto Parish Police Jury
- Bossier Head Start
- Northwestern University
- Caddo Parish Schools
- North Caddo Medical Center
- Goodwill Industries of North Louisiana
- A Touch of Mercy
- Tuberculosis Clinic
- Shreveport Black Nurses Association
- St. Rest Baptist Church Community Garden
- LSU Agriculture
- LDH Office of Public Health Region 7
- Louisiana Department of Health (LDH)
- Northwest Louisiana Human Service District
- Northwest Louisiana Community Cooperation
- Louisiana Healthy Communities Coalition
- Healthy Birth Ambassadors
- Louisiana Healthcare Connections
- AmeriHealth Caritas Louisiana
- Community of Colors Network (Southern University)
- Compassion for Lives

APPENDIX F

DEMOGRAPHIC DATA FROM COMMUNITY INPUT SURVEY

Community Input Survey	
Community	
N	126
Mean Age	28
Black	74.79%
White	22.69%
Other	2.52%
Female	80.33%
Male	19.67%
Employed for wages	74.60%
Self-employed	13.49%
out of work and looking	2.38%
out of work and not looking	2.38%
retired	7.14%
Hospital Staff	
N	77
Mean Age	20
Black	37.33%
White	57.33%
Other	4%
Female	89.61%
Male	9.09%

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	https://www.fcc.gov/general/form-477-county-data-internet-access-services
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