LOUISIANA BEHAVIORAL HEALTH

Ochsner | LSU Health SHREVEPORT

In partnership with Oceans Healthcare

Community Health Needs Assessment

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Executive Summary

Louisiana Behavioral Health and Ochsner Health are pleased to present this Community Health Needs Assessment to the community. This effort represents Louisiana Behavioral Health and partnerships with Ochsner LSU Health Shreveport and Oceans Healthcare as well as input from community stakeholders.

Following review of data and input from community stakeholders the team recognizes the following community health priorities as part of this assessment process:

- Access to and Continuity of Care
- Health Literacy and Education
- Community Engagement

When addressing these health priorities, some will be addressed through healthcare services while others are root causes of health conditions that may rely on community programs and policy changes. The institutions represented by this report are motivated by the spirit of cooperation and the opportunity to build a stronger community by uniting to identify and address community health needs.

About the Hospital

Louisiana Behavioral Health

Louisiana Behavioral Health is a partnership between Ochsner LSU Health Shreveport and Oceans Healthcare, two Louisiana-based providers leading the transformation of behavioral health care through evidence-based, patient-centered treatment for adolescents, adults and seniors. Our facility is located at 9320 Linwood Ave, Shreveport, LA 71106

Our inpatient care services provide concentrated, evidence-based treatment to help individuals achieve stability and transition to a lower level of care. Our intensive outpatient programs encourage long-term management and daily progress toward ongoing healing. Individual therapy sessions are personalized and focused on comprehensive wellbeing. Group therapy sessions are conducted separately so adolescents, adults and seniors receive the care best suited to their needs.

The Community Health Needs Assessment

The Community Health Needs Assessment defines opportunities for health care improvement, creates a collaborative community environment to engage multiple change agents, and is an open and transparent process to listen and truly understand the health needs of Caddo and Bossier Parishes. It also provides an opportunity for the hospital to identify valuable collaborative partners as we try to better serve the community and improve the health of our citizens.

The federal government now requires that non-profit hospitals conduct a community health assessment. These collaborative studies help health care providers build stronger relationships with their communities, identify needs, and dedicate funding and other resources toward programs that clearly benefit local residents.

We are pleased to share with our community the results of our Community Health Needs Assessment. This is the first Community Health Needs Assessment conducted by Louisiana Behavioral Health.

Data Collection

Primary and secondary data was gathered, reviewed, and analyzed so the most accurate information was available in determining the community's health needs and appropriate implementation process.

Primary Data**:** collected by the assessment team directly from the community through conversations, and a community forum.

Secondary Data**:** collected from sources outside the community and from sources other than the assessment team; information that has already been collected, collated, and analyzed; provides an accurate look at the overall status of the community.

Secondary Data Sources

- The United States Census Bureau
- U.S. Department of Health & Human Services
- County Health Rankings
- Louisiana State Department of Health
- Centers for Disease Control & Prevention

About the Community

Service Area

Louisiana Behavioral Health patients come from across the North Louisiana region. For the purposes of the CHNA report, the facilities chose the parishes of Caddo & Bossier as their region of service area. Because this community was chosen purely by geography, it includes medically underserved, low income, and minority populations. All patients within the parishes' service area, regardless of health insurance or the ability to pay for care, were considered.

Demographics

Category		Caddo	Bossier	LA	USA
Size	Population	233,092	129,144	4,624,047	331,893,745
Age	% Below 18 Years of Age	24%	25%	23%	22%
	% 65 and Older	18%	15%	16%	16%
Language	% Not Proficient in English	0%	2%	1%	4%
Gender	% Female	53%	51%	51%	51%
Dwelling	% Rural	14%	24%	26%	19%

Demographics: Race and Ethnicity

Category	Caddo	Bossier	LA	USA
Non-Hispanic Black	50%	24%	32%	13%
American Indian or Alaska Native	1%	1%	1%	1%
Asian	1%	2%	2%	6%
Native Hawaiian or Other Pacific Islander	0%	0%	0%	0%
Hispanic	3%	7%	6%	19%
Non-Hispanic White	44%	65%	58%	59%

Community Input

CHNA Steering Committee

The committee is responsible for the oversight, design, and implementation of the CHNA. It will continue to collect information, establish community relationships, and oversee the budget and funding sources. Adhering to an agreed upon timeline, the committee will generate, prioritize, and select approaches to address community health needs. The committee will also monitor, quarterly, the implementation of the 2024 health initiatives. It will remain aware of any changing needs or health care issues and redirect the health improvement activities as appropriate. The hospital's administrator developed the hospital steering committee, which will also oversee the creation of the community health implementation plan.

Community Focus Group

A Community Focus Group was held on December 19. 2023. The participants in this diverse group were carefully selected because they each represented a specific segment of the populations served. In addition, they can act as a continuous conduit between the community and the leadership of the hospital. Careful consideration was given in choosing participants who represented an inclusive blend of the community served. These participants contributed to a structured discussion which was facilitated by a public expert from Ochsner Health.

This focus group provided a deliberative venue for learning, trust-building, creative problem solving, and information gathering, which ultimately served as a valuable resource for the CHNA Steering Committee as it developed the hospital's health priorities for the next three years. Since the focus group was based on open communication and critical deliberation, it will hopefully lead to improved community relations, trust, and collaborative partnerships as the hospital strives to improve the overall health of the community.

Community Input

The Community Focus Group was just one way the hospital gained insight from those the hospital serves. Each participant brought valuable input about various population groups of the parishes. Those who were invited, but were unable to attend, have been encouraged to share their knowledge of specific health needs with the hospital administrator and the CHNA Steering Committee.

A variety of health care topics were introduced to the group for discussion. These discussion points were intended to solicit insights into problems and to discover the perceptions of the participants in the group. Discussion topics included:

- Access to quality mental and behavioral health care, especially evidenced based treatment
- Providing needed services to vulnerable populations
- Understanding of mental health diagnoses, especially by the whole family

Community Input, Continued

- Expanding coverage for services to the broader community
- Lack of support for families, especially single-parent households
- Awareness of available resources in the community
- Building community relationships
- Affects of crime, violence, and firearms in the community
- Stigma related to receiving mental health services

The group expressed concern over the problem of access to affordable and quality mental and behavioral health services, especially for underserved segments of the population. There are many options available they vary widely in terms of quality and affordability. People expressed that a bad experience with one provider could affect the willingness to seek future care. There was also concern that many providers are not using evidence based practices, which may also affect quality of care.

"The rehab agencies…Some of them are very good. Some of them are not so good. There's a lot of them. It's not so much a problem with getting in to see people, it's getting good quality care."

Insurance came up repeatedly as a concern for receiving mental and behavioral health services. There are services available to people with Medicaid, but they are not consistent. Many assume no services are available. Facilities that take Medicaid do not take other type of insurance. Because reimbursement with insurance companies is felt as too cumbersome, some providers are only accepting cash for services and leaving it to individuals to file claims. In other cases, care may be affordable, but the quality of services is not.

There was also a lack of intermediary services for people who need mental or behavioral health services that are not acute hospital or outpatient. There's no residential settings, especially for adults. There's a problem with case management services for people that are not in the hospital. If people are outpatient and don't make appointments, there is no follow up for their care. There has been limited response from state services that have been setup for severely mental ill patients or mentally ill patients who are not allowed in nursing homes.

Medication management was another recurring theme. Due to the lack of case management and intermediary services, accessing refills is a barrier to many patients. Hospitalizations increase due to people unable to get their medications refilled.

Through the discussion, it was determined that there are actually more mental and behavioral health services available than the general public is aware. There are various providers and programs but the awareness of their services is not widely known in the parishes. Communicating the availability of the services and how to access them was identified as one of the main perceptions of the problem of access.

Community Input, Continued

"I see there are a ton of resources for parents, and we work with parents. They come from all different types of backgrounds, all different types of ethnicities, and so forth, who still, no matter how stable they are, as far as socioeconomic status goes…They still do not know all the services that are available to them. So I think getting that information out is somewhere. Where is the disconnect? We're lacking."

Lack of support for families was mentioned throughout the conversation. Many parents want to access services for themselves or their children, but don't have the capacity to navigate systems with other responsibilities and pressures. Mentorship was discussed as a possible solution to children with single-parent households. Grandparents were mentioned as a great resource and a potential support or way to reach more families.

Difficulty reaching rural communities was also mentioned. There are a lack of resources and big gaps, especially as it related to broadband access.

Building community relationships was discussed throughout the focus group. Reaching communities with education was seen as a way of education people about resources available as well as reducing stigma with using resources. It was voiced that it can be difficult to have community members come to events hosted by hospitals and schools, so the best way to reach the community was by joining existing community events.

"That's one of the biggest things you know that we try to do is get out to the community and meet people where they're where they are, so that way they don't feel so ashamed or so like, I don't have you know the support there or whatnot."

Crime and violence were discussed as a community health need as well. Increase in crime was mentioned throughout the conversation, especially in Caddo Parish. The secondary affects of crime and violence were discussed as potentially leading to mental health concerns. Additionally, while schools were overall seen as safe, schools were one of the few refuges for kids who do not feel safe in their neighborhoods.

Rural Health Disparities

Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease and/or disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to health care specialists and subspecialists, and limited job opportunities. This inequality is intensified as rural residents are less likely to have employer-provided health insurance coverage, and if they are poor, often are not covered by Medicaid.

According to the Center for Disease Control and Prevention, chronic diseases are the leading causes of death and disability in America, and they affect some populations more than others. People who live in rural areas, for example, are more likely than urban residents to die prematurely from all of the five leading causes of death: heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke. These rural health disparities have many causes.

What are the Causes of Rural Health Disparities?

The origins of health disparities in rural America are numerous and vary by region. Some frequently cited factors underlying rural health disparities include health care access, socioeconomic status, health-related behaviors, chronic conditions, and more.

- **Health Behaviors:** Rural residents often have limited access to healthy foods and fewer opportunities to be physically active compared to their urban counterparts, which can lead to conditions such as obesity and high blood pressure. Rural residents also have higher rates of smoking, which increases the risk of many chronic diseases.
- **Health Care Access:** Rural counties have fewer health care workers, specialists (such as cancer doctors), critical care units, emergency facilities, and transportation options. Residents are also more likely to be uninsured and to live farther away from health services.
- **Healthy Food Access:** National and local food studies suggest that residents of low-income, minority, and rural neighborhoods often have less access to supermarkets and healthy foods.
- **Demographic Characteristics:** Residents of rural areas tend to be older, with lower incomes and less education than their urban counterparts. These factors are linked to poor health.

Social Determinants of Health

What Determines our Health?

This CHNA report has provided many statistics on what diseases and life-threatening occurrences are attributable to the mortality rates of the residents of Caddo and Bossier parishes. We must keep in

mind for every one death that is illustrated in these statistics, there are tens more who are fortunate enough not to have died but may continue to live only through constant hospitalizations and frequent medical intervention. So, the actual health care costs and demands on the health care delivery system are much greater for trying to maintain the quality of life for those who are living with these medical conditions.

Our health is greatly impacted by three major factors. First, is heredity. Many people are born with genetic pathways that make them much more susceptible to various disease entities. Second, is the way we live – our lifestyle. Nutrition, exercise, and life habits, like smoking, abuse of alcohol and drugs, plus other risky behaviors, are components of one's lifestyle. The third is called social determinants of health. These are social and environmental influences which are frequently beyond one's control.

Social Determinants of Health

According to the Centers for Disease Control and Prevention, social determinates of health ("SDOH") are conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.

These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. Social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries.

The CDC's Healthy People 2030 Outlines Five Key Areas of SDOH:

Health care Access and Quality

The connection between people's access to and understanding of health services and their own health.

This domain includes key issues such as access to health care, access to primary care, health insurance coverage, and health literacy.

Education Access and Quality

The connection of education to health and well-being.

This includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context

The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being.

This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.

Economic Stability

The connection between the financial resources people have – income, cost of living, socioeconomic status – and their health.

This area includes key issues such as poverty, employment, food security, and housing stability.

Neighborhood and Built Environment

The connection between where a person lives – housing, neighborhood, and environment – and their health and well-being.

This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

Levels of Health Among States

Like many other things, health levels and statistics are not uniform across all 50 states. This is evident in obesity rates across the country. Obesity is a major health problem in the United States. It can lead to other serious health problems such as certain types of cancer, type 2 diabetes, heart disease, and stroke. The Centers for Disease Control and Prevention (CDC) reported that the adult obesity rate in the U.S. was 42.4% in 2017 – 2018. This is a significant increase from 30.5% in 1999 – 2000. The states with the highest obesity rates are West Virginia, Mississippi, Alabama, and Louisiana.

The prevalence of diabetes in the U.S. has increased from 9.5% to 10.9% from 2012 to 2018. While healthy behaviors and active lifestyles are the largest contributors to good health, health can be affected by several factors, including housing, financial safety (especially household income), lifestyle/culture, employment, community safety, education, and environment. Since these factors can vary greatly between states, each state has a different overall level of health and well-being.\

Length of Life

Category		Caddo	Bossier	LA	USA
Premature Death	Yrs of potential life lost before age 75 per 100K	12,100	8,000	10,200	7,300
Life Expectancy		74	77	75	79
Premature Age-Adjusted Mortality	# deaths under age 75 per 100K	560	410	490	360
Child Mortality	# deaths under 18 yrs per 100K	90	60	70	50
Infant Mortality	# deaths under age 1 per 1000 live births	11	8	8	6

Compared to the US averages, Caddo has almost:

- Higher premature deaths
- 5 years shorter life expectancy
- 200 more premature deaths
- Higher child mortality
- Higher infant mortality

Quality of Life

Category	Description	Caddo	Bossier	LA	USA
Poor or Fair Health	% adults reporting	21%	17%	19%	12%
Poor Physical Health Days	Days in Past 30 days	4.1	3.7	4	3
Poor Mental Health	Days reported in past 30 days	6	5.7	5.7	4.4
Low Birthweight	% of live births	14%	11%	11%	8%
Frequent Physical Distress	Adults w/ 14+ days reporting poor physical health per month	13%	11%	13%	9%
Frequent Mental Distress	Adults w/14+ days reporting poor mental health per month	18%	17%	18%	14%
Diabetes Prevalence	% of adults diagnosed	15%	11%	13%	9%
HIV Prevalence	People over age 13 diagnosed	534	484	553	380

Health Behaviors (Food & Drink)

Category	Description	Caddo	Bossier	LA	USA
Adult Obesity	Adults w/ BMI >30 kg/m2	44%	39%	38%	32%
Food Environment Index	Index of factors. 0 Worst-10 Best	6	7	5	7
Excessive Drinking	% adults reporting binge or heavy drinking	20%	20%	22%	19%
Alcohol-Impaired Driving Deaths	% driving deaths w/ alcohol involvement	36%	22%	31%	27%
Food Insecurity	% lacking adequate access to food	16%	13%	14%	12%
Limited Access to Healthy Foods	% who are low-income and do not live close to grocery store	16%	11%	11%	6%

Health Behaviors (Exercise)

Category	Description	Caddo	Bossier	LA	USA
Physical Inactivity	% adults reporting no leisure-time physical activity	33%	29%	28%	22%
Access to Exercise Opportunities	% w/ adequate access to locations for physical activity	85%	72%	76%	84%

Health Behaviors (Other)

Category	Description	Caddo	Bossier	LA	USA
Sexually Transmitted Infections	# newly diagnosed chlamydia per 100K	757	509	710	481
Teen Births	# births per 1000 females ages 15-19	37	26	30	19
Drug Overdose Deaths	# drug poisoning deaths per 100K	12	10	31	23
Insufficient Sleep	% adults reporting less than 7 hrs of sleep on average	42%	38%	37%	33%

Clinical Care (Preventative)

Category		Caddo	Bossier	LA	USA
Primary Care Physicians	Ratio of population to primary care physicians	790:1	2,090:1	1,430:1	1,310:1
Dentists	Ratio of population to dentists	1,210:1	1,840:1	1,720:1	1,380:1
Mental Health Providers	Ratio of population to mental health providers	140:1	450:1	310:1	340:1
Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100K Medicare enrollees	4,515	4,206	3,787	2,809
Mammography Screening	% female Medicare enrollees age 65-74 that received an annual mammography screening	37%	35%	37%	37%
Flu Vaccinations	% of fee-for service Medicare enrollees that had an annual flu vaccine	44%	48%	45%	51%
Other Primary Care Providers	Ratio of population to primary care providers other than physicians.	540:1	1,540:1	810:1	810:1

Clinical Care (Other)

Category		Caddo	Bossier	LA	USA
Uninsured		9%	9%	10%	10%
	Uninsured Adults under 65	12%	11%	12%	12%
	Uninsured Children	4%	4%	4%	5%

Social and Economic Factors (Youth and Education)

Category		Caddo	Bossier	LA	USA
High School Completion	% adults ages 25+ w high school diploma or equivalent	87%	90%	86%	89%
High School Graduation	% 9th grade cohort graduating in four yrs	83%	92%	84%	87%
Some College	% adults ages 25-44	58%	65%	58%	67%
Disconnected Youth	% ages 16-19 neither working or in school	13%	14%	10%	7%
School Segregation	Index from 0-1 showing extent that different races and ethnicities are unevenly distributed. Higher values representing more segregation.	0.22	0.11	0.26	0.25
School Funding Adequacy	Avg gap in $ between actual and required spending per pupil	($4,328)	($1,157)	($2,658)	$1,062
Child Care Centers	# of centers per 1000 children under 5	5	4	4	7

Social and Economic Factors (Income)

Category		Caddo	Bossier	LA	USA
Unemployment	% of population ages 16 + unemployed but seeking work	6.20%	3.90%	5.50%	5.40%
Median Household Income		$45,000	$61,200	$52,100	$69,700
Living Wage	Hourly wage needed to cover basic household expenses plus taxes for one adult and two children	$42.41	$41.17	$41.60	
Gender Pay Gap	Cents on the dollar representing the ratio of women's median earnings to men's, for full-time year-round workers	$0.72	$0.8	$0.71	$0.81
Income Inequality	Ratio of household income at the 80 percentile to income at the 20th percentile	5.9	5.1	5.7	4.9

Social and Economic Factors (Families)

Category		Caddo	Bossier	LA	USA
Children In Poverty		34%	20%	27%	17%
Child Care Cost Burden	Cost of childcare for household with 2 children as a % of median household income	37%	24%	32%	27%
Children Eligible for Free or Reduced Price Lunch	% enrolled in public schools	58%	31%	55%	53%
Children in Single-Parent Households		46%	27%	35%	25%

Social and Economic Factors (Deaths)

Category		Caddo	Bossier	LA	USA
Homicides	Per 100K	20	7	14	6
Suicides	Per 100K	13	14	15	14
Firearm Fatalities	Per 100K	31	15	22	12
Motor Vehicle Crash Deaths	Per 100K	16	12	17	12
Injury Deaths	Per 100K	88	64	96	76

Social and Economic Factors (Other)

Category		Caddo	Bossier	LA	USA
Residential Segregation	Black/white	57	36	57	63
Voter Turnout	% 18 + who voted in 2020 Presidential Election	57%	58%	62%	68%
Census Participation	2020	62%	61%		65%
Social Associations	% of membership associations per 10K	12	7	9	9

Physical Environment

Category		Caddo	Bossier	LA	USA
Air Pollution-Particulate Matter	Avg daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	10.7	10.3	8.6	7.4
Drinking Water Violations	Indicator of the presence of health-related drinking water violations	Yes	Yes		
Severe Housing Problems	% households with at least 1 of 4: overcrowding, high cost, lack of kitchen, lack of plumbing	18%	14%	16%	17%
Driving Alone to Work	% workforce driving alone to work	83%	83%	81%	73%
Long Commute – Driving	% of solo drivers commuting more than 30 min	19%	26%	34%	37%
Traffic Volume	Volume per meter of major roadways in the county	395	300	507	505
Homeownership		60%	65%	67%	65%
Severe Housing Cost Burden	% of households that spend 50% or more of their household income on housing	18%	14%	14%	14%
Broadband Access	% of households	76%	72%	81%	87%

Updates from the CHIP

This is the first Community Health Needs Assessment and Community Health Implementation Plan for Louisiana Behavioral Health, so there are not updates from previous plans.

Responding to the Community

What We Learned

The information gathered from the community was very uniform and was also consistent with the quantitative data. The most common needs mentioned by the community members were related to access to care, health education, and community engagement.

Prioritization

The Steering Committee understood the facts the primary and secondary data communicated in reference to the health of the citizens of Caddo and Bossier parishes. These information sources included data gathered from state and federal sources and community focus group. Community input is shared throughout this report.

Data presented in the assessment is the most recent data available and was gathered between August and November 2023. The CHNA Steering Committee reviewed this information and combined it with

the empirical data gained from hands-on care experience. The next step was to determine the broader set of identified needs. Through this assessment process, identified needs were then narrowed to a set of significant needs which were determined most crucial for community stakeholders to address. Following the completion of the CHNA assessment, significant needs were further narrowed down to a set of prioritized needs that the hospital will address within the implementation strategy.

The criteria used to prioritize the significant needs were:

- Importance of the problem to the community
- Magnitude: the number of people impacted by the problem
- Severity: the risk of morbidity and mortality associated with the problem
- Alignment with health system priorities and available resources

The four main categories of need were determined to be:

- Access to and Continuity of Care
- Health Literacy and Education
- Community Engagement

The health issues identified will be narrowed to obtainable goals which Louisiana Behavioral Health can, along with community partners, collaboratively address. The Community Health Implementation Plan (CHIP) will address the process. The hospital understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this implementation strategy, Louisiana Behavioral Health has chosen to focus its efforts on the priorities listed above.

Thank You

This comprehensive assessment will allow us to better understand the needs and concerns of our community. As always, through this commitment to compassionate and mission-focused health care, we are honored to work closely with our collaborative partners in our community to provide outstanding health care and create a healthier world for the residents of Bossier Parish, Caddo Parish, and surrounding areas.

Our sincere thanks to all those who took part in this process. We are especially grateful to the members of the Louisiana Behavioral Health family and the health system's leadership. Through their guidance, we are able to continue our mission in our wonderful, communities in Louisiana.

Our CHNA Steering Committee members and all those who participated in our Community Focus Group, either by their attendance at the Forum or by conversations, deserve a special thanks for their time, support, and insight. Their input has been invaluable.