2024 MONROE

Community Health Needs Assessment

Ochsner | LSU Health SHREVEPORT

United Way of Northwest Louisiana

LPHI LOUISIANA PUBLIC HEALTH INSTITUTE

Ochsner LSU Health Shreveport Monroe Medical Center

Drafted July 2024

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Executive Summary

Ochsner Health contracted with the Louisiana Public Health Institute (LPHI) and community partners at the United Way of Northwest Louisiana (UW-NWLA) to carry out the 2024 Community Health Needs Assessment (CHNA) for the Monroe, Louisiana area. This report summarizes the findings of the CHNA for the region and describes community health needs identified as top priorities.

The report serves as the 2024 CHNA for the **Ochsner LSU Health Shreveport Monroe Medical Center facility**.

For this assessment, partners defined the Monroe community as parishes where most of their patients reside, which include Jackson, Lincoln, Morehouse, Ouachita, and Union Parishes.

LPHI used a collaborative, mixed-methods approach to determine significant needs and concerns. The collaborative structure involved United Way of Northeast Louisiana leading community engagement efforts including data collection by promoting surveys, conducting interviews, and hosting community discussions. LPHI developed all data collection tools, conducted data analysis, provided technical assistance, and hosted group calls.

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

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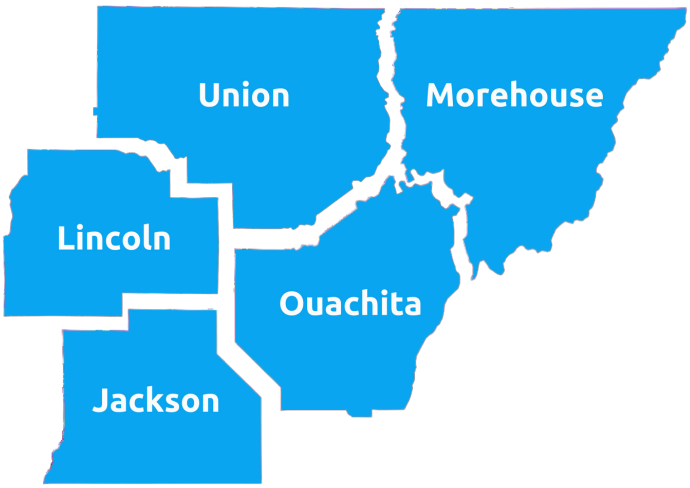
High-level oversight and guidance

United Way of Northeast Louisiana

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



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

As a result of the CHNA process, five community health needs were identified as top priorities. Brief descriptions of each health need are provided in the section that follows.

Description of Needs

Access to Healthcare

Barriers to care include access (public transportation and medical transport, appointment availability) and affordability (medical costs) in care. As a result, many community members expressed challenges in accessing primary care, dental care, eye care, and sexual and reproductive health. Communities that experience more significant challenges in accessing care include older adults and people with disabilities. Not having these needs met means that issues may go undiagnosed, causing worse health risks and increased individual and system-level costs over time as evidenced by the high rate of preventable hospital stays in the region.

Health Outcomes & Population Health

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

Educating the Next Generation

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

Economic Development

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

Community Partnerships

Community needs and challenges require collaborative solutions to improve the physical, mental, emotional, educational, and economic health. Social and community context is one of the pillars of the social determinants of health. Community support and partnerships will be essential to addressing all of the above priorities. Referral networks and comprehensive resource guides can facilitate access to support for community members. Schools, churches, and law enforcement are trusted institutions that can be engaged to expand mental health and substance use training. Partnering with known organizations can also allow for expansion of health literacy and address topics such as benefits, assistance options, use of online tools, and asking questions during appointments. The work of the CHIP and CHNA will be under a unified subcommittee. This will improve the community engagement, leadership, and oversight of the assessment and improvement planning process.

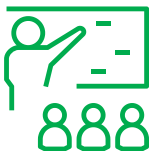
The aforementioned priorities are shown below.

Access to Healthcare

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

Health Outcomes

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



Educating the Next Generation

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

Economic Development

Broadband Access - Housing - Food Access

Community Partnerships

Referral Networks and Community Networks of Support - Community Trust

Background

CHNA Overview

With the enactment of the Patient Protection and Affordable Care Act (PPACA), tax-exempt hospitals are required to conduct a CHNA and develop implementation strategies to better meet the community health needs identified every three years[1]. Section 501(r)(3)[2] requires an authorized body at the hospital facility to adopt a documented CHNA that is available to the public, available for feedback, and includes the following:

- A definition of the community served by the hospital facility and a description of how the community was determined.
- A description of the process and methods used to conduct the CHNA.
- A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.
- A prioritized description of the significant health needs identified through the CHNA, including a description of the process and criteria used in identifying certain health needs as significant and prioritizing those needs.
- Resources potentially available to address the significant health needs identified.
- An evaluation of the impact of any actions that were taken to address significant health needs identified in the prior CHNA.

Assessment Approach & Process

A collaborative approach for the CHNA was taken, with key partners being United Way of Northeast Louisiana, the Louisiana Public Health Institute (LPHI), and Community Benefits officials with Ochsner Health. LPHI was contracted to develop the CHNA and accompanying CHIP reports for participating hospital facilities. LPHI brings extensive history leading and supporting health systems, federally qualified health centers (FQHCs), and state/local health departments in the development of assessments and strategies based in health equity and population health.

United Way of Northeast Louisiana was contracted to carry out implementation of data collection tools and community input processes on the ground. United Way chapters in Louisiana collaborate across individuals, companies, and agencies to meet essential needs of people in communities. As trusted organizations in North Louisiana, their practices and relationships were a crucial part of being able to accomplish the CHNA.

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

[1] Hospital organizations use Form 990, Schedule H, Hospitals, to provide information on the activities and community benefit provided by its hospital facilities and other non-hospital healthcare facilities, which is separate from this report.
[2] Available at: https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3
[3] CDC. (2024). Social Determinants of Health. Retrieved from https://www.cdc.gov/about/priorities/why-is-addressing-sdoh-important.html.

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

Overview of Collaborative Data Collection

LPHI relied on a cohort call model to move the CHNA data collection forward. Cohort models can improve capacity establishing an "infrastructure of relationships" that allow efforts to accomplish more in concert than through individual actions alone[5]. The first kickoff call served as a way to bring all partners together and introduce one another and the CHNA effort. There was also a group discussion held on UW partners' data collection practices that had worked well for them to engage individuals in the past. This discussion was an essential element that allowed LPHI to develop a data process that would be practical for the on-the-ground settings in which community input was solicited. Protocols included "best practices" documents for the surveys and interviews, template language for survey promotion, a form for recording methods of distributing the survey, interview notetaking templates, and interview question guides. These materials were reviewed by the teams and housed on a data sharing platform to ensure updates would be available to the group in real time.

Subsequent weekly cohort calls consisted of an icebreaker, announcements and updates, a report of survey counts, and a "share-out" for partners to report on community data activities and ask questions. The general timeline for the CHNA was also included in each call to ensure that deadlines were known and discussed. This structure allowed for two-way discussions. During these discussions feedback was provided, allowing the teams to adjust and make changes in real-time to best meet the needs of the communities and partners.

Data Analysis & Prioritization

LPHI uses a mixed methods approach to assessments and draws on evidence-based practices, population health, and health equity assessment frameworks. Community input processes were designed through four modes: an online survey, interviews, community discussions, and cohort calls. Recommendations and key priorities were developed by synthesizing findings across all forms of community input data with external data. The CHNA survey was analyzed using frequencies, with a emphasis on the community health and access to care questions. Some frequencies were also conducted by race to examine potential differences among Black and White respondents (who were the primary respondents to the survey). Secondary data was utilized at every step to complement and add context to findings where selection bias may have been present in the survey. Interview notes were examined for major themes and examples or anecdotes that illustrated those themes. Finally, notes from other community input efforts were also utilized where relevant. These data sources were triangulated to highlight major challenges and concerns in the community.
As this input was gathered for the purpose of this assessment and participation was limited, these findings may not be generalizable to the larger community. See Appendices C and D for details on the assessment approach and methodology, respectively.

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

Using this CHNA

This document serves as the 2024 CHNA report for the Ochsner LSU Health Shreveport Monroe Medical Center facility. For this assessment, partners defined their community as both metropolitan and rural parishes surrounding Monroe: Jackson, Lincoln, Morehouse, Ouachita, and Union parishes.

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

Therefore, this CHNA serves multiple purposes:

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

Overview of Facility

Founded in October 2018, Ochsner LSU Health Shreveport (OLHS) is a public-private partnership between the nationally recognized health system Ochsner Health and the academic and research center LSU Health Shreveport. With more than 4,200 employees and approximately 950 physicians, including LSU medical residents and fellows, Ochsner and LSU share a mission to expand access to care and improve the health and wellness of communities, to make North Louisiana a healthy place to live, work, and raise a family. Building on the strengths of both partners, OLHS is leading the region in preventative, primary, and acute care services.

Ochsner LSU Health Shreveport Monroe Medical Center is a 244-bed hospital with a 24-hour Emergency Department. The facility also houses an urgent care clinic, a family medicine clinic, and inpatient nephrology with 24/7 dialysis services.

The OLHS system is made up of multiple hospital facilities, primary care centers, urgent care centers, and specialty providers. This Community Health Needs Assessment focuses on the hospital facility located in the City of Monroe and the wider community that the facility serves.

Defining the Community

For the purposes of this assessment, CHNA partners and key stakeholders identified the breadth of the assessment should serve the residents of Ouachita parish and surrounding parishes where most patients reside. This community was defined as all residents of Jackson, Lincoln, Morehouse, Ouachita, and Union parishes. This community includes medically underserved, low income, and minority populations.

Secondary data also illustrates the range of demographic backgrounds of the community. As shown in Table 1 below, Ouachita parish has the largest overall population, reflecting its proximity to the city of Monroe.

All parishes in the region have a high level of racial diversity, with Ouachita (38%), Morehouse (49%), and Lincoln parishes (39%) having a Black/African-American population that is higher than the state average of 33%. Although the state of Louisiana has a senior population of 16%, some parishes have a higher proportion than this, with Jackson and Union having a senior population of at least 20%.

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

	Jackson	Lincoln	Morehouse	Ouchita	Union	Louisiana
	Age					
Median Age	41.4	28.3	40	36.5	42.5	37.6
Under 18 Years	21.5%	19.6%	23.2%	24.5%	21.7%	23.3%
65 Years and Over	20.5%	13.8%	19.0%	15.3%	21.4%	16.0%
	Race, Ethnicity, and Language					
African American/Black	26.6%	38.9%	48.7%	38.4%	25.0%	33.4%
White	71.0%	58.8%	50.3%	59.5%	72.9%	63.8%
American Indian/Alaska Native	3.5%	2.6%	0.9%	0.8%	0.9%	2.3%
Asian	0.3%	2.0%	0.5%	1.4%	0.9%	2.3%
Other Race	2.8%	3.4%	1.5%	2.5%	3.3%	4.5%
Histpanic Ethnicity	2.0%	3.2%	1.5%	2.3%	5.2%	5.5%
Speaks a Language Other than English	2.0%	3.2%	1.5%	2.3%	5.2%	7.6%
Total Population	15,098	48,323	25,438	159,585	21,049	4,640,546

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

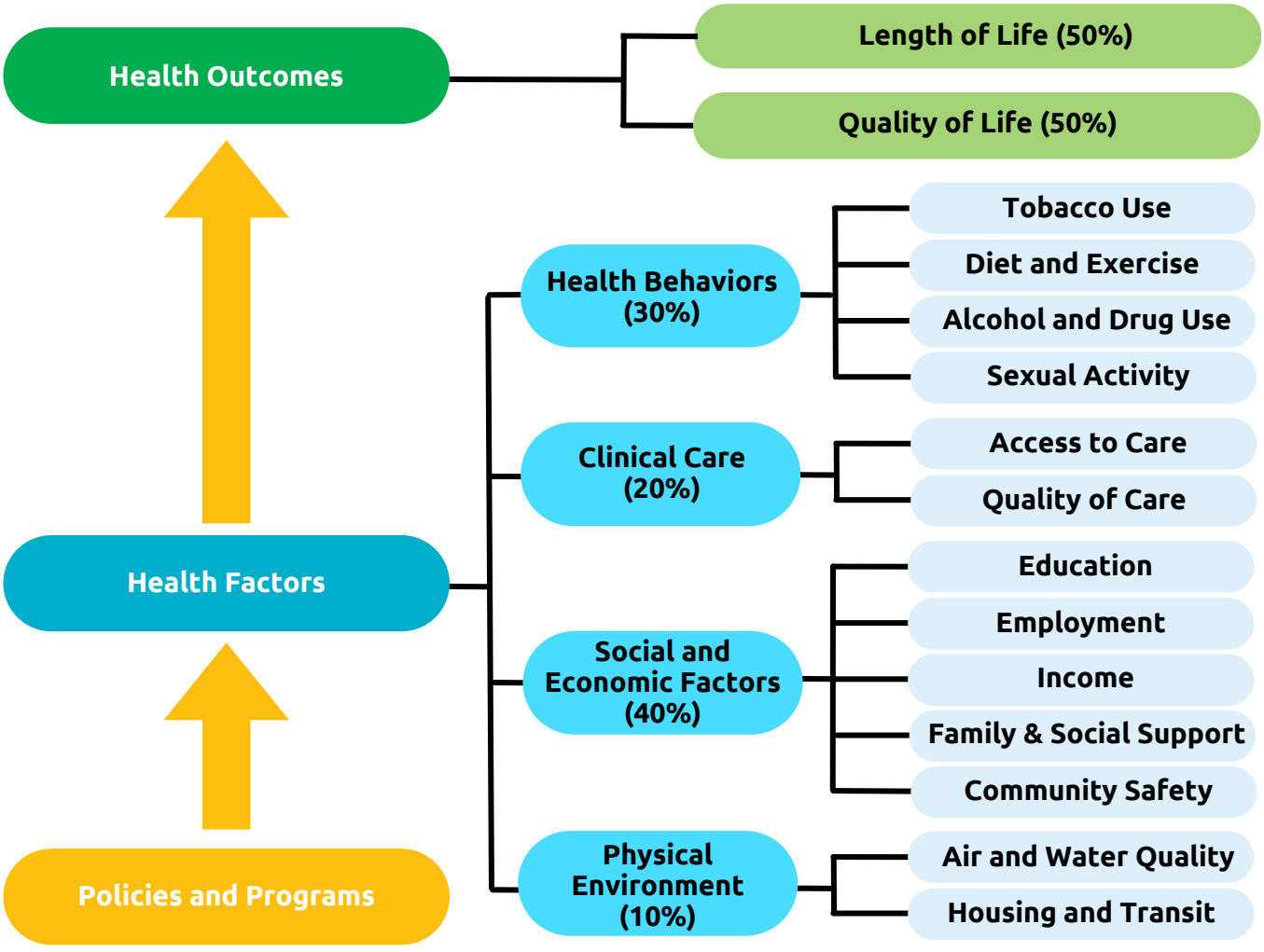
Key Findings

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

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

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

Figure 1: County Health Rankings Model



County Health Rankings modell (c) 2014 UWPHI

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

Social and Economic Factors

Socioeconomic factors such as workforce and cost of living play a major role in shaping healthcare affordability as well as health behaviors of residents in the Monroe area.

Of the Monroe survey respondents, 78% indicated they were employed full-time, and 69% indicated that they had a college degree or higher.

Household income of respondents was also considered in the context of United Way's Asset Limited, Income Constrained, Employed (ALICE) data, which determines the percentage of households in a parish that have an income higher than the poverty line, but not enough to meet the cost of living in a given parish.

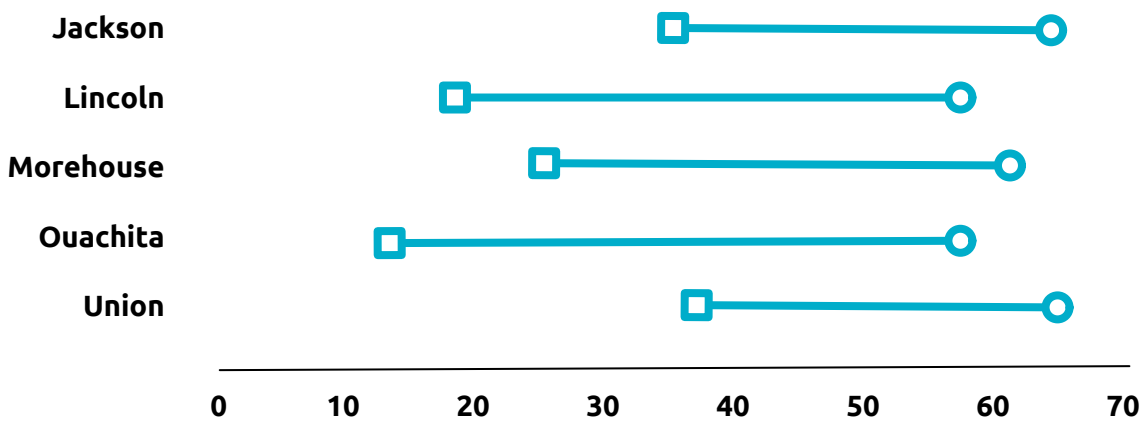
It is important to contrast this sample with parish-level ALICE data on income and poverty (Table 2). The Monroe facility serves a community that is made up of between 26% to 38% lower-middle income families. Income inequality (measured by the income ratio of those at the 80th percentile to those at the 20th percentile), is high as well. The community served by this facility has a higher income inequality than the state average, with the exception of Jackson Parish.

Table 2: Income Inequality and ALICE Households in Monroe

	Jackson	Lincoln	Morehouse	Ouchita	Union	Louisiana
Percent of ALICE Households	36%	38%	36%	26%	31%	32%
Income Inequality	5	6.6	6.1	6.3	6.5	5.7

Figure 2 displays disparities by race in the child poverty rate in the Monroe region. As shown below, the rates of child poverty for Black households is substantially greater than that of White households, with Ouachita (56% vs 13%), Lincoln (57% vs 18%), and Morehouse (60% vs 22%) having some of the largest relative differences. In some parishes, both groups have child poverty rates higher than the state average of 25%.

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



When asked about the top five social problems in their community, responses from Monroe residents further underscore the financial and economic challenges of this region: **55% of respondents selected insufficient well-paying jobs, 47% chose a lack of education, 43% chose the high cost of utility bills, and 40% selected homelessness or unaffordable housing** as top five social problems. That these proportions are all at least 40% of the sample reflects a substantial level of agreement between survey respondents about the challenges posed due to cost of living and affordability of basic needs.

These overall concerns were bolstered by interviews in Monroe, where the issue of healthcare affordability was described as stemming directly from economic challenges. Transportation and concerns about homelessness were common themes from group discussions. Many participants also talked about the precarity of access – for example, that families combining incomes could raise finances just enough to remove them from eligibility for housing assistance, but not meaningfully increase their financial stability.

The Ochsner Monroe facility serves a region whose economic hardships match or exceed those faced by the state as a whole. Addressing barriers and systemic issues that hinder advancement in educational attainment and workforce development can mitigate some of the challenges raised in the assessment.

Environment

Built Environment and Food Access

Built environment consists of factors relating to infrastructure, as well as the natural environment in which people live. Barriers in the physical environment can affect people's health and well-being. This topic encompasses several interrelated factors including housing, walkability, and food access. Affordable housing and homelessness were selected by 40% of respondents as a top social problem. Some Monroe respondents also felt that the environment was not conducive to physical activity: **when asked about top five social problems, 15% chose roads and sidewalks not being properly maintained. However, 41% of respondents listed parks and recreation as a strength of the community, indicating that this is a positive feature that may promote exercise in certain parishes.**

The built environment, including where one lives, also relates to food access[8]. Table 3 below describes the Food Environment Index in the region, based on factors of a healthy food environment on a scale of 0 (worst) to 10 (best). The index incorporates access to healthy food based on income and proximity to a grocery store, as well as access to a reliable food source. The Monroe area parishes all hover in the middle of the scale, ranging from Lincoln Parish with a score of 5.7 to Jackson Parish with the highest score of 6.5. Although these scores are higher than the Louisiana average of 4.8, they are much lower than the U.S. average of 7.7, indicating a high need for improved food environments both in the Monroe region and statewide.

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

Table 3: Food Envoronment Index (0 to 10 = worst to best)	
Jackson	6.5
Ouachita	6.2
Union	6.1
Morehouse	5.8
Lincoln	5.7
Louisiana	4.8

This data is underscored by CHNA survey data showing that **over a quarter (28%) of survey respondents reported lack of healthy and affordable food as a top social issue in the CHNA survey**. Among those respondents who felt that environmental factors were important to their health, 31% reported food quality as one of those environmental factors. Some interviewees also posited that because of an increase in overall costs after the COVID-19 pandemic, affordability greatly impacted access to nutritious foods. This data suggests that community respondents are aware of the challenges the community faces in having sustained access to nutritious foods. Respondents are aware of potential negative impacts of these challenges on their health.

Violence and Community Safety

Social and community context and neighborhood and build environment, as pillars of the social determinants of health, greatly impact overall health and well being. When considering the top social problems, the overwhelming majority of survey respondents (84%) felt that that crime, violence, or firearms is a top five social problem in their community, reflecting major agreement across an otherwise diverse sample. In addition, 21% felt that domestic violence was a top five health problem and 38% reported child abuse or neglect as a top five social problem.

Secondary data in Table 4 supports concerns surrounding crime, violence, and firearms. Morehouse parish has a firearm fatality rate of 37 per 100,000, exceeding Louisiana's average of 24 deaths per 100,000 and far exceeding the national average of 13 per 100,000. Additionally, Ouachita parish has a rate of 24 deaths per 100,000, matching the state average and exceeding the national average.

Table 4: Firearm Fatality Rate (per 100,000)	
Jackson	15
Ouachita	18
Union	24
Morehouse	24
Lincoln	37
Louisiana	24

The interviews corroborated this concern as well, as group discussions in particular highlighted connections between trauma and community violence, and corresponding impacts on mental health and substance use, both for adults and for youth.

Broadband Access

Based on Table 5 below, 83% of homes in the state have broadband internet. Lincoln and Ouachita parishes are close to the state average at 82% and 80% respectively while Union Parish's 64% rate is the lowest of the five parishes.

Table 5: Percent of Households with Broadband Access	
Jackson	82%
Ouachita	80%
Union	73%
Morehouse	67%
Lincoln	64%
Louisiana	83%

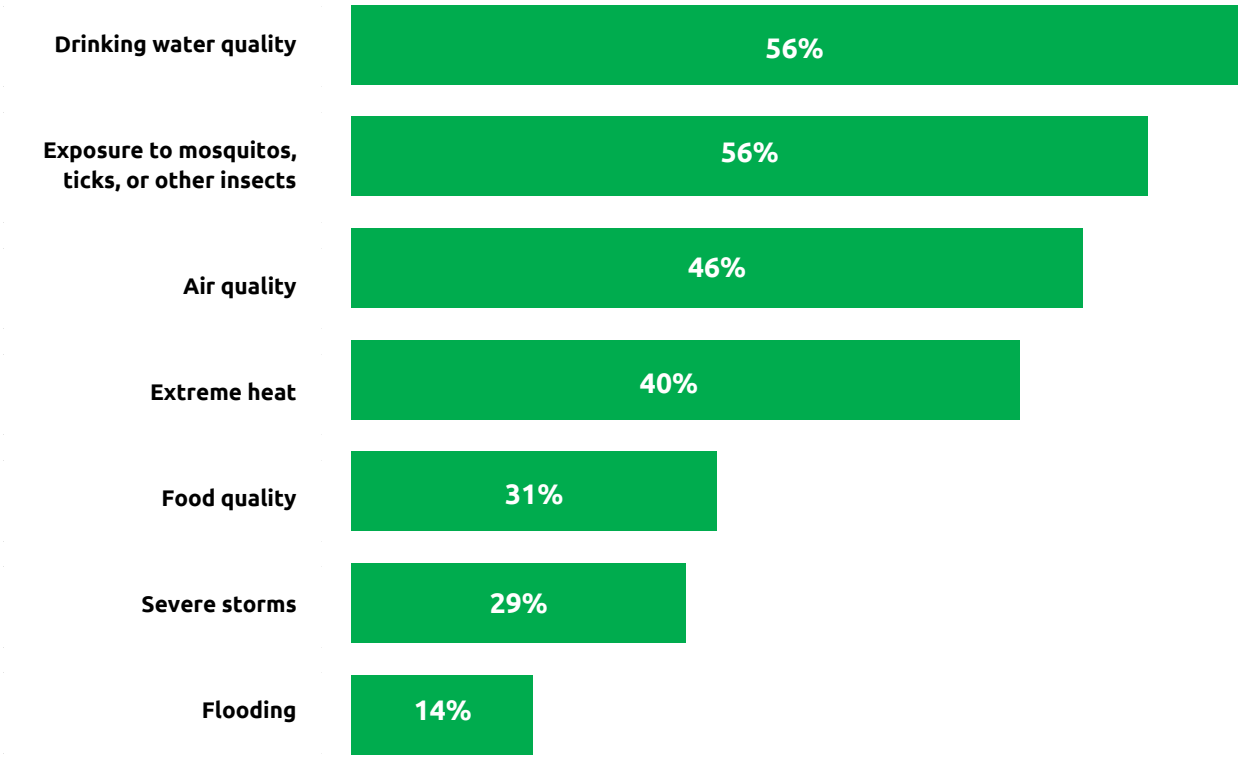
In contrast, the overwhelming majority of survey respondents indicated that they have some form of internet access, with 98% reporting that they have an internet connection at home and 96% reporting that they own a smartphone. The overall low access to broadband connections in these parishes, combined with the low rate of telehealth experiences from the survey (covered in Clinical Care) suggest a need for increased technology access as well as increased awareness of telehealth options.

Climate and Natural Environment

When asked whether they thought that the environment affected their health, **94% of Monroe respondents indicated that they did believe environmental factors are somewhat or very important in affecting their health.**

Within this group, a variety of specific factors were reported as being important to health (Figure 3). Over half reported that drinking water quality is one of the top 3 environmental factors. A large proportion also selected exposure to mosquitos, ticks, and other insects (50%), air quality (46%), and extreme heat (40%) as among the top 3 environmental factors affecting their health. Separately, when asked about top five health problems in the community, 32% of respondents named breathing problems. These findings suggest substantial concerns about possible risks from climate or the local natural environment.

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



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

Overall Health

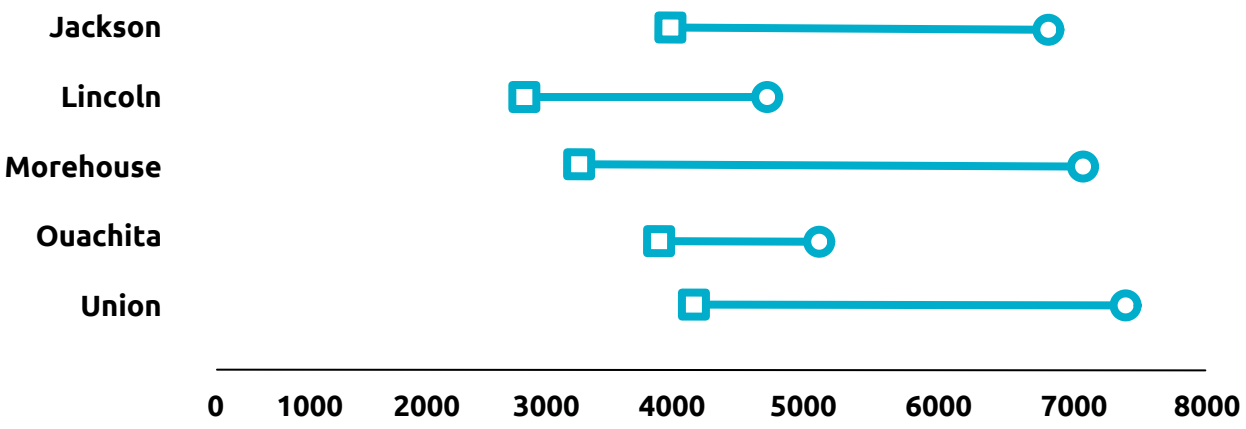
Clinical care, comprised of access to and quality of care can improve the health and wellbeing of communities through prevention and detection of diseases. Overall, CHNA respondents in in Monroe appear to rate their health as positive, with few days of work missed due to being ill or for health-related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

The majority of those who responded to the community survey rated their health as Very Good (36%) or Good (50%). When asked to compare their health to others in their community, 41% reported that their health was "a little better" and 34% reported their health as "a lot" better than others in their community. Overall, survey respondents in Monroe report favorable health for themselves while perceiving the overall health of their community as worse than their own.

Despite this, **54% of Monroe respondents named the cost of healthcare or insurance as a top five social problem, and 21% named dental or eye problems as a top five health concern, pointing to challenges with basic preventive care**. Although external data shows that percentage of people who are uninsured in the community ranges from 9 to 10% [10], this stands in stark contrast with data below on preventable hospital stays from County Health Rankings, broken down by race (Figure 4).

Louisiana as a whole has a rate of 3,575 per 100,000 Medicare enrolled, preventable hospital stays. As shown in Figure 4, the rate of preventable hospital stays for Black individuals is higher than that of White individuals, and higher than the state average, in every single parish in the Monroe community. Rates for White individuals are also higher than the state average in Union, Ouachita, and Jackson parishes.

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



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

Barriers to Health

The majority of Monroe survey respondents reported that they are always able to visit a doctor or healthcare provider when they are sick or need healthcare (68%; Figure. 5). Less than 10 respondents reported that they are never or rarely able to access healthcare when needed.

Figure 5: 68% of respondents are always able to visit a doctor when they need to

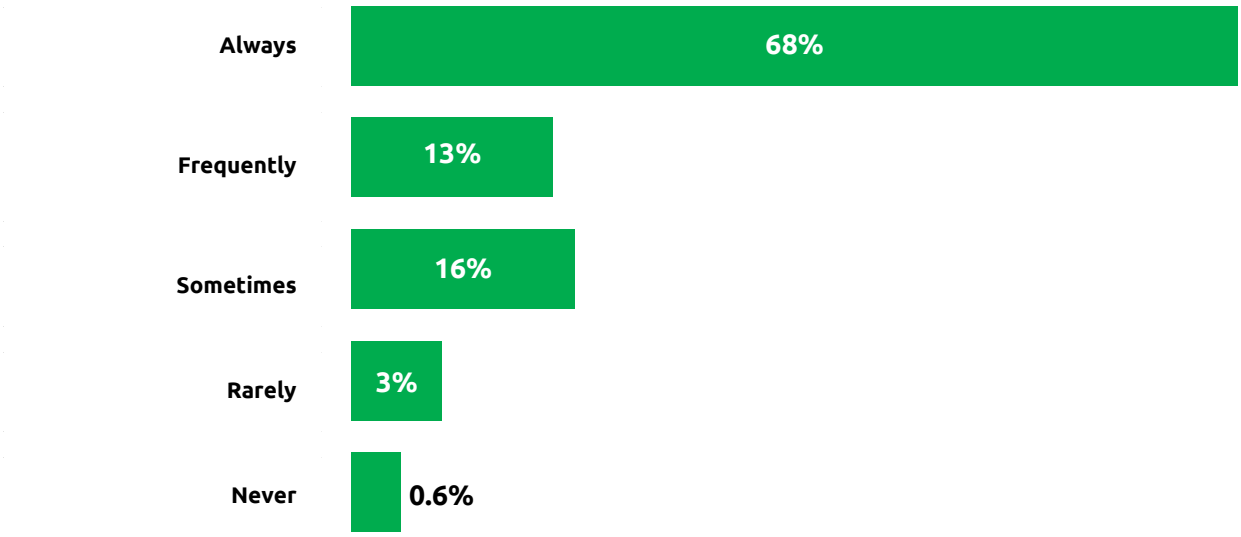


Figure 6 demonstrates the most commonly identified reasons for not seeking care when needed. When asked about reasons for choosing not to see a doctor when they needed to, respondents largely reported that they could not afford it or had insurance problems (14%) or that they could not get time off work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

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

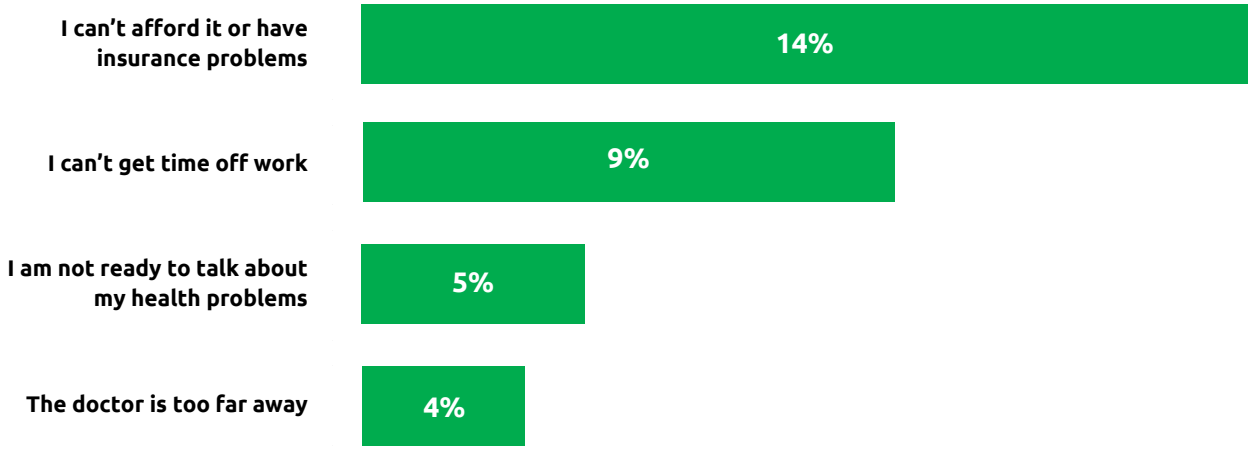


Figure 10 Graph shows data from CHNA survey.

Based on Table 7 below, the primary care physician rate in the state is 1 per 1,441 people. Access to primary care physicians varies by parish. Ouachita Parish has a ratio just under one physician per thousand people, suggesting easier access for those directly in the city of Monroe. Elsewhere, such as Jackson and Union parishes, the ratio is closer to one per five thousand people.

The parishes with a larger ratio are more rural than the parishes with lower ratios. Oftentimes, rural communities have increased challenges accessing care due to factors like access to a car, time, and affordability. This corroborates survey responses on the lack of availability of providers.

Table 6: Ratio of Primary Care Physicians to Population

Jackson	4959:1
Ouachita	1066:1
Union	5273:1
Morehouse	4171:1
Lincoln	1505:1
Louisiana	1441:1

Several free-text responses from the CHNA survey about barriers include comments such as, “appointment set too far out,” “I minimize my symptoms and wait it out,” and “I need dental work and it’s too costly.” These responses show agreement with discussions in CHNA interviews in Monroe that highlight healthcare affordability, transportation, lack of trust, and lack of engagement. These challenges are described below and include costs of care, as well as issues with patient trust, engagement, or awareness.

Healthcare affordability was consistently described as a challenge by every interview participant and referred to the **precarity of healthcare costs and whether or not somebody was insured**. Related problems that were raised in interviews included not being able to find covered providers or specialists in a timely fashion, especially for rural areas. Concern was raised around the inability to afford or access transportation, further limiting access to care. This challenge is bolstered by previously described results on issues with healthcare affordability and cost of living.

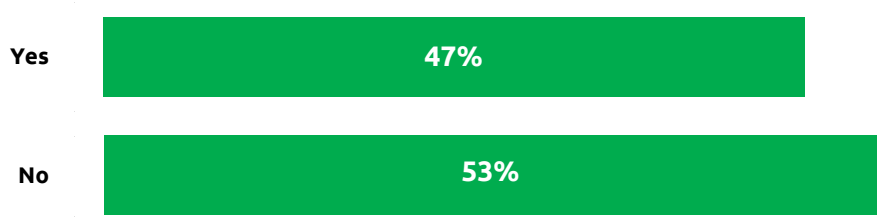
One participant felt that there was **bias among doctors toward LGBTQ+ people and that doctors also tended to attribute all health issues to weight**, which amplified a sense of shame or personal fault among the patients. Additional participants felt that these biases lead to people foregoing or avoiding care.

Participants described that there was a **lack of awareness about their overall health** – stating, "people don't think about healthcare until they are sick" or that people were fearful of finding out bad news and preferred not to go to appointments. There was also a **lack of awareness of assistance options**. This includes being able to understand and navigate insurance benefits or coverage or knowing about programs providing access to free services or items.

Access & Use of Telehealth

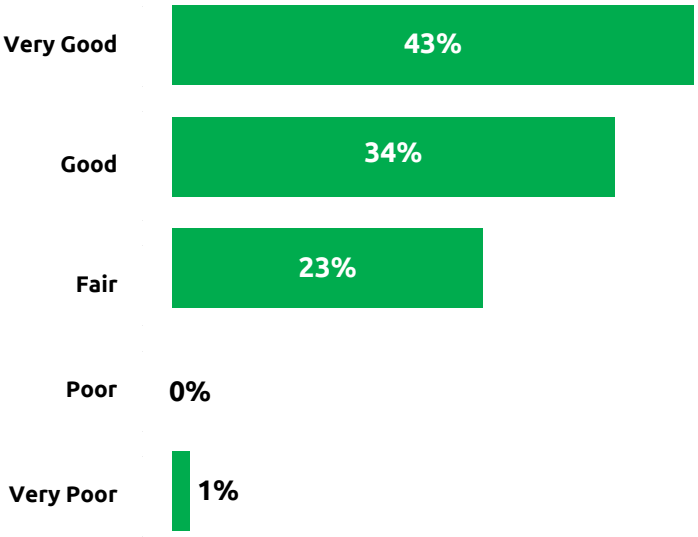
Survey respondents' experience with telehealth is fairly evenly divided, with 47% reporting that they have had a telehealth appointment before, and 53% reporting that they have not had a telehealth appointment before.

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



Among the 47% of survey respondents who have had telehealth appointments, 43% reported the quality as Very good and 34% as Good (Figure 8). **Although telehealth was not widely used among the survey respondents, it is perceived positively by those who have utilized it. A few interview participants noted that the increase in telehealth was a positive step in recent years, suggesting that there may be interest in using this type of service if there was increased awareness**.

Figure 8: 77% of respondents who did have a telehealth appointment rated it as Good or Very Good



Health Support and Resources

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

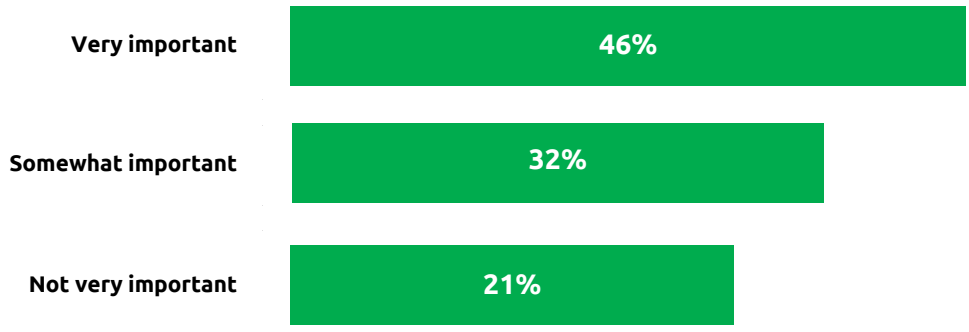
Strength of Community Networks

I**n Monroe interviews, a major strength of the community was described as community spirit and the extent of efforts to provide assistance.** These included nonprofit organizations and fundraisers or efforts for chronic conditions. One health professional even stated that they had worked outside of Louisiana and had not seen this level of community efforts elsewhere. People described that the community was generous with money and willing to get involved and help others, across cultural and racial boundaries.

Similarly, when asked to identify the top positive aspects of the community, the overwhelming majority (82%) indicated faith-based organizations, while 44% chose the diversity of people. The presence of support organizations was also commonly reported in the survey.

This information was reinforced when respondents in Monroe were asked to identify up to three categories of individuals that they turn to for support during a health crisis. Although almost all reported turning to family or relatives (89%), 52% also mentioned friends, neighbors, or co-workers, and several respondents named their pastor or church. This further indicates the role of local networks and trusted institutions in the community.

Figure 9: 46% of respondents feel that community activities or events are very important to maintaining their health and well-being



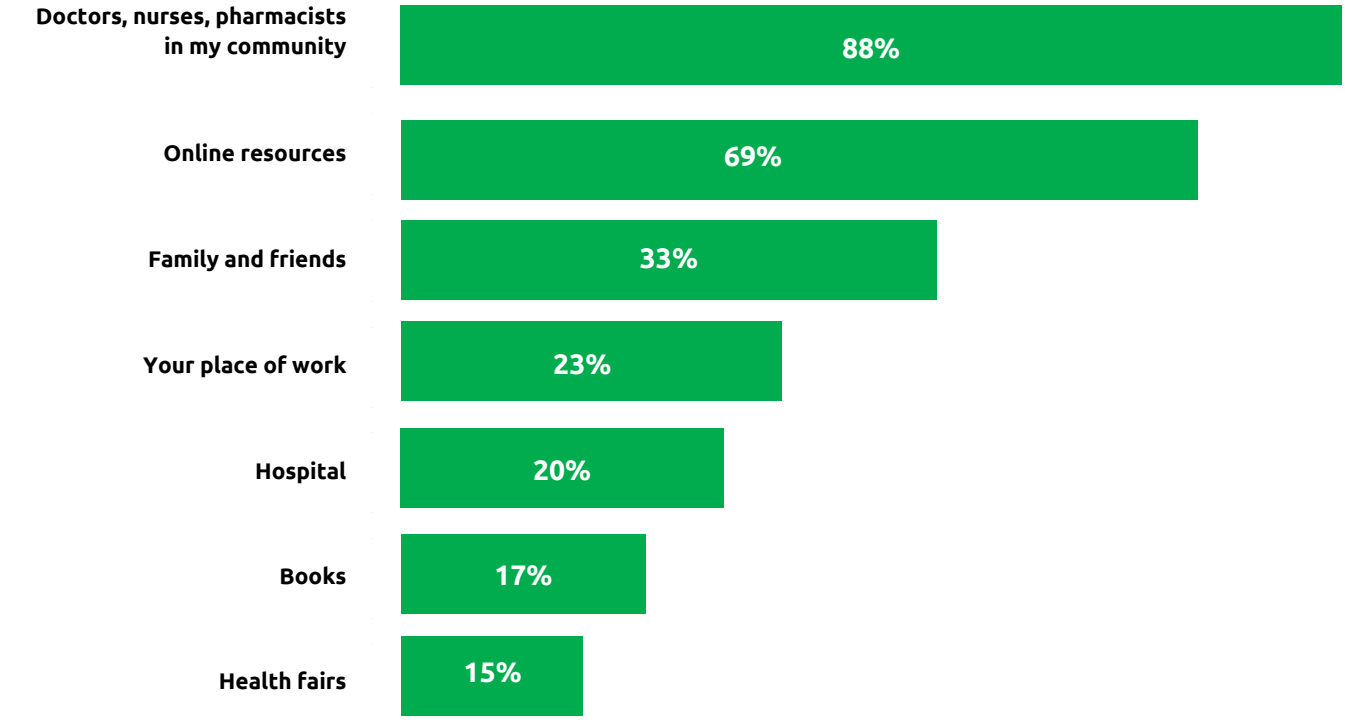
78% of survey respondents reported (Figure 9) that community activities or events are somewhat or very important for maintaining their overall health and well-being. The responses to this question demonstrates the value of community events for promoting health and well-being of community members through education and linkage to resources.

Sources of Information and Resources

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

Survey respondents were asked to identify all the sources they go to for information about health and wellness (Figure. 10). An overwhelming majority reported that they go to doctors, nurses, and pharmacists in their community (88%) and online informational resources (69%). Very few respondents identified social media (9%), newspapers and magazines (8%), television or radio (5%), church (4%), or school or college (1%) as resources for health information. **What this data indicates is that traditional health providers are still a major source of health information, but that online sources are also an important resource, although they may vary in quality and credibility**.

Figure 10: 88% of respondents visit doctors, nurses, pharmacists, and 69% visit online sources for health information



Note: Answer choices that were selected by 10% or less of respondents were excluded.

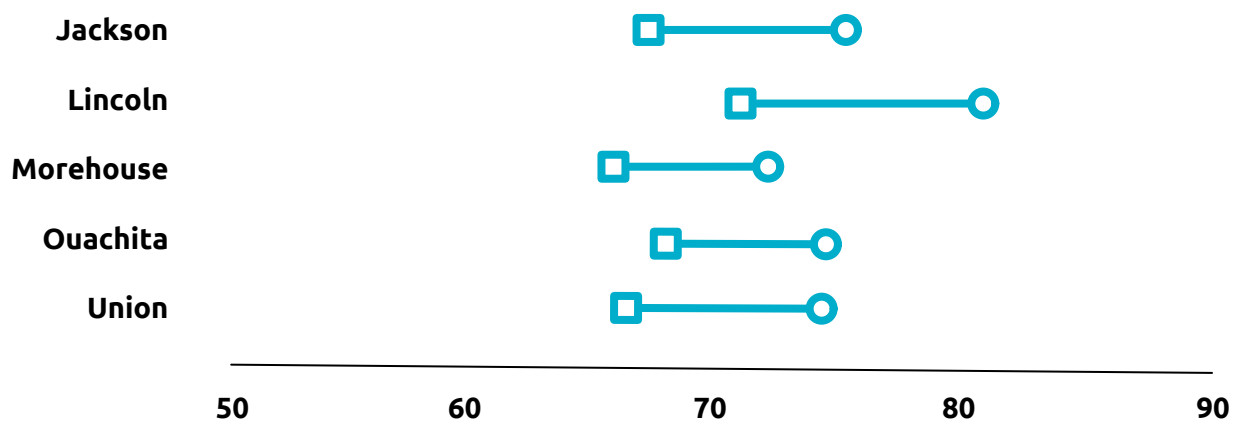
Monroe respondents described many programs available to assist people with health or basic needs, which are detailed in Appendix B. However, they felt that community members could be more aware. One individual felt that there was a need for better data sharing among agencies and organizations to avoid service duplication. Another suggested that people suffered from information overload and became stressed out by hearing information from multiple places, which affected how much they utilized service options. Other suggestions for how to better communicate information about health issues and resources to the public included making use of radio, social media, churches, and schools.

When asked what changes they could make to improve community health, some expressed a wish for one place where people could receive easier connection to services, with one participant describing a "one-stop shop" to address housing, substances, and access to education and jobs. This information suggests that focusing **on not only increased connections to services, but providing clear channels of information about service availability across needs** would be beneficial.

Life Expectancy

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

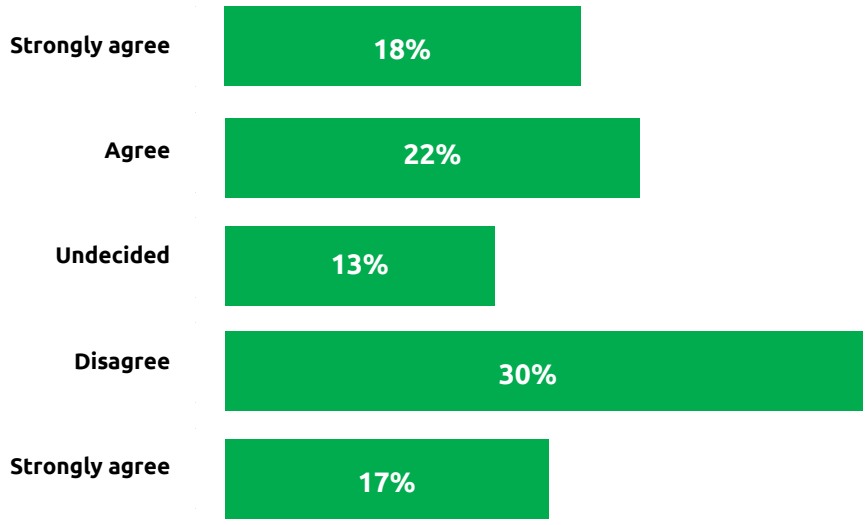
Figure 11: Life Expectance is lower for Black Residents (■) than White Residents (●) across all parishes



Community members are aware that there are inequities in access to services and opportunities. As shown in Figure 12 below, **nearly half of survey respondents (47%) disagreed or strongly disagreed with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources."** When these data were further broken down by race (not shown), Black and African American respondents were more likely to disagree or strongly disagree (72%) with the statement than white respondents (30%).

Moreover, **29% of all community respondents felt that racism and discrimination was a top five social problem** in the community.

Figure 12: 47% of respondents disagree that everyone in the community, regardless of race, gender, or age has equal access to opportunities and resources



Interview participants in Monroe felt those who might struggle more with meeting their health needs included African-Americans, people without family support, people at lower socioeconomic levels, and single mothers. People also echoed concerns about services for senior and adults with developmental disabilities, with 32% choosing dementia/Alzheimer's as a top five health condition in the community.

Smoking and Cancer

In the Monroe community, Table 7 shows that the percentage of adults that report currently smoking ranges from 22% to 27%. These rates are generally higher than the Louisiana average of 20% and much higher than the national average of 15%, with Morehouse parish having the highest rate at 27%, and indicate the need for ongoing attention.

Table 7: Percent of Adults Currently Smoking

Jackson	24%
Ouachita	22%
Union	24%
Morehouse	27%
Lincoln	22%
Louisiana	20%

When asked about what they perceived as the top five health problems in their community, 78% of survey respondents identified cancer. When asked about cancer screenings conducted in the past 3 years (Figure 13), the most common screenings for participants were breast cancer screenings (69%), cervical cancer screenings (55%), and colonoscopy or rectal exam (49%; Figure 8). The least common screening among respondents was prostate exam, with 5% of respondents reporting receiving one in the past three years. As this sample is largely comprised of women (85%), these findings do not necessarily indicate a lower rate of cancer screenings among men.

Figure 13: Almost 70% of respondents have had a mammogram in the past three years

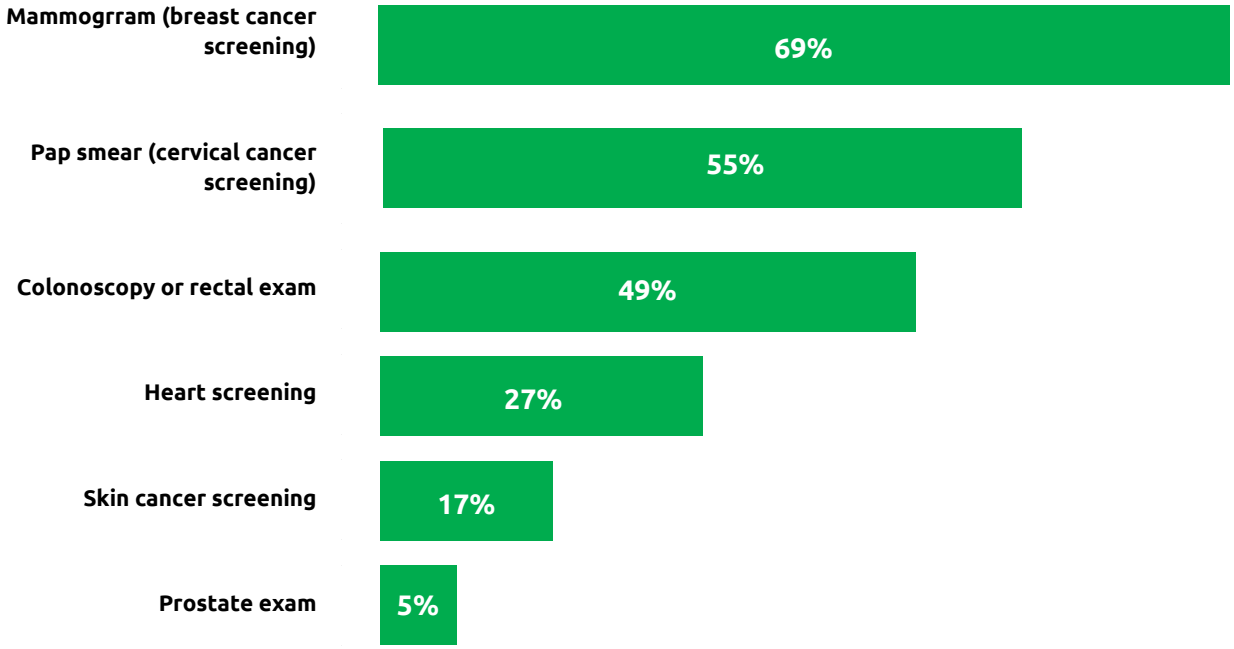
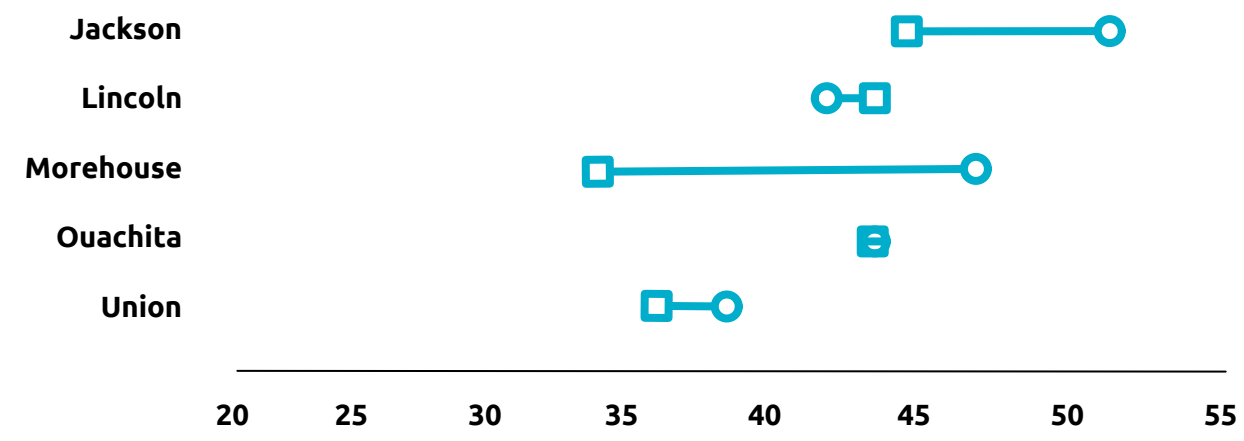


Figure 8: Graph shows data from the CHNA Survey

Figure 14 illustrates the percent of female Medicare enrollees aged 65 to 74 conducting an annual mammogram by race. These rates do not differ significantly from the Louisiana average of 43%, however, they do show a lower rate of mammogram screenings among White women in Jackson, Union, and Morehouse (the rates are identical for Ouachita). In addition, because this data is based on a specific age range of the population (65 to 74 years), these trends may or may not apply to a broader age group.

When asked about what they perceived as the top five health problems in their community, 78% of survey respondents identified cancer. When asked about cancer screenings conducted in the past 3 years (Figure 13), the most common screenings for participants were breast cancer screenings (69%), cervical cancer screenings (55%), and colonoscopy or rectal exam (49%; Figure 8). The least common screening among respondents was prostate exam, with 5% of respondents reporting receiving one in the past three years. As this sample is largely comprised of women (85%), these findings do not necessarily indicate a lower rate of cancer screenings among men.

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



Overall, the CHNA data reveals that the survey respondents may have better access to care or are more knowledgeable about cancer prevention than the average population. Given the risks of cancer and chronic disease in the community, as well as the challenges with healthcare access described in the prior sections, efforts to ensure that people get screened for preventable illnesses are essential.

Heart Disease, Obesity, and Diabetes

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

Louisiana has a high rate of obesity, and the Monroe community is no different, as shown by Table 8 below. In both Lincoln and Jackson parishes, 44% of adults are obese. About one-third of adults across the five parishes report being physically inactive with the highest percentage occurring in Morehouse Parish. All of the rates for both indicators are higher than the state average.

Table 8: Obesity and Physical Inactivity Rates

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

In the CHNA, **75% of respondents reported obesity to be a top five health issue in their community, while 79% chose heart disease or high blood pressure, suggesting high awareness of these health issues**. Findings from primary data collection suggests that community members are aware of behavior changes needed to address chronic conditions and the barriers they face in doing so, due to economic, environmental, and societal constraints.

Reproductive and Sexual Health

Both CHNA and survey data reveal the need for continued attention to reproductive and sexual health as well as corresponding racial disparities. Statewide, Louisiana reports a chlamydia rate of 730.1 new cases per 100,000 people (Table 9). In the Monroe community, the chlamydia rate ranges from 436.9 to 819.2 new cases per 100,000 persons across parishes. While Union and Jackson parishes have lower rates than the state, Morehouse and Lincoln parishes have rates that are over 800 cases per 100,000.

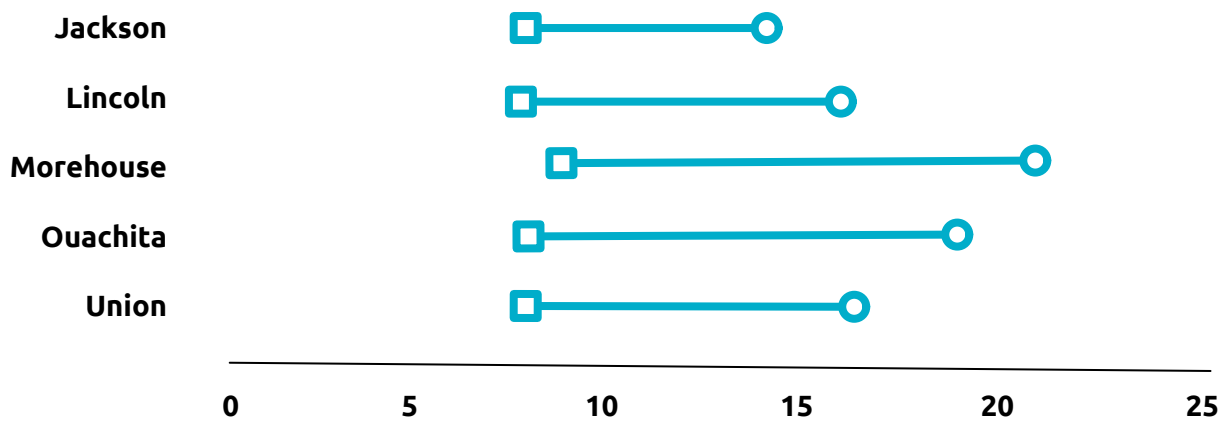
[11] United Health Foundation. (2024). America's Health Rankings 2023 Annual Report. Retrieved from https://assets.americashealthrankings.org/app/uploads/ahr_2023annual_comprehensivereport_final2-web.pdf.
[12] CDC. (2021). A Deeper Dive into Diabetes Disparities. Retrieved from https://gis.cdc.gov/grasp/diabetes/diabetesatlas-disparities.html.

Table 9: Chlamydia and Teen Birth Rates

	Jackson	Lincoln	Morehouse	Ouchita	Union	Louisiana
Chlamydia Rate (per 100,000)	436.9	814.1	819.2	721.8	630.6	730.1
Teen Birth Rate (per 1,000)	30	13	46	31	35	27

Additionally, the teen birth rate in Louisiana was reported as 27 births per 1,000 female persons ages 15-19. The teen birth rate in Monroe ranges from 13 to 46, with Morehouse Parish having the highest rate. Figure 15 illustrates the percent of low birthweight babies born to Black and White families. This rate is substantially higher for Black families in all parishes, while for White families, the rate is closer to or below the Louisiana average of 11%. These rates indicate that sexual, reproductive, and prenatal health in the Monroe community is equal or worse than the state overall, with greater gaps in access for Black/African-American families.

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



When selecting the top five community health problems in the CHNA survey, **sexually transmitted infections and reproductive health were identified as among the top five health issues by 28% and 11% of Monroe respondents**, respectively. Community interview and discussions also spoke to the importance of prenatal health, with one theme being that mothers tended to struggle prioritizing their own health due to work or family obligations. This suggests that a focus on sexual and reproductive health as well as maternal care is important to the community, which is corroborated by external data revealing gaps in prenatal and sexual health.

Behavioral Health

Over half of survey respondents (57%) indicated that substance use and addiction is one of the top 5 health problems in the community. Interviews in Monroe echoed this concern. Secondary data (Table 10) shows that Morehouse parish has a drug overdose mortality rate (39 overdose deaths per 100,000 persons) just below the state average of 31 per 100,000 persons, and higher than the national average of 27 per 100,000 persons.

Ouachita parish has an overdose mortality rate of 25 overdose deaths per 100,000 persons, which is only slightly lower than the national average. In addition, Louisiana was hit hard by the opioid epidemic, especially during the pandemic with nearly 2,000 drug overdose deaths in 2020[13].

Table 10: Substance Use and Mental Health

	Jackson	Lincoln	Morehouse	Ouchita	Union	Louisiana
Drug Overdose Mortality Rate (per 100,000)	N/A	10	39	25	25	31
Mental Health Providers Ratio	824:1	228:1	275:1	186:1	648:1	290:1

Most survey respondents have not received mental health services or counseling in the past year (82%). Among those who reported barriers that prevented them from seeking mental health support, 33% reported cost or insurance problems. The majority of respondents identified other barriers (42%) and specified obstacles such as not being able to get off work or perceiving mental healthcare providers as unreliable. Furthermore, mental health as a health and community problem was one of the top concerns expressed in Monroe interviews. Mental health was also a strong theme in community discussions where participants highlighted stigma around mental health and the fact that conditions were sometimes misunderstood or mis-attributed by the public.

This is bolstered by secondary data which shows a disparity in mental health access in Jackson (824 people for 1 provider) and Union (648:1), as their ratios of population to mental health providers are twice as high as both the state average. In contrast, Ouachita parish appears to have the lowest ratio and therefore the best accessibility, possibly due to proximity to the city of Monroe. Access to mental health providers follows the trend that rural communities have greater challenges in accessing affordable, timely, and quality care. Combined with data from community input, this suggests a need for increased attention to mental health services access.

Significant Issues

In the Monroe CHNA, qualitative and quantitative data were collected and analyzed in an effort to understand and elevate issues seen across diverse community members (advocates, public health experts, providers) and data sources (community survey, interviews, secondary data), with a focus on the social determinants of health.

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

The survey findings were analyzed alongside qualitative findings to see how the community perceived top issues. Secondary data were then reviewed to reinforce, contradict, or add additional context and complexity to results from the primary data. Analysis from these three layers of data was then synthesized and produced the following key health concerns in the Monroe area:

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

Steps to Prioritization

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

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

Priorities

As a result of the CHNA process, the following needs were identified by the Ochsner LSU Health Shreveport Monroe Medical Center as top priorities. Brief descriptions are provided in each section.

Access to Healthcare

Barriers to care include access (public transportation and medical transport, appointment availability) and affordability (medical costs) in acare. As a result, many community members expressed challenges in accessing primary care, dental care, eye care, and sexual and reproductive health. Communities that experience more significant challenges in accessing care include older adults and people with disabilities. Not having these needs met means that issues may go undiagnosed, causing worse health risks and increased individual and system-level costs over time as evidenced by the high rate of preventable hospital stays in the region.

Health Outcomes & Population Health

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

Educating the Next Generation

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

Economic Development

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

Community Partnerships

Community needs and challenges require collaborative solutions to improve the physical, mental, emotional, educational, and economic health. Social and community context is one of the pillars of the social determinants of health. Community support and partnerships will be essential to addressing all of the above priorities. Referral networks and comprehensive resource guides can facilitate access to support for community members. Schools, churches, and law enforcement are trusted institutions that can be engaged to expand mental health and substance use training. Partnering with known organizations can also allow for expansion of health literacy and address topics such as benefits, assistance options, use of online tools, and asking questions during appointments. The work of the CHIP and CHNA will be under a unified subcommittee. This will improve the community engagement, leadership, and oversight of the assessment and improvement planning process.

The aforementioned priorities are shown in the figure below.

Access to Healthcare

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

Health Outcomes

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

Educating the Next Generation

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

Economic Development

Broadband Access - Housing - Food Access

Community Partnerships

Referral Networks and Community Networks of Support - Community Trust

Next Steps

CHNA Report

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

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

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

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

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

Acknowledgements

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

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

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

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

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

About the Louisiana Public Health Institute

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

About United Way of Northeast Louisiana

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

Ochsner LSU Health Shreveport – Monroe Medical Center

Ochsner LSU Health Shreveport (OLHS) Monroe Medical Center's objectives in the 2021-2023 Community Health Implementation Plan (CHIP) centered three main priorities: access to care, health education, and patient engagement, with additional priorities around improving respect for healthcare providers and addressing trauma stemming from crime or violence. No public comments were received on the CHIP. The successes from the CHIP are summarized below.

Access to Care: Steps forward were made in online portals or scheduling processes, with a centralized call center, self-scheduling for mammographies, and increasing accessibility of the MyChart patient portal. COVID-19 vaccination accessibility were also provided at Pediatric and Family Medicine clinics, with additional efforts including a COVID-19 call center, walk-in appointments, 29 mobile vaccine events, and 5 mass vaccination events. OLHS-Monroe further encouraged vaccination by participating in news and radio interviews and holding town halls for employee education about the vaccine. Through a collaboration with the Louisiana Department of Health (LDH), Wise Women services were expanded. Admits to Behavioral Health Services also increased by 90%. Finally, increased posting of patient rights signage and implementation of 24/7 interpreter services improved access for those with English language or hearing challenges.

Health Education: A number of events improved health education around cancer and chronic diseases, including NELA American Heart Walk, Prostate Cancer Run, Jonesville Juneteenth celebration, and Community Health and Wellness Expo. Breast Cancer education and screening was offered through a "Walk-In Mammogram Day", educational sessions lead by Mammography Techs, and screenings and education offered at the Community Health and Wellness Expo. Additionally, the ophthalmology team assisted with multiple glaucoma screening events in the community offering glaucoma screenings for community members. There were also a number of efforts to educate the community on trauma and injury. These included a trauma program called Stop the Bleed, a rural trauma development and fall prevention training, and a Sudden Impact program among high school students to prevent distracted and impaired driving.

Patient engagement and community partnerships: OLHS-Monroe improved the local hiring pipeline and workforce development through collaboration with Delta Community College, Ouachita Parish Workforce Development, and NELA Healthcare alliance to offer workforce development and training opportunities via coalition building, internships and MA programs. A number of other community events and programs took place through partnerships with schools, fire departments, and community gardens. The Sickle Cell Anemia Foundation of Northeast Louisiana (NELA) was advanced, as well as the Witness Project of NELA for breast cancer awareness and education. There were also food drives and other efforts to combat food insecurity through collaborations with local colleges and universities and resulted in the establishment of the Ester Gallows Community Garden. Safety trainings included a fire extinguisher safety training, a hazard material training, and a tobacco cessation outreach program. Finally, there was a collaboration with the local NELA Delta African-American Heritage museum to celebrate Juneteenth and honor employees.

Additional successes: There were major expansions in specialty care services in Monroe. This included a verified Level 3 trauma center, a designated primary stroke center, 24/7 nephrology services, pulmonary services, and inpatient dialysis. A core rotation site for VCOM medical students was also added. In 2024 and 2025, other specialties planned are neurosurgery, robotic surgery, community health center gynecologic services, and a family medicine rural tract at Franklin Medical Center. Finally, another success included a 37% annual increase in births at the health facility.

Appendix B: Local Resources Mentioned by Participants in Monroe

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

Appendix C: Assessment Approach

LPHI was contracted by Ochsner Health to lead the assessment for Ochsner LSU Shreveport Monroe Medical Center.

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

Primary data collection for the CHNA includes data from 173 survey responses, 8 interviews, and several town halls or community input sessions.

In defining the community, Ochsner and United Way partners decided that the community of focus should include those beyond the core metro parishes where the facilities are located and to include rural parishes from where people frequently travel to seek out health services in Monroe. As such, it was decided that the community would include all residents of Jackson, Lincoln, Morehouse, Ouachita, and Union parishes.

Appendix D: Methodology

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

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

Survey: The survey consisted of approximately 30 multiple choice or multi-select items covering demographics, access to healthcare, community health issues, and the local environment.

Once finalized, the survey was input into RedCap with a corresponding link and QR code, and a paper version for individuals who did not have a device or internet connection. Surveys were circulated through partner mailing lists and social media, provided at a number of community events such as health fairs, community baby showers, town halls, and at assistance centers and clinics. Because of the broad nature of survey distribution, any survey response from Region 8 was included in the Monroe analysis.

At the conclusion of data collection, there were a total of 173 surveys and 8 interviews from Monroe.

Interviews and focus groups: There were eight interviews in Monroe that occurred largely within Ouachita parish. The interviewees included those serving children, people with disabilities, LGBTQ+ individuals, and schools, as well as health professionals. The required public health department interview occurred with a health disparities strategist with the Office of Public Health. Many interviewees carried multiple roles in addition to their main one, serving in the Chamber of Commerce, with churches, and at Grambling State University.
There were also town halls and other gatherings that occurred which provided opportunities for partners to host discussions about community needs. Community input provided during these discussions was also captured and incorporated.

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

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

ARCO, A Community Resource
Children's Coalition for NELA
City of Monroe Police Department
Grambling State University, athletic team health
Jackson Parish NAACP
Louisiana Behavioral Health
Louisiana Regional Office of Public Health
Mayor's office, City of Bastrop
Mayor's office, Town of Richwood, LA
Monroe City School System
Monroe Housing Authority
Monroe Regional Black Chamber of Commerce
NELA Pride
NOVA NELA
Ochsner LSU Health Monroe
Ochsner LSU Health Shreveport
Opportunities Industrialization Center, Inc. of Ouachita (OIC)
Ouachita Multi-Purpose Community Action Program (OMCAP)
Ouachita Parish Council on Ageing
Ouachita Parish NAACP
Representative Pat Moore's Office
Sickle Cell Anemia Foundation of NELA
United Way of NELA
United Way of NWLA
West Monroe Community Center
Witness Project of NELA
United Way of NELA
United Way of NWLA
West Monroe Community Center
Witness Project of NELA

[1] U.S. Census Bureau. "ACS Demographic and Housing Estimates." American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05, 2022, https://data.census.gov/table/ACSDP5Y2022.DP05?g=040XX00US22$0500000.
[2] U.S. Census Bureau. "Language Spoken at Home." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1601, 2022, https://data.census.gov/table/ACSST5Y2022.S1601?t=Language Spoken at Home&g=040XX00US22$0500000. Accessed on April 22, 2024.
[3] United for ALICE. Louisiana Overview. https://www.unitedforalice.org/state-overview/Louisiana
[4] University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2024. www.countyhealthrankings.org.
[5] 2024 version. EJScreen. Retrieved: April 22, 2024, from https://ejscreen.epa.gov/mapper/.

The following table displays survey questions and responses as they appeared in the Monroe survey that was distributed, as well as the number and percentage of responses for each question. Questions in which participants could choose more than one response are indicated as such.

Community Health Needs Assessment Survey Results		
Individual Health		
	N	**Percent**
Would you say that in general your health is	**N=173**	**%**
Excellent	9	5%
Very Good	62	36%
Good	86	50%
Fair	12	7%
Poor	4	2%
Compared to others in my community, my health is	**N=172**	**%**
A lot worse	3	2%
A little worse	6	3%
About the same	34	20%
A little better	70	41%
A lot better	59	34%
Over the last 3 months or so, how many days have you missed work or other activities (i.e. church, school) because you were sick or not feeling well?	**N=173**	**%**
None	9	5%
1-5 days	62	36%
6-10 days	86	50%
11-15 days	12	7%
20 or more days	4	2%
Over the last 3 months or so, how many days have you missed work or other activities (i.e. Church, school) because you were caring for a family member who was ill or disabled?	**N=173**	**%**
None	116	67%
1-5 days	47	27%
6-10 days	5	3%
11-15 days	2	1%
20 or more days	3	2%

When you are sick or need healthcare, are you able to visit a doctor/healthcare provider?	**N=170**	**%**
Never	1	0.6%
Rarely	5	3%
Sometimes	27	16%
Frequently	22	13%
Always	115	68%
If you have ever chosen not to see a doctor when you needed to, what were the reasons? Please select the top 3 reasons.	**N=171**	**%**
Lack of language translation services	3	2%
Doctor does not understand my cultural or religious beliefs	0	0%
I do not have transportation	0	0%
The doctor is too far away	7	4%
I don't have childcare	3	2%
I am not ready to talk about my health problems	9	5%
I can't get time off work	16	9%
I can't afford it or have insurance problems	24	14%
Other	25	15%
Not applicable	113	66%
When was your last physical exam (i.e. checkup, well visit, screening) with a doctor?	**N=173**	**%**
Less than 2 years ago	151	87%
Between 2-5 years ago	16	9%
More than 5 years ago	6	3%
Never had a checkup or physical exam with a doctor	0	0%

Have you ever had a doctor's appointment through telehealth or teleservices?	**N=172**	**%**
Yes	80	47%
No	91	53%
I do not know what telehealth or teleservices are	1	0.6%
How would you rate the quality of the telehealth care you received?	**N=80**	**%**
Very good	34	43%
Good	27	34%
Fair	18	23%
Poor	0	0%
Very poor	1	1%
Have you had any of the following cancer screenings in the past three years?	**N=154**	**%**
Mammogram (breast cancer screening)	107	69%
Pap smear (cervical cancer screening)	85	55%
Colonoscopy or rectal exam	75	49%
Skin Cancer screening	26	17%
Heart screening	41	27%
Prostate exam	7	5%
How confident do you feel in understanding information provided by your doctor?	N=172	**%**
Not at all confident	0	0.0%
Not too confident	3	1.7%
Unsure	6	3.5%
Slightly confident	34	19.8%
Very confident	129	75.0%

Where do you go for information about health and wellness? Please check all that apply.	**N=172**	**%**
Doctors, nurses, pharmacists in my community	151	88%
Online resources	118	69%
Family and friends	56	33%
Your place of work	39	23%
Hospital	35	20%
Books	29	17%
Health fairs	26	15%
Health department	17	10%
Social media (Facebook, Twitter, Instagram)	15	9%
Newspapers and magazines	14	8%
Television or radio	8	5%
Church	6	3%
Other (please specify)	5	3%
School or college	2	1%
During health crises, which individuals do you turn to for support? Please select up to three.	**N=172**	**%**
Family or relatives	153	89%
Friends, neighbors, or coworkers	90	52%
Online support groups	8	5%
Local community organizations	26	15%
Other	15	9%
I don't know	6	3%
Have you received mental health services or counseling in the past year?	**N=173**	**%**
Yes	32	18%
No	141	82%

What barriers, if any, prevent you from seeking mental health support when needed? (Select all that apply)	**N=124**	**%**
I'm not ready to talk about my problems	26	21%
Fear of stigma/my friends and family might find out	9	7%
Cost or insurance problems	41	33%
I don't know how to find mental health support	16	13%
Other	52	42%
How important are community activities or events for maintaining your overall health and well-being?	**N=173**	**%**
Not very important	37	21%
Somewhat important	56	32%
Very important	80	46%

Community Health		
Please read through the following list and select the 5 items that you think are the top 5 health problems in your community.	**N=173**	**%**
Breathing problems	56	32.4%
Heat illness	8	4.6%
Cancer	135	78.0%
Dementia/Alzheimer's Disease	56	32.4%
Dental or eye problems	37	21.4%
Workplace injuries	2	1.2%
Traffic accidents	16	9.2%
Heart disease or high blood pressure	136	78.6%
Obesity	130	75.1%
Sickle Cell Disease	12	6.9%
Prenatal and infant health	10	5.8%
Reproductive health	19	11.0%
Sexually transmitted infections	49	28.3%
Other infectious diseases	22	12.7%
Substance use/addiction	99	57.2%
Suicide	24	13.9%
Domestic Violence	36	20.8%
Other (please specify)	8	4.6%
Please read through the following list and select the 5 items that you think are the top 5 social problems in your community.	**N=173**	**%**
Crime, violence, or firearms	146	84.4%
Child abuse or neglect	65	37.6%
Racism and discrimination	51	29.5%
Homelessness or unaffordable housing	70	40.5%
Cost of healthcare or insurance	94	54.3%

High cost of utility bills	74	42.8%
Lack of education	81	46.8%
Not enough well-paying jobs in the area	96	55.5%
Lack of healthy and affordable food	48	27.7%
Lack of recreational activities for youth	33	19.1%
Poor air or water quality	17	9.8%
Roads or sidewalks not maintained	25	14.5%
Not enough parks/green space	8	4.6%
Poor public transportation	30	17.3%
Other	8	4.6%
Please read through the following list and <u>select the 5 items</u> that you consider the <u>most positive aspects of your community</u>.	**N=171**	**%**
Access to healthy foods	46	26.9%
Affordable housing	27	15.8%
Childcare/daycare	34	19.9%
Diversity of people	75	43.9%
Faith-based organizations	140	81.9%
Good healthcare	41	24.0%
Good jobs	23	13.5%
Good schools	65	38.0%
Low crime and violence	23	13.5%
Parks and recreation	70	40.9%
Safe worksites	34	19.9%
Sanitation and public works	56	32.7%
Services for the elderly	54	31.6%
Support organizations	47	27.5%
Other (specify)	10	5.8%

How important are environmental factors in affecting your health? (Environmental factors can include aspects of the air, water, food, chemicals, temperature, or weather)	**N=173**	**%**
Not very important	10	5.8%
Somewhat important	28	16.2%
Very important	135	78.0%
Please read through the following list and select the three environmental factors that most significantly affect your health.	**N=160**	**%**
Air quality	74	46.3%
Extreme heat	64	40.0%
Extreme cold	11	6.9%
Exposure to mosquitos, ticks, or other insects	80	50.0%
Food quality	49	30.6%
Flooding	23	14.4%
Severe storms	46	28.8%
Stormwater or sewage runoff	14	8.8%
Trash or waste near the home	13	8.1%
Drinking water quality	89	55.6%
Other, please specify	4	2.5%
Please select how much you agree or disagree with the following statement: "Everyone in my community regardless of race, gender, or age has equal access to opportunities and resources."	**N=173**	**%**
Strongly Agree	31	18%
Agree	38	22%
Undecided	22	13%
Disagree	52	30%
Strongly Disagree	30	17%

Demographics and Household		
Parish	**N=173**	**%**
Caldwell	3	2%
Franklin	4	2%
Lincoln	29	17%
Jackson	5	3%
Madison	2	1%
Morehouse	6	3%
Ouachita	113	65%
Richland	1	1%
Tensas	1	1%
Union	7	4%
West Carroll	2	1%
Age Range	**N=164**	**%**
18-24	3	2%
25-34	12	7%
35-44	28	17%
45-54	41	25%
55-64	57	35%
65+	23	14%
To what race/ethnicity category do you most strongly identify? Please select all that apply.	**N=170**	**%**
Asian	0	0%
Black or African American	72	42%
Hispanic or Latino	1	1%
Middle Eastern or North African	0	0%
Native American, American Indian, or Alaska Native	2	1%
Native Hawaiian or other Pacific Islander	0	0%
White	97	57%
I identify another way (please specify)	2	1%
Other	3	2%

To which gender identity do you most identify? Please select all that apply.	**N=172**	**%**
Man	25	15%
Nonbinary, genderfluid, or gender nonconforming	1	1%
Transgender	0	0%
Woman	146	85%
Intersex	0	0%
I identify a different way (please specify)	0	0%
How do you define your sexual orientation? Please select all that apply.	**N=166**	**%**
Asexual	10	6%
Bisexual	4	2%
Gay	0	0%
Heterosexual/straight	149	90%
Lesbian	0	0%
Queer	0	0%
Other	4	2%
Do you have an internet connection at home?	**N=172**	**%**
Yes	165	96%
No	7	4%
Do you have a smartphone?	**N=171**	**%**
Yes	168	98%
No	3	2%
How many people are in your household, including you?	**N=170**	**%**
1	27	15.9%
2	75	44.1%
3	28	16.5%
4	25	14.7%
5+	15	8.8%

About how much was your household income last year?	**N=158**	**%**
Under $15,000	10	6%
$15,000- $24,999	8	5%
$25,000- $34,999	8	5%
$35,000- $49,999	14	9%
$50,000- $74,999	28	18%
$75,000- $99,999	26	16%
$100,000- $149,999	30	19%
$150,000+	26	16%
I don't know	8	5%
What is the highest level of education you have completed?	**N=162**	**%**
Less than high school	2	1.2%
High school diploma or GED	13	8.0%
Vocational training or Associates degree	17	10.5%
Some college	18	11.1%
College degree	60	37.0%
Graduate or Professional degree	52	32.1%
Which of the following best describes your employment status? Please select all that apply.	**N=173**	**%**
Disabled	8	4.6%
Employed full-time	135	78.0%
Employed part-time	10	5.8%
Full time student	0	0.0%
Homemaker	3	1.7%
Retired	19	11.0%
Unemployed, looking for work	2	1.2%
Unemployed, not looking for work	0	0.0%
Other (please specify)	3	1.7%

Which type of health insurance do you have?	N=171	%
Medicare	24	14%
Medicaid	15	9%
Private Insurance	122	71%
Veteran's Administration	1	1%
Indian Health Service	0	0%
I do not have health insurance	0	0%
I don't know	3	2%
Other or multiple types	6	4%

Appendix F: Secondary Data Sources

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

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

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

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

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

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