COMMUNITY HEALTH NEEDS ASSESSMENT

2023-2025

CHRISTUS® SHREVEPORT-BOSSIER
Health System

Table of Contents

EXECUTIVE SUMMARY

Executive Summary

CHRISTUS Shreveport-Bossier Health System (CSBHS) conducted a Community Health Needs Assessment (CHNA) to assess areas of greatest need, which guides the hospital on selecting priority health areas and where to commit resources that can most effectively improve community members' health and wellness. To complete the 2023-2025 CHNA, CSBHS partnered with Metopio, health departments, and regional and community-based organizations. The CHNA process involved engagement with multiple stakeholders to prioritize health needs. Stakeholders also worked to collect, curate and interpret the data. Stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked to the community, interpretation of results, and prioritization of areas of highest need. Primary data for the CHNA was collected via community input surveys, resident focus groups, key informant interviews. The process also included an analysis of secondary data from federal sources, local and state health departments, and community-based organizations.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a CHNA also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

SECTION	DESCRIPTION	BEGINS ON PAGE
Part V Section B Line 3a	A definition of the community served by the hospital facility	8
Part V Section B Line 3b	Demographics of the community	20
Part V Section B Line 3c	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	36
Part V Section B Line 3d	How data was obtained	11
Part V Section B Line 3e	The significant health needs of the community addressed	5
Part V Section B Line 3f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	45
Part V Section B Line 3g	The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h	The process for consulting with persons representing the community's interests	14
Part V Section B Line 3i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	68

Health Need Priorities

Based on community input and analysis of a myriad of data, the priorities for the communities served by CSBHS for 2023-2025 are fall into two domains underneath an overarching goal of achieving health equity (Figure 1). The two domains and corresponding health needs are:

1. Advance health and wellbeing by addressing
    - Specialty care and chronic disease management
        - » Diabetes
        - » Heart disease
        - » Obesity
    - Behavioral Health
        - » Mental health
        - » Substance abuse
    - Children's health
2. Build resilient communities and improve social determinants by
    - Improving food access
    - Reducing smoking and vaping

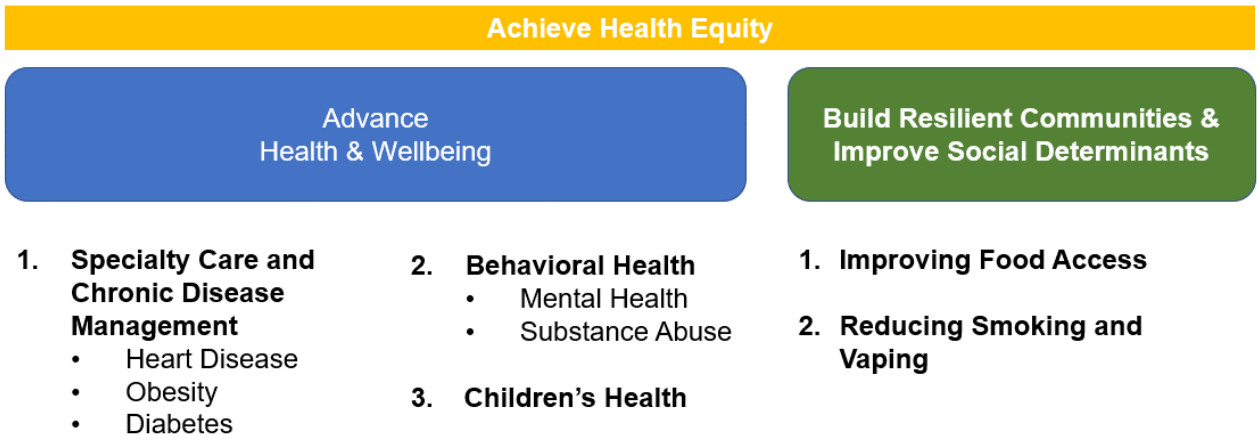


Figure 1. CHRISTUS Shreveport-Bossier Health System Priority Areas

This report provides an overview of the CSBHS process involved in the CHNA, including data collection methods, sources, and CSBHS's service area. The body of the report contains results by service area zip codes, or parishes when zip code granularity is not possible, where health needs for the entire service area are assessed.

INTRODUCTION

Introduction: What is a Community Health Needs Assessment?

The Community Health Needs Assessment (CHNA) is a systematic, data-driven approach to determine the health needs in the service area of the CSBHS. In this process, CSBHS directly engages community members and stakeholders to identify the issues of greatest need as well as the largest impediments to health. With this information, CSBHS can better allocate resources towards efforts to improve community health and wellness.

Directing resources toward the greatest needs in the community is critical to CSBHS's work as a nonprofit hospital. The important work of CHNAs was codified in the Patient Protection and Affordable Care Act added Section 501(r) to the Internal Revenue Service Code, which requires nonprofit hospitals, including CSBHS to conduct a CHNA every three years. CSBHS completed similar needs assessments in 2013, 2016 and 2019.

The process CSBHS used was designed to meet federal requirements and guidelines in Section 501(r), including:

- clearly defining the community served by the hospital, and ensuring that defined community does not exclude low-income, medically underserved, or minority populations in proximity to the hospital;
- providing a clear description of the CHNA process and methods; community health needs; collaboration, including with public health experts; and a description of existing facilities and resources in the community;
- receiving input from persons representing the broad needs of the community;
- documenting community comments on the CHNA and health needs in the community; and
- documenting the CHNA in a written report and making it widely available to the public.

The following report provides an overview of the process used for this CHNA, including data collection methods and sources, results for CSBHS's service area, historical inequities faced by the residents in the service area, and considerations of how COVID-19 has impacted community needs. A subsequent strategic implementation plan will detail the strategies that will be employed to address the health needs identified in this CHNA.

When assessing the health needs for the entire CSBHS service area, the CHNA data is presented by zip code and county depending on the available data. Providing localized data brings to light the differences and similarities within the communities in the CSBHS service area.

Included in Appendix 1 is an evaluation of CSBHS's efforts to address the community needs identified in the 2020-2022 CHNA.

CHRISTUS Shreveport-Bossier Health System Overview

CHRISTUS Shreveport-Bossier Health System (CSBHS) is a Catholic, nonprofit system owned and operated by CHRISTUS Health. The system has provided high-quality, cost-effective care since 1894. CSBHS features CHRISTUS Highland Medical Center, a 211-bed hospital, with an additional 27 beds offsite at CHRISTUS Bossier Emergency Hospital and CHRISTUS Inpatient Rehabilitation. The staff includes more than 600 physicians, 1,100 employees, and 200 volunteers. For more than 100 years, CSBHS and the Sisters of Charity of the Incarnate World have been committed to meeting the unanswered needs of the communities they serve.

CHRISTUS Health is a Catholic health system formed in 1999 to strengthen the faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. In 2016, the Sisters of the Holy Family of Nazareth became the third sponsoring congregation to CHRISTUS Health. Today, CHRISTUS Health operates 25 acute care hospitals and 92 clinics in Texas. CHRISTUS Health facilities are also located in Louisiana, Arkansas, and New Mexico. It also has 12 international hospitals in Colombia, Mexico and Chile. As part of CHRISTUS Health's mission "to extend the healing ministry of Jesus Christ," CSBHS strives to be, "a leader, a partner, and an advocate in the creation of innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love."

Community Benefit

CSBHS implements strategies to promote health in the community and provide equitable care in the hospital. CSBHS builds on the assets that are already found in the community and mobilizes individuals and organizations to come together to work toward health equity.

CHRISTUS Shreveport-Bossier Health System Service Area

Following IRS guidelines, 501(r) rules as required by the Affordable Care Act, CSBHS's total primary service area includes 22 zip codes covering over 406,000 individuals (Table 1). The primary service area (PSA) is the geographic region with 80% of hospital utilization. The primary service area (PSA) is the geographic region with 80% of hospital utilization. The primary service area zip codes are located in the following parishes: Bossier, Caddo, De Soto, Natchitoches, Red River and Webster (Figure 2).

CHRISTUS SHREVEPORT-BOSSIER HEALTH SYSTEM PSA		
Bossier Parish	Caddo Parish	De Soto Parish
71112	71129, 71119, 71118	71078
71111	71115, 71109, 71108	71052
71037	71107, 71106, 71105	
71006	71104, 71103, 71101	
	71047	
Natchitoches Parish	Red River Parish	Webster Parish
71411	71019	71055

Table 1. Primary Service Area for CSBHS

While the hospital is dedicated to providing exceptional care to all of the residents in the region, CSBHS will use the information in this assessment to strategically establish priorities and commit resources to address the key health issues for the zip codes, parishes and municipalities that comprise the region.

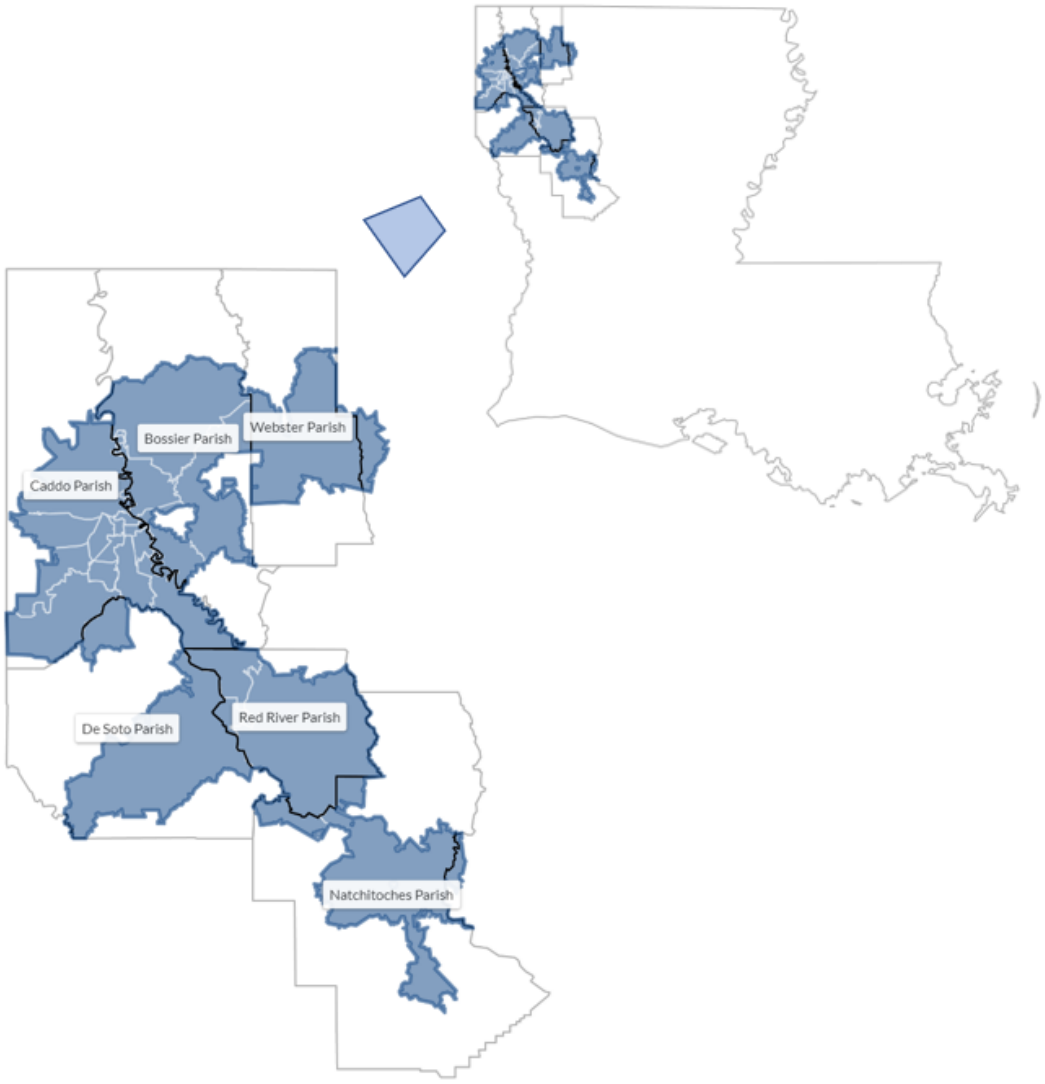


Figure 2. Map of Primary Service Area for CSBHS PSA

CHNA PROCESS

CHNA Process

Stakeholder Engagement

The CHNA process involved engagement with several internal and external stakeholders to collect, curate and interpret primary and secondary data. That data was then used to prioritize the health needs of the community. For this component, CSBHS worked with Metopio, a software and services company that is grounded in the philosophy that communities are connected through places and people. Metopio's tools and visualizations use data to reveal valuable, interconnected factors that influence outcomes in different locations.

Leaders from the CSBHS guided the strategic direction of Metopio through roles on various committees and workgroups.

CSBHS and Metopio relied on the expertise of community stakeholders throughout the CHNA process. The health system's partners and stakeholder groups provided insight and expertise around the indicators to be assessed, types of focus group questions to be asked, interpretation of results and prioritization of areas of highest need.

The Community Benefit Team is composed of key staff with expertise in areas necessary to capture and report CSBHS community benefit activities. This group discusses and validates identified community benefit programs and activities. Additionally, the team monitors key CHNA policies, provides input on the CHNA implementation strategies and strategic implementation plan, reviews and approves grant funding requests, provides feedback on community engagement activities

Input from community stakeholders was also gathered from CSBHS's community partners. These partners played a key role in providing input to the survey questions, identifying community organizations for focus groups, survey dissemination and ensuring diverse community voices were heard throughout the process.

The CSBHS leadership team developed parameters for the 2023-2025 CHNA process that help drive the work. These parameters ensure that:

- the CHNA builds on the prior CHNA from 2020-2022 as well as other local assessments and plans;
- the CHNA will provide greater insight into community health needs and strategies for ongoing community health priorities;
- the CHNA leverages expertise of community residents and includes a broad range of sectors and voices that are disproportionately affected by health inequities;
- the CHNA provides an overview of community health status and highlights data related to health inequities;
- the CHNA informs strategies related to: connections between community and clinical sectors, anchor institution efforts, policy change, and community partnerships; and
- health inequities and their underlying root causes are highlighted and discussed throughout the assessment.

Data Collection

CSBHS conducted its CHNA process between September 2021 and March 2022 using an adapted process from the Mobilizing for Action through Planning and Partnerships (MAPP) framework. This planning framework is one of the most widely used for CHNAs. It focuses on community engagement, partnership development and seeking channels to engage people who have often are not part of decision-making processes. The MAPP framework was developed in 2001 by the National Association for Parish and City Health Officials (NACCHO) and the Centers for Disease Control and Prevention (CDC).

Primary data for the CHNA was collected through four channels:

- Community resident focus groups
- Community resident surveys
- Health care and social service provider focus groups
- Key informant interviews

Secondary data for the CHNA were aggregated on Metopio's data platform and included:

- Hospital utilization data
- Secondary sources including, but not limited to, the American Community Survey, the Decennial Census, the Centers for Disease Control, the Environmental Protection Agency, Housing and Urban Development, and the Louisiana Department of Public Health.
    - » See Appendix 3 for a complete list of secondary sources

Community Resident Surveys

Between October and December of 2021, 359 residents in the CSBHS PSA provided input to the CHNA process by completing a community resident survey. The survey was available online and in paper form in English and Spanish. Survey dissemination happened through multiple channels led by CSBHS and its community partners. The survey sought input from priority populations in the CSBHS PSA that are typically underrepresented in assessment processes, including communities of color, immigrants, persons with disabilities, and low-income residents. The survey was designed to collect information regarding:

- Demographics of respondents
- Health needs of the community for different age groups
- Perception of community strengths
- Utilization and perception of local health services

The survey was based on a design used extensively for CHNAs and by public health agencies across the country. The final survey included 26 questions. The full community resident survey is included in Appendix 2. Table 2 summarizes the demographics of survey respondents in the CSBHS PSA.

DEMOGRAPHIC	%
Age (N=337)	
25-44	13.5
45-64	49.0
65 and older	37.5
Gender (N=336)	
Male	20.8
Female	76.7
Choose not to answer	2.5
Orientation (N=336)	
Straight or heterosexual	94.5
Lesbian or gay or homosexual	1.3
Choose not to disclose	3.4
Other	0.8
Race (N=331 (multiple answers allowed))	
American Indian or Alaska Native	2.2
Black or African American	21.1
White	70.2
Hispanic/Latino(a)	3.4
Native Hawaiian or Pacific Islander	0.4
Choose to not disclose	7.5
Education (N=335)	
High school graduate or GED	6.0
Vocational or technical school	4.7
Some college, no degree	19.1
College graduate	41.3
Advanced degree	28.9
Current Living Arrangements (N=332)	
Own my home	85.2
Rent my home	7.2
Living with a friend or family	5.9
Other	1.7
Disability in Household (N=331)	29.4
Income (N=313)	
Less than $10,000	2.8
$10,000 to $19,999	5.2

$20,000 to $39,999	16.0
$40,000 to $59,999	16.9
$60,000 to $79,999	16.4
$80,000 to $99,999	13.1
Over $100,000	29.6
Average Number of Children in Home (#) (N=329)	0.4

Table 2. Demographics of Community Resident Survey Responses in CSBHS

Community Focus Groups and Key Informant Interviews

A critical part of robust, primary data collection for the CHNA involved speaking directly to community members, partners and leaders that live in and/or work in the CSBHS PSA. This was done through focus groups and key informant interviews.

During this CHNA, CSBHS held two local focus groups, one covering Adult Health and the other Maternal and Child Health, and joined two systemwide focus groups. All focus groups were coordinated by CSBHS and the CHRISTUS Health system office and facilitated by Metopio. CSBHS sought to ensure groups included a broad range of individuals from underrepresented, priority populations in the CSBHS. Focus group health topic areas are listed below:

- Adult health
- Behavioral health
- Health care and social service providers
- Maternal and child health

CSBHS conducted its focus groups virtually. Focus groups lasted 90 minutes and had up to 15 community members participate in each group. The following community members participated in the focus groups:

ORGANIZATION	ROLE
Hope Connections	Board Member
Senate District 37	Legislative Assistant
Volunteers of America	Logistics Manager
Brentwood Hospital	Business Development Representative
Amedisys	CRT Account Executive
Red River Behavioral Health	Community Liaison
CHRISTUS Shreveport-Bossier	Administrators
CHRISTUS Shreveport-Bossier	Chief Medical Officer
CHRISTUS Shreveport-Bossier	Chief Nursing Officer
CHRISTUS Shreveport-Bossier	Associate Chief Nursing Officer
CHRISTUS Shreveport-Bossier	Cancer Treatment Representative
CHRISTUS Shreveport-Bossier	Marketing/Business Development Representative
CHRISTUS Shreveport-Bossier	Patient Care Representative
CHRISTUS Shreveport-Bossier	Foundation Representative

CHRISTUS Shreveport-Bossier	Case Management Representative
CHRISTUS Shreveport-Bossier	Community Health Representative
CHRISTUS Shreveport-Bossier	Acute Care Services/Critical Care Services Representative
CHRISTUS Shreveport-Bossier	Spiritual Care/Mission Representative
CHRISTUS Shreveport-Bossier	Children's Medical Network Representative
CHRISTUS Shreveport-Bossier	Respiratory Representative
CHRISTUS Shreveport-Bossier	Lab Representative
CHRISTUS Shreveport-Bossier	Nutrition Representative
CHRISTUS Shreveport-Bossier	Nursing Administrator
CHRISTUS Shreveport-Bossier	Quality Representative
CHRISTUS Shreveport-Bossier	Patient Experience Representative
CHRISTUS Shreveport-Bossier	Social Worker
CHRISTUS Shreveport-Bossier	Patient Access Representative
CHRISTUS Shreveport-Bossier	Cardiology Representative
CHRISTUS Shreveport-Bossier	Teen Mom Program Representative
CHRISTUS Shreveport-Bossier	Child Life/Volunteer Representative

Table 3. Focus Group Participants

In addition to the focus groups, ten key informants were identified by CSBHS's management team for one-on-one interviews. Key informants were chosen based on areas of expertise to further validate themes that emerged in the surveys and focus groups. Each interview was conducted virtually and lasted 30 minutes.

Secondary Data

CSBHS used a common set of health indicators to understand the prevalence of morbidity and mortality in the CSBHS PSA and compare them to benchmark regions at the state and the full CHRISTUS Health service area, which covers regions of Texas, Louisiana, Arkansas, and New Mexico. Building on previous CHNA work, these measures have been adapted from the County Health Rankings framework (Figure 3). Where possible, CSBHS used data with stratifications so that health inequities could be explored and better articulated. Given the community input on economic conditions and community safety, CSBHS sought more granular datasets to illustrate hardship. A full list of data sources can be found in Appendix 3.

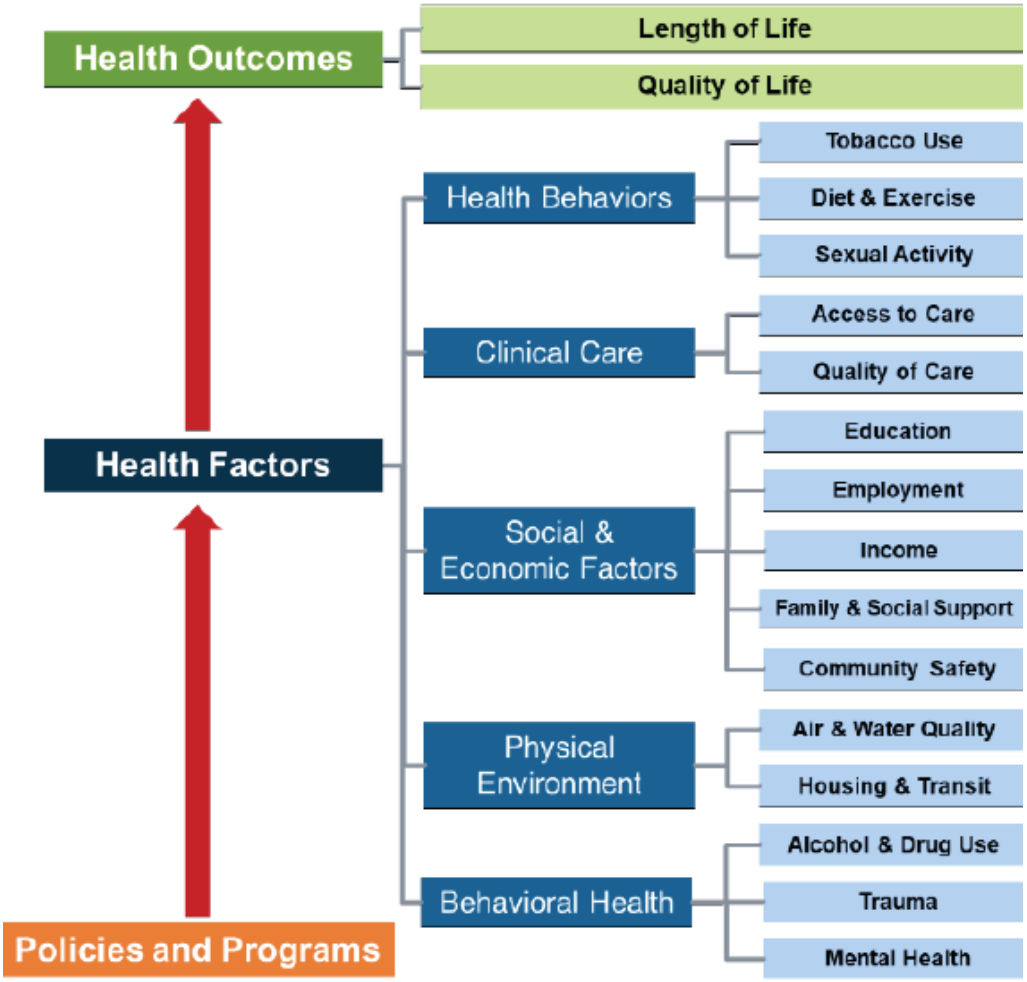


Figure 3. Illustration of the County Health Rankings MAPP Framework

Data Needs and Limitations

CSBHS and Metopio made substantial efforts to comprehensively collect, review, and analyze primary and secondary data. However, there are limitations to consider when reviewing CHNA findings.

- Population health and demographic data are often delayed in their release, so data are presented for the most recent years available for any given data source.
- Variability in the geographic level at which data sets are available (ranging from census tract to statewide or national geographies) presents an issue, particularly when comparing similar indicators and collected at disparate geographic levels. Whenever possible, the most relevant localized data are reported.
- Due to variations in geographic boundaries, population sizes, and data collection techniques for suburban and city communities, some datasets are not available for the same time spans or at the same level of localization throughout the parish.
- Gaps and limitations persist in data systems for certain community health issues such as mental health and substance use disorders (youth and adults), crime reporting, environmental health, and education outcomes. Additionally, these data are often collected and reported from a deficit-based framework that focuses on needs and problems in a community, rather than assets and strengths. A deficit-based framework contributes to systemic bias that presents a limited view on a community's potential.

With this in mind, CSBHS, Metopio and all stakeholders were deliberate in discussing these limitations throughout the development of the CHNA and selection of the 2023-2025 health priority areas.

Consideration of COVID-19

The COVID-19 pandemic touched all aspects of life for two of the last three years, which begs the question—should COVID-19 be considered its own health issue or did it merely expose existing health inequities in the community?

The CSBHS PSA has experienced fluctuations in case rates and case fatality rates but was especially hard hit during the Delta surge in 2021. While causal factors are hard to pinpoint, several important determinants of health are more pronounced in the CSBHS PSA including a lack of access to care, higher rates of chronic disease and a lack of transportation options. These vulnerabilities certainly exacerbated the spread and impact of COVID-19.

> "Social isolation is a huge problem for our world. And it's been made worse by COVID-19. We need to focus on what we have in common rather than our differences."
>
> - Survey Respondent

As demonstrated in the survey results in Table 4, a majority of respondents saw the pandemic as the biggest issue their community faced over the last two years. And while many community members did not delay care, over half did experience challenges with feelings of hopelessness and depression. The community's major emphasis in focus groups and key informant interviews was on addressing the barriers to health equity, not necessarily the pandemic itself. Because of this, the CHNA will focus more on COVID-19's impact on existing health disparities.

DURING THE PANDEMIC (MARCH 2020-PRESENT) HAVE YOU HAD ANY OF THE FOLLOWING (PLEASE CHECK ALL THAT APPLY):	% OF RESPONDENTS
Visited a physician for a routine checkup or physical	91.7
Dental exam	71.5
Mammogram	53.5
Pap test/Pap smear	31.1
Sigmoidoscopy or colonoscopy to test for colorectal cancer	18.4
Flu shot	65.4
Prostate screening	11.0
COVID-19 vaccine	83.3
BECAUSE OF THE PANDEMIC, DID YOU DELAY OR AVOID MEDICAL CARE?	
Yes	32.0
No	68.0
DURING THIS TIME PERIOD, HOW OFTEN HAVE YOU BEEN BOTHERED BY FEELING DOWN, DEPRESSED, OR HOPELESS?	
Not at all	45.2
Several days every month	41.2
More than half the days every month	8.8
Nearly every day	4.8
WHAT IS THE MOST DIFFICULT ISSUE YOUR COMMUNITY HAS FACED DURING THIS TIME PERIOD?	
COVID-19	67.7
Natural disasters (for example, hurricanes, flooding, tornadoes, fires)	4.0
Extreme temperatures (for example, snowstorm of 2021)	15.0
Other:	13.3
	N=326

Table 4. Community Resident Survey Responses to COVID-19 Questions

CHNA RESULTS

CHNA Results

Demographic Characteristics

Over the past decade, the communities served by CSBHS have experienced a very slight change in population (Figure 4). Changes between the 2010 and 2020 Census show that the population in the CSBHS PSA decreased by 0.15%. The CHRISTUS Health service area and Louisiana both experienced growth during this period, with a growth rate of 12.3% and 2.7%, respectively. In this report, the CHRISTUS Health service area refers to the geographic area that encompasses all primary service areas of CHRISTUS Health hospital systems in New Mexico, Texas, Louisiana and Arkansas. Based on the 2020 decennial Census, 388,540 people live in the CSBHS PSA.

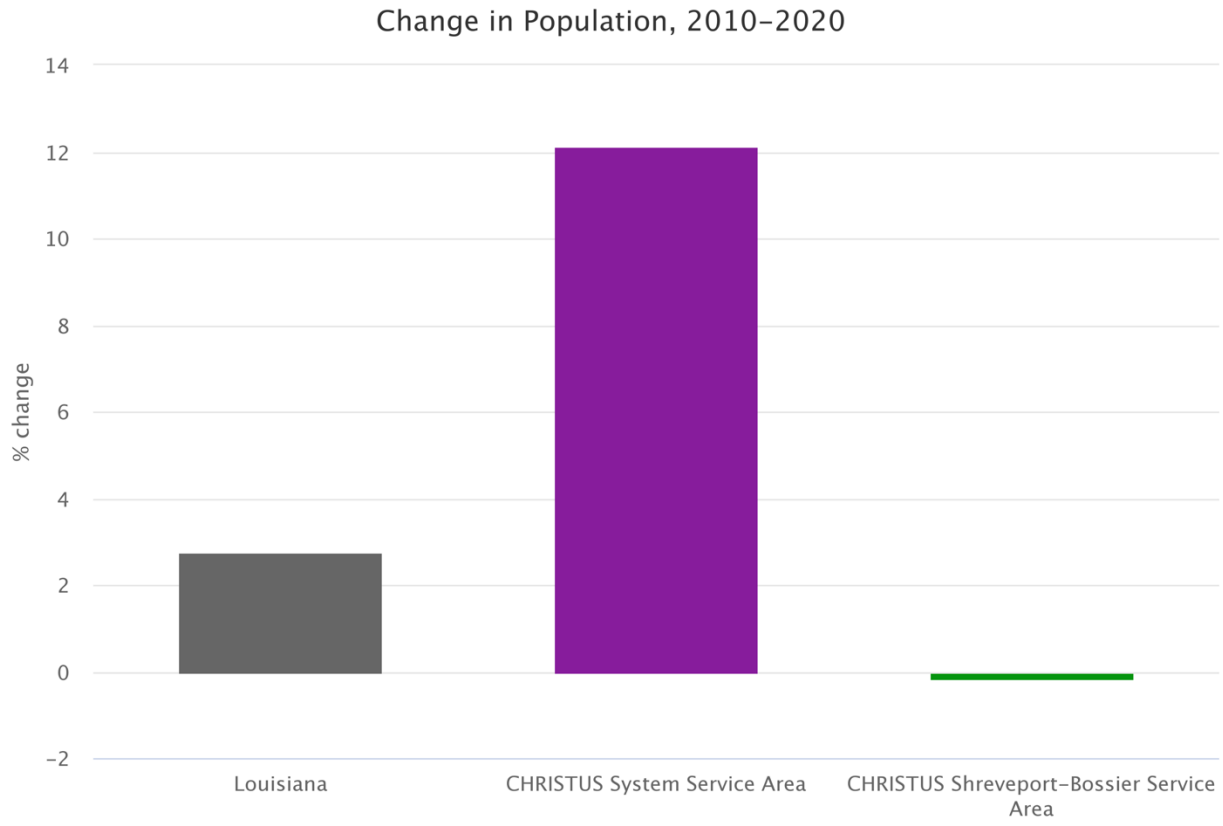


Figure 4. Change in Population in CSBHS PSA

Figure 5 shows the demographics by race/ethnicity for the service areas. Non-Hispanic White individuals make up the majority of the CSBHS PSA population at 51.4%. This differs from the demographics of the CHRISTUS Health service area, but is similar to Louisiana as a whole, where non-Hispanic White people make up 42.8% and 58.3% of the population, respectively. In the Shreveport-Bossier PSA, the second most prevalent racial/ethnic demographic is non-Hispanic Black people at 40.9% of the population. This is higher than the 14.2% of non-Hispanic Black residents in the CHRISTUS Health service area and the 32.9% of residents in Louisiana. This Hispanic/Latino populations in the

service area (3.9%) and Louisiana (5.2%) are much lower than the overall CHRISTUS Health service area (38.8%). The remaining racial/ethnic demographics in the CSBHS PSA are similar to those in the region. In the CSBHS PSA, Asian or Pacific Islander individuals make up 1.5%, compared to 1.9% of the CHRISTUS Health service area and 1.8% of the population of Louisiana. Native Americans account for 0.4% of the CSBHS PSA, 0.4% of the CHRISTUS Health service area, and 0.5% of the population in Louisiana. People who report belonging to two or more races make up 1.8% of the CSBHS PSA, 1.8% of the CHRISTUS Health service area, and 2.0% of the Louisiana population. Table 5 explores service area demographics by each parish.

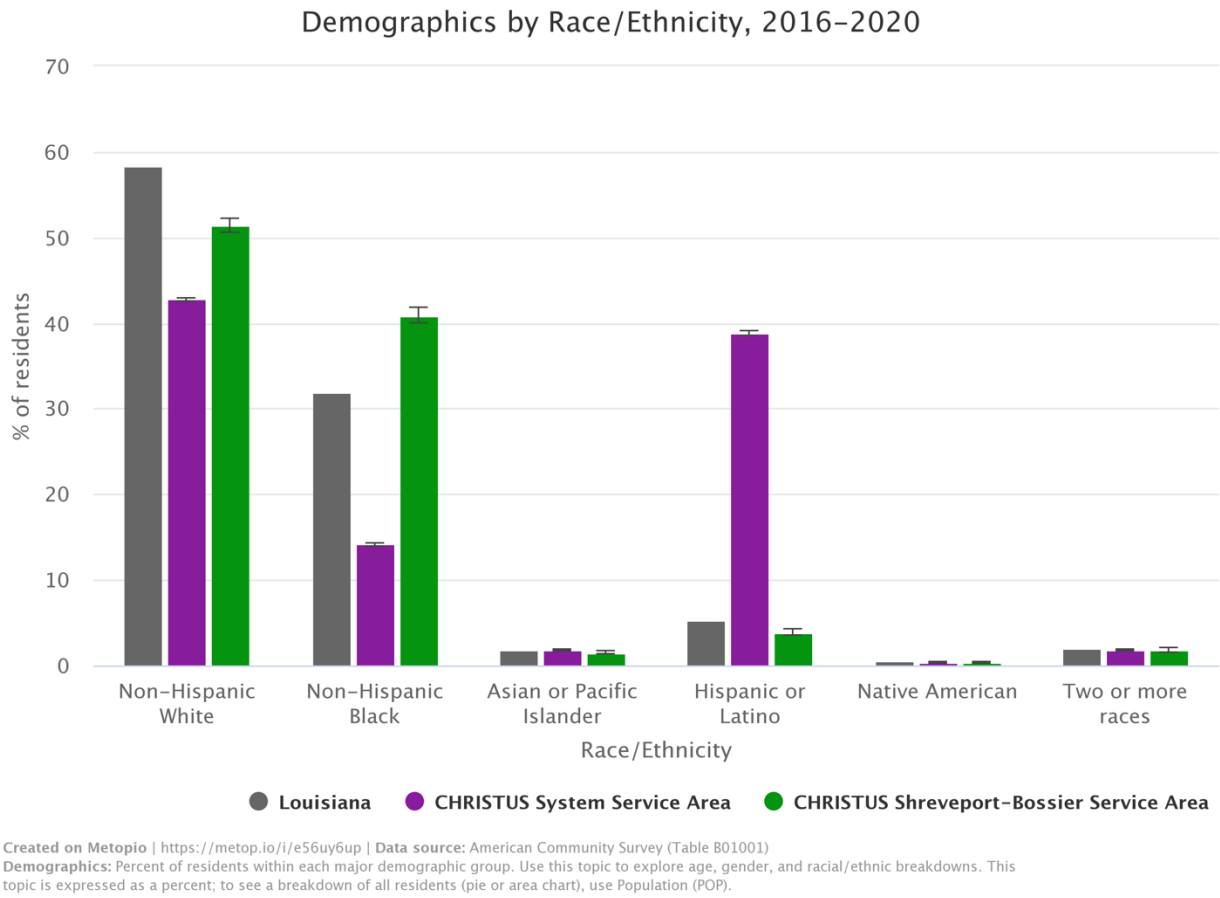


Figure 5. Demographics by Race/Ethnicity in CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Change in Population *% change, 2010-2020*	10.06	-6.71	0.59	-5.18	-16.18	-10.29
Demographics *Non-Hispanic White* *% of residents, 2020*	61.35	42.77	56.40	50.37	54.46	61.01
Demographics *Non-Hispanic Black* *% of residents, 2020*	23.20	48.25	35.75	39.60	38.74	32.85
Demographics *Asian or Pacific Islander* *% of residents, 2020*	1.91	1.39	0.37	0.49	0.00	0.41
Demographics *Hispanic or Latino* *% of residents, 2020*	7.95	3.52	2.84	3.97	2.47	1.86
Demographics *Native American* *% of residents, 2020*	0.45	0.38	0.90	0.76	0.54	0.37
Demographics *Two or more races* *% of residents, 2020*	4.78	3.33	3.46	4.00	3.53	3.30

Table 5. Demographics by County in the CSBHS PSA

Females represent 52.1% of the CSBHS PSA population and males represent 47.9% (Figure 6). The CSBHS PSA has a slightly higher proportion of females than the broader population with 50.6% female and 49.4% male residents in the whole CHRISTUS Health service area, and 51.9% female and 48.8% male residents in Louisiana overall. The median age in the CSBHS PSA is 37.6 years old, which is slightly higher than the rest of the CHRISTUS Health service area (36.4 years old) and Louisiana overall (37.2years old) (Figure 7).

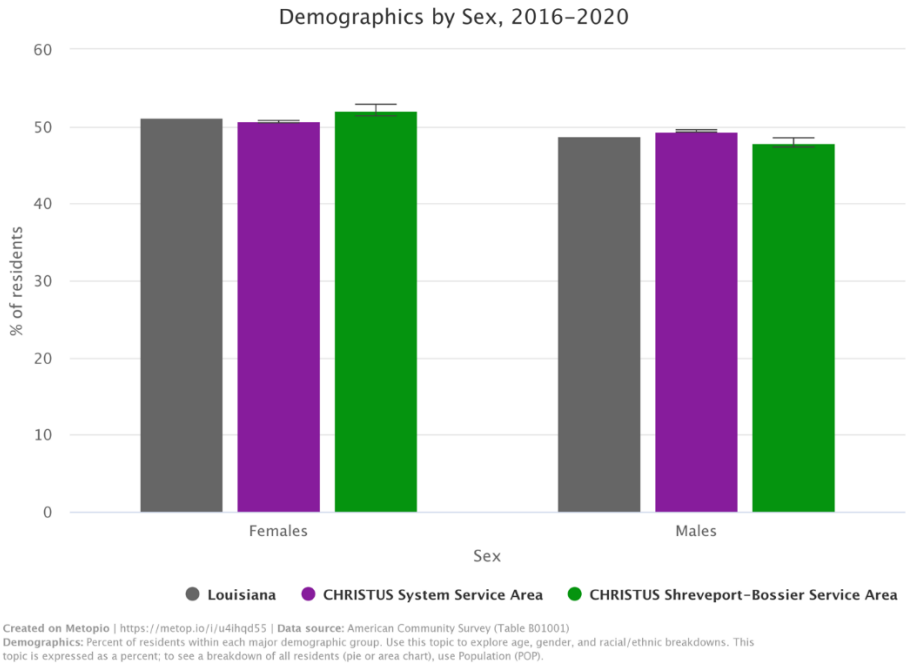


Figure 6. Demographics by Sex in CSBHS PSA

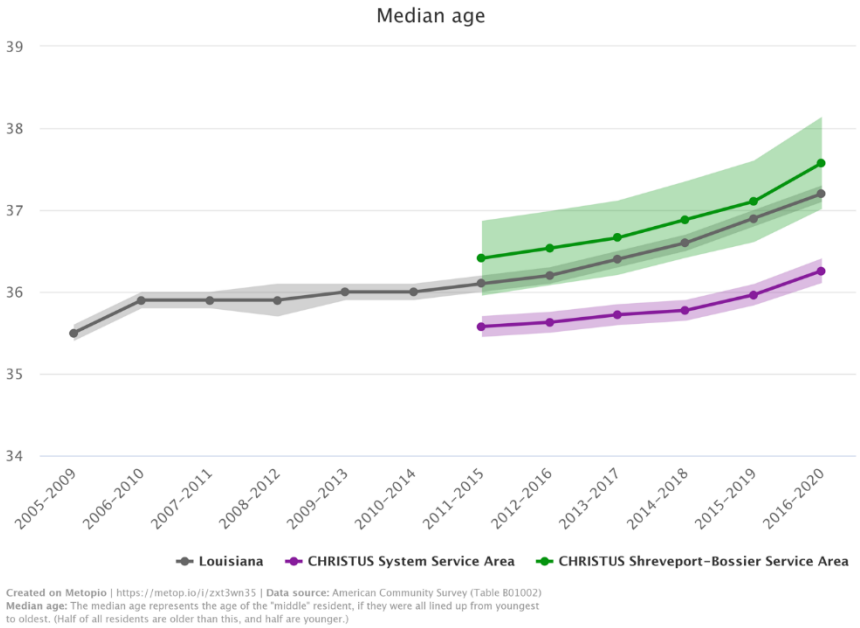


Figure 7. Median Age in CSBHS PSA

In the CSBHS PSA, 0.7% of residents have limited English proficiency (Figure 8). This percentage is much lower than the CHRISTUS Health service area (4.0%) and slightly lower than Louisiana overall (1.4%). 4.5% of households have limited English proficiency.

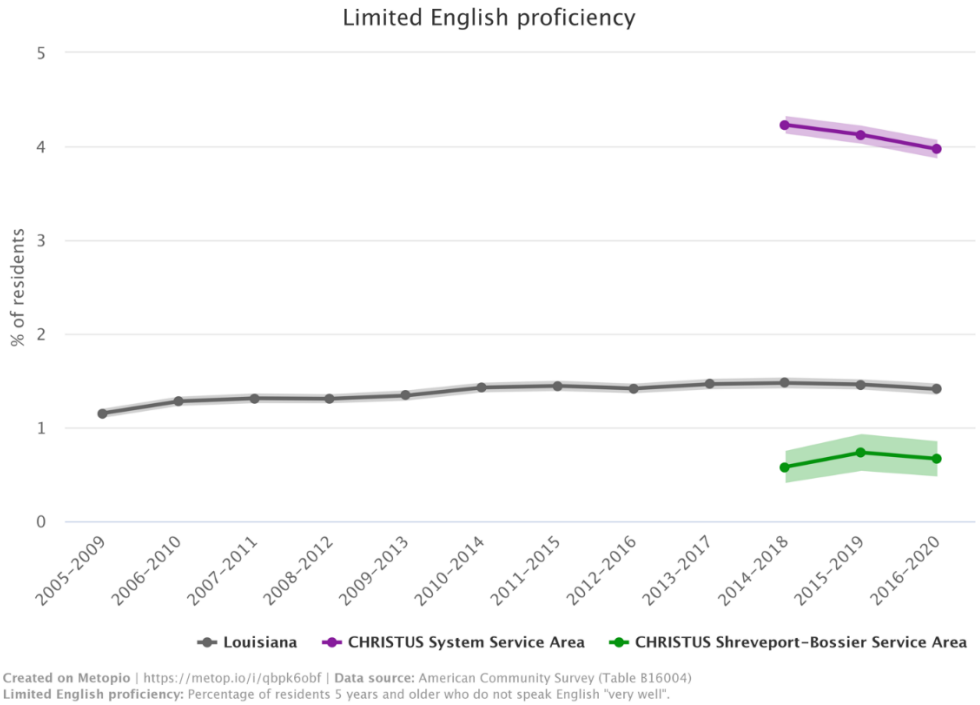


Figure 8. Limited English Proficiency in CSBHS

The percentage of residents with a disability in the CSBHS PSA (14.5%) is slightly lower than the whole CHRISTUS Health service area (14.8%) and Louisiana (15.3%) (Figure 9). Within the PSA, non-Hispanic White people experience the highest rate of disability (16.3%), followed by non-Hispanic Black people (13.6%). Hispanic or Latino and Asian or Pacific Islander groups experience lower rates of disability (9.7% and 7.9%, respectively). Disability here is defined as one or more sensory disabilities or difficulties with everyday tasks.

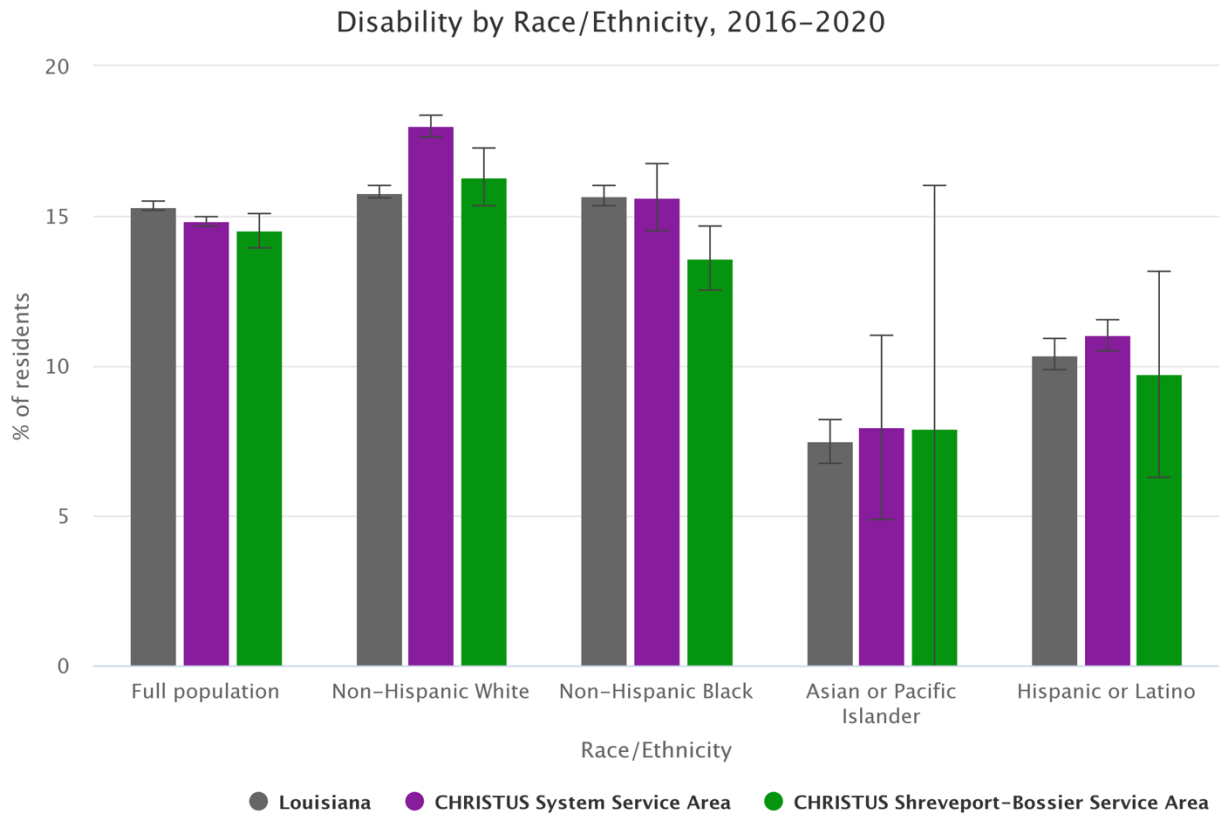


Figure 9. Disability by Race/Ethnicity in the CSBHS PSA

Overall Community Input

Community residents who participated in focus groups, key informant interviews, and the survey provided in-depth input about how specific health conditions impact community and individual health. Cross-cutting themes that emerged included:

- Access to care was a major issue that came up among survey and focus group participants. Community members, both insured and uninsured, noted difficulty finding openings for new primary care patients, which leads to the development of preventable chronic diseases. Caregivers of elderly or disabled family members also noted a need for more at-home care, day services for seniors, and affordable medication.
- Focus group participants shared that there is a need for mental health care in the PSA. Participants noted that community members are becoming more isolated over time, connecting it to confusion and misinformation around COVID and vaccines, as well as rising crime rates in the area. They shared that mental health challenges are often mislabeled and when residents decide to seek care, they have limited options in the community.
- Economic opportunity and poverty came up as an area of need in several different ways. Participants shared that uncontrolled chronic illness limits residents' ability to work. Those who are able to work have difficulty finding good jobs in the area or finding childcare. Rising prices make it difficult to afford food and medications.
- Survey respondents shared that elements of the built environment make it difficult to be healthy. Participants noted a lack of accessible trails, parks, or gyms make it difficult to exercise or spend time outside. Several residents noted they feel unsafe in their communities because of high crime rates, particularly property crime.

Survey respondents were asked to rank a number of health issues on a scale of 1 to 5, with 1 being "not significant" and 5 being "very significant." Table 6 shows the top 10 issues from the survey in descending order.

HEALTH ISSUE	% OF RESPONDENTS WHO RANKED EITHER 4 OR 5
Obesity	51.1%
Diabetes	51.0%
Heart disease	50.3%
Mental health	45.2%
Chronic pain	44.7%
Arthritis	41.3%
Smoking and vaping	40.5%
Drug, alcohol, and substance abuse	40.1%
Cancer(s)	38.9%
Alzheimer's and dementia	37.3%

Table 6. Ranking of Health Issues by Survey Responses

The primary data covered many health issues that community members see in the CSBHS PSA, but data collection also included strengths that residents see in the community. Survey participants emphasized that community members look out for each other. They also highlighted the strength of local government services that listen to the needs of residents.

Additionally, survey respondents were asked to select all things which they thought contributed to health and were available in the community (Figure 10). These represent the assets that community members can take advantage of to maintain their health.

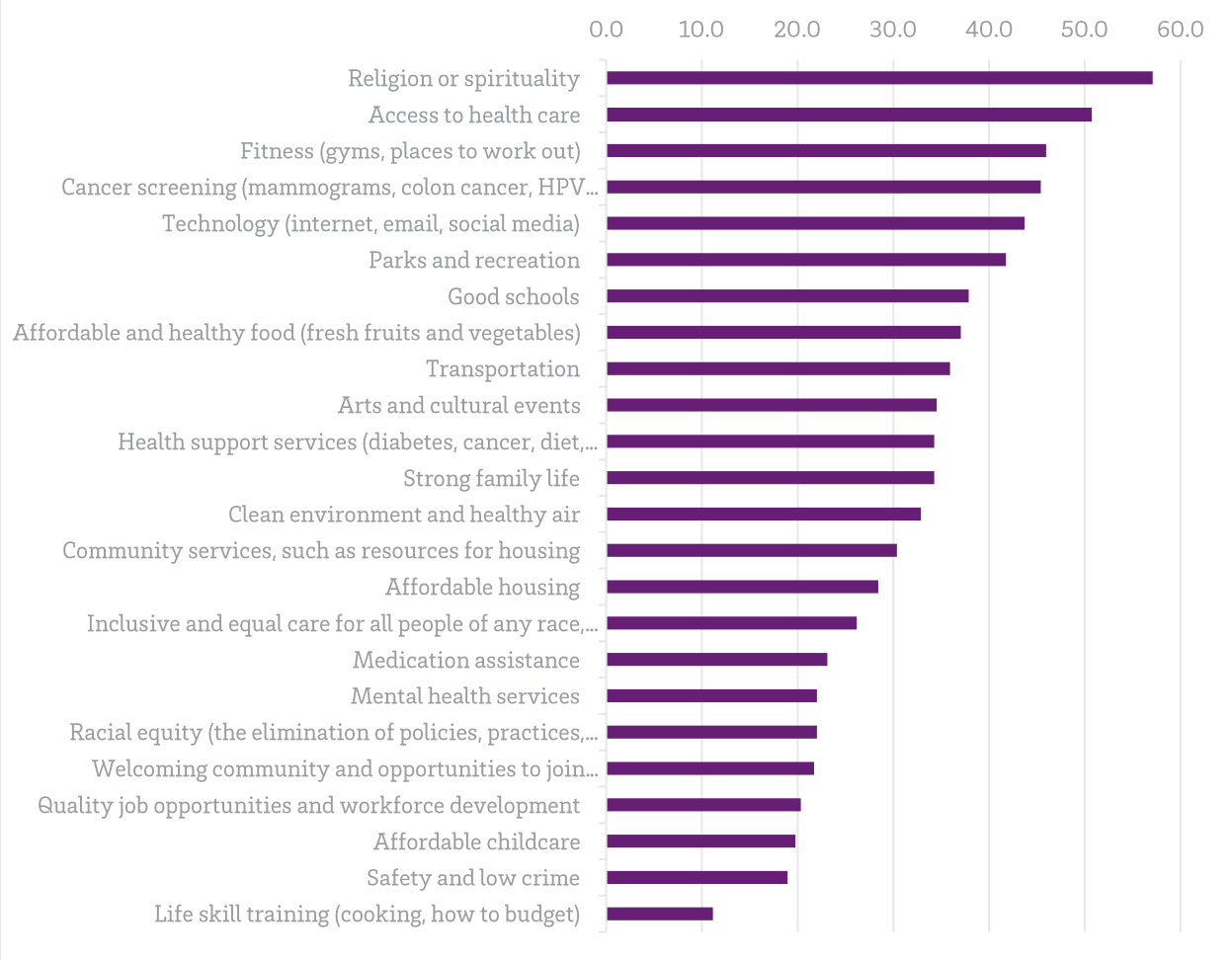


Figure 10. Survey Responses of Community Strengths that Support Health

Social and Structural Determinants of Health

Community residents who participated in focus groups and the community resident surveys also provided in-depth input about how social and structural determinants of health – such as education, economic inequities, housing, food access, access to community services and resources, and community safety and violence – impact community and individual health. The following sections review secondary data insights that measure the social and structural determinants of health.

Hardship

One way to measure overall economic distress in a place is with the Hardship Index (Figure 11). This is a composite score reflecting hardship in the community, where the higher values indicate greater hardship. It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score. The Hardship Index score for the CSBHS PSA is 59.9, which is in line with the full CHRISTUS Health service area (60.6) and the state (59.5). Within the CSBHS PSA, hardship indicators are concentrated around Shreveport in zip codes 71101 (89.6), 71103 (88.8), and 71109 (88.4).

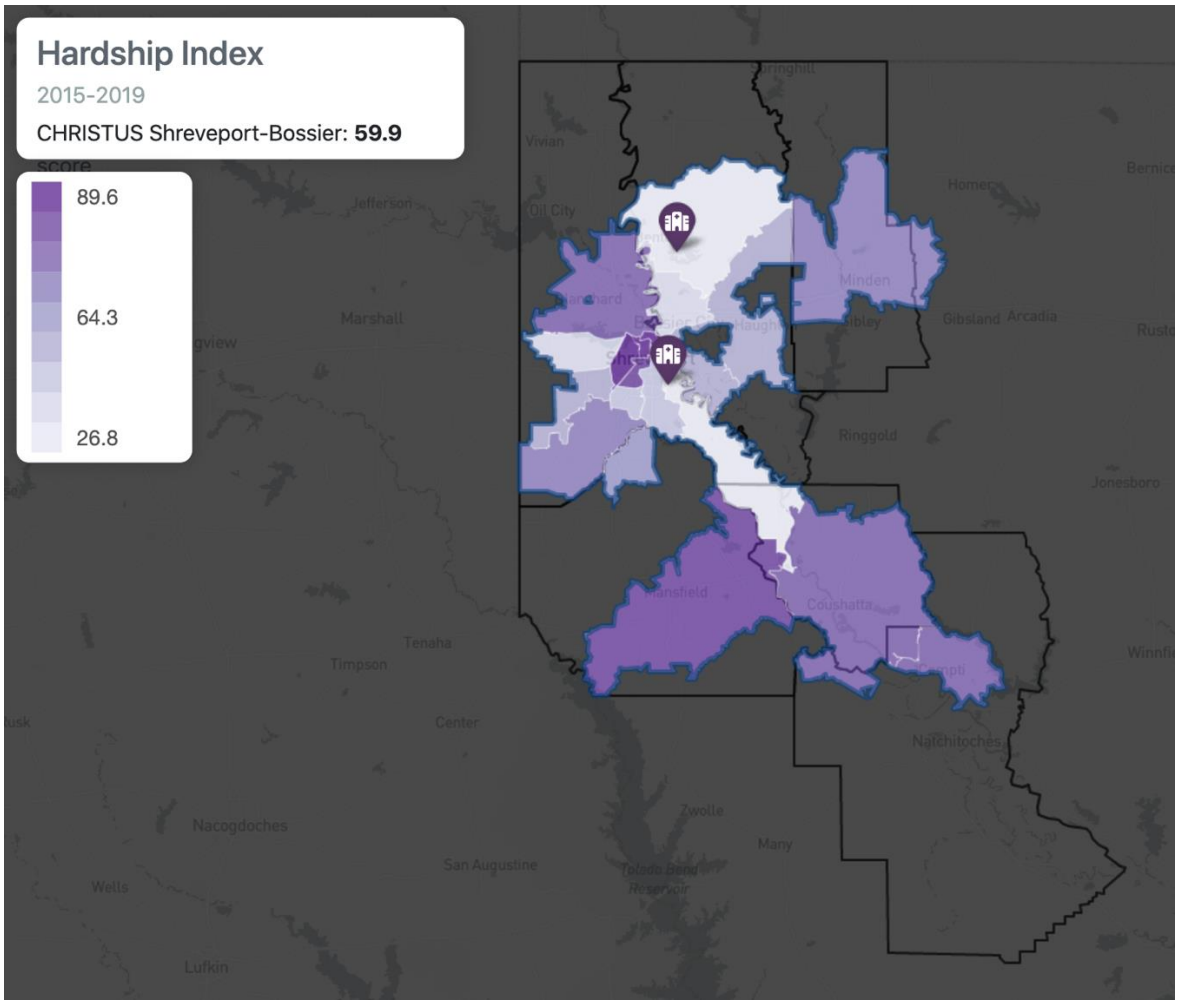


Figure 11. Hardship Index in the CSBHS PSA

Poverty

Poverty and its corollary effects are present in the CSBHS PSA. In the CSBHS PSA the poverty rate (Figure 12) is 21.2% and the median household income (Figure 13) is $49,534. In comparison, the overall CHRISTUS Health service area has a median household income of $58,813 and 16.8% of residents living in poverty, and Louisiana, $53,539 and 18.7%, respectively. The poverty rate in the CSBHS PSA is even more pronounced for non-Hispanic Black residents (30.6%). For comparison, 13.7% of non-Hispanic White residents live in poverty, 9.6% of Asian or Pacific Islanders, and 24.9% of Hispanic or Latinos.

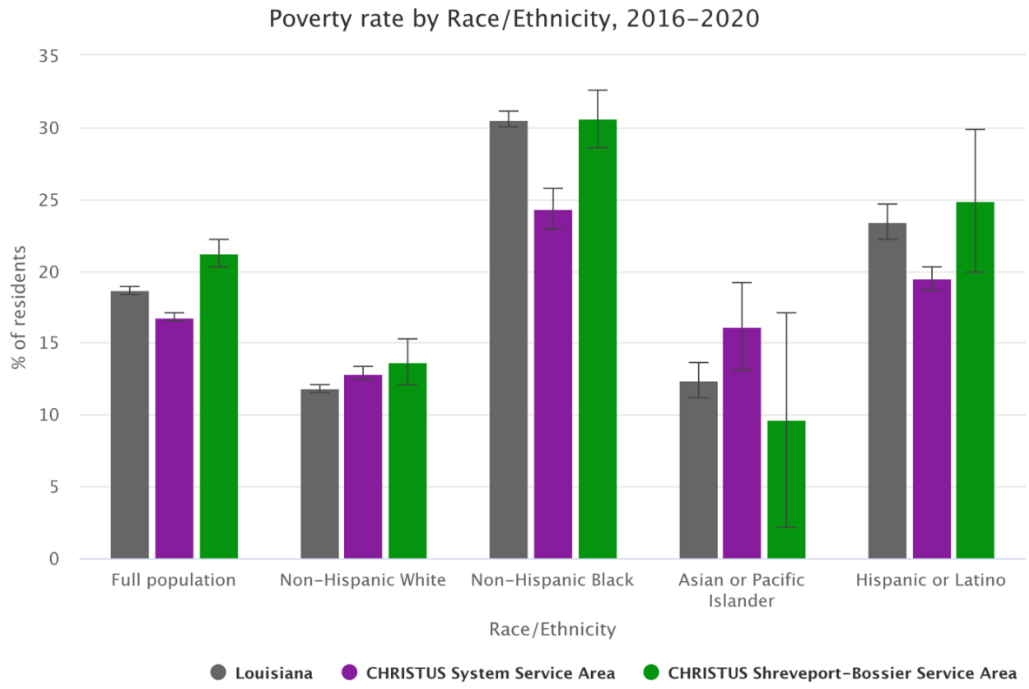


Figure 12. Poverty Rate by Race/Ethnicity in the CSBHS PSA

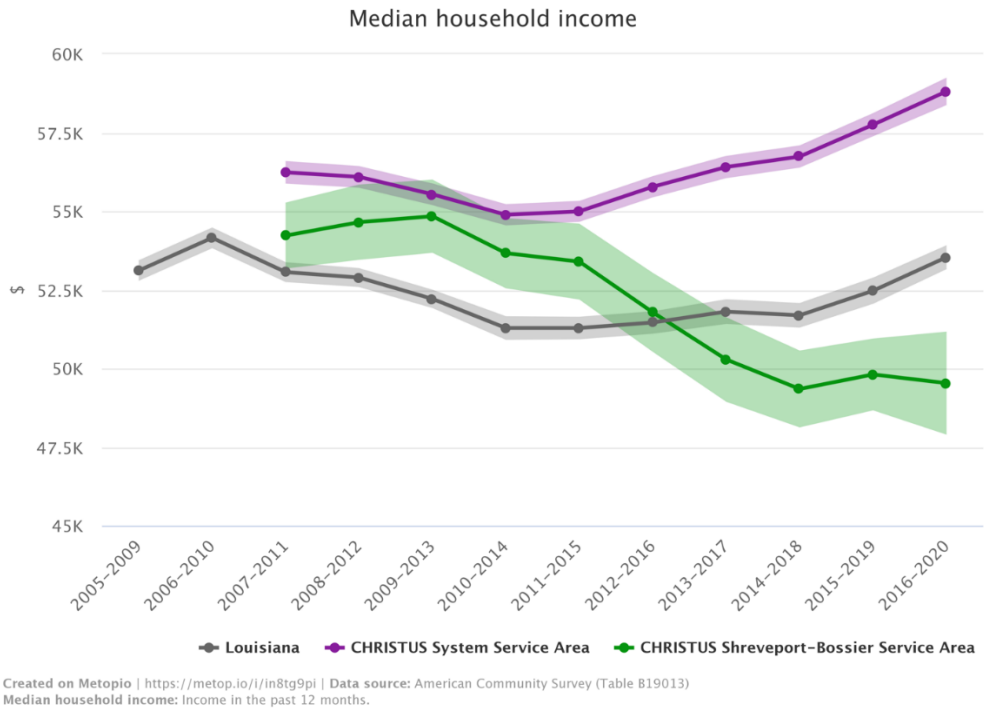


Figure 13. Median Household Income in the CSBHS PSA

Housing

In the focus groups, community members shared disparities in resources limit the ability of all people to be healthy. Participants also shared that the expensive cost of childcare also puts a burden on working families, making them feel like they can't get ahead. Figure 14 shows that 27.3% of residents in rental housing units in the CSBHS PSA are severely rent-burdened, meaning they spend more than 50% of their income on housing. Zip codes 71047 and 71119 experience the highest percentage of severely rent-burdened households at 42.8% and 51.1%, respectively.

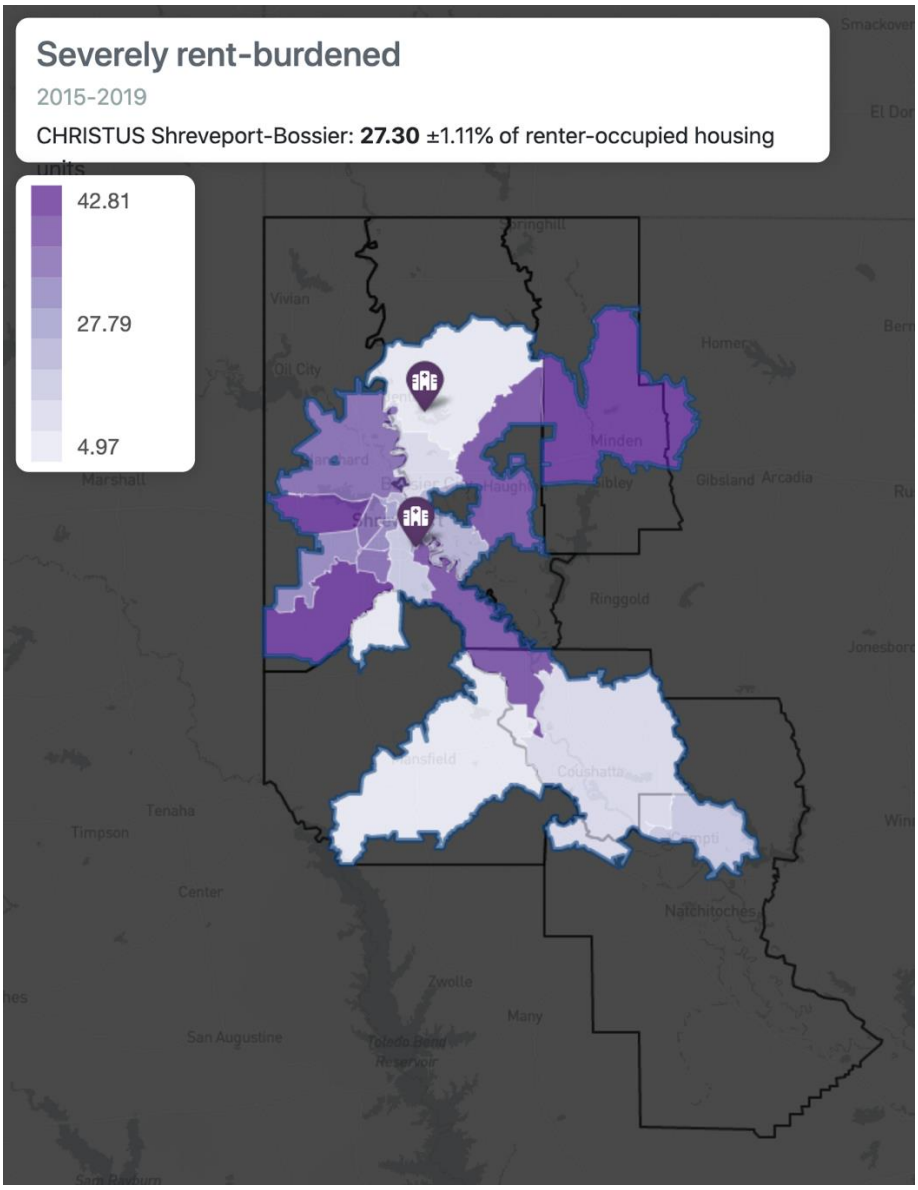
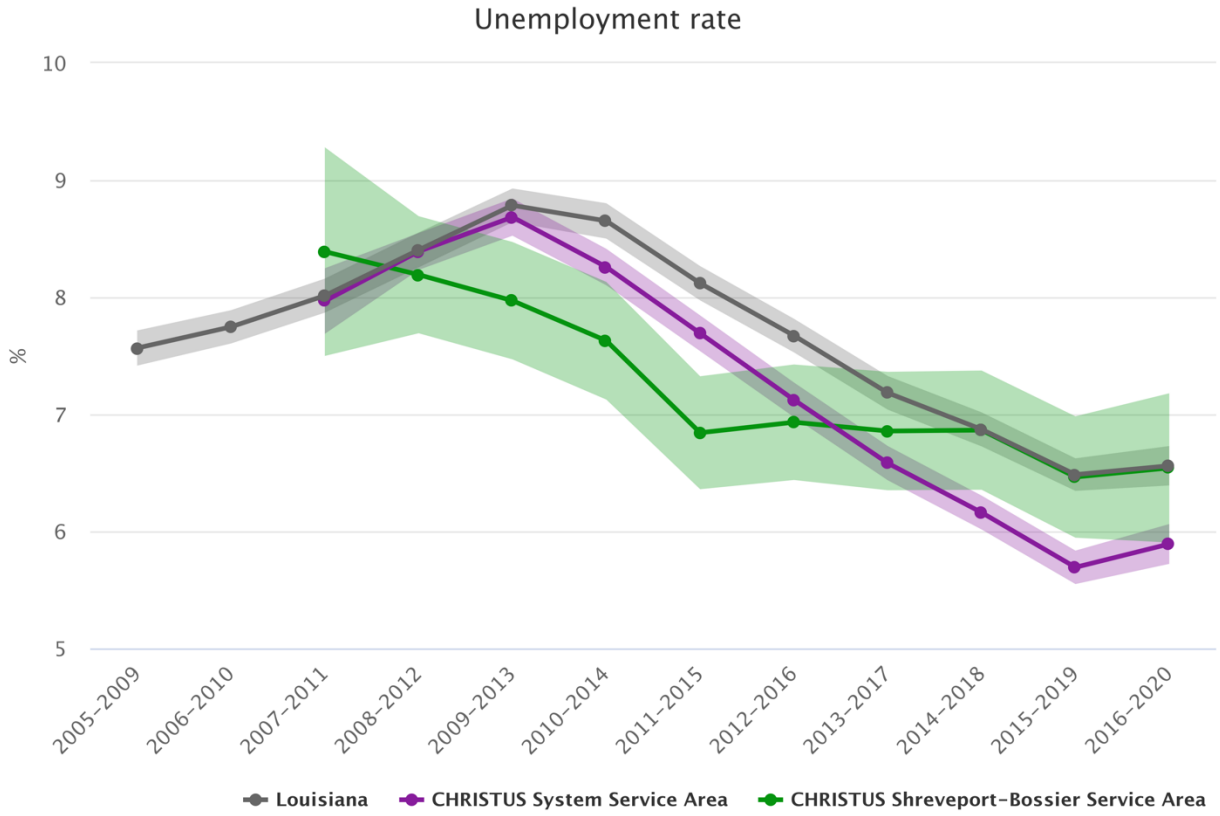


Figure 14. Housing Cost Burden in the CSBHS PSA

Unemployment

The overall unemployment rate in the CSBHS PSA (6.5%) is slightly higher than the rate of the CHRISTUS Health service area (5.9%) and the same as Louisiana (6.6%) (Figure 15). When this data is stratified by race/ethnicity (Figure 16), there are disparities in unemployment rates. People of color experience higher rates of unemployment. Native Americans experience the highest rate (14.3%), followed by Hispanic or Latinos (11.9%), Asian or Pacific Islanders (8.3%), and non-Hispanic Blacks (7.8%), compared to 4.7% of non-Hispanic Whites. Because of the small number of Native American, Hispanic/Latino, and Asian/Pacific Islander people in the service area, there is error in this data, which means the actual unemployment rate for these populations may be higher or lower than the collected average. Over the past decade, the region has generally seen a decline in the unemployment rate, up until the most recent reporting period. The recent increase is likely related to the COVID-19 pandemic.



Created on Metopio | https://metop.io/i/o5w52we6 | **Data source:** American Community Survey (Tables B23025, B23001, and C23002)
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

Figure 15. Unemployment Rate in the CSBHS PSA

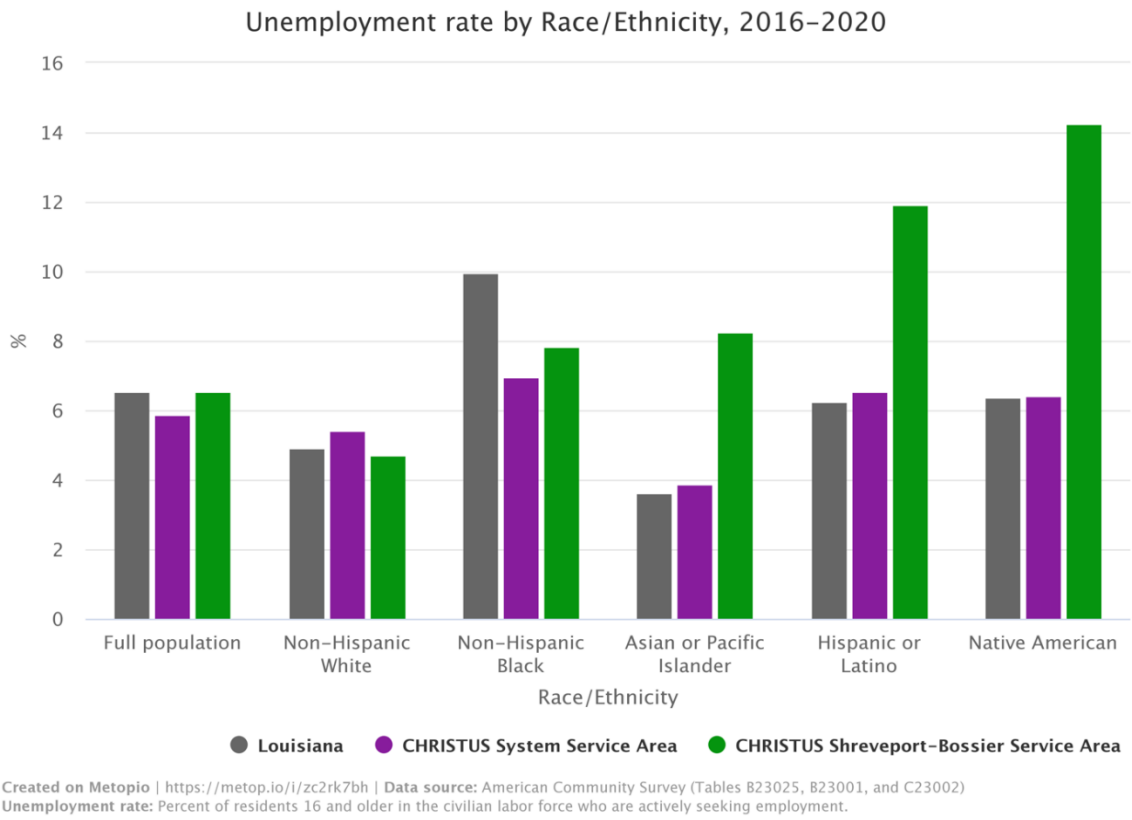


Figure 16. Unemployment Rate with Stratifications in the CSBHS PSA

Another measure of potential economic stress is disconnected youth, defined as residents aged 16-19 who are neither in school nor employed. For the Shreveport-Bossier PSA, the percentage is 12.3% compared to 10.3% in the whole CHRISTUS system, and 9.8% in Louisiana (Figure 17). Table 7 explores each of these socio-economic indicators by parish for the service areas.

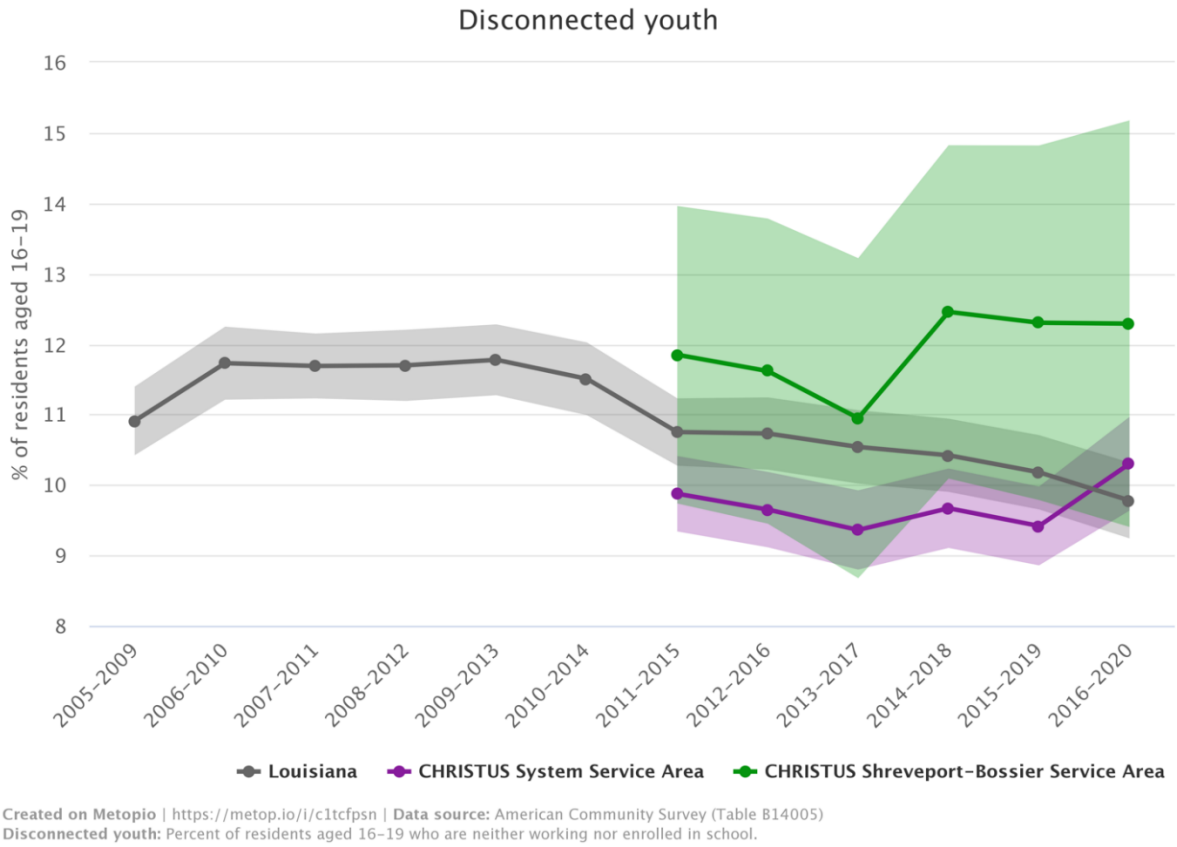


Figure 17. Disconnected Youth in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Hardship Index score, 2015-2019	50.6	61.4	74.2	79.9	75.3	73.8
Poverty rate % of residents, 2016-2020	16.90	22.87	21.64	30.09	26.61	27.54
Median household income 2016-2020	$58,438	$44,268	$46,832	$32,276	$35,640	$31,959
Severely rent-burdened % of renter-occupied housing units, 2016-2020	24.71	28.03	11.80	26.94	19.16	30.83
Unemployment rate %, 2016-2020	5.37	6.88	9.12	13.09	4.21	4.88
Disconnected youth % of residentsaged 16-19, 2016-2020	15.14	9.23	16.84	9.72	4.70	9.81

Table 7. Economic Indicators by Parish in the CSBHS PSA

Education

The high school graduation in the CSBHS PSA is 87.5%, which is slightly higher than the wider CHRISTUS Health service area and state averages (84.7% and 85.9%, respectively) (Figure 18). High school graduate rates have been on the rise in all benchmark regions since at least 2007.

Post-secondary education in the CSBHS PSA is about the same as the wider CHRISTUS Health service area and the state (Figure 19). For residents 25 or older with any post-secondary education, the higher degree graduation rate in the Shreveport-Bossier PSA is 31.8% compared to 31.7% in the CHRISTUS system and 31.4% in Louisiana. Table 8 provides additional education-related data for the service area parishes.

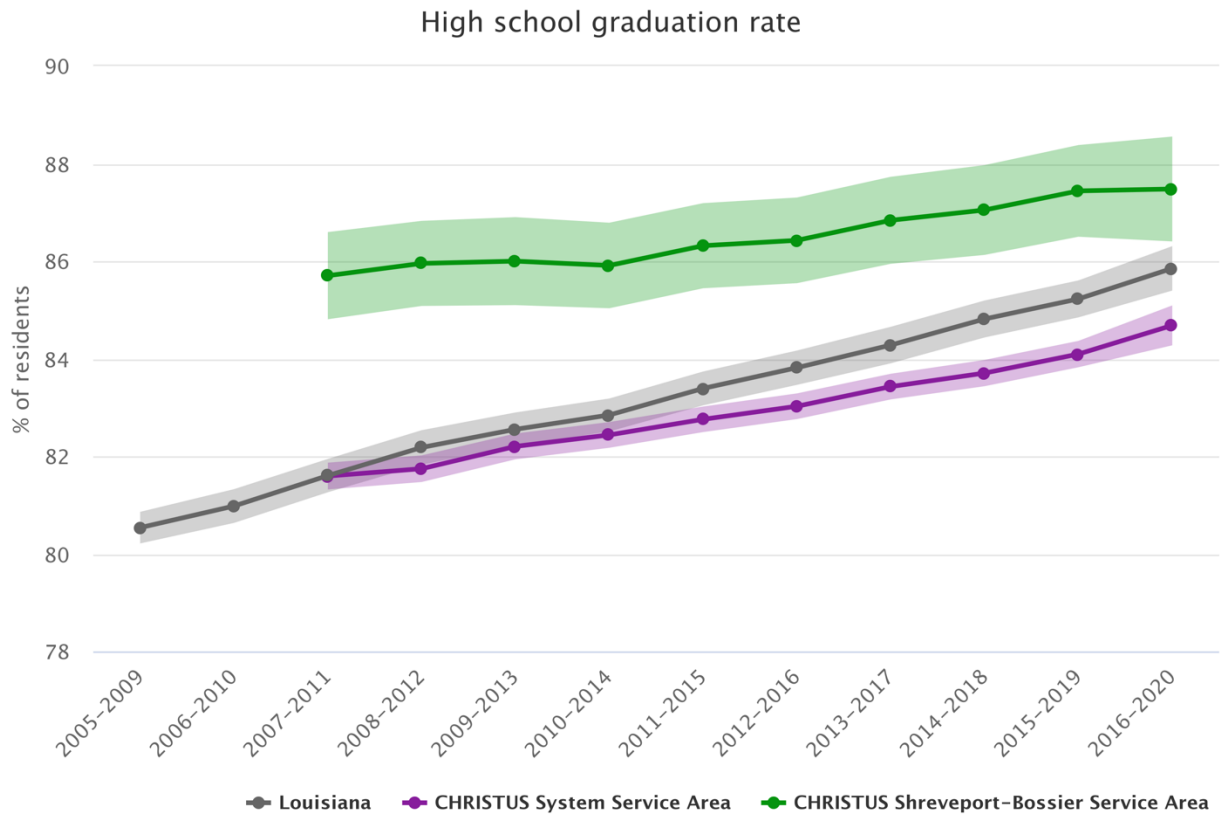


Figure 18. High School Graduation Rate with Stratifications in the CSBHS PSA

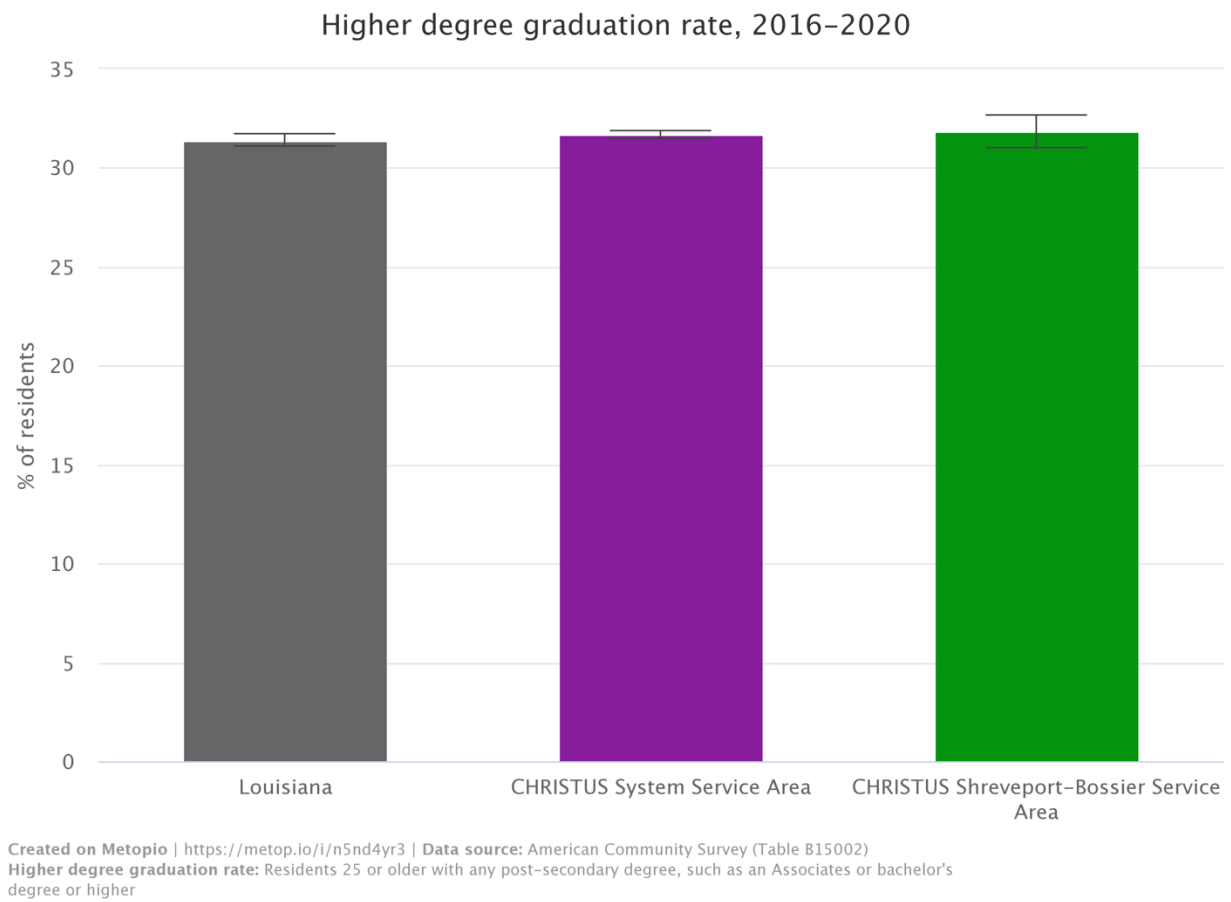


Figure 19. Higher Degree Graduation Rate in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Preschool enrollment Infants (0-4 years) % of toddlers, 2016-2020	45.03	57.41	48.72	43.93	74.79	36.34
Private school Juveniles (5-17 years) % of grade school students, 2016-2020	9.78	11.86	5.02	8.93	10.37	7.58
9th grade education rate % of residents, 2016-2020	97.00	96.36	94.89	97.13	93.96	96.03
High school graduation rate % of residents, 2016-2020	90.07	86.82	82.72	87.91	79.09	85.62
Any higher education rate % of residents, 2016-2020	62.16	55.43	40.13	49.88	33.40	43.26
Higher degree graduation rate % of residents, 2016-2020	34.52	31.73	20.26	32.75	16.59	22.51
Graduate education rate % of residents, 2016-2020	9.11	10.08	4.46	7.95	6.63	4.64

Table 8. Education Indicators by Parish in the CSBHS PSA

Access to Care

Being able to reliably access the health system, whether for primary care, mental health, or specialists, is often dependent on one's insurance (Figure 20). The uninsured rate in the CSBHS PSA (8.4%) and is similar to the rate in Louisiana (8.7%), but much lower than the full CHRISTUS Health service area (15.1%). Hispanic or Latino residents experience the highest uninsured rate of all racial/ethnic groups (20.1%) in the CSBHS PSA.

Many residents in the service area receive insurance through Medicaid programs. The percentage of residents covered by Medicaid in the CSBHS PSA (29.0%) is higher than both the full CHRISTUS Health service area (21.1%) and Louisiana (27.8%) (Figure 21).

> "[I am concerned with] access to urgent and primary care, medications, and home health services for uninsured and underinsured. Acute issues become chronic from lack of access to care and/or health literacy."
>
> – Survey Respondent

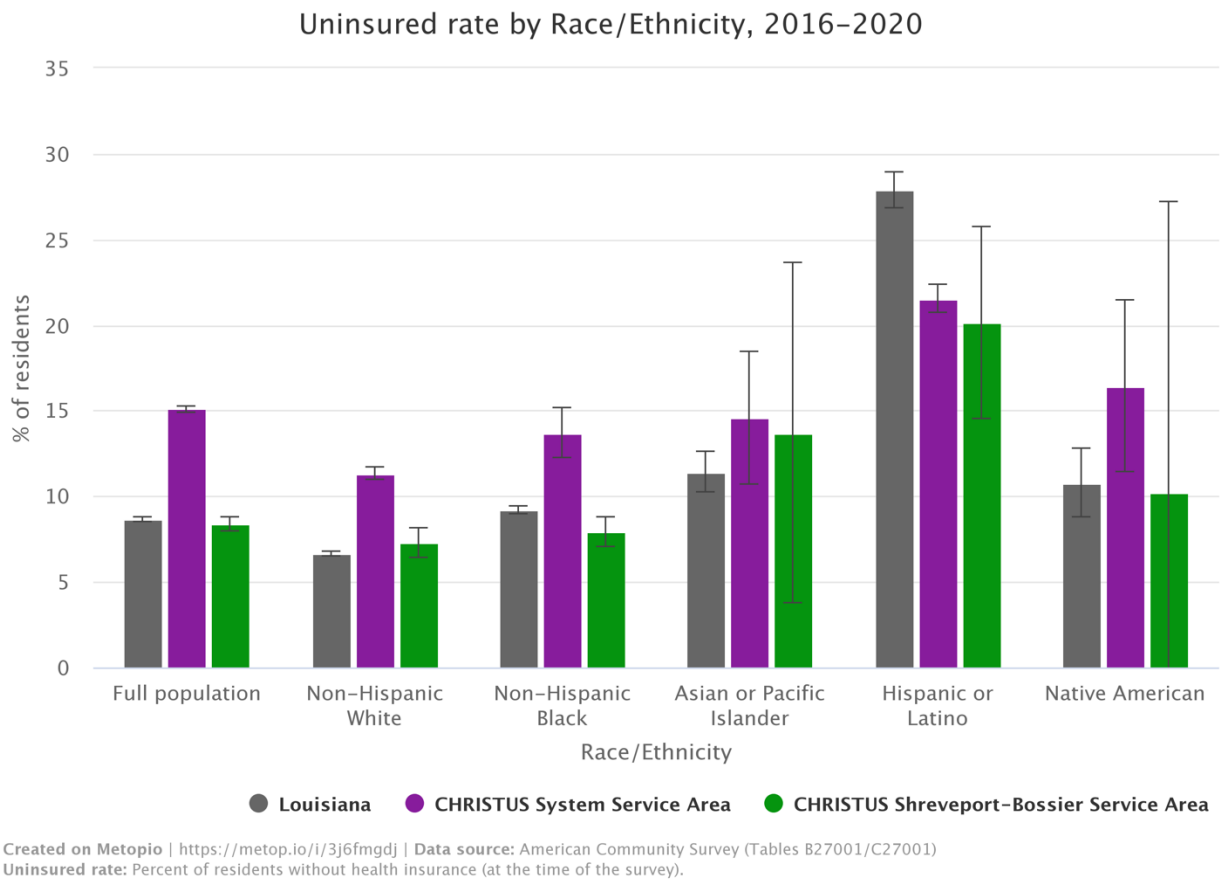


Figure 20. Uninsured Rate with Stratifications in the CSBHS PSA

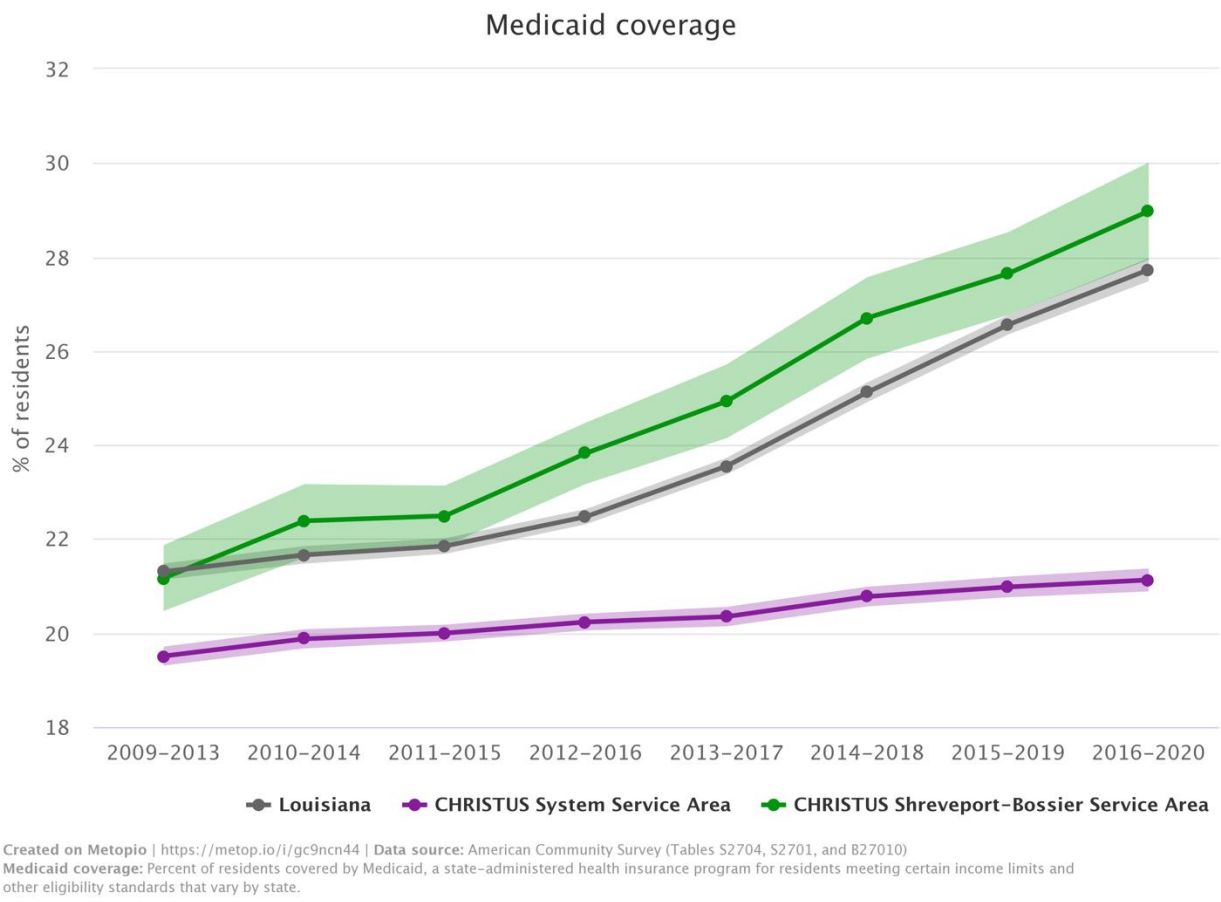


Figure 21. Medicaid Coverage in the CSBHS PSA

Mental health was raised as an issue through all channels of primary data collection. Figure 22 shows the percentage of adults in the PSA experiencing depression, which is over one-in-five for all benchmark regions. Of the three areas, the CSBHS PSA has the highest percentage of adults who experience depression (24.9%). Many survey participants noted a lack of access to providers, regardless of a person's insurance. The table below (Table 9) shows the per capita rate for types of mental health providers in each of the service area parishes, as well as other behavioral health indicators for comparison.

"Most people have no idea how to access mental health care or where to begin with choosing if they were given a list."

- Survey Respondent

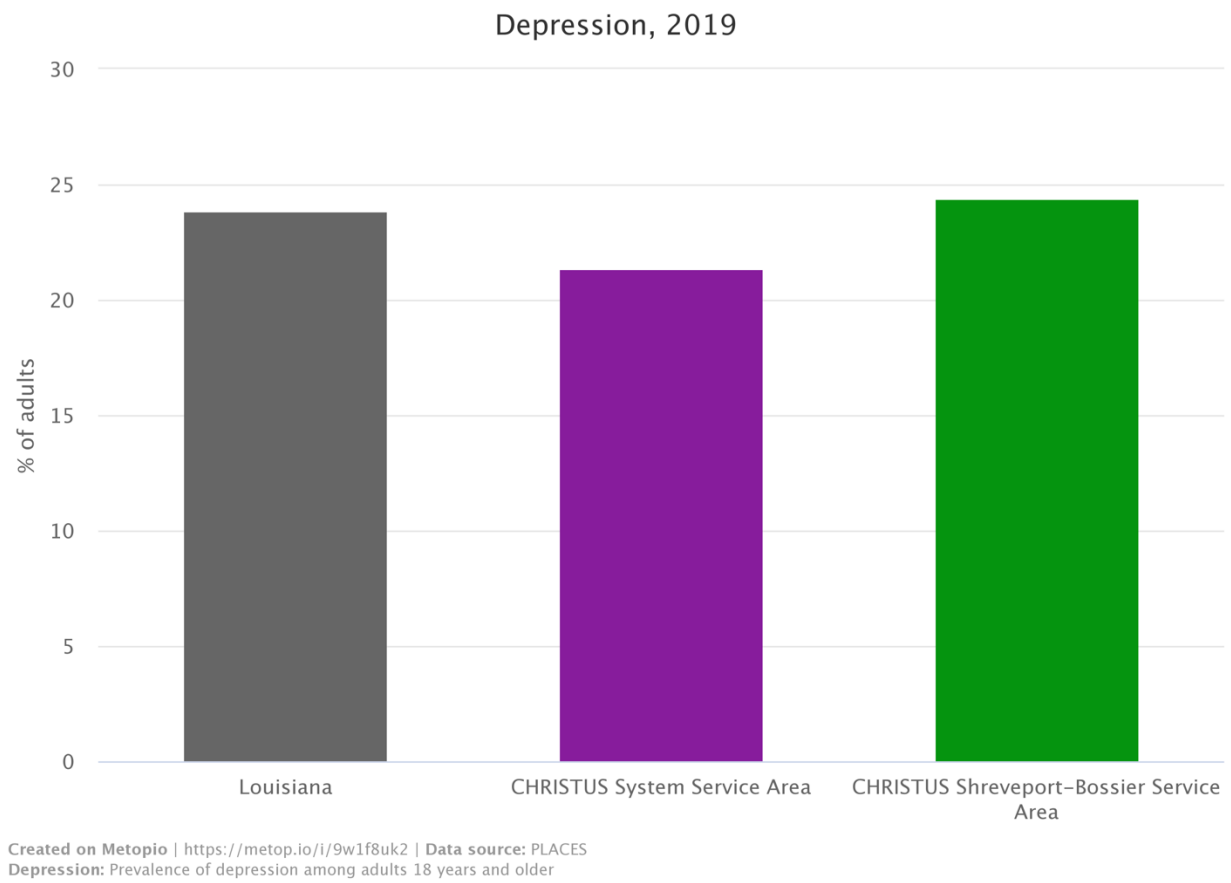


Figure 22. Depression in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Depression % of adults, 2019	24.00	23.60	24.60	24.20	24.60	25.30
Poor mental health days days per month, 2018	4.9	5.2	5.2	5.4	5.4	5.4
Mental health providers per capita providersper 100,000 residents, 2021	288.5	856.4	286.2	490.5	123.3	257.3
Drug overdose mortality deaths per 100,000 , 2016-2020	11.27	12.43	16.40	12.67	—	8.24
Poor self-reported mental health % of adults, 2019	17.00	18.40	19.40	20.00	20.30	21.00
Psychiatry physicians per capita physicians per 100,000 residents, 2021	8	35	0	20	1	3

Table 9. Mental Health Access Indicators by Parish in the CSBHS PSA

Many low-income residents in the PSAs rely on Federally Qualified Health Centers (FQHCs) for their care in addition to hospitals, outpatient centers and primary care offices (Figure 23). Table 10 includes other indicators that measure access to primary care including the per capita number of primary care physicians and nurse practitioners.

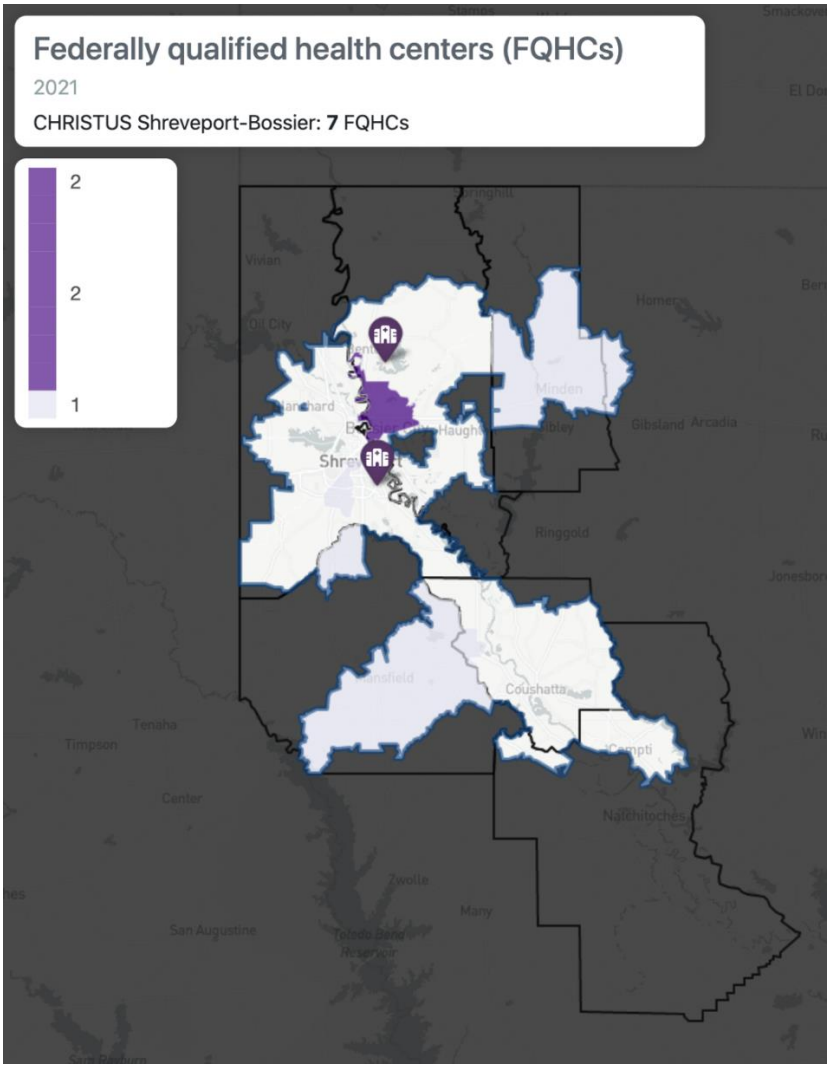


Figure 23. Heat Map of FQHC locations in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Visited doctor for routine checkup *% of adults, 2019*	78.80	79.80	79.90	80.90	80.00	79.00
Nurse practitioners per capita *nurses per 100,000 residents, 2019*	51.05	115.41	14.83	53.39	79.20	64.01
Primary care providers (PCP) per capita *physicians per 100,000 residents, 2018*	50.2	148.8	18.5	55.9	22.6	64.0

Table 10. Primary Care Access Indicators by Parish in the CSBHS PSA

Food Access

Both obesity and healthy eating were raised as top health issues by survey respondents. Often obesity is correlated with poor food access and about 13.5% of residents in the CSBHS PSA live in a food desert, meaning there isn't a grocery store with one mile for urban residents and five miles for rural residents. Without easy access to fresh, healthy foods, people sometimes rely on fast food and other unhealthy options. Figure 24 shows that food desert areas are spread across the CSBHS PSA, but highest concentrations are found in zip codes 71101 and 71103 (57.6% and 56.3% of residents, respectively). In addition to food deserts, more than 1-in-5 residents are considered food insecure (Figure 25) which is an indicator that incorporates both economic and social barriers to food access. Table 11 breaks out various indicators of food access by parishes in the service areas.

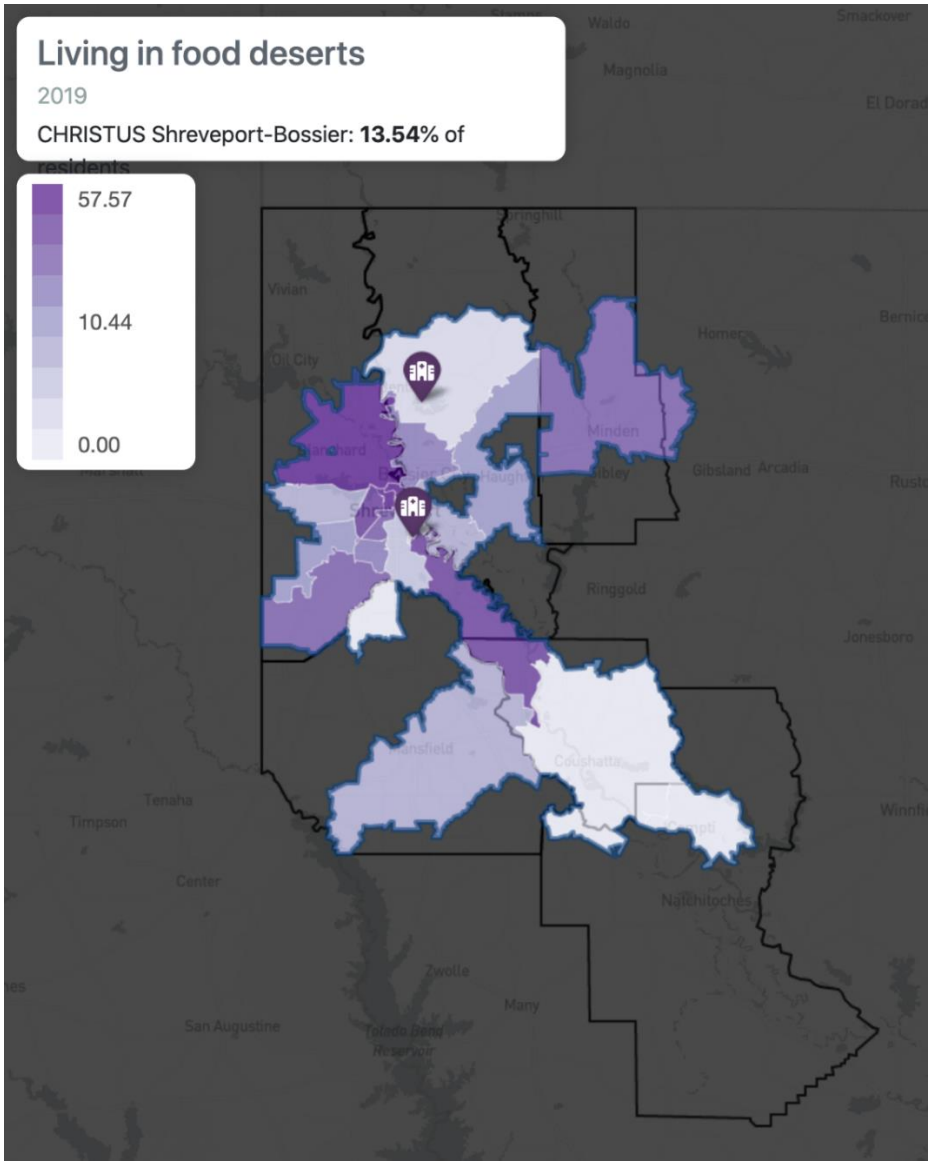


Figure 24. Map of Residents Living in Food Deserts in the CSBHS PSA

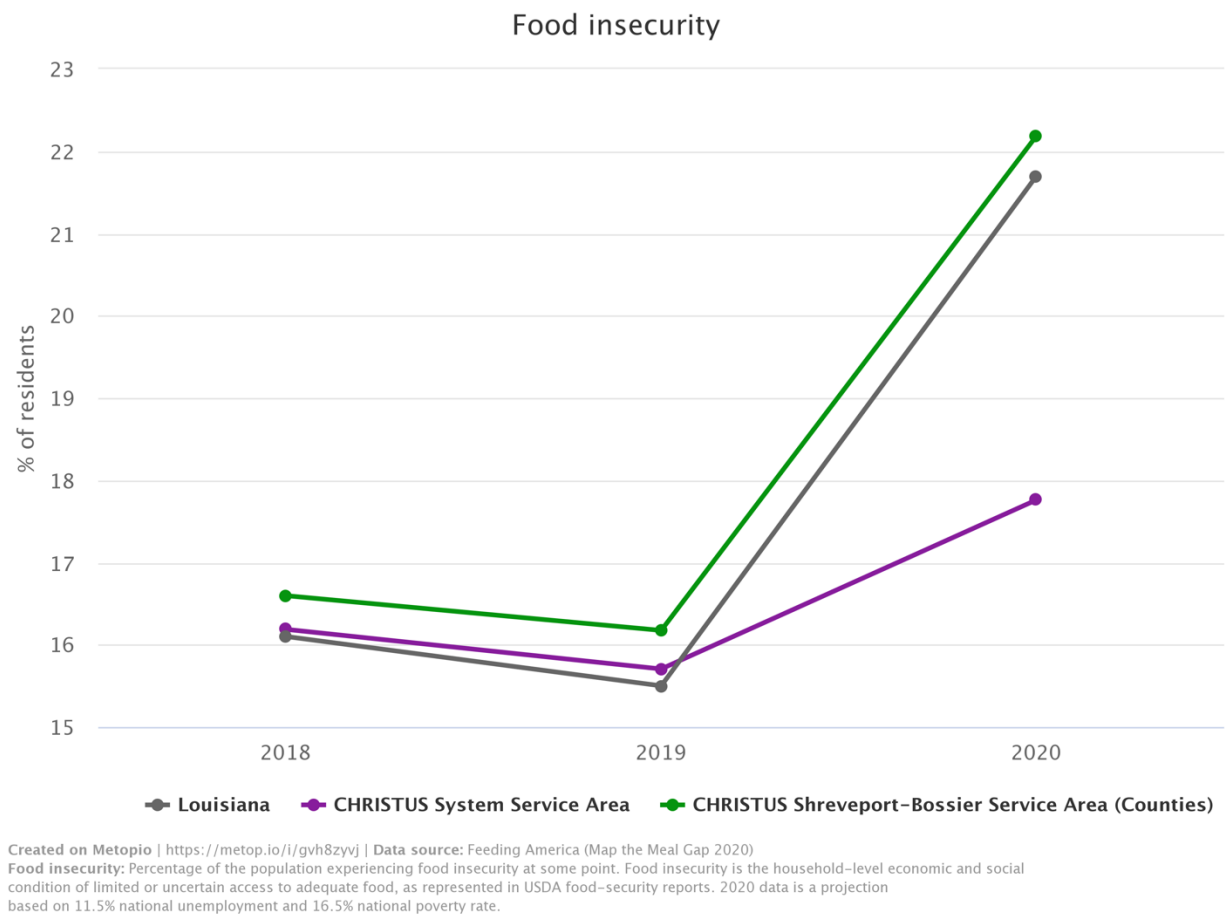


Figure 25. Percent of Residents who are Food Insecure in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Food insecurity % of residents, 2020	19.0	23.0	23.1	25.5	21.9	24.1
Low food access % of residents, 2019	47.45	65.52	31.46	43.33	11.44	43.29
Very low food access % of residents, 2019	23.32	34.28	5.19	12.67	0.00	17.73
Living in food deserts % of residents, 2019	9.61	15.20	2.63	8.78	0.00	12.07
Average cost per meal 2019	$3.19	$3.27	$3.01	$3.11	$3.20	$3.26

Table 11. Food Access Indicators by Parish in the CSBHS PSA

Violence and Community Safety

The rate of property crimes, which includes burglary, larceny, motor vehicle theft and arson crimes is higher in the CSBHS PSA than the rate in Louisiana and the United States overall (Figure 26). The same can be said for crimes related to violence, including homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery (Figure 27). Table 12 shows specific crimes for each parish in the service areas.

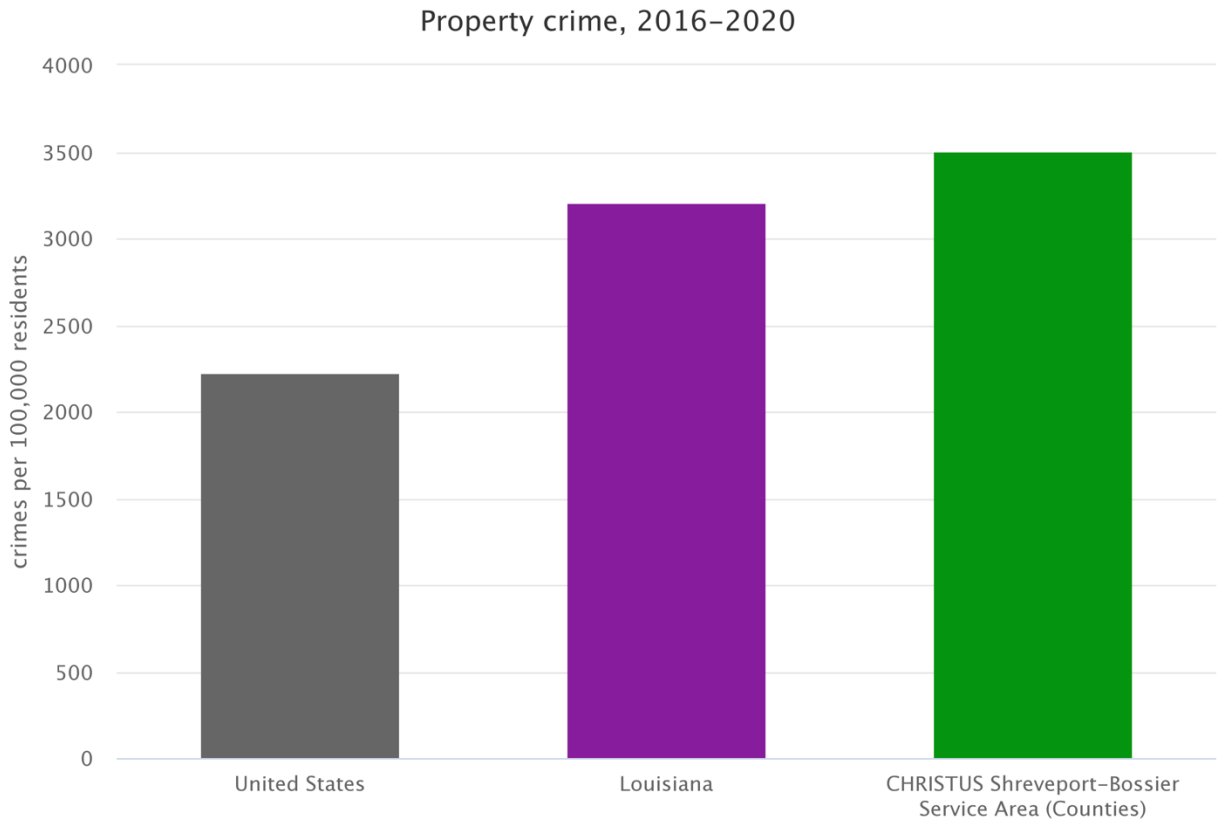


Figure 26. Property Crime Rate in the CSBHS PSA

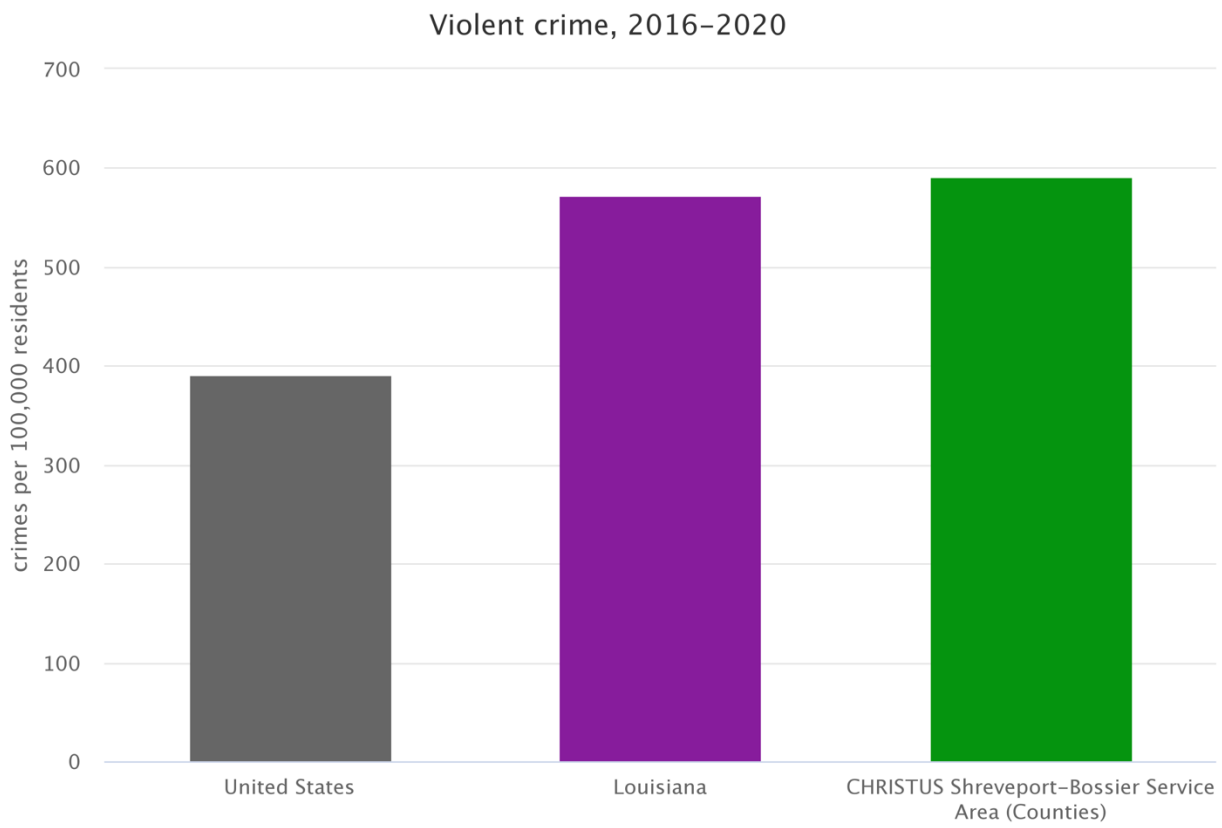


Figure 27. Violent Crime Rate in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Burglary *crimes per 100,000 residents, 2020*	454.6	651.6	511.8	945.8	407.3	179.7
Homicide *crimes per 100,000 residents, 2020*	9.7	27.1	14.8	17.8	0.0	0.0
Arson *crimes per 100,000 residents, 2020*	6.5	34.5	7.4	17.8	0.0	2.5
Property crime *crimes per 100,000 residents, 2020*	3,125.5	3,819.6	1,680.0	3,757.9	1,595.4	1,078.4
Violent crime *crimes per 100,000 residents, 2020*	606.1	699.9	526.6	638.2	305.5	334.8

Table 12. Types of Crime by Parish in the CSBHS PSA

HEALTH DATA ANALYSIS

Health Data Analysis

Health Outcomes: Morbidity and Mortality

Chronic Disease

Community members noted that chronic conditions, especially heart disease and diabetes, had an outsized impact on the community. The rate of high blood pressure is higher in the CSBHS PSA than in the full CHRISTUS Health service area and Louisiana as illustrated below in Figure 28. And more than 1 in 10 adults has diabetes in the CSBHS PSA (Figure 29). The rate of diabetes is slightly higher in the CSBHS PSA than the rate in Louisiana and the entire CHRISTUS Health service area. Chronic kidney disease affects 3.7% of adults in the CSBHS PSA, which is slightly above both benchmarks (Figure 30). Lastly, about 10.3% of the population lives with asthma in the CSBHS PSA (Figure 31), which is just above the average in the CHRISTUS Health service area and the state. The following charts and line graphs illustrate these disease conditions.

> "Diabetes and complications from uncontrolled diabetes has a large impact on the health of our community. It is also responsible for loss of work, which impacts the entire family."
>
> - Survey Respondent

Table 13 provides additional insight into the burden of chronic diseases by each parish in the Shreveport-Bossier service areas.

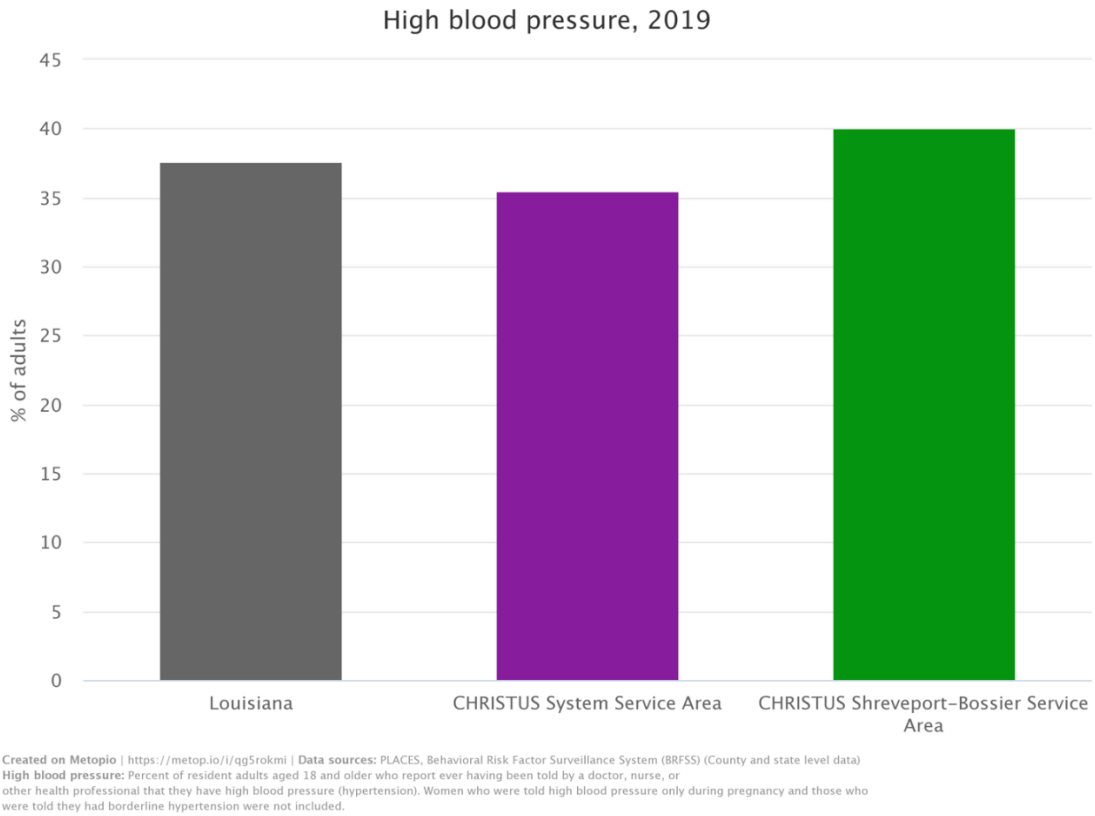


Figure 28. High Blood Pressure in the CSBHS PSA

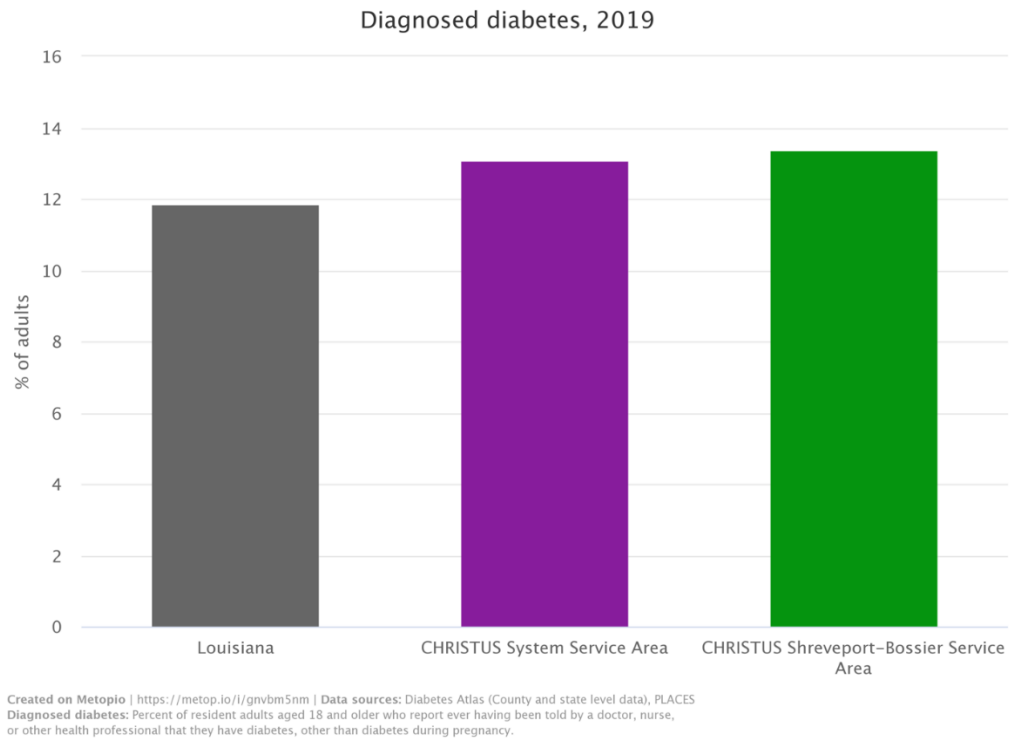


Figure 29. Diagnosed Diabetes in the CSBHS PSA

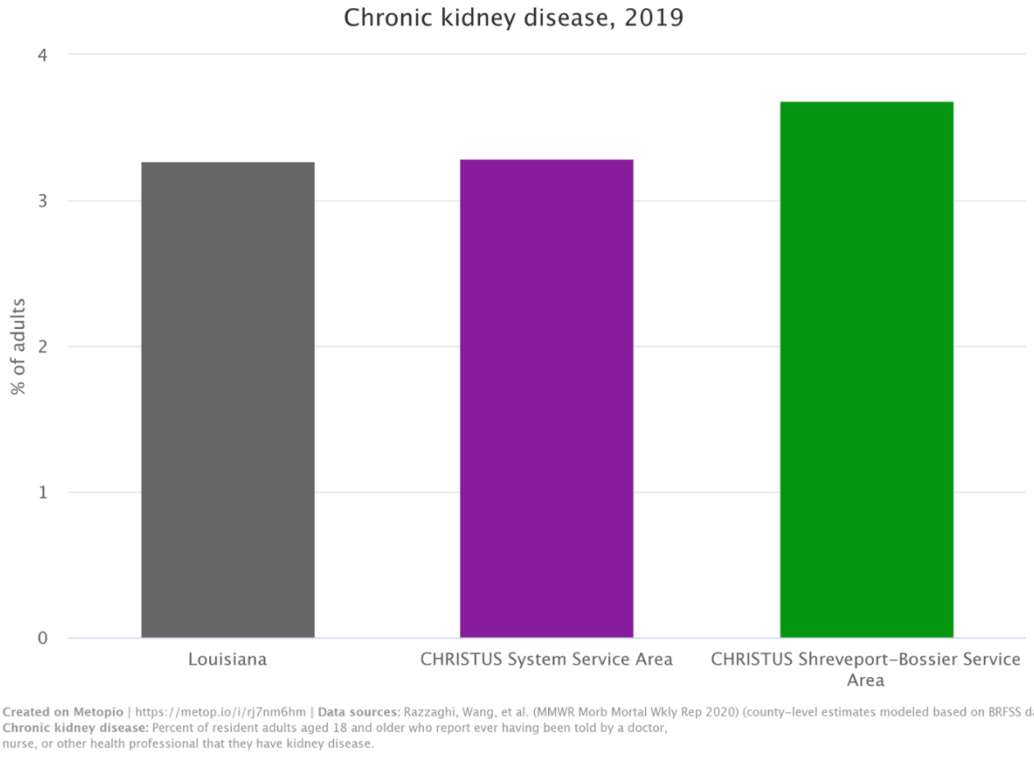


Figure 30. Chronic Kidney Disease in the CSBHS PSA

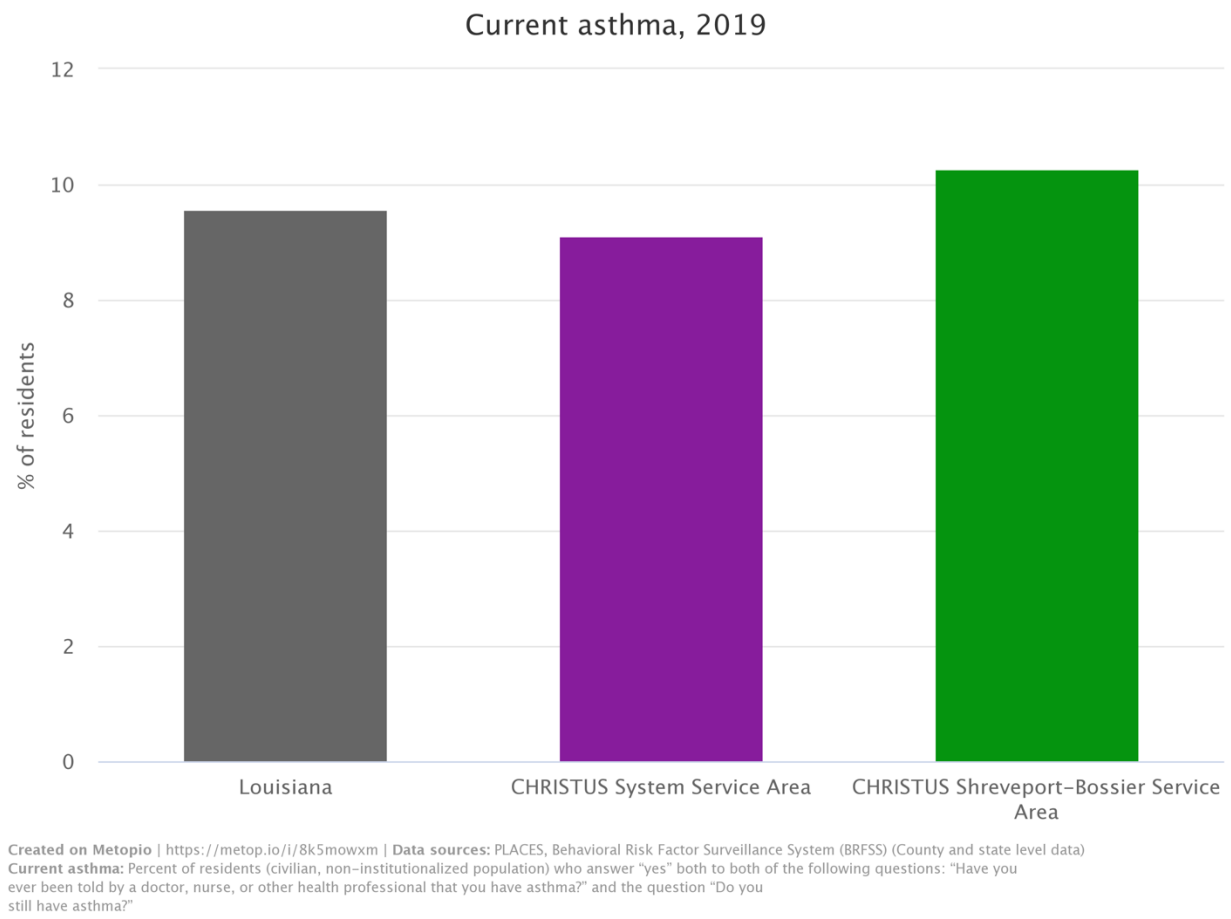


Figure 31. Residents with Asthma in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
High blood pressure % of adults, 2019	35.90	39.80	38.70	41.30	41.20	42.30
Diagnosed diabetes % of adults, 2019	11.0	13.1	12.9	14.0	14.0	14.5
Coronary heart disease % of adults, 2019	6.20	6.70	7.00	7.60	7.60	8.00
Chronic kidney disease % of adults, 2019	3.0	3.6	3.5	3.8	3.8	4.0
Current asthma % of residents, 2019	9.10	10.40	10.30	10.80	10.60	10.50
Obesity % of adults, 2019	35.7	40.4	39.6	42.0	43.0	42.4

Table 13. Chronic Disease Indicators by Parish in the CSBHS PSA

Maternal Health

Preterm births are a challenge within the CSBHS PSA. The rate of preterm births in the service area (21.1%) is higher than that in the state (17.4%) or the United States (11.7%) (Figure 32). Within the CSBHS PSA, there is a disparity among racial and ethnic groups. Non-Hispanic Black people experience the highest burden of preterm births with 26.5% of live births being preterm.

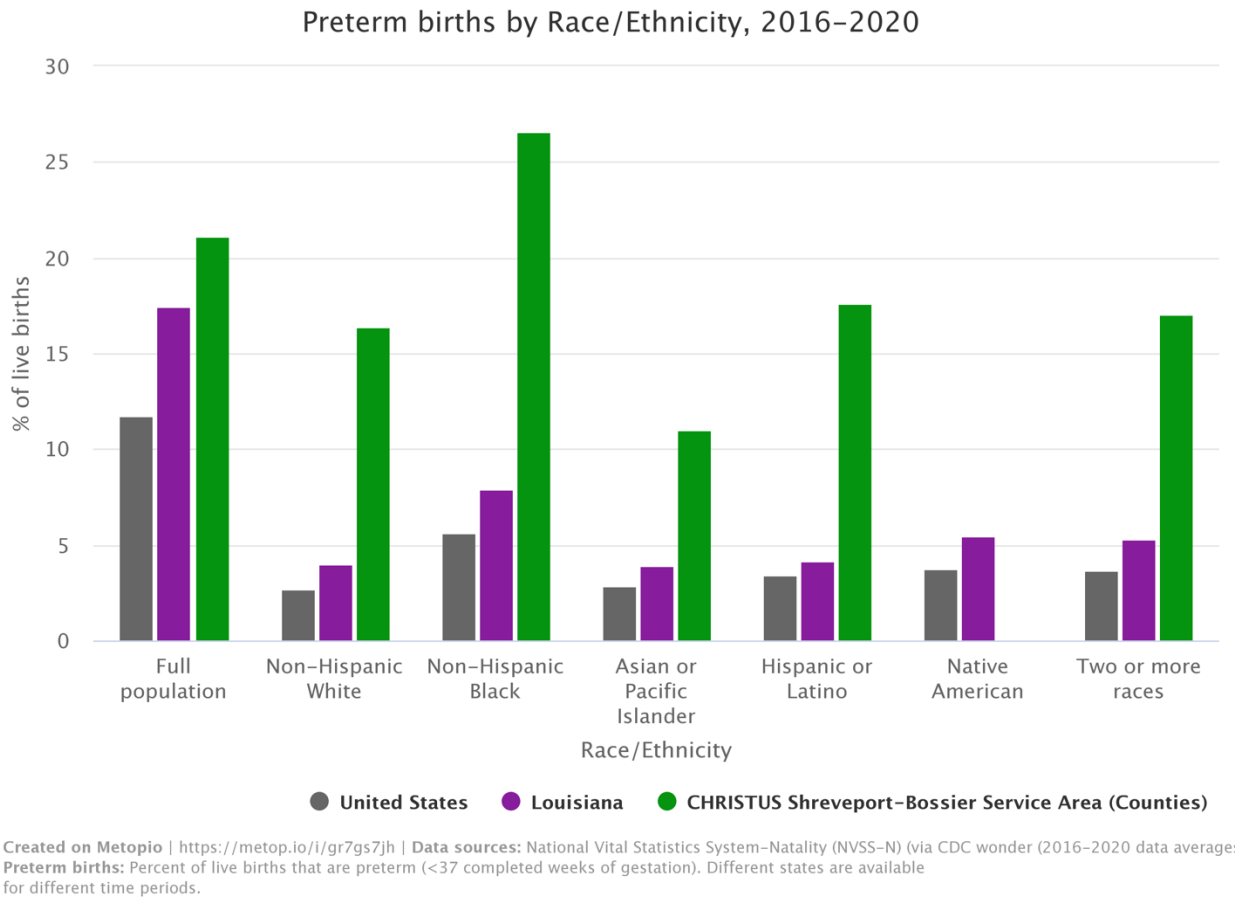


Figure 32. Preterm Births by Race/Ethnicity in the CSBHS PSA

The teen birth rate has been declining over the last decade in the whole CHRISTUS Health service area and the state. The teen birth rate has not been consistently increasing or decreasing across the moving average time periods. However, the most recent reported data shows that the current teen birth rate in the CSBHS PSA (35.2 births per 1,000) is still lower than it was a decade ago (Figure 33). The rate in the CSBHS PSA is much higher than the whole CHRISTUS Health service area (22.1 births) and Louisiana (18.8 births) (Figure 33). Within the PSA, the rate of births with at least one maternal risk factor is slightly higher than the rate in Louisiana or the United States (26.3% of births versus 24.8% and 21.0%) (Figure 34).

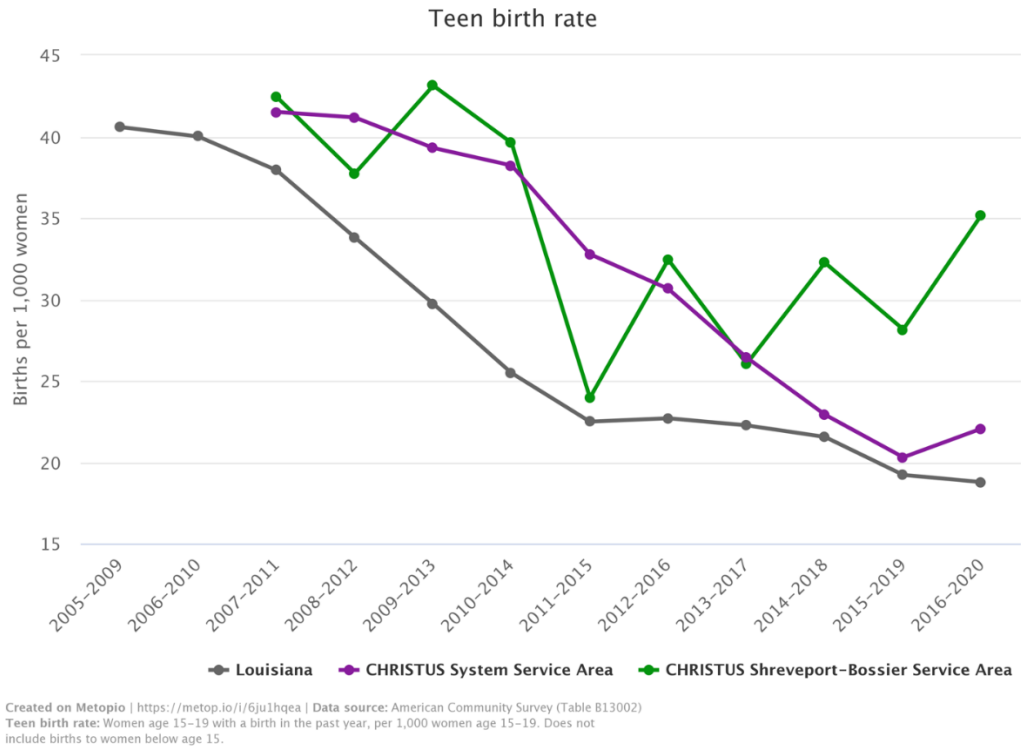


Figure 33. Teen Birth Rate in the CSBHS PSA

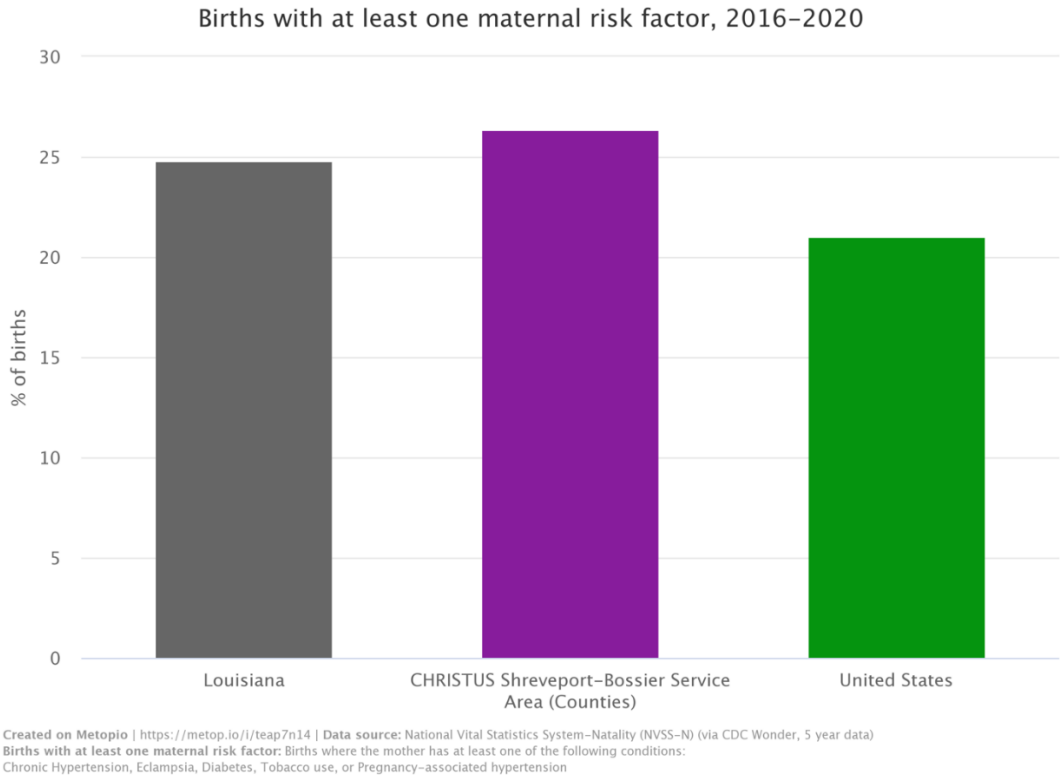


Figure 34. Births with At Least One Maternal Risk Factor in the CSBHS PSA

Leading Causes of Death

The top causes of death for service area as a whole can be found in Table 14. The leading causes of death will be explored further for the service area in the following section. Parish level mortality rates will be explored at the end of this section.

Topic	CHRISTUS Shreveport-Bossier (Counties)	Louisiana	United States
Heart disease mortality deaths per 100,000 , 2016-2020	187.4	213.8	164.8
Cancer mortality deaths per 100,000 , 2016-2020	174.4	168.7	149.4
Injury mortality deaths per 100,000 , 2016-2020	81.5	95.8	72.6
Alzheimer's disease mortality deaths per 100,000 , 2016-2020	55.5	43.6	30.8
Diabetes mortality deaths per 100,000 , 2016-2020	54.5	27.2	22.1
Chronic lower respiratory disease mortality deaths per 100,000 , 2016-2020	52.9	42.5	39.1
Stroke mortality deaths per 100,000 , 2016-2020	50.9	46.2	37.6
Septicemia (sepsis) mortality deaths per 100,000 , 2016-2020	19.2	20.0	10.1
Influenza and pneumonia mortality deaths per 100,000 , 2016-2020	15.5	14.2	13.6
Kidney disease mortality deaths per 100,000 , 2016-2020	12.4	20.5	12.9

Table 14. Leading Causes of Death in the CSBHS PSA

Heart Disease

Coronary heart disease makes up the largest contributor to the heart disease mortality rate, accounting for 94.3 deaths per 100,000 out of the total 187.4 per 100,000 deaths for heart disease overall in the CSBHS PSA. Heart disease mortality has a disparate impact on the Black community in the CSBHS PSA. The mortality rate for non-Hispanic Black people is 204.3 deaths per 100,000 deaths in the CSBHS PSA, compared to 182.6 deaths for non-Hispanic White people. There is insufficient data for the Hispanic or Latino, Asian or Pacific Islander, or Native American populations in the CSBHS PSA to present here (Figure 35).

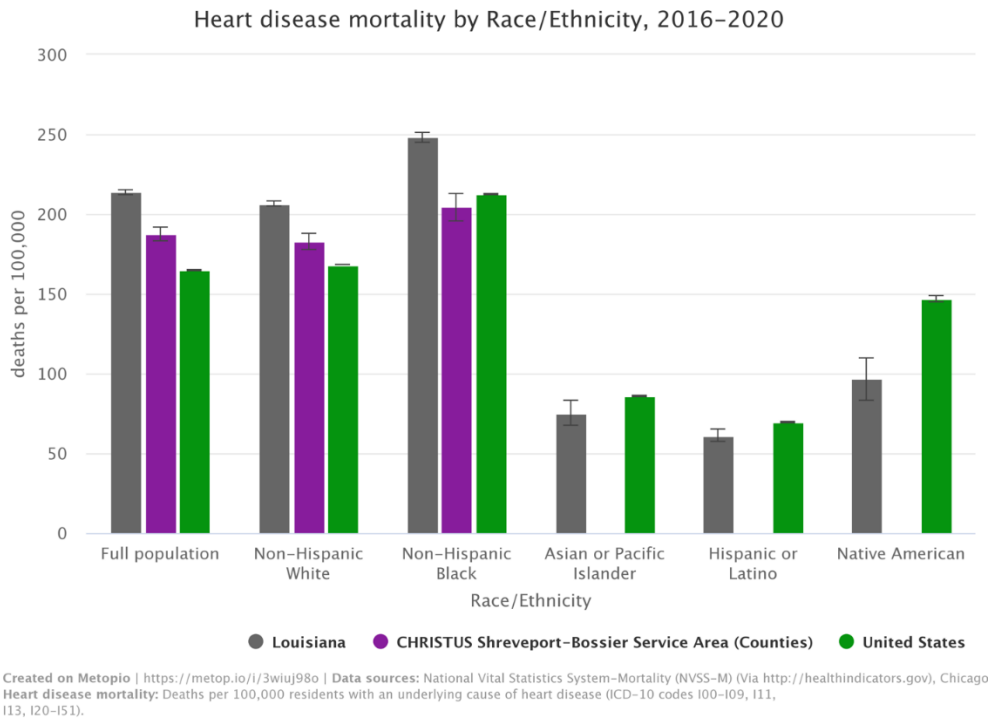


Figure 35. Heart Disease Mortality with Stratifications in the CSHS PSA

Cancer

Cancer represents the second leading cause of death both PSAs. Lung, trachea, and bronchus cancer, in particular, make up a large portion of cancer deaths, causing 49.5 deaths per 100,000 deaths in the CSBHS PSA (Figure 36). Table 15 breaks out the mortality rate for some cancers.

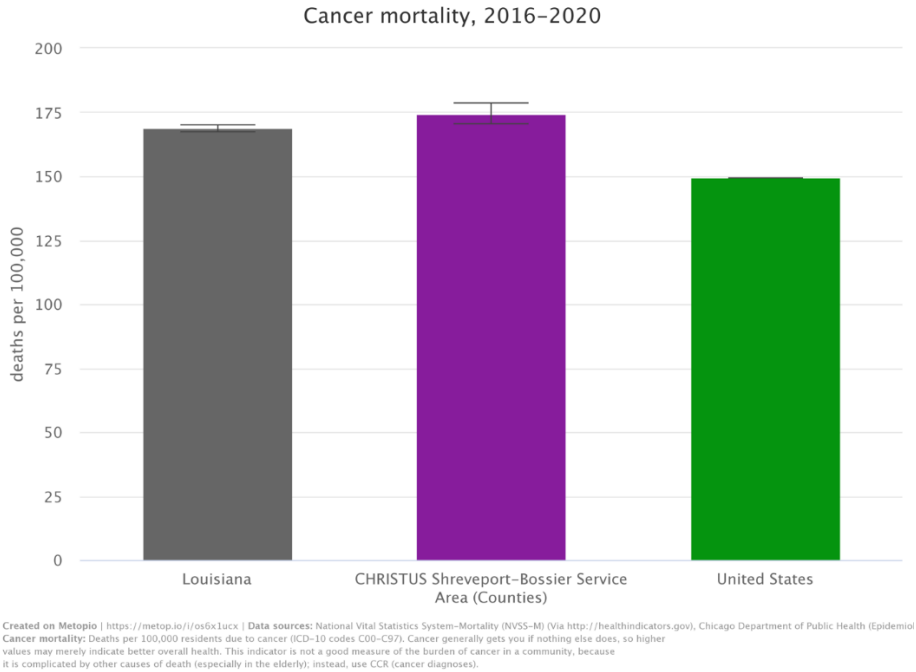


Figure 36. Cancer Mortality Rate in the CSBHS PSA

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Lung, trachea, and bronchus cancer mortality *deaths per 100,000, 2016-2020*	43.4	44.3	40.6	43.9	60.1	53.6
Colorectal cancer mortality *deaths per 100,000, 2016-2020*	12.2	19.5	13.6	20.2	42.6	17.6
Breast cancer mortality *deaths per 100,000, 2016-2020*	11.8	14.3	13.6	16.1	25.4 (2013-2017 data)	10.0

Table 15. Cancer Mortality Rates by Parish in the CSBHS PSA

Environmental factors may contribute to the lung cancer burden in the service area. The Lifetime Inhalation Cancer Risk of the Environmental Protection Agency's Environmental Justice Index is a weighted index of vulnerability to lifetime inhalation cancer risk. It measures estimated lifetime risk of developing cancer because of inhaling carcinogenic compounds in the environment, per million people. The Lifetime Inhalation Cancer Risk in the CSBHS PSA (40.9 lifetime risk per million) is higher than the CHRISTUS Health service area (35.0) but lower than the overall risk in Louisiana (43.0) (Figure 37).

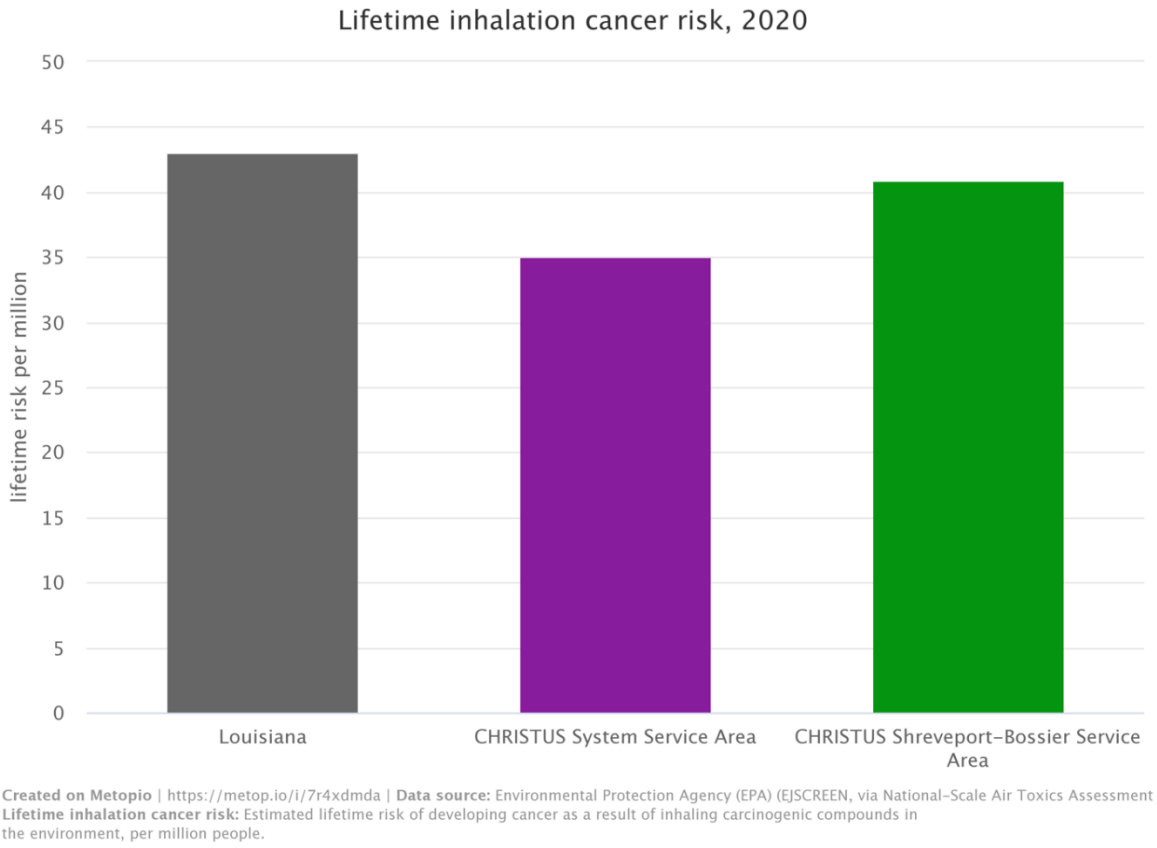


Figure 37. Lifetime Inhalation Cancer Risk in the CSBHS PSA

Injury

Injuries account for the fourth highest cause of death in the CSBHS PSA. This is, in part, because this category includes many kinds of injury including unintentional injury mortality and motor vehicle traffic mortality and workplace mortality. This topic does not include homicide or suicide mortality. The rate for the in the CSBHS PSA (81.5 deaths per 100,000) is lower than the rate in Louisiana overall (95.8) and higher than the average across the United States (72.6) (Figure 38).

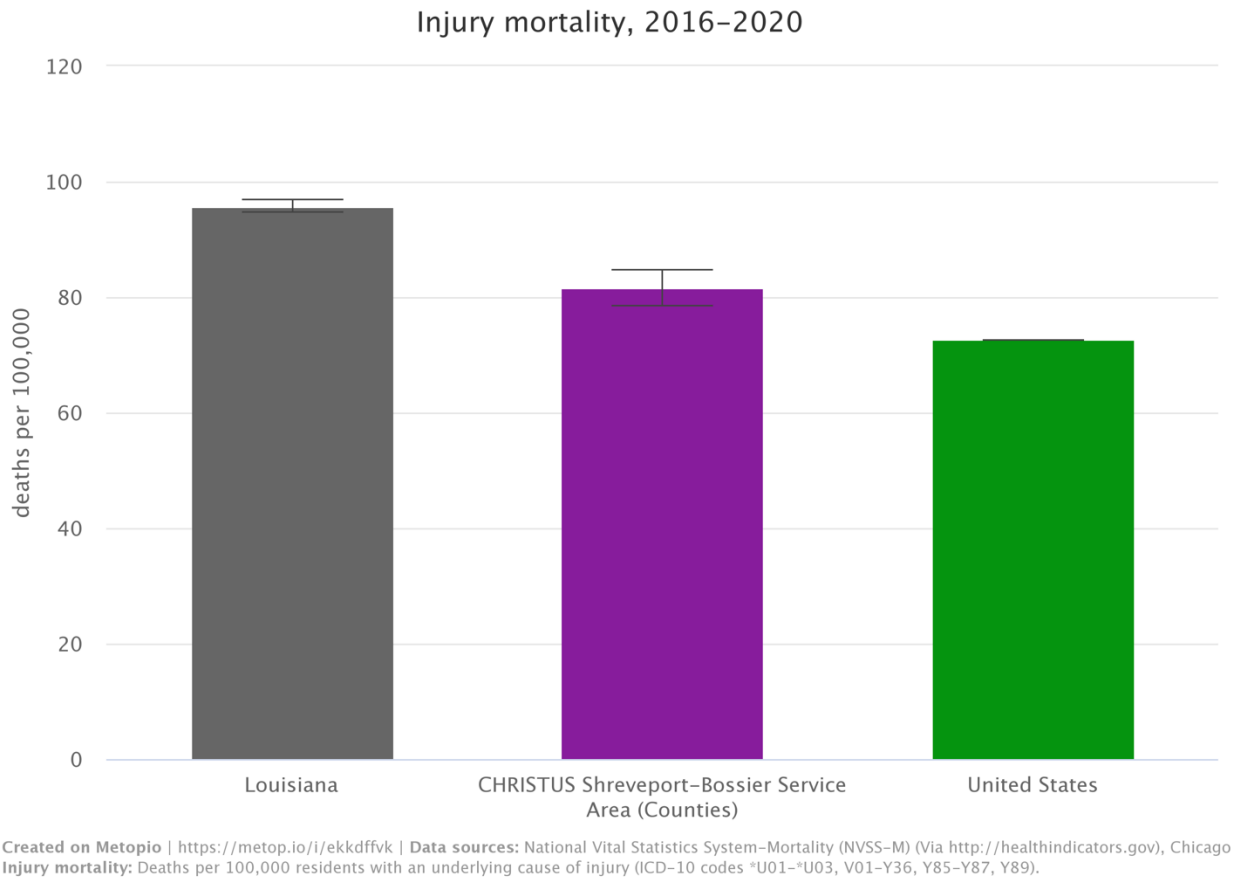


Figure 38. Injury Mortality Rate in the CSBHS PSA

Alzheimer's Disease

The mortality rate for Alzheimer's has been rapidly increasing throughout all regions over the reporting period (Figure 39). In the Shreveport-Bossier PSA, Alzheimer's disease accounts for 55.5 deaths per 100,000. The rates in the state (43.6) and country (30.8) are lower, but still increasing over time. The high rate of Alzheimer's mortality in the PSA may be related to the aging population in the area.

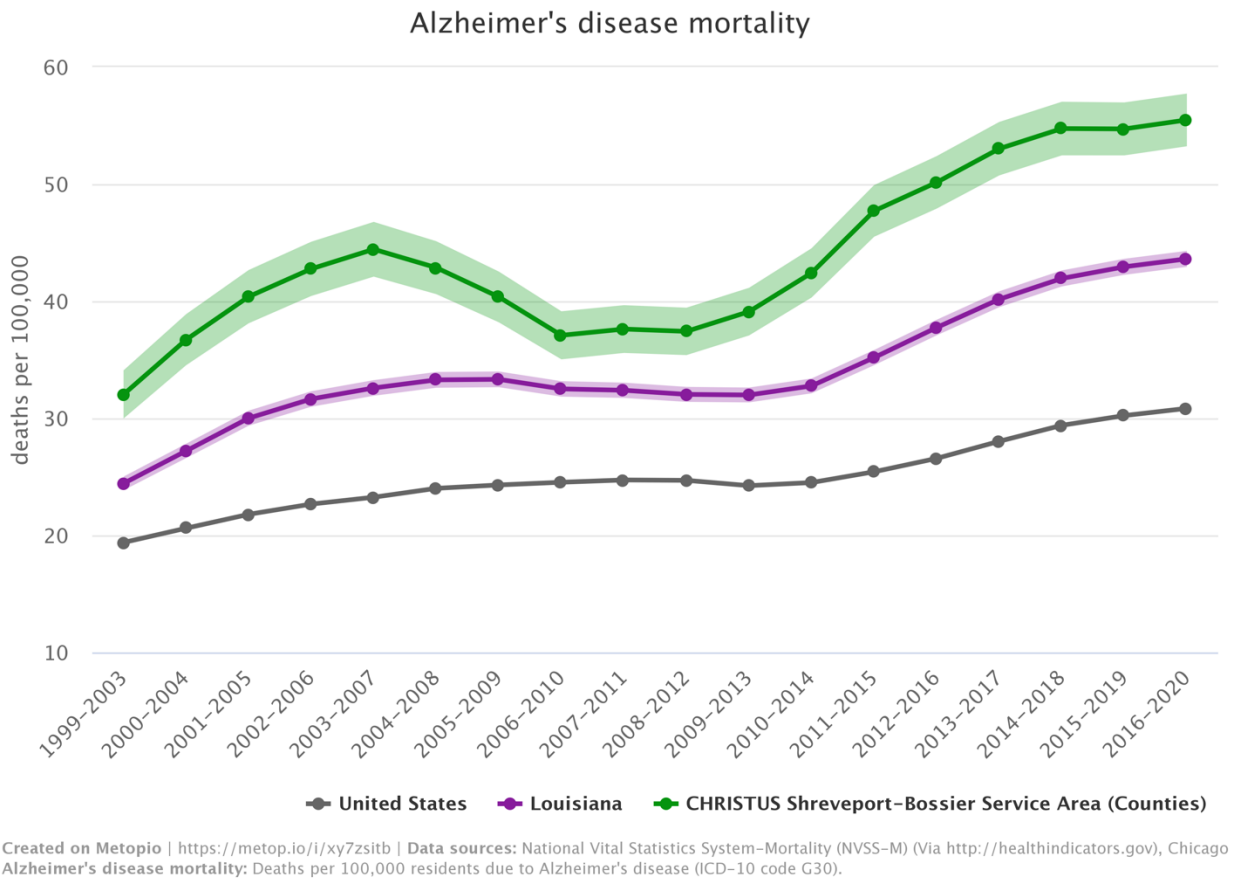


Figure 39. Alzheimer's Disease Mortality Rate in the CSBHS PSA

Diabetes

The diabetes mortality rate for the CSBHS PSA is higher than the state and national rates across all reported population groups (Figure 40). There is a racial disparity among diabetes mortality. Non-Hispanic Black residents die from diabetes at a much higher rate than non-Hispanic White residents (53.7 deaths per 100,000 versus 25.2). Disparities in the diabetes mortality rate are greater in the PSA than either of the other benchmark regions. There is insufficient data for the Hispanic and Latino, Asian or Pacific Islander, or Native American populations to report mortality rates in the PSA.

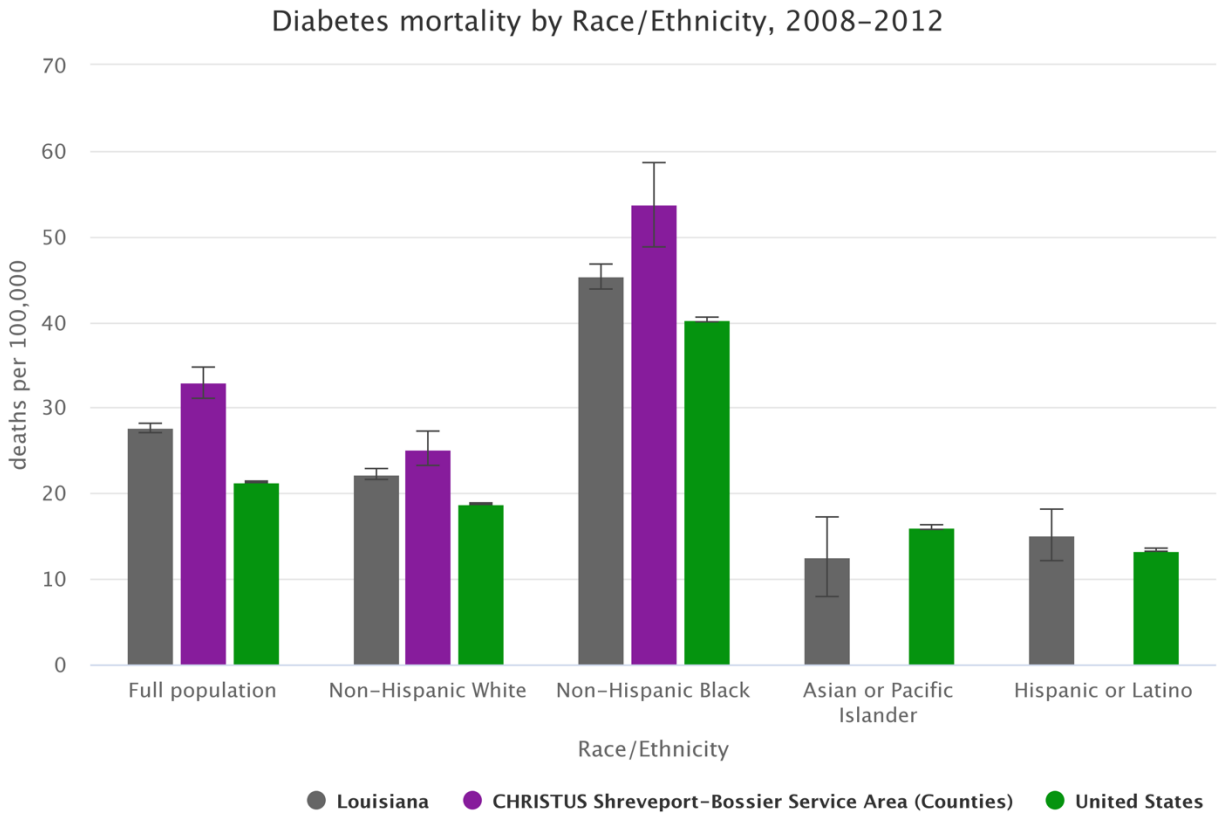
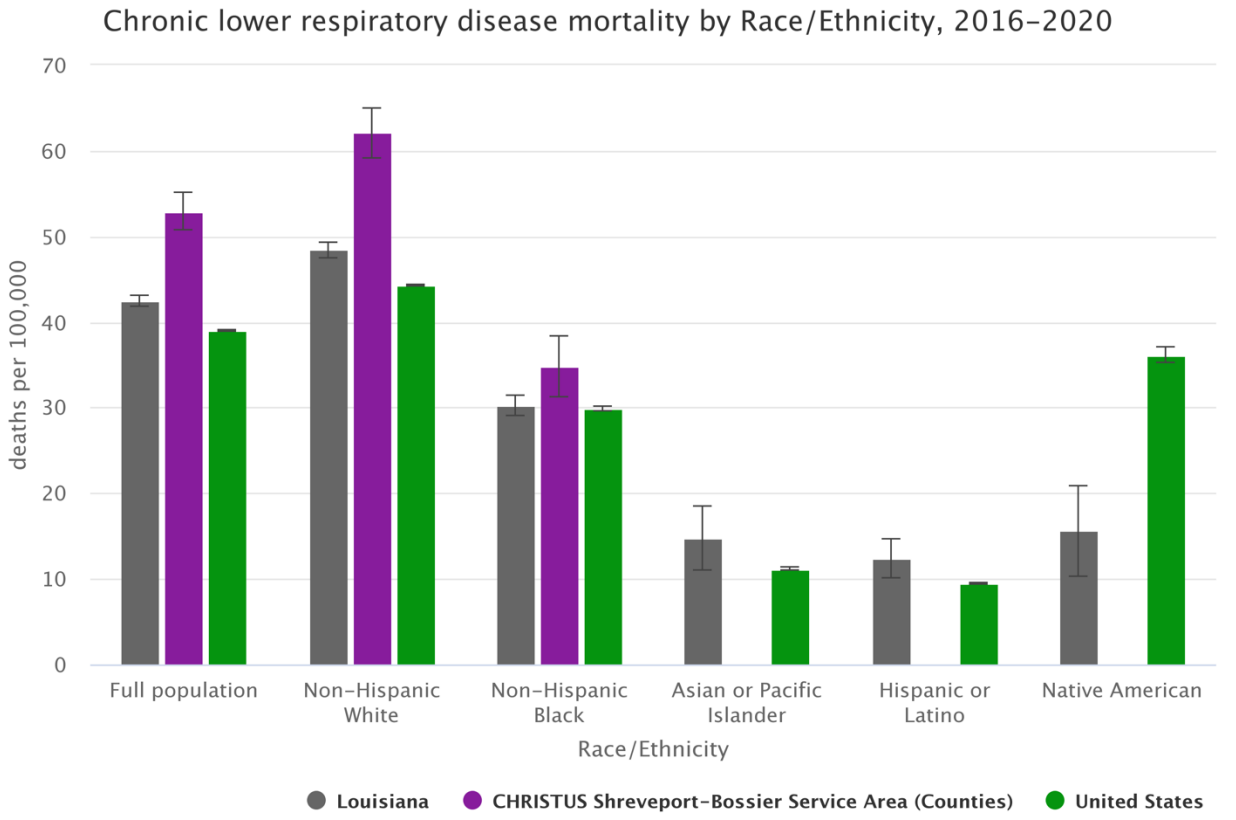


Figure 40. Diabetes Mortality Rate with Stratifications in the CSBHS PSA

Chronic Lower Respiratory Disease

This is a roll up of four major respiratory diseases—chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma. The chronic lower respiratory disease mortality rate in the CSBHS PSA (52.9 deaths per 100,000) is higher than both the state (42.5 deaths) and the country (39.1 deaths). Within the PSA, there is a disparity in deaths across racial/ethnic groups. Non-Hispanic White people experience the highest mortality rate at 62.1 deaths, compared to 34.8 deaths for non-Hispanic Black people. There is insufficient data for the Hispanic and Latino, Asian or Pacific Islander, or Native American populations (Figure 41).



Created on Metopio | https://metop.io/i/g7ou2a1t | **Data sources:** National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov), Chicago Department of Pub
Chronic lower respiratory disease mortality: Deaths per 100,000 residents due to chronic lower respiratory disease (ICD-10 codes J40-J47). The primary disease in this category is chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis. Also includes asthma and bronchiectasis.

Figure 41. Chronic Lower Respiratory Disease Mortality Rate with Stratifications in the CSBHS PSA

Stroke

The mortality rate for stroke is higher than both benchmarks for the full population the Shreveport-Bossier PSA (50.9 deaths per 100,000) (Figure 42). When this data is stratified by race, non-Hispanic Black residents experience a much greater stroke mortality rate (69.1) than non-Hispanic White residents (42.9). There is insufficient data for the Hispanic and Latino, Asian or Pacific Islander, or Native American populations.

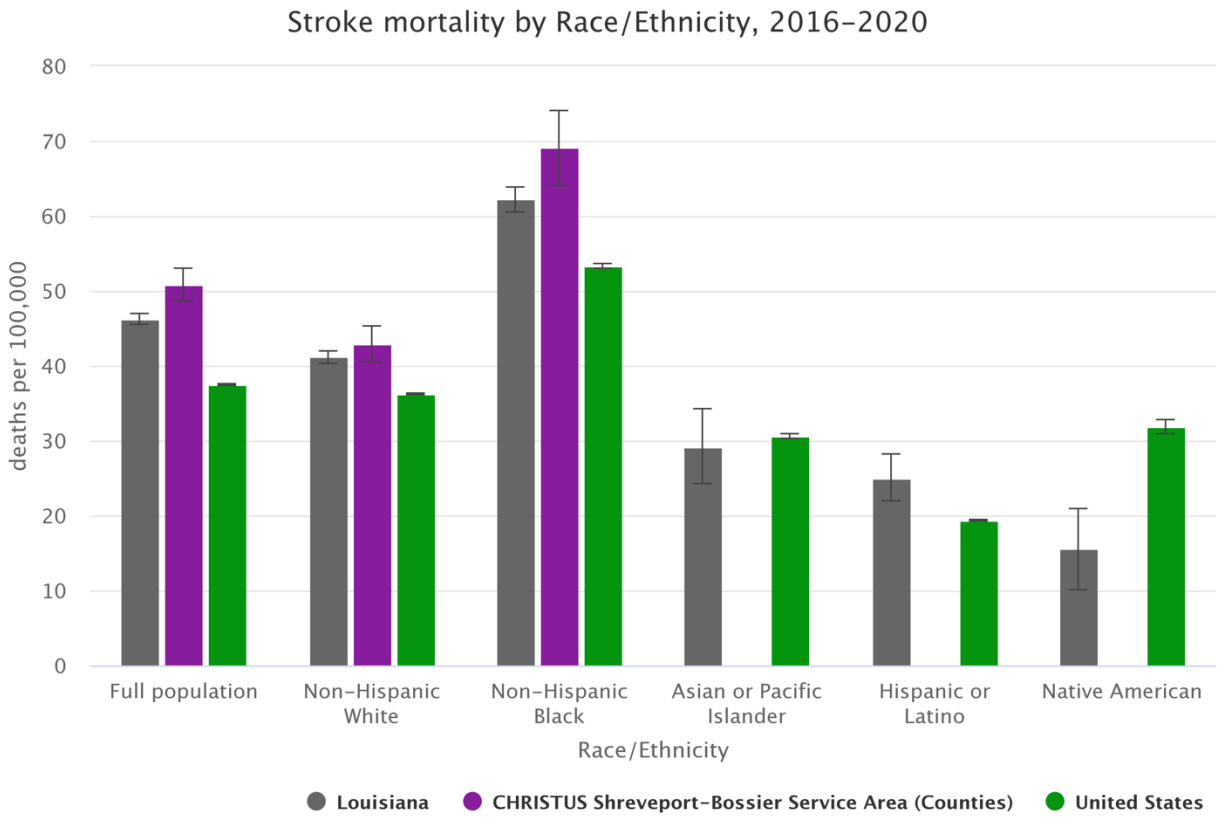


Figure 42. Stroke Mortality Rate with Stratification in the CSBHS PSA

Sepsis

Sepsis mortality is the 8th leading cause of death in the Shreveport-Bossier PSA. This disease is caused by untreated bacterial, fungal, parasitic, or viral infections and is preventable through prompt access to health services. The sepsis mortality rate in the PSA (19.2 deaths per 100,000) is similar to that of the state (20.0 deaths) and much higher than the rate in the country overall (10.1 deaths). As shown in Figure 43, non-Hispanic Black people experience the highest sepsis mortality rate (25.8 deaths).

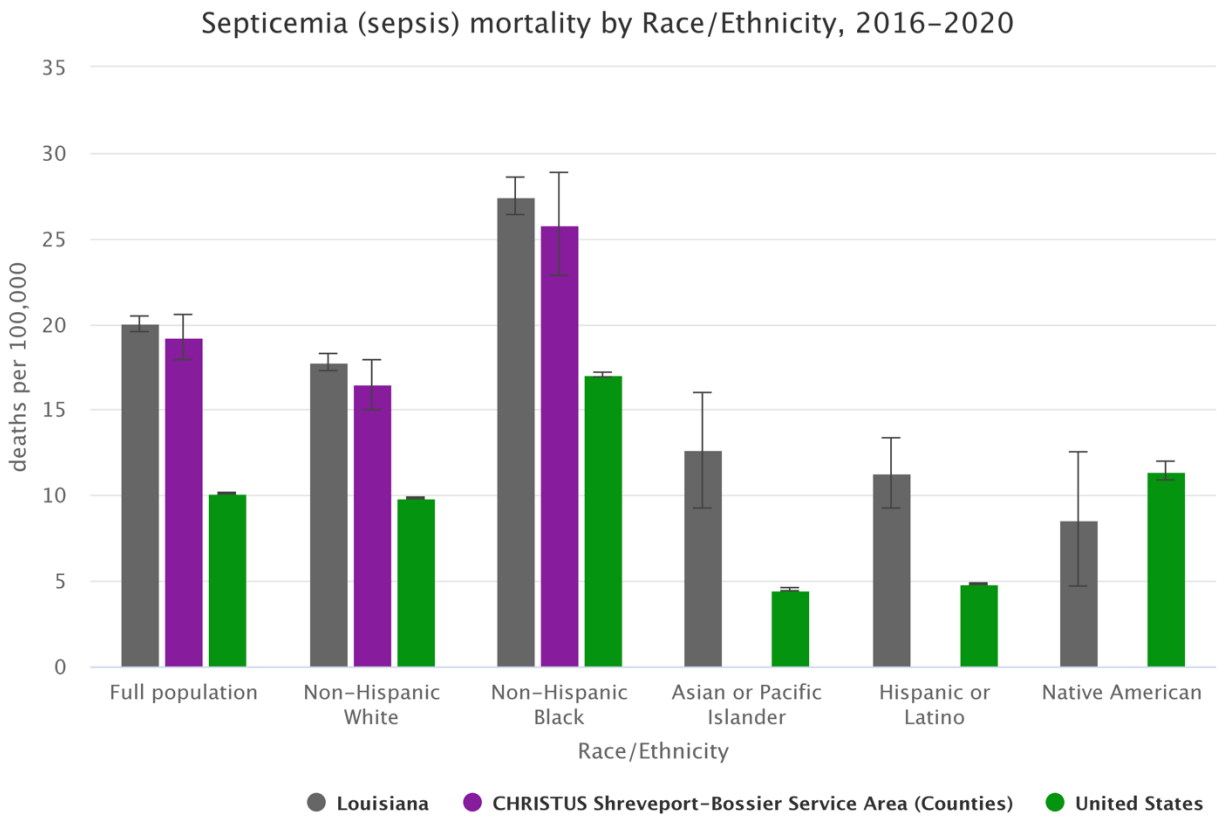


Figure 43. Sepsis Mortality Rate with Stratifications in the CSBHS PSA

Influenza and Pneumonia

Death from influenza and pneumonia had been on a steady decline across all benchmark regions over time, but it remains one of the top ten causes of mortality in the CSBHS PSA, accounting for 15.5 deaths per 100,000 (Figure 44). This is slightly higher than the influenza and pneumonia mortality rates in Louisiana overall (14.2) and the country (13.6).

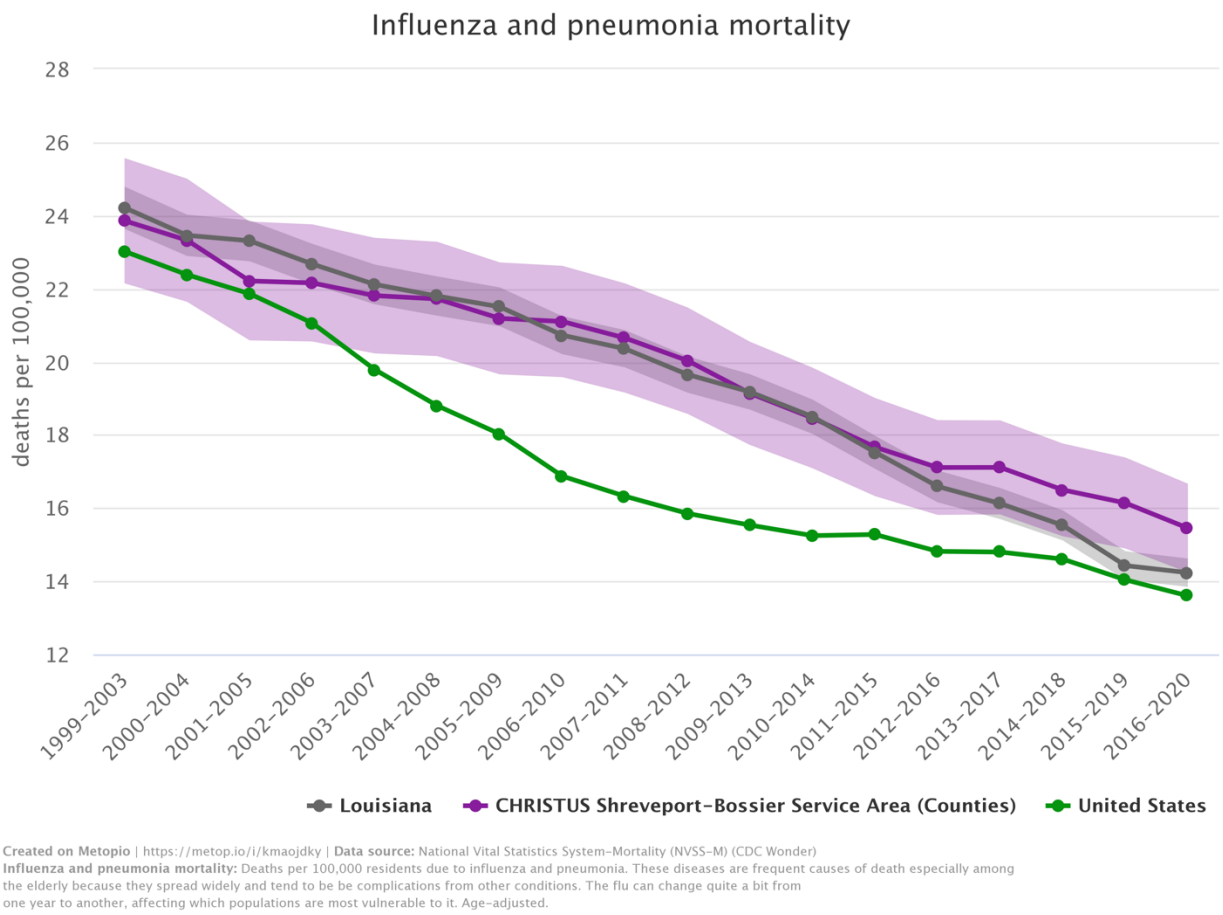


Figure 44. Influenza and Flu Mortality Rates in the CSBHS PSA

Kidney Disease

Death from kidney disease in the CSBHS PSA is lower than both benchmarks (12.4 deaths per 100,000 versus 20.5 deaths in Louisiana and 12.9 deaths in the United States), but still remains within the top ten causes of death in the CSBHS PSA (Figure 45). The mortality rate is particularly high for non-Hispanic Black people in the CSBHS PSA (21.3 deaths) (Figure 45). As is highlighted in the next section on hospital utilization data, kidney disease and corresponding conditions are a major reason for inpatient admissions.

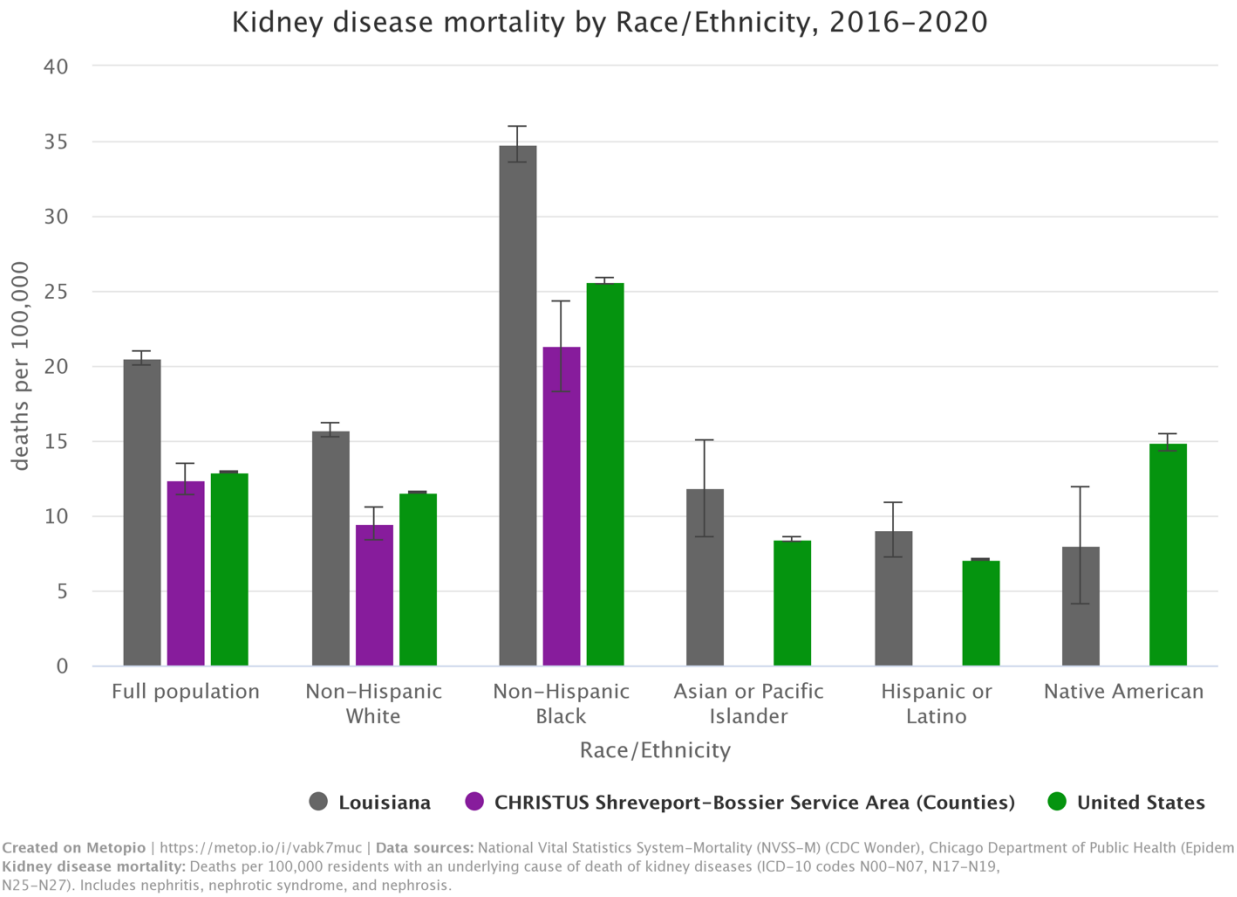


Figure 45. Kidney Disease Mortality Rate in the CSBHS PSA

Table 16 provides additional insight into the leading causes of death by parish in the CSBHS PSA.

Topic	Bossier Parish, LA	Caddo Parish, LA	De Soto Parish, LA	Natchitoches Parish, LA	Red River Parish, LA	Webster Parish, LA
Heart disease mortality deaths per 100,000 , 2016-2020	193.7	169.1	204.7	215.9	203.2	239.1
Cancer mortality deaths per 100,000 , 2016-2020	156.4	177.2	175.9	194.1	202.3	192.5
Injury mortality deaths per 100,000 , 2016-2020	63.2	87.6	77.7	99.5	99.3	87.1
Alzheimer's disease mortality deaths per 100,000 , 2016-2020	53.7	60.1	52.8	48.9	39.6	43.7
Diabetes mortality deaths per 100,000 , 2016-2020	17.5	83.4	23.0	22.8	68.5	49.1
Chronic lower respiratory disease mortality deaths per 100,000 , 2016-2020	52.4	48.5	65.8	59.8	55.6	65.9
Stroke mortality deaths per 100,000 , 2016-2020	46.6	49.5	48.7	64.6	48.2	62.6
Septicemia (sepsis) mortality deaths per 100,000 , 2016-2020	20.8	18.6	23.1	14.2	23.6	18.8
Influenza and pneumonia mortality deaths per 100,000 , 2016-2020	14.1	15.6	14.0	14.2	25.4 (2013-2017 data)	21.4
Kidney disease mortality deaths per 100,000 , 2016-2020	11.6	11.5	18.2	10.2	30.7	16.3

Table 16. Mortality Rates by Parish in the CSBHS PSA

Hospital Utilization

For this CHNA, CHRISTUS Shreveport-Bossier Health System looked at three years of utilization data (2019-2021). During the course of the COVID-19 pandemic, the health system saw Emergency Department utilization decline year over year (Figure 46), including a 1% drop from 2019 to 2020 and a 6% drop from 2020 to 2021. This follows national trends where people avoided or delayed care due to restrictions caused by the COVID-19 pandemic.

Inpatient admissions (Figure 47) also saw a year-over-year decline during the study period, most notably with a 7% reduction between 2019 and 2020 but were flat between 2020 and 2021. Regarding inpatient utilization (Table 17), birth was the number one reason for an inpatient admission followed by Sepsis. COVID-19 was the third most common reason for a hospital visit, while several of the remaining top 10 causes feature chronic conditions including morbid obesity, chronic kidney disease and hypertension.

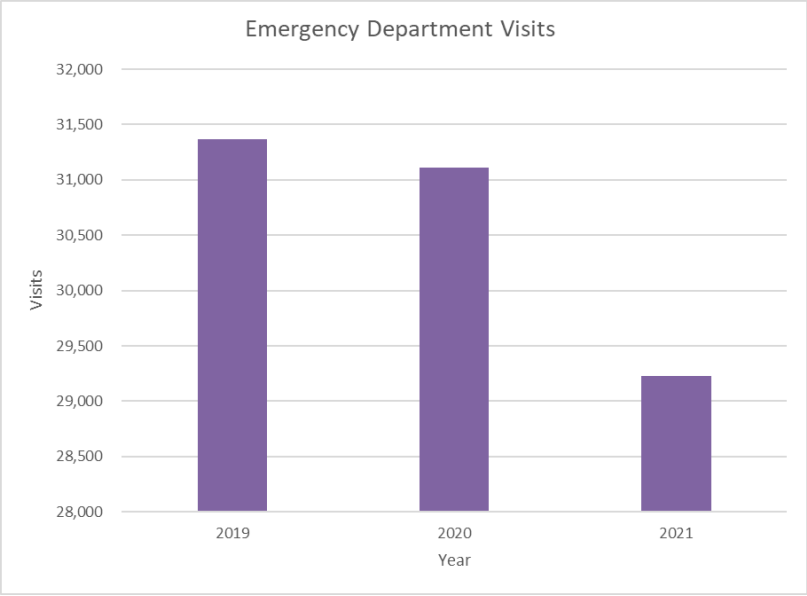


Figure 46. Emergency Department Utilization at CSBHS PSA

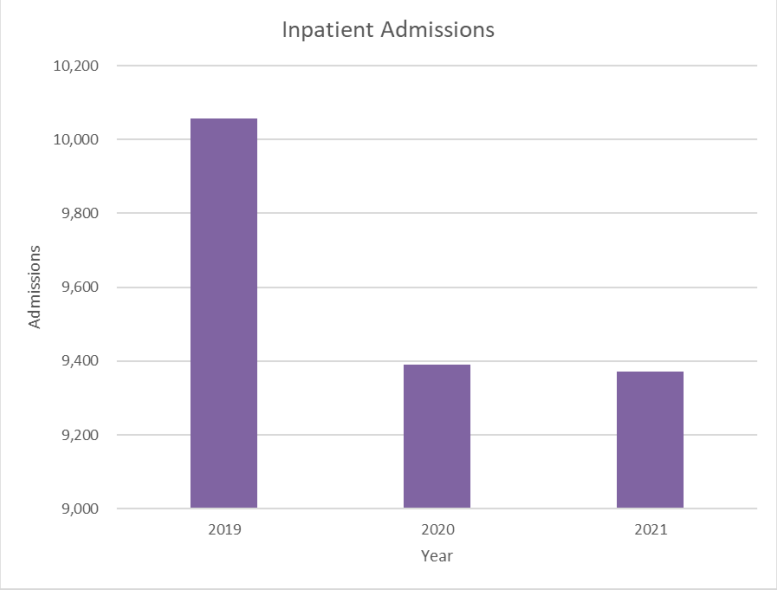


Figure 47. Inpatient Admission at CSBHS PSA

TOP INPATIENT PRIMARY DIAGNOSES
1. Single liveborn infant delivered
2. Sepsis
3. COVID-19
4. Morbid (severe) obesity due to excess calories
5. Acute kidney failure unspecified
6. Hypertensive heart disease with heart failure
7. Hypertensive heart and chronic kidney disease with heart failure
8. Non-ST elevation (NSTEMI) myocardial infarction
9. Pneumonia
10. Maternal care for low transverse scar from previous cesarean delivery

Table 17. Top Inpatient Primary Diagnoses

CONCLUSION

Conclusion

The Community Benefit team worked with the hospital leadership and community partners to prioritize the health issues of community benefit programming for fiscal years 2023-2025. These groups of internal and external stakeholders were selected for their knowledge and expertise of community needs. Using a prioritization framework guided by the MAPP framework, the process included a multi-pronged approach to determine health issue prioritization.

1. The team reviewed health issue data selected by the community survey respondents.
2. The team scored the most severe indicators by considering existing programs and resources.
3. The team assigned scores to the health issue based on the Prioritization Framework (Table 18). The highest-scoring health issues were reconciled with previous cycles' selected priorities for a final determination of priority health issues.
4. The team discussed the rankings and community conditions that led to the health issues.

SIZE	How many people are affected?	Secondary Data
SERIOUSNESS	Deaths, hospitalizations, disability	Secondary Data
EQUITY	Are some groups affected more?	Secondary Data
TRENDS	Is it getting better or worse?	Secondary Data
INTERVENTION	Is there a proven strategy?	Community Benefit team
INFLUENCE	How much can CHRISTUS Health Shreveport-Bossier affect change?	Community Benefit team
VALUES	Does the community care about it?	Survey, Focus Groups, Key Informant Interviews
ROOT CAUSES	What are the community conditions?	Community Benefit team

Table 18. Prioritization Framework

CHRISTUS Shreveport-Bossier Health System Selected FY 2023-2025 Health Priority Areas

For this cycle, CSBHS is using a new structure for its identified needs, categorizing them under two domains with the overarching goal of achieving health equity. While the prioritization structure is new, CSBHS retained mental health as a priority issue from the previous CHNA. In the previous CHNA, CSBHS identified chronic illness as a priority. In this cycle, CSBHS unpacked "chronic illness" and specifically calls out diabetes, heart disease and obesity. Newly identified issues include substance abuse, children's health and smoking and vaping.

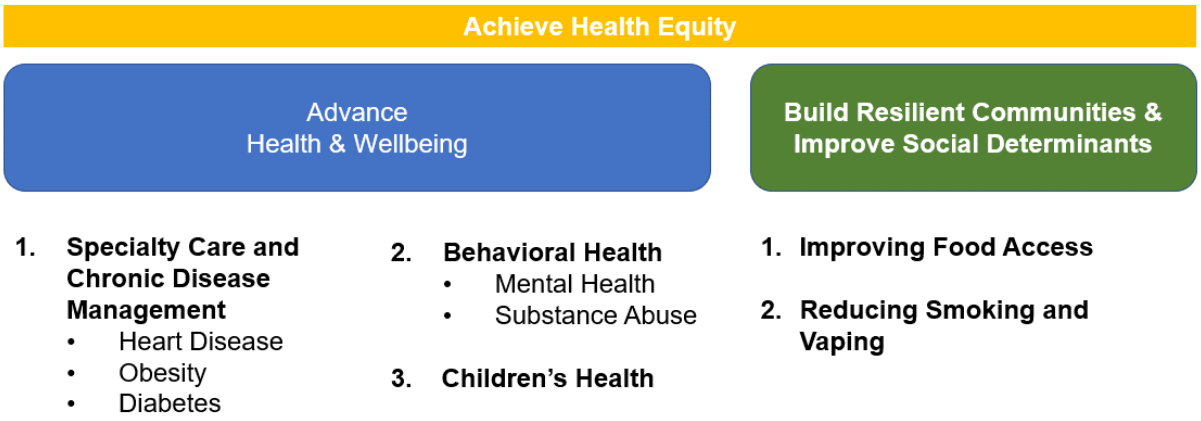


Figure 48. CHRISTUS Shreveport-Bossier Health System Priority Areas

These domains and corresponding issues will serve as the designated issue areas for official reporting and are the principal health concerns that CSBHS community efforts will target.

Adoption by the Board

The Board of Directors received the 2023-2025 CHNA report for review and formally approved the documents on September 29th, 2022.

APPENDIX

Appendix 1: Evaluation of Community Health Improvement Plan (CHIP) Activities

This evaluation is meant to capture the programmatic efforts undertaken by CHRISTUS Good Shreveport-Bossier Health System to meet priority health area goals and intended outcomes as outlined in the 2020-2022 Community Health Improvement Plan (CHIP).

Identified programs and services will share specific process and outcome metrics that demonstrate impact on the priority health areas and goals outlined in the table below.

CHRISTUS Shreveport-Bossier Community Benefit Priority Health Area Goals (2020-2022)

PRIORITY	Access to Care
PRIORITY	Child Safety and Well-Being
PRIORITY	Disease Prevention and Management - Cardiovascular Health
PRIORITY	Disease Prevention And Management - Cancer

Because of the varied program structures and approaches, it is recommended that the community benefits team use three overarching areas to organize data sources and reporting mechanisms. These include:

Community Based Program Data

- Data includes process and outcome level measures, often captured through activity logs, standard or customized designed reporting templates, surveys, and qualitative reports.

CHRISTUS Captured Data

- CHRISTUS staff utilize databases and internal tracking templates to document and report programs and services. These include CBISA, EMRs and other a program dashboards.

Engagement Data

- Engagement data are largely qualitative including Board presentations, community reports, participant interviews and program manager feedback sessions.

1. Access to Care

GOAL	Improve primary care access for the uninsured and underinsured through the exploration, expansion, and promotion of community-based health care delivery in the CHRISTUS Health Northern Louisiana
OBJECTIVES	1. Expand the CHRISTUS Shreveport-Bossier Equity of Care Program 2. Increase access to primary care and specialists to better meet the needs of the Shreveport-Bossier area 3. Expand the number of School-Based Health Centers in the Shreveport-Bossier region 4. Refer uninsured patients for possible Medicaid enrollment
IMPACT	In Year 1 through Year 3 we awarded grants and in-kind support to non-profit facilities in our ministries service area. All projects require a grant form to be submitted and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Access to care prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $1,077,847.

2. Child Safety and Well-Being

GOAL	CHRISTUS Health Shreveport-Bossier will enhance collaboration with local community partners to support regional strategies to ensure child safety and well-being in CHRISTUS Health North Louisiana Region.
OBJECTIVES	1. Birth Baby & Beyond and Teen Mom program will partner with the Heart of Hope Center to offer Newborn parenting classes to include baby care and positive parenting 2. Work with the Louisiana Perinatal Quality Collaborative and community organizations to implement state strategies to address/decrease maternal morbidity. 3. Collaborate with community stakeholders who are actively addressing childhood ACES- Adverse Childhood Experiences such as Drowning, Child Abuse and SUIDS. Provide education and awareness of childhood safety issues. 4. Identify and provide mental health services to high-risk clients of the Cara Center. 5. Provide internal services to families to promote safe environment for children. 6. Preschool-aged behavior modification 7. Provide awareness among clinicians, schools, and others on the many issues related to child safety
IMPACT	In Year 1 through Year 3 we awarded grants and in-kind support to non-profit facilities in our ministries service area. All projects require a grant form to be submitted and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. for all child safety and well being prioritization projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $789,557

3. Disease Prevention and Management - Cardiovascular Health

GOAL	CHRISTUS Health Shreveport Bossier will improve access to screenings and education to improve cardiac health and address disease symptoms.
OBJECTIVES	1. Cardiac Rehab programs will continue to focus on healthy lifestyle changes to reduce re-occurrence of heart disease issues 2. Provide education programs addressing acute coronary syndrome 3. Increase access to screenings by providing Health Screening fairs within community 4. Provide education and tools on smoking cessation and prevention
IMPACT	In Year 1 through Year 3 we awarded grants and in-kind support to non-profit facilities in our ministries service area. All projects require a grant form to be submitted and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Disease Prevention & Management- Cardiovascular Health projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $299,812.

4. Disease Prevention And Management - Cancer

GOAL	CHRISTUS Health Shreveport Bossier and CHRISTUS Cancer Treatment Center will increase access to and enhance existing oncological services, education, and prevention activities in the North Louisiana region specifically targeting breast, lung and skin cancers.
OBJECTIVES	1. Provide lung cancer screening program 2. Provide annual free skin cancer screening at the Cancer Center for early detection of skin cancers basal cell and melanoma 3. Provide Nurse navigator for cancer patients 4. Provide monthly support group for breast cancer patients and families 5. Provide education to patients in the Breast Center regarding high-risk benign findings 6. Provide clinical drug trials for many different types of cancers 7. Provide colorectal screenings in the community
IMPACT	In Year 1 through Year 3 we awarded grants and in-kind support to non-profit facilities in our ministries service area. All projects require a grant form to be submitted and data was documented in the CBISA platform. All expenditures and programs were presented in an annual community report and discussed in quarterly steering committee meetings and end of the year community meetings with elected officials, stakeholders, and internal leaders. For all Disease Prevention & Management - Cancer projects for grant and in-kind donations for Year 1 through Year 3 year to date was approximately $197,865.

Appendix 2: Primary Data Tools

Primary data was collected through the main channels—community surveys, focus groups and key informant interviews. The instruments used for each are included in this appendix.

Community Survey

Community Health Needs Assessment Survey	
Welcome to the CHRISTUS Health Community Health Needs Assessment Survey. This survey will only take about 10 minutes. We will ask you questions about the health needs of your community. The information we get from the survey will help us: • Identify health problems that affect the people in your community. • Understand the needs of your community. • Work together to find a solution. The survey is voluntary and you do not have to participate. You can also skip any questions you do not want to answer or end the survey at any time. The answers you give are very important to us. Your answers will be private (we will not know who gave the answers) and we will protect the information you are giving. We will not share your personal information or survey answers to anyone outside of CHRISTUS Health. **We thank you for your help.**	
Your Information	
Your home zip code:_____	How many years have you lived here? _____

Community Health Needs Assessment Survey	
Community Health Questions	
Thinking about where you live (zip code, neighborhood, town), on a scale of 1 - 5 (with 1 - being not at all and 5- being serious), how much of a problem are each of the following health concerns? **Please consider how any of these issues affect you or a family member personally, impact others you know, or deal with in your profession. If you don't know, please leave blank/skip.**	
HEALTH CONCERN	**RATING (1-5)**
Abuse (child, emotional or physical abuse; neglect, sexual assault, domestic violence)	
Access to healthy food items	
Access to prenatal care (including insurance, medical provider, transportation)	
Alzheimer's and Dementia	
Arthritis	
Cancer (s)	
Chronic pain	
Dental disease (Dental Problems)	
Diabetes (high blood sugar)	
Drug, Alcohol and Substance Abuse (Prescription, Illegal Drugs)	
Healthy Eating (including preparing meals and cooking)	
Exercise and physical activity	
Hearing and vision loss	
Heart disease (hypertension, high blood pressure, heart attack, stroke)	
Infectious diseases (hepatitis, tuberculosis or TB, flu, COVID-19)	
Lung disease (asthma, chronic obstructive pulmonary disease or COPD)	
Maternal and child health (preterm birth, gestational diabetes, maternal hypertension, preeclampsia, maternal death, infant mortality)	
Mental health (ADHD, depression, anxiety, post-traumatic stress disorder or	
Motor vehicle crash injuries	
Obesity (Overweight)	
Property crime (theft, burglary and robbery, motor vehicle theft)	
Sexually Transmitted Infections (STIs and STDs), including Human Immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS)	
Smoking and vaping	
Teen Pregnancy	

Other than those included in the previous question, are there any additional concerns that you feel affect the health of our community? If you, family members or others who you are in frequent contact with are impacted by any of these health concerns, please share the age group and the impact. (e.g., I am the primary caregiver for my aging parent who has Alzheimer's)

Community Health Needs Assessment Survey

Community Resources Questions

What strengths and/or resources do you believe are available in your community? Check all that apply.

- ☐ Community services, such as resources for housing
- ☐ Access to health care
- ☐ Medication Assistance
- ☐ Health support services (diabetes, cancer, diet, nutrition, weight management, quit smoking, end of life care)
- ☐ Affordable and healthy food (fresh fruits and vegetables)
- ☐ Mental health services
- ☐ Technology (internet, email, social media)
- ☐ Transportation
- ☐ Affordable childcare
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Clean environment and healthy air
- ☐ Fitness (gyms place to work out)
- ☐ Good schools
- ☐ Inclusive and equal care for all people whatever race, gender identity or sexual orientation (LGBTQ)
- ☐ Life skill training (cooking, how to budget)
- ☐ Parks and recreation
- ☐ Cancer Screening (mammograms, colon cancer, HPV vaccine/Pap smear, prostate cancer)
- ☐ Quality Job Opportunities and Workforce Development
- ☐ Racial Equity (The elimination of policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race)
- ☐ Religion or spirituality
- ☐ Safety and low crime
- ☐ Strong community cohesion and social network opportunities (reword – Welcoming community and opportunities to join support groups)
- ☐ Strong family life
- ☐ Other, please specify: _____

Are there any additional services or resources that you would like to see in our community that would help residents maintain or improve their health?

Community Health Needs Assessment Survey

Questions About You

What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75-84
- ☐ 85 and older

What is your current gender identity?

- ☐ Female
- ☐ Male
- ☐ Non-Binary (Do Not Strictly Identify as Female or Male)
- ☐ Transgender Female (Male to Female)
- ☐ Transgender Male (Female to Male)
- ☐ Choose not to disclose
- ☐ Other, please specify: _____

Do you think of yourself as?

- ☐ Straight or heterosexual
- ☐ Bisexual
- ☐ Lesbian or gay or homosexual
- ☐ Choose not to disclose
- ☐ Other, please specify: _____

Do you consider yourself Hispanic or Latino?

- ☐ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ Not Hispanic or Latino: A person is not of Hispanic or Latino ethnicity.
- ☐ Decline to answer: A person who is unwilling to choose/provide from the categories available

Which category best describes your race? (check all that apply)

- ☐ American Indian or Alaska Native: *A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*
- ☐ Asian: *A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.*
- ☐ Black or African American: *A person having origins in any of the black racial groups of Africa.*
- ☐ Native Hawaiian or Other Pacific Islander: *A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*
- ☐ White: *A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*
- ☐ Decline to answer

Is a language other than English spoken in your home?

☐ Yes ☐ No

If Yes: What language(s) other than English are spoken in your home?

☐ Spanish ☐ Vietnamese ☐ Mandarin ☐ Other, please specify: _____

What is the highest level of education you have completed?

- ☐ Less than high school
- ☐ Some high school
- ☐ High school graduate or graduate equivalency degree (GED)
- ☐ Some college, no degree
- ☐ Vocational or technical school
- ☐ College graduate (such as AA, AS, BA, BS, etc.)
- ☐ Advanced degree (such as MS, MA, MBA, MD, PhD, JD, etc.)

Community Health Needs Assessment Survey

Household Questions

What are your current living arrangements?

- ☐ Own my home
- ☐ Rent my home
- ☐ Living in emergency or transitional shelter
- ☐ Living with a friend or family
- ☐ Living outside (e.g., unsheltered, car, tent, abandoned building)
- ☐ Other: _____

How many people live in your household? _____

How many children (less than 18 years old) live with you in your home? _____

How often do you have access to a computer or other digital device with the internet?

☐ Always ☐ Often ☐ Sometimes ☐ Very Rare ☐ Never

Do you or anyone in your household have a disability?

☐ Yes ☐ No

What is the yearly household income? (The total income before taxes are deducted, of every person in the home who financially helps)

- ☐ Less than $10,000
- ☐ $10,000 - $19,999
- ☐ $20,000 to $39,999
- ☐ $40,000 to $59,999
- ☐ $60,000 to $79,999
- ☐ $80,000 to $99,999
- ☐ Over $100,000

Community Health Needs Assessment Survey
Questions about Your Health
Are you currently covered by health insurance? ☐ Yes ☐ No
Do you have a medical or healthcare professional that you see regularly (primary care provider/doctor/pediatrician/cardiologist, etc.)? ☐ Yes ☐ No
The following questions concern the time since the start of the pandemic (March 2020):
During this time period have you had any of the following (please check all that apply): ☐ Visited a doctor for a routine checkup or physical? (not an exam for a specific injury, illness or condition)? ☐ Dental exam ☐ Mammogram ☐ Pap test/pap smear ☐ Sigmoidoscopy or colonoscopy to test for colorectal cancer ☐ Flu shot ☐ Prostate screening ☐ COVID-19 vaccine
Because of the pandemic did you delay or avoid medical care? ☐ Yes ☐ No
During this time period, how often have you been bothered by feeling down, depressed, or hopeless? (Check only one answer). ☐ Not at all ☐ Several days every month ☐ More than half the days every month ☐ Nearly every day

What is the most difficult issue your community has faced during this time period?

- ☐ COVID-19
- ☐ Natural disasters (for example, hurricanes, flooding, tornadoes, fires)
- ☐ Extreme temperatures (for example, snowstorm of 2021)
- ☐ Other: _____

Other than those concerns included in the previous question, are there additional concerns that affected your community during this time period?

Focus Group Protocols

CHNA Focus Group Guide

Population:

Date and Time:

Location:

RSVPs:

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the focus group.
  - We are meeting today to learn about your community. Specifically, we want to understand what you like about where you live and what you would like to see changed. We also want to understand the biggest health challenges your friends and families face.
  - You were selected to participate in this focus group because of the valuable insight you can provide.
  - We would like to understand how the hospital can partner to make improvements in your neighborhood.
- Establish confidentiality of participants' responses.
  - Our team will be taking notes about what is discussed, but individual names or identifying information will not be used.
- Establish guidelines for the conversation.
  - Keep personal stories "in the room".
  - Everyone's ideas will be respected.
  - One person talks at a time.
  - It's okay to take a break if needed or help yourself to food or drink (if provided).
  - Everyone has the right to talk.
  - Everyone has the right to pass a question.
  - There are no right or wrong answers.
- Explain to participants how their input will be used.
  - Your input will be part of the Community Health Needs Assessment process.
- Give participants estimated timeline of when results will be shared.
  - We expect to make the report available in 2022.
- Establish realistic expectations for what the hospitals and partners can do to address community needs.

2. Introductions

- When we speak about community, it can have different meanings. For example, it can mean your family, the people you live or go to school with, the neighborhood you live in, a group of people you belong to. We are interested in hearing about your community, no matter how you define it.
- The facilitator will go around the room and ask each participant:
  - Name?
  - How long have you lived in the community?
  - What one word would you use to describe your community?

3. Community Descriptions

- Can you describe your community?
  - What are things like?
  - What are things you would like to see changed?
    - Probe: Do you have ideas for how those things can be changed?

4. Health Questions

- What do you think are the biggest health challenges in your community?
  - Follow up on specifics – diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse
  - With chronic diseases answers prove on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
  - If substance abuse comes up, follow up on types – alcohol, marijuana, opioids, other?
- What do you think could prevent these issues from being so challenging?
  - Follow up on specific ideas – access to preventative care? Education?
- How has COVID-19 impacted you and your community?
  - Follow up on specifics – job loss, homeschooling, severe illness, mental health, ability to access the internet and health information at home

5. Access and Education Questions

- How easy is it in your community to access health services?
  - Do they have a primary care provider?
  - Can they access Behavioral Health services?
  - Are they able to get cancer screenings and vaccinations?
  - Is telehealth an option? Why or why not?
  - Is transportation a barrier?
- How easy is it for adults in your community to maintain a healthy lifestyle?
  - Is there access to healthy foods?
  - Are there places to exercise?
  - Do you feel a sense of cohesion in your community?

6. Solutions and Strategies Questions

- What do you think a community needs to be healthy?
  - Depending on responses, follow up on specifics – jobs, housing, access to care, schools, parks, food access, etc.
- Who do you think can contribute to make a community healthy?
  - Probe: neighbors, doctors, hospitals, social service agencies, politicians, etc.

7. Final Questions

- What do you think CHRISTUS Health can do to help your community?
- Where do you get your health information now?
- What is the best way to communicate with you about health information?

8. Closing and Next Steps

- Explain how the notes will be synthesized and shared.
- Ask whether participants would like to be involved in future stages of the CHNA and set the process for continued engagement.
- Thank everyone for their participation

Key Informant Interview Protocols

CHNA Key Informant Interview Guide

FACILITATION PROTOCOLS

1. Establishing ground rules

- Establish purpose of the interview
  - CHRISTUS Health is conducting a Community Health Needs Assessment and your input is an important part of the work.
  - We have collected thousands of surveys and held over two dozen focus groups. Now we are interviewing key informants like yourself.
  - You were selected to participate in this interview because of the valuable insight you can provide.
  - We would like to understand how the hospital can partner to improve the health of the community.
- Establish confidentiality of the conversation
  - I will be taking notes about what is discussed, but your name and identifying information will not be used.
- Give participants an estimated timeline of when results will be shared.
  - We expect to make the report available later this year.

2. Introductions

- During our time together, I'm interested in learning about your work and the needs of the people you serve.
- What is your:
  - Name?
  - Organization?
  - Work you do for that organization and/or the community?

3. Survey-alignment questions

- What are strengths you see with your patients/community members right now?
- What are the challenges they face?
  - How do you think those challenges can be addressed?
- What programs or partnerships have worked well? Why?

4. Health questions

- What do you think are the biggest health challenges your patients/constituents/community members face?
  - Follow up on specifics—diabetes, heart disease, asthma/COPD, cancer, sickle cell, substance abuse, mental health
  - With chronic disease answers probe on what are the specific challenges (i.e., managing diabetes, accessing medicine, getting screened, etc.)
  - For cancer ask about specifics
  - For substance abuse follow up on types—alcohol, marijuana, opioids, other?
- How has COVID-19 impacted you and your work?

5. Social Determinant questions

- What elements in the community make it hard for people to be healthy?
  - Follow up on food access, affordable housing, childcare, crime, access to care, etc.
- How can Christus help address these issues?

6. Next Steps

- Explain how the notes will be synthesized and shared.
- Thank them for their participation.

Appendix 3: Data Sources

Secondary data that was used throughout this report was compiled from Metopio's data platform. Underneath each graphic in this report, there is a label that cites the data source for that visual. Primary sources of this data come from:

- American Community Survey
- Behavioral Risk Factor Surveillance System
- Centers for Disease Control PLACES data
- Centers for Disease Control WONDER database
- Centers for Medicare and Medicaid Services: Provider of Services Files, National Provider Identifier
- Decennial Census (2010 and 2020 census data)
- Diabetes Atlas
- Environmental Protection Agency
- FBI Crime Data Explorer
- Louisiana Department of Public Health
- National Vital Statistics System
- The New York Times
- State health department COVID dashboards
- United States Department of Agriculture: Food Access Research Atlas

Appendix 4: Community Resources

An inventory of community resources was compiled based on key informant interviews, focus group discussions, and an internet-based review of health services in the CHRISTUS Shreveport-Bossier Health System service area. The list below is not meant to be exhaustive but represents a broad sampling of feedback received from the stakeholder engagement process. The list of community resources is restricted to only those that are physically located within the report area. Several additional organizations located outside the report area may provide services to report area residents but fall outside the scope of inclusion in this needs assessment. Similarly, many of the organizations identified in this resource compilation serve a population broader than the report area but are included here in the context of the services they offer to report area residents.

NAME	DESCRIPTION
David Raines Community Health Center	Provides quality, accessible, affordable and comprehensive health care services to all. Provides medical, dental, behavioral health, pharmaceutical, pediatrics, and school-based services.
MLK Health Center & Pharmacy	To improve the health of our community and the patients we serve; and meet the demand for high quality comprehensive health care services in a cost-effective manner by putting our patients first, and by serving them with care and compassion.
Community Renewal	Community Renewal connects neighbors and residents to restore the foundation of safe and caring communities. They build hope and renew the spirit of cooperation in every segment of the community. They focus on three primary strategies – Renewal Team, Haven House and Friendship House – to turn neighborhoods into safe havens of friendship and support. The result? Major crime has dropped an average of 55 percent in the Friendship House areas!
Shreveport Green	Shreveport Green is a nonprofit organization dedicated to promoting a healthy, sustainable, and economically vital community through public outreach, community enhancement, and a specific respect for the natural and built environment.
St. Luke's Episcopal Medical Ministry	St. Luke's Episcopal Medical Ministry is a mobile medical ministry in Northwest Louisiana. Using a medical RV, they provide free preventive health screenings, basic health services, health education, and medical referrals on a regular basis to the underserved in the rural and urban Louisiana communities of Caddo, Bossier, Webster, Desoto, and Claiborne parishes.

Caddo Council on Aging	Caddo Council on Aging and our affiliated programs offer the following services: • Aging and disability resource center • Homemaker services • Information and referrals • Meals on wheels • Medical alert program • Nursing home ombudsman • Outreach & assessments • Personal care • Senior center • Senior wellness • Telephone reassurance
The Hub Urban Ministries	The Hub is a 501c3 non-profit in Shreveport, Louisiana that is on a mission to give everyone in our city access to a restored life. We do that through our two main ministries: The Lovewell Center serving those in poverty and homelessness and Purchased: Not for Sale serving women and children experiencing sexual exploitation and/or human trafficking.
Volunteers of America North Louisiana	Volunteers of America North Louisiana will create a community where all people have opportunities for success by: • Engaging volunteers and professionals in service. • Identifying needs in our region. • Measuring outcomes for continuous improvement. • Providing holistic, quality services for each person.
Caddo Parish Health Unit	The parish health unit provides immunizations, support for women, infants and children (WIC), family planning resources, nutrition services and more.
United Way of Northwest Louisiana	United Way of Northwest Louisiana fights for the health, education, financial stability, and essential needs of every person in our community.

Shreveport Behavioral Health Clinic	Utilize evidence-based practices to help individuals and families reach their greatest potential. Services include a comprehensive array of mental health, addiction and co-occurring services, some of which are: • Community sychiatric supports and treatment • Gambling treatment (outpatient, intensive outpatient and inpatient) • Individual, family and group counseling (outpatient and intensive outpatient services)
Northwest LA Human Services District	Provides mental health, addictive disorder, and developmental disability services in Northwest Louisiana.