



# Community Health Needs Assessment

2026 – 2028



CHRISTUS  
Health®



Ochsner

*Southwestern Louisiana*



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# Chapter 1: Letter to the Community



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# Letter to the Community

## A Message of Gratitude

At **CHRISTUS Ochsner Health Southwestern Louisiana Health System**, our mission to extend the healing ministry of Jesus Christ is lived out every day through compassionate care, community partnerships and a steadfast commitment to health equity. We know that true healing reaches beyond the walls of our facilities — it begins in the hearts of our communities, shaped by the environments where people live, work, learn and grow.

Our Community Health Needs Assessment (CHNA) is more than a regulatory requirement — it is a vital expression of our mission and a sacred opportunity to listen. Every three years, we engage in this collaborative process to better understand the needs, strengths and priorities of those we serve. The 2023–2025 CHNA illuminated urgent and persistent needs from behavioral health (mental health and substance use) to chronic conditions (such as diabetes, obesity and heart disease), to food access and the impact of smoking and vaping. In response, CHRISTUS Ochsner Health Southwestern Louisiana worked alongside local partners to bring solutions to life, from expanding mobile outreach services to deepening investments in behavioral health and nutrition programs.

These actions were not ours alone. They were built with, and for, our communities.

As we now introduce the 2026–2028 CHNA, we do so with deep gratitude and renewed commitment. This report builds upon the foundation laid in previous years and reflects the lived experiences, ideas and aspirations of hundreds of community members who participated in surveys, focus groups, workgroups and one-on-one conversations. Together, we identified emerging and ongoing challenges — including healthy births and prenatal care, behavioral health, food insecurity, cancer, falls and more — and the systems and programs that must evolve to address them. This report is a reflection of that shared work. It is a testament to the truth that meaningful change begins with listening and grows through trust, collaboration and shared accountability.

We are humbled by your willingness to walk alongside us — to share your stories, raise your voices and dream bigger for your communities. Thank you for your partnership, your courage and your vision. Because of you, we continue to move forward with clarity, compassion and a deeper understanding of what it truly means to serve.



**James Davidson**  
President and Chief  
Operating Officer  
**CHRISTUS Ochsner**  
**Health Southwestern**  
**Louisiana Health**  
**System**

# Statement of Health Access and Serving as an Anchor Institution

At CHRISTUS Health, our core values of dignity, integrity, excellence, compassion and stewardship guide everything we do. We believe these values are not just words, but principles that inspire us to serve you with the utmost care and dedication. Through this assessment, we seek to understand your unique needs and challenges. By listening to your stories and experiences, we aim to identify areas where health disparities exist and work alongside you to find meaningful solutions. Together, we can create an inclusive and equitable healthcare environment for everyone, regardless of their background or circumstances. We recognize that health goes beyond medical care. It encompasses the social determinants that shape our lives, such as housing, education, employment and access to nutritious food. Addressing these factors can build a stronger, healthier community where everyone thrives. Your participation in this assessment was invaluable. We invited you to share your insights, concerns and hopes with us so that we can pave the way for a brighter, healthier future together. Your voice matters deeply to us as we strive to tailor our services to meet your needs and aspirations. Thank you for being an integral part of our CHRISTUS Health family. Let's continue to care for and uplift one another, embodying our values in every interaction and endeavor.



**Fr. Felix Okey Alaribe**  
Vice President of  
Mission Integration  
**CHRISTUS Ochsner**  
Southwestern Louisiana  
Health System



**Marcos Pesquera**  
Chief Diversity Officer  
and Vice President of  
Community Health  
**CHRISTUS Health**

# Board Approval

The final Community Health Needs Assessment (CHNA) report was completed, and the Ministry CEO/President and Executive Leadership Team of CHRISTUS Ochsner Southwestern Louisiana Health System reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on August 8, 2025. Steps were also taken to begin implementation as of June 30, 2025, and the Community Health Implementation Plan (CHIP) was approved by the Board of Directors on August 8, 2025.

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## Chapter 2: Executive Summary





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# Executive Summary

In Southwestern Louisiana, community and care go hand in hand. At CHRISTUS Ochsner Southwestern Louisiana, we have long stood as a trusted partner in health — walking with our neighbors through hurricanes, pandemics and the everyday challenges of life. Our mission to extend the healing ministry of Jesus Christ is more than words — it's visible in the dedication of our physicians, nurses, Associates and volunteers who serve this region with compassion, courage and connection.

As part of that mission, we conduct a Community Health Needs Assessment (CHNA) every three years. This process gives us the opportunity to listen — not just to data, but to voices. Voices of families navigating the health care system, of elders aging with strength and struggle, of young people searching for support. These stories, shared alongside public health information, shape our understanding of the issues impacting the health and well-being of those we serve.

This CHNA takes a lifespan approach, recognizing that health begins before birth and continues through every phase of life. We examine needs across four life stages — maternal and early childhood, school-age children and adolescents, adults and older adults — because each stage offers a unique and powerful chance to influence a person's long-term health and quality of life. We also look at the broader social conditions that shape health — like housing, food access, education and transportation — because where people live, work and grow matters as much as what happens inside a hospital.



# Importance of Life Stages

## Maternal and Early Childhood Health

Healthy beginnings are the foundation for strong communities. In recent years, more families in Southwestern Louisiana have gained access to early screenings, maternal health education and community-based services that support mothers and children. Across parishes, we've seen progress in building awareness around behavioral health and nutrition during pregnancy and infancy. Still, many young families continue to face hurdles — including food insecurity, limited prenatal care and gaps in early childhood services. When we invest in the first years of life, we're planting the seeds of resilience, achievement and lifelong wellness.

## School-Age Children and Adolescent Health

As children grow into adolescence, they carry not only potential — but increasing pressure. In this stage of life, behavioral patterns form, emotional health becomes more vulnerable and social supports matter more than ever. Communities across Southwestern Louisiana have made meaningful strides — expanding school-based mental health programs and promoting youth development through after-school initiatives and faith-based partnerships. Yet concerns persist around anxiety, substance use and access to safe, consistent care. Supporting youth during this formative period is essential to setting them on a path toward health, confidence and community contribution.

## Adult Health

For adults, health is shaped by a web of factors: work conditions, access to care, chronic illness, financial stress and family responsibilities. In our region, more adults are accessing preventive screenings and participating in local wellness initiatives. Increased collaboration across clinics, nonprofits and churches has brought more attention to cancer

awareness, hypertension and mental health. But the challenges are still real — especially when it comes to managing chronic conditions like diabetes, navigating specialty care or affording needed medications.

## Older Adult Health

As our population ages, we've seen both the beauty and the complexity of growing older in Southwestern Louisiana. Older adults contribute wisdom, mentorship and culture to our communities — and they also deserve dignity, support and access to care. Local programs have expanded their focus on memory care, caregiver support and fall prevention. More conversations are happening about healthy aging. But many seniors continue to struggle with mobility, isolation and managing multiple chronic conditions. Ensuring that older adults remain connected, safe and well cared for is one of the most important measures of a compassionate community.

Throughout this CHNA process, one truth emerged again and again: Southwestern Louisiana is resilient. It is a place where families look out for one another, where communities gather in faith and fellowship, and where health is seen not just as a service — but as a shared responsibility. In towns big and small, we heard stories of perseverance, partnership and pride in local progress.

This report is not just a reflection of challenges — it's a recognition of the strength, leadership and potential within this region. At CHRISTUS Ochsner Southwestern Louisiana, we are honored to continue this work with and for our community. The insights from this CHNA will guide our next steps and deepen our commitment to ensuring that health is accessible, equitable and grounded in the needs of every person we serve.

Together, we move forward — stronger, wiser and united in purpose — to build a future where every life, at every stage, can flourish.

# Key Findings

The chart below summarizes the leading indicators our communities are facing. These indicators were identified by health leaders in our community to provide a comprehensive picture of the community's needs.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Healthy births</li> <li>• Access to prenatal care</li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>• Food insecurity</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Suicide</li> <li>○ Substance abuse</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Access to care               <ul style="list-style-type: none"> <li>○ Primary care</li> <li>○ Specialty care</li> </ul> </li> <li>• Cancer</li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Access to care               <ul style="list-style-type: none"> <li>○ Primary care</li> <li>○ Specialty care</li> </ul> </li> <li>• Chronic diseases               <ul style="list-style-type: none"> <li>○ Heart disease</li> <li>○ Diabetes</li> </ul> </li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>• Inability to perform activities of daily living</li> <li>• Falls and associated problems</li> </ul>

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## Chapter 3: Introduction



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# Introduction

Southwestern Louisiana is a region defined by its deep roots, natural beauty and cultural richness. Stretching from quiet bayous to the Gulf's edge, this part of the state offers more than scenic landscapes — it's a way of life grounded in tradition, resilience and community.

At its heart is Lake Charles, a city that blends outdoor adventure with cultural celebration. The Creole Nature Trail, known as Louisiana's Outback, invites exploration through marshes, prairies and coastline, while Sam Houston Jones State Park offers space for camping, hiking and wildlife watching. Locals gather for crawfish boils, zydeco brunches and festivals like the Louisiana Fur and Wildlife Festival or Downtown at Sundown — moments that reflect the region's joyful spirit and tight-knit community.

In this setting, CHRISTUS Ochsner Southwestern Louisiana serves not only as a health care provider but as a trusted neighbor — rooted in faith and committed to caring for the whole person, especially during times of need and recovery.

Yet alongside its beauty and culture, Southwestern Louisiana continues to face persistent health challenges. The impacts of generational poverty, natural disasters and aging infrastructure shape health outcomes across the region. Many communities experience limited access to care, food insecurity and mental health needs — issues that are more acute in rural areas and among lower-income populations. Chronic illnesses such as diabetes and heart disease remain widespread, and environmental factors from storm damage to industrial exposure add further complexity.

This Community Health Needs Assessment (CHNA) provides a data-informed understanding of these challenges and identifies the region's

most urgent health priorities. It is not just a report — it's a tool to guide collaboration among health care providers, nonprofits, civic leaders and residents, all working together to improve health and well-being across the region.

From the seafood docks of Cameron Parish to the neighborhoods of Lake Charles and the rural corners of Beauregard and Jeff Davis, Southwestern Louisiana is a place of enduring strength and deep community bonds. Through continued collaboration, compassionate care and strategic investment, CHRISTUS Ochsner Southwestern Louisiana remains committed to extending the healing ministry of Jesus Christ and helping all people in this region live healthier, fuller lives.



# Purpose of the Community Health Needs Assessment

The Community Health Needs Assessment (CHNA) serves as a foundational tool for understanding the health priorities of the region and guiding efforts to improve the well-being of its residents. As a nonprofit hospital, CHRISTUS Ochsner Southwestern Louisiana Health System is dedicated to addressing the health needs of the communities within its service area. The CHNA process, required under the Patient Protection & Affordable Care Act (ACA) of 2010, ensures that nonprofit hospitals conduct a comprehensive assessment of local health challenges and available resources at least once every three years. This structured approach enables us to identify key health priorities, collaborate with community stakeholders and develop strategic plans to address the most urgent health concerns.



In accordance with the ACA, the CHNA not only informs the hospital's community health initiatives but also satisfies certain IRS tax reporting requirements under Form 990, Schedule H. The findings and data presented in this report directly support the development of an implementation strategy, which aligns hospital resources with the needs of underserved and vulnerable populations, ensuring meaningful and measurable interventions.

This document represents the 2026-2028 CHNA for CHRISTUS Ochsner Southwestern Louisiana Health System and serves as a comprehensive resource for understanding the current health landscape in Southwestern Louisiana. It provides an in-depth analysis of:

- Community demographics and population trends
- Existing health care resources and access to care
- Significant health needs and disparities
- Data collection and prioritization methodologies
- Community engagement efforts and stakeholder input

The findings from this CHNA not only fulfill IRS reporting requirements but also play a critical role in shaping ongoing health planning and decision-making within our hospital system and among our local partners. This document is widely shared with key stakeholders, including local government agencies, community-based organizations, public health officials and other health care providers, to strengthen collaborative efforts aimed at reducing health disparities and improving overall community health outcomes.

Additionally, this assessment reflects on the impact of past CHNAs, highlighting areas of progress, as well as areas requiring continued focus to meet the evolving health needs of the community. The insights gained will inform the development of targeted programs, funding decisions and strategic partnerships designed to drive sustainable improvements in health equity across the community.

# Overview of the Health System

## CHRISTUS Health

CHRISTUS Health is a Catholic, not-for-profit health system established in 1999 to preserve and strengthen the healing ministries founded by the Sisters of Charity of the Incarnate Word of Houston and San Antonio — religious congregations whose commitment to compassionate care began in 1866. In 2016, the Sisters of the Holy Family of Nazareth joined as the third sponsoring congregation, deepening the system's spiritual foundation and ongoing mission of service.

Today, CHRISTUS Health operates more than 60 hospitals and 175 clinics across Texas, Louisiana, New Mexico, and Arkansas. The system also extends its healing ministry internationally, with facilities in Mexico, Colombia and Chile. Across every location, CHRISTUS Health remains united by a singular purpose: to extend the healing ministry of Jesus Christ — delivering high-quality, compassionate care to individuals and communities, especially those most in need.





## CHRISTUS Ochsner Health Southwestern Louisiana

As part of CHRISTUS Health, CHRISTUS Ochsner Health Southwestern Louisiana is a faith-based, not-for-profit health system serving the southwest Louisiana community with two hospitals and nearly 1,300 Associates. We specialize in cardiology, stroke, oncology, neonatal intensive care, neurology, orthopedics and surgical services including bariatric and women's health services. Sponsored by the Sisters of Charity of the Incarnate Word of Houston, Sisters of Charity of the Incarnate Word of San Antonio and the Sisters of the Holy Family of Nazareth, our mission is to extend the healing ministry of Jesus Christ to every individual we serve.



# Community Health

At CHRISTUS Health, community health and community benefit initiatives are central to the mission of extending the healing ministry of Jesus Christ. Guided by a commitment to equity, dignity and social responsibility, CHRISTUS Health works to improve the health and well-being of individuals and communities, particularly those who are underserved and marginalized.

Community health at CHRISTUS Health is a proactive approach to addressing the social, economic and environmental factors that impact health outcomes. Through strategic partnerships, innovative programs and targeted interventions, CHRISTUS Health collaborates with local organizations, public health agencies and community leaders to create sustainable solutions that promote health and wellness beyond the walls of its hospitals and clinics. Key focus areas include chronic disease prevention, maternal and child health, behavioral health, food security, housing stability and access to care.



Community benefit represents our health system's ongoing investment in community-driven health initiatives, ensuring that resources are allocated where they are most needed. These efforts are an expression of our mission to serve the health needs of the broader community, especially those who are uninsured, underinsured or facing significant health disparities. This includes:

- **Financial assistance:** providing support for uninsured and underinsured patients to ensure access to necessary medical care
- **Subsidized health programs:** offering health services at reduced or no cost to vulnerable populations, ensuring they receive the care they deserve
- **Health education initiatives:** promoting wellness, prevention and healthy behaviors through community outreach, educational workshops and public health campaigns
- **Support for nonprofit organizations:** partnering with local nonprofit organizations working to address critical health disparities and social determinants of health

These programs are part of how we meet our obligations as a nonprofit health system, but more importantly, they're how we put our mission into action — serving with compassion, dignity and justice. By combining clinical care with community action, CHRISTUS Health aims to reduce health disparities, build stronger communities and extend the healing ministry of Jesus Christ to all we serve.

# The Communities We Serve

As part of its mission to extend the healing ministry of Jesus Christ, CHRISTUS Ochsner Southwestern Louisiana serves a diverse and growing population across Calcasieu and Beauregard parishes. In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Ochsner defines its primary service area (PSA) as the ZIP codes accounting for approximately 80% of hospital utilization (see Table 1 and Figure 1). This ensures the Community Health Needs Assessment (CHNA) reflects the communities most directly served by the health system.

The region includes a broad mix of urban, suburban and rural areas — each with distinct health needs and community assets. From the city of Lake Charles to the rural areas of Beauregard Parish, this geographic and demographic diversity reinforces the importance of a community-focused, equity-informed approach to health improvement across the region.

CHRISTUS OCHSNER SOUTHWESTERN LOUISIANA'S PSA	
Calcasieu Parish	Beauregard Parish
70601	70634
70605	
70607	
70611	
70663	
70615	
70669	
70647	

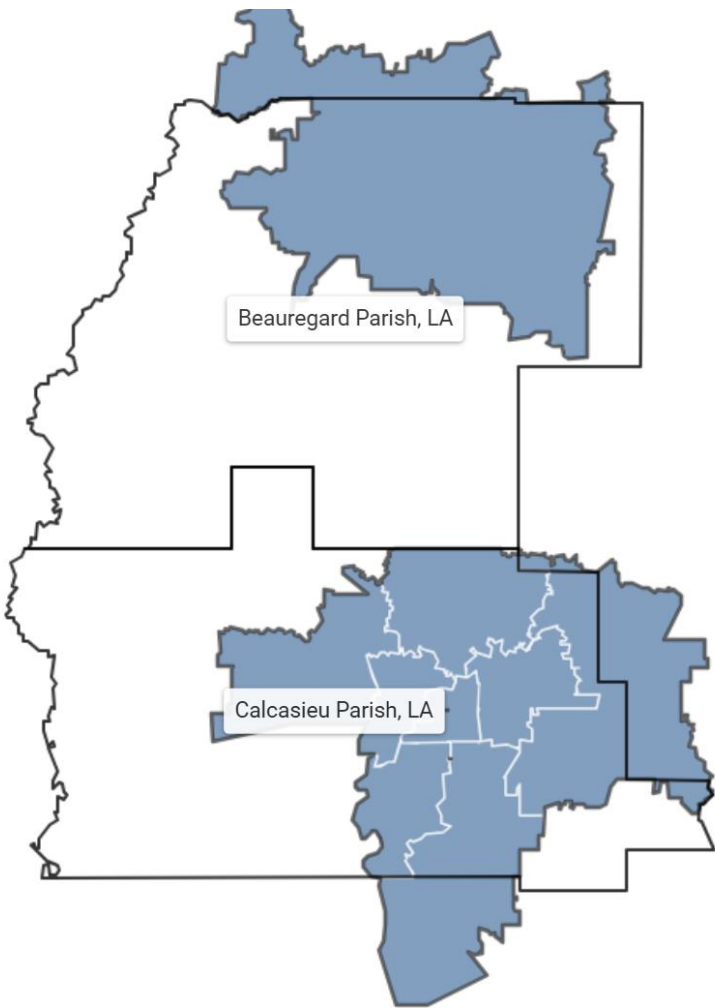


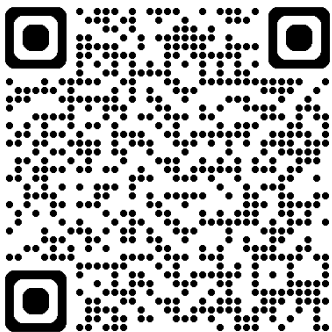
Figure 1. Primary Service Area (PSA) Map of CHRISTUS Ochsner Southwestern

Table 1. Primary Service Area (PSA) of CHRISTUS Ochsner Southwestern

# The Strength of Our Communities

At CHRISTUS Health, we believe the heart of a healthy community is found in the relationships we build with individuals, neighborhoods and the many local organizations working every day to make a positive impact. These community partners are not just part of our work — they are essential to it. Together, we support the health and well-being of our neighbors by addressing the challenges that affect everyday life, from access to care and chronic diseases to mental health, food insecurity and maternal and child health.

These partnerships enable us to reach more people, remove barriers and provide the kind of support that truly meets individuals where they are. Working side by side, we bring health care and community services together to build stronger, healthier communities.



To the right is a list of some of the incredible organizations helping to improve lives across our region. Although it’s not a comprehensive list, it highlights the broad range of support available across our region.

To find even more free or low-cost services near you — including help with food, housing, transportation and mental health — visit [FindHelp.org](https://findhelp.org). This

easy-to-use tool lets you search by zip code to connect with programs and resources in your area.

Whether listed here or searchable on FindHelp, these organizations are a vital part of our shared mission. Their work strengthens our communities and ensures that help is always within reach.

NAME	DESCRIPTION
SWLA Center for Health Services	A Federally Qualified Health Center (FQHC) offering primary care, behavioral health, dental and pharmacy services to underserved populations across Southwest Louisiana
Catholic Charities of Southwest Louisiana	Provides critical services including rental and utility assistance, transportation, food access, prescription help, disaster relief and pastoral care for vulnerable residents
Calcasieu Community Clinic	A free clinic serving low-income, working uninsured residents across the five-parish region with medical care and prescription assistance
United Way of Southwest Louisiana	Partners with nonprofits and local agencies to meet community needs in health, education, financial stability and emergency relief
Family & Youth Counseling Agency	Offers affordable counseling, advocacy and education programs that support mental health, youth development and family stability.
Project Build a Future	Builds affordable, high-quality homes to promote stable homeownership and long-term financial security for families in Lake Charles
211 Southwest Louisiana	A 24/7 referral service connecting individuals and families with local health, housing, food and crisis services across the region
Region 5 Office of Public Health	Provides public health services including immunizations, maternal-child health, disease prevention and health education to underserved communities
Healthy Communities Coalition of Southwest LA	Connects local leaders and organizations to improve health outcomes through grants, training, communication support and annual convenings
American Red Cross of Southwest Louisiana	Offers emergency assistance during disasters, military family services and health and safety education for residents across the region



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## Chapter 4: Impact



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# Impact

## Since the Last Community Health Needs Assessment ...

The Community Health Needs Assessment (CHNA) is designed to be part of a dynamic, three-year cycle of listening, action and evaluation. A key element of this process is reviewing progress made in addressing the health priorities identified in the previous Community Health Needs Assessment (CHNA). By examining these efforts, CHRISTUS Ochsner Southwestern Louisiana Health System and the communities it serves can better focus their strategies and ensure future investments are responsive, effective and community-driven.

In the 2023–2025 CHNA cycle, CHRISTUS Ochsner Southwestern Louisiana Health System prioritized the following areas based on community input and data analysis:

ADVANCE HEALTH AND WELL-BEING	BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS
<ul style="list-style-type: none"><li>• Specialty care access and chronic disease management (including diabetes, obesity, heart disease)</li><li>• Behavioral health (including mental health and substance abuse)</li></ul>	<ul style="list-style-type: none"><li>• Improving food access</li><li>• Reducing smoking and vaping</li></ul>

Over the past three years, CHRISTUS Ochsner Southwestern Louisiana Health System, community partners, clinical teams and trusted local organizations have worked together to design and implement interventions aimed at reducing disparities and improving outcomes in these areas. Many of these efforts intentionally focused on reaching populations most impacted by health inequities.

The following pages highlight key initiatives, partnerships and outcomes that emerged from this work, demonstrating our continued commitment to building healthier, more resilient communities rooted in dignity, compassion and justice.



# Prioritized Needs

## ADVANCE HEALTH AND WELL-BEING

### Specialty Care and Chronic Conditions (Diabetes, Heart Disease, Obesity)

**Strategy:** Provide screenings to identify high blood pressure and focus on high need zip codes. Set up mobile clinics, partner with food banks, create awareness through public education on diabetes, obesity, heart disease and distribution of materials at community events, and work with local partners and community health workers.

#### Implementation Highlights:

Our cardiac nurses, workplace wellness nurses, community health workers (CHWs), diabetes specialists, nurse practitioners, physicians (Dr. Beckles, Dr. Sugathan), etc. implemented programs to address the need in partnership with the following SWLA community institutions and organizations: L'Auberge Casino Resort, Calcasieu Parish School Board, Catholic Diocese of Lake Charles, Catholic Charities of SWLA, Citadel Completions, City of Lake Charles, First Federal Bank, A & B Group, Resthaven Nursing Home, Villa Maria Retirement Community, Golden Age of Welsh, The Villages of Imperial Pointe Retirement Community, The Verandah Retirement Community and SOWELA Technical Community College.

#### Impact:

In 2023, six community events were held. Out of the 534 people who participated, 514 were screened and 12 were referred to an obesity specialist. In 2024, seven community events were held. Out of the 712

people who participated, 522 were screened and 11 were referred for calcium score tests and 5 to primary care physicians

In 2025, twelve events have been held with about 276 participants with 24 screened. In this three-year timeframe, we had 304 referrals for gestational diabetes and 268 of these patients were seen. These programs that were implemented improved the well-being of our SWLA inhabitants.

### Behavioral Health

**Strategy:** Increase access to mental health, including substance use treatment services. Expand community education services. Normalize conversations around substance abuse and behavioral education.

#### Implementation Highlights:

- Our mental health clinicians (therapists, nurses, doctors, etc.) worked in partnership with Adolescence Suicide and Depression Prevention Center to decrease suicide rates.
- Hospital's collaboration with the first responders: When a patient with a suicidal ideation is in our facility, we connect them to resources.
- Collaboration with school systems to increase resilience and decrease substance use/abuse, related illness and death
- Partnering with community organizations, such as Family and Youth Counseling Agency Inc. Southwest Louisiana, has been instrumental in addressing issues associated with behavioral health.

**Impact:** In the fiscal year July 2022 – 2025, a CHRISTUS Community Impact Fund grant to the Family and Youth Counseling Agency Inc focused on supporting the mental health of first responders. In this time, 837 individuals were referred to their programs by medical professionals, self-referrals and other partner agencies.

Over these three years, the support provided by CHRISTUS Community Impact Fund has allowed us to improve the mental health of 837 individuals and families within our community. On average, individuals showed a 12% increase in overall well-being and a 40% decrease in presenting issues by the conclusion of services. This program has improved the lives and mental health of hundreds of our community members and first responders in the aftermath of numerous natural disasters. It continues to support those first responders as they navigate the challenges that come with their roles. This agency leveraged additional funding to also deliver additional services outside of the scope of the stipulated grant. Overall, the following shows the number of counseling sessions delivered. From July 2023 - June 2024 1,096 individuals attended appointments and from July 2024- June 2025 1,362 individuals attended appointments.

In April 2025, CHRISTUS Ochsner Health SWLA partnered with the State of Louisiana to address the opioid crisis in the state. The Louisiana Bridge Program is an intervention designed to address the alarming rate of overdose deaths by increasing buprenorphine access, patient navigation programs, harm reduction services and take-home naloxone in the ER. It ensures continuity of care to patients entering ERs with substance use disorder and has shown a significant decrease in overdose mortality where it has been implemented, particularly public health region 5 (Beauregard, Allen, Calcasieu, Jefferson Davis and Cameron parishes).

According to the State of Louisiana, the three areas of focus are: 1) A trained and integrated substance use navigator within the emergency room. 2) Harm reduction practices embedded in the ER and inpatient workflows, including but not limited to naloxone distribution upon discharge. 3) Prescribers who are knowledgeable and comfortable prescribing buprenorphine both within the ER and on inpatient units, as well as providing “bridge” prescriptions upon discharge and close follow up with outpatient MAT (Medication-Assisted Treatment).

## BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

### Improving Food Access

**Strategy:** Patients are screened upon admission and those that indicate inadequate food access and other personal social needs are further referred to our community food banks as a way of closing the loop. A community health worker (CHW) provides information and contacts for the patient to assist with addressing their needs.

#### Implementation Highlights:

Our close partnership with Catholic Charities of Southwest Louisiana is helping us address food insecurity through their food distribution program. The organization serves a five-parish area which includes Allen, Beauregard, Calcasieu, Cameron and Jefferson Davis parishes.

#### Progress:

In the years 2023 and 2024, Catholic Charities of Southwest Louisiana distributed approximately 2 million pounds of food and other goods as a way of improving food access. It has 12 food distribution centers — two

centers in Lake Charles, and ten in the outlying communities. No client is turned away from this food program.

Food bank clients consist of those who qualify for USDA food, which is supplied by the government, as well as clients that exceed the USDA income maximums who receive donated food. This donated food is collected through a wonderful collaboration with other local churches, schools, and businesses who agree to host food drives, as well as through private grants, such as the CHRISTUS Community Impact Fund. In these years, this organization has received approximately \$300,000.00 from the CHRISTUS Community Impact Fund.

## **Reducing Smoking and Vaping**

**Strategy:** Target more education around the harms of smoking and vaping. Publicize testimonials into ad campaigns. Work with government entities to restrict access to vaping devices by advocating for more regulations around the development of the vaping industry and businesses. Insurance perspective — disclosure of smoking/vaping habits with screening questions/attestation on insurance (higher premiums for vaping, just like tobacco).

### **Implementation Highlights:**

Our hospital's work with the American Cancer Society, American Heart Association, Louisiana Department of Public Health, school outreach programs, local mayors, city council members from chamber of commerce, partnership with schools and community organizations, smoking cessation programs and additional respiratory therapists.

Education is provided to expose the dangers of vaping. Through our partnerships, The Louisiana Campaign for Tobacco-Free Living (TFL) brought Vaping Town Hall Series to Lake Charles and particularly to our campus. This event was free and open to the public and was held Thursday, March 7, 11 a.m. – 1 p.m. at CHRISTUS Ochsner St. Patrick

Hospital Garber Auditorium. Community leaders and expert speakers were brought to lead this robust discussion on vaping related issues and hear from the community about their ideas for eliminating the vaping crisis among our young adults. We have one clinic in Lake Charles and support referrals from physicians in the area. Two to five events a year are held with a few hundred attendees at each event.

### **Progress:**

The overall impact of smoking cessation is that we have decreased from 26.2% down to 18% overall in the state.



## Chapter 5: CHNA Process



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# CHNA Process

## Data Collection Process

The 2026–2028 Community Health Needs Assessment (CHNA) process began with a thorough review of data from previous assessment cycles to evaluate progress on the health priorities identified in earlier years. This retrospective analysis helped shape the foundation for a comprehensive, forward-looking approach. Aligned with the Results-Based Accountability (RBA) framework, the CHNA process focused on outcomes across the lifespan and integrated input from community members and stakeholders at every step.

To ensure a full picture of community health needs, CHRISTUS Health collected both quantitative and qualitative data from a variety of sources, engaging key stakeholders including residents, health care providers, local leaders and nonprofit organizations. This process emphasized the importance of listening to those who live and work in the community with deep insight into the social, economic and environmental conditions that impact health.

Metopio, a data platform designed for community engagement, supported the CHNA by enabling real-time data visualization and exploration. Through Metopio, participants could better understand indicators and provide meaningful input on which issues were most relevant to their communities.

The data collection steps included the following:

- **Community Survey**  
Distributed to Associates, patients and residents to gather insights on social needs and health challenges
- **Community Indicator Workgroups**  
Engaged stakeholders in identifying meaningful indicators aligned with community priorities
- **Data Dictionary Work Sessions**  
Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
- **Community Focus Groups**  
Brought together diverse voices to contextualize the data and validate findings through lived experience

This multi-step, mixed-methods approach was designed to ensure the CHNA was community-informed, data-driven and aligned with local health priorities. Together, the findings serve as a powerful foundation for the development of targeted implementation strategies that reflect the voices and experiences of the people CHRISTUS Health is called to serve.

Below includes more information on the data collection methods and a summary of the participants involved in the process.

## Quantitative Data Collection

Quantitative data for this Community Health Needs Assessment was collected in collaboration with Metopio, an advanced analytics platform that aggregates and visualizes data from reputable state, regional and national sources. Metopio partners closely with CHRISTUS Ochsner Southwestern Louisiana Health System to deliver comprehensive and accurate health-related data.

Key data sources integrated by Metopio include:

- Bureau of Vital Records and Health Statistics (BVRHS)
- Youth Risk and Resiliency Surveys (YRRS)
- Centers for Disease Control and Prevention (CDC)
- National Center for Health Statistics
- CDC WONDER
- Behavioral Risk Factor Surveillance System (BRFSS)

To further enrich our understanding of community health indicators, supplementary data sources were utilized, providing deeper context and additional insights. These additional sources include, but are not limited to:

- Department of Housing and Urban Development (HUD)
- Central repositories from statewide law enforcement agencies
- National Health and Nutrition Examination Survey (NHANES)

This comprehensive data approach provides a robust foundation for effectively identifying and addressing community health priorities.

## Qualitative Data Collection

Qualitative data were gathered to provide context and deeper insight into the quantitative findings. These qualitative insights illuminate the root causes behind the statistics by drawing upon the lived experiences, knowledge and expertise of community members. Participants shared firsthand stories of how these issues impact their own lives or those they serve within our community.

The qualitative data collection process focused intentionally on those who know the community best — residents, direct service providers and influential community leaders. Their perspectives deepen our understanding of the social, economic and environmental conditions that shape health outcomes, enriching the narrative behind the quantitative data.

Below is a description of each qualitative data collection method, along with the sources used to capture these valuable community perspectives.



## Community Survey

**343**  
Survey  
Respondents

As part of the 2026–2028 CHNA, CHRISTUS Health and Metopio created a community survey to hear directly from Associates, patients and residents about the social and health-related challenges they face.

The survey was offered online and on paper, in English, Spanish, Vietnamese and Marshallese, to reach as many people as possible. It included questions aligned with clinical social needs screening tools — covering issues like food, housing, transportation and the ability to pay for care. While not designed to be statistically representative, the survey gave a valuable look into real-life concerns across diverse communities. These insights help shape a more inclusive implementation plan that reflects both the data and the voices of the people we serve.

## Community Indicator Workgroups

**18**  
Participants

The community indicator workgroups brought together residents, local leaders and partners to define what good health looks like at every life stage — from early childhood to older adulthood.

Participants discussed the signs, or indicators, that show whether communities are meeting those health goals. Together, they selected the most important indicators by asking: Can we trust the data? Is it easy to understand and talk about? And does it represent something bigger? The indicators that stood out became the top priorities and will guide our focus for the next three years to improve health where it matters most.





## Data Dictionary Work Sessions

14

Participants

The Data Dictionary Work sessions were a key part of the CHNA process, where community members and stakeholders came together to make sure each health measure was clear, meaningful and easy to understand. For every leading indicator identified, participants reviewed both simple and technical definitions, along with graphs and charts, to ensure the data made sense and reflected community priorities. These sessions helped confirm that the data we use is not only accurate but also truly represents the issues that matter most to the people we serve—laying the groundwork for deeper conversations in the focus groups that followed.

## Community Focus Groups

16

Participants

To better understand local health needs, CHRISTUS Health held community focus groups with people from all walks of life — case managers, students, church members, front-line staff and residents. These sessions took place at familiar community gatherings and were offered in multiple languages to make participation easier and more inclusive. Using data from earlier work sessions as a starting point, participants shared how health issues show up in their lives and communities. Their stories added depth and context to the numbers, helping us see the full picture and ensuring community voices directly shaped the health priorities moving forward.



## Participants

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS			
<ul style="list-style-type: none"> <li>• Fr. Felix Okey Alaribe, CHRISTUS Ochsner SWLA</li> <li>• Christin Bennett, CHRISTUS Ochsner SWLA</li> <li>• Nicole Bertrand, CHRISTUS Ochsner SWLA</li> <li>• Judy Boudreaux, CHRISTUS Ochsner SWLA</li> <li>• Lacey Cavanaugh, Office of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Kelly Cornell, CHRISTUS Ochsner SWLA</li> <li>• Marsha Goodly, Office of Public Health</li> <li>• Angel Goodrich, CHRISTUS Ochsner SWLA</li> <li>• Sr. Marie Josepha Kluczny, Catholic Charities of Southwestern Louisiana</li> <li>• Jade Marler, Office of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>• Jade Marler, Office of Public Health</li> <li>• Laurie Martin, United Way SWLA</li> <li>• Brittnei Metoyer, Partnership for a Healthier SWLA</li> <li>• Davelyn Patrick, Families Helping Families SWLA</li> <li>• Bridgette Richard, CHRISTUS Ochsner SWLA</li> </ul>	<ul style="list-style-type: none"> <li>• Susan Riehn, Families Helping Families SWLA</li> <li>• Erin Rhoads, CHRISTUS Ochsner SWLA</li> <li>• Marilyn Sullins, CHRISTUS Ochsner SWLA</li> <li>• Sheryl Thomas, CHRISTUS Ochsner SWLA</li> <li>• Heather Wasylkowski, CHRISTUS Ochsner SWLA</li> </ul>

DATA DICTIONARY WORK SESSION PARTICIPANTS		
<ul style="list-style-type: none"> <li>• Fr. Felix Okey Alaribe, CHRISTUS Ochsner SWLA</li> <li>• Kathy Armijo-Etre, AE Consulting</li> <li>• Teresa Boutte, CHRISTUS Ochsner SWLA</li> <li>• Jonnie Bonvillain, CHRISTUS Ochsner SWLA</li> <li>• Sarah Vanausdall, Metopio</li> <li>• Annie Elliot, Metopio</li> <li>• Nadine Nadal Monforte, CHRISTUS Health</li> <li>• Jessica Guerra Martinez, CHRISTUS Health</li> </ul>	<ul style="list-style-type: none"> <li>• Julio Galan, Family and Youth Counseling Agency</li> <li>• Sr. Marie Josepha, Catholic Charities of Southwestern Louisiana</li> <li>• Davelyn Patrick, Families Helping Families SWLA</li> <li>• Tim Haman, CHRISTUS Ochsner SWLA</li> <li>• Kelly Cornell, CHRISTUS Ochsner SWLA</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Marsha Goodly, Office of Public Health</li> <li>• Angie Dugas, CHRISTUS Ochsner SWLA</li> <li>• Brittnei Metoyer, Partnership for a Healthier SWLA</li> <li>• Melissa McDaniel, CHRISTUS Ochsner SWLA</li> <li>• Judy Boudreaux, CHRISTUS Ochsner SWLA</li> </ul>

COMMUNITY FOCUS GROUPS			
<ul style="list-style-type: none"> <li>• Fr. Felix Okey Alaribe, CHRISTUS Ochsner SWLA</li> <li>• <b>Barbara Bennett</b></li> <li>• Judy Boudreaux, CHRISTUS Ochsner SWLA</li> <li>• Lacie Constance, CHRISTUS Ochsner SWLA</li> <li>• JoAnna Davis, CHRISTUS Ochsner SWLA</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Miah Fontenot</b></li> <li>• Angel Goodrich, CHRISTUS Ochsner SWLA</li> <li>• Tim Haman, CHRISTUS Ochsner SWLA</li> <li>• Kenny Hedrick, CHRISTUS Ochsner SWLA</li> <li>• Ashton Key, CHRISTUS Ochsner SWLA</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Myrna Kim</b></li> <li>• Jamie Monceaux, CHRISTUS Ochsner SWLA</li> <li>• Jamie Nash, CHRISTUS Ochsner SWLA</li> <li>• Jennifer Newman, CHRISTUS Ochsner SWLA</li> <li>• Terra Olivier, CHRISTUS Ochsner SWLA</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Jamie Service</b></li> <li>• Heather Wasylkowski, CHRISTUS Ochsner SWLA</li> </ul>

# Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Ochsner Southwestern Louisiana Health System organized the assessment around four key life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. Community indicator workgroups — made up of residents, community leaders and partners — helped identify what good health looks like at each stage of life and what signs (or “indicators”) can help track our progress.

Using a Results-Based Accountability (RBA) approach, each potential indicator was carefully reviewed to ensure it was meaningful, measurable and reflective of the community’s priorities. The most important, or “leading,” indicators were selected based on their ability to clearly communicate needs, represent broader health concerns and be backed by reliable data. These indicators will guide our efforts to improve health outcomes over the next three years.

This life stage approach ensures that the needs of people at every age are considered. By focusing on the most urgent and meaningful indicators, we can better align our resources, programs and partnerships with the goals of the community.



The following pages list all the indicators discussed during the CHNA process, representing a broad range of health concerns and community priorities identified across each life stage.

ALL INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support, and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Prenatal care access</li> <li>• Medication costs</li> <li>• Healthcare/specialty care access</li> <li>• Therapy access / children with developmental needs</li> <li>• Healthy food access</li> <li>• Safety violence</li> <li>• Domestic abuse</li> <li>• Broken families</li> <li>• Emotional support/mental health</li> <li>• Financial Stability</li> <li>• Housing</li> <li>• Substance abuse</li> <li>• Racial/health disparities</li> <li>• Healthy births</li> <li>• Cancer prevalence</li> <li>• Environmental quality</li> <li>• Health literacy</li> <li>• Gestational diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Youth suicide</li> <li>• Drugs/substance abuse</li> <li>• Meaningful activities for youth</li> <li>• Vaccines</li> <li>• Health/dpecialty care access</li> <li>• Medication costs</li> <li>• Healthy food access</li> <li>• Lack of physical activity/screen time</li> <li>• Vaping</li> <li>• Safety/violence/ domestic abuse</li> <li>• Human trafficking</li> <li>• Diabetes</li> <li>• Mental illness/health</li> </ul>	<ul style="list-style-type: none"> <li>• Primary/specialty care access</li> <li>• Housing</li> <li>• Medication cost/access</li> <li>• Transportation</li> <li>• Healthy food access</li> <li>• Broken families</li> <li>• Isolation</li> <li>• Emotional health/mental health</li> <li>• Financial stability</li> <li>• Social media</li> <li>• Distrust of health care</li> <li>• Substance abuse</li> <li>• Mobility to perform activities of daily living</li> <li>• Cancer prevalence</li> <li>• Health literacy</li> <li>• Environmental concerns</li> <li>• Cardiovascular disease</li> <li>• Diabetes</li> </ul>	<ul style="list-style-type: none"> <li>• Specialty/primary care access</li> <li>• Housing</li> <li>• Medication cost and access</li> <li>• Transportation</li> <li>• Healthy food access</li> <li>• Violence/safety/ exploitation</li> <li>• Broken Families</li> <li>• Falls and associated problems</li> <li>• Isolation</li> <li>• Emotional health</li> <li>• Financial stability</li> <li>• Social media/media</li> <li>• Inability to perform activities of daily living</li> <li>• Cancer prevalence/environmental health</li> <li>• Health literacy</li> </ul>



<ul style="list-style-type: none"> <li>• Mental health/illness</li> </ul>		<ul style="list-style-type: none"> <li>• Cultural attitude toward health</li> <li>• Mental health/disability</li> <li>• Pain management</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiovascular disease</li> <li>• Diabetes</li> <li>• Cultural attitude towards health</li> <li>• Mental health and illness</li> <li>• Pain management</li> </ul>
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These are followed by a second table that highlights the leading indicators.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	School-Age Children and Adolescent Health	Adult Health	Older Adult Health
<i>Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.</i>	<i>Children will be well-equipped with the care and support to grow up physically and mentally healthy.</i>	<i>Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.</i>	<i>Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.</i>
<ul style="list-style-type: none"> <li>• Healthy births</li> <li>• Access to prenatal care</li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>• Food insecurity</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> <li>○ Suicide</li> <li>○ Substance abuse</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Access to care               <ul style="list-style-type: none"> <li>○ Primary care</li> <li>○ Specialty care</li> </ul> </li> <li>• Cancer</li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Access to care               <ul style="list-style-type: none"> <li>○ Primary care</li> <li>○ Specialty care</li> </ul> </li> <li>• Chronic diseases               <ul style="list-style-type: none"> <li>○ Heart disease</li> <li>○ Diabetes</li> </ul> </li> <li>• Behavioral health               <ul style="list-style-type: none"> <li>○ Mental health</li> </ul> </li> <li>• Inability to perform activities of daily living</li> <li>• Falls and associated problems</li> </ul>

# Data Needs and Limitations

For the 2026–2028 Community Health Needs Assessment (CHNA), CHRISTUS Health and our partners worked extensively to collect, review and analyze both primary and secondary data. While this effort provided valuable insights, there are key data needs and limitations to consider:

## Data Needs:

- A major need was obtaining up-to-date and localized data on health indicators, particularly social determinants of health (SDOH).
- Despite including community surveys, key informant interviews and focus groups, there remain gaps in data collection, especially regarding mental health, substance use and complex health issues.
- Granular data on underrepresented populations, such as specific age groups, immigrant communities and low-income residents, is needed to address health disparities.

## Limitations:

- Timeliness of data: Population health data is often delayed, meaning the most recent trends may not be fully captured.
- Geographic variability: Data is reported at varying geographic levels (e.g., census tract, county, state), complicating comparisons across regions with differing socio-economic conditions.

- Data gaps in specific health issues: Issues like mental health, substance use and education outcomes remain underrepresented, with existing data often framed from a deficit-based perspective.
- Variations in data reporting: Inconsistent data availability across different regions and communities affects the comparability of datasets.

Despite these challenges, the data collected, along with insights from community focus groups and key informant interviews, offers a comprehensive understanding of health needs. Moving forward, CHRISTUS Health will continue to address these gaps and collaborate with local partners to enhance data accuracy and inclusion in future assessment.

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# Chapter 6: CHNA Data





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# CHNA Data

This chapter presents the results of the Community Health Needs Assessment (CHNA) for the CHRISTUS Ochsner Southwestern Louisiana Health System, offering a detailed portrait of the community's health status, assets and challenges. Drawing from both local and national data sources — including the U.S. Census, American Community Survey and Metopio — the findings explore a wide range of demographic, socioeconomic, environmental and health indicators. The chapter begins by examining who lives in the region and how factors such as age, race, gender, income and language influence access to care and overall well-being. It then delves into the broader social determinants of health — conditions in which people are born, grow, live, work and age — highlighting how housing, education, transportation and economic opportunity shape community outcomes.

Subsequent sections focus on health access, chronic disease, behavioral health, maternal and child health, infectious disease, substance use and health risk behaviors. Special attention is given to disparities that affect vulnerable populations, as well as barriers to care unique to the region, including provider shortages, insurance gaps and challenges to rural infrastructure. By examining these interconnected indicators, this chapter provides the foundation for identifying strategic priorities and guiding collective action to improve health equity across the CHRISTUS Ochsner Southwestern Louisiana Health System service area.



# Community Demographics

The communities served by CHRISTUS Ochsner Southwestern Louisiana Health System exhibit unique demographic and socioeconomic characteristics compared to Louisiana overall. While population growth in Beauregard has been modest (2.51%), Calcasieu has seen a more significant increase (12.46%), both above the state's 2.74% growth rate. Birth rates also differ, with Beauregard notably higher than the state average (69.79 vs. 55.52) and Calcasieu slightly lower (53.66). Mortality rates in both parishes exceed Louisiana's already high average, highlighting significant health challenges. Socioeconomically,

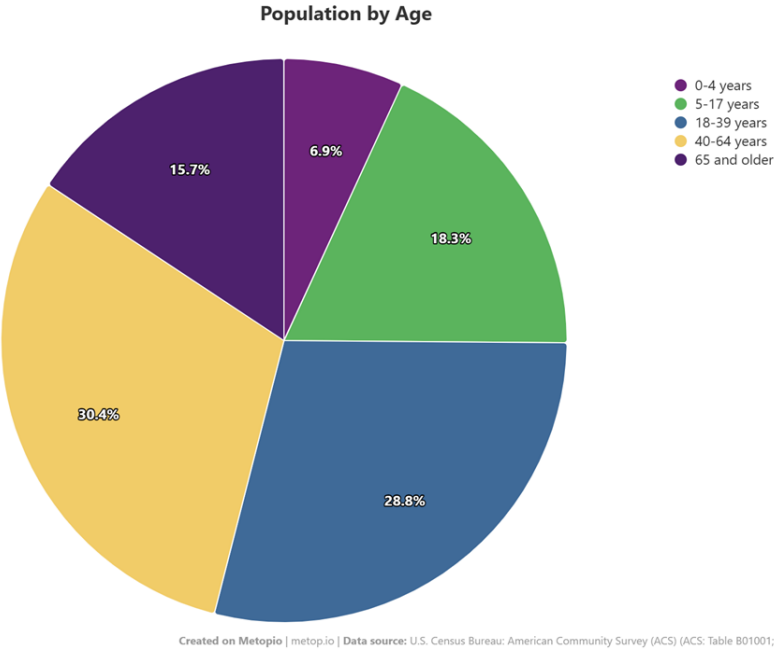
Beauregard shows relative strength with a lower poverty rate (14.14%) compared to the state (18.88%), while Calcasieu aligns more closely (17.82%) but reports lower housing occupancy (81.51% vs. 85.16%). Together, these patterns point to both opportunities and vulnerabilities that influence health outcomes and underscore the need for tailored health interventions across the region.

Topic	Louisiana	Beauregard Parish, LA	Calcasieu Parish, LA
Population <i>residents</i> 2019-2023	4,621,025	36,646	208,668
Population density <i>residents/mi^2</i> 2019-2023	106.94	31.66	196.10
Change in population <i>% change</i> 2010-2020	2.74	2.51	12.46
Land area <i>square miles</i> 2020	43,210.23	1,157.48	1,064.08

Topic	Louisiana	Beauregard Parish, LA	Calcasieu Parish, LA
<b>Birth rate</b> <i>births per 1,000 women ages 15-50</i> Female, 2019-2023	55.52	69.79	53.66
<b>Mortality rate, all causes</b> <i>deaths per 100,000</i> 2023	920.8	1,083.4	997.7
<b>Occupied</b> <i>% of housing units</i> 2019-2023	85.16	85.74	81.51
<b>Poverty rate</b> <i>% of residents</i> 2019-2023	18.88	14.14	17.82

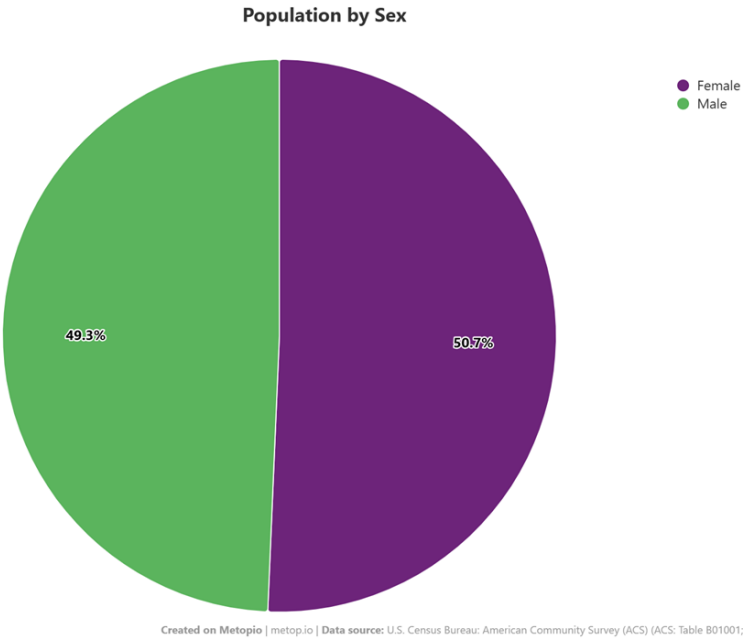
## Age

The population of CHRISTUS Ochsner Southwestern Louisiana (Parishes) is distributed across various age groups, with the highest concentration in the 40-64 years category, totaling 74,490 individuals. The 18-39 years age group follows closely with 70,735 individuals. The youngest age group, 0-4 years, has 16,821 individuals, while the 65 and older category has 38,439 individuals.



## Sex

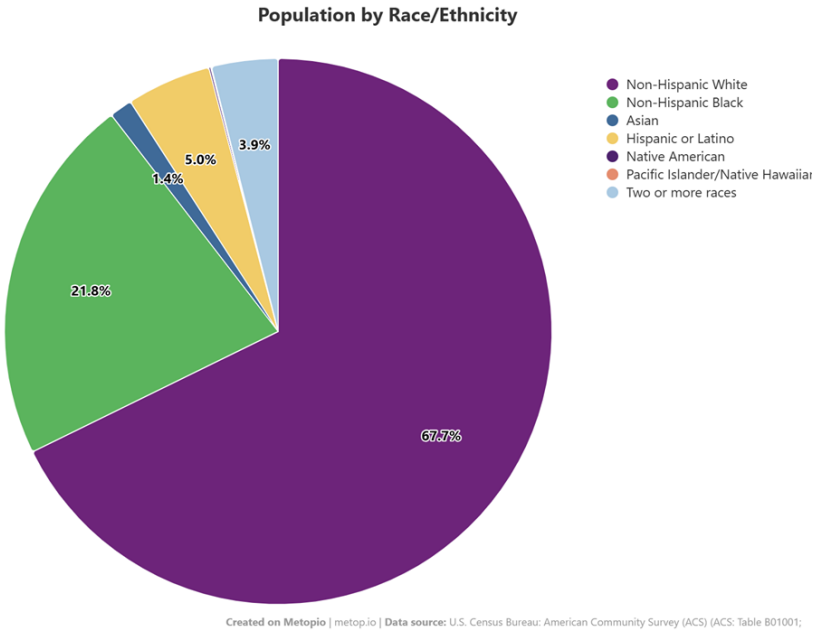
The data represents the population distribution by sex in CHRISTUS Ochsner Southwestern Louisiana (Parishes). The female population is slightly higher than the male population, with 124,308 females compared to 121,006 males. This indicates a balanced gender distribution in the region. The data highlights the demographic composition of the area, which can be useful for planning and resource allocation.





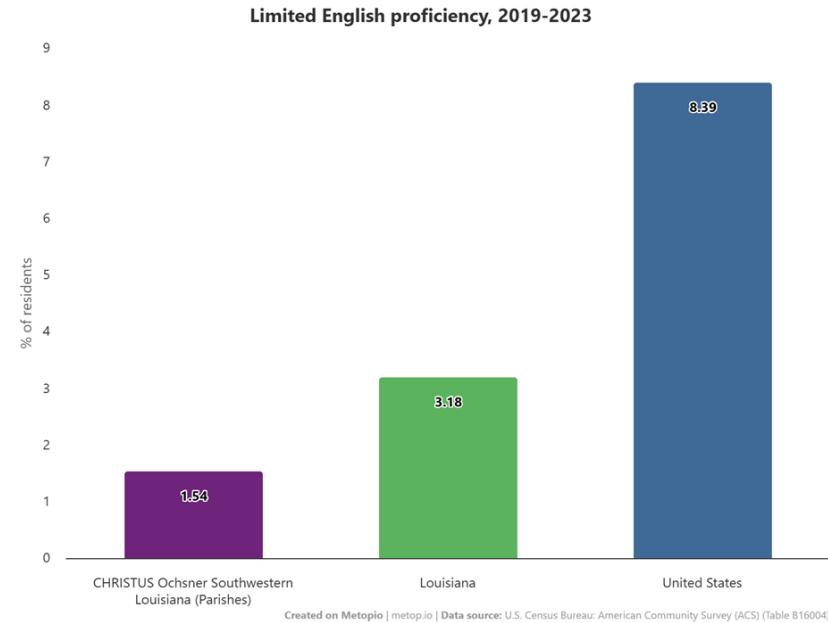
Race and Ethnicity

The chart displays population data for CHRISTUS Ochsner Southwestern Louisiana (Parishes), segmented by race and ethnicity. The largest group is Non-Hispanic White, with 165,227 individuals, followed by Non-Hispanic Black at 53,260. Asian, Hispanic or Latino, Native American, Pacific Islander/Native Hawaiian and two or more races make up the remaining population, with Hispanic or Latino being the smallest group at 12,201.



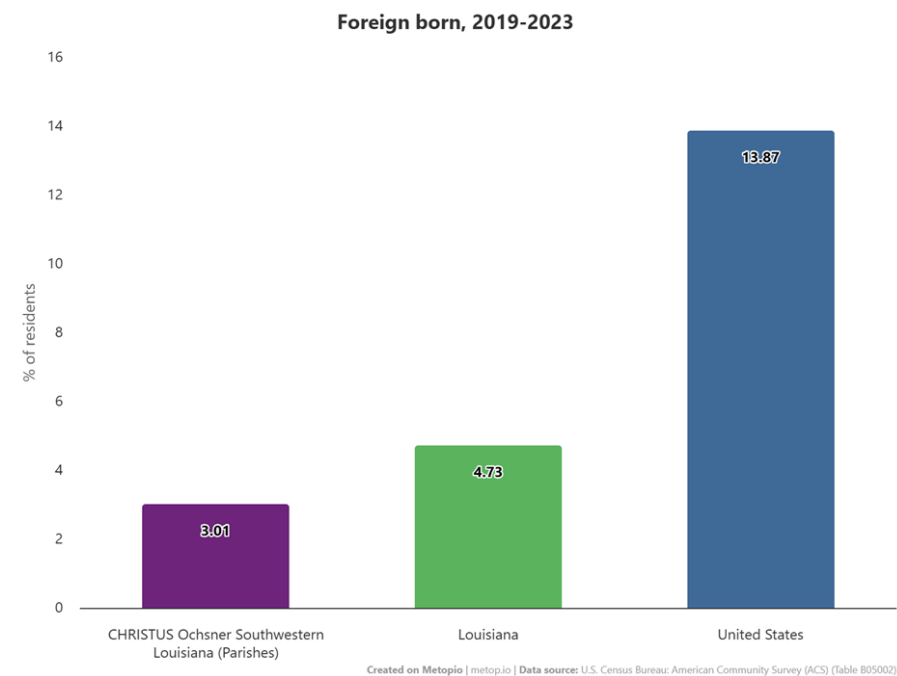
Limited English Proficiency

Limited English proficiency is a significant issue in various regions, with the United States having an average of 8.39%. Louisiana has a higher rate of 3.18%, while CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports the lowest rate of 1.54%. This indicates a notable disparity in language proficiency across different areas, which could impact access to services and communication. Addressing this issue is crucial for improving health care and other essential services in these regions.



# Foreign Born Population

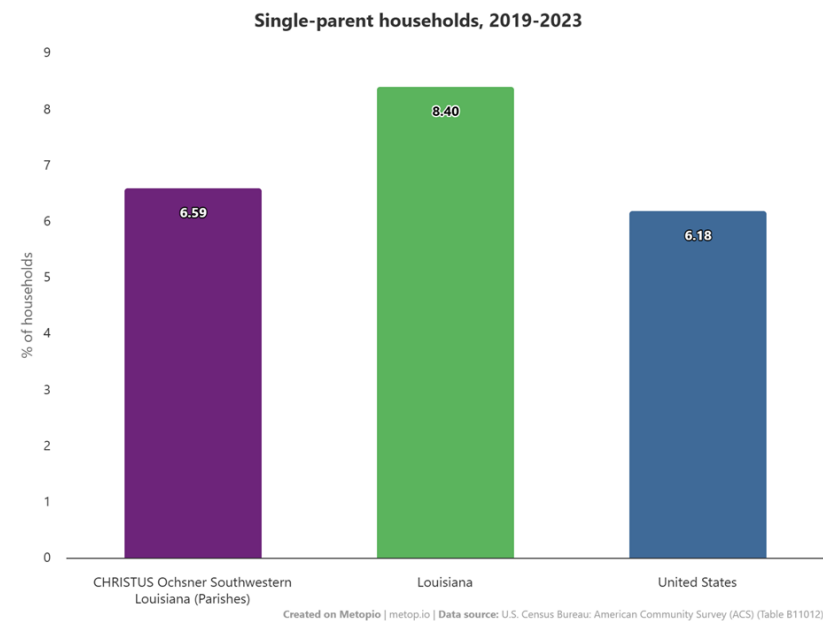
The percentage of foreign-born individuals in the United States is 13.87%. Louisiana has a lower percentage at 4.73%, while the CHRISTUS Ochsner Southwestern Louisiana parishes have an even lower rate of 3.01%. This indicates a significant disparity in the foreign-born population across different regions.



# Household and Family Structure

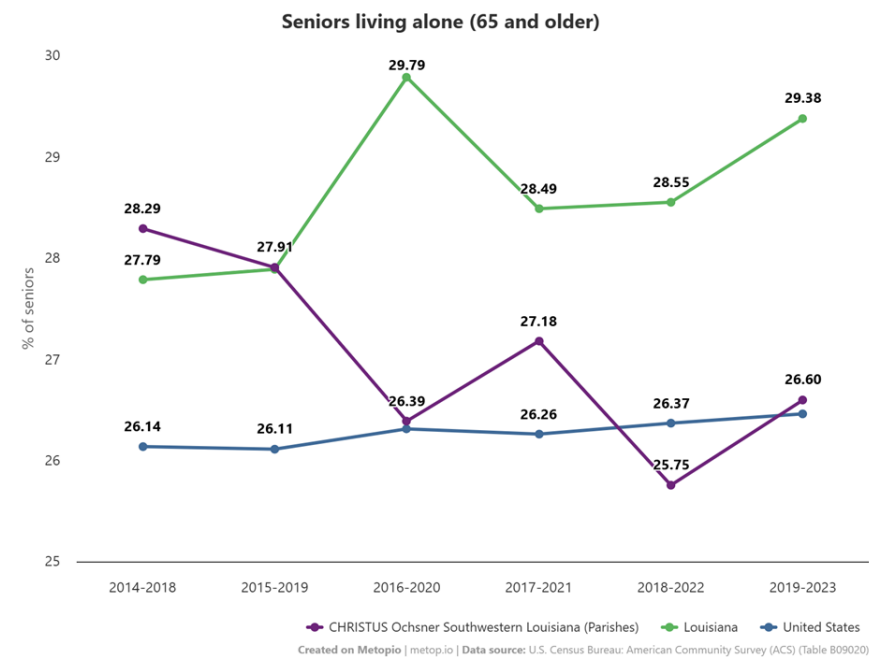
## Single-Parent Households

The percentage of single-parent households in the United States is 6.18%. Louisiana has a higher percentage at 8.4%, while the CHRISTUS Ochsner Southwestern Louisiana parishes have the highest percentage at 6.59%. This indicates that single-parent households are more prevalent in Louisiana compared to the national average, with the parishes served by CHRISTUS Ochsner Southwestern Louisiana having the highest rate.



## Seniors Living Alone

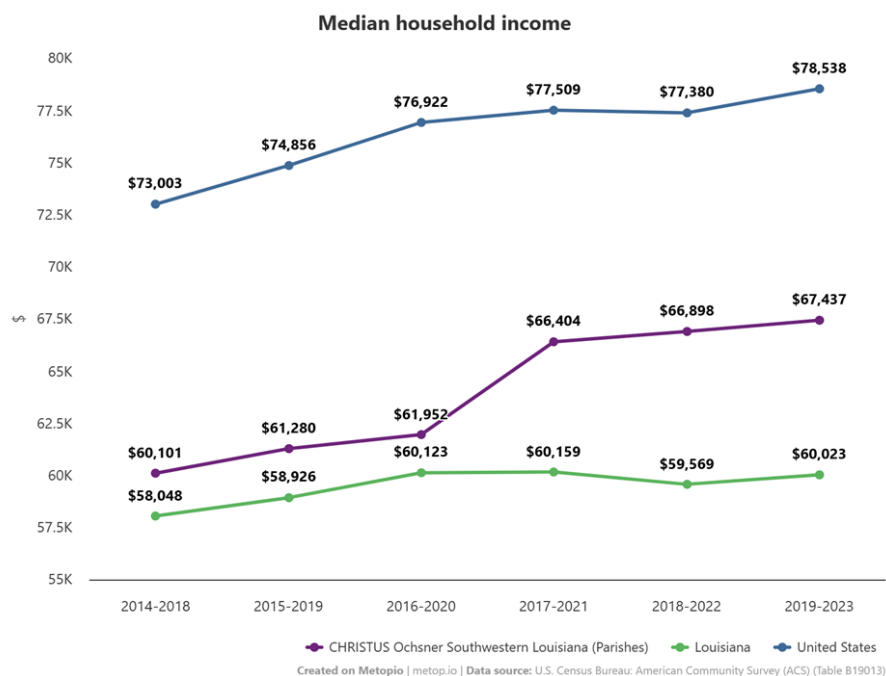
Seniors living alone in the United States have shown a slight increase over the years, with a notable peak in 2016-2020. The state of Louisiana has consistently had a higher percentage of seniors living alone compared to the national average. The CHRISTUS Ochsner Southwestern Louisiana area, comprising several parishes, has also seen fluctuations, with a recent decline in 2018-2022. Overall, the data indicates regional variations in the living arrangements of seniors.



# Economics

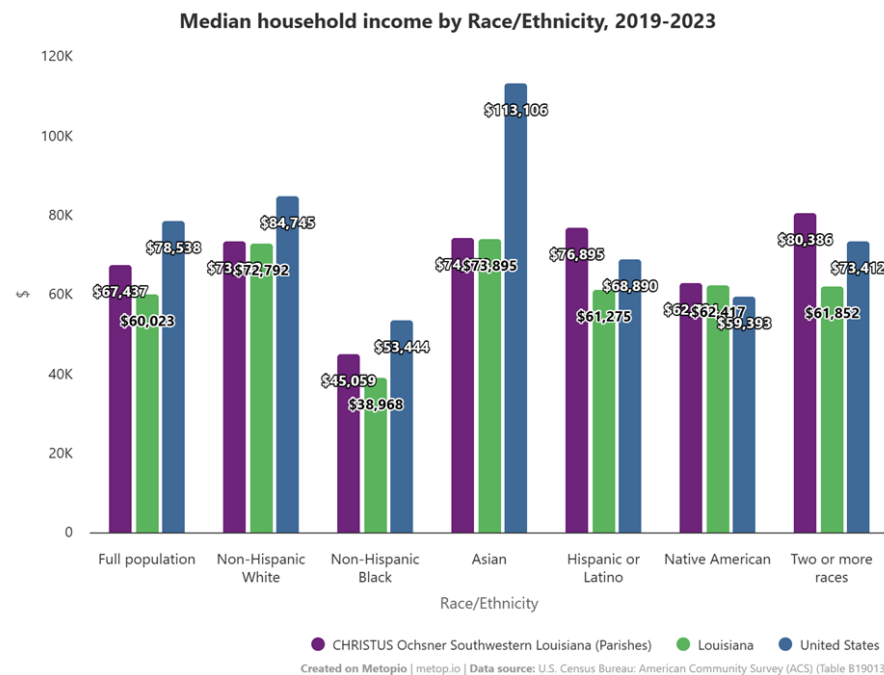
## Median Household Income

The median household income in CHRISTUS Ochsner Southwestern Louisiana (parishes) has steadily increased from \$60,101.34 in 2014-2018 to \$67,437.25 in 2019-2023. Louisiana's median household income also rose, but remained consistently lower than the national median, which saw a significant increase from \$73,003.03 to \$78,538.00 over the same period. The data indicates that while incomes in CHRISTUS Ochsner Southwestern Louisiana are rising, they still lag behind the national average.



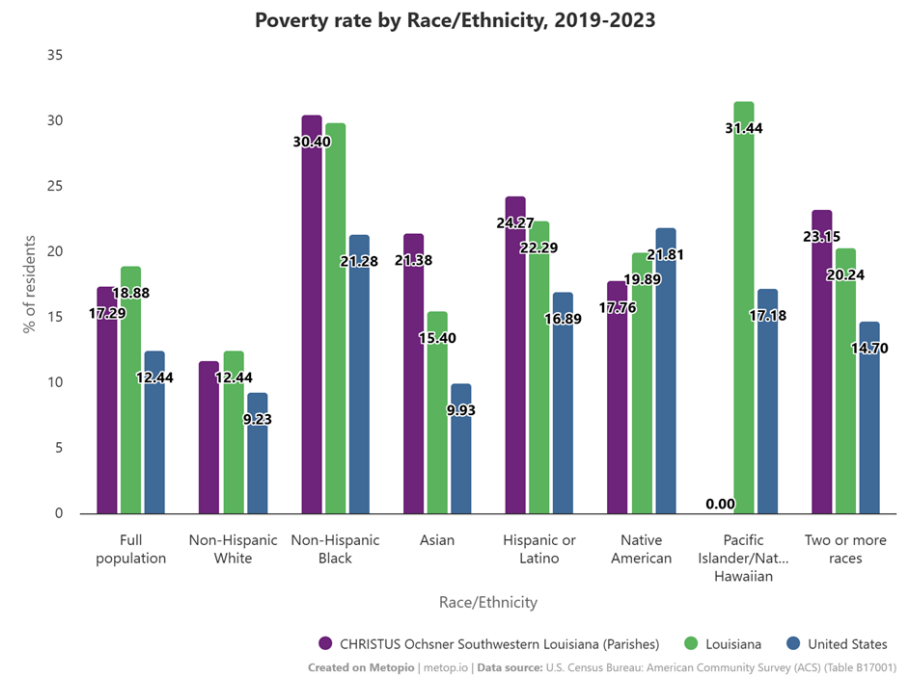
## Median Household Income by Race and Ethnicity

The median household income in the United States is \$78,538, with significant variations across different racial and ethnic groups. In Louisiana, the median household income is \$60,023, while in the parishes served by CHRISTUS Ochsner Southwestern Louisiana, it is \$67,437.25. Notably, Asian households have the highest median income in the U.S., at \$113,106, and Non-Hispanic Black households have the lowest, at \$53,444.



# Poverty Rate by Race and Ethnicity

The poverty rate in the United States is 12.44%, with significant variations across different racial and ethnic groups. In Louisiana, the poverty rate is higher at 18.88%, and in the parishes served by CHRISTUS Ochsner Southwestern Louisiana, it is 17.29%. Notably, the poverty rate for Non-Hispanic Black individuals is 30.4% in these parishes, compared to 21.28% nationally.

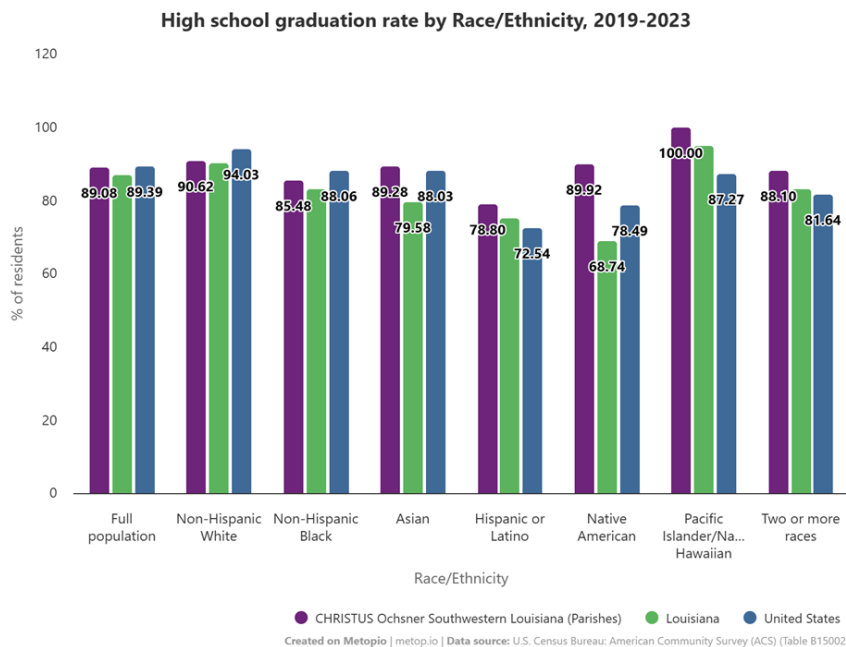




# Education

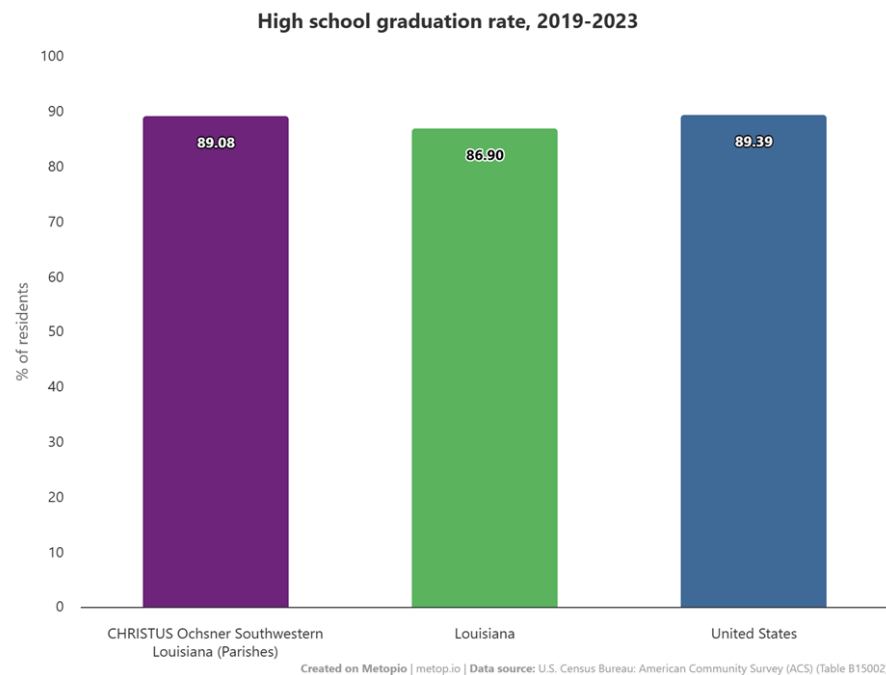
## High School Graduation Rate by Race and Ethnicity

The high school graduation rate in CHRISTUS Ochsner Southwestern Louisiana (Parishes) is 89.08%, slightly below the United States average of 89.39%. The highest graduation rates are observed among Pacific Islander/Native Hawaiian students at 100%, while Hispanic or Latino students have the lowest rate at 78.8%. Overall, the graduation rates in this region are comparable to the state of Louisiana but lower than the national average for Non-Hispanic White and Asian students.



## Higher Degree Graduation Rate

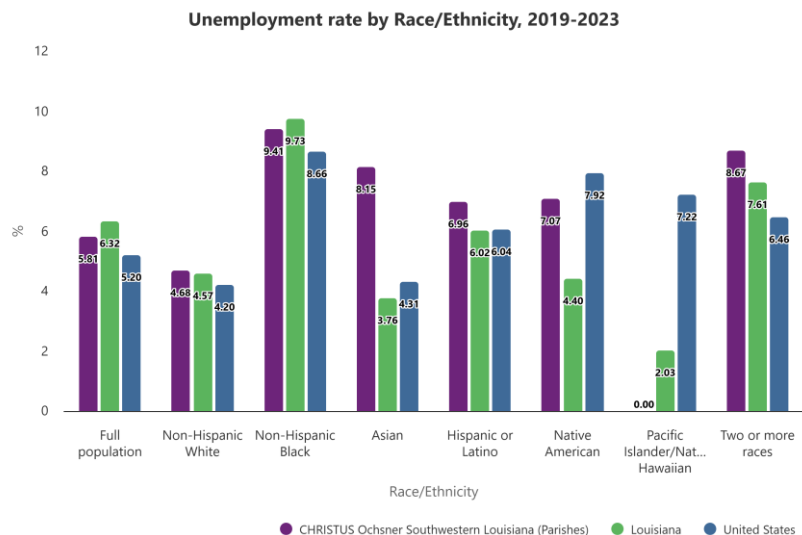
The high school graduation rate in the United States is 89.39%. In Louisiana, the rate is slightly lower at 86.9%. However, CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, has a notably higher graduation rate of 89.08%.



# Employment

## Unemployment Rate by Race and Ethnicity

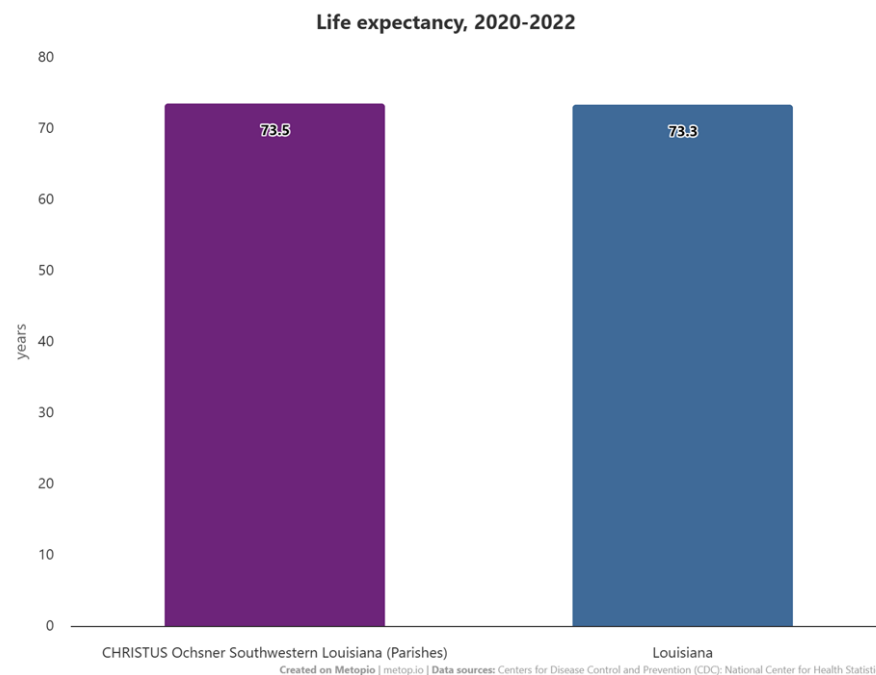
The unemployment rate in CHRISTUS Ochsner Southwestern Louisiana (Parishes) is 5.81%, which is slightly higher than the Louisiana state average of 6.32% and the United States average of 5.2%. Non-Hispanic Black individuals have the highest unemployment rate at 9.41%, while Pacific Islander/Native Hawaiian individuals have the lowest at 0.0%. The unemployment rate for Asian individuals in this area is notably higher than the state and national averages.



Created on Metopio | metopio.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B23025, B23001, and C23002)  
Unemployment rate: Percent of residents 16 and older in the civilian labor force who are actively seeking employment.

# Life Expectancy

Life expectancy in the CHRISTUS Ochsner Southwestern Louisiana parishes is 73.46 years, slightly higher than the overall state average of 73.31 years. This indicates that residents in these parishes have a marginally longer life expectancy compared to the rest of Louisiana. The data suggests a relatively consistent health outcome within the region, though the difference is minimal.



Created on Metopio | metopio.io | Data sources: Centers for Disease Control and Prevention (CDC); National Center for Health Statistics.

# Health Access and Barriers to Care

Communities served by CHRISTUS Ochsner Southwestern Louisiana experience distinctive health care access challenges shaped by recent natural disasters, economic volatility, geographic conditions and unique social determinants of health:

## **Lingering Impacts from Natural Disasters and Infrastructure Damage**

The region continues to recover from repeated hurricanes (Laura, Delta) and flooding events, which caused widespread structural damage to homes, health care facilities and critical community infrastructure. This ongoing recovery process has limited access to health care, strained local resources, increased mental health needs and exacerbated existing provider shortages.

## **Economic Instability from Industry Fluctuations**

The local economy, heavily dependent on petrochemical industries, agriculture, gaming and hospitality, experiences cyclical downturns, leaving many families intermittently uninsured or underinsured. Economic instability contributes to delayed preventive care and an increase in chronic conditions like diabetes, heart disease and respiratory illnesses, exacerbated by local environmental factors.

## **Environmental Health Concerns and Industrial Exposure**

Southwestern Louisiana communities face unique health risks associated with local industries and environmental exposures. Residents frequently experience respiratory conditions, including asthma and allergies, as well as other chronic illnesses, due to proximity to petrochemical plants and industrial emissions. These health concerns disproportionately impact low-income neighborhoods near industrial sites.

## **Behavioral Health Needs Post-Disaster**

Mental health challenges remain elevated in the aftermath of severe weather events, including high rates of anxiety, depression, PTSD and substance use disorders. Despite significant demand, the region faces severe shortages of mental health professionals, inpatient psychiatric facilities and addiction treatment centers, leaving many residents without adequate support.

## **Youth Mental Health Crisis and Substance Use**

Southwestern Louisiana's adolescents report high rates of substance use, feelings of sadness or hopelessness and suicidal ideation, reflecting urgent gaps in pediatric and adolescent behavioral health services. Local communities lack sufficient school-based counseling, adolescent psychiatrists and comprehensive substance use treatment options tailored for youth.

## **Community Safety and Human Trafficking Risks**

Positioned along the I-10 corridor connecting Houston, Baton Rouge and New Orleans, Lake Charles and surrounding communities face heightened vulnerability to human trafficking. Victims present complex physical and mental health needs, yet often avoid seeking medical assistance due to stigma, fear or legal uncertainty. Additionally, concerns around violence and gun-related trauma impact residents' sense of security, deterring access to preventive care and community wellness programs.

### **Transportation Barriers Across Parishes**

Rural parishes, including Jefferson Davis, Beauregard, Cameron and Allen, experience significant transportation barriers. The lack of public transit options and long travel distances to specialized care centers in Lake Charles prevent consistent attendance at health care appointments, disrupting the continuity of care and complicating the management of chronic diseases.

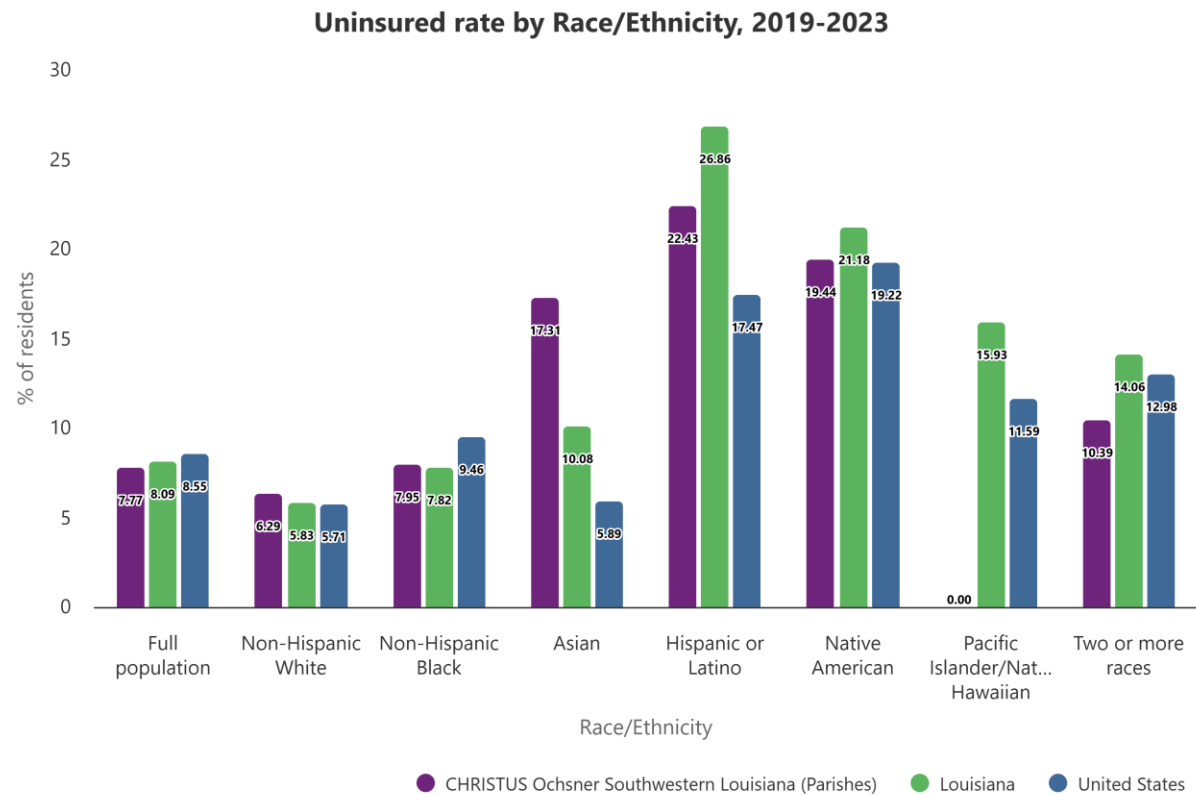
### **Cultural and Linguistic Diversity Challenges**

Increasing Hispanic and Vietnamese populations in Southwestern Louisiana face language barriers and limited access to culturally competent care, complicating patient-provider communication, medication adherence, preventive screenings and care navigation.

# Health Care Coverage

## Uninsured Rate by Race and Ethnicity

The uninsured rate for the full population in the United States is 8.55%, with Louisiana slightly lower at 8.09%, and CHRISTUS Ochsner Southwestern Louisiana (parishes) at 7.77%. The Asian population in CHRISTUS Ochsner Southwestern Louisiana has a notably high uninsured rate of 17.31%, compared to 10.08% in Louisiana and 5.89% in the United States. Hispanic or Latino individuals also have a significantly higher uninsured rate in CHRISTUS Ochsner Southwestern Louisiana at 22.43%, compared to 26.86% in Louisiana and 17.47% in the United States. The Pacific Islander/Native Hawaiian group has a 15.93% uninsured rate in Louisiana, but no data is available for CHRISTUS Ochsner Southwestern Louisiana.



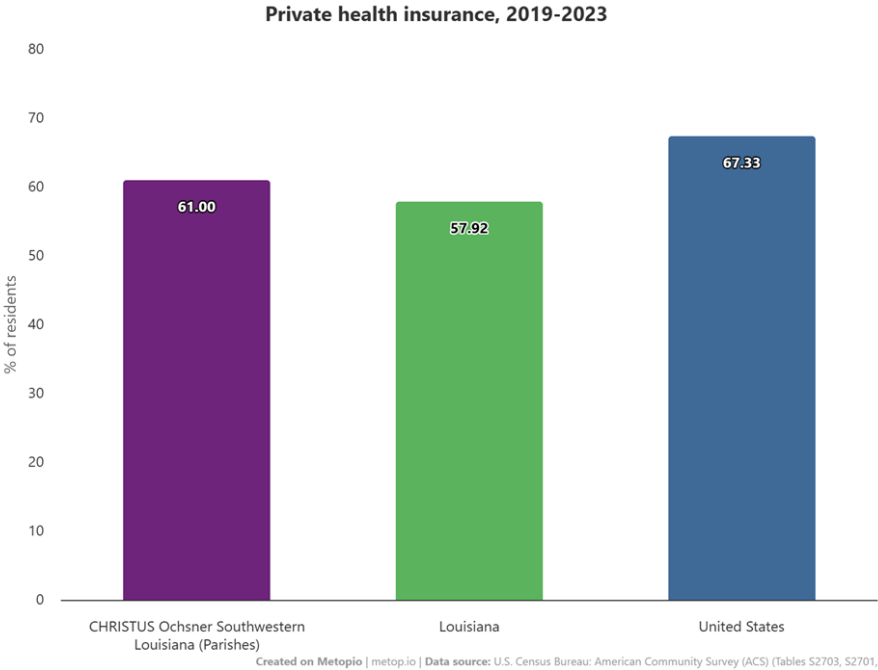
Created on Metopio | metop.io | Data source: U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

Uninsured rate: Percent of residents without health insurance (at the time of the survey).



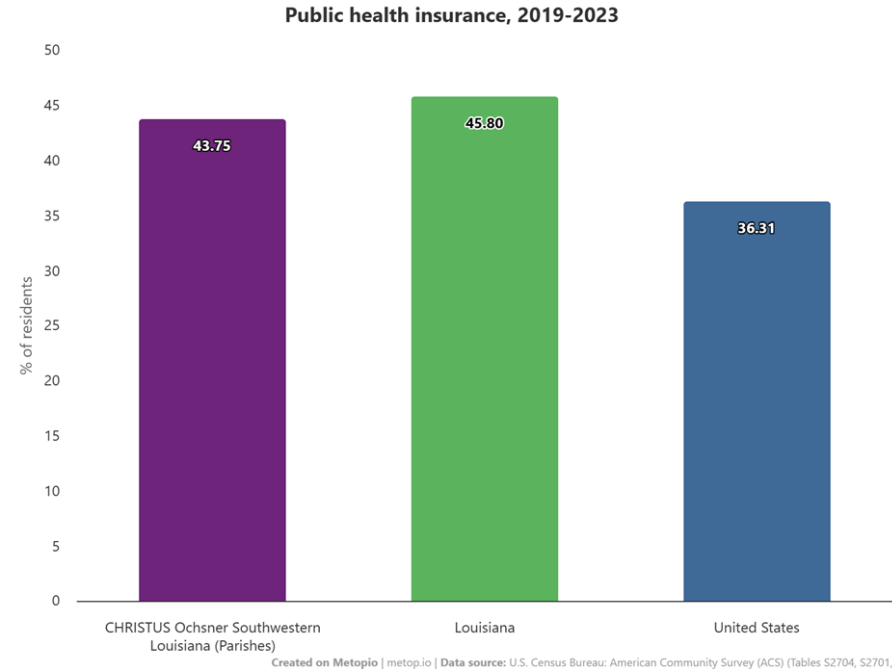
## Private Health Insurance

Private health insurance coverage varies significantly across different regions. In the United States, 67.33% of the population has private health insurance. However, this rate is lower in Louisiana at 57.92%, and even lower in the parishes served by CHRISTUS Ochsner Southwestern Louisiana at 61.0%.



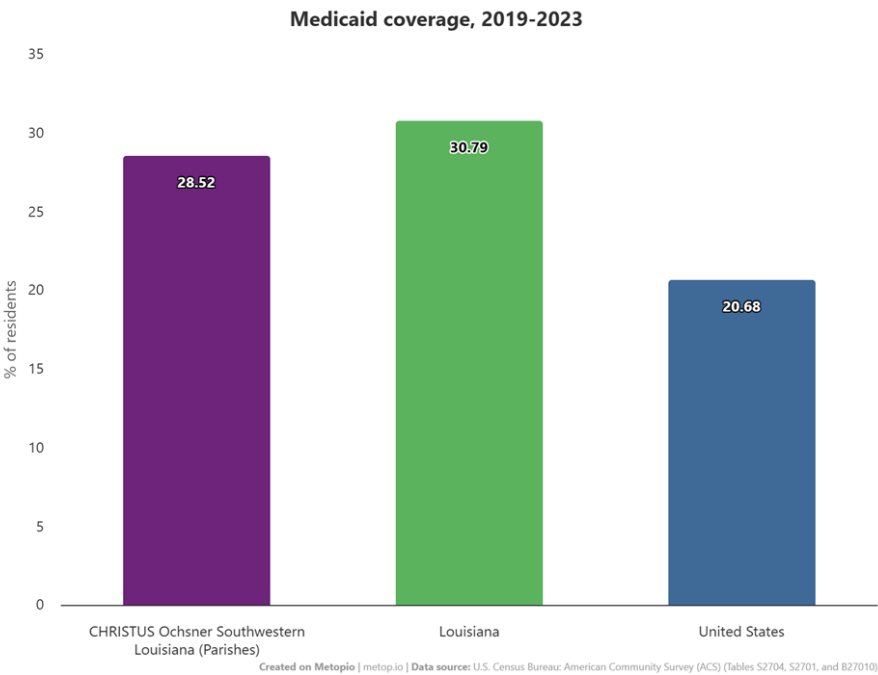
## Public Health Insurance

Public health insurance coverage varies significantly across different regions. CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports a coverage rate of 43.75%. Louisiana as a whole has a slightly higher rate at 45.8%, while the United States averages 36.31%. This indicates that Louisiana has a higher public health insurance coverage compared to the national average.



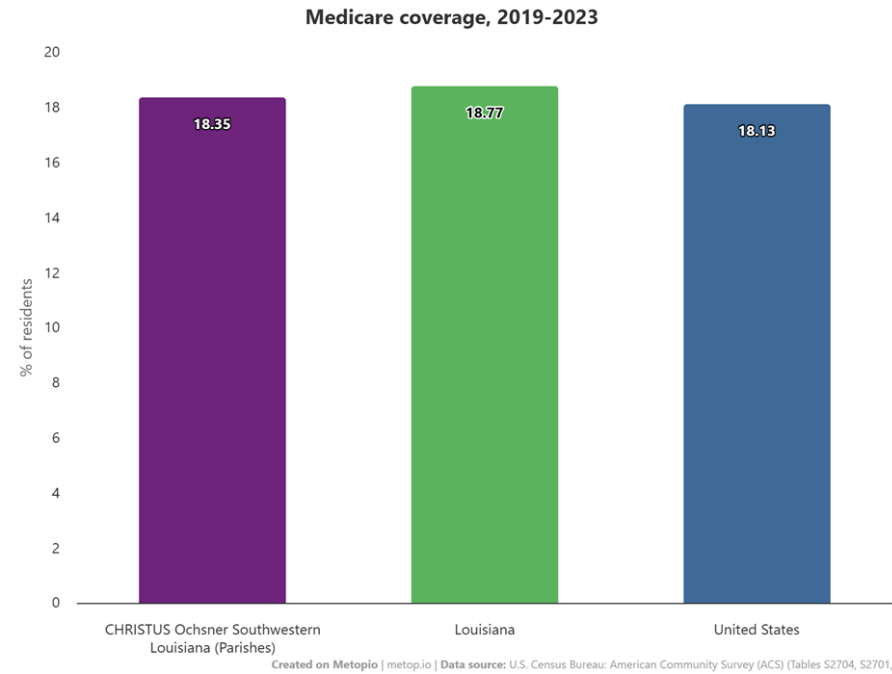
## Medicaid Coverage

Medicaid coverage in the United States is 20.68%. Louisiana has a higher coverage rate of 30.79%, with CHRISTUS Ochsner Southwestern Louisiana parishes having an even higher rate of 28.52%. This indicates that Medicaid coverage is more prevalent in Louisiana compared to the national average.



## Medicare Coverage

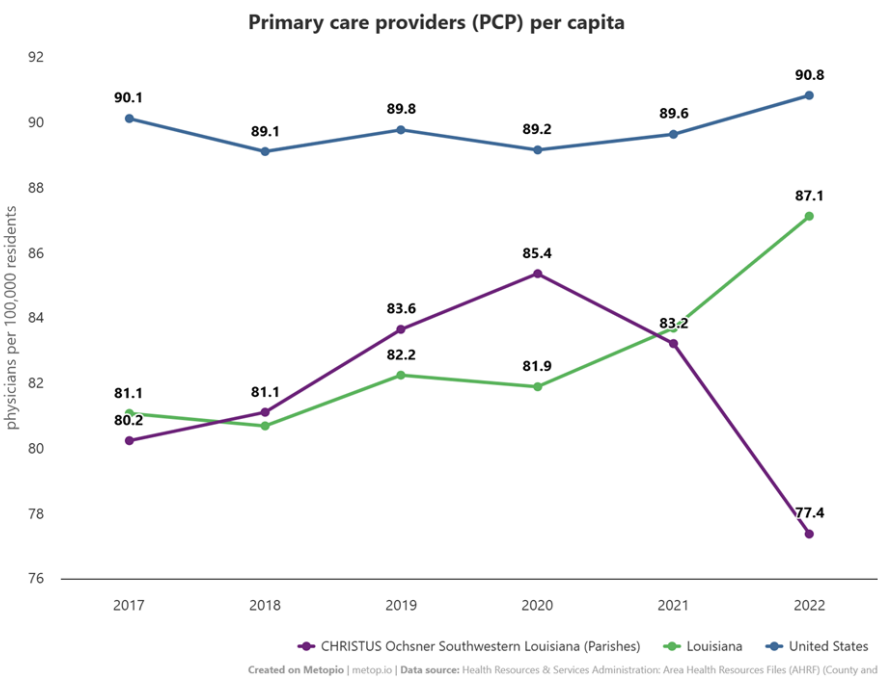
Medicare coverage in the United States is 18.13%. Louisiana has a slightly higher coverage rate of 18.77%. The parishes served by CHRISTUS Ochsner Southwestern Louisiana have the highest coverage at 18.35%.



# Access to Care

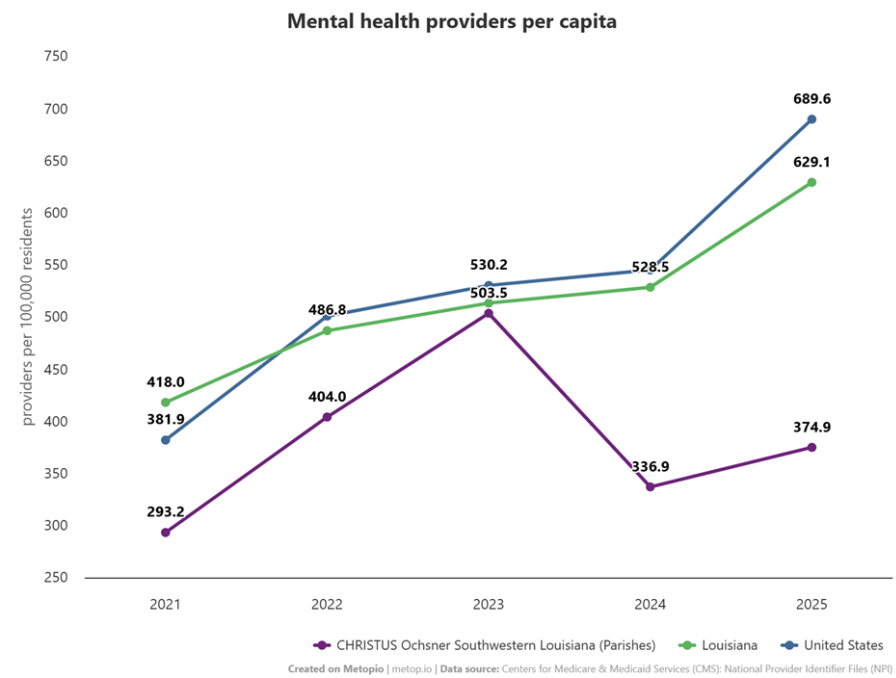
## Primary Care Providers Per Capita

The data shows the number of primary care providers (PCP) per capita in CHRISTUS Ochsner Southwestern Louisiana (parishes), Louisiana and the United States from 2017 to 2022. In 2017, the PCP per capita in CHRISTUS Ochsner Southwestern Louisiana was 80.23, slightly below the state average of 81.07 and the national average of 90.12. Over the years, the PCP per capita in CHRISTUS Ochsner Southwestern Louisiana increased to 85.36 in 2020, surpassing the state average of 81.89 but still below the national average of 89.16. However, in 2022, the PCP per capita in CHRISTUS Ochsner Southwestern Louisiana dropped to 77.37, while Louisiana and the United States saw increases to 87.12 and 90.83 respectively.



## Mental Health Providers Per Capita

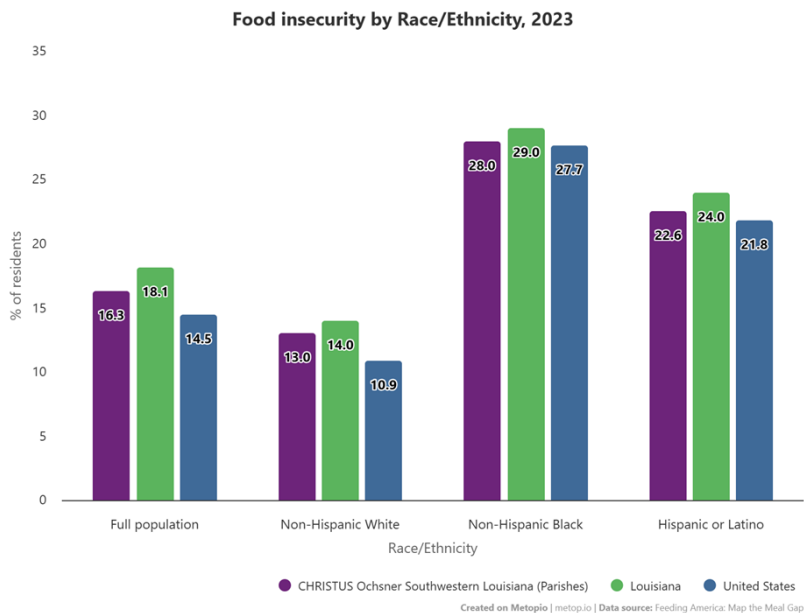
Mental health providers per capita in CHRISTUS Ochsner Southwestern Louisiana (Parishes) have shown significant fluctuations from 2021 to 2025. Initially, the region had fewer providers per capita compared to Louisiana and the United States, but it saw a substantial increase in 2022 and 2023. However, by 2024, the number of providers per capita dropped below the state and national averages, indicating a decline in mental health resources relative to the rest of the country.



# Nutrition

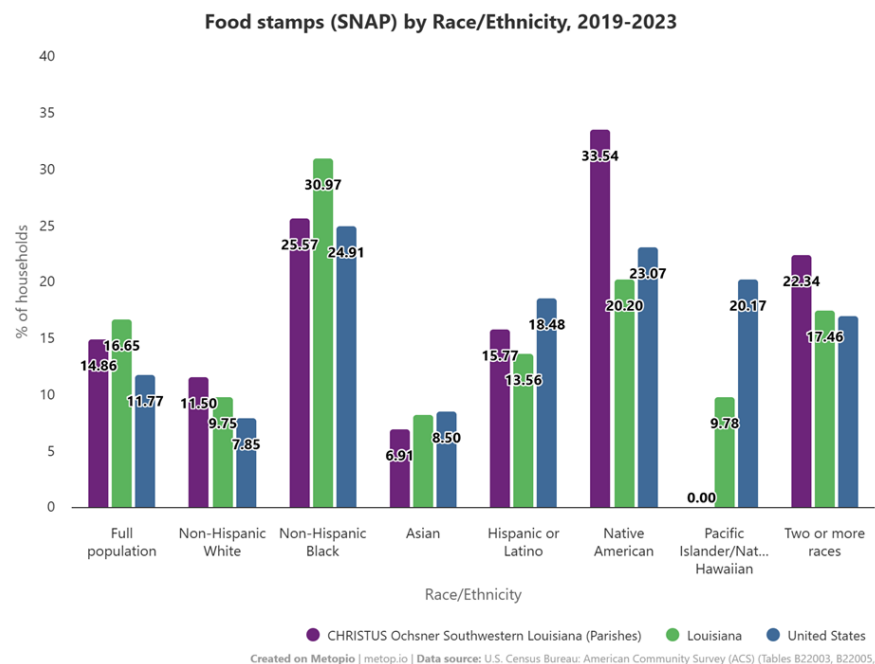
## Food Insecurity by Race and Ethnicity

Food insecurity rates vary significantly across different racial and ethnic groups in the United States. In CHRISTUS Ochsner Southwestern Louisiana, encompassing multiple parishes in Louisiana, the overall food insecurity rate is 16.27%, slightly higher than the national average of 14.46%. Notably, Non-Hispanic Black individuals face the highest rates at 28.0%, compared to 13.0% for Non-Hispanic White and 22.57% for Hispanic or Latino populations. These disparities highlight the need for targeted interventions to address food insecurity in vulnerable communities.



## Food Stamps (SNAP) by Race and Ethnicity

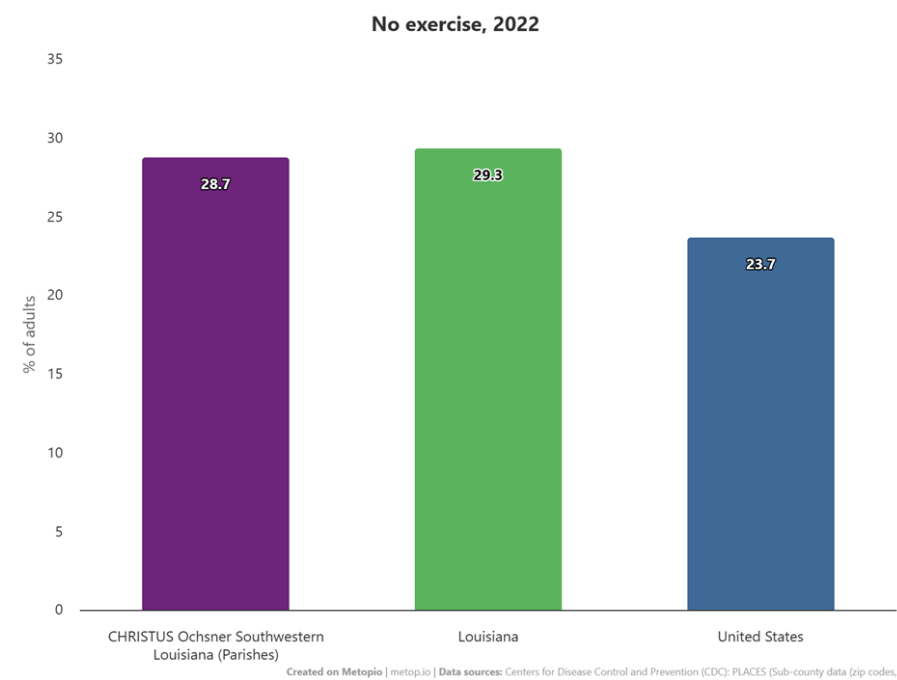
Food stamps (SNAP) usage varies significantly across different racial and ethnic groups in the United States. In CHRISTUS Ochsner Southwestern Louisiana, which includes several parishes in Louisiana, the overall SNAP participation rate is 14.86%, with Native Americans having the highest rate at 33.54%. Nationwide, the SNAP participation rate is 11.77%, with Hispanic or Latino individuals experiencing a higher rate of 18.48%. The data highlights disparities in food assistance needs among different demographic groups.



# Physical Activity

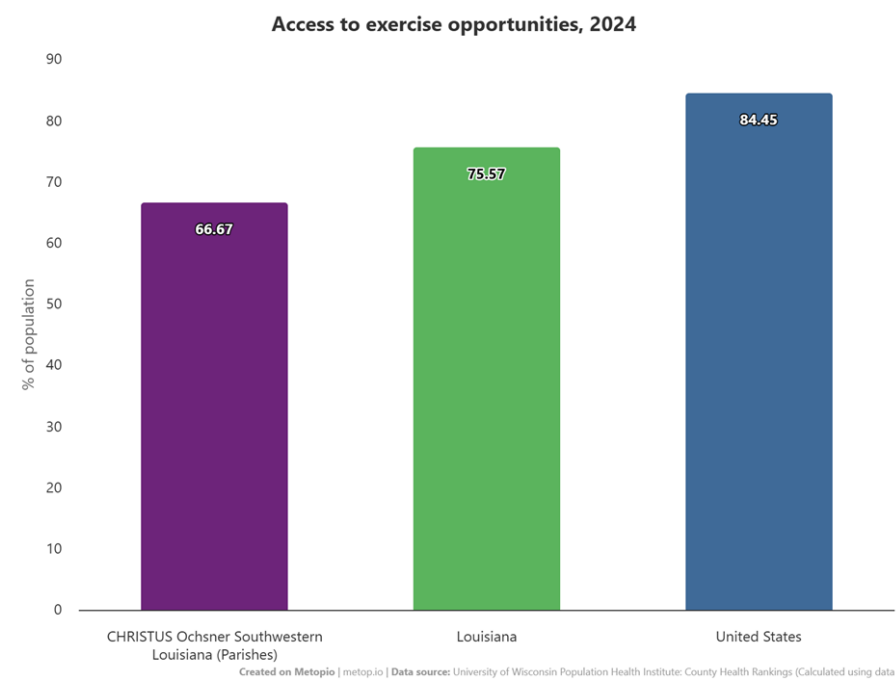
## No Exercise

The data highlights the prevalence of no exercise across different regions. CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports a high rate of 28.73%. Louisiana as a whole has an even higher rate at 29.32%. In contrast, the United States has a lower rate of 23.68%, indicating a significant regional disparity in physical inactivity.



## Access to Exercise Opportunities

Access to exercise opportunities is a critical aspect of public health. In the United States, 84.45% of individuals have access to such opportunities. Louisiana lags behind the national average with 75.57%, while CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, has the lowest access rate at 66.67%.

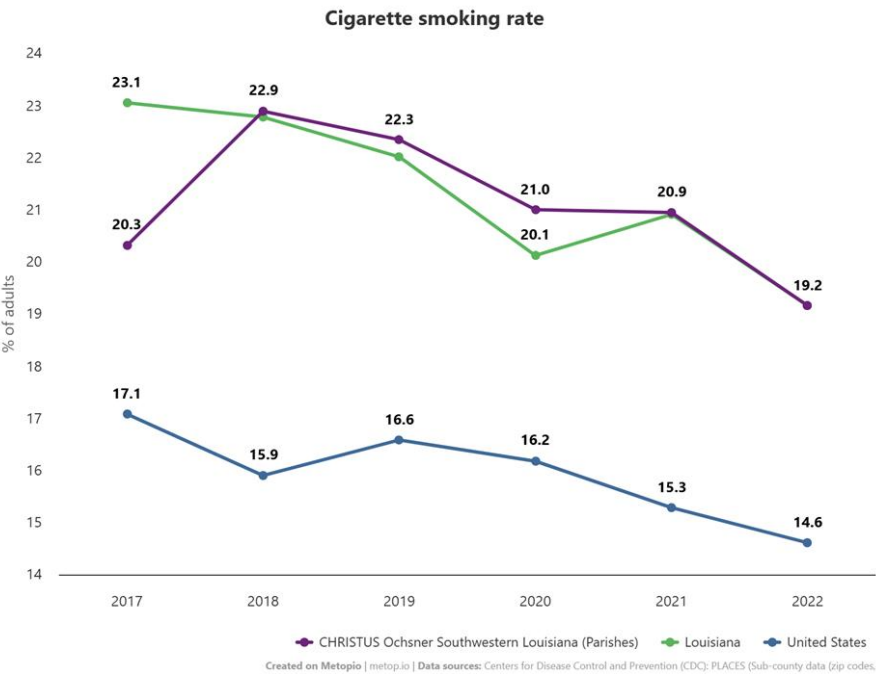




# Substance Use

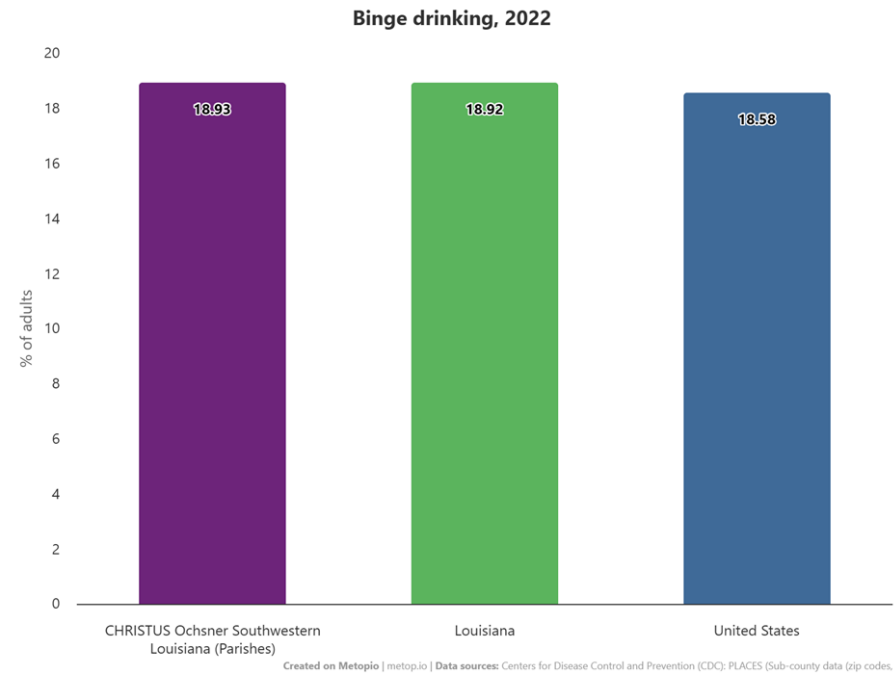
## Cigarette Smoking

Cigarette smoking rates in CHRISTUS Ochsner Southwestern Louisiana (parishes) have consistently been higher than the state and national averages. In 2022, the smoking rate in this region was 19.16%, compared to Louisiana's 19.16% and the United States' 14.61%. Over the years, there has been a general decline in smoking rates across all three categories, with CHRISTUS Ochsner Southwestern Louisiana seeing the most significant decrease.



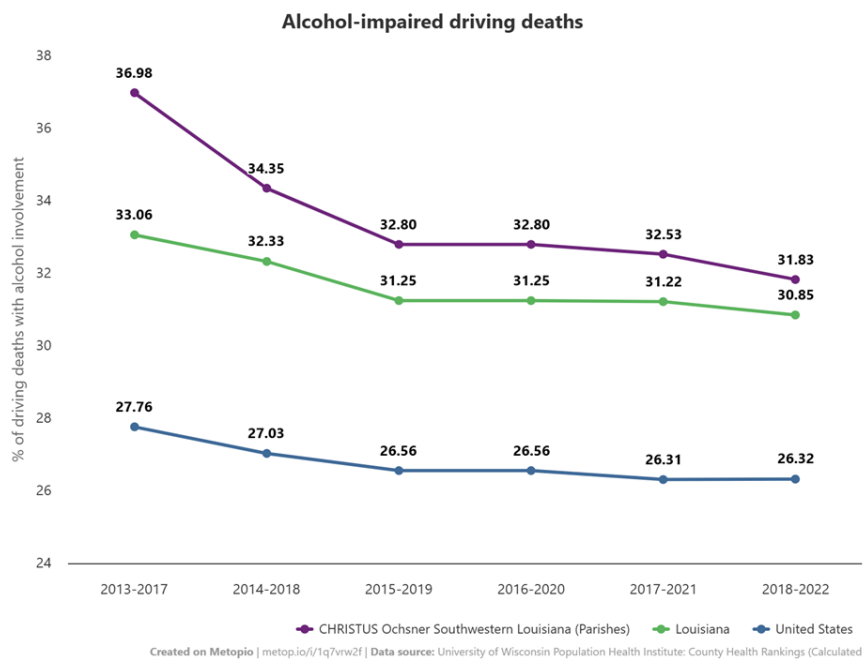
## Binge Drinking

Binge drinking rates in the United States are relatively high, with the national average at 18.58%. Louisiana has a slightly higher rate at 18.92%, while CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports the highest rate at 18.93%. These figures indicate a significant public health concern, highlighting the need for targeted interventions to reduce binge drinking in these areas.



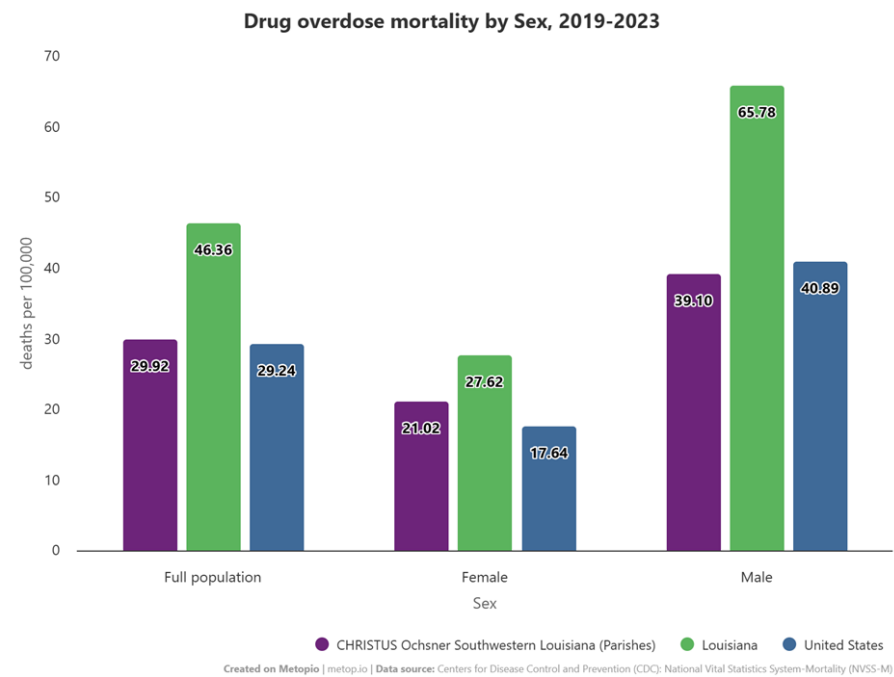
## Alcohol-Impaired Driving Deaths

Alcohol-impaired driving deaths in CHRISTUS Ochsner Southwestern Louisiana (parishes) have consistently been higher than the state and national averages from 2013 to 2022. The rate in this region was 36.98 per 100,000 people in 2013-2017, compared to 33.06 in Louisiana and 27.76 in the United States. Over the years, the rates have slightly decreased across all three areas, but CHRISTUS Ochsner Southwestern Louisiana remains above the state and national averages.



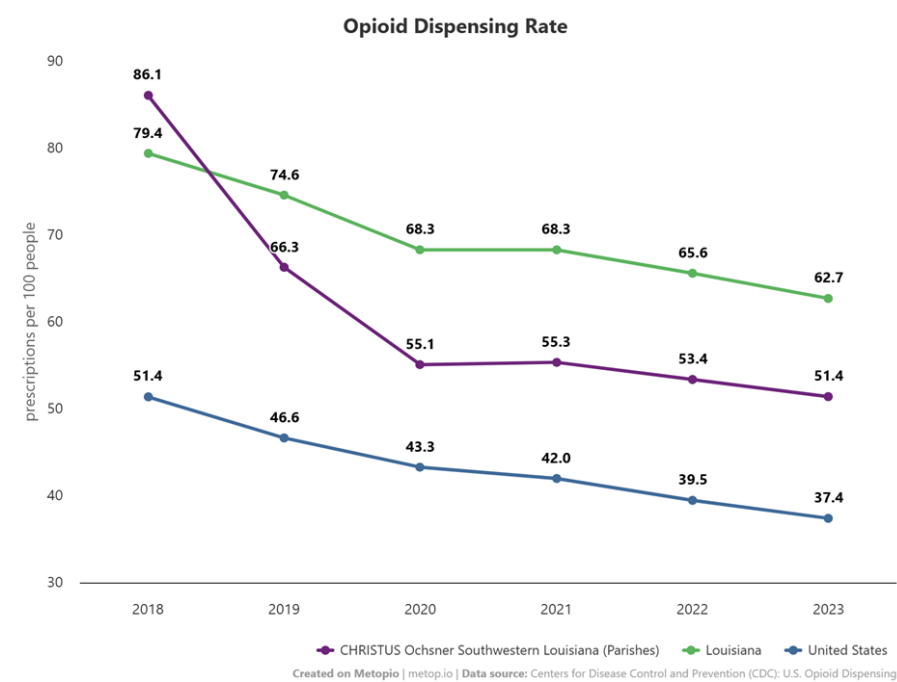
## Drug Overdose Mortality

Drug overdose mortality rates vary significantly across different demographics and regions. In the United States, the overall mortality rate is 29.24 per 100,000 people, with females at 17.64 and males at 40.89. In Louisiana, the rates are higher, with an overall rate of 46.36, and the highest observed, particularly among males at 65.78.



# Opioid Dispensing Rate

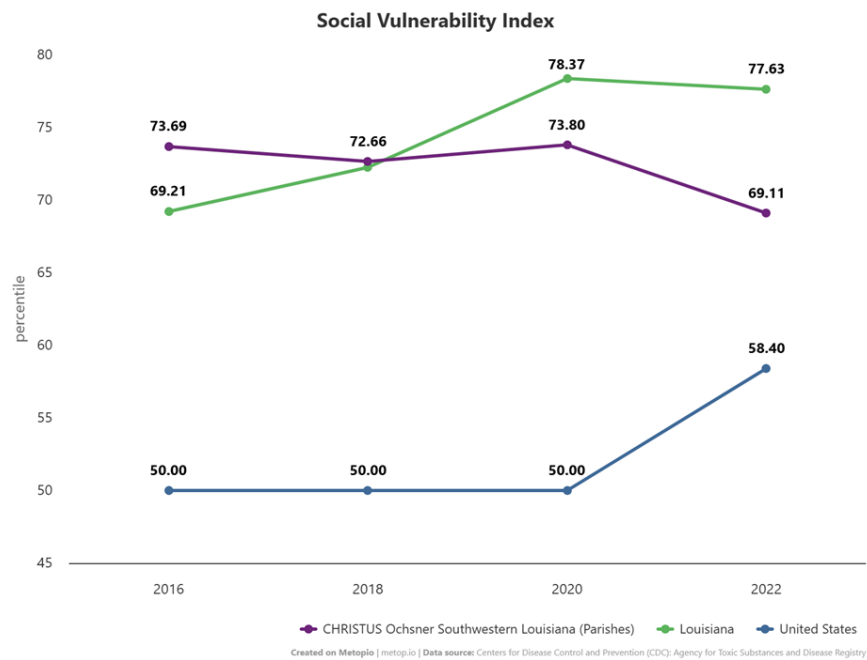
The opioid dispensing rate in CHRISTUS Ochsner Southwestern Louisiana (parishes) has consistently been higher than the state and national averages from 2018 to 2023. In 2018, the rate was 86.08 per 100 residents, compared to Louisiana's 79.4 and the United States' 51.38. By 2023, the rate in CHRISTUS Ochsner Southwestern Louisiana (parishes) decreased to 51.4, while Louisiana's rate dropped to 62.7 and the national rate to 37.4. This indicates a significant reduction in opioid dispensing across all levels, with the local rate remaining above the national levels.



# Socioeconomic Needs

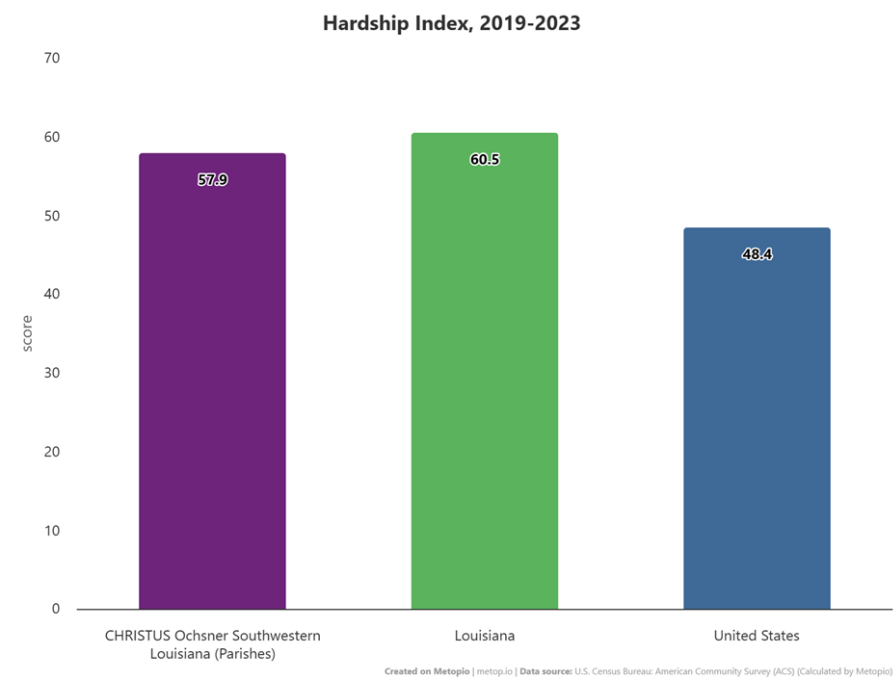
## Social Vulnerability Index

The Social Vulnerability Index for CHRISTUS Ochsner Southwestern Louisiana (Parishes) fluctuated between 69.11 and 73.8 from 2016 to 2022. Louisiana's index ranged from 69.21 to 78.37 during the same period, while the United States remained constant at 50.0. The index for CHRISTUS Ochsner Southwestern Louisiana (parishes) and Louisiana decreased in 2022, indicating a potential improvement in social vulnerability.



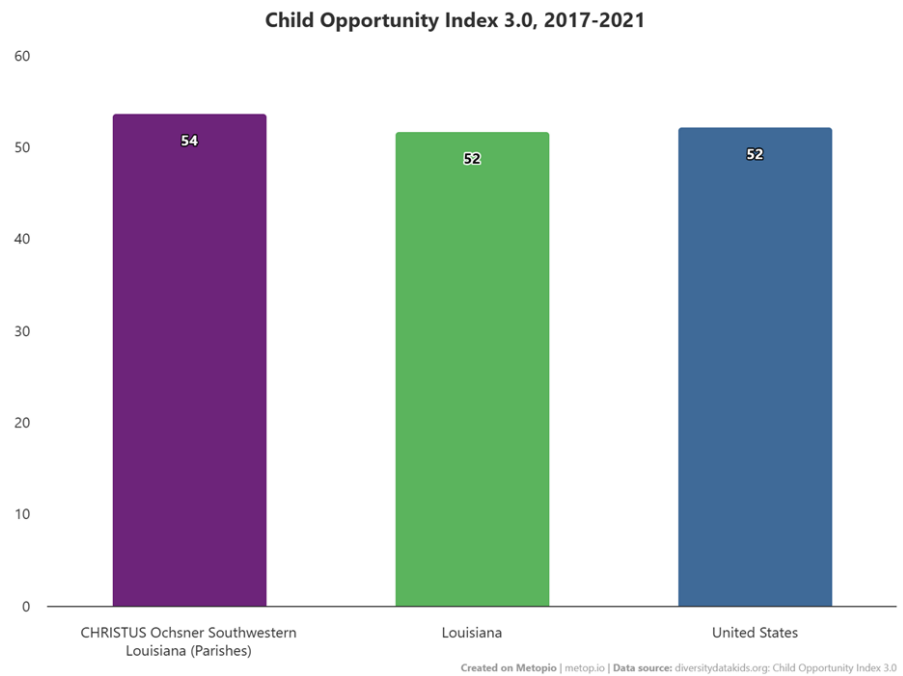
## Hardship Index

The Hardship Index measures combined economic and social challenges, such as unemployment, overcrowded housing and low educational attainment. The Hardship Index for CHRISTUS Ochsner Southwestern Louisiana (parishes) is 57.92, indicating a moderate level of hardship. Louisiana has a higher Hardship Index of 60.46, suggesting greater challenges compared to the national average. The United States overall has a Hardship Index of 48.44, indicating a lower level of hardship relative to both CHRISTUS Ochsner Southwestern Louisiana and Louisiana.



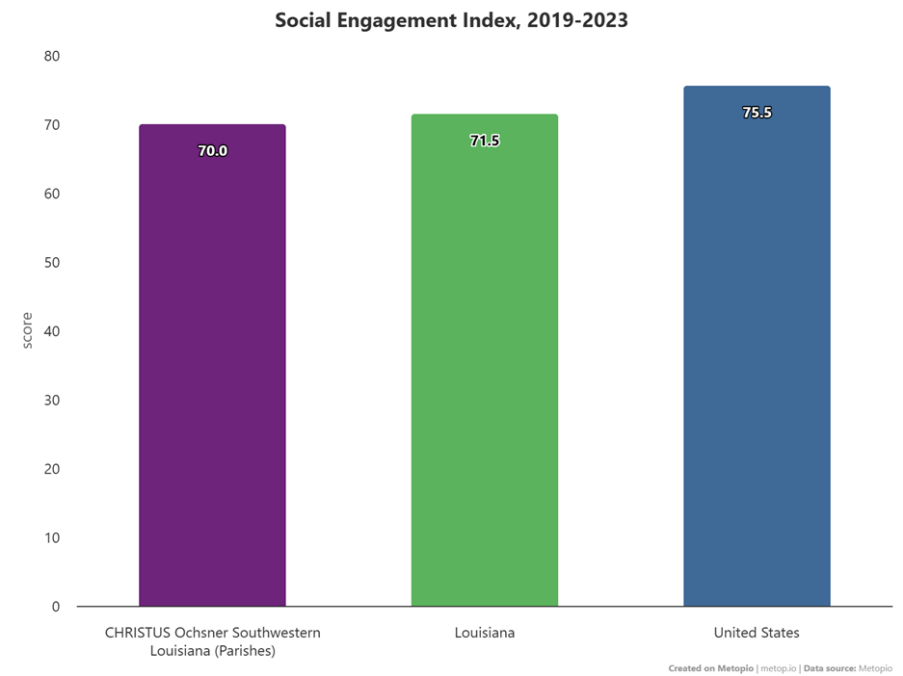
## Childhood Opportunity Index

The Child Opportunity Index 3.0 indicates that CHRISTUS Ochsner Southwestern Louisiana, encompassing multiple parishes, has a score of 53.6. This is slightly higher than the overall score for Louisiana, which stands at 51.6. The United States, as a whole, has a slightly higher score of 52.16. This suggests that the child opportunity level in this specific region of Louisiana is comparable to the national average.



## Social Engagement Index

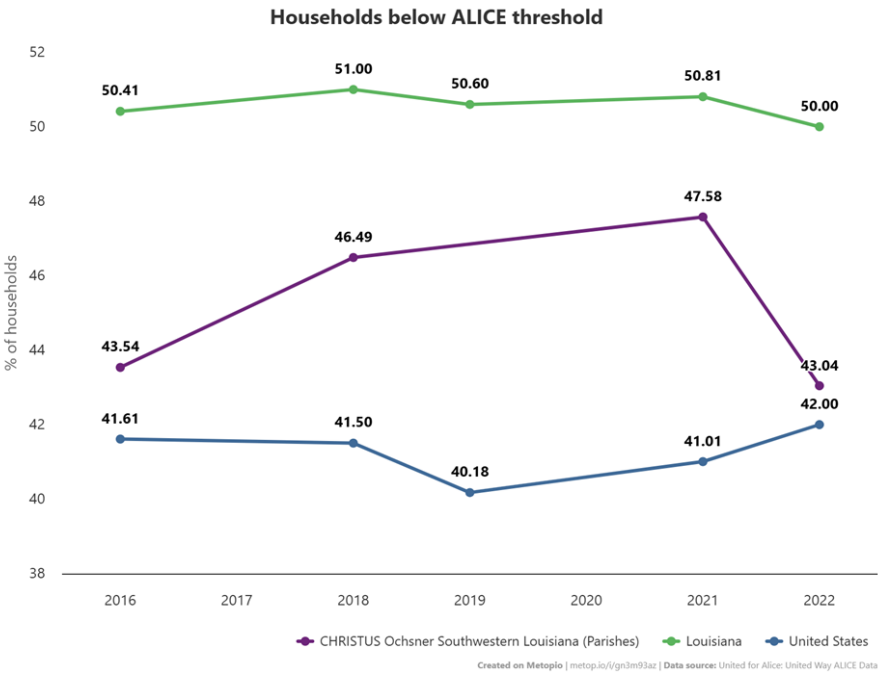
The Social Engagement Index measures community involvement across various regions. CHRISTUS Ochsner Southwestern Louisiana (parishes) has an index of 70.01, slightly below the Louisiana state average of 71.49. The United States overall has a higher engagement index of 75.5. This indicates that while Louisiana is on par with its specific regions, the nation exhibits greater social engagement.





# Households Below ALICE Threshold

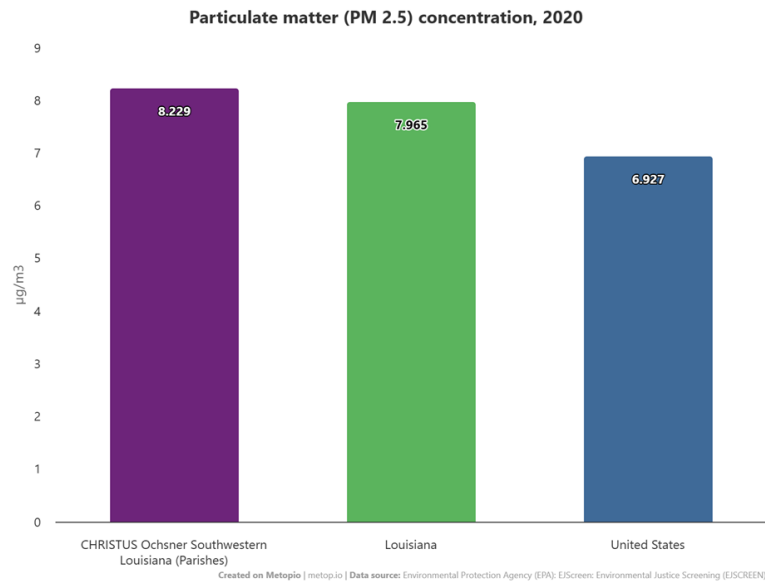
The data indicates the percentage of households below the ALICE (Asset Limited, Income Constrained, Employed) threshold in CHRISTUS Ochsner Southwestern Louisiana service area, Louisiana and the United States from 2010 to 2022. In 2022, the percentage in CHRISTUS Ochsner Southwestern Louisiana (parishes) was 43.04%, compared to 50.0% in Louisiana and 42.0% in the United States. The data shows that the percentage in CHRISTUS Ochsner Southwestern Louisiana service area has fluctuated over the years, with a notable increase in 2018 and 2021, but decreasing in 2022.



# Environmental Health

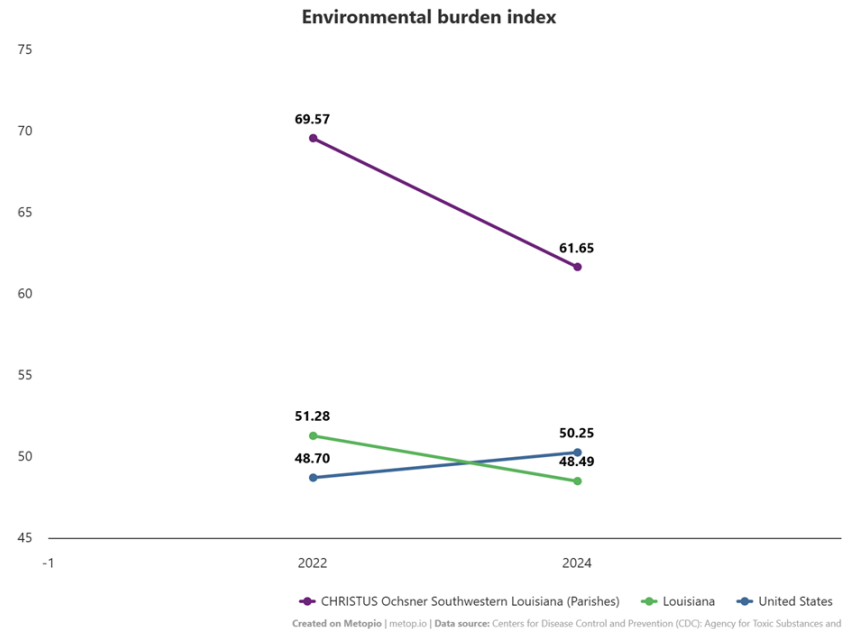
## Particulate Matter Concentration

Particulate matter (PM 2.5) concentration levels are presented for CHRISTUS Ochsner Southwestern Louisiana (parishes), Louisiana and the United States. The PM 2.5 concentration in CHRISTUS Ochsner Southwestern Louisiana (parishes) is 8.23, higher than Louisiana's average of 7.96 and the United States' average of 6.93. This indicates that the air quality in CHRISTUS Ochsner Southwestern Louisiana (parishes) is poorer compared to the state and national averages. The higher PM 2.5 levels in this region may have significant health implications for its residents.



## Environmental Burden Index

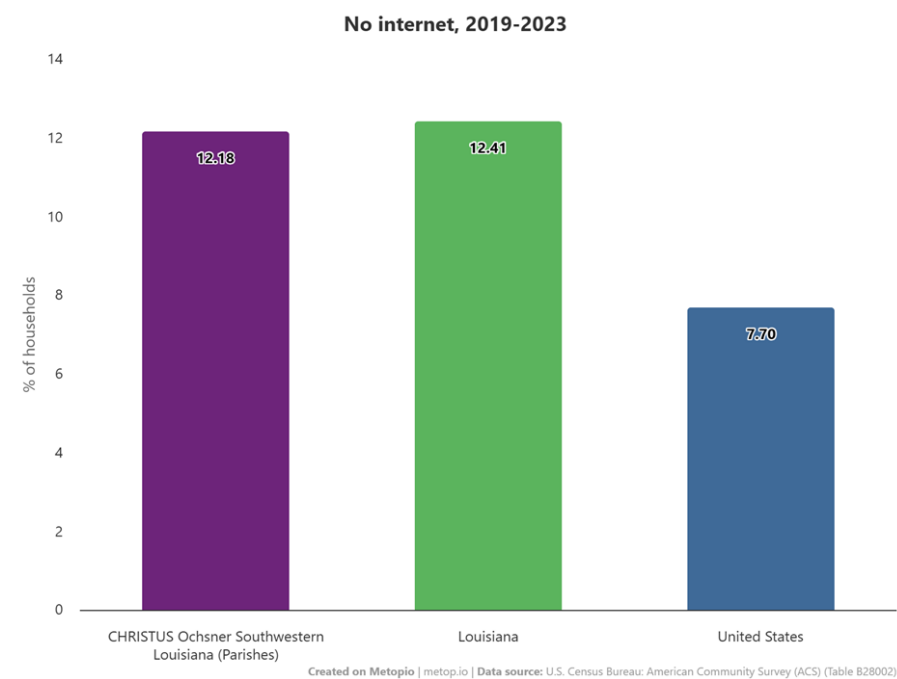
The Environmental Burden Index for CHRISTUS Ochsner Southwestern Louisiana (parishes) was significantly higher than the state and national averages in 2022. By 2024, the index had decreased substantially, bringing it closer to the state average and below the national average. This improvement indicates a notable reduction in environmental burdens in the region. The data highlights the effectiveness of local environmental initiatives and policies in CHRISTUS Ochsner Southwestern Louisiana.



# Internet

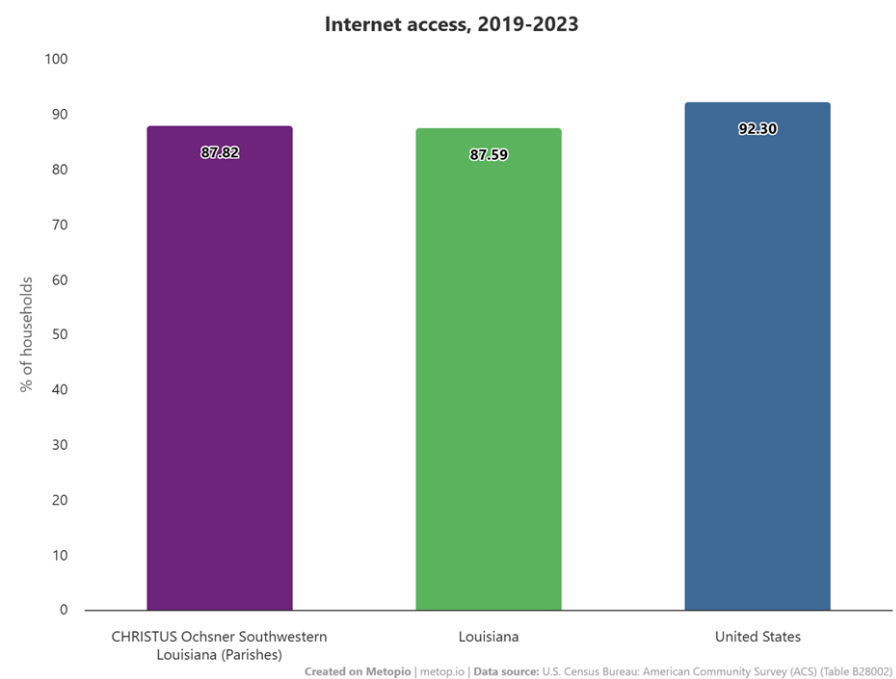
## No Internet

The data indicates that the percentage of households without internet access is higher in Louisiana compared to the national average. Specifically, CHRISTUS Ochsner Southwestern Louisiana, covering multiple parishes, reports a higher rate of 12.18%, while Louisiana's overall rate is 12.41%. In contrast, the United States has a lower average of 7.7%.



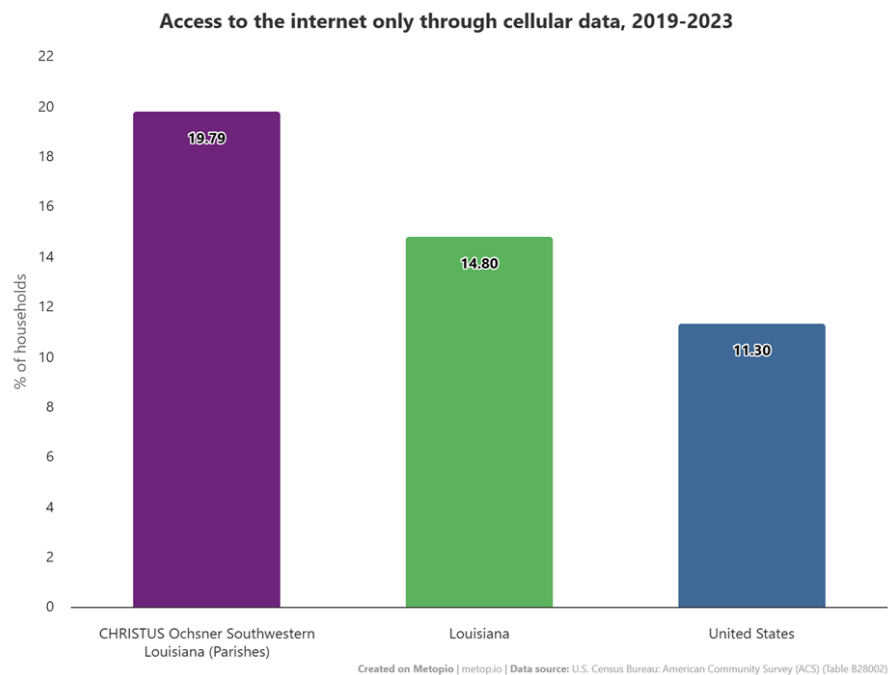
## Internet Access

The data indicates that Internet access in the United States is generally high, with a national average of 92.3%. Louisiana, however, lags slightly behind the national average at 87.59%. The parishes served by CHRISTUS Ochsner Southwestern Louisiana have a slightly higher Internet access rate of 87.82%, showing a minor improvement over the state average.



## Access to the Internet Only Through Cellular Data

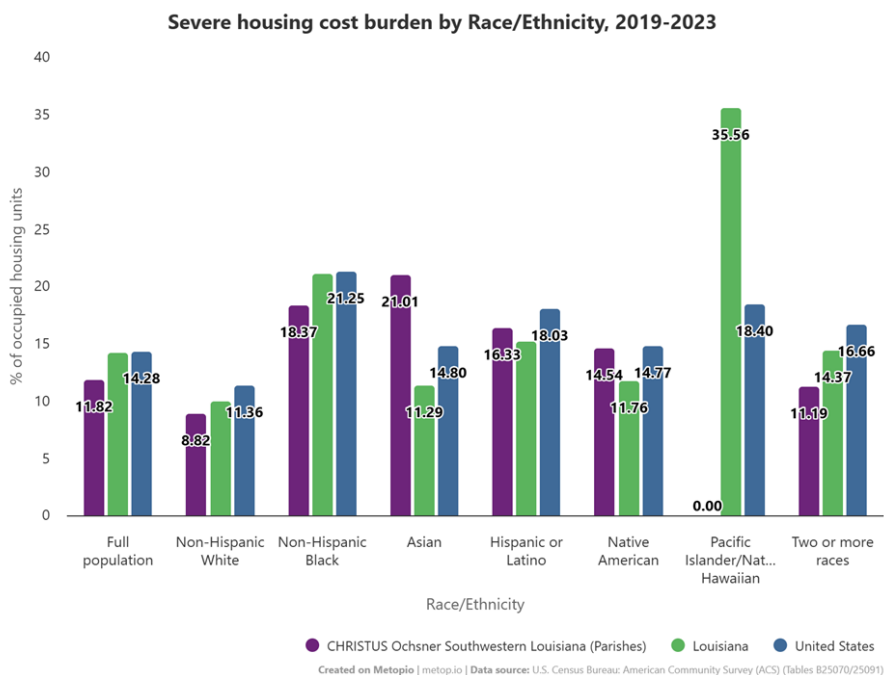
Access to the internet only through cellular data is notably higher in certain regions compared to the national average. CHRISTUS Ochsner Southwestern Louisiana, encompassing multiple parishes, reports a significant 19.79% of households relying solely on cellular data for internet access. Louisiana as a whole has a slightly lower rate at 14.8%, while the United States averages 11.3%. This indicates a disparity in internet accessibility, particularly in rural or underserved areas.



# Housing

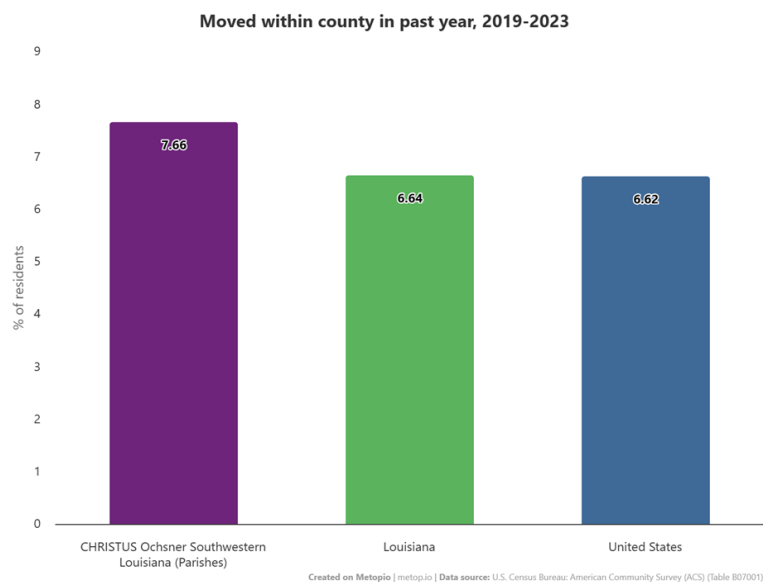
## Severe Housing Cost Burden by Race and Ethnicity

Severe housing cost burden affects various racial and ethnic groups differently across the United States. In CHRISTUS Ochsner Southwestern Louisiana, the overall rate is 11.82%, which is lower than the state and national averages. Notably, Non-Hispanic Black residents in this region face a higher burden at 18.37%, while Pacific Islander/Native Hawaiian residents, despite a small sample size, experience the highest rate at 35.56% in Louisiana. Asians Face the highest rate in the CHRISTUS Ochsner Southwestern Louisiana.



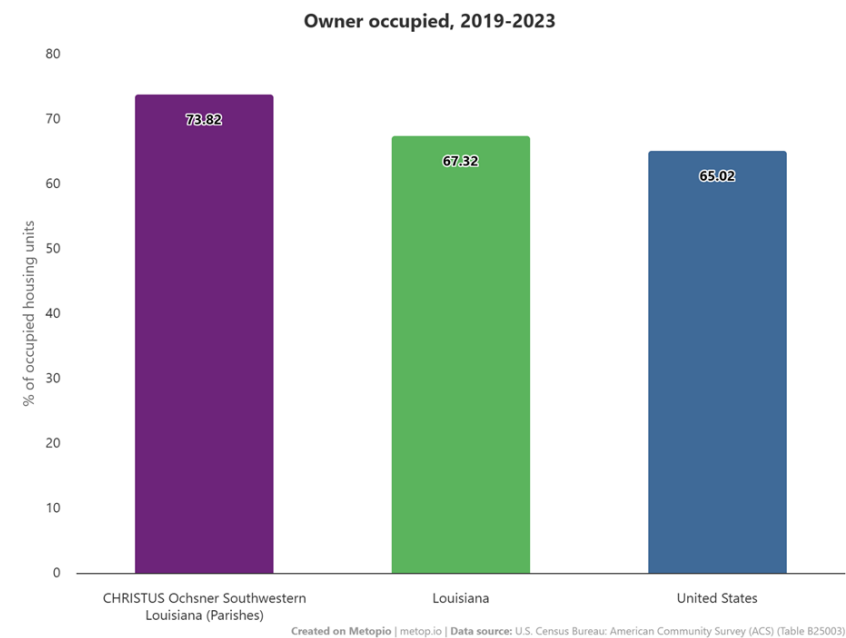
## Moved Within County in Past Year

The percentage of people who moved within the same county in the past year is 7.66% in CHRISTUS Ochsner Southwestern Louisiana (parishes). Louisiana and the United States have similar rates, at 6.64% and 6.62%, respectively. This indicates that CHRISTUS Ochsner Southwestern Louisiana has a slightly higher rate of intra-county movement compared to the state and national averages.



# Owner Occupied

Owner-occupied housing rates are highest in the CHRISTUS Ochsner Southwestern Louisiana parishes, at 73.82%. Louisiana as a whole has a lower rate of 67.32%, while the United States' overall rate is 65.02%. This indicates that the parishes served by CHRISTUS Ochsner Southwestern Louisiana have a notably higher rate of owner-occupied homes compared to both the state and national averages.

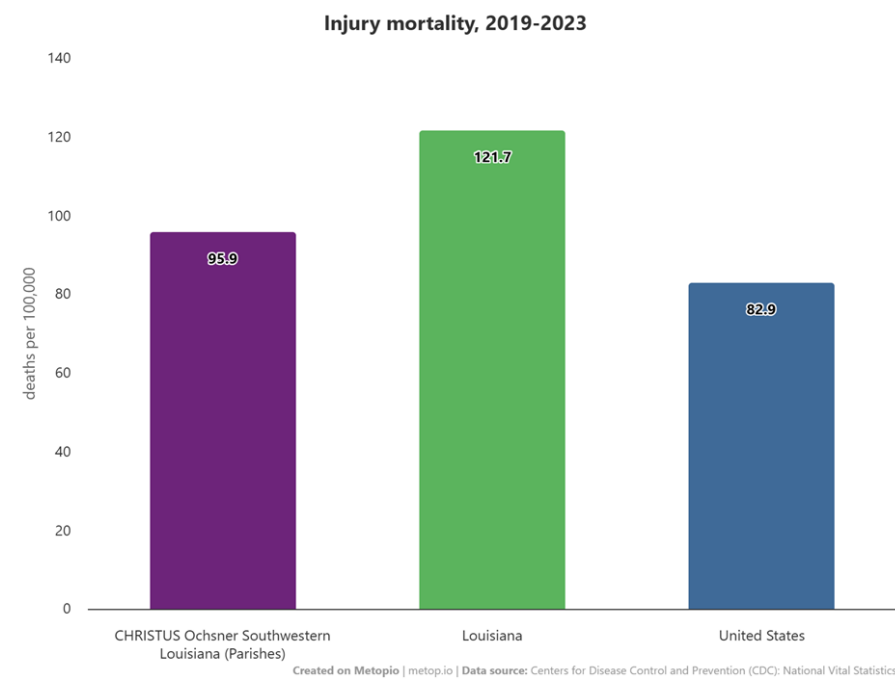




# Injury

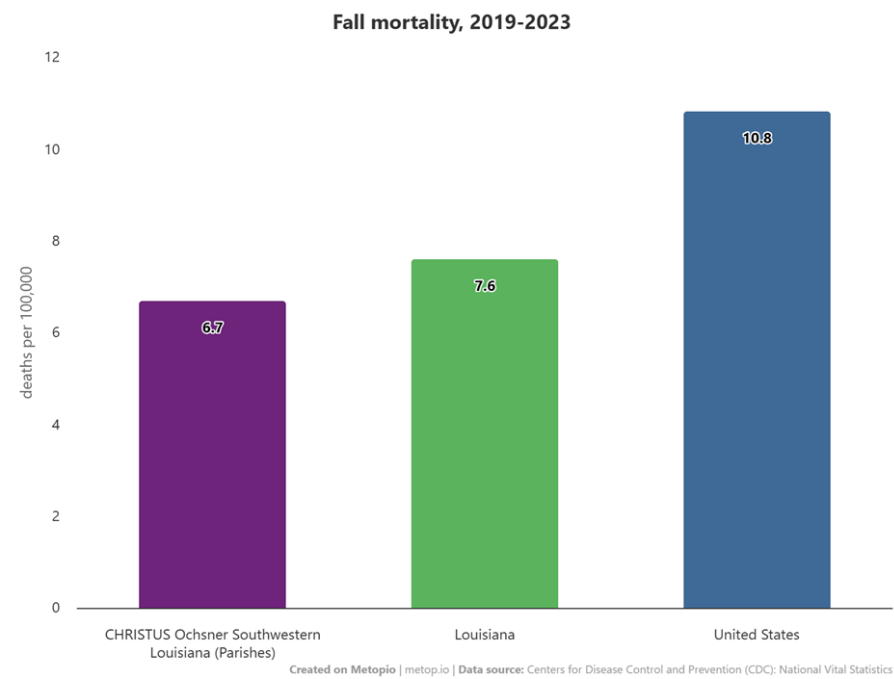
## Injury Mortality

Injury mortality rates vary significantly across different regions. CHRISTUS Ochsner Southwestern Louisiana (parishes) has a rate of 95.85, while Louisiana's rate is higher at 121.68. The United States has a lower national average of 82.94. This indicates that Louisiana, and particularly the parishes served by CHRISTUS Ochsner Southwestern Louisiana, have higher injury mortality rates compared to the national average.



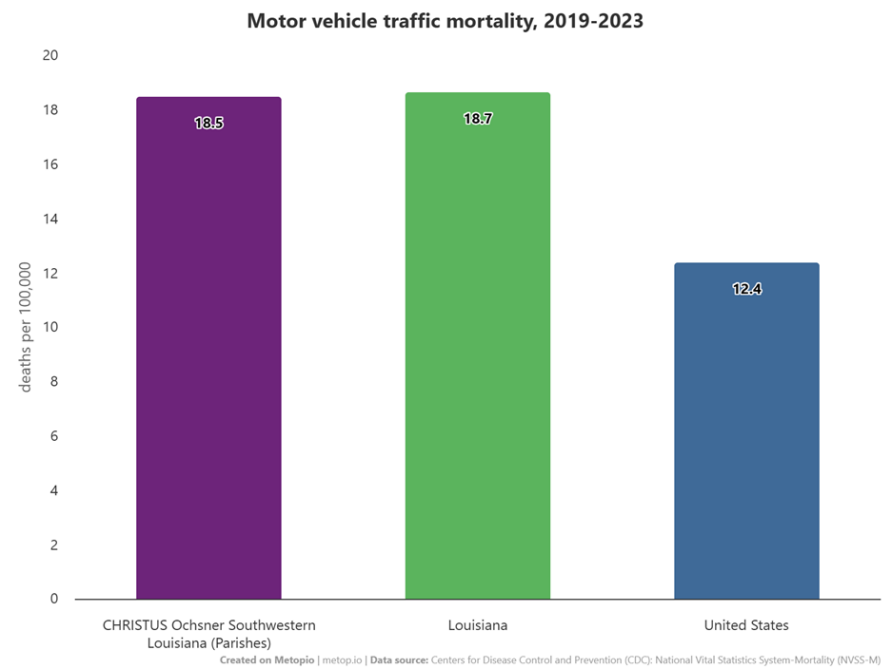
## Fall Mortality

Fall mortality rates vary significantly across different regions. In the United States, the rate stands at 10.81. Louisiana has a slightly lower rate of 7.6, while CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports a rate of 6.68.



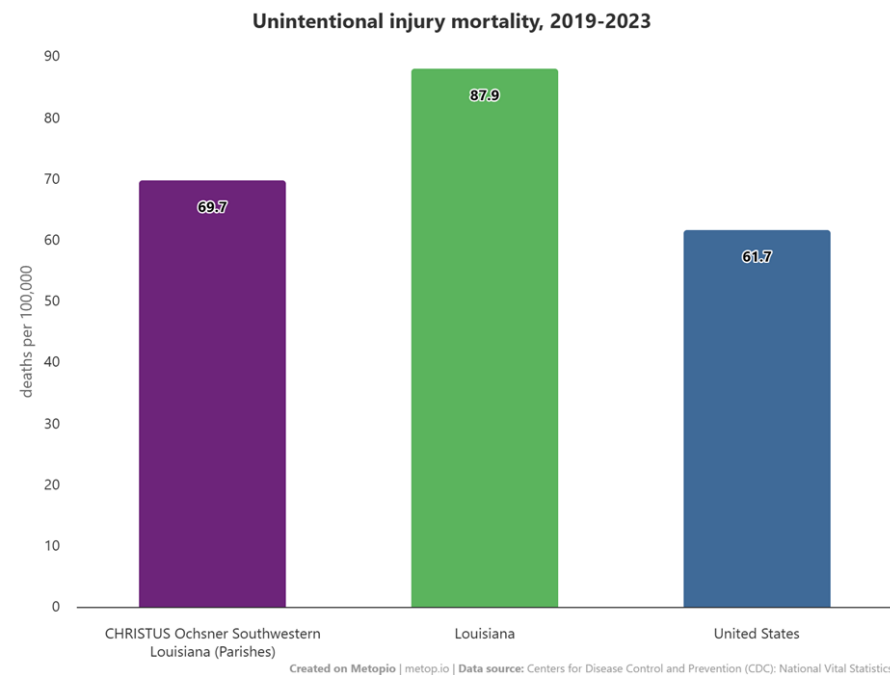
## Motor Vehicle Traffic Mortality

Motor vehicle traffic mortality rates in the United States are significantly lower than in Louisiana and the CHRISTUS Ochsner Southwestern Louisiana parishes. Louisiana's rate is slightly higher than the national average, while the CHRISTUS Ochsner Southwestern Louisiana parishes have a notably higher rate. This indicates a regional disparity in traffic safety within the state. Addressing these disparities could improve overall traffic safety outcomes.



## Unintentional Injury Mortality

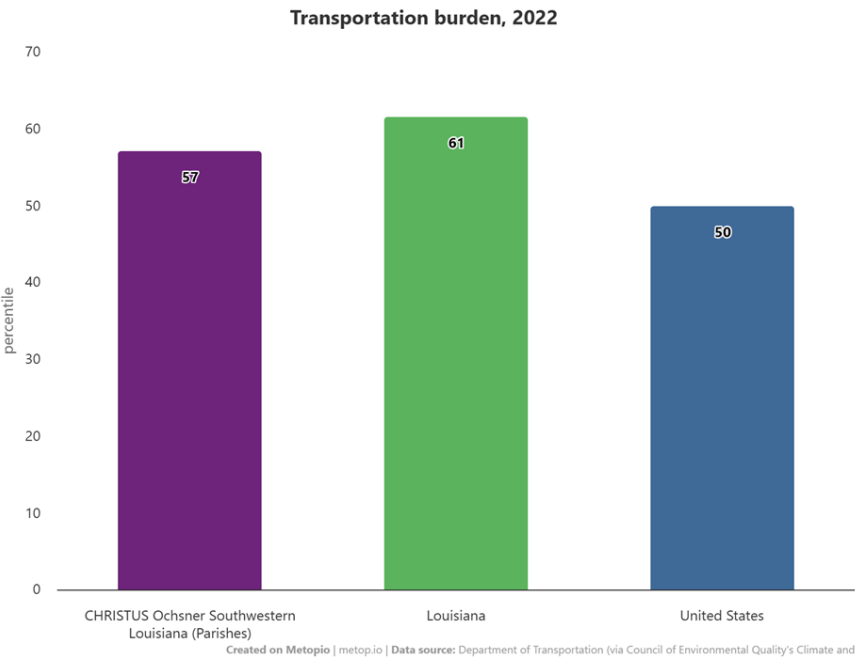
Unintentional injury mortality is a significant issue across various regions. In the parishes served by CHRISTUS Ochsner Southwestern Louisiana, the rate is 69.65 per 100,000 people, which is higher than the national average of 61.65. Louisiana as a whole has an even higher rate of 87.89, indicating a more severe problem within the state. These disparities highlight the need for targeted interventions to reduce unintentional injuries.



# Transportation

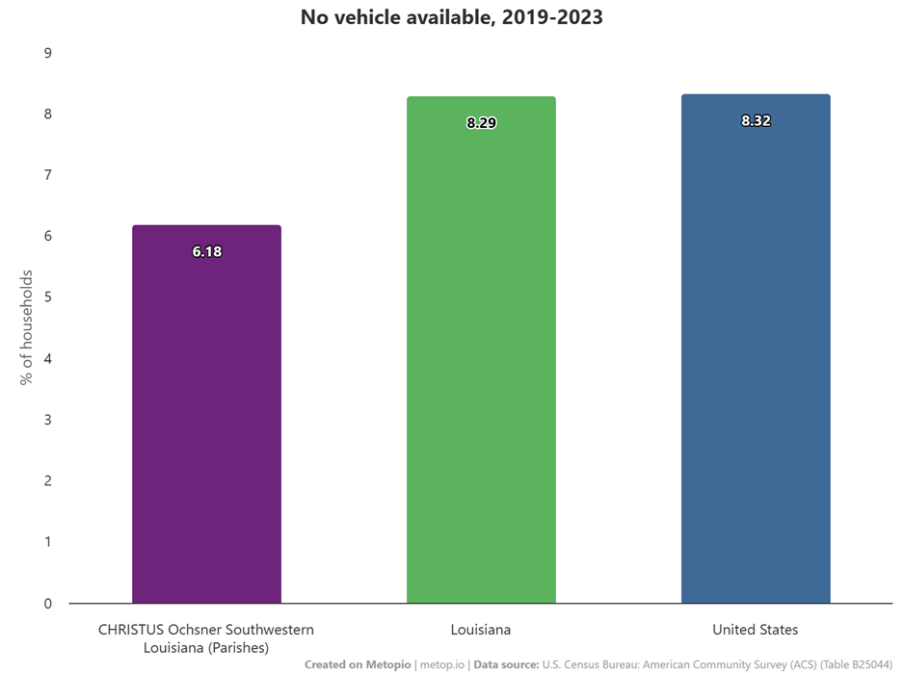
## Transportation Burden

The data highlights the transportation burden across different regions, with CHRISTUS Ochsner Southwestern Louisiana experiencing a significant burden of 57.02%. Louisiana as a whole faces an even higher burden at 61.47%, indicating a more pronounced issue within the state compared to the national average of 49.85%. This disparity suggests that transportation costs are a more significant financial strain for residents in Louisiana, particularly in the southwestern region. Addressing these transportation challenges could be crucial for improving economic conditions and quality of life in these areas.



## No Vehicle Available

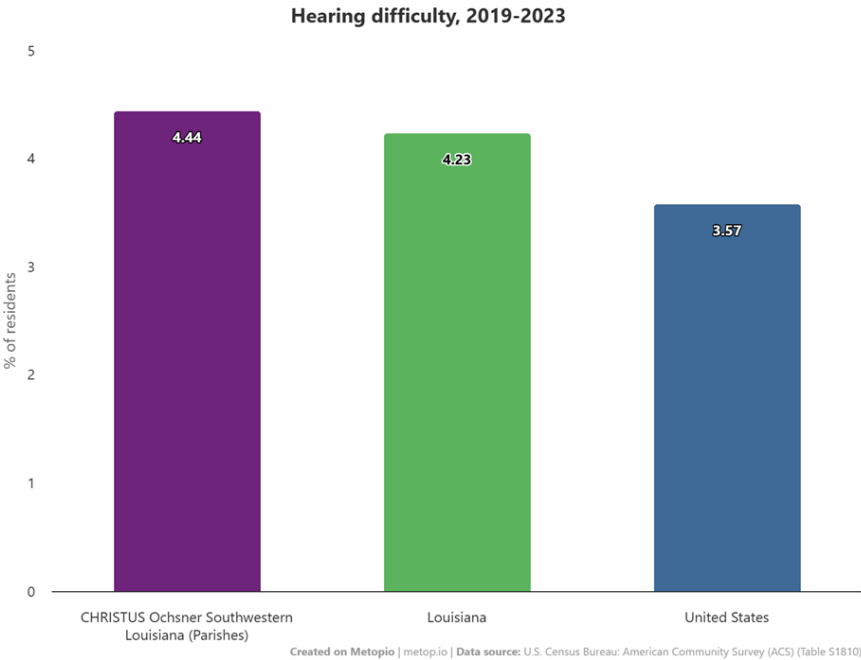
The percentage of households with no vehicle available in the United States is 8.32%. Louisiana has a slightly lower rate at 8.29%. The CHRISTUS Ochsner Southwestern Louisiana service area, which includes multiple parishes, has the lowest rate among the three at 6.18%.



# Disability

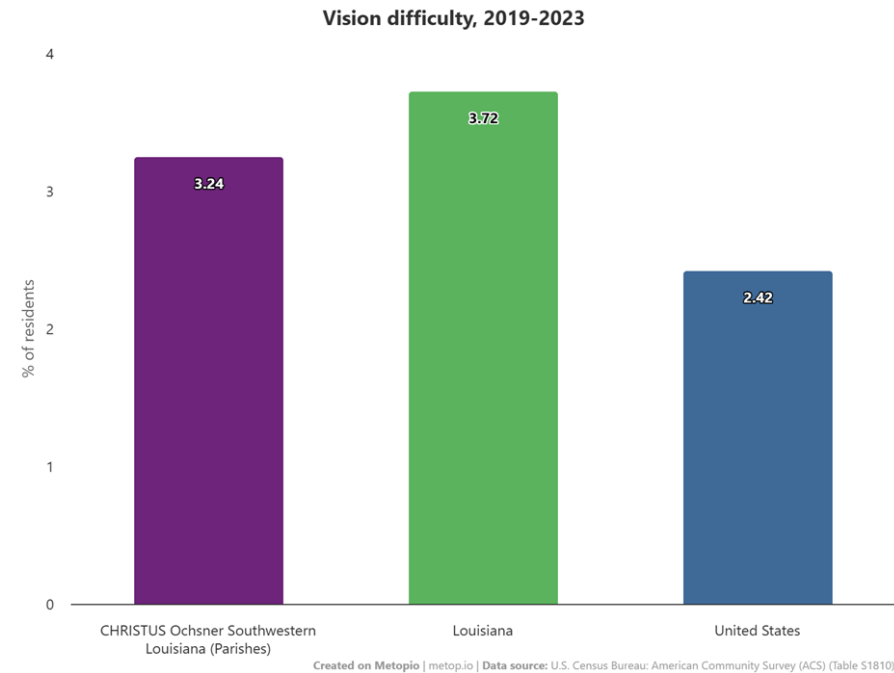
## Hearing Difficulty

The data indicates that hearing difficulty is more prevalent in certain regions of Louisiana compared to the national average. CHRISTUS Ochsner Southwestern Louisiana, encompassing multiple parishes, reports the highest rate at 4.44%, while Louisiana as a whole has a slightly lower rate of 4.23%. In contrast, the United States has a lower average rate of hearing difficulty at 3.57%. This suggests a notable regional disparity in hearing health within Louisiana.



## Vision Difficulty

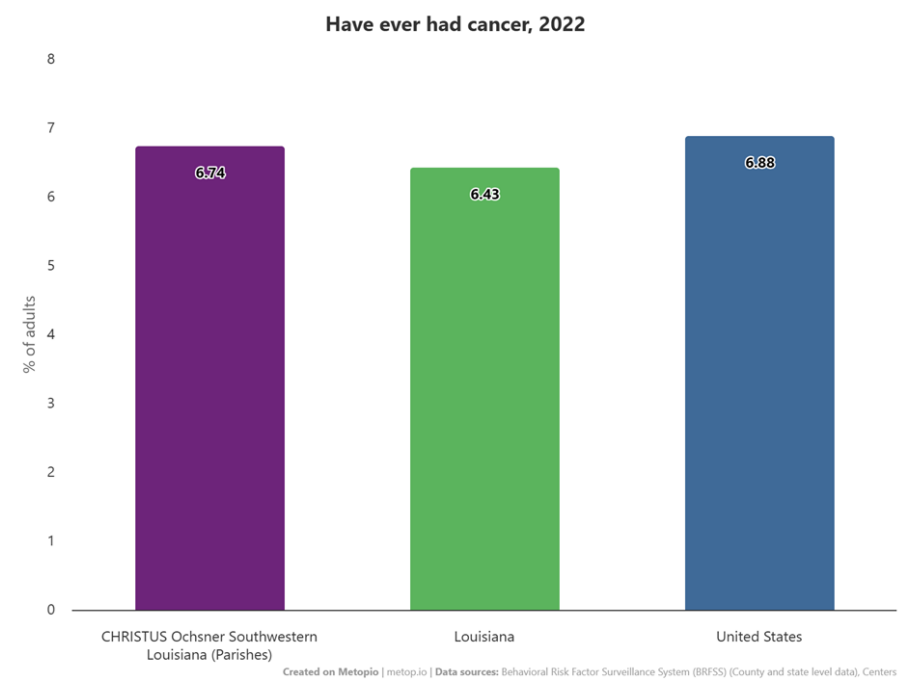
Vision difficulty is a significant concern in the United States, with varying prevalence across different regions. In Louisiana, the rate of vision difficulty is 3.72%, which is higher than the national average of 2.42%. The CHRISTUS Ochsner Southwestern Louisiana region, encompassing several parishes, reports an even higher rate of 3.24%. These statistics highlight the need for targeted vision health initiatives in these areas.



# Cancer

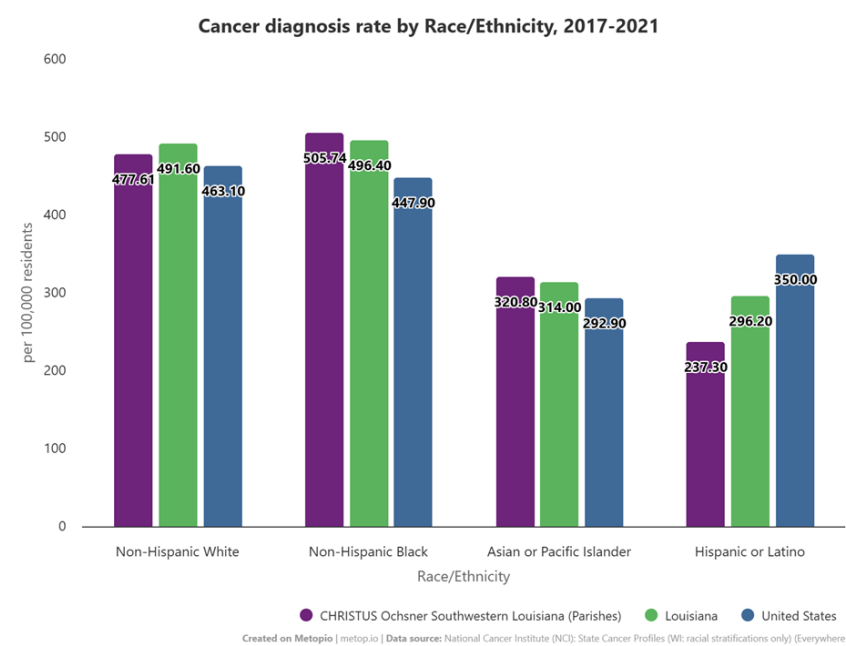
## Have Ever Had Cancer

The prevalence of individuals who have ever had cancer is slightly higher in the United States at 6.88% compared to Louisiana at 6.43%. CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports the highest rate at 6.74%. This indicates a regional variation within the state, suggesting localized factors influencing cancer incidence.



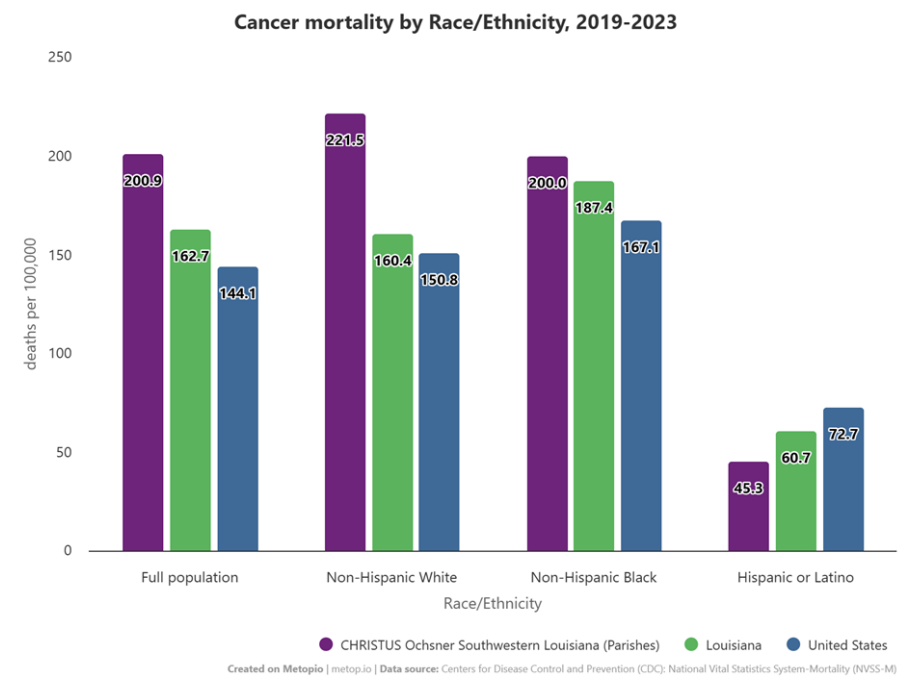
## Cancer Diagnosis Rate by Race and Ethnicity

The data shows the cancer diagnosis rates across different racial and ethnic groups in the United States, specifically highlighting the rates in Louisiana and the CHRISTUS Ochsner Southwestern Louisiana parishes. Non-Hispanic Black individuals have the highest cancer diagnosis rate in the parishes, while Non-Hispanic White individuals have the highest rate in Louisiana and the United States overall. Hispanic or Latino individuals have the lowest cancer diagnosis rate in the parishes, but their rate is higher in Louisiana and the United States overall. Asian or Pacific Islander individuals have the lowest cancer diagnosis rates across all regions.



## Cancer Mortality Rate by Race and Ethnicity

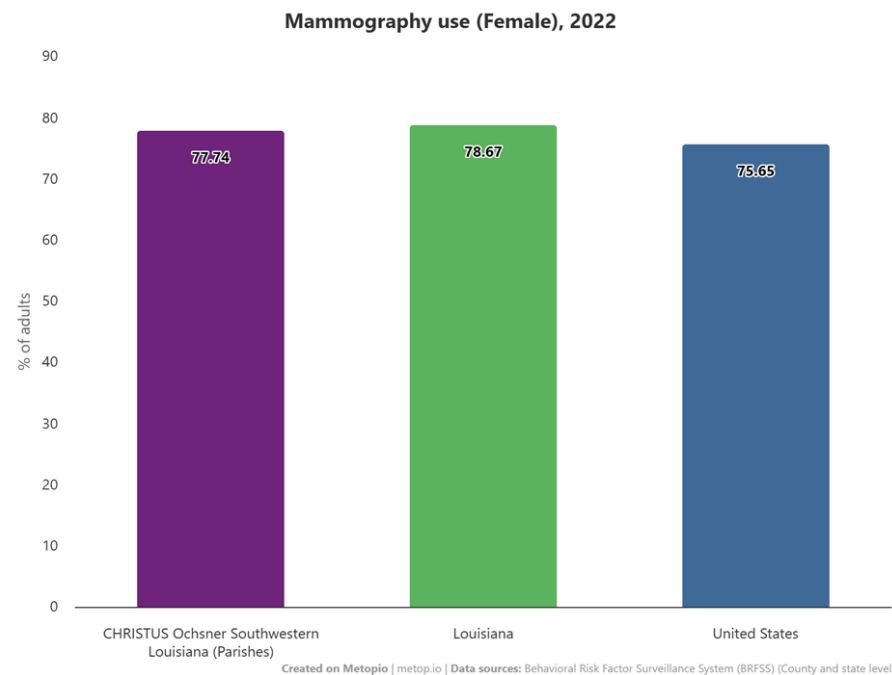
Cancer mortality rates vary significantly across different racial and ethnic groups in the United States. The highest rates are observed among Non-Hispanic Whites in CHRISTUS Ochsner Southwestern Louisiana, surpassing both state and national averages. In contrast, Hispanic or Latino populations have notably lower cancer mortality rates compared to Non-Hispanic Blacks and the general population, both locally and nationally. These disparities highlight the need for targeted health care interventions to address the varying cancer mortality rates among different demographic groups.





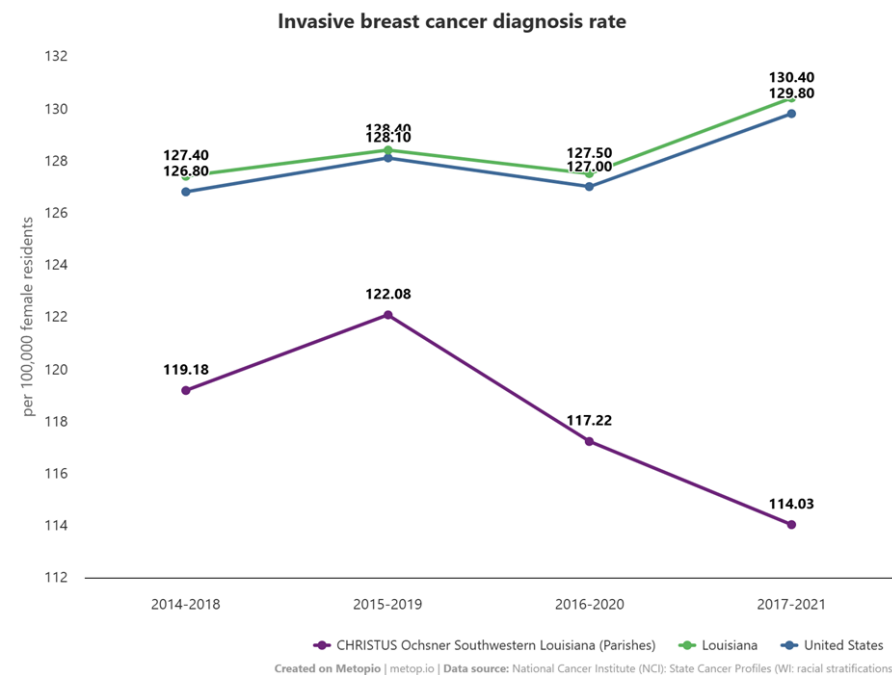
## Mammography Use

Mammography use is a critical aspect of women's health, with varying rates across different regions. In the parishes served by CHRISTUS Ochsner Southwestern Louisiana, the rate of mammography use is 77.74%, which is higher than the national average of 75.65%. Louisiana as a whole has a slightly higher rate of 78.67%. These figures highlight the importance of regional health care initiatives in promoting preventive care.



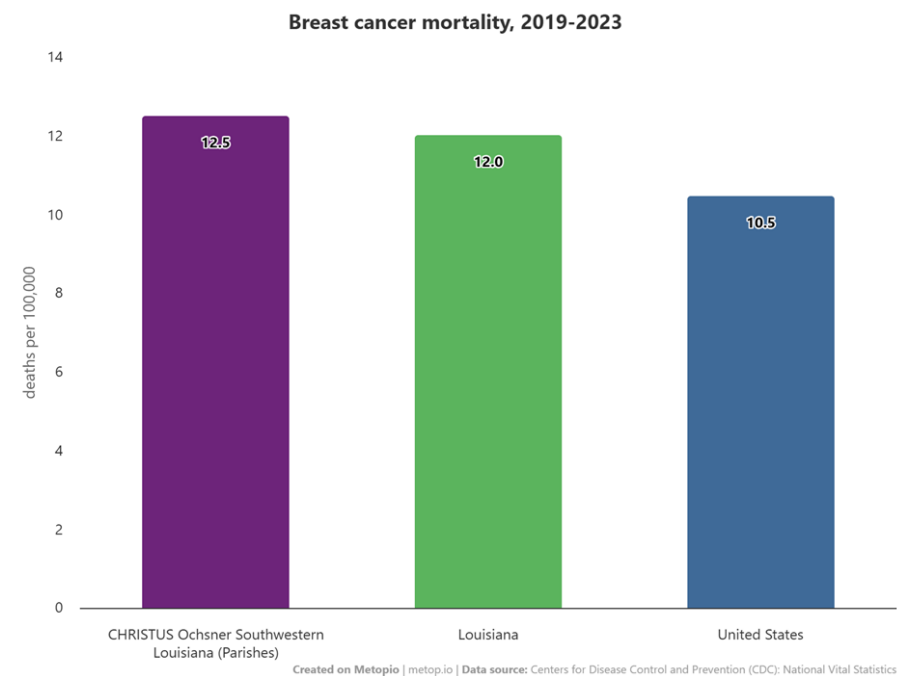
## Invasive Breast Cancer Diagnosis Rate

The invasive breast cancer diagnosis rate in the United States has remained relatively stable over the past few years, with a slight increase in 2019. The rate in Louisiana has been slightly higher than the national average, while the rate in CHRISTUS Ochsner Southwestern Louisiana (parishes) has been lower. Overall, the data suggests that the invasive breast cancer diagnosis rate in the United States has been consistent over the past few years, but increasing in 2017-2021.



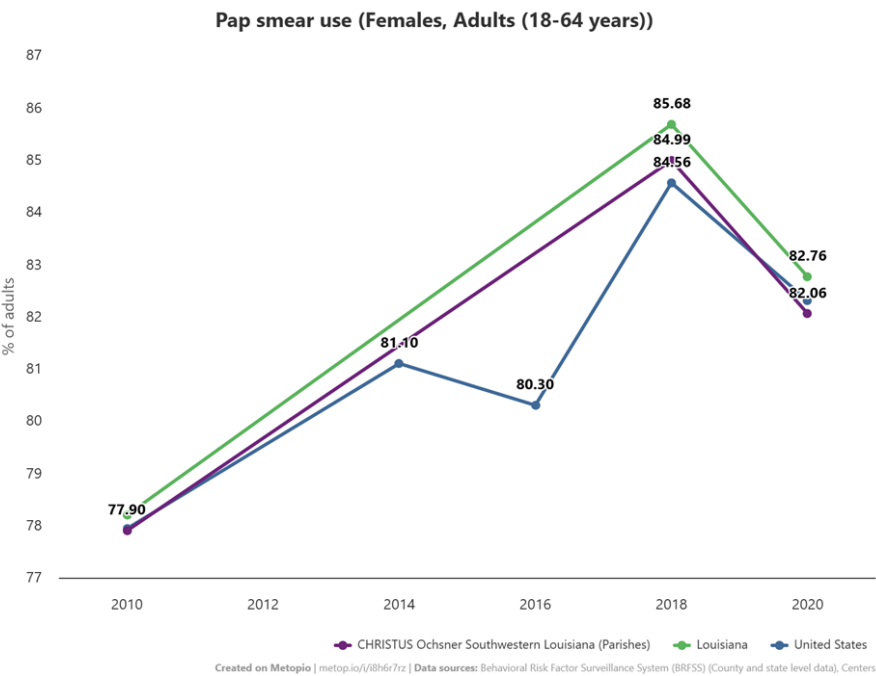
# Breast Cancer Mortality

Breast cancer mortality rates in the United States are 10.46 per 100,000 women. Louisiana has a higher rate at 12.02, and the CHRISTUS Ochsner Southwestern Louisiana region, encompassing several parishes, has an even higher rate of 12.52. This indicates a significant disparity in breast cancer mortality within the state and compared to the national average.



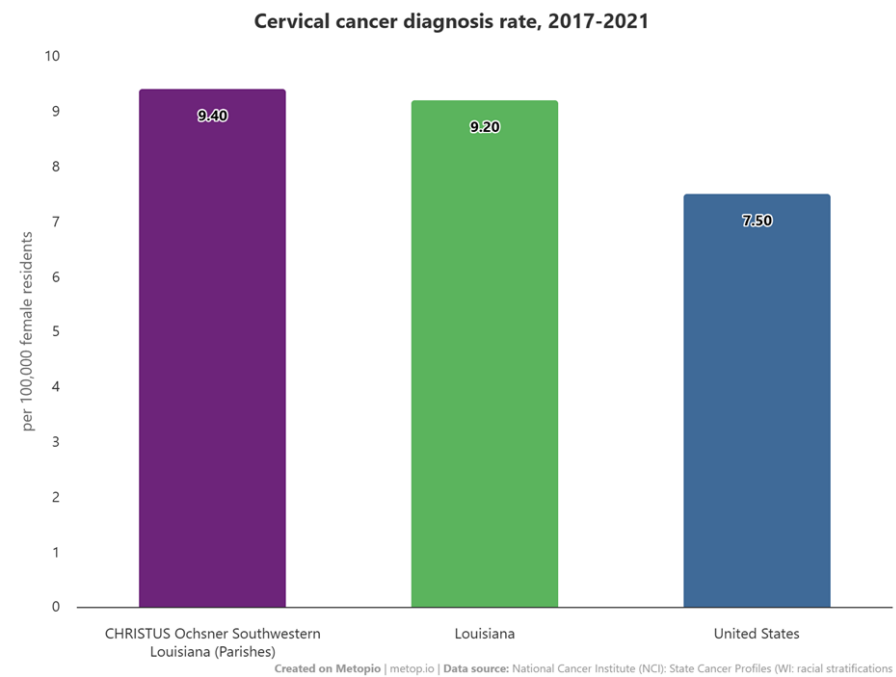
Pap Smear Use

Pap smear use in the United States has shown a slight increase over the years, with a notable rise from 77.94% in 2010 to 84.56% in 2018. In Louisiana, the rate has also increased, reaching 82.76% in 2020. CHRISTUS Ochsner Southwestern Louisiana Parishes have consistently reported higher usage rates compared to the national averages, with a peak of 84.99% in 2018.



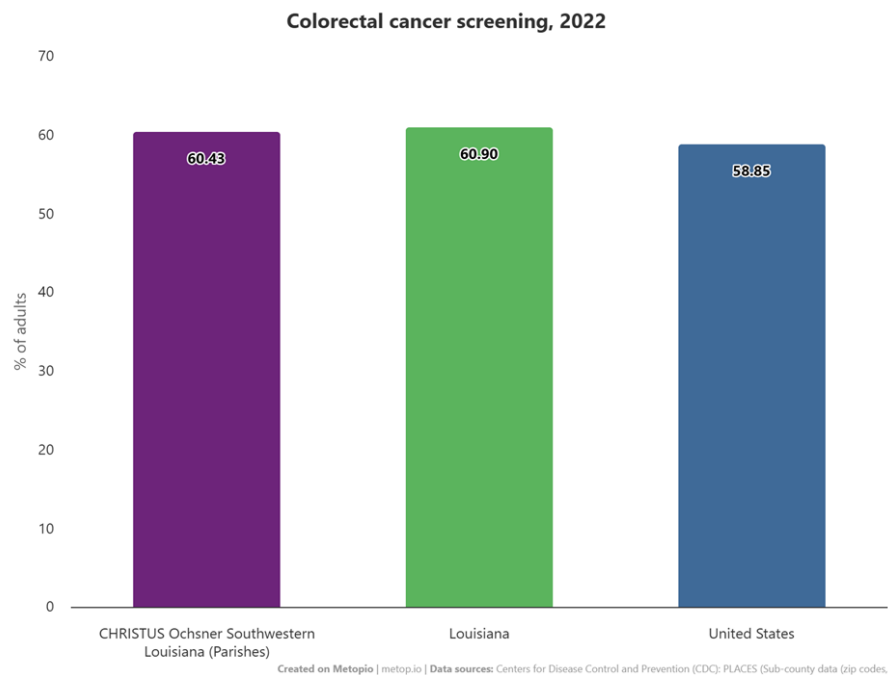
Cervical Cancer Diagnosis Rate

The cervical cancer diagnosis rate in the United States is 7.5 per 100,000 women. In Louisiana, the rate is higher at 9.2, with the parishes served by CHRISTUS Ochsner Southwestern Louisiana having the highest rate of 9.4. This indicates a significant regional disparity in cervical cancer diagnosis rates within the state and the nation.



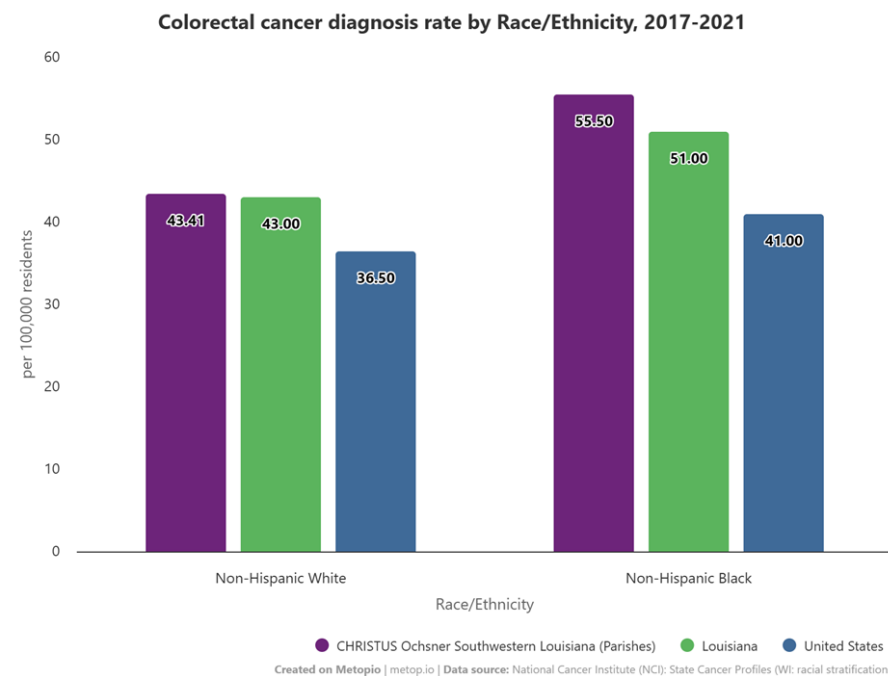
## Colorectal Cancer Screening

Colorectal cancer screening rates vary across different regions. CHRISTUS Ochsner Southwestern Louisiana, covering several parishes, reports a screening rate of 60.43%. Louisiana as a whole has a slightly higher rate of 60.9%. The United States overall has a colorectal cancer screening rate of 58.85%.



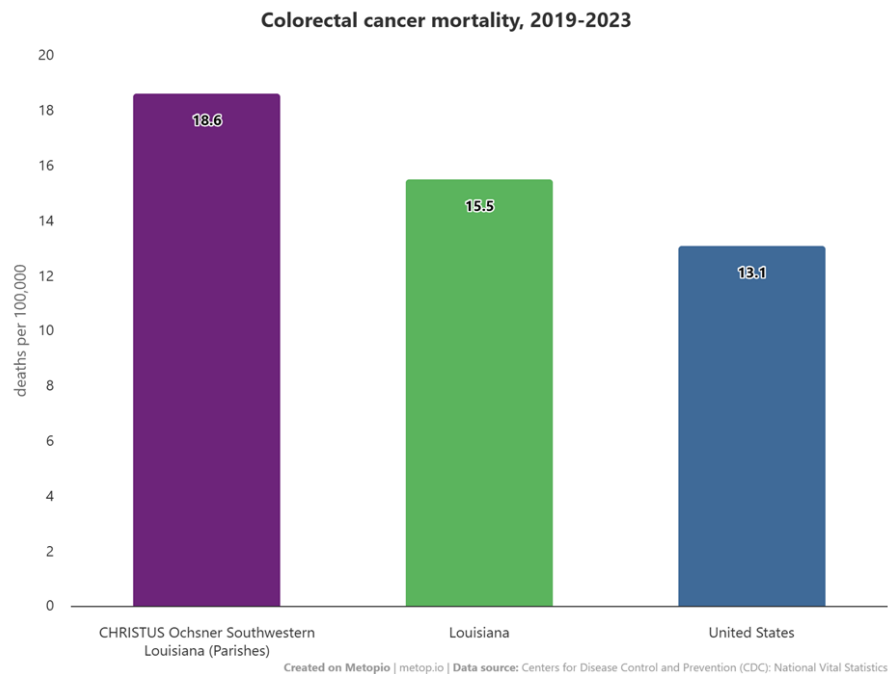
## Colorectal Cancer Diagnosis Rate by Race and Ethnicity

The chart displays colorectal cancer diagnosis rates across different racial and ethnic groups in the United States, Louisiana and the CHRISTUS Ochsner Southwestern Louisiana service area. In the United States, the rate for Non-Hispanic Whites is 36.5, while for Non-Hispanic Blacks, it is 41.0. In Louisiana, the rates are 43 for Non-Hispanic Whites and 51 for Non-Hispanic Blacks. The rates in the CHRISTUS Ochsner Southwestern Louisiana service area are the highest, at 43.41 for Non-Hispanic Whites and 55.5 for Non-Hispanic Blacks.



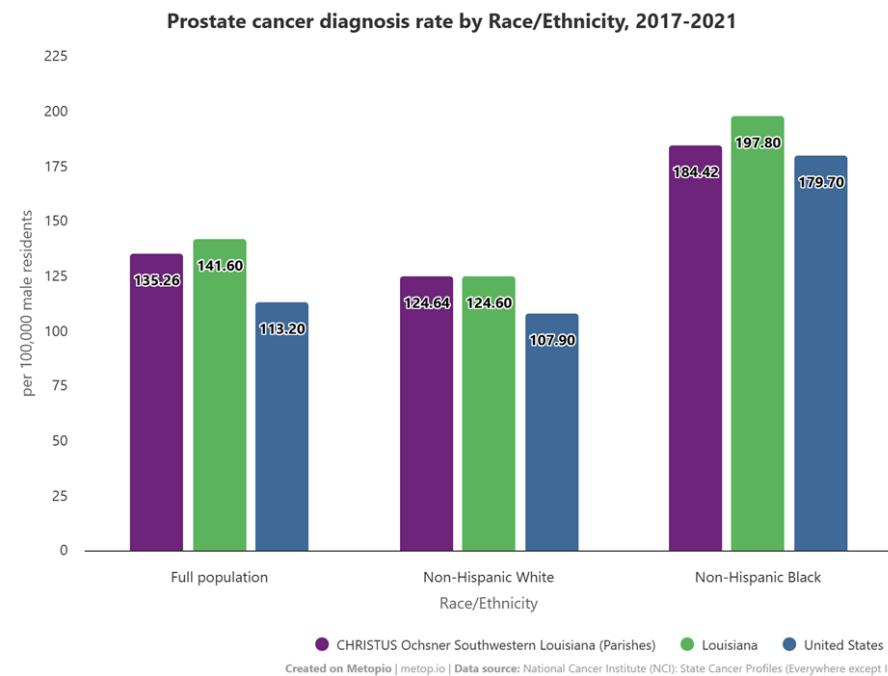
## Colorectal Cancer Mortality

Colorectal cancer mortality rates vary significantly across different regions. CHRISTUS Ochsner Southwestern Louisiana, encompassing several parishes, reports the highest rate at 18.62. Louisiana's overall rate is slightly lower at 15.5, while the United States average stands at 13.08. These disparities highlight the need for targeted health care interventions in high-risk areas.



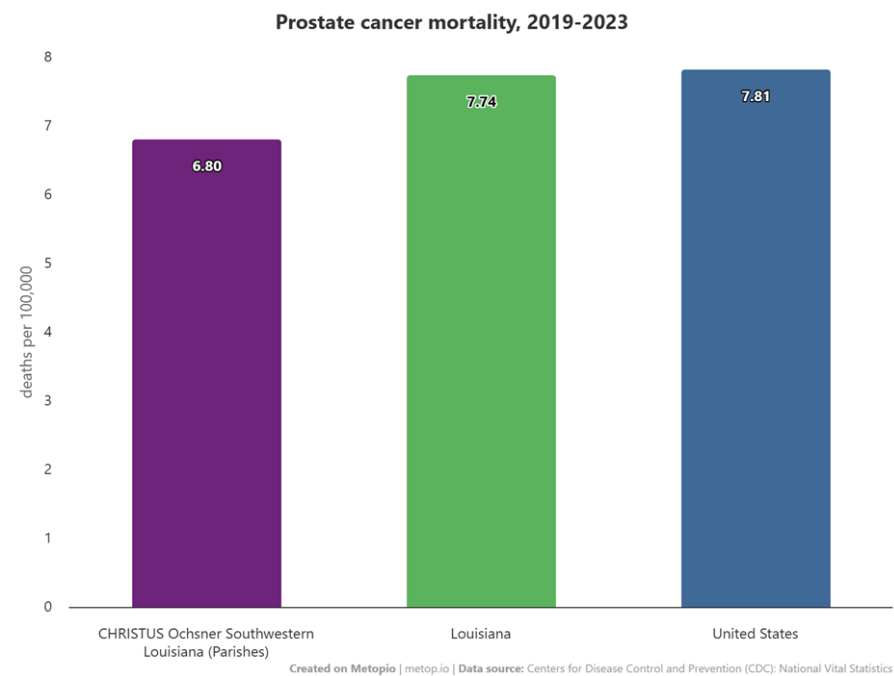
## Prostate Cancer Diagnosis Rate by Race and Ethnicity

The prostate cancer diagnosis rate for the full population in the United States is 113.2 per 100,000 people, with Louisiana at 141.6 and CHRISTUS Ochsner Southwestern Louisiana at 135.26. For Non-Hispanic White individuals, the rate is 107.9 in the United States, 124.6 in Louisiana and 124.64 in CHRISTUS Ochsner Southwestern Louisiana. The rate for Non-Hispanic Black individuals is significantly higher, at 179.7 in the United States, 197.8 in Louisiana and 184.42 in CHRISTUS Ochsner Southwestern Louisiana. This indicates a notable disparity in diagnosis rates among different racial and ethnic groups.



## Prostate Cancer Mortality Rate

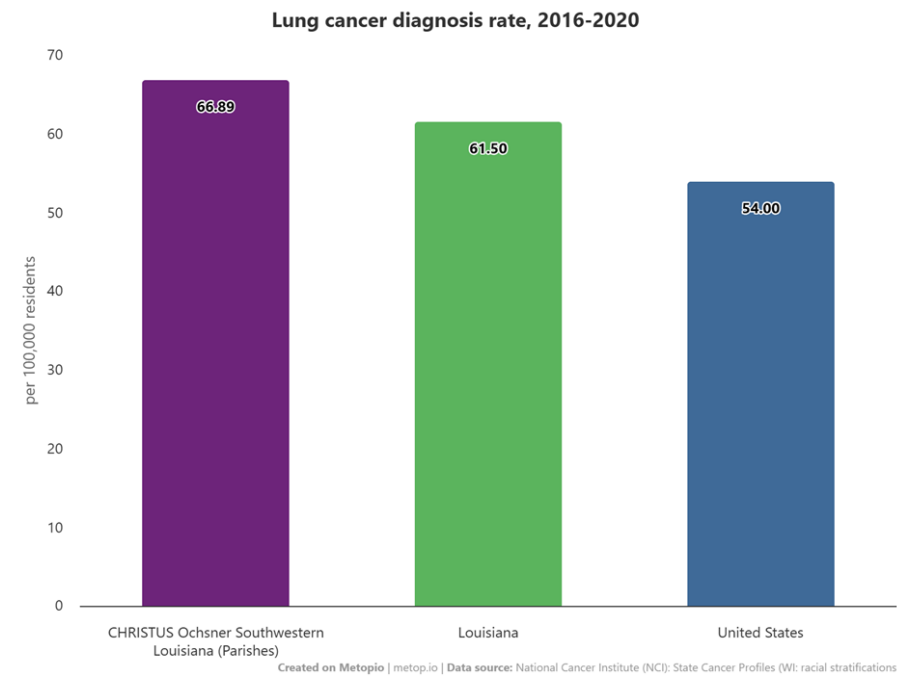
Prostate cancer mortality rates are presented for CHRISTUS Ochsner Southwestern Louisiana, Louisiana and the United States. The mortality rate in CHRISTUS Ochsner Southwestern Louisiana is 6.8 per 100,000 population, which is lower than the state average of 7.74 and the national average of 7.81. This indicates that the mortality rate in this region is relatively lower compared to both the state and the country.





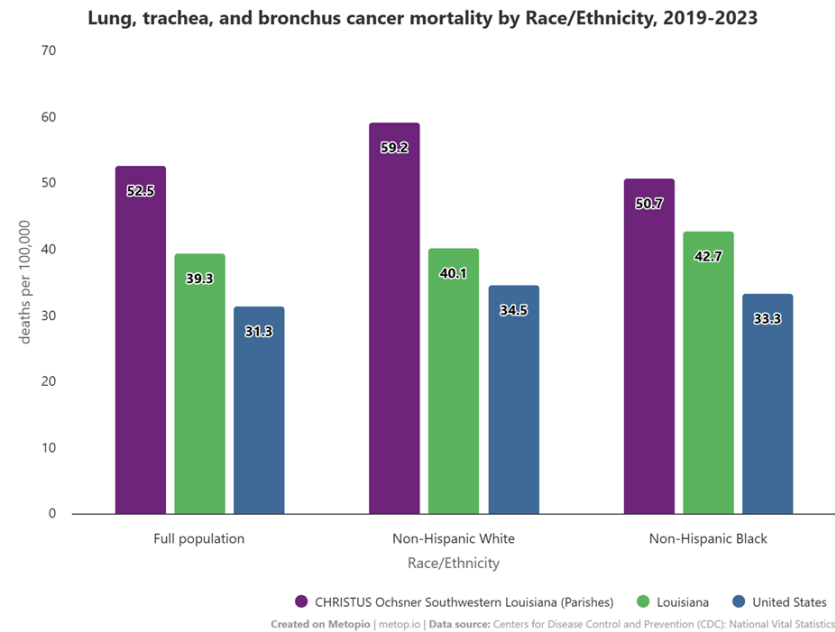
## Lung Cancer Diagnosis Rate

The lung cancer diagnosis rate in the United States is 54.0 per 100,000 people. In Louisiana, the rate is higher at 61.5. The highest rate is found in the parishes served by CHRISTUS Ochsner Southwestern Louisiana, at 66.89.



## Lung, Trachea and Bronchus Cancer Mortality by Race and Ethnicity

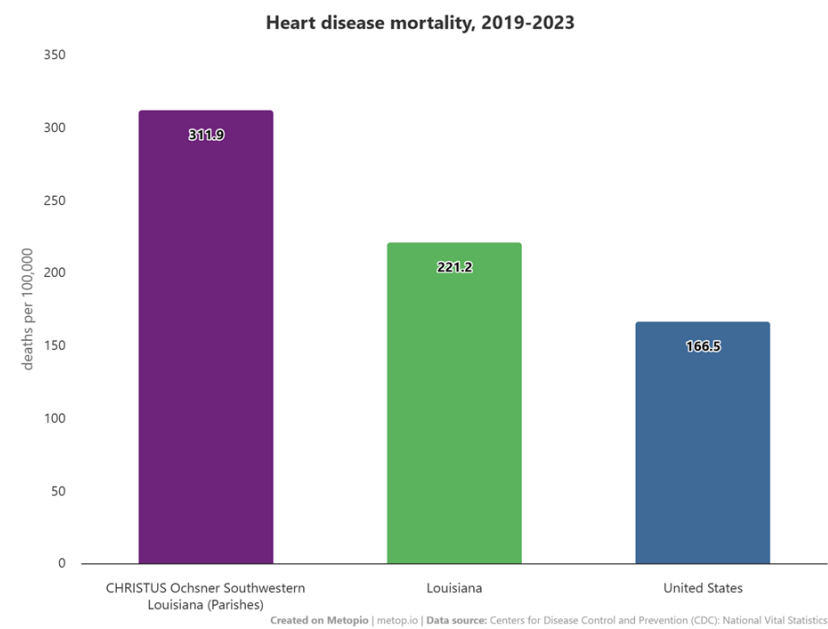
Lung, trachea and bronchus cancer mortality rates are significantly higher in CHRISTUS Ochsner Southwestern Louisiana (parishes) compared to Louisiana and the United States overall. Non-Hispanic White individuals in this region experience the highest mortality rate at 59.17, which is notably above the state and national averages. Non-Hispanic Black individuals also have elevated mortality rates, though slightly lower than their White counterparts, reflecting disparities within the region. These findings highlight the critical need for targeted health interventions in CHRISTUS Ochsner Southwestern Louisiana.



# Cardiovascular Disease

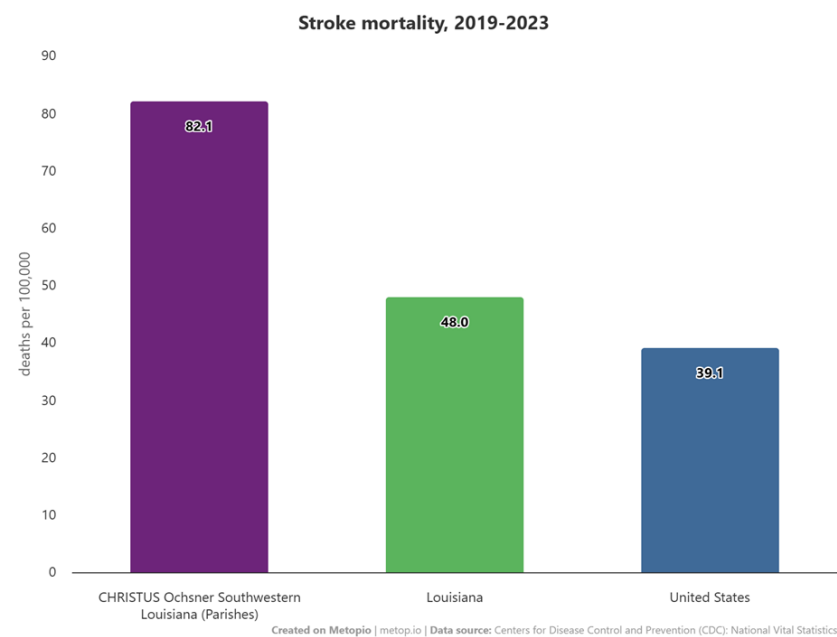
## Heart Disease Mortality

Heart disease mortality rates vary significantly across different regions. In the parishes served by CHRISTUS Ochsner Southwestern Louisiana, the rate is 311.9 per 100,000 people, which is notably higher than the state average of 221.15 in Louisiana. The national average in the United States is 166.48, indicating a substantial disparity in heart disease mortality rates between this region and the rest of the country.



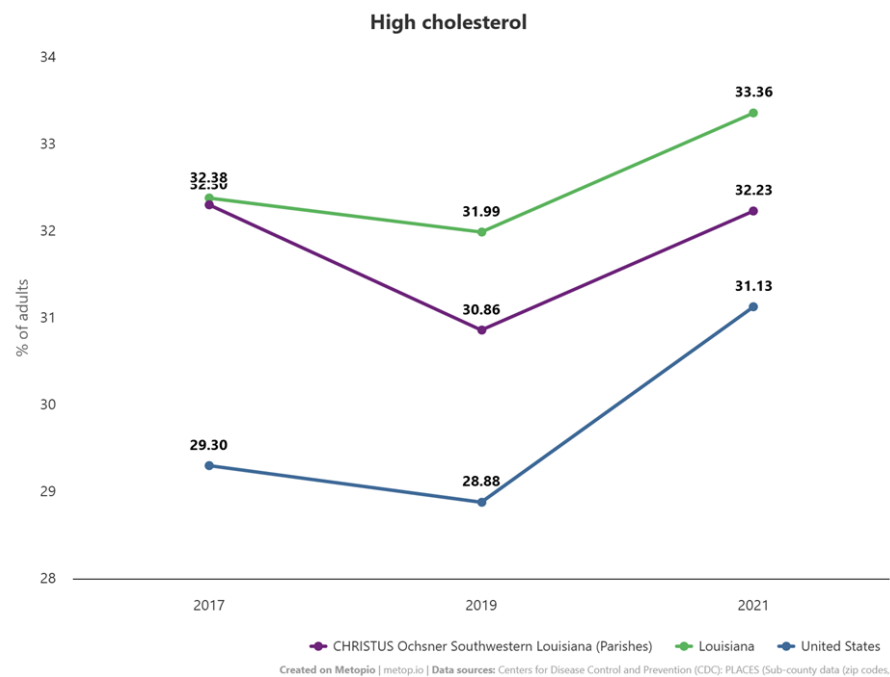
## Stroke Mortality

Stroke mortality in the United States is significantly lower than in Louisiana and the parishes served by CHRISTUS Ochsner Southwestern Louisiana. Louisiana's stroke mortality rate is 47.97, which is higher than the national average of 39.05. The parishes served by CHRISTUS Ochsner Southwestern Louisiana have the highest stroke mortality rate at 82.15.



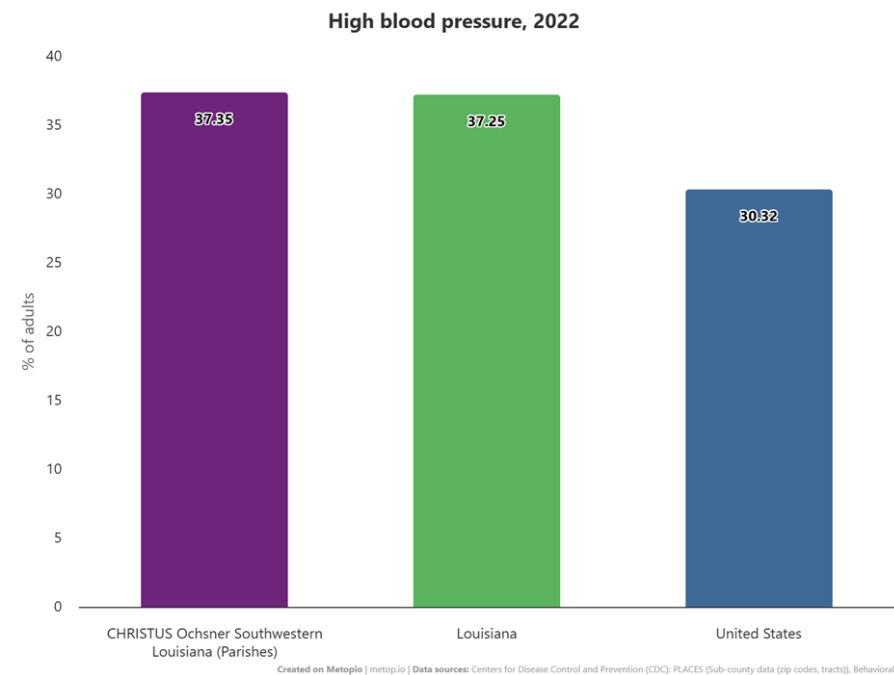
## High Cholesterol

High cholesterol levels in the United States have shown a general upward trend from 2017 to 2021. CHRISTUS Ochsner Southwestern Louisiana, covering several parishes in Louisiana, reported a high of 32.3% in 2017, which slightly decreased to 30.86% in 2019 before rising again to 32.23% in 2021. Nationwide, the high cholesterol rate was 29.3% in 2017, dipped to 28.88% in 2019 and increased to 31.13% in 2021. Overall, the data indicates a fluctuating but generally rising trend in high cholesterol across the specified locations.



## High Blood Pressure

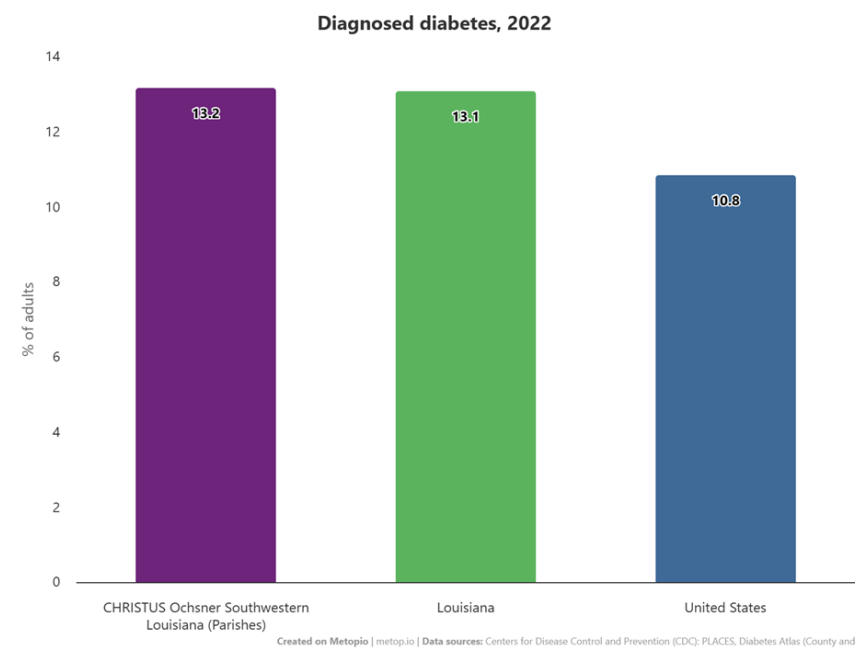
The data indicates a high prevalence of high blood pressure in Louisiana, with the state's rate slightly lower than that of CHRISTUS Ochsner Southwestern Louisiana. The national average is significantly lower, highlighting a regional health concern. This disparity suggests potential areas for targeted health interventions in Louisiana.



# Diabetes

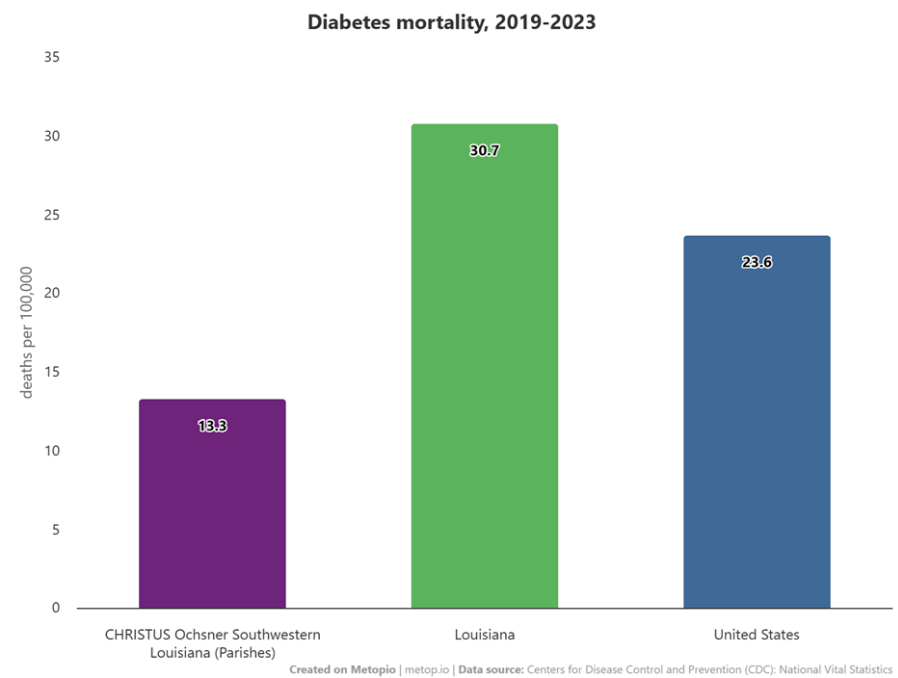
## Diagnosed Diabetes

The chart displays diagnosed diabetes rates across different regions, with CHRISTUS Ochsner Southwestern Louisiana having the highest rate at 13.17%. Louisiana's rate is slightly lower at 13.08%, while the United States has a rate of 10.84%. This indicates that both CHRISTUS Ochsner Southwestern Louisiana and Louisiana have higher diabetes rates than the national average.



## Diabetes Mortality

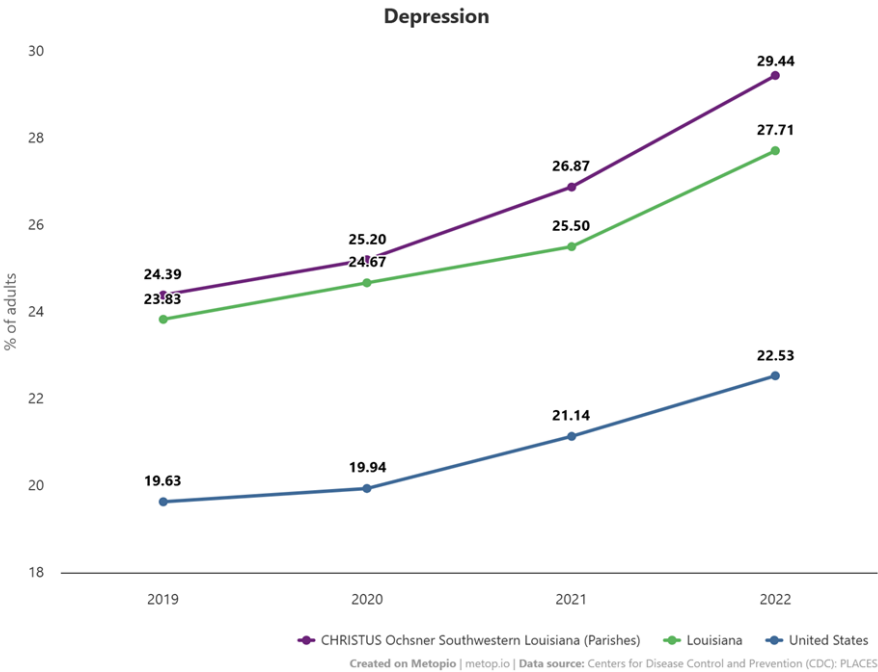
Diabetes mortality rates vary significantly across different regions. The United States has an average rate of 23.65 deaths per 100,000 people. Louisiana has a higher rate at 30.74, while the CHRISTUS Ochsner Southwestern Louisiana parishes have the highest rate at 13.3.



# Mental Health

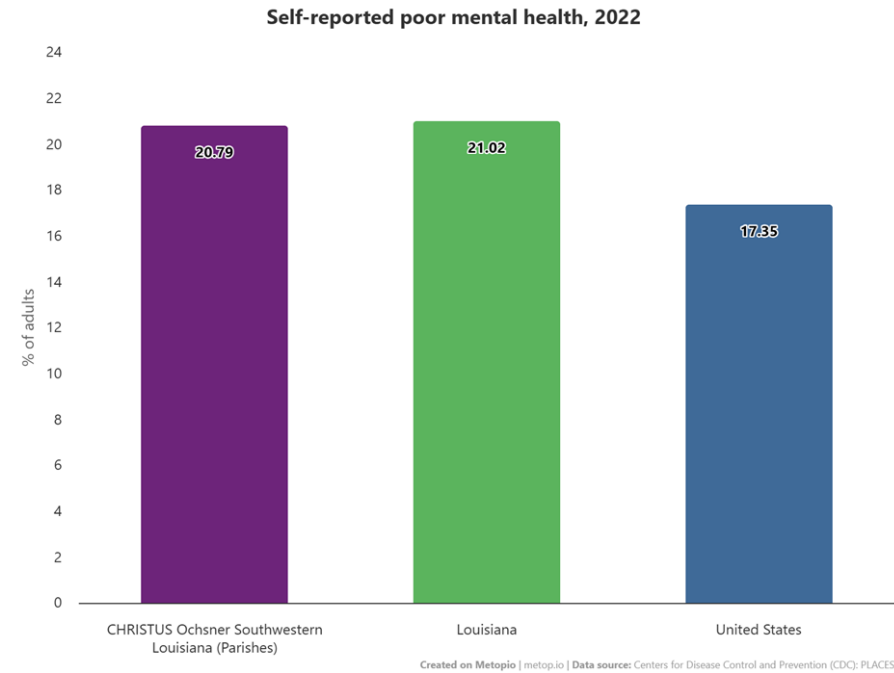
## Depression

Depression rates in CHRISTUS Ochsner Southwestern Louisiana (Parishes) have steadily increased from 24.39% in 2019 to 29.44% in 2022. This trend mirrors the state of Louisiana, which saw a rise from 23.83% to 27.71% over the same period. Nationally, the United States experienced an increase in depression rates, though at a lower rate, from 19.63% in 2019 to 22.53% in 2022.



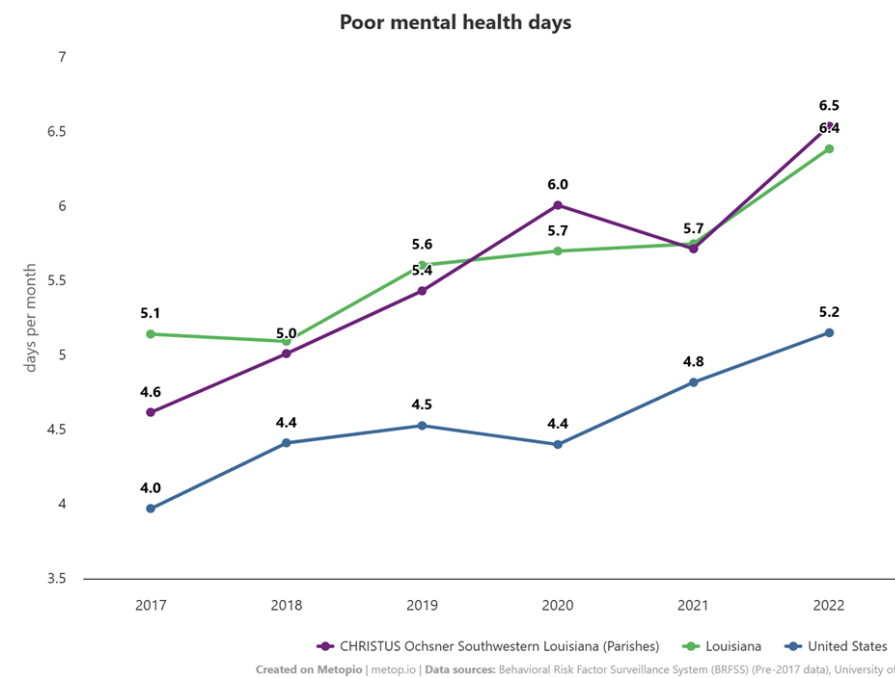
## Self-Reported Poor Mental Health

Self-reported poor mental health is a significant issue in the United States, with 17.35% of individuals indicating they experience it. In Louisiana, this rate is slightly higher at 21.02%, suggesting a greater prevalence of mental health challenges in the state. Within Louisiana, the parishes served by CHRISTUS Ochsner Southwestern Louisiana report an even higher rate of 20.79%, indicating a concentrated area of concern. This data highlights the need for targeted mental health support in these regions.



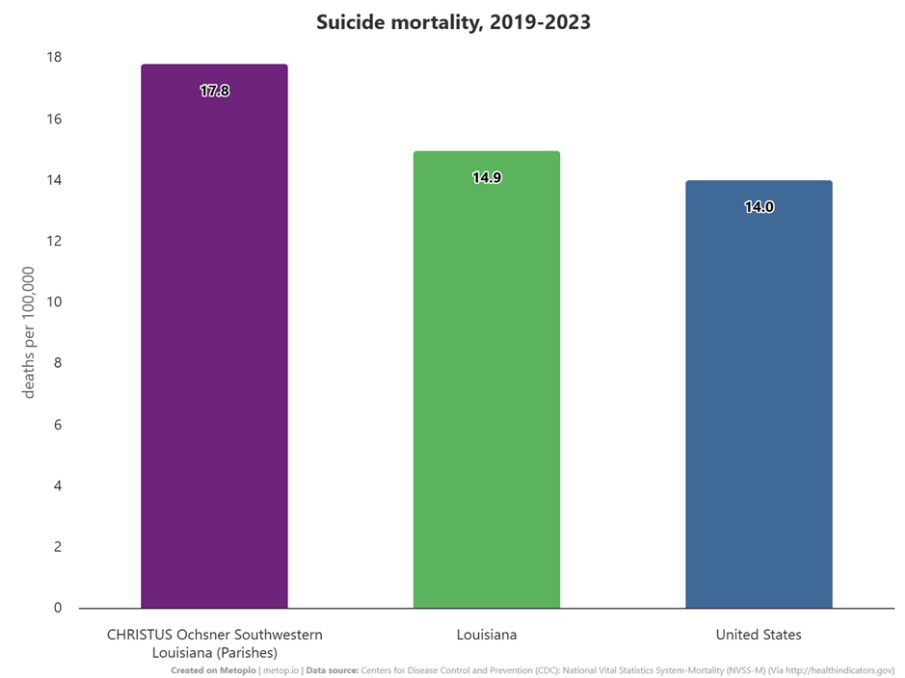
### Poor Mental Health Days

Poor mental health days have been higher in CHRISTUS Ochsner Southwestern Louisiana Parishes compared to Louisiana and the United States from 2017 to 2022. The region saw a significant increase in poor mental health days from 4.62 in 2017 to 6.54 in 2022. This trend indicates a growing mental health crisis in the area.



### Suicide Mortality

Suicide mortality in the United States is 13.98 per 100,000 people. Louisiana has a higher rate at 14.94, while CHRISTUS Ochsner Southwestern Louisiana, covering multiple parishes, has the highest rate at 17.78. This indicates a significant regional disparity in suicide mortality rates.

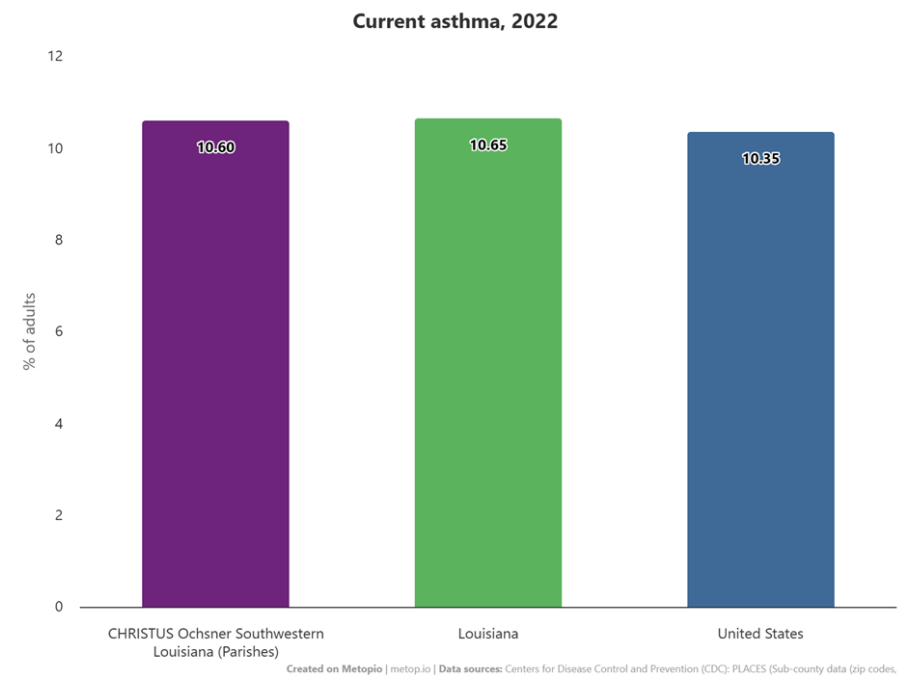




# Respiratory Illness

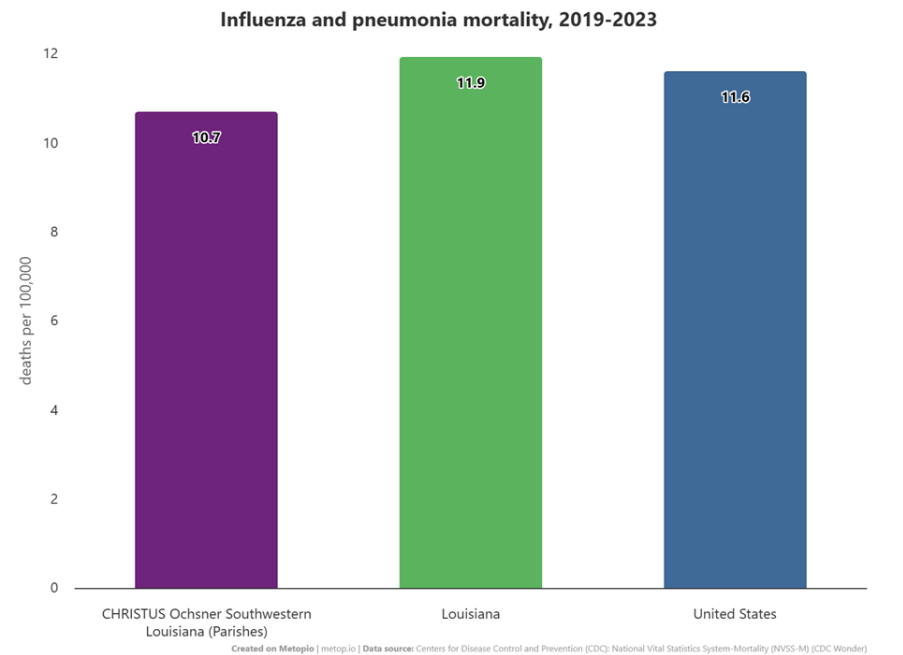
## Current Asthma

The data reveals the prevalence of current asthma in the United States, with a national average of 10.35%. Louisiana has a slightly higher rate at 10.65%. The CHRISTUS Ochsner Southwestern Louisiana parishes also show a similar rate of 10.6%.



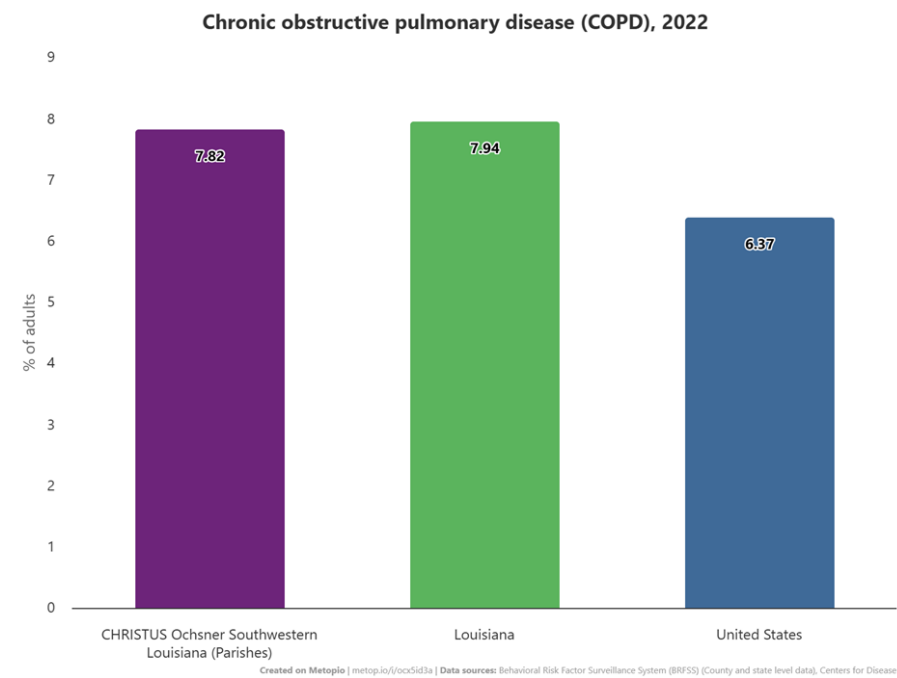
## Influenza and Pneumonia Mortality

Influenza and pneumonia mortality in the United States is 11.61 deaths per 100,000 people. The state of Louisiana has a higher mortality rate at 11.92, indicating a slightly elevated risk compared to the national average. Within Louisiana, CHRISTUS Ochsner Southwestern Louisiana, covering multiple parishes, has the highest rate at 10.69, still below the state average but notably high within the region. This data highlights the need for targeted health interventions in these areas to reduce influenza and pneumonia-related deaths.



# Chronic Obstructive Pulmonary Disease

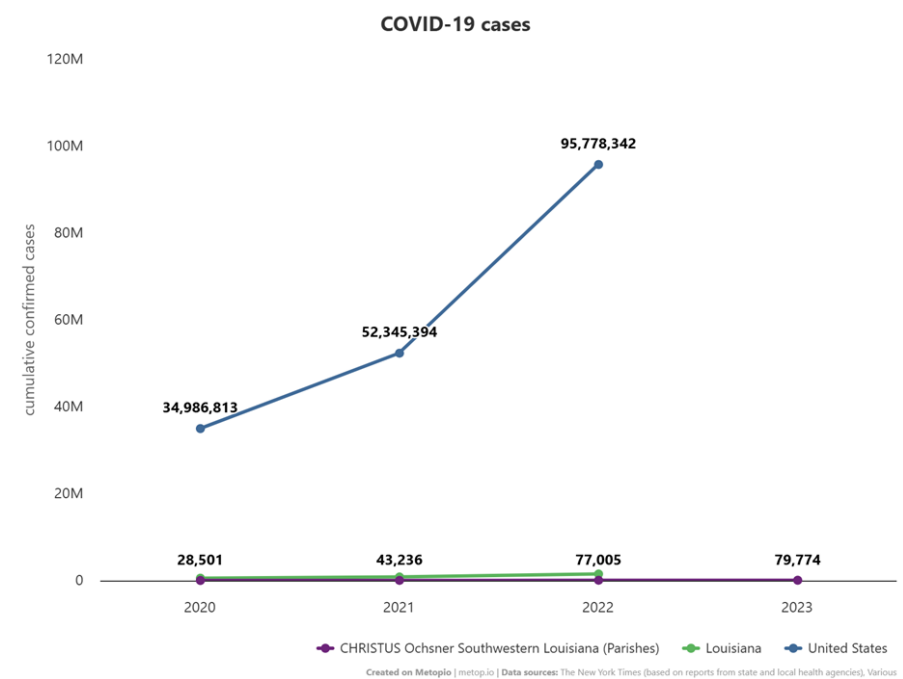
Chronic obstructive pulmonary disease (COPD) prevalence varies across different regions. In the United States, the national average is 6.37%. Louisiana has a higher prevalence at 7.94%, with CHRISTUS Ochsner Southwestern Louisiana parishes reporting the highest rate at 7.82%.



# COVID-19

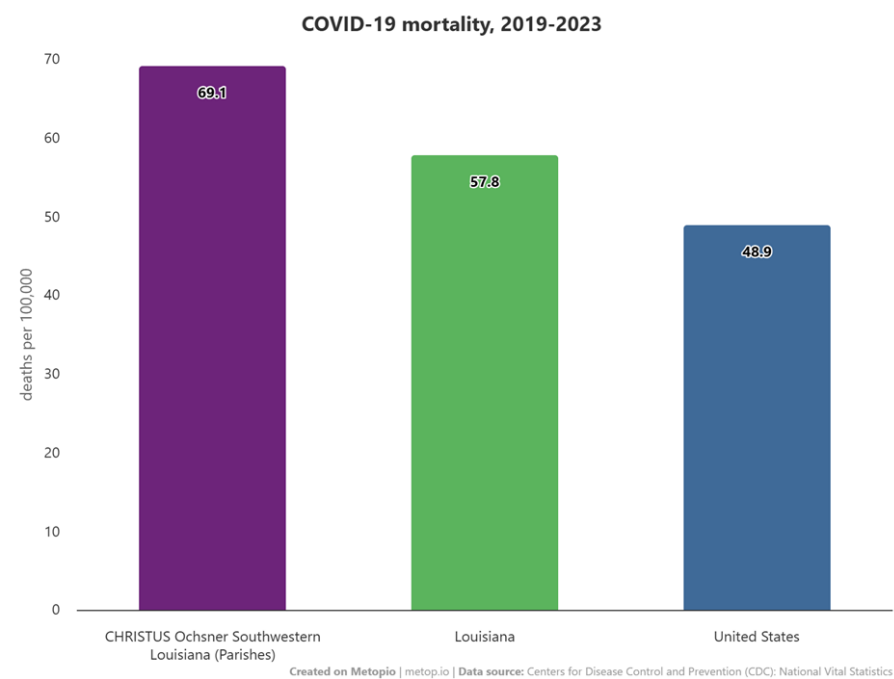
## COVID-19 Case Rate

COVID-19 cases in the United States have seen a significant increase over the years, with a notable surge in 2022. In Louisiana, the number of cases rose from 541,679 in 2020 to 1,512,922 in 2022. CHRISTUS Ochsner Southwestern Louisiana, covering several parishes, reported 28,501 cases in 2020, which increased to 77,005 by 2022. The data for 2023 is incomplete, indicating ongoing data collection.



## COVID-19 Mortality

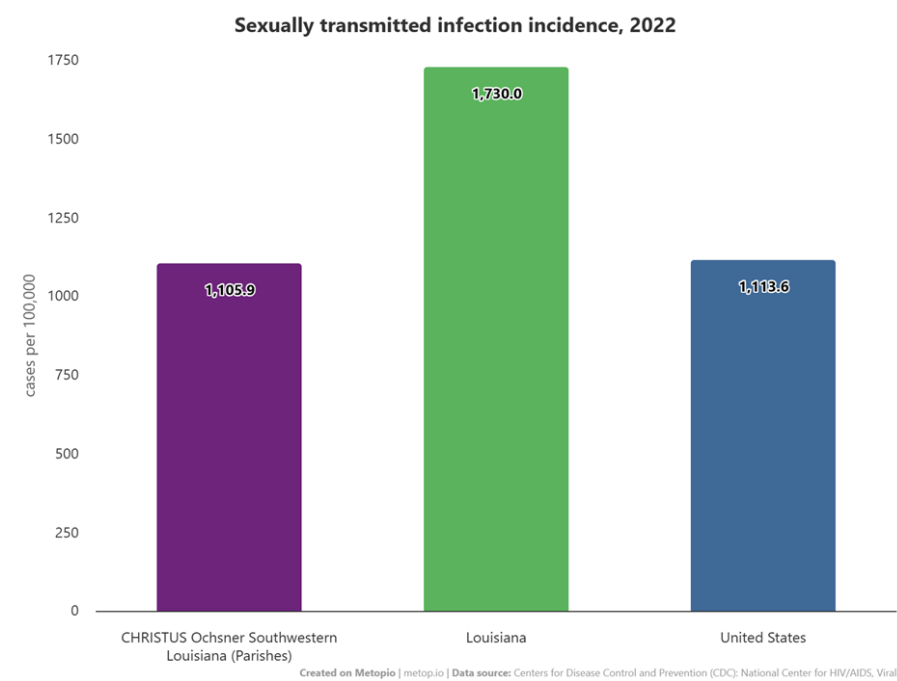
COVID-19 mortality rates are depicted for various regions. CHRISTUS Ochsner Southwestern Louisiana, covering multiple parishes, has the highest mortality rate at 69.11. Louisiana's overall rate is 57.77, while the United States' average is 48.91. This indicates a higher COVID-19 mortality rate in the specified Louisiana parishes compared to the state and national averages.



# STI

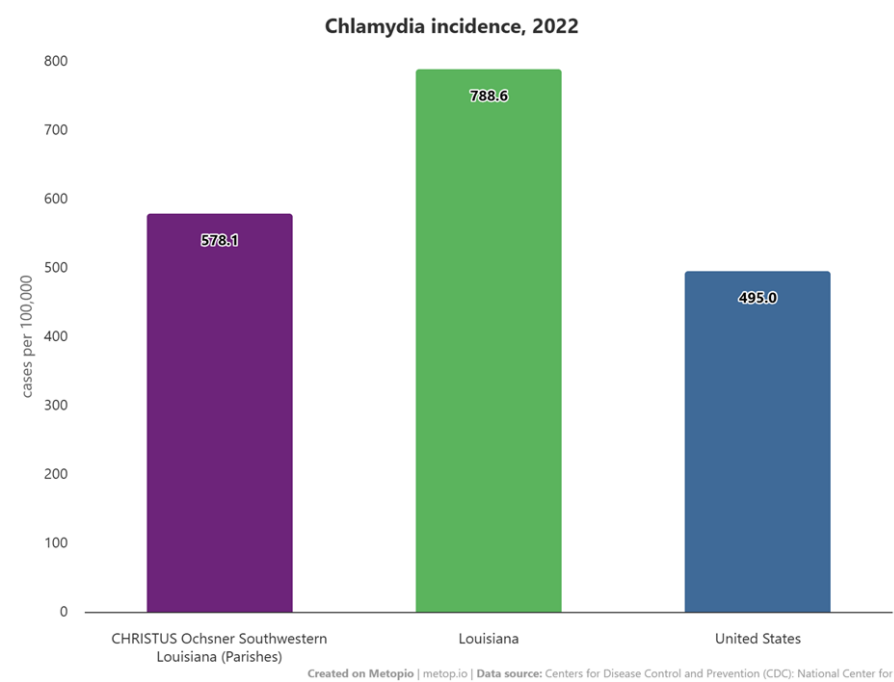
## Sexually Transmitted Infection Incidence

Sexually transmitted infection incidence is a critical health metric tracked across various regions. In the parishes served by CHRISTUS Ochsner Southwestern Louisiana, the incidence rate is 1105.9 per 100,000 people. This rate is slightly lower than the overall incidence in Louisiana, which stands at 1730.0, but aligns closely with the national average of 1113.6. These figures highlight the regional variations in STI incidence and underscore the importance of targeted public health interventions.



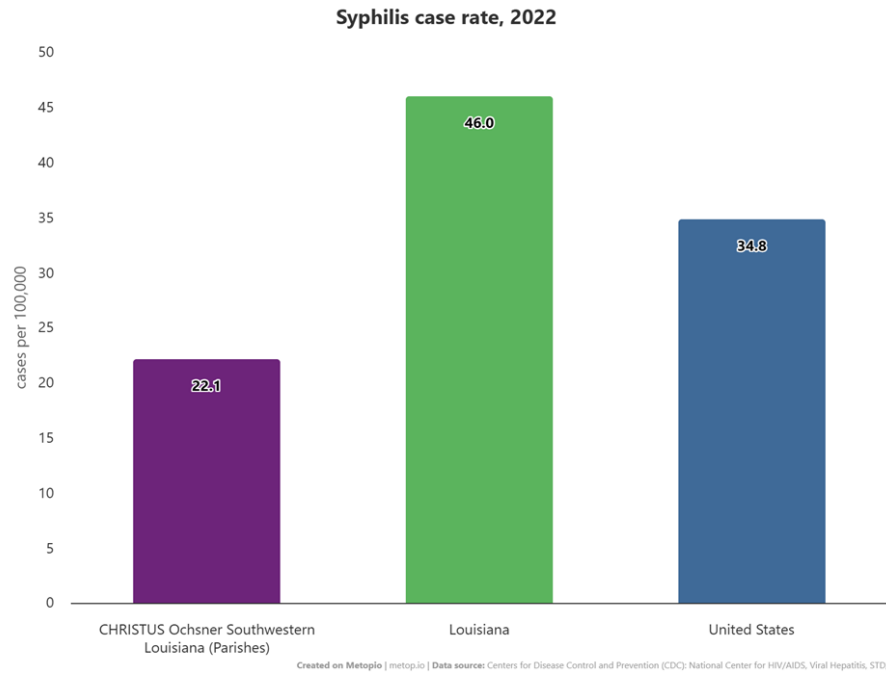
## Chlamydia Incidence

The incidence of chlamydia in the United States is 495.0 cases per 100,000 people. In Louisiana, the incidence rate is significantly higher at 788.6. The CHRISTUS Ochsner Southwestern Louisiana region, encompassing multiple parishes, reports an incidence rate of 578.09, which is lower than the state average but still above the national average.



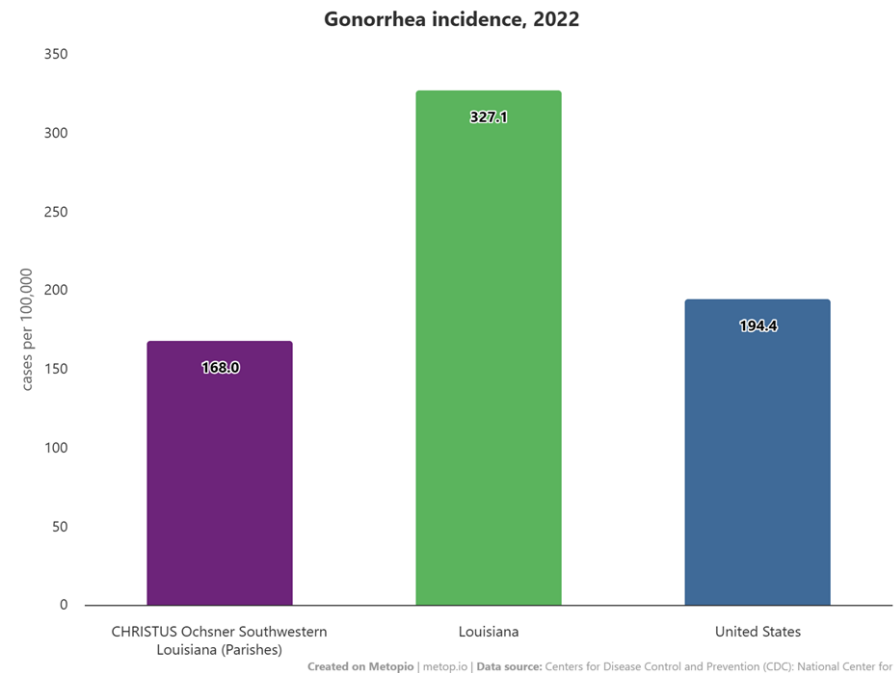
## Syphilis Case Rate

The syphilis case rate in the United States is 34.8 per 100,000 people. Louisiana has a significantly higher rate at 46.0. The CHRISTUS Ochsner Southwestern Louisiana area, encompassing several parishes, reports the highest rate at 22.14.



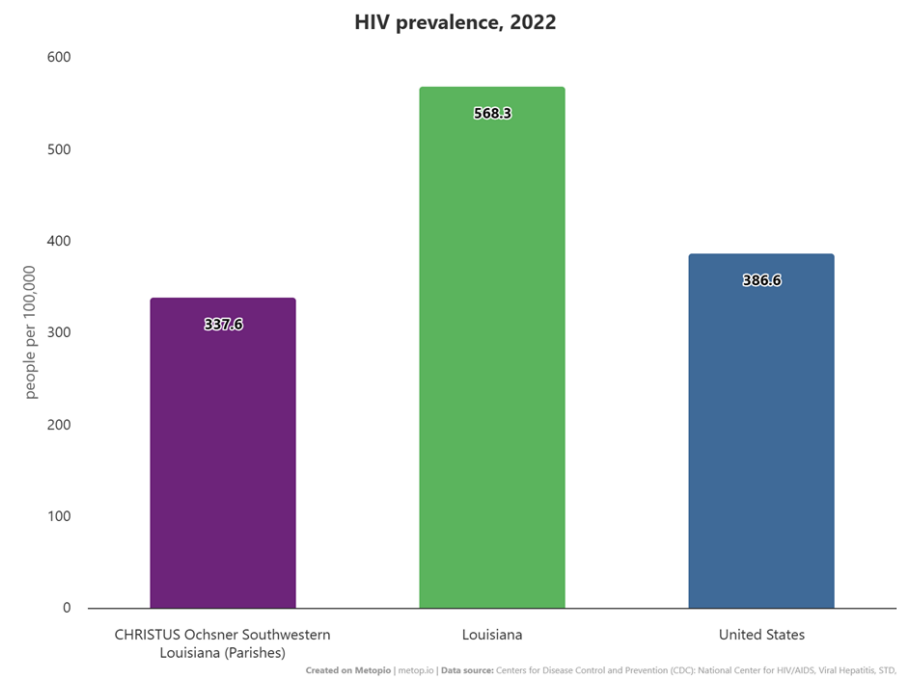
## Gonorrhea Incidence

Gonorrhea incidence rates are presented for the United States, the state of Louisiana and the parishes served by CHRISTUS Ochsner Southwestern Louisiana. The national rate stands at 194.4 cases per 100,000 people. Louisiana has a significantly higher incidence rate of 327.1, while the parishes served by CHRISTUS Ochsner Southwestern Louisiana report a rate of 168.03.



# HIV Prevalence

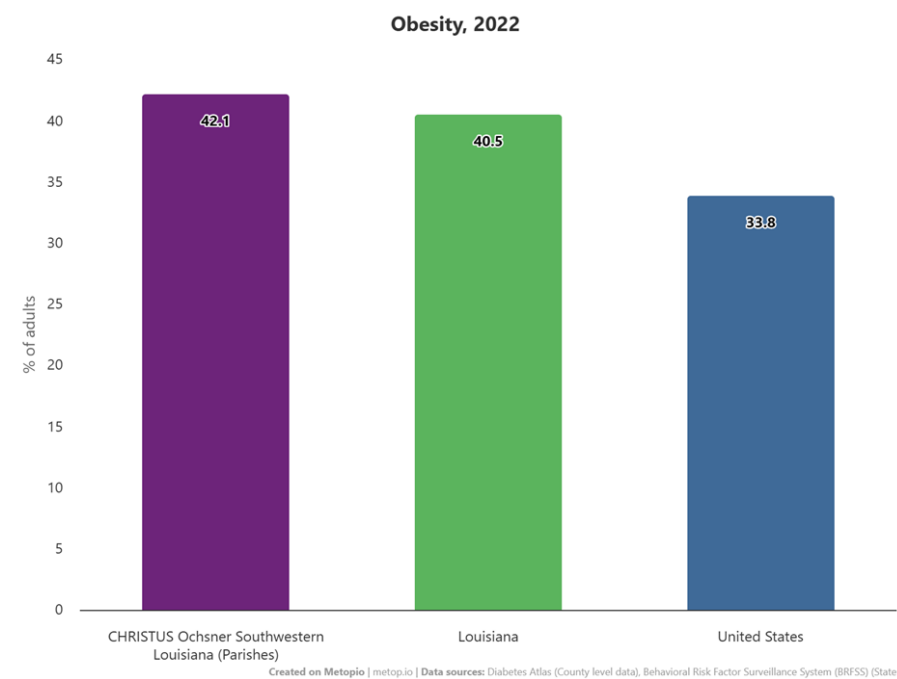
HIV prevalence in the United States is 386.6 per 100,000 people. Louisiana has a significantly higher prevalence at 568.3. The parishes served by CHRISTUS Ochsner Southwestern Louisiana have the lowest prevalence among the listed areas, at 337.64.



# Obesity

## Obesity

Obesity rates are notably high in the parishes served by CHRISTUS Ochsner Southwestern Louisiana, with a rate of 42.11%. Louisiana as a whole also has a high obesity rate of 40.49%, significantly higher than the national average of 33.83%. This indicates a significant health challenge in this region, which may require targeted interventions to address.



# Hospital Utilization Data

Clinical utilization data offers a valuable window into the health issues most affecting our communities. By examining hospital and clinic diagnoses across outpatient, emergency, inpatient and behavioral health settings, we gain insight into the conditions driving care needs; highlighting where prevention, chronic disease management or improved access may be needed.

This section summarizes the most common diagnoses across CHRISTUS Ochsner Southwestern Louisiana Health System from 2022 to 2025, including outpatient and pediatric visits, emergency department use, hospital admissions and behavioral health encounters. These data reflect the realities of care delivery on the ground and help identify where community resources and system efforts can be better aligned to improve health outcomes. With these insights, we can better respond to the community and meet people where they are, building a healthier future together.



## Reasons People Are Admitted to the Hospital

CHRISTUS OCHSNER LAKE AREA HOSPITAL	CHRISTUS OCHSNER ST. PATRICK HOSPITAL
Childbirth	Sepsis
Maternal care	Heart/circulatory
Sepsis	Kidney failure/disease
	Cardiorenal disease
	Major depressive disorder
	Bipolar disorder
	Infections
	Hypertension
	Pneumonia
	Respiratory system

### What This Data Tells Us

Hospital admission trends across CHRISTUS Ochsner Lake Area Hospital and St. Patrick Hospital reveal a mix of acute medical conditions, chronic disease complications and behavioral health needs. These patterns highlight the importance of integrated care, early intervention and community-based support.

**Childbirth and maternal care:** High admission rates reflect strong demand for obstetric services and the need for continued investment in prenatal, delivery and postpartum care.

**Sepsis and infections:** Repeated admissions for sepsis and other infections point to gaps in early detection and outpatient treatment, emphasizing the need for infection prevention and timely care access.

**Heart/circulatory and hypertension:** Cardiovascular conditions remain a leading cause of hospitalization, underscoring the importance of chronic disease management and heart health education.

**Kidney failure and cardiorenal disease:** These complex, co-occurring conditions require coordinated care between nephrology and cardiology to reduce complications and readmissions.

**Pneumonia and respiratory system disorders:** Respiratory illnesses continue to drive hospitalizations, particularly among older adults and those with chronic lung conditions. Vaccination and respiratory care access are key.

**Major depressive disorder and bipolar disorder:** Behavioral health admissions highlight the need for expanded mental health services, crisis intervention and long-term psychiatric care.

These admission patterns call for a comprehensive approach to care — one that strengthens chronic disease management, expands behavioral health services and improves access to preventive and early intervention care across the region.

## How Our Emergency Rooms Are Being Used

CHRISTUS OCHSNER LAKE AREA HOSPITAL	CHRISTUS OCHSNER ST. PATRICK HOSPITAL
Respiratory infection	Chest pain
COVID-19	Sepsis
Chest pain	Respiratory infection
Urinary tract infection	COVID-19
Influenzas	Syncope
Gastroenteritis	Heart disease
Other viral infection	Urinary tract infection
Streptococcal pharyngitis	Kidney failure
Nausea	Back pain
Back pain	Dizziness and giddiness

### What This Data Tells Us

Emergency room data from CHRISTUS Ochsner Lake Area Hospital and St. Patrick Hospital reveals a high volume of visits driven by both acute medical conditions and non-emergent symptoms. These patterns highlight the need for expanded urgent care access, chronic disease management and patient education on appropriate ER use.

- **Respiratory infections, COVID-19, influenza and other viral infections:** These seasonal and contagious illnesses continue to drive ER visits, underscoring the importance of vaccination, early outpatient care and public health outreach.
- **Chest pain and heart disease:** Frequent visits for chest pain and cardiac symptoms reflect ongoing cardiovascular risks and the need for accessible diagnostic services and preventive heart care.
- **Sepsis and kidney failure:** These serious conditions require rapid intervention, highlighting the importance of early detection and chronic disease management to prevent escalation.

- **Urinary tract infections and gastroenteritis:** Common but often manageable in outpatient settings, these visits suggest opportunities to redirect care through urgent care clinics.
- **Syncope, dizziness and nausea:** These symptoms often lead to ER visits due to uncertainty or concern, pointing to the need for better access to same-day primary care and triage support.
- **Back pain:** A frequent but often non-emergent complaint, back pain visits highlight the need for musculoskeletal care alternatives outside the ER.
- **Streptococcal pharyngitis:** This treatable infection continues to appear in ER data, suggesting a need for expanded access to rapid testing and treatment in community clinics.

Many ER visits are for conditions that could be managed in lower-acuity settings. Strengthening urgent care access, improving health literacy and expanding same-day primary care options can help reduce ER strain and improve patient outcomes.

## How Our Outpatient Clinics Are Being Used

CHRISTUS OCHSNER LAKE AREA HOSPITAL	CHRISTUS OCHSNER ST. PATRICK HOSPITAL
Mammogram	Mammogram
Respiratory infection	Not specified
Osteoporosis	Screening for malignant neoplasm of colon
Antineoplastic chemotherapy	Encounter for general adult medical examination
Urinary tract infection	Chest pain
COVID-19	Elevated prostate specific antigen
Chest pain	Malignant neoplasm of prostate
Hypertension	Encounter for follow-up examination after cancer treatment
Influenza	Hypertension
Abdominal pain	Encounter for screening for malignant neoplasm of respiratory organs

## What This Data Tells Us

Outpatient clinic data from CHRISTUS Ochsner Lake Area Hospital and St. Patrick Hospital reflects strong engagement in preventive care, chronic disease management and cancer-related services. These patterns highlight the importance of accessible screening, follow-up care and coordinated treatment.

- **Mammograms and cancer screenings:** High volumes of breast, colon and respiratory cancer screenings show strong preventive care participation. Continued outreach and follow-up are key to early detection.
- **General medical exams and follow-ups:** Routine checkups and post-treatment visits indicate consistent engagement in long-term care and monitoring, especially for cancer survivors.
- **Hypertension and elevated prostate specific antigen:** Frequent visits for blood pressure and prostate health reflect ongoing management of chronic and age-related conditions.
- **Respiratory infections, COVID-19 and influenza:** These visits show continued demand for acute care and highlight the need for vaccination and early intervention.
- **Urinary tract infections and abdominal pain:** These common conditions suggest the importance of timely access to diagnostics and treatment in outpatient settings.
- **Osteoporosis and chest pain:** These visits reflect both preventive bone health care and evaluation of potentially serious symptoms, reinforcing the need for accessible diagnostics.
- **Chemotherapy:** Ongoing outpatient cancer treatments emphasize the need for coordinated oncology care and supportive services.

Outpatient clinics are playing a vital role in preventive care, chronic disease management and cancer treatment. Continued investment in access, education and care coordination will help sustain and improve health outcomes across the region.

## How Behavioral Health Is Showing Up in Our Hospitals

CHRISTUS OCHSNER LAKE AREA HOSPITAL	CHRISTUS OCHSNER ST. PATRICK HOSPITAL
Acute adjustment reaction and psychosocial dysfunction	Operating room procedures with principal diagnosis of mental illness
Psychoses	Acute adjustment reaction and psychosocial dysfunction
Alcohol drug abuse or dependence left against medical advice (AMA)	Depressive neuroses
Alcohol drug abuse or dependence without rehabilitation therapy with major complications or comorbidities (MCC)	Neuroses except depressive
Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)	Disorders of personality and impulse control
	Organic disturbances and intellectual disability (dementia)
	Psychoses
	Behavioral and developmental disorders
	Other mental disorder diagnoses
	Alcohol drug abuse or dependence left against medical advice (AMA)

### What This Data Tells Us

Behavioral health data from Lake Area and St. Patrick hospitals reveals a significant and complex demand for mental health and substance use services.

- **Psychoses and neuroses:** High admission rates for severe mental illnesses reflect the need for sustained psychiatric care, inpatient stabilization and community-based follow-up.
- **Acute adjustment reactions and psychosocial dysfunction:** These cases often stem from situational crises, underscoring the importance of early intervention, counseling access and crisis stabilization units.
- **Alcohol and drug dependence:** Repeated admissions, especially those leaving against medical advice, point to gaps in addiction treatment, stigma and continuity of care. Expanded access to rehabilitation and harm reduction services is critical.
- **Disorders of personality and impulse control:** These complex behavioral conditions require long-term therapeutic support and coordinated outpatient care.
- **Intellectual disabilities:** These cases, often involving children and adolescents, emphasize the importance of early diagnosis, school-based interventions and family-centered care.

- **Other mental disorder diagnoses:** A broad range of behavioral health conditions continue to present in hospital settings, reinforcing the need for integrated behavioral health services across all levels of care.

Behavioral health is a major driver of hospital utilization. Strengthening access to mental health care, substance use treatment and crisis response, especially in underserved areas, is essential to improving outcomes and reducing preventable hospitalizations.

# Community Survey

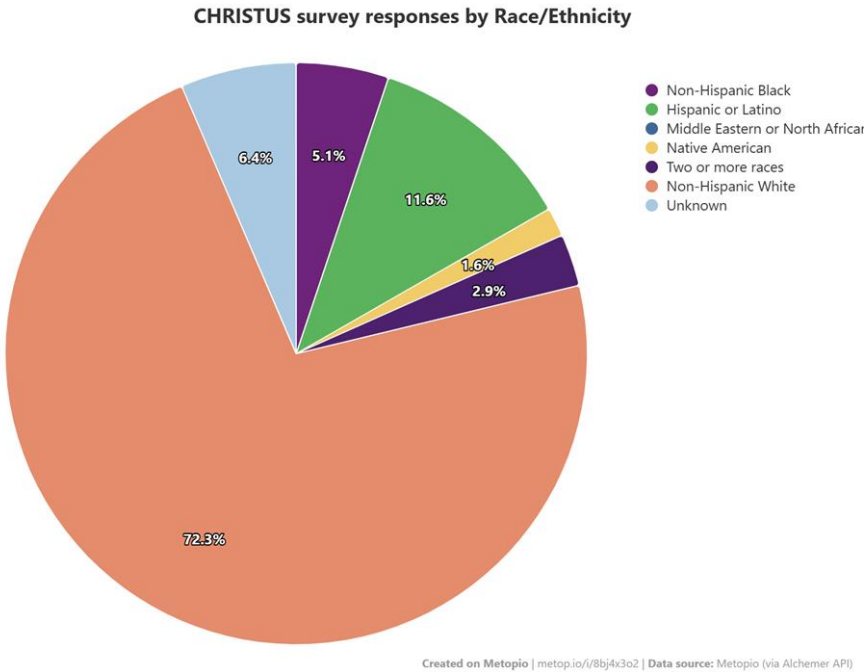
As part of the 2026–2028 Community Health Needs Assessment, CHRISTUS Health ministries, together with Metopio, a data analytics partner, developed and distributed a community survey to reach Associates (employees), patients and residents across the region. The survey was available in both online and paper formats to ensure accessibility for those without reliable internet access. The survey was available in four languages: English, Spanish, Vietnamese and Marshallese. This year, the survey included questions aligned with our clinical social needs screening tools to ensure consistency across community and clinical data. These questions focused on key social determinants of health (SDOH) such as food insecurity, housing instability, transportation access and ability to pay for medical care.

A total of 343 surveys were completed by Associates, community residents and patients within the communities that the CHRISTUS Ochsner Southwestern Louisiana Health System serves. These responses were analyzed for inclusion in this report. Although the survey is not intended to be statistically representative, it offers a valuable glimpse into the challenges and health concerns faced by the community. These survey results are instrumental in ensuring that diverse voices are represented, and they provide useful information that will guide the development of implementation plans, ensuring they are responsive to both lived realities and data trends.



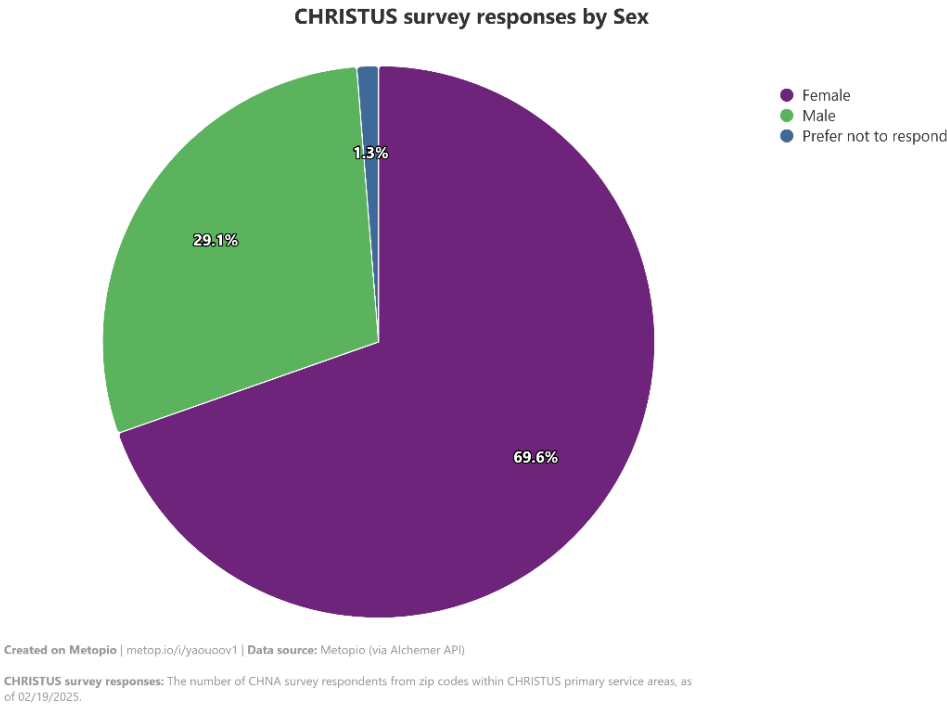
## Responses by Race and Ethnicity

The data represents survey responses from CHRISTUS Ochsner Southwestern Louisiana, covering various zip codes. The majority of respondents are Non-Hispanic White, with 225 responses. Other ethnic groups, such as Non-Hispanic Black, Hispanic or Latino, Native American and two or more races, have significantly fewer responses, indicating a potential need for outreach to these communities. Additionally, 20 respondents chose not to disclose their race/ethnicity.



## Responses by Sex

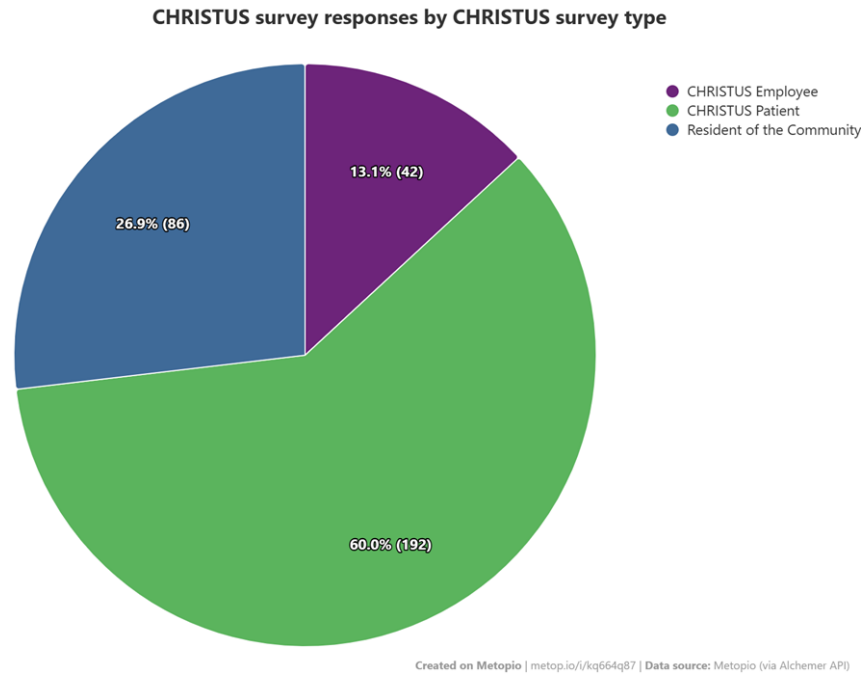
The data represents survey responses from CHRISTUS Ochsner Southwestern Louisiana, categorized by sex. The majority of respondents are female, accounting for 220 responses, while 92 respondents are male. A small number of respondents, 4, preferred not to disclose their sex. This distribution highlights a significant gender disparity in the survey responses.





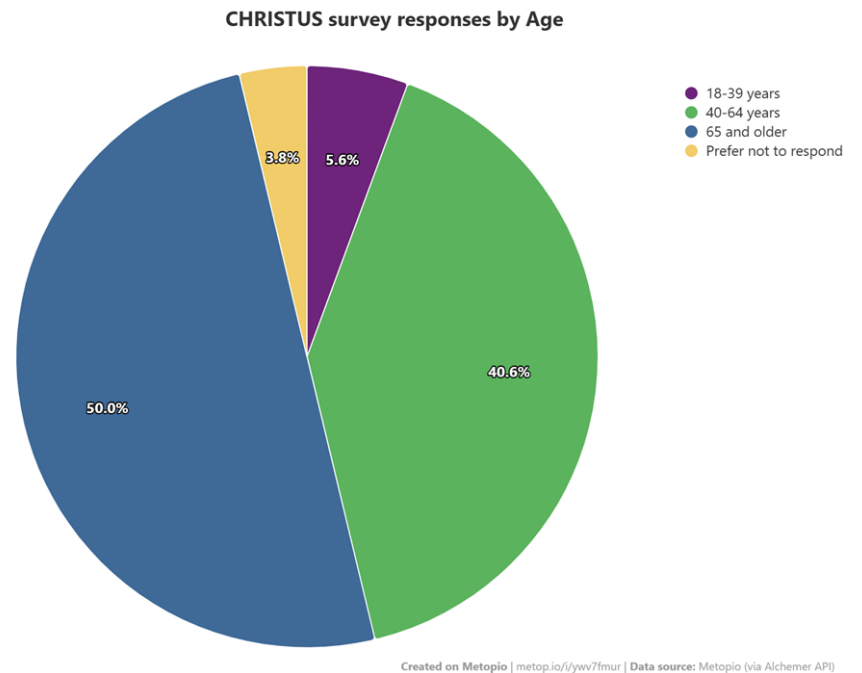
## Responses by Type of Survey

The data represents survey responses from various groups related to CHRISTUS Ochsner Southwestern Louisiana. The majority of responses come from CHRISTUS patients, with 192 responses. Residents of the community also provided a significant number of responses, with 86.



## Responses by Age

The data represents survey responses from CHRISTUS Ochsner Southwestern Louisiana, categorized by age groups. The majority of respondents fall into the 65 and older age group, with 160 responses. This is followed by 130 responses from the 40-64 years age group. The 18-39 years age group had 18 responses, while 12 respondents preferred not to disclose their age.

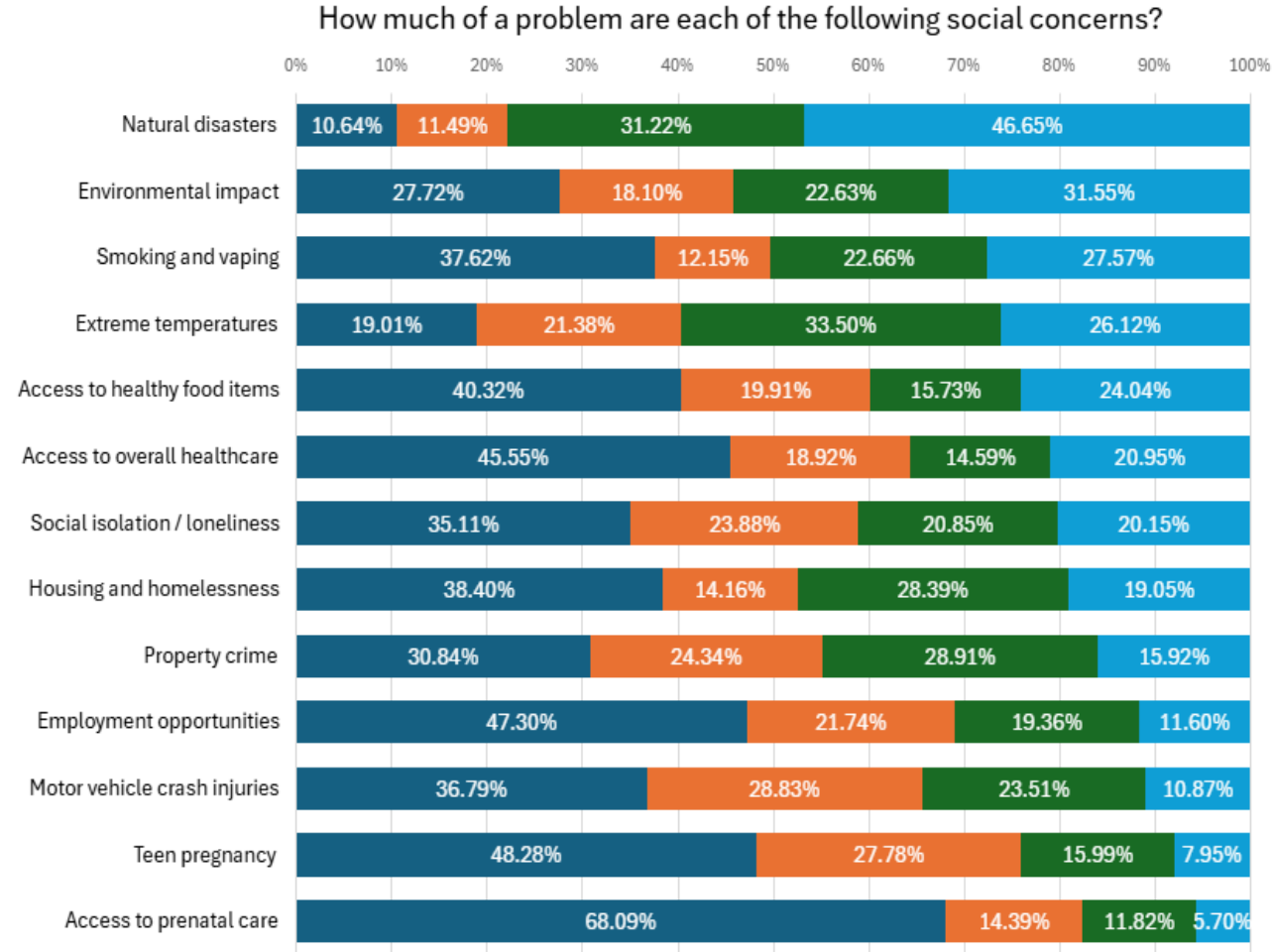


## Social Concerns

This visualization captures how community members perceive various social concerns based on responses from the CHRISTUS Ochsner Southwestern Louisiana Community Health Survey. Issues such as natural disasters, the environment and extreme temperatures stood out as environmental stressors of concern. Smoking and vaping and access to healthy food items were also identified as moderate to serious problems. This data informs which social determinants may be most affecting community well-being.

The chart's legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem

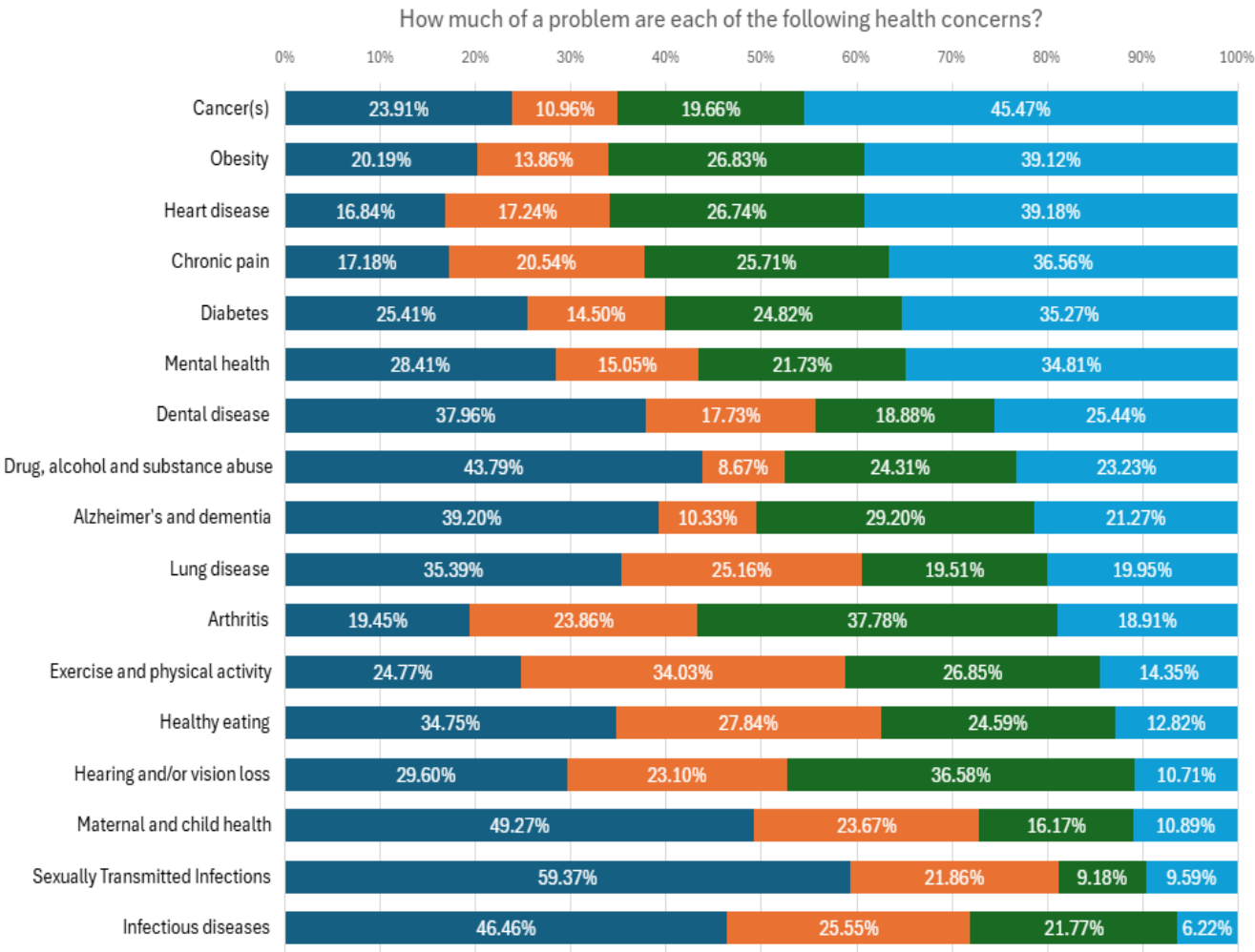


# Health Concerns

The data displays community perceptions of various health concerns, gathered through the CHRISTUS Ochsner Southwestern Louisiana Community Health Survey. Respondents were asked to rate how much of a problem each listed condition is in their community. Cancer, obesity and heart disease were perceived as “serious” problems, while conditions like STIs and infectious diseases were more commonly rated as “not at all a problem.” The chart provides insight into which health issues are most pressing in the eyes of community members.

The chart’s legend uses four distinct colors to indicate problem severity:

- Not at all a problem
- Minor problem
- Moderate problem
- Serious problem



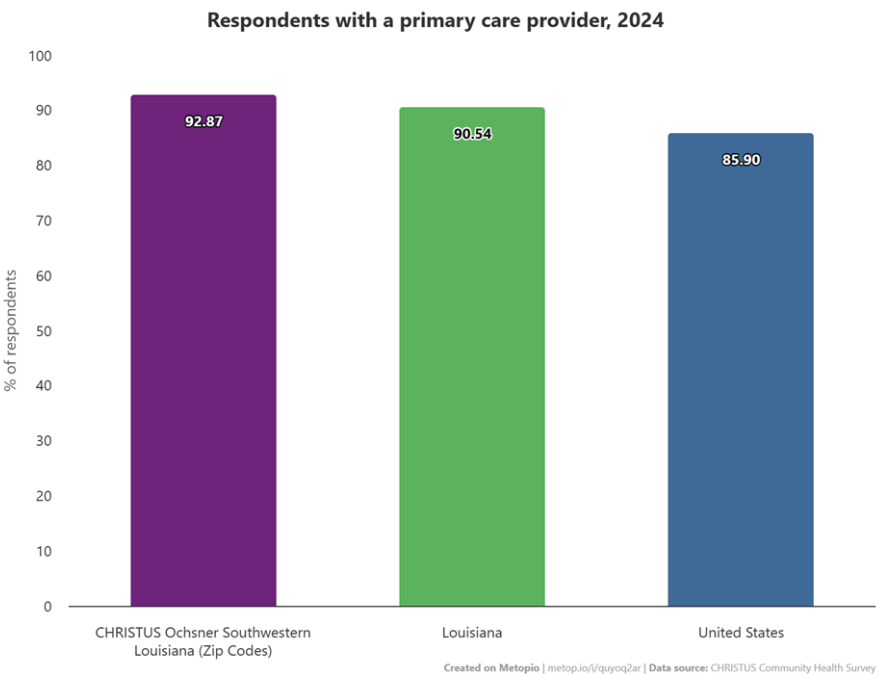
## The Story Behind the Health and Social Concerns

The community health survey responses highlight several recurring themes regarding health and social issues in the neighborhood. Access to affordable health care and medications is a significant concern, with many mentioning high costs, lack of specialists and inadequate insurance coverage. There is also a strong call for better mental health services, particularly for the homeless and children with special needs. Social issues such as crime, violence and lack of community engagement are prevalent, with respondents expressing a need for more activities for youth and support for the elderly. Environmental concerns, including pollution from industrial plants and inadequate infrastructure, are also noted. Additionally, there is a desire for improved public transportation and more grocery stores offering healthy food options to combat food deserts. Overall, the responses indicate a need for comprehensive community support systems to address these multifaceted issues.



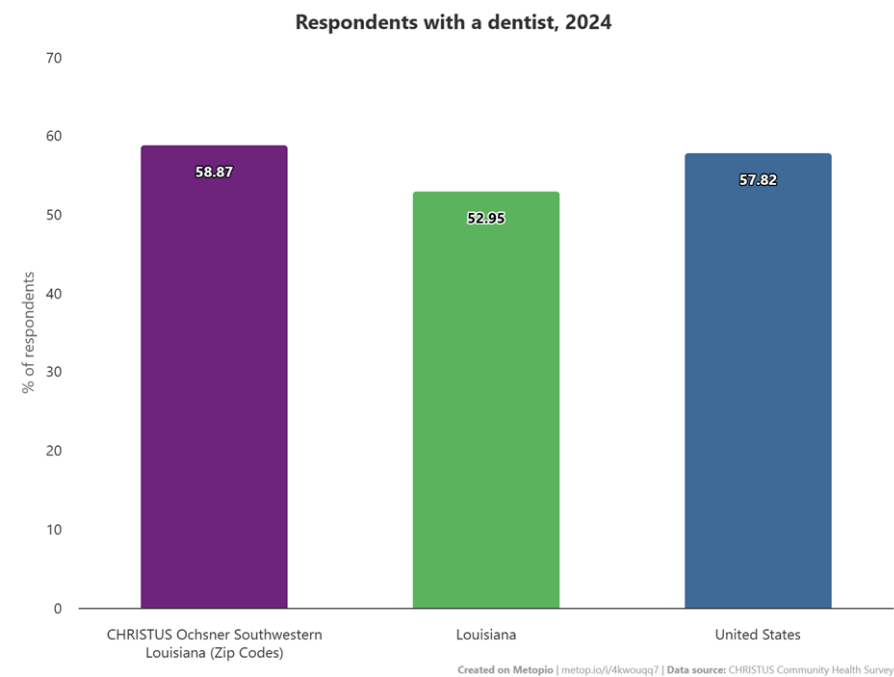
## Primary Care Provider

The majority of respondents in the United States have a primary care provider, with a national average of 85.9%. Louisiana has a slightly higher rate at 90.54%, while the CHRISTUS Ochsner Southwestern Louisiana region, encompassing specific zip codes, boasts the highest rate at 92.87%. This indicates a strong presence of primary care access in these areas.



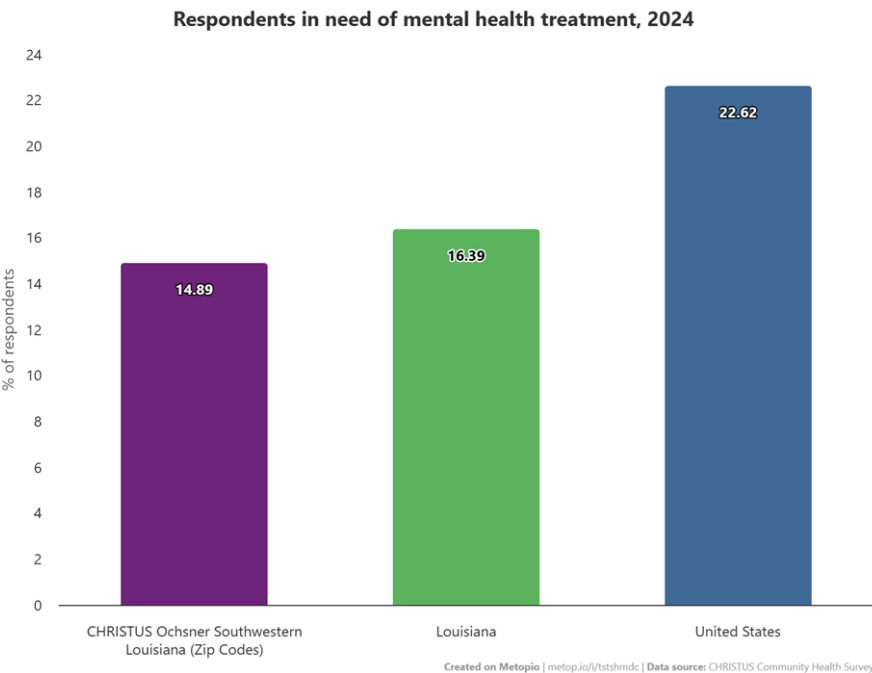
## Dentist

The percentage of respondents with a dentist is 58.87% in the CHRISTUS Ochsner Southwestern Louisiana area, which is higher than the Louisiana state average of 52.95% and slightly above the national average of 57.82%. This indicates that the local health services in this region may be more effective in promoting dental care. The higher rate in this specific area compared to the state and national averages suggests potential best practices or policies that could be beneficial if implemented more broadly.



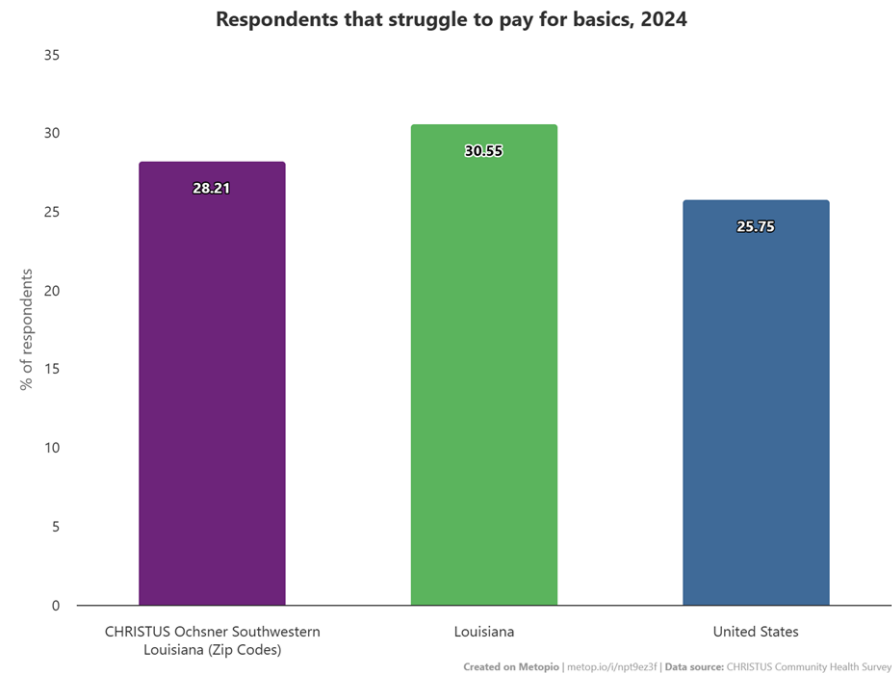
# Mental Health

Respondents in need of mental health treatment are represented in the data for CHRISTUS Ochsner Southwestern Louisiana, Louisiana and the United States. The highest percentage of respondents in need of mental health treatment is found in the United States at 22.62%. Louisiana has a slightly lower percentage at 16.39%, while CHRISTUS Ochsner Southwestern Louisiana has the lowest percentage at 14.89%.



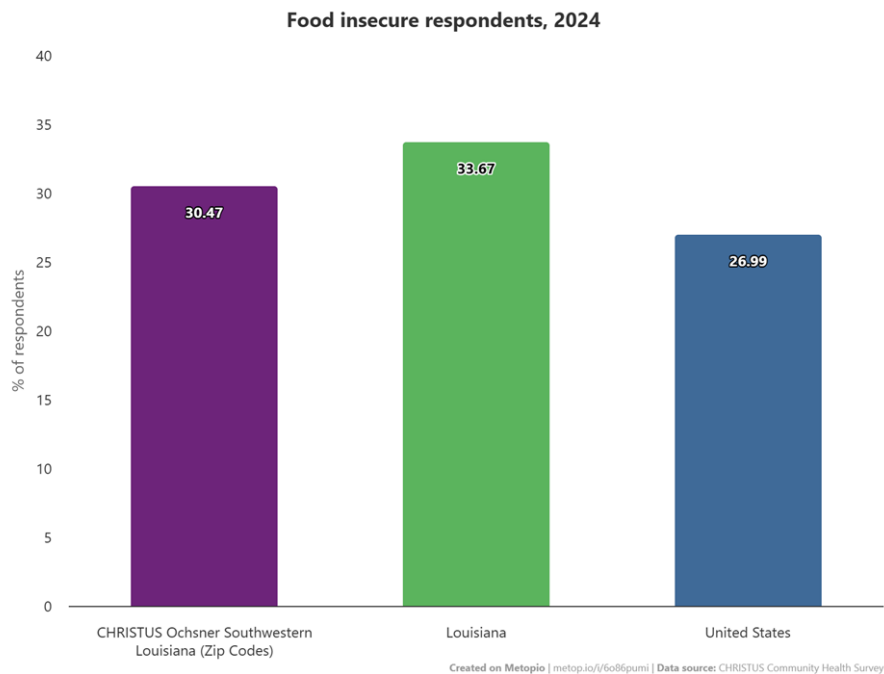
# Basic Needs

Respondents in the United States struggle to pay for basics at a rate of 25.75%. In Louisiana, this rate is higher, at 30.55%. The highest rate is found in the ZIP codes served by CHRISTUS Ochsner Southwestern Louisiana, where 28.21% of respondents face this challenge. This indicates a significant financial strain in these specific areas compared to the national average.



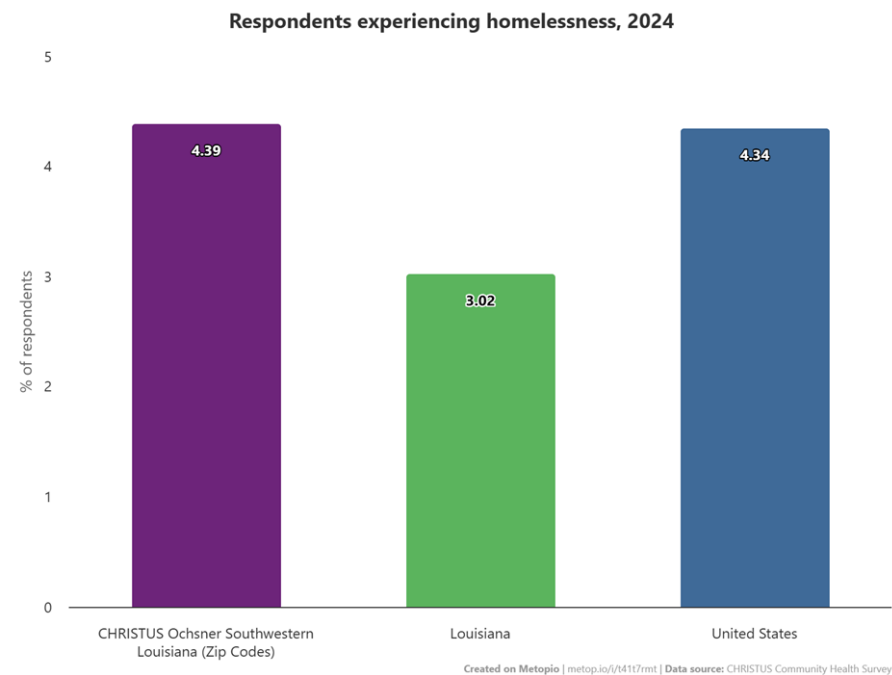
## Food Insecurity

Food insecurity is a significant issue in the United States, with 26.99% of respondents reporting food insecurity. In Louisiana, this rate is even higher at 33.67%. The most affected area is the CHRISTUS Ochsner Southwestern Louisiana zip codes, where 30.47% of respondents are food insecure. This data highlights the need for targeted interventions to address food insecurity in these regions.



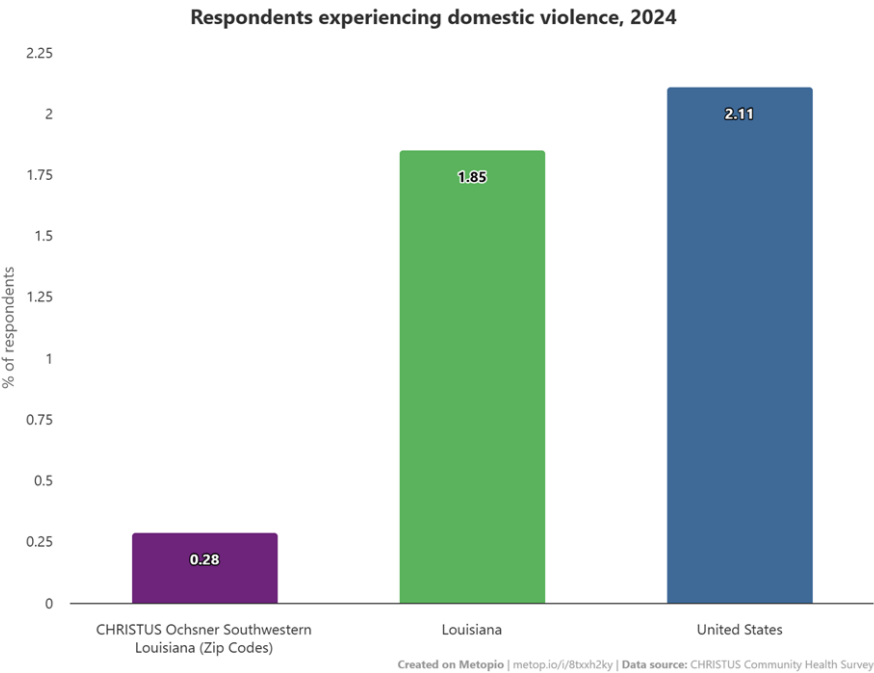
## Homelessness

The data indicates that respondents experiencing homelessness are represented in various geographical areas, with the highest rate found in the zip codes served by CHRISTUS Ochsner Southwestern Louisiana. Louisiana as a whole has a lower rate compared to the national average. The national rate of respondents experiencing homelessness is 4.34%, which is slightly lower than the rate in the specific zip codes of CHRISTUS Ochsner Southwestern Louisiana.



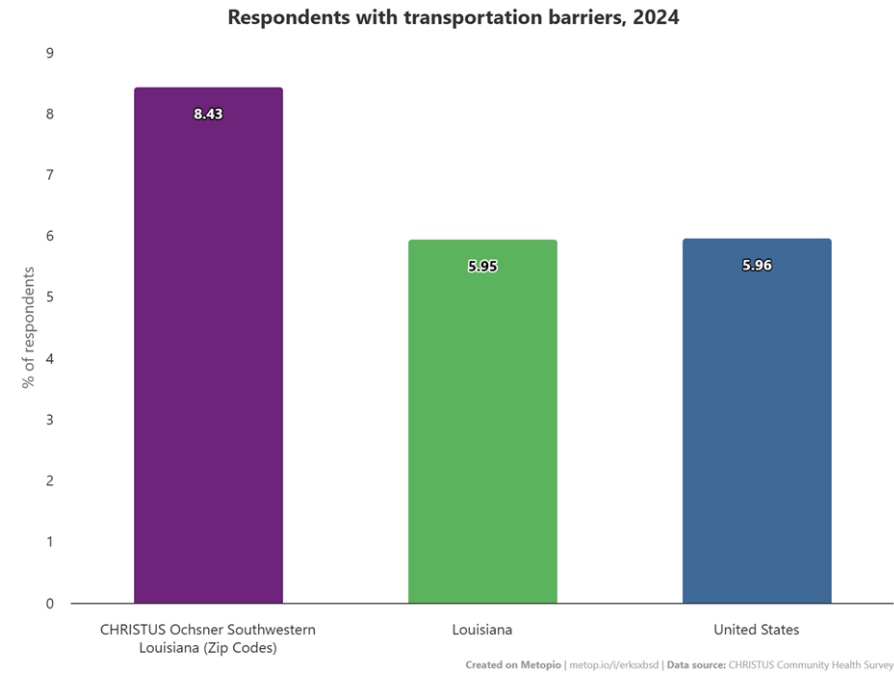
# Domestic Violence

The data indicates that respondents experiencing domestic violence in the United States is 2.11%. Within Louisiana, this rate is slightly lower at 1.85%. The ZIP codes associated with CHRISTUS Ochsner Southwestern Louisiana have the lowest rate at 0.28%. This suggests a significant variation in domestic violence rates across different regions.



# Transportation Barriers

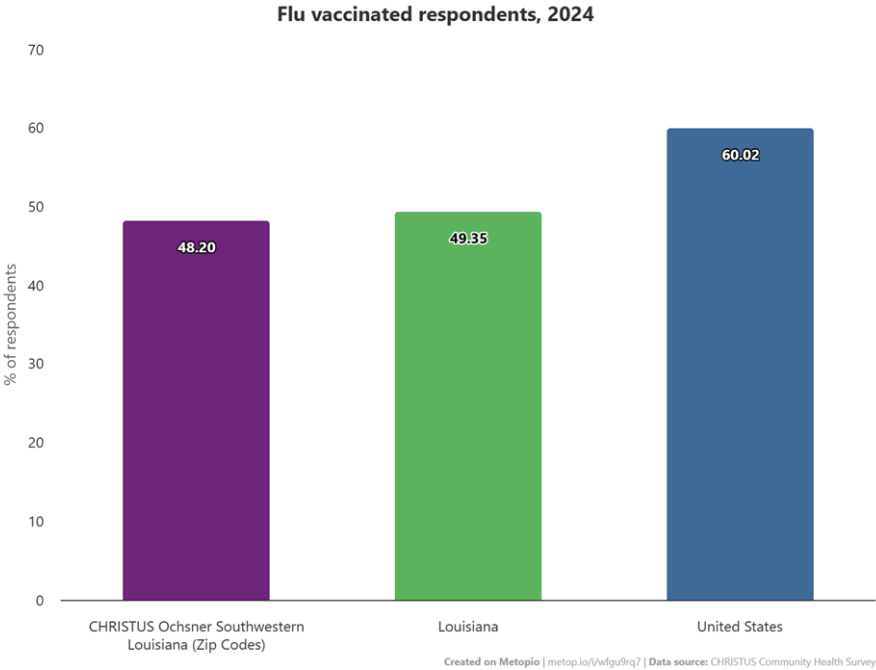
Respondents with transportation barriers were identified across various locations. In the United States, 5.96% of respondents reported such barriers. Louisiana had a slightly lower rate at 5.95%, while CHRISTUS Ochsner Southwestern Louisiana, identified by zip codes, had the highest rate at 8.43%.





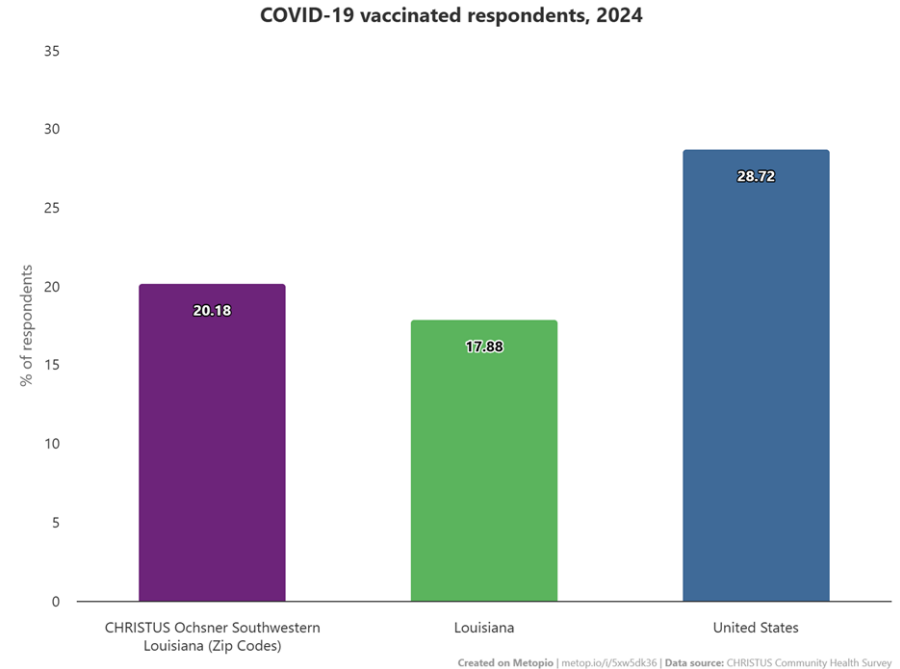
## Flu Vaccination

The flu vaccination rate among respondents in the United States is 60.02%. Louisiana has a slightly lower rate of 49.35%, while CHRISTUS Ochsner Southwestern Louisiana, identified by its zip codes, has an even lower rate of 48.2%. This indicates a significant disparity in flu vaccination rates within the state compared to the national average.



## COVID-19 Vaccination

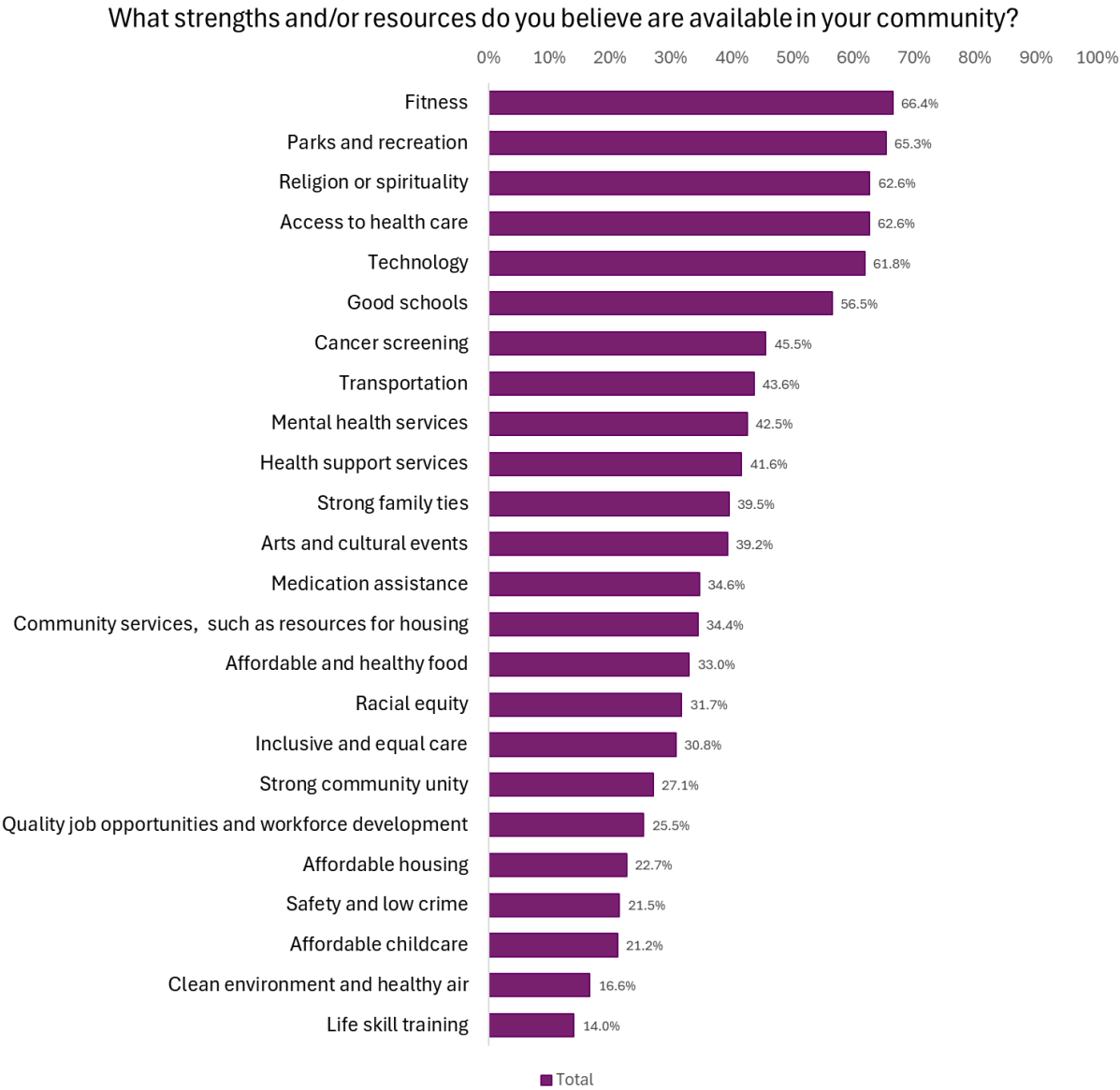
The data indicates the percentage of COVID-19 vaccinated respondents in various regions. CHRISTUS Ochsner Southwestern Louisiana, represented by specific zip codes, has a vaccination rate of 20.18%. Louisiana's overall vaccination rate is slightly lower at 17.88%, while the United States has a higher rate of 28.72%. This suggests a significant variation in vaccination rates across different levels of geography.



# Strengths and Resources Available

The responses highlight a few key themes regarding neighborhood strengths. One participant appreciates the presence of excellent law enforcement, suggesting a sense of safety and security. Another response indicates that while there may be limited resources, there is a belief that everything needed is accessible to those willing to make an effort, suggesting a community with potential opportunities for those who seek them.

What strengths and/or resources do you believe are available in your community?



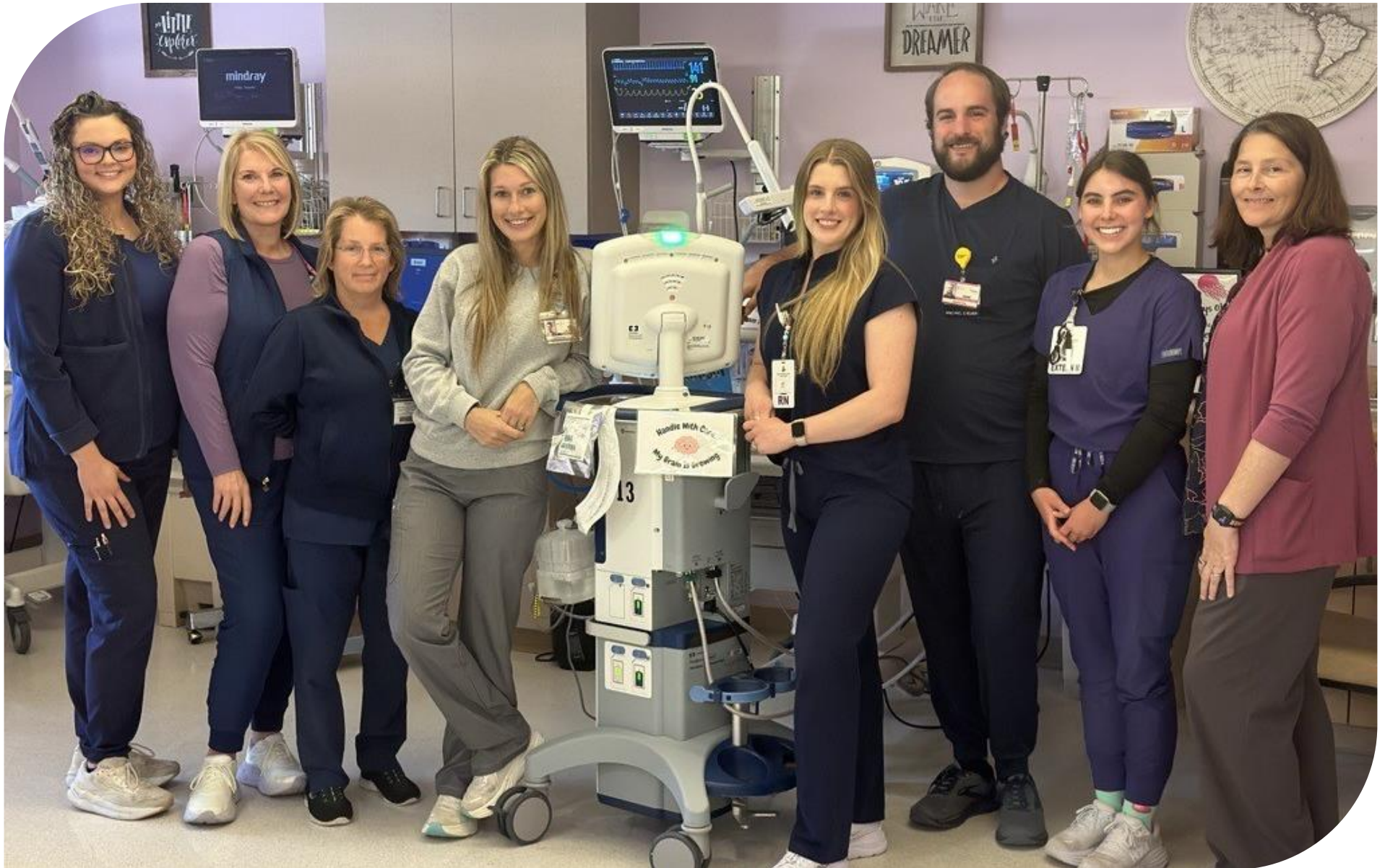
## Opportunities for Services or Resources

Are there any additional services or resources you want in our community to help residents maintain or improve their health?

The community health survey responses highlight several key themes regarding additional services needed in the neighborhood. There is a strong demand for improved health care services, including better hospitals, more accessible and affordable health care, mental health services and specialized care such as neurological and diabetes care. Respondents also emphasize the need for affordable housing, homeless shelters and support for low-income families, including food assistance and lower prescription costs. There is a call for enhanced infrastructure, such as safe sidewalks, bike lanes and public parks, as well as more recreational and educational opportunities for youth and seniors. Additionally, respondents express a need for better transportation services, and more community engagement through wellness and health education.

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## Chapter 7: The Life Span



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Understanding the health of a community requires more than just examining illness; it also requires looking at people across every stage of life. This chapter explores the key health and social factors that impact individuals at four critical life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. By focusing on each stage, we gain deeper insight into how early conditions shape long-term health, how prevention and support opportunities vary across age groups and how health systems and communities must evolve to meet changing needs.

Each stage of life brings distinct challenges and opportunities. The foundation for lifelong health is established before birth and in the earliest years, making maternal and early childhood support a powerful investment. As children transition into adolescence, they encounter new social and emotional pressures that shape their behaviors and future health. In adulthood, chronic disease, mental health needs and systemic barriers like cost and access become more prominent. For older adults, priorities shift toward managing complex conditions, maintaining independence and aging with dignity.

In this chapter, we examine the priority indicators selected to represent each life stage and analyze trends using available regional, state and national data. Each graph, where possible, includes data from the ministry's primary service area (PSA) counties, allowing comparisons to broader state and national benchmarks. While not all indicators contain data for all three geographic levels, this comparative approach helps illustrate the unique realities and disparities facing each community. Community voices and narratives are also included throughout to bring lived experience and local context to the numbers.

This life stage framework not only supports the development of targeted strategies and equitable interventions but also reinforces a central truth: healthier communities begin when we recognize and respond to the unique needs of people across the full span of their lives.



# Maternal and Early Childhood Health



*Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.*

A child's lifelong health journey begins long before their first steps. The maternal and early childhood life stage encompasses three critical phases — pregnancy, newborns, infants and toddlers — each representing foundational opportunities to influence a child's well-being and a family's future stability.

Across the communities we serve, multifaceted priority indicators were identified to represent this life stage:

- Healthy births
- Access to prenatal care
- Behavioral health
- Food insecurity

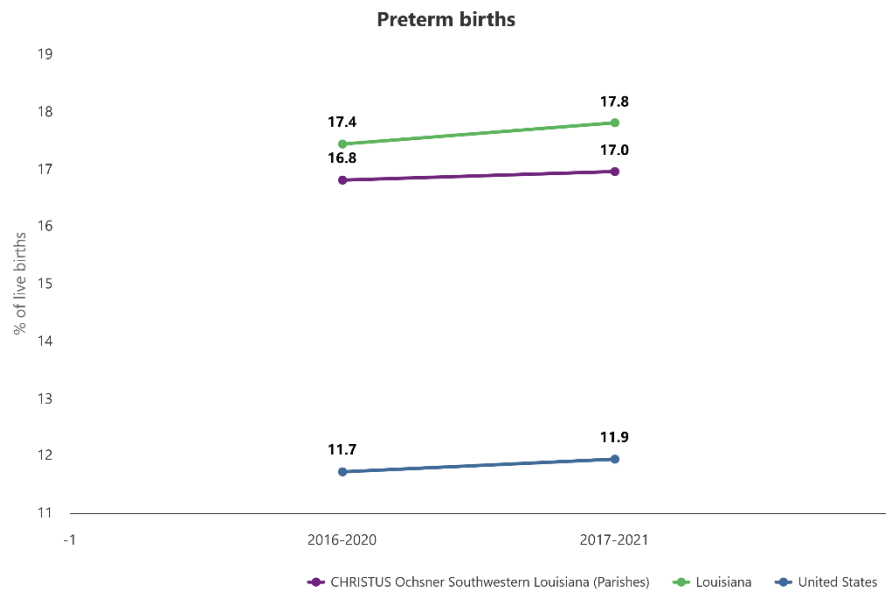
These indicators not only reflect current health outcomes but also illuminate systemic challenges and opportunities for upstream intervention. Investing in the earliest stages of life — when brain development is most rapid, and families are forming critical bonds — can profoundly shape educational achievement, chronic disease risk and emotional resilience later in life. Addressing maternal and early childhood health is not just a health care imperative; it's a commitment to ensuring every child has a strong, healthy start and every parent has the support they need to thrive.



# How Are We Doing?

## Preterm Births

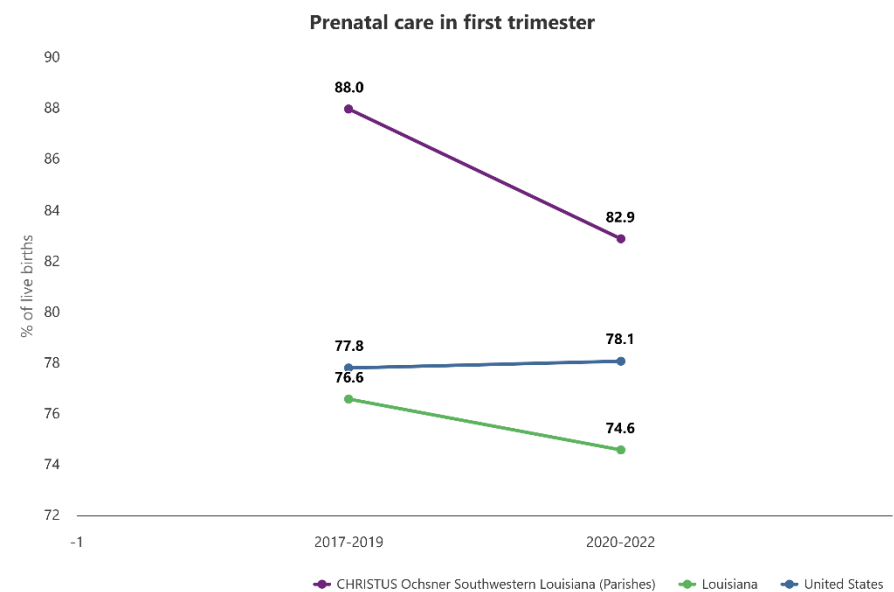
Preterm birth rates in the United States have shown a slight increase from 16.81% to 16.96% between 2016-2020 and 2017-2021. Louisiana's preterm birth rate also rose from 17.44% to 17.81% during the same periods. Nationally, the preterm birth rate increased from 11.72% to 11.94%, indicating a growing concern across the country.



Created on Metopio | metop.io/i/4rv5p19n | Data sources: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Nativity (NVSS-N) (Via CDC Wonder Health Indicators Warehouse (through 2013) and via CDC Wonder), Health Resources & Services Administration (MCHB)  
Preterm births: Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

## Prenatal Care in First Trimester

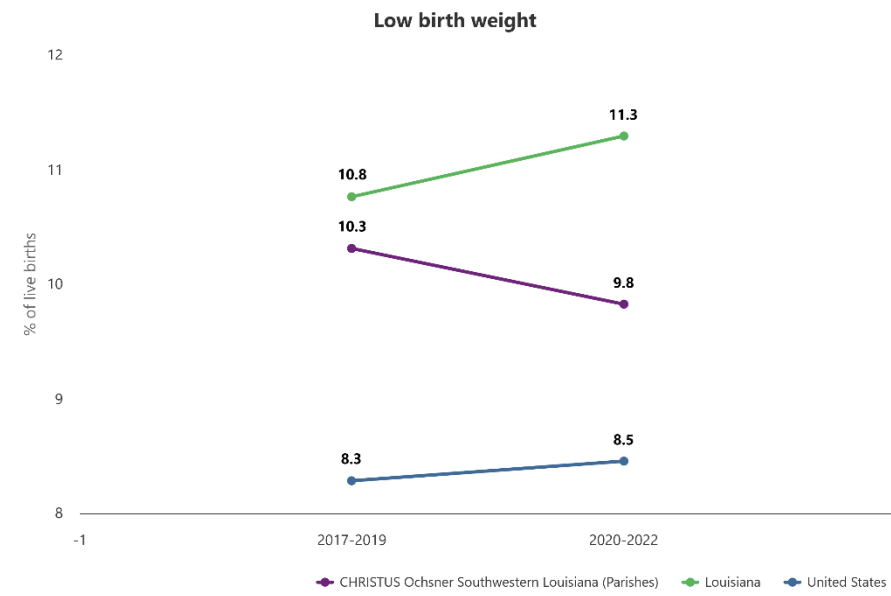
Prenatal care in the first trimester is a critical indicator of maternal and infant health. In the parishes served by CHRISTUS Ochsner Southwestern Louisiana, the rate was 87.97% from 2017-2019, dropping to 82.87% from 2020-2022. Louisiana's overall rate was lower at 76.57% and 74.57% for the same periods, while the United States averaged 77.79% and 78.06%. The data indicates a decline in early prenatal care in the specified parishes, contrasting with a slight national increase.



Created on Metopio | metop.io/i/n36h2tfj | Data source: Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB)  
Prenatal care in first trimester: Estimated percentage of live births with first trimester prenatal care.

## Low Birth Weight

The data highlights low birth weight trends in the United States, Louisiana and the CHRISTUS Ochsner Southwestern Louisiana parishes from 2017 to 2022. The United States has the lowest rates, while Louisiana has the highest. In the CHRISTUS Ochsner Southwestern Louisiana parishes, there was a slight decrease in low birth weight rates from 10.31% to 9.83% over the observed period.

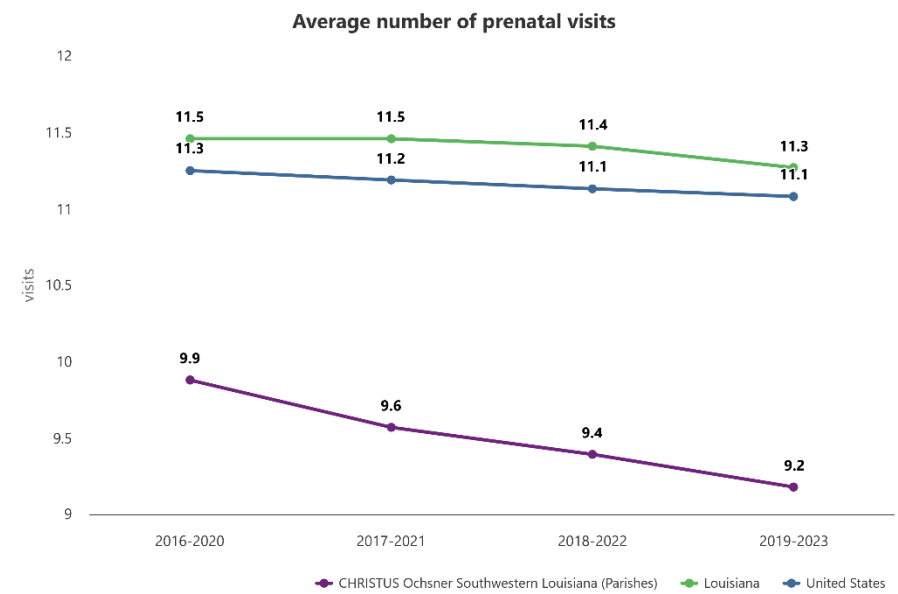


Created on Metapio | metopio.io/jpq7hwf | Data sources: State public health departments (via KIDS COUNT, <https://datacenter.kidscount.org>), Health Resources & Services Administration's Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC), National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder Health

**Low birth weight:** Percent of live births with a birth weight of less than 2,500 grams (5 lbs, 8 oz). Infants may be low birth weight because of inadequate intrauterine growth or premature birth. Risk factors include sociodemographic and behavioral characteristics, such as low income and tobacco use during pregnancy. Data for this topic can be very sparse; different states are available for different time periods.

## Average Number of Prenatal Visits

The average number of prenatal visits in the United States has remained relatively stable over the past few years, averaging around 11.25 visits. However, CHRISTUS Ochsner Southwestern Louisiana, covering several parishes, has consistently reported a lower average, with 9.88 visits in 2016-2020 and declining to 9.18 visits in 2019-2023. This suggests a potential disparity in prenatal care access or utilization in this region compared to the national average.



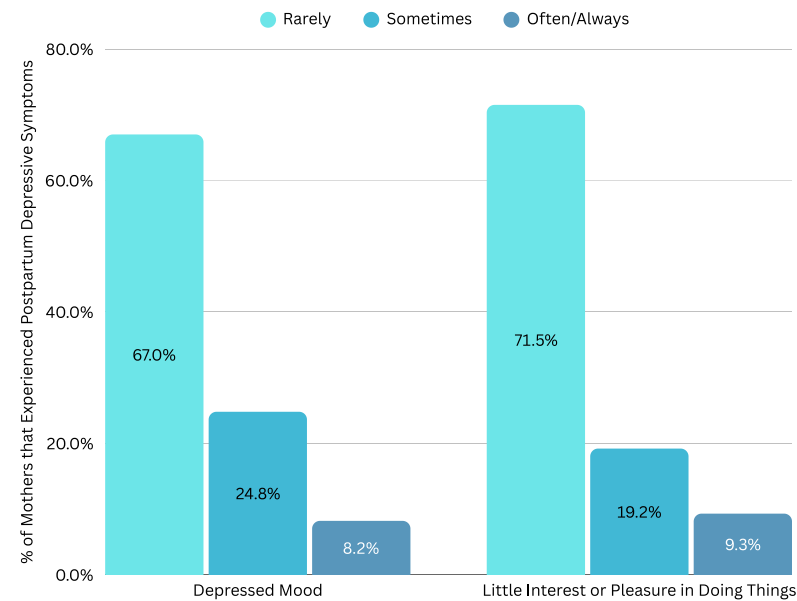
Created on Metapio | metopio.io/cfc9doau | Data source: Centers for Disease Control and Prevention (CDC), National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder, 5 year data)

**Average number of prenatal visits:** Average number of appointments that an expecting mother attends prior to the birth of her child. These appointments are often intended to monitor the progression of the pregnancy, as well as monitoring the health of both Mom and Baby.

## Maternal Postpartum Depressive Symptoms

Maternal postpartum depression significantly impacts Louisiana mothers, with notable proportions reporting depressive symptoms in 2020. Approximately 33% of mothers experienced depressed moods either sometimes or frequently, and nearly 29% reported often or sometimes feeling little interest or pleasure in doing things. While most mothers reported rarely experiencing these symptoms, the substantial minority facing persistent postpartum depression highlights an ongoing need to improve community awareness, reduce stigma, and ensure timely mental health interventions in Southwestern Louisiana.

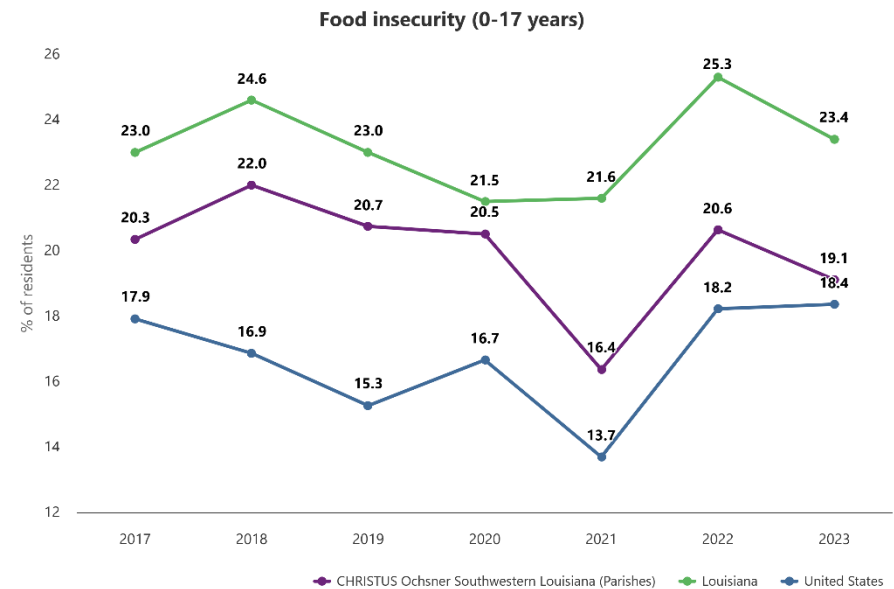
Prevalence of Maternal Postpartum Depressive Symptoms in Louisiana Mothers in 2020



**Source:** Louisiana Pregnancy Risk Assessment Monitoring System (PRAMS) Data Report, 2021 | Prevalence of Maternal Postpartum Depressive Symptoms in Louisiana Mothers in 2020: Percentage of Mothers that Have Experienced Stress Before and During Pregnancy out of Total Mothers Surveyed

## Food Insecurity (0 – 17 Years)

Food insecurity in CHRISTUS Ochsner Southwestern Louisiana (parishes) has fluctuated over the years, generally mirroring the trends in Louisiana and the United States. In 2022, the food insecurity rate in the region was 20.64%, higher than the national rate of 18.22%. The data indicates that while there have been improvements since 2021, the region still faces significant challenges compared to the national average.



Created on Metapio | metapio.io/5uq3qg | Data source: Feeding America: Map the Meal Gap

**Food insecurity:** Percentage of the population experiencing food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food, as represented in USDA food-security reports. 2020 data is a projection based on 11.5% national unemployment and 16.5% national poverty rate.

## What's the Story Behind the Data?

Community members noted challenges expectant mothers experience trying to get timely access to prenatal care. Several OB/GYN offices limit the number of Medicaid patients they accept each month, and the primary care shortage means women often begin pregnancy with untreated hypertension or diabetes. One nurse summarized the access problem: *"I feel like we're struggling with the number of providers we have available."*

Cultural fear and language barriers deepen the gap. One participant described delaying her own first prenatal visit because she feared being turned away. Attendees agreed that outreach in Spanish, help navigating Medicaid, and more first-trimester appointment slots are urgent needs. Nutrition education and blood-pressure screening were also flagged as simple, high-impact interventions for high-risk pregnancies.

Food insecurity was another core issue raised. Many mothers struggle to access consistent and nutritious food, both for themselves during pregnancy and for their young children afterward. Limited availability of formula, especially when benefits through programs like WIC are delayed or inaccessible, contributes to challenges in infant nutrition and early development.

Focus group participants noted children in the region frequently enter school behind in basic developmental and academic skills due to a lack of early learning opportunities and limited parent education. The availability of home visiting programs, early intervention services and high-quality childcare remains insufficient to meet demand.

Trust and engagement were cited as essential to improving maternal and early childhood health outcomes. Participants emphasized the need for outreach through trusted community institutions like churches, food pantries and schools. They also advocated for the use of doulas and peer educators to build cultural bridges and increase early engagement with health care systems.

# School-Age Children and Adolescent Health



*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*

School-age children and adolescents represent the future of every community. This life stage marks a period of critical development — physically, mentally, emotionally and socially. As children transition through school and adolescence, they begin forming lifelong habits, establishing their identities and encountering new pressures and environments that shape their health and well-being.

Recognizing the importance of this stage, priority indicators were identified to reflect the health status and needs of youth in our communities:

- Behavioral health: mental health
- Behavioral health: suicide
- Behavioral health: substance abuse

Adolescents have distinct health needs that differ from both younger children and adults. Unfortunately, not all youth have equal access to the protective factors that foster resilience, such as supportive relationships, safe environments and accessible behavioral health care. Concerning trends persist in areas such as mental health, obesity and substance use, underscoring the urgent need for targeted, upstream solutions. By focusing on this life stage, we have an opportunity to intervene early — supporting not just better health outcomes for young people, but long-term benefits for families, schools and the broader community.

# How Are We Doing?

## Mental Health

**47.5%** of students in Louisiana reported feeling sad or hopeless.

**26.9%** of students reported that they seriously considered attempting suicide in the past year.

**17.6%** of students reported they attempted suicide.

**Source:** Partners for Family Health Louisiana, 2021 CDC Youth Risk Behavioral Surveillance Survey | Mental Health Amongst Louisiana Teens: Percent of students who reported feeling sad or hopeless. Percent of students who considered attempting suicide. Percent of students who attempted suicide.

Mental health among Louisiana teens is a pressing issue, with nearly half (47.5%) of students reporting persistent feelings of sadness or hopelessness. Even more alarming, approximately 27% of students seriously considered attempting suicide in the past year, and nearly 18% reported actual suicide attempts. For communities served by CHRISTUS Ochsner Southwestern Louisiana Health System, these troubling statistics underscore an urgent need to strengthen youth mental health resources, enhance school-based intervention programs, and foster supportive environments to encourage open dialogue about mental health. The community's well-being hinges on continued and expanded efforts to address adolescent mental health challenges through accessible care, early intervention and comprehensive support systems.

## Substance Abuse

**6.35%** of 12- to 17-year-olds report using drugs in the last month.

**8.56%** of 12- to 17-year-olds report using marijuana in the last year.

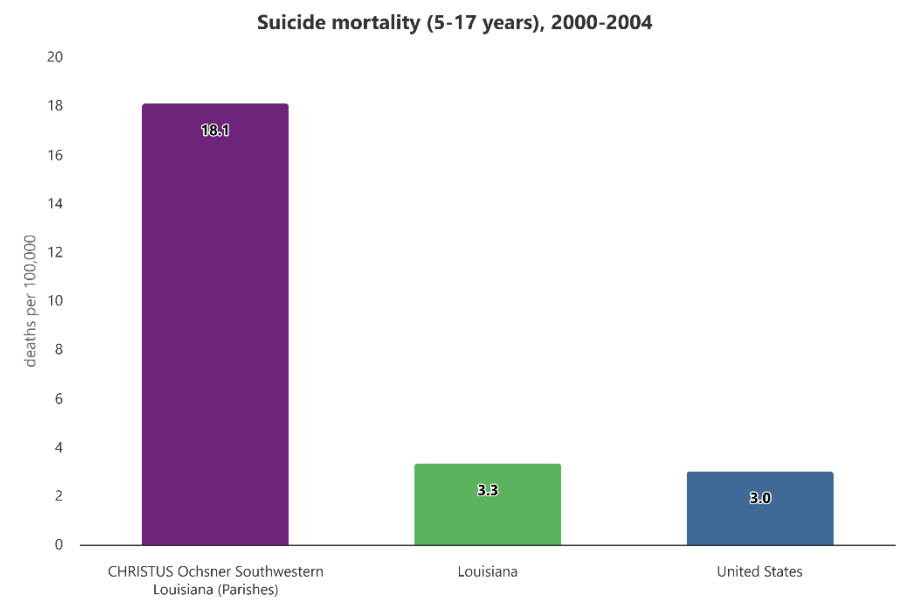
**9.94%** of all 12- to 17-year-olds used alcohol in the last month. They are 8.64% more likely to use alcohol than the average American in their age group.

**Source:** National Center for Drug Abuse Statistics | Drug Use Among Louisiana Youth: Percent of Louisiana youth using drugs and alcohol.

Substance use among Louisiana youth presents a significant community health challenge. Approximately 6.4% of adolescents aged 12 to 17 reported recent drug use, while marijuana use was slightly higher, affecting nearly 8.6% of teens over the past year. Alcohol consumption among Louisiana adolescents is particularly concerning — nearly 10% reported drinking alcohol within the last month, making them almost 9% more likely to consume alcohol compared to their national peers. Within the communities served by CHRISTUS Ochsner Southwestern Louisiana Health System, these trends highlight the urgent need for targeted prevention initiatives, early intervention programs and robust educational efforts focused on reducing youth substance use to support healthier, safer communities.

# Suicide Mortality

Suicide mortality in the CHRISTUS Ochsner Southwestern Louisiana parishes is significantly higher than both the state of Louisiana and the United States as a whole. The suicide mortality rate in this region is 18.1, compared to 3.32 in Louisiana and 3.02 in the United States. This indicates a critical need for targeted mental health interventions in this area.



Created on Metapio | metopio.io/2/ja2vt9v | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)

**Suicide mortality:** Deaths per 100,000 residents due to suicide (ICD 10 codes \*U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself."



# What's the Story Behind the Data?

Community members noted mental health as the top health challenge among school-aged children. Front-line staff traced rising anxiety and depression to social media and bullying, adding that students are “*exposed to anything and everything*” before they have the life experience to interpret it.

Easy access to vaping, THC gummies and alcohol compounds the risk. One individual noted, “*You can go to any of these stores and buy it... a gummy form, a pill form, a vape form. Anybody can buy it.*” Participants want school-based counselors, culturally competent suicide-prevention campaigns and tighter enforcement of retail age laws for nicotine and cannabis products. They also pleaded for practical parent workshops on digital literacy and safe social-media use.

Unmet basic needs, particularly food insecurity and unstable housing, further compound children's challenges. Many students rely on school meals as their primary source of nutrition, and chronic absenteeism due to family instability or illness is common. These stressors significantly interfere with academic performance and classroom behavior.

The group also discussed the negative impact of social media and peer pressure on children's mental health and social development. Bullying — both in-person and online — was noted as a persistent issue. Children often lack safe spaces to process these experiences, and their parents may be unaware of or unable to address their needs.

After-school programs and extracurricular activities were viewed as essential protective factors. However, access to these resources is unequal, particularly for children in rural areas or from low-income families. Participants emphasized the need for additional investment in structured youth programs, recreational activities and arts-based enrichment.

Improved school-family partnerships were recommended as a strategy to enhance child well-being. Community members suggested outreach models that include bilingual staff, community liaisons and culturally responsive parent education to strengthen communication and trust between families and schools.



# Adult Health



*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*

Adults form the core of our communities — raising families, supporting local economies and often caring for both children and aging relatives. This life stage spans a wide range of experiences, from early career to retirement, and is shaped by evolving responsibilities, stressors and health risks.

To better understand the needs of this population, priority indicators were identified to represent adult health across our communities:

- Access to care: primary care and specialty care
- Cancer
- Behavioral health: mental health

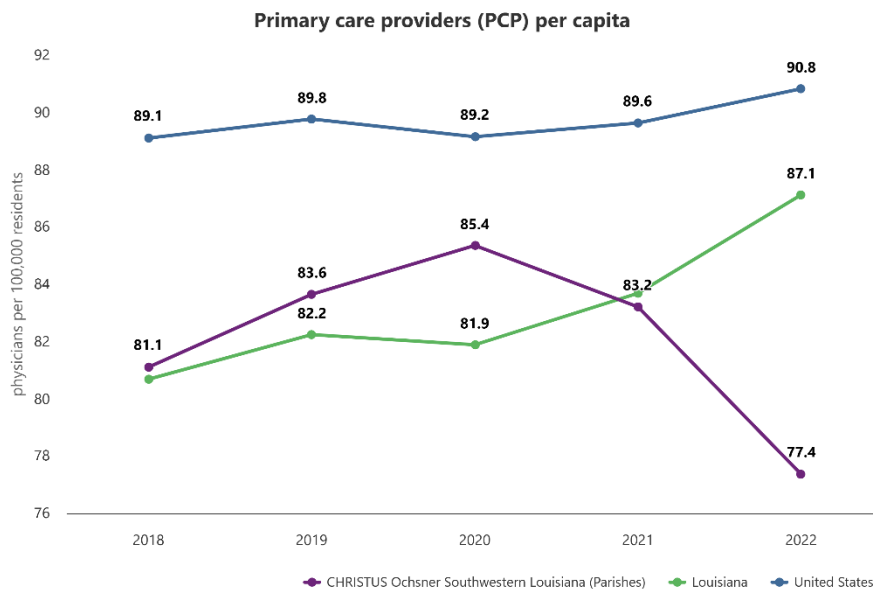
The cumulative impact of earlier life experiences and social conditions often influences an individual's health in adulthood. While many adults report good health, disparities persist due to differences in income, employment, education, housing and access to care. Chronic diseases such as diabetes, heart disease and hypertension often emerge or progress during this stage, and mental health challenges, including anxiety, depression and substance use, are commonly reported. Addressing adult health requires a focus on prevention, early detection and equitable access to services that support physical, emotional and social well-being. By investing in the health of adults today, we strengthen families, workplaces and the fabric of our communities for generations to come.

# How Are We Doing?

## Primary Care Providers (PCP) per Capita

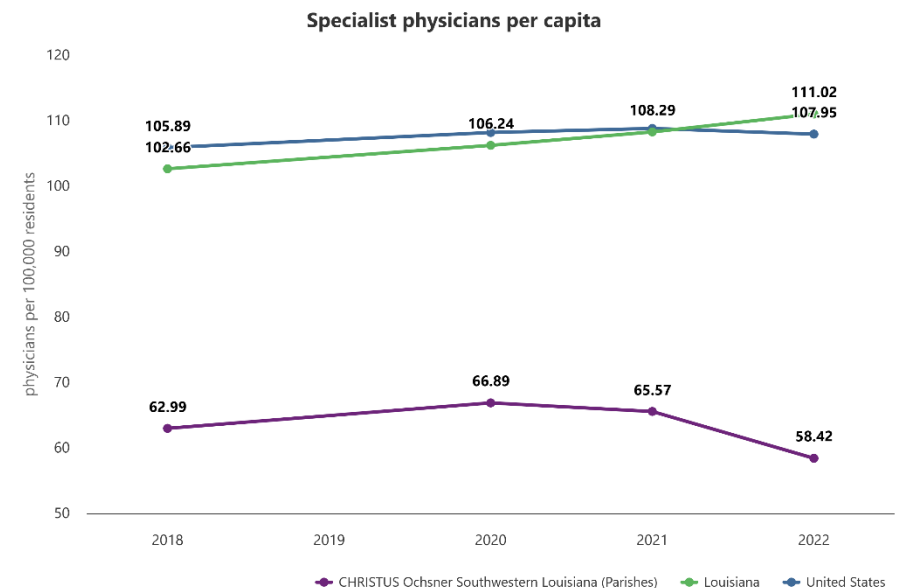
The chart shows the number of primary care providers (PCP) per capita in CHRISTUS Ochsner Southwestern Louisiana (parishes), Louisiana and the United States from 2018 to 2022. The PCP per capita in CHRISTUS Ochsner Southwestern Louisiana (parishes) increased from 81.11 in 2018 to 85.36 in 2020, but then decreased to 77.37 in 2022.

Louisiana's PCP per capita also increased from 80.69 in 2018 to 83.69 in 2021, but then increased to 87.12 in 2022. The United States' PCP per capita remained relatively stable, ranging from 89.11 in 2018 to 90.83 in 2022.



## Specialist Physicians per Capita

The chart shows the number of specialist physicians per capita in CHRISTUS Ochsner Southwestern Louisiana (parishes), Louisiana and the United States from 2018 to 2022. The number of specialist physicians per capita in the United States has increased from 105.89 in 2018 to 108.82 in 2021, but decreased slightly to 107.95 in 2022. In Louisiana, the number of specialist physicians per capita has also increased, from 102.66 in 2018 to 111.02 in 2022. In CHRISTUS Ochsner Southwestern Louisiana (parishes), the number of specialist physicians per capita has decreased from 62.99 in 2018 to 58.42 in 2022.

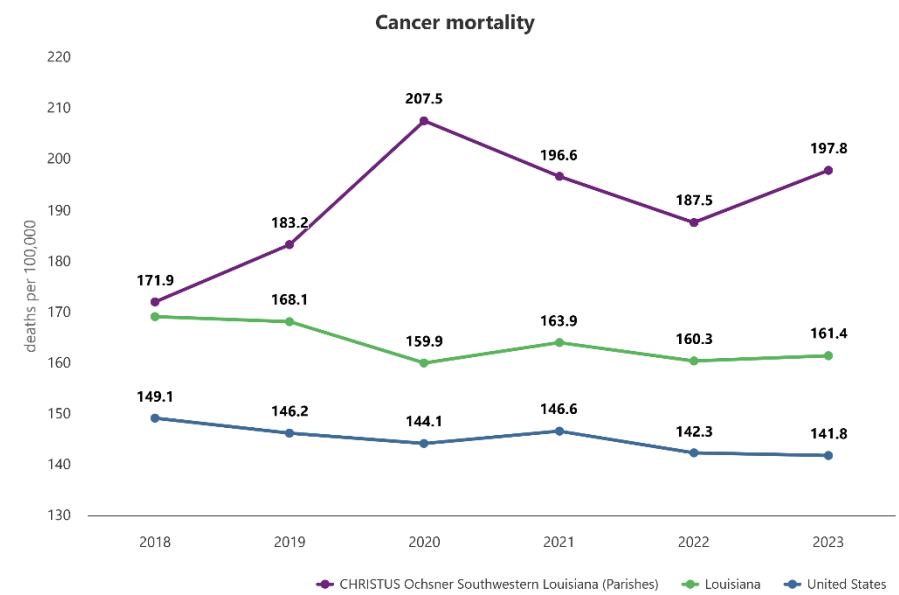


Created on Metopio | metopio.io/v/b2kq2ew | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (County and State level data)  
**Primary care providers (PCP) per capita:** Number of physicians in primary care (general practice, internal medicine, obstetrics and gynecology, or pediatrics) per 100,000 residents. Includes hospital residents. Excludes federal physicians and physicians age 75 or older.

Created on Metopio | metopio.io/jxq66hs2 | Data source: Health Resources & Services Administration: Area Health Resources Files (AHRF) (From the AMA Masterfiles via the HRSA Primary Care Service Area data (TS\_DOC))  
**Specialist physicians per capita:** Number of physicians in clinically active specialist physicians per 100,000 residents.

## Cancer Mortality

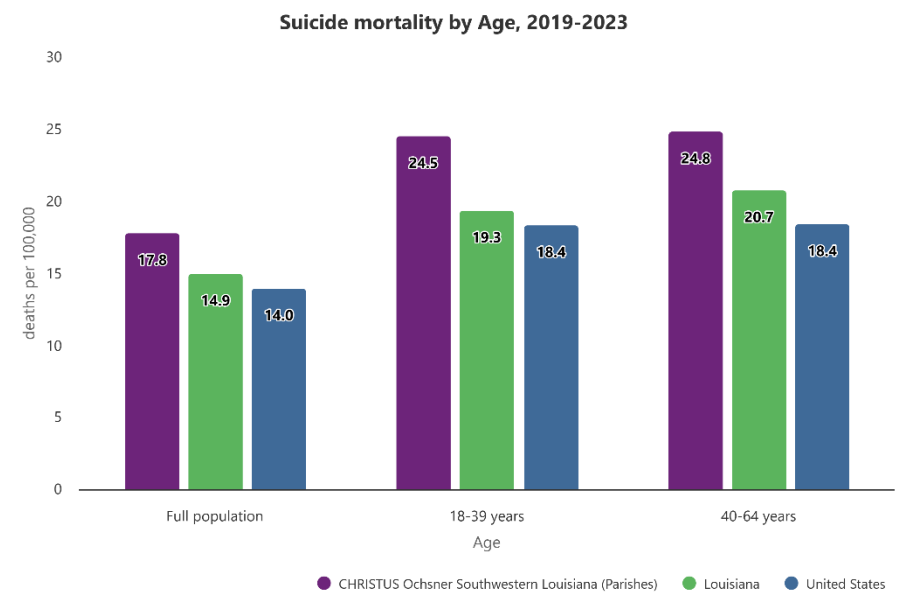
Cancer mortality rates in CHRISTUS Ochsner Southwestern Louisiana (Parishes) have been consistently higher than the state and national averages from 2018 to 2023. The rates in this region peaked in 2020 at 207.51 deaths per 100,000 people. Despite some fluctuations, the mortality rate in CHRISTUS Ochsner Southwestern Louisiana remained significantly above the Louisiana and United States averages throughout the observed period.



Created on Metopio | metop.io/ij562my | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (county, state, and US data)  
**Cancer mortality:** Deaths per 100,000 residents due to cancer (ICD-10 codes C00-C97). This indicator is not a good measure of the burden of cancer in a community, because it is complicated by other causes of death (especially in the elderly); instead, use CCR (cancer diagnoses).

## Suicide Mortality

Suicide mortality rates in the United States are generally lower than in Louisiana and the CHRISTUS Ochsner Southwestern Louisiana parishes. The rates are highest among individuals aged 18-39 across all regions. Notably, the suicide mortality rate for this age group in the CHRISTUS Ochsner Southwestern Louisiana parishes is significantly higher than the national average. This trend suggests a need for targeted mental health interventions in this region.



Created on Metopio | metop.io/ij562my | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
**Suicide mortality:** Deaths per 100,000 residents due to suicide (ICD-10 codes U03, X60-X84, Y87.0). In the United States, decisions about whether deaths are listed as suicides on death certificates are usually made by a coroner or medical examiner. The definition of suicide is "death arising from an act inflicted upon oneself with the intent to kill oneself".

# What's the Story Behind the Data?

Community members identified mental health, chronic disease management and access to care as central health concerns for adults. Depression, anxiety and trauma-related symptoms are prevalent, yet many adults avoid seeking care due to stigma, cost or lack of culturally appropriate services. Focus group participants reported a growing need for integrated behavioral and physical health services.

Chronic conditions such as diabetes, hypertension and heart disease are widespread and often poorly managed. Barriers to regular care include transportation challenges, inflexible work schedules and out-of-pocket costs. Many adults wait until their conditions become critical before seeking help, leading to emergency room overuse and preventable complications.

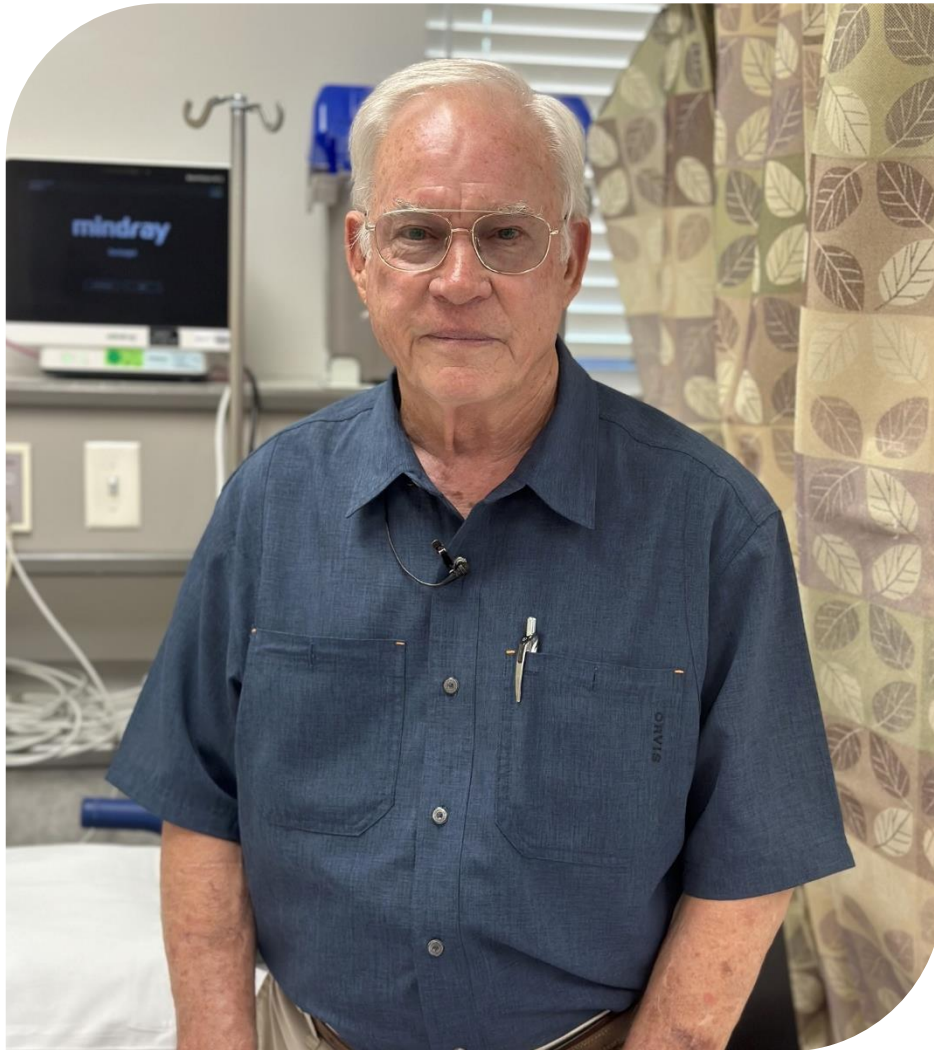
Economic hardship was closely tied to health disparities. Adults in the community often prioritize immediate survival needs — like housing, food and employment — over preventive care. Limited access to nutritious food, safe physical activity spaces and reliable health care resources exacerbates health problems.

Transportation emerged as a major structural barrier to adult health. Those without personal vehicles or access to reliable transit struggle to attend appointments, pick up prescriptions or reach health education programs. This issue is especially acute in rural parts of the region and among low-income populations.

Trust in the health care system was described as fragile, particularly among historically marginalized groups. Negative past experiences, perceived discrimination and lack of representation among providers discourage engagement with health care services. Participants suggested expanding the role of community health workers and peer navigators to rebuild trust and guide patients through the system.

Participants advocated for health outreach in non-traditional settings such as churches, schools, food pantries and community centers. These locations offer a more comfortable and accessible entry point for adults to receive health screenings, information and referrals.

# Older Adult Health



*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*

Older adults are the wisdom-keepers, caregivers and community anchors who have helped shape the places we call home. As people live longer, healthier lives, the older adult population continues to grow, bringing both opportunities and unique challenges for communities and health systems.

To better understand and address these needs, key indicators were identified to represent older adult health across the communities we serve:

- Chronic diseases
- Behavioral health: mental health
- Inability to perform activities of daily living
- Falls and associated problems

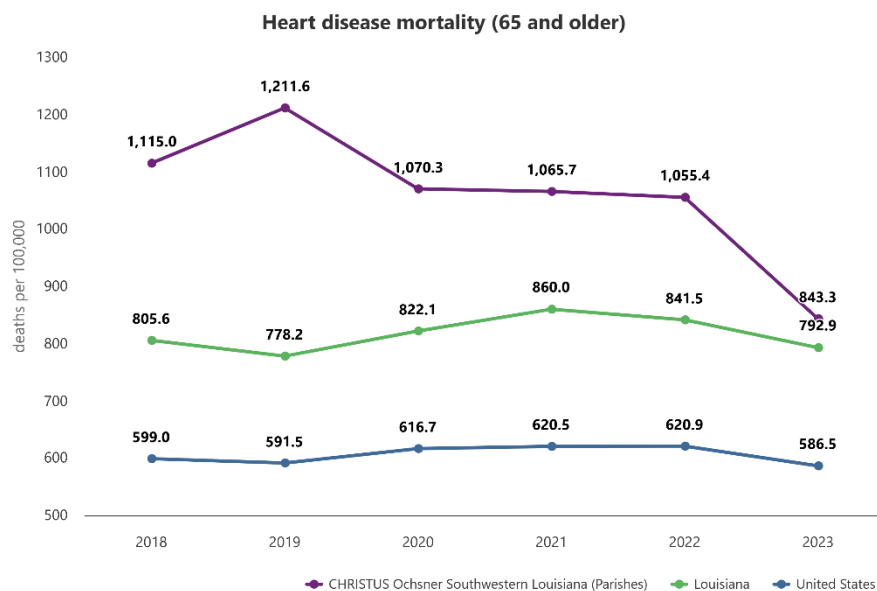
Health in older adulthood is deeply influenced by a lifetime of experiences, shaped by social, economic and environmental factors. Many older adults live with multiple chronic conditions, mobility limitations or cognitive changes, and they often face barriers such as social isolation, transportation challenges and fixed incomes. Access to coordinated care, affordable medications, safe housing and supportive services becomes increasingly essential in this stage of life. By focusing on the well-being of older adults, we honor their contributions and ensure that our communities remain inclusive, age-friendly and responsive to the needs of every generation.



# How Are We Doing?

## Heart Disease Mortality (65 and Older)

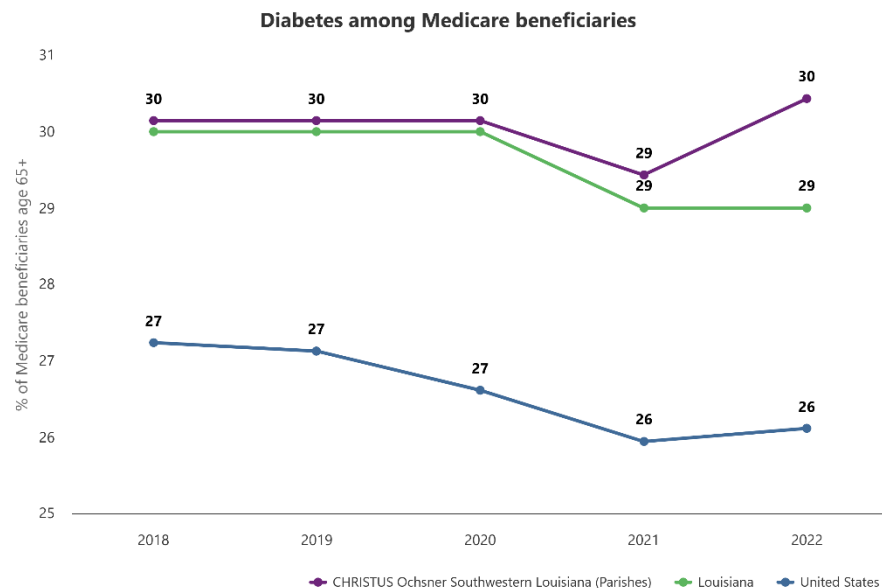
Heart disease mortality rates in CHRISTUS Ochsner Southwestern Louisiana (parishes), Louisiana and the United States have shown varying trends over the years. In 2023, the mortality rate in CHRISTUS Ochsner Southwestern Louisiana (parishes) was 843.31, significantly higher than the state and national rates of 792.94 and 586.47, respectively. Despite fluctuations, the rates in Louisiana and the United States have generally decreased since 2018, while CHRISTUS Ochsner Southwestern Louisiana (parishes) saw a notable decline in 2023.



Created on Metapio | [metapio.io/i/kscdcofra](https://metapio.io/i/kscdcofra) | Data source: Centers for Disease Control and Prevention (CDC); National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Heart disease mortality: Deaths per 100,000 residents with an underlying cause of heart disease (ICD-10 codes I00-I09, I11, I13, I20-I51).

## Diabetes Among Medicare Beneficiaries

The data shows the percentage of Medicare beneficiaries with diabetes in the CHRISTUS Ochsner Southwestern Louisiana service area, Louisiana and the United States from 2018 to 2022. In 2018, the diabetes rate in the service area was 30.14%, higher than both Louisiana's 30% and the national rate of 27.24%. By 2022, the rate in the service area increased to 30.43%, while Louisiana's rate remained at 29%, and the national rate rose to 26.11%.

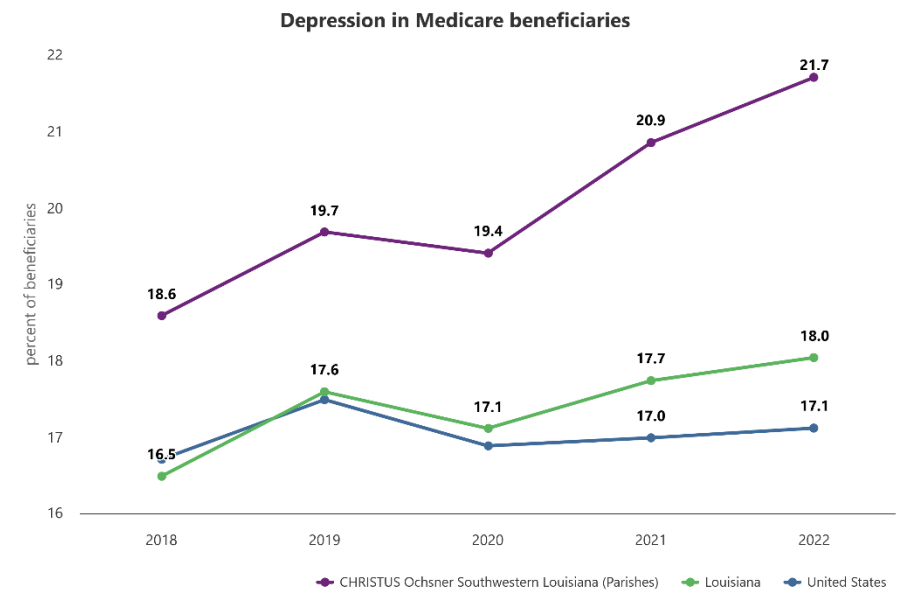


Created on Metapio | [metapio.io/i/61trht83](https://metapio.io/i/61trht83) | Data source: Centers for Medicare & Medicaid Services (CMS); Mapping Medicare Disparities (Chronic Conditions)

Diabetes among Medicare beneficiaries: Percent of Medicare beneficiaries age 65+ with a claim for medical service indicating treatment for diabetes. Fee-for-service beneficiaries only (Medicare Parts A and B, excludes Medicare Advantage).

## Depression in Medicare Beneficiaries

Depression rates among Medicare beneficiaries in the CHRISTUS Ochsner Southwestern Louisiana parishes have consistently been higher than both the state and national averages from 2018 to 2022. In 2022, the rate in this region reached 21.71%, compared to 18.04% in Louisiana and 17.12% nationwide. This indicates a significant disparity in mental health outcomes within this specific area.

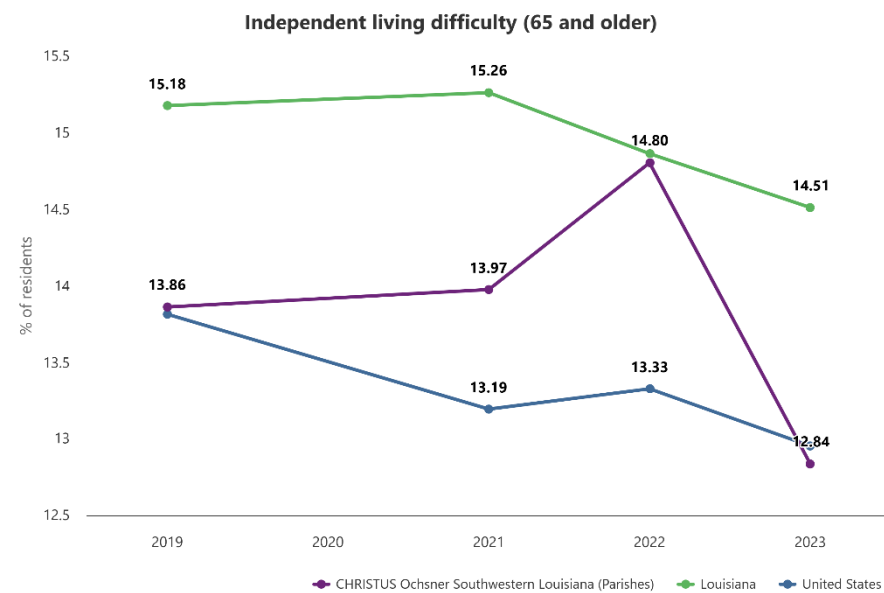


Created on Metopio | metopio.io/f/33vvh6om | Data source: Centers for Medicare & Medicaid Services (CMS): Mapping Medicare Disparities

Depression in Medicare beneficiaries: Percentage of Medicare beneficiaries reported with depression, ages 65 and older.

## Independent Living Difficulty (65 and Older)

The data represents the percentage of individuals facing independent living difficulties in CHRISTUS Ochsner Southwestern Louisiana, Louisiana and the United States from 2019 to 2023. In CHRISTUS Ochsner Southwestern Louisiana, the percentage has decreased from 13.86% in 2019 to 12.84% in 2023. Louisiana and the United States have also seen a decline in these percentages over the same period. Overall, the data indicates a general improvement in independent living capabilities across all three regions.

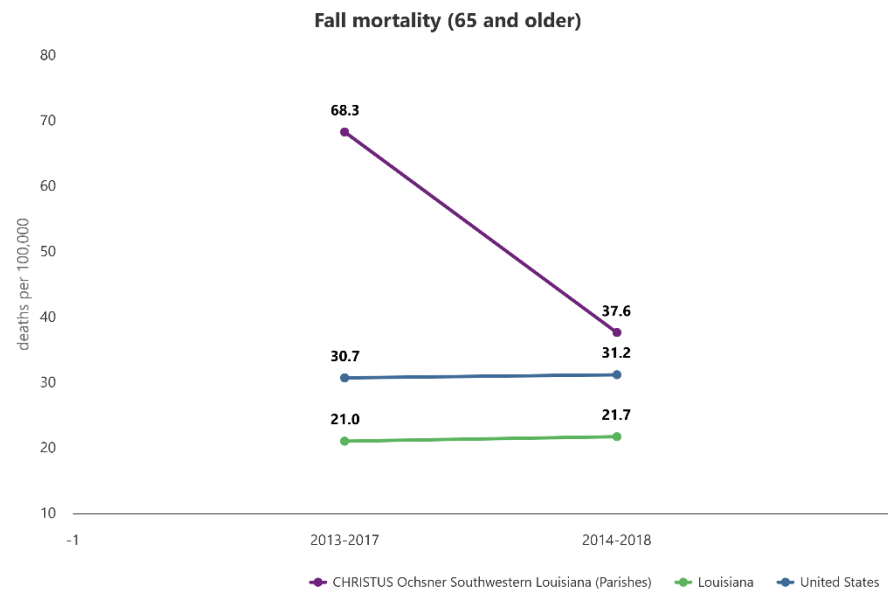


Created on Metopio | metopio.io/f/fwip14xm | Data source: U.S. Census Bureau: American Community Survey (ACS) (Table S1810)

Independent living difficulty: Percent of residents reporting difficulty doing errands alone such as visiting a doctor's office or shopping.

## Fall Mortality (65 and Older)

Fall mortality in the United States has shown a decline from 68.27 in 2013-2017 to 37.64 in 2014-2018. The national average for fall mortality was 30.71 in 2013-2017 and 31.19 in 2014-2018. CHRISTUS Ochsner Southwestern Louisiana, covering multiple parishes in Louisiana, had significantly higher fall mortality rates compared to both Louisiana and the national average.



Created on Metopio | metopio/f/bz8ntuz2 | Data source: Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via <http://healthindicators.gov>)  
Fall mortality: Deaths per 100,000 residents due to unintentional falls (ICD-10 codes W00-W19).



# What's the Story Behind the Data?

Community members discussed challenges including isolation, chronic illness and caregiving strain. Many seniors live alone with minimal social interaction, which contributes to depression, anxiety and cognitive decline. The absence of consistent social connections also makes it difficult for older adults to access help when needed.

Transportation barriers significantly impact older adults' ability to attend medical appointments, pick up medications and participate in community life. Public transportation options are limited, and not all areas are served by senior ride programs or volunteer services. As a result, many older adults become disconnected from health care and supportive services.

Focus group participants described a “silent crisis” of isolation, stroke and uncontrolled diabetes among seniors. Waitlists for specialty care, limited home health services and medication management challenges make aging in place difficult for many. Caregivers noted that “people just give up” when they face multiple comorbidities and expensive medications.

Mental health remains a sensitive topic among older adults, with stigma and generational beliefs preventing many from seeking help. Seniors may underreport symptoms of depression or anxiety, viewing them as signs of weakness or a normal part of aging. Outreach and mental health screenings in non-clinical settings were identified as potential solutions.

Finally, participants highlighted the importance of engaging older adults in meaningful community activities. Many seniors want to contribute but lack opportunities. Investment in senior centers, volunteer programs and intergenerational initiatives can improve mental well-being and reduce isolation.

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## Chapter 8: Conclusion



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## Conclusion

The 2026–2028 Community Health Needs Assessment (CHNA) concludes with deep gratitude for the many individuals and organizations who contributed their time, expertise and lived experience to this community-driven process. This CHNA reflects the shared commitment of CHRISTUS Health, internal teams and local partners to understand and address the root causes of health disparities across our communities.

This assessment is not only a regulatory requirement, but also a reflection of our mission to extend the healing ministry of Jesus Christ by engaging with those we serve, listening deeply to their experiences and responding with compassion, clarity and action. Across multiple phases — from surveys and focus groups to data analysis and community-led workgroups — diverse voices guided our understanding of health needs and helped shape the priorities for the next three years. The process was grounded in the Results-Based Accountability (RBA) framework to ensure that our strategies and metrics are meaningful, measurable and mission-driven. It is our hope that the insights shared in this report not only inform action plans but also deepen relationships and build stronger, more equitable systems of care.



## Looking Ahead

As we move from assessment to action, the findings in this CHNA will directly inform the development of the 2026–2028 Community Health Implementation Plan. Our next steps include:

- Sharing findings with internal teams, community members and key stakeholders
- Collaborating across sectors to design evidence-based, community-centered strategies
- Aligning programs and investments with the identified health priorities
- Tracking impact using the RBA framework to ensure accountability and transparency

With continued partnership, we remain committed to creating healthier, more equitable communities across every stage of life. We are grateful for all those who walk with us and look forward to what we can achieve together in the years ahead.

## Acknowledgements

This CHNA was made possible by the collective effort of countless individuals and organizations who committed their time and voices to this work. We offer our heartfelt thanks to each of you.

### CHRISTUS Ochsner Southwestern Louisiana Health System Leadership

We extend our sincere gratitude to the leadership team for their unwavering support throughout the development of this Community Health Needs Assessment. Their leadership ensured that this report reflects both the pressing health needs of our region and the mission and values of CHRISTUS Health.

### CHNA Report Preparation Team

This report was developed under the direction and guidance of the CHRISTUS Ochsner Southwestern Louisiana Health System’s mission integration department and CHRISTUS Health’s community health and health equity team. The following individuals played key roles in data collection, analysis, writing and editing:

- Father Felix Okey Alaribe, Vice President of Mission Integration
- Kathy Armijo-Etre, AE Consulting
- Chara Abrams, System Director, Community Health & Health Equity
- Nadine Nadal Monforte, Director, Community Health
- Jessica Guerra Martinez, Program Manager, Community Development
- Kala Guidry, Program Director, Health Equity Analytics
- Stephen Thomas, Ada Abaragu, Micah Dennis, AmeriCorps VISTA Members
- Kristi Paiva, Director, Community Services
- Sarah Vanausdall and Annie Elliott, Metopio
- Amanda White, Graphic Designer
- Shakira Del Toro, Copywriter

### Community Indicator Workgroup

We extend our sincere appreciation to the individuals who participated in the community indicator workgroup. Their expertise in identifying and prioritizing key health indicators has been instrumental in shaping this assessment.

## **Data Dictionary Work Sessions**

The data dictionary work sessions provided essential guidance in defining and refining the key indicators for the assessment. Your feedback ensured that our data is both accessible and meaningful. We extend our appreciation to the individuals who contributed to this effort.

## **Community Survey Workgroup and Distributors**

We are grateful to the members of the survey workgroup who reviewed, disseminated and analyzed community surveys. Your efforts helped us accurately capture the voices of our communities. Special thanks to our distribution partners who expanded the survey's reach.

## **Community Focus Groups**

We are especially thankful for the residents, faith leaders, students, front-line workers and others who shared their experiences during focus groups. Your stories brought depth and humanity to our findings.

## **CHRISTUS Community Impact Fund Grantees**

To our grant partners — thank you for your tireless work to address health disparities. Your impact is an extension of our shared mission and a vital force for change in our communities.

## **Community Partners**

To our community partners — thank you for walking with us throughout this process. Your commitment to collaboration and equity made this work possible.

## **Board of Directors**

We are grateful to the board of directors for your ongoing support, leadership and alignment with our mission. Your guidance helps ensure we remain responsive to evolving community needs.

## **Subject Matter Experts and Consultants**

We appreciate the contributions of consultants and technical experts who provided research support, data analysis and facilitation of the CHNA process. Their expertise has been instrumental in ensuring a comprehensive and data-driven assessment.

# Contact Information

We are grateful to the scholars, hospital staff, advocacy leaders, partners and stakeholders who have expressed appreciation for easy access to previous CHNAs to reference comprehensive data on local community health status, needs and issues. We hope the collaborative nature of the 2026 CHNA is valued as an enhanced asset. We invite all members of the community to submit questions and feedback regarding this collective assessment.

**To request a print copy of this report, or to submit your comment, please contact:**

**Father Felix Okey Alaribe**

[father.okey@christushealth.org](mailto:father.okey@christushealth.org)

**CHRISTUS Health's Community Health Team**

[communityhealth@christushealth.org](mailto:communityhealth@christushealth.org)

**An electronic version of this Community Health Needs Assessment is publicly available at:**

CHRISTUS Health's website:

[CHRISTUShealth.org/connect/community/community-needs](https://CHRISTUShealth.org/connect/community/community-needs)





