Community Health Needs Assessment

2026 – 2028

CHRISTUS SHREVEPORT-BOSSIER Health System

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Chapter 1: Letter to the Community

Letter to the Community

A Message of Gratitude

Every day, health is shaped not only by care delivered in clinics and hospitals, but by what happens at home, at work, in schools and across neighborhoods. At **CHRISTUS Shreveport-Bossier Health System**, we understand that lasting health comes from strong relationships with our communities and with the people who live and lead within them.

Three years ago, our 2023–2025 Community Health Needs Assessment began with a question: What matters most to you and your community? Your answers were honest, thoughtful and generous. You told us about the realities of daily life, the stress of accessing mental health care, the difficulty of finding fresh, affordable food, the concerns surrounding smoking and vaping and other deeply rooted challenges.

We listened. And together, we acted.

With your guidance, CHRISTUS Shreveport-Bossier Health System joined forces with local partners to co-create programs, expand resources and strengthen support systems. One key partnership was with Shreveport Green, through which we delivered fresh produce to individuals who were food insecure and living with heart disease, addressing both nutritional needs and health equity. This work wasn't just about solving problems — it was about building trust, honoring lived experiences and doing better together.

Now, as we move into the 2026–2028 CHNA, we're continuing that momentum — but digging deeper. With community members at the center once again, we explored complex issues like housing, economic opportunity, chronic conditions and the systems that influence them. The result is not only a new report, but a deeper reflection of our shared knowledge — a resource shaped by community experience, local data and collective insight.

This assessment is yours. It reflects your voice, your leadership and your hope for the future.

We are profoundly grateful to every individual and organization that contributed through time, expertise, stories and collaboration. You helped define the path forward. And with your continued partnership, we will keep advancing bold, equitable solutions that serve every person in every stage of life.

Thank you for building with us.

Casey Robertson

President and Chief Executive Officer

CHRISTUS Shreveport-Bossier Health System

Statement of Health Access and Serving as an Anchor Institution

At CHRISTUS Health, our core values — 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 health care environment for everyone, regardless of background or circumstance. 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.

Jamey Brogan
Interim Vice President of Mission Integration
CHRISTUS Good Shepherd 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 Shreveport Bossier Health System reviewed and approved the CHNA prior to June 30, 2025, with Board of Directors' ratification on July 31, 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 July 31, 2025.

Chapter 2: Executive Summary

Executive Summary

In Shreveport and Bossier City, care is personal. It's found in church pews, front porches, school cafeterias and hospital rooms. At CHRISTUS Shreveport-Bossier Health System, we are honored to be part of this community's story — offering compassionate, high-quality health care while walking alongside our neighbors through every season of life.

As part of CHRISTUS Health, our mission, "to extend the healing ministry of Jesus Christ," guides us not only in moments of crisis, but in all the ordinary moments that shape health — like the food we eat, the homes we live in, the transportation we rely on and the peace of mind that comes from knowing support is near.

Every three years, we conduct a Community Health Needs Assessment (CHNA) to gain a deeper understanding of how health is experienced in our community. This is more than a report — it reflects real stories and lived experiences gathered through listening sessions, surveys and partnerships with schools, churches, nonprofits and local organizations. It pairs voices with data, showing us where we're growing and where we still need to focus.

This CHNA follows a lifespan approach, focusing on four key stages: maternal and early childhood, school-age children and adolescents, adults and older adults. Health does not begin in adulthood or end at retirement. Every stage of life builds upon the one before it — investing early, then continuing that investment, leads to stronger individuals, families and communities. When we focus on each life stage with intention, we not only respond to today's needs, but we also shape tomorrow's outcomes.

Lifespan Approach

Maternal and Early Childhood Health

In the earliest years of life, a healthy beginning lays the foundation for lifelong well-being. In Shreveport and Bossier City, more mothers are connecting with prenatal care, and new community resources are emerging to support early childhood development. Awareness around maternal mental health and early literacy is growing. Still, barriers such as food insecurity, limited access to health care and rising housing costs make it harder for families to maintain stability. Early gaps in care and support can lead to long-term health disparities, which is why this stage is so critical. When we invest in families at the start, we set a trajectory of strength.

School-Age Children and Adolescent Health

For school-age children and adolescents, this is a time of discovery and identity — but also vulnerability. Our community is doing important work, including expanding counseling in schools, increasing access to food assistance and sparking new conversations around mental health. Many young people are finding support and a sense of belonging through after-school programs, youth groups and classrooms. Yet far too many still face barriers like poverty, lack of access to care, anxiety and unstable housing. Adolescence is a critical period when habits form and lifelong mental and physical health patterns are established. Focusing here can change the course of a generation.

Adult Health

Adulthood is often characterized by caregiving, employment and managing multiple responsibilities. In north Louisiana, adults are accessing more community health information, through the internet and other means along with mental health resources and chronic disease education. But everyday barriers remain — especially for those without stable housing, insurance or access to primary care. Chronic illnesses like diabetes, hypertension and depression are widespread and often go untreated due to lack of time, cost or resources. Supporting adults in their prime means strengthening the workforce, empowering parents and reducing preventable illness. This is where health becomes both deeply personal and deeply communal.

Older Adult Health

Older adulthood is a stage of reflection, wisdom and legacy — but also increased vulnerability. Across Shreveport-Bossier, we see elders receiving meaningful care through churches, family members and neighborhood groups. Support networks are growing, and more programs are helping seniors remain independent. Still, many older adults are isolated, struggling to afford medication or navigating life with memory loss or physical limitations. Aging well requires systems of care that honor dignity and promote connection. When we support older adults, we uplift the very foundation of our community.

What came through in this assessment is clear: Shreveport and Bossier City are full of resilient people who care deeply about one another. From teachers and pastors to health workers and volunteers, this is an area that values its community and rises to meet its challenges with compassion and strength.

CHRISTUS Shreveport-Bossier Health System is proud to be part of that fabric. This CHNA reflects not only what's hard, but what's possible. It reminds us that health is not just about services — it's about justice, opportunity and respect for the full human journey.

As we move forward, we carry with us the voices of this community. Together, we will continue to shape a region where every person — regardless of age, income or background — has the opportunity to lead a full, healthy life from beginning to end.

Key Findings

The chart below summarizes the leading indicators of Shreveport and Bossier City area. These indicators were identified by local health leaders to provide a comprehensive picture of the needs of our community. The Community Health Implementation Plan (CHIP) documents analysis of these indicators weighted in view of the resources of our health system and of our community partners to determine strategies to improve health equity and extend Christ's healing ministry to the most vulnerable.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Early childhood education • Health care literacy • Affordable insurance • Affordable health care • Affordable housing	• Poverty • Unhealthy diet (food desert, accessibility) • Literacy • Mental health • Access to primary care	• Chronic diseases (diabetes, obesity, cardiovascular) • Affordable housing • Mental health • Crime • Food insecurity	• Isolation/loneliness • Alzheimer's • Health literacy • Access to nutritious food

Chapter 3: Introduction

Introduction

Shreveport and Bossier City are vibrant and welcoming communities where Southern charm meets cultural diversity. Nestled along the banks of the Red River and a few miles from the Texas border, these cities offer the ease of connectivity with the warmth of small-town living. With access to major highways and Shreveport Regional Airport, the area serves as a regional gateway for travel, commerce and culture.

Shreveport blends natural beauty with vibrant culture. Outdoor lovers enjoy boating, fishing and hiking along the Red River, while nearby wetlands host diverse wildlife. Families can explore the Sci-Port Discovery Center, Shreveport Aquarium and Gator and Friends Adventure Park. The city's arts scene features the Shreveport Symphony, Opera, Robinson Film Center and local galleries. Festivals like Red River Revel and Mudbug Madness celebrate Southern culture with food, music and community spirit.

From its historic neighborhoods to its fast-growing suburbs and neighboring parishes, Shreveport-Bossier is home to a resilient and diverse population. Generations of families, professionals, students and entrepreneurs contribute to the region's vibrant identity. And in the heart of it all, CHRISTUS Shreveport-Bossier Health System stands as a trusted partner, serving this community with a legacy of faith-based, compassionate care.

While the region has grown in opportunity and cultural richness, the region continues to face challenges that affect health and well-being. Generational poverty, economic transitions and systemic barriers have led to disparities in health outcomes, especially for low-income, rural and minority populations. Key social determinants, including food insecurity, transportation gaps, housing instability, crime and limited access to education and employment significantly impact the health of individuals and families. Chronic conditions like diabetes, hypertension, heart disease and obesity remain prevalent, while behavioral health needs — including mental health and substance use — continue to rise across the region. Environmental exposures and limited access to care further complicate these challenges, especially in underserved neighborhoods.

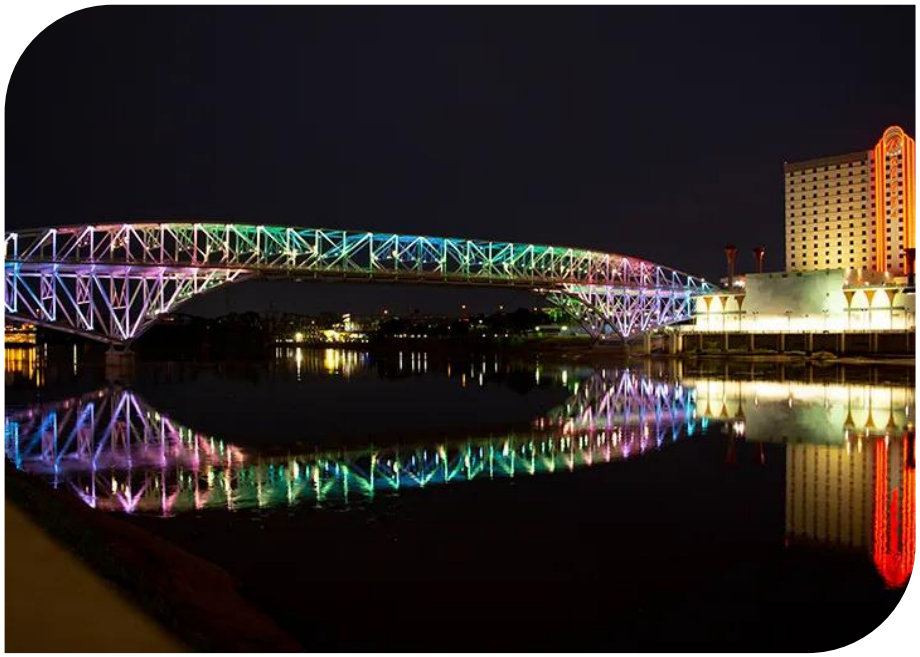
This Community Health Needs Assessment (CHNA) offers a comprehensive, data-informed look at these pressing issues. Guided by community input, the CHNA helps identify the region's greatest health needs and informs targeted, collaborative strategies for improvement. It is more than a requirement — it is a commitment to listen, learn and respond alongside the people we serve.

The COVID-19 pandemic exacerbated many of the region's existing health disparities, placing additional strain on vulnerable populations. Yet, it also strengthened partnerships between health care providers, nonprofits, public agencies and community organizations — partnerships that remain essential as we move forward with a shared vision of equity and access.

From urban centers and historic neighborhoods to rural towns and outlying parishes, the Shreveport-Bossier region reflects both rich heritage and evolving health needs. By acknowledging the historical, social and economic forces that shape health here, this CHNA aims to illuminate a path forward. With continued collaboration, strategic investment and a deep commitment to compassionate service, CHRISTUS Shreveport-Bossier Health System remains dedicated to extending the healing ministry of Jesus Christ, ensuring that all individuals, regardless of background or circumstance, can live healthy, fulfilling 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 for guiding efforts to improve the well-being of its residents. As a nonprofit hospital, CHRISTUS Shreveport-Bossier 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 Shreveport-Bossier Health System and serves as a comprehensive resource for understanding the current health landscape in north 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.

Additionally, this assessment reflects 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 of health across the community.

Overview of the Health System

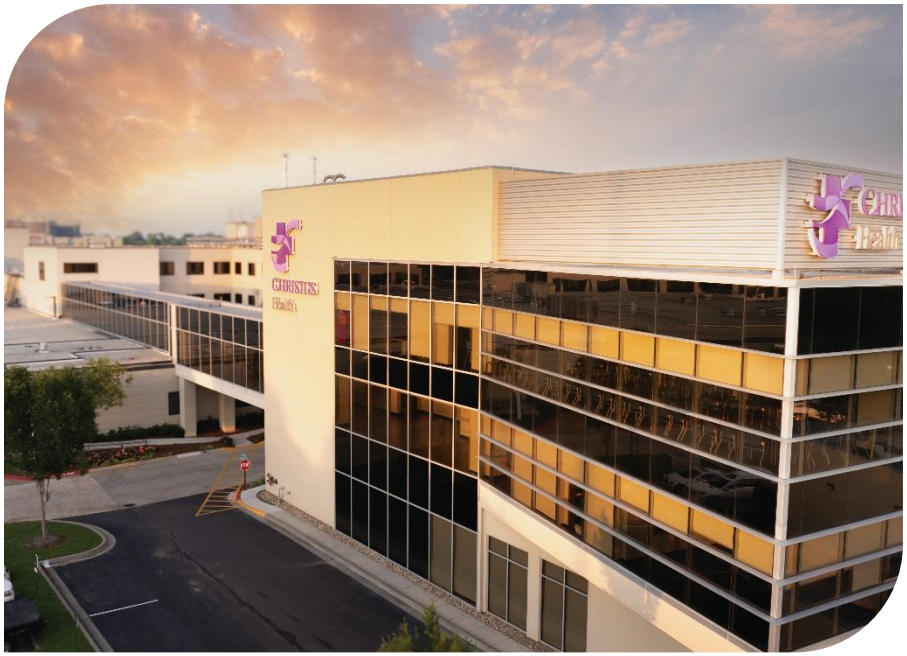
CHRISTUS Health

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 Shreveport-Bossier Health System

As part of CHRISTUS Health, CHRISTUS Shreveport-Bossier Health System is a faith-based, not-for-profit health system serving the northwest Louisiana community with two hospitals and nearly 2,000 Associates. We specialize in cardiovascular, oncology, orthopedic and neurological services, primary care medicine, surgical services and women's and children's 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 dignity, justice and the common good, 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. These include:

- 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 dignity and justice with compassion. 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 Shreveport-Bossier Health System serves a diverse population across Caddo, Bossier, De Soto, Natchitoches, Red River and Webster parishes in Northwest Louisiana. In alignment with IRS guidelines and 501(r) regulations under the Affordable Care Act, CHRISTUS Shreveport-Bossier defines its primary service area (PSA) as the ZIP codes where approximately 80% of hospital utilization occurs (see Table 1 and Figure 1). This ensures that the Community Health Needs Assessment (CHNA) is focused on the communities most directly impacted by the hospital's services.

The PSA spans a mix of urban centers, suburban neighborhoods and rural towns — each with its own health needs, cultural identities and community strengths. From the city of Shreveport to the smaller towns of De Soto and Natchitoches parishes, this regional diversity underscores the importance of a community-informed, equity-driven approach to improving health outcomes across Northwest Louisiana.

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

Table 1. Primary Service Area (PSA) of CHRISTUS Shreveport Bossier

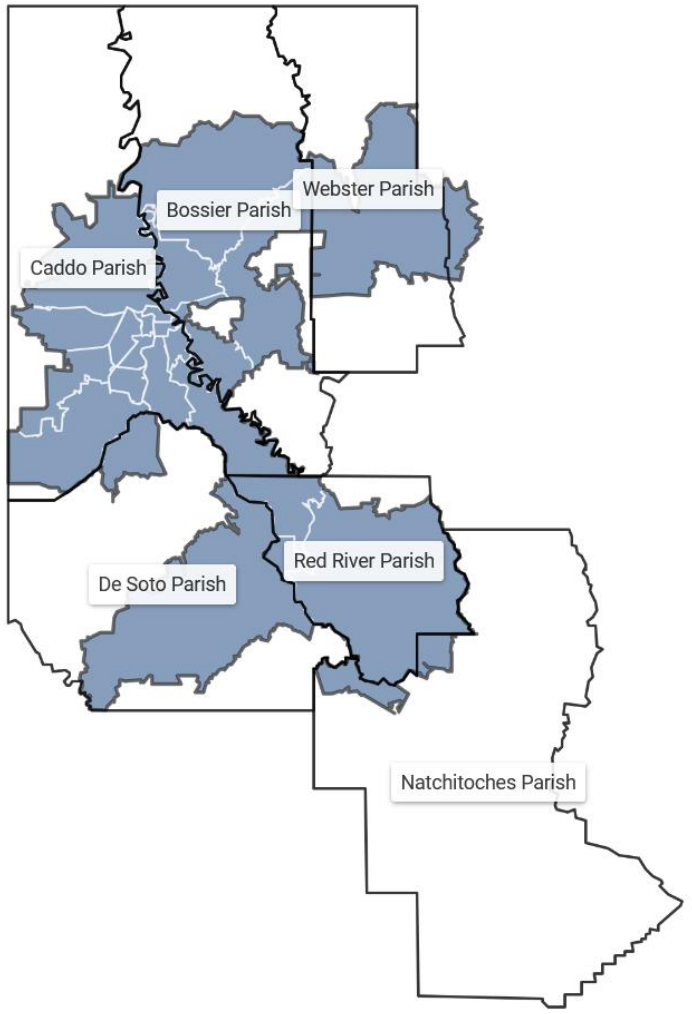
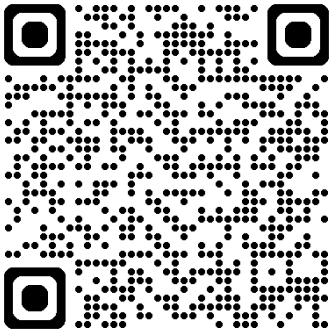


Figure 1. Primary Service Area (PSA) Map of CHRISTUS Shreveport Bossier

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. 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
David Raines Community Health Center	A Federally Qualified Health Center (FQHC) offering comprehensive medical, dental, behavioral health, pharmacy, pediatric and school-based services across Northwest Louisiana
MLK Health Center & Pharmacy	Provides free chronic disease management, wellness education and pharmacy services for uninsured patients; a cornerstone for improving community health outcomes through low-cost care
St. Luke's Episcopal Medical Ministry	A mobile medical clinic providing free health screenings, education and referrals to underserved rural and urban communities across Northwest Louisiana
Shreveport Behavioral Health Clinic	Offers outpatient and intensive mental health and addiction services, including individual and family counseling, psychiatric support and specialized gambling treatment
Northwest Louisiana Human Services District	Delivers behavioral health, developmental disability and addiction services with a focus on vulnerable and underserved populations in the region
United Way of Northwest Louisiana	Collaborates with nonprofits, businesses and government to support initiatives in health, education and financial stability, primarily through its 211 information and referral service
Volunteers of America North Louisiana	Provides holistic services addressing homelessness, mental health, developmental disabilities, veterans' services and reentry support, with a focus on long-term transformation
The Hub: Urban Ministries	Supports individuals experiencing homelessness, poverty and human trafficking through direct service ministries such as the Lovewell Center and Purchased: Not for Sale
Caddo Council on Aging	Provides Meals on Wheels, personal care, wellness programs, medical alert systems and other services to help older adults maintain their health and independence
Caddo Parish Health Unit	Offers public health services, including immunizations, WIC, family planning and nutrition education to support community prevention and maternal-child health

Chapter 4: Impact

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 Shreveport Bossier 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 Shreveport Bossier 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
• Chronic illness (heart disease, diabetes, obesity) • Behavioral health (mental health and substance abuse) • Children's health	• Improving food access • Reducing smoking and vaping

Over the past three years, CHRISTUS Shreveport Bossier 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

Chronic Illness (Heart Disease, Diabetes, Obesity)

Strategy: Prevent and manage risk factors known to worsen morbidity and mortality due to chronic diseases. Increase access to and enhance oncologic services, education and prevention activities in the North Louisiana region.

Implementation Highlights:

- We provided financial grants to support faculty positions at both Louisiana Tech and Northwestern State University for nursing school faculty. Studies showed that more nurses were needed in all areas and financial support was needed for faculty positions.
- Targeting the identified need to support oncology patients, we provided funding for a support group in multiple locations. This included providing programs, space for meetings and food across our service area.

Progress:

- The financial aid support for nursing faculty positions was provided for three years. During that period additional slots were opened at both universities, which allowed more students to be trained.
- We began our support programs at one location. Realizing greater need, we expanded to multiple locations across the service area. We anticipate continuing to grow this program and find ways to expand education to the community on the need for mammograms.

Behavioral Health (Mental Health and Substance Abuse)

Strategy: Decrease mental health and substance abuse rates in the community.

Implementation Highlights:

- We worked collaboratively with the Children's Advocacy Center to provide a safe location for services to children who have been abused. The center identified opportunities for education and support groups for families and other affiliated agencies.
- Support for several local non-profits who provide key services to the community on behavioral health and drug addiction

Progress:

- This project is one that remains a critical contribution of our health system to serve a community need that continues to be identified in our CHNA over multiple years. We pay for the space and plan to continue to do so as needed.
- Working with leaders in our community to evaluate opportunities and needs, we funded a number of projects such as Domestic Violence Awareness, crime prevention and poverty reduction to provide key services and education.

Children's Health

Strategy: CHRISTUS Health Shreveport-Bossier Health System will enhance collaboration with local community partners to support regional strategies to ensure child safety and well-being.

Implementation Highlights:

- To provide on-site follow-up care to students and particularly athletes, we developed an athletic trainer program.
- Development of the CARA Center to provide education and support for parents and children who are experiencing health-related, school or even family issues and need direction

Progress:

- A workgroup researched and developed a plan to provide care for students who lack access to health care due to financial concerns, transportation or limited clinic hours, so they could get those services during the day and be evaluated regularly. The athletic trainer program is the first segment of implementation. The program was expanded to include preparticipation physicals at no cost to the student or schools.
- The CARA Center is a focal point of our commitment to the community. We have continued to make financial contributions for programs and services for multiple years. This program often provides unique services with others in the community to focus on education and materials to support identified needs.

BUILD RESILIENT COMMUNITIES AND IMPROVE SOCIAL DETERMINANTS

Improving Food Access

Strategy: Build resilient communities by improving access to food.

Implementation Highlights:

- Identify food insecure individuals and households. Screen patients for food insecurity and partner with community organizations to offer programs and resources that increase access to healthy foods and raise awareness in the community.

Progress:

- Partnered with a local non-for-profit to implement a mobile food van initiative to promote heart-healthy eating by delivering nutritious and low sodium meals directly to patients that screened positive for a social determinant of health.

Reducing Smoking and Vaping

Strategy: Reduce smoking and vaping in the community by providing education to patients and the community.

Implementation Highlights:

- Develop a tobacco cessation package to give to patients and educate them on the danger of tobacco use in any form, as well as provide access to community-based cessation programs.
- Identify patients who smoke or vape and provide brochures on quitting smoking.

Progress:

- Because of the connection between smoking and heart disease, we collaborated with American Heart Association by sponsoring a health fair that served over 500 people in the community to raise awareness about heart health, improve overall health outcomes and provide free health care screenings.
- Each patient who was screened for smoking received a brochure with tips on how to quit and information on the importance of living a smoke-free lifestyle.
- In addition to direct care and access, CHRISTUS Health has invested in programs that address upstream drivers of health, such as food insecurity, housing instability and behavioral health access, through outreach, education and partnerships with local organizations. These investments reflect our commitment to equity, stewardship and sustained community impact.

Chapter 5: 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. Results-Based Accountability (RBA) is a structured methodology that enables organizations to translate data into meaningful action by first articulating the desired community outcomes and then selecting clear, measurable indicators to monitor progress. It integrates a focus on population-level accountability, which considers broad community results, with performance accountability for specific programs and services, prompting stakeholders to systematically ask, “How are we doing?” and “What works?” This disciplined approach ensures that strategies are continuously evaluated and refined, and that resources are directed toward interventions with the greatest impact.

To ensure a full picture of community health needs, CHRISTUS Shreveport-Bossier Health System 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 — individuals 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:

1. **Community Survey**
   Distributed to Associates, patients and residents to gather insights on social needs and health challenges
2. **Community Indicator Workgroup**
   Engaged stakeholders in identifying meaningful indicators aligned with community priorities
3. **Data Dictionary Work Session**
   Refined each leading indicator with both lay and technical definitions, ensuring clarity and alignment
4. **Community Focus Groups**
   Brought together diverse voices to contextualize the data and validate findings through lived experience
5. **Key Informant Interviews**
   Conducted when deeper insight was needed on issues not fully captured in focus groups, these interviews drew on the expertise of individuals with deep knowledge of underserved populations and community health challenges

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.

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 Shreveport-Bossier 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 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

645
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 Workgroup

26
Participants

The community indicator workgroup 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 reflect 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 — health where it matters most.

Data Dictionary Work Session

20
Participants

The data dictionary work session was 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

4
Focus Groups

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 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.

Key Informant Interviews

2
Participants

In addition to focus groups, one-on-one interviews were held with local experts who have firsthand experience working with underserved communities. These key informants included professionals in areas like mental health, chronic illness, maternal and child health and access to care. Their deep knowledge helped us understand how health challenges show up in everyday life, especially for those facing the greatest barriers. These interviews added valuable context to the data and will help shape a more responsive and inclusive Community Health Implementation Plan.

5. Windshield Surveys

1
Participant

In addition to other data methods, CHRISTUS Health used windshield surveys to better understand the physical and social conditions of our communities. This involved driving through neighborhoods to observe things like housing, green spaces, transportation and overall community upkeep, factors that aren't always visible in the data. These surveys gave a clearer picture of how the environment helps or hinders health and well-being and allowed us to connect what we see with how people live. These insights help ensure our assessment reflects both the numbers and the everyday realities in the places we serve.

Participants

The 2026–2028 Community Health Needs Assessment (CHNA) for CHRISTUS Shreveport-Bossier Health System was made possible through the meaningful contributions of community members and partners across every stage of the process. From key informant interviews and focus groups to data dictionary work sessions and indicator work groups, participants brought a wide range of expertise and lived experience. Their involvement reflects the diversity of the region, spanning health care professionals, nonprofit and faith-based leaders, public officials, and residents, each offering essential insights into the health challenges and strengths of their communities.

By intentionally engaging voices from across sectors, geographies and backgrounds, we ensured that no single perspective defined the findings. Frontline providers shared care delivery challenges, community leaders highlighted systemic barriers, and residents shared the day-to-day realities that shape health and well-being. This collaborative and inclusive approach enriched our understanding of local needs and laid a strong foundation of trust to guide future community health strategies. The individuals and organizations listed below were instrumental in shaping this CHNA, and their perspectives are woven throughout every insight and recommendation that follows.

COMMUNITY INDICATOR WORKGROUP PARTICIPANTS

- Alzheimer's Association
- Food Bank of NWLA
- David Raines Community Health Center
- CHRISTUS Shreveport Bossier
- Shreveport Green
- United Way of NWLA
- St. Luke's Mobile Medical Clinic
- Community Renewal International
- Catholic Charities
- The Arc Caddo-Bossier
- Volunteers of America
- Shreveport Police Department
- Council on Alcoholism and Drug Abuse
- Providence House
- Volunteers for Youth Justice

DATA DICTIONARY WORK SESSION PARTICIPANTS

- CHRISTUS Shreveport-Bossier Health System Associates
- Shreveport Green
- United Way NWLA

COMMUNITY FOCUS GROUPS

- Community Renewal
- CHRISTUS Shreveport-Bossier Health System Associates
- Caddo Parish Sheriff Office

KEY INFORMANT INTERVIEW PARTICIPANTS

- Community Renewal Community Coordinator
- Caddo Parish Sheriff

WINDSHIELD SURVEY PARTICIPANTS

- System Director of Laboratory Services, CHRISTUS Health

Lifespan Areas and Leading Indicators

To better understand and address community health needs, CHRISTUS Shreveport-Bossier Health System organized the assessment around four key life stages: maternal and early childhood, school-age children and adolescents, adults and older adults. A community indicator workgroup 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.

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**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Lack of early childhood education • Health literacy • Lack of insurance/access to affordable care • Lack of housing • Abuse and neglect • Lack of trust in the health care system • Babies born with addiction • Infant mortality • Lack of mental health • Lack of prenatal care knowledge • STDs • Developmental Screening • Medicaid lapse • Substance use in pregnant women • Immigrant population (language barrier, trust)	• Poverty • Access to nutritious food • Literacy issues • Mental health • No access to primary health care • Vaping (substance abuse, cassation education) • Lack of early interventions • Lack of trust in health care system • Provider shortage • Trauma informed care • Immunization • Gentrification • Health care literacy • Children caring for children	• Chronic disease • Housing • Access to mental health care • Crime • Food insecurity • Substance abuse • Low access to health care • Trauma informed care • Isolation/loneliness • Domestic violence • Access to nutritious food • Access to specialty care (e.g., Dialysis) • Disabilities • Lack of trust in health care system • Health care navigation • Preventative care • STDs • Sex trafficking • Natural disaster preparedness • Growing immigrant population • Gambling addiction • Access to third spaces • Access to care for undocumented immigrants	• Isolation/loneliness • Alzheimer's • Health literacy • Access to nutritious food • Disabilities • Lack of knowledge/resources • Access to specialty care (e.g., Dialysis) • Health care navigation • Access to next level care • Lack of trust in health care system • Access to third spaces • Access to dental care • Gambling addiction

The following table highlights the leading indicators faced by our community as identified by health leaders in our primary service area.

LEADING INDICATORS			
Maternal Health and Early Childhood Health	**School-Age Children and Adolescent Health**	**Adult Health**	**Older Adult Health**
Mothers and babies will have access to the care and support needed for healthy pregnancies, childbirth, growth and development.	*Children will be well-equipped with the care and support to grow up physically and mentally healthy.*	*Adults will have access to the care, support and opportunities needed to maintain physical and mental health throughout their lives.*	*Older adults will have accessible and empowering environments to ensure that every person can age with health and socioeconomic well-being.*
• Early childhood education • Health care literacy • Affordable insurance • Affordable health care • Affordable housing	• Poverty • Unhealthy diet (food desert, accessibility) • Literacy • Mental health • Access to primary care	• Chronic diseases (diabetes, obesity, cardiovascular) • Affordable housing • Mental health • Crime • Food insecurity	• Isolation/loneliness • Alzheimer's • Health literacy • Access to nutritious food

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, parish, 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 assessments.

Chapter 6: CHNA Data

CHNA Data

This chapter presents the results of the Community Health Needs Assessment (CHNA) for the CHRISTUS Shreveport-Bossier service area, 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 Shreveport-Bossier service area.

Community Demographics

Louisiana's population ticked up by almost 3% from 2010 to 2020, but growth was very uneven across parishes: Bossier jumped 10%, while Caddo, Natchitoches, Webster and Red River all saw population losses (down as much as 16% in Red River). Birth rates also vary widely — from roughly 19 births per 1,000 women in Red River to 61 in Webster — yet every parish has a higher death rate than the state average of about 975 per 100,000 residents. Housing occupancy falls below the state's 86% mark in several parishes (just 76% in Natchitoches), and poverty levels are especially pronounced in Red River (29% of residents) and Webster (27%), with over one in three young children in Caddo living in poverty. Overall, these data point to aging, shrinking communities facing economic and health challenges that exceed statewide norms.

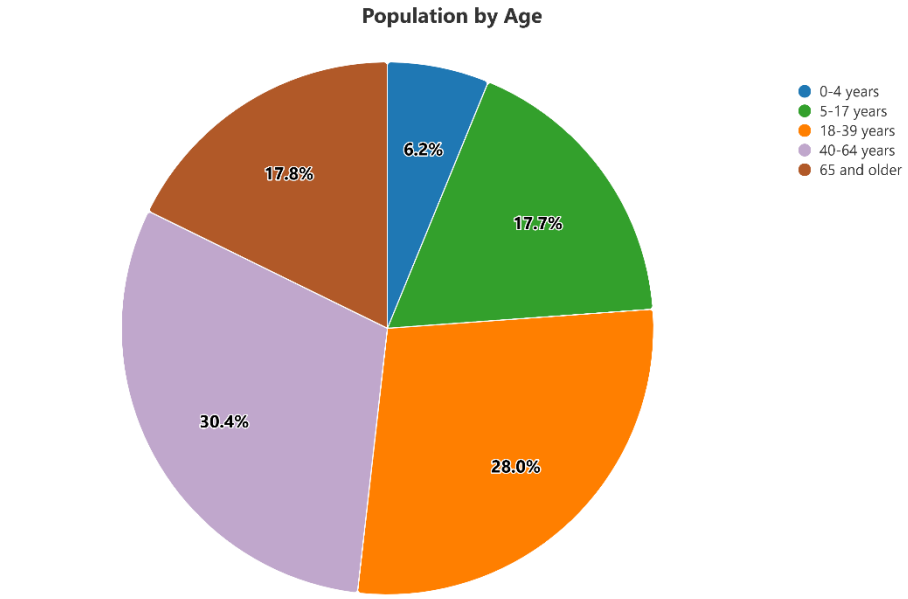
TOPIC	LOUISIANA	BOSSIER PARISH, LA	CADDO PARISH, LA	DE SOTO PARISH, LA	NATCHITOCHES PARISH, LA	RED RIVER PARISH, LA	WEBSTER PARISH, LA
Population *residents* 2023	4,573,749	129,795	226,386	26,897*	38,863*	7,529*	36,189*
Population density *residents/mi^2* 2019-2023	106.94	153.82	264.90	30.69	29.56	19.36	61.00
Change in population *% change* 2010-2020	2.74	10.06	-6.71	0.59	-5.18	-16.18	-10.29
Land area *square miles* 2020	43,210.227	839.520	879.468	876.449	1,253.323	388.980	593.289
Birth rate *births per 1,000 women ages 15-50* Female, 2023	55.59	47.03	40.26	55.37	48.48*	19.05*	61.31*

TOPIC	LOUISIANA	BOSSIER PARISH, LA	CADDO PARISH, LA	DE SOTO PARISH, LA	NATCHITOCHES PARISH, LA	RED RIVER PARISH, LA	WEBSTER PARISH, LA
Mortality rate, all causes *deaths per 100,000* 2023	920.8	960.0	1,264.2	1,220.8*	1,160.1	1,563.3	1,606.2
Occupied *% of housing units* 2023	86.30	94.46	87.65	81.95*	75.59*	83.41*	80.48*
Poverty rate *% of residents* 2023	13.67	14.20	23.40	21.80*	24.12*	29.38*	26.85*

*Data is showing for 2019-2023.

Age

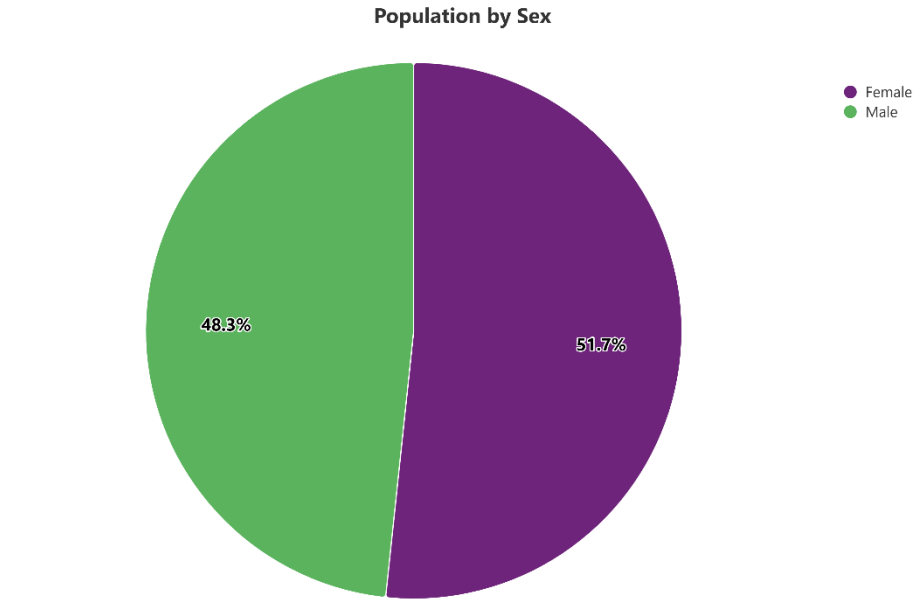
The population distribution in the CHRISTUS Shreveport-Bossier service area shows a significant number of residents across various age groups. The largest group is individuals aged 40-64, comprising 153,631 people. This is followed by those aged 18-39, with 141,078 individuals. Younger age groups, 0-4 years and 5-17 years, have 31,260 and 89,082 individuals, respectively. The 65 and older age group accounts for 89,572 residents.



Created on Metopio | metop.io/i/5d4bercn | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Sex and Gender

The analysis of population data for the CHRISTUS Shreveport-Bossier service area reveals a slightly higher number of females (242,965) compared to males (226,804). This demographic skew has implications for community services and resource allocation, necessitating tailored health care and support systems that address the specific needs of a predominantly female population.

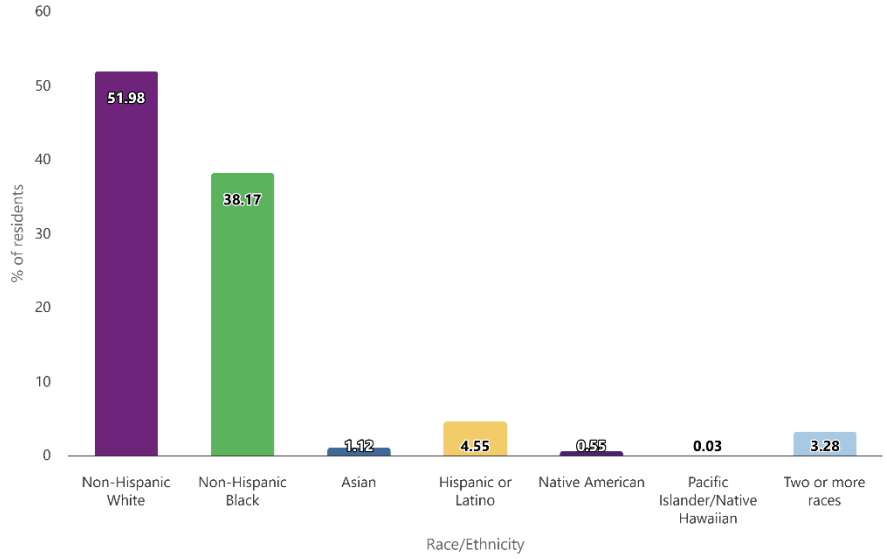


Created on Metopio | metop.io/i/z6pcjedk | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (ACS: Table B01001; Decennial Census: Table P012)
Population: Average population over the time period.

Race and Ethnicity

In the CHRISTUS Shreveport-Bossier service area, the demographic landscape is notably diverse, with Non-Hispanic Whites comprising approximately 51% and Non-Hispanic Blacks nearly 39%, reflecting a significant multiracial community presence. The relatively small percentages of Asian (1.18%), Hispanic or Latino (4.67%), and other racial groups underline the importance of inclusive policies to ensure equitable access to resources and support for all residents.

Demographics by Race/Ethnicity, CHRISTUS Shreveport-Bossier (Parishes)

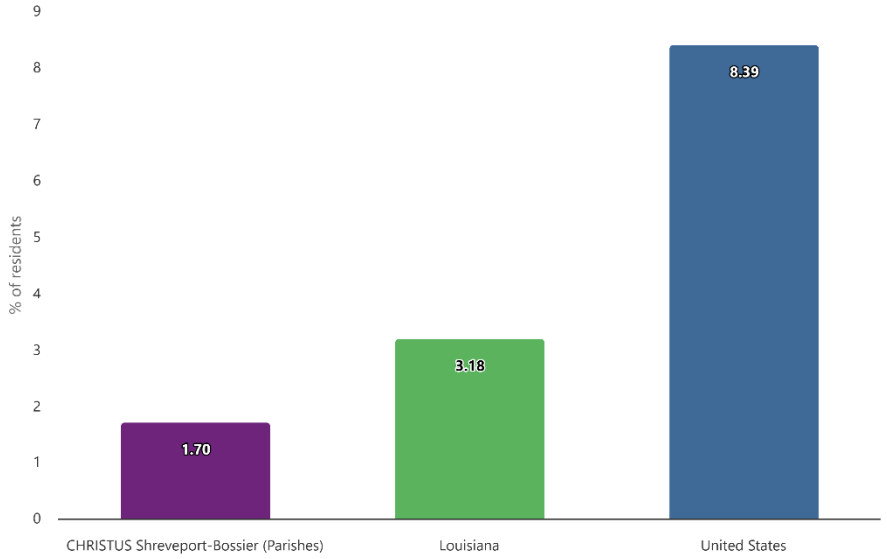


Created on Metopio | metop.io/i/ejrzdkcs | **Data sources:** U.S. Census Bureau: American Community Survey (ACS) (Table B01001), U.S. Census Bureau: Decennial Census (2020 data only)
Demographics: Percent of residents within each major demographic group. Use this to explore age, gender, and racial/ethnic breakdowns. This data is expressed as a percent; to see a breakdown of all residents by count, use Population.

Limited English Proficiency

Limited English proficiency is a significant issue in the United States, with an average of 8.39% of the population affected. In Louisiana, the rate is slightly lower at 3.18%. The CHRISTUS Shreveport-Bossier service area has the lowest rate among the data points, at 1.7%. These disparities highlight some need for language support services in different to ensure effective communication and increased access to services for those with limited English proficiency.

Limited English proficiency, 2019-2023

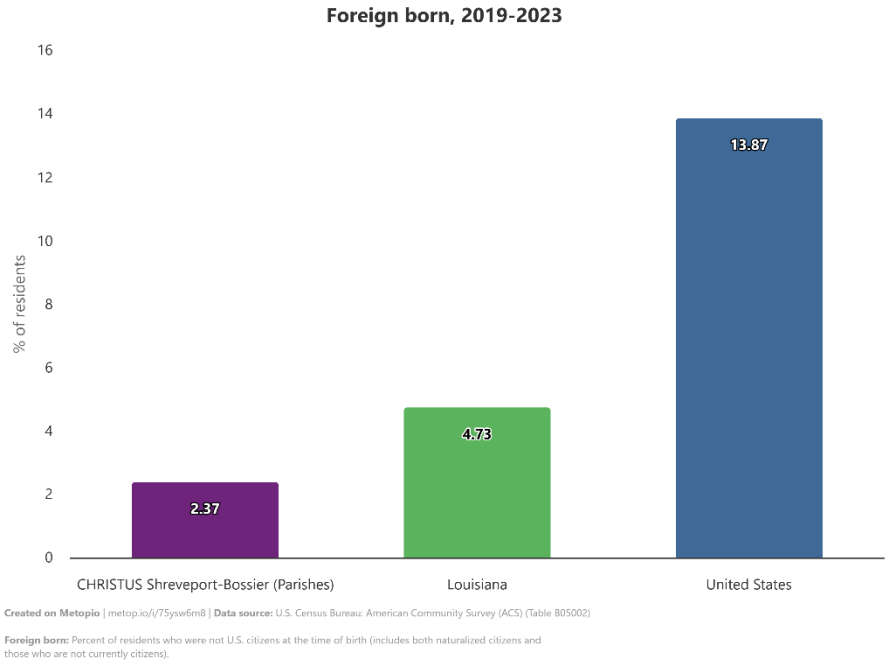


Created on Metopio | metop.io/i/z8q4ouyu | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B16004)

Limited English proficiency: Percentage of residents 5 years and older who do not speak English "very well".

Foreign-Born Population

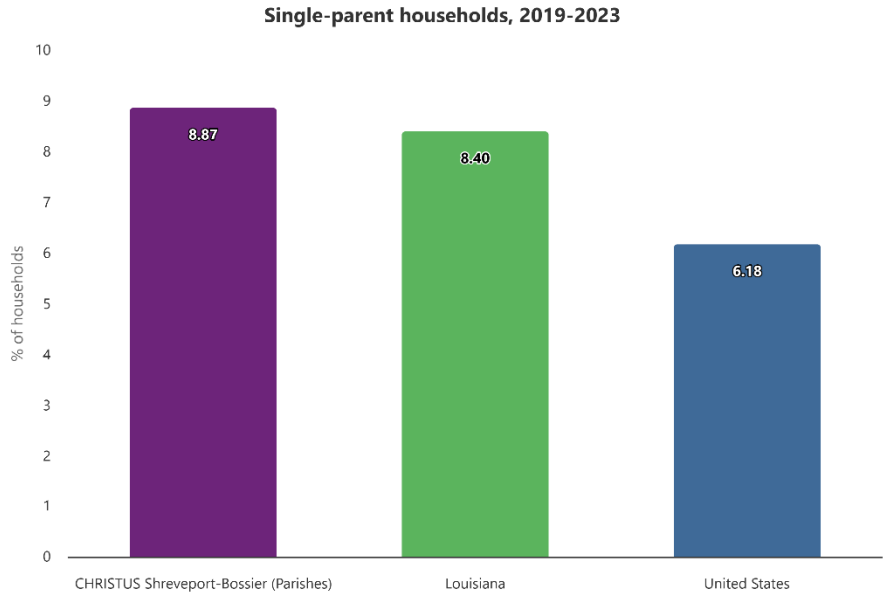
The data points to the percentage of foreign-born individuals in different regions. The foreign-born population in the United States is 13.87%, significantly higher than in Louisiana, which stands at 4.73%. Within Louisiana, the parishes served by CHRISTUS Shreveport-Bossier have a foreign-born population of 2.37%. This indicates a lower proportion of foreign-born individuals in these specific parishes compared to the state and national averages.



Household/Family

Single-Parent Households

Single-parent households are a significant concern across various regions. CHRISTUS Shreveport-Bossier parishes have the highest rate at 8.87%, followed closely by Louisiana at 8.4%. The United States, on average, has a lower rate of 6.18%. This indicates a higher prevalence of single-parent households in these specific areas compared to the national average. The data suggests a need for targeted support and resources in these regions to address the unique challenges faced by single-parent families.

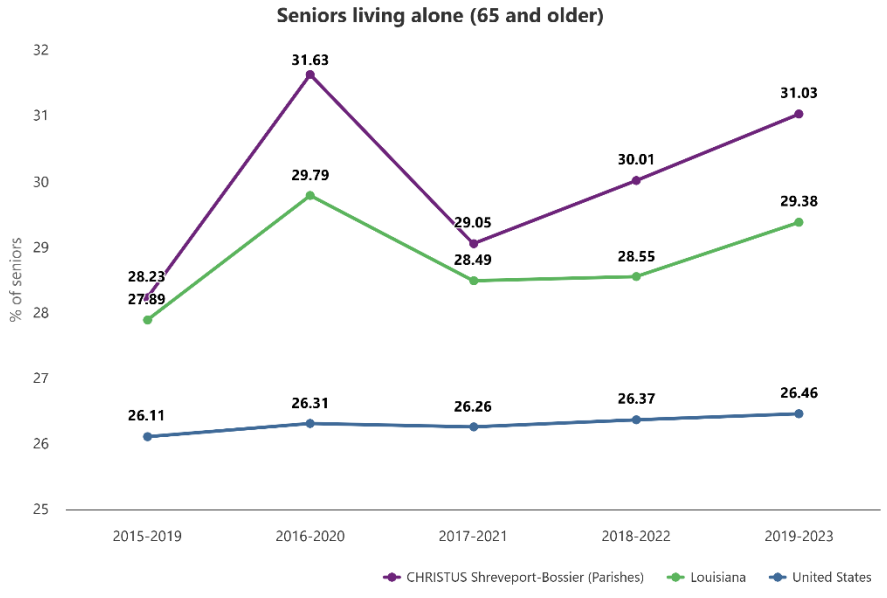


Created on Metopio | metop.io/i/65i488ix | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B11012)

Single-parent households: Percentage of households that have children present and are headed by a single parent (mother or father), with no partner present.

Seniors Living Alone

Seniors living alone in the United States have shown a slight increase over the years, with the national average rising from 26.11% in 2015-2019 to 26.46% in 2019-2023. Louisiana has also seen a rise, moving from 27.89% to 29.38% in the same periods. The CHRISTUS Shreveport-Bossier parishes have experienced the most significant increase, starting at 28.23% and reaching 31.03% by 2019-2023. Despite these increases, the national average remains lower than both Louisiana and the CHRISTUS Shreveport-Bossier parishes.



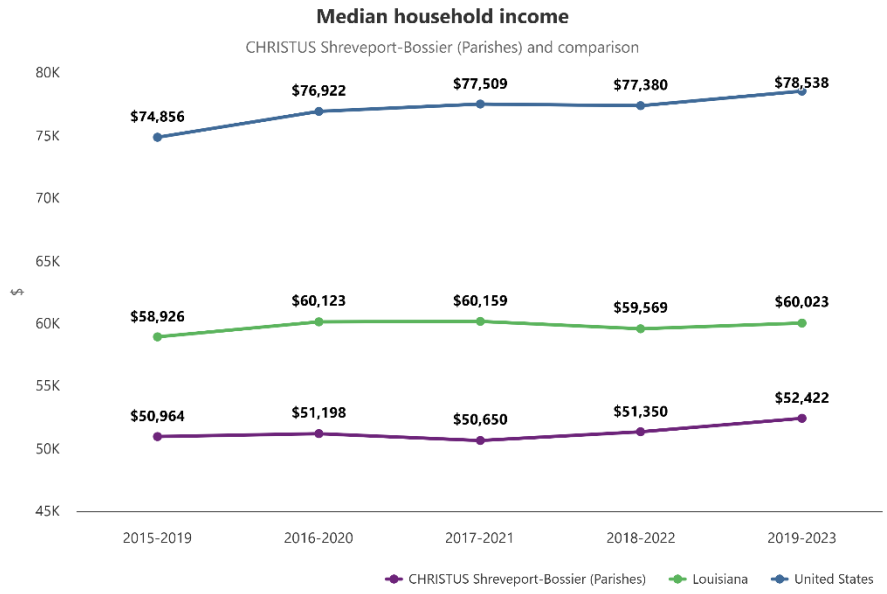
Created on Metopio | metop.io/i/yghs2gax | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

Seniors living alone: Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Economics

Median Household Income

The median household income shows a general upward trend from 2015-2019 to 2019-2023. In the CHRISTUS Shreveport-Bossier service area, the median income increased from $50,963.71 to $52,422.06. Louisiana's median income rose from $58,925.58 to $60,023.00. Despite these increases, the CHRISTUS Shreveport-Bossier service area consistently had the lowest median income compared to Louisiana and the United States. The data indicates that while all areas experienced growth, the gap between CHRISTUS Shreveport-Bossier and the national average remained significant.

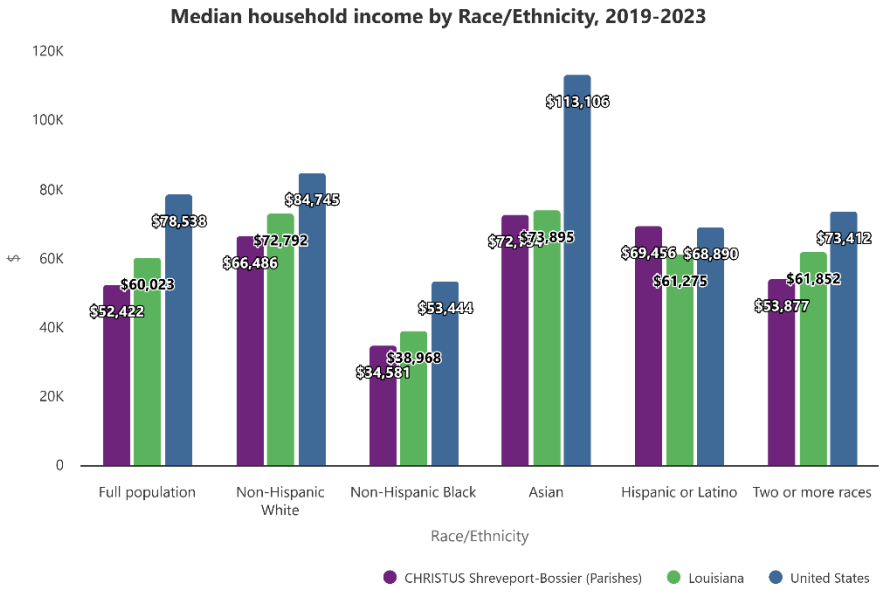


Created on Metopio | metop.io/i/uxzajgav | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Median Household Income by Race and Ethnicity

The disparity in median household incomes across different racial and ethnic groups highlights significant socioeconomic gaps, with Asian households earning the highest and Non-Hispanic Black households earning the least in all areas considered. In the CHRISTUS Shreveport-Bossier service area, Non-Hispanic Black and Hispanic or Latino households face economic challenges, indicating a need for targeted economic support and policies to bridge these income gaps.

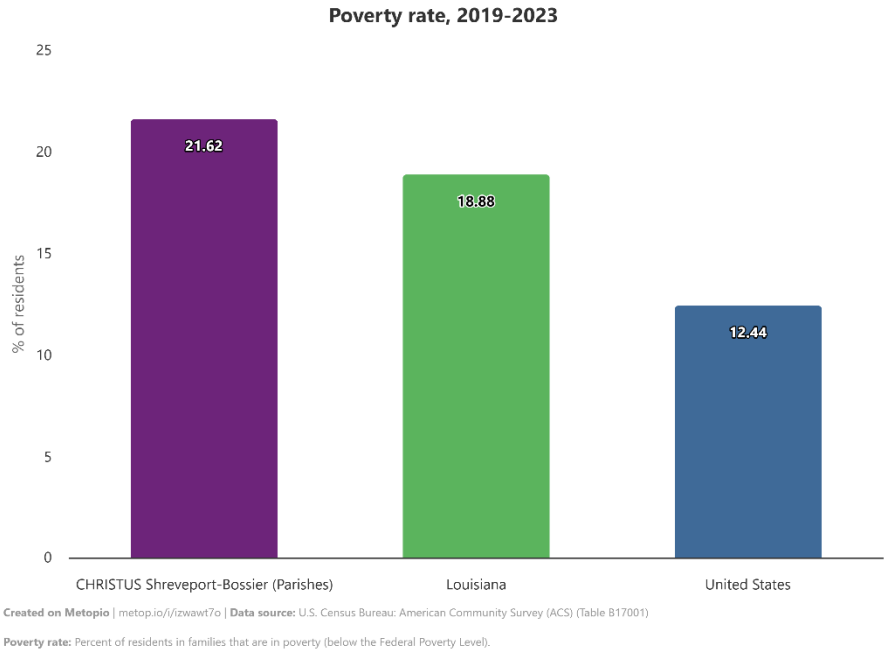


Created on Metopio | metop.io/i/7674zy56 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B19013)

Median household income: Income in the past 12 months.

Poverty Rate

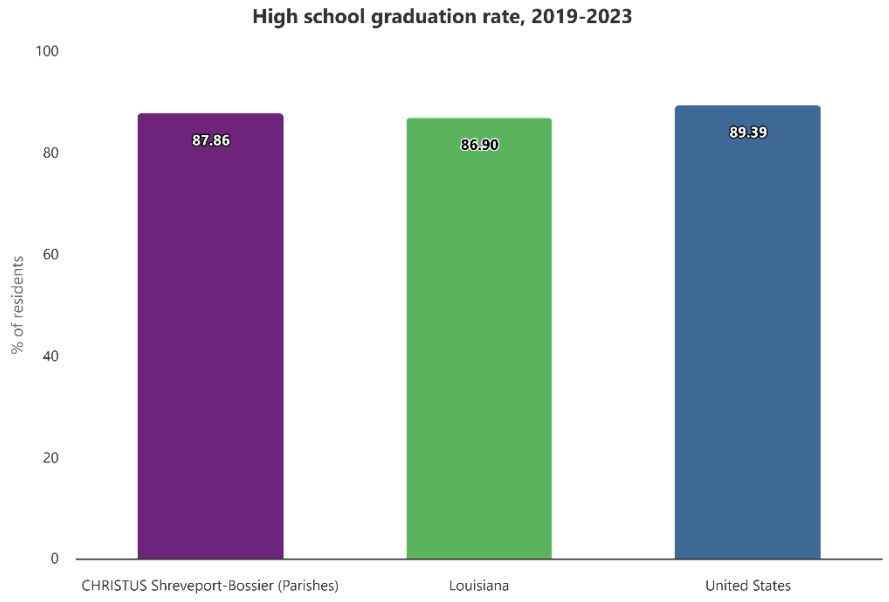
The poverty rate in the parishes served by CHRISTUS Shreveport-Bossier is significantly higher than both the state of Louisiana and the United States as a whole. Specifically, the poverty rate in these parishes is 21.62%, compared to Louisiana's 18.88% and the national rate of 12.44%. This indicates a notable disparity in economic conditions within this service area. The higher poverty rate in the parishes suggests a greater need for social and economic support services in this region.



Education

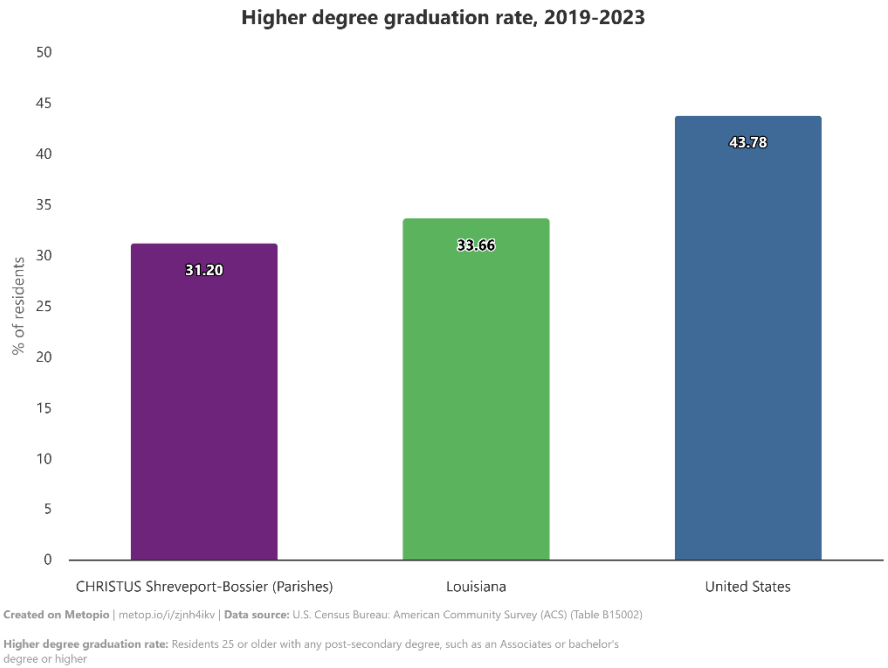
High School Graduation Rate

The high school graduation rate in the United States is 89.39%. Louisiana has a slightly lower rate of 86.9%. The rate in the parishes served by CHRISTUS Shreveport-Bossier is in the middle, at 87.86%. This indicates that while the U.S. overall has a strong graduation rate, there are regional variations.



Higher Degree Graduation Rate

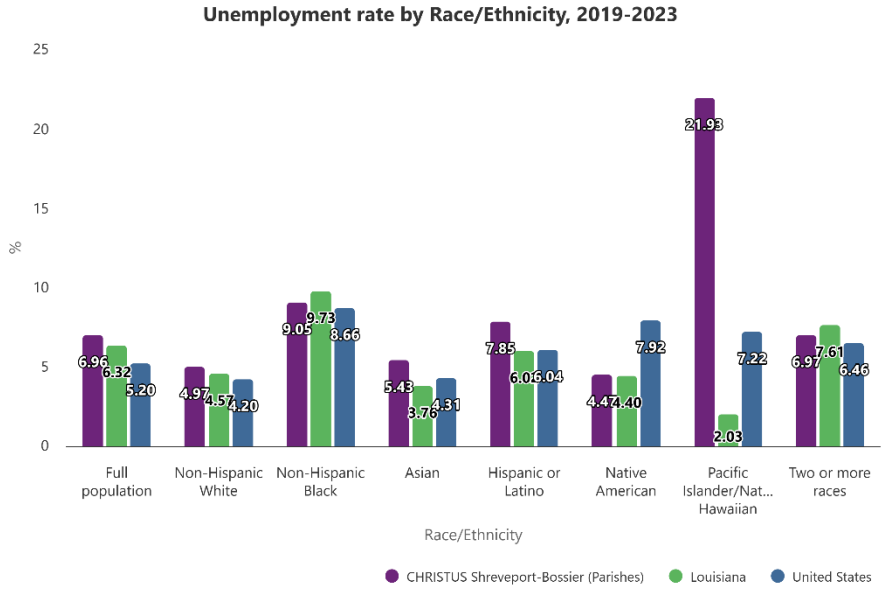
The higher degree graduation rate in the United States is 43.78%. Louisiana has a lower rate at 33.66%, while CHRISTUS Shreveport-Bossier parishes have an even lower rate of 31.2%. The lower rates in Louisiana and the CHRISTUS Shreveport-Bossier service area suggest potential challenges in higher education accessibility or completion in these areas.



Employment

Unemployment Rate by Race and Ethnicity

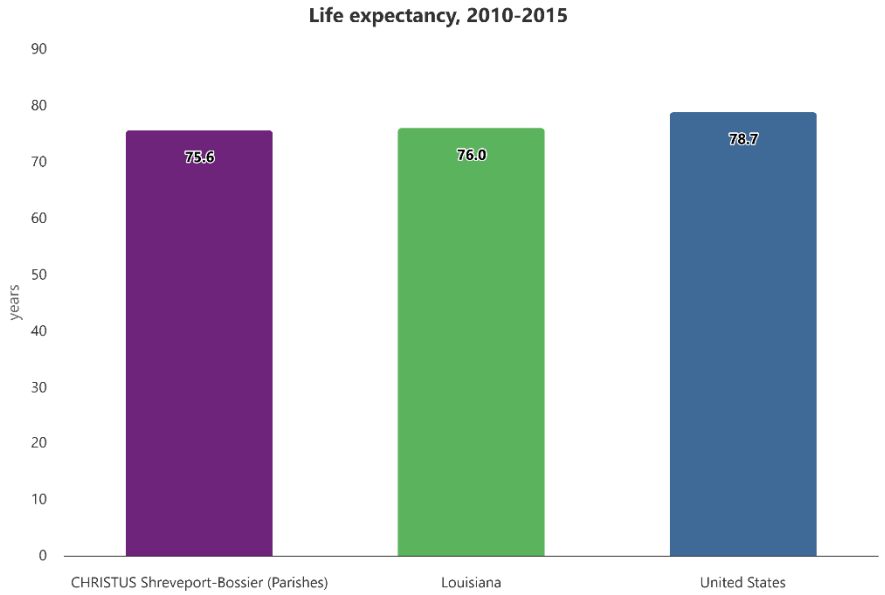
The unemployment rate in the CHRISTUS Shreveport-Bossier service area is higher than the national average across most racial and ethnic groups. Non-Hispanic Black individuals face a high unemployment rate at 9.05%, significantly above the national average of 8.66%. Hispanic or Latino individuals also experience a higher unemployment rate of 7.85% compared to the national average of 6.04%. Pacific Islander/Native Hawaiian individuals have the highest unemployment rate at 21.93%, while Native American individuals have a lower rate of 4.47%, below the national average of 7.92%.



Created on Metopio | metop.io/i/gcw8qmf8 | **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

The average life expectancy in the United States is 78.71 years. In Louisiana, this figure is slightly lower at 75.97 years. The life expectancy in the CHRISTUS Shreveport-Bossier service area is even lower, at 75.6 years. This indicates a significant disparity in life expectancy within different regions of Louisiana.



Created on Metopio | metop.io/i/cm9uw59j | **Data sources:** Centers for Disease Control and Prevention (CDC): National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project (USALEEP) (available until 2015) (Everywhere except WI); University of Wisconsin Population Health Institute: County
Life expectancy: Life expectancy at birth, or at the start of the specified age bracket. This is equal to the average age at death of all people born in this place, or all people who have lived to the start of the specified age bracket.

Health Access and Barriers to Care

Communities served by CHRISTUS Shreveport-Bossier Health System confront a range of access challenges rooted in regional economics, geography, social determinants and safety concerns:

Persistent Poverty and Insurance Gaps
Despite Medicaid expansion in Louisiana, many residents remain under-insured or cycle on and off coverage due to fluctuating incomes in service, retail and oil-and-gas industries. This instability often leads to delayed preventive screenings — like mammograms or diabetic eye exams — and drives unnecessary emergency department visits when chronic conditions go unmanaged.

Rural Reach and Transportation Barriers
Beyond the urban core of Shreveport and Bossier City, patients in outlying parishes face sparse public transit and long drives to specialty clinics. Without reliable vehicles or affordable transport services, families may postpone follow-up care, interrupt medication regimens and impede early intervention for conditions such as hypertension or depression.

Behavioral Health and Substance Use Shortages
Northern Louisiana sees some of the highest rates of opioid use disorder and behavioral health needs in the state. Yet provider shortages — especially in child and adolescent psychiatry and addiction medicine — mean wait times of weeks or months. This gap exacerbates crises and contributes to avoidable hospitalizations.

Cultural, Linguistic and Health-Literacy Considerations
Shreveport-Bossier's growing Hispanic, Burmese and Marshallese communities encounter language barriers and low health literacy that can lead to misunderstandings about consent, medication dosing or follow-up instructions. Culturally tailored outreach, interpreter services and community health workers are critical to bridge these divides.

Community Violence and Gun-Related Trauma
Elevated rates of violent crime and firearm injuries disproportionately affect our most underserved neighborhoods. Survivors of gun violence often require complex physical trauma care — ranging from emergency surgery to long-term rehabilitation — and face profound psychological impacts, including PTSD, anxiety and depression. Ongoing community violence also undermines residents' willingness to travel for preventive care or attend outdoor health and wellness programs, further limiting access.

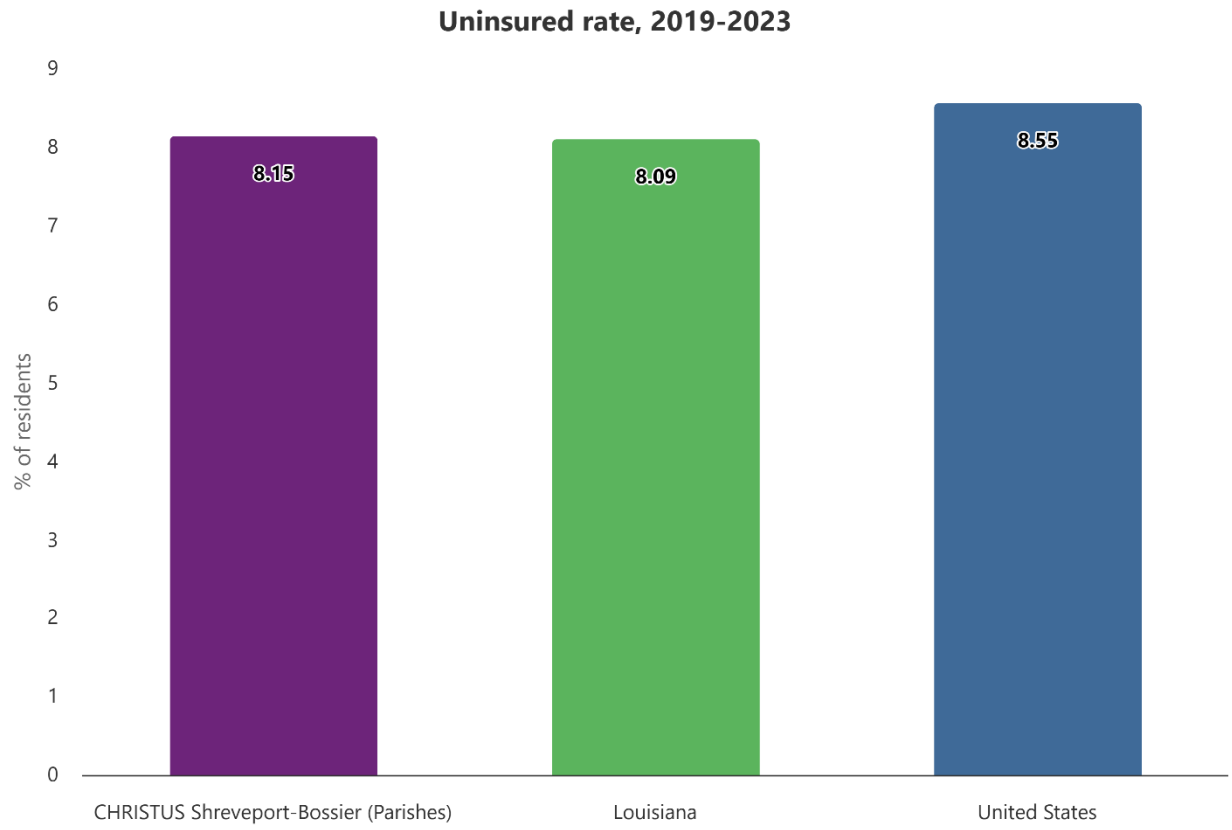
Human Trafficking and Exploitation Along I-20
As a crossroads on Interstate 20, our region is a known corridor for sex and labor trafficking. Survivors present with complex trauma, sexual and physical injuries and infectious diseases yet fear seeking help due to stigma or legal concerns. Integrating trauma-informed care, confidential screening protocols and strong partnerships with law enforcement and local advocacy groups is essential for identification and healing.

By strengthening mobile outreach in rural parishes, expanding telepsychiatry, deepening collaborations with community-based organizations, embedding violence-intervention and trauma-informed specialists in our care teams and bolstering interpreter and health-navigation services, CHRISTUS Shreveport-Bossier can more effectively dismantle these barriers — and ensure that every neighbor, from downtown neighborhoods to remote farm districts, has equitable access to compassionate, high-quality care.

Health Care Coverage

Uninsured Rate

The uninsured rate for CHRISTUS Shreveport-Bossier parishes is 8.15%, slightly higher than Louisiana's overall rate of 8.09%. Both rates are lower than the national average of 8.55%. This indicates that the region is performing relatively well in terms of health insurance coverage compared to the rest of the country.

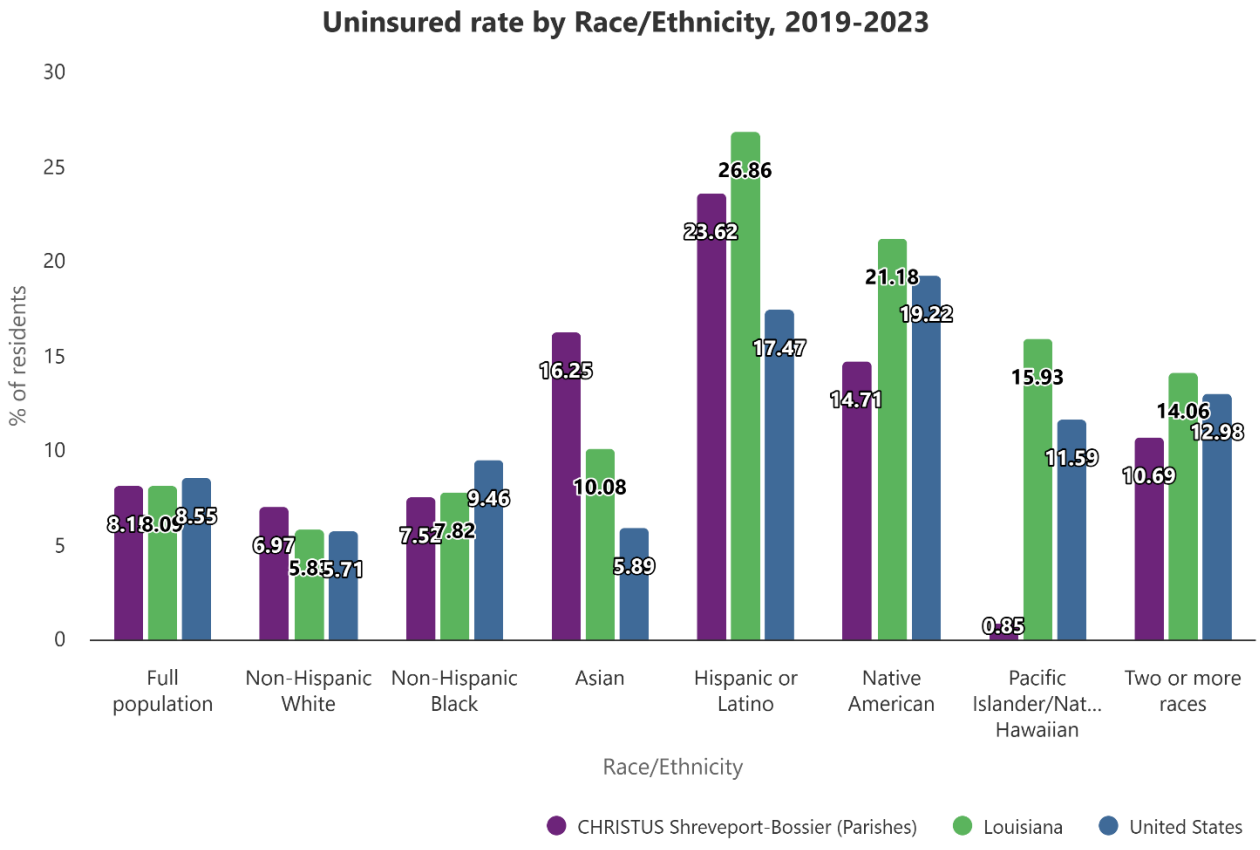


Created on Metopio | metop.io/i/7z8iet5x | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Uninsured Rate by Race and Ethnicity

The uninsured rate among different racial and ethnic groups varies significantly across the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. Hispanic or Latino individuals have the highest uninsured rates in all three regions, with the highest rate in Louisiana at 26.86%. In contrast, Non-Hispanic White individuals have the lowest uninsured rates, with the lowest rate in the United States at 5.71%. Pacific Islander/Native Hawaiian individuals have notably high uninsured rates in Louisiana and but lower in the CHRISTUS Shreveport-Bossier service area, at 15.93% and 0.85% respectively.

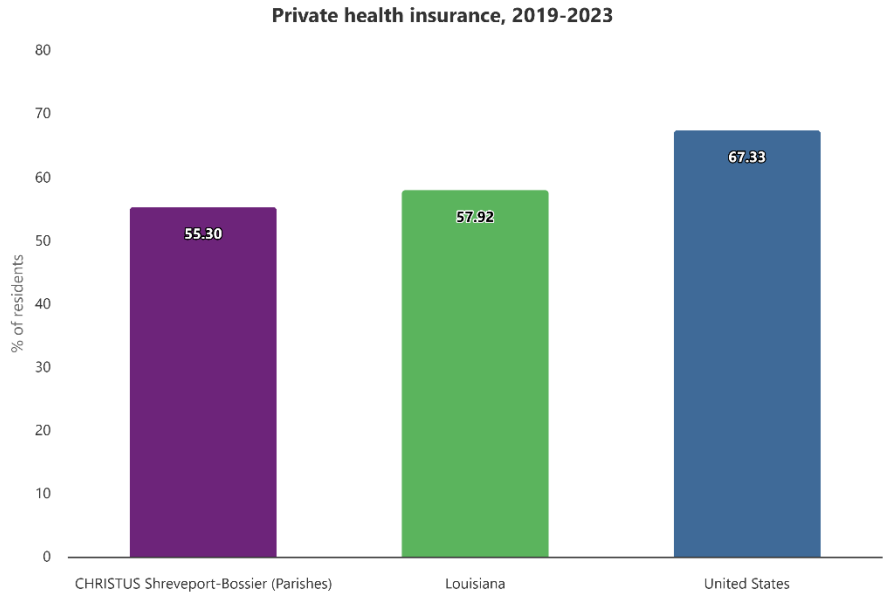


Created on Metopio | metop.io/i/bar3qybd | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Private Health Insurance

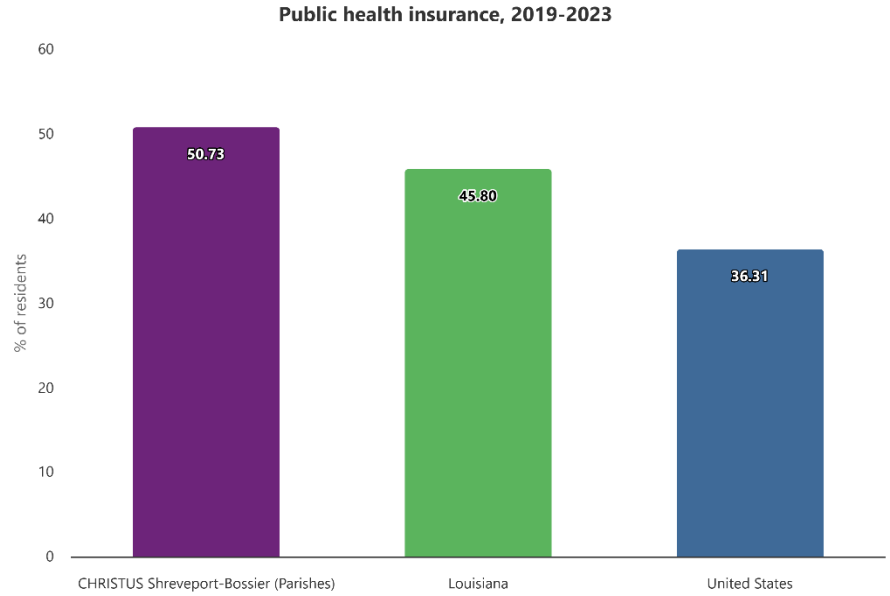
Private health insurance coverage varies significantly across different regions. In the United States, 67.33% of the population has private health insurance. Louisiana has a slightly lower rate at 57.92%, while the CHRISTUS Shreveport-Bossier service area has the lowest coverage at 55.3%. These disparities highlight the regional differences in private health insurance adoption and accessibility.



Created on Metopio | metop.io/i/7uj3uwvd | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2703, S2701, and B27010)
Private health insurance: Percent of residents covered by private health insurance, such as employer-provided health insurance, direct-purchase (ACA exchanges), or TriCare.

Public Health Insurance

Public health insurance coverage varies significantly across different regions. The CHRISTUS Shreveport-Bossier service area has the highest rate at 50.73%. Louisiana as a whole has a rate of 45.8%, while the United States overall stands at 36.31%. This indicates that public health insurance is more prevalent in Louisiana compared to the national average. The data highlights the regional disparities in public health insurance coverage.

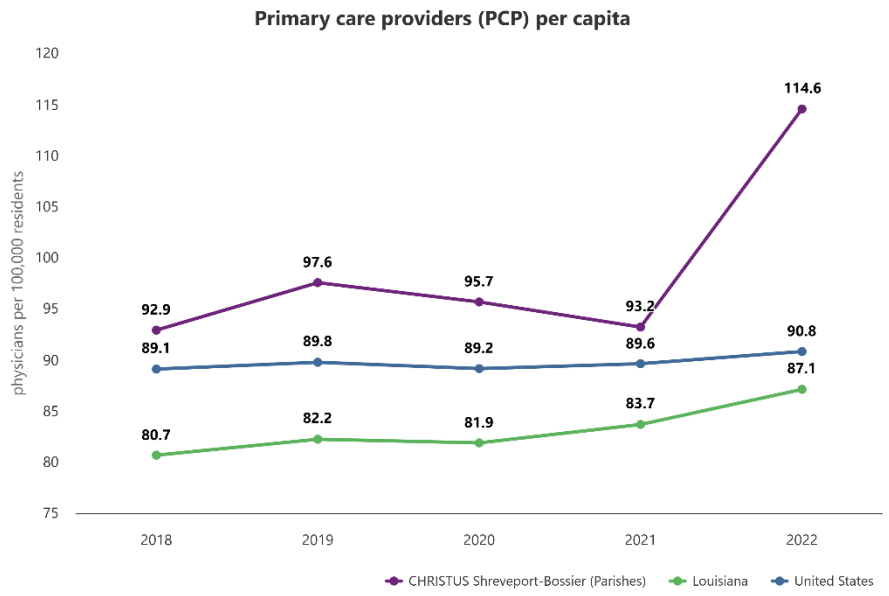


Created on Metopio | metop.io/i/yu3oq8fd | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables S2704, S2701, and B27010)
Public health insurance: Percent of residents covered by public insurance such as Medicare, Medicaid, VA Health Care, or means-tested public health insurance.

Access to Care

Primary Care Providers per Capita

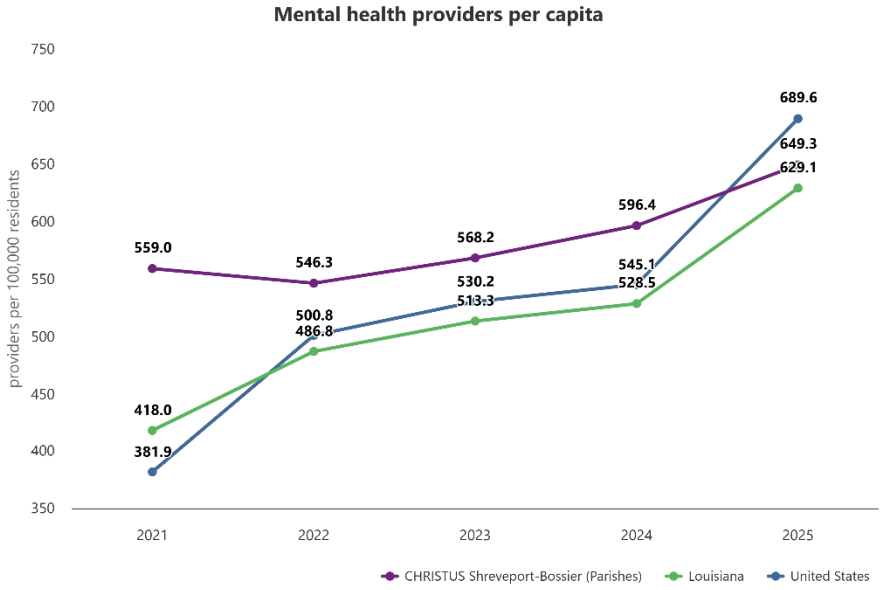
The data compares the number of primary care providers (PCP) per capita in the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States from 2018 to 2022. In 2018, the CHRISTUS Shreveport-Bossier service area had a higher PCP rate (92.92) compared to Louisiana (80.69) and the United States (89.11). By 2022, the PCP rate in the CHRISTUS Shreveport-Bossier service area increased significantly to 114.56, surpassing both Louisiana (87.12) and the United States (90.83). This indicates a notable improvement in health care access in CHRISTUS Shreveport-Bossier over the period.



Created on Metopio | metop.io/i/vzfpnkna | **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.

Mental Health Providers per Capita

Mental health providers per capita have shown a general upward trend from 2021 to 2025. The CHRISTUS Shreveport-Bossier service area consistently had the highest number of providers per capita, with a significant increase from 558.99 in 2021 to 649.3 in 2025, when the United States overtook it. Louisiana and the United States also saw increases, with Louisiana's providers per capita rising from 418.0 in 2021 to 629.09 in 2025, and the United States' from 381.91 to 689.6. This trend indicates a growing focus on mental health services across all levels.



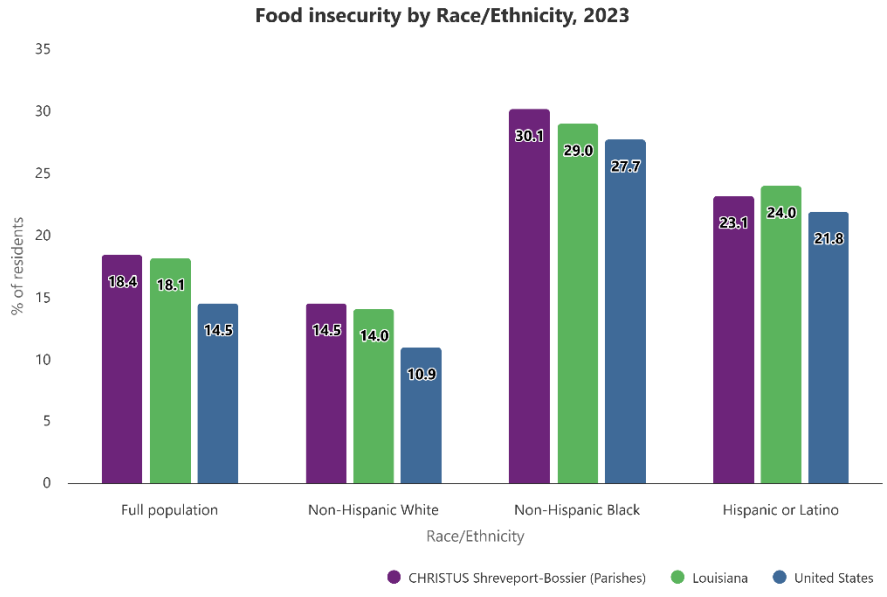
Created on Metopio | metop.io/i/wurp5woe | **Data source:** Centers for Medicare & Medicaid Services (CMS): National Provider Identifier Files (NPI)

Mental health providers per capita: Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners.

Nutrition

Food Insecurity by Race and Ethnicity

Food insecurity varies significantly across different racial and ethnic groups in the United States. Non-Hispanic Black individuals face the highest rates of food insecurity at 30.14% in the CHRISTUS Shreveport-Bossier service area, compared to 29.0% in Louisiana and 27.67% nationally. Hispanic or Latino individuals also experience higher rates of food insecurity, while Non-Hispanic White individuals have the lowest rates.

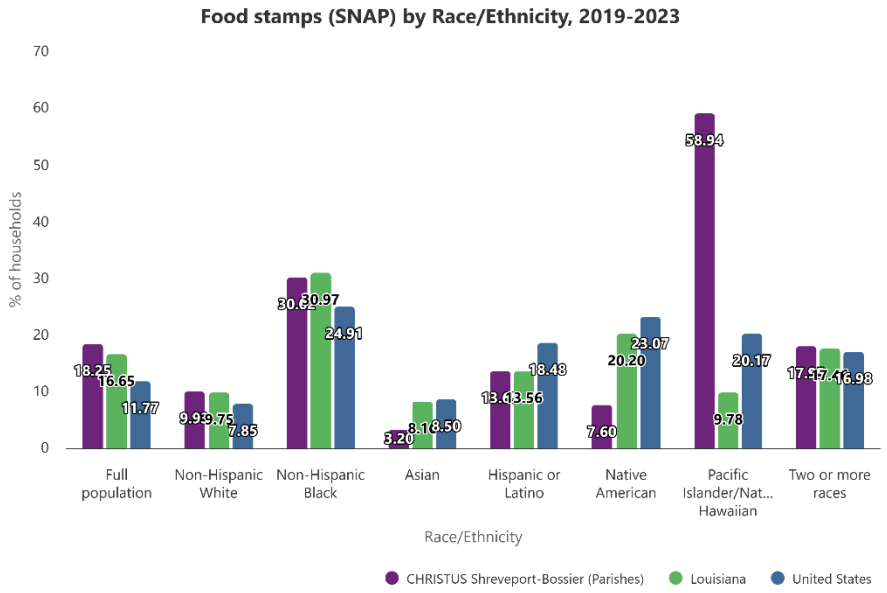


Created on Metopio | metop.io/i/mct1dp2z | **Data source:** Feeding America: Map the Meal Gap

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.

Food Stamps (SNAP) by Race and Ethnicity

The chart displays the percentage of the population receiving food stamps (SNAP) across different racial and ethnic groups in the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. In the CHRISTUS Shreveport-Bossier service area, Pacific Islander/Native Hawaiians have the highest SNAP participation rate at 58.94%, followed by Non-Hispanic Blacks at 30.97%. Louisiana's overall SNAP participation rate is 16.65%, with Non-Hispanic Blacks at 30.97% and Hispanics at 13.56%. Nationwide, Non-Hispanic Blacks have the highest SNAP participation rate at 24.91%, while Non-Hispanic Whites have the lowest at 7.85%.



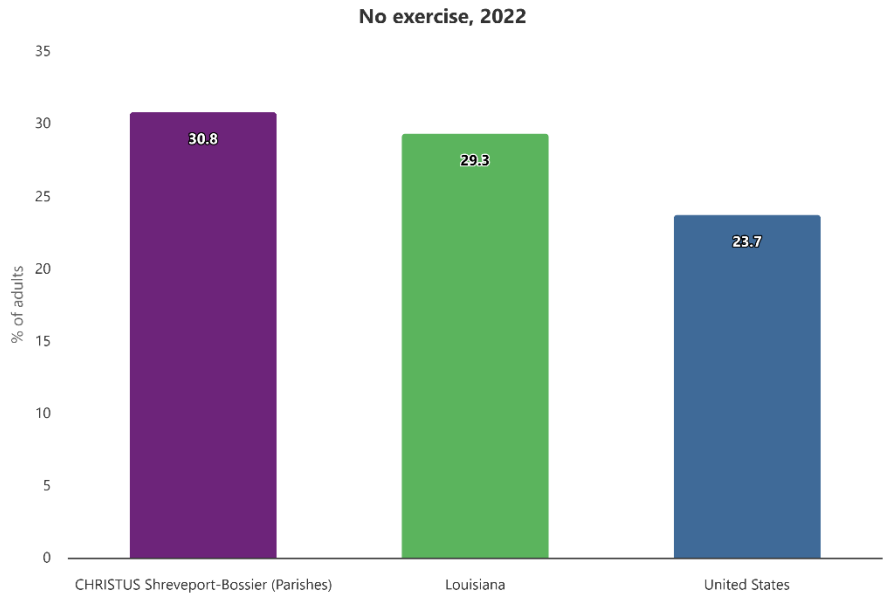
Created on Metopio | metop.io/i/5j8j8pdr | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B22003, B22005, and S2201)

Food stamps (SNAP): Percent of households receiving Supplemental Nutrition Assistance Program (SNAP) benefits, formerly known as food stamps, over the past 12 months.

Physical Activity

No Exercise

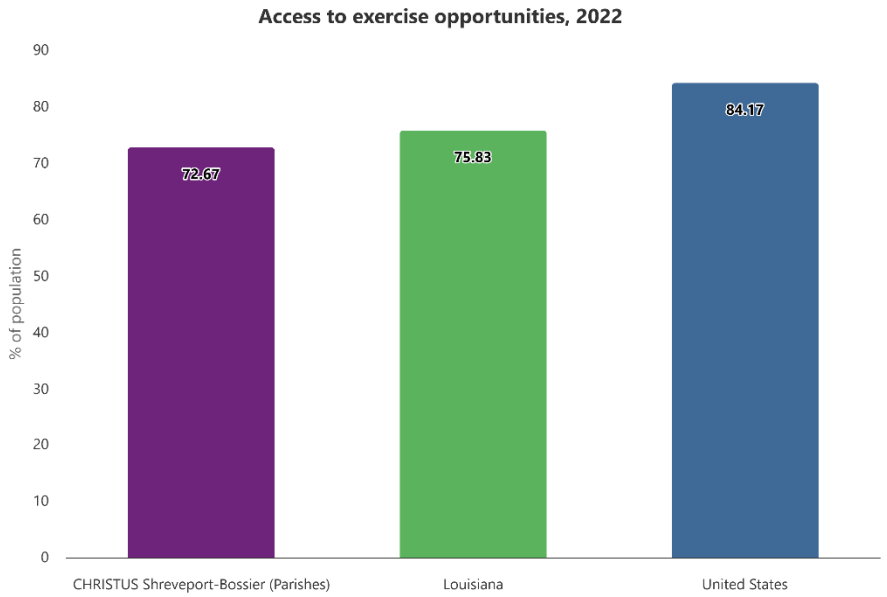
No exercise is a significant issue across various regions in the United States. The highest prevalence is in the parishes served by CHRISTUS Shreveport-Bossier, with 30.8% of the population not engaging in physical activity. Louisiana follows closely behind at 29.3%, while the national average is 23.7%. This indicates a substantial health concern, particularly in specific localities. Addressing this issue could lead to improved public health outcomes and reduced health care costs.



Created on Metopio | metop.io/i/f3gys6g5 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Diabetes Atlas (County level data); Behavioral Risk Factor Surveillance System (BRFSS) (State and US data prior to 2019)
No exercise: Percent of resident adults aged 18 and older who answered "no" to the following question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Access to Exercise Opportunities

Access to exercise opportunities in the United States is generally high, with a national average of 84.17%. However, Louisiana lags behind the national average at 75.83%. Within Louisiana, the CHRISTUS Shreveport-Bossier service area has even lower access, at 72.67%, indicating a significant disparity within the state.

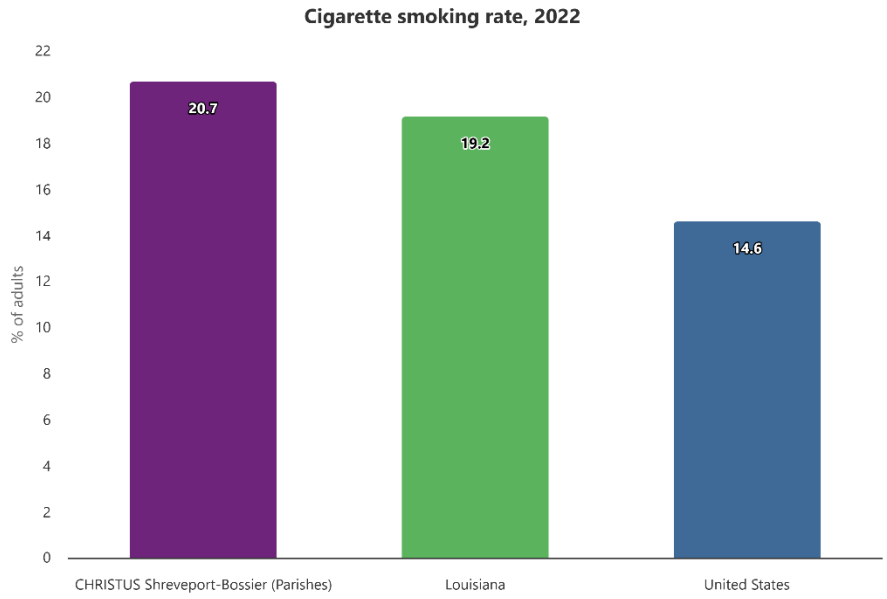


Created on Metopio | metop.io/i/v154ygm3 | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from ArcGIS Business Analyst and ArcGIS Online, YMCA, and US Census TIGER/Line Shapefiles)
Access to exercise opportunities: Access to Exercise Opportunities measures the percentage of individuals in a county who live reasonably close to a location for physical activity.

Substance Use

Cigarette Smoking Rate

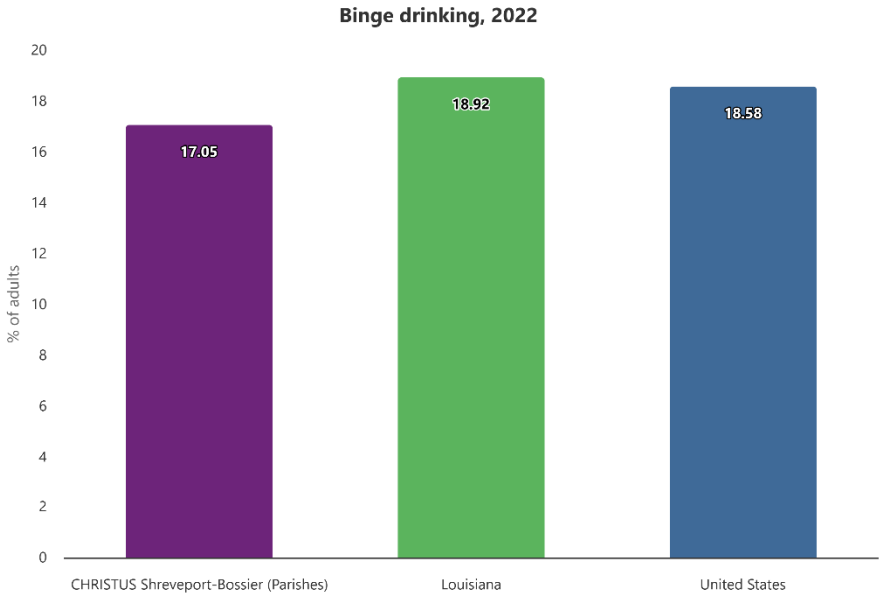
The cigarette smoking rate in the parishes served by CHRISTUS Shreveport-Bossier is 20.67%, significantly higher than the overall rate in Louisiana, which is 19.16%. Both rates are above the national average of 14.61%. This indicates a higher prevalence of smoking in these specific areas compared to the rest of the country. The elevated rates in these regions highlight the need for targeted public health interventions to reduce smoking. Addressing this issue could lead to improved health outcomes and reduced health care costs in these communities.



Created on Metopio | metop.io/i/xnqou3ij | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts) for 2014 - present), Dwyer-Lindgren, Mokdad, et al. (Population Health Metrics, 2014) (Data modeled from BRFSS for years 1996-2012),
Cigarette smoking rate: Percent of resident adults aged 18 and older who report having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. Age-standardized.

Binge Drinking

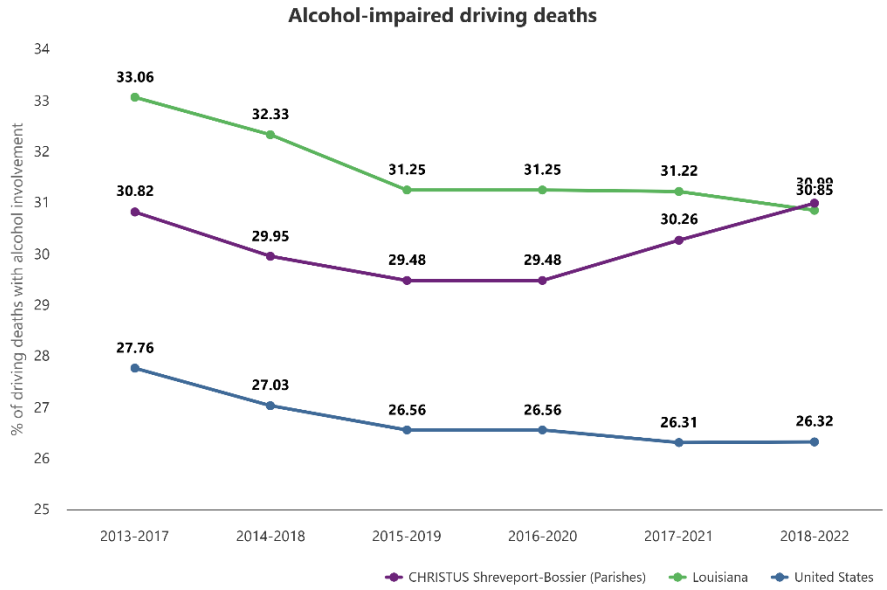
Binge drinking is a significant public health concern, with varying rates across different regions. In the parishes served by CHRISTUS Shreveport-Bossier, the rate of binge drinking is 17.05%. This is slightly lower than the overall rate in Louisiana, which stands at 18.92%, and the national average of 18.58%. Despite these variations, the impact of binge drinking remains substantial across all areas, highlighting the need for targeted interventions and public health initiatives.



Created on Metopio | metop.io/i/briwy4m5 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Binge drinking: Percent of adults aged 18 and older who report having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days. Alcohol use is likely seriously underreported, so these estimates are an extreme lower bound on actual binge drinking prevalence.

Alcohol-Impaired Driving Deaths

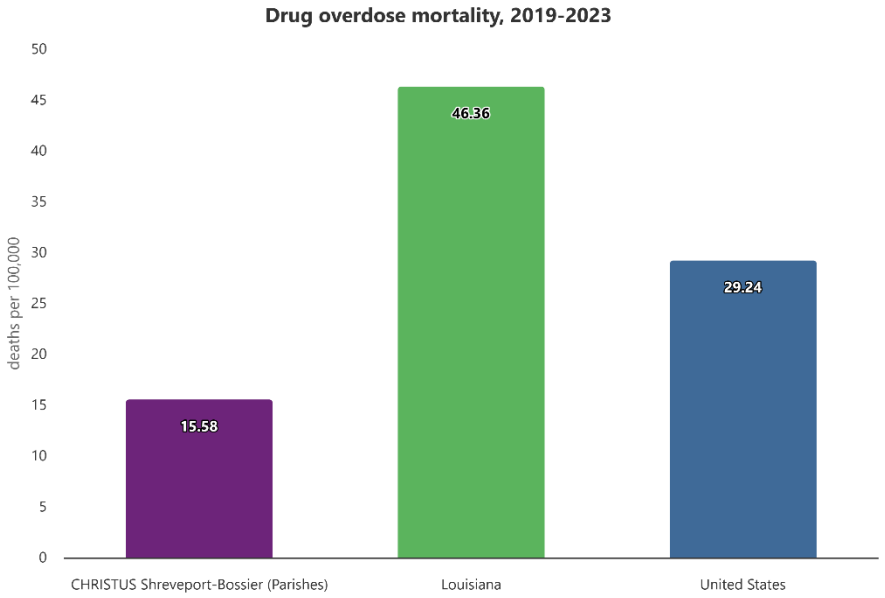
Alcohol-impaired driving deaths in the CHRISTUS Shreveport-Bossier service area have fluctuated over the years, generally trending downward until 2015-2019, then plateaued from 2016-2020, remaining higher than the state and national averages most years. In 2013-2017, the rate was 30.82 per 100,000 people, compared to Louisiana's 33.06 and the United States' 27.76. By 2018-2022, the rate had decreased to 30.99, still above Louisiana's 30.85 and the United States' 26.32. This indicates a persistent issue in the region despite some improvement.



Created on Metopio | metop.io/i/rjnt6zbx | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from the Fatality Analysis Reporting System)
Alcohol-impaired driving deaths: Alcohol-impaired driving deaths are reported in the county of occurrence.

Drug Overdose Mortality

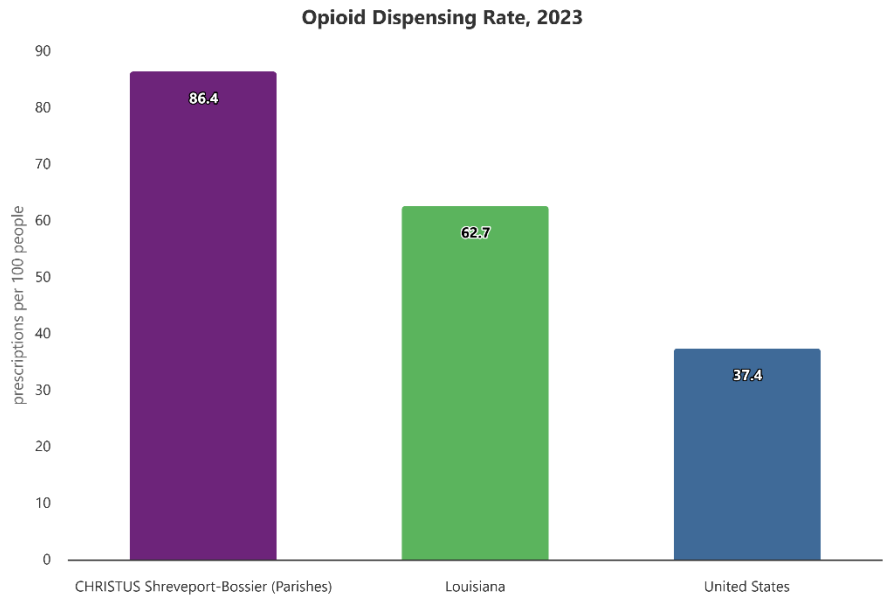
The data presents drug overdose mortality rates for the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The CHRISTUS Shreveport-Bossier service area has a significantly lower rate of 15.58 compared to the state of Louisiana, which has a rate of 46.36. The United States as a whole has a rate of 29.24, indicating that Louisiana's rate is notably higher than the national average. This suggests that while drug overdose mortality is a significant issue nationwide, Louisiana faces a particularly severe challenge. The lower rate in CHRISTUS Shreveport-Bossier parishes may indicate effective local interventions or other mitigating factors.



Created on Metopio | metop.io/i/vo5uwkq9 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Drug overdose mortality: Deaths per 100,000 residents due to drug poisoning (such as overdose), whether accidental or intentional. The increase during the 2010s is largely due to the opioid overdose epidemic, but other drugs are also included here. Age-adjusted.

Opioid Dispensing Rate

The opioid dispensing rate in the CHRISTUS Shreveport-Bossier service area is significantly higher than the national average. Louisiana's rate is also above the national average, but lower than the rate in the CHRISTUS Shreveport-Bossier service area. The United States has an overall opioid dispensing rate of 37.4. This indicates a higher prevalence of opioid prescriptions in the specified parishes compared to the rest of the country. The data highlights a regional disparity in opioid dispensing rates, with the CHRISTUS Shreveport-Bossier service area having the highest rate.

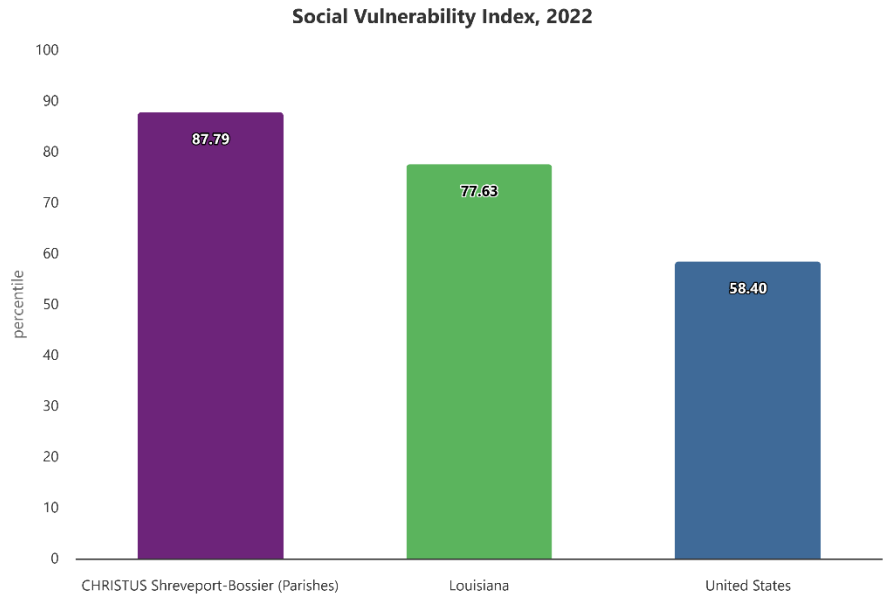


Created on Metopio | metop.io/i/dapsdofq | **Data source:** Centers for Disease Control and Prevention (CDC): U.S. Opioid Dispensing Rate Maps
Opioid Dispensing Rate: Retail opioid prescriptions dispensed per 100 people per year

Socioeconomic Needs

Social Vulnerability Index

The Social Vulnerability Index (SVI) assesses the social factors that make communities vulnerable to natural disasters and public health crises events, focusing on factors like socioeconomic status, household composition, minority status and housing/transportation. A higher SVI indicates a greater level of social vulnerability in the areas. The CHRISTUS Shreveport-Bossier service area is significantly higher than both the state of Louisiana and the United States as a whole. With an SVI of 87.79, this region faces greater challenges related to social vulnerability compared to Louisiana's SVI of 77.63 and the national average of 58.4.

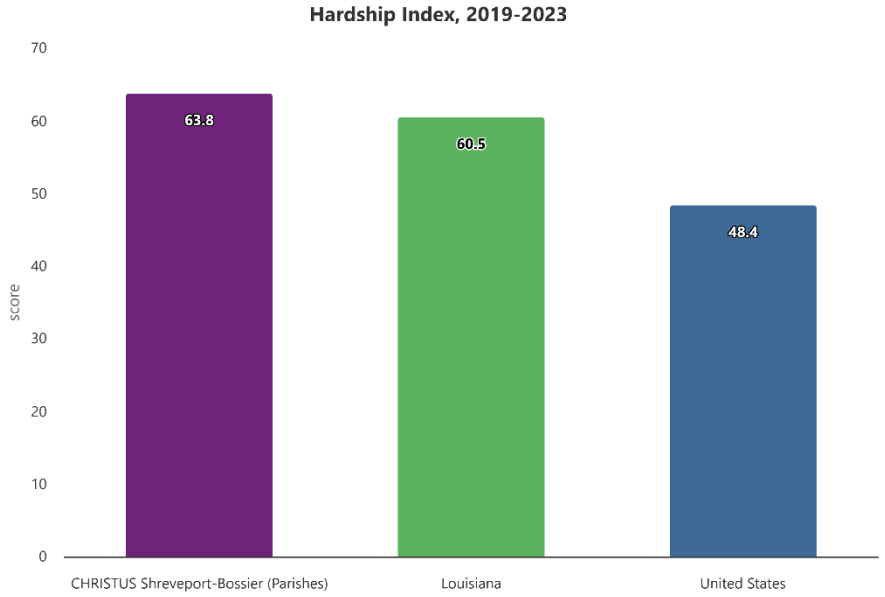


Created on Metopio | metop.io/i/77mxanfb | **Data source:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - SVI Data

Social Vulnerability Index: The Social Vulnerability Index was created to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event, such as a natural disaster, disease outbreak, or chemical spill. SVI indicates relative vulnerability by ranking places on 15 social factors, including unemployment, minority status, and disability, and combining the rankings

Hardship Index

The Hardship Index measures the level of economic distress in various regions. The Hardship Index for the CHRISTUS Shreveport-Bossier service area is 63.8, indicating a higher level of hardship compared to Louisiana's overall index of 60.46 and the United States' index of 48.44. This suggests that the parishes served by CHRISTUS Shreveport-Bossier face greater economic and social challenges than the state and national averages. The elevated hardship index in these parishes highlights the need for targeted support and resources to address the specific needs of this community.

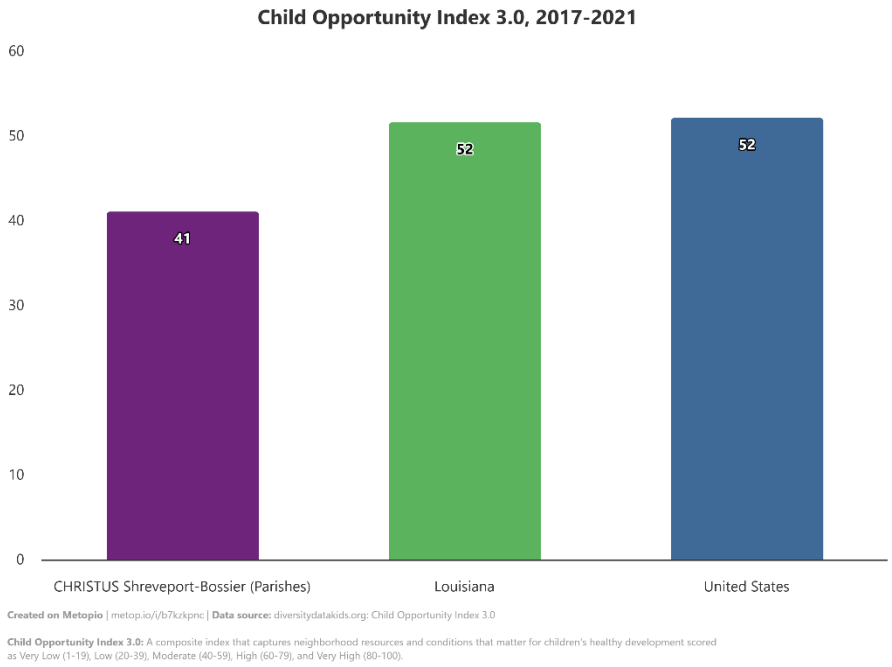


Created on Metopio | metop.io/i/bsbhpc6e | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Calculated by Metopio)

Hardship Index: The Hardship Index is a composite score reflecting hardship in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics, and with poor health outcomes. See technical notes for details.

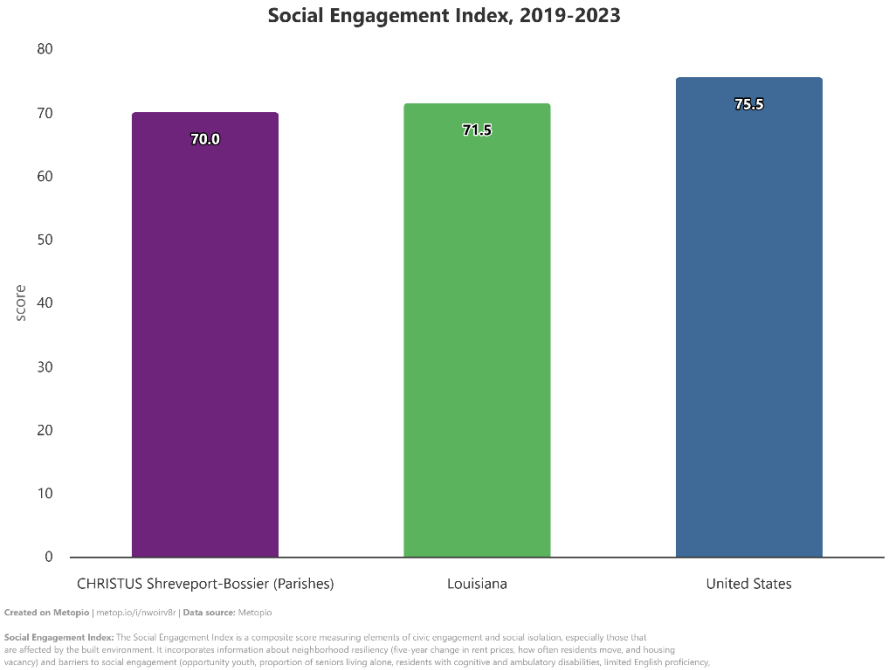
Childhood Opportunity Index

The Child Opportunity Index 3.0 is a tool that describes and quantifies the neighborhood conditions U.S. children experience today, ranking them from lowest to highest opportunity. In the CHRISTUS Shreveport-Bossier service area, the index is 41.01, indicating a lower level of opportunity in the service area compared to the state and the country. Louisiana as a whole has an index of 51.6, while the United States overall has an index of 52.16.



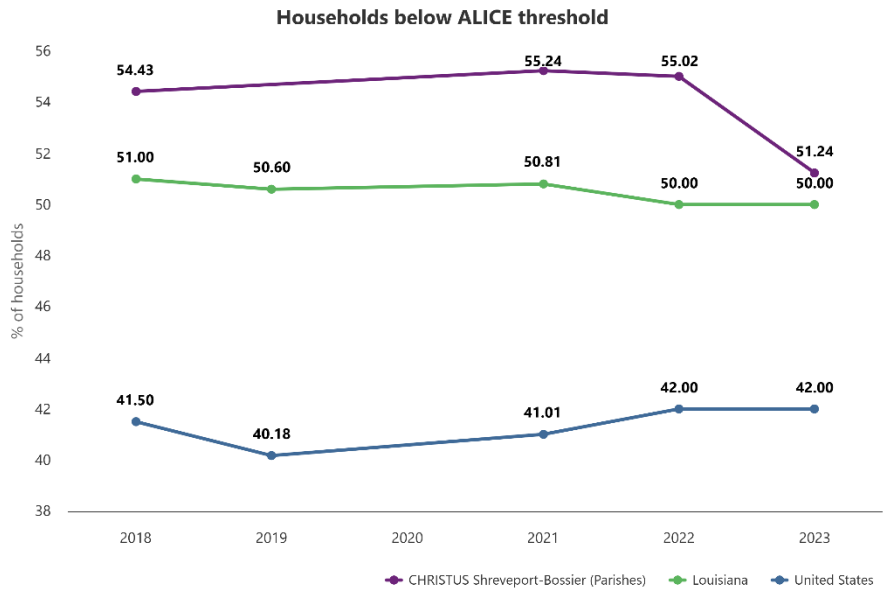
Social Engagement Index

The Social Engagement Index measures the level of community involvement and social interaction within specific regions. In this dataset, the CHRISTUS Shreveport-Bossier service area has a Social Engagement Index of 70.01, indicating a moderate level of social engagement. Louisiana, as a whole, has a slightly higher index of 71.49, suggesting a somewhat more engaged population. The United States, on the other hand, has the highest index at 75.5, reflecting a greater level of social engagement nationwide.



Households Below ALICE Threshold

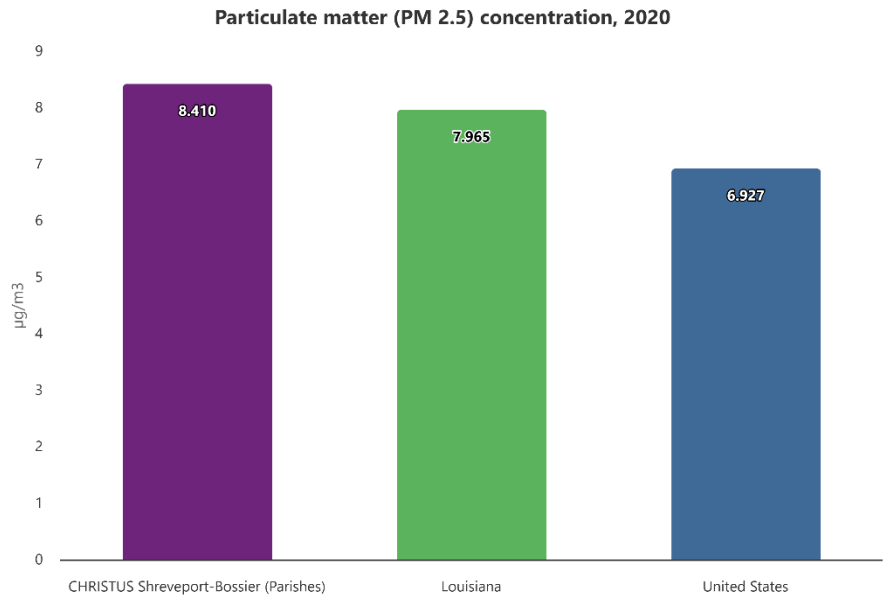
ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty-line but are still unable to afford the basic necessities of housing, food, child care, health care and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living. The percentage of households below the ALICE threshold in CHRISTUS Shreveport-Bossier parishes was 51.24% in 2023, down from 55.02% in 2022. Louisiana's rate remained steady at 50.0% from 2022 to 2023, while the United States' rate was 42.0% in both years.



Environmental Health

Particulate Matter Concentration

Particulate matter (PM 2.5) concentration is a critical environmental and health metric. In the given data, the CHRISTUS Shreveport-Bossier service area has the highest concentration at 8.41, followed by Louisiana at 7.97 and the United States at 6.93. The higher concentrations in specific parishes compared to the national average suggest localized pollution sources or environmental conditions.

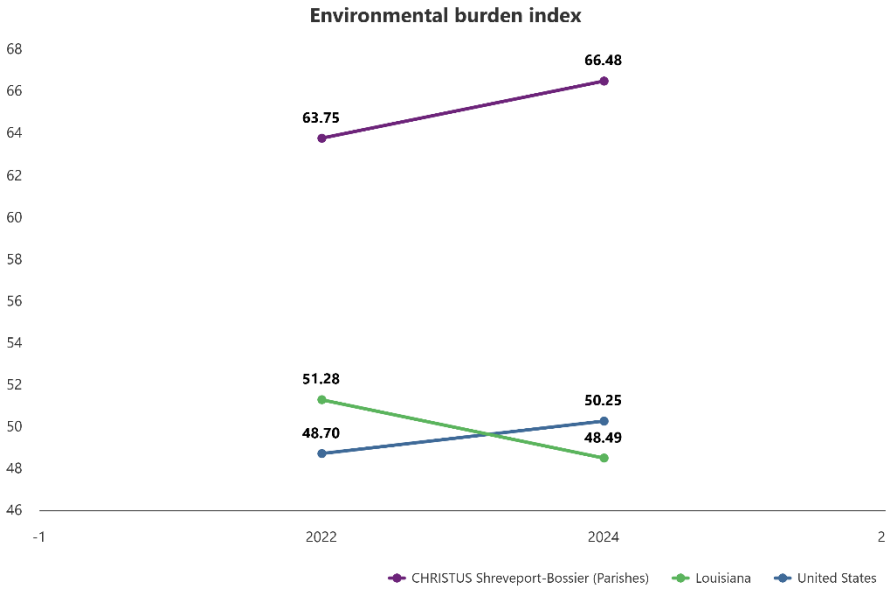


Created on Metopio | metop.io/i/ai4om3er | **Data source:** Environmental Protection Agency (EPA): EJScreen: Environmental Justice Screening (EJSCREEN)

Particulate matter (PM 2.5) concentration: Annual average concentration in micrograms per cubic meter. PM 2.5, or particulate matter smaller than 2.5 microns in diameter, is one of the most dangerous pollutants because the particles can penetrate deep into the alveoli of the lungs.

Environmental Burden Index

The Environmental Burden Index for CHRISTUS Shreveport-Bossier parishes in Louisiana was higher in 2022 compared to the state and national averages. By 2024, the index for this region increased significantly, while Louisiana saw a decrease. The Environmental Burden Index for the United States was slightly higher in 2024 than in 2022. This suggests that environmental conditions in CHRISTUS Shreveport-Bossier parishes may be worsening relative to the rest of the state and country.



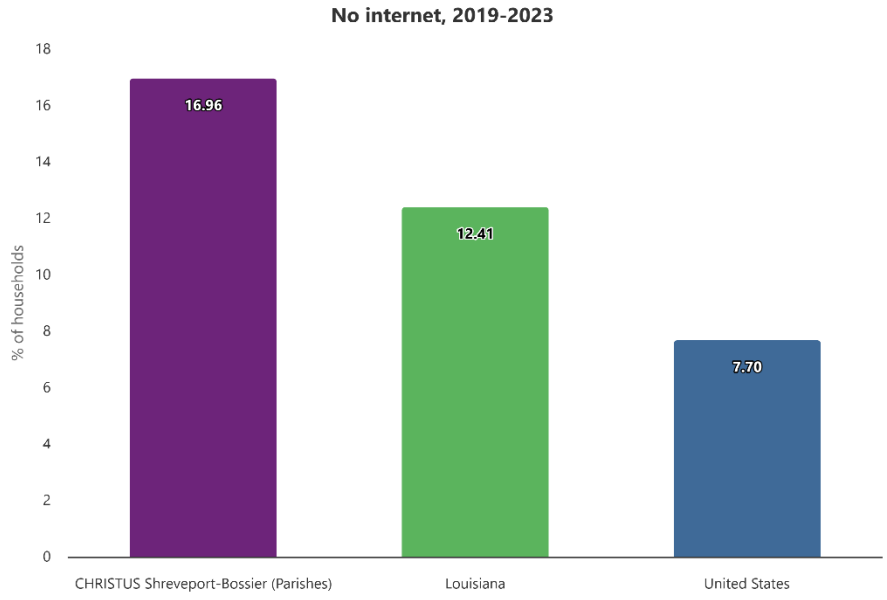
Created on Metopio | metop.io/i/pn88zok9 | **Data source:** Centers for Disease Control and Prevention (CDC): Agency for Toxic Substances and Disease Registry - Environmental Justice Index

Environmental burden index: Composite index consisting of a place's exposure to harmful environmental factors relating to air quality, pollution, and built environment. Higher values indicate a larger burden

Internet

No Internet

The data indicates the percentage of households without internet access in various regions. The CHRISTUS Shreveport-Bossier service area has the highest rate at 16.96%. Louisiana as a whole has a slightly lower rate at 12.41%, while the United States overall has a significantly lower rate at 7.7%. This suggests a notable disparity in internet access between these regions, with the CHRISTUS Shreveport-Bossier service area facing the most significant challenges.

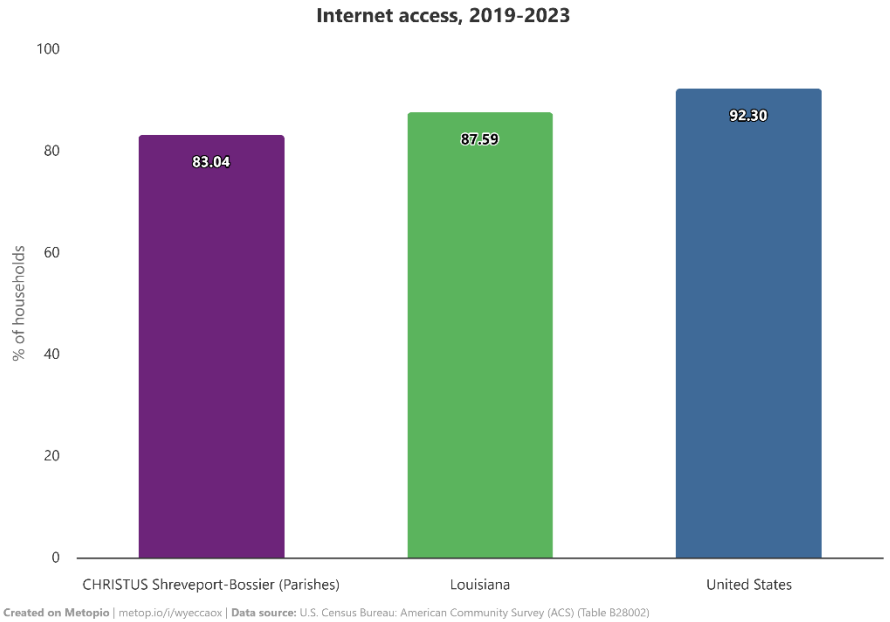


Created on Metopio | metop.io/i/p4iz5ogv | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

No internet: Percentage of households with no access to the internet through subscription broadband, dial-up, satellite, cellular data, or any other service.

Internet Access

The CHRISTUS Shreveport-Bossier service area has an Internet access rate of 83.04%, which is lower than the overall Louisiana rate of 87.59%. The United States has the highest rate of Internet access at 92.3%. This indicates a disparity in Internet access between these regions, with CHRISTUS Shreveport-Bossier service area having the lowest access rate.

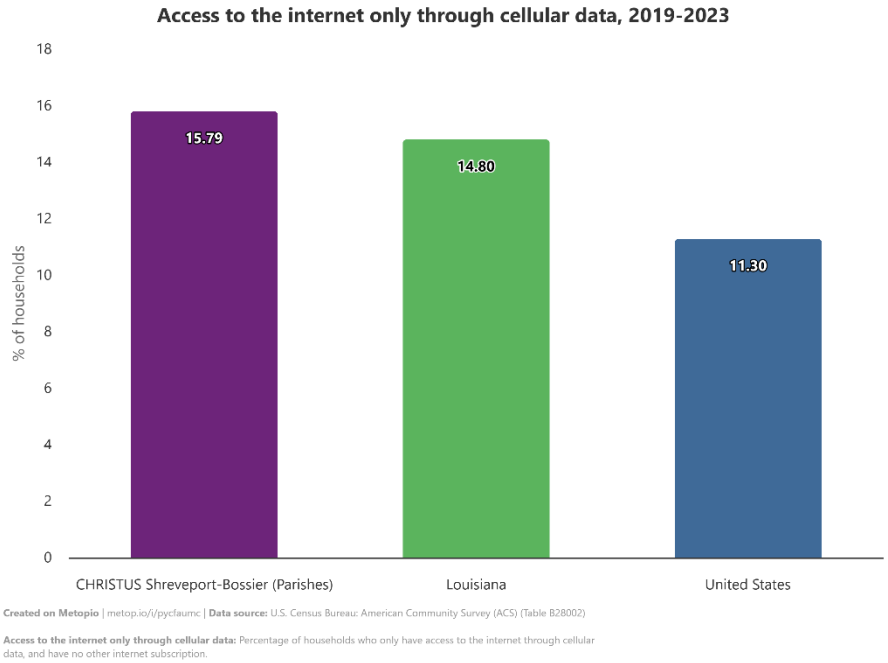


Created on Metopio | metop.io/i/wyeccaox | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B28002)

Internet access: Percent of households with any connection to the internet, such as broadband, dial-up, satellite, or a cellular data plan.

Access to the Internet Only Through Cellular Data

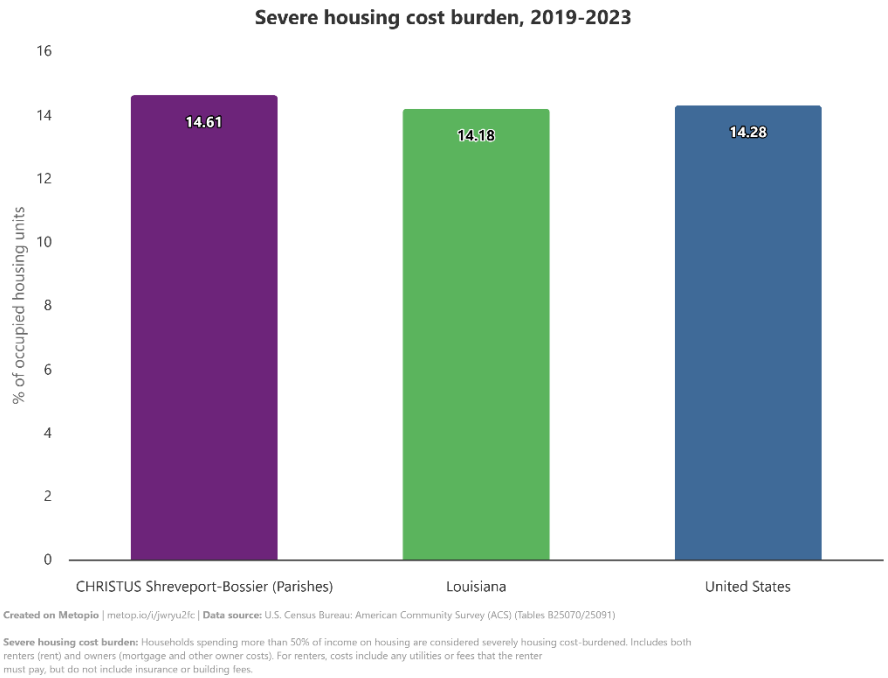
Access to the internet only through cellular data is a significant issue in certain areas. In the CHRISTUS Shreveport-Bossier service area, the rate is notably high at 15.79%. Louisiana as a whole also faces challenges, with a rate of 14.8%. This is higher than the national average of 11.3%, indicating a broader issue in the state. These disparities highlight the need for improved internet infrastructure and accessibility, particularly in rural and underserved regions.



Housing

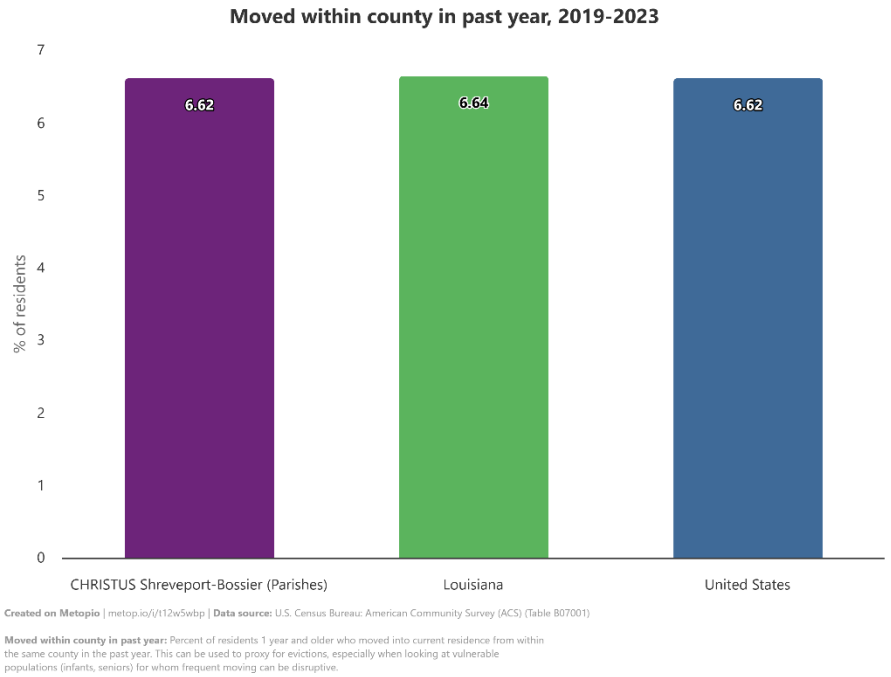
Severe Housing Cost Burden

Severe housing cost burden is a significant issue affecting various regions. In the parishes served by CHRISTUS Shreveport-Bossier, 14.61% of households experience this burden. Louisiana faces a slightly lower rate of 14.18%, while the United States overall has a rate of 14.28%. This data highlights the widespread nature of severe housing cost burden across different levels of geography.



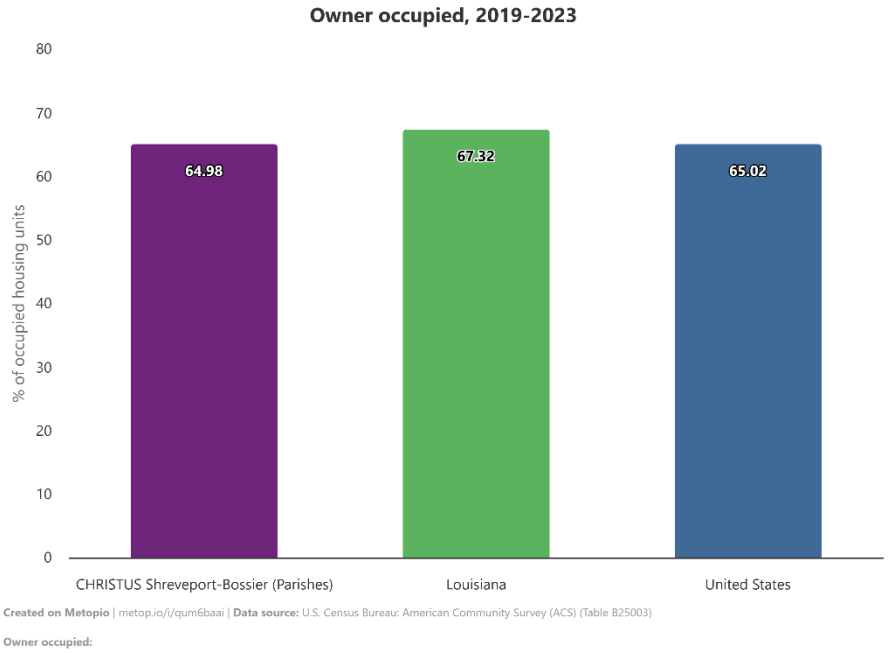
Moved Within Parish in Past Year

The data indicates that the rate of individuals moving within the same parish in the past year is relatively consistent across different regions. The CHRISTUS Shreveport-Bossier service area has a rate of 6.62%. This is slightly lower than the overall rate for Louisiana, which stands at 6.64%. The United States as a whole also has a similar rate of 6.62%. These figures suggest that intra-county mobility is fairly uniform across the country, with minor variations at the local level.



Owner Occupied

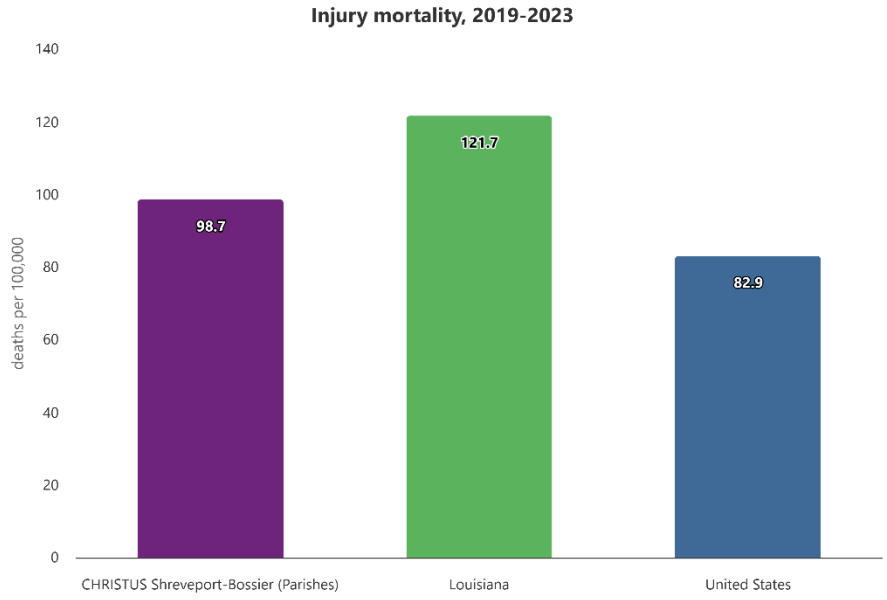
Owner-occupied housing rates in Louisiana and the United States are relatively high, with Louisiana slightly leading at 67.32%. The CHRISTUS Shreveport-Bossier service area, encompassing several parishes, closely follows the national average at 64.98%. This indicates a strong preference for homeownership in these regions.



Injury

Injury Mortality

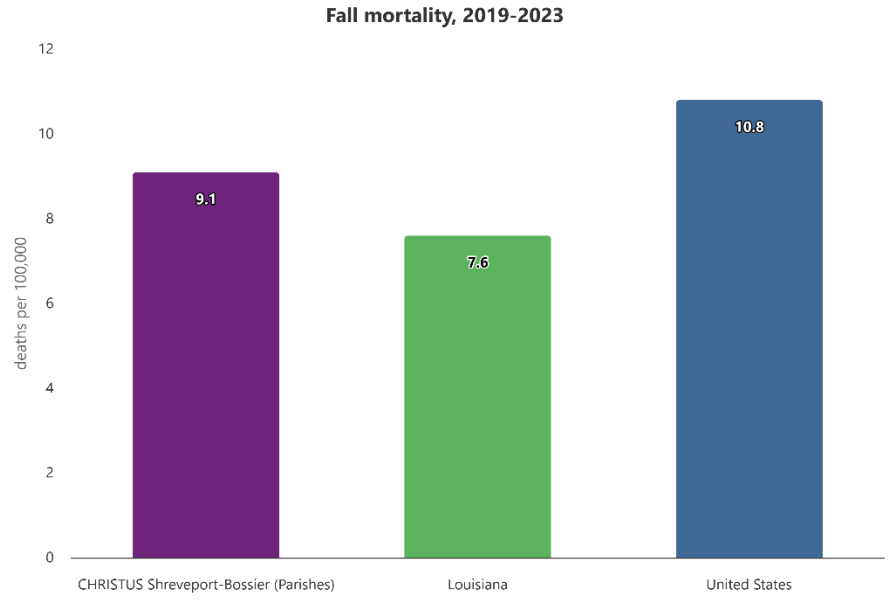
Injury mortality rates vary significantly across different regions. In the United States, the average injury mortality rate is 82.94. Louisiana has a higher rate at 121.68, indicating a greater risk of injury-related deaths in this state. The parishes served by CHRISTUS Shreveport-Bossier have a rate of 98.74, suggesting a localized area of concern within Louisiana. These disparities highlight the need for targeted interventions in high-risk areas to reduce injury mortality rates.



Created on Metopio | metop.io/i/fevvir5m | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Injury mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 codes *U01-*U03, V01-Y36, Y85-Y87, Y89).

Fall Mortality

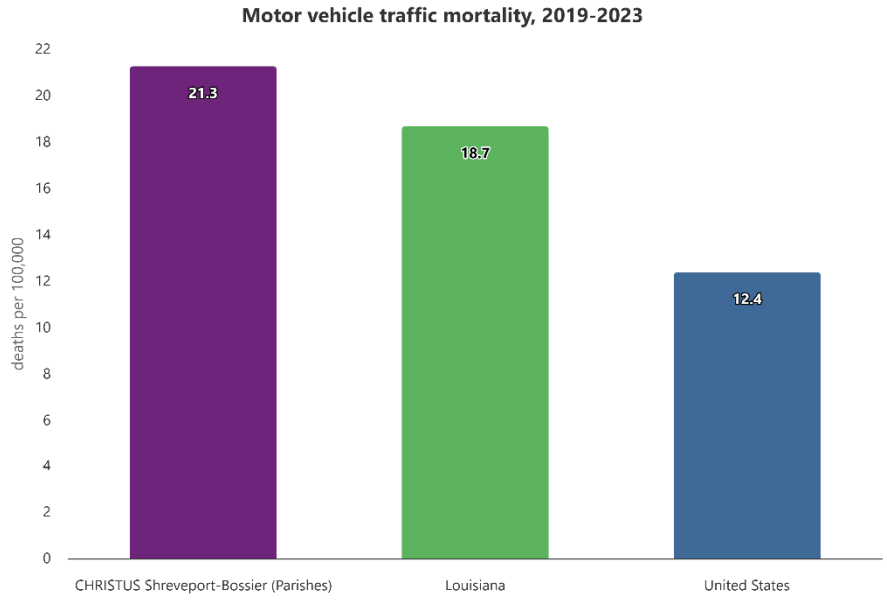
Fall mortality rates vary significantly across different regions, with the CHRISTUS Shreveport-Bossier service area having a rate of 9.1. Louisiana as a whole has a slightly lower rate of 7.6. In comparison, the United States has a higher average fall mortality rate of 10.81. This data highlights the regional disparities in fall-related deaths, suggesting that certain areas may require more targeted interventions to reduce these incidents.



Created on Metopio | metop.io/i/ifth2mmz | **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).

Motor Vehicle Traffic Mortality

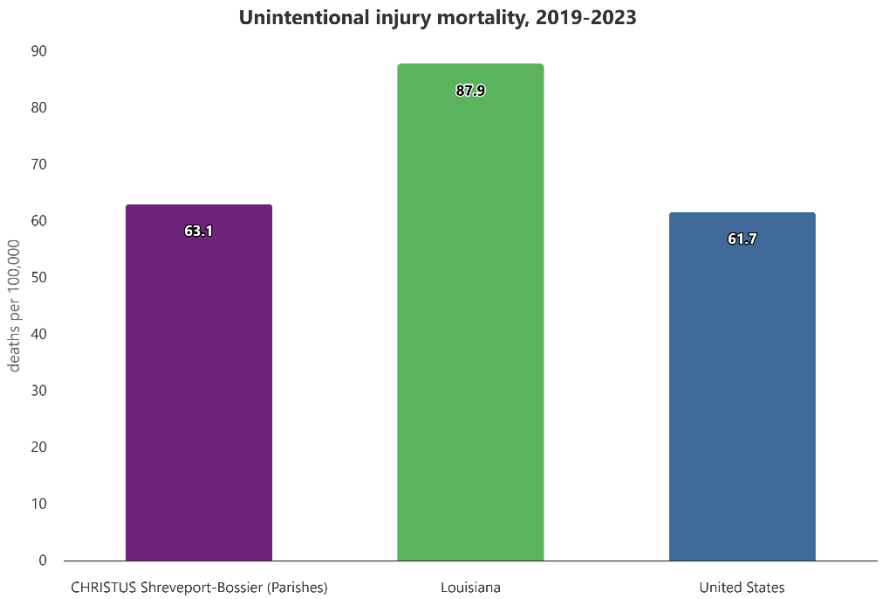
Motor vehicle traffic mortality rates are depicted for CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The CHRISTUS Shreveport-Bossier service area has the highest rate at 21.29, followed by Louisiana at 18.65 and the United States at 12.36. The data indicates that motor vehicle traffic mortality is significantly higher in CHRISTUS Shreveport-Bossier parishes compared to the national average. This suggests a need for targeted interventions in this region to address road safety issues.



Created on Metopio | metop.io/i/c184ngv7 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Motor vehicle traffic mortality: Deaths per 100,000 residents related to motor vehicle traffic (ICD-10 codes V02-V04 (.1, .9), V09.2, V12-V14 (.3-.9), V19 (.4-.6), V20-V28 (.3-.9), V29-V79 (.4-.9), V80 (.3-.5), V81.1, V82.1, V83-V86 (.0-.3), V87 (.0-.8), V89.2).

Unintentional Injury Mortality

Unintentional injury mortality rates are presented for three categories: CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The rate in the CHRISTUS Shreveport-Bossier service area is 63.09 per 100,000 population. Louisiana has a significantly higher rate of 87.89 per 100,000 population. The United States overall has a lower rate of 61.65 per 100,000 population. This indicates that Louisiana has a higher unintentional injury mortality rate compared to the national average, while the CHRISTUS Shreveport-Bossier service area has a rate slightly above the national average.

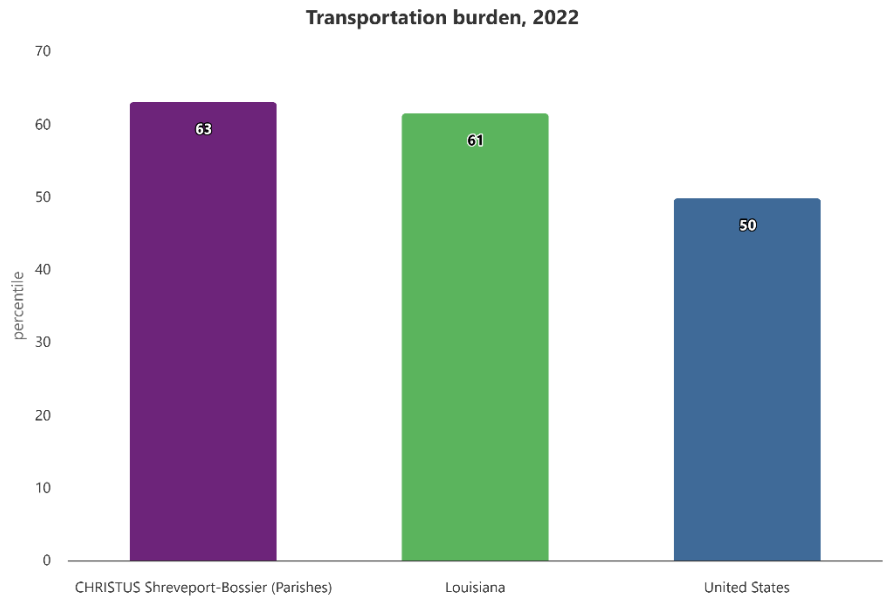


Created on Metopio | metop.io/i/Bm9sij2y | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Unintentional injury mortality: Deaths per 100,000 residents with an underlying cause of unintentional injury, excluding motor vehicle injuries (ICD-10 codes V01-X59, Y10-36, Y85-86, Y89).

Transportation

Transportation Burden

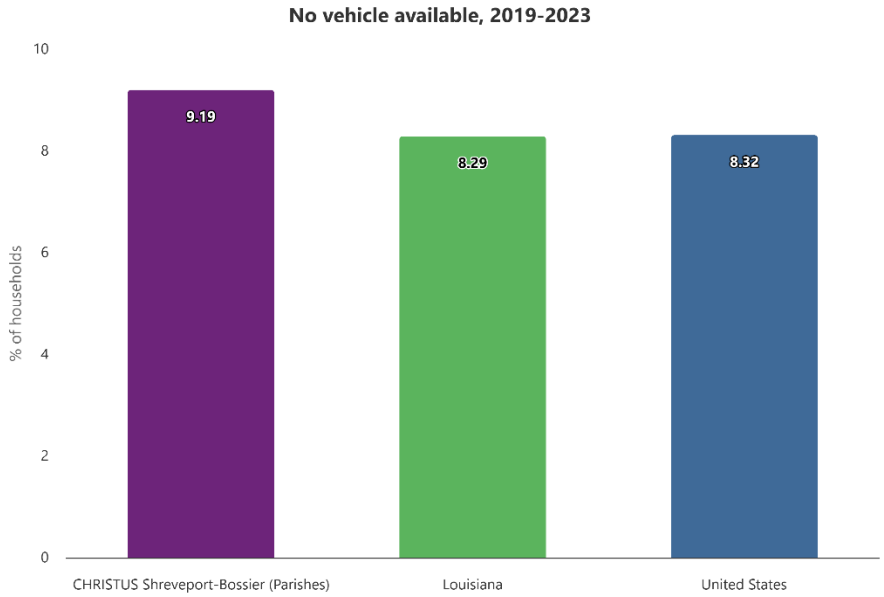
The data reveals the transportation burden across different regions, with CHRISTUS Shreveport-Bossier Parishes experiencing the highest burden at 63.04%. Louisiana follows closely with a transportation burden of 61.47%, while the United States has a lower average burden of 49.85%. This indicates that transportation costs are significantly higher in these specific regions compared to the national average.



Created on Metopio | metop.io/j/j7xy7ozw | **Data source:** Department of Transportation (via Council of Environmental Quality's Climate and Environmental Justice Screening Tool)
Transportation burden: A measure of transportation insecurity that takes into account average relative cost and time spent on transportation relative to all other tracts.

No Vehicle Available

The data indicates the percentage of households without a vehicle in various regions. The CHRISTUS Shreveport-Bossier service area has the highest rate at 9.19%. Louisiana and the United States have slightly lower rates, at 8.29% and 8.32% respectively. This suggests a higher prevalence of households without vehicles in the specified parishes compared to the state and national averages. The data highlights the need for improved transportation options in these areas.



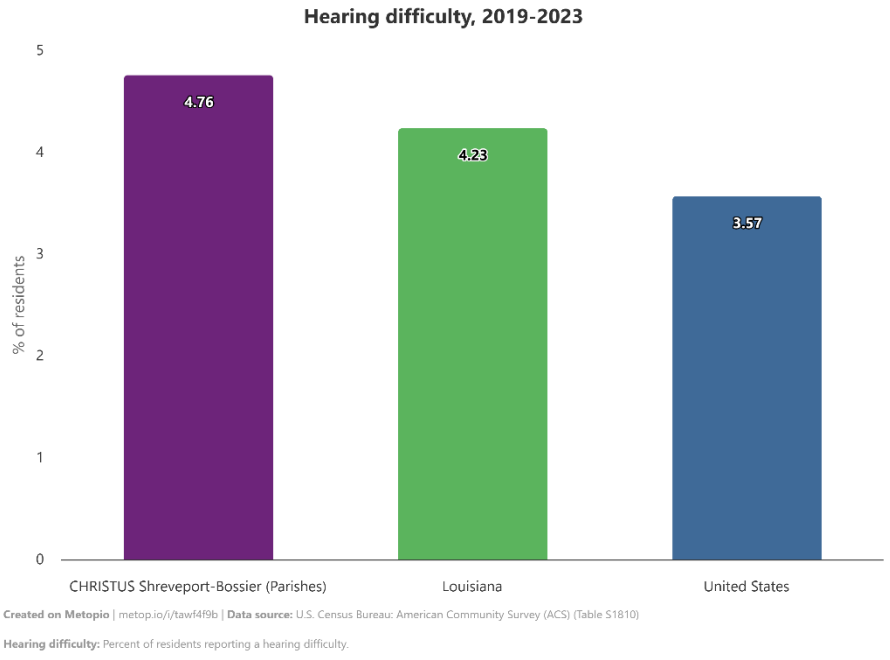
Created on Metopio | metop.io/i/vx7w6u1x | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B25044)

No vehicle available: Percent of occupied households with no vehicles available.

Disability

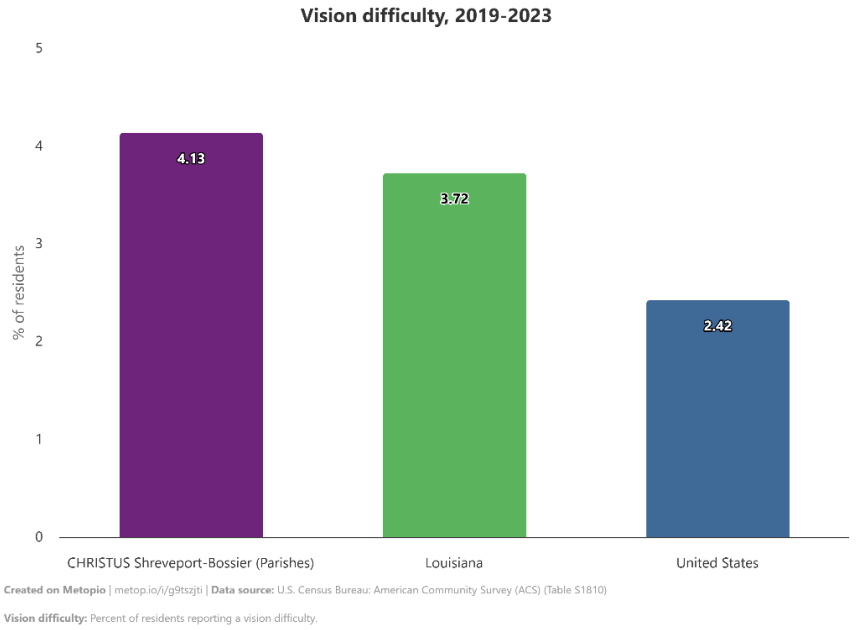
Hearing Difficulty

The data indicates the prevalence of hearing difficulty across different regions. The CHRISTUS Shreveport-Bossier service area has the highest rate at 4.76%, followed by Louisiana at 4.23% and the United States at 3.57%. This suggests that hearing difficulty is more common in these specific parishes compared to the state and national averages. The higher rates in these regions may reflect local environmental, demographic or health care factors. Understanding these variations can help in targeting interventions and resources to address hearing health in the affected areas.



Vision Difficulty

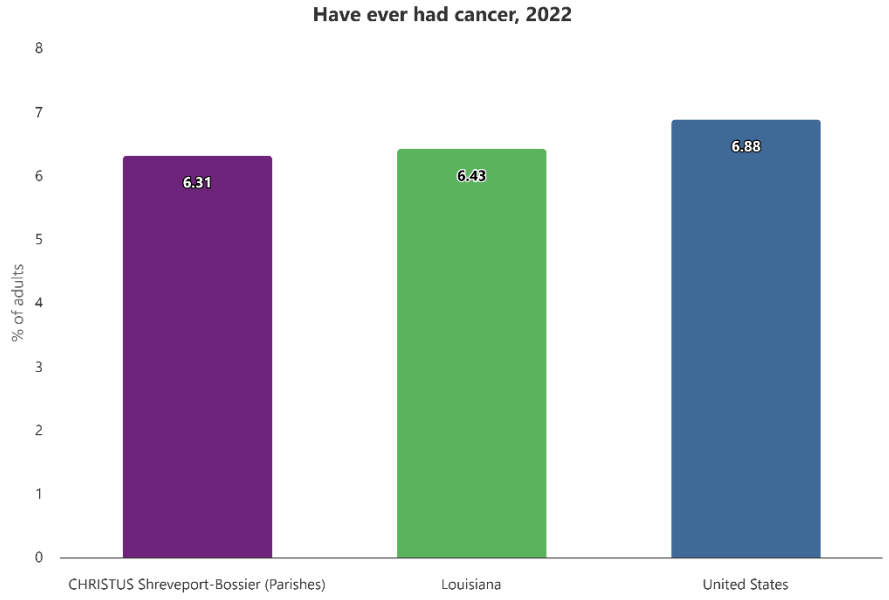
Vision difficulty is a significant issue in the United States, with varying prevalence across different regions. The national average stands at 2.42%, indicating that a notable portion of the population faces challenges related to vision. Louisiana has a higher rate of vision difficulty at 3.72%, suggesting a greater need for vision care services in the state. Within Louisiana, the parishes served by CHRISTUS Shreveport-Bossier experience an even higher rate of 4.13%, highlighting a specific area with a pronounced need for vision health interventions. These disparities underscore the importance of targeted vision care initiatives to address regional variations in vision health.



Cancer

Have Ever Had Cancer

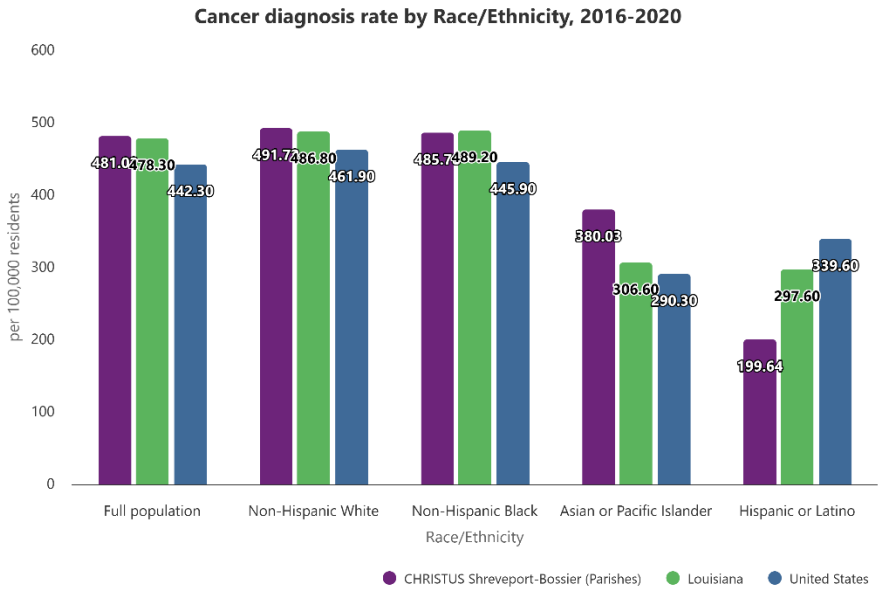
The data shows the percentage of individuals who have ever had cancer in various locations. The highest rate is observed in the United States at 6.88%, followed closely by Louisiana at 6.43%. The CHRISTUS Shreveport-Bossier service area has a slightly lower rate of 6.31%. These figures highlight the prevalence of cancer across different regions.



Created on Metopio | metop.io/i/fa52dxmj | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Have ever had cancer: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have cancer (other than skin cancer). Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

Cancer Diagnosis Rate by Race and Ethnicity

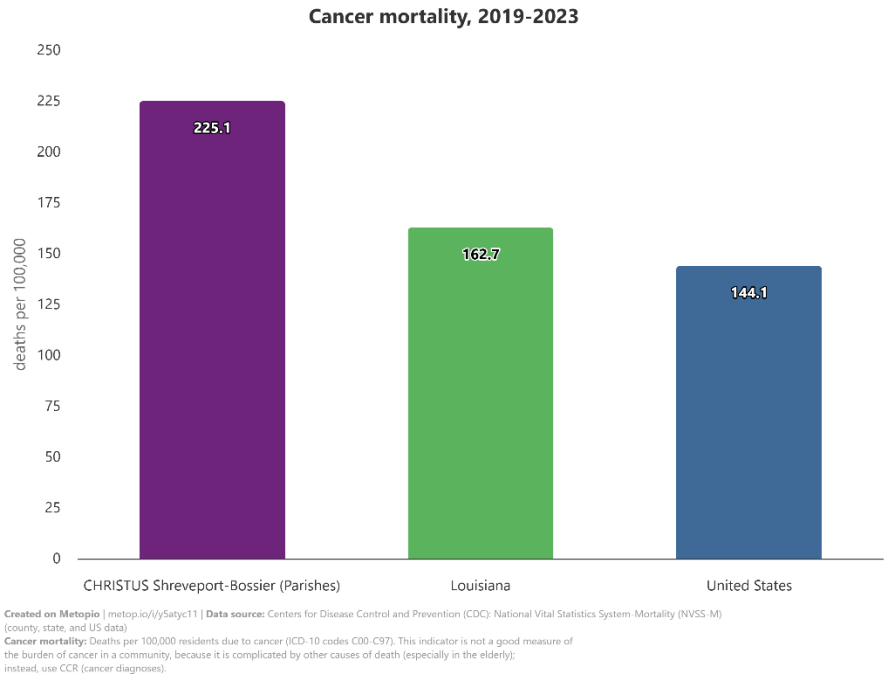
The cancer diagnosis rate varies significantly across different racial and ethnic groups in the United States. In the CHRISTUS Shreveport-Bossier service area, the rate for Non-Hispanic Whites is 491.72, slightly higher than the overall rate of 481.02. Non-Hispanic Blacks have a rate of 485.78, while Asian or Pacific Islanders have a notably lower rate of 380.03. Hispanics or Latinos have the lowest rate at 199.64, well below the national average of 442.3.



Created on Metopio | metop.io/i/ybesvj6k | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cancer diagnosis rate: Annual diagnosis rate for all invasive cancers. Does not include pre-cancerous diagnoses such as breast cancer in situ or urinary cancer in situ. All ages, risk-adjusted.

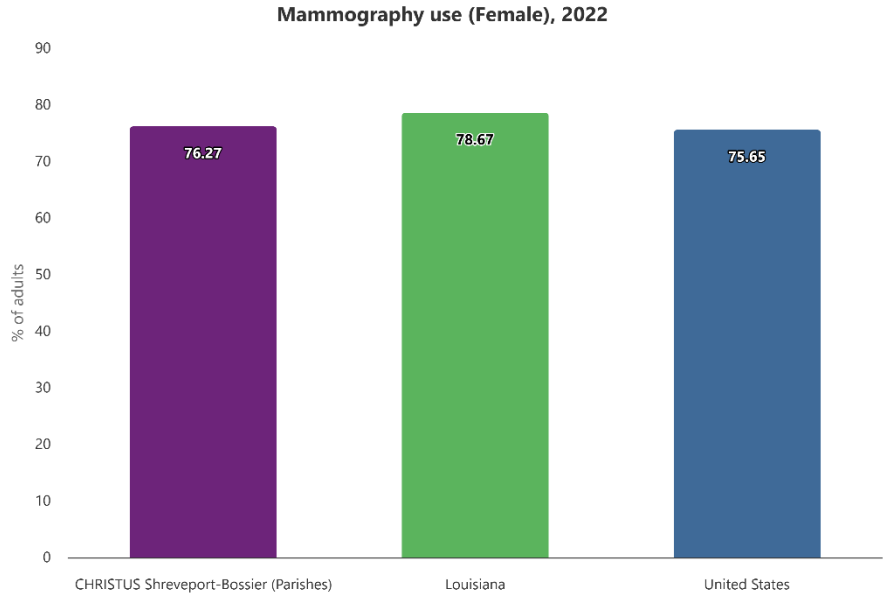
Cancer Mortality Rate

Cancer mortality rates vary significantly across different regions. The CHRISTUS Shreveport-Bossier service area reports the highest rate at 225.1 per 100,000 people. Louisiana's state-wide rate is lower at 162.7, while the national average for the United States is 144.1. This data highlights the disparities in cancer mortality within specific areas compared to broader regions.



Mammography Use

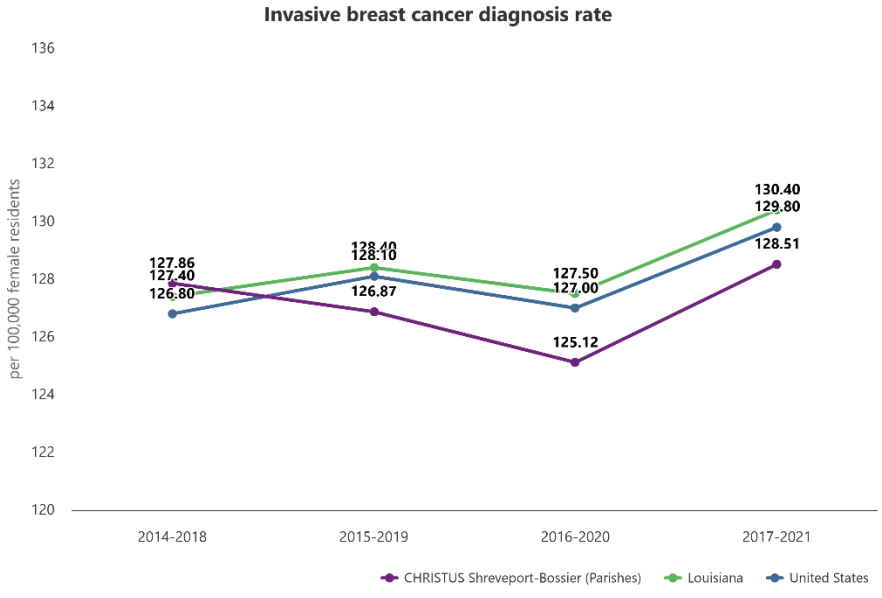
Mammography use is an important indicator of breast cancer screening and early detection. In the parishes served by CHRISTUS Shreveport-Bossier, the rate of mammography use is 76.27%. This is slightly lower than the overall rate in Louisiana, which stands at 78.67%. However, both rates are higher than the national average of 75.65%. These figures highlight the importance of regional health care initiatives in promoting preventive care.



Created on Metopio | metop.io/i/da7fhpwo | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Mammography use: Percent of resident female adults aged 50-74 years who report having had a mammogram within the previous 2 years.

Invasive Breast Cancer Diagnosis Rate

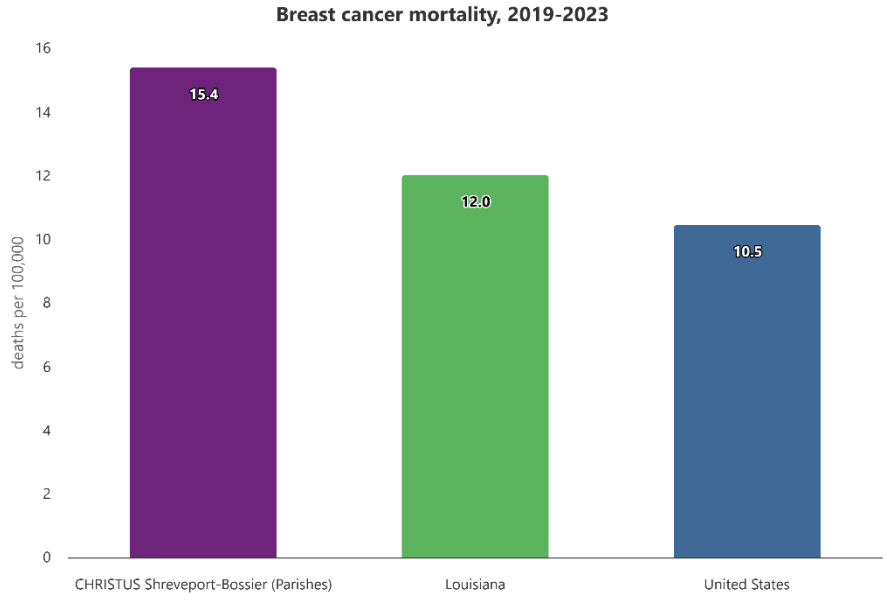
The invasive breast cancer diagnosis rate in the United States has shown a slight increase over the years, with a notable rise in Louisiana. After 2014-2018, the CHRISTUS Shreveport-Bossier parishes have consistently hovered below the state and national averages. This trend indicates, after a slight decline, a growing prevalence of invasive breast cancer in these areas. The data suggests a need for increased awareness and preventive measures in these regions.



Created on Metopio | metop.io/i/u6hrnvrv | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Invasive breast cancer diagnosis rate: Annual diagnosis rate for invasive (non-DCIS) breast cancer in women. Ages 15 and over, age-adjusted.

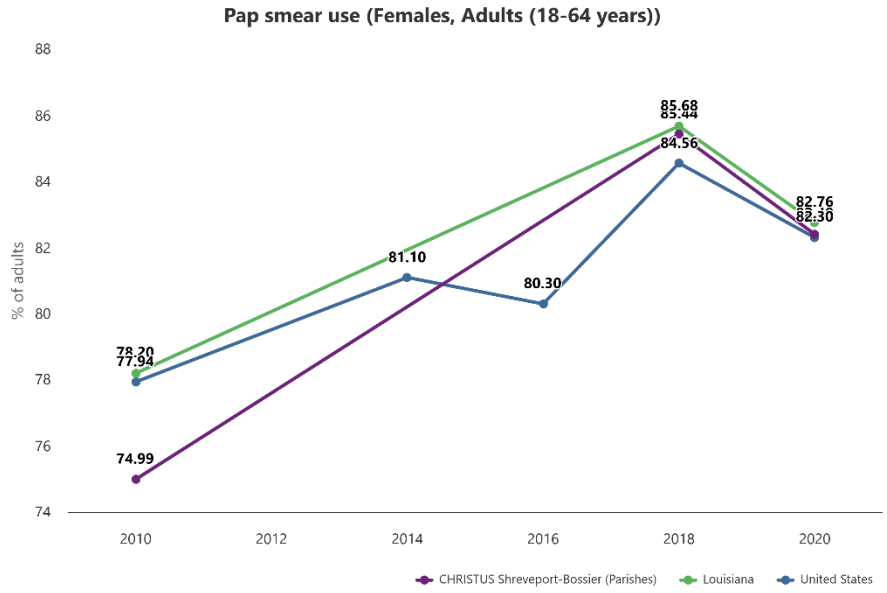
Breast Cancer Mortality

Breast cancer mortality rates vary significantly across different regions. The CHRISTUS Shreveport-Bossier service area reports the highest rate at 15.41. Louisiana as a whole has a mortality rate of 12.02, which is still higher than the national average. The United States, on the other hand, has a lower mortality rate of 10.46. These disparities highlight the need for targeted health care interventions in specific regions.



Pap Smear Use

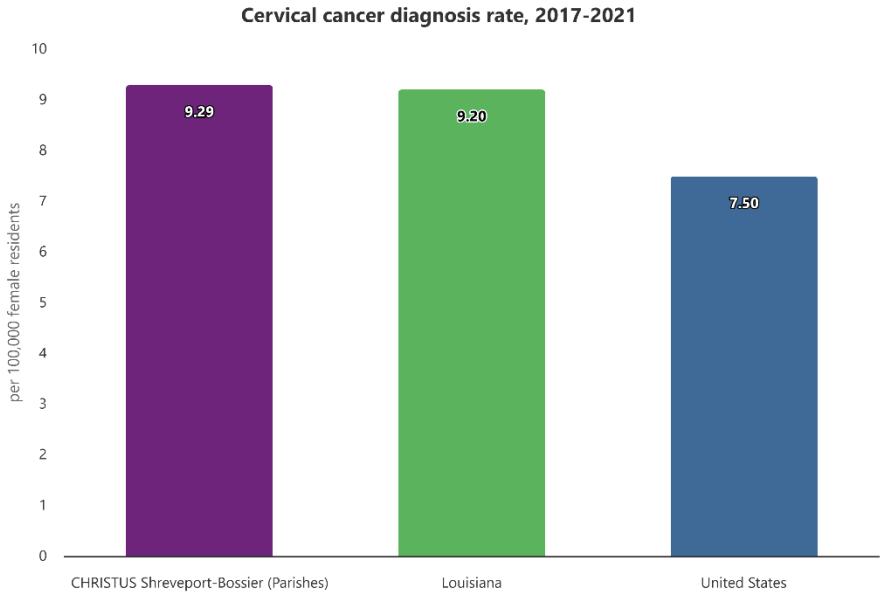
Pap smear use in the United States has fluctuated over the years, with overall a gradual increase. The CHRISTUS Shreveport-Bossier service area generally had higher rates compared to the national average, particularly in 2018 and 2020. Louisiana's rates were mostly consistent with the national average, showing a similar pattern of decline and recovery. Overall, the data indicates a trend of increasing Pap smear use across all regions by 2020, which could be attributed to the COVID-19 pandemic.



Created on Metopio | metop.io/i/24hpny4u | **Data sources:** Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Pap smear use: Percent of resident female adults aged 21-65 years who report having had a Papanicolaou (Pap) smear within the previous 3 years for detection and prevention of cervical cancer.

Cervical Cancer Diagnosis Rate

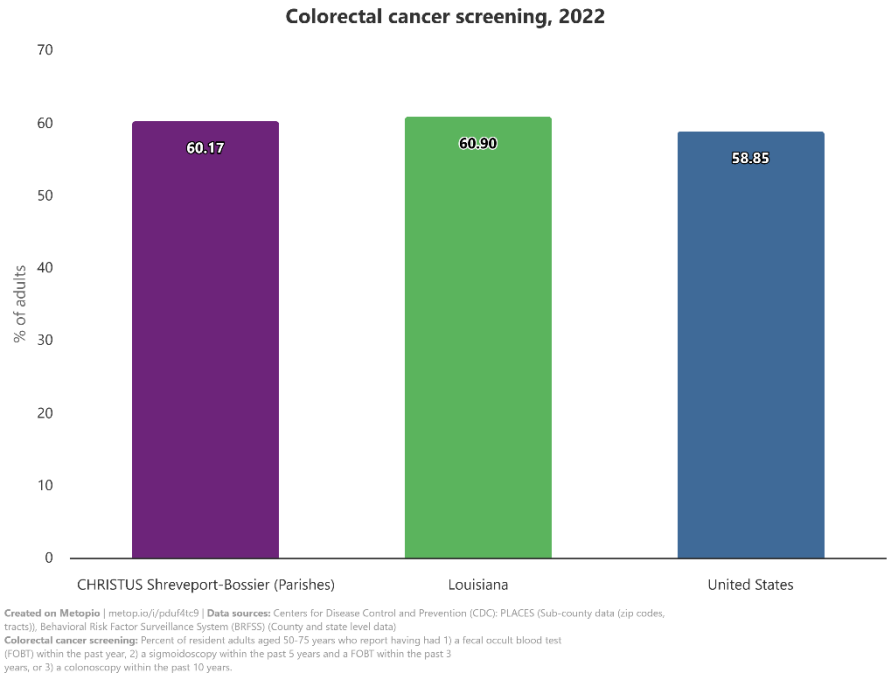
The data presents cervical cancer diagnosis rates across different regions, with the CHRISTUS Shreveport-Bossier service area having the highest rate at 9.29, followed closely by Louisiana at 9.2. The United States has a lower rate of 7.5. This indicates that the Shreveport-Bossier area in Louisiana has a significantly higher incidence of cervical cancer diagnoses compared to the national average. The data suggests a need for targeted health care interventions in this region to address the higher rates of cervical cancer.



Created on Metopio | metop.io/i/fps8qwb6 | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Cervical cancer diagnosis rate: Annual diagnosis rate for cervical cancer. Ages 15 and over, age-adjusted.

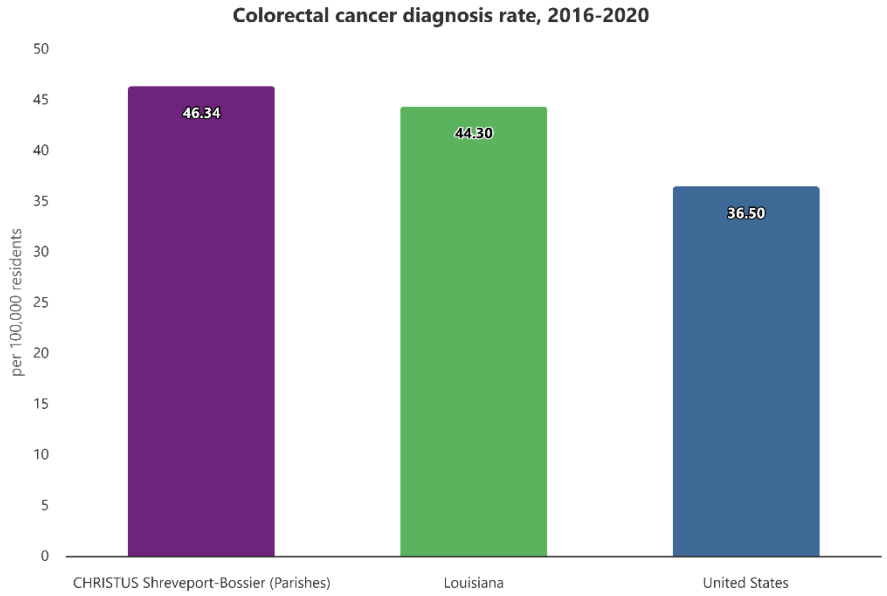
Colorectal Cancer Screening

Colorectal cancer screening rates vary across different regions. CHRISTUS Shreveport-Bossier parishes in Louisiana have a screening rate of 60.17%. Louisiana as a whole has a slightly higher rate of 60.9%. The United States overall has a lower rate of 58.85%.



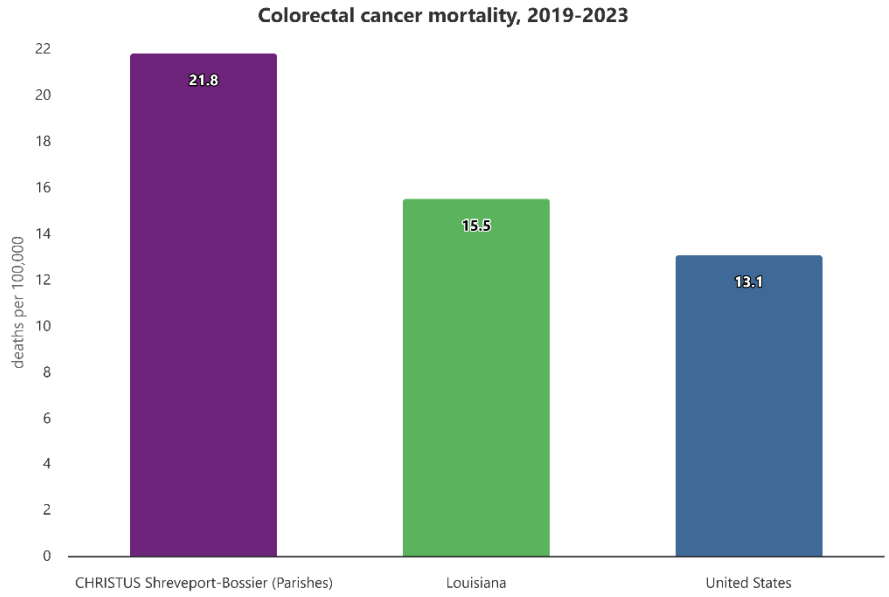
Colorectal Cancer Diagnosis Rate

The data presents the colorectal cancer diagnosis rate (per 100,00 residents) across different regions, with a focus on CHRISTUS Shreveport-Bossier parishes, Louisiana and the United States. CHRISTUS Shreveport-Bossier parishes have the highest diagnosis rate at 46.34, higher than the overall rate in Louisiana, which is 44.3. Both rates are significantly higher than the national average of 36.5. This indicates a higher prevalence of colorectal cancer diagnoses in these specific regions compared to the rest of the country.



Colorectal Cancer Mortality

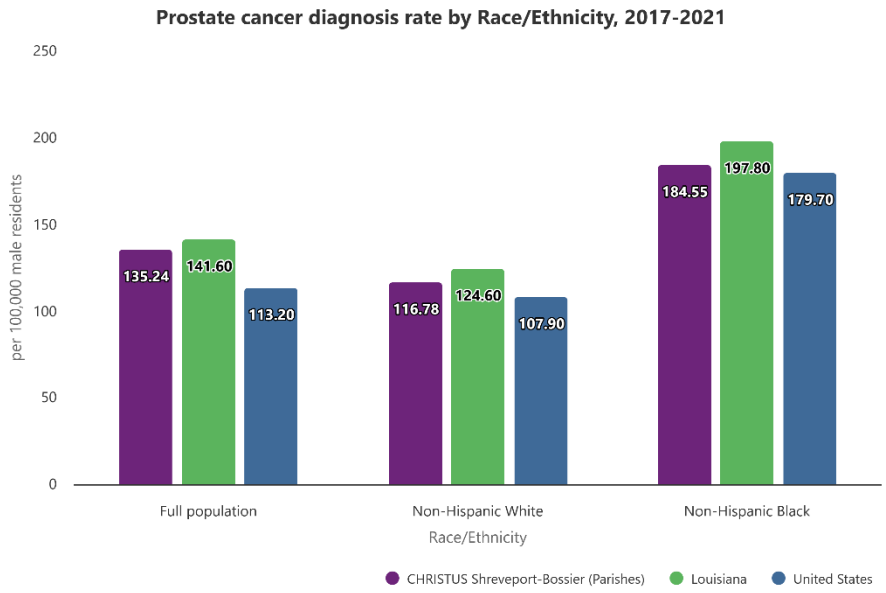
Colorectal cancer mortality rates are presented for various regions. The highest rate is observed in the CHRISTUS Shreveport-Bossier service area at 21.82. Louisiana has a rate of 15.5, while the United States overall has a rate of 13.08. These rates indicate a significant disparity in colorectal cancer mortality across different regions.



Created on Metopio | metop.io/i/yxvpmdp5 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Colorectal cancer mortality: Deaths per 100,000 residents due to colorectal cancer (ICD-10 codes C18-C21).

Prostate Cancer Diagnosis Rate by Race and Ethnicity

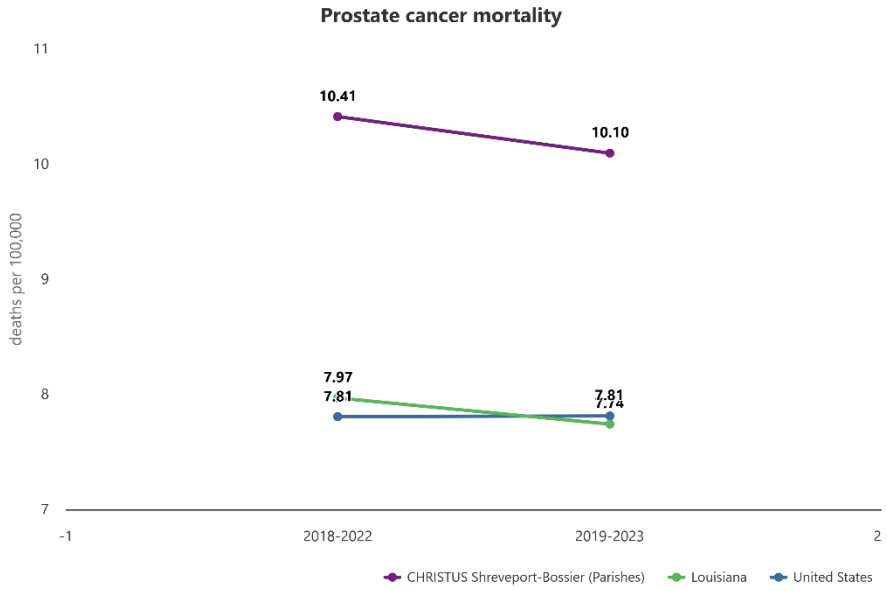
Prostate cancer diagnosis rates vary significantly across different racial and ethnic groups. In the United States, the overall diagnosis rate is 113.2 per 100,000 people. At the CHRISTUS Shreveport-Bossier service area the rate is higher at 135.24, with Non-Hispanic Black individuals having a notably elevated rate of 184.55 compared to 116.78 for Non-Hispanic White individuals. Nationally, Non-Hispanic Black individuals also have the highest diagnosis rate at 179.7, while Non-Hispanic White individuals have a rate of 107.9. These disparities highlight the need for targeted health care interventions in high-risk populations.



Created on Metopio | metop.io/i/y6ck2kc8 | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (Everywhere except IL and WI)
Prostate cancer diagnosis rate: Annual diagnosis rate for prostate cancer. Ages 15 and over, age-adjusted.

Prostate Cancer Mortality Rate

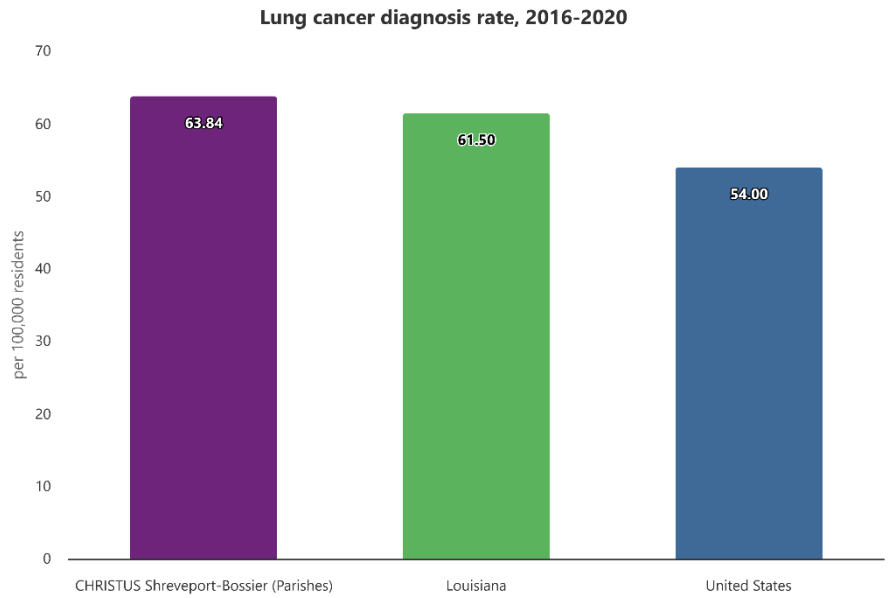
In the CHRISTUS Shreveport-Bossier service area, the prostate cancer mortality rate decreased from 10.41 to 10.1 over these periods. Louisiana's rate fell from 7.97 to 7.74, and the United States remaining steady at 7.81. The data indicates a general improvement in prostate cancer mortality rates, though CHRISTUS Shreveport-Bossier parishes still has a higher rate compared to the state and national averages. This suggests a need for continued focus on health care improvements in this specific region.



Created on Metopio | metop.io/i/7sh5ufcq | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)
Prostate cancer mortality: Deaths per 100,000 residents with an underlying cause of injury (ICD-10 code C61).

Lung Cancer Diagnosis Rate

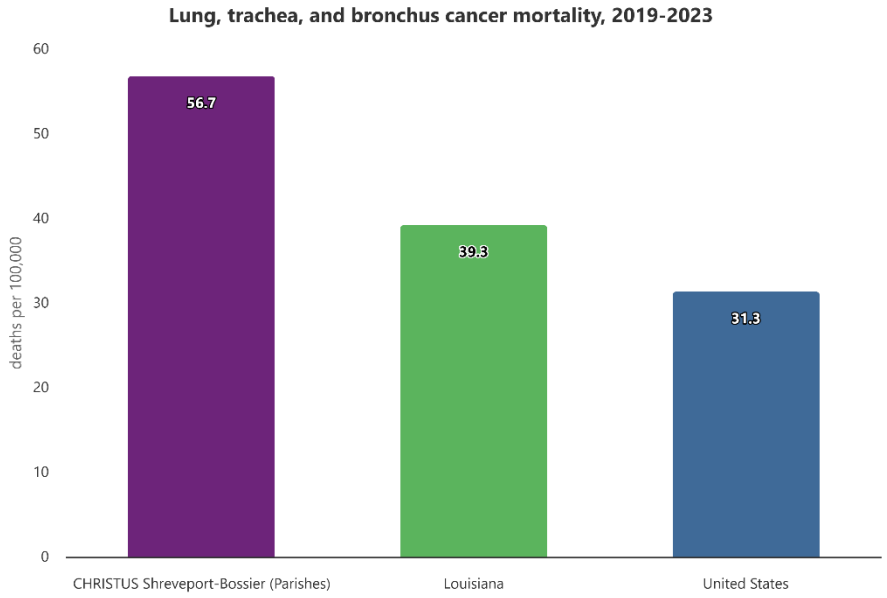
The data presents lung cancer diagnosis rates across different regions, with a focus on the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States as a whole. The CHRISTUS Shreveport-Bossier service area has the highest diagnosis rate at 63.84, significantly higher than the national average of 54.0. Louisiana's rate is slightly lower than CHRISTUS Shreveport-Bossier but still above the national average at 61.5. These higher rates in specific regions compared to the national average suggest potential differences in health care access, environmental factors or diagnostic practices.



Created on Metopio | metop.io/i/kuir1dqn | **Data source:** National Cancer Institute (NCI): State Cancer Profiles (WI: racial stratifications only) (Everywhere except IL)
Lung cancer diagnosis rate: Annual diagnosis rate for lung and bronchus cancer. Ages 15 and over, risk-adjusted.

Lung, Trachea and Bronchus Cancer Mortality

Lung, trachea and bronchus cancer mortality is significantly higher in the CHRISTUS Shreveport-Bossier service area compared to the state of Louisiana and the United States. The mortality rate in this region is 56.74 per 100,000 people, which is notably higher than Louisiana's rate of 39.25 and the national rate of 31.29. This indicates a substantial health disparity in this specific area. The elevated mortality rate in the CHRISTUS Shreveport-Bossier service area suggests the need for targeted health interventions and resources to address this issue.

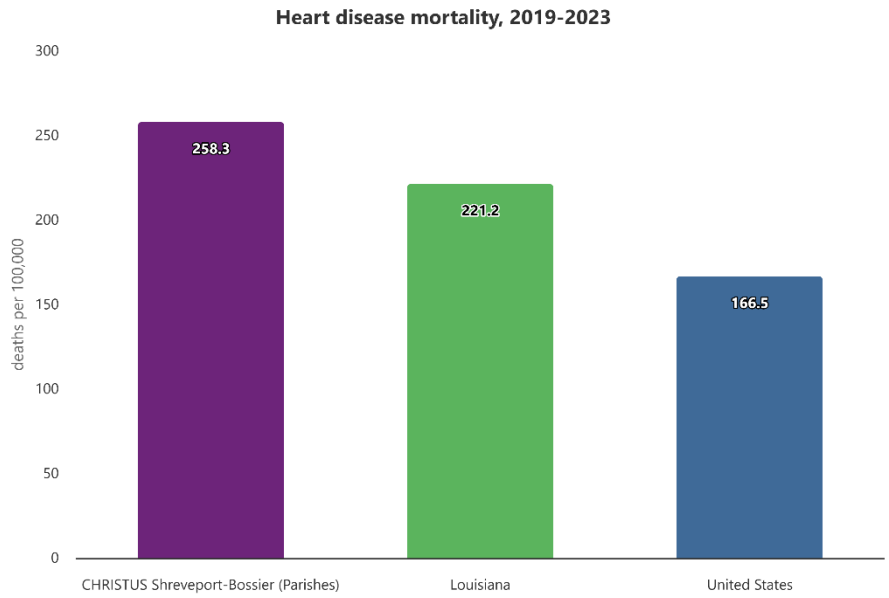


Created on Metopio | metop.io/i/4fgtae9h | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Lung, trachea, and bronchus cancer mortality: Deaths per 100,000 residents due to cancer of the lung, trachea, and bronchus (ICD-10 codes C33-C34).

Cardiovascular Disease

Heart Disease Mortality

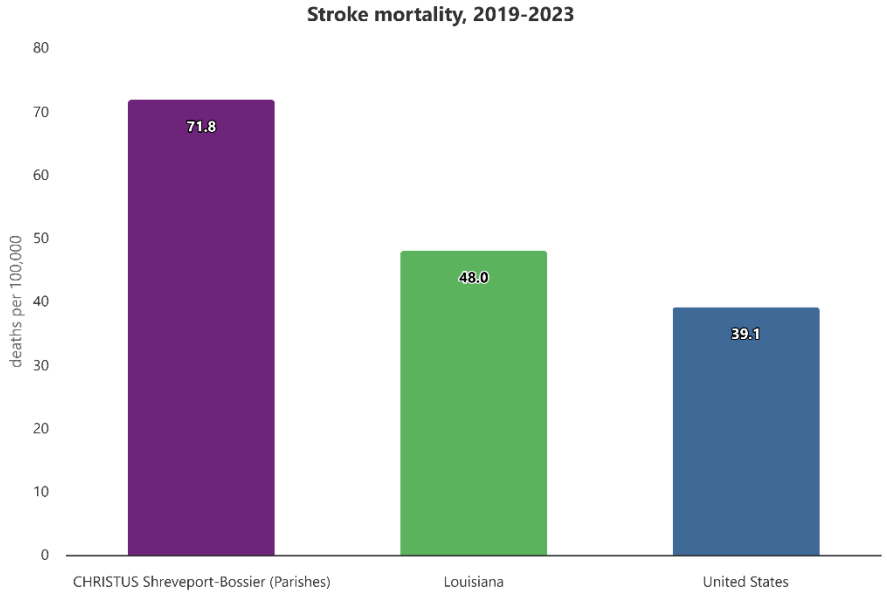
Heart disease mortality rates are depicted for various locations, including the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The mortality rate in CHRISTUS Shreveport-Bossier is significantly higher at 258.25 per 100,000 people, compared to Louisiana's 221.15 and the national rate of 166.48. This indicates a notable disparity in heart disease mortality within the specified region.



Created on Metopio | metop.io/i/2n3x9igq | **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).

Stroke Mortality

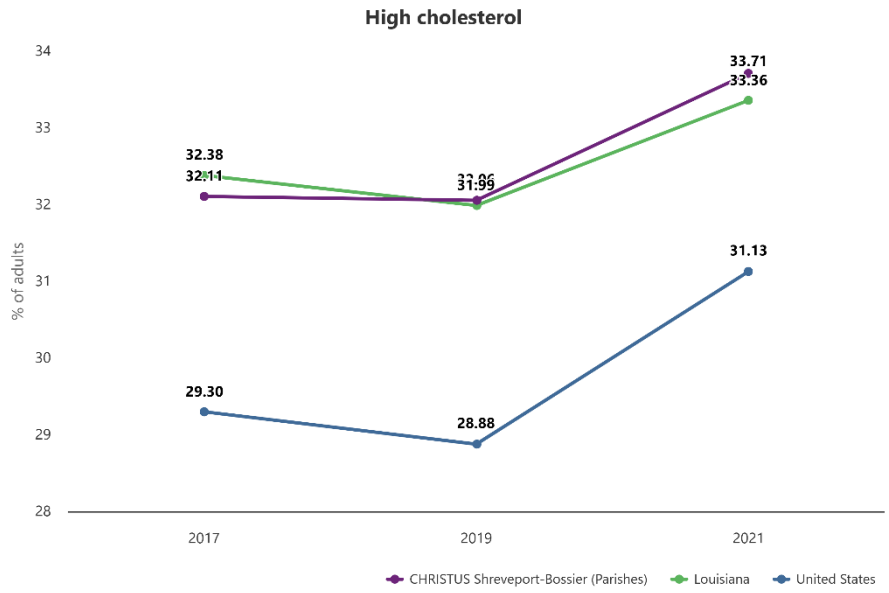
Stroke mortality rates vary significantly across different regions. The CHRISTUS Shreveport-Bossier service area in Louisiana has the highest rate at 71.82, far above the state average of 47.97 and the national average of 39.05. This indicates a localized health crisis in this area.



Created on Metopio | metop.io/i/uats11mb | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)
Stroke mortality: Deaths per 100,000 residents due to stroke (ICD-10 codes I60-I69).

High Cholesterol

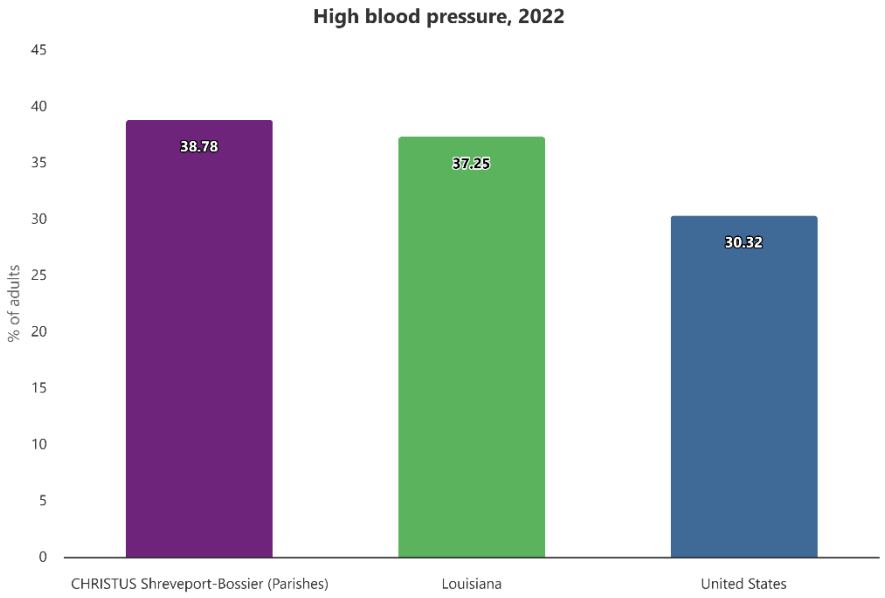
In 2017, the high cholesterol rate in the United States was 29.3%, lower than Louisiana (32.38%) and the CHRISTUS Shreveport-Bossier service area (32.11%). By 2019, all areas experienced a decrease in high cholesterol rates, with the United States at 28.88%, Louisiana at 31.99% and CHRISTUS Shreveport-Bossier parishes at 32.06%. However, by 2021, the rates increased across all regions, reaching 31.13% in the United States, 33.36% in Louisiana and 33.71% in CHRISTUS Shreveport-Bossier parishes. This indicates a concerning upward trend in high cholesterol prevalence in these areas.



Created on Metopio | metop.io/i/18vuzmhp | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High cholesterol: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high cholesterol. Data for counties and states are age-adjusted. Data for zips, tracts and smaller layers are raw.

High Blood Pressure

The data indicates that high blood pressure rates are significantly higher in the CHRISTUS Shreveport-Bossier service area compared to the national average. Louisiana, as a whole, also exhibits elevated rates of high blood pressure, though not as high as the CHRISTUS Shreveport-Bossier service area. The United States, on the other hand, has a lower average rate of high blood pressure. This suggests that the CHRISTUS Shreveport-Bossier service area may have unique health challenges or risk factors contributing to higher rates of high blood pressure.

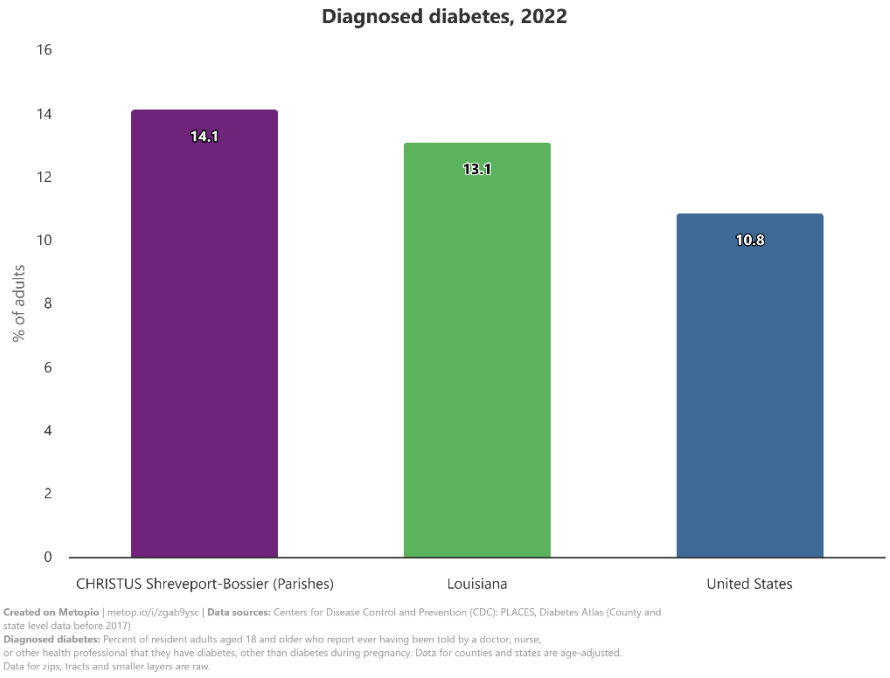


Created on Metopio | metop.io/i/pmraj92u | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
High blood pressure: Percent of resident adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure (hypertension). Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included.

Diabetes

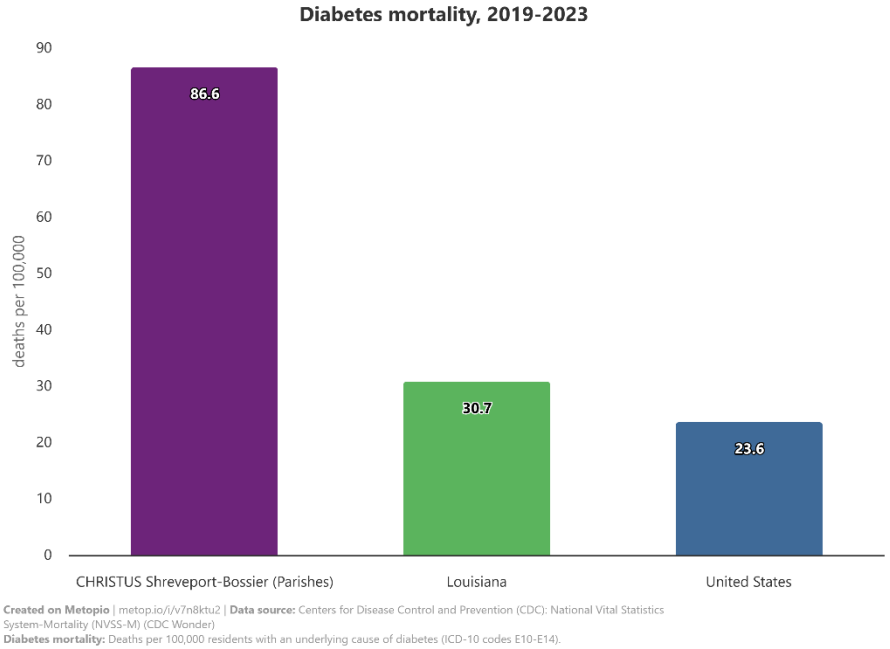
Diagnosed Diabetes

The data highlights diagnosed diabetes rates across different regions. The CHRISTUS Shreveport-Bossier service area reports the highest rate at 14.12%. Louisiana follows with a rate of 13.08%, while the United States has a lower national average of 10.84%. This indicates a significant prevalence of diagnosed diabetes in the specified parishes compared to both the state and national averages. The higher rates in these regions may reflect local health challenges and the need for targeted interventions.



Diabetes Mortality

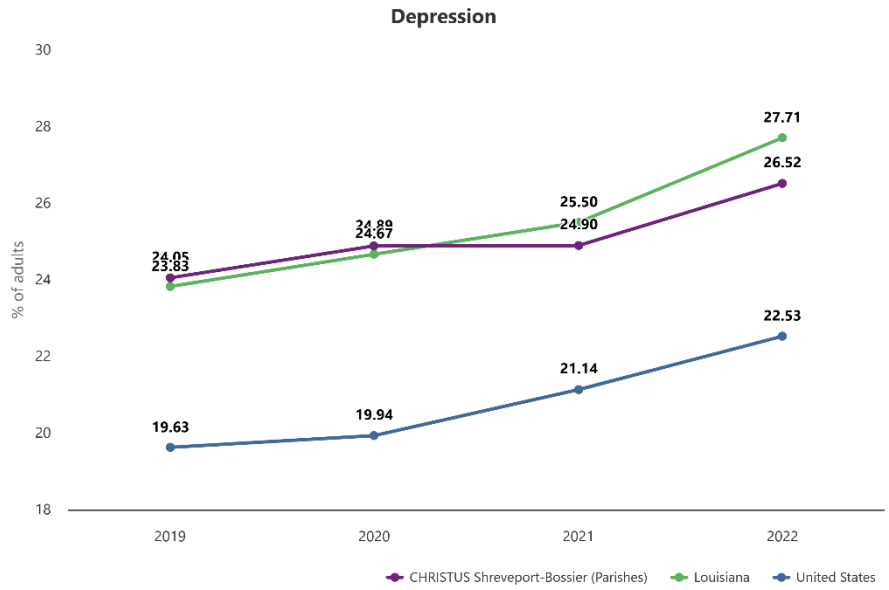
The data highlights diabetes mortality rates across different regions. The highest rate is observed in the parishes served by CHRISTUS Shreveport-Bossier, with a mortality rate of 86.58. Louisiana has a significantly lower rate of 30.74, while the United States overall has the lowest rate at 23.65. This indicates a substantial disparity in diabetes mortality within the specified areas, with the parishes served by CHRISTUS Shreveport-Bossier experiencing a much higher rate compared to the national average. The data suggests a need for targeted interventions in the parishes served by CHRISTUS Shreveport-Bossier to address the high diabetes mortality rate.



Mental Health

Depression

The chart displays depression rates across three regions: CHRISTUS Shreveport-Bossier service area, Louisiana and the United States from 2019 to 2022. In 2019, the depression rate in the CHRISTUS Shreveport-Bossier service area was 24.05%, slightly higher than Louisiana's 23.83% and significantly higher than the national rate of 19.63%. By 2022, the rate in Louisiana increased to 27.71%, surpassing CHRISTUS Shreveport-Bossier parishes 's 26.52% and the national rate of 22.53%. This data indicates a rising trend in depression rates in all three regions, with CHRISTUS Shreveport-Bossier parishes consistently having the highest rates.

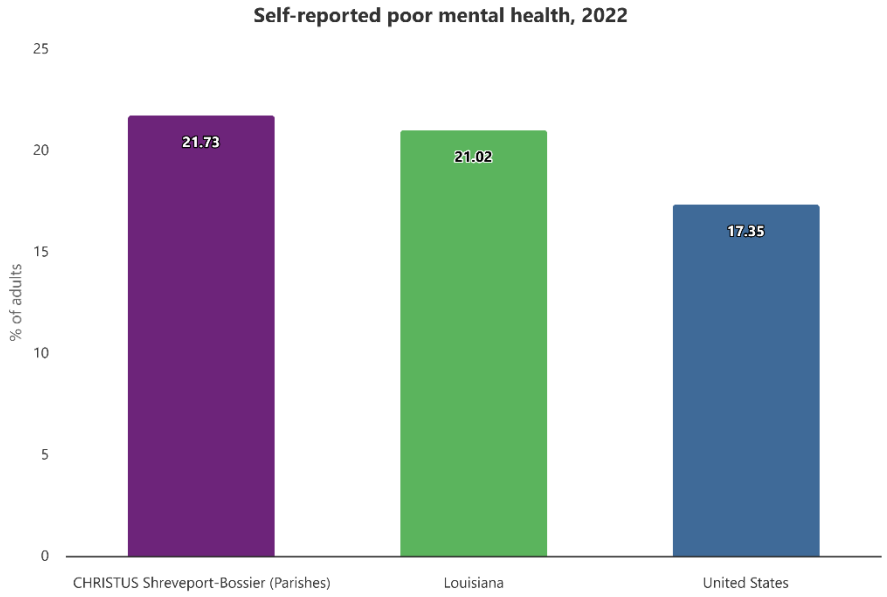


Created on Metopio | metop.io/i/t9bb5ad4 | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Depression: Prevalence of depression among adults 18 years and older

Self-Reported Poor Mental Health

Self-reported poor mental health is a significant issue in various regions. In the parishes served by CHRISTUS Shreveport-Bossier, 21.73% of individuals report poor mental health. Louisiana reports a slightly lower rate of 21.02%, while the United States has a national average of 17.35%. The higher rates in these specific areas indicate a need for targeted mental health interventions.

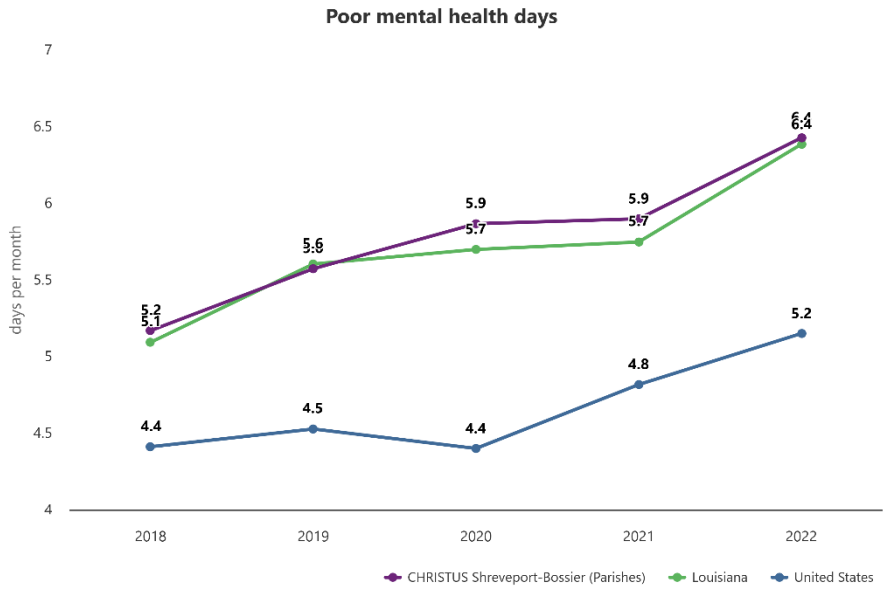


Created on Metopio | metop.io/i/jvku3vg | **Data source:** Centers for Disease Control and Prevention (CDC): PLACES

Self-reported poor mental health: Percent of resident adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good.

Poor Mental Health Days

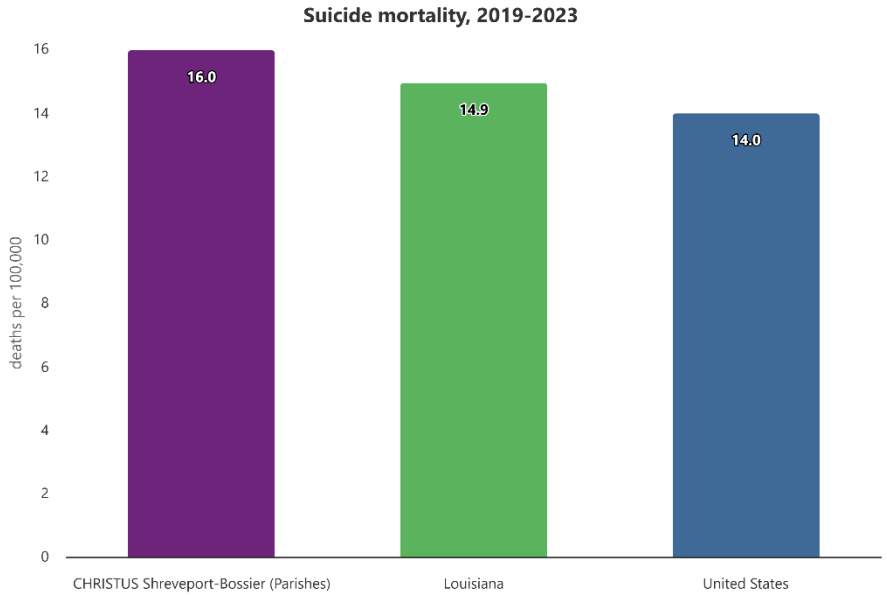
The data reveals that the number of poor mental health days in the United States has been steadily increasing from 2018 to 2022. The CHRISTUS Shreveport-Bossier service area and Louisiana have consistently reported higher numbers of poor mental health days compared to the national average. The gap between these local figures and the national average has widened over the years, with the CHRISTUS Shreveport-Bossier service area showing the most significant increase. This trend indicates a growing mental health crisis in these specific areas, which could have broader implications for public health and community well-being.



Created on Metopio | metop.io/i/6yxcqsiw | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)
Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

Suicide Mortality

Suicide mortality rates are presented for three categories: CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The highest rate is observed in CHRISTUS Shreveport-Bossier parishes at 15.97, followed by Louisiana at 14.94, and the United States at 13.98. This indicates that the CHRISTUS Shreveport-Bossier service area has a notably higher suicide mortality rate compared to the state and national averages. The data highlights a significant regional disparity in suicide mortality within Louisiana.



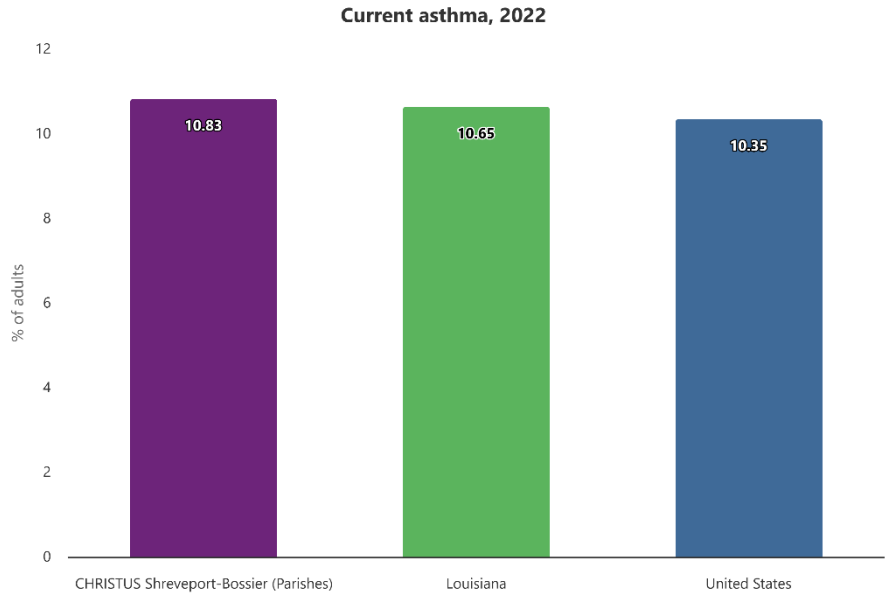
Created on Metopio | metop.io/i/vby8hxw9 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (Via http://healthindicators.gov)

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."

Respiratory Illness

Current Asthma

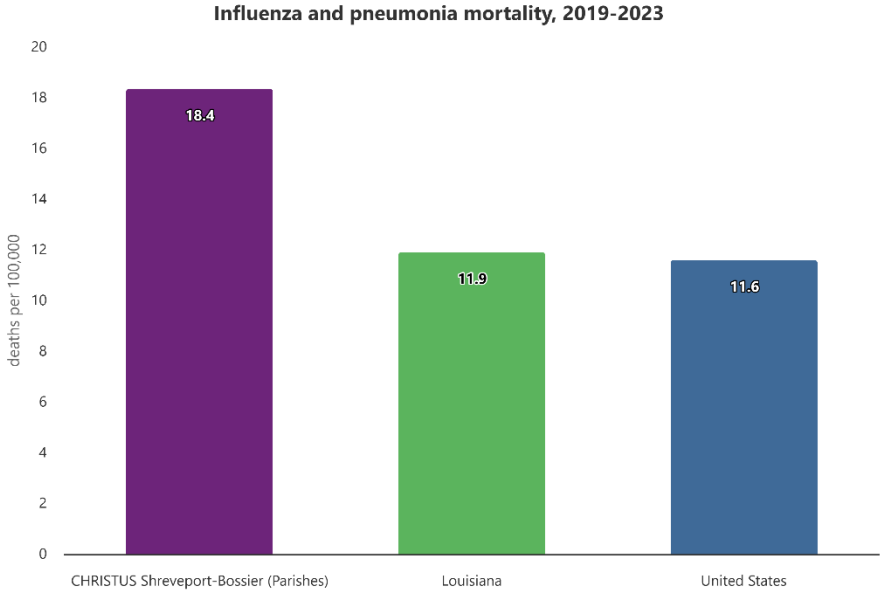
The data highlights the prevalence of current asthma in various regions. The CHRISTUS Shreveport-Bossier service area has the highest rate at 10.83%. Louisiana as a whole follows closely with a rate of 10.65%. The United States has a slightly lower rate of 10.35%. This indicates a higher prevalence of asthma in Louisiana compared to the national average.



Created on Metopio | metop.io/i/s2mpv256 | **Data sources:** Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts)), Behavioral Risk Factor Surveillance System (BRFSS) (County and state level data)
Current asthma: Percent of adults (civilian, non-institutionalized population) who answer "yes" both to both of the following questions: "Have you ever been told by a doctor, nurse, or other health professional that you have asthma?" and the question "Do you still have asthma?"

Influenza and Pneumonia Mortality

Influenza and pneumonia mortality rates are depicted for various regions. The mortality rate in the CHRISTUS Shreveport-Bossier service area is significantly higher at 18.38, compared to Louisiana's 11.92 and the United States' 11.61. This indicates a localized health concern within the specified parishes. Addressing this disparity could involve targeted public health interventions in CHRISTUS Shreveport-Bossier.

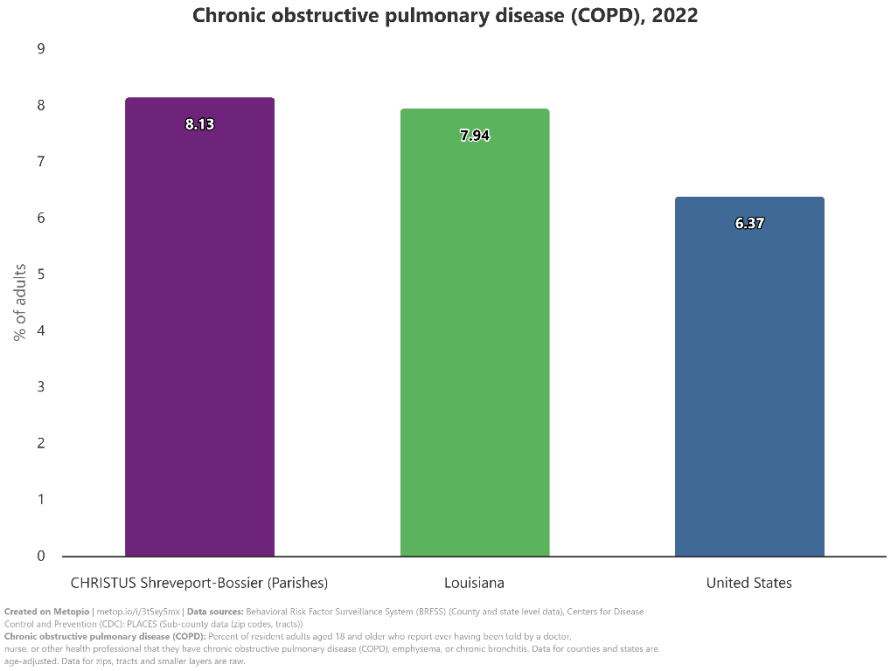


Created on Metopio | metop.io/i/3z1a2q6f | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)

Influenza and pneumonia mortality: Deaths per 100,000 residents due to influenza and pneumonia. These diseases are frequent causes of death especially among the elderly because they spread widely and tend to be be complications from other conditions. The flu can change quite a bit from one year to another, affecting which populations are most vulnerable to it. Age-adjusted.

Chronic Obstructive Pulmonary Disease

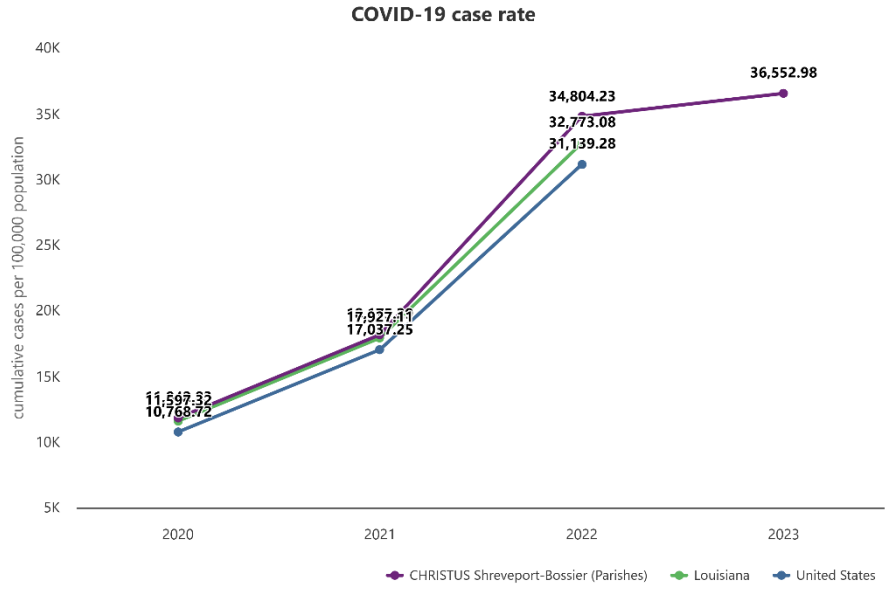
Chronic obstructive pulmonary disease (COPD) prevalence is depicted in the data. The highest rate is in the CHRISTUS Shreveport-Bossier service area at 8.13%. Louisiana's overall rate is slightly lower at 7.94%. The United States has a lower national average of 6.37%.



COVID-19

COVID-19 Case Rate

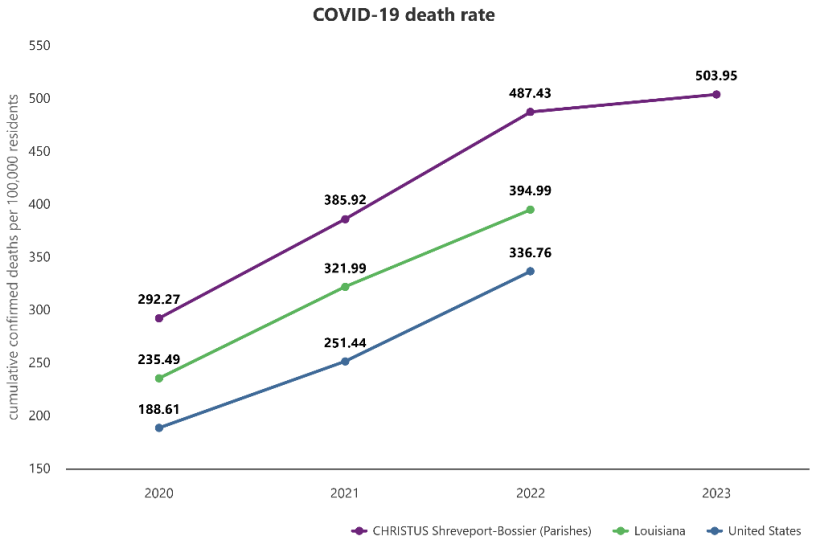
The COVID-19 case rate in the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States has shown a significant increase from 2020 to 2023. In 2020, the case rate in CHRISTUS Shreveport-Bossier was 11,842.83, which was higher than both Louisiana and the United States. By 2022, the case rate in CHRISTUS Shreveport-Bossier parishes had more than doubled to 34,804.23, reflecting a substantial rise. The data for 2023 indicates a continued increase in the case rate for CHRISTUS Shreveport-Bossier parishes, reaching 36,552.98, although data for Louisiana and the United States is not available for this year.



Created on Metopio | metop.io/i/574zo2v9 | **Data sources:** The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards)
COVID-19 case rate: Confirmed COVID 19 cases from the SARS CoV 2 virus per 100,000 residents, as of 10/10/2022. Cumulative cases, includes those who have recovered or died. These case counts are extremely biased by where testing and resources are available. Rates are not age-adjusted because of a lack of detailed age data. Data may be updated at any time; for the most recent available data, please see the cited

COVID-19 Death Rate

The data presents COVID-19 death rates for the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States from 2020 to 2023. In 2020, the death rate in The CHRISTUS Shreveport-Bossier service area was 292.27 per 100,000 people, higher than Louisiana's 235.49 and the United States' 188.61. By 2022, the rate in CHRISTUS Shreveport-Bossier parishes increased significantly to 487.43, while Louisiana's rate was 394.99 and the United States' was 336.76. In 2023, the rate in CHRISTUS Shreveport-Bossier parishes rose to 503.95, with data for Louisiana and the United States not available. This indicates a consistently higher death rate in CHRISTUS Shreveport-Bossier parishes compared to Louisiana and the United States over the observed period.

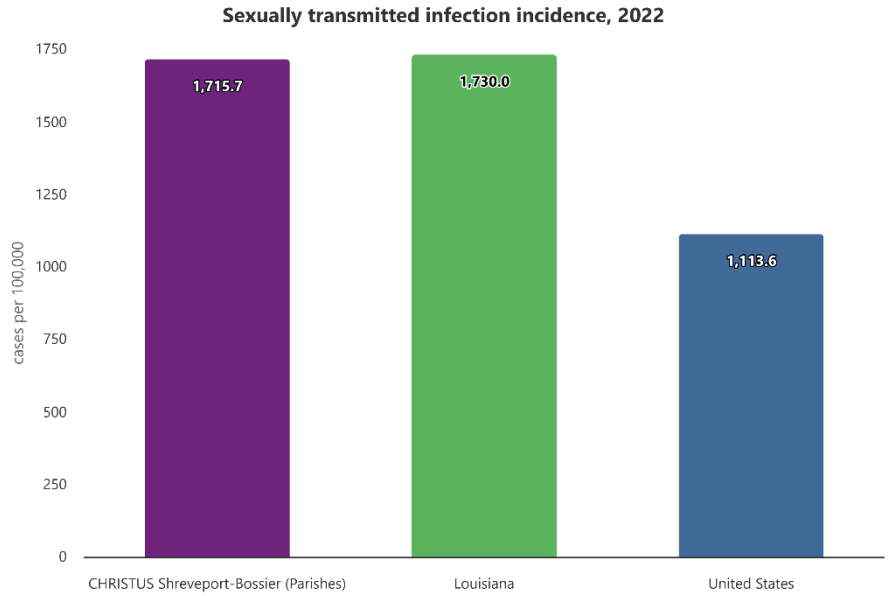


Created on Metopio | metop.io/i/p5r4uv94 | **Data sources:** The New York Times (based on reports from state and local health agencies), Various state health departments (COVID dashboards)
COVID-19 death rate: Confirmed deaths from SARS CoV 2 virus that causes COVID 19 per 100,000 residents, as of 10/10/2022. These only include cases where the underlying or contributing cause of death was the virus, meaning that the patient had to have a confirmed test result for the virus. The true number of deaths from the virus is higher by an unknown amount. These case counts are extremely biased by

STI

Sexually Transmitted Infection Incidence

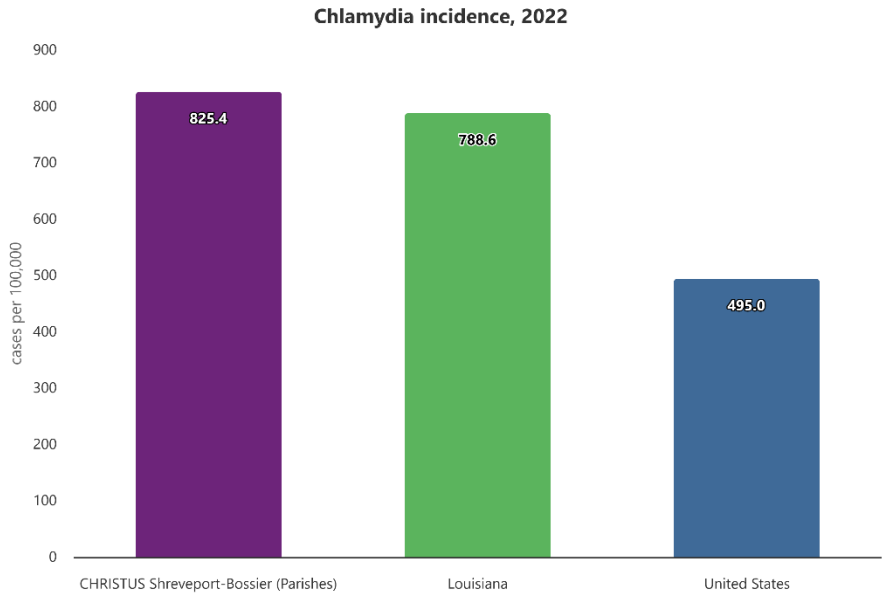
Sexually transmitted infection (STI) incidence is notably higher in specific regions compared to the national average. The CHRISTUS Shreveport-Bossier service area reports an incidence rate of 1715.73 per 100,000 people. Louisiana as a whole has an even higher rate at 1730.0. In contrast, the United States has a significantly lower average incidence rate of 1113.6. This indicates a concentrated issue in Louisiana, particularly in the areas served by CHRISTUS Shreveport-Bossier.



Created on Metopio | metop.io/i/imbnn15u | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Sexually transmitted infection incidence: The number of sexually transmitted infections per 100,000 residents. Includes chlamydia, gonorrhea, syphilis, and HIV/AIDS cases. More than half of these cases are from chlamydia alone.

Chlamydia Incidence

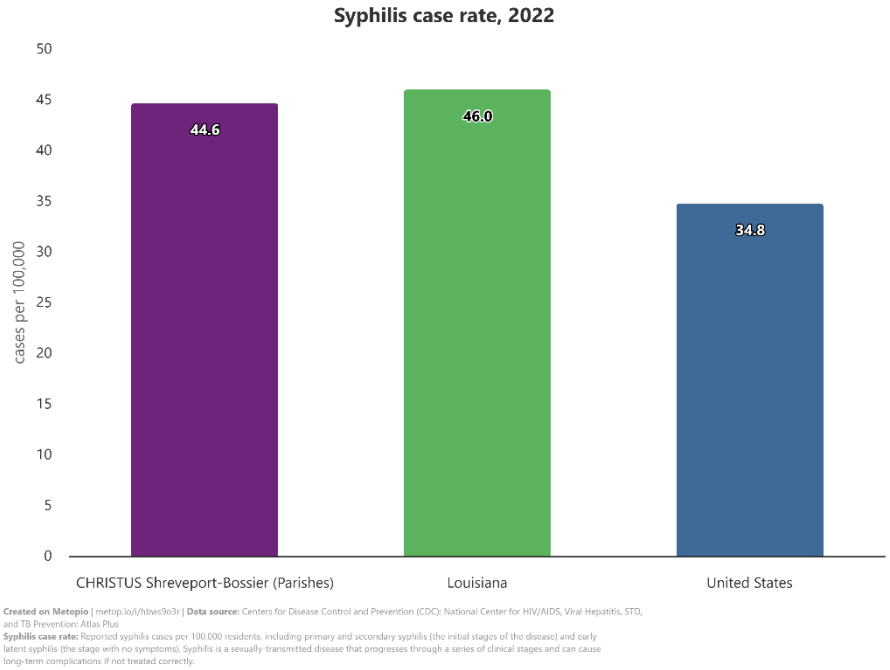
The data shows chlamydia incidence rates across different regions, with a focus on the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The highest incidence rate is observed the CHRISTUS Shreveport-Bossier service area at 825.4 cases per 100,000 people, followed by Louisiana at 788.6 and the United States at 495.0. This indicates that the incidence rate in the CHRISTUS Shreveport-Bossier service area is significantly higher than the national average. The data highlights the need for targeted public health interventions in these regions to address the high incidence of chlamydia.



Created on Metopio | metop.io/i/kj59ovq4 | **Data source:** Centers for Disease Control and Prevention (CDC): National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: Atlas Plus (Via http://healthindicators.gov)
Chlamydia incidence: Reported chlamydia cases per 100,000 residents. Chlamydia is a common sexually-transmitted disease, especially among young women aged 15-24.

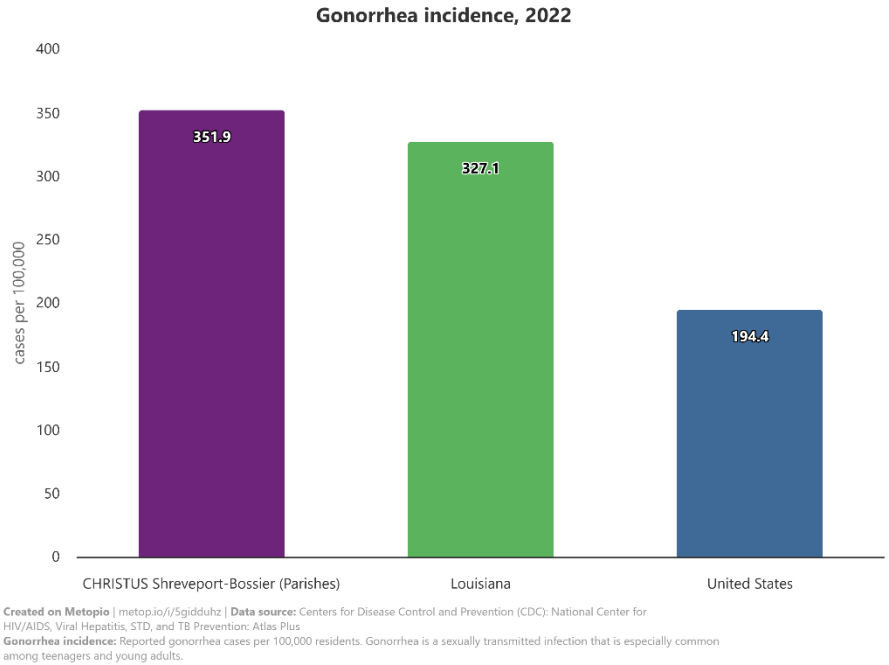
Syphilis Case Rate

The syphilis case rate in the United States is 34.8 per 100,000 people. The CHRISTUS Shreveport-Bossier service area has a higher rate of 44.65. Louisiana as a whole has an even higher rate of 46.0. This indicates a significant regional disparity in syphilis cases, with Louisiana having notably higher rates than the national average.



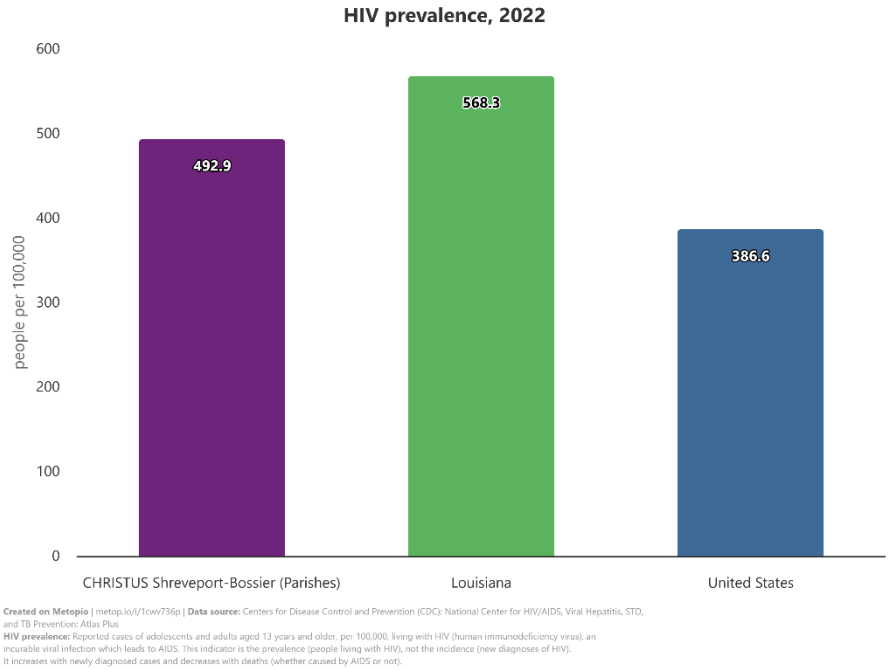
Gonorrhea Incidence

Gonorrhea incidence rates are presented for various regions. The highest incidence is found in the parishes served by CHRISTUS Shreveport-Bossier, with a rate of 351.9 cases per 100,000 people. Louisiana as a whole has a lower incidence rate of 327.1, while the United States has the lowest rate at 194.4. These figures indicate significant regional variations in gonorrhea incidence.



HIV Prevalence

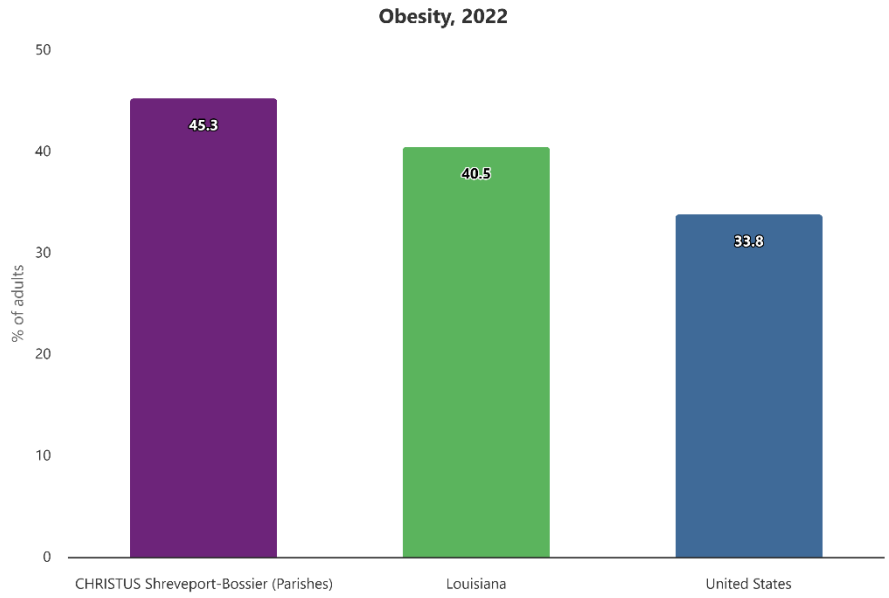
HIV prevalence rates vary significantly across different regions. The highest prevalence is observed in Louisiana, with a rate of 568.3 per 100,000 people. The CHRISTUS Shreveport-Bossier service area has a prevalence rate of 492.92, which is also notably high. In contrast, the overall prevalence rate in the United States is lower, at 386.6. These disparities highlight the need for targeted interventions in high-prevalence areas.



Obesity

Obesity

Obesity rates in the United States are alarmingly high, with a national average of 33.83%. Louisiana has an even higher obesity rate of 40.49%, indicating a significant public health issue in the state. The parishes served by CHRISTUS Shreveport-Bossier have the highest obesity rate of 45.25%, highlighting a critical area needing intervention. These statistics underscore the urgent need for effective health initiatives to combat obesity across the country, particularly in Louisiana and the specified parishes.



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 Shreveport-Bossier Health System facilities 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.

Top 10 Reasons People Are Admitted to the Hospital

CHRISTUS SHREVEPORT BOSSIER – HIGHLAND MEDICAL CENTER
Heart/circulatory
Sepsis
Kidney failure/disease
Cardiorenal disease
Obesity
Pneumonia
Respiratory system
Infections
Palliative care
Anemia

What This Data Tells Us

Hospital admission data from CHRISTUS Shreveport Bossier – Highland Medical Center reveals a critical need to address chronic disease management and complex comorbidities across the community. These patterns reflect systemic challenges in preventive care, care coordination and access to specialty services.

- **Heart and circulatory conditions:** Cardiovascular diseases, such as heart failure, arrhythmias and ischemic heart disease, are often exacerbated by unmanaged risk factors such as hypertension and obesity. These admissions highlight the need for robust outpatient cardiac care, lifestyle intervention programs and early detection strategies.
- **Sepsis:** Frequently resulting from delayed treatment of infections or complications from chronic illnesses, sepsis is a major driver of hospitalizations. This trend underscores the importance of timely infection control, chronic disease monitoring and patient education.
- **Kidney disease:** Recurrent admissions for acute and chronic kidney conditions point to a greater need for nephrology access and early-stage intervention.
- **Cardiorenal syndrome:** The intersection of heart and kidney dysfunction is a growing concern. These complex cases require integrated care models that bridge cardiology and nephrology to prevent repeated hospitalizations.
- **Obesity:** As both a primary and contributing diagnosis, obesity complicates nearly every other condition on this list. Its prevalence signals the urgent need for community-based weight management programs, nutritional counseling and preventive health education.
- **Pneumonia and respiratory conditions:** Respiratory illnesses, including pneumonia and chronic lung diseases, are common causes of admission, particularly among older adults and those with underlying conditions.
- **Infections:** Beyond sepsis, other infections such as cellulitis, urinary tract infections and diabetic foot infections are frequent causes of hospitalization.
- **Palliative care:** Increasing admissions for palliative and end-of-life care reflect the aging population and the need for expanded hospice services, advance care planning and caregiver support.
- **Anemia:** Often secondary to chronic disease, anemia contributes to fatigue, weakness and functional decline, especially in older adults.

These trends emphasize the need for a coordinated, community-centered approach to chronic disease prevention and management. Expanding access to primary care, specialty services and patient education — especially in underserved areas — is essential to reducing avoidable hospitalizations and improving long-term health outcomes.

How Our Emergency Rooms Are Being Used

CHRISTUS SHREVEPORT BOSSIER – HIGHLAND MEDICAL CENTER
Respiratory infection
Urinary tract infection
COVID-19
Chest pain
Sepsis
Other viral infection
Pneumonia
Influenza
Headache
Dehydration

What This Data Tells Us

Emergency room data from CHRISTUS Shreveport Bossier – Highland Medical Center highlights a recurring pattern of acute infections, respiratory illnesses and preventable conditions that strain emergency services and reflect broader gaps in primary and preventive care.

- **Respiratory infections:** These are the most common reasons for emergency room visits, including bronchitis and upper respiratory tract infections.
- **Urinary tract infections (UTIs):** UTIs are a frequent cause of emergency visits.
- **COVID-19:** Despite declining pandemic intensity, COVID-19 remains a significant driver of emergency room utilization. Patients present with a range of symptoms, from mild respiratory distress to severe complications, underscoring the need for ongoing public health vigilance and vaccination outreach.
- **Chest pain:** A common and critical emergency room complaint, chest pain often leads to extensive evaluation to rule out cardiac events.
- **Sepsis:** As a life-threatening condition, sepsis continues to be a major concern in the emergency room.
- **Other viral infections:** Beyond COVID-19 and influenza, other viral illnesses contribute to emergency room congestion, particularly during seasonal surges. These include gastrointestinal viruses and non-specific febrile illnesses, many of which are preventable or manageable outside the emergency room.
- **Pneumonia:** A serious respiratory condition, pneumonia frequently results in emergency visits, especially among vulnerable populations.
- **Influenza:** Seasonal flu continues to drive significant emergency room traffic, particularly during peak months. This trend reinforces the need for annual vaccination campaigns and public health education.
- **Headache:** Often a symptom of underlying stress, dehydration or chronic conditions, headaches are a common but sometimes avoidable reason for emergency room visits.
- **Dehydration:** Dehydration is a preventable condition that often signals broader issues in nutrition, chronic disease management and access to supportive care.

These emergency department trends reflect the urgent need for expanded access to primary care, urgent care alternatives, and community health education. Strengthening preventive services and improving care coordination can reduce unnecessary ED utilization and improve patient outcomes across the community.

How Our Outpatient Clinics Are Being Used

CHRISTUS SHREVEPORT BOSSIER HEALTH SYSTEM
Mammogram
Follow-up examination after completed treatment
Antineoplastic chemotherapy
Respiratory infection
Orthopedic aftercare
Chest pain
Anemia
Aftercare following joint replacement surgery
Urinary tract infection

What This Data Tells Us

Outpatient clinic data from CHRISTUS Highland's primary care and pediatric services reveals a strong emphasis on preventive screenings, chronic disease management and post-treatment follow-up. These trends reflect the evolving role of outpatient care in reducing hospitalizations and supporting long-term health.

- **Mammograms:** As one of the most common outpatient services, mammograms highlight the community's engagement with preventive care and early cancer detection.
- **Not specified diagnoses:** A significant portion of outpatient visits are coded as "not specified," often representing general consultations, symptom evaluations or administrative follow-ups.
- **Follow-up after completed treatment:** Many patients return for follow-up care after hospital discharge or specialty treatment. These visits are critical for monitoring recovery, adjusting medications and preventing readmissions, underscoring the importance of care continuity.
- **Chemotherapy:** Outpatient chemotherapy services reflect the growing shift of cancer treatment from inpatient to ambulatory settings.
- **Respiratory infections:** Common among both adults and children, respiratory infections remain a leading reason for outpatient visits.
- **Orthopedic aftercare:** Follow-up care for fractures, sprains and musculoskeletal injuries is a frequent outpatient need. These visits support rehabilitation and recovery, often involving physical therapy and pain management.
- **Chest pain:** While often evaluated in emergency settings, chest pain also appears in outpatient clinics, where it may be monitored or managed for non-emergent causes.
- **Anemia:** Frequently diagnosed in outpatient settings; anemia is often linked to chronic disease, nutritional deficiencies or reproductive health.
- **Aftercare following joint replacement surgery:** Post-operative care for joint replacements is a growing outpatient need, reflecting an aging population and advances in surgical recovery.
- **Urinary tract infections:** UTIs are a common outpatient diagnosis, particularly among women and older adults. Prompt treatment in primary care helps prevent progression to more serious infections and reduces ED utilization.

These outpatient trends underscore the critical role of primary care and pediatric services in preventive health, chronic disease management and recovery support. Strengthening these services — especially in underserved areas — can reduce hospital dependence and improve long-term community health outcomes.

How Behavioral Health Is Showing Up in Our Hospitals

CHRISTUS SHREVEPORT BOSSIER – HIGHLAND MEDICAL CENTER
Operating room procedures with principal diagnosis of mental illness
Acute adjustment reaction and psychosocial dysfunction
Depressive neuroses
Neuroses except depressive
Organic disturbances and intellectual disability (dementia)
Psychoses
Alcohol drug abuse or dependence left against medical advice (AMA)
Alcohol drug abuse or dependence without rehabilitation therapy with major complications or comorbidities (MCC)
Alcohol drug abuse or dependence without rehabilitation therapy without major complications or comorbidities (MCC)

What This Data Tells Us

Behavioral health data from CHRISTUS Highland reveals a high volume of admissions for acute psychiatric conditions, substance use disorders and cognitive impairments. These patterns reflect the ongoing need for integrated mental health services, crisis stabilization and long-term support systems.

- **O.R. procedures with principal diagnosis of mental illness:** Surgical interventions for patients with underlying mental health conditions highlight the complexity of care required in these cases.
- **Acute adjustment reaction and psychosocial dysfunction:** Many patients are admitted in response to acute life stressors, trauma or social instability. These crises often stem from a lack of early intervention and community-based mental health support.
- **Neuroses:** Anxiety disorders, obsessive-compulsive behaviors, depressive and other non-depressive neuroses are also common. These conditions frequently escalate without timely outpatient care, highlighting the importance of early diagnosis and therapeutic intervention.
- **Dementia and intellectual disability:** Admissions for dementia and related cognitive disorders reflect the growing demand for geriatric mental health services. These cases often involve behavioral disturbances or caregiver burnout, underscoring the need for memory care resources and long-term planning.
- **Psychoses:** Acute psychotic episodes, including schizophrenia and schizoaffective disorders, are a major driver of inpatient care. These admissions often result from medication non-adherence, lack of outpatient follow-up, or social instability.
- **Alcohol and drug abuse or dependence:** Patients with substance use disorders and major complications or comorbidities often require intensive medical and psychiatric care. A concerning number of patients with substance use disorders leave the hospital against medical advice (AMA), often due to stigma, withdrawal symptoms or lack of trust in the system. Even in less medically complex cases, the lack of access to structured rehabilitation services remains a barrier to recovery.

These behavioral health trends at CHRISTUS Highland underscore the urgent need for a comprehensive, community-based mental health infrastructure. Expanding access to psychiatric care, substance use treatment and supportive housing — especially vulnerable populations — is essential to reducing preventable admissions and improving long-term outcomes.

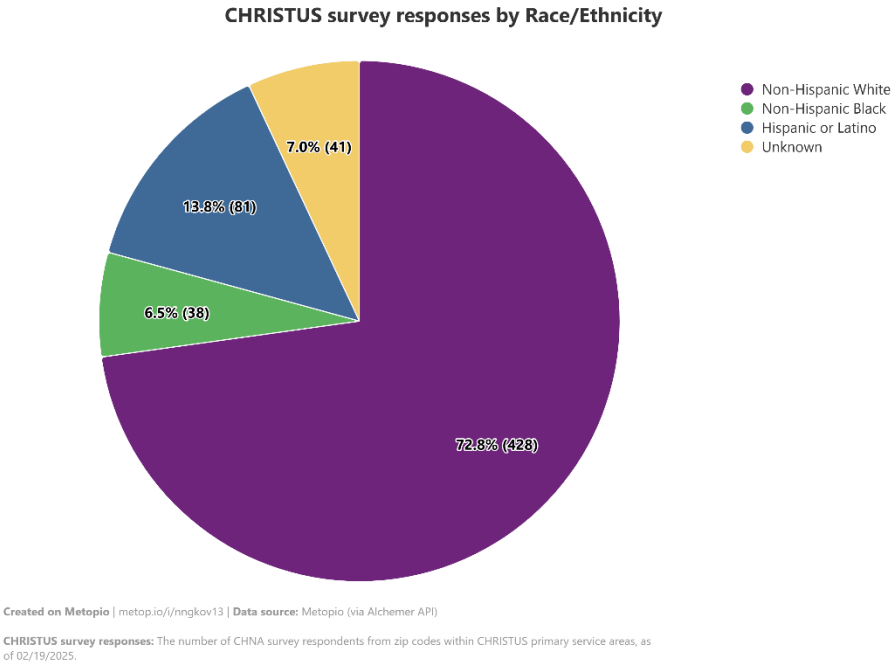
Community Survey

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 such as food insecurity, housing instability, transportation access and ability to pay for medical care.

A total of 645 surveys were completed by Associates, community residents and patients within the Shreveport-Bossier region. 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.

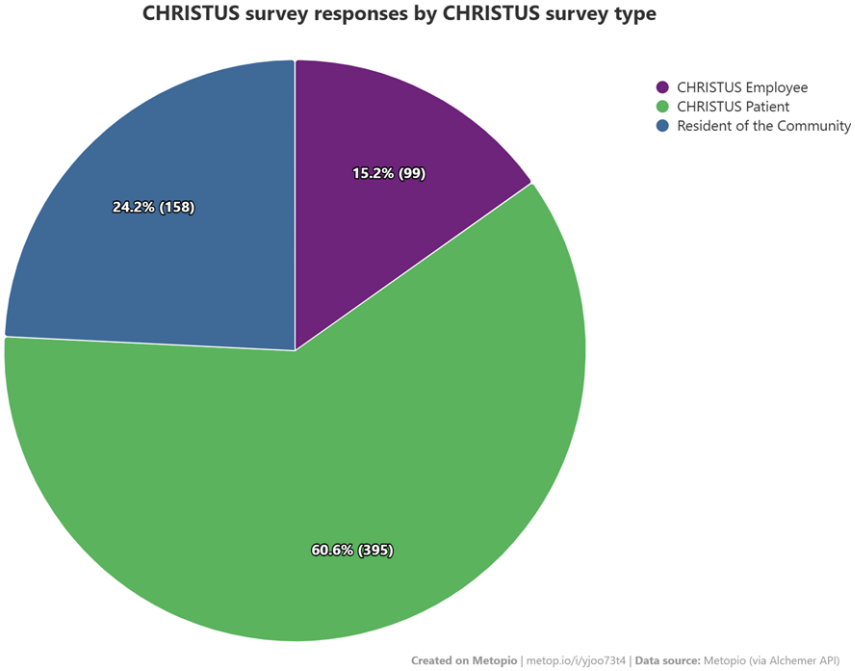
Responses by Race and Ethnicity

The survey responses for CHRISTUS Shreveport-Bossier reveal a significant disparity among different racial and ethnic groups. Non-Hispanic White respondents constitute the majority, with 428 responses. In contrast, Non-Hispanic Black and Hispanic or Latino respondents are significantly underrepresented, with 38 and 81 responses respectively. Additionally, 41 respondents did not disclose their race or ethnicity.



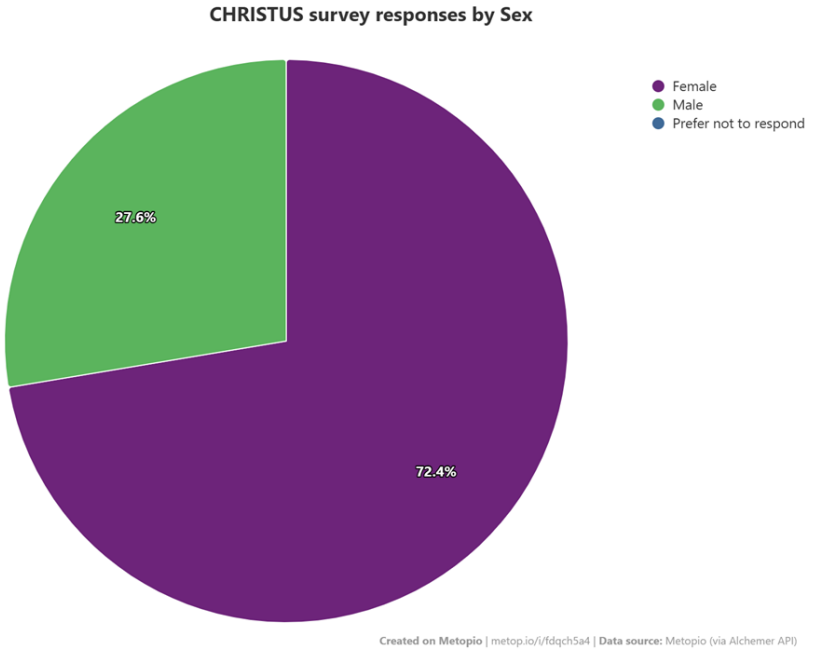
Responses by Type of Survey

The data represents survey responses from CHRISTUS Shreveport-Bossier, focusing on three categories: CHRISTUS employees, patients and residents of the community. The majority of responses come from patients, with 395 responses, indicating a significant engagement from this group. Employees and community residents also provided substantial feedback, with 99 and 158 responses respectively. This data highlights the diverse perspectives captured in the survey, reflecting the broad impact of CHRISTUS Shreveport-Bossier on its community.



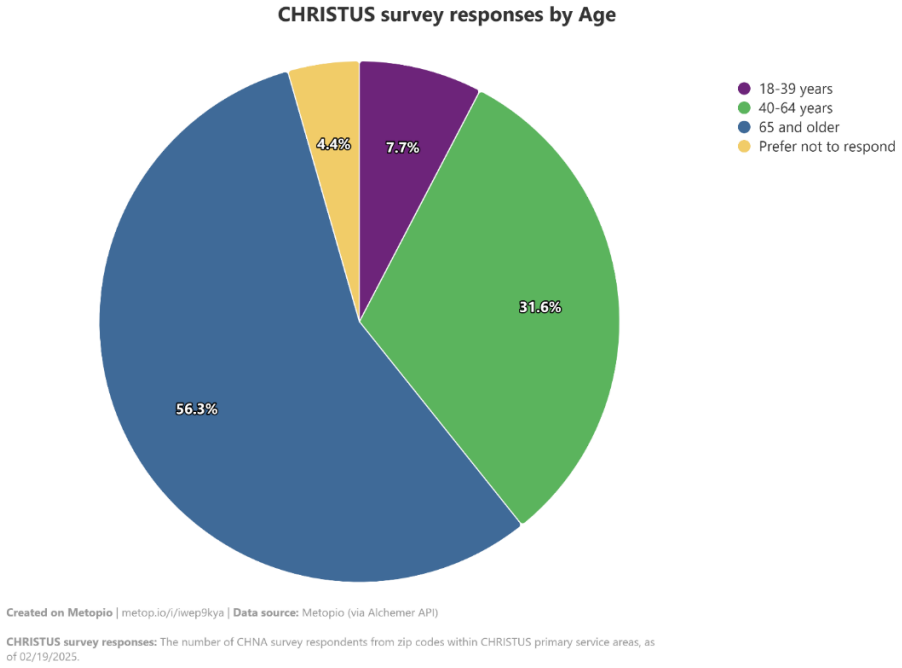
Responses by Sex

The data represents survey responses from CHRISTUS Shreveport-Bossier, focusing on the sex of the respondents. The majority of respondents are female, with 453 responses, while there are 173 male respondents. This indicates a significant gender disparity in the survey responses. The data suggests that more females are engaging with the survey, which could impact the survey's representativeness and the conclusions drawn from it. Further analysis may be needed to understand the reasons behind this gender disparity and its implications for the survey results.



Responses by Age

The data represents survey responses from CHRISTUS Shreveport-Bossier, focusing on age distribution. The majority of respondents are aged 65 and older, accounting for 367 responses. This is followed by 206 respondents aged 40-64 years, 50 respondents aged 18-39 years, and 29 who preferred not to respond. The data highlights the significant engagement of older adults in the survey.

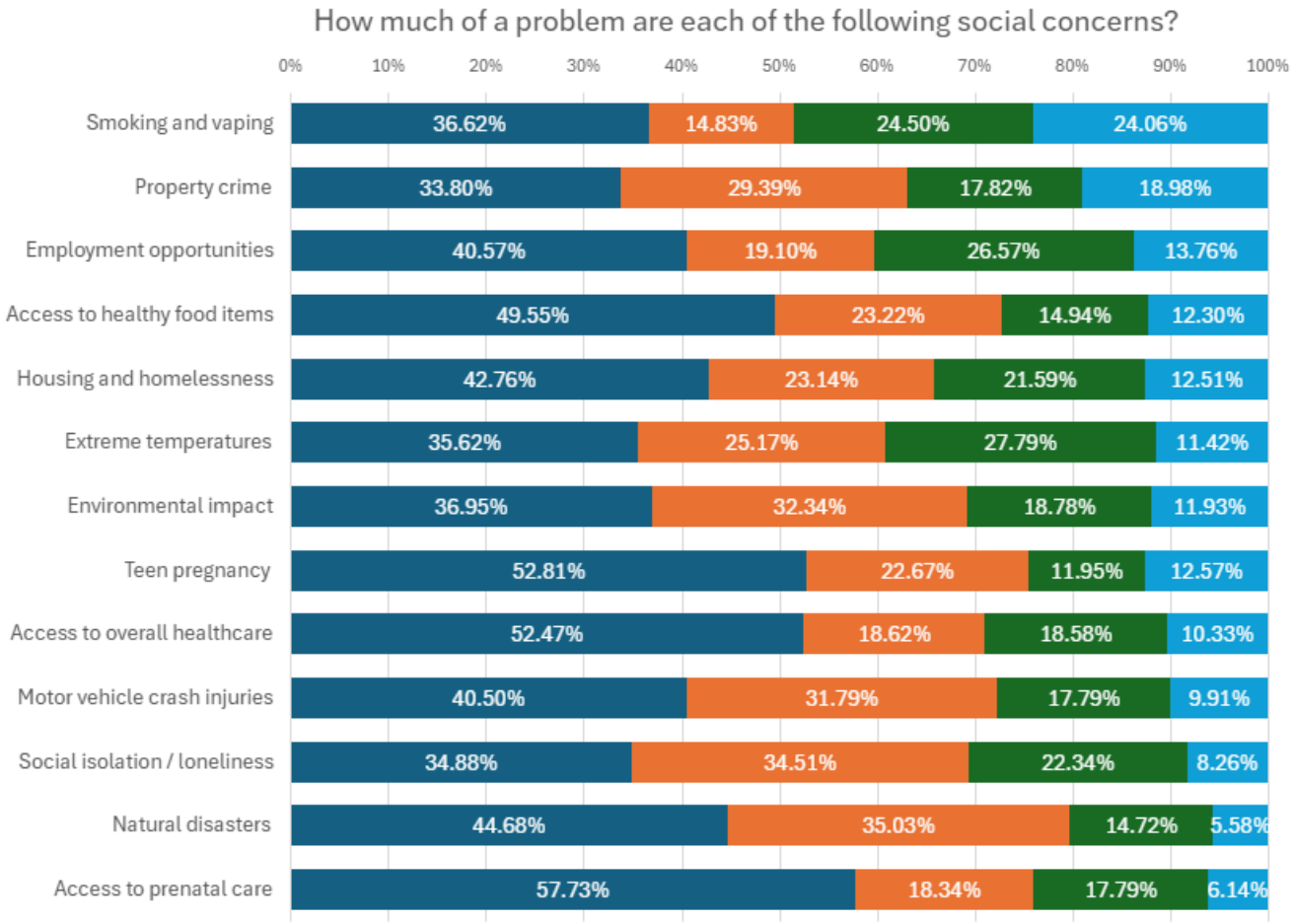


Social Concerns

Community members in Shreveport identified smoking and vaping and property crime as key social concerns. Economic stressors like employment opportunities and food access also stood out, while natural disasters and prenatal care were more commonly viewed as non-issues. These insights point to the critical intersection of health education, food access, neighborhood safety, environmental conditions and financial stability in shaping health equity.

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

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

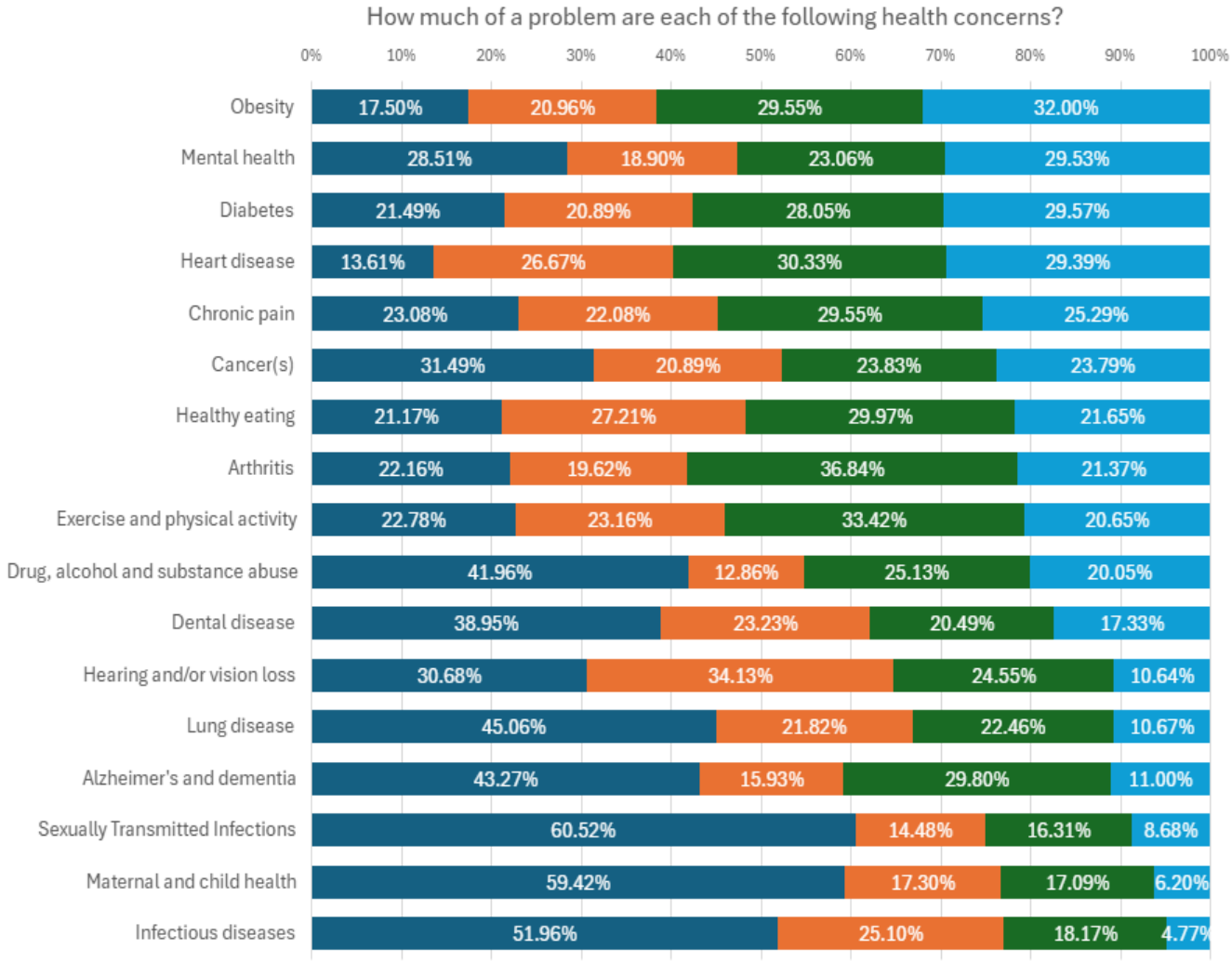


Health Concerns

The CHRISTUS Shreveport-Bossier Community Health Survey reveals that obesity, mental health, diabetes and heart disease are viewed as major health challenges, with each receiving high levels of concern. Conditions such as STIs, maternal and child health and infectious diseases were more often seen as lesser concerns. This data reflects a strong community focus on chronic disease management and behavioral health support.

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

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

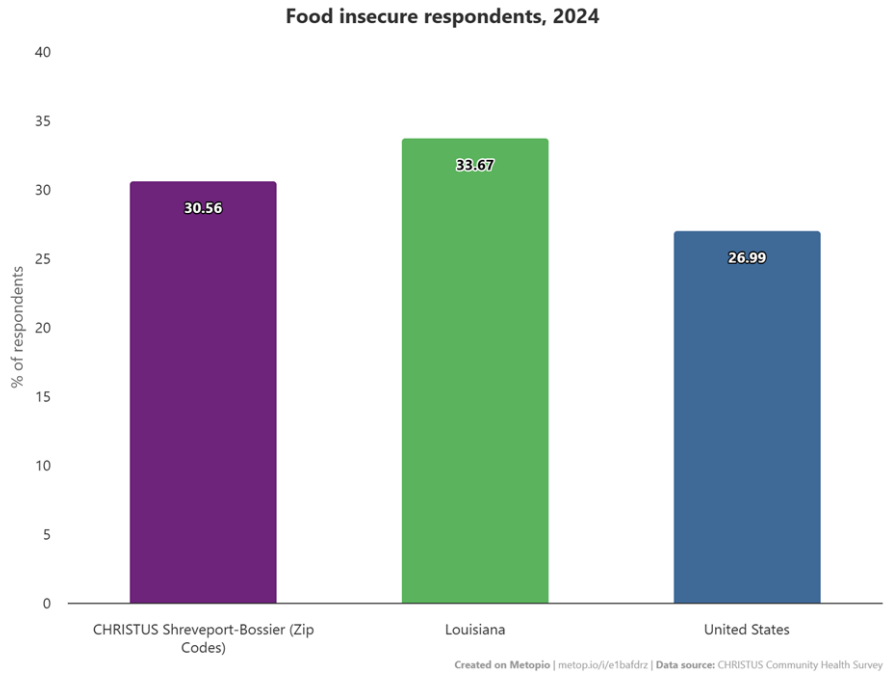


The Story Behind the Health and Social Concerns

The community health survey open-ended responses highlight several recurring themes regarding health and social issues. Access to health care is a concern, with difficulties in finding primary care physicians, long wait times and a lack of specialists, particularly for mental health and geriatric care. Transportation issues, especially for the elderly and disabled, hinder access to essential services. Crime, gun violence and social isolation, particularly among the elderly, are prevalent worries. Economic challenges, such as the high cost of healthy food and health care, exacerbate health issues like obesity and chronic diseases. There is also a call for more community resources and activities for youth and seniors, as well as better environmental maintenance and infrastructure. Additionally, concerns about racism, social disparities and inadequate mental health support are prominent.

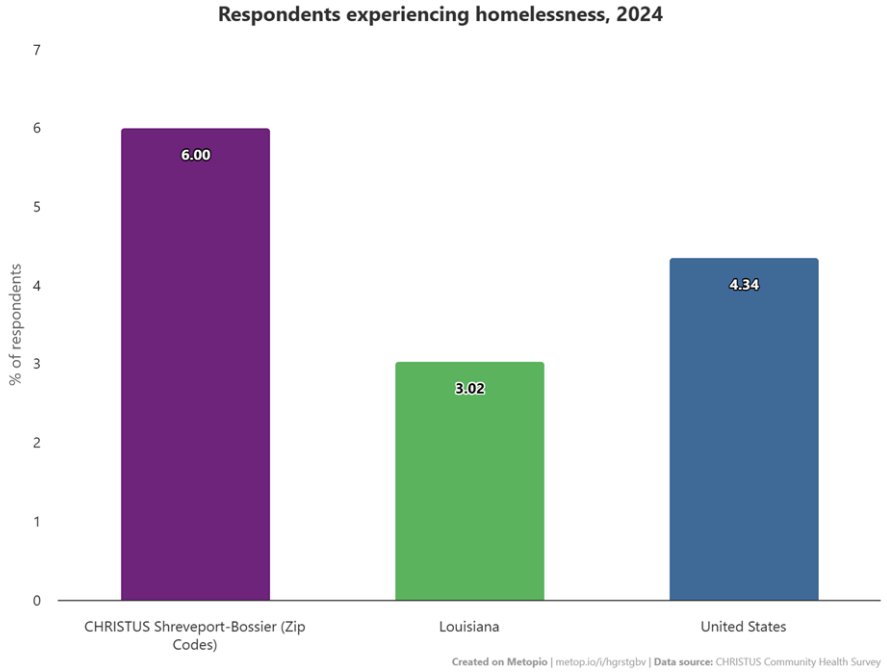
Food Insecurity

Food insecurity is a significant issue, with 26.99% of respondents across the United States experiencing it. Louisiana faces a higher rate of food insecurity at 33.67%. Also affected are the CHRISTUS Shreveport-Bossier zip codes, with 30.56% of respondents reporting food insecurity.



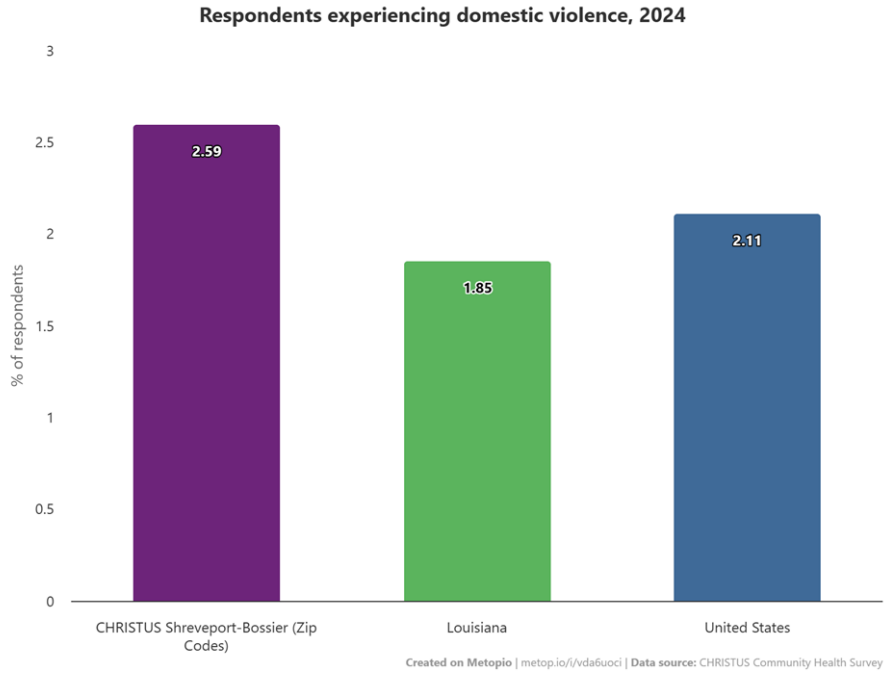
Homelessness

The data highlights the number of respondents experiencing homelessness in various regions. CHRISTUS Shreveport-Bossier, identified by zip codes, reports the highest number at 6.0 respondents. Louisiana and the United States have lower rates, at 3.02 and 4.34 respondents respectively. This indicates a significant issue in the CHRISTUS Shreveport-Bossier service area compared to broader regional and national levels.



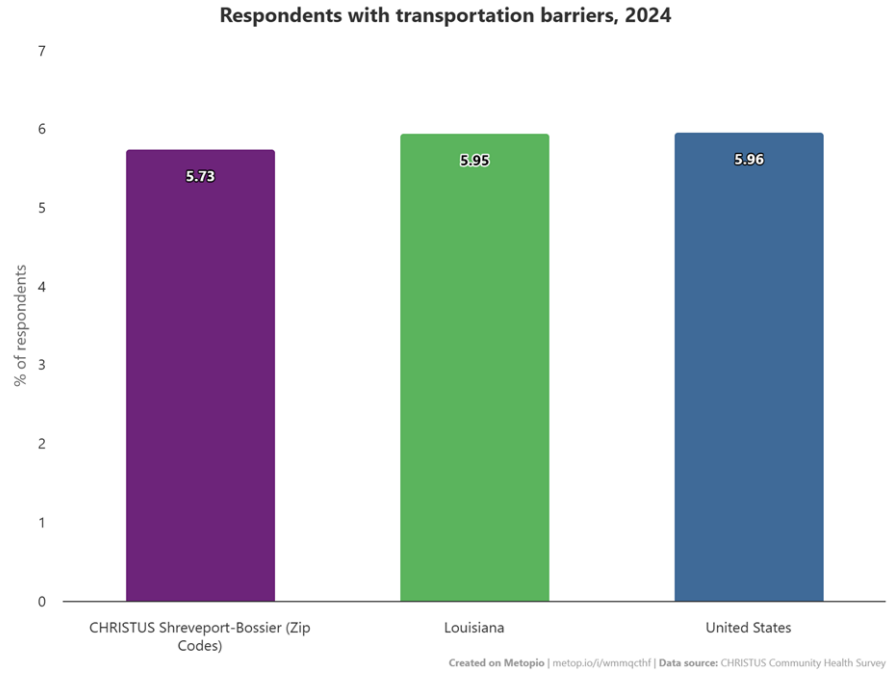
Domestic Violence

The data reveals that respondents experiencing domestic violence in the United States have a rate of 2.11%. CHRISTUS Shreveport-Bossier, located in Louisiana, has a higher rate of 2.59%. Louisiana as a whole has a slightly lower rate of 1.85%. This indicates that the specific service area of CHRISTUS Shreveport-Bossier has a notably higher rate of domestic violence compared to both the state and national averages.



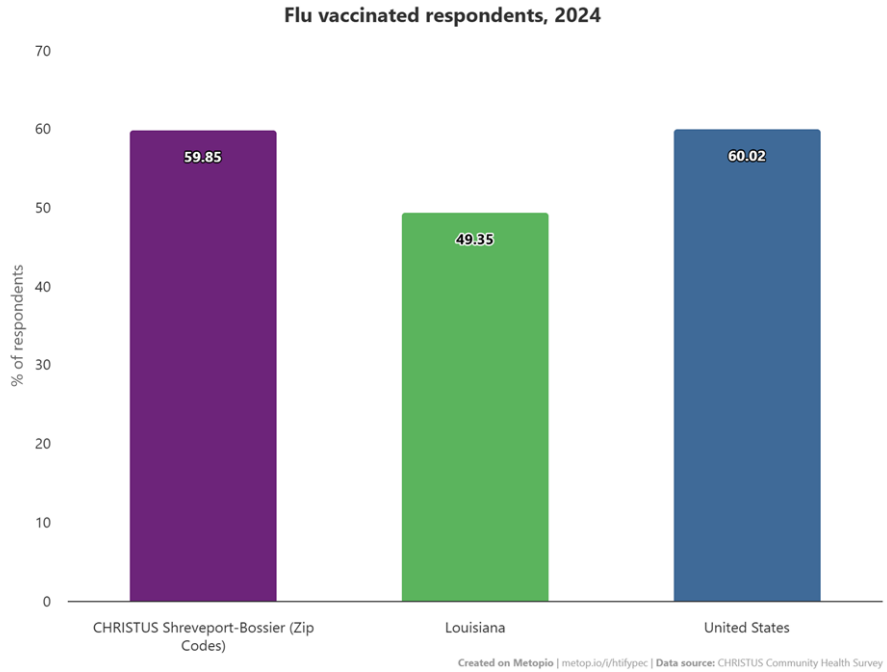
Transportation Barriers

Respondents with transportation barriers were identified across various locations. The highest percentage was found in the United States at 5.96%, closely followed by Louisiana at 5.95%. CHRISTUS Shreveport-Bossier, represented by specific zip codes, reported a slightly lower percentage of 5.73%. This data highlights the prevalence of transportation barriers among respondents in these regions.



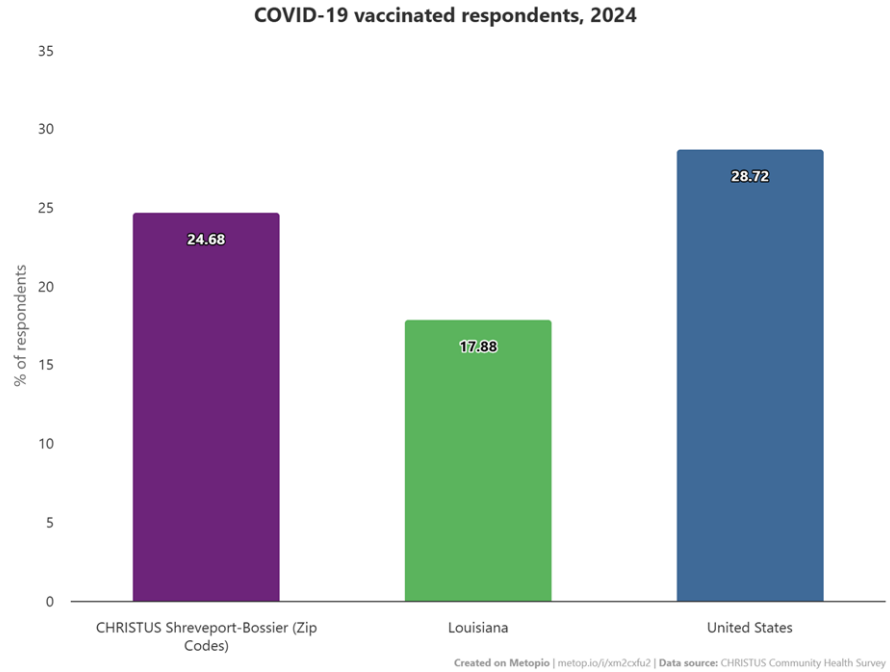
Flu Vaccination

Flu vaccination rates among respondents vary across different regions. CHRISTUS Shreveport-Bossier, located in specific zip codes, reports a rate of 59.85%. Louisiana has a lower rate at 49.35%, while the United States overall has a slightly higher rate of 60.02%. These variations highlight regional differences in flu vaccination uptake.



COVID-19 Vaccination

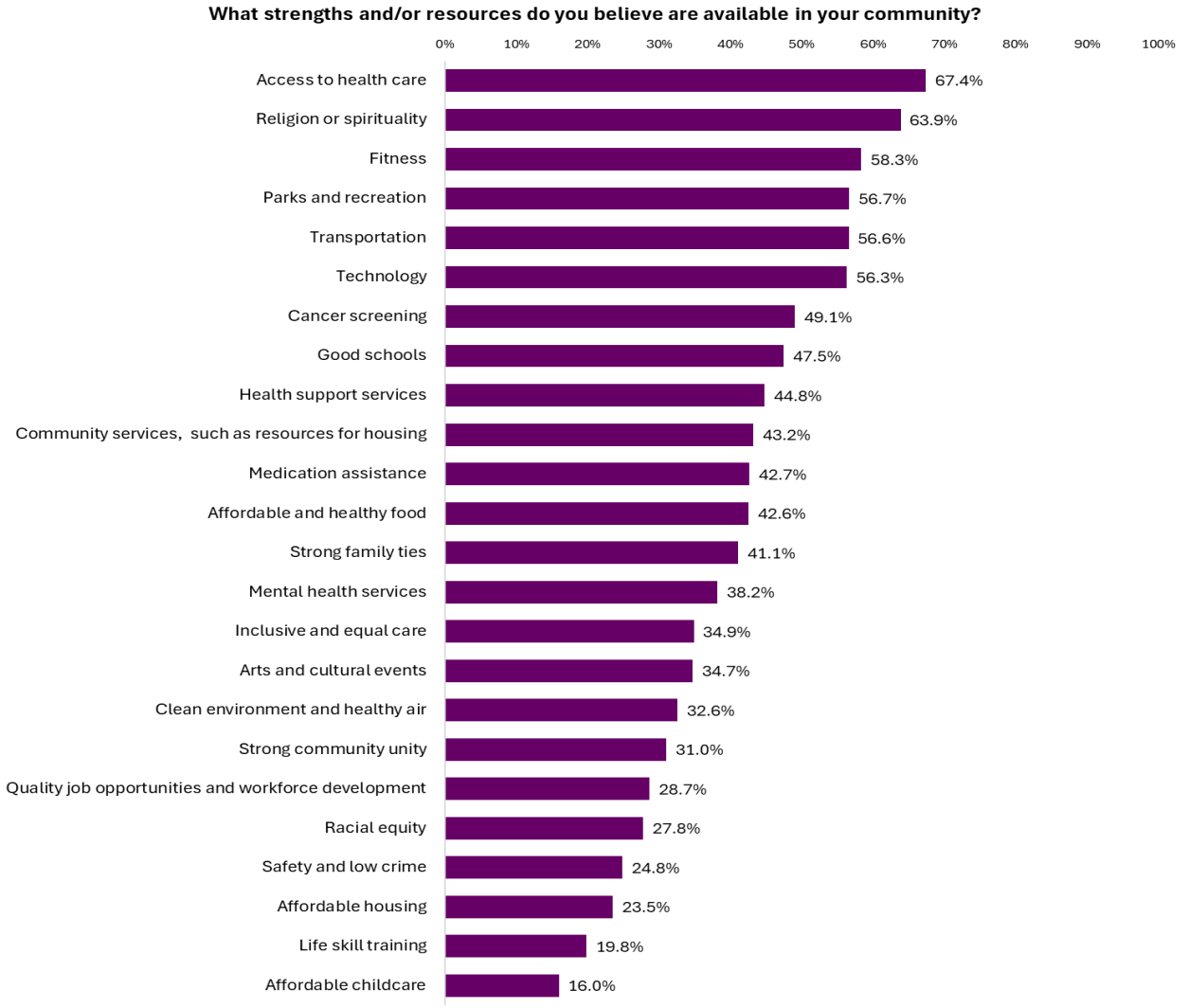
The data represents the percentage of COVID-19 vaccinated respondents across different regions. CHRISTUS Shreveport-Bossier, identified by its zip codes, has a vaccination rate at 24.68%. Louisiana follows with 17.88%, while the United States has the highest rate at 28.72%. These figures highlight regional variations in vaccination rates.



Strengths and Resources Available

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

The common themes identified in the community health survey responses highlight strong access to health care, as well as religion or spirituality. However, there is a noted challenge in accessing life-skill training and affordable child care.



Opportunities for Services or Resources

The survey also had spaces for open-ended survey responses, which were then categorized thematically by the assessment team. These themes were not derived from focus groups or interviews, and no quantitative percentages are associated with them — rather, they reflect common patterns and sentiments that surfaced across written community feedback.

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

The community health survey open-ended responses highlighted several common themes regarding the need for additional services in neighborhoods. Many participants expressed a need for improved access to health care, including more medical clinics, mental health services and affordable holistic medicine. Transportation, especially for seniors and those with disabilities, was frequently mentioned as a critical need. There is also a strong demand for affordable healthy food options, such as mobile vegetable markets and food banks. Participants emphasized the importance of education and job training, particularly for youth and low-income families. Additionally, there is a call for better infrastructure, including sidewalks, parks and community engagement activities. Concerns about crime, affordable housing and the need for more law enforcement were also noted. Overall, affordability and accessibility of services were recurring themes throughout the responses.

Windshield Survey

As part of the Community Health Needs Assessment (CHNA), CHRISTUS Shreveport Bossier conducted windshield surveys to capture qualitative insights into the physical, social and economic factors shaping health in Shreveport communities, particularly those surrounding the MLK Health Center.

Methodology

The windshield survey was conducted by CHRISTUS Health executives, including the system director of laboratory services. The survey involved driving through residential, commercial and community areas, observing housing conditions, transportation, economic activity, access to health services, community resources and safety conditions. Additional insights were gained through a visit and discussion at MLK Health Center & Pharmacy, interacting with the executive director and pharmacy manager.

Observations

Housing and Neighborhood Conditions

Neighborhoods in Shreveport are predominantly older, established communities, many over 50 years old. Housing conditions vary significantly; well-maintained homes and yards are juxtaposed with properties in disrepair, overgrown lawns and abandoned structures. Graffiti on buildings and infrastructure, along with litter, was frequently noted, reflecting disinvestment and neglect.

Access to Health and Social Services

The MLK Health Center & Pharmacy is centrally located, providing critical primary care, pharmacy services, nutrition counseling, diabetes education and women's health services. Despite being within walking distance for some residents, broader health care accessibility remains limited, as major hospitals and specialized clinics are not conveniently located near most residential neighborhoods. Health services are largely volunteer-supported and donor-funded, reflecting the need for sustained community investment and partnership.

Transportation and Infrastructure

Public transportation exists, with buses and bus stops visible throughout Shreveport. However, sidewalk quality varies, ranging from well-maintained walkways to absent or severely deteriorated paths, forcing pedestrians onto unsafe roadways. Road conditions similarly suffer from neglect, characterized by cracks, potholes and inconsistent maintenance, especially within neighborhoods.

Commercial Activity and Food Access

Economic activity primarily includes gas stations, convenience stores, liquor stores and fast-food establishments. Although larger grocery chains exist, they are not easily accessible without a car or reliable public transportation. Consequently, residents rely heavily on convenience stores offering predominantly unhealthy, processed and costly food options, significantly impacting nutritional well-being.

Community and Recreational Spaces

Public spaces are limited. Some schools and churches offer playgrounds and green areas, though overall utilization appears minimal. MLK Health Center hosts a community-accessible garden promoting nutrition education and healthy eating, but broader community recreation facilities or dedicated youth and family gathering spaces are scarce.

Environmental and Safety Conditions

Safety concerns are substantial, evidenced by visible homelessness, numerous abandoned buildings and high potential for crime. Law enforcement presence during observations was minimal, reinforcing feelings of insecurity. Although no major industrial or chemical hazards were observed, neglected and dilapidated structures create environments conducive to crime and substance misuse.

Access for Individuals with Disabilities

Accessibility for individuals with disabilities is limited. Sidewalk infrastructure inadequacies and uneven roadways create mobility barriers, restricting community participation and access to essential services.

Observation Summary

The windshield survey highlighted several key issues directly impacting community health in the region:

- **Housing instability and neighborhood decay:** Numerous abandoned and poorly maintained properties indicate prolonged disinvestment, affecting community pride and safety.
- **Limited health care accessibility:** Few conveniently located health care services necessitate reliance on volunteer-run clinics, reflecting critical service gaps.
- **Inadequate transportation infrastructure:** Poorly maintained sidewalks and roads, combined with inconsistent public transit, hinder mobility and access to essential services.
- **Restricted access to nutritious food:** Predominance of convenience stores and fast-food outlets severely limits healthy food choices, exacerbating chronic health conditions.
- **Significant safety concerns:** Visible homelessness, crime potential, abandoned properties and minimal police presence negatively influence perceptions of safety and actual community well-being.
- **Underutilized community spaces:** Limited public recreational and community gathering spaces restrict opportunities for physical activity and social cohesion.

These observations underscore the critical relationship between environmental conditions and community health outcomes, emphasizing the need for targeted investments and robust cross-sector collaboration. CHRISTUS Shreveport-Bossier Health System's continued engagement with community-based organizations, combined with proactive partnerships across public and private sectors, is essential to addressing these disparities and promoting health equity across underserved neighborhoods.

Chapter 7: The Lifespan

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:

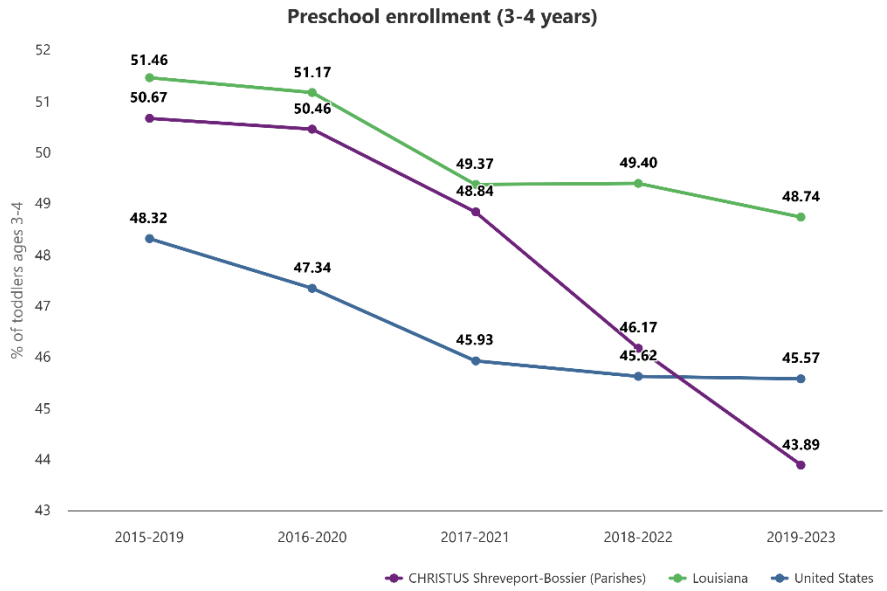
- Early childhood education
- Health care literacy
- Affordable insurance
- Affordable health care
- Affordable housing

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?

Preschool Enrollment (3 – 4 Years)

Preschool enrollment rates have been declining across all regions from 2015 to 2023. The CHRISTUS Shreveport-Bossier service area had the sharpest decline in enrollment rates, starting at 50.67% in 2015-2019 and dropping to 43.89% in 2019-2023. Louisiana's enrollment rates were slightly higher than the Shreveport-Bossier service area and significantly higher than the national average, starting at 51.46% and falling to 48.74%. The United States as a whole had the lowest enrollment rates, starting at 48.32%, but declined slightly to 45.57% over the same period.

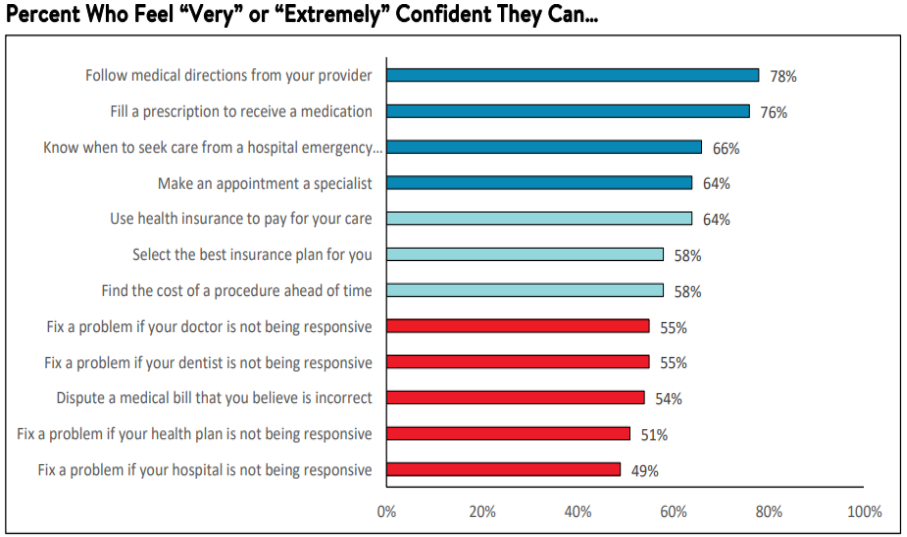


Created on Metopio | metop.io/i/41fetijb | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B14003)

Preschool enrollment: Percentage of 3- and 4-year-olds enrolled in school.

Health Care Literacy

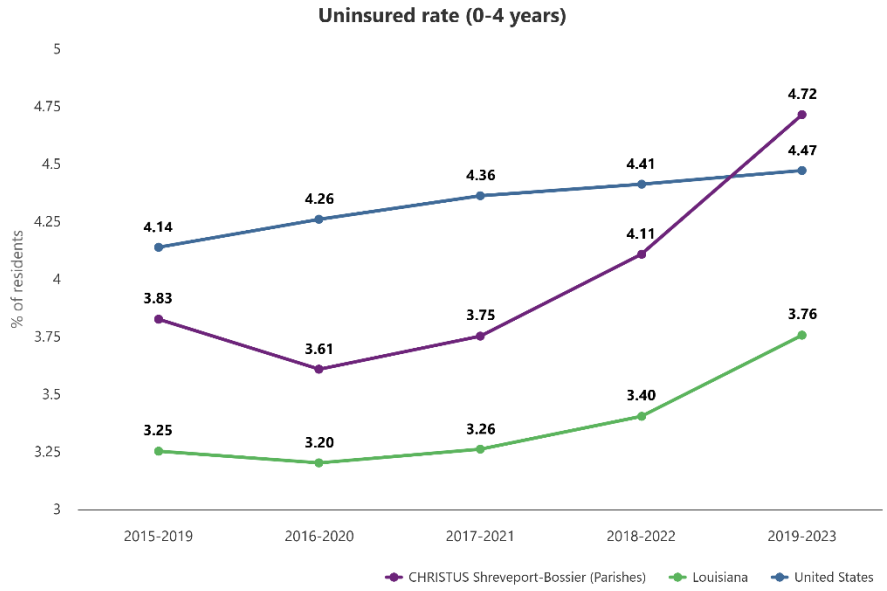
A 2023 survey of more than 1,400 Louisiana adults, conducted from July 11 to July 24, 2023, found that many respondents face challenges confidently navigating the health care system and understanding their cost-sharing obligations. These challenges are sometimes attributed to low levels of health insurance literacy. Inadequate health literacy (a closely related concept) has been associated with poorer health outcomes, lower patient satisfaction and higher costs. This brief survey surfaces respondents' experiences operating within the health care system, along with support for related policy solutions.



Source: 2023 Poll of Louisiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Uninsured Rate (0 – 4 Years)

The uninsured rate in the United States has shown a slight increase over the past few years. In the CHRISTUS Shreveport-Bossier service area, the rate increased from 3.83% in 2015-2019 to 4.72% in 2019-2023. Louisiana's uninsured rate slightly climbed from 3.25% to 3.76% during the same periods. Nationwide, the uninsured rate increased from 4.14% in 2015-2019 to 4.47% in 2019-2023. Overall, the data indicates a general upward trend in the uninsured rate across all categories.

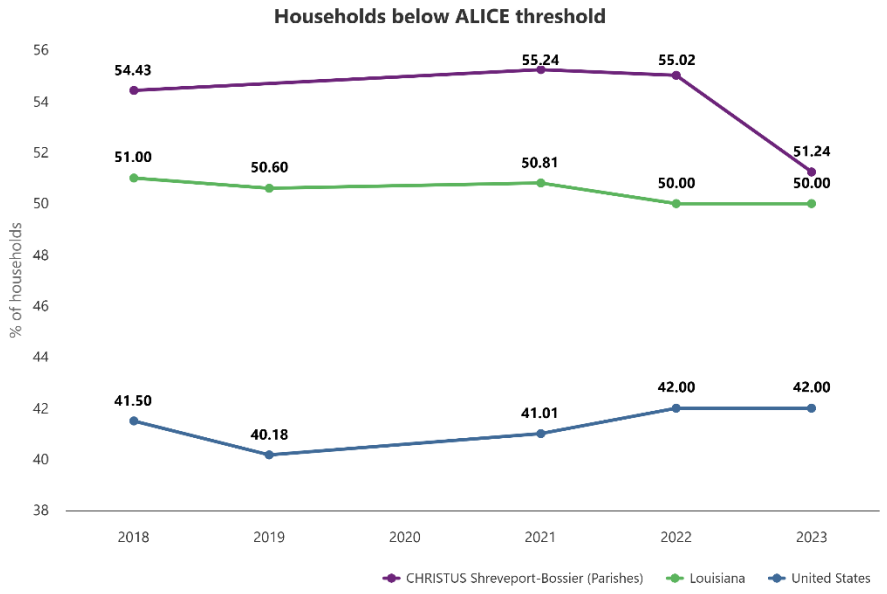


Created on Metopio | metop.io/i/23b3ex4h | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B27001/C27001)

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

Households Below ALICE Threshold

ALICE (Asset Limited, Income Constrained, Employed) describes households that earn above the poverty level but still struggle to afford basic necessities. These financial constraints can negatively impact maternal and infant health by limiting access to prenatal care, nutritious food and safe housing. Nationally, households below the ALICE threshold increased slightly from 41.5% in 2018 to 42.0% in 2023. In Louisiana, has remained consistent around 50.0%. In the CHRISTUS Shreveport-Bossier service area, it dropped from 55.02% in 2021 to 51.24% in 2023 — showing a trend of slight improvement, but continued vulnerability for mother-baby outcomes.

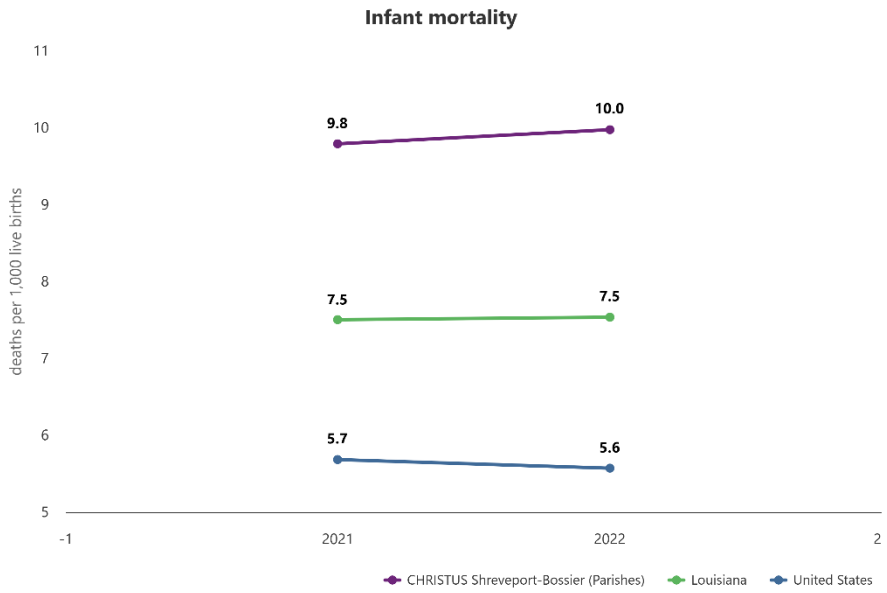


Created on Metopio | metop.io/i/a5pjv1u1 | **Data source:** United for Alice: United Way ALICE Data

Households below ALICE threshold: ALICE stands for: Asset Limited, Income Constrained, Employed. ALICE represents households who may be above the poverty line but are still unable to afford the basic necessities of housing, food, child-care, health care, and transportation due to the lack of jobs that can support basic necessities and increases in the basic cost of living.

Infant Mortality

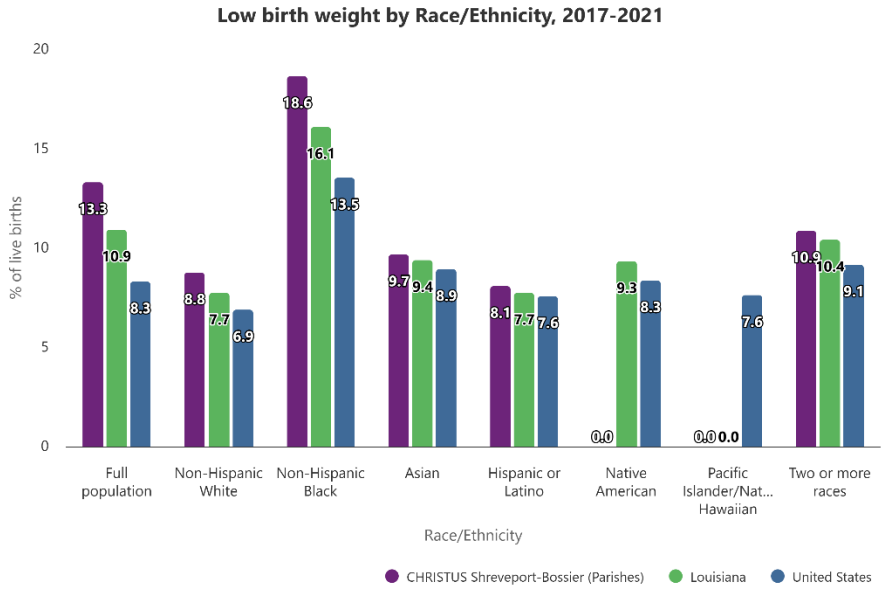
Infant mortality rates in the United States, Louisiana, and CHRISTUS Shreveport-Bossier service area for 2021 and 2022 are depicted. In 2021, the infant mortality rate in the CHRISTUS Shreveport-Bossier service area was 9.8, higher than Louisiana's 7.51 and the United States' 5.7. By 2022, the rate in CHRISTUS Shreveport-Bossier parishes increased slightly to 10.0, while Louisiana's rate remained consistent and the United States' rate decreased to 5.6. The data indicates a consistently higher infant mortality rate in CHRISTUS Shreveport-Bossier parishes compared to the state and national averages.



Created on Metopio | metop.io/i/vz2ojzpf | **Data sources:** Health Resources & Services Administration: Maternal and Child Health Bureau (MCHB) (3-year data), Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (CDC Wonder; counties
Infant mortality: Rate of postneonatal deaths (in the first year of life). Stratifications by race/ethnicity are of the mother.

Low Birth Weight

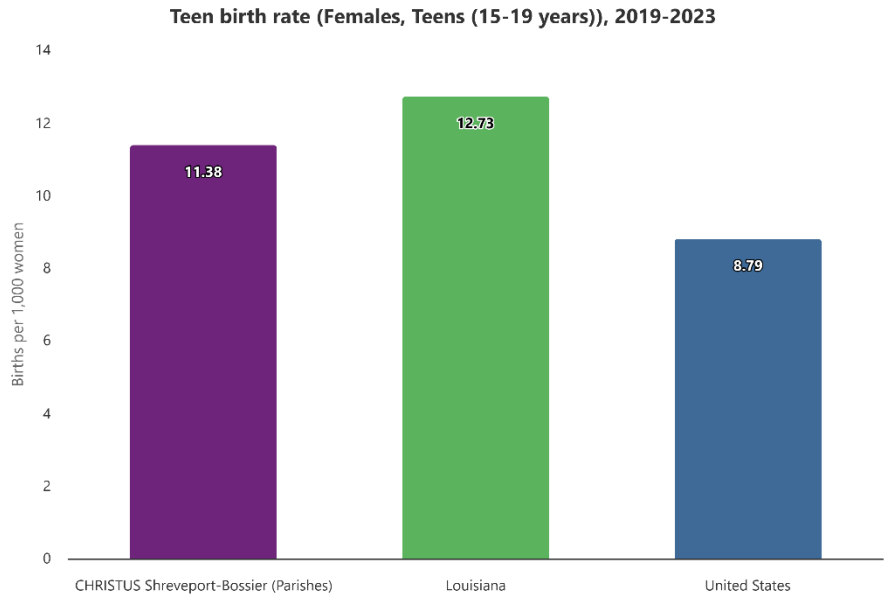
The data highlights the prevalence of low birth weight across different racial and ethnic groups in the United States, with a specific focus on the CHRISTUS Shreveport-Bossier service area. Overall, the full population in this region experiences a higher rate of low birth weight (13.28%) compared to the national average (8.32%). Non-Hispanic Black individuals have the highest rate at 18.63%, significantly above the national average of 13.52%. In contrast, Hispanic or Latino individuals have a lower rate of 8.06%, slightly above the national average of 7.58%.



Created on Metopio | metop.io/i/wa95kt48 | **Data sources:** State public health departments (via KIDS COUNT, https://datacenter.kidscount.org), Health Resources & Services Administration: 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 interuterine 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.

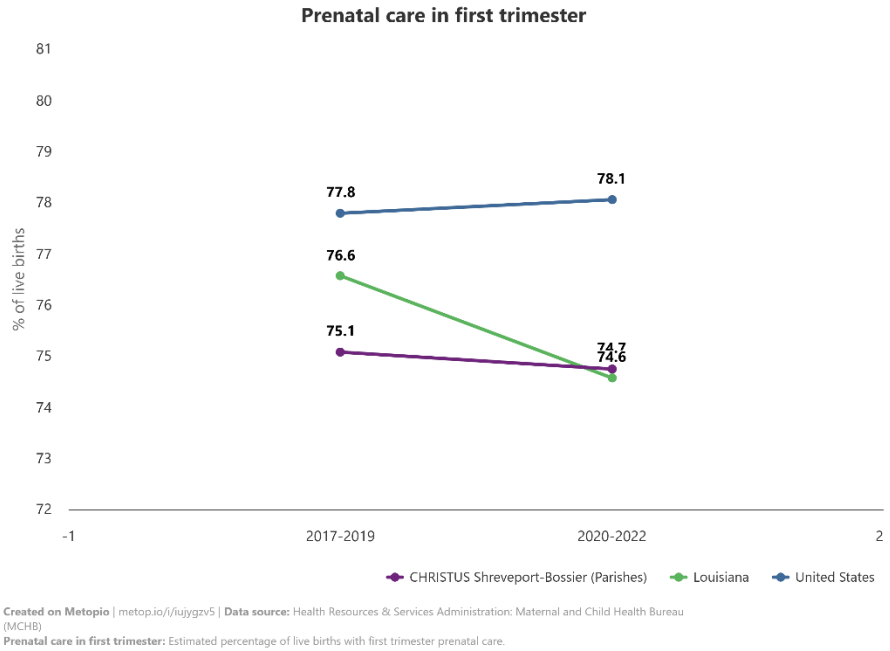
Teen Birth Rate

The data presents the teen birth rate across different regions, with a focus on the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States. The CHRISTUS Shreveport-Bossier service area has a teen birth rate of 11.38, which is lower than the state average of Louisiana at 12.73, but higher than the national average of 8.79. This indicates that while the CHRISTUS Shreveport-Bossier service area has a relatively lower rate compared to the rest of Louisiana, it still exceeds the national average. The data suggests that there may be regional variations in teen birth rates, with some areas experiencing higher rates than others. Understanding these variations can help inform targeted interventions and policies to address teen pregnancy in specific regions.



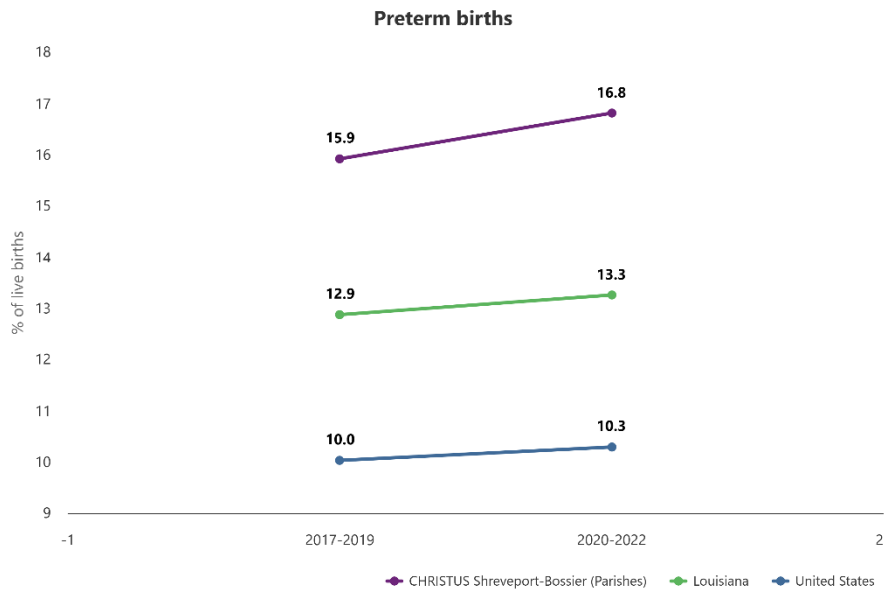
Prenatal Care During First Trimester

Prenatal care in the first trimester is a critical indicator of maternal and infant health. In the United States, the rate of prenatal care in the first trimester increased slightly from 77.79% in 2017-2019 to 78.06% in 2020-2022. However, in Louisiana, the rate decreased significantly from 76.57% to 74.57% during the same period. CHRISTUS Shreveport-Bossier parishes saw a slight decrease from 75.08% to 74.75%. This trend indicates a need for targeted interventions to improve early prenatal care in Louisiana.



Premature Births

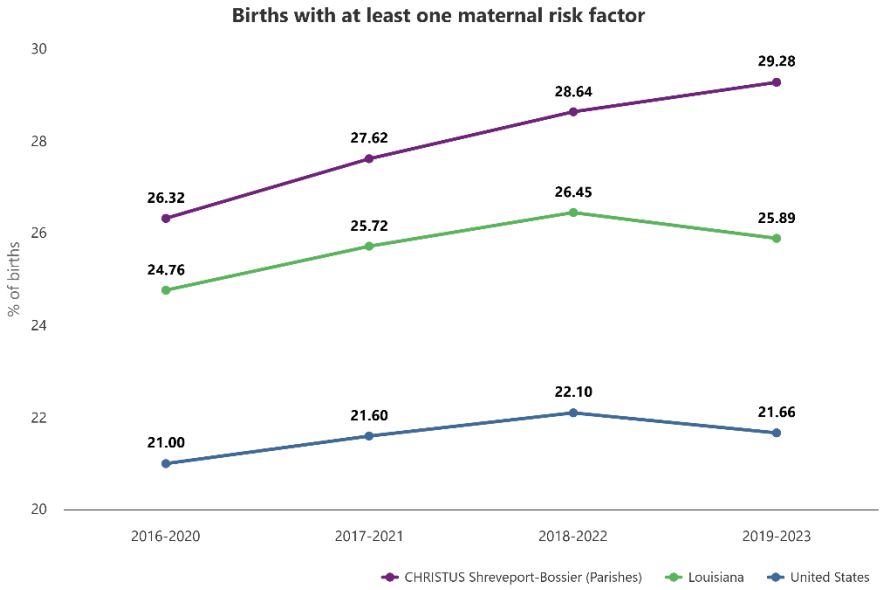
The data highlights preterm birth rates across three distinct regions: CHRISTUS Shreveport-Bossier service area, Louisiana and the United States as a whole. From 2017-2019, the preterm birth rate in the CHRISTUS Shreveport-Bossier service area was 15.92%, significantly higher than Louisiana's 12.88% and the national rate of 10.03%. By 2020-2022, the rate in the CHRISTUS Shreveport-Bossier service area increased to 16.81%, while Louisiana's rate rose to 13.26%, and the national rate to 10.29%. This indicates a concerning upward trend in preterm births in the specified parish compared to broader regional and national rates.



Created on Metopio | metop.io/i/iujygzv5 | **Data sources:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (Via CDC Wonder Health Indicators Warehouse (through 2013) and via CDC Wonder), Health Resources & Services
Preterm births: Percent of live births that are preterm (<37 completed weeks of gestation). Different states are available for different time periods.

Births with at Least One Maternal Risk Factor

Births with at least one maternal risk factor have been analyzed across various regions. The CHRISTUS Shreveport-Bossier service area in Louisiana has consistently shown higher rates compared to the state and national averages. Over the years, there has been a noticeable increase in these rates in all regions, with a recent drop in Louisiana and the United States. The national average remains the lowest, indicating a relatively better maternal health scenario across the country. This trend highlights the need for targeted interventions in high-risk areas.



Created on Metopio | metop.io/i/t16rwmwk | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Natality (NVSS-N) (via CDC Wonder, 5 year data)
Births with at least one maternal risk factor: Births where the mother has at least one of the following conditions: Chronic Hypertension, Eclampsia, Diabetes, Tobacco use, or Pregnancy-associated hypertension

What Is the Story Behind the Data?

Maternal and early childhood health is a foundational aspect of community well-being, directly shaping the long-term vitality of individuals and populations. This theme encompasses prenatal care, pediatric health, nutrition, early education and supportive environments for families. Barriers in access to affordable health care, nutritious food and educational resources can result in lasting disparities, particularly among vulnerable groups. When communities face challenges such as food deserts, limited health care coverage and lack of health literacy, the youngest members are often most affected, compromising developmental outcomes and perpetuating cycles of inequity. Addressing these needs is essential for breaking down systemic barriers and building resilient, healthy communities.

Community focus groups revealed significant concerns regarding the affordability and accessibility of health care, nutritious foods and essential health education for families with young children. Participants highlight the scarcity of affordable clinics and the difficulty many parents face obtaining necessary medications or scheduling regular doctor visits. Financial hardship frequently forces families to choose less nutritious but more economical food options, often at the expense of long-term health. There is also an expressed need for sustained educational efforts— both in schools and at home — about healthy eating habits, as well as a desire for practical interventions (such as teaching gardening skills) that empower families to provide healthier food options. A strong emotional undercurrent points to the psychological toll of food and health care insecurity, as well as the isolation faced by those lacking resources.

Key quotes exemplify the challenges and desires articulated by community members:

"People won't go to the doctor and they can't afford to go to the doctor and can't afford medications." This statement underscores the intersection of financial hardship and barriers to both preventative and acute care for families with young children.

"If your funds are limited and you have $30 to spend on food, what are you going to go buy? Are you gonna go buy produce that's gonna spoil in your refrigerator? Are you gonna go buy something that you know will still be there in two months if you don't eat it?" Here, the speaker highlights the impossible choices families face in food deserts, leading to prioritization of shelf-stable but less nutritious foods over fresh produce — the ramifications of which are significant for maternal and child health outcomes.

The disparities evident across these responses suggest that children in low-income, under-resourced areas — particularly those living in food deserts — are disproportionately affected by both poor nutrition and limited health care access. There is a strong case for prioritizing interventions that increase affordable care access, integrate nutrition education into school and community programs and support local food production, such as community gardens and home-based growing education. Such multifaceted interventions would help address both immediate health needs and the broader structural inequities undermining maternal and early childhood health.

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:

- Poverty
- Unhealthy diet (food desert, accessibility)
- Literacy
- Mental health
- Access to primary care

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 stage of life, 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?

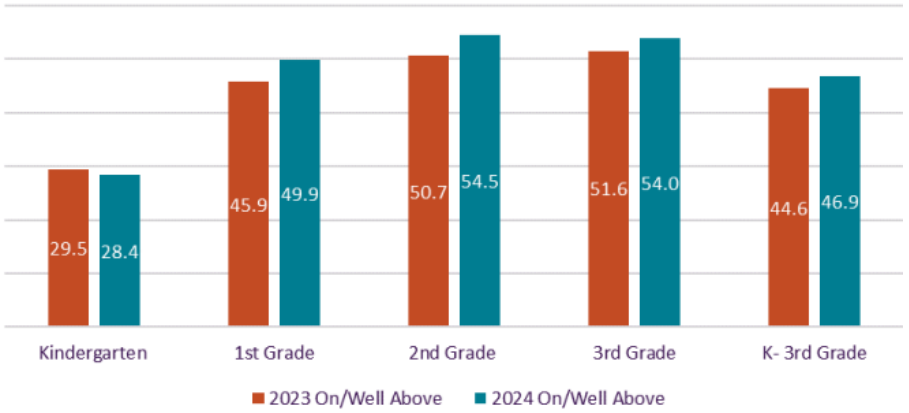
Mental Health

- 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 concerns among Louisiana teens are reaching alarming levels. Nearly half (47.5%) of high school students reported feeling persistently sad or hopeless. More than one in four (26.9%) said they had seriously considered attempting suicide in the past year, and 17.6% reported that they had actually attempted suicide. These findings highlight the urgent need for comprehensive mental health support systems in schools and communities across the state.

Literacy Rates

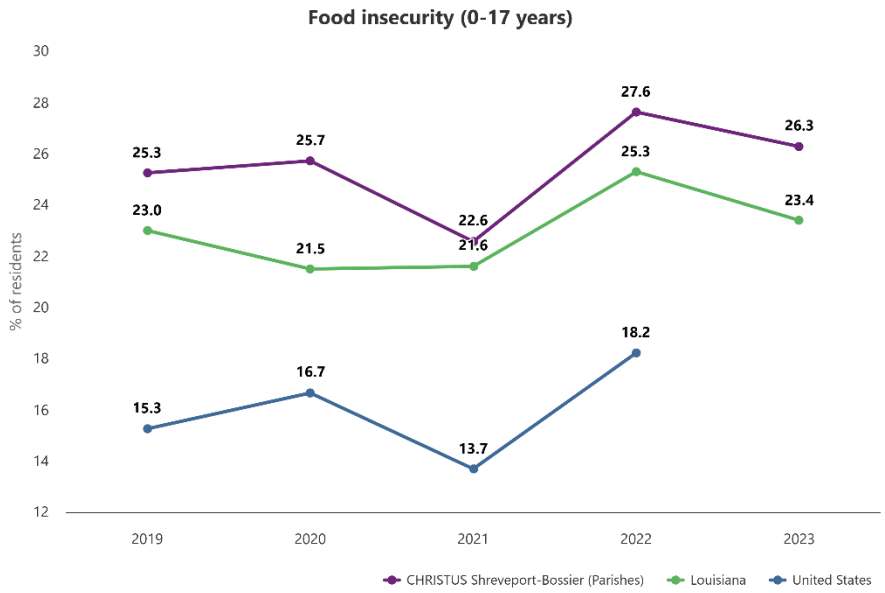


Source: Louisiana Department of Education | Percentage of students who read on or above grade level: Fall 2023 to Fall 2024 comparison of students who read on or above grade level.

Literacy rates in Louisiana show promising improvement among students in grades one through three. From Fall 2023 to Fall 2024, the percentage of students reading on or above grade level increased in first, second and third grade. Notably, second grade saw a rise from 50.7% to 54.5%, and third grade improved from 51.6% to 54.0%. Kindergarten saw a slight decrease from 29.5% to 28.4%, indicating a continued need for early interventions. Although literacy rates increased for students from kindergarten to third grade, over 50% of students still read below grade level.

Food Insecurity (0 – 17 Years)

Food insecurity in the CHRISTUS Shreveport-Bossier service area has fluctuated over the past few years, with a notable peak in 2022 at 27.63%. This rate is consistently higher than the overall Louisiana rate, which ranged from 21.5% to 25.3%, and significantly above the national average, which peaked at 18.22% in 2022. The data shows a general trend of increasing food insecurity from 2019 to 2022, with a slight decrease in 2023. The higher rates in the CHRISTUS Shreveport-Bossier service area compared to the state and national averages highlight a critical need for targeted interventions in this region.

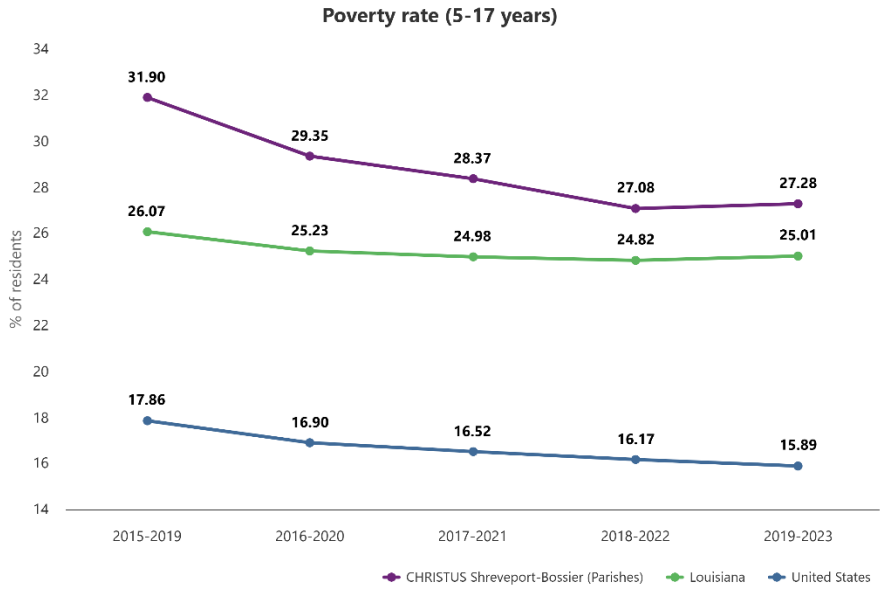


Created on Metopio | metop.io/i/uvy5ky2g | **Data source:** Feeding America: Map the Meal Gap

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.

Poverty Rate (5 – 17 Years)

The poverty rate in the United States has consistently decreased from 17.86% in 2015-2019 to 15.89% in 2019-2023. Louisiana has also seen a slight decline, dropping from 26.07% to 25.01% over the same period. However, the CHRISTUS Shreveport-Bossier service area has shown a more significant reduction, falling from 31.9% to 27.28%. Despite these improvements, the poverty rate in CHRISTUS Shreveport-Bossier parishes remains notably higher than both the state and national averages.



Created on Metopio | metop.io/i/36u33aqd | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B17001)

Poverty rate: Percent of residents in families that are in poverty (below the Federal Poverty Level).

What Is the Story Behind the Data?

The theme of school-aged children and adolescent health encompasses a range of intertwined factors that impact overall well-being and long-term outcomes for youth in the community. It draws attention to critical areas such as nutrition, access to healthy foods, educational opportunities, mental health and the built environment in shaping habits and prospects for young people. Disparities in socioeconomic status, race and location, especially the presence of food deserts — further compound these issues, directly affecting both physical and mental health indicators. Community-driven solutions, including educational interventions and local partnerships, are emerging as pivotal strategies. The health and stability of the next generation is a core concern, influencing not just individual trajectories but the future resilience of the whole community.

Feedback from community members highlighted the urgent need for early and sustained health education, emphasizing the integration of nutrition and practical food skills into school curricula. Many parents and caregivers point out that limited access to affordable, healthy food — aggravated by income constraints and the prevalence of food deserts — means families often resort to inexpensive, processed options out of necessity. There is a strong interest in empowering youth by teaching them gardening and self-sufficiency skills, both to improve nutrition and promote mental well-being. amilies and professionals alike stress the need for interventions that are relevant and accessible, ranging from after-school programs to community gardens. Mental health challenges and the impact of school withdrawal or defunding are also seen as contributing to negative health and social outcomes, such as increased crime and adolescent fatalities.

Several quotes from community members underline both the challenges and envisioned solutions:

One participant shared, *"People would rather eat cheaper, dollar menu food, cheap snack cakes, chips and like that. It's cheaper to eat that, it's more convenient."* Another said, "*The only way she survived was a local church would do this thing where they would donate food. But like she said, it was non-perishables, like canned food stuff, it was never fresh produce."* These statements underscore the economic barriers many families face. Such choices are driven by necessity, not preference, highlighting the intersection of income inequality and health.

"I think part of the education, maybe resources should be applied to the schools. You know, school-age kids, if they start this thing generationally, by learning in school what it is to understand nutrition, but also the part about planting and being able to grow your own food." This sentiment reflects a proactive call for generational change through school-based health education and practical life skills, aiming to break cycles of poor nutrition and limited self-sufficiency.

Mental health and crime are closely linked with educational attainment; *"If there is any defunding that takes place at our school, at our schools that causes dropouts to increase, we would see an increase in crime."* This reinforces the need for sustained supportive school environments. Interventions should prioritize delivering culturally relevant, empowering educational content in schools and after-school settings. Targeted mental health resources are crucial, especially for youth exposed to chronic adversity. Data suggests that prioritizing interventions in low-income neighborhoods and food deserts, while considering cross-generational learning, will yield community-wide benefits, helping to close disparities based on income, race and geography.

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:

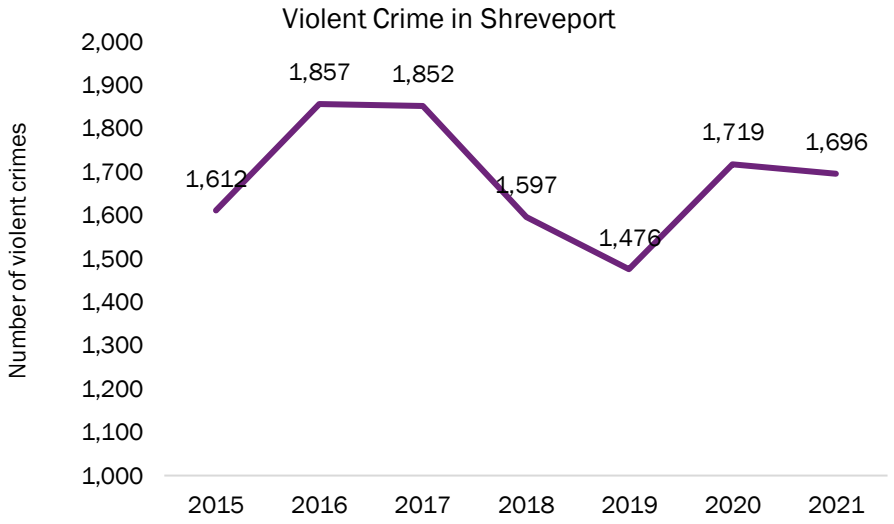
- Chronic diseases (diabetes, obesity, cardiovascular)
- Affordable housing
- Mental health
- Crime
- Food insecurity

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?

Violent Crime

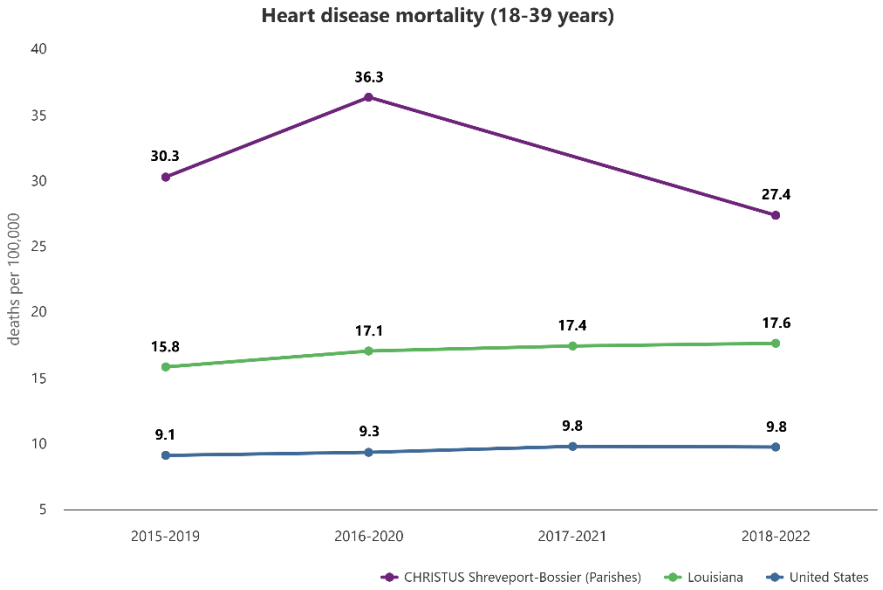
Shreveport's violent crime levels have fluctuated over the past several years, reflecting both progress and ongoing challenges. Violent crime rose between 2015 and 2016, peaking at 1,857 incidents in 2016. After remaining high in 2017, the number dropped significantly over the next two years, reaching a low of 1,476 in 2019. However, that trend reversed in 2020 with a sharp increase to 1,719, followed by a slight decline to 1,696 incidents in 2021. These figures underscore the need for continued investment in violence prevention, community safety strategies and support services addressing root causes like poverty, trauma and access to mental health care.



Source: Shreveport Police Department, 2021 Annual Crime Statistics

Heart Disease Mortality

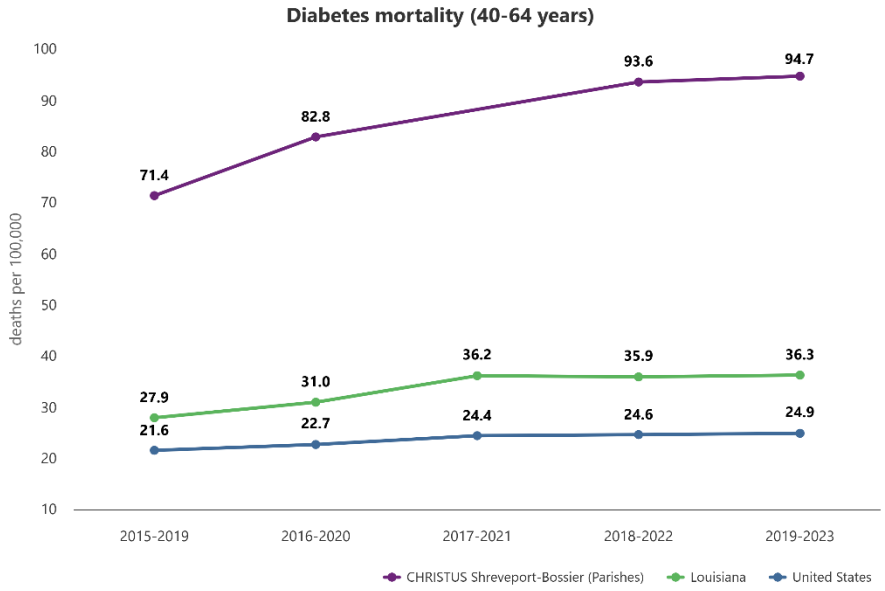
Heart disease mortality rates in the United States have shown a slight upward trend from 2015 to 2022. The national average increased from 9.12 in 2015-2019 to 9.75 in 2018-2022. Louisiana also experienced an increase. The CHRISTUS Shreveport-Bossier service area had the highest rates, significantly above both Louisiana and the national averages, but saw a decline in the most recent period.



Created on Metopio | metop.io/i/hedhutm4 | **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 Mortality

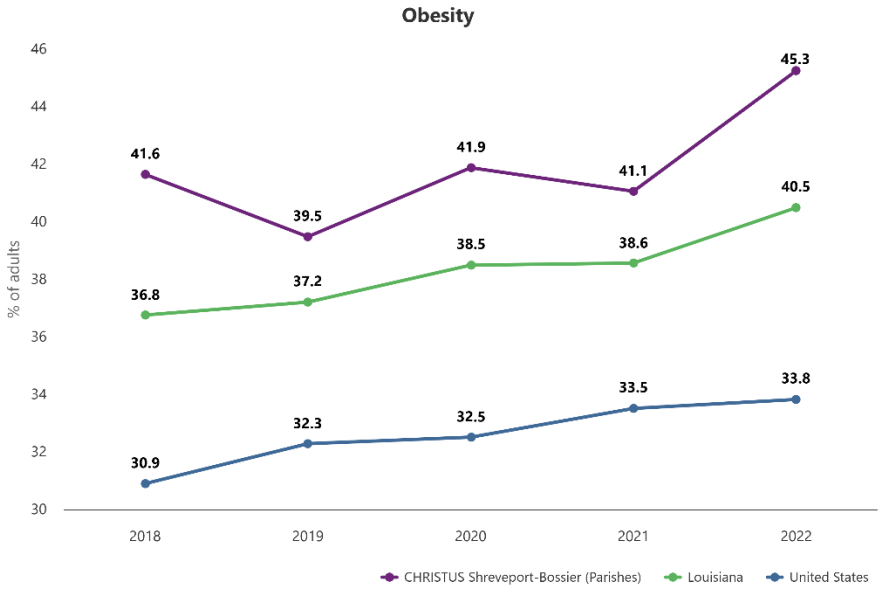
Diabetes mortality rates in the United States have shown a concerning upward trend from 2015 to 2023. The national average increased from 21.57 to 24.9 deaths per 100,000 people. Louisiana's rate also rose significantly, from 27.93 to 36.28. In the CHRISTUS Shreveport-Bossier service area, the mortality rate surged dramatically from 71.36 to 94.72, indicating a severe impact in this region.



Created on Metopio | metop.io/i/cxno5dpg | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M) (CDC Wonder)
Diabetes mortality: Deaths per 100,000 residents with an underlying cause of diabetes (ICD-10 codes E10-E14).

Obesity

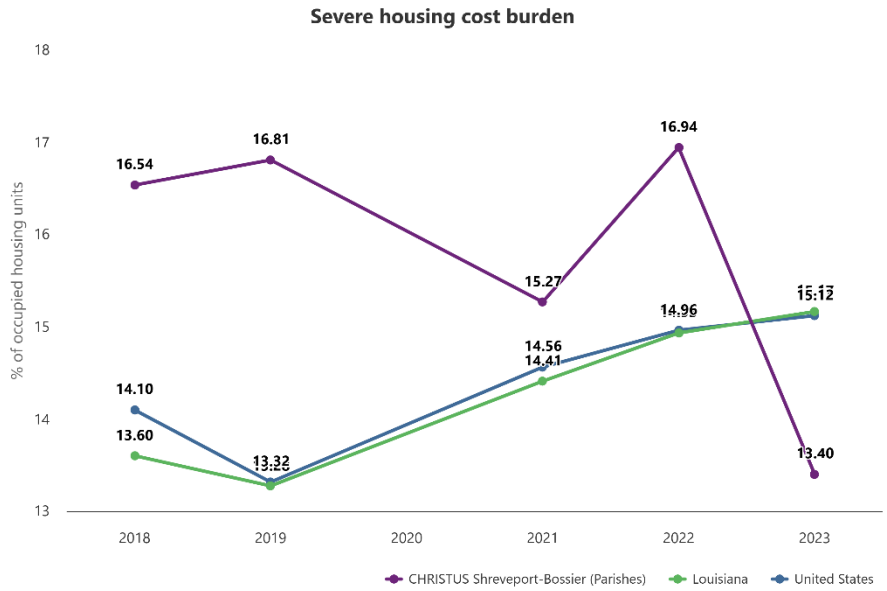
Obesity rates in the United States have shown a general upward trend from 2018 to 2022, with a notable increase in 2022. The national average obesity rate was 30.9% in 2018 and rose to 33.83% in 2022. The CHRISTUS Shreveport-Bossier service area had a significantly higher obesity rate compared to the state and national averages, starting at 41.65% in 2018 and peaking at 45.25% in 2022. Louisiana's overall obesity rate was also higher than the national average, fluctuating between 36.76% and 40.49% during the same period.



Created on Metopio | metop.io/i/9oagqnmd | **Data sources:** Diabetes Atlas (County level data), Behavioral Risk Factor Surveillance System (BRFSS) (State and US data), Centers for Disease Control and Prevention (CDC): PLACES (Sub-county data (zip codes, tracts))
Obesity: Percent of resident adults aged 18 and older who are obese (have a body mass index (BMI) >30.0 kg/m^2 calculated from self-reported weight and height). Excludes those with abnormal height or weight and pregnant women.

Severe Housing Cost Burden

The data represents the percentage of households experiencing a severe housing cost burden in the United States, Louisiana and the CHRISTUS Shreveport-Bossier service area from 2018 to 2023. In 2022, the severe housing cost burden was highest in the parishes served by CHRISTUS Shreveport-Bossier at 16.94%, followed by Louisiana and the United States at just under 15%. However, in 2023, the burden decreased significantly in CHRISTUS Shreveport-Bossier parishes to 13.4%, while it increased slightly in Louisiana to 15.17% and in the United States to 15.12%. Until recently, CHRISTUS Shreveport-Bossier parishes have consistently experienced a higher severe housing cost burden compared to Louisiana and the United States.

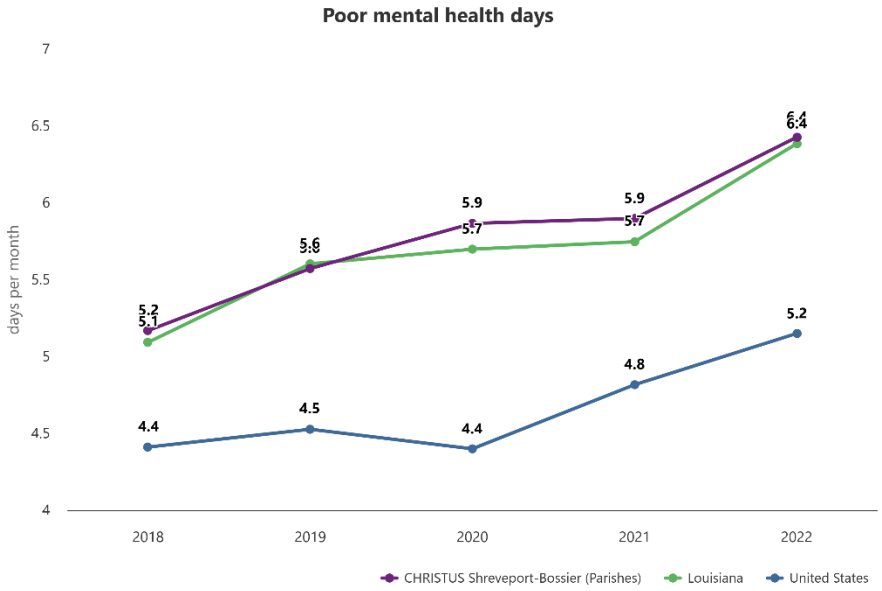


Created on Metopio | metop.io/i/oyj95fik | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Tables B25070/25091)

Severe housing cost burden: Households spending more than 50% of income on housing are considered severely housing cost-burdened. Includes both renters (rent) and owners (mortgage and other owner costs). For renters, costs include any utilities or fees that the renter must pay, but do not include insurance or building fees.

Poor Mental Health Days

Poor mental health days have been on the rise in the CHRISTUS Shreveport-Bossier service area, Louisiana and the United States from 2018 to 2022. In 2022, the CHRISTUS Shreveport-Bossier service area reported the highest number of poor mental health days at 6.43, followed by Louisiana at 6.39, and the United States at 5.15. The increase in poor mental health days in the CHRISTUS Shreveport-Bossier service area is particularly notable, rising from 5.17 in 2018 to 6.43 in 2022. This trend indicates a growing mental health crisis in these areas, which may require increased attention and resources to address.

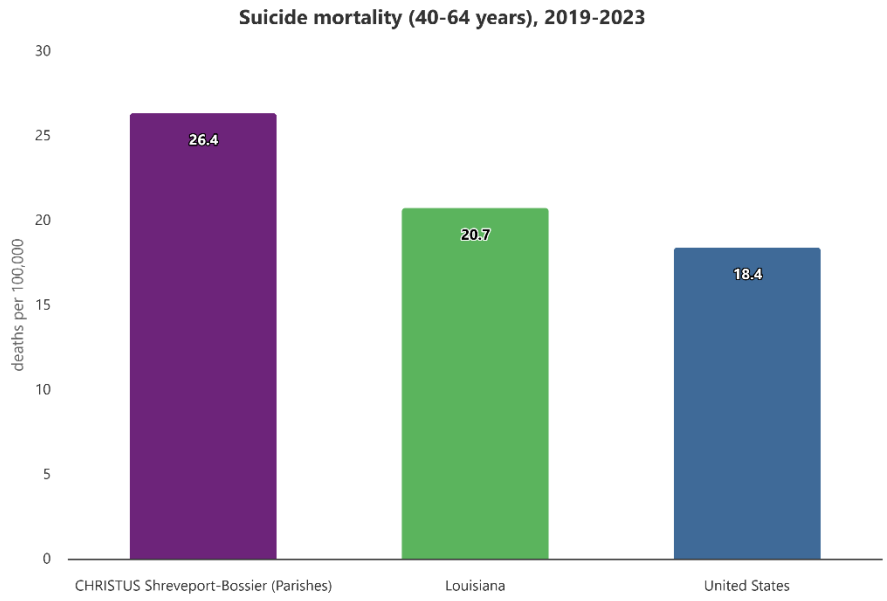


Created on Metopio | metop.io/i/q6ingivs | **Data source:** University of Wisconsin Population Health Institute: County Health Rankings (Calculated using data from BRFSS)

Poor mental health days: Number of mentally unhealthy days, during the past thirty days, among adults aged 18 and older.

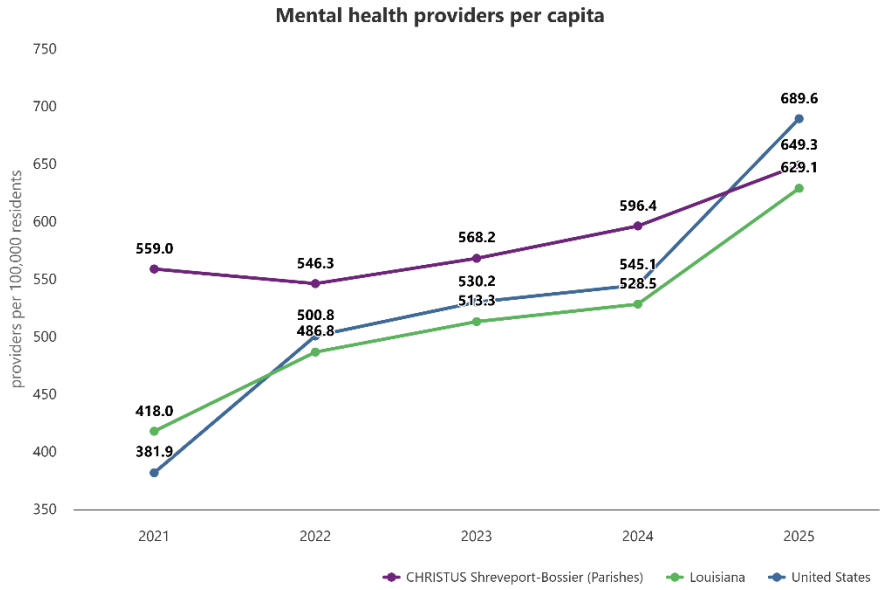
Suicide Mortality

Suicide mortality rates vary significantly across different regions. The CHRISTUS Shreveport-Bossier service area has the highest rate at 26.36, which is notably higher than the state average of 20.73 and the national average of 18.39. This indicates a localized issue within this specific area. The data suggests that targeted interventions may be necessary in the CHRISTUS Shreveport-Bossier service area to address this disparity.



Mental Health Providers per Capita

Mental health providers per capita have shown an upward trend across all categories from 2021 to 2025. In the CHRISTUS Shreveport-Bossier service area, the number of providers per capita increased significantly from 558.99 in 2021 to 649.3 in 2025. Louisiana and the United States also experienced growth, with Louisiana's providers per capita rising from 418.0 in 2021 to 629.09 in 2025, and the United States' from 381.91 to 689.6. This trend indicates a positive development in mental health care accessibility nationwide.



What Is the Story Behind the Data?

Adult health encompasses a broad spectrum of physical, mental and social health concerns that directly impact the well-being of individuals and their communities. The health of adults shapes workforce productivity, family stability and the overall vitality of communities. Factors such as access to health care, prevalence of chronic diseases, nutrition, physical activity, mental health and socioeconomic status all contribute to adult health outcomes. This theme is especially relevant in assessing local needs, as disparities persist by income, geography and race/ethnicity. Prioritizing adult health prompts not only improved quality of life, but also reduces future health care costs and prevents preventable illnesses that have generational effects.

Community focus groups described strong concerns over limited access to affordable health care and healthy foods, highlighting a complex web of barriers that shape adult health in the community. Residents point out that high costs, lack of transportation and fear or mistrust pose obstacles to seeking medical care and obtaining medications. Poor food environments, exacerbated by low income and the prevalence of high-sodium, high-fat foods in local stores, contribute to chronic health conditions. Mental health receives notable attention; stigma, isolation and inadequate funding for services persist, especially among individuals facing homelessness. Many community members recognize the systemic nature of these challenges — and see opportunities in policy advocacy, community gardens, nutrition education and better mental health resources.

Direct quotes paint a vivid picture of recurring barriers and lived experiences: "There’s not affordable places where they can go, like a Sister Williams. It’s not affordable to the patient." This quote highlights the financial strain adults face when accessing basic health care services and underscores a pressing need for accessible clinics and financial assistance for primary care, especially in underserved areas.

"If you look at the culture of poverty, you’re always going to find in poor neighborhoods all the neighborhood shops and things like that have things that are high sodium, high salt, high fat, and things of that nature, and those are the things that are going to be affordable." This reveals structural inequities in food availability and affordability; healthier choices are both limited and costly, pushing low-income individuals toward unhealthy diets that increase the risk for chronic illnesses such as diabetes and heart disease.

Another participant observes: *"There’s clearly, like, a lack of public funding for mental health."* This highlights that mental health is a growing problem, compounded by isolation, lack of community connections and insufficient investment in mental health services. Disparities are particularly pronounced among those experiencing homelessness, living in food deserts or residing in neighborhoods with high crime rates, with older adults and young people both at risk for adverse outcomes. These findings indicate a need for holistic interventions — affordable health care access, targeted nutrition programs, increased mental health funding, community empowerment and upstream policy advocacy — to address deeply rooted inequities and promote adult health across diverse populations.

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:

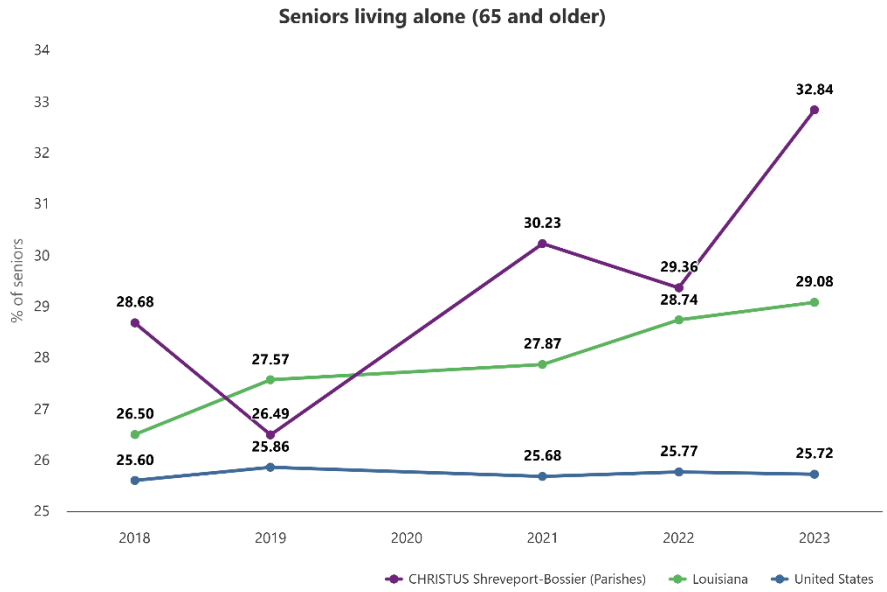
- Isolation/loneliness
- Alzheimer's
- Health literacy
- Access to nutritious food

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?

Seniors Living Alone

Seniors living alone in the United States have shown a slight increase from 25.6% in 2018 to 25.77% in 2022. In Louisiana, the rate has steadily climbed, starting at 26.5% in 2018 and rising to 29.08% in 2023. The CHRISTUS Shreveport-Bossier service area has the highest rates, with a significant increase from 28.68% in 2018 to 32.84% in 2023. The national rate remains the lowest among the three regions, indicating a relatively lower prevalence of seniors living alone compared to Louisiana and the CHRISTUS Shreveport-Bossier service area.

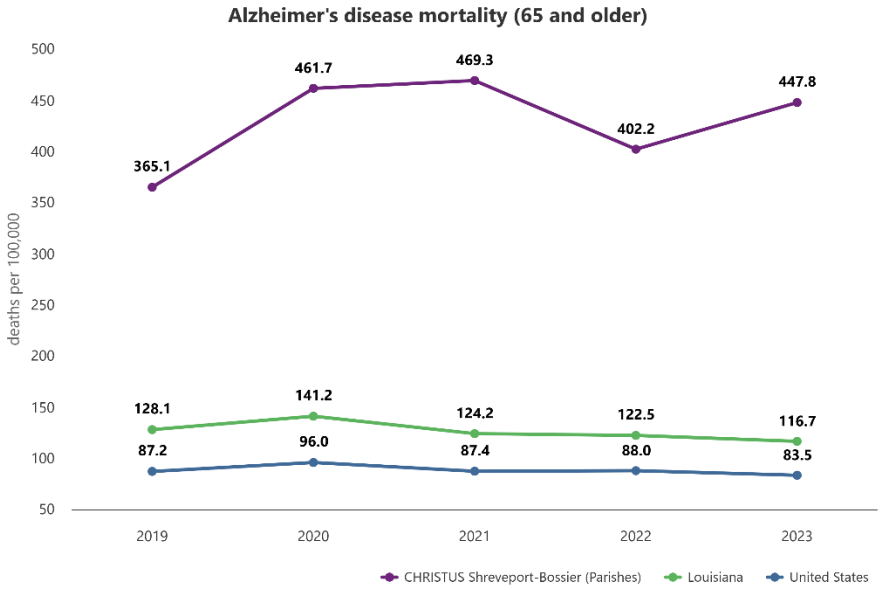


Created on Metopio | metop.io/i/9w6nakg1 | **Data source:** U.S. Census Bureau: American Community Survey (ACS) (Table B09020)

Seniors living alone: Percent of residents age 65 and older who live alone. Does not include those living in group homes such as nursing homes.

Alzheimer's Disease Mortality

Alzheimer's disease mortality rates in the United States have shown fluctuations over the past five years. In the CHRISTUS Shreveport-Bossier service area, the rates have been significantly higher than the national average, peaking in 2021 at 469.29 deaths per 100,000 people. Nationally, the mortality rate has remained relatively stable, with a slight decrease in 2023 to 83.49 deaths per 100,000 people.

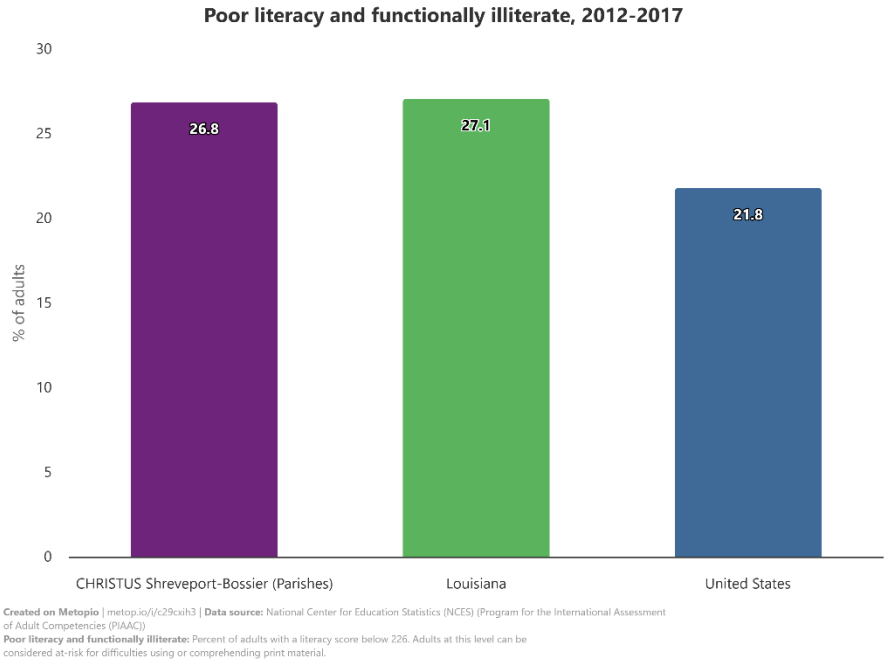


Created on Metopio | metop.io/i/qiznqpo5 | **Data source:** Centers for Disease Control and Prevention (CDC): National Vital Statistics System-Mortality (NVSS-M)

Alzheimer's disease mortality: Deaths per 100,000 residents due to Alzheimer's disease (ICD-10 code G30).

Poor Literacy and Functional Illiterate

Poor literacy and functionally illiterate rates are notably high in certain areas of Louisiana, particularly in the parishes served by CHRISTUS Shreveport-Bossier, where the rate is 26.84%. Louisiana as a whole also faces significant challenges, with a rate of 27.1%. In comparison, the United States has a lower rate of poor literacy and functionally illiterate individuals at 21.8%. This indicates a more pronounced issue in Louisiana, especially in specific parishes, highlighting the need for targeted literacy improvement initiatives in these regions.



Food Insecurity

- One in seven seniors in Louisiana experience food insecurity.
- Louisiana's food insecurity rate for seniors is almost double the national percentage.

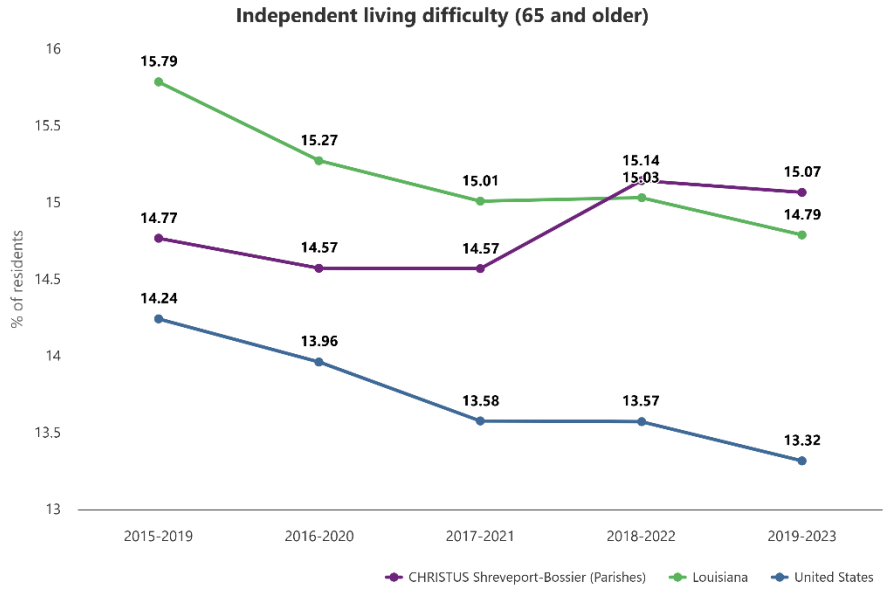
Percentage of food insecure seniors.	
United States	7%
Louisiana	13.6%

Source: Feeding America, State of Senior Hunger| Food Insecurity Among Seniors in Louisiana: Food Insecurity Among Seniors in Louisiana in 2021.

Food insecurity among older adults in Louisiana is a growing concern. Nearly one in seven seniors in the state — 13.6% — struggle to access enough nutritious food, almost twice the national rate of 7%. This disparity highlights significant challenges in meeting the basic needs of aging residents, many of whom live on fixed incomes and face barriers such as limited mobility, rising food costs and lack of access to nearby grocery stores. Addressing senior hunger is critical not only for improving physical health but also for preserving dignity, independence and quality of life in Louisiana's aging population.

Independent Living Difficulty

The data reflects the percentage of individuals experiencing independent living difficulty across three regions: CHRISTUS Shreveport-Bossier service area, Louisiana and the United States from 2015 to 2023. The national rate has remained the lowest with a slight decline of 13.32% in 2019-2023, while the CHRISTUS Shreveport-Bossier service area has risen to the highest at 15.07%. State rates have generally decreased.



Created on Metopio | metop.io/i/s55yr1z6 | **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.

What Is the Story Behind the Data?

The health of older adults is a critical concern for the community, as this population often faces layered and compounding barriers to maintaining well-being. Not only do medical needs increase with age, but social, financial and environmental challenges further compromise healthy aging. The impact of limited access to affordable health care, safe housing, nutritious food and social support reverberates through health outcomes such as chronic disease, mental health conditions and overall quality of life. Older adults frequently report difficulties in affording essential medications, finding accessible transportation and securing support for daily living. The neighborhood environment — particularly food deserts and unsafe streets — can make healthy choices inaccessible and further exacerbate health disparities among older adults.

Community focus groups illustrated a portrait of older adults disproportionately affected by financial hardship, lack of access to healthy food options, difficulties obtaining medication and health care and social isolation. Residents describe how unhealthy dietary choices are often dictated by what is affordable or available, not personal preference, resulting in high rates of chronic diseases such as diabetes and heart disease. Safety concerns and limited mobility deter older adults from exercising, while unreliable transportation isolates them from health-promoting resources. Many families are unable to assist due to economic demands and work obligations, compounding the challenges of independence in older age. Additionally, there is a marked need for health and nutrition education, alongside calls for consistent community support and programs that empower older adults in their health management.

Quotes such as, *"People won't go to the doctor and they can't afford to go to the doctor and can't afford medications,"* and, *"They didn't have access to their doctors, like they have already had some kind of heart disease,"* reveal that cost and transportation barriers are significant impediments to accessing both routine and urgent medical care among older adults. This is exacerbated by the reality that, as another community member stated, *"You have to drive a certain mile distance to get to anything that has healthy vegetables."* This points not only to food access issues but also to the risks associated with mobility challenges and transportation gaps, especially for those living alone or with limited family support.

The narrative also sheds light on disparities affecting subgroups such as those experiencing homelessness, who not only struggle with physical health but are also deeply affected by isolation and lack of community. As stated, *"If you're isolated and things like that. You know that the sense of community a lot of these people with mental health problems, they don't really [have] community, they're homeless, and so you're extremely isolated."* Mental health conditions, further aggravated by isolation, and insufficient advocacy at the political and institutional level, deepen these inequities: "*They don't have the resources or the advocacy at the political levels to fight because…they're less likely to cause a ruckus or have the means or the know how to advocate for themselves."* Priorities should therefore include expanding affordable health care and medication access, increasing mental health and social support services, tackling food deserts with sustainable initiatives like community gardens and building accountability systems that nurture empowerment and ongoing engagement for older adults and their caregivers.

Conclusion

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 Shreveport-Bossier Health System Leadership

We extend our sincere gratitude to the CHRISTUS Shreveport-Bossier Health System 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 Shreveport-Bossier'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:

- Jamey Brogan, Interim VP for Mission Integration
- Aliyah Hollins, Community Benefit Lead
- Bradley Harmon, Previous VP of Mission Integration
- Kathy Armijo-Etre, AE Consulting
- Marcos Pesquera, Chief Diversity Officer and Vice President of Community Health
- 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, AmeriCorps VISTA Members
- Sarah Vanausdall, Annie Elliott, Jess Post, 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 Session

The data dictionary work session 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.

Key Informants

Thank you to the key informants who offered critical insight into populations and topics that needed deeper exploration beyond the focus groups. Your expertise strengthened the community context of this assessment.

Windshield Survey Participants

We appreciate the team members and partners who participated in windshield surveys. Your firsthand observations of the built environment helped us better understand the places where people live, work and heal.

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:

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

CHRISTUS Health's website

CHRISTUShealth.org/connect/community/community-needs

CHRISTUS SHREVEPORT-BOSSIER Health System