



OUR LADY OF THE ANGELS HOSPITAL

2024

COMMUNITY  
HEALTH  
NEEDS  
ASSESSMENT

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# *Our Lady of the Angels History*



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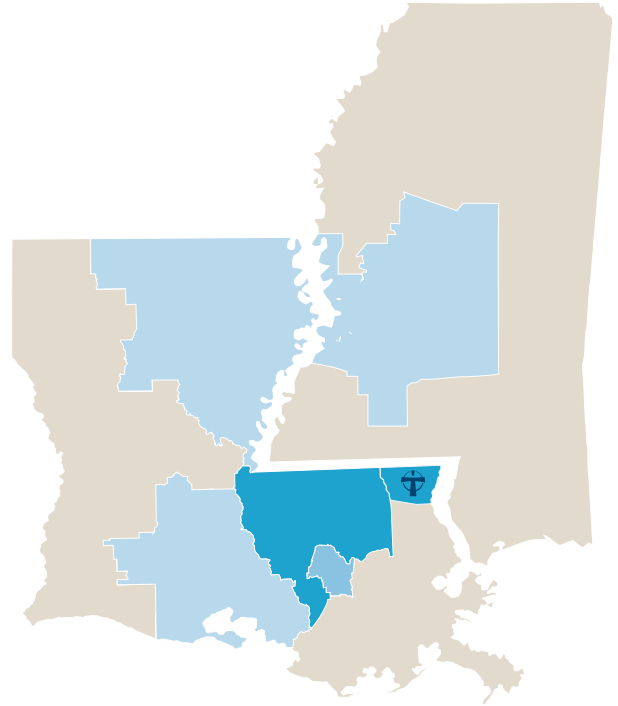
On March 17, 2014, the state-run healthcare facility in Bogalusa, Louisiana, became Our Lady of the Angels Hospital, an official hospital within the Franciscan Missionaries of Our Lady Health System (FMOLHS). FMOLHS assumed the management and operations of the 64-bed, non-profit hospital, formerly known as LSU Bogalusa Medical Center, to continue healthcare services and graduate medical education under a public-private partnership with the State of Louisiana.

FMOLHS has maintained a strong healthcare presence in Louisiana for more than a hundred years. In addition to Our Lady of the Angels, FMOLHS hospitals are located at Our Lady of the Lake Regional Medical Center and Our Lady of the Lake Children's Hospital in Baton Rouge; Our Lady of the Lake Ascension in Gonzales; Our Lady of Lourdes Regional Medical Center, Our Lady of Lourdes Women's & Children's, and Our Lady of Lourdes Heart Hospital in Lafayette; St. Francis Medical Center in Monroe; Assumption Community Hospital in Napoleonville; and St. Dominic Hospital in Jackson, Mississippi.

Our Lady of the Angels is the only full-service acute care hospital within a 45-minute radius. The hospital serves as one of the three largest private employers in Washington Parish with nearly 400 team members and 130 physicians. Our Lady of the Angels operates the only Rural Family Medicine Residency Program in Louisiana in partnership with Louisiana State University (LSU).

Our Lady of the Angels Health also partners with Our Lady of the Lake Health's Northshore Region to bring care to the people we are privileged to serve. This includes the services of primary care physicians in Slidell and Covington, specialty care physicians in Covington, and joint venture collaborations with two surgery facilities – Our Lady of The Lake Pontchartrain Surgery Center in Covington and Our Lady of the Lake Surgical Hospital in Slidell.

Following in the footsteps of our founders, the Franciscan Missionaries of Our Lady, Our Lady of the Angels team members and physicians are called to provide exceptional care and compassion to all people, especially those most in need. Upon becoming a member of the health system, Our Lady of the Angels undertook its first CHNA process in 2016, with additional assessments in 2019 and 2021.





## Our Mission

Inspired by the vision of St. Francis of Assisi and in the tradition of the Roman Catholic Church, we extend the healing ministry of Jesus Christ to God's people, especially those most in need.

We call forth all who serve in this healthcare ministry to share their gifts and talents to create a *Spirit of Healing* – with reverence and love for all of life, with joyfulness of spirit, and with humility and justice for all those entrusted to our care.

We are, with God's help, a healing and spiritual presence for each other and for the communities we are privileged to serve.

## Our Vision

To make a significant difference in our communities through Catholic health services

## Our Values

**Service** - The privilege of reaching out to meet the needs of others.

**Reverence and love for all of life** - Acknowledging that all of life is a gift from God.

**Joyfulness of Spirit** - An awareness of being blessed by God in all things.

**Humility** - Being authentic in serving as an instrument of God.

**Justice** - Striving for equity and fairness in all relationships with special concern for those most in need.





## Statement of Consultants

### *Committees*

This 2024 CHNA and the implementation strategy have been written by the Our Lady of the Angels CHNA Steering Committee, along with a writing team from Our Lady of the Angels. The outside firm KPMG, LLP, reviewed the CHNA for compliance with the tax requirements

### *KPMG, LLP*

Our Lady of the Angels worked with KPMG, LLP, an audit, tax and advisory firm, to assess the CHNA and implementation strategies to determine whether they meet the requirements of Internal Revenue Code section 501(r)(3). KPMG is the U.S. member firm of KPMG International Cooperative (“KPMG International”), a global network of professional firms providing audit,

tax and advisory services. Operating in 155 countries with more than 162,000 employees working in member firms around the world, KPMG delivers a globally consistent set of multidisciplinary services based on deep industry knowledge. Their industry focus helps KPMG professionals develop a deeper understanding of clients’ businesses, and the insight, skills and resources required to address industry-specific issues and opportunities. KPMG is committed to providing high-quality, professional services in an ethical manner to entities that are listed on capital markets around the globe. Their Transparency Report articulates the steps they take to uphold their professional responsibilities and describes the firm’s structure, governance, and approach to quality control. To learn more about KPMG and to view the report, visit [KPMG.com](https://www.kpmg.com).



# *What is a CHNA?*





The 2010 Patient Protection and Affordable Care Act, commonly known as the Affordable Care Act (ACA), requires non-profit, tax-exempt hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. To meet the ACA requirements, hospitals must identify the health needs of their community/service area and devise an implementation strategy to address the needs. We did not receive any comments on the 2021 CHNA and implementation strategy.

Located within Region 9 of Southeast Louisiana, the not-for-profit organization Our Lady of the Angels Hospital is pleased to present this 2024 CHNA, which provides an overview of the significant community health needs identified in its community/service area.

The goals of this CHNA are to provide a balance of data-driven and community-driven understandings of the health needs of the people Our Lady of the Angels Hospital serves, to help guide the hospital's community benefit planning, and to develop measurable, effective implementation strategies that help improve the health and wellness of Our Lady of the Angels community/service area.

## Our Service Area

Our Lady of the Angels has developed this CHNA as a meaningful overview of the health needs of the people of its community/service area, defined for the purposes of this CHNA as Washington and St. Tammany Parishes. Our Lady of the Angels reports 86.33% of its patients originating from Washington Parish and 7.10% originating from St. Tammany Parish in fiscal year 2024. Our Lady of the Angels has committed to ensuring that all people in Washington Parish and St. Tammany Parish are receiving the care they need, especially vulnerable populations.



## Ministry Disclaimer

Our Lady of the Angels does not define its community to exclude medically underserved, low-income or minority populations. When determining how to define its community/service area for the purposes of this assessment, Our Lady of the Angels considered all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under its financial assistance policy.

## Our Approach to the CHNA

This process has been led by a Steering Committee comprised of leaders across Our Lady of the Angels who met regularly to plan and review progress with CHNA-related tasks, including data collection, interpretation and analysis of data, prioritization of health needs, planning of the implementation strategy and writing of the CHNA document.

### Members of the Steering Committee include:

- o **Rafael Flores, MA**, *Director of Mission Integration, Our Lady of the Angels Health*
- o **Bridget Newman, RN**, *Director of Quality/Risk Management, Our Lady of the Lake Surgical Hospital*
- o **Sheila Seal, RN**, *Community Health Nurse, Our Lady of the Angels Health*
- o **Angela Lambert**, *Senior Director of Mission Integration and Formation, Our Lady of the Lake Regional Medical Center*
- o **Maggie Palopoli**, *LSU Public Health Student Intern, Our Lady of the Angels Health*

The Steering Committee presents this document as a foundation that lays the groundwork for strategic, community-focused activities that will comprise Our Lady of the Angels Health's three-year implementation strategy.

# Data Sources & Methods





Data was collected through an extensive and comprehensive process, incorporating multiple sources and methods to gain a comprehensive picture of the community's needs:

- o Up-to-date demographic, social and health data publicly available
- o Community Google Form survey data
- o Focus groups with community stakeholders
- o One-on-one interviews with key leaders

### **Publicly Available Demographic and Health Data**

An effort was made to provide the most up-to-date information that reflects the current state of health in Washington Parish and St. Tammany Parish. Core indicators were selected based on a thorough research and data collection process using publicly available data online through sources such as the Centers for Disease Control & Prevention, Louisiana Department of Health, County Health Rankings, U.S. Census Bureau, and other local and state organizations reporting on community health data. The core indicators were composed of categories related to health outcomes and health factors, which include behaviors impacting health, clinical care, social and economic factors, physical environment, and demographics. The committee tried to parse through data searching for trends in the core indicators over the period 2019-2024. Due to a lag in releasing data, the majority of the most recent data available is from the year 2021, with fewer from 2022 and 2023.

### **Surveys**

A key source for data related to the community's needs comes from community members themselves. Brief community surveys were designed by the Steering Committee and distributed among both Our Lady of the Angels healthcare providers and community members. Because 83.39% of Our Lady of the Angels patients are Medicare and Medicaid beneficiaries, the Steering Committee made a conscious effort to collect survey responses from two key demographics: the elderly and the poor. Built upon demographic and health data collected online, two brief surveys were designed and distributed by the Steering Committee to these two targeted groups to assess health-related needs in the communities of Washington Parish and St. Tammany Parish.

### **ISC and ESC Committees (Focus Groups)**

Different from previous CHNAs, the Steering Committee for this 2024 CHNA created two separate committees of stakeholders: an Internal Stakeholder Committee (ISC) and an External Stakeholder Committee (ESC). This decision was made to use a more comprehensive and organized approach to collect data and include community members' insights. The ISC is comprised of key members of the hospital staff from Our Lady of the Angels, while the external stakeholder committee is comprised of key individuals outside of the hospitals leading and serving the Washington Parish and St. Tammany Parish communities.







Members of both committees were selected for their unique and important perspectives, which positioned them to reflect the unique needs of the St. Tammany Parish and Washington Parish communities. Membership of both committees is outlined below:

#### Internal Stakeholder Committee Members

- o **Brian Galofaro, MD**, *Our Lady of the Angels Health Chief Medical Officer*
- o **Autumn “Sunshyne” Morris, RN**, *Our Lady of the Angels Health Case Manager*
- o **Field Thigpen**, *Memorial Baptist Church, Our Lady of the Angels Health Chaplain*
- o **Gordon Thomas**, *Our Lady of the Angels Health Patient Advocate*
- o **Nicole Powell**, *Our Lady of the Angels Health Clinical Patient Access Representative*
- o **Kay Kay Warner**, *Our Lady of the Angels Health Social Worker*
- o **Madeleine Maras, MD**, *Our Lady of the Angels Health Family Medicine Residency*
- o **Emilio Russo, MD**, *Our Lady of the Angels Health (ad hoc), Family Medicine Residency Program Director*

#### External Stakeholder Committee Members

- o **Thomas Mitchell**, *Executive Director of Hope House, represents vulnerable population*
- o **Pastor Scott Breland**, *Plainview Baptist Church, Washington Parish School Board Member, represents vulnerable population*
- o **Pastor Michael O’Ree**, *Christ Way Ministries, represents vulnerable population*
- o **Clay Shook**, *Founder of Bogalusa Mission, represents low income populations and medically underserved.*
- o **Christine Beavers**, *Vice President at Northshore Community Foundation, represents economic development organization*
- o **Ashley Llewellyn**, *Director of Strategic Initiatives, St. Tammany Corporation, represents nonprofit organization focused on aiding vulnerable populations*
- o **Mignon Barnes**, *Executive Director, Team Capables , represents vulnerable population, minority and medically underserve*

#### Community Leaders (1:1 interviews)

To deepen the Steering Committee’s understanding of the current landscape of community health needs in Washington Parish and St. Tammany Parish, one-on-one interviews were conducted with the following stakeholders:

- o **Collin Sims**, *Washington Parish and St. Tammany Parish District Attorney, and Jason Garbo*, *Washington Parish detective*
- o **Ryan Seal**, *Washington Parish President*
- o **Gina Lagarde, MD, MBA**, *Regional Medical Director/Administrator, Region 9 Louisiana Office of Public Health*

*Feedback from these interviews can be found on pages 33-35.*

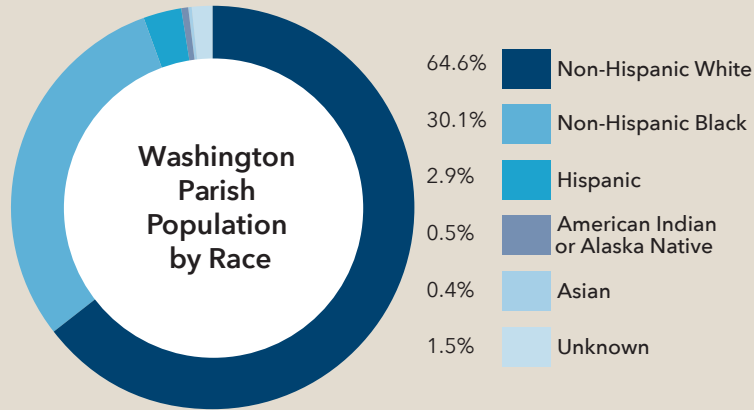
# Demographic and Health Data of Washington Parish and St. Tammany Parish



For the purposes of this CHNA, the community/service area is Washington Parish and St. Tammany Parish in Louisiana.

### Washington Parish

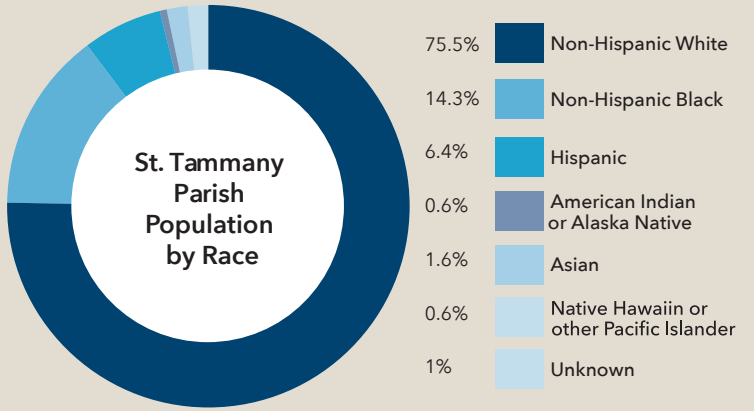
2022 Population	45,025
Rural Population	75.8%
Ages 65+	19.3%
Ages 0-18	23.5%
Female	50.1%
Male	49.9%
Number of Households	17,162
Housing Units	21,341
Speak a Language Other Than English in the Home	3.1%



(County Health Rankings, 2022 American Community Survey 1-Year Estimates and U.S. Census Bureau 2020 Decennial census population count)

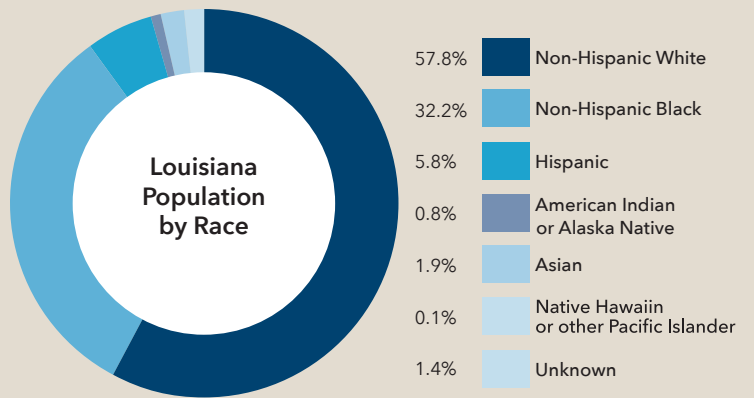
### St. Tammany Parish

2022 Population (County Health Rankings)	273,263
Rural Population (living in a low population density area)	23%
Ages 65+	18.7%
Ages 0-18	23.3%
Female	51%
Male	49%
Number of Households	106,109
Housing Units (U.S. Census Bureau 2020 Decennial census population count)	110,370
Speak a Language Other Than English in the Home (2022 American Community Survey 1-Year Estimates)	6.3%



(County Health Rankings, 2022 American Community Survey 1-Year Estimates and U.S. Census Bureau 2020 Decennial census population count)

In Louisiana, 7.6% speak a language other than English in the home. On average, 1% of people living in both parishes and in the state are not proficient in English, according to the 2022 American Community Survey 1-year estimates.





## Economic Data

United Way of Southeast Louisiana tracks and releases data on financial hardship in the area in its ALICE Report. ALICE is an acronym for Asset Limited, Income Constrained, Employed, which are households that earn above the poverty level but less than the cost of basics, described as the ALICE threshold.

The federal poverty level in 2022 was \$13,590 for a single adult and \$27,750 for a family of four. While the federal poverty level in 2022 reflects 25% of households in Washington Parish facing financial difficulty, it leaves out the 36% of households that are considered ALICE households. Both totaled together show 10,423 households (61%) were living below the ALICE threshold in Washington Parish.

In St. Tammany Parish, a smaller percentage of families are living in poverty, with 11% of households at or below the federal poverty level, and 33% of households above the federal poverty level but considered ALICE households. In total, 46,546 households, representing 44% of the population, were living below the ALICE threshold in St. Tammany Parish.

According to the US Census Bureau 2022 1-Year Estimates, 23.5% of people in Washington Parish are living at or below the poverty line, over twice that of the St. Tammany average of 10.7%, and slightly more than the state average of 18.6%. Broken down by age group, 33.3% of individuals in Washington Parish under 18 years old live in poverty, 21.6% of individuals between 18 and 64 years of age live in poverty, and 17.3% of people 65 years and older live in poverty. In St. Tammany Parish, 15.9% of individuals living in poverty are under 18 years old, 8.8% are 18-64 years old, and 10.0% are 65 years or older.

According to the 2022 data presented in the United Way ALICE Report, households in poverty can be broken down by race/ethnicity. In Washington Parish, 11% of non-Hispanic White households are living in poverty and 45% are considered ALICE households. 25% of Black households are living in poverty and 51% are considered ALICE households. 3% of Hispanic households are living in poverty and 8% are considered ALICE households. For St. Tammany Parish, 6% of non-Hispanic White households are living in poverty, and 35% are considered ALICE households. Almost double the rate of White households living in poverty, 11% of Black households are living in poverty, and 43% are considered ALICE households. 7% of Hispanic households are living in poverty, and 38% are

considered ALICE households. 3% of Asian households are living in poverty and 41% are ALICE households. All these statistics show that close to half of each race/ethnicity is considered financially insecure, even though the federal poverty line reflects only a very small proportion of those financially insecure.

According to the U.S. Census Bureau 2022 American Community Survey 1-Year Estimates, the median household income in Washington Parish is \$41,803, lower than the state average of \$55,416, and even lower than the St. Tammany median household income of \$76,269. The employment rate of Washington Parish in 2022 was 46.2%, almost 10% lower than the state average of 55.7%. St. Tammany shows a higher employment rate than both Washington Parish and the state average at 59.4%. According to County Health Rankings, the unemployment rate (defined as those 16 years or older who are unemployed but seeking work) of Washington Parish in 2022 was 4.2%, more than that of St. Tammany (2.9%) and the state average of 3.7%. While unemployment is higher in Washington Parish compared to its neighboring parish, this is a metric that has been showing improvement. Mainly because of the COVID-19 pandemic, there was an 8% unemployment rate in 2020 and 6% in 2021, but notably, 2022 shows the lowest unemployment rate within the last two decades in Washington Parish. In the same year, according to U.S. Census Bureau 2022 American Community Survey 1-Year Estimates, 23.7% of individuals in Washington Parish were considered disabled, compared to 17.4% in St. Tammany Parish and 16.8% in the state. In both parishes, veterans make up a larger percentage of the parish population compared to the state. Veterans make up 7.8% of individuals in Washington Parish, and 8.1% in St. Tammany Parish, compared to the state average of 6.0%.



The average commuting time to work in minutes in 2022 is very similar in both parishes, with 32.8 minutes for Washington Parish and 31.8 minutes for St. Tammany Parish, both slightly higher than the state average of 25.6 minutes. Of those working in Washington Parish, 77.9% drove alone, 11.6% carpool, 5.4% take a taxi/motorcycle, 2.9% work from home, and 1.5% walk. In St. Tammany Parish, 73.8% drive alone, 9.3% carpool, 2.1% walk, 1.4% take a taxi or motorcycle, and 13.1% work from home. There is no public transportation available in either parish, such that lack of transportation and poverty have a compounding effect on poor health access (U.S. Census Bureau).

## Education

According to the U.S. Census Bureau 2022 American Community Survey 1-Year Estimates, 11.7% of Washington Parish residents have a bachelor's degree or higher, compared to 27.1% in the state and 36.2% in St. Tammany Parish.

Between 2018 and 2022, according to County Health Rankings, the high school completion rate (high school degree or equivalent) for adults aged 25 and over is 83% in Washington Parish and 91% in St. Tammany Parish. The state average of 87% sits right between the two.

In the period 2018-2022, 20% of teens and young adults ages 16-19 in Washington Parish are neither working nor in school, a metric called "disconnected youth" on County Health Rankings. The state average is half of this at 10%. St. Tammany Parish performs better than both the state average and Washington Parish with only 8% of youth being disconnected. Overall, this statistic supports the profound degree of social isolation and lack of healthy community activities for youth in Washington Parish.

## Health Outcomes

According to County Health Rankings, the average life expectancy in Washington Parish from 2019-2021 is 69.5, several years younger than the Louisiana average of 74.0 years of age. St. Tammany Parish average life expectancy is 76.9 years. Between the two parishes, people from St. Tammany Parish live 7.4 years longer on average than people from Washington Parish.

Premature death was measured by years of potential life lost before age 75 per 100,000 people (age-adjusted). During the data period of 2019-2021, there were 17,400 years of life lost to death before 75 years old per 100,000

people in Washington Parish. This rate was higher than the state average of 11,500. In St. Tammany Parish, during the same data period, the premature death rate was less than half of that for Washington Parish at 8,400 years of potential life lost per 100,000 people.

County Health Rankings reports the crude rates of the leading causes of premature death (under 75 years) are malignant neoplasms (177.5 per 100,000), heart diseases (177.5 per 100,000), accidents (138.1 per 100,000), COVID-19 (86 per 100,000), and chronic lower respiratory diseases (32.3 per 100,000).

For St. Tammany Parish, the causes are listed in alignment with those of Washington Parish except that intentional self-harm is the fifth leading cause of premature death instead of chronic lower respiratory diseases: malignant neoplasms (116.8 per 100,000), heart diseases (81.4 per 100,000), accidents (79 per 100,000), COVID-19 (39.7 per 100,000) and intentional self-harm (18.3 per 100,000).

Child mortality (defined as number of deaths among residents under 18 per 100,000 population) in the data period 2018-2021 was 90 deaths per 100,000 in Washington Parish compared to 80 per 100,000 in Louisiana. When the data is disaggregated, the mortality rate of Non-Hispanic Blacks was three times higher than Non-Hispanic Whites in Washington Parish (150 per 100,000 children for Blacks compared to 50 per 100,000 children for Whites). In St. Tammany Parish, the child mortality rate is lower at 50 deaths per 100,000 population. The disaggregated data shows that the Hispanic and Non-Hispanic Black children die more than White children (60 per 100,000 for Hispanic and 70 per 100,000 for Black children compared to 40 per 100,000 for White children).

From 2017-2021, the number of deaths by suicide in Washington Parish was 19 per 100,000 people (age-adjusted), slightly higher than the state average of 15 suicides per 100,000 people. St. Tammany is similar to Washington Parish with a rate of 18 suicides per 100,000 people.

## Quality of Life

In 2021, 25% of adults in Washington Parish reported that they consider themselves in fair or poor health. The percentage across the whole state is lower at 19%, and St. Tammany Parish is even lower at 15%. Low birthweight, a quality-of-life measure, shows that 12% of babies in Washington Parish had low birthweights (under 5 pounds, 8 ounces) from 2016-2022, compared to 11% in Louisiana

and 9% in St. Tammany Parish. When disaggregated by racial group, 17% of the low birthweight babies in Washington Parish are Non-Hispanic Blacks compared to 10% being Non-Hispanic Whites. In St. Tammany Parish, 14% of the low birthweight babies are Non-Hispanic Blacks compared to 8% Non-Hispanic Whites.

**Frequent mental distress:** 21% of adults in Washington Parish reported experiencing poor mental health for 14 days or more of the last 30 days during 2021; this percent is slightly higher than the state average at 19%, while St. Tammany Parish is slightly lower than the state average at 17%.

**Diabetes prevalence:** 14% of adults 20 years or older in Washington Parish were living with diabetes in 2021 compared to the state percentage at 12%. Similar to other health trends, St. Tammany is doing slightly better than the state average with a diabetes prevalence of 10%.

Washington Parish is showing better outcomes compared to the state regarding sexually transmitted diseases. In 2021, there were 642.5 new cases of chlamydia diagnosed per 100,000 people, lower than the state rate of 730.1 per 100,000 people. St. Tammany Parish shows lower rates than Washington Parish and the state average at 411.3 cases per 100,000 people. HIV prevalence was also slightly lower in Washington Parish compared to the state but, overall, has one of the highest rates among the parishes. During 2021, 396 of 100,000 residents (13 years and older) live with HIV, which is lower than the state average of 559 per 100,000. St. Tammany Parish has an even lower rate at 264 per 100,000 people.

**Infant mortality,** defined as the number of infant deaths within one year of birth per 100,000 live births, shows an average of nine deaths per 100,000 live births during the data period 2015-2021. This is on par with the state average of eight deaths per 100,000 live births. St. Tammany sits right below the state average at five deaths per 100,000 live births.

According to the National Institutes of Health National Cancer Institute database with state cancer profiles, during the data period of 2016-2020, the age-adjusted cancer

incidence rate for Washington Parish, 495.5 per 100,000 people, was similar to St. Tammany Parish at 490.8 per 100,000. Both rates are higher than the state rate of 478.3 per 100,000 people.

## Health Behaviors

### Adult Obesity

In Washington Parish in 2021, 45% of adults had a BMI of 30 or greater, more than the state rate of 39%. St. Tammany Parish has a lower percentage of obese adults at 35%.



### Food Environment Index

In the years 2019 and 2021, Washington Parish scored 6.8 out of a possible 10 (best) on the food environment index, which includes access to healthy foods and food insecurity. The average index across the country was 7.7. The Washington Parish average was better than the state average of 4.8. St. Tammany Parish is significantly greater at 7.7 out of 10.

Yet, Washington Parish is a food desert, showing a relatively high rate of food insecurity in 2021 with 17% of people in Washington Parish without a reliable source of food, compared to 15% for Louisiana. St. Tammany Parish has a relatively low rate of food insecurity at 11%.

### Teen Births

From 2016-2022, there were 38 teen births per 1,000 females 14-16 years of age in Washington Parish, higher than the state rate of 27 per 1,000 14-16-year-old females in Louisiana. In St. Tammany Parish, the rate is almost half the state average at 15 teen births per 1,000 14-16-year-old females.

### Drug-Related Deaths

As the opioid epidemic continues to have a disproportionate effect on those in rural communities, recent data on drug-related deaths and overdoses shows that Washington Parish continues to have some of the highest rates among all Louisiana parishes. According to the Louisiana Department of Health Opioid Data and Surveillance System, Washington Parish is among the



top three parishes for almost every drug-related death measure, ranking significantly above the state rate for these measures. For instance, Washington Parish is among the top three parishes for data during 2022 with the age-adjusted rate of various measures by residence: synthetic opioid/heroin-involved deaths, synthetic opioid/heroin poisoning deaths, synthetic opioid-involved deaths, synthetic opioid poisoning deaths, stimulant-involved deaths, stimulant poisoning deaths, psychostimulant-involved deaths, psychostimulant poisoning deaths, benzodiazepine-involved deaths and benzodiazepine poisoning deaths. The rate of opioid-involved deaths in 2022 by residence for Washington Parish is 70.49 compared to the state rate of 30.82.

According to County Health Rankings, from 2019 to 2021, Washington Parish had a staggering rate of 87 drug overdose deaths per 100,000 people – the highest parish in the state for this measure. On a positive note, the rate of all opioid-involved deaths has shown a decline since 2019 and appears to plateau in 2022 to 70.49 per 100,000, only slightly above the 2018 rate of 67.64 per 100,000 in Washington Parish. A similar trend exists for all opioid poisoning deaths in which the state rate has been rising in the last five years while Washington Parish has been declining, despite being the leading parish in this metric in 2022 (parish rate of 70.49 per 100,000 compared to state rate of 29.99 per 100,000).

St. Tammany Parish, while performing better in most drug-related measures compared to Washington Parish, still fares worse than the overall state average as far as drug overdose deaths with 49 deaths per 100,000. 2022 rates of all-opioid involved deaths and opioid poisoning deaths in St. Tammany Parish lie above the state average, though they are overall trending down from a spike in 2020 and 2021. However, the rates still remain above 2019 rates. Rates of drug-involved deaths and drug-poisoning deaths have been slightly below the state rate and are down from similar spikes in 2020 and 2021. According to the Louisiana Department of Health Annual Report of Drug-Related Emergency Department Visits, St. Tammany Parish is among the top parishes with the highest all-drug related, heroin-related, and opioid-related ED visits in 2022. Of note, heroin poisoning deaths have been steadily decreasing on the parish and state level since 2019, likely associated with the rise in fentanyl use. Overall, St. Tammany Parish scores among the top across all Louisiana parishes regarding many drug-related metrics when looking at crude numbers.

## Alcohol-Related Deaths

As with drug-related deaths, the statistic for alcohol-impaired driving deaths reflects Washington Parish's struggle with substance abuse in the community: 44% of motor vehicle crash deaths involved alcohol in the years 2017-2021, compared to 31% for the state. St. Tammany Parish is on par with the state average with 32% alcohol-impaired driving deaths.

## Physical Inactivity

According to County Health Rankings, 37% of adults in Washington Parish reported not participating in any physical activity outside of work in 2021, while 22% of adults in St. Tammany Parish reported not participating in physical activity outside of work. Access to exercise opportunities align with this statistic: 49% of people in Washington Parish lived close to a park or recreation facility, while 81% of people in St. Tammany Parish lived close to a park or recreation facility in 2020, 2022 and 2023.

## Clinical Care

The percentage of the Washington Parish population under age 65 without health insurance in 2021 is on-par with the state and U.S. average and follows similar trends, according to County Health Rankings. The percentage is 9% in Washington Parish, 9% in the state and 8% in St. Tammany Parish. However, Washington Parish shows better data for uninsured children compared to both St. Tammany Parish and the state, with 3% of children under





age 19 without health insurance, compared to 4% in the state and 4% in St. Tammany Parish for 2021.

Access to primary care physicians is a large problem in a rural parish. Historically, there was a significant increase in the ratio of population to primary care physicians. In 2017 there was one primary care physician for every 2,120 people. In 2018 that ratio had dropped to 5,120:1. The ratio improved slightly in 2020 and by 2021 was 5,010:1. The Louisiana average for 2021 is 1,440:1.

However, the ratio of population to non-physician primary care providers is improved compared to physician ratios. Data from 2023 shows that there was one primary care provider other than a physician per 1,100 people registered in Washington Parish (including nurse practitioners, physician assistants and clinical nurse specialists). In St. Tammany Parish, the 2021 ratio of population to primary care provider was significantly lower at 1,300:1. The ratio of population to non-physician primary care provider was also lower than the physician ratio at 780:1.

Dentists are more prevalent than primary care physicians, showing a ratio of 2,810:1 in Washington Parish in 2022, higher than the state ratio of 1,690:1. The St. Tammany Parish ratio was higher than the state ratio but still slightly lower than the Washington Parish ratio at 1,220:1.

There is also a large disparity in access to mental health providers in Washington Parish compared to the rest of the state. In 2023, there was one mental health provider for every 620 people registered in Washington Parish. The state ratio was 290:1. St. Tammany Parish also lags behind the state with fewer mental health providers at a ratio of 360:1.

Preventable hospital stays are another mark of the state of community health. In 2021, 4,183 hospital stays per 100,000 Medicare enrollees might have been prevented by outpatient treatment in Washington Parish, more than the state average of 3,575 preventable hospital stays per 100,000. St. Tammany Parish performed better at preventable hospital stays with a total of 3,078 per 100,000.

In 2021, 38% of female Medicare enrollees ages 65-74 in Washington Parish received an annual mammography screening, compared to the state and national average of 43%. St. Tammany Parish is significantly better than Washington Parish and both the state and national average, as 51% of St. Tammany Parish female Medicare enrollees received a mammogram in 2021.

In 2021, 40% of fee-for-service Medicare enrollees in Washington Parish received an annual flu vaccine, which is the same as the state average and almost the same as St. Tammany Parish (41%).

COVID-19 vaccination data available from 2022, the Centers for Disease Control & Prevention and Louisiana Department of Health show:

- o In Washington Parish, 50.18% of the population received greater than or equal to one dose of the COVID-19 vaccine, and 45.52% were fully vaccinated.
- o In St. Tammany Parish, 63.84% of the population received greater than or equal to one dose of the COVID-19 vaccine, and a marginally lower percentage, but still over half of the population, were fully vaccinated at 58.78%.



According to the state department of health vaccination data coverage, the most recent 2022 data reflects that the seven-vaccination series completion by age 2 is 71% for Washington Parish, only slightly behind the Louisiana state average of 74.6%. The 10-vaccination series completion by age 2 is significantly lower at 15.2% in the parish, and about half that of the state average of 30.4%. St. Tammany Parish vaccination coverage for the same year shows that 74.7% completed the seven-vaccination series by age 2 and 35.6% completed the 10-vaccination series by age 2, which is better than the state average.

## Crime

According to County Health Rankings, from the data period of 2015-2021, there were 12 deaths by homicide per 100,000 people in Washington Parish. This statistic is lower than the state rate of 15 homicides per 100,000 people, the highest in the nation. St. Tammany shows a significantly lower rate at five homicides per 100,000 people.

From 2015-2021, there were 26 deaths by motor vehicle crashes per 100,000 people in Washington Parish, higher than the state average of 18 per 100,000 and St. Tammany Parish average of 13 per 100,000.

According to Crime Grade Reports, the average violent crime rate in Washington Parish is 4.718 per 1,000 residents during an average year. In St. Tammany Parish, the average violent crime rate is 2.462 per 1,000 residents.

Crime in the United States is ranked on a scale of 1 to 100. Violent crime (including murder, assault and robbery) in Washington Parish is ranked 44.3, almost double the U.S. average of 22.7, while St. Tammany Parish is on par with the national average at 22.7. Property crime in Washington Parish is 69.2, significantly higher than the US average of 35.4. St. Tammany property crime rate sits right above the U.S. average at 40.8.

The Louisiana Department of Health 2022 Report Card shows the following: in 2021, the rate of violent deaths (suicides and homicides) is 53.2 per 100,000 people in Washington Parish, significantly greater than the state rate of 33.5 per 100,000 people. However, of the violent deaths, the suicide rate in Washington Parish is lower than the state rate (11 per 100,000 compared to 14.1 per 100,000). While St. Tammany performs better than the state rate in assaults/homicides (17.8 per 100,000 compared to the state rate of 19.4 per 100,000), the parish is notably leading the state in the suicide/intentional self-harm rate at 48 per 100,000.





# *Survey Results & Analysis*



The survey distribution and collection process aimed to be a snapshot of the health needs of the community by listening to the voices of the most vulnerable, as well as hearing from the providers who are in touch with the community's needs through their work. A brief online Google Form was created – one for community members and one for healthcare providers. The survey questions were designed based on areas of need identified in the 2021 CHNA and with particular attention to social and economic issues known to influence community health. The Steering Committee made a conscious effort to draw out responses from two key groups that make up the majority of the population serviced by Our Lady of the Angels: the elderly and the poor.

The healthcare provider survey included nine questions in multiple choice and short-answer/free-response format (see Appendix A for all survey questions). At the beginning of June 2024, a link to the survey was shared with all healthcare team members within Our Lady of the Angels Health and Our Lady of the Lake Northshore through an email requesting staff participation. Survey responses were collected over the next three weeks. Respondents were asked to only complete the survey once, and there were no issues with the collection process.

The community member survey was very similar to the healthcare provider survey with eight questions in a similar format (see Appendix A for all survey questions), but responses were gathered in a different manner than the healthcare provider survey. The Steering Committee distributed physical copies of community member surveys to a few key sites and collected responses at one collection time. One survey distribution site was the Bogalusa Mission, a nonprofit outreach ministry which provides shelter and placement for those recovering from addiction. Another survey distribution site was the Bogalusa Council on Aging, a social services organization providing services for seniors of Washington Parish. Finally, physical copies were distributed in St. Tammany Parish at Our Lady of the Lake Surgical Hospital for patients to complete. Of the community surveys, 148 survey responses came from Washington Parish and 10 came from St. Tammany Parish.

## Healthcare Provider Survey Results and Analysis

This survey was completed by a total of 102 providers, disaggregated to show 91 respondents servicing mainly the Washington Parish Area and 11 servicing St. Tammany Parish.

The first question asked providers to estimate the percentage of their patients who do not return for necessary follow-up visits.

The estimates varied greatly for Washington Parish providers:

- o 31.9% of respondents answered within the range of 25-50%
- o 27.5% of respondents estimated the range to be less than 25%
- o 15.4% of respondents estimated the range to be 50-75%
- o 2.2% answered 75% or greater
- o 23.1% of respondents indicated “unknown” to this question.

This question was intended to gain a sense of provider experiences with their patients lost to follow-up.

While over a quarter of respondents perceived a relatively high retention with an estimate of less than 25% of their patients lost to follow-up, 17.6% respondents felt that over half of their patients are lost to follow-up. Interpretation of this question is limited to the perception of providers, as details on providers (specialty, location, etc.) and patients (demographics, distance to provider, other circumstances) are not known; however, the next survey question further elucidates the reasoning behind patients not returning to follow-up visits.

For St. Tammany Parish providers, there was less spread:

- o 60% of respondents felt the range was less than 25%
- o 30% of respondents felt that the range was 25-50%
- o 10% answered “unknown”

These results support the assessment that Washington Parish has greater “no-show” rates compared to St. Tammany Parish.

The next question explores the providers’ thoughts on the primary reason why these patients do not return for follow-ups.



- Washington Parish providers: the most popular answer choice from 33% of respondents was transportation, known to be a significant barrier to healthcare access in Washington Parish. Following transportation; 23.1% of respondents selected “apathy/lack of will to manage health;” 16.5% selected co-pay issues and 9.9% selected that patients felt better after first visit. The other responses that were listed were chosen by less than 4% of respondents.

While transportation was not a surprising choice due to quantitative data to support this claim, apathy in managing health is a reason of a different nature than transportation and cannot be so easily quantified, though this does not mean it can be dismissed. The response potentially reflects the experience of providers recognizing in patients a “learned helplessness” or hopelessness regarding patients’ health seeking behavior that manifests as apathy.

- St. Tammany Parish providers: the most popular answer cited by 40% of respondents was that patients felt better after first visit. The next most frequent response was apathy/lack of will to manage health. Forgot appointment, transportation, time constraints/work and not sure were all evenly split.

The third question asked for providers to estimate the degree to which health literacy impacts community health.

- Washington Parish providers: the greatest percentage of respondents (36.6%) answered that the estimated range is between 25-50%. There was an even split between providers who felt that the estimated range is between 50-75% and those who felt that the estimated range is 75% or greater. The smallest percentage of respondents (8.8%) responded that health literacy’s impact on community health is less than 25%. Despite variation, it appears there is at least a mild level of consensus that health literacy impacts community health to some degree.
- St. Tammany Parish providers: interestingly, 50% of respondents felt that health literacy impacts community health by less than 25%; 30% felt that the range was greater at 75% or more, while 20% felt the range was less at 25-50%.

The fourth question asked respondents to choose the two greatest healthcare needs in the community based on their experience.

- Washington Parish providers: The two most commonly selected needs selected together were mental/behavioral health and addictions/substance abuse. The next most commonly selected needs paired together were obesity and addictions/substance abuse, followed by obesity and mental/behavioral health. Without analyzing the results in pairs, addictions/substance abuse was the most frequently selected, followed closely by mental/behavioral health. Following mental/behavioral health, obesity and diabetes were equally selected by participants. It is evident from this question and reinforced in others that the primary health needs in Washington Parish are related to mental health and substance abuse.

- St. Tammany Parish providers: the most popular response was diabetes with seven responses, followed by obesity with six responses.

The fifth question asked respondents based on their experience to select the biggest barrier to better health in the community.

- Washington Parish providers: The three most common answers were cost of health services, lack of access to a medical specialist in the community and lack of mental health services in the community. Respondents could name other reasons not listed in the options, of which one response was poor health literacy. In an earlier question, transportation was the primary reason that providers felt patients missed follow-up visits, which is related to the most common answers to this question: cost of health services and lack of access to medical specialist in the community.



- St. Tammany Parish providers: There was a great spread on this question. The most popular response was cost of health services from three respondents, followed by lack of mental health services in the community. Cost appears to be a major barrier observed by both St. Tammany Parish providers and patients.

The sixth question was an open-ended question that asked if there is a specialty that the respondents refer their patients to which is not available in the area.

- Washington Parish providers: While some responded “no” or “not applicable,” there were 18 responses of pulmonology, 17 neurology, 12 podiatry, 10 oncology, eight dermatology, seven endocrinology, seven rheumatology, and six referencing psychiatry, psychology or mental health professionals.
- St. Tammany Parish providers: four responded rheumatology, two mental health, and other responses included bariatrician, sleep medicine and psychiatry.

The final question was open-ended and optional, asking for any comments or suggestions.

- Washington Parish providers: There were several noteworthy insights:
  - o “We need more specialists in our area — our patients have to travel for a specialist — such a burden.”
  - o “This is a systemic problem that is larger than just healthcare needs in the community.”
  - o “We need to put some plans in place for patients that have substance use disorder.”
  - o “This may already be a thing, but partnering with all local churches to help spread the importance of healthcare, where to go for treatment, etc. could be helpful. Again, I’m fairly new to the area so this maybe something that is already being done. It was extremely helpful for me and my family in my previous hometown.”
  - o “Biggest barrier: lack of access to primary care physicians — just wanted to clarify that it is not for lack of presence of primary care physicians but rather lack of access to the primary care physicians due to co-pays/cost, no insurance or minimal insurance coverage, lack of transportation, low trust in healthcare system, language barriers, significantly low health literacy and many other social determinants that preclude patients from ever entering the doors of the primary care physicians”

- Two entries were received from St. Tammany Parish providers: “Better marketing needs in our community” and “We would also benefit from mental health professionals.”

Taking into account the low sample size of St. Tammany respondents compared to Washington Parish respondents, comparisons between the two parishes based on survey results are made with caution. Key takeaways of these survey results reinforce a theme in community health needs which has echoed throughout the process of data collection for this 2024 CHNA: providing low-cost, accessible care and support related to addiction/substance abuse and mental health are two priority needs in both parishes.

## Community Member Survey Results

This survey received 158 responses, with 148 from Washington Parish and 10 from St. Tammany Parish.

The first three questions of the survey asked for demographic information.

- Washington Parish: The primary zip code of most respondents from Washington Parish was 70427. About three fourths of respondents were female and a quarter were male. 77.2% of respondents were 60+ years old, and the remaining 22.8% were split fairly evenly among the remaining age ranges.
- St. Tammany Parish: Zip codes of the respondents were split, but the most came from 70458, followed by 70460. 50% of the respondents were 60+ years old, followed by the age range of 50-59. The remaining ranges of 20-29 and 40-49 were evenly split.

The next question asked respondents to comment if they leave the parish to seek care from a medical specialist.

- Washington Parish: 94 people answered “no” or left the section blank. The responses included a variety of 15 different specialties, including primary care: orthopedic surgery, pulmonology, neurology, gastroenterology, cardiology, endocrinology, hematology/oncology, primary care, pain management, podiatry, ENT, nephrology, ophthalmology and urology.
- St. Tammany Parish: strikingly different than the Washington Parish respondents, 100% of the respondents answered “no.”

The following question asked respondents based on their experience to select the two greatest health concerns in the community.



- Washington Parish: The most popular responses (in order of greatest to least) were diabetes, heart disease and cancer.
- St. Tammany Parish: The most common responses (in order of greatest to least) were mental/behavioral health, obesity and heart disease.

The following question asked respondents based on their experience to select the two greatest social concerns affecting health in the community.

- Washington Parish: 78 entries included addictions/substance abuse, 23 included unreliable transportation, 23 included unsafe neighborhood, 22 entries included education, 20 included housing insecurity, 18 included food insecurity, 18 included job insecurity, 13 included domestic violence, 12 responses included social isolation, 11 included communicating with healthcare providers/understanding health instructions and three responses included early childhood development.
- St. Tammany Parish: The most common entry was addictions/substance abuse, followed by domestic violence and less commonly communicating with healthcare providers/understanding health instructions.

The following question asked respondents based on their experience to choose the top three health services most needed in the community.

- Washington Parish: the top response was specialty care, with 47 entries, followed by assisted living/nursing home with 35 entries, and internal medicine/family practice with 31 entries.
- St. Tammany Parish: The top responses were specialty care, followed by pediatric care and rehab/long-term care. Specialty care was a surprising choice due to an earlier question in which no respondents stated needing to seek specialty care outside their parish. Conjecture is that the specialty care, while saturated in the parish, is still unsatisfactory in some way or does not meet patients' needs.

The following question asked respondents to select the biggest barrier to better health in the community.

- Washington Parish: The top two responses were lack of access to a medical specialist in the parish (45 entries) and cost of health services (42 entries). Similar in rank following these top two were lack of education on how to deal with chronic illnesses (26 entries), lack of mental health services in the parish (25 entries) and recreation facilities/physical activities (24 entries).
- St. Tammany Parish: There were only 10 responses received for this question, and at the same rates – five responses contained cost of health services, and five responses contained lack of mental health services in the parish.

The final question was open-ended and asked respondents to share any additional comments or suggestions.

- Washington Parish: Three responses emphasized the need to increase access to specialty care. Four responses specifically addressed the need to provide transportation for the elderly to appointments, with one respondent suggesting, "provide a bus once a week to Covington specialist."
- St. Tammany Parish: only one respondent answered, "please keep options other than Ochsner."

Again, the low sample size of St. Tammany respondents compared to Washington Parish respondents must be taken into account when drawing comparisons between the two parishes based on survey results.





# Focus Group Results & Analysis





Three rounds of focus groups were completed with the internal steering committee and external steering committee for this 2024 CHNA. The first round was held May 17, 2024, and the second round was held June 24, 2024. The Steering Committee also conducted a focus group with the Family Medicine LSU residents at Our Lady of the Angels Health on July 27, 2024, to understand the unique perspective of this group.

### Internal Steering Committee Session 1

Five ISC members were present (Dr. Brian Galofaro, Kay Kay Warner, Autumn “Sunshyne” Morris, Gordon Thomas, Dr. Madeleine Maras), along with members of the Steering Committee who facilitated and took notes during the session.

The session began with a broad overview of the healthcare provider and community member survey results. The session then moved into a focused discussion on the strengths, challenges, assets and resources of Washington Parish.

Several themes emerged from a word association exercise. There was primarily a negative tone among participants when asked to share immediate thoughts upon hearing “Washington Parish,” while there were more positive descriptors for “St. Tammany Parish” such as “rich,” “thriving” and “more resources.” Participants who have lived in Washington Parish for years referenced the shift away from pride and industry in the parish toward an exodus of people who could leave, while there has been an influx of people to St. Tammany Parish.

### Healthcare

Our Lady of the Angels was noted to be a source of pride and trust for Washington Parish residents. Participants did note that many patients voice having a “hit or miss” experience at the emergency room. It was emphasized that providers at Our Lady of the Angels have a duty to recognize and uphold the dignity of each patient by treating patients with respect and compassion. One participant noted that “almost everything we do boils down to communication. How you deliver something is more important than what you deliver.”

Regarding healthcare in St. Tammany Parish, participants discussed the abundance of specialists and programs, which they attribute to St. Tammany Parish Health System being well-funded. They describe the emergency room as busy, consistent, overall pleasant and cite the asset of the specialized pediatric ER.



### Social Determinants of Health

When participants were asked to discuss Washington Parish and social determinants of health, many factors were named, including opioid use, maternal mortality, food insecurity, violence, and housing insecurity. A key determinant discussed, which functions as a linchpin for other determinants, is the cycle of poverty, including all the factors that feed into it. Participants discussed the gap in communication and expectations between physicians and social workers at Our Lady of the Angels when documenting social need in patient charts.

When discussing St. Tammany Parish, participants noted towns in the parish, such as Bush, Lacombe and Pearl River, describing them as rich, though not without issues. While resource availability and programming are much greater than Washington Parish, opioid use deaths are very high in these regions. One participant mentioned the suicide and foster care rates being highest in St. Tammany, along with the high rates of mental health issues. Overall, psychiatry is undersaturated and responsible for a large health gap in the parish. Participants agreed that there were not enough psychiatrists and mental health professionals and that most that are available are cash-based, limiting access for a large portion of the population.

Consequently, Washington Parish patients are not frequently referred to St. Tammany for mental health needs, leaving both parishes with tremendously limited access to mental health support.

## Education

The negative tone of the discussion on education in Washington Parish mirrored the challenges embedded in the topic. There was consensus that education in Washington Parish reveals the layers of fragmentation which exist on different levels, from the divided public school system (two discrete school systems with Washington Parish: Bogalusa School System and Washington Parish School System) to the fragmentation of the core family unit. Participants used this fragmentation of the family to explain the generalized sense of lack of ambition among young people. It is felt in the group that this problem has an intergenerational cause: without models or mentors, young people in Washington Parish are not being surrounded by an environment which encourages hope, industry, achievement, etc. When discussing furthering education, most participants felt that young people do not appreciate or value education, and particularly, that they do not know what it would be like to leave Bogalusa. One participant stated, "Northshore Technical College is one of the best, but within one of the worst school systems."

The only comment about education in St. Tammany Parish was that there is a great need to invest in education and increase youth education on health issues with a focus on prevention.

## Mission

Upon hearing the word "mission," participants discussed their work, and one person described their understanding of mission as having a privilege to serve.

## Faith-based Care

The first word that came to mind for one participant was "limited." He explained the importance of belonging to a faith community among the people of Washington Parish, and how this characteristic serves as an asset and as a challenge, as the myriad number of church communities within the parish has created a strong sense of belonging among church members but one of exclusion toward the broader community such that the communities operate in silos, making the opportunity for partnerships difficult. He explained that "we have too many churches, so many different pockets struggling to maintain their own." He went on to state that the broader faith community "can accomplish more together, with fewer being combined to create strength, but people don't like the idea."

## Mental Health

People used words such as "poor" and "lacking" to describe the state of mental health in Washington Parish, with a particular emphasis on the unmet needs of pediatric mental health. Accessing mental health care for people in Washington Parish has mostly been precluded by such a strong level of stigma of mental health issues. Additionally, access has not been increased by the increased availability of telehealth options since the COVID-19 pandemic, as it has not been preferred by many Washington Parish residents and/or many people in more remote areas of Washington Parish who commonly lack broadband internet access.

The complex relationship between faith-based care and mental health was alluded to in a conversation about stigma. Participants felt a stigma around mental health reinforced by churches and faith communities, with increased influence from church leaders. One participant shared that some pastors discount the need for seeking healthcare, encouraging a singularly spiritual approach to treating mental health issues such as depression, resulting in an overall disconnection and lack of integration of the process of spiritual and physical healing.

Participants discussed contributors to pediatric mental health. The group noted that every age group has been affected by collective trauma and violence in the community, with intergenerational trauma being commonplace. Compounded by a lack of support and adequate counseling, the experience of trauma has played a fundamental role in poor mental health outcomes. Participants feel that educators have not been supportive overall, naming a lack of concern/compassion. One participant talked about the critical role of healthy early childhood development and how many people in the community never learned healthy coping strategies growing up or witnessed only unhealthy relationships in their home. In summary, "When you live in chaos, chaos is the norm."

Following the word association, the group was asked what is positively contributing to the health in the community. People mentioned

- Our Lady of the Angels Health's mobile health outreach program, "Day with Angels," a community outreach program developed in the last year in which clinicians went to high schools to offer education on health careers.



- ADAPT, a local non-profit organization providing holistic support and resources regarding “prevention, intervention, and post-intervention strategies to address causal factors that lead to sexual assault, violence, substance abuse, and other problem behaviors.” Learn more at [adaptwp.org](http://adaptwp.org).

The focus group closed with a final question about participants’ vision of a healthy community and how we get there. A lively discussion followed, with the following remarks:

- Invest in education early on for children
- Washington Parish is a drug destination and the biggest threat to the community is substance abuse. Participants discussed the pattern, anecdotally seen, of people with substance use disorder lacking support following sobriety and going back into their same environment without any real changes to their internal or external environment, leading to a short recovery period before relapsing.  
Vision: Build a 90-day residential program for addiction treatment that gives access to Medicaid and “free care” population. One participant mentioned that the lowest rate of recidivism is seen in patients who have had residential treatment. Focus on providing outpatient programs to educate and journey alongside people with addictions.
- Questions circulated among group members about how we ought to go about forming sustainable partnerships to allow for the above stated to take place.

### External Steering Committee Session 1

Four members of the ESC were present for the first focus group session along with Steering Committee facilitators; Thomas Mitchell attended in-person, while Christine Beavers, Ashley Llewellyn and Scott Breland attended virtually. The focus group followed the same structure as the first session ISC focus group. Most of the participants split their time between doing work within St. Tammany Parish and Washington Parish.

Participant comments from the word association exercise are below:

- Washington Parish: participants mentioned positive words such as tight-knit, hyperlocal communities, humble, salt of the earth, kindness, goodness, welcoming, less pretentious compared to St. Tammany Parish and rural.

- St. Tammany Parish: participants talked about how it performs better than Washington Parish in quality of life and economic prowess and perspective due to better access and more resources. One participant used the word “mature” to explain St. Tammany’s connections and resources in relation to Washington Parish, feeling that it explained more than the descriptors developed vs underdeveloped. Overall, this point was made to clarify that a simple comparison between the two parishes should be avoided as it is like comparing “apples and oranges.”

### Healthcare

A discussion followed about home health care aids, such as patient care technicians, who represent a significant portion of healthcare and have a consistent connection to the medical community. People also mentioned outreach activities such as health screenings: these charitable community-based outreach activities bring healthcare to people. Finally, one participant used the word “misinformed” to describe how they feel that people often are misguided in thinking that they must leave Washington Parish to get quality care.

During the discussion about healthcare in St. Tammany Parish, participants talked about accessibility and visibility of healthcare, with visibility translating to accessibility. It was mentioned that there are limited providers in St. Tammany who take Medicaid patients, so despite the abundance of healthcare and visibility of healthcare, the access is not equitable. This inequity relates directly to “our role to serve regional needs given our mission,” as one participant put it. Again, it was said that we should stay away from making comparisons between the two parishes that have such fundamental differences and instead look at each parish’s ecosystem, dropping a metaphorical pin and looking at the sphere of influence affecting that region.

### Emergency Room

Very similar words were used in this session as the ISC session to describe the experience of the emergency room at Our Lady of the Angels Hospital – the consensus is that the experience is mixed, with both distinctively good and bad experiences.

### Social Determinants of Health

The general health disparities related to accessing quality care in Washington Parish were listed, such as specialist access, racial, ethnic, socioeconomic disparities,

demographic barriers associated with challenges to acquire healthcare needs and limited access to reliable transportation. The word “inconvenience” was used by one participant to express how poor social drivers of health lead to lack of connectivity to healthcare and other sources of healthy living such that it becomes inconvenient to prioritize and regularly access healthcare. Thus, limited access to quality healthcare is intrinsically related to and driven by inconvenience: “what is comfortable and familiar makes it hard to break patterns.”

In St. Tammany Parish, words and phrases that were associated with social determinants of health were mental health and addiction, right beneath the surface (describing the web of issues that are easily masked by the development and wealth of certain areas of St. Tammany), impact on individuals’ quality of life, and obligation to serve the broader population upon knowledge of the low and stark rankings on certain metrics in St. Tammany as a whole.

### **Education**

A group member serving on the Washington Parish School Board mentioned the complicated landscape of public education in Bogalusa with two school systems. One participant emphasized the sense of pride in having Northshore Technical College, one of the best community colleges in Louisiana, housed in Washington Parish. Another group member mentioned the reality that despite its close location, the college is underutilized/underattended by the people of Bogalusa and Washington Parish more broadly. When asked why this might be, people talked about the gap between perception and reality about what community college education provides as well as how the disconnect between the local population and their connection to Northshore Technical College created a layered relationship between the two. Due to the limited scope of Our Lady of the Angels to improve education, the Steering Committee asked the group specifically how Our Lady of the Angels can improve education in Washington Parish. The response was to support the STEM programming that is already happening in the area through partnerships.

### **Mental Health**

This conversation echoed the ISC focus group insights, with group members feeling that mental health access is very limited. This thought was parsed out further to describe the experience of many patients not knowing when to seek care, where to go and what, if anything, is available. Additionally, there is a lack of resources and

qualified professionals in inpatient and outpatient settings. Pediatric mental health needs are largely unmet, with one participant discussing the need for pediatric PTSD counseling following criminal investigations related to child abuse.

Next, the group was prompted to discuss things that are positively impacting the Washington Parish community. It was felt by group members that there is a renewed sense of collaboration on healthcare sector strategy initiative as well as economic development. The Washington Parish Coalition was noted to be “a terrific resource.” Again, the Northshore Technical Community College came up in discussion, with a sense of hope that as exposure widens and programs offered continues to grow, so will the opportunities to connect with local and nonlocal communities. The new pregnancy center that has recently been opened in Bogalusa is an exciting new program. Finally, it was mentioned that “healthcare providers in Bogalusa, especially family care, are providing high quality care.”

When discussing St. Tammany, participants made the point that there are many more specialists compared to Washington Parish, and they particularly talked about the increased access to mental healthcare treatment, with one participant mentioning “they seek you out.” This point was of interest to the Steering Committee as the ISC made essentially the opposite point about mental health in St. Tammany Parish.

Following a list of positive things going on in Washington Parish, the group was asked about things that are negatively impacting the community. While brief, the list is extensive and summarizes some of the biggest needs discussed in the focus group. The list included substance abuse and intergenerational trauma and its role in health outcomes. Participants discussed how the adverse childhood experience studies clearly show how negative life experiences in childhood correlate with poor health outcomes as adults.

When discussing St. Tammany Parish, participants talked about the lack of public transportation for people, limiting access to making healthy decisions for those without personal means of transportation.

### **Family Medicine Residency Focus Group**

The family medicine residents at Our Lady of the Angels Health met with the Steering Committee for a focus group which was structured similarly to the first session ISC and ESC focus groups. Many of the points made in the ISC and



ESC focus groups were reiterated among the residents. The word association brought about lots of discussion:

### **Washington Parish**

Participants mentioned good people, needy, needs improvement, opioids and potential.

### **Healthcare**

Time constraints, overwhelmed, shows up and takes charge where they can.

### **Emergency Room**

Busy, oversaturated, overutilized, misplaced PCP; overall, it is felt that many of the emergency room visits could be prevented by good primary care

### **Social Determinants of Health**

High scores, a lot of work we can do, can't ignore it; in your face; participants expressed that people in the community have become so used to it, such that people have been desensitized to the shock of depravity in the community. The participants expressed a mission-driven conviction of those at Our Lady of the Angels, with hearts to serve.

### **Opioids**

Abundant, growing access, addictions are thriving due to low cost and other factors which create an environment of easy access

### **Education**

Failing, elementary, like a prison, low quality food offered to youth through programming, very little life skills focus

### **Mission**

Participants mention FMOLHS as a living symbol of mission-focused healthcare, though difficult, it represents a highly positive force working for the good of the community; people discussed the demand of mission to focus on finding the root of issues

### **Compassion**

It is present in the people serving and the people seeking care from Our Lady of the Angels, compassion demands an understanding in encounters that many times people in the community were "dealt a bad hand"



## **Specialist**

Lacking, need more

## **Community**

Close, tight-knit, many are family, related to each other

## **Mental Health**

Underreported and is dealt with in isolation, so it often goes unaddressed, is chronically in crisis; trauma is the root of issues in the community and is the norm

## **Healthy**

Food desert, very few healthy options

## **Elderly**

Forgotten, poor, barely subsistent, neglected

After word association, the participants were asked to discuss things impacting the health of the people of Washington Parish positively. Group members discussed the tight-knit community and how many folks know each other. They discussed the hospital as a trusted location and source of community, how many nurses know the patients, which facilitates deep and authentic accompaniment. There is passion to help.

The next question asked about things impacting the health of the people of Washington Parish negatively. The lack of available or convenient transportation was named as a major reason for “no-shows.” Food security, presence of drugs and absence of role models for youth were listed as other influences on poor health. Participants discussed the need to educate the community on mental health.

## **ESC and ISC Session 2**

In the ISC and ESC sessions, the focus was on reviewing key data pieces of the CHNA and discussing the potential priority and focal areas for Our Lady of the Angels. The Steering Committee provided a tentative draft of the priority health needs to the ESC and asked for feedback.

There were two clear divisions within the list, with one category being structural barriers to health that are related to access to care and the other category being immediate health issues. The group felt that the need with the greatest potential impact within the category of access to care is education. Of the immediate health needs, it was agreed that substance abuse should be the target. The conversation then focused on potential partnerships with organizations/agencies for each priority area. A number of

potential partner organizations were listed, and a finalized list can be found in Section IX Priority and Focal Areas.

The groups discussed what access to care really meant, with one participant clarifying that the goal of increasing access across the board is to bring care directly to the community instead of having them come to the care. The ISC brought forward the idea of providing a centralized community resource center that would serve as the hub of a “hub and spoke” model for patient navigation. Currently, the hub or primary point of care for people is misplaced as the Our Lady of the Angels Hospital Emergency Department. One participant introduced the concept of parish nurses, in which a nurse belonging to a particular church parish in the community is assigned to be a healthcare presence for parish members, connecting people to needed resources. The Steering Committee left with a solid sense of direction regarding the needs and goals of the community.



# Stakeholder Interviews





Three separate one-on-one interviews were conducted in a simple and open format with five open-ended questions. These interviews offered valuable insights and confirmed and clarified the priority and focal areas of this CHNA.

### Questions posed in 1:1

1. What do you think is the current state of community health in Washington Parish/St. Tammany Parish?
2. As you think about the health needs of this region, what do you believe are the most pressing matters of concern?
3. What do you think is currently being done to positively impact the needs mentioned?
4. What are the obstacles in addressing the needs?
5. Where do you think we as a healthcare organization can have the highest impact in addressing these gaps?

### 1:1 interview with Collin Sims and Jason Garbo

On July 12, 2024, Rafael Flores met for a one-on-one interview with Collin Sims and Jason Garbo at the Covington District Attorney's Office located within the St. Tammany Parish Justice Center. Collin Sims is the District Attorney for the 22nd Judicial Court District Attorney's Office for St. Tammany and Washington Parishes, and Jason Garbo is a Washington Parish Sheriff's Office detective.

The interview began with a question asking for the interviewees' thoughts on the current state of community health in Washington Parish and St. Tammany Parish. It was

felt that the two parishes are difficult to compare due to the large number of social and economic differences, but that there are some shared issues across the parishes. The interviewees reiterated two primary struggles mentioned in the focus groups and community surveys: mental/behavioral health issues and substance abuse/addiction. Sims discussed how the opioid epidemic today has cut through/obscured the glaring differences between the two parishes, not discriminating across class or location as it did when it first began as "a poor urban issue." He carefully refrained from making bolder claims, feeling that in order to understand and clarify the root issues, the data must be mapped out more. He brought up the need to determine an allocation plan to utilize the opioid settlement proceeds from recent opioid litigation involving the state of Louisiana.

The next question asked about the interviewees' thoughts on the most pressing matters of concern in the community regarding health needs. Sims mentioned substance abuse as one of the most pressing issues that must be matched with upstream solutions, increasing the robustness of drug prevention education in schools. He noted his thoughts that while harm reduction strategies have become neutralized (more acceptable solution) in the community in order to try to match and respond to high rates drug





use, they have reinforced and normalized “ODing,” the underlying issue they seek to address. The other major health need mentioned was mental/behavioral health and the large percentage of undiagnosed mental health conditions. He felt that solutions would be difficult to apply in the community as a result of cultural limitations. The education system is affected by these cultural limitations, with stigmatization of mental health services still imbuing the population’s health-seeking behavior.

The third question asked about what is currently being done to positively impact the needs mentioned. Sims talked about the opioid settlement and harm reduction as potential goods, specialty courts, job placement and vocational training taking place, including workforce development as a means to providing hope in the community. While there are more economic opportunities in St. Tammany Parish, he believes Washington Parish holds potential for increased development.

The fourth question asked the interviewees to think about obstacles in addressing the needs. Sims talked about the difficulty in balancing the focus/targeted solutions, giving the example of harm reduction needing to be paired with other drug prevention strategies. He discussed the need to “be both reactive and proactive.” Finally, transportation serves as a significant barrier for potential solutions.

The final question asked the interviewees for their feedback on where Our Lady of the Angels can have the highest impact in addressing these gaps. Overall, Sims recommended focusing the hospital’s efforts on prevention, with special attention to issues of access and substance abuse. He felt that the hospital is well positioned to advocate for providing means of transportation for patients, empowering food security, health and employment. Regarding mental health and substance abuse, he talked about the importance of building a presence in the school system; acknowledging and de-stigmatizing the issues and educating youth about prevention and treatment for these health issues. He encouraged a partnership between Our Lady of the Angels and the DA’s office.

### **1:1 interview with Ryan Seal**

The Steering Committee had a dynamic conversation with Washington Parish President Ryan Seal on July 19, 2024, at Our Lady of the Angels. The committee was able to extract a personal and historical perspective of community health in Washington Parish, which informed and added nuance to the Steering Committee’s tentatively identified priority and focal areas in formation.



Seal talked about how he feels healthcare in Washington Parish right now is the best it has ever been. He talked about the historical lack of healthcare services in Bogalusa and the benefit of merging Charity and Medical Center, followed by a gradual shift from ambivalence and lack of trust to confidence in the healthcare presence in Bogalusa. Seal felt that the opening of Our Lady of the Angels Hospital allowed for Washington Parish healthcare to become more “robust, expansive, and a pillar of hope and service in the community.” He talked about how impressed and grateful he was for the presence of Our Lady of the Angels Hospital and Riverside Medical Center (in Franklinton) in the community.

At the same time, he talked about the poor health outcomes in Washington Parish compared to the rest of the state. He likened these two experiences of healthcare being at its best, but health being at a low to a state of “best of times and worst of times.” He compared this disparity between the two metrics like looking at different worlds.

When prompted to discuss the health needs of the region, he talked about mental health, substance use, lifestyle-related decisions and the needs of the aging population of Washington Parish. He discussed his experience of seeing medical bills of individuals at the local jail as president of Washington Parish, describing these to be related to health education and literacy. He explained that many times he sees people at the jail suffering from mental health issues while concurrently using substances recreationally; they will try to procure drugs to treat these issues based on limited knowledge of drug interactions with these other substances they are using, resulting in overdoses. There was a sense that substance abuse has become so commonplace in the community, yet he felt that the levels of substance abuse must be acknowledged, which begets the question about what these individuals experienced in their life that led them to make the choices they did.

When asked about positive work impacting the community, Seal discussed the improvements and increased capacity to handle mental health issues at both Our Lady of the Angels and Riverside Medical Center with the recent additions of mental health professionals to their staff. He also talked about the increase in resources available for the aging population but the obstacles of inability to keep up with this population's needs, as well as the inequity resulting from the associated high costs of care. This topic of long-term care needs was parsed out more, and Seal expanded upon the gray area where many people find themselves between the two extremes of physical/cognitive ability and total physical/cognitive dependence. This gray area of need which necessitates home health services is immense, with limited access due to cost.

Seal discussed the full potential of mental health resources in general being left unfulfilled due to a lack of visibility of services such that awareness and motivation to seek care is low, compounded by stigma around certain services. When asked his thoughts about where Our Lady of the Angels can have the highest impact to address gaps in care, he focused on talking about early intervention for both substance abuse and mental health, identifying needs early and connecting people to needed care and support. He felt like targeting substance use is wise, as it is at the root of many other health issues that the community is observing.

### **1:1 interview with Gina Lagarde**

On July 25, 2024, Rafael Flores met with Dr. Gina Lagarde to discuss her perspective on the health and wellbeing of St. Tammany and Washington Parishes.

What do you think is the current state of community health in Washington Parish/St. Tammany Parish?

Dr. Lagarde said St. Tammany Parish, in particular, is consistently good, but health outcomes are slipping down. Washington Parish has improved in health factors, although health outcomes are consistently low. She had not seen a lot of change in her time in public health. It is a tale of two very different areas.

When asked why, Dr. Lagarde said economic differences are stark. Economic factors impact education and overall well-being. She noted limited opportunities to provide with only three major drivers for robust employment, and limited providers of health.

Washington Parish is especially lacking, with most resources in Bogalusa, which is the hub in an area with limited access to care. Transportation is a huge barrier, and there are limited resources that improve access. Limited internet access limits residents' ability to receive modern modes of care. Technology literacy is a limiting factor for internet access.

Opioid abuse is one of the biggest issues. Washington Parish is disproportionately high in impact of opioid use as evidenced by the number of overdoses per capita. Washington Parish has a general lack of opportunity that feeds a cycle that is destructive.

Technological literacy is lacking, and people are not keeping up with technology across all sectors and generations. Dr. Lagarde mentioned the need for adults to learn how to navigate the modern world. She said she sees much focus on kids but not as much for the adults who care for and then help their kids.

When asked what she thinks is being done to positively impact the needs mentioned she said community recognition of the issues is there. Coalitions and Taskforces are doing good work, with good intentions, but there needs to be more coordination across sectors. We need to get to the *why* behind the behavior and roots of problems.

When asked where she thinks Our Lady of the Angels can have the highest impact in addressing these gaps, she said to pay attention to who is at the table. Whose voice is being heard? Who are your partners? Are you engaged in working together to make an impact? Be a coordinating organization to address the issues. Advocate for policy changes that listen to the needs and address them in tangible ways.



# Summary of CHNA







Much has been learned about the current state of community health in Washington and St. Tammany parishes throughout this CHNA process, including the community health needs and deficits, strengths, challenges, resources, assets and capacities. After integrating and synthesizing the wealth of data collected from various sources using an array of methods, the Steering Committee is pleased to provide a high-level overview and interpretation of the data analysis results.

Several key themes have emerged: there is a recognition of limited funds within an already resource-limited community; thus, the success of Our Lady of the Angels' implementation strategy to address the selected focal areas is predicated upon the need and ability to expand capacity and funding for potential projects.

Currently, Washington Parish, despite a distinct culture of loyalty and kindness, is witnessing an exodus of a portion of the population who are financially able to live elsewhere. This dramatic opposition of values with action seen at the surface is a consequence of a state of disordered chaos at the root within the community.

Washington Parish, known to be a drug destination in the region, is fertile ground for substance abuse without having proper boundaries (functional local governance and authority), poverty and economic disinvestment, and a culture of poverty (poor in materials, resources, education,

and intergenerational mentors). This literal and figurative poverty shapes the landscape of community health; as such, the health of the individual, with health-protective factors far outnumbered by destructive factors, becomes a clear reflection of the health of their place/community.

While the rural nature of Washington Parish magnifies the existing health disparities, the development and abundance of resources and presence/visibility of healthcare masks disparities that perpetuate beneath the surface in St. Tammany Parish.

Interestingly, both parishes have similar direct health issues but different barriers to health. While these are both distinct categories of health needs (physical health issues and barriers to access), the solutions must work to address both levels.

Mental/behavioral health and substance abuse issues are major concerns, augmented by the significant cultural stigma around seeking treatment as well as the lack of resources available to individuals in the community (chiefly, mental health professionals and residential treatment facilities). Additionally, the barriers to care for these two issues are perpetuated by a lack of economic opportunity, leading to apathy, hopelessness, turning away from healthy, high-cost care to cheap ways to self-medicate and seek stability.



# Priority and Focal Areas



Following thorough review of data collected throughout the CHNA process, the Steering Committee has worked to integrate feedback from stakeholders in focus groups, one-on-one interviews, community members via community surveys, and social, economic, and health data. From this work, the committee has extracted the themes that have echoed throughout the CHNA process to create a list of the top 12 core areas of need. The list operates to describe two levels of need: the first level outlines the structural issues that serve as barriers to health, while the second level describes the immediate health needs, listed in priority order, which are manifestations of these barriers:

#### Level 1: Barriers to Health

- o Education
- o Health literacy
- o Cost of care
- o Economic disinvestment
- o Transportation
- o Lack of specialty care
- o Early Childhood Development

#### Level 2: Health issues

- o Substance Abuse
- o Mental/Behavioral Health
- o Cardiovascular Disease
- o Diabetes Care
- o Obesity

Of the above-listed needs, driven by ISC and ESC Committee feedback, the two needs selected to serve as priority areas are: **access to care** and **substance abuse**. While Access to Care is not listed explicitly as a Level 1 or 2 need, the term encompasses the issue found within the Level 1 list.

## Resources For Increased Access to Care

### Healthier Northshore Initiative

Serves as a network for healthcare-related education and resources in the region and promotes early detection and prevention to improve the health of our residents. [healthiernorthshore.health/](http://healthiernorthshore.health/)

### Northshore Healthscape

[sttammanycorp.org/northshore-healthscape](http://sttammanycorp.org/northshore-healthscape)

### Resources for Substance Abuse

#### ADAPT

Anon-profit organization serving Washington, Tangipahoa and St. Helena parishes is dedicated to enhancing our communities through an array of impactful programs. As a Level 3 accredited sexual assault center, ADAPT provides essential services around-the-clock, including crisis line support, individual and group counseling, advocacy, and accompaniment. Its commitment extends further through strategic partnerships with esteemed organizations such as HRSA, CDC, SAMHSA, LA OBH, FPHSA, LDH, LCLE and more. ADAPT also offers peer support and recovery initiatives, addiction counseling, educational programs, professional trainings, prevention initiatives and in-services. ADAPT prioritizes youth development and offer diverse prevention programs to address community needs comprehensively.

[www.adaptwp.org](http://www.adaptwp.org)

### Bogalusa Care Initiative

A program specifically designed to address the pressing issues of mental health and substance use disorder in the region.

[claritythroughcommunity.org/initiatives](http://claritythroughcommunity.org/initiatives)



# Ways Our Lady of the Angels Will Partner to Address Other Priority Areas That Are Not Focal

## **Health Literacy**

Continue partnership with Council on Aging working to educate and engage seniors, YMCA partnerships, Team Capables partnership to build awareness of support systems in place for children with autism, potentially partnering with the local health unit (Federally Qualified Health Center) and the local Crisis Pregnancy Center.

## **Cost of Care**

Partnership with the local government to advocate for ways to lessen patients' financial burden of health costs.

## **Economic Disinvestment**

Describing the lack of workforce development in Washington Parish, this priority area will be addressed through Northshore Healthscape, which will be providing an individual to serve the parish for a year through the Workforce Development Corps.

## **Transportation**

Included in the access to care plan; will attempt to partner with local medical transportation agency; will work to close gaps seen in Medicaid's spotty provision of transportation services to patients in the Washington Parish area.

## **Lack of Specialty Care**

The health system has just acquired a psychiatrist who will be providing adult inpatient and outpatient services; Our Lady of the Angels will continue to work to increase the number of mental health professionals in the community.

## **Early Childhood Development**

Linked to the education and access to care plans, early childhood development work will be intimately connected to partnering and programming with local Early Childhood Centers, and the local Crisis Pregnancy Center.

## **Mental/Behavioral Health**

Our Lady of the Angels will expand services through the potential community resource center and education programming with schools to increase the visibility and de-stigmatization of mental health resources. Our Lady of the Angels will also work to establish a relationship with NAMI, which has been expanding its services to the Northshore Region.

## **Cardiovascular Disease**

Our Lady of the Angels will continue to maintain and strengthen its relationship with the American Heart Association to accomplish better quality of care for patients with cardiovascular disease and provide education for those struggling with cardiovascular disease in our community.

## **Diabetes Care**

The development of the community resource center will close the gap in diabetic patients being connected to necessary care. Education around diabetes prevention is a goal of education and health literacy programming.

## **Obesity**

Our Lady of the Angels has just announced the start of a new organization in the area providing Bariatrics and weight management services.







## Statement of Gaps, Limitations and Other Considerations

No significant gaps were encountered after examination of the collected data, nor were there any problems soliciting input from required sources. This CHNA utilized an extensive data set derived from the best, most current public health data available. Some of the data used, such as survey instruments, are subject to limitations of variability due to sampling error and the accuracy of self-reported data. The process did not exclude the health needs or input of the low-income, minority and medically underserved populations.

## Community Progress

The priority areas from the 2021 CHNA were **Eliminating Barriers to Care and Improving Health Literacy**, and the progress noted is directly tied to those focus areas.

*\*\*Information below has been extracted from Our Lady of the Angels Health FY 22 and 23 Schedule H Narratives, either verbatim or with slight revisions:*

Our Lady of the Angels is proud of the progress it has made in responding to the community health needs revealed through the CHNAs that Our Lady of the Angels has completed, beginning in 2014. In response to the 2014 CHNA, Our Lady of the Angels helped to establish a multi-sector healthy communities coalition in 2017 and has had a strong and consistent presence ever since. The coalition goals include improving health outcomes, increasing health access, healthcare confidence, and overall standard of living and quality of life for Washington Parish residents. Our Lady of the Angels has maintained involvement in the Healthier Northshore Coalition in partnership with other Health Systems in the Region.

Since the 2021 CHNA, Our Lady of the Angels has continued to grow its network of community partnerships to better meet the overwhelming needs of the identified service area based on the 2021 CHNA focal areas: overcoming barriers to healthy choices and improving health literacy. Our Lady of the Angels provided community education and health screenings at local health fairs, schools, businesses and community organizations, servicing over 1,490 individuals between June 2021 and July 2022 and 3,262 individuals between June 2022 and

July 2023. In 2023, Our Lady of the Angels also began to further integrate its coalition efforts by participating in the regional Healthier Northshore coalition. In November of 2023, Our Lady of the Angels lead the organization and execution of a Healthier Northshore Health Fair and incorporated its team members into varied coalition committees. Our Lady of the Angels, while not participating in the Healthier Northshore's CHNA, will collaborate and align our Implementation Plan with the broader Coalition.

Our Lady of the Angels facilitated services and health education sessions for seniors with monthly education programs and health screenings at the St. Tammany and Washington Parish Council on Aging facilities and Westminster Woods Apartments, with topics ranging from healthy eating presentations to discussions on advance care planning. Our Lady of the Angels made home visits with both nurse practitioners and family medicine residents from the LSU Rural Family Medicine Residency Program. In addition, Our Lady of the Angels provided regular community education programs in area churches and public schools.





Our Lady of the Angels also began a partnership with the Bogalusa School System to offer educational opportunities for their students regarding pathways for entering the healthcare field. This was done to inform the young population on means of advancing themselves, which in turn addresses one of the identified needs of Our Lady of the Angel's 2021 CHNA.

Recognizing that transportation was an identified need in the community, Our Lady of the Angels made significant efforts to address such a need through subsidized transportation services from its site. In fiscal year 2022, Our Lady of the Angels provided approximately \$15,000 in transportation aid to community members. In addition to transportation as an identified barrier to care, the COVID-19 pandemic caused the need for home oxygen therapy to become a barrier to care for many community members surrounding Our Lady of the Angels. As such, through its Community Health Services Department, in fiscal year 2022, Our Lady of the Angels covered the cost of home oxygen therapy for community members for a total of \$3,000.

Since the overall health picture for Washington Parish is so poor, Our Lady of the Angels recognized that a continual broad focus on addressing barriers to care and improving health literacy would have the greatest impact. Many initiatives under addressing barriers to care made strides to improve all identified issues in our CHNA. Our Lady of the Angels acknowledged the significance of all health-related issues identified from the data analysis and especially that of the significant health needs named in the 2021 CHNA. As it implemented strategies in the Priority Areas, Our Lady of the Angels expected to encounter linkages among the various areas. Our Lady of the Angels continued to address health barriers through education, screenings and healthy living programs. Our Lady of the Angels also hosted an ongoing tobacco cessation program and collaborated with local, state and community partners to study and respond to the opioid epidemic and substance abuse issues in Washington Parish.

The Our Lady of the Angels Social Services team participates in several community education offerings concerning behavioral health and substance abuse. Our Lady of the Angels Social Services Department had a total of 2,673 contacts with community members in fiscal year 2022 and 6,000 contacts in fiscal year 2023, in settings ranging from local health fairs, community organization meetings, to court-ordered substance abuse groups.

Through its Community Impact Workgroup, in fiscal year 2023, Our Lady of the Angels adjusted its Community Impact Grant Program by establishing a two-year commitment process, by which identified organizations will receive a specified grant due to their work aligning with the focal areas of the 2021 CHNA. Through this program, in 2023 Our Lady of the Angels awarded a total of approximately \$13,678 in funding to local organizations whose efforts seek to remove barriers to care or aid in improving the health literacy of the identified service area.



## Next Steps

Amidst these overwhelming numbers of health disparities, particularly related to mental health, substance abuse and structural factors affecting access to healthcare, there is a burgeoning sense of hope for community health from organization leaders and community stakeholders found within the profound sense of mission and identity of Our Lady of the Angels and local organizations interested and willing to partner to address the health inequities in the community. Alongside this collaborative and service-driven spirit, data collected from the CHNA pointed to the need to see the challenges in the community as opportunities to work creatively to resolve. For example, solutions must focus on addressing the multiple levels of influence in the community's health such that the ecosystem of community health is fully appreciated, and the implementation strategies are directed toward multiple spheres of influence.

Overall, the Steering Committee's goal is to create a public health implementation strategy tied to this CHNA that is built with adaptability, scalability and perpetuity. It hopes to begin the work of replacing health-destructive influences with health-protective influences on multiple levels. An implementation strategy will be provided in a separate document complementing this CHNA. Our Lady of the Angels is committed to collecting and reporting data and assessing progress on the Implementation Strategy over the three-year implementation timeline. As a living document, the strategy may be revised throughout the implementation cycle to reflect successful completion of related objectives or emerging opportunities.

## Comments and CHNA Review

Community Feedback can be sent to Mission Office at Our Lady of the Angels Health.

This CHNA can be accessed for public review:

- o Our Lady of The Angels, 433 Plaza Street, Bogalusa, Louisiana, 70427
- o Our Lady of The Lake Pontchartrain Surgery Center, 4407 North Causeway Boulevard, Covington, Louisiana, 70471
- o Our Lady of The Lake Surgical Hospital, 700 Lindberg Drive, Slidell, Louisiana, 70458
- o [fmoahs.org/about-us/community-impact](https://fmoahs.org/about-us/community-impact)





## Appendix A. Community Member Survey: 2024 FMOLHS CHNA

1. What is your primary zip code?
2. Please choose your sex.
  - Male
  - Female
  - Prefer not to respond
3. Please choose your age group.
  - 20-29 years old
  - 30-39 years old
  - 40-49 years old
  - 50-59 years old
  - 60+ years old
4. Do you leave the parish to seek care from a medical specialist? If so, what is the specialty?
5. Based on your experience, please choose the two greatest health concerns in our community.
  - Diabetes
  - Heart Disease
  - Cancer
  - Stroke
  - Obesity
  - Infectious Disease
  - Dental
  - Asthma
  - Renal
  - Arthritis
  - Mental/Behavioral Health
  - Dementia/Alzheimer's Disease
  - Other (please specify)
6. Based on your experience, please choose the two greatest social concerns affecting health in our community.
  - Addictions/Substance Abuse
  - Housing Insecurity
  - Job Insecurity
  - Food Insecurity
  - Education
  - Unreliable Transportation
  - Early Childhood Development
  - Unsafe Neighborhood
  - Domestic Violence
  - Social Isolation
  - Communicating with health providers/ understanding health instructions
  - Other (specify)
7. Based on your experience, please choose the health services that are most needed in our community. (choose top three)
  - Internal Medicine/Family Practice
  - Pediatric Care
  - Specialty Care (GI, Pulmonary, ENT, Oncology, Orthopedics)
  - Urgent Care/Walk-In
  - Outpatient Care (Physical Therapy, Occupational Therapy, Speech Therapy)
  - Infectious Disease
  - Home Health
  - Rehab/Long-Term Care
  - Assisted Living/Nursing Home
  - Hospice
  - Health Care Associated Services (ex: transportation)
  - Other (please specify)
8. Based on your experience, what is the biggest barrier to better health in our community? (choose one)
  - Lack of access to a medical specialist in the parish
  - Lack of education on how to deal with chronic illnesses
  - Lack of access to primary care physicians
  - Cost of health services
  - Lack of mental health services in the parish
  - Recreation facilities/physical activities
  - Other (please specify)
9. Are there any additional comments or suggestions you would like to share?

## Healthcare Providers Survey: 2024 FMOLHS CHNA

1. Please estimate the percentage of your patients who do not return for necessary follow-up visits.
  - Less than 25%
  - 25-50%
  - 50-75%
  - 75% or greater
  - Unknown
2. What do you think is the primary reason why these patients do not return for follow-up visits? (choose one)
  - Co-pay issues
  - They felt better after first visit
  - Lack of education
  - Transportation
  - Forgot appointment
  - Time constraints/work
  - Communication/language barriers
  - Poor follow up/call-back system
  - Distance to travel
  - Apathy/lack of will to manage health
  - Other (please specify)
3. Please estimate the degree to which health literacy impacts community health.
  - Less than 25%
  - 25-50%
  - 50-75%
  - 75% or greater
4. Based on your experience, please choose the two greatest healthcare needs in our community.
  - Diabetes
  - Heart Disease
  - Cancer
  - Stroke
  - Obesity
  - Infectious Disease
  - Dental
  - Asthma
  - Renal
  - Arthritis
  - Mental/Behavioral Health
  - Addictions/Substance Abuse
  - Dementia/Alzheimer's Disease
  - Other (please specify)
5. Based on your experience, what is the biggest barrier to better health in our community? (choose one)
  - Lack of access to a medical specialist in the community
  - Lack of education on how to deal with chronic illnesses
  - Lack of access to primary care physicians
  - Cost of health services
  - Lack of mental health services in the community
  - Recreation facilities/physical activities
6. Is there a specialty you refer your patients to that is not available in this area? If so, what is it?
7. Are there any additional comments or suggestions you would like to share?





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Health

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[oloah.org](http://oloah.org)